

# MEDICARE HHH J11 – PART A (11001) PRE-ENROLLMENT INSTRUCTIONS



## WHAT FORM(S) SHOULD I DO?

- [The EDI Enrollment Packet](#)

*Depending on what kind of a submitter you are, you will need to fill out the following forms:*

- New EDI Submitter
  - EDI Enrollment Agreement
  - EDI Application
  - Provider Authorization Form
- Existing EDI Submitter switching to Office Ally:
  - EDI Application
  - Provider Authorization Form
- **Please Note:** Only the owner or authorized personnel can sign the form

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

- Fax the form to **(803) 699-2429**; or
- Email the form to [EDIPartA.ENROLL@PalmettoGBA.com](mailto:EDIPartA.ENROLL@PalmettoGBA.com)

## WHAT IS THE TURNAROUND TIME FOR ENROLLMENT?

- Standard processing time is 4-6 weeks

## HOW DO I CHECK STATUS?

- Call the EDI department at (855) 696-0705 and ask if you have been linked to Office Ally's submitter ID **CH11000011**.
- Once you have received confirmation that you have been linked to Office Ally to complete your enrollment follow instructions on the "Note to My Clients Plus Users" page and FAX info requested. We will forward to our clearinghouse and notify you by email when your registration is complete.

## ERA ENROLLMENT

- In order to receive ERA's from Palmetto through Office Ally, make sure you check the box on the Medicare EDI Application (bottom of form) for Receive Electronic Remittances. If you do not wish to receive ERAs through Office Ally, do not check this box.

## **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 EDISS or Noridian Pre-Enrollments Please Also Include:  
Providers Submitter Number**

**REVISED 9/29/16**