

# HEALTHPARTNERS OF MINNESOTA (HPAMN) PRE-ENROLLMENT INSTRUCTIONS



## WHAT FORM(S) SHOULD I DO?

- Send email to [Info@officeally.com](mailto:Info@officeally.com) with the following information:
  - Subject line: Health partners MN ERA Pre-enrollment request
  - Provider's Legal Name
  - Provider's Specialty
  - Billing Address/City/State/Zip
  - Physical Address if different from Billing
  - Phone Number
  - Fax Number
  - Contact person's name
  - Providers email address
  - Tax ID Number
  - Billing NPI
  - Is the request for Professional claims (list yes or no)
  - Is the request for institutional claims (list yes or no)
  - ERA's (list yes or no)

## WHAT IS THE TURNAROUND TIME FOR ENROLLMENT?

- Standard processing time is 5 business days
- You will receive an email from Office Ally once approved

## HOW DO I CHECK STATUS?

- Contact Office Ally at (360) 975-7000 Option 1 and ask if you've been approved for EDI submissions to Health Partners MN or are set up to receive ERA's .  
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.

# **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**

**Revised 10/1/2012**