



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
Upload, Email or Fax Application to:	Upload back into DDS Enroll Enrollment@dentalxchange.com Fax (800) 866-0006
Special Instructions:	Click New Enrollment Application and follow the provided Tutorial for help in completing the application. Billing Agent ID 3003535 EDI Transactions Authorization, enter TPN HT006310-001 per Transaction Enrolling (270, 276, 837D, 835)

4/20/23

To start sending your claims electronically through DentalXChange for the payer listed below you will need to follow the instructions below. (* indicates required field)

* Payer Name	
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A. Provider Information

* Provider Name			
* Provider Address			
Street			
City	State/Province	Zip Code/Postal Code	

B. Provider Identifiers Information

* Provider Identifier(s)	
Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN)	
National Provider Identifier (NPI)	

Authorized Signature

Electronic or Printed Signature of Person Submitting Enrollment

Printed Name & Title of Person Submitting Enrollment

Provider Instructions**Provider Information:**

Provider Name - Complete legal name of institution, corporate entity, practice or individual provider

Provider Address

- **Street** - The number and street name where a person or organization can be found
- **City** - City associated with provider address field
- **State/Province** - ISO 3166-2 Two Character Code associated with the State/Province/Region of the applicable Country
- **Zip Code/Postal Code** - System of postal-zone codes (zip stands for "zone improvement plan") introduced in the U.S. in 1963 to improve mail delivery and exploit electronic reading and sorting capabilities
- **Country Code** - ISO-3166-1 Country Code

Provider Identifiers Information:**Provider Identifiers**

- **Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN)** - A Federal Tax Identification Number, also known as an Employer Identification Number (EIN), is used to identify a business entity
- **National Provider Identifier (NPI)** - A Health Insurance Portability and Accountability Act (HIPAA) Administrative Simplification Standard. The NPI is a unique identification number for covered healthcare providers. Covered healthcare providers and all health plans and healthcare clearinghouses must use the NPIs in the administrative and financial transactions adopted under HIPAA. The NPI is a 10-position, intelligence-free numeric identifier (10-digit number). This means that the numbers do not carry other information about healthcare providers, such as the state in which they live or their medical specialty. The NPI must be used in lieu of legacy provider identifiers in the HIPAA standards transactions

Electronic Remittance Advice Information:

Preference for Aggregation of Remittance Data (e.g., Account Number Linkage to Provider Identifier) - Provider preference for grouping (bulking) claim payment remittance advice – must match preference for EFT payment

- **Provider Tax Identification Number (TIN)**
- **National Provider Identifier (NPI)**

Submission Information:**Reason for Submission:**

- **New Enrollment**
- **Change Enrollment**
- **Cancel Enrollment**

Authorized Signature

The signature of an individual authorized by the provider or its agent to initiate, modify or terminate an enrollment. May be used with electronic and paper-based manual enrollment

- **Electronic Signature of Person Submitting Enrollment**
- **Written Signature of Person Submitting Enrollment** - A (usually cursive) rendering of a name unique to a particular person used as confirmation of authorization and identity
- **Printed Name of Person Submitting Enrollment** - The printed name of the person signing the form; may be used with electronic and paper-based manual enrollment
- **Printed Title of Person Submitting Enrollment** - The printed title of the person signing the form; may be used with electronic and paper-based manual enrollment