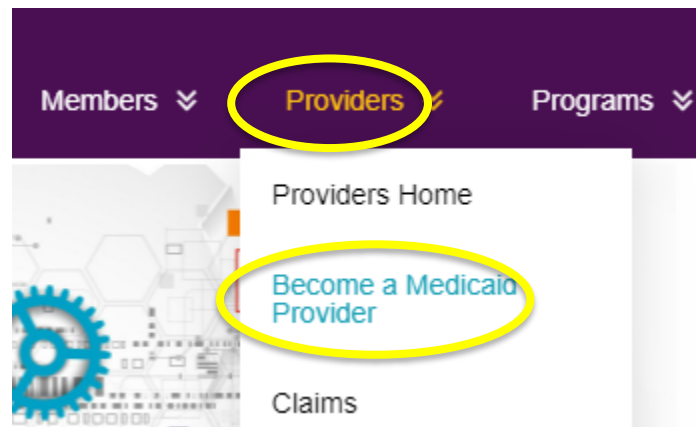


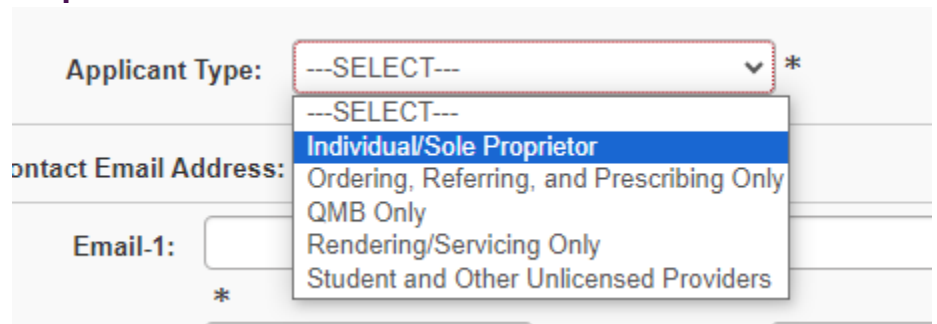
## Enrolling a provider with an applicant type of Individual Sole Proprietor

1. A Utah ID is required. If you have not yet set up a Utah ID, visit <https://id.utah.gov>.
  - a. Select the **Create an account** link on the web page.
  - b. Using a valid email address, follow the prompts for Utah ID creation.
  - c. For step-by-step instructions, please visit <https://idhelp.utah.gov> and select **Account Creation**.
2. An NPI (National Provider Identifier) and professional license is required.
3. Once you have a Utah ID, go to <https://medicaid.utah.gov>.
  - a. On the page headings located at the top of the page, click **Providers**, in the drop down select, **Become a Medicaid Provider** which opens a page entitled **Become a Medicaid Provider**.



- i. This page lists steps required to become a Medicaid provider.
- ii. Halfway down the page, you will see a heading, **New Enrollment Application and Track Your Application** section.
  1. The first sentence under this heading states “To become a Utah Medicaid Provider or to track your application, click on the PRISM Portal.” The words **PRISM Portal** is the link to the PRISM Portal login. [PRISM Portal](#).
  2. Click on the **PRISM** link on the web page (as described in prior step).
  3. To login to the PRISM Portal:
    - a. Enter Utah ID (instructions for obtaining a Utah ID listed in Step 1).
    - b. Enter password.

- c. Multi-Factor Authentication (MFA) is required to login to PRISM Portal.
  - I. Instructions for MFA can be found on the **Become a Medicaid Provider** page or at this link:  
[https://medicaid.utah.gov/Documents/wbts/mfa-prism/presentation\\_html5.html](https://medicaid.utah.gov/Documents/wbts/mfa-prism/presentation_html5.html)
- b. Once logged in to PRISM Portal, you must complete the New Provider Enrollment.
  - i. Click the **New Enrollment** link at the top of the page.
    1. Enrollment Type page will open.
      - a. Individual/Sole Proprietor is selected by default.
        - I. Regular Individual/Sole Proprietor is selected by default.
      - b. Leave the defaulted selections as your selections and click the **Submit** button located at the bottom left of the webpage.
    2. Basic Information/W9/Home Address (this is your base location) pages will open.
      - a. Fill out all fields with an asterisk (\*) which indicates it is a required field.
      - b. Within the Basic Information section, there is an **Applicant Type drop down**. You should select **Individual/Sole Proprietor**.



The screenshot shows a portion of a web form. The 'Applicant Type' dropdown menu is open, displaying the following options: '--SELECT--', 'Individual/Sole Proprietor', 'Ordering, Referring, and Prescribing Only', 'QMB Only', 'Rendering/Service Only', and 'Student and Other Unlicensed Providers'. The 'Individual/Sole Proprietor' option is highlighted in blue. To the left of the dropdown, the text 'Applicant Type:' is visible. Below the dropdown, there are fields for 'Contact Email Address:' and 'Email-1:'. The 'Email-1:' field has an asterisk (\*) next to it, indicating it is a required field.

- I. Ensure your email address is correct; an email will be sent with the Applicant ID and any needed corrections.
- II. Continue working through the W9 Information section, Home Address section, be sure to validate

your address by clicking the **Validate Address** button placed after the zip code.

- III. If you have entered an invalid address, click **OK** and enter in the city, state and county in the boxes below **OTHER**. Click **OK, OK**.

Address not found with Address Line 1 and Zip Code Combination, validate your address using the USPS.

Other City value is missing, please check. ✖

Address Line 1:  \*  
(Enter Street Address or PO Box Only)

Address Line 2:

Address Line 3:

City/Town: OTHER \*  
Salt Lake City

State/Province: OTHER \*  
Utah

Country: OTHER \*  
USA

Country: UNITED STATES \*  
Zip Code: 84116 \* -

- IV. Click the **Finish** button at the bottom right of the webpage.
- V. Once you click the Finish button, you should receive a pop-up message listing your Application ID.
  1. Write down your Application ID so you can track your application.

## Enrollment Steps

All steps that are marked as required will need to be completed before the application can be submitted.

4. **Step 1 Basic Information Status.** Additional required fields like your date of birth and W9 information needs to be entered.
5. **Step 2 Add Locations.**
  - a. Click **+Add** to add the primary address location.

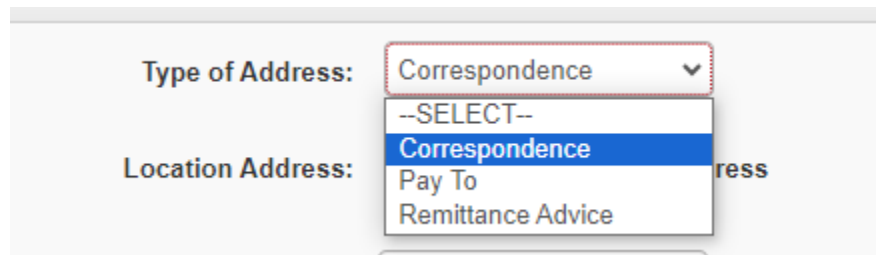
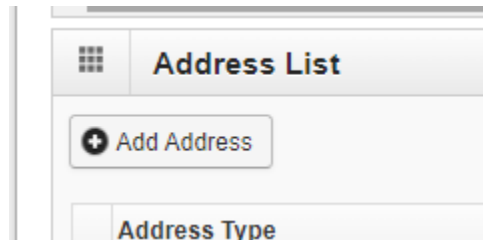
To add/modify F

**Locations List**

- i. Be sure to validate your address by clicking the **Validate Address** button placed after the zip code.
- ii. Continue adding office phone numbers and hours of operation. Click **OK** in the bottom right corner.
- iii. Click on the blue hyperlink **Primary Practice Location**

Location Type  
△▼  
[Primary Practice Location](#)

1. Scroll down to Address List and click on **+Add Address**



- b. If the address is the same as the location address, select **Copy This Location Address**.

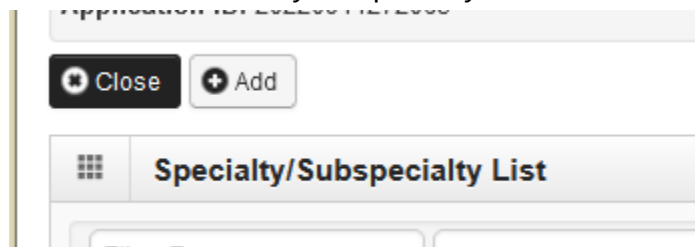
Location Address:  Copy This Location Address

- c. Click **OK** after each address has been entered and validated.
    - i. Follow these steps for Pay To and Remittance Advice

\*Complete these steps for additional locations.

## 6. Step 3 Add Specialties.

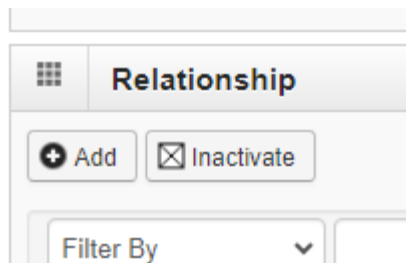
- a. Select the options that best fit with your licensure.
    - i. Click **+Add** and enter your specialty.



## 7. Step 4 Add Provider Controlling Interest/Ownership Details.

- a. Click **+Add** to add a Managing Employee
    - i. This can be the provider.
      1. Type: Managing Employee
        - a. Enter the following required fields (indicated with \*):
        - b. Percentage owned enter **0**
        - c. Social security number

- d. First name
  - e. Last name
  - f. Phone number
  - g. Date of birth
  - h. Start date (enter today's date)
  - i. Address (validate address)
2. Click **OK**.
  3. Click **Managing Employee SSN/EIN/TIN**.
    - a. Scroll to the Relationship and click **+Add**.



- b. From the Owner Name drop down list, select the **name of the owner**. For this demonstration you are selecting the Individual/Sole Proprietor.
- c. Select the relationship between the Individual/Sole Proprietor and the Managing Employee.
- d. Scroll to the bottom of the page and click **Final Adverse Legal Actions Convictions Disclosure** link.



- e. Select **Yes or No**.
- f. Click **OK**.
- g. At the top click **Close**.

\*Follow these same steps for each owner listed.

8. **Step 5 License** (add professional license information). Click **Close**.
9. **Step 6 Taxonomy Details**.

- a. Select the taxonomy that best fits the specialty you chose. You can use the taxonomy that you selected when you registered with NPPES:

<https://nppes.cms.hhs.gov/#/>

## 10. Step 8 Add Mode of Claim Submission/EDI Exchange.

- a. Select from **Electronic Batch**
- b. Billing Agent/Clearinghouse/UHIN
  - i. This selection will require a Billing Agent to be added to Step 9 Associate Billing Agent.
- c. Direct Data Entry (DDE)

\*Paper claims are no longer accepted.

## 11. Step 9 Associate Billing Agent.

- a. Required if Billing Agent/Clearinghouse was selected in the previous step.

## 12. Step 13 Add Payment Details.

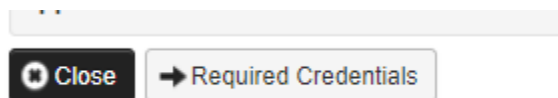
- a. Add banking information.
- b. Click **Close**.

## 13. Step 15 Complete Enrollment Checklist.

- a. Read through each question answering **Yes or No**
- b. After answering all the questions, click **Save** at the top left of the screen, then click **Close**.

## 14. Step 16 Upload Documents.

- a. Click the **Required Credentials** to see what is required to be uploaded and the links to find the agreements.



- i. **Provider Agreement for Medicaid.** (If unable to complete digitally using fill and sign options, please print out, fill out the document, and scan it in to be uploaded.)
  1. Fill out page 1.
  2. Sign and date page 8.  
<https://medicaid.utah.gov/Documents/pdfs/agreement2011.pdf>
- ii. **Health Care Provider Access Agreement** (If unable to complete digitally, using fill and sign options, please print out, fill out the document, and scan it in to be uploaded.)
  1. **Section 1 User Information**
    - a. Be sure to **add the Utah ID** created in Step 1.



2. **Section 2 Access Information**
    - a. C3 Profiles Domain add **Provider NPI** and select the **PRISM User Profile** you need. **PRISM User Profile descriptions can be found on the second page of the agreement.**
    - b. **Justification for Access** should state **New Enrollment.**
  3. **Section 3 Sign and Date**
    - a. The supervisor and the provider will need to sign and date this section. If the provider does not have a supervisor, the user listed in Section 1 can sign and date this section.
  4. **Section 4**
    - a. Needs to be initialed if you checked the box in C3 Profiles Domain for Provider Account Administrator.  
<https://medicaid.utah.gov/Documents/pdfs/PRISM%20C3%20Provider%20UAA%20V3.pdf>
  - iii. Upload documents in Upload Documents section.
    1. Click **+Add.**
    2. Document Type-Agreement
      - a. Document name: **Provider Agreement (for Provider Agreement)**
      - b. Document name: **User Security Agreement (for User Security Agreement)**
    - iv. Upload professional license.
      1. Click **+Add.**
      2. Document Type: License
      3. Document Name: Professional License
      4. Click **OK.**
  - b. Check all documents are uploaded in the document list.
  - c. **Close.**
15. **Step 17 Submit the Enrollment.**
  - a. Click **Next** in the upper left-hand corner.
  - b. **Terms and Conditions** page will open.
    - i. Click **Sign and Date.**
    - ii. Click **Submit Application** in upper right-hand corner.
16. **You will receive a message stating Successful Enrollment.**
  - a. You may now **Track Application** with the link at the top of the PRISM Portal.
    - i. PRISM Portal Main Page **Provider Menu.**
    - ii. **Track Enrollment Application** link.

**Please contact the Utah Medicaid Provider Enrollment Team for assistance**

**Call:** 1-800-662-9651 option 3,4

**Email:** [providerenroll@utah.gov](mailto:providerenroll@utah.gov)

**Training videos can be found at:** <https://medicaid.utah.gov/prism-provider-training/>