Office Ally

PARTNERSHIP HEALTHPLAN OF CA (CPP08) EDI-ENROLLMENT INSTRUCTIONS

WHICH FORMS SHOULD I COMPLETE?

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

WHERE SHOULD I SEND THE FORM(S)?

- Email to EDI-Enrollment-Testing@partnershiphp.org

WHAT IS THE TURNAROUND TIME?

- Standard Processing Time is 4-6 weeks.

HOW DO I CHECK STATUS?

- Notice of Approval will be emailed to the provider and Office Ally.

- Once you receive confirmation that you have been linked to Office Ally, you **MUST** email payerenrollment@officeally.com PRIOR to submitting claims electronically.
  - **Email Subject**: Partnership HealthPlan of CA (CPP08)– EDI Approval
  - **Body of Email**: Please log my EDI approval for Partnership HealthPlan of CA.
    - Provider Name:
    - Provider NPI:
    - Provider TIN:
    - Medicaid Provider ID (if applicable):

- If testing is required prior to submitting claims, the payer will notify via email and request 2-3 test claims to pass.