Chapter 28 – Care Level I Adjustment Billing

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CARE Level I Adjus	tment Billing1			
mportant	The required fields referenced in this chapter refer to system-required fields. These fields are required in order for the form to be saved in approved status.			
	The information that is required due to policy may be different from those that are system required.			
mportant	fields are required in order for the form to be saved in approved status. The information that is required due to policy may be different from those that are			

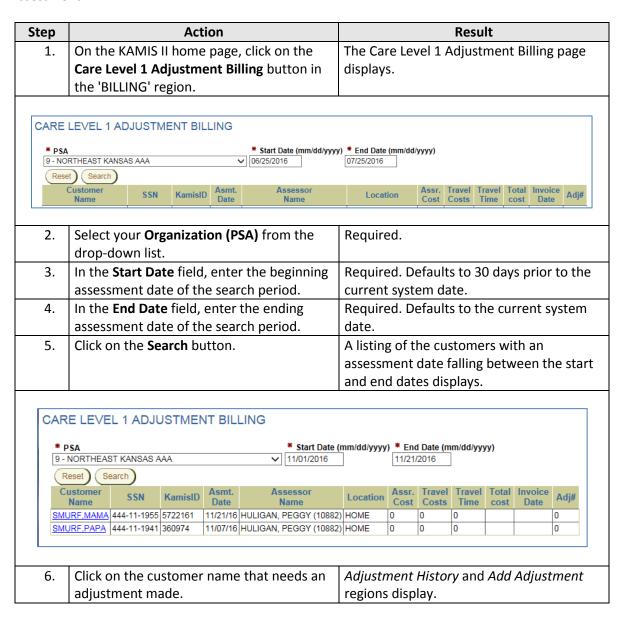
CARE Level I Adjustment Billing

Introduction

The CARE Level I Adjustment Billing is used to change the Assessor or Location that was initially entered in a CARE Level I Assessment. This can potentially change the billing amount depending on the change made.

How To

Follow the steps in the table below to change the Assessor or Location on an Approved CARE Level I Assessment.



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CARE Level I Adjustment Billing, continued

How To Continued

Step	Action		Result		
7.	Make the desired adjustment:				
	Change the Assessor on an App	rove	d CARE Level I Assessment		
A.	Start typing the last name of the correct		The Assessor select list dynamically		
	assessor in the Assessor Search (Last,		updates to reflect what is typed.		
	First) field.				
В.	Continue typing until the correct assessor				
	name shows up in the list.				
C.	Either continue typing the name until it is		The assessor name is highlighted.		
	highlighted in the list OR				
D.	Click on the correct name once displayed.		The assessor name is highlighted.		
Change the Location on an Approved CARE Level I Assessment					
Α.	Click on the Location drop-down list.		location selections display.		
В.	Click on the correct location.	The	location is selected.		
	Name: SMURF, MAMA SSN: 444-11-1955 KAMIS ID: 5722161 Primary PSA: 9 Assessment Date: 11/21/2016 Assessment Nbr: 1506436 Adjustment History Assessor Location Assessor Travel Costs Cost Time Adjustment Adjustment Comment Date Date Date Date Date Date Date Dat				
CARE LEVEL 1 ADJUSTMENT BILLING ** PSA 9 - NORTHEAST KANSAS AAA V 11/01/2016 ** Start Date (mm/dd/yyyy) ** End Date (mm/dd/yyyy) 11/21/2016 Reset Search Customer SSN KamisID Asmt. Date Name Location Cost Costs Time cost Date Adj# SMURF, MAMA 444-11-1955 5722161 11/21/16 GRIBBLE, NANCY (10884) NURSING FACILITY 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0					

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