

Integrated-ActivHealthCare, LLC

EDI User Guide

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Integrated-ActivHealthCare, LLC is a wholly owned subsidiary of ActivHealthCare, Inc. (“AHC”). As such, ActivHealthCare, Inc. is responsible for conducting daily operations.

How to File Claims Using EDI

Enrollment

Electronic Data Interchange (EDI) is a transfer of data between two companies using the Internet. AHC offers this service for electronic claims processing to you through a partnership with Office Ally (OA).

Why should you consider EDI? The benefits of EDI include:

- No monthly EDI fees
- Improved cash flow with quicker payments
- All claims transmitted to one location 24 hours a day, 7 days a week
- Online access to claim status, history and summary reports
- Online claims correction capability

To file claims electronically, you will only need a computer with Internet service. While computerized claims processing software is desirable, it is not required.

Enrollment is easy

Download the enrollment paperwork from www.ActivHealthCare.com. Complete the required enrollment forms, which include the following:

- Addendum to AHC Provider Agreement allowing for EDI
- Office Ally Business Partners or Trading Partners Agreement
- Office Ally Enrollment Form for AHC members

Mail the three original, signed enrollment forms to:

Attn: EDI
ActivHealthCare, Inc.
1926 Northlake Pkwy, Suite 100
Tucker, GA 30084

Allow up to 30 days for enrollment. Once your enrollment is processed by OA, you will be contacted by email with a username and password. OA will provide technical support in addition to training on how to upload claims.

DISCLAIMER: ActivHealthCare (AHC) has arranged EDI processing of claims for AHC network affiliates through Office Ally (OA), a clearinghouse. AHC staff will assist you in resolving any processing issues you experience for AHC claims. AHC is **NOT** responsible for your relationship with Office Ally and the processing of Medicare, BCBS, Medicaid, and other non-AHC claims. You should contact OA with any

questions regarding non-AHC claims. Neither AHC nor OA will make any corrections to claims. The Provider is responsible for correct completion of the CMS1500 form.

Preparing Your Management Software

If you do not have claims management software, but would like to file claims electronically, you may use Office Ally's Online Entry Tool. Instructions for using this tool are on page 7.

The following are requirements to use EDI:

- Enrollment is required. If you have not enrolled, refer to the previous page or www.ActivHealthCare.com for enrollment instructions.
- You will need the username and password provided by Office Ally after enrollment.
- A pin number is required in box 33 of the CMS-1500. If the payor requires a pin, use the payor assigned pin number; otherwise, use the doctor's license number. This will need to be set up in your software.
- You will need to know how to print your claim "to file" from your software. If you can print a claim, you have this capability. Contact your software vendor if you need assistance with this step.
- Once you print a claim to file, you will need to know where to locate this file on your computer for uploading.

To determine which claims should be submitted as AHC in-network claims, review the list of AHC network affiliates on the website. A password is required to enter the network affiliations section of the website. You must be a member provider to obtain a password. Visit www.ActivHealthCare.com, Network Resources, to register and obtain a password.

Once you login to the website, you will be able to view network affiliations and employer lists. If a network or employer is included in the affiliations or employer list, the patient's claim should be submitted as an AHC in-network claim to receive the in-network fee payments.

If you have the same payor that is filed both as an AHC in-network claim and an out-of-network claim, then you will need to set up two payors in your software (one with the AHCØ1 prefix and one without). See the following information on AHC In-Network Claim Submission for more information on the AHCØ1 requirements.

In order to avoid delays in payment, it is very important that you have your insurance carrier database set up correctly in your claims management software.

Claims Submission for AHC Network Affiliates

One of the most critical functions in a provider's office is insurance claims submission. AHC understands the importance of this task and will help you manage your insurance receivables. AHC will assist with your EDI claims and will continue to work on your behalf to resolve all outstanding insurance claims.

The steps for EDI claims processing are as follows:

- Step 1:** Verify the patient's insurance coverage through the insurance payor. Be sure to verify that you are listed in the PPO network, if applicable.
- Step 2:** Determine if the patient's insurance is listed in the AHC network affiliates or employer lists. This information is available at www.ActivHealthCare.com. If this is not an in-network claim, view the instructions for filing non-AHC claims at www.ActivHealthCare.com.
- Step 3:** Thoroughly complete the health insurance claim form in your management software program. This form is often referred to as a CMS-1500. Be sure to pay attention to the requested information. Refer to page 16 for specific CMS-1500 instructions. In addition, a **pin number is required** in box 33. This is the pin provided to you by the payor. If the payor does not require a pin, then use the provider's federal ID number. **If this box is left blank, the claim will be rejected by Office Ally.**
- Step 4:** Include the name and address of the insurance payor in the blank area of the upper right hand corner (above box 1a) of the CMS-1500 form.

If this is a claim for one of the AHC network affiliates, complete the payor information in the following format:

AHCØ2 Insurance Payor's Name
Insurance Payor's Street Address or P.O. Box
Insurance Payor's City, State and ZIP code

Obtain the insurance payor's information from the insurance identification card. Do **NOT** put ActivHealthCare as the payor name and address, except for Coventry HMO claims. If AHC is listed as the payor name then Office Ally will not know where to send your claim for payment. By placing AHCØ1 as a prefix to the insurance payor's name, Office Ally will know how to direct this claim for payment. This format will expedite the processing of your claims by providing AHC with the payor's address on the CMS-1500.

- Step 5:** Once the claim information has been completed, print the claim “to file” according to your software specifications. You will need to know where to find this file on your computer. Office Ally will train you to upload this file electronically. You will receive an upload confirmation by email. You will then be able to monitor the status of the claim online.
- Step 6:** In most cases the insurance claims payor will process the claim and send AHC an explanation of benefits within 30 days. AHC will process the claim through our system and issue a bulk pay remittance to you summarizing all claims processed for your office during the week.
- Step 7:** In some cases, the carrier may not process a claim promptly. If the carrier needs additional information, they may respond to you directly or to AHC. If they request the information from AHC, you will be contacted by AHC with their request.

In some many situations the payor name and network name are not the same and will need to be shown on a CMS-1500 in two different ways.

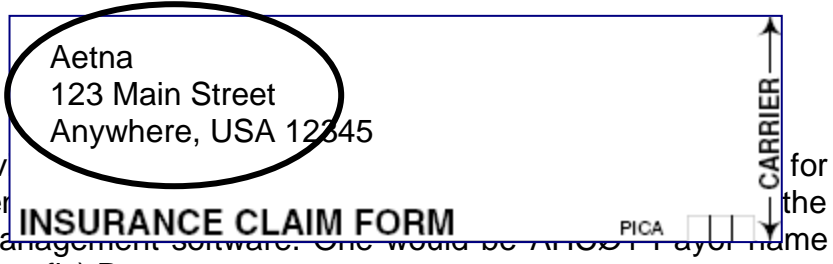
- If the patient is insured with Aetna and the network, as identified on their insurance identification card, is MultiPlan, then Aetna, the payor, would be entered on the CMS-1500 **with the AHCØ1 prefix in front of the payor name** as shown in example 1 below and MultiPlan would be entered in Box 11c of the CMS-1500.

CMS-1500

The diagram shows a portion of a CMS-1500 form. The top section is labeled "INSURANCE CLAIM FORM" and "CARRIER". It contains the following text: "AHCØ2 Aetna", "123 Main Street", "Anywhere, USA 12345". Below this is a section labeled "PATIENT AND INSURED INFORMATION". It contains three rows: "11. INSURED'S POLICY GROUP OR FECA NUMBER", "a. INSURED'S DATE OF BIRTH (MM DD YY) SEX (M F)", and "b. EMPLOYER'S NAME OR SCHOOL NAME". The bottom row is "c. INSURANCE PLAN NAME OR PROGRAM NAME" with "MultiPlan" entered below it.

- If the patient is insured with a company that is not an AHC network affiliate, as identified on their insurance ID card and box 11c of the CMS-1500, then that payor is shown on the top of the CMS-1500 **without the AHCØ1 prefix** as shown in example 4.

CMS-1500 Example



Any payors that also provide employer groups and patient payor two times in your management software. One would be AHCØ1 Payor name and secondly, (no AHCØ1 prefix) Payor name.

Failure to properly identify the payor information at the top of the CMS-1500, will most likely result in your claim being processed out-of-network, creating additional work for your office staff and patients.

Office Ally’s 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 enroll with AHC for EDI. Once you are enrolled, you will receive a username and password from Office Ally. Their support staff will contact you and provide training on online entry.

A quick summary of entry instructions follow. Instructions for entering patient information in advance and illustrated entry instructions are available at www.ActivHealthCare.com.

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

Entering Your First Claim

1. Move your mouse to Online Entry and select HCFA INSERT CLAIM. The digital CMS-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 and billing provider will be stored for future use. You will not have to re-enter the information again. You will then receive a message that your claim has been successfully batched.

Creating a Claim Using Stored Information

1. Move your mouse to Online Entry and select HCFA INSERT CLAIM.
2. Click LOAD STORED INFO.

3. From the drop down menus, select the patient, provider and facility. (If you are billing for a new patient, do not select a 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 that your claim has been successfully created.

Claims Follow-Up

Checking your claim status – This step is critical.

Within 24 hours of upload, your file summary is ready. This report lists the status of all claims received by OA. This acts as your receipt that your claims have been entered into the OA system.

- Log into www.officeally.com and click DOWNLOAD FILE SUMMARY.
- Click the pink-colored day on the calendar.
- Below the calendar, click VIEW and then click OPEN.

Please note: ANSI 837 users may receive an ERR Report in place of their file summary. You should contact OA if you receive this report.

Follow-up tools available from Office Ally

- **Patient Look-Up** – check patient eligibility for IPAs
- **View Claim History** – see claim status and EDI responses for a whole File ID or a specific claim.
- **Inventory Reporting** – search for claims using a variety of options including date uploaded, patient name, insurance company or tax ID.
- **Code Search** – check the validity of CPT codes, ICD9 codes, place of service codes and modifiers.
- **Claim Fix** – rejected claims are listed by date; click on a rejected claim, make any necessary changes and click UPDATE. Updated claims will automatically be reprocessed that night.
- **Eligibility Request** – request real-time patient eligibility for select insurance companies.

EDI Frequently Asked Questions

Can all claims be submitted electronically or just AHC claims?

You may submit all of your medical claims through Office Ally. This includes AHC payors, Medicare, and other claims that would not involve AHC. AHC is **NOT** responsible for your relationship with Office Ally and the processing of Medicare, BCBS, Medicaid, and other non-AHC claims. You should contact OA with any questions regarding non-AHC claims.

Can I file Medicare claims electronically?

You are welcome to file Medicare claims through Office Ally, but it is not required. AHC is **NOT** responsible for your relationship with Office Ally and the processing of Medicare, BCBS, Medicaid, and other non-AHC claims. You should contact OA with any questions regarding non-AHC claims.

Are there any charges/fees to electronically file claims?

There are not any monthly charges paid to AHC. However, according to the agreement, OA offers an optional service that includes additional fees of \$0.25 per claim to print and mail any CMS-1500s that cannot be sent electronically (i.e. the insurance company is not on our payor list or your pre-enrollment is not completed for that insurance company). Also, if Medicare claim volume exceeds 50% of overall claims submitted, OA charges a flat monthly fee of \$19.95 for any month where Medicare claims volume exceeds the 50%.

How do you identify AHC claims?

Review the list of AHC network affiliates, or PPOs, found on the AHC website. If the patient is covered by a benefit plan or carrier that uses one of the AHC network affiliates or employers, and the instructions on the corresponding term summary sheet advises you to submit claims to AHC, then you should identify the claims uploaded to OA by placing AHCØ1 in front of the payor name at the top of the CMS-1500, or what would be the top of the CMS-1500 if you were printing a hard copy. **This is critical so that the claims are sent to the correct payor and not processed as out-of-network.**

A list of the network affiliates is available at www.ActivHealthCare.com. If you see one of the logos on an identification card, then the claim should be submitted with AHCØ1 in front of the payor name at the top of the CMS-1500. If this is not done properly at the provider office level, there will be numerous payment errors or delays in payment to your office.

How long until claim payments are received?

If there are no processing delays, a typical claim may be paid as early as 10 business days.

Do you need to purchase software?

No, the Office Ally website will interface with all practice management software packages. All you need is Internet access. The OA technicians will assist and train your office staff on set-up and use of the Office Ally tools. If you do not have practice management software, you may use OA's online entry tool.

What if you don't have billing software?

For providers without billing software, OA offers a free, online entry tool. This tool allows you access to a blank, electronic CMS-1500 on the OA website. You type data into it the same way you would a paper CMS-1500. Additionally, this tool

allows you to store patient, facility and provider information so you do not have to re-type the same information over and over.

Is your software compatible?

OA's ability to accept a print-image file means they are compatible with nearly every practice management system. Essentially, if your software allows you to print claims in your office, you can send claims to Office Ally.

How long does it take to get started after you send your enrollment form?

Please allow up to 30 days for us to process your enrollment. Once your enrollment form is submitted to OA, OA will email you a user name and password for uploading claim files. An OA enrollment specialist will contact you to set up an appointment with one of their technical staff for training.

You are already enrolled with Office Ally, what do you need to do to process claims with AHC?

You must notify AHC so that we may contact OA to indicate AHC on your enrollment. This is important so your AHC claims are not processed out-of-network. You will also need to submit a check for the set-up fee along with the two AHC enrollment forms.

Who do you contact if you have a problem uploading your claims?

Call the customer support team for OA at (949) 464-9129 or send an e-mail to support@officeally.com. Customer service or technical support is available 24 hours a day, 7 days a week at no additional charge.

How do you send claims to Office Ally?

Most users send claims to OA as follows:

1. Create a claim file using your current billing software.
2. Log into www.officeally.com and click UPLOAD HCFA1500.
3. Click SELECT FILE.
4. Find your file and click OPEN.
5. Click UPLOAD.

Office Ally also supports FTP transfers and offers an online entry tool. They will walk you through this process step-by-step during your set-up appointment.

What formats does OA accept? OA does accept the HIPAA compliant ANSI 837 format. However, if your software does not produce this format, text files, print-image files and NSF format files are also accepted.

Is Office Ally HIPAA compliant?

Yes, OA is certified HIPAA compliant. The Trading Partner's Agreement details the HIPAA policies and procedures that are followed to protect your private health

information as well the security measures used in the computer systems to ensure privacy.

What insurance companies are you able to send to electronically?

By enrolling with Office Ally, you are automatically set up to send to all payors on the OA Payor List except those with asterisks next to their name. Those payors require pre-enrollment before OA can send your claims electronically to them. To view the OA Payor List, go to www.ActivHealthCare.com/custom/EDI_Claims.html and click on the Payor List link.

How do you pre-enroll for insurance companies that require pre-enrollment?

When you are filling out the OA enrollment form, list any of the payors for which you would like to pre-enroll. OA will start the pre-enrollment process for the companies you've selected and get any necessary paperwork to you. Those companies requiring pre-enrollment are identified on the OA Payor List. There is no cost for pre-enrollment.

How long does the pre-enrollment process take?

Pre-enrollment for most commercial payors is usually complete within one week. Pre-enrollment for Medicare and CHAMPUS varies from one to six weeks.

What tools and features are available on www.officeally.com?

Office Ally offers many features including tools for tracking claims, running reports based on your own specifications, checking eligibility, verifying codes (ICD9, CPT, POS, Modifiers), fixing claims directly on the website, entering claims online and sending attachments electronically. OA continually adds new features and upgrades existing services to meet your EDI needs.

Do you have to submit in a HIPAA compliant format?

No, the law allows providers to submit in a non-HIPAA compliant format to a clearinghouse. The clearinghouse must convert the claims into the 837 HIPAA compliant format prior to transmission to the insurance company or claims payor. It is against the law for a provider to submit directly to an insurance company in a non-compliant format.