# HOME HEALTH BILLING FLOW CHART

October 2022

# Billing Center

*Billing/Billing Center*

Billing Center

View Claims

Select the location, date range, claim status, type of claim (NOA/RAP or Final) and payer.

Verify Claims[3]

After billable visit status has been confirmed (green check mark), Open Claim will change to a hyperlink to be selected that takes users to the claim verification screen. Select Verify at the bottom of the page.

Generate Claims

Once the Verified column has a green check, select the checkbox to the left of individual claim(s) and then select **Generate Selected**. Alternatively select Generate All Completed to generate all completed claims at once.

Select Download Claim(s)

Is present for Medicare until the intermediary processes the agency's EDI paperwork. It is present for Medicare HMO payers if the agency opts not to use electronic billing. Save to computer then upload to Medicare through preferred portal.

Select Mark Claim(s) As Submitted and Exit

Marking claims as submitted changes the status in the Billing Center once the download and subsequent upload is completed.

Select Submit Claim(s) and Exit

After being set up with electronic billing, the claims will be sent to Medicare. The claim status is updated in the Billing Center.

Pending Claims

Manage all Medicare and Managed Care claims that have outstanding balances. Aging Metrics are calculated from the claim's bill date to the current date.

Select Edit

Select bill type (NOA/RAP, Final, or Managed Care). Integrates both the claim posting and adjusting capabilities to easily update claim balances.

Payments[1]

Adjustments[1]

For payments/adjustments: verify the bill status, payer, and date (auto-generated) are correct. Then enter the check number and check amount.

Select Add

Enter the Amount[2]

Enter the Amount & Choose the Code[2]

Select Save

*Billing/Medicare_Medicare HMO (PPS)/Billing_Claims History*

Claims History

Select a patient from the list and select an individual claim to view.

Select Post Payment

Enter payment amount, payment date, check RA#, check amount and comment.

Enter the Details

Select Save

Select Post Adjustment

Go to *Admin/Lists/Adjustment Codes/New Adjustment Code* to create custom codes.

Enter the Details

Enter the adjustment amount, confirm the date (auto-generates to today), adjustment code and comment.

Select the Post Adjustment

Verifying Final

Step 1: Demographics

Select **Verify and Next** between steps.

Step 2: Verify Visits

Billable visits, missed visits and incomplete visits.

Step 3: Verify Supplies

Add/remove billable/ non-billable supplies or mark checkbox if not billing supplies.

Step 4: Summary

Confirm all previously entered information is correct.

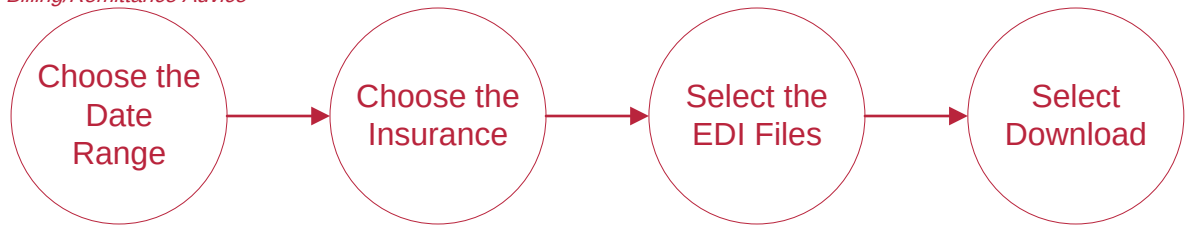
Select Complete

[1] Select the trash icon to remove payments and adjustments. [2] Comments optional. [3] Select any red "**X**" in the Orders column to view outstanding orders on Finals. Select any red "**X**" or green check mark in the Visits column to populate a Billable Visits window.

# Remittance Advice[1]

## Download Files

*Billing/Remittance Advice*




Choose payment date or remittance date.

Or select checkboxes and select Download Selected for multiple EDI files.

## Upload Files

*Billing/Remittance Advice*

[1] Agency must be billing through Axxess to receive Remittance Advice.

# Managed Care

## New Claim

*Billing/Managed Care_Other Insurances/Create Claims*

Select Create All Claims → Choose the Branch → Choose the Insurance → Choose the Date Range → Select Create Claims

**OR**

*Billing/Managed Care_Other Insurances/Claims History*

Select New Claim → Choose the Insurance → Choose the Date Range → Select Add Claim

## Verify Claim

*Billing/Managed Care_Other Insurances/Create Claims*

Find the Claim → Select the Patient's Name → Step 1: Demographics → Step 2: Verify Insurance → Step 3: Verify Visits → Step 4: Verify Supplies → Step 5: Summary

Search by Branch, Insurance, and Date Range then select Refresh

Select **Verify and Next** between steps.

Select **Reload Insurance** to update payer information.

Billable Visits, Missed Visits and Incompleted Visits.

Review, add, edit or delete supply items. Most insurances include supply cost in the visit rate.

Confirm all previously entered information is correct.

Complete Verification

Once verified, a checkbox on the left of the MRN column will be visible.

## Send/Download Claims

*Billing/Managed Care_Other Insurances/Create Claims*

Select Checkboxes → Select Generate Selected

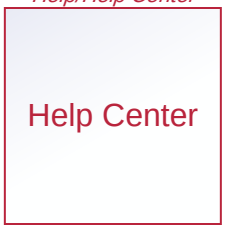
Or select Generate All Completed to generate all verified claims at once.

- Electronically → Select Submit Electronically
- Manually → Select Download Claim(s) → Save to the Computer → Upload to Payer → Select Mark Claim(s) as Submitted

If agency has chosen not to electronically submit claims through Axxess Home Health.

# Help Center Process

*Help/Help Center*




This center will provide step-by-step instructions on areas of the software, as well as instructional videos.