



Montana and Mountain Health CO-OPs (MHC) are transitioning to a new third-party claims and medical management vendor, the University of Utah Health Plans (UUHP) effective January 1, 2018. With this new vendor, there are a number of changes in how to submit claims and information we need to make payment to you. ***Please read all the material below to learn how to submit claims and what information we need to make payments to you for services provided to our members starting January 1, 2018.***

### **How do I submit Claims?**

If you do not currently have a clearinghouse or Electronic Health Record (EHR) or Practice Management (PM) system that supports the ability for multiple clearinghouse connections, please contact Utah Health Information Network (UHIN) to setup an account.

UHIN is a low cost and easy way for providers to setup, enroll, and submit claims to MHC's claims vendor, UUHP free of charge.

If your EHR or PM can submit claims, please contact them to find the payer ID for "University of Utah Health Plans." UUHP's national payer ID is SX155.

### **Who is UHIN?**

UHIN is a national clearinghouse and offers a unique cross section of services through its combined clearinghouse and HIE (Health Information Exchange) operations. If you use UHIN, you will benefit from its suite of clearinghouse services such as claims submissions, eligibility, remits, COB (Coordination of Benefits), acknowledgments, claim status and more. These services may also be available through your EHR or PM system.

### **Questions about UHIN or to get started?**

Contact by email at [customerservice@uhin.com](mailto:customerservice@uhin.com) or by calling toll free {877} 693-3071.

### **Why should I submit electronically?**

Electronic data interchange (EDI) offers significant benefits for both providers and payers. Electronic claims can help improve efficiency, productivity and cash flow for providers, while payers can see benefits in reduction of data entry errors and faster turnaround times.

Of the claims that UUHP receives electronically, 80% pass through our claims processing system without processor intervention. The average turnaround time for EDI claims (received date to check being received in the provider office) is 15 days which results in quicker payment.

### What transactions are accepted?

UUHP is currently accepting the following HIPAA-compliant transactions:

- 837 005010X222A1 (Professional claims)
- 837 005010X223A2 (Institutional claims)
- 277CA Claim Acknowledgement/error report
- 999 Acknowledgement
- 835 005010X221A1 (Remittance advice)
- EFT (Electronic funds transfer) in conjunction with the 835
- COB (Coordination of Benefits)
- 270/271 0051010X279A1 Eligibility Request/Response (real time)
- 276/277 Claim status inquiry/response (real time)

If EDI Connection issues occur during off hours for real time 270/271 and 276/277 transactions please contact U of U Help Desk at 801-587-6000.

### Questions about CORE?

In compliance with CORE requirement 270 UUHP uses the UHIN clearinghouse for all EDI transactions. Please view the UHIN Connectivity Companion Guide for further instructions. Connectivity Companion Guide can be located at [www.uhin.org](http://www.uhin.org).

### How do I get paid?

Type	Payer ID
National Payer ID Production File Submission for UUHP	<b>SX155</b>
UHIN Payer ID Production File Submission	HT000179 -002
UHIN Payer ID Test File Submission	HT000179-003

To complete the EFT/ERA process with UUHP, please complete the attached form or visit our website at: <https://app.healthcare.utah.edu/UUHP.EDI/enrollment/getForm> to complete the form electronically.

Paper forms can either be sent by fax 801-281-6121 or by email [uuhpedi@hsc.utah.edu](mailto:uuhpedi@hsc.utah.edu) .

For more information, please visit our website at <https://uhealthplan.utah.edu/providers/edi.php>.

You can also contact the UUHP EDI department at 801-587-2639 or [uuhpedi@hsc.utah.edu](mailto:uuhpedi@hsc.utah.edu) if you have any questions.

**University of Utah Health Plans - EDI Form  
(835, 837 Trading Partner Setup and EFT Enrollment)**

**PROVIDER INFORMATION**

Provider Name: \_\_\_\_\_

Provider Address: \_\_\_\_\_

**PROVIDER IDENTIFIERS INFORMATION**

**Provider Identifiers**

Tax ID (TIN): \_\_\_\_\_ National Provider Identifier (NPI): \_\_\_\_\_  
\_\_\_\_\_

**Other Identifier(s)**

Trading Partner ID: \_\_\_\_\_

**PROVIDER CONTACT INFORMATION**

Provider Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_  
\_\_\_\_\_

Telephone Number: \_\_\_\_\_ Telephone Number \_\_\_\_\_  
Extension \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
\_\_\_\_\_

**ELECTRONIC REMITTANCE ADVICE CLEARINGHOUSE INFORMATION**

Clearinghouse Name: \_\_\_\_\_

Clearinghouse Contact Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Telephone Number \_\_\_\_\_  
Extension \_\_\_\_\_

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Email Ad dress: -----

**FINANCIAL INSTITUTION INFORMATION FOR EFT ENROLLMENT**

Financial Institution Name: \_ \_ \_ \_ \_

Financial Institution Address: \_ \_ \_ \_ \_

Financial institution Telephone Number: \_ \_ \_ \_ \_ Telephone Number Extension: \_ \_

Financial Institution Routing Number: \_ \_ \_ \_ \_

Type of Account at Financial Institution: \_ e.g. Checking, Savings"" \_ \_ \_ \_ \_

Provider's Account Number with Financial Institution:

Account Number Linkage to Provider Identifier: \_ NPI: \_ \_ \_ \_ \_

**SUBMISSION INFORMATION**

Reason for Submission: \_ New Enrollment, Change Enrollment, Cancel Enrollment: \_ \_ \_ \_

Include with Enrollment Submission: \_ Voided Check, Bank Letter: \_ \_

Authorized Signature: \_ \_ \_ \_ \_

Printed Title of Person Submitting Enrollment: \_ \_

Submission Date: \_ \_ \_ \_ \_

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Requested EFT Start/Change/Cancel

Date: \_\_\_\_\_

Requested ERA Start/Change/Cancel

Date: \_\_\_\_

*EFT request authorizes University of Utah Health Plans to deposit funds for claims payment directly into a vendor's bank account. This request also allows for reversal of payments that were made in error. This authority is to remain in full force and effect until University of Utah Health Plans has received written notification from the vendor of its termination in such time and manner as to afford University of Utah Health Plans a reasonable opportunity to act on it.*

*Please send completed form to EDI Department, University of Utah Health Plans, fax #801-281-6121 or email: uuhpedi@Jlsc.utah.edu.*

*Please complete a separate form for each trading partner ID.*

*EDI participation is not an indication of contracting status. To verify contracting status, please contact customer service at (801) 587-6480.*