Defense Health Agency
Uniform Business Office

ABACUS Webinar – Electronic Billing

Speaker – Christina Cunningham

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

For entry into the webinar, log into: **http://altarum.adobeconnect.com/ubo.**

Enter as a guest with your full name and Service or NCR MD affiliation for attendanceverification.

Instructions for CEU credit are at the end of thispresentation.

View and listen to the webinar through your computer or Web–enabled mobile device. Note: The DHA UBO Program Office is not responsible for and does not reimburse any airtime, data, roaming or other charges for mobile, wireless and any other internet connections and use.

If you need technical assistance with this webinar, contact us at webmeeting@altarum.org.

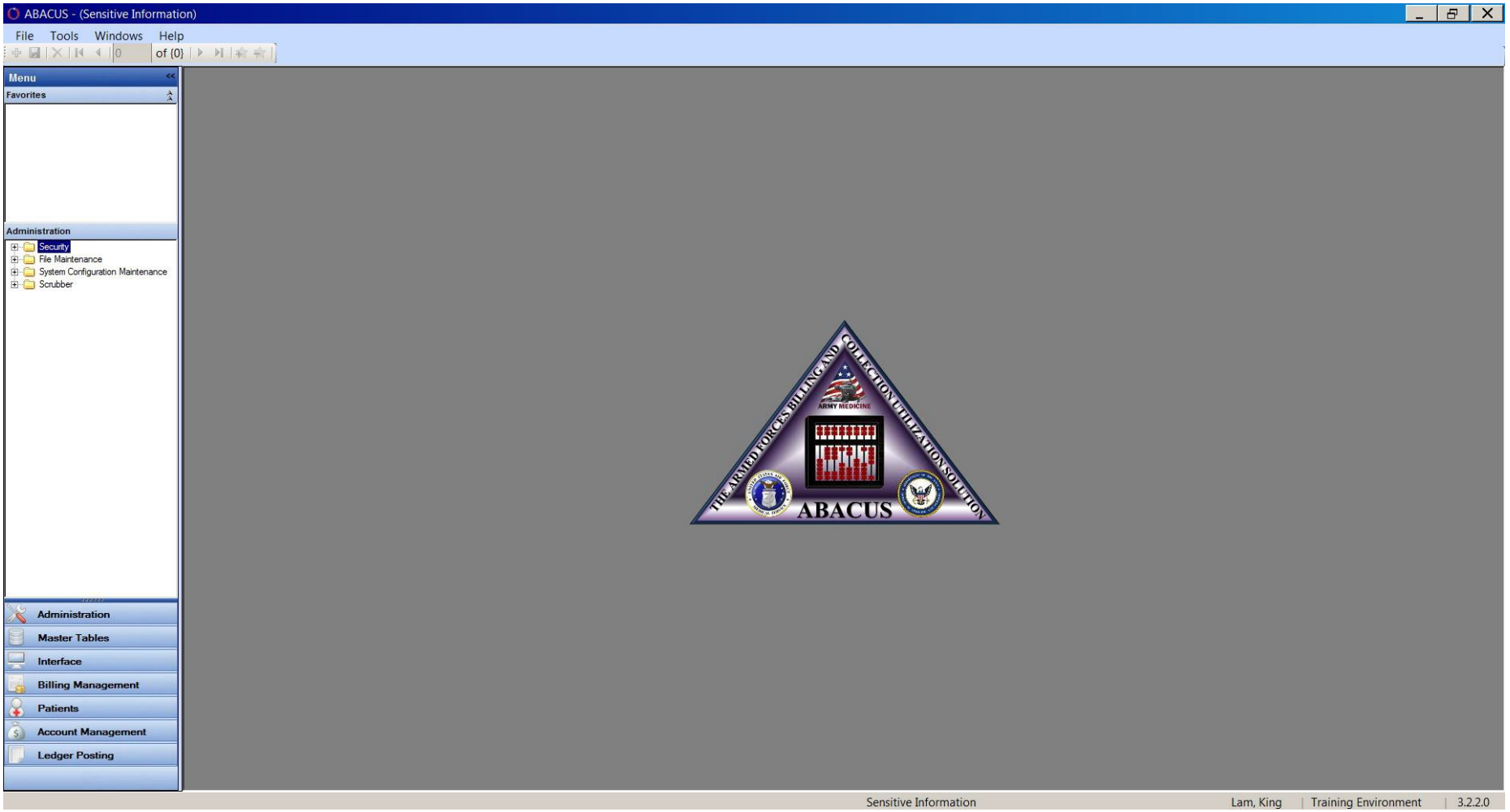
You may submit a question or request technical assistance at any during a live broadcast time by entering it into the "Question" field of Adobe Connect.

Defense Health Agency
Uniform Business Office

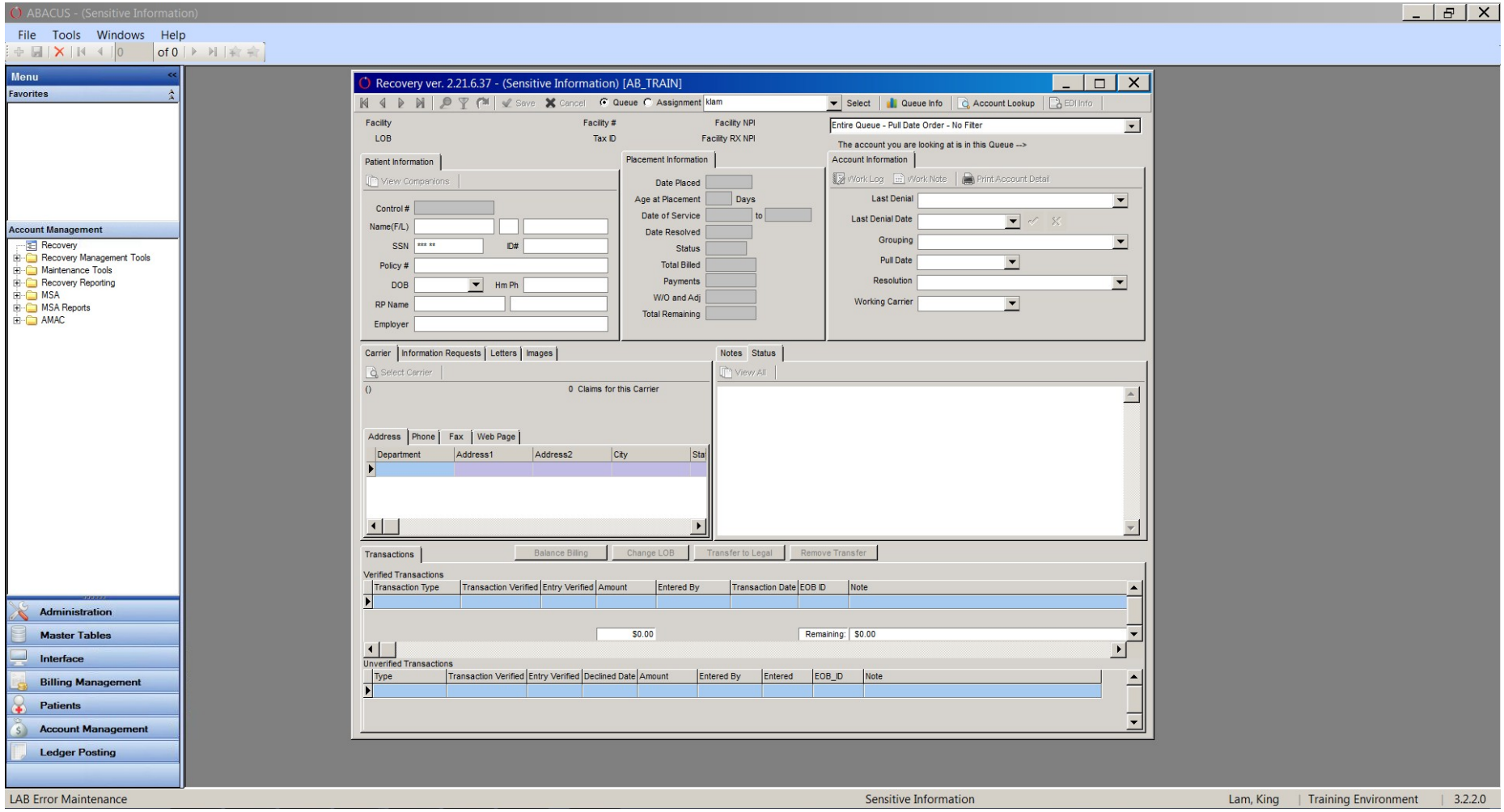
ABACUS Webinar
Electronic Billing

October 2017

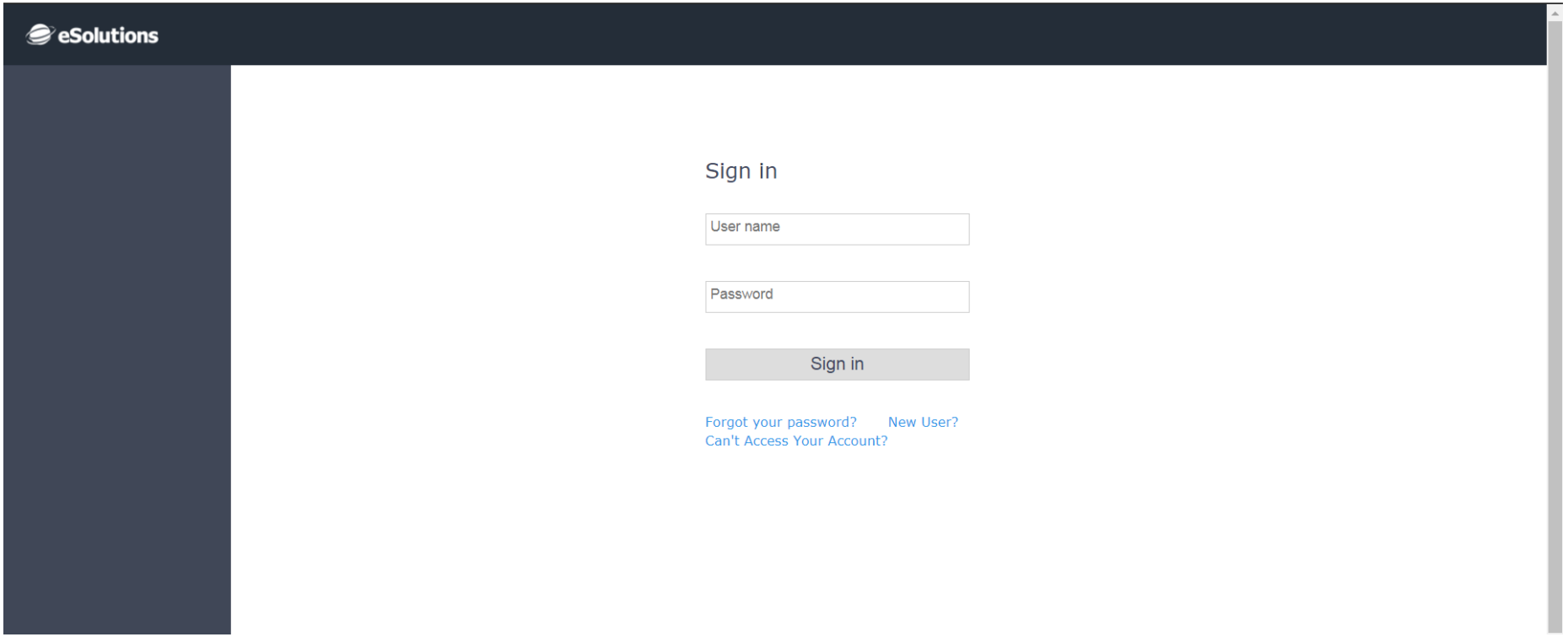
Purpose


ABACUS - (Sensitive Information)
File Tools Windows Help
of {0}
Menu
Favorites
Administration
Security
File Maintenance
System Configuration Maintenance
Scrubber
Administration
Master Tables
Interface
Billing Management
Patients
Account Management
Ledger Posting
ARMY MEDICINE
THE ARMED FORCES BILLING AND COLLECTION UTILIZATION SOLUTION
ABACUS
Sensitive Information
Lam, King
Training Environment
3.2.2.0

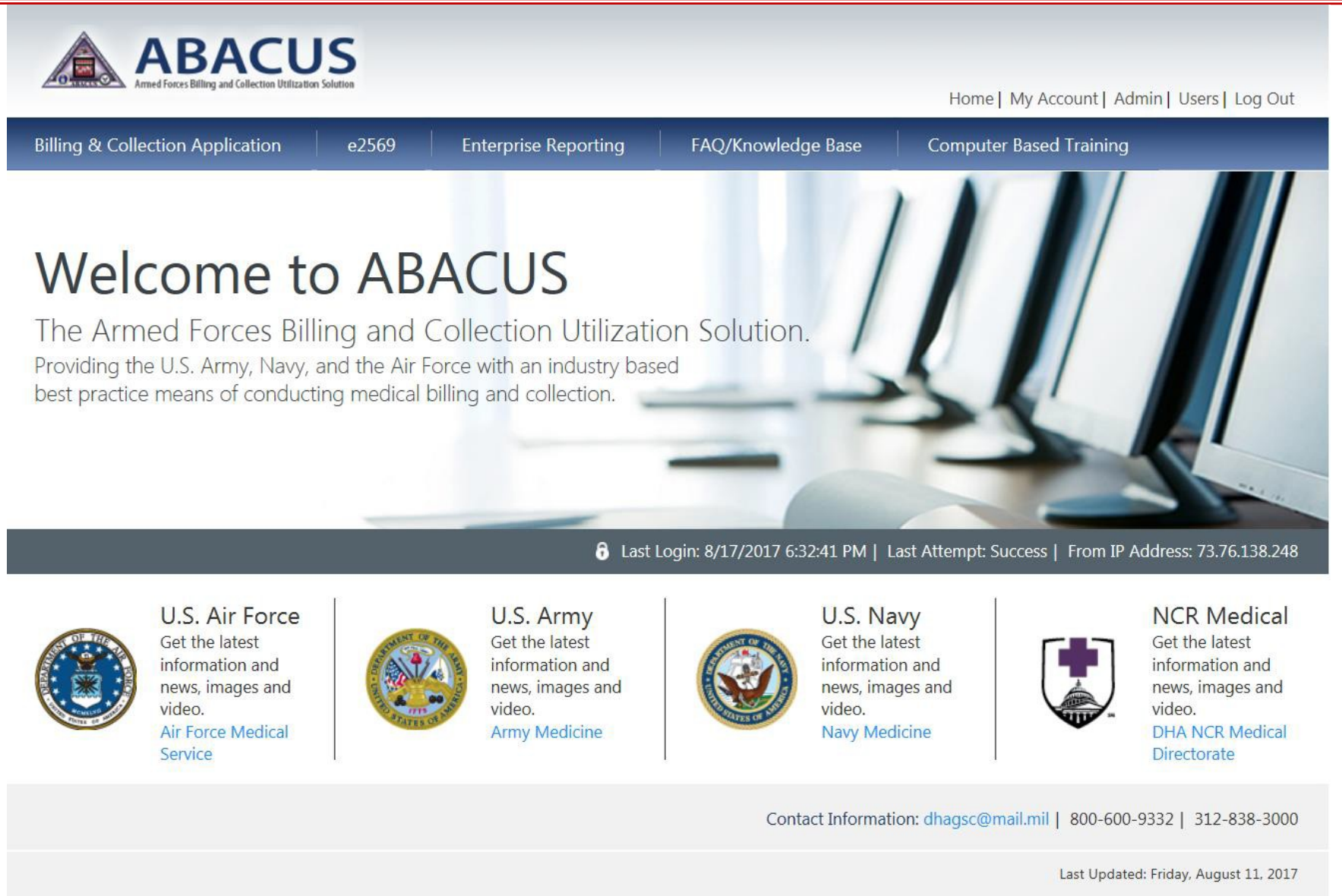
Selected Topics



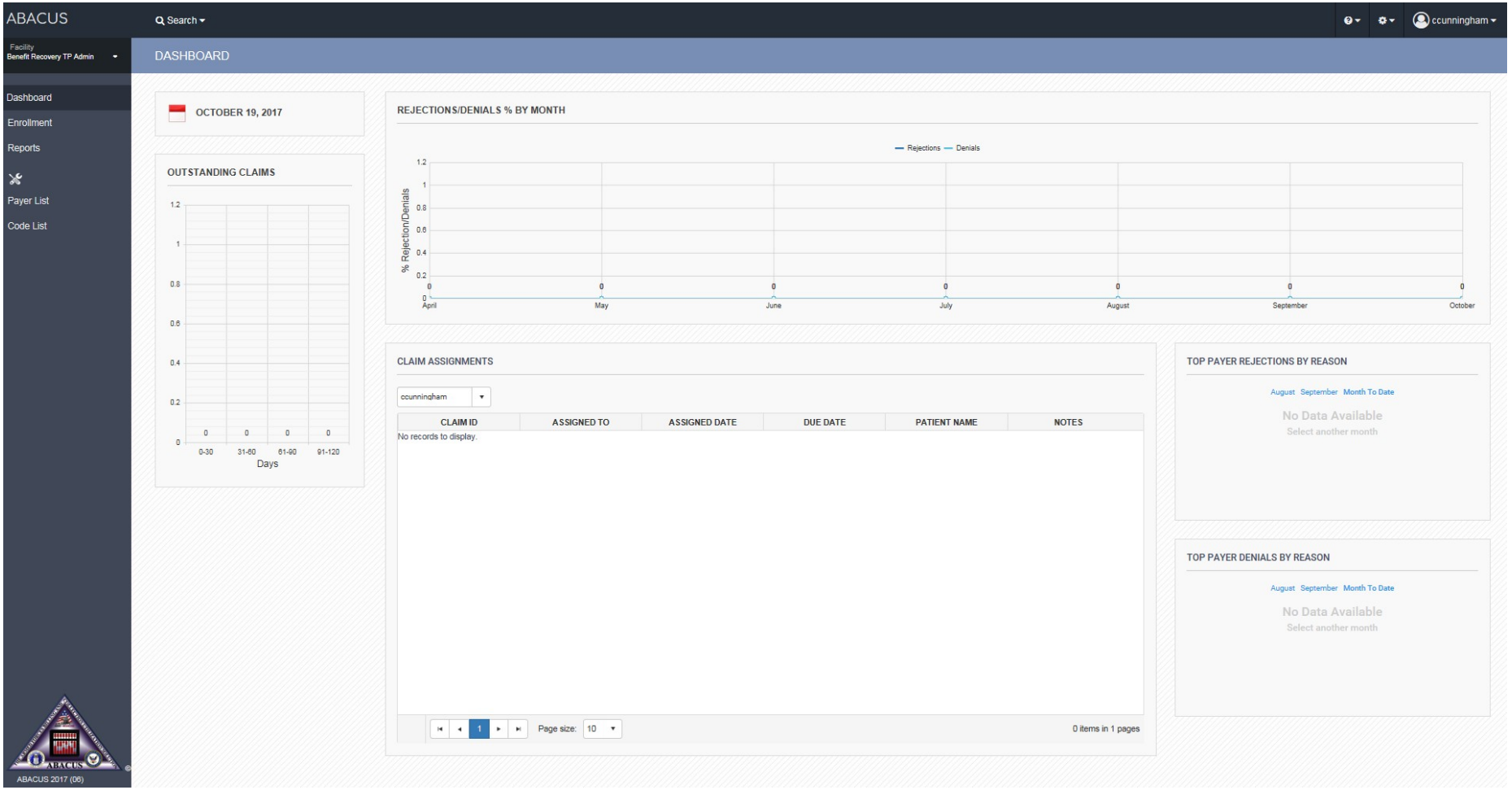
ClaimRemedi by eSolutions



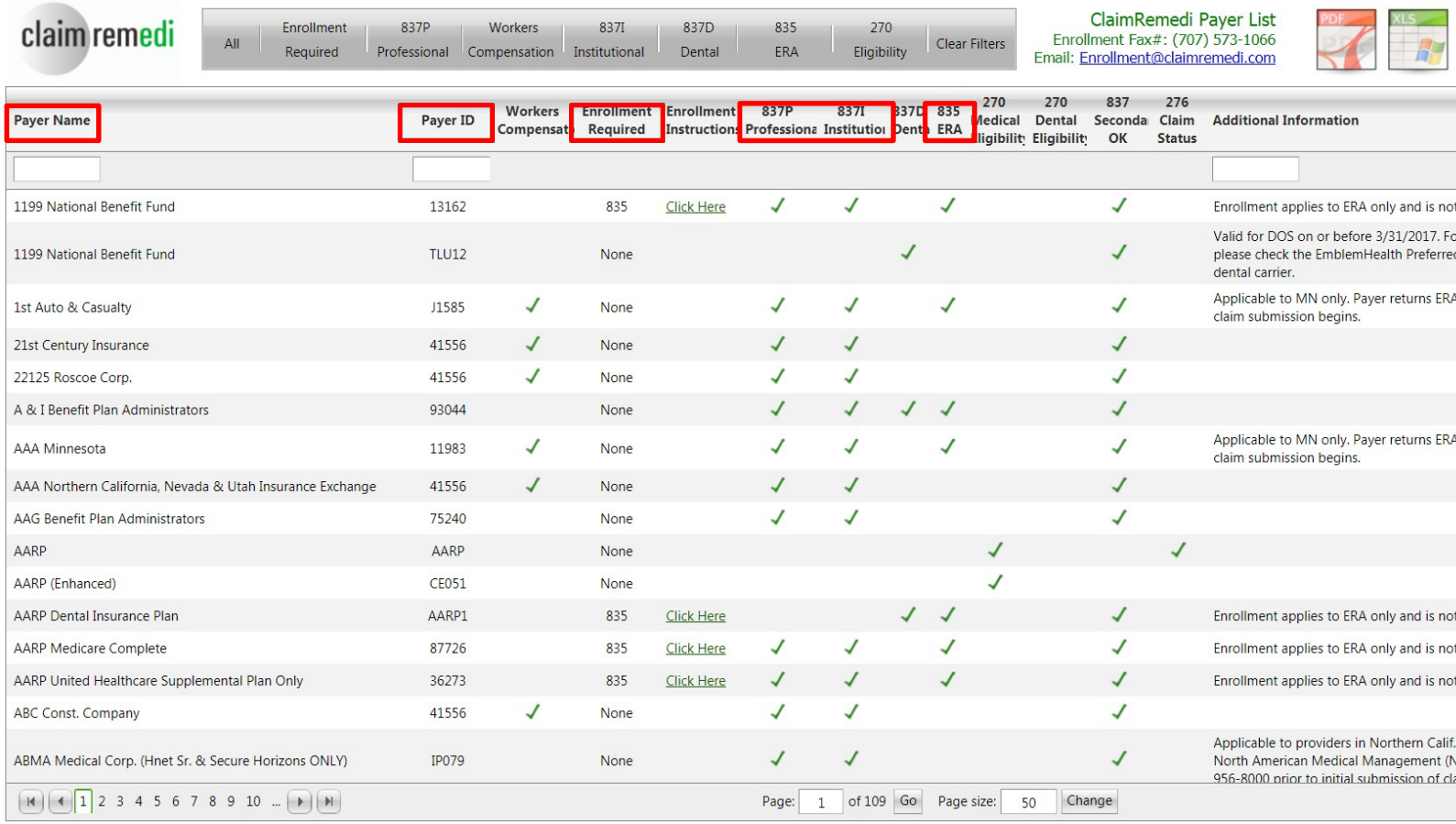
ClaimRemedi Registration



ClaimRemedi by eSolutions



ClaimRemedi Payer List



claimremedi

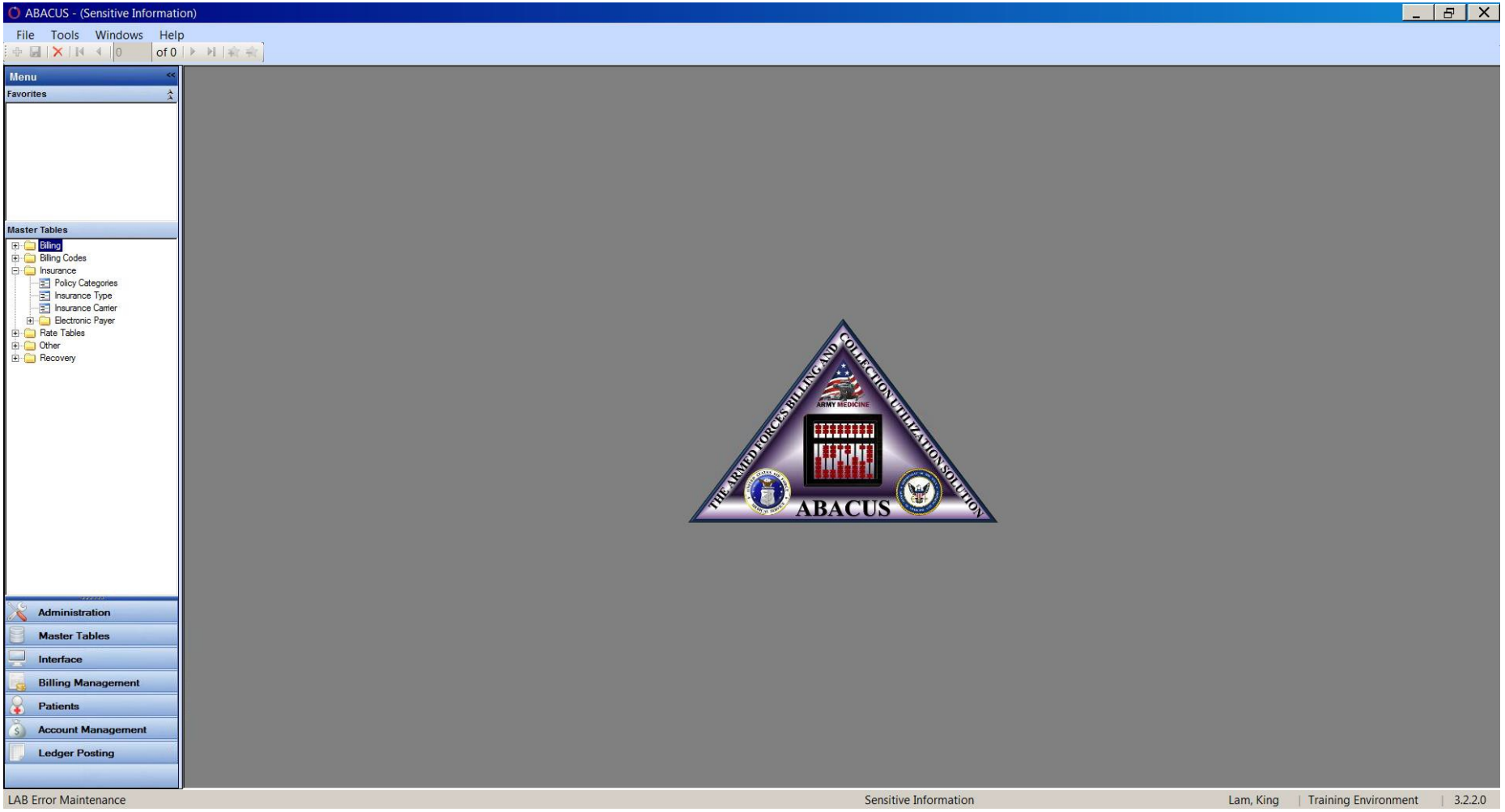
All | Enrollment Required | 837P Professional | Workers Compensation | 837I Institutional | 837D Dental | 835 ERA | 270 Eligibility | Clear Filters

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

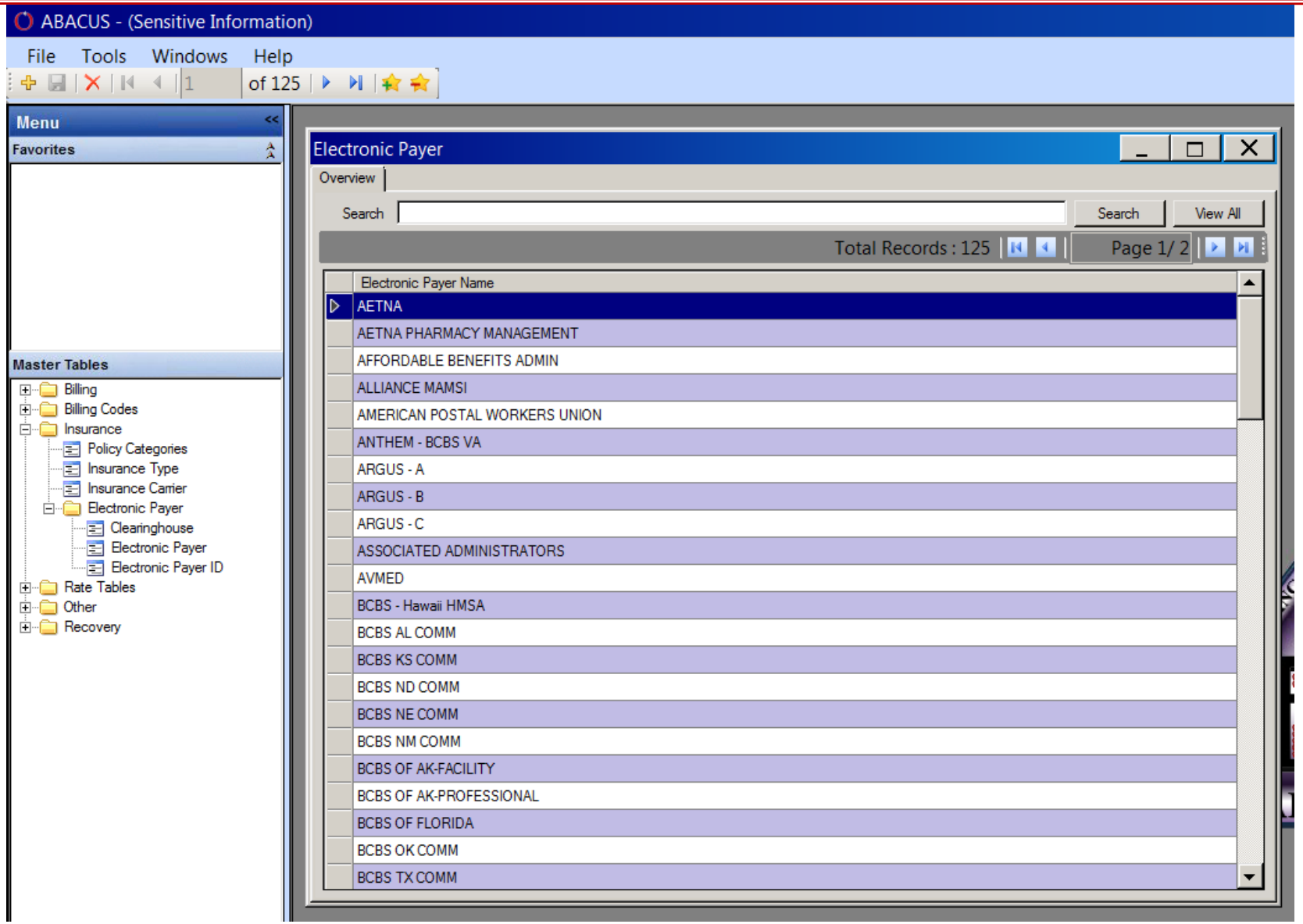
Payer Name	Payer ID	Workers Compensat	Enrollment Required	Enrollment Instructions	837P Professiona	837I Institutio	837D Dent	835 ERA	270 Medical Eligibilit	270 Dental Eligibilit	837 Seconda OK	276 Claim Status	Additional Information
1199 National Benefit Fund	13162		835	Click Here	✓	✓		✓			✓		Enrollment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

1 2 3 4 5 6 7 8 9 10 ... Page: 1 of 109 Go Page size: 50 Change Item 1 to 50 of 5412

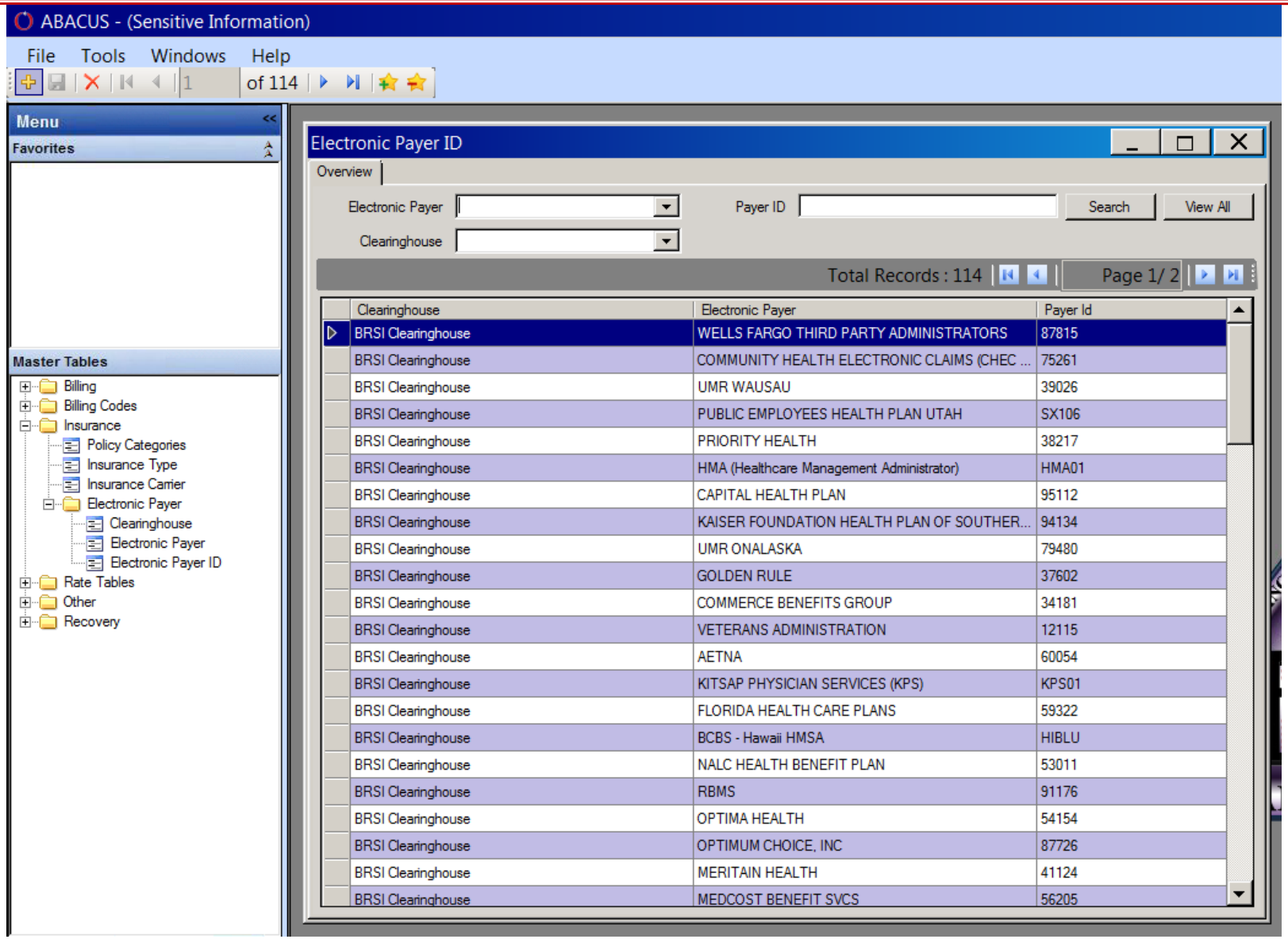
Master Tables



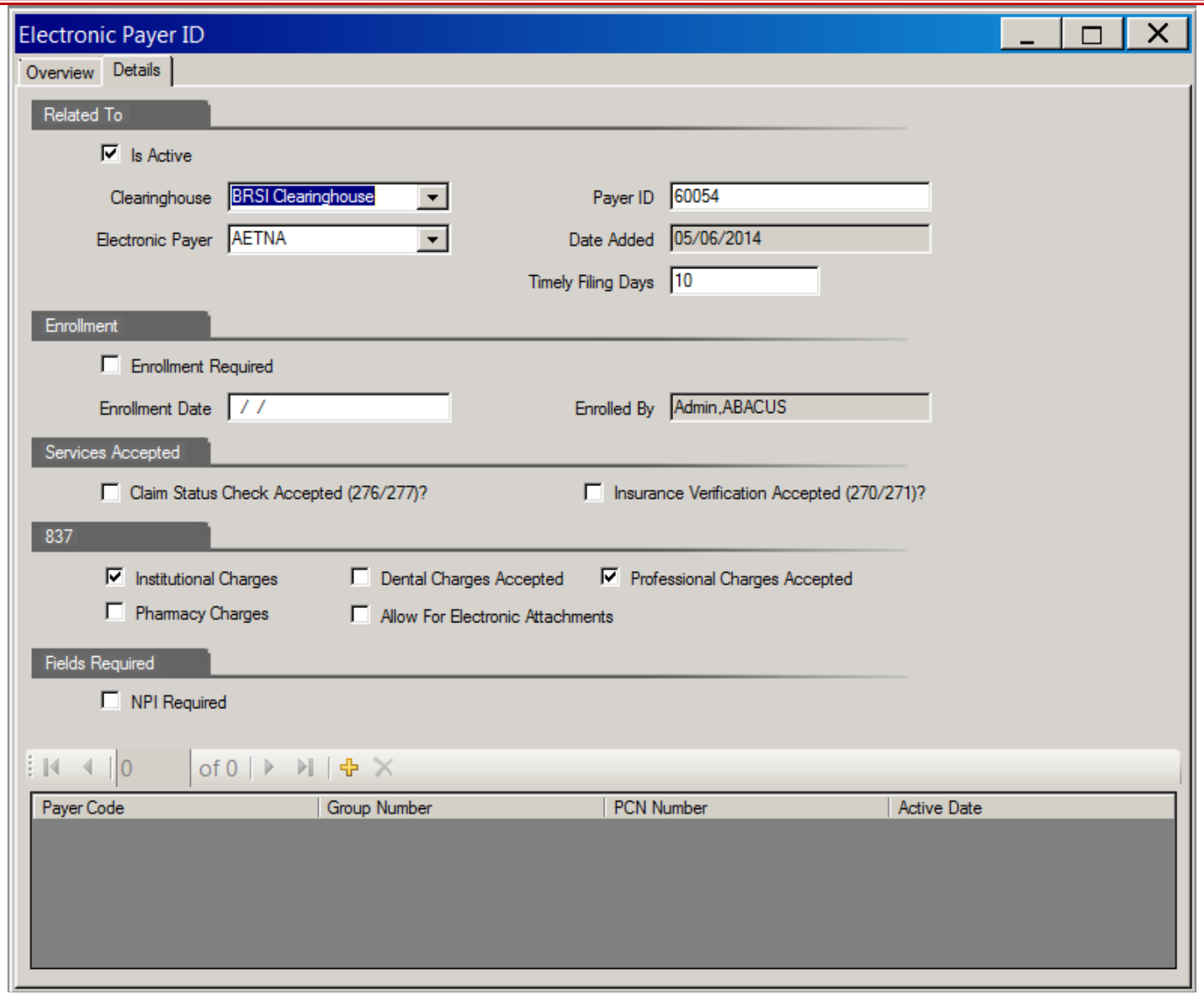
Master Table: Electronic Payer



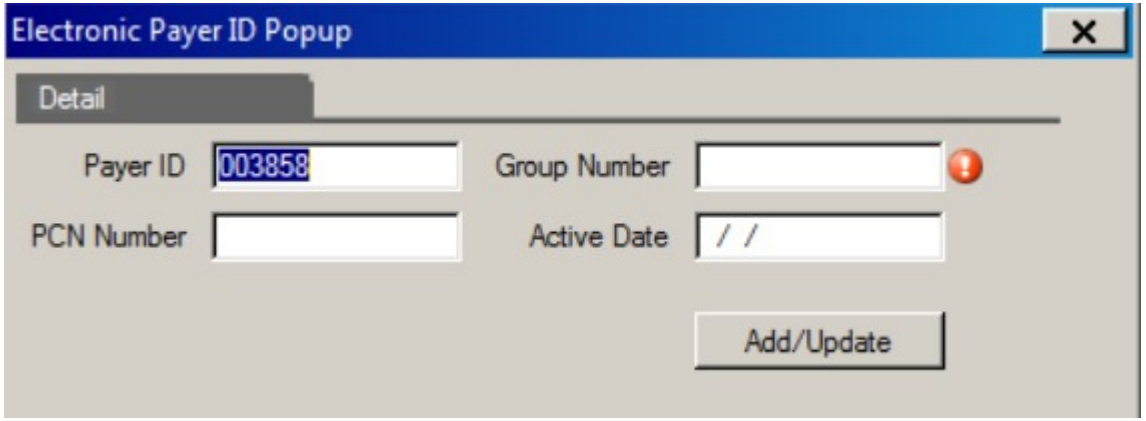
Master Table: Electronic Payer ID



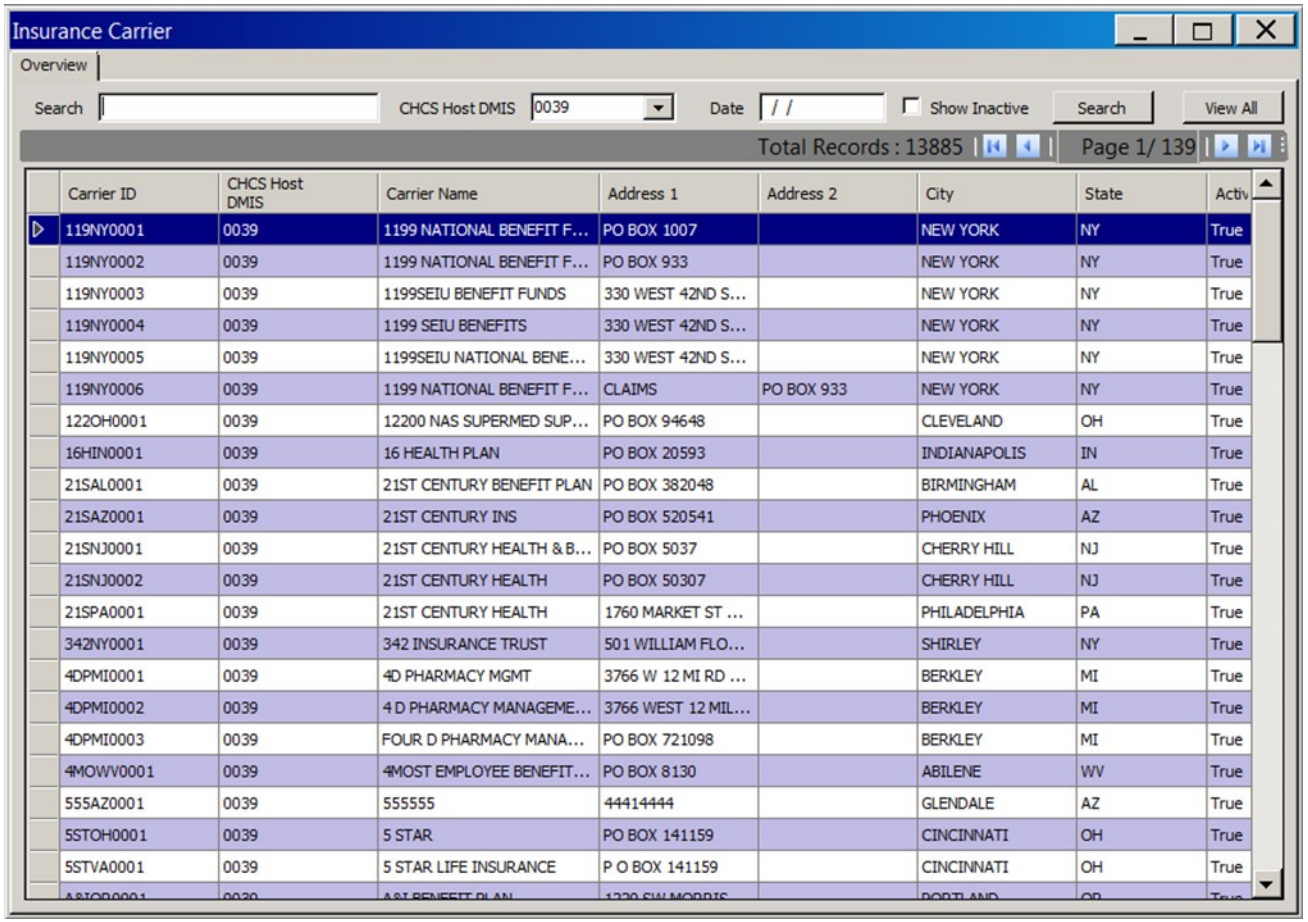
Master Table: Electronic Payer ID



Master Table: Electronic Payer ID

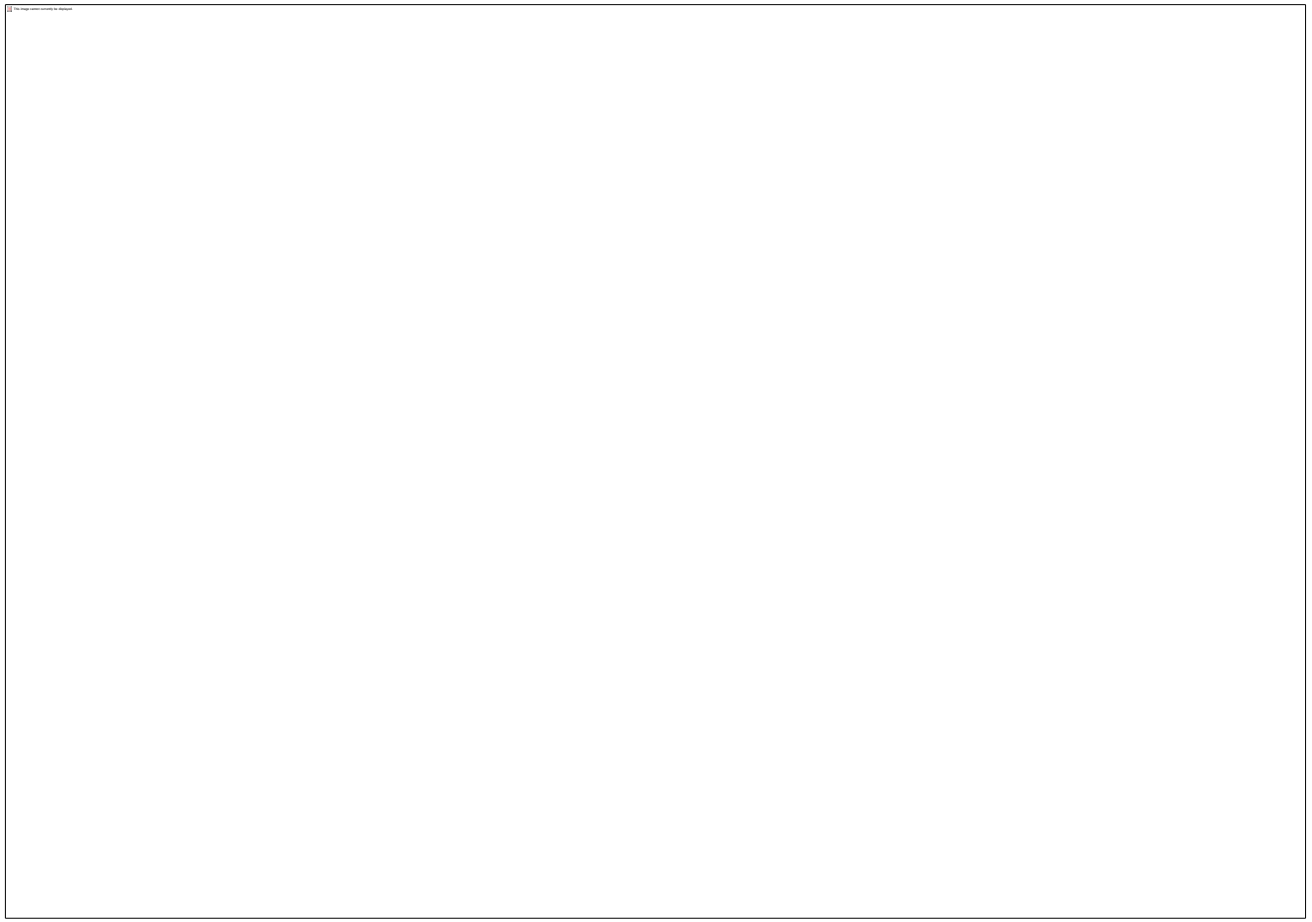


Master Table: Insurance Carrier

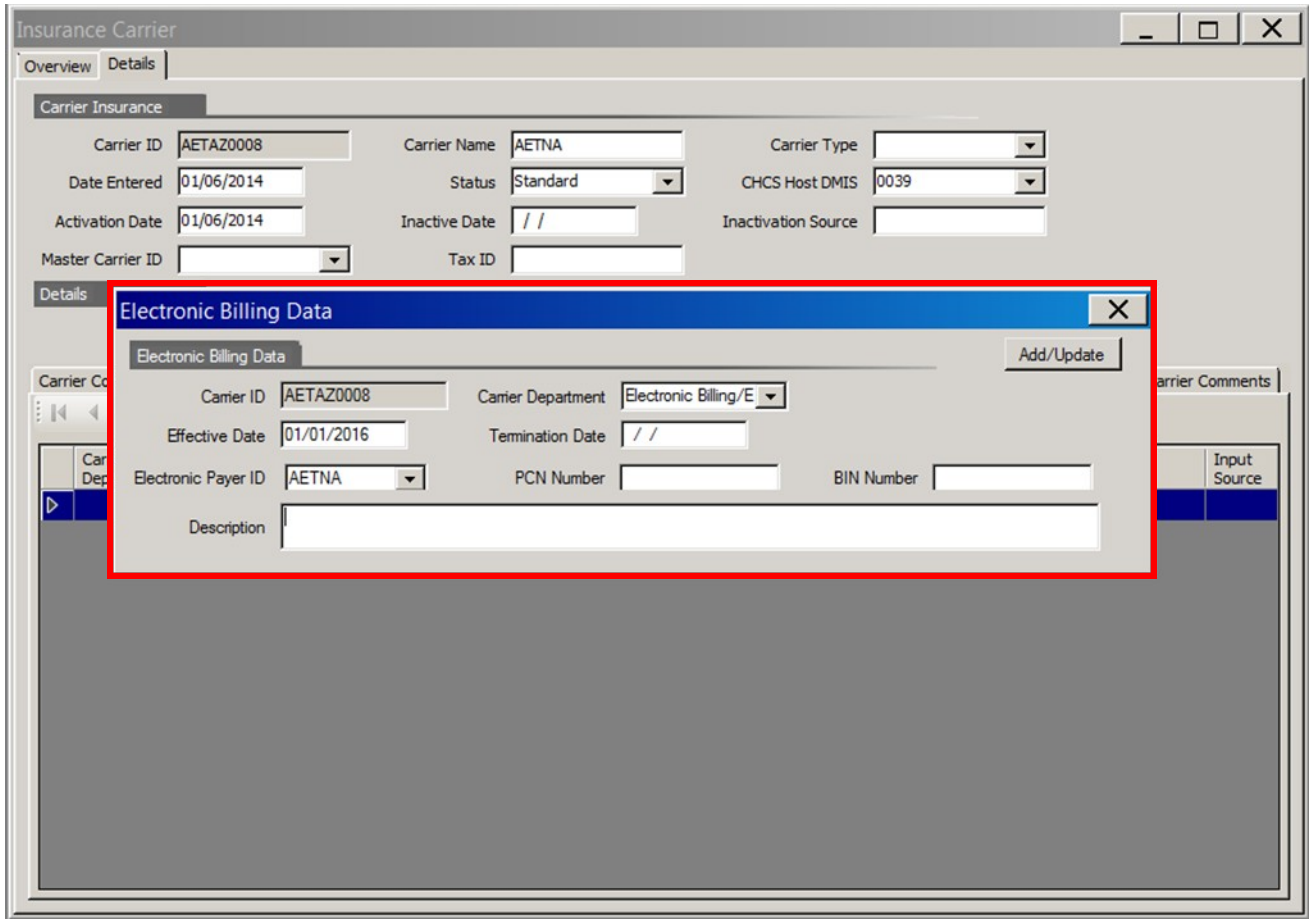


Carrier ID	CHCS Host DMIS	Carrier Name	Address 1	Address 2	City	State	Activ
119NY0001	0039	1199 NATIONAL BENEFIT F...	PO BOX 1007		NEW YORK	NY	True
119NY0002	0039	1199 NATIONAL BENEFIT F...	PO BOX 933		NEW YORK	NY	True
119NY0003	0039	1199SEIU BENEFIT FUNDS	330 WEST 42ND S...		NEW YORK	NY	True
119NY0004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

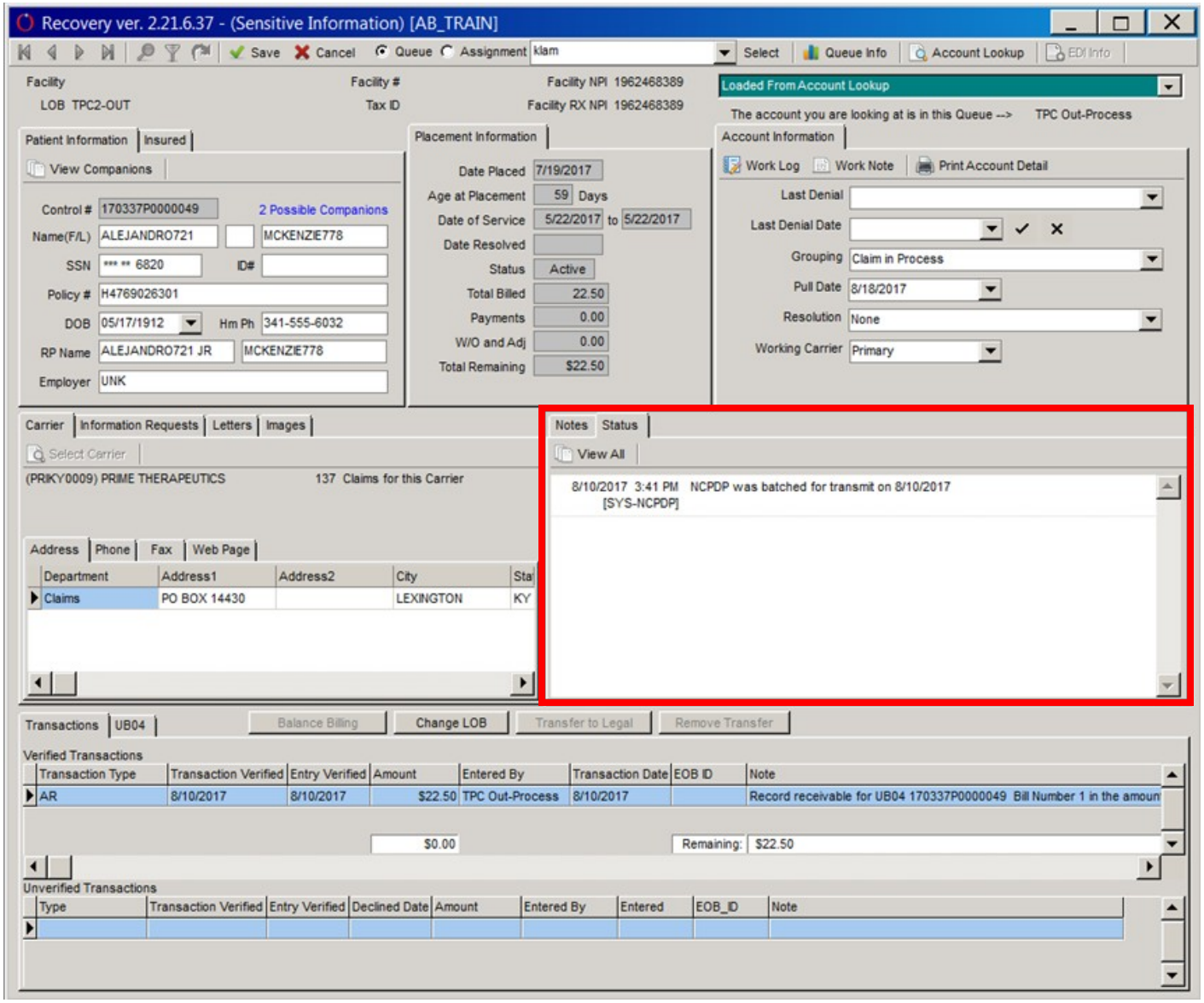
Master Table: Insurance Carrier



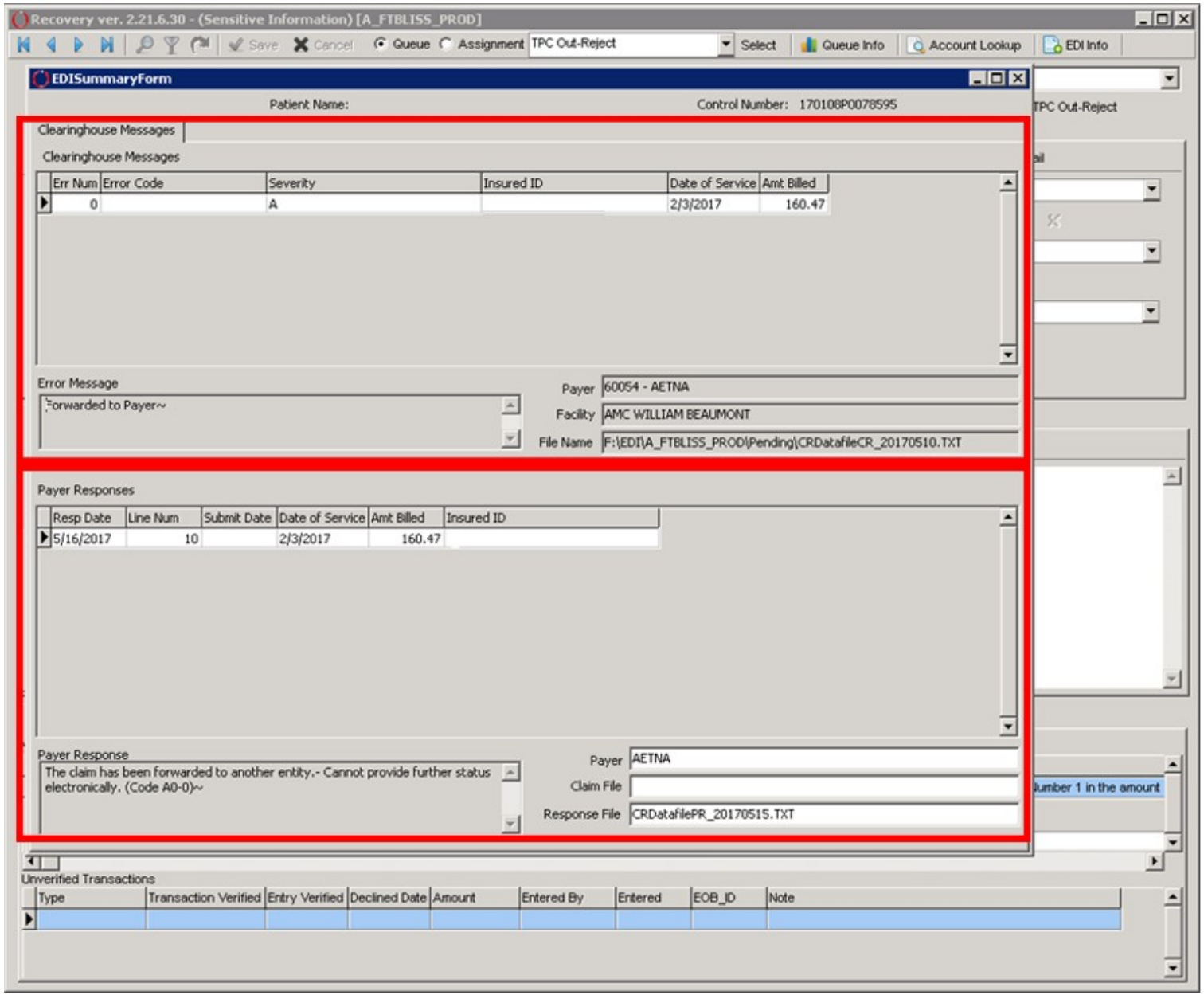
Master Table: Insurance Carrier



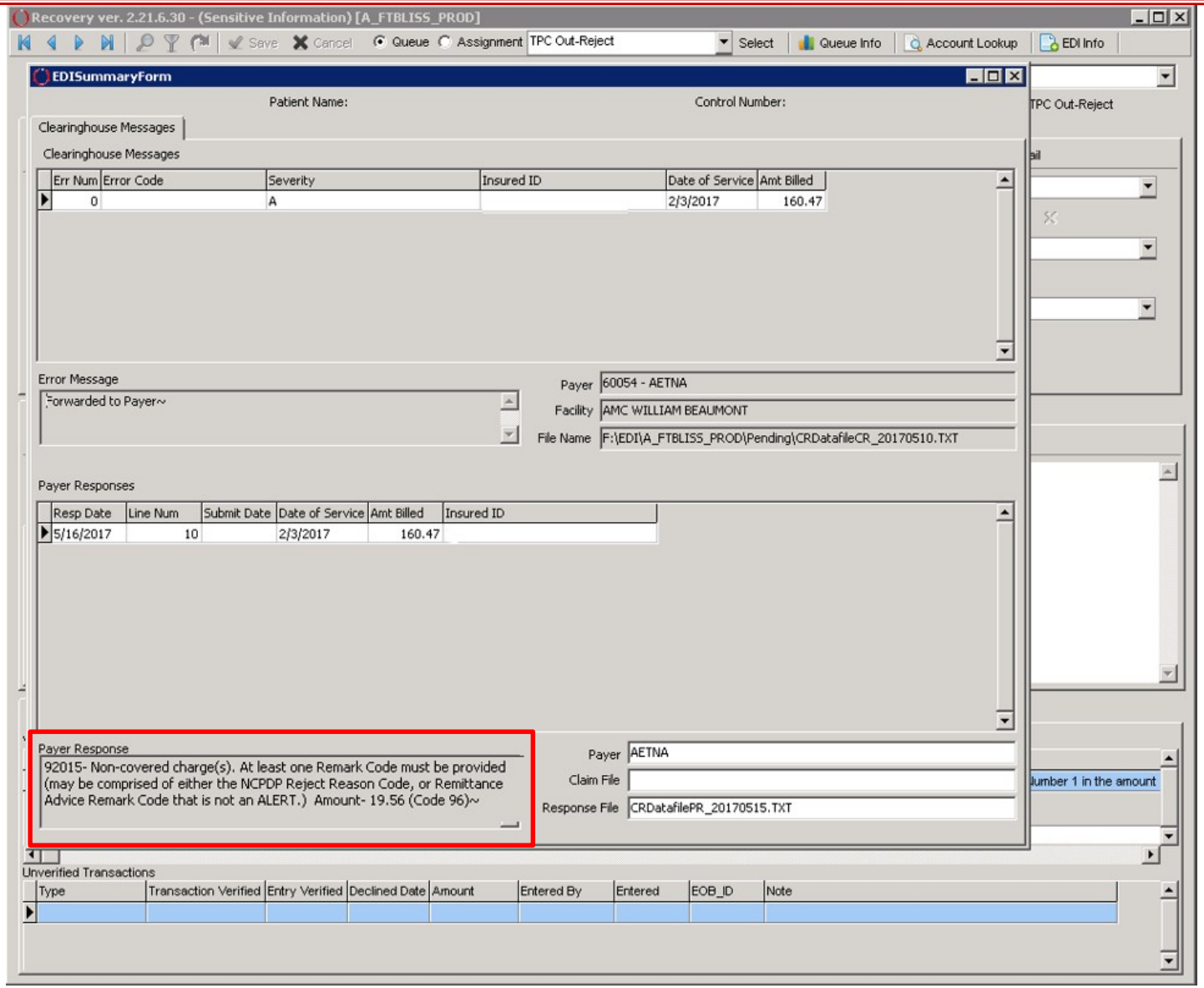
Transmit Status



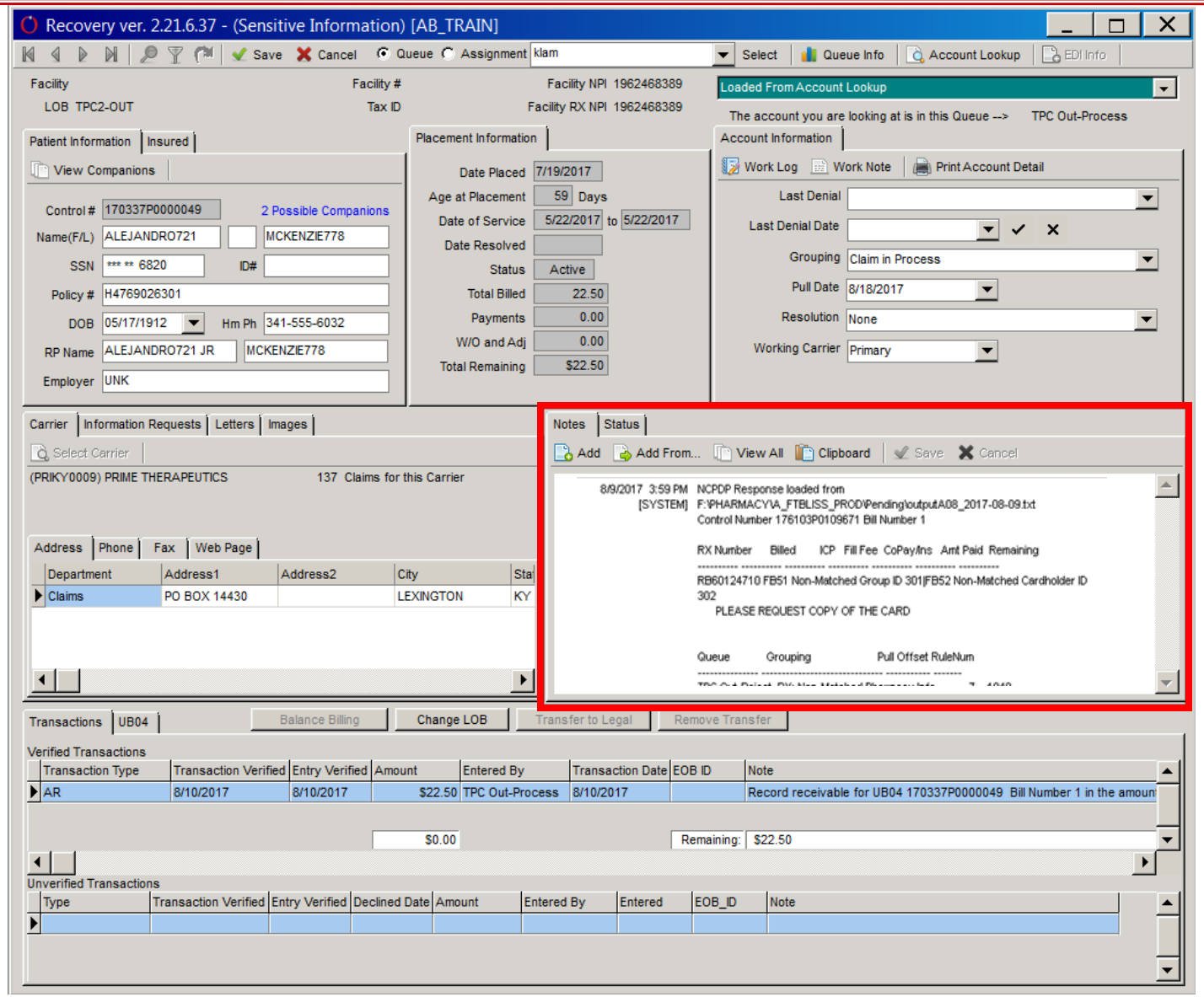
EDI Responses on Medical Claims



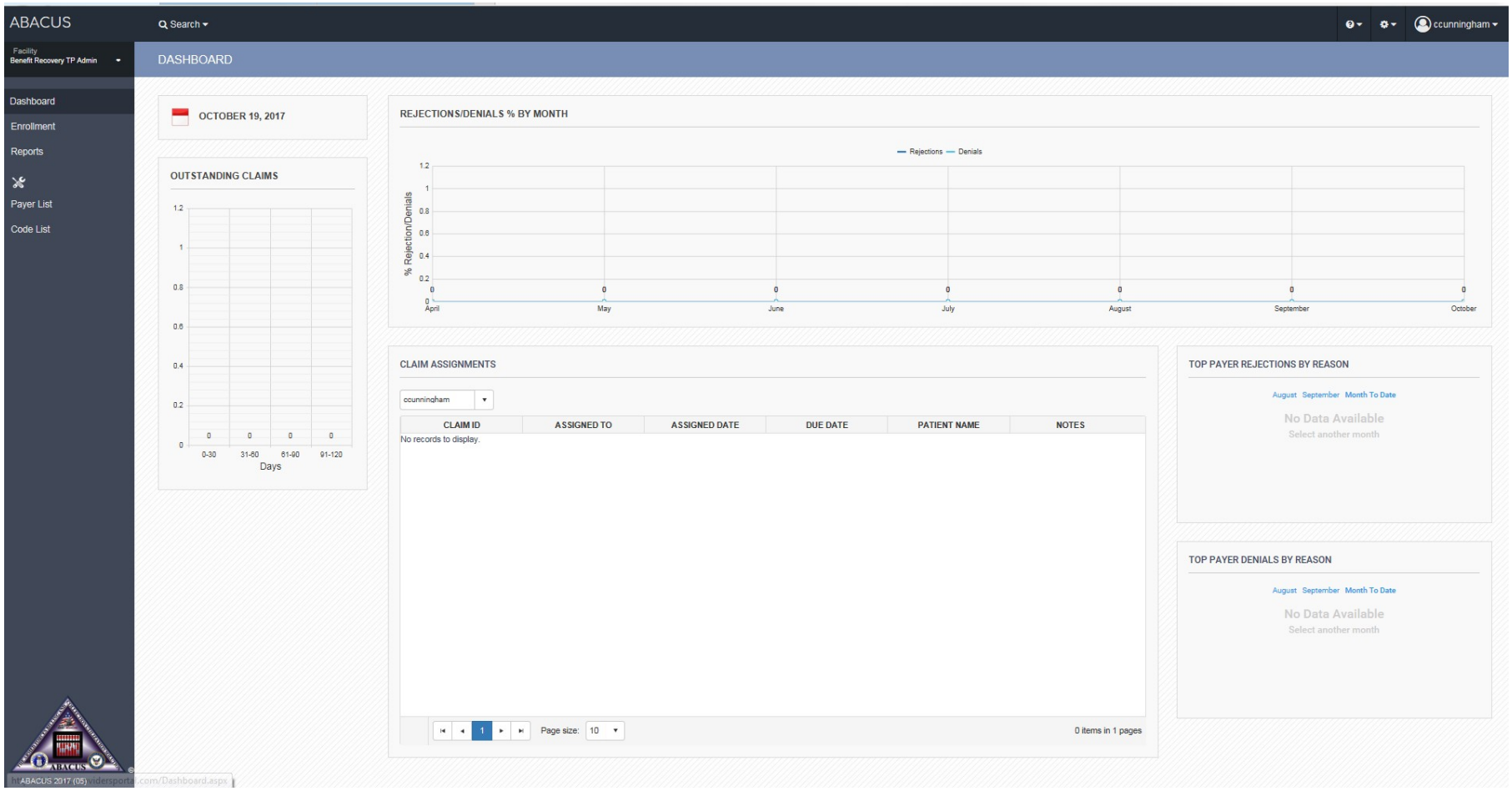
EDI Rejections on Medical Claims - Payer



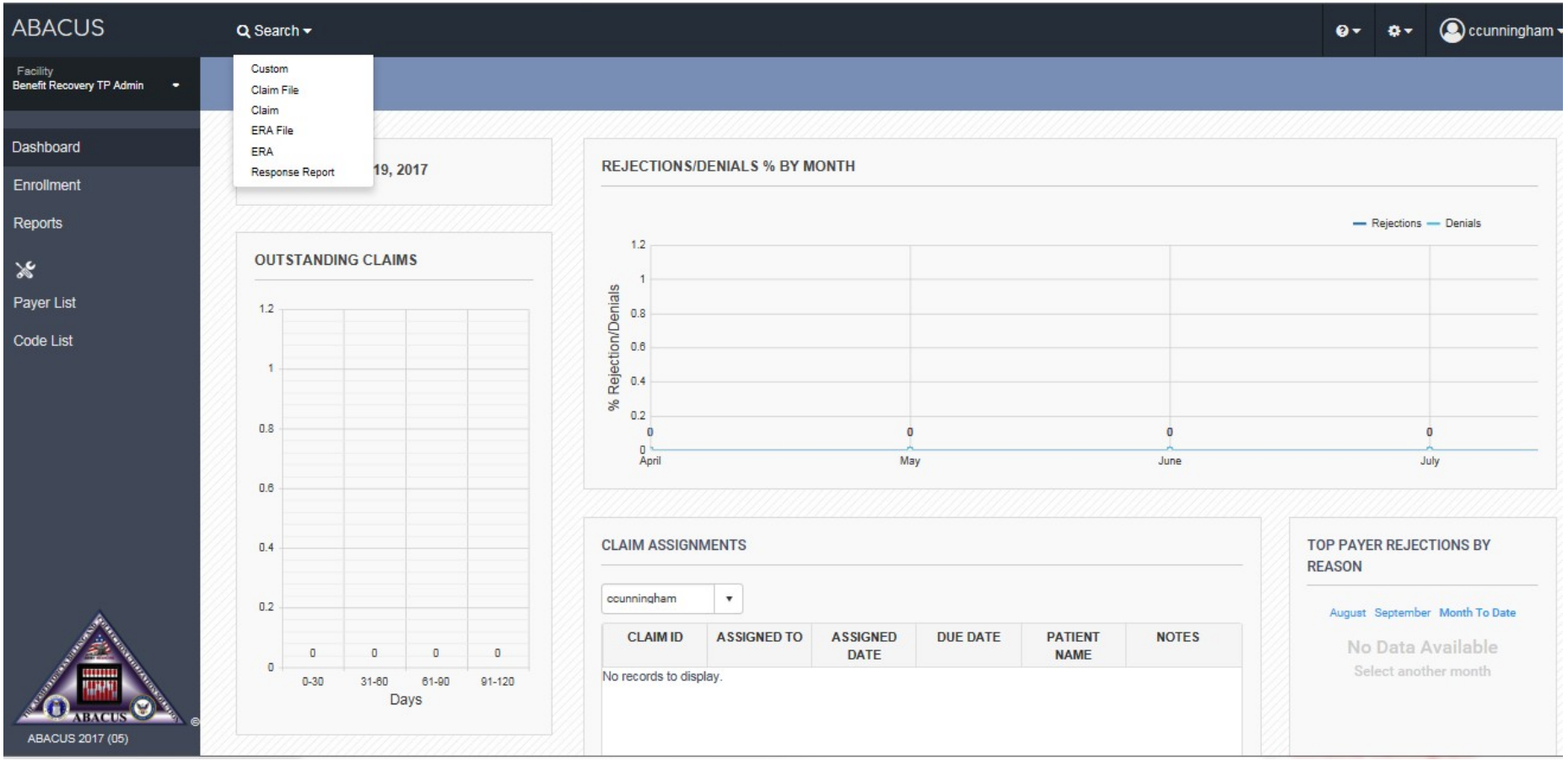
EDI Responses on Pharmacy Claims



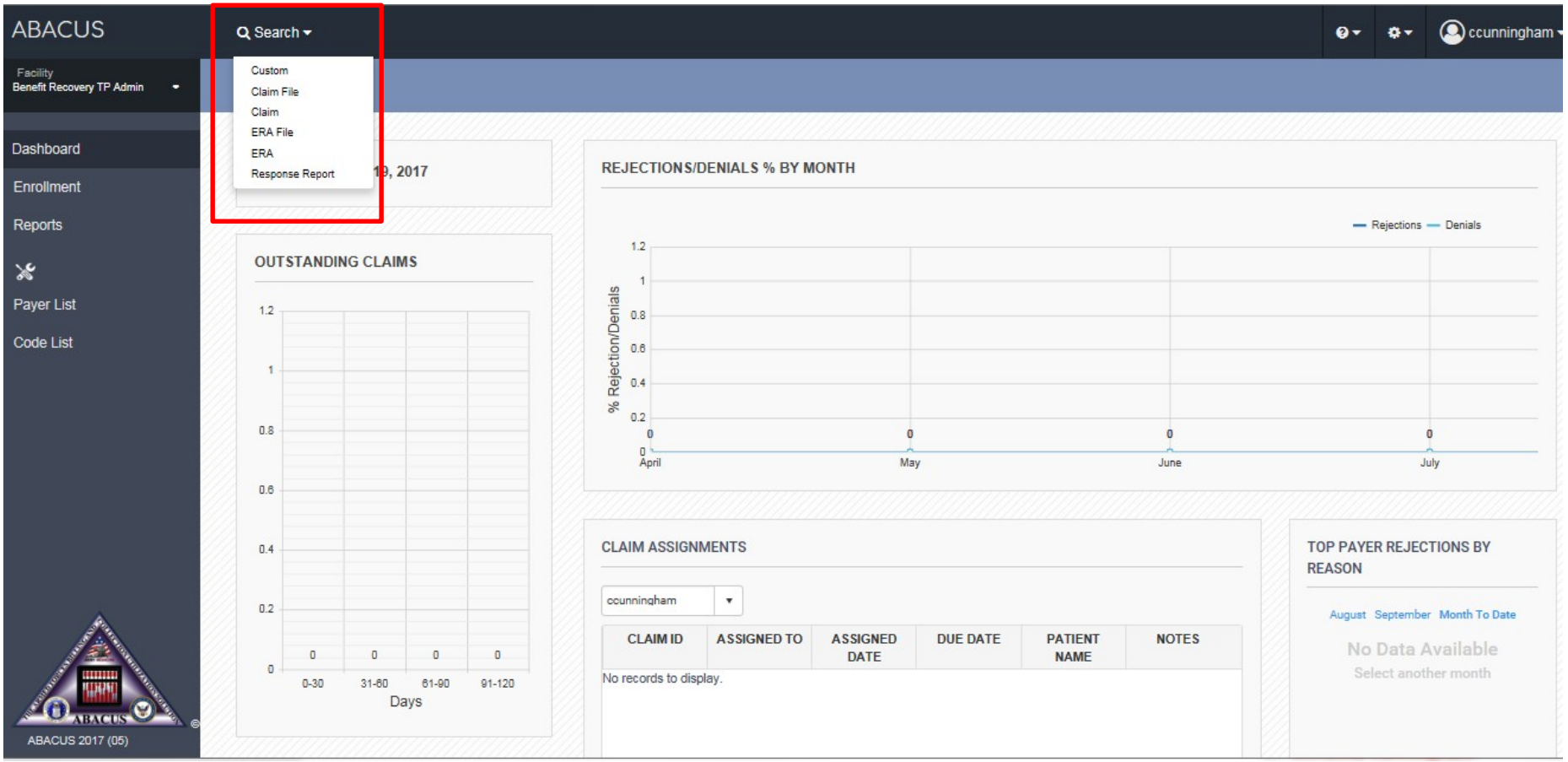
ClaimRemedi Denials Management



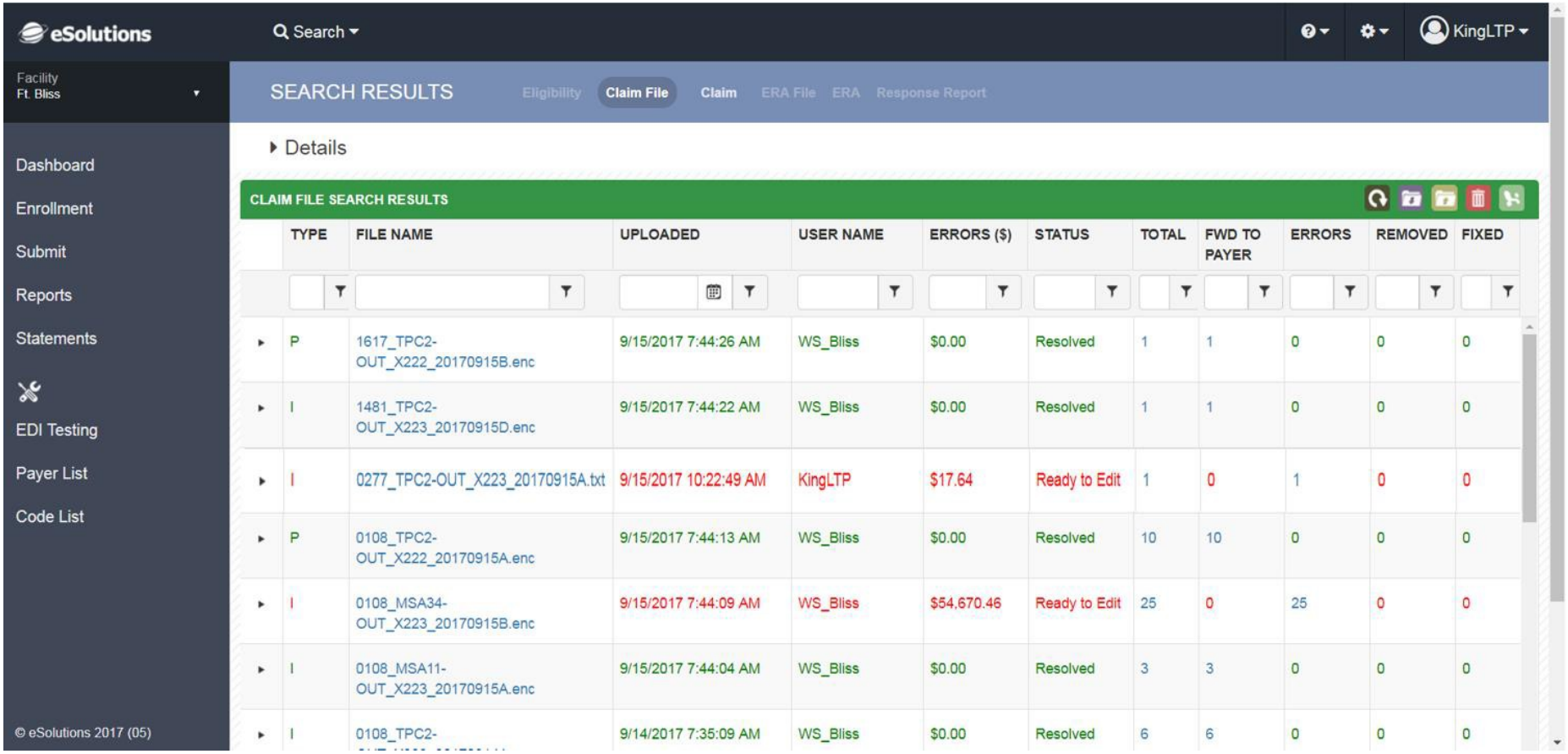
Working in the Clearinghouse



Working in the Clearinghouse

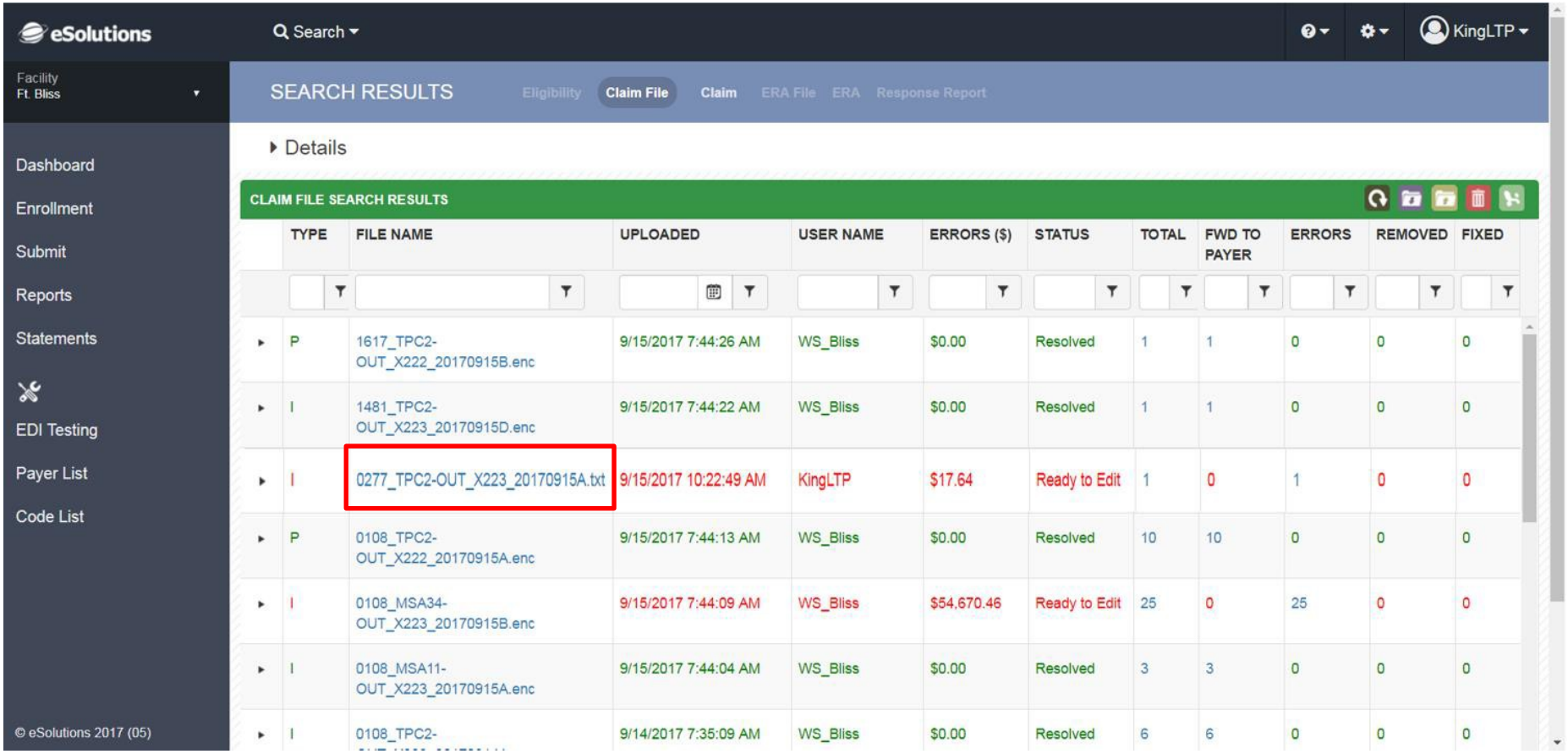


Working in the Clearinghouse

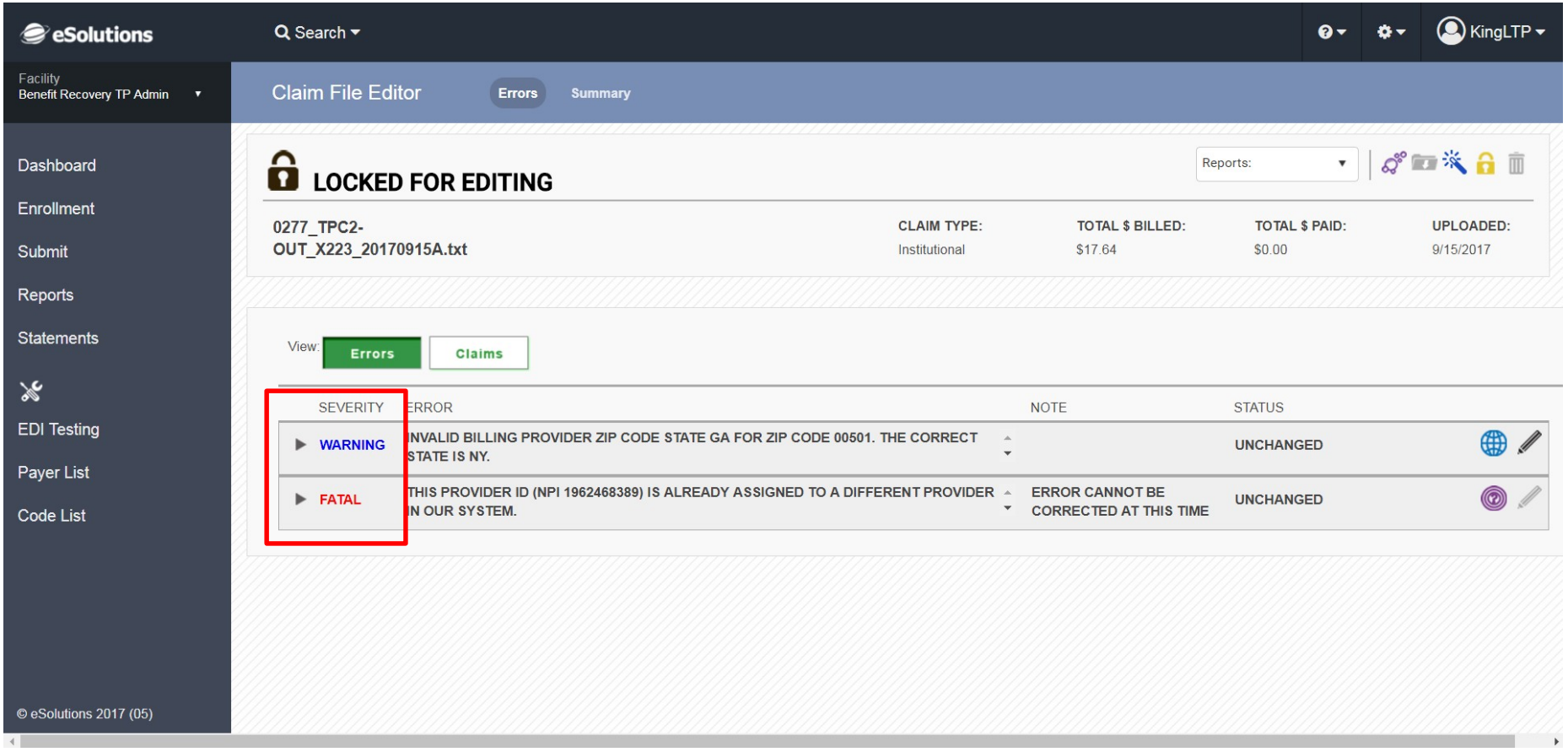


TYPE	FILE NAME	UPLOADED	USER NAME	ERRORS ($)	STATUS	TOTAL	FWD TO PAYER	ERRORS	REMOVED	FIXED
P	1617_TPC2-OUT_X222_20170915B.enc	9/15/2017 7:44:26 AM	WS_Bliss	$0.00	Resolved	1	1	0	0	0
I	1481_TPC2-OUT_X223_20170915D.enc	9/15/2017 7:44:22 AM	WS_Bliss	$0.00	Resolved	1	1	0	0	0
I	0277_TPC2-OUT_X223_20170915A.txt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

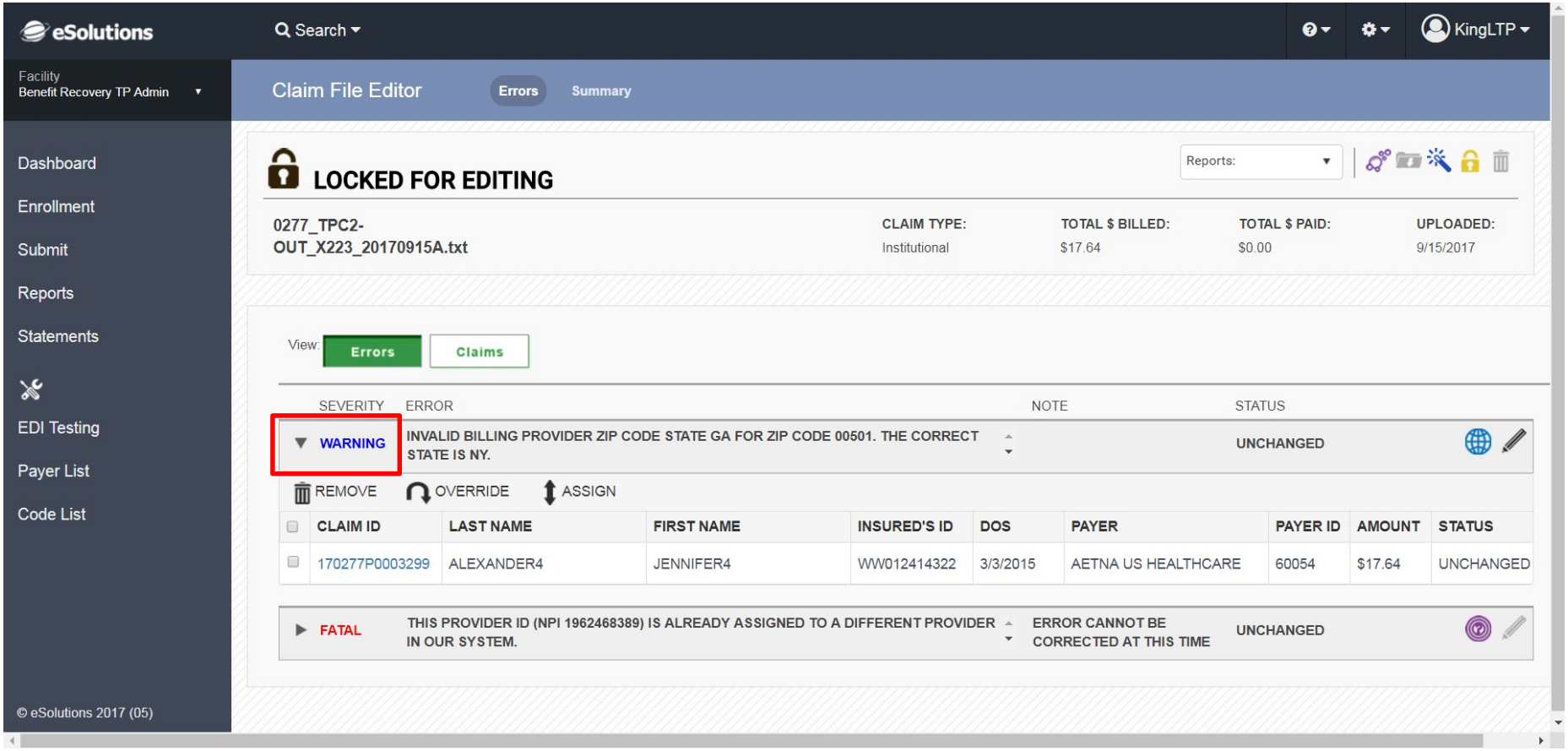
Working in the Clearinghouse



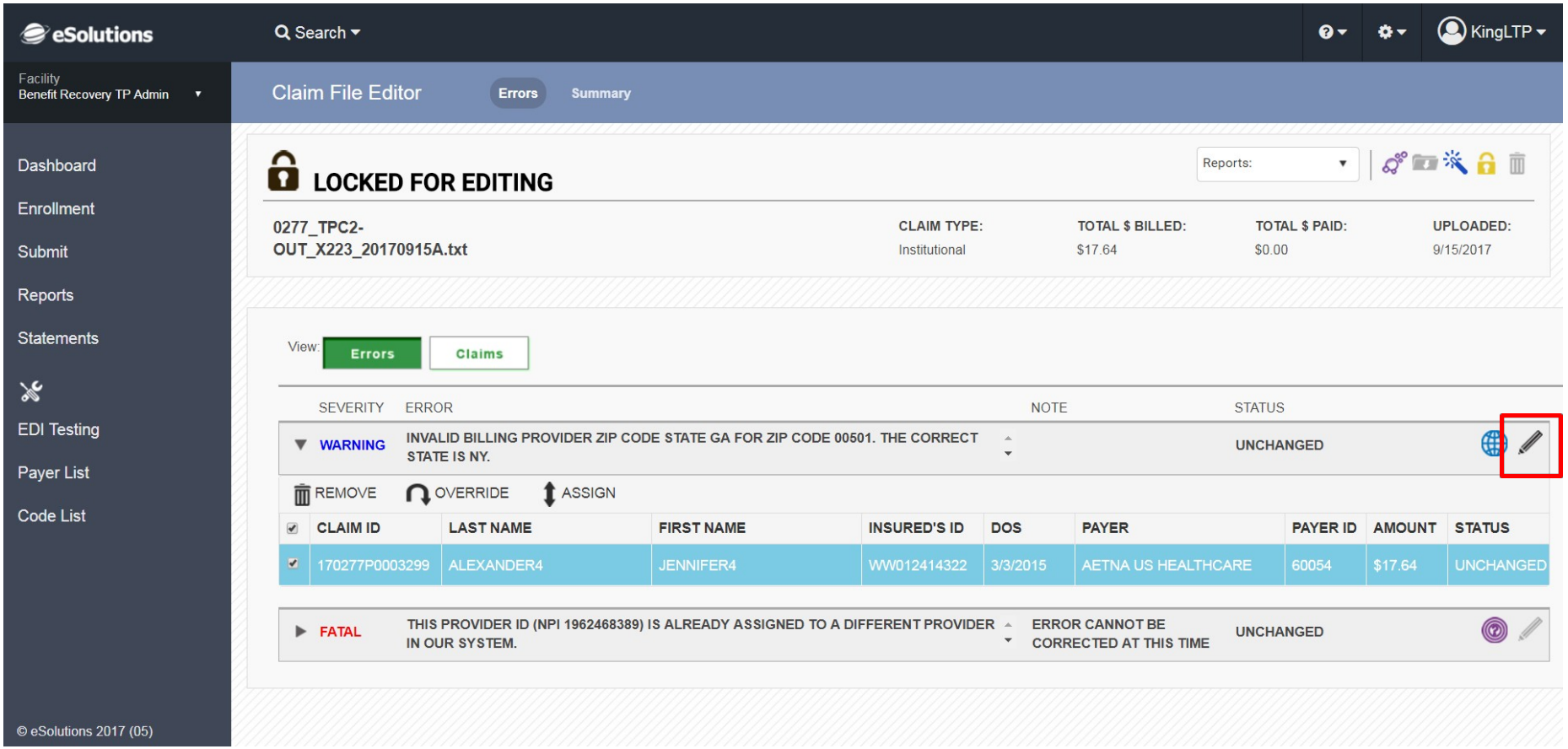
Working in the Clearinghouse

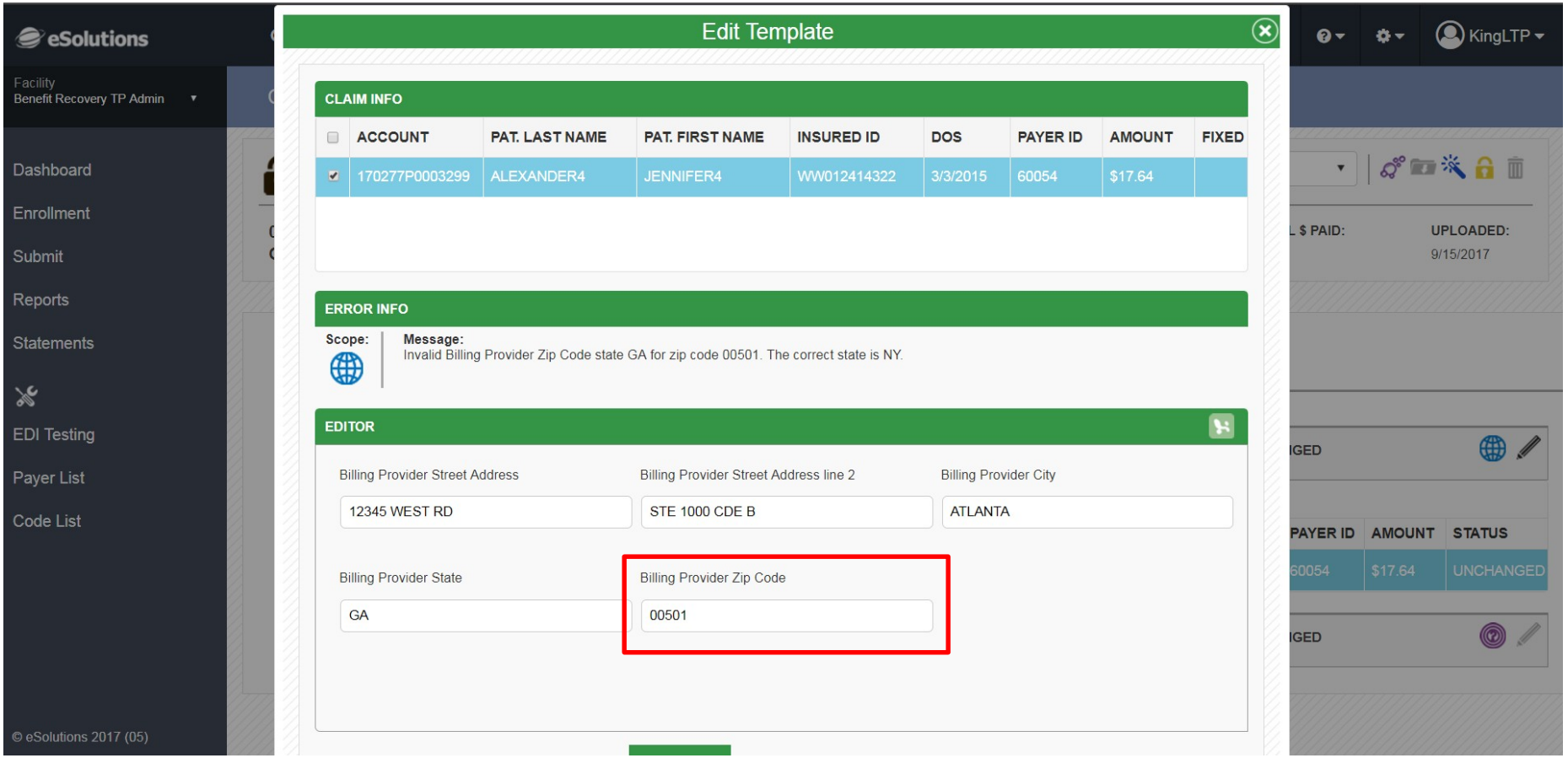


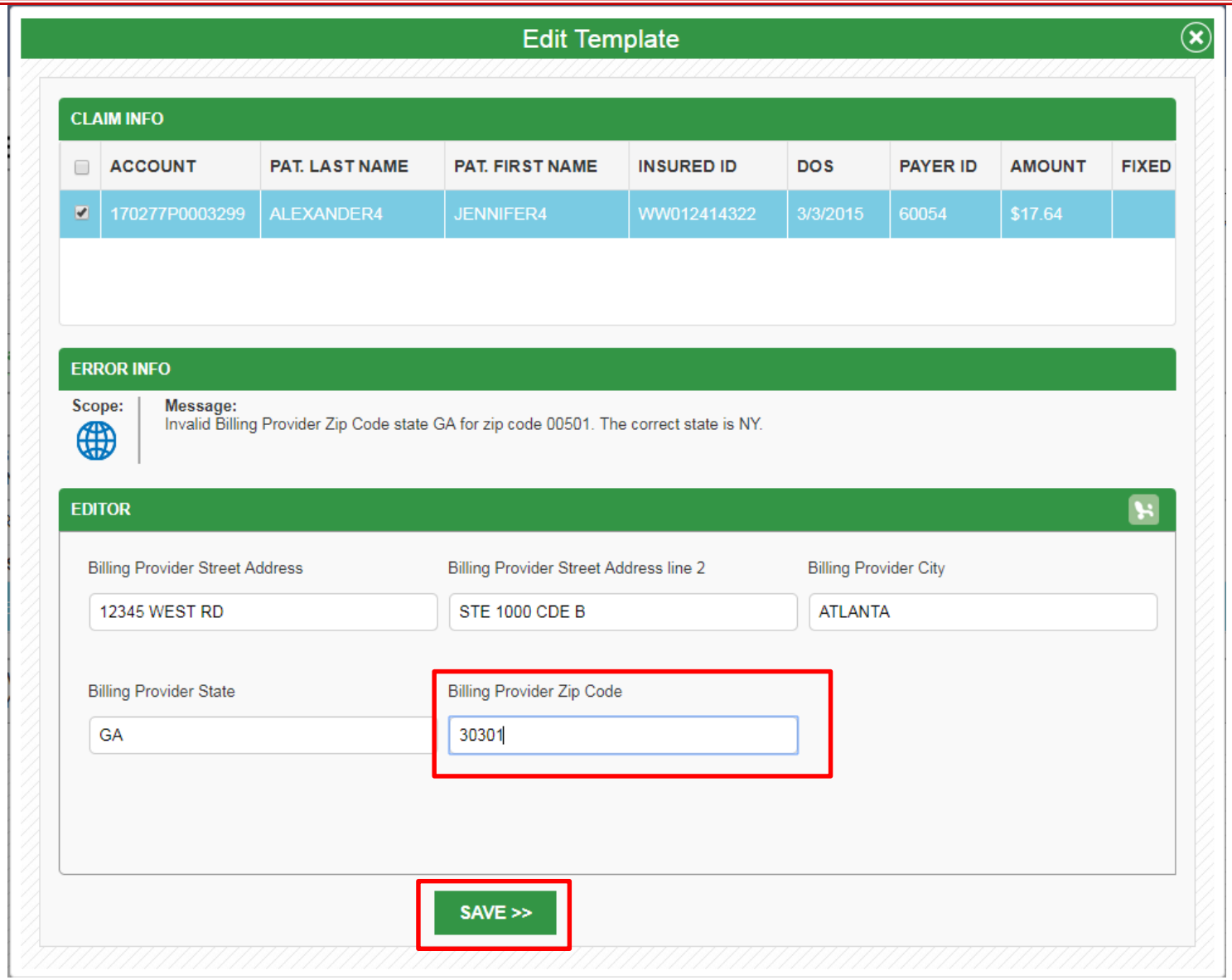
Working in the Clearinghouse

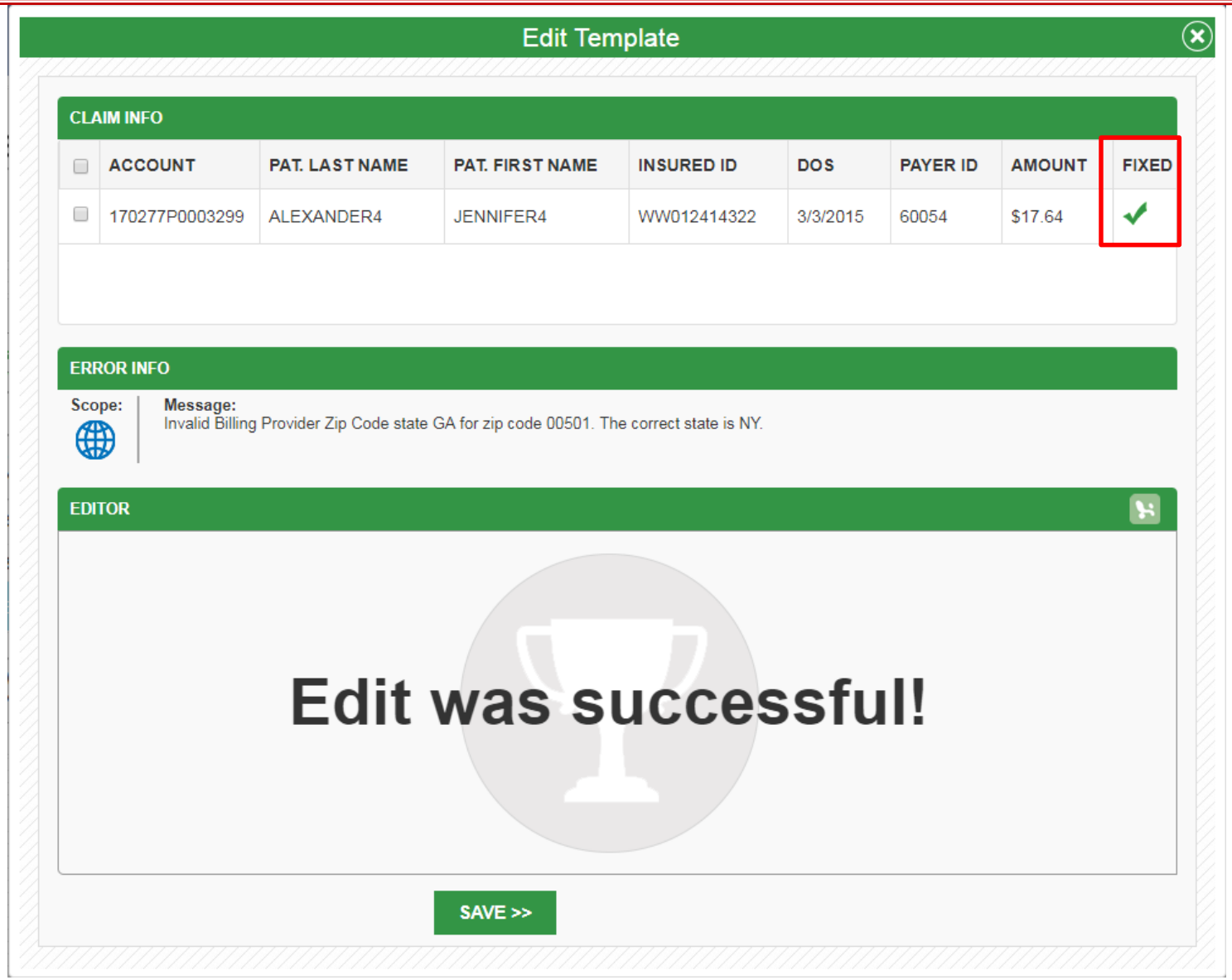


Working in the Clearinghouse

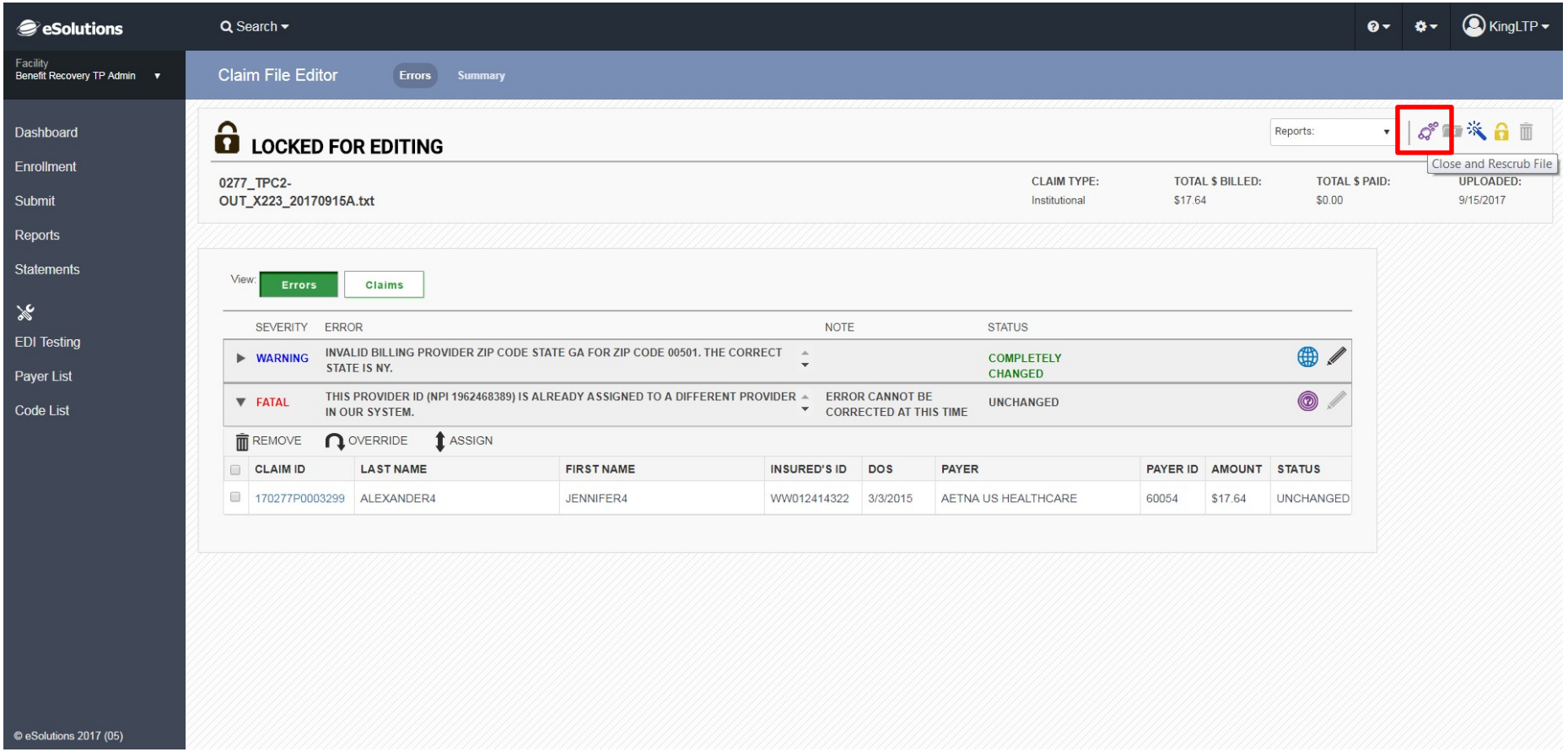



eSolutions
KingLTP
Facility
Benefit Recovery TP Admin
Dashboard
Enrollment
Submit
Reports
Statements
EDI Testing
Payer List
Code List
© eSolutions 2017 (05)
Edit Template
CLAIM INFO
ACCOUNT
PAT. LAST NAME
PAT. FIRST NAME
INSURED ID
DOS
PAYER ID
AMOUNT
FIXED
170277P0003299
ALEXANDER4
JENNIFER4
WW012414322
3/3/2015
60054
$17.64
ERROR INFO
Scope:
Message:
Invalid Billing Provider Zip Code state GA for zip code 00501. The correct state is NY.
EDITOR
Billing Provider Street Address
12345 WEST RD
Billing Provider Street Address line 2
STE 1000 CDE B
Billing Provider City
ATLANTA
Billing Provider State
GA
Billing Provider Zip Code
00501
$ PAID:
UPLOADED:
9/15/2017
PAYER ID
AMOUNT
STATUS
60054
$17.64
UNCHANGED

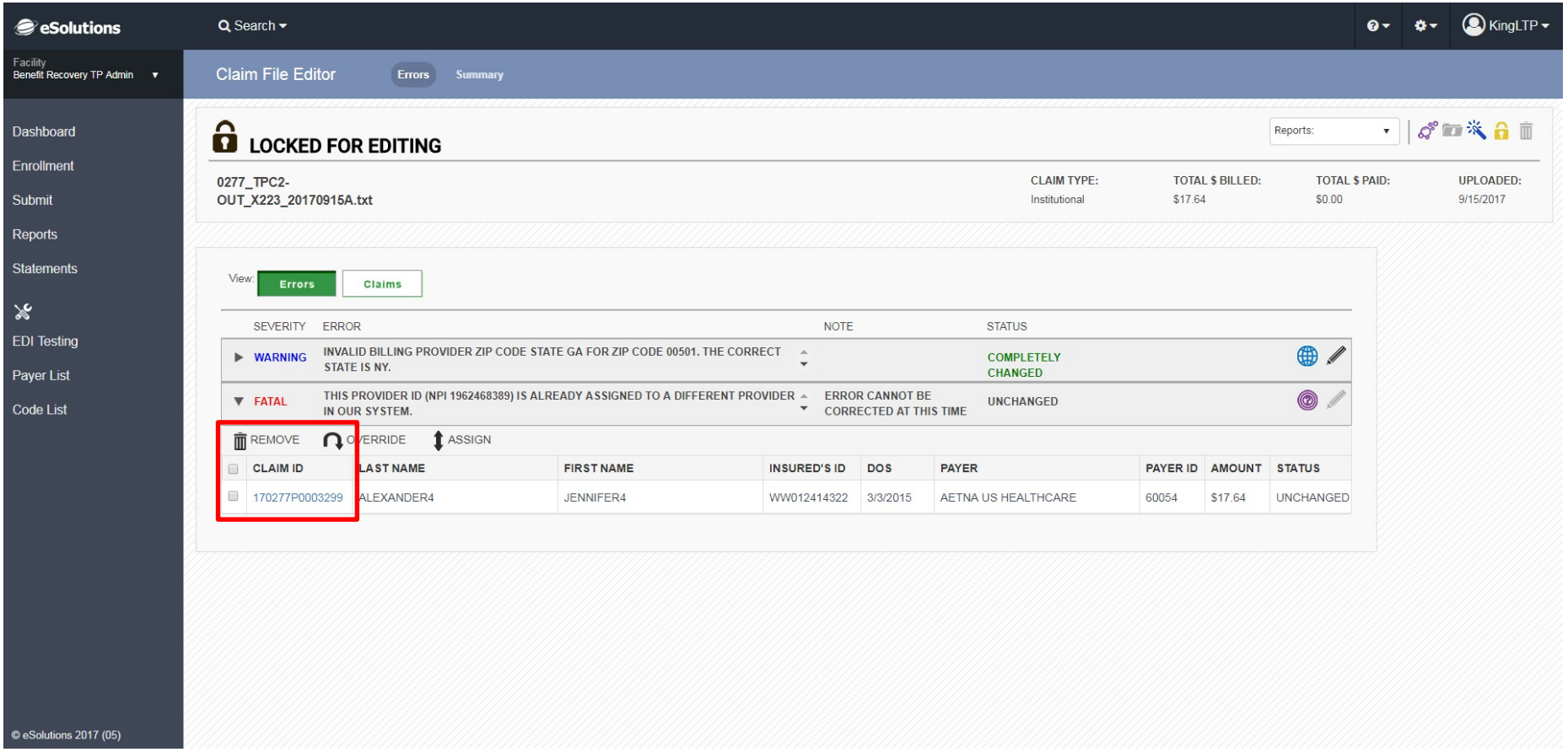

Edit Template
CLAIM INFO
ACCOUNT
PAT. LAST NAME
PAT. FIRST NAME
INSURED ID
DOS
PAYER ID
AMOUNT
FIXED
170277P0003299
ALEXANDER4
JENNIFER4
WW012414322
3/3/2015
60054
$17.64
ERROR INFO
Scope:
Message:
Invalid Billing Provider Zip Code state GA for zip code 00501. The correct state is NY.
EDITOR
Billing Provider Street Address
12345 WEST RD
Billing Provider Street Address line 2
STE 1000 CDE B
Billing Provider City
ATLANTA
Billing Provider State
GA
Billing Provider Zip Code
30301
SAVE >>

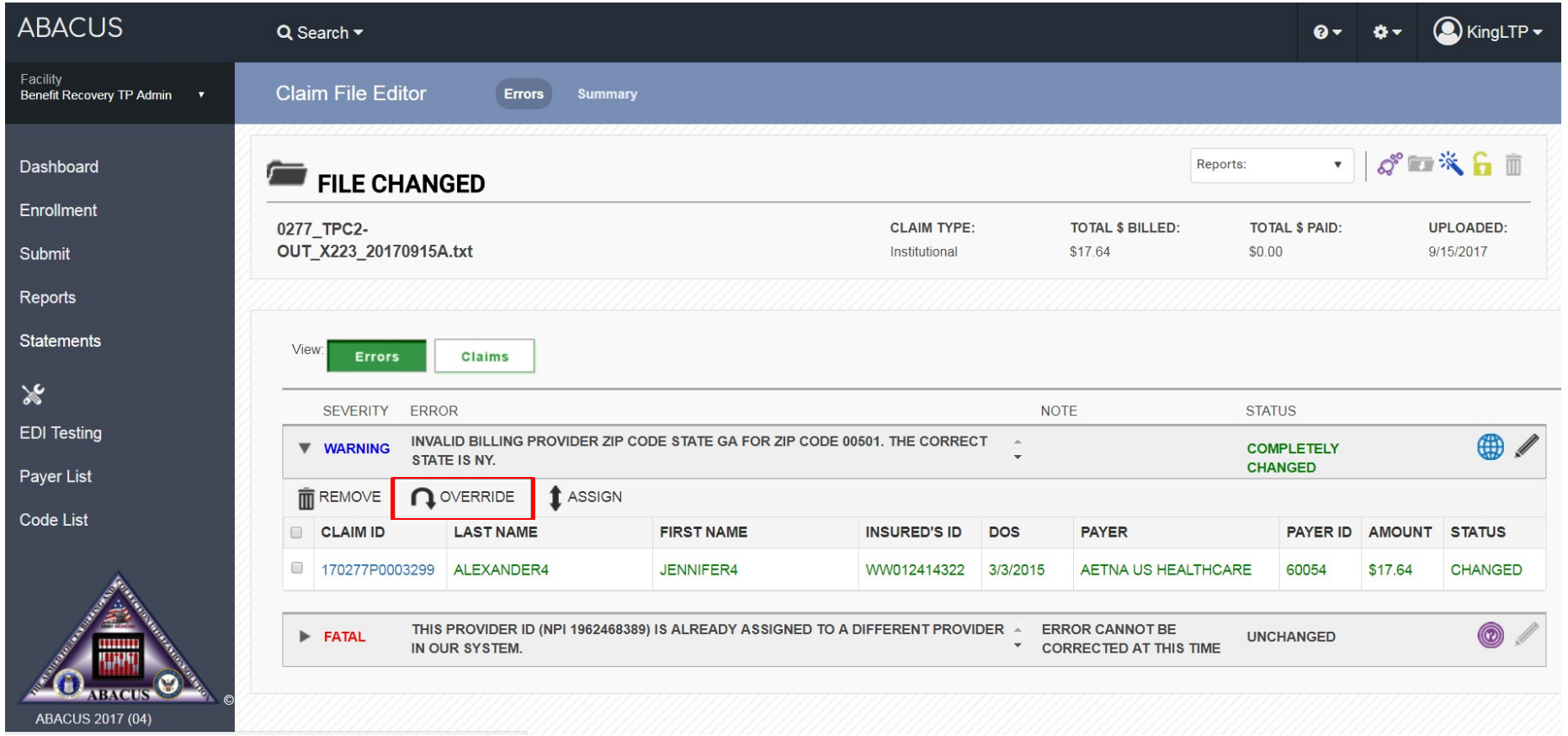

Edit Template
CLAIM INFO
ACCOUNT
PAT. LAST NAME
PAT. FIRST NAME
INSURED ID
DOS
PAYER ID
AMOUNT
FIXED
170277P0003299
ALEXANDER4
JENNIFER4
WW012414322
3/3/2015
60054
$17.64
ERROR INFO
Scope:
Message:
Invalid Billing Provider Zip Code state GA for zip code 00501. The correct state is NY.
EDITOR
Edit was successful!
SAVE >>

Working in the Clearinghouse

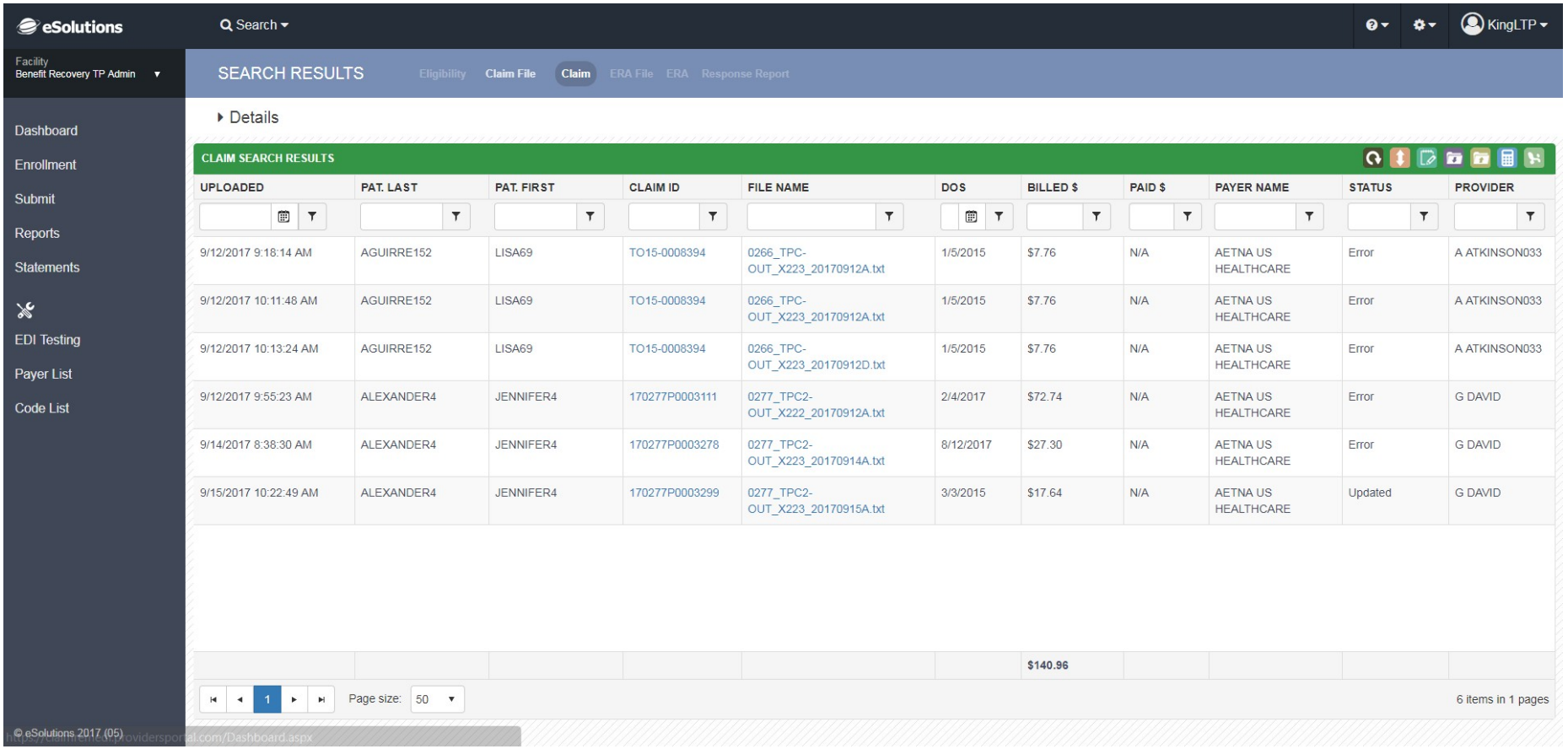


Working in the Clearinghouse




ABACUS
Search
KingLTP
Facility
Benefit Recovery TP Admin
Claim File Editor
Errors
Summary
Dashboard
Enrollment
Submit
Reports
Statements
EDI Testing
Payer List
Code List
ABACUS 2017 (04)
FILE CHANGED
Reports:
0277_TPC2-OUT_X223_20170915A.txt
CLAIM TYPE:
Institutional
TOTAL $ BILLED:
$17.64
TOTAL $ PAID:
$0.00
UPLOADED:
9/15/2017
View:
Errors
Claims
SEVERITY
ERROR
NOTE
STATUS
WARNING
INVALID BILLING PROVIDER ZIP CODE STATE GA FOR ZIP CODE 00501. THE CORRECT STATE IS NY.
COMPLETELY CHANGED
REMOVE
OVERRIDE
ASSIGN
CLAIM ID
LAST NAME
FIRST NAME
INSURED'S ID
DOS
PAYER
PAYER ID
AMOUNT
STATUS
170277P0003299
ALEXANDER4
JENNIFER4
WW012414322
3/3/2015
AETNA US HEALTHCARE
60054
$17.64
CHANGED
FATAL
THIS PROVIDER ID (NPI 1962468389) IS ALREADY ASSIGNED TO A DIFFERENT PROVIDER IN OUR SYSTEM.
ERROR CANNOT BE CORRECTED AT THIS TIME
UNCHANGED

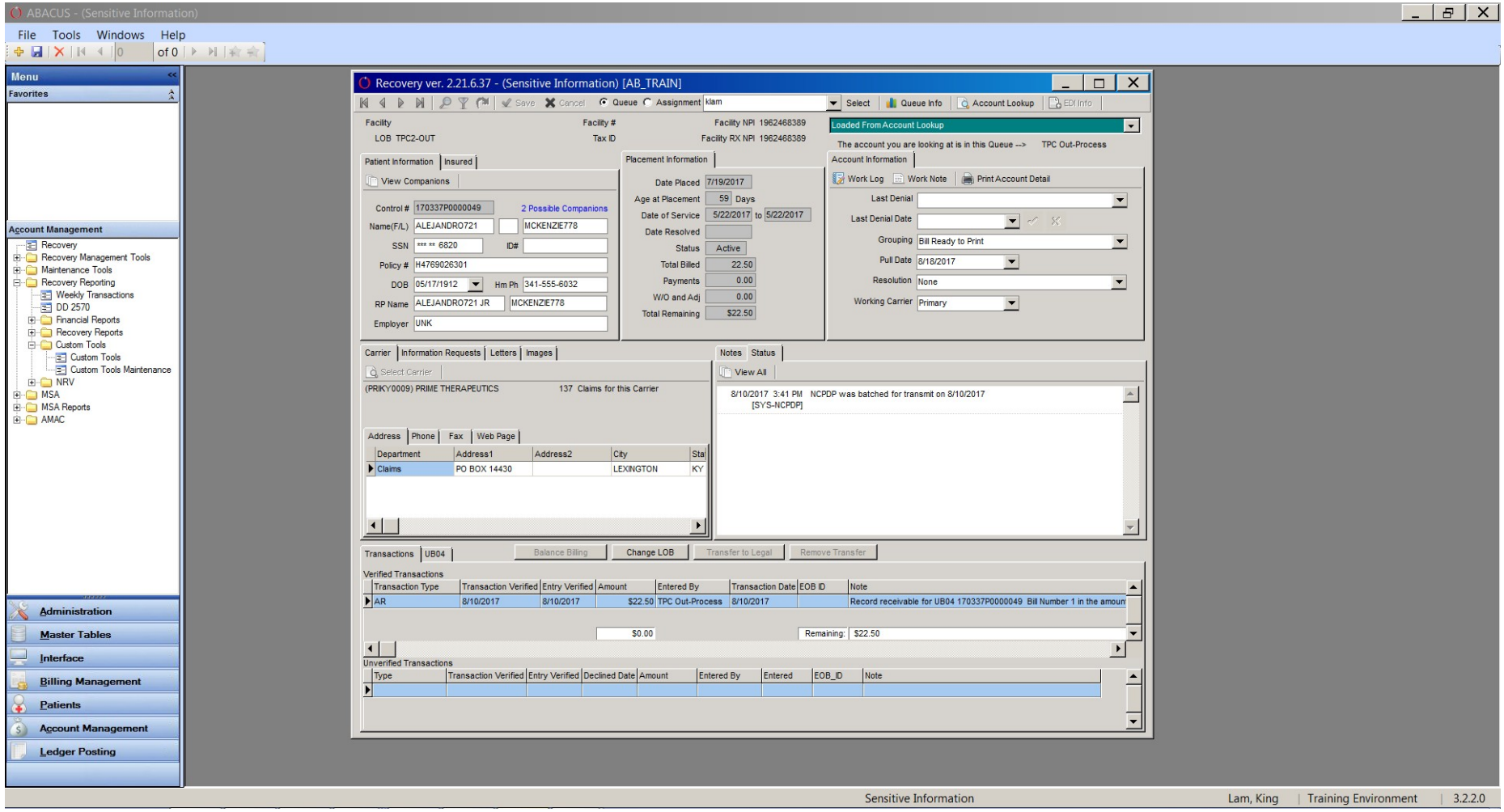
Working in the Clearinghouse



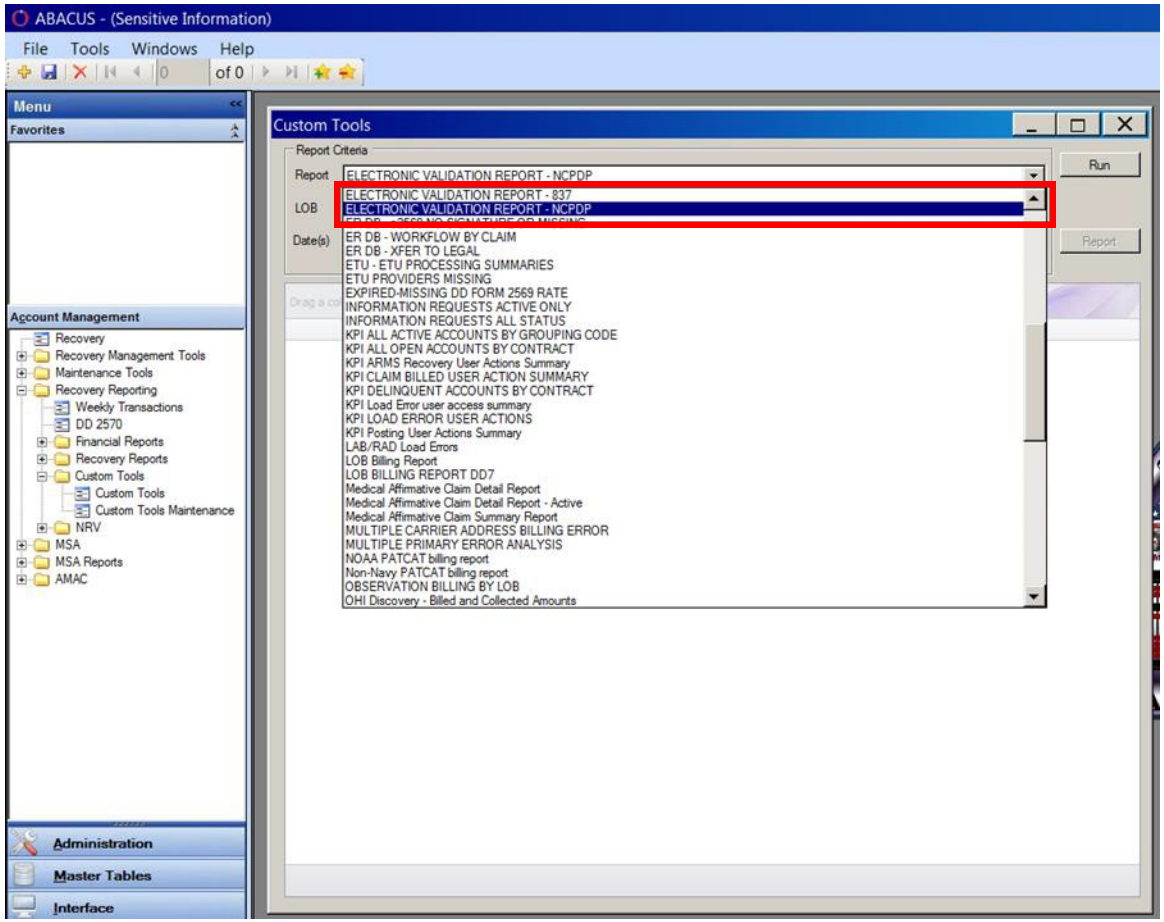
More ClaimRemedi Resources

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

Working Pharmacy Claim Errors



Electronic Validation Reports



Questions?

Instructions for CEU Credit

This in-service webinar has been approved by the American Academy of Professional Coders (AAPC) for 1.0 Continuing Education Unit (CEU) credit for DoD personnel (.mil address required). Granting of this approval in no way constitutes endorsement by the AAPC of the program, content or the program sponsor. There is no charge for this credit.

- **Live broadcast webinar (post-test not required)**
  - Login prior to the broadcast with your: 1) full name; 2) Service affiliation; and 3) e-mail address
  - View the entire broadcast
  - After completion of both of the live broadcasts and after attendance records have been verified, a Certificate of Approval including an AAPC Index Number will be sent via e-mail to participants who logged in or e-mailed as required. This may take several business days.

- **Archived webinar (post-test required)**
  - View the entire archived webinar (free and available on demand at http://www.tricare.mil/ocfo/mcfs/ubo/learning_center/training.cfm)
  - Complete a post-test available *within* the archived webinar
  - E-mail answers to UBO.LearningCenter@altarum.org
  - If you receive a passing score of at least 70%, we will e-mail MHS personnel with a .mil email address a Certificate of Approval including an AAPC Index Number

- The original Certificate of Approval may not be altered except to add the participant's name and webinar date or the date the archived Webinar was viewed. Certificates should be maintained on file for at least six months beyond your renewal date in the event you are selected for CEU verification by AAPC

- For additional information or questions regarding AAPC CEUs, please contact the AAPC.

- Other organizations, such as American Health Information Management Association (AHIMA), American College of Healthcare Executives (ACHE), and American Association of Healthcare Administrative Managers (AAHAM), may also grant credit for DHA UBO Webinars. Check with the organization directly for qualification and reporting guidance.