UHINt 2.6

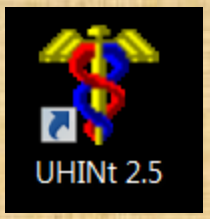
Getting Started

Preference Setup

UHINT 2.6

The Software you use to send electronic transactions

PC-based system



Logging Onto UHINt 2.6

Provider Desktop : Login

OPT

Utah Health Information Network

V2.6.0.0 UHINt 2.6
Copyright © 2006-2009
Powered By RelayHealth

Welcome to UHINet 3 (Virtual Route Server Running at prod-u3-01).
Welcome to the UHINet production site!

08/07 UHIN Community Alert

UHIN received the following notice from Caparo:

If you have problems logging in to UHINt, please call the UHIN Help Desk at (801) 716-5901 or (877) 693-3071.

User ID: username
Password: ••••••••
TPN: HT00XXXX-XXX
Login

EHNAC ACCREDITED ORGANIZATIONAL

Please note: This product will not make your organization HIPAA compliant.
Please consult your Attorney for help with HIPAA compliance.

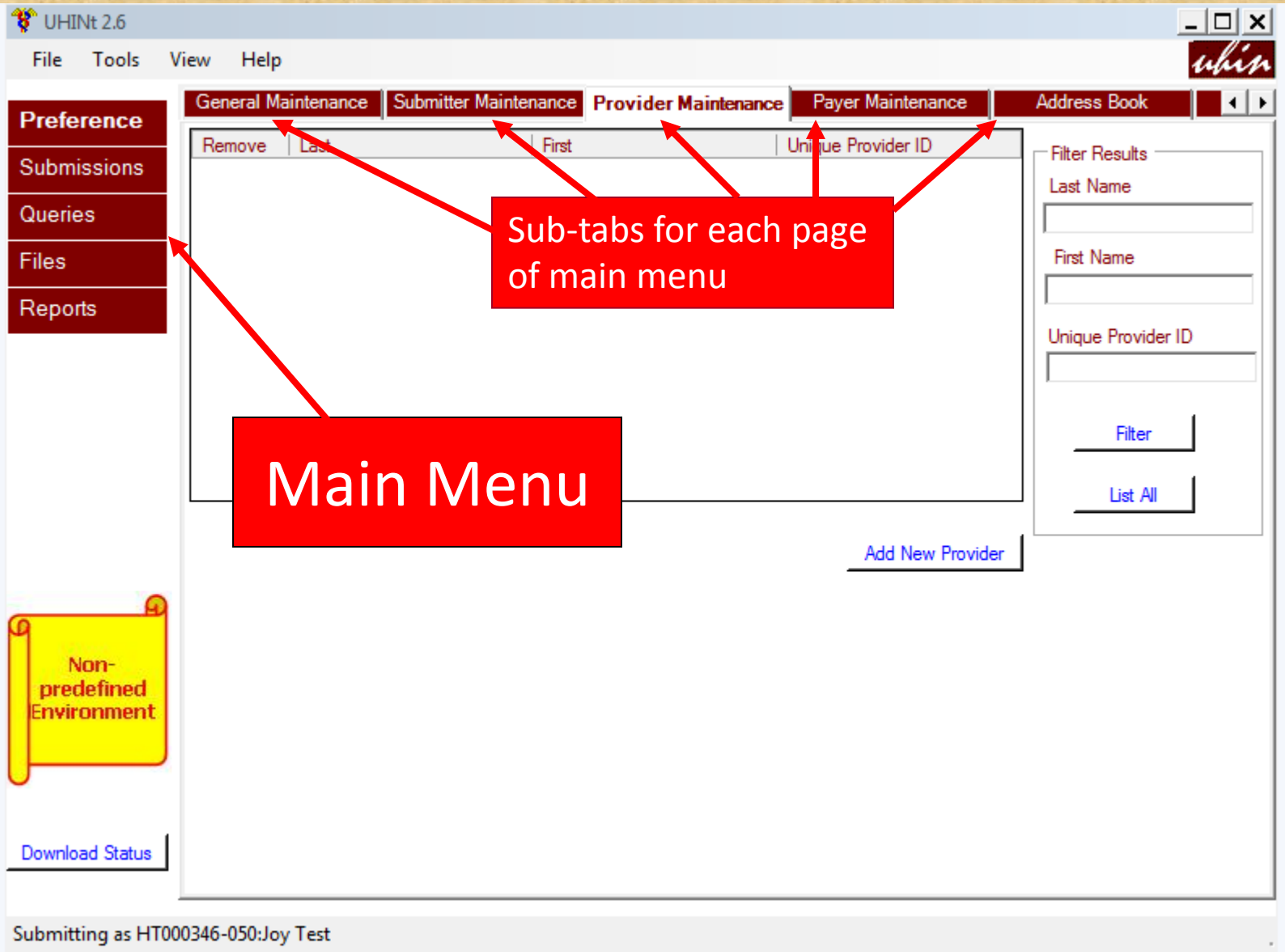
UHIN Transactor (UHINt)

Brought to you by:

Powered by RelayHealth http://www.relayhealth.com
The Utah Health Information Network Coalition http://www.uhin.com/members/index.html
The UHIN Privacy Statement can be found at http://www.uhin.com/privacy/index.html

Edit https://www.uhin3.net/uhinet2 http://www.uhin.com Change Environment

Maintenance Screen



General Maintenance Screen

UHINt 2.6

File Tools View Help

Preference
Submissions
Queries
Files
Reports

General Maintenance | Submitter Maintenance | Provider Maintenance | Payer Maintenance | Address Book | Patient List

General | Testing | Directories | Files

Telephone Format: nnn-nnn-nnnn
Date Format: mm/dd/ccyy
Automatically check for new files every 120 minutes.
Default State: UT
Redirect transactions to this payer for validation:
Use Patient Demographic Repository ☑
Change Usage Flag in [Submission-Monitor] ☐
Eligibility Service Type Code

Field Defaults

Professional

Patient or Authorized Person's Signature (Box 12)
Release of Information - Destination Payer
Provider has Signed Statement

Insured's or Authorized Person's Signature (Box 13)
Benefits Assignment: Yes
Destination Payer Patient Signature Source: Signed signature on file for block 12 a
Provider Signature on File: Yes

Accept Medicare Assignment (Box 27)
Assigned

Institutional

ASG BEN (box 53)
Yes

Download Status

Apply Changes

Submitting as HT000346-050:Joy Test

Fill in your preferences

Non-predefined Environment

Keyboard entry claims are transmitted one at a time, make sure you have the correct flag selected before creating claim.

UHINt 2.6

File Tools View Help

Preference | Submissions | Queries | Files | Reports

General Maintenance | Submitter Maintenance | Provider Maintenance | Payer Maintenance | Address Book | Patient List

General | Testing | Directories | Files

To change the usage indicator for a record, click the "Environment" cell for that record.

Global Usage

Transaction Type	Test/Production (click cell to change)	Transaction Version
837 - Dental Claim (Addenda)	Production	004010X097A1
837 - Professional Claim (Addenda)	Production	004010X098A1
837 - Institutional Claim (Addenda)	Test	004010X096A1
270 - Eligibility (Addenda)	Test	004010X092A1
276 - Claim Status (Addenda)	Test	004010X093A1
834 - Enrollment (Addenda)	Test	004010X095A1
278	Test	004010X094A1
864	Test	837A

Non-predefined Environment

Click on the word to change from "Test" to "Production". Click on "Apply Changes" button to Save.

Download Status

Apply Changes

Submitting as HT000346-050:Joy Test

UHINt
Provider Maintenance

Preference - Provider Maintenance

UHINt 2.6

File Tools View Help

Preference
Submissions
Queries
Files
Reports

General Maintenance | Submitter Maintenance | Provider Maintenance | Payer Maintenance | Address Book | Patient List

Remove	Last	First	Unique Provider ID

Filter Results
Last Name
First Name
Unique Provider ID
Filter
List All

Add New Provider:
Required for keyboard entry

Add New Provider

Non-predefined Environment

Download Status

Submitting as HT000346-050:Joy Test

Facility setup –
Complete Facility address information

Contacts

File

Provider information

Last/Organization Name: Test facility
First Name:
Middle Name:
Suffix:
Address: 123 Make believe S Dr
Unique Provider Identifier: test
City: Salt Lake City
State: UT
Zip: 841236789

Other ID

Remove	ID	Type

Add

Contact List

Contact	Contact Name	Number1	Detail Type1	Number2	Detail Type2	Number3	Detail Type3

New Contact

New Person:

Add

Add Provider

Cancel

Fill in your information. Be sure not to use dash, slashes or periods.

Add Group NPI Number

Contacts

File

Provider information

Last/Organization Name: Test facility | First Name:

Middle Name: | Suffix:

Address: 123 Make believe S Dr

City: Salt Lake City | State: UT | Zip: 81235678

Other ID

Remove	ID	Type

1234567890 | National Provider ID | Add

Contact List

Contact	Contact Name	Number1	Detail Type1	Number2	Detail Type2	Number3	Detail Type3

New Contact

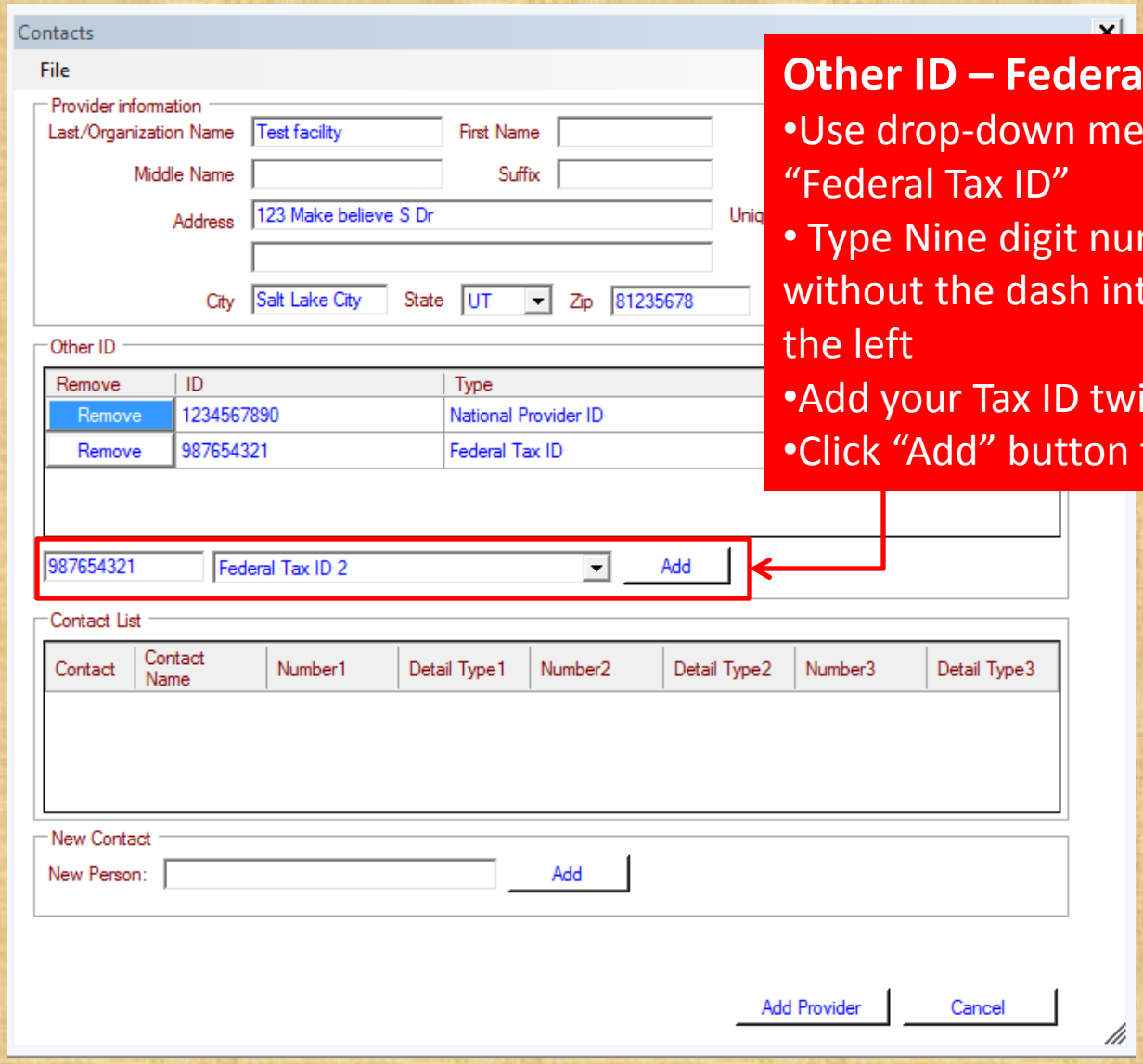
New Person: | Add

Add Provider | Cancel

Other ID - NPI number:

- Use drop-down menu to select "National Provider ID"
- Type Ten digit number in box to the left
- Click "Add" button to save

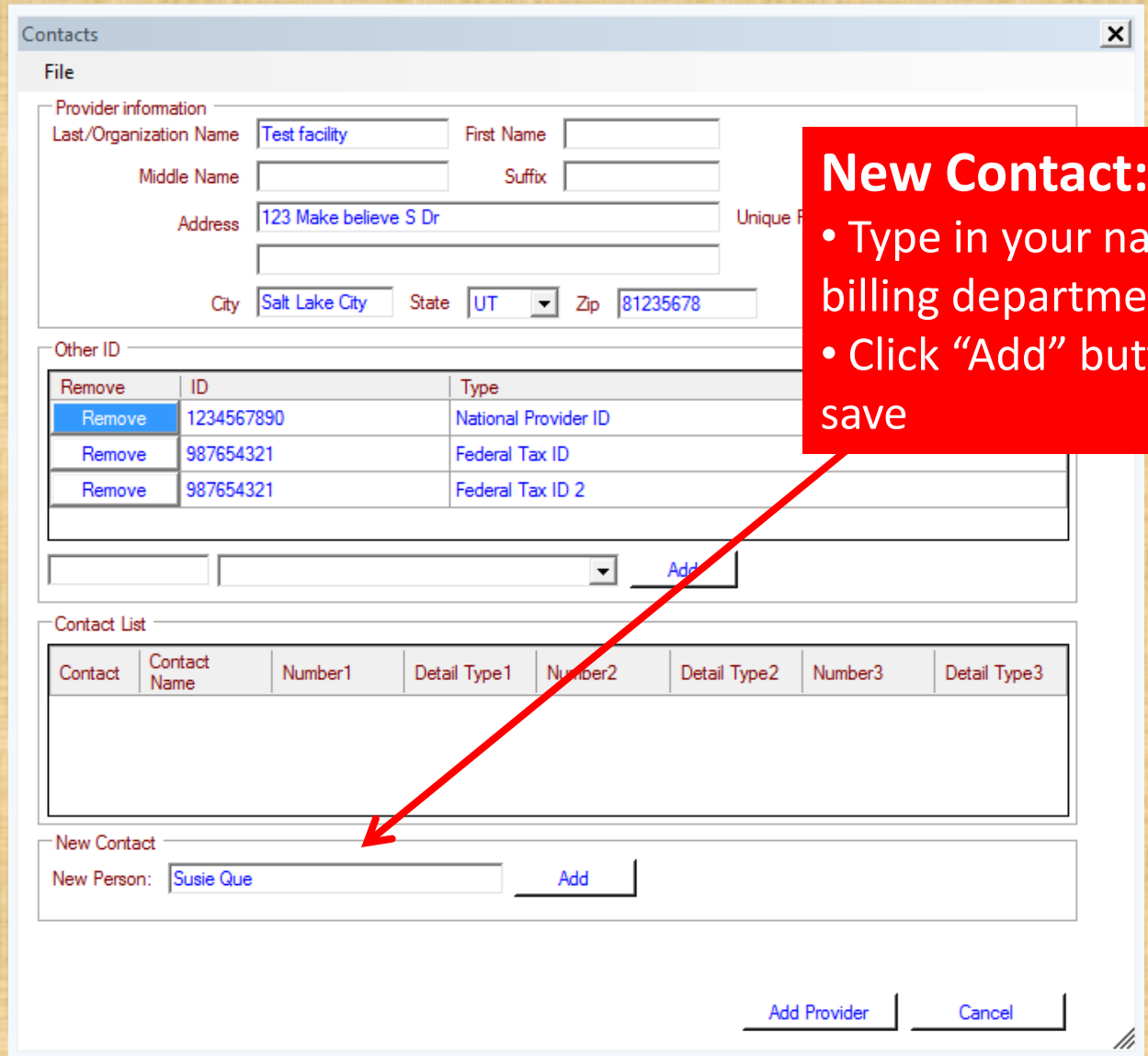
Add Tax ID information



Other ID – Federal Tax ID:

- Use drop-down menu to select "Federal Tax ID"
- Type Nine digit number without the dash into the box to the left
- Add your Tax ID twice
- Click "Add" button to save

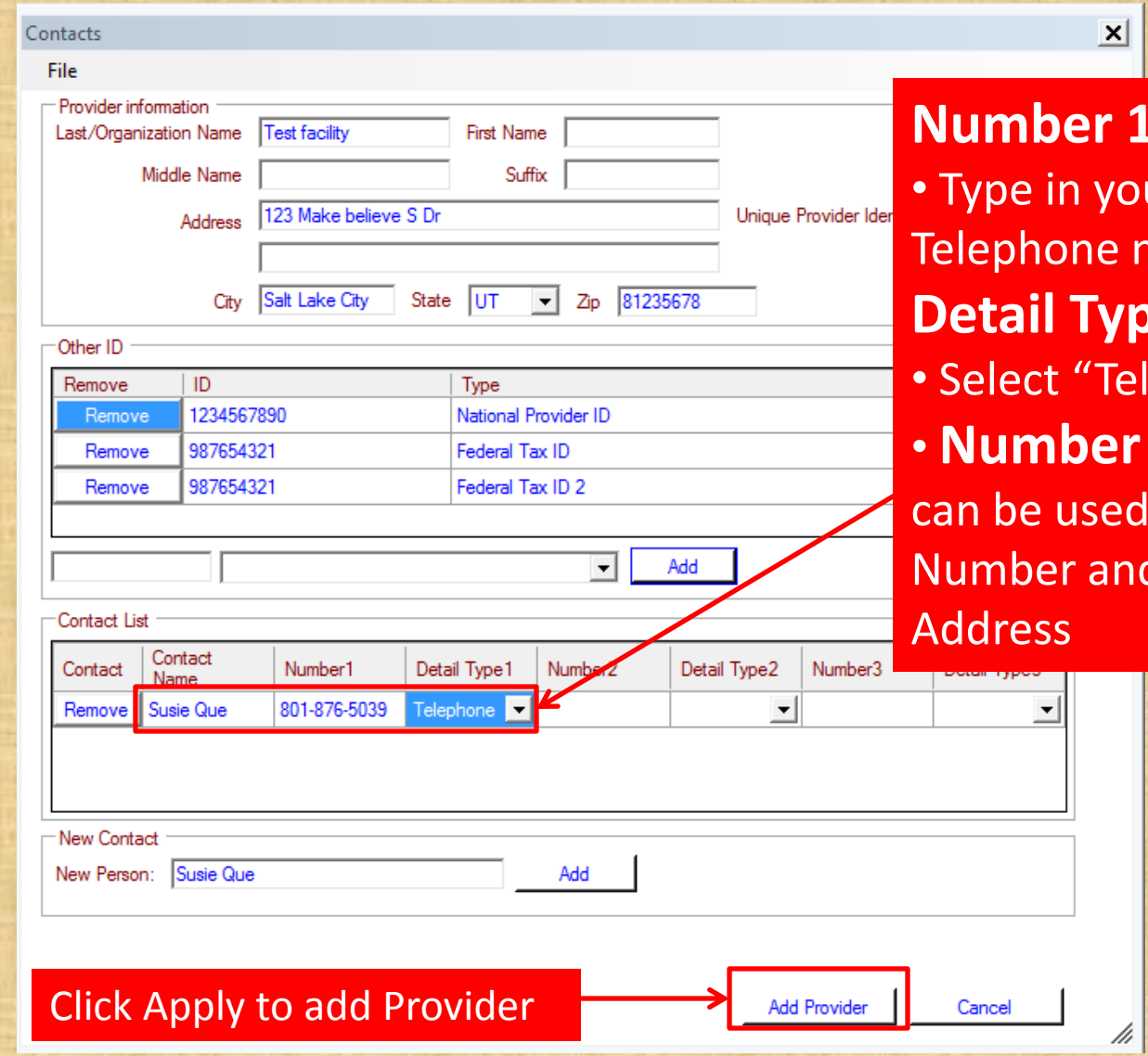
Add New Contact Information



New Contact:

- Type in your name or billing department
- Click "Add" button to save

Contact List Information



Number 1:

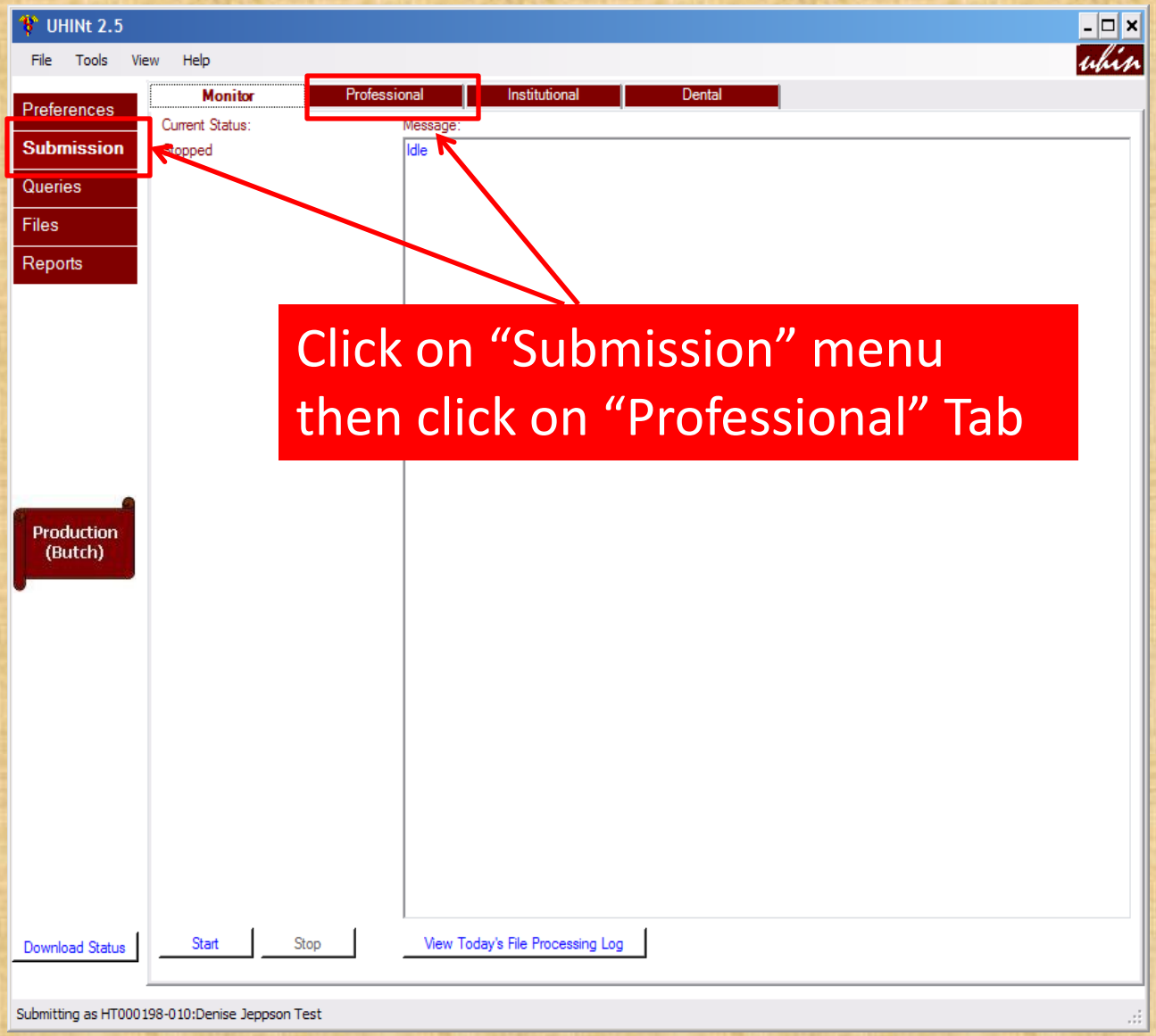
- Type in your Telephone number

Detail Type 1:

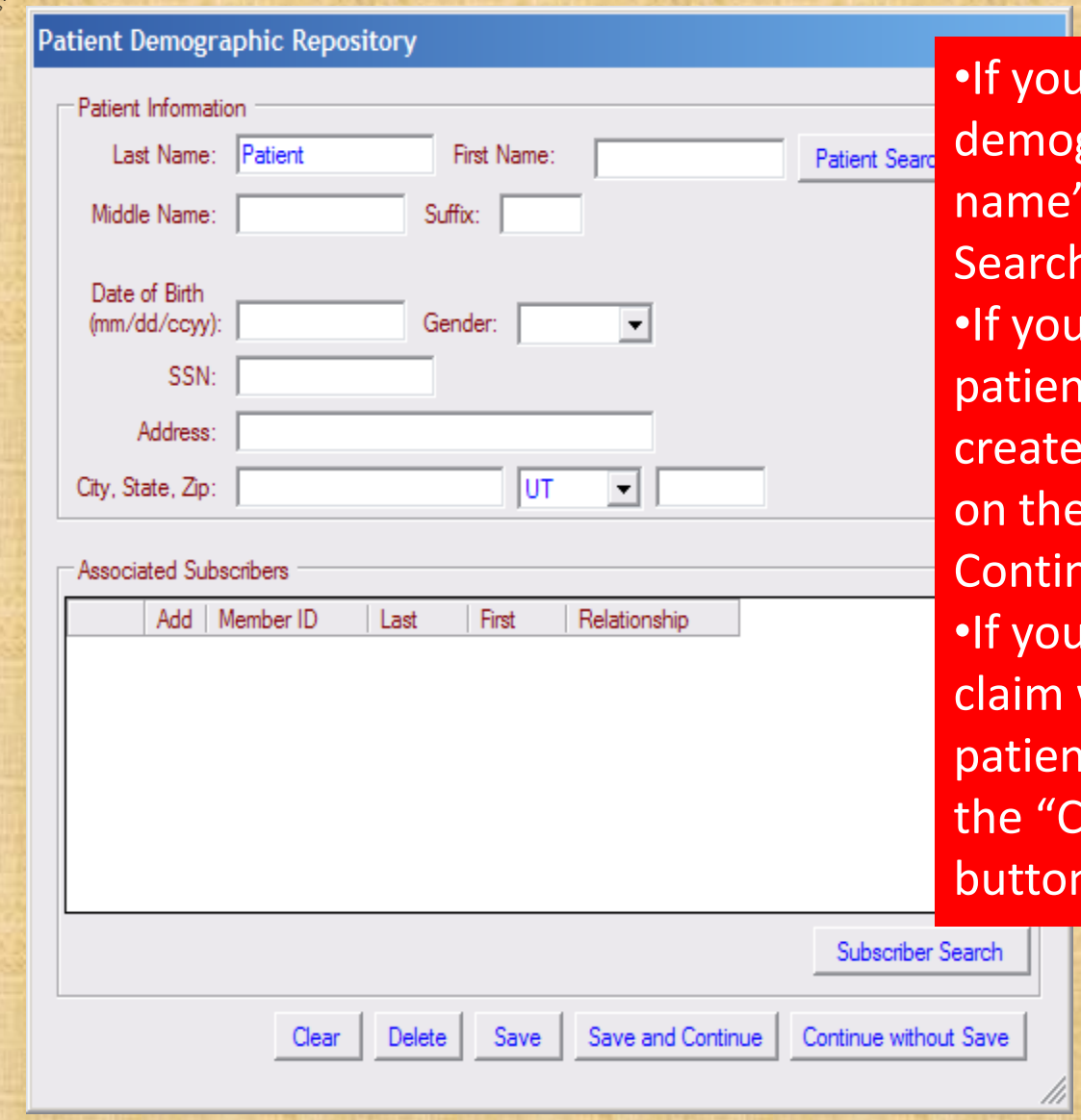
- Select "Telephone"
- **Number 2 and 3** can be used for Fax Number and Email Address

Click Apply to add Provider

Professional Claims – Keyboard Entry



Click on “Submission” menu then click on “Professional” Tab



- If you have created a patient demographic, enter in last name" and click on "Patient Search".
- If you have not created a patient demographic, you can create the record now and click on the "Save" or the "Save and Continue" button.
- If you would like to enter the claim without completing the patient demographic, click on the "Continue without Save" button.

Creating a patient record

Patient Demographic Repository

Patient Information

Last Name: PATIENT First Name: PARENT Patient Search

Middle Name: ONE Suffix:

Date of Birth (mm/dd/ccyy): 01/01/1970 Gender: Male

SSN:

Address: 123 PATIENT LANE

City, State, Zip: SALT LAKE CITY UT 84107

Associated Subscribers

Add	Member ID	Last	First	Relationship

Subscriber Search

Clear Delete Save Save and Continue Continue without Save

- Patient Demographic Repository screen will automatically come up when you click on the claim form.
- Complete basic information about your patient.
- Click on “Add” for subscriber information.

Select “Patient to Subscriber Relationship” from drop-down menu

SubscriberPanel

Patient to Subscriber Relationship: Self

Other Relationship
Self
Significant Other
Sponsored Dependent
Spouse
Stepson or Stepdaughter
Unknown
Ward

Subscriber Information

Subscription / Member ID: ABC123456789

Last Name: PATIENT

Middle Name: ONE

Date of Birth (mm/dd/ccyy): 01/01/1970

Gender: Male

SSN:

Address: 123 PATIENT LANE

City, State, Zip: SALT LAKE CITY UT 84107

Clear | Cancel | Delete | Save and Continue

- If Patient and the Subscriber is “Self” then complete the Subscription / Member ID field.
- Click save and continue.

Saving a Record

Patient Demographic Repository

Patient Information

Last Name: PATIENT First Name: PARENT Patient Search

Middle Name: ONE Suffix:

Date of Birth (mm/dd/ccyy): 01/01/1970 Gender: Male

SSN:

Address: 123 PATIENT LANE

City, State, Zip: SALT LAKE CITY UT 84107

Associated Subscribers

	Add	Member ID	Last	First	Relationship
▶	Remove	ABC123456789	PATIENT	PARENT	Self

Subscriber Search

Clear Delete Save Save and Continue Continue without Save

- If you would like to save and create a new patient record click on "Save" button.
- If you are ready to key a claim for this patient click on the "Save and Continue" button.

Patient Search

Patient Demographic Repository

Patient Information

Last Name: PATIENT First Name: Patient Search

Middle Name: Suffix:

Date of Birth : (mm/dd/ccyy) Gender:

SSN:

Address:

City, State, Zip: UT

Associated Subscribers

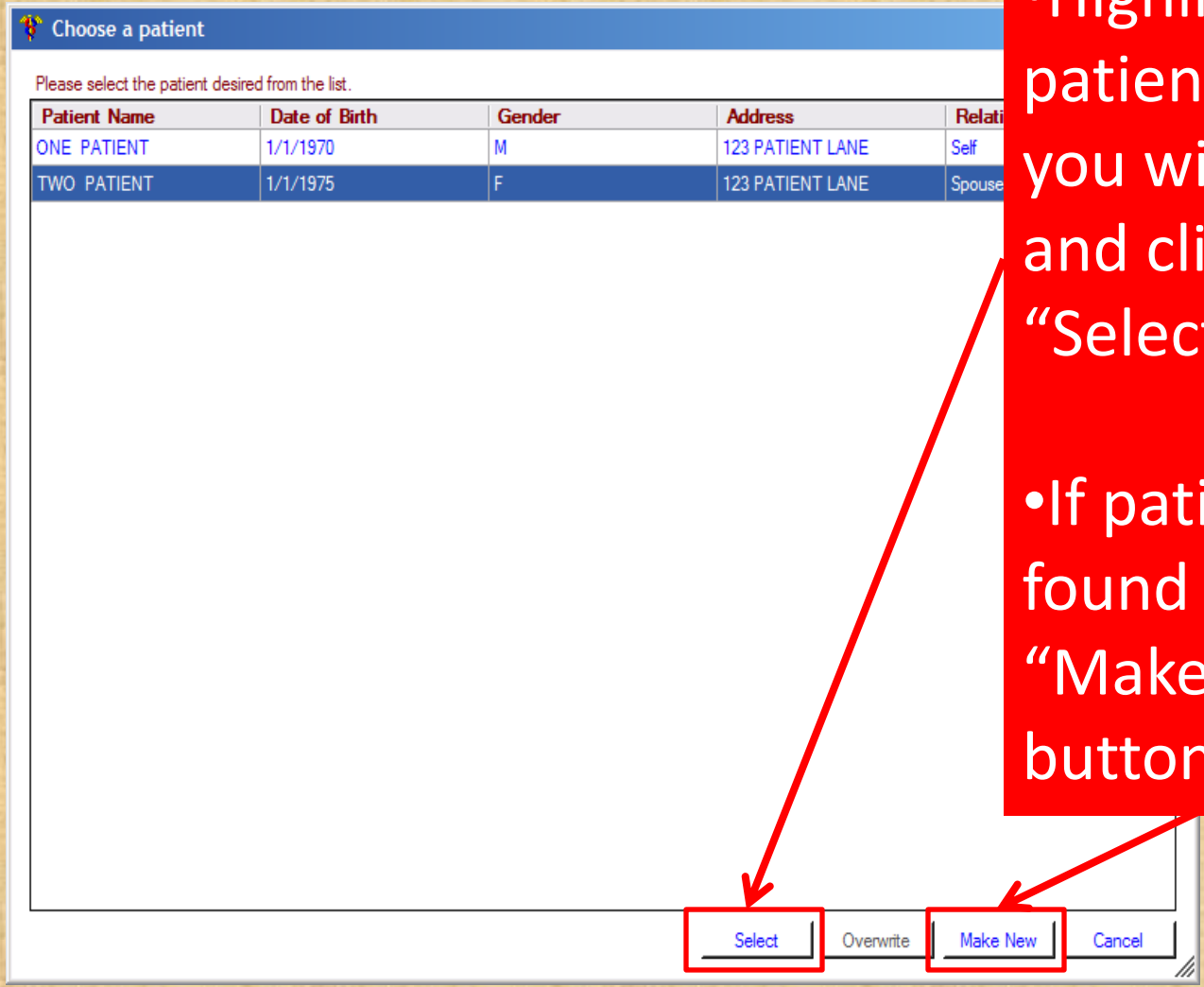
	Add	Member ID	Last	First	Relationship

Subscriber Search

Clear Delete Save Save and Continue Continue without Save

- Type in patient last name.
- Click on "Patient Search" button to locate a saved record.

Patient Search Results



- Highlight patient name you wish to use and click on the "Select" button.

- If patient is not found click "Make New" button to add.

Ready to key a claim

Patient Demographic Repository

Patient Information

Last Name: PATIENT First Name: ONE Patient Search

Middle Name: Suffix:

Date of Birth (mm/dd/ccyy): 01/01/1970 Gender: Male

SSN:

Address: 123 PATIENT LANE

City, State, Zip: SALT LAKE CITY UT 84107

Associated Subscribers

	Add	Member ID	Last	First	Relationship
▶	Remove	ABC123456789	PATIENT	TWO	Self

Subscriber Search

Clear Delete Save Save and Continue Continue without Save

If you are ready to key a claim for this patient click on the "Save and Continue" button.

Beginning keyboard entry

UHINt 2.6

File Tools View Help

Preferences
Submission
Queries
Files
Reports

Monitor | Professional | Institutional | Dental

Bill Type: Original Claim

* Payer: HT000004-001 : Utah Medicaid - FFS

Property and Casualty Claim Number

Billing Form Option

Regular Ambulance Home Health Oxygen Spinal Manip Vision COB Pwk(0)

1. * Claim Source: MEDICAID

1a. * Insured's ID Number: 0123456789

Patient Information

2. * Last Name: duck | Suffix | * First Name: donald | MI

5. * Address: 123 Disney Dr.

3. * Birthdate (mm/dd/ccy * Sex: 01/03/1920 | Male

* City: Anaheim | * State: CA | * Zip: 92010

6. Patient's Relationship to Insured: Self

Insured's Information

4. Last Name: duck | Suffix | First Name: donald | MI

7. Address: 123 Disney Dr.

City: Anaheim | State: CA | Zip: 92010

11. Policy Group or FECA Number

Other Insured's Information

9. Last Name | Suffix | First Name | MI

Address

City | State: UT | Zip

10. Is Patient's Condition Related To:

a. Employment? (current or previous) Yes No

b. Another Party Responsible? Yes No

View Online Training

Download Status

Print | Fill Test Data | Clear All | Submit

Submitting as HT000346-050:Joy Test

Non-predefined Environment

- Using drop down box select "Payer" and "Claim Source".

Diagnosis codes and CPT codes

UHINt 2.6

File | Tools | View | Help

Preferences
Submission
Queries
Files
Reports

View Online Training

Download Status

Monitor | Professional | Institutional | Dental

21. Diagnosis or Nature of Illness or Injury. (Relate items 1, 2, 3, or 4 to item 24E by line).

1. 9999
2.
3.
4.
5.
6.
7.
8.

22. Original Ref No

23. Prior Authorization Number

Prior Auth | Referral | CLIA

24.

Click on the "Add" button for additional lines

Add	Date of Service: From mm/dd/ccyy	Date of Service: To (mm/dd/ccyy)	* POS	Line #	* CPT / HCPCS	NDC	Mod 1	Mod 2	Mod 3	Mod 4	Dx Code Pointer 1-8 (Max 4)	* $ Charges	* Days or Units	Unit Type	Fam Plan	EMG	COB	Local Host	PWK	Tax
Del	07/01/2012		11	1	t2051	N	u8				1	60.00	1						P	T
Del	0710/2012	07/11/2012	11	2	t2051	N	u8				1	120.00	2						P	T

Click on "Delete" button to remove lines

Non-predefined Environment

25. * Billing Provider ID: National Provider ID

26. * Patient's Account No

27. * Accept Medicare Assignment: Assigned

28. Total Charge: $ 180.00

Print | Fill Test Data | Clear All | Submit

Submitting as HT000346-050:Joy Test

Billing information

UHINt 2.6

File Tools View Help

Preferences
Submission
Queries
Files
Reports

Monitor | Professional | Institutional | Dental

25. * Billing Provider ID
National Provider ID
1234567890

26. * Patient's Account No
dduck001

27. * Accept Medicare Assignment
Assigned

28. Total Charge
$ 180.00

31. Rendering Provider ID
Signature of physician or supplier including degrees or credentials (I certify that the statements on the reverse apply to this bill and are made a part thereof.)
Provider List
Organization or Last Name
Suffix
First Name
Middle Initial
Type of Identifier
Payer Assigned Rendering ID
Taxonomy Code

32. Facility
Name and address of facility where services were rendered (if other than home or office)
Location Type
Organization/Last Name
Suffix
First Name
Middle Initial
Address
City
State
Zip Code

33. Secondary Billing Provider ID
Provider List
Test facility (test)
* Organization/Last Name
Test facility
Suffix
First Name
Middle Initial
Address
123 Make believe S Dr
* City
Salt Lake City
* State
UT
* Zip Code
81235678
* Payer Assigned Provider ID
Federal Tax ID
987654321

View Online Training

Non-predefined Environment

Download Status

Print | Fill Test Data | Clear All | Submit

Submitting as HT000346-050:Joy Test

Missing information

UHINt 2.6

File Tools View Help

Preferences
Submission
Queries
Files
Reports

View Online Training

Non-predefined Environment

Download Status

Monitor | Professional | Institutional | Dental

21. Diagnosis or Nature of Illness or Injury. (Relate items 1, 2, 3, or 4 to item 24E by line).

1. 9999
2.
3.
4.
5.
6.
7.
8.

22. Original Ref No

23. Prior Authorization Number

Prior Auth | Referral | CLIA

24.

Add	*Date of Service: From (mm/dd/ccyy)	Date of Service: To (mm/dd/ccyy)	* POS	Line #	* CPT / HCPCS	NDC	Mod 1	Mod 2	Mod 3	Mod 4	* DX Code Pointer 1-8 (Max 4)	* $ Charges	* Days or Units	Unit Type	Fam Plan	EMG	COB	Local Host	PWK	Tax
Del	07/01/2012		11	1	t2051	N	u8				1	60.00	1						P	T
Del	0710/2012	07/11/2012	11	2	t2051	N	u8				1	120.00	2						P	T

UHINt 2.5 - SubmissionsPanel

Required fields are missing or fields are incorrectly filled out.

All fields in error are indicated in red. The reason for the error will be shown if you hover the mouse over the field in question.

OK

25. * Billing Provider

National Provider ID

1234567890

31. Rendering Provider ID

Signature of physician or supplier including degrees or

32. Facility

Name and address of facility where

33. Secondary Billing Provider ID

Print | Fill Test Data | Clear All | Submit

Submitting as HT000346-050:Joy Test

Transmitting claim

UHINt 2.6

File Tools View Help

Preferences
Submission
Queries
Files
Reports

View Online Training

Non-predefined Environment

Download Status

Monitor | Professional | Institutional | Dental

21. Diagnosis or Nature of Illness or Injury. (Relate items 1, 2, 3, or 4 to item 24E by line).

1. 9999
2.
3.
4.
5.
6.
7.
8.

22. Original Ref No

23. Prior Authorization Number

Prior Auth | Referral | CLIA

24.

Add	*Date of Service: From (mm/dd/ccyy)	Date of Service: To (mm/dd/ccyy)	* POS	Line #	* CPT / HCPCS	NDC	Mod 1	Mod 2	Mod 3	Mod 4	* DX Code Pointer 1-8 (Max 4)	* $ Charges	* Days or Units	Unit Type	Fam Plan	EMG	COB	Local Host	PWK	Tax
Del	07/01/2012		1									60.00	1						P	T
Del	07/10/2012	07/11/2012	1									120.00	2						P	T

UHINt 2.5 - SubmissionsPanel

Data transmitted

OK

25. * Billing Provider ID

National Provider ID

1234567890

26. * Patient's Account No

dduck001

27. * Ac

Assigne

31. Rendering Provider ID

Signature of physician or supplier including degrees or

32. Fac

Name a

Print

Submitting as HT000346-050:Joy Test

After the file shows it transmitted, you will have a new report. (837)

Running reports

UHINt 2.6

File Tools View Help

Preferences
Submissions
Queries
Files
Reports

Reports

Processing Date Range (mm/dd/ccyy) 08/07/2012 - 08/07/2012 Run Report

File Name	Date Download (mm/dd/cc HH:MM)	Transaction Count	Status	Size	Type	TPN
rt_HT000004-001_20120807171646_...	8/7/201...	1	UP	942	837	HT005555-002

Non-predefined Environment

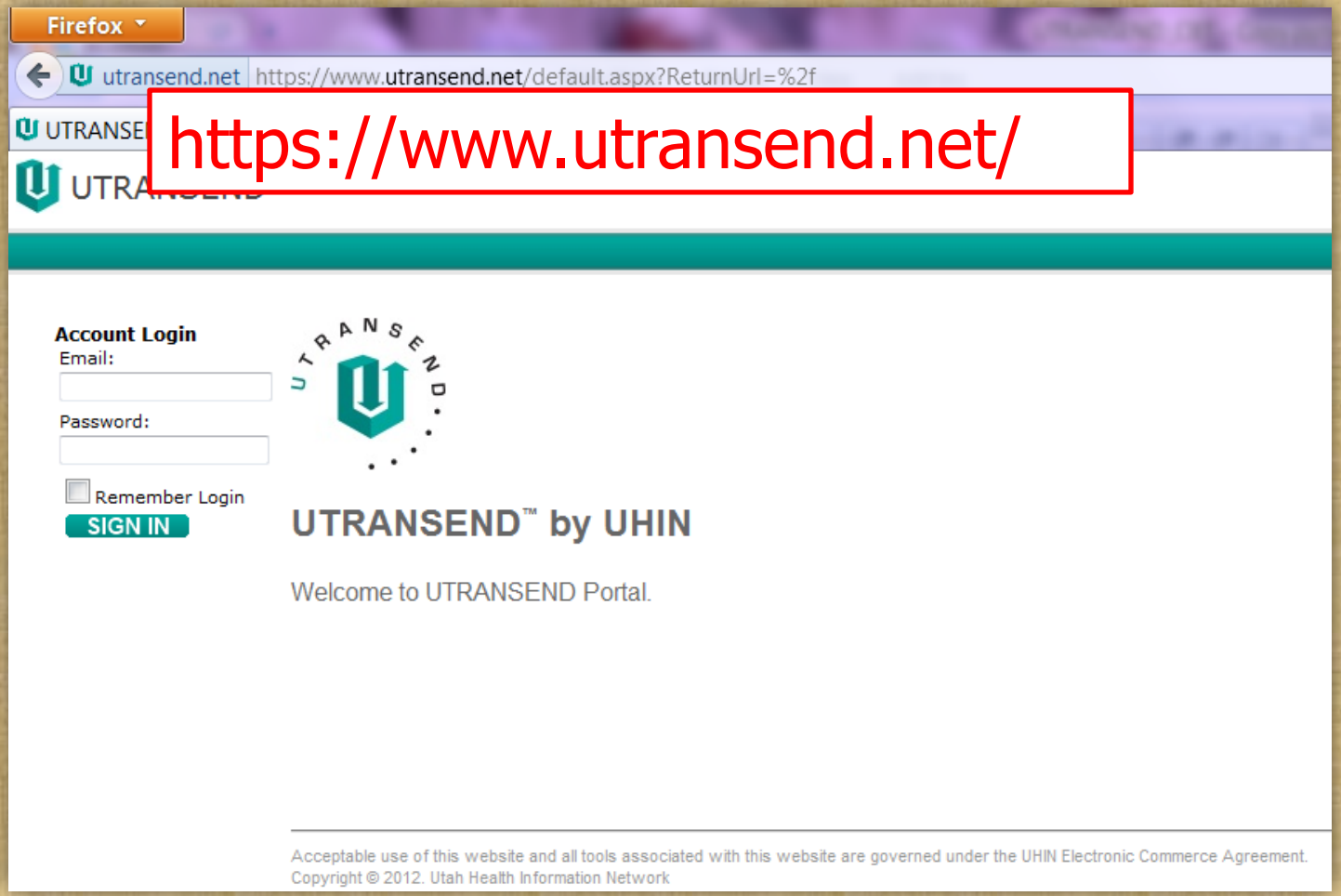
Download Status

Submitting as HT000346-050:Joy Test

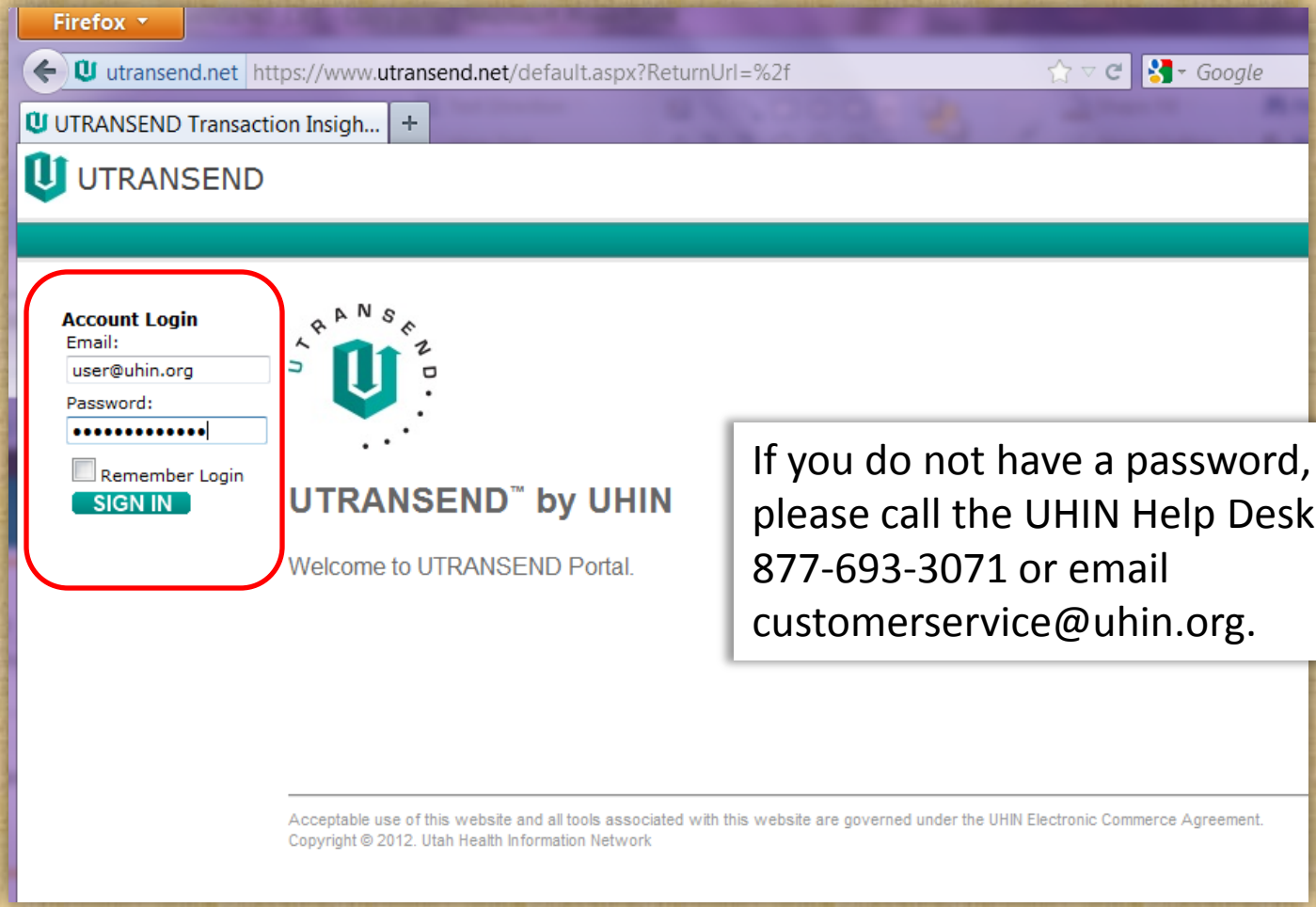
- Go into the Reports tab and click run report.
- Status = UP means UHIN received claim.
- If you see something other than "UP", the claim file was not received by UHIN.

UTRANSEND

Accessing the utransend portal

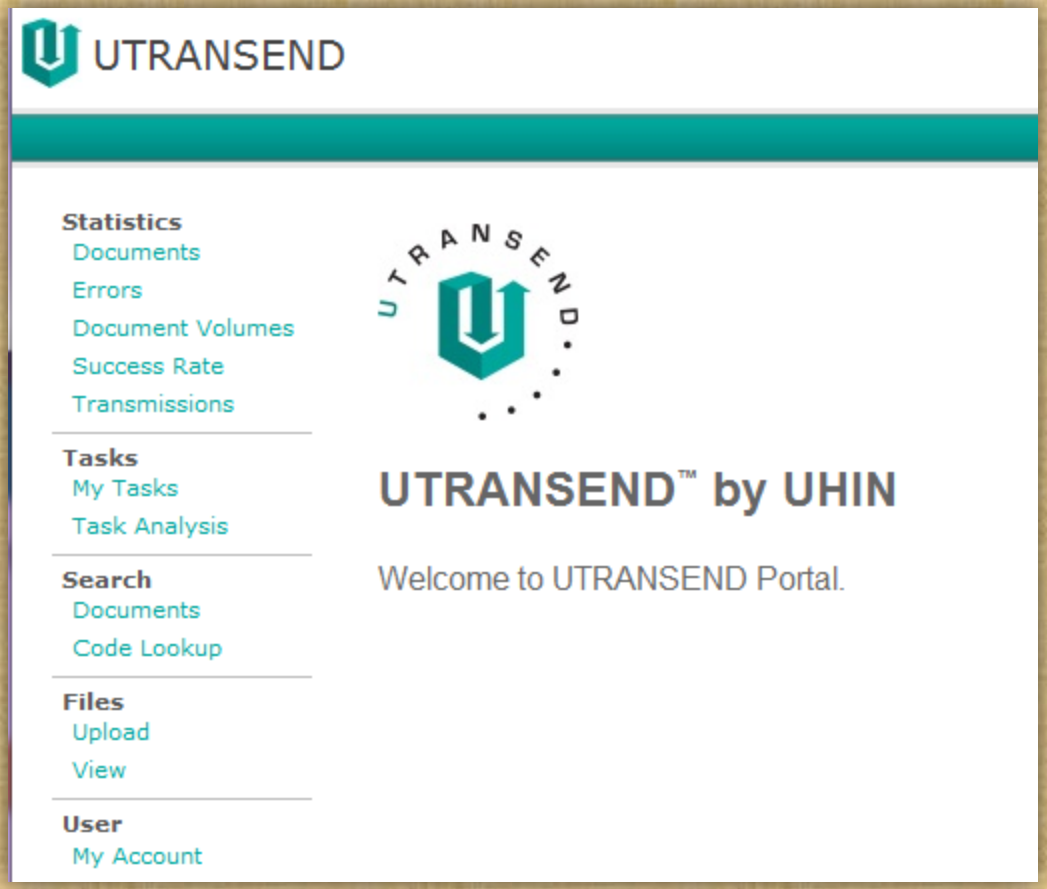


Logging into the utransend portal

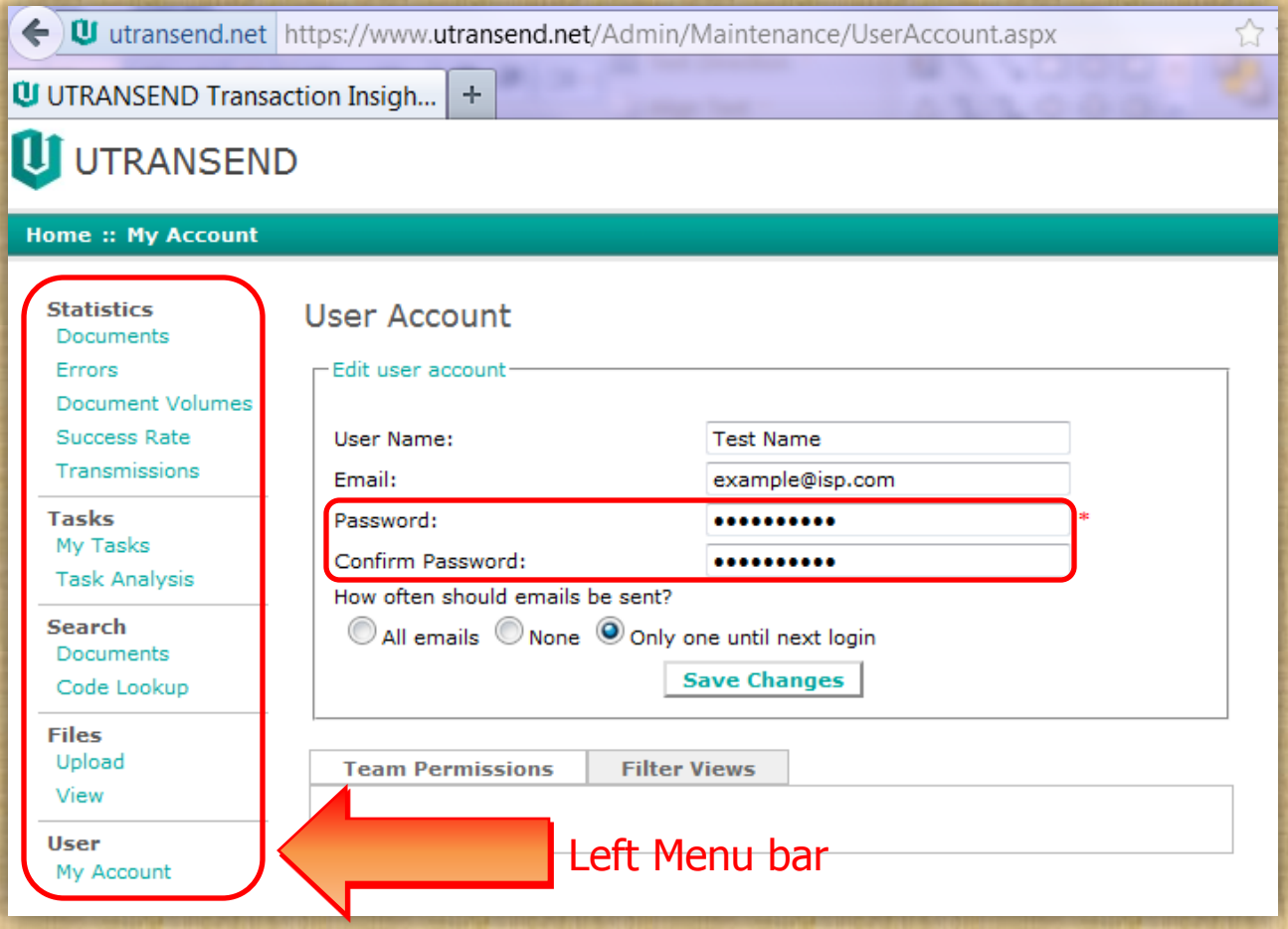


If you do not have a password, please call the UHIN Help Desk at 877-693-3071 or email customerservice@uhin.org.

Welcome page



Change your password



Transmissions

Firefox

utransend.net https://www.utransend.net/TI/Statistics/TSummary.aspx

UTRANSEND Transaction Insigh...

UTRANSEND

Welcome Joy! | Logoff | H

Home :: Transmissions

Breadcrumbs

Statistics
- Documents
- Errors
- Document Volumes
- Success Rate
- Transmissions

Tasks
- My Tasks
- Task Analysis

Search
- Documents
- Code Lookup

Files
- Upload
- View

User
- My Account

Production Data

Start Date: 6/10/2012 End Date: 6/17/2012 All Directions | All Data | All Versions | All Transaction Types | Choose Fields | Show Summary | Clear Filters

Collapse

Show Data For Internal Partners: ID / Name — All Partners

Show Data For External Partners: ID / Name — All Partners

Views: Select a View | Create

# Bytes	# Transmissions	# ISA	# GS	# ST	# Good Docs	# Bad Docs	# All Docs
1954903	611	611	611	726	2587	1	2588

Date	# Bytes	# Transmissions	# ISA	# GS	# ST	# Good Docs	# Bad Docs	# All Docs
6/17/2012	73535	48	48	48	61	125	0	125
6/15/2012	101724	60	60	60	73	134	0	134
6/14/2012	260433	149	149	149	158	344	0	344
6/13/2012	586468	163	163	163	243	719	0	719
6/12/2012	446601	63	63	63	63	537	0	537
6/11/2012	248172	81	81	81	81	415	0	415
6/10/2012	237970	47	47	47	47	313	1	314

Download To Excel — Page 1

Email This Page as a Report

Enter one or more recipient address(es) below. Separate multiple addresses with a comma.

Send Email

Filters sort information

utransend.net https://www.utransend.net/TI/Statistics/TSummary.aspx

UTRANSEND Transaction Insigh...

UTRANSEND

Welcome Joy! | Logoff | Help

Home :: Transmissions

Statistics
- Documents
- Errors
- Document Volumes
- Success Rate
- Transmissions

Tasks
- My Tasks
- Task Analysis

Search
- Documents
- Code Lookup

Files
- Upload
- View

User
- My Account

Production Data
Production Data
Test Data
Date:
6/10/2012 6/17/2012 All Directions All Data All Versions All Transaction Types Choose Fields Show Summary Clear Filters

Show Data For Internal Partners
ID Name
All Partners

Show Data For External Partners
ID Name
All Partners

Views
Select a View Create

# Bytes	# Transmissions	# ISA	# GS	# ST	# Good Docs	# Bad Docs	# All Docs
1954903	611	611	611	726	2587	1	2588

Date	# Bytes	# Transmissions	# ISA	# GS	# ST	# Good Docs	# Bad Docs	# All Docs
6/17/2012	73535	48	48	48	61	125	0	125
6/15/2012	101724	60	60	60	73	134	0	134
6/14/2012	260433	149	149	149	158	344	0	344
6/13/2012	586468	163	163	163	243	719	0	719
6/12/2012	446601	63	63	63	63	537	0	537
6/11/2012	248172	81	81	81	81	415	0	415
6/10/2012	237970	47	47	47	47	313	1	314

Download To Excel Page 1

Email This Page as a Report

Enter one or more recipient address(es) below. Separate multiple addresses with a comma.

Send Email

Collapsing a section

utransend.net https://www.utransend.net/TI/Statistics/TSummary.aspx

UTRANSEND Transaction Insigh...

UTRANSEND

Welcome Joy! | Logoff | Hel

Home :: Transmissions

Statistics
- Documents
- Errors
- Document Volumes
- Success Rate
- Transmissions

Tasks
- My Tasks
- Task Analysis

Search
- Documents
- Code Lookup

Files
- Upload
- View

User
- My Account

Production Data

Start Date: 6/10/2012 End Date: 6/17/2012 All Directions All Data All Versions All Transaction Types Choose Fields Show Summary Clear Filters

Collapse

Show Data For Internal Partners: ID Name — All Partners

Show Data For External Partners: ID Name — All Partners

Views: Select a View Create

# Bytes	# Transmissions	# ISA	# GS	# ST	# Good Docs	# Bad Docs	# All Docs
1954903	611	611	611	726	2587	1	2588

Date	# Bytes	# Transmissions	# ISA	# GS	# ST	# Good Docs	# Bad Docs	# All Docs
6/17/2012	73535	48	48	48	61	125	0	125
6/15/2012	101724	60	60	60	73	134	0	134
6/14/2012	260433	149	149	149	158	344	0	344
6/13/2012	586468	163	163	163	243	719	0	719
6/12/2012	446601	63	63	63	63	537	0	537
6/11/2012	248172	81	81	81	81	415	0	415
6/10/2012	237970	47	47	47	47	313	1	314

Download To Excel — Page 1

Email This Page as a Report

Enter one or more recipient address(es) below. Separate multiple addresses with a comma.

Send Email

Firefox

utransend.net https://www.utransend.net/TI/Statistics/TSummary.aspx

UTRANSEND Transaction Insigh...

UTRANSEND

Welcome Joy! | Log

Home :: Transmissions

Statistics
- Documents
- Errors
- Document Volumes
- Success Rate
- Transmissions

Tasks
- My Tasks
- Task Analysis

Search
- Documents
- Code Lookup

Files
- Upload
- View

User
- My Account

Production Data

Start Date: 6/10/2012 End Date: 6/17/2012 All Directions All Data All Versions All Transaction Types Choose Fields Show Summary Clear Filters

Expand

# Bytes	# Transmissions	# ISA	# GS	# ST	# Good Docs	# Bad Docs	# All Docs
1954903	611	611	611	726	2587	1	2588

Date	# Bytes	# Transmissions	# ISA	# GS	# ST	# Good Docs	# Bad Docs	# All Docs
6/17/2012	73535	48	48	48	61	125	0	125
6/15/2012	101724	60	60	60	73	134	0	134
6/14/2012	260433	149	149	149	158	344	0	344
6/13/2012	586468	163	163	163	243	719	0	719
6/12/2012	446601	63	63	63	63	537	0	537
6/11/2012	248172	81	81	81	81	415	0	415
6/10/2012	237970	47	47	47	47	313	1	314

Download To Excel Page 1

Email This Page as a Report

Enter one or more recipient address(es) below. Separate multiple addresses with a comma.

Send Email

Date view

Firefox

utransend.net https://uat.utransend.net/TI/Statistics/TSummary.aspx?from=DocumentView

UTRANSEND Transaction Insigh...

UTRANSEND

Welcome Joy Cone! | Logo

Home :: Transmissions

Transaction Insight®

Statistics
- Documents
- Errors
- Document Volumes
- Success Rate
- Transmissions

Tasks
- My Tasks
- Task Analysis

Search
- Documents
- Code Lookup

Files
- Upload
- View

User
- My Account

Test Data

Start Date: 5/28/2012 End Date: 6/19/2012 All Directions | All Data | All Versions | All Transaction Types | Choose Fields | Show Summary | Clear Filters

Expand

# Bytes	# Transmissions	# ISA	# GS	# ST	# Good Docs	# Bad Docs	# All Docs
250583	9	9	9	9	197	56	253

Date	# Bytes	# Transmissions	# ISA	# GS	# ST	# Good Docs	# Bad Docs	# All Docs
6/7/2012	210383	6	6	6	6	149	56	205
6/4/2012	40200	3	3	3	3	48	0	48

Download To Excel

Page 1

Search In Amount | Find the Document

1

Stamp	Direction	FileName	File Size	ISA Count	Total Docs	Good Docs	Rejected Docs	InStream Version	Original FileName	Original FileDate	Link To
6/7/2012 12:00:04 PM	Inbound	HT000346-052_20120605163600_HT000346-050-qs6p1c.837.edi	67332	1	20	2	18	7.17.0 [Build 130r(64 bit): 04/16/2012]			Archive Op Mon
6/7/2012 12:00:01 PM	Inbound	HT000346-052_20120509100300_HT000346-050-7ebbu4.837.edi	85957	1	124	124	0	7.17.0 [Build 130r(64 bit): 04/16/2012]			Archive Op Mon
6/7/2012 11:59:58 AM	Inbound	HT000346-052_20120503131200_HT000346-050-u6kdxb.837.edi	24380	1	26	2	24	7.17.0 [Build 130r(64 bit): 04/16/2012]			Archive Op Mon
6/7/2012 11:59:55 AM	Inbound	HT000346-052_20120405013700_HT000346-050-gqn4dy.837.edi	992	1	1	0	1	7.17.0 [Build 130r(64 bit): 04/16/2012]			Archive Op Mon
6/7/2012 11:59:53 AM	Inbound	HT000346-052_20120405013700_HT000346-050-5n2knk.837.edi	987	1	1	0	1	7.17.0 [Build 130r(64 bit): 04/16/2012]			Archive Op Mon
6/7/2012 11:59:50 AM	Inbound	HT000346-052_20120307090100_HT000346-050-tkq86g.837.edi	30735	1	33	21	12	7.17.0 [Build 130r(64 bit): 04/16/2012]			Archive Op Mon

Email This Page as a Report

Enter one or more recipient address(es) below. Separate multiple addresses with a comma.

Send Email

Line detail

Firefox

utransend.net https://uat.utransend.net/TI/Statistics/TSummary.aspx

UTRANSEND Transaction Insigh...

UTRANSEND

Welcome Joy Cone! | Logoff

Home :: Transmissions

Transaction Insight®

Statistics
- Documents
- Errors
- Document Volumes
- Success Rate
- Transmissions

Tasks
- My Tasks
- Task Analysis

Search
- Documents
- Code Lookup

Files
- Upload
- View

User
- My Account

Test Data

Start Date: 5/28/2012 End Date: 6/19/2012 All Directions | All Data | All Versions | All Transaction Types | Choose Fields | Show Summary | Clear Filters

Expand

# Bytes	# Transmissions	# ISA	# GS	# ST	# Good Docs	# Bad Docs	# All Docs
250583	9	9	9	9	197	56	253

Date	# Bytes	# Transmissions	# ISA	# GS	# ST	# Good Docs	# Bad Docs	# All Docs
[illegible]	210383	6	6	6	6	149	56	205
6/4/2012	40200	3	3	3	3	48	0	48

Download To Excel

Page 1

Search In Amount | Find the Document

1

Stamp	Direction	FileName	File Size	ISA Count	Total Docs	Good Docs	Rejected Docs	InStream Version	Original FileName	Original FileDate	Link To
6/7/2012 12:00:04 PM	Inbound	HT000346-052_20120605163600_HT000346-050-qs6p1c.837.edi	67332	1	20	2	18	7.17.0 [Build 130r(64 bit): 04/16/2012]			Archive Op Mon

ISA #	# of Segments	# of GS's	ISA Sender	ISA Receiver	All Docs	Rejected Docs	Amount	Bad Amt
15060512	2573	1	HT000346-050	HT000346-052	20	18	$277,346.15	$261,706.50

GS #	# of Segments	# of ST's	Transact.Set	GS Sender	GS Receiver	All Docs	Rejected Docs	Amount	Bad Amt
151636	2573	1	005010X223A2	HT000346-050	HT000346-052	20	18	$277,346.15	$261,706.50

ST #	# of Segments	All Docs	Rejected Docs	Amount	Bad Amt	Guideline
0015	2573	20	18	$277,346.15	$261,706.50	PDSA5010837I+TI_FILTER

DOC #	Amount	Assigned	Document Date	Number of Errors	Original File Date	Original File Name	Receiver	Sender	Status	Submitter Identifier
1	14,570.00		6/5/2012 4:36:00 PM	1			UHIN TEST Payer-SFTP	UHIN TEST - Joy	New	69902
2	16,073.85		6/5/2012 4:36:00 PM	1			UHIN TEST Payer-SFTP	UHIN TEST - Joy	New	271302
3	17,573.85		6/5/2012 4:36:00 PM	1			UHIN TEST Payer-SFTP	UHIN TEST - Joy	New	274202
4	13,808.00		6/5/2012 4:36:00 PM	1			UHIN TEST Payer-SFTP	UHIN TEST - Joy	New	439702
5	7,649.65		6/5/2012 4:36:00 PM	0			UHIN TEST Payer-SFTP	UHIN TEST - Joy		464602
1 2 3 4										

6/7/2012 12:00:01 PM	Inbound	HT000346-052_20120509100300_HT000346-050-7ebbu4.837.edi	85957	1	124	124	0	7.17.0 [Build 130r(64 bit): 04/16/2012]		Archive Op Mon
6/7/2012 11:59:58 AM	Inbound	HT000346-052_20120503131200_HT000346-050-u6kdxb.837.edi	24380	1	26	2	24	7.17.0 [Build 130r(64 bit): 04/16/2012]		Archive Op Mon

Document Summary

Firefox

utransend.net https://uat.utransend.net/TI/Statistics/DocumentSummary.aspx?docid=89583&from=trans

UTRANSEND Transaction Insigh...

UTRANSEND

Home :: Transmissions :: Document Summary

Statistics
- Documents
- Errors
- Document Volumes
- Success Rate
- Transmissions

Tasks
- My Tasks
- Task Analysis

Search
- Documents
- Code Lookup

Files
- Upload
- View

User
- My Account

Document Summary for: NA

Transmission Name: HT000346-052_20120405013700_HT000346-050-gqn4dy.837.edi
Transmission Date: 6/7/2012 11:59 AM
Version: 5010
Transaction Set: 837P
Document Date: 4/5/2012 1:37 AM
Sender: UHIN TEST - Joy
Receiver: UHIN TEST Payer-SFTP
Dollar Amount: $720.00

InStream

Version: 7.17.0 [Build 130r(64 bit): 04/16/2012]
APF File: UHN_Validation.apf
Error File: CustomerFSBRERRS.TXT
Error File: fsanerrs.txt
Error File: fsbrerrs.txt
Guideline: PDSA5010837P+TI_FILTER
Code Table: fs_hipaa.dat

Message

EDI Non-Technical Institutional Professional Dental

Loop2 Errors: -- 2

Error	Severity	Type	Description
41091	Error - 3	1	The Subscriber Address (2010BA, N3) is only required when the subscriber is the patient, otherwise do not send.
41086	Error - 3	1	The Subscriber City, State, ZIP Code (Loop 2010BA, N4 segment) is only required when the Subscriber is the patient (Loop 2000B HL04=0).

Click here to View the document

CPT copyright 2010 American Medical Association ©. All rights reserved.

Document View

Firefox

utransend.net https://uat.utransend.net/TI/Tasks/DocumentView.aspx?docid=91097&from=trans

UTRANSEND Transaction Insigh...

UTRANSEND

Welcome Joy Cone! | Logoff | Help

Home :: Transmissions :: Document Summary :: Document View

Transaction Insight®

Statistics
- Documents
- Errors
- Document Volumes
- Success Rate
- Transmissions

Tasks
- My Tasks
- Task Analysis

Search
- Documents
- Code Lookup

Files
- Upload
- View

User
- My Account

Document: 032396 Version: 5010

CMS 1500 - 0 Error(s) | Errors Not In Form - 0 Error(s) | Raw EDI

1500 EDUCATORS MUTUAL

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 08/05

1. CLAIM FILING INDICATOR CODE [MB] MEDICARE [MC] MEDICAID [CH] CHAMPUS [VA] CHAMPVA Other [11] Other Non-Federal		1a. SUBSCRIBER PRIMARY ID 24770000000
2. PATIENT'S NAME (Last Name, First Name, Middle Initial) CRANDLE SUSAN	3. PATIENT'S BIRTH DATE 8/30/1962 GENDER [M] M [F] F	4. SUBSCRIBER (Last Name, First Name, Middle Initial) CRANDLE SUSAN
5. PATIENT'S ADDRESS (No., Street) 1735 S ORE AVE	6. INDIVIDUAL RELATIONSHIP CODE [18] Self [19] Child [01] Spouse Other	7. SUBSCRIBER'S ADDRESS (No., Street) 1735 S ORE AVE
CITY PLEASANT GROVE STATE UT	8. PATIENT STATUS	CITY PLEASANT GROVE STATE UT
ZIP CODE 84062 TELEPHONE (Include Area Code)		ZIP CODE 84062 TELEPHONE (Include Area Code)
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)	10. RELATED CAUSES CODE:	11. INSURED GROUP OR POLICY NUMBER EMIASP1
a. INSURED GROUP OR POLICY NUMBER	a. EMPLOYMENT? [EM] Yes No	a. SUBSCRIBER BIRTH DATE 8/30/1962 GENDER [M] M [U] U [F] F
	b. AUTO ACCIDENT? PLACE (State) [AA] Yes No	b. EMPLOYER'S NAME OR SCHOOL NAME
c. EMPLOYER'S NAME OR SCHOOL NAME	c. OTHER ACCIDENT? [OA] Yes No	c. INSURANCE PLAN NAME OR PROGRAM NAME
d. INSURANCE PLAN NAME OR PROGRAM NAME	10d. RESERVED FOR LOCAL USE	d. IS THERE ANOTHER HEALTH BENEFIT PLAN? YES NO *If yes,* return to and complete item 9 a-d.
READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.		13. BENEFITS ASSIGNMENT CERTIFICATION INDICATOR I authorize payment of medical benefits to the undersigned physician or supplier for

Error view

Firefox

utransend.net https://www.utransend.net/TI/Tasks/DocumentView.aspx?docid=13515433&from=errors

UTRANSEND Transaction Insigh...

19. RESERVED FOR LOCAL USE

20. PURCHASED SERVICE CHARGE AMOUNT:

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate Items 1,2,3 or 4 to Item 24E by Line)

4619

22. CLAIM FREQUENCY TYPE CODE: 1

CLAIM ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER:

CLIA NUMBER:

MAMMOGRAPHY CERTIFICATION NUMBER:

24. A. SERVICE DATE From	To	B. FACILITY CODE VALUE	C. EMERGENCY INDICATOR	D. PRODUCT/SERVICES ID	MODIFIER	E. DIAG. CODE POINTER	F. LINE ITEM CHARGE AMOUNT	G. SERVICE UNIT COUNT	H. EPSDT INDICATOR	I. ID QUAL	J. RENDERING PROVIDER ID. #
6/15/2012		11		14		1 2 3 4	$140.00	1.0		NPI	[redacted]

25. BILLING PROVIDER I.D.: 870 [SY] SSN [EI] EIN

26. PATIENT'S ACCOUNT NO.: 14895

27. ACCEPT ASSIGNMENT: [A] Yes [B] Lab Only [C] No

28. TOTAL CLAIM CHARGE AMOUNT: $140.00

29. PATIENT AMOUNT PAID

30. PAYER AMOUNT PAID

31. PROVIDER OR SUPPLIER SIGNATURE INDICATOR

[Signature on File]

SIGNED [Signature on File] DATE 6/18/2012

32. LABORATORY OR FACILITY NAME

a. b.

33. BILLING PROVIDER LAST OR ORG. NAME

RIVERTON | UT | 840656794

a. b.

Errors not in form view

Firefox

utransend.net https://www.utransend.net/TI/Tasks/DocumentView.aspx?docid=13935521&from=errors

UTRANSEND Transaction Insigh...

UTRANSEND

Welcome Joy Cone! | Logoff

Home :: Errors :: Document Summary :: Document View

Transaction Insight®

Statistics
- Documents
- Errors
- Document Volumes
- Success Rate
- Transmissions

Tasks
- My Tasks
- Task Analysis

Search
- Documents
- Code Lookup

Files
- Upload
- View

User
- My Account

Document: 7984 Version: 5010

CMS 1500 - 0 Error(s) | Errors Not In Form - 1 Error(s) | Raw EDI

Interchange Collapse

Group Collapse

837P Collapse

2000A Collapse

2000BCollapse

Loop Error:

Form Actions

Export To XML Export To PDF

CPT copyright 2010 American Medical Association ©. All rights reserved.

Raw EDI

Firefox

utransend.net https://uat.utransend.net/TI/Tasks/DocumentView.aspx?docid=91097&from=trans

UTRANSEND Transaction Insigh...

UTRANSEND

Welcome J

Home :: Transmissions :: Document Summary :: Document View

Transaction I

Statistics
- Documents
- Errors
- Document Volumes
- Success Rate
- Transmissions

Tasks
- My Tasks
- Task Analysis

Search
- Documents
- Code Lookup

Files
- Upload
- View

User
- My Account

Document: 032396 Version: 5010

CMS 1500 - 0 Error(s) | Errors Not In Form - 0 Error(s) | Raw EDI

```
ISA*00*          *00*ec1f0ad0ab*ZZ*HT000346-050    *ZZ*HT000214-001
*120619*0705*^*00501*000000889*0*T*:~
GS*HC*HT000346-050*HT000214-001*20120619*070534*889*X*005010X222A1~
ST*837*000000001*005010X222A1~
BHT*0019*00*889*20120619*070534*CH~
NM1*41*2*JD PAIN MANAGEMENT LLC*****46*HT000346-050~
PER*IC*BETTY LOU*TE*8015555555*EM*USER@YAHOO.COM*FX*8015555556~
NM1*40*2*EMIA*****46*HT000214-001~
HL*1**20*1~
NM1*85*2*JD PAIN MANAGEMENT LLC*****XX*1122333341~
N3*250 S 300 W*STE 100~
N4*MURRAY*UT*841075322~
REF*EI*876543219~
NM1*87*2~
N3*PO BOX 572528~
N4*SALT LAKE CITY*UT*841572528~
HL*2*1*22*0~
SBR*P*18*EMIASP1******11~
NM1*IL*1*CRANDLE*SUSAN****MI*24770000000~
N3*1735 S ORE AVE~
N4*PLEASANT GROVE*UT*84062~
DMG*D8*19620830*F~
NM1*PR*2*EDUCATORS MUTUAL*****PI*HT000214-001~
CLM*032396*120***11:B:1*Y*A*Y*Y~
HI*BK:7213*BF:72210*BF:71590*BF:7291*BF:78199*BF:V5869~
```

Form Actions

Export To XML Export To PDF

Selecting a transaction

Firefox

utransend.net https://uat.utransend.net/TI/Statistics/TSummary.aspx?from=DocumentView

UTRANSEND Transaction Insigh...

UTRANSEND

Welcome Joy C

Home :: Transmissions

Transaction Insig

Statistics
- Documents
- Errors
- Document Volumes
- Success Rate
- Transmissions

Tasks
- My Tasks
- Task Analysis

Search
- Documents
- Code Lookup

Files
- Upload
- View

User
- My Account

Production Data

Start Date: 6/13/2012 End Date: 6/20/2012 All Directions All Data All Versions 835 Choose Fields Show Summary Clear Filters

All Transaction Types
210
270
271
275
276
277
277CA
277U
278RP
278RQ
810
820
834
835
837D
837I
837P
850
855

# Bytes	# Transmissions	# ISA	# GS	d Docs	# Bad Docs	# All Docs
3807	10	10	10		0	10

Date	# Bytes	# Transmissions	# ISA	# Good Docs	# Bad Docs	# All Docs
6/20/2012	1665	3	3	3	0	3
6/19/2012	2142	7	7	7	0	7

Download To Excel

Email This Page as a Report

Enter one or more recipient address(es) below. Separate multiple addresses wit

Send Email

Click Show Summary button

Firefox

utransend.net https://uat.utransend.net/TI/Statistics/TSummary.aspx?from=DocumentView

UTRANSEND Transaction Insigh...

UTRANSEND

Welcome Joy Cone! | Logo

Home :: Transmissions

Transaction Insight®

Statistics
- Documents
- Errors
- Document Volumes
- Success Rate
- Transmissions

Tasks
- My Tasks
- Task Analysis

Search
- Documents
- Code Lookup

Files
- Upload
- View

User
- My Account

Production Data

Start Date: 6/13/2012 End Date: 6/20/2012 All Directions All Data All Versions 835 Choose Fields **Show Summary** **Clear Filters**

Expand

# Bytes	# Transmissions	# ISA	# GS	# ST	# Good Docs	# Bad Docs	# All Docs
1051	1	1	1	1	1	0	1

Date	# Bytes	# Transmissions	# ISA	# GS	# ST	# Good Docs	# Bad Docs	# All Docs
6/20/2012	1051	1	1	1	1	1	0	1

Download To Excel Page 1

Email This Page as a Report

Enter one or more recipient address(es) below. Separate multiple addresses with a comma.

Send Email

Click Doc#

Firefox

utransend.net https://uat.utransend.net/TI/Statistics/TSummary.aspx?from=DocumentView

UTRANSEND Transaction Insigh...

UTRANSEND

Welcome Joy Cone! | Log

Home :: Transmissions

Transaction Insight®

Statistics
- Documents
- Errors
- Document Volumes
- Success Rate
- Transmissions

Tasks
- My Tasks
- Task Analysis

Search
- Documents
- Code Lookup

Files
- Upload
- View

User
- My Account

Production Data

Start Date: 6/13/2012 End Date: 6/20/2012 All Directions All Data All Versions 835 Choose Fields Show Summary Clear Filters

Expand

# Bytes	# Transmissions	# ISA	# GS	# ST	# Good Docs	# Bad Docs	# All Docs
1051	1	1	1	1	1	0	1

Date	# Bytes	# Transmissions	# ISA	# GS	# ST	# Good Docs	# Bad Docs	# All Docs
6/20/2012	1051	1	1	1	1	1	0	1

Download To Excel

Page 1

Search In Amount Find the Document

1

Stamp	Direction	FileName	File Size	ISA Count	Total Docs	Good Docs	Rejected Docs	InStream Version	Original FileName	Original FileDate	Link To
6/20/2012 11:20:32 AM	Outbound	835.835.edi	1051	1	1	1	0	7.17.0 [Build 130r(64 bit): 04/16/2012]			Archive Op Mon

ISA #	# of Segments	# of GS's	ISA Sender	ISA Receiver	All Docs	Rejected Docs	Amount	Bad Amt
30	39	1	HT000015-001	HT000346-050	1	0	$85.23	$0.00

GS #	# of Segments	# of ST's	Transact.Set	GS Sender	GS Receiver	All Docs	Rejected Docs	Amount	Bad Amt
30	39	1	005010X221A1	HT000015-001	HT000346-050	1	0	$85.23	$0.00

ST #	# of Segments	All Docs	Rejected Docs	Amount	Bad Amt	Guideline
0013	39	1	0	$85.23	$0.00	PDSA5010835+TI_FILTER

DOC #	Amount	Assigned	Document Date	Number of Errors	Original File Date	Original File Name	Receiver	Sender	Status	Submitter Identifier
1	85.23		6/20/2012 5:30:00 AM	0			UHIN TEST	HT000015-001		HT000346-050

Email This Page as a Report

Enter one or more recipient address(es) below. Separate multiple addresses with a comma.

Send Email

Document Summary

Firefox

utransend.net https://uat.utransend.net/TI/Statistics/DocumentSummary.aspx?docid=91100&from=trans

UTRANSEND Transaction Insigh...

UTRANSEND

Welcome

Home :: Transmissions :: Document Summary

Transa

Statistics
- Documents
- Errors
- Document Volumes
- Success Rate
- Transmissions

Tasks
- My Tasks
- Task Analysis

Search
- Documents
- Code Lookup

Files
- Upload
- View

User
- My Account

Document Summary for: HT000346-050

Transmission Name: 835.835.edi
Transmission Date: 6/20/2012 11:20 AM
Version: 5010
Transaction Set: 835
Document Date: 6/20/2012 5:30 AM
Sender: HT000015-001
Receiver: UHIN TEST
Dollar Amount: $85.23

InStream

Version: 7.17.0 [Build 130r(64 bit): 04/16/2012]
APF File: UHN_NoValidation.apf
Error File: CustomerFSBRERRS.TXT
Error File: fsanerrs.txt
Error File: fsbrerrs.txt
Guideline: PDSA5010835+TI_FILTER
Code Table: fs_hipaa.dat

Click here to View the document

CPT copyright 2010 American Medical Association ©. All rights reserved.

Viewing 835

utransend.net https://uat.utransend.net/TI/Tasks/DocumentView.aspx?docid=91100&from=trans

UTRANSEND Transaction Insigh...

UTRANSEND

Welcome Joy Cone! | Logoff | H

Home :: Transmissions :: Document Summary :: Document View

Transaction Insight®

Statistics
- Documents
- Errors
- Document Volumes
- Success Rate
- Transmissions

Tasks
- My Tasks
- Task Analysis

Search
- Documents
- Code Lookup

Files
- Upload
- View

User
- My Account

Document: HT000346-050 Version: 5010

Form - 0 Error(s) | Errors Not In Form - 0 Error(s) | Raw EDI

Header Information Collapse

Payer Identification Collapse

Entity Identifier Code:	[PR] Payer
Payer Name:	SELECTHEALTH
Payer Address 1:	P O BOX 30192
Payer Address 2:	
Payer City:	SALT LAKE CITY
Payer State, Zip, Country:	UT 84130
Payer ID:	
Additional Payer ID:	

Payer Contact Information Expand

Payee Identification Collapse

Entity Identifier Code:	[PE] Payee
Payee Name:	JESSE JAMES
Payee Address 1:	9669 REDWOOD RD
Payee Address 2:	
Payee City:	WEST JORDAN
Payee State, Zip, Country:	UT 840844007
Payee ID:	[XX] Centers for Medicare and Medicaid Services National Provider Identifier 1122333341
Additional Payee ID:	[TJ] Federal Taxpayer's Identification Number 876543219
DCN:	[F2] Version Code - Local

Financial Information Collapse

Transaction Handling Code:	[I] Remittance Information Only
Provider Payment Amount:	85.23
Credit/Debit Flag:	[C] Credit
Payment Method:	[CHK] Check
Payment Format:	

General Information Collapse

ID Code:	
Currency Code:	
Trace Type Code:	[1] Current Transaction Trace Numbers
Check or EFT Trace #:	2012062010400211-0000
Payer ID:	1870409820
Originating Co. Sup. Code:	
Receiver ID:	[EV] Receiver ID Number HT000346-050

Patient information

Financial Information Collapse

Transaction Handling Code:	[I] Remittance Information Only
Provider Payment Amount:	85.23
Credit/Debit Flag:	[C] Credit
Payment Method:	[CHK] Check
Payment Format:	
Sender ABA #:	
Sender Bank Account:	
Payer ID:	
Originating Co. Sup. Code:	
Receiver ABA #:	
Receiver Bank Account:	
Payment Date:	6/20/2012

General Information Collapse

ID Code:	
Currency Code:	
Trace Type Code:	[1] Current Transaction Trace Numbers
Check or EFT Trace #:	2012062010400211-0000
Payer ID:	1870409820
Originating Co. Sup. Code:	
Receiver ID:	[EV] Receiver ID Number HT000346-050
Production Date:	[405] Production 6/20/2012
Transaction Set Control Number:	[835] Health Care Claim Payment/Advice 0013

All Claims | Bad Claims

Claim Payment Information Expand

Patient Name:	MADISON, BILLIE	Patient ID:	800661306	Provider Claim #:	MADPA001	Payer Claim #:	1292040457 00
Service Provider:		Service Provider ID:		Number of Header Errors:	0	Number of Errors:	0
Claim Date:		Charge Amt:	$110.00	Paid Amt:	$85.23	Claim Patient Resp:	$21.31

Page 1

Provider Adjustments - PLB Collapse

Add PLB Segment

Questions?

Please call the UHIN Help Desk at
877-693-3071
or email customerservice@uhin.org