

MEDICARE NEW YORK – QUEENS (13292) 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: 13292 – JK Part B NY (Queens)
 - Additional Office Ally information (if needed):
 - Name: Office Ally
 - Operating as a: Clearinghouse
 - Submitter ID: CHBQ01000
 - 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 (888) 379-9132 and ask if you have been linked to Office Ally’s Submitter ID **CHBQ01000**.
- 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