BILLING MEDICARE TRAINING MANUAL

/Axxess

Table of Contents

Claims "RAP and Final" are created automatically when the patient is admitted in the system.

NOTE: If the patient is entered with another Primary Payer and then changed, the RAP and Final will need to be created manually in Claims History.
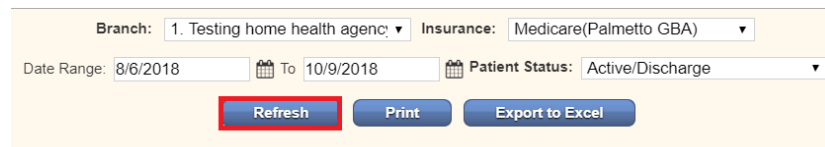
CREATE RAP CLAIMS
Billing/Medicare-Medicare HMO/Create RAP Claims
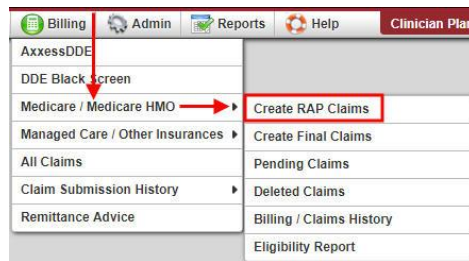
A window will open with a list of Patient's Names, Patient ID/MR Number, Episode Period, OASIS, Visit and Verified. Sort by:

- Branch – Choose from drop-down menu (if there is more than one).
- Insurance – Choose any payer that has been added to Axxess from the drop-down menu (Medicare and Medicare/HMO Payers).
- Date Range - By either writing in or selecting the date by selecting the calendar icon.
- Patient Status - Choose from either Active/Discharge or Non-Admit in the drop-down menu.

Once parameters have been entered, select the "Refresh" button.

Only patient names that fall within that selection will be on the list. To Print the list of patients, select the "Print" button. To make an excel spreadsheet out of this list, select "Export to Excel."

To the right of the patient's name and episode date there will be OASIS, Billable Visit and Verified. All these sections need to have a green check mark to bill the RAP. The green check marks are obtained by meeting the following criteria:

- OASIS – The OASIS in the designated episode should be in a completed status.
- Billable Visit – The first billable visit in the designated episode must be in a completed status.
- Once the first two columns (OASIS and Billable Visit) have green check marks, the patient's name will appear in a blue hyperlink. Select the patient's name to begin the verification process.

After reviewing all the details of the RAP, select "Verify." This will show a green checkmark ✔ under the Verified column.

Once the RAP has been verified there will be a check box to the left of the patient's name. This shows the RAP is ready to be generated for billing submission. Select the check box next to the patient's name and scroll to the bottom of the page. Select the "Generate Selected" button.
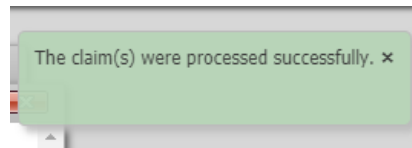
Once "Generate Selected" has been selected, the user will be taken to a screen that shows 2-3 options:

- Submit Electronically - If claims are submitted through Axxess (the agency must have Axxess DDE to submit Medicare Claims electronically).
- Download Claim(s) - If the agency has a clearinghouse that submits their claims or print the claim to mail to the insurance provider.
- Mark Claim(s) As Submitted - To mark claims as submitted once the user has downloaded the RAP and uploaded or printed it.

Once the claim has been submitted, an alert will appear on the top right corner stating, "The claim(s) were processed successfully." Then the RAP will be removed from the list automatically and will show in the *Billing/Claims History* section.
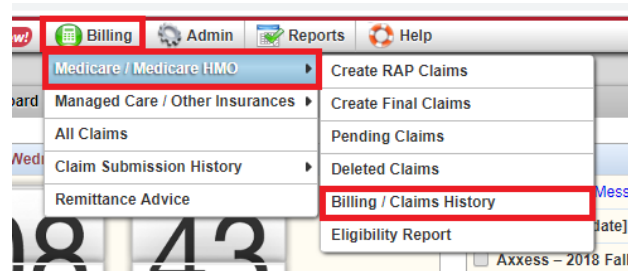

To submit all claims that have the three checkmarks without selecting each patient, select "Generate All Completed" and the user will be taken to a screen that shows three options:

- Submit Electronically - If claims are submitted through Axxess.
- Download Claim(s) - If the agency has a clearinghouse that submits their claims or print the claim to mail to the insurance provider.
- Mark Claim(s) As Submitted - To mark claims as submitted once the user has downloaded the RAP and uploaded or printed it.

CLAIMS HISTORY/NEW RAP
Billing/Medicare-Medicare HMO/Billing-Claims History

After Submitting Electronically or Marking Claim as Submitted it will appear in the "Claims History" with the Status of Submitted.

	Type	Episode Range	Status	Claim Amount
+	RAP	09/02/2018-10/31/2018	Created	$0.00
+	Final	09/02/2018-10/31/2018	Created	$0.00
+	RAP	07/04/2018-09/01/2018	Submitted	$1016.81
+	Final	07/04/2018-09/01/2018	Created	$0.00

This is the section where users can create a RAP if it was **not** created due to a Payer change after the patient was admitted in the system. Search by:
- Branch – Choose from drop-down (if there is more than one).
- Status - Choose patient status from drop-down menu.
- Filter – Choose payer type from the drop-down menu.
- Find – Type any part of the patient name and list of names on the left will narrow down.
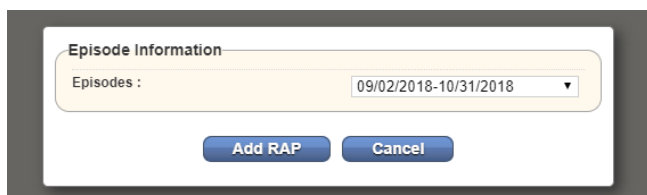
Select the patient name on the left side (patient's name box will turn light blue). Then on the upper left under the "Home" tab there will be an option for "New RAP."
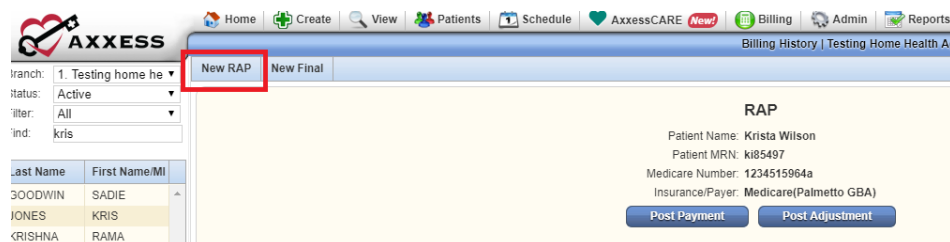
Once the "New RAP" is selected, an Episode Information window will open. Choose the correct episode from the drop-down and then select the "Add RAP" button and the RAP will be created.
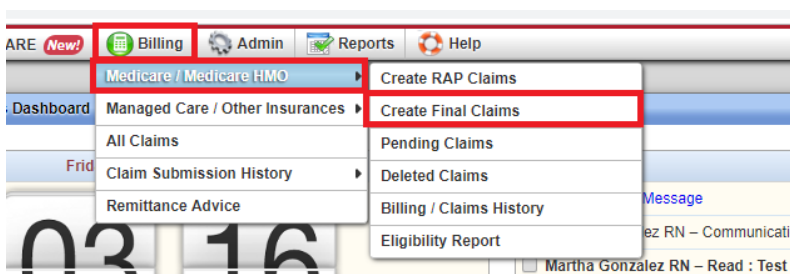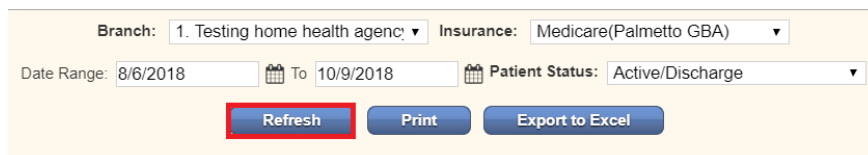

CREATE FINAL CLAIMS
Billing/Medicare-Medicare HMO/Create Final Claims

A window will open with a list of Patient's names, Patient ID/MR Number, Episode Period, Claim Type, RAP, OASIS Exported, Visit, Order, Verified and any Comments. Here there is the option to sort by Insurance and Date Range. Search by:

- Branch – Choose from drop-down menu (if there is more than one).
- Insurance – Choose any payer that has been added to Axxess from the drop-down menu.
- Date Range - By either writing in or selecting the date by selecting the calendar icon.
- Patient Status - Choose from either Active/Discharge or Non-Admit in the drop-down menu.

Only patient names that fall within that selection will be on the list. To Print the list of patients, select the "Print" button. To make an excel spreadsheet out of this list, select "Export to Excel."

To the right of the patient's name and episode date will be the Claim Type (Final), RAP, OASIS Exported, Visit, Order and Verified all these sections need to have a green check mark ✔ to bill the Final. This green check mark is obtained by selecting the Patient's Name and verifying the Final. RAP must be submitted, OASIS must be exported and all the visits are completed in that episode. All orders should also be returned with physicians' signature and then there will be a hyperlink on patient name for verifying Final Claim.

There are four steps to verifying a Final:

1. **Demographics** - Is the patient's information that the user needs to verify that the sections with the * red asterisk are correct. These sections are typically generated from the patient's demographics and OASIS. At the bottom of the page there is a "Verify and Next" button to go to Step 2.
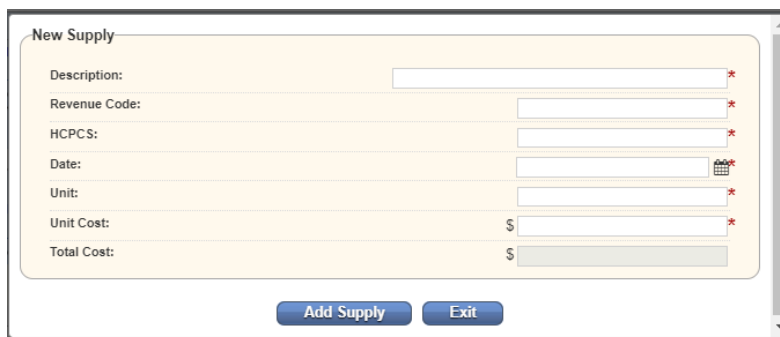
2. **Verify Visits** - Is the section where the user must verify the visits that were done for the patient within the episode date range. This page is split up into three sections: Billable Visits, Missed Visit and Incomplete Visits. Each section has the following columns listed: Visit Type, Scheduled Date, Visit Date, HCPCS, Rev Code, Status, Units and Charge. On the bottom of the page there is a button to go "Back" to the previous step or a button to "Verify and Next" to go to Step 3.

3. **Verify Supplies** - Is the section where users verify the supplies that were used for the patient within the episode date range. If users do not want to bill for supplies check the box in the upper left-hand corner. Check the box to the left of the supply and select the hyperlinks "Mark As Non-Billable" or "Delete" if applicable. If a supply is marked as non-billable, it will fall to the lower section of the page. Select the "Edit" hyperlink on the right to make updates.

To add a supply that is missing, check the box to the left of the supply then select the **"**Add New Supply" hyperlink. A new window will open where users must enter the supply Description. Start typing and options will appear below. If applicable, select one of the descriptions. Axxess is pulling from a database that has the corresponding HCPCS codes listed. Enter the Revenue Code, select or write in the Date. Enter the Unit and Unit Cost. Then select the "Add Supply" button.
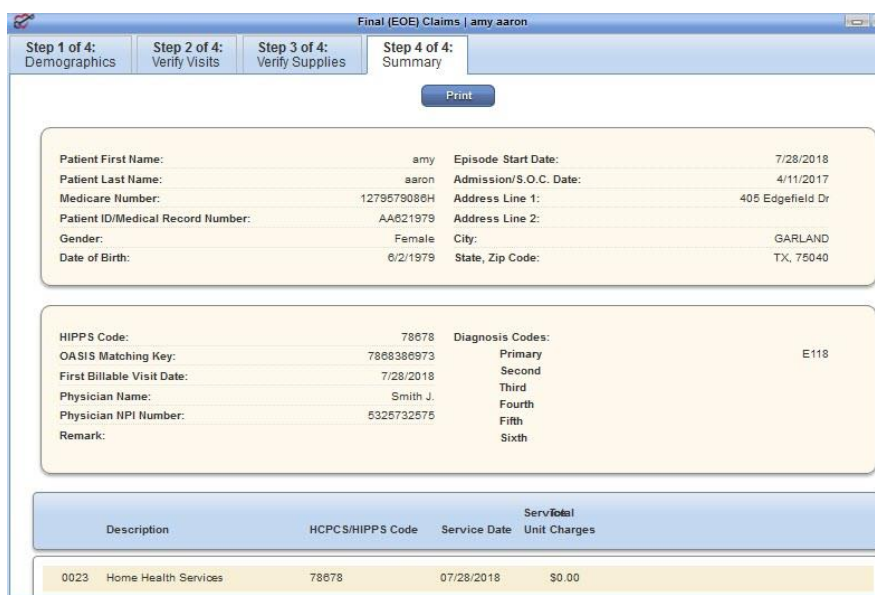
At the bottom of the page will be a "Back" button or the "Verify and Next" to go to Step 4.

4. **Summary** - Is the final section where users verify all the information for the Final is correct. In this section there is an option to select the "Back, Print or Complete" buttons for the verification of the Final.

Once the Final has been verified there will be a check box next to the patient's name. This shows the Final is ready to be generated for billing submission. Select the box next to the patient's name. Scroll to the bottom of the page. Select the "Generate Selected" button.

124.	WADE, MARCUS	292875	08/15/2018–10/13/2018	Final	✔	✖	✖
125.	WHEELER, MARGUERITE	BT1956	08/19/2018–10/17/2018	Final	✖	✖	✖
126.	WILSON, KRISTA	ki85497	07/04/2018–09/01/2018	Final	✔	✔	✔

**Generate Selected**   **Generate All Completed**

Once "Generate Selected" is selected, users will be taken to a screen that shows 2-3 options:
- Submit Electronically - If claims are submitted through Axxess.
- Download Claim(s) - If the agency has a clearinghouse that submits their claims or print the claim to mail to the insurance provider.
- Mark Claim(s) As Submitted - To mark claims as submitted once the user has downloaded the RAP and uploaded or printed it.

| Final Claim Summary	Testing Home Health Agency, Inc			
1. Testing home health agency, Inc.	Medicare (Palmetto GBA)			
Patient Name	Medicare No	Episode Date	Claim Amount	
Mark (Mavs-414141)	414141414	06/13/2018 - 08/11/2018	1694.68	

Submit Electronically   **Download Claim(s)**

Mark Claim(s) As Submitted

Once the claim has been submitted, an alert will appear on the top right-hand side corner stating, "The claim(s) were processed successfully." Then the Final will be removed from the list automatically and will show in the Claims History section.

The claim(s) were processed successfully. ✖
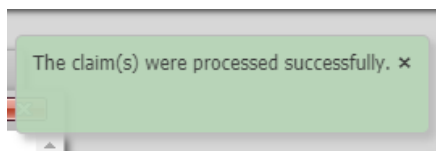
CLAIMS HISTORY/NEW FINAL

Billing/Medicare-Medicare HMO/Billing-Claims History.
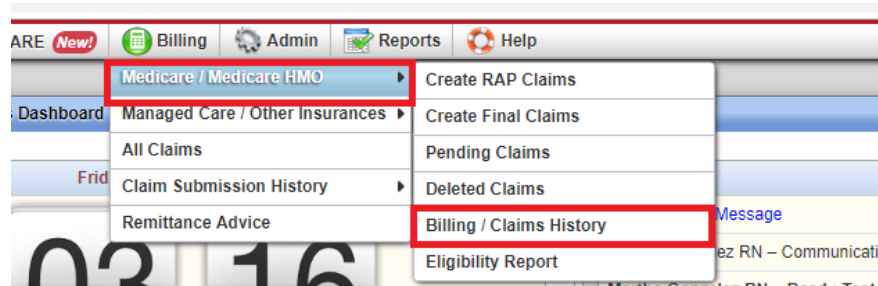
After submitting Final or marking it as Completed Submitted it will appear in the Claims History with the status of Submitted.

This is the section where users would be able to create RAP if it was *not* created due to a Payer change after the patient was admitted in the system. Search by:

- Branch – Choose from drop-down (if there is more than one).
- Status - Choose patient status from drop-down menu.
- Filter – Choose payer type from the drop-down menu.
- Find – Type any part of the patient name and list of names on the left will narrow down.
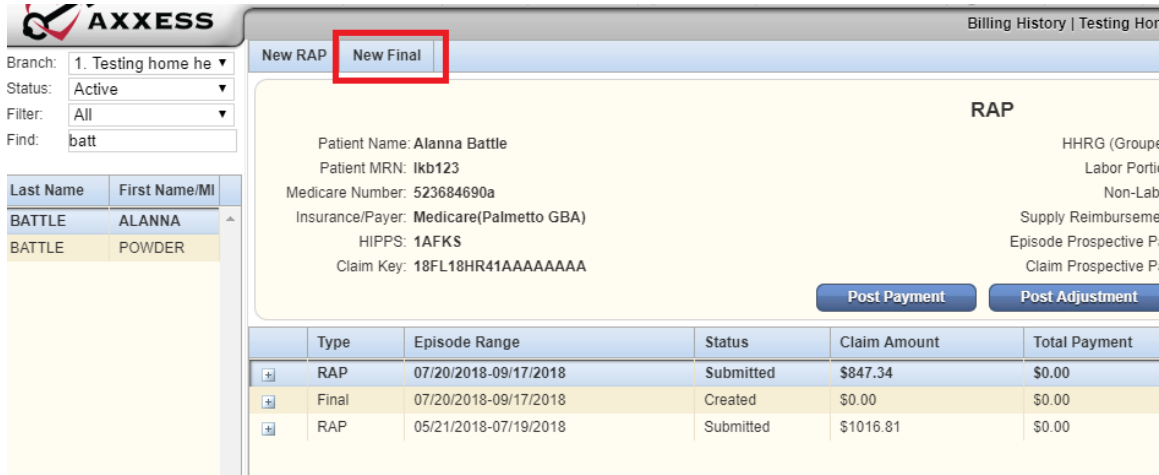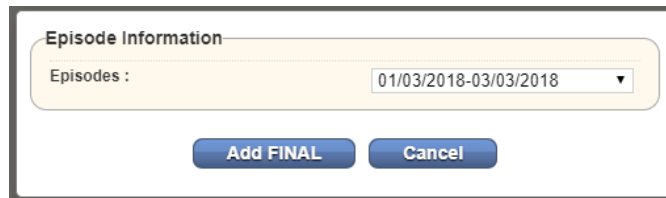
Select the patient name on the left side (patient's name box will turn light blue).
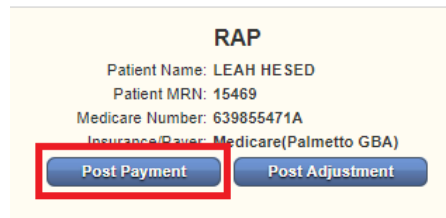Then on the upper left under the "Home" tab there is an option for "New Final."

Once "New Final" is selected, an Episode Information window opens. Choose the correct episode from the drop-down and then select the "Add Final" button and the Final will be created.
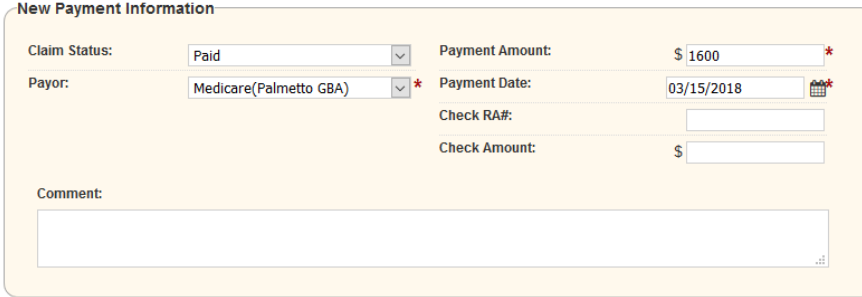

POSTING PAYMENTS

Once payment is received on the claim, post the payment amount by selecting "Post Payment."

Change the Claim status from the drop-down menu to Paid. Enter the Payment Amount, Payment Date and select "Save."
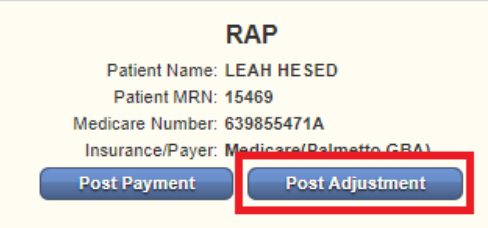
If there is a Balance amount on the claim, adjustments can be made by selecting "Post Adjustment."
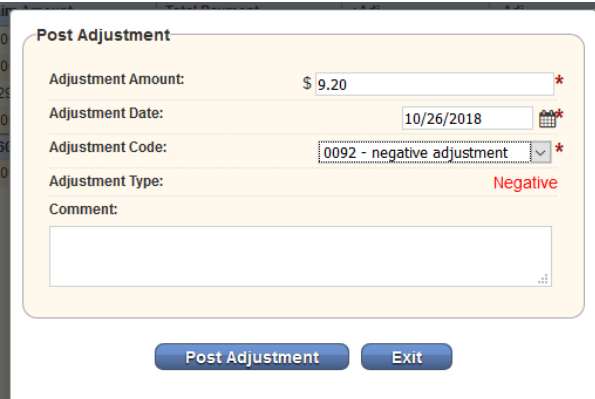
If there is positive balance, make an Adjustment selecting a negative Adjustment Code and vice versa. Enter the Adjustment Amount, Date, any comments and select "Post Adjustment." Go to *Admin/Lists/Adjustment Codes/New Adjustment Code* to make custom Adjustment Codes.

On the right-hand side are the following Quick Reports:

- <u>Remittance</u> - If Remits were posted through Remittance Advice, they can be seen here.
- <u>View Payments</u> - The payments posted on the claim can be seen here. Users can update or delete them.
- <u>View Adjustments</u> – Any adjustments made on claims are seen in this section. Users can update or delete them.
- <u>Activity Logs</u> – To see when and who made any adjustments to a claim.
- <u>Deleted Claims</u> - All the deleted claims for that patient can be seen here and can be restored as well.

ALL CLAIMS
Billing/All Claims
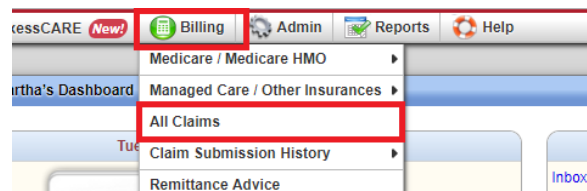
A new window will open with the option verify all type of claims. To find a claim, select from the following search parameters:
- <u>Branch</u> – Choose from drop-down menu (if there is more than one).
- <u>Bill Type</u> – Choose from either RAP, Final or Managed Care.
- <u>Insurance</u> – Choose any payer that has been added to Axxess from the drop-down menu.
- <u>Patient Status</u> - Choose from either Active/Discharge or Non-Admit in the drop-down menu.

Then select the "Refresh" button to finish the search.

This section works the same as the Medicare/Medicare HMO and Managed Care/Other Insurance. It allows for all claims in one window and change options in the top section depending on the Bill Type users are wanting to verify. It is the Same process of having all **green** check marks before being able to bill claims.

CLAIM SUBMISSION HISTORY - MEDICARE
Billing/Claim Submission History/Medicare-Medicare HMO

This section provides the response for the claims that were submitted electronically for both Medicare/Medicare HMO and Managed Care/Other Insurance. Filter through claims by choosing the Claim Type and writing/selecting a date range. Once parameters have been chosen, select the "Generate" button.

The window shows the Batch ID, Submission Date, # of claims, RAPs and Finals. To send the whole list to an excel spreadsheet select the "Export to Excel" button in the top right. To look at which claims were in each batch, select the "View Claims" hyperlink to the far right. The Submitted Claims Detail window will show every claim that was in the batch and the option to "Export" them by selecting the button in the top right.
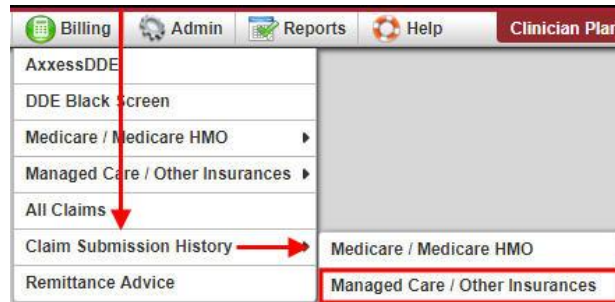

Back at the Claim Submission History window, select the "Response" (under Action) hyperlink to see the electronic response.

CLAIM SUBMISSION HISTORY - OTHER
Billing/Claim Submission History/Managed Care-Other Insurances

The following window houses the submission history of all other claims besides Medicare and Medicare HMO claims. To find a specific claim, start typing in the Search By text space by either Batch ID #, Payer Name, Submission Date, Submitted By or the # of Claims. Select the "Export to Excel" button in the top right to create an excel spreadsheet of the list showing based off search parameters.

Claims can be viewed three ways:

1. Select the plus sign icon to the left of the Batch ID #.
2. Select the # of Claims hyperlink.
3. Select the "View Claims" hyperlink to the far right.

Selecting any of the previous three options will expand the claim. The expanded claim will list the MRN, Patient, Type, Episode, Date Created and Claim Amount. To view the submitted form, select the "UB-04" hyperlink to the far right of the claim which will download a PDF copy. The "Export" hyperlink will create an Excel spreadsheet of just that batch.
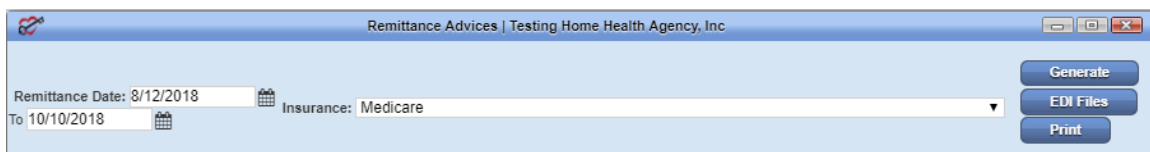
	Batch Id #	Payor Name		Submission Date		Submitted By		# of Claims	Action	
⊟	802178089	Rojas UB		08/13/2018				1	View Claims	Export
	MRN	Patient	Type		Episode		Date Created		Claim Amount	
	CR123	ROJAS, CAROLINA	121		06/12/2018 - 06/14/2018		07/26/2018		$1600.01	UB-04

BILLING/REMITTANCE ADVICE
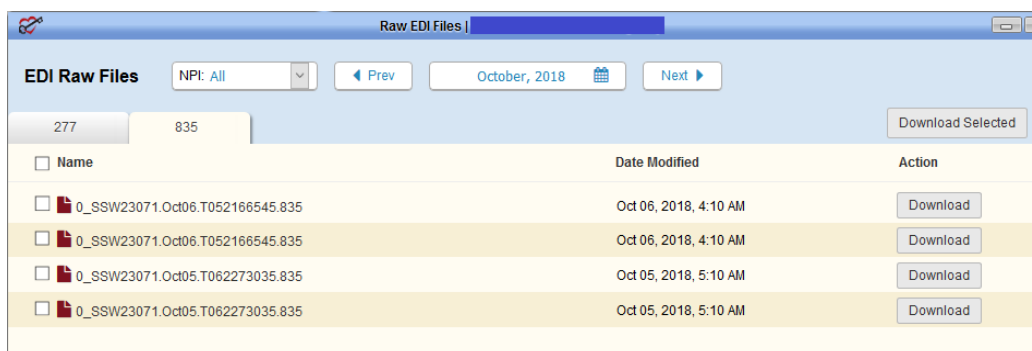
Billing/Remittance Advice

Remittance Advice is uploaded from Medicare. The agency must be linked to Axxess to receive Remittance Advice through our system. If this is the case, when the window is opened there will be a list with the Remittance ID, Remittance Date, Payer, Payment Date, Last Posted Date, Provider Payment, Claim Count, Action and Posted Status. Write/select the date range for Remittance Date, choose the Insurance from the drop-down, then select the "Generate" button. Select the "Print" button to print the list showing based on parameters. The Action column contains two actions: View Details and Delete. The "Delete" action item will delete the remittance advice from the list. Select "View Details" to review the claims details and Post Payment.

To see the raw EDI Files, select the "EDI Files" button to the far right. The following window will open. To limit the number of raw files seen, select an NPI from the drop-down or choose a date by selecting the calendar icon or selecting

the "< Prev" and/or "Next >" buttons. Download each individual raw file by selecting the "Download" button to the right of the file. Select the check boxes to the left of each file and select the "Download Selected" button in the top right to download multiple at the same time. There are also two types of raw files split up by tabs. There is the "277" tab and the "835" tab.

Right below that section is another way to sort through Remittance Advice. Write/select the date range for Received Date, check the box whether it is Not Posted then select the "Generate" button to the far right. If there is a Remittance File to upload, select the "Browse" button (retrieve the file on computer), then select the "Upload" button.
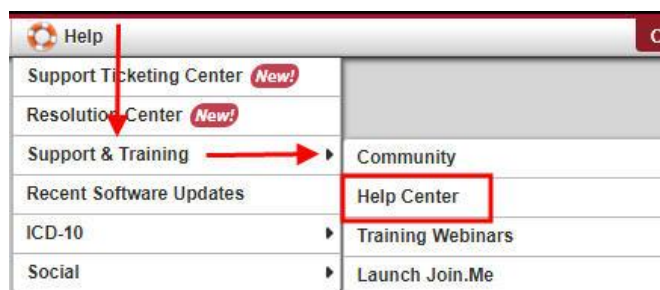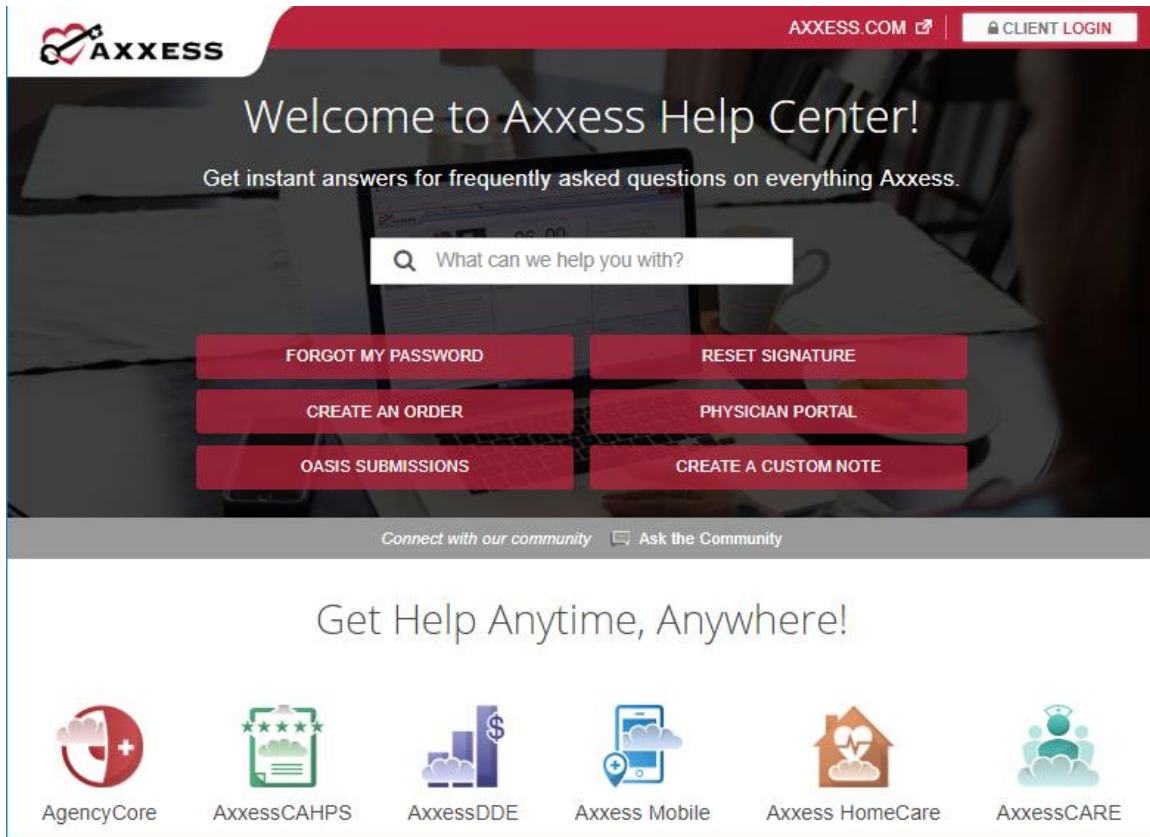

HELP CENTER:

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 of all Axxess products. It can be accessed by going to:

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