



Manual: Patient Registration	Policy/Procedure Name: Alternative Level of Care Process MediAR
Section: Patient Billing	Number:
Pages: 1 of 2	Effective Date: 01 JUN 2015
	Revision Date: 09 SEPT 2018

Purpose

To ensure Alternative Level of Care (ALC) billing information is correctly entered into the accounting system.

Scope

The policy pertains to all staff members and physicians at Muskoka Algonquin Healthcare (MAHC).

Policy Statement

To ensure ALC billing information is correctly entered into the accounting system.

Procedure

1. ALC – Copayment Eligible status has been confirmed by CCAC.
 2. ALC information is entered into MediAR
 - If patient or representative is paying for preferred accommodation ALC charges are not applied to the account.
 - If you have not received the appropriate financial information from the patient representative the maximum rate is entered until otherwise advised.
 - When the correct information is received the previous charges are adjusted out and the new charges entered as below.
1. Open the Patient Follow-up screen using the FIN
 - a. Enter a TA in the first blank box and scroll down to note the ALC patient date
 - b. This confirms that the information has been correctly entered on the ‘chart’ side of this process
 2. Press the F12 key and type MI into the ‘Accept?’ box and enter to go to the Miscellaneous Screen
 3. Enter the Daily Co-pay and the Monthly Co-pay amounts from your calculations
 4. Press the F12 key and P into the ‘Accept?’ box and enter to go to the Patient Information screen
 5. Click on the ‘census’ box – left side middle – that shows the number of days
This takes you to the daily census information
 6. On the right side of the screen are two boxes that must be completed to generate ALC billing for any days that have passed since the designation was made

- If you are entering the info on the actual date of designation this step is skipped

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- a. Oride – insert an M to Manually ‘override’ the automatic rate process
 - b. Rechg?- insert a Y to have the system rebill this day with the ALC charge
 - c. Repeat for each day missed since the designation
 - d. When finished Hit F12 twice to return to the Patient Information screen
7. Click into the ‘Def’ box (deficiency box) and enter K
- a. All K codes are assigned to the Senior Finance Clerk
 - b. At month end a process is run to invoice all ‘K’ deficiencies
- Note:** If this step is missed no invoices are produced until the patient is discharged
8. Press F12 and enter to get back to the Patient Follow-up screen

Cross Reference

List document titles that relate to the current document and/or that should be cross referenced.

Notes

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References / Relevant Legislation

Appendices

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