



# MEDICARE NEW YORK DOWNSTATE (13202) PRE-ENROLLMENT INSTRUCTIONS

## WHICH FORM(S) SHOULD I DO?

- Go to [www.ngsmedicare.com](http://www.ngsmedicare.com) and complete the EDI Guided Enrollment ([NGS Enrollment Instructions](#))
  - If you do not have an existing login for NGS, click on “Continue as a Guest”
    - Indicate your Line of Business and State before clicking on “Enter”
    - Accept Attestation
  - Click on the box titled “Enrollment”
  - On the next screen, click on the box titled “Step 8 – Register for EDI”
  - Under EDI Enrollment, click on “Start Enrollment Process”
  - Accept Attestation
- Put a check mark next to “I need to complete a Registration Form (EDI Registration Form includes all EDI Part A and Part B scenarios such as claims and remits)” and click on “Next”
  - Under Method of Electronic Submissions, select “Clearinghouse”
  - Under Clearinghouse Name, select “Office Ally”
  - In the Clearinghouse Contact Information section, enter the following:
    - First Name: Customer
    - Last Name: Support
    - Email: [Support@officeally.com](mailto:Support@officeally.com)
    - Verify Email: [Support@officeally.com](mailto:Support@officeally.com)
    - Click on “Next”
  - In the General Information section, enter the information as it pertains to your office.
    - From the Contractor Code drop-down, select: **13202 – JK Part B NY (Downstate)**
    - Enter your PTAN and NPI
    - Enter your Provider/Facility Information
    - Click on “Next”
  - Select the transaction(s) for which you’re enrolling.
    - Office Ally is approved for the 837 Claim transaction and 835 ERA transaction.
    - Click on “Submit”
    - The specific EDI enrollment forms will be presented for completion based on the transaction selections you made.
  - Additional Office Ally information (if needed):
    - Name: Office Ally
    - Operating as a: Clearinghouse
    - Submitter ID: **CH0000586**
    - Street: PO Box 872020
    - City/State/Zip: Vancouver, WA 98687
    - Contact Name: Customer Service
    - Phone Number: (360) 975-7000 Option 1
    - Email Address: [Support@officeally.com](mailto:Support@officeally.com)

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

- Forms are submitted online after “Electronically Signing” them
  - Email confirmation will go out shortly after submitting the enrollment request

## WHAT IS THE TURNAROUND TIME?

- Standard processing time is approximately 2-3 weeks

## HOW DO I CHECK STATUS?

- Call Medicare at (888) 379-9132 and ask if you have been linked to Office Ally’s Submitter ID **CH0000586**
- Once you have been linked to Office Ally, you **MUST** contact Office Ally at (360) 975-7000 Option 1 and inform them of the approval **BEFORE** submitting claims electronically.