

DOCUMENT MANAGEMENT PORTAL QUICK REFERENCE GUIDE FOR PROVIDERS



Utah Department of
Health & Human
Services



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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.

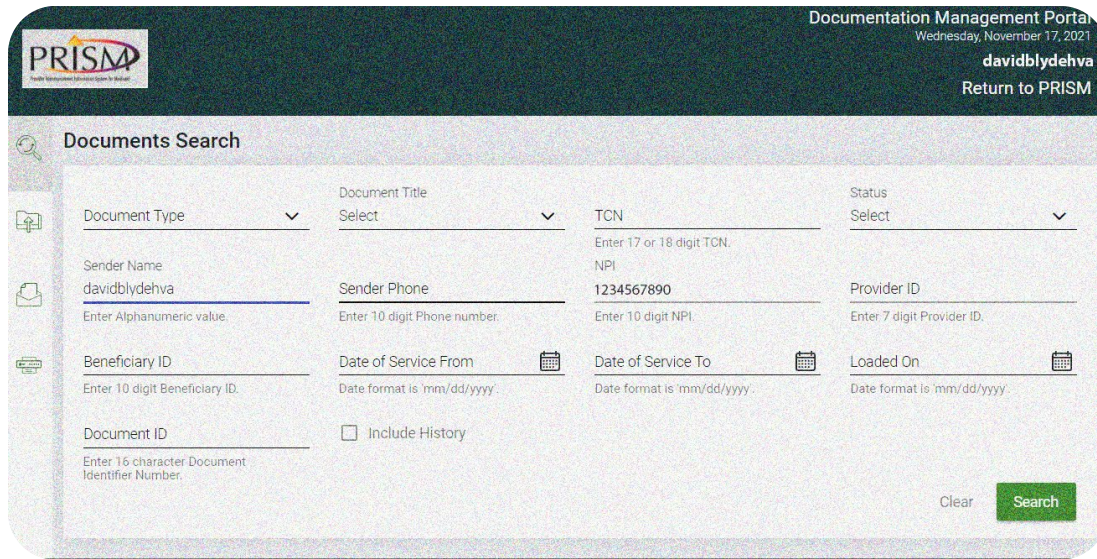


The **Messages** tab allows users to view messages exchanged within DMP. From this page, you can also search for a message that has been associated to a specific document.



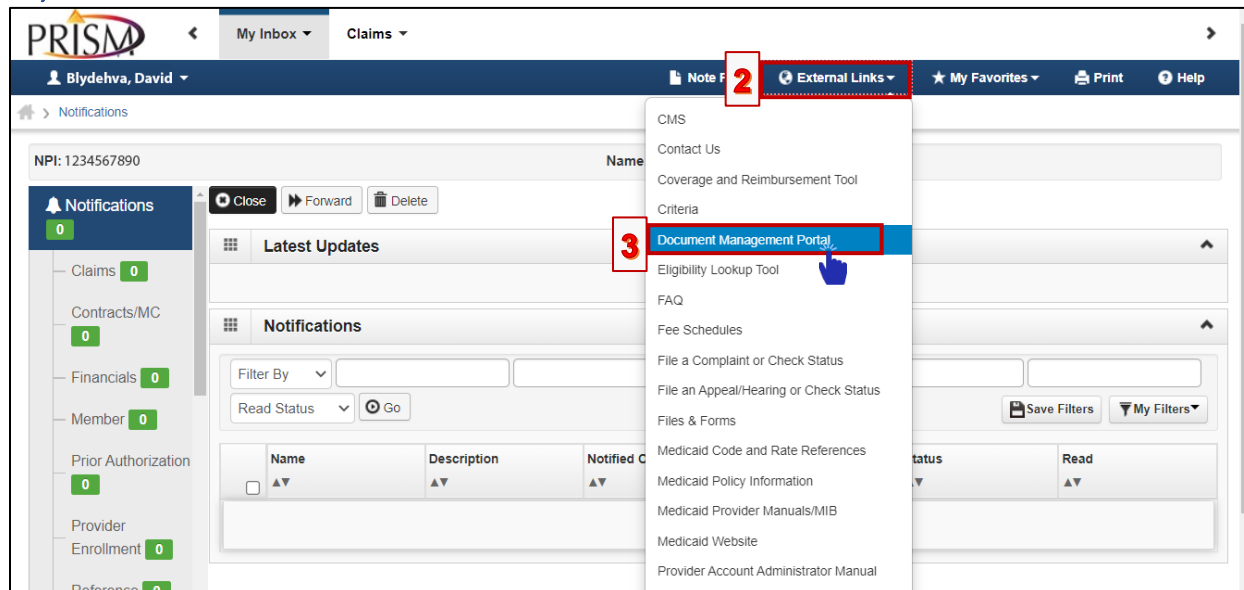
The **Fax Coversheet** tab allows the user to generate a fax cover sheet to submit a document via fax. This page is also auto populated with information from the entry claim.

Access DMP from PRISM thru External Links



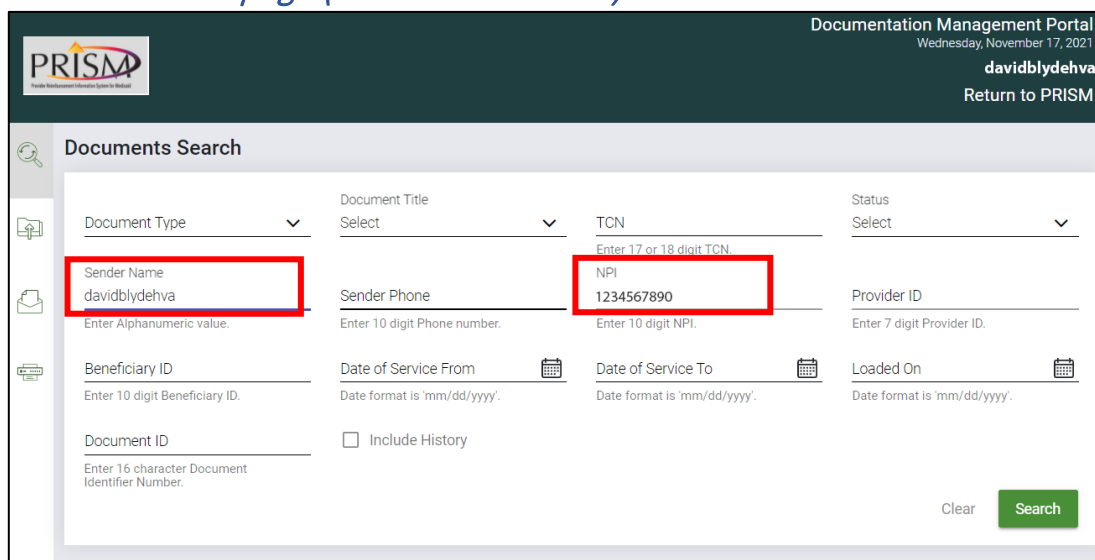
The screenshot shows the PRISM Documentation Management Portal interface. At the top right, it displays the date 'Wednesday, November 17, 2021' and the user 'davidblydehva' with a 'Return to PRISM' link. The main section is titled 'Documents Search' and contains several search criteria fields: 'Document Type' (dropdown), 'Document Title' (dropdown), 'TCN' (text input with instructions 'Enter 17 or 18 digit TCN'), 'Status' (dropdown), 'Sender Name' (text input with value 'davidblydehva' and instructions 'Enter Alphanumeric value'), 'Sender Phone' (text input with instructions 'Enter 10 digit Phone number'), 'NPI' (text input with value '1234567890' and instructions 'Enter 10 digit NPI'), 'Provider ID' (text input with instructions 'Enter 7 digit Provider ID'), 'Beneficiary ID' (text input with instructions 'Enter 10 digit Beneficiary ID'), 'Date of Service From' (calendar icon and instructions 'Date format is 'mm/dd/yyyy''), 'Date of Service To' (calendar icon and instructions 'Date format is 'mm/dd/yyyy''), and 'Loaded On' (calendar icon and instructions 'Date format is 'mm/dd/yyyy''). There is also a 'Document ID' field with instructions 'Enter 16 character Document Identifier Number' and an 'Include History' checkbox. At the bottom right of the search area are 'Clear' and 'Search' buttons.

My Inbox



1. Log into PRISM
2. Select the External Links menu
3. Click **Document Management Portal**.

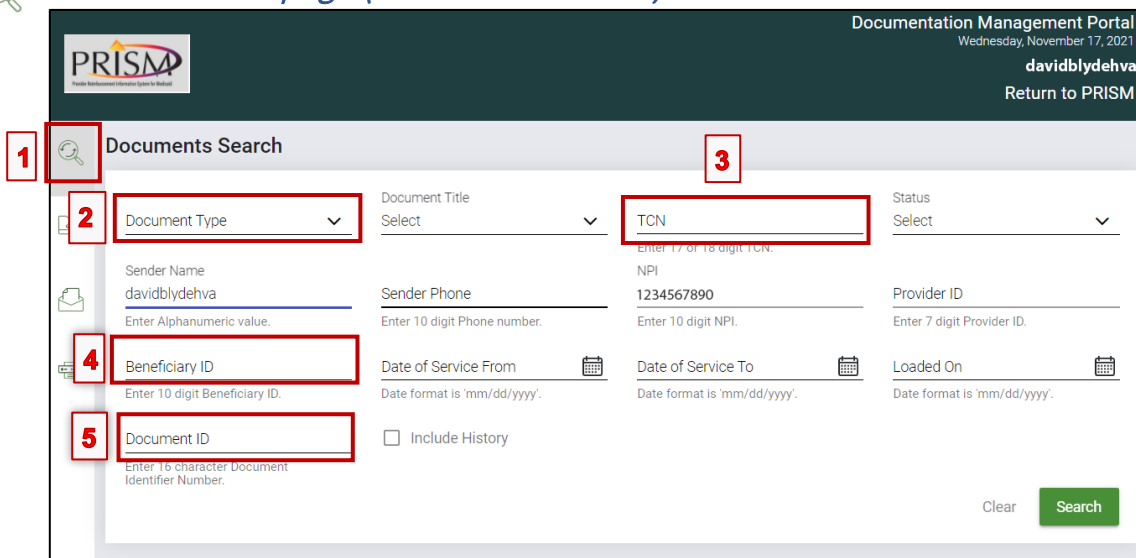
The DMP Homepage (Documents Search)



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*



The screenshot shows the 'Documents Search' interface. At the top right, it says 'Documentation Management Portal', 'Wednesday, November 17, 2021', and the user 'davidblydehva' with a 'Return to PRISM' link. The search form includes the following fields:

- 1**: Magnifying glass icon (Refreshes the page)
- 2**: Document Type dropdown menu
- 3**: TCN input field (with subtext: 'Enter 17 or 18 digit TCN')
- Document Title dropdown menu (with 'Select' as the current value)
- Status dropdown menu (with 'Select' as the current value)
- Sender Name: davidblydehva (with subtext: 'Enter Alphanumeric value')
- Sender Phone: 1234567890 (with subtext: 'Enter 10 digit Phone number')
- NPI: 1234567890 (with subtext: 'Enter 10 digit NPI')
- Provider ID: (with subtext: 'Enter 7 digit Provider ID')
- 4**: Beneficiary ID input field (with subtext: 'Enter 10 digit Beneficiary ID')
- Date of Service From: (with subtext: 'Date format is 'mm/dd/yyyy'' and a calendar icon)
- Date of Service To: (with subtext: 'Date format is 'mm/dd/yyyy'' and a calendar icon)
- Loaded On: (with subtext: 'Date format is 'mm/dd/yyyy'' and a calendar icon)
- 5**: Document ID input field (with subtext: 'Enter 16 character Document Identifier Number')
- Include History
- Clear button and Search button

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)

5

1 [Ambulance](#)

2 Review/Process

3

4

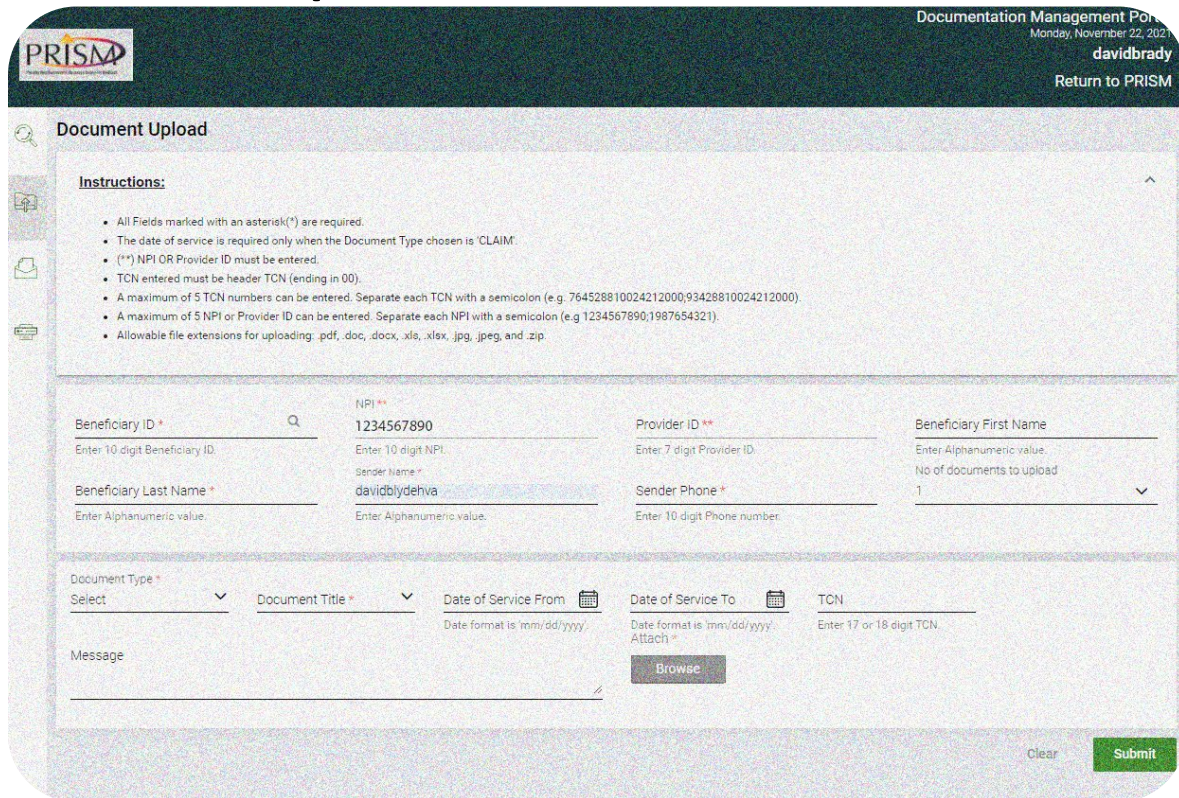
Document ID	Document Title	Document Type	TCN	NPI	Beneficiary ID	Provider ID	Date of Service From	Loaded On	Status	Messages
ON20211117700001	Ambulance	Claim	764528810024212000	1234567890	0987654321	-	11/01/2021	11/17/2021 09:35:59	Review/Process	
ON20211027700001	Ambulance	Claim	764528810024212000 93428810024212000	1234567890	0987654321	-	10/27/2021	10/27/2021 01:31:36	Review/Process	

Show 10 1 - 2 of 2 entries

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

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. 764528810024212000;93428810024212000).
- A maximum of 5 NPI or Provider ID can be entered. Separate each NPI with a semicolon (e.g 1234567890;1987654321).
- Allowable file extensions for uploading: .pdf, .doc, .docx, .xls, .xlsx, .jpg, .jpeg, and .zip

Beneficiary ID * Enter 10 digit Beneficiary ID.

Beneficiary Last Name * Enter Alphanumeric value.

NPI ** Enter 10 digit NPI.

Sender Name * Enter Alphanumeric value.

Provider ID ** Enter 7 digit Provider ID.

Sender Phone * Enter 10 digit Phone number.

Beneficiary First Name Enter Alphanumeric value.

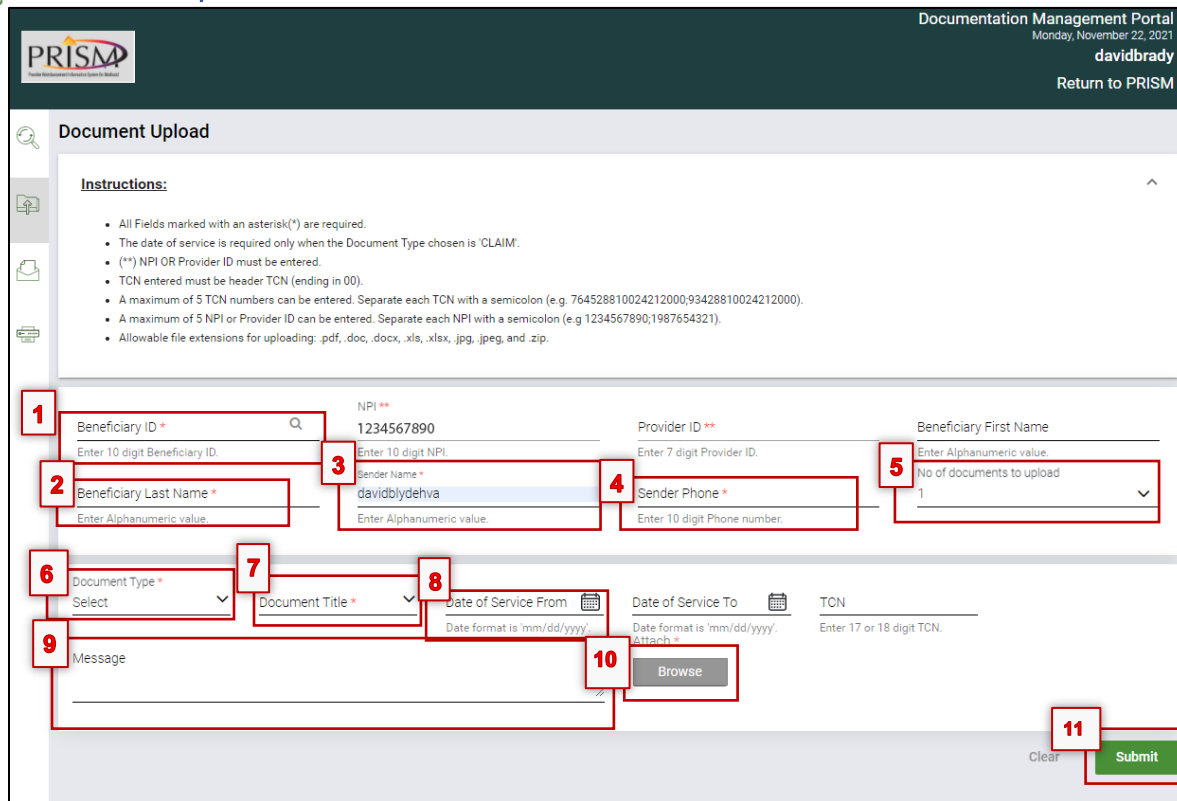
No of documents to upload

Document Type * **Document Title *** **Date of Service From** Date format is 'mm/dd/yyyy' **Date of Service To** Date format is 'mm/dd/yyyy' **TCN** Enter 17 or 18 digit TCN.

Message **Browse**

Clear **Submit**

 Document Upload Tab



Document Upload

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. 764528810024212000;93428810024212000).
- A maximum of 5 NPI or Provider ID can be entered. Separate each NPI with a semicolon (e.g 1234567890;1987654321).
- Allowable file extensions for uploading: .pdf, .doc, .docx, .xls, .xlsx, .jpg, .jpeg, and .zip.

1 Beneficiary ID * (Enter 10 digit Beneficiary ID.)

2 Beneficiary Last Name * (Enter Alphanumeric value.)

3 Sender Name * (Enter 10 digit NPI. Value: davidblydehva)

4 Sender Phone * (Enter 10 digit Phone number.)

5 No of documents to upload (1)

6 Document Type * (Select)

7 Document Title * (Select)

8 Date of Service From * (Date format is 'mm/dd/yyyy')

9 Message

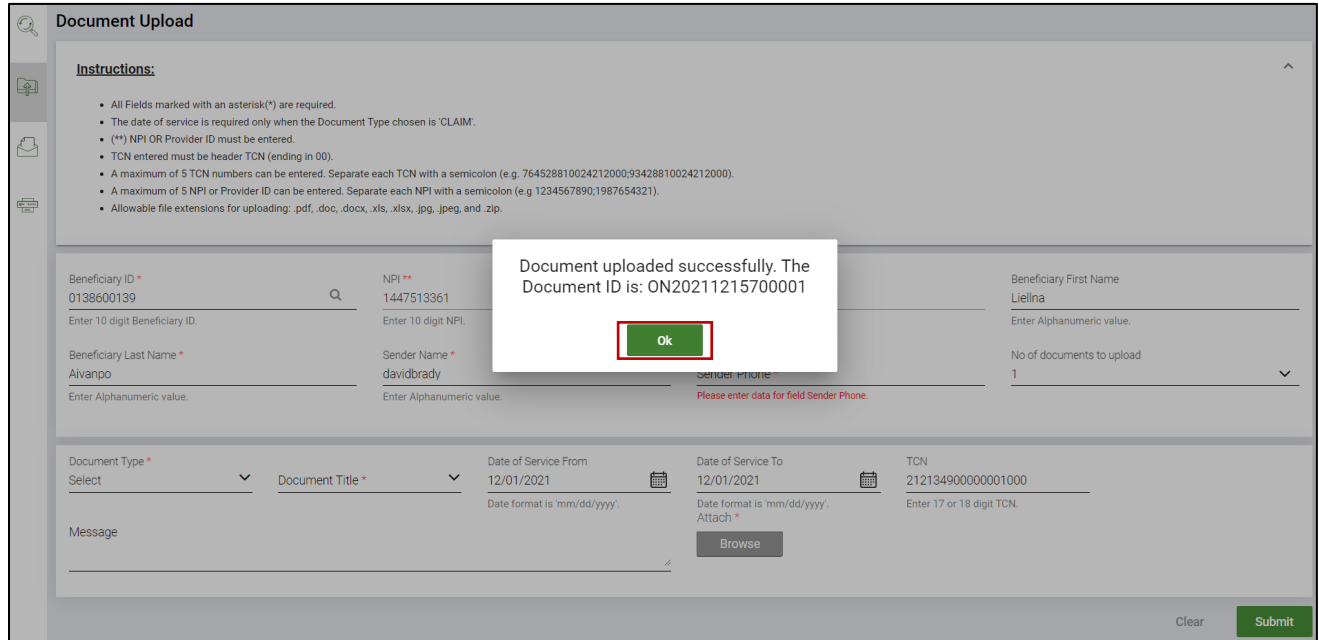
10 Browse

11 Submit

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



Document Upload

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. 764528810024212000;93428810024212000).
- A maximum of 5 NPI or Provider ID can be entered. Separate each NPI with a semicolon (e.g 1234567890;1987654321).
- Allowable file extensions for uploading: .pdf, .doc, .docx, .xls, .xlsx, .jpg, .jpeg, and .zip.

Beneficiary ID * 0138600139 NPI ** 1447513361
 Enter 10 digit Beneficiary ID. Enter 10 digit NPI.

Beneficiary Last Name * Aivanpo Sender Name * davidbrady
 Enter Alphanumeric value. Enter Alphanumeric value.

Document Type * Select Document Title * Date of Service From 12/01/2021 Date of Service To 12/01/2021 TCN 21213490000001000
 Date format is 'mm/dd/yyyy'. Date format is 'mm/dd/yyyy'. Enter 17 or 18 digit TCN.

Message

Beneficiary First Name Lielina
 Enter Alphanumeric value.

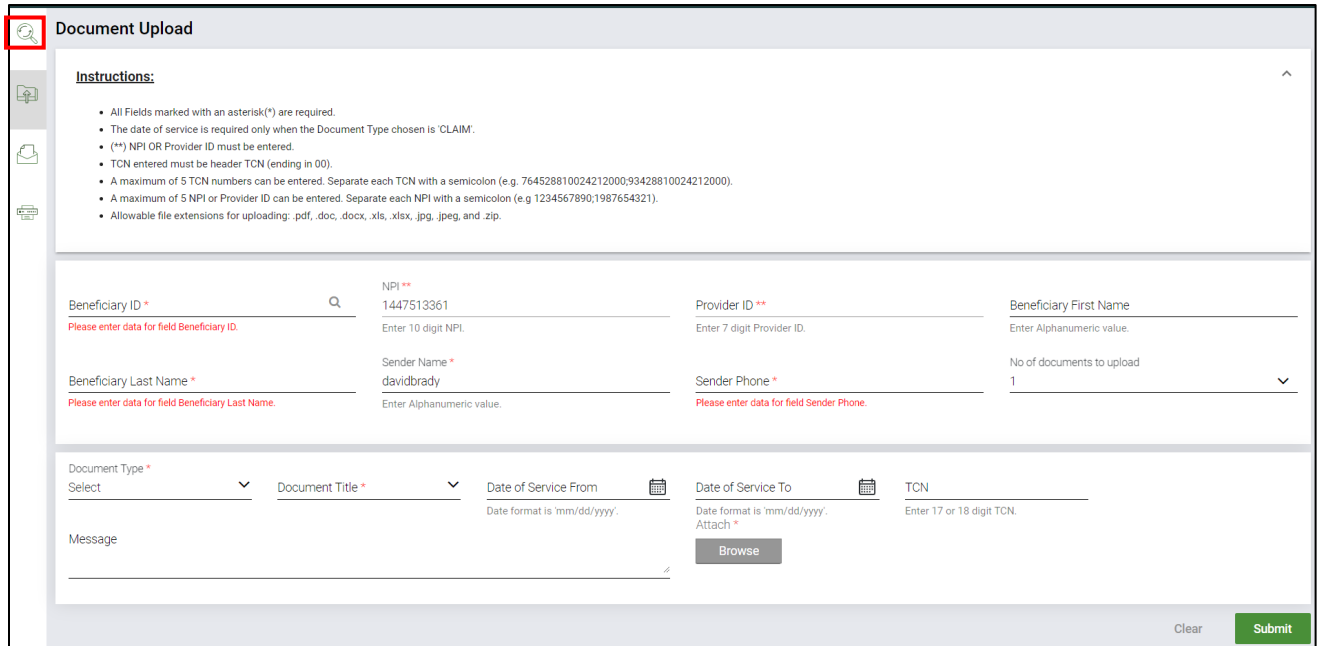
No of documents to upload 1

Document uploaded successfully. The Document ID is: ON20211215700001

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

- Click **Ok**

Document Upload



Document Upload

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. 764528810024212000;93428810024212000).
- A maximum of 5 NPI or Provider ID can be entered. Separate each NPI with a semicolon (e.g 1234567890;1987654321).
- Allowable file extensions for uploading: .pdf, .doc, .docx, .xls, .xlsx, .jpg, .jpeg, and .zip.

Beneficiary ID * 0138600139 NPI ** 1447513361
 Enter 10 digit Beneficiary ID. Enter 10 digit NPI.

Beneficiary Last Name * Sender Name * davidbrady
 Enter Alphanumeric value. Enter Alphanumeric value.

Document Type * Select Document Title * Date of Service From 12/01/2021 Date of Service To 12/01/2021 TCN 21213490000001000
 Date format is 'mm/dd/yyyy'. Date format is 'mm/dd/yyyy'. Enter 17 or 18 digit TCN.


Message

Beneficiary First Name
 Enter Alphanumeric value.

No of documents to upload 1

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

User Messages



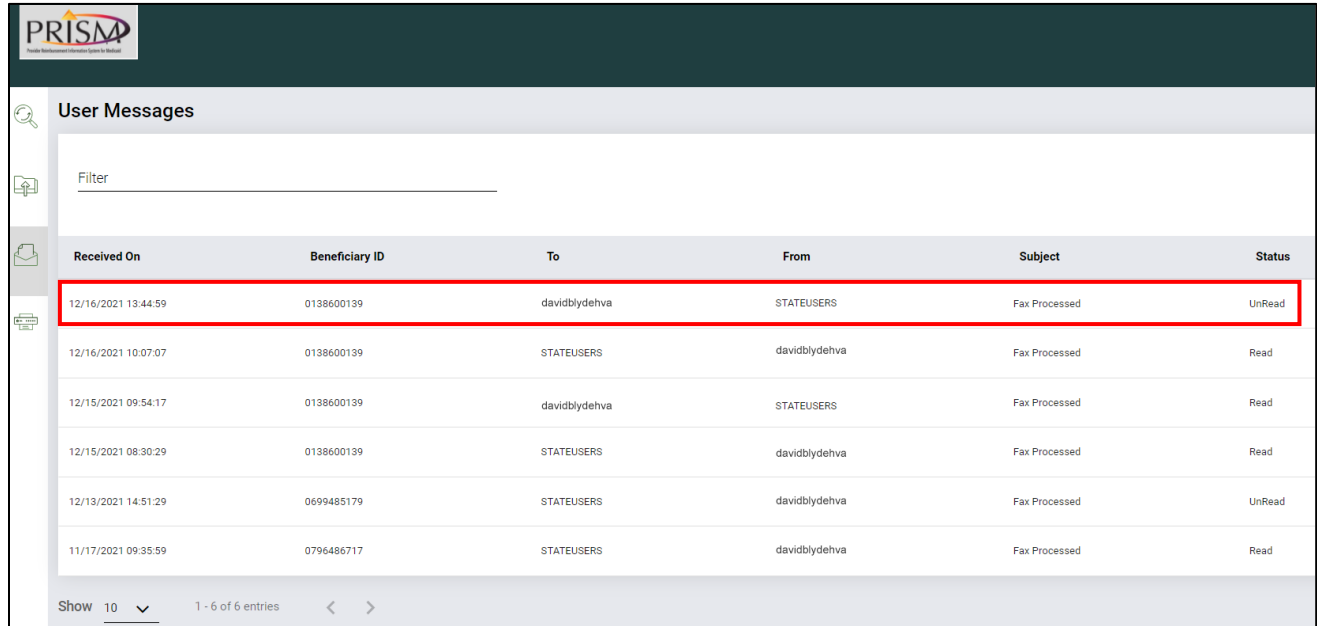
User Messages

Filter

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



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

At the bottom of the table, there is a pagination control: "Show 10" (with a dropdown arrow) and "1 - 6 of 6 entries" (with left and right navigation arrows).

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

User Message		View Document	Reply	Back
Beneficiary ID	0138600139			
Beneficiary First Name	Liellna			
Beneficiary Last Name	Aivanpo			
NPI	1447513361			
Provider ID				
TCN	212134900000001000			
Document Title	Notes			
Document Type	Claim			
From	STATEUSERS			
To	davidblydehva			
Subject	Fax Processed			
Message	We are actively working on a resolution as to why this Claim is not processing. Expect a resolution in the next 7-10 days.			

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

 <p>UTAH DEPARTMENT OF HEALTH MEDICAID</p>	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

CONFIDENTIALITY NOTICE: The transmitted documents are intended only for the use of the individual or entity named under "TO:" above. This may contain information that is privileged, confidential or exempt from disclosure under applicable law. If you are not the intended recipient, you are hereby notified that any disclosure, distribution or copying, or the taking of any action in regard to

CONFIDENTIALITY NOTICE: The transmitted documents are intended only for the use of the individual or entity named under "TO:" above. This may contain information that is privileged, confidential or exempt from disclosure under applicable law. If you are not the intended recipient, you are hereby notified that any disclosure, distribution or copying, or the taking of any action in regard to

Sender Phone : 8012212222

Sender Fax : 8016506500

Sender Name : davidblydehva

Date of Service : 12/16/2021

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. 764528810024212000;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 *

Date of Service*

NPI **

Provider ID**

Document Type*

Sender Name *

Document Title*

Sender Fax*

TCN

Sender Phone*

Clear

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. 764528810024212000;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 *

Date of Service*

NPI **

Provider ID**

Document Type*

Sender Name *

Document Title*

Sender Fax*

TCN*

Sender Phone*

Clear

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

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.

1

	Utah Department of Health Medicaid Operations PO Box 14310 Salt Lake City, UT 84114-3106
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Consent Form Fax Number	(801) 503-9430	2
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	

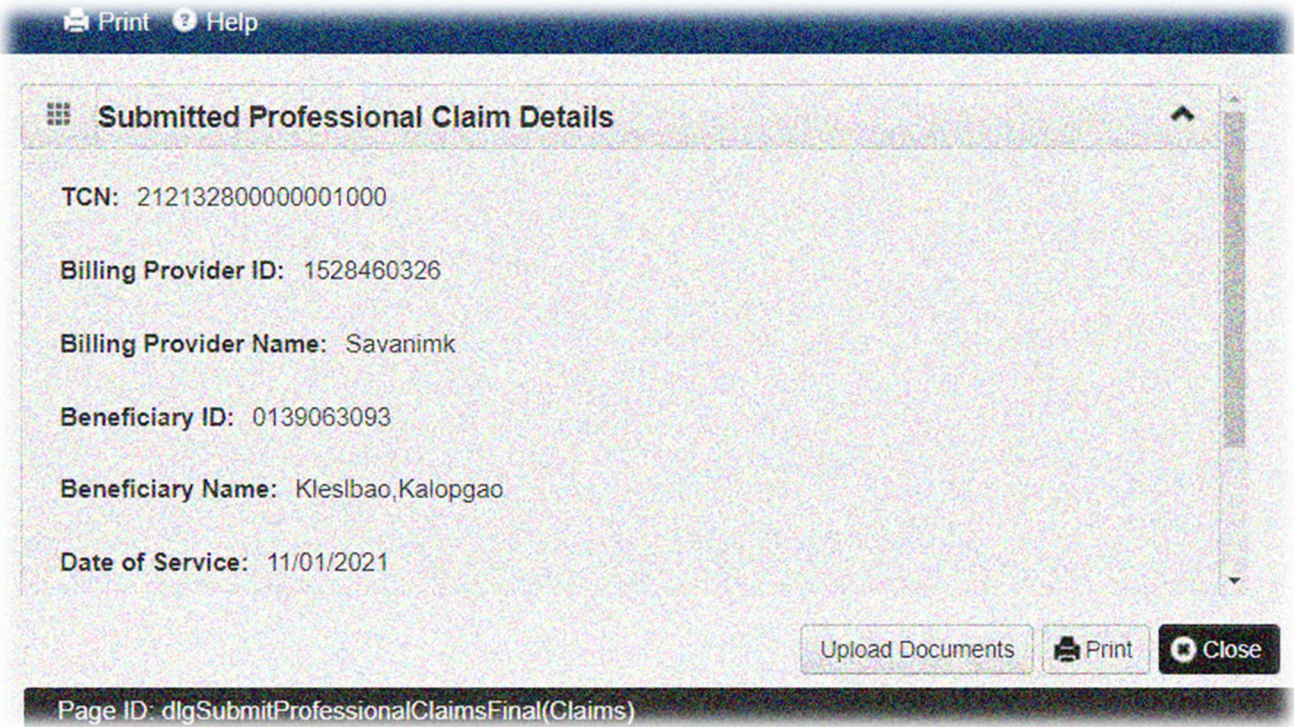
3	
FAX Control Number :	OF20211216700001

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



Print Help

Submitted Professional Claim Details

TCN: 21213280000001000

Billing Provider ID: 1528460326

Billing Provider Name: Savanimk

Beneficiary ID: 0139063093

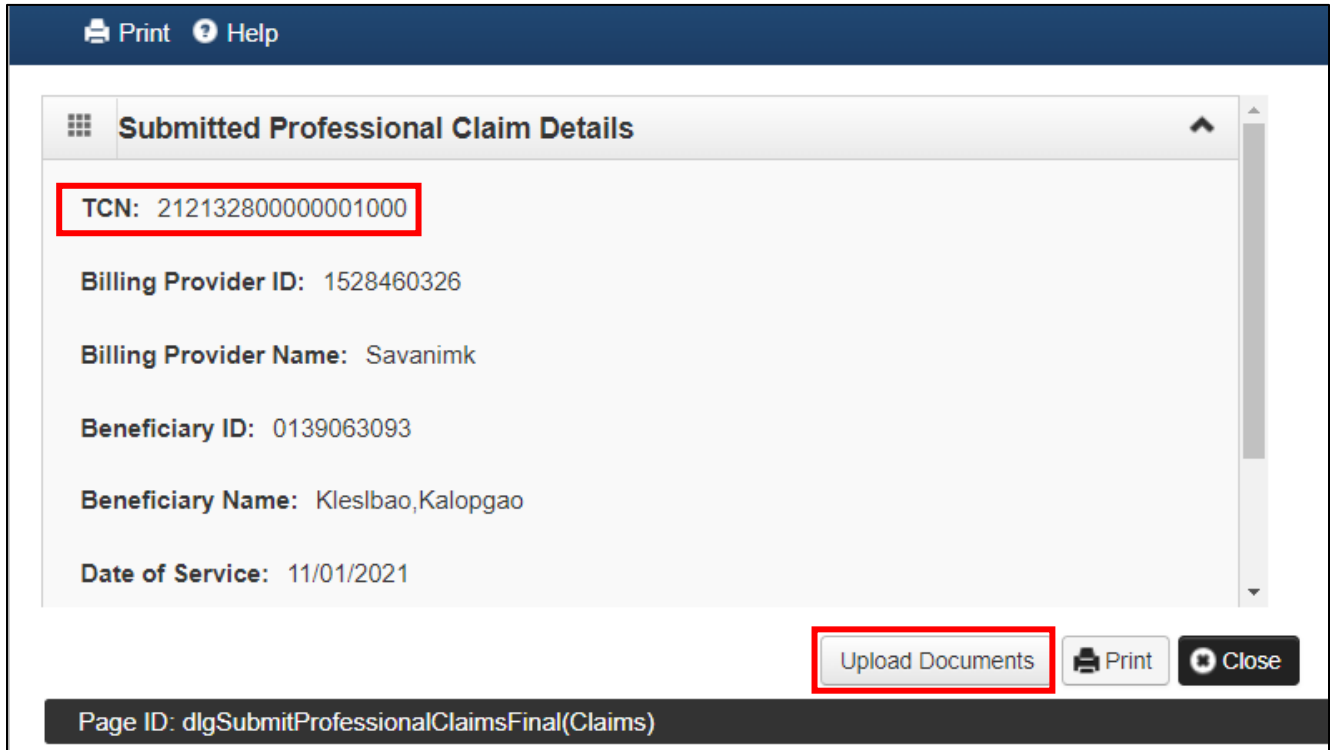
Beneficiary Name: Kleslbao,Kalopgao

Date of Service: 11/01/2021

Upload Documents Print Close

Page ID: dlgsSubmitProfessionalClaimsFinal(Claims)

Upload Documents Attached to a Claim



Print Help

Submitted Professional Claim Details

TCN: 21213280000001000

Billing Provider ID: 1528460326

Billing Provider Name: Savanimk

Beneficiary ID: 0139063093

Beneficiary Name: Kleslbao,Kalopgao

Date of Service: 11/01/2021

Upload Documents Print Close

Page ID: dlgSubmitProfessionalClaimsFinal(Claims)

Immediately after a claim is submitted, a popup windows displays claim details with a transaction control number.

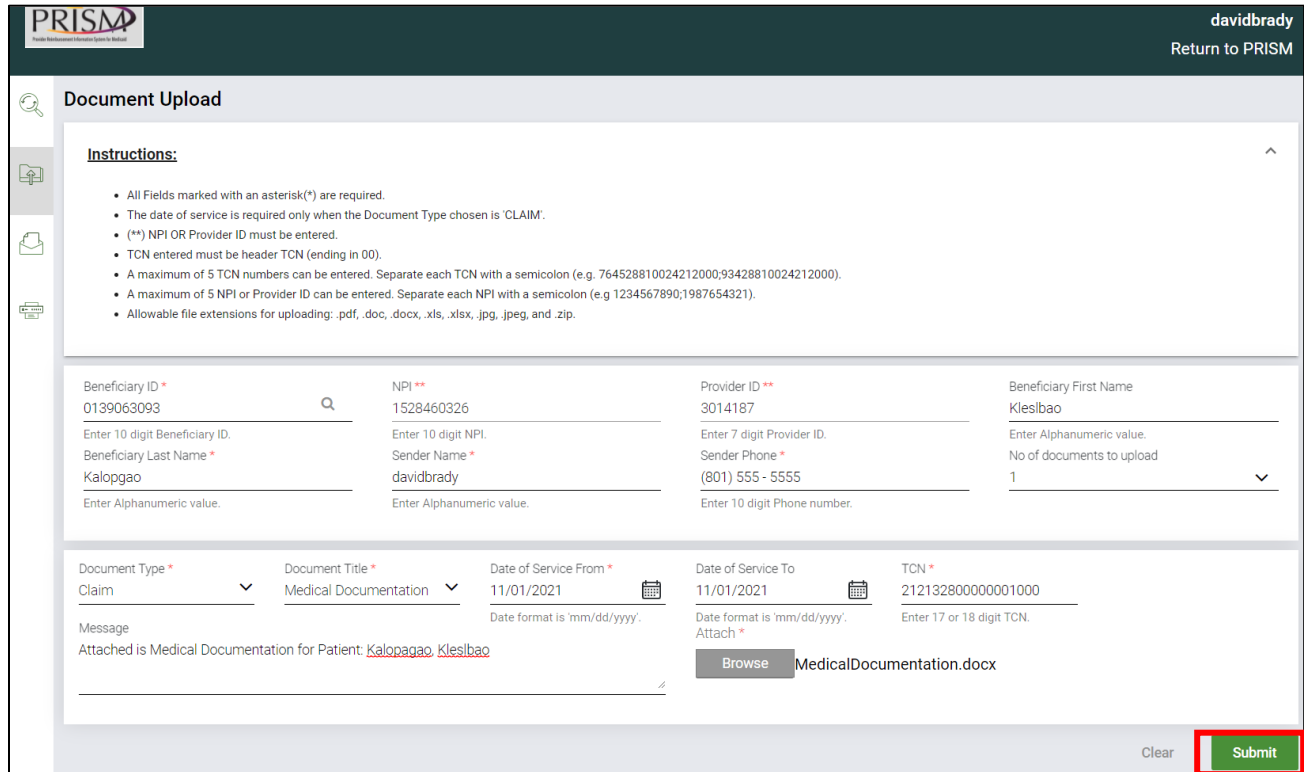
- Click the **Upload Documents** button

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



Document Upload

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. 764528810024212000;93428810024212000).
- A maximum of 5 NPI or Provider ID can be entered. Separate each NPI with a semicolon (e.g 1234567890;1987654321).
- Allowable file extensions for uploading: .pdf, .doc, .docx, .xls, .xlsx, .jpg, .jpeg, and .zip.

Beneficiary ID * 0139063093
 NPI ** 1528460326
 Provider ID ** 3014187
 Beneficiary First Name Kleslbaio

Beneficiary Last Name * Kalopgao
 Sender Name * davidbrady
 Sender Phone * (801) 555 - 5555
 No of documents to upload 1

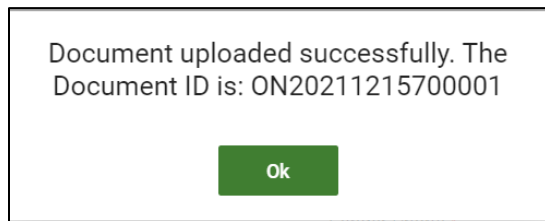
Document Type * Claim
 Document Title * Medical Documentation
 Date of Service From * 11/01/2021
 Date of Service To 11/01/2021
 TCN * 21213280000001000

Message: Attached is Medical Documentation for Patient: [Kalopgao, Kleslbaio](#)

Attach * MedicalDocumentation.docx

Once all of the required fields are filled:

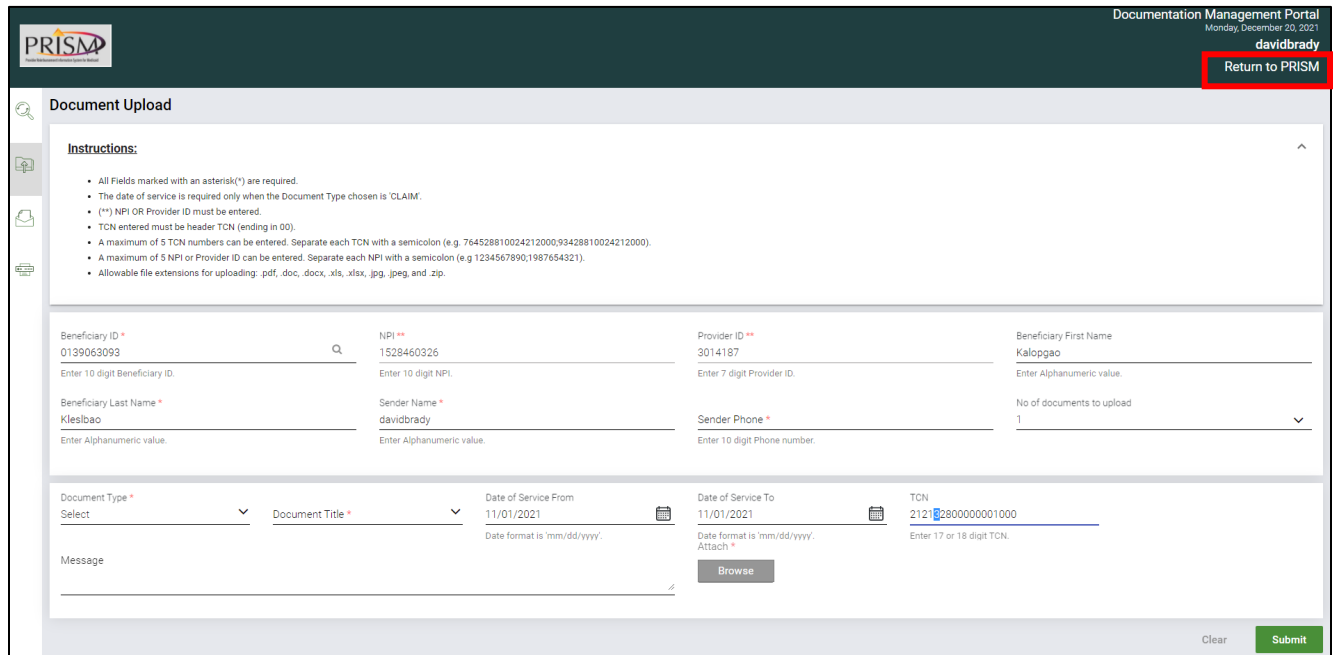
- Click **Submit**



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

- Click **Ok**

Document Upload



The screenshot shows the 'Document Upload' page in the PRISM portal. At the top right, there is a 'Return to PRISM' link highlighted with a red box. The page contains several input fields for beneficiary and provider information, a date of service range, and a TCN field. A 'Submit' button is located at the bottom right.

Document Upload

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. 764528810024212000;93428810024212000).
- A maximum of 5 NPI or Provider ID can be entered. Separate each NPI with a semicolon (e.g 1234567890;1987654321).
- Allowable file extensions for uploading: .pdf, .doc, .docx, .xls, .xlsx, .jpg, .jpeg, and .zip.

Beneficiary ID * 0139063093 NPI ** 1528460326 Provider ID ** 3014187 Beneficiary First Name Kaloggao

Enter 10 digit Beneficiary ID. Enter 10 digit NPI. Enter 7 digit Provider ID. Enter Alphanumeric value.

Beneficiary Last Name * Kleslbao Sender Name * davidbrady Sender Phone * No of documents to upload 1

Enter Alphanumeric value. Enter Alphanumeric value. Enter 10 digit Phone number.

Document Type * Select Document Title * Date of Service From 11/01/2021 Date of Service To 11/01/2021 TCN 212132800000001000

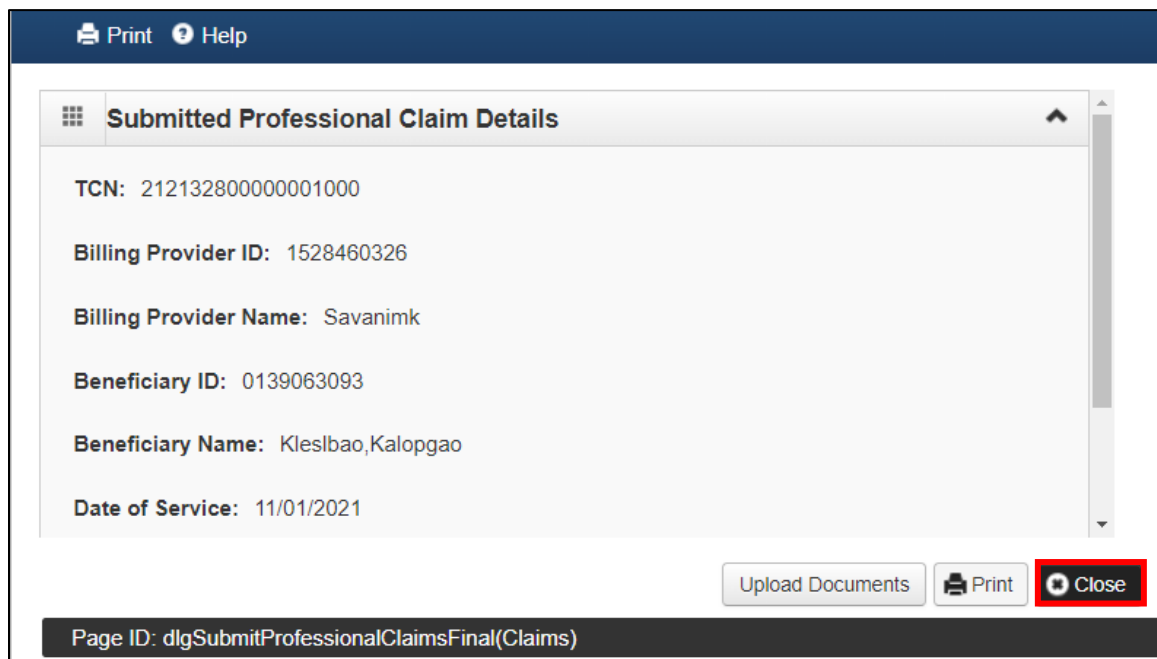
Date format is 'mm/dd/yyyy'. Date format is 'mm/dd/yyyy'. Attach * Enter 17 or 18 digit TCN.

Message [Browse]

Clear Submit

- Click **Return to PRISM** hyperlink

Submitted Professional Claim Details



The screenshot shows the 'Submitted Professional Claim Details' page. It displays key claim information in a list format. At the bottom right, there are three buttons: 'Upload Documents', 'Print', and 'Close', with the 'Close' button highlighted by a red box. A footer bar contains the page ID.

Submitted Professional Claim Details

TCN: 212132800000001000

Billing Provider ID: 1528460326

Billing Provider Name: Savanimk

Beneficiary ID: 0139063093

Beneficiary Name: Kleslbao,Kaloggao

Date of Service: 11/01/2021

Upload Documents Print Close

Page ID: dlgSubmitProfessionalClaimsFinal(Claims)

- Click **Close**

Viewing or Adding a Document from an Existing Claim

Header TCN: 212132800000001000
Beneficiary ID: 0139063093
Name: Klesbao, Kaloggao

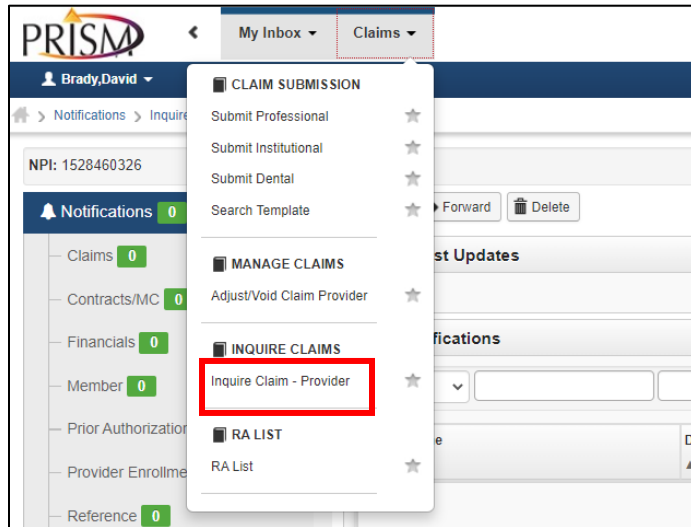
Header Details Upload/View Documents Show

TCN: 212132800000001000	Claim Type: J - Professional	Source: Direct Data Entry
Original TCN:	Adjustment Source:	Claim Status: Denied
No Of Lines: 1	Medicare: N	Commercial: N
Related Cause: NO		
Beneficiary ID: 0139063093 *	Last Name: Klesbao	First Name: Kaloggao
Gender: F-Female *	DOB: 01/04/1971 *	Age: 50
Patient Account Number: 123456	Admit Date: MM/DD/YYYY	
Place of Service: 23-Emergency Room- Hospital		
Billing Provider ID: 1528460326 * Type: NPI *	Pay To Provider ID: 1528460326 Type: NPI	
Billing Provider Taxonomy:	Referring Provider ID:	Type:
Rendering Provider ID: 1528460326 Type: NPI	Primary Care Referring Provider ID:	Type:
Rendering Provider Taxonomy:	Referral #:	CLIA Number:
Supervising Provider ID:		
Auth #:		
Diagnosis Codes: 1: K820 *	2:	3:
4:	5:	6:
7:	8:	9:
Delay Reason Code:		Diagnosis Code Category: ICD-10-CM *
Submitted Charges: \$1,000.00	Billed Amount: \$1,000.00	Approved Amount: \$0.00
Warrant/EFT Number:	RA Number:	Pay Cycle Date:

Cancel

Viewing or Adding a Document from an Existing Claim

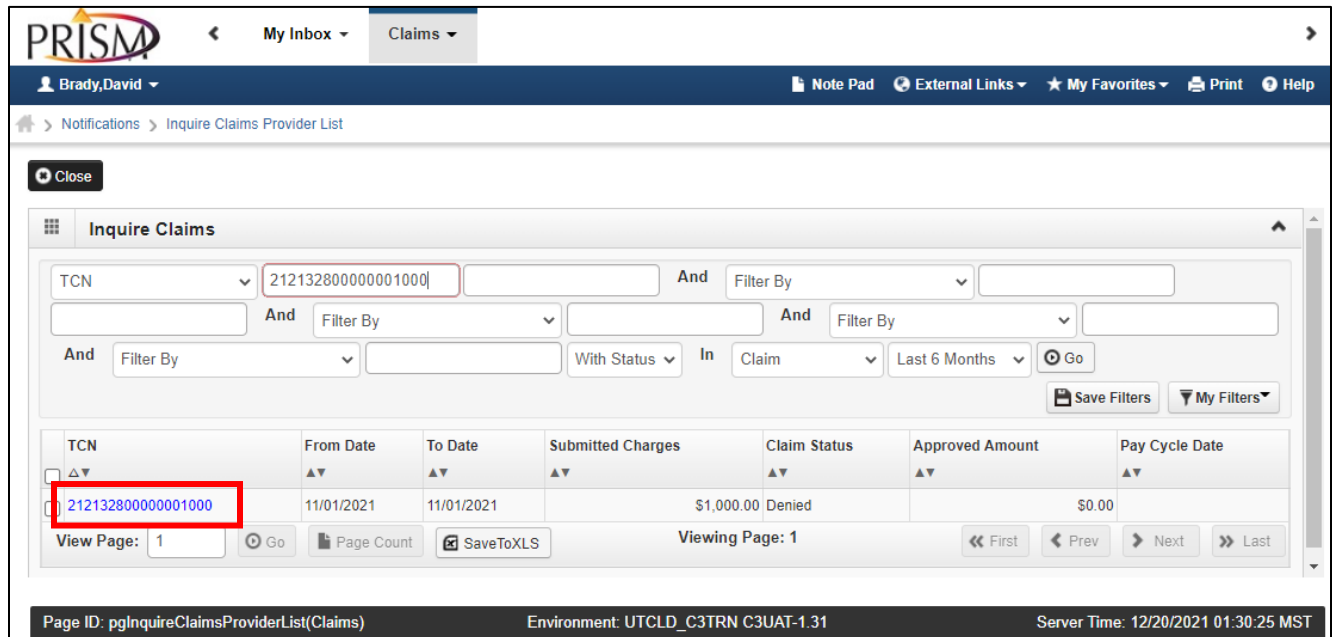
My Inbox



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

Header TCN: 212132800000001000
Beneficiary ID: 0139063093
Name: Klesbao, Kaloggao

Upload/View Documents

Header Details

TCN: 212132800000001000
Original TCN:
No Of Lines: 1
Related Cause: NO

Claim Type: J - Professional
Adjustment Source:
Medicare: N

Source: Direct Data Entry
Claim Status: Denied
Commercial: N

Beneficiary ID: 0139063093 *
Gender: F-Female *
Patient Account Number: 123456
Place of Service: 23-Emergency Room- Hospital

Last Name: Klesbao
DOB: 01/04/1971 *
Admit Date: MM/DD/YYYY

First Name: Kaloggao
Age: 50

Billing Provider ID: 1528460326 * Type: NPI *
Billing Provider Taxonomy:
Rendering Provider ID: 1528460326 Type: NPI
Rendering Provider Taxonomy:
Supervising Provider ID: Type:
Auth #:

Pay To Provider ID: 1528460326 Type: NPI
Referring Provider ID: Type:
Primary Care Referring Provider ID: Type:

Referral #:
CLIA Number:

Diagnosis Codes: 1: K820 * 2: 3: 4: 5: 6: 7: 8:
Diagnosis Code Category: ICD-10-CM *
Delay Reason Code:

Submitted Charges: \$1,000.00
Warrant/EFT Number:
Billed Amount: \$1,000.00
RA Number:
Approved Amount: \$0.00
Pay Cycle Date:

Page ID: digViewClaimHeaderDetail(Claims)

- Click **Upload View/Documents** button

Document Upload

Document Upload

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).
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- A maximum of 5 NPI or Provider ID can be entered. Separate each NPI with a semicolon (e.g 1234567890;1987654321).
- Allowable file extensions for uploading: .pdf, .doc, .docx, .xls, .xlsx, .jpg, .jpeg, and .zip.

Beneficiary ID * 0138600139
Enter 10 digit Beneficiary ID.

NPI ** 1447513361
Enter 10 digit NPI.

Provider ID ** 3013642
Enter 7 digit Provider ID.

Beneficiary First Name Liellna
Enter Alphanumeric value.

Beneficiary Last Name * Aivanpo
Enter Alphanumeric value.

Sender Name * davidbrady
Enter Alphanumeric value.

Sender Phone * (801) 555 - 5555
Enter 10 digit Phone number.

No of documents to upload 1

Document Type * Claim
Document Title * Other
Date of Service From * 12/01/2021
Date of Service To 12/01/2021
TCN * 212134900000001000
Enter 17 or 18 digit TCN.

Message
Message about this Dental Claim

Browse DentalMessage.docx

Clear **Submit**

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