

Zirmed Interface

Guide

Prepared for

myUnity Essentials Financial



Netsmart

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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 [netsmartconnect.com](https://www.netsmartconnect.com).

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**.

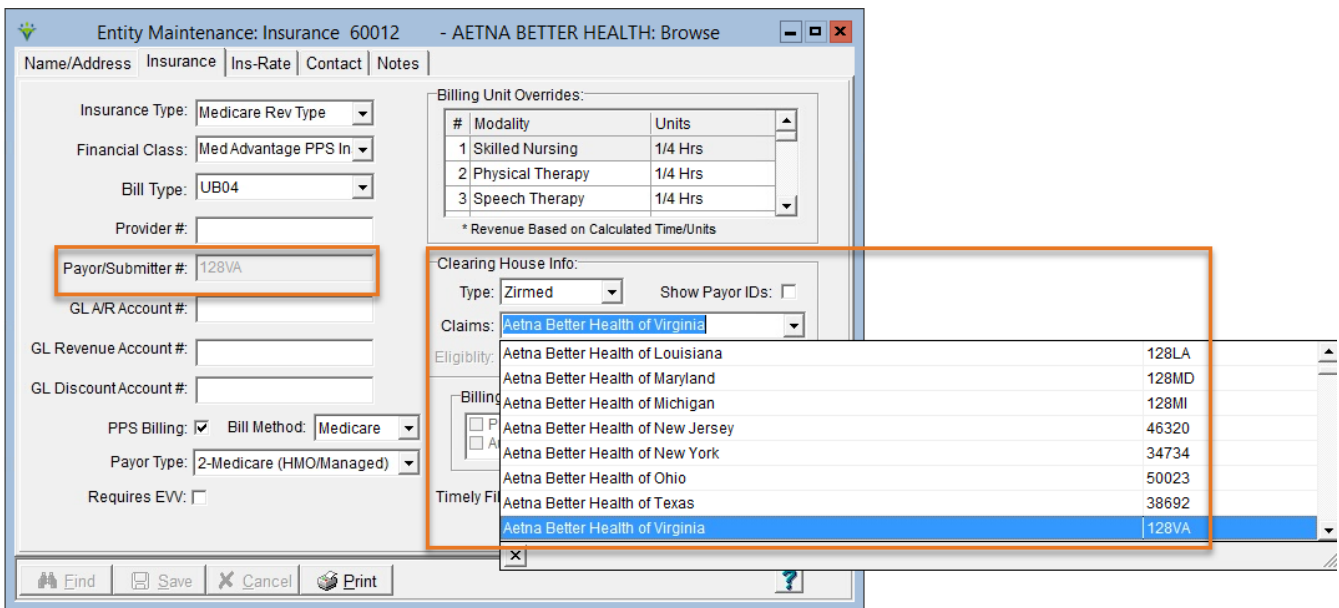
Find and select an insurance to be configured for Zirmed submission and go to the **Insurance** tab.

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. [Billing Unit Overrides](#) can be specified if needed.



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.

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: 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.

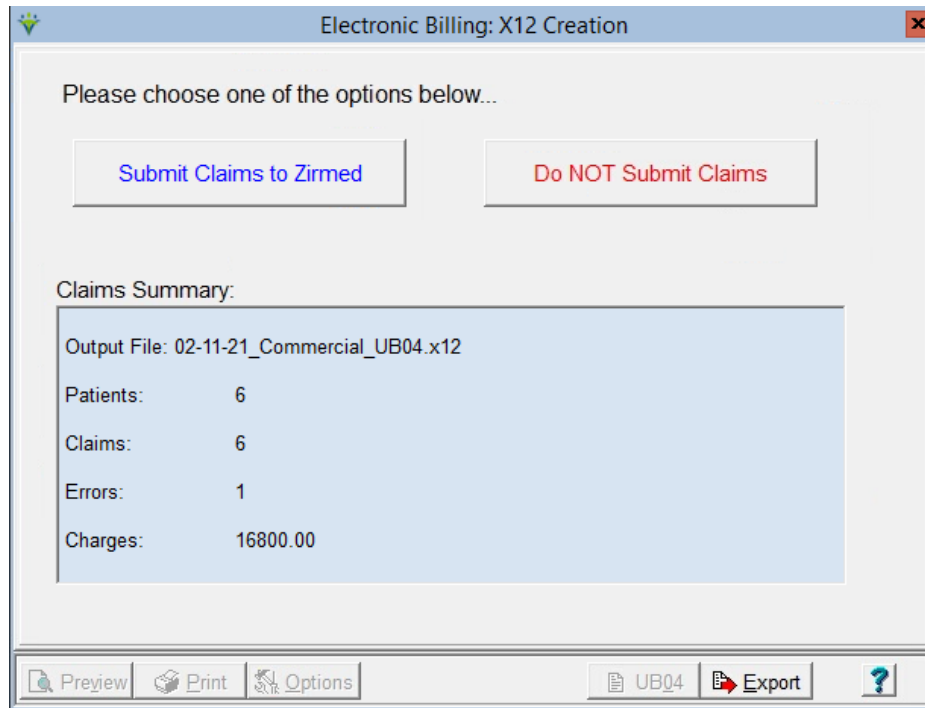
Click **Preview** after selections have been made. Review the Electronic Claim Submission report for accuracy. NOAs and claims with an "EXCEPTIONS FOUND" message will not be exported until corrections are made and the file re-created. After the exceptions have been corrected the electronic claim file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

Sample Electronic Claim Submission Report:

9/12/2014 6:38:08 PM		Electronic Claim Submission			Institutional		Page 1
0195 - Zirmed Institutional		7/31/2014 - 7/31/2014			ABC Home Health & Hospice		
C:\Users\lynda\Desktop\09112014ZirmedInst.X12							
Patient #	Patient Name	Admit Date	Bill Date	Bill Type	Payor		
87HH	Baum, Kevin	10/14/2013	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, Edward	7/2/2014	7/31/2014	Commercial	Healthy U		
Adm-Src: 1 Status: 01				Contract: 51561565615616			
Rev	Description	Code	Date	Units	Hours	Amount	Other
0551S9123	SN Visit	SNVT	07/02/14	1	0.00	140.00	S9123
0551T1001	SN Admission	SNADM	07/02/14	1	1.00	180.00	T1001
0000	OT Eval Visit	OTE	07/03/14	1	0.75	180.00	
0421S9131	PT Initial Eval Visit	PTE	07/03/14	3	0.83	180.00	S9131
0551S9123	SN Visit	SNVT	07/03/14	1	0.00	140.00	S9123
0421S9131	PT Visit	PTVT	07/07/14	2	0.50	140.00	S9131
0551S9123	SN Visit	SNVT	07/07/14	1	0.42	140.00	S9123
0421S9131	PT Visit	PTVT	07/10/14	3	0.67	140.00	S9131
0421S9131	PT Visit	PTVT	07/14/14	3	0.67	140.00	S9131
0551S9123	SN Visit	SNVT	07/16/14	1	0.50	140.00	S9123
0000	PT Discharge	PTDC	07/17/14	3	0.67	140.00	
0421S9131	PT Visit	PTVT	07/17/14	3	0.67	140.00	S9131
0001	Total Charges			23		1800.00	
===== EXCEPTIONS FOUND - This claim will not be submitted ===== HCPCS/Hipps or RevCode Missing							
178	Snackman, Wayne	2/1/2014	7/31/2014	Commercial	Molina		
Adm-Src: 1 Status: 30				Contract: 54545454			
Rev	Description	Code	Date	Units	Hours	Amount	Other
0551G0154	SN Visit	SNVT	07/01/14	1	0.00	140.00	G0154
0551G0154	SN Visit	SNVT	07/02/14	1	0.00	140.00	G0154
0551G0154	SN Visit	SNVT	07/03/14	1	0.00	140.00	G0154
0001	Total Charges			3		420.00	
Grand Totals:							
Patients: 2		Claims: 2		Charges: 840.00		Errors: 1	



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



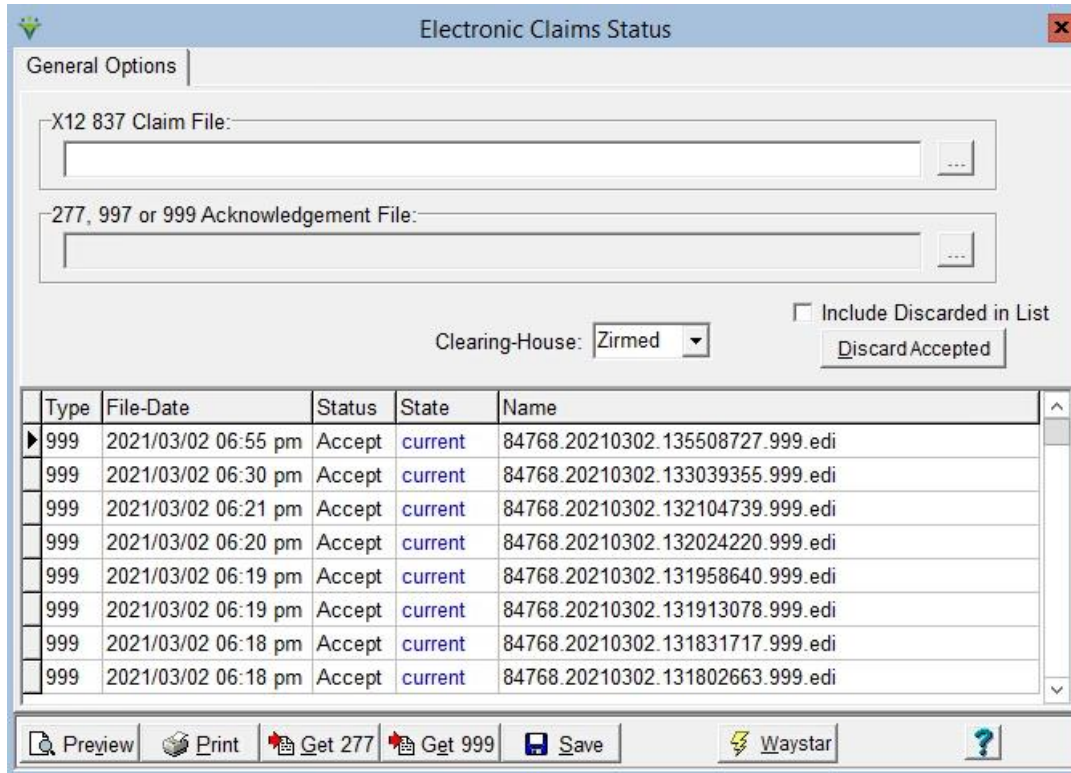
After submitting claims, access Claims Status to confirm the files were accepted.

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.



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**.

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

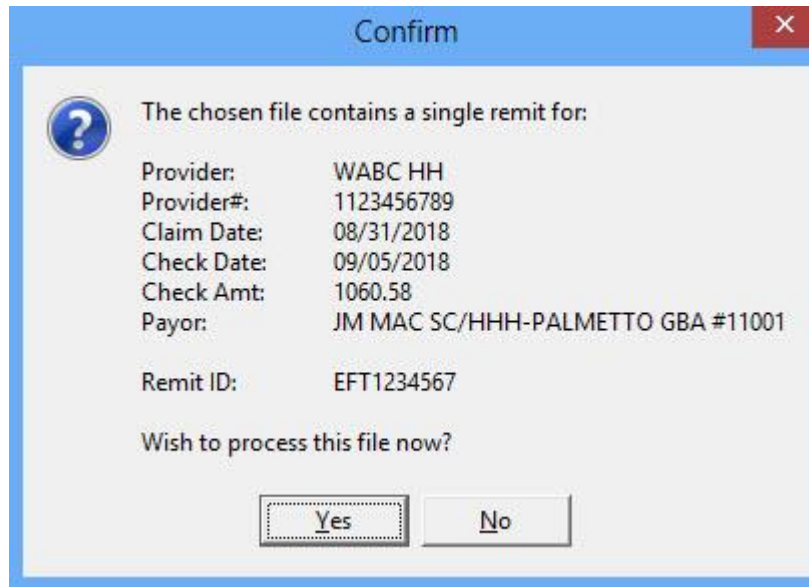
Ensure the Payment and Adjustment Types are set correctly and a Payment Date or 'Use Check Date' is specified.

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:

Bill-Date	Billed-Amt	Amount-Due	Charge-Amount	Paid-Amount	Claim-Adj	Reference/DCN
9/15/2014 9:38:08 AM Page 1 Electronic Payment Report Claim-Date: 03/04/2013 Check-Date: 03/05/2013 Check-Amt: 4603.65 ABC Home Health & Hospice Payment File: C:\Users\lynda\Desktop\l835.bt Payments added will have Paid-date: 9/15/2014 and Pay-Type: Commerical Payment Remit-No: EFT3214587 Provider-Name: ABC HOSPICE Provider-#: 12345678790 Payor: NATIONAL GOVERNMENT SERVICES #00456						
Patient:		Admit:	Disch:	LblCertPeriod		
From: 12/28/2012 To: 12/28/2012 Recvd: 02/07/2013		0.00	0.00	CO*97	21303800116107IDR	
NOT posted: Patient: BAAS, PAT Master-ID: 24303 Pat-Code: B110982 Paid: -1294.93 -> Bill master not found!						
From: 12/28/2012 To: 01/30/2013 Recvd: 02/07/2013		2,650.00	0.00	CO*97	21303800108107IDR	
NOT posted: Patient: BASS, PAT Master-ID: 24303 Pat-Code: B110982 Paid: 2088.9 -> Bill master not found!						
Bill Totals:		2,650.00	0.00			
Patient Totals:		2,650.00	0.00			
Patient:		Admit:	Disch:	LblCertPeriod		
From: 01/01/2013 To: 01/31/2013 Recvd: 02/19/2013		7,613.00	0.00	CO*45	21303800497607IDR	
NOT posted: Patient: NOKER, LUCILLE Master-ID: 24538 Pat-Code: B104575 Paid: 4603.65 -> Bill master not found!						
Bill Totals:		7,613.00	0.00			
Patient Totals:		7,613.00	0.00			

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 un-billed 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).