

AXXESS RCM TRAINING MANUAL

August 2023

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SET UP

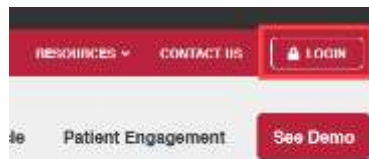
Superusers should open a ticket with Axxess to set up the payers to route via Axxess. Log in to Axxess Home Health and go to either *View/Lists/Insurances_Payers/Edit* or *Admin/Lists/Insurances_Payers/Edit*. If Axxess is listed as the payer's clearinghouse in the Insurance/Payer Details section, the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



The screenshot shows a web form titled "Edit Managed Insurance" with a progress bar at the top indicating four steps: Step 1 of 4 (Insurance / Payer Details), Step 2 of 4 (Billing Information), Step 3 of 4 (Fee Schedule), and Step 4 of 4 (Summary). The "Contract Details" section contains a checkbox labeled "Do you have a contract with this Insurance / Payer?". The "Insurance / Payer Details" section features a dropdown menu for "Clearinghouse" which is currently set to "Axxess".

LOG IN

Navigate to www.axxess.com. Select **LOGIN**



User inputs credentials and selects **Secure Login**



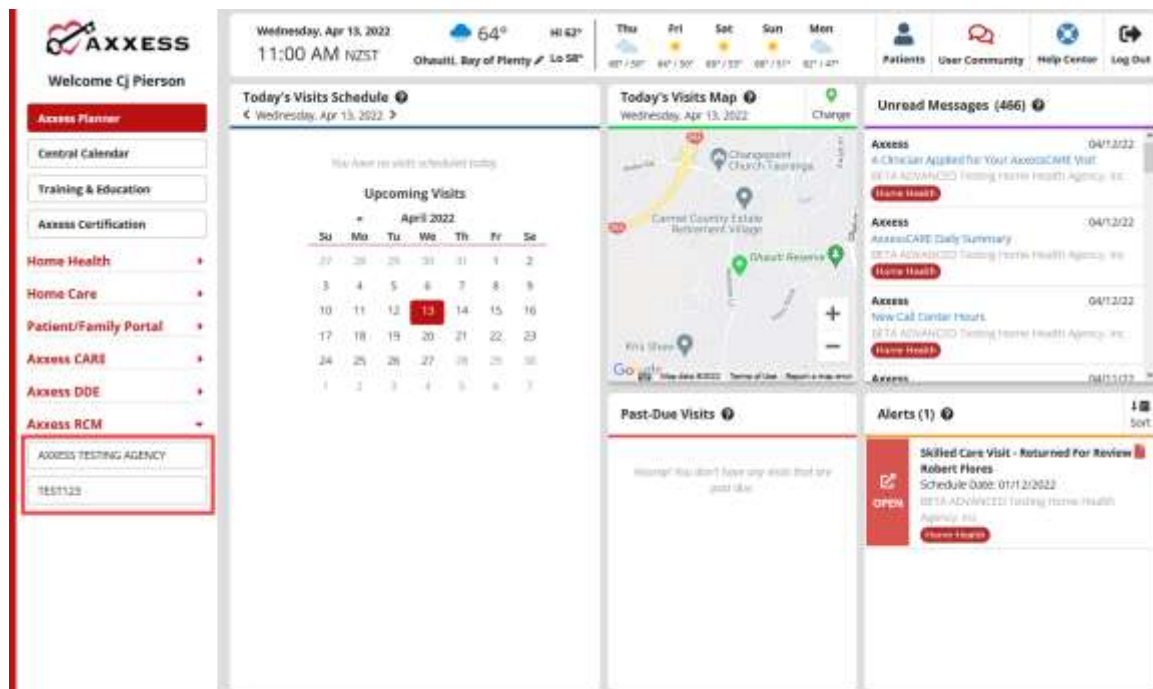
The screenshot shows the Axxess login page. At the top is the Axxess logo. Below it is a text input field containing the email address "cpierson@axxess.com". Underneath is a password input field with masked characters. A large red "Secure Login" button is positioned below the password field. At the bottom of the form, there is a link that says "Having trouble logging in?"

A Login Successful confirmation shows, select **OK**



Axxess Planner

The Axxess Planner displays pertinent information specific to a user. Shortcuts have been placed on the left side of the page to allow for easy access to the Axxess applications the organization is using. Clinicians are also able to see upcoming visits, past due visits, unread messages, and a map of today's visits. To access Axxess RCM, select the name of the organization below Axxess RCM on the left side of the page.

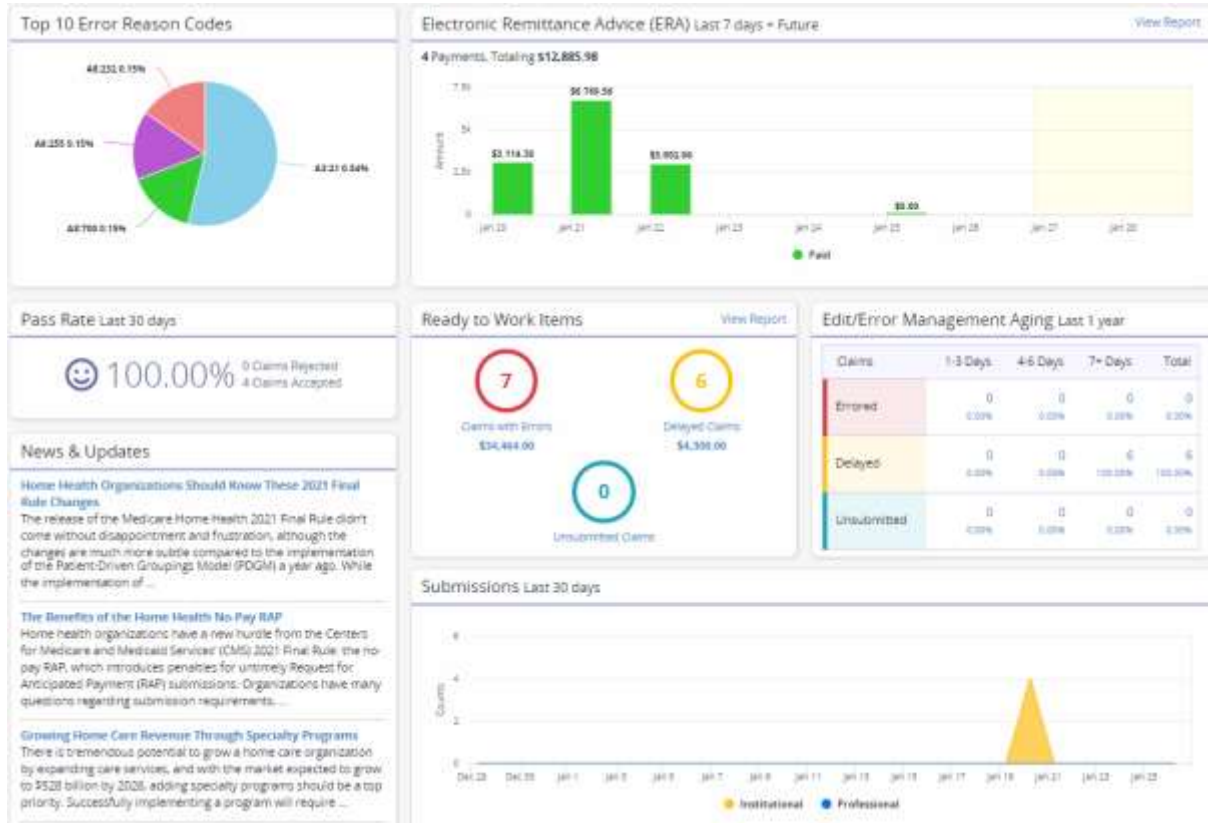


The screenshot shows the Axxess Planner interface. On the left is a navigation menu with categories like Home Health, Home Care, Patient/Family Portal, Access CARE, Access DDE, and Access RCM. The main area displays a calendar for April 2022 with the 13th highlighted. Other sections include 'Today's Visits Map', 'Unread Messages (456)', 'Past-Due Visits', and 'Alerts (1)'. A red box highlights the 'ACCESS TESTING AGENCY' option under the 'Access RCM' category in the left sidebar.

Once inside Axxess RCM, select the  **Axxess Planner** menu button to go back to the previous screen.

DASHBOARD

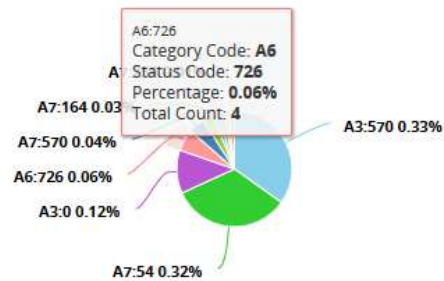
The landing page of Axxess RCM is the Dashboard. It shows Top 10 Error Reason Codes, ERAs, Pass Rate, Ready to Work Items, Edit/Error Management Aging, News and Submissions.



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.

Top 10 Error Reason Codes



Electronic Remittance Advice (ERA) Last 7 Days + Future - The ERA 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. Select the **View Report** hyperlink to see the full ERA report (also found in *Reports/Financial Reports/Electronic Remittance Advice*).



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.

Pass Rate (Last 30 days)



Ready to Work Items

Selecting any of the ready to work circles will redirect the webpage to *Claims/Ready to Work*. Then choose status by selecting the corresponding color at the top of the page or select status from drop-down menu. Selecting the **View Report** hyperlink also goes to the **Ready to Work** tab.

Claims with Errors - Shows the number of submitted claims that contain errors and require further actions from the organization. The dollar amount is the combined total of all errored claims.

Delayed Claims - Submitted claims that have not received a response during the payers allotted timeframe.

Unsubmitted Claims - Created claims saved as a draft. They have not been completed and submitted to the payer.



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.

Edit/Error Management Aging (Last 1 year)

Claims	1-3 Days	4-6 Days	7+ Days	Total
Errored	0 0.00%	0 0.00%	21 100.00%	21 100.00%
Delayed	0 0.00%	0 0.00%	0 0.00%	0 0.00%
Unsubmitted	5 100.00%	0 0.00%	0 0.00%	5 100.00%

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.

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

Submissions Last 30 days



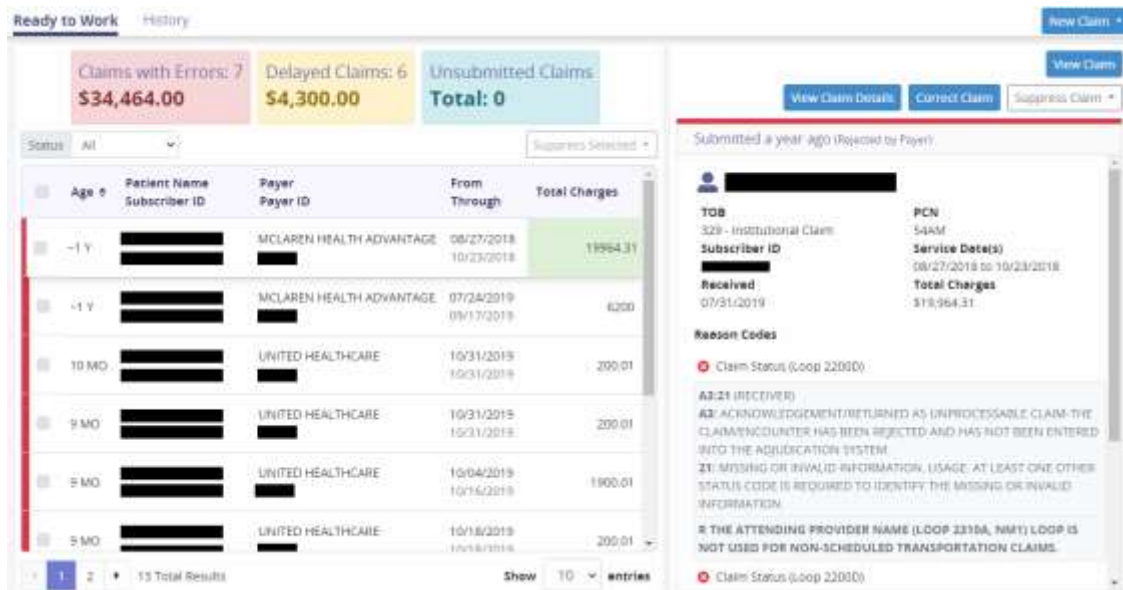
CLAIMS



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**.



Ready to Work | History

Claims with Errors: 7 **\$34,464.00** | Delayed Claims: 6 **\$4,300.00** | Unsubmitted Claims: **Total: 0**

Status	Age	Patient Name Subscriber ID	Payer Payer ID	From Through	Total Charges
	-1 Y	[REDACTED]	MCLAREN HEALTH ADVANTAGE	08/27/2018 10/23/2018	19964.31
	-1 Y	[REDACTED]	MCLAREN HEALTH ADVANTAGE	07/24/2019 09/17/2019	6200
	10 MO	[REDACTED]	UNITED HEALTHCARE	10/31/2019 10/31/2019	200.01
	9 MO	[REDACTED]	UNITED HEALTHCARE	10/31/2019 10/31/2019	200.01
	9 MO	[REDACTED]	UNITED HEALTHCARE	10/04/2019 10/16/2019	1900.01
	9 MO	[REDACTED]	UNITED HEALTHCARE	10/18/2019 10/18/2019	200.01

Submitted a year ago (Rejected by Payer)

TOB
329 - Institutional Claim

Subscriber ID
[REDACTED]

Received
07/31/2019

PCN
544M

Service Date(s)
08/27/2018 to 10/23/2018

Total Charges
\$19,964.31

Reason Codes

- Claim Status (loop 2200)
- A3:21 (RECEIVER)
- A3:ACKNOWLEDGMENT/RETURNED AS UNPROCESSABLE CLAIM-THE CLAIM/ENCOUNTER HAS BEEN REJECTED AND HAS NOT BEEN ENTERED INTO THE ADJUDICATION SYSTEM
- Z1: MISSING OR INVALID INFORMATION. USAGE: AT LEAST ONE OTHER STATUS CODE IS REQUIRED TO IDENTIFY THE MISSING OR INVALID INFORMATION.
- R: THE ATTENDING PROVIDER NAME (LOOP 2310A, NM1) LOOP IS NOT USED FOR NON-SCHEDULED TRANSPORTATION CLAIMS.
- Claim Status (loop 2200)

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 and indefinitely. Choosing to suppress 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. 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.

011 - Professional Claim



Request Details

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

Submitted 4 days ago (Rejected by Payer)

TOB 329 - Institutional Claim	PCN [REDACTED]
Subscriber ID [REDACTED]	Service Date(s) 12/20/2020 to 01/16/2021
Received 01/23/2021	Total Charges \$1,568.32

Reason Codes

- ✔ Receiver Status (Loop 2200B)

 A1:19
 A1: ACKNOWLEDGEMENT/RECEIPT-THE CLAIM/ENCOUNTER HAS BEEN RECEIVED. THIS DOES NOT MEAN THAT THE CLAIM HAS BEEN ACCEPTED FOR ADJUDICATION.
 19: ENTITY ACKNOWLEDGES RECEIPT OF CLAIM/ENCOUNTER.
- ✔ Provider Status (Loop 2200C)

 A1:19 (PAVER)

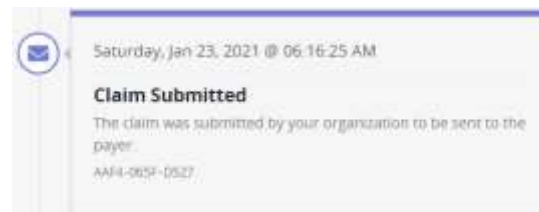
 A1: ACKNOWLEDGEMENT/RECEIPT-THE CLAIM/ENCOUNTER HAS BEEN RECEIVED. THIS DOES NOT MEAN THAT THE CLAIM HAS BEEN ACCEPTED FOR ADJUDICATION.
 19: ENTITY ACKNOWLEDGES RECEIPT OF CLAIM/ENCOUNTER.
- ✘ Claim Status (Loop 2200D)

 A0:116
 A0: ACKNOWLEDGEMENT/FORWARDED-THE CLAIM/ENCOUNTER HAS BEEN FORWARDED TO

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 organization 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.



Claim Validation Response Close

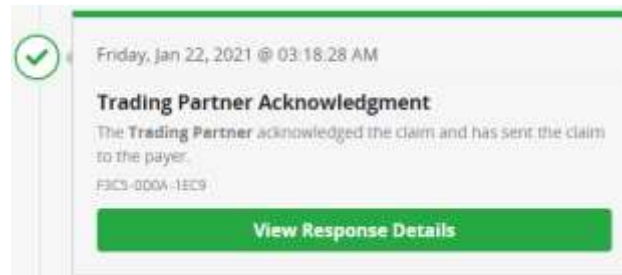
Validated Reference ID: 1-000-0	Patient Control Number: 45
Requested Reference ID: 1-011-F	Last Modified On: 01/20/2019 09:22:22 AM
Patient Name: BEB PAT	

Validation Results:

Rep claims (FORM 222) should only contain a Home Health Service Line (Revenue Code 0211) and should not contain additional services lines.

(If a referral number is present, then a referring provider should be present as well)

- **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.

Claim Response Details Close

Patient Name:	██████████
Patient Control Number:	██████████
Payer Name:	UNITED HEALTHCARE
Provider Name:	365CARE HOME HEALTH
Created On:	01/23/2021 06:16:25 AM


Payer Acknowledgments

The Payer acknowledged the claim.

Received On:	01/26/2021 03:29 AM
Acknowledged Reference ID:	EOBA-B089-C39E
Requested Reference ID:	AAF4-065F-D527

Response Details

Accepted	Effective Date	Status Type	Total Charges
✔	01/22/2021	Receiver Status (Loop 2200B)	\$1,568.52
A1:19	A1: Acknowledgment/Receipt The claim/encounter has been received. This does not mean that the claim has been accepted for adjudication.		19: Entry acknowledges receipt of claim/encounter.
✔		Provider Status (Loop 2200C)	\$0.00
A1:19	A1: Acknowledgment/Receipt The claim/encounter has been received. This does not mean that the claim has been accepted for adjudication.		19: Entry acknowledges receipt of claim/encounter.
✔	01/22/2021	Claim Status (Loop 2200D)	\$1,568.52

- 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 a response delay is shown.



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.

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 Patient Control Number, Status, Subscriber/Patient Name, Provider, Payer, Date Type or Date Range.

Ready to Work **History** New Claim +

Download

Date Type: MM/DD/YYYY - MM/DD/YYYY

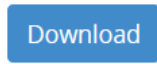
TOB	Patient Control Number Claim Type	Status	Patient Name Subscriber ID	Provider NPI	Payer Payer ID	From Through	Edited Updated	Total Charges
329	██████████ Institutional Claim	Submitted	██████████	██████████	AETNA 60054	07/30/2020 06/28/2020	01/27/2021 01/27/2021	\$1,754.85
329	██████████ Institutional Claim	Submitted	██████████	██████████	AETNA 60054	06/29/2020 09/24/2020	01/27/2021 01/27/2021	\$1,264.85
322	██████████ Institutional Claim	Submitted	██████████	██████████	AETNA 60054	07/30/2020 07/30/2020	01/27/2021 01/27/2021	\$0.00
322	██████████ Institutional Claim	Submitted	██████████	██████████	AETNA 60054	06/29/2020 06/29/2020	01/27/2021 01/27/2021	\$0.00

1 2 3 4 5 6 7 8 9 4189 Total Results Show 10 entries

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.

 - Selecting the **Download** 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 or filtering by status.

[Requests](#) | [Acknowledgments](#) | [Remittances](#)

Submission Time: MM/DD/YYYY - MM/DD/YYYY Home Screen



Reference ID	Status	Submission Time	Type of Bill Claim Type	Patient Name Patient Control Number	Subscriber ID	Payer Payer ID	Provider	Total Charges
[REDACTED]	Sent	04/30/21 12:58 AM from 3 days ago	329 Institutional	[REDACTED]	[REDACTED]	GATEWAY HEALTH PLAN - MEDICARE ASSURED 66A00	[REDACTED]	\$2,614.86
[REDACTED]	Sent	04/09/21 06:18 AM from 3 days ago	522 Institutional	[REDACTED]	[REDACTED]	AMERHEALTH CARITAS-PA COMMUNITY HEALTHCHOICES 3A53N6	[REDACTED]	\$0.00
[REDACTED]	Sent	04/09/21 05:14 AM from 3 days ago	522 Institutional	[REDACTED]	[REDACTED]	AMERHEALTH CARITAS-PA COMMUNITY HEALTHCHOICES 3A53N6	[REDACTED]	\$0.00
[REDACTED]	Sent	04/06/21 03:01 AM from 7 days ago	522 Institutional	[REDACTED]	[REDACTED]	AMERHEALTH CARITAS-PENNSYLVANIA H5V73	[REDACTED]	\$0.00

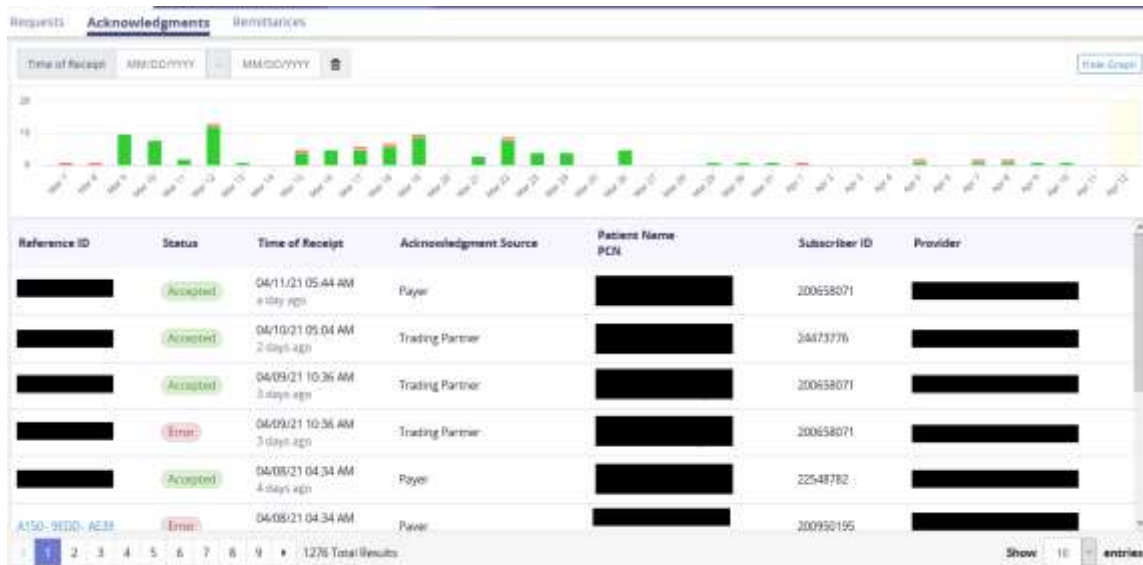
1 2 3 4 5 6 7 8 9 | 634 Total Results Show 10 entries

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

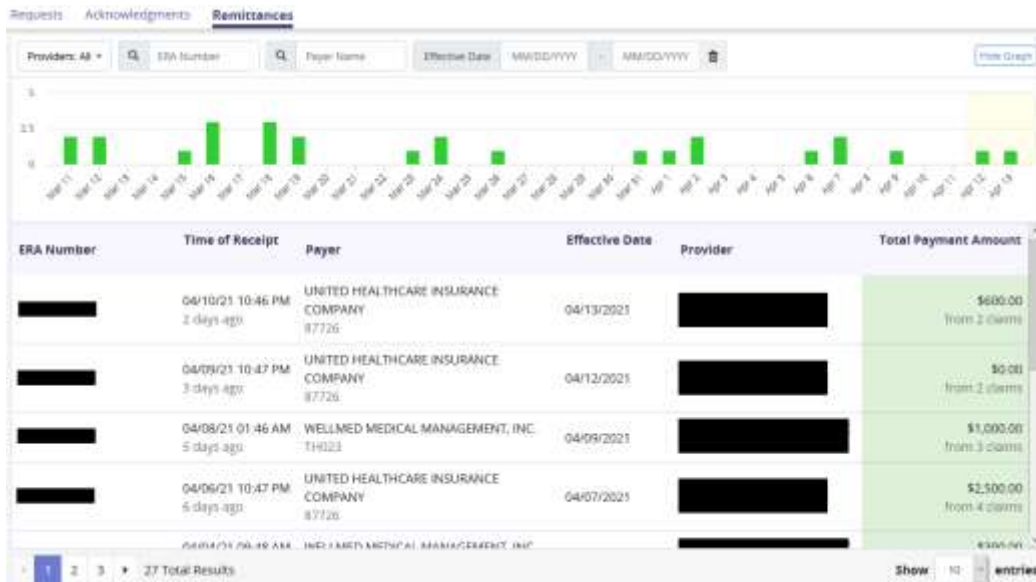
This tab will show claims received, which are also viewable from the **History** tab. The top of the tab will show a bar graph of requests received during a specified date range. Search for submissions by entering time of receipt start and end date or filtering by status.



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 Electronic Funds Transfer 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.

Remittances / Remittance Details Download

General		Total Payment Amount	Effective Date
ERA Number	[REDACTED]	\$600.00 from 2 claims	04/13/2021 effective 7 hours ago
Payer Name	UNITED HEALTHCARE INSURANCE COMPANY		
Payee Name	[REDACTED]		

Remit Details		Claim Payment Advice Remit Details					
Reference ID	[REDACTED]	Patient PCN	TOB	Statement From Statement To	Received On	Amount Charged Amount Paid	Actions
Received	04/10/2021 (2 days ago)	[REDACTED]	329	02/13/2021 03/14/2021	03/17/2021	\$600.01 \$400.00	View
Payer ID	87726	[REDACTED]	329	02/12/2021 02/22/2021	03/17/2021	\$300.01 \$200.00	View
Provider NPI	[REDACTED]						
Provider Tax Id	[REDACTED]						

ELIGIBILITY

[Clearinghouse](#)
[Eligibility](#)
[Reports](#)
[Ad](#)

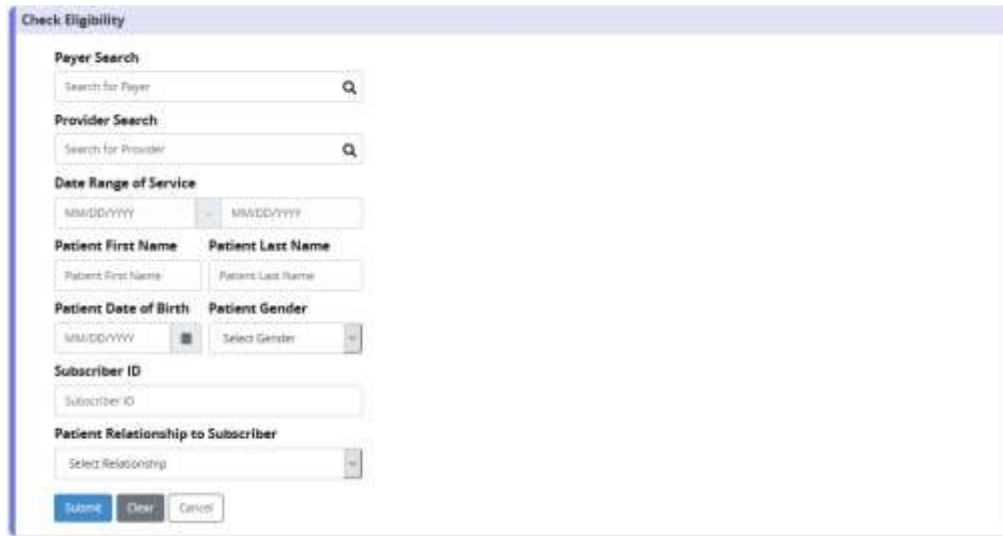
It is essential to confirm that a patient is eligible to receive services from the organization when providing patient care. Search for eligibility requests by entering the patient's name, provider NPI or choosing a payer from the drop-down menu. The tab provides details of the time of request, patient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

Eligibility History

Check Eligibility

Time of Request	Patient Name Subscriber ID	Payer	Provider	Status
02/20/21 05:08 AM 2 months ago	[REDACTED]	AETNA BETTER HEALTH OF LOUISIANA	[REDACTED]	Send View

Select the **Check Eligibility** button and the top part of the screen will expand with the following form:



To generate a patient's eligibility details, all sections provided must be completed. Eligibility data will appear within 24 hours of the request. The payer list will show all payers Axxess bills out to, 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

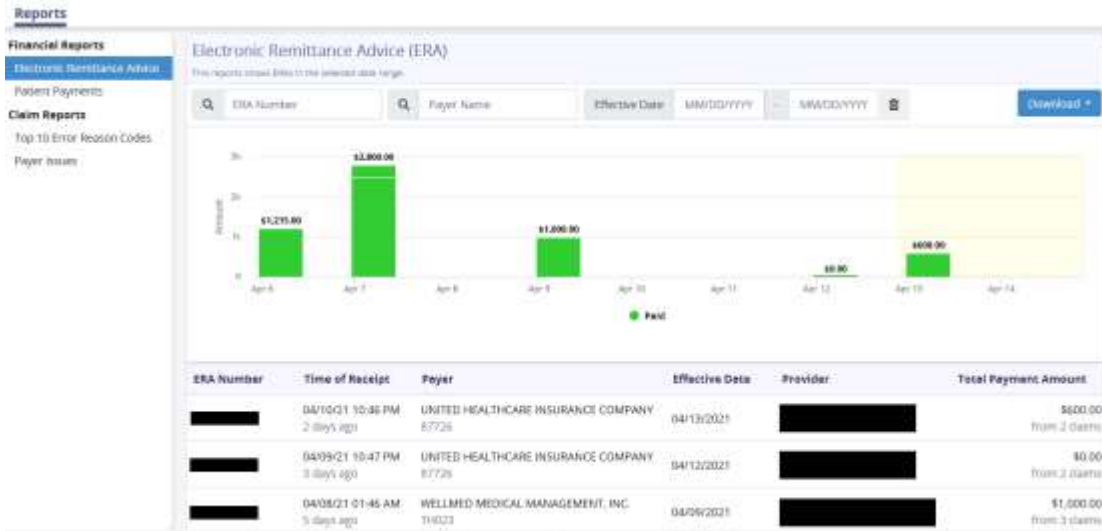


All reports have a **Download** button to give the user the option to save an Excel or PDF version of the report. The reports tab is split into two sections on the left side of the screen: **Financial Reports** and **Claim Reports**.

Financial Reports

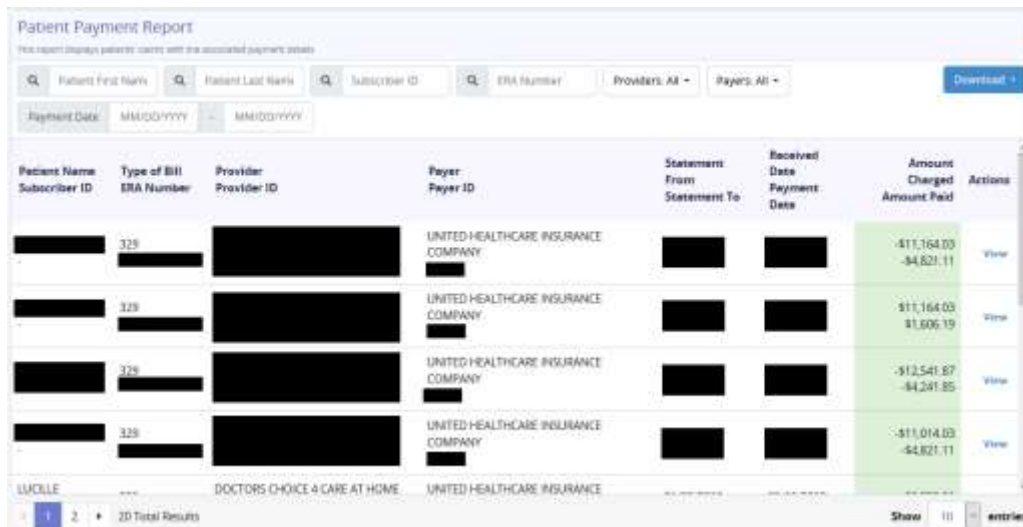
Electronic Remittance Advice

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. The columns in the report show the ERA Number, Time of Receipt, Payer, Effective Date, Provider and Total Payment Amount. Select the **ERA Number** hyperlink to view Remittance Details.



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.



Patient Payment Report
This report displays patient's claims with the associated payment details.

Search filters: Patient First Name, Patient Last Name, Subscriber ID, ERA Number, Providers: All, Payers: All, Download

Payment Date: MM/DD/YYYY - MM/DD/YYYY

Patient Name Subscriber ID	Type of Bill ERA Number	Provider Provider ID	Payer Payer ID	Statement From Statement To	Received Date Payment Date	Amount Charged Amount Paid	Actions
[REDACTED]	329	[REDACTED]	UNITED HEALTHCARE INSURANCE COMPANY [REDACTED]	[REDACTED]	[REDACTED]	-\$11,164.03 -\$4,621.11	View
[REDACTED]	329	[REDACTED]	UNITED HEALTHCARE INSURANCE COMPANY [REDACTED]	[REDACTED]	[REDACTED]	-\$11,164.03 -\$1,606.19	View
[REDACTED]	329	[REDACTED]	UNITED HEALTHCARE INSURANCE COMPANY [REDACTED]	[REDACTED]	[REDACTED]	-\$12,541.87 -\$4,241.85	View
[REDACTED]	329	[REDACTED]	UNITED HEALTHCARE INSURANCE COMPANY [REDACTED]	[REDACTED]	[REDACTED]	-\$11,014.03 -\$4,621.11	View
LUCILLE	----	DOCTORS CHOICE 4 CARE AT HOME	UNITED HEALTHCARE INSURANCE	-----	-----	-----	-----

1 2 20 Total Results Show 11 entries

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.

Patient Name Subscriber ID	Type of Bill ERA Number	Provider Provider ID	Payer Payer ID	Statement From Statement To	Received Date Payment Date	Amount Charged Amount Paid	Actions
[REDACTED]	329 [REDACTED]	[REDACTED]	UNITED HEALTHCARE INSURANCE COMPANY [REDACTED]	03/30/2018 05/28/2018	[REDACTED]	[REDACTED]	Hide

Service Line Payments						
Procedure Code	Revenue Code	Service Dates	Adjustments	Remarks	Amount Charged	Amount Paid
1AHK5	0023	[REDACTED]	\$4,919.40 (94) -\$96.38 (20)		\$0.00	-\$4,821.11
0272	-	[REDACTED]	-\$14.02 (5)		-\$14.02	\$0.00
07300	7001	[REDACTED]	-\$200.00 (5)		-\$200.00	\$0.00

Claim Reports

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:

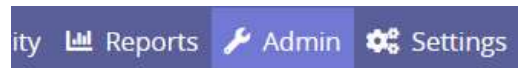
- Category Code - The classification each claim status is housed under.
- Status Code - A two-digit code that represents the status of the claim.
- Percentage - The fraction each reason code has in relation to the total sum.
- Total Count - The sum of claims with the specified reason code.



Payer Issues

This report displays issues that are associated with the payer connection. To filter, choose payers and statuses from their respective drop-down menus and enter the date range. Columns will display the payer/payer ID, date discovered, status and description.

ADMIN



Users

Houses all users with access to Axxess RCM. Search for users by name or email. Make changes to users by selecting the **Edit** hyperlink and remove users by selecting the **Delete** hyperlink. Select the **<**, **>** or number buttons to move through the entire list of users.

Name	Email	Last Session	Permissions	Actions
Unknown Name	@axxess.com	Invite Pending	Full Access	Edit Delete
Robert	@axxess.com	5 days ago	Full Access	Edit Delete
Tanaka	@axxess.com	5 hours ago	Full Access	Edit Delete
Tewadayo	@axxess.com	2 months ago	Full Access	Edit Delete

Select **Invite User** to add an additional user. Enter the user's email that the employee uses to log into Axxess Home Health. Set permissions provides the ability to set system functions/limitations for the new user. Select **View Only** to select all View checkboxes. Select **Reports Only** to select all Reports checkboxes. Select **Full Access** to select all checkboxes. Select **Send Invite** and the user will be emailed setup instructions.

Add User

Email

Email

The email of this user is visible. The user will be emailed setup instructions at this email address.

Set Permissions

	View	Edit	Reports
Claims	✓	✓	✓
Eligibility	✓	✓	
Remits	✓		
Users	✓	✓	
Providers	✓	✓	
Limited Providers	✓	✓	
Payers	✓		

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.

Payer ID	Payer Name	Address	Contact Information
ZCNZF	1199 NATIONAL BENEFIT FUND	P.O. BOX 933 NEW YORK, NY 10108-0933	Not available
FOFHX	AAA WORKERS COMP	1234 STREET DALLAS, TX 75001	Not available
4K679	AAI-AMERICAN ADMINISTRATIVE GROUP	750 WARRENVILLE RD STE 200 Lisle, IL 60532	Not available
5W6NZ	AARP MEDICARE SUPPLEMENT	P.O. BOX 20667 SALT LAKE CITY, UT 84130-0667	Not available
806P0	ABSOLUTE TOTAL CARE	P.O. BOX 5010 FARMINGTON, MD 21634-3821	Not available
GSPTP	ACCESS ADMINISTRATORS	1234 STREET DALLAS, TX 75068	Not available
J80RN	ACCESS MEDICAL GROUP	3000 AIRPORT PLAZA DRIVE SUITE 150 LONG BEACH, CA 90815	Not available
H0G11	ACCIDENT FUND INSURANCE CO OF AMERICA	250 N. GRAND AVENUE P.O. BOX 40790 LANSING, MI 48901-7990	Not available
ESNDX	ACCOUNTABLE HEALTHCARE IPA	2525 CHERRY AVE SUITE 225 SIGNAL HILL, CA 90755-2051	Not available

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	NPI	Tax ID	Verified	Receiving Remits
1ST CARE HOME HEALTH OF PA	1184960262	320387693	✓	✓

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

Bulk Suppress Claims

Delayed Claims

Select **Bulk Suppress** to indefinitely suppress claims with the Delayed status. The claims will updated to the status "Suppressed Indefinitely" and visible in the History screen. Bulk Suppress

Select **View Claims** to view all claims in the Delayed status on the History screen. View Claims

Claims with Errors

Select **Bulk Suppress** to indefinitely suppress claims with the Error status. The claims will updated to the status "Suppressed Indefinitely" and visible in the History screen. Bulk Suppress

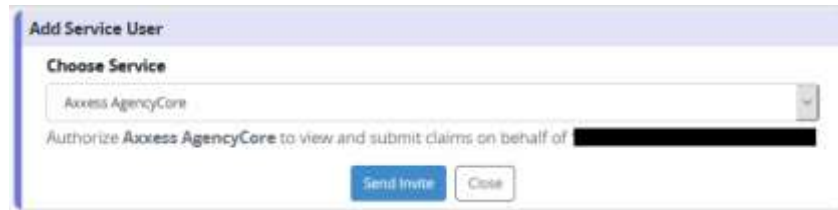
Select **View Claims** to view all claims in the Error status on the History screen. View Claims

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 and remove users by selecting the **Delete** hyperlink. Select the <, > or number buttons to move through the entire list of users.

Select **Invite Service User** to authorize that an Axxess application can view and submit claims on behalf of an organization. Choose the service from the drop-down menu and select the **Send Invite** button.



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 and select the **Update 999 for Selected** or **Update 277 for Selected** buttons in the top right.

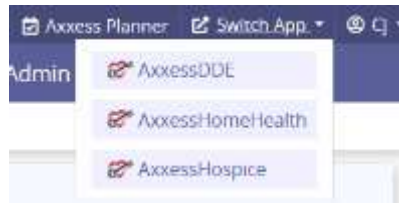
Trading Partner		Name or ID	<input type="button" value="Update 999 for Selected"/> <input type="button" value="Update 277 for Selected"/>		
<input type="checkbox"/>	ID	Trading Partner	999 Response	277 Response	Actions
<input type="checkbox"/>	[REDACTED]	Anthem	2 Days	5 Days	
<input type="checkbox"/>	[REDACTED]	Avality Batch	2 Days	5 Days	
<input type="checkbox"/>	[REDACTED]	Avality Test Batch	2 Days	5 Days	
<input type="checkbox"/>	[REDACTED]	BCBSM batch	2 Days	5 Days	
<input type="checkbox"/>	[REDACTED]	Blackhole	2 Days	5 Days	
<input type="checkbox"/>	[REDACTED]	CGS	2 Days	5 Days	
<input type="checkbox"/>	[REDACTED]	Emdeon Batch	2 Days	5 Days	

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 and select the **Update 999 for Selected** or **Update 277 for Selected** buttons in the top right.


Payer	Name or ID	Update 999 for Selected	Update 277 for Selected	
Payer ID	Payer Name	999 Response	277 Response	Actions
██████	1199 NATIONAL BENEFIT FUND	5 Days	1 Week	
██████	6 DEGREES HEALTH INC	5 Days	1 Week	
██████	AAA WORKERS COMP	5 Days	1 Week	
██████	AAG-AMERICAN ADMINISTRATIVE GROUP	5 Days	1 Week	
██████	AARP MEDICARE SUPPLEMENT	5 Days	1 Week	
██████	ABSOLUTE TOTAL CARE	5 Days	1 Week	

USER MENU



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

Profile



Profile Management

About You

Email
The email address associated with your account. [@gmail.com](#)

Name
The name that other users will see in the system. [Christopher CJ](#)

Security

Password
Choose a strong password to protect your account. [Updated over a month ago](#)

2-Factor Verification
Another layer of security to protect your account. [Not enabled](#)

Audit Events
Review security-related events on your account. [View now](#)

[Back to AxxessRCM](#)
[Log Out](#)

While managing their profile, users can:

- Change the name that other users will see.

- Change their password.
- Enable two-factor verification for more security.
- Review audit events.

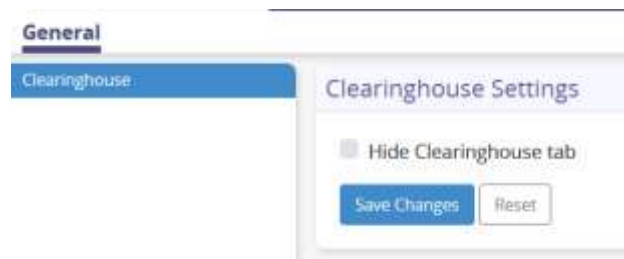
The user can then choose to go **Back to AxxessRCM** or **Log Out**.

Log Out - Select **Logout** to leave the Axxess RCM software.

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

SETTINGS

General settings provides the option to turn on 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/>

