



INTRODUCTION TO OFFICE ALLY

Provider Reference Packet

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A full service clearinghouse, offering a web-based service to providers for FREE.

*Our clearinghouse services are easy to use and since it's web based, you can access it from anywhere, anytime!
Just a few clicks of the mouse and your claims are in Office Ally's capable hands.*

Submit to thousands of payers

No contracts to sign

Free set-up and training

Use your existing Practice Management Software

Order labs/receive results online

24/7 Customer Support

Free Online Claim Entry - No software to purchase

Correct claims online

Detailed summary reports

Practice Mate™ - FREE Practice Management system

Electronic prescribing available

EHR 24/7 - Electronic Health Records**

Submit claims in any format

HIPAA compliant transmission of CMS-1500, UB-04, and ADA formats

ICD-9, ICD-10, and modifier code look-up

Online claim history

Also available for certain payers/states:

Submit Medicare, Railroad Medicare, Tricare/Champus, Medicaid and Workers Compensation claims

Real-Time eligibility 270/271

Real-Time claim status 276/277

Online patient eligibility checking

Electronic remittance advice - ERA (EOB) 835



**\$29.95 per month/provider

CONTACT US



Business Hours: Monday thru Friday 6:00am PST to 5:00pm PST

After Hours Support is also available giving you 24/7 coverage!

Email: 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

Live Chat Available (Monday thru Friday 6:00am PST to 5:00pm PST): Click [here](#) or go to <https://support.officeally.com> to access Live Chat, Claim Rejection Solutions, Troubleshooter, News and more!

For additional resources, please click on the link(s) below:

[Full Payer List \(click here\)](#)

[EDI/ERA Enrollment Forms/Instructions \(click here\)](#)

[Resource Center \(click here\)](#)

[FAQs \(click here\)](#)

Become an Office Ally User TODAY!

[ENROLL NOW](#)

QUICK REFERENCE GUIDE



BASIC UPLOAD INSTRUCTIONS

1. Log into www.officeally.com
2. **Hover over** "Upload Claims"
3. **Click** "Upload HCFA"
4. **Click** "Select File"
5. Browse for your file and **click** "Open"
6. **Click** "Upload"
7. You will receive an upload confirmation page with your File ID number.

CHECKING YOUR FILE SUMMARY – THIS STEP IS CRITICAL!

Within 24 hours, your file summary is ready. This report lists the status of all claims received by Office Ally. This acts as your receipt that your claims have been entered into our system. If you submit via SFTP, we can also activate Office Ally 999/277 reports (from Office Ally - NOT the payer). Review your File Summary reports to ensure that all the claims you are sending are processing correctly as well as keep track of rejected claims you need to resubmit for processing.

1. Log into Office Ally
2. **Click** "Download File Summary"
3. **Click** the pink-colored day on the calendar
4. Below the calendar, **click** "View" and then **click** "Open"

OTHER FEATURES AVAILABLE

- **Claim Fix** – Fix your rejected claims here! Your rejected claims are listed by date; click on a rejected claim, make any necessary updates, and click "Update." We will automatically reprocess your updated claims that night.
- **Inventory Reporting** – Search for claims using a variety of options including date-uploaded, patient name, insurance company, or tax ID.
- **View Claim History** – See claim status and EDI responses for a whole File ID or a specific claim
- **Patient Look-Up** – Check patient eligibility for IPAs
- **Code Search** – Check the validity of ICD-9 and ICD-10 codes, place of service codes, and modifiers

WHAT INSURANCE COMPANIES CAN I SEND TO?

By signing up with Office Ally, you are automatically enrolled to send claims to 95% of our payers. However, a small number of payers require you to pre-enroll before we can send your claims electronically. You can confirm which payers require pre-enrollment by looking at the ENR (Pre-Enrollment Required) column on our payer list. Listings with "Y" mean that they will require pre-enrollment. EDI enrollment forms are available in the Resource Center under "Payer Enrollment Forms".

CONNECT VIA SFTP

If you have the capability to transmit files via SFTP and prefer to submit that way, please contact Customer Service at 360-975-7000 Option 1 and request that one be set up. They will ask for the following information, so you will want to have this ready: Office Ally Username, Contact Name, Email, Software Name, Format Type being submitted, Will you want 999/277's activated (OA responses, NOT the payers)

ISA AND GS INFORMATION



This section describes Office Ally's use of the interchange (ISA) and functional group (GS) control segments. Note that submissions to Office Ally are limited to one interchange (ISA) and one functional group (GS) per file. Files may contain up to 5000 transaction sets (ST).

837 INBOUND TRANSACTION

X12 Data Element	Description	Values Used	Comments
ISA01	Authorization Qualifier	NA	NA
ISA02	Authorization Code	NA	NA
ISA03	Security Qualifier	NA	NA
ISA04	Security Information	NA	NA
ISA05	Sender Qualifier	30 or ZZ	30 or ZZ
ISA06	Sender ID	Trading Partner's Sender ID	Tax ID is preferred
ISA07	Receiver Qualifier	30 or ZZ	30 or ZZ
ISA08	Receiver ID	330897513	Office Ally Tax ID
ISA11 (4010)	Interchange Control Standards ID	"U"	
ISA11 (5010)	Repetition Separator	"^" or your repetition separator	
ISA12	Interchange Control Version Num	00401 for 4010, 00501 for 5010	
ISA15	Usage Indicator	P	Production File For testing, send "OATEST" in the filename.
GS01	Functional Id Code	Indicates transaction type	See HIPAA IG
GS02	Sender's Code	Trading Partner's Sender Code	No Suggestions
GS03	Receiver's Code	OA	Office Ally Business Units identified for translator routing purposes.
GS08	Version Release Industry ID Code	Identifies the transaction in ASC Terms	See HIPAA IG

ONLINE CLAIM ENTRY



If you don't have a software program to create claim files, we have other options available for you. This includes manual entry (see below) and Practice Mate (our own online based practice management system – contact our Enrollments department for more information on Practice Mate). Training Videos on many of our products can be found by clicking [here](http://tv.officeally.com) or visiting <http://tv.officeally.com>.

1. Once logged in to Office Ally, hover over **Online Claim Entry** and select the format type you want to work with.
2. Our **Online Claim Entry** forms are copies of the paper version, but we also offer additional fields for the information you normally can't put on the paper version. You can find this under **Additional Fields**.
3. Click on **Update** when you're ready to submit the claim.

The screenshot shows a 'HEALTH INSURANCE CLAIM FORM' with various sections for patient and insurer information. At the top right, there are fields for 'Payer Name', 'Address / Payer ID', '2nd Address', and 'City, State, Zip'. Below this is a 'Load Stored Info' button and a checkbox for 'This is a SECONDARY Claim'. The main form is divided into several sections: 1. MEDICARE/MEDICAID/TRICARE/CHAMPVA/GROUP HEALTH PLAN/FECA BLK LUNG/OTHER (with radio buttons for selection); 2. PATIENT'S NAME (Last, First, Middle Initial, MI); 3. PATIENT'S BIRTHDATE and SEX (M/F); 4. INSURED'S NAME (Last, First, Middle Initial, MI) with a 'Copy From Patient' link; 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); 8. RESERVED FOR NUCC USE; 9. OTHER INSURED'S NAME (Last, First, Middle Initial, MI) and OTHER INSURED'S POLICY OR GROUP NUMBER; 10. IS PATIENT'S CONDITION RELATED TO: (a. EMPLOYMENT?, b. AUTO ACCIDENT?, c. OTHER ACCIDENTS?); 11. INSURED'S POLICY GROUP OR FECA NUMBER, INSURED'S DATE OF BIRTH, SEX, and Other Claim ID; 12. INSURANCE PLAN NAME OR PROGRAM NAME; 13. IS THERE ANOTHER HEALTH BENEFIT PLAN? (YES/NO); 14. CLAIM CODES (Designated by NUCC).

4. Use **Managed Stored Information** to store payer, provider, patient, and facility information to save you time the next time you submit. You can also create templates!

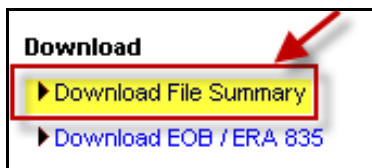
The screenshot shows the 'Manage HCFA Stored Information' screen. It features a table with columns for 'Stored Information', a dropdown menu, and 'Edit', 'Delete', and 'Add' buttons. The rows are: 'Stored Payers', 'Stored Patients', 'Stored Billing Providers', 'Stored Rendering Providers', 'Stored Facilities', and 'Stored Templates'. A red box highlights the dropdown menus for 'Stored Payers', 'Stored Patients', 'Stored Billing Providers', 'Stored Rendering Providers', 'Stored Facilities', and 'Stored Templates'. Below the table, there is a yellow box with the text: 'To create a new claim using your stored information, please select from each of the pertinent categories then click "Create New Claim"'. A red box highlights the 'Create New Claim' button.

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.

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.

(0) Downloads pending in prior month

<< November 2006 >>							Calendar Legend	
S	M	T	W	T	F	S	Active Date	Report(s) To Be Viewed
			1	2	3	4		
5	6	7	8	9	10	11		
12	13	14	15	16	17	18		
19	20	21	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".

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.

FILE SUMMARY AND EDI STATUS REPORTS



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: 3/11/2013
3 # of Claims Initially Accepted
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    222344444    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    DISNVAL0    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
=====
    
```

POSSIBLE STATUSES IN FILE SUMMARY

INITIALLY ACCEPTED: These are claims that have passed Office Ally’s edits and will be sent on to the Payer(s).

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 (21 days) 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
(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	PractiseID	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.

9. The EDI Status Report will list any messages Office Ally has received from the payer on whichever day it appears. Most come back within 2-5 business days, but every payer is different.

Make sure to check for your reports daily as it is your responsibility to correct and resubmit any claims that reject. You can correct the claims within your practice management system and resubmit; or via our online Claim Fix tool.

CLAIM FIX - REPAIRABLE CLAIMS

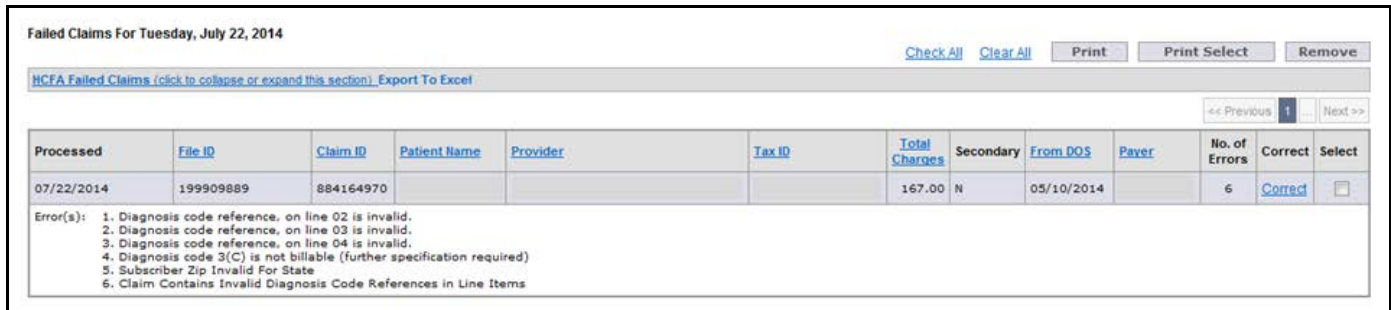
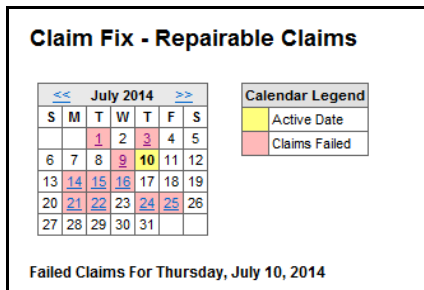



Office Ally offers the ability to correct certain errors online so that you don't have to go into your practice management software, fix the claim, regenerate the file, and then re-upload. Now you can do this all in one place, Claim Fix.

1. When you are logged into Office Ally, click on the **Claim Fix: Repairable Claims** link.



2. You will get a calendar with pink days showing where there are repairable claims available for review. Click on the date you'd like to see and a list of claims will appear below it.



3. Click on the claim you would like to correct. An image of a CMS1500 or UB04 form with the corresponding information for that claim will be displayed, as well as the error it has been rejected for. When you see this  next to an error code, this means that we have rejection guidance available, click it to view 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).

CLAIM FIX - REPAIRABLE CLAIMS



CMS 1500 02/12 Form

Error Description	Error Code
Diagnosis code reference, on line 02 is invalid.	LC1275
Diagnosis code reference, on line 03 is invalid.	LC1276
Diagnosis code reference, on line 04 is invalid.	LC1277

This is a SECONDARY Claim

HEALTH INSURANCE CLAIM FORM

1. MEDICARE MEDICAID TRICARE CHAMPVA

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

Claim Rejection Information

Rejected: Diagnosis code reference, on line 02 is invalid.
What Happened: The diagnosis code pointer in box 24e of line 2 is pointing to a position in box 21 where there is no diagnosis code.
Resolution: Verify the diagnosis code pointer in box 24e of line 2 and update the claim as necessary.

[Support Suite](#)

- Once you've made your corrections/adjustments, click on the **Update** button at the bottom left corner of the claim image.

CLIA: []

Accident Date: [] / [] / []

Mammography Certificate: []

a. NPI: [] b. Facility: []

Update

- Claims you have updated via this tool will be listed under **Claim Fix: Claims Awaiting Batch** until they are picked up by Office Ally. These claims are AUTOMATICALLY picked up by Office Ally every few hours. Once they are picked up by Office Ally, they will no longer be listed in **Claim Fix: Claims Awaiting Batch**. You will receive a new **File Summary Report** for the claims that you updated. Please note that the resubmissions are assigned new Office Ally Claim ID numbers.

INVENTORY REPORTING



Within the Inventory Reporting section, you can view all of the claims you sent to Office Ally, whether they have passed or rejected. Inventory Reporting will list the Office Ally Claim/File ID assigned to each claim as well as the Payer ID the claim was sent to, OA's Receive Date, Patients First/Last Name, Patient Acct Number, From/To DOS, Tax ID (Master Vendor), Insured ID, and Total Charges. You are able to click on the Claim ID (blue link) and pull up the claim image. From here you can click on "Print to PDF File" to print that claim image.

1. When logged into Office Ally, click on the **Inventory Reporting** link on the left hand side. The **Inventory Reporting** screen will look as follows:

Inventory Reporting: Detailed

Search Options

Select Payer:

Form Type: HCFA UB04 ADA

From Date: To Date:

Date Type: DOS Upload Processed

Status:

Error Code:

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:

Sort By:

Please enter the search criteria then click 'Search'

Detail Report Summary Report

2. There are many options for you to narrow down the results that pull up. NOT every field is required to be filled in. The date range will always need to be selected. The dates automatically default to the last 60 days. You can look back years if needed, but the date range cannot be more than 60 days at a time.

INVENTORY REPORTING



- If you do not change any of the default information and just click **Search**, all claims submitted within the past 60 days will be returned in the results.

Please note: PHI has been removed.

Please enter the search criteria then click 'Search'

Detail Report Summary Report

Search Results - 226 claims found

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	138459544	697240806		4/28/2013			4/15/2013	4/15/2013				\$225.00		ACCEPT
Passed	138465318	697267729		4/28/2013			4/1/2013	4/22/2013				\$734.00		ACCEPT
Passed	138465318	697267733		4/28/2013			4/1/2013	4/22/2013				\$198.00		ACCEPT
Passed	138465318	697267732		4/28/2013			4/2/2013	4/26/2013				\$320.00		ACCEPT
Passed	138465318	697267731		4/28/2013			4/1/2013	4/18/2013				\$594.00		ACCEPT
Passed	138465318	697267730		4/28/2013			4/1/2013	4/7/2013				\$931.00		ACCEPT
Passed	138479103	697305906		4/29/2013			4/23/2013	4/23/2013				\$169.00		ACCEPT
Passed	138479103	697305904		4/29/2013			4/25/2013	4/25/2013				\$540.00		ACCEPT
Passed	138479103	697305903		4/29/2013			4/25/2013	4/25/2013				\$217.00		ACCEPT
Passed	138465318	697267738		4/28/2013			4/3/2013	4/24/2013				\$256.00		ACCEPT
Passed	138465318	697267737		4/28/2013			4/1/2013	4/21/2013				\$532.00		ACCEPT
Passed	138465318	697267736		4/28/2013			4/22/2013	4/28/2013				\$346.50		ACCEPT

- Clicking on **Export to Excel** will create an excel spreadsheet with the information.

Status	FileID	PayerID	ClaimID	First	Last	PatAcctNum	FromDOS	ToDos	TotalCharge	MasterVendor	StateLicenseID	InsuredID	ReceivedDate
Passed	138459544		697240806				4/15/2013	4/15/2013	225				4/28/2013
Passed	138465318		697267729				4/1/2013	4/22/2013	734				4/28/2013
Passed	138465318		697267733				4/1/2013	4/22/2013	198				4/28/2013
Passed	138465318		697267732				4/2/2013	4/26/2013	320				4/28/2013
Passed	138465318		697267731				4/1/2013	4/18/2013	594				4/28/2013

- If you'd like to print a copy of the claim, click on the blue **Claim ID** as seen below.

Search Results - 226 claims found

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

- Once you click on the **Claim ID**, a copy of the CMS1500/UB04 form will be displayed. From there, you can scroll to the bottom left hand corner and select **Print to PDF File**.

Pay To Address: _____ State: Zip: _____

Pay To City: _____

Pay To Tax ID: _____

Pay To NPI: _____

Pay To ID: _____