

MEDICAID MONTANA PRE-ENROLLMENT INSTRUCTIONS – 77039



HOW LONG DOES PRE-ENROLLMENT TAKE?

- Standard processing time is 3 to 5 business days.

WHERE SHOULD I SEND THE FORMS?

- Fax the form to (406) 442-4402; or
- Mail the form to:
ACS – Inc
Attn: MT EDI
PO Box 4936
Helena, MT 59604

WHO CAN SIGN THE FORMS?

- The owner or authorized personnel

WHAT FORM SHOULD I DO?

- Montana DPHHS EDI Provider Enrollment Form

HOW DO I CHECK STATUS?

- Call (800) 987-6719, option 3, then option 2 and ask if you have been linked to Office Ally's submitter ID 7134829.
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WHAT PROVIDER NUMBER DO I USE?

- NPI #

NOTE TO MY CLIENTS PLUS USERS:

Once you have confirmed with the insurance payor that your provider number is linked to Office Ally, rather than contact Office Ally as directed above, please fax the following information to My Clients Plus at 888-653-7115.

- **My Clients Plus**
- **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 Payor".**
- **Provider email address where you can be notified of setup completion.**

For Noridian Pre-Enrollments Please Also Include:

- **Submitter number**

MONTANA DPHHS EDI PROVIDER ENROLLMENT FORM



Please return to:
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Helena, MT 59604
Or fax to 406-442-4402



Provider Billing Agent/Clearinghouse ACS EDI Gateway, Inc Authorization Form

Section A. Provider Information.

Business Name

Provider Name (Last, First, MI and Suffix)

Provider Number / NPI

Federal Tax ID Number

Business Address

City, State, and Zip

Telephone Number

Fax Number

Contact Name

E-mail Address

Section B. Authorization Signature (required).

Provider, _____ hereby appoints

Provider name /Provider Representative name (please print)

Office Ally, Billing Agent/Clearinghouse name (please print)

7134829 Billing Agent/Clearinghouse ACS Trading Partner/Submitter ID

to act as the authorized agent for the purpose of submitting health care transactions electronically to ACS EDI Gateway, Inc. Provider also authorizes the Billing Agent/Clearinghouse's access to the following X12N transaction responses if selected below:

- 277-Claims Status Response
271-Eligibility Response
824-Error Report
835-Healthcare Claims Payment Advice
278-Prior Authorization Response
Exception Report (Print Image)
997-Functional Acknowledgement

Provider/Provider Representative name (Please print)

Provider/Provider Representative Signature

Date

1.800.987.6719 (phone) 1.406.442.4402 (fax)

www.acs-gcro.com