McLaren Health Plan
835

EDI Enrollment Instructions:

- **Electronic Remittance Advice (ERA) 835 and Electronic Funds Transfer (EFT) is only available through the Optum Electronic Payment and Statement (EPS) system and EFT is required to receive the ERA.**
- The **provider** must access the Optum EPS Website to complete the enrollment.
- Use the link provided below to access the **Optum EPS web portal**.
- Refer to the attached screen shots for assistance or the **How to Enroll** section.
- Complete the enrollment using the provider's **billing/group information as credentialed** with the payers selected.
- EDI enrollment processing timeframe is approximately **10 business days**.
- To check **status of EDI enrollment or for assistance with the EPS** Portal, please contact **Optum EPS Help Center at 833-377-6766**.

837 Claim Transactions:

EDI enrollment applies to ERA only and is not necessary prior to sending claims.

835 Electronic Remittance Advice:

Step 1: Go to: **Optum EPS System**

If you have an **existing Optum EPS account** designating eSolutions (ClaimRemedi) as your vendor, no additional portal enrollment is required.
Complete the Optum 360 ERA setup form and submit as indicated in Step 2.

If your practice is new to the EPS system, select **Enroll Now.** Complete all applicable fields required.

Step 2: After your EPS account is created, complete the following Optum360 ERA Setup form. Submit this form to: enrollment@claimremedi.com .

The eSolutions enrollment specialist will process this form through the Optum IEDI portal to complete the enrollment process.

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HOME | BENEFITS OF OPTUM PAY | HOW TO ENROLL | FAQS

Welcome to Optum Pay™

Optum Pay provides more payment options from more payers. That means practices can quickly reconcile claims payments, identify patient responsibility and speed up the revenue cycle.

BENEFITS OF OPTUM PAY | ENROLL NOW

Before you begin enrollment

The following enrollment application for Optum Pay will enroll your Healthcare organization for electronic payments (ACH/direct deposit or Virtual e-card payments).

If you represent a 3rd Party Processing or 3rd Party Billing Company, this enrollment process will register your organization with Optum Pay and provide the right to use the Optum Pay Portal to access the claims and remittance data for your healthcare clients.

If you would like to learn more about the program and its benefits, please visit the Benefits of Optum Pay page before beginning the enrollment process. You may also download the instructions for enrollment using the link below.

Download ACH/Direct Deposit Enrollment Guide

Download Virtual Card Payment Enrollment Guide

Download Billing Service Enrollment Guide

* To get started, please let us know how you heard about Optum Pay?

- ○ Health plan communication
- ○ Provider Advocate recommendation
- ○ Optum outreach team
- ● Optum email or communications
- ○ Other

CANCEL ENROLLMENT | CONTINUE

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Optum Pay™ Online Enrollment

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?

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Optum Pay™ Online Enrollment

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.

I would like to enroll in virtual card payments (VCP) only.

I would like to enroll in ACH and VCP.

Which option should I choose?

OPTUM Bank® Member FDIC | Optum Pay™ Online Enrollment

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

I'm not a robot

reCAPTCHA
Privacy - Terms

CANCEL ENROLLMENT

CONTINUE

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), if applicable
- 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.

  NOTE: A secondary contact is recommended to ensure oversight of any changes made to your enrollment, especially banking information. However if you do not have a secondary contact, you are not required to complete this information.
- Banking information (if setting up ACH direct deposit)

Organization Information

Please enter your business name, address, type and NPI (if you have one). All fields marked with an asterisk (*) are required. Avoid using special characters such as: & # . , ' * () [ ].

*Business Name

Enter the name exactly as it appears on your tax ID documentation. Avoid using your organization DBA if you have one.

Business Address

To help ensure the security of your account, you must enter a physical address for your organization. **PO Boxes are not allowed** and cannot be used as your address of record. If you do attempt to use a PO Box your enrollment may be delayed and may not be accepted.

*Street

*City

*State/Province

Select State

*Zip/Postal Code

–

Provider Identifiers Information

This additional information will also be required as you complete the enrollment.

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Optum Pay™ Online Enrollment

Organization Information | Identify Administrators | Financial Institution Information | Upload W9 | Review and Submit | Enrollment Submitted

For Internal Optum360 Use only:
Update ERA in IEDI
Est. Approval 7-10 Business Days
Existing A/C - Approve ERA in IEDI

OPTUM360 ERA Setup Form

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 Optum360 use only and will not be forwarded on to the payer with your enrollment agreements.

Optum360 user ID:	GATE0054
Contact Name:	Enrollment Department
Group Name:	
Group Billing TIN:	
Group Billing NPI:	
Group Legacy ID:	

Please list all providers for this Payer below:

Provider Name	Individual PTAN or Legacy ID (if applicable)	Individual NPI	Payer Name
			McLaren Health Plan
			McLaren Health Plan
			McLaren Health Plan
I completed enrollment with OPTUM EPS on this date:			
☐ I have an existing OPTUM EPS			