

# **HOSPICE BILLING TRAINING MANUAL**

March 2022

**Table of Contents**

CLAIMS .....	4
Room and Board Claims.....	9
Attach Authorizations to Claims .....	10
CLAIMS HISTORY.....	11
NOTICE OF ELECTION (NOE) .....	13
NOTICE OF TERMINATION/REVOCATION (NOTR).....	15
REMITTANCE ADVICE .....	18
BILLING DASHBOARD .....	20
HELP CENTER.....	21

Users with billing permissions will have the ability to access the **Billing Center** located at the hospice navigation menu bar.

### Filters for Claims, NOE and NOTR

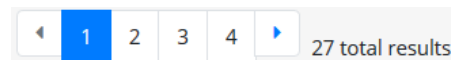
Select the patient's name hyperlink to go to the patient chart. Sort pages by:

- **Patient Search** - Start typing name of patient and select.
- **Branch** - Select if more than one.
- **Status** - Choose from either created, saved, error or verified.

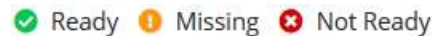
Under the Actions column:

-  = Print
-  = Download
-  = Delete

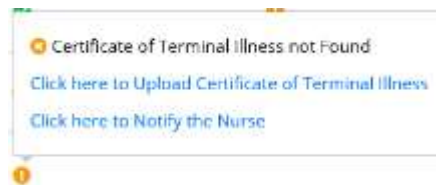
If there are more results than can be viewed on one page, select the arrows to go between pages.



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

## CLAIMS

### Billing/Claims

A window will open with a list of type, patient, claim date range, expected, prior claim status, visits completed, orders completed and claim verified. Select the  icon under the Actions column to print the claim and/or select the  icon in the same are to download the claim.

Type	Patient	Claim Date Range	Expected	Prior Claim Status	Visits Completed	Orders Completed	Claim Verified	Actions
813 Continuing Claim	aaksajjikas, kusas	05/01/2020 - 05/31/2020	Not Applicable	Created	Missing	Missing	Not Ready	Verify  
813 Continuing Claim	aaksajjikas, kusas	05/01/2020 - 05/31/2020	Not Applicable	Created	Missing	Missing	Not Ready	Verify  
813 Continuing Claim	aaksajjikas, kusas	06/01/2020 - 06/30/2020	Not Applicable	Created	Missing	Missing	Not Ready	Verify  
813 Continuing Claim	aaksajjikas, kusas	07/01/2020 - 07/31/2020	Not Applicable	Created	Missing	Missing	Not Ready	Verify  
811 Admit thru Discharge	aaksajjikas, kusas	09/01/2020 - 09/30/2020	Not Applicable	Created	Missing	Missing	Not Ready	Verify  
810 Nonpayment Claim	aaksajjikas, kusas	11/19/2020 - 12/24/2020	Not Applicable	Created	Ready	Ready	Not Ready	Verify  
812 1st Claim	Abas, Patient	10/26/2020 - 11/01/2020	Not Applicable	Error	Missing	Missing	Not Ready	Verify  

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, select the **Verify** hyperlink under Actions. Confirm that the following information is signed, timely dated and available as an attachment:

- NOE for new patients is entered into DDE and accepted.
- Signed and timely dated Orders, F2F and CTI.
- Completed visits.

Claims are split between the **General, Patient, Payers and Codes, Service Lines, Diagnoses, Providers and Remarks** sections.

General
<p><b>General</b> <span style="float: right;">Reload</span></p> <p><b>Billing Provider</b> UB-04 Form Locator 1, 2, 5, 56</p> <p><b>Testing Home Health Agency, Inc</b></p> <p><b>NPI:</b> 1234567899</p> <p><b>Tax ID:</b> 987654321</p> <p><b>Address:</b> Dallas Parkway 16000 , 1717 E Belt Line Road, Coppell, TX 75019</p> <p><b>Statement Covers Period</b> UB-04 Form Locator 6 09/01/2020 - 09/30/2020</p> <p><b>Type of Bill</b> UB-04 Form Locator 4 \$13 Continuing Claim</p>

If any information has been changed in those areas, select the **Reload** button to update the section.

Patient			
<b>First Name</b> UB-04 Form Locator 8b Angel	<b>Last Name</b> UB-04 Form Locator 8a Accord	<b>Admission Date</b> UB-04 Form Locator 12 10/01/2019	<b>Admission Time</b> UB-04 Form Locator 13 12:00 AM
<b>Gender</b> UB-04 Form Locator 11 Female	<b>Date of Birth</b> UB-04 Form Locator 10 08/15/1960	<b>Admission Type</b> UB-04 Form Locator 14 3 Elective	<b>Admission Source</b> UB-04 Form Locator 15 Clinic or Physician's O
<b>MRN</b> UB-04 Form Locator 3b Accord010	<b>HIC/MBI</b> UB-04 Form Locator 3a 4U31RV0CT36	<b>Discharge Date</b> UB-04 Form Locator 6 MM/DD/YYYY	<b>Reason for Discharge</b> UB-04 Form Locator 17 Select Reason
<b>Address Line 1</b> UB-04 Form Locator 9a 16000 Dallas Pkwy	<b>Address Line 2</b> UB-04 Form Locator 9a Not Available	<b>Patient Status Code</b> UB-04 Form Locator 17 30 Still a Patient("To" date must be last day of month)	
<b>City</b> UB-04 Form Locator 9b Dallas	<b>State</b> UB-04 Form Locator 9c TX	<b>Zip</b> UB-04 Form Locator 9d 75248	
<b>Eligibility</b>			

## Payers and Codes

During the claim verification process, the code and date for OC 55 will automatically populate under Occurrence Codes in the Payers and Codes sections of the claim form. When a patient is discharged from hospice care for any reason other than death, a specific occurrence code must appear on hospice claims along with the patient's discharge date. To help organizations fulfill this requirement, Axxess Hospice automatically populates the following occurrence codes and discharge dates on Admit Through Discharge (TOB 811), and Discharge (TOB 814) claims:

<u>Discharge Status</u>	<u>Occurrence Code</u>
Revoked	42
Discharge for Cause	H2
Moved Out of Hospice Service Area	52
Transferred to Another Hospice - Routine or Continuous Care	50
Transferred to Another Hospice - Respite or General Inpatient Care	51

**Payers and Codes** Refresh

**Payers**  
US-04 Form Locator 50.51

Payer Type	Payer	Subscriber ID	Group Name	Group ID	Actions
Primary <span style="color: #007bff;">Add To Payer</span>	Medicare	4U31RV0CT36	Not Available	Not Available	Not Available
Secondary	TMHP	123456789	Not Available	Not Available	<span style="color: #007bff;">Mark as Bill To Payer</span>

**Authorization Code**  
US-04 Form Locator 63

<b>Prior Authorization Number</b> US-04 Form Locator 63a <input type="text"/>	<b>Referral</b> US-04 Form Locator 63b <input type="text"/>	<b>Other Authorization (Print Only)</b> US-04 Form Locator 63c <input type="text"/>
---	---	---

**Condition Codes**  
US-04 Form Locator 18.23

<b>18</b> Code: <input type="text"/> C
<input type="button" value="Add"/>

**Occurrence Codes**  
US-04 Form Locator 31-33

Occurrence - Occurs on a single day

<b>31</b> Code: <input type="text"/> MM/DD/YY
<input type="button" value="Add"/>

Occurrence Span - Occurs between days

<b>35</b> Code: <input type="text"/> MM/DD/YYYY - MM/DD/YYYY
<input type="button" value="Add"/>

**Value Codes**  
US-04 Form Locator 39.45

<b>39</b> Code: <input type="text"/> 12134
<input type="button" value="Add"/>

## Service Lines

Verify billable service lines or add a service line by selecting the **Add Service Line** button. Enter the revenue code, description, service date, unit, total charges and any other available information. Select the **Delete** hyperlink to remove.



**Service Lines** Reload

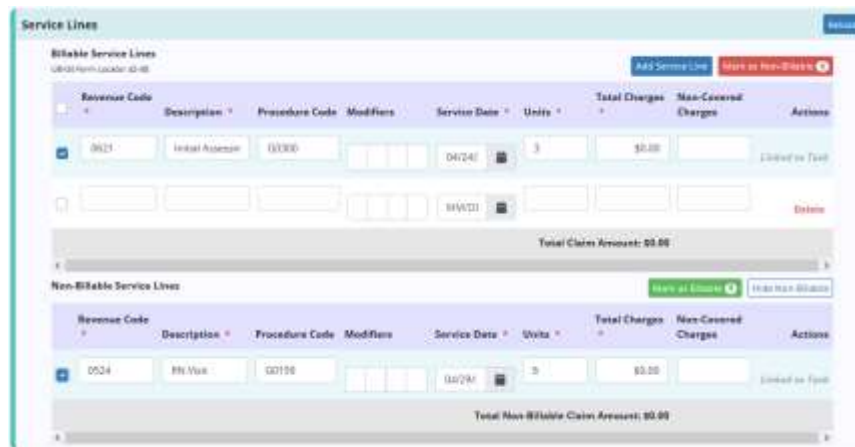
Billable Service Lines  
UB-04 Form Locator: 42-48 Add Service Line Mark as Non-Billable

Revenue Code	Description	Procedure Code	Modifiers	Service Date	Units	Total Charges	Non-Covered Charges	Actions
<input type="checkbox"/> 0031	Routine Exam	Q5004		09/0	30	\$4,626.30		Delete

Total Claim Amount: \$4,626.30

Non-Billable Service Lines Show Non-Billable

Select the checkbox(es) next to the service line and select the **Mark as Non-Billable** button to make service lines non-billable. 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.



**Service Lines** Reload

Billable Service Lines Add Service Line Mark as Non-Billable

Revenue Code	Description	Procedure Code	Modifiers	Service Date	Units	Total Charges	Non-Covered Charges	Actions
<input checked="" type="checkbox"/> 0021	Initial Assessment	Q3000		06/24	3	\$0.00		Linked to Form
<input type="checkbox"/>				09/0				Delete

Total Claim Amount: \$0.00

Non-Billable Service Lines Mark as Billable Show Non-Billable

Revenue Code	Description	Procedure Code	Modifiers	Service Date	Units	Total Charges	Non-Covered Charges	Actions
<input checked="" type="checkbox"/> 0024	RN Walk	Q0100		06/24	3	\$0.00		Linked to Form

Total Non-Billable Claim Amount: \$0.00

Select the **Reload** button at the bottom of the page to update all sections. Once all information is confirmed/entered, select the green **Verify** button.

**Diagnoses** Focus  
 Diagnosis  
US-04 Form Locator: 07, 07 A-I  
**Primary Diagnosis**  
No Primary Diagnosis available  
**Other Diagnosis**  
No Other Diagnosis available

**Providers** Focus  
**Attending Provider**  
US-04 Form Locator: 75  
 Auto fill form using  Physician  Facility  User  Hospice Provider  
 Find a Physician by Name   

NPI	First Name	Last Name	Taxonomy Code
1205680030	EAREN	BAICEN	

Qualifier <small>Select Qualifier</small>	Identification Number
--	-----------------------

**Operating Provider**  
US-04 Form Locator: 77  
**Rendering Provider**  
 Auto fill form using  Physician  Facility  User  Hospice Provider  

NPI	First Name	Last Name	Taxonomy Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Qualifier <small>Select Qualifier</small>	Identification Number
--	-----------------------

**Remarks**  
US-04 Form Locator: 88

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**.

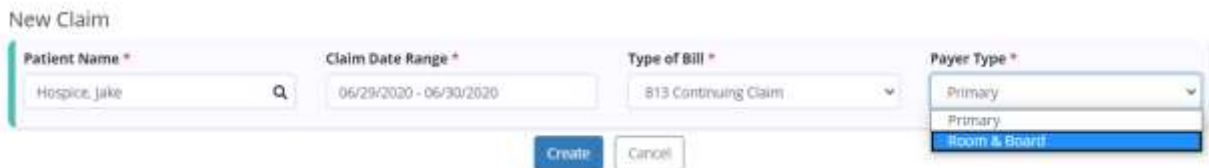
Hover on ● ● ● icons in the table for more information ● Ready ● Missing ● Not Ready

<input type="checkbox"/>	Type	Patient	Claim Date Range	Prior Claim Status	Visits Completed	Orders Completed	Claim Verified	Actions
<input checked="" type="checkbox"/>	<span style="color: red;">●</span> #12 1st Claim	ankasajikas, kusan	04/24/2020 - 04/30/2020	<input type="button" value="Created"/>	<span style="color: orange;">●</span>	<span style="color: orange;">●</span>	<span style="color: red;">●</span>	Verify <input type="button" value=""/> <input type="button" value=""/>
<input checked="" type="checkbox"/>	<span style="color: red;">●</span> #13 Continuing Claim	Abbott, Jacob	<small>Not Available</small>	<input type="button" value="None"/>	<span style="color: orange;">●</span>	<span style="color: orange;">●</span>	<span style="color: red;">●</span>	Verify <input type="button" value=""/> <input type="button" value=""/>
<input type="checkbox"/>	<span style="color: red;">●</span> #12 1st Claim	Abbott, Jacob	<small>Not Available</small>	<input type="button" value="None"/>	<span style="color: orange;">●</span>	<span style="color: orange;">●</span>	<span style="color: red;">●</span>	Verify <input type="button" value=""/> <input type="button" value=""/>



## Room and Board Claims

To create a room & board claim, select **New Claim**. Enter the patient's name and claim date range. The payer field will automatically populate to primary and will create a claim for the selected patient's primary payer. Select their Room & Board payer, choose the type of bill and select **Create** to create the claim.



Room & Board claims are labeled with a blue and white badge so users can easily identify them on the Claims screen.



Select the **Verify** hyperlink on the Claims screen to view the claim details. Each of the patient's active payers will appear in the Payers and Codes section of the claim. Based on the payer selected during claim creation, one payer will be marked Bill to Payer. This is the payer to which the claim will be sent. To update this payer, select **Mark as Bill to Payer** next to another payer. Only one payer can be marked as the bill to payer.



When a non-primary payer has been marked as the bill to payer, Coordination of Benefits (COB) details can be added for each additional payer. To add COB details, select **Add COB** and complete the following sections:

### Payer Information

Payer	Select a payer from the list of associated payers that have a higher payer type (e.g., if you are working on a claim for a secondary payer, you can enter the patient's primary payer).
Remittance Date	Enter the date that a remittance advice was received from the selected payer.

Remaining Patient Liability	Enter the remaining amount that the patient owes after the initial claims were billed.
Payer Paid Amount	Enter the payment amount from the remittance advice for the selected payer.
Total Non-Covered Amount	Enter the total amount that was not covered by the payer and is the patient's responsibility on the remittance advice for the selected payer.

### Claim Adjustment Reason

Code	Select the appropriate claim adjustment reason code from the drop-down menu. To prevent unacceptable codes, only accepted codes are listed.
Amount	Enter the total dollar amount for each adjustment code on the remittance.
Quantity	Enter the total number of times the same adjustment code was used on the remittance.
Qualifier	Select the appropriate qualifier based on the type of claim adjustment: PR-Patient Responsibility CO-Contractual Obligation CR-Correction and Reversals PI-Payer Initiated Reductions OA-Other Adjustments

Coordination of Benefits

Add Coordination Of Benefits

**Payer Information**

<b>Payer *</b> Medicare	<b>Remittance Date</b> MM/DD/YYYY	<b>Remaining Patient Liability</b>
<b>Payer Paid Amount</b>	<b>Total Non-Covered Amount</b>	

**Claim Adjustment Reason**

Code *	Amount *	Quantity *	Qualifier *	Actions
Select Code			Select Qualifier	Delete

[Add Adjustment](#)

Add COB
Cancel

### Attach Authorizations to Claims

To attach an authorization to a claim, select **New Claim** and enter the patient's name, date range, and payer. If the selected payer requires authorization and an authorization has been added, the Authorization field will appear. Select an authorization for the claim, enter the type of bill based on the payer requirements and select **Create**.

New Claim

Patient Name \*  
Bloyed, Nancy

Claim Date Range \*  
10/01/2020 - 10/31/2020

Payer  
Claims Submission Insurance

Authorization  
Select Authorization  
741852963258

Type of Bill \*  
Select Type of Bill

Create Cancel

When the claim is created, the Payers and Codes section will update to display the prior authorization number under Authorization Code.

Payers and Codes Reload

**Payers**  
Form Locator 11C, 1A, 4, E, 11C, 11

Payer	Subscriber ID	Subscriber Name	Relationship to Patient	Group Name	Policy Number	Actions
Claims Submission Insurance <a href="#">Bill To Payer</a>	78459654			Not Available	Not Available	Not Available
Medicaid	11111			Not Available	Not Available	

Is Patient's Condition Related to an Auto Accident?  
Form Locator 10B  
 Yes  No

Document Control Number  
Form Locator 22B

**Authorization Code**  
Form Locator 23

Prior Authorization Number  
741852963258

Referral

Condition Codes  
18 Code

The **Service Lines** section will update automatically based on the number of units authorized for the selected authorization.

Service Lines Reload

Billable Service Lines Add Service Line Mark as Non-Billable

Description	Diagnosis Pointers	Procedure Code	Procedure Modifiers	Service Date	Units	Total Charges	Actions
<input type="checkbox"/> RHC High Rate	M62.00 <input type="radio"/> I10 <input type="radio"/> M63.80 <input type="radio"/>	Q5003		10/01/2020	30	\$5,940.00	Delete

Total Claim Amount: \$5,940.00

Non-Billable Service Lines Show Non-Billable

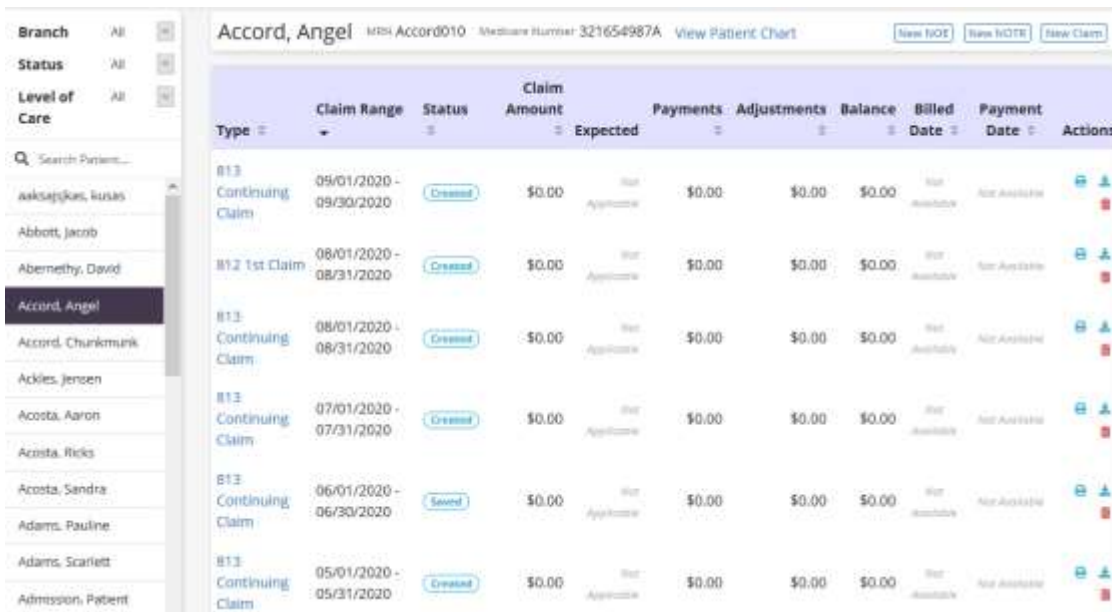
## CLAIMS HISTORY

### *Billing/Claims History*

A window will open with the following columns:

- Type - Type of bill.
- Claim Range - Date range of claim.
- Status - Allow 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.



The screenshot shows the patient claims interface for 'Accord, Angel'. The patient's information includes HBI: Accord010 and Medicare Number: 321654987A. There are buttons for 'New NOE', 'New NOTR', and 'New Claim'. The main table displays a list of claims with the following columns: Type, Claim Range, Status, Claim Amount, Expected, Payments, Adjustments, Balance, Billed Date, Payment Date, and Actions.

Type	Claim Range	Status	Claim Amount	Expected	Payments	Adjustments	Balance	Billed Date	Payment Date	Actions
B13 Continuing Claim	09/01/2020 - 09/30/2020	Closed	\$0.00	Not Applicable	\$0.00	\$0.00	\$0.00	Not Available	Not Available	[Icons]
B12 1st Claim	08/01/2020 - 08/31/2020	Closed	\$0.00	Not Applicable	\$0.00	\$0.00	\$0.00	Not Available	Not Available	[Icons]
B13 Continuing Claim	08/01/2020 - 08/31/2020	Closed	\$0.00	Not Applicable	\$0.00	\$0.00	\$0.00	Not Available	Not Available	[Icons]
B13 Continuing Claim	07/01/2020 - 07/31/2020	Closed	\$0.00	Not Applicable	\$0.00	\$0.00	\$0.00	Not Available	Not Available	[Icons]
B13 Continuing Claim	06/01/2020 - 06/30/2020	Saved	\$0.00	Not Applicable	\$0.00	\$0.00	\$0.00	Not Available	Not Available	[Icons]
B13 Continuing Claim	05/01/2020 - 05/31/2020	Closed	\$0.00	Not Applicable	\$0.00	\$0.00	\$0.00	Not Available	Not Available	[Icons]

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

- Branch - Select if more than one.
- Status - Choose from active, discharged, pending, non-admitted or deceased.
- Level of Care - Choose from routine, respite, continuous care or general inpatient.
- Search - Start typing a name and the list narrows down to match.

After the patient has been selected, view the NOE, NOTR or Claim by selecting the Type hyperlink on the left side. Create a New NOE, NOTR or Claims by selecting the buttons at the top right of the page.

























[New NOE](#)
[New NOTR](#)
[New Claim](#)


Select the **View Patient Chart** hyperlink at the top of the page to go directly to the patient chart.

## NOTICE OF ELECTION (NOE)

### *Billing/Notice of Election (NOE)*

A window will open with a list of type, patient, admission date, election form, CTI, initial assessment and NOE verified.

Type	Patient	Admission Date	Election Form	Certificate of Terminal Illness	Initial Assessment	NOE Verified	Actions
81A NOE <span style="color:red">✖ Error</span>	Again, AA	02/01/2020	<span style="color:orange">⚠</span>	<span style="color:orange">⚠</span>	<span style="color:green">✔</span>	<span style="color:red">✖</span>	Verify   
81C NOE Transfer <span style="color:red">✖ Error</span>	Again, AA	02/01/2020	<span style="color:orange">⚠</span>	<span style="color:orange">⚠</span>	<span style="color:green">✔</span>	<span style="color:red">✖</span>	Verify   
81A NOE <span style="color:red">✖ Error</span>	Faux, Android	01/19/2020	<span style="color:orange">⚠</span>	<span style="color:orange">⚠</span>	<span style="color:green">✔</span>	<span style="color:red">✖</span>	Verify   
81A NOE	aaksajskas, kusan	04/24/2020	<span style="color:orange">⚠</span>	<span style="color:orange">⚠</span>	<span style="color:orange">⚠</span>	<span style="color:red">✖</span>	Verify   
81C NOE Transfer	Accord, Angel	11/13/2019	<span style="color:green">✔</span>	<span style="color:orange">⚠</span>	<span style="color:green">✔</span>	<span style="color:red">✖</span>	Verify   
81C NOE Transfer	Accord, Chunkmunk	01/23/2020	<span style="color:orange">⚠</span>	<span style="color:orange">⚠</span>	<span style="color:orange">⚠</span>	<span style="color:red">✖</span>	Verify   
81A NOE	Accord, Angel	11/13/2019	<span style="color:green">✔</span>	<span style="color:orange">⚠</span>	<span style="color:green">✔</span>	<span style="color:red">✖</span>	Verify   
81C NOE Transfer	Accord, Angel	11/13/2019	<span style="color:green">✔</span>	<span style="color:orange">⚠</span>	<span style="color:green">✔</span>	<span style="color:red">✖</span>	Verify   

A NOE is ready in the software once the sections below are all check  marked green.

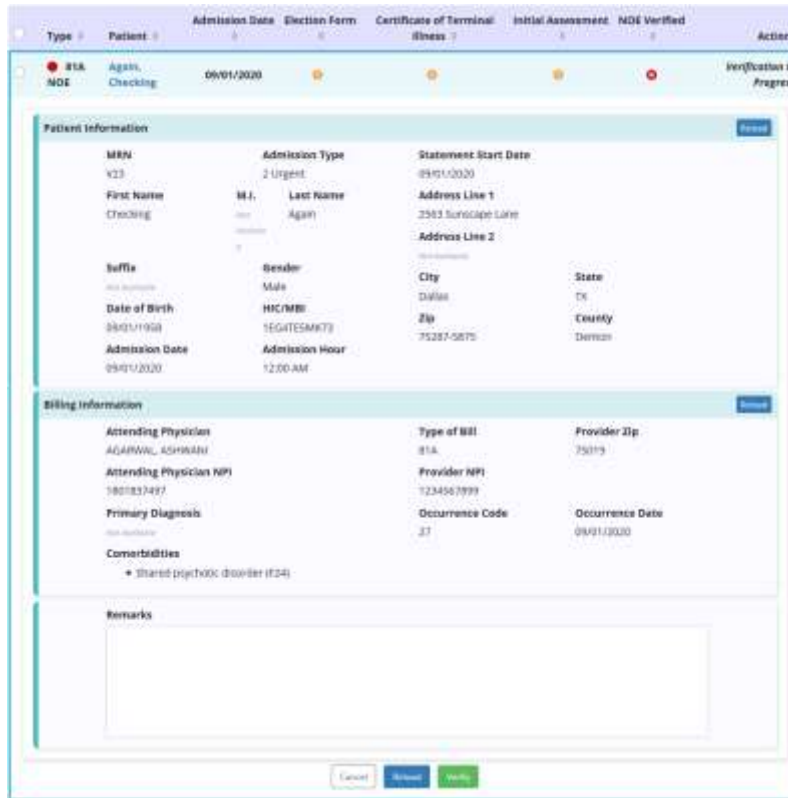
<input type="checkbox"/>	<span style="color:red">●</span> 81A NOE	Demo, Danny	04/24/2020	<span style="color:green">✔</span>	<span style="color:green">✔</span>	<span style="color:green">✔</span>	<span style="color:red">✖</span>	<span style="border: 1px solid red; padding: 2px;">Verify</span>   
--------------------------	--	-------------	------------	------------------------------------	------------------------------------	------------------------------------	----------------------------------	--

To verify a NOE, select the **Verify** hyperlink and make sure that the following information is signed, timely dated and available as an attachment:

- Admission Date.
- Verbal Order or signed Certification of Terminal Illness.
- Signed Election of Benefits.
- Initial Assessment.
- Face-to-Face if the patient is a transfer and/or is on third Benefit Period or higher.

Below is the NOE verification screen. Select the **Reload** button once any documents are added to their chart to update the NOE. Select the **Save** button to

keep any changes made. 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**.



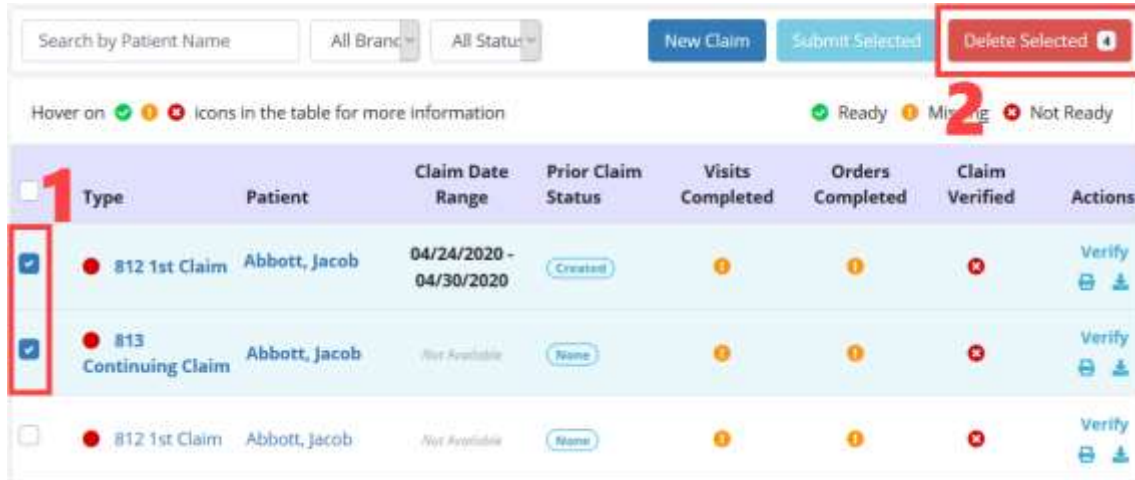
Though NOE's are automatically generated once the patient status is changed to active, the user will still be given a way to create another NOE, if needed, by selecting the **New NOE** button on the top right side of the page.

Once the button is selected, the top of the screen expands where the name of the patient can be typed in.



This section is a type-ahead, and the system will automatically display names that match the several letters that were entered. Select the name, choose the correct Type of Bill from the dropdown menu and then select the **Create** button.

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

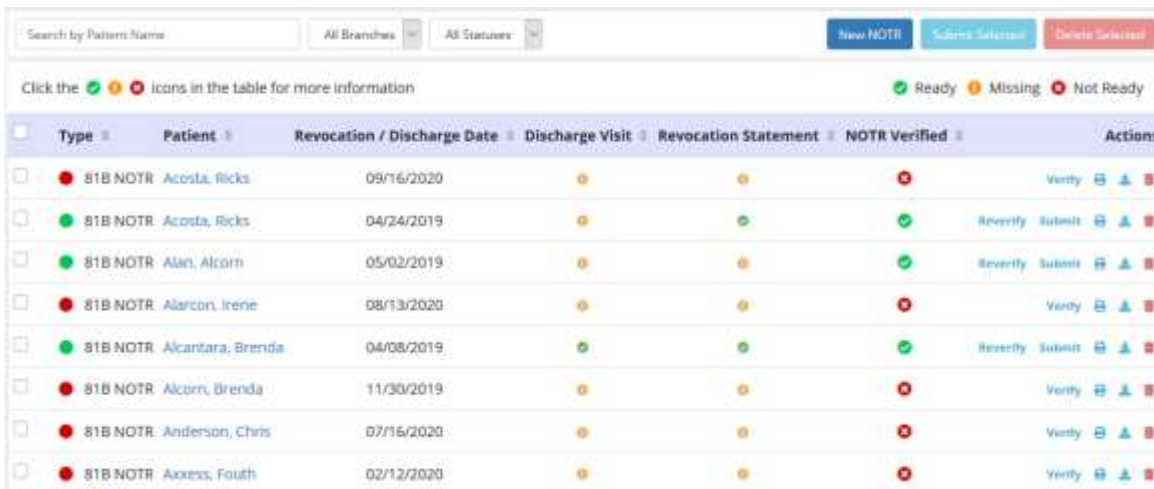


<input type="checkbox"/>	Type	Patient	Claim Date Range	Prior Claim Status	Visits Completed	Orders Completed	Claim Verified	Actions
<input checked="" type="checkbox"/>	812 1st Claim	Abbott, Jacob	04/24/2020 - 04/30/2020	Created	1	1	Not Ready	Verify
<input checked="" type="checkbox"/>	813 Continuing Claim	Abbott, Jacob	Not Available	None	1	1	Not Ready	Verify
<input type="checkbox"/>	812 1st Claim	Abbott, Jacob	Not Available	None	1	1	Not Ready	Verify


## NOTICE OF TERMINATION/REVOCAION (NOTR)

*Billing/Notice of Termination/Revocation (NOTR)*

A window will open with a list of type, patient, revocation/discharge date, discharge visit and revocation statement.



<input type="checkbox"/>	Type	Patient	Revocation / Discharge Date	Discharge Visit	Revocation Statement	NOTR Verified	Actions
<input type="checkbox"/>	81B NOTR	Acosta, Ricks	09/16/2020	Missing	Missing	Not Ready	Verify
<input type="checkbox"/>	81B NOTR	Acosta, Ricks	04/24/2019	Missing	Ready	Ready	Reverify Submit
<input type="checkbox"/>	81B NOTR	Alan, Alcorn	05/02/2019	Missing	Missing	Ready	Reverify Submit
<input type="checkbox"/>	81B NOTR	Alarcon, Irene	08/13/2020	Missing	Missing	Not Ready	Verify
<input type="checkbox"/>	81B NOTR	Alcantara, Brenda	04/08/2019	Missing	Ready	Ready	Reverify Submit
<input type="checkbox"/>	81B NOTR	Alcorn, Brenda	11/30/2019	Missing	Missing	Not Ready	Verify
<input type="checkbox"/>	81B NOTR	Anderson, Chris	07/16/2020	Missing	Missing	Not Ready	Verify
<input type="checkbox"/>	81B NOTR	Axxess, Fouth	02/12/2020	Missing	Missing	Not Ready	Verify

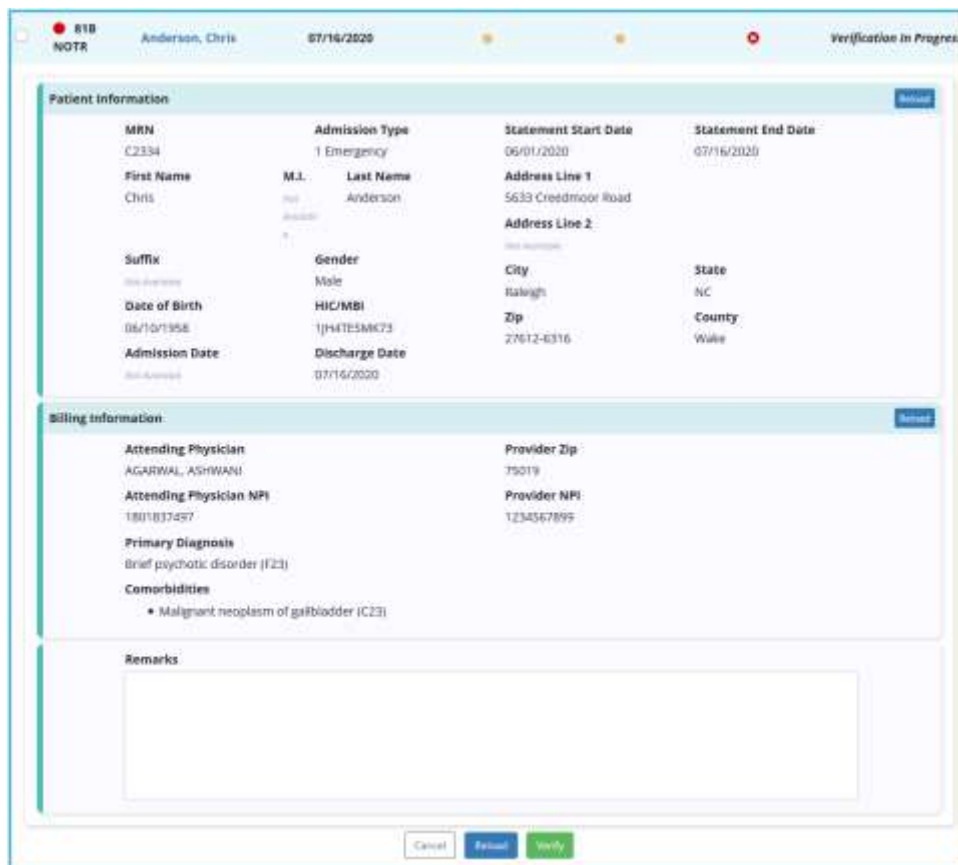
A NOTR is ready in the software once the sections below are all check  marked green.



To verify an NOTR, select the **Verify** hyperlink under Actions. Confirm that the following information is signed, timely dated and available as an attachment:

- Revocation/Discharge Date.
- Discharge Visit.
- Revocation Statement.

Below is the NOTR verification screen. Select the **Reload** button once any documents/visits are added to their chart to update the NOTR. Select the **Save** button to keep any changes made. Once all information is confirmed/entered, select the **Verify** button.



Patient Information			
MRN	Admission Type	Statement Start Date	Statement End Date
C2334	1 Emergency	06/01/2020	07/16/2020
First Name	M.I.	Last Name	Address Line 1
Chris		Anderson	5633 Creedmoor Road
			Address Line 2
Suffix	Gender	City	State
	Male	Raleigh	NC
Date of Birth	HIC/MBI	Zip	County
06/10/1956	1JH4TESMK73	27612-6316	Wake
Admission Date	Discharge Date		
07/16/2020	07/16/2020		

Billing Information	
Attending Physician	Provider Zip
AGARWAL, ASHWANI	75019
Attending Physician NPI	Provider NPI
1801037457	1234567899
Primary Diagnosis	
Brief psychotic disorder [F23]	
Comorbidities	
• Malignant neoplasm of gallbladder [C23]	
Remarks	



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

<input type="checkbox"/>	<span style="color: green;">●</span> 81B NOTR	Alcantara, Brenda	04/24/2020	<span style="color: green;">●</span>	<span style="color: green;">●</span>	<span style="color: green;">●</span>	<a href="#">Reverify</a> <a href="#">Submit</a>
--------------------------	---	-------------------	------------	--------------------------------------	--------------------------------------	--------------------------------------	---

NOTR are automatically generated once the patient's status is changed to discharged; however, the user can create an NOTR by selecting the **New NOTR** button on the top right side of the page.

Once the button is selected, the top of the screen expands where the name of the patient can be typed in.

New NOTR

**Patient \***

**Discharge Date \***

**Discharge Reason \***

This section is a type-ahead and the system will automatically display names that match the several letters that were entered. Select the name, choose a discharge date and reason. Then select the **Create** button.

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

All Bran
All Statu

Click the ● ● ● icons in the table for more information

	Type	Patient	Revocation / Discharge Date	Discharge Visit	Revocation Statement	NOTR Verified	Actions
<input checked="" type="checkbox"/>	<span style="color: green;">●</span> 81B NOTR	Acosta, Ricks	04/24/2019	<span style="color: orange;">●</span>	<span style="color: green;">●</span>	<span style="color: green;">●</span>	<a href="#">Reverify</a> <a href="#">Submit</a>
<input checked="" type="checkbox"/>	<span style="color: green;">●</span> 81B NOTR	Alan, Alcorn	05/02/2019	<span style="color: orange;">●</span>	<span style="color: orange;">●</span>	<span style="color: green;">●</span>	<a href="#">Reverify</a> <a href="#">Submit</a>
<input type="checkbox"/>	<span style="color: green;">●</span> 81B NOTR	Alcantara, Brenda	04/24/2020	<span style="color: green;">●</span>	<span style="color: green;">●</span>	<span style="color: green;">●</span>	<a href="#">Reverify</a> <a href="#">Submit</a>

## REMITTANCE ADVICE

### Billing/Remittance Advice

This will be automatically posted through all payers once it is received, and the associated claims will also have payments and adjustments posted.

Provider	Check (EFT) Number	Payment Date	Payer	Payment Amount	Remaining Balance	Claim Count	Actions
Testing Home Health Agency, Inc.	EFT101010 <small>Manually Created</small>	12/23/2021	Blue Cross Blue Shield	\$2,554.25	\$2,554.25	1	<a href="#">Edit</a> <a href="#">View Details</a>
Testing Home Health Agency, Inc.	EFT125 <small>Manually Created</small>	12/06/2021	Medicare	\$5,000.00	\$5,200.00	2	<a href="#">Edit</a> <a href="#">View Details</a>
Testing Home Health Agency, Inc.	test232141 <small>Manually Created</small>	11/01/2021	Medicare	\$222.00	\$222.00	1	<a href="#">Edit</a> <a href="#">View Details</a>
Testing Home Health Agency, Inc.	test00101 <small>Manually Created</small>	10/27/2021	Medicare	\$222.00	\$222.00	1	<a href="#">Edit</a> <a href="#">View Details</a>
Testing Home Health Agency, Inc.	test01122 <small>Manually Created</small>	10/14/2021	Medicare	\$500.00	\$500.00	1	<a href="#">Edit</a> <a href="#">View Details</a>
Testing Home Health Agency, Inc.	123456798000000 <small>Manually Created</small>	10/14/2021	Medicare	\$1.00	\$1.00	1	<a href="#">Edit</a> <a href="#">View Details</a>
Testing Home Health Agency, Inc.	test222 <small>Manually Created</small>	10/01/2021	Medicare	\$222.00	\$222.00	1	<a href="#">Edit</a> <a href="#">View Details</a>
Testing Home Health Agency, Inc.	test101012021 <small>Manually Created</small>	10/01/2021	Medicare	\$111,112,354.00	\$111,112,354.00	1	<a href="#">Edit</a> <a href="#">View Details</a>
Testing Home Health Agency, Inc.	test111 <small>Manually Created</small>	09/01/2021	Medicare	\$134,533.00	\$134,533.00	1	<a href="#">Edit</a> <a href="#">View Details</a>
Testing Home Health Agency, Inc.	test33333 <small>Manually Created</small>	07/31/2021	Medicare	\$11,111.00	\$11,111.00	1	<a href="#">Edit</a> <a href="#">View Details</a>

Choose a provider from the drop-down menu (if more than one). Search through the list of remittances by entering the EFT number or by date range.

Providers: All  MM/DD/YYYY - MM/DD/YYYY

Each line lists the provider, check (EFT) number, payment date, payer, payment amount, remaining balance and claim count.

Check (EFT) Number	Payment Date	Payer	Payment Amount	Remaining Balance	Claim Count	Actions
333 <small>Manually Created</small>	04/09/2020	BCBS of Illinois	\$1,000.00	\$1,000.00	Not Available	<a href="#">Edit</a> <a href="#">View Details</a>

Select the **Edit** hyperlink to make changes to the check details. After any updates are made select the **Save Remittance** button to complete.

Testing Home Health Agency, Inc.	EFT101010 <small>Manually Created</small>	12/23/2021	Blue Cross Blue Shield	\$2,554.25	\$2,554.25	1	<a href="#">Edit In Progress</a>
Provider*	Check (EFT) Number*	Payment Date*	Payer*	Payment Amount*	Received Date*		
Testing Home Health Ag...	EFT101010	12/23/2021	Blue Cross Blue Shield	\$2,554.25	12/23/2021		
				<a href="#">Save Remittance</a>	<a href="#">Cancel</a>		

Select the **View Details** hyperlink to view the file with the specifics on each remit. There are options to **View**, **Edit**, **Delete**, **Link Claims** and **Auto Adjust** from this page.

EFT 777765 paid on 03/19/2020 Manually Created

Payment Amount <b>\$50,000.00</b>	Remaining Balance <b>\$50,000.00</b>	Number of Claims <b>1</b>
--------------------------------------	---	------------------------------

Received Date	Payer Name	Reference Id	Payee Name	Provider NPI	Provider Tax Id
03/20/2020	Medicare	Not Available	Not Available	Not Available	Not Available

[Link Claims](#) [Auto Adjust](#)

Patient *	Patient Control Number	Payer Claim Control Number	Statement TOB	Statement From	Statement To	Received On	Claim Amount	Payment Amount	Balance	Actions
<input type="checkbox"/> Alcantara, Brenda	Not Available	Not Available	03/31/2019	04/30/2019	03/20/2020	\$0.00	\$0.00	\$0.00	<a href="#">View</a> <a href="#">Edit</a>	

1 total results      Show 25 entries

Select the **Add Remittance** button in the top right of the Remittance Advice page. Enter the provider, check (EFT) number, payment date, payer, payment amount and received date. Select the **Create** button when complete.

Add Remittance

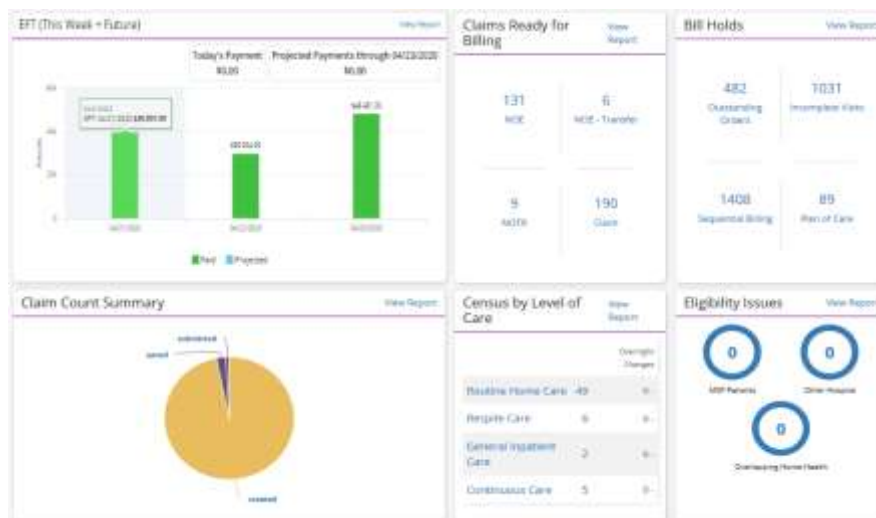
Check (EFT) Number *	Payment Date *	Payer *	Payment Amount *	Received Date *
<input type="text" value="Enter Check/EFT No."/>	<input type="text" value="MM/DD/YYYY"/>	<input type="text" value="Start Typing..."/>	<input type="text" value="Enter Payment Amt."/>	<input type="text" value="MM/DD/YYYY"/>

[Create](#) [Create And Link](#) [Cancel](#)

## BILLING DASHBOARD

### *Billing/Billing Dashboard*

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



EFT - Shows a bar graph that displays the number of payments that were paid and how many were projected. Select the **View Report** hyperlink at the top of the tile to view the full EFT Report.

Claims Ready for Billing - Shows the total number of NOE, NOE-Transfer, NOTR and Claims that are ready to bill. Select the **View Report** hyperlink at the top of the tile to view the full Claims Ready for Billing Report.

Bill Holds - Shows the total number of bills that are being held because of Outstanding Orders, Incomplete Visits, Sequential Billing and Plan of Care. Select the **View Report** hyperlink at the top of the tile to view the full Bill Holds Report.

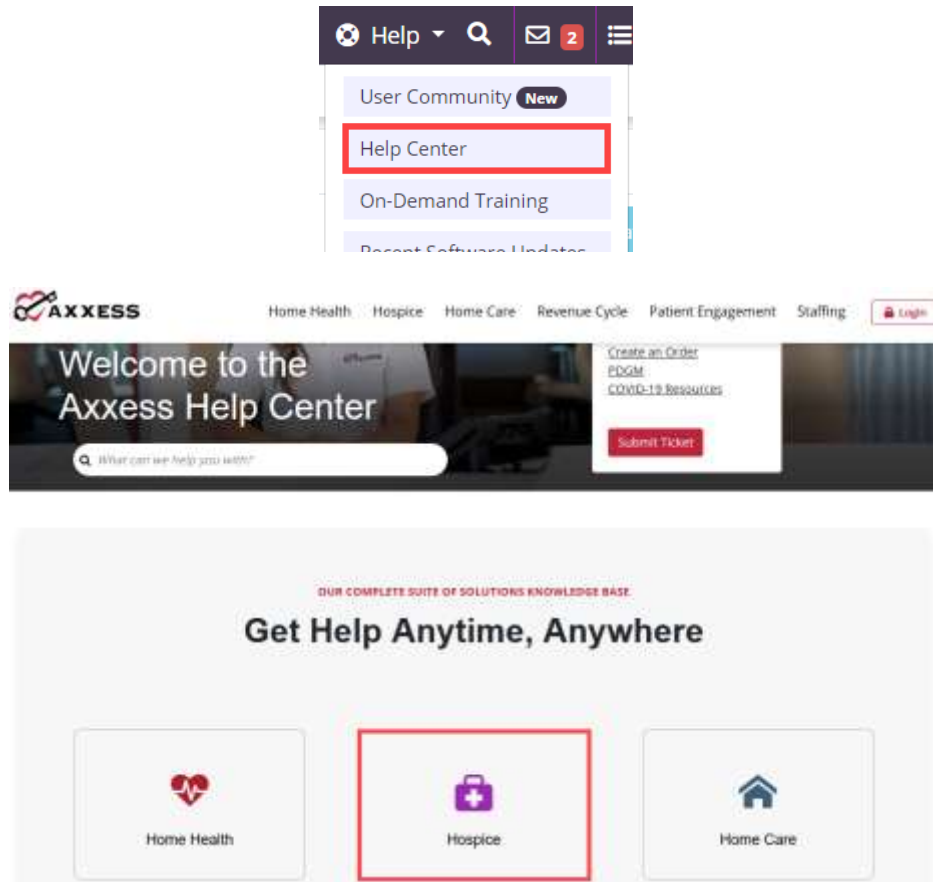
Claim Count Summary - Shows a pie graph that has the number of Paid, Pending Payment, Pending, Returned, Rejected and Denied claims. Select the **View Report** hyperlink at the top of the tile to view the full Claim Count Summary Report.

Census by Level of Care - Shows the number of patients by level of care and gives the number of Recent changes, including a green up arrow for an increase and red down arrow for a decrease. Select the **View Report** hyperlink at the top of the tile to view the full Census by LOC Report.

Eligibility Issues - Shows the number of MSP Patients, Overlapping Hospice, Overlapping Home Health patients that are causing eligibility issues. Select the **View Report** hyperlink at the top of the tile to view the full Eligibility Issues Report.

## 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/>.



The screenshot displays the Axxess Help Center interface. At the top, a navigation bar includes a 'Help' dropdown menu, a search icon, a notification icon with the number '2', and a hamburger menu icon. The dropdown menu is open, showing options: 'User Community' (with a 'New' badge), 'Help Center' (highlighted with a red border), 'On-Demand Training', and 'Recent Software Updates'.

Below the navigation bar is the main header area. It features the Axxess logo on the left, followed by navigation links for 'Home Health', 'Hospice', 'Home Care', 'Revenue Cycle', 'Patient Engagement', and 'Staffing'. A 'Login' button is on the right. The central banner reads 'Welcome to the Axxess Help Center' and includes a search bar with the placeholder text 'What can we help you with?'. To the right of the search bar are links for 'Create an Order', 'PDGM', and 'COVID-19 Resources', along with a 'Submit Ticket' button.

The main content area is titled 'OUR COMPLETE SUITE OF SOLUTIONS KNOWLEDGE BASE' and 'Get Help Anytime, Anywhere'. It features three service category buttons: 'Home Health' (with a heart icon), 'Hospice' (with a purple cross icon and highlighted by a red border), and 'Home Care' (with a house icon).