UBO Learning Center Training

# Submitted Questions

## October 27 & 28, 2015

# Questions

1. **How do we write off charges for DOD CIV EMPL?** (Army- Ft. Knox)

*We are going to have to come back to this question. We have had an issue with canceling the charges. We will get back to you with an answer.*

1. **What's the process for discovering OHI electronically?**

*I think they are talking about our PIM for the electronic OHI. On the ABACUS contract, we have an electronic OHI discovery task order that has a specific instructions for the vendor to go out and discover OHI for us that is actionable, useful, and valid. They will provide a certain set of cases or insurance findings and the UBO has to act on that. If we don’t, the vendor will get additional credit or some sort of credit by default if we don't take action. Therefore it is imperative that we make sure that we run with it and fix it and populate the correct systems. We will get something from the vendor bottom line one of us saying that here is what the vendor found.*

1. **When we go to AR MG- Group Update- In the write off balance, there is nothing to select (codes) when we select the drop down arrow. How do we fix this?** (Army- Ft. Knox)

*This is a technical issue. Resubmit a trouble ticket.*

1. **How do we add a pharmacy charge to an invoice in ABACUS once the bill has been printed? The charge shows up on the bill in CHCS, but not on the bill in ABACUS.** (Army- Ft. Knox)

*Please submit a trouble ticket in for this error as well.*

 **In the ABACUS operations manual, we could not find instructions on how to fix the errors to move the bills along in the process. Where can we find this?**

*The operations manual will not have specific instructions on how to fix every error because there are so many different types of errors. If the error is specific and not easy for the user to figure out what the system is looking for, we included it in the manual. If the error is something obscure, it won’t be in the manual and we’re going to make a request to UBO for help to figure out error and what steps need to be taken to fix it.*

1. **Has anyone else had issues with gaining access to ABACUS with the 2569 system on their PC? We have an individual that can access ABACUS at every other PC but hers. Systems is currently working the issue but can't seem to pinpoint what is wrong.** (Air Force- McGuire)

*The Air Force is currently not using the e2569 module. The Air Force is supposed to be utilizing the e2569 database that is in place. We can address the access issue off-line. If somebody can send me an email on I am happy to address that.*

## Questions

1. **Are all sites processing TPC electronically?**

*We are submitting TPCs to the payers that will accept TPC claims electronically. For example, we have been submitting them from medical pharmacy. It is a process you have to set up beforehand. It requires that you have everything marked so that it processes from the electronic payer to the HIC ID and the patient's PII file. You need to establish a process for that.*

1. **Have the JAG offices been trained or are they going to be trained? We are getting pushback from our local JAG office saying they aren’t going to start using ABACUS until they’ve been trained.** (Air Force)

*Air Force’s Perspective: There is training that will be provided for the JAG, but it is to be provided at some point in the future. If you can get me the specifics for what region you are receiving pushback from, I will take that back and address it from our level.*

*Army’s Perspective: Just because the JAG personnel have not been trained, we want to make sure that the message is clear. ABACUS can support the generation or creation of MAC bills. The UBOs can do a MAC or manual MAC to transfer bills for JAG like we did in the past. Over the last few weeks some comments were made contrary to what ABACUS can do right now. The bottom line is that it is functional and the JAGs are not fully engaged 100% right now and we understand that. We are working with the training piece. However, ABACUS can support the legal piece for claims and bills.*

1. **How do you close out accounts in recovery where the accounts receivable will be zero for that account?** (Army)

*For accounts in recovery: If there is a charge that should not have taken place, then the account would be written off very similar to what we did in TPOCs where we reverse the charges. I cannot remember what the code was. I believe it was AOP or something similar. Regardless this is action we would take to reverse charges and just make a note indicating why the action was taken.*

*Remember that, while for pay patients or regarding emergencies you may send out an invoice rather than a claim, every count that comes over to ABACUS is initially looked at as a claim. Then they convert it to an invoice if that is a case. If there is a specific encounter that we don't want to charge, then the steps we would take would be to reverse that action, to take the bill or that claim off of the accounts receivable.*

1. **There are a lot of errors with the CPT code prices. Some of the prices are not listed in ABACUS. How do we update the prices so that the error is corrected?** (Navy)

*For any line of business where you have encountered this error, please submit a trouble ticket. Remember to be as specific as possible regarding what you are doing and they will know how to help you. If you can provide screenshots of where the problem is, they appreciate that and it will help them fix the issue faster.*

1. **Path: Interface/Load Error/Inpatient Claim-Error message states Patient's IEN is not present in the master. What would be the proper/correct way to fix this? Also, Error: Facility Fee Percent not Present-Where do I go to fix?** (Army)

*This means that a record has come over for a patient. The encounter only shows the patient’s IEN. The patient’s demographic file has also come over but it is a stuck in interface because there is a problem with it. You should take the IEN that you see and search for that IEN in load interface. When you search for the patient IEN, the patient's record should appear. Fix the problem with the demographics, which will allow that record to show the problem that you have at the clinical record. From here you will be able to fix the issue, whether it is a coding issue or whatever the problem is on the clinical site. At first you have to find the patient record and fix that problem and allow the record to be loaded into patient demographics into OHI and then fix the clinical.*

## Questions

1. **Are the Insurance addresses supposed to pull from CHCS at this point? We have several bills that either don't have the address or have multiple addresses.** (Navy)

*Yes. Initially the data came over from CHCS and ABACUS will receive updates from CHCS. However, what I have found is you still sometimes have to go into the HIC ID and a look at it and you may have to clean it up in ABACUS. To do this, you would go to the health insurance carrier table and pull up that HIC ID and you may need to do some clean-up. It has just been years of data coming, some of it incomplete, so you just may need to go in and clean them up manually.*
2. **When a manual encounter creation is done, there are no charges attached to the E&M, CPT, HCPCS, or Pharmacy. How do we fix this?** (Army)
 *There could be various reasons and you need to work with that one-on-one to figure out what the problem is. I don't think we can come up with a blanket response.*
3. **Will the ability to export a report be turned on or does this need a help desk ticket submitted if we do not have this capability?** (Army)

*Most reports have the ability to be exported or printed. If there is a specific report that the user wants to the able to print out (but can’t), that would not be a help desk ticket. It is most likely a functionality of the system. Again we would need to know which report the user is looking to try to print or export. I would suggest that if you don't have an export button, try printing it as a PDF. If it is a something that you are trying to put into Excel, export would be more appropriate and definitely more useful. But again, that would not be an error that requires a help desk ticket. That is a functionality of the system and we could submit that as a requirement but I would like to troubleshoot this issue first.*

1. **How do we complete billing for MAC in ABACUS if our base has not finished migration from CHCS? Are we okay to continue billing the "old" way until migration happens? Our requests are piling up and we do not want to get too far behind.** (Air Force)

*MAC claims that were started in CHCS up until your ABACUS go live date can be completed in CHCS. Anything after your ABACUS go live date should be accomplished in ABACUS.*

*From the question it sounds as if the user is of the belief that the migration is going to pull over tasks in past encounters so that MAC claims can be processed. It will not. The migration will pull over previous accounts that are in your MSA module so any MAC claims that you want to see for a date of service prior to your date of go live you would have to use the manual MAC module in ABACUS.*

## Questions

1. **Do we have to physically go in and mark the account closed once payment is made on the account and the balance is zero? It is still showing open after it is paid.** (Navy)

*Yes, you do. It will not automatically close. You have to go in and actually change the category.*
2. **When will the sites be able to setup business rules?** (Army)
 *Would have to get a little bit more clarification on that. We have set up some rules in the workbooks, but we will need more specific information from that user to know what type of rules that are local that they want to set up. If you want to set up a business of rules, consult your regional offices and ultimately headquarters.*
3. **Is ABACUS set up to bill for cosmetic surgery?** (Air Force)
 *Yes, ABACUS is set up to bill for cosmetic surgery. I believe there is a CBT and training operation manual that covers that.*
4. **How do we find and edit the NPI numbers for the providers? It says we have some provider numbers missing. Once we find the number, how do we update it in ABACUS?**
*To update an NPI number once you find it, it will be in your master table. In your master table, there is a provider file and that is where you can update the NPI. Once you update the table, it will automatically do it in Interface and in billing or you can just select it and tell ABACUS to reprocess it. Once you fix it in the master table area, it will fix any issues with bills connected to that provider.*
5. **In ABACUS is there a place you can search for the patient and see what bills (if any) are in the ABACUS system without having to go into each and every bucket?** (Army)

*It is done in recovery.*

*Okay, we will have to come back with more. We will have to add to this question as well.*

## Questions

1. **ABACUS is asking for a provider for ambulance, what should be entered? Also the rev codes for durable goods (DME) are not in ABACUS which the claim automatically goes to the error bucket each time.** (Army)

*Usually, just pick who the provider. For anything that does not have a revenue code, you can find this in a table in the master table where you can go in and you can update any revenue code as needed. It just may need to me a manual entry to enter the ambulance as the provider.*

*Okay we will do more follow-up on that.*

1. **Naples cannot pull the bills in ABACUS. The data is transferring over the ETU transfer. Is there a specific go live date for us? Navy site not seeing bills; the daily upload files are being created but users do not see anything in ABACUS** (Navy)

*That may be something that needs to be looked at directly at Naples going into their database and see what files are coming and if there are issues with the daily uploads.*

1. **Must we also manually close write-offs in the same manner as payments when there is a zero balance?** (Navy)

*Yes, you do. It would be nice if it was automated, but it is not.*

1. **Why does ABACUS constantly time out after such a short period of time. I constantly have to log back into ABACUS.** (Navy)

*It is the same with all the other programs we use. CHCS and Centerist do the same thing. It is a security issue and they are required to time out.*

*With the timeout, if you leave your ABACUS icon up it does give you a message asking if you need more time and if you click that it will not kick you out of the system. You have to pay attention so that you can click the question when it asks you if you need more time.*

## Questions

1. **Can we still bill in CHCS if the charges have dropped in CHCS and the DOS is before our go-live date in ABACUS?** (Army)

*No. There is a point where old CHCS business would have stopped and the new billing was to have happened in ABACUS.*

*We want to make sure that everybody understands that the line that was drawn in the sand is not based on the date of service. Even if the date of service was before your go live date, the line is based on the date the bill is generated. Even if the system brings over an encounter that just got coded from 2014 it still is processed in ABACUS. It should not be processed in CHCS. No new bills should be processed in CHCS. The only thing we are doing in CHCS is processing posting payments to the old legacy accounts that happened before the data migration.*

1. **How do we find a balance sheet once we are finished posting payments and also how do we find our AR reports?**

*Not everyone has the same custom tools for reports.*

*I would recommend going to the custom tool, under which there is a list of reports, and seeing which reports work best for you. Take the time and pull up random reports, print them, and label them so that you get a good feel of what reports are there. If there are any issues, identify them now so you know what will be used. Custom tools has some canned reports and there are several check posting summaries, new MSA reports, and other reports that you just need to pull up and find out what works best for your MTF.*

*This is under Account Management/Recovery Reporting/Customs Tools Folder.*

1. **When putting in new insurances, do we need to go and manual input it in ABACUS?** (Army- Ft. Knox)

*I would say there are two steps you can take. You can put the new insurance into CHCS and wait for it to be pushed into ABACUS, which would typically happen within 24 hours. Then you are able to bill. You can also put the exact same insurance into ABACUS, however you may take the risk of the system saying that there is a duplicate error. Unless there is some urgency, put it in CHCS and then wait for it to push over into ABACUS.*

1. **Path: Interface/Load Error/Inpatient: Error states "Column Data Not Found (DIAGNOSIS-Code1) how should we go about fixing this?**

*When we receive these they can be for various encounters. If it is for LAB or RAD, there may not have been a diagnosis connected to that and you would have to follow your service or MTF policy on how to obtain the diagnosis for that or use a generic code to do that. That is a common one and it could be that nothing came over from CHCS. It is a requirement to have a diagnosis on that.*

*If you are talking about the inpatient ones I just ran something this weekend to fix those. We had a whole bunch of them that were aired out on inpatient for the diagnosis and all we did was re-process them yesterday and they all went out.*

## Questions

1. **Are all of the MSA new accounts supposed to be coming from ABACUS? We have some that are not coming across to ABACUS. They are showing up in CHCS when we check the batch I&R printing.** (Army- Ft. Knox)

*If you know the accounts that are coming from CHCS (a reference) and you go into ABACUS and check for those accounts. You might have to start troubleshooting if you go through those accounts, find the errors and fix them so they can flow through to ABACUS. If they are documented at CHCS, but not reflected in ABACUS, then there is a problem something is not flowing correctly.*

*Please send it to us at Army UBO so we can also try to help and take a look at your database.*

1. **Why are so many claims coming over into ABACUS that were already billed in TPOCS?**

*I don't know if we can answer that without looking at the claims. I know we had the conversion open issue but those were just for accounts paid. They should have been taken out of TPOCS.*

*So what they are is saying that is there are two different versions of the same claim now? That is something we would have to deal with.*

1. **There was a question asked [earlier] regarding NPI's. Firstly, is that a function which is performed in UBO office? And if so, where are we to get the NPI's for the providers?**
*Not all MTFs have access to the provider file in CHCS. That is where the data comes from. We go from the end PPES website and we search on the provider. We find most of the provider NPIs that are missing are the ones the Pharmacy sets up, so they are outside scripts. We update this source within CHCS and we will just update them again in ABACUS just so we can get those claims of moving at the same time and then the update will come across from CHCS. CHCS is it the main area where it is stored and then it does crossover to ABACUS. If you don't have someone at your MTF who will update those for you, I would keep a list of them so if they get written over you don't have to research them again.*
2. **Will the occurrence code be added in the next ABACUS update? We have to input them on the back end in recovery, which is a lot of work. (Army)**

*If the current code is not the same as the situation, then that would not be possible unless it’s captured in CHCS. Please submit a trouble ticket in with the helpdesk on that.*

1. **Path: Interface/Load Error/Inpatient: Error States: Facility Fee not present- How do we fix this?** *Please submit a trouble ticket in with the helpdesk on that.*
2. **We've searched the Operations Manual specifically for excluding charges from the [CHCS's] "Nightly Processing Menu". Does ABACUS have this function? If so where?** (Air Force)

*Some will get cut up in interface or in the billing or in billing errors. If you know if it is a non-billable, we can delete it at that time and put in a comment stating why. Sometimes they slip through and an AR is created on them and then you have to use the adjustment code (AO2) and then you have to write an explanation as to why an AO2 was used.*

## Questions

1. **On the occurrence code, why can't the biller type this in? We did in TPOCS. This is for MAC claims. They are different; the area is grayed out so we cannot type in it.**

*It may just be a different sub set up patients that we have not encountered. Business rules can be created if it is a something specific that can be identified and in their case it may be something that they need to pursue.*

*I would need to find out more information. We will come back with more information on that and we will have to research that.*

1. **How are you creating and submitting LOB VA-RS claims with the SSN? Do you have a streamline process? I have not been successful.** (Army/Air Force)

*Navy’s Perspective: We can get stuff to print but we don’t have a successful process. The logic that was written for the SF 1080 for printing the bills is causing errors. We have seen voucher numbers where the services need to have social security number is to identify them. We have printed bills and have sent some for August and September but has been a tedious process and there are issues where we have had to manually write stuff in. If there is a process we would like to share it. We have encountered issues. We have put in tickets for them. Maybe as a multi-service we can work on enhancing this area.*

*Army’s Perspective: For Army we will have to get back to you on where we are with the VA piece.*

*Air Force’s Perspective: We been contacted from our MTFs as well on what the process is. I haven't been successful in printing a 1080 yet. Which will hold up actually getting the bill out the door. I encourage our MTFs that are online who do billings to continue to play with it as well since you have that patient information available to you.*

1. **We need to add 1 or 2 tasks from another role to a user without changing their primary role. When I submit a help ticket, the response is always "the UBO Manager Changes user roles". How can I get specific tasks added to a user without changing their role?** (Army)

*Your UBO manager needs to look at the ABACUS role guide. When you pull it up, it has every role and it has the application module access level. For example, it's got six things listed under that: master table, interface, billing management, patients, account management, ledger posting). These are the major areas of ABACUS. Each one of those will tell you whether you can read all, limited add, delete, or modify. What you have to do is take from one role and figure out what you want to add.*

*We have a spreadsheet from the vendor that further breaks down each role and has a yes or a no on what they have. So that may help us to say I will need you to add this to this role.*

*I will follow-up with you off-line so that we can learn how to do it. If anyone else has questions check with your service UBO and we will help you out with that.*

1. **Has there been any progress in correcting the "E" codes in the LOB-MAC. With the new ICD-10 the E codes are not the injury codes. Basically every E code is coming over for review. This is quite frustrating and time consuming. Thank you.** (Navy- Pearl Harbor)

*This is being worked on as we speak. It has to go through from the government to the vendor and then they fix it and whenever they do their next update for release of ABACUS then that should be in there. We have communicated to them exactly what is happening. In the meantime, what we have to do is when you log into your automated MAC, sort by the columns. At this time, ignore the injury codes that are erroneous or don’t match what we want it to have. If it's not an injury code, if it's just an illness or a disease, then it's not associated with an injury with that case, just ignore it for now. That fix is being worked.*

## Questions

1. **Can you please explain how the electronic filing and payments work with the 835 viewer and the EDI error routing and the EDI response routing? What is the exact process? I have received responses back but I do not know how to match them up with the account or what to do with the information in the EDI response routing. (Navy- Portsmouth)**

*I've had other Navy MPS to have had issues with how to post payments and deal with issues like that. Maybe I need to update my document to make it a bit clearer. So the 835 is the better way to use it. The errors are in recovery. My recommendation now would be as if they have a control number to go into recovery and pull up the claim by control number and there is an EDI button for every account in there and to work it through there and see how to fix it.*

1. **If possible, how do you track employee processed edits for productivity? Can you track if a claim has moved from Interface edits to Staging Bills, etc.? This is asked because the only way I can see a name attached to a claim is through the Recovery module when a claim has dropped and has been worked, i.e. a grouping code or resolution has been changed. Billing logs do not provide all "worked" information. It only tracks bills which need correction.** (Army)

*Under custom reports, in user reports, there are like four different ones in there that will help you track claims. It will actually break it down by the user itself and what they have done in there.*

*Army’s Perspective: For Army, I'm going to sit and go through that and try to come up with a quick little how to as soon as I get a chance.*

1. **What is the process for electronic billing? We have no understanding of this process.**

*This is not a quick question that can be answered here. Navy is working on a guide to assist different regions with how to do this. But it can work for any service and everything.*

*When you go into ABACUS, my recommendation is to create a list of your payers and the payers that you know will accept electronic claims. Then in the master tools under insurance, on the electronic payer, it will step you through standard clearinghouse, the electronic payer that you set up, the electronic payer ID. Then once you have them set up in there, you go to the HIC IDs you use. If you use multiple HIC IDs, I recommend master carriers HIC IDs. That logic will be set up as long as the payer accepts electronic claims and claim ready has a contract with them. It does work well. The electronic feedback is great.*

*My only recommendation just from logic I found this when you set up an electronic payer and the payer ID, do the name and use the VIN number. Several pharmacies can have the same number but different VIN IDs.*

1. **I thought the dispense date was supposed to show as the Date of Service for RX's. I have noticed that fill date (label print/rx called in) is showing as the DOS in ABACUS. Is this an Error?**

*I will have to check on that. I never knew the resolution. I know I was for in the previous product, it was the dispense state that was used and I'm not - - we may even have a trouble ticket we had to put in for that.*

*I will have to go back to check the requirements to see if that's what it was and if that is an error. We were going to make everyone go back and CHCS and change their set up to show the dispense date rather than the label print. We will have to see what the logic is. And someone came in and said there are spot checks that have been showing the dispense date. It would be good to know what the logic is as we work across multiple MTS.*

*The way ABACUS was coded is to use the dispense state as the date of service. But if there is no dispense date, ABACUS puts it hold on it for 14 days and if, at that time, they don't have a dispense date in the system, it will use the label print date.*

1. **When is the Pharmacy Billing and Ambulance Billing modules be ready for utilization?**

*Here at our site we don't do ambulance billing. We are billing pharmacy from our MTS and I know some others are there have been random issues. Is the question may be more specific with diagnosis codes? Or you can't create a pharmacy bill? [No clarification was provided from the attendee]*

1. **If an insurance is non-ranked in CHCS why is it showing as primary in ABACUS?**

*There could be several reasons. When transitioning from CHCS to ABACUS, or any system, it has always been at challenge to get the logic to work out. Sometimes there is buried data that gets pulled over and case. I don't know of any easy way other than to cancel it or terminated in ABACUS. I wish I had a better answer.*

1. **I finalized the SF 1080 for the IAB the SF 1080 Voucher # is coming over for the insured ID# which has been their SSN. Is this going to acceptable for USCG, NOAA, and PHS?** (Army)

*We will have to look at it closer. We're actually going to have to go to a few MTFs and run a test and see what they are seeing. When I pulled some of the 1080s, I did not have the time or the information to make sense of it. For Coast Guard there is no issue there because we have TPS but with NOAA in public health we will have to figure out how to address it.*

## Questions

1. **We have been posting outpatient TPC payments from paper checks that have been mailed to us in Ledger Posting under EOB/ERA maintenance application. These checks are for our old A/R, should we be posted these payments in the Recovery application directly on the account or is the EOB/ERA posting correct? Also, is it necessary for us to close the account out in the recovery application even though it shows paid and resolved?** (Navy- Portsmouth)

We posted limited our conversion at times we always used the EOB ERA to post the payments. Not directly into recovery. I am not sure if closing it out if it shows paid and resolved I'm not sure what else would be it would be looking for. We post all payments through there. It just flows through there. And it's a nice tracking because you can look up that check number later and see what is happened.

I think that block in recovery, where you can put the thing in closed, is pretty much cosmetic. When we had arms Pro we requested that so at a glance we could look at that claim and go it is closed and move on. We did not spend time reading through notes and looking at entries and that type of thing. It said it was closed and we were done. I think that is what it is. We like to have that here so that we are not spending a lot of time re-reading notes or that type of thing. I don't know if it affects that claim on the AR. If you’ve written everything off or posted the money, it's no longer on the AR.

The only thing I found in ABACUS is - - we're looking at things too sooner they had the program was not running it. In the placement information if the total remaining is zero, I have not found them to be on any AR report as outstanding. Other than cosmetic, I am unaware of anything needing to show that.

1. **We don’t have a clear understanding of the billing process in ABACUS. What the steps are for us as billers.**

*Army’s Perspective: I think that's broad. What I would suggest is every user sit down with the UBO managers. UBO managers, if there are any questions of course you will have to build with our new solution some new processes, new standard operating procedures for the new system. We don’t have enough time to answer this here. For Army MTFs, work with your UBO manager to work with the service UBO however it was structured to come up with the critical steps to billing.*

*Navy’s Perspective: I am working on processes to address this, which will be a living document and everything, and then setting up some DCS training and everything. It's been a big rush these last couple of months and am finally at a point to where I can start writing guidance on how you set up the electronics, how you post the EOB payments, and working the interfaces. There's so much going on that has been hard to get it right away.*

*Air Force’s Perspective: As far the Air Force is concerned, we are trying to get out communication on processes as fast as we can. We want to develop them so they are understandable and clear but that is hard to do as well. As we are playing around in ABACUS and figuring it out on our own as well before we do this. We do plan on creating more continuity and processes to send out. However, to even try to get a bill to flow it starts in interface. I know I haven't said anything out yet but there are so many scenarios when it comes to correcting these errors that you have to go and do it. And see how it works. Until we can get something out there is clear and concise, we encourage everyone to start with interface. And try to clear that way.*

1. **What are we to do with the DOS from 2003 that converted from TPOC into ABACUS that is reported on the Permanent Bill list and Ledger list?**

*I know all the data was taken from TPOCS and converted to ABACUS. If it was closed in TPOCS, it should remain closed in ABACUS. There are a few hiccups to that.*

*Was it closed before and is it showing open? If you go into recovery and look at the transaction detail at the bottom of the screen, there could be a code that was used in TPOCS that doesn't crosswalk currently into ABACUS. This would require a ticket would to have that cleared up.*

1. **Why are claims coming from CHCS into ABACUS for the AMAC and flowing into the MAC8-OUT Other MTF LOB?**

*I don't have the answer at least from Army’s perspective. We saw that the first time this week. I would have to do additional research.*

## Questions

1. **How can I change the LOB to MAC2OUT or delete the claim if not MAC related?**

*For the MAC claims, if AR has not been created yet, there is a delete and you put in a comment. If it's one in different areas of the system, you will see LOB drop-down and you can select the one you want or if it's already in recovery and has a control number towards the bottom of the screen there is a change LOB line and at that time you can send it to where you want it to be.*
2. **In patient billing do we work this like we work the Interface buckets or is this just to show us where the claim is in the billing process.**

*Patient billing is just a bit different. Interface usually means there's an error somewhere so that does need to be fixed for it to go. In patient billing, I find that if you are looking for a particular patient you can search by IEN. The LOB, if you scroll down, there is a blank line and it will let you know where anything is in any of the lines of business. If you arrow down on the search type, you will see different things there. For staging bill errors, you'll need to work those or they will keep sitting there. If errors adjusted claim reviews where things have happened, you'll need to look at those and see if a review needs to be done. If the OHI is missing, you’ll need to pull that up and add OHI. You do need to work the claims. I find every MTF is just a little different, just like we TPOCS errors. One MTF would have totally different issues from the other. Just going in looking at those search types, by the L OB type or if you can make the LOB blanket can pull everything up. If you don't work some of those, they will not be released.*
3. **What is the official word for billing in CERNER? CERNER is not compatible with ABACUS, so we will be switching to CERNER.**

*Go to your service UBO. I can tell you for Army the official word is ABACUS. At this point, there is nothing else I can say about CERNER. We are moving forward with ABACUS. When and if that changes that will be communicated to the field. I can't tell you anything other than ABACUS right now. We do have a pilot site, Madigan Army Medical Center, where there is a pilot for CERNER. However, ABACUS will remain the billing and collections solution at that MTF until otherwise told. CERNER has not come yet. We are ABACUS.*
4. **We are also having problems with cancelled policies in CHCS showing up and causing problems in ABACUS as well as OHI Discovery adding bogus policies and other policies that are not showing in CHCS at all showing as valid policies in ABACUS.**

*I would say you need to summarize it and submit a work ticket. If you have data that is passing over into ABACUS and it is not valid and it's not part of the CHCS routines we need the team to look at it and make sense (and when I say the team the vendor and sub-vendor) and to figure out what the problem is. But we need good examples. When you submit tickets, try as much as you can to be as clear with what the issue is. Try to build a little tracking system internally.*

*Sometimes the tickets come back and I get one that says your ticket number this was received you'll be notified later. That gives me a headache sometimes because I can't figure out what one, two, three, four, five, six is because I already set five. I have to build up a rhythm. Then I get a reply make a note of my spreadsheet that this is what I said this ticket in four. Until we can build something better down the road of be nice to have in addition to the ABACUS 2.0, 3.0 whatever it would be called changes. Definitely get a ticket in, so we can get to the bottom of why that is happening. It could be data discrepancy that is not crossing over.*

*And to feel your pain I would say we have one person who is our expert here. That is probably one of the hardest areas to teach and to train on. Trying to get the different logic of that OHI area has always been a challenging issue just because of how the data is.*

## Questions

1. **Can you please explain if the anesthesia application, under Billing Management - manual billing calculations, is where we can enter the start and stop time for anesthesia claims? I was able to add it in recovery by creating a new version of the claim but not sure if this is correct. This is a claim that was already printed from Batch printing.** (Navy- Portsmouth)

*The only thing the Navy has been able to do is to put the minutes in the units field. We have not done that in other areas. This should be a trouble ticket.*

*I don't have a better answer.*

1. **If I am hearing you right, MTFs are supposed to bill out of CHCS for encounters that originated in CHCS. Our MTFs are telling us they are not to use CHCS at all. Then all encounters that originated after go live are to be worked in ABACUS. Thank you.**

*For Army, yes. Anything that was billed out of CHCS has not crossed over to ABACUS. For anything that originated in CHCS, that were never billed or sent out from CHCS when you had your go live date in ABACUS, those will need to be worked and billed from ABACUS.* **Is there a way to sort the printing in Recovery, I have over 200 bills and it is very time consuming to put them in order. Theses came over when we went live. (Army)**

*If you go into batch printing, there are different ways of sorting and printing things. For example, you can do it by LOB. You would do this by pressing the different buttons you see at the bottom of the screen. You can also add claims to batch print. It is in the recovery. Once you go into the actual bill, there is a button on the top line. Once the bills are in batch printing, you can print them in various ways.*

 **In ABACUS, we are trying to load in our LOAs and noticed that the ones that are currently in there now are not ours. Can we terminate them to add in our current FY LOAs? I have submitted a help ticket with no luck.***Terminate. You cannot delete a line of accounting. If they are not yours, and you want to get them corrected. Sent an e-mail to your service UBO to see if they can submit a trouble ticket on your behalf. I was told by the helpdesk that only service UBOs can submit service tickets to modify and delete lines of accounting. Otherwise each MTF will just have to terminate so they can no longer reuse, and then add new ones.*

 **Do we have any idea when the data is going to be merged from CHCS to ABACUS?**

*There are ongoing teleconferences for this. They are working on getting a good data routines to pull the data. They are pilling data from a few MTF test sites to ensure no data gets lost. They won’t follow-through with this until they can ensure that the data is correct. They are working on this currently.*

1. **What happens to the errors once they have been corrected? Based on what I have seen they are not dropping to batch print or electronic.** (Air Force)

*I assume this was an error that was fixed in interface or billings management. First go to recovery and do a search by patient name. If you don’t see it there, go to billing management and type patient IEN (make sure all buckets are blank) and sometimes this help. Sometimes it gets sent back to interface, if that is where it starts.*

## Questions

1. **I have been having a few issues adding MEPRS Codes in the Master Table. I have been reading the User Manual and it states that there is supposed to a Yellow plus sign in the upper right hand corner. However, I don’t have one. I was curious as to how I can make the plus sign appear.** (Air Force- Eglin)

*It is assigned by role and needs to be a role three. If you are a role that should have that access, you should submit a ticket. The system sometimes has a glitch. It is driven by role and if you have that capability, submit the ticket and they should be able to fix it.*
2. **Injury information doesn't appear to be flowing currently into ABACUS. Is anyone else having the problem?**

Air Force’s Perspective: Air Force is seeing this issue. This seems to be the number one error, but don’t have an answer.

Navy’s Perspective: sometimes there is a flag in interface that has the red exclamation point in it but it has nothing to do with the error. If it has nothing to do with the injury, you don’t have to do that. It has nothing to do with the other stuff that was corrected. Save it and you don’t need to put in a date. We have this happen a lot and it has nothing to do with an injury. If it truly is an injury, you put a 0 into the injury locator. This is part of the MAC training in 2014.

1. **Is there any way that vouchers (dining hall specifically) can be deleted if created in error?**

We are unaware of any that can be deleted in error. We have not yet found a way to do this. Not saying there isn’t but as of yet, we are unable of a way to do this.
2. **When we look in AHLTA to manually fix this, only some notes indicate the ICD-10 for reason for referral and or prescription. Why are ICD-10 codes not present for these type of bills?**

For NAVY MTFs, there have been random variation of ICD-10 issues. We have just been putting in tickets for this. Hopefully there will be an update in a few weeks. You will need to put in a ticket (after notifying the appropriate contacts) and let them know that. Be very specific in the ticket of where you’re at in ABACUS and where you need it to be. For your own records, take a screen shot so that when they do come to help you, you know exactly where you need it.

## Questions

1. **Are we still supposed to be using the e2569 database and entering the information into both systems or was ABACUS designed to overtake that database as well?**

Air Force’s Perspective: At this time, we are still using the current e2569 system that we have in place. When we do transition to ABACUS, we will provide all the information on how to move forward with that.

Navy’s Perspective: We are not using the ABACUS e26569 at this time either

# Unanswered Questions

* It is mandatory at JAG that the occurrence code is entered on all MAC claims?
* Should we be processing the Dining Hall funds in ABACUS? Is there guidance for processing those monies? (Army)
* Our injury log does not display injuries but diagnoses that are classified as diseases (hyperthyroid, diabetes, etc.); all of which are not injuries? Is this supposed to happen? (Air Force)
* ICD10 codes are missing for lab and pharmacy for bills starting October 1st to current. How do you fix these? (Army)
* Where does the inpatient claims go after it gets corrected in interface? (Army)
* When a claim is provided a "resolution”, i.e. W18: Termed Policy in the recovery module, does this remove the account from the AR or does this group these coded claims for management to audit for compliance or transfer to JAG?

# Unanswered Questions Continued

* For e2569 function in ABACUS is that working yet? Our front desk personnel have been complaining about the traditional e2569 program is extremely slow.
* In those MAC cases that need an urgent bill completed and those claims are not available in AMAC to produce the bill, is there a manual work-around? (Air Force)
* MSA bills that we are pulling out of ABACUS don't match what is showing in CHCS.
* Our CHCS has been our focal point to fix errors, but those errors we fix do not correct it in ABACUS. Should we for now just concentrate on fixing errors in ABACUS? But a question I have is, should we have connectivity between CHCS and ABACUS currently, so it automatically should happen correct?
* ASSIGNMENT FOR CLAIMS: Can we have the option to take assignment or not for all MSA claims being sent to the OHI. Some patients are diligent in paying their bills on time and we do not want to process refunds when we receive the insurance payment. Can this function be added?
* Can more than one person have the same UBO Manager role so that there is a backup for the facility? (Air Force- Kadena)
* NO RATE for prescriptions in ABACUS. The rate is present is CHCS so sometimes we are able to change but sometimes the area where we need to change in ABACUS is grayed out so we cannot change.
* Our local MAC JAG attorney has been told by JAG Claims HQ not to use ABACUS.
* For generating a manual bill (MAC), what carrier do I select when the patient is represented by a lawyer? (Army)
* Will it be possible to send ABACUS Rep to all the Army Site for re-training? (Army)
* Injury cases do not appear to be flowing to the candidate list. Example: ER visit after go-live date and coded for MV accident but does not appear on the candidate list. (Air Force)

# Unanswered Questions Continued

* LAB CODES ARE BUNDLED. We requested that Lab codes not be bundled. When we called help desk they said they cannot unbundle them. Bundling the codes drastically reduces the total amount due. We do not want to bundle lab codes. We want ABACUS to bill them as they are in CHCS.
* The OHI I enter in CHCS is not crossing over to ABACUS, so do I go ahead and manually enter OHI in ABACUS? Which is double work for me....I did put in a ticket last week and was told they would look into it, I haven’t heard back. Thanks!
* Why can’t we modify or delete draft cash collection vouchers for example changing LOA? They do not show the complete LOA... Is there a fix for this or can we generate manual CCV then upload them into ABACUS? When creating a CCV for multiple deposits why does ABACUS create more than 1 CCV for the same deposit? Will there be changes in the future where we can just grant multiple users roles, we have two SrA as UBO and we switch between responsibilities and alternate when the other is on leave instead of putting in a trouble ticket every time? Not ABACUS related but E2569, our previous E2569 person that had ADMIN rights is gone and we’ve put in a trouble ticket to try and fix this issue but it’s made a full circle and our systems folks can’t resolve it. Do we have a poc to fix this for us? (Air Force- Dyess)
* ELECTRONIC TRANSMISSION OF BILLS: We cannot identify if a claim was actually transmitted to the insurance company until such time the insurance company replies to us. We need an actual note that states when the claim was sent PRIOR to the insurance company responding. For those accounts with no response we are manually having to call the insurance company to ensure they received the bills.
* Is it possible for you to attach our original email when sending trouble ticket numbers? We send multiple emails to the helpdesk but when we are sent a trouble ticket we are not sure which email the ticket number pertains to.
* If there are missing charges for a DOS in ABACUS, can we add the missing charges to the bill (if it's not in Bill Ready status) in ABACUS like we could in CHCS or do we have to create a manual bill for the missing charges? (Army)
* How do we find our Pharmacy claims? We can print LAB, RAD but do not seem to have any pharmacy claims pulling over
* Was this not part of our ABACUS workbook we submitted last June?
* What is the proper way to query bills? i.e. RX numbers and dates of service. (Army)
* The Training Ops Manual is not clear as to how to pull the injury logs for JAG to review injury cases, is there guidance with specific
* How long after a manual bill is created does it take for the rates to be assigned to the claims? (Army)

# Unanswered Questions Continued

* Once we print out claims is there a way to post claims or are claims already posted automatically? (Army)
* When we try to save the pharmacy bill it errors
* When will they fix the DD7 to allow you to delete a claim? There are test patients that were loaded. When I put in a trouble ticket their response was to refer to the CBT.
* The ambulance has the correct codes to bill but no rate. The service tech said they were only given a rate for the A0999. When will they update this feature so we don’t have to correct on the back in.?
* I've seen a PowerPoint step by step guide for the EOB/Check process in ABACUS, this is effective training. Has anyone provided any further power point slides like this for any other function? (Air Force)
* I need to bill for Ambulance bills when will the ambulance rates be added so I can bill? (Army)
* Why is only one UBO manager role allowed per facility? (Army)
* Is a website we can go to for updates on ABACUS features or fixes?
* So with the pharmacy claims after the 14 days if there is no dispense date why will ABACUS send out a bill using the label print date? The rx has not been dispensed so in essence we are billing for something fraudulently
* For VA billing, can we print UB-O4?
* How do we get Lines of Accounting updated to the new FY and Lines of Business added to our program?
* When will IOR for K53/K54 patient’s bills be ready? Claims that need to be billed at IOR are stuck in the system as "Rate Not Found". Rate is current in the master tables, but it's the IOR that creates the error.
* Has anyone created an SOP in regards to the billing process (step by step)? (Army)
* What will be the new reporting requirements with the new ABACUS program, since this is a web based program now?
* If the MTFs are to develop their own processes what happens to the concept of Continuity; it sounds as though we will be re-creating a lot of 'wheels' again. Thank you!
* The entire UBO are trying to figure it out how the billing process works
* How soon will the instructions for Electronic billing going to be coming out. Was that not part of our reason for submitting our ABACUS workbooks last June?
* This is going back to the posting question. Don't the unverified transactions connected to certain write off codes; keep them on your AR until they are cleared in recovery.
* If we get hung up on an error where can we go to get help? The manual is not much help.
* In ABACUS, ADM has an injury indicator of 1 and we check the patient's encounter for that DOS in AHLTA and it shows that the patient was seen for an MVA, Do we keep that ADM encounter there in ABACUS or do we delete the claim in ABACUS for the MAC biller?
* We are having the issue of e-codes forwarding over in AMAC. E-codes are no longer valid as injury codes in icd10. Is there are business rule we can create to stop them from flowing over?
* Can you un-approve an approved EOB to make a correction?
* On some pharmacy claims, dates of service are 1-3 days after the actual date of dispense. Is there something specific or technical that is causing the discrepancy?
* Is there going to be any more specific guidance/training on how to bill for the VA and MAC billers?
* We did the CCV/1131 for a couple of the checks that were in approved status in ABACUS and noticed that when we created a new CCV that we got different voucher numbers for each check approved. Is there a way we can process all the checks into one voucher number or is this the only way that we would get a CCV/1131 for each check that we approve in ABACUS? Can they be consolidated into one voucher number instead of different voucher numbers?
* While working the TPC OUT Reject bucket, is there a way to see which claims go out electronically when they are released? (Navy)
* Where do we submit trouble tickets too? (Air Force)
* My facility is not set up for electronic billing. I have been working the buckets but the bills I see in Bill Ready are very few compared to the amount I have corrected. The guide states "The bill stay day’s system parameter controls the length of time that claims are visible once they are in Bill Ready. They stay in the system after that date, but are not visible in Patient Billing unless the parameter is changed. How can I change the parameter so I can see what bills are actually ready to print? (Army)
* Could you please revisit, setting up electronic payers in ABACUS? (Army)
* Is there a timeline for the CHCS migration? We cannot find patients in ABACUS, to bill or exclude charges.
* We do not have an Anesthesia module for Army. Will we get one? (Army)
* How can you successfully create a Cash Collection Vouchers for a finalized voucher, and are we going to have to attach signed DD form 1131 every time. They are all coming up with no funds showing on the voucher. (Army)
* Is this a MSA error issue?
* If our legal office is not yet using AMAC are we able to build the cases ourselves in ABACUS?
* For MSA accounts coming across in interface with the PAT review error, if it is not billable do we go ahead and delete them or are we supposed to push them through and then "exclude" them later on in AR management?
* Not all claims have IEN and don't know the PT IEN's (Army)
* I have vouchers outstanding and am trying to complete the CCV. How do I do this? (Army)
* Should we go into CHCS and turn off the auto print report so new bills stop printing in CHCS? (Air Force)
* Once a batch is printed is the status supposed to change from bill ready to print? (Army)
* What is the process; start to finish, in posting copy charges and dining hall money? (Army)
* How are front desk clerks processing TPC forms in ABACUS?
* When we process a manually printed claim, we review the claim making sure it's legitimate for submission, if the claim is clean, do we change the "grouping code" from "bill ready to print" to "claim in process" so we have a point of reference of when we sent the claim out? What would be the grouping code if the bill was submitted via Electronic submission? I love the recovery module by the way!