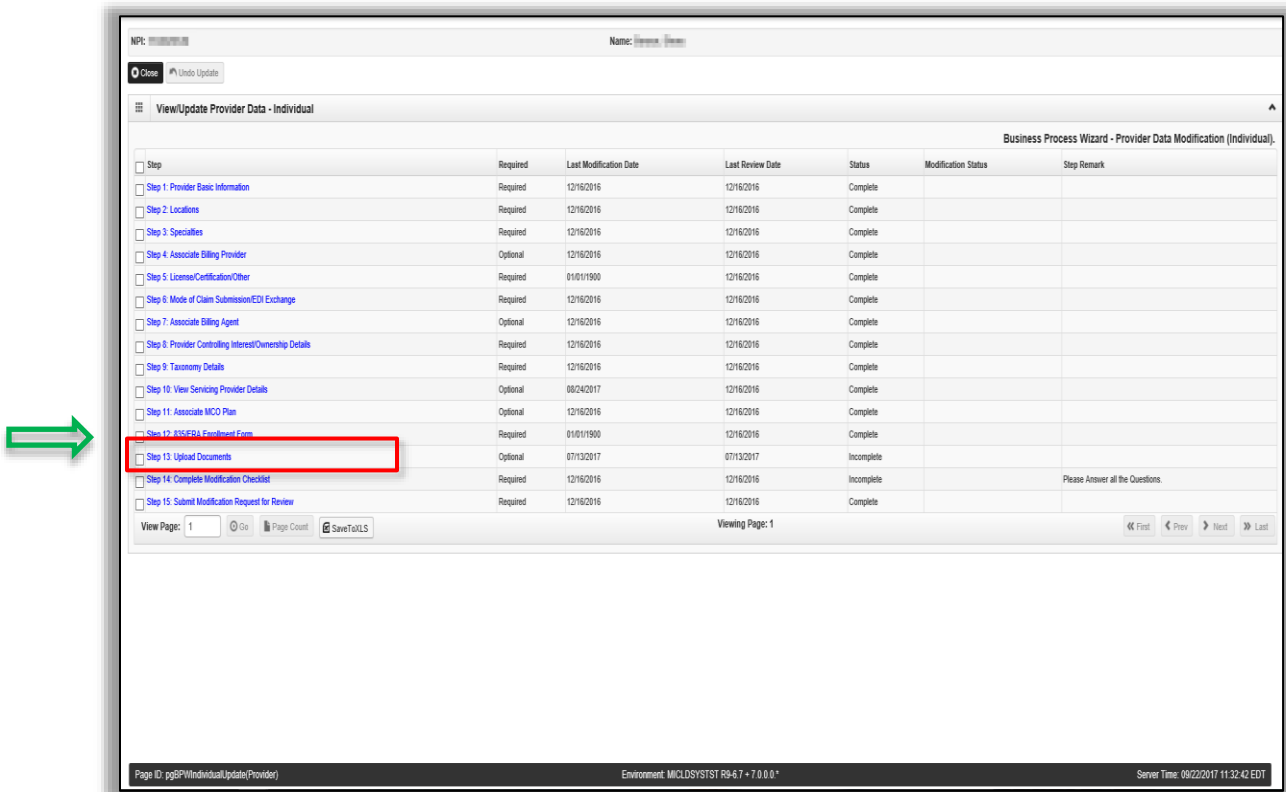


Uploading a Document in PRISM

Purpose: This procedure describes how providers upload attachments in PRISM

Providers will not be able to submit an application without uploaded documents. Uploading documents such as Provider User Access Agreement and other licenses in the PRISM Provider Portal ensures that documents attach to the correct provider account. The uploaded document will reside in FileNet and be available for the provider's review.

Business Process Wizard



The screenshot shows the 'Business Process Wizard - Provider Data Modification (Individual)' interface. A table lists various steps with their required status, last modification date, last review date, and status. Step 13, 'Upload Documents', is highlighted with a red box, and a green arrow points to it from the left.

Step	Required	Last Modification Date	Last Review Date	Status	Modification Status	Step Remark
Step 1: Provider Basic Information	Required	12/16/2016	12/16/2016	Complete		
Step 2: Locations	Required	12/16/2016	12/16/2016	Complete		
Step 3: Specialties	Required	12/16/2016	12/16/2016	Complete		
Step 4: Associate Billing Provider	Optional	12/16/2016	12/16/2016	Complete		
Step 5: License/Certification/Other	Required	01/01/1900	12/16/2016	Complete		
Step 6: Mode of Claim Submission/EDI Exchange	Required	12/16/2016	12/16/2016	Complete		
Step 7: Associate Billing Agent	Optional	12/16/2016	12/16/2016	Complete		
Step 8: Provider Controlling Interest/Ownership Details	Required	12/16/2016	12/16/2016	Complete		
Step 9: Taxonomy Details	Required	12/16/2016	12/16/2016	Complete		
Step 10: View Servicing Provider Details	Optional	06/24/2017	12/16/2016	Complete		
Step 11: Associate MCO Plan	Optional	12/16/2016	12/16/2016	Complete		
Step 12: #35283A Enrollment Form	Required	01/01/1900	12/16/2016	Complete		
Step 13: Upload Documents	Optional	07/13/2017	07/13/2017	Incomplete		
Step 14: Complete Modification Checklist	Required	12/16/2016	12/16/2016	Incomplete		Please Answer all the Questions.
Step 15: Submit Modification Request for Review	Required	12/16/2016	12/16/2016	Complete		

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

Required Credentials for License and Certification

The screenshot shows the PRISM application window with the following details:

- Application ID: 20200422499101
- Name: 10_windows
- A toolbar with a 'Close' button and a 'Required Credentials' button (highlighted with a red box).
- A 'Document List' section with an 'Add' button and a search filter area.
- A table with the following columns: Document ID, Document Type, Document Name, File Name, Start Date, End Date, Uploaded By, Uploaded Date, and Status.
- A message at the bottom of the table: "No Records Found!"

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

Application ID: 20200422499101 Name: 10, windows

Required Credentials For Specialties

01-License and Certification Go

Save Filters My Filters

Provider Type	Specialty/Subspecialty	License and Certifications	Required/Optional
Employment Related Personal Assistant Services	Financial Management Services/No Subspecialty	Professional License	Required
Employment Related Personal Assistant Services	Financial Management Services/No Subspecialty	Other	Optional
Employment Related Personal Assistant Services	Financial Management Services/No Subspecialty	Local Business License	Optional

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Cancel

Select **01-License and Certification** from the dropdown and click the **Go** button. This would be an example of Licenses and Certifications that may be required or optional.

To add a License or certification, on the **Document List** page, click the **Add** button

Application ID: 20200422499101 Name: 10, windows

Close Required Credentials

Document List

Add

Filter By Go Save Filters

Document ID	Document Type	Document Name	File Name	Start Date	End Date	Uploaded By	Uploaded Date	Status
No Records Found!								

The screenshot shows the 'Upload Document' form in a web application. At the top, there are 'Print' and 'Help' icons. Below that, the 'Application ID' is 20200422499101 and the window name is '10, windows'. The form title is 'Upload Document'. Two dropdown menus are highlighted with red boxes: 'Document Type' is set to 'License' and 'Document Name' is set to 'Local Business License'. Other fields include 'Associated MCO ID', 'File Name' (with a 'Choose File' button and 'TEST.docx' text), 'Start Date', 'End Date', and a 'Remark' text area. At the bottom right, there are 'OK' and 'Cancel' buttons.

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

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

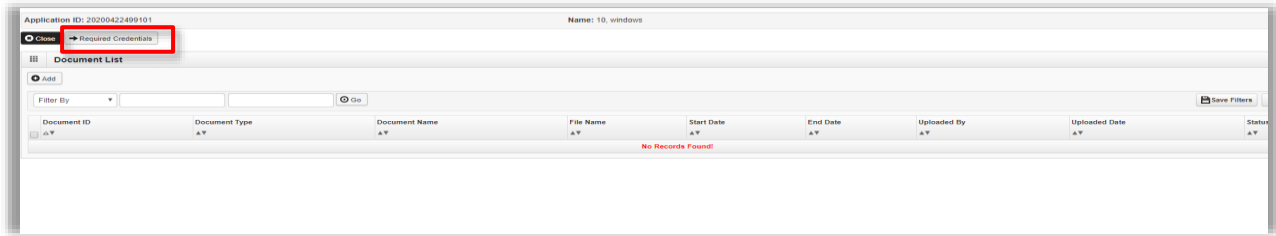
This screenshot shows the 'Upload Document' form with the 'Document Type' dropdown set to '--SELECT--' and the 'Document Name' dropdown set to an empty state. The 'File Name' field is highlighted with a red box, showing the 'Choose File' button and the text 'No file chosen'. The 'Start Date' and 'End Date' fields have calendar icons. The 'Remark' field is empty. The 'OK' and 'Cancel' buttons are at the bottom right. The page ID at the bottom is 'digEnrInmtAttachment(Provider)'.

Choose file to upload from your computer

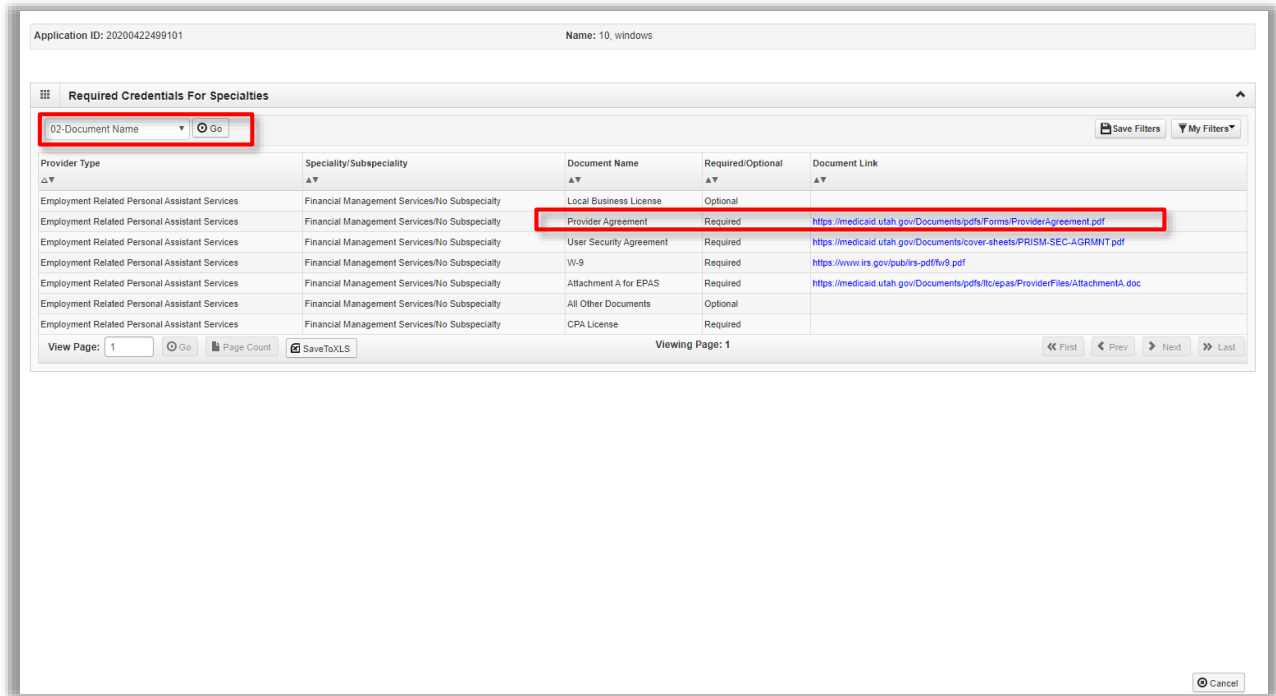
Click **Save** button

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

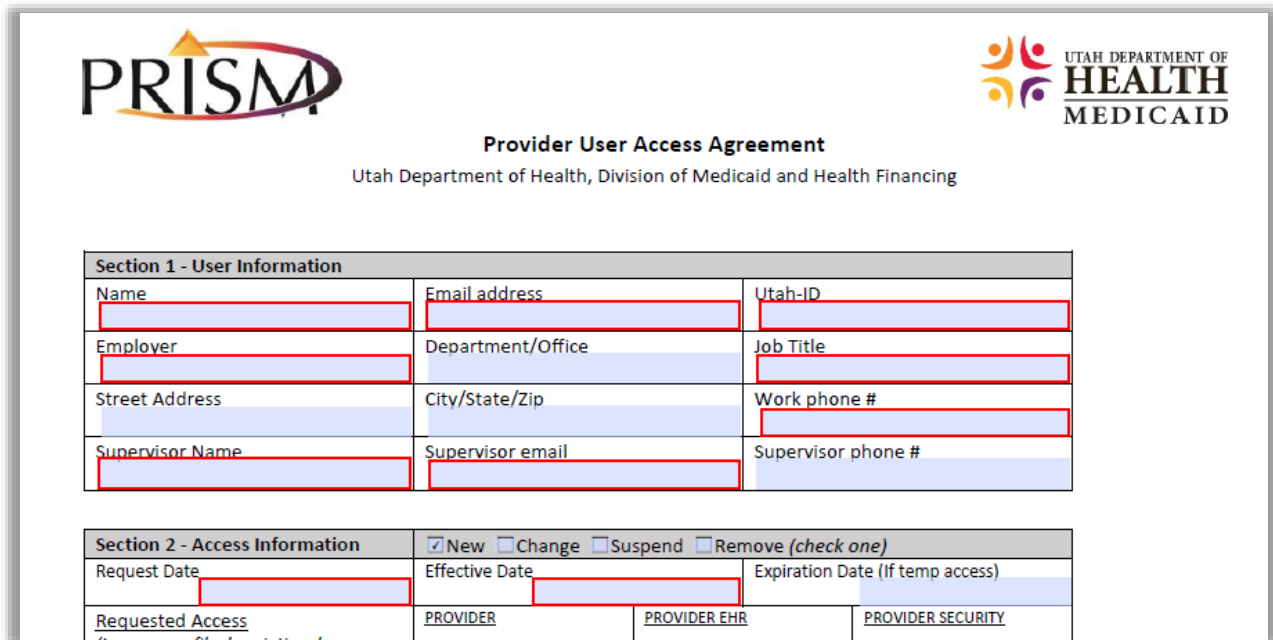
Instructions to upload the PRISM User Security Agreement



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



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



The screenshot shows a PDF form titled "Provider User Access Agreement" from the Utah Department of Health, Division of Medicaid and Health Financing. The form is divided into two sections:

Section 1 - User Information

Name	Email address	Utah-ID
Employer	Department/Office	Job Title
Street Address	City/State/Zip	Work phone #
Supervisor Name	Supervisor email	Supervisor phone #

Section 2 - Access Information

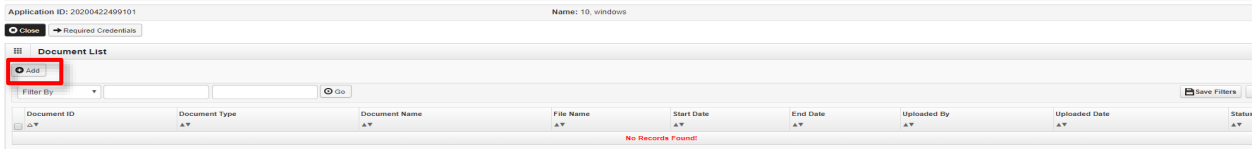
New Change Suspend Remove (check one)

Request Date	Effective Date	Expiration Date (If temp access)
Requested Access	PROVIDER	PROVIDER EHR
		PROVIDER SECURITY

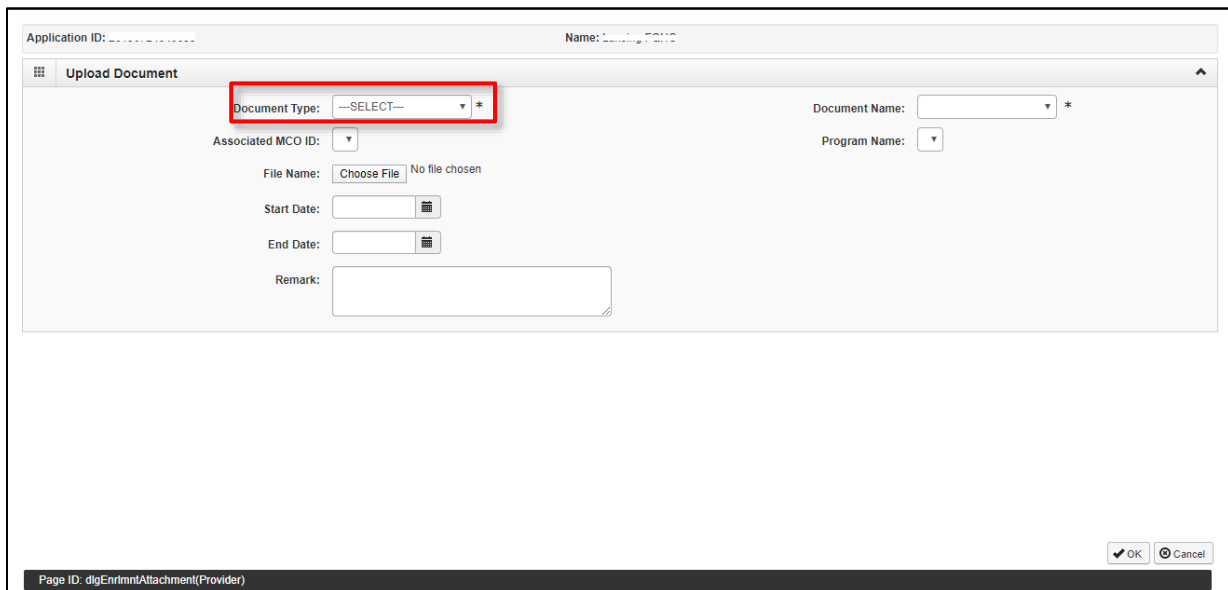
For instructions on how to fill out the Provider User Security Agreement, click [here](#) to read the "Registering as a New PRISM User" document.

- The User Security Agreement are required documents. Enrollment requests are not approved until Utah Medicaid receives all required documentation. **This is an editable PDF form, and is highly recommended that this form be filled out electronically to ensure that all required information is entered.** (Requires Adobe Reader 9.0 or higher version)
- If you are using Firefox, a pop-up window will ask if you want to open or save the pdf. Once "SaveFile" is selected, click on the blue arrow in the upper right hand of the browser to access.
- **Note:** For all three browser types, the best way to fill out the Provider Agreement and User Security Agreement is to "Save" the file to your computer and open the file with Acrobat Reader. If you choose the "Open" option, the form displays in a browser window and is un-editable. By using Acrobat Reader you will be able to fill out the form and see which fields are required like the example below.
- The User Security Agreement can also be accessed on the Medicaid Website by clicking [here](#).

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



Select **Document Type** dropdown list



Application ID: 20200422499101 Name: 10, windows

Close Save

Document Detail

Document Type: Agreement *
Document Name: User Security Agree *
Associated MCO ID:
File Name: TEST.docx
Start Date:
End Date:
Remark:

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

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

Application ID: 20200422499101 Name: 10, windows

Close Save

Document Detail

Document Type: Agreement *
Document Name: User Security Agree *
Associated MCO ID:
File Name: TEST.docx
Start Date:
End Date:
Remark:

Choose file from your computer

Click **Save** button

Instructions to upload the PRISM Provider Agreement



Application ID: 20200422499101 Name: 10, windows

Close Required Credentials

Document List

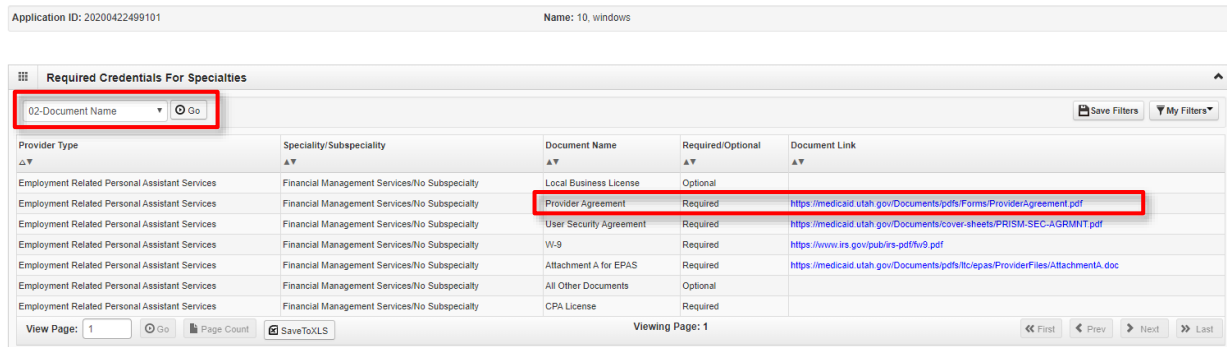
Add

Filter By [] [Go]

Save Filters

Document ID	Document Type	Document Name	File Name	Start Date	End Date	Uploaded By	Uploaded Date	Status
No Records Found!								

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



Application ID: 20200422499101 Name: 10, windows

Required Credentials For Specialties

02-Document Name [Go]

Save Filters My Filters

Provider Type	Specialty/Subspecialty	Document Name	Required/Optional	Document Link
Employment Related Personal Assistant Services	Financial Management Services/No Subspecialty	Local Business License	Optional	
Employment Related Personal Assistant Services	Financial Management Services/No Subspecialty	Provider Agreement	Required	https://medicaid.utah.gov/Documents/pdfs/Forms/ProviderAgreement.pdf
Employment Related Personal Assistant Services	Financial Management Services/No Subspecialty	User Security Agreement	Required	https://medicaid.utah.gov/Documents/cover-sheets/PRISM-SEC.AGRMNT.pdf
Employment Related Personal Assistant Services	Financial Management Services/No Subspecialty	W-9	Required	https://www.ins.gov/pub/irs-pdf/w9.pdf
Employment Related Personal Assistant Services	Financial Management Services/No Subspecialty	Attachment A for EPAS	Required	https://medicaid.utah.gov/Documents/pdfs/ltc/epas/ProviderFiles/AttachmentA.doc
Employment Related Personal Assistant Services	Financial Management Services/No Subspecialty	All Other Documents	Optional	
Employment Related Personal Assistant Services	Financial Management Services/No Subspecialty	CPA License	Required	

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

**UTAH DEPARTMENT OF HEALTH
DIVISION OF MEDICAID AND HEALTH FINANCING**

PROVIDER AGREEMENT FOR MEDICAID

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

(Billing Address for PROVIDER)

(Practice Address, if different)

City State Zip

City State Zip

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

For instructions on how to fill out the Provider Agreement, click [here](#) to read the “Registering as a New PRISM User” document.

- The Provider Agreement is a required documents. Enrollment requests are not approved until Utah Medicaid receives all required documentation. **This is an editable PDF form, and is highly recommended that this form be filled out electronically to ensure that all required information is entered.** (Requires Adobe Reader 9.0 or higher version)
- If you are using Firefox, a pop-up window will ask if you want to open or save the pdf. Once “SaveFile” is selected, click on the blue arrow in the upper right hand of the browser to access.
- **Note:** For all three browser types, the best way to fill out the Provider Agreement and User Security Agreement is to “Save” the file to your computer and open the file with Acrobat Reader. If you choose the “Open” option, the form displays in a browser window and is un-editable. By using Acrobat Reader you will be able to fill out the form and see which fields are required like the example below.
- The Provider Agreement can also be accessed on the Medicaid Website by clicking [here](#).

Instructions to upload the PRISM Provider Agreement

Application ID: 20200422499101 Name: 10, windows

Close Required Credentials

Document List

Add

Filter By Filter Save Filters

Document ID	Document Type	Document Name	File Name	Start Date	End Date	Uploaded By	Uploaded Date	Status
No Records Found!								

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

Application ID: Name: Billing Form

Upload Document

Document Type: **---SELECT---** *

Document Name: *

Associated MCO ID: Program Name:

File Name: No file chosen

Start Date:

End Date:

Remark:

OK Cancel

Page ID: dgEnrImntAttachment(Provider)

Select Document Type dropdown list

Application ID: 20200422499101 Name: 10_windows

Close Save

Document Detail

Document Type: Agreement

Associated MCO ID: [dropdown]

File Name: TEST.docx

Start Date: [calendar]

End Date: [calendar]

Remark: [text area]

Document Name: Provider Agreement

Program Name: [dropdown]

Select **Agreement** from the Document Type dropdown

Select **Provider Agreement** from the Document Name dropdown

Application ID: 20200422499101 Name: 10_windows

Close Save

Document Detail

Document Type: Agreement

Associated MCO ID: [dropdown]

File Name: TEST.docx

Start Date: [calendar]

End Date: [calendar]

Remark: [text area]

Document Name: Provider Agreement

Program Name: [dropdown]

Choose file to upload from your computer

Click **Save** button