



Medicaid of Utah

Attention Providers:

Medicaid of Utah has developed an interactive enrollment tool called PRISM to become a provider. You must complete the online enrollment and submit the required forms and documents. Utah Medicaid EDI Enrollment is part of the Enrollment Application for all Providers. Providers will need a Billing NPI, TAX ID, TPN, Utah-ID, Provider User Access Agreement and Validation Letter (if NPI enrolled with Medicaid before July 1) to complete the Application. Please complete Utah-ID Account and the Provider User Access Agreement before starting the application process.

Begin your online enrollment clicking on the following link:

<https://medicaid.utah.gov/become-medicaid-provider>

Payer:	Medicaid of Utah
Payer ID:	CKUT1
For Enrollment Questions:	Contact Provider Enrollment at (801) 538-6155, or toll-free (800) 662-9651 option 3 then 4 to receive your validation letter and with any questions.
Enrollment Application:	PRISM Online Registration
Email or Fax Application to:	Enrollment@edsedi.com Fax (800) 389-9152
Approval Process and Timeframe:	Please contact EDS at 800-482-3518 or Enrollment@edsedi.com once you have completed the online registration.
Special Instructions:	Click New Enrollment Application and follow the provided Tutorial for help in completing the application. EDI Enrollment Screen, enter TPN HT006310-001 per Transaction Enrolling (270, 276, 837D, 835)



Electronic Remittance Advice (ERA) Authorization Agreement

To start receiving your ERAs from the payer through EDS you will need to follow the instructions below. (* indicates required field)

* Payer Name			
A. Provider Information			
*Provider Name			
*Provider Address			
Street:			
City:		State/Province:	Zip Code/Postal Code:
B. Provider Identifiers Information			
Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN)			
National Provider Identifier (NPI)			
C. Provider Contact Name			
*Contact			
*Telephone Number			
*Email Address			
D. Electronic Remittance Advice Information			
*Preference for Aggregation of Remittance Data (e.g., Account Number Linkage to Provider Identifier)			
<input type="checkbox"/> Provider Tax Identification Number (TIN)			
<input type="checkbox"/> National Provider Identifier (NPI)			
D. Submission Information			
*Reason for Submission			
<input type="checkbox"/> New Enrollment <input type="checkbox"/> Change Enrollment <input type="checkbox"/> Cancel Enrollment			
Authorized Signature			

Electronic or Printed Signature of Person Submitting Enrollment

Title of Person Submitting Enrollment
