



MEDICARE DELAWARE – PART B (00902) PRE-ENROLLMENT INSTRUCTIONS

WHICH FORM(S) SHOULD I DO?

- [Electronic Data Interchange \(EDI\) Enrollment](#)
 - Section A:
 - **Contract/State:** DE
 - **Line of Business:** Part B (Professional)
 - Section C:
 - **Select Add to existing Submitter ID**
 - **Submitter ID:** 1926517
 - **Submitter Name:** Office Ally, Inc

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 1-877-235-8073 and provide them with your Medicare Provider ID and ask if you have been linked to Office Ally's Submitter ID **1926517**.
- 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 PRIOR to submitting claims electronically.
 - **Email Subject:** Medicare Delaware Part B (00902) – EDI Approval
 - **Body of Email:**
Please log my EDI approval for Medicare Delaware Part B.
 - 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 **1926517**.