

ABACUS Custom Tools Reports

24 August 2021 0800 – 0900 EDT 26 August 2021 1400 – 1500 EDT

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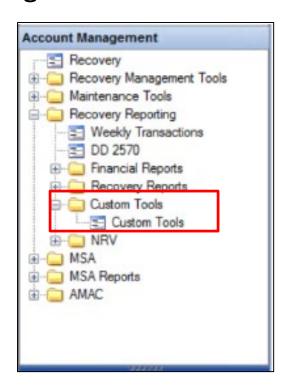
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- What is ABACUS Custom Tools?
- Available ABACUS Custom Tools reports
- Running a report in ABACUS Custom Tools
- Tips and Tricks
- Specific ABACUS Custom Tools reports
- ABACUS Resources

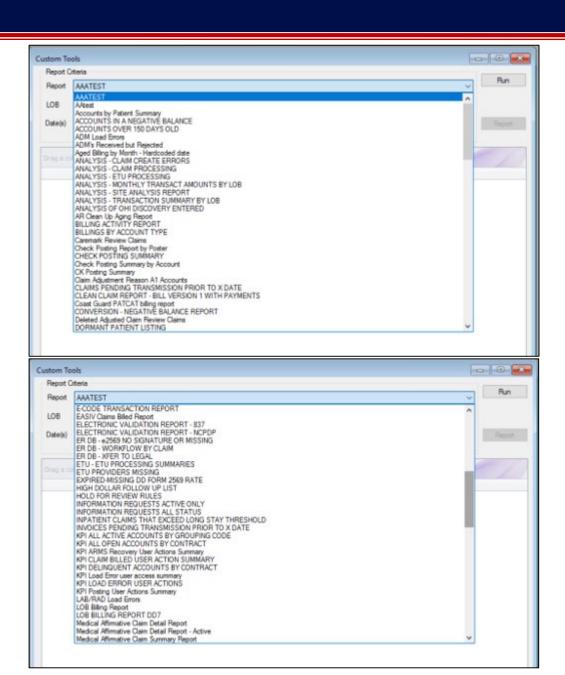


- ABACUS Custom Tools is a collection of reports* found within each MTF database.
- Custom Tools reports are run using a selected Line of Business (LOB) and specified date range.

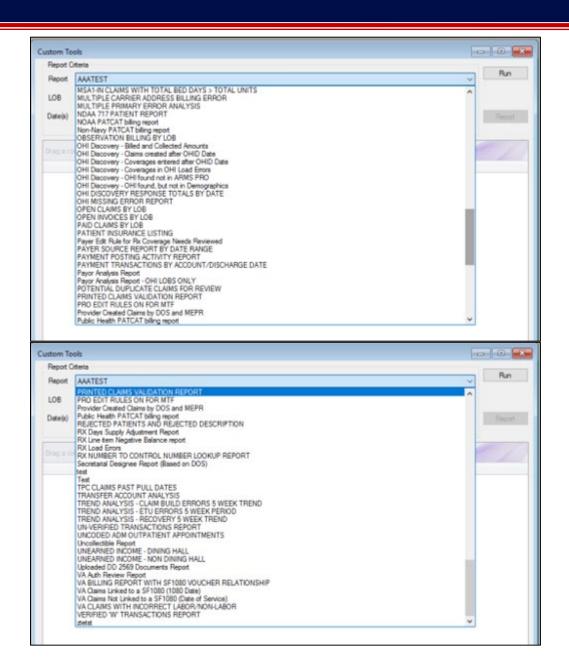








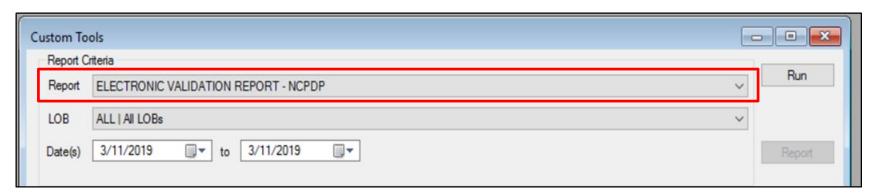




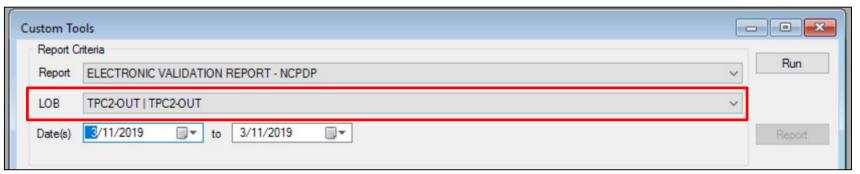




Step #1: Select desired report from "Report" drop down



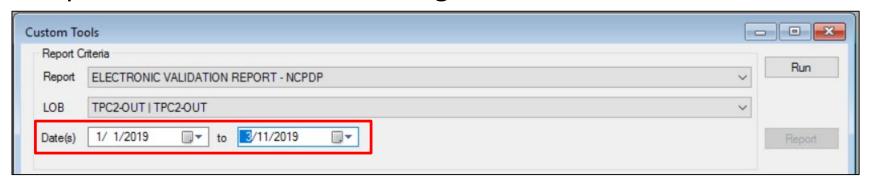
Step #2: Select desired LOB from "LOB" drop down







Step #3: Select desired date range



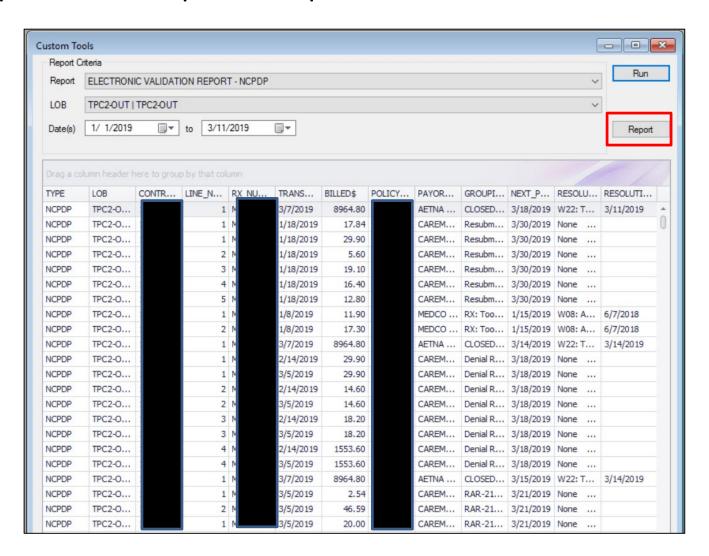
Step #4: Select "Run"







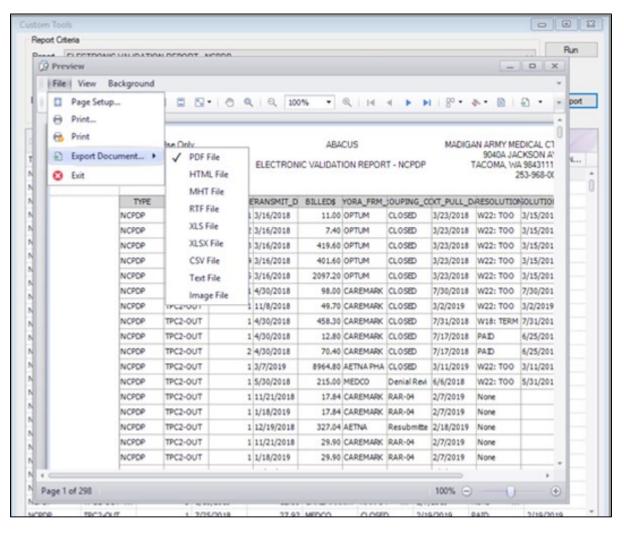
Step #5: Select report to export





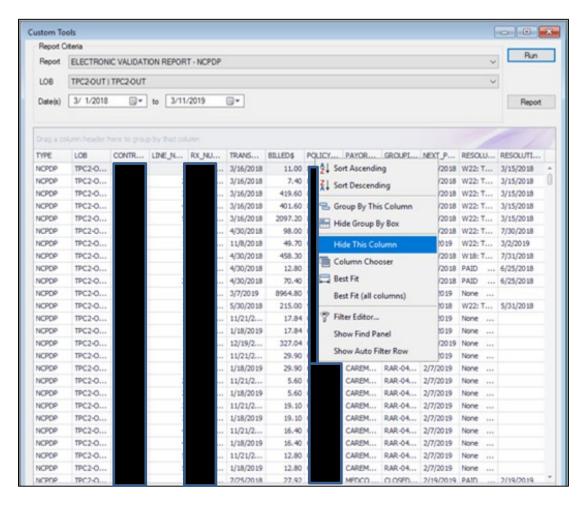


 Step #6: Select desired file option for exporting (e.g., pdf, excel, text)



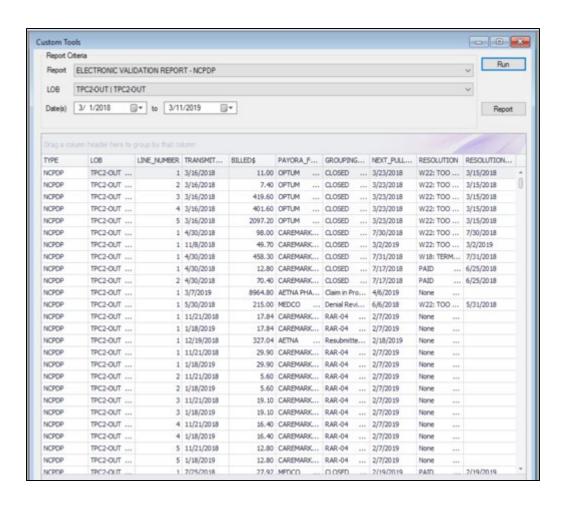


 Columns containing PHI/PII can be removed prior to exporting the report by right clicking on the column and selecting "Hide This Column"



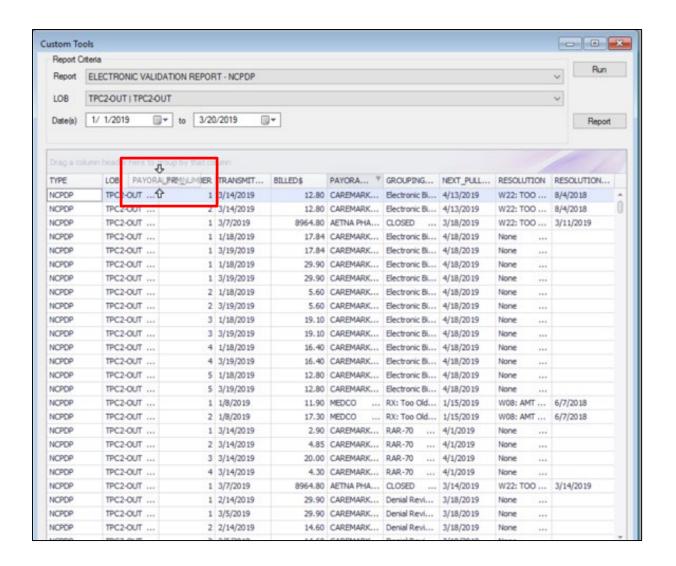


 Columns previously selected (Control #, Rx #, Policy #) are now removed from the report



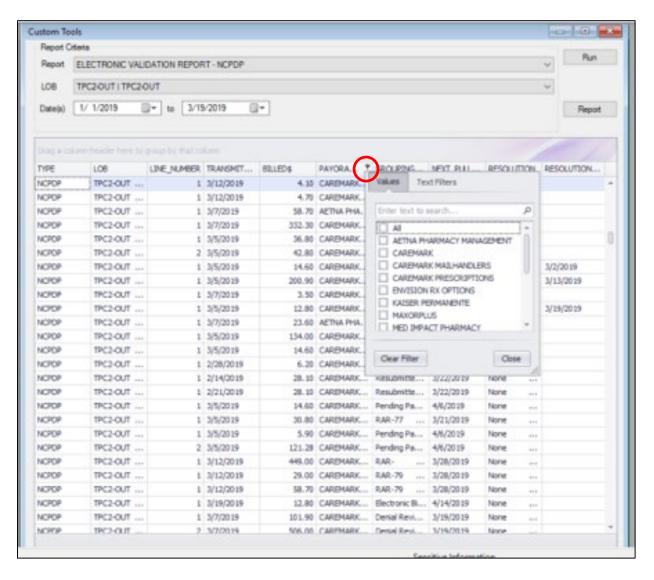


Columns can be rearranged by selecting and dragging



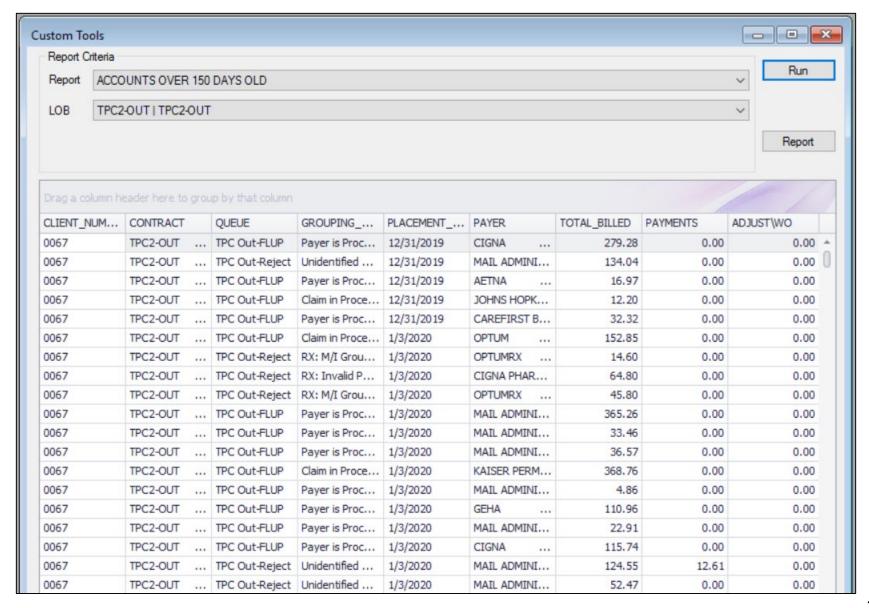


Select filter icon to filter column values





Accounts Over 150 Days Old



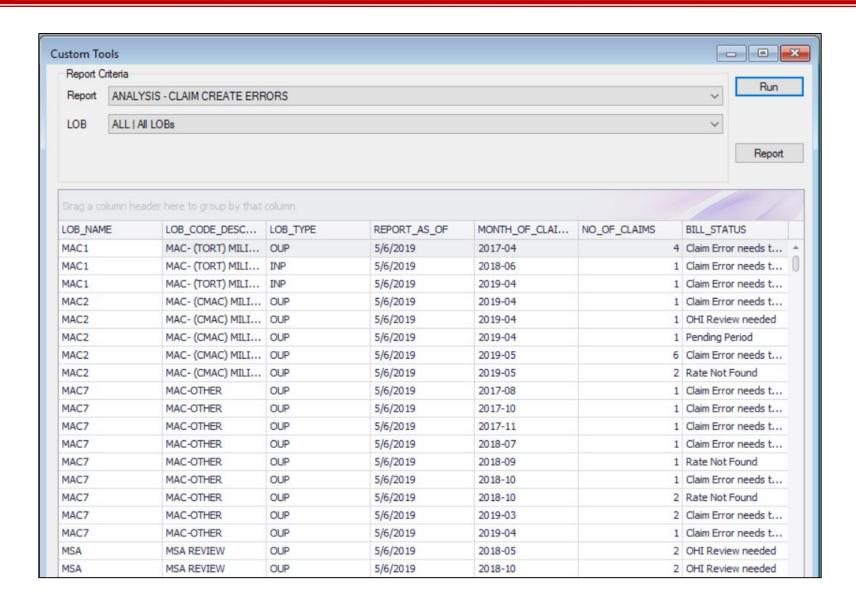


- Displays accounts over 150 days old
- DMIS ID, LOB, Control #, Queue, Grouping Code, Placement Date, Payer, Total Billed, Payments, Adjustments/Write-Offs

- Identifies accounts that have a current grouping which requires additional action or follow up
- Allows users to prioritize older accounts and avoid timely filing issues



Analysis – Claim Create Errors



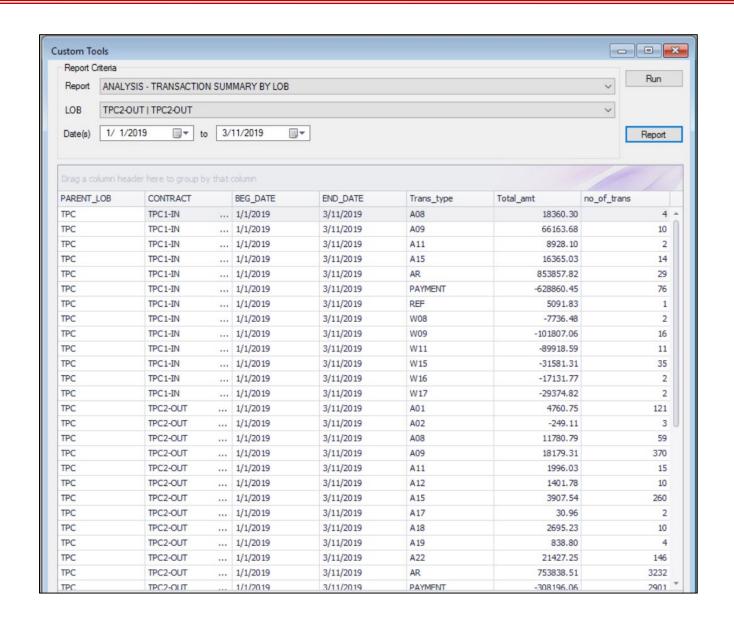


- Displays accounts that have an interface error
- Line of Business (LOB), LOB Type, Bill Status

- Identifies accounts which require error resolution prior to billing
- Errors include Rate Not Found, Claim Held Review, Claim Error,
 Dental Review Required



Analysis – Transaction Summary by LOB





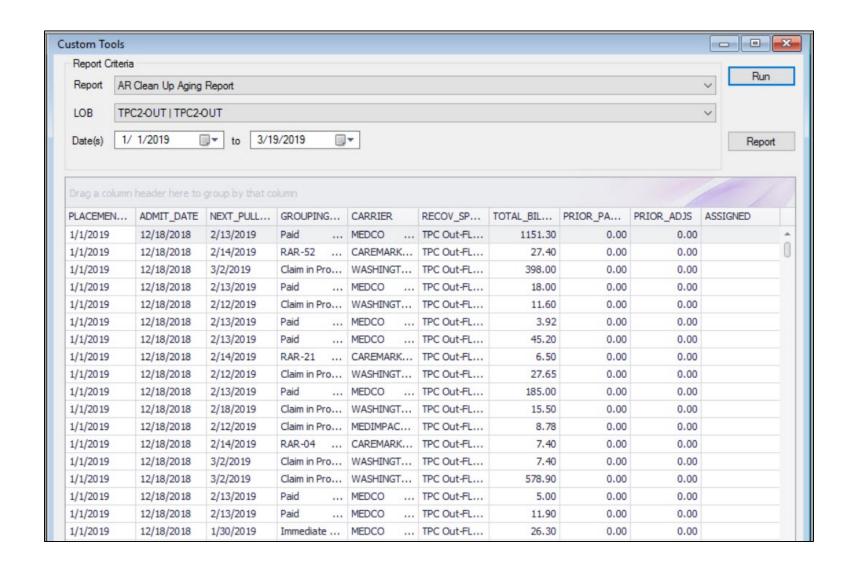
- Displays total amounts associated with various transaction types (e.g., A08, PAYMENT, REF, W08)
- LOB, Begin Date, End Date, Transaction Type, Total Amount, # of Transactions

Benefits

 Allows users to report total amounts adjusted, paid, refunded, and written off





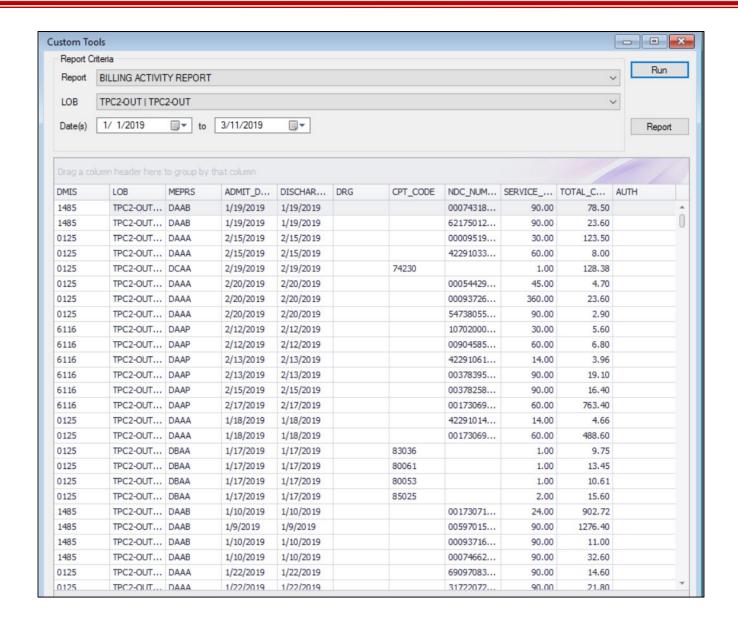




- Displays billed amounts in different recovery queues (e.g., inprocess, denial, rejection, follow-up)
- Placement Date, Admit Date, Next Pull Date, Grouping Code, Payer, Recovery Queue, Total Billed, Prior Payment, Prior Adjustments, Assigned

- Provides data elements for non-Rx follow-up
- Users can filter amounts billed by payer allowing for quick sorting patterns





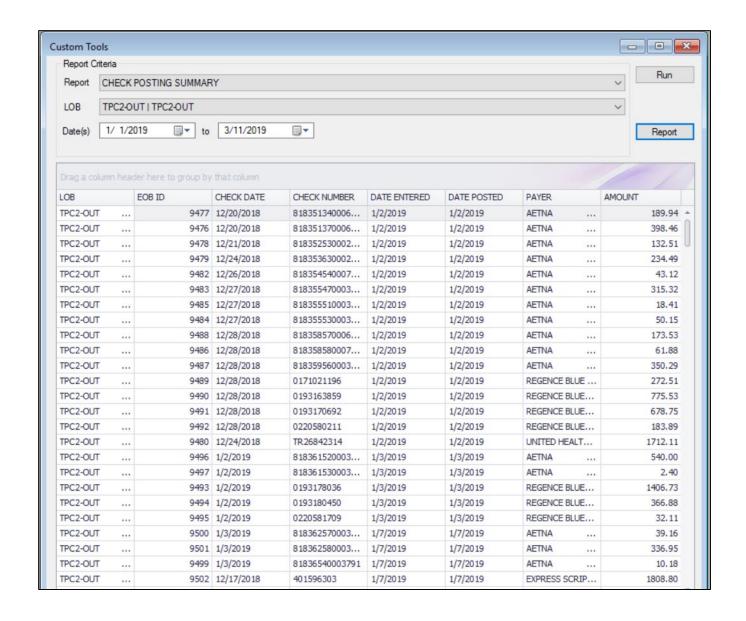


- Used to analyze amounts billed at the account level
- MEPRS, Control #, Admit Date, Discharge Date, DRG, CPT Code, NDC #, Service Units, Total Charges

- Provides insight into what has been billed or not billed for a patient stay
- Total charges for CPT Code, DRG, or MEPRS Code can be identified







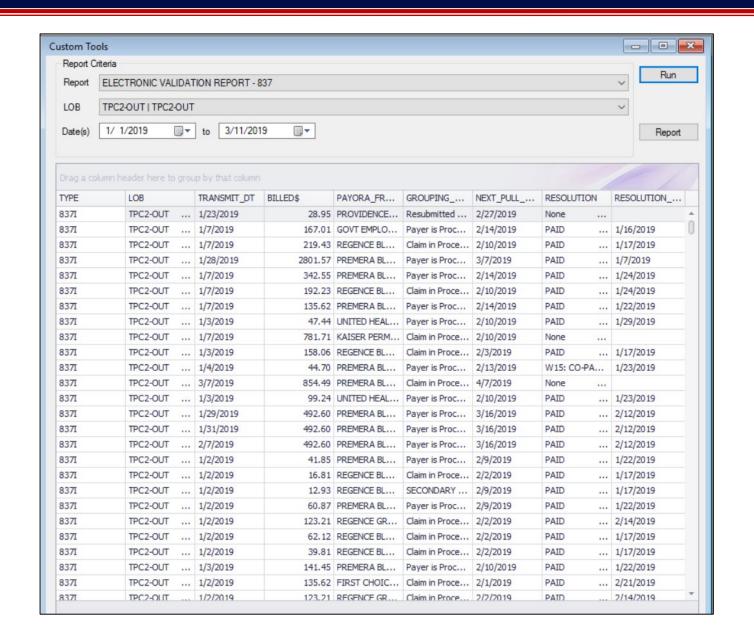


- Listing of checks posted and corresponding amounts
- EOB ID #, Check Date, Check #, Date Entered, Date Posted,
 Payer, Amount

- Can be used as a verification tool for check posting
- Allows for analysis between check date and date posted



Electronic Validation Report - 837



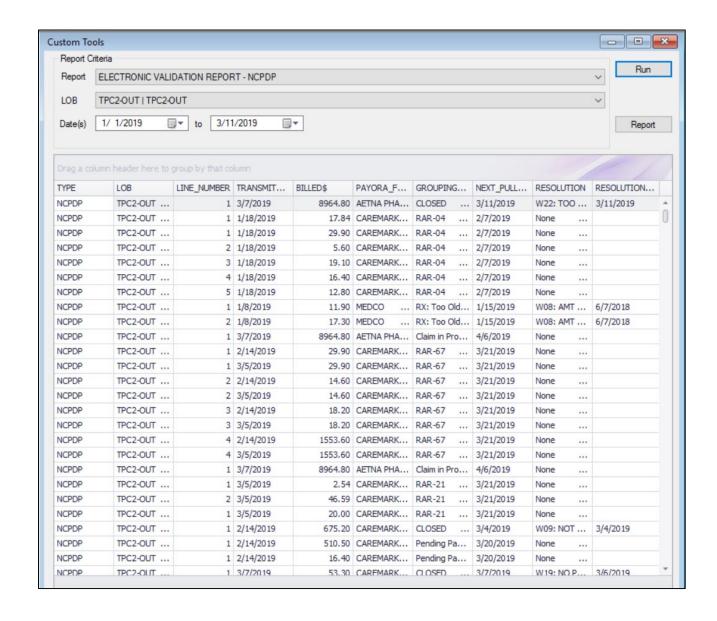


- Displays amounts billed electronically by payer
- Control #, Transmit Date, Billed Amount, Policy #, Payer,
 Grouping Code, Resolution, Resolution Date

- Allows users to view the status of billed amounts at the payer level
- Identifies problem payers



Electronic Validation Report - NCPDP

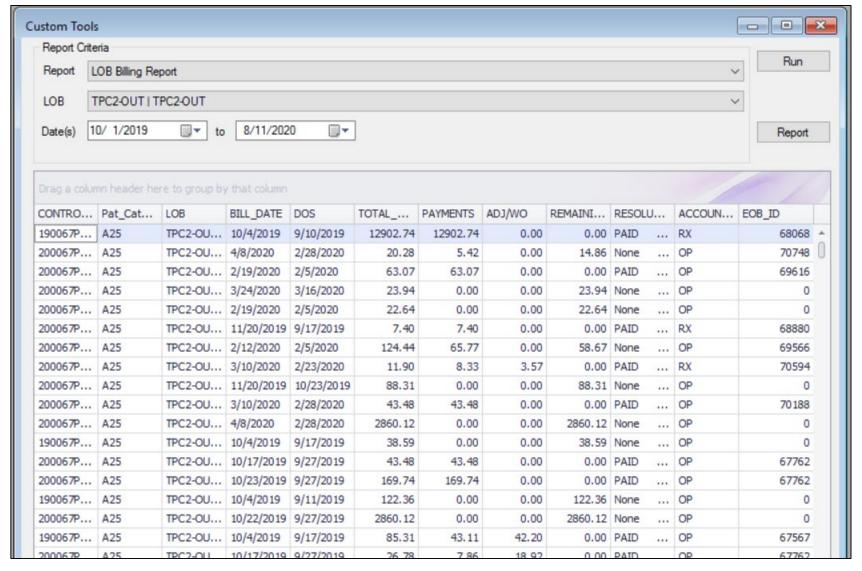




- Displays amounts billed electronically by payer for pharmacy claims
- Control #, Rx #, Transmit Date, Billed Amount, Policy #, Payer,
 Grouping Code, Resolution, Resolution Date

- Allows users to view the status of billed amounts at the payer level
- Identifies problem payers







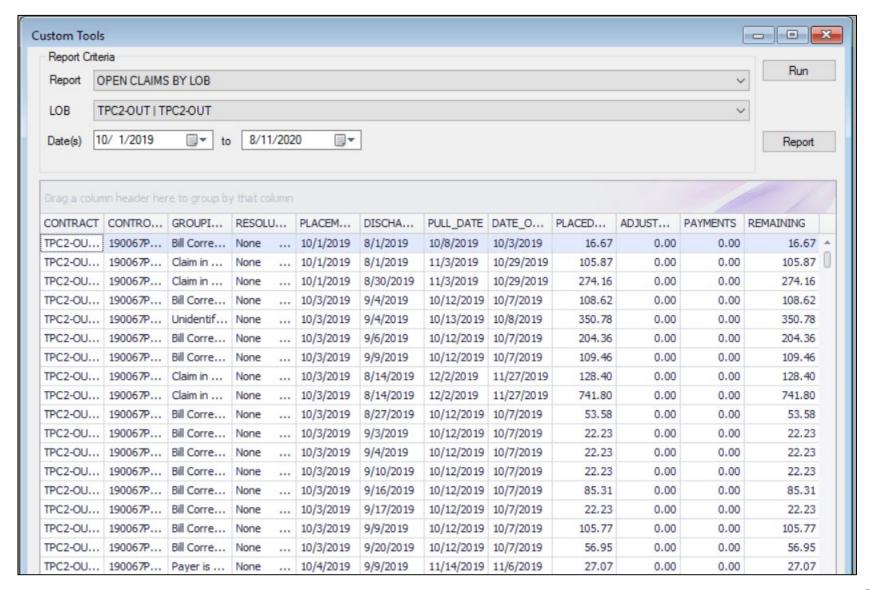
- Provides billing activity and associated payments, adjustments and remaining balance at the account level
- Control #, Patient Name, Patient SSN, PATCAT, LOB, Bill Date,
 Date of Service, Total Billed, Payments, Adjustments, Remaining Balance, Resolution, Account Type, EOB ID

Benefits

 Allows user to provide amounts billed, payments received, and adjustments based on billed date range









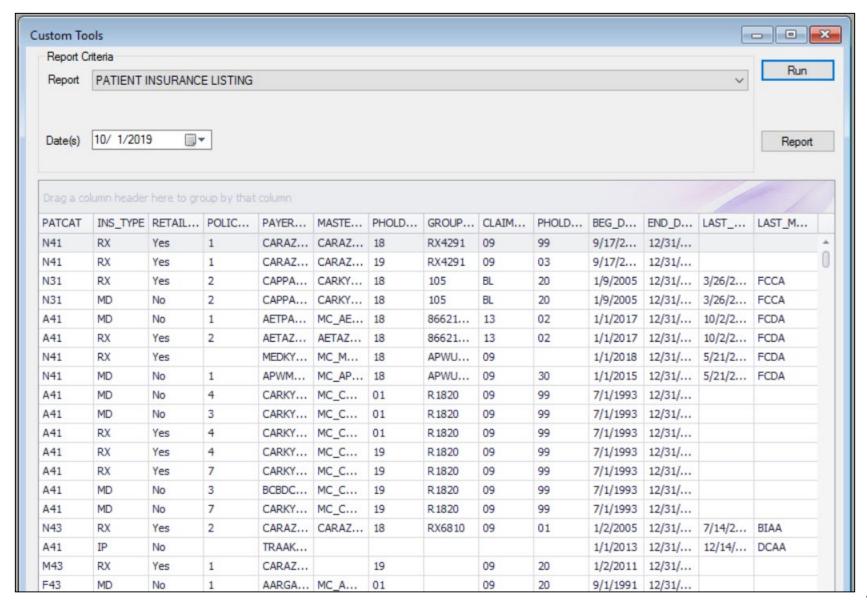
- Shows encounters with a balance that have not been resolved
- Control #, Grouping Code, Balance, Payments, Remaining Balance

Benefit

Can be used as a work list for encounters that need follow-up activity





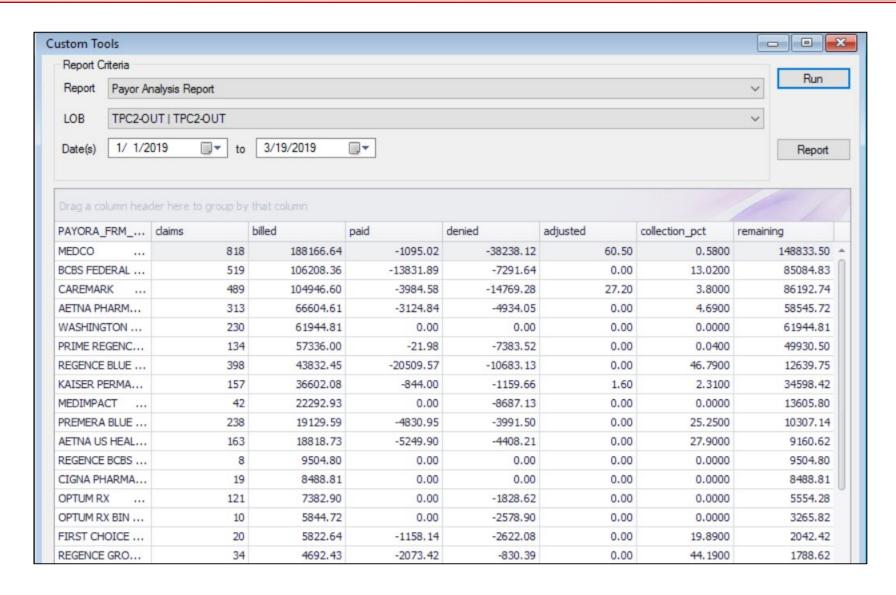




- Displays DoD patients and associated health plans for a given date of service
- Patient Name, Insurance Type, Policy #, Payer, Group Policy #,
 Claim Filing Code, Last Found Discharge Date

- Includes patient identifiers (e.g., Policy #, Rx #, Group #)
- Assists with posting when EOB does not include patient name or control #
- Can also be used to identify patients for insurance updates







- Shows transaction amounts at the payer level
- Payer, Claims, Billed, Paid, Denied, Adjusted, Collection %, Remaining

Benefit

Identifies payers with high denial amounts and low collection %





- ABACUS Operations Manual
- ABACUS FAQ
- Troubleshooting Guide
- Instructional Guides (e.g., OHI Discovery, Electronic Payers)





- ABACUS Overview
- Cost Recovery Program Modules (e.g., MSA, MAC, TPC)
- e2569
- Enterprise Reporting

Contact DHA UBO Helpdesk (<u>ubo.helpdesk@intellectsolutions.com</u>)



Questions?

UBO Defense Health Agency Uniform Business Office

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