



# MEDICARE HHH J15 (15004) PRE-ENROLLMENT INSTRUCTIONS

## WHICH FORM(S) SHOULD I DO?

- [J15 EDI Enrollment Agreement Form](#)
- [J15 EDI Application](#)
  - Line of Business/Payor ID: **HHH 15004**
  - Action Requested: **Add Provider(s)**
  - Input Submitter ID# (837/835): **CH15000030**
  - Name of Submitter ID: **Office Ally**
  - Type of Submitter: **Clearinghouse**
  - EDI Contact Person/Phone: **Customer Service / 360-975-7000 Option 1**
  - Address: **PO Box 872020  
Vancouver, WA 98687**
  - Submitter Email Address: [Support@officeally.com](mailto:Support@officeally.com)
  - Name of Network Service Vendor (NSV): **ECC**

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

- Fax form to (615) 664-5947; or
- Mail form to:

J15 – Home Health & Hospice  
CGS  
PO Box 20018  
Nashville, TN 37202

## WHAT IS THE TURNAROUND TIME?

- Standard processing time is 20 business days.

## HOW DO I CHECK STATUS?

- Call (877) 299-4500 and ask if you have been linked to Office Ally's Submitter ID **CH15000020**.
- Once you receive confirmation that you have been linked to Office Ally, you **MUST** contact Office Ally at (360) 975-7000 Option 1 **PRIOR** to submitting claims electronically.

## HOW DO I ENROLL TO RECEIVE ERAS?

- There is no separate form for Electronic Remittance Advice (ERA/835). Upon completion of the EDI application, you will automatically be enrolled to receive Electronic Remittance Advice. Paper remits will no longer be sent out.