

GENERAL DATA ENTRY PROCEDURES (5/28/2007)

Order of Data Entry

It makes sense that you cannot enter an authorization before you have both a consumer and an admission to a Facility/Program. So you should first enter [consumers](#), then [admissions](#), then [authorizations](#) and [services](#).

Data Entry Tips

- ALWAYS lookup a consumer before registering to avoid the entry of the same consumer twice. When you are looking up a consumer it does not make any difference whether or not you capitalize any part of the name. You should also try Looking up by [SSN](#) or by [Date of Birth](#). If you find the same person (same SSN and/or same date of birth) but under a different name, add a new record using the appropriate [Name Type](#) (Current, Birth, Alias or Married Name). If the SSN is the same but the consumer is different and you have evidence that the SSN you have for this consumer is correct, be sure to go back and change the one in error to all nines and enter the current consumer with the correct SSN.
- If you don't have a [SSN](#), enter all 9's.
- Enter [ZIPCODE](#) for all addresses; the screen will automatically complete the city and state.

CONSUMER DATA

Register a consumer

[Access - Consumer - Summary - Profile - Lookup](#)

Always look up consumer before registering to avoid entry of the same consumer. Use the partial name, SSN or birth date lookup features. If search results show your consumer STOP. Your consumer is already in the system. Click on the [Profile](#) tab and note that your consumer is now shown in the information bar. Be sure to enter all the information in the flags under the [Profile](#) tab, especially the [Demographics](#) flag. You should also update information contained in any of the flags under the [Contact](#), [Guarantor](#), [Payor](#) (Medi-Cal, Medicare or insurance policies) and [Insured](#) tabs.

If the search results did not show your consumer, click on the [Profile](#) tab and [Lookup](#) flag and the [New](#) navigation button and continue to enter information about the consumer, [Contact](#), [Guarantor](#), [Payor](#) and [Insured](#), and be sure to hit the [Add](#) button after each screen is completed. Don't forget the [Demographics](#) flag under the [Profile](#) tab.

Add/Update a consumer contact person

[Access - Consumer - Contact](#)

This is used to track persons important to the consumer, such as Parent, spouse, friend, etc. If the contact type is emergency, that contact information will appear in red on the Consumer [Summary](#) page. The [Name](#), [Address](#), [Telephone](#), and [Identification](#) flags are available for the capture of that information.

Add/Update a Guarantor

[Access - Consumer - Guarantor](#)

This is the person who is responsible for the payment of services not paid by other payors (Medi-Cal, Medicare, insurance, etc). It has many of the same flags as the consumer contact, viz. [Name](#), [Address](#), [Telephone](#), [Identification](#) flags, plus a [Billing](#) flag for indicating a minimum amount due and if and why a billing statement should be suppressed. If you use the "Make Self-Guarantor" button, remember to [Add](#) the record.

Add/Update a Payor

[Access - Consumer - Payor](#)

The payor is an outside third party who will be billed for certain services, and includes Medi-Cal, Medicare, and insurance companies. You can [Edit/View](#) the details of any one of them or use the [New](#) button to add a new one. This is where the [Assignment of Benefits](#) and the [Release of Information](#) fields are captured for each payor.

Look up Medi-Cal Eligibility

[Access - Repository Lookup](#)

This screen is used to look up consumers in the most recent Monthly Medi-Cal Eligibility File (MMEF). Using the [Current Repository Info](#) screen, choose "MMEF" as the Feed Source and enter the last name (or part) and the tab key. If more than one name meets what you entered, the system will display all those that have the same letters. If nothing is found the screen will tell you. You may want to try a few less characters in your next search to try to find the consumer.

When the consumer is found the system will display the most recent information. Switch to the [Periodic Repository Info](#) screen to see the last 14 months of eligibility for that consumer. Note that the Share of Cost displayed was what it was at the start of the month.

Enter Medi-Cal Eligibility

[Access - Consumer - Payor](#)

On the first of each month the Monthly Medi-Cal Eligibility File (MMEF) is loaded into ShareCare, and existing consumers have their records updated automatically. Consumers entering the system during the month, or those receiving retroactive eligibility, may have their eligibility entered manually for the first month only. Thereafter it will be picked up automatically.

Enter the [Payor](#) screen and select Medi-Cal ADP, Medi-Cal MHS or Medi-Cal Minor Consent. Enter the first day of the month as a begin date and use the linked person as the insured and their SSN and [Add](#) the record.

ADMISSION / DISCHARGE DATA

Admit a Consumer to a Facility/Program

[Clinical - Admissions](#)

Note that you cannot enter an Episode because ShareCare automatically creates it when you enter the first Admission. It takes the admission date, primary service provider, physician, admission reason and referral source from the first admission and puts that data into the episode. You can only admit a registered consumer.

Each Admission must have a diagnosis, so when you go to add a diagnosis you must first find the admission. ShareCare will help you by listing any admissions which have not yet been diagnosed or by showing you which admissions you may update. Enter the information and hit the [Add](#) button. After it has been added, ignore the [Accident Information](#) and [Service Summary](#) flags (they are not currently required).

Add a diagnosis to an Admission

[Clinical - Admission - Diagnosis](#)

Make sure your consumer appears on the Information Bar by carrying over or doing a lookup and selection first. The system will show you each Admission and allow you to update as needed. When you select the [Update/View](#) button you will see all 5 Axis buttons and an [Information](#) button indicating the time and person who made the diagnosis.

Note that the Navigation Bar has a button called "Update Episode" and another called "Update". Use the "Update" button to update only the Admission you are dealing with. If you also want to update the Episode also, hit the "Update Episode" button. It will ask you if that is what you really want to do.

Discharge a Consumer from a Facility/Program

[Clinical - Admissions - Lookup](#)

In order to discharge a consumer from a Facility/Program you must first bring up the admission, then click on the [Discharge](#) button adjacent to the

admission you want to close. Additional information will be prompted for under the [Discharge](#) flag. After entering that information you can proceed to hit the [Update](#) navigation button to complete the discharge. The [Accident Information](#) and [Service Summary](#) flags are not needed.

FINANCIAL INFORMATION

Look up Consumer Share of Cost

[Access - consumer - Eligibility Verify - Load flag](#)

Enter consumer information, month/year, then hit the [Search](#) button

Enter Payor Plan (Medi-Cal) and Facility, then hit the [Add](#) button

Go to Process flag to see the Pending and Processed EDI transactions. Hit

the Process navigation button to search the State file and return

the information below as a Processed transaction. The Commit

button cause the database to be updated and the Delete

does not. Either button removes the information from the

Processed transaction list.

Enter Medicare Part A or B Eligibility

[Access - Consumer - Payor - Payor Plan](#)

Select one of the "Medicare..." Payor Plans, and enter the Insurance

Effective Date as the [Begin Date](#). You can use the shortcuts of "Use Linked

Person as Insured" and "Use Insured SSN". Be sure to enter [Assignment of](#)

[Benefits Begin Date](#) and [Release of Information Begin Date](#), as these will be

needed in order to make any services billable to Medicare or Insurance.