



## Public Employees Health Program - PEHP

Attention Providers:

In order to begin sending claims electronically to Public Employees Health Program –PEHP through EDS, you will need to follow the directions below required by the payer. EDS will notify you once the enrollment process is complete.

Payer:	Public Employees Health Program - PEHP
Payer ID:	CX080
For Enrollment Questions:	Contact the EDS Enrollment Department at (800) 482-3518 ext or <a href="mailto:Enrollment@edsedi.com">Enrollment@edsedi.com</a>
Payer Enrollment Application:	<b>Clearinghouse Services Change Form</b>
Email or Fax Application to:	EDS Enrollment Department at (800)482-3518 or <a href="mailto:Enrollment@edsedi.com">Enrollment@edsedi.com</a>
Approval Process and Timeframe:	Payer estimates 30 business days from date of submission.



# Clearinghouse Services Change Form

This form is for current UHIN members to change or update their account information or services. **It is not to be used for new enrollments.** Email form to [enrollment@uhin.org](mailto:enrollment@uhin.org) or fax to 877-693-4161.

UHIN  
6056 Fashion Square Dr Ste 210  
Murray, UT 84107  
P: 877-693-3071  
[www.uhin.org](http://www.uhin.org)

Date:

Update information  Add transaction type  Add affiliated trading partner #  Add new payer  Add new provider  Remove provider

Current Trading Partner # (HT#####-###)	<b>EDI Contact Information (Could be a Billing Service or Clearinghouse)</b>
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Provider/Group Name (Name Associated with TPN)	<input type="checkbox"/> Same as person filling out this form Company name if billing service or clearinghouse connection:
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**Provider Office Contact Information**

Name:	Contact Name:
Title:	Title:
Phone Number:	Phone Number:
Fax Number:	Fax Number:
E-mail:	E-mail:

**Clearinghouse (Billing) EDI Enrollment**  
(If more space is needed, please use the EDI Only Enrollment Supplement Spreadsheet.)

<b>Section 1- Transaction Selection</b> (Check all transactions that you want)	<b>Section 3-Provider Physical Address (No P.O. Box)</b>
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<b>*Complete all Sections (1 to 6)</b>		Street:
<input type="checkbox"/> Dental Claims (837D)	<input type="checkbox"/> Eligibility (270) Real Time	Office/Suite #:
<input type="checkbox"/> Institutional Claims (837I)	<input type="checkbox"/> Eligibility (270) Batch	City:
<input type="checkbox"/> Professional Claims (837P)	<input type="checkbox"/> Claim Status (276)	State:
	<input type="checkbox"/> Remittance Advice (835)	ZIP:

**\*Complete Sections 3 and 6 only**

Patient Information (275)

**Section 2- Individual Provider Information – Use [spreadsheet](#) if you need to list multiple providers**

Provider Name:
Rendering NPI:
Tax ID #:
Taxonomy Code:
Phone Number:
Fax Number:

**Section 4- Provider "Pay To" Address Section**

Same as Provider Physical Address

Street:
Office/Suite #:
City:
State:
Zip:

**Section 5 – Group Information**

Group Name:
Group NPI:
Tax ID #s:
Taxonomy Code:
Contract # (atypical providers):



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<b>6- Payer EDI Enrollment</b> (Check all payers that you want to bill)  *Government Payers Require a Separate EDI Enrollment	
<input type="checkbox"/> AARP	<input type="checkbox"/> Public Employees Health Plan (PEHP)
<input type="checkbox"/> Aetna	<input type="checkbox"/> Railroad Medicare List PTAN: _____
<input type="checkbox"/> Altius	<input type="checkbox"/> Regence BlueCross BlueShield (Includes FEP) of Utah
<input type="checkbox"/> Chiropractic Health Plans (CHP)	<input type="checkbox"/> SelectHealth
<input type="checkbox"/> Cigna	<input type="checkbox"/> State Farm
<input type="checkbox"/> Dental Select	<input type="checkbox"/> Tall Tree Administrators
<input type="checkbox"/> Deseret Mutual Benefits Administrators (DMBA) Preference for Aggregation of Remittance Data (e.g. Account Number Linkage to Provider Identifier – must match EFT Preference) <input type="checkbox"/> Provider Tax Identification Number (TIN) _____ <input type="checkbox"/> National Provider Identifier (NPI) _____	<input type="checkbox"/> Tricare
<input type="checkbox"/> EMI Health (formerly Educators Mutual/EMIA)	<input type="checkbox"/> Union Pacific
<input type="checkbox"/> Everest Administrators, Inc	<input type="checkbox"/> United HealthCare
<input type="checkbox"/> Humana	<input type="checkbox"/> U of U Health Plans
<input type="checkbox"/> Metlife	<input type="checkbox"/> Valley Mental Health
<input type="checkbox"/> Molina Healthcare Utah	Other:

[Medicaid Homepage](#)

[Medicaid EDI Enrollment](#)

[Medicare EDI Enrollment](#)