



## New Service Center User Guide

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### Claims and Remits

*Revised 8/24/2023*

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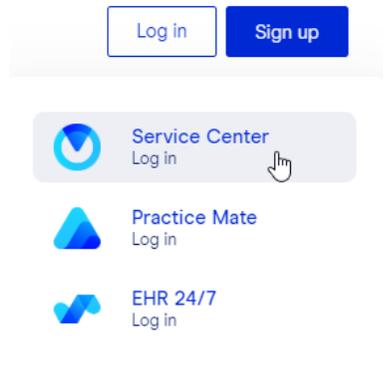
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# 1. LOGGING INTO OFFICE ALLY

To log into your Office Ally account, go to <https://sc.officeally.com/>



Hover over the “**LOGIN**” button and then select “**Service Center**”



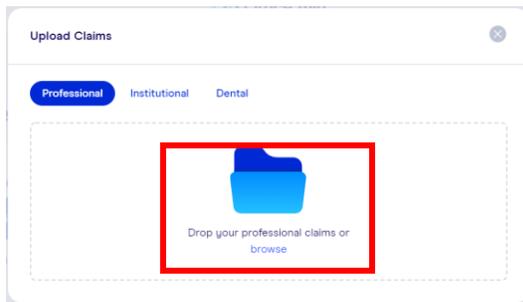
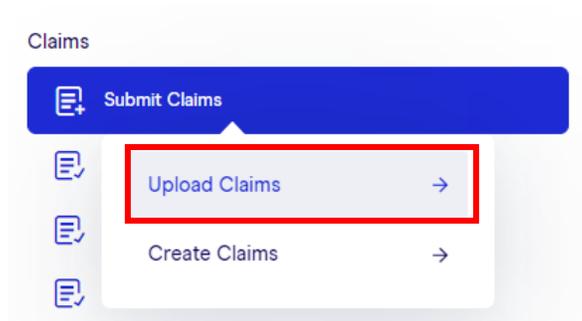
Enter your OA **Username** and **Password** and then select “**Log In**”.

The image shows a login form titled 'Welcome'. Below the title is the text 'Thanks for trying our NEW login page.' There are two input fields: 'Username' with the placeholder text 'AssignedUsername' and 'Password' with a masked password '\*\*\*\*\*' and an eye icon to toggle visibility. Below the fields is a large blue 'Continue' button. At the bottom of the form are two links: 'Retrieve your username' and 'Retrieve your password'.

## 2. CLAIM SUBMISSION

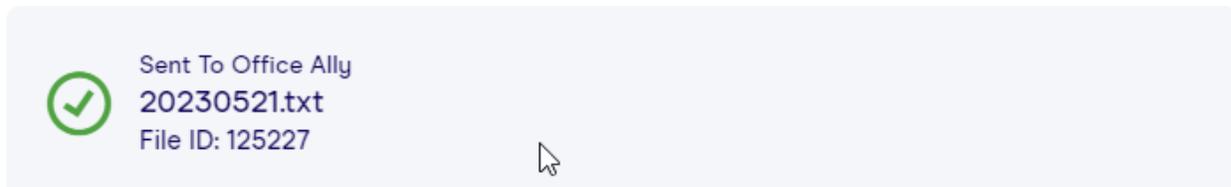
### 2.1 File Upload via the Service Center

To upload a claim file using the Office Ally Service Center, hover your mouse over “**Submit Claims**” and select “**Upload Claims.**”

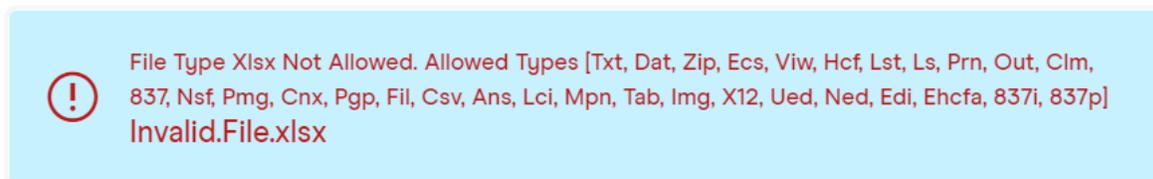


When the pop up appears, select the file type you are uploading. then click on “**Browse**” to browse your system for the file you would like to upload.

Once the file is selected, if successful, it will be immediately uploaded to Office Ally. You will see a confirmation of the submission at the bottom of page. This confirms that the file was received by Office Ally, assigning it a unique Office Ally File ID number. Please make note of the File ID, as this is needed when contacting Customer Support should any issues arise. At this point, you can upload more files by selecting “Browse” or you can close out of the pop-up box by selecting the X located on the top right.



If your upload was not successful, you will receive an error at the bottom of the screen. Please be sure to upload a supported file type.



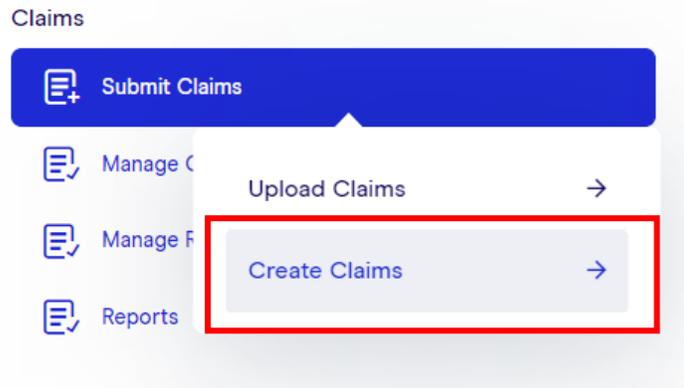
Claim file transfer is also available through Office Ally using an SFTP connection. Refer to the Office Ally Claims Companion Guide for connectivity details.

*Note to CalAim Submitters: Files must be submitted in a tab delimited format.*

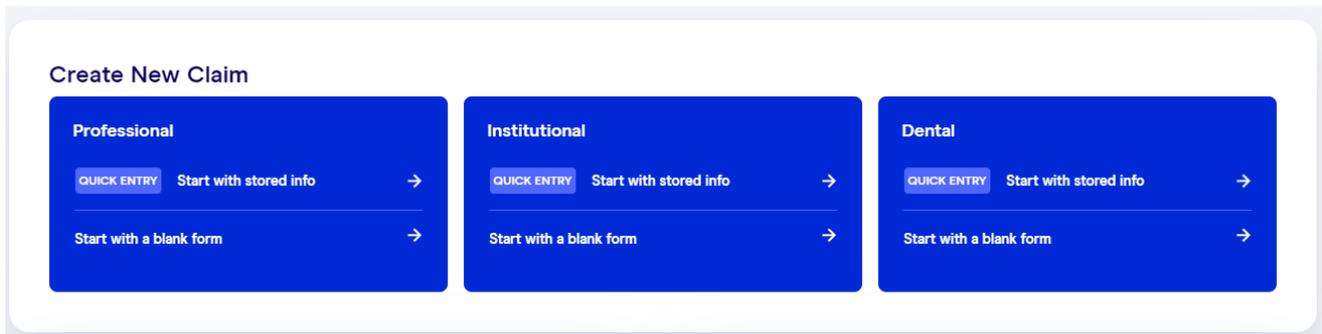
## 2.2 Create Claims

Within the Service Center, users may also choose to enter their claim information on-line (commonly referred to as Direct Data Entry).

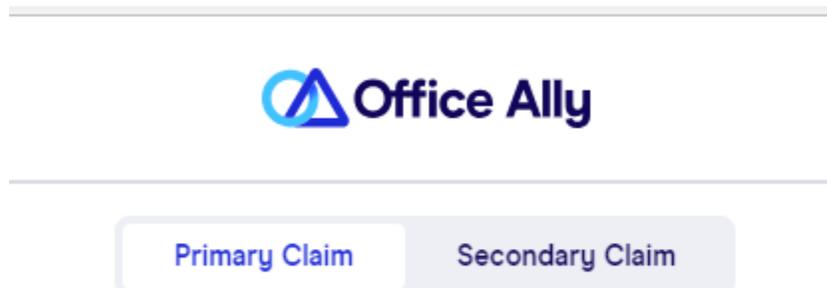
Begin by hovering your mouse over “**Submit claims**” and select “**Create Claims**”.



In the Create Claims page, you will have the option to create claims with stored information or to begin with a blank form.



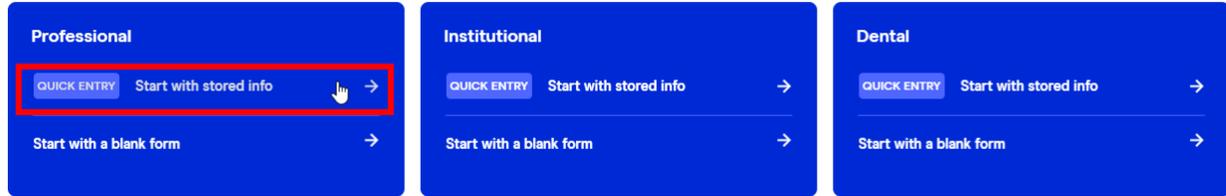
Secondary Claims can be created using the same methods. Simply switch the tab at the top of the claim to “Secondary Claim” shown below.



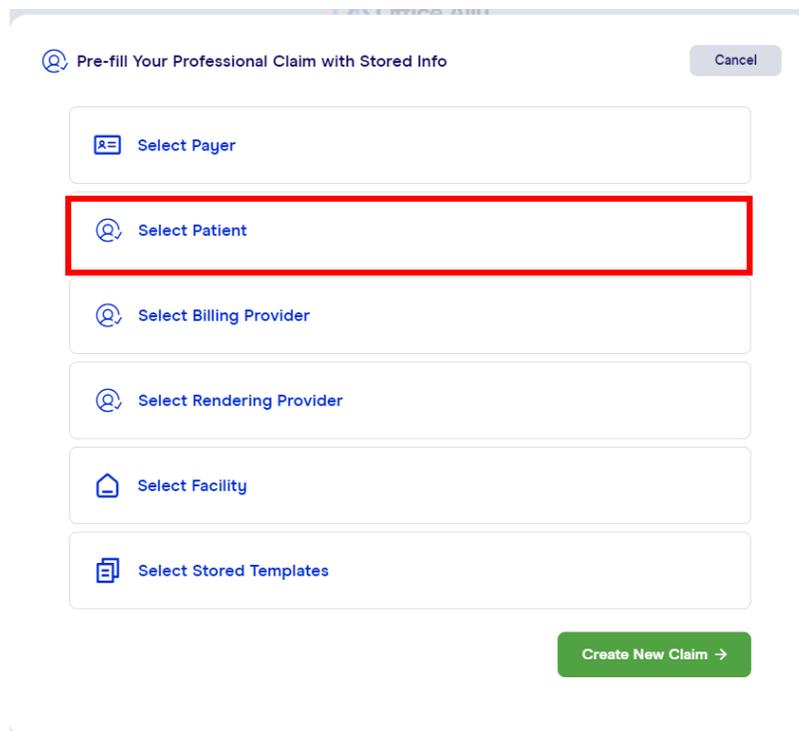
## 2.3 Quick Entry Start with Stored Info

**Quick Entry - Start with stored info** allows you to create claims using previously stored data.

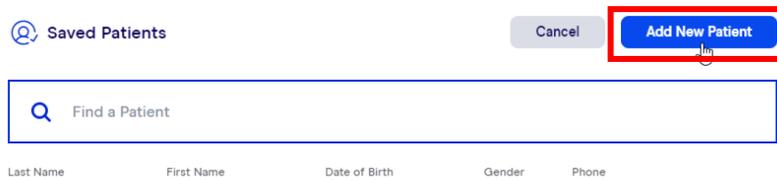
### Create New Claim



The following screen will appear. You can select data that has already been stored or start storing data.



Select one of the available fields, it will show you the stored info for the selected field. To begin adding stored information, click on **“Add New \_\_\_\_”**.



In this case, we are storing a patient, but the same applies to all other fields. The following screen will appear. Click on “**Save**” once you have entered all the info you would like stored.

**Edit Saved Patient** Cancel

<b>1. PAYER</b> MEDICARE <input type="radio"/> Medicare # MEDICAID <input type="radio"/> Medicaid # TRICARE <input type="radio"/> ID #/DoD# CHAMPVA <input type="radio"/> Member ID# GROUP HEALTH <input type="radio"/> ID # FECA BLK LUNG <input type="radio"/> ID # OTHER <input type="radio"/> ID #			<b>1A. INSURED'S I. D. NUMBER</b> INSURED'S ID NUMBER*		
<b>2. PATIENT'S NAME</b> LAST NAME*   FIRST NAME*   MIDDLE INITIAL		<b>3. PATIENT'S INFO</b> PATIENT'S DATE OF BIRTH SEX <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Unknown		<b>4. INSURED'S NAME</b> LAST NAME   FIRST NAME   MIDDLE INITIAL	
<b>5. PATIENT'S ADDRESS</b> NO. STREET* CITY*   STATE ZIP CODE*   TELEPHONE		<b>6. PATIENT'S RELATIONSHIP TO INSURED</b> PATIENT'S RELATIONSHIP TO INSURED <input type="radio"/> Self <input type="radio"/> Spouse <input type="radio"/> Child <input type="radio"/> Other		<b>7. INSURED'S ADDRESS</b> NO. STREET CITY   STATE ZIP CODE   TELEPHONE	
<b>9. OTHER INSURED</b> LAST NAME   FIRST NAME   MIDDLE INITIAL A. OTHER INSURED'S POLICY OR GROUP NUMBER B. RESERVED FOR NUCC USE C. RESERVED FOR NUCC USE D. INSURANCE PLAN NAME OR PROGRAM NAME		<b>10. IS PATIENT'S CONDITION RELATED TO:</b> EMPLOYMENT? (CURRENT OR PREVIOUS) <input type="radio"/> Yes <input type="radio"/> No AUTO ACCIDENT? <input type="radio"/> Yes <input type="radio"/> No   PLACE (STATE) OTHER ACCIDENT? <input type="radio"/> Yes <input type="radio"/> No		<b>11. INSURED'S POLICY GROUP OR FECA NUMBER</b> POLICY GROUP OR FECA ID   A. DATE OF BIRTH SEX <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Unknown B. OTHER CLAIM ID QUAL   B. OTHER CLAIM ID C. INSURANCE PLAN NAME OR PROGRAM NAME D. IS THERE ANOTHER HEALTH BENEFIT PLAN? <input type="radio"/> Yes <input type="radio"/> No	
			<b>100. CLAIM CODES (DESIGNATED BY NUCC)</b> CLAIM CODES		

**Save →**

If you need to update any of your stored information, you can easily do so by selecting the stored data you need to update and click on the menu to the right of the data and select “**Edit**” or “**Delete**”.

**Saved Patients** Cancel **Add New Patient**

Find a Patient

Last Name	First Name	Date of Birth	Gender	Phone	
1	1	05/14/2023			<b>Edit</b> 
1	1	05/15/2023			<b>Delete</b> 



## 2.4 Start with blank form

Select **“Start with a blank form”** for the required claim type. A blank claim form will appear for you to manually enter your claim data. Within the claim form, you have the option to load in saved patients, rendering providers and billing providers.

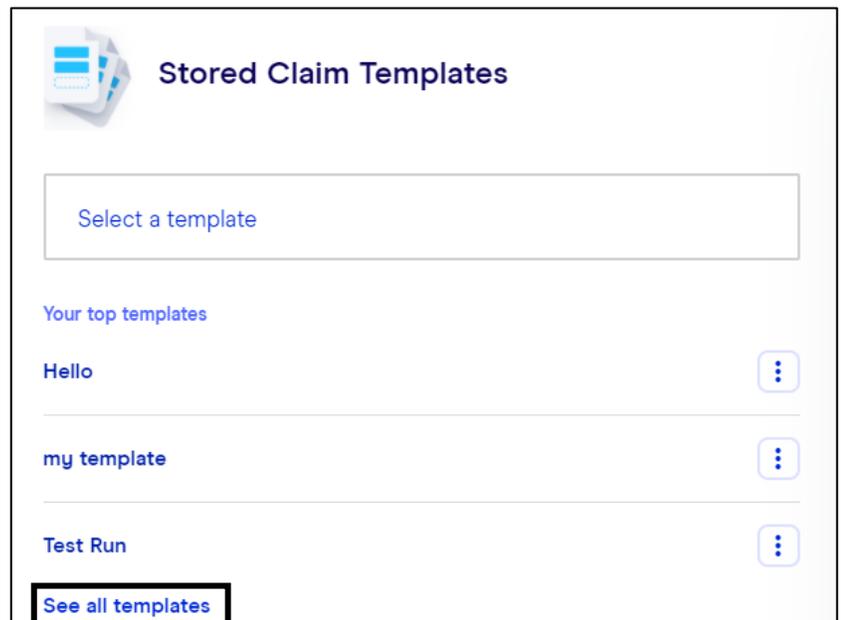
If you’re not ready to submit your claim, select **“Save Draft”** in the top right corner to return to this claim later.



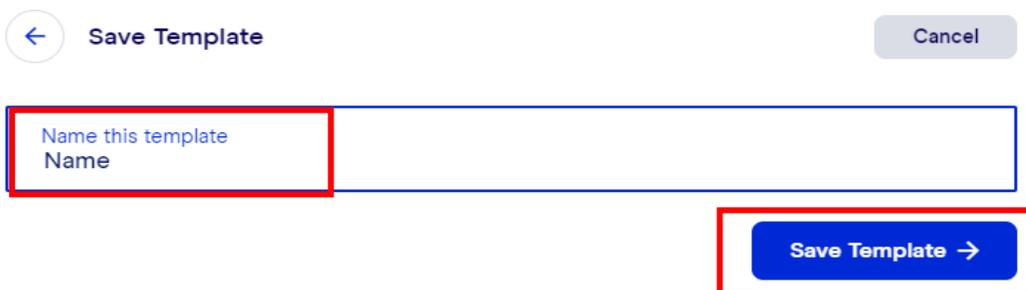
If you decide that you need to create a template from the claims that you have created, you can select **“Save Template”** in the top right corner. Name the template and you can have it for future use.

## 2.5 Stored Claim Template

Stored Claim Templates is an optional tool that can help you maximize efficiency when billing. It can be used to store recurring diagnosis and procedures codes for a specific patient or to store commonly used codes for certain types of visits that apply to various patients. The stored templates can be located within the **“Create Claims”** option. You can view all Saved templates search through them or view all templates by selecting **“See all templates.”**



To create a template, click on **“Start with a blank form”** on the required claim type. This will take you to a blank claim image. Once you have filled out the information within the claim that you would like stored, click on **“Save Template”** on the top right corner of the screen. This will give you the option to Name the template.



### 3. MANAGE CLAIMS

#### 3.1 All Claims

**All claims** include submitted to the payer, rejected, and pending; does not include claims awaiting processing by Office Ally. This section is customizable. You can have a general search at the top of the claim like the image below. It will provide all claims that match the search.

The screenshot shows the 'All Claims' interface. At the top, there are tabs for 'All Claims', 'Correctable Claims', and 'Awaiting Batch'. Below the tabs is a date range '05/22/2000 - 05/22/2015' and a search bar labeled 'Search Claims'. The main area contains a table with columns: STATUS, CLAIM ID, PAYER ID, and TOTAL CHARGES. The table lists four rows of claims, all with a 'PASSED' status. To the right of the table is a 'Customize Columns' sidebar with a blue plus sign icon. The sidebar contains a list of columns with checkboxes and a three-line menu icon to the left of each name. A red arrow points to the 'Printed' checkbox.

STATUS	CLAIM ID	PAYER ID	TOTAL CHARGES
PASSED	199914901	STJOE	\$60.00
PASSED	199911093	STJOE	\$65.45
PASSED	199901205	STJOE	\$75.00
PASSED	199901206	STJOE	\$75.00

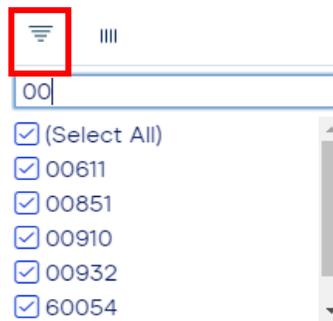
- Status
- Processed date
- Claim Id
- Patient
- Payer ID
- Total Charges
- From Date
- To Date
- Claim Type
- File ID
- Insured ID
- Tax Id
- Patient Account Number
- State License ID
- Error
- Printed

As you can see in the image above, there are several columns that are displayed. You can choose to customize the view to only selected columns. This can be done by selecting the blue plus sign to the right of the image. You can select, deselect, and reorganize the columns to fit your needs.

Each column can assist you in filtering the data within it to narrow down your search results. Simply click on the menu option to the right of the name of the column as shown below.

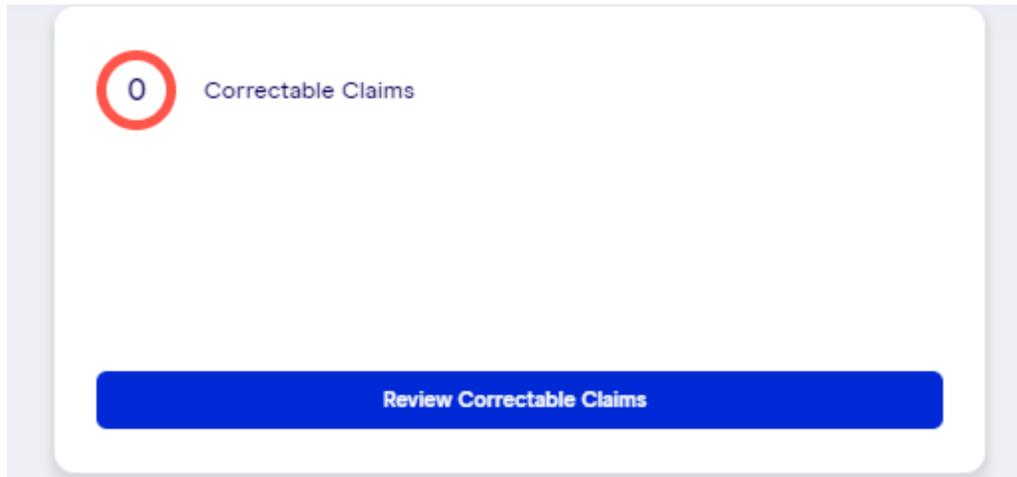


Select the filter option and select the information you would like to filter by. You can narrow down your results by searching in the search field, highlighted below.



## 3.2 Correctable Claims

Claims rejected during pre-processing by Office Ally or by the payer will be available for review in the Correctable Claims tab located within Manage Claims. The managed claims tab is defaulted the last 90 days of claim rejections. They can also be accessed through the Service Center Home page, by selecting “Review Correctable Claims”.



This option allows you to easily repair claim errors and resubmit the claim. The claims can be printed or removed from this section. To begin the claim repair process, click **correct** to the right of the claim line you wish to correct. This will bring up an editable claim image along with all claim rejections. Please make any necessary updates and click “Send to Office Ally” at the bottom of the claim.

All Claims **Correctable Claims** Awaiting Batch

Processed Date: 07/16/2023 - 08/15/2023 Search Claims EXPORT

REJECTED / CORRECTABLE	5/26/2022	HHMG1	\$5,600.00	12/15/2021	12/15/2021	UB	Correct
REJECTED / CORRECTABLE	5/26/2022	HHMG1	\$10,500.00	12/16/2021	12/16/2021	UB	Correct
REJECTED / CORRECTABLE	5/26/2022	HHMG1	\$0.00	12/30/2021	12/30/2021	UB	Correct

There are different statuses that can be listed in this option. Please see the different statuses and actions that you can take with each of the options below.

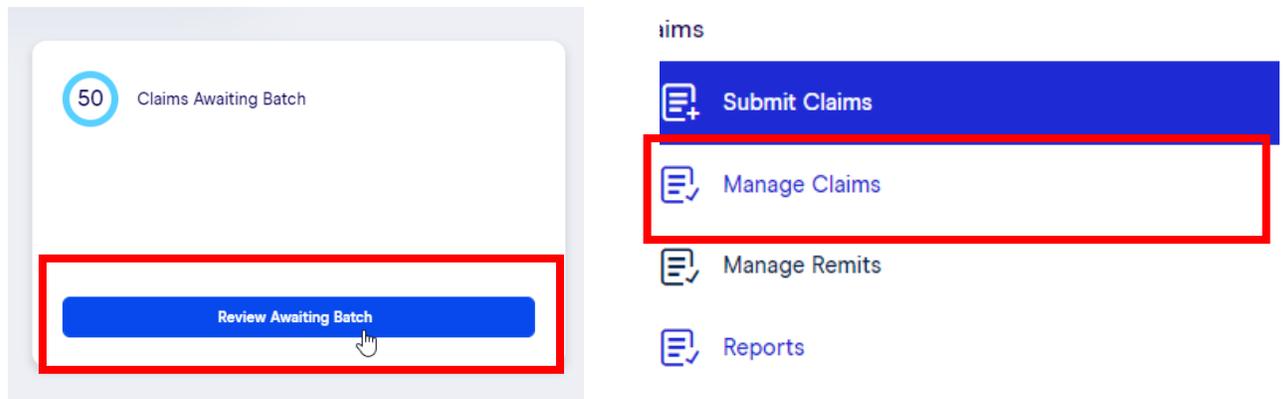
**Rejected/Corrected** – Claims that have rejected (by the payer or Office Ally) that have already been corrected. You can view, Edit, Resubmit, Print PDF.

**Rejected/Correctable** – Claims that have rejected (by the payer or Office Ally) that can be corrected. You are able view, Edit, Resubmit, Mark Complete, Print PDF.

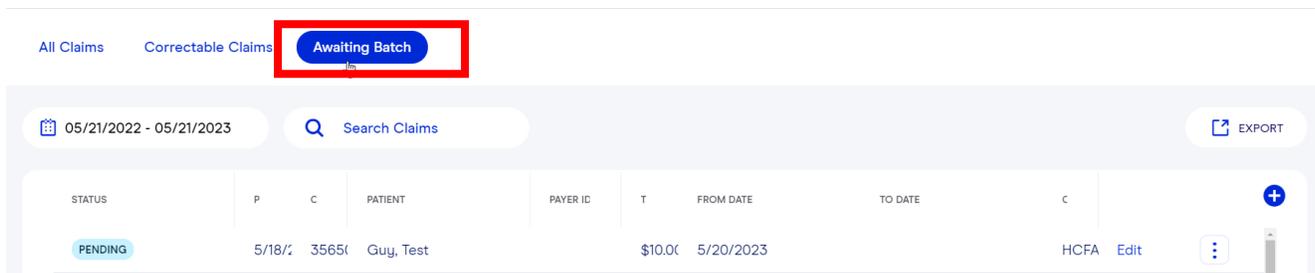
### 3.3 Awaiting Batch

Recently submitted claims are assigned a status of “*Claims Awaiting Batch*”. Claims will remain in this status until Office Ally picks them up for processing, which occurs every 2 hours on the even hour.

There are two ways to access these claims, select “Review Awaiting Batch” located within the Claims Awaiting Batch box in the bottom right of your page, or select Manage claims, and then claims awaiting batch.



Once selected, a screen similar to the following will be shown:



Since these claims are still awaiting batch, they may still be edited, printed, or deleted. Edits can be done by clicking on Edit to the right of the desired claim. Editing the claim in this section allows you to edit the claim information prior to sending the claims to the payer. Deleting the claim will mean that it will no longer be batched to the payer. (If you have a claim that needs to be deleted that is not listed in this menu, please contact Customer Support.) The option to delete or print is located within the dotted menu to the right of the selected claim.



## 4. OFFICE ALLY CLAIM and ERA REPORTS

The table below lists the reports generated by Office Ally, along with information about each. Please refer to the Office Ally 837I or 837P Companion Guides for additional details about the formatting of these reports.

<b>File Summary Report</b>	<ul style="list-style-type: none"> <li>• Text format (.txt)</li> <li>• Conveys Office Ally acceptances and rejections</li> <li>• Standard OA report (activated automatically)</li> </ul>
<b>EDI Status Report</b>	<ul style="list-style-type: none"> <li>• Text format (.txt)</li> <li>• Conveys Payer acceptances and rejections (Note: Not all payers provide a response report.)</li> <li>• Standard OA report (activated automatically)</li> </ul>
<b>EDI Status Reports</b>	<ul style="list-style-type: none"> <li>• CSV (.csv) Excel version of the EDI Status Report</li> <li>• Custom Report</li> <li>• To activate CSV reports, follow these <a href="#">instructions</a></li> </ul>
<b>999 and 277CA Reports</b>	<ul style="list-style-type: none"> <li>• ANSI X12 format</li> <li>• Available to SFTP submitters upon request</li> <li>• 999 – Initial batch acceptance notification</li> <li>• 277CA – Conveys Office Ally acceptances and rejections (This is the X12 version of the File Summary Report.)</li> <li>• EDI 277 – Conveys Payer acceptances and rejections (This is the X12 version of the EDI Status Report.)</li> </ul>
<b>Electronic Remittance Advice (ERA/835)</b>	<ul style="list-style-type: none"> <li>• Text (.txt) &amp; ANSI X12 (835) formats</li> <li>• Electronic version of the Remittance Advice</li> </ul>

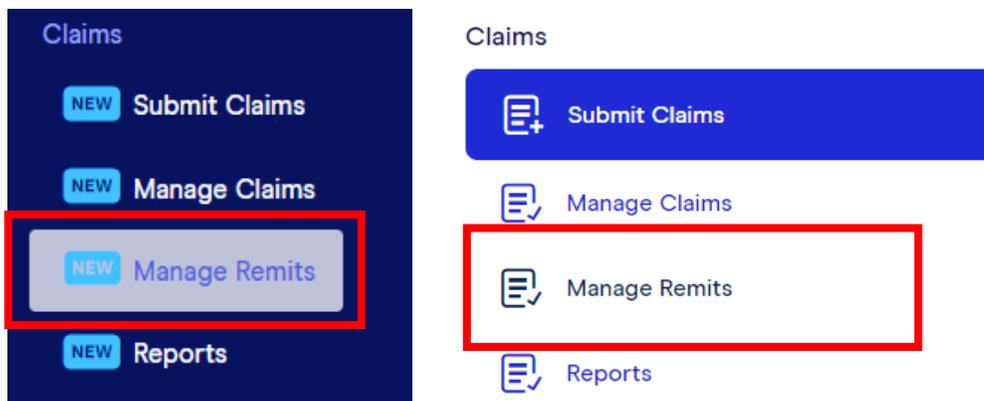
## 4.1 Remits

Office Ally produces ERA files in two formats: Text (.txt) and ANSI X12 (.835). The .txt file is a human-readable file; whereas the .835 is an ANSI formatted machine-readable file. Both file types may be viewed and downloaded thru the Service Center. (For SFTP submitters, only the .835 version is made available.)

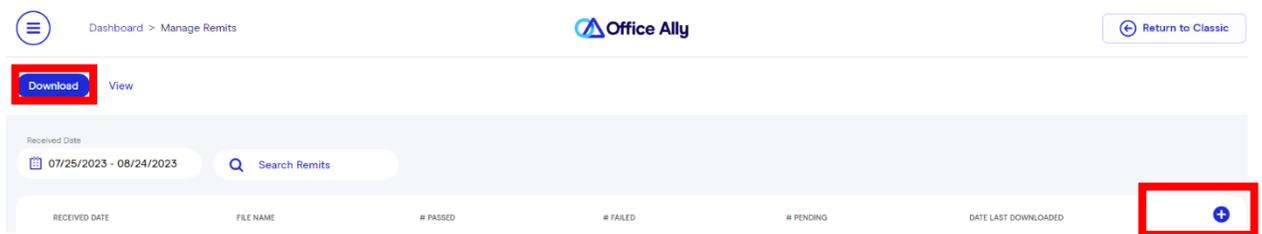
To view the .835 version, software is needed to translate the file into a human-readable format. If you don't have software to do this, you may download Medicare's Free Easy Print Software by clicking [here](#) and following the instructions provided.

To view/download either of these file formats through the Service Center, follow the steps below:

- a. Select **"Manage Remits"** from the menu found in the top left corner of the screen. OR Selecting **"Manage Remits"** from the dashboard.

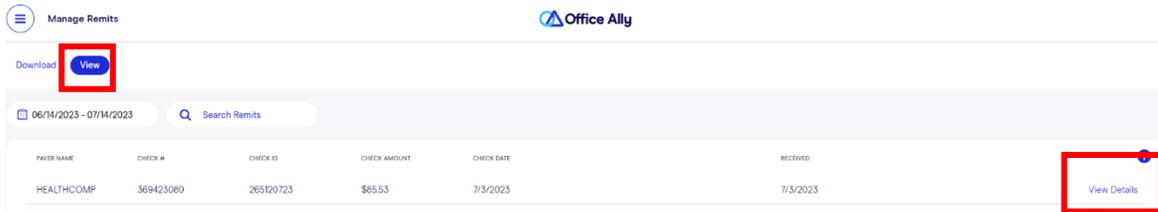


- b. The following screen will appear. Similar to the columns in Manage Claims, you have the ability to customize and filter down these columns. The **"Download"** tab is similar to the view you have today in "Download ERA/835" Once you have located the correct file, click on "Download" to the right and you will be able to view the .835 or the .txt file.

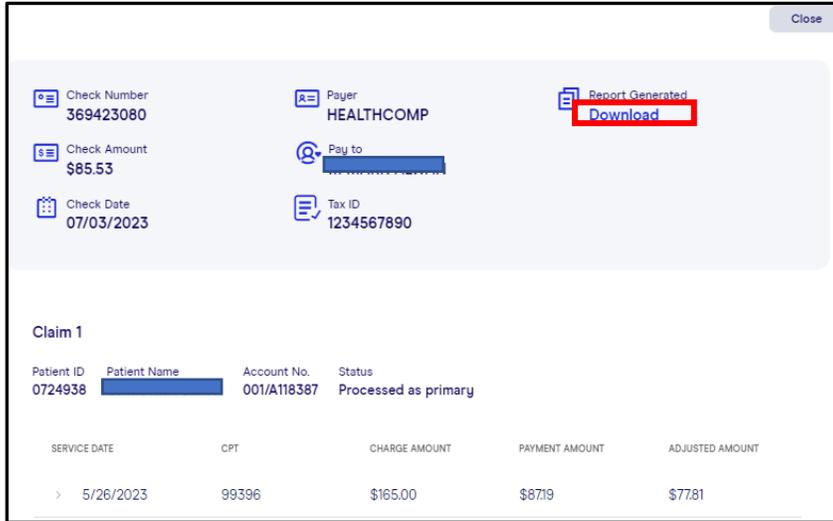


Please note the downloaded date will be displayed.

c. The “View” tab allows you to quickly view details of an ERA.



After the remit is located, select the “View Details” button on the right to return a view of the remittance advice. Below is an example:



Selecting the “Download” link will allow you to download the .835 and the .txt file of the remit.

By default, Office Ally will group all available ERAs together in a single ERA file before making them available to you. If you prefer that Office Ally split your ERAs into multiple files, please contact Customer Service and request that they update your ERA Split Option to one of the following choices:

Split Option	Description
<b>Payer</b>	Office Ally generates a separate ERA file for each Payer (based on the Payer Tax ID within the ERA).
<b>Payer (with TRN03)</b>	Office Ally will generate a separate ERA file for each Payer and the outbound file name will include the Payer Tax ID (TRN03), prefixed by the number '1'. (i.e., 1999999999)
<b>Provider</b>	Office Ally will generate a separate ERA file for each Provider.
<b>Payer and Provider</b>	Office Ally will generate a separate ERA file for each Payer and Provider.
<b>Check Number</b>	Office Ally will generate a separate ERA file for each Payment number.

## 4.2 File Summary Report

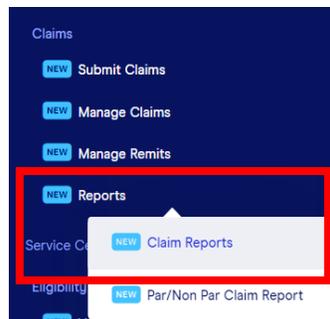
The **File Summary Report** will convey the status of claims submitted on a given day.

<b>Accepted</b>	Claim passed Office Ally edits and will be sent on to the payer.
<b>Pending</b>	Claim failed member validation on the first attempt. If the payer has the retry process activated, OA will put the claim into pending mode and will reprocess it every 7 days up to 3 attempts (21 days). If the patient is not found by the third re-try, the claim will be rejected back to you.
<b>Rejected</b>	Claim rejected for a specific reason (noted on the report). You will need to correct and resubmit the claim.

**It's important that you view your reports on a daily basis to ensure that claims are corrected and resubmitted in a timely manner when needed.**

To view File Summary Reports within the Office Ally portal, follow the steps below.

- d. Select **“Reports”** the **“Claim Reports”** from the menu found in the top left corner of the screen. OR Selecting **Reports** in the home page.



The following screen will appear. Similar to the columns in Manage Claims, you have the ability to customize and filter down these columns. You will be able to view File Summary reports, and EDI Status Reports in this section. Once you have located the correct file, click on “Download” to the right, and you will be able to view the report. Please note the downloaded date will be displayed.



### 4.3 EDI Status Report

Most payers will return a response to Office Ally after they have processed a claim. For those that do, OA will provide you with an **EDI Status Report**, which contains the payer's claim response. The response may indicate acceptance of the claim, or it may notify you of a rejection.

The **EDI Status Report** can be retrieved from the same section as the **File Summary Report** (Download Reports.) The EDI Status Report will be named based on the following file naming:

*OAFIELD\_IDI\_STATUS\_YYYYMMDD.txt*

The **EDI Status Report** is similar in format to the **File Summary Report** and will look similar to the 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
(NR002)	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	PracticeID	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.

### 4.4 999/277CA Reports

The 999 and 277CA reports are not available for download via the Service Center. These reports are returned via SFTP file transfer for those submitters who submit claim files using SFTP.

## 5. CLASSIC SERVICE CENTER

The functionality that still resides in the Classic Service Center will soon be incorporated into the New Service Center. In the meantime, functionality that has not yet been incorporated will be available to utilize within the Classic Service Center. It can be accessed by clicking on the “Return to Classic” button at the top right corner of the page.



Once you are in the Classic Service Center, you can return to the New Service Center by selecting the “Return to New” button at the top right corner of the page.

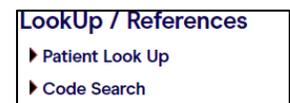


## 6. CODE SEARCH TOOL

The **Code Search Tool** can be used to verify which codes (ICD-10, Place of Service, and Modifiers) Office Ally shows as being billable at the time of the search. If your search returns no results and you believe that the code is valid, please contact Customer Support to request that the code be added at OA.

To use the **Code Search Tool**, follow the steps below.

- Select “**Code Search**” from beneath the “**Look Up / References**” section of the left-side menu:
- Under “**Search Options**”, select the type of code you would like to search for from the drop-down.
- Select your desired search method from the second drop-down (i.e., Begins With, Contains, etc.)
- Select the radio button next to either ‘**Code**’ or ‘**Description**’ to indicate whether you’re searching for an actual code or a code description.
- Select the “**Search**” button to return your results, examples of which are shown below.

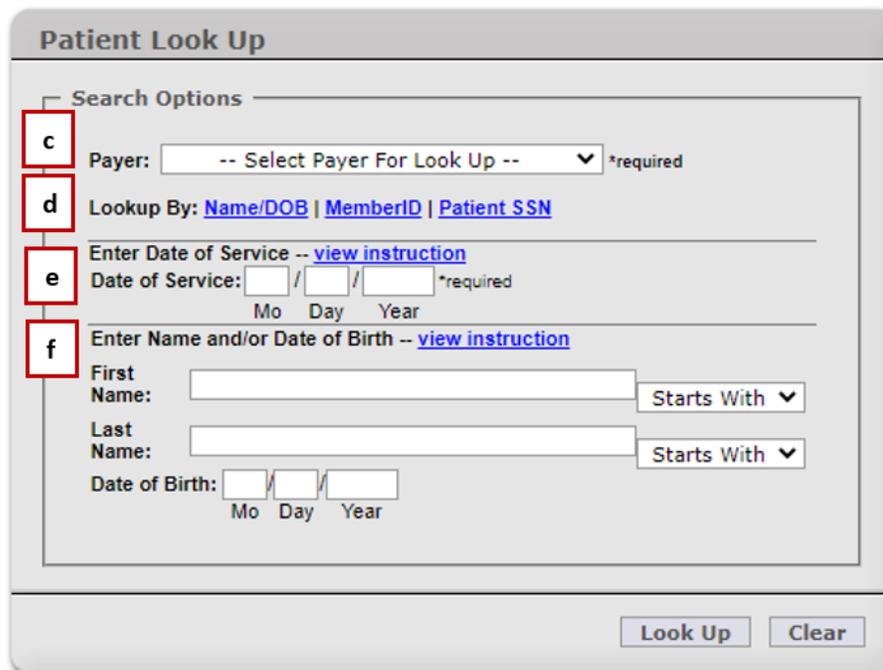


## 7. PATIENT LOOK UP TOOL

The Patient Look Up Tool can be used to verify whether a patient is listed on the member verification roster provided to Office Ally by the payer. **Note:** Not all payers provide OA with their member roster.

To use the “Patient Look Up” tool, follow the instructions below.

- Select “**Patient Look Up**” from beneath the “**Look Up / References**” section on the left-side menu.
- A Disclaimer will appear. Click on “**I Agree**” to proceed to the following screen:

A screenshot of the "Patient Look Up" web form. The form has a title bar "Patient Look Up" and a "Search Options" section. Callout 'c' points to the "Payer:" dropdown menu with the text "-- Select Payer For Look Up --". Callout 'd' points to the "Lookup By:" area with links for "Name/DOB", "MemberID", and "Patient SSN". Callout 'e' points to the "Date of Service:" input field. Callout 'f' points to the "First Name:" and "Last Name:" input fields. At the bottom of the form are "Look Up" and "Clear" buttons.

- Select the payer of your choice from those available in the **Payer** drop-down menu.
- Select the desired search option from the **Lookup By** area. (The tool defaults to “**Name/DOB**”.)
- Enter the **Date of Service**, which is required for all three search options.
- Depending on the search option selected, the lower section will prompt for the required information. In the example above, the fields associated with the “**Name/DOB**” search option are shown.
- Select the “**Look Up**” button to return your result.

*Note that this tool is not the same as the Eligibility and Benefits (E&B) transaction. For details on how to check a patient’s eligibility and benefits, refer to the Eligibility and Benefits User Guide.*

## 8. CUSTOMER SUPPORT

For issues or questions please contact [Office Ally Support](#)