

AXXESS RCM QUICK REFERENCE GUIDE

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SET UP

- Superusers should open a ticket with Axxess to set up the payers to route via Axxess.
- Log in to Axxess Home Health and go to either *View/Lists/Insurances Payers/Edit* or *Admin/Lists/Insurances Payers/Edit*.
- If Axxess is listed as the payer's clearinghouse in the Insurance/Payer Details section, the payer was set up correctly.

LOG IN

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

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

DASHBOARD

The landing page of Axxess RCM is the Dashboard. It shows Top 10 Error Reason Codes, ERAs, Pass Rate, Ready to Work Items, Edit/Error Management Aging, News and Submissions.

1. Top 10 Error Reason Codes - A pie chart that displays statistical data of the most common error codes. Hovering over the graph displays the following details:
 - Category Code - The classification each claim status is housed under.
 - Status Code - A two-digit code that represents the status of the claim.
 - Percentage - The fraction each reason code has in relation to the total sum.
 - Total Count - The sum of claims with the specified reason code.
2. ERA - The Electronic Remittance Advice section displays organization checks in a bar graph form for the previous seven days and future dates.

- Hover over the bar graph to see the specifics of the payments including the payer, ERA number, payment total and date.
3. Ready to Work Items - Selecting **View Report** goes to the **Ready to Work** tab.
 - **Claims with Errors** - Submitted claims that contain errors and require further actions from the organization. The dollar amount is the combined total of all errored claims. Selecting **Claims with Errors** will redirect the webpage to *Claims/Ready to Work/Claims with Errors*.
 - **Delayed Claims** - Submitted claims that have not received a response during the payers allotted timeframe. Selecting **Delayed Claims** will redirect the webpage to *Claims/Ready to Work/Delayed Claims*.
 - **Unsubmitted Claims** - Created claims saved as a draft. They have not been completed and submitted to the payer. Selecting **Unsubmitted Claims** will redirect the webpage to *Claims/Ready to Work/Unsubmitted Claims*.
 4. Submissions (Last 30 days) - Shows a line graph with the total count of submitted claims within the previous 30 days. Hovering over the graph specifies how many claims were Institutional versus Professional claims.
 - Institutional – UB-04, 837I
 - Professional - HCFA 1500, 837P
 5. Pass Rate (Last 30 days) - A percentage calculated from the number of claims rejected versus accepted by the payers. The smiley face icon will adjust according to the rate percentage.
 6. Edit/Error Management Aging (Last One year) - Shows claim statuses which are categorized into aging buckets. Totals of each claim status is available on the last column.
 7. News and Updates - Shows recently published articles from the Axxess Blog. Select the story title hyperlink to read the full post which opens another browser tab.

CLAIMS

The Claims menu consists of two tabs: **Ready to Work** and **History**.

Ready to Work

Ready to Work tab is the extended version of the dashboard line items, **Claim with Errors**, **Delayed Claims** and **Unsubmitted Claims**.

Each claim status category displays the age of claim, patient name/subscriber ID, payer/payer ID, date range and total charges. Selecting a claim will generate a synopsis on the right side of the page. The claim shows details, validation message and reason codes.

Claims with Errors/Delayed Claims




Claim Buttons

- **New Claim** – Gives the option to add a new **Professional** or **Institutional** claim.
- **Correct Claim** – Provides the option to edit, save and submit the claim. General claim details, patient data, payer information and more can be modified.
- **Suppress Claim** – Gives options to suppress for 24 hours, 48 hours or indefinitely. Choosing indefinitely will completely remove the claim from the **Delayed Claims** window, without reappearing in the future. Claims suppressed for an indefinite timeframe can be found in the **History** tab. **NOTE:** This option is recommended when a claim requires no further action and needs to be removed from the **Ready to Work** queue.
- **View Claim** – Displays a new window with the TOB code and claim type shown in the top left side of the page. Below is a line graph of the claim's life cycle. Each point represents the claim version with the date of correction listed below. Selecting the point will display details of the changes inside each claim version.

Request Details – The bottom left section of the page shows a synopsis of the claim, shows the timeframe the claim was submitted and request details. Selecting **Request Details** provides in-depth details about the claim.

Claim Stages – Shows the various stages the claim has been through. Each status will have a date, time and a unique reference number assigned.

- Claim Submitted – The claim was submitted by the organizations to be sent to the payer.
- Unknown Response – This status is part of the transmission process.
- Claim Sent – The claim was sent to the trading partner.
- Validation Failure – The claim has been validated internally via the rules engine and issues were found.

- Trading Partner Acknowledgment – The trading partner has acknowledged the claim and has sent the claim to the payer. Select **View Response Details** to view the Claim Response Details.
 - Claim Response Details – Patient and provider details are displayed.
 - Trading Partner Acknowledgements – Shows the time, date and reference ID.
 - Response Details - Indicates the claim response codes and specifics.
 - Accepted:  indicates the claim was accepted.  signifies the claim was not accepted.
 - Effective Date: The date the claim payment will be effective.
 - Status Type: The current state of the claim.
 - Total Charges: The amount being paid on the claim.
- Payer Acknowledgment - The payer acknowledged the claim. Selecting **View Response Details** will generate the claim response details window with the same options as trading partner acknowledgment.
- Trading Partner Acknowledgment with Errors - The trading partner reviewed the claim and returned it as unaccepted due to having errors.
- Payer Acknowledgment with Errors - The payer reviewed the claim and returned it as unaccepted due to having errors. Selecting **View Response Details** will generate the claim response details window. Claims with errors have a .
- Response Delays - When Axxess RCM has not received a response from the payer within the expected timeframe.

Unsubmitted Claims

These claims were created, but not completed. They are saved as a draft. This window displays general claim data including the age of the claim, payer name and date range. The following buttons are available:

- **Delete Incomplete Claim** - Once deleted, a claim will be removed from the **Ready to Work** tab. Deleted claims are completely removed from the system and will have to be recreated.
- **Continue Correcting** - Provides the option to edit, save and submit the claim. General claim details, patient data, payer information and more can be modified.

History

This section displays all content submitted to a payer. The filter options include searching by PCN, status, subscriber/patient name, provider, payer, date type and date range.

The columns provide information on the following:

- TOB - Type of bill hyperlink that shows the details of the claim.
- Patient Control Number/Claim Type - This is a unique 12-digit number in the system that is used as a method of tracking each claim.
- Status - This will specify the status of the claim. The following options will display:
 - Submitted: Claims submitted by a user within the organization.
 - Claims with the green Submitted status are Accepted/not yet rejected.
 - Unsubmitted: Claims that have not been submitted.
 - Remittance Received: Reported charges received electronically.
 - Suppressed: Claims that have been suppressed by a user within the organization.
 - Errored: Claims with one or more errors at the edit, trading partner or payer level.
 - Delayed: Claim has not received a response within the payer's usual response time.
 - Archived: The status for claims after they are suppressed.
 - Suppressed Statuses: Suppressed indefinitely, 24 or 48 hours.
- Patient Name/Subscriber ID - Subscriber ID is the numerical version of the patient's name. Each patient will have a unique ID that will be used as a form of reference.
- Provider/NPI - Each organization will have an assigned provider name (company name). The NPI is tied to each specific organization and is beneficial to users with access to multiple databases.
- Payer/Payer ID - Each insurance/payer will be listed in Axxess RCM, along with its unique identifier number. The ID is assigned by Axxess.
- From/Through - This is the date range for the claim.
- Edited/Updated - When a claim is modified, the system will update this column to indicate the last update date.
- Total Charges – This dollar amount is the sum of charges submitted on the claim.

Download - Selecting the button will generate an Excel file to be saved based off the filters chosen.

CLEARINGHOUSE

Requests

This tab will show claims sent, which are also viewable from the **History** tab. The top of the tab will show a bar graph of requests submitted during a specified date range. Search for submissions by entering a submission time start and end date.

Columns are displayed by Reference ID (select hyperlink to see the request), Status, Submission Time, Type of Bill Claim Type, Patient Name/Patient Control Number, Subscriber ID, Payer/Payer ID, Provider and Total Charges. Select each column header to sort.

Acknowledgements

This tab will show claims received, which are also viewable from the **History** tab. The top of the tab will show a bar graph of requests received during a specified date range. Search for submissions by entering time of receipt start and end date.

Columns are displayed by Reference ID (select hyperlink to see request), Status, Time of Receipt, Acknowledgment Source, Patient Name/PCN, Subscriber ID and Provider. Select each column header to sort.

Remittances

The top of the tab will show a bar graph of remittance received during a specified date range. Search for remittances by entering the Provider, ERA Number, Payer and Effective Date.

Below the graph lists remittances received and details tied to those payments:

- ERA Number - This column will list the EFT number. Select the hyperlink to see the payments received and other details including the remit details, claim payment advice remit details, total payment amount and effective date.
- Time of Receipt - This column shows the date and time the remittance was received and how long ago it was.
- Payer - The insurance/payer associated with the remittance and the assigned payer ID.
- Effective Date - Payments will have a specified effective date of when funds are available to retrieve.
- Provider - The branch associated with the remittance.

- Total Payment Amount - The sum of the remittance payment will be indicated and the total claims will be included.

ELIGIBILITY

It is essential to confirm that a patient is eligible to receive services from the organization when providing patient care. Search for eligibility requests by entering the patient's name or choosing a payer from the drop-down menu. The tab provides details of the time of request, patient name/subscriber ID, payer, provider and status of the request. Select the **View** button to see details of the request.

To check eligibility:

1. Select **Check Eligibility**.
2. Enter the payer.
3. Enter the provider.
4. Enter the date range.
5. Enter the patient's name.
6. Enter the DOB.
7. Choose the gender.
8. Enter the subscriber ID.
9. Choose the patient relationship.
10. Select **Submit**.

Eligibility data will appear within 24 hours of the request. The payer list will show all payers Axxess bills, even if Axxess is not assigned as the clearinghouse. A message indicating **Unknown Status** will generate when the payer is not set up to support eligibility.

REPORTS

Financial

Electronic Remittance Advice (ERA) - This report shows ERAs in the selected date range. Filter by ERA number, payer name and effective dates. The bar graph shows a visual representation of payments over the selected effective dates.

Patient Payments - The report displays patient's claims with the associated payment details. Filter by entering the patient name/subscriber ID, providers, payers and/or date range. Select the **View** hyperlink to see more details including

the service line payments. Hover over the reason code number in the adjustments column to see an explanation.

Claim

Top 10 Error Reason Codes – The pie chart displays statistical data of the most common error codes. Hovering over the graph displays the following details:

- Category Code - The classification each claim status is housed under.
- Status Code - A two-digit code that represents the status of the claim.
- Percentage - The fraction of each reason code in relation to the total sum.
- Total Count - The sum of claims with the specified reason code.

Payer Issues - This report shows issues of payers. To filter, choose payers, statuses and enter the date range.

ADMIN

Users

Houses all users with access to Axxess RCM.

- Search for users by name or email.
- Remove users by selecting **Delete** hyperlink.
- Make changes to users by selecting the **Edit** hyperlink.
- Select the <, > or number buttons to move through the entire list of users.

To add an additional user:

1. Select **Invite User**.
2. Enter their Axxess Home Health email.
3. Set permissions.
 - 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.
4. Select **Send Invite** and the user will be emailed setup instructions.

Payers

The Payers list names all the insurances inside the organization's Axxess Home Health database. Search for payers by name or ID. Select the <, > or number buttons to move through the entire list of payers.

Providers

This section lists the branches/provider numbers linked to the organization. Search for providers by name. Select the <, > or number buttons to move between pages. Each page contains up to 10 providers.

- Name - The name of the billing provider to link. This should match the NPI registry.
- NPI - The ten-digit registered NPI for the above billing provider.
- Tax ID - The nine-digit registered tax ID for the above billing provider.

A green check mark icon will show if the provider is verified and receiving remits.

Operations

Users can decide to **Bulk Suppress** and/or **View Claims** related to delayed claims and claims with errors by selecting the corresponding buttons.

Internal

Service Users

Houses all service users with access to Axxess RCM and other Axxess applications.

- Make changes to users by selecting the **Edit** hyperlink.
- Remove users by selecting the **Delete** hyperlink.
- Select the <, > or number buttons to move through the entire list of users.

To add an additional user:

1. Select **Invite Service User**.
2. Choose the service.
3. Select **Send Invite**.

NOTE: Removing a service user removes the ability to communicate between applications.

Trading Partner Tool

The Trading Partner Tool lists all the trading partners inside the organization's Axxess Home Health database. Search for partners by name or ID. Select the <, > or number buttons to move through the entire list of partners.

- Change the 999 or 277 responses by selecting the corresponding drop-down menus.
- To change multiple:
 - Select the checkboxes to the left of the partner.
 - Select the **Update 999 for Selected** or **Update 277 for Selected** buttons.

Payer Tool

The Payer Tool lists all the payers inside the organization's Axxess Home Health database. Search for payers by name or ID. Select the <, > or number buttons to move through the entire list of payers.

- Change the 999 or 277 responses by selecting the corresponding drop-down menus.
- To change multiple:
 - Select the checkboxes to the left of the payer.
 - Select the **Update 999 for Selected** or **Update 277 for Selected**.

USER MENU

The user menu displays the user's name. Select the name to see the menu.

Profile – While managing their profile, users can:

- Change the name that other users will see.
- Change their password.
- Enable a two-factor verification for more security.
- Review audit events.

The user can then choose to go **Back to AxxessRCM** or **Log Out**.

Log Out – Select **Logout** to leave the AxxessRCM software.

Switch App – If the user has access to more than one Axxess application, they can make a quick change here.

SETTINGS









General settings provide the option to turn on the clearinghouse functionality. Selecting the checkbox will hide the **Clearinghouse** tab.

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

 <p>Home Health</p> <p>Use the most trusted, powerful and user-friendly software solution to deliver exceptional patient care.</p> <p>→</p>	 <p>Home Care</p> <p>Provide the best client and patient care using our mobile-friendly solution enabling documentation at the point of care.</p> <p>→</p>	 <p>Hospice</p> <p>Deliver the most compassionate care using our innovative, custom-built solution created by hospice experts for hospice professionals.</p> <p>→</p>	 <p>Palliative Care</p> <p>Custom-built to help you focus on managing your patient's symptoms and health goals.</p> <p>→</p>
 <p>Revenue Cycle Management</p> <p>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.</p> <p>→</p>	 <p>Patient Engagement</p> <p>Capturing the patient's voice in real-time to engage them, improve outcomes, and increase referrals.</p> <p>→</p>	 <p>Staffing</p> <p>Solve staffing and scheduling challenges with Axxess' innovative solution enabling organizations to connect with qualified clinicians to provide timely care.</p> <p>→</p>	 <p>Axxess Training and Certification</p> <p>Training and Development for Care at Home Professionals.</p> <p>→</p>