Provider Reference

Information about PRISM training resources and system changes that will impact providers

Where can I find provider training resources?

Prerecorded PRISM training resources are available to providers. To access the eLearnings, visit: https://medicaid.utah.gov/prism-provider-training/
For PRISM Frequently Ask Questions (FAQs) and Guides, visit : https://medicaid.utah.gov/prism-faq/

How do I access eligibility and benefit information?

The AccessNow, Medicaid's telephone-based eligibility verification system will no longer be available starting April 3, 2023. However, eligibility verification can still be obtained through the Eligibility Lookup Tool (ELT) at https://medicaid.utah.gov/eligibility/.

Provider reference is available on how to use the Eligibility Lookup Tool.

What are the PRISM changes for provider enrollment?

Requirement for Providers to Choose a Specialty in PRISM

PRISM requires that all enrolled Medicaid providers select a specialty designation. To ensure proper claims adjudication, providers MUST choose at least one specialty upon enrollment or revalidation as a Medicaid provider.

Provider Enrollment Updates - CLIA in PRISM

To avoid delays in the claims adjudication process, we encourage all Utah Medicaid providers who have not validated their enrollment information in PRISM prior to the freeze (March 13, 2023 to April 2, 2023) to validate their enrollment as soon as possible after PRISM go live on April 3, 2023.

For more information, please refer to the December 2022 MIB page 2 and the January 2022

MIB, page 2.
For information about how to enroll as a Medicaid provider, visit:
https://medicaid.utah.gov/become-medicaid-provider/

What are important claims related changes that providers need to remember to avoid claims denials?

Paper Claims Will No Longer Be Accepted
In PRISM, all paper claims processed by Medicaid will discontinue. Medicaid fee for service paper claims submission will no longer be accepted beginning February 23, 2023.

Trading Partner Association
The mode of claims submission, which is part of the enrollment validation process in PRISM, will be utilized to determine whether a provider/billing agent/clearinghouse may submit claims through Direct Data Entry (DDE) or submit HIPAA transactions by Web Batch or UHIN. These transactions may have multiple Trading Partner Numbers (TPNs). Providers must mark the appropriate mode of submission for claims and make sure to update PRISM with the accurate TPN info or the HIPAA transaction(s) not correctly associated will be rejected by PRISM.

Mental Health Substance Use Disorder Providers: Reporting of Servicing/Rendering Provider
PRISM requires mental health and substance use disorder providers that are not enrolled as a group practice to include the servicing/rendering provider on claims. The requirement to include the servicing/rendering provider has always been in effect for group practices.

Ordering/Referring Provider Requirement in PRISM
PRISM requires providers to provide the ordering/referring provider NPI on the following claim types:

- Home health
- Durable medical equipment
- Hospice
- Lab and x-ray

Ordering/referring providers must have a valid enrollment with Medicaid.

Group Practice Billing in PRISM

In MMIS, when a procedure code was payable to a group practice (provider type 45) but is not payable to the servicing/rendering provider's provider type, the claim would sometimes pay. However in PRISM, edits for whether a code is payable to a provider will always be performed at the servicing/rendering provider level. Therefore, group practices may see a reduction of claims paid if they are billing for providers who are not authorized to perform the service based on Medicaid guidelines.

Provider Authorization Auto-Match Discontinued in PRISM

PRISM requires PA information to be attached for the claim to process.

- If a provider submits a claim without a PA, the claim will be denied.
- If a provider submits a claim with a PA, the claim detail must match the information on the PA, or the claim will be denied.

For more information about prior authorizations, visit:
https://medicaid.utah.gov/prior-authorization/

Provider Administered Drugs in PRISM

Claims for covered provider administered drugs adjudicated in the PRISM system are reimbursed under the same reimbursement logic for covered outpatient drugs billed through the pharmacy point of sale system, with the exception that no professional dispensing fee will be paid. Please refer to the Utah Medicaid State Plan 4.19-B Methods and Standards for Establishing Payment Rates - Other Types of Care, Prescribed Drugs for more information.

340B Billing and UD Modifier Discontinuation

In PRISM, claims billed to Medicaid under the 340B program will no longer utilize the UD modifier. Claims shall be submitted using modifiers TB and/or JG. Additional information can be found in the Pharmacy Manual:
https://medicaid.utah.gov/utah-medicaid-official-publications/?p=Medicaid%20Provider%20Manuals/

TPL/COB Reporting for Claims Processing

Providers must report the Third-Party Liability (TPL)/Coordination of Benefits (COB) on the claim at the level of reimbursement from other payer(s). With the implementation of PRISM, Medicaid will deny claims when the TPL reported on the claim header is out of balance with the sum of TPL reported at the claim line level.

Reporting Discharge Dates on Claims from Nursing Facilities, ICF/IDs, and Swing Beds

In PRISM, Medicaid will utilize a Patient Status Code to determine if the resident has been discharged. Facilities will need to correctly identify the Patient Status Code on the claim and include a discharge date.

For more information, please refer to the December MIB pages 2-4,6,7 and the July 2022 MIB, page 4.

What PRISM changes impact adjustments, credit balances, and overpayments?

Performing Claim Adjustment/Void

Providers are encouraged to perform their own claim adjustments and voids. In PRISM, a provider can submit an "adjustment" or "void" to a paid claim online. Providers can also use the current electronic claims adjustment process, which is to submit an electronic corrected claim or void through their clearinghouse.

Credit Balance Changes

PRISM will function differently for credit balances. In MMIS, the credit balance is automatically satisfied during the same or future payment cycle by reducing the amount paid on other claims. PRISM will function differently. PRISM will not automatically offset the credit balance for a period of two weeks. This will allow providers to remit the difference to Medicaid if they do not want the credit balance to be offset against current or future claims.

Overpayments and PRISM Go-Live

It is important for providers to pay any overpayments due to Medicaid prior to April 2023. Any credit balance still owed to the state will be adjusted as a gross adjustment to clear the provider's account in MMIS. After April 2023, another gross adjustment will be made in PRISM to add the balance owed back into the system.

For more information, please refer to the December MIB, pages 4-5.

What are the reminders and changes to member eligibility, cost sharing and copays?

Medicaid Eligibility

Providers are encouraged to check Medicaid eligibility for members in the actual month of service or no earlier than 10 days prior to the first of the next month.

Member Cost Sharing and Copays

Medicaid requires certain members to pay for services or benefits, also known as cost sharing. Cost sharing amounts may include items such as premiums, deductibles, coinsurance, or copayments. The process of applying a cost share to the payment of a claim is changing with PRISM.

In the MMIS system, if a member is responsible for a cost share, it is applied based on the date of service and is reported on the remittance advice. In PRISM, a member's cost sharing is applied quarterly. Copays are applied to claims based on the member's cost share that is in place at the time of the claims adjudication. Copays are not applied based on the date of service but based on the member's copay requirements at the time of adjudication. The copay will be reported on the remittance advice.

For more information, please refer to the December 2022 MIB, page 6,8.

What are the important changes to prior authorizations and hospice admissions record requirements?

Changes to Prior Authorization

Effective April 2023, medical prior authorization (PA) requests can be submitted through the PRISM system. Pharmacy PAs will not be processed through PRISM, including pharmacy-related HCPCS codes requiring PA.

Prior Authorizations for Long Term Acute Care in PRISM

Long Term Acute Care (LTAC) Hospitals will be required to report claims with a prior authorization (PA) tracking number in the PRISM system.

Prior Authorization for Sterilization

Effective April 2023, Medicaid will no longer require prior authorization for sterilization.

Hospice Admission Record

Hospice care agencies are required to enter a Hospice Admission Record through the PRISM

system for each Medicaid member admitted to the hospice agency.
For more information, please refer to the December 2022 MIB, pages 8,9. Please also visit https://medicaid.utah.gov/prior-authorization/.