

EZClaim Premier
ANSI 837P 5010

TriZetto Clearinghouse
Manual

EZClaim Medical Billing Software
July 2018

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 contacts 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
 - 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

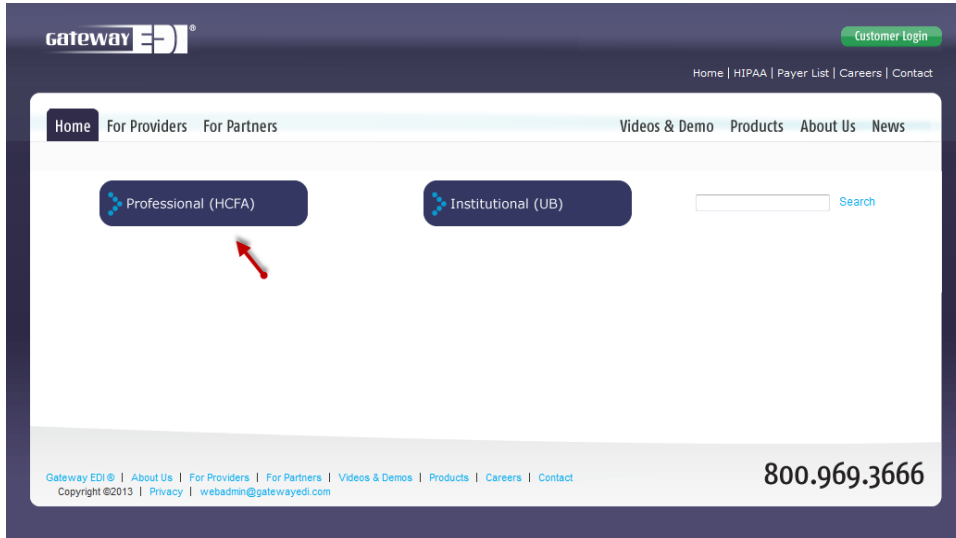
- Customer downloads Reports in EZClaim program
 - o Customer reports from TriZetto will download into EZClaim program and will also be viewable on TriZetto's website

Payer ID# Lists

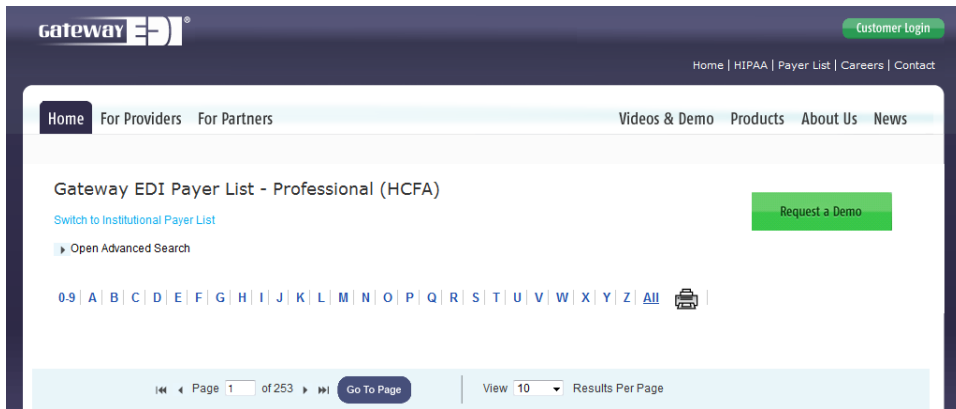
Click on the link below to access the TriZetto Payer Lists.

<http://payers.gatewayedi.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"/>	Patient Signature On File <input checked="" type="checkbox"/>	Signature S
Box 31: Print Claim Bill Date <input checked="" type="checkbox"/>			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	<input type="text"/>
Discharged Date	<input type="text"/>
Accident Date	<input type="text"/>

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

Taxonomy Code:

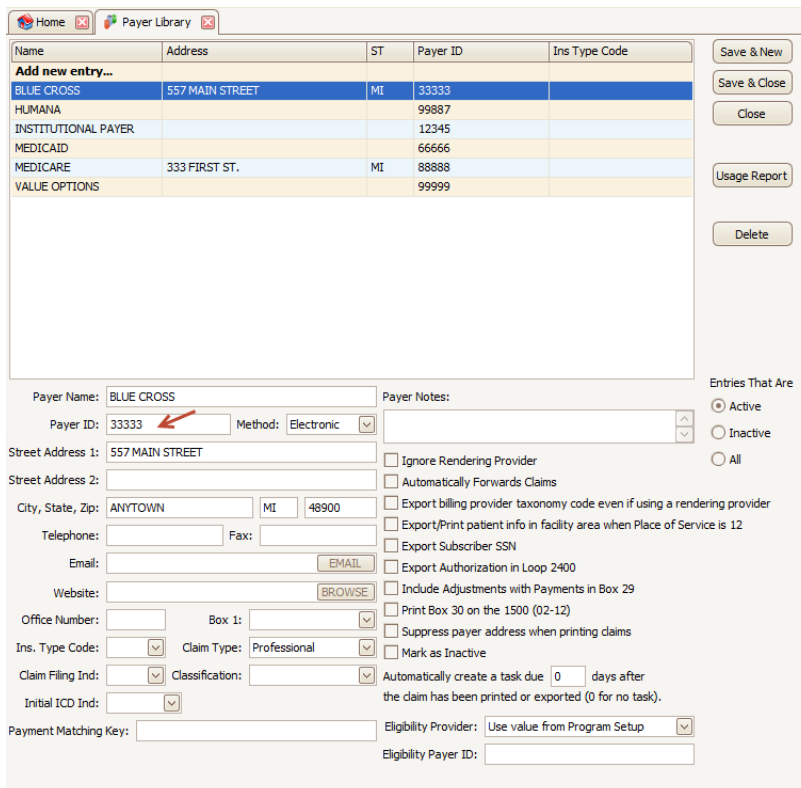
Setting Up Your Data

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>



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

Payer Name: BLUE CROSS Payer Notes:

Payer ID: 33333 Method: Electronic

Street Address 1: 557 MAIN STREET

City, State, Zip: ANYTOWN MI 48900

Telephone: Fax:

Email: BROWSE

Office Number: Box 1:

Ins. Type Code: Claim Type: Professional

Claim Filing Ind: Classification:

Initial ICD Ind:

Payment Matching Key: Eligibility Provider: Use value from Program Setup

Eligibility Payer ID:

Entries That Are: Active Inactive All

Add Payer Information to Library

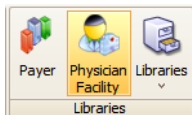
1. Enter Payer name.
2. Enter TriZetto Payer ID# in 'Payer ID' field.
3. Select 'Electronic' as Method.
4. All other fields are optional -- do not enter data unless required by your payer.
5. Click 'Save'.

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 main form has a table on the left with columns 'Name' and 'Classification'. The 'Name' column contains entries like 'ABC COMMUNITY HEALTH', 'BILLING PROVIDER', 'DME PROVIDER', 'HOSPITAL', 'MEDICAL GROUP', 'REFERRING PROVIDER', and 'RENDERING DOCTOR'. The 'Classification' column contains 'Ordering', 'Billing', 'Ordering', 'Facility', 'Facility', 'Referring', and 'Rendering'. The 'BILLING PROVIDER' entry is selected. To the right of the table is a form for 'Display Name (Required)' with the text 'BILLING PROVIDER' and a red arrow pointing to it. Below this are fields for 'Classification' (Billing), 'Type' (Person), 'Last Name or Organization Name if record is a Non-Person', 'First Name', 'Middle', 'Address Line 1', 'Address Line 2', 'City, State, ZIP', 'Telephone', 'Fax', and 'Email'. There are buttons for 'Save & New', 'Save & Close', 'Close', and 'Delete'. A 'Pay to Address' button is also present. A callout bubble points to the 'Pay to Address' button with the text: 'Do not enter a 'Pay to Address' unless using a Post Office Box for billing address.' A dialog box titled 'Billing Physician Pay to Address' is open, showing fields for 'Address Line 1', 'Address Line 2', 'City, State, ZIP', and buttons for 'Cancel' and 'OK'. At the bottom of the main form are sections for 'Primary ID Numbers' (NPI, Tax ID) and 'Additional ID Numbers' (Payer, ID Type, ID Number).

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.

The screenshot shows a web application window titled 'Physician/Facility Library'. On the left is a table of provider 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

The 'RENDERING DOCTOR' entry is selected. The main form area contains the following fields:

- Display Name (Required):** RENDERING DOCTOR (indicated by a red arrow)
- Classification:** Rendering (dropdown menu)
- Signature on File:**
- Type:** Person, Non-Person
- Last Name or Organization Name if record is a Non-Person:** DOCTOR (indicated by a red arrow)
- First Name:** RENDERING, **Middle:** A
- Address Line 1:** (empty)
- Address Line 2:** (empty)
- City, State, ZIP:** (empty)
- Telephone:** (empty), **Fax:** (empty)
- Email:** (empty) with an 'Email' button
- Mark as Inactive:**
- Taxonomy Code:** (empty)
- Rate Class:** (empty dropdown)

Below these fields are sections for 'Primary ID Numbers' (NPI: 5678901234, Tax ID Type, Tax ID) and 'Additional ID Numbers' (table with Payer, ID Type, ID Number columns). On the right side, there are buttons for 'Save & New', 'Save & Close', 'Close', and 'Delete', and a section for 'Entries That Are' with radio buttons for 'Active', 'Inactive', and '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.

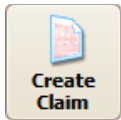
Additional Payers

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. 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 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. 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 #: [] 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 []

ADD	Srv Date	Place	Procedure	M1	Diag. #	Charges	Units	Adj	Paid	Applied Amt.	Balance	Resp. Party	Pat. Amt. Due
	11												
	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

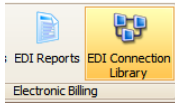
Situational – Enter EMG only if requested by your insurance company.

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

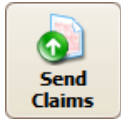


- Submitter ID = TriZetto assigned site number, 4 digits.
- Receiver ID (NM109) and Receiver Code (GS03) = 431420764
- Receiver ID (ISA07 and ISA 08) = 431420764

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

Step 8 - Submitting Claims

Location: Send Claims



The screenshot shows the 'Send Claims' window. At the top, there are dropdown menus for 'Connection: TRIZETTO' and 'Submitter / Receiver: TRIZETTO - ANSI 837 w/~'. Below these is a 'Check All' button. A table with columns: Name, 1st DOS, Tot. Chg., Tot. Bal., Billing, Billing NPI, Bill To Sequ..., and Payer. The table contains four rows of claim data. To the right of the table is a 'Create and Send Batch' button, and below it are buttons for '837 Detailed View', 'Close', and 'Select Previous Batch'.

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

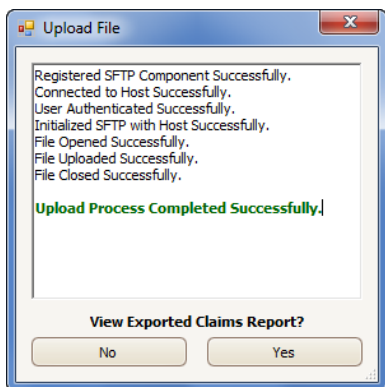
1. Using the dropdown, select TriZetto Connection library entry.
2. Using the dropdown, select TriZetto Submitter/Receiver entry.
3. Select claims to be exported.
4. Click the 'Create and Send Batch' button.
5. The program will check for missing data.
6. If the message indicates there are errors, click OK to view the Errors and Warnings.

This screenshot is similar to the previous one, but it includes an 'Errors Encountered' dialog box in the foreground. The dialog box contains the text: "Errors prevented the 837 batch from being generated. Click OK to review and fix the errors." and an 'OK' button. A red arrow points to the 'Create and Send Batch' button in the background window.

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.

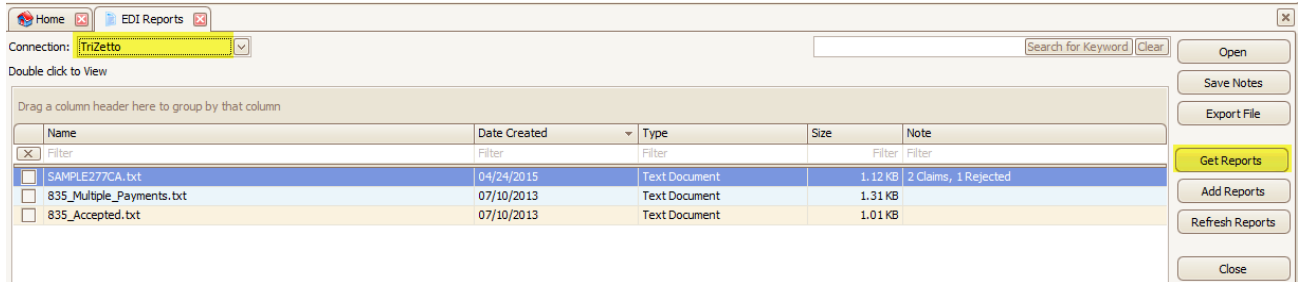
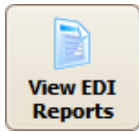
Severity	Message	Name	Account #	DOB	1st DOS	Srvc Date	Procedure
<input type="checkbox"/>	Filter	Filter	Filter	Filter	Filter	Filter	Filter
<input type="checkbox"/>	Error	The Insured's Date of Birth is missing.	SCRUBBING,...		12/03/2016		
<input type="checkbox"/>	Error	The Insured's ID # is missing.	SCRUBBING,...		12/03/2016		

7. 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 18.

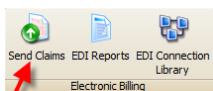
Search/Filter Options

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, click 'Show Archived' to search all reports.

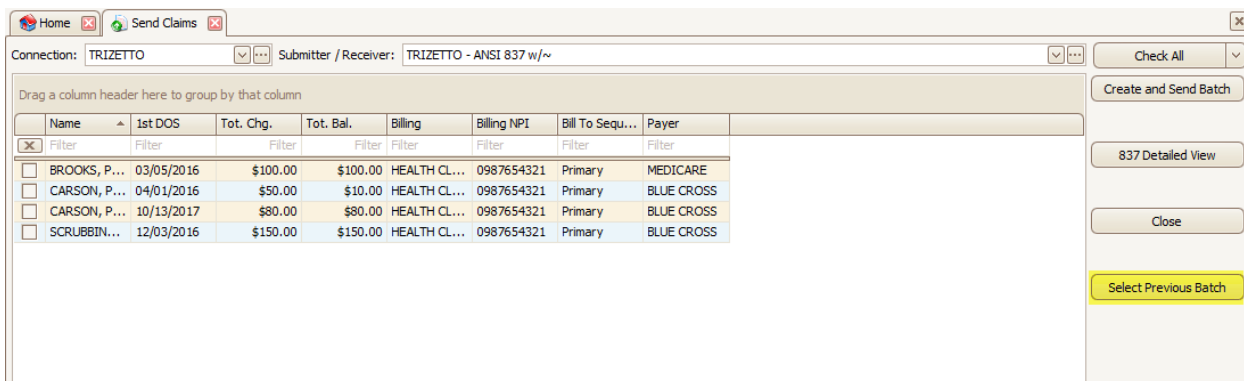


Step 10 - Resubmitting Claims

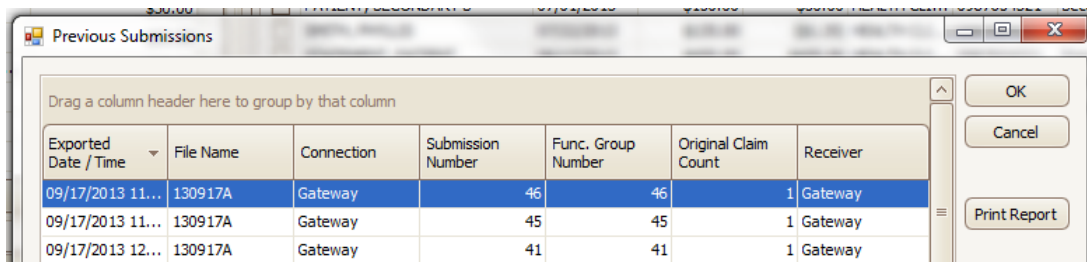
Menu Location: *Electronic Billing > Send Claims Icon*



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 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 submitted file was accepted or rejected.

Name	Date Created	Type	Size	Note
1122334455.999	06/29/2016	Unknown (.999)	1 KB	Accepted 1122334455
SAMPLE277CA.txt	04/24/2015	Text Document	1.12 KB	2 Claims, 1 Rejected
835_Multiple_Payments.txt	07/10/2013	Text Document	1.31 KB	
835_Accepted.txt	07/10/2013	Text Document	1.01 KB	

.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 (0000)
HEALTH FIRST PHYSICIAN SERVICES (1004)
RECORD OF CLAIMS RECEIVED
OT01
12/07/01
NAME ACCOUNT NUMBER FROM TO MEM NUMBER CHARGE REV DATE INSURER PROVIDER
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 BBSSNSSN08201AA 165.00 12/07/01 UNITED G VANILLA
LAST, FIRST 21220 MESSAGE:INVALID 2001 ICD-9 CODE VALUE: 8452 (EA0.33) 80.00 12/07/01 BLUE CROSS G VANILLA
  
```

.277 -- Claim Acknowledgement - This report will post the status (accepted or rejected) to the Claim Notes. See 'Working Rejected Claims' on page 18.

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.

Name	Date Created	Type	Size	Note
1122334455.999	06/29/2016	Unknown (.999)	1 KB	Accepted 1122334455
SAMPLE277CA.txt	04/24/2015	Text Document	1.12 KB	2 Claims, 1 Rejected
835_Multiple_Payments.txt	07/10/2013	Text Document	1.31 KB	
835_Accepted.txt	07/10/2013	Text Document	1.01 KB	

Working Rejected Claims

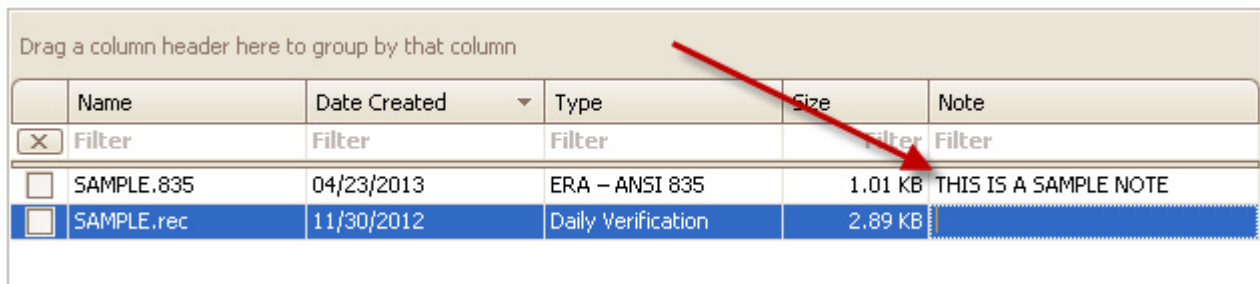
Working rejected claims is the most important part of revenue cycle management. EZClaim Premier provides multiple tools to help you manage and work rejected claims. There are two types of rejected claims:

[Front End Rejections](#) [Payer 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 (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.

.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)

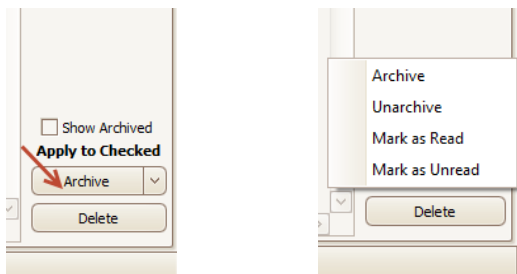


Drag a column header here to group by that column					
	Name	Date Created	Type	Size	Note
<input type="checkbox"/>	Filter	Filter	Filter	Filter	Filter
<input type="checkbox"/>	SAMPLE.835	04/23/2013	ERA – ANSI 835	1.01 KB	THIS IS A SAMPLE NOTE
<input type="checkbox"/>	SAMPLE.rec	11/30/2012	Daily Verification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