

**[UHIN Pass-Through Fee Agreement](#) is required to be able to receive ERAs for this Payer, otherwise ERAs will be disabled. Please ensure your account is set up for the *UHIN Pass-Through Fee Option* prior to enrolling for ERAs for this Payer.**

#### WHICH FORMS SHOULD I COMPLETE?

- UHIN EDI Enrollment (page 2)

#### WHERE SHOULD I SEND THE FORM(S)?

- Email and attach the completed form to [UHIN.ERA@officeally.com](mailto:UHIN.ERA@officeally.com)
  - o **Subject Line:** UHIN Enrollment\_Minnesota Dept of Health/Sage Program (*Insert your NPI*)
  - o **Email Body:** Please process my attached UHIN Enrollment request for Minnesota Department of Health – Sage Program, payer ID MNDH1.

#### WHAT IS THE TURNAROUND TIME?

- Standard Processing Time can take up to 45 days.

#### HOW DO I CHECK STATUS?

- Office Ally will email you a confirmation when the enrollment has been entered. If the enrollment receives a rejection from the Payer, we will notify you within the standard turnaround time frame.
- If you have not received a status update within the allotted turnaround time frame, please reply to your original case number email received.

**Provider Information**

Provider Name:

Mailing Address:

City:

State:

Zip:

**Provider Identifier Information**

Tax ID (TIN)/Employee Identification Number (EIN):

National Provider Identifier (NPI):

**Provider Contact Information**

Contact Name:

Telephone Number:

Contact Email Address:

**Provider Physical Address (if different from mailing address)**

Mailing Address:

City:

State:

Zip:

**Payer Selection/Transaction Types**

Payer Name: MINNESOTA DEPARTMENT OF HEALTH – SAGE PROGRAM

Payer ID: MNDH1

Transactions: 835/ERA