

MEDICAID OF NEW JERSEY (MCDNJ) PRE-ENROLLMENT INSTRUCTIONS



WHAT FORM(S) SHOULD I DO?

- [Submitter/Provider Relationship EDI Agreement](#)
 - Instructions can be found on pages 1-5
 - This form has to be sent to Office Ally for our signature and date in Section 1, Item 5 and 6
- [Electronic Remittance Advice \(ERA\) EDI Agreement](#)
 - Instructions can be found on pages 1-3
 - This form can be sent directly to the payer (Office Ally signature not required)
 - *ONLY REQUIRED IF YOU WANT OFFICE ALLY TO RECEIVE YOUR ELECTRONIC REMITTANCE ADVICE ON YOUR BEHALF*

WHERE SHOULD I SEND THE FORM(S)?

- Mail the original **Submitter/Provider Relationship EDI Agreement** to:
 - Office Ally
 - P.O. Box 872020
 - Vancouver, WA 98687
 - Attn: Anita
 - Original signatures (from the provider and Office Ally) are required. Faxed copies are not accepted.
 - Office Ally will sign the forms and mail them to Medicaid New Jersey.
- Mail the original **Electronic Remittance Advice (ERA) EDI Agreement** to:
 - Molina Medicaid Solutions
 - P.O. Box 4804
 - Trenton, NJ 08650-4804
 - Attn: EDI Unit
 - Original signatures (from the provider) are required. Faxed copies are not accepted.

WHAT IS THE TURNAROUND TIME FOR ENROLLMENT?

- Turnaround time is 8-10 business days

HOW DO I CHECK STATUS?

- Call (609) 588-6051 and ask if you are linked to Office Ally's Submitter ID **9904204**.
- 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