WHICH FORMS SHOULD I COMPLETE?

There are two forms required to enroll, please ensure you complete both:

- Complete the required form(s) at Louisiana Medicaid choosing:
    o EDI for Individual; or
    o EDI for Entity / Business

- Complete the 2026 EDI Annual Certification Form
    o Submitter Number: **4507197**
    o Submitter Name: **Office Ally, Inc**
    o Primary Contact: EDI Enrollment Dept – payerenrollment@officeally.com
    o Secondary Contact: Cara Trahey – cara.trahey@officeally.com
    o Phone number: 360-975-7000

    Please note: Forms must be submitted with an **original signature and notarized.**

WHERE SHOULD I SEND THE FORM(S)?

- Mail the **EDI Contract(s)** to:
    Gainwell Technologies Provider Enrollment Unit
    PO Box 80159
    Baton Rouge, LA 70898-0159

- Mail the **2025 Annual Certification Form** to:
    Gainwell Technologies Provider Enrollment Unit
    PO Box 91025
    Baton Rouge, LA 70821-9025

- Standard Processing Time is 3-4 weeks.

HOW DO I CHECK STATUS?

- You will receive a letter from Medicaid LA informing you of your approval.
- You may also call Medicaid LA at (225) 216-6303 and ask if you have been linked to Office Ally's Submitter ID **4507197**.
- Once you receive your confirmation letter that you've been linked to Office Ally, you must email **a copy of the confirmation letter** to payerenrollment@officeally.com with the below information prior to submitting claims electronically. *This request will be rejected without a copy of the payer's approval.*

    Email Subject: Medicaid Louisiana (MCDLA) – EDI Approval
    Body of Email: Please log my EDI approval for Medicaid Louisiana
    - Provider Name:
    - NPI:
    - Tax ID:
    - LA Medicaid Provider Number:
    - Transaction: 837 and/or 835
    - Date of Approval: