



Fiscal Guide
v.a.1

Copyright © 2003 The Echo Group. All rights reserved.

Information in this manual is subject to change without notice. Corporate names and names of individuals used in sample screens are fictitious unless otherwise noted.

No part of this manual may be reproduced, stored in a retrieval system, translated into any spoken or computer language, or transmitted in any form or by any means without the prior written consent of The Echo Group.

The Echo Group makes no representation of warranties of any kind with respect to the contents hereof and specifically disclaims any implied warranties of merchantability, title, or fitness for any particular purpose. Further, The Echo Group shall not be held liable for errors that may be contained herein or for incidental or consequential damages arising in connection with the furnishing, performance, or use of this manual.

The Echo Group
Echo Technology Park
15 Washington Street
PO Box 2150
Conway, New Hampshire 03818

Trademarks

Microsoft and Internet Explorer are registered trademarks of Microsoft Corporation. Other brands and products that may appear in this manual may be trademarks or registered trademarks of other corporations and should be noted as such.

Table of Contents

Features of this Manual..... 3

Fiscal Overview 4

Service Entry 5

 Common Features of the Service Entry Screen..... 6

 Error Messages 9

 Duplicate Checks..... 9

 Adding an Admission through Service Entry..... 10

 Single Service Entry 11

 Multiple Service Entry 12

 Batch Service Entry 13

Edit Services..... 15

Billing 18

 Billing Status Report..... 19

 Billing Run Creation..... 23

 Bill Printing..... 27

 Guarantor Statements 31

Billing Notes 40

 Billing Notes History 41

 Copying a Note 43

Void Invoices..... 44

Cash Receipts..... 46

 Creating a New Cash Receipt 47

 Viewing/Editing Existing Cash Receipts..... 48

 Printing Cash Receipts 49

Receivables 50

 Entering a Payment..... 53

 Entering an Adjustment 55

 Posting Cash Receipts 56

 Committed vs. Non-Committed Billing Runs..... 58

 Batch Receive Payments..... 59

 Viewing/Editing existing Checks..... 60

 Creating New Checks..... 61

 Applying Payments..... 64

Pay Provider 69

 Creating a Pay Provider Run..... 70

 Searching/Editing existing Pay Provider Runs..... 71

 Entering Pay Provider Checks..... 72



Features of this Manual

References – References to screen names, “tabs”, “flags”, buttons, and hyperlinks are presented in **bold** type.

Special Icons – The manual provides three icons that indicate something for the reader to acknowledge. Explanations of the icons are below.



The Example Icon

Sometimes a clear real world example helps to explain a concept or feature in more detail. When you see this icon, look for an example of how to use ShareCare in the best manner possible.



The Warning Icon

Using ShareCare is a user-friendly experience; however, there are cases when doing specific actions can cause issues to arise. Look to this icon to avoid these problems.



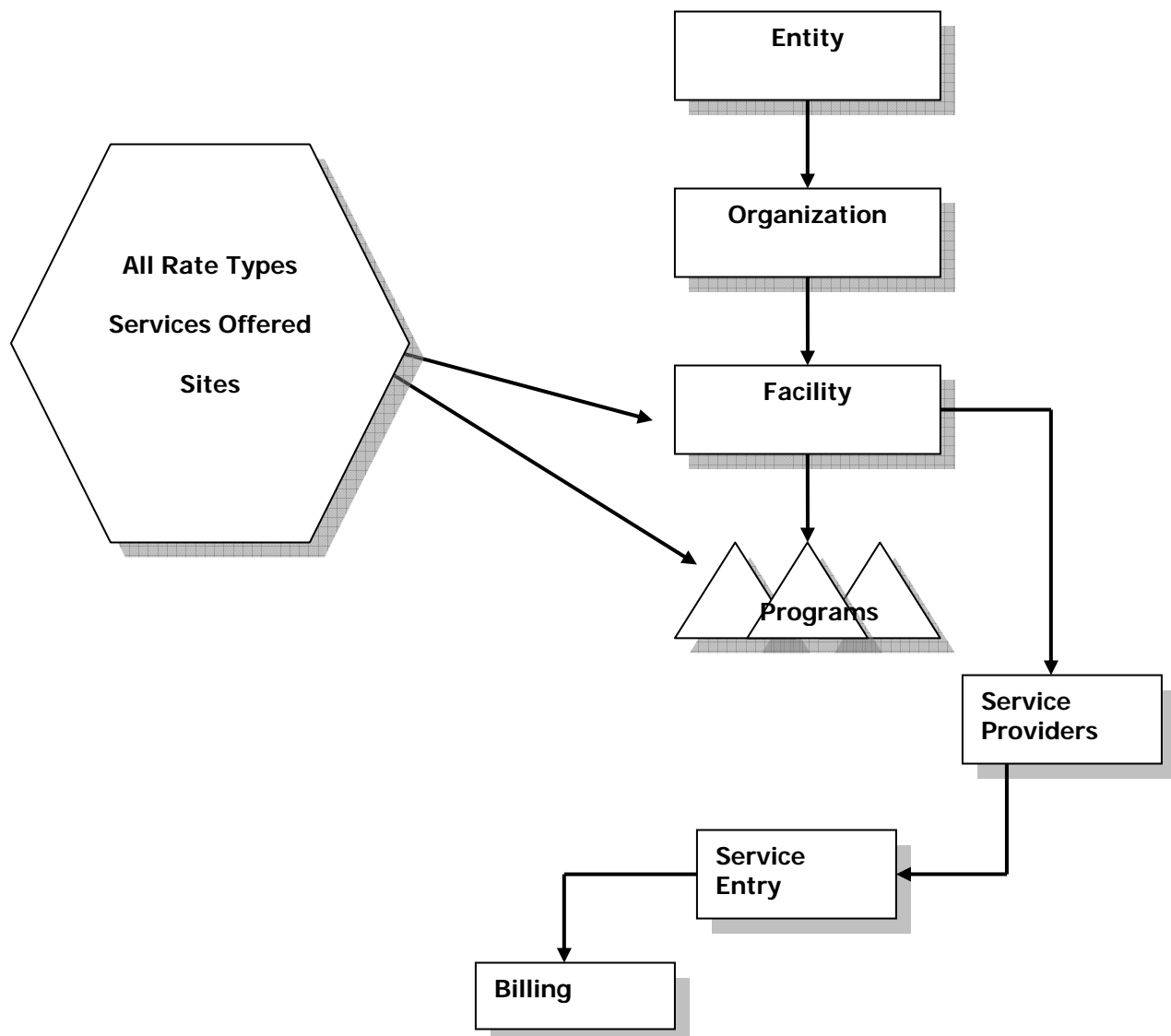
The Tip Icon

Setting up and using ShareCare can be an even easier process when you utilize the tips and best practices seen with this icon.

Fiscal Overview

The key to a successful billing system in ShareCare is to understand some of the inner workings and relationships created through the System Administration set up features. The flexibility of the program allows an organization to tailor their needs into the provided functionality, while creating a familiar interface for the end users as well as an accurate billing module.

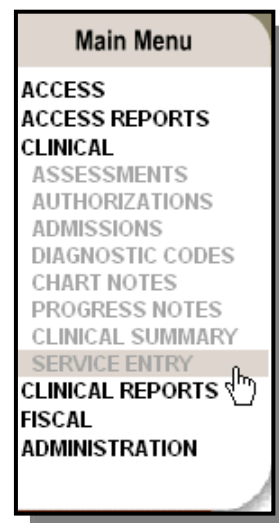
There are three general areas of System administration: Fundamentals, Clinical setup, and Fiscal setup. Each area directly interacts with the others, while still being a separate component. The fundamentals section is where members from each group of an organization will decide on system-wide variables such as user security, lookup customization, and custom lists. The clinical area involves issues such as service codes, facilities, and program setup. Finally, the fiscal area is compromised of billing items such as rate schedules, Payor plans, and fee level setup.



Service Entry

The **Service Entry** screen is a flexible tool that allows a user to quickly and conveniently record billable/non-billable encounter information that occurred with a consumer such as therapy, treatment, consultation, phone calls, etc. Services can be entered as daily, weekly, in multiples or individually. Units, elapsed time and "incident-to" information are some of the things that can be captured on this screen. Users can also enter non-consumer related services such as documentation time through this screen. Once an encounter is entered, the system allows the user to edit the services if errors were made or process the entry for billing purposes.

Begin by selecting **Service Entry** from the **Clinical** section of the Main Menu.



The screen will display the tabs associated with Service Entry along with the fields needed to enter the encounter information.

The screenshot shows the "SERVICE ENTRY" screen with the following elements:

- Tabs: SERVICE ENTRY, GROUP SERVIC..., GROUP SETUP, EDIT SERVICES
- Number of records to enter: 1 (with a "Set Records" button)
- Authorization Number, Begin Date, End Date
- Consumer ID, Facility ID, Program ID, Provider ID, Incident to Provider ID
- Site (dropdown), Elapsed Time, Begin Date (01/11/2002), Begin Time
- Service Code, Place of Service (dropdown), Units
- Ancillary checkbox
- Table with columns: Ignore Row, Auth Number, Consumer, ID, Facility, ID, Program, ID

Ignore Row	Auth Number	Consumer	ID	Facility	ID	Program	ID
1. <input type="checkbox"/>							



Common Features of the Service Entry Screen

Some of the features on the **Service Entry** screen will be used for all variations of entering encounter data. These features are used to make data entry go quickly and efficiently.

Set Records Button

Users can enter single/multiple services for single or multiple consumers. The **Set Records** button allows the user to inform the system of the number of records they wish to enter at the time of data entry without having to enter each service individually.

The system always shows one entry the first time the user enters this screen. If a number is entered and the **Set Records** button is clicked, the screen will refresh with the desired number of rows displayed.



Setting Common Data

Setting common data is the ability to enter common information in the top section of the **Service Entry** screen that will populate the lower records. If you want the Consumer, Provider, Facility, etc. to be the same in all the entered records, this feature should be used.

Enter data for the desired common fields in the lookup section at the top of the screen.

Consumer	<input type="text"/>	ID	<input type="text"/>	Facility	Allen Arbor Branch Facility	ID	41
Program	Depression Program	ID	36	Provider	<input type="text"/>	ID	<input type="text"/>
Incident to Provider	<input type="text"/>	ID	<input type="text"/>				
Site	<input type="text"/>	Elapsed Time	0	Begin Date	01/15/2002	Begin Time	<input type="text"/>
Service	Individual Therapy	Code	201	Place of Service	<input type="text"/>	Units	<input type="text"/>
Ancillary	<input type="checkbox"/>						

When all common data has been entered, click the **Set Data** button at the top of the screen. The system will populate all records with this data.



Users can change data in any field after the records are returned. Simply highlight the incorrect text and type the new information.

Ignore Row Checkbox

This feature is useful if one record is invalid but the rest continue to be valid. Users can continue to add services for the valid records without having to stop and research the invalid record or start the process over. The invalid record can then be added at a later time

Click the **Ignore Row** checkbox to ignore an entry.

Ignore Row	Auth Number	Consumer	ID	Facility	ID	Program	ID
1. <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Provider	ID	Incident to Provider	ID	Site	Elapsed Time		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Begin Date	Begin Time	Range Entry	Service	Code	Place of Service	Units	Ancillary
01/15/2002	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>



Adding One More Record

If a user has completed entering encounter information and decides that they need to add another record to the system they can do this easily. Clicking on the **One More Record** button will refresh the screen with one additional record where users can follow the same procedures for data entry as with all other records.



If multiple records were entered with common data, the new record will contain the common data established at the top of the screen.

Range Entry Button

When this button is selected in a returned record for an individual service, another adjacent field appears and the user can enter in an end date for the service. The system will then add that same service for each day included in the overall date range.

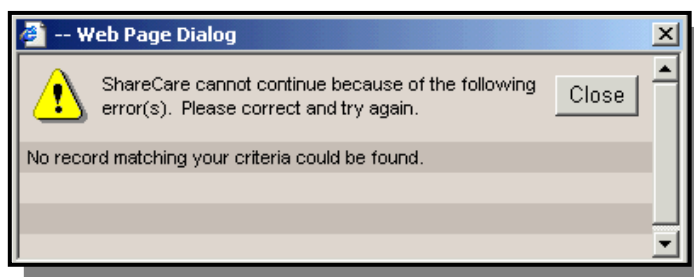
Ignore Row	Auth Number	Consumer	ID	Facility	ID	Program	ID	
1. <input type="checkbox"/>								
Provider	ID	Incident to Provider	ID	Site	Elapsed Time			
Begin Date	Begin Time	Range Entry	Range Date	Service	Code	Place of Service	Units	Ancillary
01/15/2002		<input checked="" type="checkbox"/>						<input type="checkbox"/>



Error Messages

ShareCare searches for various errors on service entry records in two ways, once while data supporting the service is entered, and then while an actual service is being added. Examples of the first type include errors involving services that aren't available at specific facility/program combinations or providers that aren't authorized for a particular facility. For instance, if a user specifies a particular facility, only those programs and services authorized for that facility could be entered in the record. The system also checks for different types of errors at the time when the user adds the entry to the system. Examples include, admissions, authorizations and contracts. The system displays the error messages in two different ways. First, with pop boxes and second with red messages in the actual record.

Example of a pop up error message:



Example of a red error message:

Some error

-There were one or more problems with your submission -No Authorization could be found with the information you provided -No admission records were found. [Click here](#) to add one.

Ignore Row	Auth Number	Consumer	ID	Facility	ID	Program	ID
1. <input type="checkbox"/>		Coates	140	Allen Arbor Branch	41	Depression Progn	36
Provider		ID	Incident to Provider		ID	Site	Elapsed Time
Blackwell		141					0
Begin Date	Begin Time	Range Entry	Service	Code	Place of Service	Units	Ancillary
01/15/2002	9:00 am	<input type="checkbox"/>	Group Therapy	101	Office	1	<input type="checkbox"/>

red

messages will allow the user to continue entering the service to the system with the errors; others will not allow the user to continue unless the error is corrected.

Duplicate Checks

To prevent billing the same service more than once, ShareCare performs a duplicate check during service entry. A Global Variable is specified during implementation that allows system administrators to determine which data elements they wish checked during the duplicate check process. If a record matches the duplicate check criteria, the user will receive a duplicate record warning. The service entry record will have to be updated in order for the system to accept the record.

Adding an Admission through Service Entry

Users will be able to add an admission through the **Service Entry** screen if a consumer received services prior to being admitted in ShareCare.

If the consumer does not have an admission, an error message will be returned at the top of the record with a blue hyperlink.

-No admission records were found. [Click here](#) to add one.

Clicking on the **Click here** hyperlink will open an admission record. The system will automatically populate some of the fields with data from the **Service Entry** screen. Enter the remaining optional and required data and click the **Add** button. The system will return the user to the **Service Entry** screen where the user can try to add the service again.



Who can add an Admission via the Service Entry screen?

Only those users who are authorized to add admissions to consumer records will be able to access the **Admission** screen from the **Service Entry** screen. The Admission error will still display on the **Service Entry** screen, along with the Admission hyperlink. However, when users who are not authorized to add admissions select the hyperlink, an error will appear when the **Admission** screen displays indicating that the user is not authorized to view the screen and that person will not be able to proceed with entering the admission.

Single Service Entry

The Single Service Entry option is used to enter encounter information for one consumer for one incident of a particular service. This would typically be used immediately after a provider has seen a consumer and needs to enter the encounter information and progress note.

When the user enters the **Service Entry** screen the system will display one record and the common data entry section.

Consumer	<input type="text"/>	ID	<input type="text"/>	Facility	<input type="text"/>	ID	<input type="text"/>
Program	<input type="text"/>	ID	<input type="text"/>	Provider	<input type="text"/>	ID	<input type="text"/>
Incident to Provider	<input type="text"/>	ID	<input type="text"/>				
Site	<input type="text"/>	Elapsed Time	<input type="text"/>	Begin Date	<input type="text" value="01/15/2002"/>	Begin Time	<input type="text"/>
Service	<input type="text"/>	Code	<input type="text"/>	Place of Service	<input type="text"/>	Units	<input type="text"/>
Ancillary	<input type="checkbox"/>						

<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
1. <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Provider	<input type="text"/>	ID	<input type="text"/>	Incident to Provider	<input type="text"/>	ID	<input type="text"/>
Site	<input type="text"/>	Elapsed Time	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Begin Date	<input type="text" value="01/15/2002"/>	Begin Time	<input type="text"/>	<input type="checkbox"/>	Range Entry	<input type="text"/>	<input type="text"/>
Service	<input type="text"/>	Code	<input type="text"/>	<input type="text"/>	Place of Service	<input type="text"/>	<input type="text"/>
Units	<input type="text"/>	<input type="checkbox"/>	Ancillary				

Type the required information in the blue fields and any other optional information in the remaining fields. When all information has been entered, click the **Add** button.



If no errors were located in the entry the system will add the service to the consumer record allowing it to be billed to Payor sources. Users may then have the option to add a Progress Note that will be attached to this service. Please see the **Progress Notes** documentation for instructions on this process. If a user selected to add the entry with errors they will receive an error message.

Are you sure you wish to add records that contain errors

Click **Yes** if you wish to continue, click **No** to return to a blank record and start over.



Multiple Service Entry

The Multiple Service Entry process allows the user to enter various services for one or more than one consumer, for the same or different service, facility, provider, and/or program on the same data entry screen.

When arriving at the **Service Entry** screen, enter the number of records that you would like to add in the **Number of Records to Enter** field. Users can enter a minimum of one record and a maximum of ninety-nine. Click the **Set Records** button.

Number of records to enter

The system will return the desired number of records.

The screenshot displays two identical rows of data entry fields. Each row starts with an 'Ignore Row' checkbox (labeled '1.' and '2.' respectively) and a series of input fields for 'Auth Number', 'Consumer', 'ID', 'Facility', 'ID', 'Program', and 'ID'. Below these are fields for 'Provider', 'ID', 'Incident to Provider', 'ID', 'Site' (a dropdown menu), and 'Elapsed Time'. The bottom section of each row includes 'Begin Date' (with '01/15/2002' entered), 'Begin Time', 'Range Entry' (checkbox), 'Service', 'Code', 'Place of Service' (dropdown), 'Units', and 'Ancillary' (checkbox).

Enter the information that is common for all entries in the common data entry section and click the **Set Data** button.

The user can add additional common elements to the fields by entering them in the common data entry section and clicking on the **Set Data** button again.

Enter the uncommon data that is specific to the various records on the screen and click the **Add** button to add the records to the system.



If the entry was successful the user may be asked to enter a Progress Note. Please see the Progress Note documentation to do this.

Batch Service Entry

The Batch Service Entry process allows the user to enter several incidents of the same service for a single consumer over a given time range. This method is useful for services provided on a weekly or daily basis. Users can enter the service on a time span calendar when in the Batch Entry mode and submit all records for a week or more at one time.

When arriving at the **Service Entry** screen, click the **Batch Entry** button at the top of the screen.



The **Batch Entry** screen will display. Services can be entered here on the calendar format. The calendar will list a month with weekends color-coded in gray. The encounter information fields will also appear.

The screenshot shows the Batch Entry interface. At the top, there are dropdown menus for 'Batch Month' (set to January) and 'Batch Year' (set to 2002). Below these is a 'Set Dates' button. The main area is a calendar grid for January 2002, with dates from 1/1/02 to 1/15/02. Each date has a small input field containing the number '0'. The weekend days (Sat 1/5/02, Sun 1/6/02, Sat 1/12/02, Sun 1/13/02) are highlighted in gray. Below the calendar is a 'Set Day Values' button and an unchecked checkbox labeled 'Exclude Weekends'. At the bottom, there are several data entry fields: 'Ignore Row' (checkbox), 'Auth Number', 'Consumer ID', 'Facility ID', 'Program ID', 'Provider ID', 'Incident to Provider ID', 'Site' (dropdown), 'Elapsed Time', 'Begin Time', 'Service Code', 'Place of Service' (dropdown), and 'Ancillary' (checkbox).

Select the month and year that you prefer and click on the **Set Dates** button. The dates pertaining to the month you selected will display.

This screenshot shows the same Batch Entry interface but with the 'Batch Month' dropdown set to 'December' and the 'Batch Year' dropdown set to '2001'. A mouse cursor is clicking on the 'Set Dates' button.

Enter the number of units in the date field(s) when the service was performed. If the number of units is the same for every day, enter the unit value in the Set Day Values field and click the **Set Day Values** button.

The system will automatically enter the number of units in each date field if the Set Day Values feature was utilized.

Highlighting the data in the field and selecting the **Delete** button on the keyboard can delete any day value. Click on the **Exclude Weekends** checkbox if you want to prevent units from displaying within all weekend dates.

Enter service data in the fields in the lower section of the screen. Be certain to enter the required fields or the system will not save the record. Required fields include Consumer Name/ID, Provider Name/ID, Facility Name/ID, Program Name/ID, and Service/Code.

Click the **Add** button to save the data to the system.



The service and the number of units will be entered for each day selected on the calendar for the given consumer.

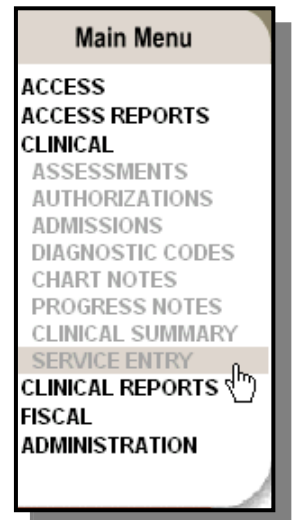
If the entry was successful the user may be asked to enter a Progress Note. Please see the Progress Note documentation to do this.



Edit Services

The **Edit Services** screen is where users can edit or delete any unbilled service previously entered through the **Service Entry** or **Group Service Entry** screen. Only services that have not been billed can be updated or deleted through this functionality. To amend a service record that has already been billed requires voiding and recreating the bill, which is outlined in another part of the Fiscal Manual.

Begin by selecting **Service Entry** from the **Clinical** section of the Main Menu.



Select the **Edit Services** tab. The system will display the Edit Services fields on the screen.

The screenshot shows the 'EDIT SERVICES' tab selected in a navigation bar. Below the tabs is a form with the following fields:

Consumer	<input type="text"/>	ID	<input type="text"/>	Facility	<input type="text"/>	ID	<input type="text"/>
Program	<input type="text"/>	ID	<input type="text"/>	Service	<input type="text"/>	Code	<input type="text"/>
Begin Date	<input type="text"/>	End Date	<input type="text"/>	Provider	<input type="text"/>	ID	<input type="text"/>

Enter the preferred search criteria to locate the service(s) that require updating by using lookup features common to all of ShareCare. Users can enter as many or as few criteria as needed to locate the specific service(s) to be edited.

Consumer	<input type="text"/>	ID	<input type="text"/>	Facility	<input type="text"/>	ID	<input type="text"/>
Program	<input type="text"/>	ID	<input type="text"/>	Service	<input type="text"/>	Code	<input type="text"/>
Begin Date	<input type="text"/>	End Date	<input type="text"/>	Provider	<input type="text"/>	ID	<input type="text"/>

When all search criteria is entered, click the **Search** button.



Once the **Search** button is selected, all entered services matching the search criteria and that have not been billed will display.

2 records found										
	Number	Consumer	ID	Facility	ID	Program	ID	Service	Code	Date
<input type="button" value="Edit"/>	402	Donna Coates	140	Allen Arbor Branch Facility	41	Depression Program	36	Individual Therapy	201	01/15/2002 10:00 AM
<input type="button" value="Edit"/>	403	Donna Coates	140	Allen Arbor Branch Facility	41	Depression Program	36	Group Therapy	101	01/16/2002 9:00 AM

From this point users can update or delete services by clicking on the **Edit** button next to the desired service.



The encounter information fields will display on the screen for the selected service.

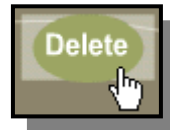
Auth Number	Consumer	ID	Facility	ID	Program	ID	
<input type="text" value="40"/>	<input type="text" value="Donna Coates"/>	<input type="text" value="140"/>	<input type="text" value="Allen Arbor Branch"/>	<input type="text" value="41"/>	<input type="text" value="Depression Progr"/>	<input type="text" value="36"/>	
Provider	ID	Incident to Provider	ID	Site	Elapsed Time		
<input type="text" value="Bill Blackwell"/>	<input type="text" value="141"/>	<input type="text"/>	<input type="text" value="0"/>	<input type="text"/>	<input type="text" value="0"/>		
Begin Date	Begin Time	Service	Code	Place of Service	Units	Ancillary	Service Charge
<input type="text" value="01/15/2002"/>	<input type="text" value="10:00 AM"/>	<input type="text" value="Individual Therapy"/>	<input type="text" value="201"/>	<input type="text"/>	<input type="text" value="1"/>	<input type="text" value="No"/>	



To update the service information, highlight the incorrect data and type the correct information. Click the **Update** button when all changes have been made. After the amended record is returned click the **Close** button.



To delete the service information, click the **Delete** button. The service will be deleted from the database and the user will be returned to the list of services located in the initial search.



Any further searches for a deleted record will prompt the display, No Records Found.



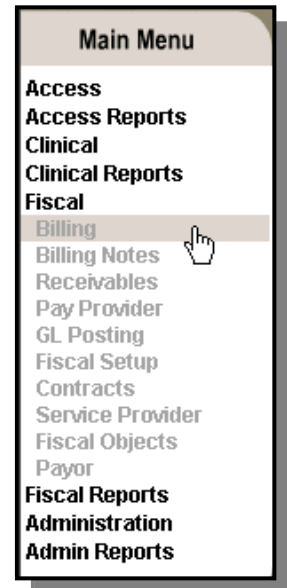
Should I print out Service Entry changes?

Users should utilize the print functionality on the Edit Services screen if they want to keep a history of changes performed. ShareCare does not store the history of changes made to service entry records. It stores only the most recent record. System Administrators should carefully assign the access to this screen to avoid potential problems.

Billing

The billing cycle in ShareCare begins with a service entry and finishes when a bill has been printed. In between these functions are the service selection, where users determine the services to bill; billing calculations, which determine the outcome of the billing process; billing run review, in which users can review other areas of the system to confirm that the billing run was complete; and billing run acceptance, where the billing run can either be committed permanently or deleted. These steps of the billing cycle are explained in detail in this portion of the manual.

Begin by selecting **Billing** from the **Fiscal** section of the Main Menu.



The system will display the **Billing** tab and other associated tabs.

The screenshot shows the 'BILLING' tab selected in a navigation bar. The main area contains a form with the following fields and options:

- System Of Care:** Mental Health (MH)
- Begin Date:** 10/01/2002
- End Date:** 10/4/2002
- Consumer Last Name:** [Text Field]
- Consumer ID:** [Text Field]
- Guarantor Last Name:** [Text Field]
- Guarantor ID:** [Text Field]
- Organization Name:** [Text Field]
- Organization ID:** [Text Field]
- Facility Name:** [Text Field]
- Facility ID:** [Text Field]
- Program Name:** [Text Field]
- Program ID:** [Text Field]
- Payor Group:** [Text Field]
- Payor Group ID:** [Text Field]
- Payor Plan Name:** [Text Field]
- Payor Plan ID:** [Text Field]
- Provider Last Name:** [Text Field]
- Provider ID:** [Text Field]
- Billing Status Report Only (No Invoices Created):**
 - Show All Services
 - Show Unbillable Services ONLY
 - Show Billable Services ONLY
- Include Exclusion STOP Rules
- Group by External Authorization Number
- Automatic/Batch Billing:**
 - Billing Run Name: [Text Field]
 - Share of Cost Billing Report Only (No Invoices Created)



Billing Status Report

The Billing Status Report must be run/created to review all services that are applicable to the billing criteria selected. By running the report, users can view those services that contain errors that will prevent the service from being billed and also see the services that are accurate and billable. After the report is viewed, the decision can be made to either proceed with the billing run, in which case the services that contain errors will not be billed, or to correct the errors within other areas of the system and return to the **Billing** screen at a later time to proceed with billing once all errors have been addressed.

To run the Billing Status Report (BSR), check the box next to Billing Status Report Only (No Invoices Created).

<input checked="" type="radio"/> Billing Status Report Only (No Invoices Created)	
<input checked="" type="radio"/> Show All Services	
<input type="radio"/> Show Unbillable Services ONLY	<input checked="" type="checkbox"/> Include Exclusion STOP Rules
<input type="radio"/> Show Billable Services ONLY	

Select the criteria for which you would like to filter the report. The report can be specified to list all services, only billable services or only un-billable services as well as any that have been excluded from being billed due to Exclusion Stop Rules.

Identify the services that are to be viewed. The services can be filtered/viewed for a specific Consumer, Guarantor, Organization, Facility, Program, Payor group, Payor plan or Provider. Enter the date range in which the services should be billed.

System Of Care	Mental Health (MH)	End Date:	10/4/2002
Begin Date:	10/01/2002		
Consumer Last Name	<input type="text"/>	Consumer ID	<input type="text"/>
Guarantor Last Name	<input type="text"/>	Guarantor ID	<input type="text"/>
Organization Name	<input type="text"/>	Organization ID	<input type="text"/>
Facility Name	<input type="text"/>	Facility ID	<input type="text"/>
Program Name	<input type="text"/>	Program ID	<input type="text"/>
Payor Group	<input type="text"/>	Payor Group ID	<input type="text"/>
Payor Plan Name	<input type="text"/>	Payor Plan ID	<input type="text"/>
Provider Last Name	<input type="text"/>	Provider ID	<input type="text"/>



Services can be filtered by date range alone. The system does not require any other criteria. It is important to mention that the fewer criterions that are entered the longer the system will take to run the report.

When all criteria have been selected, click the **Process** button to view the report.



The system will inform the user that it is processing the request. It may take a few minutes to generate the report based on the selected criteria. The system will inform the user of what it found.

You currently have billing job(s) pending

Job ID	Job Status	Job Type	Services Associated	Begin Date/Time	Elapsed Exec
1	Ready To View	Billing Status Report	75	1/17/2002 3:56 PM	0h 0m

Click the **View** button to see the Billing Status Report.

Share Care will display the report.

Billing Status Report

Search Criteria:

Consumer: Coates, Donna [140] **End Date:** 11/10/2001
Begin Date: 11/1/2001
Show: Billable + Unbillable Services
Generated By: Corrie Barron **Generated On:** 1/17/2002 4:12 PM

68 Records Total
Records 1 - 50 Shown
[First 50](#) [Last 50](#) [Next 50](#)

Admission ID Program User

Consumer Service ID	Service Date	Consumer	Guarantor	Payor	Facility	Provider	Service Code	Procedure Code	Total Charge	Warnings	Status
411	Dec 8 2001 9:00AM	Coates, Donna [140]	Coates, Donna [70]	Master Insurance Plan [47]	Allen Arbor Branch Facility [41]	Blackwell, Bill [141]	Individual Therapy [201]	[Default] Ind. Therapy Adult 20-30 min [10180]	\$600.00	<input checked="" type="checkbox"/>	Billable Service





Why is it taking so long to generate the report?

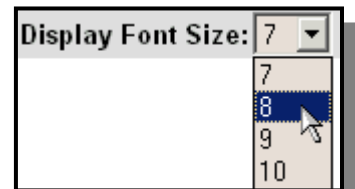
If someone else on the system attempted to run billing or to generate a Billing Status Report just before or simultaneously as you, and his or her job has not completed, it may take some time for the Billing Status Report to generate. The system will perform each billing run or status report in the order in which they are submitted.

For each service, data pertaining to the column headers may be listed: Consumer Service ID, Service Date, Consumer, Guarantor, Payor, Facility, Provider, Service Code, Procedure Code, Total Charge, Warning, Status, Admission ID, Program and/or User. The default for the columns displayed in the report is based on the last billing run. However, users can select which elements they want to appear or remove on the current report by putting/removing a checkmark next to the corresponding column headings and then clicking the **Show Fields** button.

Admission ID		Program			User		Show Fields				
<input type="checkbox"/>		<input type="checkbox"/>			<input checked="" type="checkbox"/>						
Consumer Service ID	Service Date	Consumer	Guarantor	Payor	Facility	Provider	Service Code	Procedure Code	Total Charge	Warnings	Status
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
411	Dec 8 2001 9:00AM	Coates, Donna [140]	Coates, Donna [70]	Master Insurance Plan [47]	Allen Arbor Branch Facility [41]	Blackwell, Bill [141]	Individual Therapy [201]	[Default] Ind. Therapy Adult 20-30 min [10180]	\$600.00		Billable Service

Sort the data under each heading by clicking on the corresponding blue hyperlink. Clicking on it the first time will display the information in ascending order. Clicking it again will display the information in descending order.

The font of the report can be changed to display more or less information on the screen or to make the report easier to read. To change the font simply select a value from the Display Font Size dropdown and the system will apply the font to the screen.



After all services are reviewed, users may delete the report and return to other screens in the system to resolve the errors that were detailed on the report before performing billing or they can choose to proceed with billing. Any services marked as un-billable will remain un-billable until the errors that they contain are rectified and billing of the services is re-performed.

Click the **Delete** button. This will close the report and return the user to the initial Billing screen.

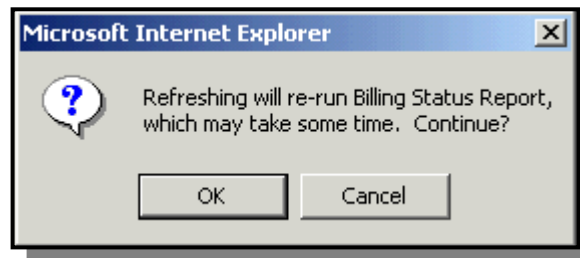


Until a Billing Status Report is deleted, it will always appear when the **Billing** screen is accessed. The same version of the report that was originally displayed will be listed. The report will not be updated with changes that have occurred in the system.

To refresh the report's data, click the **View** button to open the report. Click the **Refresh** button to view the changes in the report.



Refreshing the screen will cause the billing process to re-run and to re-process all of the services that were listed on the initial report. The system will warn the user of this and will indicate that this process may take some time. Users may choose to continue by clicking on **Ok** or cancel the refresh by clicking the **Cancel** button.



Once the report is refreshed, those services that previously contained errors that have since been rectified will appear as billable.

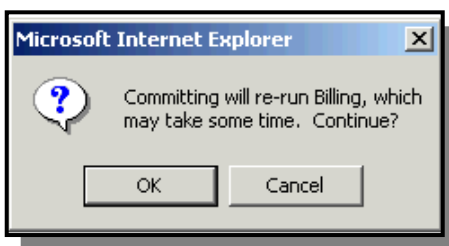
Billing Run Creation

The second step of the Billing process in ShareCare is to create a Billing Run. You will use the Billing Status Report to do this. Doing this will save time as you will not have to remember what criteria you had selected or print out the Billing Status Report. The broader the search criteria entered in the Billing Status Report, the more records are going to be processed and the longer billing will take. Because large billing runs may affect the performance speed of the system, users may wish to perform billing after hours or only on designated days/times.

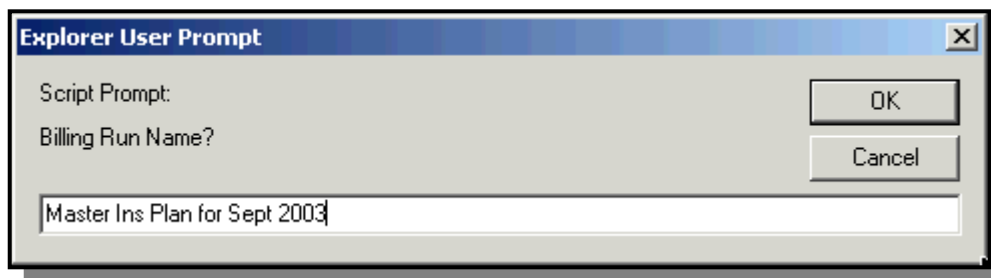
After you have looked at the Billing Status Report and are ready to create the Billing Run, click the **Commit** button.



The system will display a pop up box asking the user if they are sure they want to Commit this run. Click **Ok** to process the run, click **Cancel** to return to the Billing Status Report.



Enter the name of the Billing Run in the Explorer User Prompt box that displays on the screen. Click **Ok** to process the Run.



How do I name a billing run?

Naming a billing run "Master Ins Plan Jan 2001" or "Donna Coates Dec 2001" provides an easy way to discern what the run contains. For example, "Donna Coates Dec 2001" contains bills for that consumer during the specified month. "Allen Arbor Facility Medicaid June 2001" would contain bills for all consumers that received services at the Allen Arbor Facility during the month of June and have Medicaid Insurance.

The system will inform the user that it is processing the request. It may take a few minutes to generate the report based on the selected criteria. The system will inform the user of what it found.

You currently have billing job(s) pending

Job ID	Job Status	Job Type	Services Associated	Begin Date/Time	Elapsed Execution Time
52	Billing Complete	Automatic/Batch Billing	5	09/30/2003 11:34 AM	0h 1m

As the billing calculations are completed, the system creates a transaction for each service, noting all charges, expected to pay amounts and adjustments. The system will group all applicable transactions together into an invoice. Separate invoices will be created for those services provided to different consumers, rendered at different facilities, billed to different payor sources, and containing different external or "other" authorization numbers. Therefore, depending on a consumer's coverage and treatment, various invoices for each consumer could be generated during a single billing run. These invoices are utilized during the Batch Bill Print function when bills and claims can be printed and/or electronically generated for submission to payor plans. The invoices indicate the services and related charges that should be included on each bill or claim.

Click the **View** button to proceed to the next step.



Share Care displays information regarding the status of the recently created run.

TRIAL Billing Run: JSmith Jan 2002 [26] Completed.

Invoice(s) Created: #24

In order to finish the billing process, click on the link below to review the results of your billing run.
You will not be able to continue processing these invoices until this run is committed.

[\[Billing Run\]](#)

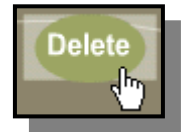
There were 0 service(s) matching the search criteria that were not billed.

Notice the Invoice(s) that have been created. At this stage this run has not been committed. It can be deleted and the associated services will go back into the pool of un-billed services.

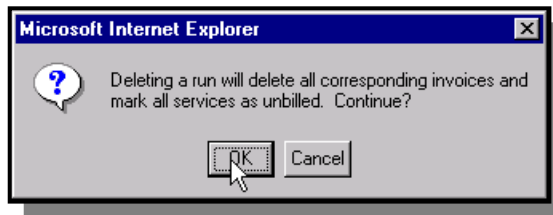
To continue with the billing process and commit this billing run, click on the **Billing Run** hyperlink.



Users can delete a billing run by clicking on the **Delete** button.



A warning message will display, asking the user to confirm that they wish to delete the run and return all related services to their pre-billed status.

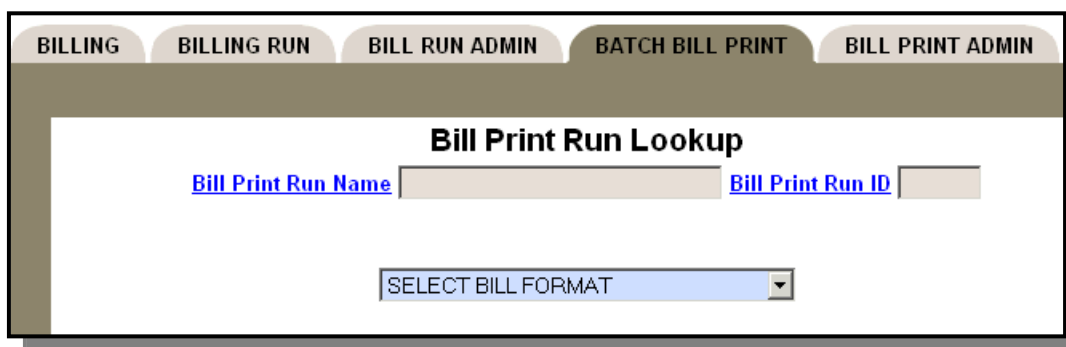


Bill Printing

After a billing run is completed and committed, users can go to the **Batch Bill Printing** screen to generate bills and claims that can be submitted to payors for payment.

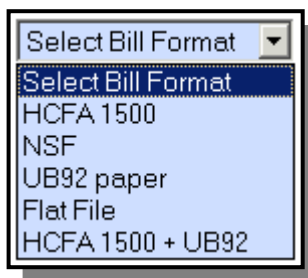
Printing bills in ShareCare is a separate function from entering services and billing calculations. By separating the bill print process, users can run billing calculations more frequently to check for errors and correct them before actually printing the bills and claims. Bill Printing in ShareCare refers to both hardcopy and electronic formats. ShareCare accommodates the following formats: Flat Files, UB-92's, HCFA 1500's and 837P along with various state specific formats.

To begin the process of printing bills, select the **Batch Bill Print** tab.



The screenshot shows a web application interface with five tabs: BILLING, BILLING RUN, BILL RUN ADMIN, BATCH BILL PRINT (selected), and BILL PRINT ADMIN. Below the tabs is a section titled "Bill Print Run Lookup" containing two input fields: "Bill Print Run Name" and "Bill Print Run ID". Below these fields is a dropdown menu labeled "SELECT BILL FORMAT".

Select the Bill Format that is to be created from the list of options in the **Select Bill Format** list.



The screenshot shows a dropdown menu titled "Select Bill Format" with the following options: Select Bill Format, HCFA 1500, NSF, UB92 paper, Flat File, and HCFA 1500 + UB92.

After the bill format has been selected, click the **Next** button to continue with the printing process.



Share Care will provide the user with a list of search criteria to sort bills for printing.

Bill Format	HCFA 1500	
System of Care	Mental Health (MH)	
Begin Date	09/01/2003	End Date 09/30/2003
Bill Print Run Name	<input type="text"/>	
Consumer Last Name	<input type="text"/>	Consumer ID <input type="text"/>
Guarantor Last Name	<input type="text"/>	Guarantor ID <input type="text"/>
Entity Name	<input type="text"/>	Entity ID <input type="text"/>
Organization Name	<input type="text"/>	Organization ID <input type="text"/>
Facility Name	<input type="text"/>	Facility ID <input type="text"/>
Payor Group	<input type="text"/>	Payor Group ID <input type="text"/>
Payor Plan Name	<input type="text"/>	Payor Plan ID <input type="text"/>
Provider Last Name	<input type="text"/>	Provider ID <input type="text"/>
Billing Run Name	<input type="text"/>	Billing Run ID <input type="text"/>
Include \$0 Charges Resulting From Exclusion Drop Through Rules <input type="checkbox"/>	<input type="radio"/> Show Only Services Where Prior Billable Payors Have Been Billed <input type="radio"/> Show Only Services Where Prior Billable Payors Have Paid <input checked="" type="radio"/> Show All Services	
Payor Ranking <input type="text"/>		

Users can print bills based on a committed billing run name, a particular invoice or for a particular consumer or any other combination of criteria.

Enter a date range and a name for the Batch Bill Print Run in the **Bill Print Run Name** field.



How do I name a Bill Print Run?

Naming a Bill Print Run "Master Ins Plan Jan 2001" or "Donna Coates Dec 2001" provides an easy way to discern what the print run contains. For example, "Donna Coates Dec 2001" contains invoices for that consumer during the specified month. "Allen Arbor Facility Medicaid June 2001" would contain invoices for all consumers that received services at the Allen Arbor Facility during the month of June and have Medicaid Insurance.

Click the **Search** button to proceed to the next step in the printing process.



The system will return the invoices that can be printed based on the selected criteria.

Bill Print Run Name	Master Ins Plan for September	ID	47	
Search Criteria				
Bill Format:	HCFA 1500			
System Of Care:	Mental Health			
Begin Date:	9/1/2003	End Date:	9/30/2003	
Generated By:	Cota, Melissa [mcota]	Generated On:	9/30/2003 2:12 PM	
Summary				
Initial Transaction Count	5	Initial Charges	\$3,000.00	
Dropped Transaction Count	0	Dropped Charges	\$0.00	
Final Transaction Count	5	Final Charges	\$3,000.00	
Facility Count	1	Payor Balance Total	\$2,000.00	
Invoice Count	5	Payor Count	2	
Invoice Number	Consumer	Guarantor	Facility	Total Charge
48	Coates, Donna [144]	Coates, Donna [71]	Allen Arbor Branch Facility [41]	\$600.00
49	Dillon, Greg [148]	Dillon, Greg [76]	Allen Arbor Branch Facility [41]	\$600.00
50	Evergreen, Janice [149]	Evergreen, Janice [77]	Allen Arbor Branch Facility [41]	\$600.00
51	Consumma, Anne [143]	Consumma, Anne [74]	Allen Arbor Branch Facility [41]	\$600.00
52	Franklin, Johnathan [150]	Franklin, Johnathan [78]	Allen Arbor Branch Facility [41]	\$600.00
Bill Print Status Report				
[None]				

Review the information for accuracy. To create the billing format that was selected and to create the Bill Print Status Report click the **Process** button.



The screen will refresh and two hyperlinks will appear at the bottom of the screen, the Bill Print Status Report and Previously Generated Output.

Bill Print Status Report				
[View]	Created By Cota, Melissa [mcota] On 9/30/2003 6:40 AM			
Previously Generated Output				
Name	Comment	Date Created	Transactions	Charges
1064929221539	File Generated	9/30/2003 2:20 PM	5	\$3,000.00



Click on the **View** hyperlink to review the Bill Print Status Report.

Font Size: 9 Pt. ▾

Bill Print Status Report

Search Criteria:

Begin Date: 9/1/2003 **End Date:** 9/29/2003
Generated By: Melissa Cota **Generated On:** 9/30/2003 6:40 AM

Invoices

7 Records Total
Records 1 - 7 Shown

Invoice Number	Consumer	Payor	Facility	Total Charge	Status
48	Coates, Donna [144]	Master Insurance Plan [48]	Allen Arbor Branch Facility [41]	\$600.00	<div style="border: 1px solid gray; padding: 2px;">SELECT AN OPTION ▾</div> <p>Warning- 6 - Patient Relationship to Insured missing</p> <p>Warning- 8 - Patient Status (Marital) missing</p> <p>Warning- 8A - Patient Status (Employment) missing</p> <p>Warning- 9C - Employers Name or School Name missing</p> <p>Warning- 17A - I.D. Number of Referring Physician missing</p> <p>Warning- 18 - Hospitalization Dates Related to Current Services (From) missing</p>

The report will display Warnings and Errors associated with the invoices on the Bill Print Run and with each transaction on the invoice.

When finished reviewing the report, click the **Close** button.

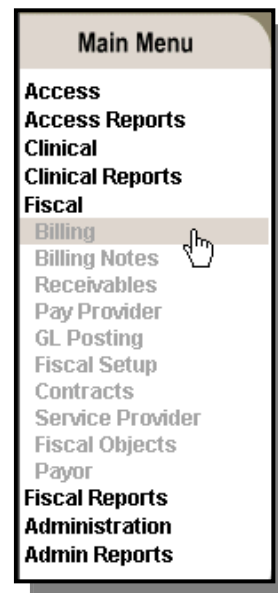


Click on the **Previously Generated Output** hyperlink to look at the billing format that was generated during the Bill Print Run.

User can print or download the output file as needed for each Bill Print Run.

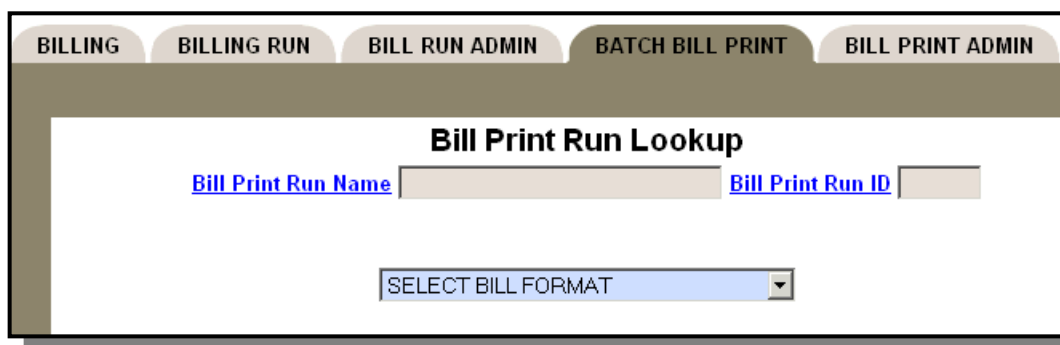
Guarantor Statements

The Guarantor Statement in ShareCare is a easy to use feature that allows an organization to create statements for it's consumers. The Guarantor Statement is used to inform the consumer of what services have been billed to what pay sources, any payments to their account and any outstanding balances. To create a Guarantor Statement in ShareCare you will need to access the Batch Bill Print Functionality.



Begin by selecting **Billing** from the **Fiscal** section of the Main Menu.

Once you have entered the billing area, select the **Batch Bill Print** tab.



Select **Guarantor Statement** from the Bill Format option list and then click the **Next** button at the top of the screen.



The screen will refresh with the search options for generating Guarantor Statements.

Bill Format	Guarantor Statement		
System of Care	Mental Health (MH)	End Date	09/30/2003
Bill Print Run Name	<input type="text"/>		
Consumer Last Name	<input type="text"/>	Consumer ID	<input type="text"/>
Guarantor Last Name	<input type="text"/>	Guarantor ID	<input type="text"/>
Search By	<input checked="" type="radio"/> Entity <input type="radio"/> Organization <input type="radio"/> Facility		
Entity Name	<input type="text"/>	Entity ID	<input type="text"/>

Enter an End Date and a Print Run Name. Users must also select an Entity, Organization, or Facility. Click the **Search** button when all data has been entered.



Why must an end date be entered?

The End Date field represents the Invoice Date that you wish to run Guarantor Statements through, any invoices created after this date will not be included in the Bill Print Run you create.

After you have clicked the **Search** button the Bill Print process will begin and generate a Bill Print Run based on the parameters selected. Once the Bill Print Run is generated, the screen will refresh and provide basic job statistics about the Bill Print Run.

Bill Print Run Name	G Dillon	ID	49	
Search Criteria				
Bill Format:	Guarantor Statement			
System Of Care:	Mental Health			
Consumer:	Dillon, Greg [148]			
Facility:	Allen Arbor Branch Facility [41]			
Begin Date:	N/A	End Date:	9/30/2003	
Generated By:	Cota, Melissa [mcota]	Generated On:	9/30/2003 3:58 PM	
Summary				
Final Transaction Count	20	Final Charges	\$12,000.00	
Facility Count	1	Guarantor Balance Total	\$150.00	
Invoice Count	6	Guarantor Count	1	
Invoice Number	Consumer	Guarantor	Facility	Total Charge
33	Dillon, Greg [148]	Dillon, Greg [76]	Allen Arbor Branch Facility [41]	\$600.00
33	Dillon, Greg [148]	Dillon, Greg [76]	Allen Arbor Branch Facility [41]	\$600.00
37	Dillon, Greg [148]	Dillon, Greg [76]	Allen Arbor Branch Facility [41]	\$600.00



Formatting of the Guarantor Statement can be done at the time the statement(s) are generated. This information relates to the messages that can appear on the Guarantor Statement. Users select whether or not to display print run messages, conditional messages, and global messages on the Guarantor Statement.

Display print run messages
 Suppress print run messages

Display conditional messages
 Suppress conditional messages

Display global messages
 Suppress global messages

Print Run Message:

Global Message:

Click the **Process** button to create a Bill Print Status Report and a test file of the Guarantor Statement(s).



Why should I create a test Guarantor Statement file?

It is strongly recommended that you create a Bill Print Status Report and a test file of the Guarantor Statement before creating a production version of the Guarantor Statement. This will allow you to check for errors and make corrections prior to creating the statement(s).

Click the **Commit** button to commit the Bill Print Run and create a production file of the Guarantor Statement(s).



Selecting to commit will create a production file and the services will be marked as billed.

If the **Process** button was chosen the system will process the Bill Print Run and create the Bill Print Status Report and a test file for the Guarantor Statement(s). When the system is done, the screen will refresh and at the bottom of the screen the Bill Print Status Report file will be listed as well as the test file of the Guarantor Statement(s).

Bill Print Status Report				
[View] Created By Cota, Melissa [mcota] On 9/30/2003 8:33 AM				
Previously Generated Output				
Process	Comment	Date Created	Transactions	Charges
1	Test	9/30/2003 4:12 PM	20	\$12,000.00

To view the Bill Print Status Report click the **View** hyperlink. ShareCare will display the Bill Print Status Report.

Font Size: 9 Pt. ▾

Bill Print Status Report

Search Criteria:

Consumer: Dillon, Greg [148]
Facility: Allen Arbor Branch Facility [41]
Begin Date: N/A **End Date:** 9/29/2003
Generated By: Melissa Cota **Generated On:** 9/30/2003 8:33 AM

Guarantors

1 Record Total
Record 1 - 1 Shown

Guarantor	Status
Dillon, Greg [76]	SELECT AN OPTION ▾ OK

For the Guarantor Statement users do not indicate any required fields in Bill Format Options as with other bill formats. On the Bill Print Status Report for the Guarantor Statement there will be no errors reported, only warnings. The warnings that will be reported will be missing addresses as well as those records in which the checkbox "Suppress Print of Guarantor Statement" is selected on the Guarantor / Billing screen.

Click the **Close** button when finished reviewing the report.



To view the test file of the Guarantor Statement(s) generated select the hyperlink under the Previously Generated Output area of the screen. The actual number or letter combination for the name of the hyperlink is generated by ShareCare and will change with each run.

A new window will open up in Actuate and the Guarantor Statement(s) just generated will display.

Statement of Account Allen Arbor Branch Facility				
		Statement Date:	09/30/2003	
		Statement Period:	01/10/2003 - 09/30/2003	
		Total Guarantor Balance:	\$150.00	
		Minimum Amount Due:	\$150.00	
		Due Date:	10/30/2003	
Dillon, Greg [76] 22021 Candace ROCKWOOD, MI 48173				
<i>The Ability to Pay amount is based on the services reflected on this statement. You may have additional Ability to Pay amounts that could apply in the future.</i>				
Unapplied Payments				
08/29/2003	Greg Dillon	Allen Arbor Branch Facility	Cash	\$15.00
Total Unapplied Payments:				\$15.00
<i>Unapplied payments listed are not reflected in the total guarantor balance because they have not been applied to services.</i>				
			Charges	Payments/ Adjustments
Statement Balance Forward			\$0.00	
Consumer Name: Dillon, Greg [148]				
Facility Name: Allen Arbor Branch Facility				
Current Activity				
<i>Group Therapy [101]</i>			01/10/2003	\$600.00
Master Insurance Plan	6/25/2003	Payment		\$350.00
Master Insurance Plan	6/25/2003	Adjustment: Contract		\$200.00

When finished viewing the test file of the Guarantor Statement(s) return to the ShareCare window users can either create a new test file from the same Bill Print Run or commit the test file to a production file.

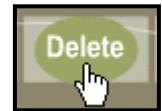
To create a new version of the test file based on the same Bill Print Run, then return to the Batch Bill Print screen and select the **Process** button again. The system will process and create a new Bill Print Status Report and a new test file. Each version of the test file will be listed at the bottom of the Batch Bill Print Screen until the user deletes the Bill Print Run.

Bill Print Status Report				
[View] Created By Cota, Melissa [mcota] On 9/30/2003 8:48 AM				
Previously Generated Output				
Process	Comment	Date Created	Transactions	Charges
2	Test	9/30/2003 4:28 PM	20	\$12,000.00
1	Test	9/30/2003 4:12 PM	20	\$12,000.00

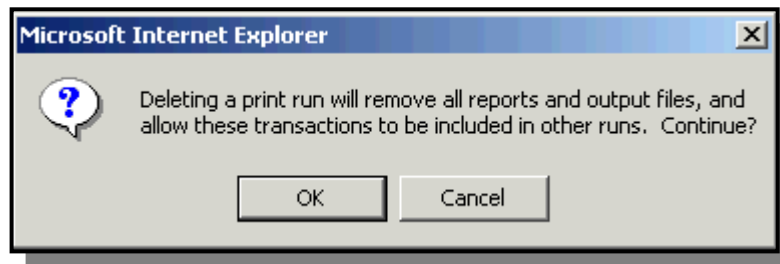


Users can continue to create new versions of a test file as many times as necessary. If different parameters and a new Bill Print Run for the generation of the Guarantor Statement is desired users must delete all Bill Print Runs first because records can only be part of one Guarantor Statement Bill Print Run. If you run a Guarantor Statement Bill Print Run and another user wants to run a Guarantor Statement Bill Print Run with overlapping guarantors, the system will prevent this from happening. Once a guarantor's information is part of a Bill Print Run it is locked with that Bill Print Run until the run is deleted or committed as production file.

Select the **Delete** button at the top of the screen to delete the files.



When deleting the Bill Print Run, the system will display a confirmation message to verify that the run should be deleted. Click the **OK** button to delete the run, click the **Cancel** button to return to the screen



If the user leaves the **Batch Bill Print** screen, returns later, and still has an outstanding Guarantor Statement Bill Print Run that has not been deleted previously or committed into a production run, the system will display the following screen and message.

Bill Print Run Lookup

[Bill Print Run Name](#)
[Bill Print Run ID](#)

Other users are currently executing Printing Jobs. This may adversely affect performance. Please complete the following Guarantor Statement Bill Print Run(s) before starting new ones:

Bill Print Run	Date
G Dillon	9/30/2003 8:48 AM

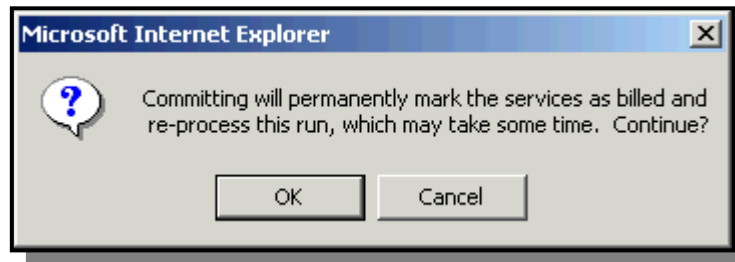
Select the Bill Print Run hyperlink to open up the Bill Print Run job statistics screen. To rerun the Guarantor Statement file using this Bill Print Run then select the **Process** button and create another version of the test file. To enter in new search parameters and create a new Bill Print Run for the Guarantor Statement(s) then select the **Delete** button to delete the Bill Print Run.



To create a production file, select the **Commit** button at the top of the **Batch Bill Print** screen.



The system will ask the user if they are sure they want to commit the run.



To commit the Bill Print Run to a production run click the **Ok** button. Click the **Cancel** button to return to the previous screen.

Users will have to reset any message settings and retype any print run messages that were made on the test file before committing the Bill Print Run to a production file. The system does not save these settings.

The system will create a new file from the test file that will be marked as a production file. All the services, payments, and adjustments that are included on the Guarantor Statements in a production file will be marked as billed in the system.

Bill Print Status Report				
[View] Created By Cota, Melissa [mcota] On 9/30/2003 9:04 AM				
Previously Generated Output				
Process	Comment	Date Created	Transactions	Charges
3	Production	9/30/2003 4:43 PM	20	\$12,000.00
2	Test	9/30/2003 4:28 PM	20	\$12,000.00
1	Test	9/30/2003 4:12 PM	20	\$12,000.00

When the screen refreshes select the hyperlink for the name of the production file. A new Actuate window will open with the guarantor statement(s) that can now be printed and distributed to Guarantors.

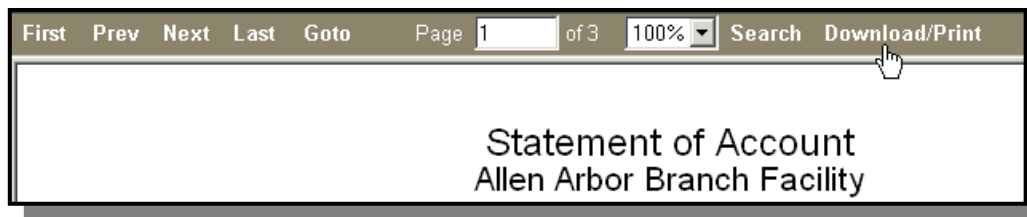


Should I save a copy of the Guarantor Statement file?

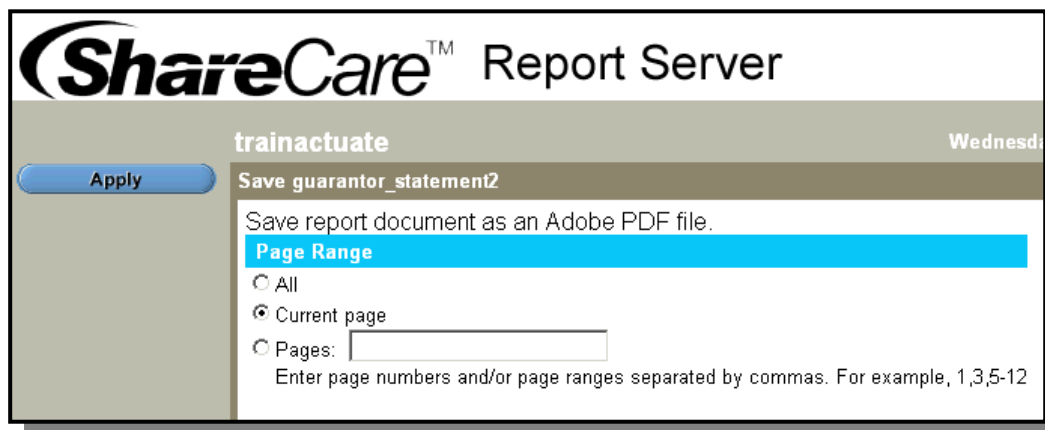
It is strongly recommended that you save a copy of the Actuate file to your system's hard drive. This is the best way to guarantee an exact copy of the guarantor statement for future reference.



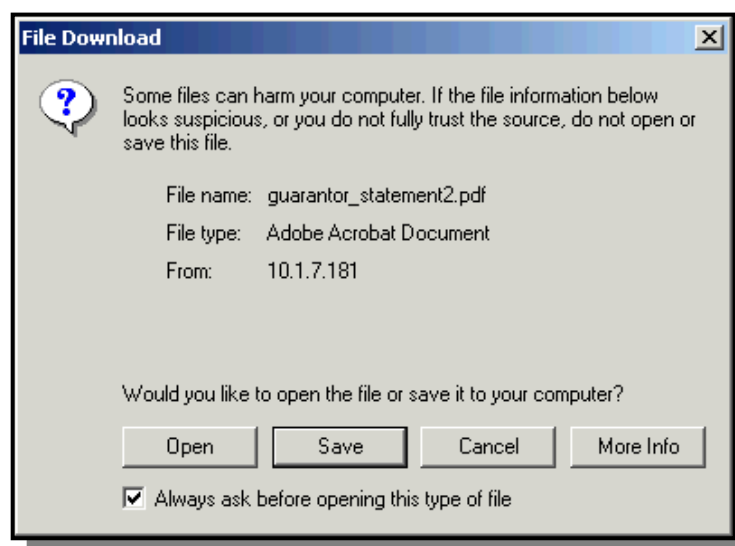
To print the file select the **Download/Print** button at the top of the **Actuate** screen.



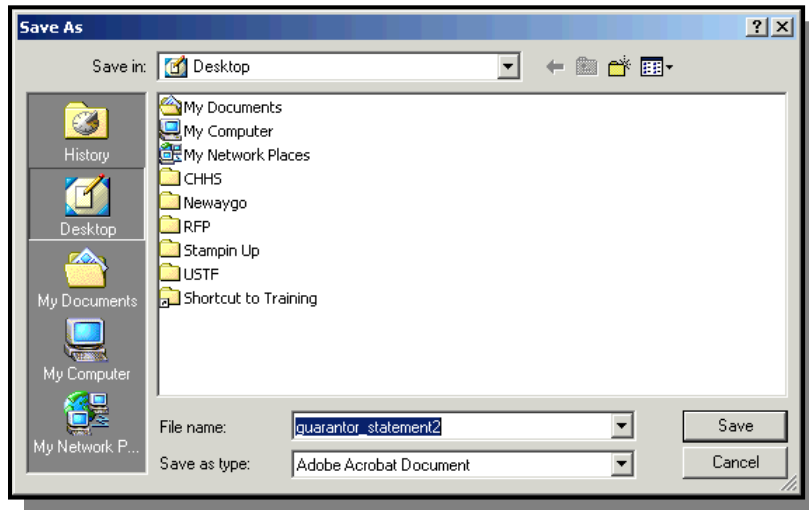
A new window will open in Actuate. Select the **All** radio button to save the entire file and then click the **Apply** button on the left hand side of the screen.



A File Download window will open, click the **Save** button



Select the folder/location to use to save the Guarantor Statement(s) and enter in a meaningful file name so you can locate the statements at a future date. The file will then be saved to the hard drive/disk as a PDF file. You can now print the Guarantor Statement(s) from the file saved on the hard drive/disk. Click the **Save** button to complete the process.



Close the remaining open Actuate windows to return to the ShareCare system to process additional Guarantor Statements.



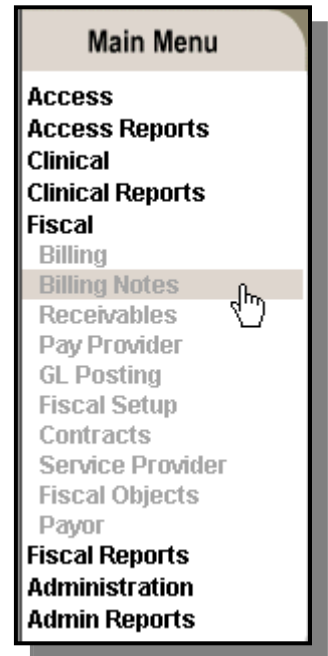
Can I change the Guarantor Statement settings?

If this is the first time a production run of guarantor statement(s) for any entity, organization, and/or facility has been completed, users will no longer be able to change any of the "Bill Services on the Guarantor Statement at the x level" settings made on the Entity, Organization, or Facility screens.

Billing Notes

The **Billing Note** screen allows users to enter billing-related notes for consumers and associate them with guarantors, payor sources and invoices. After the notes have been created users can view them and/or copy them as needed from the **Billing Notes History** screen.

Begin by selecting **Billing Notes** from the **Fiscal** section of the Main Menu.



The system displays the fields associated with the creation of a new Billing Note.

The screenshot shows the 'BILLING NOTE...' form with the following fields and values:

- Consumer Last Name:** [Empty]
- User Logon:** echocsm
- Note Date:** 10/04/2002
- Guarantor Last Name:** [Empty]
- Payor Plan:** [Empty]
- Facility Name:** [Empty]
- Program Name:** [Empty]
- Invoice Number:** [Empty]
- Note Type:** Consumer *
- Consumer ID:** [Empty]
- User ID:** 113
- Note Time:** 7:50 am
- Guarantor ID:** [Empty]
- Payor Plan ID:** [Empty]
- Facility ID:** [Empty]
- Program ID:** [Empty]
- Invoice Date:** [Empty]
- Note Text:** [Rich text editor with toolbar]
- Action:** SELECT AN OPTION *
- Follow-Up Date:** [Empty]



Users may now utilize the various lookup fields to identify the note's reference points. Enter data in the desired fields. Users can create a note that references few or many pieces of data elements. Utilizing the fields available the user can indicate that a note is based on communications with a payor plan per a specific invoice, that is based on information received from a guarantor or that which is based on basic consumer information.

After the initial data for a note is entered users can input the specific note within the **Note Text** field. Users are able to format the information entered in this field using the word processing buttons available at the top of the text box. They may also use tokens to quickly input common text such as the consumer's first name, last name, date of birth and Social Security Number.

If further action is needed for a note that action can be specified in the **Action** field. A date when the note requires follow-up can be entered in the **Follow-Up Date** field. All notes that are assigned a follow-up date will be listed on the Fiscal home page on the follow-up date.

Once all data is entered users can select the **Add** button to save the note.



Billing Notes History

After billing notes have been entered they can be viewed on the **Billing Notes History** screen. To access the **Billing Notes History** screen simply select the **Billing Notes History** tab. The screen will open and various lookup fields will be available. Data can be selected using these fields to narrow the search that is initiated for the desired notes.

BILLING NOTES		BILLING NOTE HISTORY	
Lookup			
Consumer Last Name	<input type="text"/>	Consumer ID	<input type="text"/>
Note Date	<input type="text"/>	Note Time	<input type="text"/>
Guarantor Last Name	<input type="text"/>	Guarantor ID	<input type="text"/>
Payor Plan	<input type="text"/>	Payor Plan ID	<input type="text"/>
Facility Name	<input type="text"/>	Facility ID	<input type="text"/>
Program Name	<input type="text"/>	Program ID	<input type="text"/>
Invoice Number	<input type="text"/>	Invoice Date	<input type="text"/>
Note Type	SELECT AN OPTION ▼ *		
Action	SELECT AN OPTION ▼ *		
Follow-Up Date	<input type="text"/>		

To search for a note simply select data from the lookup fields as needed and input data in the Note Date, Note Time, Note Type, Action, and Follow-Up Date fields as desired.

When finished, click on the **Search** button.



ShareCare will search for and locate the billing notes that have been entered that match the search criteria selected. The records that match the criteria will be listed at the bottom of the screen when the search is complete.

Consumer Last Name	<input type="text" value="Coates"/>	Consumer ID	<input type="text" value="144"/>
Note Date	<input type="text"/>	Note Time	<input type="text"/>
Guarantor Last Name	<input type="text"/>	Guarantor ID	<input type="text"/>
Payor Plan	<input type="text"/>	Payor Plan ID	<input type="text"/>
Facility Name	<input type="text"/>	Facility ID	<input type="text"/>
Program Name	<input type="text"/>	Program ID	<input type="text"/>
Invoice Number	<input type="text"/>	Invoice Date	<input type="text"/>
Note Type	SELECT AN OPTION * ▼		
Action	SELECT AN OPTION * ▼		
Follow-Up Date	<input type="text"/>		

Search Results

Consumer	ID	Note Date	Facility	Program	Invoice	Note Type	Action	Follow-Up Date
Coates	144	10/04/2002 8:06 am				Consumer	Made Phone Call	10/08/2002

Users can review the details of the notes that are returned. The notes can be sorted by each column that is listed. To sort by a specific column simply click the desired column hyperlink.

If users would like to view additional data about a note they may click on the hyperlink for a specific note. The billing note will open and users can read the data entered for the note. They may also print the note as needed.



Copying a Note

Because of the sensitive nature of information entered for a billing note, users are not able to edit a billing note that has been saved. However, users may add to the note or update data entered in it by copying it.

To copy a note click on the **Copy** button.



Once the **Copy** button has been selected Share Care will create a temporary copy of the selected note. The user will be able to enter additional data per the note as needed. Once all new data has been entered for the note click the **Add** button to save the new note. Users will be able to view the previous version of the note as well as the new note independently of one another.

Void Invoices

Within Share Care users are able to void and re-create invoices. This functionality allows organizations to update consumer records to resolve issues for services that may have resulted in erroneous invoices and re-submit invoices containing more accurate information. Once accurate data has been entered into the system, users can void invoices that contain the bad data and re-create them in one step.

Begin by selecting **Billing** from the **Fiscal** section of the Main Menu.



Select the **Void Invoice** tab from the available **Billing** tabs

The image shows a software interface with a tabbed menu at the top. The 'VOID INVOICE' tab is selected and highlighted with a mouse cursor. Below the tabs is a form with the following fields:

- Void Status:** Radio buttons for All (selected), Original, Voided, and Re-Created.
- Invoice Number:** Text input field.
- Invoice Date:** Text input field.
- System Of Care:** Text input field containing 'Mental Health (MH)'. Below it are two more empty text input fields.
- Consumer Last Name:** Text input field.
- Consumer ID:** Text input field.
- Guarantor Last Name:** Text input field.
- Guarantor ID:** Text input field.
- From Date:** Text input field.
- To Date:** Text input field.



Once on the **Void Invoices** screen users must indicate if they prefer to pull up a list of all, original, voided, or re-created invoices.

Void Status All Original Voided Re-Created

Next users can enter additional search criteria to narrow their search such as invoice number, consumer name, guarantor and date range.

Invoice Number	<input type="text"/>	Invoice Date	<input type="text"/>
Consumer Last Name	<input type="text"/>	Consumer ID	<input type="text"/>
Guarantor Last Name	<input type="text"/>	Guarantor ID	<input type="text"/>
From Date	<input type="text"/>	To Date	<input type="text"/>

After all search criteria is entered click the **Search** button. All applicable records will be displayed on the screen. The system will indicate if any of the records cannot be voided. For each invoice that cannot be voided, an error message will be given to explain the issue.

Void Invoice - Invoice List					
Invoice Number	Invoice Date	Guarantor	Consumer	Void Invoice	Re-Create Invoice
X103	3/1/2001	Jessica Aarons - 69	Sam Roberts - 284	Voided	*** Cannot be Re-Created
X104	3/1/2001	Julie JK-Jones - 129	Julie JK-Jones - 221	Voided	*** Cannot be Re-Created
X105	3/1/2001	Julie JK-Jones - 129	Julie JK-Jones - 221	Voided	*** Cannot be Re-Created
X112	3/2/2001	Julie JK-Jones - 129	Julie JK-Jones - 221	Voided	*** Cannot be Re-Created
X115	3/6/2001	Julie JK-Jones - 129	Julie JK-Jones - 221	Voided	Re-Create
116	3/2/2001	Jo JK-Martin - 132	Jo JK-Martin - 231	Void	Void + Re-Create
117	3/2/2001	Jo JK-Martin - 132	Jo JK-Martin - 231	Void	Void + Re-Create
X118	3/2/2001	Jo JK-Martin - 132	Jo JK-Martin - 231	Voided	Re-Create
X119	3/2/2001	Jo JK-Martin - 132	Jo JK-Martin - 231	Voided	*** Cannot be Re-Created
X120	3/2/2001	Jason Abbot - 150	Jason Abbot - 219	Voided	*** Cannot be Re-Created
X121	3/2/2001	Jo JK-Martin - 132	Jo JK-Martin - 231	Voided	*** Cannot be Re-Created
X122	3/2/2001	Jo JK-Martin - 132	Jo JK-Martin - 231	Voided	*** Cannot be Re-Created
125	3/6/2001	JK-Jerry JK-Smith - 168	JK-Jerry JK-Smith - 291	Void	Void + Re-Create
126	3/6/2001	JK-Jerry JK-Smith - 168	JK-Jerry JK-Smith - 291	* Cannot be Voided	

From the list of records users can select the invoice of their choice and either void it or void and re-create it by clicking on the appropriate hyperlink.

The system will perform the requested action. All invoices that have been voided and/or re-created will be assigned an Invoice Number that has an X or R listed before the original number. An X refers to voided invoices and an R references re-created invoices. Users can re-create invoices anytime after they are voided, provided they can be re-created. Some invoices cannot be re-created if their re-creation would result in the creation of multiple invoices. If an invoice cannot be re-created, users will have to re-perform the billing process for the services included on the invoice.

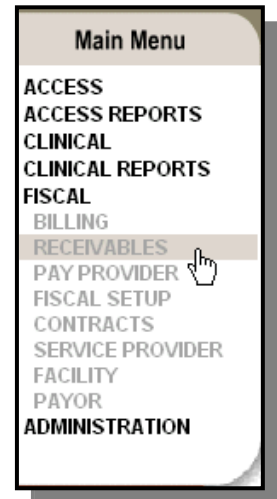
Once invoices have been re-created, they can be voided and re-created again if additional errors exist with in the system.



Cash Receipts

In ShareCare, payments received directly from consumers or guarantors for services received are recorded on the **Cash Receipts** screen. The screen captures the type of payment, the date of the payment, the facility that received the payment and the amount that was paid. The information recorded through this screen can easily be applied to consumer charges and invoices through the **Receive Payments** screen. Additionally, a report linked to the screen provides users the ability to monitor the amount of payments that have been applied to specific invoices as well as unapplied balances.

Begin by selecting **Receivables** from the **Fiscal** section of the Main Menu.



Select the **Cash Receipts** tab and the system will return the fields associated with the **Cash Receipts** screen.

The screenshot shows the 'Cash Receipt Lookup' screen. At the top, there are tabs for 'REFUNDS', 'AUTO RECEIVE...', 'AUTO RECEIVE...', and 'CASH RECEIPTS'. The 'CASH RECEIPTS' tab is selected. The screen contains the following fields:

- Cash Amount**: Input field
- Cash Received Date**: Input field
- Consumer Last Name**: Input field
- Consumer ID**: Input field
- Cash Receipt Type**: Dropdown menu with the text 'SELECT A CASH RECEIPT TYPE' and a red asterisk *
- Cash Receipt Date**: Input field
- Cash Receipt Amount**: Input field
- EOB/Check Number**: Input field
- Receipt Number**: Input field
- Facility Name**: Input field
- Facility ID**: Input field
- Comments**: Large text area with a scroll bar

Creating a New Cash Receipt

To create new cash receipts select the desired consumer using the consumer lookup. Enter the required information in the blue fields and complete any other optional fields as desired.



Cash Receipt Type	<input type="text" value="SELECT A CASH RECEIPT TYPE"/> *		
Consumer	Coates Donna [140]		
Cash Receipt Date	<input type="text"/>	Cash Receipt Amount	<input type="text"/>
EOB/Check Number	<input type="text"/>	Receipt Number	<input type="text"/>
Facility Name	<input type="text"/>	Facility ID	<input type="text"/>
Comments	<input type="text"/>		

Once all the information has been entered click the **Add** button.



The cash receipt is now available to be applied to various services/transactions within the system. Users can immediately make changes to this cash receipt by typing the desired information in the fields and clicking the **Update** button.



Viewing/Editing Existing Cash Receipts

Users can view/edit existing cash receipts for all or a specific consumer to ensure that monies are applied appropriately to the consumer record.

To select a cash receipt, click on either the **Cash Amount** or **Cash Received Date** hyperlink.

Cash Receipt Lookup

[Cash Amount](#)
 [Cash Received Date](#)

The system will return a list of receipts for all consumers.

Search Results					
Cash Received Date	Cash Amount	Consumer	Consumer ID	Facility	Facility ID
1/16/2002	10.0000	Coates	140	Allen Arbor Branch Facility	41
1/16/2002	15.0000	Coates	140	Allen Arbor Branch Facility	41
1/16/2002	15.0000	Coates	140	Allen Arbor Branch Facility	41
1/16/2002	15.0000	Consumma	141	Allen Arbor Branch Facility	41
1/1/2002	15.0000	Consumma	141	Allen Arbor Branch Facility	41

Select the desired receipt by clicking on the blue hyperlink. The system will return the receipt which can then be altered by the user.

Guarantor Phone	N/A	Outstanding Guarantor Balance	N/A
Cash Receipt Type	Co-Pay Check *		
Consumer	Coates Donna [140]		
Cash Receipt Date	01/16/2002	Cash Receipt Amount	10.00
EOB/Check Number	<input type="text"/>	Receipt Number	<input type="text"/>
Facility Name	Allen Arbor Branch Facility	Facility ID	41
Comments	<input style="width: 100%; height: 40px;" type="text"/>		

Make the desired changes and click the **Update** button. To delete the cash receipt, click the **Delete** button.

To search for a receipt for a specific consumer, select the consumer from the consumer lookup. After the desired consumer is found, click on one of the **Cash Receipt Lookup** hyperlinks to locate the desired receipt. Make the changes or delete as necessary.



Printing Cash Receipts

A copy of the receipt can be printed, either to distribute to the consumer or guarantor making the payment or to put in a paper file.

To print the receipt, click on the **Print** button.



Users will be given options as to how they prefer the hard copy to print through the **Print Customization** screen.

Print Customization

Save Close Print Preview

Header 1

Header 2

Header Justification Center ▾

Footer 1 Leave Blank ▾

Footer 2 Leave Blank ▾

Footer Justification Center ▾

Page Break Between Flags

There are no flags on this page - the entire page will be printed.

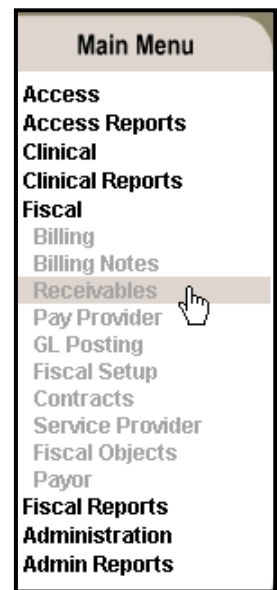
Additional Signature Lines 0 ▾

Configure the headers and footers for the printed version of the record and select the **Print** button to create the hard copy. Clicking the **Save** button will save the settings entered for future use and the **Close** button will remove the **Print Customization** screen from view.

Receivables

Receive Payments in ShareCare refers to line-item payment posting of a specific dollar amount to a single consumer service. Through the Receive Payments functionality users are able to select an invoice by consumer and apply payor, guarantor or alternate payments to individual service charges affiliated with that invoice. Through this feature, users can also make adjustments to consumers' accounts to indicate write-offs for a variety of business reasons. Receive Payments is a manual process and all payments applied to service charges through this line-item method must be posted individually by the user.

Begin by selecting **Receivables** from the **Fiscal** section of the Main Menu.



Share Care will display the **Receivables** screen with the associated search criteria.

The screenshot shows the 'Invoice Lookup' screen. At the top, there are tabs for 'RECEIVE PAYM...', 'BATCH RECEIV...', 'REFUNDS', and 'AUTO RECEIVE...'. Below the tabs is a 'Lookup' section with the title 'Invoice Lookup'. The form contains several fields for search criteria:

Invoice Number	<input type="text"/>	Invoice Date	<input type="text"/>
System Of Care	Mental Health (MH)	Consumer ID	<input type="text"/>
Consumer Last Name	<input type="text"/>	Guarantor ID	<input type="text"/>
Guarantor Last Name	<input type="text"/>	Payor Plan ID	<input type="text"/>
Payor Plan Name	<input type="text"/>		
Insured ID Number	<input type="text"/>		

Users have the option of entering data to search by invoice number, consumer, guarantor, payor plan or insured ID. Enter the desired invoice number or search criteria. Click the **Search** button.



The system will return the desired invoice or a list of invoices based on the search criteria.

Invoice ID	Consumer	Guarantor	Date Range	Total Charge	Balance Due
24	Smith, John [146] Payor Coverage :	Smith, John [71] Master Insurance Plan [47]	01/17/2002 - 01/17/2002	\$600.00	\$400.00
25	Smith, John [146] Payor Coverage :	Smith, John [71] Master Insurance Plan [47]	01/17/2002 - 01/17/2002	\$600.00	\$400.00

Select the desired invoice by clicking on its associated blue hyperlink. It will be displayed on the screen along with information associated with the invoice.

RECEIVE PAYM...
BATCH RECEIV...
REFUNDS
AUTO RECEIVE...

Lookup
Invoice
Transaction 1

Invoice Number: 24 **Invoice Date:** 01/17/2002 **Total Charge:** \$600.00 **Balance Due:** \$400.00

Guarantor: Smith, John [71] **Consumer:** Smith, John [146]

Service Facility: Allen Arbor Branch Facility [41] **Billing Organization:** Allen Arbor Branch - Care Services Inc. [29]

Payor Coverage
300 - Master Insurance Plan [47]

Transaction flags will appear, one for each service included in the invoice. To enter payment information, click on one of the **Transaction** flags.

RECEIVE PAYM...
BATCH RECEIV...

Lookup
Invoice
Transaction 1



Clicking on a transaction flag opens a screen that details specific information about the particular service related to the transaction. A summary view will display.

Click on the **Detail** button to review specific information about the transaction's payment history.



Detailed information regarding the related service and payment history of the transaction displays including the Expected to Pay values for each payor plan. The Expected to Pay values listed are the amounts that are calculated during the billing process. They pertain to the usual and customary amounts available on the Charge Schedule or contracted rates that may be linked to the specific payor group(s) through Payor Contracts.

Payor	Expected To Pay	Paid/Adjusted	Payment Date	Receipt Number	EOB Approval Date	Check Number	Type	Reference	Rejection Code/[Exclusion Reason]
Master Insurance Plan [47] TOTAL	\$400.00	\$200.00							
[Detail]	\$400.00	\$0.00	01/17/2002				Payor Rate		
[Detail]	\$0.00	\$200.00	01/17/2002				ADJ: Contract Adjustment		
Guarantor - Smith, John [71] TOTAL	\$0.00	\$0.00							
[Detail]	\$0.00	\$0.00	01/17/2002				Coinsurance		
Alternate TOTAL	\$0.00	\$0.00							
TOTAL PAID/ADJUSTED		\$200.00							
Total Paid		\$0.00							
Total Adjusted		\$200.00							
BALANCE DUE	\$400.00								



The Transaction screen shows previous entries, providing users with a history of the payments and credits applied to a transaction. Additionally, the Transaction screen lists payment dates, EOB approval dates, payment types, references and rejection codes. The Type field details either the actions that were taken to compute the charge (i.e. the system calculated the expected to pay amount from the charge schedule rates) or the entry a user added to record a payment or adjustment (i.e. a user entered an adjustment for a consumer's deductible).

If an exclusion rule is recorded for a specific service and payor combination with drop through billing logic, the system will not bill the particular payor for the service but rather will drop the charge down to the next payor, if available. On the Receive Payments, the Expected to Pay balance for payors that are not charged for services based on the drop-through exclusion rules will display as \$0.00. Within the Rejection Code/Exclusion Reason field, the application will represent the Reason Code associated with the given Exclusion Rule that was applied to the given service/payor combination. This information will be for references purposes only to detail those payors that were not charged for services due to exclusion rule functionality. If exclusion rules with stop billing logic are applied to a service/payor combination, the charges for the service will not be billed and therefore, will not be available through Receive Payments.

If users do not wish to review all of the transaction's payment details the **Summary** button can be selected. If selected, only the total expected to pay and payment amounts will display.



Entering a Payment

Near the bottom of the **Transaction** screen, within the New Payment section, users can enter a new payment or adjustment

NEW PAYMENT:			
Payor: CHOOSE PAYOR	Adjustment: <input type="checkbox"/>	Payment Description: Payment	Reference: CHOOSE REFERENCE *
EOB Approval Date: 01/18/2002	Amount: 0.00	Payment Date: 01/18/2002	Rejection Code: CHOOSE REJECTION CODE *
EOB/Check Number: 		Receipt Number: 	Post Payment

To add a payment, first specify a payor from the Payor drop down menu. The drop down menu will list all of the available payors for the selected service including the payor(s), guarantor and an alternate.

Payor: CHOOSE PAYOR
CHOOSE PAYOR
Master Insurance Plan [47]
Guarantor - Smith, John [71]
Alternate

Next, choose a user-defined reference to make a note for the payment. A payment date must be entered as well as the payment amount in the corresponding fields. If a payment only partially meets an expected to pay amount due to a claim that is partially or fully rejected, users can choose to select a user-defined rejection code for their reference. An EOB approval date can also be added in the available field if applicable.

Once all information is entered, click on the **Post Payment** button to save the information and apply the payment.

Post Payment

If the amount entered equals the amount billed, the system adds the payment and applies it to the appropriate payor. The payment will display within the transaction payment information area of the screen.

If the payment amount entered is less than the amount charged, the system will display a screen inquiring where the rest of the payment should be applied.

Where would you like to assign the Expected To Pay balance of **\$50.00**? Cancel Payment

Type	Name	
<input type="radio"/> Payor	Master Insurance Plan [47]	
<input checked="" type="radio"/> Guarantor	Smith, John [71]	Default
<input type="radio"/> Alternate	Alternate	
<input type="radio"/> CHOOSE ADJUSTMENT	Master Insurance Plan [47]	

Post Payment

The system notes the default payment source that should be billed under normal circumstances in gray. Users can accept the default or choose another appropriate payor source where the remaining balance should be transferred, such as to another payor, guarantor, or alternate source, by selecting the corresponding radio button and clicking **Post Payment**.

Post Payment

Users can choose to write off the remaining Expected to Pay balance as an adjustment by selecting the adjustment of their choice from the available menu and clicking on the **Post Payment** button.

The payment can also be canceled by selecting the **Cancel Payment** button.

Cancel Payment

Additional payments can then be entered for this transaction as outlined above.



If the payment amount entered is larger than the total charge, users will get a message indicating that a manual adjustment will need to be made to balance the transaction if the payment is applied to the selected source. Users can choose to continue or cancel the posting.

The amount entered exceeds the Expected To Pay by **\$20.00**.
Please select Refund or Adjustment and enter an amount <= \$20.00

Refund Adjustment to Overage

Please enter an amount: \$

Entering an Adjustment

Users can enter adjustments for a consumer service directly through the **Receive Payments** screen. Adjustments can be made to remaining balances for a variety of reasons such as for charity care, ability to pay adjustments, bad debt, exclusion rules, etc. Once applied to a service for a particular payor source, the money that is adjusted is no longer owed by the specific payor(s) or guarantor but rather is noted in the system as a write-off. Through standard and ad-hoc reports users can track monies adjusted or written off and use the information for financial management purposes.

Select the payor source from the Payor drop down menu to which the adjustment should be applied.

The payor selected will have the final adjusted amount deducted from their Expected to Pay balance.

Payor:

CHOOSE PAYOR ▼

CHOOSE PAYOR

Master Insurance Plan [47]

Guarantor - Smith, John [71]

Alternate

Click on the Adjustment checkbox. Select an option from the new Adjustment Description field.

NEW PAYMENT:

Payor: Master Insurance Plan [47] ▼	Adjustment: <input checked="" type="checkbox"/>	Adjustment Description: CHOOSE ADJUSTMENT ▼	Reference: CHOOSE REFERENCE ▼ *
EOB Approval Date: 01/18/2002	Amount: 0.00	CHOOSE ADJUSTMENT	Rejection Code: CHOOSE REJECTION CODE
EOB/Check Number: <input type="text"/>		Ability To Pay Ancillary Bad Debt Categorical Funding Charity Care Contract Adjustment Coordination Of Benefit GF Error Correction Exclusion Drop Through Overpayment-No refund issued	<input type="button" value="Post Payment"/>



Enter all other relevant data pertaining to the adjustment. When all data has been entered, click the **Post Payment** button.

Post Payment

As with entering payments, if the adjustment amount that was entered does not cover the complete balance due for the selected payor, users will be requested to indicate where the remaining Expected to Pay balance should be applied.

Where would you like to assign the Expected To Pay balance of \$50.00?

Payor

Guarantor

Alternate

CHOOSE ADJUSTMENT

Name
Master Insurance Plan [47]
Smith, John [71] Default
Alternate
Master Insurance Plan [47]

Cancel Payment

Post Payment

Likewise, if the amount entered exceeds the Expected to Pay balance for the given payor, a warning message will display, indicating that the amount entered is larger than the balance and if applied, may require an adjustment in the future.

Posting Cash Receipts

Cash receipts represent payments received from consumers or guarantors to cover service charges that are not otherwise covered by other carrier coverage. Cash receipts are taken in to pay for co-pay, coinsurance, deductible or other non-covered service expenses. All cash receipts are initially recorded on the **Cash Receipts** screen.

Cash receipts that have been recorded for a particular consumer will be listed within the Cash Receipts section of the **Receive Payments** screen. Through this section, users are able to apply the payments received to the guarantor balances listed for specific invoices and transactions.

RECEIVE PAYM... BATCH RECEIV... REFUNDS AUTO RECEIVE...

Lookup Invoice Transaction 1

Transaction Date: 01/17/2002 Charge: \$600.00 Provider: Blackwell, Bill [141]
Procedure: 10180 - Ind. Therapy Adult 20-30 min Program: Depression Program [36]

Payor	Expected To Pay	Paid/Adjusted
Master Insurance Plan [47] TOTAL	\$0.00	\$560.00
Guarantor - Smith, John [71] TOTAL	\$50.00	\$0.00
Alternate TOTAL	\$0.00	\$0.00
TOTAL PAID/ADJUSTED		\$560.00
BALANCE DUE	\$50.00	

CASH RECEIPTS:

Date	Type	Facility	Receipt Amount	Applied	Balance
01/18/2002	Co-Insurance - Cash	Allen Arbor Branch Facility	\$20.00	\$0.00	\$20.00
		Amount:	0.00	Payment Date:	01/18/2002

Post Cash Receipt



The Cash Receipts section details the date the payment was received, the user-defined type of payment, the location where the payment was received, and the amount of the payment. The section also details the amount of the payment, if any, that has been applied to other services as well as the remaining balance. Only the remaining balance can be applied to additional services.

Select the preferred cash receipt by clicking on the radio button next to the date field.

CASH RECEIPTS:					
Date	Type	Facility	Receipt Amount	Applied	Balance
<input checked="" type="radio"/> 01/18/2002	Co-Insurance - Cash	Allen Arbor Branch Facility	\$20.00	\$0.00	\$20.00
		Amount:	Payment Date:		
		<input type="text" value="0.00"/>	<input type="text" value="01/18/2002"/>	<input type="button" value="Post Cash Receipt"/>	

In the Amount field enter the amount of the payment that should be applied to the selected service as well as the Payment Date. Cash receipts can be applied to any number of services. Therefore, users can choose to apply the entire receipt to one service or portions of the receipt to many services.

Click the **Post Cash Receipt** button when all information has been entered.



If the amount that was applied does not meet the total balance due, a screen will display inquiring where the system should apply the guarantor's remaining charges. Also, if the amount added exceeds the balance remaining, the system will display a warning indicating that the amount applied is above the amount due and that if the payment is applied, an adjustment may need to be made in the future.



Committed vs. Non-Committed Billing Runs

Users can perform billing runs and review the system data before committing a run to ensure that the billing cycle appropriately bills all services. Within the **Receive Payments** screen users will be able to preview the results of trial billing runs by examining expected to pay amounts for payors and consumers, however, payments will not be able to be posted for a trial billing run. Users cannot enter payments for invoices until the billing run they are viewing has been committed. The **Receive Payments** screen will warn users of invoices that were generated during trial runs that have not been committed yet.

RECEIVE PAYM...		BATCH RECEIV...		REFUNDS		AUTO RECEIVE...	
Lookup		Invoice		Transaction 1			
Transaction Date:	01/14/2002	Charge:	\$600.00	Provider:	Blackwell, Bill [141]		
Procedure:	10180 - Ind. Therapy Adult 20-30 min	Program:	Depression Program [36]				
Payor		Expected To Pay	Paid/ Adjusted				
Master Insurance Plan [47] TOTAL		\$400.00	\$200.00				
Guarantor - Smith, John [71] TOTAL		\$0.00	\$0.00				
Alternate TOTAL		\$0.00	\$0.00				
TOTAL PAID/ADJUSTED			\$200.00				
BALANCE DUE		\$400.00					
<i>TRIAL RUN INVOICE, payments cannot be entered until the invoice is committed</i>							

Batch Receive Payments

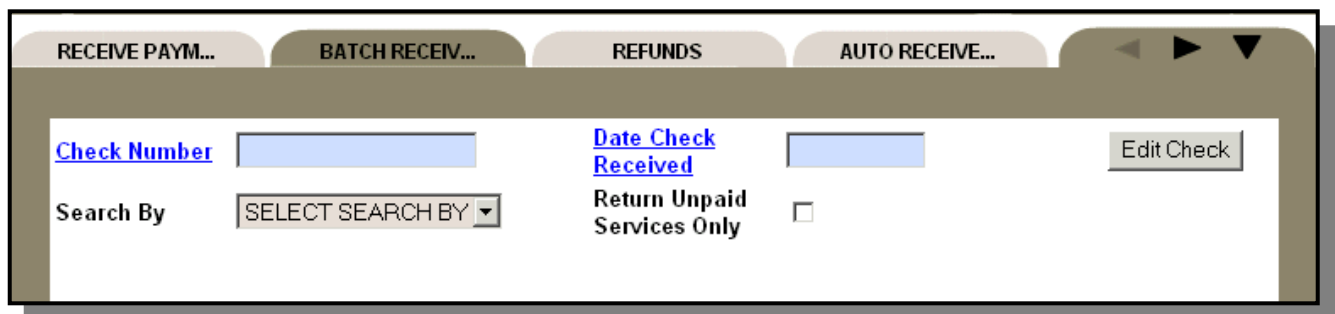
Within Batch Receive Payments, a flat check amount covering a range of dates, services and invoices is posted within Share Care. The system then determines the specific dollar amount of the check that is posted to services within a single consumer account or across multiple consumer accounts, enabling users to quickly apply large payments to multiple consumers and services. Users have the ability to review and modify the services to which payments are applied before the payments are automatically posted in batch to the Receive Payments records. Once posted, the system creates a line-item payment record within Receive Payments to enable organizations to easily review all posted payments for individual consumers.

This functionality is useful for organizations that receive lump sum payments covering multiple services for one or more consumers. Payments can easily be applied to multiple services and/or multiple consumers at one time, without having to enter payments individually for each consumer service through the Receive Payments screen.

To access the **Batch Receive Payments** screen click the **Batch Receive Payments** tab.



The system will display a lookup screen where users can edit/view existing checks or create new checks.

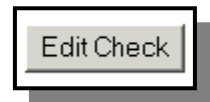


Viewing/Editing existing Checks

Users can search for existing checks with in the system and update the data as needed by using the lookup provided. Enter the check number in the **Check Number** field or click on the **Check Number** hyperlink.

Check Number	<input type="text"/>	Date Check Received	<input type="text"/>	<input type="button" value="Edit Check"/>
Search By	SELECT SEARCH BY SELECT SEARCH BY Consumer Bill Print Run	Return Unpaid Services Only	<input type="checkbox"/>	

Click the **Edit Check** button when the system locates the desired check.



The check information will display.

Check From	Payor Plan <input checked="" type="radio"/>	Payor Group <input type="radio"/>
Payor Plan Name	<input type="text" value="Master Insurance Plan"/>	Payor Plan ID
Date Check Received	<input type="text" value="04/01/2002"/>	Check Number
Begin Date of Service	<input type="text" value="01/01/2002"/>	End Date of Service
Check Amount	<input type="text" value="1500.00"/>	Receipt Number
EOB Date	<input type="text"/>	Facility ID
Facility Name	<input type="text" value="Allen Arbor Branch Facility"/>	<input type="text" value="41"/>

Adjustment Amount	Adjustment Reason	Adjustment Date	
<input type="text"/>	SELECT A REASON <input type="button" value="*"/>	<input type="text"/>	<input type="button" value="Add"/>
Adjustment Amount	Adjustment Reason	Adjustment Date	New Check Amount

Make the necessary changes and click the **Update** button at the top of the screen.



Creating New Checks

To add a new check to the system click on the **New** button at the top of the screen.



The system will display the fields associated with entering new checks.

Check From	Payor Plan <input checked="" type="radio"/>	Payor Group <input type="radio"/>	
Payor Plan Name	<input type="text"/>	Payor Plan ID	<input type="text"/>
Date Check Received	<input type="text"/>	Check Number	<input type="text"/>
Begin Date of Service	<input type="text"/>	End Date of Service	<input type="text"/>
Check Amount	<input type="text"/>		
EOB Date	<input type="text"/>	Receipt Number	<input type="text"/>
Facility Name	<input type="text"/>	Facility ID	<input type="text"/>

Check the appropriate box to denote that the check was received from a Payor Plan or Payor Group. Enter the required Plan/Group, date the check was received, service begin/end dates and the check amount. Enter the non-required information as desired.

Click the **Add** button when finished.

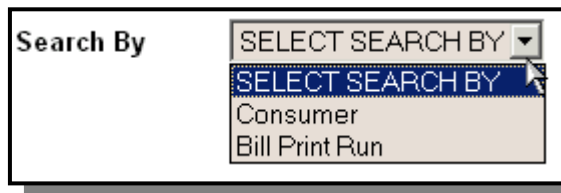


The check number, the date it was received and the Payor Plan it applies to will display on the screen.

Check Number	<input type="text" value="52601"/>	Date Check Received	<input type="text" value="06/17/2002"/>	<input type="button" value="Edit Check"/>
Payor Plan	Master Insurance Plan	Payor Plan ID	47	
Search By	<input type="text" value="SELECT SEARCH BY"/>	Return Unpaid Services Only	<input type="checkbox"/>	



At this time, if you wish to apply the payment to specific consumers, select an option from the Search By option list. Either Consumer or Bill Print Run can be selected. Depending on which option you select, you will be able to perform a search by consumer ID, consumer name or Bill Print Run to find the consumer(s)/run to which you would like to apply the payment.



The following example will outline the process of selecting Consumer from the Option List. The screen will refresh with the available options for the user.

Check Number	52601	Date Check Received	06/17/2002	Edit Check
Payor Plan	Master Insurance Plan	Payor Plan ID	47	
Search By	Consumer	Return Unpaid Services Only	<input type="checkbox"/>	

Please select one of the following for consumer selection:

Consumer ID(s) Only
 Consumer Lookup

Enter number of IDs/lookups to generate: [Generate ID\(s\)](#)

Note:
(1) If the EOB contains the ShareCare Consumer ID, then select the "Consumer ID(s) only" radio button and enter the consumer ID(s).
If the EOB contains the consumer last name, then select the "Consumer lookup" radio button.
(2) The number of consumer lookups to be created should equal the number of individual consumers reflected on the Explanation of Benefits (EOB) received from the plan.

Once the search selection is made, enter the number of consumers you want to search for in the **Enter number of Ids/lookups to generate** field and click the **Generate ID(s)** button. For example, if the check reimburses for services rendered to two consumers and only the name of the consumers is known, click on the **Consumer Lookup** radio button and enter 2 in the **Enter number of Ids/lookups to generate** field.



The screen will display a list of boxes from which a search can be performed. Users can then search for the consumers they would like to apply the payment to by entering name or ID information in the boxes provided.

Consumer ID

1.

2.

3.

Please select one of the following for consumer selection:

Consumer ID(s) Only

Consumer Lookup

Enter number of IDs/lookups to generate:

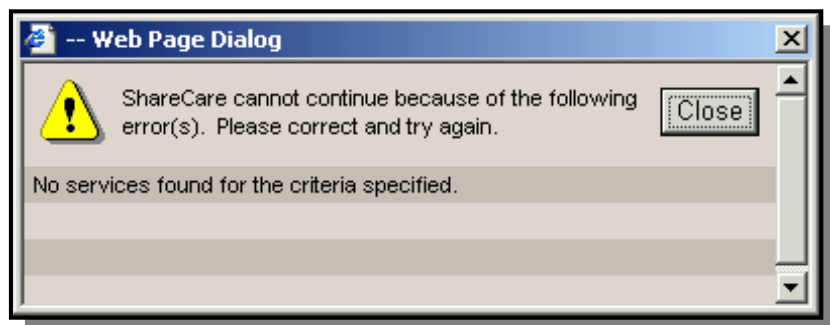
After selecting the consumers, click the **Search** button.



A screen will display listing services that were billed to the particular payor plan per the defined service dates for the consumer(s) selected.

Payor: AB Commercial I [65] Service Begin Date: 01/01/2001 Service End Date: 05/15/2001 Check Amount: \$100.00									
Consumer Name	Service Date	Transaction ID	Transaction Charge	Expected To Pay Amount	Payment Amount	EOB Date	Payment Date	Post Payment?	
Sean AB Micheals [151]	05/01/2001	83	\$400.00	\$385.00	\$100.00	05/31/2001	05/31/2001	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	05/01/2001	84	\$400.00	\$385.00	\$0.00	05/31/2001	05/31/2001	<input type="checkbox"/>	<input type="checkbox"/>
	05/02/2001	85	\$100.00	\$85.00	\$0.00	05/31/2001	05/31/2001	<input type="checkbox"/>	<input type="checkbox"/>

Please note, when selecting consumers to apply payments to, the consumers selected must have reimbursable services on record that were billed to the specific payor plan during the specified date range. If the consumer does not have services on record that were billed to the payor plan during the appropriate time span, the system will provide a warning after the **Search** button is selected.



If no consumer records are selected when a check is added to the system, Share Care will automatically display all of the consumers and services that are applicable to the date range and payer plan to which the check pertains after the **Search** button is selected. As a result, consumers may be listed and have payments automatically applied to their outstanding service charges that are not covered by the specific payment.

Applying Payments

If users chose to apply batch payments from a payer plan check to a consumer(s), the system will display a list of the available services for the consumer(s) that are applicable to the payer plan and date range defined for the check. The services listed may span several invoices.

RECEIVE PAYM...		BATCH RECEIV...		REFUNDS		AUTO RECEIVE...	
Service Date	Transaction Charge	Expected To Pay Amount	Payment Amount	EOB Date	Payment Date		
EB EB Consumer [313]				06/17/2002	06/17/2002	Change	Change
							Uncheck All
03/01/2002	\$100.00	\$100.00	100.00	06/17/2002	06/17/2002	CHOOSE REJECTION CODE	* <input checked="" type="checkbox"/>
Procedure Code: BJ90843 Individual Psychotherapy							
03/02/2002	\$100.00	\$100.00	100.00	06/17/2002	06/17/2002	CHOOSE REJECTION CODE	* <input checked="" type="checkbox"/>
Procedure Code: BJ90843 Individual Psychotherapy							
03/03/2002	\$100.00	\$100.00	100.00	06/17/2002	06/17/2002	CHOOSE REJECTION CODE	* <input checked="" type="checkbox"/>
Procedure Code: BJ90843 Individual Psychotherapy							
03/04/2002	\$100.00	\$100.00	100.00	06/17/2002	06/17/2002	CHOOSE REJECTION CODE	* <input checked="" type="checkbox"/>
Procedure Code: BJ90843 Individual Psychotherapy							
03/05/2002	\$100.00	\$100.00	100.00	06/17/2002	06/17/2002	CHOOSE REJECTION CODE	* <input checked="" type="checkbox"/>
Procedure Code: BJ90843 Individual Psychotherapy							
03/06/2002	\$100.00	\$100.00	0.00	06/17/2002	06/17/2002	CHOOSE REJECTION CODE	* <input type="checkbox"/>
Procedure Code: BJ90843 Individual Psychotherapy							
Totals : \$600.00		\$600.00		\$500.00			
		Check Balance:		\$0.00			

For each service listed, the system will automatically apply a portion of the payment to the listed services. To calculate the amount of money that should be applied to each service, the system starts with the oldest service first. It then looks at the Expected to Pay (ETP) amount for that plan for that specific service. If the amount of the check is equal to or greater than the ETP for the service, then the system will apply a portion of the check payment equal to the ETP for that service, thereby reimbursing for that service charge in whole.

After the first service payment is entered the system moves down to the next service and applies a payment amount equal to the Expected to Pay for that service. This continues until a payment is listed for all of the available services or until the check amount is fully distributed. The chronological order for the services is based on the date/time recorded when the service was rendered.



If a remaining payment amount is less than the ETP for a service, the system will automatically apply the remaining payment amount to that service. Users will have an opportunity to modify this amount before posting the payment to the consumer's record if needed.

Service Date	Transaction Charge	Expected To Pay Amount	Payment Amount	EOB Date	Payment Date		
				06/17/2002	06/17/2002	Change	Change
EB EB Consumer [313]							Uncheck All
03/01/2002	\$100.00	\$100.00	100.00	06/17/2002	06/17/2002	CHOOSE REJECTION CODE	* <input checked="" type="checkbox"/>
Procedure Code: BJ90843 Individual Psychotherapy							
03/02/2002	\$100.00	\$100.00	100.00	06/17/2002	06/17/2002	CHOOSE REJECTION CODE	* <input checked="" type="checkbox"/>
Procedure Code: BJ90843 Individual Psychotherapy							
03/03/2002	\$100.00	\$100.00	100.00	06/17/2002	06/17/2002	CHOOSE REJECTION CODE	* <input checked="" type="checkbox"/>
Procedure Code: BJ90843 Individual Psychotherapy							
03/04/2002	\$100.00	\$100.00	100.00	06/17/2002	06/17/2002	CHOOSE REJECTION CODE	* <input checked="" type="checkbox"/>
Procedure Code: BJ90843 Individual Psychotherapy							
03/05/2002	\$100.00	\$100.00	100.00	06/17/2002	06/17/2002	CHOOSE REJECTION CODE	* <input checked="" type="checkbox"/>
Procedure Code: BJ90843 Individual Psychotherapy							
03/06/2002	\$100.00	\$100.00	100.00	06/17/2002	06/17/2002	CHOOSE REJECTION CODE	* <input checked="" type="checkbox"/>
Procedure Code: BJ90843 Individual Psychotherapy							
Totals : \$600.00		\$600.00	\$600.00				
		Check Balance:	\$900.00				

In the illustration above, the check amount was GREATER than the total charges for all services; therefore, all services had a payment amount applied to them.

In the illustration below, the check amount was LESS than the total charges for all services, as a result; only the first service had a payment amount applied to it. Once this payment is posted, all of the remaining services that did not have an amount applied will be available for future payment posting.

Service Date	Transaction Charge	Expected To Pay Amount	Payment Amount	EOB Date	Payment Date		
				06/17/2002	06/17/2002	Change	Change
EB EB Consumer [313]							Uncheck All
03/01/2002	\$100.00	\$100.00	100.00	06/17/2002	06/17/2002	CHOOSE REJECTION CODE	* <input checked="" type="checkbox"/>
Procedure Code: BJ90843 Individual Psychotherapy							
03/02/2002	\$100.00	\$100.00	100.00	06/17/2002	06/17/2002	CHOOSE REJECTION CODE	* <input checked="" type="checkbox"/>
Procedure Code: BJ90843 Individual Psychotherapy							
03/03/2002	\$100.00	\$100.00	100.00	06/17/2002	06/17/2002	CHOOSE REJECTION CODE	* <input checked="" type="checkbox"/>
Procedure Code: BJ90843 Individual Psychotherapy							
03/04/2002	\$100.00	\$100.00	100.00	06/17/2002	06/17/2002	CHOOSE REJECTION CODE	* <input checked="" type="checkbox"/>
Procedure Code: BJ90843 Individual Psychotherapy							
03/05/2002	\$100.00	\$100.00	100.00	06/17/2002	06/17/2002	CHOOSE REJECTION CODE	* <input checked="" type="checkbox"/>
Procedure Code: BJ90843 Individual Psychotherapy							
03/06/2002	\$100.00	\$100.00	0.00	06/17/2002	06/17/2002	CHOOSE REJECTION CODE	* <input type="checkbox"/>
Procedure Code: BJ90843 Individual Psychotherapy							
Totals : \$600.00		\$600.00	\$500.00				
		Check Balance:	\$0.00				



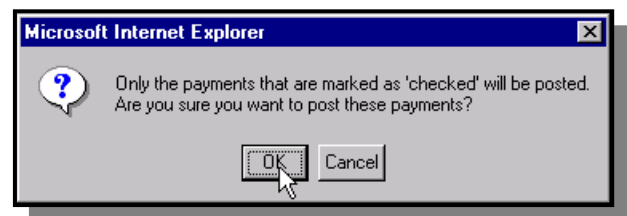
Before the payments listed for each individual service are posted, users may modify the payments that will be posted to each service. The amounts listed in the **Payment Amount** fields can be changed if needed. Also, the **EOB Date** or **Payment Date** fields for each service can be updated by entering new dates for each individual service or by universally updating the dates for all listed services by changing the **EOB Date** and **Payment Date** fields at the top of the screen and clicking on the **Change** button beneath the field(s).

Users also have the opportunity to indicate if payments should not be posted for a specific payment by clicking on the checkbox next to the given service to remove the checkmark. When the payments are posted, the payments for services that do not have checkmarks within their accompanying boxes will not be applied.

If users decide that none of the payments should be applied to the services, the **Uncheck All** button can be selected to indicate that none of the service payments should be applied. Of course users can re-select services for payment if they choose to do so.

At the bottom of the page there is a series of totals displayed. The first total corresponds to the total charges for all services or transactions. The second total represents the total of all Expected to Pay amounts for the listed services for the particular payer plan submitting the payment. The third total refers to the total amount of payments that are being applied to services. The Balance total refers to the remaining balance of the check that is being applied to payments. As payment amounts for services are adjusted, the balance will change to accurately represent the amount of the check that has not been applied to services.

After all modifications have been made to the screen, the **Post** button should be selected to apply the payments to the consumer's records. After this button is selected a warning message will display, reminding users that only those payments selected with a checkmark will be submitted.



Click on the **Ok** button to continue. The system will post the payments to the **Receive Payments** screen, where users will be able to review the payments at a later time.

Immediately after the payments are posted, Share Care will display a screen that lists all of the payments that were posted. **Note:** This screen may only display briefly if no check balance remains.

To refund the remaining balance (\$1,200.00), please fill in these details and click "Refund"
(OR) click "Cancel" to save the balance.

Refund Amount: Refund Date: Refund Check Number:

PAYMENTS POSTED:

Transaction ID	Consumer ID	Payment Amount
841	313	\$100.00
842	313	\$100.00
843	313	\$50.00
844	313	\$50.00

If the amount posted was EQUAL to the Expected to Pay values for all services, a screen will briefly display noting the service charges that were reimbursed and users will be returned to the main **Batch Receive Payments** screens.

If the amount posted was GREATER than the Expected to Pay values for all services, the screen will note the remaining balance and will provide a location for users to create a refund check for the payer plan or will enable them to save the balance, which can be applied to additional consumers and services at a later time.

To create a refund payment, enter the amount of the refund, the refund date, and the refund check number, if known, and click on **Refund**. To save the remaining balance for future use, simply click on **Cancel**.

If the amount posted for a given service is LESS than the Expected to Pay value for that service's Expected to Pay the system will automatically drop the remaining balance down to the next payer when the payment amount is posted. The remaining balance will first drop down to secondary or other subsequent payors if any exist. If no additional payer plans exist the remaining Expected to Pay balance will drop down to the guarantor. If the guarantor's Ability to Pay is less than the remaining Expected to Pay, the guarantor will be assessed charges for monies up to their Ability to Pay. Any remaining balances will be automatically written off as an adjustment. Any of the amounts that are dropped down to additional plans, guarantors or adjustments can be manually modified on the **Receive Payments** screen. This process happens automatically within the backend of the system. Nothing will be displayed indicating that this is happening, but the **Receive Payments** screen can be accessed to confirm where the remaining balances were applied.



The drop through functionality will apply to \$0.00 balances as well. If users change the payment amount of a service to \$0.00 and the **Post Payment** checkbox is selected, the system will assume that \$0.00 dollars should be applied to the service and the remaining Expected to Pay will drop down to the next payer plan, guarantor or adjustment. If the **Post Payment** checkbox is not selected, the system will not apply any payments to the service and will make that service available for future payment posting. Therefore, if you do not want to post any payment to an account, be sure that the **Post Payment** checkbox is not selected.

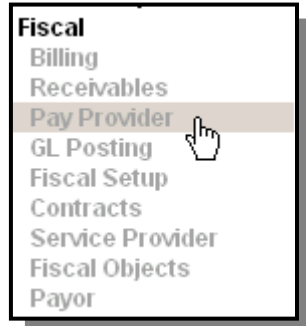
If users do not wish remaining Expected to Pay balances to automatically drop down to subsequent payer plans or guarantors, payments that are less than the Expected to Pay values should not be posted to services within Batch Receive Payments. In these instances, partial payments should be applied through the **Receive Payments** screen.

If payments are to be applied to more than one consumer, users will view a list of the consumers along with the service transactions that can be paid. Follow the above procedure for marking which services should be paid/unpaid. Remember to record the data for each consumer before clicking the **Post** button.

Pay Provider

The Share Care Pay Provider functionality is used by an Organization to pay providers who work on a fee for service basis. The Pay Provider functionality allows the users to pay, pend or reject payment on services and create reports to view various pay provider data.

Begin by selecting **Pay Provider** from the **Fiscal** section of the Main Menu.



The system will display the Pay Provider Run Lookup and search criteria.

PAY PROVIDER

Pay Provider Run Lookup

Pay Provider Run Name	<input type="text"/>	Pay Provider Run ID	<input type="text"/>
Organization Name	<input type="text"/>	Organization ID	<input type="text"/>
Facility Name	<input type="text"/>	Facility ID	<input type="text"/>
Program Name	<input type="text"/>	Program ID	<input type="text"/>
Provider Last Name	<input type="text"/>	Provider ID	<input type="text"/>
Begin Date:	<input type="text"/>	End Date:	<input type="text"/>
Pay Provider Run Name:	<input type="text"/>		
Assign Checks By:	<input checked="" type="radio"/> Provider <input type="radio"/> Facility		



Creating a Pay Provider Run

To create a new Pay Provider Run enter the desired criteria in the lookup fields. Enter the required date range and name the run.

Click the **Next** button when all criteria have been entered.



The system will display Interactive Detail Report. This report displays the services that can be paid, pending or rejected.

Pay	Pend/Reject	CS ID	Begin Date	Consumer	Service	Facility	Program	Auth	Total	Status
<div style="border: 1px solid gray; padding: 5px;"> <div style="display: flex; justify-content: space-between;"> Redisplay Display Font Size: 9 Group By: Provider ID Sort By: Service ID </div> <div style="margin-top: 10px;"> <p>Pay Provider Run Name: Test Pay Provider Report [2]</p> <p>Search Criteria</p> <p>Search Begin Date: 1/1/2002 Search End Date: 12/31/2002</p> <p>Search Organization: N/A Search Facility: Allen Arbor Branch Facility [41]</p> <p>Search Program: N/A Search Provider: N/A</p> <p>Run Summary</p> <p>Total Services In Run: 5</p> <p>Paid Services: 0 Unpaid Services: 5</p> <p>Paid Services Total: \$0.00 Unpaid Services Estimated Total: \$750.00</p> <p>Pay By: Provider</p> </div> </div>										
Provider: Blackwell, Bill [141]										
X	Pend	407	6/3/2002 9:39 AM	Coates, Donna [140]	Group Therapy [101]	Allen Arbor Branch Facility [41]	Depression Program [36]	Auth #40	\$150.00	Unpaid
(OK)	Reject	408	6/4/2002 9:39 AM	Coates, Donna [140]	Group Therapy [101]	Allen Arbor Branch Facility [41]	Depression Program [36]	Auth #40	\$150.00	Unpaid
X	Pend	409	6/5/2002 9:39 AM	Coates, Donna [140]	Group Therapy [101]	Allen Arbor Branch Facility [41]	Depression Program [36]	Auth #40	\$150.00	Unpaid
(OK)	Reject									

If the system did not find any errors for a given service it will mark the service with an X in the Pay column. If an error was found the system may allow the user to mark the item as paid or require the user to fix the error depending on the global variable set up by the system administrator. Pend or Reject the payment by clicking on the corresponding hyperlink.



Searching/Editing existing Pay Provider Runs

To edit or view an existing Pay Provider Run use the lookup on the **Pay Provider** tab.

PAY PROVIDER

Pay Provider Run Lookup

[Pay Provider Run Name](#)
[Pay Provider Run ID](#)

Share Care will display a screen similar to the following example.

Pay Provider Run Name: Test Pay Provider Report [2]
Service Count: 5

Search Criteria	
Search Begin Date: 1/1/2002	Search End Date: 12/31/2002
Search Organization: N/A	Search Facility: Allen Arbor Branch Facility [41]
Search Program: N/A	Search Provider: N/A

Report	Notes
Update Run	Update the current run using the search criteria listed above <i>NOTE: Re-searching may take a substantial period of time, depending on the criteria</i>
Interactive Detail Report	Use this report to view, pend, reject and pay all services in the run
Display Summary Report	Use this report to view or print summary data on the run <i>NOTE: OK and Error services are always included</i>
Interactive Check Report	Use this report to view and associate checks with providers/facilities <i>NOTE: Only paid services are included</i>
Check Distribution Report	Use this report to view or print check allocation <i>NOTE: Only paid services are included</i>

Options

Show Unpaid Services Show All (OK To Pay/Paid and Errors)
 Show Paid Services Show OK To Pay/Paid ONLY

Click on one of the available hyperlinks to mark items as paid or view a summary of the information on the run. Use the **Options** checkboxes to filter the report if you wish to not view all services that were on the original Pay Provider Report.



Entering Pay Provider Checks

Share Care allows users to track funds paid to a Provider by entering information about the check that was used to reimburse the Provider.

To enter new checks click the **Checks** button.



The system will display a check lookup and fields to create the new check.

Pay Provider Check Lookup

[Check Number](#) [Check Date](#)

New Pay Provider Check

Check Number	<input type="text"/>	Check Source	SELECT SOURCE ▾ *
Check Date	<input type="text"/>	Check Amount	<input type="text"/>
Comment	<input style="width: 100%; height: 40px;" type="text"/>		

To view/edit existing checks use the **Check Number** hyperlink. To create new checks enter all required and desired information in the New Pay Provider Check fields.

Click the **Add** button to save the data to the system.



The checks that are entered can be used within the Interactive Check Report.