

UTAH MEDICAID SPECIFIC INSTITUTIONAL 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 pm 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 inquiries, 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.

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>.

UHINT 2.5

File Tools View Help

Preferences
Submission
 Queries
 Files
 Reports

Production (Butch)

Billing Form Option
 Regular Home Health COB P&C

* Payer: [Dropdown] Fwk(0)

Select the Payer TPN

Select the Provider from the Provider Maintenance List

1. Billing Provider
 * Provider/Organization or Last Name [Dropdown]

First Name [Text] Middle Initial [Text]

* Address [Text]

* City [Text] State [UT] **NPI**

* Postal Code [Text]

2. Specialty [Billing] [TAXONOMY] [View Specialty Code List]

Billing - Taxonomy Code if more than one contract matches to the NPI

4. * Bill Type [Dropdown]

Bill Type ending with a 7 or 8, must also fill out Box 37.

5. * Fed Tax ID [National] [NPI]

6. Statement Covers Period (mmddccyy)
 * From [Text] * Through [Text]

7. COV D [Text] 8. N-C D [Text] 9. C-ID [Text] 10. L-R D [Text]

11. * Payer Assigned Patient ID [MCAID ID] Patient SSN [Text]

12. Patient Name
 * Last [Text] Suffix [Text] * First Name [Text] Middle Initial [Text]

13. Patient Address
 * Address [Text] * State [UT] * City [Text] * Zip [Text]

14. * Birth Date (mmddccyy) [Text] 15. * Sex [Dropdown]

Admission
 17. Date [Text] 18. Hr [Text] 19. Type [Text] 20. Src [Text]

21. D HR [Text] 22. STAT [Text] 23. Medical Record No. [Text]

Condition Codes
 24 [Text] 25 [Text] 26 [Text] 27 [Text] 28 [Text] 29 [Text] 30 [Text] 31 NOT USED

- Patient Information auto populates when using Patient Demography Repository.

UHINt 2.5
 File Tools View Help

Monitor Professional **Institutional** Denial

32. Occurrence Code Date (mmdd) 33. Occurrence Code Date (mmdd) 34. Occurrence Code Date (mmdd) 35. Occurrence Code Date (mmdd) 36. Occurrence Span Code From Through Date 37. Original Payer Assigned Claim# A

38. Responsible Party Last Name Suffix First Name Middle Initial Address City State Zip

39. Value Codes Code Amount 40. Value Codes Code Amount 41. Value Codes Code Amount

Enter Total charges for Dates of Service. No comma, enter decimal for cents.

Add	42 Rev Co	43 Product / Service ID	44 HCPCS / Rate	45 Serv Date (mmdccyy)	46 *Serv Units	46B *Unit Type	47 *Total Charges	48 Non-covere Charges	Pwk
Del									P

Production (Butch)

- **Box 37.** If Bill Type is a Replacement or Cancel of a Prior Claim enter the TCN of the Original Medicaid Paid Claim in Box 37 that is being replaced or cancelled. Enter all 17 digits with no hyphens or spaces.
- **Box 42.** Click ADD for additional lines. For each line enter a Date of Service in the Date Field. Total Charges field cannot have a comma but can have a decimal.
- **Box 42.** 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.

The screenshot shows the UHInt 2.5 software interface. The main window title is "UHInt 2.5". The menu bar includes "File", "Tools", "View", and "Help". The sidebar on the left has "Submission" selected. The main form area is titled "EIN - Tax" and contains several fields: 50. Payer, 51. * Provider No. (with a dropdown menu showing "Electronic ID Number"), 52. * Rel Info (with a dropdown menu and a checked "Medicare?" checkbox), 53. * ASG BEN (with a dropdown menu), 54. Prior Payments, 55. Est Amount Due, 56. Signature on File? (with radio buttons for "Yes" and "No" and a red banner that says "DUE FROM PATIENT"), 58. Insured's Name (with fields for Last Name, Suffix, First Name, and Middle Initial), 59. * Patient's Relationship (with a dropdown menu showing "Self"), 60. * Member ID (with a dropdown menu showing "MEDICAID ID NUMBER"), 61. Group Name, 62. Insurance Group No., 63. Treatment Authorization Codes (with a dropdown menu), 64. * Claim Filing (with a dropdown menu showing "Medicaid"), 65. Employer Name, 66. Employer Location, and P&C. A red callout box labeled "EIN - Tax" points to the Provider No. field. A red callout box on the left side of the form reads "Production (Butch)".

- **Box 51 is the Tax ID, no hyphen or spaces. The identification number must match the NPI. For more information, please contact Provider Enrollment at 800-662-9651 or 801-538-6155 option 3 option 4.**
- **Box 63. Select Prior Authorization Number. Enter Prior Authorization Number or Long Term Care Facilities Form 10A - Preadmission Number.**

The screenshot shows the UHINt 2.5 software interface. The window title is "UHINt 2.5". The menu bar includes "File", "Tools", "View", and "Help". The main content area is divided into several sections:

- Diag Codes:** A grid of input fields for codes 67 through 76. Code 67 is labeled "PRIN Diag Code" and "Required". Codes 77 and 78 are labeled "E-Code".
- 79. P.C.:** A dropdown menu for "Code".
- 80. Principal Procedure:** Fields for "Date (mmddccyy)", "Code", and "Date (mmddccyy)".
- 81. Other Procedure:** Fields for "Date (mmddccyy)", "Code", and "Date (mmddccyy)".
- Other Procedure:** Fields for "Date (mmddccyy)", "Code", and "Date (mmddccyy)".
- 82. Attending PHYS ID:** Fields for "Last Name", "Suffix", "First Name", "Middle Initial", and "ID" (with a dropdown).
- 83. Surgeon:** Fields for "Last Name", "Suffix", "First Name", "Middle Initial", and "ID" (with a dropdown).
- 83B. Other Physician:** Fields for "Last Name", "Suffix", "First Name", "Middle Initial", and "ID" (with a dropdown).
- 84. Remarks:** A large text area with a dropdown menu.

On the left side, there is a vertical navigation menu with the following items: "Preferences", "Submissions", "Queries", "Files", "Reports", and "Production (Butch)".

At the bottom of the window, there is a bar with the following buttons: "Download Status", "Print", "Fill Test Data", "Clear All", and "Submit".

- **Box 67 Diagnosis codes do not enter a decimal.**
- **Click Submit when finished to send the claim.**
- **Watch for Window that indicates that transmission was completed.**