

WHICH FORMS SHOULD I COMPLETE?

- Complete the **Electronic Data Interchange (EDI) Enrollment Form (page 2)**

WHERE SHOULD I SEND THE FORM(S)?

- Email completed form to Optum.ERA@officeally.com
 - o Subject: ERA Enrollment_The Health Plan 95677_(insert NPI)
 - o Email Body:
 - Please process the attached ERA Enrollment form to enroll The Health Plan WV payer ID 95677.

WHAT IS THE TURNAROUND TIME?

- Standard Processing Time can take up to 30 Business Days.

HOW DO I CHECK STATUS?

- If after 30 business days you have not begun receiving electronic remittance files, please email back from the auto-generated response with your Case Number to check on the status of the ERA Enrollment request.



Electronic Data Interchange (EDI) Enrollment Form

To enroll with The Health Plan (THP) EDI transactions, please complete and return this form to your EDI clearinghouse.

THP Submitter ID: 95677
Dental Only: 34150

Date

Enrollment Type	
<input type="checkbox"/>	Initial Enrollment
<input type="checkbox"/>	Update Existing Enrollment
<input type="checkbox"/>	Term Existing Enrollment

Provider Information

Entity Legal Name:	<input type="text"/>		
Address:	<input type="text"/>	Group NPI:	<input type="text"/>
TIN:	<input type="text"/>	State:	<input type="text"/>
City:	<input type="text"/>	Zip:	<input type="text"/>

EDI Enrollment Information

✓	Transaction Type	Description	Trading Partner	Provider's Clearinghouse
<input type="checkbox"/>	837 P	Healthcare Claim: Professional	Optum iEDI	<input type="text"/>
<input type="checkbox"/>	837 I	Healthcare Claim: Institutional	Optum iEDI	<input type="text"/>
<input type="checkbox"/>	837 D	Healthcare Claim: Dental	Optum iEDI	<input type="text"/>
<input type="checkbox"/>	835	Electronic Remittance Advice (ERA)	Optum iEDI	<input type="text"/>
<input type="checkbox"/>	270	Eligibility or Benefit Information	Optum iEDI	<input type="text"/>
<input type="checkbox"/>	276	Claim Status Request	Optum iEDI	<input type="text"/>
<input type="checkbox"/>	278	Authorization/Referral Request & Response	Optum iEDI	<input type="text"/>

Administrator Information

All correspondence will be sent by email to the Account Administrator.

Administrator's Name:	<input type="text"/>
Administrator's Title:	<input type="text"/>
Administrator's Phone Number:	<input type="text"/>
Administrator's Email:	<input type="text"/>

Authorized Signature

Authorized Signature's Name:	<input type="text"/>		
Authorized Signature's Title:	<input type="text"/>		
Authorized Signature's Email:	<input type="text"/>		
Authorized Signature:	<input type="text"/>	Date:	<input type="text"/>