

WHICH FORMS SHOULD I COMPLETE?

- Complete the required form(s) online at [Louisiana Medicaid](#) choosing:
 - o [EDI for Individual](#); or
 - o [EDI for Entity / Business](#)
- Complete the [2024 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

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 **2024 Annual Certification Form** to:
Gainwell Technologies Provider Enrollment Unit
PO Box 91025
Baton Rouge, LA 70821-9025

WHAT IS THE TURNAROUND TIME?

- Standard Processing Time is 3 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 confirmation that you've been linked to Office Ally, you must email payerenrollment@officeally.com with the below information prior to submitting claims electronically.

Email Subject: Medicaid Louisiana (MCDLA) – EDI Approval

Body of Email: Please log my EDI approval for Medicaid Louisiana

- o Provider Name
- o NPI
- o Tax ID
- o Medicaid Provider Number