



ERA Enrollment Instructions

The purpose of this document is to provide guidelines for the client to complete the file upload. Each data element is a required value, unless specified as optional.

Version – Optional

All registrations will be for 5010 format.

Payer ID – Required

Enter Payer ID from Optum Payers list for Electronic Remittance Advice (ERA) associated with the Payer you are registering for.

Provider Information – Required

This section identifies information specific to the health care organization (professional or institutional group).

- Provider Name - Complete legal name of institution, corporate entity, practice or individual provider
- Provider Address
 - Street – The number and street name where a person or organization can be found
 - City – City associated with provider address field
 - State/Province – ISO3166-2 Two Character Code associated with the State/Province/Region of the applicable Country
 - Zip Code/Postal Code – System of postal-zone codes

Provider Identifiers Information – Required

This section identifies information specific to the health care organization (professional or institutional group).

- Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN) – A Federal Tax Identification Number, also known as an Employer Identification Number (EIN), is used to identify a business entity.
- National Provider Identifier (NPI) – A Health Insurance Portability and Accountability Act (HIPAA) Administrative providers and all health plans and healthcare clearinghouses must use the NPIs in the administrative and financial transactions adopted under HIPAA. The NPI is a 10-position, intelligence free numeric identifier (10-digit number). This means that the numbers do not carry other information about healthcare providers, such as the state in which they live or their medical specialty. The NPI must be used in lieu of legacy provider identifiers in the HIPAA standards transactions.

Provider Contact Information – Required

This section identifies information specific to the health care organization contact.

- **Provider Contact Name**
 - Contact - Name of a contact in provider office for handling ERA issues
 - Telephone Number – Associated with Contact Person
 - *Telephone Number Extension (optional)*
 - Email Address – An electronic mail address at which the health plan might contact the provider
 - *Fax Number (optional) – A number at which the provide can be sent facsimiles*

Electronic Remittance Advice Information – Required

This section identifies information on how the 835 will be aggregated.

- Preference for Aggregation of Remittance Data – the two options below are mutually exclusive; enter one or the other
 - Provider Tax Identification Number (TIN) – this field would contain 9 numeric digits
 - National Provider Identifier (NPI) – this field would contain 10 numeric digits

Provider Identifiers Information – Required

This section identifies the Trading Partner that will receive the 835.

- Assigning Authority – The organization that issues and assigns the additional identifier requested on the form. For this enrollment, it would be Optum.
- Trading Partner ID – The provider’s submitter ID assigned by the health plan or the provider’s clearinghouse or vendor. For this enrollment, it would be the Optum assigned Organization ID.

Electronic Remittance Advice Clearinghouse Information – Optional

This section is to be completed if the submitter is a Clearinghouse and is required if applicable.

- Clearinghouse Name – Official name of the provider’s clearinghouse
- Clearinghouse Contact Name - Name of a contact at Clearinghouse for handling ERA issues
- Email Address – An electronic mail address at which the health plan might contact the provider’s clearinghouse

Submission Information – Required

This section indicates the reason for the submission as well as the person’s name submitting the enrollment.

- Reason for Submission
 - N = New Enrollment
 - C = Change Enrollment
 - D = Cancel Enrollment
- Authorized Signature
 - Electronic Signature of Person Submitting Enrollment – The signature of an individual authorized by the provider or its agent to initiate, modify or terminate an enrollment.

Resources

For Gateway Clients, please contact us at 1-877-309-4256

For General Support, please contact us at 1-866- 367-9778