

## MEDICARE KENTUCKY (15102) EDI ENROLLMENT INSTRUCTIONS

## WHICH FORMS SHOULD I COMPLETE?

- Complete the CGS EDI Application
  - Reason for Submission: Add Provider(s)
  - Line of Business: KY Part B 15102
  - Input Submitter ID #: ZH2C (for both 837 and 835)
  - Type of Submitter: **Clearinghouse**
  - Submitter ID Entity Name: Office Ally
  - o EDI Contact Person: Payer EDI Enrollment Department
  - o Submitter Phone Number: 360-975-7000x1
  - o Submitter Email Address: <a href="mailto:payerenrollment@officeally.com">payerenrollment@officeally.com</a>
  - Submitter Address: PO Box 872020
  - o Submitter City: Vancouver
  - o Submitter State: WA
  - o Submitter Zip: 98687
  - Network Service Vendor (NSV): ECC
- There is no separate form for Electronic Remittance Advice (ERAs). Upon completion of the EDI application, you will automatically be enrolled to receive Electronic Remittance Advice. Paper remits will no longer be sent.

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

- The registration is completed online

## HOW DO I CHECK STATUS?

- Call the EDI Department at (866) 276-9558 and ask if you have been linked to Office Ally's submitter ID **ZH2C**
- Once you receive confirmation that you have been linked to Office Ally, you may begin submitting your claims electronically.