



Enrollment Form

Thank you for your interest! Use this form to enroll for UHIN services. You CAN SAVE information typed into this form. See page 4 for submission instructions.

Note: If you have a Practice Management (PM) system, please check [here](#) to verify that it is compatible with UHIN's system before you begin the enrollment process.

Date

Name of person completing this form:

Organization Information

Organization Name

Doing Business As

Organization Tax ID #

Organization Phone Number

Organization Fax Number

Organization Mailing Address

Street

City

State

ZIP -

Enter 5-digit ZIP here

Enter 4-digit ZIP extension here

Example: -

Organization Pay-to Address

Same as Organization Mailing Address

Street

City

State

ZIP -

Enter 5-digit ZIP here

Enter 4-digit ZIP extension here

Organization Physical Address

Same as Organization Mailing Address

Street

City

State

ZIP -

Enter 5-digit ZIP here

Enter 4-digit ZIP extension here

Office Contact Information

Primary Business Contact Name

This person can authorize UHIN to make changes to the account.

Phone

Fax

Email

Primary Invoice Contact Name

Same as Primary Business Contact

Phone

Fax

Email

Preferred method for receiving invoices:

Mail Email (if email is selected, please enter a valid email address in the "Email" box, above)

Primary User of UHIN Products

Same as Primary Business Contact

Phone

Fax

Email

Security Officer Contact Name

Same as Primary Business Contact

Phone

Fax

Email

Privacy Officer Contact Name

Same as Primary Business Contact

Phone

Fax

Email

IT Administrator/EDI Contact Name

Same as Primary Business Contact

Phone

Fax

Email

Guide to Products and Services Offered by UHIN

Clearinghouse

UHIN's clearinghouse includes a full suite of products and services for electronic billing:

- UTRANSEND Network—connections to thousands of payers nationwide, claim validation, and the ability to transform claims from version 4010 to version 5010.
- UTRANSEND User Portal – a secure online portal that can be used to view claims and reports, identify rejection reasons, and follow trends in your transaction acceptance and rejection rates.
- UHINt 2.6 – a baseline tool that can be used to create electronic claims or upload electronic claims from your Practice Management system to UHIN's system.
- Training and Support—all training and support is included in this package.

Annual clearinghouse fees are based on transaction volume. For details, please [contact us](#).

Clinical Health Information Exchange (cHIE)

The cHIE offers a variety of resources for securely exchanging electronic medical records:

- Clinical Portal – secure online access to view patient medical records.
- 10A- a secure electronic way to send pre-authorization requests to Utah Medicaid and receive determinations before admitting a Medicaid patient to a long-term care facility.
- cHIE Alerts- timely electronic notifications when your patients have an encounter in a hospital or emergency department.
- cHIE Direct- secure email that allows you to exchange records with other Direct system users nationwide, no matter what (if any) Electronic Health Record (EHR) they use. cHIE Direct also supports claim attachment exchange with payers.
- CareAchieve – an analytics tool for tracking health measurements for custom groups of patients whose health you need to monitor.
- Training and Support—all training and support is included in this package.

Annual cHIE fees are based on organization size. For details, please [contact us](#).

Security Services – Included in both Clearinghouse and cHIE Memberships

- Access to HIPAA Onset program from SecurityMetrics, which helps you identify vulnerabilities in your network access to the Internet and your electronic patient information system, and offers training and educational resources to help you move toward HIPAA compliance.

Submission Instructions

NOTE: You **can** save information typed into this form.

Complete pages 1-7 and return the completed pages to UHIN by:

Fax: 877-693-4161, Attn: Enrollment Department

Email: enrollment@uhin.org

Mail: UHIN, Attn: Enrollment Department, 6056 Fashion Square Drive Ste 210, Murray, UT 84107

If you have questions about any of UHIN's offerings, your dedicated Consultant will be happy to help you select the products and services that best meet your needs.

Clearinghouse Enrollment

Check all services that you need:

Core Services

- Professional Claims (837P)
- Institutional Claims (837I)
- Dental Claims (837D)
- Electronic Remittance Advice (835)
- Eligibility Query/Response (270/271)
- Claim Status Query/Response (276/277)
- Enrollment (834)

- HIPAA Onset Security Assessment and Remediation Services

Office Type

Select the type that best describes your office and enter the information requested in the box for that type.

Provider Office (enter estimated # of claims you will send per year)

Hospital (enter the number of beds in your facility)

Community Health Clinic (enter estimated # of claims you will send per year)

Pharmacy (enter estimated # of 835s you will receive per year)

Payer

Clearinghouse

Other

Billing System Information

I would like to use the hand-entry billing software included with my UHIN membership (UHINT 2.6). **Note:** *UHINT 2.6 is compatible with Windows computers ONLY. If you use a Mac, please contact us at customerservice@uhin.org to learn about Mac compatibility options.*

I have Practice Management software and I use it to create claims. *(If selected, complete the PM Vendor information below.)*

I have made sure that my PM software is compatible with UHIN ([click here to check.](#))

I only want access to the Electronic Eligibility tool.

Practice Management (PM) Vendor Name

PM Vendor Service Contact Name

Practice Management Software Name

Phone Number

Fax Number

Practice Management Software Version

Email Address

Clearinghouse Enrollment

Check all payers that you want to bill:

- | | |
|--|---|
| <input type="checkbox"/> AARP | <input type="checkbox"/> Metlife |
| <input type="checkbox"/> Aetna | <input type="checkbox"/> Molina Healthcare Utah |
| <input type="checkbox"/> Altius | <input type="checkbox"/> Public Employees Health Plan (PEHP) |
| <input type="checkbox"/> Chiropractic Health Plans (CHP) | <input type="checkbox"/> Railroad Medicare (List PTAN: <input type="text"/>) |
| <input type="checkbox"/> Cigna | <input type="checkbox"/> Regence BlueCross BlueShield of Utah (also FEP) |
| <input type="checkbox"/> Dental Select | <input type="checkbox"/> SelectHealth |
| <input type="checkbox"/> Deseret Mutual Benefits Administrators/DMBA | <input type="checkbox"/> State Farm |
| DMBA Only: Preference for account number linkage to provider identifier to receive remittance data | <input type="checkbox"/> Tall Tree Administrators |
| <input type="checkbox"/> Provider Tax ID # <input type="text"/> | <input type="checkbox"/> Tricare |
| <input type="checkbox"/> Provider NPI <input type="text"/> | <input type="checkbox"/> Union Pacific |
| <input type="checkbox"/> Equitable Life & Casualty Insurance Company | <input type="checkbox"/> United HealthCare |
| <input type="checkbox"/> Greek Catholic Union of the USA | <input type="checkbox"/> U of U Health Plans |
| <input type="checkbox"/> Heartland National Life Insurance Company | <input type="checkbox"/> Valley Behavioral Health |
| <input type="checkbox"/> Individual Assurance Company, Life, Health & Accident | |
| <input type="checkbox"/> Loyal Christian Benefit Association | |
| (You can receive 835s from Equitable & associated companies, but not bill them) | |
| <input type="checkbox"/> EMI Health (formerly Educators Mutual/EMIA) | |
| <input type="checkbox"/> HSA Health Plan | |
| <input type="checkbox"/> Humana | |

Other Payers:

UHIN will enroll you for the electronic transactions you chose on page 5 with all the payers you select. If you have been billing any of these payers through a different clearinghouse or connection, your old billing connection will be replaced by UHIN's connection.

UHIN CAN enroll members to bill Utah Medicaid. However, we cannot enroll you to bill Medicare, although we offer a connection to Noridian Medicare for Alaska, Arizona, Idaho, Minnesota, Montana, North Dakota, Oregon, South Dakota, Utah, Washington State and Wyoming.

Medicare Part A and/or B: Medicare requires you to be set up in "EDISS Connect" in order to send claims to them. You must get a Noridian Submitter ID (which will look like this: UT#####) and have UHIN listed as your managing vendor. You must complete these steps before sending any Medicare claims through UHIN.

List your Noridian Submitter ID: _____

Have you completed EDISS Connect setup?

- Yes
 No

If you have not completed EDISS Connect setup, go to <https://connect.edissweb.com/>. If you have questions about how to set up your EDISS Connect account, contact EDISS Support Services at 1-877-908-8431 for Jurisdiction F Medicare, 1-800-967-7902 for non-Medicare business, or support@edissweb.com.

cHIE Enrollment

Check all services that you need:

- Integrate an EHR to the cHIE to pull data in and push data out (bilateral connection)
- Integrate an EHR to the cHIE to push data out only
- cHIE Direct Secure Email (needed for 10A. Providers get 1 free address; hospitals and payers get 5)
- CareAchieve (cHIE data warehouse for analytics)
- cHIE Alerts

- HIPAA Onset Security Assessment and Remediation Services

Office Type:

Select the type that best describes your office and enter the information requested in the box for that type.

- Provider/Clinic Office** (enter the number of prescribing providers)
- Hospital**
- Free Clinic (ALL professional services are provided free of charge)**
- Safety Net Provider**

- Long Term Care** (enter the number of beds in your facility)
- Home Health** (enter average gross annual revenue)
- Ambulatory Surgical Center** (enter the number of prescribing providers)
- Independent Laboratory**

- Pharmacy** (enter the number of physical locations)
- Payer** (enter the number of Covered Lives in the last calendar year)

Pay by Per Member Per Month (PMPM) option OR Pay by click fee option

cHIE System Information

- I do not have an Electronic Health Record (EHR) system.
- I have an EHR system. (If selected, fill out the EHR Vendor information below.)

Electronic Health Record (EHR) Vendor Name

EHR Software Name

EHR Software Version

EHR Vendor Service Contact Name

Phone Number

Fax Number

Email Address

Does EHR software have Direct secure email built into it? Yes No