



ABACUS Electronic Billing

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Presented by: Ms. Elizabeth Tellez, UBO Manager - NMRTC Bremerton
December 2022

Purpose

- Electronic Claims Life Cycle
- 837 Electronic Data Interchange (EDI)
- 835 Electronic Remittance Advice (ERA)
- Electronic Funds Transfers (EFT)
- ABACUS Recovery
- Additional Resources



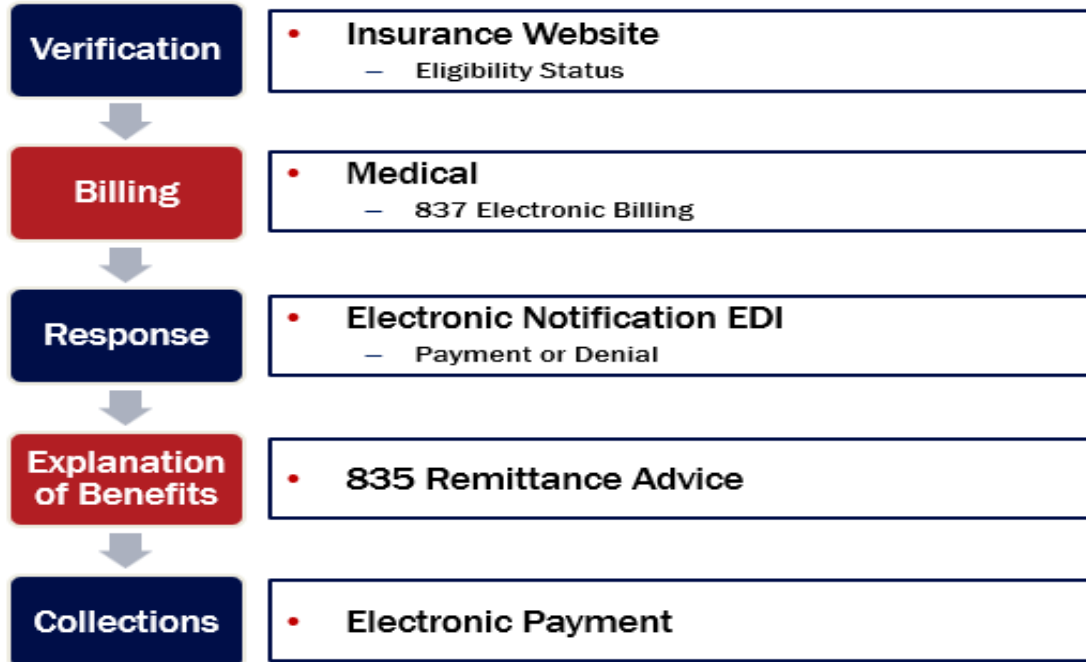
Electronic Claims Life Cycle



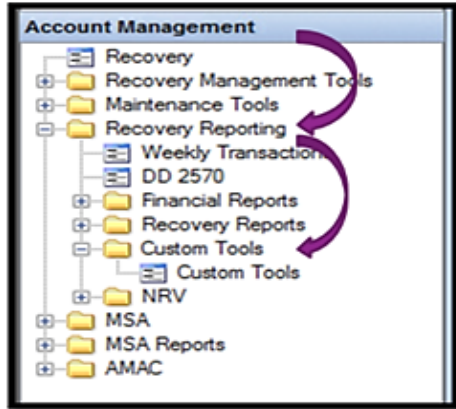
Medically Ready Force... Ready Medical Force



Electronic Claims Life Cycle



Medical Insurance Data Report

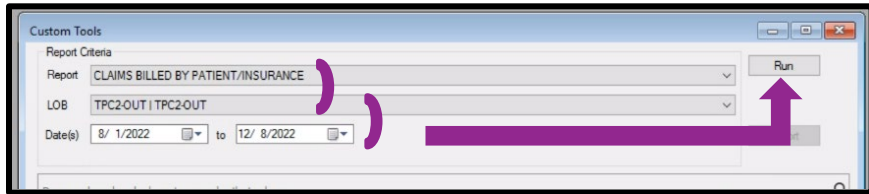


Select "Claims billed by patient/insurance"

Select LOB "TPC2-OUT" from drop-down

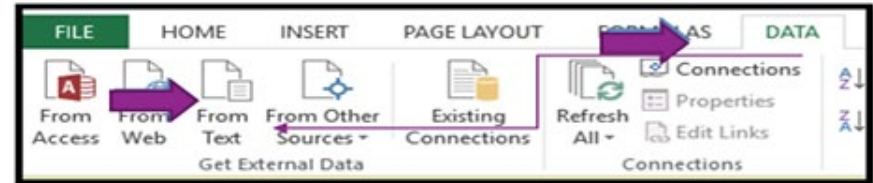
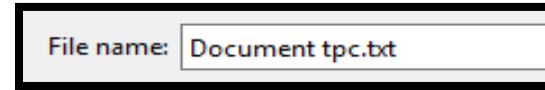
Select Date (last 3-6 months)

Select "Run" & then "Report"



Medical HIC IDs Billed

- Pop-up Preview → Export Document
 - Select “Text File” from the drop down
 - Pop-up → OK
 - Pop-up → “Save As” → Insert File Name
 - Select “Save”
- Save to Desktop
 - Pop-up → “Do you want to open this file” click “No”
- Open new Excel workbook
 - “Data” → “Get External Data” → “Select from Text”
 - Find intended document → Select “Import”
 - ✓ Pop-up → ”Next” → ”Next” → ”Finish”
 - ✓ Pop-up → Import Data select “OK”
- Save As “MTF Name Payer List Electronic v1.Excel”

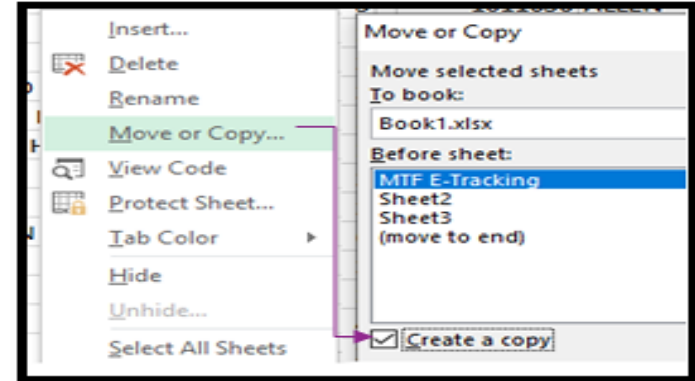


Medical HIC IDs Billed

- Rename Sheet1 as “1y Claim Billed Master”

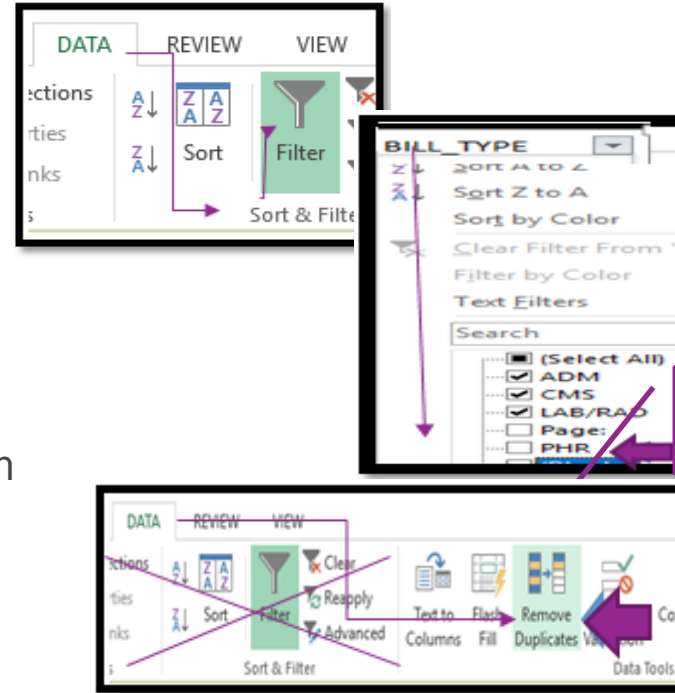
For Official Use Only	Header Row			ABACUS					NH BREMERTON
			CLAIMS BILLED BY PATIENT/INSURANCE					1 BOONE RD CODE 08RAZD	
								BREMERTON, WA 98312	
NO_OF_CLAIMS	PATIENT_IEN	PAT_L_NAME	PAT_F_NAME	CARRIER_ID	PAYER_NAME	POLICY_NUMBER	GROUP_NUMBER	GROUP_NAME	BILL_TYPE

- Copy data to another tab
 - Right-click tab “1y Claim Billed Master,” select “move or copy” → “Create a Copy”
 - Copy for Pharmacy HICs, also as safety file



Medical HIC IDs Billed

- Select “Header Row”
- Go to “Data” in top menu
 - In “Sort and Filter” select “Filter”
- Select “Header Row” again → “Filter Column by Bill Type”
 - Select “PHR” from drop-down
 - Select all “PHR” rows and delete
 - Select ALL from Bill Type and click OK
 - Pharmacy HICs next phase
- Select/Highlight “Header Row” along with all data rows
- Go to “Data”
 - In “Data Tools” select “Remove Duplicates”

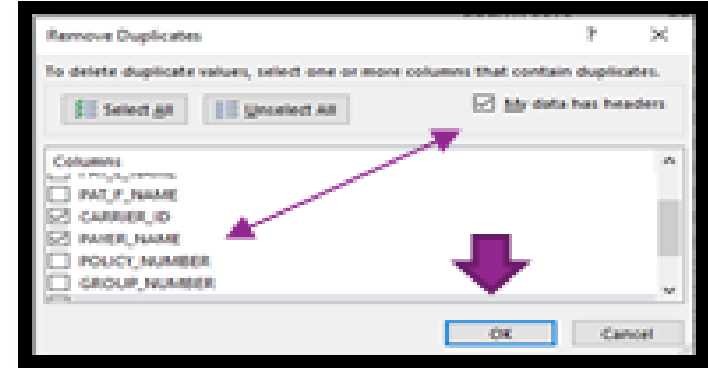


Only select PHR, rest are not checked.



Medical HIC IDs Billed

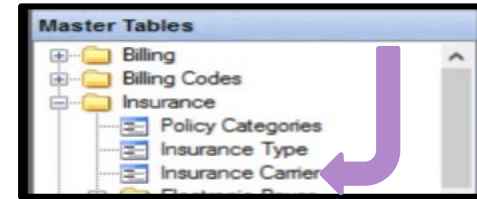
- Pop-up “Remove Duplicates” → Check Box “My Data Has Headers” and Select “Carrier ID” → “Payer Name” → “OK”
- A Box “Removed Duplicates” will show → “OK”
- List of all Billed MD Carrier ID (HIC) and Payer Name
 - Right-click tab “Rename” as “2y Claim Billed Medical



CARRIER_ID	PAYER_NAME
AETKY0010	AETNA US HEALTHCARE
AETTX0031	AETNA US HEALTHCARE
BCBWA0001	BCBS FEDERAL WASHINGTON
CIGDE0015	CIGNA INTERNATIONAL

Medical Payer – HIC ID list

- Log in to ABACUS
- Go to Master Tables → Insurance Carrier
- Enter HIC ID from list into Search box
 - Select Carrier ID HIC ID line
- Select “Carrier Addresses” tab for MD address



Carrier ID	CHCS Host DMIS	Carrier Name	Address 1	Address 2	City	State	Active
AETCA0038	0109	AETNA	PO BOX 24019		FRESNO	CA	True
AETCA0039	0109	AETNA US HEALTH CARE	PO BOX 981107		EL PASO	TX	True
AETCA0040	0109	AETNA	PO BOX 24031		FRESNO	CA	True

Carrier Department	Address 1	Address 2	City	State	Country	Zip	Zip Extn
Client	PO BOX 129010		SAN DIEGO	CALIFORNIA	UNITED STATES	92112	



Medical Payer – HIC ID List

- Select “Electronic Billing Data” tab for Payer ID
 - Insert data into Excel



Carrier Department	Payer Id	PCN Number	BIN Number	Effective Date
Electronic Billing/...	AETNA 60054		60054	01/01/2000

HIC ID	MEDICAL PAYER	PAYER ID	PLAN	ADDRESS
AARGA0001	AARP Healthcare Options	36273	Commercial	PO Box 740819 Atlanta GA 30374

- Prior Auth: Add notes → MTF Notes: Add notes
- Duplicate HIC IDs
 - Research and Choose one or research and add notes how to choose correct HIC ID if duplicates exist
- Repeat for every payer, or top payers to start



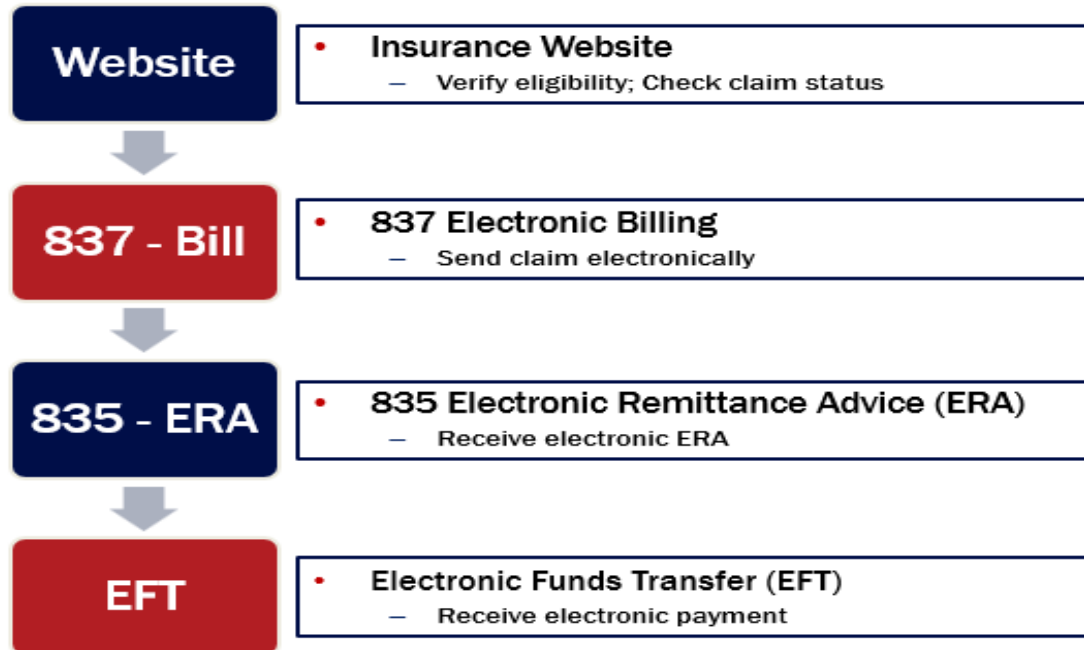
Electronic Data Interchange (EDI) ABACUS 837



Medically Ready Force... Ready Medical Force



EDI Set-up



EDI Set-up

- Master Tables → Insurance → Insurance Carrier

Insurance Carrier

Overview Details

Carrier Insurance

Carrier ID: AETKY0010 Carrier Name: AETNA US HEALTHCARE Carrier Type: [Dropdown]

Date Entered: 11/03/2008 Status: Standard CHCS Host DMS: 0125

Activation Date: 01/01/2000 Inactive Date: / / Inactivation Source: [Dropdown]

Master Carrier ID: [Dropdown] Tax ID: 066033492

View Change Log

Carrier Coverage Type Carrier Addresses Electronic Billing Data Carrier Web Addresses Carrier Fax Numbers Carrier Call Centers Carrier Contacts Carrier Comments

Coverage Type	Coverage Status	Payer Billing Type	Effective Date	Termination Date	Description	Input Source
MD	Standard	B	01/01/2000			Conv...

- Choose Carrier-Payer HIC ID
 - Extra Coverage types can be removed
- Address Updated can be updated in PO Box 14079

Carrier Coverage Type Carrier Addresses Electronic Billing Data Carrier Web Addresses Carrier Fax Numbers Carrier Call Centers Carrier Contacts Carrier Comments

Carrier Department	Address 1	Address 2	City	State	Country	Zip	Zip Extn	Email
Claims	PO BOX 14079		LEXINGTON	KENTUCKY	UNITED STATES	40512		



Insurance Carrier

- Add Electronic Billing Data

Carrier Department	Payer Id	PCN Number	BIN Number	Effective Date
Electronic Billing/...	AETNA 60054		60054	01/01/2000

Electronic Billing Data

Carrier ID: AETKY0010
 Carrier Department: Electronic Billing/EE
 Effective Date: 01/01/2000
 Termination Date: / /
 Electronic Payer ID: AETNA 60054
 PCN Number:
 BIN Number: 60054

- Adding Master Carrier

AETKY0034	0125	AETNA GLOBAL BENEFITS	PO BOX 14079		LEXINGTON	KY	True
AETKY0010	0125	AETNA US HEALTHCARE	PO BOX 14079		LEXINGTON	KY	True
AETKY0005	0125	AETNA US HEALTHCARE	PO BOX 14089		LEXINGTON	KY	True

- Removed extra Coverage Types

Coverage Type	Coverage Status	Payer Billing Type	Effective Date	Termination Date	Description	Input Source
MD	Standard	B	01/01/2000		AETNA US HEALTHCARE	Conv...



Insurance Carrier

- Verified electronic, deleted (X) if not blank

Carrier Department	Payer Id	PCN Number	BIN Number	Effective Date	Termination Date	Input Source

- Add/select Master Carrier

Insurance Carrier

Overview Details

Carrier Insurance

Carrier ID: AETKY0005 Carrier Name: AETNA US HEALTHCARE

Date Entered: 11/03/2008 Status: Standard

Activation Date: 01/01/2000 Inactive Date: / /

Master Carrier ID: [Dropdown]

Tax ID: [Text]

Details

Search: aetky0010

Carrier ID	Carrier Name	CHCS Host DMIS
AETKY0010	AETNA US HEALTHCARE	0125

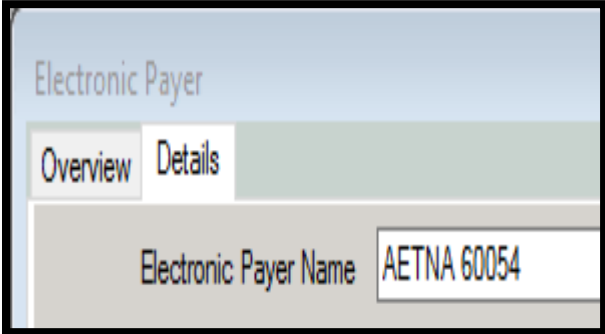
Master Carrier ID: AETKY0010 [Dropdown]

- Save



Electronic Payer

- Master Tables → Insurance → Electronic Payer
 - Electronic Payer & Payer ID
- MTF Detailed HIC ID Data for Medical is Tracker in Excel
- Setting up a HIC ID to bill electronically
 - Electronic Payer
 - Electronic Payer ID
 - ✓ <https://www.practiceinsight.net/payers/payer-list/>
 - Insurance Carrier



Electronic Payer

Overview Details

Electronic Payer Name AETNA 60054



Electronic Payer

- Electronic Payer
 - Add Payer ID

- Search by Name or Payer ID
 - Electronic Payer-Timely Filing Days: Aetna is several years, update

- Save

The screenshot shows the 'Electronic Payer ID' interface. On the left, there is a sidebar with 'Clearinghouse' and 'BRSI Clearinghouse' (expanded). The main area has a search bar with 'aetna' entered. Below the search bar, a table lists results under the heading 'ELECTRONIC PAYER':

ELECTRONIC PAYER	
AETNA 60054	
AETNA PHARMACY MANAGEMENT 610502	

The screenshot shows the 'Electronic Payer ID' interface with the search term '60054' entered in the 'Payer ID' field. The search results table is as follows:

Clearinghouse	Electronic Payer	Payer Id
BRSI Clearinghouse	AETNA 60054	60054

At the bottom of the table, it indicates 'Total Records : 1'.



Electronic Payer

Electronic Payer ID

Overview Details

Related To

Is Active

Clearinghouse

Electronic Payer

Payer ID

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

Pharmacy Charges

Dental Charges Accepted

Allow For Electronic Attachments

Professional Charges Accepted

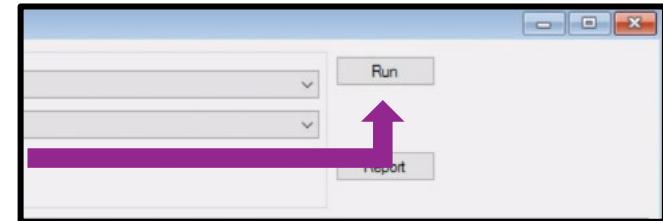
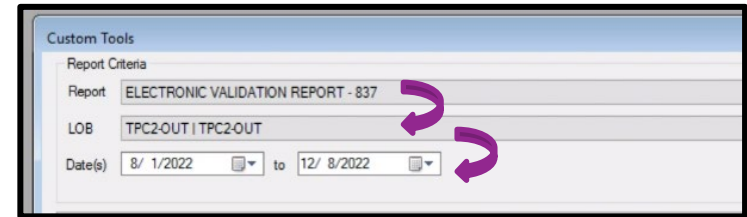
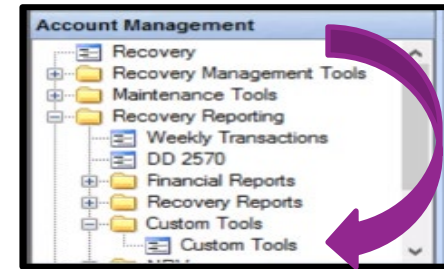


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Validate 837 Submissions

- Log in to ABACUS
- Go to Account Management → Custom Tools → Custom Tools
- Custom Tools-Report Criteria
 - Select “ELECTRONIC VALIDATION REPORT -837” from drop-down
 - Select LOB “TPC2- OUT” from drop-down
 - Select date (last 2-6 months)

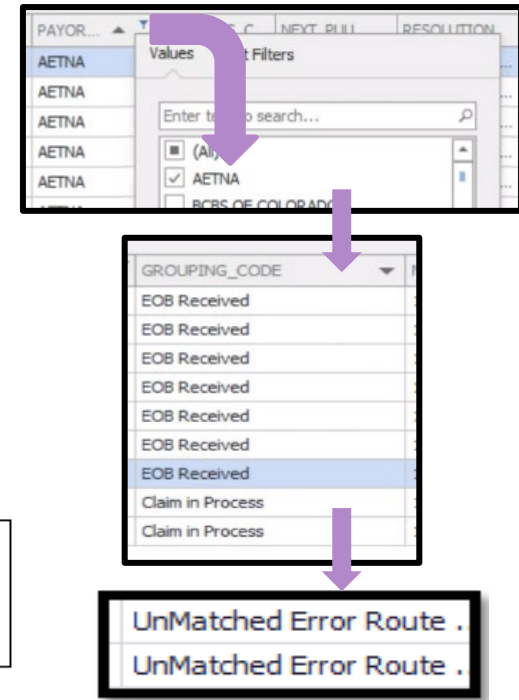


Validate 837 Submissions

- Click on Payer tab, select “Aetna” from drop-down
- Review Grouping_Code tab for processed encounters
- Repeat for all payers

Training Point- Grouping Code

If there are issues, it is not always apparent. Claim in Process or Electronic Bill Submitted look good, but the claim may not have gone out, or no response from insurance; check the Transmit date and Recovery for the control number if needed.



Electronic Remittance Advice (ERA) ABACUS 835

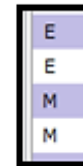
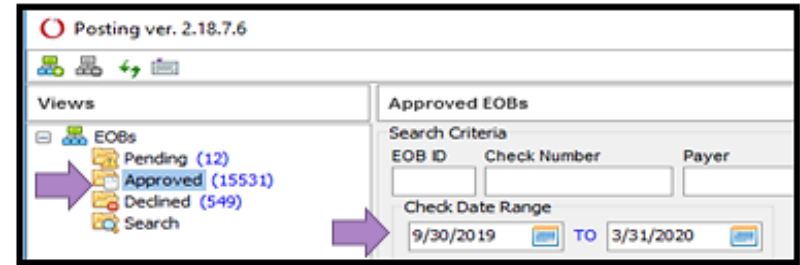
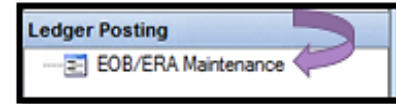


Medically Ready Force... Ready Medical Force



835 Electronic Remittance Advice

- Identify current electronic 835-ERA in ABACUS
- Log into ABACUS
 - Go to Ledger Posting → EOB ERA Maintenance
 - Select EOBs Approved
 - ✓ Select “Payer” in header row to alphabetize
 - E is 835-ERA and M is Manual



835 Electronic Remittance Advice

- 835 ERA has all required data

EDISummaryForm

Patient Name: [REDACTED]

Clearinghouse Messages ERA 835

Entered On	Payer Name	Check Date	Check ID	Check Amount	Control Num	Total Billed	Amount Paid	Pat. Resp.
8/7/2019	PREMERA BLUE CROSS	8/6/2019	4000049615	6428.2	[REDACTED]	31	31	0

Account Note

Electronic Remittance Advice data loaded from:
F:\EDI\W_BREMERTON_PROD\Pending\CR835_20190806.BC.enc

Bulk payment (CHK) of 6,428.20 on Check 4000049615 dated 8/6/2019 Trace 1910499247 2
PREMERA BLUE CROSS
PO BOX 91059
SEATTLE, WA 98111
91-0499247
PER*BL*EDI TEAM*EM*EDI@PREMERA.COM*TE*8004352715~

Check made payable to:
NAVAL HOSPITAL BREMERTON
1 BOONE RD
CODE 08RAZD
BREMERTON, WA 98312
Payee TaxId 91-0565147 NPI 1427010420

Claim 15 [REDACTED] 31.00 paid 31.00 Patient Responsibility is 0.00
Payer's Claim Control Number = F19186034270
Claim received by payer on 7/3/2019
Service from 6/6/2019 to 6/6/2019

Patient: [REDACTED]

Service Lines:

SVC ID	SVC Date	Charged	Paid
NU:0250	6/6/2019	13.70	13.70
NU:0250	6/6/2019	17.30	17.30



835 Electronic Remittance Advice

- Research required if no payment received

EDISummaryForm

Patient Name: [REDACTED]

Clearinghouse Messages

Clearinghouse Messages

Err Num	Error Code	Severity	Insured ID	Date of Service	Amt Billed
▶ 0		A	[REDACTED]	5/14/2019	18.78

Error Message

Forwarded to Payer~

Payer: 62308 - CIGNA HEALTHCARE
 Facility: NAVAL BRANCH HEALTH CLINIC EVERETT
 File Name: F:\EDI\N_BREMERTON_PROD\Pending\CRDatafileCR_20190702.TXT

Payer Responses

Resp Date	Line Num	Submit Date	Date of Service	Amt Billed	Insured ID
▶ 7/3/2019	10		5/14/2019	18.78	[REDACTED]

Payer Response

Acknowledgement/Receipt- The claim has been received. - Entity acknowledges receipt of claim/encounter (Code A1-19-40)~

Payer: CIGNA HEALTHCARE
 Claim File:
 Response File: CRDatafilePR_20190703_1.TXT



Electronic Funds Transfer (EFT)



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Electronic Funds Transfer

- Identify medical payer payment method
- Review daily check log
- Review Collections Information Repository (CIR) or Internal tracker for EFT (ACH) and credit card payments
 - Insert CC for credit card for all payers in the daily credit card log
 - Insert EFT for EFT (ACH) for all payers in the daily EFT log



Electronic Funds Transfer

- Review master list- medical payers- online service
- Each Payer may be a different process to implement

K * DD1131 OTCnet	DATE	DD1131 * OTCnet/Check	Check Total	TPC OutPt *TPT* K1
4000134634	7-Jul-2020	BCBS Federal	\$ 3,321.28	\$ 3,321.28
4000133839	30-Jun-2020	BCBS Federal	\$ 9,767.66	\$ 9,767.66
198814839	26-Jun-2020	Premera Blue Cross	\$ 147.97	\$ 147.97
TOTAL: K*DD1131		\$ 13,236.91	\$ 13,236.91	\$ 13,236.91

Checks



Electronic Funds Transfer

G * DD1131 CGateway	DATE	CreditGateway- ACH (EFT)	Check Total	TPC OutPt *TPT*
V020032	2-Jul-2020	PREMERA	\$ 13,671.82	\$ 13,671.82
V060017	6-Jul-2020	PREMERA	\$ 1,179.05	\$ 1,179.05
V060017	6-Jul-2020	REGENCE BCBCO	\$ 58.00	\$ 58.00
TOTAL: G*DD1131		\$ 14,908.87	\$ 14,908.87	\$ 14,908.87

EFT

C * DD1131 PayGov	DATE	PayGov/Credit Card	Check Total	TPC OutPt *TPT* C1
V548685	9-Jul-2020	Sound Health & Wellness T	\$ 2,426.75	\$ 2,426.75
V548685	9-Jul-2020	Sound Health & Wellness T	\$ 54.74	\$ 54.74
V551218	14-Jul-2020	Sound Health & Wellness T	\$ 196.80	\$ 196.80
TOTAL: C*DD1131		\$ 2,678.29	\$ 2,678.29	\$ 2,678.29

Credit Card

Collections Information Repository (CIR)

Voucher Detail Report

Reporting Program/Subprogram: Pay.gov
 Partner Name: Pay.gov Credit card

Reporting Program/Subprogram: Credit Gateway:ACH
 Partner Name: ACH CG EFT

Reporting Program/Subprogram: OTCnet:E-Check Deposit
 Partner Name: OTCnet Check



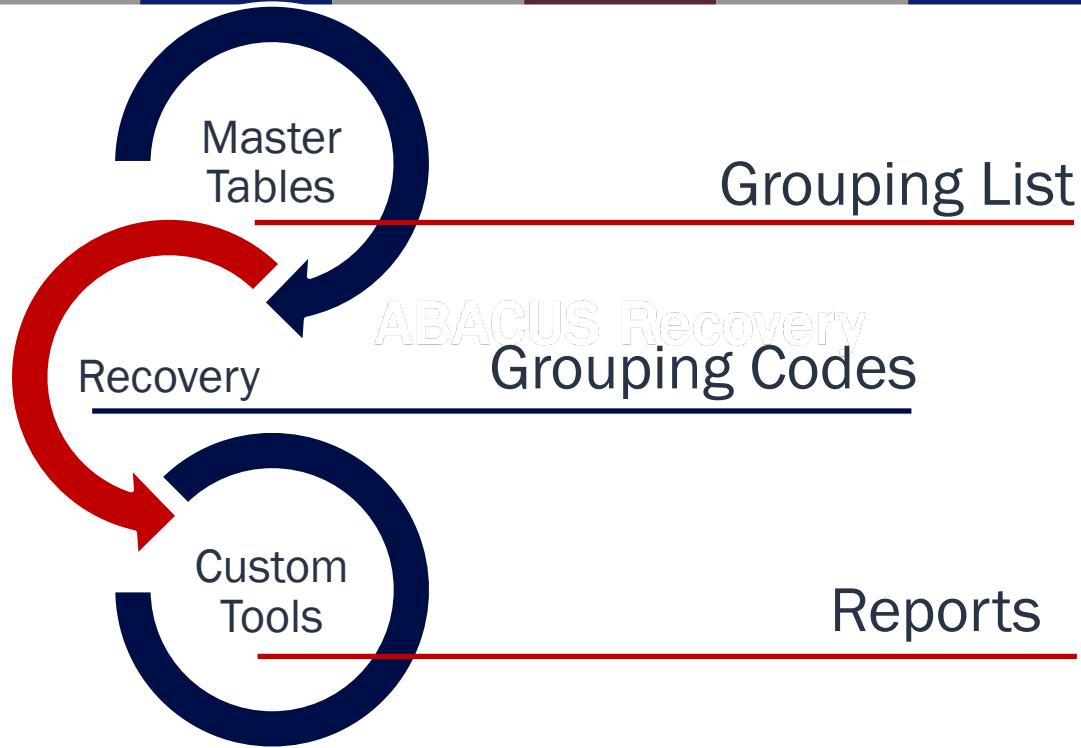
ABACUS Account Management Recovery Grouping Codes



Medically Ready Force... Ready Medical Force

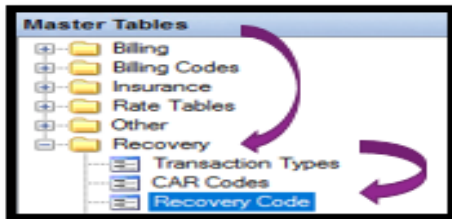


ABACUS Recovery



ABACUS Grouping Codes

- Log-in to ABACUS
- Master Tables → Recovery → Recovery Codes
 - Select code type “group” from drop-down
 - Click “search”

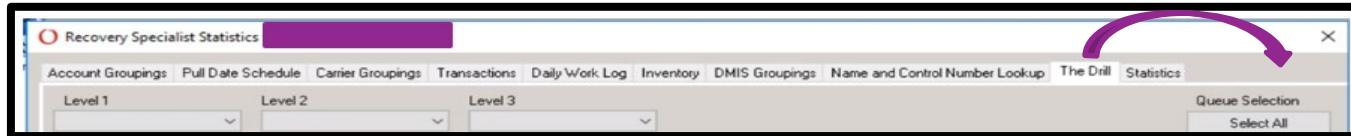


Code Type	Group Name	Description	Status	Resolution Type
GROUP	Default	Waiting for Check	ACTIVE	
GROUP	Default	Utilization Review	ACTIVE	
GROUP	Default	UBO Manager Review	ACTIVE	
GROUP	Default	Resubmitted Claim Review	ACTIVE	

- Available Recovery Codes are listed with Active Status
 - Prior ARMS-Pro sites will have additional Grouping Codes

ABACUS Recovery Grouping

- Go to Account Management → Recovery
- Click “Queue Info”
- Click on “The Drill” tab
 - Queue Selection → “Select All” (pulls up open encounters)



- Select Level 1 “Grouping” from drop-down
- Select Level 2”Carrier Name” from drop-down
- Select Level 3 “Placement Data” from drop-down



ABACUS Recovery Grouping

- Select “+” Grouping Code for Electronic Bill Pending, then Payer, then Placement Date
 - Select desired row

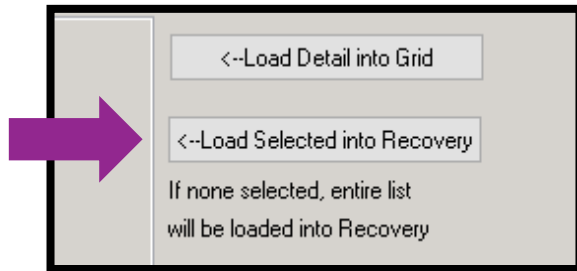
Level 1 Grouping	Level 2 Carrier Name	Level 3 PlacementDate	Count	Placed
Claim Worked			15	\$3,137.88
Electronic Bill Pending			47	\$4,668.65
	AETNA US HEALTHCARE		4	\$278.86
	FEDERAL WASHINGTON		6	\$273.46
	CAREMARK		16	\$2,497.07
		PlacementDate	Count	Placed
		08/07/2020	2	\$20.02
		08/10/2020	1	\$13.70
		08/13/2020	3	\$57.48
		08/17/2020	2	\$93.12
		08/18/2020	1	\$327.50
		08/25/2020	4	\$911.65
		08/26/2020	3	\$1,073.60
		End of Level		
	CIGNA		1	\$13.12
	GOVT EMPLOYEES HOSP ASSOC GEHA		1	\$76.10
	GROUP HEALTH COOPERATIVE		1	\$110.36
	KAISER PERMANENTE WA		1	\$46.20
	OPTIONS HEALTH PLAN		1	\$76.10
	PREMERA BLUE CROSS		7	\$659.01
	End of Level			

Level 1 Grouping	Level 2 Carrier Name	Level 3 PlacementDate	Count	Placed
Claim Worked			15	\$3,137.88
Electronic Bill Pending			47	\$4,668.65
	AETNA PHARMACY MANAGEMENT			
	AETNA US HEALTHCARE			
	BCBS FEDERAL WASHINGTON			
	CAREMARK			



ABACUS Recovery Grouping

- Click “Load Selected into Recovery”
- Selected encounters are now in Recovery screen



Recovery ver. 4.0.0.20 - Sensitive Information

Accounts Loaded from Drill - No Filter

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: Electronic Bill Pending

Pull Date: 9/25/2020

Resolution: None

Working Carrier: Primary

Carrier: Information Requests | Letters | Images

Select Carrier: (CARAZ0021) CAREMARK

91 Claims for this Carrier

Address	Phone	Fax	Web Page	Comments	City	St
Department	Address1	Address2			PHOENIX	AZ
▶ ICAREMARK	PO BOX 52195					

Notes | Status

Add | Add From | View All | Clipboard | Save | Cancel

8/25/2020 7:54 AM [SYSTEM]

8/25/2020 7:52 AM [SYSTEM]

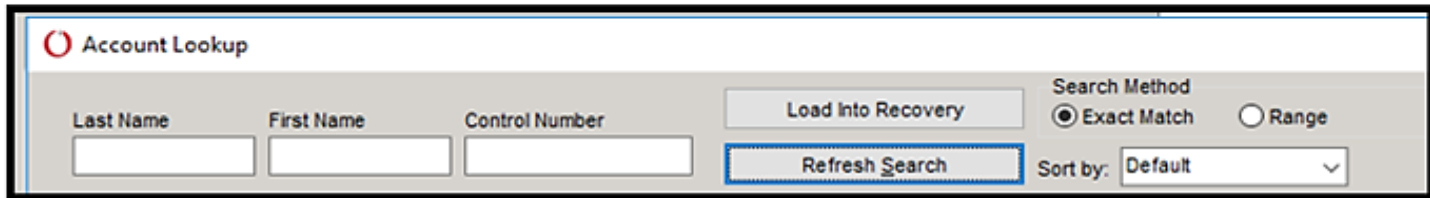
Transactions: UB04

UB04 Admt Date	Discharge Date	Primary Payer	Provider Number	ID Number	Group Number	Primary DX	Secondary Payer
▶ 7/24/2020	7/24/2020	CAREMARK					
7/24/2020	7/24/2020	CAREMARK					



ABACUS Recovery Grouping

- Encounters may also be pulled up by “Control Number” or “Patient Name”
 - Click on “Account Lookup”
 - Click “Refresh Search” for results
 - Account lookup will open closed encounters



“The Drill” Examples

- Working by Carrier
 - Allows pattern finding, research on website, phone calls
- Working by Grouping
 - Allows for identification and working of bill holds in Recovery
 - Displays open encounters

Level 1	Level 2	Level 3	Count	Placed
Carrier Name	Grouping			
detail Carrier Name				
	BLUE CROSS BLUE SHIELD		18	\$12,613.72
	BLUE CROSS CALIFORNIA LA CABLC		26	\$12,537.47
detail Grouping				
	Claim in Process		12	\$861.58
	Electronic Bill Submitted		10	\$854.49
	Payer is Processing Claim		3	\$390.97
	Waiting for Check		1	\$10,430.43

Level 1	Level 2	Level 3	Count	Placed
Grouping				
detail Grouping				
	1st Level Appeal Sent		1	\$68.90
	39139 Review		9	\$25,375.63
	Anesthesia Review		7	\$6,822.59
	Bill Correction Needed		228	\$61,505.52
	Bill Ready to Print		1,263	\$588,042.46
	Billing Manager Review		22	\$3,111.57
	Caremark Upload Error Received		18	\$4,340.02
	CHCS_CONV		2	\$502.28
	Claim in Process		7,839	\$1,744,038.59
	CLOSED		312	\$71,631.27
	Denial Review		110	\$21,343.89
	Dining Hall		62	\$295.95
	ECS Review Complete		564	\$2,041.60
	Electronic Bill Pending		49	\$5,871.64
	Electronic Bill Submitted		409	\$219,995.76
	EDB Received		156	\$36,570.81
	Flag for Review		624	\$234,227.21
	High Dollar Claim Review		20	\$376,266.06
	Inpatient Claim Review		12	\$264,944.29
	Invoice Mailed		214	\$74,746.69
	MAC Ready to Print		225	\$708,035.94
	MEPRS HOLD FOR REVIEW		269	\$204,313.21
	MSA Interagency W/O		1	\$26.52
	End of Level			



Additional Resources

- UBO Archived Webinars Page - [Archived UBO Webinars | Health.mil](#)
 - “Rx Billing” (March 2021)
 - “ABACUS EDI Rx Claims Overview” (October 2018)
 - “Electronic Billing” (December 2020)
- DHA UBO Policy and Guidance Launchpad page:
<https://info.health.mil/bus/brm/ubo/SitePages/PolicyGuidance.aspx>
- Contact DHA UBO Helpdesk: ubo.helpdesk@intellectsolutions.com



Questions?



Medically Ready Force... Ready Medical Force



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