

Managed Care (MCO)



Access Profile Manual

Table of Contents

ACCESS TO THE PROVIDER PORTAL (AND PRISM DOMAINS)	4
I. USER UTAH-ID AND PASSWORD	4
II. USER COMPLETES THE MCO PROVIDER USER ACCESS AGREEMENT	5
III. LOGGING IN to PRISM	5
Profile: EXT MCO Provider User Administrator	6
Profile: EXT MCO Restriction Team Access	7
Profile: EXT CM MCO Provider	7
My Inbox Functionality.....	8
I. My Inbox	8
II. Change Profile.....	8
III. Provider Verification.....	9
Member Functionality.....	10
I. ELIGIBILITY INQUIRY.....	11
II. HEALTH RISK ASSESSMENT	13
Contract/MC Functionality	15
I. MC/Enrollment Administration.....	15
Profile: EXT EDI Analyst.....	19
My Inbox Functionality.....	19
I. My Inbox	21
II. Change Profile.....	21
III. Archived Documents.....	22
IV. HIPAA.....	22
V. Provider Verification	24
Provider Functionality.....	25
I. Manage Provider.....	26
Profile: Claims Inquiry – Provider.....	31

My Inbox Functionality..... 31

- I. My Inbox 31
- II. Change Profile..... 31
- III. Archived Documents..... 32

Claims Functionality 32

- I. Inquire Claim - Provider 33
- II. RA List..... 36
- III. Inquire Pharmacy Claims - Provider 37

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.: ., !, @, #, \$, %, ^, &, *,)

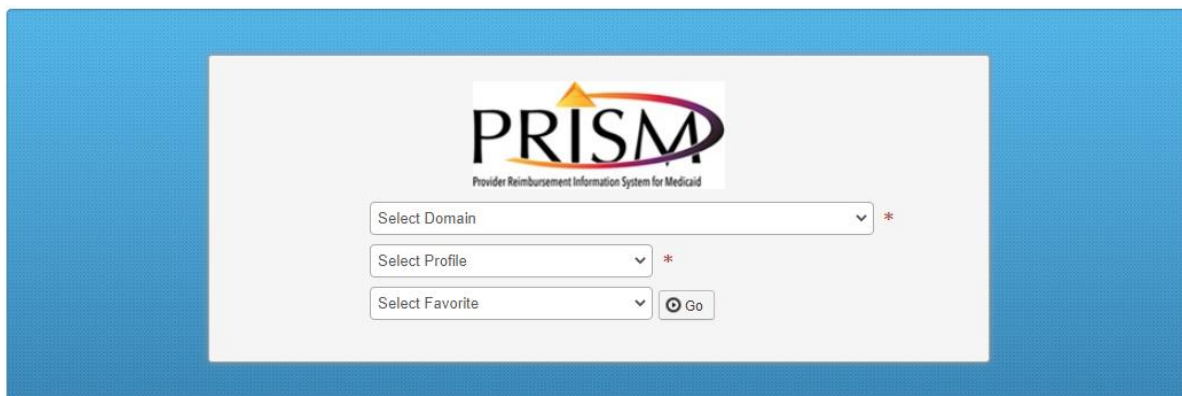
If the Utah-ID password created by the user does not meet these standards, users will be forced to change their password to gain access to PRISM.

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](#).



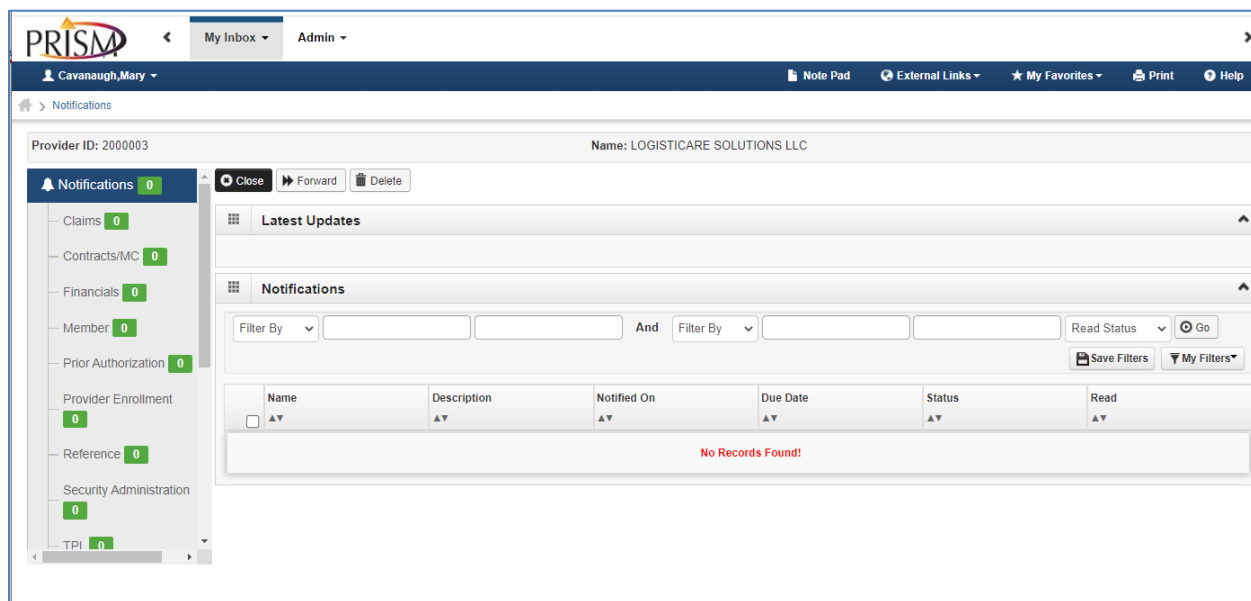
1. Select Domain from the dropdown.

- 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

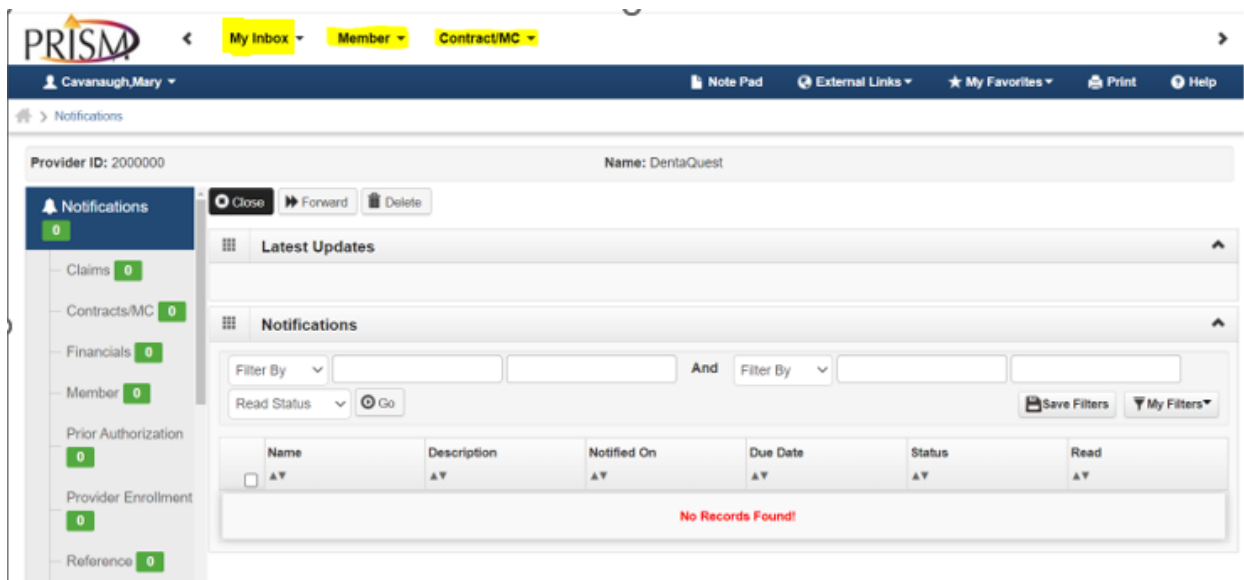
The EXT MCO Provider User Administrator profile is considered privileged access for the purpose of user management. Refer to the [MCO Administrator Manual](#) for administrator responsibilities and access management details.

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.

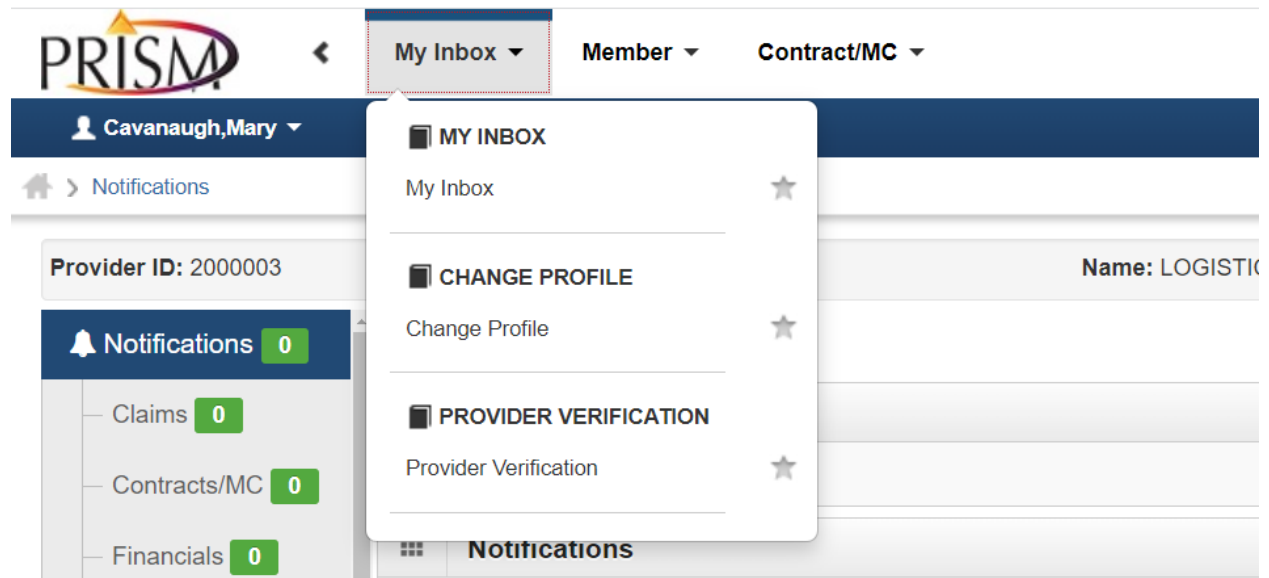
Profile: EXT CM MCO Provider

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.



The screenshot shows the PRISM application interface. At the top, there is a navigation bar with the PRISM logo and several dropdown menus: "My Inbox", "Member", and "Contract/MC". Below the navigation bar, the user's name "Cavanaugh, Mary" is displayed. The main content area is titled "Notifications" and shows details for a provider with ID "2000000" and name "DentaQuest". On the left side, there is a sidebar menu with various notification categories, each with a green box containing the number "0": "Claims", "Contracts/MC", "Financials", "Member", "Prior Authorization", "Provider Enrollment", and "Reference". The main content area includes a "Latest Updates" section, a "Notifications" section with filter options (Filter By, Read Status, Go, Save Filters, My Filters), and a table with columns: Name, Description, Notified On, Due Date, Status, and Read. The table currently displays "No Records Found!" in red text.

My Inbox Functionality



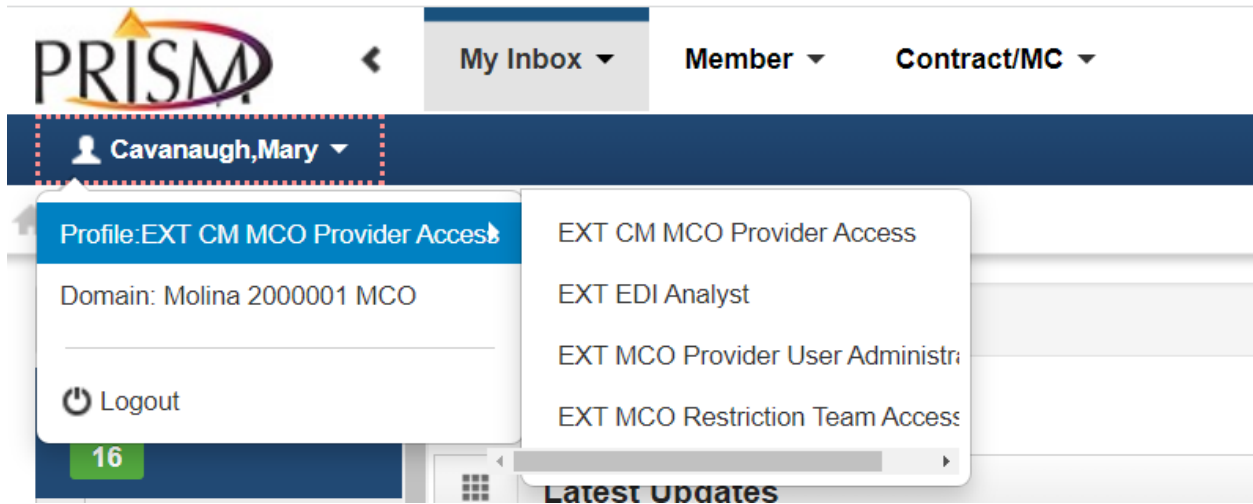
I. My Inbox

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.

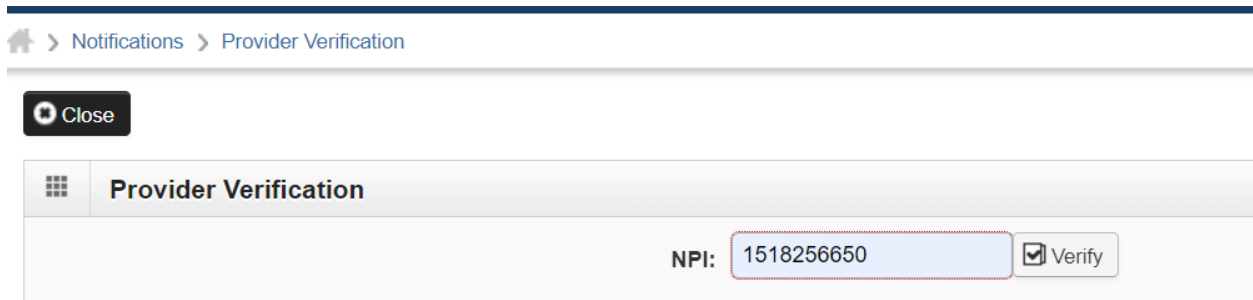
1. Click on the user's name dropdown
 - o The current Profile and Domain will be displayed
2. Hover over the Profile name to view other profiles available to the user
 - o Click the desired profile to change to



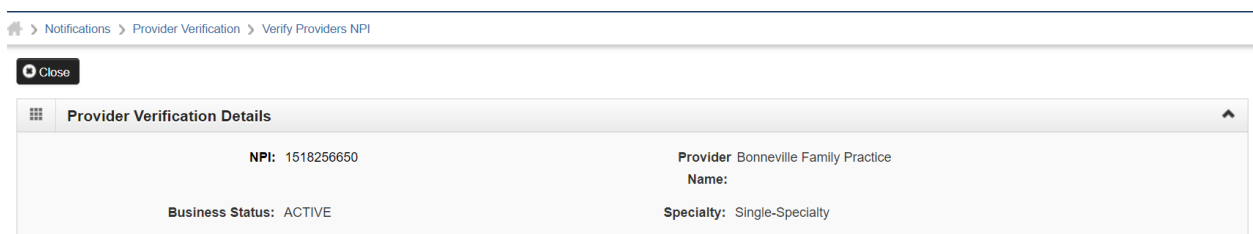
III. Provider Verification

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

1. Enter the provider NPI and click the Verify

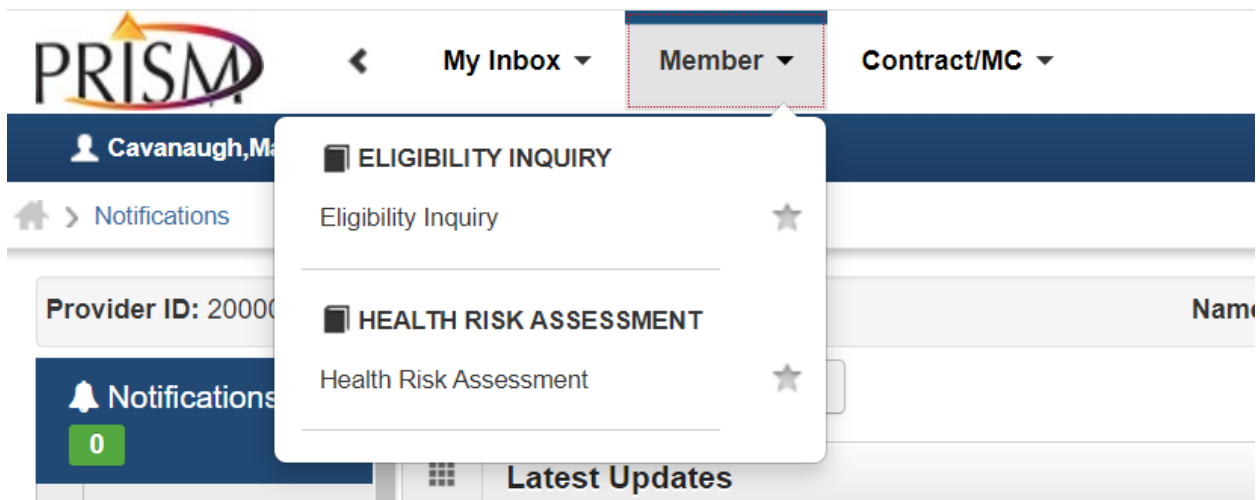


2. The Provider Verification Details will return



- 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

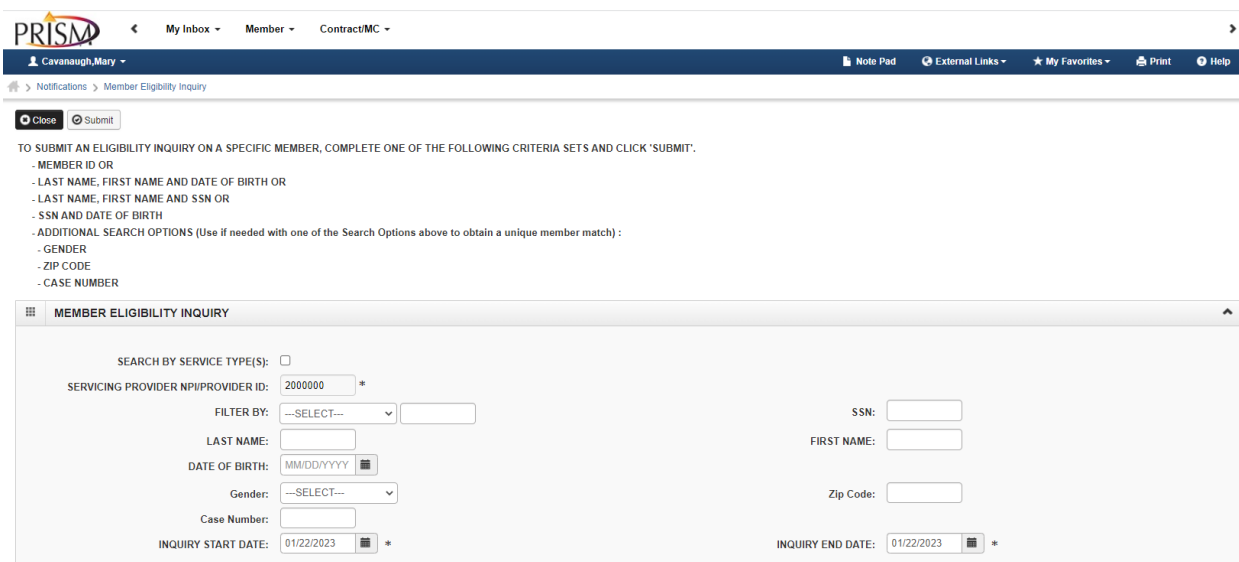
Member Functionality



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.
 - o The Servicing Provider NPI/Provider ID will default to the domain the user is logged into.
 - o 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: *

FILTER BY: Member ID

LAST NAME:

DATE OF BIRTH:

Gender: ---SELECT---

Case Number:

INQUIRY START DATE: *

SSN:

FIRST NAME:

Zip Code:

INQUIRY END DATE: *

3. The search results return.

- o Text in blue is a hyperlink to additional information

Member ID: 8834391475 Name: TESTLNNCH/FRT, TESTFNHCW/FRT 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 COMMERCIAL / OTHER: N

GENDER: FEMALE PROVIDER RESTRICTION: N

DATE OF BIRTH: 01/01/1942 COST SHARE MET: Y

CASE NUMBER: 88343 CAP AMOUNT REMAINING(\$):

COUNTY OF RESIDENCE: SALT LAKE Copy Exemption Indicator: Y

CITIZENSHIP: U.S. Citizen/Native American 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
AY	AY	AY	AY	AY	AY	AY	AY
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		SALT LAKE COUNTY - OPTUM - MH	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		SALT LAKE COUNTY - OPTUM - MH	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 Viewing Page: 1

PATIENT PAY

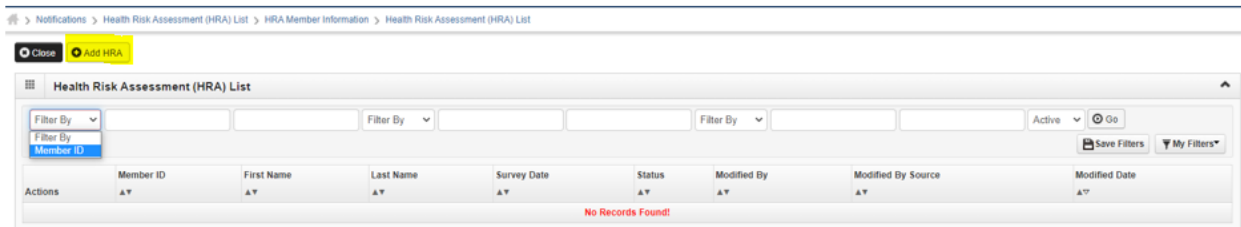
Services Applicable	Patient Pay Amount	PPA Start Date	PPA End Date
AY	AY	AY	AY
No Records Found!			

4. Click the Close button to exit the page.

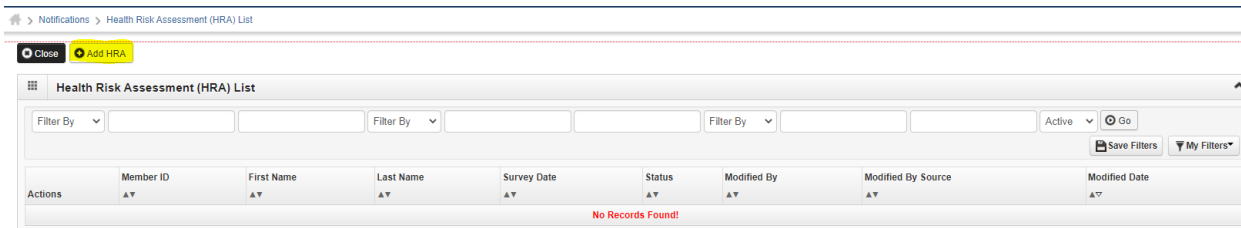
II. HEALTH RISK ASSESSMENT

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

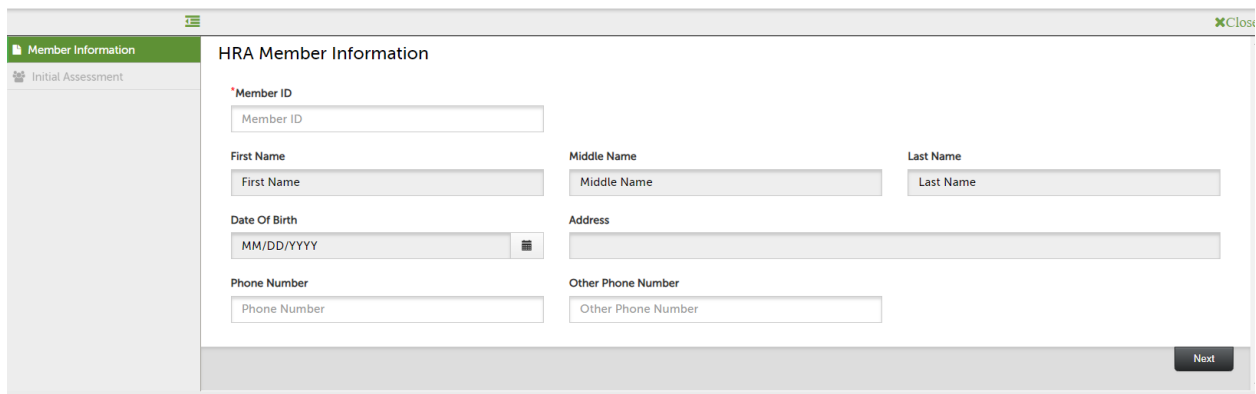
1. Click on Health Risk Assessment to display the Health Risk Assessment (HRA) screen. Users can add an HRA or search for an existing HRA.



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



3. The HRA survey wizard screen displays.
 - o 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

SECTION 1 - Initial Assessment Questions

In general would you say your health is:
 Excellent Very Good Good Fair Poor

In the past 12 months, how many times have you stayed overnight as a patient in a hospital?
 None Once Two or three times Four or more times

In the past 12 months, how many times have you visited a physician or clinic?
 Not at all Once Two or three Four to six More than six

Do you currently have a procedure or surgery scheduled?
 Yes No

Have you ever been diagnosed with diabetes?
 Yes No

Have you ever been diagnosed with coronary heart disease?
 Yes No

Is there a friend, relative or neighbor who would take care of you for a few days if needed?
 Yes No

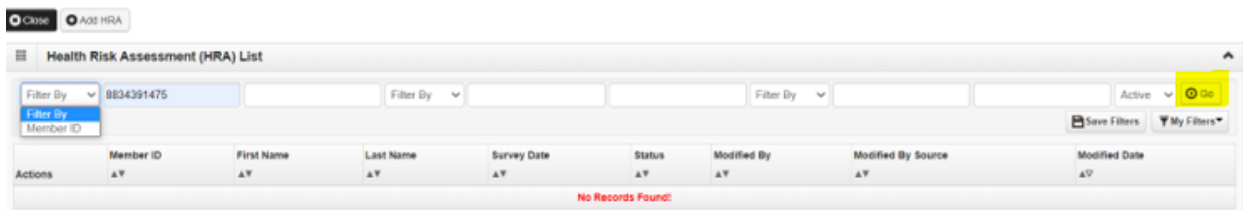
Do you have a disability that requires special care or equipment?
 Yes No

Select the check box if you do not want to answer the questions above

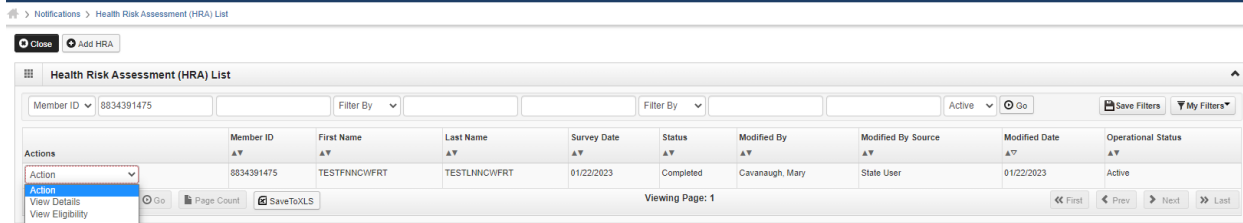
Submit

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.

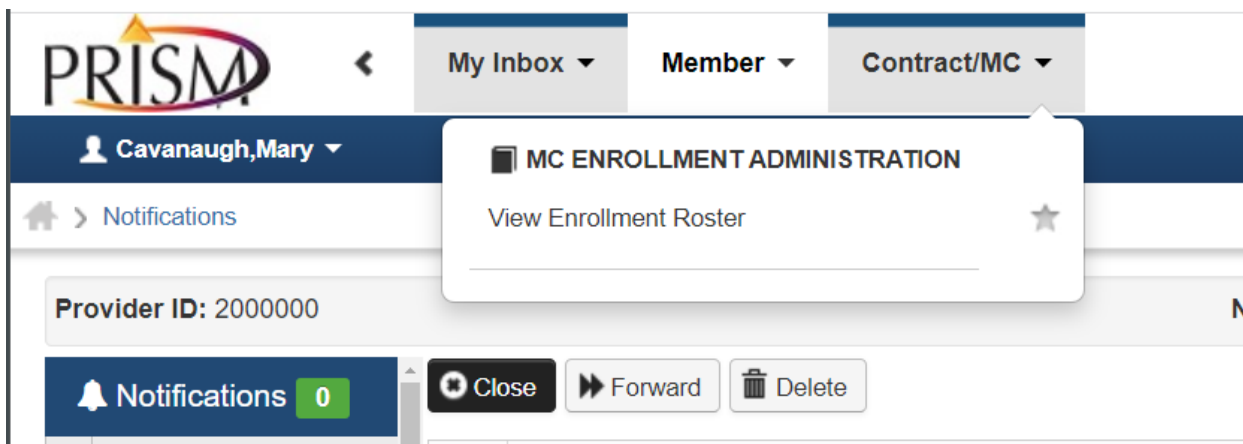


- The results will display
- Click the Action dropdown and select View Details to view the HRA questionnaire



5. Click Close to return to exit the page.

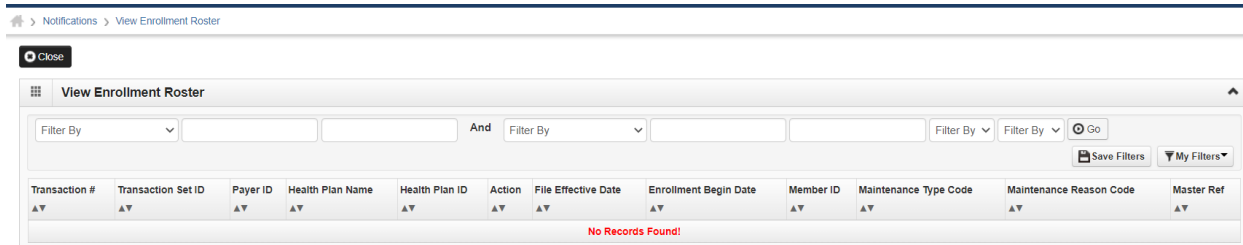
Contract/MC Functionality



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.

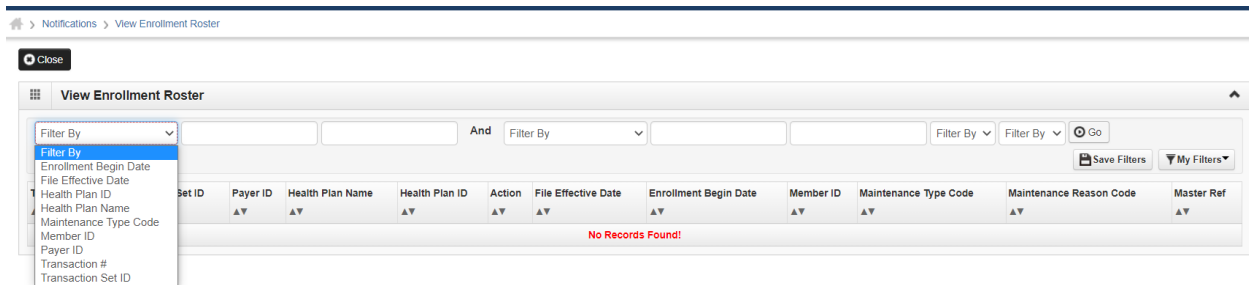
1. Click on View Enrollment roster to display the View Enrollment Roster screen.



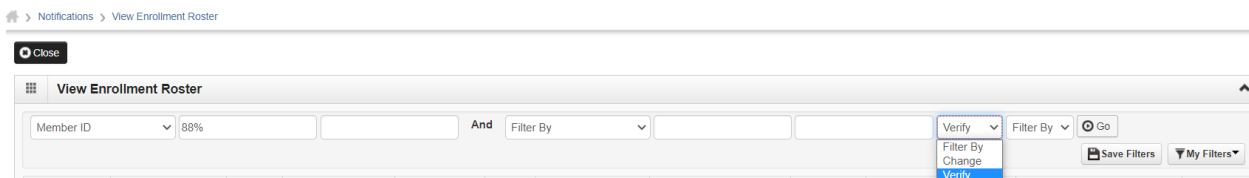
2. Select Filter By options and enter the applicable information for the search. Select filters that are as specific as possible to avoid long system searches.

The first and second Filter By have the same options and can both be used to refine the search:

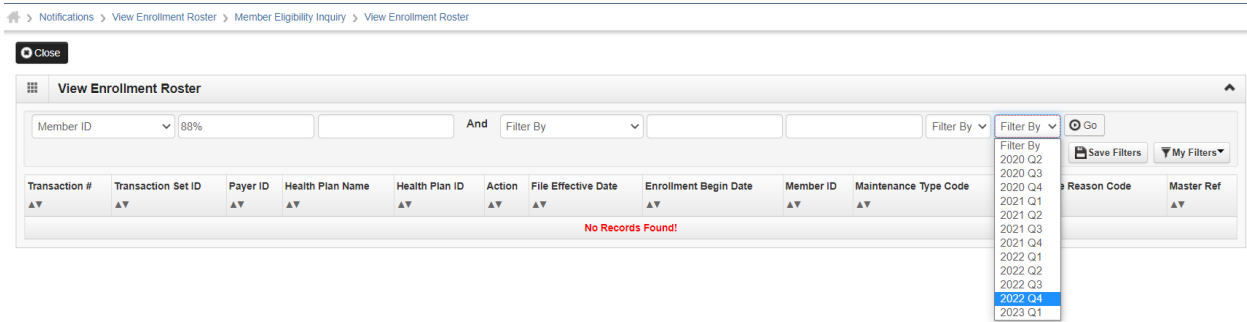
- o Enrollment Begin Date: The date the member was first enrolled with the plan
- o File Effective Date: The benefit month the transaction was effective
- o Health Plan ID: The 7-digit Plan PRISM ID (same as in domain name)
- o Health Plan Name: The plan doing business as name in PRISM
- o Maintenance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

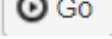


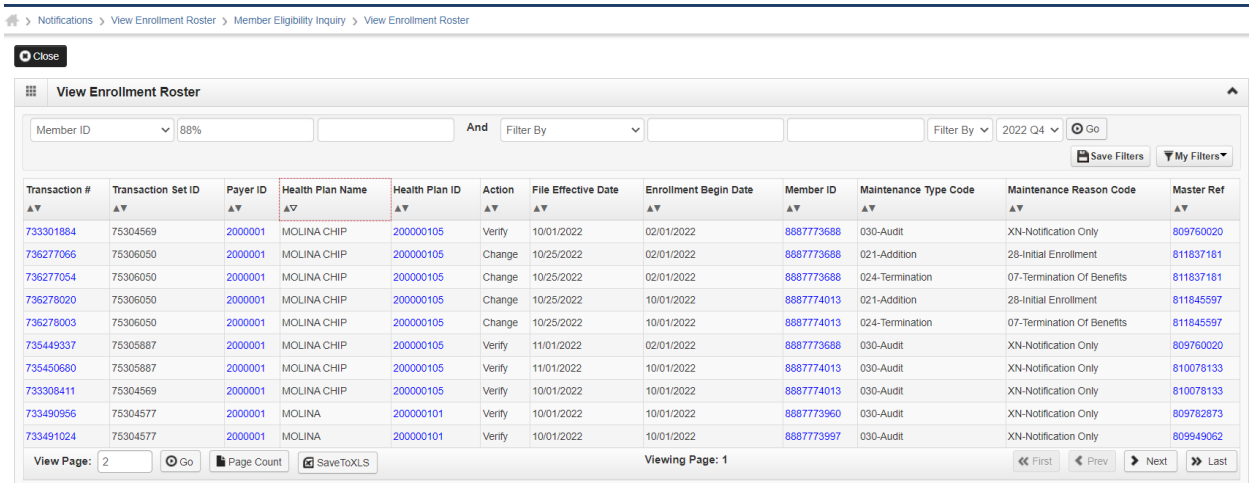
The third Filter By allows the search to be limited by a Change action (Change, Add, Terminate, Re-Instatement) or a Verify (Audit) action. This is an optional filter.



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



3. Click the Go button . The system will display the search results.



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”.

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

TPL Insurance Details

Insurance Number	Insurance Name	Insurance Type	Insurance Begin Date	Insurance End Date
▲▼	▲▼	▲▼	▲▼	▲▼

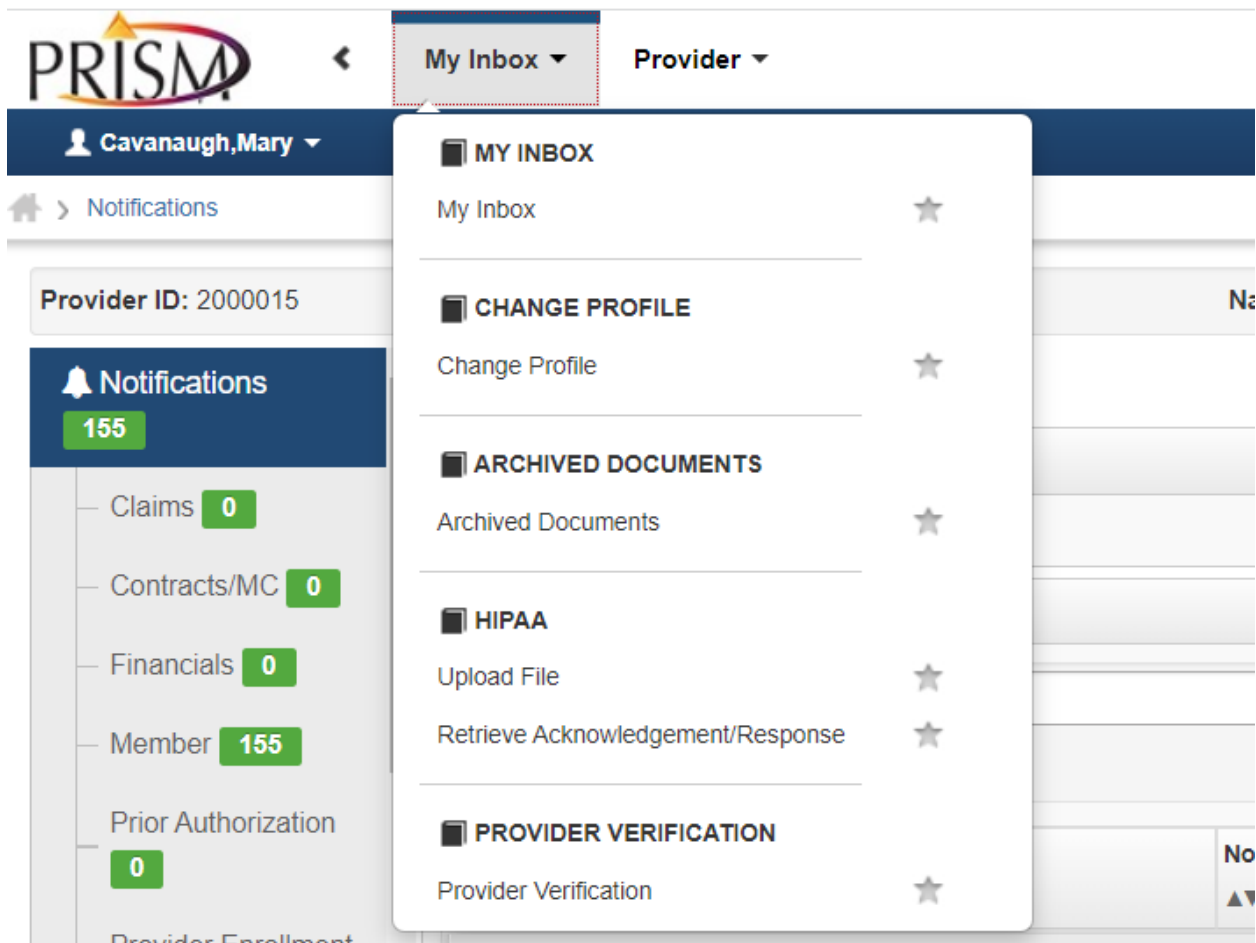
No Records Found!

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



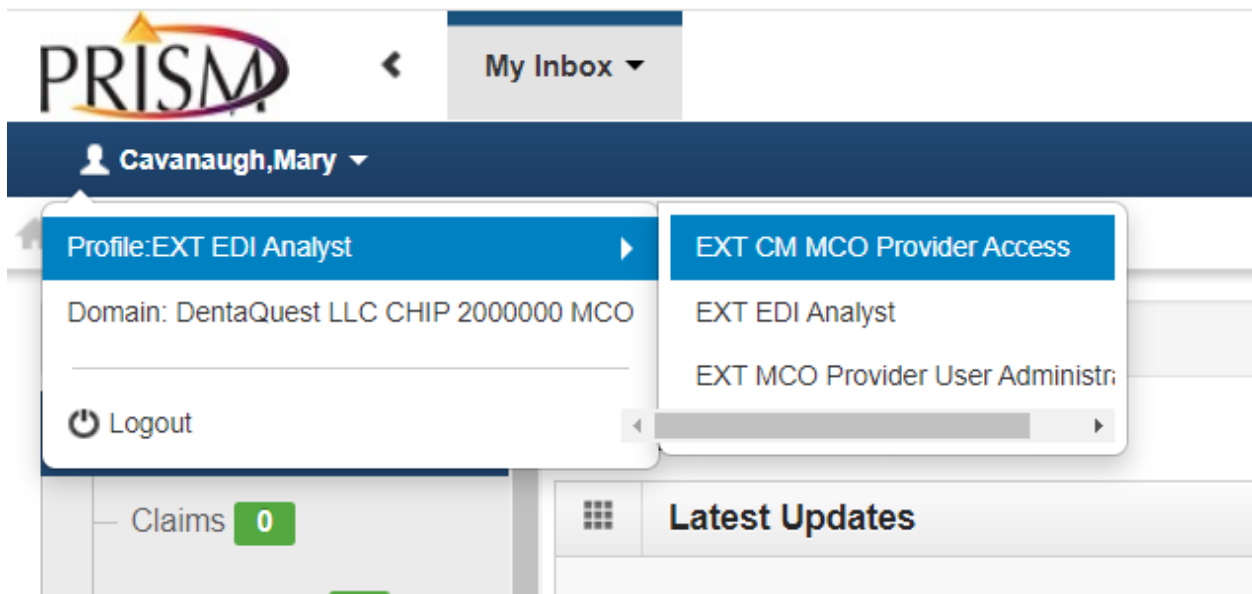
I. My Inbox

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

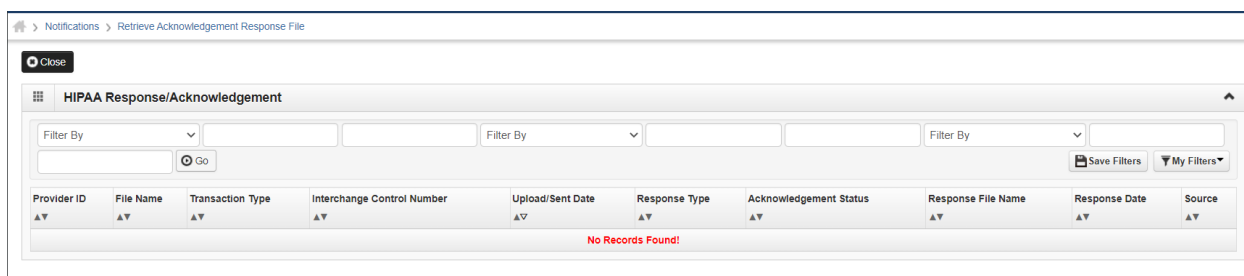
The Archived Documents functionality is used by Fee For Service providers and is not applicable for MCO's.

IV. HIPAA

The Retrieve Acknowledgement/Response functionality allows the user to search on inbound and outbound EDI files.

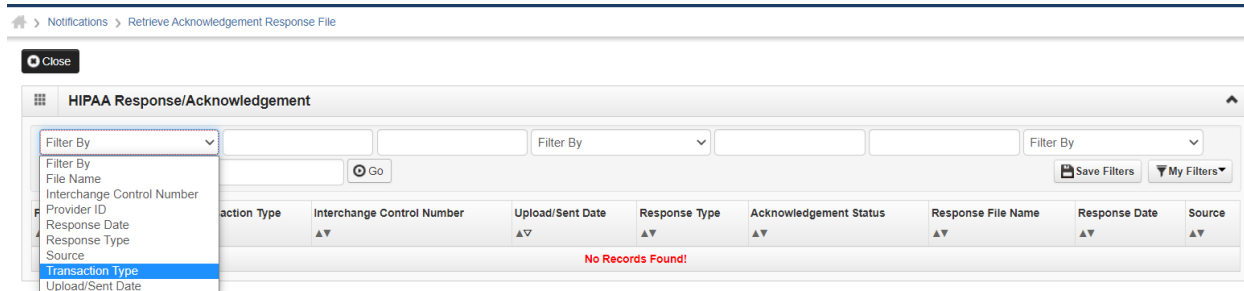
Note: The Upload File functionality is not enabled for managed care providers.

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.

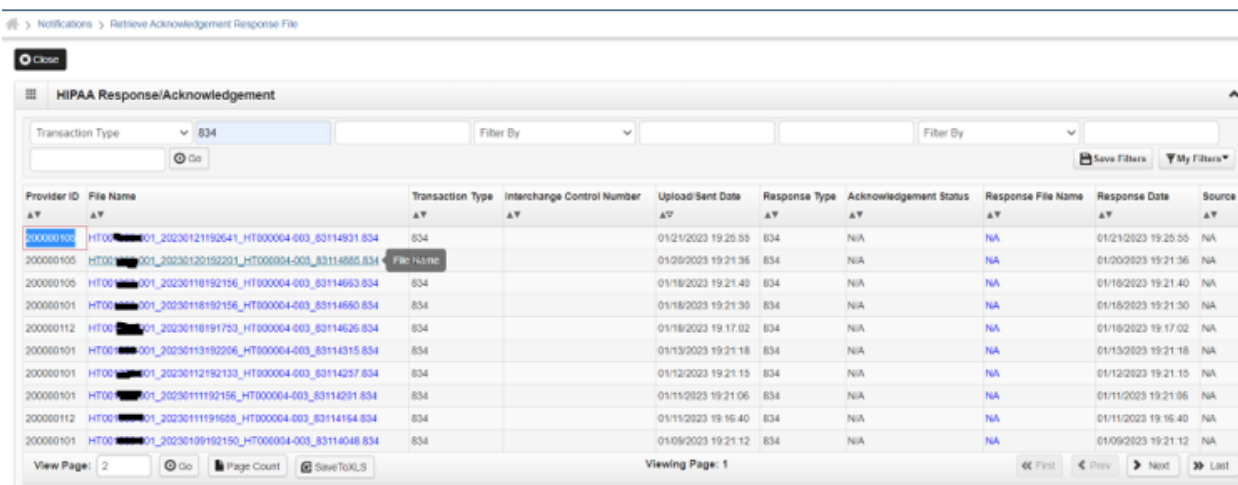
All three Filter By options are the same. Multiple filters can be used to refine the search.



- o 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.

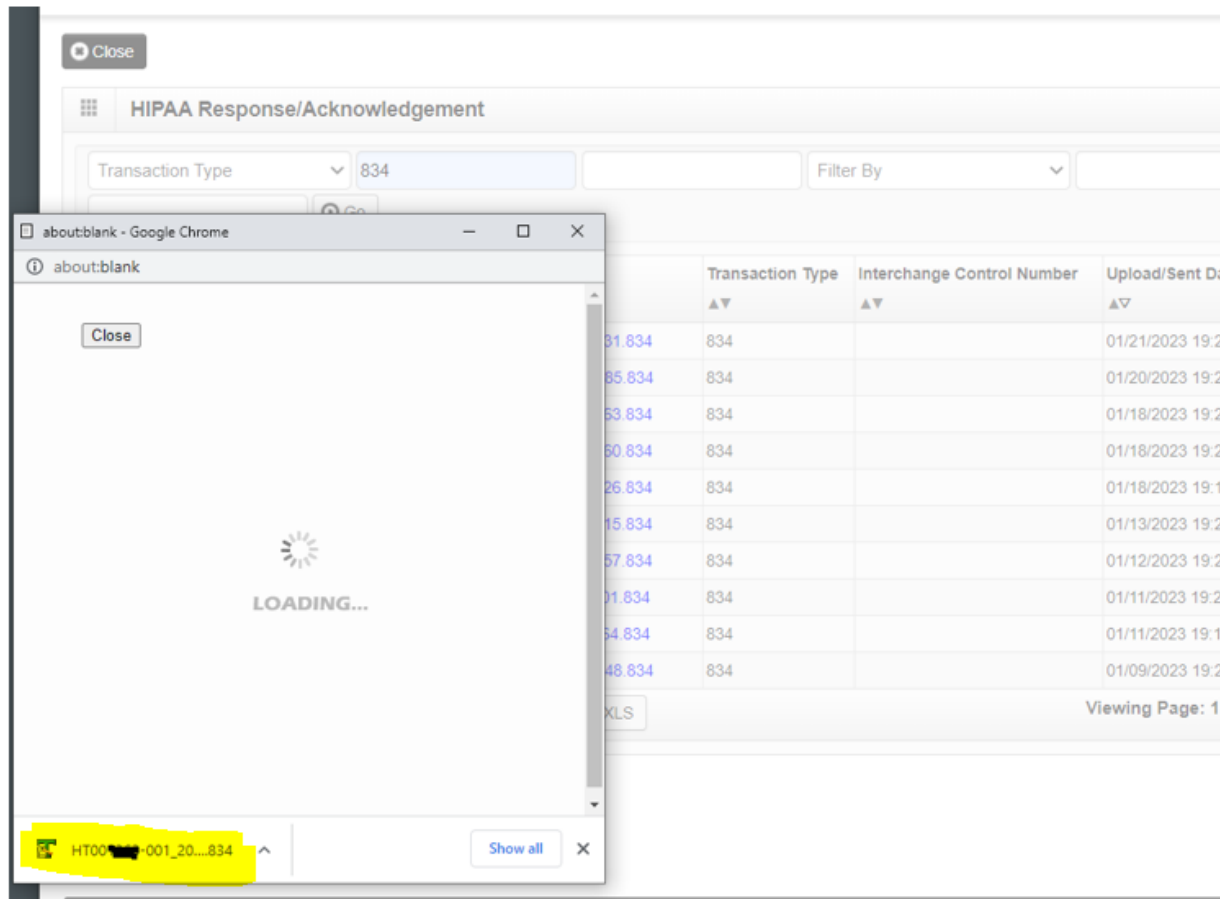
3. Click the Go button  . The system will display the search results.



Provider ID	File Name	Transaction Type	Interchange Control Number	Upload/Sent Date	Response Type	Acknowledgement Status	Response File Name	Response Date	Source
200000105	HT000001_20230121192041_HT000004-003_83114931.834	834		01/21/2023 19:25:55	834	N/A	NA	01/21/2023 19:25:55	NA
200000105	HT000001_20230120192201_HT000004-003_83114886.834	834		01/20/2023 19:21:36	834	N/A	NA	01/20/2023 19:21:36	NA
200000105	HT000001_20230118192156_HT000004-003_83114663.834	834		01/18/2023 19:21:40	834	N/A	NA	01/18/2023 19:21:40	NA
200000101	HT000001_20230118192156_HT000004-003_83114660.834	834		01/18/2023 19:21:38	834	N/A	NA	01/18/2023 19:21:38	NA
200000112	HT000001_20230118191753_HT000004-003_83114626.834	834		01/18/2023 19:17:02	834	N/A	NA	01/18/2023 19:17:02	NA
200000101	HT000001_20230113192206_HT000004-003_83114315.834	834		01/13/2023 19:21:18	834	N/A	NA	01/13/2023 19:21:18	NA
200000101	HT000001_20230112192133_HT000004-003_83114257.834	834		01/12/2023 19:21:15	834	N/A	NA	01/12/2023 19:21:15	NA
200000101	HT000001_20230111192156_HT000004-003_83114291.834	834		01/11/2023 19:21:06	834	N/A	NA	01/11/2023 19:21:06	NA
200000112	HT000001_20230111191605_HT000004-003_83114164.834	834		01/11/2023 19:16:40	834	N/A	NA	01/11/2023 19:16:40	NA
200000101	HT000001_20230109192150_HT000004-003_83114048.834	834		01/09/2023 19:21:12	834	N/A	NA	01/09/2023 19:21:12	NA

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.



- o 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

Home > Notifications > Provider Verification

Close

Provider Verification

NPI: Verify

2. The Provider Verification Details will return

Home > Notifications > Provider Verification > Verify Providers NPI

Close

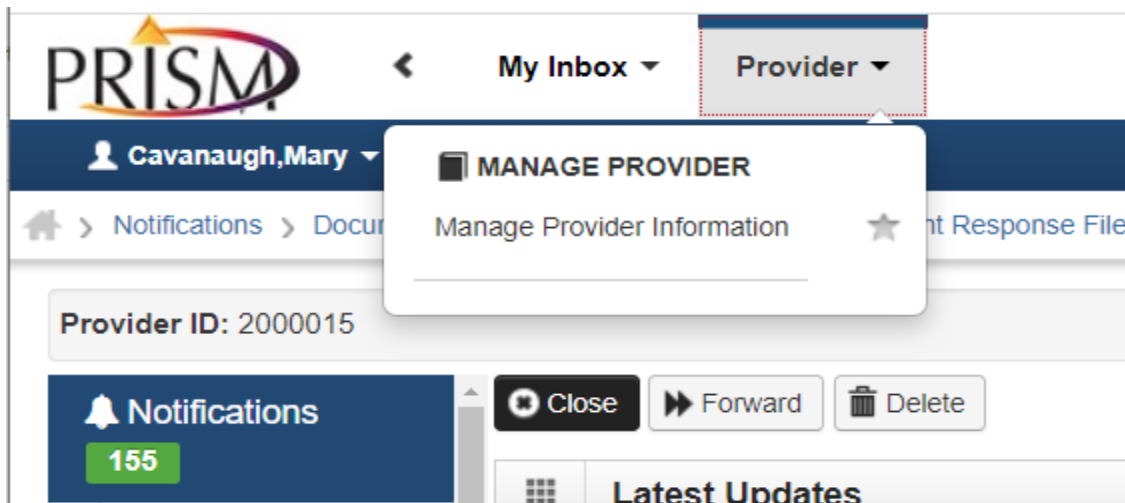
Provider Verification Details

NPI: 1518256650	Provider Name: Bonneville Family Practice
Business Status: ACTIVE	Specialty: Single-Specialty

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

6. Click close to exit the page.

Provider Functionality



The screenshot shows the PRISM interface with a dropdown menu open for 'Provider'. The menu options are:

- MANAGE PROVIDER
- Manage Provider Information

Other visible elements include 'My Inbox', 'Cavanaugh, Mary', 'Provider ID: 2000015', 'Notifications 155', and 'Latest Updates'.

I. Manage Provider

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

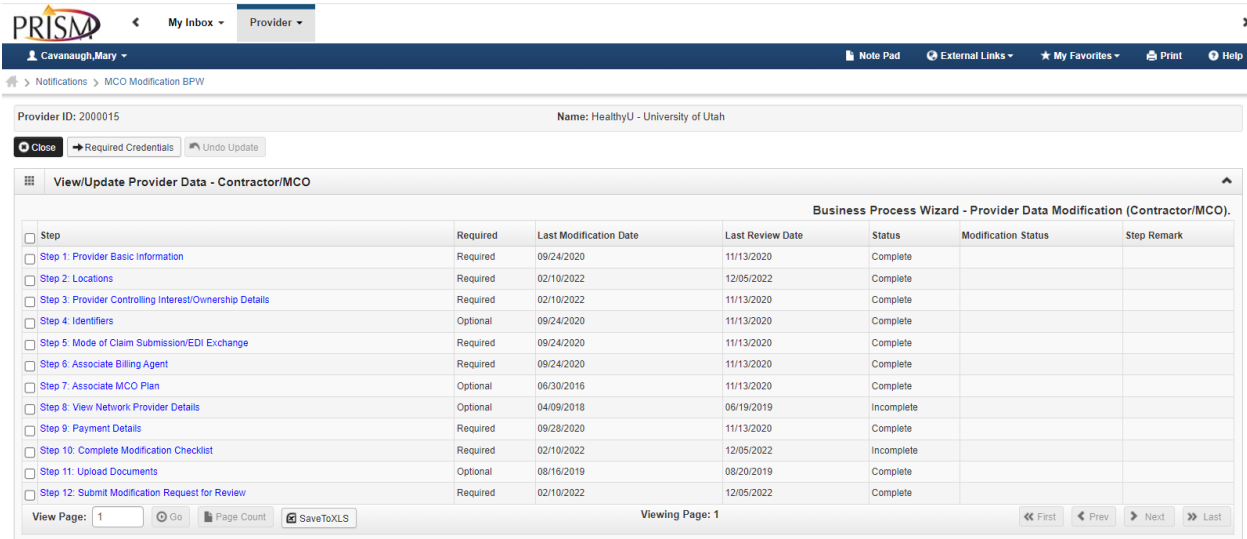
Only Steps that have been “completed” will have a hyperlink available. Step numbering may be different depending on the Plan and enrollment requirements.

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.



The screenshot shows the PRISM interface for MCO Modification BPW. The provider ID is 2000015 and the name is HealthyU - University of Utah. The interface displays a table titled "Business Process Wizard - Provider Data Modification (Contractor/MCO)".

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.
 - o The Available Transactions and the Associated Transactions can be viewed.

Please select the submission methods from EDI Exchange and/or Other Claims Submission as applicable.

Location: 01-HEALTHY U

Mode of Submission: Billing Agent/Clearing house/UHIN

Description: To submit/receive HIPAA transactions through UHIN

Available Transactions:

- 270/271-Eligibility Inquiry/Response
- 276/277-Claim Status Inquire/Response

Associated Transactions*

- 820-Premium Payments
- 834-Enrollment
- 837D-Dental(FFS)
- 837I-Institutional(FFS)
- 837P-Professional(FFS)

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.

The screenshot shows the PRISM interface for the 'Billing Agent List' screen. The provider is identified as 'HealthyU - University of Utah' with ID 2000015. The table below lists several billing agents, all of which are 'Utah Health Information Network Inc' with various location codes (01-06). The first row is highlighted in yellow.

Billing Agent ID	Billing Agent Name	Start Date	End Date	\$26 Auth.	Status	Operational Status	Inactivation Date	Location Code	Location Name
3003535	Utah Health Information Network Inc	12/15/2003	12/31/2999	No	Approved	Active		01	HEALTHY U
3003535	Utah Health Information Network Inc	12/15/2003	12/31/2999	No	Approved	Active		02	HEALTHY U
3003535	Utah Health Information Network Inc	12/15/2003	12/31/2999	No	Approved	Active		03	HEALTHY U HMO
3003535	Utah Health Information Network Inc	09/24/2020	12/31/2999	No	Approved	Active		04	Healthy U Behavioral - Summit MH
3003535	Utah Health Information Network Inc	09/24/2020	12/31/2999	No	Approved	Active		05	Healthy U Behavioral - Summit SUD
3003535	Utah Health Information Network Inc	09/24/2020	12/31/2999	No	Approved	Active		06	Healthy U - Integrated Medical

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

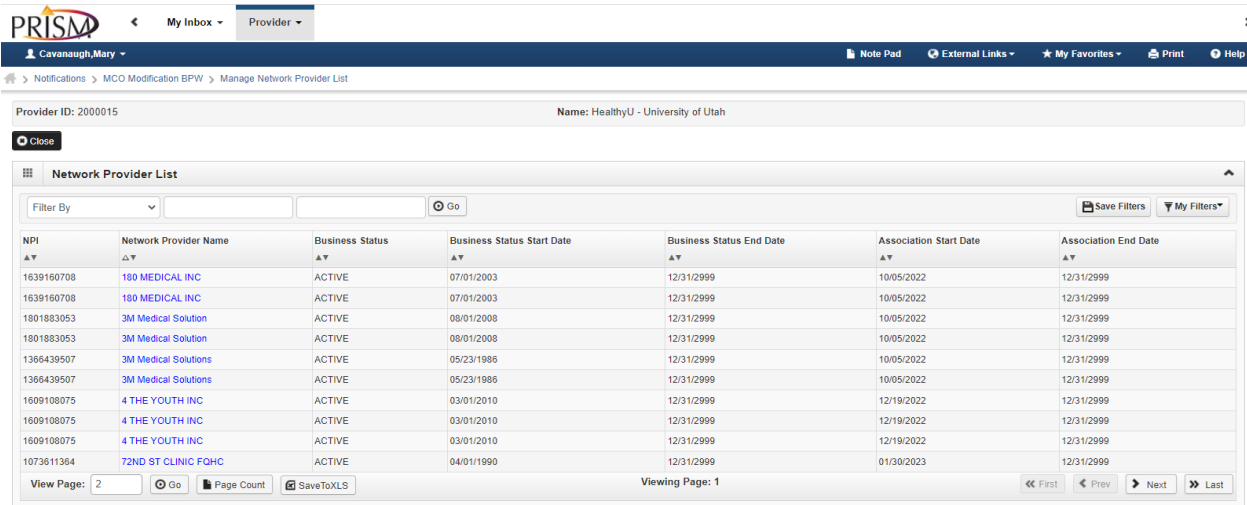
The screenshot shows two screens in the PRISM interface. The top screen is 'Manage Billing Agent Association' for provider 2000015. It displays details for the association with Billing Agent ID 3003535 (Utah Health Information Network Inc) starting on 12/15/2003 and ending on 12/31/2999. The status is 'Approved'. The bottom screen is 'EDI Transaction Authorization' for the same provider, showing a table of authorized EDI transaction types.

EDI Transaction Type	Start Date	End Date	Trading Partner ID	Status	Operation Status
837D-Dental(FFS)	12/15/2003	12/31/2999	HT00-002	Approved	Active
837P-Professional(FFS)	12/15/2003	12/31/2999	HT00-002	Approved	Active
837I-Institutional(FFS)	12/15/2003	12/31/2999	HT00-002	Approved	Active
834-Enrollment	12/15/2003	12/31/2999	HT00-002	Approved	Active
820-Premium Payments	12/15/2003	12/31/2999	HT00-002	Approved	Active

2. Click Close to exit.

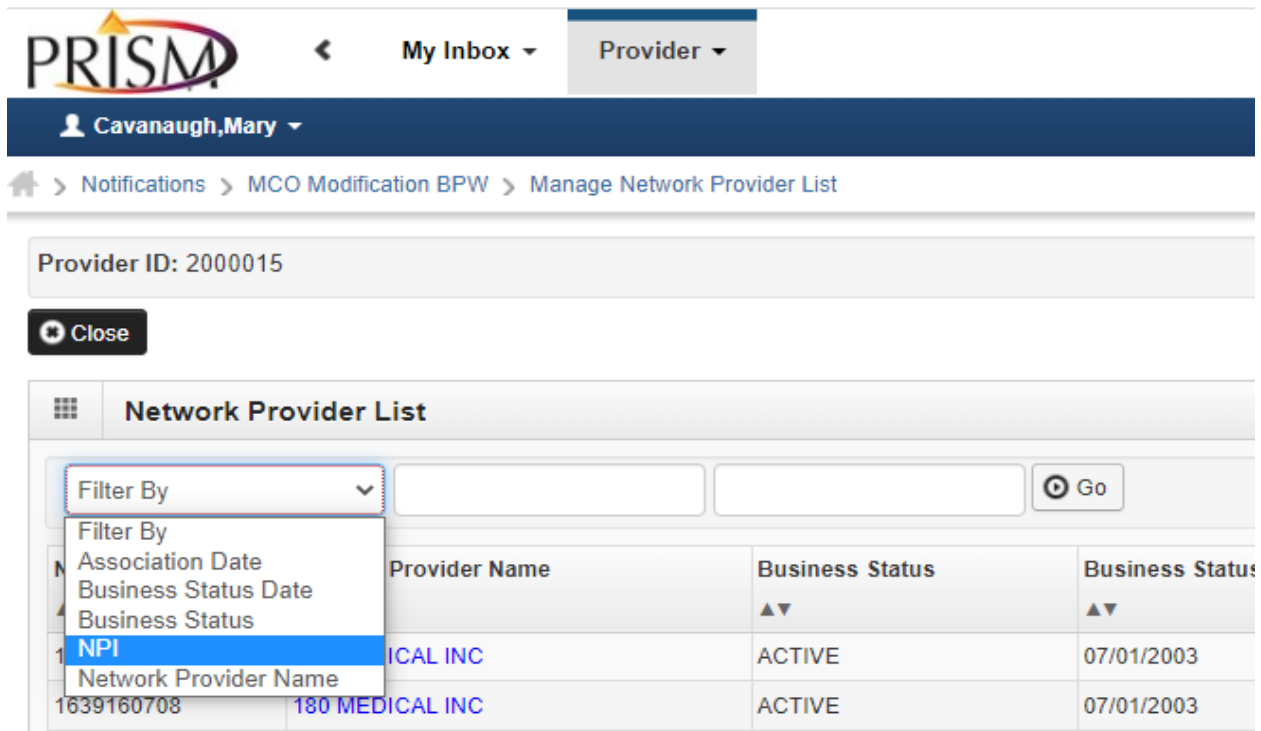
View Network Provider Details

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.



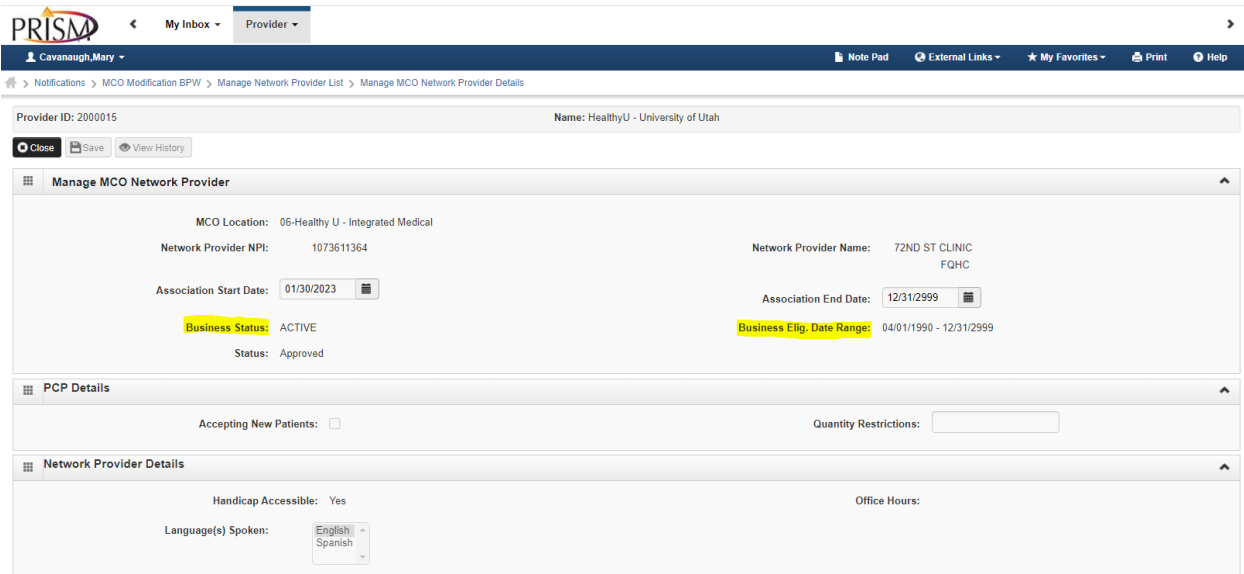
NPI	Network Provider Name	Business Status	Business Status Start Date	Business Status End Date	Association Start Date	Association End Date
1639160708	180 MEDICAL INC	ACTIVE	07/01/2003	12/31/2999	10/05/2022	12/31/2999
1639160708	180 MEDICAL INC	ACTIVE	07/01/2003	12/31/2999	10/05/2022	12/31/2999
1801883053	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 FOHC	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.



NPI	Network Provider Name	Business Status	Business Status
1639160708	180 MEDICAL INC	ACTIVE	07/01/2003
1639160708	180 MEDICAL INC	ACTIVE	07/01/2003

- 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.



The screenshot displays the PRISM web application interface for managing MCO network providers. The main content area is titled "Manage MCO Network Provider" and shows the following details:

- Provider ID:** 2000015
- Name:** HealthyU - University of Utah
- MCO Location:** 06-Healthy U - Integrated Medical
- Network Provider NPI:** 1073611364
- Network Provider Name:** 72ND ST CLINIC FGHC
- Association Start Date:** 01/30/2023
- Association End Date:** 12/31/2999
- Business Status:** ACTIVE
- Business Elig. Date Range:** 04/01/1990 - 12/31/2999
- Status:** Approved

Below the main details, there are three expandable sections:

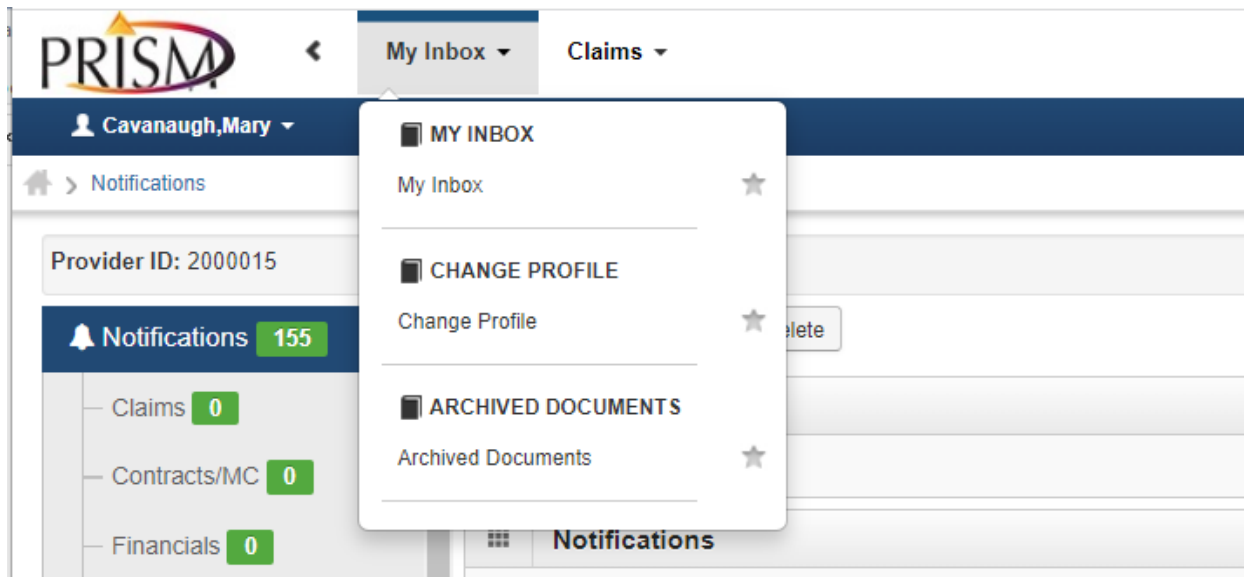
- PCP Details:** Includes "Accepting New Patients" (checkbox) and "Quantity Restrictions" (input field).
- Network Provider Details:** Includes "Handicap Accessible: Yes", "Office Hours", and "Language(s) Spoken" (dropdown menu with options for English and Spanish).

- 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

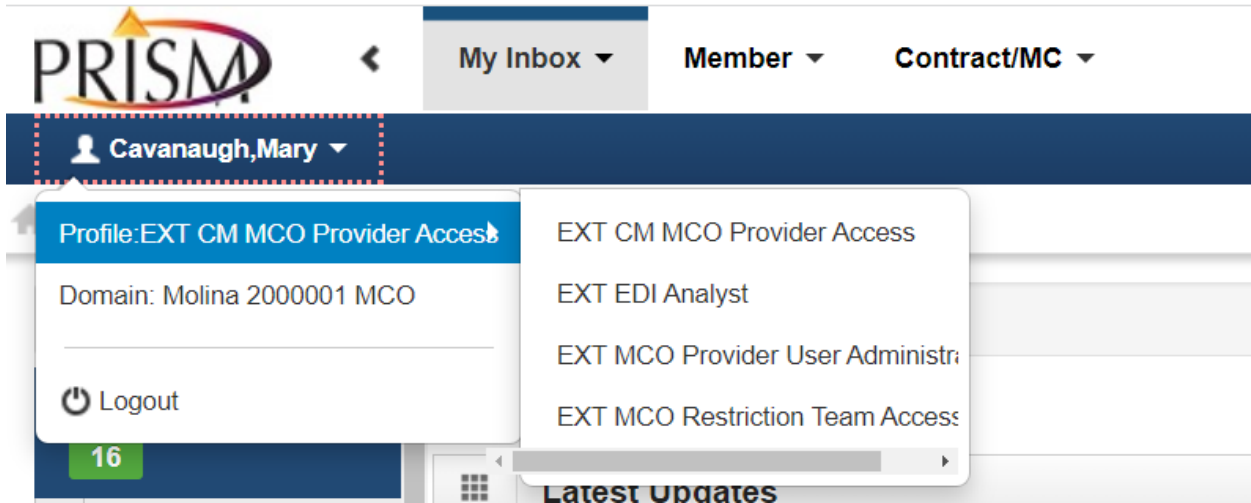
The My Inbox page displays Notifications associated to profiles the user has access to. The only notifications for MCO access are related to the Restriction program. The My Inbox page is also the default landing page at login.

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

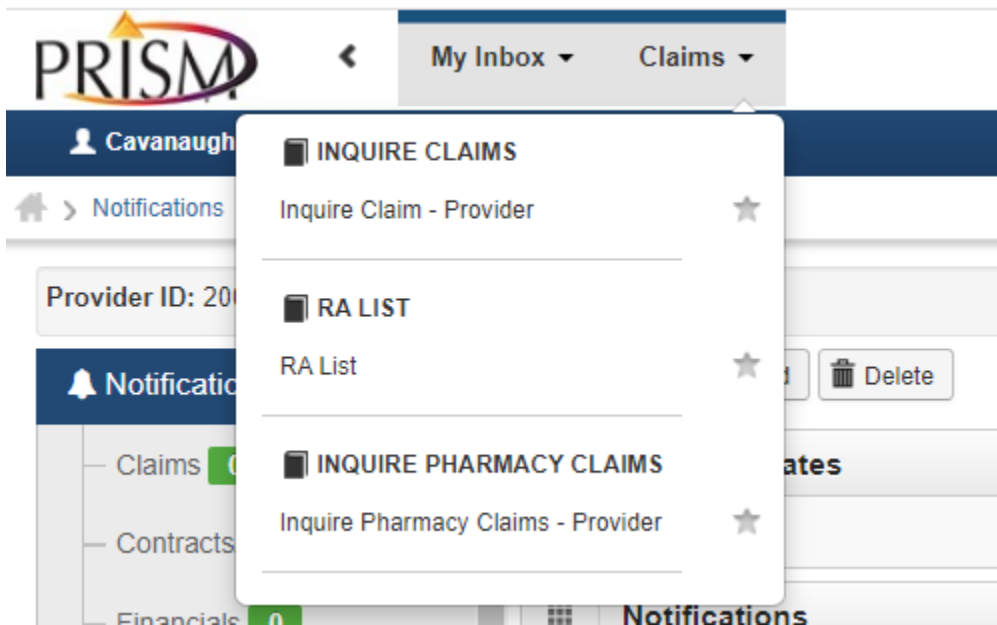
- Click the desired profile to change to



III. Archived Documents

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

Claims Functionality



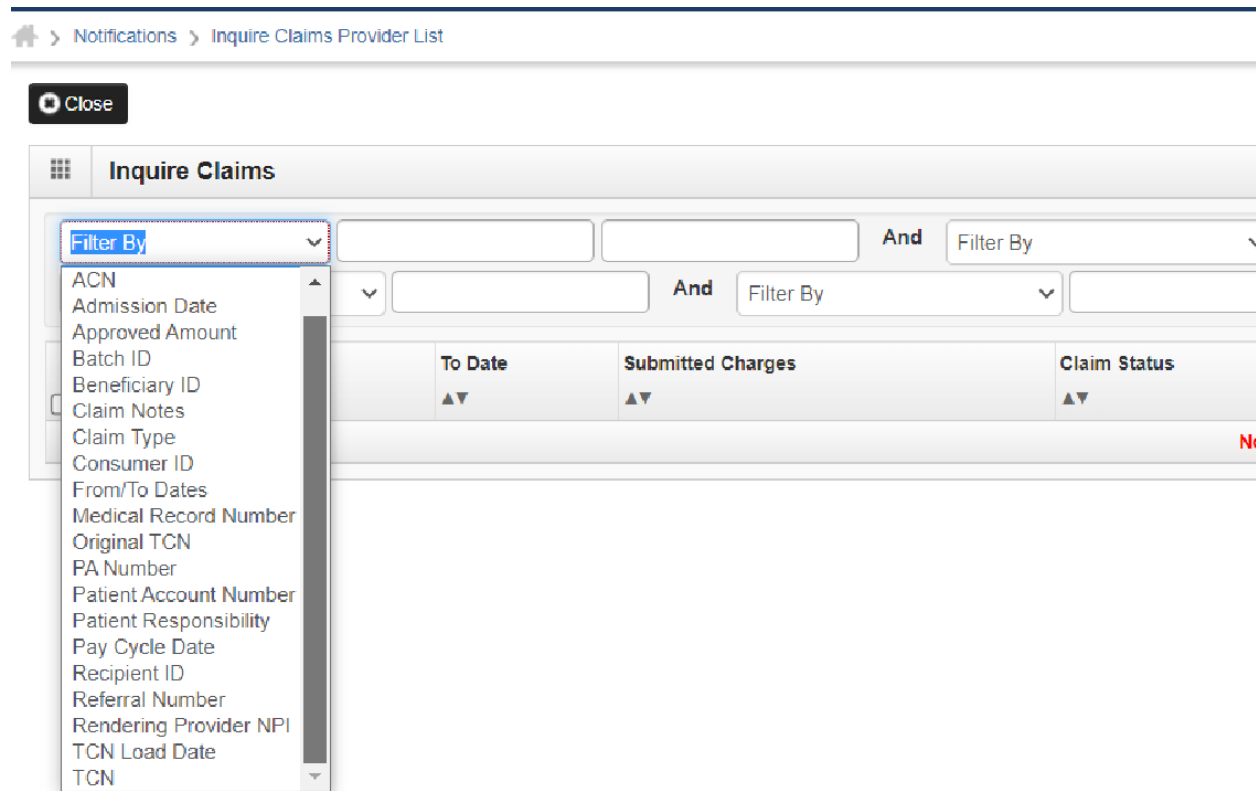
I. Inquire Claim - Provider

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.

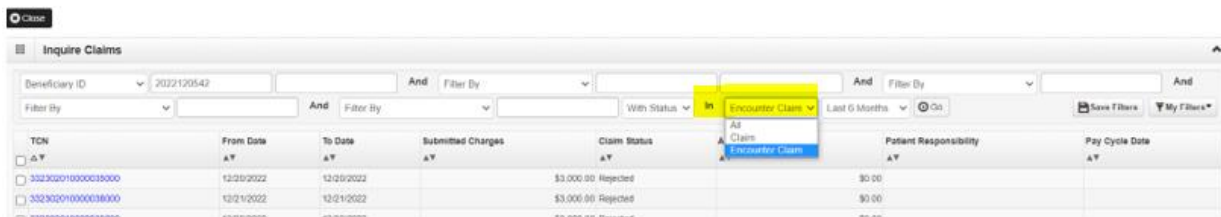
1. Searching Using Filters

- 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 “%”.

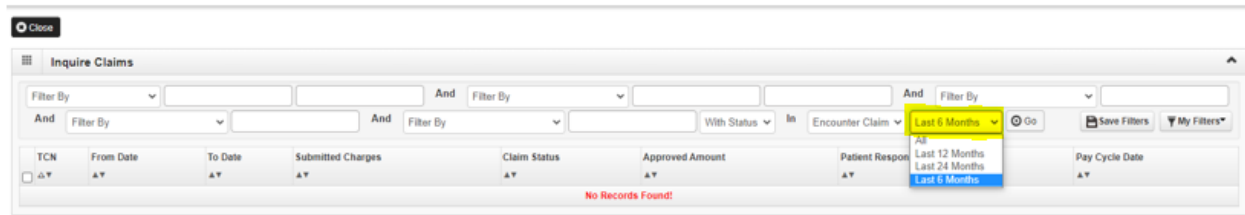


- Recommended Filter By elements:
 - Batch ID: This is the BHT03 from the 837 the encounter was submitted on.

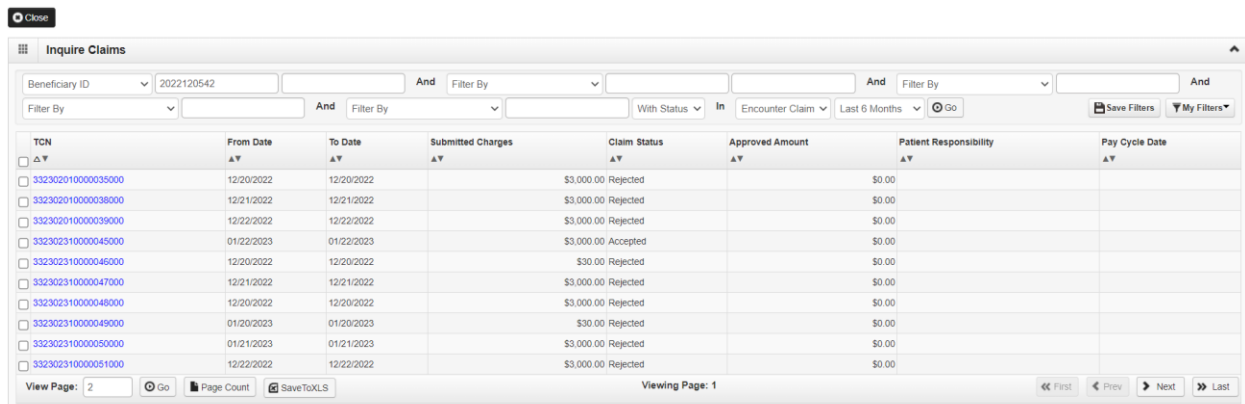
- Tip: on the second Filter By, select Patient Account Number and enter the wildcard search value “%” and the plan claim id will be returned in the search results.
 - Patient Account Number: This is the plan Claim ID
 - Beneficiary ID or Recipient ID: These elements are the Medicaid Member ID.
 - The 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.



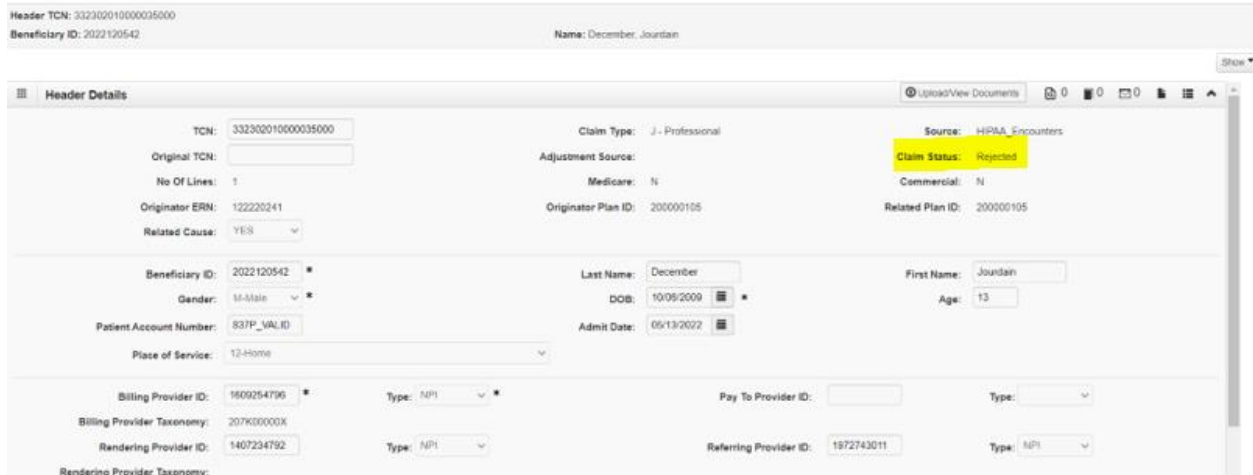
- Click Go to complete search and display the search results.



- 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.



Header TCN: 332302010000035000
Beneficiary ID: 2022120542
Name: December, Jourdan

Header Details

TCN: 332302010000035000
Original TCN:
No Of Lines: 1
Originator ERN: 122220241
Related Cause: YES

Claim Type: J - Professional
Adjustment Source:
Medicare: N
Originator Plan ID: 200000105

Source: HIPAA_Encounters
Claim Status: **Rejected**
Commercial: N
Related Plan ID: 200000105

Beneficiary ID: 2022120542
Gender: M-Male
Patient Account Number: 837P_VALID
Place of Service: 12-Home

Last Name: December
DOB: 10/05/2009
Admit Date: 05/13/2022

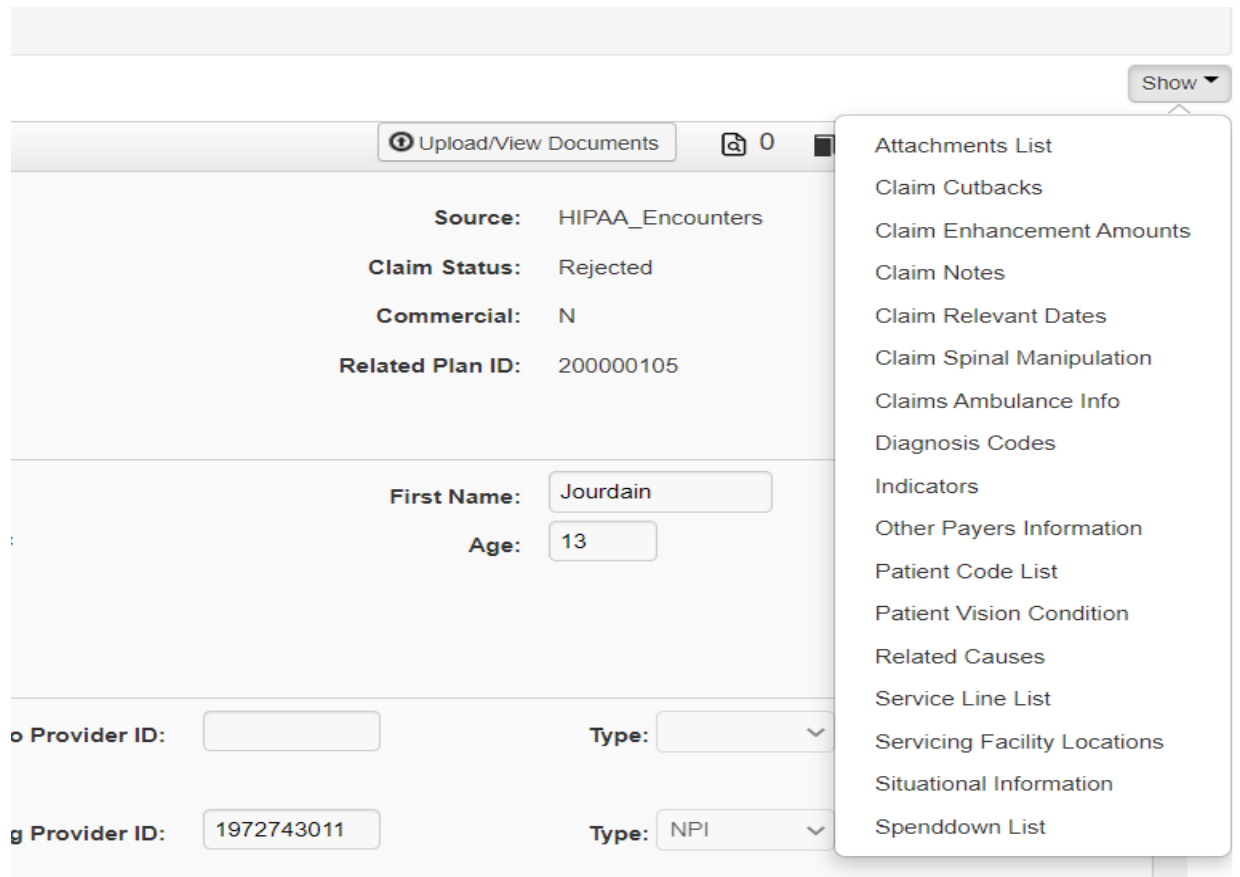
First Name: Jourdan
Age: 13

Billing Provider ID: 1609254795
Billing Provider Taxonomy: 207K00000X
Rendering Provider ID: 1407234792
Rendering Provider Taxonomy:

Type: NPI
Type: NPI

Pay To Provider ID:
Referring Provider ID: 1572743011
Type:
Type: NPI

- 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.



The screenshot shows a web application interface for a claim profile. At the top right, there is a "Show" button with a downward arrow. Below it is a tab labeled "Upload/View Documents" with a document icon and the number "0". The main content area is divided into sections. The first section contains the following information: **Source:** HIPAA_Encounters, **Claim Status:** Rejected, **Commercial:** N, and **Related Plan ID:** 200000105. The second section contains **First Name:** Jourdain and **Age:** 13. The third section contains **Provider ID:** (empty field) and **Type:** (dropdown menu). The fourth section contains **Provider ID:** 1972743011 and **Type:** NPI (dropdown menu). A dropdown menu is open on the right side of the interface, listing the following options: Attachments List, Claim Cutbacks, Claim Enhancement Amounts, Claim Notes, Claim Relevant Dates, Claim Spinal Manipulation, Claims Ambulance Info, Diagnosis Codes, Indicators, Other Payers Information, Patient Code List, Patient Vision Condition, Related Causes, Service Line List, Servicing Facility Locations, Situational Information, and Spenddown List.

II. RA List

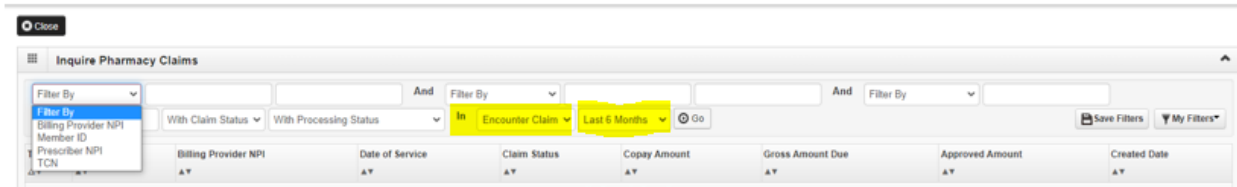
The RA List is a Fee For Service Provider feature. This will not apply to MCOs.

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.

TCN: N6221961000002000
Member ID: [Redacted] Name: [Redacted]

Errors to Resolve

TCN	Error Code	Error Description	Disposition	Forcible	Suspended Date	Erroneous Data	Assigned To/Denied By	Assigned Date/Denied Date
N6221961000002000	07	Missing/Invalid Cardholder ID		Y				06/24/2022
N6221961000002000	77	Discontinued Product/Service ID Number		Y		30118012071		06/24/2022

Drug Information List

Ingredient #	NDC Codes	Quantity	Unit of Measure	Prescription Number	Unit Price	Days Supply
1	30118012071	350	ML	[Redacted]	70.01	3
2	30118012071	1169000	ML	[Redacted]	0	3
3	49348001939	1165500	ML	[Redacted]	0.64	3
4	49348001939	1165500	ML	[Redacted]	0.64	3
5	00603139364	1165500	ML	[Redacted]	0	3

Header Details

TCN: N6221961000002000	Place of Service: 00	Transaction ID: 213406054168135005	Claim Status: Rejected
Original TCN: N6221961000002000	Date of Service: 01/02/2022	Adjudication Date: 01/02/2022	Compound Code: 2
EOB Suppress Indicator: [Redacted]			