

HOSPICE BILLING QUICK REFERENCE GUIDE

August 2023

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Users with billing permissions have the ability to access the **Billing Center** located at the hospice navigation bar.

Filters for Claims, NOE and NOTR

Pages can be sorted by:

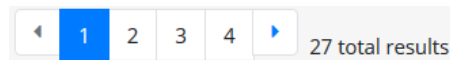
- **Branch** - Select if more than one.
- **Status** - Choose from either created, saved, error or verified.
- **Patient Search** - Start typing name of patient and select.

Select the patient's name hyperlink to go to the patient chart.

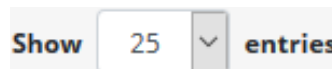
Under the Actions column:

-  = Print
-  = Download
-  = Delete

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



Change the number of lines that can be viewed per page by changing the drop down (default is ten):



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](#)

Users will also see a Notes column where claim notes can be added, viewed, edited and deleted on the **Claims** tab. notes = blue icon, no notes = white icon.. On the other tabs, the claim note icon appears under the Actions column. Enter new notes by selecting the note icon, entering a note in the comments box and selecting **Add Comment**.

CLAIMS

Billing/Claims

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:

1. Select the **Verify** hyperlink.
2. Confirm that the following information is signed, timely dated and available as an attachment:
 - a. NOE for new patients that are entered into DDE and accepted.
 - b. Signed and timely dated orders, F2F and CTI.
 - c. Completed visits.
3. Claims are split between the **General, Patient, Payers and Codes, Service Lines, Diagnoses, Providers** and **Remarks** tabs.
 - a. Indicate additional payers (other than primary) to Mark as Bill to Payer by selecting the hyperlink or select the  icon to remove.
 - b. Authorization codes should automatically flow but can be entered manually.
 - c. Add condition or occurrence codes by selecting the **Add** buttons.
 - d. Add a service line by selecting the **Add Service Line** button.
 - i. Enter the revenue code, description, service date, units, total charges and any other available information. Select the **Delete** hyperlink to remove.
 - ii. Select the check box(es) next to the service line and select the **Mark as Non-Billable** button to make service lines non-billable.
 - iii. 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.
 - e. To update a section, select the **Reload** button.
4. Once all information is confirmed/entered, select the **Verify** button.

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

Room and Board

Room and board claims are labeled with a blue and white badge. To add a Room and Board claim:

1. Select **New Claim**.
2. Enter the patient's name, claim date range and type of bill.

3. The new payer type field will automatically populate to primary. Change to Room and Board.
4. Select **Create**.

To verify a Room and Board claim:

1. Select the **Verify** hyperlink.
2. Active payers will appear in the Payers and Codes section of the claim. Based on the payer type selected during claim creation, one payer will be marked Bill to Payer (where claim is sent). To update the payer, select **Mark as Bill to Payer** next to another payer. **NOTE:** Only one payer can be marked as the bill to payer.
3. When a non-primary payer has been marked as the bill to payer, Coordination of Benefits details can be added. Select **Add COB** and complete the following sections:
 - a. Payer
 - b. Remittance date
 - c. Remaining patient liability
 - d. Payer paid amount
 - e. Total non-covered amount
4. Adjustments can be added, as necessary.
5. Select **Add COB**.

Attach Authorizations to Claims

To attach an authorization to a claim:

1. Select **New Claim**.
2. Enter patient's name, date range and payer.
3. If the selected payer requires authorization and an authorization has been added, the authorization field will appear.
4. Select an authorization for the claim.
5. Enter the type of bill based on the payer requirements.
6. Select **Create**.

When the claim is created, the Payers and Codes section will update to display the prior authorization number under Authorization Code. The Service Lines section will update automatically based on the number of units authorized for the selected authorization.

CLAIMS HISTORY

Billing/Claims History

A window will open with the following columns:

- Type - Type of bill.
- Claim Range - Date range of claim.
- Status - Enables 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.

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

- Search - Start typing a name and the list narrows down to match.
- 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.

1. Select the patient.
2. View the NOE, NOTR or claim by selecting the type hyperlink.
3. Create a new NOE, NOTR or Claim by selecting the corresponding buttons at the top right of the page.
4. Select **View Patient Chart** to go directly to the patient chart.

NOTICE OF ELECTION (NOE)

Billing/Notice of Election (NOE)

A NOE is ready to verify when each section has a .

1. Select **Verify**.

2. Make sure that the following information is signed, timely dated and available as an attachment:
 - a. Admission date.
 - b. Verbal order or signed Certification of Terminal Illness.
 - c. Signed election of benefits.
 - d. Initial assessment.
 - e. Face-to-face if the patient is a transfer and/or is on third BP or higher.
3. 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.
4. Once all information is confirmed/entered, select the **Verify** button.

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

NOE's are automatically generated once the patient status is changed to active, create another NOE by:


1. Select **New NOE**.
2. Find the patient.
3. Choose the type of bill.
4. Select **Create**.

Submit/delete multiple NOE's by:

1. Selecting the checkbox(es) to the left of the claim.
2. Select **Submit Selected** (must be verified) or **Delete Selected**.

NOTICE OF TERMINATION/REVOCAION (NOTR)

Billing/Notice of Termination/Revocation (NOTR)

A NOTR is ready to verify when each column has a .

1. Select **Verify**.
2. Make sure that the following information is signed, timely dated and available as an attachment:
 - a. Revocation/discharge date.
 - b. Discharge visit.
 - c. Revocation statement.

3. 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.
4. Once all information is confirmed/entered, select the **Verify** button.

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

NOTR's are automatically generated once the patient's status is changed to discharged. To create another:

1. Select **New NOTR**.
2. Find the patient.
3. Enter the discharge date.
4. Choose the discharge reason.
5. Select **Create**.

Submit/delete multiple NOTR's by:

1. Select the checkbox(es) to the left of the claim.
2. Select **Submit Selected** (must be verified) or **Delete Selected**.

REMITTANCE ADVICE

Billing/Remittance Advice

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

- Search through the list of remittances by entering the EFT Number or by date range.
- Select the **Edit** hyperlink to make changes.
 - Make updates.
 - Select **Save Remittance**.
- Select the **View Details** hyperlink to view the file with the specifics on each remit.
 - There are options to **View, Edit, Link Claims, Delete** and **Auto-Adjust** from this page.
- Select the **Add Remittance** button to add new.
 - Enter the check number and payment date.
 - Find the payer.
 - Enter the payment amount and received date.
 - Select **Create** to complete or **Create and Link** to tie to another remittance.

BILLING DASHBOARD

Billing/Billing Dashboard

Displays six tiles that are important in the day-to-day activity of a biller.

Deposits (Last 7 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 and 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.

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. Our Help Center can be accessed by selecting *Help/Help Center* or <https://www.axxess.com/help/>.

