



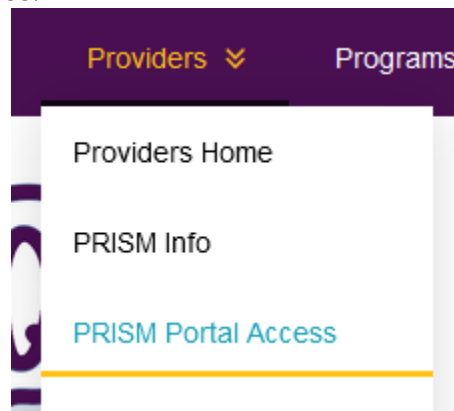
## PRISM provider enrollment modifications

### Managing the information of a provider

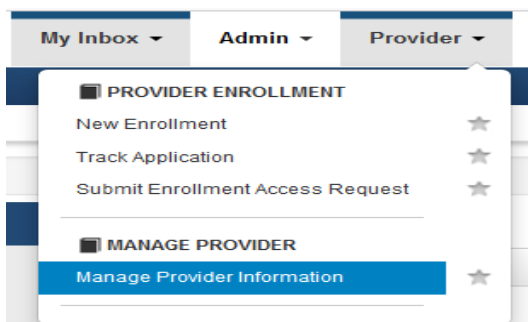
Video instructions for managing the information of an individual sole proprietor provider (4 minutes) are available online:

[https://medicaid.utah.gov/Documents/wbts/petraining/prismtraining/Overview-Managing%20the%20Information%20of%20an%20Individual%20Sole%20Proprietor%20Provider%209/story\\_html5.html](https://medicaid.utah.gov/Documents/wbts/petraining/prismtraining/Overview-Managing%20the%20Information%20of%20an%20Individual%20Sole%20Proprietor%20Provider%209/story_html5.html)

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**.
  - d. You will need to be the **administrator of the domain** you are accessing. DHHS provider enrollment staff can help find out who is your admin.
2. Once you have a Utah ID and you are the administrator, go to <https://medicaid.utah.gov>.
3. Select **PRISM Portal Access**.



4. To manage a provider's information and access the Business Process Wizard (BPW), log in with the EXT Provider Account Administrator profile or EXT Provider Credentialing Specialists profile.
5. Select the **Manage Provider Information** in the Provider dropdown at the top of the PRISM home screen.





- a. Business Process Wizard opens. All steps marked as required will need to be verified and status marked as complete before the modification can be submitted.

## 6. Step 1 Update Provider Basic Information.

- a. Video instructions can be found at:  
[https://medicaid.utah.gov/Documents/wbts/petraining/prismtraining/Update%20Basic%20Information%209/story\\_html5.html](https://medicaid.utah.gov/Documents/wbts/petraining/prismtraining/Update%20Basic%20Information%209/story_html5.html)
- b. Verify all fields marked with an asterisk are correct and complete. Continue working through the **W9 Information section, Home Address section**, and validate your address by clicking the **Validate Address** button placed after the zip code.
- c. 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: 1450w 289 n \*  
(Enter Street Address or PO Box Only)

Address Line 2: \*  
City/Town: OTHER \*  
Salt Lake City

Address Line 3: \*  
County: OTHER \*  
USA

State/Province: OTHER \*  
Utah

Country: UNITED STATES \*  
Zip Code: 84116 \* \* Validate Address

## 7. Step 2 Locations.

- a. Video instructions can be found at:  
[https://medicaid.utah.gov/Documents/wbts/petraining/prismtraining/Update%20Locations%209/story\\_html5.html](https://medicaid.utah.gov/Documents/wbts/petraining/prismtraining/Update%20Locations%209/story_html5.html)

\*This step will be required for an enrollment type: FAO, Group, or if the Individual/Sole chooses the applicant type of Individual/Sole.

- b. Click on the blue **Primary Practice Location** hyperlink.

Location Type  
▲▼  
Primary Practice Location

- c. All fields marked with an asterisk need to be completed, this includes all hours of operation.
- d. PRISM requires a total of four addresses: Location, Correspondence, Remittance Advice, and Pay To. Scroll down to Address List. Click on **+Add Address** (if not greyed out) and add the missing required addresses.

Address List  
+ Add Address



- i. Select the Type of Address.

**Add Provider Location Address**

Type of Address:

- ii. Add the address or select **Copy This Location Address**.

Location Address:  Copy This Location Address

- iii. Validate the address and click **OK**.
- e. To update an address, under Address Type, click on the **blue hyperlink**.

**Address List**

+ Add Address

Filter By

Address Type

- [△▽](#)
- [Correspondence](#)
- [Location](#)
- [Pay To](#)

- i. Change Address Line 1.
- ii. Add the zip code.
- iii. Click **Validate Address**.

- iv. **Save** and **close**.
- f. Adding a second location.
    - i. Click **+Add** to add the address location.

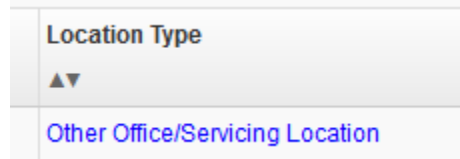
To add/modify F

**Locations List**

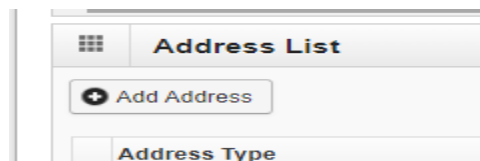
- ii. Validate your address by clicking the **Validate Address** button placed after the zip code.



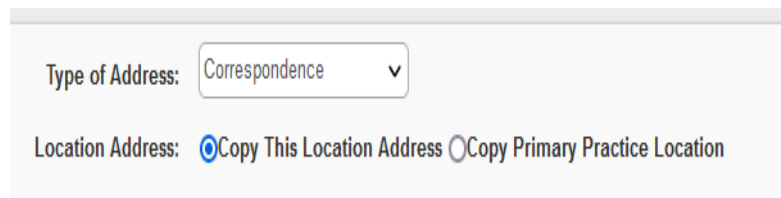
- iii. Continue adding office phone numbers and hours of operation. Click **OK** in the bottom right corner.
- iv. Click on the **blue hyperlink** of the additional practice location.



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



- vi. Address type is Correspondence.

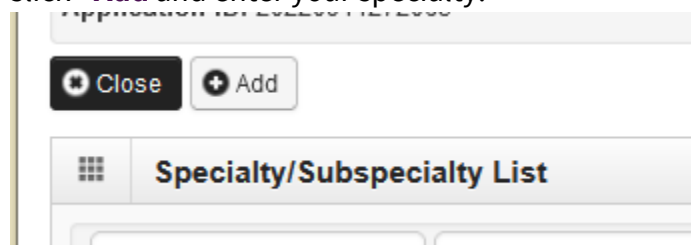


- vii. If the address is the same as the location address, select **Copy This Location Address**.
- viii. Click **OK**.
- ix. Click **Close**.

\*Complete these steps for additional locations.

## 8. Step 3 Specialties.

- a. Video instructions can be found at:  
[https://medicaid.utah.gov/Documents/wbts/petraining/prismtraining/Update%20Specialties%209/story\\_html5.html](https://medicaid.utah.gov/Documents/wbts/petraining/prismtraining/Update%20Specialties%209/story_html5.html)
- b. Verify the specialty is correct that best fits with your licensure.
- c. If it does not:
  - i. Click on the **blue hyperlink**.
  - ii. End date, **save**.
- d. Add new specialty.
  - i. Click **+Add** and enter your specialty.

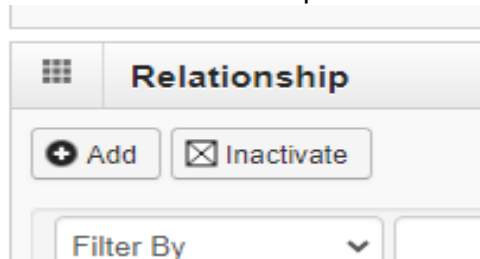




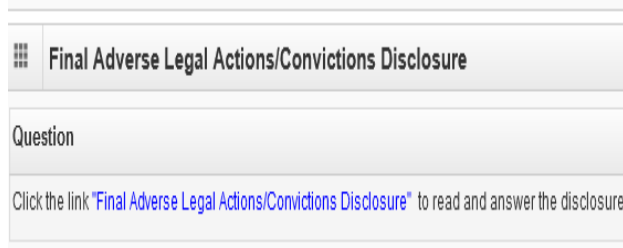
- ii. Select the options that best fit with your licensure.
- iii. End date will auto populate. **Close**.

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

- a. Every provider is required to have a managing employee.
- b. Video instructions can be found at:  
[https://medicaid.utah.gov/Documents/wbts/petraining/prismtraining/Update%20Provider%20Controlling%20Interest-Ownership%20Details%209/story\\_html5.html](https://medicaid.utah.gov/Documents/wbts/petraining/prismtraining/Update%20Provider%20Controlling%20Interest-Ownership%20Details%209/story_html5.html)
- c. Click **+Add** to add a Managing Employee. This can be the provider.
  - i. Type: Managing Employee
  - ii. Enter the following required fields (indicated with \*):
    - 1. Percentage Owned enter **0**
    - 2. Social security number
    - 3. First name
    - 4. Last name
    - 5. Phone number
    - 6. Date of birth
    - 7. Start date (enter today's date)
    - 8. Address (validate address)
  - iii. Click **OK**.
    - 1. 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.

**10. Step 5 License** (add professional license information). Click **Close**.

- a. Video instructions can be found at:  
[https://medicaid.utah.gov/Documents/wbts/petraining/prismtraining/Update%20License%20and%20Certifications%209/story\\_html5.html](https://medicaid.utah.gov/Documents/wbts/petraining/prismtraining/Update%20License%20and%20Certifications%209/story_html5.html)

**11. 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/#/>
- b. Video instructions can be found at:  
[https://medicaid.utah.gov/Documents/wbts/petraining/prismtraining/Update%20Taxonomy%20Details%209/story\\_html5.html](https://medicaid.utah.gov/Documents/wbts/petraining/prismtraining/Update%20Taxonomy%20Details%209/story_html5.html)

**12. Step 7 Additional Information.**

- a. This step is optional.
- b. Video instructions can be found at:  
[https://medicaid.utah.gov/Documents/wbts/petraining/prismtraining/Update%20Additional%20Information%209/story\\_html5.html](https://medicaid.utah.gov/Documents/wbts/petraining/prismtraining/Update%20Additional%20Information%209/story_html5.html)

**13. 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).
- d. Video instructions can be found at:  
[https://medicaid.utah.gov/Documents/wbts/petraining/prismtraining/Update%20Mode%20of%20Claim%20Submission-EDI%209/story\\_html5.html](https://medicaid.utah.gov/Documents/wbts/petraining/prismtraining/Update%20Mode%20of%20Claim%20Submission-EDI%209/story_html5.html)

\*Paper claims are no longer accepted.

**14. Step 9 Associate Billing Agent.**

- a. Required if Billing Agent/Clearinghouse was selected in the previous step.
- b. In the Billing Agent List, you can review the information of the Billing Agent ID, Billing Agent Name, Association Start Date, and Association End Date.
- c. Click on the **Billing Agent ID**, to update the information with the billing agent.



- d. Video instructions can be found at:  
[https://medicaid.utah.gov/Documents/wbts/petraining/prismtraining/Update%20Billing%20Agent%20Association%209/story\\_html5.html](https://medicaid.utah.gov/Documents/wbts/petraining/prismtraining/Update%20Billing%20Agent%20Association%209/story_html5.html)
- e. To add a new Billing Agent, click the **+Add** button located under the Billing Agent List header. This will open the Manage Billing Agent Association.
  - i. Enter the **Billing Agent ID**.

Billing Agent ID:  \*

- 1. To search for the Billing Agent ID, click **the Confirm/Search Billing Agent**.

- a. After finding the Billing Agent ID, **check the box** to the left and click **Select**.

<input checked="" type="checkbox"/>	4201181	test	10/31/2023	12/31/2999
-------------------------------------	---------	------	------------	------------

View Page: 2  Page Count  Viewing Page: 3

- ii. Add **EDI Transaction Type**.

**Associate Trading Partner ID**

Provider Trading Partner ID for the Transactions:

Electronic Transaction Type: 270/271-Eligibility Inquir... \*

Trading Partner ID: HT123456-123 \*

Start Date: 11/02/2023 \*

- iii. Enter the **Associate Trading Partner ID** number given by the billing agent or clearinghouse in the format HT followed by six numbers, a dash, and three more numbers.

**EDI Transaction Authorization**



\*Complete this for each Electronic Transaction Type selected in Step 8 Mode of Claims Submission/EDI Exchange List.

## 15. Billing Provider Association.

- Video instructions can be found at:  
[https://medicaid.utah.gov/Documents/wbts/petraining/prismtraining/Update%20Billing%20Provider%20Association%209/story\\_html5.html](https://medicaid.utah.gov/Documents/wbts/petraining/prismtraining/Update%20Billing%20Provider%20Association%209/story_html5.html)
- Click **+Add** to add any new affiliation to a group.
- To modify an affiliation, click on the **Billing Provider NPI/ID hyperlink** to end date the affiliation.

## 16. MCO Plan Association (view only).

- Video instructions can be found at:  
[https://medicaid.utah.gov/Documents/wbts/petraining/prismtraining/Update%20MCO%20Plan%20Association%209/story\\_html5.html](https://medicaid.utah.gov/Documents/wbts/petraining/prismtraining/Update%20MCO%20Plan%20Association%209/story_html5.html)

## 17. 835/ERA Enrollment Form.

- Video instructions can be found at:  
[https://medicaid.utah.gov/Documents/wbts/petraining/prismtraining/Update%20835-ERA%20Enrollment%20Form%209/story\\_html5.html](https://medicaid.utah.gov/Documents/wbts/petraining/prismtraining/Update%20835-ERA%20Enrollment%20Form%209/story_html5.html)

\*This is a required step if you have selected 835/ERA in step 8 Mode of Claims Submission/EDI Exchange List.

- Scroll down to **ELECTRONIC REMITTANCE ADVICE INFORMATION.**

**ELECTRONIC REMITTANCE ADVICE INFORMATION**

Preference for Aggregation of Remittance Data(e.g., Account Number Linkage to Provider Identifier)

NPI  TAX ID \*

Method of Retrieval: EDI/835 (Delivered dir) \*

- Submission Information, select **Authorization Agreement check box.**

**SUBMISSION INFORMATION**

Reason for Submission

Cancel Enrollment  Change Enrollment  New Enrollment \*

Authorized Signature

Electronic Signature of Person Submitting Enrollment:

Authorization Agreement-By selecting the checkbox above, I hereby agree that I have read and agree to the terms and conditions stated in the Authorization Agreement below.

- Click **Submit**, then **Close** at the top left.

Close Submit Print Help





## 18. Payment Details.

- a. Video instructions can be found at:  
[https://medicaid.utah.gov/Documents/wbts/petraining/prismtraining/Update%20Payment%20Details%209/story\\_html5.html](https://medicaid.utah.gov/Documents/wbts/petraining/prismtraining/Update%20Payment%20Details%209/story_html5.html)
- b. Payment Method: **Add banking information.**
  - i. Method **Electronic Funds Transfer**, paper is not accepted.

Payment Method:  Electronic Funds Transfer (Direct Deposit)  Paper Check

- ii. Add financial institution information.
  - iii. Submission information.
  - iv. Requested effective date can be today's date.
  - v. **Save and close.**
- c. Modifying an existing banking information.
    - i. Click the **EFT** hyperlink.

The screenshot shows a 'Payment Details' form with a 'Filter By' dropdown, a 'Payment Method' section with radio buttons for 'EFT' (selected) and 'Paper Check', and a 'View Page: 1' indicator.

- ii. Make your changes, **save, and close.**

## 19. Step 15 Complete Modification Checklist.

- a. Video instructions can be found at:  
[https://medicaid.utah.gov/Documents/wbts/petraining/prismtraining/Complete%20Modification%20Checklist%209/story\\_html5.html](https://medicaid.utah.gov/Documents/wbts/petraining/prismtraining/Complete%20Modification%20Checklist%209/story_html5.html)
- b. Business Process Wizard - Provider Data Modification.
- c. Step 15 Manage Provider Checklist

The screenshot shows a checklist table with columns for 'Question', 'Answer', and 'Comments'. The questions are:
 

- Have you or your employees ever been placed on the MED, LEIE, or similar databases? (Answer: No)
- Have you or your employees ever been convicted of any health-related crimes? (Answer: No)
- Have you or your employees ever had a judgment under any false claims act? (Answer: No)
- Have you or your employees ever had a program exclusion/debarment? (Answer: Not Completed)
- Have you or your employees ever had a civil monetary penalty? (Answer: No)

- d. Read through each question answering **Yes or No.**
  - i. Have you paid an enrollment fee to Medicare in the past? This question will require a comment.

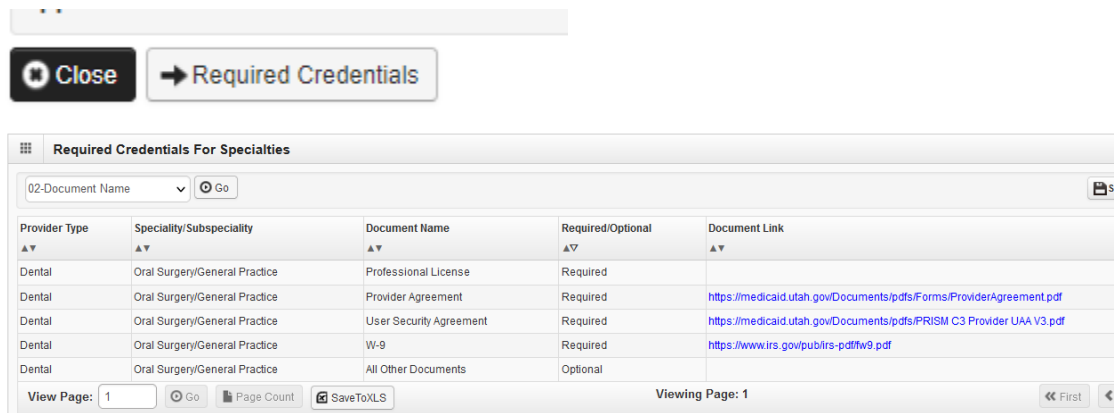
The screenshot shows the question: 'Have you paid an enrollment fee to Medicare in the past? If "Yes", please specify the numbers of years in the comments. If "No", have you obtained a Hardship Waiver? Please specify either "Yes" or "No" in the comments.' The answer is 'No' and there is a text input field for comments.



- e. After answering all the questions, click save at the top left of the screen, then click close.

## 20. Upload Documents.

- a. Video instructions can be found at:  
[https://medicaid.utah.gov/Documents/wbts/petraining/prismtraining/Upload%20Documents%209/story\\_html5.html](https://medicaid.utah.gov/Documents/wbts/petraining/prismtraining/Upload%20Documents%209/story_html5.html)
- b. Step 16 Upload Documents.
- c. Click the **Required Credentials** to see what is required to be uploaded and the links for the agreements.



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

Section 1- User Information		<input checked="" type="checkbox"/> Employee <input type="checkbox"/> Contractor (check one)	
Name	<input type="text"/>	Email address	<input type="text"/> <a href="#">Utahid (not email)</a> <input type="text"/>
Employer	<input type="text"/>	Office	<input type="text"/> Job Title <input type="text"/>
Street Address	<input type="text"/>	City/State/Zip	<input type="text"/> Work phone <input type="text"/>
Supervisor Name	<input type="text"/>	Supervisor email	<input type="text"/> Supervisor phone <input type="text"/>



### iii. Section 2 Access Information.

<b>Section 2- Access Information</b>		<input checked="" type="checkbox"/> New <input type="checkbox"/> Change (check one)
Request Date	Effective Date	Expiration Date (If temp access)
<b>C3 Profiles</b> <i>(See page 2 for profile descriptions)</i>  Provider Domain Name: <input type="text"/>  Provider NPI: <input type="text"/>  <input type="checkbox"/> Provider Account Administrator* (approval in Section 4 below)   Other access: <input type="text"/> <input type="text"/>	<b>EXT PROVIDER</b> <input type="checkbox"/> Claims Submitter <input type="checkbox"/> Claims Inquiry <input type="checkbox"/> Claims Processor <input type="checkbox"/> Credentialing Specialist (enroll/modify)  <input type="checkbox"/> EDI Analyst (view HIPAA response/acknowledgement, upload HIPAA files, view TPN information)  <input type="checkbox"/> EHR Incentive Specialist (eMIPP access)  <input type="checkbox"/> Member eligibility inquiry <input type="checkbox"/> PA (create/modify) <input type="checkbox"/> PA/Admission (create/modify & create admission record)  <input type="checkbox"/> TPL (create lead, view member TPL) <input type="checkbox"/> Upload Files (document uploads) <input type="checkbox"/> View Only (provider enrollment)  <input type="checkbox"/> Local Health Department (restricted to LHD domains only)	<b>PEGA CARE MANAGEMENT</b> <b>EPAS/Waivers</b> <input type="checkbox"/> Provider Domain Admin-EXA* <input type="checkbox"/> Provider Domain Admin-SCA* <input type="checkbox"/> EP Assessor <input type="checkbox"/> EP Assessor Trainee <input type="checkbox"/> EP Manager <input type="checkbox"/> EP Service Coordinator <input type="checkbox"/> EP Service Coordinator Trainee <b>Aging Waiver</b> <input type="checkbox"/> Provider Domain Admin* <input type="checkbox"/> CMA-AG Case Manager <input type="checkbox"/> CMA-AG Case Manager Trainee <input type="checkbox"/> CMA-AG Manager <input type="checkbox"/> CMA-AG Physician <input type="checkbox"/> CMA-AG Registered Nurse <input type="checkbox"/> CMA-AG RN Trainee <input type="checkbox"/> CMA-AG Intake Worker <b>New Choices Waiver</b> <input type="checkbox"/> Provider Domain Admin* <input type="checkbox"/> CMA-NC Case Manager <input type="checkbox"/> CMA-NC Case Manager Trainee <input type="checkbox"/> CMA-NC Manager <input type="checkbox"/> CMA-NC Registered Nurse <input type="checkbox"/> CMA-NC RN Trainee
<b>Justification for access (required)</b>		<input type="text"/>

1. **C3 Profiles Domain** add **Provider NPI** and select the **PRISM user profile** you need.
2. **Justification for Access** should state **New Enrollment**.
3. **PRISM User Profile Descriptions** can be found on the second page of the agreement.

### iv. Section 3 Sign and Date

1. The supervisor **or** the provider **and** the user 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.

<b>Section 3- Security Agreement Approvals</b>	
<b>Provider Approval-</b> <i>I attest the requested access is appropriate and necessary for this individual to perform assigned job duties. I understand training on system use is the supervisor's responsibility. I agree to promptly report any changes in this employee's job duties which impact system use to our PRISM account administrator.</i>	
Supervisor Signature: <input type="text"/>	Date: <input type="text"/>
<b>User Acknowledgement-</b> <i>I agree to comply with the PRISM Access Agreement (located at <a href="https://medicaid.utah.gov/become-medicaid-provider">https://medicaid.utah.gov/become-medicaid-provider</a>) and agree the requested access is appropriate for my use.</i>	
User Signature: <input type="text"/>	Date: <input type="text"/>



v. **Section 4 Account Administrator Agreement/Approval.**

1. Needs to be **initialed** if you checked the box in C3 Profiles Domain for Provider Account Administrator.

**Provider Account Administrator\***  
(approval in Section 4 below)

---

**Section 4- Account Administrator Agreement/Approval\***

User [ ] (initial) I acknowledge the Provider Account Administrator profile is considered privileged access for the purpose of user management and includes other security duties such as, but not limited to, maintaining appropriate user access documentation and performing user activity reviews.

Provider [ ] (initial) I authorize this individual to serve as the PRISM account administrator for my organization.

f. **Upload Documents.**

- i. Provider Document List.
- ii. Click **+ADD**.

---

**Provider Document List**

- iii. Document Type: Agreement

Document Type:  \*

Associated MCO ID:

File Name:

Start Date:

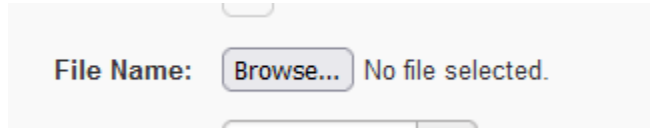
- iv. Document Name: Provider Agreement (for Provider Agreement)

Document Name:  \*

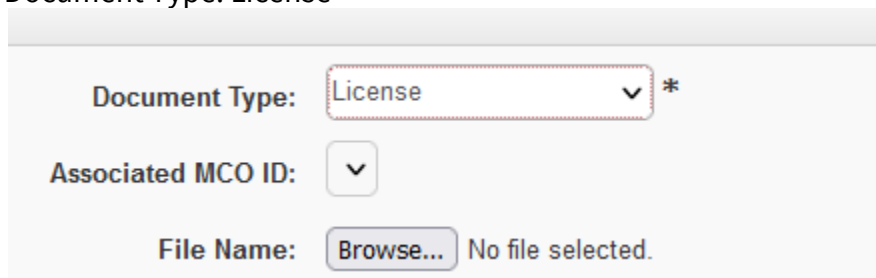
Program Name:



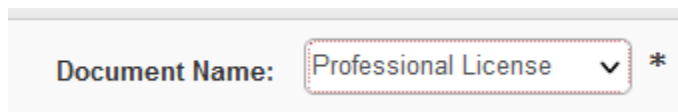
- v. Select **Browse**.



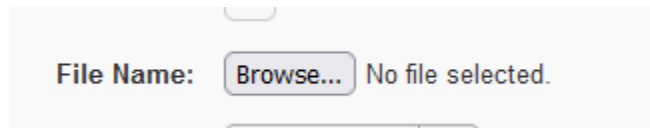
- vi. Click **OK**.
- g. Follow these same steps for User Security Agreement.
- h. Upload Professional License.
  - i. Click **+Add**.
  - ii. Document Type: License



- iii. Document Name: **Professional License**



- iv. Click on **Browse**.



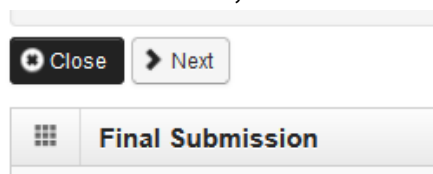
- v. Click **OK**.
- i. Check all documents are uploaded in the document list.
- j. **Close**.

## 21. Submit Modification Request for Review.

- a. Video instructions can be found at: [https://medicaid.utah.gov/Documents/wbts/petraining/prismtraining/Submitt%20Modification%20Request%20for%20Review%209/story\\_html5.html](https://medicaid.utah.gov/Documents/wbts/petraining/prismtraining/Submitt%20Modification%20Request%20for%20Review%209/story_html5.html)
- b. Verify All BPW steps are in the complete status with no step remark.

Business Process Wizard - Provider Data Modification (Individual).						
<input type="checkbox"/> Step	Required	Last Modification Date	Last Review Date	Status	Modification Status	Step Remark
<input type="checkbox"/> Step 1: Provider Basic Information	Required	08/11/2022	08/11/2022	Complete		
<input type="checkbox"/> Step 2: Locations	Required	08/11/2022	08/11/2022	Complete		
<input type="checkbox"/> Step 3: Specialties	Required	08/11/2022	08/11/2022	Complete		

- c. Final Submission, click **Next**.





- d. Check the **Provider Enrollment Terms and Conditions**.
- e. Enter your name in the **Authorized Signature** box.

**By checking this, I certify that I have read and that**

Authorized Signature:  \*

- f. **Submit for Modification.**

Modification Status will show as 'In Review'. You will not be able to make any changes until the modification has been reviewed by the provider enrollment team.

Modification Status
In Review
In Review
In Review