



MEDICAID NEW JERSEY (MCDNJ) ERA ENROLLMENT INSTRUCTIONS

WHICH FORM(S) SHOULD I DO?

- [Electronic Remittance Advice \(ERA\) EDI Agreement](#)
 - Instructions can be found on pages 1-3

WHERE SHOULD I SEND THE FORM(S)?

- Mail the original Electronic Remittance Advice (ERA) EDI Agreement to:

Molina Medicaid Solutions
PO Box 4804
Trenton, NJ 08650-4804
Attn: EDI Unit

 - Original signature is required. Faxed copies are not accepted

WHAT IS THE TURNAROUND TIME?

- Standard processing time is 8-10 business days

HOW DO I CHECK STATUS?

- Call (609) 588-6051 and ask if you are linked to Office Ally's Submitter ID **9904204** for ERA retrieval.