

WHICH FORMS SHOULD I COMPLETE?

Send an email to payerenrollment@officeally.com with the following information:

- Subject Line: Health Partners MN EDI-Enrollment Request
- Provider's Legal Name
- Provider's Specialty
- Billing Address/City/State/Zip Code
- Physical Address if different from Billing
- Phone Number
- Fax Number
- Provider Contact Name & Title
- Provider Contact Email Address
- Billing NPI
- Tax ID
- Is the request for Professional Claims (List 'Yes' or 'No')
- Is the request for Institutional Claims (List 'Yes' or 'No')
- Is the request for ERAs (List 'Yes' or 'No')

WHERE SHOULD I SEND THE FORM(S)?

- Email to payerenrollment@officeally.com

WHAT IS THE TURNAROUND TIME?

- Standard Processing Time is 5 business days.

HOW DO I CHECK STATUS?

- After you submit the enrollment email request, once approved, Office Ally will notify you of the approval for the EDI transaction(s) to Healthpartners MN. You are unable to submit electronic claims until you receive the approval notification.