

HOSPICE BILLING QUICK REFERENCE GUIDE

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Users with billing permissions will have the ability to access the **Billing Center** located at the **Hospice Navigation** bar.

Filters for Claims, NOE and NOTR

Pages can be sorted by:

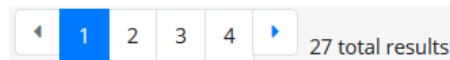
- **Branch** - Select if more than one.
- **Status** - Choose from either Created, Saved, Submitted or Reopened.
- **Patient Search** - Start typing name of Patient and select.

Select the Patient name hyperlink to go to the patient chart.

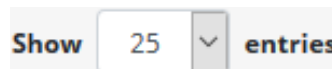
Under the Actions column:

-  = Print
-  = Download
-  = Delete

If there are more results than can be viewed on one page, select the arrows to go between pages:



Change the number of lines that can be viewed per page by changing the drop down (default is 10):



The following icons show the readiness of information on each page:



Hover over the icons in the table for more information and hyperlinks to view documents or notify clinicians.

If the dot next to the patient name is green, then at least one document was completed. A red dot means no documents have been completed. ● [Abbott, Jacob](#)

CLAIMS

Billing/Claims

Create a new claim by selecting the **New Claim** button. Claims are ready in the software once each column has the green Ready checkmark. To verify a Claim:

1. Select the **Verify** hyperlink.
2. Confirm that the following information is signed, timely dated and available as an attachment:
 - a. NOE for new patients are entered into DDE and accepted.
 - b. Signed and timely dated Orders, F2F and CTI.
 - c. Completed visits.
3. Claims are split between the General, Patient, Payers & Codes, Service Lines, Diagnoses, Providers and Remarks sections.
 - a. Add a service line by selecting the **Add Service Line** button.
 - i. Enter the Revenue Code, Description, Service Date, Unit, Total Charges and any other available information. Select the **Delete** hyperlink to remove.
 - ii. Select the check box(es) next to the Service Line and select the **Mark as Non-Billable** button to make service lines non-billable.
 - iii. Select the **Show Non-Billable** button and select the check box(es) next to the Non-Billable Service Lines and select the **Mark as Billable** button to change to billable.
 - b. To update a section, select the **Reload** button.
4. Once all information is confirmed/entered, select the **Verify** button.

Submit/delete multiple claims by selecting the checkbox(es) to the left of the claim and then select the **Submit Selected** (must be verified) or **Delete Selected**.

Room and Board

Room and board claims are labeled with a blue and white badge. To add a Room & Board claim:

1. Select **New Claim**.
2. Enter the patient's name, claim date range and type of bill.
3. The new Payer Type field will automatically populate to Primary. Change to Room & Board.
4. Select **Create**.

To verify a Room & Board claim:

1. Select the **Verify** hyperlink.
2. Active payers will appear in the Payers and Codes section of the claim. Based on the payer type selected during claim creation, one payer will be marked Bill to Payer (where claim is sent). To update this payer, select

- Mark as Bill to Payer** next to another payer. **NOTE:** Only one payer can be marked as the bill to payer.
3. When a non-primary payer has been marked as the bill to payer, Coordination of Benefits details can be added. Select **Add COB** and complete the following sections:
 - a. Payer
 - b. Remittance Date
 - c. Remaining Patient Liability
 - d. Payer Paid Amount
 - e. Total Non-Covered Amount
 4. Adjustments can be added, as necessary.
 5. Select **Add COB**.

CLAIMS HISTORY

Billing/Claims History

A window will open with the following columns:

- Type - Type of bill.
- Claim Range - Date Range of claim.
- Status - Enables users to check if the sequential claim is ready to be submitted.
- Claim Amount
- Expected
- Payments
- Adjustments
- Balance
- Billed Date - Date when claim was submitted.
- Payment Date - Date when claim was paid.

Find specific patients on the left side of the page with the following filters:


- Search - Start typing a name and the list narrows down to match.
- Branch - Select if more than one.
- Status - Choose from Active, Discharge, Pending, Non-Admit, Deceased.
- Level of Care - Choose from Routine, Respite, Continuous Care or General Inpatient.

1. Select Patient.
2. View the NOE, NOTR or Claim by selecting the Type hyperlink.

3. Create a New NOE, NOTR or Claim by selecting the corresponding buttons at the top right of the page.
4. Select **View Patient Chart** to go directly to the patient chart.

NOTICE OF ELECTION (NOE)

Billing/Notice of Election (NOE)

A NOE is ready to verify when each section has a .

1. Select **Verify**.
2. Make sure that the following information is signed, timely dated and available as an attachment:
 - a. Admission Date.
 - b. Verbal Order or signed Certification of Terminal Illness.
 - c. Signed Election of Benefits.
 - d. Initial Assessment.
 - e. Face to Face if the patient is a transfer and/or is on third Benefit Period or higher.
3. Select the **Reload** button once any documents are added to their chart to update the NOE.
4. Once all information is confirmed/entered, select the **Verify** button.

Once a NOE has been verified there are hyperlinks available to **Reverify** and/or **Submit**.

NOE's are automatically generated once the patient status is changed to active, create another NOE by:

1. Select **New NOE**.
2. Find Patient.
3. Choose Type of Bill.
4. Select **Create**.

Submit/delete multiple NOE's by:

1. Selecting the checkbox(es) to the left of the claim.
2. Select **Submit Selected** (must be verified) or **Delete Selected**.

NOTICE OF TERMINATION/REVOCATION (NOTR)

Billing/Notice of Termination/Revocation (NOTR)

A NOTR is ready to verify when each section/row has a .

1. Select **Verify**.
2. Make sure that the following information is signed, timely dated and available as an attachment:
 - a. Revocation / Discharge Date.
 - b. Discharge Visit.
 - c. Revocation Statement.
3. Select the **Reload** button once any documents/visits are added to their chart to update the NOTR.
4. Once all information is confirmed/entered, select the **Verify** button.

Once a NOTR has been verified there are hyperlinks available to **Reverify** and/or **Submit**.

NOTR's are automatically generated once the patient status is changed to discharged, create another NOTR by:

1. Select **New NOTR**.
2. Find Patient.
3. Enter Discharge Date.
4. Choose Discharge Reason.
5. Select **Create**.

Submit/delete multiple NOTR's by:

1. Selecting the checkbox(es) to the left of the claim.
2. Select **Submit Selected** (must be verified) or **Delete Selected**.

REMITTANCE ADVICE

Billing/Remittance Advice

This will be automatically posted through Axxess All Payers once it is received, and the associated claims will also have payments and adjustments posted to the claims.

- Search through the list of remittances by entering the EFT Number or by date range.
- Select the Edit hyperlink to make changes.
 - Make Updates.
 - Select **Save Remittance**.

- Select the **View Details** hyperlink to view the file with the specifics on each remit.
 - There are options to **View**, **Edit** and **Link Claims** from this page.
- Select the **Add Remittance** button to add new.
 - Enter Check Number and Payment Date.
 - Find Payer.
 - Enter Payment Amount and Received Date.
 - Select **Create** to complete or **Create and Link** to tie to another remittance.

BILLING DASHBOARD

Billing/Billing Dashboard

Displays six tiles that are important in the day-to-day activity of a biller.

EFT - Bar graph that displays the number of payments that were paid and how many are projected.

Claims Ready to Bill - Total number of NOE, NOE-Transfer, NOTR and Claims that are ready to bill.

Bill Holds - Total number of bills that are being held because of Outstanding Orders, Incomplete Visits, Sequential Billing and Plan of Care.

Claim Count Summary - Pie graph that has the number of Paid, Pending Payment, Pending, Returned, Rejected and Denied claims.

Census by Level of Care - Shows the number of patients by level of care and gives the number of overnight changes.

Eligibility Issues - Shows the number of MSP Patients, Overlapping Hospice, Overlapping Home Health patients that are causing eligibility issues.

HELP CENTER

A great resource that is available 24/7 is our Help Center. It is a place to get answers to frequently asked questions or watch videos on all our Axxess

products. Our Help Center can be accessed by selecting *Help/Help Center* or <https://www.axxess.com/help/>

