

HEMOCARE BILLING MANUAL

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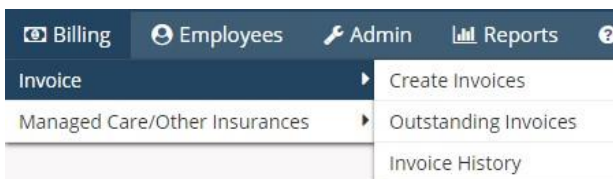
Users with Billing permissions may access the Billing center from the main menu. The Billing Tab contains two main categories:

- The Invoice Tab which allows users to bill and manage Invoice payers.
- Managed Care/Other Insurances allows for the creation, billing and updating of all managed care payers.



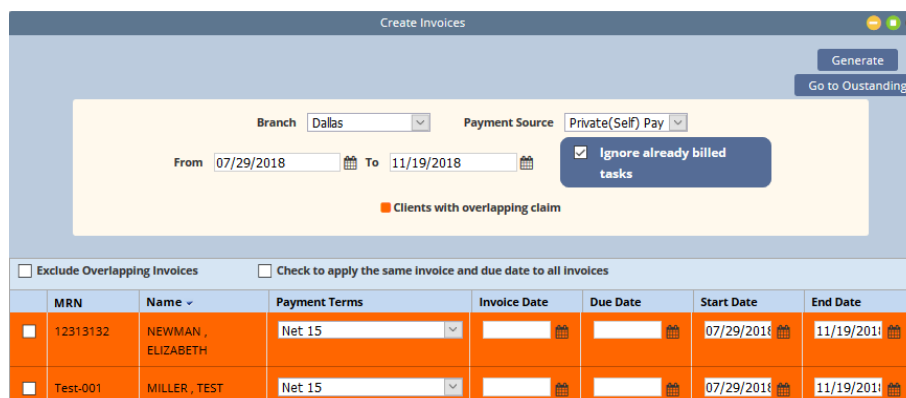
The Invoice Tab contains three submenus:

- Create Invoices - Used to create invoices for private pay and payers billing on invoices.
- Outstanding Invoices - Once invoices are created they move into the outstanding invoice page for review and submission.
- Invoice History - Is used to view and update invoices. Features include the ability to view existing client invoices; post and view payments and adjustments.



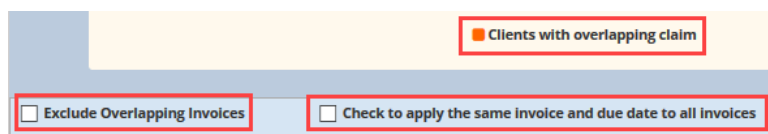
CREATE INVOICES

On the “Create Invoice” option, select the Branch the user wishes to generate invoices for, select the payment source, and the ‘From’ and ‘To’ date. The user has the option to select “Ignore Already Billed Tasks” which removes Tasks that may be associated to another invoice and then select “Generate” once parameters are entered. This generates a list of all clients with tasks that meet the criteria. Client invoices that contain an overlapping date range will appear in orange within the list.



| MRN | Name | Payment Terms | Invoice Date | Due Date | Start Date | End Date |
|----------|-------------------|---------------|--------------|----------|------------|------------|
| 12313132 | NEWMAN, ELIZABETH | Net 15 | | | 07/29/2018 | 11/19/2018 |
| Test-001 | MILLER, TEST | Net 15 | | | 07/29/2018 | 11/19/2018 |

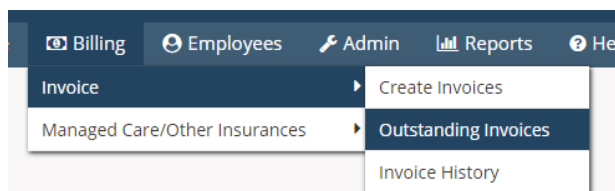
By default, only the invoices that do not have an overlapping date range will be selected. Overlapping invoices may be manually selected for invoice creation. Users have the option to hide overlapping invoices by checking the “Exclude” box.



☐ Exclude Overlapping Invoices

☐ Check to apply the same Invoice and due date to all Invoices

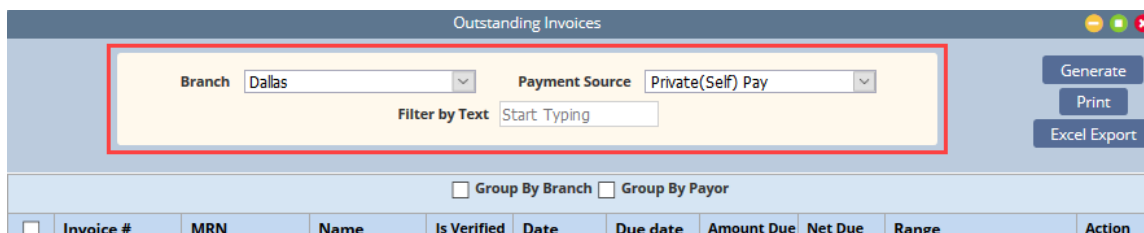
Billers may individually enter the Invoice Date, Due Date or select to apply the same dates to all selected invoices. Payment Terms default to the payment source set up but may be adjusted. Once all desired invoices are selected, select “Create Invoices.” This creates and moves the invoices to the Outstanding Invoice page. Select “Go to Outstanding” to quickly maneuver to the page showing outstanding invoices or the user can also go to Outstanding Invoice by selecting *Billing/Invoice/Outstanding Invoices*.



- Billing
 - Invoice
 - Create Invoices
 - Outstanding Invoices
 - Invoice History
 - Managed Care/Other Insurances

OUTSTANDING INVOICES

Select the Branch and Payment Source and select “Generate” to pull the created Invoices. Filter by Text will filter the generated list.



Outstanding Invoices

Branch: Payment Source:

Filter by Text:

Buttons: Generate, Print, Excel Export

Group By Branch ☐ Group By Payor ☐

| <input type="checkbox"/> | Invoice # | MRN | Name | Is Verified | Date | Due date | Amount Due | Net Due | Range | Action |
|--------------------------|-----------|-----|------|-------------|------|----------|------------|---------|-------|--------|
|--------------------------|-----------|-----|------|-------------|------|----------|------------|---------|-------|--------|

The generated invoices display the following summary information:

Invoice #, MRN, Client Name, Is Verified, Invoice Date, Due Date, Amount Due, Net Due, and the invoice Date Range. In addition, options to “Print” the Outstanding Invoice List or “Export” the list to Excel exist.



Outstanding Invoices

Branch: Payment Source:

Filter by Text:

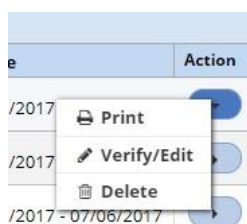
Buttons: Generate, Print, Excel Export

Group By Branch ☐ Group By Payor ☐

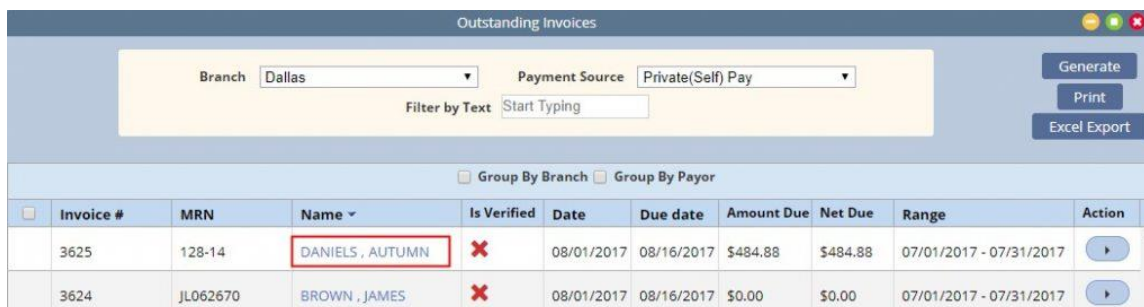
| <input type="checkbox"/> | Invoice # | MRN | Name | Is Verified | Date | Due date | Amount Due | Net Due | Range | Action |
|--------------------------|-----------|----------|-----------------|-------------|------------|------------|------------|----------|-------------------------|--------|
| | 3625 | 128-14 | DANIELS, AUTUMN | ✗ | 08/01/2017 | 08/16/2017 | \$484.88 | \$484.88 | 07/01/2017 - 07/31/2017 | |
| | 3624 | JL062670 | BROWN, JAMES | ✗ | 08/01/2017 | 08/16/2017 | \$0.00 | \$0.00 | 07/01/2017 - 07/31/2017 | |
| | 3622 | 11222 | ABRAMS, JUANITA | ✗ | 07/11/2017 | 07/26/2017 | \$9.00 | \$9.00 | 07/05/2017 - 07/06/2017 | |
| | 3621 | test | RAMCEE, ROBERT | ✗ | 07/10/2017 | 07/25/2017 | \$0.00 | \$0.00 | 06/29/2017 - 06/29/2017 | |

Buttons: Bulk Print, Mark As Sent

Invoices that are unverified have the following actions: to “Print”, “Verify/Edit” the Invoice or “Delete.”



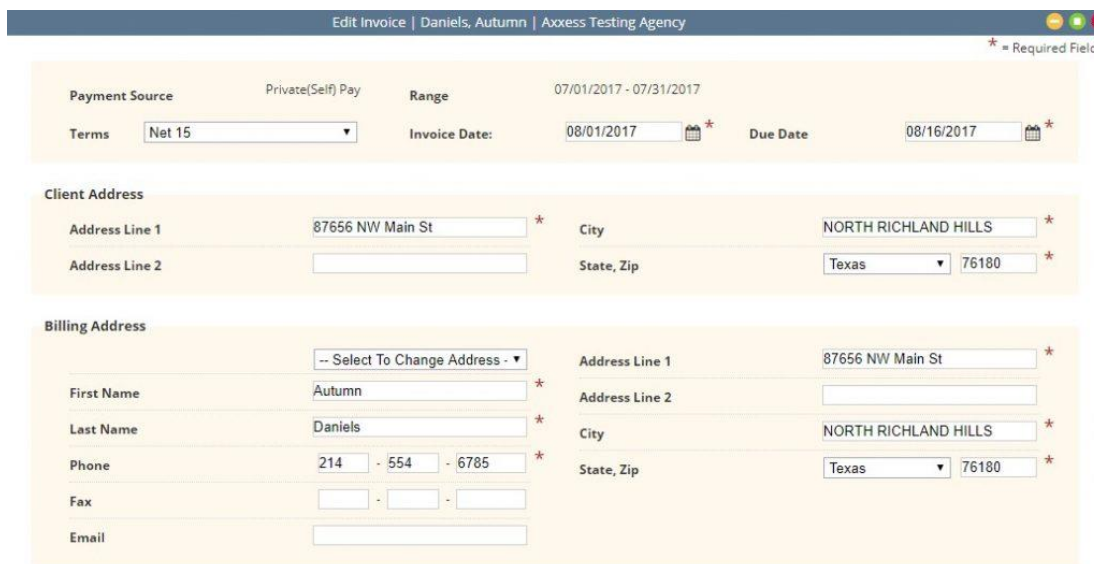
Select the client Name to open the Invoice for verification.



| Invoice # | MRN | Name | Is Verified | Date | Due date | Amount Due | Net Due | Range | Action |
|-----------|----------|-----------------|-------------|------------|------------|------------|----------|-------------------------|---------------|
| 3625 | 128-14 | DANIELS, AUTUMN | X | 08/01/2017 | 08/16/2017 | \$484.88 | \$484.88 | 07/01/2017 - 07/31/2017 | [Right Arrow] |
| 3624 | JL062670 | BROWN, JAMES | X | 08/01/2017 | 08/16/2017 | \$0.00 | \$0.00 | 07/01/2017 - 07/31/2017 | [Right Arrow] |

The Edit Invoice page displays the details of the invoice and provides editing as needed. Required fields are indicated with a red asterisk (*).

The top sections display the payment source and date range of the invoice along with modifiable input of terms, date and due date. The Client Address displays from the Client Profile. The Billing address defaults to the client's address but may be updated to other contact payers.



Payment Source: Private(Self) Pay Range: 07/01/2017 - 07/31/2017

Terms: Net 15 Invoice Date: 08/01/2017 Due Date: 08/16/2017

Client Address

Address Line 1: 87656 NW Main St City: NORTH RICHLAND HILLS

Address Line 2: State, Zip: Texas 76180

Billing Address

-- Select To Change Address --

First Name: Autumn Address Line 1: 87656 NW Main St

Last Name: Daniels Address Line 2: City: NORTH RICHLAND HILLS

Phone: 214 - 554 - 6785 State, Zip: Texas 76180

Fax: Email:

The lower half of the invoice will display billing line items. The Quantity and Rate are editable by selecting the field.

| Edit Invoice Daniels, Autumn Axxess Testing Agency | | | | | | | | |
|--|--|--------------------|------------|--------------------|-----|---------|----------|--|
| Pre-defined Services/Tasks | | | | | | | | |
| # | Preferred Name | Caregiver | Visit Date | Hours | QTY | Rate | Amount | |
| 1 | <input checked="" type="checkbox"/> Client Visit | Brandon Newell HHA | 07/01/2017 | 8:00 am - 12:00 pm | 16 | \$ 4.18 | \$ 66.88 | |
| 2 | <input checked="" type="checkbox"/> Client Visit | Brandon Newell HHA | 07/03/2017 | 8:00 am - 12:00 pm | 16 | \$ 4.18 | \$ 66.88 | |
| 3 | <input checked="" type="checkbox"/> Client Visit | Brandon Newell HHA | 07/05/2017 | 8:00 am - 12:00 pm | 16 | \$ 4.18 | \$ 66.88 | |
| 4 | <input checked="" type="checkbox"/> Client Visit | Brandon Newell HHA | 07/07/2017 | 8:00 am - 12:00 pm | 16 | \$ 4.18 | \$ 66.88 | |
| 5 | <input checked="" type="checkbox"/> Client Visit | Brandon Newell HHA | 07/09/2017 | 8:00 am - 12:00 pm | 16 | \$ 4.18 | \$ 66.88 | |
| 6 | <input checked="" type="checkbox"/> Client Visit | Brandon Newell HHA | 07/11/2017 | 8:00 am - 1:00 pm | 20 | \$ 4.18 | \$ 83.60 | |
| 7 | <input checked="" type="checkbox"/> Client Visit | Brandon Newell HHA | 07/13/2017 | 8:00 am - 12:00 pm | 16 | \$ 4.18 | \$ 66.88 | |

| Edit Invoice Daniels, Autumn Axxess Testing Agency | | | | | | | |
|--|--------------------|------------|--------------------|-----|---------|----------|--|
| Pre-defined Services/Tasks | | | | | | | |
| | Caregiver | Visit Date | Hours | QTY | Rate | Amount | |
| | Brandon Newell HHA | 07/01/2017 | 8:00 am - 12:00 pm | 16 | \$ 4.18 | \$ 66.88 | |
| | Brandon Newell HHA | 07/03/2017 | 8:00 am - 12:00 pm | 16 | \$ 4.18 | \$ 66.88 | |

The last section provides the ability to add custom service charges. Select the "Add Custom Service/Tasks" to enter the applicable charges. Add any applicable tax.

- Select "Save" to complete the verification.
- "Save & Print" to complete and print the invoice.
- "Close" cancels any changes.

| Custom Services/Tasks | | | | | | | |
|-----------------------|--------------------------|-----------|------------|-------|-----|------|-----------------------|
| # | Service/Task Description | Caregiver | Visit Date | Hours | QTY | Rate | Amount |
| | Add Custom Service/Task | | | | | | Total: \$ 484.88 |
| | | | | | | | Tax: \$0 |
| | | | | | | | Amount Due: \$ 484.88 |

| Custom Services/Tasks | | | | | | | |
|-------------------------|--------------------------|-----------|------------|---------------------|-----|------|-----------------------|
| # | Service/Task Description | Caregiver | Visit Date | Hours | QTY | Rate | Amount |
| 1 | | | 07/01/2017 | 12:00 AM - 09:55 AM | | | \$ 0.00 |
| Add Custom Service/Task | | | | | | | Total: \$ 484.88 |
| | | | | | | | Tax: \$0 |
| | | | | | | | Amount Due: \$ 484.88 |

Save Save & Print Close

Verified Invoices contain a green check mark in the Verified column. Once verified, a selection field is activated, and the available actions are updated with additional options of “Send” and “Receive Payment.”



| Invoice # | MRN | Name | Is Verified | Date | Due date | Amount Due | Net Due | Range | Action |
|-----------|----------|------------------|-------------|------------|------------|------------|----------|-------|-----------------|
| 3625 | 128-14 | DANIELS , AUTUMN | ✓ | 08/01/2017 | 08/16/2017 | \$484.88 | \$484.88 | 07/0 | Print |
| 3624 | JL062670 | BROWN , JAMES | ✗ | 08/01/2017 | 08/16/2017 | \$0.00 | \$0.00 | 07/0 | Verify/Edit |
| 3622 | 11222 | ABRAMS , JUANITA | ✗ | 07/11/2017 | 07/26/2017 | \$9.00 | \$9.00 | 07/0 | Send |
| 3621 | test | RAMCEE , ROBERT | ✗ | 07/10/2017 | 07/25/2017 | \$0.00 | \$0.00 | 06/2 | Receive Payment |
| | | | | | | | | | Delete |

There are several options available to submit Invoices to Payment Sources.

Under Actions:

- The “Send” option provides the ability to Email the invoice to a payer.
- “Print” provides the ability to individually print an invoice for mailing. Once printed, the user updates the invoice status by selecting Mark as Submitted.

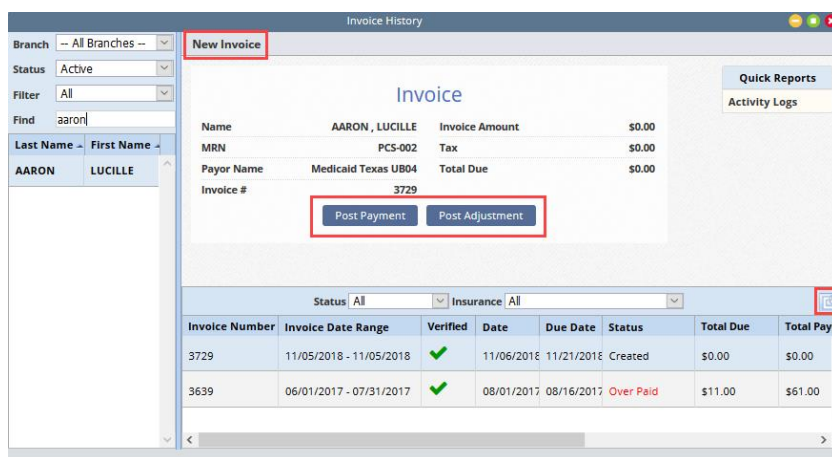
From the Invoice list page:

- Multi-Select Invoices and select “Bulk Print.” The user will have the option to combine into a PDF file, or a Zip file. Either choice will compile the invoices for selection under *Reports/Completed Reports*.
- Once printed, update the Invoice status by selecting and Marking as Submitted.

INVOICE HISTORY

The Invoice History page contains a list of a client's invoices. For convenience, a new invoice may be added by selecting “New Invoice” at the top of the page. The “Expand” button will expand the list over the invoice summary at the top. Once an invoice is selected, a summary is displayed in the top section of the page with the options to either “Post Payment” or “Post Adjustment.”

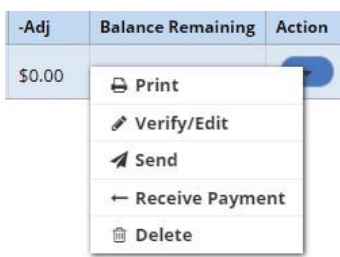
The information provided in the list includes: Invoice Number, Date Range, Verified, Date, Due Date, Status, Total Due, Total Payments, + Adjustments, – Adjustments, Balance Remaining and Action.



| Invoice Number | Invoice Date Range | Verified | Date | Due Date | Status | Total Due | Total Pay |
|----------------|-------------------------|----------|------------|------------|-----------|-----------|-----------|
| 3729 | 11/05/2018 - 11/05/2018 | ✓ | 11/06/2018 | 11/21/2018 | Created | \$0.00 | \$0.00 |
| 3639 | 06/01/2017 - 07/31/2017 | ✓ | 08/01/2017 | 08/16/2017 | Over Paid | \$11.00 | \$61.00 |

Options under the Action column include:

1. Print - Provides the ability to individually print an invoice for mailing.
2. Verify/Edit - Confirms the invoice if it is in a created status.
3. Send - Provides the ability to email the invoice to a payer.
4. Receive Payment - Provides ability to post payments.
5. Delete - Removes the Invoice.



| -Adj | Balance Remaining | Action |
|--------|-------------------|--|
| \$0.00 | | <div> Print Verify/Edit Send Receive Payment Delete </div> |

Post Payment contains two required fields:

1. Amount - Enter the amount of the payment. The system defaults to the net due, update as needed.
2. Date - Enter the date of the applied payment.

* = Required Field

| Update Invoice Payment Information | | | |
|---|-------------------------|-------------------|--------------|
| Name | DANIELS, AUTUMN | Net Due | \$484.88 |
| Date Range | 07/01/2017 - 07/31/2017 | Total Payments | \$484.88 |
| Invoice Date | 08/01/2017 | Total Adjustments | \$0 |
| Due Date | 08/16/2017 | Balance | \$0 |
| Total | \$484.88 | Amount | 484.88 * |
| Tax | \$0 | Date | MM/DD/YYYY * |
| Comments <div style="border: 1px solid #ccc; height: 100px; width: 100%;"></div> <p style="text-align: right; font-size: small;">You have 150 characters remaining</p> | | | |

Post Adjustment contains three required fields:

1. Amount - Defaults to the invoice balance. Update as needed.
2. Date - Indicate the date of the adjustment.
3. Adjustment Code - Indicate the adjustment reason.

Invoice Quick Reports

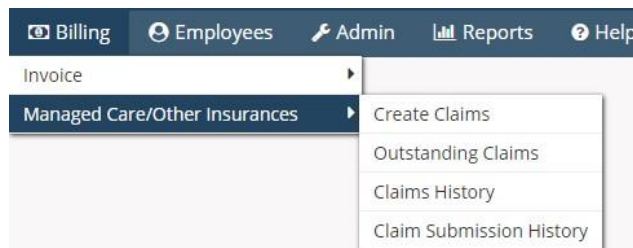
To the right of the client information on the Invoice History allowing the user to view "Activity Logs" showing when the invoice was updated and by whom.

| User Name | Action Description | Date |
|---|------------------------|---------------------|
| Anusha Bommidi RN | Invoice has been Sent. | 11/13/2018 12:19 PM |
| Anusha Bommidi RN | Claim/Invoice Updated. | 11/13/2018 12:17 PM |
| Anusha Bommidi RN | Claim/Invoice Added. | 11/13/2018 12:15 PM |
| <div style="text-align: center;"> <input type="button" value="Close"/> </div> | | |

MANAGED CARE/OTHER INSURANCE

The Managed Care/Other Insurances category contains four sub-menus:

1. Create Claims - Used to create claims for payers billing UB04, HCFA 1500 or ANSI Text File.
2. Outstanding Claims - Once claims are created they move into the outstanding claims page for review and submission options.
3. Claims History - View and update claims. Features include the ability to view existing client claims; post and view payments and adjustments; view the claim in UB04, HCFA 1500 or ANSI format; update claim status' as well as create a new claim.
4. Claim Submission History - Ability to view submission date, batch number, clients included in a batch and claim responses.



CREATE CLAIMS

Billing/Managed Care_Other Insurances/Create Claims

Select the branch, payment source(s) and date range for which claims are being created. Then select “Generate” then the system will generate a list of claims that match the requested parameters.

Claims identified as having overlapping claim dates will be highlighted in orange. These claims may be excluded from the list by selecting “Exclude Overlapping Claims.”

Select the claims to be created and select “Create Claims.” This action moves the claims into the Outstanding Claims page. Users may select the quick link “Go to Outstanding” to navigate to the claim list.

Create Claims | Axxess Testing Agency

Branch: -- All Branches -- Payment Source: -- All Payment Sources --

From: 07/01/2017 To: 07/29/2017

Generate

Go to Outstanding

Clients with overlapping claim

☐ Exclude Overlapping Claims

| MRN | Client Name | Payment Source | Start Date | End Date |
|---------|------------------|------------------------|------------|------------|
| 00063 | ALEXANDER, NANCY | DC Medicaid | 07/01/2017 | 07/29/2017 |
| 17-054 | AVARRADO, DAVID | NorthStar-Medical Ins. | 07/01/2017 | 07/29/2017 |
| 17-059 | BELL, MARY | Medicaid | 07/01/2017 | 07/29/2017 |
| 5150 | CHAVIS, KIMBERLY | DC Medicaid | 07/01/2017 | 07/29/2017 |
| 0000001 | CHRISTMAS, LLOYD | Medicaid Texas | 07/01/2017 | 07/29/2017 |
| 113 | DAVIE, BRENDA | Medicaid Texas | 07/01/2017 | 07/29/2017 |
| CK12936 | MILLER, MICHAEL | Medicaid Texas | 07/01/2017 | 07/29/2017 |
| PCS-002 | PIFER, CURTIS | Medicaid Texas | 07/01/2017 | 07/29/2017 |

Create Claims

OUTSTANDING CLAIMS

The outstanding claim list will display all generated claims requiring verification to bill. The summary list contains the Client Name/MRN/Claim Date Range and the 4 verification pages of the claim (detail/visit/supply/verified). The last column is the print icon for viewing and downloading the claim.

Outstanding Claims | Axxess Testing Agency

Branch: Dallas Payment Source: AA Insurance

When a claim has been fully verified it can be marked as submitted.

Print

Excel Export

Generate

| # | Client Name | MRN | Date Range | Detail | Visit | Supply | Verified | |
|---|------------------|---------|-------------------------|--------|-------|--------|----------|--|
| 1 | JON, PRAMI | 56 | 07/01/2018 - 09/30/2018 | ✗ | ✗ | ✗ | ✗ | |
| 2 | AXXESS, ALEXIS | 000012 | 05/07/2018 - 10/02/2018 | ✓ | ✗ | ✗ | ✗ | |
| 3 | JON, PRAMI | 56 | 05/07/2018 - 10/02/2018 | ✗ | ✗ | ✗ | ✗ | |
| 4 | FLAGSTONE, FRANK | 87998 | 05/07/2018 - 10/02/2018 | ✗ | ✗ | ✗ | ✗ | |
| 5 | FLAGSTONE, FRANK | 87998 | 05/01/2018 - 05/31/2018 | ✓ | ✓ | ✓ | ✓ | |
| 6 | AXXESS, ALEXIS | 000012 | 04/29/2018 - 11/16/2018 | ✗ | ✗ | ✗ | ✗ | |
| 7 | AARON, LUCILLE | PCS-002 | 04/29/2018 - 11/16/2018 | ✗ | ✗ | ✗ | ✗ | |
| 8 | FLAGSTONE, FRANK | 87998 | 04/01/2018 - 04/30/2018 | ✓ | ✓ | ✓ | ✓ | |
| 9 | AXXESS, ALEXIS | 000012 | 01/02/2018 - 11/02/2018 | ✗ | ✗ | ✗ | ✗ | |

Submit Selected Electronically Bulk Print

Selecting the Client Name opens the claim for verification.

Outstanding Claims | Axxess Testing Agency

Branch: Payment Source:

When a claim has been fully verified it can be marked as submitted.

Print
Excel Export
Generate

| # | Client Name | MRN | Date Range | Detail | Visit | Supply | Verified |
|---|------------------------|---------|-------------------------|--------|-------|--------|----------|
| 1 | JON , PRAMI | 56 | 07/01/2018 - 09/30/2018 | ✗ | ✗ | ✗ | ✗ |
| 2 | AXXESS , ALEXIS | 000012 | 05/07/2018 - 10/02/2018 | ✓ | ✗ | ✗ | ✗ |
| 3 | JON , PRAMI | 56 | 05/07/2018 - 10/02/2018 | ✗ | ✗ | ✗ | ✗ |
| 4 | FLAGSTONE , FRANK | 87998 | 05/07/2018 - 10/02/2018 | ✗ | ✗ | ✗ | ✗ |
| 5 | FLAGSTONE , FRANK | 87998 | 05/01/2018 - 05/31/2018 | ✓ | ✓ | ✓ | ✓ |
| 6 | AXXESS , ALEXIS | 000012 | 04/29/2018 - 11/16/2018 | ✗ | ✗ | ✗ | ✗ |
| 7 | AARON , LUCILLE | PCS-002 | 04/29/2018 - 11/16/2018 | ✗ | ✗ | ✗ | ✗ |
| 8 | FLAGSTONE , FRANK | 87998 | 04/01/2018 - 04/30/2018 | ✓ | ✓ | ✓ | ✓ |

Submit Selected Electronically Bulk Print

Step 1-Demographics

Required field completion includes:

1. Facility & Bill Type - This defines what type of bill the invoice is. For example: First claim, continuing claim.
2. Client Information - Includes Client Name, Address, DOB, Gender and Client Record #.
3. Start and End Dates - Indicate the date range of the claim.
4. Admission Date & Source - Start of Care date and where the referral originated from.
5. First Billable Visit - The first billable visit in the claim.
6. Client Status - Client's status during the claim date range.
7. Diagnoses - A Primary Diagnosis is required. Nonrequired fields include Additional Diagnoses, condition codes, and remarks. Ensure population of these if required by the payer.

Claim | Axxess, Alexis

Step 1 of 5
Demographics
Step 2 of 5
Verify Insurance
Step 3 of 5
Verify Visits
Step 4 of 5
Verify Supplies
Step 5 of 5
Summary

Reload All

Facility Type21 - SNF Inpatient*
Payment Source Bill TypeInstitutional
Bill Type0 - Non-payment/zero claims*
Invoice TypeHCFA 1500

Client Information

Client First NameAlexis*
Address Line 1211 love lane*
Client Last NameAxxess*
Address Line 2
Client Record #000012*
CityHouston*
Date of Birth01/11/1963*
State, Zip CodeTexas77047*
GenderFemale*

Start Date05/07/2018*
Admission Source-- Select Admission Source --
End Date10/02/2018*
Client StatusStill a patient*
Admission Date05/16/2017*
First Billable Visit Date05/07/2018*

Note: Admission date is included on the claim when locator 12 in step 2 is selected.
Please verify the first billable visit date from the schedule.
View Schedule

Diagnosis Codes

Primary Diagnosis O/E Date

Admission
PrimaryI10*
Secondary
Third
Fourth
Fifth
Sixth
Seventh
Eighth
Ninth
Tenth
Eleventh
Twelfth

Condition Codes

18.
19.
20.
21.
22.
23.
24.
25.
26.
27.
28.

Remark

Step 2-Verify Insurance

Insurance Details pull from the client file. Locator Information (UB or HCFA): Add/Edit locator information as needed. The values displayed pull from the payment source setup. If changes have been made to the payer select “Reload Locators and Providers” to pull the new requirements into the claim.

Claim | Axxess, Alexis

Step 1 of 5 Demographics Step 2 of 5 Verify Insurance Step 3 of 5 Verify Visits Step 4 of 5 Verify Supplies Step 5 of 5 Summary

Insurance Details

Insurance Id # * Group Name

Health Plan Id Group Id

[Reload Locators and Providers](#)

HCFA Locator Specification

☐ Locator 6

Locator 10

a. Employment ? (Current Or Previous) ☐ Yes ☐ No

b. Auto Accident ? ☐ Yes ☐ No

-- Select State --

c. Other Accident ? ☐ Yes ☐ No

Locator 12: Start Of Care Date ☒ Yes

Locator 14: Display Diagnosis O/E Date? ☐ Yes

Locator 18

a

Locator 19

Locator 22 Original Claim

Locator 26: Display MRN ☐ Yes

Locator 29: Display Amount Paid ☐ Yes

Locator 30: Display Amount Due ☐ Yes

Locator 31

a: Signature Text

b: Use Claim's Creation Date ☐ Yes

Locator 32

☐ No

☐ Yes (Same as Locator 33)

☐ Yes (Different)

Locator 33 b

The lower half of the screen displays all rates that have been loaded for the insurance. “Add Additional Task Rates” or “Edit” or “Delete” existing task information as needed.

Additional Providers

[Add Provider](#)

| Qualifier | Locator Field | Value Source | NPI | Taxonomy Code | First Name | Last Name |
|----------------|---------------|--------------|------------|---------------|------------|-----------|
| 82 - Rendering | HCFA - 24j | Rendering C | | | | |
| DN - Referral | HCFA - 17 | Primary Phys | 1255300018 | | Dean | Cabansang |

[Reload Task Rates](#) [Add Task Rate](#)

| Task | Description | Rev. Code | HCPCS | Expected | Rate | Unit Type | Modifiers | Time Limit | Action |
|--------------------|--------------------|-----------|-------|----------|---------|-----------|-----------|------------|---|
| Hospice Aide Visit | Hospice Aide Visit | | | \$37.00 | \$37.00 | Hourly | | 1:0 | Edit Delete |

[Back](#) [Verify and Next](#) [Next](#)

Step 3-Verify Visits

The claim date range displays at the top of the page for reference. Tasks group into categories.

1. Billable Tasks - Lists all completed tasks that fall within the claim date range. All billable tasks are selected by default. Task description and diagnosis pointers may be edited.
2. Incomplete Tasks - Displays all billable outstanding tasks that fall within the date range.
3. Unauthorized Tasks - Lists all completed tasks that fall outside authorization parameters. Users may elect to ignore the authorization warning and bill anyway.
4. Tasks with no associated rate - Indicates tasks that were completed that are missing insurance rates.
5. Overlapping claim - Lists tasks that are associated to a claim that overlaps date range.

If no tasks fit a category the category will not display.

Actions include:

- “Back” navigates back to step 2.
- “Reload” reloads the page after changes were made.
- “Verify and Refresh” verifies the tasks and refreshes the page.
- “Verify and Next” verifies the tasks and navigates to step 4.
- “Next” Navigates to step 4 without verifying the tasks.

Step 1 of 5
Demographics

Step 2 of 5
Verify Insurance

Step 3 of 5
Verify Visits

Step 4 of 5
Verify Supplies

Step 5 of 5
Summary

Date Range: 11/15/2017 – 02/19/2018

If your payment source requires a specific description for your tasks on this claim, click on the to edit the description.
Line items with a next to them are related to a task above them. This means they are either the travel time or the result of a visit with a time limit.
Line items with number on them are the lines that will show on the claim when billed.

Tasks in overlapping claims

| BILLABLE TASKS | | | | | | | | |
|------------------------|--------------------|----------------|------------|------|----------|-----------|----------|----------------|
| Task Description | Claim Date | Scheduled Date | Date | HCP | Rev Code | Modifiers | Status | Units Charge |
| Skilled Nursing | | | | | | | | |
| 1. Skilled Nurse Visit | 12/3/2017-2/2/2018 | 12/07/2017 | 12/07/2017 | s120 | 504 | | Reopened | 2.0 \$190.00 |
| Skilled Nurse Visit | 12/3/2017-2/2/2018 | 12/07/2017 | 12/07/2017 | s120 | 504 | | Reopened | 22.75 \$227.50 |

| INCOMPLETED TASKS | | | | |
|----------------------|----------------|------------|--------------|-----------------|
| Task | Scheduled Date | Visit Date | Assigned To | Status |
| HHAide Care Plan | 11/20/2017 | 11/20/2017 | Hendry Gomez | Not Yet Started |
| PT Eval | 11/24/2017 | 11/24/2017 | Hendry Gomez | Not Yet Started |
| Coordination Of Care | 12/03/2017 | 12/03/2017 | Hendry Gomez | Not Yet Started |
| ST Reassessment | 12/06/2017 | 12/06/2017 | Hendry Gomez | Saved |
| ST Discharge | 12/27/2017 | 12/27/2017 | Hendry Gomez | Saved |

Step 4-Verify Supplies

Recorded supplies (billable and non-billable) display and are editable as needed.

Step 1 of 5
Demographics
Step 2 of 5
Verify Insurance
Step 3 of 5
Verify Visits
Step 4 of 5
Verify Supplies
Step 5 of 5
Summary

Date Range: 11/15/2017 – 02/19/2018

Add New Supply
Mark As Non-Billable
Delete

Note: Click on the checkbox(es) to make the appropriate selection.

| BILLABLE SUPPLIES | | | | | | | | |
|--------------------------|--------------|---|-------|------------|------|-----------|------------|--------|
| | Revenue Code | Description | HCPCS | Date | Unit | Unit Cost | Total Cost | Action |
| <input type="checkbox"/> | 1243 | Humidifier, durable for extensive supplemental humidification during IPPB treatments or oxygen delivery | E0550 | 02/19/2018 | 1 | \$200.00 | \$200.00 | Edit |

Mark As Billable
Delete

Note: Click on the checkbox(es) to make the appropriate selection.

| NON-BILLABLE SUPPLIES | | | | | | | | |
|--------------------------|--------------|--|-------|------------|------|-----------|------------|--------|
| | Revenue Code | Description | HCPCS | Date | Unit | Unit Cost | Total Cost | Action |
| <input type="checkbox"/> | 1234 | Cane, includes canes of all materials, adjustable or fixed, with tip | E0100 | 02/19/2018 | 1 | \$100.00 | \$100.00 | Edit |

Back
Verify and Next

Step 5-Claim Summary

Provides a summary review of the claim. Select “Complete” to finish the verification process.

Step 1 of 5
Demographics
Step 2 of 5
Verify Insurance
Step 3 of 5
Verify Visits
Step 4 of 5
Verify Supplies
Step 5 of 5
Summary

Client First Name: Hendry
Client Last Name: Gomez
Payment Source Plan Id: ytr
Client Record #: M4859
Gender: Male
Date of Birth: 05/01/1998

Care Period Start Date: 11/15/2017
Admission Date: 06/08/2017
Address Line 1: 16000 Dallas Parkway
Address Line 2:
City: DALLAS
State, Zip Code: TX, 75248

HIPPS Code:
OASIS Matching Key:
Date Of First Billable Visit: 11/15/2017
Remark:

Diagnosis Codes:
Primary: i10
Second: i10
Third: M76.10
Fourth: J45.31
Fifth: M50.00
Sixth: M20.11

| Rev Code | Description | HCPCS/HIPPS Code | Service Date | Service Unit | Total Charges |
|----------|---|------------------|--------------|--------------|---------------|
| 1243 | Humidifier, durable for extensive supplemental humidification during IPPB treatments or oxygen delivery | E0550 | 02/19/2018 | 1 | \$200.00 |

A green checkmark displays when the verification is completed for the pages. Once all checkmarks are present, a selection field presents to the left of the claim.

Outstanding Claims | Axxess Testing Agency

Branch

Dallas

Payment Source




AA Insurance

When a claim has been fully verified it can be marked as submitted.

Print

Excel Export

Generate

| <input type="checkbox"/> | # | Client Name | MRN | Date Range | Detail | Visit | Supply | Verified | |
|--------------------------|----|------------------|---------|-------------------------|--------|-------|--------|----------|---|
| | 12 | GOMEZ, HENDRY | M4859 | 01/02/2018 - 11/02/2018 | ✖ | ✖ | ✖ | ✖ | |
| | 13 | FLAGSTONE, FRANK | 87998 | 01/02/2018 - 11/02/2018 | ✖ | ✖ | ✖ | ✖ | |
| | 14 | GOMEZ, HENDRY | M4859 | 01/01/2018 - 03/31/2018 | ✖ | ✖ | ✖ | ✖ | |
| <input type="checkbox"/> | 15 | AARON, LUCILLE | PCS-002 | 12/03/2017 - 02/02/2018 | ✔ | ✔ | ✔ | ✔ |  |
| | 16 | ADAMS, MARCIE | 00003 | 12/01/2017 - 02/22/2018 | ✖ | ✖ | ✖ | ✖ | |
| <input type="checkbox"/> | 17 | GOMEZ, HENDRY | M4859 | 11/30/2017 - 12/01/2017 | ✔ | ✔ | ✔ | ✔ |  |
| <input type="checkbox"/> | 18 | GOMEZ, HENDRY | M4859 | 11/15/2017 - 02/19/2018 | ✔ | ✔ | ✔ | ✔ |  |
| | 19 | FLAGSTONE, FRANK | 87998 | 11/15/2017 - 02/19/2018 | ✖ | ✖ | ✖ | ✖ | |

Submit Selected Electronically

Bulk Print

Claim submission options depend on the payment source setup. Options include:

1. Electronic Submission - Electronic submission to a clearinghouse.
2. Download - Users download the claims and then upload to the payer portal or clearinghouse. Once the claim/s are downloaded the user must mark the claims as submitted to remove them from the outstanding claim page.
3. Bulk Print - Provides ability to print multiple claims for mailing.
 - a. Select all the desired claims then select "Bulk Print." The user will have the option to combine into a PDF file, or a Zip file. Either choice will compile the claims for selection under Reports-Completed Reports.
 - b. Once printed, update the claim status by Marking Selected as Submitted.

Outstanding Claims | Axxess Testing Agency

Branch: Payment Source:

When a claim has been fully verified it can be marked as submitted.

Print
Excel Export
Generate

| # | Client Name | MRN | Date Range | Detail | Visit | Supply | Verified |
|----|------------------|---------|-------------------------|--------|-------|--------|----------|
| 12 | GOMEZ, HENDRY | M4859 | 01/02/2018 - 11/02/2018 | ✗ | ✗ | ✗ | ✗ |
| 13 | FLAGSTONE, FRANK | 87998 | 01/02/2018 - 11/02/2018 | ✗ | ✗ | ✗ | ✗ |
| 14 | GOMEZ, HENDRY | M4859 | 01/01/2018 - 03/31/2018 | ✗ | ✗ | ✗ | ✗ |
| 15 | AARON, LUCILLE | PCS-002 | 12/03/2017 - 02/02/2018 | ✓ | ✓ | ✓ | ✓ |
| 16 | ADAMS, MARCIE | 00003 | 12/01/2017 - 02/22/2018 | ✗ | ✗ | ✗ | ✗ |
| 17 | GOMEZ, HENDRY | M4859 | 11/30/2017 - 12/01/2017 | ✓ | ✓ | ✓ | ✓ |
| 18 | GOMEZ, HENDRY | M4859 | 11/15/2017 - 02/19/2018 | ✓ | ✓ | ✓ | ✓ |
| 19 | FLAGSTONE, FRANK | 87998 | 11/15/2017 - 02/19/2018 | ✗ | ✗ | ✗ | ✗ |

1 Submit Selected Electronically Bulk Print

Outstanding Claims | Axxess Testing Agency

Branch: Payment Source:

When a claim has been fully verified it can be marked as submitted.

Print
Excel Export
Generate

| # | Client Name | MRN | Date Range | Detail | Visit | Supply | Verified |
|---|-----------------|------------|-------------------------|--------|-------|--------|----------|
| 1 | HESED, LEAH | LH234 | 11/01/2018 - 11/15/2018 | ✗ | ✗ | ✗ | ✗ |
| 2 | HESED, LEAH | LH234 | 07/24/2018 - 07/30/2018 | ✗ | ✗ | ✗ | ✗ |
| 3 | HESED, LEAH | LH234 | 07/08/2018 - 08/01/2018 | ✗ | ✗ | ✗ | ✗ |
| 4 | HESED, JONATHAN | 00444 | 07/02/2018 - 08/16/2018 | ✗ | ✗ | ✗ | ✗ |
| 5 | HARDISON, APRIL | 1234567890 | 07/01/2018 - 07/11/2018 | ✓ | ✓ | ✓ | ✓ |
| 6 | HARDISON, APRIL | 1234567890 | 05/07/2018 - 10/02/2018 | ✗ | ✗ | ✗ | ✗ |
| 7 | HESED, LEAH | LH234 | 05/07/2018 - 10/02/2018 | ✗ | ✗ | ✗ | ✗ |
| 8 | HESED, JONATHAN | 00444 | 05/07/2018 - 10/02/2018 | ✗ | ✗ | ✗ | ✗ |

2 Download Selected Claim(s) Mark Selected as Submitted Bulk Print 3

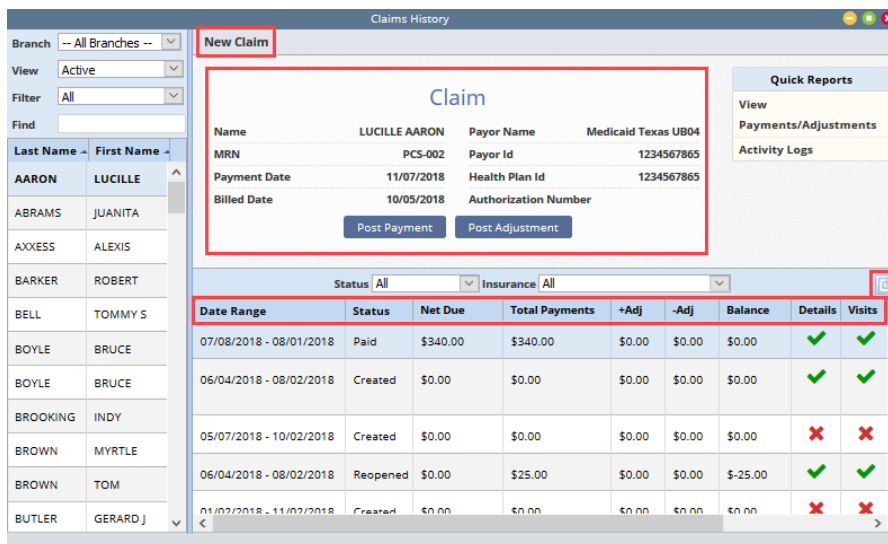
Which format would you like the Bulk Print to be in?

ZIP Archive Combined PDF Document Cancel

3a

CLAIMS HISTORY

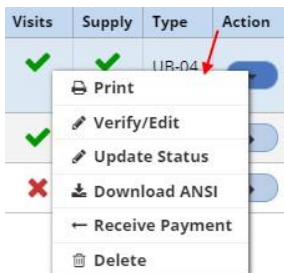
The Claim History page contains the list of a client's claims. For convenience, a new claim may be added by selecting "New Claim" at the top of the page. The "Expand" icon will expand the list over the claim summary at the top. Select a claim. A summary will then display in the top section of the page with the options to either post payment or adjustment. The information provided in the list includes: Date Range, Status, Net Due, Total Payments, + Adjustments, – Adjustments, Balance Detail/Visits/Supply, Claim Type and Action.



| Date Range | Status | Net Due | Total Payments | +Adj | -Adj | Balance | Details | Visits |
|-------------------------|----------|----------|----------------|--------|--------|----------|---------|--------|
| 07/08/2018 - 08/01/2018 | Paid | \$340.00 | \$340.00 | \$0.00 | \$0.00 | \$0.00 | ✓ | ✓ |
| 06/04/2018 - 08/02/2018 | Created | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | ✓ | ✓ |
| 05/07/2018 - 10/02/2018 | Created | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | ✗ | ✗ |
| 06/04/2018 - 08/02/2018 | Reopened | \$0.00 | \$25.00 | \$0.00 | \$0.00 | \$-25.00 | ✓ | ✓ |
| 01/02/2018 - 11/02/2018 | Created | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | ✗ | ✗ |

Available Action Items depend on the claim status. Most include the ability to:

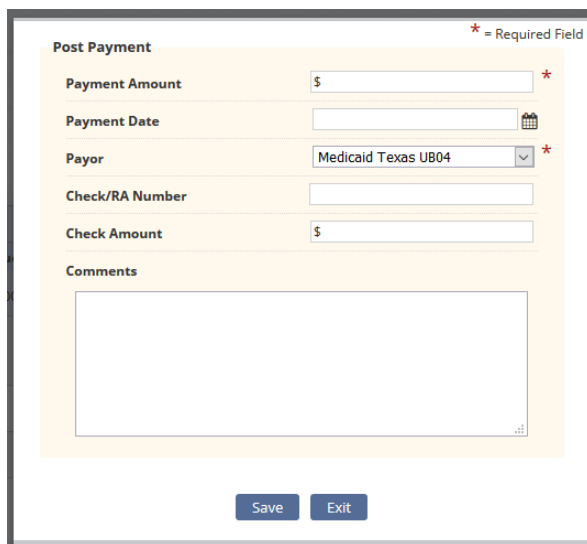
- Print - To print a paper copy of the claim.
- Verify/Edit - To review/update the claim verification process.
- Update Status - Is the available status which varies depending on the current claim status.
- Download ANSI - Provides the ability to download the ANSI (text) file for review or submission.
- Receive Payment - Is available once a claim has been submitted.
- Delete - Provides the ability to remove the claim.



“Post Payment” contains two required fields:


- Amount - Enter the amount of the payment. The system defaults to the net due, update as needed.
- Payer - Indicate the payer the received payment is from.
- Other available fields include: Payment date, Check/RA number the payment is part of, Check Amount and any comments.

The claim status will automatically update based on the outstanding balance and includes: paid, partially paid and overpaid.



Post Payment * = Required Field

Payment Amount \$ *

Payment Date 

Payor Medicaid Texas UB04 *

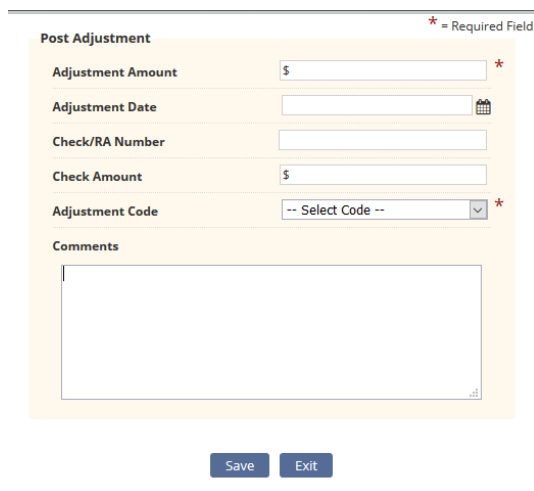
Check/RA Number

Check Amount \$

Comments


“Post Adjustment” contains three required fields:

- Amount - Indicate the amount of the adjustment.
- Adjustment Code - Indicate the adjustment reason.
- Other Fields - Date, Check/RA Number and amount as well as any applicable comments.



Post Adjustment * = Required Field

Adjustment Amount \$ *

Adjustment Date 

Check/RA Number

Check Amount \$

Adjustment Code -- Select Code -- *

Comments

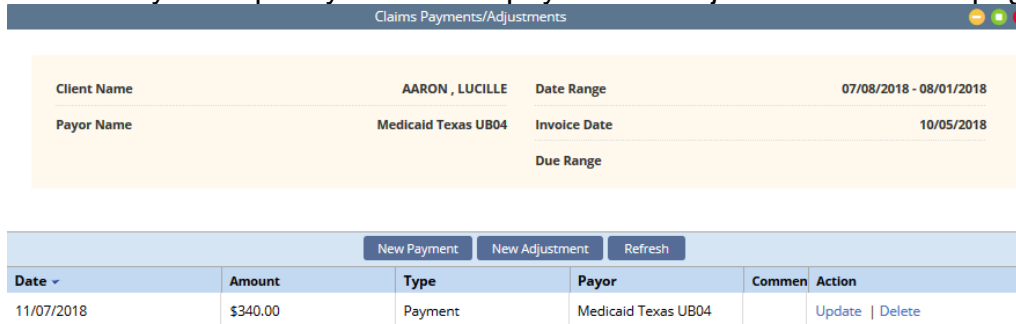
Claim Quick Reports

To the right of the client information are quick reports associated to the claim selected, allowing the user to view payments and adjustments posted to the claim as well as an activity log showing when the claim was updated and by whom.



View Payments/Adjustments:

- Displays all payments and adjustments associated to the claim with the ability to update or delete if needed.
- Users may also quickly add a new payment or adjustment from this page.



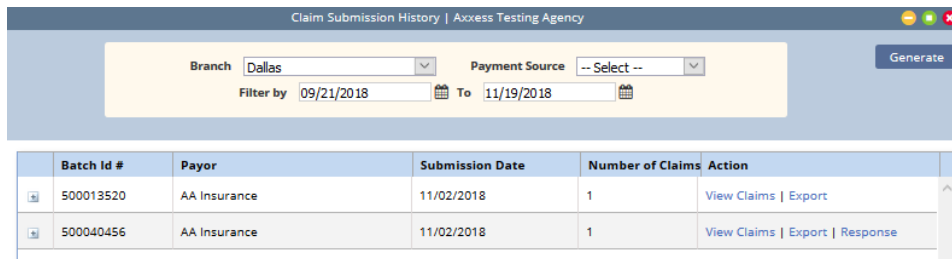
| Date | Amount | Type | Payor | Comment | Action |
|------------|----------|---------|---------------------|---------|-----------------|
| 11/07/2018 | \$340.00 | Payment | Medicaid Texas UB04 | | Update Delete |

Activity Logs

| User Name | Action Description | Date |
|-------------------|------------------------------------|------------------|
| Anusha Bommidi RN | Managed Claim Marked As Submitted. | 7/5/2018 1:33 PM |
| Anusha Bommidi RN | Managed Claim Summary Verified. | 7/5/2018 1:27 PM |
| Anusha Bommidi RN | Managed Claim Supply Verified. | 7/5/2018 1:27 PM |
| Anusha Bommidi RN | Managed Claim Visit Verified. | 7/5/2018 1:27 PM |
| Close | | |

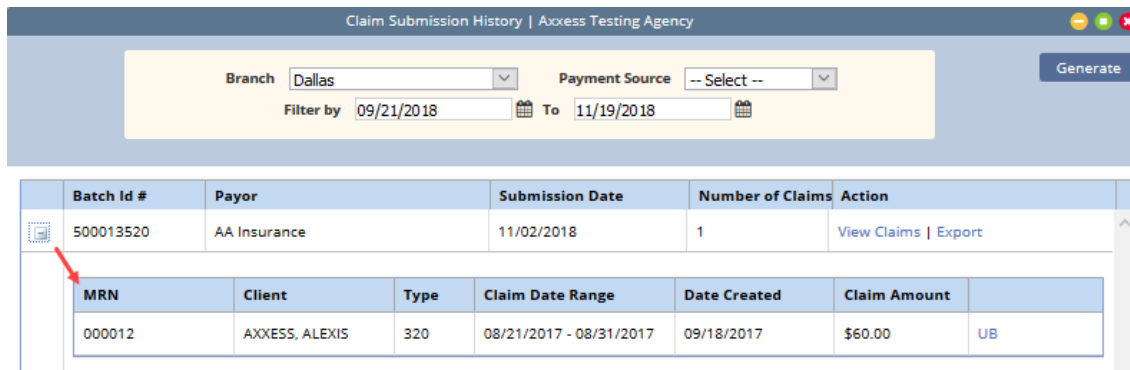
CLAIM SUBMISSION HISTORY

Claims that are electronically submitted will populate to the Claim Submission History page. This menu allows the ability to review batches of claims, the response files and the claims within the batch. Select the branch, payment source and date range and select “Generate” to narrow return results. The summary line item displays the Batch ID, Payer, Submission Date, Number of claims in the batch as well as an action column from which the user may elect to view the claims, export the file or view the response.



| Claim Submission History Axxess Testing Agency | | | | | |
|--|--------------|------------------------------|------------------|---------------------------------|--|
| Branch: Dallas | | Payment Source: -- Select -- | | Generate | |
| Filter by: 09/21/2018 | | To: 11/19/2018 | | | |
| Batch Id # | Payor | Submission Date | Number of Claims | Action | |
| 500013520 | AA Insurance | 11/02/2018 | 1 | View Claims Export | |
| 500040456 | AA Insurance | 11/02/2018 | 1 | View Claims Export Response | |

Selecting the expand icon (+) next to the batch will display the list of claims included in the batch. Information includes the Client Record number, Client Name, Type of Bill, Claim Date Range, Date Created, Claim Amount and the ability to view the claim.



| Claim Submission History Axxess Testing Agency | | | | | | | |
|--|----------------|------------------------------|-------------------------|----------------------|--------------|----|--|
| Branch: Dallas | | Payment Source: -- Select -- | | Generate | | | |
| Filter by: 09/21/2018 | | To: 11/19/2018 | | | | | |
| Batch Id # | Payor | Submission Date | Number of Claims | Action | | | |
| 500013520 | AA Insurance | 11/02/2018 | 1 | View Claims Export | | | |
| MRN | Client | Type | Claim Date Range | Date Created | Claim Amount | | |
| 000012 | AXXESS, ALEXIS | 320 | 08/21/2017 - 08/31/2017 | 09/18/2017 | \$60.00 | UB | |

Response File

The response file will provide a summary at the top and then list the claims within. Users can “Close” or “Print” upon viewing. It will list the total number of claims submitted along with the number accepted and rejected and provide charges associated with each.

Claim Response | Axxess Testing Agency

Close Print

Availability Customer ID: 0471653

Immediate Batch Text Response

Availability Messages: NA

BATCH SUMMARY

| | | | |
|------------------------|------------------------|--------------------------|--------------|
| Date Received: | 2018-06-26 | Time Received: | 10.40.05.008 |
| Availability Batch ID: | 2018062610400603 | File Control Number: | 500029794 |
| Availability File ID: | 1-25460882049 | | |
| File Name: | ansi_837_500029794.clp | | |
| Submitted Claims: | 1 | Total Submitted Charges: | 5980.00 |
| Accepted Claims: | 0 | Total Accepted Charges: | 0.00 |
| Rejected Claims: | 1 | Total Rejected Charges: | 5980.00 |

Payer Name: ECBS ILLINOIS

Payer ID: 00621

Submitter Batch ID: 029794

Status: R

Patient Name: ADAM, BILDAD

Patient Control Number: LOVE1

From Date: 2018-02-01

To Date: 2018-02-09

Charge: 5980.00

Provider Billing ID: 1234567890

Clearinghouse Trace #: 75J013N3EYLIW0

Availability Trace #: 7647942513

Error Initiator: ECBS ILLINOIS PSE

Loop: 2010BA

Segment ID: NM1

Element #: 9

Version #: 5010A1

Error Message: Subscriber I

D (loop 2010BA, NM109) must begin with a three-character prefix followed by up to 14 characters with no spaces. For Federal Employee Program (FEP) subscribers, the subscriber I

D must begin with the letter R followed by eight numbers with no spaces.

Error Initiator: HIPAA

Loop: 2010AA

Segment ID: NM1

Element #: 9

Version #: 5010A1

Error Message: Value of element NM109 is incorrect. Expected value is National Provider ID (format is '10 digits with optional '80840' prefix and last check digit') when NM108='XX'. Segment NM1 is defined in the guideline at position 0150. Invalid data: 1234567890

HELP CENTER

Help/Support & Training/Help Center

A great resource that is available 24/7 is our Help Center. A place to get answers to frequently asked questions or watch videos featuring all Axxess products. It can be accessed by going to

Help

Support Ticketing Center

Support & Training

Recent Software Updates

ICD-10

Social

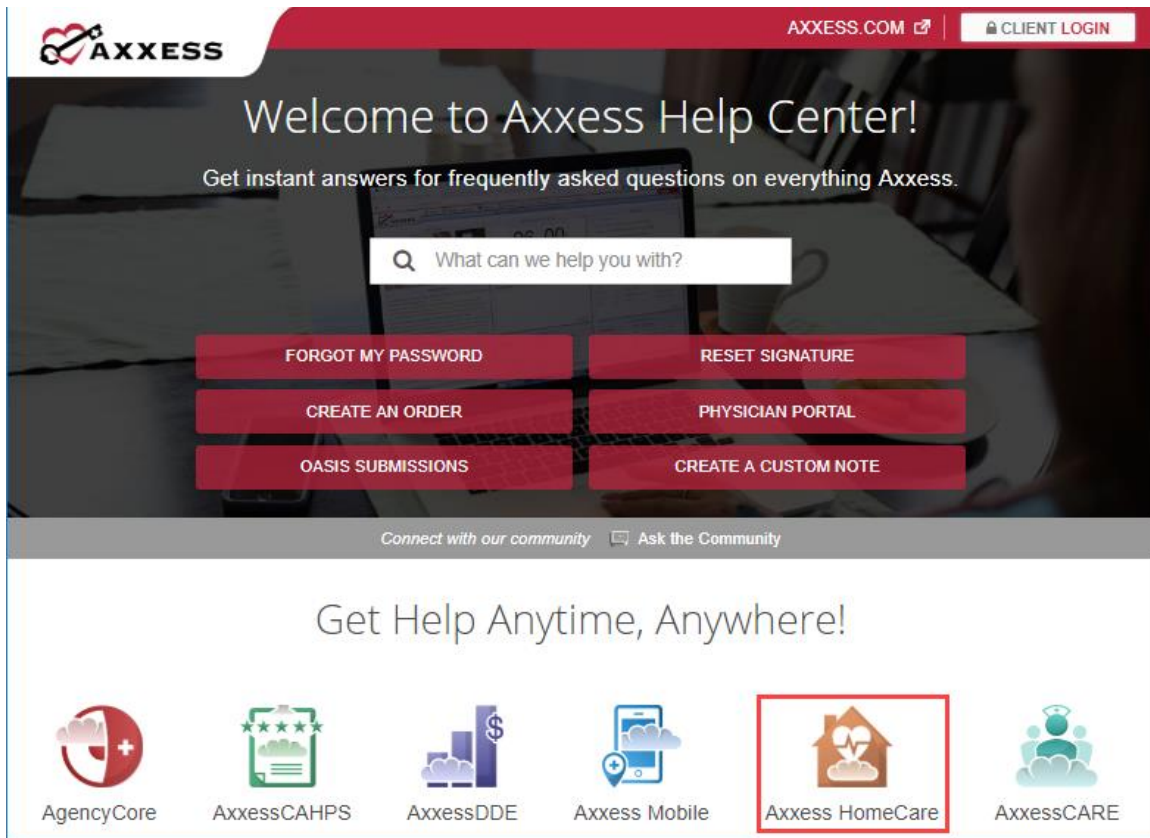
Help Center

Online User Community

Training Webinars

Launch Join.Me

Or also available at <https://www.axxess.com/help/>



AXXESS AXXESS.COM CLIENT LOGIN

Welcome to Axxess Help Center!

Get instant answers for frequently asked questions on everything Axxess.

What can we help you with?

FORGOT MY PASSWORD RESET SIGNATURE

CREATE AN ORDER PHYSICIAN PORTAL

OASIS SUBMISSIONS CREATE A CUSTOM NOTE

Connect with our community Ask the Community

Get Help Anytime, Anywhere!

AgencyCore AxxessCAHPS AxxessDDE Axxess Mobile **Axxess HomeCare** AxxessCARE