

# MEDICARE ILLINOIS (MCRIL) PRE-ENROLLMENT INSTRUCTIONS



## WHAT FORM(S) SHOULD I DO?

- Go to [www.ngsmedicare.com](http://www.ngsmedicare.com) and complete the EDI Guided Enrollment ([NGS Enrollment Instructions](#))
  - If you do not have an existing login for NGS, click on “Continue as a Guest”
    - Indicate your Line of Business and State before clicking on “Next”
    - Accept Attestation
  - Click on “Claims & Appeals”
  - Under Electronic Data Interchange, click on “EDI Enrollment”
  - Under EDI Enrollment, click on “Start Enrollment Process”
  - Accept Attestation
- Put a check mark next to “I need to complete a Registration Form”
  - Under Method of Electronic Submission, select “Clearinghouse”
  - Under Approved Entities List, select “Office Ally”
  - Clearinghouse Contact
    - First Name: Customer
    - Last Name: Support
    - Email: [support@officeally.com](mailto:support@officeally.com)
  - Click on “Next”
  - Complete the required fields
    - Contractor Code: 06102 - J6 Part B IL
  - Additional Office Ally information (if needed):
    - Name: Office Ally
    - Operating as a: Clearinghouse
    - Submitter ID: 98366
    - Street: PO Box 872020
    - City/State/Zip: Vancouver, WA 98687
    - Contact Name: Customer Service
    - Phone Number: 360-975-7000 Option 1
    - Email Address: [support@officeally.com](mailto:support@officeally.com)
  - Available Transactions via Office Ally:
    - ASC x12 837 Claim
    - ASC x12 835 Remittance
      - Select only if you want Office Ally to receive ERA’s on your behalf

## **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**

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

- Forms are submitted online after “Electronically Signing” them
  - Email confirmations will go out shortly after submitting the enrollment request

## WHAT IS THE TURNAROUND TIME?

- Standard processing time is approximately 2-3 weeks

## HOW DO I CHECK STATUS?

- Call Medicare at (877) 273-4334 and ask if you have been linked to Office Ally’s Submitter ID **98366**.
- Once 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.