

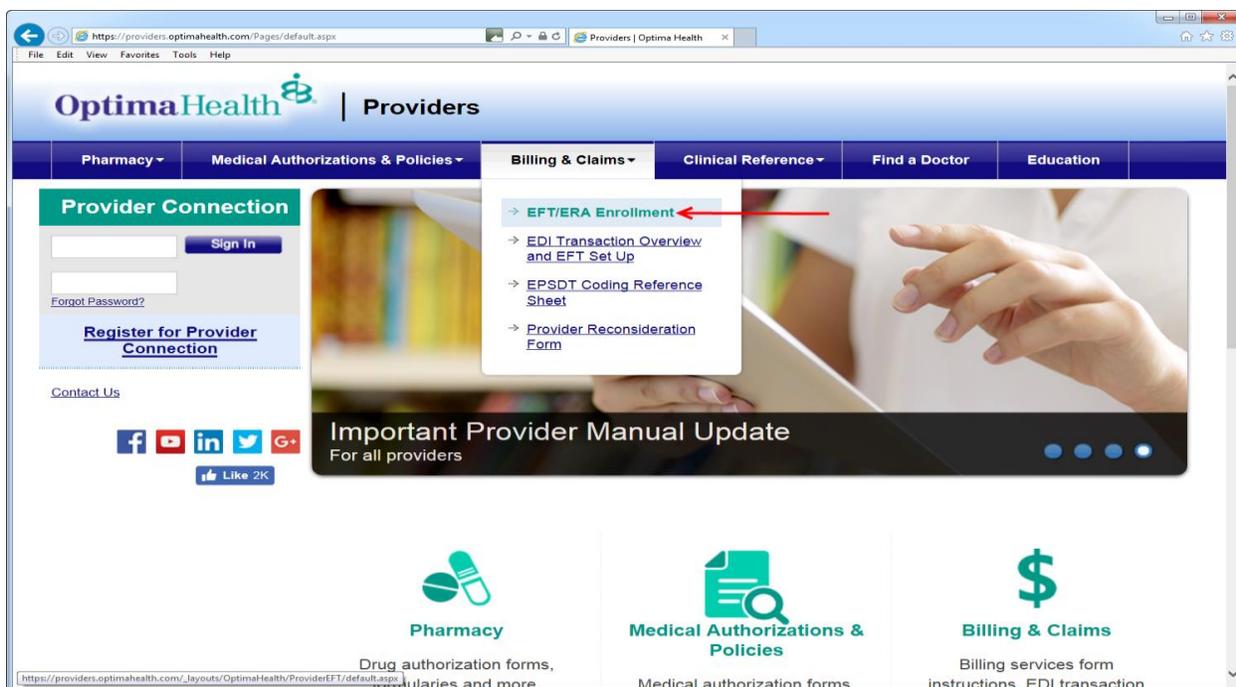
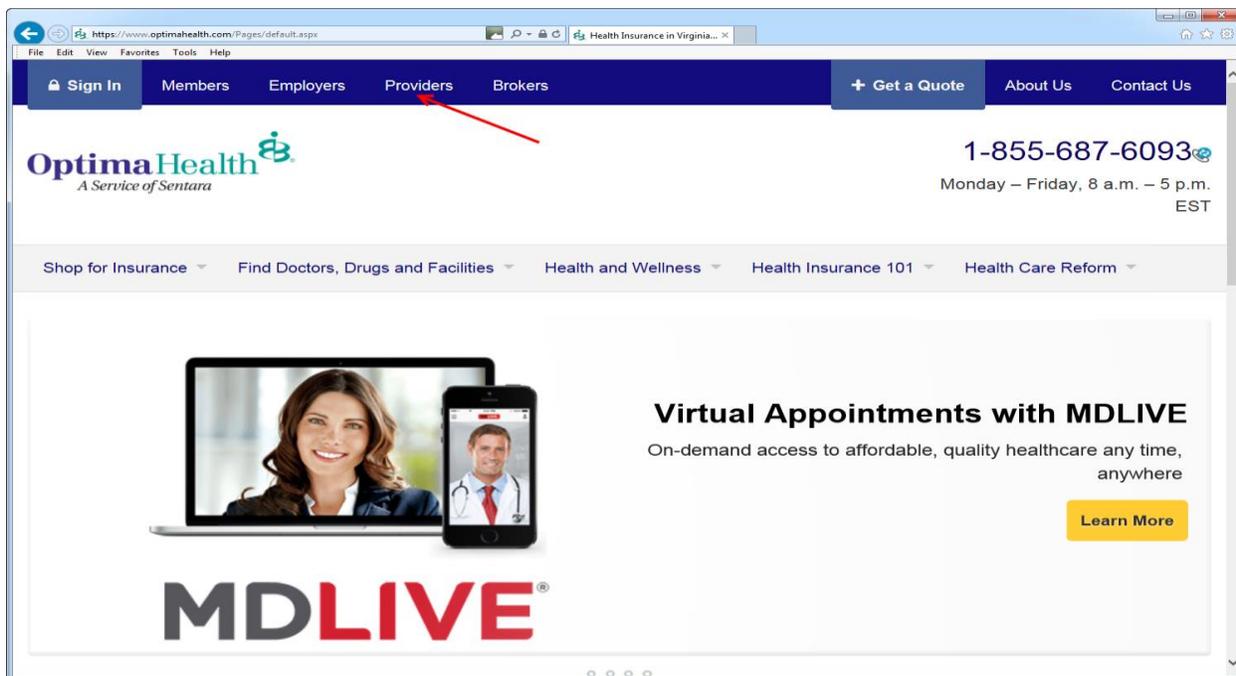
INSTRUCTIONS FOR COMPLETING THE EFT/ERA AUTHORIZATION AGREEMENT

PART I: Getting Started

Participating providers can enroll in EFT/ERA by applying on the web at

<http://providers.optimahealth.com/Pages/default.aspx>

Click on the 'Billing & Claims' tab, then select EFT/ERA Enrollment



PART II: Selecting a Vendor

Once you click on “EFT/ERA Enrollment” you will be brought to the “Electronic Payment/Remittance Authorization Agreement” screen. On this screen you will need to select the state in which you are providing services, the reason for the submission, provider type, along with the Federal Tax ID.

OptimaHealth

Electronic Payment/Remittance Authorization Agreement

Detailed instructions on how to complete this form can be found by clicking [here](#). If you have any questions, please contact Optima Finance at EFT_ERA_INQUIRY@SENTARA.COM

* An asterisk denotes required information

PROVIDING SERVICES IN OR AROUND

Virginia

* **REASON FOR SUBMISSION**

New Enrollment Change Enrollment Cancel Enrollment

* **PROVIDER TYPE**

Medical Behavioral Health

* **Federal Tax ID:** 55555555

Once you click the continue button, a list of all vendors associated with the Federal Tax ID entered will be displayed. **Please note** – only one vendor can be selected and setup at one time. If your Federal Tax ID has multiple vendor numbers associated and you are trying to setup all of the vendors with the same banking account and clearinghouse, you may set up one vendor on the electronic form and email EFT_ERA_INQUIRY@sentara.com providing authorization for the information to be copied to all existing vendors associated with the Federal Tax ID.

OptimaHealth

Electronic Payment/Remittance Authorization Agreement

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* An asterisk denotes required information

PROVIDING SERVICES IN OR AROUND

Virginia

* **REASON FOR SUBMISSION**

New Enrollment Change Enrollment Cancel Enrollment

* **PROVIDER TYPE**

Medical Behavioral Health

* **Federal Tax ID:** x 55555555

Please select a Vendor:

VENDOR NUMBER	NAME	ADDRESS	
123456	Optima Health Plans	4417 Corporation Lane Virginia Beach, VA 23462	<input type="button" value="Select"/>

Part III: Filling out the form

After you have clicked the select button on the appropriate vendor number, you will be brought to the form to complete.



Electronic Payment/Remittance Authorization Agreement

Detailed instructions on how to complete this form can be found by clicking [here](#). If you have any questions, please contact Optima Finance at EFT_ERA_INQUIRY@SENTARA.COM

Vendor Number:

* An asterisk denotes required information

PROVIDER INFORMATION

* Provider Name

Provider Address

* Street

* City

* State

* Zip Code / Postal

Provider Information – This information will auto fill from the vendor information selected on the previous screen. Any information changed within this section will not be updated in the Optima Health system. If the information is not correct, please contact your Provider Relations Representative or Network Educator to have the information updated.

Provider Name - the provider's/supplier's legal business name or the name of the physician or individual practitioner, as reported to the Internal Revenue service (IRS). The account to which EFT payments are made must exclusively bear the name of the physician or individual practitioner, or the legal business name of the person or entity to be paid by Optima Health.

Provider Address - the provider's/supplier's legal business address or the address of the physician or individual practitioner, as reported to the Internal Revenue service (IRS).

PROVIDER IDENTIFIERS INFORMATION

* Provider Federal Tax Identification (TIN) or Employer Identification Number(EIN)

* National Provider Number (NPI)

* Provider Type Medical Behavioral Health

Provider Identifiers Information – This information will auto fill from the vendor information selected on the previous screen. Information cannot be changed within this section. If the information is not correct, please contact your Provider Relations Representative or Network Educator to have the information corrected.

Provider Federal Tax Identification (TIN) or Employee Identification Number (EIN) - -the provider's Federal Tax Identification Number (TIN) or Employer Identification Number (EIN).

National Provider Number (NPI) - the provider's National Provider Identifier (NPI)

Note: This is a unique ten-digit identification number required by HIPAA for all health care providers in the United States. Providers must use their NPI to identify themselves in all HIPAA transactions.

Provider Type –the type of services the provider

PROVIDER CONTACT INFORMATION	
* Provider Contact Name	<input type="text"/>
* Telephone Number	<input type="text"/> 555-555-5555 
Telephone Number Extension	<input type="text"/>
* Email Address	<input type="text"/>

Provider Contact Information - please fill out this section

Provider Contact Name - Enter the name of a contact person who can answer questions about information submitted on Electronic Payment/Remittance Authorization Agreement form.

Telephone Number - Enter the contact person's telephone number.

Telephone Number Extension - Enter the contact person's telephone number extension, if available.

Email Address - Enter the email address of the person the provider would like notifications of deposit sent to.

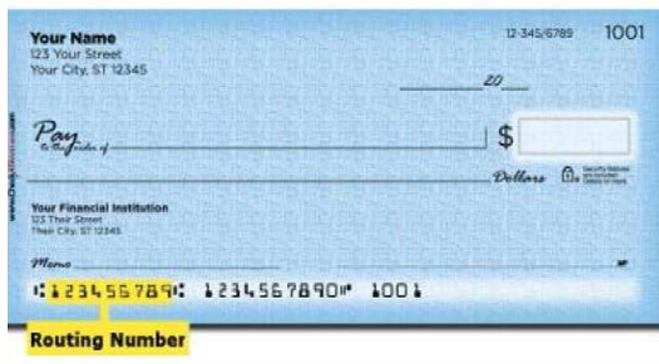
FINANCIAL INSTITUTION INFORMATION	
Financial Institution Name	<input type="text"/>
	Financial Institution Name will appear once routing number has been entered and the tab key pressed.
* Financial Institution Routing Number	<input type="text"/>
* Type of Account at Financial Institution	<input type="radio"/> Checking <input type="radio"/> Savings
* Provider's Account Number at Financial Institution	<input type="text"/>
Account Number Linkage to Provider Identifier (e.g., Preference for Aggregation of Remittance Data)	
* Provider Tax Identification Number (TIN)	<input type="text" value="123456789"/>

Financial Institution Information –

Financial Institution Name – The Financial Institution Name will appear once the routing number has been entered and the tab key pressed.

Financial Institution Routing Number - Enter the bank or financial institution's nine-digit routing number, including applicable leading zeros. Note: If your routing number is not available, please email EFT_ERA_INQUIRY@sentara.com with the Financial Institution Name and Routing number. This will be setup to allow you to complete the form.

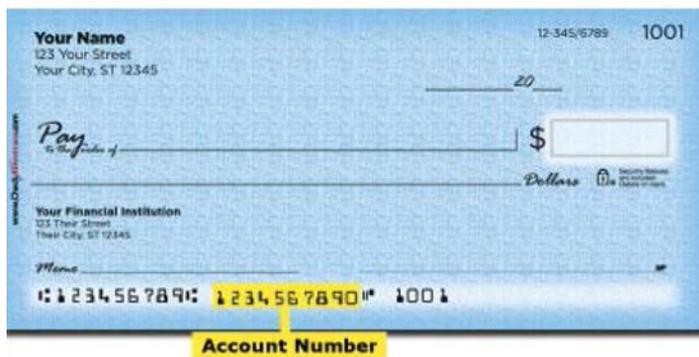
Your routing number can be located at the bottom of a check as in the example below:



Type of Account at Financial Institution - Select the account type.

Provider's Account Number at Financial Institution - Enter the depositor's account number, including applicable leading zeros.

Your account number can be located at the bottom of a check as in the example below:



Provider Tax Identification Number (TIN) – This information will be auto filled from the vendor information selected. Information cannot be changed within this section.

ELECTRONIC REMITTANCE ADVISE INFORMATION	
Preference for Aggregation of Remittance Data (e.g., Account Number Linkage to Provider Identifier)	
* Provider Tax Identification Number (TIN)	123456789
PLEASE NOTE THAT BY CHOOSING TO RECEIVE YOUR PAYMENTS ELECTRONICALLY, REMITS WILL ALSO BE DELIVERED ELECTRONICALLY AND PAPER REMITS BY MAIL WILL CEASE PLEASE SELECT ONE OF THE ELECTRONIC RETRIEVAL METHODS BELOW.	
* Method of Retrieval	
<input type="radio"/> Online from "Provider Connection" on the Optima Health Provider Website Provider Connection Login ID: <input type="text"/>	
You must be a registered user of Provider Connection to utilize this option. If you do not currently have a Provider Connection Username, please complete the Provider Connection Registration Form , and return to complete this EFT/ERA Enrollment when you have received your username and password.	
<input type="radio"/> Clearinghouse	
<input type="radio"/> Access directly from the Optima Health secure FTP site Submit requests for secure FTP site to EFT_ERA_Inquiry@sentara.com	

Electronic Remittance Advice Information –

Provider Tax Identification Number (TIN) – This information will be auto filled from the vendor information selected. Information cannot be changed within this section.

Method of Retrieval - select one of the following options -

Online from "Provider Connections" - Select 'Print from <http://providers.optimahealth.com/Pages/default.aspx>' if you wish to print your remits for manual posting. **Note:** You **MUST** include your provider connections login id for enrollment to be processed.

Clearinghouse - Select 'Clearinghouse' if you have a relationship with a clearinghouse and would like your Optima Health remits delivered to you by them. **Note:** Your clearinghouse **MUST** have a relationship with Optima Health's clearinghouse of choice, Allscripts-Payerpath, (formerly Misy-

Payerpath) or have a relationship with them through a third party. You should also confirm that you are setup appropriately with your clearinghouse before submitting enrollment to Optima Health.

Access directly from the Optima Health secure FTP site - Select 'Access directly from Optima Health secure FTP site' if you would like to pick up an electronic 835 file directly from Optima Health. **Note:** You **MUST** submit at request for a secure FTP site to EFT_ERA_INQUIRY@sentara.com prior to submitting an EFT/ERA Enrollment. You can find more information regarding the secure FTP solution on the provider portal of www.optimahealth.com under the 'EDI Transaction Overview' link. <https://providers.optimahealth.com/billing/Pages/EDI-Transaction-Overview.aspx>. Setup for a secure FTP can take 8 to 12 weeks once all appropriate paperwork has been received.

ELECTRONIC REMITTANCE ADVICE CLEARINGHOUSE INFORMATION	
Clearinghouse Name	-- Select One --
Your clearinghouse must have a relationship with the Optima Health clearinghouse of choice: Misys-Payerpath.	
If you do not know which Clearinghouse to select, please contact EFT_ERA_Inquiry@sentara.com for assistance.	

Electronic Remittance Advice Clearinghouse Information –

Clearinghouse Name – select your clearinghouse name. **Note:** If you do not know which Clearinghouse to select, please contact EFT_ERA_INQUIRY@sentara.com for assistance. Your clearinghouse **MUST** have a relationship with Optima Health clearinghouse of choice, Allscripts-Payerpath.

SUBMISSION INFORMATION	
* Reason for submission	<input checked="" type="radio"/> New Enrollment <input type="radio"/> Change Enrollment <input type="radio"/> Cancel Enrollment
* Authorized Signature	<p>With your Signature and Printed Name, you are certifying that the account is drawn in the name of the physician or individual Practitioner or the Legal Business name of the Provider or Agent. The Provider or Agent has sole control of the account to which EFT deposits are made in accordance with all applicable Federal regulations and instructions. All arrangements between the Financial institution and the said Provider or Supplier are in accordance with all applicable Federal regulations and instructions with the effective date of the EFT authorization. You must notify Optima Health in writing in regards to any changes in the account in sufficient time to allow the contractor and the Financial Institution to act on the change.</p> <p>The EFT Authorization must be signed by an individual authorized by the provider or its agent to initiate, modify or terminate an enrollment.</p>
* Electronic Signature of Person Submitting Enrollment	<input type="text"/>
* Printed Name of Person Submitting Enrollment	<input type="text"/>
Submission Date	<input type="text" value="8/17/2017"/>
* Requested EFT Start/Change/Cancel Date	<input type="text"/>
Requested ERA Effective Date	<input type="text"/>
Your application will be processed and activated within 48 hours of submission.	
<input type="button" value="Submit"/> <input type="button" value="Cancel"/>	

Submission Information -

Reason for submission - This information will be auto filled from the vendor information selected. Information cannot be changed within this section.

Electronic Signature of the Person Submitting the Enrollment - By your signature on this form you are certifying that the account is drawn in the Name of the Physician or Individual Practitioner, or the Legal Business Name of the Provider or Supplier.

Printed (typed) Name of the Person Submitting the Enrollment - By your signature on this form you are certifying that the account is drawn in the Name of the Physician or Individual Practitioner, or the Legal Business Name of the Provider or Supplier.

Submission Date – This date with auto fill with the current date. Enter the date that you are submitting this enrollment.

Requested EFT Start Date - Enter the effective date if a future date is desired.

Requested ERA Start Date – This date with auto fill with the same date as the ‘Requested EFT Start Date’.

Submit - Submit your application. Please note your application will be processed and activated within 48 hours of submission. You will receive an email confirmation to the email address listed above in the ‘Provider Contact Information’ section.

Part IV – FAQs

FAQ #1 - I am missing my ERA. How do I get a new one resent?

Providers that did not receive an ERA but did receive a payment should begin by contacting their clearinghouse. The clearinghouse will research and contact Optima, if necessary to have the missing ERA resent to them. If the provider retrieves their ERAs from the Optima Health Provider Connection Website, they will need to contact EFT_ERA_Inquiry@sentara.com.

FAQ # 2 – I did not receive the EFT payment in my banking account?

First the provider should contact their Financial Institution with the deposit amount to verify that the funds were not received. Providers that did not receive the EFT payment in their bank account, should send an email to EFT_ERA_Inquiry@sentara.com. This is commonly a timing issue or the provider not knowing the particular day the funds were received.

FAQ # 3 – The address on my enrollment form is incorrect.

The address will need to be updated with Network Management. Please contact your Provider Relations Representative or Network Educator to have the information updated.

FAQ #4 – I receive an error when entering my bank routing information.

The bank routing information is stored in a table in our system and not all routing numbers, especially those for out of area banks, are not listed in the table. The provider will need to email EFT_ERA_Inquiry@sentara.com with the routing number and banking institution name and this correction can be made quickly.

FAQ # 5 – I receive “no results found” when I entered in my Tax ID Number on the website.

Only participating vendors are allowed to sign up for EFT/ERA. If the provider is not participating, they may not return results on the web enrollment form.

FAQ # 6 - The NPI on my enrollment form is incorrect.

The NPI will need to be updated with Network Management. The NPI number is not used to setup a provider for EFT/ERA. Claims are paid at a vendor level and the vendor is what is setup is for EFT/ERA. The Tax ID number is used to determine the appropriate vendors to setup for EFT/ERA.

FAQ #7 – What is the difference between a clearinghouse, R2W, and a secure FTP site?

A clearinghouse is a third party agency or organization that collects and distributes claim and ERA information to providers.

Reports 2 Web or R2W is the Optima Health Provider Website. This website requires a Provider Connection Login ID to be able to access printable paper remittance advices.

A secure FTP site allows the provider to access 835 electronic files directly from Optima Health without using a clearinghouse.