

SERVICE CENTER USER MANUAL



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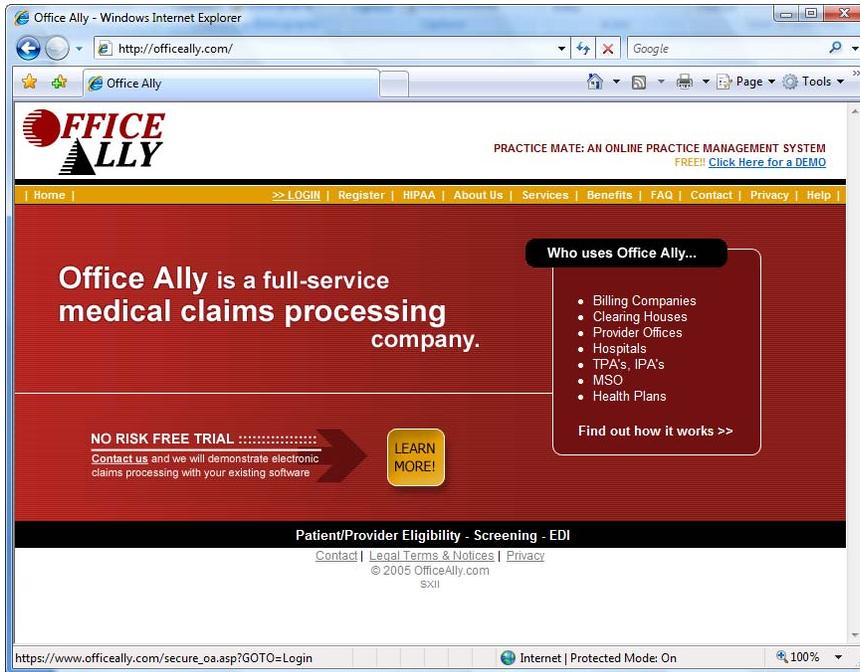
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Last Updated 2/14/2008

LOGGING INTO OFFICE ALLY'S WEBSITE



1. On the Internet, go to www.officeally.com



2. Click LOGIN in the orange bar across the page



3. Enter USERNAME and PASSWORD (all lowercase) and click OK



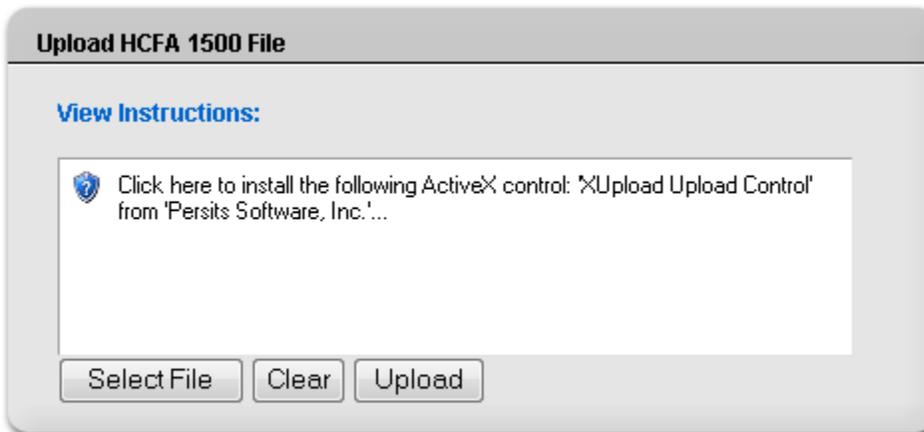
UPLOAD CLAIMS

1. When you are logged in to the Office Ally website, click on Upload Claims and Choose Upload HCFA

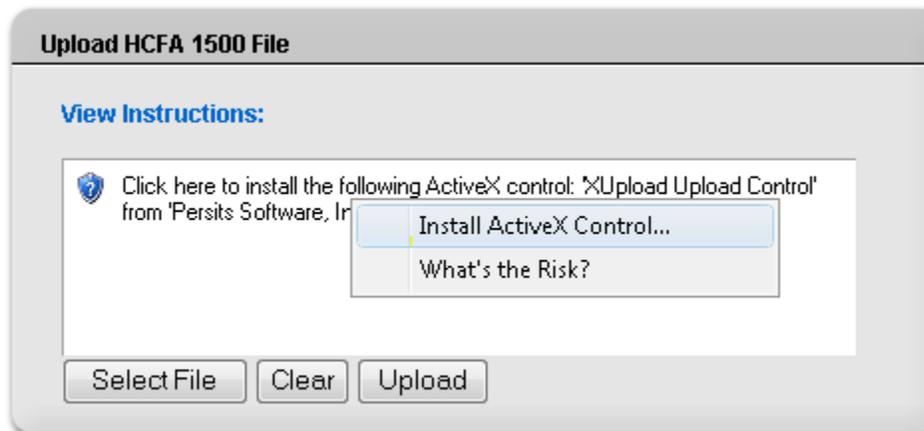
Claims



2. If this is the first time sending, you will need to install an ACTIVE X control. ***(IF YOU DO NOT SEE THE BELOW MESSAGE, SKIP TO STEP 4.)***

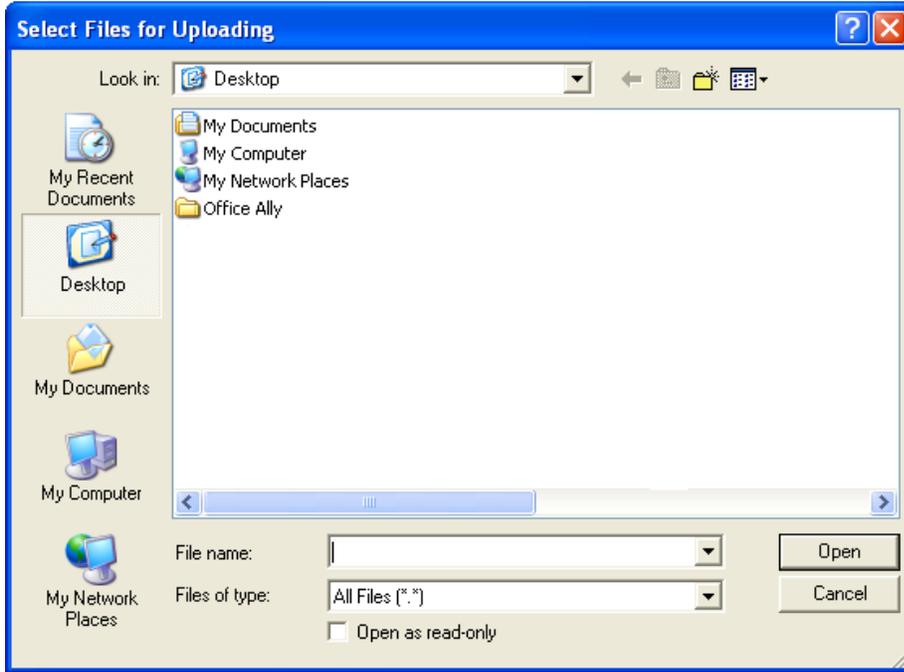


3. Click on the text in the box and choose Install Active X Control

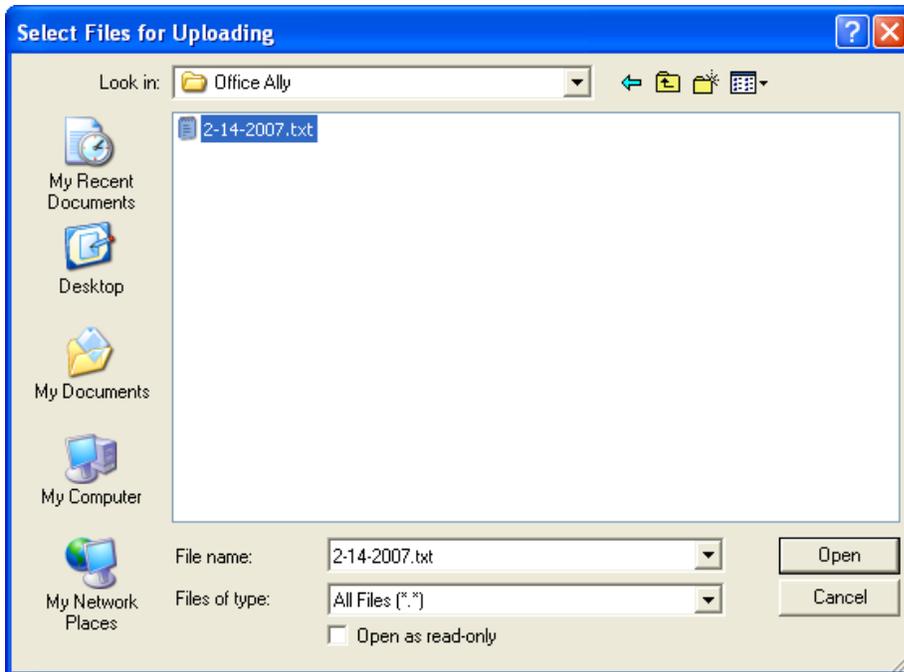


4. Click the SELECT FILE button
5. Change the LOOK IN: to Desktop then choose the Office Ally folder

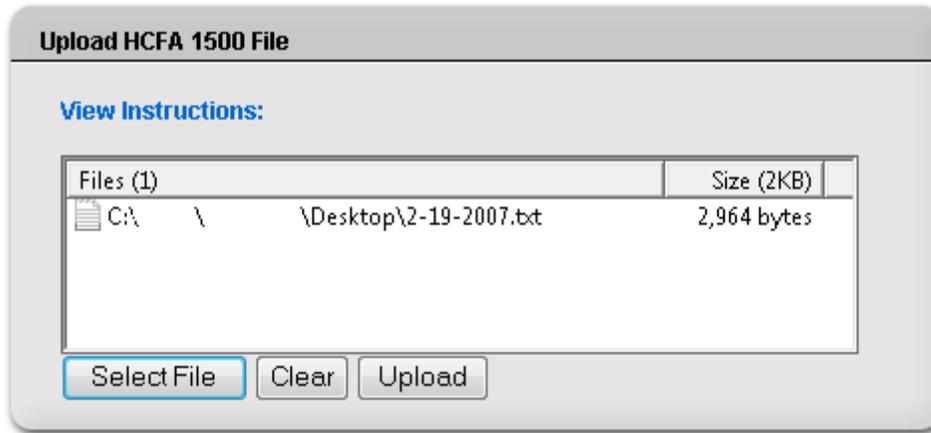
NOTE: THIS ASSUMES THE FILE YOU CREATED FROM YOUR SOFTWARE IS ON YOUR DESKTOP UNDER THE OFFICE ALLY FOLDER. IF THIS IS DIFFERENT IN YOUR SITUATION, PLEASE ADJUST ACCORDINGLY.



6. Double click on the file you want to upload. This should be the Current Date.



- The file you chose should now appear in the grey box with a size greater than zero. Click the UPLOAD button



- Always, always, write down your FILE ID # displayed at the end of each upload for use when calling for technical support from Office Ally. (Every Batch) When you get a page that says, "UPLOAD FILE STATUS," that confirms the file was received.

Upload File Status	
Server Timestamp:	2/19/2007 4:16:46 PM (PST)
FileID:	8375206
File Type:	Text
File Name:	8375206_2-19-2007.bt.xxx
File Size:	3.00 KB
Form Type:	HCFA

For Security Purposes, we ask that you please log out if this was your last transaction.

[Log Out Now](#)

- If you get a page that says, "System Message..." that means it may not have worked, so go back to UPLOAD HCFA 1500 and try again. (If this continues please contact Office Ally)

SYSTEM MESSAGE !
File transfer appears to have failed. Please re-upload your file.
NOTE: If this message persists and you are not refreshing this page, please contact Support@OfficeAlly.com with this message

ONLINE CLAIM ENTRY

1. When you are logged in to the Office Ally website, click on Online Claim Entry - HCFA Insert Claim

Claims

▶ [Upload Claims](#)

▶ Online Claim Entry	HCFA Insert Claim
▶ Claim Fix	HCFA Manage Stored Info
	UB92 Insert Claim
	UB92 Manage Stored Info
	Claims Awaiting Batch

2. For further instructions on how to use Online Claim Entry, please see our Online Entry Instructions. This can be located under Pre-enrollment Forms and Info:

LookUp / References

▶ [Patient Look Up](#)

▶ [Code Search](#)

▶ [ERA 835 Check Look Up](#)

▶ [View Payer Lists](#)

▶ [Pre-Enrollment Forms and Info](#)

3. On this new page, select "Service Center - Online Entry Instructions" from the manuals listed.

CLAIM FIX

Office Ally now 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 re-upload. Now you can do this all in one place, Claim Fix.

- When you are logged in to the Office Ally website, click on Claim Fix: Repairable Claims link on the menu on the left.

Claims

▶ [Upload Claims](#)

▶ [Online Claim Entry](#)

▶ [Claim Fix](#)

- [Repairable Claims](#)
- [Claims Awaiting Batch](#)

- You will get a calendar with pink days showing where there are repairable claims available for review.

<< February 2007 >>						
S	M	T	W	T	F	S
				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			

Calendar Legend	
	Active Date
	Claims Failed

Failed Claims For Monday, February 19, 2007

There is no data for the selected date.

- Now click on the claim you would like to correct, an image of a HCFA form with the corresponding information for that claim will be displayed, as well as the error it has been rejected for on the top.

[Check All](#) [Clear All](#) [Print](#) [Remove](#)

HCFA Failed Claims (click to collapse or expand this section) Export To Excel												
Processed	File ID	Claim ID	Patient Name	Provider	Tax ID	Total Charges	Secondary	From DOS	Payer	No. of Errors	Correct	Select
01/12/2007							N	01/21/2004		1	Correct	<input type="checkbox"/>
Error(s): 1. Claim DOS Beyond two year timely filing period												
01/12/2007							N	04/08/2004		2	Correct	<input type="checkbox"/>
Error(s): 1. Claim contains invalid UNIT value(s) 2. Claim DOS Beyond two year timely filing period												

- Make the necessary correction, depending on the error and make sure to also update any information that is related to that field

(FOR EXAMPLE: IF YOU DELETE A DIAGNOSIS CODE, MAKE SURE TO DELETE ANY REFERENCES IN BOX 24E DIAGNOSIS CODE POINTERS, THAT POINT TO THAT CODE, OTHERWISE, AFTER YOU RESUBMIT, YOU WILL GET ANOTHER REJECTION FOR INVALID DIAGNOSIS CODE REFERENCE)

Error Code	Error Description
FE97	Claim DOS Beyond two year timely filing period

Payer Name:	<input type="text"/>	...	<input type="button" value="OA Payers"/>
Address / Payer ID:	<input type="text"/>		
2 nd Address:	<input type="text"/>		
C, S, Z:	<input type="text"/>		
City, State, Zip:	<input type="text"/>	<input type="text"/>	<input type="text"/>

This is a SECONDARY Claim

HEALTH INSURANCE CLAIM FORM							
1. MEDICARE <input type="radio"/> (Medicare #)	MEDICAID <input type="radio"/> (Medicaid #)	CHAMPUS <input type="radio"/> (Sponsor's SSM)	CHAMPVA <input type="radio"/> (VA File #)	GROUP HEALTH PLAN <input type="radio"/> (SSN OR ID)	FECA BLK LUNG <input type="radio"/> (SSM)	OTHER <input checked="" type="radio"/> (ID)	1a. INSURED'S I.D. NUMBER <input type="text"/>
2. PATIENT'S NAME (Last Name, First Name, Middle Init) Last: <input type="text"/> First: <input type="text"/> MI: <input type="text"/>		3. PATIENT'S BIRTHDATE <input type="text"/> / <input type="text"/> / <input type="text"/>		SEX M <input type="radio"/> F <input checked="" type="radio"/>	4. INSURED'S NAME (Last Name, First Name, Middle Init) Last: <input type="text"/> First: <input type="text"/> MI: <input type="text"/> Copy From Patient		
5. PATIENT'S ADDRESS (No. Street): <input type="text"/>			6. PATIENT RELATIONSHIP TO INSURED Self <input checked="" type="radio"/> Spouse <input type="radio"/> Child <input type="radio"/> Other <input type="radio"/>		7. INSURED'S ADDRESS (No. Street) <input type="text"/>		

- Once you've made all corrections, click on the Update button at the bottom left of the HCFA image.

CLIA:	<input type="text"/>	
Accident Date:	<input type="text"/> / <input type="text"/> / <input type="text"/>	
Mammography Certificate:	<input type="text"/>	
	a. NPI:	b. Facility
	<input type="text"/>	<input type="text"/>

- All claims you have updated are listed under Claim Fix: Claims Awaiting Batch. You DO NOT need to do anything else. These claims are AUTOMATICALLY re-uploaded to Office Ally every night. Once they are uploaded to Office Ally (the next day) they will no longer be listed in Claim Fix: Claims Awaiting Batch and you will receive a new file summary report for the claims that you updated.

DOWNLOAD SECTION



DOWNLOADING FILE SUMMARIES

Once Office Ally has processed your claims (within 72 hours for the first upload, within 24 hours after that) you will receive an email notice that your FILE SUMMARY is ready. Follow the steps below to view your FILE SUMMARY.

1. When you are logged in to the Office Ally website, click on DOWNLOAD FILE SUMMARY link on the menu on the left.

Download

- ▶ [Download File Summary](#)
- ▶ [Download EOB / ERA 835](#)

2. You will see a calendar. Click on one of the PINK dates, which indicate a report waiting to be looked at.

(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	Report(s) Viewed	
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. Below that, the reports available for that day will be listed.
4. In the filename column, if you see the name of the file that you uploaded to OA (e.g. Claims010103), **these are FILE SUMMARIES.**
5. Below DOWNLOAD/VIEW, 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

6. Choose to OPEN/SAVE the file (whichever you choose) and then you can view it and/or print it.



7. This file summary will appear and look similar to 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 (MHCM)	7	\$1,162.00
3711111	Preferred IPA (PFIPA)	3	\$570.00
3711111	UNITED Healthcare (UHC)	1	\$191.00
3711111	Universal Care (UNVCR)	1	\$76.00

Multiple Payer Upload File Summary

File Name: 3710000_ALLY01(12).TXT.xxx
 Date Uploaded: 03/01/2006
 Type of File: HCA
 Date Processed: 03/01/2006
 8 # of Claims Initially Accepted
 6 # 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 LC1248 - CPT code, on line 04 is invalid.
 +----> 1 # errors LC1249 - CPT code, on line 05 is invalid.
 +----> 1 # errors LC1698 - Diagnosis code 3 is not billable (further specification required).
 +----> 1 # errors FP02 - Future Dates are not allowed

-----ERROR CLAIM DETAIL

CLAIM#	QA	CLAIMID	PATIENT ID	LAST,FIRST	DOB	FROM DOS	TO DOS	CPT	ICD9	TAX ID	ACCNT#	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
2)		3711111	3711111	John Smith	06/29/2001	03/01/06	03/01/06	99392	V700	900000000	0000000	A000000	MHCM	LC1248
3)		3711111	3711111	John Smith	10/20/2005	03/01/06	03/01/06	99391	V201	900000000	0000000	A000000	PFIPA	LC1249
4)		3711111	3711111	John Smith	01/31/2004	02/27/06	02/28/06	99215	83300	900000000	0000000	A000000	UHC	LC1698

-----PENDING CLAIM DETAIL

CLAIM#	QA	CLAIMID	PATIENT ID	LAST,FIRST	DOB	FROM DOS	TO DOS	CPT	ICD9	TAX ID	ACCNT#	PHYS. ID	PAYER
5)		3711111	3711111	John Smith	05/21/2003	02/28/06	02/28/06	99213	2809	900000000	0000000	A000000	MHCM
6)		3711111	3711111	John Smith	12/29/2005	02/28/06	02/28/06	99391	V201	900000000	0000000	A000000	MHCM
7)		3711111	3711111	John Smith	09/23/2004	03/01/06	03/01/06	99213	4660	900000000	0000000	A000000	MHCM
8)		3711111	3711111	John Smith	05/18/2005	03/01/06	03/01/06	99214	7806	900000000	0000000	A000000	MHCM
9)		3711111	3711111	John Smith	11/26/2003	03/01/06	03/01/06	99213	4659	900000000	0000000	A000000	MHCM
10)		3711111	3711111	John Smith	10/28/2004	02/27/06	02/27/06	99213	3824	900000000	0000000	A000000	MHCM

-----ACCEPTED CLAIM DETAIL

CLAIM#	QA	CLAIMID	PATIENT ID	LAST,FIRST	DOB	FROM DOS	TO DOS	CPT	ICD9	TAX ID	ACCNT#	PHYS. ID	PAYER
11)		3711111	3711111	John Smith	10/04/2004	03/01/06	03/01/06	99213	466	900000000	0000000	A000000	AETNA
12)		3711111	3711111	John Smith	06/17/2005	02/28/06	02/28/06	99391	V201	900000000	0000000	A000000	BLCRS
13)		3711111	3711111	John Smith	06/27/2003	03/01/06	03/01/06	99211	V202	900000000	0000000	A000000	BLCRS
14)		3711111	3711111	John Smith	10/28/1991	02/28/06	02/28/06	99215	462	900000000	0000000	A000000	BLCRS
15)		3711111	3711111	John Smith	11/25/2005	02/27/06	02/27/06	99391	V201	900000000	0000000	A000000	CIGNA
16)		3711111	3711111	John Smith	03/05/2002	03/01/06	03/01/06	99213	5589	900000000	0000000	A000000	PFIPA
17)		3711111	3711111	John Smith	11/13/2004	03/01/06	03/01/06	99392	V202	900000000	0000000	A000000	PFIPA
18)		3711111	3711111	John Smith	09/24/1997	02/27/06	02/27/06	99213	4660	900000000	0000000	A000000	UNVCR

8. This file summary report will list all claims that were in the file you uploaded and it lets you know which claims were:

- **Accepted** - Sent on to Payer.

-----ACCEPTED CLAIM DETAIL

CLAIM#	QA	CLAIMID	PATIENT ID	LAST,FIRST	DOB	FROM DOS	TO DOS	CPT	ICD9	TAX ID	ACCNT#	PHYS. ID	PAYER
11)		3711111	3711111	John Smith	10/04/2004	03/01/06	03/01/06	99213	466	900000000	0000000	A000000	AETNA
12)		3711111	3711111	John Smith	06/17/2005	02/28/06	02/28/06	99391	V201	900000000	0000000	A000000	BLCRS
13)		3711111	3711111	John Smith	06/27/2003	03/01/06	03/01/06	99211	V202	900000000	0000000	A000000	BLCRS
14)		3711111	3711111	John Smith	10/28/1991	02/28/06	02/28/06	99215	462	900000000	0000000	A000000	BLCRS
15)		3711111	3711111	John Smith	11/25/2005	02/27/06	02/27/06	99391	V201	900000000	0000000	A000000	CIGNA
16)		3711111	3711111	John Smith	03/05/2002	03/01/06	03/01/06	99213	5589	900000000	0000000	A000000	PFIPA
17)		3711111	3711111	John Smith	11/13/2004	03/01/06	03/01/06	99392	V202	900000000	0000000	A000000	PFIPA
18)		3711111	3711111	John Smith	09/24/1997	02/27/06	02/27/06	99213	4660	900000000	0000000	A000000	UNVCR

- **Pending** - Rejected for "Patient not Covered" or "Patient not Found", we will hold onto these claims and reprocesses every 7 days for 3 tries, in case it's just a matter of the patient eligibility file not being up to date. If not found by the 3rd retry, it will be rejected back to you.

-----PENDING CLAIM DETAIL

CLAIM#	QA	CLAIMID	PATIENT ID	LAST,FIRST	DOB	FROM DOS	TO DOS	CPT	ICD9	TAX ID	ACCNT#	PHYS. ID	PAYER
5)		3711111	3711111	John Smith	05/21/2003	02/28/06	02/28/06	99213	2809	900000000	0000000	A000000	MHCM
6)		3711111	3711111	John Smith	12/29/2005	02/28/06	02/28/06	99391	V201	900000000	0000000	A000000	MHCM
7)		3711111	3711111	John Smith	09/23/2004	03/01/06	03/01/06	99213	4660	900000000	0000000	A000000	MHCM
8)		3711111	3711111	John Smith	05/18/2005	03/01/06	03/01/06	99214	7806	900000000	0000000	A000000	MHCM
9)		3711111	3711111	John Smith	11/26/2003	03/01/06	03/01/06	99213	4659	900000000	0000000	A000000	MHCM
10)		3711111	3711111	John Smith	10/28/2004	02/27/06	02/27/06	99213	3824	900000000	0000000	A000000	MHCM

- Rejected - Rejected for specific reason, noted on the report so that you can correct and resubmit.

```

=====
-----ERROR CLAIM DETAIL
-----
CLAIM# 0A CLAIMID PATIENT ID LAST, FIRST DOB FROM DOS TO DOS CPT ICD9 TAX ID ACCT# 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
2) 3711111 3711111 John Smith 06/29/2001 03/01/06 03/01/06 99392 V700 900000000 0000000 A000000 NHCM LC1248
3) 3711111 3711111 John Smith 10/20/2005 03/01/06 03/01/06 99391 V201 900000000 0000000 A000000 PFIPA LC1249
4) 3711111 3711111 John Smith 01/31/2004 02/27/06 02/28/06 99215 83300 900000000 0000000 A000000 UHC LC1698
=====

```

- Note the error code column on the right of the “Error Claim Detail” section

```

=====
-----
ERRORS
-----
RC23, FP01
LC1248
LC1249
LC1698
=====

```

- These codes are explained above the “Error Claim Detail” section

```

Multiple Payer Upload File Summary
File Name: 3710000_ALLY01(12).TXT.xxx
Date Uploaded: 03/01/2006
Type of File: HCFA
Date Processed: 03/01/2006
8 # of Claims Initially Accepted
6 # 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 LC1248 - CPT code, on line 04 is invalid.
+----> 1 # errors LC1249 - CPT code, on line 05 is invalid.
+----> 1 # errors LC1698 - Diagnosis code 3 is not billable (further specification required).
+----> 1 # errors FP01 - Future Dates are not allowed
=====

```

9. Once a file summary has been downloaded and viewed, it will turn purple and no longer be pink, indicating it has been viewed.

Make sure to check ALL file summaries on a regular basis. There should never be any pink days left in DOWNLOAD FILE SUMMARY. Claims that are rejected back to you are your responsibility to correct and resubmit if needed.

These reports will be available to download for one year from the date it appears on.

DOWNLOADING EDI REPORTS

[filename starts with EDI_CLAIM_REPORT or NA (Blue Cross)]

Once the payer has processed your claims, some payers send back a confirmation or error message depending on whether the claim passed or failed. Any message we receive from the payers will be passed onto you in the form of an EDI Report. Follow the steps below to view your EDI Report.

1. When you are logged in to the Office Ally website, click on DOWNLOAD FILE SUMMARY link on the menu on the left.

Download

- ▶ [Download File Summary](#)
- ▶ [Download EOB / ERA 835](#)

2. You will see a calendar. Click on one of the PINK dates, which indicate a report waiting to be looked at.
3. Below that, the reports available for that day will be listed.

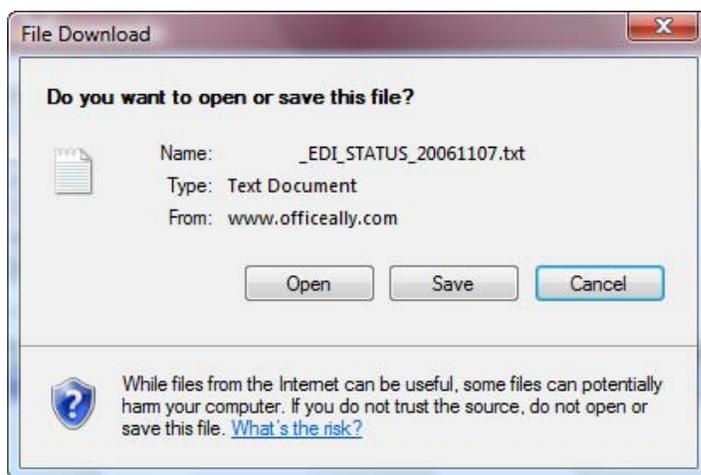
(0) Downloads pending in prior month

<< November 2006 >>							Calendar Legend	
S	M	T	W	T	F	S		Active Date
			1	2	3	4		Report(s) To Be Viewed
5	6	7	8	9	10	11		Report(s) Viewed
12	13	14	15	16	17	18	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".	
19	20	21	22	23	24	25		
26	27	28	29	30				

4. In the filename column, if you see any that start with EDI_CLAIM_REPORT, these are EDI Reports.
5. Below DOWNLOAD/VIEW, 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	Payer Response		_EDI_STATUS_20061107.txt	8436	0	331	8767	VIEW

6. Choose to OPEN/SAVE the file (whichever you choose) and then you can view it and/or print it.



7. This EDI Report will list any messages Office Ally has received from the payer for this account on whichever day it appears on.
8. These EDI Reports will be available to download for one year from the date it appears on.

DOWNLOAD EOB/ERA 835

Did you recently receive a Medicare check without a paper EOB? If so, Medicare is sending you an Electronic File called an “ERA 835” instead of your paper EOBs.

This file is a non-readable file! 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.

We give you the ERA file from Medicare. You load it into the software to view your EOB!

STEP 1: DOWNLOAD MEDICARE'S FREE EASY PRINT SOFTWARE

IF YOU NEED HELP DOWNLOADING OR INSTALLING MEDICARE'S SOFTWARE, PLEASE CALL MEDICARE AT (213) 593-6950 AND THEY WILL WALK YOU THROUGH THE INSTALLATION.

1. GO TO http://www.cms.hhs.gov/AccessToDataApplication/02_MedicareRemitEasyPrint.asp#TopOfPage
2. Scroll to the bottom of the page and under **Related Links Outside CMS**, then click on the first link named: [Download Information for .Net Framework.](#)

This will take you to a Microsoft page; you will then want to click on download in the blue area that appears on this page. This .NET is required before you download the Remit Easy Print.

3. Next, go back to Medicare screen, where you downloaded the .Net, and scroll up till you see DOWNLOADS and under DOWNLOADS you will find [Medicare Remit Easy Print - Version 2.3](#)
4. Double click the Medicare Easy Print Icon, and follow the prompts to install this.
5. Make sure you make a note of where you are installing this software so you can access it later!

STEP 2: ACCESS THE ERA 835 FILE FROM OFFICE ALLY

1. Log-in to www.officeally.com
2. On the left side click DOWNLOAD EOB/ERA 835, you should now see a calendar at the top of the page; we receive ERA's from Medicare daily.

Download

- ▶ [Download File Summary](#)
- ▶ [Download EOB / ERA 835](#)

NOTE: If you cannot find any ERA_STATUS reports in your Download EOB/ERA 835 section, please call Office Ally @ (949) 464-9129 option 1. Have your Medicare Provider Number with you when you call and let us know that you cannot find your ERA_STATUS reports.

- Change the Report Mode to MONTHLY, then choose the month you would like to search for ERAs in. Change the Report Type to ERA 835 (multiple payers) and click GO.

Report Mode: September 2007

Report Type: ERA 835 (multiple payers)

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

- Any ERAs linked to your account for the month chosen will be displayed.

<< March 2007 >>						
S	M	T	W	T	F	S
				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	31

Report Legend

File(s) Pending

File(s) Downloaded

Report Mode: 3 13 2007 (mm/dd/yyyy)

Report Type: -- All --

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

- Click VIEW (scroll to the right if you don't see "View")

Daily EOB / ERA 835 Reports for 3/13/2007 - [Report Type = All]

Date	Report Type	File ID	File Name	EOB ID	# Claims	Download/View
3/13/2007	ERA 835		_ERA_STATUS_20070313.zip		51	VIEW

NOTE: If you get an error here that your computer is not able to open the .zip file, it is because you need to install WinZip on your computer.

- You can get this program by going to www.winzip.com.
- Click on the red 'TRY NOW' button on the right side of the page
- Then click on the red "Try WinZip" button on the next page.
- Go through the installation process until it is installed on your computer.
- Once completed, you will need to close out of all of your Internet Explorer screens to enable the WinZip program.
- Then go back to #1 above and repeat the process of accessing the ERA 835 file from Office Ally.

- Click OPEN
- You will see a WinZip Box on your screen – you may need to click "Use Evaluation Version"
- You will see two files on your screen – one says ERA_STATUS, one says ERA_835
- Drag the file ERA_835 to your desktop

STEP 3: LOAD THE ERA_835 INTO YOU EASY PRINT SOFTWARE

1. Open Medicare's Easy Print Software
2. Click, "Import"
3. Click, "Desktop" on the left
4. Within the white window open, double click the 835 file
5. You will now see a list of patients with check boxes by their names. Check some or all of the boxes.
6. Click "claim detail" You will see your EOB!!

Feel Free to Call Office Ally at 949.464.9129 with any questions you may have!!

REQUESTS SECTION



ELIGIBILITY REQUEST

1. To check the status of a patient for Eligibility, click on Eligibility Request, Add Eligibility Request.

Requests

- ▶ Eligibility Request [Add Eligibility Request](#)
- ▶ Claim Status Request [View Eligibility Requests/Responses](#)

2. Fill out the form, and select the Payer from the list of available Payers. Once you have completed the form, click on the Add Request box.

[[Add Eligibility Request](#)] [[View Eligibility Requests/Responses](#)]

Add Eligibility Request

Patient Information
** required fields*

*Subscriber ID: *Relation to Subscriber: Self

*Last Name: *First Name: Middle Initial:

*Gender: M F *Birth Date: (mm/dd/yyyy) / /

Address:

City: State: --Select One-- Zip:

Other Information

*Payer: -- Select One -- *Date Of Service (mm/dd/yyyy) / /

Provider Name: *Tax ID:

Notes: Please enter in all required fields to request eligibility. Payers with "*" indicator will provide immediate (Real-Time) responses, all others will be requested by batch and typically will receive responses within a few hours.

[Submit Request](#)

[[Add Eligibility Request](#)] [[View Eligibility Requests/Responses](#)]

3. Payers with a "*" to the right of the name will provide immediately responses. If not, it can take up to 24 hours to check the status.
4. To check the status of your request click on Eligibility Request, View Eligibility Request/Responses from the Available Services menu on your left.

Requests

- ▶ Eligibility Request [Add Eligibility Request](#)
- ▶ Claim Status Request [View Eligibility Requests/Responses](#)

5. You will then see the screenshot below. Below the View Requests, you want to click on Processed Requests if the value is greater than 0. This means the Payer(s) have responded. On the next screen you will then have the option to view the response from the Payer.

[[Add Eligibility Request](#)] [[View Eligibility Requests/Responses](#)]

View Eligibility Requests/Response

View Requests

Processed Requests	0
Failed Requests	0
Requests Awaiting Response	0
Requests Awaiting Batch	0

Search for Requests

Name: F L

Name Type: Subscriber Patient Both

Subscriber Id:

Date Of Service: / / (mm/dd/yyyy)

Payer: -- Select One --

Provider Name:

Tax Id:

[[Add Eligibility Request](#)] [[View Eligibility Requests/Responses](#)]

CLAIM STATUS

1. To check the status of your claims from Payers that support this feature, click on Claim Status Request, Add Status Request from the Available Services menu on your left.

Requests

▶ [Eligibility Request](#)

▶ Claim Status Request [Add Status Requests](#)

[View Status Requests/Responses](#)

2. Select the Payer that you want to check the Claim Status on. Complete the rest of the form, and click on Search.

[[Add Status Requests](#)] [[View Status Requests/Responses](#)]

Add Status Requests

Search Claims To Request Status

Select Payer:

Date Type: DOS Upload Processed None

From Date: (mm/dd/yyyy) To Date:

Master Vendor:

State License ID:

Patient Last Name: First Name:

Patient Account No.:

Claim ID:

Sort By:

Notes: Please enter search criteria then select claims to request status. Payers with "*" indicator will provide immediate (Real-Time) responses, all others will be requested by batch and typically will receive responses within a few hours.

Please Be Advised: Most Real Time payers only take Claim Status inquiries one at a time. If you select many claims from below, expect the page not to return until each claim selected is processed, about 3 seconds for each.

[[Add Status Requests](#)] [[View Status Requests/Responses](#)]

3. Payers with a "*" to the right of the name will provide immediately responses. If not, it can take up to 24 hours to check the status.
4. To check the status of your request click on Claim Status Request, View Eligibility Request/Responses from the Available Services menu on your left.

Requests

▶ [Eligibility Request](#)

▶ Claim Status Request [Add Status Requests](#)

[View Status Requests/Responses](#)

5. You will then see the screenshot below. Below the View Requests, you want to click on Processed Requests if the value is greater than 0. This means the Payer(s) have responded. On the next screen you will then have the option to view the response from the Payer.

[[Add Status Requests](#)] [[View Status Requests/Responses](#)]

View Status Requests/Responses

Processed Requests: Finalized	0
Processed Requests: Not Finalized	0
Failed Requests	0
Requests Awaiting Response	0
Requests Awaiting Batch	0

[[Add Status Requests](#)] [[View Status Requests/Responses](#)]

REPORTS SECTION



VIEW CLAIM HISTORY TOOL

The View Claim History Tool can be used to look up claim for a Specific Patient.

1. Click on View Claim History.

Reports

- ▶ [View Claim History](#)
- ▶ [Inventory Reporting](#)

2. Enter information in fields that you want to search (e.g. if you want to pull up ALL claims submitted for a specific patient, type in their Patient Account # or their name):

Claim Search:

First Name: Begins With ▼

Last Name: Begins With ▼

Pat Account Number: Begins With ▼

Insured ID Number: Begins With ▼

From Date of Service: (mm/dd/yyyy)

To Date of Service: (mm/dd/yyyy)

<input type="checkbox"/>	Claim Processed
<input type="checkbox"/>	Claim Pending
<input type="checkbox"/>	Claim Failed
<input type="checkbox"/>	View Claim History

3. Click Submit

File Name	Date Received	Date Processed	Total	Failed	Status Description					
SynermedPaper	2/7/2007 2:47:27 PM	2/7/2007 2:47:28 PM	3	1	File Processed					
Claims Member	Pat. Last	Pat. First	Pat. Acct. #	Insured ID #	Charge	Provider	From	To	TaxID	PracitceID
CH	SYMED				\$150.00		1/29/2007	1/29/2007		
SynermedPaper	2/16/2007 9:49:05 AM	2/16/2007 9:49:06 AM	6	3	File Processed					
Claims Member	Pat. Last	Pat. First	Pat. Acct. #	Insured ID #	Charge	Provider	From	To	TaxID	PracitceID
CH	SYMED				\$295.00		1/29/2007	1/29/2007		
00601_RESUB_20070220	2/20/2007 8:13:34 AM	2/20/2007 8:13:35 AM	8	8	File Processed					
Claims Member	Pat. Last	Pat. First	Pat. Acct. #	Insured ID #	Charge	Provider	From	To	TaxID	PracitceID
CH	BCSGA				\$42.00		1/29/2007	1/29/2007		
CH	BCSGA				\$42.00		1/31/2007	1/31/2007		

4. It will pull up all claims that match the criteria you specified in step 2.

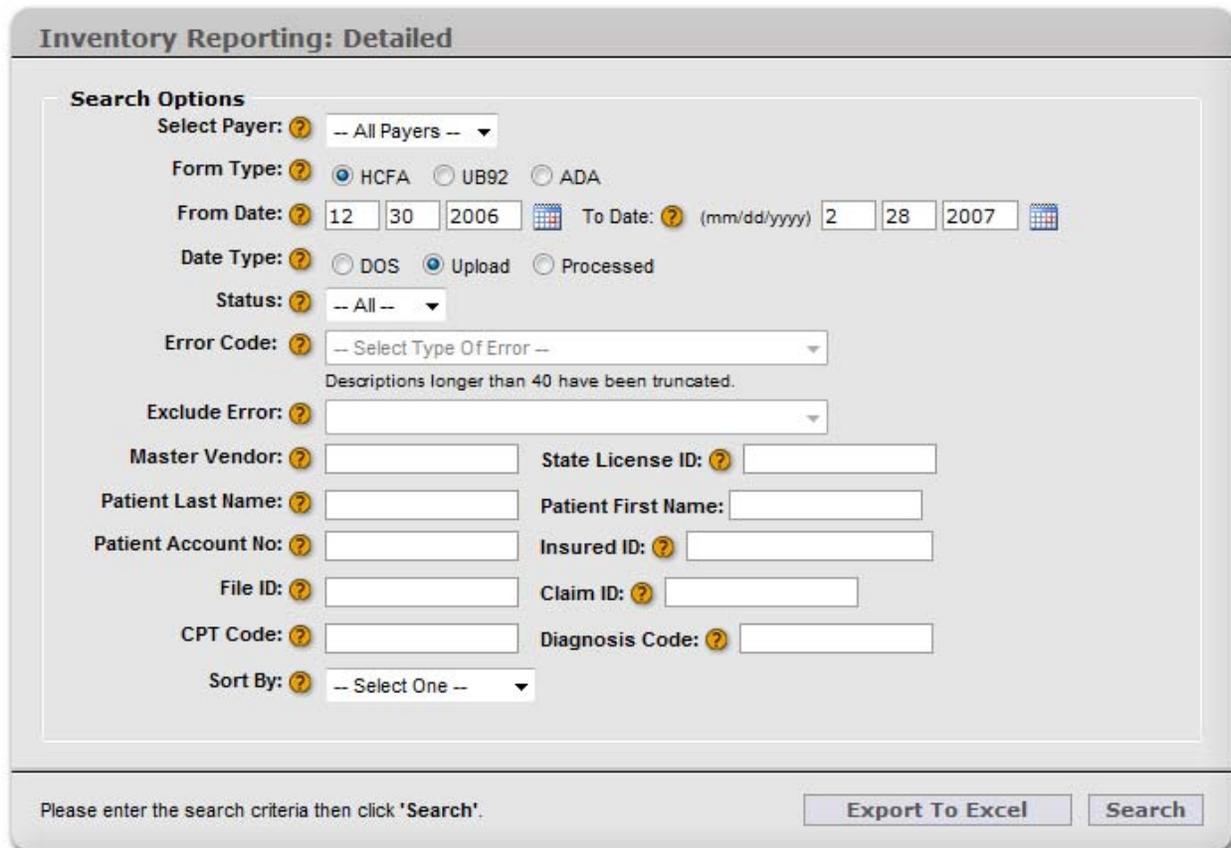
5. Click on CH to view the detail claim history.

File Name	Date Received	Date Processed	Total	Failed	Status Description
SynermedPaper	2/7/2007 2:47:27 PM	2/7/2007 2:47:28 PM	3	1	File Processed
CH	SYMED		\$150.00		1/29/2007 1/29/2007
Claim Status: CLAIM PROCESSED					
SynermedPaper	2/16/2007 9:49:05 AM	2/16/2007 9:49:06 AM	6	3	File Processed
CH	SYMED		\$295.00		1/29/2007 1/29/2007
Claim Status: CLAIM PROCESSED					
00601_RESUB_20070220	2/20/2007 8:13:34 AM	2/20/2007 8:13:35 AM	8	8	File Processed
CH	BCSGA		\$42.00		1/29/2007 1/29/2007
Claim Status: DUPLICATE CLAIM (WITHIN 90 DAYS)					
CH	BCSGA		\$42.00		1/31/2007 1/31/2007
Claim Status: DUPLICATE CLAIM (WITHIN 90 DAYS)					

INVENTORY REPORTING

The Inventory Reporting Tool is very similar to the View Claim History Tool except there are more criteria available to you to search by.

1. Click on Inventory Reporting.



Inventory Reporting: Detailed

Search Options

Select Payer: ? -- All Payers --

Form Type: ? HCFA UB92 ADA

From Date: ? 12 30 2006 To Date: ? (mm/dd/yyyy) 2 28 2007

Date Type: ? DOS Upload Processed

Status: ? -- All --

Error Code: ? -- Select Type Of Error --

Exclude Error: ?

Master Vendor: ? State License ID: ?

Patient Last Name: ? Patient First Name: ?

Patient Account No: ? Insured ID: ?

File ID: ? Claim ID: ?

CPT Code: ? Diagnosis Code: ?

Sort By: ? -- Select One --

Please enter the search criteria then click 'Search'.

Export To Excel Search

2. You can specify:

- Payer
- *DOS/Upload Data/Processed Data/All Dates (select none for all dates)
- Fill in Dates you wish to search (if you chose none, you don't need to fill in dates)
- Status (All statuses, Accepted, Pending, Rejected)

If you choose to search only rejected status, you can also choose to only search for a specific rejection

- Master Vendor (Tax ID)
- State License ID (ID on claim)
- Patient Name
- Patient Account Number
- Office Ally's File ID
- Office Ally's Claim ID

*** A date type MUST be specified, choose None if you do not wish to search by date**

- You can also choose what you want the results to be sorted by (choosing claimed here should order the results by when they came to Office Ally)
- Once you've entered all your criteria, click Search.
- All claims that match your criteria will display, they will look similar to this:

Status	File ID	Claim ID	Payer ID	Received Date	Patient Name (Last, First)	Patient Account No.	From DOS	To DOS	Master Vendor	State License ID	Insured ID	Total Charge	Print	Error Code(s)
Passed			95959	01/10/2007			07/07/2005	07/07/2005				\$209.00		ACCEPT
Passed			95959	01/10/2007			07/28/2005	07/29/2005				\$553.00		ACCEPT
Passed			95959	01/10/2007			08/01/2005	08/04/2005				\$1,153.00		ACCEPT
Passed			95959	01/10/2007			08/05/2005	08/10/2005				\$988.00		ACCEPT
Passed			95959	01/10/2007			08/15/2005	08/15/2005				\$130.00		ACCEPT
Passed			95959	01/10/2007			08/16/2005	08/16/2005				\$255.00		ACCEPT
Passed			95959	01/10/2007			08/18/2005	08/19/2005				\$388.00		ACCEPT

- To see a HCFA image of what Office Ally has on file for that claim, left click on the Claim ID
- Once you have the claim image open (sample below) above the image any status messages for that claim will appear. If rejected, the reason will display as well as the date when it was rejected.

Claim Status:
CLAIM PROCESSED (110)

NO PAYER
NO ADDRESS

HEALTH INSURANCE CLAIM									
1. MEDICARE <input type="checkbox"/> MEDICAID <input type="checkbox"/> CHAMPUS <input type="checkbox"/> CHAMPVA <input type="checkbox"/> GROUP HEALTH PLAN <input type="checkbox"/> FECA <input type="checkbox"/> BLK LUNG <input type="checkbox"/> OTHER <input type="checkbox"/>	1a. INSURED'S I.D. NUMBER								
2. PATIENT'S NAME (Last Name, First Name, Middle Init)	3. PATIENT'S BIRTHDATE		SEX M <input type="checkbox"/> F <input type="checkbox"/>		4. INSURED'S NAME (Last Name, First Name, Middle Init)				
5. PATIENT'S ADDRESS (No. Street): CITY STATE ZIP CODE TELEPHONE			6. PATIENT RELATIONSHIP TO INSURED Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>		7. INSURED'S ADDRESS (No. Street): CITY STATE ZIP CODE TELEPHONE				
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Init)	10. IS PATIENT'S CONDITION RELATED TO: a. EMPLOYMENT? (CURRENT OR PREVIOUS) <input type="checkbox"/> Yes <input type="checkbox"/> No b. AUTO ACCIDENT? <input type="checkbox"/> Yes <input type="checkbox"/> No c. OTHER ACCIDENTS? <input type="checkbox"/> Yes <input type="checkbox"/> No				11. INSURED'S POLICY GROUP OR FECA NUMBER a. INSURED'S DATE OF BIRTH SEX M <input type="checkbox"/> F <input type="checkbox"/> b. EMPLOYER'S NAME OR SCHOOL NAME c. INSURANCE PLAN NAME OR PROGRAM NAME				
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE	10d. RESERVED FOR LOCAL USE				13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE				
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:				

CODE SEARCH TOOL

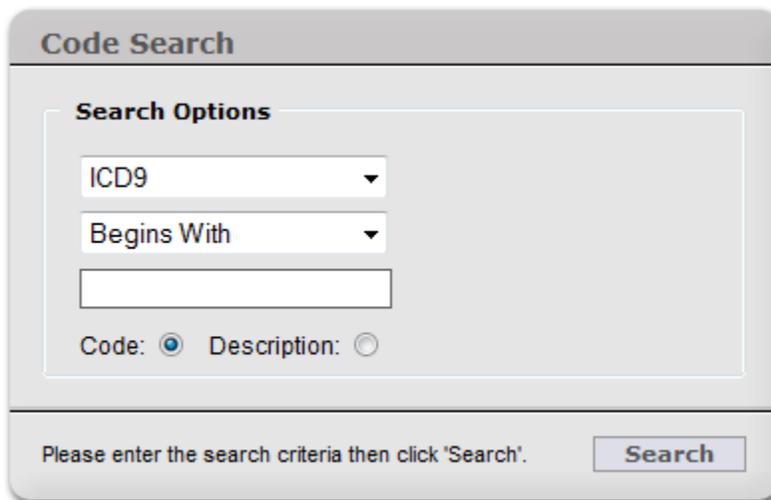
The Code Search Tool can be used to check what codes (ICD9, CPT, Place of Service, and Modifiers) Office Ally shows as billable at the time.

1. Click on Code Search

LookUp / References

- ▶ [Patient Look Up](#)
- ▶ [Code Search](#)
- ▶ [ERA 835 Check Look Up](#)
- ▶ [View Payer Lists](#)
- ▶ [Pre-Enrollment Forms and Info](#)

2. Choose the TYPE of code you would like to search for.
3. Choose the method of searching you would like to use.
4. Type in your search.

A screenshot of the "Code Search" form. The form has a title bar "Code Search" and a section titled "Search Options". Inside this section, there are two dropdown menus: the first is set to "ICD9" and the second is set to "Begins With". Below these is a text input field. At the bottom of the section, there are two radio buttons: "Code:" (which is selected) and "Description:". Below the form area, there is a message: "Please enter the search criteria then click 'Search'." and a "Search" button.

5. Click on the Submit button to display your results, I searched for any ICD9 containing V45.0 and received these results. If "Is Billable" is Yes or blank, the code is valid. If it says No, it is not.

PATIENT LOOK UP TOOL

The Patient Look Up Tool can be used to verify Patient Eligibility

1. Click on Patient Look Up.

LookUp / References

- ▶ [Patient Look Up](#)
- ▶ [Code Search](#)
- ▶ [ERA 835 Check Look Up](#)
- ▶ [View Payer Lists](#)
- ▶ [Pre-Enrollment Forms and Info](#)

****READ DISCLAIMER AND CLICK I AGREE TO GO ON.***

2. Select which Payer's Patient Eligibility you would like to check.
3. Enter Date of Service.
4. Choose Name/DOB, MemberID, or Patient SSN to indicate what you want to search by.
5. Type in necessary fields.
6. Click Look Up.

Patient Look Up

Search Options

Payer: -- Select Payer For Look Up -- *required

Lookup By: [Name/DOB](#) | [MemberID](#) | [Patient SSN](#)

Enter Date of Service -- [view instruction](#)

Date of Service: / / *required
Mo Day Year

Enter Name and/or Date of Birth -- [view instruction](#)

First Name: Starts With

Last Name: Starts With

Date of Birth: / /
Mo Day Year

****PATIENT LOOK UP IS ONLY AVAILABLE FOR PAYERS FOR WHOM WE CHECK PATIENT ELIGIBILITY.***

PRINTING CLAIMS



PRINTING CLAIMS THROUGH CLAIMS AWAITING BATCH

1. Navigate to Online Claim Entry – Claims Awaiting Batch
2. Note: You can also get there by going to Claim Fix – Claims Awaiting Batch

Claims

▶ Upload Claims

▶ Online Claim Entry	HCFA Insert Claim
▶ Claim Fix	HCFA Manage Stored Info
	UB92 Insert Claim
	UB92 Manage Stored Info
	Claims Awaiting Batch

3. You will see any claims that have recently been submitted to Office Ally listed as follows:
4. Click on the Printer symbol

Online Entry - Waiting to be Batched

Form Type	Processed	FileID	Claim ID	Patient Name	Total Charges	From DOS	Payer	Secondary	Print	Correct	Delete
HCFA	9/4/2007	ONLINE			50.00	9/2/2007		N		Correct	Delete

Please note that claims may or may not appear here in this section depending on when the Office Ally system processed your claims. If they were already processed, you will not see them in Claims Awaiting Batch. Please check the next section in the manual referring to Printing Claims through Inventory Reporting.

5. After choosing the printer symbol, a new screen will pop up showing a PDF version of the HCFA

The screenshot shows a PDF viewer interface. The toolbar at the top includes a printer icon circled in red, a save icon, a search icon, and a zoom level of 74.4%. Below the toolbar is a search bar with the text "Find". The main content area displays a "HEALTH INSURANCE CLAIM FORM" (HCFA) with a form number of 1500. The form is titled "HEALTH INSURANCE CLAIM FORM" and "APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 08/05". The form contains various fields for patient and insured information, including Medicare/Medicaid status, birth date, name, address, and relationship to insured. The form is divided into sections for patient and insured information, with a "CARRIER" label on the right side.

Please note this assumes you have Adobe Acrobat Reader installed on your system and that you are using the latest version of Internet Explorer. This printing feature does not work on a MAC Operating System.

6. Choose the print symbol highlighted in red to print the entire HCFA.

Please note this will print the entire HCFA so please DO NOT use pre-printed forms when printing. Instead, use plain blank paper and the system will print the HCFA and the information for you.

PRINTING CLAIMS THROUGH INVENTORY REPORTING.

Printing claims through Inventory Reporting will allow you to print any claims that have been processed through Office Ally back seven years.

1. Click on the Inventory Reporting link.

Reports

- ▶ [View Claim History](#)
- ▶ [Inventory Reporting](#)

2. Search for your claims normally using the inventory reporting screen. For further details, please see section Inventory Reporting here in the User Manual.
3. You will see your search results listed below. Click on a claim ID of your choosing.

Status	File ID	Claim ID	Payer ID	Received Date	Patient Name (Last, First)	Patient Account No.	From DOS	To DOS	Master Vendor	State License ID	Insured ID	Total Charge	Print	Error Code(s)
Passed			95959	01/10/2007			07/07/2005	07/07/2005				\$209.00		ACCEPT
Passed			95959	01/10/2007			07/28/2005	07/29/2005				\$553.00		ACCEPT
Passed			95959	01/10/2007			08/01/2005	08/04/2005				\$1,153.00		ACCEPT
Passed			95959	01/10/2007			08/05/2005	08/10/2005				\$988.00		ACCEPT
Passed			95959	01/10/2007			08/15/2005	08/15/2005				\$130.00		ACCEPT
Passed			95959	01/10/2007			08/16/2005	08/16/2005				\$255.00		ACCEPT
Passed			95959	01/10/2007			08/18/2005	08/19/2005				\$388.00		ACCEPT

4. After clicking on the Claim ID, the claim will appear in a new window. You will see the entire HCFA.

Claim Status:
CLAIM PROCESSED (110)

NO PAYER
NO ADDRESS

PICA		HEALTH INSURANCE CLAIM										PICA			
1. MEDICARE <input type="checkbox"/> MEDICAID <input type="checkbox"/> CHAMPUS <input type="checkbox"/> CHAMPVA <input type="checkbox"/> GROUP HEALTH PLAN <input type="checkbox"/> FECA <input type="checkbox"/> BLK LUNG <input type="checkbox"/> OTHER <input type="checkbox"/>		1a. INSURED'S I.D. NUMBER		2. PATIENT'S NAME (Last Name, First Name, Middle Init)		3. PATIENT'S BIRTHDATE		SEX M <input type="checkbox"/> F <input type="checkbox"/>		4. INSURED'S NAME (Last Name, First Name, Middle Init)		5. PATIENT'S ADDRESS (No. Street):		7. INSURED'S ADDRESS (No. Street)	
CITY		STATE		8. PATIENT'S STATUS		CITY		STATE		ZIP CODE		TELEPHONE		TELEPHONE	
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Init)		a. OTHER INSURED'S POLICY OR GROUP NUMBER		b. OTHER INSURED'S DATE OF BIRTH		SEX M <input type="checkbox"/> F <input type="checkbox"/>		c. EMPLOYER'S NAME OR SCHOOL NAME		d. INSURANCE PLAN NAME OR PROGRAM NAME		11. INSURED'S POLICY GROUP OR FECA NUMBER		a. INSURED'S DATE OF BIRTH	
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE		10d. RESERVED FOR LOCAL USE		13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE		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. EMPLOYER'S NAME OR SCHOOL NAME	
SIGNED		DATE		SIGNED											

5. Scroll to the bottom of the displayed HCFA and choose one of your options.

6															
6															
25. FEDERAL TAX I.D. NUMBER				SSN		EIN		26. PATIENT'S ACCOUNT NO.				27. ACCEPT ASSIGNMENT			
				<input type="checkbox"/>		<input type="checkbox"/>						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS								32. SERVICE FACILITY LOCATION AND INFORMATION							
SIGNED															
DATE															
								a. NPI:				b. Facility ID:			

Print Claim Image Print To PDF File

Note:

Print Claim Image – This will allow you to print just the information from the HCFA without the lines. Use this option if you are able to get the image output on your printer to properly match up with your HCFA form.

Print To PDF File – This will allow you to print the entire claim on blank paper. It will make a PDF form of your document that is printable.

The screenshot shows the Adobe Acrobat Reader interface. In the top toolbar, the print icon (a printer) is circled in red. Below the toolbar, the document content is visible, showing a 'HEALTH INSURANCE CLAIM FORM' with a '1500' form number. The form includes sections for patient information (name, birth date, address, status) and insurer information (name, address, relationship to insured). The form is partially filled out with example data.

Please note this assumes you have Adobe Acrobat Reader installed on your system and that you are using the latest version of Internet Explorer. This printing feature does not work on a MAC Operating System.

6. Choose the print symbol highlighted in red to print the entire HCFA.

Please note this will print the entire HCFA so please DO NOT use pre-printed forms when printing. Instead, use plain blank paper and the system will print the HCFA and the information for you.

IF YOU HAVE ANY QUESTIONS THAT THIS MANUAL DOES NOT ANSWER, FEEL FREE TO CALL US AT: (949) 464-9129 AND ONE OF OUR CUSTOMER SERVICE REPRESENTATIVES WILL ASSIST YOU.