

OXFORD HEALTH PLANS

PAYER 06111

Thank you for your interest in enrolling for an ERA/835 transmission for Oxford Health Plans. In order to complete your enrollment, first you must register for EFT at Optum Electronic Payments portal <https://myservices.optumhealthpaymentservices.com/registrationSignIn.do>.



Electronic Payments and Statements

Login

How to Enroll

Benefits of EPS



Welcome to Electronic Payments and Statements (EPS)! Log in to view claims payment information and retrieve remittance data. If you're new to EPS, find out more about the [Benefits of EPS](#) and [How to Enroll](#).

Guides for Users

Phone support information is available to the right. In addition, you may find the below self-service documents helpful as you navigate EPS:

- [Frequently Asked Questions and Answers](#)
- [EPS User Guide](#)

Login to EPS

Please enter your user name and password to log into EPS.

User Name:

Password:

Login

[Forgot User Name](#)

Optum Cloud Users [Click here](#)

[Forgot / Change Password](#)

Not Enrolled for Electronic Payments?

Enroll Now

Call Center Support

Phone: 1-877-620-6194
Option 1 for Enrollment
Option 2 for EPS access questions



Electronic Payments & Statements EFT Enrollment Instructions

Electronic Payments & Statements (EPS) EFT Enrollment is available online and on paper. The online enrollment process is accessible at www.optumhealthfinancial.com. The online form for paper enrollment can also be accessed at www.optumhealthfinancial.com.

In order to enroll with Electronic Payments & Statements, please have the following information available to complete your enrollment:

- Organization Name and mailing information
- Tax Identification Number (TIN) and National Provider Identifier(s) (NPI)
- Contact information for your designated EPS contacts
- Banking information for direct deposit — at the TIN level and NPI level is also available

We'll also ask you to upload or provide copies of:

- A voided check or bank letter for each account where payments will be deposited
- Your organization's federal W-9 form — If your organization does not have a completed W-9 form, please follow this link to download a copy and complete the form: <http://www.irs.gov/pub/irs-pdf/fw9.pdf>

You will need all of this documentation readily available or you will not be able to complete the online enrollment successfully. If you prefer to use the EPS EFT Enrollment Authorization Agreement paper form, you can fax the signed enrollment form, a copy of a voided check or bank letter and the W-9 to:

Attn:
Processing
Manager
(800) 765-
6766

Or, if you prefer, you can mail the signed enrollment form, a copy of a voided check or bank letter and the W-9 to:

OptumHealth EPS Attn:
Processing
Manager
P.O. Box 30777
Salt Lake City, UT 84130-0777

EPS Enrollments are typically processed within 5 business days of receipt of your form or your online enrollment. We will email the organization provider contacts provided in the enrollment with your EPS effective date and how to log into EPS for the first time.

If you have questions about the EPS EFT Enrollment Authorization Agreement paper form or the online enrollment, please call 1-877-620-6194, Option 1. If you have other questions about EPS or questions related to your enrollment status, how to access and set up other users for

EPS once your enrollment is complete or when you'll receive your first payment, see "Get answers to frequently asked questions" located at www.optumhealthfinancial.com.

In the future, if you would like to make changes to your Organization information online, please have your organization's EPS Administrative contact make those changes in the *Maintain Enrollment/Organization* tabs. If you prefer to use paper, submit the paper EPS EFT Enrollment Authorization Agreement form and select "change" as the reason for submission. Please indicate the change requested.

In the future, if you would like to make changes to your TIN Bank Account information, please have your organization's EPS Administrative contact download the EPS EFT Enrollment Authorization Agreement form available in the *Maintain Enrollment/Bank Accounts* tabs. Select "change" as the reason for submission. Please indicate the change requested.

The completed form and written authorization will need to be mailed or faxed using the contact information above. If you wish to cancel your EPS EFT enrollment, please call 1-877-620-6194, Option 1.

Please fill out all of the required fields in either the online or paper enrollment. Here are the descriptions of the information requested to enroll for EFT (direct deposit) with EPS:

Provider Information

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 — ISO 3166-2 Two Character Code associated with the State/Province/Region of the applicable Country

Zip Code/Postal Code — System of postal-zone codes (zip stands for “zone improvement plan”) introduced in the U.S. in 1963 to improve mail delivery and exploit electronic reading and sorting capabilities

Provider identifiers

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 Simplification Standard. The NPI is a unique identification number for covered healthcare providers. Covered healthcare 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 Type — A proprietary health plan-specific indication of the type of provider being enrolled for EFT with specific provider type description included by the health plan in its instruction and guidance for EFT enrollment (e.g., hospital, laboratory, physician, pharmacy, pharmacist, etc.)

EPS requires this information for the enrolling TIN. We track if the enrolling TIN is a Hospital/ Facility, Physician in an Individual or Group practice, OR a provider/organization that performs other healthcare services. In addition, please tell us if the TIN performs services for Behavioral Health, Dental, Medical or Vision services or procedures.

Provider Contact Information

Provider Contact Name — Name of a contact in provider office for handling EFT issues

Telephone Number — Associated with contact person. The Extension is Optional.

Email Address — An electronic mail address at which the health plan might contact the provider

Financial Institution Information

Financial Institution Name — Official name of the provider’s financial institution

Financial Institution Address:

Street — Street address associated with receiving depository financial institution name field

City — City associated with receiving depository financial institution address field

State/Province — ISO 3166-2 Two Character Code associated with the State/Province/Region of the applicable Country

Zip Code/Postal Code — System of postal-zone codes (zip stands for “zone improvement plan”) introduced in the U.S. in 1963 to improve mail delivery and exploit electronic reading and sorting capabilities

Financial Institution Telephone Number — A contact telephone number at the provider’s bank

Financial Institution Routing Number — A 9-digit identifier of the financial institution where the provider maintains an account to which payments are to be deposited

Type of Account at Financial Institution — The type of account the provider will use to receive EFT payments, e.g., Checking, Saving

Provider’s Account Number with Financial Institution — Provider’s account number at the financial institution to which EFT payments are to be deposited

Account Number Linkage to Provider Identifier — Provider preference for grouping (bulking) claim payments – must match preference for v5010 X12 835 remittance advice.

This information is for informational purposes only. It does not require the health plan to make any changes or act upon this information.

- Provider Tax Identification Number (TIN) — EPS requires all providers to enroll a bank account at the TIN level
- National Provider ID (NPI) — EPS does not require that providers enroll a bank account at the NPI level however, if you want deposits to a bank account *different* than what was assigned to the TIN, this option is available. During the initial enrollment, your organization will have the opportunity to set up NPI banking information for as many NPIs as your organization needs.

If you want to add additional NPI bank accounts in the future, an NPI addendum form must be used. Please have your organization's EPS Administrative contact download the NPI Addendum form available in the *Maintain Enrollment/NPI Bank Account* tabs. After completing the form, you will need to fax (preferred) or mail the form to EPS along with a copy of a voided check or bank letter.

Include with Enrollment Submission

Voided Check — A voided check is attached to provide confirmation of Identification/Account Numbers

Bank Letter — A letter on bank letterhead that formally certifies the account owners routing and account numbers

Authorized Signature — The signature of an individual authorized by the provider or its agent to initiate, modify or terminate an enrollment. May be used with electronic or paper-based manual enrollment

Electronic Signature of Person Submitting Enrollment — The typed name of the person signing the form; may be used with electronic and paper-based manual enrollment

Written Signature of Person Submitting Enrollment — A (usually cursive) rendering of a name unique to a particular person used as confirmation of authorization and identity

Printed Name of Person Submitting Enrollment — The printed name of the person signing the form; may be used with electronic and paper-based manual enrollment

EPS offers the enrollee the option to download our Terms and Conditions on this page for the online enrollment. EPS advises to download a copy of the Terms and Conditions for your records. Terms and Conditions are provided in the paper enrollment. Once the enrollee clicks on the "Submit" button in the online enrollment process, the enrollee is finished with the CORE EFT Enrollment requirements. However, EPS requires a copy of the W-9 uploaded to complete the enrollment. After the W-9 is uploaded and the enrollee clicks on "Finish", the enrollee has the option to "Print Completed Enrollment Form", which allows the enrollee the capability to print and/or save a copy of the enrollment application. EPS advises to keep a copy of the application for your records.

ERA/835 Electronic Delivery

In order to receive the ERA/835 delivered to you electronically, please work with the payer to enroll for the ERA. The payer may have an option to send the ERA transaction directly to the provider or they may send the ERA to a clearinghouse or EDI vendor who will then forward it to the provider. EPS also offers our standard functionality to download the ERA/835 file for free. It is not necessary to receive or download the 835 unless you plan to auto post the payments to your practice management system.

Reassociation of the EFT payment and ERA

The provider organization is responsible for contacting their financial institution to arrange for the timing and delivery of the CORE required minimum CCD+ data elements necessary for re-association.

The minimum data elements that the financial institution must share with the provider organization are:

- Effective Entry Date — Date of deposit
- Amount — Total actual provider payment amount / amount of the deposit
- The TRN segment of the ERA/835 will match the Payment Related Information in the data provided from your financial institution. Payment Related Information includes;
 - Trace Type Code = I
 - EFT Trace Number = EFT Payment Number
 - Payer Identifier = Payer TIN preceded by a I
 - Originating Company Supplemental Code = EPS sends the 5 digit Payer ID preceded by 4 zeros

Researching missing or late ERA/835 files

Contact your clearinghouse or vendor to report missing or late ERA/835 files. A news item will be posted to the EPS Home page in the event that there are delays in 835/ERA delivery due to our processing.

Researching missing or late EFTs

Contact the EPS helpdesk to report missing or late payments. If the issue cannot be resolved during the call, the representative will forward the issue to a second level support team for additional research. The second level support team will work with you, your financial institution, OptumHealth Bank and the Payer to resolve. A news item will be posted to the EPS Home page in the event that there are delays in EFT delivery due to our processing.