Zirmed Interface

Guide

Prepared for

myUnity Essentials Financial



www.ntst.com

11100 Nall Avenue Overland Park, KS 66211 800.842.1973

© 2020 Netsmart Technologies, Inc. Confidential and Proprietary to Netsmart Technologies, Inc.



Table of Contents

Overview	. 1
Setup	.1
Insurance Payor ID	. 1
Claim Option Sets	. 2
Electronic Claims	. 3
Electronic Claim Creation	. 3
Claims Status	. 7
Electronic Payments	. 8



Overview

The Zirmed (Waystar) interface provides agencies with the ability to send and receive files via Zirmed from within the myUnity Essentials application. Multiple insurances can be submitted via one claim file, reducing the amount of time required to create and transmit files and check on claim status. To contract for the Interface, contact Support at <u>netsmartconnect.com</u>.

Setup

Insurance Payor ID

The 5-digit payor ID must be assigned for each insurance prior to creating electronic claim files.

Go to File > File Maintenance > Entity, press Change Type and set the radio button to Insurance.

Find and select an insurance to be configured for Zirmed submission and go to the **Insurance** tab.

Set the **Clearing House** dropdown to to Zirmed.

In the **Payor** dropdown, select the Zirmed Payor name for the selected insurance (or check **Payor ID** field to search on Payor ID instead of name). Note, when the Zirmed clearing house is selected, the Payer/Submitter# field will be grayed out and is automatically populated with the Payer ID based on the selection from the Zirmed list.

Press Save when done.

Repeat the above steps for all insurances whose claims will be submitted via Zirmed. This step will need to be done each time a new insurance record is added to the database. In addition, when new payers are added, the Insurance Type, Financial Class and Payor Type must be specified. <u>Billing Unit</u> <u>Overrides</u> can be specified if needed.

✤ Entity Maintenance: Insurance 60012	- AETNA BETTER HEALTH: Browse	
Name/Address Insurance Ins-Rate Contact Notes		
Insurance Type: Medicare Rev Type Financial Class: Med Advantage PPS In Bill Type: UB04 Provider #:	Billing Unit Overrides: # Modality Units 1 Skilled Nursing 1/4 Hrs 2 Physical Therapy 1/4 Hrs 3 Speech Therapy 1/4 Hrs * Revenue Based on Calculated Time/Units	
Payor/Submitter #: 128VA GL A/R Account #:	Clearing House Info: Type: Zirmed Show Payor IDs: Claims: Aetna Better Health of Virginia	
GL Revenue Account #: GL Discount Account #:	Eligibility: Aetna Better Health of Louisiana Aetna Better Health of Maryland	128LA
PPS Billing: 🔽 Bill Method: Medicare 💌 Payor Type: 2-Medicare (HMO/Managed) 💌	Aetna Better Health of New Jersey Aetna Better Health of New York Aetna Better Health of Ohio	46320 34734 50023
Requires EVV: 🥅	Timely FI Aetna Better Health of Texas Aetna Better Health of Virginia	38692 128VA
Find 🛛 Save 🗶 Cancel 🗳 Print	× ?	h



Claim Option Sets

Upon completion of the interface setup, Zirmed option sets will be installed by myUnity Essentials Support. Dependent upon billing needs, several Zirmed option sets will be provided:

#199 PPS Zirmed

#200 Commercial HH 837I (UB04) Zirmed

#201 Commercial HH 837P (1500) Zirmed

#202 Commercial 837I (UB04) w/HIPPS Zirmed (for Medicare Advantage payers who reimburse per visit instead of PDGM but require a HIPPS code on the claim)

#203 Hospice Per Diem Visit Detail Zirmed

myUnity Essentials Support can assist with setting up additional option sets if needed, such as NOA option sets for Medicare Advantage payers in 2022.

*	Electronic	Billing: X12 Cr	eation	×
General Options				
Report Sequence Patient Insurance	Selection Type: All Records Patients Insurances	C Un-Submitted Ty C Un-Subm	ype: itted Only ds	PPS Claim Type: Initial C Final C All
Bill Date Selection From: 7/2/2020 Unit Selection: Active:	n: To: 7/21/2020	•	PPS Ty Inclu Prin Inclu In	pe: Medicare ude Held Certs t Charge Detail ude Paid Bills Form Type t Submission File
Option Set Select 0203 - Hospice 0150 - Medicare 0199 - PPS Zirn 0200 - Commerc Fi 0201 - Commerc 0202 - Commerc	tion: Per Diem Visit Detail Zir Elec Claims ted tial HH 837I (UB04) Zirm tial HH 837P (1500) Zirm tial 837I (UB04) w/HIPPS	med 💌 ed S Zirmed		ssued Claim Submitted Details Only eptions Only Type: Normal
0203 - Hospice	Per Diem Visit Detail Ziri Medicaid Acute Medicaid Long Term	mea	D	4

To update your Zirmed Option sets with your Zirmed client ID, select the Option set and click 'Options.' Enter the ID in the 0100.06 ISA*06 Interchange Sender ID field.

Option 9000.15 Clearing House should be set to 'Use Zirmed Clearing House.'



Electronic Claims

Electronic Claim Creation

Electronic Claims gives the user the ability to create NOAs or batch claims in ANSI X12 professional and institutional formats for transmission to Zirmed.

Go to **Billing > Electronic Claims**.

Report Sequence:∹ ● Patient ○ Insurance	Selection Type: C All Records C Patients I Insurances	Submitted Type: • Un-Submitted C C All Records	Dnly C Initial C Initial C Final C All
Bill Date Selection From: 1/31/2021 Unit Selection: Active: Option Set Selection 0200 - Commercia Show ilename: 02-11-21	To: 1/31/2021	F F F F F F F F F F F F F F	PS Type: Medicare

Report Sequence: Select Patient or Insurance

Selection Type: Select all records or individual Patients/Insurances (click on Specific Includes tab to specify individual patients or insurances).

Specific Includes tab: This tab appears if selected Patients or Insurances is chosen. For specific insurance selection, the 'Store' button can be used to save the insurance selection for future use for the selected option set. The 'Clear' button will clear the insurance selection for the current run only. To permanently detach an insurance from an option set, highlight the insurance, press Remove and then Store.

Submitted Bills: Set to 'Un-Submitted Only,' unless claims are being re-submitted in which case 'All Records' should be chosen.

PPS Claim Type: Select Initial (RAP), Final or All Claims. (This option is only available when a PPS Option set is chosen.)

Date Selection: Enter the Bill Date from the Billing Audit for this claim period.

Unit Selection: For agencies with multiple Units, check the 'Active' box under Unit Selection and select the Unit for which the claim file is being created. Otherwise leave un-checked.



PPS Type: Select Medicare or NY Medicaid (if PPS Claim Type)

Include Held Orders: Select this option to include claims for which the 485 for the claim period is marked Held (indicated on Patient > Certify > Orders tab).

Print Charge Detail: Select this option to see charge detail on the Electronic Claim Submission report.

Include Paid Bills: Select this option to include claims that have a zero balance A/R record. This setting is ignored for 2021 RAPs since they always have a zero balance.

Any Form Type: Select this option to include claims for insurances regardless of the claim form type specified in the insurance setup.

Test Submission File: Select this option if sending a test file (check with the payer to determine if they want a test indicator in the file).

Upper Case Only: Select this option to create a file with all upper-case letters (recommended)

Reissued Claim: Selecting this option will write "18" to the BHT02 segment, indicating to Medicare that this is not a duplicate claim. Rarely used.

UnSubmitted Details Only: Enabled when selecting non-PPS Option set. Used to generate claims for just the late charges posted to the same bill date as the timely claim run

Exceptions Only: Select this option to see only claims that have errors needing correction.

Claim Type: Defaults to Normal. If Replacement or Cancel is selected the Bill Frequency code will be generated accordingly and the original claim DCN will pull to claim if present in Payment record.

Option Set Selection: Use the drop-down arrow to select the Zirmed Option Set to be used for electronic claim file creation. Option sets give you the ability to customize the claim based on the payor requirements.

Filename: Enter a unique file name with a .X12 extension. Special characters are not allowed in file names.

Click **Preview** after selections have been made. Review the Electronic Claim Submission report for accuracy. NOAs and claims with an "EXCEPTIONS FOUND" message will not be exported until corrections are made and the file re-created. After the exceptions have been corrected the electronic claim file is ready for transmission to Zirmed.



Sample Electronic Claim Submission Report:

9/12/201 0195 - Z	4 6:38:08 PM irmed Institutional	C:1Us	Electronic Claim Submission 7/31/2014 - 7/31/2014 C:\Users\lynda\Desktop\09112014ZirmedInstX12					Institutional Page ABC Home Health & Hospice	
Patien	t # Patient N	lame	Admit Dat	е	Bill Date	I	Bill Type	Payor	
87HH	Baum, Ke	win	10/14/201	3	7/31/2014	(Commercial	Qualcare	
Adm-Src: 1	Status: 30						Contract	5156156	
Rev	Description	Code		Date	Units	Hours	Amount	Other	
99600	SN Visit	SNVT		07/01/14	1	0.00	140.00	99600	
99600	SN Visit	SNVT		07/02/14	1	0.00	140.00	99600	
99600	SN Visit	SNVT		07/03/14	1	0.00	140.00	99600	
0001	Total Charges				3		420.00		
346	Irwin, Edv	vard	7/2/2014	1	7/31/2014	0	Commercial	Healthy U	
Adm-Src: 1	Status: 01						Contract	51561565615616	
Rev	Description	Code		Date	Units	Hours	Amount	Other	
055159123	SN Visit	SNVT		07/02/14	1	0.00	140.00	\$9123	
0551T1001	SN Admission	SNAD	4	07/02/14	1	1.00	180.00	T1001	
0000	OT Eval Visit	OTE		07/03/14	1	0.75	180.00		
042159131	PT Initial Eval Visit	PTE		07/03/14	3	0.83	180.00	\$9131	
055159123	SN Visit	SNVT		07/03/14	1	0.00	140.00	\$9123	
042159131	PT Visit	PTVT		07/07/14	2	0.50	140.00	\$9131	
055159123	SN Visit	SNVT		07/07/14	1	0.42	140.00	\$9123	
042159131	PT Visit	PTVT		07/10/14	3	0.67	140.00	\$9131	
042159131	PT Visit	PTVT		07/14/14	3	0.67	140.00	\$9131	
0551\$9123	SN Visit	SNVT		07/16/14	1	0.50	140.00	\$9123	
0000	PT Discharge	PTDC		07/17/14	3	0.67	140.00		
042159131	PT Visit	PTVT		07/17/14	3	0.67	140.00	\$9131	
0001	Total Charges				23		1800.00		
				-					
EXCE	PTIONS FOUND - This o	laim will not be subm	hitted						
	****************	********							
нс	PCS/Hipps or RevCode I	Missing							
178	Snackma	n, Wayne	2/1/2014	;	7/31/2014	0	Commercial	Molina	
Adm-Src: 1 Status: 30					Contract	54545454			
Rev	Description	Code		Date	Units	Hours	Amount	Other	
055160154	SN Visit	SNVT		07/01/14	1	0.00	140.00	G0154	
055100154	SN Visit	SNVT		07/02/14	1	0.00	140.00	G0154	
055100154	SN Visit	SNVT		07/03/14	1	0.00	140.00	00154	
0001	Total Charges				3		420.00		
Grand To	tale								
							-		
Pat	tients: 2	Claims:	2		Charges:	840	0.00	Errors:	1



Press **Submit Claims to Zirmed** if ready for transmission or click **Do NOT Submit Claims** if corrections are still needed.

₩		Electronic Billing: X12 Creation	×					
	Please choose one of the options below							
	Submit Claims to Zirmed Do NOT Submit Claims							
	Claims S	Summary:						
	Output F	File: 02-11-21_Commercial_UB04.x12						
	Patients	s: 6						
	Claims:	6						
	Errors:	1						
	Charges	s: 16800.00						
	Preview	Print & Options	?					

After submitting claims, access Claims Status to confirm the files were accepted.



Claims Status

The Claims Status menu provides access to the 999 and 277 response reports to determine if NOAs or claims were accepted or rejected by Zirmed.

Go to **Billing > Claims Status**. (If this menu is not available, ask your System Administrator to enable it for your login under File > File Maintenance > User Security.

Set the Clearing-House to **Zirmed** and press the **Get 999** or **Get 277** button respectively to retrieve the response files from Zirmed.

Ÿ		1		Electror	nic Claims Status			
G	Seneral	Options						
⊤X12 837 Claim File:								
	-277.	997 or 999 Acknowledg	ement F	File:				
				Clearin	Include Discarded in List			
	Type	File-Date	Status	State	Name ^			
Þ	999	2021/03/02 06:55 pm	Accept	current	84768.20210302.135508727.999.edi —			
	999	2021/03/02 06:30 pm	Accept	current	84768.20210302.133039355.999.edi			
Γ	999	2021/03/02 06:21 pm	Accept	current	84768.20210302.132104739.999.edi			
	999	2021/03/02 06:20 pm	Accept	current	84768.20210302.132024220.999.edi			
Γ	999	2021/03/02 06:19 pm	Accept	current	84768.20210302.131958640.999.edi			
	999	2021/03/02 06:19 pm	Accept	current	84768.20210302.131913078.999.edi			
	999	2021/03/02 06:18 pm	Accept	current	84768.20210302.131831717.999.edi			
	999	2021/03/02 06:18 pm	Accept	current	84768.20210302.131802663.999.edi			
	<u>à</u> Pre	view 🥸 Print 🖄	<u>G</u> et 277	h G <u>e</u> t 999	Save 32 Waystar			

The **Status** column indicates whether the file was Accepted or Rejected. To review Rejection reasons, highlight the row and press **Preview** or double-click on the row to view the response report.

Click **Yes** to view the Electronic X12 File Report. Rejections will appear in bold on the report. Once the response report is viewed, the file will automatically be marked as Discarded. Discarded files can later be viewed by checking **Include Discarded in List** and pressing the **Get 277** or **Get 999** button. You may also click in the State column to manually mark accepted files as Discarded or Current.

Press **Discard Accepted** to change the state of all accepted files to Discarded.

Click the Save button to save a copy of the 999/277 file to your local drive (optional).

Click the **Waystar** button to access the Zirmed/Waystar website.



Electronic Payments

Electronic Payments allows the user to post ERA/835 payment files in myUnity Essentials.

Go to A/R > Electronic Payments.

*		Ele	ctronic Bill F	Payment	×
General Option	ns				
Electronic F	Payment File:	1 		<u> </u>	Process Options: Report Bad Payments Edit Patient Code
Payment/A	djustment Typ	Des:			One Payment per Bill
Payments	s (+): Comme	erical Payment		_	Allow Bill Date Selection
Payment	s (-): Comme	erical Payment		▼ 🔽 Use	I Show Claim/Adj Detail
Small Balan	ices: Comme	erical Adjustment		▼ 10 ÷	Show/Post Charge Detail
		Clea	ring-House: Z	irmed 💌	Include Discarded
Type Remit	t-ID	Remit-Date	State	Name	
			0 %		
D. Druciand	and Drive 1			1250 tr.O. d	9
CQ Preview	Punt P	Save A Cano	ser	TE Get 035	· _ [

Set the Clearing-House to Zirmed and press the Get 835 button to retrieve payment files from Zirmed.

Ensure the Payment and Adjustment Types are set correctly and a Payment Date or 'Use Check Date' is specified.

Report Bad Payments: This should be checked to include payments that will NOT be posted. Bad Payments may occur if processing a remit file that includes payments for claims that were not generated in myUnity Essentials.

Include Discarded: After a payment file has been posted you will be prompted to mark it as 'Discarded'. Discarded files can later be viewed by checking this box and pressing Get 835.

Payment Date: Defaults to Today's Date. Can be changed to a different date or can select 'Use Check Date' as the payment posting date. 'Use Check Date' will default the payment date to the check date from the ERA file.

Double-click the remit to be processed and click 'Yes' to process the file now.





Sample Electronic Payment Report:

9/15/2014 9:38:08 AM Claim-Date: 03/04/2013 Cl Payment File: C:\Users\lynd Payments added will have F Provider-Name: ABC HOSP	Page 1 e Health & Hospice 1587 10456				
Bill-Date Billed-Amt	Amount-Due	Charge-Amount	Paid-Amount	Claim-Adj	Reference/DCN
Patient:		Admit:	Disch:		LbICertPeriod
From: 12/28/2012 To: 12/28 NOT posted:	3/2012 Recvd: 02/07/2013 Patient: BAAS, PAT Maste	0.00 r-ID: 24303 Pat-Co	0.00 ode: B110982 Paid: -	CO*97 1294.93 -> Bi	21303800116107IDR Il master not found!
From: 12/28/2012 To: 01/30 NOT posted:	0/2013 Recvd: 02/07/2013 Patient: BASS, PAT Maste	2,650.00 r-ID: 24303 Pat-Co	0.00 ode: B110982 Paid: 3	CO*97 2088.9 -> Bill (21303800108107IDR master not found!
	Bill Totals: Patient Totals:	2,650.00 2,650.00	0.00 0.00		
Patient:		Admit:	Disch:		LbICertPeriod
From: 01/01/2013 To: 01/31 NOT posted:	I/2013 Recvd: 02/19/2013 Patient: NOKER, LUCILLE Bill Totals: Patient Totals:	7,613.00 Master-ID: 24538 7,613.00 7,613.00	0.00 Pat-Code: B104575 0.00 0.00	CO*45 Paid: 4603.6	21303800497607IDR 55 -> Bill master not found!

A 'Bill Master not found!' message will appear if there is no bill record in myUnity Essentials to post the payment to. This will occur when the claim was billed out of different software or if the claim was unbilled and the A/R record deleted. These payments will need to be entered manually via A/R > Payments/Transfers instead.

Once previewed or printed you will be prompted to Post the file. Previously posted records will NOT be double-posted – these records will be listed as "bad" payments.

Once payments are posted the State field changes to 'discarded' and the file will not appear in the grid unless the 'Include discarded' checkbox is marked. You can also manually click in the State field to mark the ERA as 'Discarded' or to change the state back to 'current.'

Click the **Save** button to save the 835 file to your local drive (optional).

