

Alternative payment routing options user guide

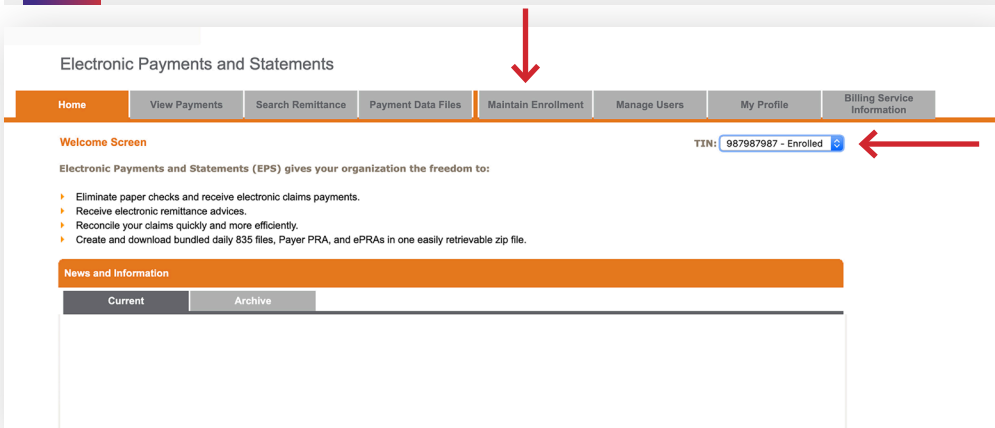
If you are looking to route and segment payments associated to uninsured claims, there are two payment level options available (the default method will be displayed at the TIN level):

- Route all payments at the Payer level (RECOMMENDED)
- Route all payments at the NPI level

How to Receive Payer payment to a separate bank account (RECOMMENDED)

1

From your Welcome screen, **select your TIN** and then the Maintain Enrollment tab.



Electronic Payments and Statements

Home View Payments Search Remittance Payment Data Files **Maintain Enrollment** Manage Users My Profile Billing Service Information

Welcome Screen

TIN: 987987987 - Enrolled

Electronic Payments and Statements (EPS) gives your organization the freedom to:

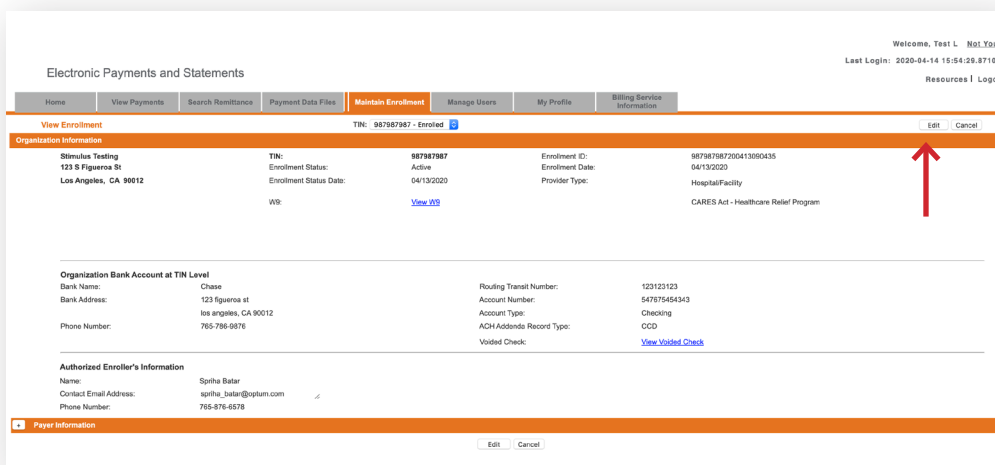
- Eliminate paper checks and receive electronic claims payments.
- Receive electronic remittance advices.
- Reconcile your claims quickly and more efficiently.
- Create and download bundled daily 835 files, Payer PRA, and ePRAs in one easily retrievable zip file.

News and Information

Current Archive

2

Select **'Edit'** from View Enrollment page.



Electronic Payments and Statements

Welcome, Test L. Not_YouZ
Last Login: 2020-04-14 15:54:28.871021
Resources | Logout

Home View Payments Search Remittance **Maintain Enrollment** Manage Users My Profile Billing Service Information

View Enrollment TIN: 987987987 - Enrolled Edit Cancel

Organization Information

Stimulus Testing 123 S Figueroa St Los Angeles, CA 90012	TIN: 987987987 Enrollment Status: Active Enrollment Date: 04/13/2020 W9: View W9	Enrollment ID: 987987987200413080435 Enrollment Date: 04/13/2020 Provider Type: Hospital/Facility CARES Act - Healthcare Relief Program
--	---	--

Organization Bank Account at TIN Level

Bank Name: Chase	Routing Transit Number: 123123123
Bank Address: 123 Figueroa St Los Angeles, CA 90012	Account Number: 547675454343
Phone Number: 765-786-9876	Account Type: Checking ACH/Debits Record Type: CCD Voided Check: View Voided Check

Authorized Enroller's Information

Name: Spruha Balar
Contact Email Address: spruha_balar@optum.com
Phone Number: 765-876-6578

Payer Information Edit Cancel

3

Click on **Bank Account(s)** tab, then 'Change Banking Data'

Electronic Payments and Statements

Welcome, Test L. [End User 2](#)
Last Login: 2020-04-14 17:03:25.774039
[Resources](#) | [Logout](#)

Home | View Payments | Search Remittance | Payment Data Files | **Maintain Enrollment** | Manage Users | Billing Service Information

Edit Enrollment

Organization | Payer(s) | **Bank Account(s)**

To update your banking information online click on "Change Banking Data" button.

TIN Level Banking Information

Bank Name:	WACHOVIA BANK	Routing Transit Number:	053000219
Bank Address:	WEST VALLEY CITY, UT 84120	Account Number:	2074228052466
Phone Number:	999-999-9999	Account Type:	Checking
		ACH Addenda Record Type:	CCD

Payer/Patient Level Banking Information

33 Payer Bank Accounts have been added to this enrollment.

NPI Level Banking Information

No NPI Bank Accounts have been added to this enrollment.

[Change Banking Data](#) | [Cancel](#) | [Finish](#)

4

Complete the User Information page.

Electronic Payments and Statements

Home | View Payments | Search Remittance | Payment Data Files | **Maintain Enrollment** | Manage Users | Billing Service Information

Update Bank Account - User Information

Only authorized representatives from your organization will be allowed to make online banking information changes. A confirmation email will be sent to you that will require your attention for acknowledging banking changes. Please note, all banking changes will be monitored.

*** Required Fields**

- * User Name:
- * First Name:
- * Last Name:
- * Middle Initial:
- * Title:
- * Phone Number: - - Ext:
- * Email Address:
- * Retype Email Address:

[Continue](#) | [Cancel](#)

5

Select **Payer** from dropdown list and enter banking information where that Payer's payment is to be directed.

Payer/Patient Level Banking Information (Designate separate bank accounts by Payer or for Patient payments)

Select Payer/Patient: **-- Select --**

Bank Name:

Bank Address:

City:

State:

Zip:

Phone Number:

Populate from existing bank account(s): **-- Select --**

Routing Transit Number:

Account Number:

Account Type: ☐ Checking ☐ Savings ☐

ACH Addenda Record Type: **CCD**

Upload Document: ☐ Voided Check ☐ Bank Letter

[Choose File](#) | No file chosen

Please note, uploading a new document will replace the existing document. Please take the time to review your uploaded document to ensure it is the most up-to-date version.

[Add Bank Account](#) | [Update Bank Account](#) | [Clear All Fields](#)

How to receive NPI payment to a separate bank account for all Payers or a specific Payer (NOTE: If a claim submission does not reference the NPI, the payment will be made at the TIN level)

1

From your Welcome screen, **select your TIN** and then the **Maintain Enrollment** tab.

Electronic Payments and Statements

Home View Payments Search Remittance Payment Data Files **Maintain Enrollment** Manage Users My Profile Billing Service Information

Welcome Screen TIN: 987987987 - Enrolled

Electronic Payments and Statements (EPS) gives your organization the freedom to:

- Eliminate paper checks and receive electronic claims payments.
- Receive electronic remittance advices.
- Reconcile your claims quickly and more efficiently.
- Create and download bundled daily 835 files, Payer PRA, and ePRAs in one easily retrievable zip file.

News and Information

Current Archive

2

Select **'Edit'** from View Enrollment page.

Electronic Payments and Statements

Welcome, Test L. Not You? Last Login: 2020-04-14 15:54:28.871921 Resources | Logout

Home View Payments Search Remittance Payment Data Files **Maintain Enrollment** Manage Users My Profile Billing Service Information

View Enrollment TIN: 987987987 - Enrolled Edit Cancel

Organization Information

Stimulus Testing 123 S Figueroa St Los Angeles, CA 90012	TIN: 987987987 Enrollment Status: Active Enrollment Status Date: 04/13/2020 WR: View WR	Enrollment ID: 987987987200413550435 Enrollment Date: 04/13/2020 Provider Type: Hospital/Facility CARES Act - Healthcare Relief Program
--	--	--

Organization Bank Account at TIN Level

Bank Name: Chase	Routing Transit Number: 123123123
Bank Address: 123 Figueroa St Los Angeles, CA 90012	Account Number: 547875454343
Phone Number: 765-786-9876	Account Type: Checking
	ACH Addenda Record Type: CCD
	Voided Check: View Voided Check

Authorized Enroller's Information

Name: Spiha Batar
Contact Email Address: spihabatar@optum.com
Phone Number: 765-876-4578

Payer Information Edit Cancel

3

Click on **Bank Account(s)** tab, then **Change Banking Data**

Electronic Payments and Statements

Welcome, Test L. [End User](#)
Last Login: 2020-04-14 17:03:25.774039
[Resources](#) | [Logout](#)

Home View Payments Search Remittance Payment Data Files **Maintain Enrollment** Manage Users Billing Service Information

Edit Enrollment

Organization Payer(s) **Bank Account(s)** [Change Banking Data](#) [Cancel](#) [Finish](#)

To update your banking information online click on "Change Banking Data" button.

TIN Level Banking Information

Bank Name: VACHOVA BANK Routing Transit Number: 053000219
Bank Address: WEST VALLEY CITY, UT 84120 Account Number: 2074228052466
Phone Number: 999-999-9999 Account Type: Checking
ACH Addenda Record Type: CCD

Payer/Patient Level Banking Information
All Payer Bank Accounts have been added to this enrollment.

NPI Level Banking Information
No NPI Bank Accounts have been added to this enrollment.

[Cancel](#) [Finish](#)

4

Complete the User Information page.

Electronic Payments and Statements

Home View Payments Search Remittance Payment Data Files **Maintain Enrollment** Manage Users Billing Service Information

Update Bank Account - User Information

Only authorized representatives from your organization will be allowed to make online banking information changes. A confirmation email will be sent to you that will require your attention for acknowledging banking changes. Please note, all banking changes will be monitored.

*** Required Fields**

* User Name:
* First Name:
* Last Name:
Middle Initial:
* Title:
* Phone Number: - - Ext:
* Email Address:
* Retype Email Address:

[Continue](#) [Cancel](#)

5

Select **Payer** from dropdown list to receive that Payer's payments for the NPI to a separate bank account

NPI Level Banking Information

Select Payer: ☒ All Payers
Select NPI: ☐ Rely Pay Member Payments
Bank Name: AIG Claims Inc.
Bank Address: AppleCare Medical Group
City: Dental Benefit Providers
State: ECHO
Zip: Equitable Life and Casualty Ins Co
Phone Number: Equitable National Life
Golden Rule
Harvard Pilgrim
Heartland
HCC
LCBA
Managed Physical Network Inc
McLaren Health Plan
Midwest
Medica
Medica Health Plans Inc
National Health Insurance Company
Nationwide
ORCS CO USN IPA of New York Inc
Optum PAF Program
Optum VA CCN
Oxford Health Plans
Piedmont BL Inc

Click on NPI Payer link

NPI Payer

Populate from existing bank account(s): -- Select --
Routing Transit Number:
Account Number:
Account Type:
ACH Addenda Record Type:
Upload Document:
Enter the routing number from your voided check or bank letter. Do not use the routing number from your deposit slip.
Checking ☒ Savings ☐
CCD
Voiced Check ☐ Bank Letter ☐
Choose File | No file chosen
Please note, uploading a new document will replace the existing document. Please take the time to review your uploaded document to ensure it is the most up-to-date version.

[Add NPI Bank Account](#) [Update NPI Bank Account](#) [Clear All Fields](#)

Account Number ACH Addenda Record Type Phone Number

No NPI Bank Accounts have been added to this enrollment.

6

Select **NPI** from dropdown list

NPI Level Banking Information

Select Payer: 1234567890 - NPI One

Select NPI: 9876543211 - NPI Two

Bank Name:

Bank Address:

City:

State:

Zip:

Phone Number:

Populate from existing bank account(s): -- Select --

Routing Transit Number:

Account Number:

Account Type: ☒ Checking ☐ Savings ☐ Bank Letter

ACH Addenda Record Type: ☒ CCD ☐ Bank Letter

Upload Document: No file chosen

Please note, uploading a new document will replace the existing document. Please take the time to review your uploaded document to ensure it is the most up-to-date version.

7

You will receive an email from Optum Pay, asking you to validate the entered bank account information. **Please click on the link and follow the directions to complete the process.**



11000 Optum Circle, Eden Prairie, MN 55344

Optum Financial™ is a registered trademark of Optum, Inc. in the U.S. and other jurisdictions. All other brand or product names are the property of their respective owners. Because we are continuously improving our products and services, Optum reserves the right to change specifications without prior notice. Optum is an equal opportunity employer.

Optum Pay™ solutions are provided by Optum Financial, Inc. and its subsidiary Optum Bank, Inc., Member FDIC.

© 2020 OptumFinancial, Inc. All rights reserved. WF3365334 9/20