

# ABACUS Webinar – Electronic Billing

Speaker – Christina Cunningham

Session 1: 24 10 2017 @ 0800-0900  
Session 2: 26 10 2017 @ 1400-1500

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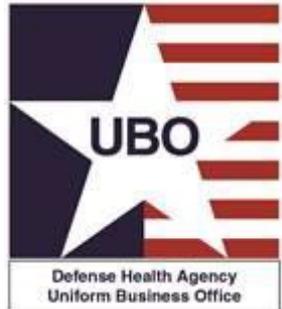
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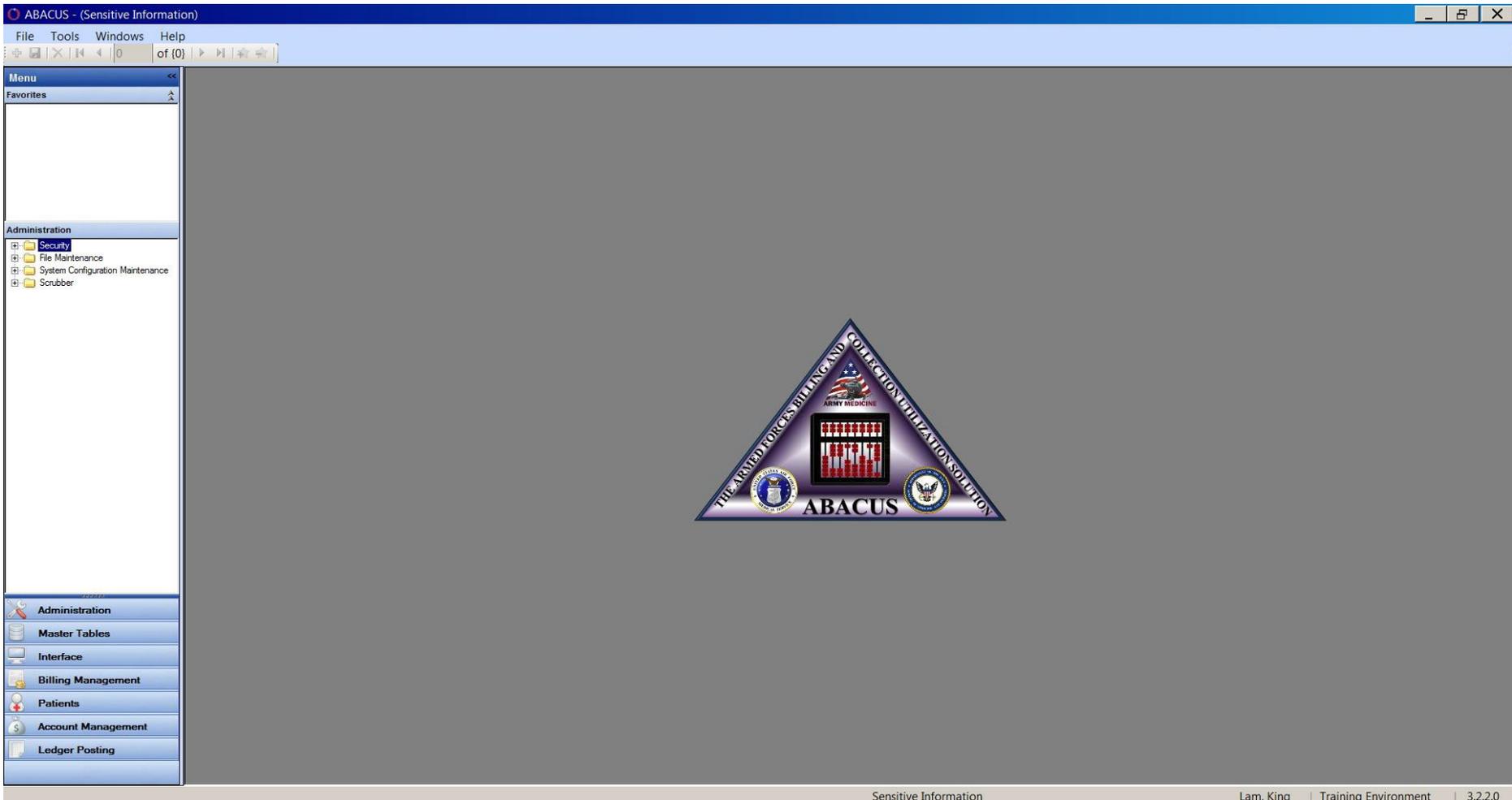
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# **ABACUS Webinar Electronic Billing**

October 2017



ABACUS - (Sensitive Information)

File Tools Windows Help

of (0)

Menu

Favorites

Administration

- Security
- File Maintenance
- System Configuration Maintenance
- Scrubber

Administration

Master Tables

Interface

Billing Management

Patients

Account Management

Ledger Posting

THE ARMED FORCES BILLING AND COLLECTION UTILIZATION SOLUTION

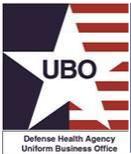
ARMY MEDICINE

ABACUS

Sensitive Information

Lam, King | Training Environment

3.2.2.0



ABACUS - (Sensitive Information)

File Tools Windows Help

of 0

Menu Favorites

Account Management

- Recovery
- Recovery Management Tools
- Maintenance Tools
- Recovery Reporting
- MSA
- MSA Reports
- AMAC

Administration

- Master Tables
- Interface
- Billing Management
- Patients
- Account Management
- Ledger Posting

Recovery ver. 2.21.6.37 - (Sensitive Information) [AB\_TRAIN]

Save Cancel Queue Assignment kiam Select Queue Info Account Lookup EDI Info

Facility LOB Facility # Tax ID Facility NPI Facility RX NPI

Entire Queue - Pull Date Order - No Filter

The account you are looking at is in this Queue -->

Account Information

Work Log Work Note Print Account Detail

Last Denial Last Denial Date Grouping Pull Date Resolution Working Carrier

Patient Information Placement Information

View Comparisons

Control # Name(F/L) SSN ID# Policy # DOB Hm Ph RP Name Employer

Placement Information

Date Placed Age at Placement Date of Service Date Resolved Status Total Billed Payments W/O and Adj Total Remaining

Carrier Information Requests Letters Images Notes Status

Select Carrier

0 Claims for this Carrier

Address	Phone	Fax	Web Page	
Department	Address1	Address2	City	Stat

Transactions

Balance Billing Change LOB Transfer to Legal Remove Transfer

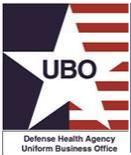
Verified Transactions

Transaction Type	Transaction Verified	Entry Verified	Amount	Entered By	Transaction Date	EOB ID	Note
			\$0.00				

Remaining: \$0.00

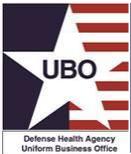
Unverified Transactions

Type	Transaction Verified	Entry Verified	Declined Date	Amount	Entered By	Entered	EOB_ID	Note



## Sign in

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## Welcome to ABACUS

The Armed Forces Billing and Collection Utilization Solution.

Providing the U.S. Army, Navy, and the Air Force with an industry based best practice means of conducting medical billing and collection.

 Last Login: 8/17/2017 6:32:41 PM | Last Attempt: Success | From IP Address: 73.76.138.248



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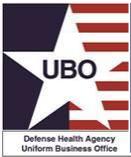
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Contact Information: [dhagsc@mail.mil](mailto:dhagsc@mail.mil) | 800-600-9332 | 312-838-3000

Last Updated: Friday, August 11, 2017



ABACUS Q Search  ccunningham

Facility: Benefit Recovery TP Admin **DASHBOARD**

Dashboard

Enrollment

Reports

Payer List

Code List

■ OCTOBER 19, 2017

**OUTSTANDING CLAIMS**

Days	Count
0-30	0
31-60	0
61-90	0
91-120	0

**REJECTIONS/DENIALS % BY MONTH**

Month	Rejections (%)	Denials (%)
April	0	0
May	0	0
June	0	0
July	0	0
August	0	0
September	0	0
October	0	0

**CLAIM ASSIGNMENTS**

ccunningham

CLAIM ID	ASSIGNED TO	ASSIGNED DATE	DUE DATE	PATIENT NAME	NOTES
No records to display.					

Page size: 10 | 0 items in 1 pages

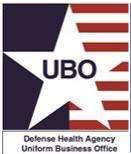
**TOP PAYER REJECTIONS BY REASON**

No Data Available  
Select another month

**TOP PAYER DENIALS BY REASON**

No Data Available  
Select another month





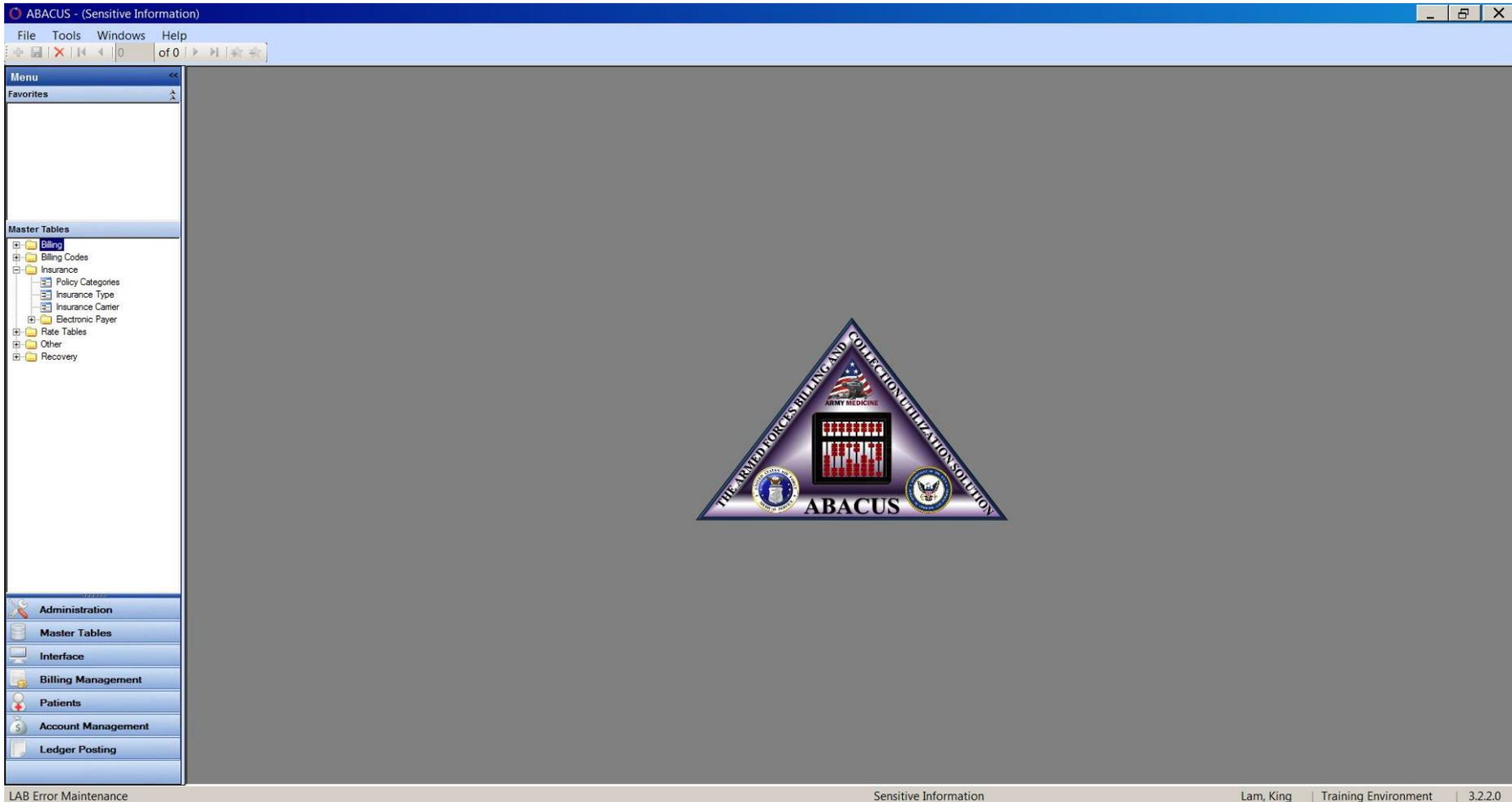
# ClaimRemedi Payer List



**ClaimRemedi Payer List**  
 Enrollment Fax#: (707) 573-1066  
 Email: [Enrollment@claimremedi.com](mailto:Enrollment@claimremedi.com)



Payer Name	Payer ID	Workers Compensation	Enrollment Required	Enrollment Instructions	837P Professional	837I Institutional	837D Dental	835 ERA	270 Medical Eligibility	270 Dental Eligibility	837 Seconda OK	276 Claim Status	Additional Information
1199 National Benefit Fund	13162		835	<a href="#">Click Here</a>	✓	✓	✓				✓		Enrollment applies to ERA only and is not necessary prior to sending claims.
1199 National Benefit Fund	TLU12		None				✓				✓		Valid for DOS on or before 3/31/2017. For DOS 4/1/2017 and forward please check the EmblemHealth Preferred Dental Plan ID cards for the dental carrier.
1st Auto & Casualty	J1585	✓	None		✓	✓	✓				✓		Applicable to MN only. Payer returns ERAs automatically once electronic claim submission begins.
21st Century Insurance	41556	✓	None		✓	✓					✓		
22125 Roscoe Corp.	41556	✓	None		✓	✓					✓		
A & I Benefit Plan Administrators	93044		None		✓	✓	✓	✓			✓		
AAA Minnesota	11983	✓	None		✓	✓	✓				✓		Applicable to MN only. Payer returns ERAs automatically once electronic claim submission begins.
AAA Northern California, Nevada & Utah Insurance Exchange	41556	✓	None		✓	✓					✓		
AAG Benefit Plan Administrators	75240		None		✓	✓					✓		
AARP	AARP		None						✓			✓	
AARP (Enhanced)	CE051		None						✓				
AARP Dental Insurance Plan	AARP1		835	<a href="#">Click Here</a>			✓	✓			✓		Enrollment applies to ERA only and is not necessary prior to sending claims.
AARP Medicare Complete	87726		835	<a href="#">Click Here</a>	✓	✓	✓				✓		Enrollment applies to ERA only and is not necessary prior to sending claims.
AARP United Healthcare Supplemental Plan Only	36273		835	<a href="#">Click Here</a>	✓	✓	✓				✓		Enrollment applies to ERA only and is not necessary prior to sending claims.
ABC Const. Company	41556	✓	None		✓	✓					✓		
ABMA Medical Corp. (Hnet Sr. & Secure Horizons ONLY)	IP079		None		✓	✓					✓		Applicable to providers in Northern Calif. Please contact the EDI Dept for North American Medical Management (NAMM) Lead/Supervisor at 800-956-8000 prior to initial submission of claims.



ABACUS - (Sensitive Information)

File Tools Windows Help

of 0

Menu

Favorites

Master Tables

- Billing
- Billing Codes
- Insurance
  - Policy Categories
  - Insurance Type
  - Insurance Carrier
  - Electronic Payer
- Rate Tables
- Other
- Recovery

Administration

Master Tables

Interface

Billing Management

Patients

Account Management

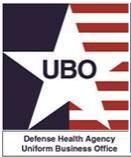
Ledger Posting

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LAB Error Maintenance Sensitive Information Lam, King | Training Environment 3.2.2.0



# Master Table: Electronic Payer

ABACUS - (Sensitive Information)

File Tools Windows Help

of 125

Menu Favorites

Master Tables

- Billing
- Billing Codes
- Insurance
  - Policy Categories
  - Insurance Type
  - Insurance Carrier
  - Electronic Payer
    - Clearinghouse
    - Electronic Payer
    - Electronic Payer ID
- Rate Tables
- Other
- Recovery

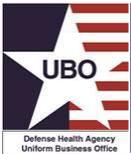
Electronic Payer

Overview

Search [ ] Search View All

Total Records : 125 Page 1/2

Electronic Payer Name
AETNA
AETNA PHARMACY MANAGEMENT
AFFORDABLE BENEFITS ADMIN
ALLIANCE MAMSI
AMERICAN POSTAL WORKERS UNION
ANTHEM - BCBS VA
ARGUS - A
ARGUS - B
ARGUS - C
ASSOCIATED ADMINISTRATORS
AVMED
BCBS - Hawaii HMSA
BCBS AL COMM
BCBS KS COMM
BCBS ND COMM
BCBS NE COMM
BCBS NM COMM
BCBS OF AK-FACILITY
BCBS OF AK-PROFESSIONAL
BCBS OF FLORIDA
BCBS OK COMM
BCBS TX COMM



# Master Table: Electronic Payer ID

ABACUS - (Sensitive Information)

File Tools Windows Help

1 of 114

Menu Favorites

Master Tables

- Billing
- Billing Codes
- Insurance
  - Policy Categories
  - Insurance Type
  - Insurance Carrier
  - Electronic Payer
    - Clearinghouse
    - Electronic Payer
    - Electronic Payer ID
- Rate Tables
- Other
- Recovery

### Electronic Payer ID

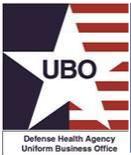
Overview

Electronic Payer: [Dropdown] Payer ID: [Text Box] Search View All

Clearinghouse: [Dropdown]

Total Records : 114 Page 1 / 2

Clearinghouse	Electronic Payer	Payer Id
BRSI Clearinghouse	WELLS FARGO THIRD PARTY ADMINISTRATORS	87815
BRSI Clearinghouse	COMMUNITY HEALTH ELECTRONIC CLAIMS (CHEC ...	75261
BRSI Clearinghouse	UMR WAUSAU	39026
BRSI Clearinghouse	PUBLIC EMPLOYEES HEALTH PLAN UTAH	SX106
BRSI Clearinghouse	PRIORITY HEALTH	38217
BRSI Clearinghouse	HMA (Healthcare Management Administrator)	HMA01
BRSI Clearinghouse	CAPITAL HEALTH PLAN	95112
BRSI Clearinghouse	KAISER FOUNDATION HEALTH PLAN OF SOUTHER...	94134
BRSI Clearinghouse	UMR ONALASKA	79480
BRSI Clearinghouse	GOLDEN RULE	37602
BRSI Clearinghouse	COMMERCE BENEFITS GROUP	34181
BRSI Clearinghouse	VETERANS ADMINISTRATION	12115
BRSI Clearinghouse	AETNA	60054
BRSI Clearinghouse	KITSAP PHYSICIAN SERVICES (KPS)	KPS01
BRSI Clearinghouse	FLORIDA HEALTH CARE PLANS	59322
BRSI Clearinghouse	BCBS - Hawaii HMSA	HIBLU
BRSI Clearinghouse	NALC HEALTH BENEFIT PLAN	53011
BRSI Clearinghouse	RBMS	91176
BRSI Clearinghouse	OPTIMA HEALTH	54154
BRSI Clearinghouse	OPTIMUM CHOICE, INC	87726
BRSI Clearinghouse	MERITAIN HEALTH	41124
BRSI Clearinghouse	MEDCOST BENEFIT SVCS	56205



**Electronic Payer ID** [ - ] [ □ ] [ X ]

Overview | Details

---

**Related To**

Is Active

Clearinghouse:  Payer ID:

Electronic Payer:  Date Added:

Timely Filing Days:

---

**Enrollment**

Enrollment Required

Enrollment Date:  Enrolled By:

---

**Services Accepted**

Claim Status Check Accepted (276/277)?  Insurance Verification Accepted (270/271)?

---

**837**

Institutional Charges  Dental Charges Accepted  Professional Charges Accepted

Pharmacy Charges  Allow For Electronic Attachments

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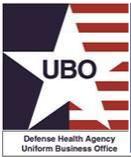
**Fields Required**

NPI Required

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Navigation: [ << ] [ < ] [ 0 ] [ of 0 ] [ > ] [ >> ] [ + ] [ X ]

Payer Code	Group Number	PCN Number	Active Date
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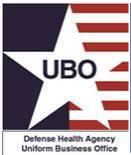


Electronic Payer ID Popup

Detail

Payer ID	<input type="text" value="003858"/>	Group Number	<input type="text"/>
PCN Number	<input type="text"/>	Active Date	<input type="text" value="//"/>

Add/Update



# Master Table: Insurance Carrier

Insurance Carrier

Overview

Search  CHCS Host DMIS  Date   Show Inactive Search View All

Total Records : 13885 Page 1/ 139

Carrier ID	CHCS Host DMIS	Carrier Name	Address 1	Address 2	City	State	Active
▶ 119NY0001	0039	1199 NATIONAL BENEFIT F...	PO BOX 1007		NEW YORK	NY	True
119NY0002	0039	1199 NATIONAL BENEFIT F...	PO BOX 933		NEW YORK	NY	True
119NY0003	0039	1199SEIU BENEFIT FUNDS	330 WEST 42ND S...		NEW YORK	NY	True
119NY0004	0039	1199 SEIU BENEFITS	330 WEST 42ND S...		NEW YORK	NY	True
119NY0005	0039	1199SEIU NATIONAL BENE...	330 WEST 42ND S...		NEW YORK	NY	True
119NY0006	0039	1199 NATIONAL BENEFIT F...	CLAIMS	PO BOX 933	NEW YORK	NY	True
122OH0001	0039	12200 NAS SUPERMED SUP...	PO BOX 94648		CLEVELAND	OH	True
16HIN0001	0039	16 HEALTH PLAN	PO BOX 20593		INDIANAPOLIS	IN	True
21SAL0001	0039	21ST CENTURY BENEFIT PLAN	PO BOX 382048		BIRMINGHAM	AL	True
21SAZ0001	0039	21ST CENTURY INS	PO BOX 520541		PHOENIX	AZ	True
21SNJ0001	0039	21ST CENTURY HEALTH & B...	PO BOX 5037		CHERRY HILL	NJ	True
21SNJ0002	0039	21ST CENTURY HEALTH	PO BOX 50307		CHERRY HILL	NJ	True
21SPA0001	0039	21ST CENTURY HEALTH	1760 MARKET ST ...		PHILADELPHIA	PA	True
342NY0001	0039	342 INSURANCE TRUST	501 WILLIAM FLO...		SHIRLEY	NY	True
4DPMI0001	0039	4D PHARMACY MGMT	3766 W 12 MI RD ...		BERKLEY	MI	True
4DPMI0002	0039	4 D PHARMACY MANAGEME...	3766 WEST 12 MIL...		BERKLEY	MI	True
4DPMI0003	0039	FOUR D PHARMACY MANA...	PO BOX 721098		BERKLEY	MI	True
4MOWV0001	0039	4MOST EMPLOYEE BENEFIT...	PO BOX 8130		ABILENE	WV	True
555AZ0001	0039	555555	44414444		GLENDALE	AZ	True
5STOH0001	0039	5 STAR	PO BOX 141159		CINCINNATI	OH	True
5STVA0001	0039	5 STAR LIFE INSURANCE	P O BOX 141159		CINCINNATI	OH	True
AS1OR0001	0039	AS1 BENEFIT PLAN	1230 SW MORRIS		PORTLAND	OR	True



Insurance Carrier

Overview Details

Carrier Insurance

Carrier ID: AETAZ0008 Carrier Name: AETNA Carrier Type: [Dropdown]  
Date Entered: 01/06/2014 Status: Standard CHCS Host DMIS: 0039  
Activation Date: 01/06/2014 Inactive Date: // Inactivation Source: [Text]  
Master Carrier ID: [Dropdown] Tax ID: [Text]

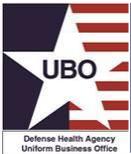
Details

Electronic Billing Data

Carrier ID: AETAZ0008 Carrier Department: Electronic Billing/E [Dropdown]  
Effective Date: 01/01/2016 Termination Date: //  
Electronic Payer ID: AETNA [Dropdown] PCN Number: [Text] BIN Number: [Text]  
Description: [Text]

Add/Update

Carrier ID	Carrier Department	Effective Date	Termination Date	Electronic Payer ID	PCN Number	BIN Number	Input Source
AETAZ0008	Electronic Billing/E	01/01/2016	//	AETNA			



Recovery ver. 2.21.6.37 - (Sensitive Information) [AB\_TRAIN]

Save Cancel Queue Assignment klam Select Queue Info Account Lookup EDI Info

Facility: LOB TPC2-OUT Facility #: Facility NPI 1962468389 Facility RX NPI 1962468389

Loaded From Account Lookup

The account you are looking at is in this Queue --> TPC Out-Process

Account Information: Work Log Work Note Print Account Detail

Last Denial: Last Denial Date: Grouping: Claim in Process Pull Date: 8/18/2017 Resolution: None Working Carrier: Primary

Patient Information | Insured | Placement Information

View Companions

Control #: 170337P0000049 2 Possible Companions

Name(F/L): ALEJANDRO721 MCKENZIE778

SSN: \*\*\* \*\* 6820 ID#

Policy #: H4789026301

DOB: 05/17/1912 Hm Ph: 341-555-6032

RP Name: ALEJANDRO721 JR MCKENZIE778

Employer: UNK

Placement Information:

Date Placed: 7/19/2017

Age at Placement: 59 Days

Date of Service: 5/22/2017 to 5/22/2017

Date Resolved:

Status: Active

Total Billed: 22.50

Payments: 0.00

W/O and Adj: 0.00

Total Remaining: \$22.50

Carrier: Information Requests Letters Images

Select Carrier

(PRIKY0009) PRIME THERAPEUTICS 137 Claims for this Carrier

Address Phone Fax Web Page

Department	Address1	Address2	City	Sta
Claims	PO BOX 14430		LEXINGTON	KY

Notes Status

View All

8/10/2017 3:41 PM NCPDP was batched for transmit on 8/10/2017 [SYS-NCPDP]

Transactions UB04 Balance Billing Change LOB Transfer to Legal Remove Transfer

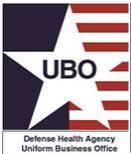
Verified Transactions

Transaction Type	Transaction Verified	Entry Verified	Amount	Entered By	Transaction Date	EOB ID	Note
AR	8/10/2017	8/10/2017	\$22.50	TPC Out-Process	8/10/2017		Record receivable for UB04 170337P0000049 Bill Number 1 in the amount

\$0.00 Remaining: \$22.50

Unverified Transactions

Type	Transaction Verified	Entry Verified	Declined Date	Amount	Entered By	Entered	EOB_ID	Note



Recovery ver. 2.21.6.30 - (Sensitive Information) [A\_FTBLISS\_PROD]

TPC Out-Reject

EDISummaryForm

Patient Name: Control Number: 170108P0078595

Clearinghouse Messages

Err Num	Error Code	Severity	Insured ID	Date of Service	Amt Billed
0		A		2/3/2017	160.47

Error Message: Forwarded to Payer~

Payer: 60054 - AETNA  
Facility: AMC WILLIAM BEAUMONT  
File Name: F:\EDI\A\_FTBLISS\_PROD\Pending\CRDatafileCR\_20170510.TXT

Payer Responses

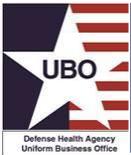
Resp Date	Line Num	Submit Date	Date of Service	Amt Billed	Insured ID
5/16/2017	10		2/3/2017	160.47	

Payer Response: The claim has been forwarded to another entity.- Cannot provide further status electronically. (Code A0-0)~

Payer: AETNA  
Claim File:  
Response File: CRDatafilePR\_20170515.TXT

Unverified Transactions

Type	Transaction Verified	Entry Verified	Declined Date	Amount	Entered By	Entered	EOB_ID	Note



# EDI Rejections on Medical Claims - Payer

Recovery ver. 2.21.6.30 - (Sensitive Information) [A\_FTBLISS\_PROD]

TPC Out-Reject

EDISummaryForm

Patient Name: Control Number:

Clearinghouse Messages

Err Num	Error Code	Severity	Insured ID	Date of Service	Amt Billed
0		A		2/3/2017	160.47

Error Message

Forwarded to Payer~

Payer: 60054 - AETNA  
Facility: AMC WILLIAM BEAUMONT  
File Name: F:\EDI\A\_FTBLISS\_PROD\Pending\CRDatafileCR\_20170510.TXT

Payer Responses

Resp Date	Line Num	Submit Date	Date of Service	Amt Billed	Insured ID
5/16/2017	10		2/3/2017	160.47	

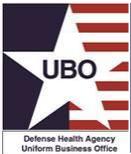
Payer Response

92015- Non-covered charge(s). At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Amount- 19.56 (Code 96)~

Payer: AETNA  
Claim File:  
Response File: CRDatafilePR\_20170515.TXT

Unverified Transactions

Type	Transaction Verified	Entry Verified	Declined Date	Amount	Entered By	Entered	EOB_ID	Note



# EDI Responses on Pharmacy Claims

Recovery ver. 2.21.6.37 - (Sensitive Information) [AB\_TRAIN]

Facility: LOB TPC2-OUT | Facility #: | Facility NPI: 1962468389 | Facility RX NPI: 1962468389

Account Information: Loaded From Account Lookup | The account you are looking at is in this Queue -> TPC Out-Process

Account Information: Work Log | Work Note | Print Account Detail

Last Denial: | Last Denial Date: | Grouping: Claim in Process | Pull Date: 8/18/2017 | Resolution: None | Working Carrier: Primary

Placement Information: Date Placed: 7/19/2017 | Age at Placement: 59 Days | Date of Service: 5/22/2017 to 5/22/2017 | Date Resolved: | Status: Active | Total Billed: 22.50 | Payments: 0.00 | W/O and Adj: 0.00 | Total Remaining: \$22.50

Carrier: (PRIKY0009) PRIME THERAPEUTICS | 137 Claims for this Carrier

Address: PO BOX 14430 | City: LEXINGTON | KY

Notes: 8/9/2017 3:59 PM NCPDP Response loaded from [SYSTEM] F:\PHARMACY\A\_FTBLISS\_PROD\Pending\outputA08\_2017-08-09.txt Control Number 176103P0109671 Bill Number 1

RX Number	Billed	ICP	Fill Fee	CoPay/Ins	Amt Paid	Remaining
RB60124710	FB51	Non-Matched	Group ID 301	FB52	Non-Matched	Cardholder ID 302

PLEASE REQUEST COPY OF THE CARD

Queue: | Grouping: | Pull Offset RuleNum: |

Transactions: UB04 | Balance Billing | Change LOB | Transfer to Legal | Remove Transfer

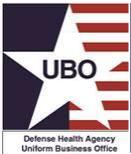
Verified Transactions

Transaction Type	Transaction Verified	Entry Verified	Amount	Entered By	Transaction Date	EOB ID	Note
AR	8/10/2017	8/10/2017	\$22.50	TPC Out-Process	8/10/2017		Record receivable for UB04 170337P0000049 Bill Number 1 in the amount

\$0.00 Remaining: \$22.50

Unverified Transactions

Type	Transaction Verified	Entry Verified	Declined Date	Amount	Entered By	Entered	EOB_ID	Note
------	----------------------	----------------	---------------	--------	------------	---------	--------	------



# ClaimRemedi Denials Management

ABACUS ccunningham

Facility: Benefit Recovery TP Admin | DASHBOARD

Navigation: Dashboard, Enrollment, Reports, Payer List, Code List

**OCTOBER 19, 2017**

**OUTSTANDING CLAIMS**

Days	Count
0-30	0
31-60	0
61-90	0
91-120	0

**REJECTIONS/DENIALS % BY MONTH**

Month	Rejections (%)	Denials (%)
April	0	0
May	0	0
June	0	0
July	0	0
August	0	0
September	0	0
October	0	0

**CLAIM ASSIGNMENTS**

ccunningham

CLAIM ID	ASSIGNED TO	ASSIGNED DATE	DUE DATE	PATIENT NAME	NOTES
No records to display.					

Page size: 10 | 0 items in 1 pages

**TOP PAYER REJECTIONS BY REASON**

August September Month To Date

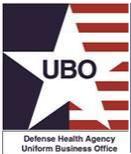
No Data Available  
Select another month

**TOP PAYER DENIALS BY REASON**

August September Month To Date

No Data Available  
Select another month





ABACUS Q Search ccunningham

Facility: Benefit Recovery TP Admin

- Dashboard
- Enrollment
- Reports
- Payer List
- Code List

Custom  
 Claim File  
 Claim  
 ERA File  
 ERA  
 Response Report

### OUTSTANDING CLAIMS

Days	Count
0-30	0
31-60	0
61-90	0
91-120	0

### REJECTIONS/DENIALS % BY MONTH

Month	Rejections	Denials
April	0	0
May	0	0
June	0	0
July	0	0

### CLAIM ASSIGNMENTS

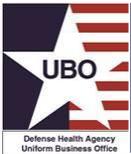
ccunningham

CLAIM ID	ASSIGNED TO	ASSIGNED DATE	DUE DATE	PATIENT NAME	NOTES
No records to display.					

### TOP PAYER REJECTIONS BY REASON

August September Month To Date

No Data Available  
Select another month



**ABACUS** Q Search ▾ ccunningham

Facility: Benefit Recovery TP Admin

Dashboard  
Enrollment  
Reports  
Payer List  
Code List

**OUTSTANDING CLAIMS**

Days	Count
0-30	0
31-60	0
61-90	0
91-120	0

**REJECTIONS/DENIALS % BY MONTH**

Month	Rejections (%)	Denials (%)
April	0	0
May	0	0
June	0	0
July	0	0

**CLAIM ASSIGNMENTS**

ccunningham

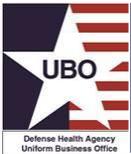
CLAIM ID	ASSIGNED TO	ASSIGNED DATE	DUE DATE	PATIENT NAME	NOTES
No records to display.					

**TOP PAYER REJECTIONS BY REASON**

August September Month To Date

No Data Available  
Select another month

ABACUS 2017 (05)



?
⚙️
KingLTP

Facility: Ft. Bliss
SEARCH RESULTS

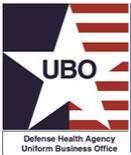
[Eligibility](#)
[Claim File](#)
[Claim](#)
[ERA File](#)
[ERA](#)
[Response Report](#)

▶ Details

CLAIM FILE SEARCH RESULTS

	TYPE	FILE NAME	UPLOADED	USER NAME	ERRORS (\$)	STATUS	TOTAL	FWD TO PAYER	ERRORS	REMOVED	FIXED
▶	P	1617_TPC2-OUT_X222_20170915B.enc	9/15/2017 7:44:26 AM	WS_Bliss	\$0.00	Resolved	1	1	0	0	0
▶	I	1481_TPC2-OUT_X223_20170915D.enc	9/15/2017 7:44:22 AM	WS_Bliss	\$0.00	Resolved	1	1	0	0	0
▶	I	0277_TPC2-OUT_X223_20170915A.txt	9/15/2017 10:22:49 AM	KingLTP	\$17.64	Ready to Edit	1	0	1	0	0
▶	P	0108_TPC2-OUT_X222_20170915A.enc	9/15/2017 7:44:13 AM	WS_Bliss	\$0.00	Resolved	10	10	0	0	0
▶	I	0108_MSA34-OUT_X223_20170915B.enc	9/15/2017 7:44:09 AM	WS_Bliss	\$54,670.46	Ready to Edit	25	0	25	0	0
▶	I	0108_MSA11-OUT_X223_20170915A.enc	9/15/2017 7:44:04 AM	WS_Bliss	\$0.00	Resolved	3	3	0	0	0
▶	I	0108_TPC2-	9/14/2017 7:35:09 AM	WS_Bliss	\$0.00	Resolved	6	6	0	0	0

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eSolutions Search KingLTP

Facility: Ft. Bliss

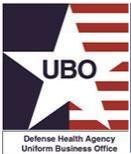
SEARCH RESULTS Eligibility **Claim File** Claim ERA File ERA Response Report

Details

CLAIM FILE SEARCH RESULTS

	TYPE	FILE NAME	UPLOADED	USER NAME	ERRORS (\$)	STATUS	TOTAL	FWD TO PAYER	ERRORS	REMOVED	FIXED
▶	P	1617_TPC2-OUT_X222_20170915B.enc	9/15/2017 7:44:26 AM	WS_Bliss	\$0.00	Resolved	1	1	0	0	0
▶	I	1481_TPC2-OUT_X223_20170915D.enc	9/15/2017 7:44:22 AM	WS_Bliss	\$0.00	Resolved	1	1	0	0	0
▶	I	0277_TPC2-OUT_X223_20170915A.txt	9/15/2017 10:22:49 AM	KingLTP	\$17.64	Ready to Edit	1	0	1	0	0
▶	P	0108_TPC2-OUT_X222_20170915A.enc	9/15/2017 7:44:13 AM	WS_Bliss	\$0.00	Resolved	10	10	0	0	0
▶	I	0108_MSA34-OUT_X223_20170915B.enc	9/15/2017 7:44:09 AM	WS_Bliss	\$54,670.46	Ready to Edit	25	0	25	0	0
▶	I	0108_MSA11-OUT_X223_20170915A.enc	9/15/2017 7:44:04 AM	WS_Bliss	\$0.00	Resolved	3	3	0	0	0
▶	I	0108_TPC2-OUT_X223_20170915A.txt	9/14/2017 7:35:09 AM	WS_Bliss	\$0.00	Resolved	6	6	0	0	0

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**eSolutions** Search KingLTP

Facility: Benefit Recovery TP Admin

### Claim File Editor

Errors Summary

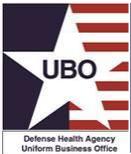
**LOCKED FOR EDITING** Reports: [Icons]

CLAIM ID	CLAIM TYPE	TOTAL \$ BILLED	TOTAL \$ PAID	UPLOADED
0277_TPC2-OUT_X223_20170915A.txt	Institutional	\$17.64	\$0.00	9/15/2017

View: **Errors** Claims

SEVERITY	ERROR	NOTE	STATUS
<b>WARNING</b>	INVALID BILLING PROVIDER ZIP CODE STATE GA FOR ZIP CODE 00501. THE CORRECT STATE IS NY.		UNCHANGED
<b>FATAL</b>	THIS PROVIDER ID (NPI 1962468389) IS ALREADY ASSIGNED TO A DIFFERENT PROVIDER IN OUR SYSTEM.	ERROR CANNOT BE CORRECTED AT THIS TIME	UNCHANGED

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**eSolutions** Search [v] [?] [gears] [KingLTP]

Facility: Benefit Recovery TP Admin [v]

**Claim File Editor** Errors Summary

**LOCKED FOR EDITING** Reports: [v] [tools] [lock] [trash]

0277\_TPC2-OUT\_X223\_20170915A.txt CLAIM TYPE: Institutional TOTAL \$ BILLED: \$17.64 TOTAL \$ PAID: \$0.00 UPLOADED: 9/15/2017

View: **Errors** Claims

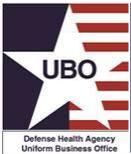
SEVERITY	ERROR	NOTE	STATUS
<b>WARNING</b>	INVALID BILLING PROVIDER ZIP CODE STATE GA FOR ZIP CODE 00501. THE CORRECT STATE IS NY.		UNCHANGED

REMOVE OVERRIDE ASSIGN

CLAIM ID	LAST NAME	FIRST NAME	INSURED'S ID	DOS	PAYER	PAYER ID	AMOUNT	STATUS
170277P0003299	ALEXANDER4	JENNIFER4	WW012414322	3/3/2015	AETNA US HEALTHCARE	60054	\$17.64	UNCHANGED

<b>FATAL</b>	THIS PROVIDER ID (NPI 1962468389) IS ALREADY ASSIGNED TO A DIFFERENT PROVIDER IN OUR SYSTEM.	ERROR CANNOT BE CORRECTED AT THIS TIME	UNCHANGED
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Search
KingLTP

Facility: Benefit Recovery TP Admin
Claim File Editor
Errors
Summary

**LOCKED FOR EDITING**

Reports:

0277\_TPC2-OUT\_X223\_20170915A.txt

CLAIM TYPE:  
Institutional

TOTAL \$ BILLED:  
\$17.64

TOTAL \$ PAID:  
\$0.00

UPLOADED:  
9/15/2017

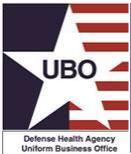
View:

Errors

Claims

SEVERITY	ERROR	NOTE	STATUS						
▼ WARNING	INVALID BILLING PROVIDER ZIP CODE STATE GA FOR ZIP CODE 00501. THE CORRECT STATE IS NY.	▼	UNCHANGED						
<span>REMOVE</span> <span>↶ OVERRIDE</span> <span>↕ ASSIGN</span>									
CLAIM ID	LAST NAME	FIRST NAME	INSURED'S ID	DOS	PAYER	PAYER ID	AMOUNT	STATUS	
<input checked="" type="checkbox"/>	170277P0003299	ALEXANDER4	JENNIFER4	WW012414322	3/3/2015	AETNA US HEALTHCARE	60054	\$17.64	UNCHANGED
▶ FATAL	THIS PROVIDER ID (NPI 1962468389) IS ALREADY ASSIGNED TO A DIFFERENT PROVIDER IN OUR SYSTEM.		▲	ERROR CANNOT BE CORRECTED AT THIS TIME		▼	UNCHANGED		

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Facility  
Benefit Recovery TP Admin

Dashboard

Enrollment

Submit

Reports

Statements

EDI Testing

Payer List

Code List

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### Edit Template

**CLAIM INFO**

<input type="checkbox"/>	ACCOUNT	PAT. LAST NAME	PAT. FIRST NAME	INSURED ID	DOS	PAYER ID	AMOUNT	FIXED
<input checked="" type="checkbox"/>	170277P0003299	ALEXANDER4	JENNIFER4	WW012414322	3/3/2015	60054	\$17.64	

**ERROR INFO**

**Scope:** **Message:**  
Invalid Billing Provider Zip Code state GA for zip code 00501. The correct state is NY.

**EDITOR**

Billing Provider Street Address: 12345 WEST RD  
Billing Provider Street Address line 2: STE 1000 CDE B  
Billing Provider City: ATLANTA  
Billing Provider State: GA  
Billing Provider Zip Code: 00501

KingLTP

UPLOADED: 9/15/2017

PAYER ID	AMOUNT	STATUS
60054	\$17.64	UNCHANGED

**Edit Template** ✕

**CLAIM INFO**

<input type="checkbox"/>	ACCOUNT	PAT. LAST NAME	PAT. FIRST NAME	INSURED ID	DOS	PAYER ID	AMOUNT	FIXED
<input checked="" type="checkbox"/>	170277P0003299	ALEXANDER4	JENNIFER4	WW012414322	3/3/2015	60054	\$17.64	

**ERROR INFO**

Scope: **Message:**  
 Invalid Billing Provider Zip Code state GA for zip code 00501. The correct state is NY.

**EDITOR** ✕

Billing Provider Street Address 12345 WEST RD	Billing Provider Street Address line 2 STE 1000 CDE B	Billing Provider City ATLANTA
Billing Provider State GA	Billing Provider Zip Code 30301	

SAVE >>

### Edit Template ✕

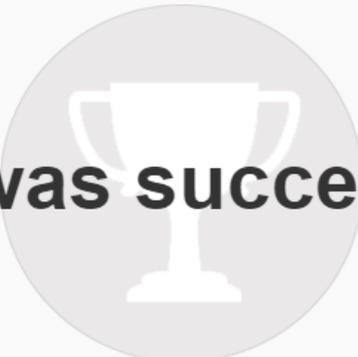
#### CLAIM INFO

<input type="checkbox"/>	ACCOUNT	PAT. LAST NAME	PAT. FIRST NAME	INSURED ID	DOS	PAYER ID	AMOUNT	FIXED
<input type="checkbox"/>	170277P0003299	ALEXANDER4	JENNIFER4	WW012414322	3/3/2015	60054	\$17.64	✓

#### ERROR INFO

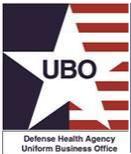
**Scope:**  **Message:** Invalid Billing Provider Zip Code state GA for zip code 00501. The correct state is NY.

#### EDITOR ✕



## Edit was successful!

[SAVE >>](#)



**eSolutions** Search ? ⚙️ 👤 KingLTP

Facility: Benefit Recovery TP Admin

Claim File Editor Errors Summary

**LOCKED FOR EDITING** Reports: 🔗 🧼 🔒 🗑️ Close and Rescrub File

0277\_TPC2-OUT\_X223\_20170915A.txt CLAIM TYPE: Institutional TOTAL \$ BILLED: \$17.64 TOTAL \$ PAID: \$0.00 UPLOADED: 9/15/2017

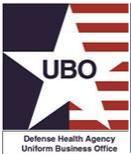
View: **Errors** Claims

SEVERITY	ERROR	NOTE	STATUS
▶ WARNING	INVALID BILLING PROVIDER ZIP CODE STATE GA FOR ZIP CODE 00501. THE CORRECT STATE IS NY.		COMPLETELY CHANGED
▼ FATAL	THIS PROVIDER ID (NPI 1962468389) IS ALREADY ASSIGNED TO A DIFFERENT PROVIDER IN OUR SYSTEM.	ERROR CANNOT BE CORRECTED AT THIS TIME	UNCHANGED

🗑️ REMOVE    🔄 OVERRIDE    ⬆️ ASSIGN

CLAIM ID	LAST NAME	FIRST NAME	INSURED'S ID	DOS	PAYER	PAYER ID	AMOUNT	STATUS
170277P0003299	ALEXANDER4	JENNIFER4	WW012414322	3/3/2015	AETNA US HEALTHCARE	60054	\$17.64	UNCHANGED

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**eSolutions** Search ? ⚙️ 👤 KingLTP

Facility: Benefit Recovery TP Admin

Claim File Editor Errors Summary

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**LOCKED FOR EDITING** Reports: [v] 🔗 📄 ✨ 🔒 🗑️

0277\_TPC2-OUT\_X223\_20170915A.txt CLAIM TYPE: Institutional    TOTAL \$ BILLED: \$17.64    TOTAL \$ PAID: \$0.00    UPLOADED: 9/15/2017

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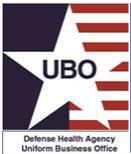
View: Errors Claims

SEVERITY	ERROR	NOTE	STATUS
▶ WARNING	INVALID BILLING PROVIDER ZIP CODE STATE GA FOR ZIP CODE 00501. THE CORRECT STATE IS NY.		COMPLETELY CHANGED
▼ FATAL	THIS PROVIDER ID (NPI 1962468389) IS ALREADY ASSIGNED TO A DIFFERENT PROVIDER IN OUR SYSTEM.	ERROR CANNOT BE CORRECTED AT THIS TIME	UNCHANGED

REMOVE   
  OVERRIDE   
  ASSIGN

CLAIM ID	LAST NAME	FIRST NAME	INSURED'S ID	DOS	PAYER	PAYER ID	AMOUNT	STATUS
170277P0003299	ALEXANDER4	JENNIFER4	WW012414322	3/3/2015	AETNA US HEALTHCARE	60054	\$17.64	UNCHANGED

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**ABACUS** Q Search KingLTP

Facility: Benefit Recovery TP Admin

**Claim File Editor** Errors Summary

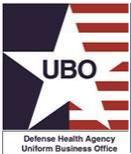
**FILE CHANGED** Reports: 🔗 📁 🔧 🔒 🗑️

0277_TPC2- OUT_X223_20170915A.txt	CLAIM TYPE: Institutional	TOTAL \$ BILLED: \$17.64	TOTAL \$ PAID: \$0.00	UPLOADED: 9/15/2017
--------------------------------------	------------------------------	-----------------------------	--------------------------	------------------------

View: Errors Claims

SEVERITY	ERROR	NOTE	STATUS					
WARNING	INVALID BILLING PROVIDER ZIP CODE STATE GA FOR ZIP CODE 00501. THE CORRECT STATE IS NY.		COMPLETELY CHANGED					
<span>🗑️ REMOVE</span> <span>🔄 OVERRIDE</span> <span>↕ ASSIGN</span>								
CLAIM ID	LAST NAME	FIRST NAME	INSURED'S ID	DOS	PAYER	PAYER ID	AMOUNT	STATUS
170277P0003299	ALEXANDER4	JENNIFER4	WW012414322	3/3/2015	AETNA US HEALTHCARE	60054	\$17.64	CHANGED
FATAL	THIS PROVIDER ID (NPI 1962468389) IS ALREADY ASSIGNED TO A DIFFERENT PROVIDER IN OUR SYSTEM.		ERROR CANNOT BE CORRECTED AT THIS TIME		UNCHANGED			

ABACUS 2017 (04)



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Facility Benefit Recovery TP Admin
SEARCH RESULTS
Eligibility Claim File **Claim** ERA File ERA Response Report

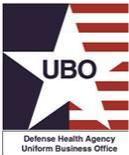
- Dashboard
- Enrollment
- Submit
- Reports
- Statements
- EDI Testing
- Payer List
- Code List

Details

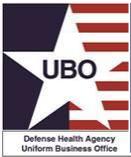
CLAIM SEARCH RESULTS

UPLOADED	PAT. LAST	PAT. FIRST	CLAIM ID	FILE NAME	DOS	BILLED \$	PAID \$	PAYER NAME	STATUS	PROVIDER
9/12/2017 9:18:14 AM	AGUIRRE152	LISA69	TO15-0008394	0266_TPC-OUT_X223_20170912A.txt	1/5/2015	\$7.76	N/A	AETNA US HEALTHCARE	Error	A ATKINSON033
9/12/2017 10:11:48 AM	AGUIRRE152	LISA69	TO15-0008394	0266_TPC-OUT_X223_20170912A.txt	1/5/2015	\$7.76	N/A	AETNA US HEALTHCARE	Error	A ATKINSON033
9/12/2017 10:13:24 AM	AGUIRRE152	LISA69	TO15-0008394	0266_TPC-OUT_X223_20170912D.txt	1/5/2015	\$7.76	N/A	AETNA US HEALTHCARE	Error	A ATKINSON033
9/12/2017 9:55:23 AM	ALEXANDER4	JENNIFER4	170277P0003111	0277_TPC2-OUT_X222_20170912A.txt	2/4/2017	\$72.74	N/A	AETNA US HEALTHCARE	Error	G DAVID
9/14/2017 8:38:30 AM	ALEXANDER4	JENNIFER4	170277P0003278	0277_TPC2-OUT_X223_20170914A.txt	8/12/2017	\$27.30	N/A	AETNA US HEALTHCARE	Error	G DAVID
9/15/2017 10:22:49 AM	ALEXANDER4	JENNIFER4	170277P0003299	0277_TPC2-OUT_X223_20170915A.txt	3/3/2015	\$17.64	N/A	AETNA US HEALTHCARE	Updated	G DAVID
						\$140.96				

Page size: 50
6 items in 1 pages



- For a more detailed look at ClaimRemedi and its features, please refer to the ClaimRemedi user manual which can be viewed at the address below:
- <http://trvideos.claimremedi.com/videos/ClaimRemediPortalManual.pdf>



# Working Pharmacy Claim Errors

ABACUS - (Sensitive Information)

File Tools Windows Help

of 0

Menu

Favorites

Account Management

- Recovery
- Recovery Management Tools
- Maintenance Tools
- Recovery Reporting
  - Weekly Transactions
  - DD 2570
- Financial Reports
- Recovery Reports
- Custom Tools
  - Custom Tools Maintenance
- NRV
- MSA
- MSA Reports
- AMAC

Administration

Master Tables

Interface

Billing Management

Patients

Account Management

Ledger Posting

Recovery ver. 2.21.6.37 - (Sensitive Information) [AB\_TRAIN]

Facility: TPC2-OUT | Facility #: 1962468389 | Facility NPI: 1962468389  
Tax ID: | Facility RX NPI: 1962468389

Placement Information: Date Placed: 7/19/2017 | Age at Placement: 59 Days | Date of Service: 5/22/2017 to 5/22/2017 | Date Resolved: | Status: Active | Total Billed: 22.50 | Payments: 0.00 | W/O and Adj: 0.00 | Total Remaining: \$22.50

Account Information: Last Denial: | Last Denial Date: | Grouping: Bill Ready to Print | Pull Date: 8/18/2017 | Resolution: None | Working Carrier: Primary

Carrier: (PRIKY0009) PRIME THERAPEUTICS | 137 Claims for this Carrier

Address	Phone	Fax	Web Page	
Department	Address1	Address2	City	State
Claims	PO BOX 14430		LEXINGTON	KY

Notes: 8/10/2017 3:41 PM NCPDP was batched for transmit on 8/10/2017 [SYS-NCPDP]

Transactions: UB04 | Balance Billing | Change LOB | Transfer to Legal | Remove Transfer

Verified Transactions

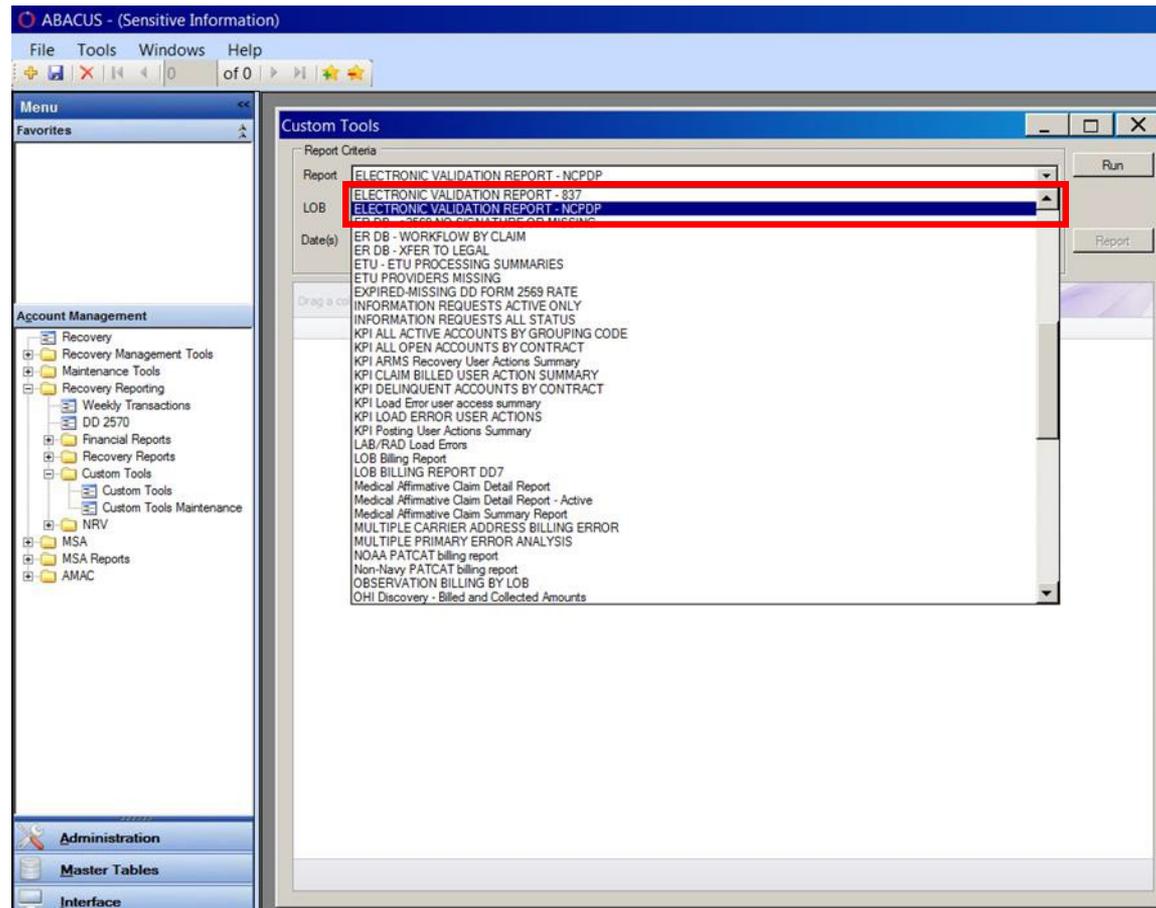
Transaction Type	Transaction Verified	Entry Verified	Amount	Entered By	Transaction Date	EOB ID	Note
AR	8/10/2017	8/10/2017	\$22.50	TPC Out-Process	8/10/2017		Record receivable for UB04 170337P0000049 - Bill Number 1 in the amount

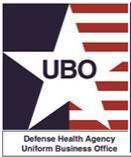
\$0.00 Remaining: \$22.50

Unverified Transactions

Type	Transaction Verified	Entry Verified	Declined Date	Amount	Entered By	Entered	EOB_ID	Note
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Sensitive Information | Lam, King | Training Environment | 3.2.2.0





Thank You

**Questions?**



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