

Step By Step Guide: AccuCare Billing

AccuCare Billing Transfer

AccuCare Billing Transfer

Using the Billing Transfer module in AccuCare Billing will allow users to post billing charges based on a Progress Note that was entered or an Appointment that was checked in through the Scheduler. Many users will use this area instead of posting charges in the Service Processing screen.

Before using the Billing Transfer there is some initial setup to make sure that has been completed so that all of your information will show up as expected in the Billing Transfer.

If you are not able to see the information that is expected to be displayed in the Billing Transfer, you will want to check these initial Billing Transfer rules to make sure that everything is set up correctly.

Billing Transfer Setup Rules:

Rule 1 – Billing > Setup > Services

Rule 2 – Billing > Clinical > Session Types

Rule 3 – Billing > Provider Information

Rule 4 – Client Intake > Billing Tab

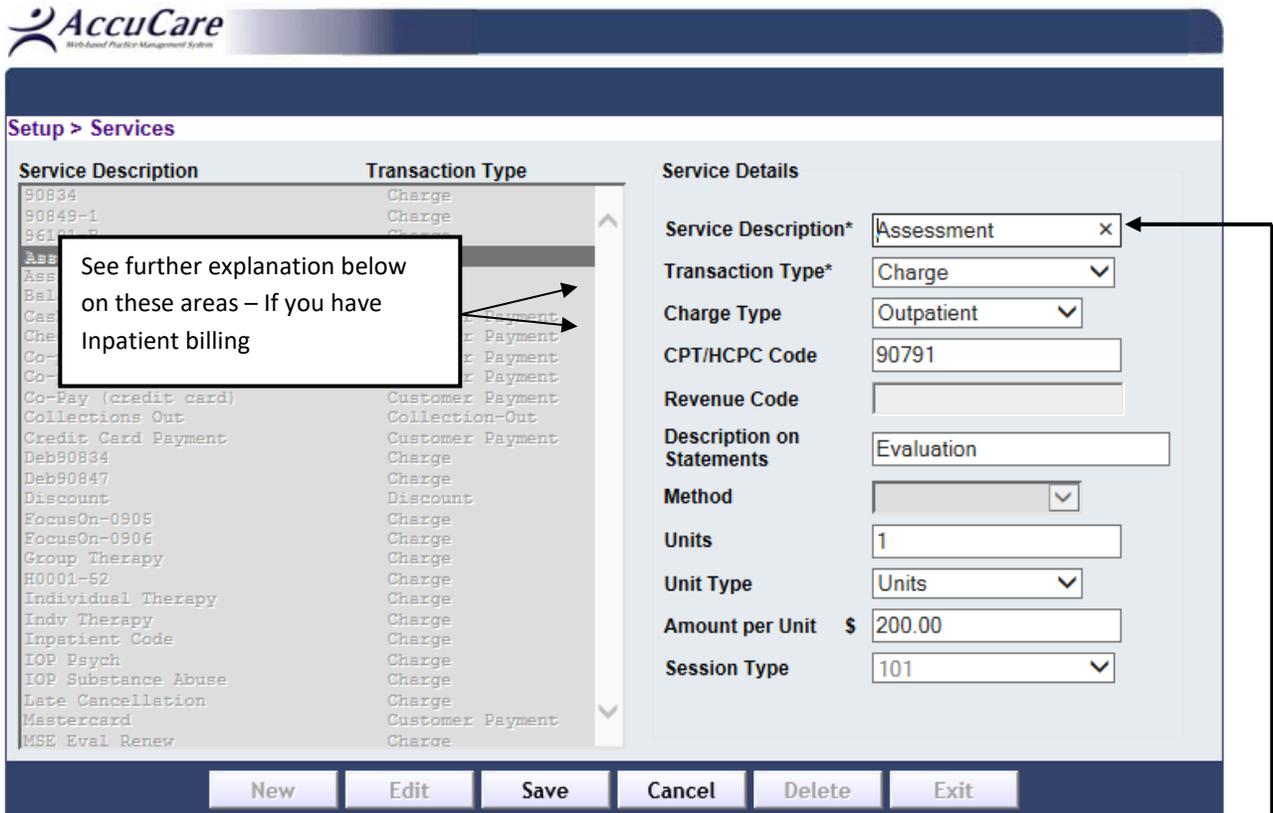
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Rule 1 – Billing > Setup > Services

In this area, you will set up the transactions and services for which you will be providing to clients. Make sure you have added all of the services that you want to bill for with a Transaction Type = Charge.

To add a new service to the list of services, click the “New” button. All of the services that have been added to the system will display in the left-handle window, with the Service Description and the Transaction Type showing for each service. To edit or delete a service, click on the service in the left-hand window and click the desired action button.



Service Description: The information entered in this field should be the name of the service you are adding. This description is completely customer dependent and should be based upon the terminology that you use for each code at your facility or practice. It is completely up to the customer what description is used. Whatever description you put here is how you will be referring to the service through the rest of the system. The information you put in this field will not appear on any claims.
(For example: If one of the services you provide is an Initial Evaluation. In the Service Description field you can label this service as Initial Evaluation, or Assessment, or 90801, etc.)

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Service Details

Service Description*

Transaction Type*

Charge Type

CPT/HCPC Code

Revenue Code

Description on Statements

Method

Units

Transaction Type: For the service that you entered you will need to select a type of transaction for the service.

Charge Type: If the service you are adding is has a transaction type of Charge, and if it is a service that you will be sending on an inpatient or outpatient claim, then you will select inpatient or outpatient for the service.

CPT/HCPC Code: If the Charge Type is Outpatient and it is a service that you will be sending on a claim to insurance you will need to put the appropriate five digit CPT code in this field. The information in this field is exactly what will appear on a claim so there should be no unnecessary characters. *(For example: 90791)*

Service Details

Service Description*

Transaction Type*

Charge Type

CPT/HCPC Code

Revenue Code

Description on Statements

Method

Units

Service Details

Service Description*

Transaction Type*

Charge Type

CPT/HCPC Code

Revenue Code

Description on Statements

Method

Units

Revenue Code: If the Charge Type is Inpatient and it is a service that you will be sending on a claim to insurance you will need to put the appropriate three or four digit Revenue Code in this field. The information in this field is exactly what will appear on a claim so there should be no unnecessary characters. *(For example: 1002 or 906)*
CPT/HCPC codes are optional for Inpatient Charge Types.

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Service Details

Service Description*

Transaction Type*

Charge Type

CPT/HCPC Code

Revenue Code

Description on Statements

Method

Units

Unit Type

Amount per Unit \$

Session Type

Description on Statement: This is the field that you will put a description of the service for the Client Statement. The user can be as descriptive or as brief for this field. The text entered in this field will only appear on the Client Statement report.

Units: Only used for Transaction Type = Charge. The user will need to enter the number of Units/Hours/Sessions for the service.

Unit Type: Select the type of Unit for the service.

Service Details

Service Description*

Transaction Type*

Charge Type

CPT/HCPC Code

Revenue Code

Description on Statements

Method

Units

Unit Type

Amount per Unit \$

Amount per Unit: Enter the monetary amount per unit for the service.

(For example: If the Assessment is for one hour, you would enter "1" for the Units and \$200.00 for the Amount. or if the 90801 is one hour but needs to be reported to insurance in 15 minute increments, you could enter 4 for the Units and \$50.00 for the Amount per Unit.

Note: You will have the ability to edit and change both the amount and number of units for an individual service when you are in the Transaction Register.

Modifiers: When you have a CPT or HCPC code that requires a modifier, you are able to add the modifier in the CPT/HCPC code field.

After you have entered the five digit CPT/HCPC code then enter a ":" followed by the appropriate modifier. If a service has multiple modifiers continue to separate the modifiers with the ":".

(For example: no spaces (90791:HO) or (90791:HO:AJ)

Note: This step should only be completed if you are going to send claims and modifiers on electronic claims ONLY. This will not display correctly on Paper Claims.

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Rule 2 – Setup > Clinical > Session Types

For the Services to display in the Billing Transfer, you will need to assign the Services that you have set up in Setup>Billing>Services to the appropriate Session Type.

The Billing Transfer will use the Session Type that was selected on an entered Progress Note or on an Appointment that was checked in.

You can use the same Service Code for multiple Session Types. The Billing Transfer and Billing Module will not use any details or information that is entered for the Session Type (for example Hourly Rate or Session Type Description) that information is only displayed in the Clinical areas. When the Service Code is linked to a Session Type, it is only identifying that the Session is used and in the Billing Transfer it will be displayed with the Service Information that was set up in the Setup>Billing>Services.

To link the Service to the Session Type, first, locate the Session Type that needs to be linked or that can be billed (Note: not all session type need to have a Service Code linked and might not be billable).

Select that Session Type and click the Edit button.

Setup > Add, Edit or Delete Type of Session

Existing Session Types:

Select	Session Type	Description	Hourly Rate (\$)	NDW Export	Archived
<input type="radio"/>	0004	Admission Note	319.00	No	No
<input checked="" type="radio"/>	001	Individual Session - 001	65.00	No	No
<input type="radio"/>	001	alcohol and drug evaluation	200.00	No	No
<input type="radio"/>	0017	Re-Entry Session	14.00	No	Yes
<input type="radio"/>	002	Physical Therapy Training Session	0.00	No	No
<input type="radio"/>	002	Meditation Skills Session	0.00	No	No
<input type="radio"/>	002	Horse Therapy	50.00	No	No
<input type="radio"/>	002	Community Meeting	0.00	No	No
<input type="radio"/>	002	Anger Management Session	0.00	No	No
<input type="radio"/>	002	Multidisciplinary Reporting Form Early Am till Afternoon	0.00	No	No

Session Type Code: 001 Hourly Rate: \$65.00 Service Code: Individual Session NDW Export: Archived:

Session Type Description: Individual Session - 001

Add Edit Save Cancel Delete Print Exit

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Now click the Service Code dropdown and select the appropriate Service Code.

Then click the Save button.

The screenshot displays a software interface for AccuCare Billing Transfer. At the top, there are input fields for 'Session Type Code' (001), 'Hourly Rate' (\$65.00), and 'Service Code' (Individual Session). To the right of these fields are checkboxes for 'NDW Export' and 'Archived'. Below these fields is a 'Session Type Description' field containing 'Individual Session - 001'. At the bottom of the form are buttons for 'Add', 'Edit', 'Save', and 'Cancel'. A dropdown menu is open for the 'Service Code' field, listing various session types such as 'Assessment', 'Case Management', 'Detox', 'Follow up', 'Group', 'Group - Tier 1', 'Group - Weekly Attendanc', 'H0015', 'Individual Session' (highlighted), 'IOP Group', 'IOP Mental Health', 'IOP Substance Abuse', 'Med Check', 'Medicaid Group', 'Medicaid Individ Therapy', 'No Show', 'OP Group', 'OP Individual Session', and 'Residential Treatment'. A callout box points to the dropdown menu with the text 'Click the Service Code dropdown'. Another callout box points to the 'Save' button with the text 'Click Save'. A third callout box points to the 'Individual Session' option in the dropdown menu with the text 'Select the appropriate Service Code for that Session Type'. A red-bordered box on the right side of the form contains the text 'Session Type will affect all Notes with this Session Type.' and an 'Exit' button is visible below it.

Continue to link all of the Session Types to an appropriate Service Code that you are expecting to transfer into the Billing Module.

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Rule 3 - Setup > Billing > Provider Information

Enter all of the providers that will be providing services. The **General** area collects information such as Name, Taxonomy Codes, NPI numbers, and credentials for each provider. If the provider is also an AccuCare Clinical user and has a login, you can link this profile to that user name. The **Bill As** section, allows you to have the provider name in the General but when submitting claims you can have overriding information in the Bill As, such as a facility or supervising provider. In **Charge Overrides**, you can assign a different charge amount for a service. This information will display on any claims using this provider and service code. **Modifiers** allow you to identify any required modifiers for every provider for any specific insurance company.

Note: A provider will automatically be created for every business that is created. One provider will need to be designated as the "default provider." It is recommended that the business or the primary provider is the default.

For the Billing Transfer to work as expected. An AccuCare User ID must be linked to an Active Provider Information record.

Select a Provider: This is a dropdown list of all the providers that have been added to the system.

To add a Provider: Click New

AccuCare
Behavioral Health Management System

Setup > Provider Information

Select a Provider: Behavioral Health, Treatment

General

General Information

Abbreviation

First Name: Treatment

Middle Name

Last Name *: Behavioral Health

Suffix

Title

Credentials

Taxonomy: Residential Treatment Facilities
Substance Abuse Rehabilitation Facility

Code: 324500000X

NPI: 1801018528

Bill As

Same as General Info [Copy from Existing Provider](#)

First Name: Treatment

Middle Name

Last Name *: Behavioral Health

Suffix

Title

Credentials

Taxonomy: Residential Treatment Facilities
Substance Abuse Rehabilitation Facility

Code: 324500000X

NPI: 1801018528

Assignment/Links

Associated Business *: Best Treat

AccuCare User ID

Default Location of Service: BHT

Active Provider?

Signature on File

Accept Assignment

- Aetna
- Aetna14079
- Aetna30755
- AHCCCS

Signature on File

- Aetna
- Aetna14079
- Aetna30755
- AHCCCS

Charge Overrides [Show](#)

Modifiers [Show](#)

New Edit Save Cancel Delete Exit

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Setup > Provider Information

Select a Provider: Behavioral Health, Treatment

General

General Information

Abbreviation

First Name

Middle Name

Last Name *

Suffix

Title

Credentials

Taxonomy

Code

NPI

Bill As

Same as General Info

First Name

Middle Name

Last Name *

If the **Bill As** is the same as the **General** check this box to use the same provider details.

Taxonomy: To add the providers taxonomy code by selecting the classification from the two drop down or by entering the actual taxonomy code in the Code field.

NPI: Enter the individual provider NPI (National Provider Identifier) number.

Associated Business: Select which Business this provider is associated to. If you have a provider that is associated with multiple businesses, you will need to add a provider entry for each association.

Assignment/Links

Associated Business *

AccuCare User ID

Default Location of Service

Active Provider?

Default Provider?

Provider Percentage Amount %

Accept Assignment

Aetna

Aetna14079

Aetna30755

AHCCCS

Signature on File

Aetna

Aetna14079

Aetna30755

AHCCCS

Charge Overrides

Show

AccuCare User Id: If the provider is also an active AccuCare user and has an individual login, you can link this provider profile to that user name. If you subscribe to AccuCare Clinical Progress Notes, the Progress Note Transfer screen will look at the User Id from the Provider Information and the User that entered the progress note to display the correct provider on the transaction.

Accept Assignment and Signature on File: As insurance payers are added to your AccuCare system in the Setup>Billing>Payer area, each Payer will be listed in the Accept Assignment and will be checked by default. If you wish to identify No as Accept Assignment to the Payer, meaning that the payment by the insurance company should be made to the client, you will want uncheck the box for that insurance company.

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Setup > Provider Information

Select a Provider: Behavioral Health, Treatment

General

General Information

Abbreviation

First Name

Middle Name

Last Name *

Suffix

Title

Credentials

Taxonomy

Bill As

Same as General Info

First Name

Middle Name

Last Name *

Suffix

Title

Credentials

Taxonomy

Code

NPI

Default Location of Service: Select a default location of service if the provider is at one location more frequently. This will appear as the default location of service and place of service when this provider is selected.

Assignment/Links

Associated Business * Accept Assignment Aetna
 Aetna14079
 Aetna30755
 AHCCCS

AccuCare User ID

Default Location of Service

Active Provider?

Default Provider?

Provider Percentage Amount %

Active Provider: If a provider is checked Active, this will allow services to be entered for that provider.

Charge Overrides

Show

Modifiers

Show

New

Edit

Save

Cancel

Delete

Exit

Default Provider: One provider must be checked as the Default Provider. Each time a transaction is added to the Service Processing, the provider that has been marked as default will be the provider name that is automatically populated.
(Hint: If there are multiple providers that will have transactions entered, by making the business/facility provider the default will help guide that clients and services are not be entered and submitted to insurance with the wrong provider name.)

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Setup > Provider Information

Select a Provider: Behavioral Health, Treatment

General

General Information

Abbreviation

First Name

Middle Name

Last Name *

Suffix

Title

Credentials

Taxonomy

Code

NPI

Bill As

Same as General Info

First Name

Middle Name

Last Name *

Suffix

Title

Credentials

Taxonomy

Code

NPI

Assignments

Ass

Acc

Defa

Acti

Default Provider?

Provider Percentage Amount %

Accept Assignment

Signature on File

- Aetna
- Aetna14079
- Aetna30755
- AHCCCS

In Charge Overrides section - you can assign a different charge amount for a service. This information will display on all claims that use this provider and service code.

Charge Overrides Show

Modifiers Show

Modifiers - allow you to identify any required modifiers for every provider for any a specific insurance company and a specific service. If you are printing modifiers on a paper claim form, you will need to enter the modifier here.

(Hint: To reduce the amount of entries when adding modifiers for a provider, it is suggested that you add all your modifiers in the Setup Services area. Do not add modifiers in both Services and Provider Information.)

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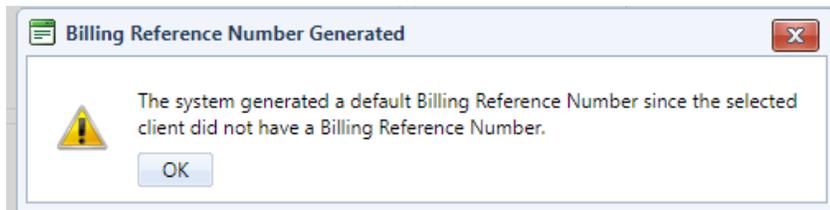
Rule 4 – Client Intake > Billing Tab

For a client to display in the Billing Transfer they must have a Billing Reference Number in the Billing Tab in Client Intake.

To add a Client Billing Reference Number for a client: Select the client in the Client Search.



Note: When a Client Reference # has been entered in on the Demographics Tab, this reference number will automatically populate to the Billing Reference # for the first time and can be used.



Billing Reference Number: In the Reference Number section, if a client reference number was not already assigned to this client in **Client Intake**, the system will create one using predefined criteria. The Client Billing Reference number can be changed or edited if the system has assigned a default reference number.

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Billing Information

Billing Reference #: AA11127877

Client Consent

Client Consent: is required, and by default will be checked yes.

Release of Info on File can be unchecked for no if you do not have a release of information on file. When checked, it is optional to enter a date of the release of information. When it is unchecked, you will not enter a date but will need to give a response for client given informed consent.

Billing Information

Billing Reference #: AA11127877

Client Consent

Release of Info on File

Release of Info Date:

Client Given Informed Consent

Assign Payment to Agency

Referring Provider

First Name: Middle Initial:

Last Name: Suffix:

NPI #:

Client's Condition

Condition Related To: Employment Other Accident Auto Accident

Location (State):

Date of Current Illness:

First Date of Illness:

Dates Unable to Work: to

Dates Hospitalized: to

Assign Payment to Agency when yes is checked it means you are informing the insurance company that the remit/payment from the insurance company should be sent to the business or provider. When this is unchecked and considered No, it will instruct the Payer to send remits/payments will be sent to the patient from the insurance company.

Referring Provider: These are optional fields to enter the referring physician's name and NPI number.

Client's Condition: This is not required and is optional to capture additional conditional information relating to illness, injury or accident that would need to be reported.

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Statement Information: Statement Information is *required* to save the Billing Record. You can use the [Copy for Demographics] button to pull the information you already entered into the system. Information in the Statement Comment will appear on the client's statement when printed.

Hold Client Statement: will automatically stop the Client's Statement from being printed as a batch. When this checkbox is checked, you will need to apply the filter to include Hold Statement when viewing and printing Client Statements.

Self Pay: You can check this box to identify that the client is a Self Pay Client and does not have a funding source entered in the Payers Tab.

The screenshot shows a web form titled "Statement Information" with a "Copy from Demographics" button. The form contains the following fields: First Name (Alexander), Last Name (Abbott), Address 1 (282015 Stocklyn Road), Address 2 (empty), City (Memphis), State (CT), Zip (45682-1253), Phone (with area code and extension boxes), and a Home phone type dropdown. Below these are checkboxes for "Hold Client Statement" and "Self Pay", and a "Statement Comment" text area. A "Billing Comments" section with a large text area is located below. A "Cancel" button is at the bottom left.

Once the information has been entered click, the [Save] button to save the General Billing Information.

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Progress Notes

To have the Progress Note(s) for a client displayed in the Billing Transfer will need to have a Progress Note entered with the following information:

- The author of the Progress Note needs to have an AccuCare User ID assigned to a Provider Information record.
- The Client on the Progress Note will need to have a Billing Reference Number entered in the Billing Tab in the Client Intake.
- The Session Type on the Progress Note will need to have a Service Code assigned to it in the Session Type Setup.

A transaction will display in the Billing Transfer area with the billing details linked to the Progress Note. The Progress Note only needs to be saved to display in the Billing Transfer. The Billing Transfer will not identify if the Progress Note has to be filed or signed.

Once a transaction that has been linked to a Progress Note has been transferred to Billing or removed from the Billing Transfer, it will not be displayed in the Billing Transfer area again and cannot be duplicated.

Any information that is changed on the Transaction record in the Billing Transfer, does not change the information from or in the Progress Note record.

Scheduler - Appointments

To have an Appointment from the Scheduler for a client displayed in the Billing Transfer will need to have an Appointment entered with the following information:

- The Facilitator of the Appointment needs to have an AccuCare User ID assigned to a Provider Information record.
- The Client on the Appointment will need to have a Billing Reference Number entered in the Billing Tab in the Client Intake.
- The Session Type on the Appointment will need to have a Service Code assigned to it in the Session Type Setup.
- The Appointment will need to have "Transfer To Billing" checked Yes
- The Appointment needs to have a Check-In Status other than "Scheduled"

A transaction will display in the Billing Transfer area with the billing details linked to the Appointment that has been Checked In.

Once a transaction that has been linked to an Appointment has been transferred to Billing or removed from the Billing Transfer, it will not be displayed in the Billing Transfer area again and cannot be duplicated.

Any information that is changed on the Transaction record in the Billing Transfer, does not change the information from or in the Appointment.

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Billing Transfer

Once all of the criteria are set up correctly and the client has had either a Progress Note entered and/or an Appointment with a Check-In Status, you should now be able to see the transactions in the Billing Transfer displayed with the appropriate billing information.

Filters – (Optional) Choose the filters to display the transactions.

Filter options include:

- **Client Name**
(individual or multiple)

Filter options include:

- **Check In Status**
- **Location of Service**
- **Payer**
- **Provider**
- **Service Code**

Filter options include:

- **Date of Service**

When you have selected the desired filter criteria, click the [Apply Filters] button to display the results.

The screenshot shows the 'Billing > Billing Transfer' interface. It features a 'Filters' section with a 'Choose Clients' dropdown, a 'Choose Filter(s)' dropdown, and a 'Date of Service' section with radio buttons for 'All Dates' and 'Date Range'. There are 'Apply Filters', 'Clear Filters', and 'Display All' buttons. Below the filters is a table with columns: Client, Client Name, Date of Service, Payer Plan, Provider, Location, DxCode, Service, Place, Units, Amount, Use Ins., Claim Note, Source, Check In Status, and Transfer Status. The table currently shows 'No Billing Records to display.'

If you want to see all the eligible transactions, without any filtering, click the [Display All] button.

The transaction information will display the default details that have been set up and are linked back to the original source of the Progress Note or Appointment.

Client	Client Name	Date of Service	Payer Plan	Provider	Location	DxCode	Service	Place	Units	Amount	Use Ins.	Claim Note	Source	Check In Status	Transfer Status
	Banana, Hannah	03/01/2023	BCBS IL/BCBS	Remm, Beverl	Happy Days	F12.121	IOP Group	11 - Office	3.000	\$945.00	Yes		Progress Note	Attended	Now
	Flowers, Ashling	03/09/2023	PHC-01/01/20	Remm, Beverl	Happy Days	F15.10	IOP Group	11 - Office	3.000	\$842.40	Yes		Scheduler	Attended	Now
	Myles, Timothy	03/01/2023		Remm, Beverl	Happy Days			11 - Office			Yes		Scheduler	Canceled	Later
	Rose, Eddy	03/10/2023	Sheridian-01/	Remm, Beverl	Happy Days	F10.10	Individual Ses	11 - Office	1.000	\$120.00	Yes		Progress Note		Now
	Wingrave, Flora	03/01/2023	BCBS-01/01/2	Remm, Beverl	Happy Days		IOP Group	11 - Office	3.000	\$842.40	Yes		Progress Note	Attended	Now

The Client Report will show the demographic, billing, and payer information for the client from the Client Intake.

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Many of the details on the Transaction can be edited in the Billing Transfer.

To edit a field, click on the Transaction row and change the information in that field.

Client	Client Name	Date of Service	Payer Plan	Provider	Location	DxCode	Service	Place	Units	Amount	Use Ins.	Claim Note	Source	Check In Status	Transfer Status
	Banana, Hannah	3/1/2023	BCBS IL	Remm, i	Happy L	F12	IOP Gro	11 - Of	3.0	\$945.00	<input checked="" type="checkbox"/>		Progress Note	Attended	Now
	Flowers, Ashling	03/09/2023	PHC-01/01/20	Remm, Beverl	Happy Days	F15.10	IOP Group	11 - Office	3.000	\$842.40	Yes		Scheduler	Attended	Now

Any information that has been changed, does not change the information back in the original source of the Progress Note or Appointment.

Any information that has been changed on a Transaction row is only saved if that Transaction is transferred to Billing. If you make a change or edit and then leave the Billing Transfer when you return the information will be reverted to the original details.

Source and Check-In Status

The Source column displays what source is pushing this transaction to the Billing Transfer.

When the Source is **Progress Note** and a **Check In Status** is displayed, this means the record has started as an Appointment in the Scheduler, then a Progress Note was entered (by using the "Add From Scheduler" function in Progress Notes).

Client Name	Date of Service	Prov	Lc	Service	Units	Amount	Source	Check In Status
Banana, Hannah	03/01/2023	Rerr	H.	IOP Group	3.000	\$945.00	Progress Notes	Attended
Flowers, Ashling	03/09/2023	Rerr	H.	IOP Group	3.000	\$842.40	Scheduler	Attended
Myles, Timothy	03/01/2023	Rerr	H.				Scheduler	Canceled
Rose, Eddy	03/10/2023	Rerr	H.	Individual Ses	1.000	\$120.00	Progress Notes	
Wingrave, Flora	03/01/2023	Rerr	H.	IOP Group	3.000	\$842.40	Progress Notes	Attended

When the Source is **Scheduler** – this means an Appointment has been Checked In, but a Progress Note has not been entered (the clinician will need to make sure to use the "Add From Scheduler" option in Progress Notes to enter the Progress Note for everything to be linked correctly).

When the Source is **Progress Note** and the Check In Status is blank – this means a Progress Note has been entered and there is no Appointment information linked to this record.

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Transfer Status

As a default, any Transactions that have completed billing information will display a Transfer Status of "Now".

When the default Transfer Status displays "Later" this means there are required billing details that are missing and need to be filled in before the Transaction can be transferred. The missing information can be entered in the Billing Transfer area or you can go back to the original source and edit the information or go back to the appropriate Setup area to complete that information so that it is displayed when you go back into the Billing Transfer.

Set All Transfer Status: <input type="button" value="v"/>		
Source	Check In Status	Transfer Status
Progress Note	Attended	Now
Scheduler	Attended	Later
Scheduler	Canceled	Never
Progress Note		Now
Progress Note	Attended	Later

When a transaction has a Transfer Status of "Now" this means it is ready to be transferred into the Client Billing Activity module in Billing when the [Transfer to Billing] button is clicked.

When a transaction has a Transfer Status of "Later" this means it will NOT be transferred into the Client Billing Activity module in Billing when the [Transfer to Billing] button is clicked. The transaction will be reappear in the Billing Transfer screen again until the transaction is transferred with either a Transfer Status of "Now" or "Never."

When a transaction has a Transfer Status of "Never" this means it will NOT be transferred into the Client Billing Activity module in Billing when the [Transfer to Billing] button is clicked. The transaction will be permanently removed from the Billing Transfer grid.

To change the Transfer Status of a transaction, click on the transaction row and select the appropriate Transfer Status.

Set All Transfer Status: <input type="button" value="v"/>		
Source	Check In Status	Transfer Status
Progress Note	Attended	Now <input type="button" value="v"/>
Scheduler	Attended	Now
Scheduler	Canceled	Later
Progress Note		Now
Progress Note	Attended	Later

If you want to change the Transfer Status of all of the transactions in the grid, click on the "Set All Transfer Status" dropdown and select the desired Status. This will update all of the Transfer Status at the same time.

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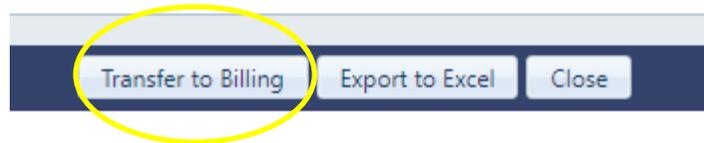
Export to Excel

When you click the [Export to Excel] button, an Excel spreadsheet will be downloaded to your computer's local Downloads folder displaying the transaction results in the grid.



Transfer to Billing

When you have reviewed the transaction and updated the Transfer Status, click the [Transfer to Billing] button.



Billing Transfer Review Report

A Report will open on another browser tab. This report shows the transaction(s) that will be transferred into the Client Billing Activity.

Billing Transfer Review										
Date Entered: 03/10/2023										
Client Name	Business	Provider	Service Date Type	Service	Units	Location	Note	Source	Payments	Charges
Banana, Hannah	Happy Days	Remm, Beverly	03/01/2023 Charge	IOP Group	3	Happy Days		Progress Notes		\$945.00
Rose, Eddy	Happy Days	Remm, Beverly	03/10/2023 Charge	Individual Session	1	Happy Days		Progress Notes		\$120.00
Grand Totals:									\$0.00	\$1,065.00

When you close the report, there will be a confirmation message.

Click the [Post] button to confirm that the transactions will be transferred into the Client Billing Activity.

Transactions Being Posted

If you wish to continue with transfer of records, please click Post.

If you wish to return to the previous screen without posting, please click Cancel.

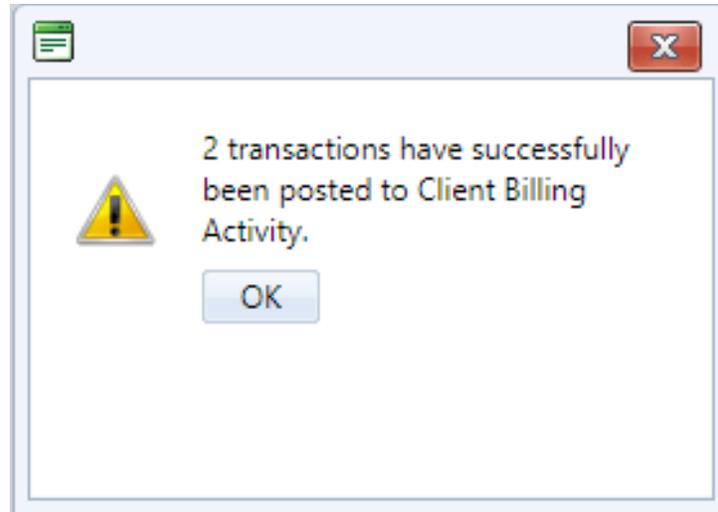
Post Cancel

Click the [Cancel] button to not transfer any transactions at this time and return to the Billing Transfer.

Step By Step Guide: AccuCare Billing

AccuCare Billing Transfer

When you click the [Post] button on the confirmation, you will receive a message that informs you how many services were transferred. Click the [OK] button to return to the Billing Transfer.



Any transactions that had a Transfer Status of “Later” when the Transfer to Billing was Posted, those transactions will be displayed in the Billing Transfer grid again.

To view any of the transactions that have been transferred from the Billing Transfer, go into the Client Billing Activity to find the transactions.