

Integrated-ActivHealthCare EDI User Guide

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How to File Claims Using EDI

Enrollment

Electronic Data Interchange (EDI) is a transfer of data between two companies using the Internet. Integrated-ActivHealthCare 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.I-AHC.net. Complete the enrollment forms, which include the following:

- Business Partners or Trading Partners Agreement between you and Office Ally
- Addendum to Provider Agreement allowing for the EDI
- Office Ally Enrollment Form for Integrated-ActivHealthCare members

Mail the three original, signed enrollment forms to:

Attn: EDI
Integrated-ActivHealthCare
P. O. Box 969
Lilburn, GA 30048

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: Integrated-ActivHealthCare (I-AHC) has arranged EDI processing of claims for I-AHC network affiliates through Office Ally (OA), a clearinghouse. I-AHC staff will assist you in resolving any processing issues you experience for I-AHC claims. 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. Neither I-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.I-AHC.net 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 I-AHC in-network claims, review the list of I-AHC network affiliates on the website. A password is required to view the term summary sheets and fee schedules. You must be a member provider to 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 I-AHC in-network claim to receive the in-network fee payments.

If you have the same payor that is filed both as an I-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 AHCØ2 prefix and one without). See the following information on I-AHC In-Network Claim Submission for more information on the AHCØ2 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 I-AHC Network Affiliates

One of the most critical functions in a provider's office is insurance claims submission. Integrated-ActivHealthCare understands the importance of this task and is here to help you manage your outstanding insurance receivables. I-AHC will assist you with your EDI claim processing 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 I-AHC network affiliates or employer lists. This information is available at www.I-AHC.net. If this is not an in-network claim, view the instructions for filing non-I-AHC claims at www.I-AHC.net.
- 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:** The upper right hand corner (above box 1a) of the CMS-1500 form has a blank space. Include the name and address of the insurance payor in this area.

If this is a claim for one of the I-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

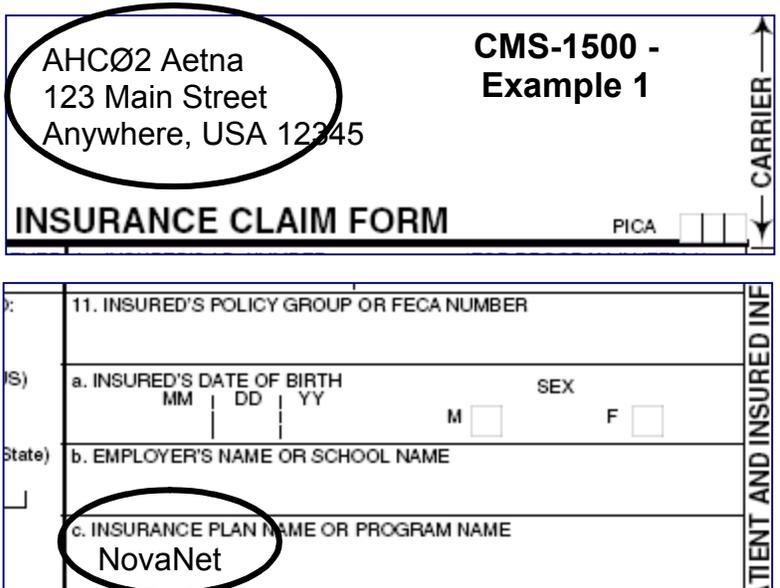
Obtain the insurance payor's information from the insurance identification card. Do **NOT** put Integrated-ActivHealthCare as the payor name and address. If I-AHC is listed as the payor name then Office Ally will not know where to send your claim for payment. By placing AHCØ2 as a prefix to the insurance 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 I-AHC with the payor's address on the CMS-1500.

Also, please use reasonable abbreviations to keep the payor line (including the AHCØ2) as short as possible. The goal is to prevent the payor line from automatically wrapping to a second line.

- 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 I-AHC an explanation of benefits within 30 days. I-AHC will promptly 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 I-AHC. If they request the information from I-AHC, you will be contacted by I-AHC with their request.

There are two situations where the same payor might be shown on a CMS-1500 in different ways.

- If the patient is insured with NovaNet, an I-AHC network affiliate, as identified on their insurance identification card and box 11c of the CMS-1500, then the payor would be entered on the CMS-1500 **with the AHCØ2 prefix in front of the payor name** as shown in example 1. In this example, Aetna is the payor for NovaNet (from box 11c). Therefore, the payor is identified on the top of the CMS-1500 as AHCØ2 Aetna, with the mailing address from the insurance identification card. If the insurance card has the mailing information to NovaNet, then the payor would be AHCØ2 NovaNet as shown in example 2 on the following page.



The diagram shows a CMS-1500 form with two fields circled. The top field, labeled 'CARRIER', contains 'AHCØ2 Aetna', '123 Main Street', and 'Anywhere, USA 12345'. The bottom field, labeled 'PATIENT AND INSURED LINE', contains 'c. INSURANCE PLAN NAME OR PROGRAM NAME' with 'NovaNet' written below it.

CMS-1500 - Example 1

INSURANCE CLAIM FORM

PICA

CARRIER

11. INSURED'S POLICY GROUP OR FECA NUMBER

a. INSURED'S DATE OF BIRTH MM DD YY SEX M F

b. EMPLOYER'S NAME OR SCHOOL NAME

c. INSURANCE PLAN NAME OR PROGRAM NAME

PATIENT AND INSURED LINE

CMS-1500 – Example 2

AHCØ2 NovaNet
123 Main Street
Anywhere, USA 12345

INSURANCE CLAIM FORM

PICA

CARRIER

- If the patient is insured with a company that is not an I-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 AHCØ2 prefix** as shown in example 3 below.

CMS-1500 – Example 3

Aetna
123 Main Street
Anywhere, USA 12345

INSURANCE CLAIM FORM

PICA

CARRIER

Any I-AHC network affiliate payors that also provide third-party administrative services or pay claims for employer groups and patients which are not affiliated with I-AHC will necessitate that you set up the payor two times in your management software. One would be AHCØ2 Payor name and secondly, (no AHCØ2 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.

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.

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 Integrated-ActivHealthCare 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.I-AHC.net.

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 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. However, 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. However, 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 will not be any 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.

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 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.

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.

Do you need high-speed Internet access?

No, dial-up Internet access will also work.

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.

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.