

UCARE OF MINNESOTA (52629) ERA ENROLLMENT INSTRUCTIONS



WHAT FORM(S) SHOULD I DO?

- Optum360 ERA Enrollment Form (Professional Claims – 19991)
- [Availity ERA/EFT Enrollment Form](#)
 - Note: This is completed online.
 - Clearinghouse Information:
Method of Retrieval: Clearinghouse
Clearinghouse Name: Availity
- 835 Enrollment Request

WHERE SHOULD I SEND THE FORM(S)?

- Email the Optum360 form to enrollments@optum.com or fax it to (877) 630-2064.
- Email the 835 Enrollment Request to enrollmentadmin@officeally.com or fax it to (360) 314-2184.

WHAT IS THE TURNAROUND TIME?

- The enrollment process can take approximately 7-14 business days.
- Questions regarding the UCare enrollment form can be directed to EFT835@ucare.org.

Payer Name:	Payer ID:
-------------	-----------

Overview

Complete all forms as instructed below and return them via e-mail or fax for the additional processing necessary to set up your account for electronic remittance advice (ERA). We will attach your agreements to your account in our system for tracking purposes.

Estimated approval timeframe: _____

Enrollment Agreement Instructions

To enroll for ERAs with _____:

1. Complete the attached Optum360 Electronic Remittance Advice Enrollment form.
2. Complete the attached payer enrollment form, which includes instructions to assist with your enrollment.

3. Return all completed forms, along with your Optum360 Electronic Remittance Advice Enrollment form, to Optum360 via e-mail (preferred) or fax:

Important: Include your 8-digit ENS/Optum360 user ID on all correspondence.

E-mail (preferred)	Fax
E-mail the completed forms to enrollments@optum.com : <ol style="list-style-type: none"> 1. Click the Submit button at the bottom of the form. 2. In the Send Email dialog box, select Default email application and click Continue. A new e-mail message will display with the Optum360 Electronic Remittance Advice Enrollment form attached to it. 3. Attach the payer enrollment form to the e-mail and send the e-mail. 	(877) 630-2064

Who do I contact if I have questions?

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

Optum360 User ID:			
PAYER INFORMATION			
Payer Name:			Payer ID:
RECEIVER INFORMATION			
Your ERA files will be received by the following clearinghouse:			
Receiver Name:			Availity Customer ID:
Contact Name:			
Telephone Number:	Ext:	E-mail Address:	
PROVIDER INFORMATION			PROVIDER IDENTIFIERS INFORMATION
Provider Name:			Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN):
Street:			
City:	State/Province:	ZIP Code/Postal Code:	National Provider Identifier (NPI):
PROVIDER CONTACT INFORMATION			
Provider Contact Name:			
Telephone Number:		E-mail Address:	
ELECTRONIC REMITTANCE ADVICE INFORMATION			
Preference for Aggregation of Remittance Data	Provider Tax Identification Number (TIN):		
	National Provider Identifier (NPI):		
			Date:
SUBMISSION INFORMATION			
Reason for Submission:	New Enrollment	Change Enrollment	Cancel Enrollment
Authorized Signature:			
Important: By typing or signing a name in this field, you acknowledge and agree that you have been authorized by the provider or its agent to initiate, modify, or terminate an enrollment. You further acknowledge and agree that you have the legal authority to perform such action on behalf of your organization.			
Printed Name of Person Submitting Enrollment:			Submission Date:
SEND THE FORM VIA:	E-mail: enrollments@optum.com		Fax: (877) 630-2064
Optum360 Internal use only:		Availity Internal use only:	

835 ENROLLMENT REQUEST



Email this form to enrollmentadmin@officeally.com or Fax to (360) 314-2184. Once your form is received and processed Office Ally will e-mail or call you. If you do not receive a confirmation e-mail/call from us within 2-3 days of faxing this form to us, please fax 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:

ELECTRONIC REMITTANCE ADVICE INFORMATION (CHECK ONLY ONE)

Preference for Aggregation of Remittance Data: (i.e. Account Number Linkage to Provider Identifier). Note: Provider Preference for grouping (bulking) claim payment advice. Must match preference for EFT payment (i.e. Billing Provider). Choose and fill in only **one**.

Provider Federal Tax Identification Number (TIN):

National Provider Identifier (NPI):

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 this payer 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.