

# MEDICARE CALIFORNIA NORTH – PART B (MR001) PRE-ENROLLMENT INSTRUCTIONS



## WHAT FORM(S) SHOULD I DO?

- Log into your [EDISS Connect](#) account
  - If you do not already have an account, click on “Register Now”
  - Follow the instructions outlined in the [EDISS Connect User Manual for Providers](#)
  - Select **Office Ally (TPID: BBB32858B)** as your Vendor (clearinghouse) in the Account Settings drop down list
  - Select the transactions (837/835) you would like to be activated for under Office Ally
- After you complete the setup and select the transactions you want to activate, EDISS will determine if there are any additional enrollment forms needing completion (which will then need to be faxed). Only new providers that are not enrolled with CMS/Medicare need to fax in the forms. Providers already enrolled that are just switching to Office Ally will only need to complete the online enrollment.

## WHERE SHOULD I SEND THE FORM(S)?

- Fax to (701) 277-7850

## WHAT IS THE TURNAROUND TIME FOR ENROLLMENT?

- Standard processing time is 7-10 business days

## HOW DO I CHECK STATUS?

- Log into your [EDISS Connect](#) account and go to ‘Manage Transactions’ to see if your enrollment has been approved.
  - You may also call or email Noridian and ask if you’re linked to Office Ally’s Trading Partner ID **BBB32858B**
    - Jurisdiction E (JE) – 855-609-9960
    - Jurisdiction F (JF) – 877-908-8431
    - All other Lines of Business – 800-967-7902
    - Email – [support@edissweb.com](mailto:support@edissweb.com)
- Once enrollment has been approved to complete your enrollment follow instructions on the “Note to My Clients Plus” page and FAX info requested. We will forward to our clearinghouse and notify you by email when your registration is complete.

# **Note to My Clients Plus Users:**

Once you have confirmed with the Insurance Payer your billing NPI/ Provider number is linked to Office Ally, please fax the following information to 888-653-7115.

- **Please label with “My Clients Plus” on top**
- **Provider/Practice Name as pre-enrolled with the Insurance Payer**
- **Fed Tax ID**
- **Billing NPI**
- **Insurance Payer (including State if BCBS, Medicare or Medicaid).**
- **The statement “I have verified my Provider ID has been linked to Office Ally with the Insurance Payer”.**
- **Provider email address where you can be notified of setup completion.**
- **For Noridian Pre-Enrollments Please Also Include: Submitter number**

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