

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**.
- You MUST call Office Ally at (360) 975-7000 Option 1 and inform them you have been approved before you can submit claims.