



# 835 ENROLLMENT REQUEST

Email this form to [Optum.ERA@officeally.com](mailto:Optum.ERA@officeally.com) or Fax to (360) 896-2151. Once your form is received and processed, Office Ally will email you a confirmation. If you do not receive a confirmation email from us within 2-3 business days or faxing or emailing this form, please send it again. Please make sure to print legibly and to complete this form in its entirety. You risk delaying enrollment if the application is unreadable or incomplete. All fields in **bold** are **required**.

## PAYER NAME

## PROVIDER INFORMATION

**Provider Name:**

**Provider Address:**

**City:**

**State:**

**Zip:**

## PROVIDER IDENTIFIERS INFORMATION

**Provider Federal Tax Identification Number  
Employer Identification Number (EIN):**

**National Provider Identifier (NPI):**

## PROVIDER CONTACT INFORMATION

**Contact Name:**

**Telephone Number/Extension:**

**Email Address:**

**Fax Number:**

## SUBMISSION INFORMATION

**Reason for Submission:**

**Authorized Signature:**

Note: Electronic Signature (Typed Name) of Person Submitting ERA Enrollment.

**NOTE:** If you have received ERA's from these payers through another clearinghouse, you may be prompted via email from your previous clearinghouse to confirm the change. If you do not confirm the change, enrollment will be delayed.

Payer Name: Government Employees Health Association (GEHA)

Payer ID: 44054

## Overview

Complete all forms as instructed below and return them for the additional processing necessary to set up your account for electronic remittance advice (ERA).

Estimated approval timeframe: 15-30 Business Days

## Enrollment Agreement Instructions

To enroll for ERAs with Government Employees Health Association (GEHA):

1. Complete the payer online enrollment form.

Optum360 partners with Availity who goes through SmartData Solutions for access to this payer for ERAs. Follow the attached instructions to complete the online enrollment with SmartData Solutions in order to receive ERAs.

2. To create your enrollment record you can use the Admin Simp Spreadsheet to upload several enrollment records. Once the record's are created you can attach the form for each payer requiring an Enrollment form. Instructions can be found in IEDI Help > Utilities > ERA Enrollments > ERA Enrollment File Upload. You can also create individual records using Direct Data Entry (DDE) and attaching the form. Instructions can be found in IEDI Help > Utilities > ERA Enrollments > Enrollments.
3. **Complete your SmartData Solutions on-line enrollment and Step #2.**
4. **Once you have received approval for ERAs you will need to open a Sales Force Case informing us that you are approved so that Optum360 Enrollments can update your IEDI ERA account and the Availity portal in order for you to receive the ERAs.**

### Who do I contact if I have questions?

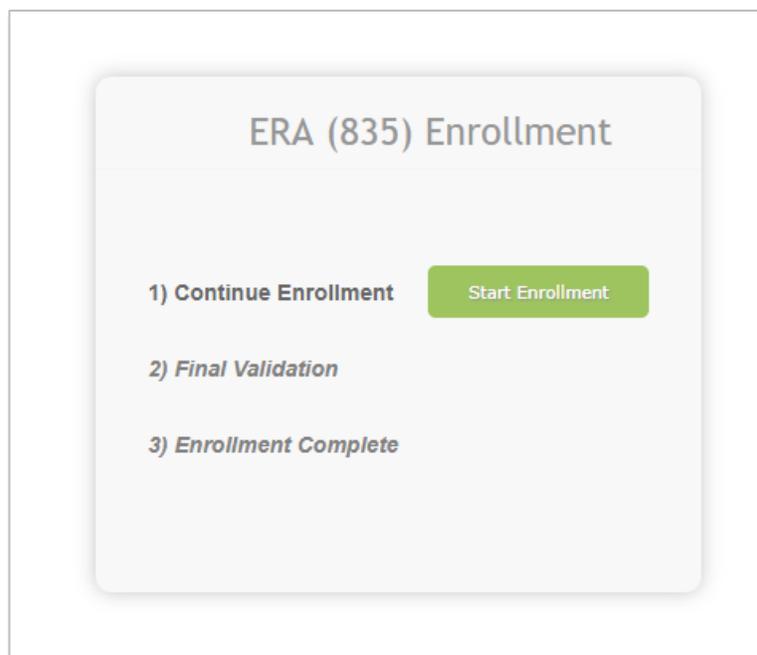
Contact the Optum360 Enrollment Department at (866) 367-9778, option 1.

## ERA ENROLLMENT

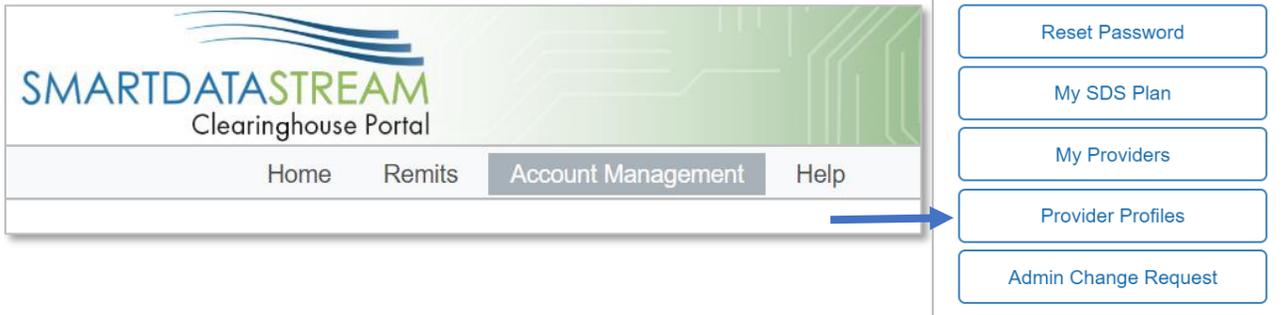
- There are several different methods for starting an ERA account with Smart Data Solutions depending on which payer you are enrolling for. If you have an account that doesn't include ERA enrollment already, or if you have a specific ERA account and would like access to additional payer's ERAs, please contact us as [stream.support@sdata.us](mailto:stream.support@sdata.us) for more information.
  - Providers can create an account with this link – [SDS Account Creation](#)
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### STARTING ERA ENROLLMENT

- After you've logged in and changed your password, you should be immediately prompted to start your ERA enrollment.

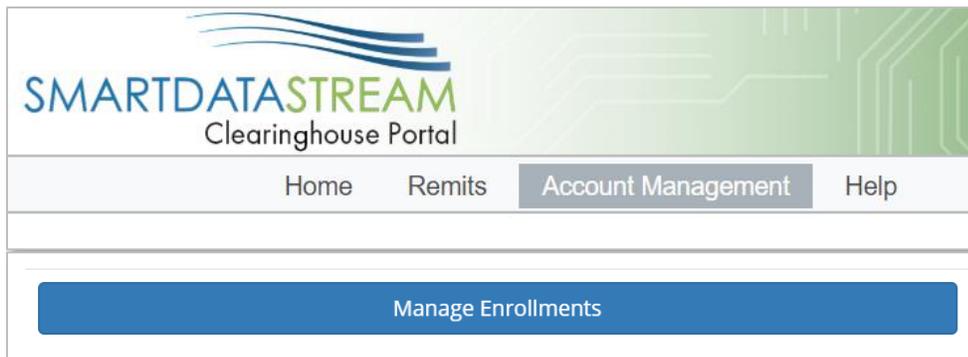


- If the above screen does not automatically appear you can select Account Management at the top bar. Then select Provider Profiles



**OR**

- Select Remits at the top bar then Manage Enrollments



## ENROLLMENT FORM

**Profile**

Profile Nickname \_\_\_\_\_

**Provider Information**

\* Name  
Test Provider T1000 \_\_\_\_\_

Doing Business As (DBA) \_\_\_\_\_

\* Address Line 1 \_\_\_\_\_

Address Line 2 \_\_\_\_\_

**Provider Identifiers Information**

\* Tax Identification Number (TIN)  Verify TIN: \_\_\_\_\_

National Provider Identifier (NPI)  Verify NPI: \_\_\_\_\_

Trading Partner ID

**Provider Contact Information**

\* Last Name  \* First Name

test test

\* Contact Phone

(651) 555-5555 x55555

Contact Fax

Profile Name will not affect your ERAs and is only for labeling enrollments on your account

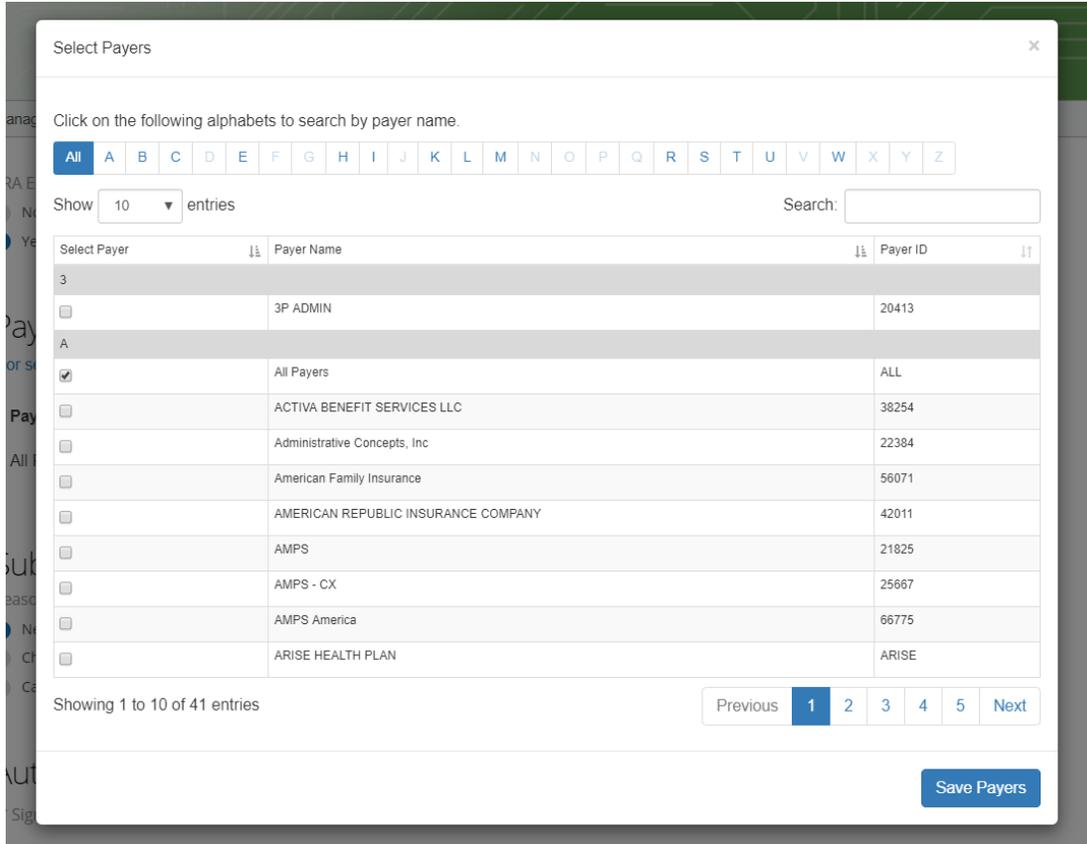
Don't forget to verify your tax ID

NPI is not required for your ERA enrollment. If left blank, you will receive ERAs for all NPIs associated with the Tax ID you enroll

Trading Partner ID is not required if you do not have one

Fax may be left blank if unavailable

- Under Payer Selection select "or select individual payers" You will then see the screen below:



Select Payers

Click on the following alphabets to search by payer name.

All A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

Show 10 entries Search:

Select Payer	Payer Name	Payer ID
<input type="checkbox"/>	3P ADMIN	20413
<b>A</b>		
<input checked="" type="checkbox"/>	All Payers	ALL
<input type="checkbox"/>	ACTIVA BENEFIT SERVICES LLC	38254
<input type="checkbox"/>	Administrative Concepts, Inc	22384
<input type="checkbox"/>	American Family Insurance	56071
<input type="checkbox"/>	AMERICAN REPUBLIC INSURANCE COMPANY	42011
<input type="checkbox"/>	AMPS	21825
<input type="checkbox"/>	AMPS - CX	25667
<input type="checkbox"/>	AMPS America	66775
<input type="checkbox"/>	ARISE HEALTH PLAN	ARISE

Showing 1 to 10 of 41 entries

Previous 1 2 3 4 5 Next

Save Payers

- Select Clearinghouse

Payer Selection

...or select individual payers

Payer Name	Payer ID	Clearinghouse Name	Actions
Actuarial Management Resources	30377	Availity	Apply All <input type="button" value="X"/>
Adventist Health System/West	56731	SDS Enrollment Portal	Apply All <input type="button" value="X"/>
American Family Insurance	56071	SDS Enrollment Portal	Apply All <input type="button" value="X"/>
American Republic Insurance	42011	SDS Enrollment Portal	Apply All <input type="button" value="X"/>
Apostrophe (Health Axis Group)	81312	SDS Enrollment Portal	Apply All <input type="button" value="X"/>

- Select “Apply All” to the right of the Clearinghouse Name and you will see the following result

**Payer Selection**  
 ...or select individual payers

Payer Name	Payer ID	Clearinghouse Name	Actions
Actuarial Management Resources	30377	Availity	Apply All
Adventist Health System/West	56731	Availity	Apply All
American Family Insurance	56071	Availity	Apply All
American Republic Insurance	42011	Availity	Apply All
Apostrophe (Health Axis Group)	81312	Availity	Apply All

- The form will automatically have New Enrollment selected. If you click Save Progress and then come back to it, it will say Change Enrollment.
  - This does not affect your enrollment and only indicates that this is no longer the first time you are accessing this form.
- Type in your name for the signature.
- For the effective date, the soonest date available will be three days after the submission date. Any payments you receive after that submission date will have a corresponding ERA sent to your account.

**Submission Information**  
 Reason for SUBMISSION

New Enrollment  
 Change Enrollment  
 Cancel Enrollment

**Authorized Signature**

\* Signature

Submission Date  
2019-08-27

\* Requested ERA Effective Date

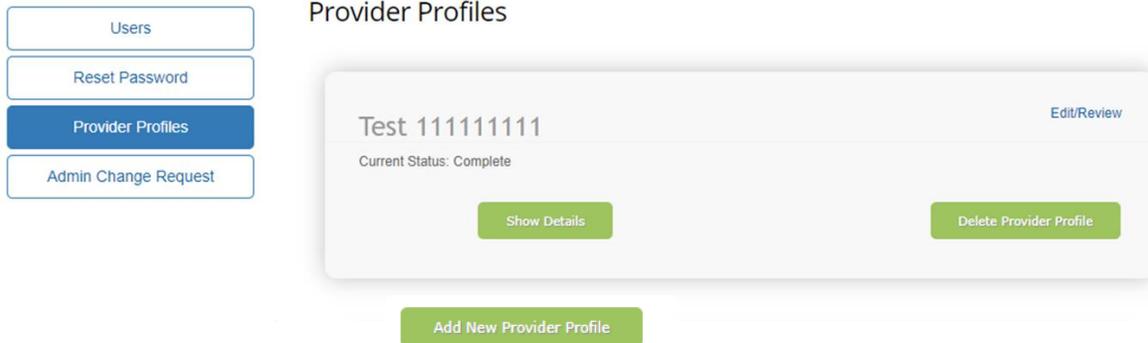
**SAVE PROGRESS**

**SUBMIT**

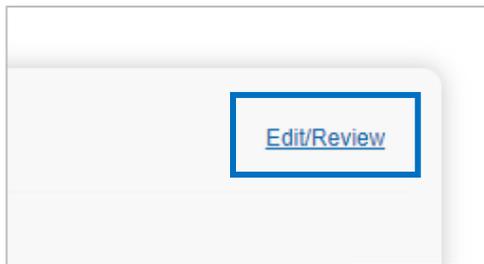
- After you click Submit it will redirect you to a page that looks like this. If you see this page, you have successfully submitted your ERA enrollment.

# Account Management

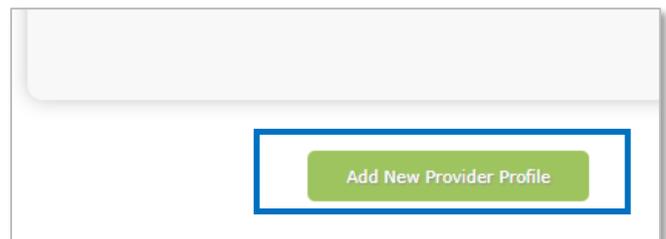
This page is for maintaining account wide preferences such as viewing or re-issuing your API key, or managing payment methods.



The screenshot shows a navigation menu on the left with four buttons: "Users", "Reset Password", "Provider Profiles" (highlighted in blue), and "Admin Change Request". To the right, under the heading "Provider Profiles", there is a card for a profile named "Test 111111111". The card includes an "Edit/Review" link in the top right, a "Current Status: Complete" indicator, and two buttons: "Show Details" and "Delete Provider Profile". Below the card is a green button labeled "Add New Provider Profile".



- To change contact information, add or remove payers, change retrieval method, or cancel your enrollment you can click on Edit/Review



- To enroll additional tax ID's or NPI's click Add New Provider Profile