AccuCare 9.8K Release Notes

New Features and Enhancements

Major enhancements were made to the main navigation menu and Client Intake module, improving efficiency and workflow, along with bug fixes and overall performance improvements.

1. Ribbon Navigation Menu

A noticeable change to how you navigate through AccuCare will be the use of the Ribbon Navigation menu. Upon login to the main menu, at the top of the application, there will be a Ribbon Navigation Menu.



- This menu will be present on a majority of the screens in AccuCare order to assist users in navigating to different areas of AccuCare.
- Users may **Personalize** their Ribbon in order to provide the proper workflow (order of the icons). In future releases, there will be additional icons that can be used in the Ribbon.
- Access to the **Setup Menu** (formerly on the Classic Menu) as well as a **Logout** function is located on the far right of the Ribbon



2. Client Intake – Centralized Information and Workflow

Another noticeable change to AccuCare is the update/enhancement to Client Intake. The previous design only allows the user to collect demographic information for clients spread across multiple tabs. Now, users can collect multiple types of data across multiple tabs, in addition to administering new features to the intake process, such as Referrals and Custom Forms.

					ASI	TAP INTO	Politis	Notes	Diagnosis	Chart	Uning	-			
ent Intake															
rch by: 💿 Last Name 💿 Date Of Birth	Phone SSN	Clien	t Reference	e # 🔘	Billing Ret	ference #	Na	me		DOB	Ph	none	SSN	Client Ref #	Billing Ref a
Begins with or matches:				Sean	ch Di	isplay All	No d	lients to	display.						
Client Name: Level of Care:															
Location:															
	~									~					
Demographics Case Management	Billing Pay	ers	Fee Sche	dule	Referra	als \	AI/AN	Custo	om Forms	Co	mments				
Edit															
11-in															
-Main								tact infoi	rmation—						
Client Name:	First Enc	ounter [Date:				Add	ress:					Phone 1:	:	
Nick Name:	Marital S	tatus:											Phone 2: Phone 3:		
Date of Birth:	Work Sta	itus:					Ema	ail:					Thone 5.		
Gender:	Race:						Eme	ergency	Contact:				Phone:		
Social Security #:	Religion							,							
Client Reference #:	Ethnic G	oup:					Milit	an							
-Logal Statur								ury -			_				
Legar status] Mili	tary Sta	tus:		F	amily Me	mbers with N	Military Background	:
Involved with Child Protective Service	s:						Mili	itary Bra	inch:		r	Number o	f Family Men	nbers in Military:	
Current Probation Status:							Addi	itional—							
Current Parole Status:															
Family in Criminal Justice System:								acy Agro	eement 5	igned:			Archive	:d:	

NOTE: A full detailed video tutorial can be found on the <u>www.MyAccuCare.com</u> website to learn more about the video.

- The **Search** function in Client Intake now allows you to search for a client by Date of Birth, Phone and Billing Reference #, in addition to Last Name, SSN and Client Ref#
- The current Level of Care and Location of Service (if applicable) will display in the header of the screen when a client is selected

Search by: 💿 Last Na	me 💿 Date Of Birth (Phone SSN Clien	t Reference #	# 🔘 Billin	g Reference #	Name	DOB	Phone	SSN	Client Ref #	Billing Ref #
Begins with	or matches:			Search	Display All	Curtis, Bob	01/14/1903	(555) 212-0210	505-25-2522		BIL-01CUR
Client Name	Curtis, Bob					Curtis, Clarence	10/10/1956	(555) 242-5215	555-62-5252	CURTIS1D15RT4	CURTIS1D1
Level of Care	:: Level II - Intensi	ve outpatient/partial hospita	lization			Curtis, Clifford C.	05/02/1947	(555) 252-4152	555-25-2425	CG1001	CG1001
Location:	(OPEAST) Orion	Outpatient East				Curtis, Marjorie	02/08/1956	(555) 252-1521		AZSFdascascs	AZSFdasca
- Main											
-Main Client Name:	Curtis, Bob	First Encounter [Date: 02/02/2	2017		-Contact Information-	123 West		Phone 1: (5	55) 212-0210 - He	ome
Main Client Name: Nick Name:	Curtis, Bob	First Encounter D Marital Status:	Date: 02/02/2	2017		-Contact Information-	123 West Omaha, NE 681:	30	Phone 1: ⁽⁵ Phone 2:	55) 212-0210 - He	ome
<i>Main</i> Client Name: Nick Name: Date of Birth:	Curtis, Bob 01/14/1903	First Encounter L Marital Status: Work Status:	Date: 02/02/2	2017		-Contact Information-	123 West Omaha, NE 681:	30	Phone 1: ⁽⁵ Phone 2: Phone 3:	55) 212-0210 - He	ome
Main Client Name: Nick Name: Date of Birth: Gender:	Curtis, Bob 01/14/1903 Male	First Encounter I Marital Status: Work Status: Race:	Date: 02/02/2 America	2017 an Indian		-Contact Information Address: Email:	123 West Omaha, NE 6813	30	Phone 1: ⁽⁵ Phone 2: Phone 3:	55) 212-0210 - Ho	ome

• Each Tab of the Client Intake allows the user to collect specific data points or create additional records associated to the client's full record.

The **Demographics tab** collects most of the information on the previous Client Intake, however, now in one tab.

• By selecting the **Edit button** (if a client's record is selected) the Demographics dialogue window will appear, allowing the user to Edit, Save or Cancel Editing the record)

					1			
				Conta	ct Information-			
Bob	First Encounter	Date: 02/02/2017		Addre	ess:	123 West	Phone	1: (555) 212-0210 - Home
Demographics						Junaha Madiki Julia	The erd	8
Main					Contact Inforn	nation		
Title:	•	First Encounter Date:	02/02/2017		Address 1:	123 West		
First Name*:	Bob	Marital Status:		•	Address 2:			
Middle Name:		Work Status:		*	City:	Omaha		
Last Name*:	Curtis	Religion:		*	State:	NE	Zip Code:	68130
Date of Birth:	01/14/1903	Religion Other:			Phone 1:	(555) 212-0210	x	Home 🔻
Gender*:	м –	Race:	American Indian	•	Phone 2:	()	x	Home 🔻
Social Security #:	505-25-2522	Ethnic Group:			Phone 3:	()·	x	Home 🔻
False SSN:					Email:			
Client Reference #:					Emergency Co	ntact Information		
Nickname:					Full Name:		Relation:	
Legal Status					Phone:	()	Home	•
			_		Military			
Currently Involved w	ith Child Protective Servic	tes:			Military Status		Missing Data	-
State:	-	state Other:	•		Military Branci	h:	Not Applicable	*
Regerami	atus:	rearam Other			Client has fam	ilv with Military Background:	Missing Data	•
Current Parole Statu		rigram other.	•		Number of far	nily members in Military:	0 0 0	Don't know 🔍 Refused
Current Parole Statu	5: 	State Others				, ,		
orate:		state other:			Additional			
	Demographics Main Title: First Name ¹ : Middle Name ¹ : Last Name ¹ : Date of Birth: Gender ¹ Social Security #: False SSN: Client Reference #: Nickname: Legal Status Currently Involved w State: Current Probation S Program: Current Parole Statu State: Current Parole Statu Statu Current Parole Statu State: Current Parole Statu State: Current Parole Statu State: Current Parole Statu State: Current Parole Statu Current Parole	Demographics Main Title: First Encounter Main Title: First Name*1 Bob Middle Name*1 Last Name*1 Date of Birth: O1/14/1903 Gender*1 Model Solution Clent Reference #: Nickname: Legal Status Currently Involved with Child Protective Servic State: Program: Current Probation Status: Program: State:	Demographics Main Title: First Encounter Date: Main Title: First Name*: Bob Middle Name*: Last Name*: Out: Date of Birth: O1/14/1903 Date of Birth: O1/14/1903 Rece: Social Security #: Social Security #: Olient Reference #: Nickname: Legal Status Currently Involved with Child Protective Services: State: State: Program: Program: Program: Program: State:	Demographics Main Title: First Encounter Date: 02/02/2017 First Encounter Date: Output Carrent Probation Status: Program: Program:	Demographics Main Title: First Encounter Date: 02/02/2017 Main Title: Bob Marital Status: Work Status: Curtis Religion: Religion Other: Gender*: M Race: American Indian Social Security #: Current Probation Status: Program: Program Other: Current Probation Status: Program Other: Current Status: State State State State Other: Current Status: State State<td>Ood First Encounter Date: 02/02/2017 Address: Main Title: First Encounter Date: 02/02/2017 Address: Address: Address: Contact Inform Address: City: Last Name*: Curtis: Religion: Contact Inform City: State: Curtis: Religion: Contact Inform Phone I: Phone 1: Phone 1: Phone 2: State: Contact Inform Phone 2: Phone 3: Email: Currently Involved with Child Protective Services: Current Probation Status: Program: Program Other: Current Parole Status: State: State: State: State: State: Current Parole Status: State: State: State: State: State: Current Parole Status: State: State: State: State: State: Current Parole Status:</td><td>Ood First Encounter Date: 02/02/2017 Address: 125 West Main </td><td>Joenegraphics Address: Les west Prone Main </td>	Ood First Encounter Date: 02/02/2017 Address: Main Title: First Encounter Date: 02/02/2017 Address: Address: Address: Contact Inform Address: City: Last Name*: Curtis: Religion: Contact Inform City: State: Curtis: Religion: Contact Inform Phone I: Phone 1: Phone 1: Phone 2: State: Contact Inform Phone 2: Phone 3: Email: Currently Involved with Child Protective Services: Current Probation Status: Program: Program Other: Current Parole Status: State: State: State: State: State: Current Parole Status: State: State: State: State: State: Current Parole Status: State: State: State: State: State: Current Parole Status:	Ood First Encounter Date: 02/02/2017 Address: 125 West Main	Joenegraphics Address: Les west Prone Main

The **Case Management tab** allows the user to Assign the Agency and User for the client, as well as assign Client Categories. Similar to Demographics, selecting Edit will open the dialogue window.

Assigned A	📄 Case Management		
Ass igne d U	Case Management		
	Assigned Agency	Assigned User	Client Categories
	BEV	Active Users	Category 1: Curtis 1 - Homeless
	CGA	Curtis Gormley	
	DEFAULT	Disabled Users	Category 2: Curtis 2 - Court Referred
	ото		Catagony 3: Curtis 3 - Amphatamina
	RRCAGENCY		category s. catas o supretannie
			Category 4: Curtis 4 - Transferred
			Catagory 5: Curtis 5 - Abusive
			category 5. Cards 5 Abdave

The **Billing tab** allows the user to collect Billing Information for the client. This was formerly known as Billing Info and accessible only in the Billing module in AccuCare. Now it has been consolidated into the Client Intake, along with Payers and Fee Schedule.

Statement Information		Reference	Numbers				
Statement Name:	Bob Curtis	Billing Information					
Address:	123 West Omaha, NE €	Billing Reference #: BIL-01CURBOBM	Statement Informa	tion graphics			
Phone:	1	Release of Info on File	First Name:	Bob	Last Name:	Curtis	
Statement Comment:	c.	Release of Info Date: 02/02/2017	Address 1:	123 West			
	ſ	Client Given Informed Consent	Address 2:				
Hold Statement:	No	Assign Payment to Agency	City:	Omaha			
Call Dava	No	Referring Provider	State:	NE 👻	Zip:	68130	
Self Pay:	IND	Sirrt Name Clark Middle Initial	Phone:	()	x	Home 🔻	
Referring Physician		Last Name: Williamron Suffix	Statement Comme	nt			
Name: Williamson, Clark	Î	NDI#- 1245310500	Hold Client Stat	tement			
NPI # 1245319599	i		Self Pay				
		Client's Condition	Billing Comments				_
Billing Comments		Condition Related To: PEmployment					
	1	Other Accident Oration (State): SD					1
		Date of Current Illnerry False Date					
		First Date of Illness: Enter Date					-
		Date: Linable to Works Cote: Onto I to Cote: Onto III					
		Dates Ghable to Work. Enter Date III Enter Date III					

The **Payers tab** allows agencies to create different types of payers such as insurance, private, contract, etc. Select **Add New Payer Plan** to add a new Payer, or edit an existing one using the icons in the grid.

Add New Payer Plan										
Automation Defau Order Defau	t Payer Type	Payer Name	Plan Name Pla	an Type	Effective Date	End Date	ID Number	Held	Edit	Dele
1 🗸	Insurance	Coventry of West Virginia			02/02/2017		232GTG654		s de la constante de la consta	X
		Add New Client D	Payer Plan D Payer Type": Payer Name": Plan Name: Effective Date" End Date: Plan Type": Insured's ID*: Group #: Group #: Group Mame: Relationship to Insured": Plan Notes:	Enter Date Enter Date Enter Date	ault Plan	Insured's Informat First Name*: Middle Name: Last Name*: Suffix: Address 1*: Address 2: City*: State*: Zip*: Gender*: Date of Birth*: Employer/School: Phone 1: Phone 2:	tion Copy from Dem	x		

The Fee Schedule tab allows agencies to override contract pricing based on each client. Select Add New Payer Plan to add a new Payer, or edit an existing one using the icons in the grid.

emographics Case Management Bil	ling Payers	Fee Schedule	Referrals	AI/AN	Custom Forms	Comments			
Edit									
ervice			Defa	ult Units	Default Am	ount	Fee Schedule Units	Fee Schedule A	Amount
issessment					1.000	\$75.00	1.00	00	\$65.0
ase Management					1.000	\$25.00	1.00	00	\$20.0
nd Anger Management					1.000	\$75.00	1.00	00	\$70.0
nd Art Therapy					1.000	\$50.00	1.00	00	\$45.0
nd Psychotherapy					1.000	\$100.00	1.00	00	\$85.0
\sim	Fee Schedule								-
\sim	Fee Schedule								
	Service				Default Units	Default Amount	Schedule	Fee Schedule	
							Units	Aniount	
	Grp Art Therapy				1.000	\$5	50.00 \$		
	Ind Anger Managem	ent			1.000	\$7	75.00 1 \$ 7	0	
	Ind Art Therapy				1.000	\$1	50.00 1 \$ 4	15	
Add	Ind Psychotherapy				1.000	\$10	00.00 1 s 8	5	
	Music Therapy				1.000	\$10	00.00 \$		
	No Show				1.000	\$2	25.00 \$		
	Parental Guidance				1.000	\$6	50.00 \$	•	

The **Referrals tab** allows users to track incoming and outgoing referrals for clients. To Add a new referral record, select **Add** in the top left corner of the Referral tab.

rch by: 🔘 Last Nar	ne 🔘 Date Of Birth 🔘 Ph	ione 💿 SSN 💿 Clien	t Reference # 💿 Billing Reference #	Name	DOB Phor	ne	SSN	0	Client Ref #	Billing Ref
Begins with o	r matches:		Search Display All	Abernacky, John	05/05/1985 (555) 555-5133	555-55-	5555 2	2343242	2343242
Client Name:	Abernacky, John			Acerman, Acer A.	03/03/1987 (402) 234-5555	444-44-	4445 4	AA19874445	
Level of Care	No Episode Assigned			Adams, Sam						BIL-01ADA
Location:				Andrews, Jennifer N	1. 04/04/1985 (454) 545-4544	545-45-	4544	105105101	10210210
Demographics	Case Management Bil	ling Payers	Fee Schedule Referrals Al/A	N Custom Form	s Comments					
Add										
Date of Referral 🗸	Name	Agency	Contact	Туре	Results	Edit	Delete	Print	File & Sign	Signed
03/05/2017	Emergency Department		Dr. Ellers	None	Pending	J	X		.	
03/05/2017	CG Court Services		Cliff Carlise	Outgoing	Pending	<i>.</i>	×	8		
03/05/2017	CG Homeless Shelter		Mark McGillicuddy	Incoming	Accepted	<u>_</u> >	×		2	
		Add/Edit Referral Reco	ord							
	^	Select Referral Type: 🔘 II	ncomina 🔿 Qutaoina 💿 None	Referral Date:	02/05/2017					
		Referral Source	Contraction of the second of t	Referral Date:	tails					
		Search for a Referral So	ource by Attributes, select an existing Referral Source	or add	No Episode Assigne	d		-		
		new Referral Source de	etails.	Level of Ca	e. No episode Assigne			•		
			Search for Referral Source by A	ttributes Type of Cor	ntact:		•	Add/Edit		
		Select Referral Source:	Begin typing or search by attributes	New Previous Se	rvices:		•	Add/Edit		
		Name:		Service Req	uested:		•	Add/Edit		
		Agency:	N/A	Funding So	urce:		•	Add/Edit		
		Contact:		Referral Rea	ason:		•	Add/Edit		
		Address 1:		Result:			•	Add/Edit		
	Add N	Address 2:		Category:			•	Add/Edit		
		City:		Other 1:			•	Add/Edit	- E	
		State:	▼ Zip:	Other 2:			•	Add/Edit		
		Phone 1:	X Home •	Heard abou	it us?:		•	Add/Edit		
		Phone 2:	X Home V							
		Email:								
		Website:								
		Referral Comments								
									10	

• Users can add a referral record and select from a **list of Referral Sources** (which are customized by the Agency). This allows the user to select an existing referral source without having to enter all of the contact information each time.

Add/Edit Referral Reco	ď
Select Referral Type: 🔘 Inc	:oming 💿 Outgoing 💿 None
Referral Source	
Search for a Referral Sou new Referral Source det	rce by Attributes, select an existing Referral Source or add ails.
\sim	Search for Referral Source by Attributes
Select Referral Source:	Begin typing or search by attributes 🔽 Add New
Name:	Hospital, LA
Agency:	Harold Intensive Hospital , (H.A.R.P.)
Contact:	Home Away Residential Path , NY
Address 1:	Healthcare Treatment, NE
Address 2:	Orion Residential Lincoln, Orion
City:	Healthcare Treatment, NE RCA CGCGCGCGCGCG , CG RCA
State:	VICTOR, AR
Phone 1:	X Home v
Phone 2:	X Home v
Email:	
Website:	

• Users can also search for a referral source by Attributes, which are also defined by the agencies.

Select:		Search	Display
Filter De	Language - EnglishIsGood		
Fuller Res	Language - French		
Profile	Language - German		Select
	Language - Japanese		
	Language - Russian		
	Language - Spanish		
	Services - Court		
	Services - Detox		
		U. C.	

• Both the Directory/List of Referral Sources and the Attributes can be setup by the agency in a separate Setup area in AccuCare

					5	Select Referral Source:		•
Referral Source						Referral Attributes		
Name:						Select Attributes:		
Agency:			•	Add/Edit		Click here to show list	or begin typing	Add Selected
Contact:						Attribute Category 🔺	Attribute Detail 🔺	Remove All
Address 1:								
Address 2:								
City:								
State:	•	Zip:						
Phone 1:		x	Home	•				
		x	Home	•				
Phone 2:								
Phone 2: Email:						Analaise Defensel Courses		

• Details of the referral record can be recorded via selections from a drop down list for 10 different categories. Each list is customizable by the agency by selecting the Add/Edit link for each category.

Referral Date: 03/05/2	2017		
Referral Details			
Level of Care:	No Episode Assigned	•	
		K	
Type of Contact:	Family v	Add/Edit	
Previous Services:	Outpatient 🔹	Add/Edit	
Service Requested:	•	Add/Edit	
Funding Source:	•	Add/Edit	
Referral Reason:	T	Add/Edit	Referral Type Of Contact 🎽
Result:	•	Add/Edit	
Category:	•	Add/Edit	Family
Other 1:	•	Add/Edit	Homeless Shelter
Other 2:	/ •	Add/Edit	Provider
Heard about us?		Add/Edit	Walk In
	Billboard		
	Commercial		-
	Family Referral		Selection
	Location		Emergency
	Magazine		
	Online		New Edit Save Cancel Delete Close
	Other		
Cancel	Physician Referral		
	Destand	U	

The **AI/AN tab** allows users to enter in tribal information if applicable. There is also a section for information necessary if the agency is participating in the IHS NDW data export project. This information was in the former Client Intake module and has been carried over to the new Client Intake.

Demographics Case Management	Billing Payers	Fee Schedule Referral	ls Al/AN Custom Form	ns Comments	
General Tribal Enrollment #: afsfweaw					
Tribal Relationship: Self					
-IHS NDW-					
Indian Blood Quantum: Classification/Beneficiary:			Information gathered in submission process and information is based or	n this tab is for the use of the IHS National Da d/or the ATR Voucher program only. The purp n the data requirements of these initiatives.	ata Warehouse (NDW) pose of gathering this
State: County:					
Community:					
[Add New Client Delet	e Client Print	File and Sign Referra	I Source Setup Export Close	

The **Custom Forms tab** allows users to administer a Custom Form that the agency created (in the Custom Forms Builder). By selecting Add, the user will be able to directly open the Custom Form through the Client Intake module, and return to the Client Intake module when complete. In the previous Client Intake, the user is taken to the Custom Forms module, rather than a more seamless workflow through the new Client Intake.

Demographics	Case Management Billing Payers Fee Schedu	ıle Referrals Al/A	N Custom Forms Co	mments			
Add							
Date	Form Name	Added By	Edit	Delete	Print	File & Sign	Signed
02/22/2017	PreScreening - Paul Form	Paul Admi	n 🥖	×		2	Filed
	Add New Client Delete Client	Print File an	d Sign Referral Source Set	up Expo	rt C	lose	

🗐 Create New Form			
Form Type:	CG Client Intake Test Form		
	Create New Form Cancel		

Edit Form			
Form Date: 10/20/2016 Level of Care: Level I - Outpatient services program: (ILS) Innovatir 🔻			
How often do you use Methamphetamine C Daily Weekly C Once a month Never Not Applicable Primary Drug of Choice Methamphetamine T If Poly Drug Use, Select All that Apply Actohol Cannabis Methamphetamine Emerging Drug			
If Emerging Drug, please list name and description			
Emerging Drug Name Tar and Meth			
Emerging Drug Description			
Save Cancel			

The Comments tab allows the user to enter any comments for the client's Intake process. This is similar to the comments field in the previous Client Intake.

mographics Case Management Billing Payers Fee Schedule Referrals Al/AN Custom Forms Comments 🕨	
Edit	
/	
Comments	
Cilent artake comments go nere	
Save Cancel	
Add New Client Delete Client Print File and Sign Referral Source Setup Export Close	

There are a few modifications to the lower row of buttons on Client Intake.

Client Name: Acerman. Acer A.	Acerman, Acer A. 03/03/1987 (402) 234-55	55 444-44-4445 AA19874445
Level of Care: No Episode Assigned Location:	Adams, Sam Andrews, Jennifer M. 04/04/1985 (454) 545-45	BIL-01ADAS 44 545-45-4544 165165161 165165161
nographics Case Management Billing Payers Fee Schedule Referrals Alv Edit	AN Custom Forms Comments	
ain	Contact Information	
lient Name: Acerman, Acer A. First Encounter Date: 01/25/2017 lick Name: Jack Marital Status: Married late of Birth: 03/03/1987 Work Status: Full-time (35 hrs+/wk)	Address: 123 Apple Street Omaha, NE 68130-1234 Fmail: AA1987@hotmail.com	Phone 1: (402) 234-5555 - Home Phone 2: (402) 234-7788 x12 - Work Phone 3: (402) 234-9989 - Cell
ender: Male Kace: Write (vot of Hispanic Ungin) ocial Security #: 444-44-4445 Religion: Protestant lient Reference #: AA19874445 Ethnic Group:	Emergency Contact: Stacy Acerman	Phone: (402) 333-3333 - Home
gal Status-	Military Status: Retired Family M Military Branch: Air Force Number of	embers with Military Background: Yes of Family Members in Military: 1
urrent Probation Status: Juvenile, Tribal Probation urrent Parole Status: Juvenile, NJ	Additional	
amily in Criminal Justice System: Yes	Privacy Agreement Signed: Yes	Archived: No

- To add a new client, select **Add New Client**. The first dialogue window will be the first tab (Demographic) where users can add clients into AccuCare.
- The **Print** feature now includes options to print the Additional information gathered at Client Intake such as Billing, Payers, Fee Schedule and Referral Records.

📰 Select Repo	rt Print Options		
Display:	Demographics	Contact Info	
	📝 Case Management	Billing	
	💽 Legal Status	Payers	
	Military Status	Fee Schedule	
	AI/AN	Comments	
	🕢 Referral Records		
Print:	 Current Record 	All Records	
Output:	Printer	Preview	
	OK Can	cel	

- Users can File and Sign the intake record as they did before, but now with the additional data gathered at Client Intake
- Users can setup Referral Sources from this screen (as well as from the Referral tab)
- There are new Export features from Client Intake. These include exporting Referral Records, Referral Source List and data values from Custom Forms.

Export Options		Export Option	ns
Туре:	Referral Records	Туре:	Custom Forms
Select:	Selected Client O All Clients	Custom Form:	ARA Test Form
Date Range:	Enter Date III to Enter Date III	Date Range:	Enter Date III to Enter Date
	Export Cancel		Export Cancel

Export Option	s
Type:	Referral Sources 💌
	Export Cancel

Enhancements and Bug Fixes - Summary

REMINDER: It is recommended that you are operating the AccuCare Web system on Internet Explorer 11 or Chrome. Some features in AccuCare are not supported in older browsers, therefore may not function properly.

- When Filing a record to the Client's Chart in AccuCare, the Description field is auto populated using the name of the module it came from, to improve efficiency in data entry time
- Minor enhancements to Billing module to improve Payer labeling, client statements, Service Processing performance, Accounting reports, Client Billing Activity and other minor bug fixes
- Applied fixes to Quick Search and Multi Search controls to improve performance
- Improved how Scheduler and other areas of AccuCare handle different time zones
- Minor fixes to how Patient Placement handles domains and setting up Levels of Care
- Improved performance in Custom Forms, Custom Form Builder and Client Chart