

Utah Medicaid System Freeze

frequently asked questions

Background

The Medicaid MMIS and MMCS systems are being replaced by the new PRISM (Provider Reimbursement Information System for Medicaid) system. To support the conversion of data from the current MMIS and MMCS systems to the PRISM system, a “freeze” of system functions will occur. This is a standard process for system conversions that will impact operations. This FAQ serves as a reference for the freeze period and what providers can expect.

Q: When will the freeze happen?

A: The Medicaid systems will “freeze” operations from March 13, 2023 through April 2, 2023.

Q: What Medicaid systems and functions will be affected during the freeze period?

Medicaid Systems and Functions	Operational during the freeze?
Managed Care Payments to Providers	Yes
Eligibility Lookup Tool	Yes
Coverage and Reimbursement Lookup Tool	Yes
MyBenefits	Yes
Presumptive Eligibility Portal	Yes
Interactive Voice Response (IVR) System	Yes
Eligibility 270/271	Yes
Pharmacy Point of Sale Claims Processing (Fee for Service)	Yes (claims will process but payment will be made post-freeze)

Non-Emergency Medical Transportation	Yes
Fee for Service Prior Authorizations	Yes (See question below “How will medical prior authorizations (PA) be affected during the freeze?” for more details)
Claims Processing (Fee for Service)	No
Provider Enrollment	No
Provider Payments (Fee for Service)	No (See question below “Will I be paid during the freeze period?” for more info on stopgap payments.)
Special Payments (Buyout, Medical Review Board)	No

Q: What is the last day/time before the freeze period that I can submit electronic claims inquiries (276/277 and 837) to Medicaid?

A: Providers can submit electronic claim inquiries (276/277 and 837) until March 8, 2023 at 5:00 p.m. MST. Any electronic claim inquiries submitted after that date/time will be processed after the freeze period ends. UHIN will hold electronic claims (276/277 and 837) and submit them to Medicaid for processing after the freeze period ends. Any files submitted after March 8, must be in PRISM formatting. For help, please refer to the [PRISM Companion Guides](#).

Q: What is the last day/time I can submit paper claims to Medicaid?

A: With the new PRISM system, paper claims will no longer be accepted. The last day to submit paper claims will be February 22, 2023. Paper claims received on or after February 23, 2023, will be securely destroyed and no longer returned to providers or their vendors.

Q: What is the last day to submit faxes or other claim related documentation?

A: With the new PRISM system, faxing will no longer be accepted for the following claim documents:

- Hearing Requests
- Emergency Only Program
- Provider Preventable Conditions
- Manual Reviews
- Explanation of Benefits
- Timely Filing Requests
- Consent Forms
- Other Documentations

Providers may submit their usual and customary documents to the Medicaid fax lines and the cHIE until February 22, 2023. All items received on or before February 22, 2023, will be manually worked by staff and entered into the PRISM system after go-live. In PRISM, instead of faxing, providers will submit these types of documents through the PRISM upload process.

Q: Will I be paid during the freeze period?

A: Claims payments and supplemental payments will be suspended during this period. Selected providers who may have risk in ability to maintain operations will be allowed to opt in to receive stopgap payments at the Division's discretion. More information will be provided in January 2023.

Q: How do I opt-in to be considered for an interim payment prior to the freeze?

A: To opt-in, the provider must complete the following web form no later than February 5, 2023, for consideration: [Provider Payments Related to the PRISM Freeze Opt-in Form](#)

Q: When will I receive my interim payment, what will it look like and how will it be calculated?

A: Approved providers who opt-in will receive a payment on March 3, 2023 for 80 percent of an average weekly payment times three. For example, if the provider's average weekly payment is \$10,000, then the interim payment will be \$24,000. That is calculated as $\$10,000 \times 3 \times 0.8$.

Paid claims data for providers who opt-in and are approved by division leadership will be refreshed the first of the week that payments are processed to have the most recent weekly average paid claims information. The average will be based on the prior 12 weeks payments. Payments will be issued two weekends prior to the PRISM freeze to allow time to address any issues that may surface.

Q: How will my advanced interim payment be reconciled once the new system begins?

A: These interim payments will be reversed in the first adjudication cycle in PRISM. Claims adjudicated in that first cycle will offset the reversal of the interim payments.

Q: What will happen to my claims that are currently suspended in Medicaid's claim system during the freeze period?

A: A suspended claim is a claim that is flagged by the claims processing system and must be resolved manually before being processed to completion. If you have claims that are suspended or pending completion, Medicaid staff will try to resolve as many as possible prior to the freeze period. For claims that do not get resolved, staff will flag the remaining claims, set the claim header disposition to deny (temporarily), and once the PRISM system is live, the flagged claims will be worked according to policy. The provider will not need to resubmit these claims.

Q: How will medical prior authorizations (PA) be affected during the freeze?

A: During the PRISM freeze, Medicaid staff will be manually reviewing submitted PA requests. However, due to the system freeze, staff will be unable to generate a PA/tracking number. PA's which are manually reviewed will be input into the PRISM system after the freeze, which will generate a tracking number. Providers will then be given the assigned tracking number so that they may bill for the authorized services delivered.

Medicaid staff will make PA adjustments prior to the freeze period where possible to allow for continued delivery of service. Adjustments may include:

- Extended authorization date ranges or issuing two subsequent PA's
- Encouraging providers to provide services prior to March, where possible
- Allowing retroactive requests for services provided during the freeze time

Q: Will the freeze period impact fair hearings?

A: The freeze period will not impact the fair hearing case for a member or provider. The fair hearing fax line will remain open. During that window of time, a member or provider will still be able to file a hearing request, inquiry, motion, and evidence on their case through the hearing office fax at 801-536-0143 or by email at utmedicaidhearings@utah.gov, and the hearing office will be available to hold pre-hearing conferences and hearings. If there are questions, a member or provider can contact the hearing office at 801-538-6576.

Q: Who do I contact with questions?

A: Please email prism@utah.gov (please do not send PHI to this email address).

Helpful links:

Eligibility Lookup Tool: <https://medicaid.utah.gov/eligibility-lookup-tool/>

Provider Manuals: <https://medicaid.utah.gov/manuals/>

Coverage Lookup: <https://health.utah.gov/stplan/lookup/CoverageLookup.php>