

WHICH FORMS SHOULD I COMPLETE?

- Go to <https://enrolledi.ngsmedicare.com/enrollment> and accept the Attestation. (For detailed enrollment instructions, reference the [NGS Enrollment Instructions](#))
- Select 'Start Enrollment Process' under Step 1.
- Select box titled 'Provider' or 'Billing Service' (whichever is applicable) and click on 'Next' at the bottom of the screen.
- From the System Access screen, select the box titled 'I want to complete an EDI Registration Form' and click on 'Next' at the bottom of the screen.
- From the Select Contractor Code drop-down, select: **14412 – JK Part B RI** and click on 'Next' at the bottom of the screen.
- The EDI Registration Form is presented on the screen:
 - In the Provider section, enter all information relevant to you.
 - In the What Transactions will you Authorize for this Submitter section, select the boxes for the transactions for which you're enrolling. (Office Ally is approved for the 837 and 835 transactions.)
 - In the PTAN/NPI Information section, enter the appropriate information.
 - In the Trading Partner Information section:
 - Select **Link to Third Party** from the drop-down
 - Select **Clearinghouse** from the Submitter Type drop-down
 - Enter '**7166**' in the Trading Partner ID box. Once entered, information pertaining to the Office Ally clearinghouse will automatically populate on the screen.
 - Contact Name: Cara Trahey
 - Title EDI Enrollment Manager
 - Email: payerenrollment@officeally.com
 - Phone: 360-975-7000
- Complete the Authorized Signature section and click on 'Submit' at the bottom of the form.
- Once submitted, you'll be presented with a **Packet ID number**. **Make note of this number**, as you will use this number to check on the status of your enrollment.

WHAT IS THE TURNAROUND TIME?

- Standard Processing Time is 1 to 2 weeks.

HOW DO I CHECK STATUS?

- You can check the status of your enrollment [here](#) and entering the Packet ID number which was assigned at the time you submitted the enrollment form.
- You can also call NGS Medicare at (877) 273-4334 and ask if you have been linked to our Submitter ID
- For claim enrollments, once you receive confirmation that you have been linked to Office Ally, you MUST email payerenrollment@officeally.com PRIOR to submitting claims electronically.
 - o Email Subject: Medicare Rhode Island Part B (14412) – EDI Approval
 - o Body of Email:
 - Please log my EDI approval for Medicare Rhode Island Part B
 - Provider Name
 - NPI
 - Tax ID
 - PTAN