

MEDICAID NEW HAMPSHIRE (MCDNH) PRE-ENROLLMENT INSTRUCTIONS



WHAT FORM(S) SHOULD I DO?

- [Billing Agent Agreement](#)
- [New Hampshire MMIS Health Enterprise Portal Online Enrollment](#)
 - If you would like to activate ERA's, check "Electronic (835)" in Section 4
 - Check Billing Agent/Clearinghouse in Section 6
 - Agent/Clearinghouse Name: Office Ally
 - Contact First Name: Customer Service
 - Contact Phone #: (360) 975-7000 Option 1
 - Address: PO Box 872020 Vancouver, WA 98687
 - Check "837P Professional Claim" for EDI enrollment
 - Check "835 Remittance Advice" for ERA enrollment

WHERE SHOULD I SEND THE FORM(S)?

- The Billing Agent Agreement can be mailed to:
ACS Provider Relations Unit
PO Box 2059
Concord, NH 03302-2059

WHAT IS THE TURNAROUND TIME?

- Standard processing time is approximately 7-10 business days.

HOW DO I CHECK STATUS?

- Contact ACS Provider Enrollment at (866) 291-1674 or (603) 223-4774 and ask if you have been linked to Office Ally's Submitter ID **NH100679**.
- If you have been approved, 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