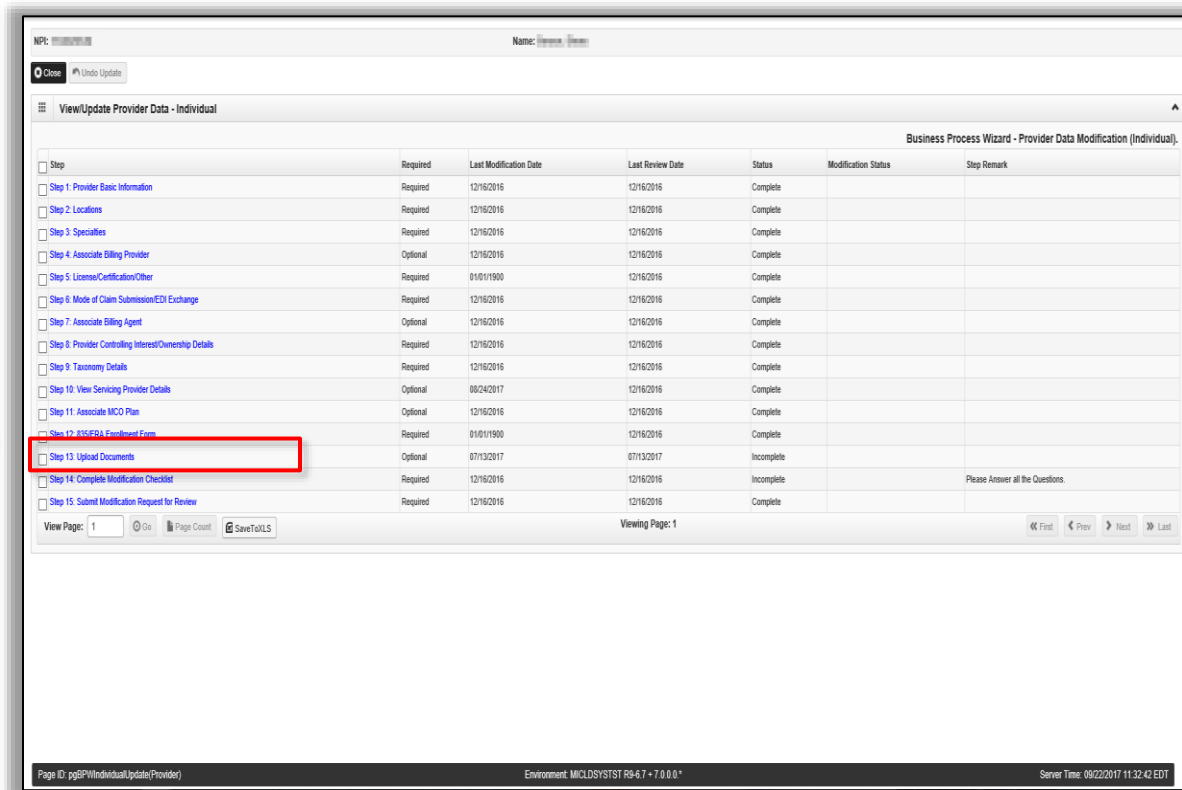# Uploading a Document in PRISM

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

From the Business Process Wizard
Click on the BPW step **Upload Documents**

Last Updated: 4/1/2024

Required Credentials for License and Certification

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

Last Updated: 4/1/2024

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

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

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

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

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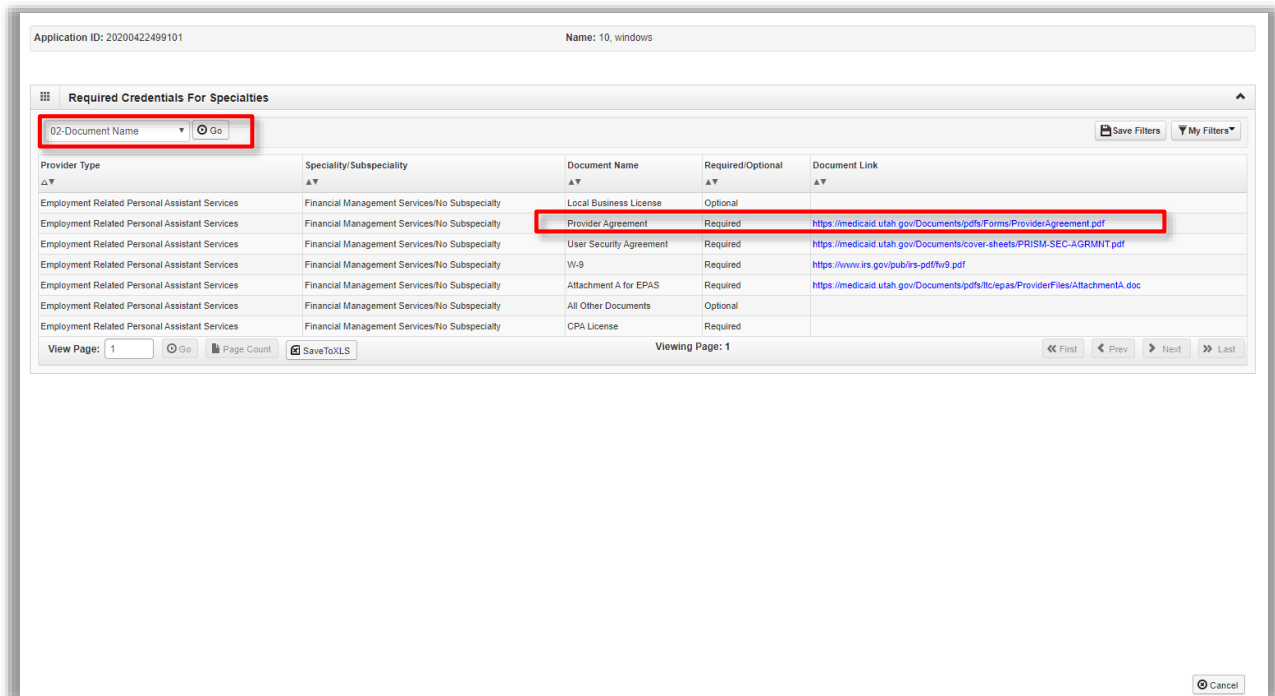
Select 02-Document Name will be displayed as an Initial Value for Upload Documents step. All required and optional documents are displayed. Click on the **Provider User Access Agreement** for Medicaid Hyperlink to access the blank pdf.

Last Updated: 4/1/2024

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	PROVIDER EHR	PROVIDER SECURITY

For instructions on how to fill out the Provider User Security Agreement, click here 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)
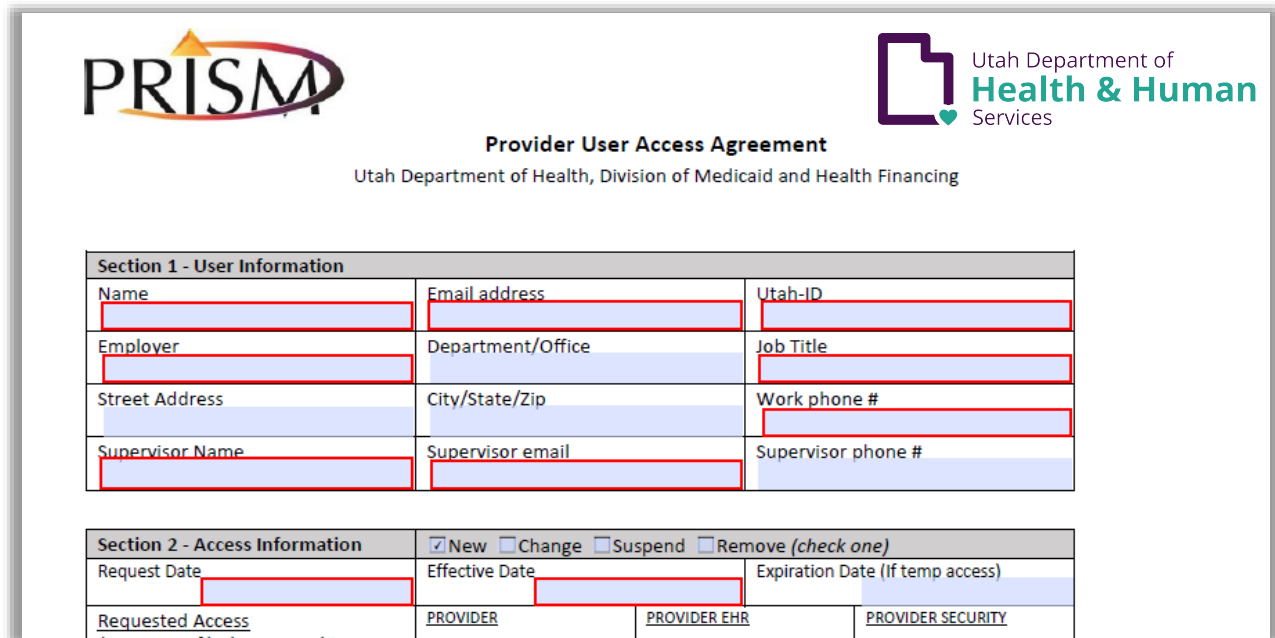- If you are using Firefox, a pop-up window will ask if you want to open or save the pdf. Once "SaveFile" is selected, click on the blue arrow in the upper right hand of the browser to access.
- Note: For all three browser types, the best way to fill out the Provider Agreement and User Security Agreement 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 un-editable. 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.

Last Updated: 4/1/2024

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

Select **Document Type** dropdown list

Select **Agreement** in the Document Type dropdown list

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

Choose file from your computer

Click **Save** button

Last Updated: 4/1/2024

Instructions to upload the PRISM Provider Agreement

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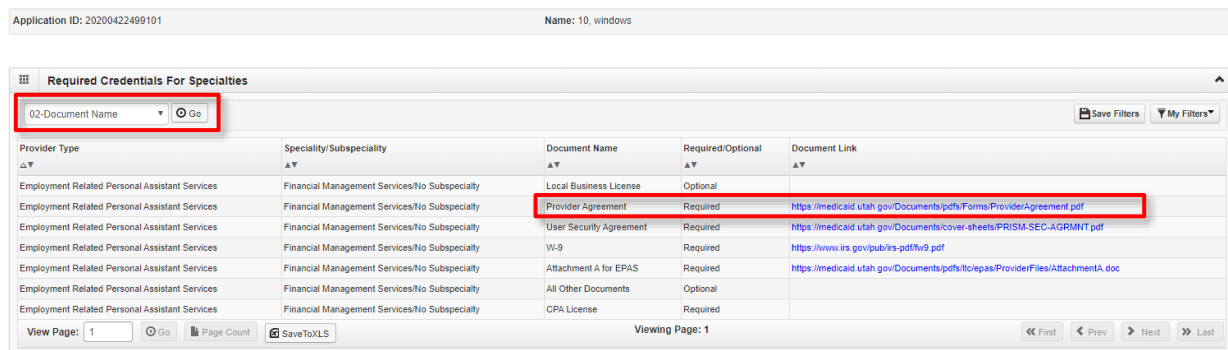
02-Document Name will be displayed as an Initial Value for Upload Documents step. All required and optional documents are displayed. Click on the **Provider Agreement** for Medicaid Hyperlink to access the blank pdf.

UTAH DEPARTMENT OF HEALTH
DIVISION OF MEDICAID AND HEALTH FINANCING

PROVIDER AGREEMENT FOR MEDICAID

This is a Provider Agreement for participation in Title XIX of the Social Security Act (Medicaid). This agreement is between the Utah Department of Health, Division of Medicaid and Health Financing, hereafter referred to as DEPARTMENT, and _____(Provider Name), hereafter referred to as PROVIDER.

_____   _____
(Billing Address for PROVIDER)   (Practice Address, if different)

_____   _____

_____   _____
City   State   Zip   City   State   Zip

PROVIDER is (*mark one*):
__ Individual   __ Partnership   __ Corporation   __ Other (specify)

For instructions on how to fill out the Provider Agreement, click here 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 un-editable. 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 here.

Last Updated: 4/1/2024

Instructions to upload the PRISM Provider Agreement
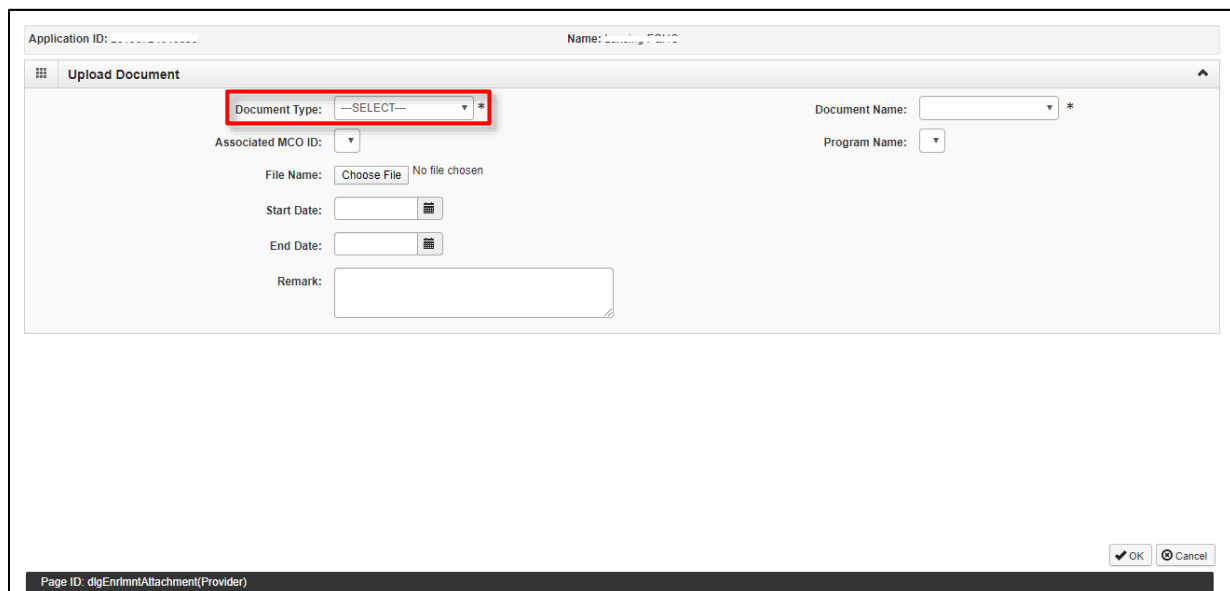
To add the Provider Agreement document, on the **Document List page**, click the **Add** button

Select Document Type dropdown list

Last Updated: 4/1/2024

Application ID: 20200422499101		Name: 10, windows	

Close   Save

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   Save

Document Detail

Document Type:	Agreement ▾ *		Document Name:	Provider Agreement ▾ *
Associated MCO ID:	▾		Program Name:	▾
File Name:	TEST.docx			
Start Date:	📅			
End Date:	📅			
Remark:				

Choose file to upload from your computer

Click **Save** button

Last Updated: 4/1/2024