



# United Behavioral Health (87726) ERA ENROLLMENT INSTRUCTIONS

## WHICH FORM(S) SHOULD I DO?

- **Optum 835 Enrollment Request**
- **Optum Pay EFT Online Enrollment**

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

- Email Optum 835 Enrollment Request to [Optum.ERA@officeally.com](mailto:Optum.ERA@officeally.com)

## WHAT IS THE TURNAROUND TIME?

- Standard processing time is 45 business days

## HOW DO I CHECK STATUS?

The provider will be notified of their approval for ERAs.

Once you receive confirmation that you've been linked to Office Ally, you MUST email [Optum.ERA@officeally.com](mailto:Optum.ERA@officeally.com)

**Email Subject:** United Behavioral Health ERA Approval

**Body of Email:**

Please log my EDI approval for United Behavioral Health

- Provider Name
- NPI
- Tax ID



# 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.

## Optum Pay™ direct deposit enrollment guide

Enrolling in Optum Pay will help you take control of your claims payment and remittance data. With innovative tools that allow you to streamline payments and reconcile claims, your practice can run more efficiently.

Following enrollment, you will have the opportunity to select the portal access package that's right for your practice. There are two levels of access and at anytime you can upgrade or cancel. If you take no action to select an option, we will default your portal access package to ACH basic.

### **ACH basic — free**

**The basic ACH portal experience includes:**

- Access to 13 months of payment data.
- Online access to detailed remittance information in the form of downloadable PRAs and 835 files for each payment processed through Optum Pay.
- Two portal users and the ability to associate a 3rd Party Billing Service to aid in claim management efforts.
- Payment and remittance notification emails to support timely reconciliation of new claim payments.

### **ACH premium — 0.5% per payment fee**

**The premium ACH portal experience includes all the features of basic, plus:**

- Access to the Optum Pay portal for an unlimited number of users.
- Enhanced practice management features to quickly identify new payments, payments pending reconciliation and the ability to identify and mark payments fully reconciled.
- Up to 36 months of expanded claims payment data to search for and identify the data you need; plus a quick view of the number of claims consolidated within a payment.
- Access to data aggregation tools, eliminating individual data file downloads.

**Before you start the enrollment process, please have the following on hand:**

- Contact information (name, phone number and email address)
- One or two individuals from your organization to support administration and oversight of your account
- Banking information (RTN, account number and account type)
- Voided check or bank letter
- W9

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**Optum Financial** is revolutionizing the health care payment and reimbursement process with **Optum Pay**: an advanced solution that reduces costs, brings efficiencies and modernizes outdated payment methods. Optum Pay allows payers and providers to spend less time on administrative tasks and more time on improving health outcomes.

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## Online enrollment process for providers:

1

Visit [optum.com/enroll](https://optum.com/enroll) and select **"Enroll Now."**  
Then select **"I am enrolling as a Healthcare Organization."**

First, tell us how you would classify your enrollment.

I am enrolling as a Healthcare Organization.

I am enrolling my 3rd Party Billing Service Company

[Which option should I choose?](#)

2

Select **"I would like to enroll in direct deposit (ACH) only."**

I am enrolling as a Healthcare Organization.

[Change](#)

Great! Next, how would you like to receive your payments?

I would like to enroll in direct deposit (ACH) only.

3

Enter your TIN (Tax Identification Number) or EIN (Employer Identification Number)  
and complete the CAPTCHA image field.

I am enrolling as a Healthcare Organization.

[Change](#)

I would like to enroll in direct deposit (ACH) only.

[Change](#)

Please enter your 9 digit Organizational Tax Identification (TIN):

Enter TIN or EIN

## 4

Once your TIN/EIN is eligible for enrollment, continue with the enrollment process.

### Congratulations, your TIN is eligible for enrollment!

Please be advised that in order to complete the online enrollment process, you will need to provide the following:

- ✓ Organization name, mailing information, and National Provider Identifier (NPI)
- ✓ Contact information, including the name, telephone number, and e-mail address for two members of your organization who will serve as administrators for your account.
  - Administrators are able to control user access to the account and add/update bank account info.
  - The primary contact should be an individual responsible for daily and routine matters.
  - The secondary contact should be a director of Accounting, Human Resources or the Finance Department.
- ✓ Banking information (if setting up ACH direct deposit)

**Please note:** If you have received a check from UnitedHealthcare or an affiliate in the past 45 days, you will have the opportunity to submit payment details (check number, payment amount and date). This will be used to verify your current provider status and will expedite the review process.

## 5

Enter the following organization information and click **"Continue"**:

- Business name
- Business address (no P.O. boxes)
- National provider identifier (NPI) (not required)
- Provider type
- Market type

**Please note:** Special characters are not allowed in the name and address fields. Refrain from using characters such as: & , \ . / : # ( ) % < \* ; > " ' | - +

## 6

Enter the following contact information and click **"Continue"**:

- First and Last Name for Primary and Secondary Administrators
- Telephone Number
- Mobile Phone Number (not required)
- Email Address (must be unique to each user)
- Confirmation of Email Address

If entered, you can opt to receive text alerts when payments and remittances have been processed for your organization.

**Please note:** If you are enrolling a new TIN and wish to associate an existing user to that TIN during the online enrollment process, a Confirm Existing User page will display. The current user information and TIN association(s) will display. You will need to click **"Yes"** to validate that the correct individual is being associated with the new TIN.

The database does not allow for multiple users to share the same email address. This only allows the current individual to add new TINs to an existing user during or after enrollment.

# 7

Financial institution information: This is where you provide banking information. You may also submit a separate bank account for the NPI level at this time. You must provide the following information:

- Financial institution/bank name
- Financial institution address
- Financial institution telephone number
- Financial institution routing number
- Provider's account number with financial institution
- Type of account at financial institution

**Please note:** Special characters are not allowed in the name and address fields. Refrain from using the following characters: & , \ . / : @ # ( ) % , < ^ \* ; > " ' | - +. If you would like to establish an NPI bank account, you will also need to fill out this same information at the NPI level.

In addition to deposits, we may need to debit your account for fees or overpayment corrections. There are multiple payment options for Optum Pay premium fees and if you opt to have us debit fees, you'll need to enter the routing number and account number of the bank account you'd like fees debited from. Please contact your financial institution and ask that the ACH Company ID (12343848776) and Company Name (Optum Pay) be added as an authorized agent to debit this bank account.

Organization Information

## Financial Institution

The Financial Institution selected

Account Number Link

Provider Tax Identification

Your Routing Transit Number (RTN) is a 9-digit number that identifies the financial institution where the account is located. This number is usually located in the bottom, lower left hand corner of your check and usually precedes your account number.



Enrollment Submitted

# 8

Upload W9: You will now need to upload a signed and dated W9. Acceptable file formats to upload are PDF, JPG, GIF or PNG. If you do not have a current W9, they may download a blank W9 by clicking the ["Federal W9 form here"](#) link.

## Upload W9

A copy of your W9 is required to complete your enrollment for this TIN. Please upload your W9 now. Accepted file formats include: PDF, JPEG, GIF and PNG.

Note: If your Organization does not currently have a W9 you may access the [Federal W9 form here](#) . All fields marked with an asterisk (\*) are required.

Business Name

Optum

Business TIN or EIN

852456123

\*Upload W9 (Must be filled out, signed, and dated. File size cannot exceed 2MBs)

 No file chosen

9

Review and submit: Review your entered enrollment information before you submit. If you need to revise any data, select the **"Edit"** option next to the area you need to update.

You are required to accept the Terms and Conditions and enter the Authorized Enroller's Information. You must provide the following:

- First name
- Last name
- Title
- Telephone number
- Email address
- Re-type email address

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After hitting **"Submit Enrollment,"** you will get a message that your enrollment has been successfully submitted. You can print a copy of your online enrollment, if you choose.

## Enrollment Submitted

### Thank you!

You have successfully submitted the enrollment application for Optum Pay. Standard processing time for all enrollment applications is five (5) business days.

Please print or save a copy of your enrollment information for your records. You will not be able to return to this page.



[Print Completed Enrollment Form](#)

## Next Steps

- 1 If you selected the ACH/direct deposit payment option, please contact your bank and request delivery of the 'ACH Addendum Record' for payments from Optum Bank. [What is the ACH Addendum Record for?](#)
- 2 Once we have approved your enrollment application, both account administrators will receive an email with an Optum Pay security PIN and instructions for how to setup your online account.
- 3 Using the link in the email, sign in or register for a One Healthcare ID. Once signed in, enter your security PIN and Tax ID to complete account setup and start accessing your payment information.

[EXIT ENROLLMENT](#)

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Set up user access to the portal: After the enrollment application is processed (5–8 business days), the administrators established during enrollment will receive an email containing registration and activation instructions for the Optum Pay Provider Portal. Please follow the directions in the email to complete the portal access activation and associate your One Healthcare ID with your Optum Pay PIN.



11000 Optum Circle, Eden Prairie, MN 55344

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Optum Pay™ solutions are provided by Optum Financial, Inc. and its subsidiary Optum Bank, Inc., Member FDIC.

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For Internal Optum Use only:  
 Update ERA in IEDI with Optum Pay  
 Approval date given below.  
 If Existing A/C - Approve ERA in IEDI

**OPTUM ERA Setup Form - United Healthcare Behavioral Health**

Please complete the requested information below. This information will be used to ensure your agreements are setup and processed in the most efficient manner. This form is for Optum use only and will not be forwarded on to the payer with your enrollment agreements.

<b>Optum User ID:</b>	
<b>Contact Name:</b>	
<b>Group Name:</b>	
<b>Group Billing TIN:</b>	
<b>Group Billing NPI:</b>	
<b>Group Legacy ID:</b>	

**Please list all providers for this Payer below:**

<b>Provider Name</b>	<b>Individual PTAN or Legacy ID (if applicable)</b>	<b>Individual NPI</b>	<b>Payer Name</b>
I received OPTUM Pay account approval on this date:			
I have an existing OPTUM Pay Accountcount			