

PARTNERSHIP HEALTHPLAN OF CA (CPP08) PRE-ENROLLMENT INSTRUCTIONS



WHAT FORM(S) SHOULD I DO?

- [837 Claims Enrollment & Payer Agreement](#)
- [835 ERA Enrollment & Payer Agreement](#)

WHERE SHOULD I SEND THE FORM(S)?

- Fax to: (707) 863-4390; or
- Email to: EDI-Enrollment-Testing@partnershiphp.org

WHAT IS THE TURNAROUND TIME FOR ENROLLMENT?

- Standard processing time is 4-6 weeks.
- Notice of approval will be emailed to the provider and Office Ally.
- PHC requires each EDI approved provider to send a minimum of 10 test claims.
- Providers should contact Sheila Odeen (Sheila.odeen@officeally.com or 360-975-7000 x6258) for instructions on sending test claims.

HOW DO I CHECK STATUS?

- Call (707) 863-4520 and ask if you have been linked to our submitter ID OFA330897513000 and approved for Production.
- Once enrollment has been approved, 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