

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 you MUST contact Office Ally at 360-975-7000 option 1 and notify us of the approval BEFORE submitting claims for electronic transmission.