MEDICAID MISSOURI (MCDMO)
ERA ENROLLMENT INSTRUCTIONS

WHICH FORMS SHOULD I COMPLETE?

- Online ERA Enrollment
    - Method of Retrieval: **INET - eMOMED**
    - Clearinghouse Name: **Office Ally**
    - Clearinghouse Contact Name: **Customer Support**
    - Telephone Number: **(360) 975-7000 opt 1**
    - Email Address: Support@officeally.com
- After completing the online enrollment, send an **email** to Support@officeally.com with the following information:
    - **Subject: Medicaid MO ERA Enrollment**
    - **Provider Name**
    - **NPI**

    Note: Additional instructions will be provided after we receive your email.