



SERVICE CENTER

User Manual

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CONTACT INFORMATION & SUPPORT OPTIONS

**Business Hours: Monday thru Friday 5:00am PST to 9:00pm PST
Saturday and Sunday 6:00am PST to 5:00pm PST**

Email: info@officeally.com or support@officeally.com

| | | |
|---|----------------|----------|
| Customer Service: | (360) 975-7000 | Option 1 |
| Technical Support: | (360) 975-7000 | Option 2 |
| Enrollments: | (360) 975-7000 | Option 3 |
| Accounting: | (360) 975-7000 | Option 4 |
| Scheduling (FREE Training Appointments): | (360) 975-7000 | Option 5 |
| General Fax Number: | (360) 896-2151 | |
| Enrollments Fax Number: | (360) 314-2184 | |
| Accounting (Auto Pay) Fax Number: | (360) 953-8427 | |

Live Chat Available (6am – 5pm PST): Click [HERE](#) or enter <https://support.officeally.com/> into your browser to access Live Chat, Claim Rejection Solutions, Troubleshooter, News and more!

Online Video Tutorials: Click [HERE](#) or enter <https://cms.officeally.com/Home/VideoLibrary.aspx> into your browser to access video tutorials covering Online Claim Entry, Inventory Reporting, Secondary Claims and more!

Become an Office Ally User TODAY!
ENROLL NOW

PAYER LIST LOOK UP

Office Ally has the ability to submit to thousands of insurance companies (payers). To review the list of payers we have a connection with, please visit our Payer List under Resource Center > Payer Lists, or by clicking [here](#).

The screenshot shows a search interface for 'Payer List - Professional (CMS1500) & Institutional (UB04)'. It features a search bar with 'Search by Payer ID' and 'Search by Payer Name' options, a 'SEARCH' button, and a 'SHOW ALL' button. Below the search bar are dropdown menus for 'Line of Business', 'Type/Model', and 'Transactions'. A legend at the bottom explains various codes: ENR = Pre Enrollment Required, ST = State, RTE = Real Time Eligibility (270/271), TYP = Type/Model, LOB = Line Of Business, RTS = Real Time Claim Status (276/277), C/P = Commercial/Par, M = Medical / Professional, ERA = Electronic Remittance Advice (835), G/NP = Government/Non-Par, H = Hospital / Institutional, and SEC = Secondary (COB). A 'Download the full list' link is visible in the top right corner.

PRE-ENROLLMENT REQUIREMENTS

Certain payers require pre-enrollment to be completed before submitting claims electronically through a clearinghouse. If the necessary steps are not taken, your claims may be rejected back until pre-enrollment has been completed. You can find the necessary payer enrollment forms under Resource Center > Payer EDI Enrollment Forms, or by clicking [here](#).

The screenshot shows the 'Payer EDI Enrollment' page. A dropdown menu is open, highlighting 'Payer EDI Enrollment Forms'. The page content includes a heading 'Payer EDI Enrollment', a paragraph explaining that some payers require pre-enrollment, and a section titled 'Payer Enrollment Forms (by State):' with a link to view Electronic Remittance (ERA/835) Enrollment Forms.

Payer EDI enrollment forms will be separated based on the state they're for. If a payer is not state specific, it will be listed under the "ALL or Multiple States Payer Enrollment Forms" section.

Payers with the ability to return Electronic Remittance Advice (ERA/835) may also require enrollment be completed before ERA's will be returned. The ERA enrollment forms can be found under Resource Center > Payer ERA Enrollment Forms, or by clicking [here](#). ERA enrollment forms will be listed alphabetically.

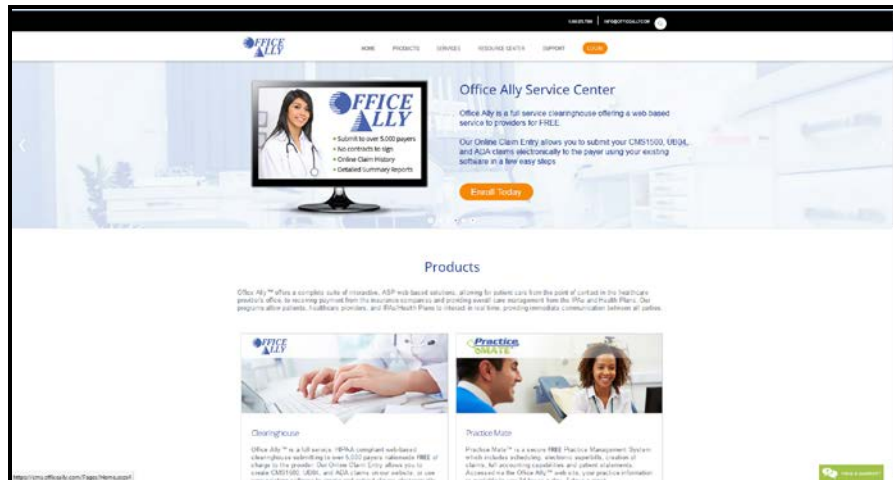
The screenshot shows the 'Payer ERA Enrollment' page. A dropdown menu is open, highlighting 'Payer ERA Enrollment Forms'. The page content includes a heading 'Electronic Remittance / ERA / 835', a paragraph explaining that some payers require pre-enrollment, and a section titled 'Payer ERA Enrollment Forms (A-Z)' with a link to view Non-ERA Payer Enrollment Forms.

If a payer is not able to receive electronic claims or we don't yet have them available on our payer list, Office Ally can send paper claims on your behalf. In order to activate this feature, the [Update Printing Option](#) form will need to be completed. This form is located under Resource Center > Office Ally Forms & Manuals > Account Management.

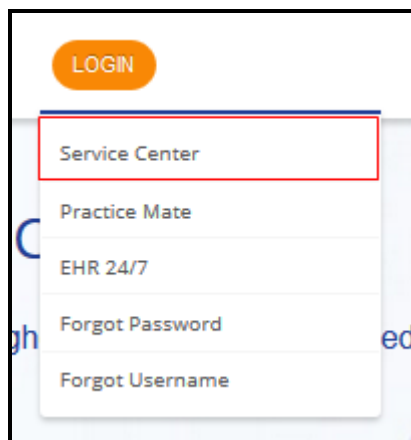
If you'd like to see a new payer connection made available on our payer list, you can send in a [New Payer Connection Request Form](#) and we will attempt to set the connection up (adding the requested connection is not guaranteed).

LOGGING INTO YOUR ACCOUNT

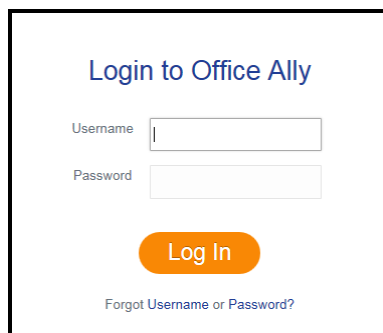
1. Go to www.officeally.com.



2. Hover your mouse over the **Login** button and select **Service Center**.



3. Enter your **Username** and **Password** (password is case sensitive) and click **Log In**.



UPLOADING CLAIMS (THIRD PARTY SOFTWARE)

For those that utilize a third party software system for file creation, we accept the following formats:

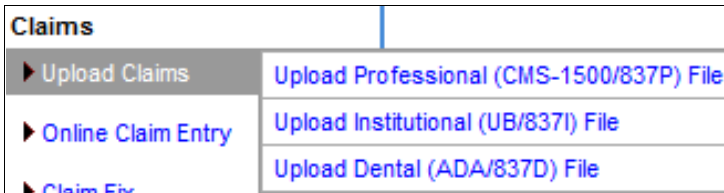
- ANSI 837P/837I Files
- HCFA/CMS1500/UB92/UB04 Print Image Files
- NSF Files (HCFA only)
- Proprietary (Delimited) Files (HCFA only – contact Customer Service for format specifications)

To review Office Ally's ISA/GS requirements, click [here](#).

To review Office Ally's testing requirements, click [here](#).

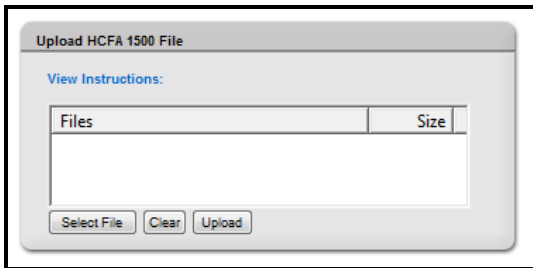
THIRD PARTY SOFTWARE SUBMITTERS (MANUAL UPLOAD)

1. Once logged into the Office Ally website, hover your mouse over **Upload Claims** and choose the form type that you need to upload.

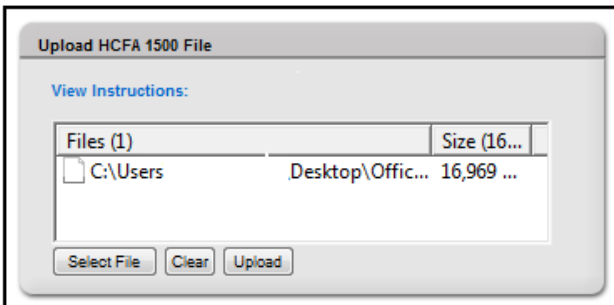


2. Click on **Select File** to browse your desktop for the file you would like to upload.

Note: You may need to download Active X control if you see a red X in the box or the select file button is not available.



3. The file you select should now appear in the grey box with a size greater than zero. Click the **Upload** button.



- After you have successfully uploaded your file the **Upload File Status** will be displayed. This ensures the file was received by Office Ally. Make sure to note the file ID just in case you may have to call Customer Service for assistance.

| Upload File Status | |
|--------------------|---------------------------------|
| Server Timestamp: | 12/4/2015 4:48:01 PM (PST) |
| FileID: | 296525279 |
| File Type: | Text |
| File Name: | 296525279_20151203_IN_C_HCP.xxx |
| File Size: | 17.00 KB |
| Form Type: | HCFA |

- If you receive a "System Message" that indicates the file may not have been received, go back to the Upload page and try again. If you continue to receive the same message, please contact our Customer Service for assistance.

THIRD PARTY SOFTWARE SUBMITTERS (SFTP TRANSFER)

If you have the capability to transmit files via SFTP and prefer to submit that way, please contact us and request one be set up. How to request an SFTP connection be set up and what server information you will need to use can be found [here](#).

Files being sent to Office Ally should be placed in the **INBOUND** folder. Office Ally reports will be placed in the **OUTBOUND** folder. We have the capability of sending back Office Ally 999/277 reports (if requested).

ONLINE CLAIM ENTRY (DIRECT DATA ENTRY)

Once logged into the Office Ally website, hover your mouse over **Online Claim Entry**. There will be multiple claim form options to choose from. The **Insert Claim** option will allow you to begin completing the online claim form immediately. The **Managed Stored Info** option will allow you to build and store data for future claim use so that you will not have to manually enter that specific data for each claim you create.

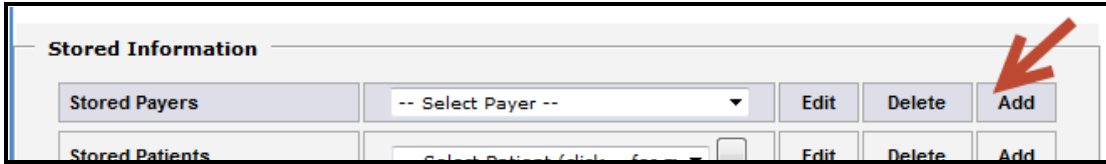
| Claims | |
|----------------------|--|
| ▶ Upload Claims | |
| ▶ Online Claim Entry | Create Professional (CMS-1500) Claim |
| ▶ Claim Fix | Professional (CMS-1500) Manage Stored Info |
| | Create Institutional (UB) Claim |
| | Institutional (UB) Manage Stored Info |
| | Create Dental (ADA) Claim |
| | Claims Awaiting Batch |

MANAGED STORED INFO

- To begin adding stored information, click on **Managed Stored Info**. The below screen will appear.

| Stored Information | | | |
|----------------------------|--|------|------------|
| Stored Payers | -- Select Payer -- | Edit | Delete Add |
| Stored Patients | -- Select Patient (click .. for r ...) | Edit | Delete Add |
| Stored Billing Providers | -- Select Provider -- | Edit | Delete Add |
| Stored Rendering Providers | -- Select Provider -- | Edit | Delete Add |
| Stored Facilities | -- Select Facility -- | Edit | Delete Add |
| Stored Templates | -- Select Template -- | Edit | Delete Add |

2. Click on **Add** next to the type of information you're trying to store in the system. For this example, we will be adding a new payer.



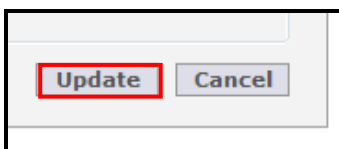
3. Below, you will see the available fields that can be filled in. Click the **OA Payers** button to open a database of all payers that can be submitted to electronically. Enter the name of a company, click **Search** and locate a payer from the search results.



4. For electronic submissions, the only required fields are the **Payer Name** and **Payer ID**. The Payer ID is the electronic address for a specific insurance company, replacing the need for a mailing address. Click **Select** next to the payer you need and the information will copy to the table for you.

If you cannot find a payer on our payer list, include the payer's mailing address on the claim. Office Ally will attempt to find the matching Payer ID based on the listed payer name and address. If we cannot determine an electronic connection for the listed payer and you have authorized paper submission, we will print and mail the claims for you.

5. Click on **Update** at the bottom of the screen to add that payer to your stored information list.



Patients, Billing Providers, Rendering Providers, and Facilities can be entered similarly by clicking the **Add** button, entering the desired information, and clicking **Update**. If an update is needed, you can easily do so by selecting the stored data you need to update and click on **Edit**. If you need to delete stored data select the stored data you need removed and click on **Delete**.

Stored Templates is an optional tool that can help you maximize efficiency when billing. It can be used for storing recurring diagnosis and procedure codes for a specific patient or for storing commonly used codes for certain types of visits that apply to various patients. Enter a name for the template and any information you would like to appear on the claim form whenever this template is selected.

If you plan to enter specific diagnosis codes for your template, the ICD indicator selection will have to be made prior to adding your diagnosis to the template. There will be an option to select either ICD-9 or ICD-10 diagnosis codes from Office Ally's diagnosis code list. When finished, click on **Update** to save your template.

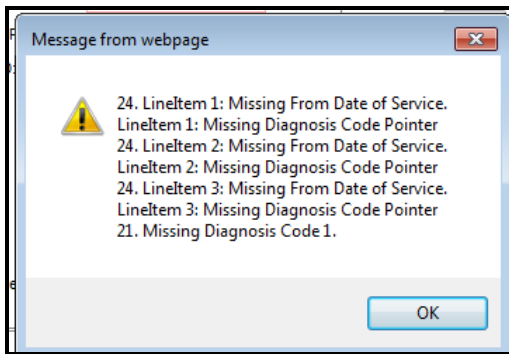
Below is an example of how **Managed Stored Info** is used to create a claim with the stored data you have entered.

1. From each drop down list, you will select the data that you would like to be automatically filled in on the claim form. Once the information is selected, click on the **Create New Claim** button.

After you have created the claim form from **Managed Stored Info**, there will still be required fields needing to be completed that cannot be populated from the stored information. Dates of service (DOS), Diagnosis Code Pointers, etc. will need to be completed for each new claim.

| | 24. A. Date Of Service | | B. Place Of Service | C. EMG | D. CPT/ HCPCS | Modifier | | | | E. Diag. Pointer | F. Charge | G. Diagnosis Code |
|---|------------------------|----|---------------------|--------|---------------|----------|---|---|---|------------------|-----------|-------------------|
| | From | To | | | | A | B | C | D | | | |
| 1 | | | | | | | | | | | | |
| 2 | | | | | | | | | | | | |

After you enter in the DOS, Diagnosis Code Pointers, etc., review the claim for errors and then click the **Update** button at the bottom of the claim form. The program will alert you if you missed certain required fields. If all required fields were completed, clicking on **Update** will put your claim in the **Claims Awaiting Batch** section.



ONLINE CLAIM ENTRY – CREATE CLAIM

After selecting a **Create Claim** option from the Online Claim Entry section, a blank HCFA/UB/ADA form will appear. Key in the necessary claim data and then click on **Update**.

This is a SECONDARY Claim

Payer Name:

Address / Payer ID:

2nd Address:

City, State, Zip:

HEALTH INSURANCE CLAIM FORM

1. MEDICARE MEDICAID TRICARE CHAMPVA GROUP HEALTH PLAN FECA BLK LUNG OTHER 1a. INSURED'S I.D. NUMBER

(Medicare #) (Medicaid #) (ID#DoD#) (VA File #) (ID#) (ID#)

| | | | |
|---|---|---|--|
| 2. PATIENT'S NAME (Last Name, First Name, Middle Init) Last: <input type="text"/> First: <input type="text"/> MI: <input type="text"/> | 3. PATIENT'S BIRTHDATE <input type="text"/> / <input type="text"/> / <input type="text"/> | 4. INSURED'S NAME (Last Name, First Name, Middle Init) Last: <input type="text"/> First: <input type="text"/> MI: <input type="text"/> | SEX M <input type="radio"/> F <input type="radio"/> |
| 5. PATIENT'S ADDRESS (No. Street): <input type="text"/> | 6. PATIENT RELATIONSHIP TO INSURED Self <input type="radio"/> Spouse <input type="radio"/> Child <input type="radio"/> Other <input type="radio"/> | 7. INSURED'S ADDRESS (No. Street) <input type="text"/> | |
| CITY: <input type="text"/> STATE: <input type="text"/> | 8. RESERVED FOR NUCC USE <input type="text"/> | CITY: <input type="text"/> STATE: <input type="text"/> | |
| ZIP CODE: <input type="text"/> TELEPHONE: <input type="text"/> | | ZIP CODE: <input type="text"/> TELEPHONE: <input type="text"/> | |
| 9. OTHER INSURED'S NAME (Last Name, First Name, Middle Init) Last: <input type="text"/> First: <input type="text"/> MI: <input type="text"/> | 10. IS PATIENT'S CONDITION RELATED TO: a. EMPLOYMENT? (CURRENT OR PREVIOUS) Yes <input type="radio"/> No <input type="radio"/> | 11. INSURED'S POLICY GROUP OR FECA NUMBER <input type="text"/> | a. INSURED'S DATE OF BIRTH <input type="text"/> / <input type="text"/> / <input type="text"/> |
| a. OTHER INSURED'S POLICY OR GROUP NUMBER <input type="text"/> | b. AUTO ACCIDENT? PLACE (State) Yes <input type="radio"/> No <input type="radio"/> | | SEX M <input type="radio"/> F <input type="radio"/> |
| b. RESERVED FOR NUCC USE <input type="text"/> | c. OTHER ACCIDENTS? Yes <input type="radio"/> No <input type="radio"/> | | b. Other Claim ID (Designated by NUCC) <input type="text"/> |
| c. RESERVED FOR NUCC USE <input type="text"/> | 10d. CLAIM CODES (Designated by NUCC) <input type="text"/> | | c. INSURANCE PLAN NAME OR PROGRAM NAME <input type="text"/> |
| d. INSURANCE PLAN NAME OR PROGRAM NAME <input type="text"/> | | | d. IS THERE ANOTHER HEALTH BENEFIT PLAN? YES <input type="radio"/> NO <input checked="" type="radio"/> If yes, complete items 9, 9a and 9d. |
| 12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE <input type="text"/> | | | 13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE <input type="text"/> |

SIGNED Yes No DATE / /

CLAIMS AWAITING BATCH

After you've updated your claim, the process of submitting the claim has been completed. Your recently submitted claim is sent to the **Claims Awaiting Batch** (OLE submitters). Your claim(s) will sit in there until Office Ally picks them up for processing (occurs every 3 hours). From this section of Office Ally you can edit, print, or delete the claim before the claim is sent to the insurance company.

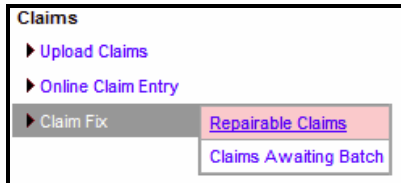
In order to access this section, hover over **Online Claim Entry** and select **Claims Awaiting Batch**.

| Online Entry - Waiting to be Batched | | | | | | | | | | | <input type="radio"/> CMS 1500 08/05 (Old) <input checked="" type="radio"/> CMS 1500 02/12 (New) <input type="button" value="Set Default"/> | |
|--------------------------------------|-----------|--------|-----------|----------------------|---------------|------------|-------|-----------|-------|-------------------------|---|--|
| Form Type | Processed | FileID | Claim ID | Patient Name | Total Charges | From DOS | Payer | Secondary | Print | Correct | Delete | |
| HCFA | 6/15/2015 | ONLINE | 172278628 | <input type="text"/> | 875.00 | 11/5/2015 | | N | | Correct | Delete | |
| HCFA | 6/15/2015 | ONLINE | 172278561 | <input type="text"/> | 1.00 | 11/1/2015 | | N | | Correct | Delete | |
| HCFA | 6/15/2015 | ONLINE | 171605213 | <input type="text"/> | 1.00 | 8/1/2015 | | N | | Correct | Delete | |
| HCFA | 6/15/2015 | ONLINE | 169571030 | <input type="text"/> | 60.00 | 10/19/2015 | | N | | Correct | Delete | |

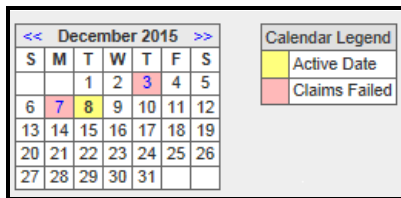
CLAIM FIX (REPAIRABLE CLAIMS)

If a claim is rejected during Office Ally or the payer's scrubbing process, your claims will be sent to **Claim Fix**. These claims can be easily repaired and re-submitted by hovering over **Claim Fix** and clicking on **Repairable Claims**.

1. Hover over **Claim Fix** and select **Repairable Claims**.



2. A calendar will appear. If a claim was rejected and is awaiting correction, the date will be highlighted in **pink**.



3. By clicking on the **pink** date, a list of all the rejected claims for that day will appear. You can correct the claim by clicking on the **Correct** link.

| Failed Claims For Thursday, November 12, 2015 | | | | | | | | | | | | | Check All | Clear All | Print | Print Select | Remove |
|--|-----------|------------|----------------------|----------------------|----------------------|---------------|-----------|------------|-------|---------------|-------------------------|--------------------------|---------------------------|---------------------------|-----------------------|------------------------------|------------------------|
| Processed | File ID | Claim ID | Patient Name | Provider | Tax ID | Total Charges | Secondary | From DOS | Payer | No. of Errors | Correct | Select | | | | | |
| 11/12/2015 | 291573316 | 1125222488 | <input type="text"/> | <input type="text"/> | <input type="text"/> | 130.00 | Y | 10/26/2015 | 87726 | 1 | Correct | <input type="checkbox"/> | | | | | |
| Error(s): 1. Secondary Claim Information Missing or Invalid - Each line must balance: Line Charge Amount = Line Sum Of Adjustment Amounts + Line Payer Paid Amount | | | | | | | | | | | | | | | | | |
| 11/12/2015 | 291737638 | 1125636865 | <input type="text"/> | <input type="text"/> | <input type="text"/> | 140.00 | N | 11/03/2015 | BC001 | 2 | Correct | <input type="checkbox"/> | | | | | |
| Error(s): 1. Claim Contains Invalid Diagnosis Code References in Line Items 2. Diagnosis code reference, on line 01 is invalid. | | | | | | | | | | | | | | | | | |

4. Once you click on **Correct**, a copy of the claim image you previously submitted will appear. The reason for rejection will be displayed at the top of the claim image.
5. Once you have made all necessary corrections, click on the **Update** button.
6. Once resubmitted, the claim will go into the **Claims Awaiting Batch** until Office Ally picks it up for processing.

NOTE: Claims that are rejected will remain in the **Claim Fix** until they are either corrected or removed. Claims that reject for being a Duplicate will not appear in **Claim Fix**.

NOTE: When you see a question mark icon next to an error code, this means we have rejection guidance available. Click on the icon to get insight as to why the claim rejected and what can be done to correct it. Additionally, by clicking Support Suite, you'll be redirected to our Claim Rejection Knowledgebase for further assistance (including our Live Chat feature).

OFFICE ALLY REPORTS

Office Ally offers the following reports:

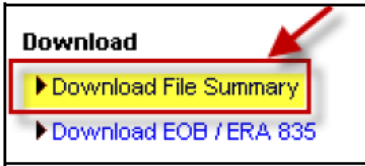
| | |
|---|---|
| <p>File Summary Report (Default Report)</p> | <ul style="list-style-type: none"> • Text format (TXT) • Office Ally acceptances and rejections • Standard OA report (activated automatically) • Format specs can be provided if user will be creating a report parser (3rd party SW users) |
| <p>EDI Status Report (Default Report)</p> | <ul style="list-style-type: none"> • Text format (TXT) • Payer acceptances and rejections <ul style="list-style-type: none"> ○ Note: not all payers provide response reports • Standard OA report (activated automatically) • Format specs can be provided if user will be creating a report parser (3rd party SW users) |
| <p>EDI Status Reports (Custom CSV format)</p> | <ul style="list-style-type: none"> • CSV (Excel) version of the EDI Status Report • User customizable • To activate CSV reports, follow these instructions |
| <p>Office Ally 999/277 Report</p> | <ul style="list-style-type: none"> • ANSI format • Only available for SFTP submitters <ul style="list-style-type: none"> ○ By request only – send an email to support@officeally.com • 999 – Initial batch acceptance notification • 277 – Office Ally acceptances and rejections (ANSI 277 version of the File Summary Report) • EDI 277 – Payer acceptances and rejections (ANSI 277 version of the EDI Status Report) |
| <p>Electronic Remittance Advice (ERA/835)</p> | <ul style="list-style-type: none"> • Text (TXT) & ANSI (835) format • Electronic version of Explanation of Benefits (EOB) • Most payers require ERA enrollment to be completed (not all payers offer ERAs) • Available on the web portal as well as via SFTP |

Office Ally will send out email notifications when a file is uploaded as well as when a report is ready to be viewed. The email notifications will be sent to the email address currently on file for your username.

FILE SUMMARY REPORT

Follow the steps listed below to view your File Summary (and EDI Status Reports) within the Office Ally portal.

1. When logged into the Office Ally website, click on the **Download File Summary** link on the left hand side.



2. A calendar will appear on your screen (similar to Claim Fix). The **YELLOW** Active Date is today's date. Dates in **BLUE** indicate reports you have already viewed. **PINK** dates indicate there are reports that you have not viewed yet.

(0) Downloads pending in prior month

| << November 2015 >> | | | | | | | Calendar Legend | |
|---------------------|----|----|----|----|----|----|---|--|
| S | M | T | W | T | F | S | Active Date | |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | Report(s) To Be Viewed | |
| 8 | 9 | 10 | 11 | 12 | 13 | 14 | Report(s) Viewed | |
| 15 | 16 | 17 | 18 | 19 | 20 | 21 | Notes: This Download File Summary page has been changed to display only File Summary and Payer Response reports. To view EOB and ERA 835 reports, please use page "Download EOB / ERA 835". | |
| 22 | 23 | 24 | 25 | 26 | 27 | 28 | | |
| 29 | 30 | | | | | | | |

| Payer | Form Type | File ID | File Name | #Accepted | #Pending | #Failed | Total | Download/View |
|-------|----------------|-----------|-----------------------------------|-----------|----------|---------|-------|----------------------|
| MULTI | HCFA | 291737544 | ONLINE ENTRY BATCH: 24572222 | 14 | 0 | 1 | 15 | VIEW |
| MULTI | HCFA | 291572631 | ONLINE ENTRY BATCH: 24628304 | 14 | 0 | 1 | 15 | VIEW |
| MULTI | Payer Response | 291548187 | 291548187_EDI_STATUS_20151112.txt | 1 | 0 | 0 | 1 | VIEW |

3. When you click on **BLUE** or **PINK** dates on the calendar, reports available for that day will be listed.
4. In the **File Name** column, you'll see that File Summary reports are sent back with your original file name included.
5. Click on **View** to open the report.

The **File Summary** will appear and look similar to the example listed below.

```

Dear Dr. John Smith:

Your claims file has now been processed by office Ally, and has been forwarded to the appropriate payers:
for final processing. Processing results for your claim file are as follows:

-----
The file 3711111_ALLY01(12).TXT.XXX was split into 7 files
for processing. These files are:

File ID      Provider              Claims    Totals
-----
3711111     Aetna Healthcare ( AETNA )      1         $76.00
3711111     Blue Cross CA ( BLCRS )         4        $512.00
3711111     CIGNA Healthcare ( CIGNA )       1        $151.00
3711111     Heridian ( HRCR )                7         $1,161.00
3711111     Preferred IPA ( PFIIPA )         3         $670.00
3711111     UNITED Healthcare ( UMC )        1         $191.00
3711111     Universal Care ( UNVCR )         1          $76.00
-----

Multiple Payer Upload File Summary

File Name: 3710000_ALLY01(12).TXT.XXX
Date Uploaded: 03/01/2006
Type of File: HCFA
Date Processed: 03/01/2006
# of Claims Initially Accepted
# of Claims that will be automatically reprocessed in 7 days (Patient Not Found / Not Covered)
# of Claims Rejected
++++> 1 # errors RC23 - 24. (A)(1) DATE(S) OF SERVICE From (Invalid Type / Missing Value)
++++> 1 # errors LC1246 - CPT code, on line 04 is invalid.
++++> 1 # errors LC1249 - CPT code, on line 05 is invalid.
++++> 1 # errors LC1696 - Diagnosis code 3 is not billable (further specification required).
++++> 1 # errors FP01 - Future Dates are not allowed

-----
-----ERROR CLAIM DETAIL
-----
CLAIM# DA CLMID PATIENT ID LAST_FIRST DOB FROM DOS TO DOS CPT ICD9 TAX ID ACONTF PHYS.ID PAYER ERRORS
1) 3711111 3711111 John Smith 09/27/2002 12/28/06 12/28/06 99213 5589 900000000 0000000 000000 BLCRS RC23, FP01
    
```

The **File Summary** report will list all claims included within your file and whether they are:

| | |
|-----------------|--|
| Accepted | Claim passed Office Ally edits and will be sent on to the payer |
| Pending | Claim failed patient eligibility checking on the first attempt. If the payer has the retry process activated, we will put the claim into pending mode and will reprocess it every 7 days up to 3 attempts (21 days), in case it's just a matter of patient eligibility file not being up to date. If the patient is not found by the third retry the claim will be rejected back to you. |
| Rejected | Claim rejected for a specific reason (noted on the report). You will need to correct and resubmit the claim. |

Once the file summary has been downloaded and viewed, the date on the calendar will change from pink to blue, indicating it has been viewed.

Make sure and check your reports daily as it is your responsibility to correct and resubmit claims as needed

EDI STATUS REPORT

Once the payer has processed your claims, those able to send back reports (not ALL payers can) will send back a confirmation or error message depending on whether the claims passed or failed. Any message we receive from the payer will be passed onto you in the form of an **EDI Status Report**. The report is similar to the File Summary Report. The **EDI Status Report** will be retrieved in the same section as the File Summary Report (**Download File Summary**).

EDI Status Reports come back formatted as: *OAFIELD_EDI_STATUS_YYYYMMDD.txt*

| | | | | | | | | |
|-------|----------------|-----------|-----------------------------------|---|---|---|---|----------------------|
| MULTI | Payer Response | 296020028 | 296020028_EDI_STATUS_20151203.txt | 1 | 0 | 0 | 1 | VIEW |
|-------|----------------|-----------|-----------------------------------|---|---|---|---|----------------------|

The **EDI Status Report** will appear and look similar to the example listed below.

Dear: Smith, John (username)

Electronic Claim Submission Payer Responses Provided By Office Ally

The following list of claims are the most current responses from their corresponding payers, please review the results of each claim and determine if further action is required for the claim. Should any claim be rejected please fix the error and resubmit the claim to Office Ally.

| PayerID | Payer | # Accepted | \$ Accepted | # Pending | \$ Pending | # Rejected | \$ Rejected |
|---------|-------------------|------------|-------------|-----------|------------|------------|-------------|
| (MR002) | Medicare CA South | 2 | \$4,649.50 | 0 | \$0.00 | 7 | \$10,115.00 |
| (62308) | CIGNA Healthcare | 7 | \$14,960.00 | 0 | \$0.00 | 0 | \$0.00 |
| (IP079) | N-A-M-M So Cal | 5 | \$7,480.00 | 0 | \$0.00 | 0 | \$0.00 |

| File ID | Claim ID | Pat. Acct# | Patient | Amount | PracticleID | Tax ID | Payer | Payer Process Dt | Payer Ref ID | Status | Payer Response |
|----------|-----------|------------|-------------|------------|-------------|-----------|-------|------------------|--------------|----------|--|
| 54673789 | 375691402 | 888888 | Last, First | \$2,133.50 | 1234567890 | 987654321 | MR002 | 07/14/2010 | | REJECTED | Subscriber Zip |
| 54673789 | 375691470 | 888888 | Last, First | \$1,062.50 | 1234567890 | 987654321 | MR002 | 07/14/2010 | | REJECTED | Invalid Subscriber ID |
| 54673789 | 375691483 | 888888 | Last, First | \$1,317.50 | 1234567890 | 987654321 | MR002 | 07/14/2010 | | REJECTED | Invalid Subscriber ID |
| 54673789 | 375691400 | 888888 | Last, First | \$1,870.00 | 1234567890 | 987654321 | MR002 | 07/14/2010 | | ACCEPTED | Accepted - No Additional Details |
| 54673789 | 375691401 | 888888 | Last, First | \$2,779.50 | 1234567890 | 987654321 | MR002 | 07/14/2010 | | ACCEPTED | Accepted - No Additional Details |
| 55448070 | 378878019 | 888888 | Last, First | \$850.00 | 1234567890 | 987654321 | 62308 | 07/14/2010 | | ACCEPTED | Claim has been accepted for processing by the payer. |
| 55448070 | 378878020 | 888888 | Last, First | \$1,870.00 | 1234567890 | 987654321 | 62308 | 07/14/2010 | | ACCEPTED | Claim has been accepted for processing by the payer. |

Once you have opened the **EDI Status Report**, you can go over the messages that Office Ally has received from the payer for the claims that were forwarded to them on your behalf.

Electronic Remittance Advice (ERA/835) files are electronic transactions that contain the same information as your paper remittances (EOB). ERAs help increase the efficiency of your payment and adjustment posting process, and since they are delivered electronically, you get them sooner than you would get a paper remittance. You can use the ERA/835 to either post payments and adjustments automatically into your practice management software (if your vendor supports it), or you can view/print the information so you can post it the same as you would a paper remittance.

Most payers require that you fill out an ERA enrollment form to begin receiving ERAs. These forms are located on our website under: **Resource Center > Payer ERA Enrollment forms**. Once the payer starts sending your ERAs to Office Ally, they will be made available to you in your Office Ally account.

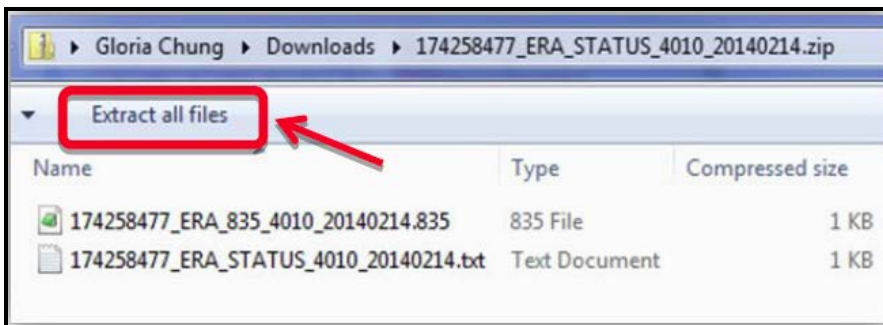
Office Ally will output two formats to you for each ERA file; Text (TXT) and 835 (ANSI). The 835 is an ANSI formatted file (non-readable). You must have some kind of software to load the non-readable file. If you don't have any software to do this, you may download Medicare's Free Easy Print Software by clicking [here](#) for the steps.

1. Click on **Download EOB/ERA 835**.
2. A calendar will appear on your screen. The **YELLOW** Active Date is today's date. Dates in **BLUE** indicate ERA files you've already viewed. **PINK** dates indicate there are ERA files that you have not viewed yet.
3. When you click on **BLUE** or **PINK** dates on the calendar, ERAs available for that day will be listed. You can also view all ERAs for that month; simply set the **Report Mode** to **Monthly** and click **Go**.

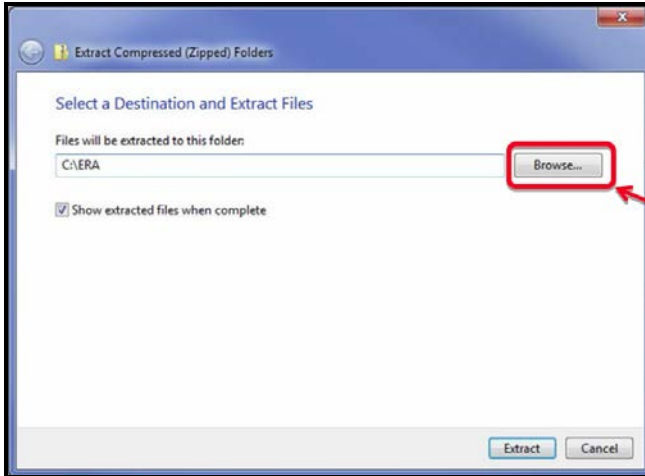
The screenshot shows a web interface for generating ERA/835 reports. On the left is a calendar for February 2016. The 14th is highlighted in blue, the 18th in pink, and the 25th in yellow. To the right is a 'Report Legend' with 'File(s) Pending' in pink and 'File(s) Downloaded' in blue. Below the legend are fields for 'Report Mode' (set to 'Daily'), a date range (2 to 25, 2016), and a 'Report Type' dropdown (set to '-- All --'). A 'Go' button is present. Below these fields is a table titled 'Daily EOB / ERA 835 Reports for 2/25/2016 - [Report Type = All]'. The table has columns for Date, Report Type, File ID, File Name, EOB ID, # Records, and Download/View. One row is shown for 2/25/2016 with a 'VIEW' link.

| Date | Report Type | File ID | File Name | EOB ID | # Records | Download/View |
|-----------|-------------|-----------|--|----------|-----------|----------------------|
| 2/25/2016 | ERA 835 | 314723765 | 314723765_ERA_STATUS_5010_20160225.zip | 800228BA | 1 | VIEW |

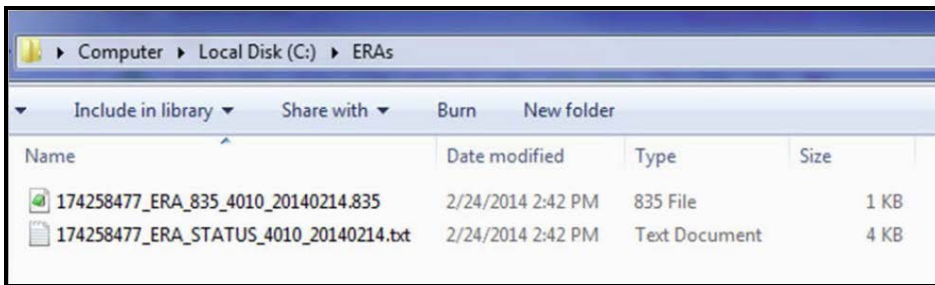
4. Click the **VIEW** link in the **Download/View** column next to the ERA file you wish to download. This will download the zip file which contains both the actual 835 (*.835) and a readable text version (*.TXT) of the ERA.
5. Click the **Extract all files** button then browse your computer to specify where you want the files to be extracted to. Extract the files to a specified folder on your system where you will manage them from.



NOTE: ERAs contain **PHI** and access to them should be limited to only those individuals that are theorized to view them. Keep this in mind as you choose a folder location for the files.



- Once the files have been extracted a window should open showing you the extracted files in their new folder location. Your files are now ready for you to either load into your practice management system or into Medicare's Easy Print software.



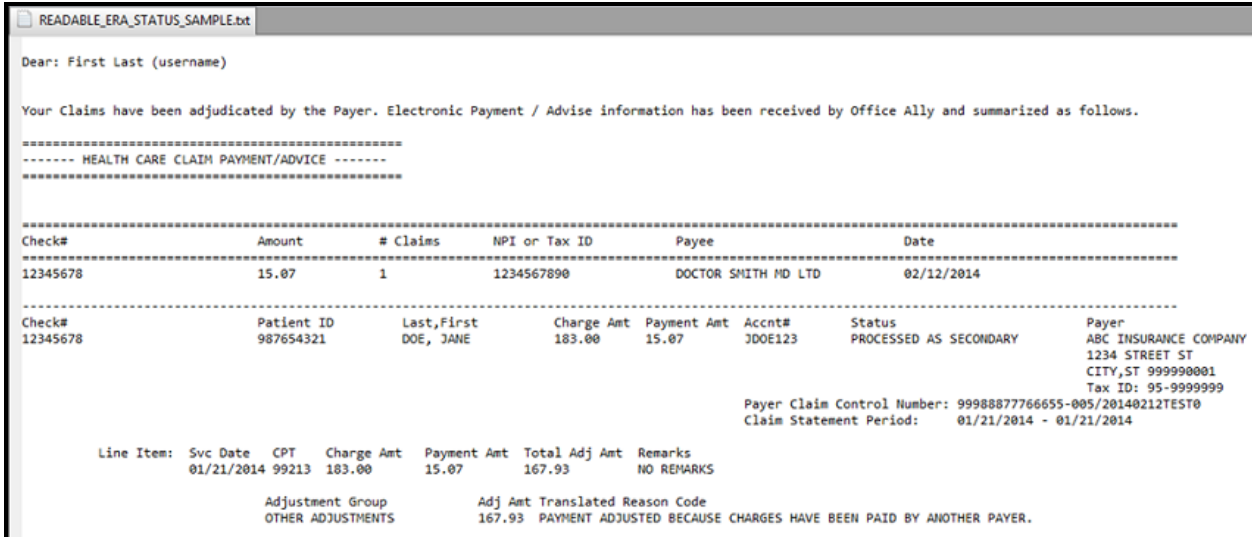
By default, Office Ally will group all available ERAs together in a single ERA file before sending them to you. If you do not want Office Ally to combine multiple ERAs together in a single file, please contact Customer Service and request they update your **ERA Split Option**.

| Split Option | Description |
|--------------------|---|
| Payer | Office Ally will send a separate ERA file for each Payer (based on the Payer Tax ID within the ERA). |
| Payer (with TRN03) | Office Ally will send a separate ERA file for each Payer and the outbound file name will include the Payer Tax ID (TRN03). The Tax ID will have a "1" in front of it. |
| Provider | Office Ally will send a separate ERA file for each Provider |
| Payer and Provider | Office Ally will send a separate ERA file for each Payer in addition to splitting the file up by Provider |
| Check Number | Office Ally will send each Check in its own ERA file |

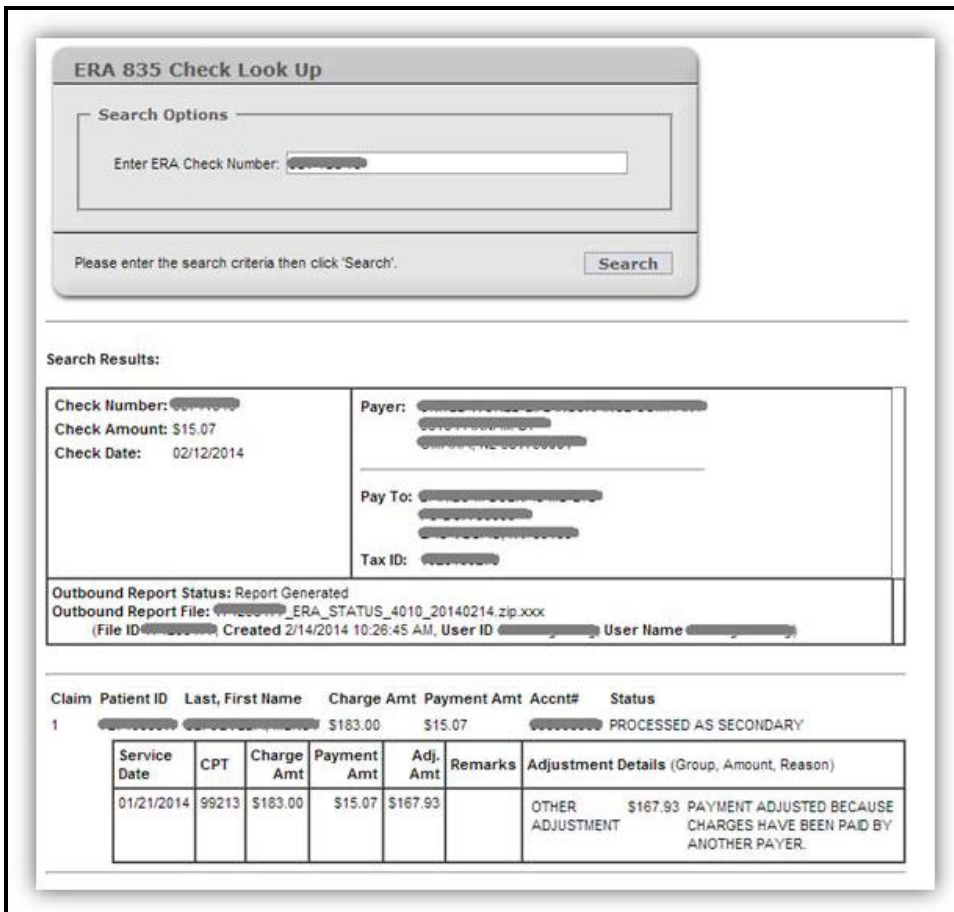
ALTERNATIVES TO USING THE ACTUAL 835 FILE

Office Ally provides both a readable text (TXT) version of the file as well as a handy ERA Check Look Up tool to look up ERAs by Check Number (TRN02). The reason we do this is because the actual ERA (835) file is a machine-readable file.

The readable text (TXT) version of the ERA is included in the ZIP file with the 835.



The ERA Check Look Up tool (available in the Service Center) allows you to enter the Check Number (TRN02) of a remittance you've received and easily pull up the information for that check.



INVENTORY REPORTING

The Inventory Reporting tool allows you to search through and view all of the claims you've sent to Office Ally.

Results will include:

- Current status of the claim in Office Ally's system (Passed, Pending, or Rejected)
 - **Passed** - Office Ally accepted the claim and it was sent to the payer
 - **Pending** - Claim failed member eligibility checking and it'll go into pending mode until the next retry
 - **Rejected** - Claim was rejected (by OA or payer) and is in need of correction
 - **Rejected+** - Claim was rejected (by OA or payer) and was either corrected or removed from Claim Fix
 - **Rejected*** - Claim was rejected for being a duplicate within 90 days and cannot be corrected/resubmitted
 - Office Ally Claim ID and File ID
 - Payer ID the claim was processed under
 - Office Ally's Receive Date
 - Patient's First and Last Name
 - Patient Account Number
 - From and To Date of Service
 - Provider Tax ID
 - Insured ID
 - Total Charge
1. Click on **Inventory Reporting**. The Inventory Reporting screen will look as follows:

The screenshot displays the 'Inventory Reporting: Detailed' interface. On the left, a sidebar menu lists various services, with 'Inventory Reporting' under the 'Reports' section highlighted by a red arrow. The main panel contains the following search options:

- Select Payer:** SCAN Health Plan
- Form Type:** HCFA (selected), UB04, ADA
- From Date:** [] [] [] [] **To Date:** (mm/dd/yyyy) [] [] [] []
- Date Type:** DOS, Upload (selected), Processed
- Status:** -- All --
- Error Code:** -- Select Type Of Error --
- Exclude Error:** []
- Tax ID:** [] **State License ID:** []
- Patient Last Name:** [] **Patient First Name:** []
- Patient Account No:** [] **Insured ID:** []
- File ID:** [] **Claim ID:** []
- CPT Code:** [] **Diagnosis Code:** []
- Submission Type:** -- ALL --
- Sort By:** -- Select One --

At the bottom, there is a prompt: 'Please enter the search criteria then click 'Search''. Below this are radio buttons for 'Detail Report' (selected) and 'Summary Report', and buttons for 'Export To Excel' and 'Search'.

2. There are many options for you to narrow down the results that pull up. The only required fields are the **From Date** and **To Date**. The date will default to the last **60 days**. You can look back years if needed, but the total date range cannot exceed 60 days at a time.

- If you do not specify patient information and just click **Search**, all claims submitted in the past 60 days will display.

The **Inventory Reporting** results will appear and look similar to the example listed below.

Please enter the search criteria then click "Search"

Detail Report Summary Report

Search Results - 38 claims found

| Edit | Status | File ID | Claim ID | Payer ID | Received Date | Patient Name (Last, First) | Patient Account No. | From DOS | To DOS | Tax ID | State License ID | Insured ID | Total Charge | Print | Error Code(s) |
|------|-----------|-----------|----------------------------|----------|---------------|----------------------------|---------------------|------------|------------|--------|------------------|------------|--------------|-------|---------------|
| | Passed | 311959750 | 1175180222 | CHIPA | 2/12/2016 | | | 6/16/2015 | 9/24/2015 | | | | \$1,020.00 | | ACCEPT |
| | Passed | 312790914 | 1177121841 | 46594 | 2/17/2016 | | | 11/15/2015 | 11/15/2015 | | | | \$61.00 | | ACCEPT |
| | Rejected+ | 312790914 | 1177121843 | 46594 | 2/17/2016 | | | 12/31/2015 | 1/1/2016 | | | | \$640.00 | | LC1761 |
| | Rejected+ | 312790914 | 1177121844 | 46594 | 2/17/2016 | | | 12/31/2015 | 12/31/2015 | | | | \$640.00 | | LC1761 |
| | Passed | 312808334 | 1177153395 | 46594 | 2/17/2016 | | | 12/31/2015 | 12/31/2015 | | | | \$650.00 | | ACCEPT |
| | Passed | 312808334 | 1177153396 | 46594 | 2/17/2016 | | | 10/23/2015 | 10/23/2015 | | | | \$124.00 | | ACCEPT |
| | Passed | 312808334 | 1177153397 | 46594 | 2/17/2016 | | | 12/31/2015 | 1/1/2016 | | | | \$850.00 | | ACCEPT |
| | Passed | 312810277 | 1177165520 | 46594 | 2/17/2016 | | | 12/31/2015 | 1/1/2016 | | | | \$1,722.96 | | ACCEPT |
| | Passed | 312920346 | 1177374692 | IMG02 | 2/17/2016 | | | 10/1/2015 | 10/1/2015 | | | | \$90.00 | | ACCEPT |
| | Rejected+ | 313258327 | 1178161677 | J1438 | 2/18/2016 | | | 2/1/2016 | 2/1/2016 | | | | \$400.00 | | RC20 |
| | Rejected+ | 313424182 | 1178518304 | J1438 | 2/19/2016 | | | 2/1/2016 | 2/1/2016 | | | | \$400.00 | | RC20 |

NOTE: You now have the ability to correct and resubmit claims from Inventory Reporting (even if they never rejected originally). To update a claim from Inventory Reporting, click on the **Edit Pencil icon** on the far left hand side. Once the necessary change has been made, click on **Update** and the claim will be resubmitted.

- Click on **Export to Excel** to create an excel spreadsheet with the results.

| Status | FileID | PayerID | ClaimID | FIRST | LAST | PatAcctNum | FromDOS | ToDos | TotalCharge | MasterVendor | StateLicenseID | PrintClaim | InsuredID | ReceivedDate | ErrorDescription |
|-----------|-----------|---------|------------|-------|------|------------|------------|------------|-------------|--------------|----------------|------------|-----------|--------------|------------------|
| Passed | 311959750 | CHIPA | 1175180222 | | | | 6/16/2015 | 9/24/2015 | 1020 | | | 0 | | 2/12/2016 | ACCEPT |
| Passed | 312790914 | 46594 | 1177121841 | | | | 11/15/2015 | 11/15/2015 | 61 | | | 0 | | 2/17/2016 | ACCEPT |
| Rejected+ | 312790914 | 46594 | 1177121843 | | | | 12/31/2015 | 1/1/2016 | 640 | | | 0 | | 2/17/2016 | LC1761 |
| Rejected+ | 312790914 | 46594 | 1177121844 | | | | 12/31/2015 | 12/31/2015 | 640 | | | 0 | | 2/17/2016 | LC1761 |
| Passed | 312808334 | 46594 | 1177153395 | | | | 12/31/2015 | 12/31/2015 | 650 | | | 0 | | 2/17/2016 | ACCEPT |
| Passed | 312808334 | 46594 | 1177153396 | | | | 10/23/2015 | 10/23/2015 | 124 | | | 0 | | 2/17/2016 | ACCEPT |
| Passed | 312808334 | 46594 | 1177153397 | | | | 12/31/2015 | 1/1/2016 | 850 | | | 0 | | 2/17/2016 | ACCEPT |
| Passed | 312810277 | 46594 | 1177165520 | | | | 12/31/2015 | 1/1/2016 | 1722.96 | | | 0 | | 2/17/2016 | ACCEPT |
| Passed | 312920346 | IMG02 | 1177374692 | | | | 10/1/2015 | 10/1/2015 | 90 | | | 0 | | 2/17/2016 | ACCEPT |
| Rejected+ | 313258327 | J1438 | 1178161677 | | | | 2/1/2016 | 2/1/2016 | 400 | | | 0 | | 2/18/2016 | RC20 |
| Rejected+ | 313424182 | J1438 | 1178518304 | | | | 2/1/2016 | 2/1/2016 | 400 | | | 0 | | 2/19/2016 | RC20 |

- To view the claim image, click on the blue **Claim ID** link and a copy of the claim will appear.

Search Results - 226 claims found

| Status | File ID | Claim ID | Pa |
|--------|-----------|---------------------------|----|
| Passed | 138459544 | 697240806 | S |
| Passed | 138465318 | 697267729 | S |

- To print the claim image, scroll to the bottom left hand corner and click **Print to PDF File**.

Pay To Address:

Pay To City: State: Zip:

Pay To Tax ID:

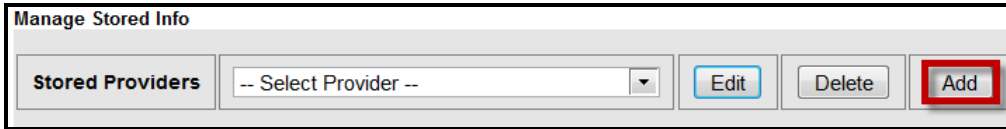
Pay To NPI:

Pay To ID:

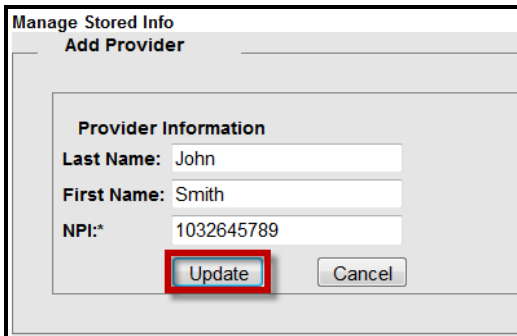
REAL TIME ELIGIBILITY CHECKING (MANUAL)

1. Before you can check on a patient's eligibility status, you will need to store your provider information. Hover over **Eligibility Request** and click on the **Eligibility Stored Info** link.

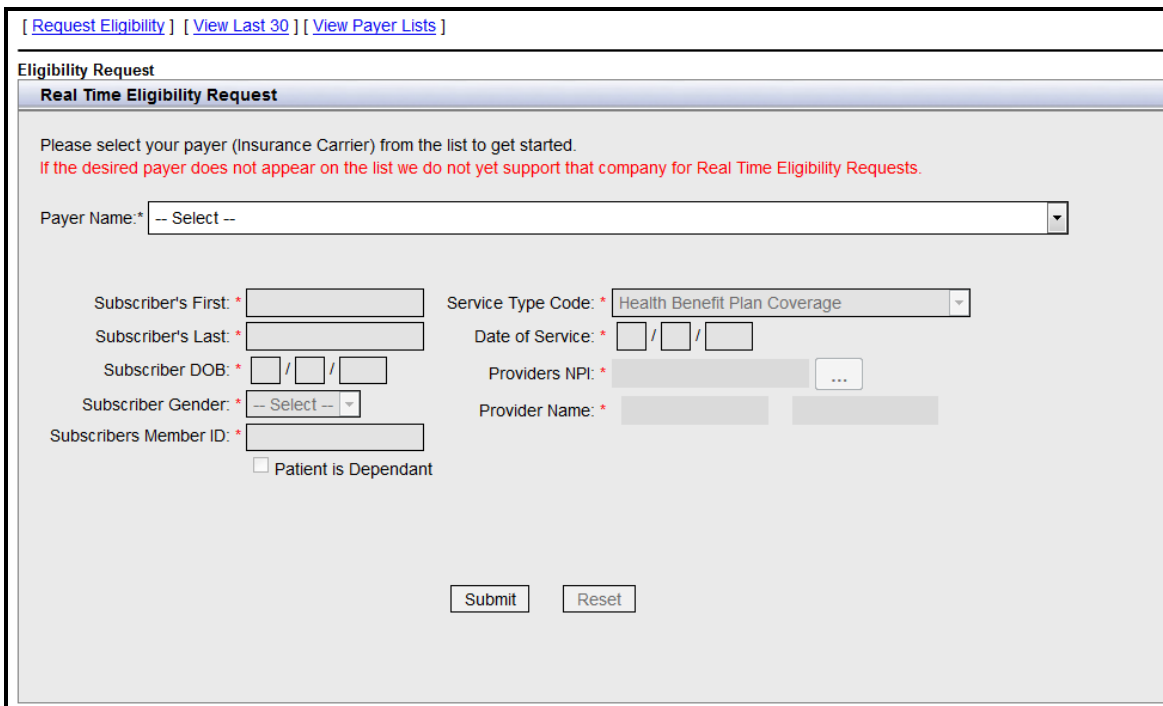
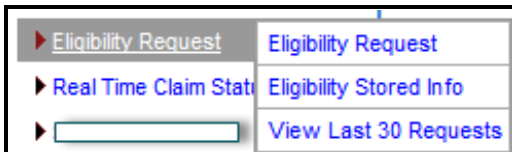
2. Click on **Add**.




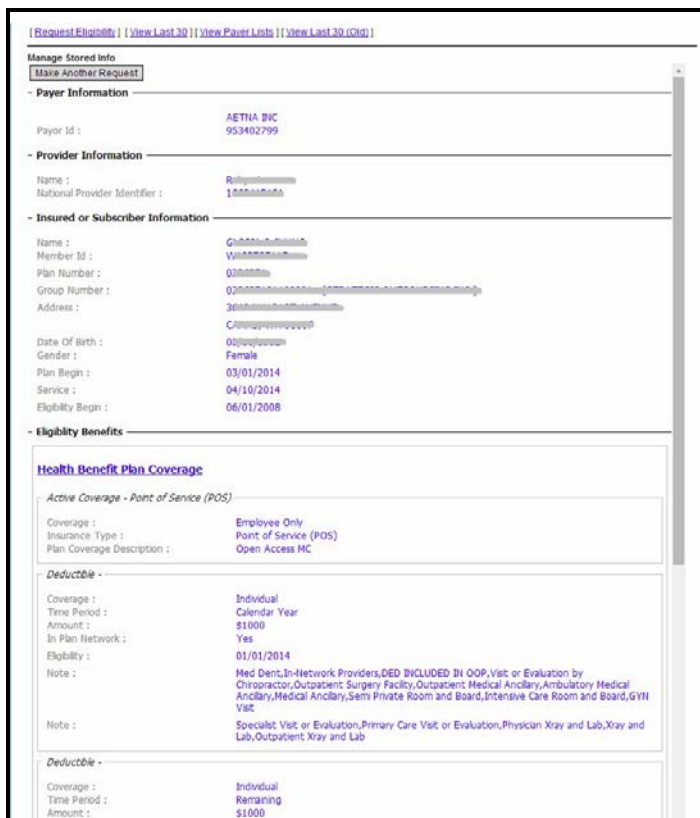
3. Enter the Provider's **First Name**, **Last Name**, and **NPI**. Click **Update**.



4. To submit an eligibility request, hover over **Eligibility Request** and click on the **Eligibility Request** link. The **Real Time Eligibility Request** screen will display.



5. Select the **Payer** for which the patient is covered under (check the Member ID Card to confirm).
6. You are **REQUIRED** to complete all sections in order to check eligibility:
 - Subscriber First Name
 - Subscriber Last Name
 - Subscriber Date of Birth
 - Subscriber Gender
 - Subscriber Member ID
 - Service Type Code (**default:** Health Benefit Plan Coverage)
 - Date of service
7. Once the patient information is entered, you can now select your provider by clicking the ellipses button  on the right of the **provider NPI**.
8. Click **Select** next to the provider. The provider's information will be populated on the request screen.
9. Click **Submit**.
10. The Eligibility Verification results will display on the screen.
11. Scroll down and expand the different header sections to view the detail under them. Additional Sections: Chiropractor, Hospital, Emergency Services, Physician Visit, Urgent Care, etc...



The screenshot shows a web interface for requesting eligibility. At the top, there are links for 'Request Eligibility', 'View Last 30', 'View Payer Lists', and 'View Last 30 (Old)'. Below these is a 'Manage Stored Info' section with a 'Make Another Request' button. The main content is divided into several sections:

- Payer Information:** Payer Id: AETHA INC, 953402799
- Provider Information:** Name: [Redacted], National Provider Identifier: [Redacted]
- Insured or Subscriber Information:** Name: [Redacted], Member Id: [Redacted], Plan Number: [Redacted], Group Number: [Redacted], Address: [Redacted], Date of Birth: [Redacted], Gender: Female, Plan Begin: 03/01/2014, Service: 04/10/2014, Eligibility Begin: 06/01/2008
- Eligibility Benefits:**
 - Health Benefit Plan Coverage:**
 - Active Coverage - Point of Service (POS): Coverage: Employee Only, Insurance Type: Point of Service (POS), Plan Coverage Description: Open Access MC
 - Deductible:** Coverage: Individual, Time Period: Calendar Year, Amount: \$1000, In Plan Network: Yes, Eligibility: 01/01/2014. Notes: Med Dent, In-Network Providers, DED INCLUDED IN OOP, Visit or Evaluation by Chiropractor, Outpatient Surgery Facility, Outpatient Medical Ancillary, Ambulatory Medical Ancillary, Medical Ancillary, Sem Private Room and Board, Intensive Care Room and Board, GYII Visit. Note: Scheduled Visit or Evaluation, Primary Care Visit or Evaluation, Physician Xray and Lab, Xray and Lab, Outpatient Xray and Lab
 - Deductible:** Coverage: Individual, Time Period: Remaining, Amount: \$1000

Note: Not all payers that Office Ally submits to are available through this feature.

REAL TIME CLAIM STATUS (MANUAL)

To access this feature, click on the **Real Time Claim Status** link.

The claim status page will display with two tabs:

- **Search claims Tab:** Check claim status based on Office Ally Claim ID or Patient/Provider information.
- **Claim status History Tab:** Displays the claim status results for claims you've previously checked status on.

Search Claims | Claim Status History

Search Office Ally Claim ID: Check Claim Status

▼ Claim Search

Select Payer: All Payers [Reset Fields](#)

Patient Last Name: Patient First Name:

Patient Account Number: Provider Tax ID:

Date Type: Date of Service From: 8 / 1 / 2015 To: 10 / 30 / 2015

[30 Days](#) [60 Days](#) [90 Days](#) Claim Search

SEARCH CLAIMS

The **Search Claims** tab is where you will initiate the claim status request. There are two ways to initiate a claim status request; Entering the Office Ally claim ID or performing a Claim Search and selecting claims from the search results.

If you have the Office Ally **Claim ID**, you can enter it in the **Search Office Ally Claim ID** field and click the **Check Claim Status** button, which will submit the real time check, and display the results.

Search Claims | Claim Status History

Search Office Ally Claim ID: 1099381623 Check Claim Status

▼ Claim Search

To search for claims, use the criteria in the **Claim Search** section of the **Search Claims** tab. You can narrow the search by payer, by patient, by provider, and/ or by dates. You can click on the **30 Days**, **60 Days**, or **90 Days** links to auto-populate the date range. To clear your search, click the **Reset Fields** link. Click the **Claim Search** button to display the results below the search criteria.

Search Claims | Claim Status History

Search Office Ally Claim ID: Check Claim Status

▼ Claim Search

Select Payer: Aetna Healthcare [Reset Fields](#)

Patient Last Name: David Patient First Name:

Patient Account Number: Provider Tax ID:

Date Type: Date of Service From: 5 / 22 / 2014 To: 6 / 20 / 2014

[30 Days](#) [60 Days](#) [90 Days](#) Claim Search

Search Results - 4 claims found

| Office Ally Claim ID | Patient Name | Patient Acc. No | Insured ID | From Date of Service | To Date of Service | Total Charges | Tax ID | Payer Name | Check Status |
|------------------------------------|--------------|-----------------|------------|----------------------|--------------------|---------------|--------|------------------|--------------------------|
| <input type="checkbox"/> 199201481 | | 655D4F8E5D4F548 | | 04/24/2014 | 04/24/2014 | \$220.00 | | Aetna Healthcare | <input type="checkbox"/> |
| <input type="checkbox"/> 199893557 | | 654D58F4E4D54D5 | | 04/24/2014 | 04/24/2014 | \$250.00 | | Aetna Healthcare | <input type="checkbox"/> |
| <input type="checkbox"/> 199947139 | | 58D586F5E5E4V | | 04/24/2014 | 04/24/2014 | \$226.32 | | Aetna Healthcare | <input type="checkbox"/> |
| <input type="checkbox"/> 199958485 | | F4D5V5E4F4D5F4E | | 04/24/2014 | 04/24/2014 | \$138.00 | | Aetna Healthcare | <input type="checkbox"/> |

Check Claim Status

From the Search Results grid, you can check the claim status for one claim at a time or multiple at once. To check one, click the icon in the **Check Status** column (shown in red). To check multiple, select the **checkboxes** in the far left column, and then click the **Check Claim Status** button (shown in green).

Search Claims | Claim Status History

Search Office Ally Claim ID: Check Claim Status

▼ Claim Search

Select Payer: Aetna Healthcare [Reset Fields](#)

Patient Last Name: Patient First Name:

Patient Account Number: Provider Tax ID:

Date Type: Date of Service From: 3 / 22 / 2014 To: 6 / 20 / 2014

[30 Days](#) [60 Days](#) [90 Days](#)

Search Results - 4 claims found

| Office Ally Claim ID | Patient Name | Patient Acct. No | Insured ID | From Date of Service | To Date of Service | Total Charges | Tax ID | Payer Name | Check Status |
|---|--------------|------------------|------------|----------------------|--------------------|---------------|--------|------------------|--------------|
| <input type="checkbox"/> 199281481 | | 65SD4F8ESD4F548 | | 04/24/2014 | 04/24/2014 | \$220.00 | | Aetna Healthcare | |
| <input type="checkbox"/> 199893557 | | 654DS8F4E4DS4DS | | 04/24/2014 | 04/24/2014 | \$250.00 | | Aetna Healthcare | |
| <input checked="" type="checkbox"/> 199947139 | | 5RDS56FVEWE4W | | 04/24/2014 | 04/24/2014 | \$226.12 | | Aetna Healthcare | |
| <input checked="" type="checkbox"/> 199958485 | | F4DSW5E4F4DSF4E | | 04/24/2014 | 04/24/2014 | \$138.00 | | Aetna Healthcare | |

If you submit one claim status request at a time using the icon in the **Check Status** column, or by entering the Office Ally **Claim ID**, your results will immediately display in a pop-up.

Search Claims | Claim Status History

Search Office Ally Claim ID: Check Claim Status

▼ Claim Search

Select Payer: Aetna Healthcare [Reset Fields](#)

Patient Last Name: Patient First Name:

Patient Account Number: Provider Tax ID:

Date Type: Date of Service From: 3 / 22 / 2014 To: 6 / 20 / 2014

[30 Days](#) [60 Days](#) [90 Days](#)

Search Results - 4 claims found

| Office Ally Claim ID | Patient Name | Patient Acct. No | Insured ID | From Date of Service | To Date of Service | Total Charges | Tax ID | Payer Name | Check Status |
|------------------------------------|--------------|------------------|------------|----------------------|--------------------|---------------|--------|------------|--------------|
| <input type="checkbox"/> 199281481 | DAVID | | | | | | | icare | |
| <input type="checkbox"/> 199893557 | DAVIDS | | | | | | | icare | |
| <input type="checkbox"/> 199947139 | DAVIDS | | | | | | | icare | |
| <input type="checkbox"/> 199958485 | DAVIDS | | | | | | | icare | |

Result

- Payer Information -

Payor Identification : AETNA HEALTHCARE 00002

- Submitter Information -

ETIN : OFFICE ALLY 1234567893

- Provider Information -

National Provider Identifier : JOHN SMITH 1234567893 *This is the provider listed on the claim.*

- Subscriber Information -

Member Identification : JANE DOE 9876543210 *This is the Primary Insured, not necessarily the patient on the claim.*

Payor's Claim Number: NOT APPLICABLE

The claim/encounter can not be found in the adjudication system. : Claim/encounter not found. *This is the information received back from the payer.*

Effective: 06/19/2014
Total Claim Charge: 0.00
Claim Payment Amount: 0.00

DISCLAIMER: Verification of benefits or eligibility is not a guarantee of payment. Payment can only be made after the claim has been received and reviewed in regards to eligibility, benefits, medical necessity, and other limitations and/or exclusions.

Response #713929364.713929364

If you select multiple claim statuses to submit, you will be taken to the **Claim Status History** tab, where you can view or print a result individually by clicking on the appropriate icon in the columns to the far right.

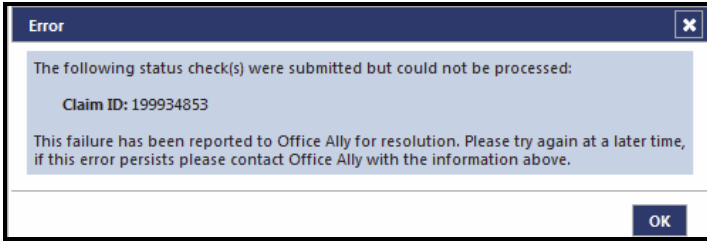
Search Claims | Claim Status History

Search For: Patient Last Name

Display Filters: Payer: -- All -- Status Category: -- All --

| Claim ID | Patient Name | Patient Acct. No. | Insured ID | From Date Of Service | To Date Of Service | Tax ID | Payer Name | Inquiry Date | Status | View | Print |
|-------------------------------------|--------------|-------------------|------------|----------------------|--------------------|--------|------------------|--------------|-----------------|------|-------|
| <input type="checkbox"/> 1098951486 | | 800Z1Z9 | | 09/11/2015 | 09/11/2015 | | Aetna Healthcare | 10/30/2015 | Claim Rejected | | |
| <input type="checkbox"/> 1099381623 | | 800Z1Z9 | | 09/11/2015 | 09/11/2015 | | Aetna Healthcare | 10/30/2015 | Claim Rejected | | |
| <input type="checkbox"/> 1099381623 | | 800Z1Z9 | | 09/11/2015 | 09/11/2015 | | Aetna Healthcare | 09/28/2015 | Claim Rejected | | |
| <input type="checkbox"/> 818591061 | | P1027459560 | | 02/17/2014 | 02/17/2014 | | CIGNA Healthcare | 01/07/2015 | Claim Processed | | |
| <input type="checkbox"/> 818591061 | | P1027459560 | | 02/17/2014 | 02/17/2014 | | CIGNA Healthcare | 01/07/2015 | Claim Processed | | |
| <input type="checkbox"/> 818591061 | | P1027459560 | | 02/17/2014 | 02/17/2014 | | CIGNA Healthcare | 10/29/2014 | Claim Processed | | |
| <input type="checkbox"/> 818591061 | | P1027459560 | | 02/17/2014 | 02/17/2014 | | CIGNA Healthcare | 03/21/2014 | Claim not found | | |

NOTE: There are instances where claim status check (s) will not be processed for various technical reasons. These errors are automatically reported to Office Ally for resolution.



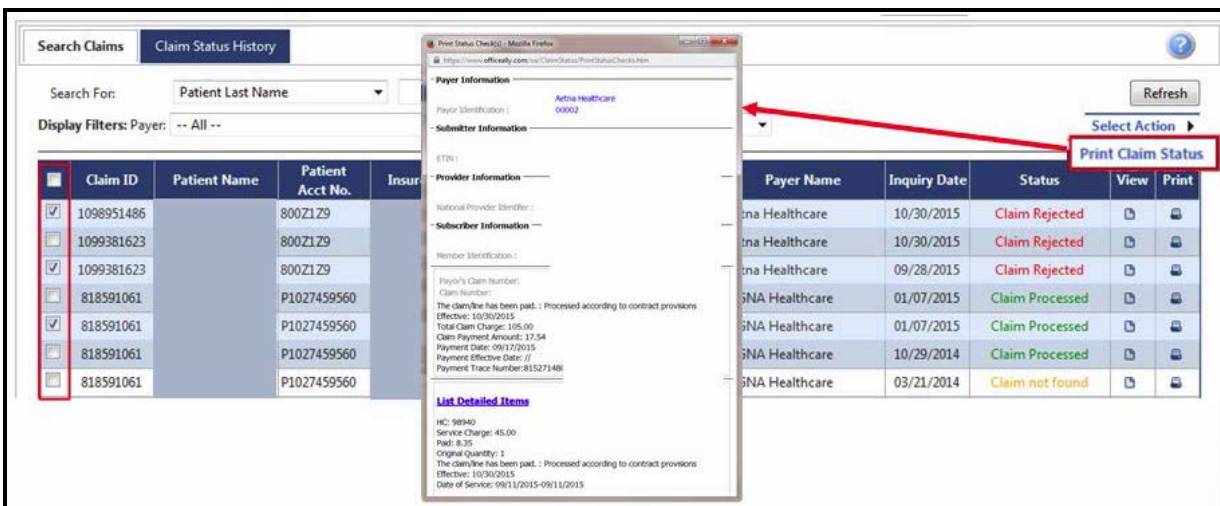
CLAIM STATUS HISTORY

The **Claim Status History** tab lists all the results for the claim status checks submitted. From this tab, you can search for, view, and/or print the claims status results. Use the Search for and Display Filters at the top of the grid to narrow your results based on specific data elements. The results will be sorted by Inquiry Date, to change the display order, click on one of the other column headings.

In the Status column, there are 5 possible statuses that could categorize the claim: **Claim Processed**, **Claim in Process**, **Claim Rejected**, **Transaction Issue**, and **Claim Not Found**. Each status can represent multiple messages about the claim.

| Claim ID | Patient Name | Patient Acct No. | Insured ID | From Date Of Service | To Date Of Service | Tax ID | Payer Name | Inquiry Date | Status | View | Print |
|------------|--------------|------------------|------------|----------------------|--------------------|--------|------------------|--------------|-----------------|------|-------|
| 1098951486 | | 8002129 | | 09/11/2015 | 09/11/2015 | | Aetna Healthcare | 10/30/2015 | Claim Rejected | | |
| 1099381623 | | 8002129 | | 09/11/2015 | 09/11/2015 | | Aetna Healthcare | 10/30/2015 | Claim Rejected | | |
| 1099381623 | | 8002129 | | 09/11/2015 | 09/11/2015 | | Aetna Healthcare | 09/28/2015 | Claim Rejected | | |
| 818591061 | | P1027459560 | | 02/17/2014 | 02/17/2014 | | CIGNA Healthcare | 01/07/2015 | Claim Processed | | |
| 818591061 | | P1027459560 | | 02/17/2014 | 02/17/2014 | | CIGNA Healthcare | 01/07/2015 | Claim Processed | | |
| 818591061 | | P1027459560 | | 02/17/2014 | 02/17/2014 | | CIGNA Healthcare | 10/29/2014 | Claim Processed | | |
| 818591061 | | P1027459560 | | 02/17/2014 | 02/17/2014 | | CIGNA Healthcare | 03/21/2014 | Claim not found | | |

To print multiple claims status results at once, select the **checkboxes** next to the claims statuses, hover over the **Select Action** link, and click **Print Claim Status**.



Note: Not all payers that Office Ally submits to are available through this feature.

VIEW CLAIM HISTORY

The View Claim History Tool can be used to look up claims for a specific patient.

1. Click on **View Claim History** in the Report section of Service Center.



2. Enter information into the fields you want the search to be based on.

A screenshot of a 'Claim Search' form. The form has a title 'Claim Search:' and several input fields: 'First Name:', 'Last Name:', 'Pat Account Number:', and 'Insured ID Number:'. Each of these fields is followed by a 'Begins With' dropdown menu. Below these are date fields for 'From Date of Service:' and 'To Date of Service:', each with a '(mm/dd/yyyy)' format hint. A 'Submit' button is located at the bottom of the form.

3. Click **Submit**.
4. All claims will pull up that match your criteria.

| File Name | Date Received | Date Processed | Total | Failed | Status Description | |
|-----------------------------|----------------------|----------------------|----------|-----------|--------------------|---|
| ONLINE ENTRY BATCH: 6460539 | 1/26/2011 3:00:49 AM | 1/26/2011 3:01:05 AM | 1 | 0 | File Processed | |
| CH | AETNA | | \$129.00 | 1/25/2011 | 1/25/2011 | : |
| ONLINE ENTRY BATCH: 6695338 | 3/3/2011 12:01:50 AM | 3/3/2011 12:01:53 AM | 18 | 2 | File Processed | |
| CH | OA999 | | \$110.00 | 3/2/2011 | 3/2/2011 | : |

5. Click on **CH** to view the detail claim history.

| Claims Member | Pat. Last | Pat. First | Pat. Acct. # | Insured ID # | Charge | Provider | From | To | TaxID | Practice ID |
|--|-----------|------------|--------------|--------------|----------|----------|-----------|-----------|-------|-------------|
| CH | AETNA | : | | | \$129.00 | | 1/25/2011 | 1/25/2011 | : | |
| <p>Claim Status: ACCEPTED BY CLEARINGHOUSE PENDING/PATIENT REQUESTED INFORMATION.MEDICARE WORKSHEET.. ACKNOWLEDGEMENT/ACCEPTANCE INTO ADJUDICATION SYSTEM-THE CLAIM/ENCOUNTER HAS BEEN ACCEPTED INTO THE ADJUDICATION SYSTEM..ENTITY ACKNOWLEDGES RECEIPT OF CLAIM/ENCOUNTER.. FINALIZED/PAYMENT-THE CLAIM/LINE HAS BEEN PAID..PAYMENT REFLECTS PLAN PROVISIONS..</p> | | | | | | | | | | |

CODE SEARCH

The Code Search Tool can be used to verify what codes (ICD-9, ICD-10, Place of Service, and Modifiers) Office Ally shows as being billable at the time of the search.

1. Click on **Code Search** under the **LookUp / References** section.
2. Select the **type of code** you would like to search for (first dropdown list).
3. Select a **method** of searching you would like to use (second dropdown list).
4. Enter the **code** you're trying to search for.
5. Click on the **Search** button to display your results.

Code Search

Search Options

ICD-10-CM DX System List ▾

Begins With ▾

R21

Code: Description:

Please enter the search criteria then click 'Search'.

| | Code | Description | Terminated Date | Billable |
|---|------|--|-----------------|----------|
| 1 | R21 | Rash and other nonspecific skin eruption | | Yes |

Code Search

Search Options

Place of Service ▾

Begins With ▾

11

Code: Description:

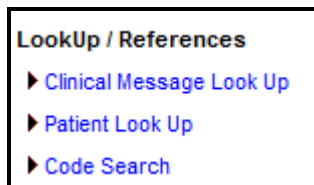
Please enter the search criteria then click 'Search'.

| | Code | Description | Effective Date | Terminate Date | Is Billable |
|---|------|---|----------------|----------------|-------------|
| 1 | 11 | Office Location, other than a hospital, skilled nursing facility (SNF), military treatment facility, community health center, State or local public health clinic, or intermediate care facility (ICF), where the health professional routinely provides health examinations, diagnosis, and treatment of illness or injury on an ambulatory basis. | | | Yes |

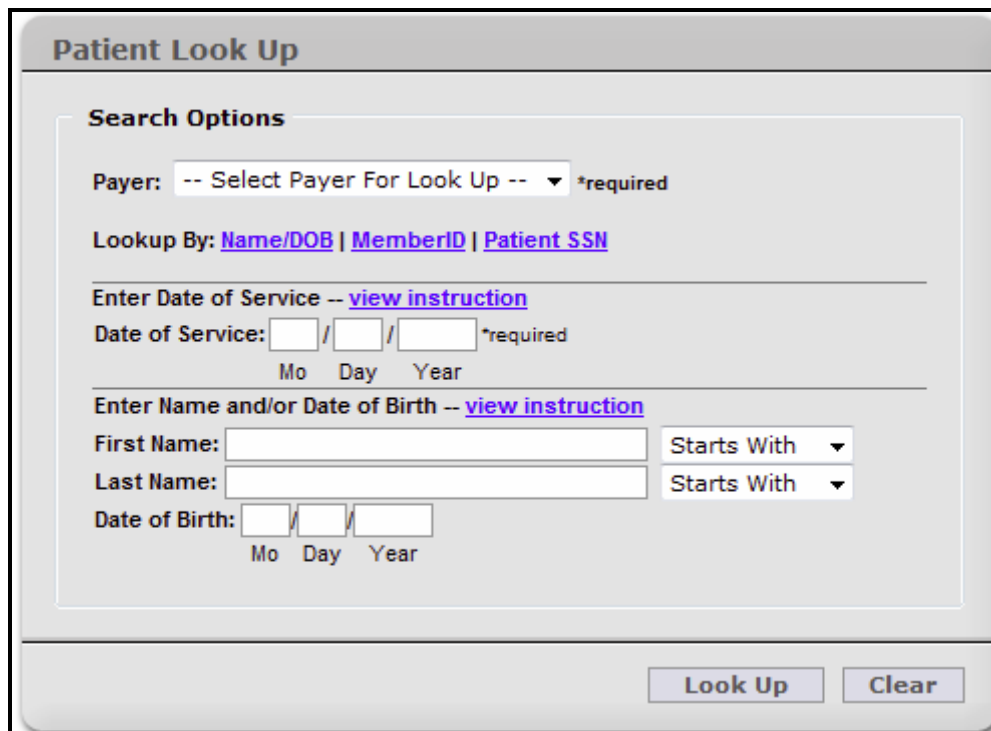
PATIENT LOOK UP

The Patient Look Up Tool can be used to verify Patient Eligibility.

1. Click on **Patient Look Up** under the **LookUp / References** section.



NOTE: READ DISCLAIMER AND CLICK I AGREE TO GO ON.

A screenshot of the "Patient Look Up" form. The form has a title bar "Patient Look Up" and a "Search Options" section. The "Payer" field is a dropdown menu with "-- Select Payer For Look Up --" and a "*required" label. Below it, "Lookup By:" has three radio buttons: "Name/DOB", "MemberID", and "Patient SSN". The "Date of Service" section has a label "Enter Date of Service -- view instruction" and a date input field with "Mo", "Day", and "Year" labels and a "*required" label. The "Name and/or Date of Birth" section has a label "Enter Name and/or Date of Birth -- view instruction" and three input fields: "First Name:", "Last Name:", and "Date of Birth:". The "Date of Birth" field has "Mo", "Day", and "Year" labels. To the right of the "First Name" and "Last Name" fields are "Starts With" dropdown menus. At the bottom right are "Look Up" and "Clear" buttons.

2. Select which **Payer** you would like to check Patient Eligibility under.
3. Enter **Date of Service**.
4. Choose **Name/DOB** or **Member ID** to indicate what you want to search by.
5. Enter in the necessary data.
6. Click **Look Up**.

NOTE: Patient Look Up is only available for payers for whom we check patient eligibility. This is not the same as Real Time Eligibility Checking.