

WinCare Release Notes

WinCare Version 6.1 Service Release 5 - March 8, 2010

General:

- **Critical - please read:** It has been found that facilities doing certain Quarterly assessments and using the Completed By in section A, are losing the residents' Advanced Directives on Face Sheet A3 in Admit. The Quarterlies that were affected are the Standard, RUGS 98, RUGS 97 and potentially State. This problem is fixed with this Service Release. If your facility is using one of the affected Quarterlies and is using the Completed By feature, then you will need to check all your residents' Advanced Directive selections and reenter any lost information.
- WinCare now checks the users Windows rights at startup. When WinCare starts up and prior to the login screen being displayed, WinCare checks and makes sure that the user has the necessary Windows rights for the program to run correctly. If it determines that the user doesn't have the necessary rights then a list of problems is displayed and can be printed for the Facility's IT personnel to fix the problem(s). If a critical right is missing then WinCare will exit and the problem will need to be addressed before WinCare can be used.
- Includes a fix released since the last Service Release : Users were unable to change the Church Affiliation on Face Sheet A1 in Admit.
- The Reports, Mailing Labels feature has been expanded to allow directly printing on Number 10 envelopes. The envelope feature also allows for the printing of a return address if desired.

Integrated (Financial Features):

- The Cash Receipts (Sorted by Client) report has been rewritten and is now significantly faster.
- Enhancements to Ancillaries, Claims, and EDI to check for invalid data entry.

WinCare Version 6.1 Service Release 4 - February 11, 2010

General:

- Added a "Resident Work Sheet" report in clinical Reports on the Summary Reports 1 tab. It is a general purpose work sheet, with the resident's names, rooms, admission numbers, and space to write brief notes.

- In the Phone Book an "Export to Text File" feature has been added. The new feature will create a tab delimited file with address information for all the phone book entries and categories. This can be used for Marketing purposes and other mailings, with Word, Excel, or other similar applications. The first line of the file contains the column headers: Category, Last Name, First Name, Middle Name, Title, Position, Company, Department, Street, AddressLine2, City, State, Zip, Email Address, Phone 1, Phone 2, Phone 3, Fax. The Category is the Phone Book Category: Dentists, Physicians, Churches, Hospitals, Insurance Carriers, Laboratories, Mortuaries, Pharmacies, Transportation, and other.
- In preparation for MDS 3.0 the Race option on Face Sheet 1 has been changed to allow the collection of both MDS 2 and MDS 3 race values. In MDS 2 only one race could be selected for a resident, with MDS 3 multiple races can be selected. Facilities should begin reviewing with their residents the new race options for MDS 3. A reviewed check box has been provided as well as a report in the clinical Reports module called "MDS Race Report". The report will print the MDS 2.0 and MDS 3.0 selections side by side and identify which residents have been reviewed and which ones still need to be reviewed. During the installation of this service release, MDS 2.0 race values that can be mapped to the MDS 3 value. The only option that cannot be mapped is "Asian/Pacific Islander", in MDS 3.0 these are separate items now and will have to be selected by the facility. Instead of selecting the Race on the screen of Face Sheet, the user will click the [...] button next to the Race option to open a Race Selection screen.

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To help in the migration from MDS 2.0 to MDS 3.0 Wiscare is now collecting Race values for both systems. Please select one Race that best fits the resident for MDS 2.0 and then select all Races that apply for MDS 3.0. Once this information has been collected for the resident, check the "Reviewed" checkbox.

MDS 2.0 Race	MDS 3.0 Race (Check all that apply)
<input type="checkbox"/> Indian/Alaskan	<input type="checkbox"/> American Indian or Alaska Native
<input type="checkbox"/> Asian/Pacific Islander	<input checked="" type="checkbox"/> Asian
<input type="checkbox"/> Black, not Hispanic	<input type="checkbox"/> Black or African American
<input type="checkbox"/> Hispanic	<input type="checkbox"/> Hispanic or Latino
<input checked="" type="checkbox"/> White	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander
	<input checked="" type="checkbox"/> White

Reviewed

Cancel OK

- Clinical facilities will also want to see what was new in Service Release 1 of version 6.1. (see below)

Integrated (Financial Features):

- Enhancements to the Claims and EDI modules for electronic billing with WPS Medicare and TMHP (Texas Medicaid).
- Enhancements to how Payments are recorded for better reporting capabilities.
- In A/R Reports there is a new Cash Receipts report called Cash Receipts Journal (With Check/Reference #). This report is significantly faster than the original Cash Receipts Journal Report.

Note: for Integrated facilities the service release number has jumped to Service Release 4, in order to get the Clinical and Integrated versions of WinCare back on the same Service Release. This service release will also update clinical facilities from version 6.0 to 6.1.

WinCare Version 6.1 Service Release 1 - January 4, 2010

General:

- Enhancement for the PO/MAR, Invalidation of Medications and Treatments. no longer cause a problem when there is no frequency.
- Removed extra page from RNA/CNA Care Directives report.
- Added the ability to print a Blank ADL Record report.

Integrated (Financial Features):

- Enhancements to the Payments module, changed the behavior of some of the drop down selection boxes.
- Includes the 2010 HCPCS and CPT codes. The new codes are effective 1/1/2010.

WinCare Version 6.1 - December 4, 2009

Please read ALL of the release notes before upgrading.

Notice: This version includes a major revision in how the financial data is stored. The database upgrade, which occurs the first time the upgrade is ran, may take several hours to process. Once the install has begun do not interrupt the process. Please schedule the upgrade for a time everyone can be out of WinCare for the duration of the upgrade process. Read the instructions here in the Release Notes for more steps that need to be completed after the upgrade and before you resume billing.

General:

- The Integrated 6.1 release includes all the updates that were done for the Clinical 6.0 release through SR3. Key 6.0 changes are listed here, other changes are listed in the sections below.
- Compatible with Vista Business, Vista Ultimate, Windows 7 Professional, and Windows 7 Ultimate. Relocation of WinCare INI, spell checker user dictionaries and other key files.

- New MDS and Swing Bed Case Mix Index C05 and C06 that are effective October 2009. "Due to the new CMI change, facilities need to do the following for each Medicare assessment with reference date (A3a) of 10/1/2009 or later and that has RMX Medicare RUGS score:
 1. If this is a comprehensive assessment (assessment with section V), note the VB2
 2. Open the assessment in Section R.
 3. Click the calculate button for T3a. IF this assessment meets the special conditions in the CMI change, then it will change to RVL otherwise will remain unchanged.
 4. If this is a comprehensive assessment, fill in the VB2 with the date noted in Step #1.
 5. Check & Close the assessment in Section R. Note that the Closed date is NOT transmitted to the state, the state considers assessments locked the day they are successfully accepted into the State MDS system.
 6. If the assessment DID change to RVL RUGS score, be sure to inform the Medicare Biller of the corrected RUGS score for this assessment so the biller can put the correct RUGs on the claim.
 7. Repeats steps #1-7 for all assessments that are Medicare, RMX RUGs score, and ARD is 10/1/2009 or later."
- New Texas CMI set for Medicaid.
- Includes the 2010 ICD-9-CM codes that are effective October 2009.
- Updated User Guide.

Integrated (Financial Features):

- Enhancement to Billing, invoices are now tied to a Care Unit to allow even finer control of debits and credits posting to the General Ledger Accounts.
- A/R Reports are now organized by report types, i.e. Census reports are on one tab, Receivables reports are on another tab, etc.
- Non-covered services from SOC funds can be recorded for Medi-Cal.
- Export file can be created to export GL account balances out of WinCare into third party software.
- On the Claims menu the UB04 options are primary, the only UB92 options are for viewing old claims.
- Enhancements to Manual Invoices and Adjustments, they are now tied to care units.
- Payors are now controlled by Billing Rules, this allows non-Medicare payors to be treated exactly like Medicare if needed. After Upgrading from 5.7 to 6.0 the facility will need to set up their Billing Rules, before they do any billing. See [Steps for Integrated Conversion from 5.7 to 6.1](#).
- Invoices paid from 835 Electronic Remittance Advice files can have remaining balances easily contractually adjusted or written off.
- In Payments Received the "Manual Payments" button has been replaced by two buttons: "Single Resident Payment", and "Batch Payment and C/A". The first option is for private payments and the second is for Insurance payments that apply to multiple residents. The new Batch Payment feature allows contractual adjustments to be made as part of the payment. In previous version of WinCare you had to make the payment and then do the adjustment in the Adjustments module.

Important Notice: Integrated facilities upgrading from version 5.7 will need to update bills for periods that are open and had invoices in 5.7. Open Invoices that were existing in 5.7 are removed in the upgrade process, running Update Bills will recreate the invoices with the additional care unit information.

WinCare Version 6.0 Service Release 3 - November 19, 2009

General:

- New MDS and Swing Bed Case Mix Index C05 and C06 that are effective October 2009. "Due to the new CMI change, facilities need to do the following for each Medicare assessment with reference date (A3a) of 10/1/2009 or later and that has RMX Medicare RUGS score:
 1. If this is a comprehensive assessment (assessment with section V), note the VB2
 2. Open the assessment in Section R.
 3. Click the calculate button for T3a. IF this assessment meets the special conditions in the CMI change, then it will change to RVL otherwise will remain unchanged.
 4. If this is a comprehensive assessment, fill in the VB2 with the date noted in Step #1.
 5. Check & Close the assessment in Section R. Note that the Closed date is NOT transmitted to the state, the state considers assessments locked the day they are successfully accepted into the State MDS system.
 6. If the assessment DID change to RVL RUGS score, be sure to inform the Medicare Biller of the corrected RUGS score for this assessment so the biller can put the correct RUGs on the claim.
 7. Repeats steps #1-7 for all assessments that are Medicare, RMX RUGs score, and ARD is 10/1/2009 or later."
- New Texas CMI set for Medicaid.
- Includes the 2010 ICD-9-CM codes that are effective October 2009.
- Updates to the MDS to fix a problem with Section K on certain Other State assessments, and a problem opening section M1 on MPAF assessments.
- An option was added to Notes that allows printing of the Progress Notes by date range.
- A Security Report has been added to the Security Options Screen, that reports the User's Names, Logon Name, Security Level, and Title. To access the report go to Utilities, Facility, WinCare Security, Security Report. Note there is no preview option for the report. If you wish to preview the report you will need a third party application like FinePrint.
- Enhancement to Administration Times: When an Administration Time is changed in the MAR Setup, of Utilities, the change will no longer affect discontinued or invalidated MAR records that are assigned that Administration Time. The change will affect all MAR records with the Administration Time Frequency Code that have not previously been customized. If you wish to change an Administration Time option without affecting existing MAR records, then you must add a new Administration Time Frequency Code.

- The location that the WinCare EXE Information report is saved to, has been changed to %AppData%\Wincare
- Enhancement to the CQI module, sometimes old matrixes didn't show the resident's name when they were discharged. Now discharged residents names always show up.

WinCare Version 6.0 Service Release 2 - August 20, 2009

General:

- Release Notes for new releases and service releases are automatically displayed the first time a user goes into WinCare after an update.
- The Section I screen of the MDS was updated for a problem that could occur when using Electronic Signatures or when only I1 values were changed.
- Enhancement to the MDS to prevent the Navigation screen from being hidden when changing assessments while in Section W.
- Enhancement to the Room Master report to display long station names correctly.
- Enhancement to PreScreen to allow the selection of the diagnosis from the list of ICD-9 codes.
- In the Phone Book the "Print in Full" report for Physicians now includes the NPI number.
- In Therapy Notes the "Types of Services" displayed, is now limited to just therapy services.
- On the PO/MAR reports, page numbers are on all pages even when "Print footer on first page only" is selected.

WinCare Version 6.0 Service Release 1 - July 9, 2009

General:

- Enhancement to Physician Order's report. PRN Rationale and Drug Related to/Comments are back on the report.
- Enhancement to Medicaid RUGs Status report, works properly with MPAF Quarterly assessments and calculates ADLs for all case mix States.
- Added the WA State Case Mix Index that went into effect 7/1/09. To make the change go into Utilities, Facility, MDS Options, RUGs III, on the right hand side under Medicaid, change the CMI Set to the "WA Urban" or "WA Rural", based on your county.
- Enhancements to the MDS 2 module to resolve two issues. 1 - Sometimes when an assessment is closed a time-out would occur. 2 - When going into View Transmit Files

and clicking "Copy to Clipboard and Exit", the MDS 2 screen did return and you had to end task to close it.

- Added a data integrity check to the Hemoglobin/Hematocrit module to help prevent data entry errors.
- Enhancements to the Resident Trust. The Interest Distribution has been made faster in certain situations. Use of the "Remove All Int" button has been restricted, the button removes all interest records ever entered not just the selected distribution. To prevent the loss of many years worth of Interest entries, this feature has been password protected and you must contact WinCare Support to use the feature. The proper way to remove an Interest Distribution is to select the one you wish to remove, and then click Delete.
- Enhancement to Weight History report, the date checking routine sometimes reported an invalid date ranges when it really was valid.
- A minimize button has been added to the WinCare Control Panel, this replaces double clicking the Control Panel to minimize the screen.

WinCare Version 6.0 - June 9, 2009

General:

- Updated User Guide.
- Compatible with Vista Business and Vista Ultimate. Relocation of WinCare INI, spell checker user dictionaries and other key files.
- Enhancements to prevent users from creating duplicate residents.
- Enhancement to the WinCare Security Levels screen, to allow easier entry and maintenance of the security levels.
- New Invalidation reports for Medications and Treatments.
- The "Rugs II Hist. Sum. with Discharges" report can now be printed for selected discharged residents. When the "Rugs II Hist. Sum. with Discharges" report is the only one selected, the "Select Resident Set" list will display discharged residents.
- Adding Standard MAR Notes, now allows the selection of specific MAR Notes.
- Medicaid RUGS Status Report -- If your state is Ohio, Minnesota or Texas you can select your State's CMI Set in Utilities > Facility > MDS Options > RUGS III > select state's CMI set under "CMI Set" category. Once you have done this, this report will print the State RUGS score and the State case mix weights on this report.
- MAR/Treatment/Behavior Report Settings -- In the Reports > Printer Setup screen, MAR, Treatments and Behavior Reports now have their own settings. It is now possible to set the MAR landscape but at same time treatments portrait, as an example. After the upgrade, it would be a good idea to check these settings to make sure they are what you want for both reports.
- In Reports there is now an option to print additional MAR and/or Treatment Comments pages. You can print them as needed from the main Reports menu and/or you can have

additional pages print as part of the MAR Report. To always have additional comment pages as part of the MAR, MAR/Treatments, and Treatments report, set the Comments option in Printer Setup for the report.

- Phone Book now has a new category "Labs". This was needed for the Hemoglobin/Hematocrit module.
- An Email address field has been added for Phone Book entries.
- New "Open MDS Assessments Report" on the Reports, Summary Reports 2 tab. Lists all open MDS Assessments.
- New Treatments by Category feature and report. The Treatments by Category feature works like the existing Medications by Category feature. Set up the Categories in Utilities and then assign individual treatments to a category to produce reports by category.
- New "Largest Weight Change Report", select the date range for the report and it will show the lowest and highest weight for each resident and the percent of gain or loss.
- When an assessment that contains T3b (State RUGs) is closed, T3b can be automatically calculated. To activate this feature go into Utilities, Facility, MDS Options, RUGs III, and check the option "State requires T3b".
- Resident Trust Statements Enhancement -- Resident Trust Resident Statement can now be printed by user selected date range. Only resident transactions that happened inclusively in the date range will print on the resident trust statement.
- Immunizations Module -- Changes were made here to reflect the new PPV status guidelines.
- Clinicals Only users can set the default payor for new residents under Utilities > Facility > Payment Sources.
- The Audit Trail can now be filtered to a single resident.
- After the Upgrade please check and reset your Report and Printer Settings. New options are available.