

MEDICARE HHH J15 (15004) PRE-ENROLLMENT INSTRUCTIONS



WHAT FORM(S) SHOULD I DO?

- [J15 EDI Enrollment Agreement Form](#)
- [J15 EDI Application](#)

WHERE SHOULD I SEND THE FORM(S)?

- Fax form to (615) 664-5947; or
- Mail form to:
J15 – Home Health & Hospice
CGS
PO Box 20018
Nashville, TN 37202

WHAT IS THE TURNAROUND TIME?

- Standard processing time is 20 business days.

HOW DO I CHECK STATUS?

- Call the EDI department at (877) 299-4500 and ask if you have been linked to Office Ally's submitter ID CH15000020.
- Once you receive confirmation that you've 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.

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.

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**

Revised 10/1/2012