# FILE SUMMARY AND EDI STATUS REPORTS

Once Office Ally has processed your claims, you will receive an email notification that your File Summary is ready. Follow the steps below to view your File Summary. If you are set up with an SFTP account, you can receive the File Summary reports as 277CA's (call Customer Service at 360-975-7000 Opt 1 to have this activated). After a payer has processed your claims, some will send back a confirmation or error message depending on whether the claim passed or failed their processing. Any payer response file we receive from the payers will be passed on to you in the form of an EDI Status Report. Please note that NOT all payers return responses to us, only the ones that are able.

1. When you are logged in to the Office Ally website, click on the **Download File Summary** link on the left hand side.
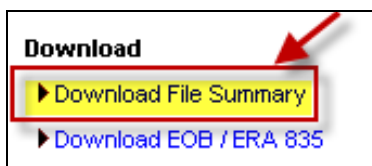
2. A calendar will appear on your screen. The YELLOW Active Date is today's date. Dates in BLUE indicate reports you have already viewed. PINK dates indicate there are reports that you have not viewed yet.

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 Summaries are sent back with your original file name included. EDI Status Reports come back formatted as: **OAFILEID_EDI_STATUS_YYYYMMDD.txt**.

5. In the **Download/View** column, you can click the **VIEW** link to download and view the file.

Payer	Form Type	File ID	File Name	#Accepted	#Pending	#Failed	Total	Download/View
MULTI	HCFA			93	0	7	100	VIEW
MULTI	HCFA			190	0	10	200	VIEW
MULTI	HCFA			5	0	1	6	VIEW
MULTI	HCFA			385	0	15	400	VIEW

Payer	Form Type	File ID	File Name	#Accepted	#Pending	#Failed	Total	Download/View
MULTI	Payer Response		_EDI_STATUS_20061107.txt	8436	0	331	8767	VIEW

6.   Click on **Open** to view the claim detail in the file. You can also print this detail if needed.

7.   The File Summary will appear and look similar to below:

```
Dear John Smith

Your claims file has now been processed by Office Ally, claims that are accepted below have been forwarded to the appropriate payers
for final processing. Processing results for your claim file are as follows.

=========================================================================
The file 133333333_03112013 was split into 3 files
for processing. These files are:

File ID              Payer (PayerID)            Claims    Totals
-------------------------------------------------------------------
133314444            CHAMPUS (CH002) (CH002)        3        $900.00
133314455            Medicare Florida (MR025)       2        $390.00
133314466            BCBS of Florida (00590)        1        $770.00
                                                         Total: $2,060.00
=========================================================================
```

```
Multiple Payer Upload File Summary

    File Name:133333333_03112013
    Date Uploaded: 3/11/2013
    Type of File: HCFA
    Date Processed  3/ 1/ 0 .
       # of Claims I it a l  A c p  d
    3 # of Claims Rejected
    +---> 3 # errors FE131 - Invalid Diagnosis Code

=========================================================================


=========================================================================
-------ERROR CLAIM DETAIL
-------------------------------------------------------------------------
CLAIM# OA CLAIMID  PATIENT ID      LAST,FIRST      DOB         FROM DOS   TO DOS     CPT    ICD9   TAX ID      ACCNT#      PHYS.ID     PAYER  ERRORS
-------------------------------------------------------------------------
1)     677777753  123456789A      DUCK DONALD     01/01/1955  02/07/2013 02/07/2013 99215  78791  222334444   DUCK1234    1111111111  MR025  FE131
2)     677777754  ABC123456789    DOE AMY         07/04/1965  02/07/2013 02/07/2013 99216  78906  333115555   DOEA0000    1111111111  00590  FE131
3)     677777755  0098765432      DISNEY WALTER   12/25/1936  02/07/2013 02/07/2013 99215  56400  959999999   DISNWAL0    1111111111  MR025  FE131
=========================================================================


=========================================================================
-------ACCEPTED CLAIM DETAIL
-------------------------------------------------------------------------
CLAIM# OA CLAIMID  PATIENT ID      LAST,FIRST      DOB         FROM DOS   TO DOS     CPT    ICD9   TAX ID      ACCNT#      PHYS.ID     PAYER
-------------------------------------------------------------------------
4)     677777756  401649008       WHITE SNOW      12/31/1948  02/07/2013 02/07/2013 88305  7871   333115555   WHITS000    1111111111  CH002
5)     677777757  401649008       RABBIT JESSICA  12/31/1948  02/10/2013 02/10/2013 88305  7871   333115555   RABJ0000    1111111111  CH002
6)     677777758  401649008       CHARMING PRINCE 12/31/1948  02/15/2013 02/15/2013 88305  7871   333115555   CHARP000    1111111111  CH002
=========================================================================
```

Accepted: These are sent on to the Payers.

Pending: Rejected for "Patient Not Covered" or "Patient Not Found"; we will hold on to these claims and reprocess every 7 days for 3 attempts in case it's just a matter of the eligibility file not being up to date. If not found by the 3rd attempt, it will be rejected back to you.

Rejected: Specific reasons will be noted on the report. Note the error code column on the right side of the Error Claim Detail section. These codes are explained above the Error Claim Detail section.

8. The EDI Status Report will appear and look similar to 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
( 00621 )  BCBS of Illinois (HCSC)   0      $0.00          0           $0.00         1            $186.00
( 65054 )  Premier Eye Care          0      $0.00          0           $0.00         1            $255.00
( 87726 )  United Healthcare         4      $755.00        0           $0.00         0              $0.00
--------------------------------------------------------------------------------------------------------

File ID    Claim ID   Pat.Acct# Patient    Amount  PracticeID Tax ID    Payer Payer Process Dt Payer Ref ID  Status    Payer Response
--------------------------------------------------------------------------------------------------------
393579906 1369975425 10704    Last, First  $186.00 1234567890 912222222 00621 01/30/2017    R000145       REJECTED  Invalid Payer ID - Use Payer ID 66005
393570543 1369958126 12488    Last, First  $255.00 1234567890 912222222 65054 01/30/2017    12488         REJECTED  Subscriber and subscriber id not found.
395155262 1373922395 11613    Last, First  $79.00  1234567890 912222222 87726 01/30/2017    EWFBPPPFQ00   ACCEPTED  Acknowledgement Receipt
395155262 1373922396 12160    Last, First  $282.00 1234567890 912222222 87726 01/30/2017    EPPBBP71B00   ACCEPTED  Acknowledgement Receipt
395155262 1373922398 13088    Last, First  $255.00 1234567890 912222222 87726 01/30/2017    ENNNNS76X00   ACCEPTED  Acknowledgement Receipt
395155262 1373922399 13101    Last, First  $139.00 1234567890 912222222 87726 01/30/2017    EWUUUUJX00    ACCEPTED  Acknowledgement Receipt
```

9. The EDI Status Report will list any messages Office Ally has received from the payer for this account on whichever day it appears on. Most come back within 3-5 business days, but every payer is different.

10. Please note the **Payer Ref ID** is the Payer Reference Number. This is assigned by each insurance carrier per claim, and can be used with an Accepted Payer Response as proof that the payer received the claim. When contacting Office Ally regarding a Claim Not on File, this number will be required.

Make sure to check for your reports daily as it's your responsibility to correct and resubmit any rejected claims that you may receive. You can correct the claims within your practice management system or through our online Claim Fix tool.