

# **HOME HEALTH BILLING CENTER TRAINING MANUAL**

August 2022

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## **BILLING CENTER**

### *Billing/Billing Center*

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

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



The screenshot shows the Billing Center interface with the following elements:

- Header: Billing Center
- Filters: Location (dropdown), Date Range (05/09/2022 TO 08/07/2022), Status (All), Payer (NOA/RAP), Currency (\$ All).
- Search: Patient Name or MRN (input field).
- Buttons: Learn More, Logout, Pending Claims, Claims History.
- Legend: ALL, ACTIVE/DISCHARGED, PENDING, NON-ADMIT.
- Color-coded filters: 0-2 Days (green), 3-4 Days (orange), >= 4 Days (red).
- Buttons: Export to Excel, Download Selected, Generate All Completed (0).

Users can filter by:

- **Branch** – Choose a branch if the agency has more than one branch.
- **From/Through Date** – Select date range compared to billing period of the claim.
- **Status** – Choose between Created, Rejected or Denied claims.
- **Type** – Choose between NOA/RAP, Final or Managed Care claims.
- **Payer** – Choose insurance used to pay the claim.
- **Search** – By Patient Name or Medical Record Number.
- **Patient Status** – Sort the list between Active/Discharged, Pending, Non-Admit or All.
- **NOA/RAP Aging Tool** - tracks the elapsed time between the start date for each billing period to the current date, to submit NOA/RAPs for acceptance to the Common Working File (CWF).

Once the specific claim is found, the following columns are shown when filtered for a final: Age, MRN, Patient Name, Episode Start Date, Billing Period, Claim Status, Expected Claim Amount, Payer, NOA/RAP Status, OASIS Status, Pre-Claim Review (if enabled in company setup), First Billable Visit Status, Orders Status, Verified Claim Status, Notes, Actions and Print. Select the **Export to**

**Excel** button to create an Excel spreadsheet that lists all the claims shown within the filtered parameters.

## Verify a RAP

Age	MRN	Patient Name	Episode Start Date	Billing Period	Claim Status	Expected Claim Amount	Payer	OASIS	Billable Visit	Verified		
50+	13	<a href="#">Open Claim</a>	apokurba036922	<a href="#">APE AYOKUNLE</a>	01/03/2022	01/03/2022 - 02/01/2022	Created	\$0.00	Palmetto (BBA /M (Medicare)	✓	✓	✗

After the OASIS status and first Billable Visit status has been confirmed, indicated with a green check mark, Open Claim will change to a blue hyperlink to be selected. Selecting **Open Claim** will take users to the claim verification screen.

Claim Notes Print Reload All

\*Required Field

**Patient:**

Patient First Name:	<input type="text" value="Taylor"/>	Admission Date:	<input type="text" value="5/12/2022"/>
Patient Last Name:	<input type="text" value="MidWest"/>	Admission Source:	<input type="text" value="(2) Clinic or Physician's Office"/>
Medicare #:	<input type="text" value="1EG4TE3MK35"/>	Patient Status:	<input type="text" value="30 - Still a patient. Services cc"/>
Insurance:	<input type="text" value="Palmetto"/>	Address Line 1:	<input type="text" value="16000 Dallas Pkwy"/>
Patient ID/MR Number:	<input type="text" value="12345679"/>	Address Line 2:	<input type="text"/>
Gender:	<input type="radio"/> Female <input checked="" type="radio"/> Male	City:	<input type="text" value="LEWISTON"/>
Date of Birth:	<input type="text" value="11/22/1949"/>	State, ZIP Code:	<input type="text" value="Maine"/> <input type="text" value="04240"/>
Bill Type:	<input type="text" value="32A-Home Health - NOA"/>	Admitting Diagnosis Code: <span style="color: blue;">?</span>	<input type="text"/>
		Diagnosis Description	Diagnosis Code

Condition Codes:

<input type="text" value="18"/>	<input type="text" value="19"/>	<input type="text" value="20"/>	<input type="text" value="21"/>	<input type="text" value="22"/>	<input type="text" value="23"/>	<input type="text" value="24"/>	<input type="text" value="25"/>	<input type="text" value="26"/>	<input type="text" value="27"/>	<input type="text" value="28"/>
---------------------------------	---------------------------------	---------------------------------	---------------------------------	---------------------------------	---------------------------------	---------------------------------	---------------------------------	---------------------------------	---------------------------------	---------------------------------

**Episode**

HIPPS Code:  ICD Type:

Billing Period Start Date:   Primary Diagnosis:

Recommended/Previously Entered First Billable Date: 01/03/2022

First Billable Visit Date:   Other Diagnoses:

View the patient's schedule to verify the first billable visit date. [View Schedule](#)

Physician Last Name:

Physician First Name:

Physician NPI #:

PECOS Verification:

Billing Period Payment:

67 B

67 C

67 D

67 E

67 F

67 G

67 H

67 I

67 J

67 K

67 L

67 M

67 N

67 O

67 P

67 Q

67 R

67 S

67 T

67 U

67 V

67 W

67 X

67 Y

UB-04 Locator 81CC:

a:

b:

c:

d:

UB-04 Locator 38:

a:

b:

c:

d:

UB-04 Locator 47: 1. NOA display 0% total charge

Remark:

[Verify](#) [Print](#)

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

## Generating Claims



Age	MRN	Patient Name	Episode Start Date	Billing Period	Claim Status	Expected Claim Amount	OASIS	Billable Visit	Verified	Notes	Actions
05	112	MIDWEST TAYLOR	05/12/2022	05/12/2022 - 06/10/2022	Created	\$9,260.00	Palmetto GBA JM (Medicare)				

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



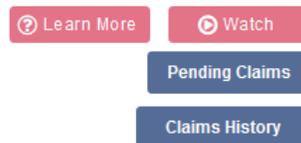
Patient Name	Patient Id	Insurance Number	Billing Period	Claim Amount	Payer
Taylor MidWest	12345679	1EG4TE3MP35	5/12/2022 - 6/10/2022	5295	Palmetto GBA JM (Medicare)

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

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

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

## Quick Links



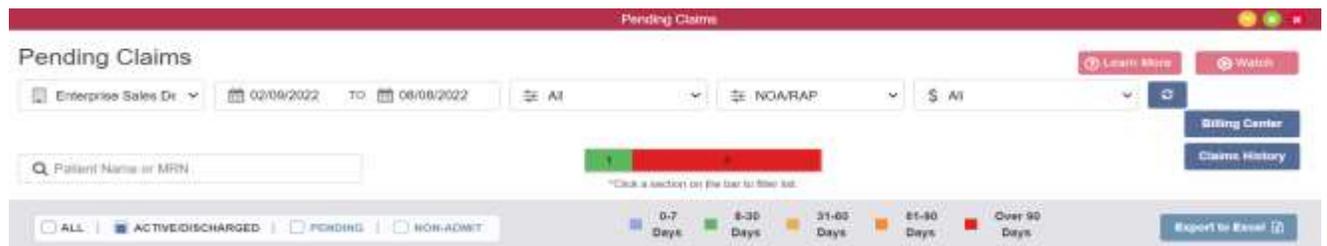
- Learn More - Takes users to the Help Center, which shows all features of the Billing Center.
- Watch – Shows a brief tutorial video on how to use the Billing Center.

- Pending Claims – Takes users to the Pending Claims page. This is also found in *Billing/Pending Claims*.
- Claims History - Takes users to the appropriate Claims History section, depending on the claim type that is selected.

## **PENDING CLAIMS**

### *Billing/Pending Claims*

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



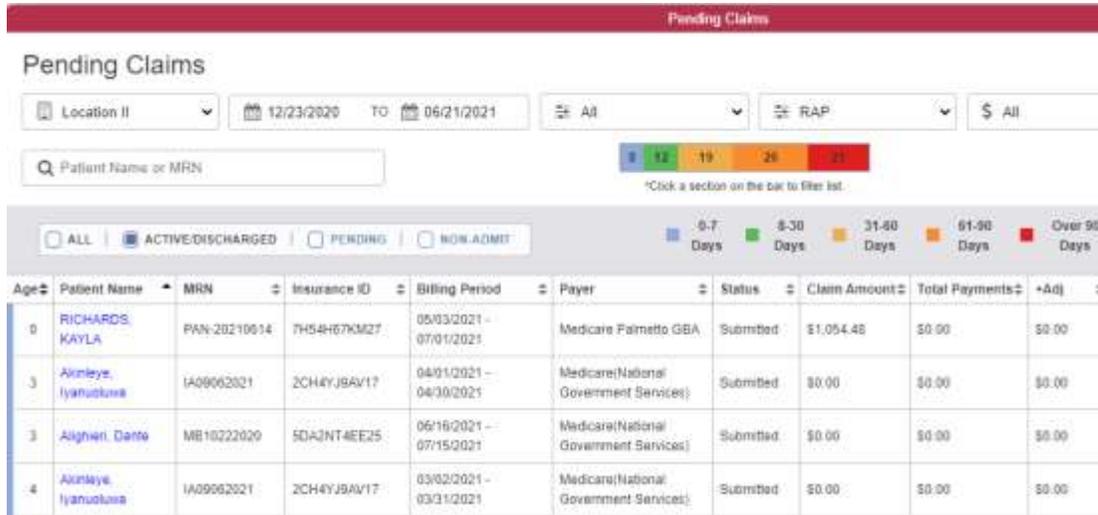
Users can filter by:

- Branch – Choose a branch if the agency has more than one branch.
- From/Through Date – Select the date range compared to billing period of the claim.
- Status – Choose between created, rejected or denied claims.
- Type – Choose between NOA/RAP, Final or Managed Care claims.
- Payer – Choose insurance used to pay the claim.
- Search – By patient name or Medical Record Number (MRN).
- Patient Status – Sort the list between active/discharged, pending, non-admit or all.

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

## Aging Metrics

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



The screenshot shows the 'Pending Claims' interface. At the top, there's a red header 'Pending Claims'. Below it, the title 'Pending Claims' is followed by several filters: 'Location II' (dropdown), a date range '12/23/2020 TO 06/21/2021', 'All' (dropdown), 'RAP' (dropdown), and '\$ All' (dropdown). A search bar for 'Patient Name or MRN' is present. A legend bar shows five categories: 0-7 Days (blue), 8-30 Days (green), 31-60 Days (yellow), 61-90 Days (orange), and Over 90 Days (red). Below the legend are checkboxes for 'ALL', 'ACTIVE/DISCHARGED', 'PENDING', and 'NON-ADMIT'. The main table lists claims with columns: Age, Patient Name, MRN, Insurance ID, Billing Period, Payer, Status, Claim Amount, Total Payments, and Adj.

Age	Patient Name	MRN	Insurance ID	Billing Period	Payer	Status	Claim Amount	Total Payments	Adj
0	RICHARDS, KAYLA	PAN-20210014	7H54H67KM27	05/03/2021 - 07/01/2021	Medicare Fairmetto GBA	Submitted	\$1,054.48	\$0.00	\$0.00
3	Akinleye, Iyanuoluwa	IA09062021	ZCH4YJ9AV17	04/01/2021 - 04/30/2021	Medicare(National Government Services)	Submitted	\$0.00	\$0.00	\$0.00
3	Algharri, Dante	MB10222020	5DA2NT4EE25	06/16/2021 - 07/15/2021	Medicare(National Government Services)	Submitted	\$0.00	\$0.00	\$0.00
4	Akinleye, Iyanuoluwa	IA09062021	ZCH4YJ9AV17	03/02/2021 - 03/31/2021	Medicare(National Government Services)	Submitted	\$0.00	\$0.00	\$0.00

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

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

## Edit

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

The edit icon  integrates both the claim posting and adjusting capabilities to easily update claim balances from a single screen.

Post Payment/Adjustment

Patient Taylor MidWest	Billing Period 06/12/2022 - 06/10/2022	Balance \$4,865.00
---------------------------	---	-----------------------

Check Details

Bill Status Paid	Payer \$ Palmetto	Check Number Check Number	Check Amount \$ Check Amount	Date 08/08/2022
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Add Payment

Payment Amount	Comments	Actions
\$100.00	Donations	
\$250.00	Payed by family member	

\$ Amount    Comments    **Add**

Add Adjustment

Amount	Code	Comments	Actions
(\$50.00)	Bad Debt - Bad Debt		

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

**Save**    **Exit**

Verify that the bill status, payer and auto-generated date are correct. Then enter the check number and check amount.

Add a payment by entering amount and comments, then select the **Add** button. Select the icon to remove payments.

Add an adjustment by entering the amount, choose the code, enter comments then select the **Add** button. Select the icon to remove adjustments.

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

## **CLAIMS HISTORY**

*Billing/Medicare\_Medicare HMO (PPS)/Billing\_Claims History*

Filter by:

- Branch – Choose from drop-down menu (if there is more than one).
- Status - Choose patient status from drop-down menu.
- Filter – Choose payer type from the drop-down menu.
- Find – Type any part of the patient's name and the list of names on the left will narrow down.

Branch:	Location II	▼
Status:	Active	▼
Filter:	All	▼
Find:	snow	

## Posting Payments and Adjustments

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

**NOA**

Patient Name: <b>Taylor MidWest</b>	Function Score: <b>Low</b>
Patient MRN: <b>12345679</b>	Labor Weight: <b>1825.55</b>
Patient DOB: <b>11/22/1949</b>	Wage Index: <b>0.87</b>
Medicare Number: <b>1EG4TE3MK35</b>	LUPA Threshold: <b>3</b>
Insurance/Payer: <b>Palmetto GBA JM (Medicare)</b>	Claim Prospective Pay: <b>\$5265.00</b>
HIPPS: <b>1AA11</b>	Expected Reimbursement Amount: <b>\$2477.63</b>

Change the claim status from the drop-down menu to paid. Enter the payment amount, payment date, check RA# and check amount and select **Save**.

**New Payment Information**

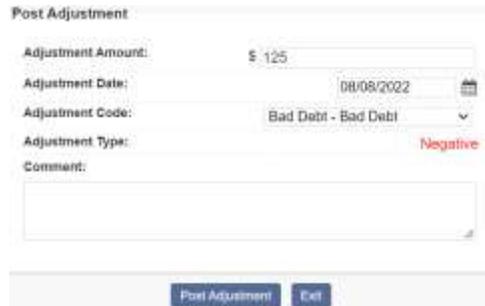
Claim Status:	Created	▼	Payment Amount:	\$	<input type="text"/>
Payer:	Medicare Palmetto GBA	▼	Payment Date:	<input type="text"/>	<input type="text"/>
			Check RA#:	<input type="text"/>	
			Check Amount:	\$	<input type="text"/>
Comment:	<input type="text"/>				

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

**NOA**

Patient Name: <b>Taylor MidWest</b>	Function Score: <b>Low</b>
Patient MRN: <b>12345679</b>	Labor Weight: <b>1825.55</b>
Patient DOB: <b>11/22/1949</b>	Wage Index: <b>0.87</b>
Medicare Number: <b>1EG4TE3MK35</b>	LUPA Threshold: <b>3</b>
Insurance/Payer: <b>Palmetto GBA JM (Medicare)</b>	Claim Prospective Pay: <b>\$5265.00</b>
HIPPS: <b>1AA11</b>	Expected Reimbursement Amount: <b>\$2477.63</b>

If there is a positive balance, make an adjustment selecting a negative adjustment code and vice versa. Enter the adjustment amount, adjustment date, adjustment code, any comments and select **Post Adjustment**. Go to *Admin/Lists/Adjustment Codes/New Adjustment Code* to make custom adjustment codes.



The screenshot shows a 'Post Adjustment' form with the following fields: Adjustment Amount (text input with '\$ 125'), Adjustment Date (calendar icon with '08/08/2022'), Adjustment Code (dropdown menu with 'Bad Debt - Bad Debt'), Adjustment Type (radio button with 'Negative'), and Comment (text area). At the bottom are 'Post Adjustment' and 'Cancel' buttons.

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

Quick Reports
Remittance
View Payments
View Adjustments
Activity Logs
Deleted Claims

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

## **VERIFYING FINAL CLAIMS**

*Billing/Billing Center*

After filtering for Final, the following columns will show: MRN, Patient Name, Episode Start Date, Billing Period, Claim Status, Expected Claim Amount, Payer, NOA/RAP, OASIS Exported, Visits, Orders, Verified, Notes, Actions and Print.

Select any red **X** in the Orders column to view outstanding orders. The Episode Orders screen will open and list the order number, type, status, assigned user, physician, order date, sent date, and received date. For orders in *Saved*, or *Returned for Review* status, users should rectify the issue with the clinician in the Assigned To column. For orders in *Submitted (Pending QA Review)* status, users should resolve the issue with the QA team. For orders in *Sent to Physician* status, users should reconcile the issue with the Orders Management team.

Episode Orders   Northeast, Nancy   4/1/2022-5/30/2022							
Order Number	Type	Status	Assigned To	Physician	Order Date	Sent Date	Received Date
48303013	Physician Order	Submitted (Pending QA Review)	Brian Nauck RN	Atrams, John MD	04/19/2022		
49670672	Physician Order	Saved	Edgar Corral RN	Velotta, Jennifer M.D.	04/07/2022		

Select any red **X** or green check mark in the Visits column to populate a Billable Visits window. The window lists all billable visits within the billing period sorted by discipline. The Visit Type, Scheduled Date, Visit Date, Assigned To, HCPCS, Rev Code, Status, Units and Charge are listed for each billable visit.

Billable Visits   Midwest, Inez								
<b>Patient Name:</b> Inez Midwest								
<b>Billing Period:</b> 06/10/2022 - 07/09/2022								
Visit Type	Scheduled Date	Visit Date	Assigned To	HCPCS	Rev Code	Status	Units	Charge
<b>Skilled Nursing</b>								
Skilled Nurse Visit	06/16/2022	06/16/2022	Robbye Atkinson RN	G0154	0551	Not Yet Started	0	200
Skilled Nurse Visit	06/23/2022	06/23/2022	Robbye Atkinson RN	G0154	0551	Not Yet Started	0	200
Skilled Nurse Visit	06/30/2022	06/30/2022	Robbye Atkinson RN	G0154	0551	Not Yet Started	0	200
Skilled Nurse Visit	07/07/2022	07/07/2022	Robbye Atkinson RN	G0154	0551	Returned For Review	-4	200
<b>Physical Therapy</b>								
PT Visit	07/09/2022	07/09/2022	Robbye Atkinson RN	G0151	0421	Not Yet Started	0	250
<b>HHA</b>								
HHA Visit	06/15/2022	06/15/2022	Luke Sanchez RN	G0156	0571	Saved	0	120

Select the Open Claim hyperlink to begin the verification process. There are four steps to verifying a final:

1. **Demographics** - The patient's information in which the user will verify the sections with a \* **red asterisk** are correct. These sections are typically

generated from the patient's demographics and OASIS. Users can select the **Claim Notes** button at the top of the screen to document a claim note. At the bottom of the page, there is a **Verify and Next** button to go to Step 2.



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

Buttons: **Claim Notes** | **Reload All** | \* = Required Field

Patient First Name: ALLAN \*  
 Patient Last Name: PETERS \*  
 Medicare Number: 7H54H47KM27 \*  
 Insurance Provider: Medicare/National Governme \*  
 Patient ID/Medical Record Number: PAN-20210622 \*  
 Gender:  Female  Male  
 Date of Birth: 7/2/1956 \*  
 Billing Period Start Date: 5/11/2021 \*  
 Recommended/Previously Entered First Billable Date: 05/11/2021  
 First Billable Visit Date: 05/11/2021 \*  
 View the patient's schedule to verify the first billable visit date. **View Schedule**  
 Admission/SOC Date: 5/11/2021 \*  
 Admission Source: (1) Non-Health Care Facility P \*  
 Patient Status: 30 - Still a patient Services cc \*

Bill Type: 329-Home Health - Final Clair \*  
 HIPPS Code: TAA11 \*  
 OASIS Matching Key: \*  
 Pre-Claim Unique Tracking Number (UTN): \*  
 Physician Last Name: Jacinto \*  
 Physician First Name: Stephen \*  
 Physician NPI Number: 1212323232 \*  
 PECOS Verification: ✖  
 Billing Period Payment: 1795.67  
 ICD Type: ?  
 Admitting Diagnosis Code: ?  
 Diagnosis Description:  Diagnosis Code:   
 Primary Diagnosis: 67 A J10.0 \*  
 Other Diagnoses:

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

Each section has the following columns listed: Visit Type, Scheduled Date, Visit Date, HCPCS, Rev Code, Status, Units and Charge. On the bottom of the page, there is a button to go **Back** to the previous step or a button to **Verify and Next** to go to Step 3.

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

Billing Period: 06/10/2022 - 07/09/2022

		Billable Visits					
Visit Type	Scheduled Date	Visit Date	HCPCS	Rev Code	Status	Units	Charge
Skilled Nursing <input type="checkbox"/> Check All							
1. <input checked="" type="checkbox"/>	OASIS-D1 Start of Care	06/10/2022	06/10/2022	G0102	0551	Exported	4 \$200.00
2. <input checked="" type="checkbox"/>	Skilled Nurse Visit	06/13/2022	06/13/2022	G0299	0551	Completed	4 \$200.00
3. <input checked="" type="checkbox"/>	Skilled Nurse Visit	06/16/2022	06/16/2022	G0299	0551	Completed	4 \$200.00
4. <input checked="" type="checkbox"/>	Skilled Nurse Visit	06/21/2022	06/21/2022	G0299	0551	Completed	1 \$200.00
5. <input checked="" type="checkbox"/>	Skilled Nurse Visit	06/26/2022	06/26/2022	G0299	0551	Completed	4 \$200.00
6. <input checked="" type="checkbox"/>	Skilled Nurse Visit	07/01/2022	07/01/2022	G0299	0551	Completed	1 \$200.00
7. <input checked="" type="checkbox"/>	Skilled Nurse Visit	07/07/2022	07/07/2022	G0299	0551	Completed	1 \$200.00
8. <input checked="" type="checkbox"/>	Skilled Nurse Visit	07/08/2022	07/08/2022	G0299	0551	Completed	1 \$200.00

Buttons: **Back** | **Verify & Next**

3. **Verify Supplies** – Users can verify the supplies that were used for the patient within the episode date range. If users do not want to bill for supplies, check the box in the upper left-hand corner.

Check the box to the left of the supply and select the hyperlinks **Mark as Non-Billable** or **Delete** if applicable. If a supply is marked as non-billable, it will fall to the lower section of the page. Select the **Edit** hyperlink on the right to make updates.

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

Billing Period: 06/10/2022 – 07/09/2022

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

**Billable Supplies**

Add New Supply    Check the boxes next to any of the following supplies and select Mark as Non-Billable or Delete    [Mark As Non-Billable](#)    [Delete](#)

Revenue Code	Description	HCPCS	Date	Unit	Unit Cost	Total Cost	Action
<input type="checkbox"/> 1234	Compression Burn garment, glove to axilla, custom fabricated	A6506	07/01/2022	1	\$100.00	\$100.00	<a href="#">Edit</a>

**Non-Billable Supplies**

Check the boxes next to any of the following supplies and select Mark as Billable or Delete:    [Mark As Billable](#)    [Delete](#)

Revenue Code	Description	HCPCS	Date	Unit	Unit Cost	Total Cost	Action
No records to display.							

[Back](#)    [Verify & Next](#)

To add a supply that is missing, select the **Add New Supply** hyperlink. A new window will open for users to enter the supply description. Start typing and options will appear below. If applicable, select one of the descriptions. Axxess is pulling from a database that has the corresponding HCPCS codes listed. Enter the revenue code, select, or write in the date. Enter the unit and unit cost. Then select the **Add Supply** button.

**New Supply**

Description:

Revenue Code:

HCPCS:

Date:  

Unit:

Unit Cost: \$

Total Cost: \$

[Add Supply](#)    [Exit](#)

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

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

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

HIPPS:	3JC11
LUPA Threshold:	2
Original OASIS Prospective Payment:	\$1,454.49
RAP Payment:	\$0.00
Expected LUPA Amount:	\$153.31
Claim Prospective Pay:	\$153.31

Patient First Name:	Edgar	Billing Period Start Date:	5/25/2022
Patient Last Name:	South	ADMISSION/SOC Date:	1/25/2022
Medicare Number:	SMT3F10K075	Address Line 1:	2916 SHARPEVIEW LN
Patient ID/Medical Record Number:	96765433	Address Line 2:	
Gender:	Male	City:	DALLAS
Date of Birth:	7/17/1983	State, ZIP Code:	TX, 75228

HIPPS Code:	3JC11	Diagnosis Codes:	
OASIS Matching Key:		Primary	N311
First Billable Visit Date:	5/25/2022	Second	M752
Physician Name:	NGUYEN N.	Third	K502
Physician NPI Number:	1821258942	Fourth	N319
Remark:		Fifth	2436
		Sixth	

Description	HCPCS/HIPPS Code	Service Date	Service/Total Unit Charges
0023 Home Health Services	3JC11	05/25/2022	\$0.00
0272 Service Supplies		05/25/2022	\$218.31
0551 OASIS-D1 Recertification	G0162	06/24/2022	6 \$200.00
0551 Patient's Home/Residence	Q5001	06/24/2022	1 \$0.01

Total: \$418.32

Once the final has been verified, there will be a check box next to the patient's name. This shows the final is ready to be generated for billing submission. Select the box next to the patient's name then select the **Generate Selected** button.

Once **Generate Selected** is chosen, users will be taken to a screen that shows the following options:

### Electronic Submissions

Submit Claims and Exit - If claims are submitted through Axxess.

Final Claim Summary					
Electronic Submissions					
Patient Name	Patient Id	Insurance Number	Billing Period	Claim Amount	Payer
ALLAN PETERS	PAN-20210622	7H54H47KM27	5/11/2021 - 6/9/2021	1795.67	Medicare Palmetto GBA

[Submit Claims and Exit](#)

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

## Manual Submissions

Download Claim(s) - If the agency has a clearinghouse that submits their claims or prints the claim to manually mail to the insurance provider.

Mark Claim(s) as Submitted - Will mark the claims as submitted once the user has downloaded the RAP and uploaded or printed it.

Final Claim Summary					
Manual Submissions					
Patient Name	Patient Id	Insurance Number	Billing Period	Claim Amount	Payer
ALLAN PETERS	PAN-20210622	7H54H47KM27	5/11/2021 - 6/9/2021	1795.67	Medicare Palmetto GBA

[Download Claims](#)    [Mark Claims as Submitted and Exit](#)

## CLAIM SUBMISSION HISTORY - MEDICARE

*Billing/Claim Submission History/Medicare\_Medicare HMO*

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

Claim Submission History						
Claim Type: All		Date From: 10/31/2021		To: 6/9/2022		<a href="#">Generate</a>
Batch ID	Submission Date	# of Claims	# of RAPs	# of NOAs	# of Finals	Action
029439679	02/01/2022	1	1	0	0	<a href="#">View Claims</a>
020447036	02/16/2022	1	1	0	0	<a href="#">View Claims</a>
020447047	02/16/2022	1	1	0	0	<a href="#">View Claims</a>
102463900	06/25/2022	1	0	1	0	<a href="#">View Claims</a>



Managed Care / Other Insurances

Search By: Search by keywords like Date, Batch ID, Submitted by, claims [Export to Excel](#)

Filter By: 05/01/2021 To 05/31/2021 [Refresh](#)

Batch ID #	Payer Name	Submission Date	Submitted By	# of Claims	Action
 802467553	ADMINASTAR BLUE CROSS OF KENTUCKY	05/06/2021		1	<a href="#">View Claims</a>   <a href="#">Export</a>
 802467571	BCBS Oklahoma	05/06/2021		1	<a href="#">View Claims</a>   <a href="#">Export</a>
 802467572	BCBS Oklahoma	05/06/2021		1	<a href="#">View Claims</a>   <a href="#">Export</a>

Claims can be viewed three ways:

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

Selecting any of the previous three options will expand the claim. The expanded claim will list the MRN, Patient, Type, Episode, Date Created and Claim Amount. To view the submitted form, select the **UB-04** or **HCFA-1500** hyperlink to the far right of the claim, which will download a PDF copy. The **Export** hyperlink will create an Excel spreadsheet of just that batch.

Batch ID #	Payer Name	Submission Date	Submitted By	# of Claims	Action
 802467553	ADMINASTAR BLUE CROSS OF KENTUCKY	05/06/2021		1	<a href="#">View Claims</a>   <a href="#">Export</a>
<b>MRN</b>	<b>Patient</b>	<b>Type</b>	<b>Episode</b>	<b>Date Created</b>	<b>Claim Amount</b>
357159874A	ADAM, TIFFANY TAYLER	329	07/24/2016 - 09/21/2016	09/21/2016	\$440.01
					<a href="#">UB-04</a>

## **BILLING/REMITTANCE ADVICE**

### *Billing/Remittance Advice*

Remittance Advice is uploaded from Medicare. The agency must be linked to Axxess to receive Remittance Advice through our system. If this is the case, when the window is open, there will be a list with the remittance ID, remittance date, payer, payment date, last posted date, claim count, provider payment, posted status and actions.

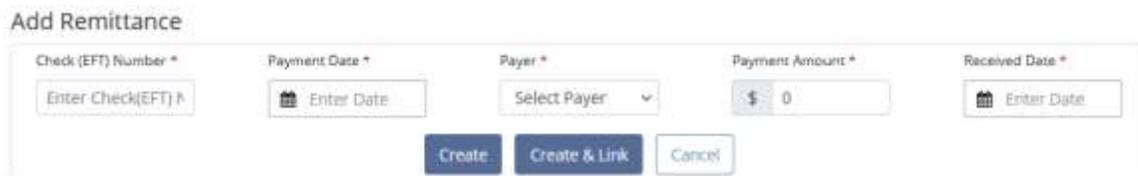
Write in or select from the calendar icon the date range for remittance date, choose the insurance from the drop-down menu, then select the **Generate** button.

Select the **Print** button to print the results based on parameters. If there is a remittance file to upload, select the **Upload** button and retrieve the file on the computer, then select the **Upload** button.



The screenshot shows the 'Remittance Advice' form. At the top, there's a title bar with 'Remittance Advice' and window control buttons. Below that, the form has a search bar for 'Remittance ID'. The main section includes a 'Payment Date' range (05/25/2021 to 06/24/2021) and a 'Payer' dropdown set to 'Medicare'. There are buttons for 'Add Remittance', 'Upload', 'EDI Files', and 'Print'. A 'Learn More' link is also present.

Select the **Add Remittance** button to manually add remittance. Enter the check number, payment date, payer, payment amount and received date then select **Create** to create the remittance.



The screenshot shows the 'Add Remittance' form. It has five input fields: 'Check (EFT) Number \*' (with a search icon), 'Payment Date \*' (with a calendar icon), 'Payer \*' (with a dropdown arrow), 'Payment Amount \*' (with a dollar sign and '0'), and 'Received Date \*' (with a calendar icon). At the bottom, there are three buttons: 'Create', 'Create & Link', and 'Cancel'.

The Action column contains two actions: **View Details** and **Edit**. Select **View Details** and a new window will appear. Select **Edit** to edit information such as check number (EFT), payment date, payer, payment amount, and received date. Once edited, select **Save Remittance** to finish.

After adding remittance information, users can select **Create & Link** to create the remittance and link claims for the payer. Once selected, a new window appears with remittance details.



The screenshot shows the 'Remittance Details' screen. At the top, it says 'EFTCheck JA001 paid on 07/01/2021' and 'Manually Created'. Below this are three summary boxes: 'Payment Amount \$5000.00', 'Remaining Balance \$4600.00', and 'Number of Claims 2'. There are also fields for 'Received Date' (07/15/2021), 'Payer Name' (Medicare/National Government Services), 'Reference ID' (06014), 'Payee Name' (Testing Home Health Agency), 'Provider NPI', and 'Provider Tax ID'. At the bottom, there is a table with columns: Patient, Patient Control Number, Payer Control Number, TOB, Statement From, Statement To, Received On, Claim Amount, Payment Amount, Balance, and Actions.

Patient	Patient Control Number	Payer Control Number	TOB	Statement From	Statement To	Received On	Claim Amount	Payment Amount	Balance	Actions
ABA, CARRY	39b04d972b0c056uydR	-----	322	05/01/2021	05/27/2021	07/23/2021	\$0.00	\$0.00	\$0.00	Edit
Abe, Amy	39f0dc8b842c0f4b102	-----	322	04/29/2021	05/29/2021	07/23/2021	\$0.00	\$400.00	\$-400.00	Edit

The following information is provided at the top of the Remittance Details screen: EFT number, payment date, payment amount, remaining balance and total number of claims associated with the remit. The remaining balance automatically updates as payments are posted to linked claims. The received date, payer name, reference ID, payee name, provider NPI and tax ID also appear in the

**Remittance Details** header. Users can select **Link Claims** and a list of claims will populate to be linked to the remittance.



To	Received On	Claim Amount	Payment Amount	Balance	Actions
	07/23/2021	\$0.00	\$0.00	\$0.00	Edit 
	07/23/2021	\$0.00	\$400.00	\$-400.00	Edit 

Users can then select the claims processed on the remit. Once all desired claims have been selected, the user can select **Link Claims** to link the claim to the remittance. The claims will now be visible in the Remittance Details page. The page will include the patient name, patient control number, payer control number, type of bill (TOB), statement from, statement to, received on, claim amount, payment amount, balance, and an actions column. In the Actions column, users can select **Edit** to edit the claim or **Delete** by selecting the .

When selecting **Edit**, users can add payment information. When the payment amount is saved, the remaining balance will appear at the top of the page

From the Remittance Advance page, to see the raw EDI Files, select the **EDI Files** button. The following window will open. To limit the number of raw files seen, select an NPI from the drop-down menu or choose a date by selecting the calendar icon or selecting the **< Prev** and/or **Next >** buttons.

Download each individual raw file by selecting the **Download** button to the right of the file. Select the check boxes to the left of each file and select the **Download Selected** button in the top right to download multiple files at the same time.

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



<input type="checkbox"/>	Name	Date Modified	Action
<input type="checkbox"/>	SSW23071.May05.T180897058.277CA	May 06, 2021, 4:05 AM	Download
<input type="checkbox"/>	SSW23071.May03.T103494092.277CA	May 03, 2021, 9:05 AM	Download

## HELP CENTER

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

