

EZClaim Premier
ANSI 837P 5010

TriZetto Clearinghouse
Manual

EZClaim Medical Billing Software
November 2016

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 a **TriZetto** Provider Enrollment representative will call the client for their initial “Kick off Call”. Any outstanding client questions can be answered at this time.
- ✓ After the call, client receives a **TriZetto** Welcome Email containing a link to **TriZetto’s** website along with the username and temporary password to login to client website and start enrollment process.
- ✓ Once logged into the **TriZetto** website the client will enter the practice, provider, and payer information including addresses, NPIs, and payer specific provider numbers. Client will also select the transactions they wish to be enrolled for by payer (such as claims and/or remittance).
- ✓ Client will have the Digital Signature Option which gives them the option to not have to sign enrollment paperwork. The Digital Signature Option is suggested for a timely enrollment.
- ✓ Once the client submits the information through the online Enrollment Manager, their dedicated Provider Enrollment Rep. will review data for completeness and accuracy and generate the enrollment forms.
- ✓ The practice can access their Enrollment Status at any time on their online **TriZetto** account. This access also includes payer turn-around times for EDI approval dates.
- ✓ A dedicated representative from the **TriZetto** Implementation Team will reach out to schedule an appointment for the claim test file. **TriZetto** will notify EZClaim of the installation day and time.
- ✓ EZClaim will contact the client prior to submitting a test file 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.
- ✓ 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

Enrollment Process for TriZetto EDI Services

Client first signs a contract with TriZetto EDI

1. Enroll with TriZetto Clearinghouse

- TriZetto has contacted customer to begin Enrollment process.
- 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 by following the step-by-step instructions on the following pages.

- 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
 - 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

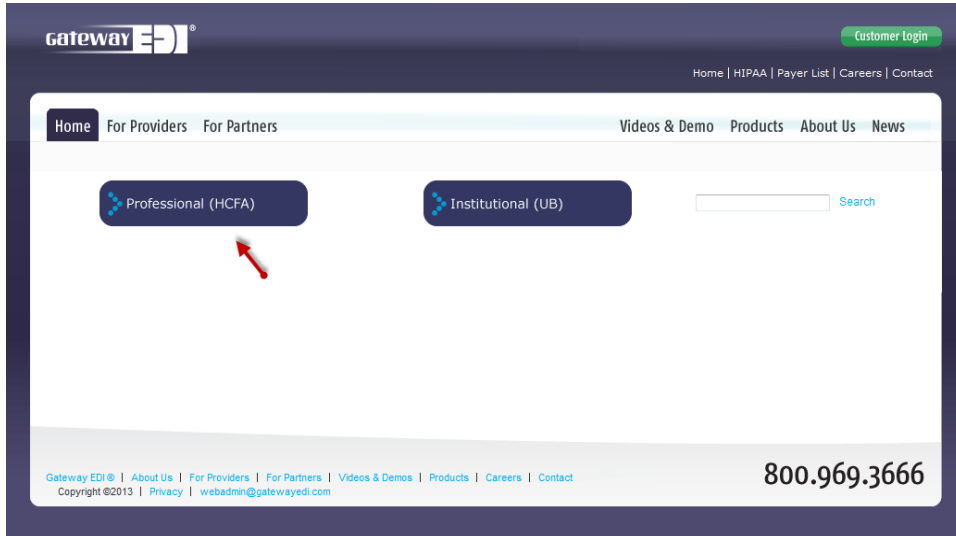
- Customer downloads Reports in EZClaim program.
 - Customer reports from TriZetto will download into EZClaim program and will also be viewable on TriZetto's website.

Payer ID# Lists

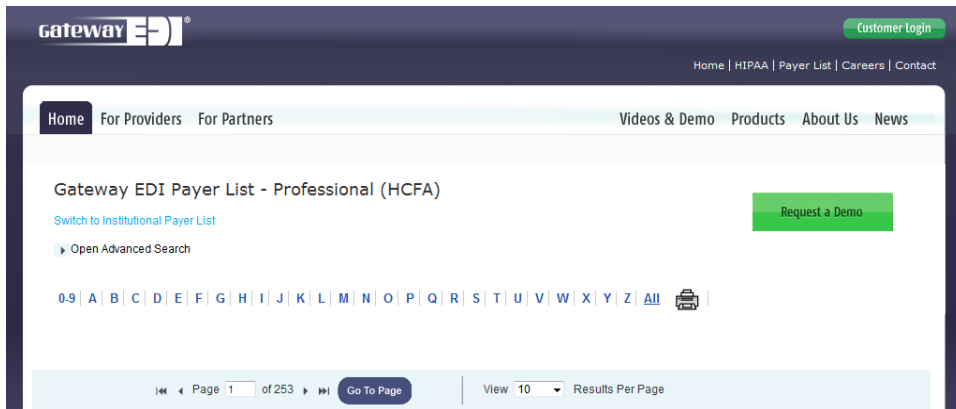
Click on the link below to access the TriZetto Payer Lists.

<http://payers.TriZettoedi.com/>

Click on 'Professional (HCFA)'



Open 'Advanced Search' or search by clicking on a letter.



TriZetto Errors

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

- ❑ **Zip Code** - The Facility and Billing **zip codes must be nine digits** without punctuation.
- ❑ **Assignment of Benefits** - **Confirm selection is correct.** See 'Patient Information' tab. If unchecked, payment from the insurance will go directly to the patient.

Additional Claim Information	
Box 12: Print Current Date <input checked="" type="checkbox"/>	or <input type="text"/>
Box 31: Print Claim Bill Date <input checked="" type="checkbox"/>	
Patient Signature On File <input checked="" type="checkbox"/>	Signature S
Insured Signature On File <input checked="" type="checkbox"/>	

- ❑ **Tax ID** – **Do not use a hyphen** or any spaces in the Tax ID. See 'Physician, Facility Library'.
- ❑ **Payer ID #** - **Trizetto payer IDs must be entered** in the 'Payer Library'.
<http://payers.gatewayedi.com/default.aspx>
- ❑ **DX Codes** - All **DX codes must be valid codes.**
- ❑ **PO Box Number** - You **cannot use a PO Box** for the Billing or Facility locations. (Box 32 & 33 of the claim form (Facility and Billing information.) See **Step 2-** 'Physician, Facility Library' for setting up a PO Box Number.
- ❑ **Hospital Admission Date** -**Include an Admitted Date** on all inpatient hospital medical visits. Go to Claims screen>Claim Information grid>Date Information

Date Information	
Admitted Date	
Discharged Date	
Accident Date	

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

Taxonomy Code:

Setting Up Your Data

Step 1 - Setting up the Payer Library

Menu Location: Home > Payer Icon



Required: You must have a **TriZetto Payer ID#** for every insurance company you are sending claims.
<http://payers.TriZettoedi.com/default.aspx>

A screenshot of the 'Payer Library' management interface. At the top, there are tabs for 'Home' and 'Payer Library'. Below the tabs is a table with columns for Name, Address, ST, Payer ID, and Ins Type Code. The table contains several entries, with 'BCBS' selected. To the right of the table are buttons for 'Save & New', 'Save & Close', 'Close', 'Usage Report', and 'Delete'. Below the table is a form for adding or editing a payer. The 'Payer Name' field contains 'BCBS'. The 'Payer ID' field contains '56789', with a red arrow pointing to it. The 'Method' dropdown is set to 'Electronic'. There are various checkboxes for options like 'Ignore Rendering Provider', 'Automatically Forwards Claims', etc. At the bottom right, there are radio buttons for 'Entries That Are' with options 'Active', 'Inactive', and 'All'.

Add Payer Information to Library

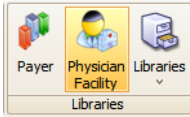
1. Enter Payer name.
2. Enter TriZetto Payer ID# in 'Payer ID' field.
3. Select 'Electronic' as Method.
4. All other fields are 'Optional'; do not enter data unless required by your payer.
5. Click 'Save'.

Edit Payer Information

To 'Edit' Payer information once it has been entered, highlight the Payer, edit the Payer information and click 'Save'.

Step 2 – Setting up the Physician, Facility Library

Menu Location: Home > Physician Facility Icon



Physician/Facility information must be entered before entering patient data.

Billing Provider Information

1. Enter the Display Name of Provider, Agency or Business Name.

A screenshot of a web application window titled 'Physician/Facility Library'. The window shows a table of existing entries on the left and a form for adding a new entry on the right. The form fields include: Display Name (Required) with a red arrow pointing to 'BILLING PROVIDER'; Classification (Billing); Type (Person selected); Last Name or Organization Name (PROVIDER); First Name (BILLING); Address Line 1 (100 MAIN STREET); Address Line 2 (SUITE 200); City, State, ZIP (ROCHESTER MI 55554444); Telephone (444) 666-5555; and Tax ID (987654321). A 'Pay to Address' button is highlighted with a callout bubble that says 'Do not enter a 'Pay to Address' unless using a Post Office Box for billing address.' A small dialog box titled 'Billing Physician Pay to Address' is open, showing fields for Address Line 1 (PO BOX 8765), Address Line 2, and City, State, ZIP (ANYTOWN MI 55566).

2. Select 'Billing' as Classification. The classification determines in which list the name will appear in your program.
3. Check 'Signature on File'.
4. Select 'Type' as 'Person' or 'Non-Person' if Agency or Business name.
5. Enter Last Name and First Name or Organization name.
6. Enter Address information (must be physical address), **Required:** 9-digit zip code.
Note: Do not enter 'Pay to Address' unless using a Post Office box number for billing address.
7. Enter Individual or Organizational NPI number.
8. Enter Billing Tax ID or SS number.
9. Using the dropdown arrow, select 'Tax ID Type' and enter number.

Additional ID Numbers

Only the following Legacy numbers are allowed by ANSI 5010. Do not enter unless required by your payer.

- OB-State License Number
- 1G-UPIN Number

Rendering Provider Information

1. Enter Display Name.

Physician / Facility Library Entries:

Name	Classification
Add new entry...	
ABC COMMUNITY HEALTH	Ordering
BILLING PROVIDER	Billing
DME PROVIDER	Ordering
HOSPITAL	Facility
MEDICAL GROUP	Facility
REFERRING PROVIDER	Referring
RENDERING DOCTOR	Rendering

Display Name (Required): RENDERING DOCTOR

Classification: Rendering Signature on File

Type: Person Non-Person

Last Name or Organization Name if record is a Non-Person: DOCTOR

First Name: RENDERING Middle: A

Address Line 1:
Address Line 2:
City, State, ZIP:
Telephone:
Fax:
Email:
 Mark as Inactive Taxonomy Code:
Rate Class:

Primary ID Numbers:
NPI: 5678901234 [Lookup NPI](#) Tax ID Type: Tax ID:

Additional ID Numbers:

Payer	ID Type	ID Number
Click here to add a new row		

Entries That Are Active Inactive All

2. Select 'Rendering' as Classification.
3. Select 'Type' as 'Person or Non-Person'.
4. Enter Last and First name or Organization Name.
5. Enter NPI number.

Facility Information

If place of service is 11, do not enter Facility information unless different from Billing information. For other POS codes, contact your insurance company for guidelines

1. Enter Facility Name.
2. Select 'Facility' Classification
3. Select 'Type' as 'Non-Person'.
4. Enter Name and Address information. Required: 9-digit Zip Code
5. Optional: Enter NPI number.
6. Click on 'Save'.

Referring Provider Information

1. Enter Name.
2. Select 'Referring' as Classification.
3. Select 'Type' as 'Person'.
4. Enter Last and First name.
5. Enter NPI number.
6. Click on 'Save'.

Ordering Provider Information

1. Enter Name.
2. Select 'Ordering' as Classification.
3. Select 'Type' as 'Person'.
4. Enter Last and First name.
5. **Required:** Enter address
6. Enter NPI number.
7. Click on 'Save'.

Step 3 – Entering Patient, Provider and Insurance Info

Menu Location: Create Patient



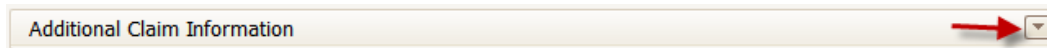
Open Patient information screen by clicking on the Patient icon on the menu bar or Create Patient icon on Home screen.

- Do not use initials or credentials. MR., MS., DR., MD, INC. etc.
- Do not use words such as 'SAME' or 'NONE' or 'N/A'.

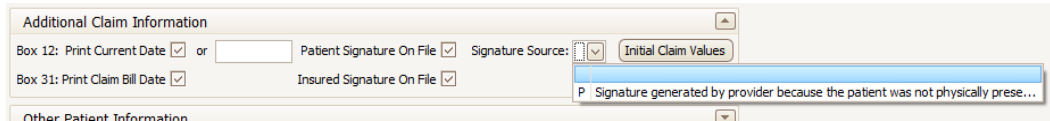
1. Enter Patient Information.
2. Enter Diagnosis codes on this screen only if codes remain the same for all dates of service. For electronic claims, up to twelve Diagnosis codes may be entered. Claim specific codes can be entered on the Charges screen.
3. Enter Billing Provider (Use dropdown arrow or Click to open library).
4. Enter Rendering Provider information only if different than Billing provider (Use dropdown arrow or Click to open library) if needed.
5. Enter Service Facility information only if different than Billing provider (Use dropdown arrow or Click to open library) if needed

Additional Claim Information

Note: Click on dropdown arrow to open Additional Claim Information grids.

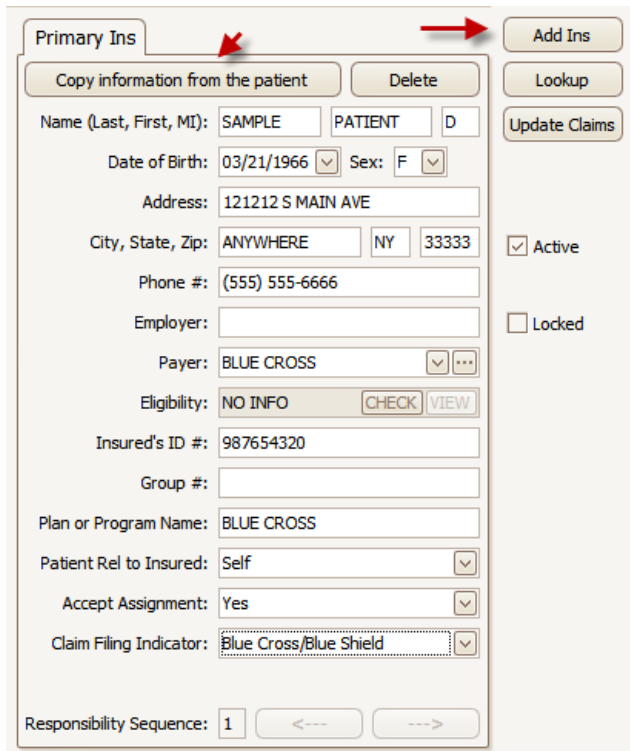


1. Check 'Print Current Date' or enter a date.
2. Signature Source, usually blank or option 'P'.
3. **Enter 'Situational' information only if required by your insurance company.**



Step 4 – Entering Payer Information

Note: Click on 'Add Ins' to add insurance. Click on 'Copy Information from the patient' or 'Lookup' button to enter Insured's information.



Primary payer

1. If the patient is the same as the insured you can use the 'Copy Information from the Patient' button or enter new information.
2. Using the dropdown arrow select the Payer.
3. Enter the Insured's ID.
4. Enter 'Patient Rel to Insured'.
5. Enter 'Accept Assignment'.
6. Enter 'Claim Filing Indicator'.

Situational

All other fields are 'Situational'. Enter only as needed.

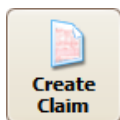
Additional Payers

1. Click on 'Add Ins' to add additional Payers.
2. Follow guideline above.

Note: To delete a Payer, click on the 'Delete' button.

Step 5 – Entering Claim Information

Location: Create Claim



Find Patient - Which patient do you want to create a claim for?

Drag a column header here to group by that column

	Name	D.O.B.	Account #	Primary Payer	Primary Insured's ID #	Primary Insured's Name
X Filter	Filter	Filter	Filter	Filter	Filter	Filter
Select	SMITH, PATIENT S	02/21/1967	12345	BLUE CROSS	23456765A	SMITH, PATIENT S
Select	SECONDARY, SUSAN S	02/21/1967	12345	MEDICARE	9876546	SECONDARY, SUSAN S
Select	SAMPLE. PATIENT D	03/21/1966	12348	MEDICARE		SAMPLE. PATIENT D

1. Select claim by clicking on the Patient you want to add a claim for
2. Optional: Select 'Previous Claim' or 'Previous Service' or template previously created.
3. Enter Diagnosis codes if they had not been previously entered on the Patient Info screen
4. Expand Claim Information Grids by clicking on dropdown arrow to confirm additional information. Ex: Claim Information, Physician Libraries, etc.
NOTE: DME Companies do not use Rendering Providers. Leave the rendering provider fields blank. Also DME suppliers will need to select an 'Ordering Provider'.
5. ICD Indicator, using the dropdown box select 0 for ICD-10 codes.
6. Enter service line dates by clicking on a date on the calendar or typing in the information.
7. Continue filling in all required data in Service Line.

Home | DOE, JOHN M - 11/02/2015

Bill To: Primary (1/1) - MACSIS - DOE, JOHN M

Prior Auth #: [] Date of Curr: []

Diagnosis A1: F30 B2: [] C3: [] D4: []

ES: [] F6: [] G7: [] H8: []

I9: [] J10: [] K11: [] L12: []

< November > < 2015 > < December > < 2015 >

S M T W T F S S M T W T F S

1 2 3 4 5 6 7 1 2 3 4 5

8 9 10 11 12 13 14 6 7 8 9 10 11 12

15 16 17 18 19 20 21 13 14 15 16 17 18 19

22 23 24 25 26 27 28 20 21 22 23 24 25 26

29 30 27 28 29 30 31

Claim Template: <No Template>

Claim Information

Original Bill Date: 11/03/2015

Status: Submitted

Method: Electronic

ICD Indicator: ICD-10

Invoice #: []

Claim ID: 1

Locked: []

Physician Library Entries

Rendering Provider: None

Referring Provider: None

Service Facility: None

Billing Provider: ABC BILLING

Printing Options

Totals on Last Page

Srcv Date	Place	Procedure	M1	Diag. #	Charges	Units	Adjs	Paid	Applied Amt.	Balance	Resp. Party	Pat. Amt. Due
11/02/2015	11	12345	1		\$50.00	1	\$0.00	\$0.00	\$0.00	\$50.00	MACSIS (1)	\$0.00

Enter the service line data above and click the 'ADD' button or click a date on the calendars

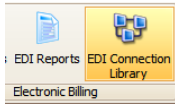
Situational – Enter EMG only if requested by your insurance company.

Required - Enter the diagnosis POINTER on the service line in the Diag # field. Do not use the actual diagnosis code in this box, only pointers. Enter up to four pointers if necessary. Ex: ABCD

Uploading Claims to the Clearinghouse

Step 6 – EDI Connection set-up

Menu Location: *Electronic Billing > EDI Connection Library Icon*



Entry Name	Name: TRIZETTO	Save & New
Add new entry...	Type: TriZetto Secure File Transfer	Save & Close
Clearinghouse		Close
Test	User Login: msample	
TRIZETTO	User Password: *****	
Capario	Download File Pattern (Optional)	

1. Enter 'TriZetto' as the name of your EDI Connection.
2. Using the dropdown list choose 'TriZetto Secure File Transfer' as the connection 'Type'.
3. Enter User Login (Trizetto Site ID) and User Password (SFTP password).
4. Click on 'Test Connection' to verify connection was set up successfully.

Step 7 – Submitter / Receiver Library

Menu Location: *Home > Libraries Icon > Submitter / Receiver*

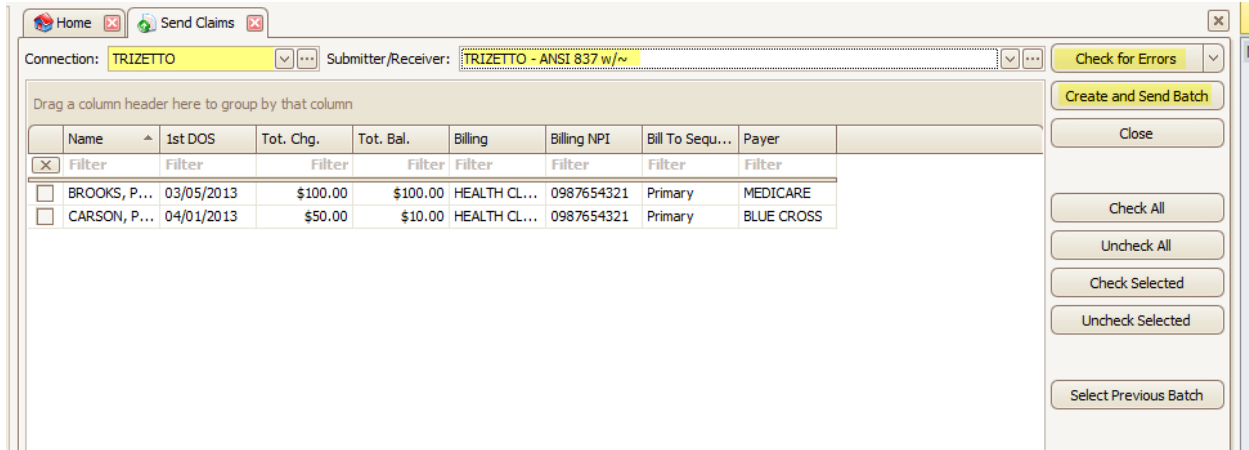
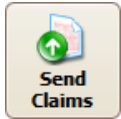


- Submitter ID = Trizetto assigned site number, 4 digits.
- Receiver ID (NM109) and Receiver Code (GS03)= 431420764
- Receiver ID (ISA07 and ISA 08) = 431420764000000

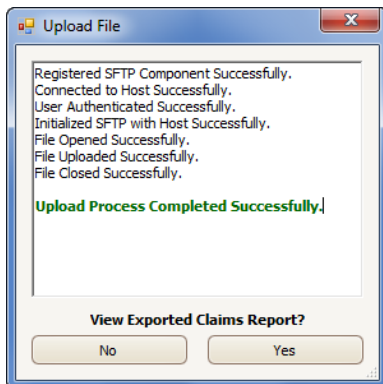
Library Entry Name (Required):	TRIZETTO	Save & New		
Export Format:	ANSI 837 w/~	Version:	5010	Save & Close
Registered Provider:	Patient Billing Provider	Claim Type:	Chargeable	Close
Submitter Information - Loop 1000A - NM1 and PER Segments				
Type:	Business Name or Last Name:	First Name:	Submitter ID:	Delete
2	SAMPLE COMPANY		4 DIGIT SITE ID	
Contact Name:	Type:	Phone Number, Email Address, or Other:		
CONTACT PERSON	TE	555-555-5555		
Receiver Information - Loop 1000B				
Receiver Name NM103:	TRIZETTO	Receiver ID NM109:	431420764	
Header Information - ISA and GS Segments				
Authorization Information ISA01 and ISA02:	00	Password Information ISA03 and ISA04:	00	
Sender ID ISA05 and ISA06:	ZZ	Interchange Receiver ID ISA07 and ISA08:	ZZ	431420764000000
Acknowledge Requested ISA14:	<input checked="" type="checkbox"/>	Test/Prod Indicator ISA15:	P	
Sender Code GS02:		Receiver Code GS03:	431420764	IMPORTANT: Fields may remain blank if not required. Please contact the payer for required fields.

Step 8 - Submitting Claims

Location: Send Claims

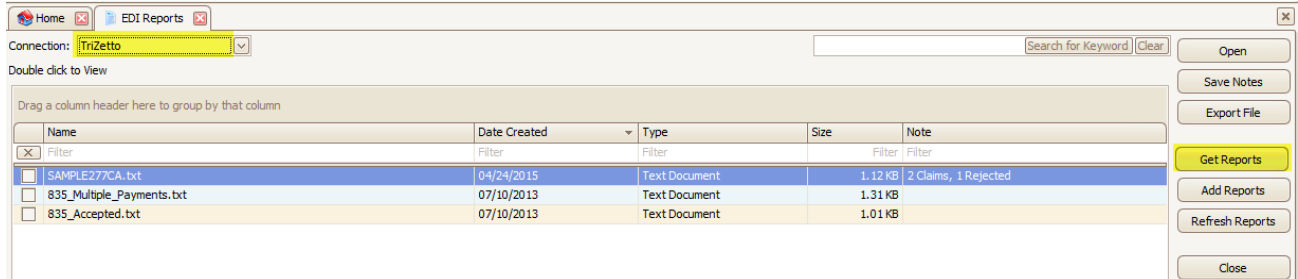


1. Using the dropdown select TriZetto Connection library entry.
2. Using the dropdown select TriZetto Submitter/Receiver entry.
3. Select claims to be exported.
4. Click on the 'Check for Errors' button.
5. If the analyzed report states there are errors, return to the claim and correct errors. Once errors have been corrected, return to 'Electronic Claims' and continue.
6. If the report states there are no errors, click OK.
7. Click on the 'Create and Send Batch' button.



Step 9 – Reports

Location: View EDI Reports



1. Click on 'Get 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.
 4. Click on column headings to sort reports.
- Note: See Working Rejected Claims on Page 18.

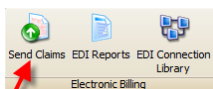
Search/Filter Options

Use the EDI Reports search feature to quickly find reports. Enter a keyword such as a Provider or Patient Name or other report data and click on 'Search for Keyword'. If you use the Archive feature check the box to Show Archived to search all reports.

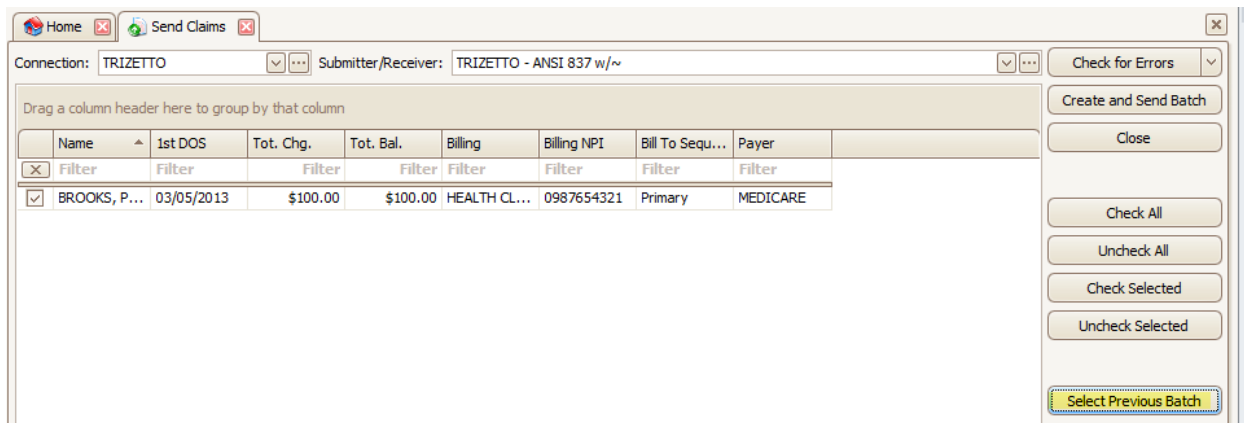


Step 10 - Resubmitting Claims

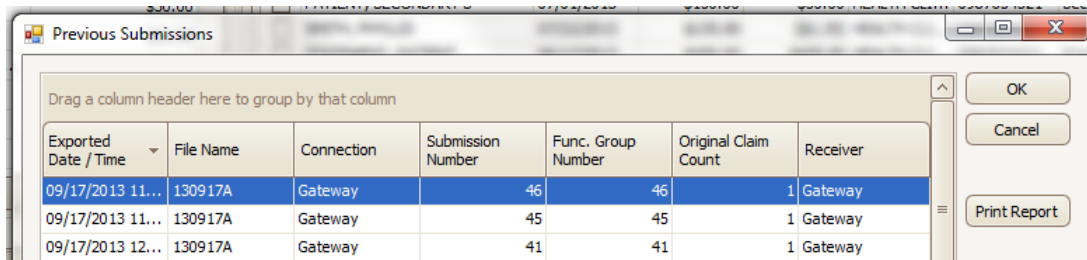
Menu Location: *Electronic Billing > Send Claims Icon*



1. Click on the 'Select Previous Batch' button.



2. Highlight and then double click on the previous batch of claims to view.

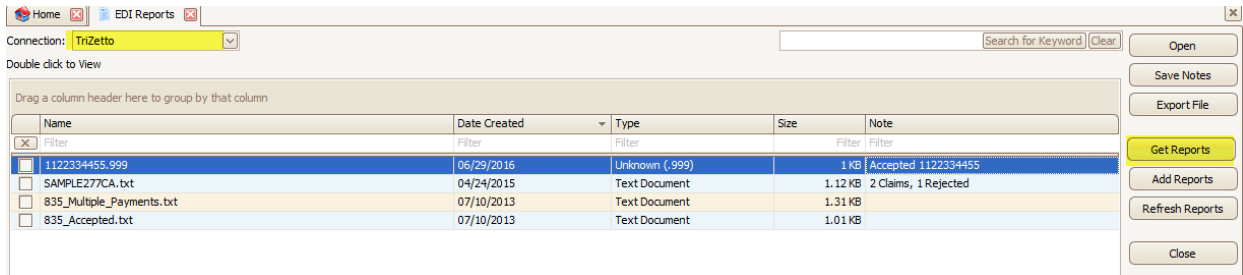


3. Select by highlighting all claims or individual claims to re-export.
4. Click on the 'Create and Send Batch' button.
5. Confirm 'Claim File Upload Successful'.

TriZetto EDI Report Formats

*The Date Created column is the date the report was downloaded into the Premier program.

.999 or .997 – This report will only acknowledge receipt of a file by TriZetto EDI. Claims will not be rejected at this level. A note will be created displaying whether the 999 was accepted or rejected.



.DAT - This report will contain TriZetto 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 charge. Any rejected claims will also display the error message from the clearing house or payer. The file name will be MMDDYY.DAT

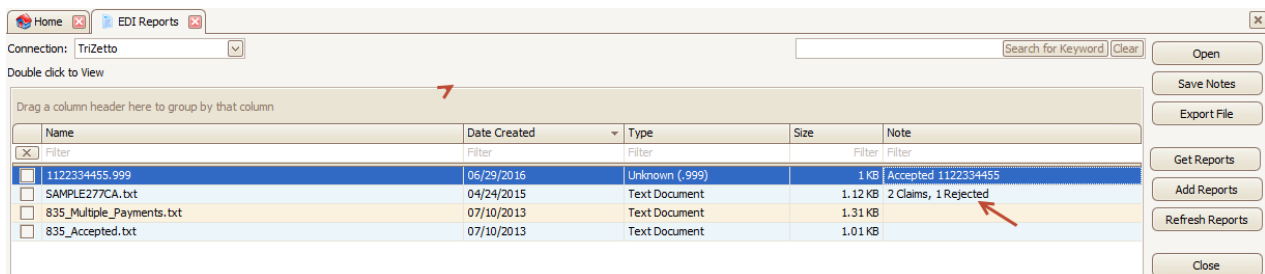
***Messages will append throughout the day until the report is downloaded by the client and then a new .DAT report will be created with a new sequence number. 12345.dat, 12345_1.dat, 12345_2.dat

GATEWAY EDI (0000)									
HEALTH FIRST PHYSICIAN SERVICES (1004)									
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	ABCSSNSSN52Z	80.00	12/07/01	BLUE CROSS	G VANILLA	

.CSR / Claim Status Report – This report will post the status whether the claim was accepted or rejected to the Claim Notes. See Working Rejected Claims below.

08/16/2016 6:14 PM	BCBSM: Payments Applied.
08/16/2016 6:14 PM	BCBSM : Processed as Primary
08/16/2016 6:14 PM	BCBSM : Payment data applied from 835 file '835P5010226_2.a'.
08/07/2016 11:59 PM	ACCEPTED - BCBSM EDI Acknowledgement/Receipt-The claim/encounter has been received. This does not mean that the claim has been accepted for adjudication. Entity acknowledges receipt of claim/encounter. Note: This code requires use of an Entity Code.
08/07/2016 1:06 PM	Claim exported: BCBSM FEP File: 'C:\Users\ \AppData\Local\Temp\EZClaim\EDIExports\160807_13060173'
08/07/2016 11:09 AM	Claim created.

***Messages will append throughout the day until the report is downloaded by the client and then a new .DAT report will be created with a new sequence number. ie. 12345.dat/12345_1.dat/12345_2.dat



Working Rejected Claims

Working rejected claims is the most important part of revenue cycle management. EZClaim Premier provides multiple tools to help you manage and work rejected claims.

There are two types of rejected claims:

- Front End Rejections (rejection information found on clearinghouse or payer status reports)
 - Clearinghouse rejections due to missing or invalid data.
 - Payer rejections due to patient not found or some other issue that caused the claim to be rejected at the 'front door'
- Payer Rejections (rejection information found on the EOB or 835)
 - Claim was processed by the payer but not paid due to reasons provided by reason codes and/or remark codes.
 - EZClaim Premier handles both types of rejections and provides tools to create tasks or work lists to manage follow up and make sure these claims are taken care of.

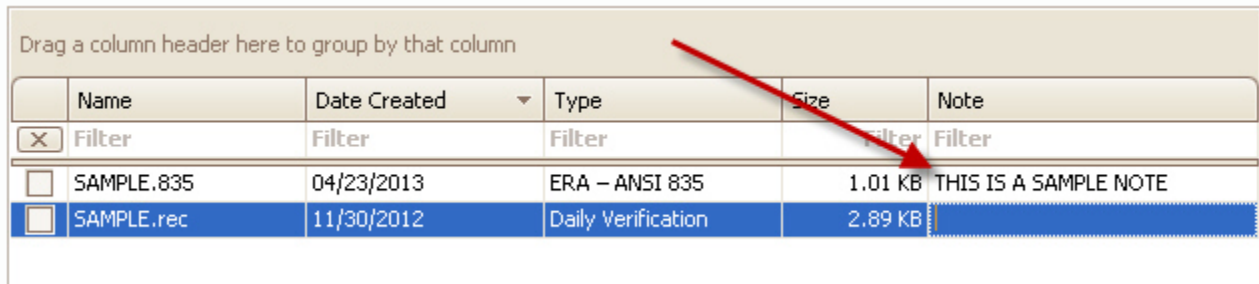
More Information on Working Rejected Claims:

[Front End Rejections](#)

[Payer Rejections](#)

.RMT – This report is an 835 Remittance Report

When an ANSI 835 report is added to the grid, the program will automatically read the contents and add the payment information to the note area (if the note is already blank)

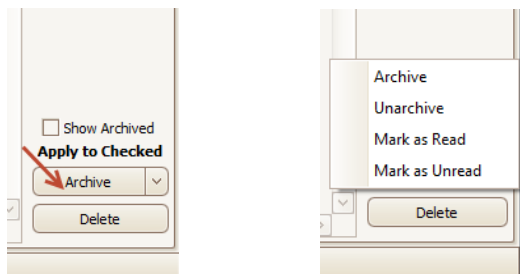


Drag a column header here to group by that column					
	Name	Date Created	Type	Size	Note
<input type="checkbox"/>	SAMPLE.835	04/23/2013	ERA – ANSI 835	1.01 KB	THIS IS A SAMPLE NOTE
<input type="checkbox"/>	SAMPLE.rec	11/30/2012	Daily Verification	2.89 KB	

Note: Payer and trading partner responses are received in various formats but standardized by TriZetto EDI.

Managing Reports

Keep only reports that you are currently working on in the View EDI Reports screen. As you process or view reports you can then choose one of the options for saving the reports.



- **We do not recommend deleting reports.**
- **To display previously archived reports simply check the Show Archived box and they will reappear.**