



MEDICAID NEW HAMPSHIRE (MCDNH) ERA ENROLLMENT INSTRUCTIONS

WHICH FORM(S) SHOULD I DO?

- [Billing Agent Agreement](#)
- [New Hampshire MMIS Health Enterprise Portal Online Enrollment](#)
 - Check “Electronic (835)” in Section 4
 - Check “Billing Agent/Clearinghouses” in Section 6
 - Agent/Clearinghouse Name: Office Ally
 - Contact Name: Customer Service
 - Contact Phone #: (360) 975-7000 Option 1
 - Address: PO Box 872020 Vancouver, WA 98687
 - Check “835 Remittance Advice”

WHERE SHOULD I SEND THE FORM(S)?

- The Billing Agent Agreement can be mailed to:
ACS Provider Relations Unit
PO Box 2059
Concord, NH 03302-2059

WHAT IS THE TURNAROUND TIME?

- Standard processing time is approximately 7-10 business days

HOW DO I CHECK STATUS?

- Contact ACS Provider Enrollment at (866) 291-1674 or (603) 223-4774 and ask if you have been linked to Office Ally’s Submitter ID **NH100679**