

BCBS OF MICHIGAN (00710 – PART B) PRE-ENROLLMENT INSTRUCTIONS



HOW LONG DOES PRE-ENROLLMENT TAKE?

- Standard processing time is 24 to 48 hours.

WHAT FORMS ARE REQUIRED?

- [Trading Partner Agreement](#)
 - In order to access this application you will need to obtain a username and password. If you do not have a log in username and password, click on the “Request a user ID and password now” link on the Trading Partner Agreement screen.
 - You will be required to enter Office Ally’s Submitter ID which is **COIPZ**.
 - You will receive a confirmation email from BCBS Michigan confirming receipt of your application. This is not an approval but rather an acknowledgement that your application was received and is being processed. Standard processing time is 24-48 hours.
 - For full step-by-step instructions [click here](#).

HOW DO I CHECK STATUS?

- Call 1-800-542-0945, option 3 and have your provider Billing NPI available. Ask if your Billing NPI has been linked to Office Ally’s submitter ID **COIPZ**.
- If you have been linked to complete your enrollment follow instructions on the “Note to My Clients Plus users” page and FAX info requested. We will forward to our clearinghouse and notify you by email when your registration is complete.

ERA ENROLLMENT

- In order to receive ERA’s from BCBS Michigan through Office Ally, make sure you complete the ERA enrollment section once logged in to your BCBS account.

Note to My Clients Plus Users:

Once you have confirmed with the Insurance Payer your billing NPI/ Provider number is linked to Office Ally, please fax the following information to 888-653-7115.

- **Please label with “My Clients Plus” on top**
- **Provider/Practice Name as pre-enrolled with the Insurance Payer**
- **Fed Tax ID**
- **Billing NPI**
- **Insurance Payer (including State if BCBS, Medicare or Medicaid).**
- **The statement “I have verified my Provider ID has been linked to Office Ally with the Insurance Payer”.**
- **Provider email address where you can be notified of setup completion.**
- **For Noridian Pre-Enrollments Please Also Include: Submitter number**

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