

VALLEY HEALTH PLAN (VHP01/VHP02) PRE-ENROLLMENT INSTRUCTIONS



WHAT FORM(S) SHOULD I DO?

- UHIN Clearinghouse Services Change Form
 - Attach a copy of your W-9

WHERE SHOULD I SEND THE FORM(S)?

- Email or fax the UHIN Clearinghouse Services Change Form to:
 - Email: enrollment@uhin.org
 - Fax: (877) 693-4161

WHAT IS THE TURNAROUND TIME FOR ENROLLMENT?

- Standard processing time is 10 business days
- You will be notified via email that you have been approved

HOW DO I CHECK STATUS?

- Send an email to enrollment@uhin.org with your NPI and Tax ID to check the status of your enrollment.
- Before submitting claims electronically, to complete your enrollment follow instructions on the “Note to My Clients Plus Users” page and FAX info requested. We will forward to our clearinghouse and notify you by email when your registration is complete.

Note to My Clients Plus Users:

Once you have confirmed with the Insurance Payer your Billing NPI/ Provider Number is linked to Office Ally, please fax the following information to 888-653-7115.

- **Please label with “My Clients Plus” on top**
- **Provider/Practice Name as pre-enrolled with the Insurance Payer**
- **Fed Tax ID**
- **Billing NPI**
- **Insurance Payer (including state if BCBS, Medicare or Medicaid).**
- **The statement “I have verified my provider ID has been linked to Office Ally with the Insurance Payer”.**
- **Provider email address where you can be notified of setup completion.**
- **For EDISS or Noridian Pre-Enrollments Please Also Include: Providers Submitter Number**

REVISED 9/29/16



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 enrollment@uhin.org or fax to 877-693-4161.

UHIN
6056 Fashion Square Dr. Ste 210
Murray, UT 84107
P: 877-693-3071
www.uhin.org

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

<input type="checkbox"/> Add transaction type	<input type="checkbox"/> Add affiliated trading partner #	<input type="checkbox"/> Add new payer	<input type="checkbox"/> 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:
<input type="checkbox"/> Dental Claims (837D)	Office/Suite #:
<input type="checkbox"/> Institutional Claims (837I)	City:
<input type="checkbox"/> Professional Claims (837P)	State:
<input type="checkbox"/> Eligibility (270) Real Time	ZIP:
<input type="checkbox"/> Eligibility (270) Batch	
<input type="checkbox"/> Claim Status (276)	
<input type="checkbox"/> Remittance Advice (835)	

Section 2 – Billing Provider Information	Section 5- Provider "Pay To" Address
Billing Provider Name:	<input type="checkbox"/> 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	<input type="checkbox"/> AARP
Dental Select No enrollment required	<input type="checkbox"/> Aetna
<input type="checkbox"/> Deseret Mutual Benefits Administrators (DMBA) Preference for Aggregation of Remittance Data (e.g. Account Number Linkage to Provider Identifier – must match EFT Preference) <input type="checkbox"/> Provider Tax Identification Number (TIN) _____ <input type="checkbox"/> National Provider Identifier (NPI) _____	<input type="checkbox"/> Altius
Direct Care Administrators No enrollment required	<input type="checkbox"/> Cigna
<input type="checkbox"/> EMI Health (formerly Educators Mutual/EMIA)	<input type="checkbox"/> Humana
<input type="checkbox"/> 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	<input type="checkbox"/> Railroad Medicare List PTAN _____
HSA Health Plan No enrollment required	<input type="checkbox"/> Tricare West
<input type="checkbox"/> Molina Healthcare Utah	<input type="checkbox"/> United HealthCare
<input type="checkbox"/> Public Employees Health Plan (PEHP)	Other Payers:
<input type="checkbox"/> Regence BlueCross BlueShield Of Utah (Includes FEP)	Name: 5-Digit Payer ID:
<input type="checkbox"/> SelectHealth	Name: 5-Digit Payer ID:
<input type="checkbox"/> State Farm	Name: 5-Digit Payer ID:
Tall Tree Administrators No enrollment required	Name: 5-Digit Payer ID:
Union Pacific No enrollment required	Name: 5-Digit Payer ID:
<input type="checkbox"/> University of Utah Health Plans	Name: 5-Digit Payer ID:
<input type="checkbox"/> Valley Behavioral Health	Name: 5-Digit Payer ID:

Helpful Links:

[UHN Payer List](#)

[Medicaid EDI Enrollment](#)

[Noridian Medicare EDI Enrollment](#)