

MEDICARE HHH J11 - PART A (11001) EDI-ENROLLMENT INSTRUCTIONS

WHICH FORMS SHOULD I COMPLETE?

- Palmetto GBA EDI Online Enrollment
- Customer Type: **Existing**
- Action Type: Add provider to an existing Submitter ID and Receiver ID
- Click **Next**
- Choose your Option: Change Clearinghouse or Billing Service
- What transaction(s) do you want the EDI Submitter to perform: If you wish to only enroll for Claims check **Submit Claims**, or if you wish to enroll for both claims and remittance also click **Receive Electronic Remittances**
- Click **Next**
- Complete the Provider Information & Contact Information sections
- Submitter Information
 - Submitter ID: CH11000011
 - Receiver ID: CH11000011
 - o Submitter Name: Office Ally, Inc
 - o Type of Submitter: **Clearinghouse**
 - Submitter Address: PO Box 872020, Vancouver, WA 98687
 - Submitter Contact Information: payerenrollment@officeally.com; Phone: 360-975-7000;
 - Fax: 360-896-2151
 - Submitter Contact: Beth Wolskij; VP of Product
- Click **Next**
- Complete the Provider Authorization Form, review and click **Submit**
- Document the tracking number to be used to check status

WHAT IS THE TURNAROUND TIME?

Standard Processing Time is 15 business days

HOW DO I CHECK STATUS?

- Check on the enrollment status through the <u>EDI Enrollment Status Tool</u> using the tracking number from your submitted enrollment.
- Once you receive confirmation that you've been linked to Office Ally, you may begin submitting your claims electronically.