EZClaim Advanced 9
ANSI 837P

Gateway EDI Clearinghouse Manual

Gateway EDI Client ID#_____

Gateway EDI SFTP Password_____

Enrollment Process for EDI Services

- ✓ Client signs a contract with **Gateway EDI**

- ✓ **Gateway EDI** will contact the client for their initial "Kick off Call". Gateway EDI will request the client to complete Medical Online Provider Form- pertinent specific information such as NPI's, Tax ID's, etc. Gateway EDI will also request the client's Master Insurance List- This is a list of all insurance Payers that you would like to send electronically through the Clearinghouse

- ✓ **Gateway EDI** will generate the Payer EDI enrollment paperwork that is given to the client to sign

- ✓ Client returns original enrollment paperwork to **Gateway EDI**, and an estimated production date is provided according to payer approval timeframes

- ✓ **Gateway** verifies accuracy of paperwork and forwards Payer enrollment agreements to carriers

- ✓ **Gateway** contacts carriers to obtain approval dates and records dates on addendum

- ✓ BCBS, Medicare, and Medicaid Payer approvals are obtained. The training packet, which includes a copy of the provider's addendum (list of provider ID numbers and payer approvals), training CD, and MIL is sent to client

- ✓ **Gateway** will then contact the client on the phone and assist to upload the first claim file to Gateway EDI. We will use this claim file to test

- ✓ The client file is tested by **Gateway** to ensure that all payer IDs and NPI numbers are accurate and site is in production

- ✓ Once the client is in production and sending claims, they will be contacted by **Gateway** to schedule **Gateway** website training

If you have questions at any time, please contact **Gateway EDI Customer Service** at
800-556-2231

EZClaim Enrollment Process for Gateway EDI Services

1. Enroll with Gateway EDI Clearinghouse

- ☐ Gateway EDI has contacted EZClaim Customer to begin Enrollment process.
- ☐ EZClaim Advanced 8 is updated to latest release (Support>Check for Updates)
- ☐ Gateway EDI sends enrollment documentation to customer
- ☐ Gateway sends Payer ID list to customer
- ☐ Gateway sends Gateway Site ID number to customer

2. EZClaim Program Set-up using the Gateway Quick Start Guide

- ☐ Customer enters Payer Library data
- ☐ Customer enters Physician/Facility Library data
- ☐ Customer enters Patient and Claim information

3. Submit Test File to Gateway EDI

- ☐ Gateway and Customer arrange a time/date for test file to be sent to Gateway
- ☐ EZClaim Rep contacts customer to assist with test file
- ☐ Customer prepares a minimum of 15 claims from various Payers for Gateway test file
- ☐ Customer sends test file to Gateway on the date/time arranged
  - o Customer notifies Gateway they are sending EZClaim SFTP which does not require a Path and Filename.
- ☐ Customer receives email approval from Gateway that the test file is accepted, customer moved to 'Production' status.

4. Retrieve Reports

- ☐ Customer downloads Reports in EZClaim program. See page **Error! Bookmark not defined.** for 'Reports'
  - o Customer reports from Gateway will download into EZClaim program and will also be viewable on Gateway's website.

ANSI 837 Data Entry – READ BEFORE YOU BEGIN

GATEWAY PATH AND FILENAME for submitting test files to Gateway. When asked by Gateway for the **'name of your file and the file location** (file path)' let them know you are submitting your claims through EZClaim using **SFTP** (Secure File Transfer Protocol). EZClaim customers do not require a Path and Filename.

Step 1 - Submitter/Receiver Information

1. Go to Tools>Options>Submitter Information tab.
2. Enter your office Contact name and Phone number. Enter your Gateway assigned 4 Digit Site ID.
   Note: Contact name cannot be the same as Billing Provider name entered in EZClaim.

3. Click on OK.

   *If you use a Post Office box number for billing address, enter 'Pay to Provider' info in Step 3 'Physician, Organization, Facility Library' and then select 'Pay To' dropdown here.

Setting Up Your Data

Before you will be authorized to submit test claims to Gateway EDI, you must have your test claims set up in the following format! Please follow these instructions.

Required: You must use a **Gateway EDI Payer ID#** for every insurance company you are sending claims.
Click on this link and use the Gateway EDI for Payer ID#'s.

Step 2 - Setting up the Payer Library
Payer Library Icon
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Add Payer Information to Library

Required: You must have a Payer name and Capraio ID# for every insurance company you are sending electronic claims.

1. Enter name of Insurance carrier.
2. Enter Payer ID# in 'Payer ID' field.
3. **Ins Type Code**: Select only if sending **Medicare** as a secondary payer. Use dropdown arrow to select 'Medicare Secondary Claims' Ins Type code.
4. Click on the' Save' button.
5. Payer information is now listed in the box to the left.

Edit Payer Information

Highlight the Payer, edit Payer information and then click on the 'Save' button.

Step 3 - Physician, Organization and Facility Library
Physician/Facility Library Icon

Physician/Facility Library – Library information must be completed before entering patient data. Once the entries are completed in the library, they will be selected on EZClaim data entry screens. Correct set-up of the Library is important for <u>error free claims</u>.

Billing Provider Information (Box 33 on CMS 1500 form)

Note: Do not use initials or credentials. MR., MS., DR., MD, INC. etc.

1. Enter the Name of Provider, Agency or Business in "Full Name Required" field.
2. Select '**Billing**' as Classification.
3. Select **Person or Non-Person** as 'Type' depending on the billing provider entry.
4. Enter 'Organization' name or 'Last Name' and 'First Name' if person.
5. Enter street Address information **including** 9 digit Zip Code.
   - **Note**: A **P.O. Box** address requires setting up a separate billing entry using the Classification of 'Pay to Provider'. Once entry is completed, go to Tool>Options>Submitter Information to select your 'Pay to Provider' entry.

6. Enter Individual or Organizational NPI number.
7. Using the dropdown arrow, select 'Tax ID Type' and enter number.
8. Enter Taxonomy Code if required by your insurance company.
   Note: Fax and Email is used for your reference only.

Additional ID numbers
1. **Situational:** Select Payer by clicking in the blank line. Continue entering ID Type and either the Providers Individual or Group ID Number.

2. Click on 'Save'.

Rendering Provider Information (Box 24j on CMS 1500 form)

1. Enter First and Last name in 'Full Name (Required)' field.
2. Select '**Rendering**' as 'Classification.
3. Select **Person** as Type.
4. Enter Last name and First name.
5. Enter Individual NPI number.
    Optional: If a Tax ID is required, enter under 'Additional ID Numbers'.
6. Click on 'Save'.

Facility Information

Enter Facility information only if different than the Billing Provider information. (Box 33 of the 1500 form.)
1. Enter Facility Name in 'Full Name (Required)' field.
2. Select '**Facility**' as 'Classification'.
3. Select **Non-Person** as 'Type'.
4. Enter Facility Name and Address information including 9 digit Zip Code.
5. Enter NPI number.
6. Click on 'Save'.

Note: Enter additional Provider and Facility information as required for your claims.

Step 4 - Patient/Insured Info Screen

- Do not use words such as 'SAME' or 'NONE' or 'N/A'.

Required: Enter Patient information.
Required: Insured information is required if 'Insured' is <u>different</u> than the 'Patient'.
Required: Enter Insured ID Number in this format, 2345678. Do not use dashes or punctuation.
Required: Patient's Birth Date
Required: Patient Relationship to Insured
Required: Patient Signature on File
Required: Check 'Insured Signature on File' for payment to be sent to Provider. If not checked, payment will be sent to the Insured.
Box 9b-9c – Reserved for NUCC use. Not used for electronic billing

Other Insured Information.
- Enter secondary data only if submitting a secondary insurance for this claim.
- Enter secondary insured's ID# on the **Payers/Other Info** tab.

Note: Enter any additional information requested by the insurance company.

Step 5 - Physician/Diagnostic Info Screen

Field Requirements

Required: Billing Provider Info & Phone Number information. Use the dropdown arrow to select the Physician/Organization name.

Required: Accept Assignment indicator. 'Yes' or 'No'

Required: Physician Signature on File indicator

If required by your Payer, enter the following information.

- Rendering Provider - Rendering Provider information
- Date of Current – This is the default 'Date of Current' field. Enter a date in this field only if the date is used for all charges for this patient. For Medicare this date cannot be same as first date of service.
- Referring Provider Name and ID#
- Facility Information - Do not enter facility information unless Facility data is different from Billing information or Place of Service is a 12 or required by your insurance company.

Step 6 – Payers/Others Info Screen

Primary/Destination Payer

1. Required: Click 'Primary Payer' button to select Payer previously set up in the Payer Library. Select Payer by highlighting the Primary Payer and click 'OK'.
2. Required: 'Primary Claim Filing Indicator'.

Secondary/Other Payer

1. Required: Secondary/Other Payer
2. Required: Claim Filing Indicator
3. Required: Secondary/Other Insured's ID#
4. Required: Patient Relationship to Insured

Note: See tabs below for additional Situational information. **Do not** enter 'Situational' information unless required by your insurance company.

EDI Claim Notes: To include notes in Loop 2300 NTE Segment of your electronic file, check the 'Include Notes with EDI' file checkbox.

Step 7 - New Charges Screen
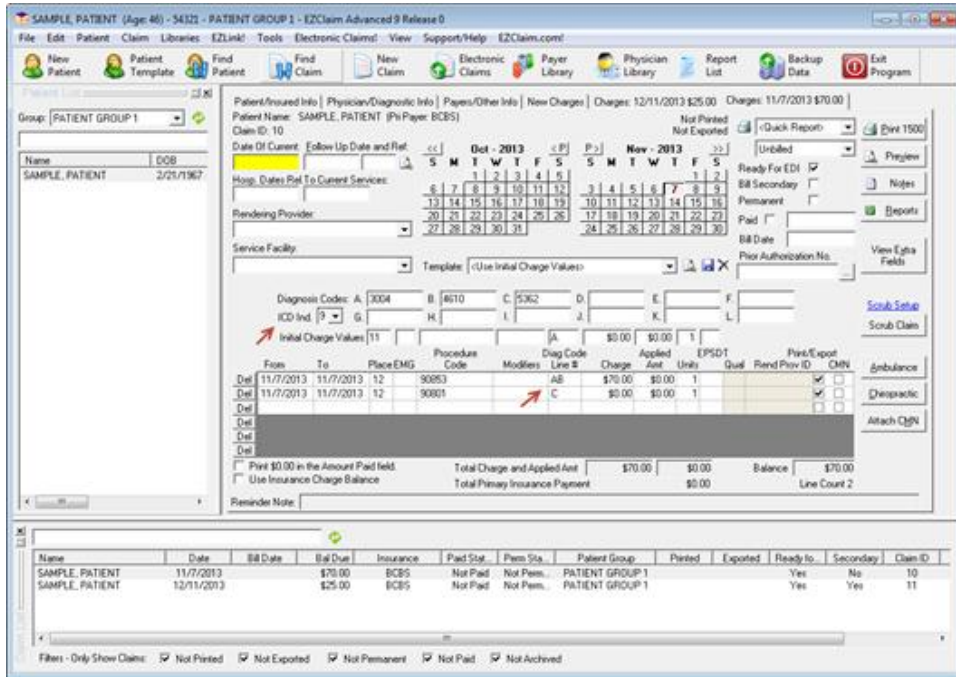
Required: Click on the calendar to select 'Date of Service'. Enter charges and other service line information.

Required: **ICD Indicator**, using the dropdown box select 9 for ICD-9 or 0 for ICD-10 codes. **Cannot have BOTH ICD-9 AND ICD-10 codes on a claim.**

Required: Diagnosis codes.

Required: Enter the diagnostic code pointers (ABCD etc.) on the charges line. Do not use the actual diagnosis code in this box, 24E, only pointers. Enter no more than four DX pointers on each service line.

Required: Place of Service, must use 2 digits.

Below are the most commonly used codes.

> 11 - Office
> 12 – Home
> 21 - Inpatient Hospital
> 22 - Outpatient Hospital
> 24 - Ambulatory Surgical Center
> 41 – Ambulance (Land)
> 99 – Other Unlisted Facility

Required: Procedure Code

Situational: Rendering Provider: This data is pulled from the Rendering Provider information which has been selected on the Physician/Diagnostic Info tab. If Rendering Provider information has not been selected on the Physician/ Diagnostic Info tab, use the dropdown arrow to select the Rendering Provider previously set up in the Physician/Facility Library.

Situational: Enter EMG only if requested by your insurance company. Usually left blank.

NOTE: DME Companies do not use Rendering Providers. Leave the rendering provider fields blank.

Step 8 - Submitting Claims Using EZClaim SFTP
Menu Location: Electronic Billing Icon

1. Using the dropdown arrow select **'Gateway EDI Secure 837 5010'**. Once selected **DO NOT** change this format!
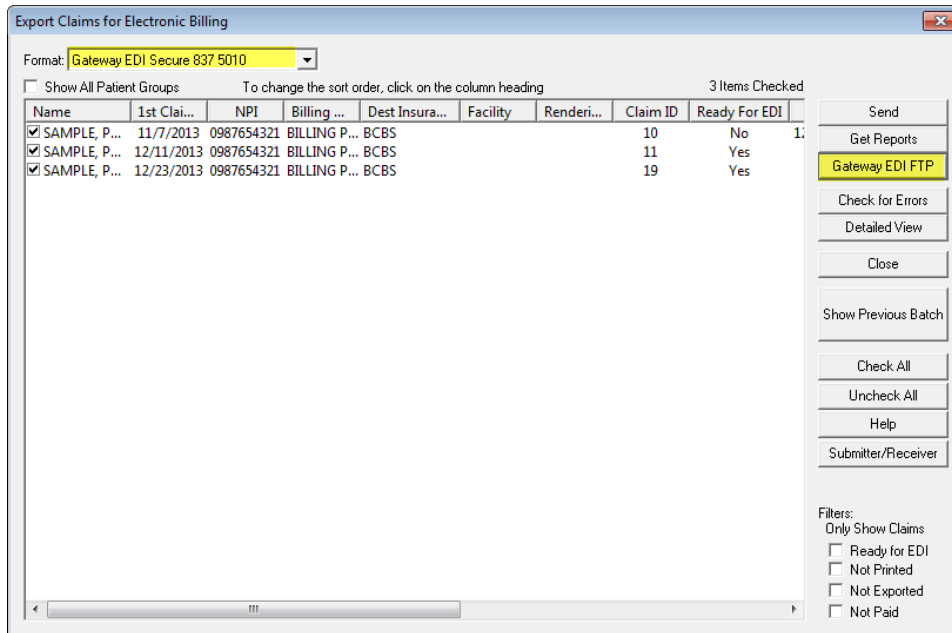
SFTP account User ID and Login Set-up
1. Click on the Gateway FTP button.
2. Click on' Program Options'
3. Choose 'Set User ID and Password'.
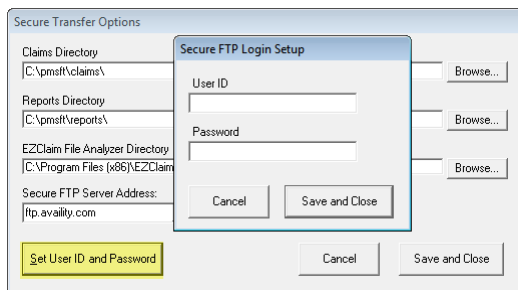
4. Enter your User ID (4 digit client code) and Password provided by Gateway EDI.
5. Click Save and Close>Save and Close.
6. Click on the Test Connection button to test your connectivity.

Selecting and Exporting Claims

1. Select claims to be exported by checking the check box next to claim. Note: You may also click the 'Check All' box if all claims are ready to submit.
2. Click on the 'Check for Errors' button.
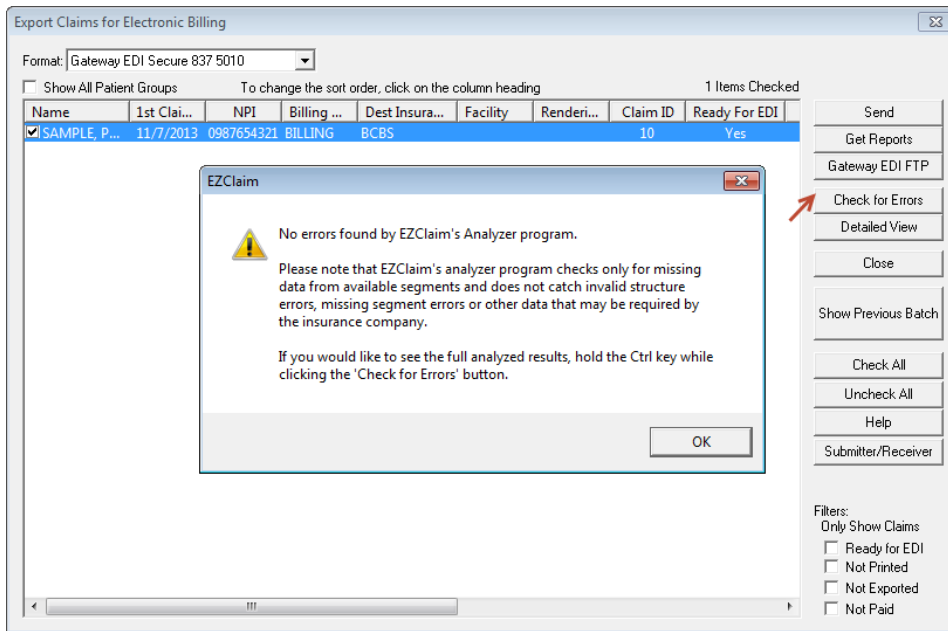
3. If the analyzed report states there are errors, return to the claim and correct errors. Once errors have been corrected, return to 'Electronic Claims' and continue.
4. If the report states there are no errors, click on OK, click on the 'Send' button.
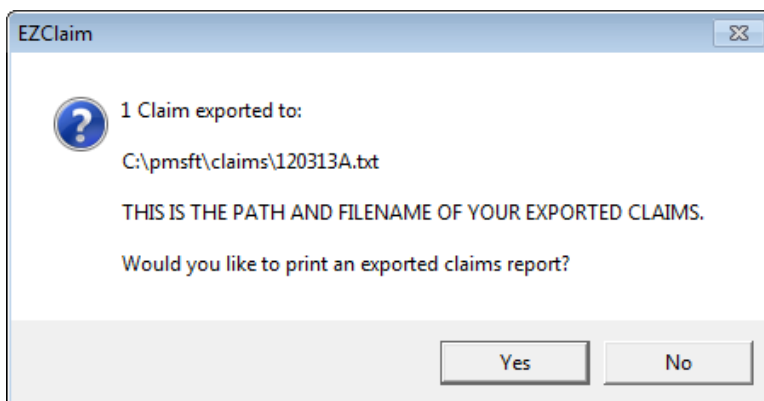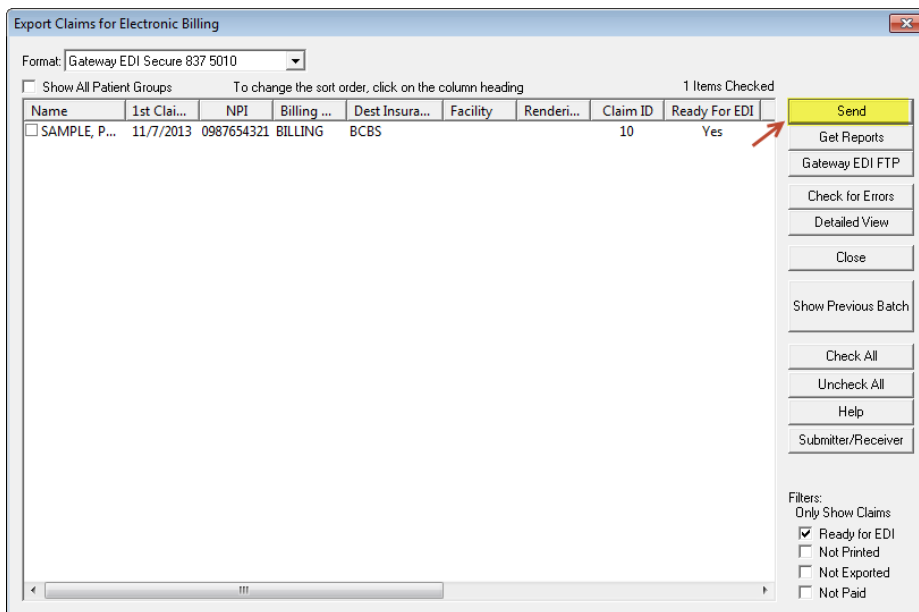
5. Select 'Yes' to print an 'Exported Claims' Report.

6. File will then automatically upload and a confirmation message, **'Claim files uploaded successfully!'** will be displayed and transmission is complete. If the file fails to upload, see 'Common Gateway EDI Errors' at end of document..
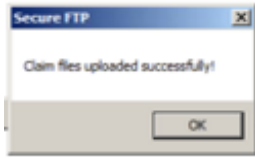
Step 10 – Reports

1. To download reports open the Gateway EDI FTP program and click on 'Download Reports'.
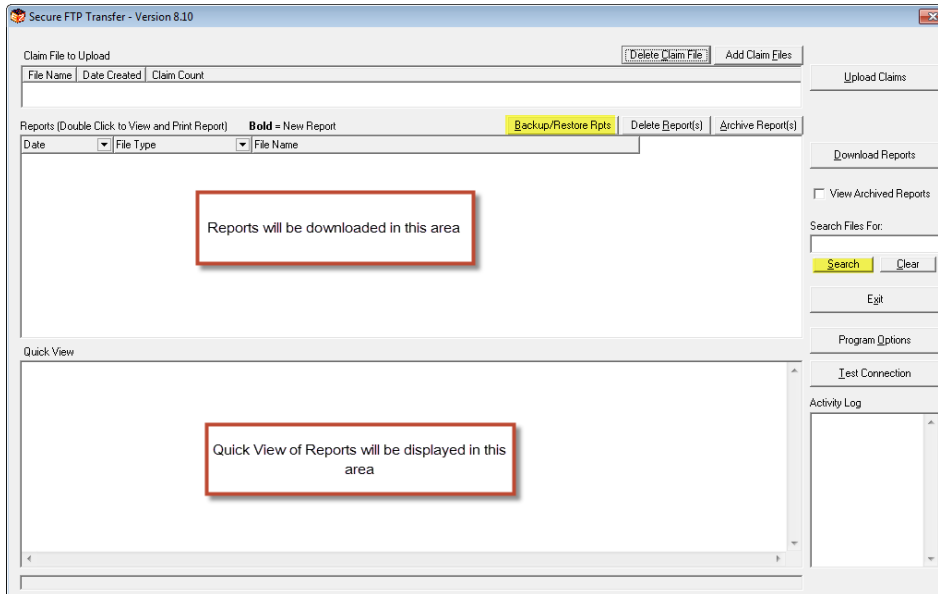
2. Double click on a Report file name to open
3. View Reports. If your report states that your claims have errors, make necessary changes to claims and resubmit claims.

Managing Reports

- After viewing it is suggested that reports are 'Archived' and not 'Deleted'.
- To select multiple reports, hold down the Ctrl key and highlight reports to be deleted or archived.
- To 'Restore' reports, click on 'Backup/Restore Rpts', browse to backup report location and click 'Open'.
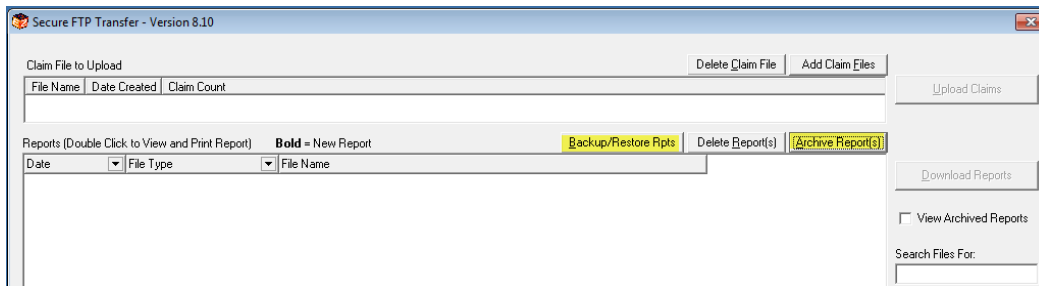
Step 10 - Resubmitting Claims
Electronic Billing Icon

1. Click on the 'Show Previous Batch' button.
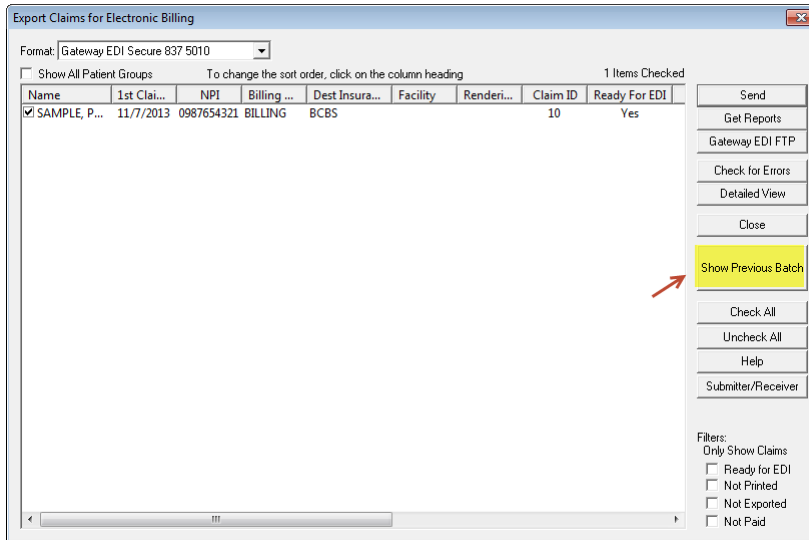
2. Highlight and then double click on the previous batch of claims to view.
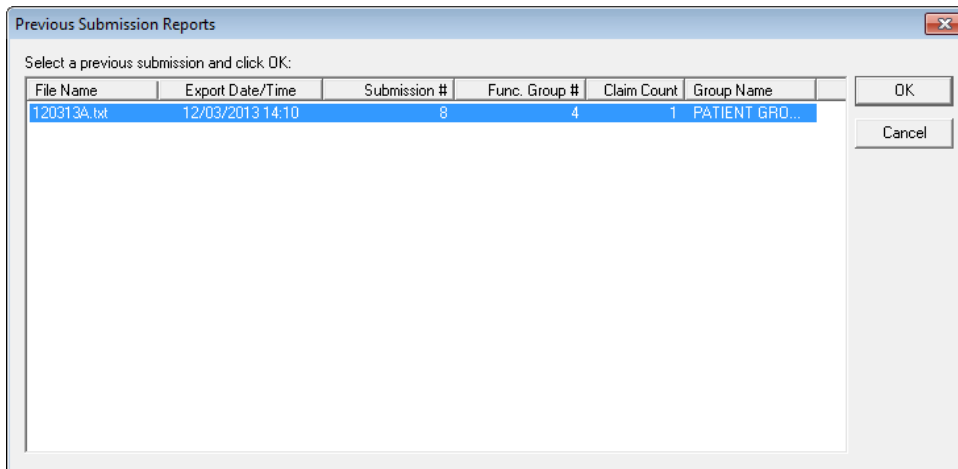
3. Claims are now ready to select and resubmit.
4. Select by highlighting all claims or individual claims to re-export.
5. Click on the 'Send' button.
6. Confirm 'Claim File Upload Successful'.

Gateway EDI Report Formats

.999 or .997 - 997 / 999 – This report will only acknowledge receipt of a file by Gateway EDI. Claims will not be rejected at this level.

.DAT - Human Readable / Text Report – This report will contain Gateway EDI and Payer responses. The report contains a variety of details for each claim including the patient name, patient account number, dates of service and charges. Any rejected claims will also display the error message from the clearing house or payer. The file name will be MMDDYY.DAT

```
                                 GATEWAY EDI (0000)

                          HEALTH FIRST PHYSICIAN SERVICES (1004)
OT01                            RECORD OF CLAIMS RECEIVED                          12/07/01

NAME                ACCOUNT NUMBER    FROM       TO        MEM NUMBER        CHARGE   REV DATE   INSURER              PROVIDER         E
==================  ================  =========  ========= ================  ======== ========== ================     =============    =
LAST, FIRST         21221             12/06/01 12/06/01    SSNSSNSSN           60.00  12/07/01 METRAHEALTH            G VANILLA
LAST, FIRST         21227             12/06/01 12/06/01    ABCSSNSSN391       115.00  12/07/01 BLUE CROSS             G VANILLA
LAST, FIRST         21219             12/06/01 12/06/01    SSNSSNSSN           87.00  12/07/01 METRAHEALTH            G VANILLA
LAST, FIRST         21218             12/06/01 12/06/01    SSNSSNSSN          110.00  12/07/01 CIGNA                  G VANILLA
LAST, FIRST         21223             12/06/01 12/06/01    SSNSSNSSN48303      70.00  12/07/01 UNITED                 G VANILLA
LAST, FIRST         21241             12/06/01 12/06/01    SSNSSN184          224.00  12/07/01 HEALTHLINK PPO         G VANILLA
LAST, FIRST         21230             12/06/01 12/06/01    BB0SSNSSN08201AA   165.00  12/07/01 UNITED                 G VANILLA         1
        MESSAGE:INVALID 2001 ICD-9 CODE VALUE: 8452 (EA0.33)
LAST, FIRST         21220             12/06/01 12/06/01    ABCSSNSSN5ZZ        80.00  12/07/01 BLUE CROSS             G VANILLA
```

.CSR / Claim Status Report – This report contains the same information as the Human Readable / Text Report. The file name will be MMDDYY.CSR

```
2OT01RECORD OF CLAIMS RECEIVED                                    04/02/2002A
1   04/02/200240009680C002        SSN878978       03/01/200203/01/2002    55.00874       LASTNAME              FIRSTNAME       04/02/2002AMERIG
2OT01RECORD OF CLAIMS RECEIVED                                    04/02/2002A
1   04/02/200240009683C002        SSN096621202    02/14/200202/14/2002    55.00875       LASTNAME              FIRSTNAME       04/02/2002HMO BL
2OT01RECORD OF CLAIMS RECEIVED                                    04/02/2002R
3Member ID numbers must be 9, 11, or 13 positions for this payer. (ZGZ466096621202)
```

.RMT – This report is an 835 Remittance Report

Note: Payer and trading partner responses are received in various formats but standardized by Gateway EDI. The responses can include accepted and rejected claims and will be returned in the Human Readable / Text, CSR or 277U layouts.

ANSISI 837 Quick Reference

LOOP 2000A (Specialty/Taxonomy)	Segment	EZClaim Location
Billing Provider Specialty Information	PRV03	Physician/Facility Library Icon>Billing or Rendering Provider >**Taxonomy**
LOOP 2010AA (Billing Provider)		
Billing Provider Name (Box 33)	NM103	Physician/Facility Library Icon>Billing Provider **Name and Address**
Billing Provider Primary Identifier	NM109	Physician/Facility Library Icon>Billing Provider>**NPI**
Billing Provider Secondary Identifier	REF02	Physician/Facility Library Icon>Billing Provider >**Tax ID#**
Billing Provider Secondary Identifier	REF02	Physician/Facility Library Icon>Billing Provider >**Legacy ID#**
Billing Provider Address	N3 & N4	Physician/Facility Library Icon>Billing Provider>**Address & Zip**
LOOP 2310B (Rendering)		
Rendering Provider Name (Box 31)	NM103	Physician/Facility Library Icon>Rendering Provider First and Last **Name**
Rendering Provider Primary Identifier	NM109	Physician/Facility Library Icon>Rendering Provider>**NPI**
LOOP 2310A (Referring)		
Referring Provider Name (Box 17)	NM103	Physician/Facility Library Icon>Referring Provider First and Last **Name**
Referring Provider Primary Identifier	NM109	Physician/Facility Library Icon>Referring Provider>**NPI**
LOOP 2310D (Facility)		
Service Facility Name (Box 32)	NM103	Physician/Facility Library Icon> Facility **Name**
Facility Address	N3 & N4	Physician/Facility Library Icon>Facility>**Address & Zip**
Facility Primary ID# (If required)	NM109	Physician/Facility Library>Facility **NPI**
LOOP 2010BB (Payer)		
Payer (Insurance Co.) Name	NM103	Payer Library Icon>Payer Name
Payer ID#	NM109	Payer Library Icon>Payer ID
LOOP 2300		
Claim Information		General claim information plus Diagnostic Codes and Total Claim Charge
LOOP 2400		
Service Line Information (Charges tab)		Data related to procedure code charges. Ex: Dates, procedure codes, modifiers, charges, units.