

BILLING CENTER MANUAL

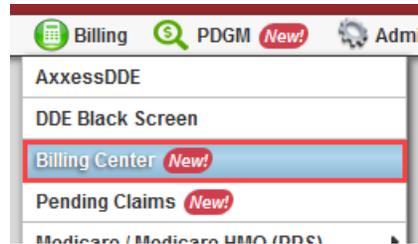
July 2020

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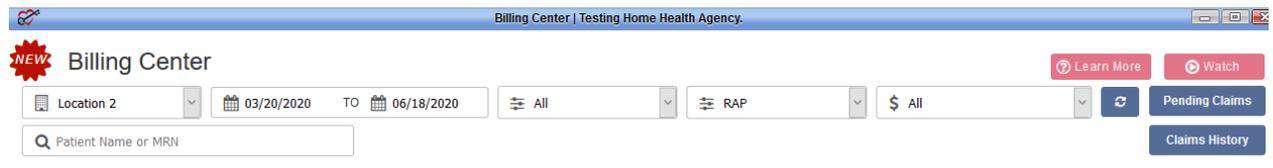
BILLING CENTER

Billing/Billing Center



The Billing Center enables users to manage all billing processes in a central location and streamline operations to ensure timely claim submissions. To access the Billing Center, users must have the Access Billing Center permission enabled, found by following *Admin/Lists/Users/Edit/Permissions*.

Billers can manage all claims in one central location, rather than navigating between several windows to manage different payers. The Billing Center enables users to view the *Create PPS RAP*, *Create Finals* and *Create Claims* sub-menus under one window.



Users can filter by:

- **Branch** – Choose a branch if the agency has more than one branch.
- **From/Through Date** – Select date range compared to billing period of the claim.
- **Status** – Choose between Created, Rejected or Denied claims.
- **Type** – Choose between RAP, Final or Managed Care claims.
- **Payer** – Choose insurance used to pay the claim.
- **Search** – By Patient Name or Medical Record Number.
- **Patient Status** – Sort the list between Active/Discharged, Non-Admit or All.

Once the specific claim is found, the following columns are shown: Patient Name, MRN, Billing Period, Claim Status, Payer, OASIS status, first Billable Visit status, Verified claim status and Notes. Select the **Export to Excel** button to create an Excel spreadsheet that lists all the claims shown within the filtered parameters.

Verify a RAP

ARNOLD, GREG	GA1965	01/03/2020 - 02/01/2020	Created	Medicare(Palmetto GBA)	✓	✓	✗
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After the OASIS status and first Billable Visit status has been confirmed, indicated with a green check mark, the Patient Name will change to a blue hyperlink to be selected. Selecting the **Patient Name** will take users to the claim verification screen.

Claim Notes Print Reload All

*Required Field

Patient

<p>Patient First Name: <input type="text" value="Greg"/></p> <p>Patient Last Name: Arnold</p> <p>Medicare #: <input type="text" value="456781AS024"/></p> <p>Insurance: <input type="text" value="Medicare(Palmetto GBA)"/></p> <p>Patient ID/IR Number: <input type="text" value="GA1965"/></p> <p>Gender: <input type="radio"/> Female <input checked="" type="radio"/> Male</p> <p>Date of Birth: <input type="text" value="1/22/1965"/></p> <p>Bill Type: <input type="text" value="Initial Rap"/></p>	<p>Admission Date: <input type="text" value="1/3/2020"/></p> <p>Admission Source: <input type="text" value="(1) Non-Health Care Facility F"/></p> <p>Patient Status: <input type="text" value="30 - Still a patient. Services <"/></p> <p>Address Line 1: <input type="text" value="70 CALLE SANTA CRUZ PLAZA SAN P/"/></p> <p>Address Line 2: <input type="text"/></p> <p>City: <input type="text" value="BAYAMON"/></p> <p>State, Zip Code: <input type="text" value="Puerto Rico"/> <input type="text" value="00961"/></p> <p>Admitting Diagnosis Code: <input type="text"/></p> <p>Diagnosis Description <input type="text"/> Diagnosis Code <input type="text"/></p> <p>Condition Codes: 18. <input type="text"/> 19. <input type="text"/> 20. <input type="text"/> 21. <input type="text"/> 22. <input type="text"/> 23. <input type="text"/> 24. <input type="text"/> 25. <input type="text"/> 26. <input type="text"/> 27. <input type="text"/> 28. <input type="text"/></p>
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Episode

<p>HIPPS Code: <input type="text"/></p> <p>Billing Period Start Date: <input type="text" value="1/3/2020"/></p> <p style="font-size: x-small;">Recommended / Previously Entered First Billable Date: 01/03/2020</p> <p>Date Of First Billable Visit: <input type="text" value="01/03/2020"/></p> <p style="font-size: x-small;">Please Verify the first billable visit date from the schedule.</p> <p style="text-align: center; font-size: x-small;">View Schedule</p> <p>Physician Last Name: <input type="text" value="DEAN"/></p> <p>Physician First Name: <input type="text" value="JAMES"/></p> <p>Physician NPI #: <input type="text" value="1688752309"/></p> <p>PECOS Verification: ✗</p>	<p>ICD Type: <input type="text"/> <input type="text" value="0 - ICD-10"/></p> <p>Primary Diagnosis: <input type="text" value="67 A"/> *</p> <p>Other Diagnoses:</p> <p>67 B <input type="text"/></p> <p>67 C <input type="text"/></p> <p>67 D <input type="text"/></p> <p>67 E <input type="text"/></p> <p>67 F <input type="text"/></p> <p>67 G <input type="text"/></p> <p>67 H <input type="text"/></p> <p>67 I <input type="text"/></p> <p>67 J <input type="text"/></p> <p>67 K <input type="text"/></p> <p>67 L <input type="text"/></p> <p>67 M <input type="text"/></p> <p>67 N <input type="text"/></p> <p>67 O <input type="text"/></p> <p>67 P <input type="text"/></p> <p>67 Q <input type="text"/></p> <p>67 R <input type="text"/></p> <p>67 S <input type="text"/></p> <p>67 T <input type="text"/></p> <p>67 U <input type="text"/></p> <p>67 V <input type="text"/></p> <p>67 W <input type="text"/></p> <p>67 X <input type="text"/></p> <p>67 Y <input type="text"/></p> <p>UB04 Locator 8fcc:</p> <p>a: <input type="text"/> <input type="text"/> <input type="text"/></p> <p>b: <input type="text"/> <input type="text"/> <input type="text"/></p> <p>c: <input type="text"/> <input type="text"/> <input type="text"/></p> <p>d: <input type="text"/> <input type="text"/> <input type="text"/></p> <p>UB04 Locator 39:</p> <p>a: 61 <input type="text" value="99940"/></p> <p>b: 85 <input type="text" value="72021"/></p> <p>c: <input type="text"/> <input type="text"/> <input type="text"/></p> <p>d: <input type="text"/> <input type="text"/> <input type="text"/></p> <p>UB04 Locator 47: 1. RAP display 0% total charge</p> <p>Remark:</p> <div style="border: 1px solid #ccc; height: 20px; width: 100%;"></div>
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Verify Print

Users can select the **Claim Notes** button at the top of a RAP to add claim notes. Once reviewed, select the **Verify** button at the bottom of the page. The Verified column will then change from the  icon to the  icon.

Generating Claims

		<input type="checkbox"/> ALL <input checked="" type="checkbox"/> ACTIVE/DISCHARGED <input type="checkbox"/> NON-ADMIT		Export to Excel		Generate Selected (1)		Generate All Completed (1)					
		MRN	Patient Name	Episode Start Date	Billing Period	Claim Status	Payer	OASIS	Billable Visit	Verified	Notes	Actions	Print
48	<input checked="" type="checkbox"/> Open Claim	RT03112020	CLARKE, REIZA	03/13/2020	03/13/2020 - 04/11/2020	Created	Medicare(Palmetto GBA)						
49	<input type="checkbox"/> Open Claim	RT03112020	CLARKE, REIZA	03/13/2020	04/12/2020 - 05/11/2020	Created	Medicare(Palmetto GBA)						

Once the Verified column has a green check icon, select the check box to the left of individual claim(s) and then select the **Generate Selected** button.

Electronic Submissions					
Patient Name	Patient Id	Insurance Number	Billing Period	Claim Amount	Payer
Reiza Clarke	RT03112020	5RG3D62RR44	3/13/2020 - 4/11/2020	195.55	Medicare(Palmetto GBA)

[Submit Claims and Exit](#)

Users are given the option to **Download Claim(s)**, **Mark Claim(s) As Submitted** or **Submit Electronically**.

Select the **Generate All Completed** button instead of selecting every check box to generate all completed claims at once.

Select the  icon to add comments to claims. Select the  icon to the far right to print individual claims.

Quick Links

Learn More

Watch

Pending Claims

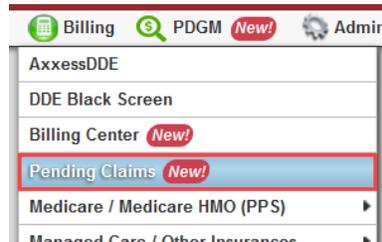
Claims History

- [Learn More](#) - Takes users to the Help Center, which shows all features of the Billing Center.
- [Watch](#) – Shows a brief tutorial video on how to use the Billing Center.
- [Pending Claims](#) – Takes users to the Pending Claims page. Also found in *Billing/Pending Claims*.

- Claims History - Takes users to the appropriate Claims History section, depending on the claim type that is selected.

PENDING CLAIMS

Billing/Pending Claims



The Pending Claims page provides a centralized location for managing all Medicare and Managed Care claims that have outstanding balances. To access the Billing Center, users must have the Access Billing Center permission enabled, found by following *Admin/Lists/Users/Edit/Permissions*.



Users can filter by:

- Branch – Choose a branch if the agency has more than one branch.
- From/Through Date – Select date range compared to billing period of the claim.
- Status – Choose between Created, Rejected or Denied claims.
- Type – Choose between RAP, Final or Managed Care claims.
- Payer – Choose insurance used to pay the claim.
- Search – By Patient Name or Medical Record Number.
- Patient Status – Sort the list between Active/Discharged, Non-Admit or All.

Once the specific claim is found, the following columns are shown: Age, Patient Name, MRN, Insurance ID, Billing Period, Payer, Status, Claim Amount, Total Payments, +Adj, -Adj, Balance and Notes. Select the **Export to Excel** button to create an Excel spreadsheet that lists all the claims shown within the filtered parameters.

Aging Metrics

The Aging Metrics feature enables filtering and gives users an at-a-glance view of aging claim buckets. The metrics are calculated from the claim’s bill date to the current date. Users can select a specific bucket to filter down the list and view only claims within that corresponding age range.

2
5
4
7
13

*Click a section on the bar to filter list.

ALL
 ACTIVE/DISCHARGED
 NON-ADMIT

■ 0-7 Days
 ■ 8-30 Days
 ■ 31-60 Days
 ■ 61-90 Days
 ■ Over 90 Days

Age	Patient Name	MRN	Insurance ID	Billing Period	Payer	Status	Claim Amount	Total Payments	+Adj	-Adj
6	Sanders, Deon	DS21	3HG5TH8HH45	04/27/2020 - 05/26/2020	Medicare(Palmetto GBA)	Submitted	\$427.38	\$0.00	\$0.00	\$0.00
9	McDonald, Ronald	pp02262020	3H33H33HH33	02/26/2020 - 03/26/2020	Medicare(Palmetto GBA)	Paid	\$353.49	\$315.00	\$200.00	\$15.00
12	Klaus, Eli	CB05202020	2EG5TE6MK74	02/17/2020 - 03/17/2020	Medicare(Palmetto GBA)	Submitted	\$445.27	\$100.00	\$50.00	\$100.00
20	Barney, Arnold	Hn03112020	1A98AA7AA99	12/09/2019 - 02/06/2020	Medicare(Palmetto GBA)	Paid	\$1,666.21	\$1,550.00	\$0.00	\$116.00
20	Flores, Hilda	682018	1EG4TE5NK76	05/01/2020 - 05/30/2020	Medicare(Palmetto GBA)	Submitted	\$195.55	\$0.00	\$0.00	\$0.00
20	Green, Yoda	R2D2	1EG4TE5MK77	04/29/2020 - 05/28/2020	Medicare(Palmetto GBA)	Paid	\$366.76	\$0.00	\$0.00	\$0.00
32	Kirkman, Alexandra	ART225544611	2GN8XN8MM99	04/23/2020 - 05/22/2020	Medicare(Palmetto GBA)	Submitted	\$325.41	\$0.00	\$0.00	\$0.00

The calculations are split into the following categories, which can be filtered by simply selecting the color code:

- 0-7 days old
- 8-30 days old
- 31-60 days old
- 61-90 days old
- Over 90 days old

Edit

Pending Claims creates ease of use by gathering all claims with a remaining balance to a centralized claim management window. The Ready to Work claims with an outstanding balance can be viewed and addressed in one screen for all payer types.

The **Edit** button integrates both the claim posting and adjusting capabilities to easily update claim balances from a single screen.

Post Payment/Adjustment

Patient Piyush 2Issue	Billing Period 03/28/2020 - 04/26/2020	Balance \$-1,400.00
---------------------------------	--	-------------------------------

Check Details

Bill Status Paid	Payer \$ Medicare(Palmetto GBA)	Check Number Check Number	Check Amount \$ Check Amount
Date 06/18/2020			

Add Payment

Payment Amount	Comments	Actions
\$100.00	test	
\$100.00	test	

\$ Amount Comments **Add**

Add Adjustment

Amount	Code	Comments	Actions
(\$100.00)	complete adj - complete adj neg		

\$ Amount -- Select Code -- Comments **Add**

Save **Exit**

Verify the Bill Status, Payer and auto-generated Date are correct. Then enter the Check Number and Check Amount.

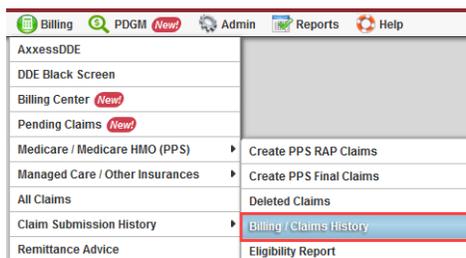
Add a Payment by entering Amount and Comments, then select the **Add** button. Select the icon to remove payments.

Add an Adjustment by entering the Amount, choose the Code, enter Comments then select the **Add** button. Select the icon to remove adjustments.

Select the **Save** button when edits are complete.

CLAIMS HISTORY

Billing/Medicare_Medicare HMO (PPS)/Billing_Claims History



Filter by:

- Branch – Choose from drop-down menu (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 the list of names on the left will narrow down.

Branch:	Location 2	▼
Status:	Active	▼
Filter:	All	▼
Find:	<input type="text"/>	

Posting Payments and Adjustments

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

RAP

Patient Name: bini aana
 Patient MRN: 2222222222222222
 Patient DOB: 02/06/1991
 Medicare Number: 1EG4TE5MK74
 Insurance/Payer: BLUECROSS BLUESHIELD (BCBS) AZ

Change the Claim Status from the drop-down menu to “Paid”. Enter the Payment Amount, Payment Date and select **Save**.

New Payment Information

Claim Status:	Created	▼	Payment Amount:	\$	<input type="text"/>
Payor:	Medicare(Palmetto GBA)	▼	Payment Date:	<input type="text"/>	<input type="text"/>
			Check RA#:	<input type="text"/>	
			Check Amount:	\$	<input type="text"/>
Comment:	<input style="width: 100%;" type="text"/>				

If there is a Balance amount on the claim, adjustments can be made by selecting **Post Adjustment**.

RAP

Patient Name: bini aana
 Patient MRN: 2222222222222222
 Patient DOB: 02/06/1991
 Medicare Number: 1EG4TE5MK74
 Insurance/Payer: BLUECROSS BLUESHIELD (BCBS) AZ

If there is a positive balance, make an Adjustment selecting a negative Adjustment Code, and vice versa. Enter the Adjustment Amount, Adjustment

Date, any Comments and select **Post Adjustment**. Go to *Admin/Lists/Adjustment Codes/New Adjustment Code* to make custom Adjustment Codes.

Post Adjustment

Adjustment Amount: \$

Adjustment Date: 

Adjustment Code:

Adjustment Type:

Comment:

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

Quick Reports
Remittance
View Payments
View Adjustments
Activity Logs
Deleted Claims

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

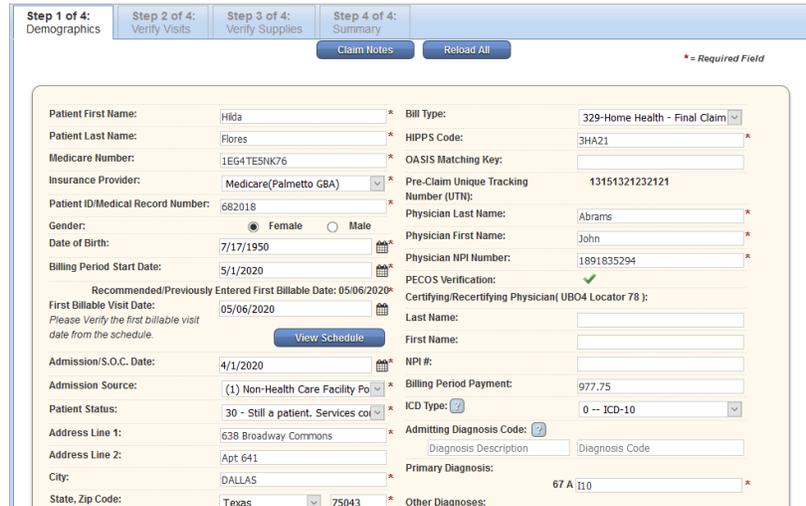
VERIFYING FINAL CLAIMS

Billing/Billing Center

Filter for Final then select the Patient Name hyperlink. There are four steps to verifying a Final:

1. **Demographics** - The patient's information in which the user will verify the sections with a * **red asterisk** are correct. These sections are typically generated from the patient's demographics and OASIS. Users can select

the **Claim Notes** button at the top of the screen to document a claim note. At the bottom of the page, there is a **Verify and Next** button to go to Step 2.



Step 1 of 4: Demographics | Step 2 of 4: Verify Visits | Step 3 of 4: Verify Supplies | Step 4 of 4: Summary

Buttons: Claim Notes, Reload All

* = Required Field

Patient First Name: Hilda
 Patient Last Name: Flores
 Medicare Number: 1EG4TESNK76
 Insurance Provider: Medicare(Palmetto GBA)
 Patient ID/Medical Record Number: 682018
 Gender: Female Male
 Date of Birth: 7/17/1950
 Billing Period Start Date: 5/1/2020
 Recommended/Previously Entered First Billable Date: 05/06/2020
 First Billable Visit Date: 05/06/2020
 Admission S.O.C. Date: 4/1/2020
 Admission Source: (1) Non-Health Care Facility Po
 Patient Status: 30 - Still a patient. Services co
 Address Line 1: 638 Broadway Commons
 Address Line 2: Apt 641
 City: DALLAS
 State, Zip Code: Texas 75043

Bill Type: 329-Home Health - Final Claim
 HIPPS Code: 3HA21
 OASIS Matching Key:
 Pre-Claim Unique Tracking Number (UTI): 13151321232121
 Physician Last Name: Abrams
 Physician First Name: John
 Physician NPI Number: 1891835294
 PECOS Verification:
 Certifying/Recertifying Physician (UBO4 Locator 78):
 Last Name:
 First Name:
 NPI #:
 Billing Period Payment: 977.75
 ICD Type: 0 -- ICD-10
 Admitting Diagnosis Code: 67 A 110
 Diagnosis Description: Diagnosis Code
 Primary Diagnosis:
 Other Diagnoses:

- Verify Visits** - Is the section where the user must verify the visits that were completed for the patient within the episode date range. This page is split up into three sections: Billable Visits, Missed Visits 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.

Step 1 of 4: Demographics | **Step 2 of 4: Verify Visits** | Step 3 of 4: Verify Supplies | Step 4 of 4: Summary

Billing Period: 11/18/2019 - 01/16/2020

Billable Visits						
Visit Type	Scheduled Date	Visit Date	HCPCS Code	Rev Code	Status	Units/Charge
Skilled Nursing <input type="checkbox"/> Check All						
<input checked="" type="checkbox"/> 1. OASIS-D Start of Care	11/18/2019	11/18/2019	G0162	0551	Exported	6 \$200.00
<input checked="" type="checkbox"/> 2. Skilled Nurse Visit	11/19/2019	11/19/2019	G0299	0551	Completed	4 \$200.00
<input checked="" type="checkbox"/> 3. Skilled Nurse Visit	11/20/2019	11/20/2019	G0299	0551	Submitted With Signature	5 \$200.00
<input checked="" type="checkbox"/> 4. Skilled Nurse Visit	11/21/2019	11/21/2019	G0299	0551	Returned For Review	4 \$200.00
Physical Therapy <input type="checkbox"/> Check All						
PT						
<input checked="" type="checkbox"/> 1. Assessment/Evaluation	11/22/2019	11/22/2019	G0160	1234	Reopened	3 \$200.00
HHA <input type="checkbox"/> Check All						
<input checked="" type="checkbox"/> 1. HHA Visit	11/21/2019	11/21/2019	G0156	0571	Submitted With Signature	4 \$120.00
Missed Visit						
Visit Type	Scheduled Date	Visit Date	HCPCS Code	Rev Code	Status	Units/Charge

3. **Verify Supplies** – Users can 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.

Step 1 of 4: Demographics
Step 2 of 4: Verify Visits
Step 3 of 4: Verify Supplies
Step 4 of 4: Summary

Billing Period: 11/18/2019 – 01/16/2020

Check this box if you do not want to bill for supplies. (This removes all supplies from the claim)
 Note: Any missing supplies added to a visit after the claim has been created and verified will have to be re-loaded by re-verifying the visits tab in step 2.

Billable Supplies

Add New Supply [Mark As Non-Billable](#) [Delete](#) Note: Click on the checkbox(es) and make the appropriate selection.

	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	11/19/2019	1	\$200.00	\$200.00	Edit

Non-Billable Supplies

[Mark As Billable](#) [Delete](#) Note: Click on the checkbox(es) and make the appropriate selection.

	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	11/19/2019	1	\$150.00	\$150.00	Edit

Back
Verify and Next

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 for users to 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.

New Supply

Description:

Revenue Code:

HCPCS:

Date:

Unit:

Unit Cost: \$

Total Cost: \$

Add Supply
Exit

At the bottom of the page will be a **Back** button to the previous step or the **Verify and Next** option to go to Step 4.

4. **Summary** - Users will verify all 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.

Step 1 of 4: Demographics
Step 2 of 4: Verify Visits
Step 3 of 4: Verify Supplies
Step 4 of 4: Summary

Patient First Name: Dante	Billing Period Start Date: 11/18/2019
Patient Last Name: American	Admission/S.O.C. Date: 11/18/2019
Medicare Number: 1234567890B	Address Line 1: 1237 PRAIRIE POINTE DR
Patient ID/Medical Record Number: Dante_001	Address Line 2:
Gender: Male	City: SOUTH ELGIN
Date of Birth: 10/10/1940	State, Zip Code: IL, 60177

HIPPS Code: 1AGKS	Diagnosis Codes:
OASIS Matching Key: 19MK19MK11BNKGBJKA	Primary: M6281
First Billable Visit Date: 11/18/2019	Second: I10
Physician Name: Abrams J.	Third:
Physician NPI Number: 1891835294	Fourth:
Remark:	Fifth:
	Sixth:

Description	HCPCS/HIPPS Code	Service Date	Service Unit	Total Charges
0023 Home Health Services	1AGKS	11/18/2019	\$0.00	
0272 Service Supplies		11/18/2019	\$200.00	

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 then select the **Generate Selected** button.

Once Generate Selected is chosen, users will be taken to a screen that shows two to three options:

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

Final Claim Summary | Testing Home Health Agency, Inc

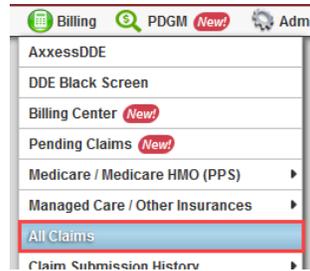
1. Testing home health agency, Inc. | Medicare (Palmetto GBA)

Patient Name	Medicare No	Episode Date	Claim Amount
Mark (Mavs-414141)	414141414	06/13/2018 - 08/11/2018	1694.68

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.

ALL CLAIMS

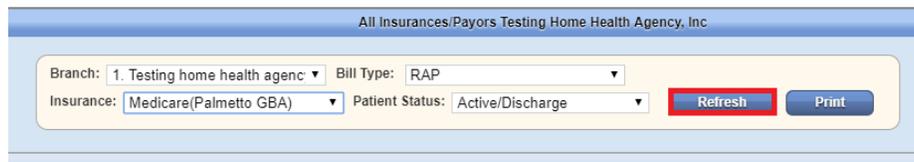
Billing/All Claims



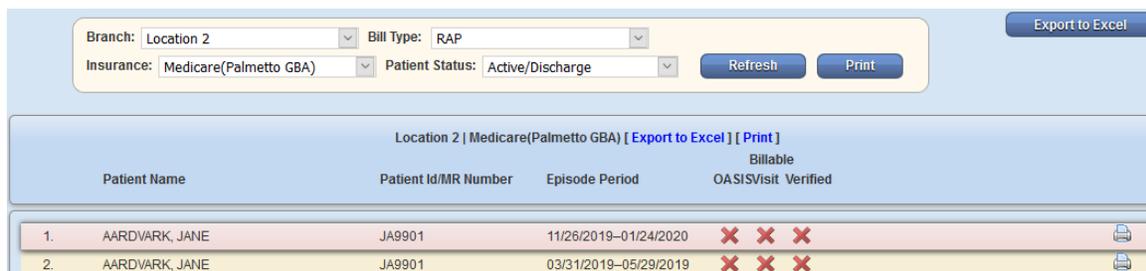
A new window will open with the option to verify all types of claims. To find a claim, select from the following search parameters:

- Branch – Choose from drop-down menu (if there is more than one).
- Bill Type – Choose from either RAP, Final or Managed Care.
- Insurance – Choose any payer that has been added to Axxess from the drop-down menu.
- Patient Status - Choose from either Active/Discharge or Non-Admit in the drop-down menu.

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


 A screenshot of the search interface for 'All Insurances/Payers Testing Home Health Agency, Inc'. It features four dropdown menus: Branch (1. Testing home health agenc), Bill Type (RAP), Insurance (Medicare(Palmetto GBA)), and Patient Status (Active/Discharge). There are 'Refresh' and 'Print' buttons.

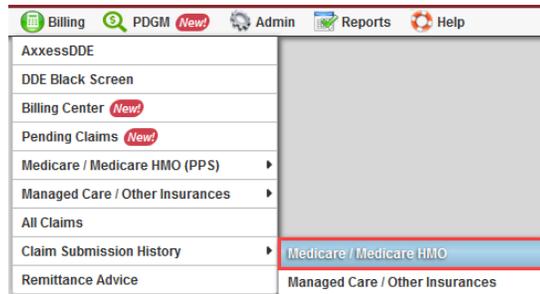
This section works the same as the Billing Center. It displays all claims in one window and change options in the top section depending on the Bill Type users are wanting to verify. It is the same process of having all **green** check marks before being able to bill claims.


 A screenshot of the results table for 'All Claims'. The table has columns for Patient Name, Patient Id/MR Number, Episode Period, and Billable OASIS/visit Verified. There are two rows of data, both showing red 'X' marks in the Billable OASIS/visit Verified column, indicating that the claims are not yet billable.

Location 2 Medicare(Palmetto GBA) [Export to Excel] [Print]			
Patient Name	Patient Id/MR Number	Episode Period	Billable OASIS/visit Verified
1. AARDVARK, JANE	JA9901	11/26/2019–01/24/2020	✗ ✗ ✗
2. AARDVARK, JANE	JA9901	03/31/2019–05/29/2019	✗ ✗ ✗

CLAIM SUBMISSION HISTORY - MEDICARE

Billing/Claim Submission History/Medicare_Medicare HMO



This section provides the responses 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.

Claim Type: Date From: To:

Batch Id	Submission Date	# of claims	# of RAPs	# of Finals	Action
802300777	11/19/2019	2	2	0	View Claims Response
802300786	11/19/2019	1	0	1	View Claims Response
802301233	11/20/2019	1	1	0	View Claims Response
802301754	11/22/2019	2	2	0	View Claims Response
802301757	11/22/2019	2	2	0	View Claims Response
802301774	11/22/2019	2	2	0	View Claims Response
802304546	12/03/2019	1	1	0	View Claims Response
802304567	12/03/2019	1	0	1	View Claims Response
802305586	12/05/2019	1	1	0	View Claims Response
802305671	12/06/2019	1	1	0	View Claims Response

The window shows the Batch ID, Submission Date, # of claims, # of RAPs and # of Finals. To send the whole list to an Excel spreadsheet select the **Export to Excel** button in the top right. To view claims 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, as well as the option to **Export** them by selecting the button in the top right.



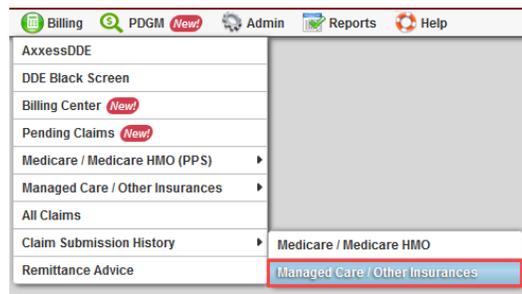
MRN	Patient	Episode	Bill Type
Loo-123456	LOO, JIMMY	06/04/2018 - 08/02/2018	RAP
11225690	PALMER, MEREDITH	06/04/2018 - 08/02/2018	RAP

Back at the Claim Submission History window, select the **Response** (in the Action column) 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 using 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 results based off search parameters.

Search By: Export to Excel!

Filter by: Refresh

	Batch Id #	Payor Name	Submission Date	Submitted By	# of Claims	Action
	802277194	MEDICAID TEXAS	09/03/2019		1	View Claims Export
	802277550	MEDICAID TEXAS	09/03/2019		1	View Claims Export
	802277556	MEDICAID TEXAS	09/03/2019		1	View Claims Export
	802279713	Rojas UB	09/11/2019		1	View Claims Export
	802284466		09/26/2019		1	View Claims Export Response

Claims can be viewed three ways:

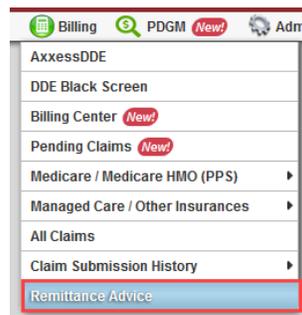
1. Select the  icon to the left of the Batch ID #.
2. Select the hyperlink in the **# of Claims** column.
3. Select the **View Claims** hyperlink to the far right.

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** or **HCFA-1500** 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	
 802314752	SUNSHINE HEALTH	01/09/2020		 1	View Claims	Export Response
MRN	Patient	Type	Episode	Date Created	Claim Amount	
km1256	INTERIM, PAT	121	10/30/2019 - 11/08/2019	01/09/2020	\$975.00	HCFA-1500

BILLING/REMITTANCE ADVICE

Billing/Remittance Advice

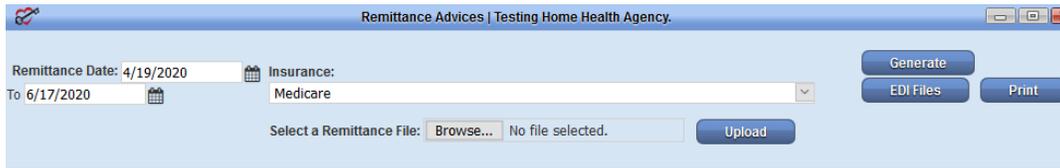


Remittance Advice is uploaded from Medicare. The agency must be linked to Axxess to receive Remittance Advice through our system. If this is the case, when the window is opened, there will be a list with the Remittance ID, Remittance Date, Payer, Payment Date, Last Posted Date, Provider Payment, Claim Count, Action and Posted Status.

Write in or select from the calendar icon the date range for Remittance Date, choose the Insurance from the drop-down menu, then select the **Generate** button.

Select the **Print** button to print the results based on parameters.

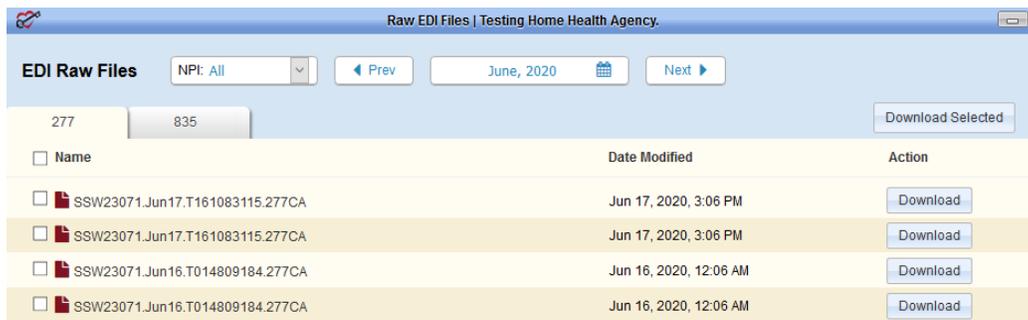
The Action column contains two actions: **View Details** and **Delete**. The **Delete** action item will delete the remittance advice from the list. Select **View Details** to review the claims details and Post Payment.



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 menu 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 files at the same time.

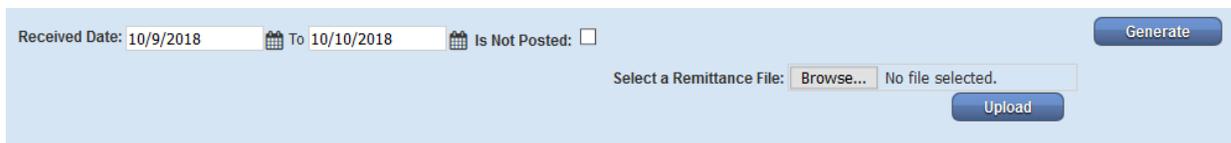
There are also two types of raw files split up by tabs. There is the 277 tab and the 835 tab.



<input type="checkbox"/>	Name	Date Modified	Action
<input type="checkbox"/>	SSW23071.Jun17.T161083115.277CA	Jun 17, 2020, 3:06 PM	Download
<input type="checkbox"/>	SSW23071.Jun17.T161083115.277CA	Jun 17, 2020, 3:06 PM	Download
<input type="checkbox"/>	SSW23071.Jun16.T014809184.277CA	Jun 16, 2020, 12:06 AM	Download
<input type="checkbox"/>	SSW23071.Jun16.T014809184.277CA	Jun 16, 2020, 12:06 AM	Download

Right below that section is another way to sort through Remittance Advice. Write in or select the date range from the calendar icon for the Received Date, check the box if it is Not Posted then select the **Generate** button to the far right.

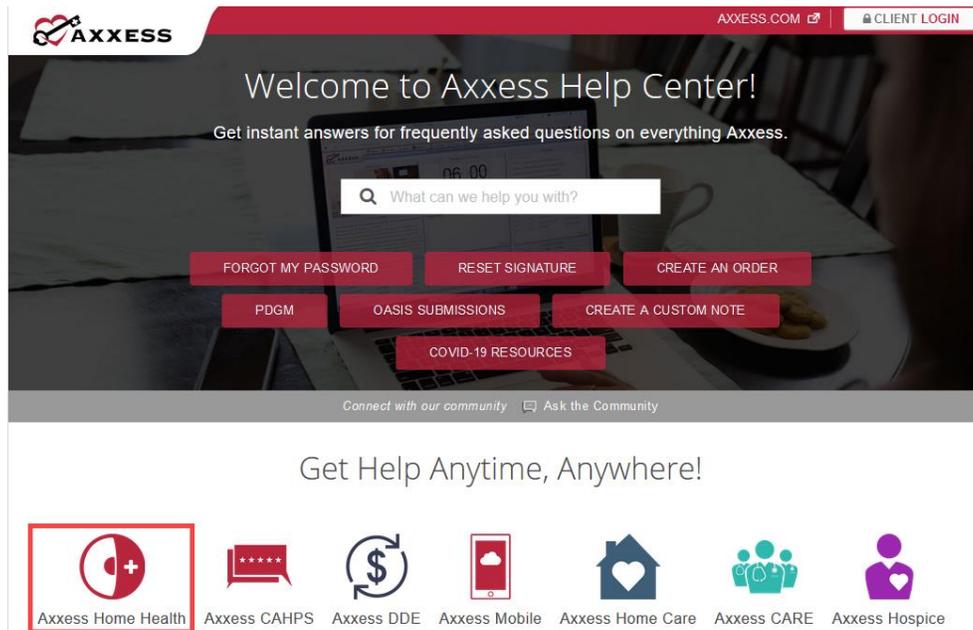
If there is a Remittance File to upload, select the **Browse** button and retrieve the file on the computer, then select the **Upload** button.



HELP CENTER

A great resource available any time, any day is our Help Center. Get answers to frequently asked questions and watch tutorial videos on all our Axxess products. Our Help Center can be accessed by going to *Help/Support & Training/Help Center* or <https://www.axxess.com/help/>

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Social	
ICD-10	
Live Training Webinars <i>New!</i>	
Support & Training	Community
Recent Software Updates	Help Center
COVID-19 Resource Center <i>New!</i>	Launch Join.Me



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PDGM OASIS SUBMISSIONS CREATE A CUSTOM NOTE

COVID-19 RESOURCES

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Get Help Anytime, Anywhere!

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  Axxess CAHPS
  Axxess DDE
  Axxess Mobile
  Axxess Home Care
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