# DOCUMENT MANAGEMENT PORTAL QUICK REFERENCE GUIDE FOR PROVIDERS

Utah Department of
**Health & Human**
Services



**PRISM**
Provider Reimbursement Information System for Medicaid

# Table of Contents

**Introduction to the Document Management Portal for Providers**

The PRISM Documentation Management Portal (DMP) enables providers to submit support documentation for Medicaid claims and documentation pertaining to other Medicaid programs and services. The Documentation Management Portal (DMP) is accessed through different access points in PRISM. State objectives achieved with this solution include:

- Having a single content repository and central governance for all Medicaid-related documents

- Leveraging existing technology for Medicaid information submission and exchange

- Providing a browser-based interface to perform various tasks pertaining to submission of documents, reviews, approvals, collaboration, and retrieval, as described below.

  - Document Submissions
    - Online
    - Fax

  - Document Management
    - Role-based security
    - Document archival

  - Document Access
    - Document search and retrieval using keywords
    - Document access from PRISM

  - Document Processing Workflow
    - Workflow for each document type (review and approval)

  - Communication and Collaboration
    - Messaging between State staff and providers for the submitted documents
    - Notifications

The Document Management Portal Tabs

The **Search** tab allows users to search for attached documents using a number of tags that were created during upload. For example, you may search for a claim using the beneficiary's information or using the date the claim was loaded into PRISM.

The **Upload Documents** tab allows users to upload documents. Up to five documents may be uploaded during a single transaction. Accessing this screen via PRISM screens will auto populate fields with the information on the claim.
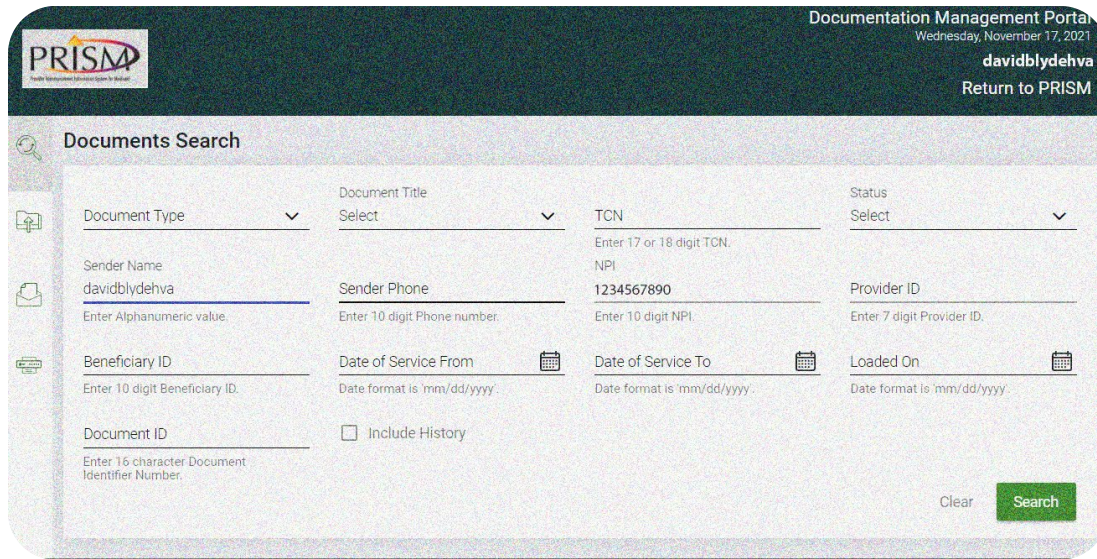
The **Messages** tab allows users to view messages exchanged within DMP. From this page, you can also search for a message that has been associated to a specific document.

The **Fax Coversheet** tab allows the user to generate a fax cover sheet to submit a document via fax. This page is also auto populated with information from the entry claim.

# Access DMP from PRISM thru External Links

## My Inbox



1.  Log into PRISM

2.  Select the External Links menu
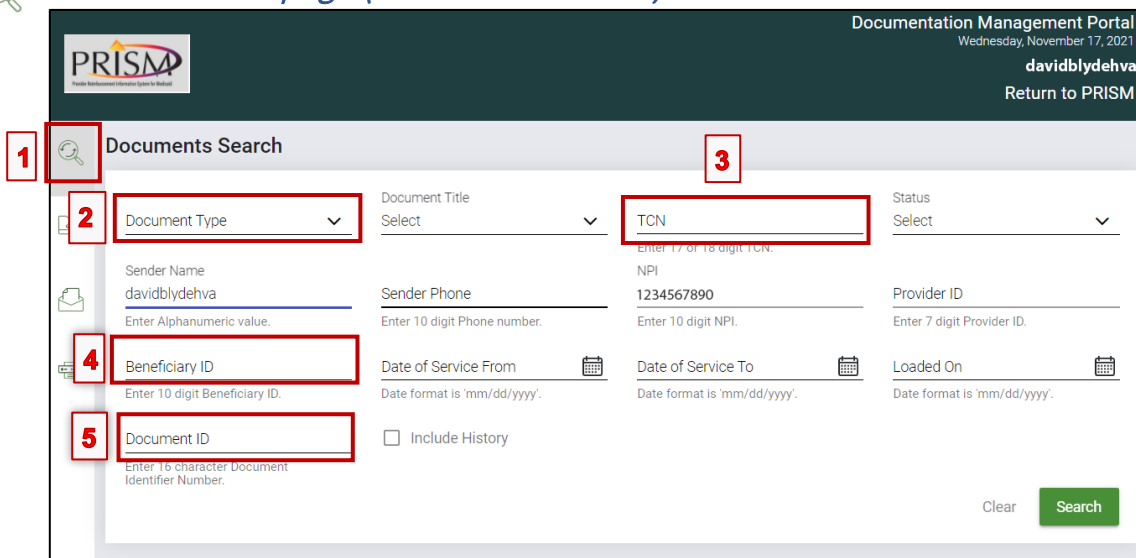
3.  Click **Document Management Portal**.

## The DMP Homepage (Documents Search)
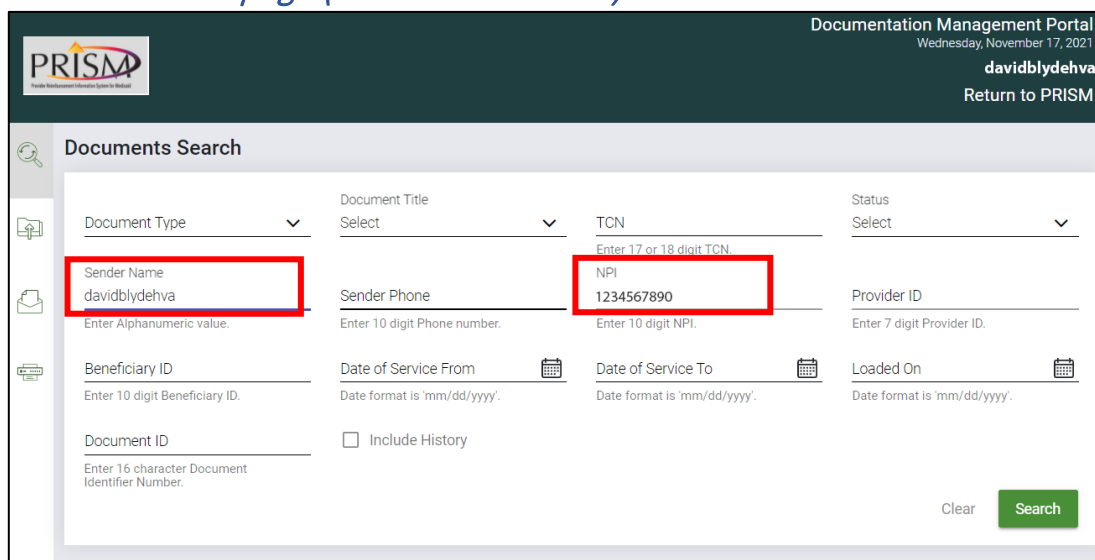


The **Document Management Portal** application opens in a pop-up window.

*   If the pop-up window does not display, turn off your pop-up blockers off for this site.

*   The default tab that displays is "Documents Search". By default, the Sender Name and NPI or Provider ID displays.

*   From this page, you can search for documents previously uploaded. There are multiple ways to search for uploaded documents. These are outlined on the following page.

🔍 *The DMP Homepage (Documents Search) - continued*



By default, uploaded documents do not display when Documents Search page opens. Different ways to search for existing uploaded documents include:

1. Click the Magnifying Glass (Refreshes the page)
   o All documents uploaded, display at the bottom of the page, 10 at a time
2. Document Type
   o Select Claim, Consents, or Letter
   o Click **Search**
   o To narrow this search, also select the Document Title
3. TCN (Enter 17 or 18 digit TCN)
   o Click **Search**
4. Beneficiary (Member) ID
   o Click **Search**
5. Document ID
   o This is a 16-digit DMP document ID
   o Click **Search**

### The DMP Homepage (Search Results)
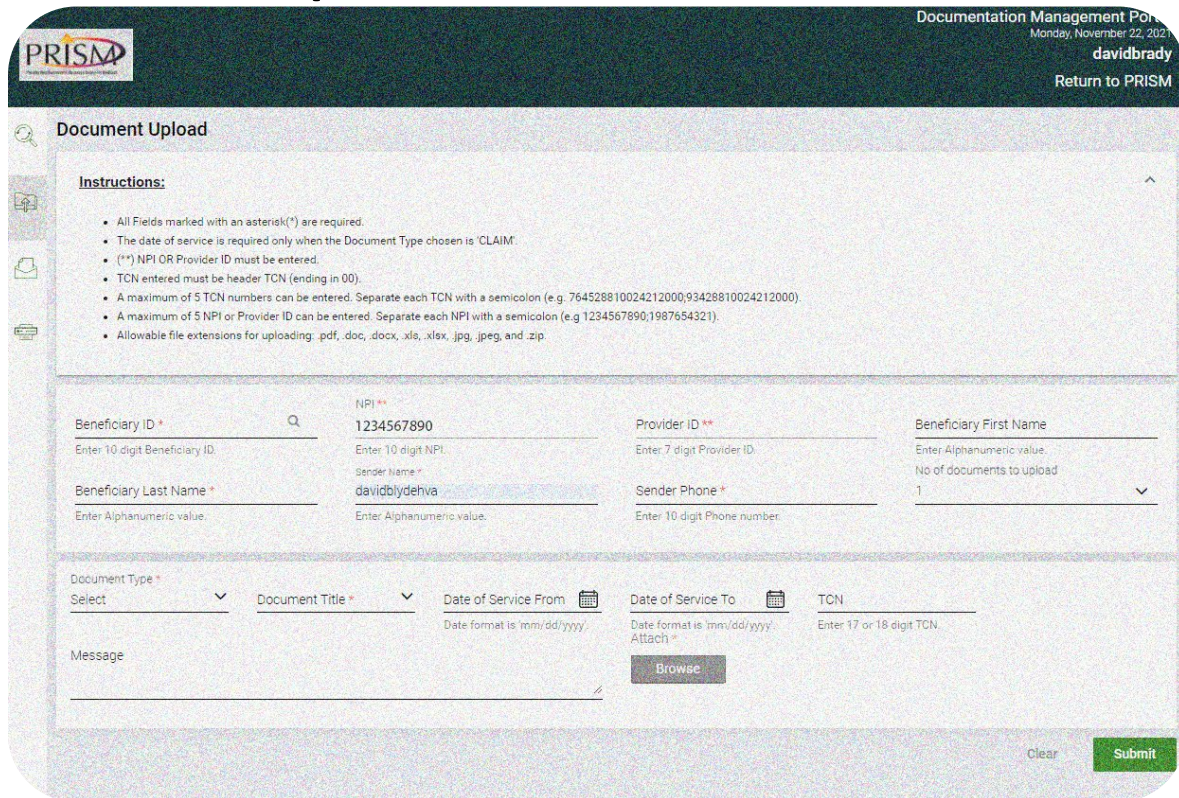


After results display at the bottom of the page, you can take the following actions:

1. Download the uploaded file from the Document Title by clicking on the **Document Title** hyperlink
2. View the Status of the document. Status' include:
    a. Review/Process
    b. Approved
    c. Rejected
    d. Hold (does this display for provider?)
3. View message ✉
4. Send message ➤
5. To upload a message, select the **Document Upload** tab in the left-hand navigation menu

# Document Upload

## Document Upload Tab
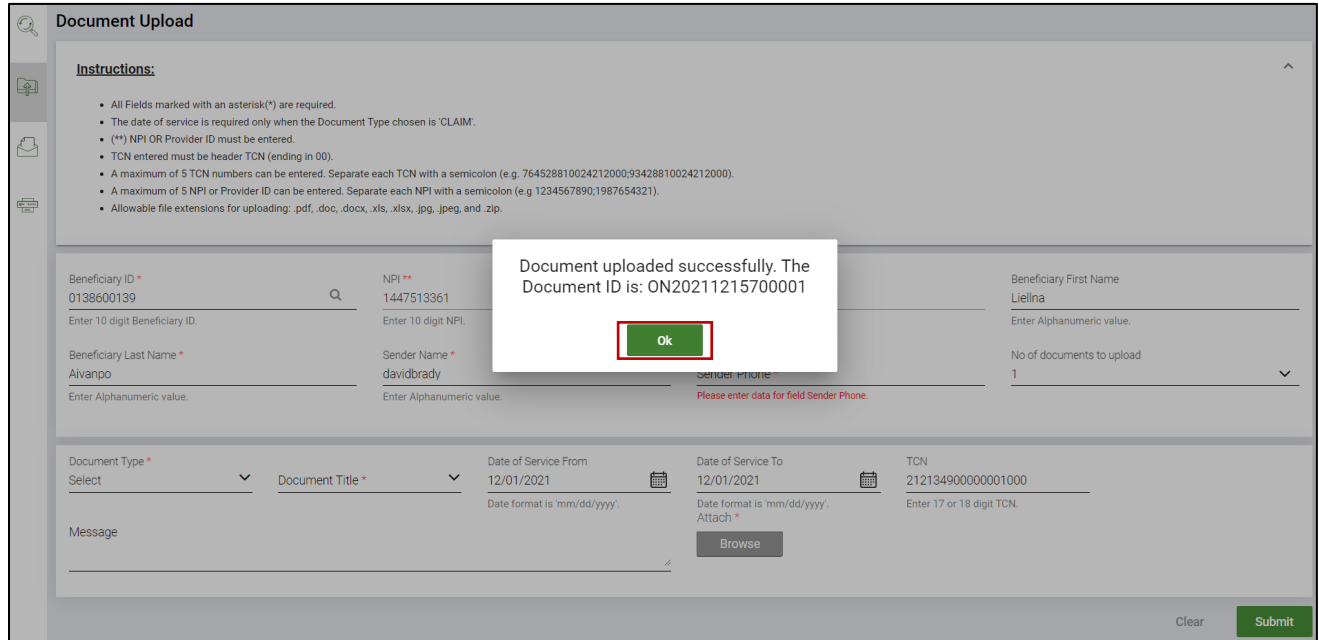


The Provider NPI or Provide ID displays. Basic information that is required (*indicates required) to upload a document is:

1. Beneficiary ID
2. Beneficiary Last Name
3. Sender Name (name can be changed)
4. Sender Phone # (10-digit phone number)
5. Number of documents to upload (allows 5 documents to be uploaded at a time)
6. Document Type (select from dropdown)
7. Document Title (select from dropdown)
8. Date of Service (if document type selected is Claim)
   - Allow users to enter 5 TCNs to link the same document to multiple claims
9. Message (enter a message intended for Utah Medicaid)
   - This message is the message that is displayed under the messages tab
10. Click Browse
    - Dialog box displays, select document, click open
        - Allows upload of jpeg, jpg, pdf, doc, docx, xlsx, zip, and xls formats
        - Allows a file size up to 30 Mb to upload.
        - Will preserve original file name for the submitted documents
        - Assigns a unique Document ID
11. Click Submit

## Successful Document Upload Message



If document is uploaded successfully, popup "Document uploaded successfully. The Document ID is: (document ID displays).

- Click **Ok**

## Document Upload



- To view messages, Select Messages in the left-hand navigation pane

# User Messages
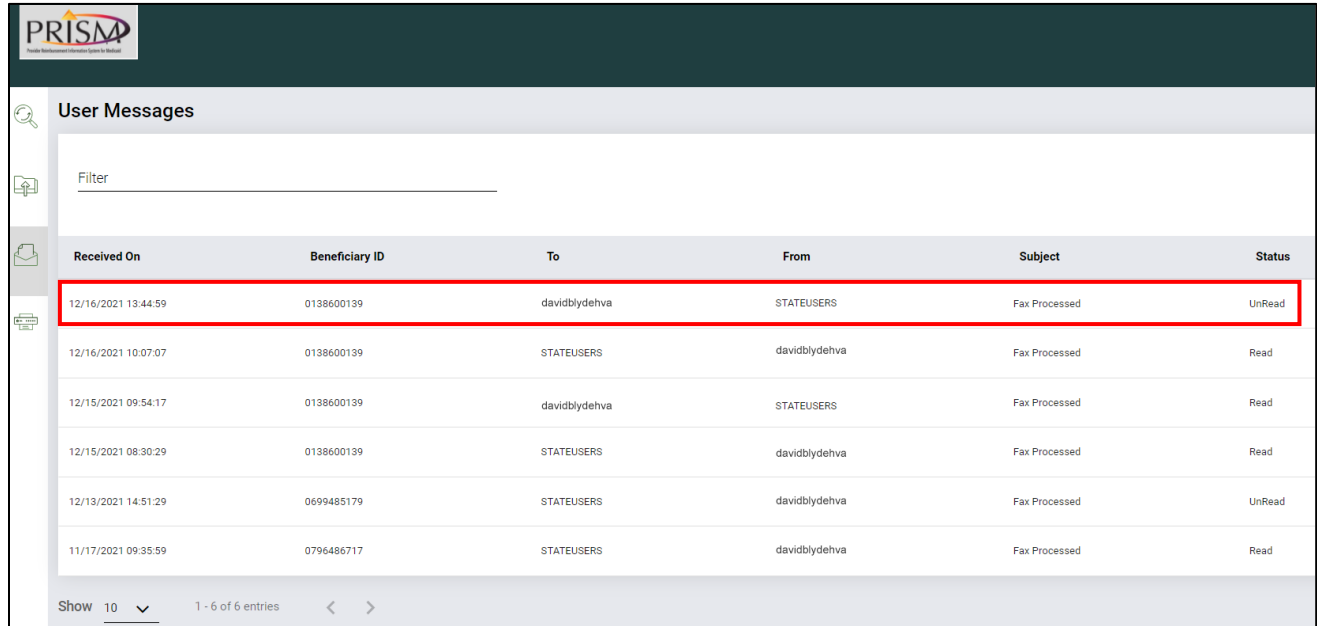


| Received On | Beneficiary ID | To | From | Subject | Status |
|---|---|---|---|---|---|
| 12/16/2021 13:44:59 | 0138600139 | davidblydehva | STATEUSERS | Fax Processed | UnRead |
| 12/16/2021 10:07:07 | 0138600139 | STATEUSERS | davidblydehva | Fax Processed | Read |
| 12/15/2021 09:54:17 | 0138600139 | davidblydehva | STATEUSERS | Fax Processed | Read |
| 12/15/2021 08:30:29 | 0138600139 | STATEUSERS | davidblydehva | Fax Processed | Read |
| 12/13/2021 14:51:29 | 0699485179 | STATEUSERS | davidblydehva | Fax Processed | UnRead |
| 11/17/2021 09:35:59 | 0796486717 | STATEUSERS | davidblydehva | Fax Processed | Read |

Show 10 ˅    1 - 6 of 6 entries    〈  〉

## User Messages



Messages are displayed with the most recent messages displayed at the top of the list. These messages are the same messages that are attached to the document.

- This page will show a history of Read and Unread messages and are displayed by default, 10 at a time
- To change the number of messages that are displayed at a time, click the Show dropdown
- To view a message, click anywhere on the message row

## User Message



1. The new message displays at the bottom of the page

2. The original document can be viewed by clicking, **View Document**

3. To reply to this message, click **Reply**

4. Click **Back** to return to User Messages

5. Select **Fax Coversheet** from the left navigation pane

# Fax Cover Sheet

```
UTAH DEPARTMENT OF
HEALTH
MEDICAID
```

Utah Department of Health
Medicaid Operations
PO Box 14310
Salt Lake City, UT 84114-3106

| | |
|---|---|
| Consent Form Fax Number | (801) 503-9430 |
| Manual Review Claim Fax Number | (801) 503-9425 |
| EOP Claim Fax Number | (801) 503-9429 |
| PPC Claim Fax Number | (801) 503-9433 |
| Other Claim Fax Number | (801) 503-9432 |

| | | |
|---|---|---|
| FAX Control Number | : | OF20211216700001 |
| Beneficiary ID | : | 0138600139 |
| NPI | : | 1447513361 |
| Provider ID | : | |
| TCN | : | 212134900000001000 |
| Document Type | : | Claim |
| Document Title | : | Ambulance |
| Date of Service | : | 12/16/2021 |
| Sender Name | : | davidblydehva |
| Sender Fax | : | 8016506500 |
| Sender Phone | : | 8012212222 |

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## Fax Cover Sheet

**FAX Cover Sheet**

Instructions:

- All Fields marked with an asterisk(*) are required.
- The date of service is required only when the Document Type chosen is 'CLAIM'.
- (**) NPI OR Provider ID must be entered.
- TCN entered must be header TCN (ending in 00).
- A maximum of 5 TCN numbers can be entered. Separate each TCN with a semicolon (e.g. 76452881002421200;93428810024212000).
- A maximum of 5 NPI or Provider ID can be entered. Separate each NPI with a semicolon (e.g 1234567890;1987654321).
- TCN is required when document Type is 'CLAIM'.
- Fax Coversheet cannot be used multiple times.
- The Documents associated to each fax should not contain more than 40 pages.

| | | | |
|---|---|---|---|
| Beneficiary ID * | Enter 10 digit Beneficiary ID. | Date of Service* | Date format is 'mm/dd/yyyy'. |
| NPI ** | 1447513361 Enter 10 digit NPI. | Provider ID** | Enter 7 digit Provider ID. |
| Document Type* | Select | Sender Name * | davidblydehva Enter Alphanumeric value. |
| Document Title* | | Sender Fax* | Enter 10 digit Phone number. |
| TCN | Enter 17 or 18 digit TCN. | Sender Phone* | Enter 10 digit Phone number. |

Clear    ⊕ Submit

A new fax cover sheet must be created for each new fax submission. Documents associated to the fax must not contain more than 40 pages.

The NPI and Sender Name will auto-fill. Read the Instructions at the top of the page. It includes important information when entering multiple TCN's and NPI's.  Enter the other required information fields which include:

- Beneficiary ID (Member)
- Date of Service
- Document Type (dropdown)
- Document Title (dropdown)
- Sender Fax
- Sender Phone
- TCN (If "Claim" is selected as the document type)

## Fax Cover Sheet (continued)

**FAX Cover Sheet**

Instructions:

- All Fields marked with an asterisk(*) are required.
- The date of service is required only when the Document Type chosen is 'CLAIM'.
- (**) NPI OR Provider ID must be entered.
- TCN entered must be header TCN (ending in 00).
- A maximum of 5 TCN numbers can be entered. Separate each TCN with a semicolon (e.g. 76452881002421200;93428810024212000).
- A maximum of 5 NPI or Provider ID can be entered. Separate each NPI with a semicolon (e.g 1234567890;1987654321).
- TCN is required when document Type is 'CLAIM'.
- Fax Coversheet cannot be used multiple times.
- The Documents associated to each fax should not contain more than 40 pages.

| | | | |
|---|---|---|---|
| Beneficiary ID * | 0138600139 Enter 10 digit Beneficiary ID. | Date of Service* | 12/16/2021 Date format is 'mm/dd/yyyy'. |
| NPI ** | 1447513361 Enter 10 digit NPI. | Provider ID** | Enter 7 digit Provider ID. |
| Document Type* | Claim | Sender Name * | davidblydehva Enter Alphanumeric value. |
| Document Title* | Ambulance | Sender Fax* | (801) 650-6500 Enter 10 digit Phone number. |
| TCN* | 212134900000001000 Enter 17 or 18 digit TCN. | Sender Phone* | (801) 221-2222 Enter 10 digit Phone number. |

Clear    ⊕ Submit

- Once all required information is entered, click **Submit**

## Fax Cover Sheet (continued)

- Fax Coversheet cannot be used multiple times.
- The Documents associated to each fax should not contain more than 40 pages.

| | | | |
|---|---|---|---|
| Beneficiary ID * | 0138600139<br>Enter 10 digit Beneficiary ID. | Date of Service* | 12/16/2021<br>Date format is 'mm/dd/ |
| NPI ** | 1447513361<br>Enter 10 digit NPI. | Provider ID** | Enter 7 digit Provider ID |
| Document Type* | Claim ⌄ | Sender Name * | davidblydehva<br>Enter Alphanumeric val |
| Document Title* | Ambulance ⌄ | Sender Fax* | (801) 650-6500<br>Enter 10 digit Phone nu |
| TCN* | 212134900000001000<br>Enter 17 or 18 digit TCN. | Sender Phone* | (801) 221-2222<br>Enter 10 digit Phone nu |

📄 faxcoversheet.pdf    ⌃

When Submit is clicked, a .pdf will be created and downloaded to the browser.

- Open the fax cover sheet by clicking on the downloaded faxcoversheet.pdf.

PRISM
Provider Reimbursement Information System for Medicaid

**1**

UTAH DEPARTMENT OF
**HEALTH**
MEDICAID

Utah Department of Health
Medicaid Operations
PO Box 14310
Salt Lake City, UT 84114-3106

| | |
|---|---|
| Consent Form Fax Number | (801) 503-9430 |
| Manual Review Claim Fax Number | (801) 503-9425 |
| EOP Claim Fax Number | (801) 503-9429 |
| PPC Claim Fax Number | (801) 503-9433 |
| Other Claim Fax Number | (801) 503-9432 |

**2**
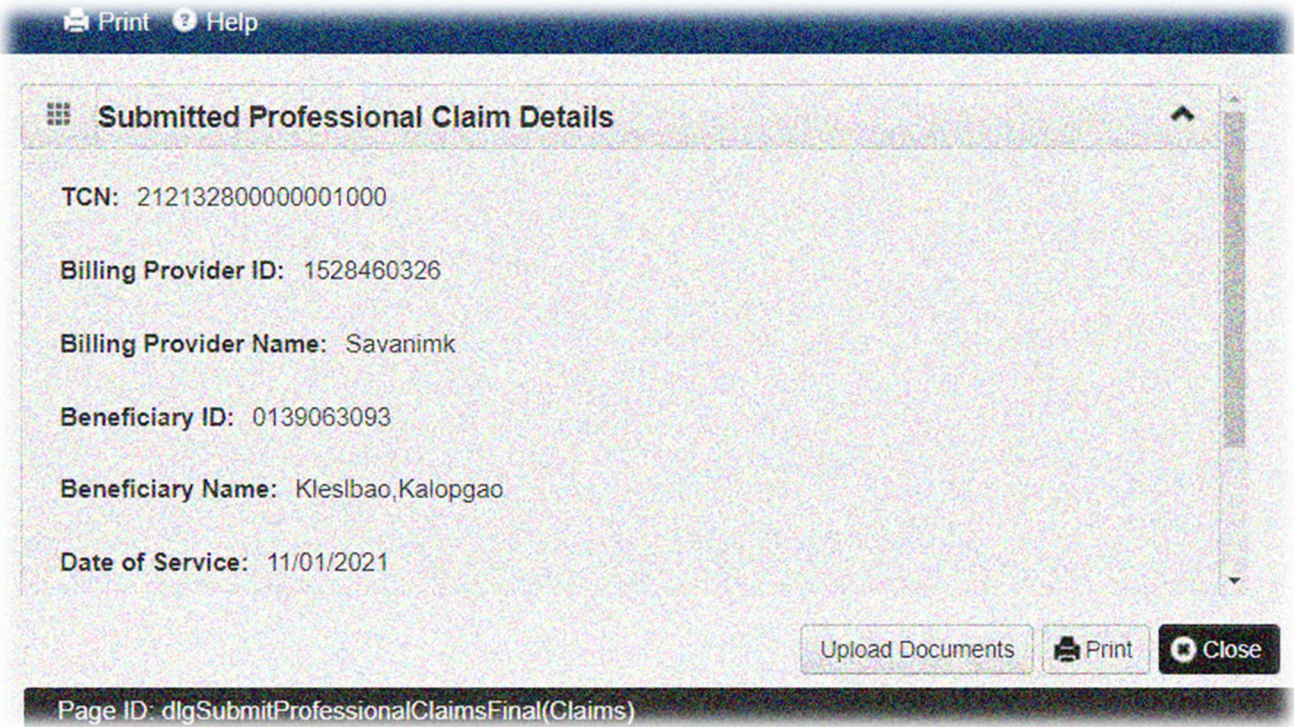
**3**

FAX Control Number    :    OF20211216700001

| | | |
|---|---|---|
| Beneficiary ID | : | 0138600139 |
| NPI | : | 1447513361 |
| Provider ID | : | |
| TCN | : | 212134900000001000 |
| Document Type | : | Claim |
| Document Title | : | Ambulance |
| Date of Service | : | 12/16/2021 |
| Sender Name | : | davidblydehva |
| Sender Fax | : | 8016506500 |
| Sender Phone | : | 8012212222 |

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1. Review the information contained on the document
2. The Medicaid fax #'s are displayed at the top of the document
3. The fax is assigned a unique control number and bar code

# Upload Documents Attached to a Claim

*Upload Documents Attached to a Claim*



Immediately after a claim is submitted, a popup windows displays claim details with a transaction control number.
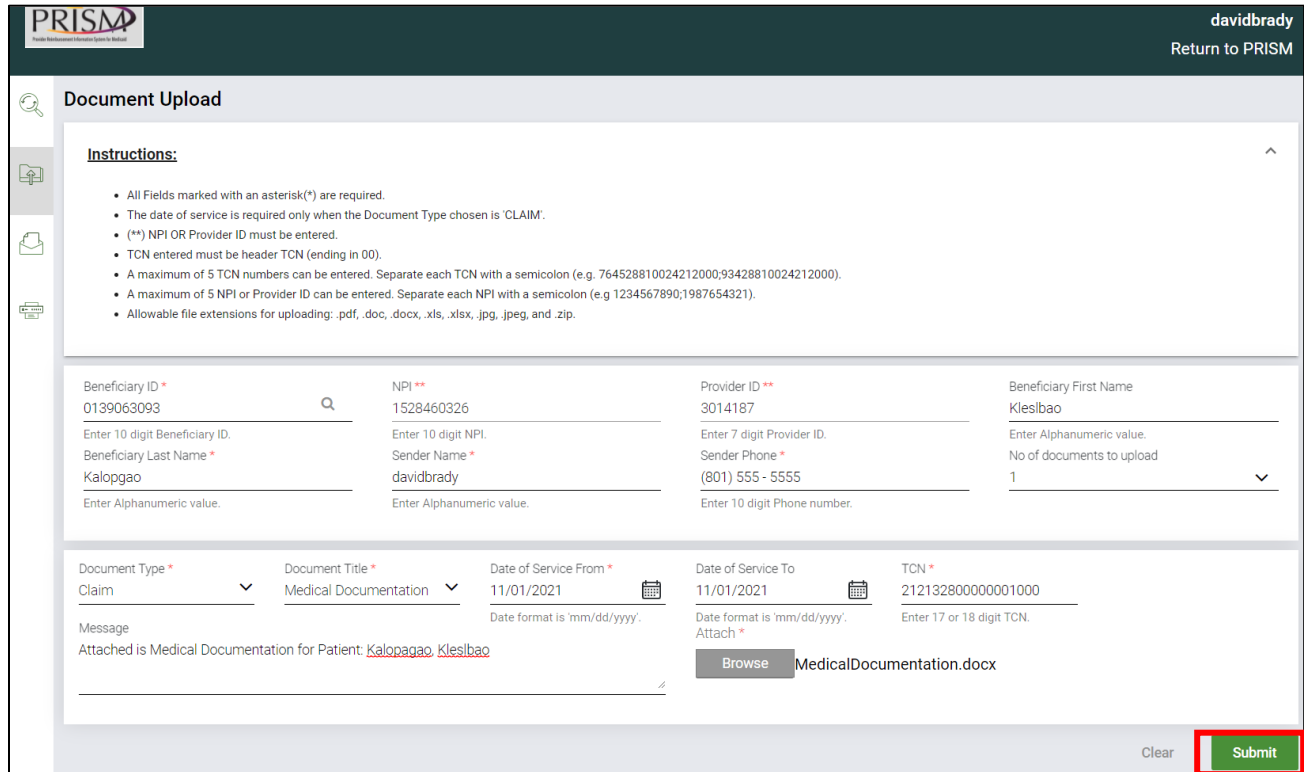
- Click the **Upload Documents** button

## Document Upload (From Claim Details)



The Document Upload page in DMP displays. Data from the claim auto-populates fields in the Document Upload page. The following fields need data:

- Sender Phone
- Document Type
- Document Title
- Message
- Click **Browse** and navigate to the document to upload

*Document Upload (From Claim Details) - continued*



Once all of the required fields are filled:
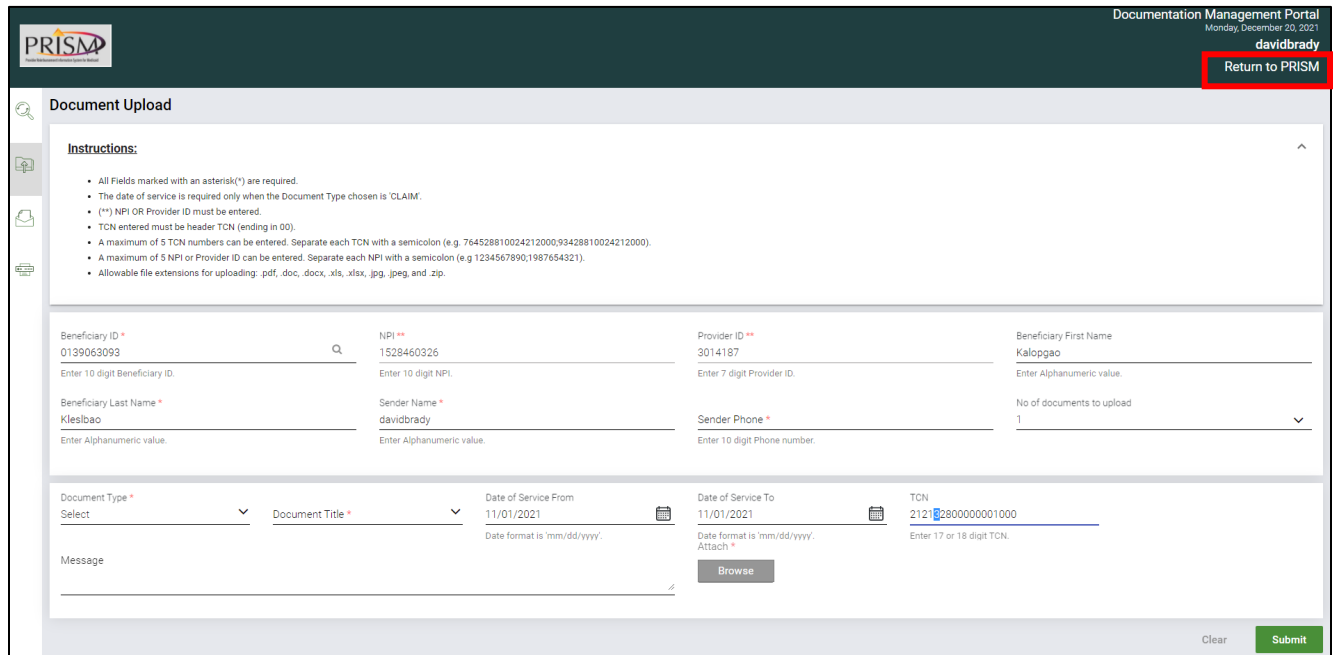
- Click **Submit**



If document is uploaded successfully, popup "Document uploaded successfully. The Document ID is: (document ID displays).

- Click **Ok**

## Document Upload



- Click **Return to PRISM** hyperlink

## Submitted Professional Claim Details



Click **Close**

# Viewing or Adding a Document from an Existing Claim

## *Viewing or Adding a Document from an Existing Claim*

My Inbox
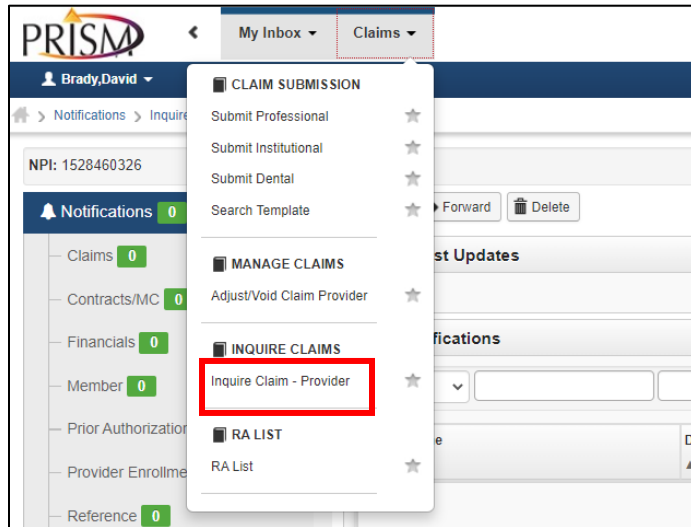


From the Claims Menu:

- Select **Inquire Claim-Provider**

## *Inquire Claims*
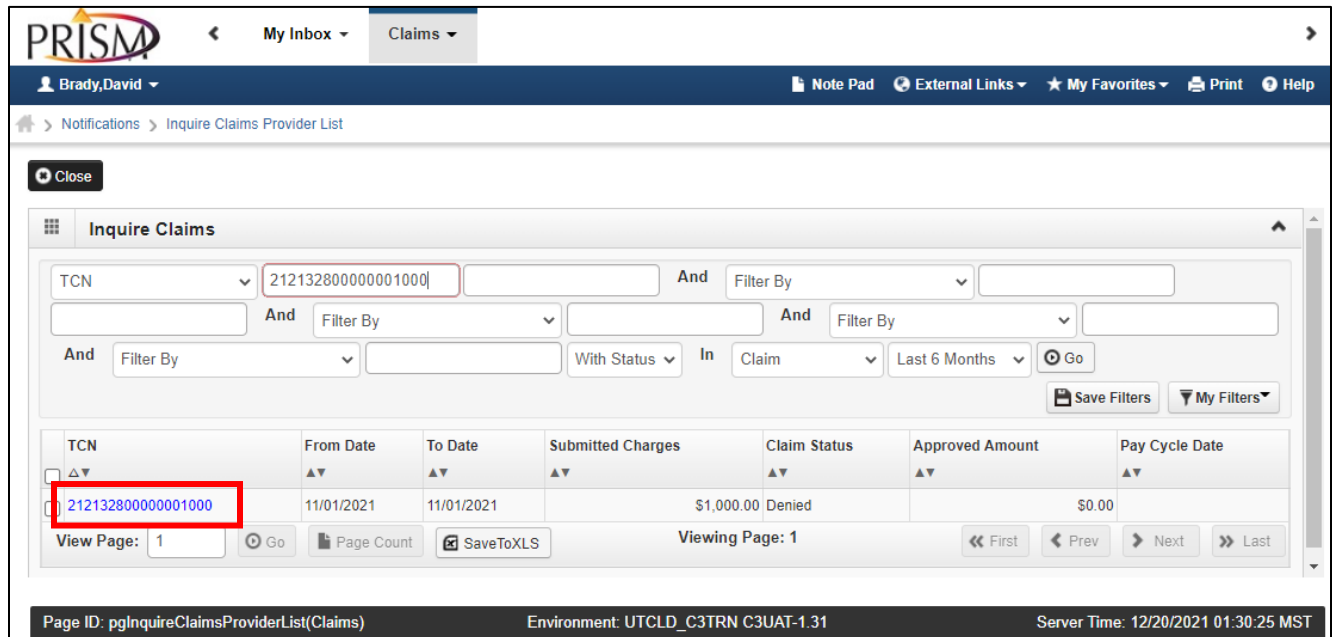


From the Inquire Claims list page, filter for a claim you have submitted. Select the TCN dropdown value if you have kept a history of the TCN's you have submitted. Or you can filter by Beneficiary ID

- Click **TCN** hyperlink

## View Claim Header



- Click **Upload View/Documents** button

## Document Upload



Repeat the steps to submit a document as outlined in earlier.