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, contact Office Ally at (360) 975-7000 Option 1 and verify your approval has been logged (you will need your NPI and Tax ID).

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

☐ 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**	☐ AARP
Dental Select **No enrollment required**	☐ Aetna

☐ 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)_____
	☐ Altius

Direct Care Administrators **No enrollment required**	☐ Cigna
☐ EMI Health (formerly Educators Mutual/EMIA)	☐ Humana

☐ 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
	☐ Railroad Medicare
	
	    List PTAN_____

HSA Health Plan **No enrollment required**	☐ Tricare West
☐ Molina Healthcare Utah	☐ United HealthCare
☐ Public Employees Health Plan (PEHP)	**Other Payers:**
☐ Regence BlueCross BlueShield Of Utah (Includes FEP)	Name: 5-Digit Payer ID:
☐ SelectHealth	Name: 5-Digit Payer ID:
☐ 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:
☐ University of Utah Health Plans	Name: 5-Digit Payer ID:
☐ Valley Behavioral Health	Name: 5-Digit Payer ID:

Helpful Links: **UHIN Payer List**

Medicaid EDI Enrollment

Noridian Medicare EDI Enrollment