Managed Care (MCO)

PRISM

Access Profile Manual

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Purpose: This manual outlines the available MCO PRISM profiles and their functionality.

This manual covers the following procedures:

- User Utah-ID and password
- User completes the PRISM MCO Provider User Access Agreement
- Logging into PRISM
- Profile functionality for the below available MCO profiles
    - EXT MCO Provider User Administrator
    - EXT CM MCO Provider Access
    - EXT EDI Analyst
    - Claims Inquiry - Provider
    - EXT Restriction Team Access

ACCESS TO THE PROVIDER PORTAL (AND PRISM DOMAINS)

I. USER UTAH-ID AND PASSWORD

A UtahID is required for access to PRISM. Individuals may already have a UtahID if they accessed MMCS in the past. For help with password recovery or creating a new UtahID visit https://idhelp.utah.gov/ .

In order to access the PRISM Provider Portal, providers will need a Utah-ID password that meets the following standards:

- At least eight characters in length
- Passwords must have a combination of letter, numeric digits, and special characters
- Passwords must include at least one character from three of the following attributes:
    - Uppercase characters (A-Z)
    - Lowercase characters (a-z) o Numeric Characters (0-9)
    - Special Characters (i.e.: ., !, @, #, $, %, ^, &, *,)

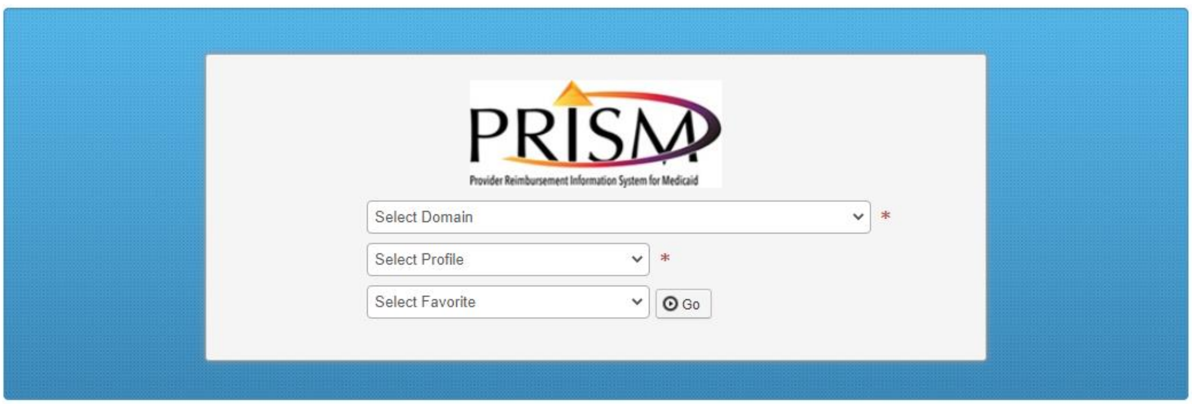
If the Utah-ID password created by the user does not meet these standards, users will be forced to change their password to gain access to PRISM.

II. USER COMPLETES THE MCO PROVIDER USER ACCESS AGREEMENT

The MCO Provider User Access Agreement (UAA) is required for all staff requesting access to PRISM. The completed user agreement should be sent to the MCO Administrator who will grant access.

III. LOGGING IN to PRISM

Log into the PRISM Portal.

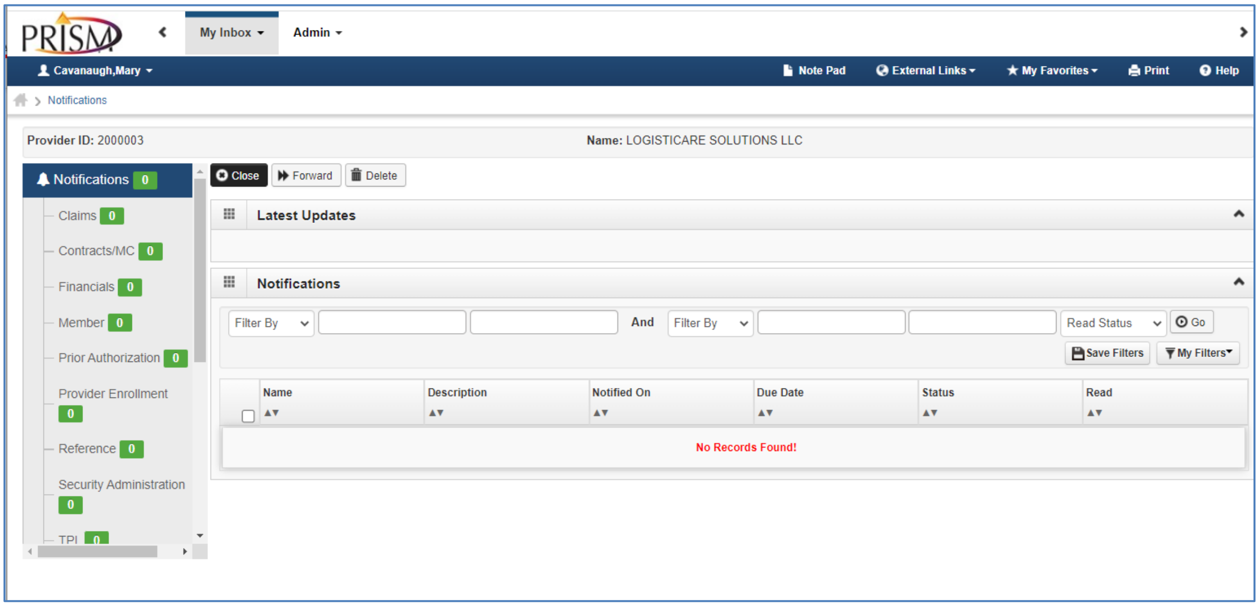


1. Select Domain from the dropdown.

    - The “Domain” is the PRISM enrollment record and includes the Plan Name, PRISM ID, and the word MCO. You may have multiple domains. Ensure that you are selecting the correct domain for the access needed.

2. Select Profile from the dropdown.
    - The “Profile” determines what screens and functionality you will have in PRISM. You may have multiple profiles depending on what access the MCO Administrator has authorized.

3. Click Go
    - The My Inbox will display



- The banner at the top will list the areas of functionality the select profile has access to. The profile selected has access to My Inbox and Admin functionality.
- See profiles listed in this document for details about specific profile functionality.

Profile: EXT MCO Provider User Administrator

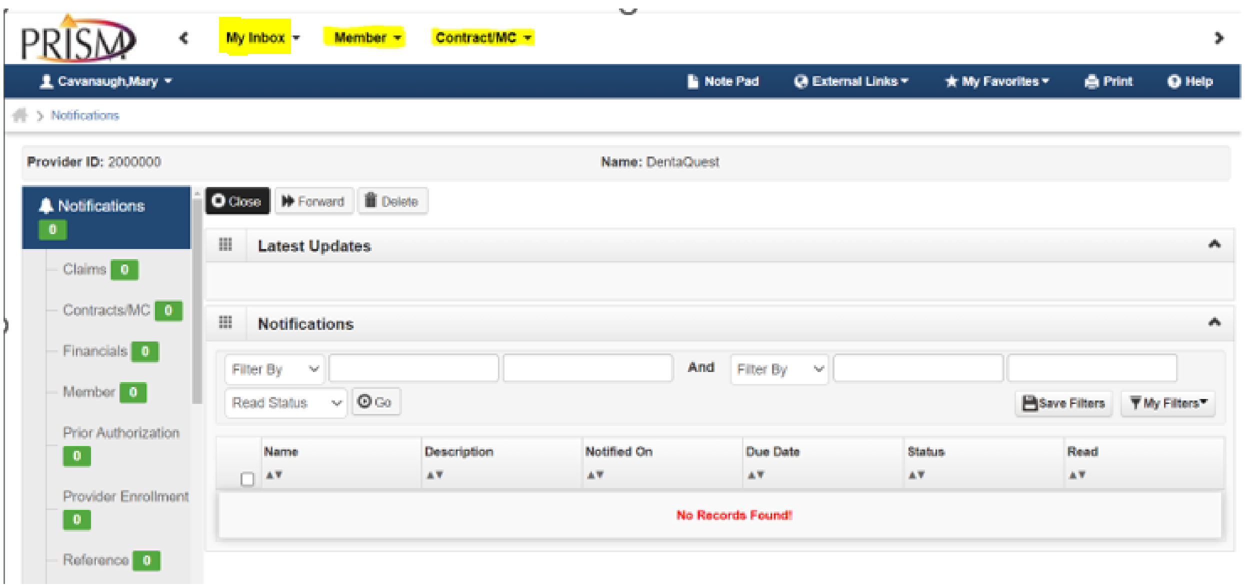
The EXT MCO Provider User Administrator profile is considered privileged access for the purpose of user management. Refer to the MCO Administrator Manual for administrator responsibilities and access management details.

Profile: EXT MCO Restriction Team Access

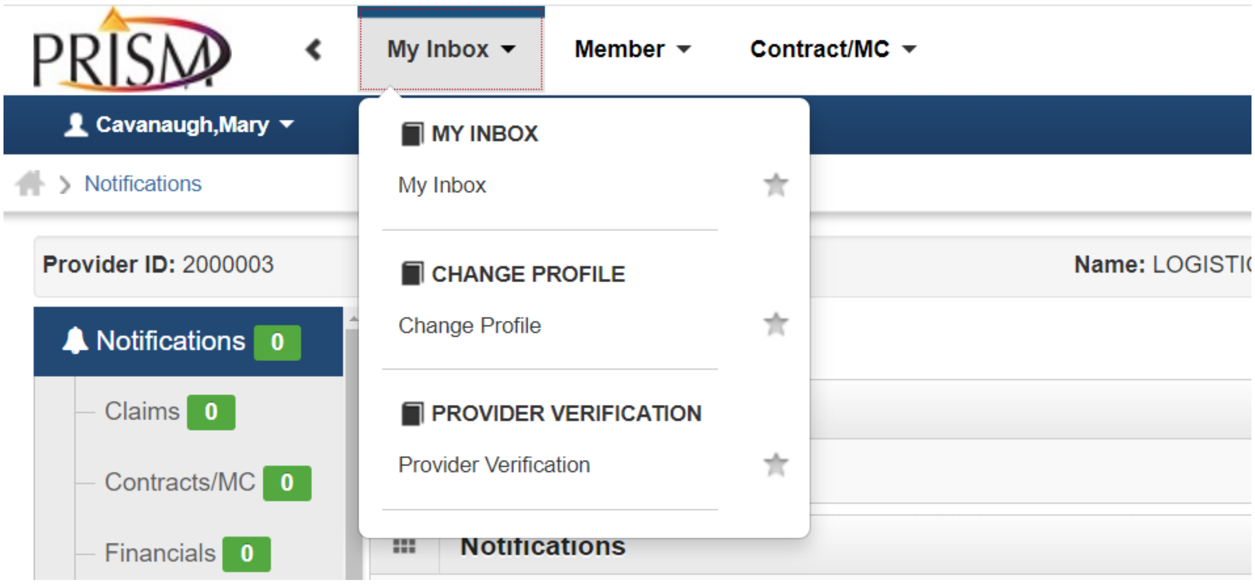
The EXT MCO Restriction Team Access applies to the Restriction Program and is highly specialized. User's needing this access should refer to procedures provided by the State Restriction Program Team.

Profile: EXT CM MCO Provider

The EXT CM MCO Provider profile has access to My Inbox, Member and Contract/MC areas in PRISM. Click on the dropdown to view the available functionality for each area.



My Inbox Functionality



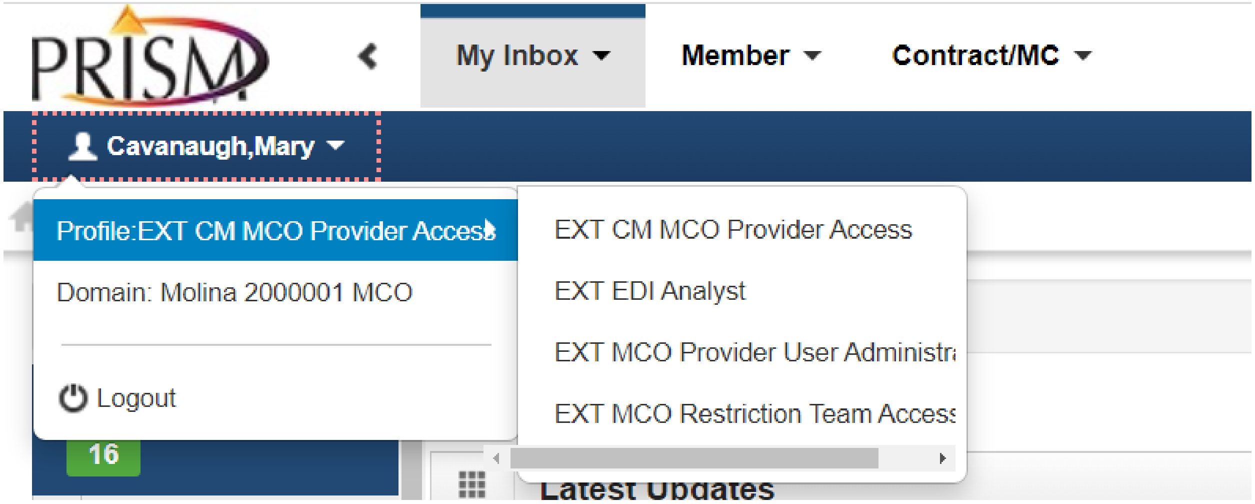
I. My Inbox

The My Inbox page displays Notifications associated to profiles the user has access to. The only notifications for MCO access are related to the Restriction program. The My Inbox page is also the default landing page at login.

II. Change Profile

By selecting "Change Profile" the user will be returned to the PRISM login page. Users can, however, change profiles without returning to the login page.

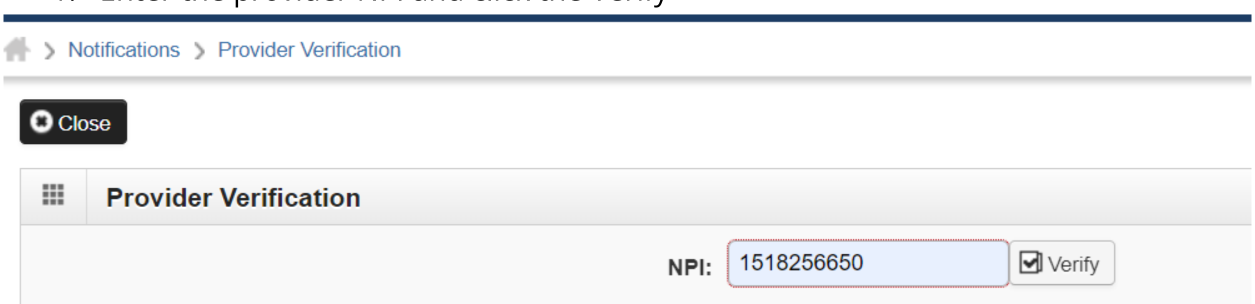
1. Click on the user's name dropdown
    - The current Profile and Domain will be displayed
2. Hover over the Profile name to view other profiles available to the user
    - Click the desired profile to change to



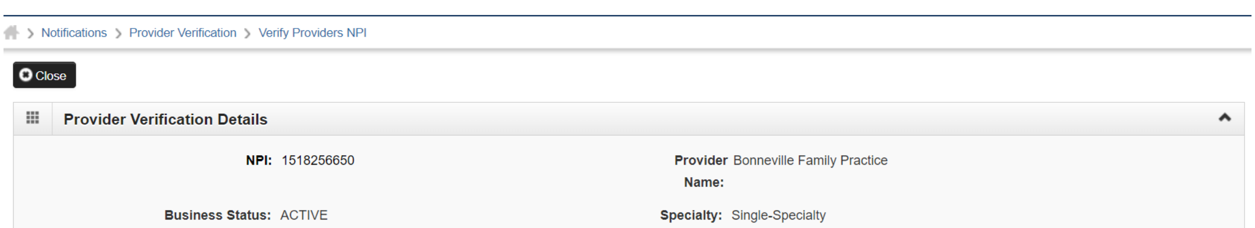
III. Provider Verification

The Provider Verification screen allows the user to verify current provider enrollment status.

1. Enter the provider NPI and click the Verify



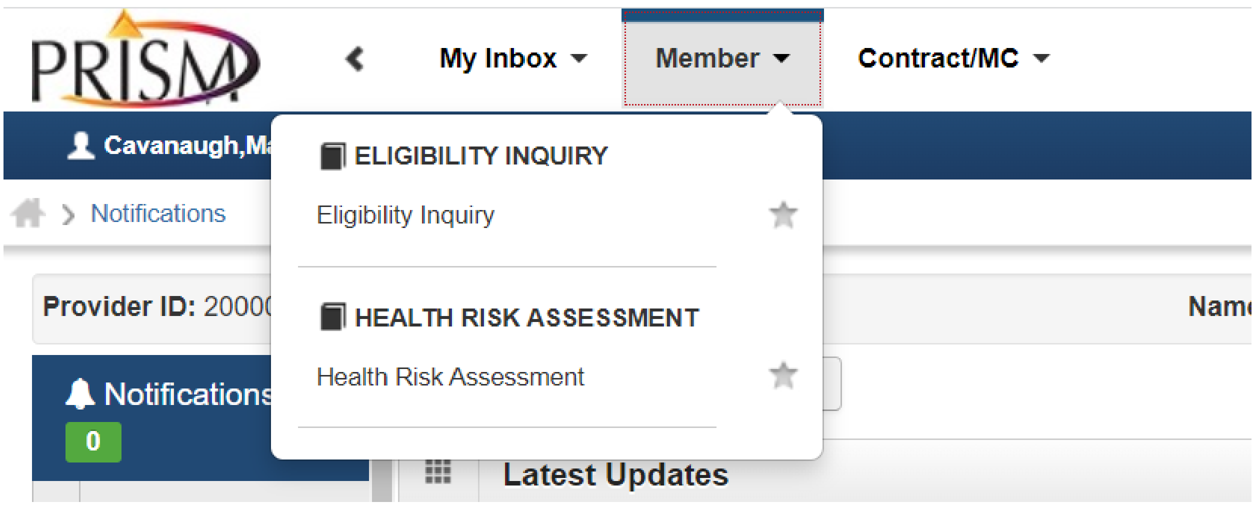
2. The Provider Verification Details will return



- The Business Status indicates if the provider has an active or inactive Utah Medicaid Provider Enrollment status as of the search date.
- The Specialty of the provider is also indicated. The provider chooses their specialty when enrolling.

3. Click close to exit the page

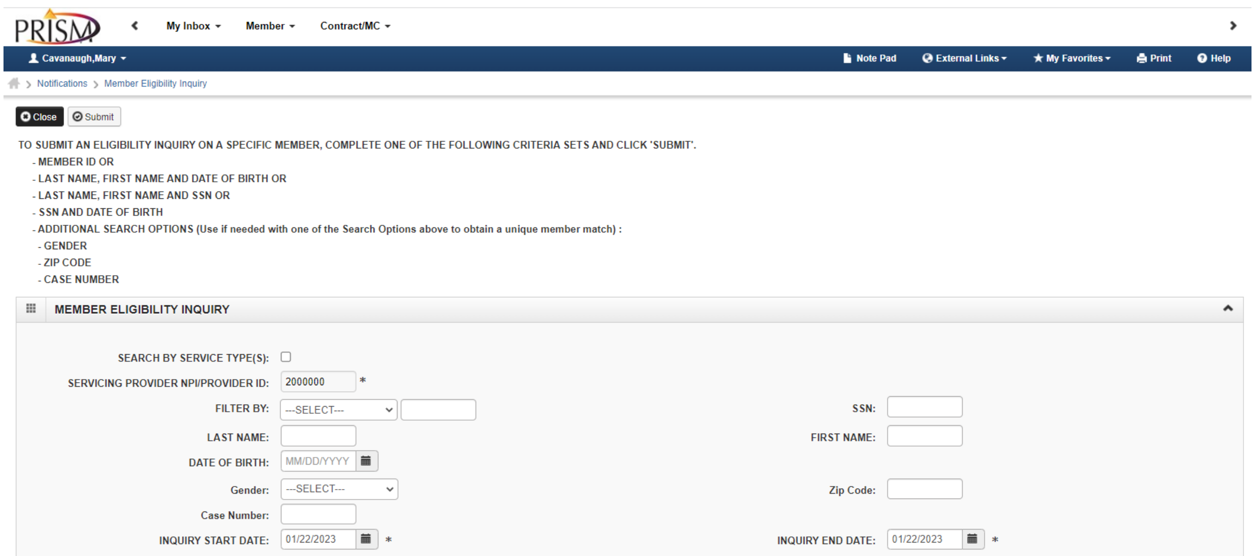
Member Functionality



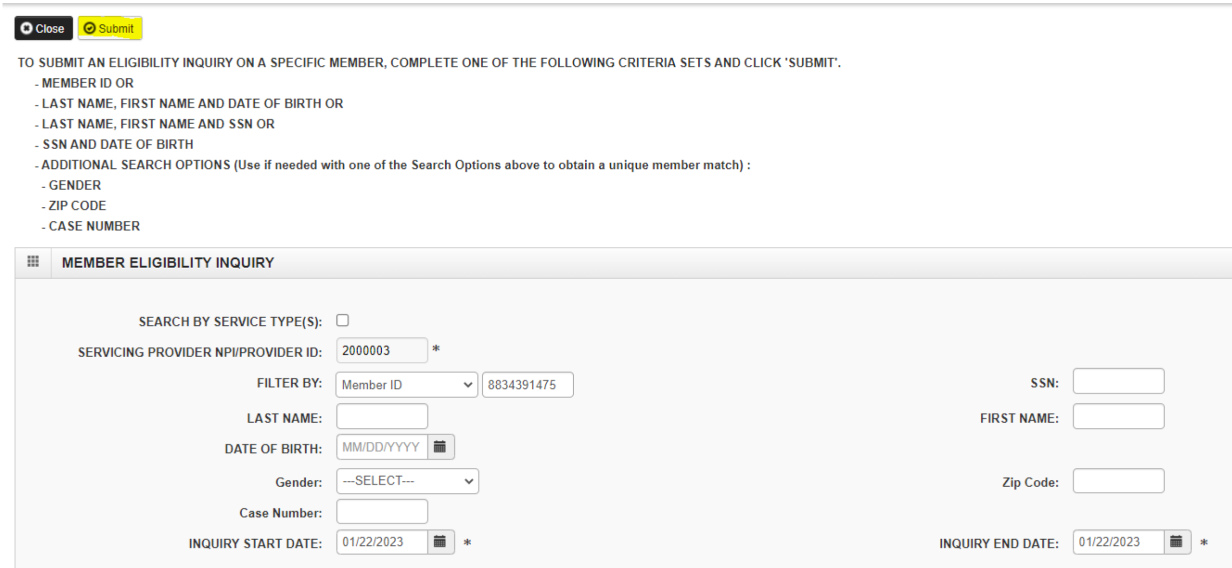
I. ELIGIBILITY INQUIRY

The Eligibility Inquiry functionality is similar to the Eligibility Lookup Tool however, the information in PRISM will be close to real time and more detailed.

1. Click on ELIGIBILITY INQUIRY to display the Member Eligibility Inquiry screen.



2. Enter member information based on the criteria listed and click the submit button at the top of the screen.
   - The Servicing Provider NPI/Provider ID will default to the domain the user is logged into.
   - The Inquiry Start Date and Inquiry End Date will default to today's date but can be modified to a maximum of a 93 day span. Note: If a date span is used in the search, make sure you pay close attention to the Start Date and End Date of information.



Close Submit

TO SUBMIT AN ELIGIBILITY INQUIRY ON A SPECIFIC MEMBER, COMPLETE ONE OF THE FOLLOWING CRITERIA SETS AND CLICK 'SUBMIT'.

- MEMBER ID OR
- LAST NAME, FIRST NAME AND DATE OF BIRTH OR
- LAST NAME, FIRST NAME AND SSN OR
- SSN AND DATE OF BIRTH
- ADDITIONAL SEARCH OPTIONS (Use if needed with one of the Search Options above to obtain a unique member match) :
  - GENDER
  - ZIP CODE
  - CASE NUMBER

MEMBER ELIGIBILITY INQUIRY

SEARCH BY SERVICE TYPE(S):

SERVICING PROVIDER NPI/PROVIDER ID: 2000003 *

FILTER BY: Member ID 8834391475

SSN:

LAST NAME:

FIRST NAME:

DATE OF BIRTH: MM/DD/YYYY

Gender: ---SELECT---

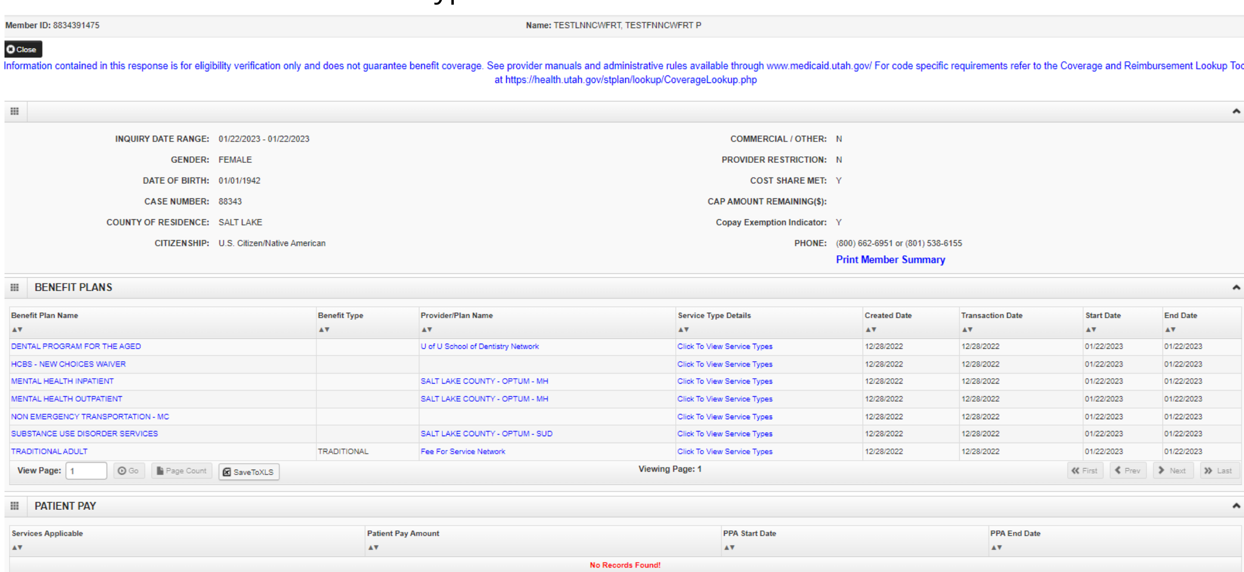
Zip Code:

Case Number:

INQUIRY START DATE: 01/22/2023 *

INQUIRY END DATE: 01/22/2023 *

3. The search results return.
   - Text in blue is a hyperlink to additional information



Member ID: 8834391475 Name: TESTLNNCWFRT, TESTFNNCWFRT P

Close

Information contained in this response is for eligibility verification only and does not guarantee benefit coverage. See provider manuals and administrative rules available through www.medicaid.utah.gov/ For code specific requirements refer to the Coverage and Reimbursement Lookup Tool at https://health.utah.gov/stplan/lookup/CoverageLookup.php

INQUIRY DATE RANGE: 01/22/2023 - 01/22/2023

GENDER: FEMALE

DATE OF BIRTH: 01/01/1942

CASE NUMBER: 88343

COUNTY OF RESIDENCE: SALT LAKE

CITIZENSHIP: U.S. Citizen/Native American

COMMERCIAL / OTHER: N

PROVIDER RESTRICTION: N

COST SHARE MET: Y

CAP AMOUNT REMAINING($):

Copay Exemption Indicator: Y

PHONE: (800) 662-6951 or (801) 538-6155

Print Member Summary

BENEFIT PLANS

Benefit Plan Name	Benefit Type	Provider/Plan Name	Service Type Details	Created Date	Transaction Date	Start Date	End Date
DENTAL PROGRAM FOR THE AGED		U of U School of Dentistry Network	Click To View Service Types	12/28/2022	12/28/2022	01/22/2023	01/22/2023
HCBS - NEW CHOICES WAIVER			Click To View Service Types	12/28/2022	12/28/2022	01/22/2023	01/22/2023
MENTAL HEALTH INPATIENT		SALT LAKE COUNTY - OPTUM - MH	Click To View Service Types	12/28/2022	12/28/2022	01/22/2023	01/22/2023
MENTAL HEALTH OUTPATIENT		SALT LAKE COUNTY - OPTUM - MH	Click To View Service Types	12/28/2022	12/28/2022	01/22/2023	01/22/2023
NON EMERGENCY TRANSPORTATION - MC			Click To View Service Types	12/28/2022	12/28/2022	01/22/2023	01/22/2023
SUBSTANCE USE DISORDER SERVICES		SALT LAKE COUNTY - OPTUM - SUD	Click To View Service Types	12/28/2022	12/28/2022	01/22/2023	01/22/2023
TRADITIONAL ADULT	TRADITIONAL	Fee For Service Network	Click To View Service Types	12/28/2022	12/28/2022	01/22/2023	01/22/2023

View Page: 1 Go Page Count SaveToXLS Viewing Page: 1 First Prev Next Last

PATIENT PAY

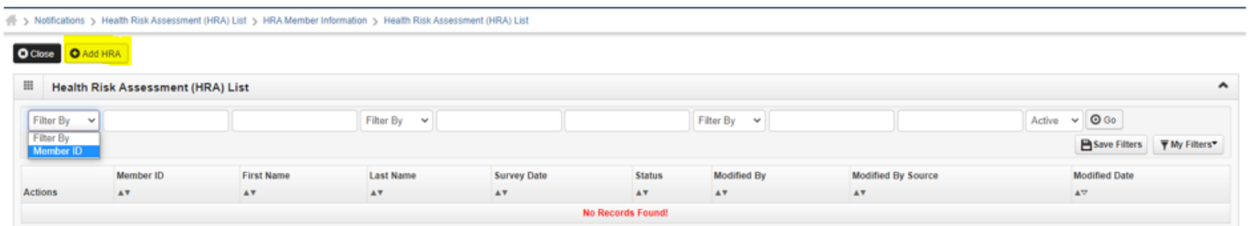
Services Applicable	Patient Pay Amount	PPA Start Date	PPA End Date
No Records Found!			

4. Click the Close button to exit the page.

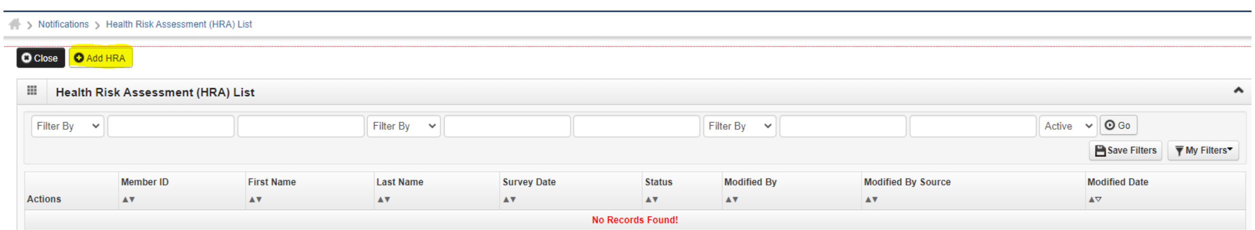
II. HEALTH RISK ASSESSMENT

The Health Risk Assessment (HRA) is completed for certain populations. Health Program Representatives and MCO staff can search or create an HRA.

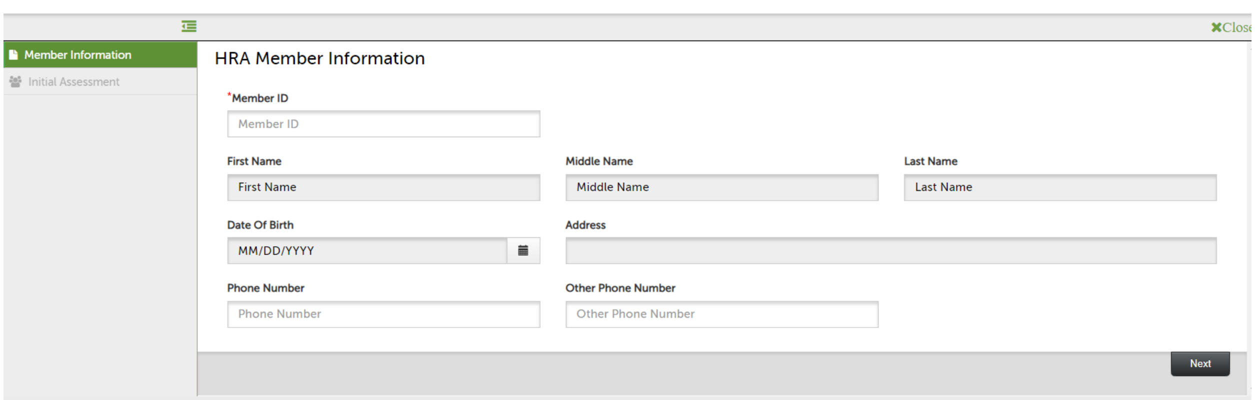
1. Click on Health Risk Assessment to display the Health Risk Assessment (HRA) screen. Users can add an HRA or search for an existing HRA.



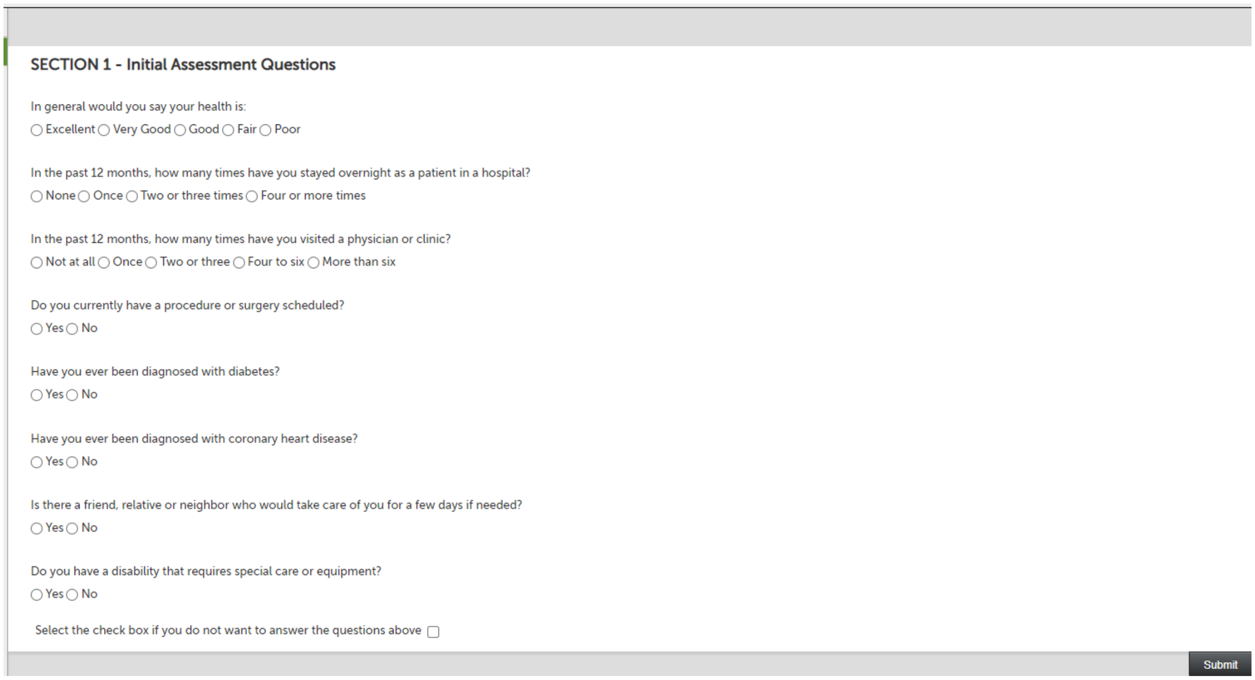
2. To add an HRA, select the Add HRA button.



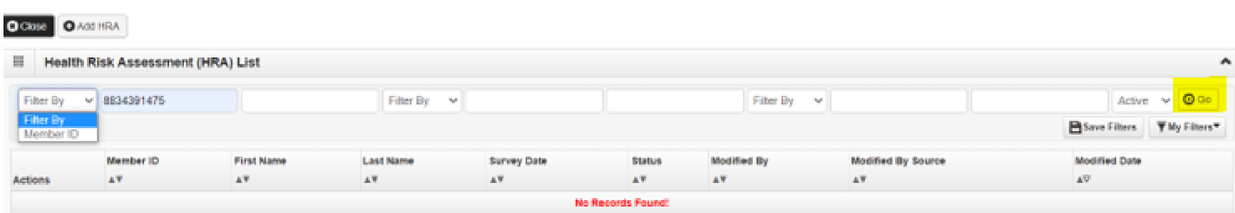
3. The HRA survey wizard screen displays.
   - Enter the Member ID to populate the member information



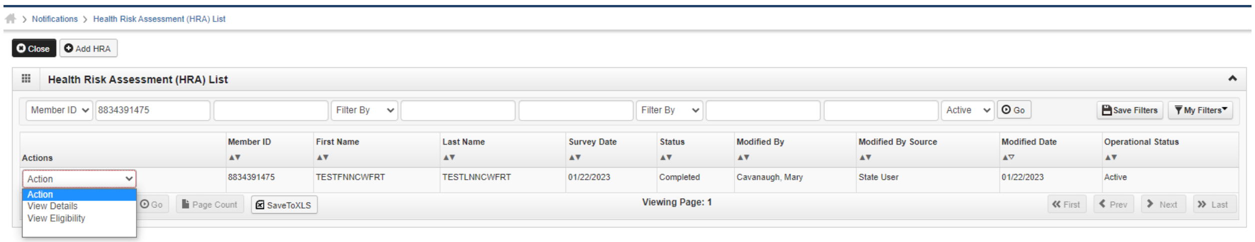
- Click Next to advance to the assessment questions
- Click on the circle to select the answer to each question
- Click Submit to complete



4. To Search for a completed HRA
   - click the first Filter By dropdown and select Member id.
   - Enter the Member ID in the adjacent field and click the Go button.

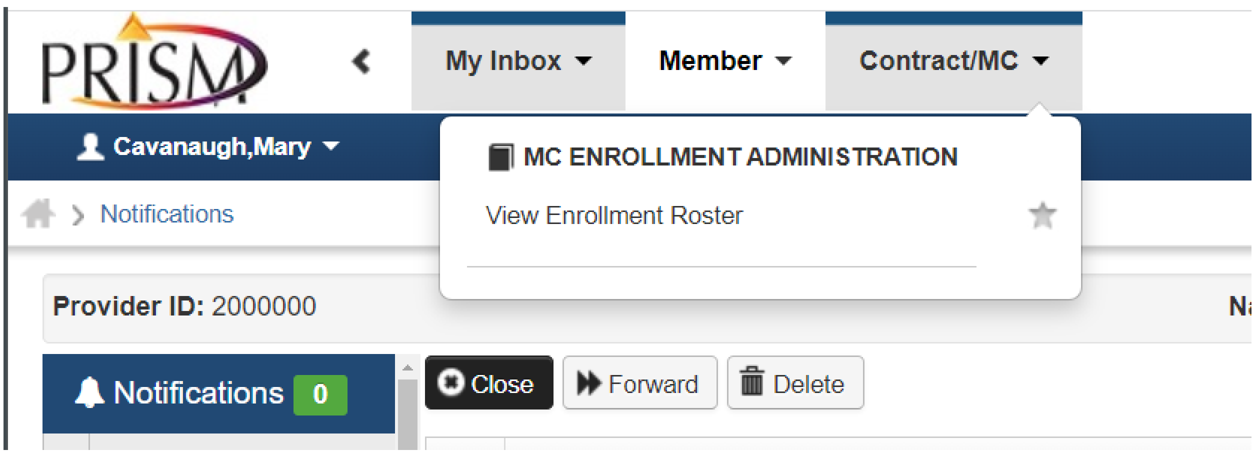


   - The results will display
   - Click the Action dropdown and select View Details to view the HRA questionnaire



5. Click Close to return to exit the page.

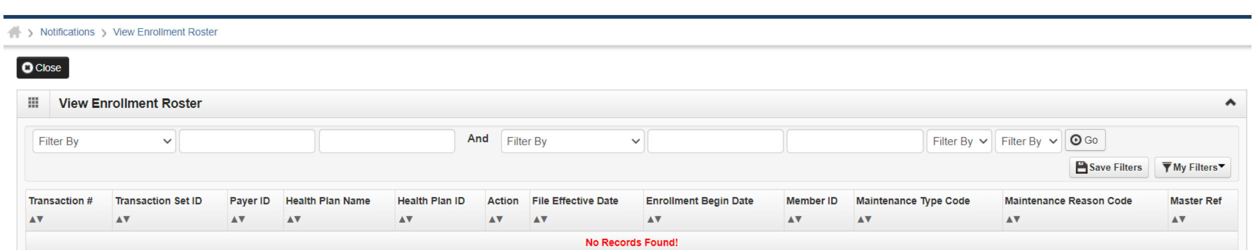
Contract/MC Functionality



I. MC/Enrollment Administration

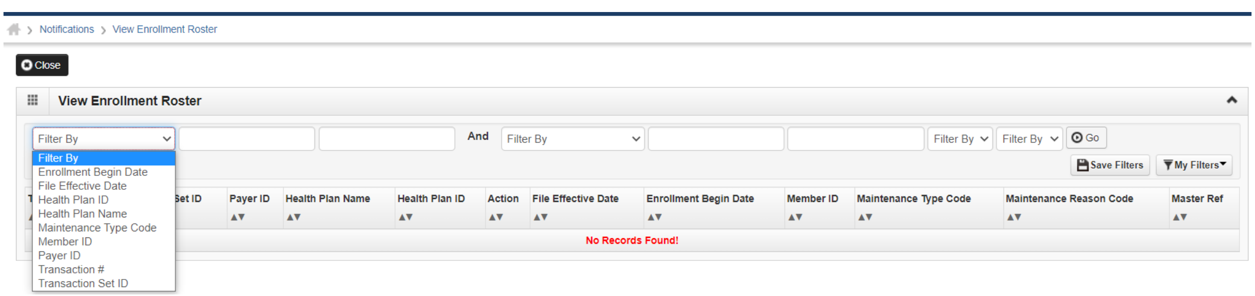
The View Enrollment Roster allows the user to review enrollment records sent to the plan via an 834 Eligibility and Enrollment EDI file. Only members enrolled with the plan domain selected at log in will be available to view.

1. Click on View Enrollment roster to display the View Enrollment Roster screen.

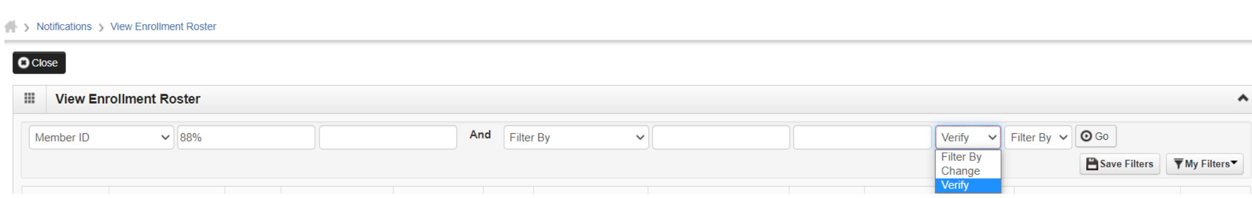


2. Select Filter By options and enter the applicable information for the search. Select filters that are as specific as possible to avoid long system searches.

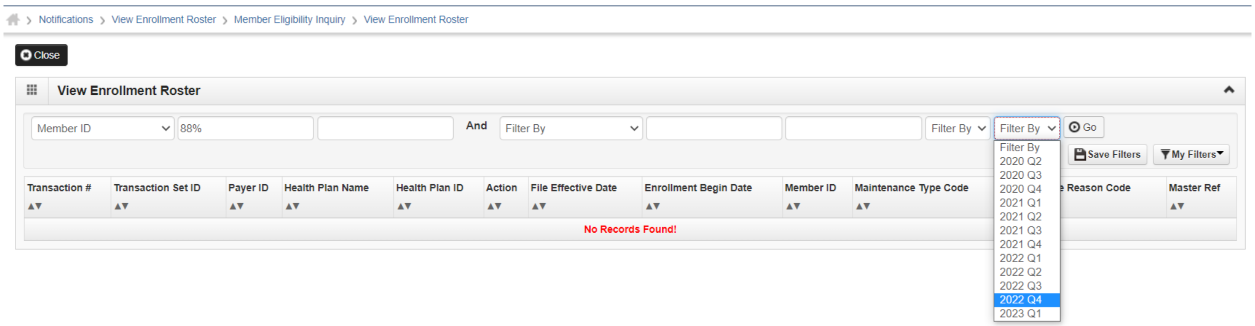
   The first and second Filter By have the same options and can both be used to refine the search:
   - Enrollment Begin Date: The date the member was first enrolled with the plan
   - File Effective Date: The benefit month the transaction was effective
   - Health Plan ID: The 7-digit Plan PRISM ID (same as in domain name)
   - Health Plan Name: The plan doing business as name in PRISM
   - Maintenance Type Code: 001- Change, 021- Addition, 024 – Termination, 025 - Re-Instatement, 030 - Audit (prospective month / benefit issuance)
   - Member ID – The Medicaid ID for the member
   - Payer ID – The 9-digit Plan Location PRISM ID.
   - Transaction # - PRISM transaction number
   - Transaction Set ID - The 834 EDI file ST02



   The third Filter By allows the search to be limited by a Change action (Change, Add, Terminate, Re-Instatement) or a Verify (Audit) action. This is an optional filter.

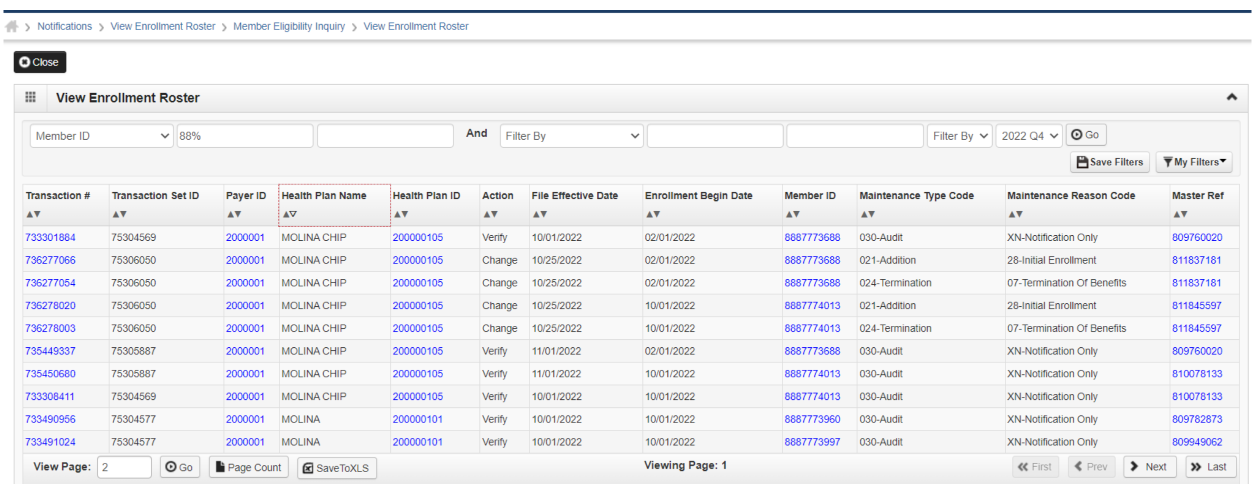


The fourth Filter By allows for a specific quarter period to be selected. This is the quarter the transaction was generated in. <u>This is a mandatory filter</u>.



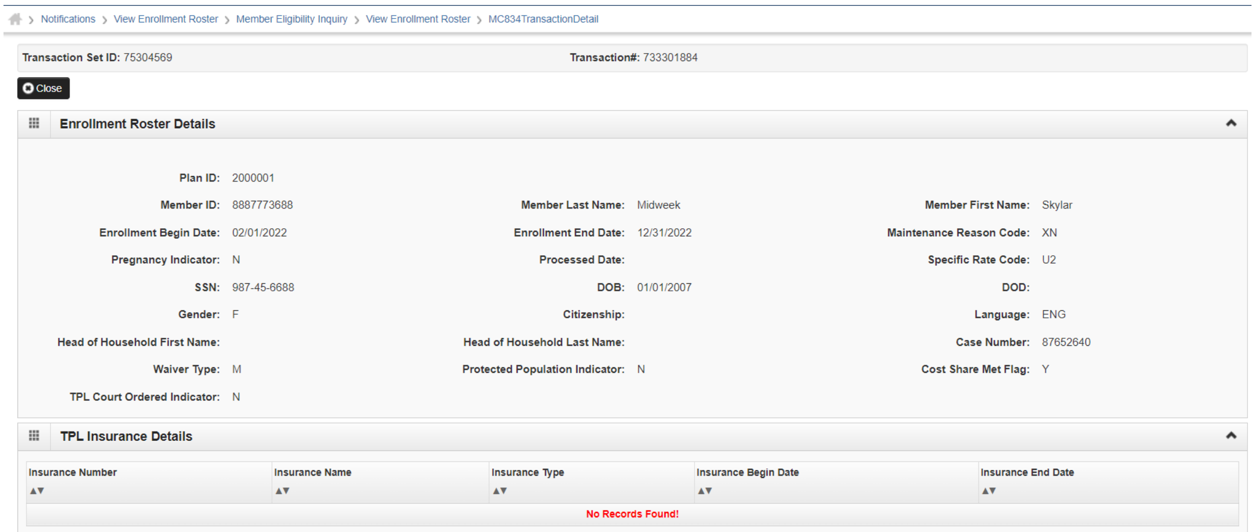
3. Click the Go button 

. The system will display the search results.



Transaction #	Transaction Set ID	Payer ID	Health Plan Name	Health Plan ID	Action	File Effective Date	Enrollment Begin Date	Member ID	Maintenance Type Code	Maintenance Reason Code	Master Ref
733301884	75304569	2000001	MOLINA CHIP	200000105	Verify	10/01/2022	02/01/2022	8887773688	030-Audit	XN-Notification Only	809760020
736277066	75306050	2000001	MOLINA CHIP	200000105	Change	10/25/2022	02/01/2022	8887773688	021-Addition	28-Initial Enrollment	811837181
736277054	75306050	2000001	MOLINA CHIP	200000105	Change	10/25/2022	02/01/2022	8887773688	024-Termination	07-Termination Of Benefits	811837181
736278020	75306050	2000001	MOLINA CHIP	200000105	Change	10/25/2022	10/01/2022	8887774013	021-Addition	28-Initial Enrollment	811845597
736278003	75306050	2000001	MOLINA CHIP	200000105	Change	10/25/2022	10/01/2022	8887774013	024-Termination	07-Termination Of Benefits	811845597
735449337	75305887	2000001	MOLINA CHIP	200000105	Verify	11/01/2022	02/01/2022	8887773688	030-Audit	XN-Notification Only	809760020
735450680	75305887	2000001	MOLINA CHIP	200000105	Verify	11/01/2022	10/01/2022	8887774013	030-Audit	XN-Notification Only	810078133
733308411	75304569	2000001	MOLINA CHIP	200000105	Verify	10/01/2022	10/01/2022	8887774013	030-Audit	XN-Notification Only	810078133
733490956	75304577	2000001	MOLINA	200000101	Verify	10/01/2022	10/01/2022	8887773960	030-Audit	XN-Notification Only	809782873
733491024	75304577	2000001	MOLINA	200000101	Verify	10/01/2022	10/01/2022	8887773997	030-Audit	XN-Notification Only	809949062

4. Click on the Transaction # for the desired transaction to display the Enrollment Roster Details. All other blue hyperlinks will return an error message “User has no access to the requested page”.



Notifications > View Enrollment Roster > Member Eligibility Inquiry > View Enrollment Roster > MC834TransactionDetail

Transaction Set ID: 75304569 **Transaction#:** 733301884

Close

Enrollment Roster Details

Plan ID:	2000001				
Member ID:	8887773688	**Member Last Name:**	Midweek	**Member First Name:**	Skylar
Enrollment Begin Date:	02/01/2022	**Enrollment End Date:**	12/31/2022	**Maintenance Reason Code:**	XN
Pregnancy Indicator:	N	**Processed Date:**		**Specific Rate Code:**	U2
SSN:	987-45-6688	**DOB:**	01/01/2007	**DOD:**	
Gender:	F	**Citizenship:**		**Language:**	ENG
Head of Household First Name:		**Head of Household Last Name:**		**Case Number:**	87652640
Waiver Type:	M	**Protected Population Indicator:**	N	**Cost Share Met Flag:**	Y
TPL Court Ordered Indicator:	N				

TPL Insurance Details

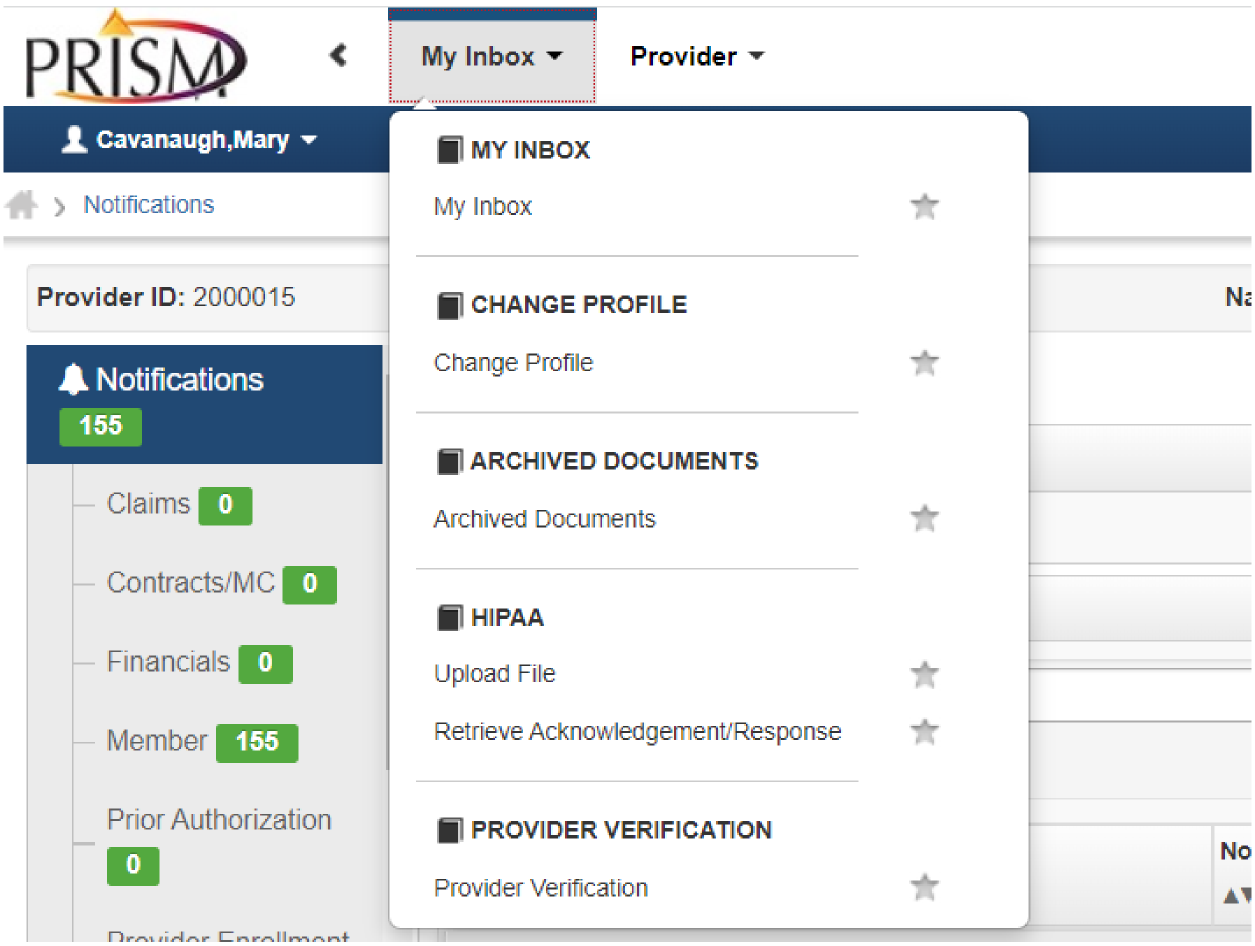
Insurance Number	Insurance Name	Insurance Type	Insurance Begin Date	Insurance End Date
No Records Found!				

5. Click the Close button to exit the page.

Profile: EXT EDI Analyst

The EXT EDI Analyst profile has access to the My Inbox and Provider areas in PRISM. Click on the dropdown to view the available functionality for each area.

My Inbox Functionality



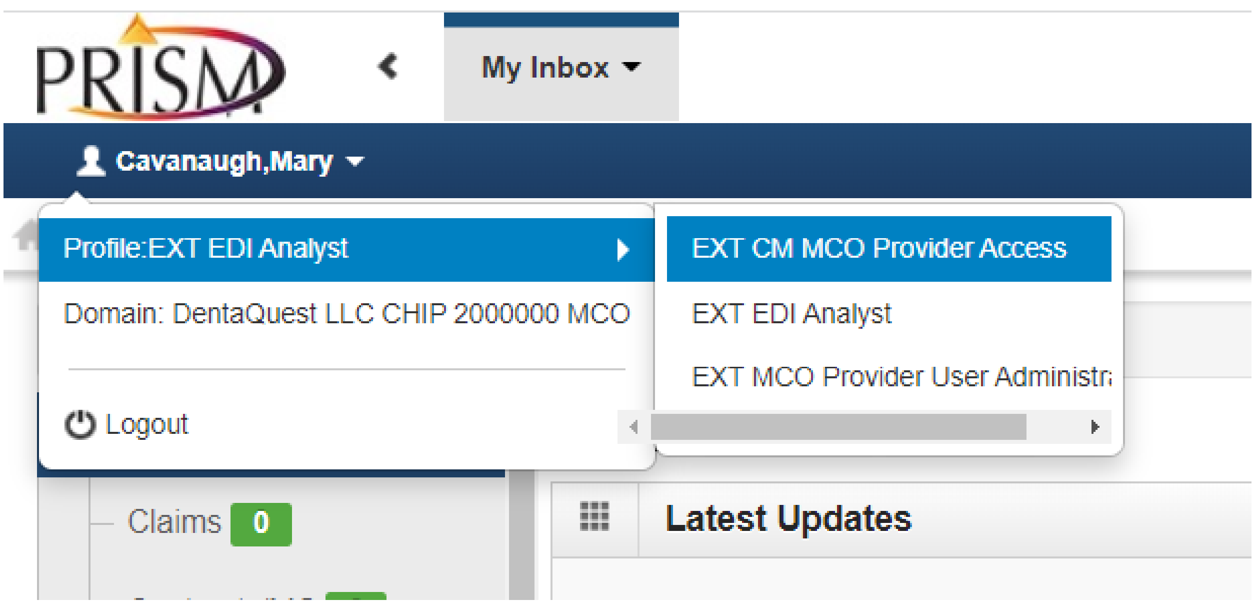
I. My Inbox

The My Inbox page displays Notifications associated to profiles the user has access to. The only notifications for MCO access are related to the Restriction program. The My Inbox page is also the default landing page at login.

II. Change Profile

By selecting "Change Profile" the user will be returned to the PRISM login page. Users can, however, change profiles without returning to the login page.

4. Click on the user's name dropdown
   - The current Profile and Domain will be displayed
5. Hover over the Profile name to view other profiles available to the user
   - Click the desired profile to change to



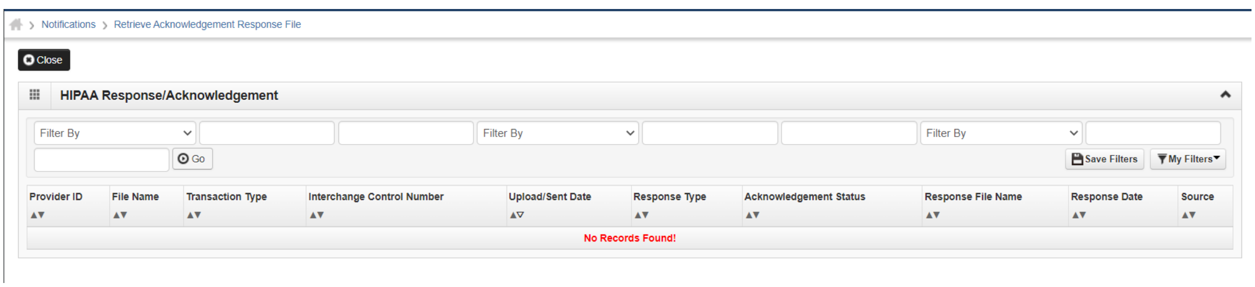
III. Archived Documents

The Archived Documents functionality is used by Fee For Service providers and is not applicable for MCO's.

IV. HIPAA

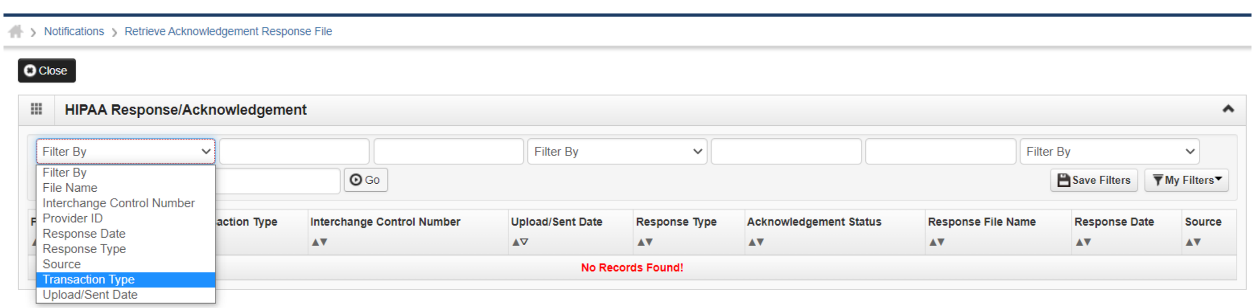
The Retrieve Acknowledgement/Response functionality allows the user to search on inbound and outbound EDI files.
Note: The Upload File functionality is not enabled for managed care providers.

1. Click on Retrieve Acknowledgement/Response to display the HIPAA Response/Acknowledgement screen



2. Select Filter By options and enter applicable information for the search. Select filters that are as specific as possible to avoid long system searches.

   All three Filter By options are the same. Multiple filters can be used to refine the search.

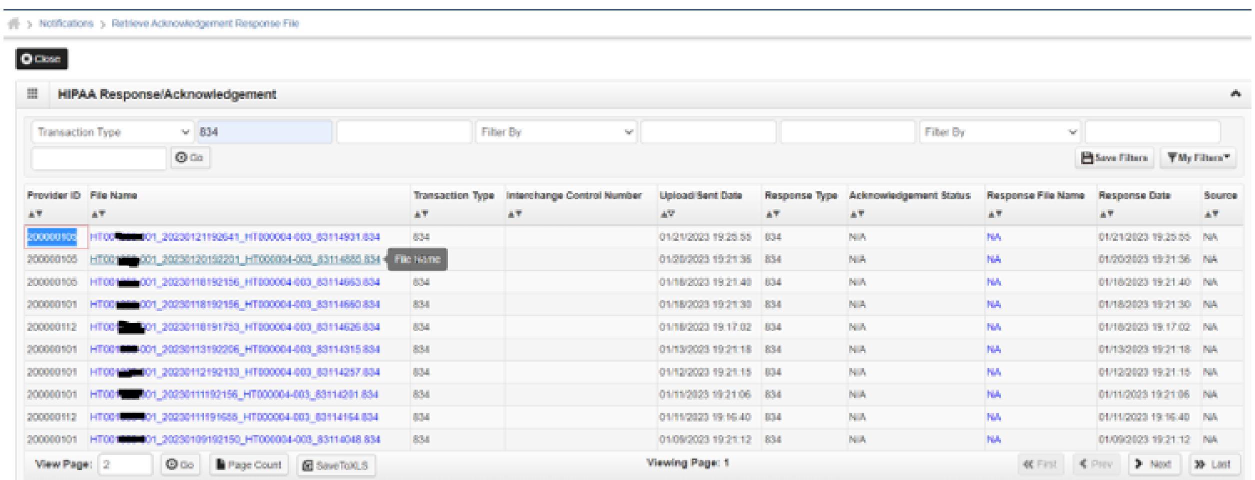


- File Name: The PRISM name for the file. The wildcard of % can be used if the full name is not known. For example, the file name of %HT000004-003% could be entered to return all files for that trading partner.

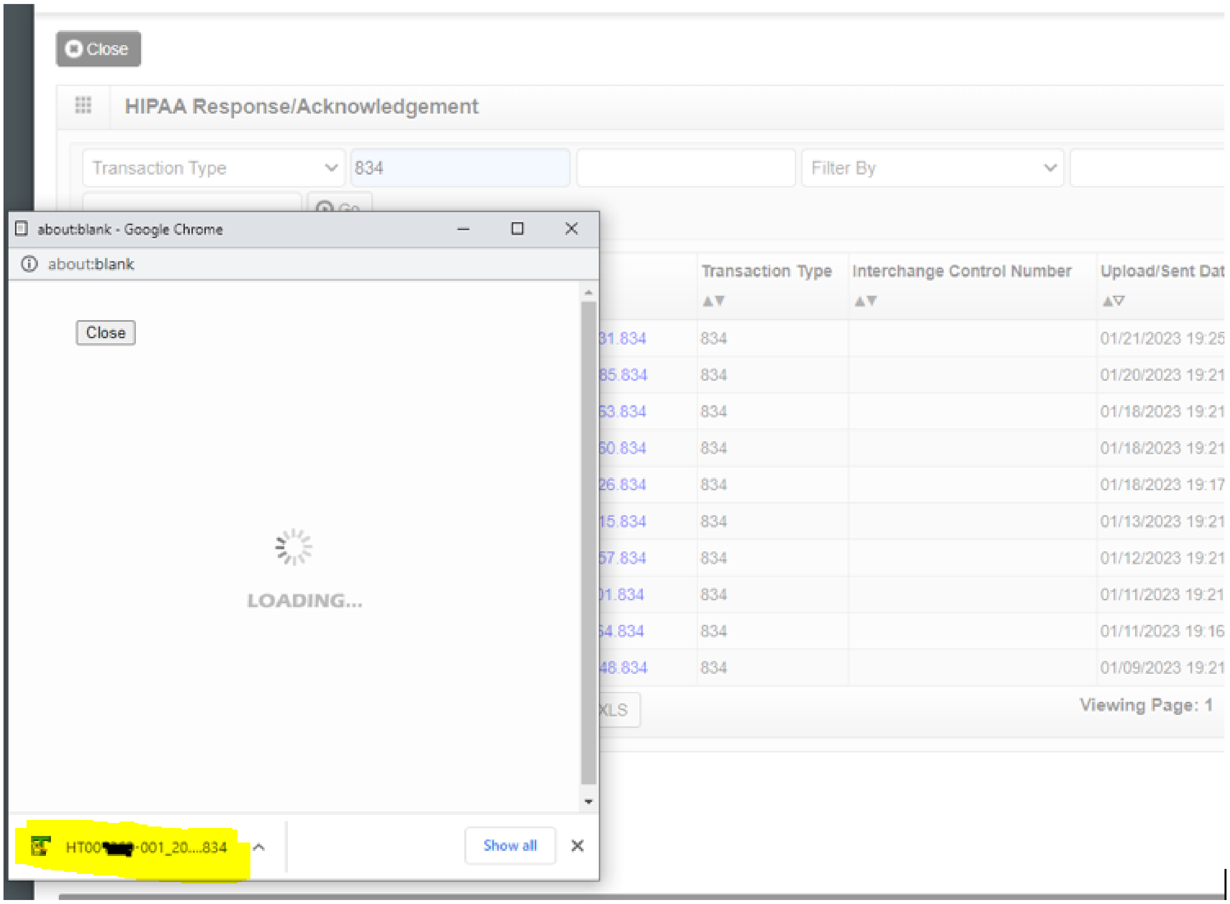
- Interchange Control Number: The ISA13 from the file.
- Provider ID: The Plan's 9-digit PRISM location id.
- Response Date: The date the response was generated. A response would normally be returned immediately or within 1 day depending on the transaction type.
- Response Type: The EDI file type designation of the response (e.g. 999,277CA)
- Source: The source of the file. For inbound transactions, the source will be FTP. For outbound files, the source will be N/A
- Transaction Type: The EDI file type designation (e.g., 837P, 820)
- Upload/Sent Date: The date the file was received or sent by PRISM.

3. Click the Go button 

.   The system will display the search results.



4. Click on the desired file name (blue hyperlink) to download and view the EDI file.
   - A popup screen will display and download the file.



- Double click the downloaded file to open

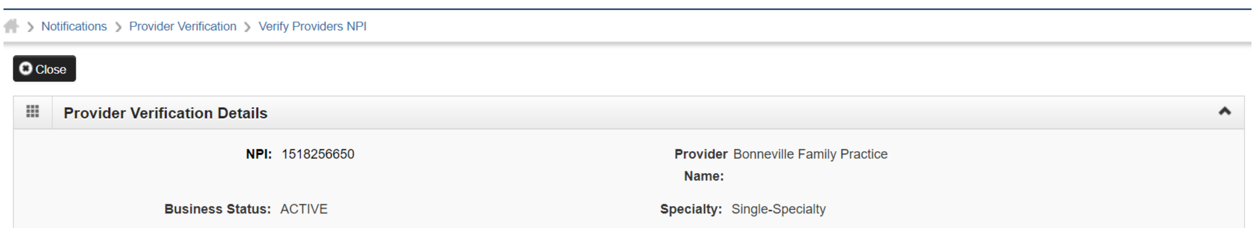
5. Click on the Close button to exit the page

V. Provider Verification

The Provider Verification screen allows the user to verify current provider enrollment status.

1. Enter the provider NPI and click the Verify

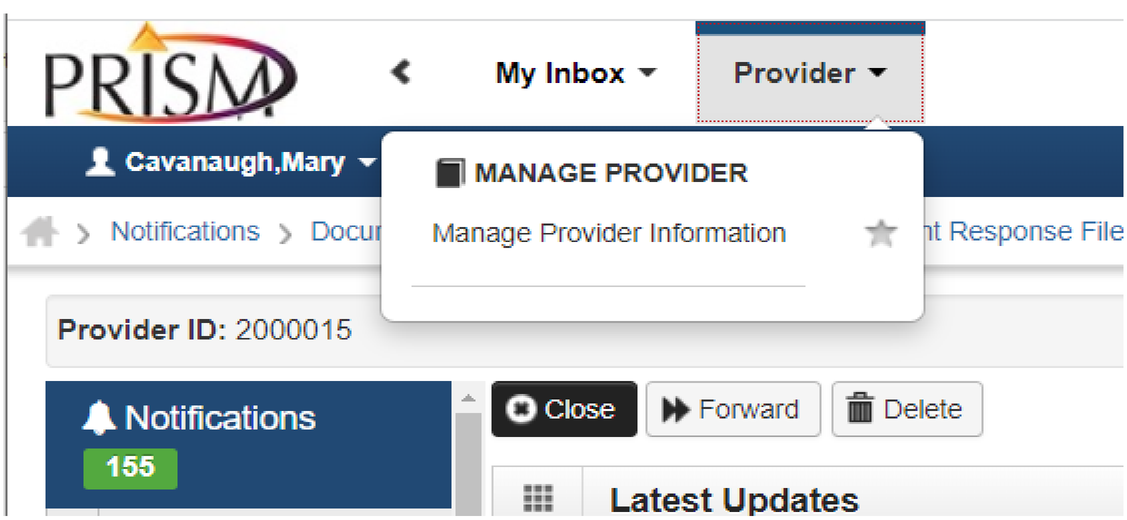
2. The Provider Verification Details will return



- The Business Status indicates if the provider has an active or inactive Utah Medicaid Provider Enrollment status as of the search date.
- The Specialty of the provider is also indicated. The provider chooses their specialty when enrolling.

6. Click close to exit the page.

Provider Functionality



I. Manage Provider

The Manage Provider Information screen displays The MCO Modification BPW (business process wizard) screen associated to the domain provider enrollment record.

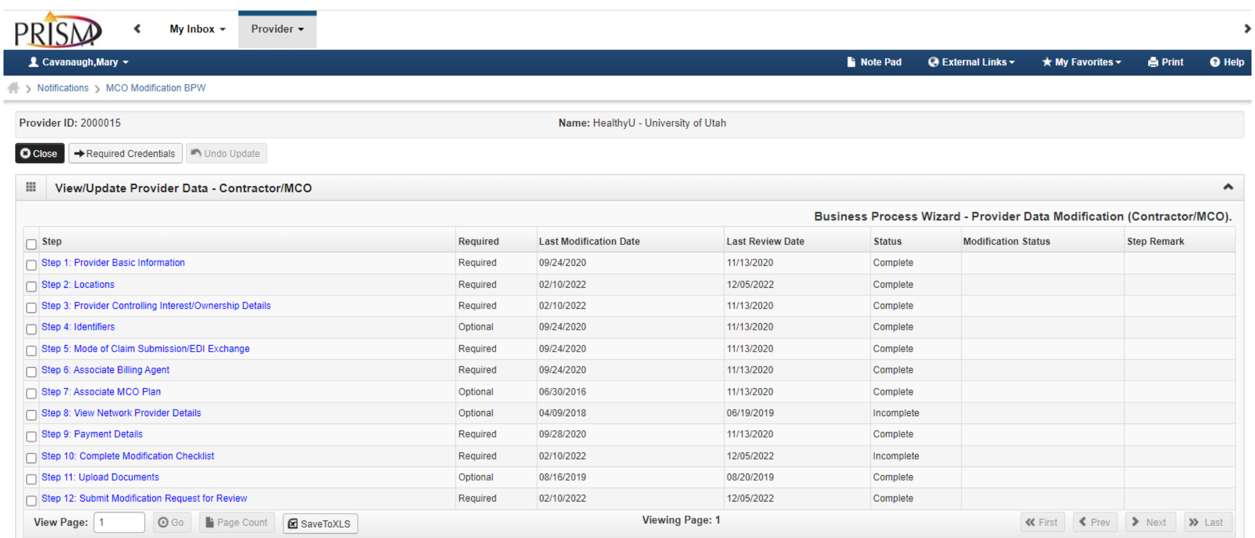
Only Steps that have been “completed” will have a hyperlink available. Step numbering may be different depending on the Plan and enrollment requirements.

Only View access is available for the three Steps listed below. All other Step hyperlinks will return the error message “User has no access to the requested page”.

The available Steps are:

- Mode of Claim Submission/EDI Exchange
- Associate Billing Agent
- View Network Provider Details

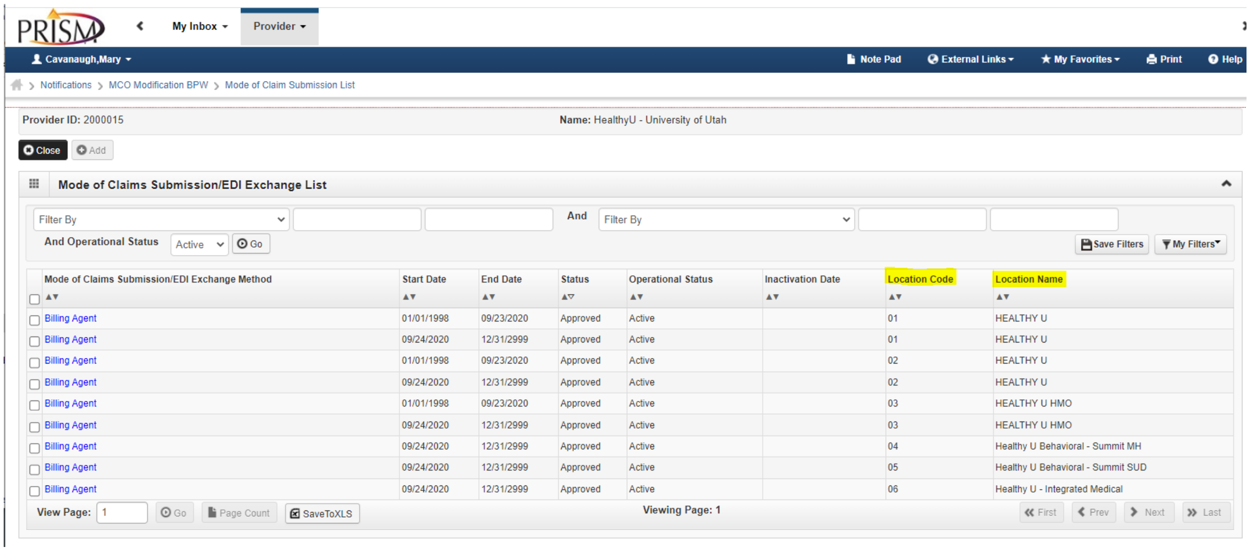
Click on the Step hyperlink to access the additional page.



Step	Required	Last Modification Date	Last Review Date	Status	Modification Status	Step Remark
Step 1: Provider Basic Information	Required	09/24/2020	11/13/2020	Complete		
Step 2: Locations	Required	02/10/2022	12/05/2022	Complete		
Step 3: Provider Controlling Interest/Ownership Details	Required	02/10/2022	11/13/2020	Complete		
Step 4: Identifiers	Optional	09/24/2020	11/13/2020	Complete		
Step 5: Mode of Claim Submission/EDI Exchange	Required	09/24/2020	11/13/2020	Complete		
Step 6: Associate Billing Agent	Required	09/24/2020	11/13/2020	Complete		
Step 7: Associate MCO Plan	Optional	06/30/2016	11/13/2020	Complete		
Step 8: View Network Provider Details	Optional	04/09/2018	06/19/2019	Incomplete		
Step 9: Payment Details	Required	09/28/2020	11/13/2020	Complete		
Step 10: Complete Modification Checklist	Required	02/10/2022	12/05/2022	Incomplete		
Step 11: Upload Documents	Optional	08/16/2019	08/20/2019	Complete		
Step 12: Submit Modification Request for Review	Required	02/10/2022	12/05/2022	Complete		

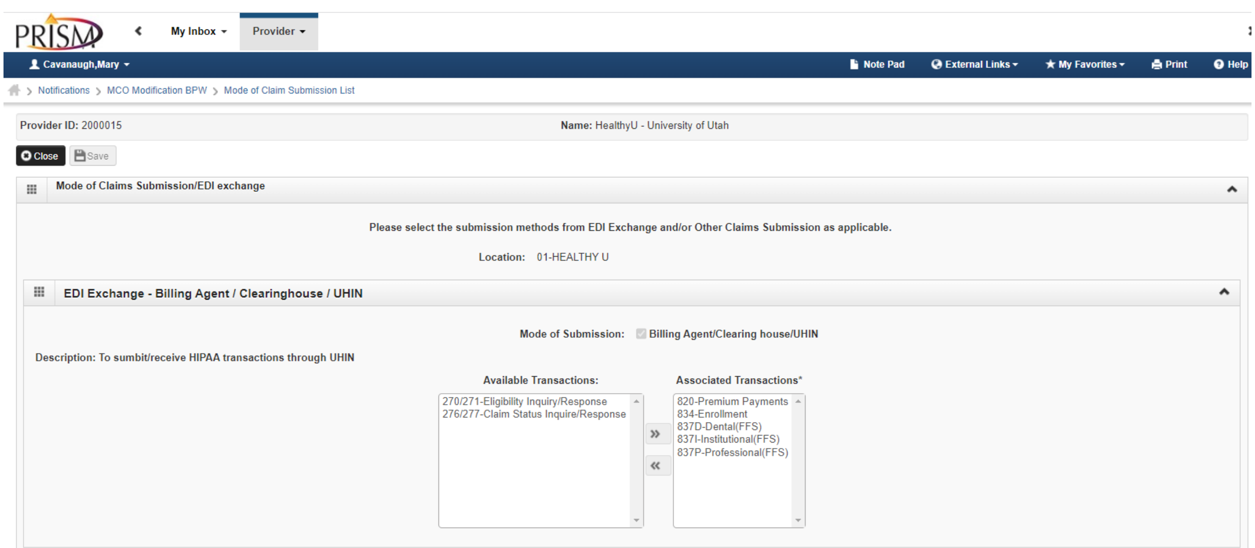
Mode of Claim Submission/EDI Exchange

The Mode of Claim Submission/EDI Exchange screen lists the Billing Agent records by plan location.



Mode of Claims Submission/EDI Exchange Method	Start Date	End Date	Status	Operational Status	Inactivation Date	Location Code	Location Name
Billing Agent	01/01/1998	09/23/2020	Approved	Active		01	HEALTHY U
Billing Agent	09/24/2020	12/31/2999	Approved	Active		01	HEALTHY U
Billing Agent	01/01/1998	09/23/2020	Approved	Active		02	HEALTHY U
Billing Agent	09/24/2020	12/31/2999	Approved	Active		02	HEALTHY U
Billing Agent	01/01/1998	09/23/2020	Approved	Active		03	HEALTHY U HMO
Billing Agent	09/24/2020	12/31/2999	Approved	Active		03	HEALTHY U HMO
Billing Agent	09/24/2020	12/31/2999	Approved	Active		04	Healthy U Behavioral - Summit MH
Billing Agent	09/24/2020	12/31/2999	Approved	Active		05	Healthy U Behavioral - Summit SUD
Billing Agent	09/24/2020	12/31/2999	Approved	Active		06	Healthy U - Integrated Medical

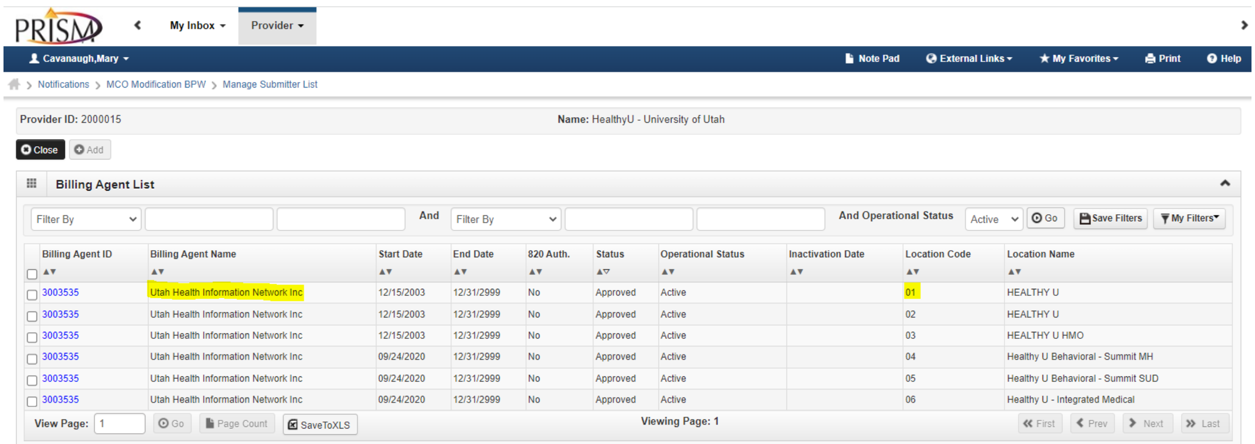
1. Click on the Billing Agent hyperlink for the desired record. The EDI Exchange and Billing Agent information displays.
   - The Available Transactions and the Associated Transactions can be viewed.



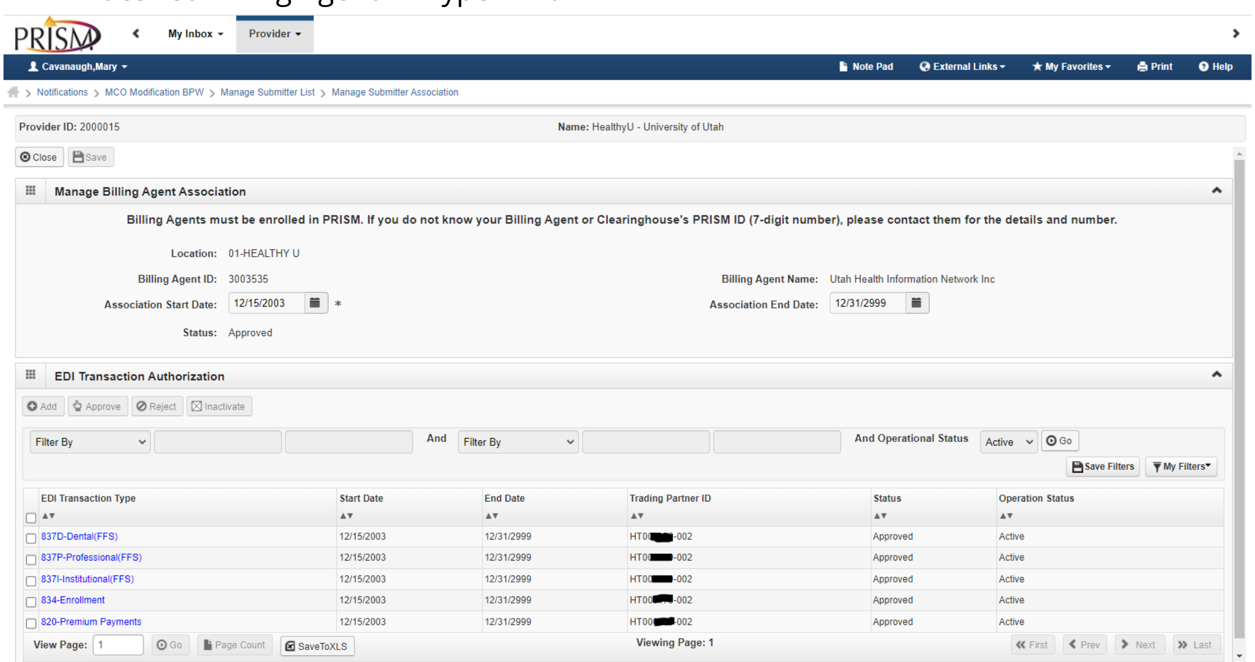
2. Click Close to Exit

Associate Billing Agent

The Associate Billing Agent screen lists the Billing Agent Name records by plan location. Utah Health Information Network (UHIN) is the only Billing Agent available for MCOs.



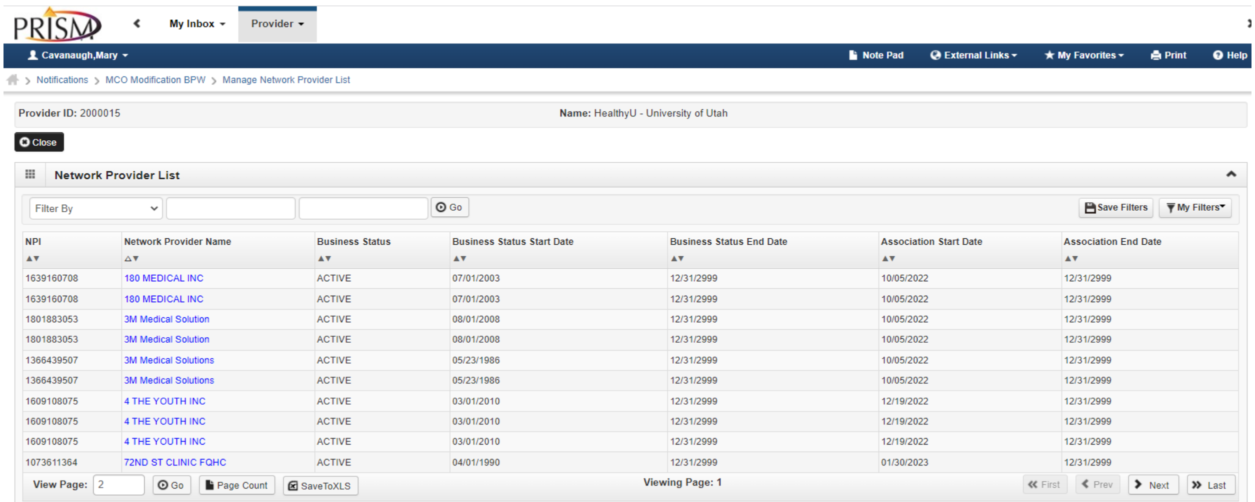
1. To view the Trading Partner ID information by EDI Transaction Type, click on the desired Billing Agent ID hyperlink.



2. Click Close to exit.

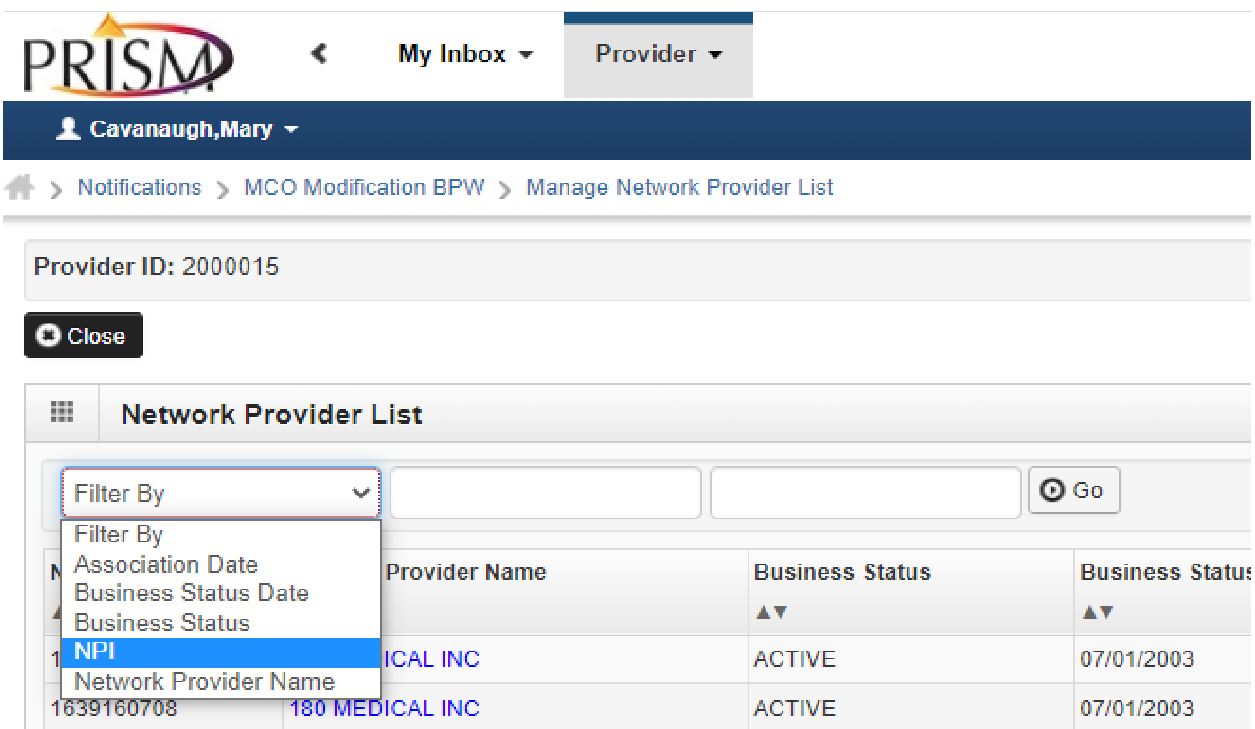
View Network Provider Details

The View Network Provider Details screen lists the providers associated to the plan network that were loaded into PRISM as part of the MCO Network interface file (1102) submitted by the plan.

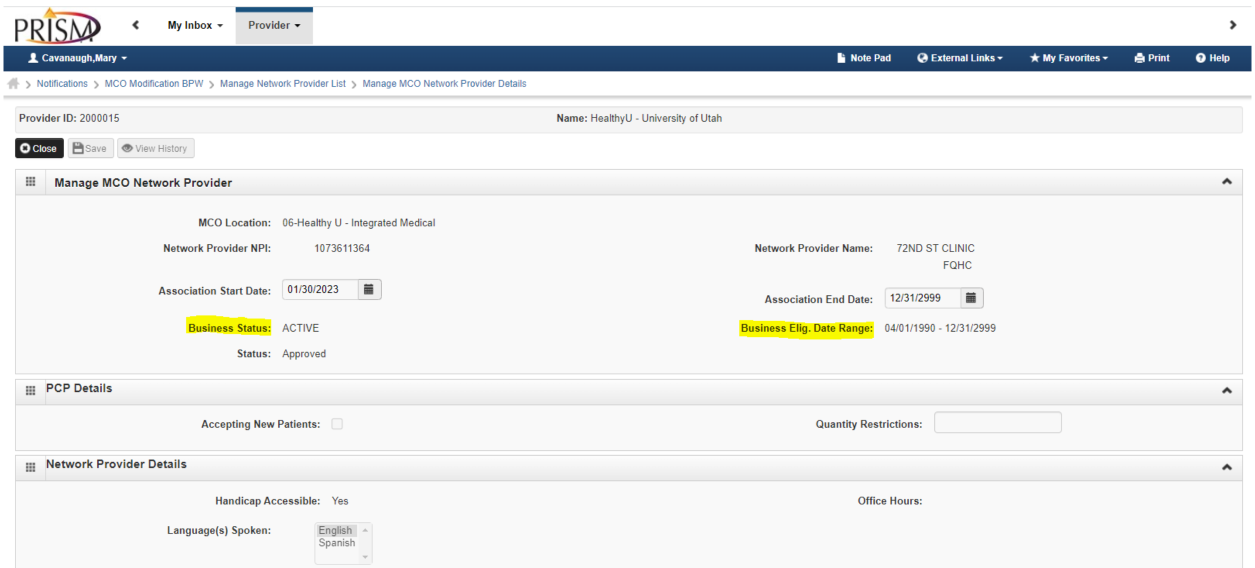


NPI	Network Provider Name	Business Status	Business Status Start Date	Business Status End Date	Association Start Date	Association End Date
1639160708	180 MEDICAL INC	ACTIVE	07/01/2003	12/31/2999	10/05/2022	12/31/2999
1639160708	180 MEDICAL INC	ACTIVE	07/01/2003	12/31/2999	10/05/2022	12/31/2999
1801883053	3M Medical Solution	ACTIVE	08/01/2008	12/31/2999	10/05/2022	12/31/2999
1801883053	3M Medical Solution	ACTIVE	08/01/2008	12/31/2999	10/05/2022	12/31/2999
1366439507	3M Medical Solutions	ACTIVE	05/23/1986	12/31/2999	10/05/2022	12/31/2999
1366439507	3M Medical Solutions	ACTIVE	05/23/1986	12/31/2999	10/05/2022	12/31/2999
1609108075	4 THE YOUTH INC	ACTIVE	03/01/2010	12/31/2999	12/19/2022	12/31/2999
1609108075	4 THE YOUTH INC	ACTIVE	03/01/2010	12/31/2999	12/19/2022	12/31/2999
1609108075	4 THE YOUTH INC	ACTIVE	03/01/2010	12/31/2999	12/19/2022	12/31/2999
1073611364	72ND ST CLINIC FQHC	ACTIVE	04/01/1990	12/31/2999	01/30/2023	12/31/2999

1. Click on the Network Provider Name hyperlink for the desired provider record or, use the Filter By to search.



2. The Manage MCO Network Provider Details displays. Note: The providers current Business eligible Date Range can be viewed here as well as other limited information like Office Hours and Languages Spoken.

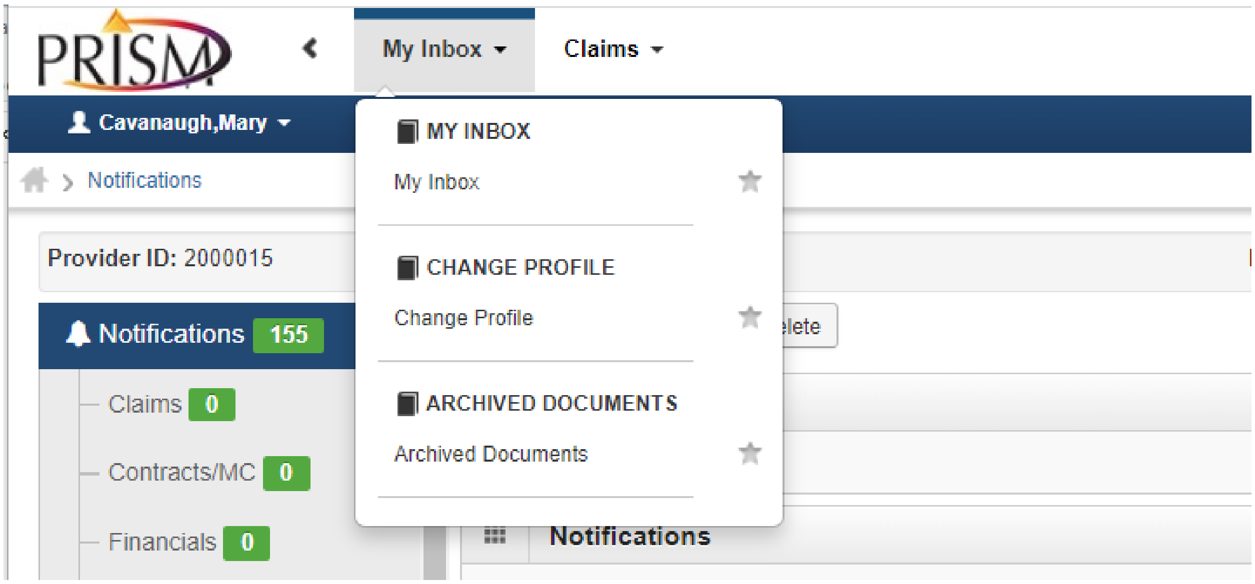


3. Click Close to exit.

Profile: Claims Inquiry – Provider

The Claims Inquiry – Provider profile has access to the My Inbox and Claims area in PRISM. Click on the dropdown to view the available functionality for each area.

My Inbox Functionality



I. My Inbox

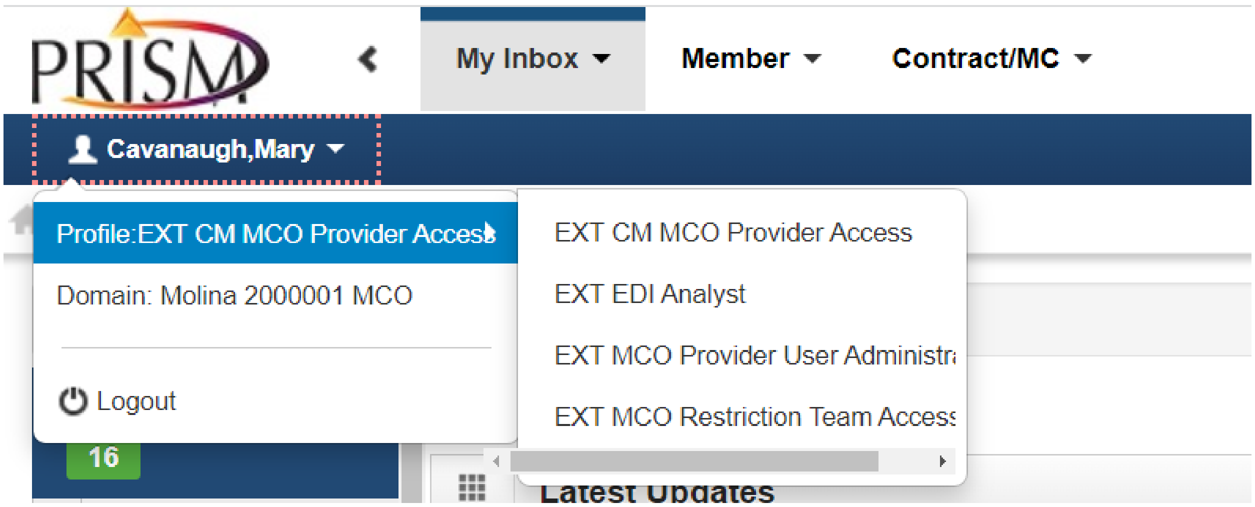
The My Inbox page displays Notifications associated to profiles the user has access to. The only notifications for MCO access are related to the Restriction program. The My Inbox page is also the default landing page at login.

II. Change Profile

By selecting "Change Profile" the user will be returned to the PRISM login page. Users can, however, change profiles without returning to the login page.

7. Click on the user's name dropdown
    - The current Profile and Domain will be displayed
8. Hover over the Profile name to view other profiles available to the user

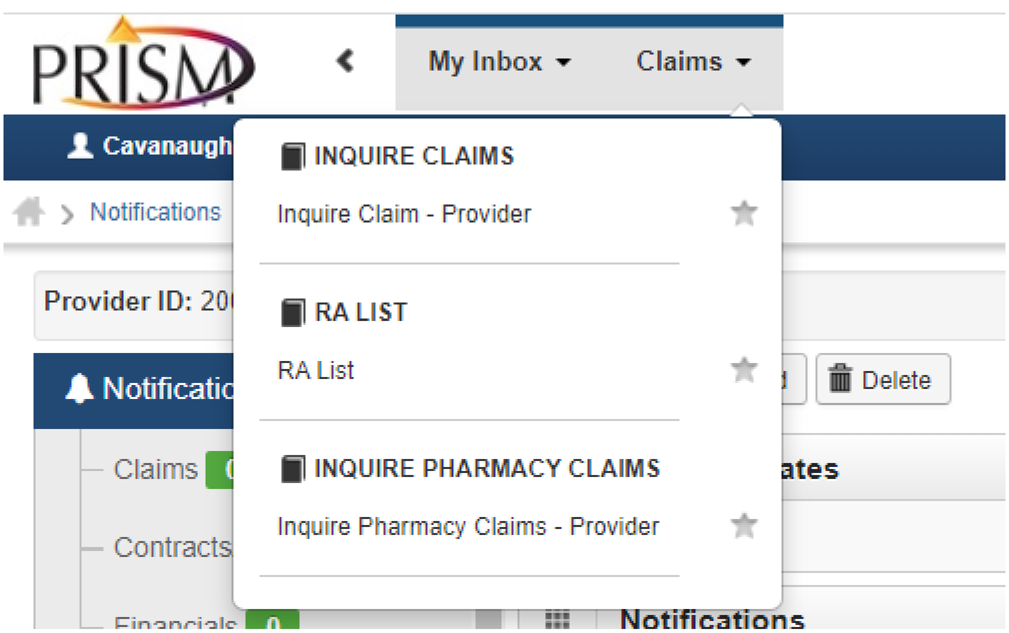
- Click the desired profile to change to



III. Archived Documents

The Archived Documents screen is applicable to Fee For Service providers only.

Claims Functionality

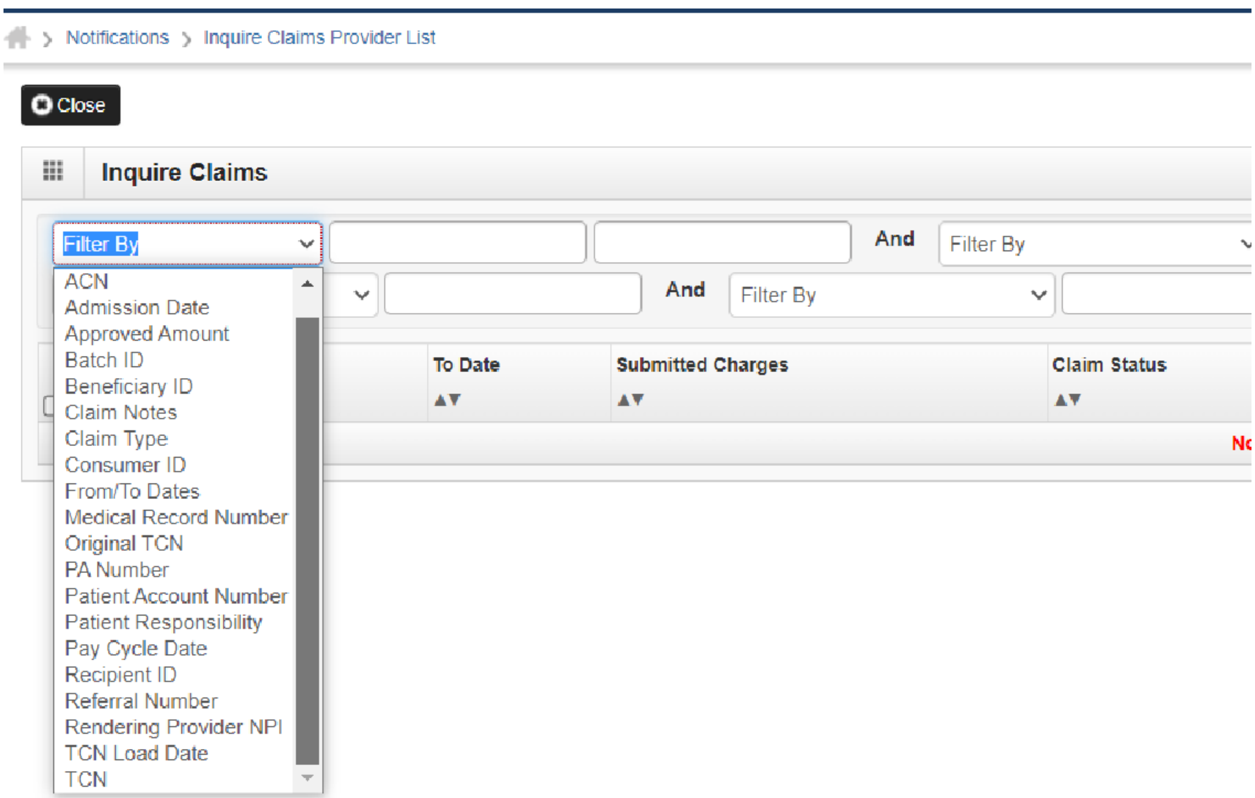


I. Inquire Claim - Provider

The Inquire Claim – Provider page will allow plans to view medical Encounter claims that have adjudicated in PRISM.

> Note: The MCO must have been reported accurately on the Encounter claim for the search to return results.

1. Searching Using Filters
   - There are several claim search options on the Inquire Claims page. Multiple Filter By criteria can be used at once to limit the search. The first Filter By field must have an alphanumeric value but subsequent fields may use the wildcard "%".

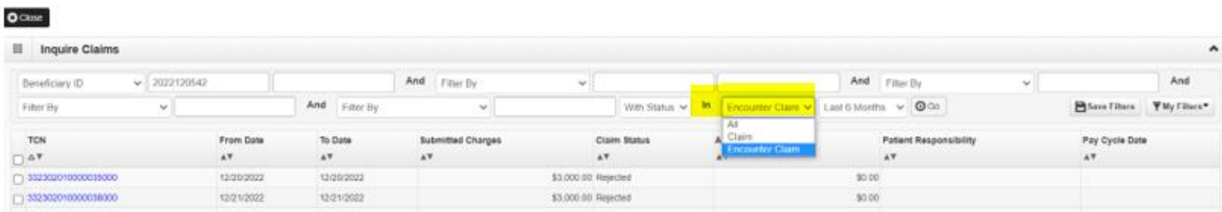


   - Recommended Filter By elements:
     - Batch ID: This is the BHT03 from the 837 the encounter was submitted on.

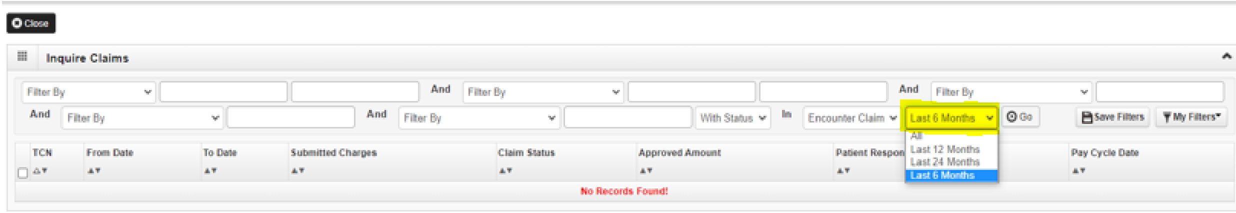
- Tip: on the second Filter By, select Patient Account Number and enter the wildcard search value "%" and the plan claim id will be returned in the search results.

- Patient Account Number: This is the plan Claim ID
- Beneficiary ID or Recipient ID: These elements are the Medicaid Member ID.

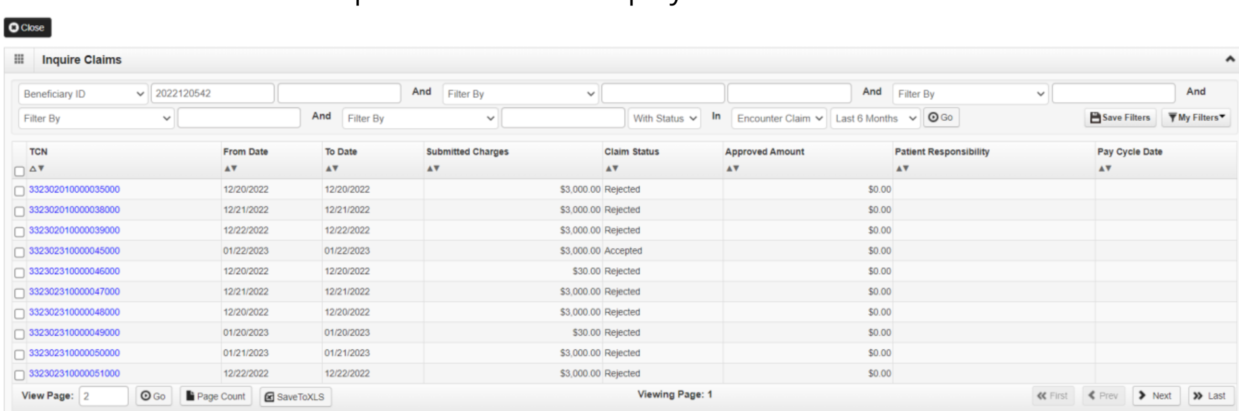
- The claims search defaults to In "Claim". Please switch to Encounter Claim or All when searching for Encounters.



- The claims search also defaults to "Last 6 Months" for the timeframe of the search. You can select All, Last 24 Months or Last 12 Months.

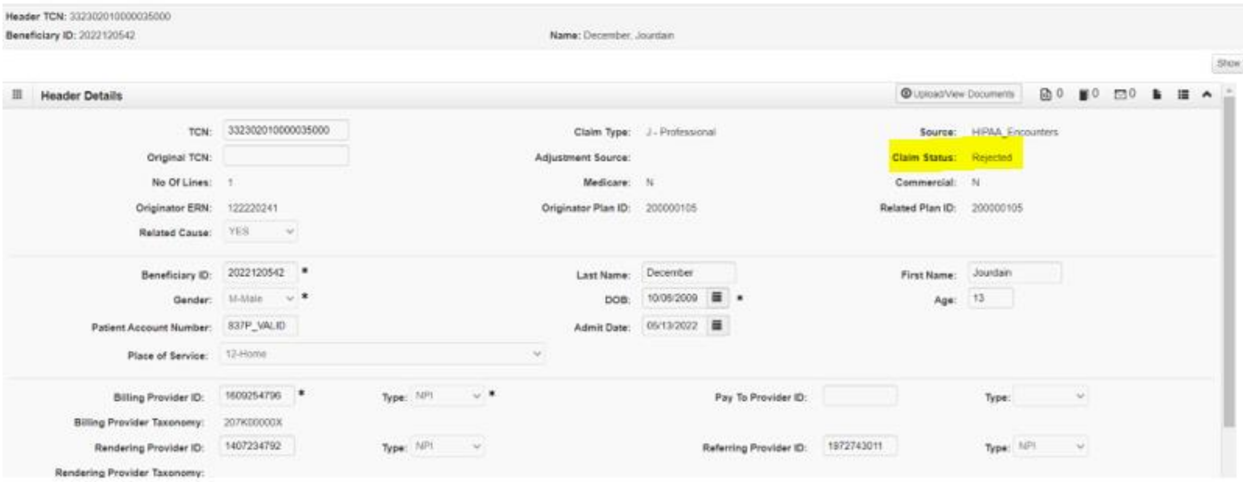


- Click Go to complete search and display the search results.

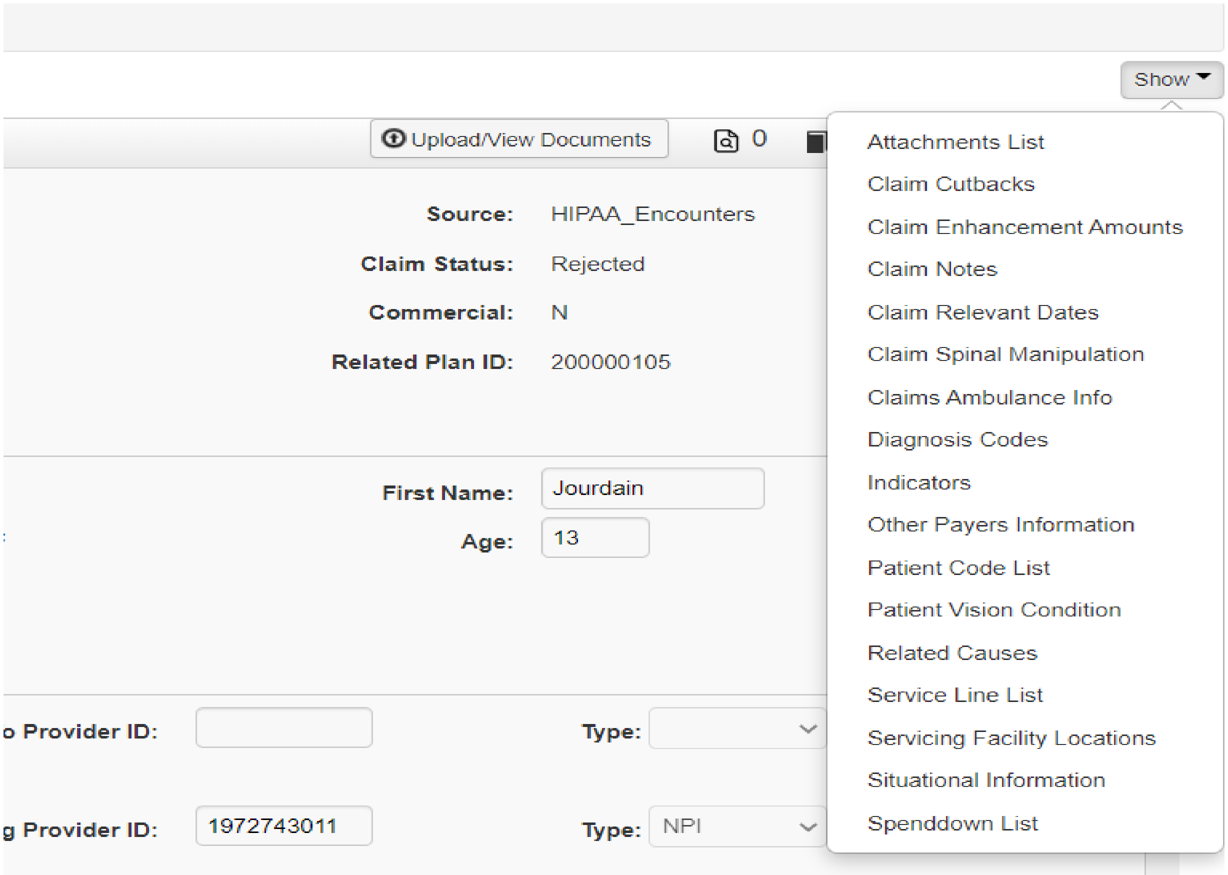


- Click on the TCN hyperlink to view the desired Encounter.

2. View the Encounter
   - The Claim Header Detail page: Here you can see claim header level information as well as the Claim Status.



   - The Show Menu (upper right corner) provides links to additional detail such as notes, diagnosis codes, other payers information, service line list and situational information. Not all Show Menu items will contain information. Only information provided by the plan will be available.



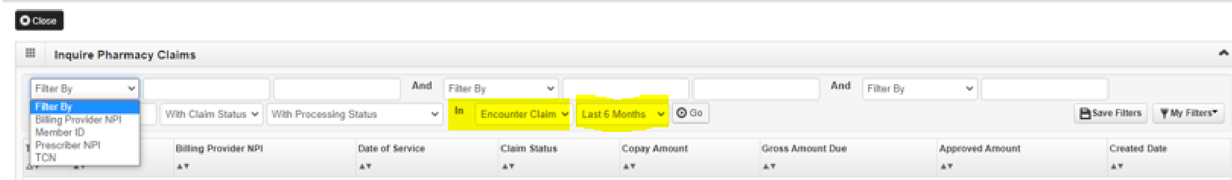
II. RA List

The RA List is a Fee For Service Provider feature. This will not apply to MCOs.

III. Inquire Pharmacy Claims - Provider

Plans can search for their pharmacy encounters on the Inquire Pharmacy Claims screen.

1. Searching using Filters
    - The Filter By options are more limited than on medical Encounter claims. Make sure that Encounter Claim and the appropriate timeframe is selected for the "In" search fields



2. Viewing the Pharmacy Encounter
    - The Pharmacy Claim Header Detail page displays the “Errors to Resolve” or edits, the Drug Information List and Header Details.