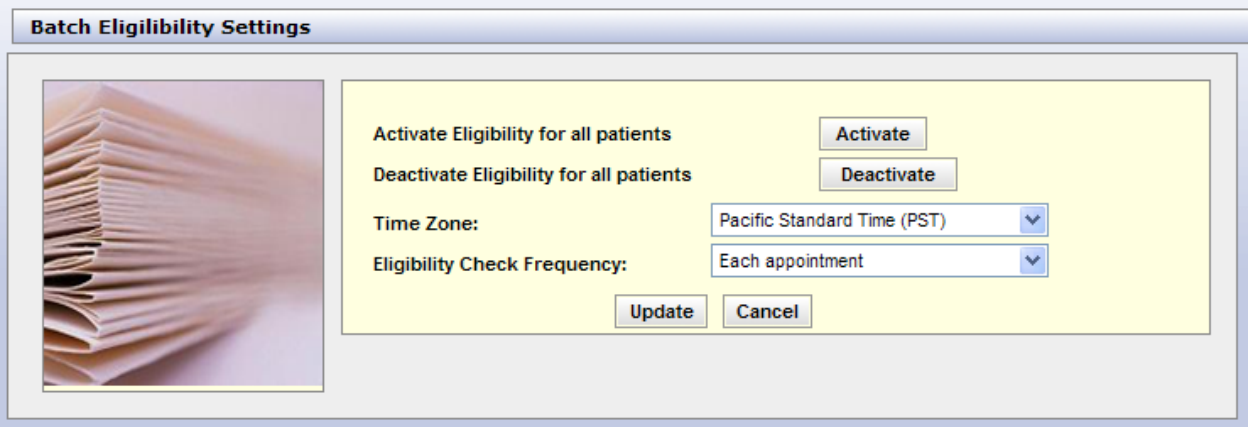
ELIGIBILITY VERIFICATION INSTRUCTIONS FOR USE

Once you have completed the Eligibility Verification User Agreement and Office Ally has linked your account you must complete the Eligibility Settings in Manage Office.

TO COMPLETE THE SET-UPS:

Access the Manage Office tab and locate Eligibility Settings in the Company Settings section.

From the Eligibility Settings link you may designate the default settings for the program to automatically process the eligibility verifications for your office. They are as follows:



- Activate Eligibility for all Patients: Click Activate to set the flag for all patients in your program. Through the Manage Patient record, you may deselect patients you do not want to verify eligibility on. If you do not wish to activate all patients, you may individually select the patients through their Manage Patient record.
- Deactivate Eligibility for all Patients: Click Deactivate to remove the flag for all patients in your program. Through the Manage Patient record, you may select patients you do want to verify eligibility on. If you do not wish to deactivate all patients, you may individually select the patients through their Manage Patient record.
- Time Zone: Click the drop down and select the time zone for your office location.
- Eligibility Check Frequency: Allows you to select how often you check eligibility for each patient. Currently you may only choose to have eligibility verified for each appointment set. In the future you will have the ability to select to have eligibility verified for each calendar month for a patient versus each appointment.

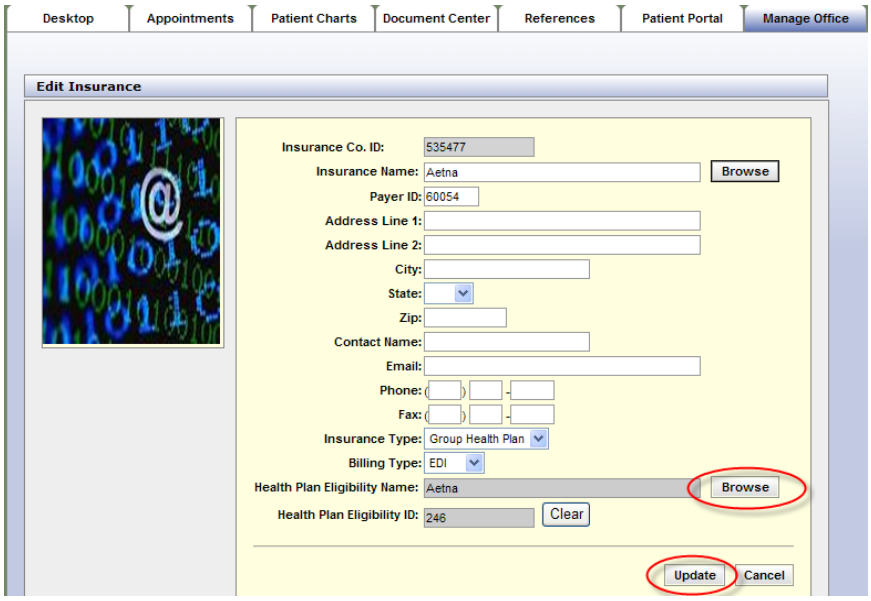
Once you have completed the settings for your office click “Update” to save them.

INSURANCES

The next step is to link the Insurance record in Manage Office to the Health Plan Eligibility Name.

To Begin, access Manage Office/List Maintenance/Insurances. Edit each insurance record you would like eligibility verified for.

- Locate the "Health Plan Eligibility Name" field
- Click the "Browse" button to access the list of Health Plans available for eligibility verification.
- Search the list and click select to link the Health Plan. Click update to save the information.
- This action will need to be completed for each insurance company you want the system to verify eligibility for.



PROVIDER RECORD

Verify you have correctly entered the provider's National Provider Identifier (NPI) in the provider record in Manage Office / List Maintenance / Providers

The NPI is required and is submitted with the Eligibility Verification request submitted to the health Plan.

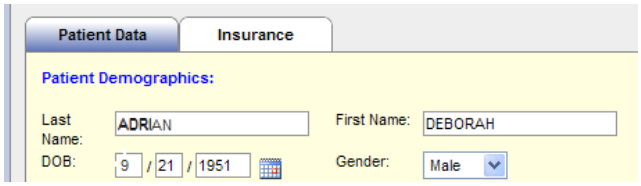
The Insurance Eligibility section will have the setting reflected in the Manage Office, Eligibility section in the Insurance tab.

Note: If the Health Plan Elig. Name is blank but the Health Plan is linked to the Insurance Co. record in Manage Office you do not have to link it. The first time you schedule an appointment for the patient, the system will update the record in the Manage Patients record.

The following fields are required elements for Eligibility Verification checking:

Patient Data

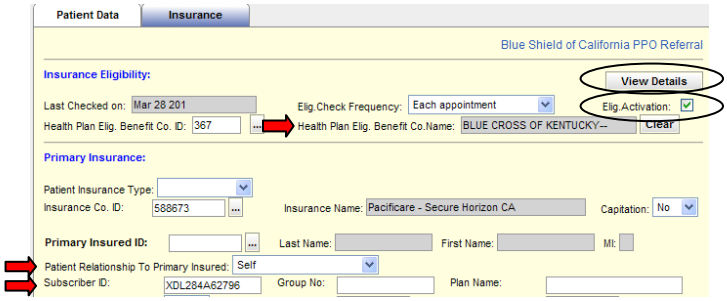
- Patient's First Name
- Patient Last Name
- Date of Birth
- Gender



Special Note: *Patients linked to an IPA or Medical Group as the Payer; you must link their actual health plan in the Health Plan Elig. section in order to verify eligibility.*

Insurance

- Health Plan Elig. Benefit Co. Name (defaults from link in Insurance Co. record)
- Patient Relationship to Primary Insured
- Subscriber ID

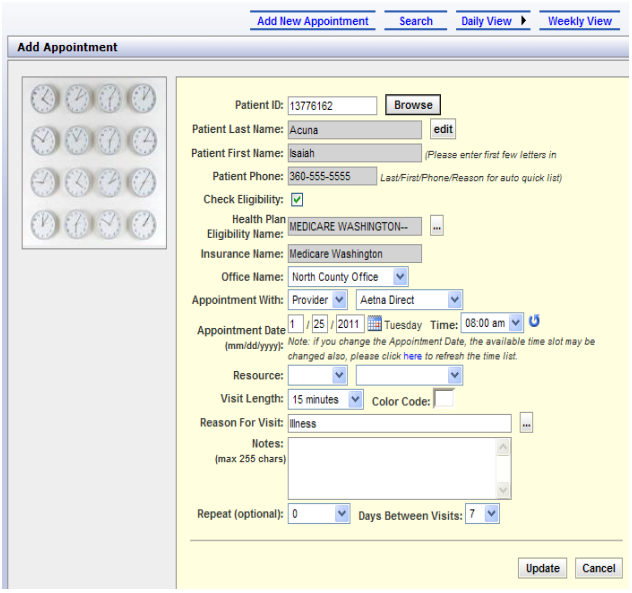


Elig. Activation - You may elect to exclude a patient from the Eligibility Verification process by un-checking the Elig. Activation Box.

View Details – review the last eligibility verification status received on the patient.

Special Note: If the patient has benefits through a rider for Mental Health, Chiropractic, etc. link the actual Health Plan that the patient is actually enrolled within the Health Plan Benefit Co. Name field. The actual Health Plan is utilized to verify eligibility. The Insurance Co. ID would be linked to the payer you are submitting the actual claim to.

When you select the patient Health Plan Eligibility Name will populate from the Patient's record. If this field has not been linked to the patient in Manage Patients you may select the Health Plan from the search list. When you update the appointment the Health Plan Eligibility Name will be updated in the patient's record.



To exclude a patient from Eligibility Verification checking for this specific appointment uncheck the "Check Eligibility" box.

NPI validation and approval is required prior to submitting eligibility verifications for Medicare patients. If Office Ally identifies your NPI as not registered when you attempt to schedule appointments for your Medicare patients, Office Ally will attempt to automatically register your NPI for you through Ability (Vision Share) . If the validation request comes back approved, you will be able to submit eligibility requests for Medicare patients within 2-3 days. If the validation request comes back denied, you will need to follow steps to verify your provider information is correct with the Medicare NPI Crosswalk/NPPES.

On the appointments tab you will see:

Elig. Status will display the status of the verification

- By clicking the status you will be able to see further details related to the verification.
  - **Do Not Check** – User elected not to check eligibility for the patient
  - **Eligible** – Response returned indicating the patient is eligible
  - **Invalid** – Response returned indicating either the patient information submitted is invalid (transaction fee will apply) or the request failed to reach the insurance company (transaction fee will not apply), a total of three attempts are made at no additional fee for failed to reach the insurance company. ***View the returned status for further details.***
  - **Not Eligible** – Response returned indicating the patient is not eligible
  - **Pending** – Response pending from the insurance company

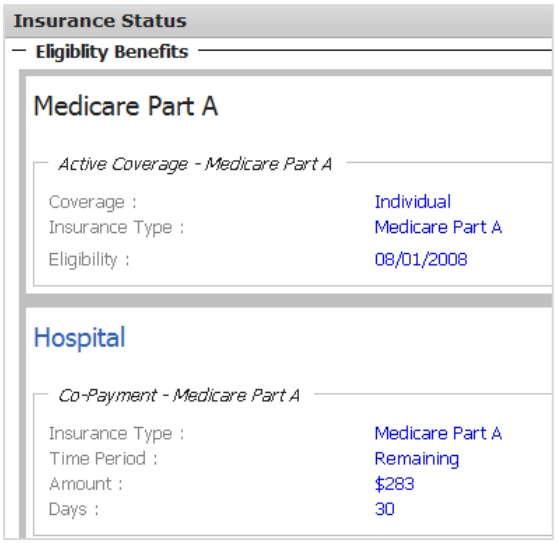
Elig. Copay – Amount of the copay indicated for the patient by the insurance company

Check Now – For newly added appointments, to recheck invalid responses or for any appointment you want to check eligibility NOW, simply click the "Check Now" link located within the status page.

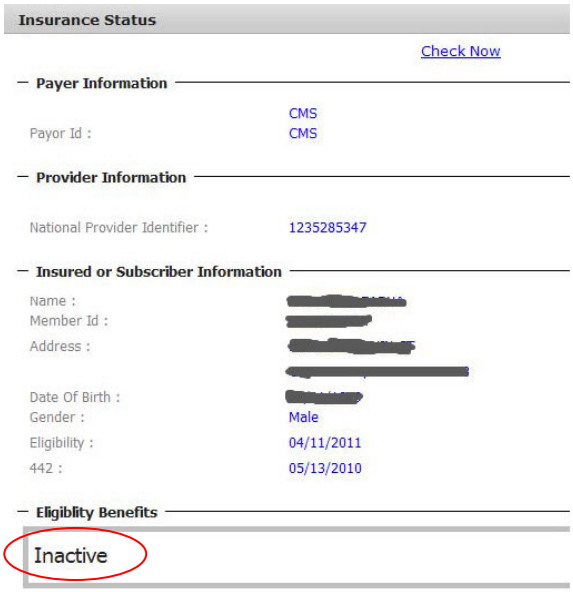
EXAMPLES OF ELIG. STATUS AND ELIG. COPAY RESPONSES

To view responses click on the status or $ sign within the appointment record.

Elig. Status (Eligible)



Elig. Status (Not Eligible)



Elig. Copay($)

SPECIAL NOTES

IPA/Medical Groups – If the patient is linked to an IPA or Medical Group as the Payer in the Insurance Co. field, you must link their actual health plan in the Health Plan Elig. Co. ID field in the Insurance Eligibility section of the patient record in Manage Patients / Insurance tab.

Insurance to Health Plan links - Office Ally will map the current available health plans to the insurance records in Manage Office. In the event Office Ally miss-mapped an insurance to a health plan simply access the Eligibility Settings section in Manage Office. Click on the "Deactivate" button to remove all patient settings.

Invalid Verification Requests – There are various types of invalid verification requests. If the invalid request is due to inaccurate or missing patient/insurance information you will receive a transaction fee for the request. However, if the invalid request is due to a failure of the request to reach the Health Plan to verify the submission you will not receive a transaction fee. Up to three submissions will be made to complete the transaction. If all 3 attempts fail you will not receive the transaction fee. If one of three attempts is successful, you will receive one transaction fee.

Rider Benefits - If the patient has benefits through a rider for Mental Health, Chiropractic, etc. link the actual Health Plan that the patient is actually enrolled within the Health Plan Benefit Co. Name field. The actual Health Plan is utilized to verify eligibility. The Insurance Co. ID would be linked to the payer you are submitting the actual claim to.

Time Zone – It is important you select the appropriate time zone for your office location. This is to ensure requests are submitted and responses returned within the appropriate time lines for your office hours.