

WHICH FORMS SHOULD I COMPLETE?

- Send an email to payerenrollment@officeally.com with the following information:
 - o Subject line: Medicaid Hawaii_EDI Enrollment Request (Insert NPI)
 - Please enroll my following provider:
 - Provider Name:
 - Provider Address:
 - Provider Telephone#:
 - Billing NPI:
 - Tax ID:
 - Medicaid ID:
 - Office Ally Username (if applicable):
 - Office Ally Trading Partner ID: 00238
 - Contact Name:
 - Contact Telephone#:
 - Contact Email:

WHAT IS THE TURNAROUND TIME?

- Standard Processing Time is 5-7 business days.

HOW DO I CHECK STATUS?

- Once approved, Office Ally will send you a confirmation email allowing you to begin electronic claim submissions.