

<b>Commercial ERA Payer</b>	<p align="center"><b>McLaren Health (38338), McLaren Health Medicaid (3833C)</b></p> <p align="center"><b>Enrollment Instructions – ERA</b></p>
<b>Payer Info</b>	<p>This payer sends confirmation when ERA setup is approved.    <b>Yes</b>    ✓ <b>No</b>        Once ERAs begin coming in, this serves as confirmation of the 835 ERA setup.</p> <p><b>Note: This payer does not guarantee an ERA will be generated for all payments.</b></p>
<b>Checklist of Requirements</b>	<ul style="list-style-type: none"> <li>✓ The billing provider must have a Practice Insight EDI customer account number.</li> <li>✓ EFT setup is required PRIOR to requesting ERA setup.</li> </ul>
<b>How and Where to Submit this Request</b>	<p><b>SUBMIT To- Practice Insight</b></p> <p>LOG INTO EDInsight® GO TO <b>[Search Tools]</b> → <b>[Enrollment]</b>        ADD or LOCATE, then SELECT payer enrollment record.        CLICK <b>[ATTACH File]</b> to attach completed form to the record.        CLICK <b>[SUBMIT Enrollment to PI]</b> to assign to Practice Insight for processing.</p>
<b>Steps / Instructions for completing request.</b>	<p><b>Optum360 ERA Setup Form (1 page)</b></p> <p>Complete this form using the billing provider's group information to include group Name, group Tax ID # and group NPI #.</p>
<b>Estimated Time of Completion</b>	<p><b>Allow 4 Weeks for ERA setup to be completed by the payer.</b></p>
<b>Contact Info to Follow Up or Make Inquiries</b>	<p>Practice Insight Resellers or Support Vendors may contact Practice Insight Enrollment Department to check on status of enrollment after 45 days. Please confirm this provider is currently submitting claims to this payer, and has received a payment from this payer within the last 14 days. You may be asked to provide recent payment information which includes, check date, check number and check amount.</p>



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**38338**

**Thank you for choosing Optum360® to receive your ERAs. The following instructions have been created in order to help you quickly enroll with the payer you have chosen. Please be advised that we make every effort to keep these forms up to date.**

**Please submit the attached forms to Optum360 through the IEDI Enrollments Tab.**

Attached you will find the "OPTUM360 ERA Setup Form". Please complete this form and return it to Optum360 with a copy of the agreement. This information, **along with your 8 digit ENS/Optum360 user id on all correspondence**, will allow Optum360 to setup all provider information linked with your group.

If you have any questions, please contact the Enrollment Department at 866-367-9778, Option 1.

**Enrollment Agreement Instructions:**

To enroll with McLaren Health Plan for ERAs you will need to set up an online account with OPTUM EPS at [www.optum.com/eps](http://www.optum.com/eps) screen shots to help you navigate the enrollment are attached. However it is highly recommended that you call Optum EPS at 877-620-6194 #5 and a rep will assist you in walking through the enrollment and will answer any questions you might have.

Please be aware that you will need to have a voided Check and W9 form that you can scan and attach to the enrollment for the Direct Deposit option which is free. The virtual card payments requires just the W9 form and will have merchant card processing fees associated with it.

If you already have an OPTUM EPS account and are just signing up through Optum360 for this payer ID then this payer will automatically flow to your account when ERAs are received via your current method - Direct Deposit or virtual card payments.

**ALL forms must be submitted through IEDI to the Optum360 Enrollments Department for additional processing needed to setup your account for ERA's. Submit any completed ERA Payer forms along with your Optum360 ERA Setup Form under the IEDI Enrollments tab. Don't forget to include your 8 digit ENS/Optum360 user id on your correspondence.**

# 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](#)

**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?](#)

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?](#)



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



[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

\*Zip/Postal Code

 - 

### Provider Identifiers Information

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



Optum Pay™ Online Enrollment

Organization  
Information

Identify  
Administrators

Financial Institution  
Information

Upload W9

Review and  
Submit

Enrollment  
Submitted

