



Eligibility Verification User Agreement

This agreement is made this ____ day of _____, 20____, by and between Office Ally, LLC (“Business Associate”) and _____ (“Covered Entity”).

Terms and Conditions

Definitions

- o A **transaction** defined as an electronic request for eligibility verification (270) submitted to the payer
- o A **successful transaction** is defined as an eligibility verification submission (270) for a patient where a response (271) is returned. The response may be that the patient is eligible, not eligible or that there was an unsuccessful response due to the lack of patient or provider information in the request. These responses will count towards the total number of transactions.
- o **Manual Eligibility Verification** – Manual Eligibility Verification uses data manually entered into the eligibility tool. Covered Entity will be required to enter patient and provider data in this tool to obtain results.
- o **Automated Eligibility Verification** – **Automated Eligibility Verification uses the data in the Eligibility insurance section** of the patient record within Practice Mate™ and EHR 24/7™ to verify eligibility. **The group of patients to be checked for** eligibility is based on the appointments scheduled **from the calendar** and the active appointments on the calendar for a particular day.

Fee for Service

Covered Entity will incur charges of ten dollars (\$10.00) for up to the first one-hundred (100) transactions (eligibility verifications/270s) and an additional \$0.10 for each transaction thereafter within one (1) calendar month. For example, any number of transactions from 1 to 100 will cost \$10.00, however if you perform 101 transactions it will cost \$10.10 which is the flat rate of \$10.00 plus the 1 additional transaction charged at \$0.10. Business Associate will invoice Covered Entity at the beginning of each calendar month for the number of successful transactions conducted in the prior calendar month. Eligibility verifications that are unsuccessful due to a lack of patient or provider information will count towards the total number of transactions. Covered Entity will not be charged for a submitted transaction (270) when a response (271) is not returned.

Termination of Services

Covered Entity may at any time terminate use of Automated Eligibility Verification by submitting a written, signed 30-day cancellation notice. Covered Entity is responsible for all charges incurred up until receipt of e-mail confirmation from the Business Associate. Business Associate agrees to send email confirmation of the cancellation request to Covered Entity within 3 business days from the date the letter was received by Business Associate.

NPI Validation

Office Ally has contracted with Ability® to provide connectivity for Medicare Eligibility Verification services. There is no additional paperwork required by Ability®; however, a valid, active NPI is required to submit Eligibility Verification requests (270s) to Medicare. Ability® must validate your NPI numbers before you can begin using either Eligibility Verification tools (manual/automated) for Medicare Eligibility Verification request(s). For **information** on how your NPI #(s) **will be validated** see Appendix A: Ability (Vision Share) NPI Validation Process.

I have read and understand this agreement and wish to be able to verify eligibility with this automated eligibility verification tool. I am authorized to sign this agreement on behalf of my business. This Automated Eligibility User Agreement is only required if you want to perform Automated eligibility checks/transactions.

Covered Entity

Name

Signature

Company

Phone Number

Business Associate

Brian P. O'Neill

Name



Signature

Office Ally Representative

Office Ally User Name (If not a current Office Ally user you must complete a separate enrollment form and authorization sheet.)

Please fax completed User Agreement to (360) 314-2184. For questions call (866) 575-4120 opt. 3.



Appendix A: Ability® (Vision Share®) NPI Validation Process

Office Ally has contracted with Ability® (formerly Vision Share®) to provide connectivity for eligibility inquiry services. There is no additional paperwork required by Ability®; however, a valid, active NPI is required to submit Eligibility requests. Ability® must validate your NPI numbers before you can begin using either Eligibility tools (manual/automated) for Medicare Eligibility Validation requests.

How do I get my NPI Validated?

If Office Ally identifies your NPI as not yet registered with Ability when you attempt to schedule appointments for your Medicare patients, Office Ally will attempt to automatically send an NPI validation request for the provider through Ability (Vision Share).

How do I know if my NPI was accepted (validated) or rejected (not validated)?

If the NPI validation request comes back approved, you will be able to submit eligibility requests for Medicare patients within 2-3 days of the initial attempt. If the validation request comes back denied, when you try to submit an eligibility request for a Medicare patient, the system will notify you that your NPI Validation Request was denied/rejected.

What does it mean if my NPI was accepted?

If your NPI was accepted you can begin using the Automated Eligibility Verification tool for Medicare verifications.

What does it mean if my NPI is rejected?

Rejected NPIs are not valid on the Medicare NPI Crosswalk. This can happen for a variety of reasons.

What is the main cause for a rejected NPI?

NPIs are rejected generally when the provider information maintained by NPPES (National Plan and Provider Enumeration System) is missing or does not match the information at the Medicare Contractor.

What do I do if my NPI was rejected?

- Inspect the NPI information in the [NPPES registry](https://nppes.cms.hhs.gov/NPPES) (<https://nppes.cms.hhs.gov/NPPES>) to ensure your information is correct.
- Contact your Medicare Contractor for assistance in ensuring that the data in NPPES matches the information on the Medicare Crosswalk. You should update the NPPES information to be an exact match to the information your Medicare Contractor has, including any punctuation, such as commas or dashes.

Do I have to resubmit my NPI for validation after correcting?

No, once the initial NPI Validation Request is sent by Office Ally to Ability, the NPI is validated daily to check for current status. After correcting your information with Medicare/NPPES, you can attempt to do an eligibility request for a Medicare patient within a day or 2, and if the status of your NPI has since changed to Approved the eligibility request will go through. If the correction has not yet gone through or has not resolved the problem, you will continue to receive notice that the NPI was denied/rejected.

Questions?

- For specific questions on Medicare Eligibility contact the Eligibility (MCARE) Help Desk at (866) 324-7315 or via email to mcare@cms.hhs.gov.
- If you have a question about applying for an NPI or updating your information with NPPES you may contact the NPPES Help Desk at (800) 465-3203 or via email to customerservice@npienumerator.com

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