

MEDICARE OHIO (15202) EDI ENROLLMENT INSTRUCTIONS

WHICH FORMS SHOULD I COMPLETE?

- Complete the <u>CGS EDI Application</u>
 - o Reason for Submission: Change/Update Submitter Information
 - Line of Business: OH Part B 15102
 - o Input Submitter ID #: N10917
 - If you are enrolling for both 837 & 835, you will list the Submitter ID in both sections
 - o Type of Submitter: Clearinghouse
 - o Submitter ID Entity Name: Office Ally
 - o EDI Contact Person: Payer EDI Enrollment Department
 - o Submitter Phone Number: 360-975-7000x1
 - Submitter Email Address: payerenrollment@officeally.com
 - Submitter Address: PO Box 872020
 - Submitter City: Vancouver
 - o Submitter State: **WA**
 - o Submitter Zip: **98687**
 - o Name of Software Vendor: Leave blank
 - 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 N10917
- Once you receive confirmation that you've been linked to Office Ally, you may begin submitting your claims electronically.