



# Eligibility & Benefits User Guide

Service Center, Practice Mate, and EHR

## Table of Contents

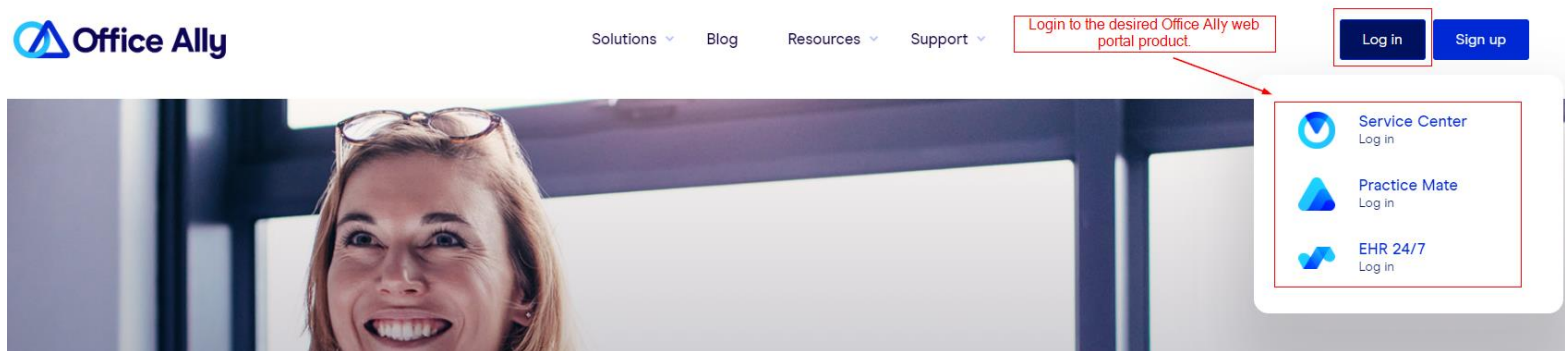
<b>1. Accessing Eligibility &amp; Benefits</b>	<b>3</b>
<b>1.1 Logging into Office Ally</b>	<b>3</b>
<b>1.2 Service Center</b>	<b>4</b>
1.2.1 Global Menu Functionality	5
1.2.2 Dashboard Functionality	7
<b>1.3 Practice Mate</b>	<b>8</b>
<b>1.4 EHR</b>	<b>10</b>
<b>2. Verifying Eligibility &amp; Benefits – Request &amp; Response</b>	<b>12</b>
<b>2.1 Submitting a Request</b>	<b>12</b>
<b>2.2 Understanding the Response</b>	<b>14</b>
2.2.1 Response Status	14
2.2.2 Your Search	15
2.2.3 Payer Response	15
<b>2.3 Available Actions from Response Screen</b>	<b>19</b>
2.3.1 Print Response	19
2.3.2 New Search	19
2.3.3 Edit Search	20
<b>3. Eligibility &amp; Benefits History</b>	<b>20</b>
<b>4. Manage Stored Eligibility Data (Service Center)</b>	<b>23</b>
<b>4.1 Accessing Manage Stored Eligibility Data</b>	<b>23</b>
<b>4.2 Using Manage Stored Eligibility Data</b>	<b>24</b>

## 1. Accessing Eligibility & Benefits

Eligibility & Benefits verification can be accessed from all three Office Ally web portal products: Service Center, Practice Mate, and EHR.

### 1.1 Logging into Office Ally

- To login to your Office Ally account, first go to <https://cms.officeally.com/> and click Log in. Then choose which Office Ally web portal product you wish to login to.



- Next, enter your Office Ally Username and Password and click Continue:

The image shows a login form on a white background. At the top, it says 'Welcome' in a bold font. Below that is a smaller line of text: 'Thanks for trying our NEW login page.' There are two input fields. The first is labeled 'Username' and contains the text 'OAUUsername'. The second is labeled 'Password' and contains a series of dots, with an eye icon to its right. Below these fields is a large blue button with the word 'Continue' in white. At the bottom of the form, there are two links: 'Retrieve your username' and 'Retrieve your password'.

## 1.2 Service Center

- Navigate to the Eligibility & Benefits section on the Service Center dashboard, then click on **Verify Eligibility & Benefits**.



Dashboard



Monday, August 21

# Welcome to your new Service Center

## Eligibility & Benefits



Verify Eligibility & Benefits



Eligibility & Benefits History



Manage Stored Eligibility Data

## Claims



Submit Claims



Manage Claims



Manage Remits

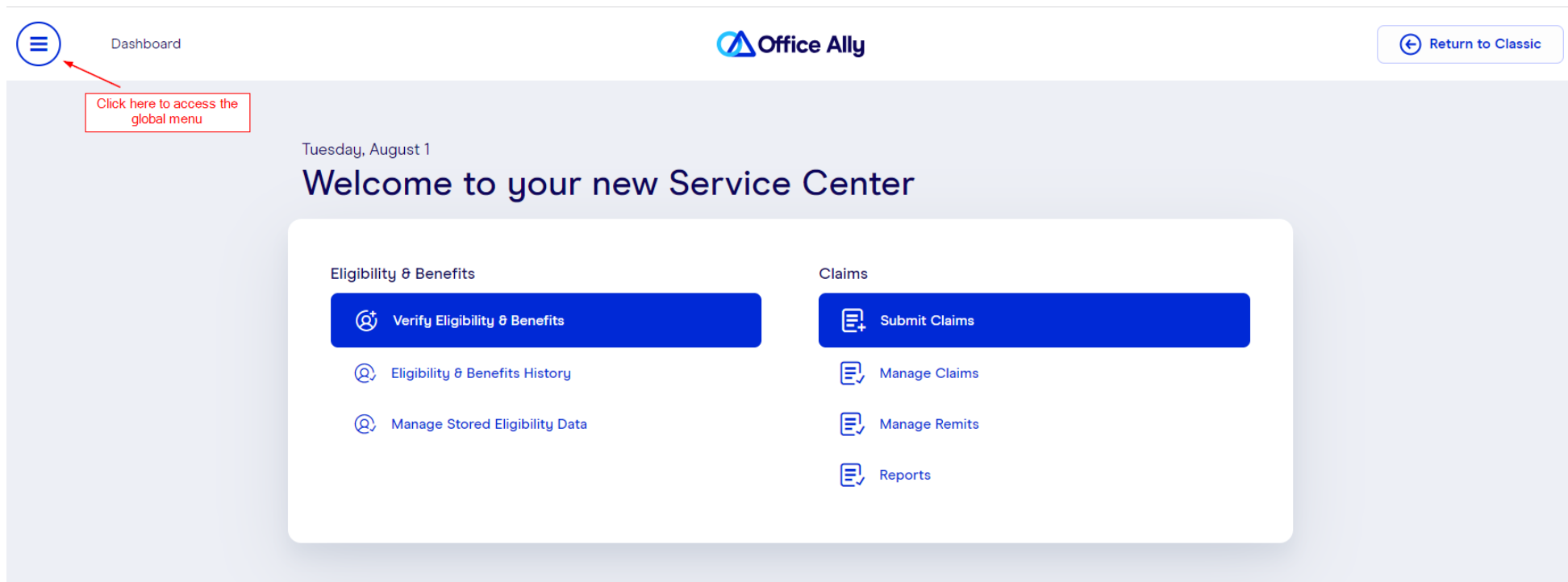


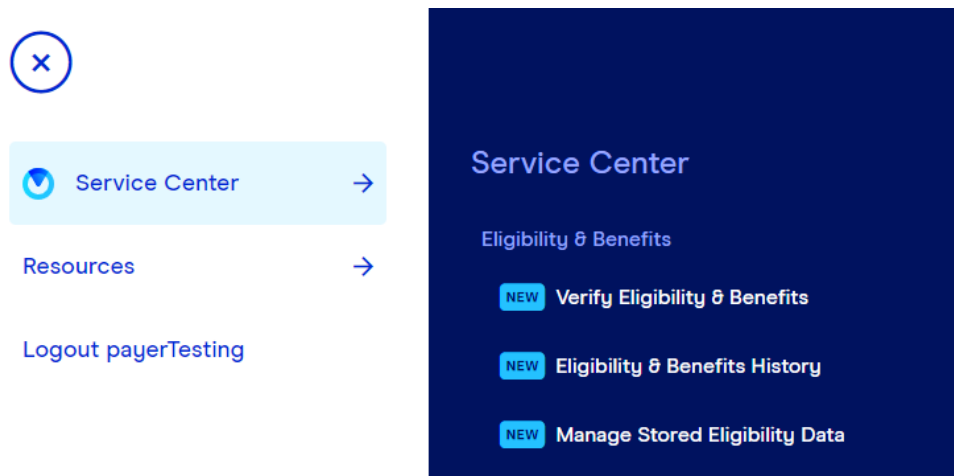
Reports

### 1.2.1 Global Menu Functionality

You can access three E&B functions from the global menu:

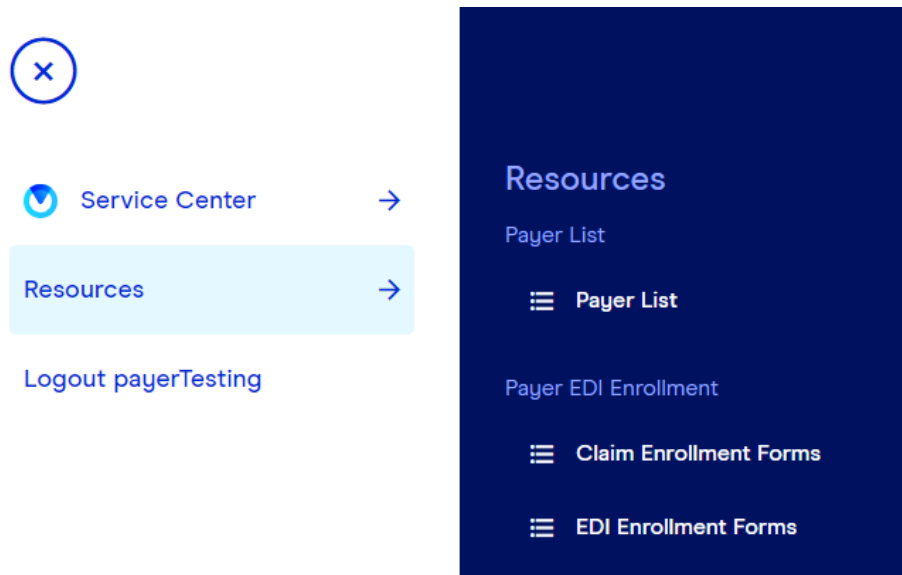
- **Verify Eligibility & Benefits**
  - This is what to choose when you're ready to check E&B for a patient.
- **Eligibility & Benefits History**
  - This is what to choose to view your E&B transaction history.
- **Manage Stored Eligibility Data**
  - This is what to choose to add, edit, or remove a stored eligibility provider.





You can also access Resources from the global menu (options subject to change):

- **Payer List**
  - This is what to choose when you need to view the Office Ally payer list.
- **EDI Enrollment Forms**
  - This is what to choose to get to EDI enrollment requirements for payers that require enrollment (as indicated on the payer list).



### 1.2.2 Dashboard Functionality

You can access three functions from the dashboard:

- **Verify Eligibility & Benefits**
  - This is what to choose when you're ready to check E&B for a patient.
- **Eligibility & Benefits History**
  - This is what to choose to view your transaction history.
- **Manage Stored Eligibility Data**
  - This is what to choose to add, edit, or remove a stored eligibility provider.

Tuesday, August 1

## Welcome to your new Service Center

### Eligibility & Benefits



Verify Eligibility & Benefits



Eligibility & Benefits History



Manage Stored Eligibility Data

### Claims



Submit Claims



Manage Claims



Manage Remits



Reports

### 1.3 Practice Mate

- Access to E&B within Practice Mate now brings up the new and improved E&B data entry screen.
- **Navigate to:** Mange Patients > select patient record > insurance tab > **Verify Eligibility & Benefits** button.



Center | EHR 24/7 | Synergy Infoconnect | <<LOGOUT | HIPAA | About Us / Privacy | Professional & Institutional

Intake/Agreement Forms 35 Accounting 6 OA-Rx Requests Rx Worklist Failed Transmissions P

Desktop Appointments Patient Visits Claims/Billing Accounting **Manage Patients** Patient Portal Manage Office

Back to Patient List

Edit Patient - [Patient ID: ]

Patient ID: Last Name: First Name: Middle Name / MI: DOB - Age: Sex: Pat. Acct. No: Account Type: Primary Insured/Guarantor SSN: Primary Care Provider: Referring Provider: Account Status: Active

Clear Clear

Patient Responsibility Balance: Calculate Balance Do not print Billing Statements

Favorite Pharmacy: --Select-- Find a Pharmacy

Patient Data **Insurance** Payments Appointments Visit History Template Health Records Documents Alerts

Genomics

Eligibility & Benefits Insurance Information:

Last Checked on: Elig.Check Frequency: Each appointment Automated Eligibility: ☒

Eligibility & Benefit Payer ID: Eligibility & Benefit Payer Name: Clear Eligibility & Benefit History

Primary Insurance:

Verify Eligibility & Benefits



Clicking Verify Eligibility & Benefits will bring up a new window with the E&B Search form

## 1.4 EHR

- Access to E&B within EHR now brings up the new and improved E&B data entry screen.
- **Navigate to:** Patient Charts > edit patient on applicable patient record > insurance tab > **Verify Eligibility & Benefits** button.



Intake/Agreement Forms <sup>35</sup> Lab Results OA-Rx Requests Rx Worklist Failed Transmissions

Center | Practice Mate | Synergy Infoconnect | <<LOGOUT | HIPAA | About Us / Privacy | Professional & Institutional

Desktop Appointments **Patient Charts** Document Center References Patient Portal Manage Office

Open Chart Back to Patient List

Edit Patient - [Patient ID: ]

Patient ID: Last Name: First Name: Middle Name / MI: SSN: --

Alternate Patient ID: DOB - Age: Sex: Race: Ethnicity:

Preferred Language: Smoke: Account Type: Primary Insured/Guarantor Account Status: Active

Pat. Acct. No: Primary Care Provider: Referring Provider: Patient Responsibility Balance: Calculate Balance API Token:

Favorite Pharmacy: --Select-- Find a Pharmacy

**Patient Data Insurance**

Eligibility & Benefits Insurance Information:

Last Checked on: Elig.Check Frequency: Once per calendar month Automated Eligibility: ☒

Eligibility & Benefit Payer ID: Eligibility & Benefit Payer Name: Clear Eligibility & Benefit History

Primary Insurance:

**Verify Eligibility & Benefits**



Dashboard > Verify Eligibility & Benefits

Office Ally

Return to Classic

Payer

Aetna Healthcare

Change payer

Provider

Select a Provider by Name or NPI \*

Subscriber

Dependent search ☐ off

First Name \*

Jane

Last Name \*

Doe

Date of Birth \*

01/01/1900

Member ID

1234567890

Gender

Female

\*

Service Type Code

30 - Health Benefit Plan Coverage

\*

Date of Service

Begin date of service \*

08/21/2023

End date of service

Submit →

Open Chart

Back to Patient List

Middle Name /

MI:

SSN: --

Ethnicity:

Active

Calculate Balance

API Token:

Verify Eligibility & Benefits

Eligibility & Benefit History

Help Center

Request Samples

Virtual Visits

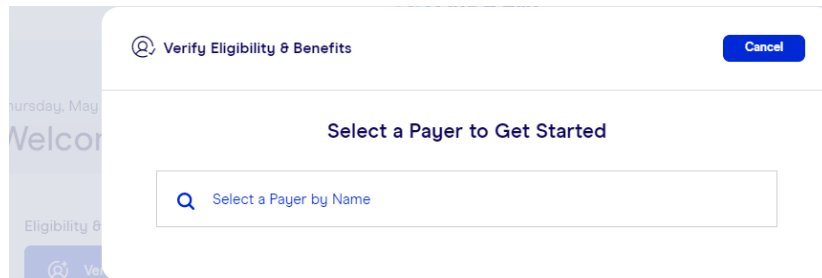
Clicking Verify Eligibility & Benefits will bring up a new window with the E&B Search form

Page | 11

## 2. Verifying Eligibility & Benefits – Request & Response

### 2.1 Submitting a Request

- Click on **Verify Eligibility & Benefits** to get started.
- Choose the payer you would like to run by searching for the payer’s name or scrolling the list to select from the dropdown.



- We have the following search capabilities available through the new and improved E&B workflow:

<b><u>Subscriber Search:</u></b> Subscriber first name (required) Subscriber last name (required) Subscriber date of birth (required) Subscriber member ID (optional) Subscriber gender (optional)	<b><u>Dependent Search:</u></b> Subscriber first name (required) Subscriber last name (required) Subscriber date of birth (optional) Subscriber gender (optional) Dependent first name (required) Dependent last name (required) Dependent date of birth (required) Dependent member ID (optional) Dependent gender (optional)
<b><u>Service Type Code (required)</u></b> The service type code defaults to the generic Health Benefit Plan Coverage (30), but you have the option to choose a different service type code from the dropdown that might be more specific for benefit information you’re trying to obtain in the payer’s response.  After running a request, if you do not see the benefit data you are looking for, try running a more explicit service type code. For example, running the default Health Benefit Plan Coverage (30) usually won’t provide MRI/CT benefits, so you can try running MRI/CT (62) instead.	<b><u>Date of Service (required)</u></b> You may now search for Eligibility & Benefits using a date range instead of just a single date. Begin date of service is required and end date is optional.

- Enter the search criteria on the search form and click “Submit” to initiate the transaction for processing.  
**Please note:** *required fields are indicated by an asterisk. It is recommended to fill out as many fields as possible.*



## Verify Eligibility & Benefits

Payer  
Aetna Healthcare

To select a different payer, click Change Payer

Change payer

### → Provider

Indicates required field

Select a Provider by Name or NPI \*

### → Subscriber

Click this toggle if searching for a dependent

Dependent search ☐ off

First Name \*

Last Name \*

Date of Birth \*

Member ID

Gender ▼

### ✓ Service Type Code

30 - Health Benefit Plan Coverage

### ✓ Date of Service

Begin date of service \*  
05/17/2023

End date of service

Once all search criteria has been entered, click Submit to run the request.

Submit →

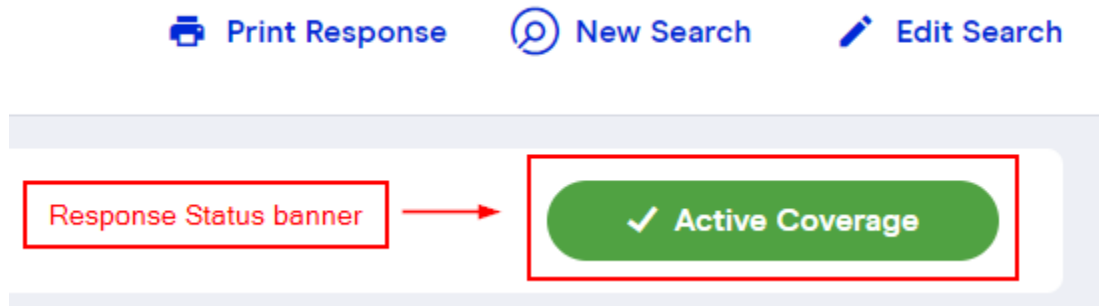
## 2.2 Understanding the Response

After submitting the request, rendered results will then show on your screen. The response screen is broken out into sections.

**NOTE:** Please note, Office Ally has no control over the information returned by a payer. Eligibility & Benefit information displayed will vary from payer to payer.

### 2.2.1 Response Status

The banner in the top right-hand corner of the response page indicates a high-level status of the response that was returned by the payer. It is recommended to always review the full payer response, regardless of response status banner.



- Potential response status banner values include (subject to change):
  - Active Coverage
  - Inactive Coverage
  - Active and Inactive Coverage
  - Member Not Found
  - Active Coverage - Medicare Part A and Part B (*only pertains to payer Medicare A & B*)
  - Active Coverage - Medicare Part A Only (*only pertains to payer Medicare A & B*)
  - Active Coverage - Medicare Part B Only (*only pertains to payer Medicare A & B*)
  - Active Coverage - Medicare Advantage Plan (*only pertains to payer Medicare A & B*)
  - Active and Inactive Medicare Coverage (*only pertains to payer Medicare A & B*)
  - Inactive Coverage - Medicare Part A and Part B (*only pertains to payer Medicare A & B*)
  - Duplicate Member Record Found
  - Payer Unable to Respond at Current Time
  - Timed Out Waiting for Response
  - Unable to Determine Coverage
  - Unsuccessful Response

## 2.2.2 Your Search

This section shows the search criteria information that was submitted on the request from the search form

Your Search						
Subscriber Name RUSTY SHACKLEFORD	Date of Service 3/20/2023	Search Type Dependent	Dependent Name BONNIE SHACKLEFORD	Dependent Member ID ABCD01234567	Dependent Date of Birth 01/01/2010	Service Type Health Benefit Plan Coverage

## 2.2.3 Payer Response

This section starts the return of the data that was contained in the response from the payer. You will find the Office Ally Transaction ID and these potential sections of data:

- Subscriber Information
- Dependent Information
- Transaction Errors
- Plan Details
- Benefit Details
- Additional Details

### 2.2.3.1 Transaction ID

The Office Ally transaction ID will be present on every E&B response. When contacting Office Ally support regarding an E&B transaction issue, please provide this transaction ID for troubleshooting.

Your Search						
Subscriber Name RUSTY SHACKLEFORD	Date of Service 3/20/2023	Search Type Dependent	Dependent Name BONNIE SHACKLEFORD	Dependent Member ID ABCD01234567	Dependent Date of Birth 01/01/2010	Service Type Health Benefit Plan Coverage
Payer Response (Change in Identifying Member Data)						Transaction ID: 200105715-20230320

### 2.2.3.2 Subscriber Information

The subscriber information section contains any subscriber related data that was returned in the payer response. If the following subscriber data was returned on the response different from what was sent on the request, that data will be highlighted in yellow: subscriber name, date of birth, and member ID. This lets the user know to update that information to make sure it gets submitted on the claim correctly.

Payer Response (Change in Identifying Member Data)			Transaction ID: 200105715-20230320
Subscriber Information			
Member Name RUSTY SHACKLEFORD	Member ID ABCD01234567	Relationship Self	

### 2.2.3.3 Dependent Information

The dependent information section contains any dependent related data that was returned in the payer response. If the following dependent data was returned on the response different from what was sent on the request, that data will be highlighted in yellow: dependent name, date of birth, and member ID. This lets the user know to update that information to make sure it gets submitted on the claim correctly.

Dependent Information							
Member Name BONNIE SHACKLEFORD	Member ID ABCD01234567	Date of Birth 01/01/2010	Gender Female	Address 123 MAIN ST IOWA CITY, IA, 52245	Group Number 12345-A001	Group Name CEDAR RAPIDS	Plan Date 1/1/2019-12/31/9999

### 2.2.3.4 Transaction Errors

The transaction errors section contains any error related information that was returned in the payer response (if applicable).

Transaction Errors	
Payer Error Response	Invalid/Missing Subscriber/Insured Name (73)
Follow-up Action	Please Correct and Resubmit (C)
Payer Error Response	Patient Birth Date Does Not Match That for the Patient on the Database (71)
Follow-up Action	Please Correct and Resubmit (C)

### 2.2.3.5 Plan Details

The plan details section will contain all plan related information that was returned in the payer response. This includes, but not limited to, coverage statuses, plan level deductible, plan level out of pocket, and other/additional payer information. Plan level data refers to benefits returned for service type code 30 – Health Benefit Plan Coverage. This data will also be broken out by network – In Network, Out of Network, and Network Not Applicable. Network Not Applicable essentially means that the benefit applies to both In and Out of Network for the member.

Plan Details

Active Coverage

Other or Additional Payor

Health Benefit Plan Coverage

Plan Name: ALLSELECT  
Insurance Type: Preferred Provider Organization (PPO)

Network Not Applicable

Coverage Level: Family

Service Type(s)

Health Benefit Plan Coverage

Network Not Applicable

Service Type(s)

Medical Care  
Chiropractic  
Hospital  
Hospital - Inpatient  
Hospital - Outpatient  
Hospital - Emergency Accident

### 2.2.3.6 Benefit Details

The benefit details section will contain all benefit information returned for non-service type code 30 – Health Benefit Plan Coverage data that was returned in the payer response. This data will also be broken out by network – In Network, Out of Network, and Network Not Applicable. Network Not Applicable essentially means that the benefit applies to both In and Out of Network for the member.

Plan Details

Benefit Details

Additional Details

## Benefit Details

Insurance Type: Medicaid

Chiropractic

Dental Care

Hospital - Outpatient

Hospital - Emergency  
Accident

Hospital - Emergency Medical

Emergency Services

Pharmacy

Professional (Physician) Visit -  
Office

Vision (Optometry)

Physician Visit - Office: Well

Urgent Care

Mental Health

Hospital

Hospital - Inpatient

### Co-Insurance

In Network

Out of Network

Coverage Level: Individual

Time Period

Percent

Visit

0.00%

### Non-Covered

Out of Network

Coverage Level: Individual

Auth Required

No

### 2.2.3.7 Additional Details

The additional details section includes non-benefit related information including, but not limited to, Primary care provider information, healthcare facility information, limitations, exclusions, and disclaimers.

Plan Details   Benefit Details   **Additional Details**

**Additional Details**  
Entities

**Eligibility/Benefit Info**  
Primary Care Provider

Entity Type	Name	Identifier Type	Identifier Code
Primary Care Provider	SYEDA T SHARIFF	NPI	1205935277

**Address**  
4259 S BERKELEY  
CHICAGO, IL, 60653-3030

## 2.3 Available Actions from Response Screen

From the rendered results screen, you can do the following:

### 2.3.1 Print Response

- Print the full E&B response



Print Response



New Search



Edit Search

### 2.3.2 New Search

- Run a new search through a different payer
- Run a new search through the same/selected payer



Print Response



New Search



Edit Search

### 2.3.3 Edit Search

- Use this to edit the initial request in case certain search criteria needs to be changed
  - Usage examples: change the date of service, change the service type, edit a typo, etc.
- Original search data will be retained for ease of editing



Print Response



New Search



Edit Search

## 3. Eligibility & Benefits History

- Navigate to **Eligibility & Benefit History** from the dashboard or from the global menu.
- The history page will default to show all transactions that were run in the last 30 days.
- You have the option to select the following timeframes to pull transaction history for:
  - Today
  - Last 7 Days
  - Last 30 Days
  - Last 60 Days
  - Last 90 Days
- You have the following sort/filter options:
  - Sort by any column ascending/descending
  - Filter by payer
  - Filter by response status
  - Rearrange column order



Status

Payer

Last 30 days

STATUS ↑	MEMBER	TRANSACTION ID	PAYER	TRANSACTION DATE	
ACTIVE COVERAGE	[REDACTED]	200126806-20230809	CIGNA Healthcare	8/9/2023	<a href="#">View Response</a> ⋮
ACTIVE COVERAGE	[REDACTED]	200126749-20230804	Blue Cross Blue Shield of M	8/4/2023	<a href="#">View Response</a> ⋮
ACTIVE COVERAGE	[REDACTED]	200126748-20230804	Blue Cross Blue Shield of M	8/4/2023	<a href="#">View Response</a> ⋮
MEMBER NOT FOUND	[REDACTED]	200126877-20230816	1199 National Benefit Fund	8/16/2023	<a href="#">View Response</a> ⋮
MEMBER NOT FOUND	[REDACTED]	200126876-20230816	1199 National Benefit Fund	8/16/2023	<a href="#">View Response</a> ⋮
MEMBER NOT FOUND	[REDACTED]	200126875-20230816	1199 National Benefit Fund	8/16/2023	<a href="#">View Response</a> ⋮

- You have the following abilities for a specific history result record:
  - View response**
    - This will render the results for the given transaction



Status

Payer

Last 30 days

STATUS ↑	MEMBER	TRANSACTION ID	PAYER	TRANSACTION DATE	
ACTIVE COVERAGE	[REDACTED]	200126806-20230809	CIGNA Healthcare	8/9/2023	<div><div>View Response</div><div></div></div>
ACTIVE COVERAGE	[REDACTED]	200126749-20230804	Blue Cross Blue Shield of M	8/4/2023	<div><div>View Response</div><div></div></div>
ACTIVE COVERAGE	[REDACTED]	200126748-20230804	Blue Cross Blue Shield of M	8/4/2023	<div><div>View Response</div><div></div></div>

- Clicking the three-dot menu allows you to do two things:

- **Edit Request**

- This will take you to the search form with pre-populated data based on the search criteria for the initial transaction and allows you to edit data and submit.

Dashboard > Eligibility & Benefits History

Office Ally

Status Payer Last 30 days

STATUS ↑	MEMBER	TRANSACTION ID	PAYER	TRANSACTION DATE
ACTIVE COVERAGE	[REDACTED]	200126806-20230809	CIGNA Healthcare	8/9/2023
ACTIVE COVERAGE	[REDACTED]	200126749-20230804	Blue Cross Blue Shield of M	8/4/2023
ACTIVE COVERAGE	[REDACTED]	200126748-20230804	Blue Cross Blue Shield of M	8/4/2023

Click three-dot menu to access the options

Edit Request

Rerun Transaction

- **Rerun Transaction**

- This will automatically rerun the same request that was run for the initial transaction and render the results on the screen.

Dashboard > Eligibility & Benefits History

Office Ally

Status Payer Last 30 days

STATUS ↑	MEMBER	TRANSACTION ID	PAYER	TRANSACTION DATE
ACTIVE COVERAGE	[REDACTED]	200126806-20230809	CIGNA Healthcare	8/9/2023
ACTIVE COVERAGE	[REDACTED]	200126749-20230804	Blue Cross Blue Shield of M	8/4/2023
ACTIVE COVERAGE	[REDACTED]	200126748-20230804	Blue Cross Blue Shield of M	8/4/2023

Click three-dot menu to access the options

Edit Request

Rerun Transaction

## 4. Manage Stored Eligibility Data (Service Center)

### 4.1 Accessing Manage Stored Eligibility Data

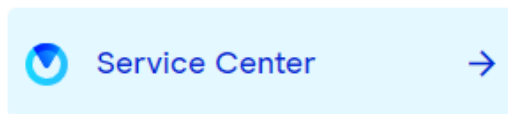
- Manage Stored Eligibility Data can be accessed three different ways, all of which will bring up a popup tool to manage:

#### 1. Service Center Dashboard

##### Eligibility & Benefits

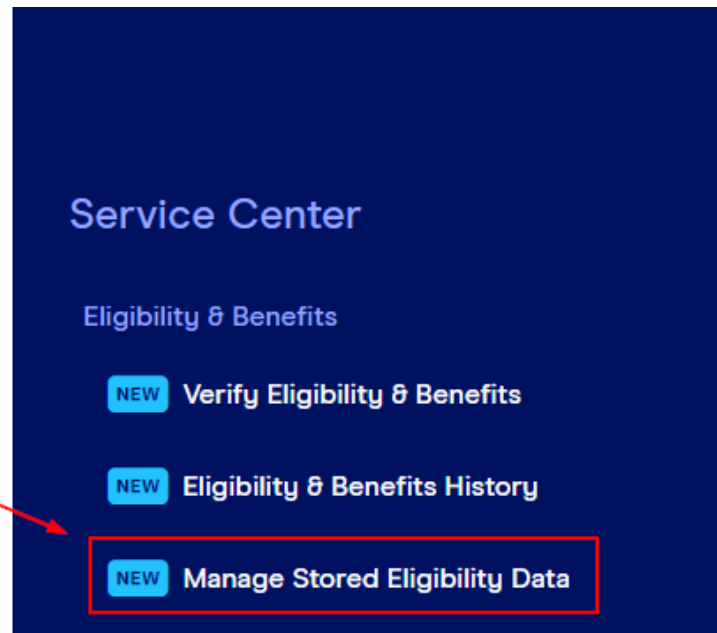


#### 2. Global Menu



Resources →

Logout payerTesting



### 3. Verify Eligibility & Benefits Search Form (Provider Selection)

Payer

Aetna Healthcare

Selecting a provider on the E&B search form also allows you to manage stored provider information when the selection popup appears.

➔ Provider

Select a Provider by Name or NPI \*

- The Manage Stored Eligibility Data popup looks like this:

Saved Providers

CancelAdd New Provider

test test

x

Name	NPI	
test test	1234567890	<div><div></div><div></div><div></div></div>

## 4.2 Using Manage Stored Eligibility Data

From the popup, you can do the following:

- Add a new provider
- Edit an existing provider
- Delete an existing provider

Office Allu

🔍 Saved Providers

Cancel

Add New Provider

🔍 test test

Name

NPI

test test test

test test

Edit

Delete

Page | 25