



SERVICE CENTER

User Manual

TABLE OF CONTENTS

Table of Contents	2
Contact Information and Support Options	3
Payer List Look Up	4
Pre-Enrollment Requirements	4
Logging into Office Ally	5
Claim Submission	6
Uploading Claims	6-7
Online Claim Entry	7-10
Claims Awaiting Batch	11
Claim Fix	11-12
Office Ally Reports	12
File Summary Report	13-14
EDI Status Report	14
Download EOB/ERA 835	15-17
Inventory Reporting	18 - 19
Real Time Eligibility Checking (Manual)	20 - 21
Real Time Claim Status Checking (Manual)	22 - 24
View Claim History	25
Code Search	26
Patient Look Up Tool	27

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 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 the Payer List. At the top, it says "Payer List - Professional (CMS1500) & Institutional (UB04)" with a "Download the full list" link. Below this are search filters: "Search by Payer ID", "Search by Payer Name", "Line of Business" (dropdown), "Type/Model" (dropdown), and "Transactions" (dropdown). There are "SEARCH" and "SHOW ALL" buttons. A legend at the bottom defines abbreviations: ENR = Pre Enrollment Required, TYP = Type/Model, C/P = Commercial/Par, G/NP = Government/Non-Par, ST = State, LOB = Line Of Business, M = Medical / Professional, H = Hospital / Institutional, RTE = Real Time Eligibility (270/271), RTS = Real Time Claim Status (276/277), ERA = Electronic Remittance Advice (835), and SEC = Secondary (COB).

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. It has a navigation menu with "HOME", "PRODUCTS", "SERVICES", "RESOURCE CENTER", "SUPPORT", and "LOGIN". The main content area is titled "Payer EDI Enrollment" and includes a list of links: "Payer Lists", "Office Ally Forms & Manuals", "Payer EDI Enrollment Forms" (highlighted with a red box), "Payer ERA Enrollment Forms", "Webinars", "Regulatory Info (HIPAA)", "HIPAA Privacy & Security", and "Certifications". Below the links, it says "Payer Enrollment Forms (by State):" and "Click here 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.

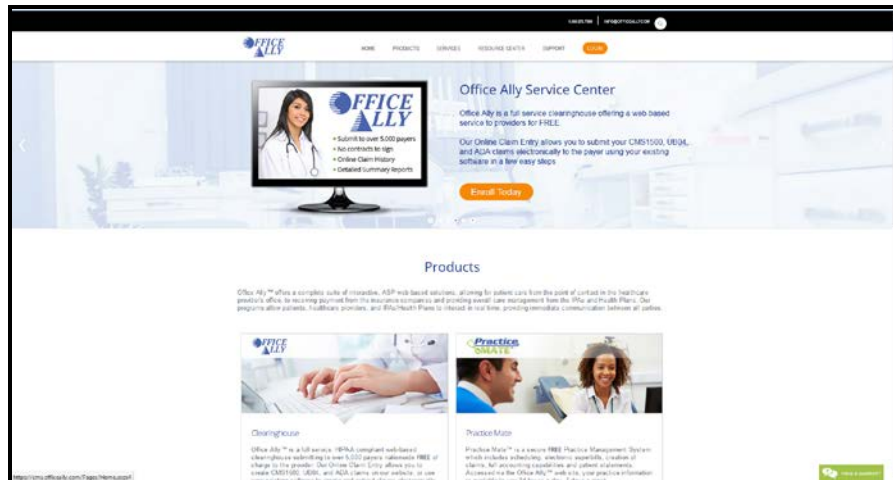
The screenshot shows the "Payer ERA Enrollment" page. It has a navigation menu with "HOME", "PRODUCTS", "SERVICES", "RESOURCE CENTER", "SUPPORT", and "LOGIN". The main content area is titled "Electronic Remittance / ERA / 835" and includes a list of links: "Payer Lists", "Office Ally Forms & Manuals", "Payer EDI Enrollment Forms", "Payer ERA Enrollment Forms" (highlighted with a red box), "Webinars", "Regulatory Info (HIPAA)", "HIPAA Privacy & Security", and "Certifications". Below the links, it says "Payer ERA Enrollment Forms (A-Z)" and "Click here 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.

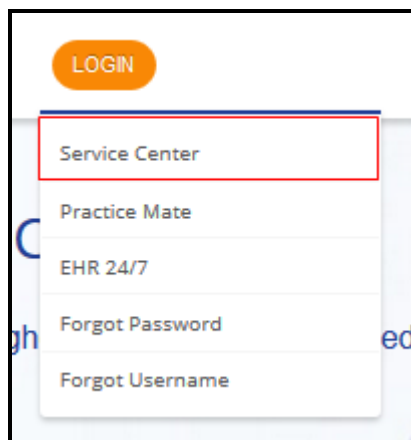
If you'd like to see a new payer connection made available on our payer list, you can send in a [New Payer Connection Request Form](#) and we will attempt to set the connection up (adding the requested connection is not guaranteed).

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**.

The screenshot shows the "Login to Office Ally" form. It has a title "Login to Office Ally" in blue. Below the title, there are two input fields: "Username" and "Password". Below the "Password" field, there is an orange "Log In" button. At the bottom of the form, there is a link that says "Forgot Username or Password?".

UPLOADING CLAIMS (THIRD PARTY SOFTWARE)

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

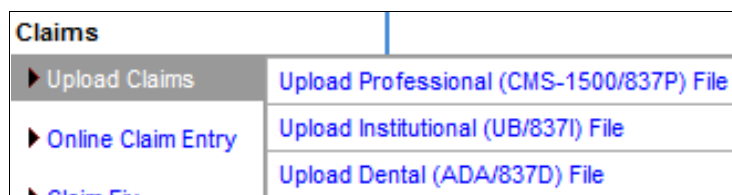
- ANSI 837P/837I Files
- HCFA/CMS1500/UB92/UB04 Print Image Files
- NSF Files (HCFA only)
- Proprietary (Delimited) Files (HCFA only – contact Customer Service for format specifications)

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

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

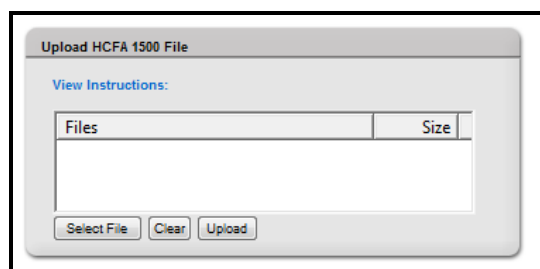
THIRD PARTY SOFTWARE SUBMITTERS (MANUAL UPLOAD)

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

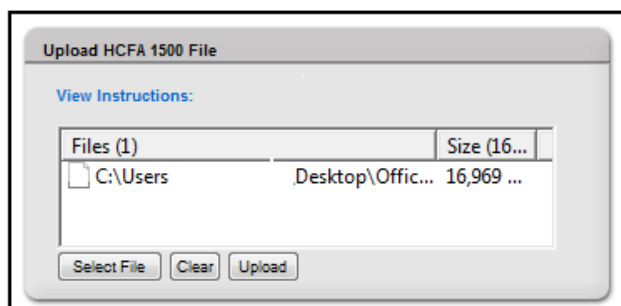


2. Click on **Select File** to browse your desktop for the file you would like to upload.

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.xox
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.

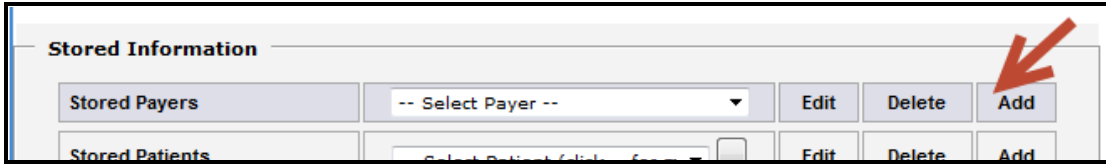
Claims	
► Upload Claims	
► Online Claim Entry	Create Professional (CMS-1500) Claim
► Claim Fix	Professional (CMS-1500) Manage Stored Info
	Create Institutional (UB) Claim
	Institutional (UB) Manage Stored Info
	Create Dental (ADA) Claim
	Claims Awaiting Batch

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 more) --	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

- 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.

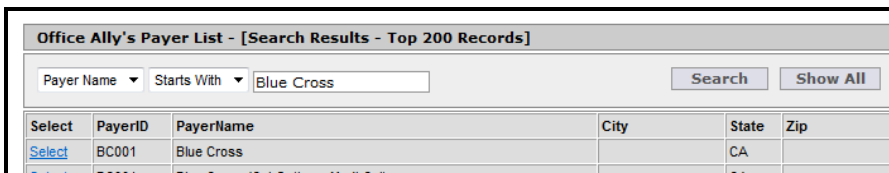


The screenshot shows a web interface with a section titled "Stored Information". Below this title, there are two rows of buttons. The first row is for "Stored Payers" and includes a dropdown menu labeled "-- Select Payer --", and three buttons: "Edit", "Delete", and "Add". A red arrow points to the "Add" button. The second row is for "Stored Patients" and includes a dropdown menu labeled "-- Select Patient/Provider/Company --", and three buttons: "Edit", "Delete", and "Add".

- 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.



The screenshot shows a form titled "Add Payer". It contains several input fields: "Payer Name:" (with a red asterisk), "Address/Payer ID:", "2nd Address:", "City:", "State:" (a dropdown menu), and "Zip:". To the right of these fields is a button labeled "OA Payers" with a red arrow pointing to it. At the bottom right of the form are "Update" and "Cancel" buttons.

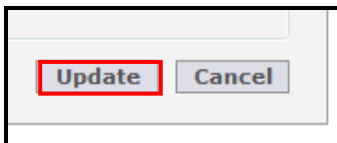


The screenshot shows a table titled "Office Ally's Payer List - [Search Results - Top 200 Records]". Above the table are search filters: "Payer Name" (a dropdown), "Starts With" (a dropdown), and a text input field containing "Blue Cross". There are "Search" and "Show All" buttons. The table has columns: "Select", "PayerID", "PayerName", "City", "State", and "Zip". The first row of data shows "Select" (with a "Select" link), "BC001", "Blue Cross", an empty "City" field, "CA", and an empty "Zip" field.

- 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.

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



The screenshot shows a close-up of the "Update" and "Cancel" buttons. The "Update" button is highlighted with a red rectangle.

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.

Add Template

Template Information

Template Name

14. Date of Current:

15. If Patient Has Had Same or Similar Illness, Give First Date:

16. Dates Patient Unable to Work in Current Occupation
From: To:

17. Name of Referring Physician or Other Source (First, Middle Init, Last)

17a.

17b. NPI

18. Hospitalization Dates Related To Current Services
From: To:

19. Reserved For Local Use

20. Outside Lab?
☐ YES ☐ NO

21. Diagnosis or Nature of Illness or Injury (Relate Items A(1), B(2), C(3) or D(4) to item 24E by line)

A(1) B(2) C(3) D(4) ICD Ind.

E(5) F(6) G(7) H(8)

I(9) J(10) K(11) L(12)

22. Medicaid Resubmission Code Original Ref. No

23. Prior Authorization Number

24. A.	B.	C.	D.	E.	F.	G.	H.	I.	J.				
24. Date Of Service From To	Place Of Service	EMG	CPT/ HCPCS	Modifier B C D	Diag. Pointer	Charge	Days Or Units	EPSDT Family Plan	ID QUAL	Rendering Provider ID #	Rendering Provider NPI	NDC Qual	NDC Code
1													

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.

21. Diagnosis or Nature of Illness or Injury (Relate Items A(1), B(2), C(3) or D(4) to item 24E by line)

A(1) B(2) C(3) D(4) ICD Ind.

E(5) F(6) G(7) H(8)

I(9) J(10) K(11) L(12)

24. A. B. C. D. E. F. G. H. I. J.

24. Date Of Service From To Place Of Service EMG CPT/ HCPCS Modifier B C D Diag. Pointer Charge Days Or Units EPSDT Family Plan ID QUAL Rendering Provider ID # Rendering Provider NPI NDC Qual NDC Code

1

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.

Stored Information

Stored Payers

Stored Patients

Stored Billing Providers

Stored Rendering Providers

Stored Facilities

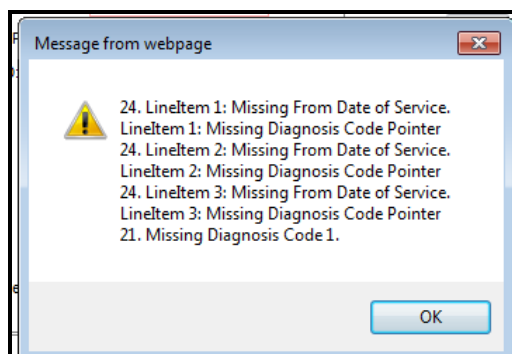
Stored Templates

To create a new claim using your stored information, please select from each of the pertinent categories then click "Create New Claim"

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.		B.	C.	D.				E.	F.	G.	
24. Date Of Service		Place Of Service	EMG	CPT/ HCPCS	Modifier				Diag. Pointer	Charge	Discharge
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**.

Load Stored Info

Payer Name: OA Payee
Address / Payer ID:
2nd Address:
City, State, Zip:

☐ This is a SECONDARY Claim

1. MEDICARE
☐ (Medicare #)
2. PATIENT'S NAME (Last Name, First Name, Middle Init)
Last: First: Mt:

3. PATIENT'S BIRTHDATE
 / /

4. INSURED'S NAME (Last Name, First Name, Middle Init)
Last: First: Mt:
Copy From Patient

5. PATIENT'S ADDRESS (No. Street):

CITY: STATE:
ZIP CODE: TELEPHONE:

6. PATIENT RELATIONSHIP TO INSURED
Self ☐ Spouse ☐ Child ☐ Other ☐

7. INSURED'S ADDRESS (No. Street)

CITY: STATE:
ZIP CODE: TELEPHONE:

9. OTHER INSURED'S NAME (Last Name, First Name, Middle Init)
Last: First: Mt:
a. OTHER INSURED'S POLICY OR GROUP NUMBER

b. RESERVED FOR NUCC USE

c. RESERVED FOR NUCC USE

d. INSURANCE PLAN NAME OR PROGRAM NAME

10. IS PATIENT'S CONDITION RELATED TO:
a. EMPLOYMENT? (CURRENT OR PREVIOUS)
☐ Yes ☐ No
b. AUTO ACCIDENT? PLACE (State)
☐ Yes ☐ No
c. OTHER ACCIDENTS?
☐ Yes ☐ No

11. INSURED'S POLICY GROUP OR FECA NUMBER

a. INSURED'S DATE OF BIRTH
 / / SEX
M ☐ F ☐
b. Other Claim ID (Designated by NUCC)

c. INSURANCE PLAN NAME OR PROGRAM NAME

d. IS THERE ANOTHER HEALTH BENEFIT PLAN?
YES ☐ NO ☒ If yes, complete items 9, 9a and 9d.

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE
SIGNED ☒ Yes ☐ No DATE / /

13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE
SIGNED ☒ Yes ☐ No

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.

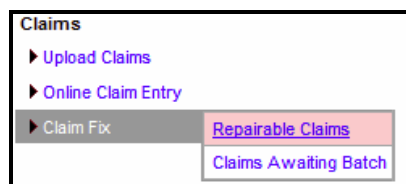
In order to access this section, hover over **Online Claim Entry** and select **Claims Awaiting Batch**.

Online Entry - Waiting to be Batched										<input type="radio"/> CMS 1500 08/05 (Old) <input checked="" type="radio"/> CMS 1500 02/12 (New) 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

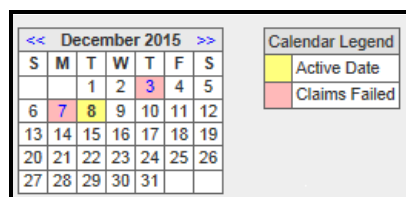
CLAIM FIX (REPAIRABLE CLAIMS)

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
HCFA Failed Claims (click to collapse or expand this section) Export To Excel													
<div> << Previous 1 Next >> </div>													
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:

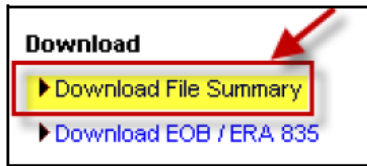
File Summary Report (Default Report)	<ul style="list-style-type: none"> • Text format (TXT) • Office Ally acceptances and rejections • Standard OA report (activated automatically) • Format specs can be provided if user will be creating a report parser (3rd party SW users)
EDI Status Report (Default Report)	<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)
EDI Status Reports (Custom CSV format)	<ul style="list-style-type: none"> • CSV (Excel) version of the EDI Status Report • User customizable • To activate CSV reports, follow these instructions
Office Ally 999/277 Report	<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)
Electronic Remittance Advice (ERA/835)	<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		
1	2	3	4	5	6	7		Active Date
8	9	10	11	12	13	14		Report(s) To Be Viewed
15	16	17	18	19	20	21		Report(s) Viewed
22	23	24	25	26	27	28		
29	30							

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".

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_EDl_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	Meridian (MEDI)	7	\$1,162.00
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: 03/02/2006
Type of File: HCFA
Date Processed: 03/02/2006

0 # of Claims Initially Accepted
0 # of Claims that will be automatically reprocessed in 7 days (Patient Not Found / Not Covered)
4 # 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#	OA	CLAIM#	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	A000000	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_IDI_STATUS_YYYYMMDD.txt*

MULTI	Payer Response	296020028	296020028_IDI_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	PracticeID	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**.

Report Legend

- File(s) Pending
- File(s) Downloaded

Report Mode: (mm/dd/yyyy)

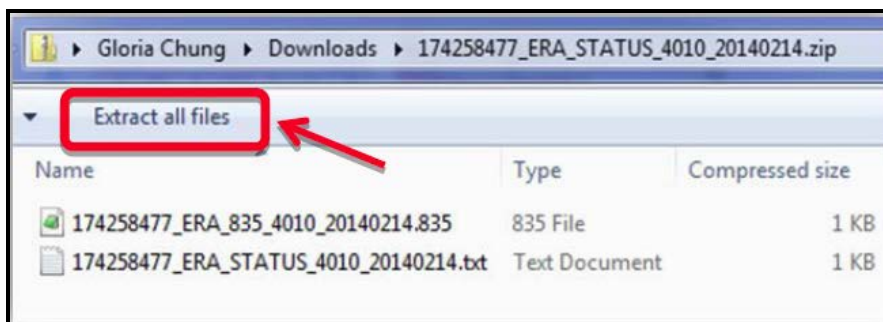
Report Type:

Please use the calendar (left) to view daily report or for advanced report options, select criteria above then click Go.

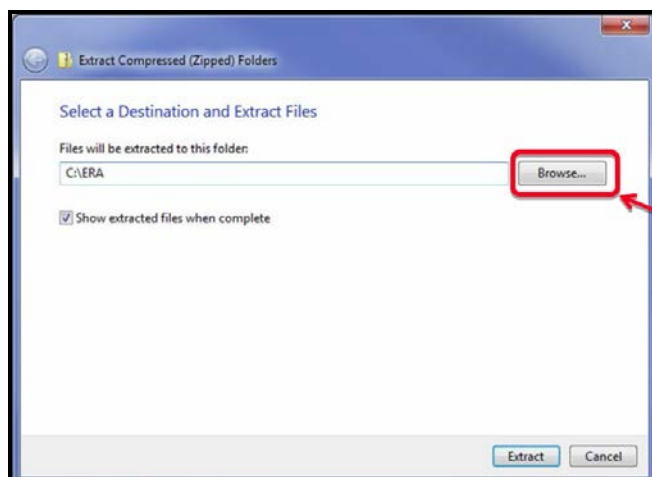
Daily EOB / ERA 835 Reports for 2/25/2016 - [Report Type = All]

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

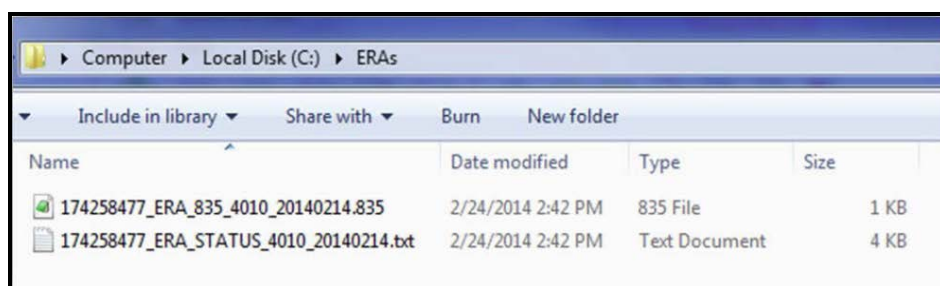
4. Click the **VIEW** link in the **Download/View** column next to the ERA file you wish to download. This will download the zip file which contains both the actual 835 (*.835) and a readable text version (*.TXT) of the ERA.
5. Click the **Extract all files** button then browse your computer to specify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

READABLE_ERA_STATUS_SAMPLE.txt

Dear: First Last (username)

Your Claims have been adjudicated by the Payer. Electronic Payment / Advise information has been received by Office Ally and summarized as follows.

----- HEALTH CARE CLAIM PAYMENT/ADVISE -----

Check#	Amount	# Claims	NPI or Tax ID	Payee	Date
12345678	15.07	1	1234567890	DOCTOR SMITH MD LTD	02/12/2014

Check#	Patient ID	Last,First	Charge Amt	Payment Amt	Acct#	Status	Payer
12345678	987654321	DOE, JANE	183.00	15.07	JDOE123	PROCESSED AS SECONDARY	ABC INSURANCE COMPANY 1234 STREET ST CITY, ST 999990001 Tax ID: 95-9999999

Payer Claim Control Number: 99988877766655-005/20140212TEST0
Claim Statement Period: 01/21/2014 - 01/21/2014

Line Item:	Svc Date	CPT	Charge Amt	Payment Amt	Total Adj Amt	Remarks
	01/21/2014	99213	183.00	15.07	167.93	NO REMARKS

Adjustment Group: OTHER ADJUSTMENTS Adj Amt Translated Reason Code: 167.93 PAYMENT ADJUSTED BECAUSE CHARGES HAVE BEEN PAID BY ANOTHER PAYER.

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.

ERA 835 Check Look Up

Search Options

Enter ERA Check Number:

Please enter the search criteria then click 'Search'.

Search Results:

Check Number: <input type="text"/>	Payer: <input type="text"/>
Check Amount: \$15.07	<input type="text"/>
Check Date: 02/12/2014	<input type="text"/>
Pay To: <input type="text"/>	
Tax ID: <input type="text"/>	

Outbound Report Status: Report Generated
Outbound Report File: _ERA_STATUS_4010_20140214.zip.xxx
(File ID: Created 2/14/2014 10:26:45 AM, User ID: User Name:)

Claim	Patient ID	Last, First Name	Charge Amt	Payment Amt	Acct#	Status
1	<input type="text"/>	<input type="text"/>	\$183.00	\$15.07	<input type="text"/>	PROCESSED AS SECONDARY

Service Date	CPT	Charge Amt	Payment Amt	Adj. Amt	Remarks	Adjustment Details (Group, Amount, Reason)
01/21/2014	99213	\$183.00	\$15.07	\$167.93		OTHER ADJUSTMENT \$167.93 PAYMENT ADJUSTED BECAUSE CHARGES HAVE BEEN PAID BY ANOTHER PAYER.

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 lists various services, with 'Inventory Reporting' under the 'Reports' section highlighted by a red arrow. The main panel contains a 'Search Options' section with the following fields and controls:

- Select Payer:** A dropdown menu currently showing 'SCAN Health Plan'.
- Form Type:** Radio buttons for 'HCFA' (selected), 'UB04', and 'ADA'.
- From Date:** A date picker field.
- To Date:** A date picker field with a tooltip indicating '(mm/dd/yyyy)'.
- Date Type:** Radio buttons for 'DOS', 'Upload' (selected), and 'Processed'.
- Status:** A dropdown menu currently showing '-- All --'.
- Error Code:** A dropdown menu currently showing '-- Select Type Of Error --'.
- Exclude Error:** A dropdown menu.
- Tax ID:** A text input field.
- State License ID:** A text input field.
- Patient Last Name:** A text input field.
- Patient First Name:** A text input field.
- Patient Account No:** A text input field.
- Insured ID:** A text input field.
- File ID:** A text input field.
- Claim ID:** A text input field.
- CPT Code:** A text input field.
- Diagnosis Code:** A text input field.
- Submission Type:** A dropdown menu currently showing '-- ALL --'.
- Sort By:** A dropdown menu currently showing '-- Select One --'.

At the bottom of the search panel, there is a note: 'Please enter the search criteria then click "Search"'. Below this are two radio buttons for 'Detail Report' (selected) and 'Summary Report'. To the right of these are two buttons: '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

Export To Excel
Search

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.

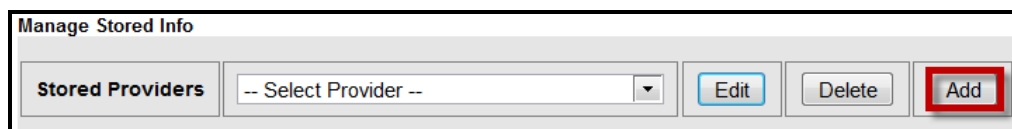
Search Results - 226 claims found			
Status	File ID	Claim ID	Pa
Passed	138459544	697240806	S
Passed	138465318	697267729	S

- 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:	
Print Claim Image Print To PDF File	

REAL TIME ELIGIBILITY CHECKING (MANUAL)

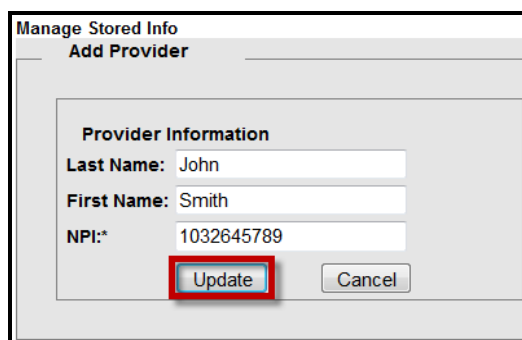
1. Before you can check on a patient's eligibility status, you will need to store your provider information. Hover over **Eligibility Request** and click on the **Eligibility Stored Info** link.
2. Click on **Add**.



Manage Stored Info

Stored Providers -- Select Provider -- Edit Delete **Add**

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



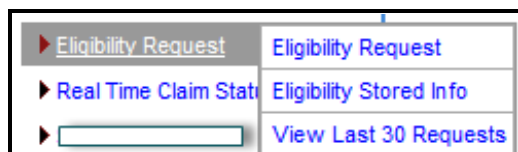
Manage Stored Info
Add Provider

Provider Information

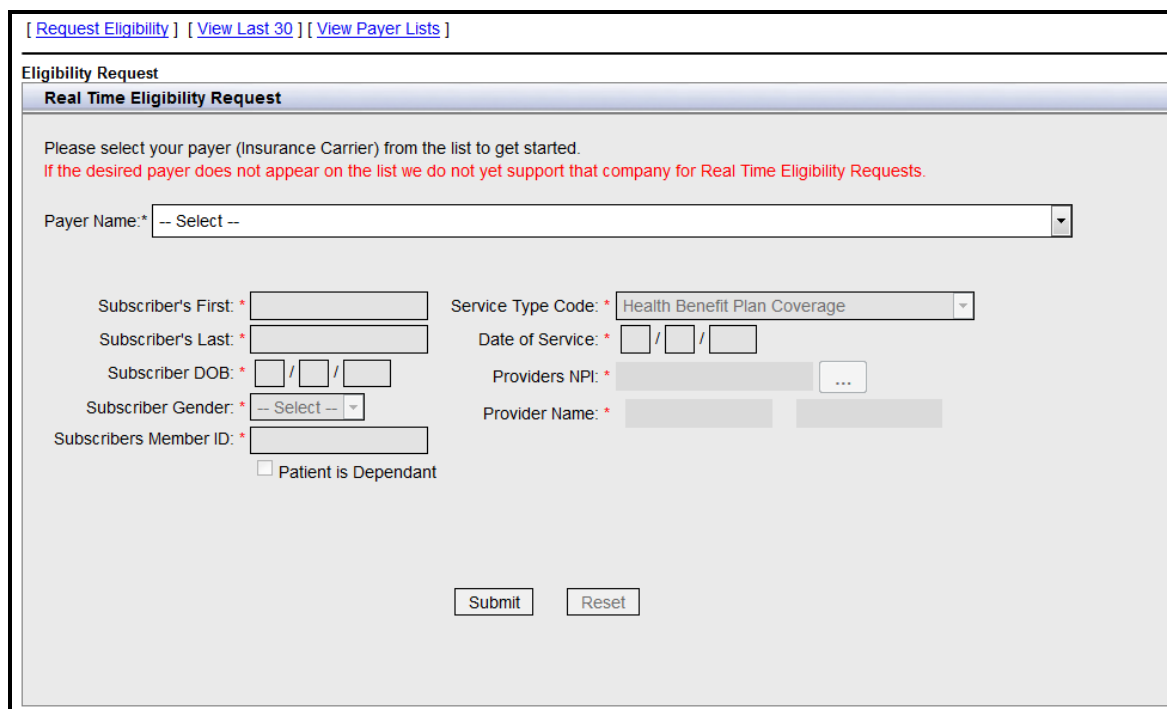
Last Name: John
First Name: Smith
NPI:* 1032645789

Update Cancel

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.



► Eligibility Request Eligibility Request
► Real Time Claim Status Eligibility Stored Info
► View Last 30 Requests



[Request Eligibility] [View Last 30] [View Payer Lists]


Eligibility Request
Real Time Eligibility Request

Please select your payer (Insurance Carrier) from the list to get started.
If the desired payer does not appear on the list we do not yet support that company for Real Time Eligibility Requests.

Payer Name:* -- Select --

Subscriber's First:* Service Type Code:* Health Benefit Plan Coverage
Subscriber's Last:* Date of Service:* / /
Subscriber DOB:* / / Providers NPI:* ...
Subscriber Gender:* -- Select -- Provider Name:*
Subscribers Member ID:*
☐ Patient is Dependant

Submit Reset

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...



[Request Eligibility] [View Last 30] [View Payer Lists] [View Last 30 (Old)]

Manage Stored Info
Make Another Request







- Payer Information -

Payer Id : AETHA INC
953402799

- Provider Information -

Name : 
National Provider Identifier : 

- Insured or Subscriber Information -

Name : 
Member Id : 
Plan Number : 
Group Number : 
Address : 
Date Of Birth : 
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
Note : 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, Semi Private Room and Board, Intensive Care Room and Board, GYN Visit
Note : Specialed 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 Office Ally Claim ID:

▼ 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](#)

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 Office Ally Claim ID: 1099381623

▼ 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 Office Ally Claim ID:

▼ 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 / 30 / 2014

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

Search Results - 4 claims found

Office Ally Claim ID	Patient Name	Patient Acc't. No	Insured ID	From Date of Service	To Date of Service	Total Charges	Tax ID	Payer Name	Check Status
<input type="checkbox"/> 199201401		655D4785D47548		04/24/2014	04/24/2014	\$220.00		Aetna Healthcare	<input type="button" value="Check Status"/>
<input type="checkbox"/> 199893357		654D58F4E4D54D5		04/24/2014	04/24/2014	\$280.00		Aetna Healthcare	<input type="button" value="Check Status"/>
<input type="checkbox"/> 199947139		58D586FV8V84V		04/24/2014	04/24/2014	\$226.32		Aetna Healthcare	<input type="button" value="Check Status"/>
<input type="checkbox"/> 199958485		F4D5V8E4F4D5F4E		04/24/2014	04/24/2014	\$138.00		Aetna Healthcare	<input type="button" value="Check 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: david

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

Claim Search

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		56DS6FVWE4W		04/24/2014	04/24/2014	\$26.12		Aetna Healthcare	
<input checked="" type="checkbox"/>	199958485		F4DSWSE4F4DSF4E		04/24/2014	04/24/2014	\$138.00		Aetna Healthcare	

Check Claim Status

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 Pa

Reset Fields

Patient Last Na

Patient Account Num

Date Ty

Search Results - 4 claims fo

	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

AETNA HEALTHCARE

00002

Submitter Information

OFFICE ALLY

1234567893

Provider Information

JOHN SMITH

1234567893

This is the provider listed on the claim.

Subscriber Information

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.

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

Search

Display Filters: Payer: -- All --

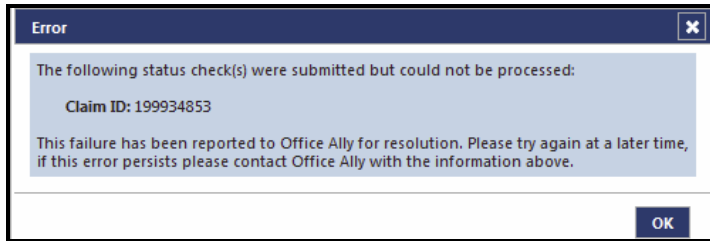
Status Category: -- All --

Refresh

Select Action

	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		800Z1Z9		09/11/2015	09/11/2015		Aetna Healthcare	10/30/2015	Claim Rejected		
	1099381623		800Z1Z9		09/11/2015	09/11/2015		Aetna Healthcare	10/30/2015	Claim Rejected		
	1099381623		800Z1Z9		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		

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

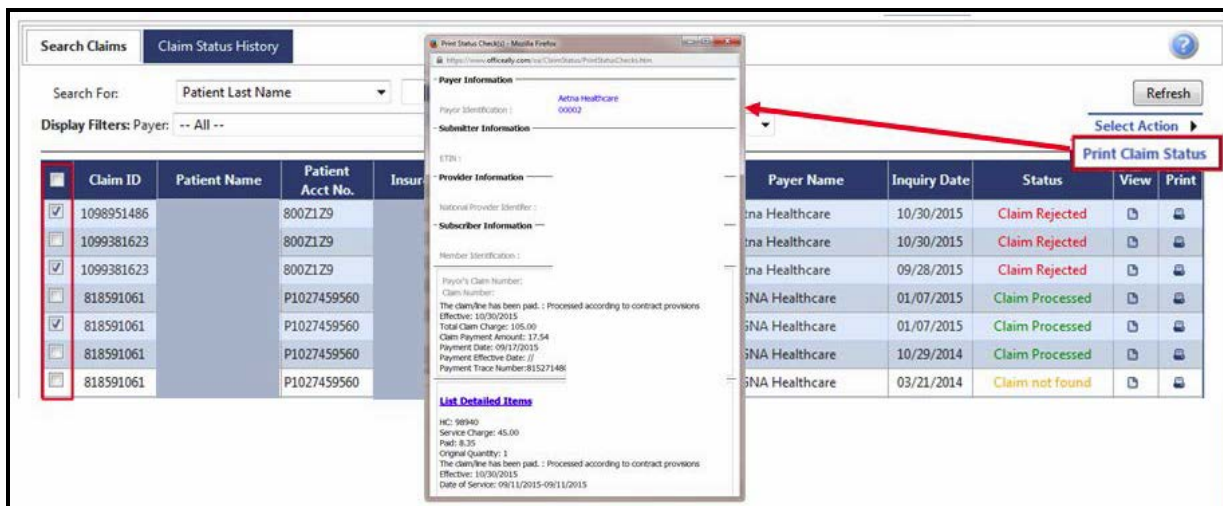
The **Claim Status History** tab lists all the results for the claim status checks submitted. From this tab, you can search for, view, and/or print the claims status results. Use the Search for and Display Filters at the top of the grid to narrow your results based on specific data elements. The results 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.

The screenshot shows the 'Claim Status History' tab in a software interface. At the top, there is a 'Search Claims' section with a 'Search For:' dropdown set to 'Patient Last Name' and a 'Search' button. Below this is a 'Display Filters' section with 'Payer: -- All --' and 'Status Category: -- All --'. A 'Refresh' button is on the right. The main table has columns: 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, and Print. The table contains 8 rows of data. The 'Status' column has values: Claim Rejected, Claim Rejected, Claim Rejected, Claim Processed, Claim Processed, Claim Processed, Claim Processed, and Claim not found. The 'View' and 'Print' columns have icons for each row.

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:', 'Insured ID Number:', 'From Date of Service:', and 'To Date of Service:'. Each of the first four fields has a 'Begins With' dropdown menu. The date fields have a '(mm/dd/yyyy)' placeholder. A 'Submit' button is at the bottom.

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		
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		:
ONLINE ENTRY BATCH: 6695338		3/3/2011 12:01:50 AM		3/3/2011 12:01:53 AM		18	2	File Processed		
Claims Member	Pat. Last	Pat. First	Pat. Acct. #	Insured ID #	Charge	Provider	From	To	TaxID	Practice ID
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		:
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..										

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: ☐

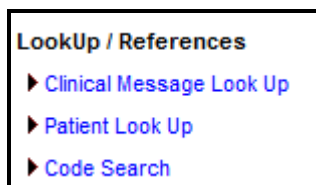
Please enter the search criteria then click 'Search'.

	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

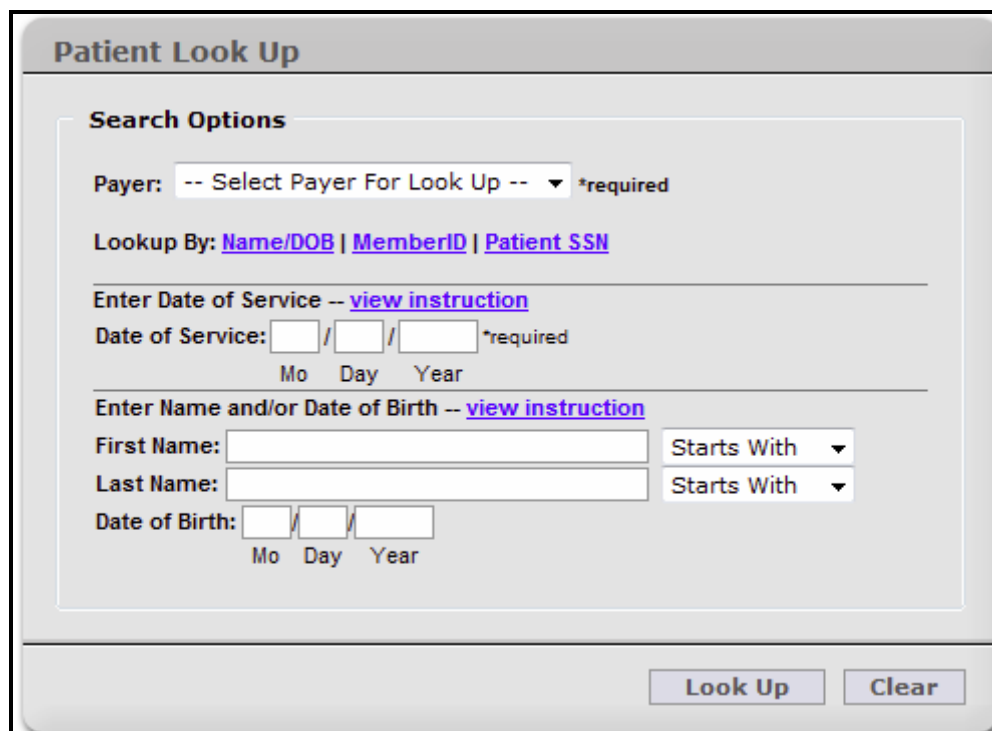
PATIENT LOOK UP

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 a web form titled "Patient Look Up". The form has a "Search Options" section with the following fields: "Payer:" with a dropdown menu labeled "-- Select Payer For Look Up --" and a "*required" label; "Lookup By:" with links for "Name/DOB", "MemberID", and "Patient SSN"; "Enter Date of Service -- view instruction" with a label and a link; "Date of Service:" with three input boxes for "Mo", "Day", and "Year", a "*required" label, and a link; "Enter Name and/or Date of Birth -- view instruction" with a label and a link; "First Name:" and "Last Name:" with input boxes and "Starts With" dropdown menus; and "Date of Birth:" with three input boxes for "Mo", "Day", and "Year". 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.