

# MEDICARE NY (QUEENS) PRE-ENROLLMENT INSTRUCTIONS – 13292



## HOW LONG DOES PRE-ENROLLMENT TAKE?

- Approximately 7-10 Business days

## WHAT FORMS SHOULD I DO?

- NGS requires 2 forms to be completed:

1. EDI Third-Party Provider Authorization Form

<http://www.ngsmedicare.com/OnlineForms/EDIProviderAuthForm.aspx>

- a) Select the transaction(s) authorized for this submitter.

ASC x12 837 Claim V4010A1 **(SELECT)**

ASC x12 276/277 Claim Status & Response V4010A1 **(LEAVE BLANK)**

ASC x12 835 Remittance V4010A1 **(Select only if you want Office Ally to receive ERAs on your behalf)**

- b) Fill in the section to the left (Submitter and/or Receiver Information) as follows:

Name: Office Ally

Operating as a: Clearinghouse

Submitter ID: CHBQ01000

Street: PO Box 872020

City/State/Zip: Vancouver, Washington 98687

Contact Name: Customer Service

Phone Number: 866-575-4120

Email Address: [info@officeally.com](mailto:info@officeally.com)

Verify Email Address: [info@officeally.com](mailto:info@officeally.com)

- c) Fill in the section to the right (Provider Information) with the appropriate information for the Provider.

Name

PTAN(s)

NPI Number

Street

City/State/Zip

Phone Number

Email Address

Verify Email Address

Contractor Code (also known as Payer ID)—Part B NY (Queens) 13292

- d) Select Submit and follow the directions provided.

2. EDI Enrollment Agreement Form

<http://www.ngsmedicare.com/OnlineForms/EDIEnrollmentAgreement.aspx>

- a) Complete all Provider Information (Name, Title, Address, Email, Phone, PTAN(s), & NPI(s))
- b) Select Submitter Status (New Submitter or Existing Submitter)
- c) Fill in the remaining submitter information as follows:
  - Submitter ID: CHBQ01000
  - Submitter Name: Office Ally
  - Submitter Type: Clearinghouse
- d) Read the CMS EDI Enrollment Agreement Information, and check the box indicating you have read and accept the terms of the agreement.
- e) Select Submit and follow the directions provided.
  - i. After clicking the submit button you will be required to print the form, sign and date it, and then fax it to the EDI Enrollment Department at the Fax number listed on the form. The signed form must be received with 10 days of completing the online form. Any forms that are not signed and faxed to NGS within 10 business days will be rejected.

#### HOW DO I CHECK STATUS?

- Call 877-273-4334 and ask if provider ID has been linked to submitter ID **CHBQ01000**.
- Approval notices will be sent directly to the provider via email to the email address provided on the application.

### **NOTE TO MY CLIENTS PLUS USERS:**

Once you have confirmed with the insurance payor that your provider number is linked to Office Ally, please fax the following information to My Clients Plus at 866-653-7115.

- **My Clients Plus**
- **Provider/Practice Name as pre-enrolled with the insurance payor**
- **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**