

HOME HEALTH BILLING MANAGED CARE TRAINING MANUAL

August 2022

Table of Contents

NEW CLAIM	3
VERIFY CLAIM.....	4
ELECTRONIC CLAIM SUBMISSION	8
DOWNLOAD CLAIM SUBMISSION	9
HELP CENTER.....	9

NEW CLAIM

Billing/Managed Care_Other Insurances

Managed Care/Other Insurances allows for the creation, billing and updating of all non-episodic payers. The menu contains two sub-menus. Claims must be added manually for patients who have a managed care/other insurance payer. This can be done in two ways:

- *Managed Care/Create Claims*
- *Managed Care/Claims History/New Claim (below)*



Select **New Claim**, which will open a new window. Choose the insurance from the drop-down menu and enter/choose the date range for the claim.

NOTE: See Admin manual for how to add new insurance.

The default date range is 60 days. Then select **Add Claim** to create the claim or **Cancel** to disregard the information.



Once the claim has been added, it will appear in the lower half of the Claim History page for the patient. The information displayed in the claim line item includes Service Dates, Status, Created Date, Billed Date, Claim Amount, Total Payments, Positive and Negative Adjustments, Balance, Details, Visits, Supply and Action.

Open Claim	Service Dates	Status	Created Date	Billed Date	Claim Amount	Total Payments	+Adj	-Adj	Balance	Details	Visits	Supply	Action
Open Claim	06/07/2020 - 08/07/2020	Created	10/08/2020	03/08/2021	\$0.00	\$500.00	\$1.00	\$0.00	\$-199.00	✓	✗	✗	Update Claim Note Delete

The upper portion of the Claims History page displays information for the selected claim. It includes the patient name, medical record number (Patient ID #), insurance/payer and billing/payment information. This section also allows users to easily post a payment or adjustment, as well as create an invoice using the buttons presented in the information screen.

Patient Name: Fiona Arellano	Insurance Payer: 123Health Insurance
Patient ID #: 56473	Health Plan Id: 56473
Patient Insurance Id #:	Authorization Number:
Patient DOB: 07/20/1948	Billed Date:
Payment Date:	Claim Type: Primary

[Post Payment](#)
[Post Adjustment](#)
[Create Patient Invoice](#)

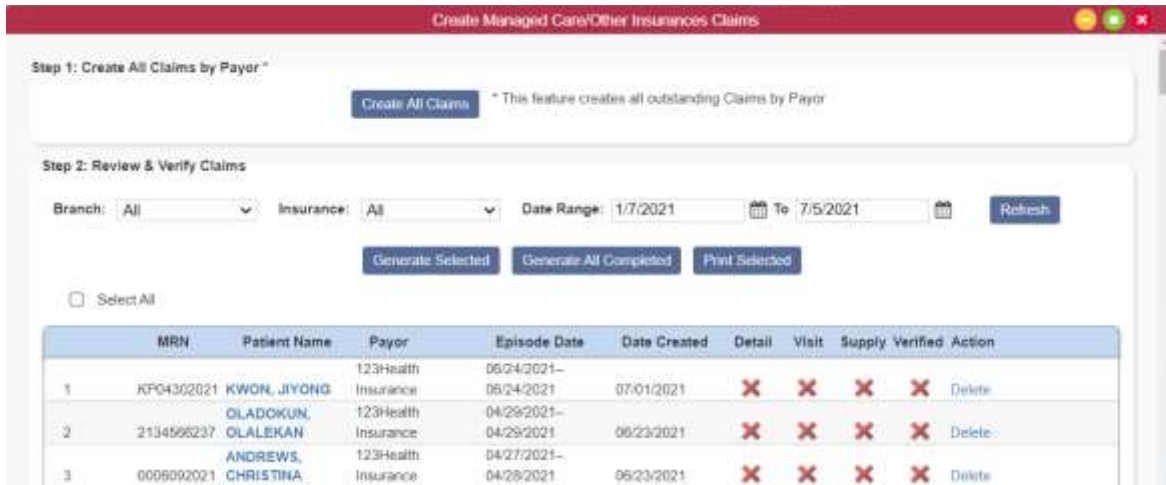
To the right of the patient information are quick reports associated to the claim selected. The reports provide a quick way to View Payments, View Adjustments, Activity Logs and Deleted Claims.

Quick Reports
View Payments
View Adjustments
Activity Logs
Deleted Claims

VERIFY CLAIM

The next step in the process is to validate the claim. To complete this process, select the **Open Claim** hyperlink located in the left-hand column of the claim line. This action opens the claim and allows for completion of the five-step verification process. This process must be completed prior to invoicing the claim. Users can validate the claim on the Create Claims tab and after the claim has been created for the patient.

Insurance: All	
	Service Dates
Open Claim	10/01/2021 - 10/13/2021



Step 1: Create All Claims by Payor*

Create All Claims * This feature creates all outstanding Claims by Payor

Step 2: Review & Verify Claims

Branch: All Insurance: All Date Range: 1/7/2021 To 7/5/2021 Refresh


Generate Selected Generate All Completed Print Selected

Select All

	MRN	Patient Name	Payor	Episode Date	Date Created	Detail	Visit	Supply	Verified	Action
1	KP04302021	KWON, JIYONG	123Health Insurance	06/24/2021-	07/01/2021	✗	✗	✗	✗	Delete
2	2134598237	OLADOKUN, OLALEKAN	123Health Insurance	04/29/2021-	06/23/2021	✗	✗	✗	✗	Delete
3	0006092021	ANDREWS, CHRISTINA	123Health Insurance	04/27/2021-	06/23/2021	✗	✗	✗	✗	Delete

The five-step claim verification process:

Step 1 (Demographics): All the required fields with red asterisks (*) are pulled into the claim based on the information that was entered in the Patient Chart. Users can select the **Claim Notes** button at the top of the screen to document a claim note. Once all information is updated and/or verified, select **Verify and Next**.



Managed Care Claim | Fiona Arulano | 123Health Insurance

Step 1 of 5: Demographics Step 2 of 5: Verify Insurance Step 3 of 5: Verify Visits Step 4 of 5: Verify Supplies Step 5 of 5: Summary

Claim Notes * = Required Field

Bill Type: 121-Home - original claim * Invoice Type: HCFA 1500

Patient First Name: Fiona * HIPPS Code: 1BFKT

Patient Last Name: Arulano * OASIS Matching Key: 21AF21AF11D90CCANA

Patient Insurance ID #: 56473 * First Billable Visit Date: 1/8/2021

Insurance: 123Health Insurance * Primary Physician Last Name: ABRAMS

Health Plan ID: 56473 Primary Physician First Name: JOHN

Group Name: Primary Physician Middle Initial: A

Group ID: Primary Physician Credentials:

Relationship to Patient (Locator #): 18-Self * Primary Physician Qualifier: DK - Ordering Physician

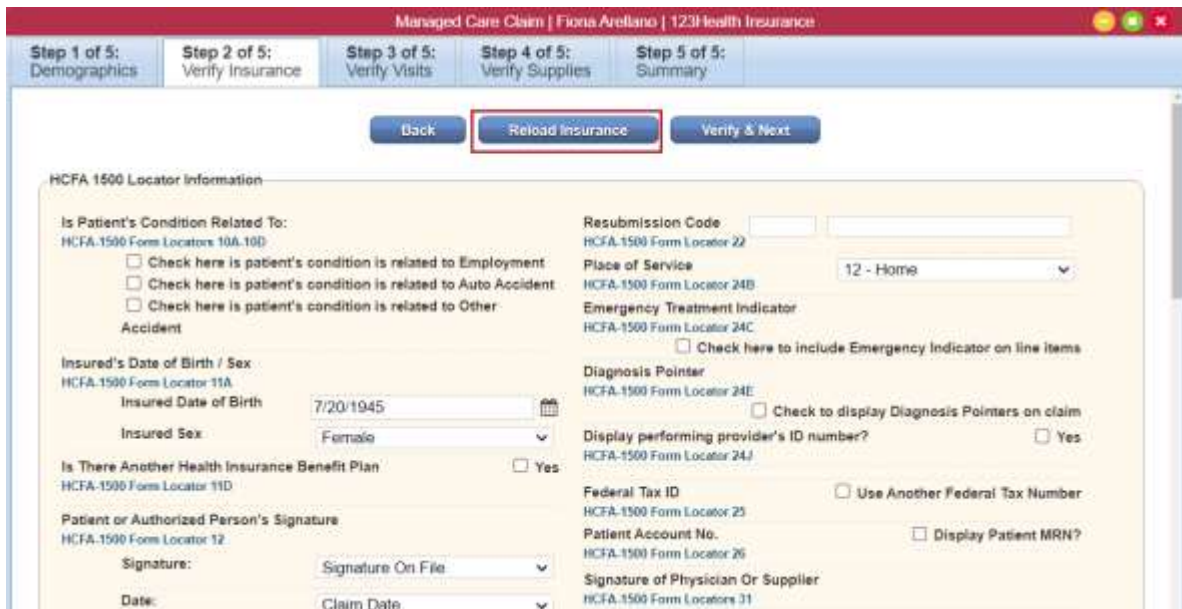
Authorizations: Primary Physician NPI #: 1891835294

PECOS Verification: ✓

HIPPS Code Payment: 800

ICD Type: 0 -- ICD-10

Step 2 (Verify Insurance): This step allows users to add locator information as needed. Selecting **Reload Insurance** will update the payer information if any changes were made at the payer level. Once all information is updated and/or verified, select **Verify and Next**.



Managed Care Claim | Fiona Arellano | 1231 Health Insurance

Step 1 of 5: Demographics Step 2 of 5: Verify Insurance Step 3 of 5: Verify Visits Step 4 of 5: Verify Supplies Step 5 of 5: Summary

Back Reload Insurance Verify & Next

HCFA 1500 Locator Information

Is Patient's Condition Related To:
 HCFA-1500 Form Locator 10A, 10D
 Check here if patient's condition is related to Employment
 Check here if patient's condition is related to Auto Accident
 Check here if patient's condition is related to Other Accident

Resubmission Code
 HCFA-1500 Form Locator 22

Place of Service
 HCFA-1500 Form Locator 24B 12 - Home

Emergency Treatment Indicator
 HCFA-1500 Form Locator 24C
 Check here to include Emergency Indicator on line items

Insured's Date of Birth / Sex
 HCFA-1500 Form Locator 11A
 Insured Date of Birth: 7/20/1945
 Insured Sex: Female

Diagnosis Pointer
 HCFA-1500 Form Locator 24E
 Check to display Diagnosis Pointers on claim

Is There Another Health Insurance Benefit Plan
 HCFA-1500 Form Locator 11D Yes

Display performing provider's ID number?
 HCFA-1500 Form Locator 24J Yes

Patient or Authorized Person's Signature
 HCFA-1500 Form Locator 12
 Signature: Signature On File
 Date: Claim Date

Federal Tax ID
 HCFA-1500 Form Locator 25 Use Another Federal Tax Number

Patient Account No.
 HCFA-1500 Form Locator 26 Display Patient MRN?

Signature of Physician Or Supplier
 HCFA-1500 Form Locators 31

Step 3 (Verify Visits): Displays the date range for the claim and all visits associated to the claim. The visits are shown by discipline in descending date order. Each visit line item indicates the visit description, scheduled date, visit date, HCPCS, rev code, modifiers, diagnosis pointers, visit status, number of units and charge rate for the visit. All billable visits are defaulted with a check mark in the billable check box. Deselect any visits that should not be billed. Select **Verify and Next** to move to Step 4.



Managed Care Claim | Fiona Arellano | 1231 Health Insurance

Step 1 of 5: Demographics Step 2 of 5: Verify Insurance Step 3 of 5: Verify Visits Step 4 of 5: Verify Supplies Step 5 of 5: Summary

Date Range: 1/6/2021 - 1/6/2021

Notice: If the insurance requires a specific description for visits on this claim, click to edit the description.

Visit Description	Scheduled Date	Visit Date	Billable Visits		Diagnosis Pointers	Status	Units/Charge
			Rev	HCPCS Code			
Skilled Nursing <input type="checkbox"/> Check All							
1 <input checked="" type="checkbox"/> Admission Visit	01/06/2021	01/05/2021	00162	0001		Completed (Export Ready)	4 \$300.00

Back Reload Verify & Next

Step 4 (Verify Supplies): Gives the opportunity to review, add, edit, and delete supply items from the bill. Most insurance companies include supply cost in the visit rate. Most supplies are non-billable unless the organization received authorization to bill supplies or has a contract specifying supplies may be billed. Select **Verify and Next** to move on to Step 5.

Step 1 of 5: Demographics Step 2 of 5: Verify Insurance Step 3 of 5: Verify Visits **Step 4 of 5: Verify Supplies** Step 5 of 5: Summary

Episode: 1/6/2021 – 1/6/2021
 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 3.

Billable Supplies

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

	Revenue Code	Description	HCPCS	Date	Unit	Unit Cost	Total Cost	Action
<input type="checkbox"/>	1234	Cane, includes canes of all materials, adjustable or fixed, with tip	E0100	01/27/2021	1	\$150.00	\$150.00	Edit

Non-Billable Supplies

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

	Revenue Code	Description	HCPCS	Date	Unit	Unit Cost	Total Cost	Action
<input type="checkbox"/>	1234	Humidifier, durable for extensive supplemental humidification during IPPB treatments or oxygen delivery	E0550	01/28/2021	1	\$200.00	\$200.00	Edit

Back Verify & Next

Step 5 (Summary): This is the final step in the verification process. This step provides a summary of the claim and is broken down into sections. The first two sections display the demographic information for the patient. Visits and any Supplies are listed below the demographic information. The total claim charges are presented at the bottom of the page. Once everything is verified and deemed accurate, select **Complete** to finalize the verification process.

Step 1 of 5: Demographics Step 2 of 5: Verify Insurance Step 3 of 5: Verify Visits Step 4 of 5: Verify Supplies **Step 5 of 5: Summary**

Primary Diagnosis OIE Date:

Diagnosis Codes:

Primary	G20	Seventh
Second		Eighth
Third		Ninth
Fourth		Tenth
Fifth		Eleventh
Sixth		Twelfth

Description	HCPCS/ICD9PS Code	Service Date	Service Unit	Total Charges
1234 Cane, includes canes of all materials, adjustable or fixed, with tip	E0100	01/27/2021	1	\$150.00
0551 Admission Visit	G0152	01/06/2021	4	\$900.00

Total: \$950.00

Back **Complete**

Upon completion, all steps that were verified within the five-step process will have a green check mark on the Claim History page. Two new hyperlinks are now present: the claim type and **Download**. In this example, the claim type is a UB-04. Selecting the **UB-04** hyperlink opens the claim with the UB-04 formatting. The claim may be printed and mailed if the organization chooses to

bill in this manner. The **Download** hyperlink opens the claim in a text format for uploading to a payer website.

Details	Visits	Supply		Action
✓	✓	✓	UB-04 Download	Update C Note Del

ELECTRONIC CLAIM SUBMISSION

From the Create Claims window, select the check box right beside the patient's name. Then select **Generate Selected**. This can be done for one or multiple claims for submission.

Create Managed Care/Other Insurances Claims

Step 2: Review & Verify Claims

Branch: All Insurance: All Date Range: 2/12/2022 To 8/10/2022 Refresh

Generate Selected Generate All Completed Print Selected

Select All

	MRN	Patient Name	Payer	Episode Date	Date Created	Detail	Visit	Supply	Verified	Action		
1	<input checked="" type="checkbox"/>	KP04302021	KWON, JIYONG	123Health Insurance HCFA	04/04/2022-04/04/2022	07/05/2022	✓	✓	✓	✓	Delete	
2		KP04302021	KWON, JIYONG	123Health Insurance HCFA	06/03/2022-06/03/2022	06/23/2022	✓	✗	✗	✗	Delete	
3	<input type="checkbox"/>	KP04302021	KWON, JIYONG	123Health Insurance HCFA	06/10/2022-06/10/2022	06/25/2022	✓	✓	✓	✓	Delete	
4	<input type="checkbox"/>	KP04302021	KWON, JIYONG	123Health Insurance HCFA	02/07/2022-02/28/2022	03/01/2022	✓	✓	✓	✓	Delete	
5		CERT-1171	ABBOTT, JESSICA	AARP MEDICARE PLAN COMPLETE	HMO	03/07/2022-03/11/2022	07/08/2022	✗	✗	✗	✗	Delete
6		000823	TEST, STORMIE	SUNSHINE HEALTH ANTHEM BLUE	CROSS AND BLUE	06/14/2022-06/15/2022	07/08/2022	✗	✗	✗	✗	Delete
7		TV02162023	VITAL, TEST	SHIELD OF KY		07/08/2022-07/08/2022	08/02/2022	✗	✗	✗	✗	Delete

Once the **Generate Selected** button is chosen, there will be an option to **Submit Electronically**.

Managed Claim Summary

Location | SUNSHINE HEALTH1

Patient Name	Episode Date
1. Praxlon Ibrahim(HD_0012)	12/30/2020 - 01/01/2021

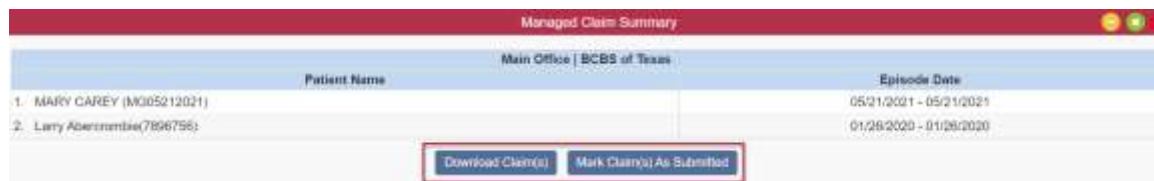
Submit Electronically

DOWNLOAD CLAIM SUBMISSION

The following is for agencies that have chosen not to electronically submit claims through Axxess Home Health.

1. Select the **Download Claim(s)** button.
2. Save to the computer.
3. Upload to the payer.
4. Select **Mark Claim(s) as Submitted**.

Marking the claims as submitted removes the claim from the *Managed Care_Other Insurance/Create Claims* screen.



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/>

