

WHICH FORMS SHOULD I COMPLETE?

- **MN Dept of Human Services Electronic Remittance Advice Request** (page 2)

WHERE SHOULD I SEND THE FORM(S)?

- If you have access to the Minnesota Provider Portal, you can upload the form [here](#)
- If you do not have access to the portal, you need to Fax to 651-431-7462

WHAT IS THE TURNAROUND TIME?

- Standard Processing Time is 30 business days

HOW DO I CHECK STATUS?

- Call 800-366-5411 and ask if your NPI number has been linked to Office Ally's Submitter ID **A677480100**

MINNESOTA HEALTH CARE PROGRAMS (MHCP)

Electronic Remittance Advice (RA) Request

For use by Clearinghouses, [Billing Organizations](#) and providers

Complete this form to request the addition or removal of electronic Remittance Advice (RA) for a provider, clearinghouse or billing intermediary. [Minnesota Statutes, 62J.536](#) requires RAs be sent electronically only. **The MHCP provider must authorize, sign and date all changes.**

Notify MHCP whenever providers or billing organizations are **added or removed** from your list.

Clearinghouse and Billing Organization Information

CLEARINGHOUSE OR BILLING ORGANIZATION UNIQUE MINNESOTA PROVIDER IDENTIFIER (UMPI) A677480100	CLEARINGHOUSE OR BILLING ORGANIZATION NAME Office Ally		
NAME OF PERSON COMPLETING THIS FORM Payer Enrollment	ADDRESS PO Box 872020		
PHONE NUMBER 3609757000	CITY Vancouver	STATE WA	ZIP CODE 98687

MHCP Pay-To Provider Information

Check if signing electronically:

- I am signing this form electronically. My name as typed in the signature field is my legally binding signature. I understand that my electronic signature has the same legal effect and can be enforced in the same way as a handwritten signature. (Minnesota Statutes 325L.02(h), 325L.05 and 325L.08)

PROVIDER NAME		NPI* OR UMPI**	
AFFILIATE TO CLEARINGHOUSE OR BILLING ORGANIZATION EFFECTIVE DATE		REMOVE AFFILIATION TO CLEARINGHOUSE OR BILLING ORGANIZATION EFFECTIVE DATE	
CONTACT NAME	PHONE NUMBER	SELECT THE TYPE OF ACCESS FOR <input type="radio"/> Claim <input type="radio"/> ERA <input type="radio"/> Both	
ADD REMITTANCE MEDIA TYPE <input type="radio"/> 835 x12 <input type="radio"/> 835 PDF	REQUESTED START DATE undefined	REMOVE REMITTANCE MEDIA TYPE (if applicable) <input type="radio"/> 835 x12 <input type="radio"/> 835 PDF	REQUESTED END DATE undefined
PAY-TO PROVIDER PRINTED NAME		PAY-TO PROVIDER SIGNATURE	DATE undefined

*National Provider Identifier ** Unique Minnesota Provider Identifier

Upload this form via the [Minnesota Provider Screening and Enrollment \(MPSE\) portal](#) or fax to MHCP Provider Eligibility and Compliance: 651-431-7462