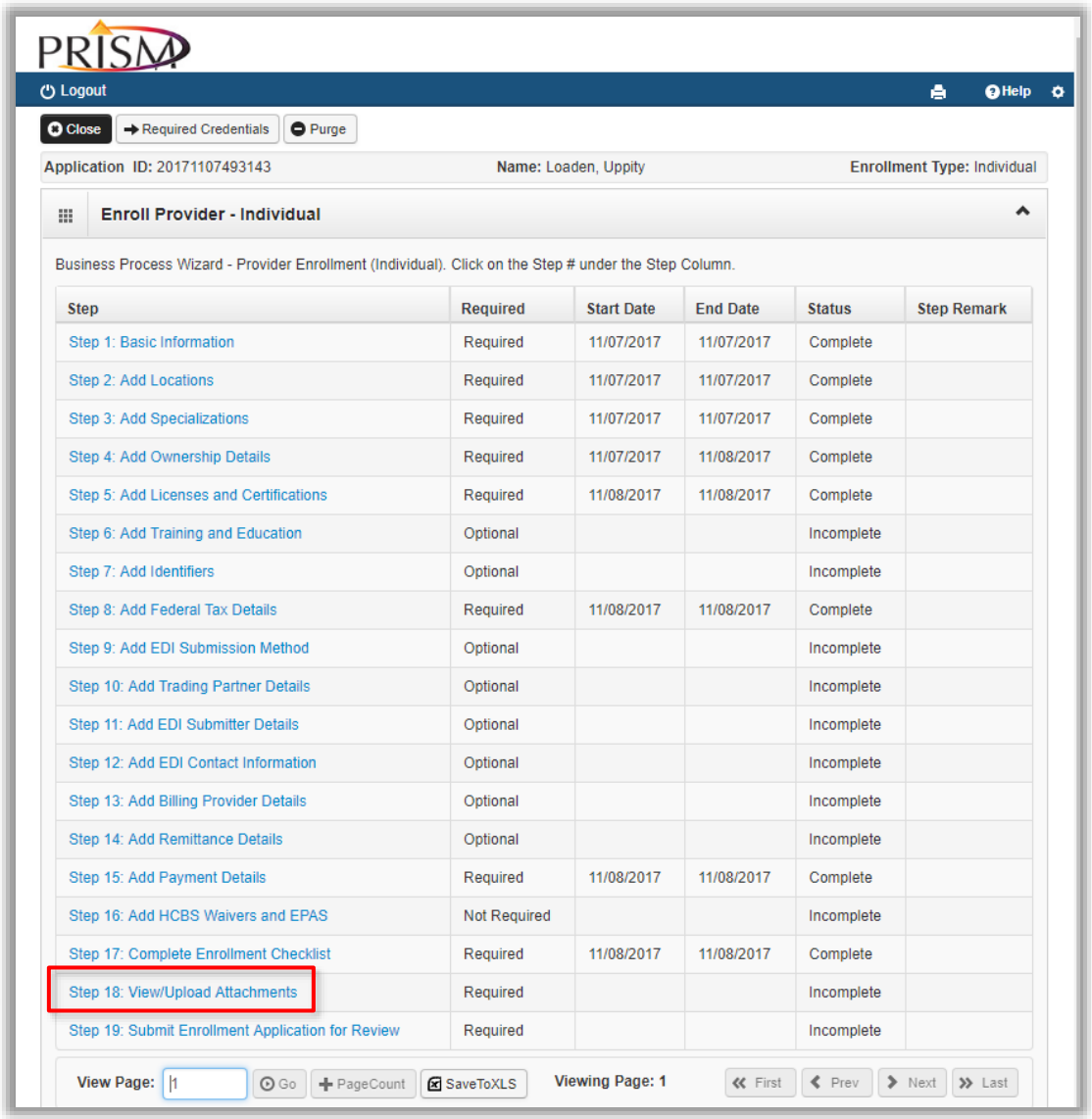
Uploading an Attachment in PRISM

Purpose: This procedure describes how providers upload attachments in PRISM. Providers have three options for supplying their required documentation to Utah Medicaid. Those methods are:

- Uploading Attachments in the PRISM Provider Portal
- Faxing documents to DOH using the correct cover sheet
- Mailing documents to Utah Medicaid

Uploading attachments in the PRISM Provider Portal ensures that documents attach to the correct provider account. The uploaded document will reside in the provider's document repository and be available for the provider's review.

Business Process Wizard



Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Basic Information	Required	11/07/2017	11/07/2017	Complete	
Step 2: Add Locations	Required	11/07/2017	11/07/2017	Complete	
Step 3: Add Specializations	Required	11/07/2017	11/07/2017	Complete	
Step 4: Add Ownership Details	Required	11/07/2017	11/08/2017	Complete	
Step 5: Add Licenses and Certifications	Required	11/08/2017	11/08/2017	Complete	
Step 6: Add Training and Education	Optional			Incomplete	
Step 7: Add Identifiers	Optional			Incomplete	
Step 8: Add Federal Tax Details	Required	11/08/2017	11/08/2017	Complete	
Step 9: Add EDI Submission Method	Optional			Incomplete	
Step 10: Add Trading Partner Details	Optional			Incomplete	
Step 11: Add EDI Submitter Details	Optional			Incomplete	
Step 12: Add EDI Contact Information	Optional			Incomplete	
Step 13: Add Billing Provider Details	Optional			Incomplete	
Step 14: Add Remittance Details	Optional			Incomplete	
Step 15: Add Payment Details	Required	11/08/2017	11/08/2017	Complete	
Step 16: Add HCBS Waivers and EPAS	Not Required			Incomplete	
Step 17: Complete Enrollment Checklist	Required	11/08/2017	11/08/2017	Complete	
Step 18: View/Upload Attachments	Required			Incomplete	
Step 19: Submit Enrollment Application for Review	Required			Incomplete	

From the Business Process Wizard

- Click **View/Upload Attachments**

Instructions for Upload Attachments page

Close | Upload Attachments | Required Credentials

Application ID: 20170825164716 Name: Windows 10

Instructions for Upload Attachment:

To be considered complete, your application must include required documents.
To see the list of documents required for your taxonomy/program, please click on the "Required Credentials" butt
You also need to submit a signed User Security Agreement in order to get PRISM User Account created and to acc
Provider Portal screen.
Click here to download the User Security Agreement (Requires Adobe Reader 9.0 or higher version)
Submitting an incomplete application may delay your enrollment.
ase Note: It is mandatory for Provider Agreement and any additional required documentation to be signed and r
nail in order for enrollment to be approved.
k the 'Upload Attachments' button to select each document for upload.
ou do not have an electronic version of any of your documents, you will be able to mail this information to Prov
Instructions on mailing supplemental documentation are provided upon electronic application submission.

☐ I plan to fax or mail in my supporting documentation listed in Required Credentials and understand that if doc
submission that I will be required to reenroll.
Please include the Coversheet (Requires Adobe Reader 9.0 or higher version).
For additional information on faxing or mailing documentation click here.
* ☐ To complete this wizard step, please check the checkbox and Submit to confirm you have read the instruction
* ☐ Agree to follow all PRISM Provider standards.
* ☐ Agree to comply with all Federal, State and Local laws regarding Electronic Data Interchange (EDI), including t
* ☐ Agree the Provider/Submitter shall be responsible for overseeing, monitoring, and ensuring compliance with t
personnel who submit transactions on behalf of the Provider/Submitter. A written agreement must be in place betw
Agent or Clearinghouse to whom the Provider/Submitter assigns or delegates an activity under this agreement. All
restrictions and conditions as required by this agreement. Upon request from the Utah Department of Health, the P
such agreement.

Authorized Signature: *

Submit

Attachment List

	Repository Key	Image Title	Created By	Created Date
			No Records Found!	

Only check this checkbox if you plan to fax or mail in supporting documents

1. Upload Attachments button
2. Required Credentials button
3. Download the User Security Agreement
4. Download the Coversheet (if faxing)
5. Required Checkboxes
6. Authorized Signature
7. Submit button
8. Attachment List (Document Repository)

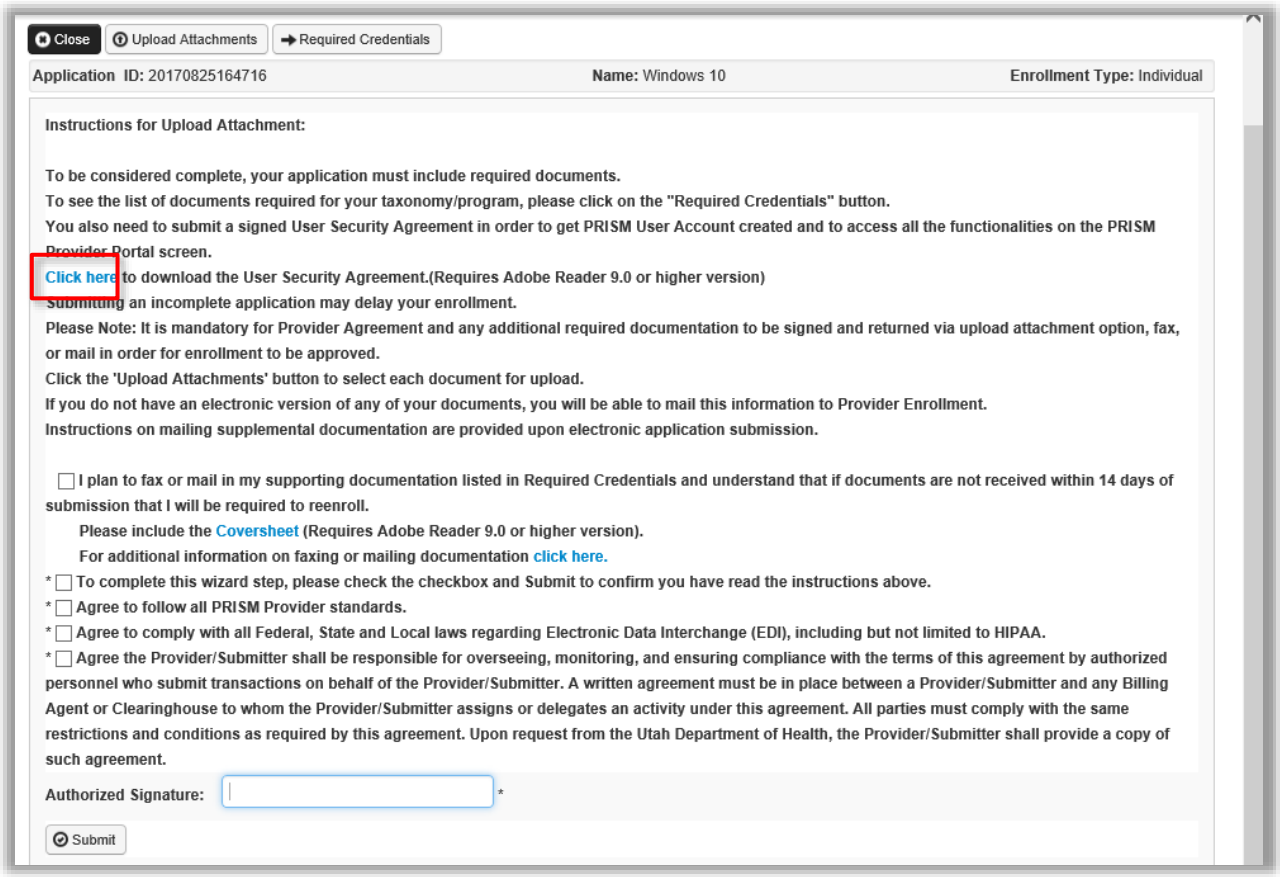
Important items/areas on this page:

1. Upload Attachments button
2. Required Credentials button
3. Download the User Security Agreement
4. Download the Coversheet if Faxing
5. Checkboxes
6. Authorized Signature
7. Submit button
8. Attachment List (Document Repository)

The rest of this procedure will explain how to upload attachments in PRISM

Note: Only check the "I plan to fax or mail in my supporting documents…" if you are not going to upload your documents in PRISM. PRISM will help you upload the correct documents if you do not check this box.

Download the PRISM User Security Agreement


Close | Upload Attachments | Required Credentials

Application ID: 20170825164716 Name: Windows 10 Enrollment Type: Individual

Instructions for Upload Attachment:

To be considered complete, your application must include required documents.
To see the list of documents required for your taxonomy/program, please click on the "Required Credentials" button.
You also need to submit a signed User Security Agreement in order to get PRISM User Account created and to access all the functionalities on the PRISM Provider Portal screen.
Click here to download the User Security Agreement.(Requires Adobe Reader 9.0 or higher version)
Submitting an incomplete application may delay your enrollment.
Please Note: It is mandatory for Provider Agreement and any additional required documentation to be signed and returned via upload attachment option, fax, or mail in order for enrollment to be approved.
Click the 'Upload Attachments' button to select each document for upload.
If you do not have an electronic version of any of your documents, you will be able to mail this information to Provider Enrollment.
Instructions on mailing supplemental documentation are provided upon electronic application submission.

☐ I plan to fax or mail in my supporting documentation listed in Required Credentials and understand that if documents are not received within 14 days of submission that I will be required to reenroll.
Please include the Coversheet (Requires Adobe Reader 9.0 or higher version).
For additional information on faxing or mailing documentation click here.
* ☐ To complete this wizard step, please check the checkbox and Submit to confirm you have read the instructions above.
* ☐ Agree to follow all PRISM Provider standards.
* ☐ Agree to comply with all Federal, State and Local laws regarding Electronic Data Interchange (EDI), including but not limited to HIPAA.
* ☐ Agree the Provider/Submitter shall be responsible for overseeing, monitoring, and ensuring compliance with the terms of this agreement by authorized personnel who submit transactions on behalf of the Provider/Submitter. A written agreement must be in place between a Provider/Submitter and any Billing Agent or Clearinghouse to whom the Provider/Submitter assigns or delegates an activity under this agreement. All parties must comply with the same restrictions and conditions as required by this agreement. Upon request from the Utah Department of Health, the Provider/Submitter shall provide a copy of such agreement.

Authorized Signature: *

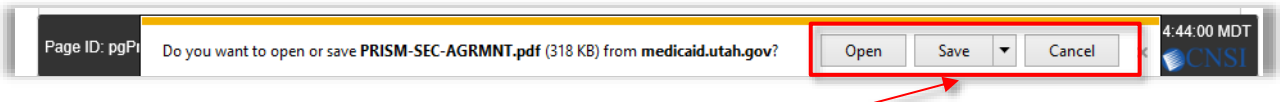
Submit

The PRISM User Security Agreement (also known as the Provider User Access Agreement) is a required document. Enrollment requests are not approved until Utah Medicaid receives all required documentation including a completed Provider User Access Agreement. 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)

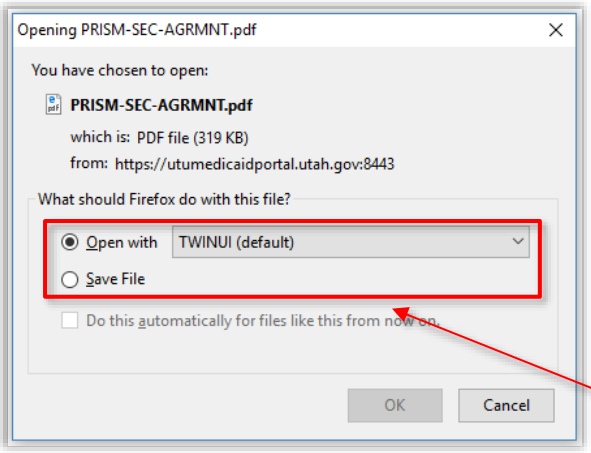
- Click the **Click here** hyperlink to begin the process of downloading the User Access Agreement

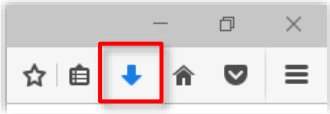
The pdf download process differs between the different browser types.

If you are using Chrome, the pdf will download in the bottom left corner of the browser.



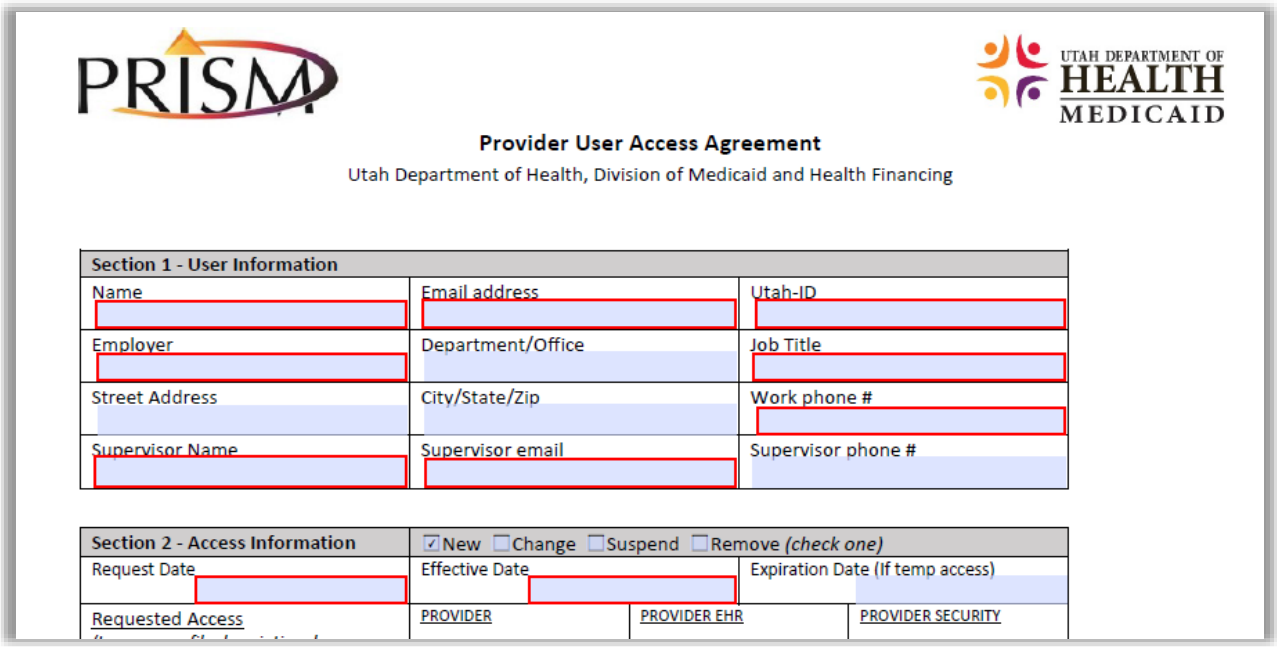
If you are using Internet Explorer, a dialog box will ask if you want to save or open the pdf.





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 User Access 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.



PRISM

UTAH DEPARTMENT OF HEALTH MEDICAID

Provider User Access Agreement

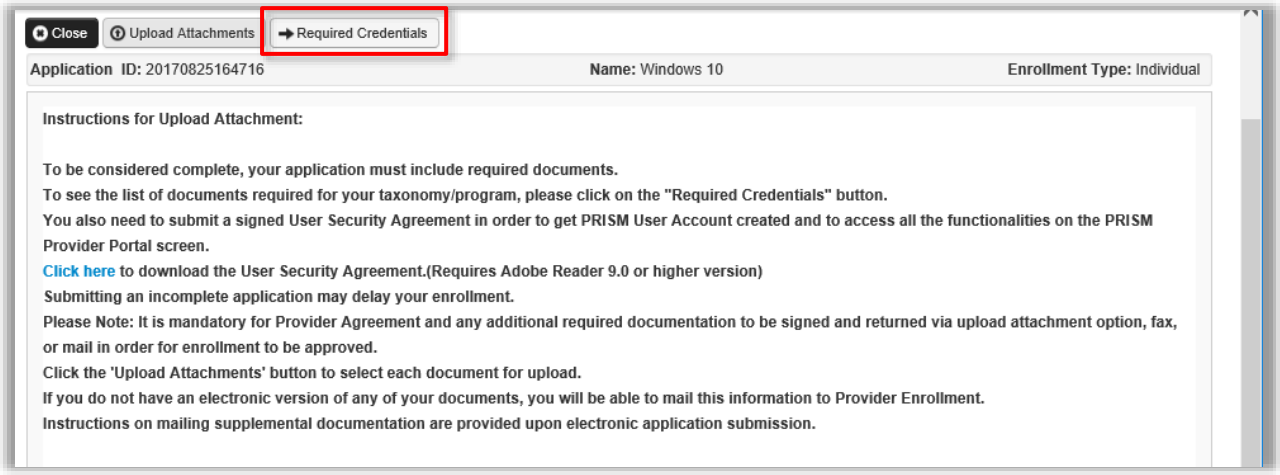
Utah Department of Health, Division of Medicaid and Health Financing

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

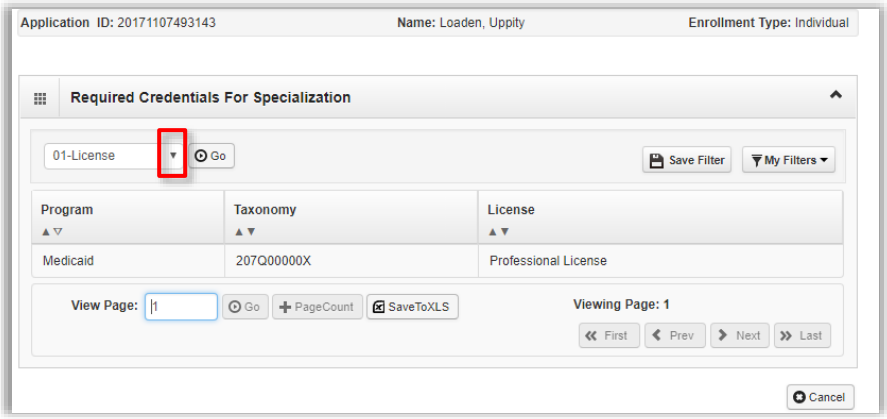
For instructions on how to fill out the Provider User Access Agreement, click here to read the "Registering as a New PRISM User" document.

Downloading the Provider Agreement



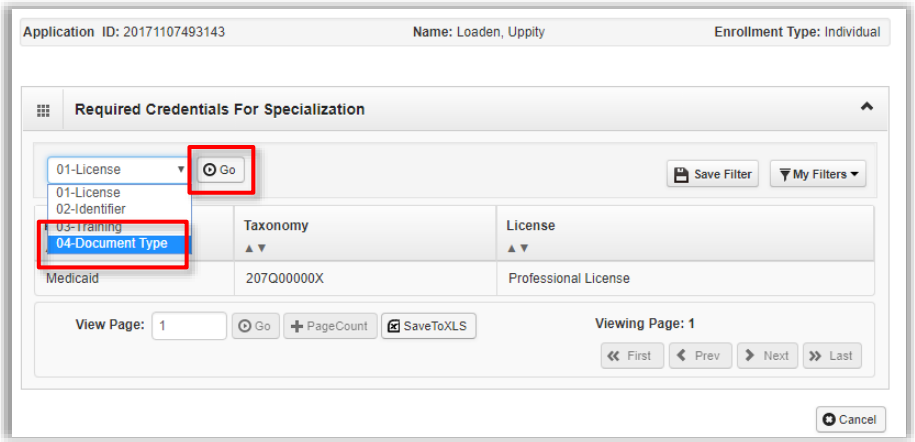
- Click the **Required Credentials** button to access the "Provider Agreement for Medicaid"

Required Credentials for Specialization



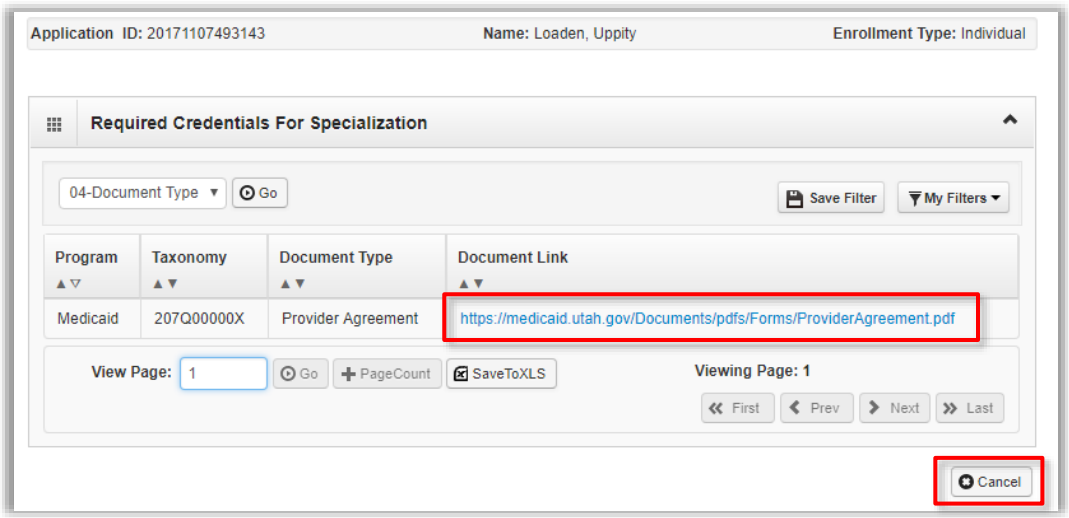
On this page, a list of all required credentials displays. This is an example of credentials to upload in PRISM.

- Click the dropdown for a list of options



- Select the **04-Document Type** menu item
- Click **Go**

Required Credentials for Specialization

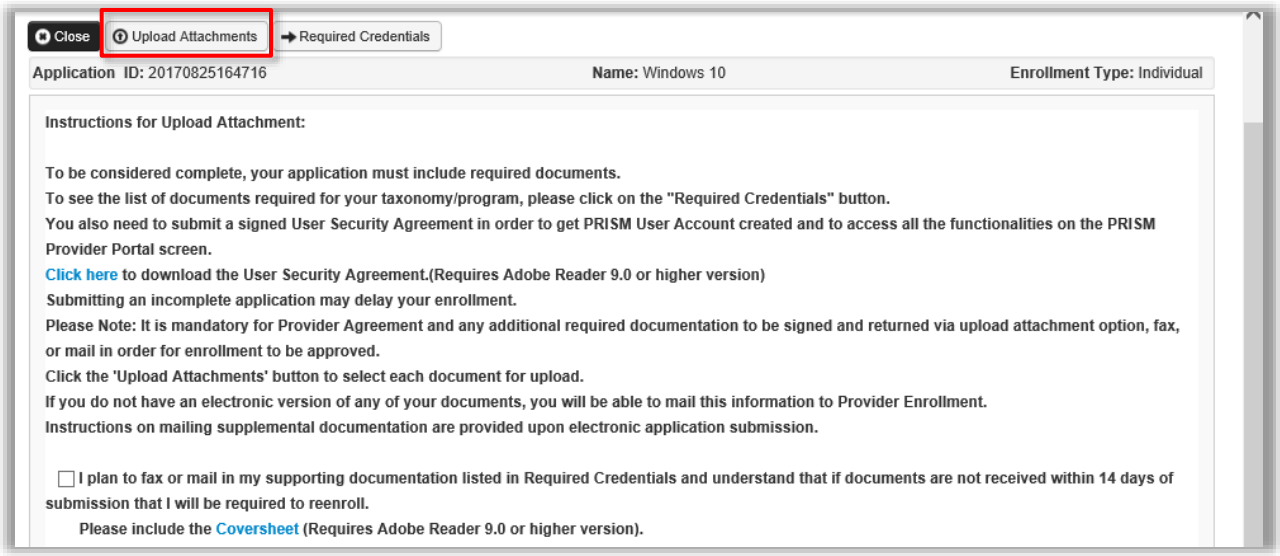


- Click the document link to download the Provider Agreement. Print out the Provider Agreement, complete pages 1 and 8. Scan pages 1 and 8, and upload to your computer in order for the document to be uploaded to PRISM.
- Click **Cancel**

The Provider Agreement can also be accessed on the Medicaid Website by clicking here.

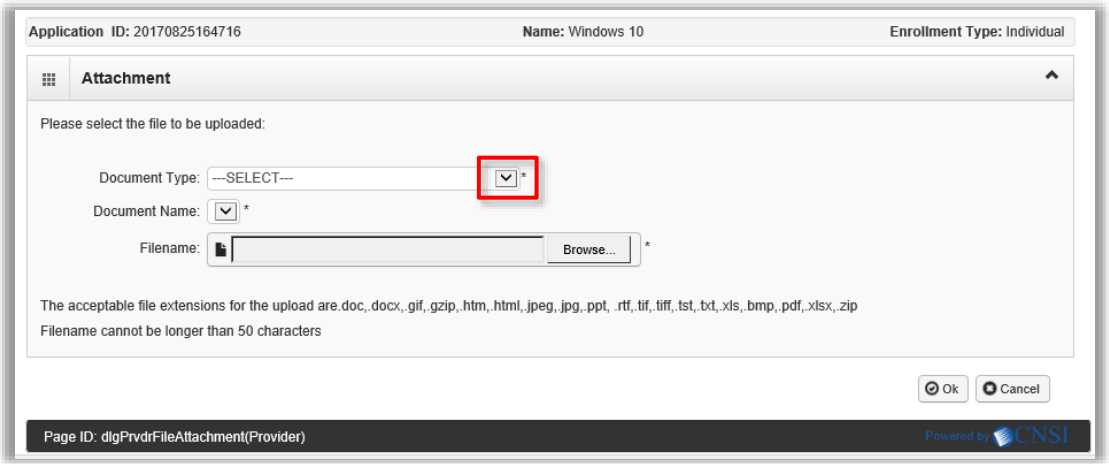
Instructions for Upload Attachment page

Note: Upload each document separately and by the correct document type and document name. The system keeps track of uploaded documents with a document title and repository key. Do not combine different document types into one document. Failure to follow this process can result in limited access to the system.



- Click **Upload Attachments**

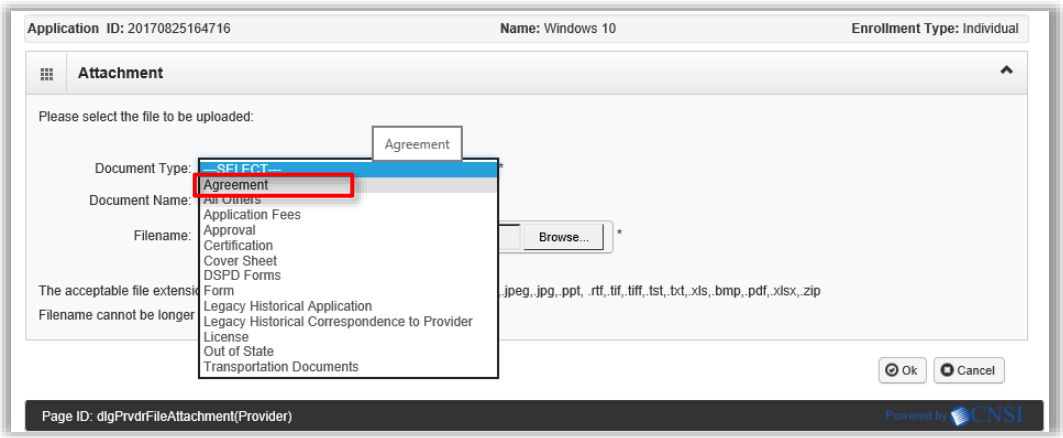
Attachment page



Example: Uploading the "Provider User Access Agreement"

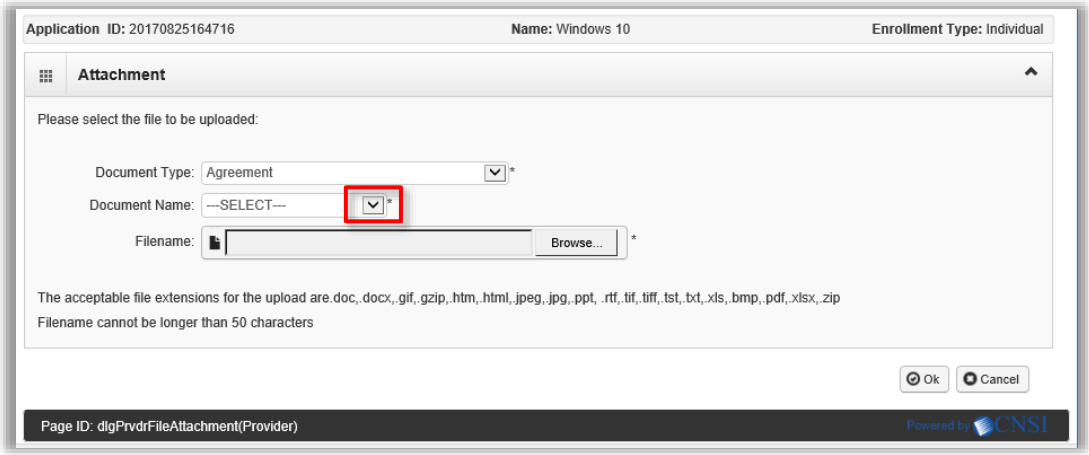
- Click the **Document Type** dropdown arrow

Attachment page



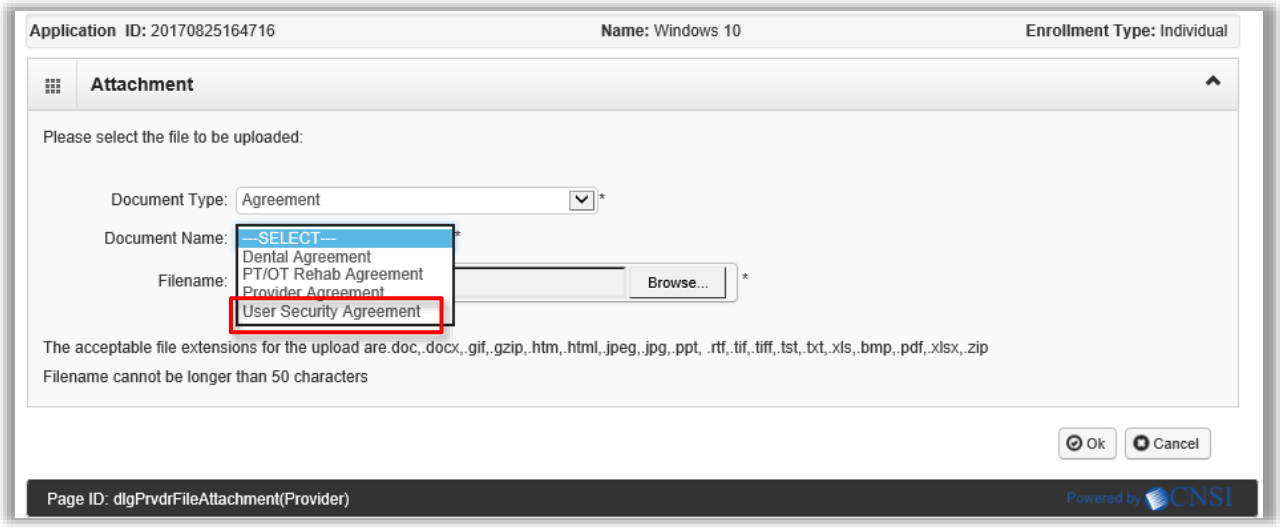
- Select **Agreement**

Attachment page



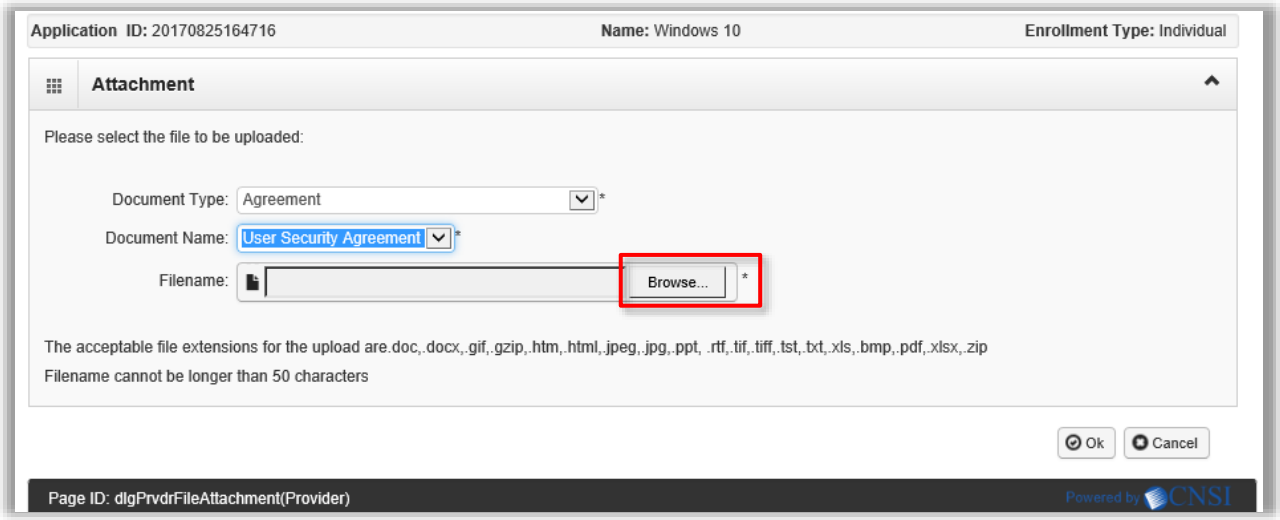
- Click the **Document Name** dropdown

Attachment page



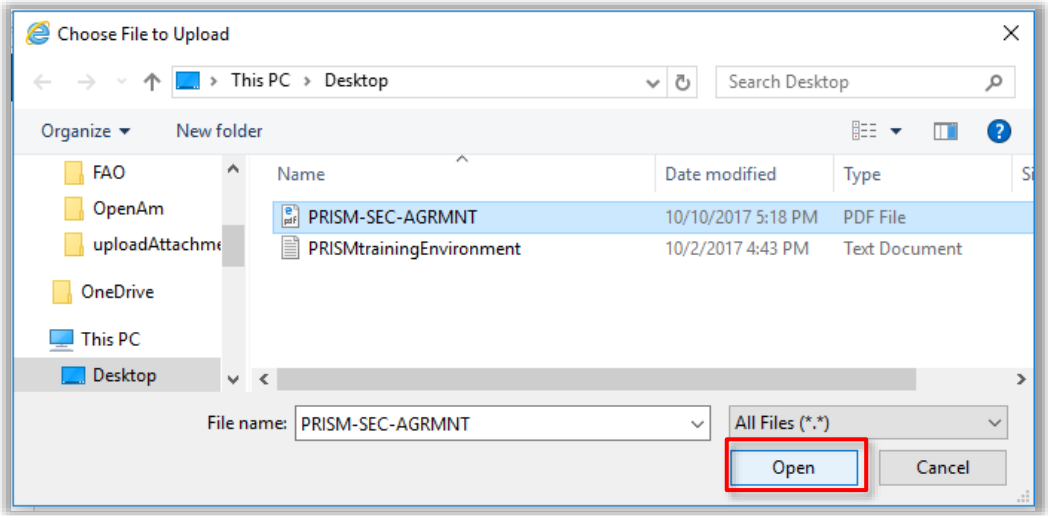
- Select **User Security Agreement**

Attachment page



- Click **Browse**

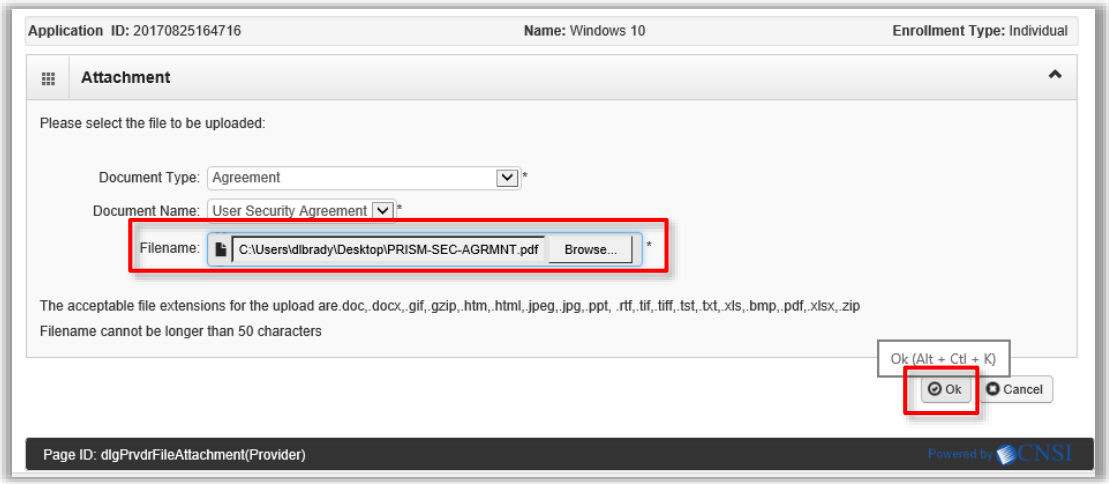
Choose File



Find the completed Provider User Access Agreement (Security Agreement) on your computer.

- Click the document
- Click **Open**

Attachment page



The file name displays in the Filename field.

- Click **Ok**

Instructions for Upload Attachment page

Logout | Help

Close | Upload Attachments | Required Credentials

Application ID: 20171107493143 Name: Loaden, Uppity Enrollment Type: Individual

Instructions for Upload Attachment:

To be considered complete, your application must include required documents.
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For additional information on faxing or mailing documentation click here.
* ☐ To complete this wizard step, please check the checkbox and Submit to confirm you have read the instructions above.
* ☐ Agree to follow all PRISM Provider standards.
* ☐ Agree to comply with all Federal, State and Local laws regarding Electronic Data Interchange (EDI), including but not limited to HIPAA.
* ☐ Agree the Provider/Submitter shall be responsible for overseeing, monitoring, and ensuring compliance with the terms of this agreement by authorized personnel who submit transactions on behalf of the Provider/Submitter. A written agreement must be in place between a Provider/Submitter and any Billing Agent or Clearinghouse to whom the Provider/Submitter assigns or delegates an activity under this agreement. All parties must comply with the same restrictions and conditions as required by this agreement. Upon request from the Utah Department of Health, the Provider/Submitter shall provide a copy of such agreement.

Authorized Signature: *

Submit

Attachment List

Repository Key	Image Title	Created By	Created Date	Application Number
ATTPE010102E20171109090709995	PE2-AGR-SEC	Provider, Guest	11-09-2017 09:07:01	20171107493143

Delete | View Page: 1 | Go | PageCount | Viewing Page: 1 | First | Prev | Next | Last

The Provider User Access Agreement is in the Attachment List section. The document can be reviewed by clicking on the Repository Key hyperlink. If the wrong document was uploaded, it can be deleted by clicking the checkbox next to the hyperlink and clicking Delete. After the enrollment is submitted, documents cannot be deleted.

Once all of the required documents are uploaded:

- Read through and check all of the required checkboxes
- Enter your signature
- Click **Submit**
- Click **Close**

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