

# 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.