

AXXESS DDE TRAINING MANUAL

April 2022

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LOGIN

Navigate to www.axxess.com. Select **LOGIN**.



User inputs credentials and selects **Secure Login**.

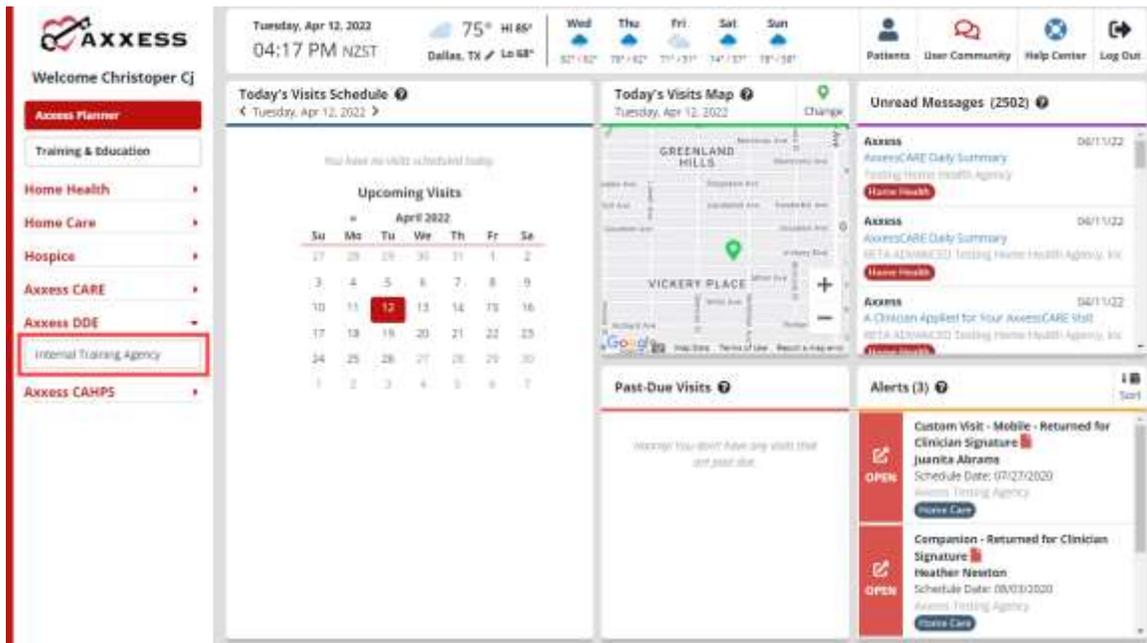
A screenshot of the Axxess login page. At the top is the Axxess logo. Below it is a text input field containing the email address 'cpierson@axxess.com'. Underneath the email field is a password input field with a green border and a series of dots representing the password. Below the password field is a large red button labeled 'Secure Login'. At the bottom of the form, there is a small link that says 'Having trouble logging in?'.

A Login Successful confirmation shows, select **OK**.



Axxess Planner

The Axxess Planner displays pertinent information specific to a user. Shortcuts have been placed on the left side of the page to allow for easy access to the Axxess applications the organization is using. Clinicians are also able to see upcoming visits, past due visits, unread messages, and a map of today's visits. To access DDE, select the name of the organization below Axxess DDE on the left side of the page.

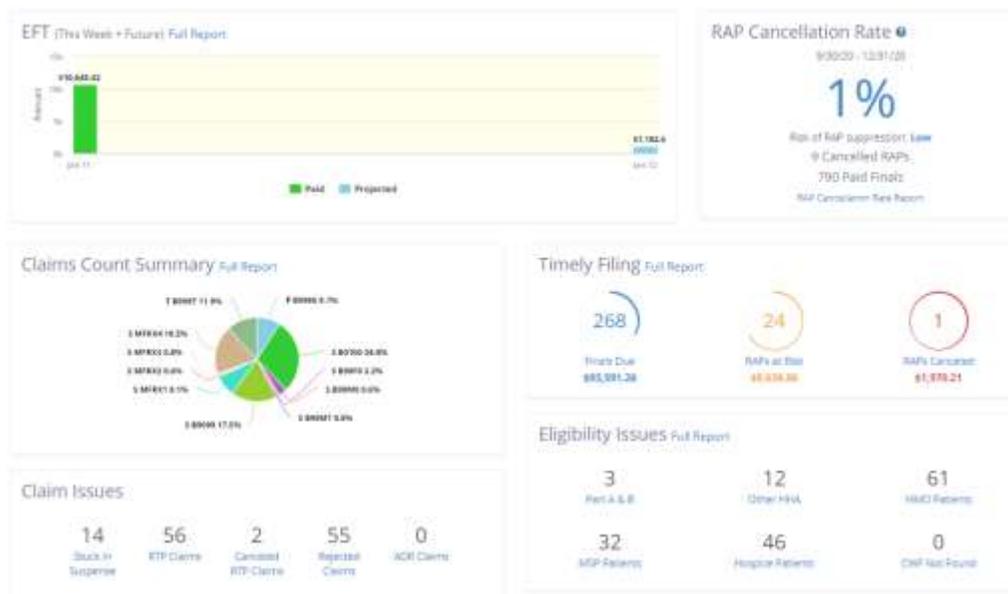


The screenshot shows the Axxess DDE interface. On the left is a navigation menu with options like 'Access Planner', 'Training & Education', 'Home Health', 'Home Care', 'Hospice', 'Access CARE', 'Access DDE', and 'Access CAHPS'. The 'Access DDE' menu item is highlighted with a red box. The main content area displays the date 'Tuesday, Apr 12, 2022', weather '75° HI 85°', and a 'Today's Visits Schedule' calendar for April 2022. The calendar shows a red '12' on Tuesday, April 12th. Other sections include 'Today's Visits Map', 'Unread Messages (2502)', 'Past-Due Visits', and 'Alerts (3)'.

Once inside Axxess DDE, select the  **Axxess Planner** menu button to go back to the previous screen.

Dashboard

The landing page of Axxess DDE is the Dashboard. It shows EFT, RAP Cancellation Rate, Claims Count Summary, Timely Filing, Claim Issues and Eligibility Issues.



EFT - The Electronic Funds Transfers section displays organization checks in a bar graph form. The green bars indicate received payment on the date and amount listed. The blue bars show projected payments that the organization is expected to receive based off the PB996 in DDE. Select the **Full Report** hyperlink to see details of the paid and projected payments.



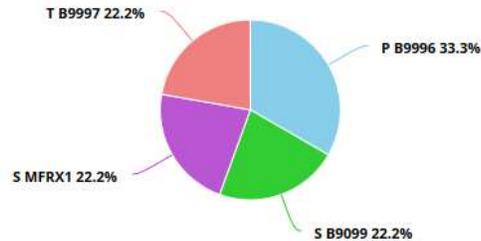
RAP Cancellation Rate - The RAP cancellation rate is the ratio of cancelled RAPs to processed (paid) finals. An organization may be subjected to RAP suppression if this rate is excessively high. Select the **RAP Cancellation Rate Report** hyperlink for more detailed information.



NOTE: Medicare is withholding RAP reimbursement privileges for agencies who have a high RAP cancellation rate. If the organization is on a RAP suppression, it will receive zero payments for RAP claims for 90 to 180 days. During this period, there will be a delay in the episode payment until the final claim is processed.

Claims Count Summary - Shows a pie graph of the complete listing of all the claims per status and location by percentage. Select the **Full Report** hyperlink to see details of the claims.

Claims Count Summary [Full Report](#)



Timely Filing - An important report that shows the number of RAPS that have been cancelled, the number at risk of cancellation (due to no final) and the number of finals that are due. Select the **Full Report** hyperlink to see the details related to timely filing of RAPS and Finals.

Timely Filing [Full Report](#)



NOTE: This report is not listed in the traditional DDE. This critical information is shown on the dashboard to help run the organization on a day-to-day basis.

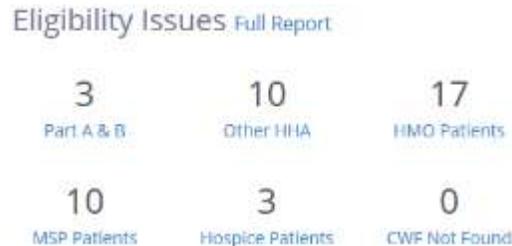
Claim Issues - Shows the number of claims that are:

- Stuck in Suspense - Claims that have been processing for over 21 days.
- RTP Claims - Claims that have been returned to the provider for correction.
- Cancelled RTP Claims - Cancelled claims returned to the provider (T status) for correction.
- Rejected Claims - Claims that did not process due to missing condition code or Medicare potentially determined that the patient is not homebound.
- ADR Claims - Additional Development Requests where Medicare requires additional documentation for particular patients and episodes.

Claim Issues



Eligibility Issues - Patients whose eligibility status is questionable. They might not have Medicare Part A or B, gone to another organization, picked up an HMO, MSP or hospice period, or the Common Working File is not found. Select the **Full Report** hyperlink to see more details about these eligibility issues.



REPORTS



Reports can be accessed through the toolbar on the left side of the page or by selecting the  **Reports** menu tab.

Most reports have a  **Download** button that gives users the option(s) to either generate a PDF, CSV, and/or Excel format of the data to be saved to the user's computer and/or printed out.

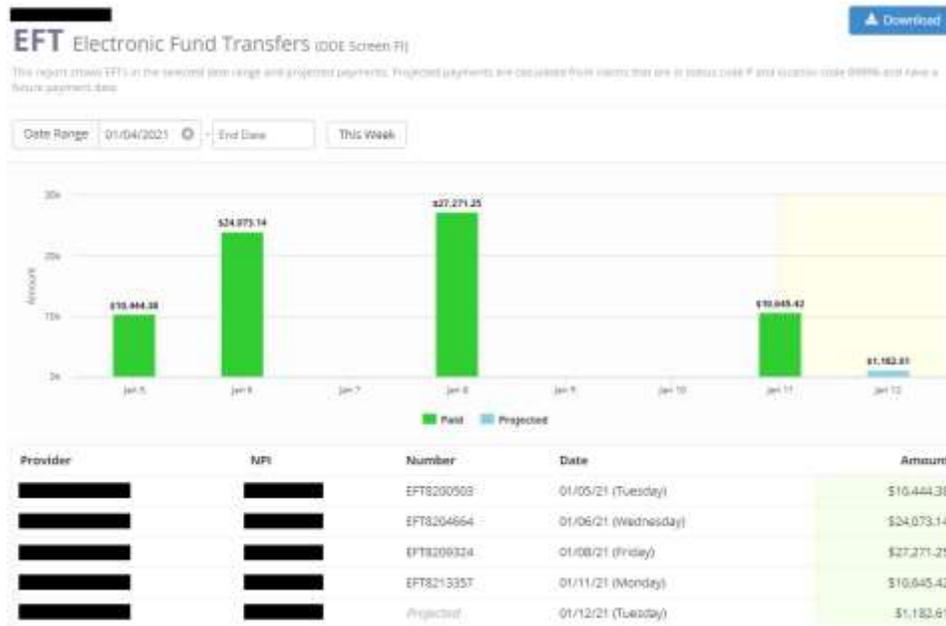
Navigate through reports by using the < and > or select the page number



buttons.

Financial Reports EFT (Checks)

The Electronic Fund Transfers report has date filters at the top of the page. Select **This Week** to automatically update the date range to the current week. The bottom of the page shows the organization's name, NPI number, EFT number (check), date and dollar amount of EFT.



Projected Payments

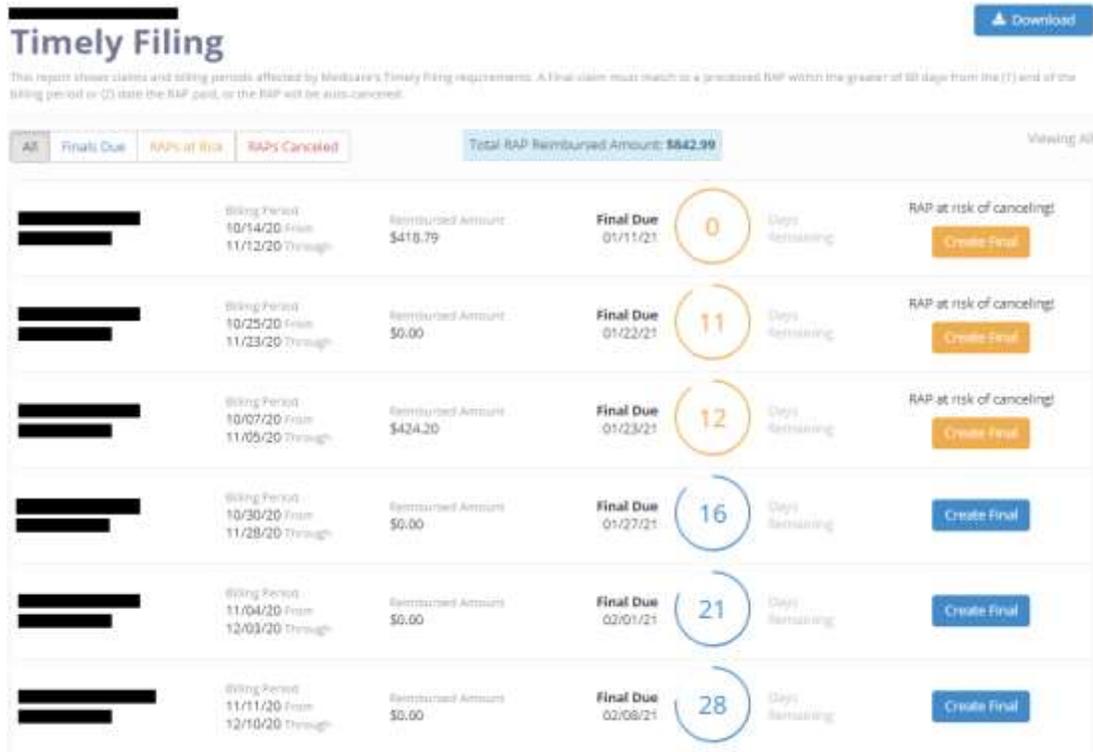
The payments agencies are expected to receive based off the PB996 in DDE. Columns are the same as the EFT report.



Timely Filing Reports

Timely Filing

Shows claims and episodes that are affected by Medicare’s timely filing requirements. The final claim must match the processed RAP within the greater of 60 days to the end of the episode or the date that the RAP was paid. If these guidelines are not followed, the RAP will be automatically canceled.



Timely Filing Download

This report shows claims and billing periods affected by Medicare's Timely Filing requirements. A final claim must match to a processed RAP within the greater of 60 days from the (1) end of the billing period or (2) date the RAP paid, or the RAP will be auto-canceled.

All Finals Due RAPs at Risk RAPs Canceled
Total RAP Reimbursed Amount: \$642.99 Viewing All

Billing Period	Reimbursed Amount	Final Due	Days Remaining	Action
10/14/20 From 11/12/20 Through	\$418.79	01/11/21	0	Create Final
10/25/20 From 11/23/20 Through	\$0.00	01/22/21	11	Create Final
10/07/20 From 11/05/20 Through	\$424.20	01/23/21	12	Create Final
10/30/20 From 11/28/20 Through	\$0.00	01/27/21	16	Create Final
11/04/20 From 12/03/20 Through	\$0.00	02/01/21	21	Create Final
11/11/20 From 12/10/20 Through	\$0.00	02/06/21	28	Create Final

RAPs Canceled



Enterprise Demo

Timely Filing

This report shows claims and episodes affected by Medicare's Timely Filing requirements. A final claim must match to a processed RAP within the greater of 60 days from the (1) end of the episode or (2) date the RAP paid, or the RAP will be auto-canceled.

All Finals Due RAPs at Risk RAPs Canceled

Jayna, Tia Episode: Reimbursed Amount:

Select the **RAPs Canceled** hyperlink on the left menu or select the **RAPs Canceled** tab inside the Timely Filing report.

All	Finals Due	RAPs at Risk	RAPs Canceled	Total RAP Reimbursed Amount: \$6,114.87		
[Redacted]	Billing Period 08/14/20 From 09/12/20 Through	Reimbursed Amount \$482.52	RAP Canceled 12/16/20	0	Days Remaining	Edit RAP Resubmit RAP
[Redacted]	Billing Period 08/08/20 From 09/06/20 Through	Reimbursed Amount \$415.08	RAP Canceled 12/22/20	0	Days Remaining	Edit RAP Resubmit RAP
[Redacted]	Billing Period 05/18/20 From 06/16/20 Through	Reimbursed Amount \$445.35	RAP Canceled 09/16/20	0	Days Remaining	Edit RAP Resubmit RAP
[Redacted]	Billing Period 06/17/20 From 07/16/20 Through	Reimbursed Amount \$235.66	RAP Canceled 10/14/20	0	Days Remaining	Edit RAP Resubmit RAP

Patients are broken down by name and Medicare number, billing period, reimbursed amount, date and number of days remaining. Select the **Edit RAP** button to make changes or select the **Resubmit RAP** button to make a copy of the initial RAP that was submitted. Once copied, it is sent over to DDE instantly for processing. Once the claim has been submitted, users will receive a notification at the top of the page. This is displayed by the  icon.

RAPs at Risk

This section houses RAPs that are at risk of being canceled because the final has not been submitted. Select the **RAPs at Risk** report hyperlink on the left menu or select the **RAPs at Risk** tab inside the Timely Filing report. Patients are broken down by name and Medicare number, billing period, reimbursed amount, date and number of days remaining. Select the **Create Final** button on the far right to pull all the RAP information into the final. This also allows users to add their service lines and visits to submit directly and instantly to DDE.

All	Finals Due	RAPs at Risk	RAPs Canceled	Total RAP Reimbursed Amount: \$8,358.85		
[Redacted]	Billing Period 10/09/20 From 11/07/20 Through	Reimbursed Amount \$504.38	Final Due 01/09/21	0	Days Remaining	RAP at risk of canceling: Create Final
[Redacted]	Billing Period 10/09/20 From 11/09/20 Through	Reimbursed Amount \$443.35	Final Due 01/11/21	0	Days Remaining	RAP at risk of canceling: Create Final
[Redacted]	Billing Period 10/12/20 From 11/10/20 Through	Reimbursed Amount \$451.29	Final Due 01/09/21	0	Days Remaining	RAP at risk of canceling: Create Final

Finals Due

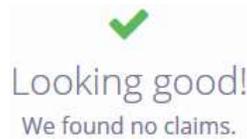
A complete listing of all finals that are due. Patients are broken down by name and Medicare number, billing period, reimbursed amount, final due date and number of days remaining. Select the **Create Final** button on the far right to pull

all the RAP information into the final. This also allows users to add their service lines and visits and submit it directly and instantly to DDE.

All	Finals Due	RAPs at Risk	RAPs Canceled	Total RAP Reimbursed Amount: \$38,173.14		< 1 2 3 4 5 >
[Redacted]	Billing Period 10/09/20 From 11/07/20 Through	Reimbursed Amount: \$504.38	Final Due 01/06/21	0	Days Remaining	RAP at risk of canceling! Create Final
[Redacted]	Billing Period 10/05/20 From 11/03/20 Through	Reimbursed Amount: \$443.35	Final Due 01/11/21	0	Days Remaining	RAP at risk of canceling! Create Final
[Redacted]	Billing Period 10/12/20 From 11/10/20 Through	Reimbursed Amount: \$451.29	Final Due 01/06/21	0	Days Remaining	RAP at risk of canceling! Create Final
[Redacted]	Billing Period 10/09/20 From 11/07/20 Through	Reimbursed Amount: \$370.58	Final Due 01/06/21	0	Days Remaining	RAP at risk of canceling! Create Final

Claim Reports

If there are no claims that meet the report criteria the following message shows:



T Status (RTP)

Claims that have been returned to the provider (Screen 27 in DDE). They are broken down by:

TOB - Type of Bill is a hyperlink that goes into the claim.

Claims / Enterprise Demo

Medicare Claim / 329 Final Cancel Copy UB04 Edit Submit

RTP T B9997

Billing Period 7/29/20 to 8/18/20 Received 12/30/20 Total Charges \$1,903.60 Suppress

Reason Code 37249

BASED ON THE NEW LUPA EDIT, CLAIM WILL BE RETURNED IF THE FOLLOWING CONDITIONS ARE MET:

- THE TYPE OF BILL IS 032X
- THERE ARE 4 OR FEWER COVERED VISITS (OCCURRENCES OF REVENUE CODES 042X, 04
- THE ADMISSION DATE MATCHES THE FROM DATE.
- THE FIRST POSITION OF THE HIPPS CODE IS 1 OR 2.
- CONDITION CODE 47 IS NOT PRESENT, AND
- THERE IS NO QUALIFYING SKILLED SERVICE (AT LEAST ONE COVERED OCCURRENCE OF REVENUE CODES 042X, 044X OR 055X.)

Patient		Condition Codes	
Name	Reggie, Lorraine	64	
HIC/MBI	7228843776	Occurrence Codes	
Date of Birth	8/10/97	none	
Gender	Male	Value Codes	
Address	16000 Dallas Pkwy Dallas, TX 75248		

Admission & Discharge

- Select the  button to remove the claim.
- Select the  button to make a duplicate, make changes and submit as a new claim.
- Select the  button to print the claim to use as additional documentation to Medicare.
- Select the  button or hover over each section and select [Edit](#) to make changes to the claim.
 - After changes have been made, select the **Save & Submit** button. The claim will begin processing instantly and a notification will show saying it was successfully submitted. It will also show the current status in DDE.
- Select the  button to suppress the claim if, for instance, the RTP has been corrected, processed, and has received payment to remove the claim from T status list.

- Select the  button and the claim will begin processing. A notification will show saying the claim was successfully submitted. It will also show the current status in DDE.

Status - Hover for description of why the claim is in T status and what needs to be done to correct it.

Status	
RTP 37249	BASED ON THE NEW LUPA EDIT, CLAIM WILL BE RETURNED IF THE FOLLOWING CONDITIONS ARE MET: O THE TYPE OF BILL IS 032X, O THERE ARE 4 OR FEWER COVERED VISITS (OCCURRENCES OF REVENUE CODES 042X, 04 O THE ADMISSION DATE MATCHES THE FROM DATE, O THE FIRST POSITION OF THE HIPPS CODE IS 1 OR 2, O CONDITION CODE 47 IS NOT PRESENT, AND O THERE IS NO QUALIFYING SKILLED SERVICE (AT LEAST ONE COVERED OCCURRENCE OF REVENUE CODES 042X,044X OR 055X.)
RTP 31699	

HIC/MBI - Hyperlink to patient search that shows HIC/MBI, gender, DOB, address, billing periods and eligibility history.

Patient Name - Same hyperlink as HIC/MBI.

Last Modified Received - The date the last time the claim was modified/received.

From Through - The dates of the claim.

Paid Canceled - The dates the claim was paid or cancelled.

Total Charges Reimbursement - The number of total charges and how much was reimbursed.

Rejected

A complete list of all rejected claims. The benefit of Axxess DDE is users can correct a rejected claim. Select the **TOB** hyperlink, hover over the section, select **Edit**, make changes and select **Resubmit**. The claim will then begin instantly processing in DDE.

Rejected

This report shows claims with 320 Type of Bill that have incomplete or invalid information.

Paid Date Range: Start Date: End Date: Search

TOB	Status	HIC/MBI	Patient Name	Last Modified Received	From Through	Paid Canceled	Total Charges Reimbursement
RAF (Rejected)	Rejected	38200		01/05/21 12/21/20	05/29/20 05/29/20	12/28/20 -	\$0.00 \$0.00

Paid RAPs

A complete list of RAPs that have been paid. It shows which payments have been received and which have not.

Paid RAPs

This report shows RAPs that are in P (Paid) status code.

-

TOB	Status	HIC/MBI	Patient Name	Last Modified Received	From Through	Paid Canceled	Total Charges Reimbursement
RAP	Paid 37185	████████	████████	01/05/21 09/02/20	08/22/20 08/22/20	09/11/20 11/03/20	\$0.00 \$271.69
RAP	Paid 37185	████████	████████	01/05/21 10/19/20	09/28/20 09/28/20	10/27/20 12/31/20	\$0.00 \$476.51
RAP	Paid 37185	████████	████████	01/05/21 12/14/20	11/27/20 11/27/20	12/22/20 -	\$0.00 \$426.89

Paid Finals

A complete list of finals that have been paid. It shows which payments have been received and which have not.

Paid Finals

This report shows Finals that are in P (Paid) status code.

-

TOB	Status	HIC/MBI	Patient Name	Last Modified Received	From Through	Paid Canceled	Total Charges Reimbursement
Final	Paid 37186	████████	████████	01/05/21 10/28/20	08/26/20 09/24/20	11/12/20 -	\$1,014.85 \$1,304.38
Final	Paid 37186	████████	████████	01/05/21 12/16/20	06/12/20 07/11/20	12/30/20 01/04/21	\$1,264.85 \$2,455.91
Final	Paid 37186	████████	████████	01/05/21 12/14/20	09/28/20 10/13/20	12/31/20 -	\$1,514.85 \$2,382.57

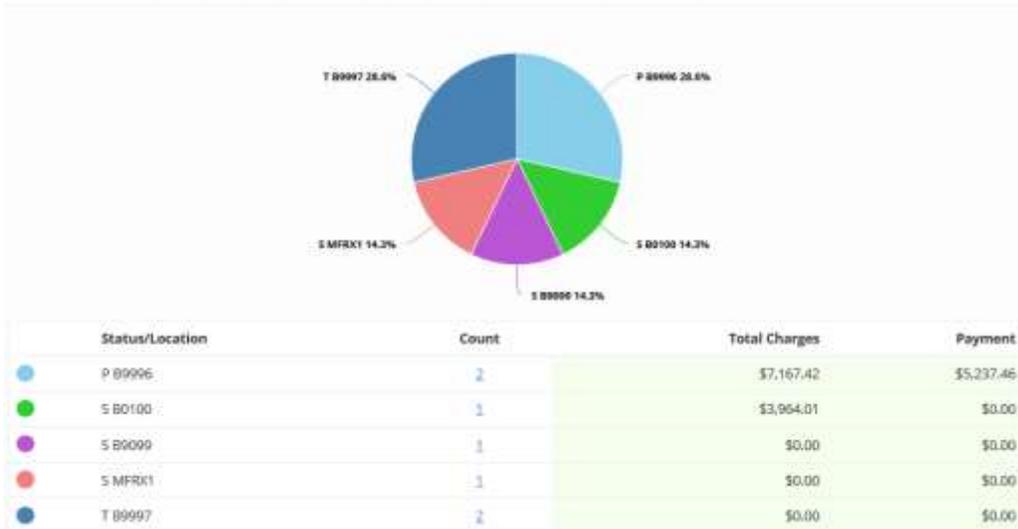
Claims Count Summary

Axxess DDE will show the claims per status and location feeding from Screen 56 in DDE.

Claims Count Summary (ODE Screen 56)

[Download](#)

This report includes total number of pending claims, total charges billed and total reimbursed for claims in each status/location.

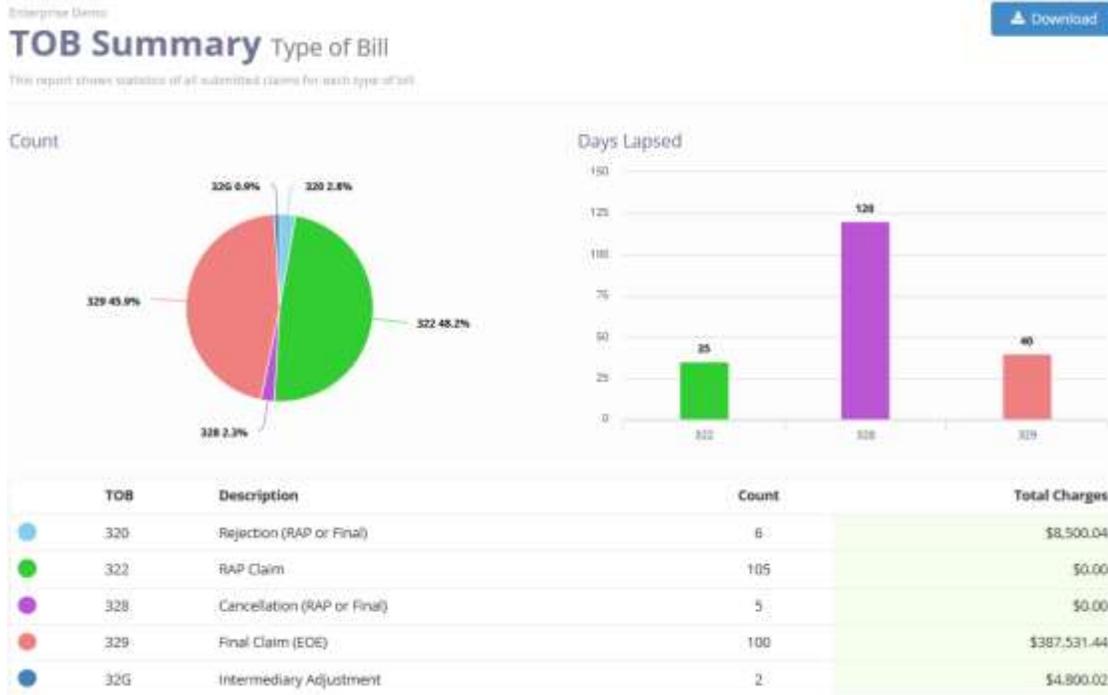


Select the number hyperlink under the count column to view per status and location or select the matching color in the pie graph for the same information.



TOB Summary

Complete listing of all claims per Type of Bill (TOB). Shows the number of claims (Count) per that TOB along with the total charges. This shows how much money is held up in rejections and cancellations or how much has been received for RAP claims. The count pie graph at the top of the page will break down the type of bills per percentage. To the right is the Days Lapsed bar graph that shows the average days lapsed for RAP (322), Cancellation (328) and Final (329).



Stuck in Suspense

Any claim that has been processing for more than 21 days is considered stuck in suspense and will appear in this list.

NOTE: Medicare must manually move claims that are stuck in suspense.

Stuck in Suspense

This report shows claims in S (Suspense) status code for more than 21 days.

TOB	Status	HIC/MBI	Patient Name	Last Modified Received	From Through	Paid Canceled	Total Charges Reimbursement
Final (Processing)	Suspense	██████	██████	12/21/20	06/24/20 07/23/20	-	\$4,736.66 \$3,074.31
RAP (Processing)	Suspense	██████	██████	12/21/20	11/30/20 11/30/20	-	\$0.00 \$474.62
Final (Processing)	Suspense	██████	██████	12/21/20	06/08/20 07/06/20	-	\$1,564.85 \$1,563.99

Reason Code Summary

This report is a trend tracker because administrators/billers want to identify the reason why claims are not being processed/paid. This report breaks the claims down by rejection code.



Select **Show _ Claims** hyperlink to see complete listing of claims per reason code. Make corrections to the claims directly from the report by selecting the TOB of each claim, making changes and resubmitting.

37253

HOME HEALTH CLAIMS SUBMITTED WITH A STATEMENT THROUGH DATE ON OR AFTER 04/01/2017 IF THE FOLLOWING CRITERIA ARE MET:

- TYPE OF BILL IS EQUAL TO 320
- NO MATCHING ASSESSMENT RECEIVED FROM QIES
- THE CLAIM RECEIPT DATE IS MORE THAN 40 DAYS AFTER THE OASIS ASSESSMENT COMPLETION DATE RETURNED FROM QIES

Hide 7 Claims

TOB	Status	Patient	HIC/MBI	Received Date	Total Charges
Final	RTP	[REDACTED]	[REDACTED]	12/24/20	\$2,514.85
Final	RTP	[REDACTED]	[REDACTED]	12/24/20	\$414.85
Final	RTP	[REDACTED]	[REDACTED]	11/30/20	\$414.85
Final	RTP	[REDACTED]	[REDACTED]	11/25/20	\$1,014.85

ADR Additional Development Request

Additional Development Requests when Medicare is asking for more documentation for a particular patient and episode. Once documentation is sent, Medicare will determine whether the payment will be processed for the episode.

ADR Additional Development Request

[Download](#)

This report shows claims selected for medical review.

TOB	Status	HIC/MBI	Patient Name	Last Modified Received	From Through	ADR Due	Total Charges Reimbursement
Final (Processing)	ADR 39700	██████	██████	01/12/21 02/28/20	04/30/19 06/28/19	10/11/19	\$16,504.79 \$0.00
Final (Processing)	ADR 39700	██████	██████	01/12/21 02/28/20	05/01/19 06/13/19	10/11/19	\$5,200.01 \$0.00
Final (Processing)	ADR 39700	██████	██████	07/18/19 07/16/19	03/30/19 04/30/19	08/31/19	\$5,670.01 \$0.00

Claim Payment

Complete listing of all payments received for claims.

Claim Payment Report

This report shows claims that are in P (Paid) status code.

Paid Date Range: Start Date: End Date:

TOB	Status	HIC/MBI	Patient Name	Last Modified Received	From Through	Paid Canceled	Total Charges Reimbursement
RAP	Paid 37185	██████	██████	12/22/20 07/29/20	07/11/20 07/11/20	08/05/20 08/26/20	\$0.00 \$383.45
Final	Paid 37186	██████	██████	12/22/20 10/27/20	09/09/20 10/08/20	11/10/20 .	\$234.01 \$148.79
Final	Paid 37186	██████	██████	12/23/20 06/15/20	04/17/20 05/16/20	06/29/20 .	\$1,853.60 \$2,279.32
Final	Paid 37186	██████	██████	12/16/20 03/09/20	01/24/20 02/22/20	03/23/20 .	\$1,214.85 \$2,143.08

RAP Cancellation Rate

The top of the report shows a graphic representation of the cancellation rate by month. Below shows the RAP cancellation rate on each day for the past year.

RAP Cancellation Rate

This report shows the RAP cancellation rate on each day for the past one year. The Rap cancellation rate is based on the ratio of cancelled RAPs to processed (paid) finals in the last 3 months. An agency may be subjected to RAP suspension if this rate is excessively high.



RAPs in Suspense

This report shows RAPs that are in S (Suspense) status code.

RAPs in Suspense

This report shows RAPs that are in S (Suspense) status code.

TOB	Status	HIC/MBI	Patient Name	Last Modified Received	From Through	Paid Canceled	Total Charges Reimbursement
RAP (Processing)	Suspense	██████	██████	01/12/21 12/24/20	12/01/20 12/01/20	-	\$0.00 \$352.40
RAP (Processing)	Suspense	██████	██████	01/12/21 12/21/20	11/30/20 11/30/20	-	\$0.00 \$474.82
RAP (Processing)	Suspense	██████	██████	01/12/21 12/30/20	12/22/20 12/22/20	-	\$0.00 \$241.60
RAP (Processing)	Suspense	██████	██████	01/12/21 12/29/20	12/18/20 12/18/20	-	\$0.00 \$353.94

Finals in Suspense

This report shows finals that are in S (Suspense) status code.

Finals in Suspense

This report shows finals that are in S (Suspense) status code.

TOB	Status	HIC/MBI	Patient Name	Last Modified Received	From Through	Paid Canceled	Total Charges Reimbursement
Final	Suspense	WW009	██████	04/13/22 04/13/22	03/14/22 04/12/22	-	\$0.00 \$0.00
Final	Suspense	WW009	██████	04/13/22	03/14/22 04/12/22	-	\$0.00 \$0.00
Final	Suspense	37071	██████	04/13/22	02/12/22 04/12/22	-	\$0.00 \$0.00
Final	Suspense	37071	██████	04/13/22	02/12/22 03/15/22	-	\$0.00 \$0.00
Final	Suspense	37071	██████	04/13/22	02/12/22 03/15/22	-	\$0.00 \$0.00

RAP Error

This report shows RAPs that are in R (Rejected), T (Return to Provider) and D (Denied) status code.

RAP Error

This report shows RAPs that are in R (Rejected), T (Return to Provider) and D (Denied) status code.

TOB	Status	HIC/MBI	Patient Name	Last Modified Received	From Through	Paid Canceled	Total Charges Reimbursement
RAP (Rejected)	Rejected	38200		01/12/21 12/21/20	05/29/20 05/29/20	12/28/20 -	\$0.00 \$0.00
RAP (Rejected)	Rejected	38157		01/12/21 12/22/20	05/29/20 05/29/20	12/28/20 -	\$0.00 \$0.00
RAP (Rejected)	Rejected	38157		01/12/21 12/22/20	06/28/20 06/28/20	12/28/20 -	\$0.00 \$0.00
RAP (Rejected)	Rejected	38157		01/12/21 12/17/20	06/12/20 06/12/20	12/21/20 -	\$0.00 \$0.00
RAP	RTP	W7B03		01/12/21 11/09/20	10/21/20 10/21/20	11/12/20 -	\$0.00 \$0.00

Final Error

This report shows finals that are in R (Rejected), T (Return to Provider) and D (Denied) status code.

Final Error

This report shows Finals that are in R (Rejected), T (Return to Provider) and D (Denied) status code.

TOB	Status	HIC/MBI	Patient Name	Last Modified Received	From Through	Paid Canceled	Total Charges Reimbursement
Final (Rejected)	RTP	31867		04/12/22 02/03/22	12/21/21 01/19/22	03/16/22 -	\$1,418.32 \$0.00
Final (Rejected)	Denied	5132F		04/12/22 04/28/21	03/30/21 04/28/21	06/16/21 -	\$614.85 \$0.00
Final (Rejected)	Denied	5FC23		04/12/22 04/20/21	03/16/21 04/14/21	06/14/21 -	\$814.85 \$0.00
Final (Rejected)	Rejected	38158		04/12/22 12/11/21	09/20/21 10/11/21	12/15/21 -	\$1,014.85 \$0.00
Final (Rejected)	Rejected	38158		04/12/22 12/11/21	09/20/21 10/11/21	12/15/21 -	\$1,014.85 \$0.00

Eligibility Reports

Eligibility Issues

This report shows patients whose eligibility status is questionable. The report shows Part A and B, Other HHA, HMO, MSP and Hospice.

Enterprise Demo

Eligibility Issues

This report shows patients whose eligibility status is questionable.

[Download](#)

	Name	HIC/MBI	Part A	Part B	HMO	MSP	Other HHA	Hospice
Other HHA	Nerissa, Liliana	3609183512	✓	✓			⚠	Details
	Melina, Araceli	0472487900	✓	✓			⚠	Details
	Ethelyn, Tora	3553014211	✓	✓			⚠	Details
	Vickie, Tie	3586172378	✓	✓			⚠	Details
HMO	Brian, Tamala	4041960226	✓	✓	⚠			Details
	Lawrence, Bela	3472874894	✓	✓	⚠			Details
	Reggie, Lorraine	9619074575	✓	✓	⚠			Details
	Humberto, Maryln	7344174605	✓	✓	⚠			Details

Select the **Details** hyperlink on the far right to see the eligibility report.

Eligibility Report - 12/21/20 07:04 AM

[PDF Download](#) [Close](#)

Corrections

HIC/MBI: [REDACTED]

Last Name: [REDACTED]

First Name: A

DOB: 11/16/26

Gender: Female

Summary

Part A ✓
11/01/91 - current

Part B ✓
11/01/91 - current

Other HHA ⚠

Home Health PPS Episode Periods

Start Date	End Date	Intermediary Number	Provider Number	DOEBA	DOLBA	Patient Status	Episode Status
12/02/20	12/31/20	15004	[REDACTED] ⓘ			---	0
11/02/20	12/01/20	15004	[REDACTED] ⓘ			---	0
10/03/20	11/01/20	15004	[REDACTED] ⓘ			---	0
09/03/20	10/02/20	15004	[REDACTED] ⓘ	09/03/20	10/02/20	---	0
04/19/20	05/18/20	15004	[REDACTED] ⓘ	04/23/20	05/14/20	---	0

Hover over ⓘ icon under Home Health PPS Episode Periods to see the organization's information, including the phone number to call to let the organization know they need to discharge patient.

The next section in eligibility issues is the list of HMO patients. Select the same **Details** hyperlink and scroll down to the Medicare Advantage Plans section. The

plan type, name, option code, start and end date will show. The start date prepares users for when the HMO will begin if it has not already taken place.

Medicare Advantage Plans

Plan Type	Plan Name	Option Code	Start Date	End Date
HMO	COMMUNITY INSURANCE COMPANY	C	06/01/01	04/30/02
HMO	UNITEDHEALTHCARE OF OHIO, INC.	C	11/01/97	05/31/01

The next section is the list of MSP (Medicare Secondary Payer) patients. Select the **Details** hyperlink and scroll down to the MSP Periods section. The description and start date will show so users can determine which type of MSP is used and when the payor period has started.

MSP Periods

Record Number	Type	Description	Start Date	End Date	Intermediary Number	Created Date
001	?	LIABILITY	02/02/03	11/28/05	11110	12/29/05

The next section is the list of Hospice patients. Select the **Details** hyperlink and scroll down to the Hospital Benefit Period section. The section shows the days remaining for a hospital or SNF stay in their current or prior stays.

Hospital Benefit Periods

	Days Remaining				Inpatient Deductible	Blood Deductible	DOEBA	DOLBA
	Hospital		SNF					
	Full	Coinsurance	Full	Coinsurance				
Current	0	0	0	0	0	0	.	.
Prior	0	0	0	0	0	0	.	.

The Hospice Benefit Period section shows the start and end date along with the provider number. It also shows the dates of earliest and latest billing that will help when contacting the hospice organization.

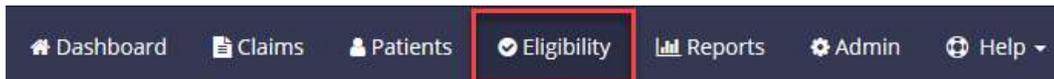
Hospice Benefit Periods

First Provider		DOEBA DOLBA	Days Used	Second Provider			Revoked
Start Date End Date	Provider			Intermediary	Start Date	Provider	
07/04/19 10/01/19	422054	11004	07/04/19 07/31/19	28	.	.	No
04/05/19 07/03/19	422054	11004	04/05/19 07/03/19	90	.	.	No

Other Reports

The Eligibility Issues Report is comprised of the separate HMO, MSP, Other HHA and Hospice Reports. The Part A and B report shows patients with Part A or Part B error. The CWF Not Found Report shows patients whose Common Working File (CWF) was not found.

ELIGIBILITY



Search by HIQH to make an inquiry into a home health episode or benefit period or search by HIQA for hospital stay or hospice in this consolidated report. This page shows the most recent eligibility that have been run for patients. Select the **Details** hyperlink on the far right to see those reports. Find specific eligibility reports by entering the patient's name/HIC number and/or a date range then select the **Search** button.

Eligibility

(DDE Screen HIQH + HIQA)

[Run Eligibility](#)
[Download](#)

Date	Name	HIC/MBI	Part A	Part B	HMO	MSP	Other HHA	Hospice	
01/13/21 06:43 AM	██████████	██████████	✓	✓	⚠				Details
01/12/21 09:14 AM	██████████	██████████	✓	✓					Details
01/12/21 09:14 AM	██████████	██████████	✓	✓					Details
01/12/21 09:14 AM	██████████	██████████	✓	✓					Details
01/12/21 09:14 AM	██████████	██████████	✗	✗					Details
01/12/21 09:14 AM	██████████	██████████	✓	✓					Details
01/12/21 09:14 AM	██████████	██████████	✓	✓		⚠			Details

Select the **Run Eligibility** button. Search manually for a patient by entering the HIC/MBI, last name, first name, date of birth, gender and then select the **Run** button. Users can also search from an existing patient list by entering the patient's name then selecting the **Run** button. Users will then receive a notification saying the report has been completed. The most recent report will show at the top of the list.

HIC/MBI:

Last Name:

First Name:

Date of Birth:

Gender: Male Female

OR

Select a Saved Patient

CLAIMS

Dashboard
 Claims
 Patients
 Eligibility
 Reports
 Admin
 Help ▾

Find claims by entering the name/HIC number, TOB (Type of Bill), status, episode dates and then selecting the **Search** button.

Claims (DDE Screen 12)

Q TOB: Status: Billing Period: -

TOB	Status	HIC/MBI	Patient Name	Last Modified Received	From Through	Paid Canceled	Total Charges Reimbursement
RAP	Paid	37185	[REDACTED]	01/12/21 01/22/20	08/15/19 08/15/19	01/30/20 04/07/20	\$0.00 \$2,722.48
RAP	Paid	37185	[REDACTED]	01/12/21 03/18/20	03/10/20 03/10/20	03/26/20 06/03/20	\$0.00 \$507.46
Final (Rejected)	Rejected	125211	[REDACTED]	01/12/21 01/23/20	11/22/19 01/20/20	02/04/20 -	\$2,346.95 \$0.00
RAP	Paid	37185	[REDACTED]	01/12/21 01/21/20	01/07/20 01/07/20	01/29/20 04/14/20	\$0.00 \$483.88
Final (Rejected)	Rejected	38158	[REDACTED]	01/12/21 05/26/20	10/01/19 11/11/19	05/29/20 -	\$5,014.63 \$0.00
Final (Rejected)	Rejected	39929	[REDACTED]	01/12/21 08/05/20	11/02/19 12/31/19	08/13/20 -	\$2,346.95 \$0.00
Final (Rejected)	Rejected	39929	[REDACTED]	01/12/21 08/26/20	11/22/19 12/31/19	09/03/20 -	\$2,346.95 \$0.00

Display Buttons:

Submitted

Outbox

Drafts

Submitted - Displays all claims that have been submitted to DDE.

Outbox - Displays newer updated claims that have not yet been submitted.

Drafts - Displays saved claims that can be submitted later.

Making an Adjustment

Search for the specific claim, select the **TOB** hyperlink and select the **Adjustment** button.



Claims / [REDACTED]

Medicare Claim / 329 Final

[Adjustment](#) [Copy](#) [U804](#)

Paid P 89997

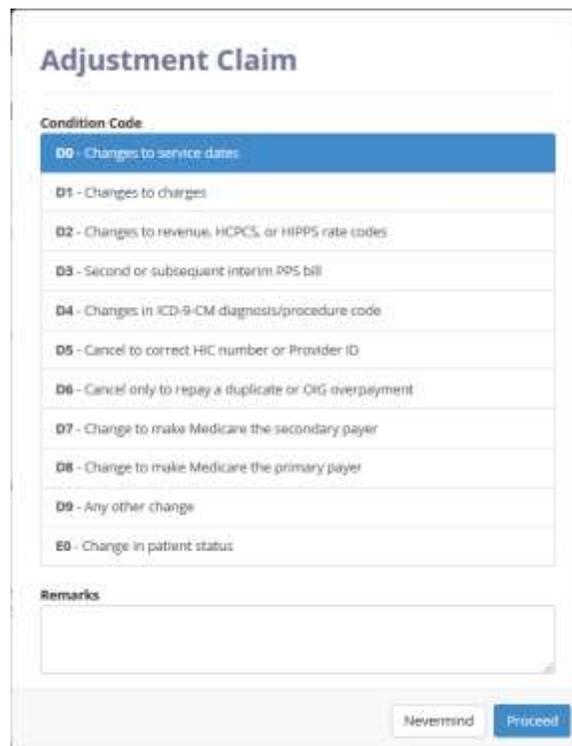
Billing Period 7/28/20 to 8/24/20 Received 8/28/20 Total Charges \$1,253.60 Paid (Billing Period Total) \$1,358.44 on 9/11/20

Cancelled 10/30/20 DCN [REDACTED]

Reason Code 37186

HH CLAIM HAS BEEN APPROVED FOR PAYMENT.

A window will pop-up to choose the condition code reason for the adjustment. Enter remarks if necessary and select the **Proceed** button.



Adjustment Claim

Condition Code

- D0** - Changes to service dates
- D1 - Changes to charges
- D2 - Changes to revenue, HCPCS, or HIPPS rate codes
- D3 - Second or subsequent interim PPS bill
- D4 - Changes in ICD-9-CM diagnosis/procedure code
- D5 - Cancel to correct HIC number or Provider ID
- D6 - Cancel only to repay a duplicate or OIG overpayment
- D7 - Change to make Medicare the secondary payer
- D8 - Change to make Medicare the primary payer
- D9 - Any other change
- E0 - Change in patient status

Remarks

[REMARKS TEXT AREA]

[Nevermind](#) [Proceed](#)

Then make the appropriate edits based on the condition code chosen. While making changes, select the **Save** button to keep changes made or select the **Save & Submit** button to send the claim instantly for processing the adjustment.

Claims / Emergency Detox

Medicare Claim / 329 Final Cancel Save Save & Submit

Provider
UB-04 Form Locales 1, 2, 6, 34

Type of Bill
UB-04 Form Locator 4 329 Final

Statement Covers Period
UB-04 Form Locator 5 05/14/2018 05/31/2018

Patient
UB-04 Form Locales 8, 9, 10, 11

Search Patients or Enter New Patient

Edit	Name	Kerbin, Kendra
	HIC/MBI	1159639565
	Date of Birth	03/06/1975
	Gender	Female
	Address	16000 Dallas Pkwy Dallas, TX 75248
	Eligibility	Medicare

Admission Date & Type
UB-04 Form Locator 12, 13, 14 05/14/2018 9 - Information Not Available

Admission Source
UB-04 Form Locator 15 4 - Transfer from Hospital

Save

Cancel Claim

Search for the specific claim, select the **TOB** hyperlink and select the **Cancel** button.

Claims / Internal Training Agency

Medicare Claim / 329 Final Adjustment **Cancel** Copy UB04

Paid P 89997

Billing Period 10/22/20 to 11/20/20 Received 12/16/20 Total Charges \$1,450.01 Paid (Billing Period Total) \$989.20 on 12/30/20
 DCH 73820663014286827

Reason Code 37186

NH CLAIM HAS BEEN APPROVED FOR PAYMENT.

Just like the adjustment process, choose the applicable condition code, enter remarks for the cancellation and select the **Cancel Claim** button. Once selected, the claim will instantly begin processing in DDE.

D9 - Any other change:

E0 - Change in patient status:

Remarks

Creating a Claim

Select the **New Claim** button.

Claims (DDE Screen 12)

TOB: All
Status: All
Billing Period: 12/01/2020
End Date:

TOB	Status	HIC/MBI	Patient Name	Last Modified Received	From Through	Paid Canceled	Total Charges Reimbursement
RAP (Processing)	SUSPENSE	45487200072	Lawrence, Rocky	01/11/21 12/31/20	12/11/20 12/11/20	-	\$0.00 \$199.18
RAP	PAID	37185	Berna, Cody	01/11/21 12/24/20	12/10/20 12/10/20	01/04/21	\$0.00 \$241.35

Provider information is already chosen. Choose the TOB and enter date(s). Choose from existing list of patients by searching or select the **Enter New Patient** button. Enter the admission date, choose the type, admission source and patient status.

Medicare Claim

Provider
UB-04 Form Locator 1, 2, 3, 8, 9

Type of Bill
UB-04 Form Locator 4

Statement Covers Period
UB-04 Form Locator 6

Patient
UB-04 Form Locator 5, 8, 9, 10, 11

Admission Date & Type
UB-04 Form Locator 12, 13, 14

Admission Source
UB-04 Form Locator 15

Patient Status
UB-04 Form Locator 17

Enterprise Demo

Start: End:

or

no patient selected

Date: Type:

Source:

Status:

NOTE: UB-04 form locators are listed in red.

Enter an applicable condition code. Functionality is the same for condition, occurrence, occurrence span and value codes. Users can add more than one by selecting the **More** button. Selecting the **Collapse** button will condense the list. Enter an applicable occurrence code. Some codes may require entering more information, for example, choosing code 55 requires the date of death to be entered. Enter applicable occurrence span codes and value codes.

Condition Codes
UB-04 Form Locators 18-28

The provider enters the corresponding code to describe any conditions or events that apply to the billing period.

18	
More	Collapse

Occurrence Codes
UB-04 Form Locators 31-36

These codes are occasional. They are entry required when there is a condition code that applies to this claim.

Occurrence (Occurred on a specific date)	
31a	Date
More	Collapse

Occurrence Span (Occurred over some period of time)		
35a	From Date	To Date
More	Collapse	

Value Codes
UB-04 Form Locators 39, 40, 41

Codes and related dollar or unit amounts identify data of a monetary nature that are necessary for the processing of this claim.

39a	Amount
More	Collapse

The home health service line auto populates for RAPs and finals. Enter HIPPS code, service date, service units, total charges and non-covered charges. Additional service lines can be added by selecting the **+** button below. Reorder the placement of rows by selecting the **Reorder** button. Add Q codes by selecting the check box to the left and selecting one of the Q codes buttons below. Make a copy of any row by selecting the check box then select the **Add Duplicate Row** button and enter the blank service date. Rows can also be removed by selecting the check box and selecting the **Delete Row** button. A confirmation pop-up will appear and users must select the **OK** button.

Service Lines
US-04 Form Locator: 42-48
 Appropriate revenue codes are entered to identify specific accommodation and/or ancillary charges.

Revenue Code ⁴²	Description ⁴³	HIPPS HCPCS Code ⁴⁴	Service Date ⁴⁵	Service Units ⁴⁶	Total Charges ⁴⁷	Non-Covered Charges ⁴⁸
<input type="checkbox"/> 0023	HIPPS Code			0	0	0
<input type="checkbox"/>				0	0	0
					0	0

Choose ICD-10 and enter up to nine diagnosis codes with the first being the primary code.

Type of Diagnosis Code
Choose the type of diagnosis code you would like to use for this claim. If the patient's episode start date is on or after October 1, 2015, please select ICD-10 and use the ICD-10 codes.

ICD 9 ICD 10

Diagnosis Codes
Enter the full ICD-9-CM Diagnosis Codes for the principal diagnosis code and up to eight additional conditions existing at the time of admission which developed subsequently, and which had an effect upon the treatment given or the length of stay.

<input type="text" value="BT1"/>	<input type="text" value="BT2"/>	<input type="text" value="BT3"/>	<input type="text" value="BT4"/>
<input type="text" value="BT5"/>	<input type="text" value="BT6"/>	<input type="text" value="BT7"/>	<input type="text" value="BT8"/>

NOTE: The software automatically runs a diagnosis code validation. When entered incorrectly it will show "Diagnosis code is not valid" in red.

Select the **Add** button to add an attending physician. Start typing the NPI number and information will pull from the physician lookup. Select the name and then select the **Done** button. Select the **Enter More Physicians...** hyperlink if more physicians need to be added.

Attending Physician
US-04 Form Locator: 76

NPI:

Name: Last First

Operating Physician
US-04 Form Locator: 77

no physician selected

Other Physician 1
US-04 Form Locator: 78

no physician selected

Other Physician 2
US-04 Form Locator: 79

no physician selected

Enter your OASIS matching key (also known as the Treatment Authorization Code). This is a mixture of 18 letters and numbers. Enter remarks for any additional information about the claim to Medicare. Select the **Save** button to keep the progress (stored in drafts) or select **Save & Submit** to begin instantly processing the claim.

OASIS Matching Key
UB-06 Form Locator: 63
Treatment Authorization Code

Remarks
UB-04 Form Locator: 99

PATIENTS



Shows a complete listing of all patients along with their eligibility status. Enter name or HIC number and select the **Search** button to find specific patients.

Emergency Center [New Patient](#) [Download](#)

Patients (DDE Screen 12)

🔍 Enter Name or HIC Number

Last Name	First Name	HIC/MBI	DOB	Part A	Part B	HMO	MSP	Other HHA	Respite
Angela	Adna	32051730614	01/01/1773	✔️	✔️				
Angela	Milton	1489300216	04/20/1742						
Araceli	Dolice	4556502348	03/23/1707						
Araceli	Maryjn	6672305672	12/24/1881						
Araceli	Marylyn	5048759107	06/13/1811	✔️	✔️	🟡			
Bella	Tyisha	02177289030	05/04/1883	✔️	✔️				
Berna	Dale	5704303370	04/17/1777	✔️	✔️				

A full patient listing is shown on the left side of the page. Scroll through the list, search for specific patients, or select the **All Patients** hyperlink to get back to the previous screen. Select the **New Patient** button to add a patient. Enter the required information and then select the **Save** button.

Enterprise Dental
New Patient

Last Name: First Name:

Patient Control Number (HIC): Medical Record Number:

Date of Birth (DOB): Gender: Male Female

Address

Line 1:

Line 2:

City: State: Zip:

Select the patient's **Last Name**, **First Name** or **HIC/MBI** number hyperlink to view the patient profile.

Patient Profile

Patient demographics are listed in the top left. Select the **Edit** button to make changes to the demographics. Eligibility status is listed in the top right. Hyperlinks allow users to **View Latest Report** or **Check Eligibility** which instantaneously runs eligibility.

Reference: Internal Training Agency

Angelia, Kaneshia

HIC/MBI	80165879342
Patient Control Number	5211
Gender	Female
Date of Birth	5/30/86
Address	16000 Dallas Pkwy Dallas, TX 75248
Region	MA

Eligibility last checked 4 day ago, 1/16/21

Part A **Part B**

06/01/02 - current 06/01/02 - current

HMO

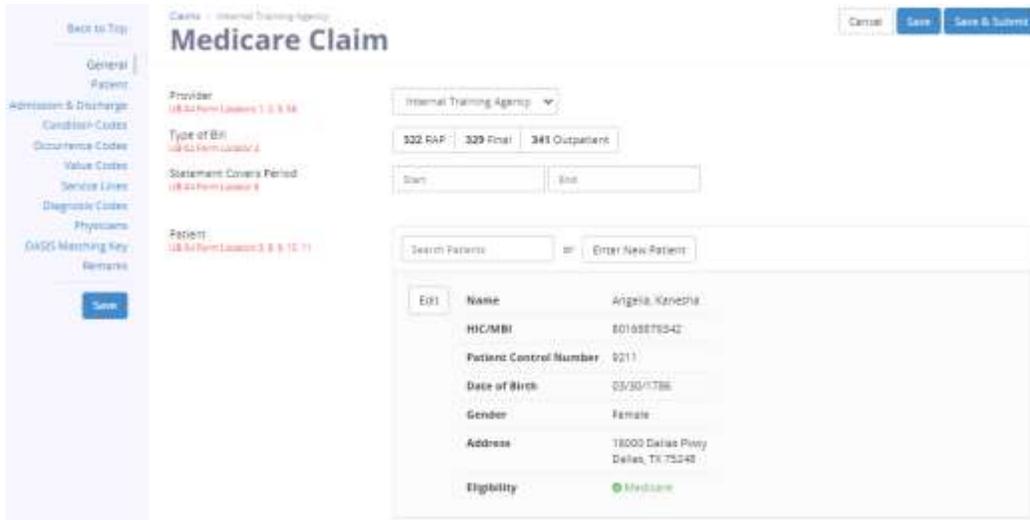
Plan ID	Option Code	Start Date	End Date
H7172		12/01/19	current

[View Latest Report](#) [Check Eligibility](#)

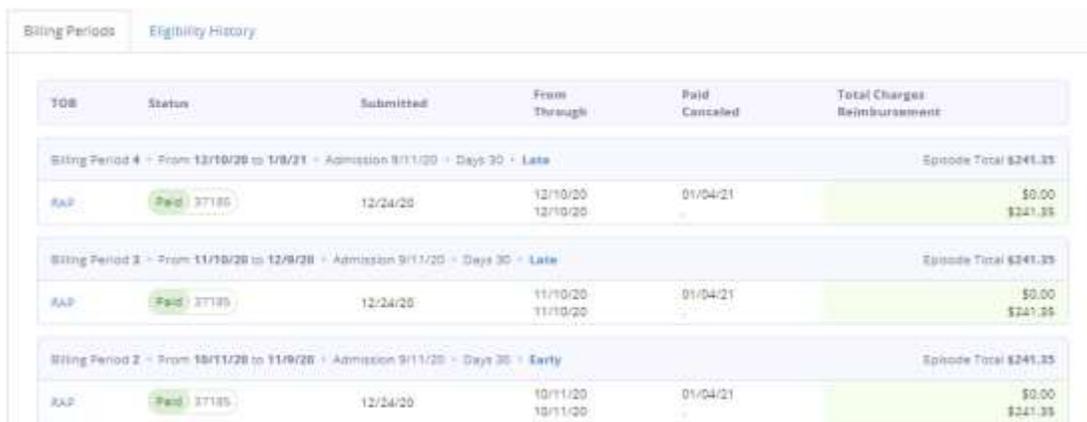
Billing Periods **Eligibility History**

YOB	Status	Submitted	From Through	Paid Canceled	Total Charges Reimbursement
Billing Period 2 - From 1/6/20 to 2/5/20 - Admitted 11/7/19 - Days 21 - Early Episode Total \$9.99					
SAP (Canceled)	Paid 27125	02/06/20	01/06/20 01/06/20	04/13/20 04/13/20	\$3.00 \$0.00
Final	RTD 31018	02/02/20	01/06/20 02/05/20	02/24/20	\$2,790.01 \$0.00

Select the **New Claim** button to add a claim. Patient information automatically populates.



Two tabs are listed at the bottom of the Patient Profile. The first is **Billing Periods**. All billing period information is listed including the TOB, the status, submission date, dates of period, when it was paid/cancelled and the total charges/reimbursement of the claim.



TOB	Status	Submitted	From Through	Paid Cancelled	Total Charges Reimbursement
Billing Period 4 - From 12/10/20 to 1/8/21 - Admission 9/11/20 - Days 30 - Late Episode Total \$241.35					
KAP	Paid 37185	12/24/20	12/10/20 12/10/20	01/04/21 -	\$0.00 \$241.35
Billing Period 3 - From 11/10/20 to 12/9/20 - Admission 9/11/20 - Days 30 - Late Episode Total \$241.35					
KAP	Paid 37185	12/24/20	11/10/20 11/10/20	01/04/21 -	\$0.00 \$241.35
Billing Period 2 - From 10/11/20 to 11/9/20 - Admission 9/11/20 - Days 35 - Early Episode Total \$241.35					
KAP	Paid 37185	12/24/20	10/11/20 10/11/20	01/04/21 -	\$0.00 \$241.35

The second tab is **Eligibility History**. This tab is a listing of all eligibility checks that have been run for the patient. Select the **Details** hyperlink on the far right to see the individual report.

Date	Part A	Part B	HMD	MSP	Other HRA	Hospice	
01/18/2021 07:00 AM	✓	✓	⚠				Details
01/18/2021 07:00 AM	✓	✓	⚠				Details
01/18/2021 07:00 AM	✓	✓	⚠				Details

ADMIN



The **Admin** tab consists of four sub-tabs, **Providers**, **DDE Credentials**, **Users** and **All Reports**.

Providers

All providers show whether one or multiple are listed. If the provider is active or inactive, it is shown on the far right under status.

ADMINISTRATION

Providers

Name	NPI	PTAN	Address	Status
Enterprise Demo	1234567890	1234566	9535 Forest Lane Suite 235 DALLAS, TX 75243	Active

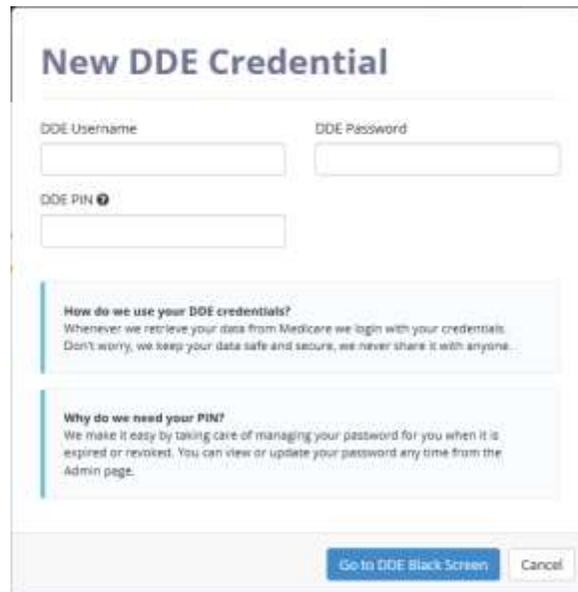
DDE Credentials

Credentials must be provided for Axxess DDE to be the most accurate and up to date on a day-to-day basis.

DDE Credentials New Credential

Username	Active	Linked	Password	Pin	
	✓	✓	***** Show	***** Show	Update Password

Select the **New Credential** button to add a credential. Enter the username, password and PIN. The pop-up window explains how Axxess DDE uses the user's DDE credentials and why Axxess DDE needs the user's PIN. If the user does not have DDE credentials, have the organization's super user contact Axxess Customer Support.



New DDE Credential

DDE Username DDE Password

DDE PIN

How do we use your DDE credentials?
Whenever we retrieve your data from Medicare we login with your credentials. Don't worry, we keep your data safe and secure, we never share it with anyone.

Why do we need your PIN?
We make it easy by taking care of managing your password for you when it is expired or revoked. You can view or update your password any time from the Admin page.

[Go to DDE Black Screen](#) [Cancel](#)

NOTE: Medicare prompts users to change their password every 30 days. Axxess DDE does this every 28 days with email notifications.

Users

The complete list of users by name, Axxess home health email address and the last time the user logged in.



Administration [New User](#)

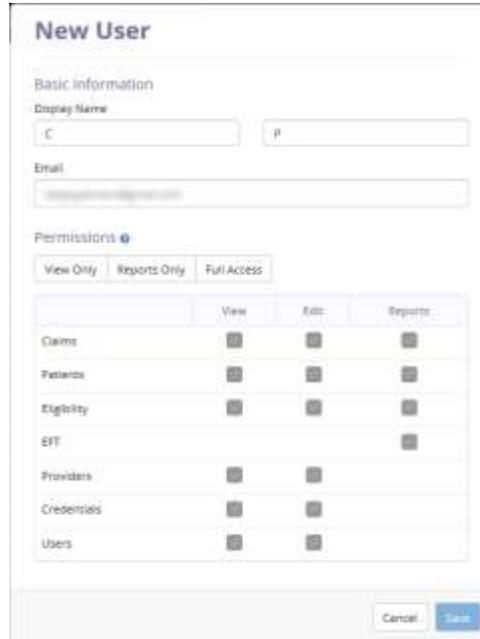
Users

Display Name	Email	Last Login	
Adrian Gonzalez	adrian.gonzalez@axxess.com	12/07/17 08:30 AM	Edit Delete
Akash Jain	akash.jain@axxess.com	08/04/16 06:16 PM	Edit Delete
Albert Carriaga	albert.carriaga@axxess.com	08/03/16 12:37 PM	Edit Delete
Alex Afable	alex.afable@axxess.com	06/17/15 11:20 AM	Edit Delete
Allen Wilson	allen.wilson@axxess.com	04/27/17 01:10 PM	Edit Delete
Amine Dirare	amine.dirare@axxess.com	08/28/19 03:11 PM	Primary User
Anantharaman Subramanian	anantharaman.subramanian@axxess.com	09/18/18 05:07 PM	Edit Delete

Select the **New User** button to add another user. Enter the user's first and last name and Axxess home health email address. Users then must decide what permissions the new user can view, edit or reports can be seen:

- Select the **View Only** button to select all View checkboxes.
- Select the **Reports Only** button to select all Reports checkboxes.

- Select the **Full Access** button to select all checkboxes.



New User

Basic information

Display Name

Email

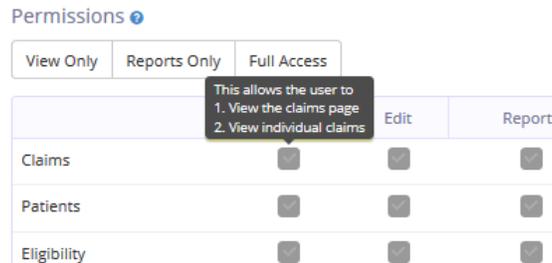
Permissions [?](#)

View Only | Reports Only | **Full Access**

	View	Edit	Reports
Claims	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Patients	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Eligibility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
EFT			<input checked="" type="checkbox"/>
Providers	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Credentials	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Users	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

Cancel Save

Hover over checkboxes for details on each permission.



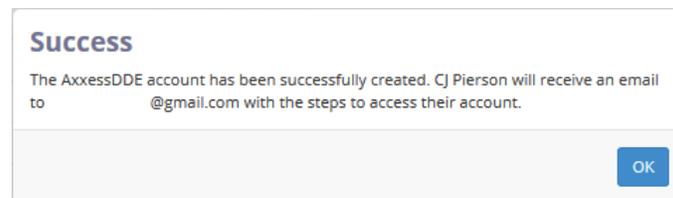
Permissions [?](#)

View Only | Reports Only | Full Access

	View	Edit	Reports
Claims	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Patients	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Eligibility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

This allows the user to
 1. View the claims page
 2. View individual claims

Once completed, select the **Save** button and the following pop-up confirmation window will show. Select the **OK** button. The user will receive a series of welcome emails letting them know about how to login to access DDE for the first time.



Success

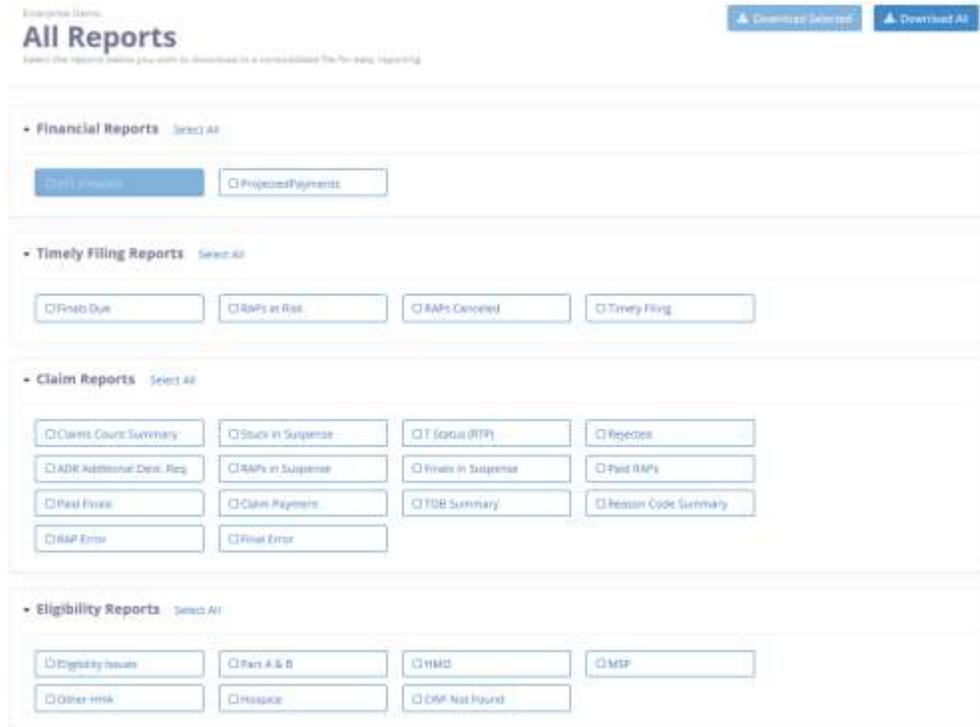
The AxxessDDE account has been successfully created. CJ Pierson will receive an email to @gmail.com with the steps to access their account.

OK

Users can be removed by selecting the **Delete** hyperlink or make changes by selecting the **Edit** hyperlink.

All Reports

A section where reports can be downloaded individually or in a consolidated file. Select the checkbox(es) next to the report(s) and then select the **Download Selected** button for one or multiple reports. Select the **Download All** button for all reports at once.

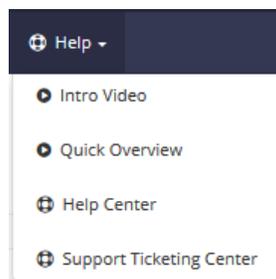


The screenshot shows the 'All Reports' page with the following sections:

- Financial Reports** (Select All):
 - CDT Profiles
 - Projected Payments
- Timely Filing Reports** (Select All):
 - Firms Due
 - RFPs at Risk
 - RFPs Cancelled
 - Timely Filing
- Claim Reports** (Select All):
 - Claims Court Summary
 - Stays in Suspense
 - IT Status (RFP)
 - Rejected
 - ADR Additional Desc. Req.
 - RFPs in Suspense
 - Firms in Suspense
 - Paid RFPs
 - Paid Firms
 - Claim Payments
 - TDR Summary
 - Reason Code Summary
 - CRMP Error
 - Final Error
- Eligibility Reports** (Select All):
 - Eligibility Issues
 - Part A & B
 - HMO
 - MSP
 - Other HMO
 - Hospice
 - CWP Not Inured

Buttons for 'Download Selected' and 'Download All' are visible at the top right.

HELP



The screenshot shows a 'Help' dropdown menu with the following options:

- Intro Video
- Quick Overview
- Help Center
- Support Ticketing Center

Intro Video

This pop-up window shows a brief video introduction to the software.

Quick Overview

This pop-up window shows a video instruction on how to use the software.

Help Center

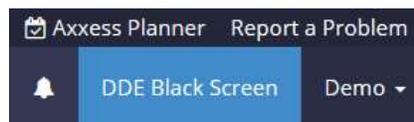
Sends users to the Axxess Help Center DDE section that has links, instructional videos and tutorial for Axxess DDE.



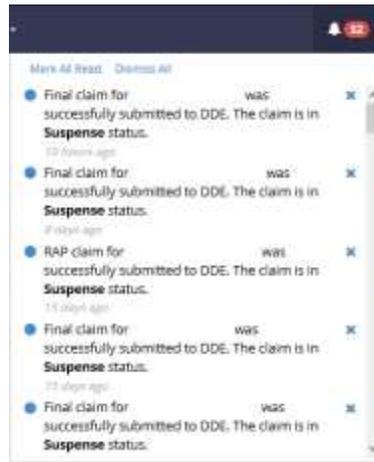
Support Ticketing Center

The Support Ticketing Center allows designated superusers from each organization to directly engage with the Axxess support team to request help or recommend feature enhancements.

ADDITIONAL NAVIGATION



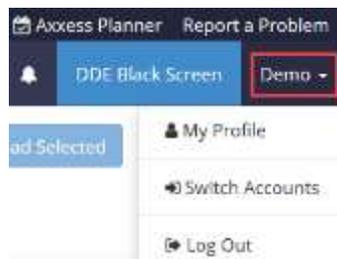
Select the **Axxess Planner** tab to get to the Axxess Planner shown early in the manual. The **Report a Problem** tab is a direct link to email the Axxess Support Team. Select the notifications icon to see updates. Notifications will show the patient, reason for update and the time that the notification appeared. Select the **X** to dismiss individual notifications or select the **Dismiss All** hyperlink to remove all. Unseen notifications have a blue dot to the left. Select the **Mark All Read** hyperlink to remove the blue dots.



The **DDE Black Screen** tab opens a new browser tab as a direct link to choose your intermediary and input your credentials and password to access the Black screen.

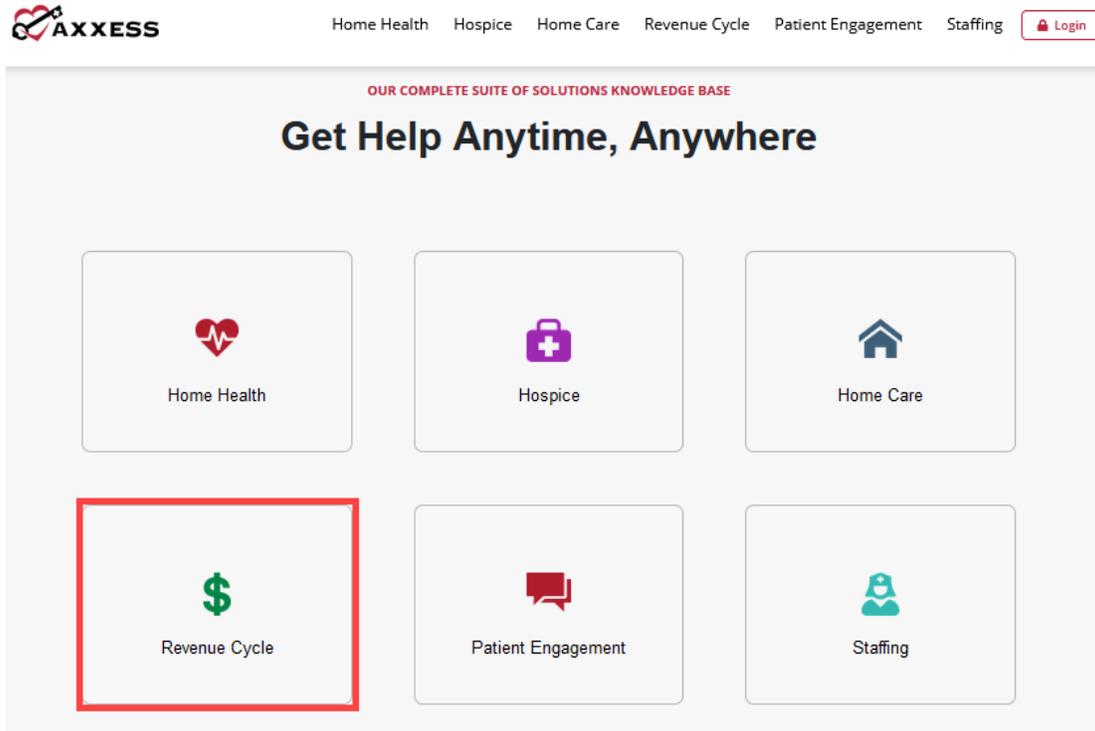


Select the username to view **My Profile**, **Switch Accounts** (if assigned to more than one), or **Logout**. My Profile will show when the user last logged in and decide if they want to receive daily emails.



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 of all Axxess products. It can be accessed by going to <https://www.axxess.com/help/>.



The screenshot shows the Axxess Help Center website. At the top left is the Axxess logo. To the right of the logo is a navigation menu with links for Home Health, Hospice, Home Care, Revenue Cycle, Patient Engagement, and Staffing. A 'Login' button is also present. Below the navigation menu is a large banner with the text 'OUR COMPLETE SUITE OF SOLUTIONS KNOWLEDGE BASE' and 'Get Help Anytime, Anywhere'. Underneath the banner are six square tiles, each representing a different service: Home Health (heart icon), Hospice (first aid kit icon), Home Care (house icon), Revenue Cycle (dollar sign icon), Patient Engagement (speech bubbles icon), and Staffing (person icon). The Revenue Cycle tile is highlighted with a red border.