UHC Group Multi-Payer
Enrollment Instructions – ERA ONLY

✓ **BEFORE enrolling, you MUST have a Practice Insight EDI customer account # with billing provider record(s) added.** Please contact your EDI Support Vendor to confirm your EDI setup.

CHOOSE ONE METHOD- to submit to Practice Insight

A. Enrollment Manager: PI Support Vendors can submit request using this tool.

B. Email: enrollment@practiceinsight.net

For each payer listed below, check one "Type of Request"
N – New C – Change

N	C		N	C	
☐	☐	**AARP MCR Supplemental by UHC (36273)**	☐	☐	**UHC Community Plan - NE (UFNEP)** FKA Americhoice NE. Submit claims to payer ID 87726.
☐	☐	**Medica (94265)**	☐	☐	**UHC Community Plan - NJ (86047)** FKA Americhoice NJ, NJ Family, & Personal Care Plus.
☐	☐	**United Healthcare (87726)** FKA Optimum Choice, MLH, & MAMSI. **(Provider Letter Required if request is CHANGE.)**	☐	☐	**UHC Community Plan - NYU (NYU01)** FKA Americhoice NY & Child Health Plus. Submit claims to payer ID 87726.
☐	☐	**UHC Community Plan - AZ (03432)** FKA Arizona Physicians IPA, & APIPA.	☐	☐	**UHC Community Plan – OH, WA (04567)** FKA Unison OH & Americhoice. Submit claims to payer ID 87726.
☐	☐	**UHC Community Plan - DE, PA, SC (25175) & (04567)** Includes: 32006, 62183, & 86049. FKA Americhoice PA, Unison. Submit claims to payer ID 87726.	☐	☐	**UHC Community Plan - TN (95378)** FKA UHC of River Valley. Submit claims to payer ID 87726.
☐	☐	**UHC Community Plan - KS (96385)** AKA Kancare.	☐	☐	**UHC Community Plan - TX (TEX01)** FKA Americhoice. Submit claims to payer 87726.
☐	☐	**UHC Community Plan - MI (95467)** FKA Great Lakes Health Plan GLHP	☐	☐	**UHC Community Plan - WI (WID01)** FKA Americhoice. Submit claims to payer 87726.
☐	☐	**UnitedHealthOne (81400) & (37602)** FKA American Medical Security, Golden Rule (EFT Required for ERA Enrollment at www.optumhealthfinancial.com) All Savers.	☐	☐	**UnitedHealthcare West (95959)** FKA Pacificare CA, OK, OR, TX, & WA.
☐	☐	**UHC Community Plan - MS (95378)** Submit claims to payer ID 87726.			

Practice Insight®

Send completed forms to Practice Insight
Email: enrollment@practiceinsight.net

UHC Group Multi-Payer ERA Request Form

IMPORTANT: If any payers are marked **CHANGE**--the provider (contact person specified on the request) will receive an email from Optum's **eraManager@enshealth.com** asking them to confirm the request for change of service in the routing of their UHC ERAs. **THE RECIPIENT OF THE EMAIL MUST REPLY TO THE EMAIL WITHIN 3 BUSINESS DAYS.**

Preference for Aggregation of Remittance			
Tax Identification Number: ☐		**National Provider Identifier:** ☐	
Provider Information			
Billing NPI:		**Tax ID:**	
Billing Provider Name:			
Primary Address:			
City:		**State:**	**Zip:**
Telephone Number:		**Fax Number:**	
Contact Information			
Contact Name:			
Telephone Number:		**Email:**	
EDI Information			
Support Vendor / Reseller:			**EDI Cust #:**

ALLOW 4-6 WEEKS FOR PROCESSING

If you do not begin receiving ERAs within 45 business days, contact your Practice Insight Support Vendor for assistance.

Sample Letter

(Type on Provider's Letterhead)

[Date]

Please accept this as authorization for 87726 ERA delivery for this provider to be moved to Optum.

Provider Name: [Billing Group or Practice Name]

Address:

City: **State:** **Zip:**

TIN:

NPI:

Assigning Authority: [Provider's Name]

Contact Name:

Contact Telephone Number:

Contact Email:

Sincerely,

[Provider's Signature]