



# **EZClaim Premier TriZetto Clearinghouse Manual**

TriZetto Site ID# \_\_\_\_\_

TriZetto SFTP Password \_\_\_\_\_

TriZetto Website login Password \_\_\_\_\_

September 2020

## Enrollment Process for EDI Services through TriZetto begins once you have returned your signed contract to TriZetto

### Email & Phone Call

- Within 24 hours you will receive a Welcome email from a dedicated Implementation representative containing a link to the STEM portal and the TriZetto Website.
- You will receive a phone call from your TriZetto Rep to ensure the emails were received, answer any questions and set expectations for the EDI enrollment timeframe.

### STEM

- The STEM portal is used to gather practice information and manage enrollments.
- You will be responsible for completing the TriZetto STEM portal with provider information and making sure they review and submit their entries.
- You can view approvals, mark enrollments as approved or rejected and submit to requested payers in STEM.
- You will have the Digital Signature option which gives you the option to not have to sign enrollment paperwork. The Digital Signature Option is suggested for a timely enrollment.

### Test File

- Your representative from the TriZetto Implementation Team will reach out when they are ready to receive your test file.
- Instructions for sending the test file are contained in this manual. If you prefer, we also have a [YouTube tutorial](#) available to walk through the steps as well.
- TriZetto will test the file to ensure that Payer IDs, NPI numbers and other claim data are accurate. TriZetto will provide results of the test file via email.

### Production

- Once testing is complete the site is moved into Production. Live production indicates that any claim files submitted under the specific site will process through TriZetto Provider Solutions' edits and (contingent there are no rejections) will process to the payers.

***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***

You can also find these steps in our [Connecting EZClaim to TriZetto Provider Solutions](#) video!

## Step 1 - Setting up the Payer Library

Menu Location: Home > Payer Icon



### Quick Tip to Avoid Payer Library Rejections:

You must have a **TriZetto Payer ID#** for every insurance company to which you are sending claims. Additional information about accessing the TriZetto Payer ID list is on the next page.

Name	Address	ST	Payer ID	Ins Type Code
Add new entry...				
BB AD Insurance			SB465	
BLUE CROSS	557 MAIN STREET	MI	33333	
HUMANA			99887	
INSTITUTIONAL PAYER			12345	
MEDICAID			66666	
MEDICARE	333 FIRST ST.	MI	88888	
VALUE OPTIONS			99999	

Buttons: Save & New, Save & Close, Close, Usage Report, Delete

Entries That Are: ☒ Active, ☐ Inactive, ☐ All

Payer Name:  Payer Notes:

Payer ID:  Method:

Street Address 1:

Street Address 2:

City, State, Zip:

Telephone:  Fax:

Email:

Website:

Office Number:  Box 1:

Ins. Type Code:  Claim Type:

Claim Filing Ind:  Classification:

Initial ICD Ind:

Payment Matching Key:

Eligibility Provider:

Eligibility Payer ID:

Options: ☐ Ignore Rendering Provider, ☐ Automatically Forwards Claims, ☐ Export billing provider taxonomy code even if using a rendering provider, ☐ Export/Print patient info in facility area when Place of Service is 12, ☐ Export Subscriber SSN, ☐ Export Authorization in Loop 2400, ☐ Export Original Ref Number in Loop 23308, ☐ Export Primary Payer Payment Date in Loop 23308, ☐ Export Patient Amount Due in Loop 2430\*AMT\*EAF, ☐ Include Adjustments with Payments in Box 29, ☐ Print Box 30 on the 1500 (02-12), ☐ Suppress payer address when printing claims, ☐ Mark as Inactive

Automatically create a task due  days after the claim has been printed or exported (0 for no task).

### 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

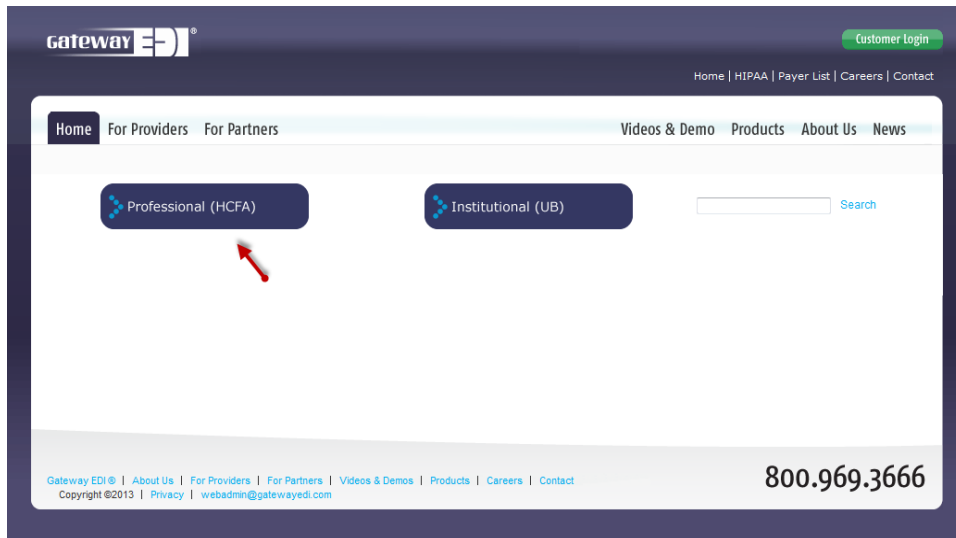
To edit payer information once it has been entered, highlight the payer, edit the payer information, and click 'Save'.

### Accessing TriZetto's Payer ID List

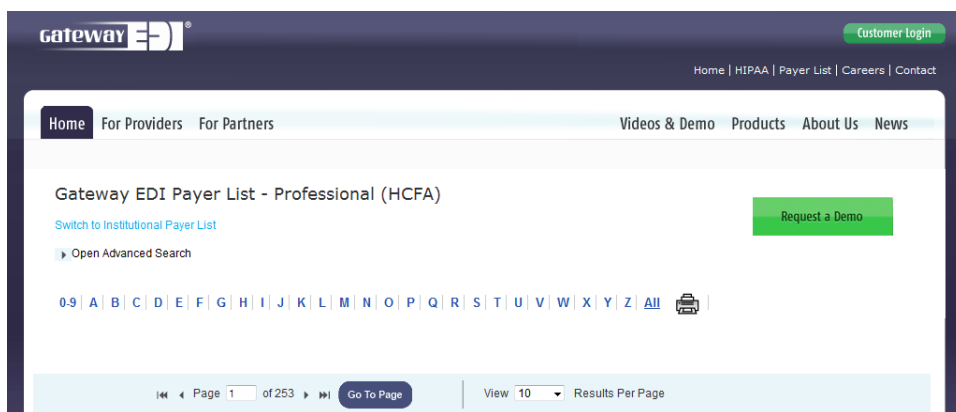
Click on the link below to access the TriZetto Payer Lists.

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

Click on 'Professional (HCFA)'

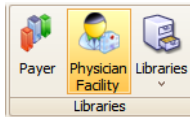


Open 'Advanced Search' or search by clicking on a letter.



## Step 2 – Setting up the Physician, Facility Library

Menu Location: Home > Physician Facility Icon



### Billing Provider Information

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

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

The screenshot shows the 'Physician / Facility Library Entries' form. The 'Name' field contains 'BILLING PROVIDER'. The 'Classification' is set to 'Billing'. The 'Type' is set to 'Person'. The 'Signature on File' checkbox is checked. The 'Address Line 1' is '100 MAIN STREET' and 'Address Line 2' is 'SUITE 200'. The 'City, State, ZIP' is 'ROCHESTER MI 55554444'. The 'Telephone' is '(444) 666-5555'. The 'Email' field is empty. The 'Primary ID Numbers' section shows 'NPI: 0987654321' and 'Tax ID: 987654321'. The 'Additional ID Numbers' section is empty. A 'Pay to Address' dialog box is open, showing a warning: 'Do not enter a 'Pay to Address' unless using a Post Office Box for billing address.' The dialog box contains fields for 'Address Line 1', 'Address Line 2', 'City, State, ZIP', and buttons for 'Cancel' and 'OK'.

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.*

- 0B-State License Number
- 1G-UPIN Number

**Rendering Provider Information**

1. Enter Display Name.
2. Select 'Rendering' as Classification.
3. Select 'Type' as 'Person or Non-Person'.

Physician / Facility Library Entries:

Name	Classification
<b>Add new entry...</b>	
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

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
<a href="#">Click here to add a new row</a>		

Entries That Are: ☒ Active ☐ Inactive ☐ All

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'.

### Quick Tip to Avoid Physician/Facility Library Rejections:

**Zip Code** – The Facility and Billing zip codes must be nine digits without punctuation

**Tax ID** – Do not use a hyphen or any spaces in the Tax ID

**PO Box Number** – You cannot use a PO Box for either Billing (Box33 – Loop 2010AA) or Facility (Box 32 – Loop 2310C) locations

**Taxonomy Codes** – Taxonomy Codes must be 10 digits  
<https://nex12.org/index.php/codes>




### Step 3 – Entering Patient, Provider, and Insurance Info

Menu Location: Create Patient



Open Patient information screen by clicking the Patient icon on the menu bar, or the 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 from Billing provider (Use dropdown arrow or Click  to open library if needed.)
5. Enter Service Facility information only if different from 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.**

4. **Assignment of Benefits** - Confirm selection is correct. If unchecked, payment from the insurance will go directly to the patient.

### 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. If the Patient and the Insured are the same person you can use the 'Copy Information from the Patient' button or enter new information.*

#### Primary payer

- Using the dropdown arrow select the Payer.
- Enter the Insured's ID.
- Enter 'Patient Rel to Insured'.
- Enter 'Accept Assignment'.
- Enter 'Claim Filing Indicator'.

#### Situational

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

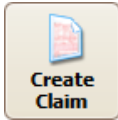
#### Additional Payers

- Click on 'Add Ins' to add additional Payers.
- Follow guidelines 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. Create claim by clicking 'Select' next to patient name.
2. Optional: Select 'Previous Claim' or 'Previous Service' or template previously created.
3. Enter diagnosis codes if they had not been set as defaults 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. Use the dropdown box to 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 at service line level.

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

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

Prior Auth #: B1: B2: C3: D4: ES: F6: G7: H8: I9: J10: K11: L12:

Date of Curr: < November > < 2015 > < December > < 2015 >

Claim Template: <No Template>

Claim Information

Original Bill Date: 11/03/2015  
 Status: Submitted  
 Method: Electronic  
 ICD Indicator: ICD-10  
 Invoice #: 1  
 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

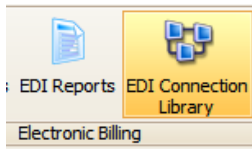
Srv Date	Place	Procedure	M1	Diag. #	Charges	Units	Adj	Paid	Applied Amt.	Balance	Resp. Party	Pat. Amt. Due
11/02/2015	11	12345	1		\$50.00	1	\$0.00	\$0.00	\$0.00	\$50.00	MACSIS (1)	\$0.00

**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

## Step 6 – EDI Connection set-up

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



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

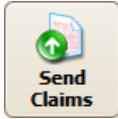
Menu Location: *Home > Libraries Icon > Submitter / Receiver*



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

## Step 8 - Submitting Claims

Location: *Send Claims*



Home Send Claims

Connection: **TRIZETTO** Submitter / Receiver: **TRIZETTO - ANSI 837 w/~** Check All

Drag a column header here to group by that column

	Name	1st DOS	Tot. Chg.	Tot. Bal.	Billing	Billing NPI	Bill To Sequ...	Payer
<input checked="" type="checkbox"/>	BROOKS, P...	03/05/2016	\$100.00	\$100.00	HEALTH CL...	0987654321	Primary	MEDICARE
<input checked="" type="checkbox"/>	CARSON, P...	04/01/2016	\$50.00	\$10.00	HEALTH CL...	0987654321	Primary	BLUE CROSS
<input checked="" type="checkbox"/>	CARSON, P...	10/13/2017	\$80.00	\$80.00	HEALTH CL...	0987654321	Primary	BLUE CROSS
<input checked="" type="checkbox"/>	SCRUBBIN...	12/03/2016	\$150.00	\$150.00	HEALTH CL...	0987654321	Primary	BLUE CROSS

**Create and Send Batch**

837 Detailed View

Close

Select Previous Batch

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 the 'Create and Send Batch' button.
5. The program will check for missing data.
6. If the message indicates there are errors, click OK to view the Errors and Warnings.

Home Send Claims

Connection: **TRIZETTO** Submitter / Receiver: **TRIZETTO - ANSI 837 w/~** Check All

Drag a column header here to group by that column

	Name	1st DOS	Tot. Chg.	Tot. Bal.	Billing	Billing NPI	Bill To Sequ...	Payer
<input checked="" type="checkbox"/>	BROOKS, P...	03/05/2016	\$100.00	\$100.00	HEALTH CL...	0987654321	Primary	MEDICARE
<input checked="" type="checkbox"/>	CARSON, P...	04/01/2016	\$50.00	\$10.00	HEALTH CL...	0987654321	Primary	BLUE CROSS
<input checked="" type="checkbox"/>	CARSON, P...	10/13/2017	\$80.00	\$80.00	HEALTH CL...	0987654321	Primary	BLUE CROSS
<input checked="" type="checkbox"/>	SCRUBBIN...	12/03/2016	\$150.00	\$150.00	HEALTH CL...	0987654321	Primary	BLUE CROSS

**Create and Send Batch**

837 Detailed View

Close

Select Previous Batch

**Errors Encountered**

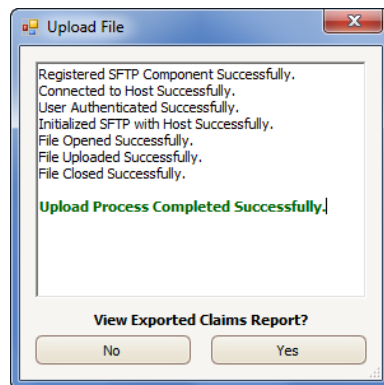
Errors prevented the 837 batch from being generated. Click OK to review and fix the errors.

OK

Use the Errors and Warning screen for guidance on editing the claims. You can double click to go directly to the claim to make corrections. You can also create tasks or put the claims on hold for later review.

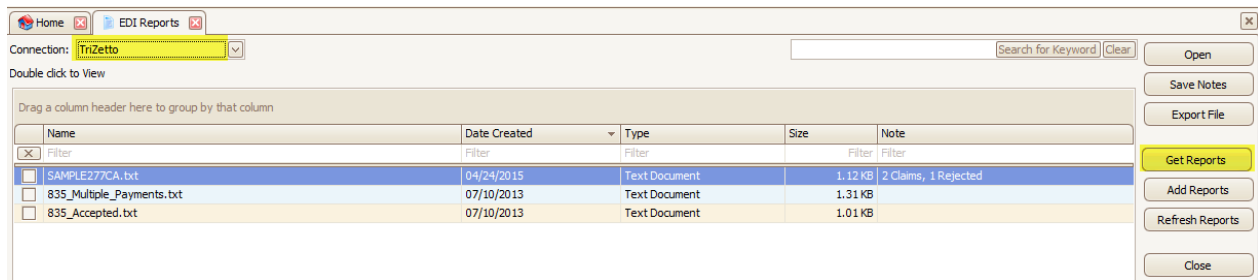
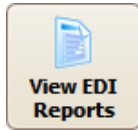
Severity	Message	Name	Account #	DOB	1st DOS	Srv Date	Procedure
Filter	Filter	Filter	Filter	Filter	Filter	Filter	Filter
Error	The Insured's Date of Birth is missing.	SCRUBBING,...	1009		12/03/2016		
Error	The Insured's ID # is missing.	SCRUBBING,...	1009		12/03/2016		

- If no errors are found, your file will be sent, and you will receive the 'Upload Process Completed Successfully' message.



## 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 the necessary changes to claims and resubmit.
4. Click on column headings to sort reports.

**Note:** See 'Working Rejected Claims' on page 17.

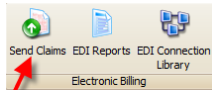
### Search/Filter Options

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, click 'Show Archived' to search all reports.

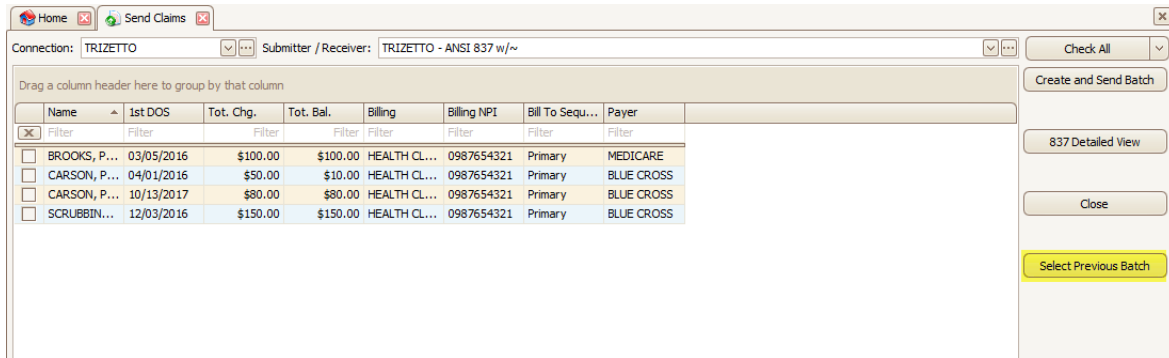


## Step 10 - Resubmitting Claims

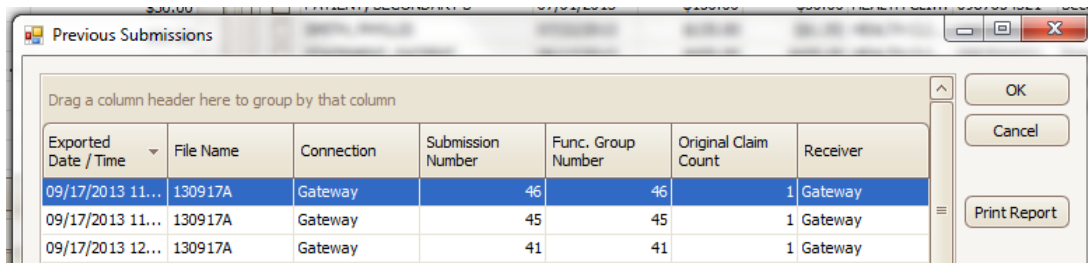
Menu Location: *Electronic Billing > Send Claims Icon*



1. Click the 'Select Previous Batch' button.



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

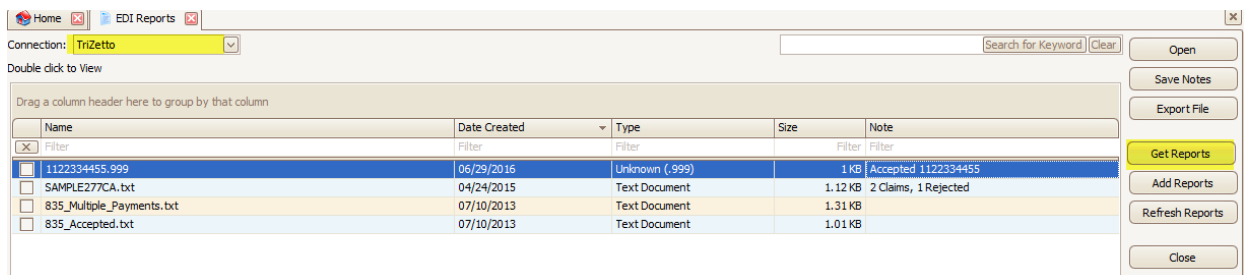


3. Select by highlighting all claims or individual claims to re-export.
4. Click the 'Create and Send Batch' button.
5. Wait for the 'Upload Process Completed Successfully' confirmation.

### TriZetto EDI Report Formats

*The Date Created column is the date the report was downloaded into the Premier program, not the date the report was generated by TriZetto or the payer.*

**.999** -- This report simply acknowledges the receipt of a file by TriZetto EDI. Claims will not be rejected at this level. A note will be created displaying whether the submitted file was accepted or rejected.



## TriZetto EDI Report Formats

*The Date Created column is the date the report was downloaded into the Premier program, not the date the report was generated by TriZetto or the payer.*

**.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 charges. Any rejected claims will also display the error message from the clearinghouse 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 (XXXX)								
OT01	RECORD OF CLAIMS RECEIVED							02/23/2018
NAME	ACCOUNT NUMBER	FROM	TO	MEM NUMBER	CHARGE	REC DATE	INSURER	PROVIDER
BROOKS, PATIENT	36-1003	03/08/2018	03/15/2018		100.00	02/23/2018	MEDICARE	HEALTH CLINIC
CARSON, PATIENT	37-1000	10/11/2018	10/18/2018		100.00	02/23/2018	MEDICARE	HEALTH CLINIC
JONES, TOM	34-1001	01/09/2018	01/16/2018		100.00	02/23/2018	MEDICARE	HEALTH CLINIC
Total Claims: 3								
Total Charges: \$300.00								
(If you have any questions on this report call Gateway EDI at (800)969-3666)								

**.277 -- Claim Acknowledgement** - This report will post the status (accepted or rejected) to the Claim Notes. **See 'Working Rejected Claims' on page 17.**

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.

Home

EDI Reports

Connection: 

Trizetto

Search for Keyword

Clear

Open

Double click to View

Drag a column header here to group by that column

Name

Filter

Date Created

▼

Filter

Type

Filter

Size

Filter

Note

Filter

☒

1122334455.999

☐

SAMPLE277CA.txt

☐

835\_Multiple\_Payments.txt

☐

835\_Accepted.txt

06/29/2016

04/24/2015

07/10/2013

07/10/2013

Unknown (.999)

Text Document

Text Document

Text Document

1 KB

1.12 KB

1.31 KB

1.01 KB

Accepted 1122334455

2 Claims, 1 Rejected



## 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

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

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 ensure these claims are handled appropriately.

### **.RMT – 835 Electronic Remittance Report (also called ERA)**

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). Additional fields can be added to the grid to separate payer, payment date, trace number, etc., for easier viewing.

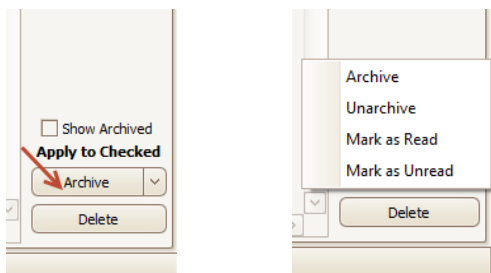
Drag a column header here to group by that column

	Name	Date Created	Type	Size	Note
	835	Filter	Filter	Filter	Filter
	835_Accepted.rmt	11/04/2018	ERA – ANSI 835	1.29 KB	MEDICARE \$130.00 11111122222 11/04/2018

**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.

## 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.

**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 either the Billing (Box 33 – Loop 2010AA or Facility (Box 32 – Loop 2310C) locations. See **Step 2-** 'Physician, Facility Library' for setting up a PO Box Number if needed.

**Hospital Admission Date** - **Include the Admitted Date** on all inpatient hospital medical visits. Go to Claims screen>Claim Information grid>Date Information.

**Taxonomy Codes** - Taxonomy Codes **must be 10 digits.** <https://nex12.org/index.php/codes>  
 See Physician, Facility Library > Taxonomy Codes