

# MEDICAID MARYLAND PART A (MCDMD) PRE-ENROLLMENT INSTRUCTIONS



## WHAT FORM(S) SHOULD I DO?

- Maryland Medical Care Programs Submitter Identification Form
- Trading Partner Agreement
  - Both Forms must have **original** signature. Medicaid Maryland requires both Office Ally's signature and the providers.

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

- Mail form to:
  - Office Ally
  - Attn: Anita
  - PO Box 872020
  - Vancouver, WA 98687
- Office Ally will sign the document(s) and mail them to Medicaid Maryland.
  - If you would like to be able to track the mailing of your enrollment, you may include a prepaid certified envelope when sending your enrollment to Office Ally.

## WHAT IS THE TURNAROUND TIME FOR ENROLLMENT?

- Standard processing time is 2 weeks.

## HOW DO I CHECK STATUS?

- Send an email to [mdh.hipaaeditest@maryland.gov](mailto:mdh.hipaaeditest@maryland.gov). Include your NPI and Provider number. In your email ask if your provider numbers have been linked to Office Ally's submitter number 330897513.
- Once you receive confirmation that you've been linked to Office Ally, you must email [support@officeally.com](mailto:support@officeally.com) with the below information prior to submitting claims electronically.

**Email Subject:** Medicaid Maryland Part A (MCDMD) - EDI Approval

**Body of Email:**

Please log my EDI approval for Medicaid Maryland Part A.

- Provider Name
- NPI
- Tax