Utah Medicaid
837 and 835

EDI Enrollment Instructions:

- To authorize Utah Medicaid to process claims and ERA transactions with your clearinghouse, the provider is to log into the Medicaid portal.
- Complete the online enrollment first using the **provider's billing/group information as credentialed** with this payer.
- Complete the **Clearinghouse Change Form** and submit as indicated.
- EDI enrollment processing timeframe is approximately **10 business days.**
- For assistance with EDI enrollment or the PRISM system, please contact **Medicaid EDI at 801-538-6155 or 800-662-9651** (Option 3, Option 4) or **Email:** **providerenroll@utah.gov**.

837 Claim Transactions and 835 Electronic Remittance Advice:

Step 1:

EDI Enrollment is completed online using the Utah Medicaid
PRISM Provider Portal.
Login using your credentials.
Select the option applicable to your practice.
Use the clearinghouse EDI Contact information below where requested.

Contact Name: **Enrollment Department**
Phone Number: **866-633-4726**
Fax: **913-273-2455**
Email: **enrollment@claimremedi.com**
ClaimRemedi PRISM ID: **3000507**.

When prompted, enter the ClaimRemedi Trading Partner ID **HT007737-001** for
837P, 837I and 835 transactions per your practices needs.

Step 2:

Complete the Clearinghouse Services Change form as credentialed with the payer.
Section 1 – **Transaction Selection** – be sure to select the transactions that will be submitted

Submit Completed form:

Email to eSolutions Enrollment, they will complete this setup.
ESH@claimremedi.com

Clearinghouse Services Change Form

This form is for current UHIN members to change or update their account information or services. **It is not to be used for new enrollments.** Email form to enrollment@uhin.org or fax to 877-693-4161.

UHIN will process this form within 10 business days from the date we receive it. Time to update payers' systems varies by payer.

UHIN

☐ Add transaction type	☐ Add affiliated trading partner #	☐ Add new payer	☐ Add new provider

Current Trading Partner # (HT######-###)	**Specify who you want to receive EDI enrollment confirmations:**
Provider Office Contact Information	
Name:	E-mail:
Phone Number:	E-mail:
E-mail:	E-mail:

Clearinghouse (Billing) EDI Enrollment
(If more space is needed, please use the EDI Only Enrollment Supplement Spreadsheet.)

Section 1- Transaction Selection (Check all transactions that you want)		Section 4-Provider Physical Address (No P.O. Box)
*Complete all Sections (1 to 6)		Street:
☐ Dental Claims (837D)	☐ Eligibility (270) Real Time	Office/Suite #:
☐ Institutional Claims (837I)	☐ Eligibility (270) Batch	City:
☐ Professional Claims (837P)	☐ Claim Status (276)	State:
	☐ Remittance Advice (835)	ZIP:

Section 2 – Billing Provider Information	Section 5- Provider "Pay To" Address
Billing Provider Name:	☐ Same as Provider Physical Address
Billing Provider NPI:	Street:
Billing Provider Tax ID:	Office/Suite #:
Section 3-Rendering Provider Information – Use spreadsheet if you need to list multiple providers	City:
Rendering Provider Name:	State:
Rendering Provider NPI:	ZIP:

6- Payer EDI Enrollment (Check all payers that you want to bill) *Government Payers Require a Separate EDI Enrollment	
Chiropractic Health Plans (CHP) **No enrollment required**	
Dental Select **No enrollment required**	
Deseret Mutual Benefits Administrators (DMBA) Preference for Aggregation of Remittance Data (e.g. Account Number Linkage to Provider Identifier – must match EFT Preference) 　Provider Tax Identification Number (TIN)_____ 　National Provider Identifier (NPI)_____	
Direct Care Administrators **No enrollment required**	
EMI Health (formerly Educators Mutual/EMIA)	
Equitable Life & Casualty Insurance Company* * Equitable enrollment includes all companies in this box. **You can receive 835s only. No billing.** 　Greek Catholic Union of the USA 　Heartland National Life Insurance Company 　Individual Assurance Company, Life, Health & 　Accident Loyal Christian Benefit Association	
HSA Health Plan **No enrollment required**	
Public Employees Health Plan (PEHP)	
SelectHealth	
State Farm- EFT enrollment required	
Tall Tree Administrators **No enrollment required**	
Union Pacific **No enrollment required**	
University of Utah Health Plans- EFT enrollment required	
Valley Behavioral Health	
Valley Health Plan	