

EDI Frequently Asked Questions

Can all claims be submitted electronically or just I-AHC claims?

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

Can I file Medicare claims electronically?

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

Are there any charges/fees to electronically file claims?

There is a set-up fee of \$300. Set-up fees do not apply to members of the NCCA or SCCA. There will not be any additional monthly charges paid to I-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 OA's payor list or pre-enrollment is not complete 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 the Medicare claims exceeds 50%.

How do you identify I-AHC claims?

Review the list of I-AHC network affiliates, or PPOs, found on the I-AHC website. If the patient is covered by a benefit plan or carrier that uses one of the I-AHC network affiliates or employers, and the instructions on the corresponding term summary sheet advises you to submit claims to I-AHC, then you should identify the claims uploaded to OA by placing AHCØ2 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.I-AHC.net. If you see one of the logos on an identification card, then the claim should be submitted with AHCØ2 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.

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.

How long until claim payments are received?

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

Do you need high-speed Internet access?

No, dial-up Internet access will also work.

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.

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.

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 I-AHC?

You must notify I-AHC so that we may contact OA to indicate I-AHC on your enrollment. This is important so your I-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 I-AHC enrollment forms.

If OA does not charge the provider a fee, why do you have to pay a fee to I-AHC for enrolling?

OA does not charge a fee to the providers for enrolling. OA makes their money from payments by the claims payor that receives the claims, including I-AHC. I-AHC has incurred substantial cost in working out this EDI process and enrolling providers. Unlike OA, I-AHC will not be making any money off of the EDI claims submissions. The enrollment fee is necessary for I-AHC to cover the implementation cost. It is a very small fee when compared to what some providers are currently paying annually for EDI claims submission. For this one-time, low enrollment fee, you can have ongoing EDI services, improved cash flow and no monthly EDI fees that are charged by other clearinghouses.

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.

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.

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.

What if your software isn't HIPAA compliant?

Your claims will be converted to the required format by OA before they are sent to the payor. It is not necessary to upgrade or purchase new software.

Is Office Ally HIPAA compliant?

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 you to go through a pre-enrollment process before I-AHC can send your claims electronically to them. To view the Office Ally Payor List, go to www.officeally.com.

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.