



# Electronic Data Interchange (EDI) RX Claims Overview

# Overview

- ▶ ABACUS allows users to set up electronic payers to submit claims electronically. The use of electronic billing helps reduce postage and paper costs, expedites claim processing, and provides an electronic tracking of claims to ensure transmission to payers. Once a payer is set up to bill claims electronically (see Electronic Instructions document), claims will be batched and sent to payers by the system.

# Electronic Payer Setup

➤ Prior to the electronic submission of claims, users must ensure carriers are set up with electronic payers. To see if a carrier is set up to be billed electronically:

- Click on the Master Tables module.
- Go to the Insurance Carrier table under the Insurance folder.
- Search for the desired carrier.
- Double click the carrier.
- Click on the Electronic Billing Data tab under details. If the carrier has been setup, the tab will have an entry. If the carrier is not yet setup, please refer to the Electronic Instructions document for instructions.
- The user can double click the Electronic Payer to view and/or edit the payer details.

The screenshot shows the 'Insurance Carrier' window with the 'Details' tab selected. The 'Carrier Insurance' section contains the following fields:

Carrier ID	CARAZ0001	Carrier Name	CAREMARK	Carrier Type	
Date Entered	02/24/2011	Status	Standard	CHCS Host DMIS	0039
Activation Date	01/01/2000	Inactive Date	//	Inactivation Source	
Master Carrier ID		Tax ID			

The 'Details' section shows a table with the following data:

Carrier Department	Payer Id	PCN Number	BIN Number	Effective Date	Termination Date	Input Source
Electronic Billing/...	CAREMARK - A			01/01/2016		PRO

The screenshot shows the 'Electronic Billing Data' window with the following fields:

Carrier ID	CARAZ0001	Carrier Department	Electronic Billing/ET
Effective Date	01/01/2016	Termination Date	//
Electronic Payer ID	CAREMARK - A	PCN Number	
		BIN Number	
Description			

# Electronic Payer Setup

- If a user wants to see detailed electronic payer information for a carrier:
- Click on the Master Tables module.
  - Go to the Electronic Payer ID table (Master Tables > Insurance > Electronic Payer > Electronic Payer ID).
  - Search for the desired carrier.
  - Double click on the carrier to view and/or edit the details.

The screenshot shows the 'Electronic Payer ID' details form. The form is divided into several sections: 'Related To', 'Enrollment', 'Services Accepted', and 'Fields Required'. The 'Related To' section includes fields for 'Is Active' (checked), 'Clearinghouse' (BRSI RX Clearinghouse), 'Electronic Payer' (CAREMARK - A), 'Payer ID' (610029), 'Date Added' (01/17/2011), and 'Timely Filing Days' (365). The 'Enrollment' section includes 'Enrollment Required' (unchecked), 'Enrollment Date' (01/17/2011), and 'Enrolled By' (Admin, ABACUS). The 'Services Accepted' section includes 'Claim Status Check Accepted (276/277)?' (unchecked) and 'Insurance Verification Accepted (270/271)?' (unchecked). The 'Fields Required' section includes 'NPI Required' (unchecked). Below the form is a table with 4 columns: Payer Code, Group Number, PCN Number, and Active Date. The table contains 5 rows of data.

Payer Code	Group Number	PCN Number	Active Date
610029	MHBP	CRK	01/01/2010
610029	NALC	CRK	01/01/2010
610029	ALTPM	CRK	01/01/2010
610029	8808000101	CRK	01/01/2011
610029	8808000101	CRK	01/01/2011

# Recovery Screen Before Submission

- ▶ The claim will display a Grouping of Electronic Bill Pending before the claim is sent.

The screenshot displays the 'Recovery ver. 2.21.7.20 - (Sensitive Information) [AB\_DEV]' application window. The interface is divided into several sections:

- Facility Information:** Facility NH JACKSONVILLE, LOB TPC-IN, Facility # 0039, Facility NPI 1234567890, Tax ID 1234567890, Facility RX NPI 1234567890.
- Patient Information:** Control # 190275M0000031, Name (F/L) MARWIN99, SSN \*\*\* \*\* 9999, Policy # 999999999, DOB 10/10/2010, RP Name MARWIN99, GONZALEZ99.
- Placement Information:** Date Placed 4/10/2015, Age at Placement 158 Days, Date of Service 11/1/2014 to 11/3/2014, Date Resolved, Status Active, Total Billed 10189.36, Payments 0.00, W/O and Adj 0.00, Total Remaining \$10,189.36.
- Account Information:** Loaded From Account Lookup, The account you are looking at is in this Queue --> -1, Last Denial, Last Denial Date, Grouping Electronic Bill Pending, Pull Date 4/30/2015, Resolution None, Working Carrier Primary.
- Carrier:** (BCBFL0027) BCBS OF FLORIDA, 1 Claims for this Carrier. Address: PO BOX 1798, JACKSONVILLE, FL.
- Notes:** 6/14/2018 5:05 PM As of 6/14/2018, test note. [KENNEDY]
- Transactions:** Verified Transactions table with columns: Transaction Type, Transaction Verified, Entry Verified, Amount, Entered By, Transaction Date, EOB ID, Note. Unverified Transactions table with columns: Type, Transaction Verified, Entry Verified, Declined Date, Amount, Entered By, Entered, EOB\_ID, Note.

# Recovery Screen After Submission

- ▶ The Grouping will be updated to Electronic Bill Submitted after the claim is sent electronically.

Recovery ver. 2.21.7.20 - (Sensitive Information) [AB\_DEV]

Facility NH JACKSONVILLE Facility # 0039 Facility NPI 1234567890  
LOB VANA-IN Tax ID 1234567890 Facility RX NPI 1234567890

Loaded From Account Lookup  
The account you are looking at is in this Queue --> -1

Account Information  
Work Log Work Note Print Account Detail  
Last Denial  
Last Denial Date  
Grouping **Electronic Bill Submitted**  
Pull Date 3/1/2017  
Resolution None  
Working Carrier Primary

Placement Information  
Date Placed 7/20/2015  
Age at Placement 212 Days  
Date of Service 12/20/2014 to 12/21/2014  
Date Resolved  
Status Active  
Total Billed 278135.71  
Payments 0.00  
W/O and Adj 0.00  
Total Remaining \$278,135.71

Patient Information  
View Companions  
Control # 190275M0000031  
Name (F/L) MARWIN99 GONZALEZ99  
SSN \*\*\* \*\* 9999 ID#  
Policy # 999999999  
DOB 10/10/2010 Hm Ph  
RP Name MARWIN99 GONZALEZ99  
Employer

Carrier Information Requests Letters Images  
Select Carrier  
(VA) VETERANS ADMINISTRATION 2 Claims for this Carrier  
Address Phone Fax Web Page Comments  
Department Address1 Address2 City Sta  
Claims ADDRESS LINE HOUSTON TX

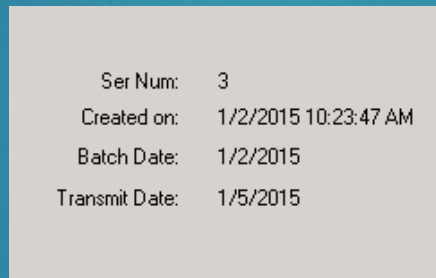
Notes Status  
Add Add From... View All Clipboard Save Cancel

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  
\$0.00 Remaining: \$0.00  
Unverified Transactions  
Type Transaction Verified Entry Verified Declined Date Amount Entered By Entered EOB\_ID Note

# Claim Submission

## ➤ Submission Information

- When viewing a claim in Recovery, click the UB04 tab and double click on the desired claim. Once the claim is opened, the user will see three fields on the upper right corner.



Ser Num:	3
Created on:	1/2/2015 10:23:47 AM
Batch Date:	1/2/2015
Transmit Date:	1/5/2015

- **Created Date** - The date that the claim was created.
  - **Batch Date** - The date the claim was batched to be sent to the payer.
  - **Transmit Date** -The date the claim was sent to the payer.
- If all three of the fields are populated, the claim was sent to the payer. If only the Created Date and Batch Date are displaying information, the claim has been batched but not yet sent to the payer. The system will update the transmit date once the system job runs to send the batched claims. Note: system jobs may run daily, every other day, weekly, bi-weekly or monthly based on payer requirements and/or system rules.

# Claim Submission

- Users can see the Carrier ID of the payer that the claim will be submitted to by looking at the first drop-down in FL38 for UB04s. This data is pulled from the Insurance Carrier table in Master Tables.

The screenshot displays a web-based form for claim submission. At the top, there are navigation tabs for different locator groups: FL1 thru FL30b, FL31A thru FL41, FL42 thru FL49 (Charges), FL50 thru FL62, FL63 thru FL75, and FL76 thru FL81. The main form area is divided into several sections:

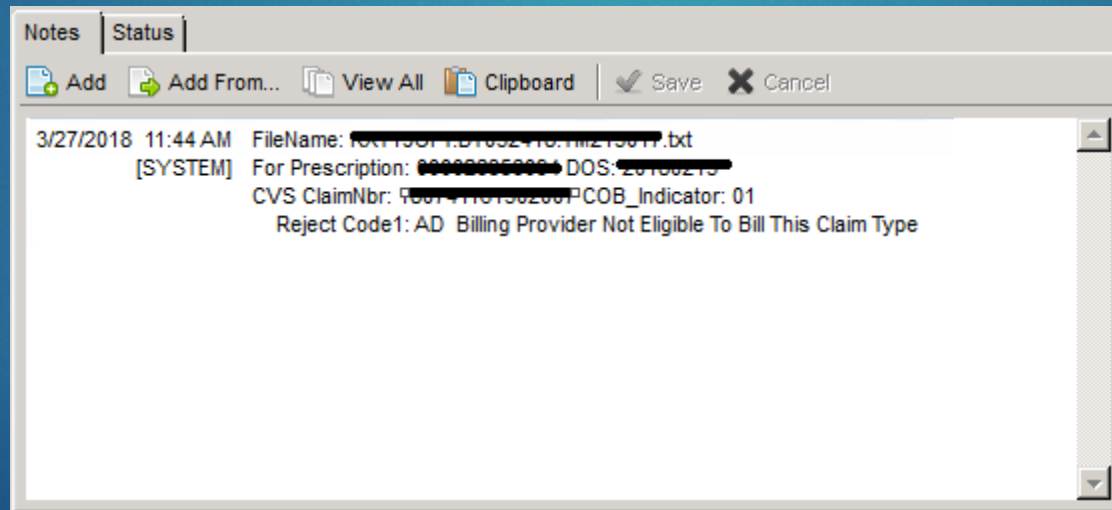
- Occurrence Section:** A table with columns for Code and Date. It contains rows for 31A through 34A, 31B through 34B, and 35A through 36B. Each row has a dropdown menu for the code and a date selector for the date.
- Locator 37 Section:** A small box with two input fields labeled A and B.
- Locator 38 Section:** A dropdown menu currently showing 'CARAZ0043'. Below it, the address 'CAREMARK PHARMACARE', 'GOVERNMENT PAPER CLAIMS', 'PO BOX 52088', and 'PHOENIX, AZ 85072' is displayed.
- Value Codes Section:** Three columns of input fields labeled '39 Value Codes', '40 Value Codes', and '41 Value Codes'. Each column has four rows labeled A, B, C, and D, each with a dropdown menu and a text input field.



# Claim Response

## ► Response Information

- When viewing a claim in Recovery, look at the notes tab on the right.
- Once a response has been received, the user can see the information in the notes tab. The information will either contain reject codes or will specify that the claim was paid



# Claim Response

- The Status tab will contain a system generated message regarding the status changes the claim went through. Ex: "NCPDP was created on 10/01/2018"

# Claim Resubmission

## ► How to Resubmit a Claim Electronically:

1. Open the claim in Recovery by clicking the UB04 tab and double clicking the desired claim.
2. Once the claim is open, click the Add to Batch button located at the top of the screen.
3. The claim will be added to the daily batch and the Transmit Date will be updated once the claim is resent.

The screenshot displays the 'UB04 Entry' software window. At the top, there is a menu bar with options: New, Save, Cancel, Add, Add/Secondary, Delete, More Data, Add to Batch, Convert/CMS, Print/Paper, and Print/Original Form. Below the menu bar, the text 'Client Version - View Only' is visible. The main area contains several fields: 'Payer to Bill' (dropdown), 'DRG' (dropdown), 'Ser Num: 1', 'Created on: 1/4/2018 2:12:13 PM', 'Batch Date: 1/4/2018 2:12:13 PM', and 'Transmit Date: 1/4/2018 2:14:38 PM'. A large empty box is labeled 'Admit Type Definition->'. Below this, a navigation bar shows tabs for 'FL1 thru FL30b', 'FL31A thru FL41', 'FL42 thru FL49 (Charges)', 'FL50 thru FL62', 'FL63 thru FL75', and 'FL76 thru FL81'. The main form area is divided into sections: 'Locator 1' (NBHC ALBANY, 814 RADFORD BLVD, CAMP PENDLETON, GA, 95001, 904-542-7715), 'Locator 2', '3a Pat Cntl #' (180275T0003201), '3b Med Rec #', '4. Type of Bill' (111), '5 Fed Tax No' (593208445), '6 Statement Covers Period' (10/4/2015 to 10/5/2015), '7', '8. Patient Name' (DOE1), '8a Patient ID' (11441144), '9. Patient Address' (1144 MAIN STREET, ADDISON, AK, 77884), and a grid for '10. Birthdate/11. Sex', 'Admission 12 Date/13 HR/14 Type 15 Src', 'Discharge', 'Condition Codes', and '29. Acct ST'. The 'Add to Batch' button is highlighted in yellow.

# Conclusion



- ▶ The use of electronic claim submission is beneficial in receiving more timely responses and claim payments from payers. It also reduces the amount of time users need to take to follow up on claims.
- ▶ If a user notices any issues or has concerns or questions about the process of electronic billing in ABACUS, please submit a detailed helpdesk ticket so your issues and/or concerns can properly be addressed.