WHICH FORMS SHOULD I COMPLETE?

- Send an email to payerenrollment@officeally.com with the following details to complete enrollment:
  - Email Subject: Michigan Medicaid BCCCNP_EDI Enrollment Request_ (insert NPI)
  - Email Body: Please complete enrollment for BCCCP with the following details:
    - Provider Name:
    - Provider Address:
    - Phone Number:
    - Provider NPI:
    - Provider Tax ID:
    - Contact Name:
    - Contact Email Address:

WHAT IS THE TURNAROUND TIME?

- Standard Processing Time is 14 business days.

HOW DO I CHECK STATUS?

- **Once you receive confirmation that you've been linked to Office Ally, you may begin submitting your claims electronically.**