



# Uploading a Document in PRISM

**Purpose:** This procedure describes how providers upload attachments in PRISM Providers will not be able to submit an application without uploaded documents. Uploading documents such as Provider User Access Agreement and other licenses in the PRISM Provider Portal ensures that documents attach to the correct provider account. The uploaded document will reside in Filenet and be available for the provider's review.

## **Business Process Wizard**

Business Process Witzard - Provider Data Modification (Individual									
Step	Required	Last Modification Date	Last Review Date	Status	Modification Status	Step Remark			
Step 1: Provider Basic Information	Required	12/16/2016	12/16/2016	Complete					
Step 2: Locations	Required	12/16/2016	12/16/2016	Complete					
Step 3: Specialties	Required	12/16/2016	12/16/2016	Complete					
Step 4: Associate Billing Provider	Optional	12/16/2016	12/16/2016	Complete					
Step 5: License/Certification/Other	Required	01/01/1900	12/16/2016	Complete					
Step 6: Mode of Claim Submission/EDI Exchange	Required	12/16/2016	12/16/2016	Complete					
Step 7: Associate Billing Agent	Optional	12/16/2016	12/16/2016	Complete					
Step 8: Provider Controlling Interest/Ownership Details	Required	12/16/2016	12/16/2016	Complete					
Step 9: Taxonomy Details	Required	12/16/2016	12/16/2016	Complete					
Step 10: View Servicing Provider Details	Optional	08/24/2017	12/16/2016	Complete					
Step 11: Associate MCO Plan	Optional	12/16/2016	12/16/2016	Complete					
Sieo 12: 835/FRA Enrollment Form	Required	01/01/1900	12/16/2016	Complete					
Step 13: Upload Documents	Optional	07/13/2017	07/13/2017	Incomplete					
Step 14: Complete Modification Checklist	Required	12/16/2016	12/16/2016	Incomplete		Please Answer all the Questions.			
Step 15: Submit Modification Request for Review	Required	12/16/2016	12/16/2016	Complete					
Niew Page: 1 O Go Page Count Save ToXLS			Viewing Page: 1			≪ First ≮ Prev ≯ Next			

From the Business Process Wizard

Click on the BPW step Upload Documents





# **Required Credentials for License and Certification**

Application ID: 20200422499101	_		Name: 10, windo	WS					
Close  Required Credentials									
III Document List									^
• Add									
Filter By		O Go					E	Save Filters	▼ My Filters▼
Document ID	Document Type	Document Name	File Name	Start Date	End Date	Uploaded By	Uploaded Date		Status
	<b>▲</b> ▼	A.V.	<b>₩</b> ₩	**	<b>▲</b> ▼	A.V	A.V		×*
No Records Found!									

On the Document List page, click the Required Credential button





Application ID: 20200422499101	Name: 10, windows				
III Required Credentials For Specialties			^		
01-License and Certification V OGo					
Provider Type	Speciality/Subspeciality	License and Certifications	Required/Optional		
Employment Related Personal Assistant Services	Financial Management Services/No Subspecialty	Professional License	Required		
Employment Related Personal Assistant Services	Financial Management Services/No Subspecialty	Other	Optional		
Employment Related Personal Assistant Services	Financial Management Services/No Subspecialty	Local Business License	Optional		
View Page: 1 O Go Page Count SaveToXLS	Viewing Page: 1	🕊 Fir	st 🛛 🕈 Prev 💙 Next 💙 Last		

Cancel

Select 01-License and Certification from the dropdown and click the **Go** button. This would be an example of Licenses and Certifications that may be required or optional.

#### To add a License or certification, on the Document List page, click the Add button

Application ID: 20200422499101			Name: 10. windows								
Close → Required Credentials											
III Document List	II Document List										
O Add											
Filter By	O Go						Save F	ilters			
Document ID	Document Type	Document Name	File Name	Start Date	End Date	Uploaded By	Uploaded Date	Status			
□ Δ <b>▼</b>	<b>₩</b> ¥	**	AT No Record	▲▼ s Found!	**	<b>▲</b> ▼	A.Y	**			





	Print 🕑 Help	
Appli	cation ID: 20200422499101	Name: 10, windows
	Upload Document	A
	Docun Associate	vpe:     License     *       Document Name:     Local Business License *     *       Program Name:     *
		ame: Choose File TEST.docx
		Date:
		bate:
		nark:

✔ OK ⊗ Cancel

Click on the Document Type drop down to choose **License** 

Click on Document Name drop down to choose a type of License

Application ID:	Name:	
III Upload Document		^
Document Type:	SELECT V X	nent Name: 🔹 🔹 *
Associated MCO ID:	▼ Pro	jram Name: 💽
File Name:	Choose File No file chosen	
Start Date:	<b>iii</b>	
End Date:	<b>iii</b>	
Remark:		
		✓ OK Ocancel
Page ID: dlgEnrlmntAttachment(Provider)		

Choose file to upload from your computer

Click Save button

Important! Return to the Business Process Wizard and complete the last step, which is the Submission Step.





## Instructions to upload the PRISM User Security Agreement

Application ID: 2020042249910 Cose + Required Credential III Document List	9		Name: 10, windows					
Add Filter By  Document ID	Document Type	© Go Document Name ▲♥	File Name	Start Date ≜∀	End Date ≜∀	Uploaded By ▲▼	Uploaded Date	Save Filters
			No	Records Found!				

On the Document List page, click the Required Credentials button

,	499101		Name: 10, windows		
Required Crede	entials For Specialties				
02-Document Name	▼ <b>O</b> Go				Save Filters Thy Filter
ovider Type		Speciality/Subspeciality	Document Name	Required/Optional	Document Link
·		<b>▲</b> ▼	A.	A.A.	A.¥
ployment Related Person	nal Assistant Services	Financial Management Services/No Subspecialty	Local Business License	Optional	
ployment Related Person	nal Assistant Services	Financial Management Services/No Subspecialty	Provider Agreement	Required	https://medicaid.utah.gov/Documents/pdfs/Forms/ProviderAgreement.pdf
oloyment Related Person	nal Assistant Services	Financial Management Services/No Subspecialty	User Security Agreement	Required	https://medicaid.utah.gov/Documents/cover-sheets/PRISM-SEC-AGRMNT.pdf
ployment Related Person	nal Assistant Services	Financial Management Services/No Subspecialty	W-9	Required	https://www.irs.gov/pub/irs-pdf/fw9.pdf
ployment Related Person	nal Assistant Services	Financial Management Services/No Subspecialty	Attachment A for EPAS	Required	https://medicaid.utah.gov/Documents/pdfs/ltc/epas/ProviderFiles/AttachmentA.doc
ployment Related Person	nal Assistant Services	Financial Management Services/No Subspecialty	All Other Documents	Optional	
oloyment Related Person	nal Assistant Services	Financial Management Services/No Subspecialty	CPA License	Required	
iew Page: 1	🖸 Go 📑 Page Count	SaveToXI S	Viewin	g Page: 1	≪ First ≮ Prev ≯ Next ≫ L

Select 02-Document Name will be displayed as an Initial Value for Upload Documents step. All required and optional documents are displayed. Click on the **Provider User Access Agreement** for Medicaid Hyperlink to access the blank pdf.





Provider User Access Agreement         Utah Department of Health, Division of Medicaid and Health Financing									
Section 1 - User Information									
Name	Email address	Utah-ID							
Employer	Department/Office	Job Title							
Street Address	City/State/Zip	Work phone #							
Supervisor Name	Supervisor email	Supervisor phone #							
Section 2 - Access Information	☑New □Change □Suspend □	Remove (check one)							
Request Date	Effective Date	Expiration Date (If temp access)							
Requested Access	PROVIDER PROVIDE	R EHR PROVIDER SECURITY							

For instructions on how to fill out the Provider User Security Agreement, click <u>here</u> to read the "Registering as a New PRISM User" document.

- The User Security Agreement are required documents. Enrollment requests are not approved until Utah Medicaid receives all required documentation. This is an editable PDF form, and is highly recommended that this form be filled out electronically to ensure that all required information is entered. (Requires Adobe Reader 9.0 or higher version)
- If you are using Firefox, a pop-up window will ask if you want to open or save the pdf. Once "SaveFile" is selected, click on the blue arrow in the upper right hand of the browser to access.
- Note: For all three browser types, the best way to fill out the Provider Agreement and User Security Agreement is to "Save" the file to your computer and open the file with Acrobat Reader. If you choose the "Open" option, the form displays in a browser window and is uneditable. By using Acrobat Reader you will be able to fill out the form and see which fields are required like the example below.
- The User Security Agreement can also be accessed on the Medicaid Website by clicking here.





### To add a document, on the **Document List page**, click the **Add** button

Application ID: 20200422499101			Name: 10, windows						
Close → Required Credentials									
III Document List									
O Add									
Prent dy									
Document ID	Document Type	Document Name	File Name	Start Date	End Date	Uploaded By	Uploaded Date	Status	
	**	AT.	**	**	**	**	**	**	
	No Records Found:								

### Select **Document Type** dropdown list

Appli	cation ID:			Name: 1			
	Upload Document						~
		Document Type:	SELECT •		Document Name:	v *	
		Associated MCO ID:	•		Program Name:		
		File Name:	Choose File No file chosen				
		Start Date:					
		End Date:					
		Remark:					
				li li			
						✓ ок	Cancel





Application ID: 20200422499101 Name: 10, windows	
O Close 💾 Save	
Image: Constraint of the Name:     Document Detail       Document Detail     Document Type:       Associated MC0 ID:         File Name:     TEST.doc.       Start Date:     Image: Constraint of the Name:       End Date:     Image: Constraint of the Name:       Remark:     Image: Constraint of the Name:	~

Select Agreement in the Document Type dropdown list

#### Select User Security Agreement in the Document Name dropdown list

Application ID: 20200422499101	Name: 10, windows
Close Save	
III Document Detail	^
Document Type:	Agreement v * Document Name: User Security Agreeme v *
Associated MCO ID:	Program Name:
File Name:	TEST.dock
Start Date:	ii ii
End Date:	iii
Remark:	

Choose file from your computer

Click Save button





## Instructions to upload the PRISM Provider Agreement

Application ID: 20200422499101			Name: 10, windows					
Glose → Required Credentials	Crose Required Credentials							
III Document List								
O Add								
Filler By								
Document ID	Document Type	Document Name	File Name	Start Date	End Date	Uploaded By	Uploaded Date	Status
□ Δ▼	<b>▲</b> ▼	A.Y	AT No Decent	A.V.	A.4	<b>▲</b> ▼	<b>▲</b> ▼	<b>*</b>

#### On the Document List page, click the Required Credential button

Application ID: 20200422499101		Name: 10, windows				
III Required Credentials For Specialties						
02-Document Name				🗎 Save Filters 🛛 🟹 My Filters 🕶		
Provider Type	Speciality/Subspeciality	Document Name	Required/Optional	Document Link		
∆ <b>▼</b>	<b>AT</b>	<b>▲</b> ▼	A.¥	A.Y		
Employment Related Personal Assistant Services	Financial Management Services/No Subspecialty	Local Business License	Optional			
Employment Related Personal Assistant Services	Financial Management Services/No Subspecialty	Provider Agreement	Required	https://medicaid.utah.gov/Documents/pdfs/Forms/ProviderAgreement.pdf		
Employment Related Personal Assistant Services	Financial Management Services/No Subspecialty	User Security Agreement	Required	https://medicaid.utah.gov/Documents/cover-sheets/PRISM-SEC-AGRMNT.pdf		
Employment Related Personal Assistant Services	Financial Management Services/No Subspecialty	W-9	Required	https://www.irs.gov/pub/irs-pdf/fw9.pdf		
Employment Related Personal Assistant Services Financial Management Services/No Subspecialty		Attachment A for EPAS	Required	https://medicaid.utah.gov/Documents/pdfs/ltc/epas/ProviderFiles/AttachmentA.doc		
Employment Related Personal Assistant Services Financial Management Services/No Subspecialty		All Other Documents	Optional			
Employment Related Personal Assistant Services	Financial Management Services/No Subspecialty	CPA License	Required			
View Page: 1 O Go Page Count	SaveToXLS	Viewing	Page: 1	K First     First     Next     Last		

02-Document Name will be displayed as an Initial Value for Upload Documents step. All required and optional documents are displayed. Click on the **Provider Agreement** for Medicaid Hyperlink to access the blank pdf.

Cancel





#### UTAH DEPARTMENT OF HEALTH DIVISION OF MEDICAID AND HEALTH FINANCING

#### PROVIDER AGREEMENT FOR MEDICAID

This agreemen hereafter referr Name), hereaft	t is between the ed to as DEPART er referred to as P	Utah Departm MENT, and ROVIDER.	ent of Health, Div	ision of Medicaid and	Health Financing, (Provider)	
(Billing Address for PROVIDER)			(P	(Practice Address, if different)		
City	State	Zip	City	State	Zip	
PROVIDER is Individual	(mark one): Partnership	Corporation	Other (specify)			

For instructions on how to fill out the Provider Agreement, click <u>here</u> to read the "Registering as a New PRISM User" document.

- The Provider Agreement is a required documents. Enrollment requests are not approved until Utah Medicaid receives all required documentation. This is an editable PDF form, and is highly recommended that this form be filled out electronically to ensure that all required information is entered. (Requires Adobe Reader 9.0 or higher version)
- If you are using Firefox, a pop-up window will ask if you want to open or save the pdf. Once "SaveFile" is selected, click on the blue arrow in the upper right hand of the browser to access.
- Note: For all three browser types, the best way to fill out the Provider Agreement and User Security Agreement is to "Save" the file to your computer and open the file with Acrobat Reader. If you choose the "Open" option, the form displays in a browser window and is uneditable. By using Acrobat Reader you will be able to fill out the form and see which fields are required like the example below.
- The Provider Agreement can also be accessed on the Medicaid Website by clicking <u>here</u>.





## Instructions to upload the PRISM Provider Agreement

Application ID: 20200422499101	pplication ID: 20206422499101 Name: 10, windows							
Close  Required Credentials	Q Cotor → Required Credential							
III Document List								
O Add								
Filter By T O Co								
Document ID	Document Type	Document Name	File Name	Start Date	End Date	Uploaded By	Uploaded Date	Status
□ Δ▼	<b>▲</b> ▼	<b>▲</b> ▼	A.A.	**	**	A.V.	A.Y	A.A.
			Nol	Records Found!				

To add the Provider Agreement document, on the Document List page, click the Add button

Appl	ication ID:			Name: 1				
	Upload Document							^
		Document Type:	SELECT • *	Docum	ment Name:		*	
		Associated MCO ID:	•	Prog	jram Name:	•		
		File Name:	Choose File No file chosen					
		Start Date:						
		End Date:						
		Remark:						
							✓ OK	Cancel

Select Document Type dropdown list





Appl	ation ID: 20200422499101	Name: 10, windows	
O CI	an 💾 Save		
ш	Document Detail		^
	Document Type: Agreement *		Document Name: Provider Agreement *
	Associated MCO ID:		Program Name: *
	File Name: TEST.docx		
	Start Date:		
	End Date:		
	Remark:		

Select Agreement from the Document Type dropdown

Select Provider Agreement from the Document Name dropdown

Application ID: 20200422499101	Name: 10, windows
Close	
III Document Detail	^
Document Type:	Agreement * * Document Name: Provider Agreement *
Associated MCO ID:	Y         Program Name:         Y
File Name:	TEST.dock
Start Date:	
End Date:	i i i i i i i i i i i i i i i i i i i
Remark:	

Choose file to upload from your computer

Click Save button