

**WHICH FORMS SHOULD I COMPLETE?**

- Medicaid Massachusetts EDI Agreement Letter (***must be printed on provider/organization letterhead***)

**WHERE SHOULD I SEND THE FORM(S)?**

- Email completed and signed form to [payerenrollment@officeally.com](mailto:payerenrollment@officeally.com)
  - o **Subject Line:** Medicaid Massachusetts EDI Enrollment\_NPI (*Insert your NPI*)
  - o **Email Body:**  
Please find my attached EDI Agreement Letter and complete my 837 Claims Enrollment.

**WHAT IS THE TURNAROUND TIME?**

- Standard Processing Time is 30 days.

**HOW DO I CHECK STATUS?**

- Office Ally will email you a confirmation when the enrollment has been submitted to the payer and once we receive approval from the payer to begin submitting claims electronically. If the enrollment receives a rejection from the Payer, we will notify you within the standard turnaround time frame.
- If you have not received a status update within the allotted turnaround time frame, please reply to your original case number email received.



**MASSACHUSETTS MEDICAID  
EDI AGREEMENT LETTER**

(must be printed on Provider/Group letterhead)

Date:

Provider/Group Information

Provider/Group Name:

Mailing Address:

City:

State:

Zip:

Provider Identifier Information

Tax ID (TIN)/Employee Identification Number (EIN)\*:

National Provider Identifier (NPI)\*:

MassHealth Provider ID/ Service Location (PIDSL)\*:

Provider Contact Information

Contact Name:

Contact Telephone Number:

Contact Email Address:

Authorized Signing Authority:

I hereby authorize Office Ally to submit claims on my behalf for the provider listed above.

Signing Authority Name:

Title:

Authorized Signer Written Signature: \_\_\_\_\_