

# MEDICAID DELAWARE (MCDDE) PRE-ENROLLMENT INSTRUCTIONS



## WHAT FORM(S) SHOULD I DO?

- [Delaware Title XIX Electronic Claims Submission Provider Agreement](#)
- [Delaware Title XIX Electronic Remittance Advice \(ERA\) Provider Agreement](#)
  - Provider signature required on Page 3
  - Office Ally signature required on page 5

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

- The forms must be mailed to Office Ally for our signature. Medicaid Delaware requires an original signature from the Clearinghouse and Provider.

Office Ally  
Attn: Anita  
PO Box 872020  
Vancouver, WA 98687

## WHAT IS THE TURNAROUND TIME?

- Standard processing time is 2-3 weeks.

## HOW DO I CHECK STATUS?

- Call Medicaid DE at 800-999-3371, option 0, option 2 and ask if the provider's NPI is linked to Office Ally's Submitter ID 245348154.

• If you are enrolled and linked 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.

# **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 Noridian Pre-Enrollments Please Also Include: Submitter number**

**Revised 10/1/2012**