

# 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](mailto: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](mailto: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, you **MUST** contact Office Ally at (360) 975-7000 Option 1 and notify us of the approval **BEFORE** submitting claims for electronic transmission.