



GROUP HEALTH COOPERATIVE EAU CLAIRE (95192) ERA ENROLLMENT INSTRUCTIONS

WHICH FORM(S) SHOULD I DO?

- Optum 835 Enrollment Request
- Electronic Transfer Remittance Advice Form

WHERE SHOULD I SEND THE FORM(S)?

- Email ALL forms to Support@officeally.com

WHAT IS THE TURNAROUND TIME?

- Standard processing time is 7-14 business days

HOW DO I CHECK STATUS?

- To check your ERA enrollment status, send an email to Support@officeally.com



OPTUM 835 ENROLLMENT REQUEST

Email this form to Support@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**.

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.



Optum360 Electronic Remittance Advice Enrollment

Updated: 1/27/2020

Payer Name:

Payer ID:

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: _____

Enrollment Agreement Instructions

To enroll for ERAs with _____:

1. Complete the attached payer enrollment form, which may include instructions to assist with your enrollment.

2. In IEDI go to Utilities > ERA Enrollment > ERA Enrollment File Upload > ERA Enrollment Instructions. This will give you the guidelines to complete a file upload.
3. Next choose the Enrollments tab.
4. Click on +New ERA Enrollment to select your ERA Form from your computer to be file uploaded.
5. File upload just the completed payer forms to Optum360. **Do not include this instruction page.**

Who do I contact if I have questions?

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

Provider ID:

DBQ

NPI: 1487639381

Tax ID:



Return completed agreements to:
Change Healthcare
Attn: Enrollment Dept. (IADU-DC2)
301 Data Court
Dubuque, Iowa 52003

Payer Agreement Cover Sheet

Agreement Type: Remittance

Estimated Approval Time: 7

Multiple Clearinghouses: No

<input checked="" type="checkbox"/> CPID 5970	GROUP HEALTH COOPERATIVE of EAU CLAIRE - Institutional
<input type="checkbox"/> CPID 7453	GROUP HEALTH COOPERATIVE of EAU CLAIRE - Professional

CID _____

Submitter ID 392886

Submitter Name Availity LLC

Customer ID 1046700

Billing ID 392886

Reference ID _____

Is the Technical Contact the same as the Business Contact? Yes ☐ No ☐

6E



Remittance



Electronic Transfer

Remittance Advice Form

FOR PROVIDER USE ONLY

Please provide the following information to set up the electronic transfer of 835 remittance advice.

Provider Name: MEDTOX LABORATORIES, INC

Provider Address: 402 COUNTY ROAD D W SAINT PAUL MN 55112

Tax ID Number(s): _____

NPI: 1487639381

Name/Title: _____

Signature: _____

Do you have multiple locations that could benefit from electronic transfers? ☐ Yes ☐ No

If yes, please include a spreadsheet with the following information about each location: Provider Name, Tax ID & NPI

Which type of enrollment request? (Please place an 'X' next to applicable options listed below.)

- | | |
|---|-----------------------|
| <input type="checkbox"/> New enrollment (when do you want it to take effect) | Effective Date: _____ |
| <input type="checkbox"/> Change in enrollment (such as a switch in clearing houses) | Effective Date: _____ |
| <input type="checkbox"/> Cancel enrollment (specify cancellation effective date) | Effective Date: _____ |
| <input checked="" type="checkbox"/> Route to a clearing house (specify effective date & contact info) | Effective Date: _____ |

Name: RelayHealth Email: DBQTSHEenrollments@RelayHealth.com

Group Health Cooperative FTP site options (method of file retrieval):

Secure SSL connection through our website at: <https://ftps.group-health.com/thinclient/login.aspx>

- Username/password will be provided to the Business Contact email address below.
- PGP encryption with the standard FTP site: <https://ftp.group-health.com>
- PGP encryption key will be provided to the Business Contact email address below.
- Other secure FTP or website option. Provide the following details to boperator@group-health.com in a secure email.
- IP address, user name, password, connection type, PGP supported (Y/N)

Information provided below for your setup:

Group Health Cooperative:	Group Health Cooperative Values:		
• Tax ID: 396252984	• Sender / Receiver ID Qualifier:	ISA 05	30
• NPI: 1295800738	• Sender / ReceiverID:	ISA 06	396252984
		GS 02	Provider Tax ID#

Would you like paper copies discontinued after 30 days once electronic set up has been completed? ☐ Yes ☐ No

Business Contact

Name: _____

Title: _____

Organization: _____

Phone: _____

Email: _____

Technical Contact

Name: _____

Title: _____

Organization: _____

Phone: _____

Email: _____

Email address to contact when setup is complete: _____

Please contact EDI Operations at boperator@group-health.com or (888) 203-7770 if you have questions.

Please fax completed forms to EDI Operations at (715) 552-3500. Thank you!