

MEDICARE MINNESOTA (06202) PRE-ENROLLMENT INSTRUCTIONS



WHAT FORM(S) SHOULD I DO?

- Go to 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
 - Click on “Next”
 - Complete the required fields
 - Contractor Code: 06202 – J6 Part B MN
 - 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
 - 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**

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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.