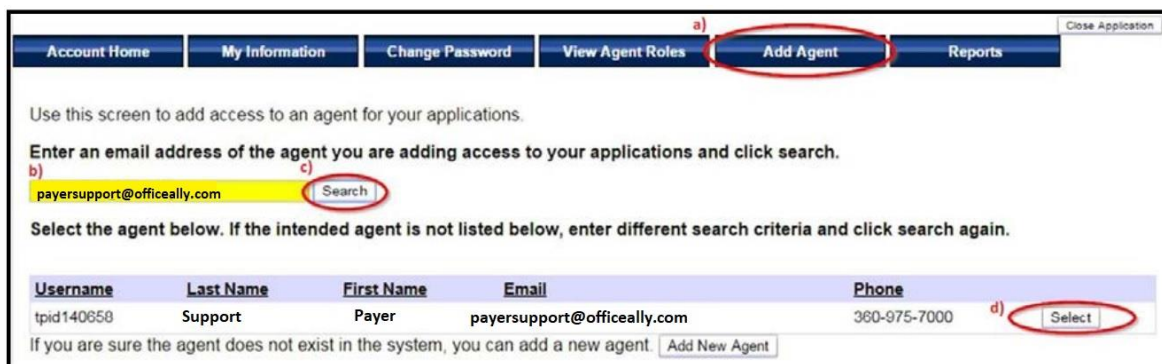## WHICH FORMS SHOULD I COMPLETE?

- Enrollment is completed online. To enroll you must first activate your online account using the PIN# that was mailed to all providers. If you have not received your PIN# call Medicaid GA EDI Service Help Desk at (877) 261-8785 Option 2.

    o To activate your account, go to https://public.gammis.com/public/pinletter and enter your Provider ID and PIN that was provided in the letter.

    o After you have completed this step, you will receive an email notifying you that your account has been created. You will be provided with your account username and will be requested to establish your password. Follow the instructions outlined in the email.

- Once you have your username and password follow these steps:
    1. Go to https://www.mmis.georgia.gov
    2. Select Login. You will be redirected to the login page.
    3. Enter your username and password and click "Sign In".
    4. After logging in and entering your submitter information, select "MEUPS Account Management".

5. You will be redirected to the MEUPS Account Management Screen.
    - Select "Add Agent"
    - Enter payersupport@officeally.com
    - Click "Search"
    - Click "Select" for entry with **Username: tpid140658**

6. You will be redirected to Medicaid Georgia's Provider Portal Terms of Service. Read and select "Yes, I agree".
7. You will now be redirected to the "Manage Agent Roles" page which allows you to add and remove roles from the agent, i.e., Office Ally in this scenario.
   - Select the system to modify access—click "Select" next to the Web portal.

   - Modify the permissions for the selected system. Click ONLY Trade Files Download and then select "Save Changes".

For further instructions or information, click here to review the Web Portal Training tools available.

WHAT IS THE TURNAROUND TIME?

- Standard Processing Time is approximately 5 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 with the below information PRIOR to submitting claims electronically.
  Email Subject: MEDICAID GEORGIA (77034) – EDI Approval
  Body of Email: Please log my EDI approval for MEDICAID GEORGIA linked to tpid140658.
  - o Provider Name:
  - o Provider NPI:
  - o Provider TIN:
  - o Medicaid Provider ID: