



MEDICARE KENTUCKY (15102) EDI-ENROLLMENT INSTRUCTIONS

WHAT FORM(S) SHOULD I DO?

- [CGS EDI Application](#)
 - Reason for Submission: **Add Provider(s)**
 - Line of Business: **KY Part B 15102**
 - Input Submitter ID #: **ZH2C** (*for both 837 and 835*)
 - Type of Submitter: **Clearinghouse**
 - Submitter ID Entity Name: **Office Ally**
 - EDI Contact Person: **Payer EDI Enrollment Department**
 - Submitter Phone Number: **360-975-7000 Ext. 1**
 - Submitter E-Mail Address: payerenrollment@officeally.com
 - Submitter Address 1: **PO Box 872020**
 - Submitter City: **Vancouver**
 - Submitter State: **WA**
 - Submitter Zip: **98687**
 - Network Service Vendor (NSV): **ECC**

WHERE SHOULD I SEND THE FORM(S)?

- Form 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 ZH2C.
- **Once you receive confirmation that you've been linked to Office Ally, you may begin submitting your claims electronically.**

HOW DO I ENROLL TO RECEIVE ERA'S?

- There is no separate form for Electronic Remittance Advice (ERA/835). Upon completion of the EDI application, you will automatically be enrolled to receive Electronic Remittance Advice. Paper remits will no longer be sent.