AXXESS DDE
QUICK REFERENCE GUIDE
October 2023

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LOGIN

1. Navigate to www.axxess.com.
2. Select **LOGIN**.
3. Enter credentials.
4. Select **Secure Login**.
5. Confirmation will show the login is successful. Select **OK.**

Axxess Planner - Select the name of the organization below Axxess DDE on the left side of the page. Once inside Axxess DDE, select the **Axxess Planner** menu button to go back to the Planner.

Dashboard - The landing page of Axxess DDE is the Dashboard. It shows EFT, Eligibility Issues, Claims Count Summary, Claim Issues, and NOE/NOTR/NOA Tracking.

1. EFT - The Electronic Funds Transfers section displays organization checks in a bar graph form. Select **Full Report** to see details of the paid and projected payments.
2. Claims Count Summary - Shows a pie graph of the complete listing of all the claims per status and location by percentage. Select **Full Report** to see details of the claims.
3. 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 - 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 patients and episodes.
4. Eligibility Issues - Patients whose eligibility status is questionable. Select **Full Report** for more details about these eligibility issues.
5. NOE/NOTR/NOA Tracking – This report will track the status of NOE/NOTR/NOA submissions in Suspense, RTP (unsuppressed) and Paid status where the paid date is within the last seven days.

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 page numbers.

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 provider, 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.

Claim Reports

If there are no claims that meet the report criteria the following message shows: "Looking good! We found no claims"

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

TOB - Select the hyperlink that goes into the claim.

- Select **Cancel** to remove the claim.
- Select **Edit** to make a duplicate, make changes and submit as a new claim.
- Select **UB-04** to print the claim to use as additional documentation to Medicare.
- Select **Edit** or hover over each section and select **Edit** to make changes to the claim.
  - After changes have been made, select **Save & Submit**. The claim will begin processing instantly. A notification will show saying the claim was successfully submitted and shows the status in DDE.
- Select **Suppress** to suppress the claim.

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- Select **Submit Claim** and the claim will begin processing instantly. A notification will show saying the claim was successfully submitted and shows the status in DDE.

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

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 Cancelled - 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. To make changes:
1. Select **TOB**.
2. Hover over the section.
3. Select **Edit**.
4. Make changes.
5. Select **Resubmit**.

The claim will then begin instantly processing in DDE.

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

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. Shows the number of claims (count) per that Type of Bill (TOB) along with the total charges. The 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.

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 **View** on the actions column to see the complete listing of claims per reason code. Make corrections to the claims directly from the report by selecting the TOB of each claim and resubmitting.

ADR Additional Development Request - Additional Development Requests when Medicare is asking for more documentation for a particular patient and episode.

Claim Payment - Complete listing of all payments received for claims.

Canceled RTP Claims – This report shows canceled claims returned to provider for correction.

Claim Errors – This report shows Claims that are Rejected, Return to Provider and Denied, including Suppressed claims.

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

NOE/NOTR/NOA Tracking – This report will track the status of NOE/NOTR/NOA submissions in Suspense, RTP (unsuppressed) and Paid status.

Eligibility Reports

Home Health PPS Episode Periods – Shows all previously completed episodes while using home health services. Hover over the 🛈 to see the organization's information, including the phone number, in case users need to call to let the organization know they need to discharge a patient.

Other HHA - Shows a list of patients that have switched over to another home health organization. Select **Details** to see the eligibility report. Hover over the

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information icon under Home Health PPS Episode Periods to see the organization's information.

HMO (Health Maintenance Organization) - Select **Details** and scroll down to Medicare Advantage Plans. The plan type, name and start date will show. The start date prepares users for when the HMO will begin if it has not already taken place.

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

Hospice - Select **Details** and scroll down to Hospice Benefit Periods. There are two sections. The first shows the days remaining for a hospital or SNF stay in their current or prior stays. The second 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.

Other Reports - The Eligibility Issues Report is comprised of HHA, HMO, MSP and Hospice Reports. The **Part A and B** report shows patients with a Part A or Part B error. The **CWF Not Found** Report shows patients whose Common Working File 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 **Details** to see those reports.

- Find specific eligibility reports by entering the patient's name/HIC number and/or a date range, then select **Search**.
- To check eligibility, select **Run Eligibility**.
  - Search manually for a patient by:
    - Enter the HIC/MBI, last name, first name, DOB and gender.
  - Users can also search from an existing patient list by:
    - Enter the patient's name.
    - Select **Generate** 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.

CLAIMS

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

Display Buttons:

History - Displays all history of claims.
Submitted - Displays all claims that have been submitted to DDE.
Drafts - Displays saved claims that can be submitted later.

Making an Adjustment

1. Search for claim.
2. Select the **TOB**.
3. Select **Adjustment**.
4. Choose the condition code.
5. Enter remarks (if necessary).
6. Select **Proceed**.
7. Make the appropriate edits.
8. Select **Save** to keep changes made or select **Save & Submit** to send the claim instantly for processing the adjustment.

Cancel Claim

1. Search for the claim.
2. Select the **TOB.**
3. Select **Cancel**.
4. Choose the condition code.
5. Enter remarks for the cancellation.
6. Select **Cancel Claim** and the claim will instantly begin processing in DDE.

Creating a Claim

1. Select **New Claim**. Provider information is already chosen. **NOTE**: UB-04 form locators are listed in red.
2. Choose the TOB.
3. Enter date(s).
4. Choose from existing list of patients by searching or select **Enter New Patient**.
5. Enter admission date and choose the type.

6. Choose the admission source.
7. Choose patient status.
8. Enter the condition code.

Functionality is the same for condition, occurrence, occurrence span and value codes. Users can add more than one by selecting **More**. Selecting **Collapse** will condense the list.

9. Enter the occurrence code (situational).
10. Enter the occurrence span codes (situational).
11. Enter value codes.

The home health service line auto populates for RAPs and finals.

12. To manually enter service lines:
    a. Enter revenue code, HIPPS code, service date, service units, total charges and non-covered charges.
    b. Additional Service Lines can be added by selecting **+**.
    c. Reorder the placement of rows by selecting **Reorder**.
    d. Add Q codes by selecting the check box to the left and selecting one of the Q codes buttons below.
    e. Make a copy of any row by selecting the check box then select **Add Duplicate Row** and enter the blank service date.
    f. Rows can also be removed be selecting the check box and selecting **Delete Row**.
        i. A confirmation pop-up will appear, select **OK**.
13. Choose ICD-10.
14. Enter up to nine diagnosis codes (with the first being the primary code).
    NOTE: The software automatically runs a diagnosis code validation. When entered incorrectly it will show "Diagnosis code is not valid" in red.
15. Select **Add** to add an attending physician.
    a. Start typing the NPI number and information will pull from the physician lookup.
    b. Select the name.
    c. Select **Enter More Physicians…** if more physicians need to be added.
16. Enter your OASIS Matching Key (also known as the Treatment Authorization Code). Enter the mixture of 18 letters and numbers.
17. Enter remarks for any additional information about the claim to Medicare.
18. Select **Save Claim** to keep the progress (stored in Drafts) or select **Submit Claim** to begin processing the claim.

PATIENTS

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

A full patient listing is shown on the left side of the page.
- Scroll through the list, search for specific patients, or select **All Patients** to get back to the previous screen.
- Select **New Patient** to add a patient.
  - Enter the required information.
  - Select **Save**.
- Select the patient's **Last Name**, **First Name** or **HIC/MBI number** to view the patient profile.

Patient Profile

Patient demographics are listed in the top left.
- Select **Edit** 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.
- Select **New Claim** to add a claim. Patient information automatically populates.

Two tabs are listed at the bottom of the Patient Profile:

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.

Eligibility History - This tab lists all eligibility checks that have been run for the patient. Select **Details** to see the individual report.

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.

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DDE Credentials - Credentials must be provided for Axxess DDE to be the most accurate and up to date on a day-to-day basis.
1. Select **Add Credential** to add a credential.
2. Enter the username.
3. Enter password.
4. Enter PIN.

The window explains how Axxess DDE uses the user's DDE credentials and why Axxess DDE needs the user's PIN.

5. Select **Go to DDE Black Screen**.

If the user does not have DDE credentials, have the organization's superuser contact Axxess Customer Support. **NOTE**: Medicare prompts users to change their password every 30 days.

Users - The complete list of users by name, Axxess Home Health email address and the last time the user logged in.

1. Select **Invite User** to add another user.
2. Enter the user's first and last name.
3. Enter the Axxess Home Health email address.
4. Users then must decide what permissions the new user can view, edit or reports can be seen. Hover over checkboxes for details on each permission.
   a. Select **View Only** to select all view checkboxes.
   b. Select **Reports Only** to select all reports checkboxes.
   c. Select **Full Access** to select all checkboxes.
5. Select **Save**.
6. Select **OK** to confirm.

The user will receive a series of welcome emails letting them know about how to login to access DDE for the first time.

- Users can be removed by selecting **Delete.**
- Make changes by selecting **Edit**.

All Reports - A section where reports can be downloaded individually or in a consolidated file.
- Select the checkbox(es) next to the report(s).
- Select **Download Selected** for one or multiple reports.

- Select **Download All** for all reports at once.

HELP

Intro Video **-** Shows a brief video introduction to the software.

Quick Overview **-** 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 super-users from each organization to directly engage with the Axxess support team to request help or recommend feature enhancements.

ADDITIONAL NAVIGATION

The following additional tabs are located in the top right of page:
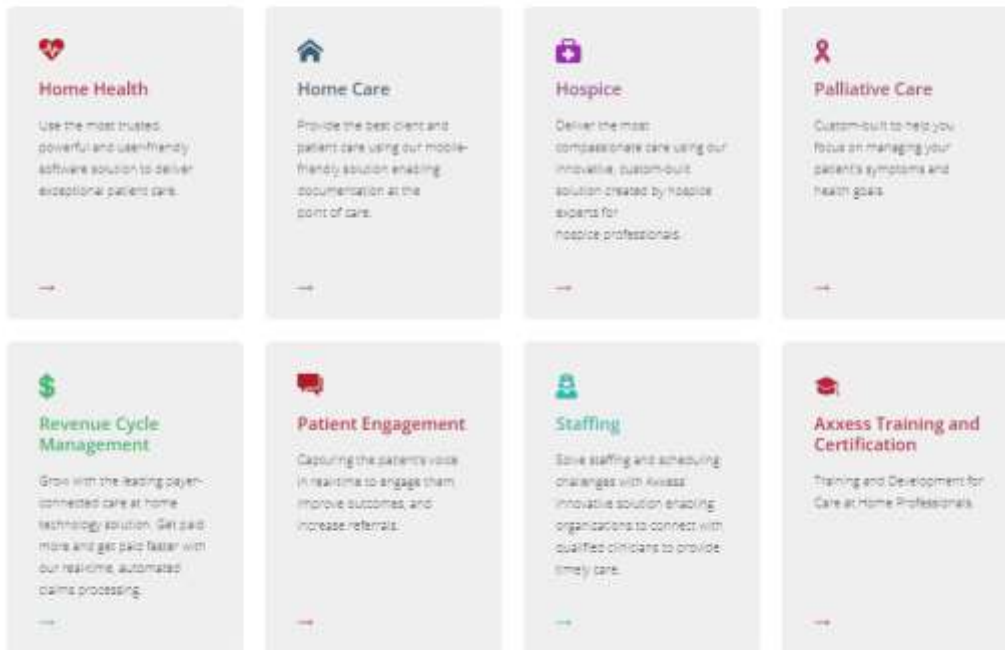
- **Axxess Planner** - For the list of organizations that the user works with and the products their organization are subscribed to.
- **Report a Problem** - A direct link to email the Axxess Support Team.
- **Notifications** - Shows the patient, reason for update and the time that the notification appeared.
    - Select the **X** to dismiss individual notifications.
    - Select **Dismiss All** to remove all. Unseen notifications have a blue dot to the left.
    - Select **Mark All Read** to remove the blue dots.
- **DDE Black Screen** – Opens a new browser tab as a direct link to choose your intermediary and input your credentials/password to access the Black Screen.
- **Username** - Gives users access to **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.

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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/.

A Complete Suite of Solutions for Care in the Home

Cloud-based enterprise software solutions that help streamline operations and grow your organization

Home Health
Use the most trusted, powerful and user-friendly software solution to deliver exceptional patient care.

Home Care
Provide the best client and patient care using our mobile-friendly solution enabling documentation at the point of care.

Hospice
Deliver the most compassionate care using our innovative, custom-built solution created by hospice experts for hospice professionals.

Palliative Care
Custom-built to help you focus on managing your patient's symptoms and health goals.

Revenue Cycle Management
Grow with the leading payer-connected care at home technology solution. Get paid more and get paid faster with our real-time, automated claims processing.

Patient Engagement
Capturing the patient's voice in real-time to engage them, improve outcomes, and increase referrals.

Staffing
Solve staffing and scheduling challenges with Axxess' innovative solution enabling organizations to connect with qualified clinicians to provide timely care.

Axxess Training and Certification
Training and Development for Care at Home Professionals