# UCare Minnesota
# 835

**EDI Enrollment Instructions:**

- To link your clearinghouse for ERA, the provider is to access the payer's website and complete an online enrollment.  Use the link provided below to access the UCare Provider Portal.
- Complete the enrollment using the provider's billing/group information as credentialed with this payer.
- EDI enrollment processing timeframe is approximately 30 business days.
- To check status of EDI enrollment, please contact the UCare's Provider Assistance Center at 612-676-3300 or 1-888-531-1493 (toll free).

**835 Electronic Remittance Advice:**

Go to the [UCare Provider Portal](#).

The UCare Provider Portal requires an account with a username and password. If you do not have a Portal Administrator, please click the register link on the portal login page.

Click **Provider Inquiries** at the top of the page and select **Provider Forms**, then **Provider Payment and Remittance Request Form**.

Select your **Reason for Submission**. Select **New Enrollment** if you have never received ERAs form this payer. Select **Change Enrollment** if you are changing clearinghouse.

Select **ERA** as your **Sub-reason for Submission.** EFT enrollment is optional.

Complete the **Provider Information** and **Provider Identifiers** sections. Once you enter your NPI, click the **Add NPI/UMPI** button.

Complete the **Provider Contact Information** section.

Method of Retrieval will be **Clearinghouse**. Clearinghouse Name is **Waystar**.

Complete the **Authorized Signature** section. This must be someone from the provider's office.

Click **Submit**.

You will then be provided with confirmation number. Please record this number for your records.

Once you have completed the online enrollment, please enter in the requested provider information on Page 2.

**Submit Completed Document:**

**Email** Page 2 to eSolutions once the online enrollment has been submitted to complete setup.

**ESH@claimremedi.com**

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**EDI Enrollment Instructions:**

- Complete the form using the provider's billing/group information as credentialed with this payer.
- Please save this document to your computer. Open the file in the Adobe Reader program and type directly onto the table.

**835 Electronic Remittance Advice:**

Complete the table as appropriate.  **Submit by Email.**

Complete one form for each **Tax ID/NPI combination.**

| | |
|---|---|
| **Billing Group/Provider Name:** | |
| **Provider Street Address:** | |
| **Provider City, State and Zip** | |
| **NPI:** | |
| **Tax ID:** | |
| **Name of Contact:** | |
| **Contact Phone Number:** | |
| **Contact Email Address:** | |
| **Enrollment:** | ◯ New Enrollment    ◯ Change Clearinghouse |