

HOSPICE BILLING TRAINING MANUAL

May 2023

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Users with billing permissions can access the **Billing Center** located at the hospice navigation menu bar.

Filters for Claims, NOE and NOTR

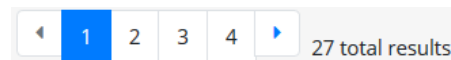
Select the patient's name hyperlink to go to the patient chart. Sort pages by:

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

Under the Actions column:

-  = Print
-  = Download
-  = Delete

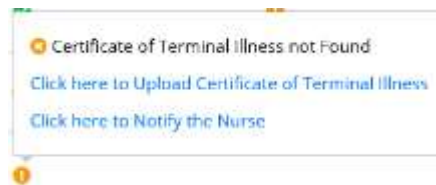
If there are more results than can be viewed on one page, select the arrows to go between pages.



The following icons show the readiness of information on each page:





Hover over the icons in the table for more information and hyperlinks to view documents or notify clinicians.

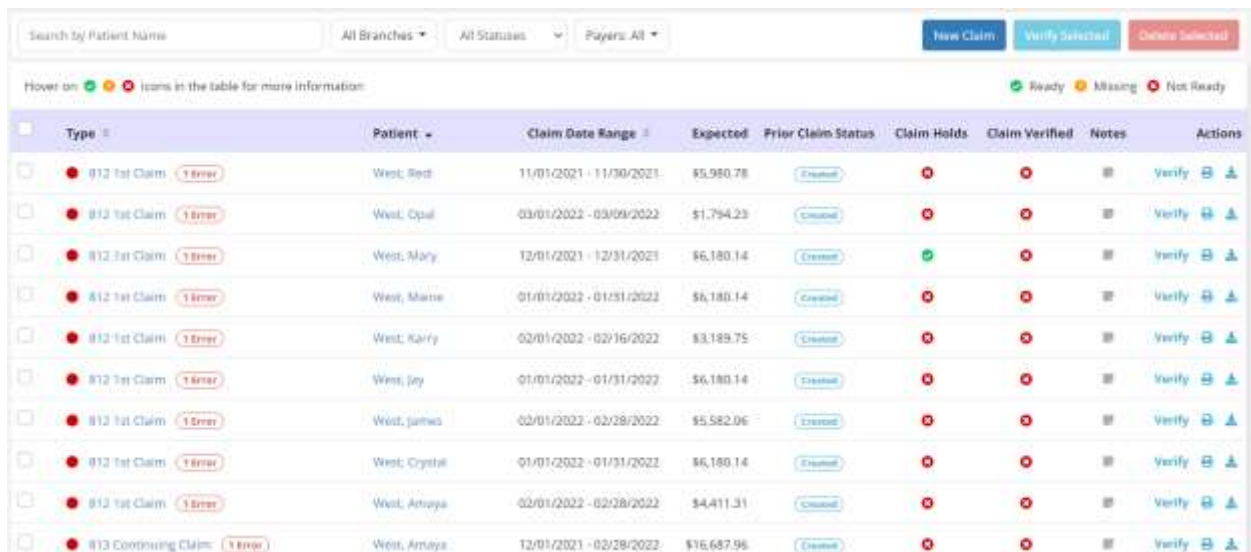


If the dot next to the patient's name is green, then at least one document was completed. A red dot means no documents have been completed. ● [Abbott, Jacob](#)

CLAIMS

Billing/Claims

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



Type	Patient	Claim Date Range	Expected	Prior Claim Status	Claim Holds	Claim Verified	Notes	Actions
812 1st Claim 1 Error	West, Sed	11/01/2021 - 11/30/2021	\$5,980.78	Created	0	0		Verify
812 1st Claim 1 Error	West, Opal	03/01/2022 - 03/09/2022	\$1,794.23	Created	0	0		Verify
812 1st Claim 1 Error	West, Mary	12/01/2021 - 12/31/2021	\$6,180.14	Created	1	0		Verify
812 1st Claim 1 Error	West, Marie	01/01/2022 - 01/31/2022	\$6,180.14	Created	0	0		Verify
812 1st Claim 1 Error	West, Kerry	02/01/2022 - 02/16/2022	\$3,189.75	Created	0	0		Verify
812 1st Claim 1 Error	West, Jay	01/01/2022 - 01/31/2022	\$6,180.14	Created	0	0		Verify
812 1st Claim 1 Error	West, James	02/01/2022 - 02/28/2022	\$5,582.06	Created	0	0		Verify
812 1st Claim 1 Error	West, Crystal	01/01/2022 - 01/31/2022	\$6,180.14	Created	0	0		Verify
812 1st Claim 1 Error	West, Aranya	02/01/2022 - 02/28/2022	\$4,411.31	Created	0	0		Verify
812 Continuing Claim 1 Error	West, Aranya	12/01/2021 - 02/28/2022	\$16,687.96	Created	0	0		Verify

Users will also see a **Notes** column where claim notes can be added and viewed. When claim notes have been added, the note icon will appear blue. When claim notes have not been added, the note icon will appear white. On the other tabs (NOE, NOTR, Collections or Claims History), the claim note icon appears under the **Actions** column.



Claim Notes 0

Callum, Deborah
Billed Medicare on 05/01/2022 - Claim is currently in \$ status. DC
pat 14, 2022 05/01/22

Callum, Deborah
This claim is in paid status with a paid date of 6/17/22 DC.
pat 14, 2022 06/17/22

Enter Comments

Add Comment Close

To add a new note to a claim, select the note icon. In the **Claim Notes** window, enter the note in the comments box and select **Add Comment**. To view any

existing claim notes, navigate to the appropriate claim, select the blue note icon and all existing claim notes will display. To edit a claim note, click the blue edit icon. To delete a claim note, click the red trash can icon. Users cannot edit or delete other users' claim notes. The date stamp on the claim note will automatically update when modifications are saved.

Create a new claim by selecting the **New Claim** button. Claims are ready in the software once each column has the green ready checkmark. To verify a claim, select the **Verify** hyperlink under **Actions**. Confirm that the following information is signed, timely dated and available as an attachment:

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

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



The screenshot displays the 'General' section of a claim form. On the left is a navigation menu with options: General (selected), Patient, Payers and Codes, Service Lines, Diagnoses, Providers, and Remarks. The main content area is titled 'General' and includes a 'Reload' button in the top right corner. The form is divided into two columns. The left column contains: 'Billing Provider' (UB-04 Form Locator 1, 2, 5, 56) with a text box containing 'Testing Home Health Agency, Inc', 'NPI: 1234567899', 'Tax ID: 987654321', and 'Address: Dallas Parkway 16000, 1717 E Belt Line Road, Coppell, TX 75019'. The right column contains: 'Statement Covers Period' (UB-04 Form Locator 6) with the date range '09/01/2020 - 09/30/2020', and 'Type of Bill' (UB-04 Form Locator 4) with a dropdown menu showing '813 Continuing Claim'.

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

Patient
Reload

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

Eligibility

Payers and Codes

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

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

Payers and Codes Refresh

Payers
US-04 Form Locator 30.31

Payer Type	Payer	Subscriber ID	Group Name	Group ID	Actions
Primary	Medicare	4U31RV0CT36	Not Available	Not Available	View Benefits
Secondary	TMHP	123456789	Not Available	Not Available	Mark as Bill To Payer

Authorization Code
US-04 Form Locator 63

Prior Authorization Number (US-04 Form Locator 63a)

Referral (US-04 Form Locator 63b)

Other Authorization (Print Only) (US-04 Form Locator 63c)

Condition Codes
US-04 Form Locator 10.28

10 C

Occurrence Codes
US-04 Form Locator 31.28

Occurrence - Occurred on a single day

37 Code: MM/DD/YY

Occurrence Span - Occurred between days

35 Code: MM/DD/YYYY - MM/DD/YYYY

Value Codes
US-04 Form Locator 39.43

39 61

Service Lines

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

Service Lines Refresh

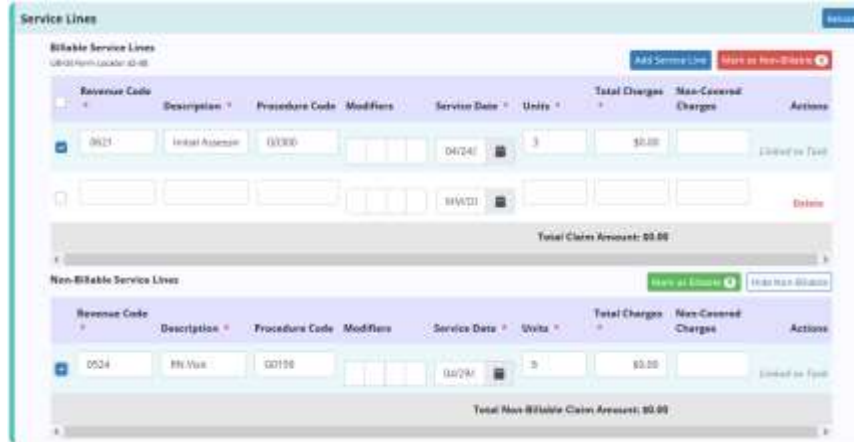
Billable Service Lines
US-04 Form Locator 42.48

Revenue Code	Description	Procedure Code	Modifiers	Service Date	Units	Total Charges	Non-Covered Charges	Actions
<input type="checkbox"/>	0051	Razette Horn	Q5004		09/0	\$4,626.30		Delete
Total Claim Amount: \$4,626.30								

Non-Billable Service Lines

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

button and select the check box(es) next to the non-billable service lines and select the **Mark as Billable** button to change to billable.



The screenshot shows the 'Service Lines' interface. It is divided into two main sections: 'Billable Service Lines' and 'Non-Billable Service Lines'. Each section contains a table with columns for Revenue Code, Description, Procedure Code, Modifiers, Service Date, Units, Total Charges, and Non-Covered Charges. In the 'Billable' section, one row is selected with a checkmark. In the 'Non-Billable' section, one row is selected with a checkmark. Buttons for 'Add Service Line', 'Mark as Non-Billable', 'Mark as Billable', and 'Reload' are visible. Summary bars at the bottom of each section show 'Total Claims Amount: \$3.00' and 'Total Non-Billable Claims Amount: \$3.00'.

The attending provider should auto-fill using the physician function. This can also be done for all other providers including operating, other, referring, ordering and rendering providers.

Select the **Add Service Facility** button to add a service facility. Lastly, enter any remarks. Select the **Reload** button at the bottom of the page to update all sections. Select **Save** to keep all progress made. Once all information is confirmed/entered, select the green **Verify** button.

Diagnoses Cancel

Diagnosis
 UB-04 Form Locator 67, 67 A-Q

Primary Diagnosis
 No Primary Diagnosis available

Other Diagnosis
 No Other Diagnosis available

Providers Cancel

Attending Provider
 UB-04 Form Locator 76

Auto fill form using Physician Facility User Hospice Provider

Find a Physician by Name

NPI	First Name	Last Name	Taxonomy Code
1205688032	KAREN	BEADEN	

Qualifier Identification Number

Operating Provider
 UB-04 Form Locator 77

Rendering Provider
 Auto fill form using Physician Facility User Hospice Provider

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

Qualifier Identification Number

[Add Service Facility](#)

Remarks

Remarks
 UB-04 Form Locator 80

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

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

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

Room and Board Claims

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



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



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



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

Payer Information

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

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

Claim Adjustment Reason

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

Coordination of Benefits

Add Coordination Of Benefits

Payer Information

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

Claim Adjustment Reason

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

[Add Adjustment](#)

Add COB
Cancel

Attach Authorizations to Claims

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

New Claim

Patient Name *
Bloyed, Nancy

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

Payer
Claims Submission Insurance

Authorization
Select Authorization
741852963258

Type of Bill *
Select Type of Bill

Create Cancel

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

Payers and Codes Reload

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

Payer	Subscriber ID	Subscriber Name	Relationship to Patient	Group Name	Policy Number	Actions
Claims Submission Insurance Bill To Payer	78459654			Not Available	Not Available	Not Available
Medicaid	11111			Not Available	Not Available	

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

Document Control Number
Form Locator 22B

Authorization Code
Form Locator 23

Prior Authorization Number
741852963258

Referral

Condition Codes
18 Code

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

Service Lines Reload

Billable Service Lines Add Service Line Mark as Non-Billable

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

Total Claim Amount: \$5,940.00

Non-Billable Service Lines Show Non-Billable

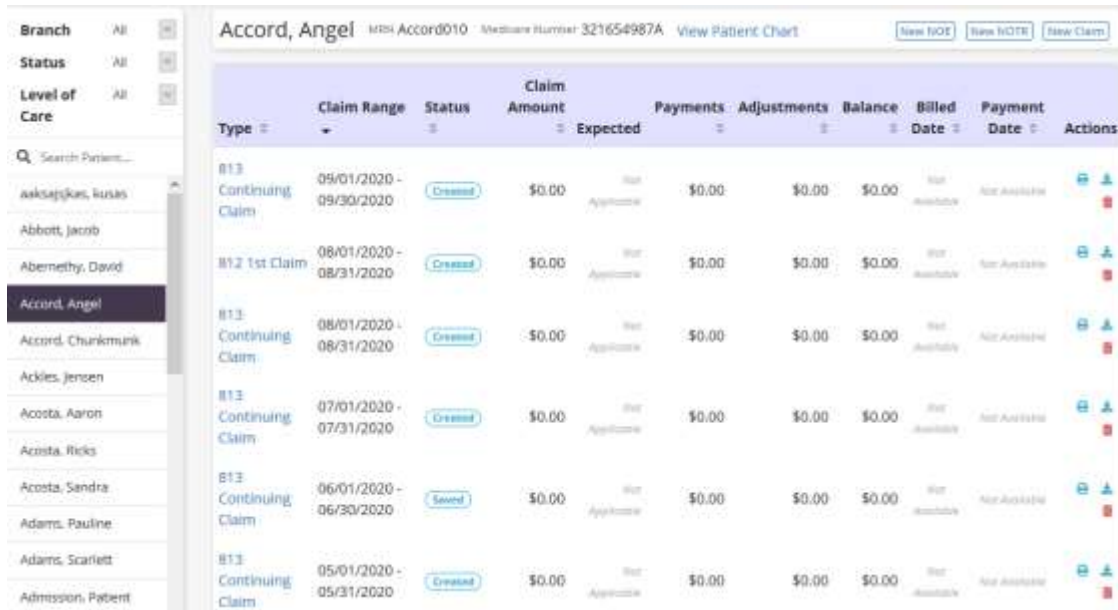
CLAIMS HISTORY

Billing/Claims History

A window will open with the following columns:

- Type - Type of bill.
- Claim Range - Date range of claim.
- Status - Allow users to check if the sequential claim is ready to be submitted.
- Claim Amount
- Expected

- Payments
- Adjustments
- Balance
- Billed Date - Date when claim was submitted.
- Payment Date - Date when claim was paid.
- Actions - Print, download, edit and delete claims along with claim notes.



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

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

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

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

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


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

NOTICE OF ELECTION (NOE)

Billing/NOE

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

Type	Patient	Admission Date	Election Form	Certificate of Terminal Illness	Initial Assessment	NOE Verified	Actions
81A NOE ✖ Error	Again, AA	02/01/2020	🟡	🟡	🟢	🔴	Verify 📄 👤 🗑️
81C NOE Transfer ✖ Error	Again, AA	02/01/2020	🟡	🟡	🟢	🔴	Verify 📄 👤 🗑️
81A NOE ✖ Error	Faux, Android	01/19/2020	🟡	🟡	🟢	🔴	Verify 📄 👤 🗑️
81A NOE	aaksajsjskas, kusas	04/24/2020	🟡	🟡	🟡	🔴	Verify 📄 👤 🗑️
81C NOE Transfer	Accord, Angel	11/13/2019	🟢	🟡	🟢	🔴	Verify 📄 👤 🗑️
81C NOE Transfer	Accord, Chunkmunk	01/23/2020	🟡	🟡	🟡	🔴	Verify 📄 👤 🗑️
81A NOE	Accord, Angel	11/13/2019	🟢	🟡	🟢	🔴	Verify 📄 👤 🗑️
81C NOE Transfer	Accord, Angel	11/13/2019	🟢	🟡	🟢	🔴	Verify 📄 👤 🗑️

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

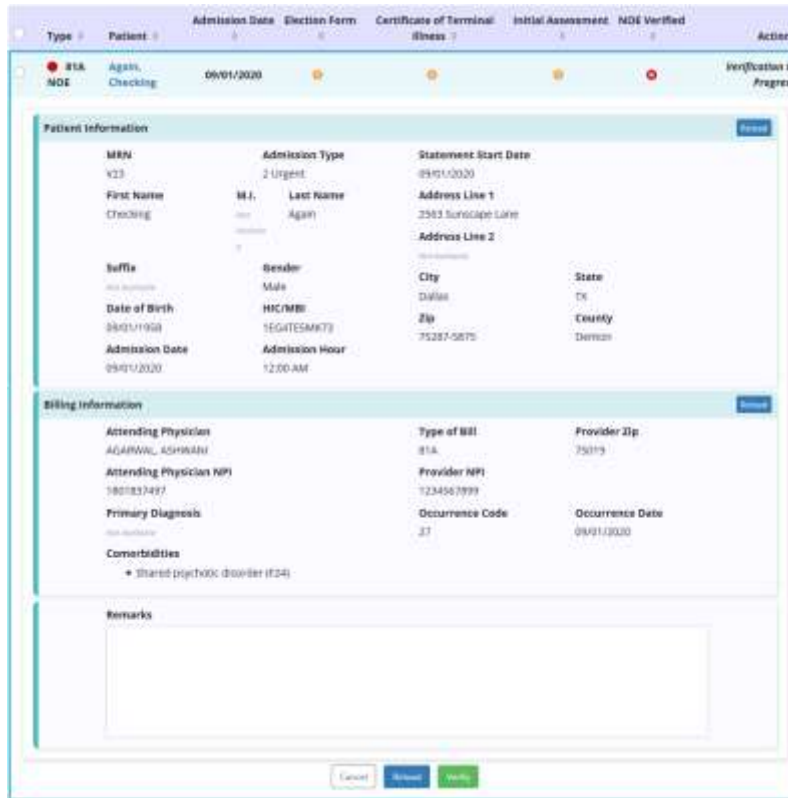
<input type="checkbox"/>	81A NOE	Demo, Danny	04/24/2020	🟢	🟢	🟢	🔴	Verify 📄 👤 🗑️
--------------------------	---------	-------------	------------	---	---	---	---	---------------

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

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

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

keep any changes made. Once all information is confirmed/entered, select the **Verify** button.

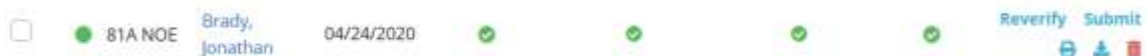


The screenshot shows a detailed form for a patient's NOE (New Order Entry). The form is divided into several sections:

- Patient Information:** Includes MRN (V23), Admission Type (2 Urgent), Statement Start Date (09/01/2020), First Name (Checking), Last Name (Agar), Address Line 1 (2583 Sunscape Lane), Address Line 2, Gender (Male), Date of Birth (04/01/1968), HIC/MBI (1EGIT5MKT3), City (Dallas), State (TX), Admission Date (09/01/2020), and Admission Hour (12:00 AM).
- Billing Information:** Includes Attending Physician (AGARWAL, ASHWINI), Attending Physician NPI (1801837497), Primary Diagnosis (Shared psychotic disorder [F24]), Type of Bill (81A), Provider NPI (1234567899), Occurrence Code (37), and Occurrence Date (09/01/2020).
- Remarks:** A large text area for additional notes.

At the bottom of the form, there are buttons for "Cancel", "Verify", and "Submit".

Once an NOE has been verified, there are hyperlinks available to **Reverify** and/or **Submit**.



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

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



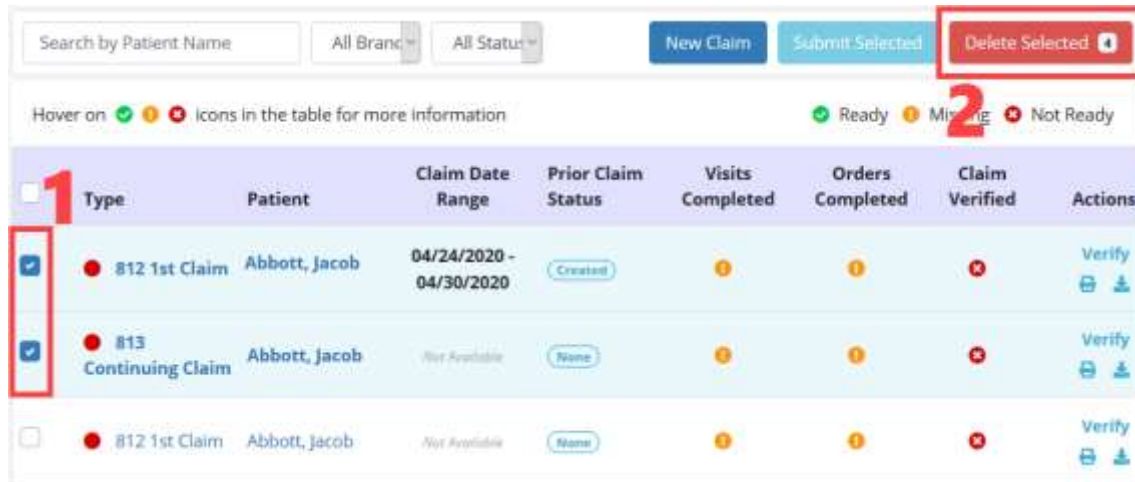
The "New NOE" form is shown with two input fields:

- Patient Name:** A search field with the placeholder text "Start Typing..." and a magnifying glass icon.
- Type of Bill:** A dropdown menu currently set to "81A".

At the bottom of the form, there are buttons for "Create" and "Cancel".

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

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

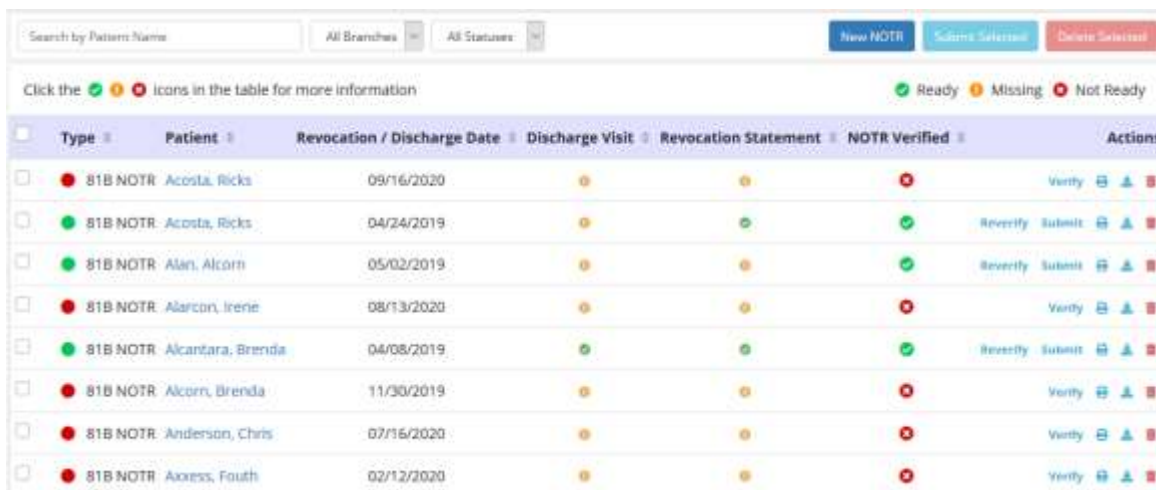


Type	Patient	Claim Date Range	Prior Claim Status	Visits Completed	Orders Completed	Claim Verified	Actions
<input checked="" type="checkbox"/> 812 1st Claim	Abbott, Jacob	04/24/2020 - 04/30/2020	Created	1	1	Not Ready	Verify
<input checked="" type="checkbox"/> 813 Continuing Claim	Abbott, Jacob	Not Available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


NOTICE OF TERMINATION/REVOICATION (NOTR)

Billing/NOTR

A window will open with a list of columns including type, patient, revocation/discharge date, discharge visit, revocation statement, NOTR verified and actions.



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

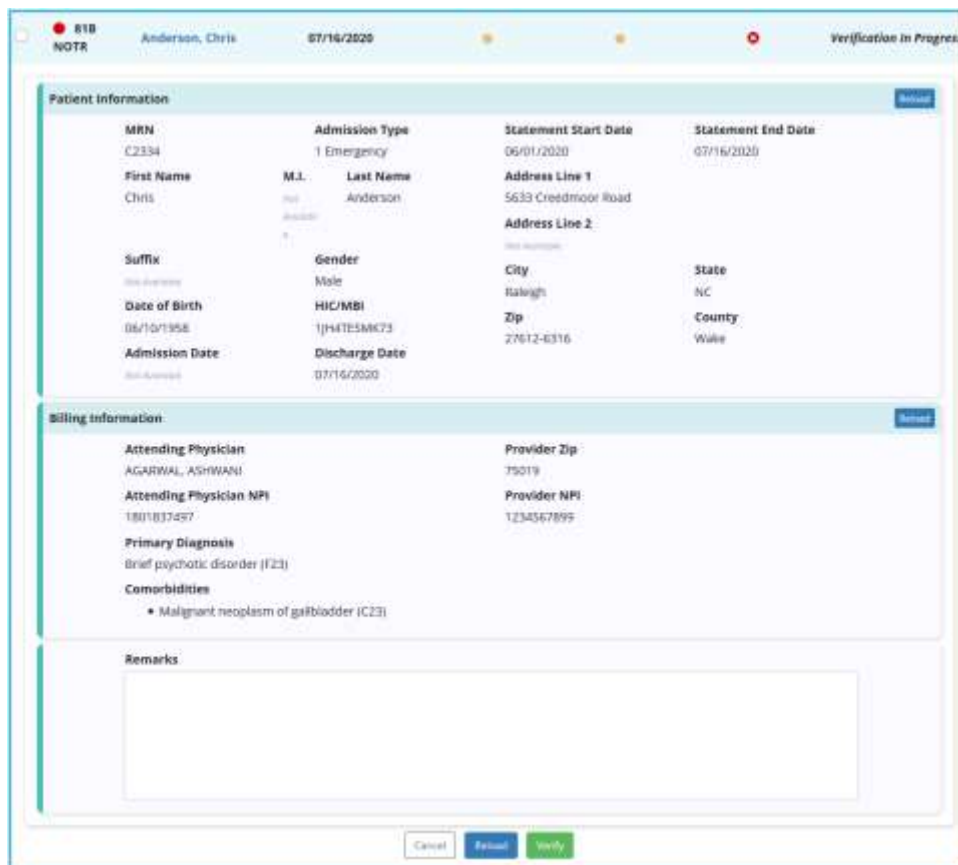
A NOTR is ready in the software once the sections below are all check  marked green.



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

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

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



Patient Information

MRN C2334	Admission Type 1 Emergency	Statement Start Date 06/01/2020	Statement End Date 07/16/2020
First Name Chris	M.I. No	Last Name Anderson	Address Line 1 5633 Creedmoor Road
Suffix No	Gender Male	City Raleigh	State NC
Date of Birth 06/10/1956	HIC/MBI 1JH4TESMK73	Zip 27612-6316	County Wake
Admission Date 07/16/2020	Discharge Date 07/16/2020		

Billing Information

Attending Physician AGARWAL, ASHWANI	Provider Zip 75019
Attending Physician NPI 1801037457	Provider NPI 1234567899
Primary Diagnosis Brief psychotic disorder (F23)	
Comorbidities • Malignant neoplasm of gallbladder (C23)	

Remarks

Buttons: Cancel, Reload, Verify

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

<input type="checkbox"/>	● 81B NOTR	Alcantara, Brenda	04/24/2020	●	●	●	Reverify Submit
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NOTR are automatically generated once the patient's status is changed to discharged; however, the user can create an NOTR by selecting the **New NOTR** button on the top right side of the page.

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

New NOTR

Patient *

Discharge Date *

Discharge Reason *

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

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

All Branches
All Status

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

	Type	Patient	Revocation / Discharge Date	Discharge Visit	Revocation Statement	NOTR Verified	Actions
<input checked="" type="checkbox"/>	●	81B NOTR Acosta, Ricks	04/24/2019	!	●	●	Reverify Submit
<input checked="" type="checkbox"/>	●	81B NOTR Alan, Alcorn	05/02/2019	!	!	●	Reverify Submit
<input type="checkbox"/>	●	81B NOTR Alcantara, Brenda	04/24/2020	●	●	●	Reverify Submit

REMITTANCE ADVICE

Billing/Remittance Advice

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

Provider	Check (EFT) Number	Payment Date	Payer	Payment Amount	Remaining Balance	Claim Count	Actions
Testing Home Health Agency, Inc.	EFT101010 <small>Manually Created</small>	12/23/2021	Blue Cross Blue Shield	\$2,554.25	\$2,554.25	1	Edit View Details
Testing Home Health Agency, Inc.	EFT125 <small>Manually Created</small>	12/06/2021	Medicare	\$5,000.00	\$5,200.00	2	Edit View Details
Testing Home Health Agency, Inc.	test232141 <small>Manually Created</small>	11/01/2021	Medicare	\$222.00	\$222.00	1	Edit View Details
Testing Home Health Agency, Inc.	test00101 <small>Manually Created</small>	10/27/2021	Medicare	\$222.00	\$222.00	1	Edit View Details
Testing Home Health Agency, Inc.	test01122 <small>Manually Created</small>	10/14/2021	Medicare	\$500.00	\$500.00	1	Edit View Details
Testing Home Health Agency, Inc.	12345678900000 <small>Manually Created</small>	10/14/2021	Medicare	\$1.00	\$1.00	1	Edit View Details
Testing Home Health Agency, Inc.	test222 <small>Manually Created</small>	10/01/2021	Medicare	\$222.00	\$222.00	1	Edit View Details
Testing Home Health Agency, Inc.	test1010102021 <small>Manually Created</small>	10/01/2021	Medicare	\$111,112,354.00	\$111,112,354.00	1	Edit View Details
Testing Home Health Agency, Inc.	test111 <small>Manually Created</small>	09/01/2021	Medicare	\$134,533.00	\$134,533.00	1	Edit View Details
Testing Home Health Agency, Inc.	test3333 <small>Manually Created</small>	07/31/2021	Medicare	\$11,111.00	\$11,111.00	1	Edit View Details

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

Providers: All ▾

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

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

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

Testing Home Health Agency, Inc.	EFT101010 <small>Manually Created</small>	12/23/2021	Blue Cross Blue Shield	\$2,554.25	\$2,554.25	Edit In Progress
Provider*	Check (EFT) Number*	Payment Date*	Payer*	Payment Amount*	Received Date*	
Testing Home Health Ag. ▾	EFT101010	12/23/2021	Blue Cross Blue Shield	\$2,554.25	12/23/2021	
<div style="display: flex; justify-content: center; gap: 10px;"> Save Remittance Cancel </div>						

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

EFT 7777765 paid on 03/19/2020 Manually Created

Payment Amount \$50,000.00	Remaining Balance \$50,000.00	Number of Claims 1
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Received Date	Payer Name	Reference Id	Payee Name	Provider NPI	Provider Tax Id
03/20/2020	Medicare	Not Available	Not Available	Not Available	Not Available

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

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

1 total results Show 25 entries

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

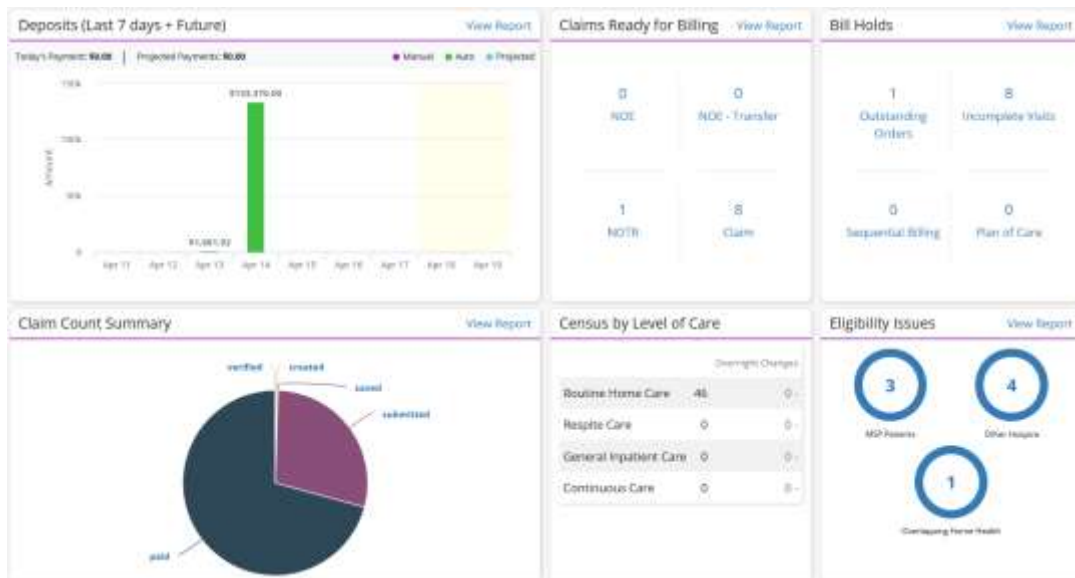
Add Remittance

Check (EFT) Number * Enter Check(EFT) #	Payment Date * MM/DD/YYYY	Payer * Start Typing...	Payment Amount * Enter Payment Amc	Received Date * MM/DD/YYYY
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BILLING DASHBOARD

Billing/Billing Dashboard

The billing dashboard displays six tiles that are important in the day-to-day activity of a biller.



Deposits (Last seven days + Future) - Shows a bar graph that displays the number of payments that were paid and how many were projected. Select the **View Report** hyperlink at the top of the tile to view the full EFT Report.

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

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

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

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

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

COLLECTIONS

Billing/Collections

The collections screen consolidates and displays all outstanding claims (permissions based). Outstanding claims (claims that have a remaining balance) appear on the collections screen for review. Users can filter the data using the filters at the top of the screen and export the list to Excel by selecting **Export**. Data displays by age, patient name, type of bill, billed date, billing period, payer, status, billed amount, expected amount, total payments, adjustments, balances and actions.

Age	Patient Name	Type of Bill	Billed Date	Billing Period	Payer	Status	Billed Amount	Expected Amount	Total Payments	Adjustments	Balances	Actions
112	DL Recovery	812 1st Claim	04/01/2020	03/01/2020 - 03/31/2020	Medicare	Saved	\$7,283.75	\$6,802.75	\$0.00	\$1.00	\$8,071.75	ⓘ ⚙
101	Heaven Jane	812 1st Claim	06/01/2020	05/01/2020 - 05/31/2020	Medicare	Saved	\$5,655.25	\$5,655.25	\$0.00	\$0.00	\$5,655.25	ⓘ ⚙
101	David Angel	813 Continuing Claim	07/01/2020	06/01/2020 - 06/30/2020	Medicare	Paid	\$0.00	\$0.00	\$200.00	\$101.00	\$301.00	ⓘ ⚙
99	Heaven Jane	813 Continuing Claim	07/01/2020	07/01/2020 - 07/31/2020	Medicare	Saved	\$3,546.83	\$3,546.83	\$0.00	\$0.00	\$3,546.83	ⓘ ⚙
99	Lang Mindy	812 1st Claim	08/01/2020	07/01/2020 - 07/31/2020	Medicare	Saved	\$11,200.00	\$11,200.00	\$0.00	\$0.00	\$11,200.00	ⓘ ⚙
92	Alexis Patient Care	813 Continuing Claim	10/01/2020	09/01/2020 - 09/30/2020	Medicare	Paid	\$3,021.56	\$3,021.56	\$1,800.00	\$1,000.00	\$4,021.56	ⓘ ⚙
89	Alan Paul	812 1st Claim	11/01/2020	10/28/2020 - 11/01/2020	Medicare	Paid	\$1,200.00	\$0.00	\$1,200.00	\$0.00	\$1,200.00	ⓘ ⚙
88	Alan Paul	813 Continuing Claim	12/01/2020	11/01/2020 - 11/30/2020	Medicare	Paid	\$0,000.82	\$5,876.62	\$5,876.62	\$32.00	\$30.00	ⓘ ⚙
86	Debra Selena	812 1st Claim	12/01/2020	12/01/2020 - 12/01/2020	AxxessRCM Test Payer	Saved	\$600.00	\$600.00	\$0.00	\$0.00	\$600.00	ⓘ ⚙

HELP CENTER

A great resource that is available 24/7 is our Help Center. It is a place to get answers to frequently asked questions or watch videos on all our Axxess

products. To access the Help Center, navigate to the **Help** tab and select **Help Center** or go to <https://www.axxess.com/help/>.

