

Office Ally Online Entry Tool

Office Ally provides an online entry tool for those providers who wish to submit claims electronically but do not have claims processing software.

To use this tool, you must first have enrolled with ActivHealthCare for EDI. Once you are enrolled, you will receive a user name and password from Office Ally. Their support staff will contact you and provide training on online entry.

Instructions

Go to www.officeally.com and click LOGIN on the orange bar across the top. Enter the User Name and Password you received upon setting up your account with Office Ally.

Entering Your First Claim

1. Move your mouse over to Online Entry, and select HCFA Insert Claim. The digital HCFA 1500 form will appear.
2. Type in the claim information.
3. Click on the UPDATE button in the bottom left corner of the page.

The Patient, Facility, Rendering Provider, Billing Provider will be stored for future use. You will not have to re-enter the information again!! You will then receive a message stating that your claim has been successfully batched.

Creating a Claim Using Stored Information

1. Move your mouse to Online Entry, select HCFA Insert Claim.
2. Click, "Load Stored Info."
3. From the drop down menus, select the patient, provider, and facility. (If you're billing for a new patient, don't select any patient from the drop down menu.)
4. Click, "Create New Claim."
5. A claim will appear with the information you selected already filled in. Just fill in the remaining information and click, "Update."
6. You will receive a message saying your claim has been successfully created.

Checking Your Claim Status

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.




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"

The following pages provide illustrated instructions, and instructions for inputting patient information in advance.



Creating your HCFA Claim File Using your Stored Data

If you already have your information for your Patients, Billing Providers, Rendering Providers, and Facilities, you can quickly create a claim using that stored information. Simply click on the down arrow and select your stored data from the list.

Click CREATE NEW CLAIM to load your selected stored data into a new claim.

Stored Patients	patient, new [01/01/1987] 	Edit	Delete	Add
Stored Billing Providers	Billing Provider 	Edit	Delete	Add
Stored Rendering Providers	Provider, Rendering 	Edit	Delete	Add
Stored Facilities	Facility Name 	Edit	Delete	Add
Create New Claim	To create a new claim using your stored information, please select from each of the pertinent categories then press "Create New Claim"			

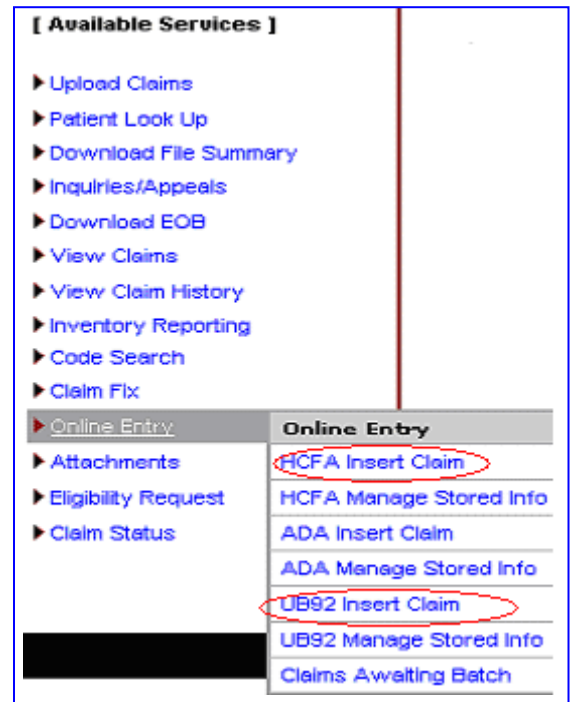
The digital HCFA 1500 form will appear pre-filled with the stored information that you selected. After entering your claim, click on the UPDATE button in the bottom left corner of the page. You will then receive a message stating that your claim has been successfully batched. Processing takes 24 hours, and you can then view your claim status by viewing your File Summary.

25. Federal Tax ID Number SSN/EIN Federal Tax Id # <input type="text"/> <input type="radio"/> <input type="radio"/>	26. Patient's Account No. <input type="text"/>	27. Accept Assignment? <input type="radio"/> YES <input type="radio"/> NO	28. Total Charge <input type="text"/>	29. Amount Paid <input type="text"/>	30. Amount Balance <input type="text"/>
32. Name and Address of Facility where Service Rendered (if other than home or office) Name: <input type="text"/> Facility Name Facility ID: <input type="text"/> Facility Id Address: <input type="text"/> Facility Address City: <input type="text"/> Facility City State: <input type="text"/> Alaska  Zip: <input type="text"/> 44444		33. Physician's, Supplier's Billing Name, Address, Zip, Phone # Telephone: <input type="text"/> (444) 444 4444 Billing Provider: <input type="text"/> Billing Provider (Last, First, MI) Rendering Provider: <input type="text"/> Provider <input type="text"/> Rendering M Provider Specialty: <input type="text"/> Address: <input type="text"/> City: <input type="text"/> City State: <input type="text"/> Alaska  Zip Code: <input type="text"/> 12345 PIN#: <input type="text"/> Pin GRP#: <input type="text"/> Grp			
Date of Initial Treatment (mm/dd/yyyy) <input type="text"/> / <input type="text"/> / <input type="text"/>		Date Last Seen (mm/dd/yyyy) <input type="text"/> / <input type="text"/> / <input type="text"/>			
Supervising Physician <input type="text"/>		Supervising Physician ID <input type="text"/>			
Ordering Physician (Last, First MI) <input type="text"/> <input type="text"/> <input type="text"/>		Ordering Physician ID <input type="text"/>			
CLIA <input type="text"/>		Accident Date <input type="text"/> / <input type="text"/> / <input type="text"/>			
Update					

Managing Claim Information

You can store Patient, Facility, Rendering Provider, and Billing Provider info without entering a claim.

Once you are logged in, the left hand side of the screen lists your available services. With your mouse, hover over the Online Entry link and click on HCFA Manage Stored Info.



Adding a New Patient

NOTE: You can add a new patient to your database simply by creating a new claim instead of using HCFA Manage Stored Info. When a new claim is created, it is automatically stored for future use.

Manage HCFA Stored Information

Stored Information

Stored Patients	-- Select Patient --	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

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

Click on the ADD button to add a new patient to your database. You will be able to enter boxes 1-11 of the HCFA including the Payer information for the Patient. This data will be available for future claims.

Enter your patient data, and when you have finished click on the ADD box. You will then return to the HCFA Manage Stored Information Screen.

Patients							
Payer Address Name: <input type="text" value="ABC Insurance"/> Address: <input type="text" value="1234 Nowhere"/> 2nd Address: <input type="text"/> City: <input type="text" value="Parts Unknown"/> State: <input type="text" value="California"/> Zip: <input type="text" value="55555"/>							
1. Medicare <input type="radio"/> Medicaid <input type="radio"/> Champus <input type="radio"/> ChampVA <input type="radio"/> Group Health Plan <input type="radio"/> FECA Bk Lmb <input type="radio"/> Other <input checked="" type="radio"/>							10. Insured's ID Number <input type="text" value="123456789"/>
2. Patient's Name (First, Middle Init, Last) <input type="text" value="John"/> <input type="text" value="T"/> <input type="text" value="Doe"/>			3. Patient's Birthday Sex <input type="text" value="01"/> <input type="text" value="01"/> <input type="text" value="1979"/> M <input checked="" type="radio"/> F <input type="radio"/>		4. Insured's Name (First, Middle Init, Last) <input type="text" value="John"/> <input type="text" value="T"/> <input type="text" value="Doe"/>		
5. Patient's Address (No., Street) <input type="text" value="12345 Any St."/>				6. Patient Relationship to Insured: <input checked="" type="radio"/> Self <input type="radio"/> Spouse <input type="radio"/> Child <input type="radio"/> Other		7. Insured's Address (No., Street) <input type="text"/>	
City: <input type="text" value="Parts Unknown"/>		State: <input type="text" value="California"/>		8. Patient Status <input checked="" type="radio"/> Single <input type="radio"/> Married <input type="radio"/> Other <input type="radio"/> Employed <input type="radio"/> Full-Time Student <input type="radio"/> Part-Time Student		City: <input type="text" value="Parts Unknown"/>	
Zip: <input type="text" value="55555"/>		Telephone: <input type="text" value="(555) 555 5555"/>		9. Other Insured's Name (First, Middle Init, Last) <input type="text"/>		10. Is Patient's Condition Related To: a. Employment? (Current or Previous) <input type="radio"/> YES <input checked="" type="radio"/> NO b. Auto Accident? <input type="radio"/> YES <input checked="" type="radio"/> NO <input type="text" value="--Select One--"/>	
9. Other Insured's Policy or Group Number <input type="text"/>				11. Insured's Policy or FECA Number <input type="text"/>		a. Date of Birth Sex <input type="text" value="01"/> <input type="text" value="01"/> <input type="text" value="1979"/> M <input checked="" type="radio"/> F <input type="radio"/>	
b. Other Insured's Date of Birth Sex <input type="text"/> <input type="text"/> <input type="text"/> <input type="radio"/> M <input type="radio"/> F				b. Employer's Name or School Name <input type="text" value="ABC Tax Company"/>		c. Insurance Plan or Program Name <input type="text" value="ABC Insurance"/>	
c. Employer's Name or School Name <input type="text"/>				c. Other Accident? <input type="radio"/> YES <input checked="" type="radio"/> NO		d. Is there Another Health Benefit Plan? <input type="radio"/> YES <input checked="" type="radio"/> NO <i>If yes, complete item 9-a-d</i>	
d. Insurance Plan Name or Program Name <input type="text"/>				10d. Reserved For Local Use <input type="text"/>			
<input type="button" value="Add"/>							

Adding a new Billing Provider

Stored Information			
Stored Patients	-- Select Patient --	Edit	Delete
Stored Billing Providers	-- Select Provider --	Edit	Delete
Stored Rendering Providers	-- Select Provider --	Edit	Delete
Stored Facilities	-- Select Facility --	Edit	Delete
<input type="button" value="Add"/>			
<input type="button" value="Create New Claim"/>	To create a new claim using your stored information, please select from each of the pertinent categories then press "Create New Claim"		

Click on ADD to add a new billing provider for your database.

Enter your billing provider info and click ADD.

Add Billing Provider	
Billing Provider:	<input type="text" value="ABC Medical Group"/>
Address:	<input type="text" value="12345 Anywhere St"/>
City:	<input type="text" value="Parts Unown"/>
State:	<input type="text" value="California"/>
Zip Code:	<input type="text" value="55555"/>
GRP#:	<input type="text"/>
Federal Tax ID #:	<input type="text" value="555-555-555"/>
Federal Tax Id Type:	SSN <input type="radio"/> EIN <input checked="" type="radio"/>
<input type="button" value="Add"/>	

Adding a Rendering Provider

Stored Patients	-- Select Patient --	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

Click on ADD to add a new Rendering Provider.

Type in your Rendering Provider Information, and click ADD.

Add Rendering Provider

First: Adam

Middle Initial: T

Last: Gonzo

Telephone: (949) 555 5555

Practice Id: 1234567

Add

Adding a new Facility

Stored Patients	-- Select Patient --	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

Click ADD to add a new Facility.

Type in your Facility Information, and click ADD.

Add Facility

Facility Name: JKL Hospital

Facility Id: 1100000000

Facility Address: 1234 Nowhere St

Facility City: Parts Unknown

Facility State: California

Facility Zip: 55555

Add

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32. Name and Address of Facility where Service Rendered (if other than home or office) Name: <input type="text"/> Facility Name Facility ID: <input type="text"/> Facility Id Address: <input type="text"/> Facility Address City: <input type="text"/> Facility City State: <input type="text"/> State Zip: <input type="text"/> 44444		33. Physician's, Supplier's Billing Name, Address, Zip, Phone # Telephone: (<444>) 444 4444 Billing Provider: <input type="text"/> Billing Provider Rendering Provider: (Last/Group, First, MI) Provider <input type="text"/> Rendering <input type="text"/> M Provider Specialty: <input type="text"/> Address: <input type="text"/> City: <input type="text"/> State: <input type="text"/> Arizona Zip Code: <input type="text"/> 12345 PIN#: <input type="text"/> Pin GRP#: <input type="text"/> Grp					
Date of Initial Treatment (mm/dd/yyyy) <input type="text"/> / <input type="text"/> / <input type="text"/>	Date Last Seen (mm/dd/yyyy) <input type="text"/> / <input type="text"/> / <input type="text"/>	Supervising Physician <input type="text"/>	Supervising Physician ID <input type="text"/>	Ordering Physician (Last, First, MI) <input type="text"/> <input type="text"/> <input type="text"/>	Ordering Physician ID <input type="text"/>	CLIA <input type="text"/>	Accident Date <input type="text"/> / <input type="text"/> / <input type="text"/>
<input type="button" value="Update"/>							

Processing takes 24 hours, and you can then view your claim status by viewing your Download File Summary.

Checking your claim(s) status

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Please note: ANSI 837 users may receive an ERR Report in place of their file summary – you should contact Office Ally or your Vendor if you receive this report.

If you have questions or experience any problems, you may contact Office Ally at 949.464.9129 anytime for customer support.