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



WHAT FORM(S) SHOULD I DO?

- Go to <u>www.ngsmedicare.com</u> and complete the EDI Guided Enrollment (<u>NGS Enrollment Instructions</u>)
 - o 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 "Next"
 - Accept Attestation
 - Click on "Claims & Appeals"
 - Under Electronic Data Interchange, click on "EDI Enrollment"
 - o Under EDI Enrollment, click on "Start Enrollment Process"
 - o Accept Attestation
- Put a check mark next to "I need to complete a Registration Form"
 - o Under Method of Electronic Submission, select "Clearinghouse"
 - Under Approved Entities List, select "Office Ally"
 - Clearinghouse Contact

First Name: CustomerLast Name: Support

• Email: support@officeally.com

- Click on "Next"
- o Complete the required fields
 - Contractor Code: 13202 JK Part B NY (Downstate)
- 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

- Available Transactions via Office Ally:
 - ASC x12 837 Claim
 - ASC x12 835 Remittance
 - o Select only if you want Office Ally to receive ERA's on your behalf

WHERE SHOULD I SEND THE FORM(S)?

- Forms are submitted online after "Electronically Signing" them
 - o Email confirmations 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 <u>before</u> submitting any claims electronically.

Phone: 360-975-7000 Fax: 360-896-2151