EZClaim Advanced
ANSI 837P

TriZetto Clearinghouse Manual

TriZetto Site ID#_____

TriZetto SFTP Password_____

Trizetto Website login Password _____

Enrollment Process for EDI Services

Note: For questions regarding TriZetto Enrollment, Payer agreements, testing, or other Clearinghouse questions please contact **TriZetto Enrollment Dept.** at **1**.**800.969.3666** or **Trizetto Customer Service at 1.800.556.2231**.

✓ Client signs a contract with **TriZetto.** Within 24 hours the client will receive an email from **TriZetto**.

✓ The dedicated **Trizetto** Provider Enrollment representative will contact the client for their initial "Kick off Call". Client questions can be answered at this time. An 'Implementation Checklist' and 'Transfer Authorization Form' and 'Data Collection Workbook' will be provided after call.

✓ The client will be responsible for completing the Data Collection Workbook (provider specific information such as NPI's, Tax ID's, etc.) and returning it to their **TriZetto** representative in a timely manner.

✓ Once the Data Collection Workbook is returned to **TriZetto** the EDI Enrollments are prepared.

✓ **TriZetto** will generate the Payer EDI enrollment paperwork which is given to the client to sign only if the Transfer Authorization Form (TAF) was not signed by client. If the TAF was signed by the client then your TriZetto Rep will complete forms.   Payer turn-around times and outstanding issues will be provided by your **TriZetto** Rep.

✓ **TriZetto** will contact client via email when payer approvals are received and when the provider can submit claims to requested payers.

✓ A dedicated representative from the **TriZetto** Implementation Team will reach out to schedule an appointment for the installation (testing). Trizetto will notify EZClaim of the installation day and time.

✓ EZClaim will contact the client prior to installation (testing) appointment to assist with EZClaim program set up. Plan 20-30 minutes for this call.

✓ **TriZetto** will contact the client on the phone on the specified day and time to assist with the upload of the first claim file. **TriZetto** will use this claim file to test.

✓ The client file is tested by **TriZetto** to ensure that all payer IDs, NPI numbers, and all other claims data is accurate. Once testing is complete the site is moved into production. Any questions can be directed to TriZetto Customer Service Department at 1-800-556-2231.

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

✓ Clients can register for additional Client Training webinars on the **TriZetto** website. Webinars are recommended for new clients and they're FREE!

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

EZClaim Enrollment Process for TriZetto Services

1. Enroll with TriZetto Clearinghouse

- ☐ TriZetto has contacted EZClaim Customer to begin Enrollment process.
- ☐ EZClaim Advanced10 is updated to latest release (Support>Check for Updates)
- ☐ TriZetto sends enrollment documentation to customer
- ☐ TriZetto sends Payer ID list to customer
- ☐ TriZetto sends TriZetto Site ID number and SFTP password to customer

2. EZClaim Program Set-up using the <u>EZClaim TriZetto Quick Start Guide</u>

- ☐ Customer enters Payer Library data
- ☐ Customer enters Physician/Facility Library data
- ☐ Customer enters Patient and Claim information
- ☐ EZClaim assists customer with setting up Site ID and SFTP password prior to TriZetto install appointment

3. Submit Test File to TriZetto

- ☐ TriZetto and Customer arrange a time/date for test file to be sent to TriZetto
- ☐ Following this EZClaim TriZetto User Guide, customer prepares a minimum of 15-20 claims from various Payers for TriZetto test file.
- ☐ Customer sends test file to TriZetto on the date/time arranged
  - o Customer notifies TriZetto they are sending EZClaim SFTP which does not require a Path and Filename.
- ☐ Customer receives email approval from TriZetto that the test file is accepted, customer moved to 'Production' status.
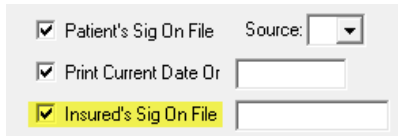
4. Retrieve Reports

- ☐ Customer downloads Reports in EZClaim program. See page 16 for 'Reports'
  - o Customer reports from TriZetto will download into EZClaim program and will also be viewable on TriZetto's website.

TriZetto Errors

The following errors will cause your claims to reject at TriZetto!!

☐ **Zip Code** - The Facility and Billing <mark>zip codes must be nine digits</mark> without punctuation.

☐ **Assignment of Benefits** -. <mark>Confirm selection is correct.</mark> See 'Patient Info' tab. If unchecked, payment from the insurance will go directly to the patient.
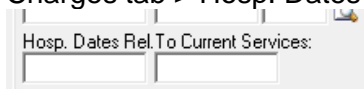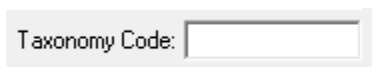

☐ **Tax ID** – <mark>Do not use a hyphen</mark> or any spaces in the Tax ID. See 'Physician and Facility Library'.

☐ **Payer ID #** and **DX Codes** - <mark>Trizetto payer IDs must be entered</mark> in the 'Payer Library'.
http://payers.gatewayedi.com/default.aspx

☐ **DX Codes** - All <mark>DX codes</mark> must be valid codes.

☐ **PO Box Number** - You <mark>cannot use a PO Box</mark> for the Billing or Facility locations. (Box 32 & 33 of the claim form (Facility and Billing information.) See **Step 3-** 'Physician and Facility Library' > Classification for setting up a PO Box Number.

☐ **Hospital Admission Date** -<mark>Include an Admission Date</mark> on all inpatient hospital medical visits. Go to Charges tab > Hosp. Dates

☐ **Taxonomy Codes** - Taxonomy Codes <mark>must be 10 digits</mark> http://www.wpc-edi.com/reference/
See 'Physician and Facility Library' > Taxonomy Codes

ANSI 837 Data Entry – READ BEFORE YOU BEGIN

TRIZETTO PATH AND FILENAME for submitting test files to TriZetto. When asked by TriZetto 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 TriZetto 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 TriZetto, you must have your test claims set up in the following format! Please follow these instructions.

Required: Your file **will reject** if you do not use a **TriZetto (Gateway EDI) Payer ID#** for every insurance company you are sending claims. Click on this link and use the <u>TriZetto-Gateway</u> Payer list for Payer ID#'s.

Step 2 - Setting up the Payer Library
Payer Library Icon
.

Add Payer Information to Library

Required: You must have a Payer name and Gateway EDI (TriZetto) Payer 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

Note: A 9 Digit Zip Code is required for Billing and Facility information!

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 which is required.
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'. IF checked 'No', payment will be sent to the Insured.

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 Claims Icon

1. Using the dropdown arrow select **'TriZetto Secure 837 5010'**. Once selected **DO NOT** change this format!
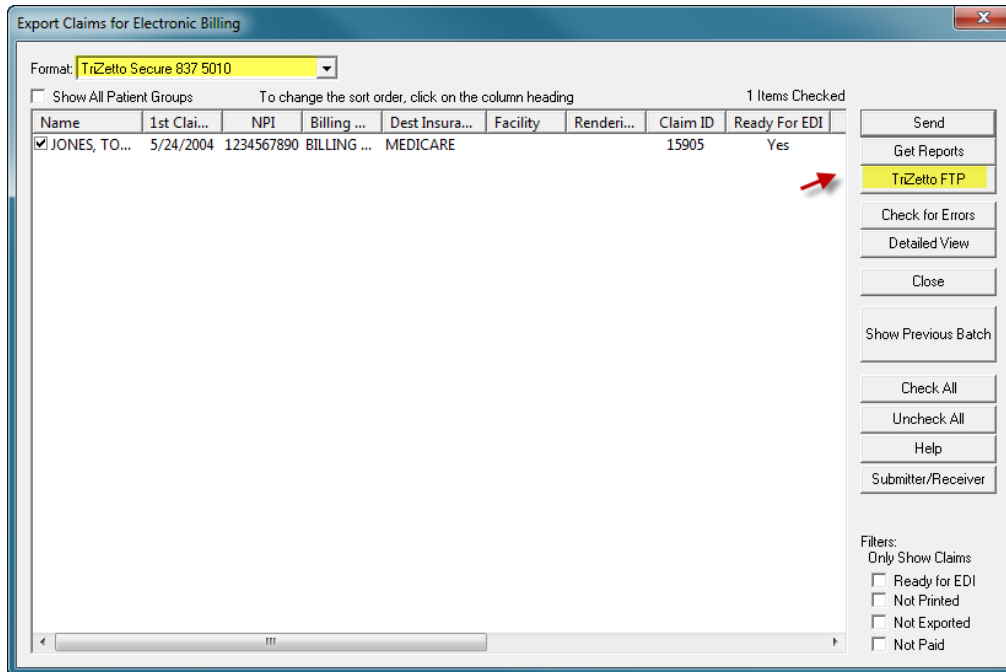
SFTP account User ID and Login Set-up

1. Click on the '**TriZetto FTP'** button.

2. Click on' Program Options'
3. Choose 'Set User ID and Password'.
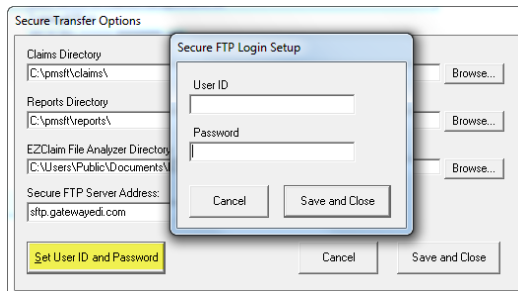
4. Enter your Site ID (4 digit client code) and SFTP Password provided by TriZetto.
5. Click Save and Close>Save and Close.
6. Click on the Test Connection button to test your connectivity.

Step 9 - 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.
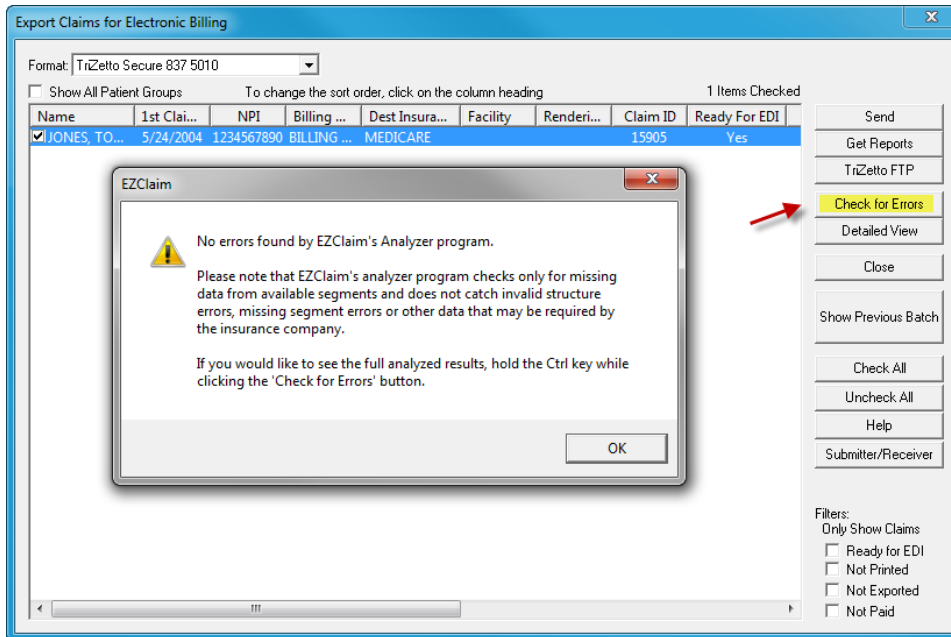
3. If the analyzed report states there are errors, return to the claim and correct errors. Once errors have been corrected, return to 'Electronic Claims' and continue.
4. If the report states there are no errors, click on OK, click on the 'Send' button.

EZClaim

? 1 Claim exported to:

C:\pmsft\claims\120313A.txt

THIS IS THE PATH AND FILENAME OF YOUR EXPORTED CLAIMS.

Would you like to print an exported claims report?

[Yes]   [No]
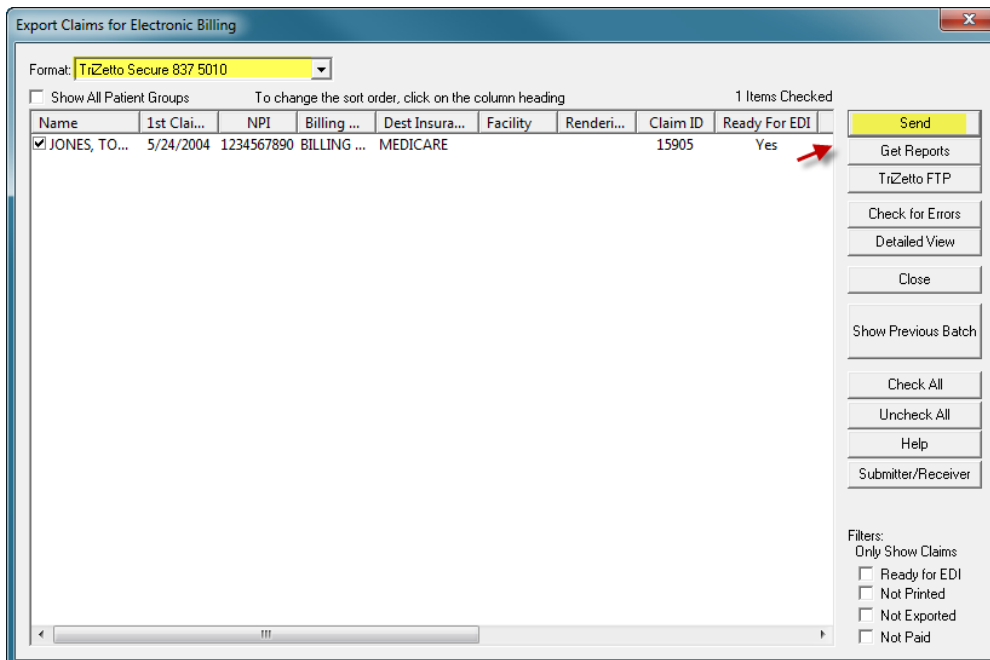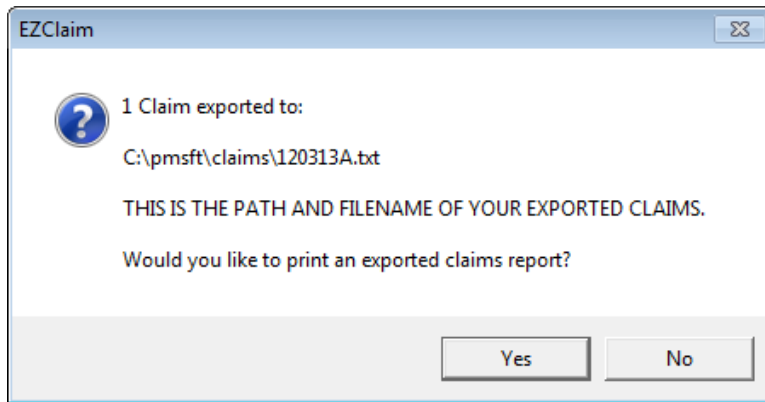
5. Select 'Yes' to print an 'Exported Claims' Report.
6. File will then automatically upload and a confirmation message, **'Claim files uploaded successfully!'** will be displayed and transmission is complete.

Secure FTP

Claim files uploaded successfully!

[OK]
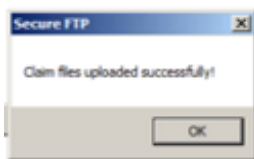
Step 10 – Reports

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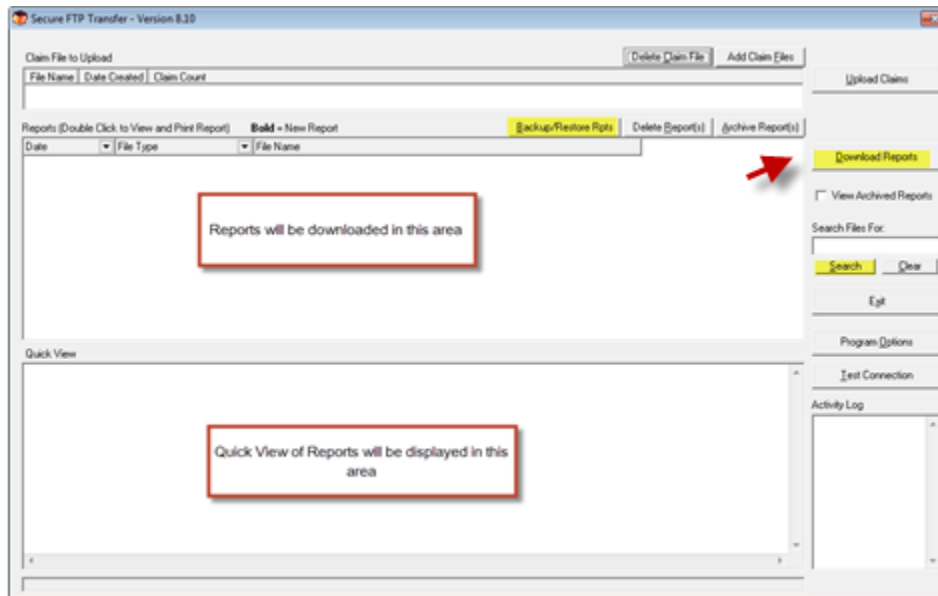
2. Double click on a Report file name to open
3. View Reports. If your report states that your claims have errors, make necessary changes to claims and resubmit claims.

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'.
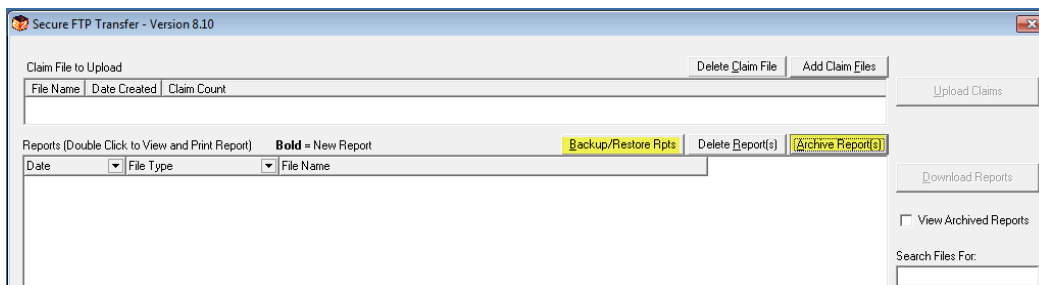
Step 11 - Resubmitting Claims
Electronic Billing Icon

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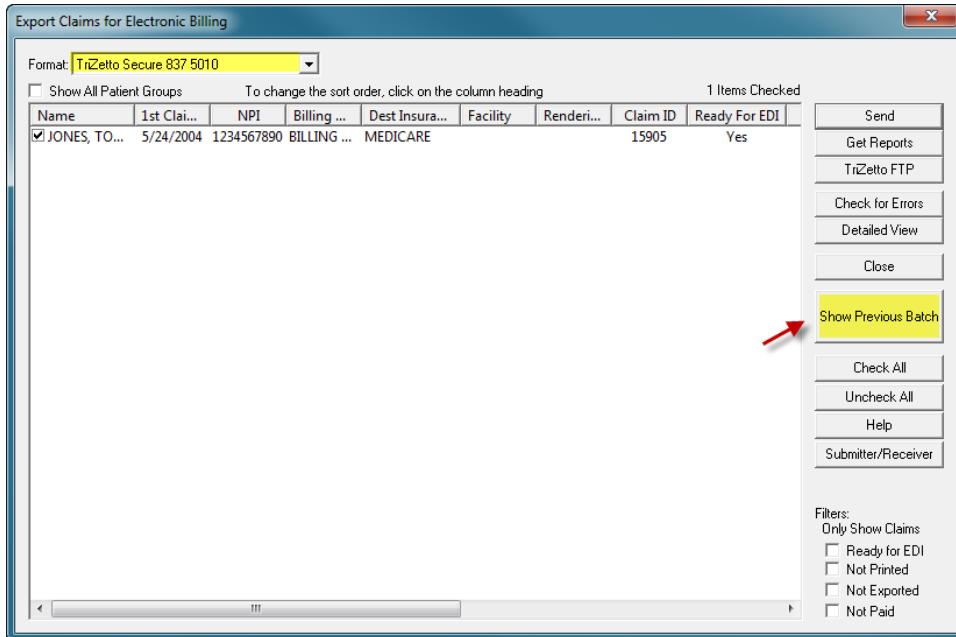
2. Highlight and then double click on the previous batch of claims to view.
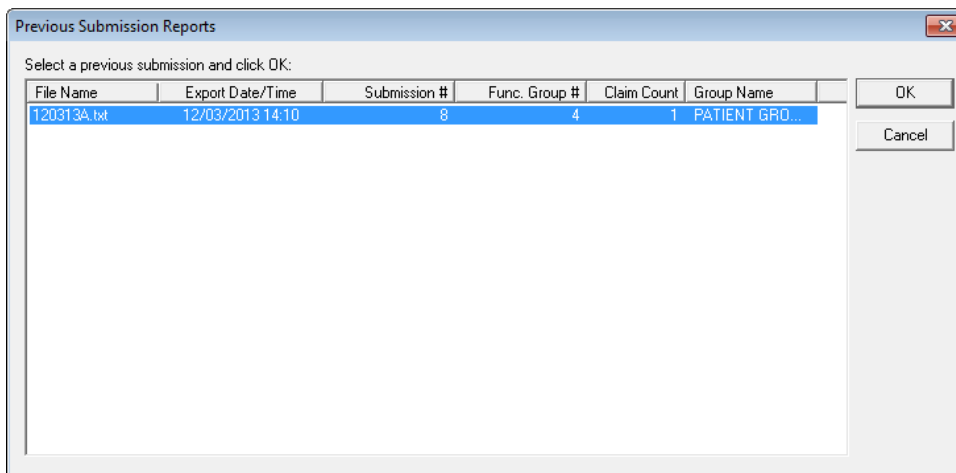
3. Claims are now ready to select and resubmit.
4. Select by highlighting all claims or individual claims to re-export.
5. Click on the 'Send' button.
6. Confirm 'Claim File Upload Successful'.

Gateway EDI (TriZetto) Report Formats

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

.DAT - Human Readable / Text Report – This report will contain TriZetto (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 SERVICS (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   BBOSSNSSN08201AA  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 TriZetto (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.