UCARE MINNESOTA (52629)
ERA ENROLLMENT INSTRUCTIONS

WHICH FORM(S) SHOULD I DO?

- **Optum 835 Enrollment Request**
- **Change Healthcare Agreement Cover Sheet**
- **UCare Online Enrollment**

WHERE SHOULD I SEND THE FORM(S)?

- Email Optum 835 Enrollment Request to Optum.ERA@officeally.com
- Email Change Healthcare Agreement Cover Sheet to Optum.ERA@officeally.com AND enrollmentcentral@changehealthcare.com

WHAT IS THE TURNAROUND TIME?

- Standard processing time is 30 business days

HOW DO I CHECK STATUS?

- Send an email to support@officeally.com to check enrollment status

835 ENROLLMENT REQUEST

Email this form to 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

UCare of Minnesota (52629)

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: New Enrollment

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

Electronic Remittance Advice Enrollment

Updated: 2/22/2022

Payer Name		Payer ID	19991

Overview

Complete all forms as instructed below and return them for the additional processing necessary to set up your IEDI account for electronic remittance advice (ERA). Note: **Claims need to be submitted prior to requesting remittance.**

Estimated approval time frame: 15-30 Business Days

Enrollment Agreement Instructions

To enroll for ERAs with

1. **Payer Form** – Complete the online enrollment and the attached enrollment forms.

   Optum partners with Availity who goes through Change Healthcare (RelayHealth) for access to this payer for ERAs. Please complete the Change Healthcare Agreement Cover Sheet that is attached. Then use the link provided to complete your online enrollment required at https://provider.ucare.org/pages/login.aspx

2. **Admin Simp Spreadsheet** -- To create your enrollment record you can use the Admin Simp Spreadsheet to upload several enrollment records. Once the records 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. **File upload** just the completed Change Healthcare forms (2 pages) to Optum. **Do not include this instruction page.**
4. **Submit** ***Only*** *the Change Healthcare Cover Sheet as the 1st page* when submitting to ChangeHealthcare (CHC) or it will not be processed by CHC. Please send the completed enrollment forms to enrollmentcentral@changehealthcare.com
5. **Failure** to upload the forms to Optum, email the Change Healthcare forms (2 Pages) and complete the UCare online enrollment will cause rejection of your request.
6. **Help or Status** Call UCare's Provide Assistance Center at 888-531-1493 or visit ucare.org/providers.
7. **Sales Force Case** - Once you have received approval for ERAs *you will need to open a Sales Force Case* informing us that you are approved so that Optum Enrollments can update your IEDI ERA Record ID and the Availity Registration ID in order for you to receive the ERAs. Please specify "Approval for ERA" as the "Action" and provide the Record ID, TIN & NPI, Payer ID, Payer Name and date of the approval.

Who do I contact if I have questions?
Contact Optum Support at 1-866-678-8646 (1-866-OPTUM GO) choose Option #2

Provider ID:

NPI:

Tax ID:

DBQ

CHANGE HEALTHCARE

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: 30

Multiple Clearinghouses: No

☐ **CPID 1038**	**UCARE MEDICARE WITH M HEALTH FAIRVIEW & NORTH MEMORIAL HEALTH - Institutional**
☐ **CPID 1531**	**UCARE OF MINNESOTA - Institutional**
☐ **CPID 4496**	**UCARE OF MINNESOTA - Professional**
☐ **CPID 7867**	**UCARE MEDICARE WITH M HEALTH FAIRVIEW & NORTH MEMORIAL HEALTH - Professional**

Special Instructions: Claims need to be submitted prior to requesting remittance.

CID 4496

Submitter ID 392886 **Customer ID** 1046700 **Billing ID** 392886

Submitter Name Availity LLC

Reference ID

NPI

TaxID

Remittance

Last Revised Date: 01/21/21

The form to request Electronic Fund Transfer (EFT) and Electronic Remittance Advice (ERA) changes is accessible in the UCare Provider Portal:

- Click “Provider Inquiries” at the top of the page and select “Provider Forms,” then “Provider Payment and Remittance Request Form.”
- The form requires the prior financial institution and clearinghouse information. If the prior financial institution/clearinghouse information field is not completed or the provider does not use the new form, the request will be sent back to the provider and a new request will need to be submitted with the information needed.
- UCare may reach out to providers with questions about the information submitted. Please maintain current billing office contact information with your UCare Contract Manager to reduce the processing time of these forms.
- UCare’s Provider Portal (https://provider.ucare.org/pages/login.aspx) requires an account with a user name and password. If your clinic/facility does not have an UCare Provider Portal administrator, please click the register link on the portal login page. The register link should be completed by only one administrator within your clinic/facility. Once the administrator is given access to the UCare Provider Portal, the administrator will setup additional users within your clinic/facility.
- If you have further questions, please call UCare’s Provider Assistance Center at 612-676-3300 or 1-888-531-1493 (toll free) or visit ucae.org/providers.
- Note: Select Clearinghouse Name Change Healthcare

After completing the Provider Portal enrollment please complete the following information.

Provider name:

Provider Federal Tax Identification (TIN) or

Employer Identification Number (EIN):

National Provider Identifier (NPI):

Printed Name of the person
who submitted the online Enrollment:

Submission Date:

☐ By completing and submitting this form, I am confirming the completion of the online enrollment process on the payer’s website on this date.