WHICH FORMS SHOULD I COMPLETE?

- **Web Portal Account Creation**
  - Medicaid Florida will provide you with a "Gold" letter with your new PIN and Web Portal Setup Instructions. Once your Web Portal account has been set up follow the steps below for Creating Office Ally as an Agent. Click Here for the Web Portal User Guide.

  - To submit claims to Medicaid Florida, each user must create their Web Portal account.
    - If you have not received your information on how to create your account, contact Medicaid Florida at 800-289-7799 Option 3 for assistance.
  - Once your Web Portal account has been created, follow these steps to create Office Ally as an agent:
    - Go to https://public.flmmis.com
    - Enter Username and Password
    - Click on 'Account management'
    - Click on 'Add Agent'
    - Enter the following email address: teresa.hiltenbrand@officeally.com
    - Select Username account: **OACLAIMS**
    - Click on "Yes, I agree" to the Terms of Service
    - Click on 'Florida Web Portal'
    - Select the following permissions for FLPortalProd:
      - Claims
      - Download 997
      - Download TA1
      - Reports
      - Trade File
      - Download 835 (OPTIONAL- only select if you want to receive ERAs)
        - To receive ERAs, you will need to enroll online through the portal https://public.flmmis.com/ . For instructions on how to enroll online, see the ERA Enrollment portion of the Web Portal User Guide.
    - Click 'Save Changes'

- **EDI Agreement**
  - Log into your secure web portal account and select Providers>Demographic Maintenance>EDI Agreement
  - Select **Link to billing agent/clearinghouse**
  - 837 Health Care Claims Professional/Institutional
  - Office Ally Trading Partner ID: **86259**

- o   Billing Agent Provider Number: **992376400**
- o   Billing Agent Name: Office Ally, Inc.
- o   [Click here for the EDI Quick Reference Guide](#).

WHAT IS THE TURNAROUND TIME?

- -   Standard Processing Time is up to 14 business days.

HOW DO I CHECK STATUS?

- -   Once you receive confirmation that you have been linked to Office Ally, you **MUST** email payerenrollment@officeally.com PRIOR to submitting claims electronically.
  - o   **Email Subject:** Medicaid Florida (77027)—EDI Approval
  - o   **Email Body:** Please log my EDI Approval for Medicaid Florida.
    - ▪   Provider Name:
    - ▪   Provider NPI:
    - ▪   Provider TIN:
    - ▪   Medicaid Provider ID: (if applicable)