OA COMPANION GUIDE

Professional (837P) Claims

Standard Companion Guide Transaction Information
Refers to the Implementation Guides Based on X12 Version 005010X222A1

Revised 01/25/2023

DISCLOSURE STATEMENT

Disclosure, distribution and copying of this guide is permitted, however, changes to items found in this guide may occur at any time without notice. The intended purpose and use of this guide is to provide information in reference to the Health Care Claim: Professional (837P).

Office Ally, Inc. will be referred to as OA throughout this guide.

PREFACE

This Companion Document to the ASC X12N Implementation Guides and associated errata adopted under HIPAA clarifies and specifies the data content when exchanging electronic health data with OA. Transmissions based on this companion document, used in tandem with the X12N Implementation Guides, are compliant with both X12 syntax and those guides.

This Companion Guide is intended to convey information that is within the framework of the ASC X12N Implementation Guides adopted for use under HIPAA. The Companion Guide is not intended to convey information that in any way exceeds the requirements or usages of data expressed in the Implementation Guides.

Companion Guides (CG) may contain two types of data, instructions for electronic communications with the publishing entity (Communications/Connectivity Instructions) and supplemental information for creating transactions for the publishing entity while ensuring compliance with the associated ASC X12 IG (Transaction Instructions). Either the Communications/Connectivity component or the Transaction Instruction component must be included in every CG. The components may be published as separate documents or as a single document.

The Communications/Connectivity component is included in the CG when the publishing entity wants to convey the information needed to commence and maintain communication exchange.

The Transaction Instruction component is included in the CG when the publishing entity wants to clarify the IG instructions for submission of specific electronic transactions. The Transaction Instruction component content is limited by ASCX12's copyrights and Fair Use statement.

TABLE OF CONTENTS

1. INTRODUCTION

1.1 Scope

This Companion document supports the implementation of a batch processing application.

OA will accept inbound submissions that are formatted correctly in X12 terms. The files must comply with the specifications outlined in this companion document as well as the corresponding HIPAA implementation guide.

OA EDI applications will edit for these conditions and reject files that are out of compliance.

This companion document will specify everything that is necessary to conduct EDI for this standard transaction. This includes:

- Specifications on the communications link
- Specifications on the submission methods
- Specifications on the transactions

1.2 Overview

This companion guide compliments the ASC X12N implementation guide currently adopted from HIPAA.

This companion guide will be the vehicle that OA uses with its trading partners to further qualify the HIPAA adopted implementation guide. This companion guide is compliant with the corresponding HIPAA implementation guide in terms of data element and code sets standards and requirements.

Data elements that require mutual agreement and understanding will be specified in this companion guide. Types of information that will be clarified within this companion are:

- Qualifiers that will be used from the HIPAA implementation guides to describe certain data elements
- Situational segments and data elements that will be utilized to satisfy business conditions
- Trading partner profile information for purpose of establishing who we are trading with for the transmissions exchanged

1.3 References

ASC X12 publishes implementation guides, known as Type 3 Technical Reports (TR3's), which define the data contents and compliance requirements for the health care implementation of the ASC X12N/005010 transaction sets. The following TR3 is referenced in this guide:

- Health Care Claim: Professional – 837P (005010X222A1)

The TR3 may be purchased through Washington Publishing Company (WPC) at http://www.wpc-edi.com

1.4 Additional Information

Electronic Data Interchange (EDI) is the computer-to-computer exchange of formatted business data between trading partners. The computer system generating the transactions must supply complete and accurate information while the system receiving the transactions must be capable of interpreting and utilizing the information in ASC X12N format, without human intervention.

The transactions must be sent in a specific format that will allow our computer application to translate the data. OA supports the standard transactions adopted from HIPAA. OA maintains a dedicated staff for the purpose of enabling and processing X12 EDI transmissions with its trading partners.

It is the goal of OA to establish trading partner relationships and to conduct EDI as opposed to paper information flows whenever and wherever possible.

2. GETTING STARTED

At Office Ally, we understand how important it is to have an easy-to-use, efficient, and streamlined claim process for your practice. You'll receive payments up to 4 times faster when you submit electronically and know within hours if an issue occurs with one of your claims.

Office Ally Benefits:

- Submit Claims Electronically to thousands of Payers for FREE
- No Contracts to sign
- FREE Set up and Training
- FREE 24/7 Customer Support
- No more paper EOB's! Electronic Remittance Advice (ERA) available for select payers
- Use your existing Practice Management Software to submit claims electronically
- Detailed Summary Reports
- Online Claim Correction
- Inventory Reporting (historical claims inventory)

A video introduction to Office Ally's Service Center is available here: Service Center Introduction

2.1 Submitter Registration

Submitters (Provider/Biller/etc.) must enroll with Office Ally in order to submit claims electronically. You can enroll by contacting OA's Enrollment Department at (360) 975-7000 Option 3, or by initiating online registration HERE.

A registration checklist can be found on the next page.

OA Registration Check List:

1. Complete Online Registration (or call OA's Enrollment Dept. @ 360-975-7000 Option 3)
2. Sign OA's Authorization Sheet
3. Review, sign, and store OA's Business Associate Agreement (BAA) for your records
4. Receive OA assigned User Name and Password activation link
5. Schedule FREE training session (if needed)
6. Review OA's companion guide
7. Review OA's Payer List to determine Payer ID as well as EDI enrollment requirements
8. Complete testing and review response reports (only required for 3rd party software submitters)
9. Start submitting production claims!

3. FILE SUBMISSION GUIDELINES

3.1 Accepted File Formats

Office Ally can accept and process the following file types:

- HCFA, CMS1500, UB92, and UB04 Image Files
- ANSI X12 837I, 837P, and 837D files
- HCFA NSF Files
- HCFA Tab Delimited Files (Format must strictly adhere to OA specifications. Contact Support for details.)

3.2 Accepted File Extensions

Similarly, Office Ally can accept files which have any of the below file name extensions:

Txt	Dat	Zip	Ecs	Viw
Hcf	Lst	Ls	Prn	Out
Clm	837	Nsf	Pmg	Cnx
Pgp	Fil	Csv	Mpn	tab

3.3 File Format Changes

It's important that you continue to send the same file format when sending claim files to Office Ally. If your file format changes due to system updates, new computers, or different form selections, the file could fail.

Should you need to update the file format being sent to Office Ally, please contact OA at 360-975-7000 Option 1 and let the Customer Service Representative know that you need to have your file format updated.

4. TESTING WITH OFFICE ALLY

To ensure a smooth transition to submitting electronically via Office Ally, it's recommended that testing be completed for all third-party software submitters.

End-to-End testing is not available for all payers (and it's completed only at the payer's request); however, you can test as often as you'd like with OA directly.

It's recommended that a test file containing 5 - 100 claims be submitted for testing. Test claims should include a variety of claims, accounting for different types of situations or scenarios that you deal with most frequently (Ambulance, NDC, Inpatient, Outpatient, etc.).

After your test file has been submitted and processed, Office Ally return a report identifying the claims that passed testing and those that may have failed.

4.1 Test File Naming Requirements

The word OATEST (all one word) must be included the test file name in order for Office Ally to recognize it as a test file. **If the file does not have the required keyword (OATEST), the file will be processed in our production environment regardless of whether ISA15 is set to 'T'.** Below are examples of acceptable and nonacceptable test file names:

ACCEPTABLE: XXXXXX.OATEST.XXXXXX.837

ACCEPTABLE: OATEST_XXXXXX_XXXXX.txt

UNACCEPTABLE: OA_TESTXXXXXXX.837

UNACCEPTABLE: TEST_XXXXXX_XXXXX.837

Test files may be submitted via file upload or SFTP transmission. When submitting test files via SFTP, the claim type keyword must also be included in the file name (ie 837P/837I/837D).

5. CONNECTIVITY INFORMATION

Office Ally offers two file exchange methods for batch submitters:

- SFTP (Secure File Transfer Protocol)
- Office Ally's Secure Website

5.1 SFTP – Secure File Transfer Protocol

Setup Instructions

To request an SFTP Connection, send the following information via email to SFTP@officeally.com

- Office Ally Username
- Contact Name
- Contact Email
- Software Name (if available)
- Claim Types Submitted (HCFA/UB/ADA)
- Receive 999/277CA reports? (Yes or No)

Note: If you select 'No', only the Office Ally proprietary text reports will be returned.

Connectivity Details

URL Address: ftp10.officeally.com
Port 22
SSH/SFTP Enabled
(If asked to Cache SSH during logon, click 'Yes')

Files uploaded to Office Ally via SFTP must be placed in the "inbound" folder for processing.
All SFTP outbound files (including 835's) from Office Ally will be available for retrieval in the "outbound" folder.

SFTP File Naming Requirements

All inbound claim files submitted via SFTP must contain one of the following keywords in the file name to identify the type of claims being submitted: 837P, 837I, or 837D

For example, when submitting a production claim file containing professional claims:
drjones_837P_claimfile_10222022.837

5.2 Office Ally Secure Website

Follow the below steps to upload a claim file using Office Ally's secure website.

1. Log into www.officeally.com
2. Hover over "Upload Claims"
3. Click to upload the file based on your claim type (ie. "Upload Professional (CMS-1500/837P) File")
4. Click "Select File"
5. Browse for your file and click "Open"
6. Click "Upload"

Upon upload, you'll receive an upload confirmation page with your FileID number.

Response reports will be available within 6 to 12 hours in the "Download File Summary" section of the website.

6. CONTACT INFORMATION

6.1 Customer Service

Days Available:	Monday thru Friday
Times Available:	6:00 am to 5:00 pm PST
Phone:	360.975.7000 Option 1
Email:	support@officeally.com
Fax:	360.896-2151
Live Chat:	https://support.officeally.com/

6.2 Technical Support

Days Available:	Monday thru Friday
Times Available:	6:00 am to 5:00 pm PST
Phone:	360.975.7000 Option 2
Email:	support@officeally.com
Live Chat:	https://support.officeally.com/

6.3 Enrollment Assistance

Days Available:	Monday thru Friday
Times Available:	6:00 am to 5:00 pm PST
Phone:	360.975.7000 Option 3
Email:	support@officeally.com
Fax:	360.314.2184
Live Chat:	https://support.officeally.com/

6.4 Training

Scheduling:	360.975.7000 Option 5
Video Tutorials:	https://cms.officeally.com/Pages/ResourceCenter/Webinars.aspx

7. CONTROL SEGMENTS/ENVELOPES

This section describes OA's use of the interchange (ISA) and functional group (GS control segments. Note that submissions to Office Ally are limited to one interchange (ISA) and one functional group (GS) per file. Files may contain up to 5000 transaction sets (ST).

7.1 ISA-IEA

Data Element	Description	Values Used	Comments
ISA01	Authorization Qualifier	00	
ISA02	Authorization Code		
ISA03	Security Qualifier	00	
ISA04	Security Information		
ISA05	Sender Qualifier	30 or ZZ	
ISA06	Sender ID		Submitter ID of your choosing. Tax ID is most common.
ISA07	Receiver Qualifier	30 or ZZ	
ISA08	Receiver ID	330897513	Office Ally's Tax ID
ISA11	Repetition Separator	^	Or separator of your choosing
ISA15	Usage Indicator	P	Production File For testing, send "OATEST" in the filename.

7.2 GS-GE

Data Element	Description	Values Used	Comments
GS01	Functional ID Code		
GS02	Sender's Code		Submitter code of your choosing. Tax ID is most common.
GS03	Receiver's Code	OA or 330897513	
GS08	Version Release Industry ID Code	005010X222A1	Professional

8. OFFICE ALLY SPECIFIC BUSINESS RULES AND LIMITATIONS

The following file specifications are taken from the 837 X12 Implementation Guide. The purpose is to provide guidance on specific loops and segments that are important to processing claims electronically. This is not a full guide; a full guide is available for purchase from Washington Publishing Company.

Submitter Information Loop 1000A – NM1				
The purpose of this segment is to supply the name of the individual or organization submitting the file				
Position	**Description**	**Min/Max**	**Value**	**Comments**
NM101	Entity Identifier Code	2/3	41	
NM102	Entity Type Qualifier	1/1	1 or 2	1 = Person 2 = Non-Person
NM103	Organization (or Last) Name	1/35		
NM104	Submitter First Name	1/35		Situational; Only required if NM102 = 1
NM108	Identification Code Qualifier	1/2	46	
NM109	Identification Code	2/80		Submitter ID of your choosing (Tax ID is common)

Receiver Information Loop 1000B – NM1				
The purpose of this segment is to supply the name of the organization you're submitting to				
Position	**Description**	**Min/Max**	**Value**	**Comments**
NM101	Entity Identifier Code	2/3	40	
NM102	Entity Type Qualifier	1/1	2	
NM103	Organization Name	1/35	OFFICE ALLY	
NM108	Identification Code Qualifier	1/2	46	
NM109	Identification Code	2/80	330897513	OA Tax ID

Billing Provider Information Loop 2010AA – NM1, N3, N4, REF				
The purpose of this segment is to supply the name, address, NPI, and Tax ID for the billing provider				
Position	**Description**	**Min/Max**	**Value**	**Comments**
NM101	Entity Identifier Code	2/3	85	
NM102	Entity Type Qualifier	1/1	1 or 2	1 = Person 2 = Non-Person
NM103	Organization (or Last) Name	1/60		
NM104	Provider First Name	1/35		Situational; Only required if NM102 = 1
NM108	Identification Code Qualifier	1/2	XX	
NM109	Identification Code	2/80		10-digit NPI Number
N301 N401	Billing Provider Street Address Billing Provider City	1/55 2/30		Physical Address required. Do not send PO Box.
N402	Billing Provider State	2/2		
N403	Billing Provider Zip	3/15		
REF01	Reference Identification Qualifier	2/3	EI or SY	EI = Tax ID SY = Social Security Number
REF02	Reference Identification	1/50		Tax ID or Social Security Number

Subscriber (Insured) Information Loop 2010BA - NM1, N3, N4, DMG				
The purpose of this segment is to supply the name, address, member ID, DOB, and gender of the subscriber (insured)				
Position	**Description**	**Min/Max**	**Value**	**Comments**
NM101	Entity Identifier Code	2/3	IL	
NM102	Entity Type Qualifier	1/1	1	
NM103	Subscriber Last Name	1/60		
NM104	Subscriber First Name	1/35		
NM108	Identification Code Qualifier	1/2	MI	
NM109	Identification Code	2/80		Member ID Number
N301	Subscriber Street Address	1/55		
N401	Subscriber City	2/30		
N402	Subscriber State	2/2		
N403	Subscriber Zip	3/15		
DMG01	Date Time Period Format Qualifier	2/3	D8	
DMG02	Subscriber Date of Birth	1/35		YYYYMMDD format

Payer Information Loop 2010BB – NM1				
The purpose of this segment is to supply the payer name and ID that the claim should be submitted to (destination payer) *Please use the payer ID as listed on the Office Ally Payer List to ensure proper routing.*				
Position	**Description**	**Min/Max**	**Value**	**Comments**
NM101	Entity Identifier Code	2/3	PR	
NM102	Entity Type Qualifier	1/1	2	
NM103	Destination Payer Name	1/35		
NM108	Identification Code Qualifier	1/2	PI	
NM109	5-Digit Payer ID	2/80		Use a payer ID listed on the Office Ally Payer List.

Patient Information (Situational) Loop 2010CA – NM1, N3, N4, DMG				
The purpose of this segment is to supply the name of the patient - if different than the subscriber (dependent)				
Position	**Description**	**Min/Max**	**Value**	**Comments**
NM101	Entity Identifier Code	2/3	QC	
NM102	Entity Type Qualifier	1/1	1	
NM103	Patient Last Name	1/60		
NM104	Patient First Name	1/35		
N301	Patient Street Address	1/55		
N401	Patient City	2/30		
N402	Patient State	2/2		
N403	Patient Zip	3/15		
DMG01	Date Time Period Format Qualifier	2/3	D8	
DMG02	Patient Date of Birth	1/35		YYYYMMDD format
DMG03	Patient Gender	1/1	F, M, or U	F = Female M = Male U = Unknown

Rendering Provider Information (Situational) Loop 2310B – NM1				
The purpose of this segment is to supply the name and NPI of the provider rendering services - if different than the billing provider				
Position	**Description**	**Min/Max**	**Value**	**Comments**
NM101	Entity Identifier Code	2/3	82	
NM102	Entity Type Qualifier	1/1	1 or 2	1 = Person 2 = Non-Person
NM103	Organization (or Last) Name	1/60		
NM104	Rendering First Name	1/35		Required if NM102 = 1
NM108	Identification Code Qualifier	1/2	XX	
NM109	Identification Code	2/80		10-digit NPI number

Service Facility Information (Situational) Loop 2310C – NM1, N3, N4				
The purpose of this segment is to supply the location of healthcare service - if different than the billing provider				
Position	**Description**	**Min/Max**	**Value**	**Comments**
NM101	Entity Identifier Code	2/3	77	
NM102	Entity Type Qualifier	1/1	2	
NM103	Facility (or Laboratory) Name	1/60		
NM108	Identification Code Qualifier	1/2	XX	
NM109	Identification Code	2/80		10-digit NPI number, if available
N301	Service Facility Address	1/55		
N401	Service Facility City	2/30		
N402	Service Facility State	2/2		
N403	Service Facility Zip	3/15		

9. ACKNOWLEDGEMENTS AND REPORTS

Office Ally returns the following responses and report types. As noted, the 999 and 277CA responses are only produced for claim files submitted via SFTP. Refer to Appendix A for a list of file naming conventions associated with each response.

9.1 999 Implementation Acknowledgement

The EDI X12 999 Implementation Acknowledgement document is used in healthcare to provide confirmation that a file was received. A 999 acknowledgement is returned to the submitter only for claim files submitted via SFTP.

9.2 277CA Claim Acknowledgement File Summary

The purpose of the EDI X12 277CA File Summary is to report whether or not a claim has been rejected or accepted by Office Ally. Only accepted claims will be sent to the payer for processing. This is an X12 formatted file which is equivalent to the text formatted File Summary Report.

9.3 277CA Claim Acknowledgement EDI Status

The purpose of the EDI X12 277CA EDI Status report is to convey whether or not a claim has been accepted or rejected by the payer. This is an X12 formatted file which is equivalent to the text formatted EDI Status Report.

9.4 File Summary Report

The File Summary Report is a text (.txt) formatted file which indicates whether claims were accepted or rejected by Office Ally. Accepted claims will be sent to the payer for processing. Refer to Appendix B for file layout specifications.

9.5 EDI Status Report

The EDI Status Report is a text (.txt) formatted file which is used to convey the status of a claim after it was sent to the payer for processing. Claim responses received from a payer will be passed on to you in the form of an EDI Status Report. Refer to Appendix C for file layout specifications.

In addition to these text reports, you may request to also receive a *Custom CSV EDI Status Report.* The *Custom CSV EDI Status Report* contains the claims included in the EDI Status Report text file, along with any additional claim data elements of your choosing.

For additional details and/or to request this option, please contact Customer Support.

9.6 835 Electronic Remittance Advice

Office Ally will return EDI X12 835 files, as well as a text formatted version of the remit file. Refer to Appendix D for file layout specifications.

APPENDIX A - OFFICE ALLY RESPONSE FILE NAMING CONVENTIONS

Office Ally Reports and File Naming Conventions	
File Summary – Professional*	FS_HCFA_**FILEID**_IN_C.txt
File Summary – Institutional*	**FILEID**_UBSUMMARY_**YYYYMMDD**.txt
EDI Status*	**FILEID**_EDI_STATUS_**YYYYMMDD**.txt
X12 999**	**FILEID_SubmittedFileName**_999.999
X12 277CA - Professional (File Summary)**	**USERNAME_FILEID**_HCFA_277ca_**YYYYMMDD**.txt
X12 277CA - Institutional (File Summary)**	**USERNAME_FILEID**_UB_277ca_**YYYYMMDD**.txt
X12 277CA - Professional (EDI Status)**	**FILEID**_EDI_STATUS_HCFA_**YYYYMMDD**.277
X12 277CA - Institutional (EDI Status)**	**FILEID**_EDI_STATUS_UB_**YYYYMMDD**.277
X12 835 & ERA (TXT)**	**FILEID**_ERA_STATUS_5010_**YYYYMMDD**.zip (contains 835 and TXT) **FILEID**_ERA_835_5010_**YYYYMMDD**.835 **FILEID**_ERA_STATUS_5010_**YYYYMMDD**.txt

**Refer to Appendices B thru D for File layout specifications*
***999/277CA report activation must be requested and are only available for files submitted via SFTP*

APPENDIX B - FILE SUMMARY – PROFESSIONAL

This report may contain up to four sections, each of which will identify Accepted, Rejected, Pended, or Duplicate claims. Below are two examples:

All Claims in the File Were Accepted by Office Ally

```
Dear

Your claims file has now been processed by Office Ally, claims that are accepted below have been forwarded to:
SedgwickClaimsManagementServices for final processing. Processing results for your claim file are as follows.

=================================

File Summary

       File ID: 1013277370
     File Name: 1013277092_221104_19324044.txt
 Date Uploaded: 11/4/2022
  Type of File: HCFA
Date Processed: 11/4/2022
 Total Charges: $0.00

 1 # of Claims Accepted
 0 # of Claims Rejected

=================================

==========================================================================================================================================================
-------ACCEPTED CLAIM DETAIL
----------------------------------------------------------------------------------------------------------------------------------------------------------
CLAIM# OA CLAIMID  PATIENT ID        LAST,FIRST         DOB          FROM DOS    TO DOS     CPT     DIAG     TAX ID       ACCNT#        PHYS.ID    PAYER
----------------------------------------------------------------------------------------------------------------------------------------------------------
1)      2897608157 [redacted] [redacted] [redacted] 10/10/2022 10/10/2022 99024   S61300D [redacted] [redacted] [redacted] TP097
==========================================================================================================================================================


==================================================================================================
This summary is regarding the master file with fileID: 1013277092,
please track each individual file by their unique file ID.
==================================================================================================
------------------------------------------------------------------------------------------------------------------------------
------------------------------------------------------------------------------------------------------------------------------
```

Some Claims in the File Were Accepted and Some were Rejected (errored) by Office Ally

```
Dear

Your claims file has now been processed by Office Ally, claims that are accepted below have been forwarded to:
SedgwickClaimsManagementServices for final processing. Processing results for your claim file are as follows.

=================================

File Summary

       File ID: 1012458533
     File Name: ONLINE ENTRY BATCH: 66636976
 Date Uploaded: 11/3/2022
  Type of File: HCFA
Date Processed: 11/3/2022
 Total Charges: $624.00

 3 # of Claims Accepted
 1 # of Claims Rejected
        +---> 1 # errors FE134 - Accident Date Required on Accidents and Workers Comp Claims

=================================

==========================================================================================================================================================
-------ERROR CLAIM DETAIL
----------------------------------------------------------------------------------------------------------------------------------------------------------
CLAIM# OA CLAIMID  PATIENT ID        LAST,FIRST         DOB          FROM DOS    TO DOS     CPT     DIAG     TAX ID       ACCNT#        PHYS.ID    PAYER  ERRORS
----------------------------------------------------------------------------------------------------------------------------------------------------------
1)      2895660016 [redacted] [redacted] [redacted] 10/07/2022 10/07/2022 88305   D0322   [redacted] [redacted] [redacted] TP097  FE134
==========================================================================================================================================================

==========================================================================================================================================================
-------ACCEPTED CLAIM DETAIL
----------------------------------------------------------------------------------------------------------------------------------------------------------
CLAIM# OA CLAIMID  PATIENT ID        LAST,FIRST         DOB          FROM DOS    TO DOS     CPT     DIAG     TAX ID       ACCNT#        PHYS.ID    PAYER
----------------------------------------------------------------------------------------------------------------------------------------------------------
2)      2895659915 [redacted] [redacted] [redacted] 10/12/2022 10/12/2022 88305   C44219  [redacted] [redacted] [redacted] TP097
3)      2895659956 [redacted] [redacted] [redacted] 10/11/2022 10/11/2022 88305   C44319  [redacted] [redacted] [redacted] TP097
4)      2895659981 [redacted] [redacted] [redacted] 10/11/2022 10/11/2022 88305   L570    [redacted] [redacted] [redacted] TP097
==========================================================================================================================================================


==================================================================================================
This summary is regarding the master file with fileID: 1012458108,
please track each individual file by their unique file ID.
==================================================================================================
------------------------------------------------------------------------------------------------------------------------------
------------------------------------------------------------------------------------------------------------------------------
```

Below are the file layout details for each of the sections that may be included in the File Summary.

ERROR CLAIM DETAIL		
Field Name	**Start Pos**	**Field Length**
CLAIM#	1	6
OA Claim ID	8	10
PATIENT ID	20	18
LAST,FIRST	38	20
DOB	58	10
FROM DOS	71	10
TO DOS	82	10
CPT	93	5
DIAG	101	7
TAX ID	110	10
ACCNT#	122	14 - 20
PHYS.ID	136 - 142	10
PAYER	147 - 153	5
ERRORS	154 - 160	30

DUPLICATE INFO		
Field Name	**Start Pos**	**Field Length**
Information	1	182
OA Claim ID	42	10
OA FileID	69	9
Oa File Name	96	~
Date Processed	~	~

ACCEPTED CLAIM DETAIL		
Field Name	**Start Pos**	**Field Length**
CLAIM#	1	6
OA Claim ID	8	10
PATIENT ID	20	17
LAST,FIRST	38	20
DOB	58	12
FROM DOS	71	9
TO DOS	82	9
CPT	93	7
DIAG	101	8
TAX ID	110	10
ACCNT#	122	14 - 20
PHYS.ID	136 - 142	10
PAYER	147 - 153	5
ERRORS	154 - 160	30

PENDING CLAIM DETAIL		
Field Name	**Start Pos**	**Field Length**
CLAIM#	1	6
OA Claim ID	8	10
PATIENT ID	20	18
LAST,FIRST	38	20
DOB	58	10
FROM DOS	71	10
TO DOS	82	10
CPT	93	5
DIAG	101	7
TAX ID	110	10
ACCNT#	122	14 - 20
PHYS.ID	136 - 142	10
PAYER	147 - 153	5

Notes:

1. "~" indicates that the start position and length may vary due to length of OA file name.
2. Error cods are comma delimited and correspond to the error summary in the header.
3. If the ACCNT# (CLM01) is >14 digits, the PHYS.ID, PAYER, and ERRORS start position will be adjusted.

APPENDIX C – EDI STATUS REPORT

This text formatted report is similar to the File Summary Report; however, the EDI Status Report contains status information sent to Office Ally from the payer. Any message OA receives from the payer will be passed on to you in the form of an EDI Status Report.

The EDI Status Report will appear and look similar to the example shown below.

```
Dear: Submitter

--------------------------------------------------------------------------------------------------------
          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
--------------------------------------------------------------------------------------------------------
 ( 60054 )  Aetna Healthcare           1          $10,500.00         0             $0.00          1           $18,729.40

--------------------------------------------------------------------------------------------------------

  File ID   Claim ID   Pat. Acct #  Patient              Amount  PracticeID Tax ID     Payer   Payer Process Dt Payer Ref ID Status   Payer Response
------------------------------------------------------------------------------------------------------------------------------------------------------
  413564854 55641391   8842546      SMITH, JOHN        $18,729.4  1234567890 330897513  60054    04/12/2017                  REJECTED NDC code missing/invalid

  413564854 55641392   8842543      SMITH, JANE        $10,500    1234567890 330897513  60054    04/12/2017                  ACCEPTED Claim has been accepted for processing by the payer
```

Note: In the EDI Status Report, if multiple responses come back for the same claim (at the same time), you'll see multiple rows containing status for a single claim.

Below are the file layout details for the EDI Status Report.

EDI Status Report Detail Records		
Field Name	**Start Pos**	**Field Length**
File ID	5	9
Claim ID	15	10
Pat. Acct #	27	14
Patient	42	20
Amount	62	9
PracticeID	74	10
Tax ID	85	10
Payer	96	5
Payer Process Dt	106	10
Payer Ref ID	123	15
Status	143	8
Payer Response Message	153	255

APPENDIX D – ERA/835 STATUS REPORT

Office Ally provides a readable text (.TXT) version of the EDI X12 835 file, a sample of which is shown below:

```
Dear: First Last (username)

Your Claims have been adjudicated by the Payer. Electronic Payment / Advise information has been received by Office Ally and summarized as follows.

==================================================
------- HEALTH CARE CLAIM PAYMENT/ADVICE -------
==================================================

==========================================================================================================================================================
Check#                         Amount          # Claims       NPI or Tax ID           Payee                         Date
==========================================================================================================================================================
12345678                       15.07           1              1234567890              DOCTOR SMITH MD LTD           02/12/2014

----------------------------------------------------------------------------------------------------------------------------------------------------------
Check#                         Patient ID         Last,First          Charge Amt  Payment Amt  Accnt#        Status                        Payer
12345678                       987654321          DOE, JANE           183.00      15.07        JDOE123       PROCESSED AS SECONDARY        ABC INSURANCE COMPANY
                                                                                                                                           1234 STREET ST
                                                                                                                                           CITY,ST 999990001
                                                                                                                                           Tax ID: 95-9999999
                                                                                               Payer Claim Control Number: 99988877766655-005/20140212TEST0
                                                                                               Claim Statement Period:     01/21/2014 - 01/21/2014

          Line Item:  Svc Date   CPT    Charge Amt   Payment Amt  Total Adj Amt  Remarks
                      01/21/2014 99213  183.00       15.07        167.93         NO REMARKS

                                Adjustment Group            Adj Amt Translated Reason Code
                                OTHER ADJUSTMENTS           167.93  PAYMENT ADJUSTED BECAUSE CHARGES HAVE BEEN PAID BY ANOTHER PAYER.
```