

WHICH FORMS SHOULD I COMPLETE?

EDI (837) enrollment is completed through the IMPACT **and** Medicaid Illinois (MEDI) website. This is a two-step process, and both must be completed to ensure successful electronic claim submissions.

Step 1: IMPACT Enrollment -

1. Go to the [IMPACT](#) website and login to your account.
 - a. If you do not have a MEDI login yet, you will need to register for one (Register for MEDI).
2. For step-by-step guidelines on navigating the IMPACT system, please reference the [payer's PowerPoint](#).
3. You will need to complete **Step 6: Associate Billing Agent** (page 39)
 - a. Billing Agent ID: 7124003
 - b. Billing Agent Name: Office Ally

Step 2: MEDI Enrollment -

1. Go to the [Medicaid Illinois \(MEDI\)](#) website and login to your account.
 - o Java version 8u101 and above is required to access the MEDI site.
 - o If you do not have a MEDI login yet, you will need to register for one (Register for MEDI).
2. Once logged into your MEDI account, click on the Registration Menu link (left hand side)
 - o You will need your Provider Information Sheet which is mailed to the official medical provider address from HFS. If you do not have a Provider Information Sheet, you may request a Provider Information Sheet to have one mailed to the address on file. Click [here](#) for instructions (page 66).
3. Once you have the Provider Information Sheet on hand, click on the Medicaid Provider link.
4. Complete all required fields on the Provider Registration page, and then click Submit.
5. Email the Provider Information Form received by HFS to Office Ally payerenrollment@officeally.com.
6. After receiving the notification email from Office Ally, you must log back into your MEDI account at <http://www.myhfs.illinois.gov> and approve Office Ally's request.
 - o After approving Office Ally, you may begin submitting claims electronically.
- For questions regarding the MEDI enrollment process, please email HFS.Webmaster@illinois.gov or call (800) 366-8768 Option 1, then Option 2.

WHERE SHOULD I SEND THE FORM(S)?

- Provider Information Form received by HFS to Office Ally.
 - o Email to: payerenrollment@officeally.com
 - Subject line should read: **Medicaid IL (MCDIL) Enrollment**. Please make sure to include your email address where you want to be notified once set up has been completed on our side.
 - o OR Fax to: (360) 896-2151

WHAT IS THE TURNAROUND TIME?

- Standard Processing Time is approximately 2-3 business days after Office Ally receives your Provider Information Form.

HOW DO I CHECK STATUS?

- Office Ally must submit a request to become your clearinghouse. After this request has been made, Office Ally will notify you.