



HEALTHPARTNERS OF MINNESOTA (HPAMN) PRE-ENROLLMENT INSTRUCTIONS

WHICH FORM(S) SHOULD I DO?

- Send an email to 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
 - Provider's Email Address
 - Tax ID
 - Billing NPI
 - Is the request for Professional Claims (List "Yes" or "No")
 - Is the request for Institutional Claims (List "Yes" or "No")
 - ERAs (List "Yes" or "No")

WHAT IS THE TURNAROUND TIME?

- 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 have been approved for EDI submissions to Health Partners MN or are set up to receive ERAs.