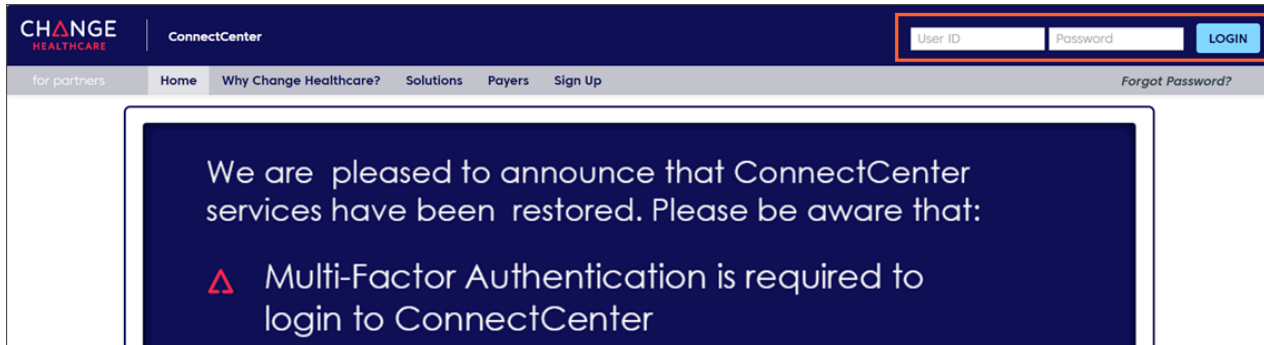
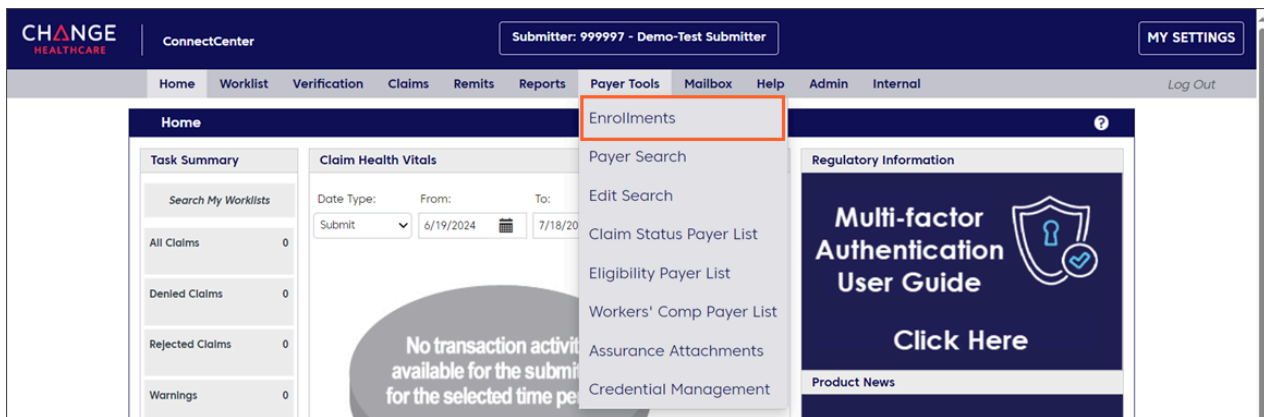


Getting started

1. Log in to your [ConnectCenter](#) account.



2. Click Payer Tools > *Enrollments*.



3. Enter the *biller ID*, *submitter ID* or *CID* and click *Validate*.

Submitter Selection

Biller ID: Submitter ID: CID:

4. Select the *Biller name* from the list and click *Apply*.

Submitter Selection

Billor ID	Billor Name	CID	Submitter ID	Submitter Name
Show all	Show all	Show all	Show all	Show all
999997	Demo-Test Submitter	999997	Demo-Test Submitter	Demo-Test Submitter

Viewing the payer list

This allows you to review the information the payer wants on the form without having to start an enrollment bundle.

1. Click *Payer List*.

Welcome back 999997 - Demo-Test Submitter [Help](#)

Providers

1) [Select Provider](#) > 2) [Select Payers](#) > 3) [Special Instructions](#) > 4) [Answer Questions](#) > 5) [Enter Details](#) > 6) [Review an](#)

Provider ID Type: Provider ID:
 Tax ID: (optional)

Registered Providers (Expand to see currently registered providers)

2. Enter search criteria and click *Search*.

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[Payer List](#) [Start New Enrollment](#) [Enrollments In Progress](#) [Search Submitted Enrollments](#) [Last Edited Enrollment](#)

Payer Document List

Products: Claims Institutional Payer Name: Payer ID:
 Claims Professional State:
 Claim Status Insurance Type: Requires Enrollment:
 Eligibility New Connections (Last 30 Days):
 Remittance

CPID	Payer ID	Payer/Product	Provider Type	Est Days	State	Method	Enrollment Form
------	----------	---------------	---------------	----------	-------	--------	-----------------

Note:

- You can also search by CPID in the Payer ID field.
- Results do not populate when Requires Enrollment is selected and a CPID/Payer ID that does not require an enrollment is entered.

3. Click *Export Results to CSV* to export the list to an Excel spreadsheet.

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[Payer List](#)
[Start New Enrollment](#)
[Enrollments In Progress](#)
[Search Submitted Enrollments](#)
[Last Edited Enrollment](#)

Payer Document List

Products: Claims Institutional Payer Name: Payer ID:
 Claims Professional State: Requires Enrollment:
 Claim Status Insurance Type: New Connections:
 Eligibility (Last 30 Days):
 Remittance

[Search](#) [Clear](#)

[Export Results to CSV](#)

CPID	Payer ID	Payer/Product	Provider Type	Est Days	State	Method	Enrollment Form
▼ 6640	HT00000	UTAH MEDICAID	GROUP	5	UT	AUTO	
▼ 6801	HT00000	UTAH MEDICAID	GROUP	5	UT	AUTO	
▼ CMSMED	03502	UTAH MEDICARE	GROUP	5	UT	AUTO	
▼ UTCAID	HT00000	UTAH MEDICAID	GROUP	5	UT	AUTO	
▼ UTCAID	SKUT0	OKC Only - UTAH	GROUP	5	UT	AUTO	
		ELIGIBILITY Instit	BOTH	3	UT	AUTO	
		ELIGIBILITY Profe	GROUP	5	UT	AUTO	
		ELIGIBILITY Instit			UT		

Note:

- Click the *column heading* to sort the list.
- Red text indicates that the form is currently not available. Hover over the red text to display a reason.

4. Click the *appropriate icon* in the Enrollment Form column to download and view a sample image of a blank enrollment form.



Return To
 EnrollmentCentral@optum.com
 or
 Fax: 1-800-243-8310

Payer Information		
Payer Name:		
CPID:	Estimated Approval Days:	Multiple Clearinghouses:
Submitter Information		
Submitter ID:	CID:	Billing ID:
Submitter Name:		
NPI:	Tax ID:	
Reference ID:		
Instructions		
If a provider is linked to a group, payor requires agreement for the group only.		
Most Common Denial Reason: All provider information submitted on the agreement must match exactly what Railroad Medicare has on file. Please ensure the provider name, address and provider id are correct. If you need to verify the information the payer has on file, please contact Provider Enrollment 888-355-9165, option 3.		
Note: This agreement requires ink signature in 2 locations - page 2 and again on the Railroad Medicare Provider Authorization Form.		
Agreement may be faxed to Optum at 1-800-243-8310.		

Would the provider like to sign up for electronic remittance? Yes No

The payor only completes the setup at the Group level. Please use only Group information on the agreement.

Please use the Group PTAN and Group NPI not the Group Member PTAN and Group Member NPI.

If Remittance is selected on this agreement, a separate Remittance agreement does NOT need to be submitted to Optum.

Does the provider belong to a Group? Yes No



Claims

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Last Revised Date: 05/29/24

Sample enrollment form

Starting a New Enrollment

1. Click *Start New Enrollment* for the selected Submitter ID.

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[Payer List](#) [Start New Enrollment](#) [Enrollments In Progress](#) [Search Submitted Enrollments](#) [Last Edited Enrollment](#)

Payer Document List

Products: Claims Institutional Payer Name: Payer ID:
 Claims Professional State: Requires Enrollment:
 Claim Status Insurance Type: New Connections (Last 30 Days):
 Eligibility
 Remittance

[Search](#) [Clear](#)

2. Select the *Provider ID type* from the drop-down field and enter the *Provider ID* of the provider you want to enroll and click *Validate*. Click *Next*.

[Payer List](#) [Start New Enrollment](#) [Enrollments In Progress](#) [Search Submitted Enrollments](#) [Last Edited Enrollment](#)

Providers

1) **Select Provider** > 2) Select Payers > 3) Special Instructions > 4) Answer Questions > 5) Enter Details > 6) Review an

Provider ID Type: Provider ID: [Validate](#)

Tax ID: (optional)

[Registered Providers \(Expand to see currently registered providers\)](#)

[Next](#)

Note:

- If you register providers with Provider Management, you can click the arrow to display the list of registered providers and then select the provider.
- If an error message displays, verify the NPI entered.

3. Enter the search criteria for the payer to enroll the provider with and then click *Search*.

[Payer List](#) [Start New Enrollment](#) [Enrollments In Progress](#) [Search Submitted Enrollments](#) [Last Edited Enrollment](#)

Selected provider is: Not Available | 1231231238 (NPI)

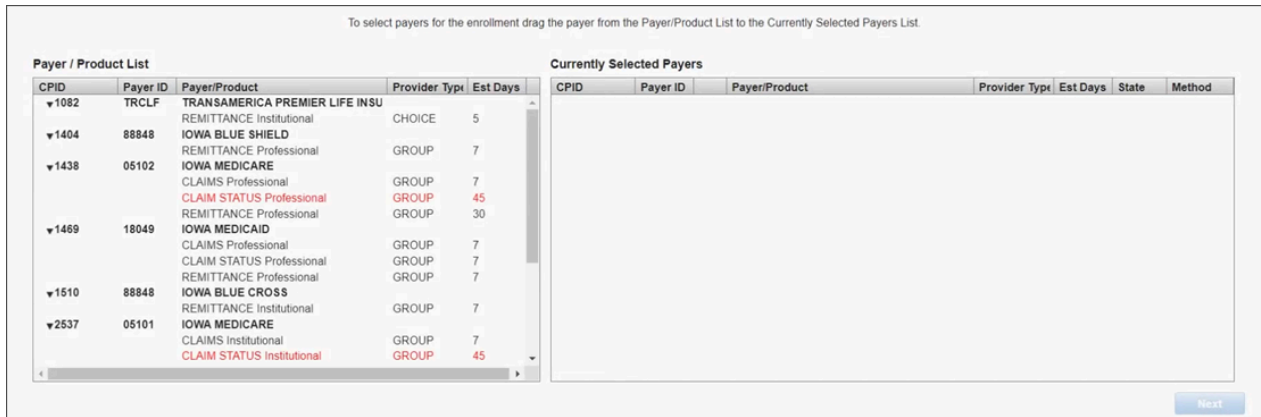
1) **Select Provider** > 2) **Select Payers** > 3) Special Instructions > 4) Answer Questions > 5) Enter Details > 6) Review and Submit

Products: Claims Institutional Payer Name: Payer ID:
 Claims Professional State: Requires Enrollment:
 Claim Status Insurance Type: New Connections (Last 30 Days):
 Eligibility
 Remittance

[Search](#) [Clear](#)

To select payers for the enrollment drag the payer from the Payer/Product List to the Currently Selected Payers List.

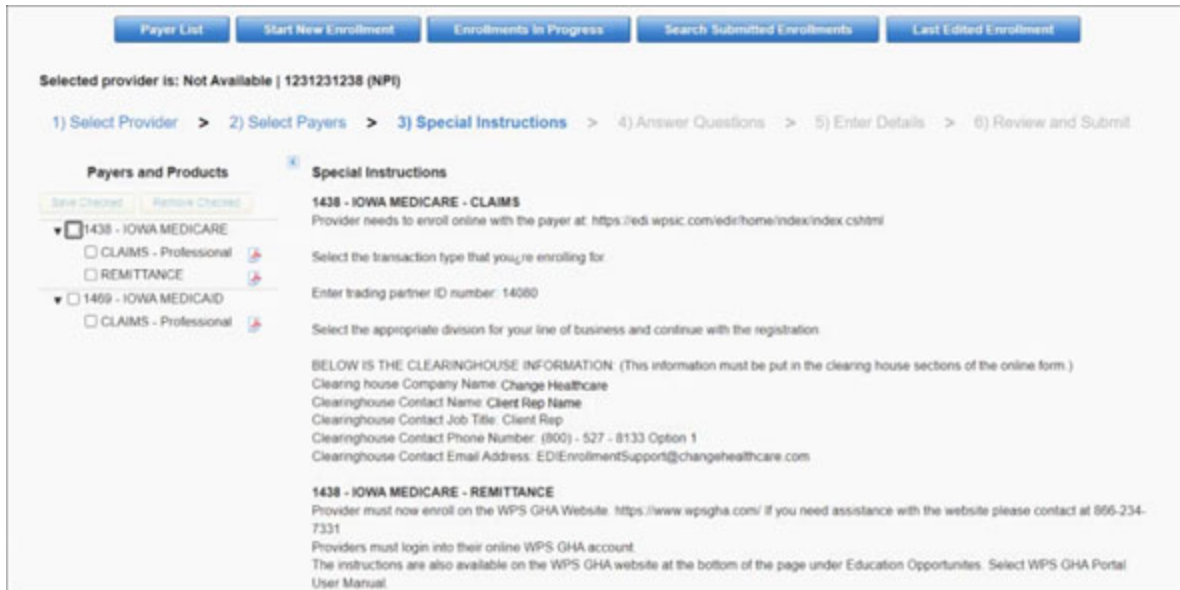
4. Click and drag *all the payers and products* you want to enroll the provider with to the Currently Selected Payers list and then click *Next*.



Note:

- Red text indicates that the form is currently not available. Hover over the red text to display a reason.
- Click the *column heading* to sort the list.
- Click the associated *Blue X* to remove a payer or product from the enrollment.

5. Review the Special Instructions for any specific notes or additional steps required by the payers you selected.



Note:

- Red text indicates that the form is currently not available. Hover over the red text to display a reason.

- Click the *column heading* to sort the list.
- Click the associated *Blue X* to remove a payer or product from the enrollment.

6. Review the Special Instructions for any specific notes or additional steps required by the payers you selected.

THE FOLLOWING CPIDS DO NOT REQUIRE A PAYER ASSIGN SUBMITTER ID - 1436, 1444, 1446, 2467, 2676, 3508, 5567, AND 5907

NOTE: Do not submit an additional Claims Status agreement if Claims Status is selected on the Claims agreement."

Go to the payer's website: <https://connect.edjssweb.com>
 Clearinghouse Name: RelayHealth IA Medicaid Part B
 Vendor/Clearinghouse ID: CH00005
 Contact Name: Registration Team
 Software Product Name: N/A
 Phone Number: (800) - 527 - 8133 Option 1
 Fax Number: (916) - 267 - 2963

Note:

- Click *Save and Close* to save the information and close the enrollment.
- From this point in the process, the work you complete in each step is saved to an enrollment in progress for you to resume at a later time.
- Click *Enrollments in Progress* to access saved enrollments.

7. Answer payer questions to provide the necessary information for the enrollment forms and then click *Next*.



All questions must be answered to proceed to the next step. Enter Details.


Payers and Products	Answer Questions
Save Checked Remove Checked <input type="checkbox"/> 1438 - IOWA MEDICARE <input type="checkbox"/> CLAIMS - Professional <input type="checkbox"/> REMITTANCE <input type="checkbox"/> 1469 - IOWA MEDICAID <input type="checkbox"/> CLAIMS - Professional	1438 - IOWA MEDICARE - REMITTANCE 1. By completing this form, I am confirming that the ERA set up has been completed by WPS. <input checked="" type="radio"/> Yes
	1469 - IOWA MEDICAID - CLAIMS 2. Confirm completion of enrollment process with the payer <input checked="" type="radio"/> Confirm Enrollment 3. Would the provider also like to sign up for electronic Claim Status (276/277)? <input checked="" type="radio"/> Yes <input type="radio"/> No

Note: This allows ConnectCenter to determine what the enrollment needs are for the selected payers and to narrow down the information necessary to create all the enrollment forms for you.

8. Enter details about the payers and products required on the enrollment form and then click *Next*.

Payers and Products Enter Details

1438 - IOWA MEDICARE
 CLAIMS - Professional 
 REMITTANCE 

1469 - IOWA MEDICAID
 CLAIMS - Professional 

General Information:
Date:

Provider Information:
Provider Name:
National Provider Identification (NPI):
Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN):

Signature Information:
Printed Name of Person Submitting Enrollment:
Signee Name:

1438 - IOWA MEDICARE - CLAIMS
Reference ID: (optional)
Provider ID:

1438 - IOWA MEDICARE - REMITTANCE
Reference ID: (optional)
Provider ID:
Date Online Enrollment form was completed:





Note: If you have previously provided information for this provider, some fields may prefill. You can update the information as necessary and it is implied to this enrollment as well as future enrollments.

9. Click the *PDF icon* to review the enrollment forms. Click *Complete* to approve and submit the enrollments.

Congratulations, your enrollments are complete and ready for the final step. Please review your forms prior to completing your submission.

You may elect to save one or multiple enrollments for later submission by selecting the payer/products via checkbox and selecting Save Checked. To delete one or multiple enrollments select Remove Check.

To approve and submit your enrollments select the Complete button. All forms displayed will be processed. You will have the opportunity to print forms for signature during this step. Once you have completed this step, your forms will be available in Search Submitted Enrollments.

<p>Print</p> <p>Please follow the submission instructions on the form after the form has been signed.</p> <p><input type="checkbox"/> 1438 - IOWA MEDICARE <input type="checkbox"/> CLAIMS - Professional </p>	<p>Submit</p> <p><input type="checkbox"/> 1438 - IOWA MEDICARE <input type="checkbox"/> REMITTANCE </p> <p><input type="checkbox"/> 1469 - IOWA MEDICAID <input type="checkbox"/> CLAIMS - Professional  <input type="checkbox"/> REMITTANCE </p>
--	---

Note:

- The last step in the enrollment process provides one more opportunity to remove or split payers and products from the current enrollment bundle if needed.
- The forms in the Submit column are submitted electronically.
- For the forms in the Print column, a message displays a list of all the forms to be printed.

- Select create a separate document for each agreement or create a single document containing all agreements then click *Generate Forms*.
- The system generates the forms into one or more PDF files based on your selection.
- If you choose to have a separate document for each agreement, you must click *Next* to review each document. Click *Done* once all enrollments are printed and submitted.

10. A message displays to verify that you've successfully saved or printed the forms. Click *Yes*.

Congratulations, your enrollments are complete and ready for the final step. Please review your forms prior to completing your submission.

You may elect to save one or multiple enrollments for later submission by selecting the payer/products via checkbox and selecting Save Checked. To delete one or multiple enrollments select Remove Check.

To approve and submit your enrollments select the Complete button. All forms displayed will be processed. You will have the opportunity to print forms for signature during this step. Once you have completed this step, you will be able to view your submitted forms in Search Submitted Enrollments.

Confirm

Did you successfully save and/or print your enrollment forms?

Yes **No**

Print

Please follow the form after the form has been generated.

1438 - IOWA MEDICARE
 CLAIMS - Professional

1469 - IOWA MEDICAID
 CLAIMS - Professional
 REMITTANCE

Complete

Note: Click *No* if you did not successfully save and print the forms. Then check the boxes of the forms you want to reprint. Click *OK* and then *Done*.

11. A message displays confirming that the forms were successfully completed and asks if you want to copy the enrollment for a new provider. Click *Yes* if you want to copy the completed enrollment for a new provider, otherwise click *No*. The completed forms are now available in Search Submitted Enrollments.

Congratulations, your enrollments are complete and ready for the final step. Please review your forms prior to completing your submission.

You may elect to save one or multiple enrollments for later submission by selecting the payer/products via checkbox and selecting Save Checked. To delete one or multiple enrollments select Remove Check.

To approve and submit your enrollments select the Complete button. All forms displayed will be processed. You will have the opportunity to print forms for signature during this step. Once you have completed this step, you will be able to view your submitted forms in Search Submitted Enrollments.

Copy Enrollment

Your forms have been successfully completed. Please refer to Search Submitted Enrollments to track enrollment status.

Would you like to copy this completed enrollment for a new provider?

Yes **No**

CLAIMS - Professional

CLAIMS - Professional
 REMITTANCE

Complete

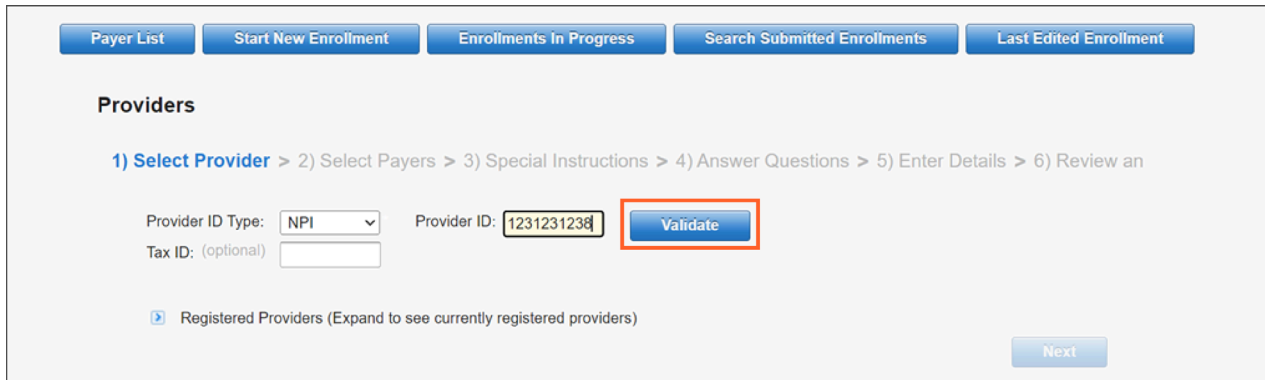
Note: Printed forms must be finalized according to the instructions on the form. For example, some may require signatures.

Copying an Enrollment

Enrollment Central has a copy feature that allows you to save time by setting up multiple providers with the same set of payers.

1. At the end of completing an enrollment for a provider, when the copying enrollment message displays, click *Yes*.

2. Select the *Provider ID type* from the drop-down list and enter the *Provider ID* of the provider you want to enroll and click *Validate*. Click *Next*.



The screenshot shows the 'Providers' section of the Enrollment Central interface. At the top, there are five navigation buttons: 'Payer List', 'Start New Enrollment', 'Enrollments In Progress', 'Search Submitted Enrollments', and 'Last Edited Enrollment'. Below these is a breadcrumb trail: '1) Select Provider > 2) Select Payers > 3) Special Instructions > 4) Answer Questions > 5) Enter Details > 6) Review an'. The main form area contains a 'Provider ID Type' dropdown menu set to 'NPI', a 'Provider ID' text input field containing '1231231238', and a 'Tax ID: (optional)' text input field. A blue 'Validate' button is highlighted with a red box. Below the form is a link: 'Registered Providers (Expand to see currently registered providers)'. A 'Next' button is located at the bottom right of the form area.

Note:

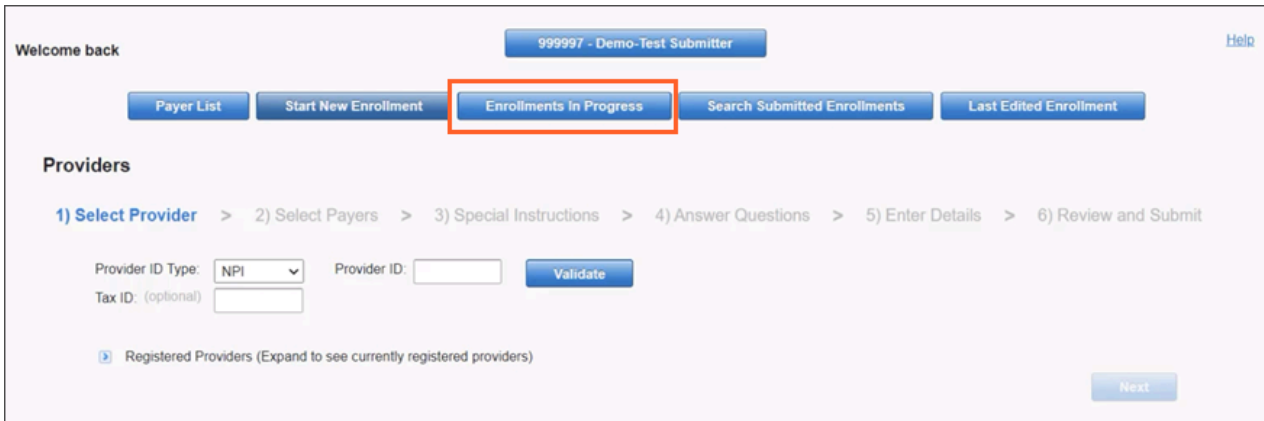
- If you register providers with Provider Management, you can click the arrow to display the list of registered providers and then select the provider.
- If an error message displays, verify the NPI entered.

3. The system created the provider enrollment with the information from the previous form and goes to the answer questions step. Make any necessary changes and complete the enrollment as noted above.

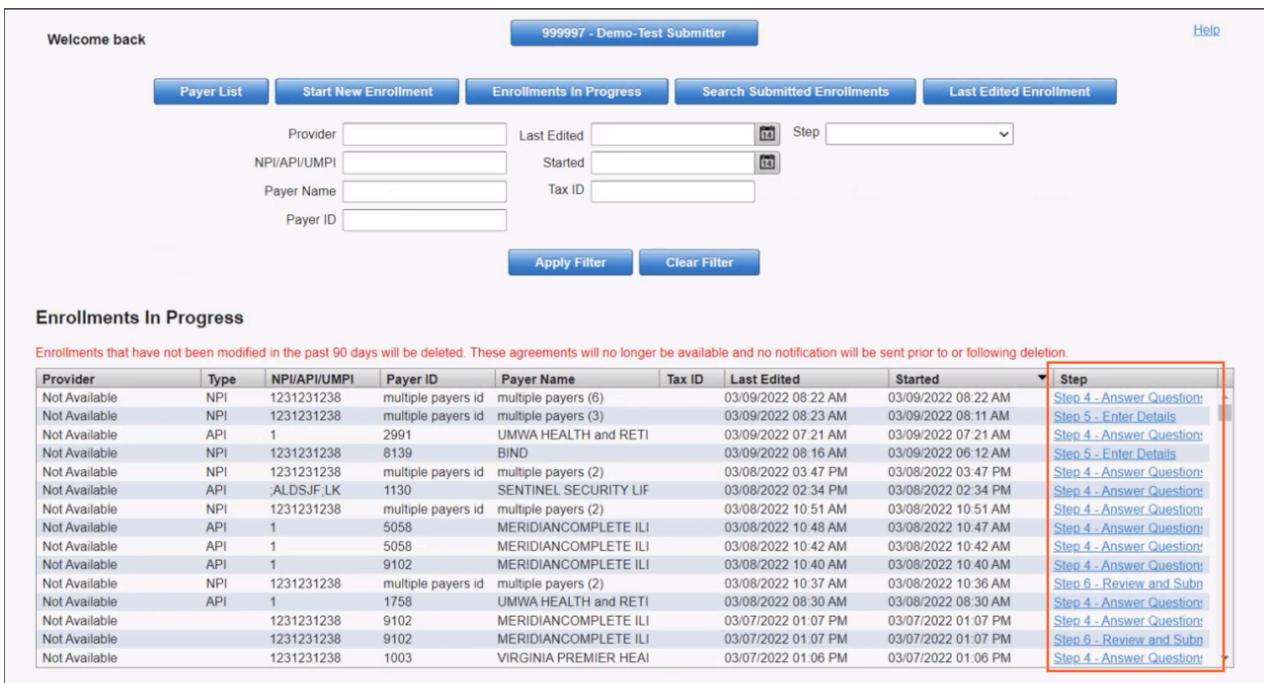
Completing an Enrollment in Progress

Enrollment Central allows you to open and complete an enrollment form from the step where you last saved.

1. Click *Enrollments in Progress* to resume a previously saved enrollment.



2. Complete any of the fields and click *Apply Filter* to filter the results in the list. Click the *step link* to continue the enrollment from where it was last saved.



Note:

- Click the column heading to sort the list.
- Multiple payers and the number of payers displays in the Payer Name column if the bundle includes more than one payer.

3. The enrollment opens at the step where you last saved. Continue the enrollment process as noted above.

Searching Submitted Enrollments

Enrollment Central also allows you to locate completed enrollments that have been sent to the payer or are waiting for provider signature.

1. Click *Search Submitted Enrollments*.

The screenshot shows the top navigation bar with the following buttons: Payer List, Start New Enrollment, Enrollments In Progress, **Search Submitted Enrollments** (highlighted with a red box), and Last Edited Enrollment. Below the navigation bar, there is a 'Providers' section with a progress indicator: 1) Select Provider > 2) Select Payers > 3) Special Instructions > 4) Answer Questions > 5) Enter Details > 6) Review and Submit. The '1) Select Provider' step is active. Below this, there are input fields for 'Provider ID Type' (set to NPI), 'Provider ID', and 'Tax ID (optional)'. A 'Validate' button is next to the Provider ID field. At the bottom right, there is a 'Next' button.

2. Enter known search criteria and click *Search*.

The screenshot shows the search interface with the following fields and values: Master ID, Billing ID, CID, Document Type (All Document Types), Status (ALL), and Payer Name. The search criteria fields are: NPI Number (with an equals sign dropdown), CPID (with an equals sign dropdown), Date Type, and a date field. There are also 'Advanced Search', 'Search', and 'Clear Search' buttons.

Note:

- Click *Advanced Search* for additional search fields.
- Some of the fields have drop-downs to apply to the text entered.
 - Equal - the results match exactly what you enter in the field.
 - Not equal - the results will not match what you've entered in the field.
 - LIKE - the results in part will match what you've entered into the field.

3. Review the Status column to see the current processing status of the submitted agreements. Click *View* to download an image of the agreement.

View	Provider	Doc Handle	Notes	Doc Type	Status	Submitter ID	CID	CPID	Submitter Name	Payer Name
	DEMO-TEST SUBMITTER	69559169		Remittance	DENIED-REJECTED	999997	1082	DEMO-TEST SUBMITTER	TRANSAMERICA PREMIER LIFE INSURANCE CO	
	DEMO-TEST SUBMITTER	67875617		Remittance	DENIED-REJECTED	999997	1082	DEMO-TEST SUBMITTER	TRANSAMERICA PREMIER LIFE INSURANCE CO	
	JANE SMITH	67676089		Remittance	OPEN	999997	1489	DEMO-TEST SUBMITTER	ARKANSAS MEDICAID	
	JANE SMITH	67676088		Claims	DENIED-REJECTED	999997	5596	DEMO-TEST SUBMITTER	ARKANSAS BLUE CROSS	
	MICKEY MOUSE	69964537		Claim Status	PENDING RECEIPT	999997	1470	DEMO-TEST SUBMITTER	TEXAS MEDICAID	
	MICKEY MOUSE	69964536		Remittance	PENDING RECEIPT	999997	1470	DEMO-TEST SUBMITTER	TEXAS MEDICAID	
	MICKEY MOUSE	69908156		Claims	PENDING RECEIPT	999997	1443	DEMO-TEST SUBMITTER	RETIRED RAILROAD MEDICARE	
	MICKEY MOUSE	69876789		Remittance	OPEN	999997	6733	DEMO-TEST SUBMITTER	IOWA BLUE SHIELD MEDICARE CROSSOVER	
	MICKEY MOUSE	69876788		Remittance	OPEN	999997	6672	DEMO-TEST SUBMITTER	IOWA BLUE CROSS MEDICARE CROSSOVER	
	MICKEY MOUSE	69876787		Remittance	OPEN	999997	2490	DEMO-TEST SUBMITTER	SOUTH DAKOTA BLUE SHIELD	
	MICKEY MOUSE	69876786		Remittance	OPEN	999997	1510	DEMO-TEST SUBMITTER	IOWA BLUE CROSS	
	MICKEY MOUSE	69876785		Remittance	OPEN	999997	1404	DEMO-TEST SUBMITTER	IOWA BLUE SHIELD	
	MICKEY MOUSE	69861862		Eligibility	DENIED-REJECTED	999997	CMSMED	DEMO-TEST SUBMITTER	CMS MEDICARE ELIGIBILITY	
	MICKEY MOUSE	69861861		Eligibility	DENIED-REJECTED	999997	CMSHSP	DEMO-TEST SUBMITTER	CMS MEDICARE ELIGIBILITY	
	MICKEY MOUSE	69861860		Eligibility	DENIED-REJECTED	999997	CMSMED	DEMO-TEST SUBMITTER	CMS MEDICARE ELIGIBILITY	
	MICKEY MOUSE	69861859		Eligibility	DENIED-REJECTED	999997	CMSHSP	DEMO-TEST SUBMITTER	CMS MEDICARE ELIGIBILITY	

Note:

- Click the *column heading* to sort the list.
- Click the arrow on the right of the headings to select additional fields to display.
- Click *Export Results to CSV* to export the list to a spreadsheet.

Viewing the Last Edited Enrollment

Enrollment Central allows you to go directly to the last enrollment you were working on at the point you saved.

1. Click *Last Edited Enrollment*.

Welcome back 999997 - Demo-Test Submitter [Help](#)

[Payer List](#) [Start New Enrollment](#) [Enrollments In Progress](#) [Search Submitted Enrollments](#) [Last Edited Enrollment](#)

Providers

1) Select Provider > 2) Select Payers > 3) Special Instructions > 4) Answer Questions > 5) Enter Details > 6) Review and Submit

Provider ID Type: Provider ID: [Validate](#)

Tax ID: (optional)

[Registered Providers \(Expand to see currently registered providers\)](#)

[Next](#)

2. The enrollment opens at the step where you last saved. Continue the enrollment process as noted above.