

AXXESS DDE TRAINING MANUAL

August 2023

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LOGIN

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



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

A screenshot of 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 a green border and a series of dots. A red button labeled 'Secure Login' is positioned below the password field. At the bottom of the form, there is a link that says 'Having trouble logging in?'.

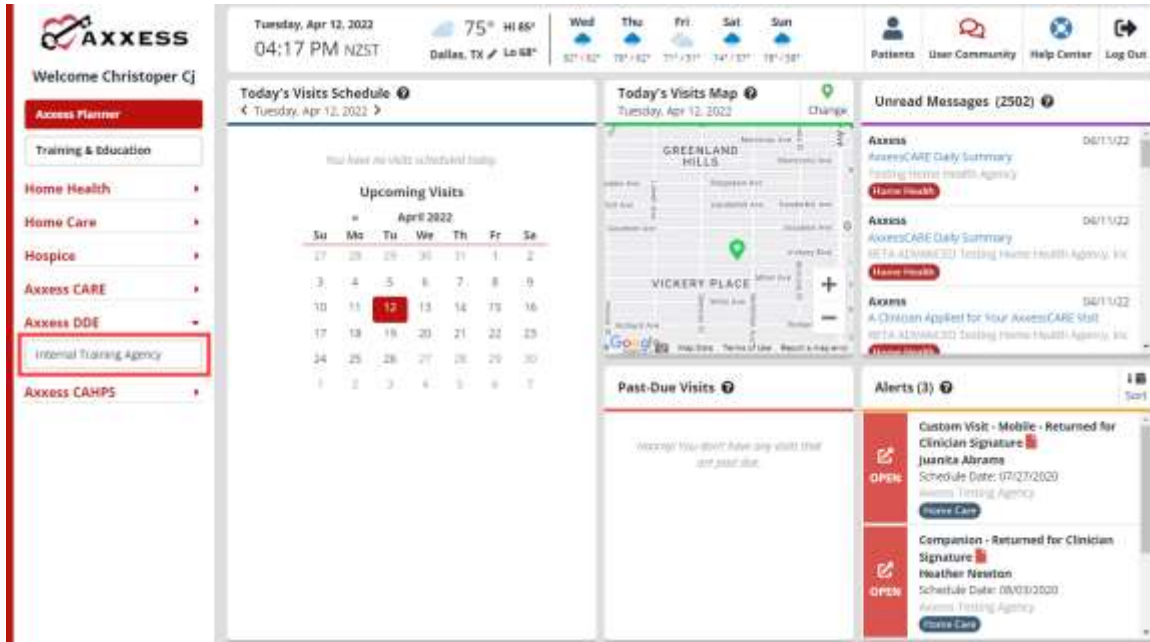
A Login Successful confirmation shows, select **OK**.




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 DDE, select the name of the organization below Axxess DDE on the left side of the page.

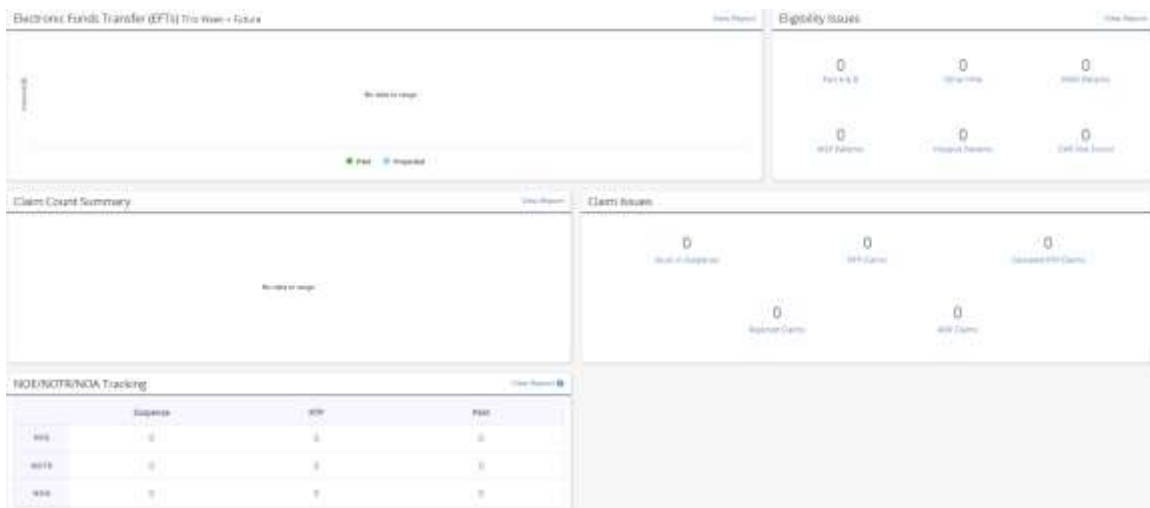


The screenshot shows the Axxess DDE interface. On the left sidebar, the 'Axxess DDE' menu is expanded, and 'Internal Training Agency' is highlighted with a red box. The main dashboard area includes a weather widget for Dallas, TX, a 'Today's Visits Schedule' calendar for April 2022, a 'Today's Visits Map' showing locations like Greenland Mills and Vickery Place, and an 'Unread Messages' section with three messages. At the bottom right, there are 'Alerts' for 'Custom Visit - Mobile - Returned for Clinician Signature' and 'Companion - Returned for Clinician Signature'.

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.



The dashboard displays several key metrics:

- Electronic Funds Transfer (EFT) This Week - Future:** Shows a 'No data to display' message.
- Eligibility Issues:** A grid of six cards showing zero counts for: Part A & B, Other Issues, Other Parties, WEP Patients, Health Records, and Call the Doctor.
- Claims Count Summary:** Shows a 'No data to display' message.
- Claim Issues:** A grid of four cards showing zero counts for: Not in Progress, WEP Claims, Unassigned WEP Claims, and Balance Claims.
- NOE/NOTR/NOA Tracking:** A table with columns for Suspense, WEP, and Paid.

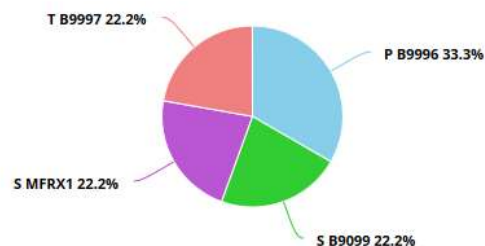
	Suspense	WEP	Paid
NOE	0	0	0
NOTR	0	0	0
NOA	0	0	0

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.

Claims Count Summary [Full Report](#)



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.

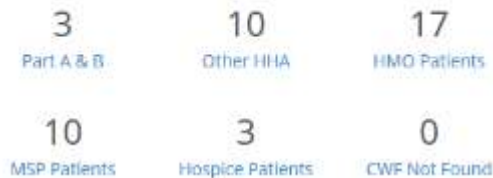
- Rejected Claims - Claims that have been rejected for payment for various reasons specified by the reason code.
- ADR Claims - Additional Development Requests where Medicare requires additional documentation for particular patients and episodes.

Claim Issues



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](#)



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

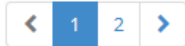
REPORTS



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.



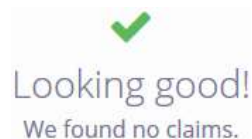
Projected Payments

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.

Medicare Claim / 329 - Final ALZ HEALTH SERVICES, INC

Corrected 7/2017
 From 04/17/2012 to 04/28/2012 Reversed 06/21/2012 Total Charges \$114.85 [Suppress]

Reason Code U3301
The U3301 and THROUGH dates on the RT claim take precedence of an RT Admission period for the same provider.

Patent		Condition Code	
Name	[REDACTED]	[REDACTED]	[REDACTED]
NICMB	[REDACTED]	[REDACTED]	[REDACTED]
PCN	3400242800PLSCY00P	[REDACTED]	[REDACTED]
Medical Record Number	[REDACTED]	[REDACTED]	[REDACTED]
Gender	M	[REDACTED]	[REDACTED]
Date of Birth	03/07/1946	[REDACTED]	[REDACTED]
Address	1754 ENTER WAY TAMPA, FL 33615	[REDACTED]	[REDACTED]

- 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.

Status	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.)
RTP 37249	
RTP 31699	

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.

Rejected

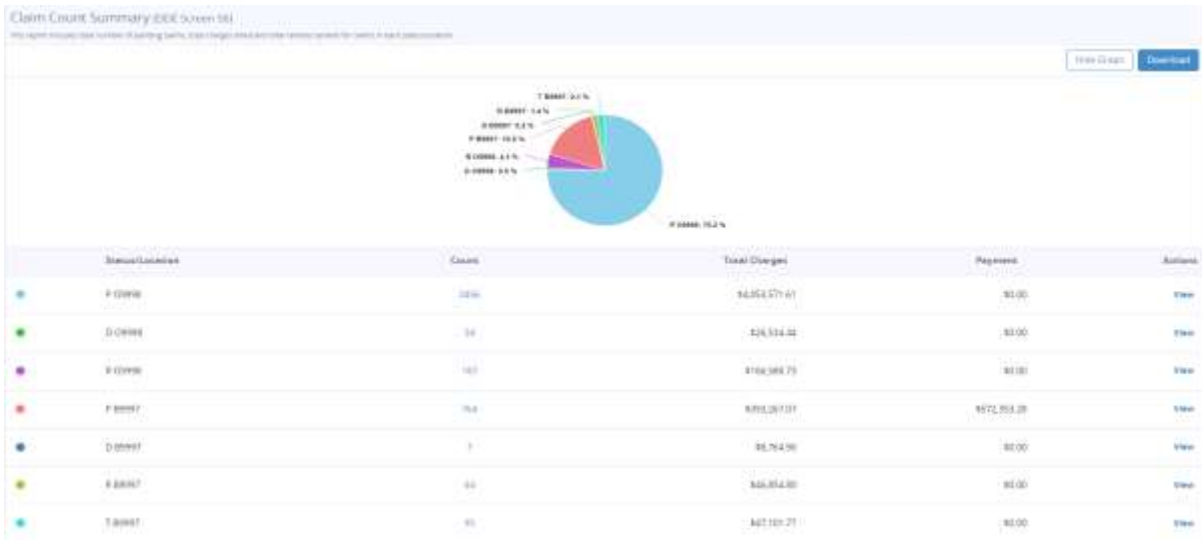
This report shows claims with 320 Type of Bill that have incomplete or invalid information.

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 (Rejected)	Rejected	38200	[REDACTED]	01/05/21 12/21/20	05/29/20 05/29/20	12/28/20 -	\$0.00 \$0.00

Claim Count Summary

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

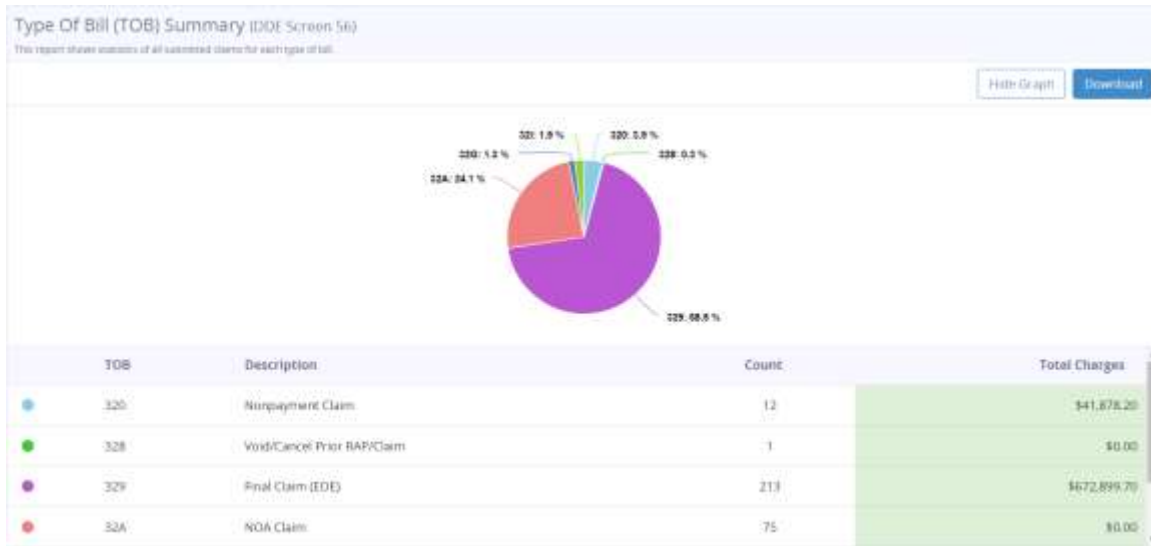


Select the number hyperlink under the count column to view per status and location or select the matching color in the pie graph for the same information.



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).



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 (Suspended) 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
RAF (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.



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	[REDACTED]	[REDACTED]	12/24/20	\$2,514.85
Final	RTP	[REDACTED]	[REDACTED]	12/24/20	\$414.85
Final	RTP	[REDACTED]	[REDACTED]	11/30/20	\$414.85
Final	RTP	[REDACTED]	[REDACTED]	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

[Download](#)

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	[REDACTED]	[REDACTED]	01/12/21 02/28/20	04/30/19 06/28/19	10/11/19	\$16,504.79 \$0.00
Final (Processing)	ADR 39700	[REDACTED]	[REDACTED]	01/12/21 02/28/20	05/01/19 06/13/19	10/11/19	\$5,200.01 \$0.00
Final (Processing)	ADR 39700	[REDACTED]	[REDACTED]	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
KAP	Paid 37185	[REDACTED]	[REDACTED]	12/22/20 07/29/20	07/11/20 07/11/20	08/05/20 08/26/20	\$0.00 \$383.45
Final	Paid 37186	[REDACTED]	[REDACTED]	12/22/20 10/27/20	09/09/20 10/08/20	11/10/20 .	\$234.01 \$148.79
Final	Paid 37186	[REDACTED]	[REDACTED]	12/23/20 06/15/20	04/17/20 05/16/20	06/29/20 .	\$1,853.60 \$2,279.32
Final	Paid 37186	[REDACTED]	[REDACTED]	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.

[Download](#)

TOB	Status	HIC/MBI	Patient Name	Last Modified Received	From Through	Paid Canceled	Total Charge Reimbursement
309	1962	[REDACTED]	[REDACTED]	10/12/2023 01/01/2022	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.

Claim Errors
This report shows Claims that are in Suspense, Rejected, Pended, and Denied status code. Having Suspense status.

TOB: All TOBs selected | Status: All Statuses selected | Patient Name or HC/MBI | Received Date: MM/DD/YYYY | MM/DD/YYYY

TOB	Status	HC/MBI	Patient Name	Refreshed Received	From Through	Paid Canceled	Total Charges Reimbursement
331	Suspense	[REDACTED]	[REDACTED]	10/16/2023 10/23/2023	10/11/2023 10/21/2023	09/27/2023	\$1,364.85 \$0.00
329	Suspense	[REDACTED]	[REDACTED]	10/12/2023 09/21/2023	08/17/2023 08/26/2023	09/27/2023	\$714.85 \$0.00
330 (Rejected)	Suspense	[REDACTED]	[REDACTED]	10/12/2023 09/21/2023	08/17/2023 08/26/2023	09/27/2023	\$714.85 \$0.00

Claims in Suspense

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

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

TOB: All TOBs selected | Patient Name or HC/MBI | Received Date: MM/DD/YYYY | MM/DD/YYYY

TOB	Status	HC/MBI	Patient Name	Last Modified Received	From Through	Paid Canceled	Total Charges Reimbursement
332 (Processing)	Suspense	823846738	[REDACTED]	10/19/2023 10/18/2023	10/19/2023 10/19/2023	--	\$0.00 \$0.00
329	Suspense	733443790	[REDACTED]	10/20/2023 10/18/2023	09/07/2023 10/06/2023	--	\$0.00 \$0.00
329 (Processing)	Suspense	8296004273	[REDACTED]	10/20/2023 10/19/2023	08/27/2023 09/25/2023	--	\$2,014.85 \$0.00
325 (Processing)	Suspense	3402947080	[REDACTED]	10/20/2023 10/19/2023	09/15/2023 10/12/2023	--	\$1,364.85 \$0.00
333	Suspense	3081276460	[REDACTED]	10/20/2023 10/19/2023	10/19/2023 10/19/2023	--	\$0.00 \$0.00
328 (Processing)	Suspense	9383214487	[REDACTED]	10/20/2023 10/19/2023	08/29/2023 08/26/2023	--	\$2,014.85 \$0.00

NOE/NOTR/NOA Tracking

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

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

TOB: All TOBs selected | Status: All Statuses selected | Patient Name or HC/MBI | Received Date: 10/02/2023 | 10/03/2023

TOB	Status	HC/MBI	Patient Name	Last Modified Received	From Through	Paid Canceled
329	Suspense	4270948033	[REDACTED]	10/01/2023 10/02/2023	10/19/2023 10/19/2023	--
330	Suspense	4812214209	[REDACTED]	10/01/2023 10/02/2023	10/19/2023 10/19/2023	--
324	Paid	2493284238	[REDACTED]	10/02/2023 10/17/2023	10/05/2023 10/05/2023	10/03/2023
324	Paid	8012349308	[REDACTED]	10/18/2023 10/13/2023	10/11/2023 10/11/2023	10/19/2023
324	Paid	2490288474	[REDACTED]	10/18/2023 10/13/2023	10/11/2023 10/11/2023	10/19/2023
324	Paid	8480179912	[REDACTED]	10/14/2023 10/11/2023	10/07/2023 10/07/2023	10/16/2023
324	Paid	8484812399	[REDACTED]	10/13/2023 10/08/2023	10/05/2023 10/05/2023	10/12/2023
334	Paid	2493284238	[REDACTED]	10/12/2023 10/04/2023	10/06/2023 10/04/2023	10/12/2023

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.

Enterprise Demo [Download](#)

Eligibility Issues

This report shows patients whose eligibility status is questionable.

	Name	HIC/MBI	Part A	Part B	HMO	MSP	Other HHA	Hospice
Other HHA	Nerissa, Liliana	3609183512	✓	✓			⚠	Details
	Melina, Araceli	0472487900	✓	✓			⚠	Details
	Ethelyn, Tora	3553014211	✓	✓			⚠	Details
	Vickie, Tie	3586172378	✓	✓			⚠	Details
HMO	Brian, Tamala	4041960226	✓	✓	⚠			Details
	Lawrence, Bela	3472874894	✓	✓	⚠			Details
	Reggie, Lorraine	9619074575	✓	✓	⚠			Details
	Humberto, Maryln	7344174605	✓	✓	⚠			Details

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

Eligibility Report - 12/21/20 07:04 AM [PDF Download](#) [Close](#)

██████████, ██████████

Corrections


HIC/MBI	██████████
Last Name	██████████
First Name	A
DOB	11/16/26
Gender	Female

Summary

Part A ✓ 11/01/91 - current	Part B ✓ 11/01/91 - current
Other HHA ⚠	

Home Health PPS Episode Periods

Start Date	End Date	Intermediary Number	Provider Number	DOEBA	DOLBA	Patient Status	Episode Status
12/02/20	12/31/20	15004	██████████ ⓘ	.	.	==	0
11/02/20	12/01/20	15004	██████████ ⓘ	.	.	==	0
10/03/20	11/01/20	15004	██████████ ⓘ	.	.	==	0
09/03/20	10/02/20	15004	██████████ ⓘ	09/03/20	10/02/20	==	0
04/19/20	05/18/20	15004	██████████ ⓘ	04/23/20	05/14/20	==	0

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				Inpatient Deductible	Blood Deductible	DOEBA	DDLBA
	Hospital		SNF					
	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.

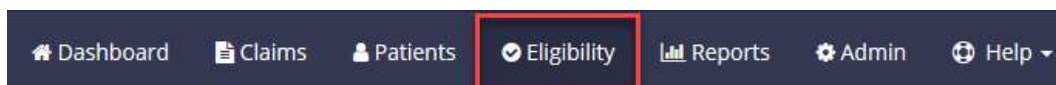
Hospice Benefit Periods

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.

Eligibility

(DDE Screen HIQH + HIQA)

[Run Eligibility](#)
[Download](#)

Date	Name	HIC/MBI	Part A	Part B	HMO	MSP	Other HHA	Hospice
01/13/21 06:43 AM	██████████	██████████	✓	✓	🟡			Details
01/12/21 09:14 AM	██████████	██████████	✓	✓				Details
01/12/21 09:14 AM	██████████	██████████	✓	✓				Details
01/12/21 09:14 AM	██████████	██████████	✓	✓				Details
01/12/21 09:14 AM	██████████	██████████	✗	✗				Details
01/12/21 09:14 AM	██████████	██████████	✓	✓				Details
01/12/21 09:14 AM	██████████	██████████	✓	✓		🟡		Details

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.



Search patient name to auto-fill form

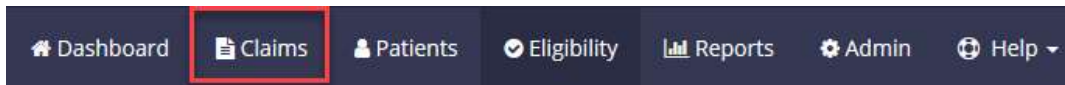
Search Patients

MBI: MBI
Last Name: Last Name
First Name: First Name
Date of Birth: MM/DD/YYYY
Gender: Gender

Service Start Date: 10/26/2022
Service End Date: 10/26/2023
Provider: A PLUS HOME HEALTH CARE AGENCY, LLC

Generate Clear

CLAIMS



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

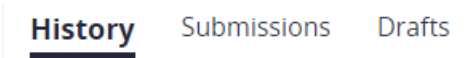
History Submissions Drafts

Refresh (only patient data comparable to SDC client 1)

Search: Patient Name or HIC/MBI TOB: All TOBs selected Status: All Statuses Selected Statement: MM/DD/YYYY - MM/DD/YYYY New Claim Download

TOB	Status	HIC/MBI	Patient Name	Refreshed/Received	From Through	Full Canceled	Total Charges/Reimbursement
329 (Processing)	ITP 30903	4729320115	HARRIS, HENRIETTA	10/09/2023 12/28/2023	09/19/2022 10/04/2022	12/30/2022 -	\$759.85 \$0.00
329 (Processing)	Full 37180	3HERG7N19	JONES, DORIS	10/19/2023 12/21/2023	06/23/2022 07/07/2022	01/04/2023 -	\$964.85 \$1,146.76
32A (Processing)	Full 37263	4R0P0TF39	LORENZO, OSCAR	10/19/2023 12/15/2023	12/14/2022 12/14/2022	12/21/2022 -	\$0.00 \$0.00
32A (Processing)	ITP 35553	7K06CJST24	LORENZO, OSCAR	10/19/2023 12/14/2023	12/14/2022 12/14/2022	12/19/2022 -	\$0.00 \$0.00
329	ITP 19943	989YMOQP3	LORENZO, LUCENTE	01/01/2023 12/02/2023	08/29/2022 09/23/2022	12/07/2022 -	\$1,214.85 \$0.00
32A	Full 37263	4DC3078929	SHAW, DICK	01/01/2023 11/29/2023	11/18/2022 11/18/2022	11/30/2022 -	\$0.00 \$0.00
32A (Revised)	Revised US211	4DF5L21870	HERRERA, LUCAS	01/01/2023 11/23/2023	11/12/2022 11/12/2022	11/30/2022 -	\$0.00 \$0.00

Display Buttons:



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.



Claims / [REDACTED] Adjustment Copy U804

Medicare Claim / 329 Final

Paid P 89997

Billing Period 7/28/20 to 8/24/20 Received 8/28/20 Total Charges \$1,253.60 Paid (Billing Period Total) \$1,358.44 on 9/11/20
 Canceled 10/30/20 DCN [REDACTED]

Reason Code 37186

HH CLAIM HAS BEEN APPROVED FOR PAYMENT.

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



Adjustment Claim

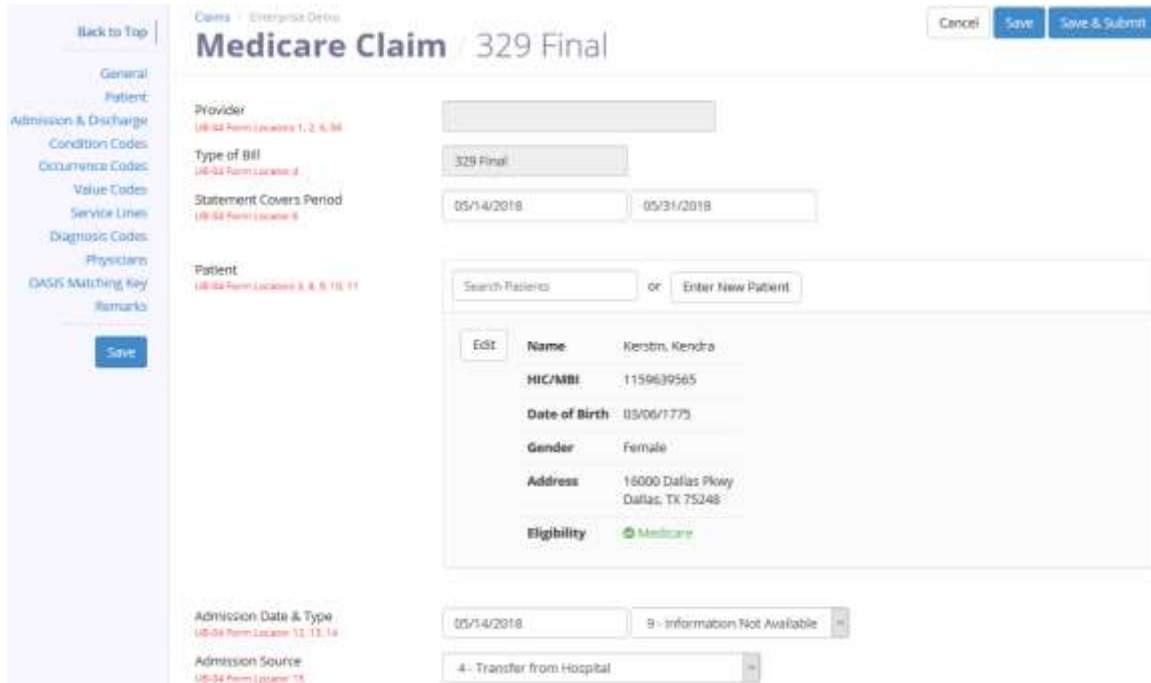
Condition Code

- D0** - Changes to service dates
- D1 - Changes to charges
- D2 - Changes to revenue, HCPCS, or HIPPS rate codes
- D3 - Second or subsequent interim PPS bill
- D4 - Changes in ICD-9-CM diagnosis/procedure code
- D5 - Cancel to correct IIC number or Provider ID
- D6 - Cancel only to replay a duplicate or OIG overpayment
- D7 - Change to make Medicare the secondary payer
- D8 - Change to make Medicare the primary payer
- D9 - Any other change
- E0 - Change in patient status

Remarks

Nevermind Proceed

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.

D9 - Any other change:

E0 - Change in patient status:

Remarks

Nevermind
Cancel Claim

Creating a Claim

Select the **New Claim** button.

History Submissions Drafts

14 days from pickup and processing (07/07/2023)

Filter Name of HCMB: TOB All TOBs selected Status: All Statuses selected Statement: MM/DD/YYYY - MM/DD/YYYY

New Claim
Download

TOB	Status	HCMB	Patient Name	Admitted Received	From Through	Paid Cancelled	Paid Change Reimbursement
324	Submitted (07/07)	390600010	[REDACTED]	10/21/2023 10/20/2023	08/15/2023 09/06/2023	-	\$3,691.77 \$0.00
324	Submitted (07/07)	390600010	[REDACTED]	10/21/2023 10/20/2023	08/05/2023 10/06/2023	-	\$2,618.52 \$0.00

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.

Claim Entry

General

Provider Type of Bill Statement Covers Period
[REDACTED] [REDACTED] MM/DD/YYYY - MM/DD/YYYY

Patient

Patient Information
[REDACTED]

Admission and Discharge

Admission Date and Hour
MM/DD/YYYY

Submit Claim View Claim Cancel

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.

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 screenshot shows three distinct input sections:

- Condition Codes:** Includes a search box with a magnifying glass icon, a 'Code' field, and 'Show' and 'Collapse' buttons.
- Occurrence Codes:** Includes a search box with a magnifying glass icon, an 'Enter Occurrence Codes' button, and an 'Enter Occurrence Span Codes' button.
- Value Codes:** Includes a search box with a magnifying glass icon and an 'Enter Value Codes' button.

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 by 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.



The screenshot displays a table with the following columns: Row, Reversal Code, Description, ICD-10 Code, Modifier, Service Date, Total Units, Covered Units, Total Charges, and Non Covered Charges. Below the table are buttons for 'Reorder', '+ Add Service Line', '+ Add Duplicate Row', and 'Delete Row'. A 'Service Facility' field is located at the bottom left.

Row	Reversal Code	Description	ICD-10 Code	Modifier	Service Date	Total Units	Covered Units	Total Charges	Non Covered Charges
<input type="checkbox"/>	0000	Home Health Service Line			MM/DD/YYYY	0	0	\$ 0	\$ 0
<input type="checkbox"/>					MM/DD/YYYY	0	0	\$ 0	\$ 0
Total:								\$ 000	\$ 000

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

Diagnosis and Procedures

Diagnosis Codes
113-04 Visit/Laboratory

67A	Principal/Primary	Select Present on Admission
67B	Code	Select Present on Admission
67C	Code	Select Present on Admission
67D	Code	Select Present on Admission
67E	Code	Select Present on Admission
67F	Code	Select Present on Admission
67G	Code	Select Present on Admission
67H	Code	Select Present on Admission

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.

Physicians

Attending Physician
113-04 Visit/Laboratory

Attending Physician

NPI

Name

[Enter More Physicians](#)

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.

Treatment Authorization Codes

Treatment Authorization Codes

U03-04/Fact/Locate-00

Enter Treatment Authorization Codes

Remarks

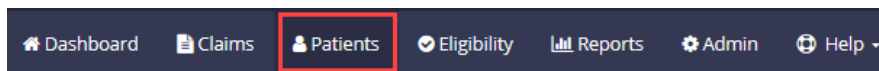
Remarks

U03-04/Fact/Locate-00

Enter remarks here

Submit Claim
Save Claim
Cancel

PATIENTS



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

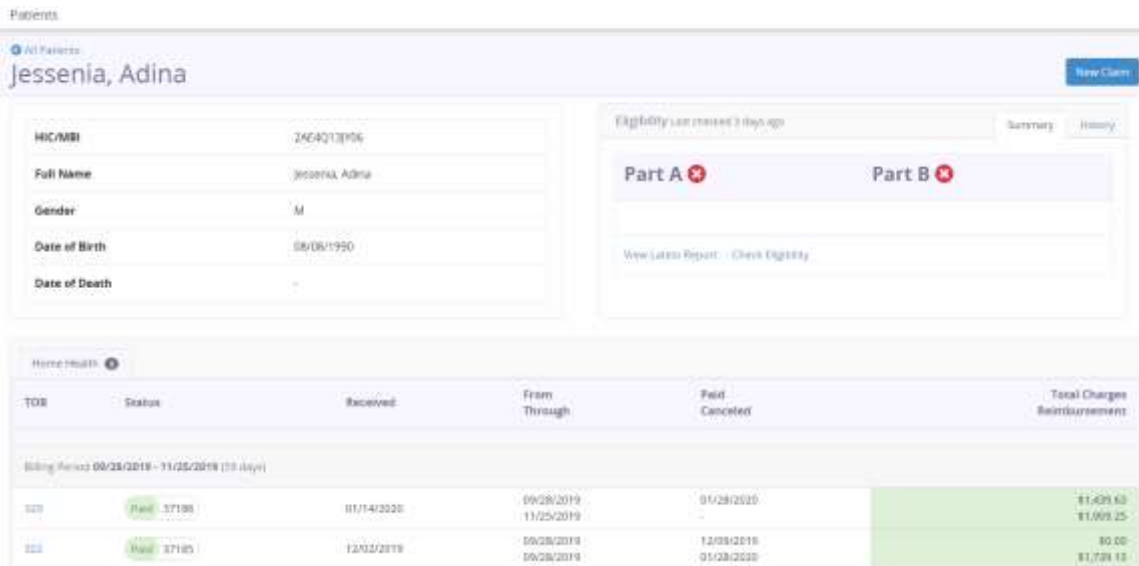
Patients										
Last Name	First Name	HIC/MBI	DOB	Part A	Part B	HMO	MSP	Other PBA	Maple	
Jones	Adity	2R4Q1J004	06/08/1990		○					
Susannah	Aspell	8HC2N02X014	05/06/1945		○					
Harman	A	6000PA01P29	02/02/1984		○					
Harman	A	4ND0PA01P22	07/01/2019		○					
Harman	A	4ND0PA01P02	09/11/2010		○					
Harman	A	0ND0PA01P09	07/01/2019		○					
Hunkeler	Berg	6Y80G2P14	06/19/1933		○					
Linsky	Brian	4427V020002	03/16/1961		○					
Margaret	Brian	7MT0H40L003	08/06/1903		○					
Tan	Brian	0T00N02P070	02/26/2006		○					

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

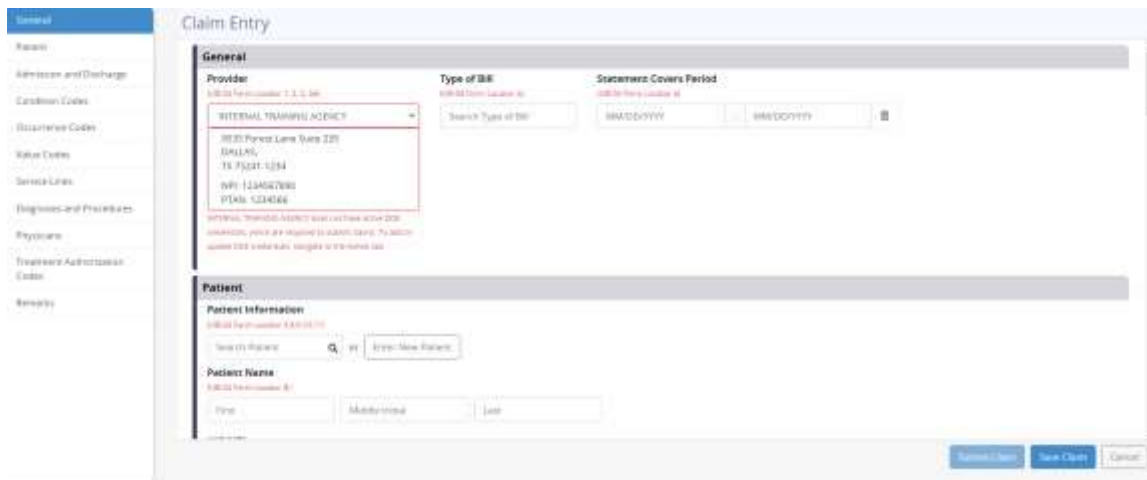
Patient demographics are listed in the top left. Eligibility status is listed in the top right. Hyperlinks allow users to **View Latest Report** or **Check Eligibility** which instantaneously runs eligibility.



The screenshot shows a patient profile for Adina Jessenia. On the left, there is a 'Patients' header and a 'New Claim' button. Below this, patient demographics are listed: HIC/MBI (2404213006), Full Name (Jessenia Adina), Gender (M), Date of Birth (08/08/1950), and Date of Death (-). On the right, there is an 'Eligibility' section with a 'Summary' and 'History' link. It shows 'Part A' and 'Part B' status with red 'x' icons. Below this are links for 'View Latest Report' and 'Check Eligibility'. At the bottom, there is a 'Home Health' section with a table of billing periods.

TOB	Status	Received	From Through	Field Canceled	Total Charges Reimbursement
Billing Period 08/28/2018 - 11/25/2019 (10 days)					
020	Paid 37185	01/14/2020	09/28/2019 - 11/25/2019	01/28/2020 -	\$1,439.63 \$1,009.25
020	Paid 37185	12/02/2019	09/28/2019 - 09/28/2019	12/08/2019 - 01/28/2020	\$0.00 \$1,729.43

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



The screenshot shows the 'Claim Entry' form. On the left is a navigation menu with options like 'General', 'Reasons', 'Admission and Discharge', etc. The main form is divided into 'General' and 'Patient' sections. The 'General' section includes 'Provider' (INTERNAL TRAINING AGENCY), 'Type of Bill' (SEARCH TYPE OF BILL), and 'Statement Covers Period' (08/28/2019 to 09/28/2019). The 'Patient' section includes 'Patient Information' and 'Patient Name' (First, Middle Initial, Last). At the bottom right, there are buttons for 'Submit Claim', 'New Claim', and 'Cancel'.

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.

HQMB	24421219
Full Name	Jessica, Adina
Gender	F
Date of Birth	08/08/1980
Date of Death	-

Date	Part A	Part B	HMO	MSP	Other HHA	Hospice	
10/23/2021 10:00 pm	⊘	⊘					Details
10/23/2021 10:00 pm	⊘	⊘					Details
10/23/2021 12:50 pm	⊘	⊘					Details
10/23/2021 12:14 pm	⊘	⊘					Details
10/23/2021 11:08 am	⊘	⊘					Details
10/23/2021 11:08 am	⊘	⊘					Details
10/23/2021 11:08 am	⊘	⊘					Details
10/23/2021 11:08 am	⊘	⊘					Details
10/23/2021 11:08 am	⊘	⊘					Details
10/23/2021 11:08 am	⊘	⊘					Details
10/23/2021 11:08 am	⊘	⊘					Details

TDR	Status	Received	Print Through	File	Download	Total Charges	Refund/Adjustment
10/23/2021 11:08 am	⊘	10/23/2021	10/23/2021	10/23/2021	10/23/2021		
10/23/2021 11:08 am	⊘	10/23/2021	10/23/2021	10/23/2021	10/23/2021	\$1,499.00	\$1,499.00
10/23/2021 11:08 am	⊘	10/23/2021	10/23/2021	10/23/2021	10/23/2021	\$1,499.00	\$1,499.00

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.

Date	Part A	Part B	HMO	MSP	Other HHA	Hospice	
01/18/2021 07:00 AM	✔	✔	⊘				Details
01/19/2021 07:00 AM	✔	✔	⊘				Details
01/18/2021 07:00 AM	✔	✔	⊘				Details

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.

Providers DDE Credentials Users

Name	NPI	STATE	Address	Actions
INTERNAL TRAINING AGENCY	1234567890	TX	8500 Forest Lane Suite 220 DALLAS, TX 75241-1234	Edit

DDE Credentials

Credentials must be provided for Axxess DDE to be the most accurate and up to date on a day-to-day basis.

Providers **DDE Credentials** Users

Username	Active	Linked	Password	PIN	Providers	Actions
TEST123	●	●	**** Show	*** Show	INTERNAL TRAINING AGENCY	Edit Delete
AVAT123	●	●	**** Show	*** Show	INTERNAL TRAINING AGENCY	Edit Delete
TESTING	●	●	**** Show	*** Show	INTERNAL TRAINING AGENCY	Edit Delete
DMERTVU	●	●	**** Show	*** Show	INTERNAL TRAINING AGENCY	Edit Delete

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.

DDE Username:

DDE Password:

DDE PIN:

Intermediary:

Provider:

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.

Providers DDE-Credentials **Users**

Search: Invite User

Name	Email	Permissions	Last Session	Actions
Unknown Name	unknown@axxess.com	Full Access	1/10/2017	Edit Delete
Unknown Name	unknown@axxess.com	Custom	1/10/2017	Invite User
Unknown Name	unknown@axxess.com	Full Access	1/10/2017	Edit Delete
Unknown Name	unknown@axxess.com	Full Access	1/10/2017	Edit Delete
Unknown Name	unknown@axxess.com	Full Access	1/10/2017	Edit Delete
Unknown Name	unknown@axxess.com	Full Access	1/10/2017	Edit Delete
Unknown Name	unknown@axxess.com	Full Access	1/10/2017	Edit Delete
Admin	admin@axxess.com	Custom	1/10/2017	Invite User
Andy Apple Ltd	andyapple@axxess.com	Custom	1/10/2017	Invite User
Admin	admin@axxess.com	Full Access	1/10/2017	Edit Delete

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.

Email:

The email of the user to invite. The user will be invited using permissions of the email address.

Permissions

Full Access View Only Reports Only **Full Access**

	View	Edit	Reports
Claims	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Reports	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eligibility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
IT7	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Providers	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Credentials	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Users	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Send Invite Cancel

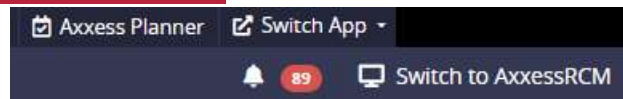
Hover over checkboxes for details on each permission.



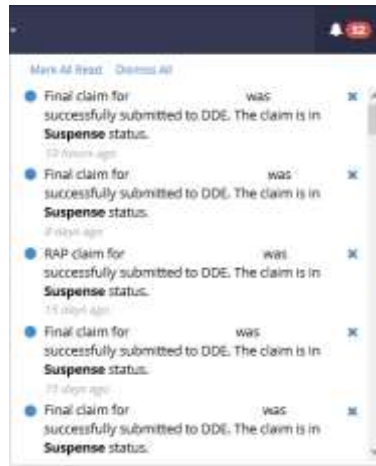
Support Ticketing Center

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.

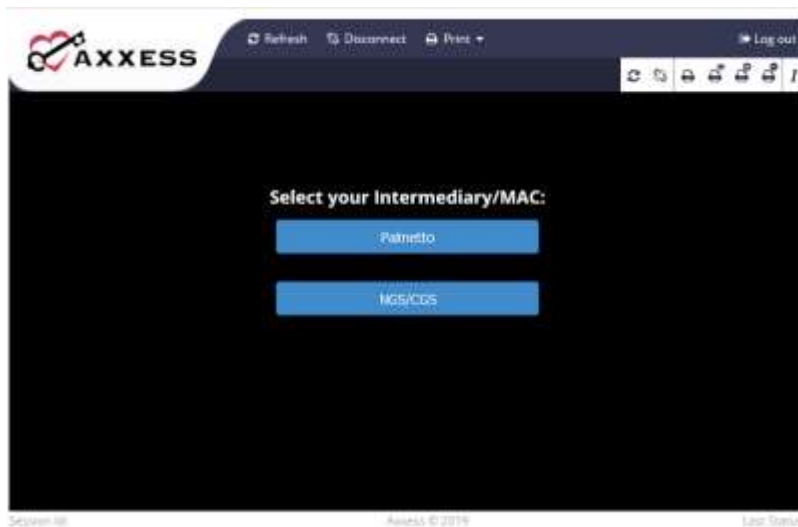
ADDITIONAL NAVIGATION



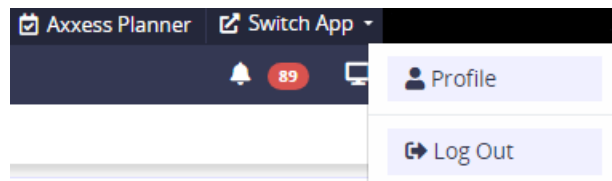
Select the **Axxess Planner** tab to get to the Axxess Planner shown early in the manual. Select the notifications icon to see updates. Notifications will show the patient, reason for update and the time that the notification appeared. Select the **X** to dismiss individual notifications or select the **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.



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.

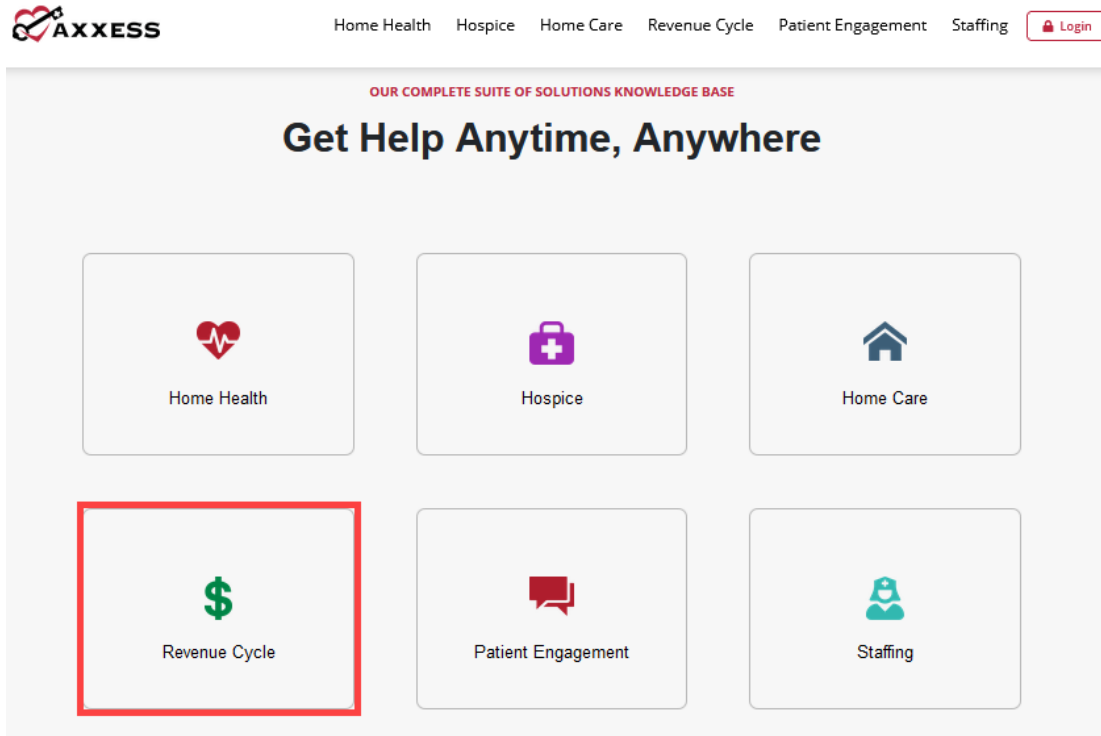


Select the username to view **My Profile**, **Switch Accounts** (if assigned to more than one), or **Logout**. My Profile will show when the user last logged in and decide if they want to receive daily emails.



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/>.



The screenshot shows the Axxess Help Center homepage. At the top left is the Axxess logo. To the right of the logo is a navigation menu with links for Home Health, Hospice, Home Care, Revenue Cycle, Patient Engagement, and Staffing. A 'Login' button is located to the right of the navigation menu. Below the navigation menu is a header section with the text 'OUR COMPLETE SUITE OF SOLUTIONS KNOWLEDGE BASE' and the main heading 'Get Help Anytime, Anywhere'. Below this heading is a grid of six service categories, each with an icon and a label: Home Health (heart with pulse), Hospice (purple first aid kit), Home Care (house), Revenue Cycle (green dollar sign), Patient Engagement (speech bubbles), and Staffing (person with gear). The 'Revenue Cycle' category is highlighted with a red rectangular border.