eSolutions
Strengthen your revenue health
EDI Insight

Payer ID: SX155

University of Utah Health Plans
Electronic Remittance Advice 835

EDI Enrollment Instructions:

- The billing provider must have an EDIinsight customer account.
- To enroll in ERA for this payer, use the link provided below.
- **EFT is required** when enrolling for ERA.
- Complete the online form using the **billing/group information as credentialed** with this payer.
- Once the online request is submitted, Log onto EDIinsight--> Enrollment Manager to record the activity.
  -- Go to, or [ADD Payer Enrollment] record for this payer.
  -- Select record, click [ADD Action Taken] select "Enrolled on Payer website". ENTER any notes, save.
- EDI enrollment processing timeframe is approximately **10 business days**.
- An email message will be sent **to the provider** once setup is complete.
- If the approval is not received, please **contact UHIN at enrollment@uhin.org** to confirm linkage to Practice Insight Trading Partner ID HT005915-001

837 Claim Transactions:

No enrollment requirement to submit electronic claims to this payer.

835 Electronic Remittance Advice:

835 and Electronic Funds Transfer (EFT) Setup Form Complete as appropriate using the information below.

Provider Information: **Complete as credentialed with this payer.**
Provider Identifier Information- ENTER Group Tax ID
ENTER Group NPI
ENTER Trading Partner ID - **HT005915-001**

Provider Contact Information - **Complete as appropriate**.
Provider Agent Information - **Leave blank.**
Provider Remittance Advice Information- **This field is defaulted to NPI and cannot be changed.**
Provider Remittance Advice Clearinghouse Information-
ENTER Clearinghouse Name: **Practice Insight**
ENTER Clearinghouse Contact Name: **Enrollment ENTER Department**
ENTER Telephone Number: **713-333-6000**
ENTER Telephone Number Extension: **Option 2**
ENTER Email Address: **pi-enrollment@esolutionsinc.com**

Financial Institution Information- **Complete as appropriate with banking information.**
Submission Information
Reason for Submission: SELECT **New Change or Cancel**
ENTER **both EFT and ERA Dates**
ENTER **Name and Title of person** submitting enrollment.

Submit form, once completed **-** CLICK **[Submit]**