AXXESS DDE
TRAINING MANUAL
August 2023

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Table of Contents

LOGIN

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

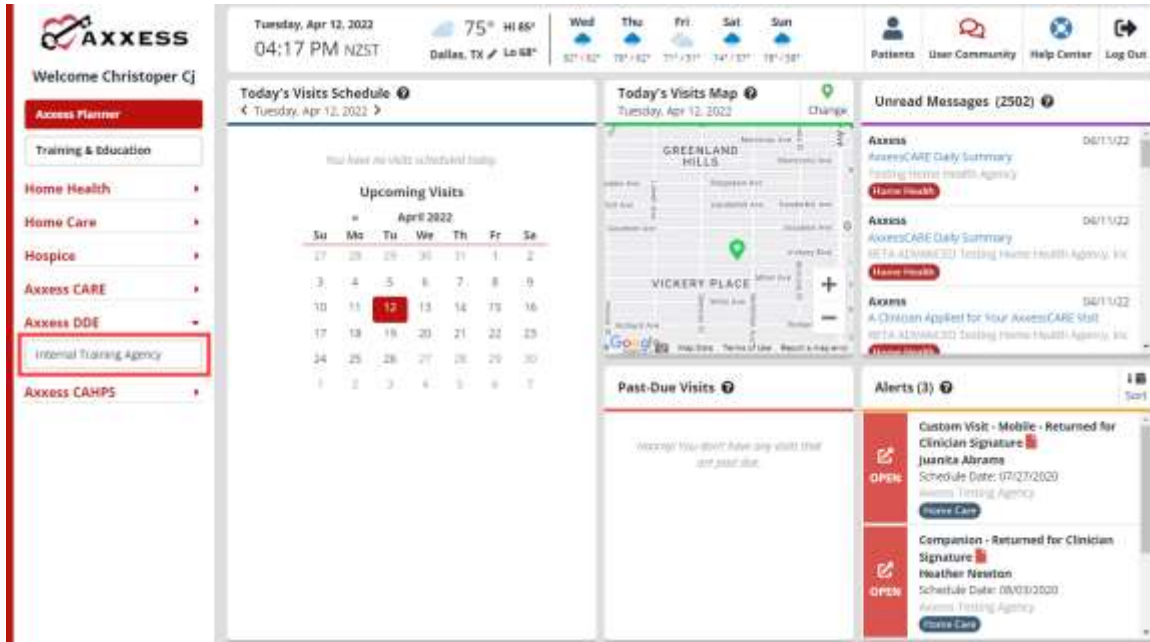User inputs credentials and selects **Secure Login**.

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.

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To access DDE, select the name of the organization below Axxess DDE on the left side of the page.
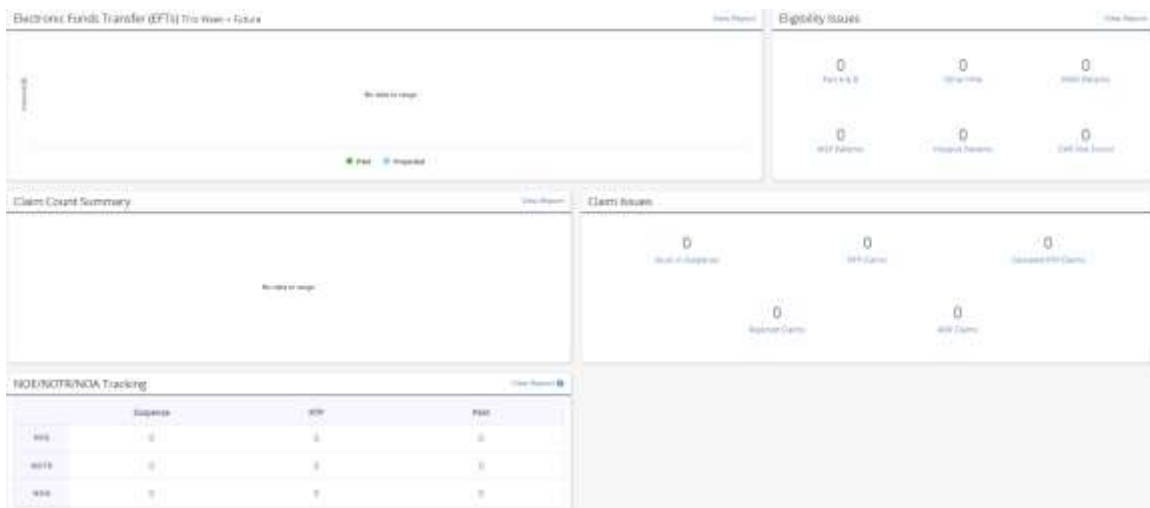
Once inside Axxess DDE, select the ☑ Axxess Planner menu button to go back to the previous screen.

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.

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EFT - The Electronic Funds Transfers section displays organization checks in a bar graph form. The green bars indicate received payment on the date and amount listed. The blue bars show projected payments that the organization is expected to receive based off the PB996 in DDE. Select the **Full Report** hyperlink to see details of the paid and projected payments.

Claims Count Summary - Shows a pie graph of the complete listing of all the claims per status and location by percentage. Select the **Full Report** hyperlink to see details of the claims.
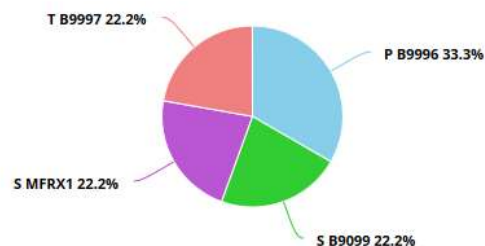
Claim Issues - Shows the number of claims that are:
- Stuck in Suspense – Claims that have been in the same status location for 30 days or more. The claims listed here are approaching the 30 days.
- RTP Claims - Claims that have been returned to the provider for correction.
- Cancelled RTP Claims - Cancelled claims returned to the provider (T status) for correction.

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- Rejected Claims - Claims that have been rejected for payment for various reasons specified by the reason code.
- ADR Claims - Additional Development Requests where Medicare requires additional documentation for particular patients and episodes.

Claim Issues

12	4	0	0	0
Stuck in Suspense	RTP Claims	Canceled RTP Claims	Rejected Claims	ADR Claims

Eligibility Issues - Patients whose eligibility status is questionable. They might not have Medicare Part A or B, gone to another organization, picked up an HMO, MSP or hospice period, or the Common Working File is not found. Select the **Full Report** hyperlink to see more details about these eligibility issues.

Eligibility Issues Full Report
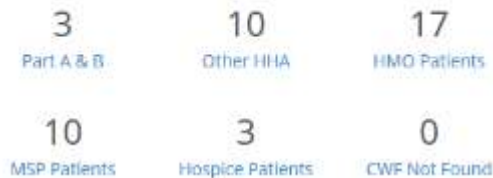
3	10	17
Part A & B	Other HHA	HMO Patients
10	3	0
MSP Patients	Hospice Patients	CWF Not Found

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.

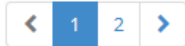| NOE/NOTR/NOA Tracking			View Report ❓
	Suspense	RTP	Paid
NOE	0	0	0
NOTR	0	0	0
NOA	0	0	0

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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 the page number buttons.

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 organization's name, NPI number, EFT number (check), date and dollar amount of EFT.
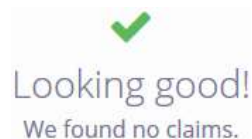
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Projected Payments

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:

T Status (RTP)

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

TOB - Type of Bill is a hyperlink that goes into the claim.

- Select the **Edit** button to make a duplicate, make changes and submit as a new claim.
- Select the **UB-04** button to print the claim to use as additional documentation to Medicare.
- Select the **Edit** button or hover over each section and select **Edit** to make changes to the claim.
  - After changes have been made, select the **Save & Submit** button. The claim will begin processing instantly and a notification will show saying it was successfully submitted. It will also show the current status in DDE.
- Select the **Suppress** button to suppress the claim if, for instance, the RTP has been corrected, processed, and has received payment to remove the claim from T status list.
- Select the **Submit Claim** button and the claim will begin processing. A notification will show saying the claim was successfully submitted. It will also show the current status in DDE.

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

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BASED ON THE NEW LUPA EDIT, CLAIM WILL BE RETURNED IF THE FOLLOWING CONDITIONS ARE MET: O THE TYPE OF BILL IS 032X, O THERE ARE 4 OR FEWER COVERED VISITS (OCCURRENCES OF REVENUE CODES 042X, 04 O THE ADMISSION DATE MATCHES THE FROM DATE, O THE FIRST POSITION OF THE HIPPS CODE IS 1 OR 2, O CONDITION CODE 47 IS NOT PRESENT, AND O THERE IS NO QUALIFYING SKILLED SERVICE (AT LEAST ONE COVERED OCCURRENCE OF REVENUE CODES 042X,044X OR 055X.)

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 Canceled - The dates the claim was paid or cancelled.

Total Charges Reimbursement - The number of total charges and how much was reimbursed.

Rejected Claims

A complete list of all rejected claims. The benefit of Axxess DDE is users can correct a rejected claim. Select the **TOB** hyperlink, hover over the section, select **Edit**, make changes and select **Resubmit**. The claim will then begin instantly processing in DDE.
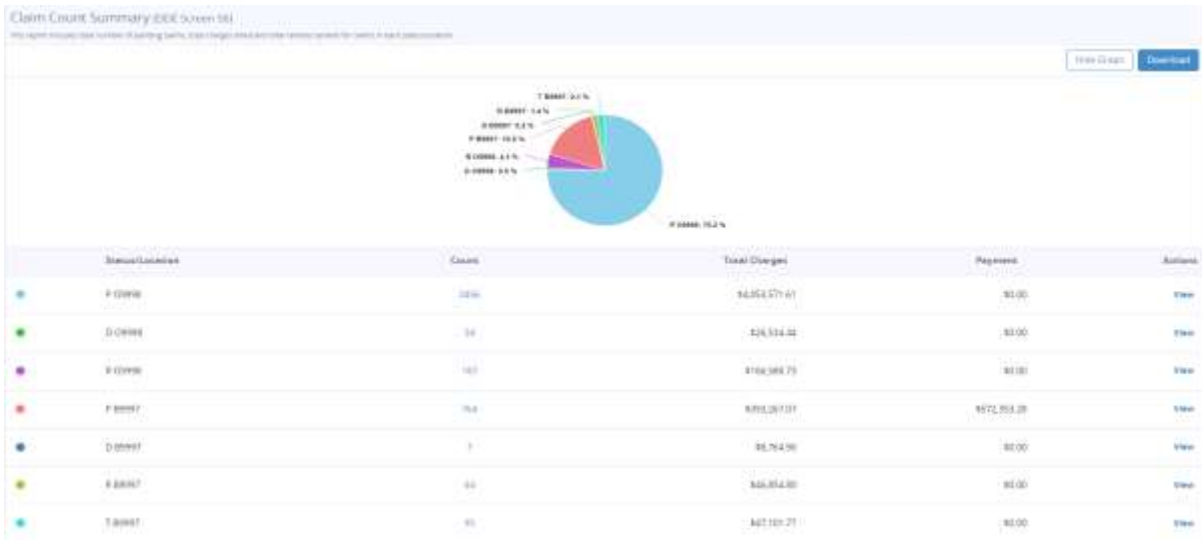

Claim Count Summary

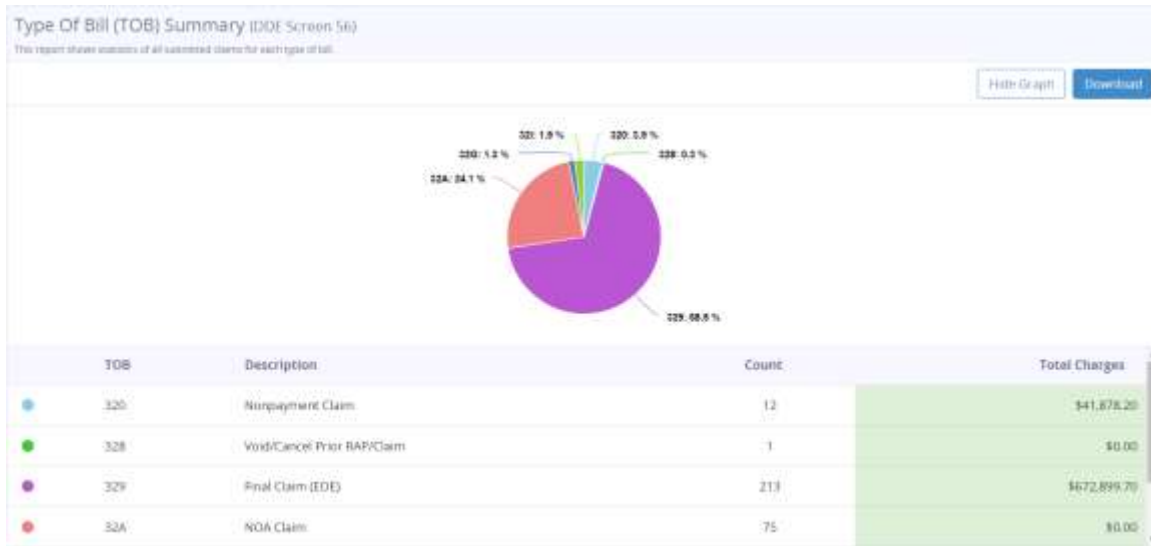Axxess DDE will show the claims per status and location feeding from Screen 56 in DDE.

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 (TOB). Shows the number of claims (Count) per that TOB along with the total charges. This shows how much money is held up in rejections and cancellations or how much has been received for RAP claims. The count 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).

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Type Of Bill (TOB) Summary (DDE Screen 56)
This report shows statuses of all submitted claims for each type of bill.

	TOB	Description	Count	Total Charges
●	320	Nonpayment Claim	12	$41,878.20
●	328	Void/Cancel Prior RAP/Claim	1	$0.00
●	329	Final Claim (EDE)	213	$672,899.70
●	32A	NOA Claim	75	$0.00

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.

Stuck in Suspense
This report shows claims in S (Suspense) status code for more than 21 days.

TOB	Status	HIC/MBI	Patient Name	Last Modified Received	From Through	Paid Canceled	Total Charges Reimbursement
Final (Processing)	Suspense			12/21/20	06/24/20 07/23/20	-	$4,736.66 $3,074.31
RAP (Processing)	Suspense			12/21/20	11/30/20 11/30/20	-	$0.00 $474.62
Final (Processing)	Suspense			12/21/20	06/08/20 07/06/20	-	$1,564.85 $1,563.99

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.

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Reason Code Summary

This report shows the statistics of all submitted claims fall fall under a specific Medicare reason code.

Code	Description	Count	Actions
37263	Home Health Type 32A or 32D approved to finalize	52	View
31699	For claim with receipt date 7-1-2016 and after: Type of bill equals 329 or 327, From date is not equal to the admission date, No revenue code 042X 043X 044X or 055A line with covered charges present upon receipt of the claim; or these Revenue Code lines are present but have non-covered charges, Condition code 20,21 or 54 is not present, and the HH NCVD SK SVC field is set to Y. Please make corrections and resubmit your claim; or HCPCS codes G0320, G0321 and G0322 may only be reported on 32X Type of bill.	17	View

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

37253

HOME HEALTH CLAIMS SUBMITTED WITH A STATEMENT THROUGH DATE ON OR
AFTER 04/01/2017 IF THE FOLLOWING CRITERIA ARE MET:
- TYPE OF BILL IS EQUAL TO 320
- NO MATCHING ASSESSMENT RECEIVED FROM QIES
- THE CLAIM RECEIPT DATE IS MORE THAN 40 DAYS AFTER THE
OASIS ASSESSMENT COMPLETION DATE RETURNED FROM QIES

Hide 7 Claims

TOB	Status	Patient	HIC/MBI	Received Date	Total Charges
Final	RTP	▮▮▮▮	▮▮▮▮	12/24/20	$2,514.85
Final	RTP	▮▮▮▮	▮▮▮▮	12/24/20	$414.85
Final	RTP	▮▮▮▮	▮▮▮▮	11/30/20	$414.85
Final	RTP	▮▮▮▮	▮▮▮▮	11/25/20	$1,014.85

ADR Claims

Additional Development Requests when Medicare is asking for more documentation for a particular patient and episode. Once documentation is sent, Medicare will determine whether the payment will be processed for the episode.

ADR Additional Development Request
This report shows claims selected for medical review.

TOB	Status	HIC/MBI	Patient Name	Last Modified Received	From Through	ADR Due	Total Charges Reimbursement
Final (Processing) ⓘ	ADR 39700	▇▇▇	▇▇▇	01/12/21 02/28/20	04/30/19 06/28/19	10/11/19	$16,504.79 $0.00
Final (Processing) ⓘ	ADR 39700	▇▇▇	▇▇▇	01/12/21 02/28/20	05/01/19 06/13/19	10/11/19	$5,200.01 $0.00
Final (Processing) ⓘ	ADR 39700	▇▇▇	▇▇▇	07/18/19 07/16/19	03/30/19 04/30/19	08/31/19	$5,670.01 $0.00

Claim Payments
Complete listing of all payments received for claims.

Claim Payment Report
This report shows claims that are in P (Paid) status code.

Paid Date Range: Start Date — End Date   Search

TOB	Status	HIC/MBI	Patient Name	Last Modified Received	From Through	Paid Canceled	Total Charges Reimbursement
RAP	Paid 37185	▇▇▇	▇▇▇	12/22/20 07/29/20	07/11/20 07/11/20	08/05/20 08/26/20	$0.00 $383.43
Final	Paid 37186	▇▇▇	▇▇▇	12/22/20 10/27/20	09/09/20 10/08/20	11/10/20	$234.01 $146.79
Final	Paid 37186	▇▇▇	▇▇▇	12/22/20 06/15/20	04/17/20 05/16/20	06/29/20	$1,853.60 $2,279.32
Final	Paid 37186	▇▇▇	▇▇▇	12/16/20 03/09/20	01/24/20 02/22/20	03/23/20	$1,214.85 $2,143.08

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

T Status (Canceled RTP)
This report shows canceled claims returned to provider for correction.

TOB	Status	HIC/MBI	Patient Name	Last Modified Received	From Through	Paid Canceled	Total Charges Reimbursement
328	RTP 15962	▇▇▇	▇▇▇	10/12/2023 01/31/2023	01/21/2023 01/21/2023	02/02/2023	$0.00 $0.00

Claim Errors
This report shows Claims that are in 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.

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Eligibility Reports

Eligibility Issues

This report shows patients whose eligibility status is questionable. The report shows Part A and B, Other HHA, HMO, MSP, Hospice and CWF Not Found.

Select the **Details** hyperlink on the far right to see the eligibility report.

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Hover over ⓘ icon under Home Health PPS Episode Periods to see the organization's information, including the phone number to call to let the organization know they need to discharge patient.

The next section in eligibility issues is the list of HMO patients. Select the same **Details** hyperlink and scroll down to the Medicare Advantage Plans section. The plan type, name, option code, start and end date will show. The start date prepares users for when the HMO will begin if it has not already taken place.

Medicare Advantage Plans

Plan Type	Plan Name	Option Code	Start Date	End Date
HMO	COMMUNITY INSURANCE COMPANY	C	06/01/01	04/30/02
HMO	UNITEDHEALTHCARE OF OHIO, INC.	C	11/01/97	05/31/01

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

MSP Periods

Record Number	Type	Description	Start Date	End Date	Intermediary Number	Created Date
001	?	LIABILITY	02/02/03	11/28/05	11110	12/29/05

The next section is the list of Hospice patients. Select the **Details** hyperlink and scroll down to the Hospital Benefit Period section. The section shows the days remaining for a hospital or SNF stay in their current or prior stays.

Hospital Benefit Periods

	Days Remaining							
	Hospital		SNF		Inpatient Deductible	Blood Deductible	DOEBA	DOLBA
	Full	Coinsurance	Full	Coinsurance				
Current	0	0	0	0	0	0		
Prior	0	0	0	0	0	0		

The Hospice Benefit Period section 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.

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Hospice Benefit Periods

First Provider			DOEBA DOLBA	Days Used	Second Provider			Revoked
Start Date End Date	Provider	Intermediary			Start Date	Provider	Intermediary	
07/04/19 10/01/19	422054	11004	07/04/19 07/31/19	28	.			No
04/05/19 07/03/19	422054	11004	04/05/19 07/03/19	90	.			No

Other Reports

The Eligibility Issues Report is comprised of the separate HMO, MSP, Other HHA and Hospice Reports. The Part A and B report shows patients with Part A or Part B error. The CWF Not Found Report shows patients whose Common Working File (CWF) was not found.

ELIGIBILITY
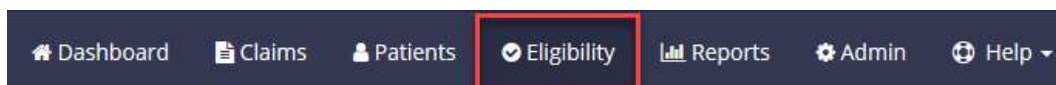
Search by HIQH to make an inquiry into a home health episode or benefit period or search by HIQA for hospital stay or hospice in this consolidated report. This page shows the most recent eligibility that have been run for patients. Select the **Details** hyperlink on the far right to see those reports. Find specific eligibility reports by entering the patient's name/HIC number and/or a date range then select the **Search** button.

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Select the **Run Eligibility** button. Search manually for a patient by entering the HIC/MBI, last name, first name, date of birth, gender and then select the **Run** button. Users can also search from an existing patient list by entering the patient's name then selecting the **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.
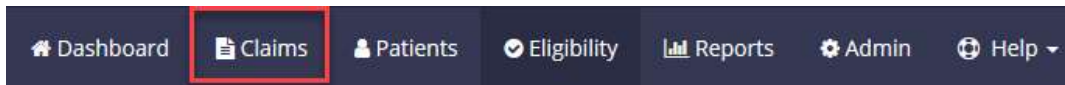
CLAIMS

Find claims by entering the name/HIC number, TOB (Type of Bill), status, and episode dates.

Display Buttons:

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

Making an Adjustment

Search for the specific claim, select the **TOB** hyperlink and select the
Adjustment button.

A window will pop-up to choose the condition code reason for the adjustment.
Enter remarks if necessary and select the **Proceed** button.

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                  purposes as the Axxess solutions are continuously subject to updates,
                  improvements and enhancements.   /Axxess
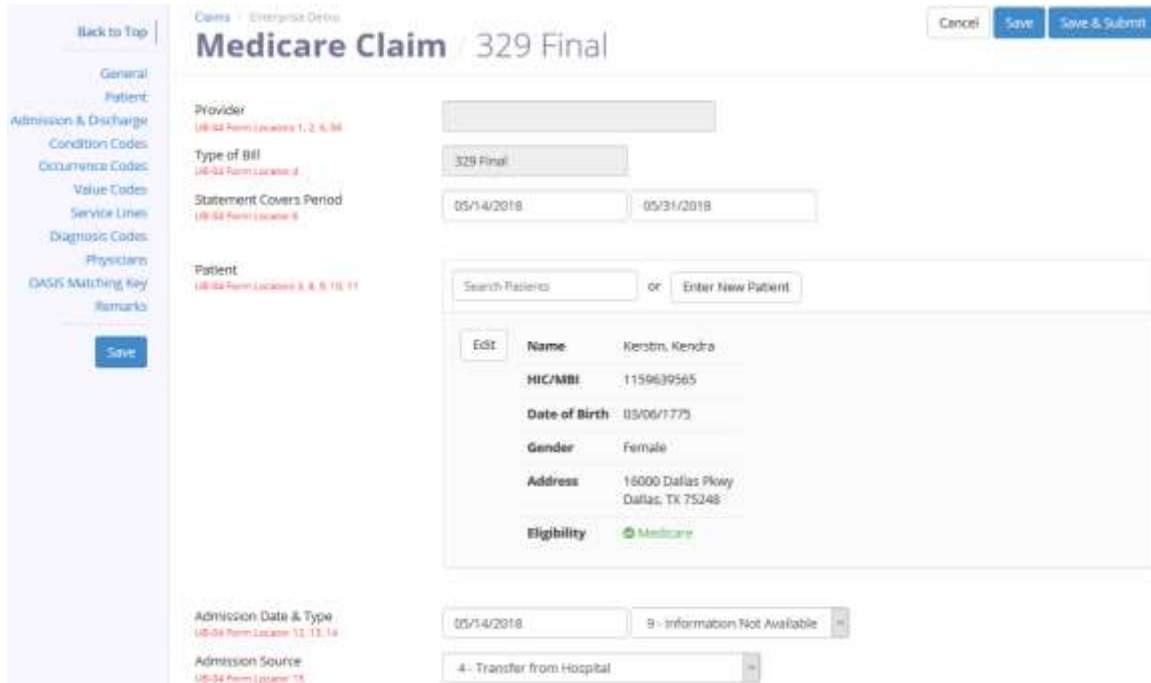
Then make the appropriate edits based on the condition code chosen. While making changes, select the **Save** button to keep changes made or select the **Save & Submit** button to send the claim instantly for processing the adjustment.

Cancel Claim

Search for the specific claim, select the **TOB** hyperlink and select the **Cancel** button.

Just like the adjustment process, choose the applicable condition code, enter remarks for the cancellation and select the **Cancel Claim** button. Once selected, the claim will instantly begin processing in DDE.

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Creating a Claim

Select the **New Claim** button.

Provider information is already chosen. Choose the TOB and enter date(s). Choose from existing list of patients by searching or select the **Enter New Patient** button. Enter the admission date and hour, choose the type, admission source and patient discharge status.

NOTE: UB-04 form locators are listed in red.

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

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Enter an applicable occurrence code. Some codes may require entering more information, for example, choosing code 55 requires the date of death to be entered. Enter applicable occurrence span codes and value codes.

The home health service line auto populates for RAPs and finals. Enter HIPPS code, service date, service units, total charges and non-covered charges. Additional service lines can be added by selecting the ⊕ button below. Reorder the placement of rows by selecting the **Reorder** button. Add Q codes by selecting the check box to the left and selecting one of the Q codes buttons below. Make a copy of any row by selecting the check box then select the **Add Duplicate Row** button and enter the blank service date. Rows can also be removed be selecting the check box and selecting the **Delete Row** button. A confirmation pop-up will appear, and users must select the Yes, I'm Sure! button.

Choose ICD-10 and enter up to nine diagnosis codes with the first being the primary code.

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NOTE: The software automatically runs a diagnosis code validation. When entered incorrectly it will show "Diagnosis code is not valid" in red.

Select the **Add** button to add an attending physician. Start typing the NPI number and information will pull from the physician lookup. Select the **Enter More Physicians…** hyperlink if more physicians need to be added.

Enter your Treatment Authorization Code(s). This is a mixture of 18 letters and numbers. Enter remarks for any additional information about the claim to Medicare. Select the **Save Claim** button to keep the progress (stored in drafts) or select **Submit Claim** to begin instantly processing the claim.

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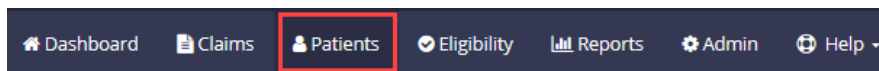
PATIENTS

Shows a complete listing of all patients along with their eligibility status. Enter name or HIC/MBI number.

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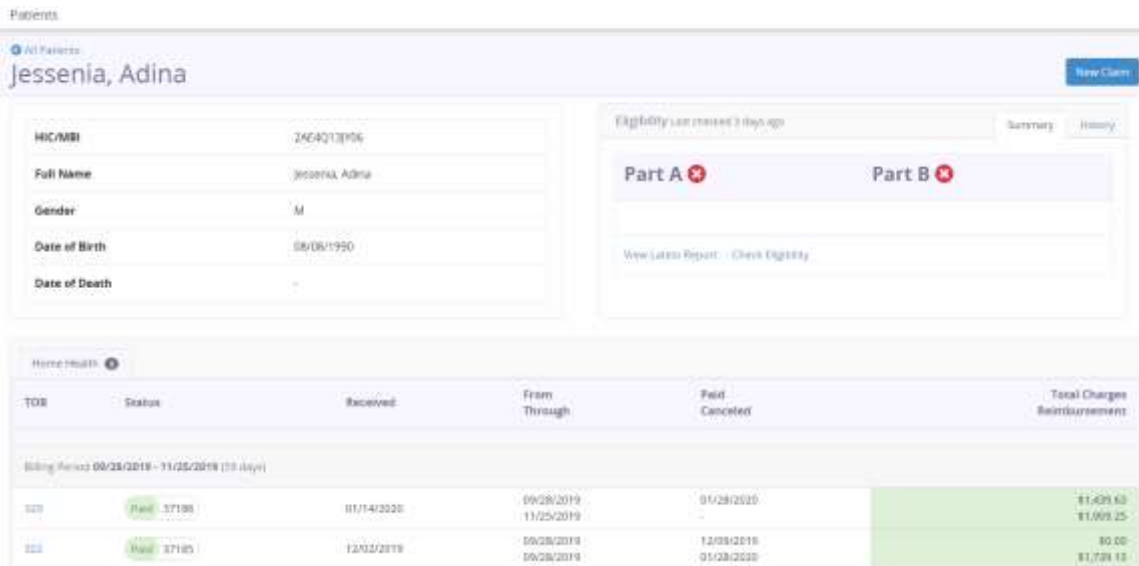
Select the patient's **Last Name**, **First Name** or **HIC/MBI** number hyperlink to view the patient profile.
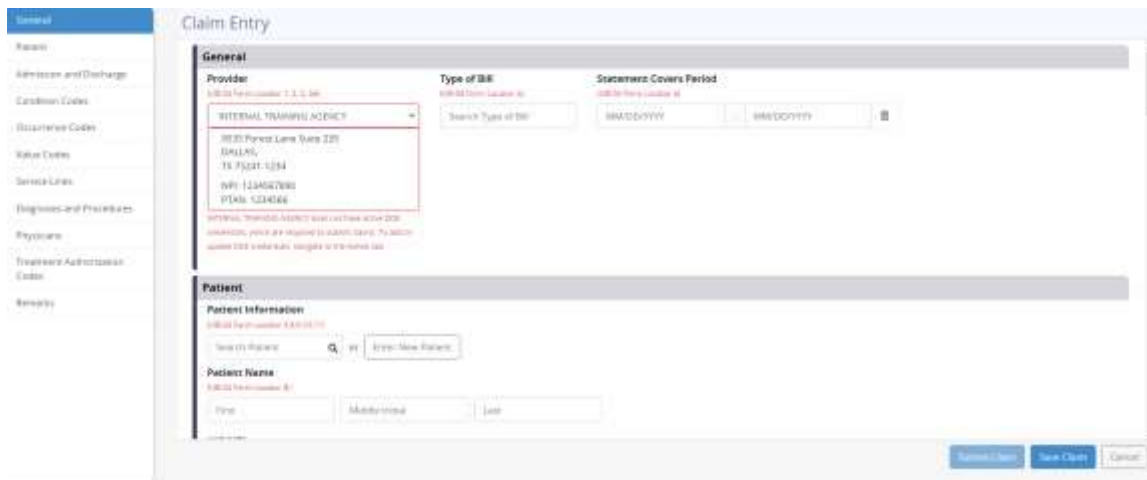
Patient Profile

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Patient demographics are listed in the top left. Eligibility status is listed in the top right. Hyperlinks allow users to **View Latest Report** or **Check Eligibility** which instantaneously runs eligibility.

Select the **New Claim** button to add a claim.

There are two sections where you can find the Billing Period and Eligibility. The first is **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.

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The second section is **Eligibility History**. This section is a listing of all eligibility checks that have been run for the patient. Select the **Details** hyperlink on the far right to see the individual report.

ADMIN

The **Admin** tab consists of three sub-tabs, **Providers**, **DDE Credentials** and **Users**.

Providers

All providers show whether one or multiple are listed. You can select **Edit** button to change the Address of the provider.

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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.

Select the **Add Credential** button to add a credential. Enter the username, password and PIN. The pop-up window explains how Axxess DDE uses the user's DDE credentials and why Axxess DDE needs the user's PIN. If the user does not have DDE credentials, have the organization's super user contact Axxess Customer Support.

NOTE: Medicare prompts users to change their password every 30 days. Axxess DDE does this every 28 days with email notifications.

Users

The complete list of users by name, Axxess home health email address and the last time the user logged in.

Select the **Invite User** button to add another user. Enter the user's first and last name and Axxess home health email address. Users then must decide what permissions the new user can view, edit or reports can be seen:

- Select the **View Only** button to select all View checkboxes.
- Select the **Reports Only** button to select all Reports checkboxes.
- Select the **Full Access** button to select all checkboxes.

Hover over checkboxes for details on each permission.

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Once completed, select the **Save** button and the following pop-up confirmation window will show. Select the **OK** button. The user will receive a series of welcome emails letting them know about how to login to access DDE for the first time.

Success

The AxxessDDE account has been successfully created. CJ Pierson will receive an email to _____@gmail.com with the steps to access their account.

OK

Users can be removed by selecting the **Delete** hyperlink or make changes by selecting the **Edit** hyperlink.

HELP

Help Center

Sends users to the Axxess Help Center DDE section that has links, instructional videos and tutorial for Axxess DDE.

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Support Ticketing Center

The Support Ticketing Center allows designated superusers from each organization to directly engage with the Axxess support team to request help or recommend feature enhancements.

ADDITIONAL NAVIGATION
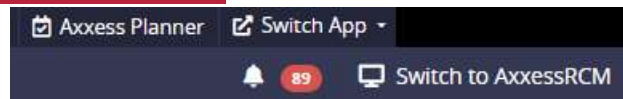
Select the **Axxess Planner** tab to get to the Axxess Planner shown early in the manual. Select the notifications icon to see updates. Notifications will show the patient, reason for update and the time that the notification appeared. Select the **X** to dismiss individual notifications or select the **Dismiss All** hyperlink to remove all. Unseen notifications have a blue dot to the left. Select the **Mark All Read** hyperlink to remove the blue dots.

/Axxess
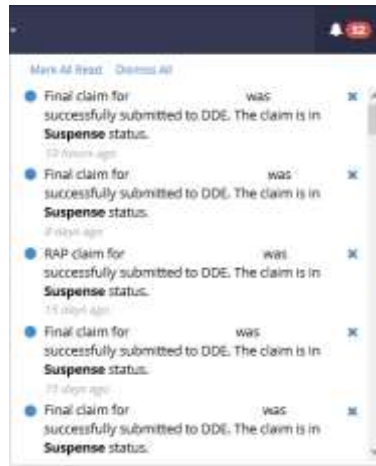
The **DDE Black Screen** tab opens a new browser tab as a direct link to choose your intermediary and input your credentials and password to access the Black screen.
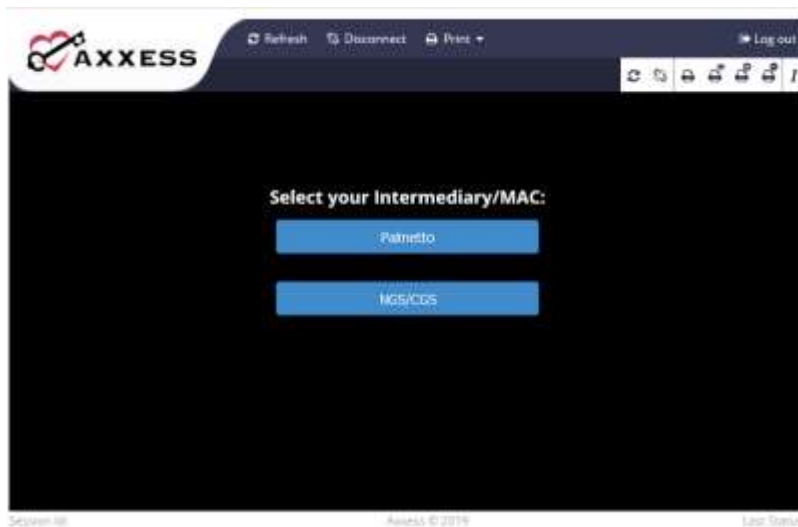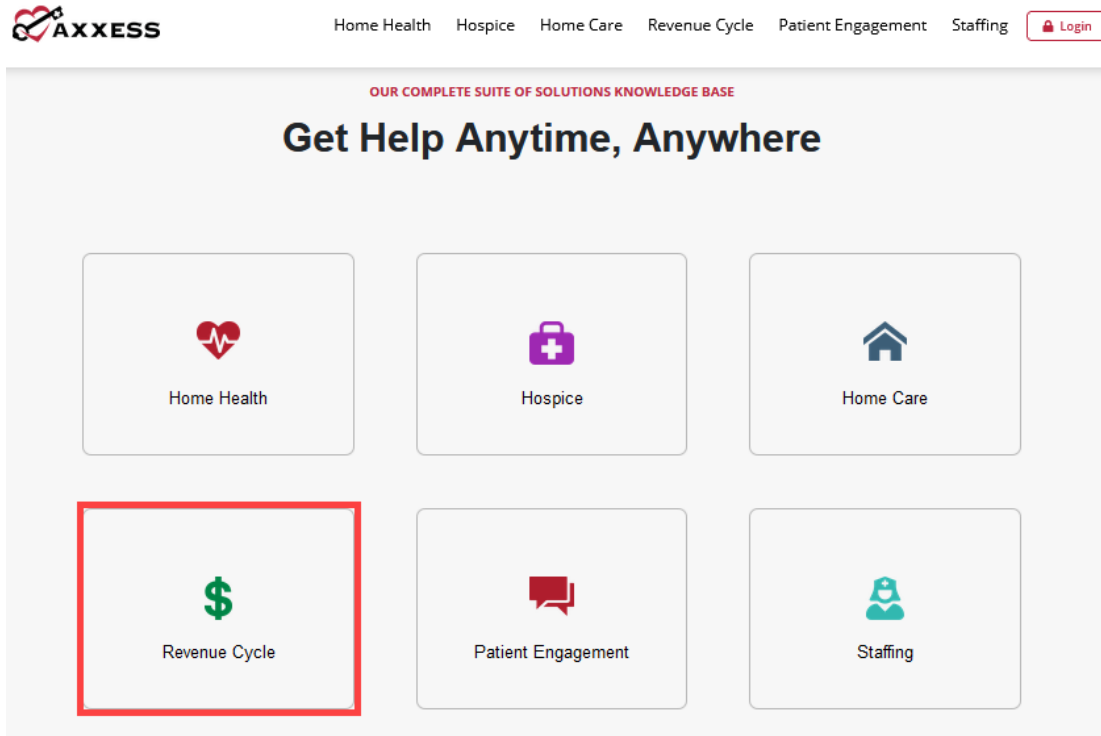

Select the username to view **My Profile**, **Switch Accounts** (if assigned to more than one), or **Logout**. My Profile will show when the user last logged in and decide if they want to receive daily emails.

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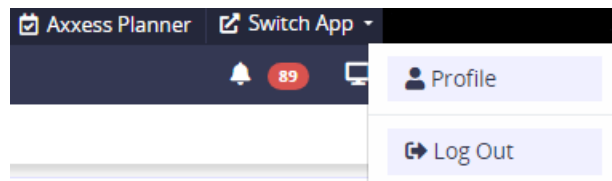
/Axxess

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/.

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