UCARE OF MINNESOTA (52629)
ERA ENROLLMENT INSTRUCTIONS

WHAT FORM(S) SHOULD I DO?

- Optum360 ERA Enrollment Form (Institutional Claims)
- Provider Payment/Remittance Advice Election Form
- 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.
- Fax the Provider Payment/Remittance Advice form to 612-884-2030 (If EFT not requested); or

  Mail to (if EFT requested – include voided check):

  UCare
  Attn: Accounting/PPE Dept.
  P.O. Box 52
  Minneapolis, MN 55440-0052
- 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 30-40 business days.
- Questions regarding the UCare enrollment form can be directed to EFT835@ucare.org.

Optum360
Electronic Remittance Advice Enrollment

Updated: 3/20/2018

Payer Name: UCare of Minnesota (I)	Payer ID: 52629

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: 30-35 Business Days

Enrollment Agreement Instructions

To enroll for ERAs with UCare of Minnesota (I):

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.

   Optum360 partners with Availity for access to this payer for institutional ERAs. Please use the instructions included to complete the attached form for enrollment. Note: In order to receive electronic remittance advice you need to sign up for EFT.

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: **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.

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Optum360
Electronic Remittance Advice Enrollment

Rev. 08.19.2016.1

Optum360 User ID: GATE0068 (Office Ally)			
PAYER INFORMATION			
Payer Name: UCare of Minnesota (I)		Payer ID: 52629	
RECEIVER INFORMATION			
Your ERA files will be received by the following clearinghouse:			
Receiver Name: Electronic Network Systems, Inc.		Availity Customer ID: 24932/enscommercial	
Contact Name: Enrollments Department			
Telephone Number: (866) 367-9778	Ext: opt. #1	E-mail Address: enrollments@optum.com	
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	Submit	**Fax:** (877) 630-2064
Optum360 Internal use only: Update ERA in ERA Mgr.		**Availity Internal use only:**	

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UCare

Provider Payment/Remittance Advice Election Form Instructions

To establish how your organization will receive payments and remittance advices (RAs) from UCare, please carefully follow these steps to complete the **Provider Payment/RA Election Form**:

Step 1:

Complete all of the sections on the form by using these guidelines:

A. **Business Mailing Address (General)** – Check all of the appropriate boxes at the top of the form, and fill in your business name and address to be used for administrative purposes. The check-off boxes are listed as follows:

- ***New Applicant***: Check this box if this is your initial setup request.
- ***Change of Bank Information/Payment Method***: Check this box if you are changing banks and/or if you would like to change the way how you receive your payments.
- ***Change of Clearinghouse:*** Check this box if you are changing the clearinghouse that you currently use to a different one, including the UCare Provider Portal.
- ***Other Changes/Updates:*** Check this box if you have other administrative changes/updates that you'd like to inform us of.

B. **Business Contact Information** – Identify who we should contact with questions related to the form. Please be sure to include an e-mail address.

C. **Tax Identification Number – Required (do not leave blank)**. Make sure to enter the Federal ID Name ***exactly*** as it appears on your SS-4 (corporate) or Social Security card (individual).

D. **Facility's Legacy or NPI Number(s)** – Include all of the facility number(s) with the same Tax ID Number (TIN) as it appears in box "C" that will also be using the bank account/payment method indicated in box "E". **If there are different TINs and/or bank accounts, a separate form must be completed.**

E. **Payment Method** – Choose paper check or electronic fund transfer (EFT). If electing EFT, complete the financial institution and account information, and attach a voided check from the bank account that you will be using. Write "VOID" over a blank check. *****Note: Effective 12/28/09, a voided check is required to be attached to form if you are electing EFT payment. Without a voided check, this may delay the EFT and/or RA set up.*****

F. **RA Method** – Choose one of the three methods listed for receiving your RAs: a clearinghouse, UCare Provider Portal, or paper RA (available to non-Minnesota providers only). *****Note: If you are choosing a clearinghouse, you must be contracted with the clearinghouse to receive the 835 transaction prior to submitting this form to UCare. Also, the paper RA option is not available to Minnesota providers (according to MN Statute 62J.536).*****

Step 2:

- If your RA selection is with the EFT option, please mail in the original (completed) form and voided check to:
  UCare
  Attn: Accounting/PPE Dept.
  P.O. Box 52
  Minneapolis, MN 55440-0052
- If your RA selection is with the paper check option, please fax the completed form to our Accounting Dept. at: **612-884-2030**.

Please allow a **minimum of 30 days** for processing. You will be notified in advance of the date when the electronic RAs and/or EFT process will begin.

Questions about the completion of this form can be directed to UCare via e-mail at: **EFT835@ucare.org**.

UCare Provider Payment/Remittance Advice Election Form

A. BUSINESS MAILING ADDRESS (GENERAL)
(Name must match Tax ID Number [TIN] records. Only one TIN per form.)

Please check all the boxes that applies for changes/updates or check the "New Applicant" box if this is your first time submitting the form to UCare. Then complete all of the fields.

☐ New Applicant ☐ Change of Bank Information/Payment Method ☐ Change of Clearinghouse ☐ Other Changes/Updates

Name ______________________________

Address ______________________________

City ______________ State ________ Zip Code ☐☐☐☐☐ - ☐☐☐☐

B. BUSINESS CONTACT INFORMATION

Contact Name ______________________________

E-mail Address ______________________________

Phone ☐☐☐ - ☐☐☐ - ☐☐☐☐ Fax ☐☐☐ - ☐☐☐ - ☐☐☐☐

C. TAX IDENTIFICATION NUMBER
***Note:** Enter Federal ID name exactly as shown on your SS-4 (Corporate) or Social Security Card (Individual).*

Federal ID Name ______________________________

Federal Tax ID # ☐☐☐☐☐☐☐☐☐

D. FACILITY'S LEGACY OR NPI NUMBER(S)
***Note:** Include all of the facility number(s) that will be included in this election.*

__________ __________ __________ __________

__________ __________ __________ __________

E. PAYMENT METHOD

☐ **Paper Check** ☐ **Electronic Funds Transfer (EFT)**

***Note:** If electing EFT, complete the banking information below and attach a voided check. Attaching a voided check to this form is a requirement for EFT.*

Financial Institution Information
NOTE: Do not use '|,' '\,' '*,' or '~' in any fields in this section.

ABA Routing # ☐☐☐☐ - ☐☐☐☐ - ☐

Customer's Acct. # ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Financial Institution Name ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Type of Account: ☐ Checking ☐ Savings

F. REMITTANCE ADVICE (RA) METHOD - You must choose one of the following methods to receive your RA:

1. **Clearinghouse** - Please indicate the name of the clearinghouse that you are registered with for receiving 835s by checking off one of the boxes below. ***NOTE: You must register with a clearinghouse to receive 835s before UCare can send 835s to your clearinghouse and before you complete and submit this form.***

☑ Availity	☐ eProvider Solutions	☐ RelayHealth
☐ ClaimLynx	☐ GE Healthcare	☐ Rycan Technologies
☐ Cortex EDI	☐ Infotech Global Inc., aka MN e-Connect	☐ SSI Group
☐ Emdeon	☐ PNC Bank	☐ ZirMed

2. **UCare Provider Portal**

☐ Provider Portal ***NOTE: You will not receive an 835 or paper RA if you choose the UCare Provider Portal. RAs will be available online for retrieval only at www.ucare.org/providers/pages/providerportal.aspx.***

3. **Paper RA**

☐ Paper RA ***NOTE: Not available for MINNESOTA providers.***

Authorized Signature (**MUST** be signer on applicable bank account.)	Title
Print Name	Date

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: New ERA Enrollment

Authorized Signature:

Note: Electronic Signature (Typed Name) of Person Submitting ERA Enrollment.

Submit by Email

Clear Form

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.