

**WHICH FORMS SHOULD I COMPLETE?**

- **MEDICAL OFFICE PROVIDER ENROLLMENT FORM**
  - o You must complete:
    - Group Information and Provider Information
    - Service Location Address
    - Pay To Address (if different)

**The provider must be licensed in the state of Pennsylvania (Medicaid) as a Behavioral Health Care Provider and contracted with Community Care Behavioral Health to Enroll/Receive Electronic Remits. A provider that is not contracted (exists) in any of our systems CANNOT be setup for Remits.**

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

- Email the completed MOP Enrollment Form to [payerenrollment@officeally.com](mailto:payerenrollment@officeally.com) with
  - o Subject: Community Care BHO\_MOP\_ERA Enrollment\_(insert NPI)
  - o Email Body: Please process the attached form for ERA enrollment to Community Care BHO.

**WHAT IS THE TURNAROUND TIME?**

- Standard Processing Time is 15-30 business days.

**HOW DO I CHECK STATUS?**

- Office Ally will email your enrollment approval once we have confirmation from the payer.