

**WHICH FORMS SHOULD I COMPLETE?**

- Complete the required form(s) online at [Louisiana Medicaid](#) choosing:
  - o [EDI for Individual](#); or
  - o [EDI for Entity / Business](#)
- Complete the [2024 EDI Annual Certification Form](#)
  - o Submitter Number: **4507197**
  - o Submitter Name: **Office Ally, Inc**
  - o Primary Contact: EDI Enrollment Dept – [payerenrollment@officeally.com](mailto:payerenrollment@officeally.com)
  - o Secondary Contact: Cara Trahey – [cara.trahey@officeally.com](mailto:cara.trahey@officeally.com)
  - o Phone number: 360-975-7000

*Please note: Forms must be submitted with an original signature and notarized.*

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

- Mail the **EDI Contract(s)** to:  
Gainwell Technologies Provider Enrollment Unit  
PO Box 80159  
Baton Rouge, LA 70898-0159
- Mail the **2024 Annual Certification Form** to:  
Gainwell Technologies Provider Enrollment Unit  
PO Box 91025  
Baton Rouge, LA 70821-9025

**WHAT IS THE TURNAROUND TIME?**

- Standard Processing Time is 3 weeks.

## HOW DO I CHECK STATUS?

- You will receive a letter from Medicaid LA informing you of your approval.
- You may also call Medicaid LA at (225) 216-6303 and ask if you have been linked to Office Ally's Submitter ID **4507197**.
- Once you receive confirmation that you've been linked to Office Ally, you must email [payerenrollment@officeally.com](mailto:payerenrollment@officeally.com) with the below information prior to submitting claims electronically.

**Email Subject:** Medicaid Louisiana (MCDLA) – EDI Approval

**Body of Email:** Please log my EDI approval for Medicaid Louisiana

- o Provider Name
- o NPI
- o Tax ID
- o Medicaid Provider Number
- o Transaction: 837 and/or 835