MEDICARE MARYLAND - PART B (00901) PRE-ENROLLMENT INSTRUCTIONS

WHAT 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 the form to:
  Novitas Solutions, Inc. – EDI
  PO Box 3093
  Mechanicsburg, PA 17055-1811

WHAT IS THE TURNAROUND TIME FOR ENROLLMENT?

- 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 1928772.

- Once you receive confirmation that you've been linked to Office Ally, you must email support@officeally.com with the below information prior to submitting claims electronically.

  Email Subject: Medicare Maryland Part B (00901) - EDI Approval

  Body of Email:

  Please log my EDI approval for Medicare Maryland Part B.

  - o Provider Name
  - o NPI
  - o Tax ID

HOW DO I ENROLL TO RECEIVE ERA'S?

- There is no separate form for Electronic Remittance Advice (ERA/835). Upon the completion of this form you will automatically be enrolled to receive Electronic Remittance Advice; however you will continue to receive paper remittance for 45 days after the effective date of ERA transmission.

- Existing EDI providers enrolling for ERA's should complete the above EDI Enrollment form as follows:

  - o Complete sections A through D with the appropriate information.

  - o Complete section E by clicking the block "ERA Change Only".

  - o Complete section F by clicking the block "Assign ERAs to an existing submitter/receiver ID. To the right of this block add the Office Ally Submitter ID 1928772.