

Accupoint Manual

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AccuPoint LLC

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AccuPoint On-Boarding Requirement Documents

We're happy to hear that you're ready to move forward with AccuPoint and join the AccuPoint Family. We're so excited to begin your on-boarding process! In this section you will get a breakdown of the on-boarding documents.

Billing Import Sheet: <https://www.manula.com/manuals/accupoint-llc/accupoint-manual/1/en/topic/billing-import-sheet>

Client Import Sheet: <https://admin.manula.com/editor.php?p=7842&v=8325&l=en&pt=556367>

Employee Import Sheet: <https://admin.manula.com/editor.php?p=7842&v=8325&l=en&pt=556387>

Requirements Document:

At any point in time if you are stuck or need any type of assistance please reach out to your account manager. You can also call into our support line at (646) 946-7081.

Billing Import Sheet

This is an overview of all fields in the billing import sheet. Please retain a copy for your records and any future updates.

Contract – Services and CPT codes are separated by contracts in the system. Private Pay services will have “Private Pay” as the contract name. Internal services will have “Internal” as the contract name.

Service Name – Services (referred to as Parent Services) in AccuPoint house the billing information for a specific service type or CPT Code.

Recommended Format: Contract-Certification Level-Service Type

Example: Tricare-RBT-Direct

Authorization Bank – Also referred to as “Hour banks” is the pool of approved hours per CPT code for scheduling purposes. The Authorization bank column in the spreadsheet will be the name of this bank of hours.

Recommended: Name the hour bank similar to the service type

Example: the Hour bank for “Tricare-RBT-Direct” will be “Direct” or “RBT Direct”

Note: two services that have the same Authorization bank name will share however many hours that are entered into that bank.

Sub-service Name – This will be the name listed in the services drop down while scheduling. This will allow you to schedule billable services, non-billable services, services with modifiers.

Recommended Format:

Parent Service Name-Billable

Parent Service Name-NonBillable

Parent Service Name-Modifier-Billable

Example: Tricare-RBT-Direct-NonBillable

Please Note: Sub-services that share a parent service will share hour banks

Payroll Rate – Each sub-service can be assigned a payroll rate. In this column you will identify the name of this rate field. This is the hourly rate at which your staff member will be paid. After your site is complete, it is strongly recommended to have a payroll setup meeting.

Certification – Services can be sorted and reported on based on certification level. In this column list all certifications that can perform this service.

Payer/Payer ID – All payers that will be billed electronically through AccuPoint must be given a 5 digit payer ID associated with that payer by MD On-Line. MDOn-line is the clearing house AccuPoint sends electronic claims to, they have provided a searchable list of payers and their payer ID using this link.

<https://abilitynetwork.com/payer-list/>

Please search for the payer in the link above, and find the correct Payer ID next to it.

Group NPI – This should be the NPI for your company recognized by your payer.

TaxID – Your company Tax ID number.

Legal Name – The full legal name for your company

Address – Enter the billing addresses for your company as recognized by each payer.

How is this Billed?

Electronically – Claims will be submitted to, and routed by the clearing house to the payer, it is expected that an Electronic Remittance Advice will be provided by the payer into the clearing house, which is picked up by AccuPoint to automatically update your claims with the paid amount, or patient responsibility amount.

On Paper - Claims that cannot be submitted through the clearing house, or must be submitted directly through the payer would be considered “On Paper,” these items would have invoices generated for them from within accupoint, and their payments would be posted manually into the system when received.

Nonbillable – Claims will not be generated for items completed for this specific service. This would be for nonbillable or internal services that will not be billed by any means.

CPT Code 1 – Each service (not subservice) should have the CPT Code associated with this service in this column. Every subservice submitted with this CPT Code will be merged together per day, per client, to avoid duplicate claims by the system.

CPT Code 1 Hourly Bill Rate – This column will contain the hourly rate that you will bill for this service. This is not a per-unit rate. If you are billing a flat rate for your services, you should enter the flat rate here instead.

Contractual Rate 1 – This column contains the hourly rate that is specified in your contract by the payer. Any differences between your bill rate and your contract rate will be adjusted by the system automatically after your payment is received.

Units Per Hour – This should be a numbered field, 1 unit per hour if you are using 60 minute units, 2 units per hour if your units are for 30 minute duration, or 4 if you are using 15-minute units.

Modifier – Your modifier will be a 2-digit code provided by the payer for your codes, please contact your payer if you are unsure if your codes utilize 2-digit modifiers for your service. AccuPoint allows up to two modifiers to be entered.

Modifier 2 – Secondary Modifiers should be entered here,

Bill One Unit – Each service that is billed a flat rate for the day regardless of the hours served must have a “Yes” in the bill one unit column, this will tell the system that this is not a timed code.

Overlap Settings

These settings will determine the types of overlaps allowed while scheduling in the calendar.

Client Overlap – This allows multiple clients to be schedule with the same employee, such as in a Group or Classroom setting. Services with this overlap setting enabled will only allow client overlap other services that have Client overlap enabled.

Employee Overlap – This allows multiple employees to be schedule with the same client, such as in an RBT direct session that has a supervising BCBA present. Services with this overlap setting enabled will only allow employee overlap other services that have employee overlap enabled.

All Overlap – Often utilized for supervision services, this setting ignores any overlap configuration and allows this service to overlap with anything currently on the calendar. This allows Supervision services to overlap with Direct 1-on-1 therapy, where the Direct service normally would have Overlaps disabled.

- **Rendering Provider*** – This will be the name of the lead rendering provider in charge of services sent to this payer. AccuPoint will send claims based on the client’s individual rendering provider, but in the absence of an assigned rendering provider, claims will be submitted under this employee’s name.
- **Rendering Provider NPI*** – The NPI of the above-mentioned rendering provider. Claims will be sent under this NPI If the client has not been assigned a rendering Provider.

Is there an Authorization number? – Does this service need an authorization number to be submitted to insurance? If yes enter “Yes” into this field if no enter “No” into this field

Place of Service (Bill Type)- List all possible place-of-service codes, each 2-digit code can be separated by a comma.

Institutional or Professional – Identify the type of claim that needs to be submitted. Institutional Claims- UB-04 Forms Professional Claims- CMS-1500 Forms

Client Import Sheet

This import will be used for the initial creation of clients in your site. This sheet contains basic demographic information for clients and there are a few important fields.

Important fields:

Subscriber or Medicaid Number – This the clients subscriber number that will be submitted to insurance

Rendering Information – The following fields will only need to be filled out if all claims must be submitted under a specific rendering provider

Rendering Name

Rendering Last Name

Rendering NPI

Once your site is complete you can create clients and edit their current information on file. See the following article for creating clients:

Please note that if you are a current Catalyst user with client information in Catalyst you will not need to fill out this sheet and will be able to create clients via the integration once your site is built.

Employee Import Sheet

This import will be used for the initial creation of employees in your site. This sheet contains basic demographic information for employees and there are a few important fields.

Important fields:

Username -Recommended Username format: First letter of first name + Last name Your company name (Ex. For Jane Doe => JDoeAccuPoint)

NPI Number -This is the employee's NPI number if applicable

Active -Checkbox is to determine if the employee is performing services for your company

Once your site is complete you can create employees and edit their current information on file. See the following article for creating employees:

Please note that if you are a current Catalyst user with employee information in Catalyst you will not need to fill out this sheet and will be able to create employees via the integration once your site is built.

Requirements Document

On Boarding Trainings

Once your site is built you will begin the following training's within your new AccuPoint Site.

Initial Training

In this training you will learn the following:

How to Add Clients:

How to Add Employees:

How to setup permissions for Employees:

How to upload authorizations and enter authorization hours:

Initial training video: <https://www.accupointmed.com/initialtraining.php>

Use the following credentials to access the video:

Username: accupoint

Password: accupoint2018!

Initial Training Key Objectives Assignment

Initial Training: Please complete before scheduling and prebilling review

1. Review the attached written instructions and the initial training video at <https://www.accupointmed.com/initialtraining.php>
2. Learn how to complete the following tasks a. Create a new Employee b. Create a new Client c. Configure Permissions d. Upload and tag Authorization Documents
3. Learn the principles of compliance with respect to clients and employees

Use the following credentials to access the video:

Username: accupoint

Password: accupoint2018!

Practice Assignment: Prior to your Initial Training Review please complete the following tasks:

- 1) Add / Edit three clients, configure their services, and upload / tag their respective compliance documents/ authorizations.
- 2) Add / Edit three employees, configure their services (hint: check out certification levels), and upload / tag their respective compliance documents.
- 3) Explore "Permission Groups" and set permissions as needed for each employee.

Scheduling Training + Pre billing Review

In this training you will learn the following:

Searching a client & employee calendar: [Click Here for Help!](#)

Creating a session: [Click Here for Help!](#)

Creating a Base schedule (reoccurring event): [Click Here for Help!](#)

Running a Calendar Filter Report: [Click Here for Help!](#)

Running a Calendar Update Report: [Click Here for Help!](#)

AccuMobile (Mobile Site):

Initial training video: <https://www.accupointmed.com/initialtraining.php>

Use the following credentials to access the video:

Username: accupoint

Password: accupoint2018!

Pre-billing Review

The Pre-Billing Review is to answer any other scheduling questions, and to ensure that you have at least 1 session complete for each payer that you have in the system for test billing.

Scheduling Training Key Objectives Assignment

Scheduling

1. Review the scheduling video at <https://www.accupointmed.com/schedulingtraining.php>
2. Learn how to schedule clients with your employees for sessions in AccuPoint
3. Learn how your staff will use the mobile site
4. Begin formulating and sending us your note templates so we can import them into the system
5. Schedule one service date per payor that has not been billed by any other means for a session performed by staff. These shifts will be used during your billing implementation training.

Prebilling review

6. Work with AccuPoint staff to review your sites readiness to enter test billing

Practice Assignment: Before your Scheduling/Mobile Site Review

1. Add a single shift for one client for each funding source
2. Create a future, recurring, schedule for each of the above clients by using the base schedule feature.
3. Complete one shift per funding source that has not and will not be billed through another system that will be live billed to an insurance company during your billing implementation training to test the billing configuration that is in your site.
4. Log in using a mobile device and explore the mobile site your staff will be using. Create and complete one shift on the mobile site.

Use the following credentials to access the video:

Username: accupoint

Password: accupoint2018!

Test Billing Meeting

This is critical to ensure there is no interruption in cash flow. While we call it “Test Billing”, this is a misnomer; it really is “Testing” the billing process via the AccuPoint platform. This consists of sending out at least one claim per contract – although one claim from each of your main services is advisable to get additional coverage. These will be live claims to be paid by the insurance company and they should NOT be billed via any other method. We are “testing” the full configuration loaded into AccuPoint (NPI's, TIN's, Codes, insurance information and communication with the clearing house) to make sure claims are transmitted and processed correctly.

Prior to this meeting – your team should have gone through the Pre-Billing Review; where they reviewed the sessions to be sent off for test billing to ensure they are in the system and ready to bill. You will provide us with the test claims that are going to be submitted for payment. We will review with you how to verify the billing codes, calculations, etc. and teach you how to approve the claims for billing. We will provide you with login credentials to the MDOL portal, which will provide you with full transparency to see what is being submitted via AccuPoint. We will discuss rejections under session results and how to resolve them. Any enrollment forms should be completed prior to this point in time. Any missing enrollment forms (or forms not processed timely) may lead to delays in being able to send off claims or receive remittance advice as many insurance companies require enrollment paperwork that may take a few weeks for them to process. Please save all completed enrollment forms in the case that any corrections need to be made. During the test billing meeting; we will review the NPI, TIN, Payer ID numbers, codes, rates and how the system is configured to submit your billing. Any errors will be corrected prior to submission of test claims.

Billing Implementation Guide

1. Review your submission report to ensure there are no claims stuck in pending. The items in the submission report should have switched from “Pending” to “Billed”.

Example of how claims should look before submitted out

Billing Status	Ready To Bill
Pending ▼	<input checked="" type="checkbox"/>
Pending ▼	<input checked="" type="checkbox"/>
Pending ▼	<input checked="" type="checkbox"/>
Pending ▼	<input checked="" type="checkbox"/>


Example of how claims should reflect once submitted

IRS	Billing Status	Ready To Bill
	Billed ▼	<input checked="" type="checkbox"/>
	Billed ▼	<input checked="" type="checkbox"/>
	Billed ▼	<input checked="" type="checkbox"/>
	Billed ▼	<input checked="" type="checkbox"/>

2. Log into the clearing house to ensure that your claims have now shown up under session results and do not show any rejections. <http://www.mdon-line.com/mdonline>

Example of how claims will reflect in MDOL

Session Tracking #	View Statistics	Date & Time	Total	In Process	Rejected / Resolved	Accepted	Acknowledged	Print	Other
28700321	 View	3/26/2018 17:15	2	0	0	0	2	0	0

Session Tracking #	View Statistics	Date & Time	Total	In Process	Rejected / Resolved	Accepted	Acknowledged	Print	Other
28892091	 View	4/17/2018 21:13	1	0	1	0	0	0	0

The example above shows two claims acknowledged by the payer, and one claim rejected by the payer. Acceptances or Acknowledgements mean the claims are processing at the payer they were submitted to. Rejections mean additional review is needed and the payer will not have these claims on file. All claim information can be shown by clicking the session tracking number. Rejections can be reviewed three ways, the easiest would be to click the number in the rejected column.

Example of a rejection message

Search Method:

Session Tracking Number

Enter a Session Tracking Number:

29094296

Sort By:

Order Submitted

Email Our Support Team

Associated e

Associated e

Associated e

Display Claims

E813140102

Rejection Report for 1..

Rejected Paper Claims

INSURANCE COMPANY	PAYER ID	PATIENT NAME	PATIENT CTL #	INSURED ID	DATE OF SVC	BALANCE DUE
M... MD		A...	A...		05/08/2018	\$...
Rejection Details:	Message ID: 169119590 Tracking Number: 29094296 * UNPROCESSED: provider not enabled for non-commercial payer					
Claim Notes:						

3. Rejections then can be corrected in your AccuPoint site.

Please update any corrections in both client edit info & insurance numbers.

The screenshot shows the AccuPoint software interface. At the top, there are two dropdown menus: 'Client/Employee/Doctor:' with 'Client' selected, and 'Select a Transaction' with 'Edit Information' selected. On the left side, there is a sidebar with several menu items: 'Calendar', 'Calendar Filter', 'Calendar Update', 'Cancelled Appointments', 'Base Schedule', and 'InsuranceNumbers'. The 'InsuranceNumbers' item is highlighted with a yellow background. To the right of the sidebar, there is a main content area with a grid of icons representing different appointment types.

4. Corrected claims then need to be resubmitted through your submission report. Status of claims need to be switched from “Billed” to “Pending”. After the status is updated, please click on update billing status this will commit your changes. If claim is already marked as ready to bill (checkbox is greyed out and checked), this claim will then submit out with the revised information.

Before

The screenshot shows a dropdown menu titled 'Billing Status'. The selected option is 'Billed', and there is a downward arrow icon to the right of the text.

After

The screenshot shows the same 'Billing Status' dropdown menu, but now the selected option is 'Pending'. There is a blue border around the dropdown menu.

To save changes to billing status

The screenshot shows a button with the text 'Update Billing Status' in a bold, sans-serif font. The button has a light gray background and a thin border.

5. Claims are batched nightly after 5pm EST (M-Th) and after 4pm EST on Fridays. Check MDOL to review revised claims and ensure they are processing appropriately.

Five business days (and weekly, thereafter): Your team should log into the clearing house and ensure that there are no rejections regarding your claims. Some rejections can show up to 5 days after submitted. If there are any rejections you do not understand, please setup a 15-minute review meeting with our billing

team.

Ten business days and after: Your team should look out for payment! As soon as payment is received (or status of claim is paid) – please let your AccuPoint contact know. If you have a portal login for your payers, check to see if claims have been paid. If you do not have a portal, you may call the insurance company. There are times that an insurance company can take 30 days or longer to issue payment. If there are any errors in your submission report, please review and setup a 15-minute review meeting with our billing team if you do not understand the error message. At this point in time you should receive electronic remittance advice via MDOL – which AccuPoint will download and upload into the system on a nightly basis. If your enrollments are complete and you are not yet receiving remittances electronically (and MDOL supports ERA's for your payer); please send us an email with your company name in the subject – followed by your tax ID number, payer ID that is missing the remittance as well as the check (or ACH) number, date and amount.

	Subject	COMPANY NAME
--	---------	--------------

Payer:

TIN:

Check #:

Date on check:

Amount paid on check:

Example of ERA's reflecting in MDOL

Message ID	Subject
301065528	ERA: CHK00000 [REDACTED] HEALTH PLAN OF THE I (Download) (View) Pmt. Date: 5/8/2018 Amount: \$127.50 (ACH)
301065527	ERA: CHK00000 [REDACTED] HEALTH PLAN OF THE I (Download) (View) Pmt. Date: 5/9/2018 Amount: \$385.50 (ACH)

Do not include any PHI as this file needs to be sent to the clearing house for them

to research. Any ERA's that are not received via the clearing house will need to be posted manually using the payments report so making sure receipt of these is of the utmost importance. The AccuPoint team can teach you how to post a remittance manually, if necessary.

After payments have been received: You are good to go live with your billing! This is typically determined by a payer by payer basis. AccuPoint strongly advises against submitting claims via the AccuPoint system until successful test billing has been returned and payment is received as severe interruption in cash flow is possible

Logging in + Password Resets

To login to AccuPoint

1. Follow the link you were provided in your welcome email.
2. Enter your username and password
3. Please note that after 5 failed login attempts your account will be locked for security reasons

Sign in to your account

* Username is required

* Password is required

Log In

[Forgot Password](#)

By clicking "Log In" you are agreeing to the
[Terms of Service](#) and [Privacy Policies](#)

[AccuPoint Confidentiality and HIPAA Agreement](#)

Resetting Passwords

There are 2 ways to reset passwords

“Forgot Password” via the login screen

1. Click “Forgot Password” on the login screen
2. A temporary password will be sent to the email on file (In “User Management”)

“Forgot Password” via “User Management”

1. Log in to your AccuPoint site
2. Go to “User Management”
3. Click the Employee’s username
4. Click the “Reset Password” button
5. A temporary password will be sent to the email on file (In “User Management”)

Note: Passwords must be at least 8 characters and include: 1 Capital letter and 1 Special character

Changing your Password

1. Login to AccuPoint
2. Click your username in the top right hand corner
3. Select "Change Password" from the drop down menu
4. Enter your current password then enter your new password

Note: Passwords must be at least 8 characters and include: 1 Capital letter and 1 Special character

Unlocking Accounts

1. From the Home page, Go To User management
2. Click the employee's user name
3. There is an Account Locked section
4. Un-check the "Uncheck the box to unlock the user's account." checkbox
5. Click "Save" to save your changes

User Name	Username is read only: <input type="text" value="employee3@training"/>
Full Name	Type the full name: <input type="text" value="3 TestEmployee"/>
Email	Type the user's email address: <input type="text" value="testemployee3@demomail.com"/>
Active	<input checked="" type="checkbox"/> Check the box if the user's account is active.
Account Locked	<input type="checkbox"/> Uncheck the box to unlock the user's account.
Groups	Choose atleast one group to add the user to: <input type="checkbox"/> Directors <input type="checkbox"/> Payroll and Billing <input type="checkbox"/> Scheduler <input type="checkbox"/> User Administrator <input checked="" type="checkbox"/> Employees

Client and Employee Setup

This section will go over creating new clients, new employees, editing current information.

Creating Clients:

Creating Employees:

Employee Permissions:

Creating Clients and Editing Client information

Creating a new Client

1. On the Dashboard select "Client" from the "Client/Employee/Doctor" dropdown
2. Select "Add" from the "Select a Transaction" dropdown
3. Fill out the new client form

Editing a Client's information

1. On the Dashboard select "Client" from the "Client/Employee/Doctor" dropdown
2. Select "Edit Information" from the "Select a Transaction" dropdown
3. Select the Client's name
4. Make any needed changes and click "Save"

Important Fields

1. "Contract," "Services," & "Allowed services" are the billable and non-billable services that the Client is eligible to receive a. To add a service, select the service from the left-hand selection box and click the add button. b. To remove an allowed service, select the allowed service from the right-hand selection box and click remove.
2. "Active" checkbox is to determine if the employee is performing services for your company
3. "Medicaid Number" field- This is the clients insurance subscriber number

Other Field Descriptions

"Favored Employees:" Employees selected here will appear as the first options in the "Employee" drop down while scheduling

"Rejected Employees:" Employees selected here will NOT appear as options in the "Employee" drop down while scheduling

Please Note: The check boxes below are automatically checked by the AccuPoint system once compliance is met. No further information is required here.

Creating an Employee and Editing Employee Information

Creating a new Employee

1. On the Dashboard select "Employee" from the "Client/Employee/Doctor" dropdown
2. Select "Add Employee" from the "Select a Transaction" dropdown
3. Fill out the new employee form
 - a. Recommended Username format: First letter of first name + Last name Your company name (Ex. F or Jane Doe => JDoeAccuPoint)
 - b. The password must be at least 8 characters long and include 1 capital letter, 1 number, a special character
4. Refer to the following article regarding Groups: <https://accupoint.supportsystem.com/scp/faq.php?id=98>

Editing an Employee's information

1. On the Dashboard select "Employee" from the "Client/Employee/Doctor" dropdown
2. Select "Edit Information" from the "Select a Transaction" dropdown
3. Select the Employee's name
4. Make any needed changes and click "Save"

Important Fields

1. "Allowed services" are the billable and non-billable services that the employee complies to perform, schedule and bill to insurance.
 - a. To add a service, select the service from the left-hand selection box and click the add button.
 - b. To remove an allowed service, select the allowed service from the right-hand selection box and click remove.
2. "Active" checkbox is to determine if the employee is performing services for your company
3. "Flag Employee" checkbox- if an employee is "flagged" all sessions will go into an audit status
4. "NPI Number" this is the employee's NPI number if applicable

Please Note: The check boxes below are automatically checked by the AccuPoint system once compliance is met. No further information is required here.

Permissions: User Management

User Management Groups

The first tier of permissions in the AccuPoint system is in the “User Management”, “Groups” section, which will determine what the employee can see.

- a. If the staff is a direct staff; they should only be in the “Employee” Group
- b. If the staff is a BCBA; they should be in the “Director” Group
- c. If the staff can create users they should be in the “User Administrator Group”
- d. The “Payroll and billing” group will be able to see monetary values pertaining to the payroll and billing for your company.

Editing User Management Groups

- a. Click the “User Management” link
- b. Click the Username to view/edit the “Group” they are in

Important Note: Only Users in the “Directors” User Management group can complete items that are in an “Audit” status

Permissions: Permission Groups

Permission Groups

The second tier of permissions is the “Permissions Groups” page which will determine what the employee can see in the dashboard and calendar.

1. To edit “Permission Groups” please
2. Click the edit icons (pencil & paper icon) next to the group you wish to change.
3. “Entities” will allow you to set the options an employee will see in the Client/Employee/Doctor drop down on the dashboard.
4. The “Allowed Pages” section will determine the options an employee sees in the select an employee will see in the Client/Employee/Doctor drop down on the dashboard.

Editing Permission Groups

1. Click the edit icons next to the group you wish to change.
2. “Entities” will allow you to set the options an employee will see in the Client/Employee/Doctor drop down on the dashboard.
3. The “Allowed Pages” section will determine the options an employee sees in the select a transaction drop down.
4. The “User’s” section will determine which employees are members of the selected group.
5. The “Case load” only check box will only allow the employee in this group to view and schedule clients on their case load.
6. The “Office only” check box will only allow the employee to view clients that are in the same office as the employee, if you have multiple offices.

Employee and Client Compliance reports

Individual Compliance reports are individual reports for the specific client or employee selected based on the services they are eligible to receive or perform.

Important: You must select the client or employee's allowed services via the edit information page prior to accessing the compliance report. Please reference the following article for assistance adding allowed services:

Client:

Employee:

Accessing Client Individual Compliance Reports

1. On the Dashboard select "Client" from the "Client/Employee/Doctor" dropdown
2. Select "Compliance Report: Individual" from the "Select a Transaction" dropdown

Requirement Description

Required for Billing means that this requirement must be on file prior to completing a session and a line item being created in the submission report

Not Required for Billing means that this requirement does not need to be on file prior to completing a session and a line item being created in the submission report.

Hide All Services: Un-checking this checkbox will show you all of the services to each requirement

Uploading Documents

1. Find the name of the document type you are trying to upload
2. Select "Choose File"
3. Choose the file from your computer
4. Enter a Start and End date if it is required
5. Click "Done"

Uploading Documents

Uploading Documents

1. From the dashboard, go to the individual compliance report for the client or employee
 - a. Accessing Individual compliance reports:
2. Find the name of the document type you are trying to upload
3. Select "Choose File"
4. Choose the file from your computer
5. Enter a Start and End date if it is required
6. Click "Done"

Entering Authorization Hours

Authorization documents

If a document is an authorization document you will be taken to the documents list automatically, but this documents list can be accessed at any time via the documents link.

Uploading Documents:

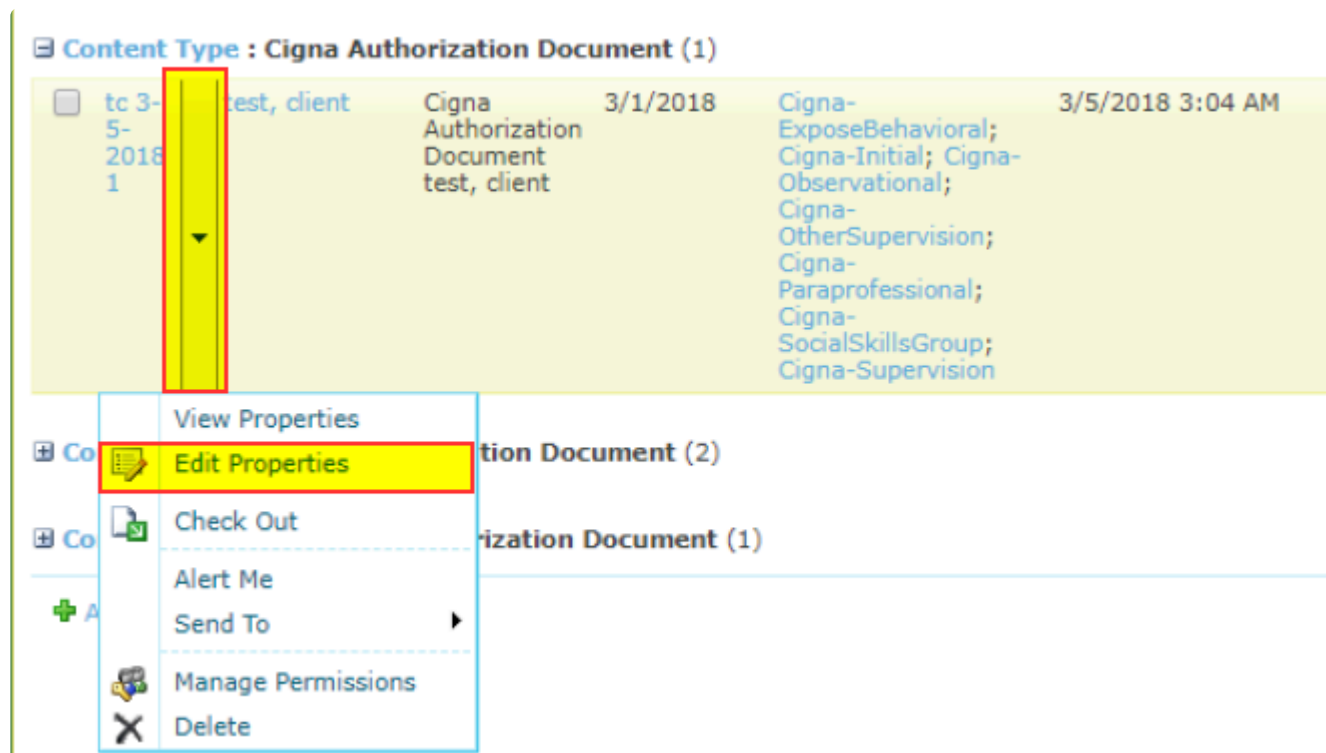
Entering Hours into Authorizations

1. Select the plus sign to expand the document list for a given requirement.

Content Type : Cigna Authorization Document (1)						
tc 3-5-2018 1	test, client	Cigna Authorization Document test, client	3/1/2018	Cigna-ExposeBehavioral; Cigna-Initial; Cigna-Observational; Cigna-OtherSupervision; Cigna-Paraprofessional; Cigna-SocialSkillsGroup; Cigna-Supervision	3/5/2018 3:04 AM	dc_eguzman

Content Type : Aetna Authorization Document (2)

2. To enter the properties for a specific document you will need to select the “Edit properties” option from the dropdown menu which can be located by selecting the arrow between the client’s name and the name of the document.



3. Please verify the start and end dates first before moving to the next section.

4. Select the "Document services" associated to this type of document which will prompt a new set of fields that corresponds to the selected service. a. Hours entered in the corresponding fields will determine how many hours a client can receive of the selected service.

Cigna Authorization Document Services *	
<input type="checkbox"/> Expose Behavioral	
<input checked="" type="checkbox"/> Initial	
<input type="checkbox"/> Observational	
<input type="checkbox"/> Other Supervision	
<input type="checkbox"/> Paraprofessional	
<input type="checkbox"/> Social Skills Group	
<input type="checkbox"/> Supervision	
Initial Service Plan Required *	<input type="checkbox"/>
Initial Service Plan Period Scale	<input type="text"/>
Initial Service Plan Periods to Expiration	<input type="text"/>
Initial Service Plan Periods by Week	<input type="checkbox"/>
Initial Service Plan Approved Hours	<input type="text"/>
Initial Minimum Appointment Duration *	<input type="text" value="0"/>

5. The “Service plan required” checkbox must always be checked off for the hours to be recognized by the system. a. “Days” will determine how many hours will be allotted for a specified number of days. b. “Months” will determine how many hours will be allotted for a specified number of months. c. “Years” will determine how many hours will be allotted for a specified number of years. d. “Entire Plan” will determine how many hours will be allotted for the entire duration of the authorization.

The screenshot shows a form with the following fields and options:

- Initial Service Plan Required ***: ☒
- Initial Service Plan Period Scale**: A dropdown menu with the following options:
 - Day(s)
 - Month(s)
 - Year(s)
 - Entire Plan
- Initial Service Plan Periods to Expiration**:
- Initial Service Plan Periods by Week**: ☐
- Initial Service Plan Approved Hours**:

6. “Service plan periods to expiration” will specify the number of days, months or years that you would have selected in the period scale.
7. “Plan periods by week” checkbox will pro rate the first and last weeks hours for the authorization and for the duration of the authorization the hours will run on a weekly basis from Sunday to Saturday.
8. “Approved hours” will be the total amount of hours for the time that you specified via the period scale and periods to expiration.
9. “Minimum appointment duration” will be the minimum duration that a session can be scheduled in the calendar for this service.

Example:

Initial Service Plan Required *	<input checked="" type="checkbox"/>
Initial Service Plan Period Scale	Day(s) ▼
Initial Service Plan Periods to Expiration	7
Initial Service Plan Periods by Week	<input type="checkbox"/>
Initial Service Plan Approved Hours	25
Initial Minimum Appointment Duration *	0.5

The way this reads would be: 25 approved hours every 7 days with a minimum duration of 0.5 hours for a session.

H. Enter your authorization number in the following field

Authorization Number	<input type="text"/>
----------------------	----------------------

I. The last step is regarding the services associated to the authorization document. This will auto populate the services associated to the authorization.

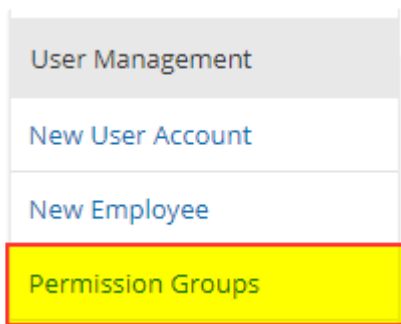
Services	<div> <div> Aetna-ExposeBehavior Aetna-Initial Aetna-Observational Aetna-Paraprofessional Aetna-ParTraining Aetna-SocialSkillsGrou Aetna-Supervision Anthem-ExposeBehavi </div> <div> Add > < Remove </div> <div> Cigna-ExposeBehavior Cigna-Initial Cigna-Observational Cigna-OtherSupervisio Cigna-Paraprofessional Cigna-SocialSkillsGrou Cigna-Supervision </div> </div>
----------	--

Assigning Case Loads

AccuPoint allows you to enable and set up case loads for your employees. Case Loads will prevent your employees from being able to access clients that are not on their case load. Clients that are not on an Employee's case load will be unable to be scheduled with those Employees.

Enabling Case Loads

1. Go to "Permission Groups" from the homepage



2. Click on the Edit Icon (Notepad/paper) for the permission group



3. Scroll to the bottom of the page and check off "Case Load Only"; this will enable case loads for all employees in this permission group

A screenshot of a form with two sections. The first section is titled 'Case Load Only' and contains a checkbox that is checked. Below the checkbox is the text 'Check this box if you want users to see only the clients in their case load.' The second section is titled 'Office Only' and contains an unchecked checkbox with the text 'Check this box if you want users to see only the clients in the same office.' At the bottom left, there is a version and creation date: 'Version: 3.0 Created at 3/10/2019 2:55 PM by dc_rguerrero Last modified at 8/1/2019 2:33 PM by dc_ebreuer'. At the bottom right, there are two buttons: 'Save' and 'Cancel'. The 'Save' button is highlighted with a yellow background and a red border.

4. Click "Save" to confirm your changes

Adding clients to an Employee Case Load

1. From the dashboard and select the following options

Dashboard

Filter: All Client/Employee/Doctor: Employee Select a Transaction: Case Load Select a Employee: Balboa, Robert

Select a Service: All Services

Enter

2. Check off the clients that will be added to the employee's case load

Case Load for Employee: Balboa, Robert

Add/Remove from Case Load

Client	Service	
Lennon, John	Beacon-BCBA-Initial ,Beacon-BCBA-Observational ,Beacon-BCBA-ParTraining ,Beacon-BCBA-SSG ,Beacon-BCBA-Supervision ,Beacon-RBT-Paraprofessional ,Int	<input checked="" type="checkbox"/>
Parkey, Codey	Aetna-BCBA-Initial ,Aetna-BCBA-Observational ,Aetna-BCBA-ParTraining ,Aetna-BCBA-SSG ,Aetna-BCBA-Supervision ,Aetna-RBT-Paraprofessional ,Int	<input type="checkbox"/>
Pitt, Brad	Aetna-BCBA-Initial ,Aetna-BCBA-Observational ,Aetna-BCBA-ParTraining ,Aetna-BCBA-SSG ,Aetna-BCBA-Supervision ,Aetna-RBT-Paraprofessional ,Int	<input checked="" type="checkbox"/>
Ruth, Babe	Beacon-BCBA-Initial ,Beacon-BCBA-Observational ,Beacon-BCBA-ParTraining ,Beacon-BCBA-SSG ,Beacon-BCBA-Supervision ,Beacon-RBT-Paraprofessional	<input type="checkbox"/>

Apply

3. Click "Apply" to save your changes

Please note that if you do not have allowed services set up in the employee or client Edit Information pages, you will not see any options appear in regards to being able to append clients to said employee case load. If you do not know how to append allowed services to an employee/client, please reach out to your On boarding Success Manager for assistance.

If you have any questions on applying a case load to an employee, please be sure to reach out to your account manager via e-mail, or call our office at 646-926-7081.

Scheduling

Accessing and Searching the Calendar

Accessing the Calendar

1. To access the Calendar, click on “Calendar” located on the left side of your Accupoint home screen this will load your personal calendar
2. From the calendar, you can change calendar views, access the calendar for other clients/employees and schedule sessions.

Searching an Employee’s Calendar

1. To access an individual employee’s calendar, click on “People”
2. Search for the employee(s)
3. Press “OK”

Accessing a Client’s Calendar

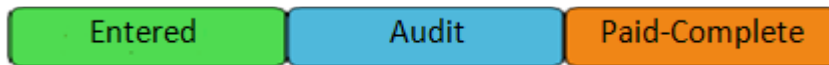
1. To access an individual employee’s calendar, click on “Clients”
2. Search for the Client(s)
3. Press “OK”

Calendar Views

Changing Calendar Views

1. The calendar view can be switched to monthly, weekly, daily
 - a. This is done by clicking the desired view button on at the calendar
1. Day Group and Week Group
 - a. Day Group and Week Group allows you to view multiple employee's schedule at one time
 - b. Click on book icon
 - c. Search for the employees (you can select multiple employees)
 - d. Press OK

Calendar Item Colors



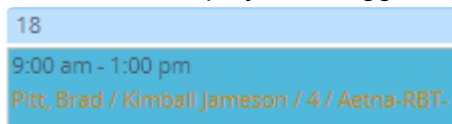
Green

Entered – This session has not been rendered yet, and the status has not been changed*



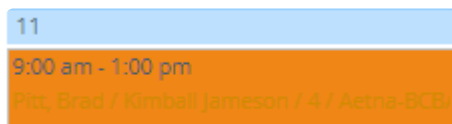
Blue

Audit – There was an attempt to complete this session, but it went into an audit status due to a compliance issue or the employee is flagged*



Orange

Paid-Complete – “Paid” meaning it has been paid to the employee, “Complete” meaning the session has been rendered and sent to the submission report*



Adding a Session

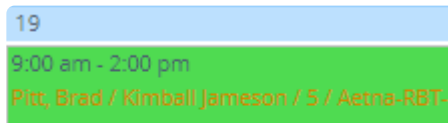
1. In the calendar, double click the date you are attempting to schedule on – this will open the Calendar – New Item Window
2. Enter the corresponding Start/End Times, Employee, Client and Service
3. Press Save – this will create a new calendar entry in the entered status

Completing and Cancelling a session

1. Find the session you want to cancel or complete
 - a. Searching Calendars:
2. Click on the title of the session in the calendar
3. Click "Edit item"
4. Change the status via the "Status" drop down
5. Click "Save" to save your changes
 - a. You must enter a cancellation reason when cancelling sessions
 - b. Sessions in an "Audit" status must be reviewed and completed by an employee in the "Directors" group
 - i. For help with permissions follow this link: [User Management Permissions](#)

Creating a Base Schedule – Reoccurring Shifts

1. Create a single session on the calendar
 - a. Adding Sessions: Link to adding sessions article



2. Right click the title newly created calendar item
3. Click “Mark as Base” this will open the “Base Schedule – New Item” Window



- a. Enter the end date for your reoccurring session (if one isn't selected, the schedule will run for 3 months from the start date)
- b. Select the service day for when this schedule applies
- c. Click the Bi-Weekly checkbox ONLY if this event is occurring every other week
- d. Flag shift
- e. Press Save

Employee Availability Schedule

Entering Employee Availability

1. Go to "Availability Schedule" in the quick launch menu on the left hand side of your AccuPoint site
2. Hover over any day of the week and click on the "+Add" link
3. A new form will appear for you to create an item in the Availability Calendar
Attendees: This is the employee you are entering availability for. You can add the employee by clicking on the browse icon (appears as an open book) and searching for the employee's name.
4. Specify availability by choosing start and end time as well as whether or not this is a re-occurring availability
5. Click Save; Saving this availability will append it to the employee on the calendar.


Availability Schedule - New Item

Edit

Save Cancel Paste Cut Copy Attach File

Commit Clipboard Actions

Title Available

Attendees * travis@training;
Enter users separated with semicolons. 

Location

Start Time * 9 AM 00

End Time * 5 PM 30

All Day Event ☐ Make this an all-day activity that doesn't start or end at a specific hour.

Recurrence ☒ Make this a repeating event.

Pattern

☐ Daily

☒ Weekly

☐ Monthly

☐ Yearly

Recur every 1 week(s) on:

☐ Sunday ☒ Monday ☒ Tuesday ☒ Wednesday

☒ Thursday ☒ Friday ☐ Saturday

Date Range

Start Date 10/22/2018

☒ No end date

☐ End after: 10 occurrence(s)

☐ End by:

Workspace ☐ Use a Meeting Workspace to organize attendees, agendas, documents, minutes, and other details for this event.

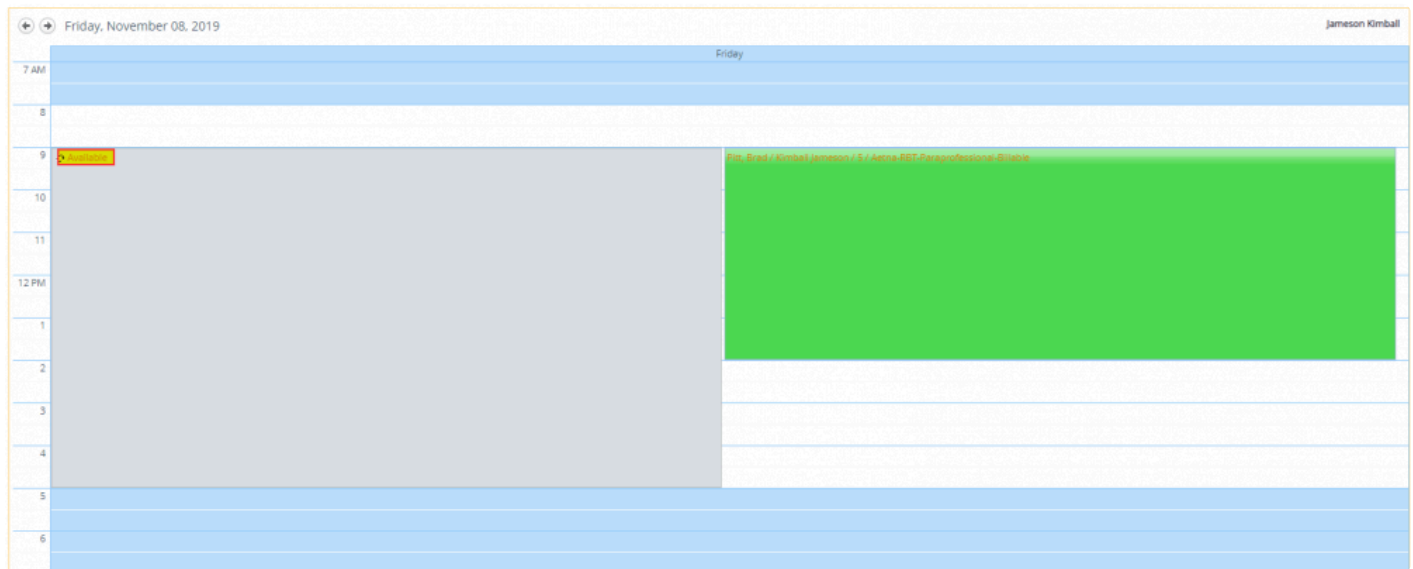
Free/Busy

10/22/2018	9	10	11	12 PM	1	2	3	4	5	6
All Attendees										
travis@training										

Save Cancel

Employee username, use book icon to search if needed

In the calendar, you can then pull up your respective employee's calendar after setting up their availability which will now display the time block that they are available for. Availability is best viewed in the "Week" and "Day" view.



If this feature is not enabled please for your site please enter a support ticket or email your account manager. We also highly recommend setting up a time with your account manager to go over any questions you may have

Calendar Reporting

These are reports based off of anything scheduled or cancelled in the calendar.

Calendar Filter: [Click Here for Article](#)

Calendar Update: [Click Here for Article](#)

Cancelled Appointments Report: [Click Here for Article](#)

Base Schedule Report: [Click Here for Article](#)

Calendar Filter

Calendar Filter is a useful tool that you can use to run reports on anything that is scheduled in the Calendar

1. To access Calendar Filter, click on the “Calendar Filter” link located on the left-hand side of your dashboard under the “Scheduling” heading



Libraries

- Exports
- 835 Files
- 837 Files

User Management

- Permission Groups

Scheduling

- Calendar
- Calendar Filter**
- Calendar Update
- Cancelled Appointments
- Base Schedule

Welcome to AccuPoint!
by dc_rguerrero

We are excited to have you on board. If you have any questions, please call us at 646.926.7081 or for any issues you may have.

[+ Add new announcement](#)

Dashboard

Filter: All ▼ Client/Employee/Doctor

AccuPoint Updates 3

2. Select the appropriate filters, grouping, and start and end date that apply for the report you are looking to run
3. Press Update View – this will generate a list of clients for that specific reporting period which you can then export to excel

Libraries	----Load a Report Filter----	
Exports	Update View	
835 Files	Start Date	11/25/2019
837 Files	End Date	11/26/2019
	Date Options	Start Date
User Management	Office	All
Permission Groups	<input type="checkbox"/> Filter Office By Employee	
	Company	All
Scheduling	Certifications	All
Calendar	Contract	All
Calendar Filter	Client	Select Client
Calendar Update	<input type="checkbox"/> Show Inactive Clients	
Cancelled Appointments	Employee	Select Employee
	<input type="checkbox"/> Show Inactive Employees	
Base Schedule	Location Code	Select Location Code
InsuranceNumbers	Location Address	Select Address
Waterfall Map	Service	<input checked="" type="checkbox"/> All <input type="checkbox"/> Aetna2-BCBA-Initial <input type="checkbox"/> Aetna2-BCBA-Observational <input type="checkbox"/> Aetna2-BCBA-ParTraining <input type="checkbox"/> Aetna2-BCBA-SSG <input type="checkbox"/> Aetna2-BCBA-Supervision <input type="checkbox"/> Aetna2-RBT-Paraprofessional <input type="checkbox"/> Aetna-BCBA-Assessment
Eligibility		
Employee Exclusion List		
Client Eligibility		

☐ Show Emergency Contact Numbers
☒ Show Status Of Entry
☒ Show Link To Notes
☐ Show Completed Date
☐ Show Audited Date
☐ Show Mileage
☐ Show Only Summary
☐ Show County of Fiscal Responsibility
☐ Show Last Modified By
☐ No Buzz Words
☐ Non Compliant
 Employees & Clients
☐ Show Contractual Allowed Amount
☐ Show Rendering Provider Info
☐ Print with pagebreaks
 Additional Fields
 Select a Field
 Addendum
 Audited By
 Client Id
 Client System Id
 Code Rates
 Communication
 Completed By
 Created
 Created By
 Custom Bill Date
 Press CTRL (⌘ on MAC) key to select multiple entries
 Update View
 Print this page

Calendar Update

Calendar update is a tool that you can use to make mass edits to calendar sessions

1. To access Calendar Filter, click on the “Calendar Filter” link located on the left-hand side of your dashboard under the “Scheduling” heading
2. Select the appropriate filters and date range that you want to run the “Calendar Update” for and press “Update View” – this will generate a list of calendar items
3. From there, you can do the following
 - a. Edit Sessions
 - i. Click on the “Edit Mode” button located at the bottom of the page
 - ii. Make the appropriate changes (employee, service, time/date etc.)
 - iii. Scroll down and press “Save and Exit”
 - b. Mark sessions as complete
 - i. You can mark multiple sessions as “Complete” by pressing the “Check Billable” checkbox (you can individually select each item by checking the “Complete” check box).
 - ii. Scroll down and press the “Mark Complete” button
 - c. Cancel sessions
 - i. Scroll down and press “Enable Cancelling”
 - ii. You can cancel multiple sessions by checking the “Cancel” checkbox for each item or you can select all sessions for a given period through the “Select All” checkbox at the top of the report
 - iii. Scroll down and select a cancellation reason
 - iv. Press “Cancel Selected”

Cancelled Appointments

Base Schedule Report

Common Errors & Troubleshooting Tips

Hour bank errors

This means there is an issue with your hour bank configuration for this service. Please review the following article [Entering Authorization Hours](#)

Overbooking

This means that the hours you are attempting to schedule will put you over the number of hours authorized for this client. The following article will help you troubleshoot this further [Hour Bank Report](#)

Employee/Client Not Billable for this service

This error means that the employee or the client are out of compliance for the selected service

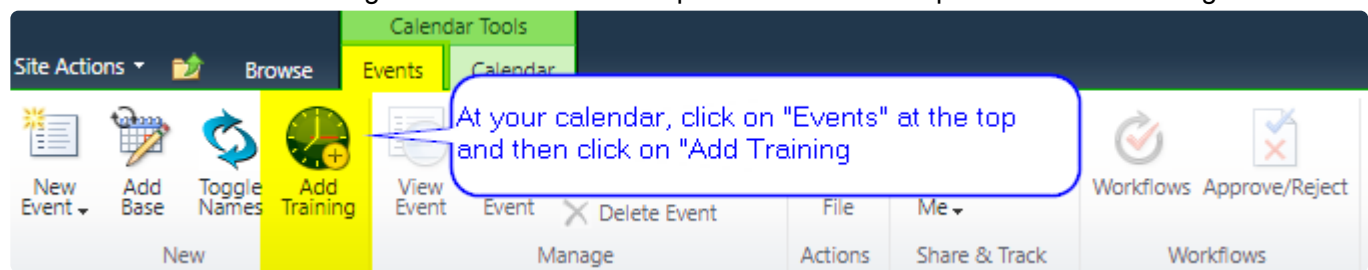
Overlap Error

Add Training

“Add Training” is a new scheduling feature that will allow for you to create multiple non-billable sessions for clients and employees at the same time. Please note, this feature will not schedule clients and employees with one another.

To utilize “Add Training” do the following:

1. Go to your calendar
2. Click on the “Add Training” button found at the top ribbon – this will open the “Add Training” form



3. Select your employee(s)/client(s)
4. Select the service the non-billable service that you are scheduling a. This feature will allow you to check if the employee/client has the allowed service – if they do not, you will be able to access their profile to add it in
5. Enter the session details (Start Date, Start/End Time, and Reoccurrence frequency)
6. Press “Add Training” – your non-billable sessions will now be scheduled for the specific clients or employees that you have selected

Add Training

Employees

Select All Employees **Deselect All Employees**

<input type="checkbox"/>	[Redacted]
<input type="checkbox"/>	[Redacted]
<input type="checkbox"/>	[Redacted]
<input type="checkbox"/>	[Redacted]

Select your employee(s) here

Clients

Select All Clients **Deselect All Clients**

<input type="checkbox"/>	[Redacted]
<input type="checkbox"/>	[Redacted]
<input type="checkbox"/>	[Redacted]
<input type="checkbox"/>	[Redacted]

Select your client(s) here

Sub-Service

Select Sub-Service ▼

Check Employees/Clients Allowed for Service

Select your non-billable service through this drop down. You can also check/update the allowed services for the person you are scheduling here

Location

Location Code

Notes

Date Settings

Date:



Begin Time:

Ending Time:

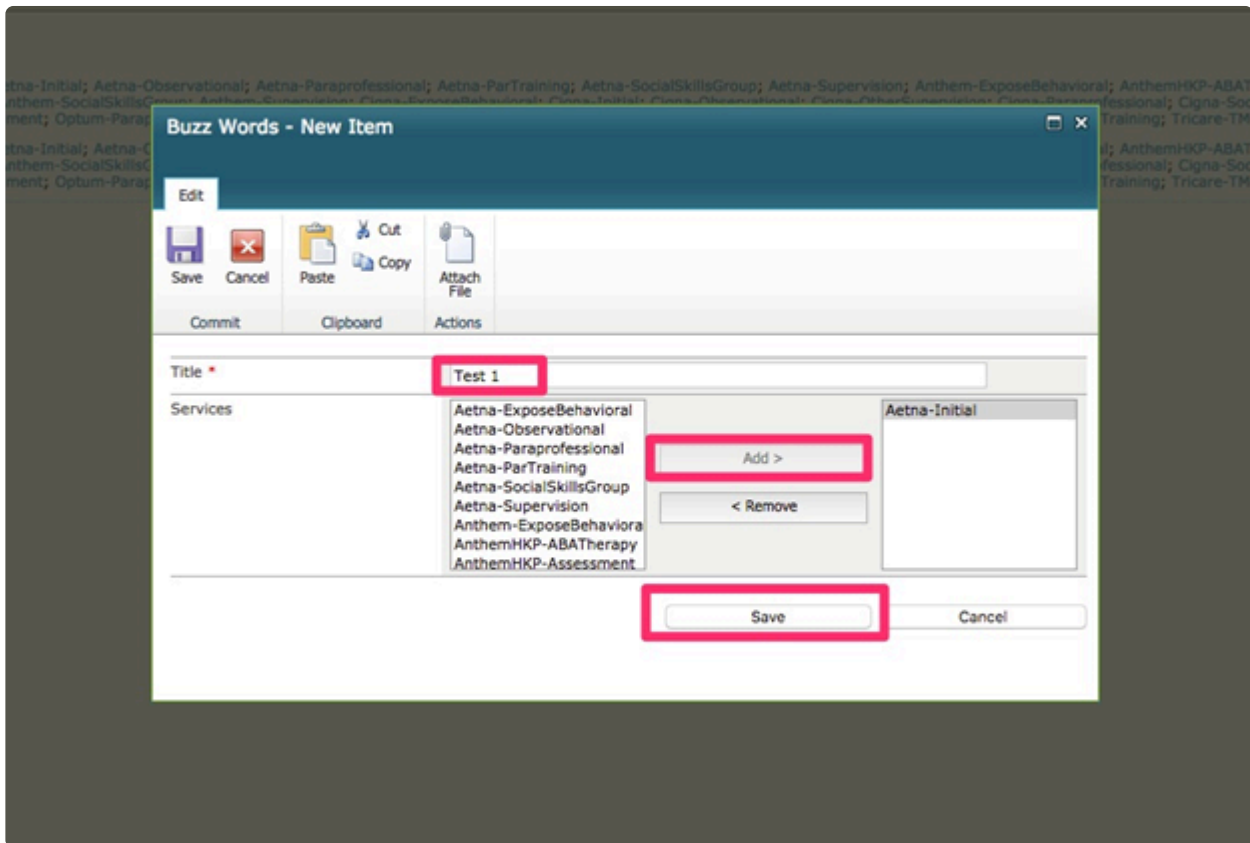
Enter your session date and time here

Recurrence Settings

- ☒ No Recurrence
- ☐ Daily
- ☐ Weekly
- ☐ Monthly

Select your recurrence frequency here

Once you set up your schedule, press "Add Training"



4. Once a buzzword is created and associated to services, you will have the option to select the new buzz word using a check box

Calendar - New Item

Edit

Save Cancel Paste Cut Copy Attach File

Commit Clipboard Actions

Note Info

Start 6/1/2018 12AM 00

End 12AM 00

Employee employee, test

Client H, Melissa

Client Information [Detailed Client Information](#)
Scheduling Considerations:

TEST NOTES

Service Aetna-Initial-Billable

Status Entered

☐ Supervision

Buzz Words ☐ Parent Attended

☐ Test 1

5. You will also be able to filter different reports using the buzzwords

Billing

Billing Best Practices

In order to ensure that AccuPoint's clients are running the most efficient report to ensure that all billing is submitted correctly and in a timely manner – AccuPoint has created the below billing best practices guide:

1. Any new services should be requested by using the AccuPoint Billing Information Sheet. By using this sheet, this ensures that AccuPoint is communicated the required information in order to properly bill the services.
2. All new services should be monitored for payment / acceptance after they are added into the AccuPoint system. Similar to the initial test billing that was done when you started with AccuPoint – you are going to want to ensure that the claims are being paid, and paid correctly. Any issues should be addressed / communicated to the AccuPoint team immediately.
3. Insurance Numbers: This area of the site is used to store the subscriber number information for the insurance subscriber. The edit information page of the client from the dashboard is used to store the patient information. Depending on your site configuration, most sites will automatically copy over the information from the client's edit information profile into the insurance numbers list at the time that billing is ran. As insurance information changes – the information can be terminated and a new insurance number can be created. Additionally – if information was entered in incorrectly at the time a new client is added in – it will need to be updated in the insurance information or insurance numbers list as well for billing to be sent correctly. This is inclusive of all key demographic information needed for billing; name, birthday, gender, address, etc...
4. The following reports should be generated to ensure that there are no items “stuck” in the AccuPoint system after a billing batch is generated. With all of the below reports, date filters and service filters can also be used in order to better streamline results that you are looking for:
 - a. Pending and Ready to Bill Yes Report – specifically choosing Status: Pending and Ready to Bill: Yes. Items in this status may be missing key demographic information in the edit information profile that restricts the system from being able to generate a billing item for it. This should be reviewed internally and if it cannot be resolved, the AccuPoint support team should be contacted.
 - b. Error Report – After every time a billing batch is ran – any errors not allowing claims to be transmitted to the clearing house will show up in this report. You may also check off “Show Errors” which will give you a hint as to why it may not be transmitted. This usually has to do with an incorrect entry in the insurance numbers list. Errors are also included in here that are received from Remittances (ERA's) from the payer. These items need to be researched and resubmitted. If an item says “AP Error” that means it was an error generated by AccuPoint. AccuPoint errors will automatically clear when they are resolved and a billing batch is sent. Payer errors need to be marked as ready to bill

and they will be cleared during the next billing batch. c. Pending and Ready to Bill No Report – This report will pull up all items that are ready to be billed out but are pending approval. These items should be revised regularly to ensure that timely filing limits are not reached. d. Hour Change Next Bill Report – This report will show you items that were billed, and after that point in time, the number of units were revised. These items need to be rebilled as a frequency 7 type claim – void and replacement. To send them out – please mark them as ready to bill. Please note – you cannot send these out revised claims until a remittance is received or the TCN is manually entered. The first time a revised claim is submitted for a specific payer; the claim should be tracked to ensure it is revised correctly as certain payers do not handle electronic adjusting claims. e. Billed Report – Best practices is to run a billed report using a filter of “billed date” that shows all claims that were billing longer than XX days – whereas XX days is the number of days of your typical payment cycle. Keep in mind – this is only accurate if you are receiving electronic remittance files from this payer / are posting the paper remittances to Accupoint in a timely manner. Anything showing on this report should be investigated to determine why payment has not yet been received. If an item needs to be resubmitted – it may be changed back to pending. If you log into the MDOL portal – you can also search by date of service and client last name to find the status in the clearing house. f. MDOL Portal – AccuPoint clients should review the MDOL portal for rejections at least once per week. These claims may be shown as rejected and an ERA may not be generated for them. The errors can be resolved in AccuPoint and then resubmitted by marking the claims back to pending. g. Items in Audit status – Running a calendar filter with the query inclusive of items in audit will show you items that were unable to be sent to billing due to compliance issues or items that need additional review based on permission levels. These will not be billed until the audit status is resolved. h. Items in Entered status – running a calendar filter with the option of entered items will show you shifts that were scheduled but never completed. This could have been that the items were served but the time sheets were never completed / completed by the staff – which could result in a loss of reimbursement for those shifts. This could also indicate that the schedule is out of date so the items were not completed.

Insurance Numbers

Accounts Receivable

Submission Report

Posting Payments

Posting Payments Manually in the Submission Report

Please note you should only be posting payments manually if you are not receiving Electronic Remittance Advice's through the clearinghouse during your test billing phase or for isolated occurrences. Payments should be either posted automatically or via the payment report

Select Client/Employee/Doctor > "Billing" > Select a Transaction > "Submission Report."

Dashboard

Filters: All Client/Employee/Doctor: Billing Select a Transaction: Submission Report Filter

The Submission report has several different filter criteria you may use to pull the claims you'd like to post a payment to.

You can search by:

- Client
- Billing Status
- Start Date and End Date
- Search by Item ID

Ready To Bill

Office: All Contract: All Payer: All Client: Select Client Show Inactive Clients: ☐

Billing Status: All Group By: Day Start Date: End Date: Filter By: Performed Date

☒ None ☐ Search By Item ID ☐ Search By Invoice Number ☐ Search By Check Number

Once the search criteria have been chosen, click "Update View" to pull up the claims that fit the criteria you have entered.

Title	Item ID	Client ID	Performed Date	Client	Service	Office	Total Billable	Total Paid	Outstanding	Total Units	Billable Hours	Total Hours	Error Information	Billing Status	R
Aetna-Paraprofessional Client Sample	157	63	03/12/2019	Client, Sample	Aetna-Paraprofessional	Main	\$0.00	\$0.00	\$0.00	0	0	0		Pending	
For Service Aetna-Paraprofessional Sum:							\$0.00	\$0.00	\$0.00	0	0	0			

Chose the claim you would like to apply payment to by clicking on the title.

Title	Item ID	Client ID	Performed Date
Anthem-Paraprofessional Client, Test	149	29	01/02/2019
Anthem-Paraprofessional Client, Test	151	29	02/05/2019

This will open a new window where you will enter the payment information that needs to be posted.

Click on “Edit Item”

Billing - Anthem-Paraprofessional Client, Test

View Edit Item Version History Manage Permissions Delete Item Manage Alert Me Actions

Title
TCN
Error TCN
Bill After 90 Days
Past 90 Day Reason
Billing Status
Ready To Bill
Total Dollars Billed
Total Dollars Paid
Adjustment
Co-Pay

From here, you can enter the Claim Number (TCN), Total Dollars Paid, Co-Pay, Co-Insurance, Deductible and any Adjustment amounts for this claim. You can also change the Billing Status to Received (claim paid in full), Patient Responsibility (co-pay, co-ins, deductible), etc. As well as the Paid Date and Check #.

Billing - Anthem-Paraprofessional Client, Test

Content Type: Billing Day

Title: Anthem-Paraprofessional Client, Test

TCN: 139654313465

Error TCN:

Bill After 90 Days: ☐

Past 90 Day Reason: Proof of Eligibility unknown or unavailable

Billing Status: Received

Ready To Bill: No

Total Dollars Billed: 200.00

Total Dollars Paid: 200.00

Adjustment:

Co-Pay: 50.00

Co-Insurance:

Deductible:

Billing Date: 1/3/2013 12:00 AM

Check Number: 15452

Errors Outstanding: ☐

Adjust Minutes: 0

Banked Hours: 0.00

Banked Hours Billed: 0.00

If the claim has a Patient Responsibility, you will enter either the Co-Pay, Co-Insurance or Deductible amount in the corresponding field and change the billing status to Patient Responsibility. If the client has paid their Co-Pay, Co-Insurance or Deductible you will add that amount to the total dollars paid field, however you will not remove the Co-Pay, Co-Insurance or Deductible amount from that field.

For Example: This claim had a total billed amount of \$200.00, the payor paid \$150.00 with a Co-pay of \$50.00. Your client has already paid you the \$50.00 co-pay, so you will enter the "Total Dollars Paid" as \$200.00 (\$150 + \$50 copay= \$200 total dollars paid) and the Co-pay Amount as \$50.00.

Billing - Anthem-Paraprofessional Client, Test

Edit

Save Cancel Paste Cut Copy Delete Item

Commit Clipboard Actions

Client Type Billing Day

Title Anthem-Paraprofessional Client, Test

TCN 135654313465

Error TCN

Bill After 90 Days ☐

Past 90 Day Reason Proof of Eligibility Unknown or Unavailable

Billing Status Patient Responsibility

Ready To Bill No

Total Dollars Billed 200.00

Total Dollars Paid 200.00

Adjustment

Co-Pay 0.00

Co-Insurance

Deductible

Paid Date 1/3/2019 12:00 PM

Check Number 55465

Errors Outstanding ☐

Adjust Minutes 0

Banked Hours 0.00

Banked Hours Billed 0.00

Once you have entered all the payment information for this claim you will click “Save”.

Billing - Anthem-Paraprofessional Client, T

Edit

Save Cancel Paste Cut Copy Delete Item

Commit Clipboard Actions

Posting Payments in the Payment Report

A video containing the following information can also be found here:

<https://accupoint.wistia.com/medias/jg4u9ihbu3>

Select Client/Employee/Doctor > “Billing” > Select a Transaction > “Payment Report.”

image

The Payment Report has several different filter criteria you may use to pull the claims you’d like to post a payment to.

Start and end dates are treated as billed dates by default, unless the “Search by Performed Date” box is checked.

Invoice numbers are located on invoices that have been billed out as patient responsibility or private pay. AP Number corresponds to the Billing Item ID on the Submission Report.

Please note that a claim will not show on the Payment Report until it has been billed. The claim must either be submitted electronically or an invoice must be generated for the claim.

image

Click “Update View” to pull up the claims that fit the criteria you have entered.

Now, you can post a payment to the claims.

You may enter the name of the payer, set the check number, select the check date, and enter the check amount. These fields will automatically populate for each invoice. You may also enter TCN, if applicable.

image

If the check amount entered exceeds the amount due, the remaining check amount will be listed at the bottom. If the check amount is less than the amount due, the software will automatically populate each invoice item in descending order, until the check amount runs out.

On this page, you may also enter an amount for Patient Responsibility (co-pay, co-insurance, deductible), or you may enter a reason for a rejection under Error Information if there’s a denied claim.

image

Click Apply Changes to wrap up.

Billing Status Guide

Pending

Once claims are completed in the calendar, they will appear in the submission report under this status.

This indicated claims have not yet been submitted.

Billed

Claims have been submitted out via AccuPoint.

Its recommended to confirm claims are acknowledged/accepted in the clearing house, please contact the payer to follow up on claim status if not processed/paid in 30 days.

Never Billed

Calendar sessions were entered and removed before the claim was able to be submitted.

Received

Claims were paid in full based off the contract rate in AccuPoint site.

Error

Client is missing key demographic information and claim is failing to submit. Ex: Subscriber number missing

Claim was denied by the payer, denial has posted into AccuPoint via ERA. Ex: Service is not authorized

Error Secondary

Water fall map is not set up properly or secondary subscriber number is missing from insurance numbers.

Patient responsibility

Claim has processed and the client has a deductible, coinsurance, or copay.

Patient billed

An invoice was previously generated due to the claim having a patient responsibility.

Partial Payment

Claim was not paid at the contract rate entered in AccuPoint.

_Its recommended to contact the payer to confirm the claim was paid correctly.

This could also indicate you may need to update your contract rates in your AccuPoint site, confirm contract rates with payer._

Unbillable

A status used to “write off” a claim or indicate the claim is unable to be billed/paid

Unbilled

A voided claim was sent.

Some payers will not accept voided claims electronically, it is recommended to confirm with the payer the voided claim was processed.

Hour change next bill

The calendar session was updated after the claim was submitted.

It is recommended to check and see if any additional time/units were added to the claim, if so, it will need to be marked ready to bill once the original claim pays to submit out a corrected claim.

Additional statuses could be custom, please let us know if you have any questions on any additional services.

Submitting Corrected Claims

AccuPoint allows you to submit a corrected claim electronically to your payer. If the TCN column is filled out with the original claim number, any resubmission will go out as a corrected claim.

If you have updated the time spent on that session or added an additional session on that day, the referenced claim will go into the billing status of “hour change next bill” on the submission report.

Select Status ▼

☐ Check Bill

Hours	Billing Status	Ready To Bill
	Hour Change Next Bill ▼	<input type="checkbox"/>
	Hour Change Next Bill ▼	<input type="checkbox"/>

Once the original submission is processed and paid, you will be able to submit a corrected claim by marking it ready to bill.

1.

Billing Status	Ready To Bill
Hour Change Next Bill ▼	<input checked="" type="checkbox"/>
Hour Change Next Bill ▼	<input type="checkbox"/>

Mark as Ready to Bill

2.

We recommend waiting for the original submission payment details to post into AccuPoint, as the original claim number is required to submit a corrected claim. If you do not get ERA's, the original claim number will need to be inputted into the TCN column.



Display TCN Number



Display TCN Number

If the TCN field is blank – when resubmitting, the claim will submit as an original claim. If the TCN is filled out with the original claim number, any resubmissions will go out as a corrected claim including resubmission code 7.

Common Clearinghouse Rejections

1) Rendering Provider Loop (2310B) is missing: The insurance company that you are submitting to is telling you that your claims need to have a rendering provider.

```
* ELEMENT NM103 IS EMPTY. IT IS A MANDATORY ELEMENT FOR THIS SEGMENT
* LINE: 108 LOOP: 2310B RENDERING PROVIDER LAST OR ORGANIZATION NAME
* ELEMENT NM103 IS EMPTY. IT IS A MANDATORY ELEMENT FOR THIS SEGMENT
```

What do I need to do to fix this?

- You will need add a rendering NPI name and number to the client's profile, via client → edit info.

2) Invalid Unit Counts: You have 0 units entered for the service line

```
* INVALID UNIT COUNTS. UNIT QUANTITY MUST BE GREATER THAN ZERO
* LINE: 285 LOOP: 2400 SERVICE UNIT QUANTITY
* Service Line 1 can not have 0 units
```

What do I need to do to fix this?

- You will need to determine the reason why your claim has 0 units. Have you completed the correct amount of billable time for this service? Has the service been canceled off the calendar? Once you have determined the issue and adjusted the claim to reflect billable units, you can resubmit the claim.

3) Facility code invalid: The payer is referring to the place of service code that you indicated on claim.

```
* 86 IS AN INVALID VALUE FOR SUB-ELEMENT CLM05-1
* LINE: 98 LOOP: 2300 FACILITY TYPE CODE
```

What do I need to do to fix this?

- Confirm you have the correct location selected for the service that is being performed. If this needs updating, please contact us for support.

4) Rendering provider secondary identification is missing: This claim was rejected during a claim error check at the clearinghouse. One of the secondary identifiers on your claim is missing.

```
* ELEMENT REF02 IS EMPTY. IT IS A MANDATORY ELEMENT FOR THIS SEGMENT
* LINE: 85 LOOP: 2420A SERVICE LINE RENDERING PROVIDER SECONDARY IDENTIFICATION
* ELEMENT REF02 IS EMPTY. IT IS A MANDATORY ELEMENT FOR THIS SEGMENT
* LINE: 85 LOOP: 2420A SERVICE LINE RENDERING PROVIDER SECONDARY IDENTIFICATION
```

You will commonly see this for Tricare claims.

What do I need to do to fix this?

- Confirm you have the correct providers NPI, SSN and/or License number entered on the servicing employees' profile.

5) This code requires the use of an Entity Code. Insured/Subscriber: There are many reasons why you may be getting this error. Typically, with this error the payer cannot find the insured/subscriber.

- * Acknowledgement/Returned as unprocessable claim-The claim/encounter has been
- * rejected and has not been entered into the adjudication system.
- * Entity's claim filing indicator. Note: This code requires use of an Entity Code.
- * Entity Code Description: Insured/Subscriber

What do I need to do to fix this?

- Confirm you have the correct subscriber/policy holder information entered in insurance numbers.
- Contact the payer to get additional information/confirm subscriber number, name and DOB.
- Check the payer portal for eligibility.

6) Provider not enabled for non-commercial payer: The submission of claims requires completion of additional registration steps prior to actual processing (EDI enrollment). Claims will not be sent to these payers electronically until the electronic registration is approved.

- * UNPROCESSED: provider not enabled for non-commercial payer

What do I need to do to fix this?

- Make sure you have completed all EDI enrollment forms prior to submitting claims through the clearinghouse

7) Subscriber Primary ID# Must be 9-11 Digits: The subscriber ID# is incorrect.

- * Payer: TRICARE <650202059>
- * REJECTED AT CLEARINGHOUSE SUBSCRIBER PRIMARY ID# MUST BE 9 - 11 DIGITS (CH003)

Member pick reject: The payer cannot find the member ID.

- * Member pick reject REF

What do I need to do to fix this?

- Confirm the patient's subscriber number and correct in client edit info and insurance numbers.

8) Invalid NPI: NPI is incorrect

* [REDACTED]0198 IS AN INVALID NPI - CHECK DIGIT INCORRECT - SHOULD BE 5 NOT 8
* LINE: 108 LOOP: 2310B RENDERING PROVIDER IDENTIFIER

What do I need to do to fix this?

- Confirm the providers NPI number and correct on employee edit info. If NPI is listed as a rendering NPI you will also need to update on client edit info and resubmit the claim.

Claims stuck in Pending

Occasionally claims will get “stuck” in pending after you’ve marked them “Ready to Bill”. Causing claims to not be submitted to the clearinghouse. Claims will be held in this status if information is missing.

Claims can get stuck for the following reasons:

1. The patient’s demographics are not completely filled out in client edit info. EX: address, DOB, diagnosis.
2. Either the payer is not selected in insurance numbers or the incorrect payer is selected.
3. Billable amount is Zero.
4. The service does not match an active insurance number entry.

How to run a stuck in pending report:

In the submission report you will select the following:

1. Select “ready to bill”: yes.
2. Select “pending” status
3. Add in an end date (the date before you run the report)
4. Filter by “ready to bill date.”

to select multiple entries

Ready To Bill
Yes ▼

Billing Status

All
Billed
Pending
Unbilled
Received
Cancel On Next Bill
Hour Change Next Bill
Error
Unbillable
Never Billed
Partial Payment
PENDED

Press CTRL (⌘ on MAC) key
to select multiple entries

Group By

Day ▼

Start Date



End Date

10/23/2019 

Filter By:

Ready to Bill Date ▼

☒ None

You will want to run this report weekly to ensure all claims are being submitted. For any claims that come up when running this report please check items 1-4 listed above. If the information is complete or correct, please reach out to AccuPoint for assistance.

Updating Billing Codes/Rates/Units

In response to the upcoming code changes, we have released a feature that will allow you to update your existing rate codes to the new codes used by your payers. This is also accompanied by the ability to update your existing rates. In order to utilize this feature, you will do the following:

1) Go to “Permission Groups” and add “Service Line Adjustment” to the group you would like to have access to this.

Select “Billing” —> “Service Line Adjustment” on the dashboard

2) Select the contract that you are updating the codes or rates for through the “Contracts” drop down

This will populate the services for that contract in the “Services” box

3) Select the services that you will be updating in the “Services” box

This will populate the subservices in the “Sub-Service” box if your rates are set at the sub- service level

4) Press update view – this will populate the services and sub-services that you are looking to update the rates and codes for

5) You will then be able to select from 3 options – “Edit Current,” “Update Rate,” and “Update Coding” depending on the type of change you need to make

a. Edit Current – will allow you to update the selected codes and rates for the service with the changes being effective the day the change has been made

b. Update Rate – will allow you to update the rate for the selected service and set an effective date in the future for that rate. The rate will go into effect on the date that was entered in the effective date field

c. Update Coding – will allow you to update the rate code for the selected service and set an effective date in the future. The code will go into effect on the date that was entered in the effective date field

If you need further assistance please give a call at 646-926-7081 or enter a support ticket!

Remittance Viewer

Cash Receipt Report

Generating Invoices

Generating CMS-1500/UB-04 Forms

Secondary Billing

Accupoint has the capability of billing to secondary payers for your clients. TO GET THIS PROCESS STARTED, PLEASE SUBMIT A TICKET REQUEST THROUGH – accupoint.supportsystem.com Once your ticket is submitted and you have the feature enabled, setting up the secondary payer billing feature is very simple. It is a two-step process that involves data entry in two unique fields – “InsuranceNumbers,” and “Waterfall Map.” Once data entry is complete for your client, you will be able to utilize this feature through the submission report just like you would for primary insurance billing.

Waterfall Map

5. Click on the “WATERFALL MAP” located on the left-hand side of your Accupoint homepage
6. Press “ADD NEW ITEM” – this will open the new item screen for the waterfall map
7. Fill and select the appropriate information for the client in the following fields and press save
 - i. Title –You decide the name of this item
 - ii. Primary Payer- Select from the dropdown
 - iii. Secondary Payer- Select from the dropdown
 - iv. Primary Service- Select from the dropdown
 - v. Secondary Service-Select from the dropdown
 - vi. Primary – Select from the dropdown (sub-services)
 - vii. Secondary– Select from the dropdown (sub-service)

Secondary Insurance Number

1. Navigate to the Accupoint homepage
2. Click on "INSURANCENUMBERS" located on the left-hand side of your Accupoint homepage
3. Once you are in insurance numbers, click "EDIT" for the client you are adding a secondary insurance for – this will open the insurance number window for the client
4. Scroll down to the bottom of the window and enter the secondary insurance information for the client and press "SAVE"

Submitting Secondary Claims

Once your primary bill is submitted and the bill is not fully paid, the secondary billing system will be activated

1. Go to your "Submission Report"
2. Enter the appropriate criteria for your report and "UPDATE VIEW"
3. The claim you are looking for will be marked as "PENDING SECONDARY BILLING"
4. Check-off "READY TO BILL" for the claim that you are looking for
5. Click "MARK AS READY TO BILL" on the left-hand side of your screen as you would any other claim
6. Your bill for your client's secondary payer will then submitted with your daily billing

Reporting

Utilization Report

Supervision Report

Accupoint features a supervision report that allows you to view the ratio of hours supervised by a BCBA/Supervisor in comparison to the total amount of hours served for Direct services by a Behavior Technician (RBT, Paraprofessional and other similarly credentialed employees).

Supervision Report Setup:

Accessing and Generating the Supervision Report:

Supervision Report Setup

Setting up the Supervision Report

In order to set up the supervision report, you will need to mark your sub services as either **Direct** or **Supervision** so that the system knows which services include in the report

****Replace highlighted portion with the company prefix / designation that is used in your Accupoint Web Address, if you have any issues with this link please reach out to your on-boarding success manager**

[https:// CompanyDesignation .accupointmed.com/Lists/Services/Supervision%20Report.aspx](https://CompanyDesignation.accupointmed.com/Lists/Services/Supervision%20Report.aspx)

This link will take you to the Supervision report setup page where you will be able to categorize your direct and supervision sub-services:

<input type="checkbox"/>	Sub-Service Name	Supervision Status
<input type="checkbox"/>	Int-DriveTime	
<input type="checkbox"/>	Int-Training	
<input type="checkbox"/>	Int-Other	
<input type="checkbox"/>	Beacon-RBT-Paraprofessional-Billable	
<input type="checkbox"/>	Beacon-RBT-Paraprofessional-NonBillable	
<input type="checkbox"/>	Beacon-BCBA-Supervision-Billable	
<input type="checkbox"/>	Beacon-BCBA-Supervision-NonBillable	
<input type="checkbox"/>	Beacon-BCBA-Initial-Billable	
<input type="checkbox"/>	Beacon-BCBA-Initial-NonBillable	
<input type="checkbox"/>	Beacon-BCBA-Observational-Billable	
<input type="checkbox"/>	Beacon-BCBA-Observational-NonBillable	
<input type="checkbox"/>	Beacon-BCBA-SSG-Billable	
<input type="checkbox"/>	Beacon-BCBA-SSG-NonBillable	
<input type="checkbox"/>	Beacon-BCBA-ParTraining-Billable	
<input type="checkbox"/>	Beacon-BCBA-ParTraining-NonBillable	
<input type="checkbox"/>	Aetna-RBT-Paraprofessional-Billable	
<input type="checkbox"/>	Aetna-RBT-Paraprofessional-NonBillable	
<input type="checkbox"/>	Aetna-BCBA-Supervision-Billable	



1. Place your cursor on the left hand side of the sub-service and an Edit / Notepad icon will appear.

<input type="checkbox"/>	Sub-Service Name	Supervision Status
	Int-DriveTime	
	Int-Training	
	Int-Other	
<input type="checkbox"/>	Beacon-RBT-Paraprofessional-Billable	





2. Click on the Edit icon will cause a drop down menu to appear for the Supervision Status:

<input type="checkbox"/>	Sub-Service Name	Supervision Status
	Int-DriveTime	
	Int-Training	
	Int-Other	
<input type="checkbox"/>	Beacon-RBT-Paraprofessionio	
	Beacon-RBT-Paraprofessional-NonBillable	

3. Click the drop down menu to choose from the **Direct** or **Supervision** status:

<input type="checkbox"/>			Beacon-RBT-Paraprofessionio	<div data-bbox="1252 980 1430 1016"></div> <div data-bbox="1252 1016 1430 1144">(None) Direct Supervision</div>
			Beacon-RBT-Paraprofessional-NonBillable	
			Beacon-BCBA-Supervision-Billable	

Once you have chosen the Supervision Status, click on the Save / Floppy Disk icon to the left of the sub-service name to finalize the Supervision Status for the sub-service you are editing:

<input type="checkbox"/>			Beacon-RBT-Paraprofessionio	Direct
			Beacon-RBT-Paraprofessional-NonBillable	
			Beacon-RBT-Paraprofessional-Billable	Direct

You will want to repeat this process for all of your direct and supervision sub-services.

Accessing and Generating the Supervision Report

Please make sure you have set the supervision statuses prior to running this report:

You will also need to make sure you have permissions to view this report:

The screenshot displays a user permissions configuration interface. It is divided into two main sections: 'Entities' and 'Allowed Pages'.

Entities Section:

- A list of entities is shown on the left: Calendar Filter, Calendar Update, Doctor, Employee, Forms Generator, New SMS Alerts, Quick Launch, and Schedules.
- Buttons 'Add >' and '< Remove' are located between the lists.
- A dropdown menu on the right shows 'Client' selected and highlighted with a yellow box.
- Below the list, it says 'Select entities you want users in this group to view.'

Allowed Pages Section:

- A list of pages is shown on the left: Client Payroll, Client View Information, Communication Log, Deductions, Hour Bank Report, Intake Forms, Overlapping Hours, and Utilization.
- Buttons 'Add >' and '< Remove' are located between the lists.
- A dropdown menu on the right shows 'Supervision Report' selected and highlighted with a yellow box.
- Below the list, it says 'Select pages you want users in this group to view.'

Accessing and Generating the Supervision Report

To access the report, use the following options from your dashboard:

The screenshot shows a dashboard interface with the following elements:

- A header bar labeled 'Dashboard'.
- A 'Filter' dropdown menu set to 'All'.
- A 'Client/Employee/Doctor' dropdown menu set to 'Client'.
- A 'Select a Transaction' dropdown menu set to 'Supervision Report'.
- An 'Enter' button.

Once the Supervision Report window has opened, you can begin selecting/entering criteria and then generate the report by clicking on Update View.

Supervision Report

Employee

Select Employee
Balboa, Robert
Balboa, Rocky
Brady, Tom
Breuer, Henry
Brown, Kyle
Coyle, Maria
Dalal, Raiyan
Gomez, Selena
Griggs, Mallory
Kathuria, Shuki
Kimball, Jameson
Monroe, Marilyn
Serel, Matt

Certifications

☐ BCBA

☐ RBT

☒ Show Only Active Employees

Start Date

8/1/2019

End Date

9/1/2019

Update View

Print this page

If you would like to run a generalized supervision report to view all of the scheduled Direct time as well as the amount of hours supervised, including the ratio of supervised to direct hours served, you can omit Employees and Certifications criteria and enter in your date range:

Using the example below, we can see the that the report lists the Employee and their supervisor, the hours

served, hours supervised and the percentage of supervised time for the date range specified.

Supervision Report

Employee

Select Employee
Balboa, Robert
Balboa, Rocky
Brady, Tom
Breuer, Henry
Brown, Kyle
Coyle, Maria
Dalal, Raiyan
Gomez, Selena
Griggs, Mallory
Kathuria, Shuki
Kimball, Jameson
Monroe, Marilyn
Serel, Matt

Certifications

☐ BCBA

☐ RBT

☒ Show Only Active Employees

Start Date
8/1/2019

End Date
8/31/2019

Update View

Print this page

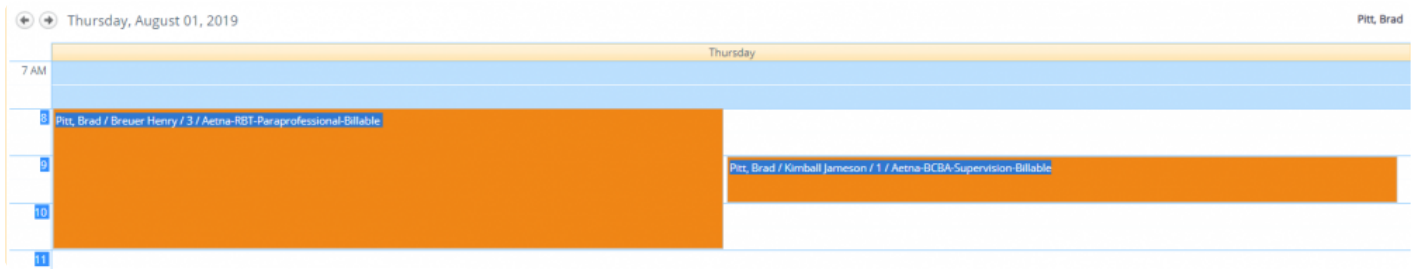
Staff Name: Breuer, Henry

Employee	Supervisor	Client	Hours Served	Hours Supervised	Percentage	# Supervision
Breuer, Henry	Kimball, Jameson	Pitt, Brad	3	1	33%	1
			3	1	33%	1

Staff Name: Kimball, Jameson

Employee	Supervisor	Client	Hours Served	Hours Supervised	Percentage	# Supervision
Kimball, Jameson		Pitt, Brad	5	0	0%	0
			5	0	0%	0

This particular result was obtained by a Direct session that was scheduled and performed by the RBT from 8 – 11am which was also supervised from 9 – 10am by the BCBA.



The report also allows you to specifically filter by BCBAs or RBTs and pull up results specific to those certified employees.

Supervision Report

Employee

Select Employee

Balboa, Rocky

Brady, Tom

Breuer, Henry

Brown, Kyle

Gomez, Selena

Monroe, Marilyn

Serel, Matt

Certifications

☐ BCBA

☒ RBT

☒ Show Only Active Employees

Start Date
8/1/2019

End Date
8/31/2019

Update View

Print this page

Staff Name: Breuer, Henry

Employee	Supervisor	Client	Hours Served	Hours Supervised	Percentage	# Supervision
Breuer, Henry	Kimball, Jameson	Pitt, Brad	3	1	33%	1
			3	1	33%	1

Selecting RBT in the Certifications criteria will allow you to filter out the BCBAs, choose an RBT and pull up a report specific to the RBTs hours and their supervised time

Supervision Report

Employee

Select Employee
Balboa, Robert
Kimball, Jameson

Certifications

☒ BCBA

☐ RBT

☒ Show Only Active Employees

Start Date
8/1/2019

End Date
8/31/2019

Update View

Print this page

Staff Name: Kimball, Jameson

Employee	Supervisor	Client	Hours Served	Hours Supervised	Percentage	#
Kimball, Jameson		Pitt, Brad	5	0	0%	0
			5	0	0%	0

Selecting BCBA from the Certifications criteria will filter out the RBTs from the Employee selection and allow you to pull up a report for a selected BCBA, or all BCBA's for the specified date range

If you have any questions pertaining to the supervision report, please be sure to reach out to your Onboarding Success Manager via e-mail or contact us via our office line, 646-926-7081.

Audit Notes Report

Client List

Nightly Report

Nightly reports in AccuPoint will allow you to receive an email every night regarding the compliance status of services and the expiration status of compliance requirements.

You'll repeat the set up process for each user who needs to receive a nightly report.

To setup "Nightly Reports," you'll do the following:

- 1) Under Client/Employee/Doctor -> Select "Employee"
- 2) At Select a Transaction -> Select "Edit Information"
- 3) Scroll to "Report Services" and "Report Requirements"
- 4) Add the Services and Requirements that the nightly report needs to be generated for
- 5) At "Report Entities" select "All"
- 6) At Report Scope select "All"
- 7) Press "Save" at the bottom of the employee page

Report Services	Anthem-ExposeBehavioral Anthem-GrecoTest AnthemHWP-ABAThery AnthemHWP-Assessment Anthem-Initial Anthem-Observational Anthem-Paraprofessional Anthem-Paraprofessional-Grace	Add > < Remove	
Report Scope	Self		
Report Entities	All		
City			
State			
Zip			
Rehire Date			
Compliance Notes			
Payroll Exempt	<input type="checkbox"/>		
Report Requirements	Aetna Authorization Document Anthem BCBS Authorization Document Anthem HealthKeepers Authorization Docu Anthem-ExampleAuth-Grace Anthem-ExampleDoc Anthem-ExampleDocEle Anthem-JulioTest2doc Anthem-JulioTest3doc	Add > < Remove	

Hour Bank Report

This report will show the available hours for the specified client according to the configuration of their authorization document.

This can be access from the dashboard by selecting Client -> Hour Bank Report:

Doing so will open a new window for the Hour Bank Report:

By using the Start and End Date fields, you'll be able to review hour banks from any past authorizations. Leaving this empty will produce a report of the hours from the most recent authorization.

Other Features

Payroll Report

Intake Form

Parent Portal

Parent User Guide

This is a short user guide for parents/guardians that will be utilizing the parent portal

In order to begin using the parent portal, you will need to verify your account is setup with the therapist. You will use the username and password you are given. The URL to login to the portal:

<https://myaccupoint.com/#/login>

Once you are logged in you will be able to see Announcements posted by the therapists. The left hand menu will have 3 options:

Schedule: Allows you to see your child's schedule, sessions notes, and sign off on the sessions. Click on a session to open it up and apply your signature.

Behavior data: Allows you to view a report of your child's behaviors to decrease data (only if AccuPoint is being used for data collection)

Acquisition data: Allows you to view a report of behaviors to increase (only if AccuPoint is being used for data collection)

EnteredAuditCompleteOther

<>today

Oct 7 - 13, 2018

monthweekdaylist

Monday

October 8, 2018


6:00 pm - 7:00 pm ● BD-SubService , Einstein Albert (Entered)

Wednesday

October 10, 2018

6:00 pm - 7:00 pm ● BD-SubService , Einstein Albert (Entered)

Session Note

Shift Date:	10/8/2018
Employee Name:	Einstein, Albert
Client Address:	660 Newark Ave Jersey City NY 07306
Location Notes:	test
Time In:	06:00 PM
Time Out:	07:00 PM
Checked In:	<input type="checkbox"/>
Service Performed:	BD-SubService
Buzzwords:	
Notes:	
Signature:	<div></div>
	<div>Clear SignatureSave Signature</div>

Close

Parent Portal User Setup

From the dashboard set “Client/Employee/Doctor” drop down to “ABA Data”, set “Select a Transaction” drop down to “Patient Portal Users”

Select the “Create New User” button in the top left corner.

When creating a user you have the option to keep the user active or in order to deactivate the account you uncheck the Active box. The locked box will be checked if a user attempts to login with an incorrect password too many times. Next select which client profiles belong to this user. Under permissions you select what information can be accessed by the family.

Under announcements you can create an announcement which will show up on the front page when parents login to their account.

In order for the family to use the account you are setting them up with, they will have to go to <https://myaccupoint.com/#/login> . They will log in with user name and password you created for them.

Navigate to the schedule page. Here families can see session notes and the schedule for the selected patient. They also have the ability to apply a signature to session notes from the schedule page.

Additionally they will be able to pull up BTI data report with the Behavior Data permission. Acquisition Data will allow them to see the BTI. Client notes allows them to see notes taken in the Data App.

SMS Alerts

The SMS Alerts feature allows you to send text messages to clients and employees via the dashboard

Sending an SMS Alert

From the dashboard select “New SMS Alerts”