



# MEDICARE ARKANSAS – PART A (MR086) PRE-ENROLLMENT INSTRUCTIONS

## WHICH FORM(S) SHOULD I DO?

- [Electronic Data Interchange \(EDI\) Enrollment](#)

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

- Fax the form to (877) 439-5479; OR
- Mail to:
  - Novitas Solutions, Inc. – EDI  
P.O. Box 3093  
Mechanicsburg, PA 17055-1811

## WHAT IS THE TURNAROUND TIME?

- Standard processing time is 5-10 business days.

## HOW DO I CHECK STATUS?

- Call (855) 252-8782 and provide them with your Medicare Provider ID and ask if you have been linked to Office Ally's Submitter ID **1958510**.
- Once you receive confirmation that you have been linked to Office Ally, you **MUST** contact Customer Support at (360) 975-7000 option 1 or [Support@officeally.com](mailto:Support@officeally.com) PRIOR to submitting claims electronically.
  - **Email Subject:** Medicare Arkansas Part A (MR086) – EDI Approval  
**Body of Email:**  
Please log my EDI approval for Medicare Arkansas Part A.
    - Provider Name
    - NPI
    - Tax ID

## HOW DO I ENROLL TO RECEIVE ERAS?

- There is no separate form for Electronic Remittance Advice (ERA/835). Upon completion of this form, you will automatically be enrolled to receive ERAs; however, you will continue to receive paper remits for 45 days after the effective date of ERA transmission.
- Existing EDI providers enrolling for ERAs should complete the EDI Enrollment Form as follows:
  - Complete sections A through B with the appropriate information.
  - Completion section C by clicking the block “ERA Change”.
  - Complete section D by clicking the block “Assign ERAs to an existing submitter/receiver ID. To the right of this block add the Office Ally Submitter ID **1958510**.