WHAT FORM(S) SHOULD I DO?

- Providers can complete the EDI Self Registration on line by clicking [here](#).
  - Enter email
  - Division (Medicare)
  - Provider PTAN (Provider Transaction Access Number)
  - Provider NPI
  - Provider Name
  - Office Ally submitter ID: 98366
  - Submitter Name: Office Ally, Inc

- Once Self Registration has been completed, you will receive and email agreement that will need to be completed.
  - The agreement must by signed by the provider listed on the registration.
  - The signed agreement form must be named using the unique **Tracking ID** as the file name.

WHERE SHOULD I SEND THE FORM(S)?

- Upload signed agreement to the WPS Managed File Transfer (MFT) system at:
  https://edi.wpsic.com/Transfer/cfcc/login/login.jsp

- For both the **User Name** and **Password** use the same value of **EDIEnroll#17.**

WHAT IS THE TURNAROUND TIME FOR ENROLLMENT?

- Email confirmation with the turnaround time will be emailed to you from WPS after each step of the enrollment.

HOW DO I CHECK STATUS?

- 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 MICHIGAN PART A (08201) - EDI Approval

  Body of Email:

  Please log my EDI approval for MEDICARE MICHIGAN PART B.

  - Provider Name
  - NPI
  - Tax ID