UTAH MEDICAID SPECIFIC PROFESSIONAL COB TEMPLATE

UHINt 2.5 Tool

All EDI must pass through the Utah Health Information Network (UHIN), an independent, not-for-profit, value added network serving all payers in Utah. Contact UHIN at www.uhin.org or call 801-466-7705.

Telephone Number for Medicaid EDI customer support is 801-538-6155 or 800-662-9651 menu 3, menu 5. Hours of operation are Monday through Wednesday (7 am to 12 noon and 1 pm to 6 pm) and Thursday (11 am to 12 noon and 1 to 6 pm). Closed on Fridays.

UHINt 2.5 is an internet based product offered by UHIN that can be used to interface between a medical billing system and UHINet (UHIN’s internet portal). It can also be used to directly type in claims, eligibility inquires, etc. This is not a Medicaid product. The user guide is on the internet https://www.uhinet.com/uhint/install/UHINt_2.5_User_Guide.pdf. For help installing, security, or any technical question contact UHIN.

Submitter Maintenance and Provider Maintenance will need to be set up to submit claims. Providers submitting to HT000004-001 or HT000004-005 need to be set up with NPI and (EIN) Tax ID. Atypical providers submitting to HT000004-801 need to be set up with Medicaid Provider Number and Tax ID (EIN).

Required fields by the UHINt tool are in Red. There are some Utah Medicaid specific fields in addition to those that will need to be filled out to process the claim.

Transmit claims for all Medicaid programs (Non-Traditional Medicaid, Primary Care Network, Select Access, Baby Your Baby, etc.) to Medicaid Fee-For-Service (FFS), HT000004-001. If a commercial plan is primary submit TPL (Third Party Information).

Transmit claims that have Medicare Coordination of Benefits to the Medicare/Medicaid Crossover Trading Partner Number HT000004-005.

If Medicaid denies a Medicaid FFS claim for TPL information then fax the primary EOB to ORS (801) 536-8513. If Medicaid denies a Medicare/Medicaid Crossover claim then fax the EOMB to Medicaid (801) 536-0481. Be sure to send the Medicaid TCN of the denied claim as a reference number.

For additional information please refer to the Utah Medicaid Companion Guides http://health.utah.gov/hipaa/guides.htm.
- Patient Information auto populates when using Patient Demography Repository.

- If Bill Type is a Replacement or Cancel of a Prior Claim enter the TCN of the Original Medicaid Paid Claim in Box 22. Enter all 17 digits with no hyphens or spaces.
- Box 14. Enter the first Date of Service for the claim. Returned on the 277FE as Claim Service Date.

- Box 24. Click ADD for additional lines. For each line enter a Date of Service in the Date Field. Charges field cannot have a comma but can have a decimal.

- Box 24. Do not delete a line located in the middle of charges. Type over the line to correct the information. Only the last line can be deleted, otherwise it causes an error at Medicaid. The claim is rejected.
Patient Responsibility must be entered for both Claim Level and Line Level.

The tool requires Line Level information. For crossover claims report all line level data the same as the Medicare EOMB.

All other claims; claim level payment information can be reported on the first line. No other line level information needs to be submitted as Medicaid will pay based on claim level information. The claim will pay at the claim level. Patient Responsibility is what Medicaid reviews to pay the provider.
• Box 25 is the National Provider ID (NPI), unless an Atypical provider. Atypical providers must enter the Tax ID no hyphen or spaces.

• Box 31 needs to be filled out if Box 33 is a group or provider needs to submit the taxonomy code. Must set up a Rendering Provider in Provider Maintenance. If no rendering provider then create one by using the same information as the billing provider using only one word in first and last name fields. (Recommend using the taxonomy code as the Unique identifier for Rendering Provider set up when Billing and Rendering Provider are the same.)

• Box 32 is not needed.

• Box 33 is the Billing Provider. Select from the Provider Maintenance List.

• Box 33 Payer Assigned Provider ID select the (EIN) enter the Tax ID, no hyphen or spaces. Atypical Providers select Medicaid Provider Number and enter the 12 digit Medicaid Payment Contract Number.

• Click Submit when finished to send the claim.

• Watch for Window that indicates that transmission was completed.