

# DOCUMENT MANAGEMENT



UTAH DEPARTMENT OF  
**HEALTH**  
**MEDICAID**

# PORTAL QUICK REFERENCE GUIDE FOR PROVIDERS



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### Introduction to the Document Management Portal for Providers

The PRISM Documentation Management Portal (DMP) enables providers to submit support documentation for Medicaid claims and documentation pertaining to other Medicaid programs and services. The Documentation Management Portal (DMP) is accessed through different access points in PRISM. State objectives achieved with this solution include:

- Having a single content repository and central governance for all Medicaid-related documents
- Leveraging existing technology for Medicaid information submission and exchange
- Providing a browser-based interface to perform various tasks pertaining to submission of documents, reviews, approvals, collaboration, and retrieval, as described below.
  - Document Submissions
    - Online
    - Fax
  - Document Management
    - Role-based security
    - Document archival
  - Document Access
    - Document search and retrieval using keywords
    - Document access from PRISM
  - Document Processing Workflow
    - Workflow for each document type (review and approval)
  - Communication and Collaboration
    - Messaging between State staff and providers for the submitted documents
    - Notifications

## The Document Management Portal Tabs



The **Search** tab allows users to search for attached documents using a number of tags that were created during upload. For example, you may search for a claim using the beneficiary's information or using the date the claim was loaded into PRISM.



The **Upload Documents** tab allows users to upload documents. Up to five documents may be uploaded during a single transaction. Accessing this screen via PRISM screens will auto populate fields with the information on the claim.

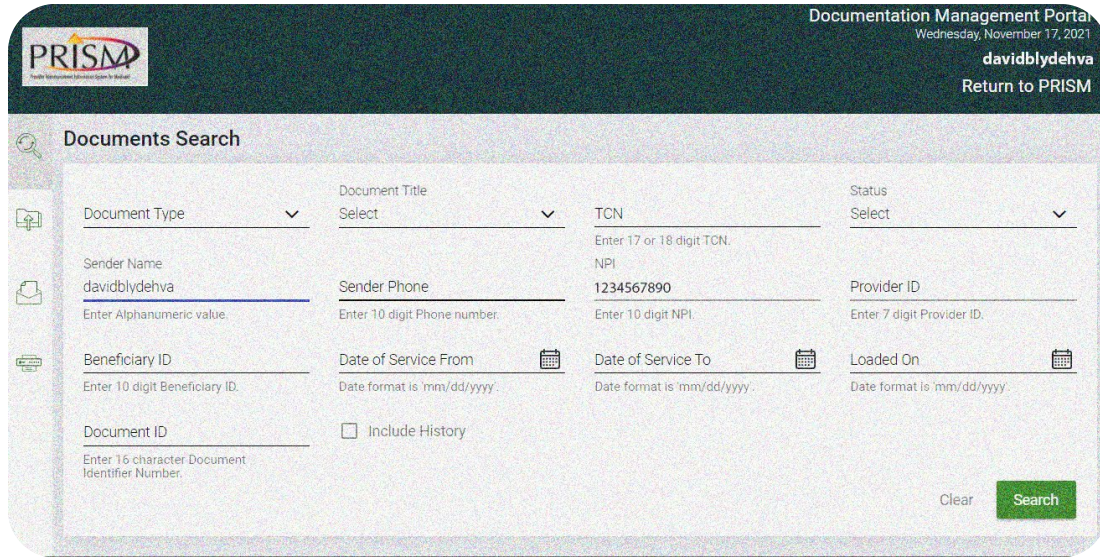


The **Messages** tab allows users to view messages exchanged within DMP. From this page, you can also search for a message that has been associated to a specific document.



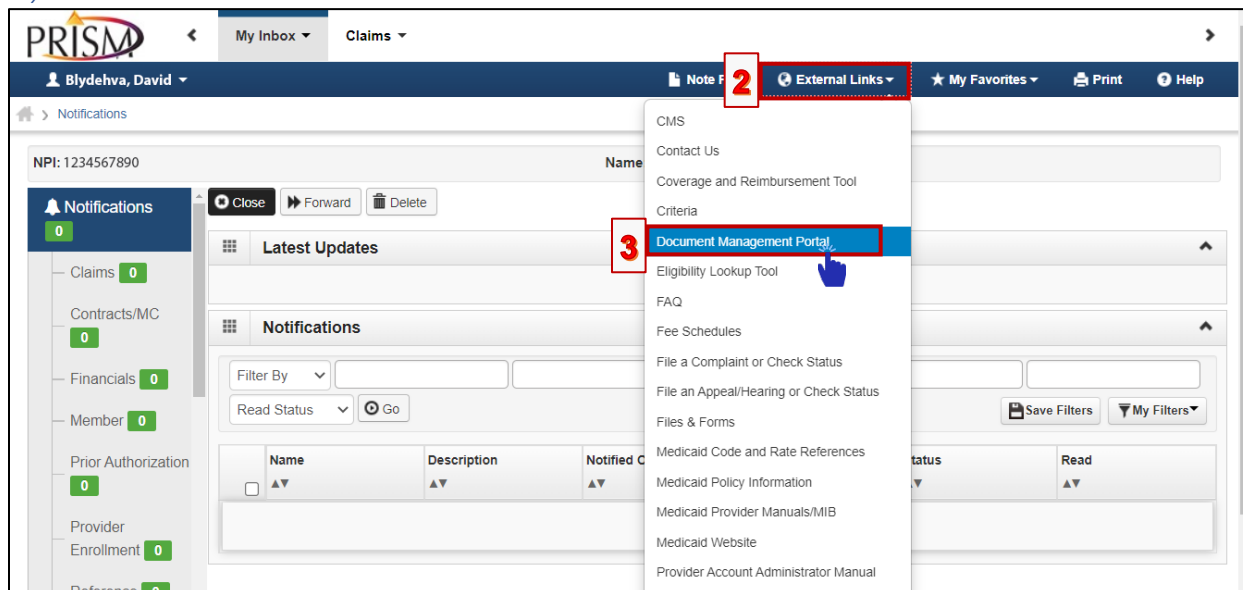
The **Fax Coversheet** tab allows the user to generate a fax cover sheet to submit a document via fax. This page is also auto populated with information from the entry claim.

## Access DMP from PRISM thru External Links



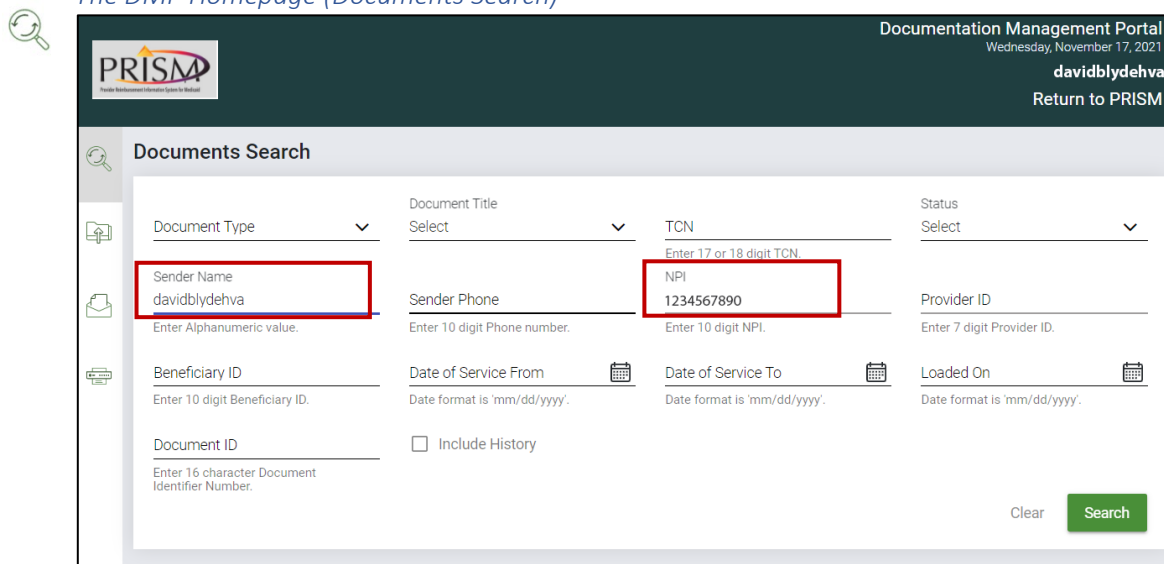
The screenshot shows the PRISM Documentation Management Portal search interface. The header includes the PRISM logo, the text "Documentation Management Portal", the date "Wednesday, November 17, 2021", the user name "davidblydehva", and a "Return to PRISM" link. The main section is titled "Documents Search" and contains several search criteria fields: "Document Type" (dropdown menu), "Document Title" (dropdown menu), "TCN" (text input with instructions "Enter 17 or 18 digit TCN. NPI"), "Status" (dropdown menu), "Sender Name" (text input with value "davidblydehva" and instructions "Enter Alphanumeric value."), "Sender Phone" (text input with instructions "Enter 10 digit Phone number."), "Provider ID" (text input with instructions "Enter 7 digit Provider ID."), "Beneficiary ID" (text input with instructions "Enter 10 digit Beneficiary ID."), "Date of Service From" (calendar icon and instructions "Date format is 'mm/dd/yyyy'."), "Date of Service To" (calendar icon and instructions "Date format is 'mm/dd/yyyy'."), "Loaded On" (calendar icon and instructions "Date format is 'mm/dd/yyyy'."), and "Document ID" (text input with instructions "Enter 16 character Document Identifier Number."). There is also an "Include History" checkbox. At the bottom right, there are "Clear" and "Search" buttons.

My Inbox



1. Log into PRISM
2. Select the External Links menu
3. Click **Document Management Portal**.

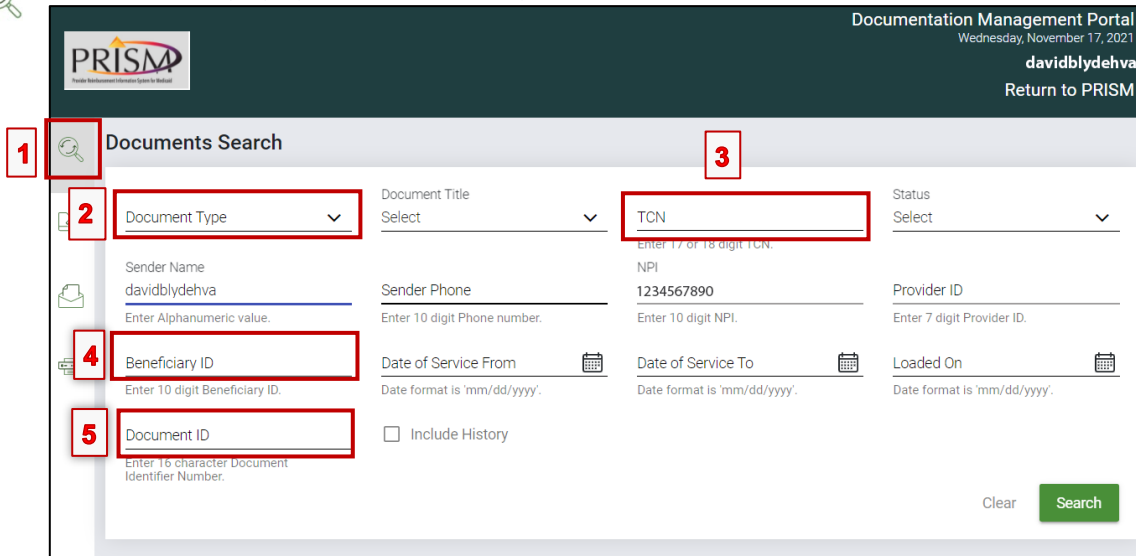
The DMP Homepage (Documents Search)



The **Document Management Portal** application opens in a pop-up window.

- If the pop-up window does not display, turn off your pop-up blockers off for this site.
- The default tab that displays is “Documents Search”. By default, the Sender Name and NPI or Provider ID displays.
- From this page, you can search for documents previously uploaded. There are multiple ways to search for uploaded documents. These are outlined on the following page.

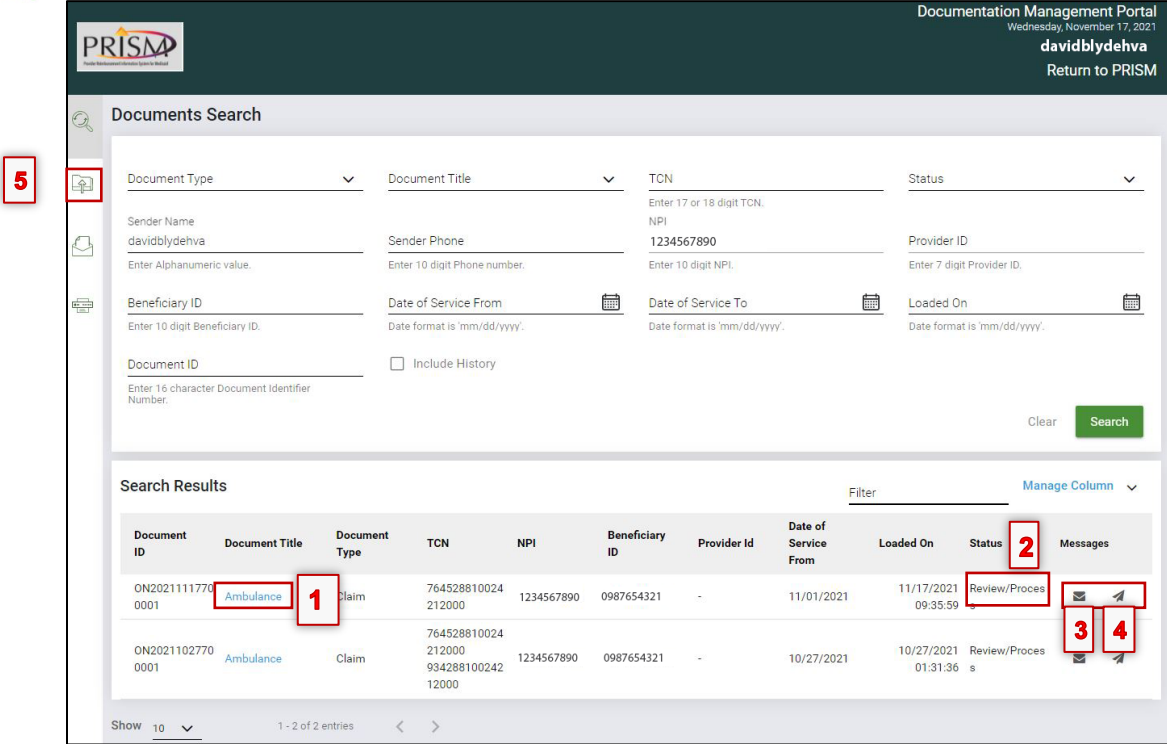
 *The DMP Homepage (Documents Search) - continued*




By default, uploaded documents do not display when Documents Search page opens. Different ways to search for existing uploaded documents include:

1. Click the Magnifying Glass (Refreshes the page)
  - o All documents uploaded, display at the bottom of the page, 10 at a time
2. Document Type
  - o Select Claim, Consents, or Letter
  - o Click **Search**
  - o To narrow this search, also select the Document Title
3. TCN (Enter 17 or 18 digit TCN)
  - o Click **Search**
4. Beneficiary (Member) ID
  - o Click **Search**
5. Document ID
  - o This is a 16-digit DMP document ID
  - o Click **Search**


 The DMP Homepage (Search Results)








**5** 

**1** [Ambulance](#)

**2** Review/Process



**3** 

**4** 

Document ID	Document Title	Document Type	TCN	NPI	Beneficiary ID	Provider ID	Date of Service From	Loaded On	Status	Messages
ON20211117700001	<a href="#">Ambulance</a>	Claim	764528810024212000	1234567890	0987654321	-	11/01/2021	11/17/2021 09:35:59	Review/Process	 
ON20211027700001	<a href="#">Ambulance</a>	Claim	764528810024212000 93428810024212000	1234567890	0987654321	-	10/27/2021	10/27/2021 01:31:36	Review/Process	 

Show 10 1 - 2 of 2 entries < >

After results display at the bottom of the page, you can take the following actions:

1. Download the uploaded file from the Document Title by clicking on the **Document Title** hyperlink
2. View the Status of the document. Status' include:
  - a. Review/Process
  - b. Approved
  - c. Rejected
  - d. Hold (does this display for provider?)
3. View message 
4. Send message 
5. To upload a message, select the **Document Upload** tab in the left-hand navigation menu



# Document Upload

Documentation Management Portal  
Monday, November 22, 2021  
davidbrady  
[Return to PRISM](#)

### Document Upload

**Instructions:**

- All Fields marked with an asterisk(\*) are required.
- The date of service is required only when the Document Type chosen is CLAIM.
- (\*\*) NPI OR Provider ID must be entered.
- TCN entered must be header TCN (ending in 00).
- A maximum of 5 TCN numbers can be entered. Separate each TCN with a semicolon (e.g. 764528810024212000;93428810024212000)
- A maximum of 5 NPI or Provider ID can be entered. Separate each NPI with a semicolon (e.g 1234567890;1987654321).
- Allowable file extensions for uploading: .pdf, .doc, .docx, .xls, .xlsx, .jpg, .jpeg, and .zip

<b>Beneficiary ID *</b> <small>Enter 10 digit Beneficiary ID.</small>	<b>NPI **</b> <small>Enter 10 digit NPI.</small>	<b>Provider ID **</b> <small>Enter 7 digit Provider ID.</small>	<b>Beneficiary First Name</b> <small>Enter Alphanumeric value.</small>
<input type="text" value=""/>	<input type="text" value="1234567890"/>	<input type="text" value=""/>	<input type="text" value=""/>
<b>Beneficiary Last Name *</b> <small>Enter Alphanumeric value.</small>	<b>Sender Name *</b> <small>Enter Alphanumeric value.</small>	<b>Sender Phone *</b> <small>Enter 10 digit Phone number.</small>	<b>No of documents to upload</b> <input type="text" value="1"/>
<input type="text" value=""/>	<input type="text" value="davidblydehva"/>	<input type="text" value=""/>	<input type="text" value=""/>

<b>Document Type *</b> <small>Select</small>	<b>Document Title *</b> <small></small>	<b>Date of Service From</b> <small>Date format is 'mm/dd/yyyy'</small>	<b>Date of Service To</b> <small>Date format is 'mm/dd/yyyy'</small>	<b>TCN</b> <small>Enter 17 or 18 digit TCN.</small>
<input type="text" value="Select"/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>

**Message**

Documentation Management Portal  
Monday, November 22, 2021  
davidbrady  
[Return to PRISM](#)

### Document Upload

**Instructions:**

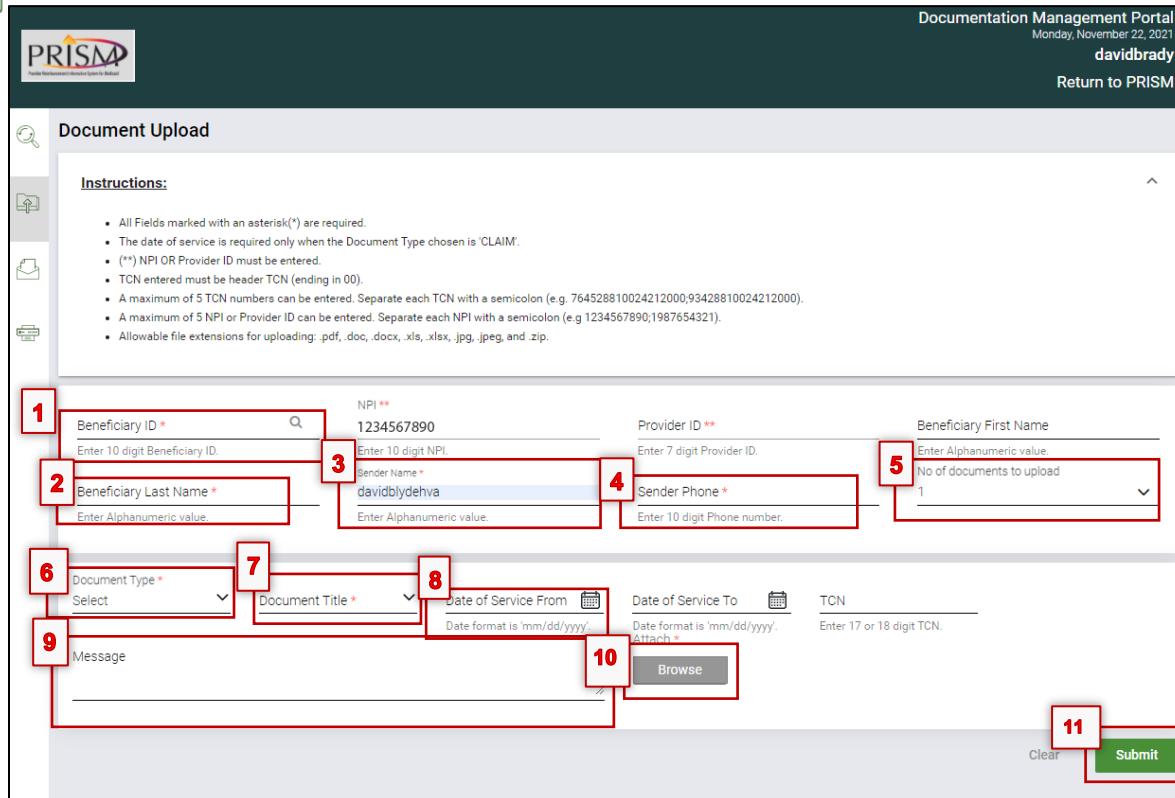
- All Fields marked with an asterisk(\*) are required.
- The date of service is required only when the Document Type chosen is CLAIM.
- (\*\*) NPI OR Provider ID must be entered.
- TCN entered must be header TCN (ending in 00).
- A maximum of 5 TCN numbers can be entered. Separate each TCN with a semicolon (e.g. 764528810024212000;93428810024212000)
- A maximum of 5 NPI or Provider ID can be entered. Separate each NPI with a semicolon (e.g 1234567890;1987654321).
- Allowable file extensions for uploading: .pdf, .doc, .docx, .xls, .xlsx, .jpg, .jpeg, and .zip

<b>Beneficiary ID *</b> <small>Enter 10 digit Beneficiary ID.</small>	<b>NPI **</b> <small>Enter 10 digit NPI.</small>	<b>Provider ID **</b> <small>Enter 7 digit Provider ID.</small>	<b>Beneficiary First Name</b> <small>Enter Alphanumeric value.</small>
<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>
<b>Beneficiary Last Name *</b> <small>Enter Alphanumeric value.</small>	<b>Sender Name *</b> <small>Enter Alphanumeric value.</small>	<b>Sender Phone *</b> <small>Enter 10 digit Phone number.</small>	<b>No of documents to upload</b> <input type="text" value=""/>
<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>

<b>Document Type *</b> <small>Select</small>	<b>Document Title *</b> <small></small>	<b>Date of Service From</b> <small>Date format is 'mm/dd/yyyy'</small>	<b>Date of Service To</b> <small>Date format is 'mm/dd/yyyy'</small>	<b>TCN</b> <small>Enter 17 or 18 digit TCN.</small>
<input type="text" value="Select"/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>

**Message**

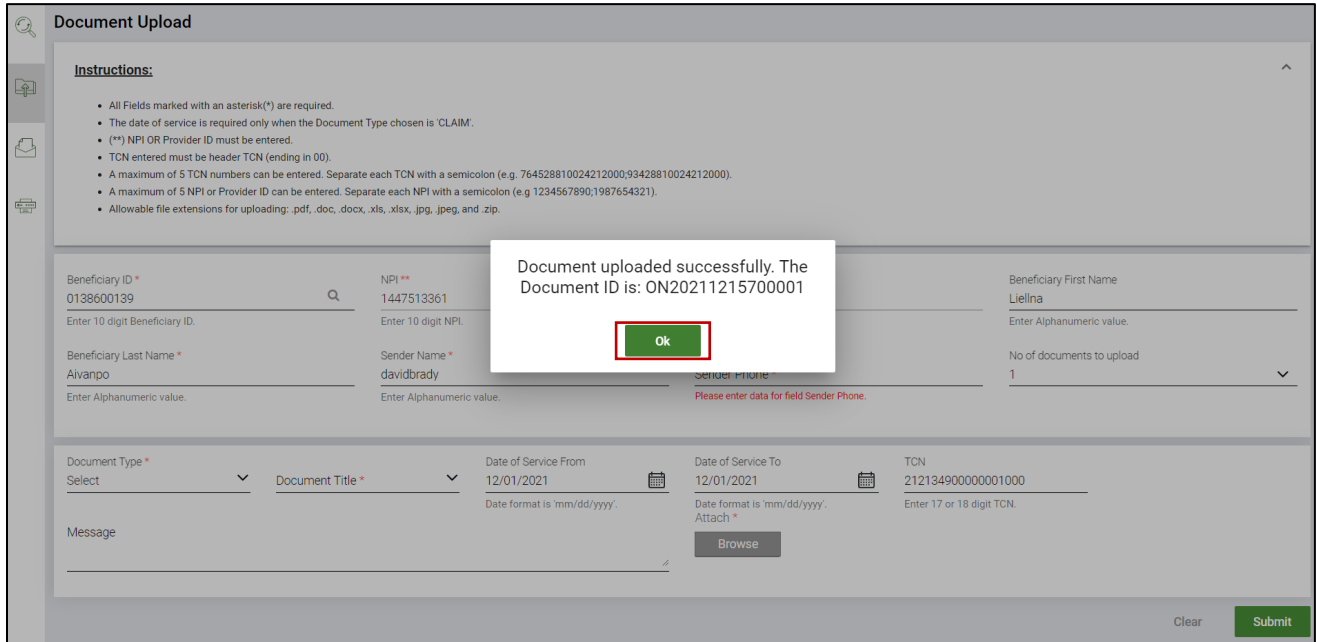
 Document Upload Tab



The Provider NPI or Provide ID displays. Basic information that is required (\*indicates required) to upload a document is:

1. Beneficiary ID
2. Beneficiary Last Name
3. Sender Name (name can be changed)
4. Sender Phone # (10-digit phone number)
5. Number of documents to upload (allows 5 documents to be uploaded at a time)
6. Document Type (select from dropdown)
7. Document Title (select from dropdown)
8. Date of Service (if document type selected is Claim)
  - Allow users to enter 5 TCNs to link the same document to multiple claims
9. Message (enter a message intended for Utah Medicaid)
  - This message is the message that is displayed under the messages tab
10. Click Browse
  - Dialog box displays, select document, click open
    - Allows upload of jpeg, jpg, pdf, doc, docx, xlsx, zip, and xls formats
    - Allows a file size up to 30 Mb to upload.
    - Will preserve original file name for the submitted documents
    - Assigns a unique Document ID
11. Click Submit

Successful Document Upload Message



**Document Upload**

**Instructions:**

- All Fields marked with an asterisk(\*) are required.
- The date of service is required only when the Document Type chosen is 'CLAIM'.
- (\*\*) NPI OR Provider ID must be entered.
- TCN entered must be header TCN (ending in 00).
- A maximum of 5 TCN numbers can be entered. Separate each TCN with a semicolon (e.g. 764528810024212000;93428810024212000).
- A maximum of 5 NPI or Provider ID can be entered. Separate each NPI with a semicolon (e.g 1234567890;1987654321).
- Allowable file extensions for uploading: .pdf, .doc, .docx, .xls, .xlsx, .jpg, .jpeg, and .zip.

Beneficiary ID \* 0138600139 NPI \*\* 1447513361 Beneficiary First Name Liellna

Enter 10 digit Beneficiary ID. Enter 10 digit NPI. Enter Alphanumeric value.

Beneficiary Last Name \* Aivanpo Sender Name \* davidbrady No of documents to upload 1

Enter Alphanumeric value. Enter Alphanumeric value. Please enter data for field Sender Phone.

Document Type \* Select Document Title \* Date of Service From 12/01/2021 Date of Service To 12/01/2021 TCN 21213490000001000

Date format is 'mm/dd/yyyy'. Date format is 'mm/dd/yyyy'. Enter 17 or 18 digit TCN.

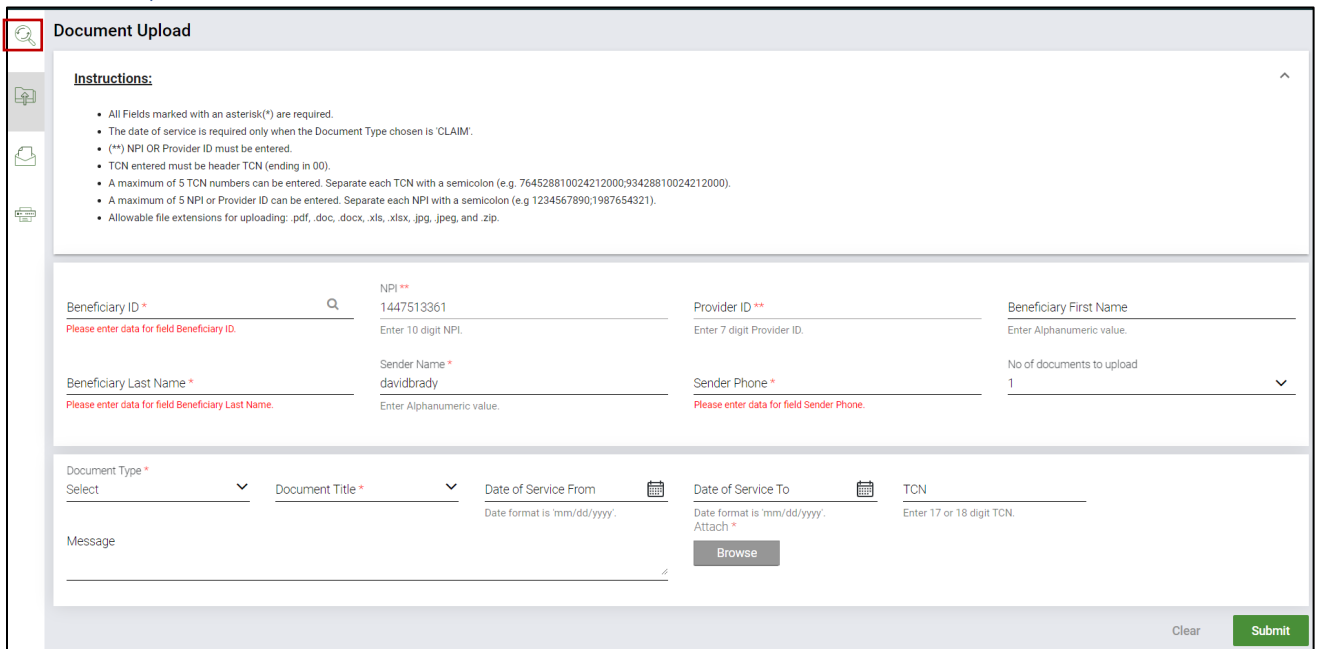
Message Attach \* Browse

Clear Submit

If document is uploaded successfully, popup “Document uploaded successfully. The Document ID is: (document ID displays).

- Click **Ok**

Document Upload



**Document Upload**

**Instructions:**

- All Fields marked with an asterisk(\*) are required.
- The date of service is required only when the Document Type chosen is 'CLAIM'.
- (\*\*) NPI OR Provider ID must be entered.
- TCN entered must be header TCN (ending in 00).
- A maximum of 5 TCN numbers can be entered. Separate each TCN with a semicolon (e.g. 764528810024212000;93428810024212000).
- A maximum of 5 NPI or Provider ID can be entered. Separate each NPI with a semicolon (e.g 1234567890;1987654321).
- Allowable file extensions for uploading: .pdf, .doc, .docx, .xls, .xlsx, .jpg, .jpeg, and .zip.

Beneficiary ID \* 0138600139 NPI \*\* 1447513361 Provider ID \*\* Beneficiary First Name

Please enter data for field Beneficiary ID. Enter 10 digit NPI. Enter 7 digit Provider ID. Enter Alphanumeric value.

Beneficiary Last Name \* Aivanpo Sender Name \* davidbrady Sender Phone \* No of documents to upload 1

Please enter data for field Beneficiary Last Name. Enter Alphanumeric value. Please enter data for field Sender Phone.

Document Type \* Select Document Title \* Date of Service From 12/01/2021 Date of Service To 12/01/2021 TCN 21213490000001000


Date format is 'mm/dd/yyyy'. Date format is 'mm/dd/yyyy'. Enter 17 or 18 digit TCN.

Message Attach \* Browse

Clear Submit

- To view messages, Select Messages in the left-hand navigation pane

# User Messages



**User Messages**

Filter

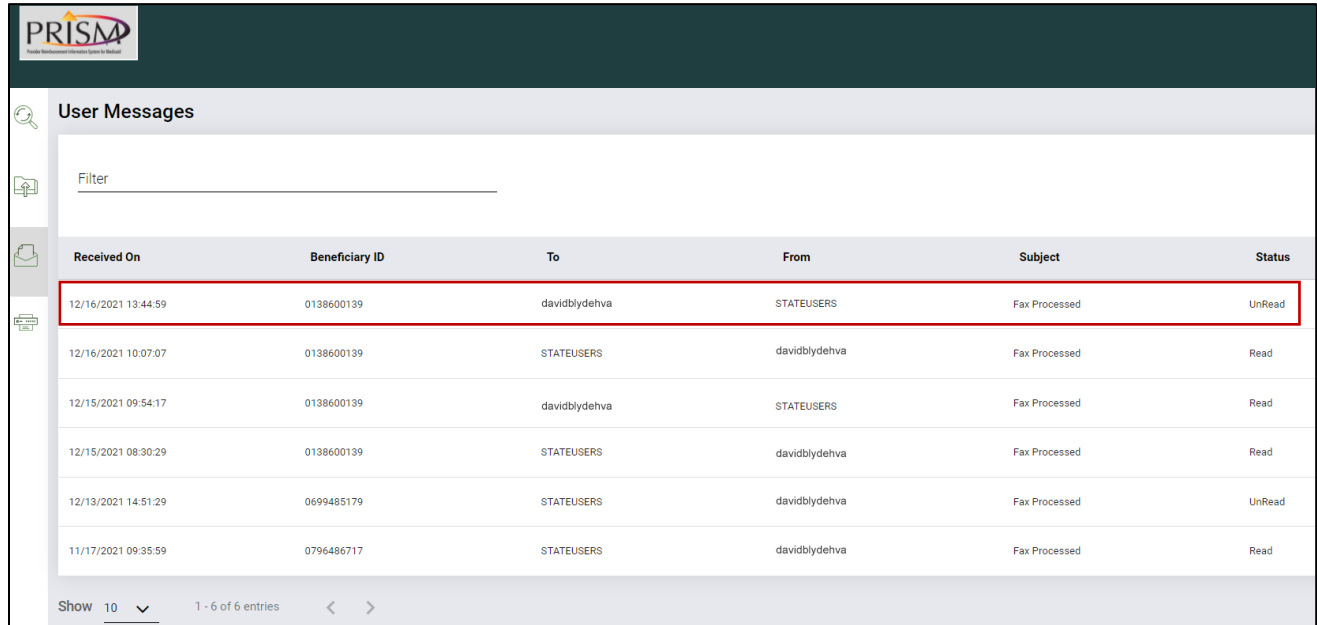
Received On	Beneficiary ID	To	From	Subject	Status
12/16/2021 13:44:59	0138600139	davidblydehva	STATEUSERS	Fax Processed	UnRead
12/16/2021 10:07:07	0138600139	STATEUSERS	davidblydehva	Fax Processed	Read
12/15/2021 09:54:17	0138600139	davidblydehva	STATEUSERS	Fax Processed	Read
12/15/2021 08:30:29	0138600139	STATEUSERS	davidblydehva	Fax Processed	Read
12/13/2021 14:51:29	0699485179	STATEUSERS	davidblydehva	Fax Processed	UnRead
11/17/2021 09:35:59	0796486717	STATEUSERS	davidblydehva	Fax Processed	Read

Show 10  1 - 6 of 6 entries

Show 10  1 - 6 of 6 entries

Received On	Beneficiary ID	To	From	Subject	Status
12/15/2021 09:54:17	0138600139	davidblydehva	STATEUSERS	Fax Processed	Read
12/15/2021 08:30:29	0138600139	STATEUSERS	davidblydehva	Fax Processed	Read

User Messages



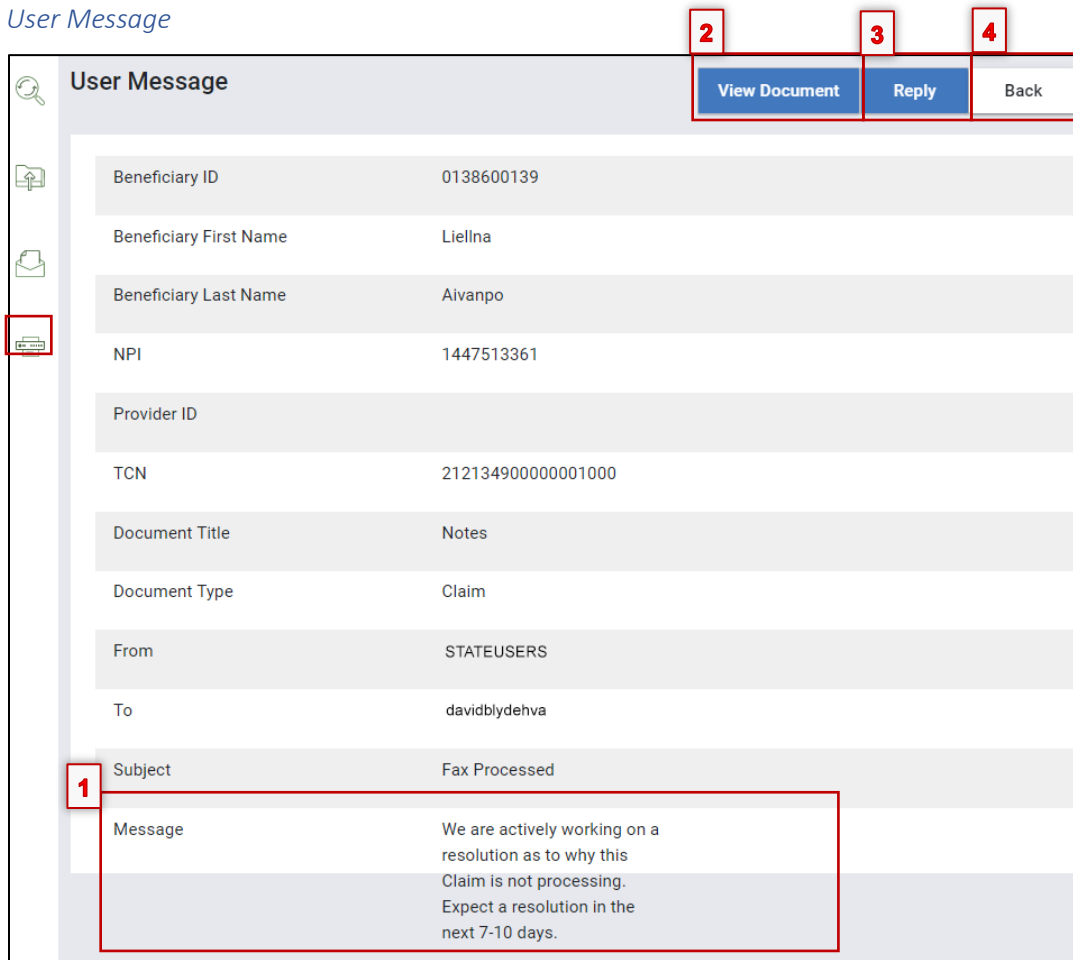
Received On	Beneficiary ID	To	From	Subject	Status
12/16/2021 13:44:59	0138600139	davidblydehva	STATEUSERS	Fax Processed	UnRead
12/16/2021 10:07:07	0138600139	STATEUSERS	davidblydehva	Fax Processed	Read
12/15/2021 09:54:17	0138600139	davidblydehva	STATEUSERS	Fax Processed	Read
12/15/2021 08:30:29	0138600139	STATEUSERS	davidblydehva	Fax Processed	Read
12/13/2021 14:51:29	0699485179	STATEUSERS	davidblydehva	Fax Processed	UnRead
11/17/2021 09:35:59	0796486717	STATEUSERS	davidblydehva	Fax Processed	Read

At the bottom of the table, there is a pagination control: 'Show 10' (with a dropdown arrow), '1 - 6 of 6 entries', and navigation arrows.

Messages are displayed with the most recent messages displayed at the top of the list. These messages are the same messages that are attached to the document.

- This page will show a history of Read and Unread messages and are displayed by default, 10 at a time
- To change the number of messages that are displayed at a time, click the Show dropdown
- To view a message, click anywhere on the message row

User Message




The screenshot shows a 'User Message' interface. At the top right, there are three buttons: 'View Document' (labeled 2), 'Reply' (labeled 3), and 'Back' (labeled 4). On the left side, there is a navigation pane with icons for search, home, and a printer (labeled 1). The main content area displays a message with the following details:

Beneficiary ID	0138600139
Beneficiary First Name	Liellna
Beneficiary Last Name	Aivanpo
NPI	1447513361
Provider ID	
TCN	21213490000001000
Document Title	Notes
Document Type	Claim
From	STATEUSERS
To	davidblydehva
Subject	Fax Processed
Message	We are actively working on a resolution as to why this Claim is not processing. Expect a resolution in the next 7-10 days.

1. The new message displays at the bottom of the page
2. The original document can be viewed by clicking, **View Document**
3. To reply to this message, click **Reply**
4. Click **Back** to return to User Messages
5. Select **Fax Coversheet** from the left navigation pane

# Fax Cover Sheet

 <p><b>UTAH DEPARTMENT OF HEALTH MEDICAID</b></p>	Utah Department of Health Medicaid Operations PO Box 14310 Salt Lake City, UT 84114-3106
--	---

Consent Form Fax Number	(801) 503-9430
Manual Review Claim Fax Number	(801) 503-9425
EOP Claim Fax Number	(801) 503-9429
PPC Claim Fax Number	(801) 503-9433
Other Claim Fax Number	(801) 503-9432



FAX Control Number : OF20211216700001

Beneficiary ID : 0138600139

NPI : 1447513361

Provider ID :

TCN : 212134900000001000

Document Type : Claim

Document Title : Ambulance

Date of Service : 12/16/2021

Sender Name : davidblydehva

Sender Fax : 8016506500

Sender Phone : 8012212222

**CONFIDENTIALITY NOTICE:** The transmitted documents are intended only for the use of the individual or entity named under "TO:" above. This may contain information that is privileged, confidential or exempt from disclosure under applicable law. If you are not the intended recipient, you are hereby notified that any disclosure, distribution or copying, or the taking of any action in regard to

CONFIDENTIALITY NOTICE: The transmitted documents are intended only for the use of the individual or entity named under "TO:" above. This may contain information that is privileged, confidential or exempt from disclosure under applicable law. If you are not the intended recipient, you are hereby notified that any disclosure, distribution or copying, or the taking of any action in regard to

Sender Phone : 8015515555

Sender Fax : 8016506500

Sender Name : davidblydehva

Date of Service : 12/16/2021

Fax Cover Sheet

**FAX Cover Sheet**

**Instructions:**

- All Fields marked with an asterisk(\*) are required.
- The date of service is required only when the Document Type chosen is 'CLAIM'.
- (\*\*) NPI OR Provider ID must be entered.
- TCN entered must be header TCN (ending in 00).
- A maximum of 5 TCN numbers can be entered. Separate each TCN with a semicolon (e.g. 764528810024212000;93428810024212000).
- A maximum of 5 NPI or Provider ID can be entered. Separate each NPI with a semicolon (e.g 1234567890;1987654321).
- TCN is required when document Type is 'CLAIM'.
- Fax Coversheet cannot be used multiple times.
- The Documents associated to each fax should not contain more than 40 pages.

Beneficiary ID \*

Date of Service\*

NPI \*\*

Provider ID\*\*

Document Type\*

Sender Name \*

Document Title\*

Sender Fax\*

TCN

Sender Phone\*

Clear

A new fax cover sheet must be created for each new fax submission. Documents associated to the fax must not contain more than 40 pages.

The NPI and Sender Name will auto-fill. Read the Instructions at the top of the page. It includes important information when entering multiple TCN's and NPI's. Enter the other required information fields which include:

- Beneficiary ID (Member)
- Date of Service
- Document Type (dropdown)
- Document Title (dropdown)
- Sender Fax
- Sender Phone
- TCN (If "Claim" is selected as the document type)

Fax Cover Sheet (continued)

**FAX Cover Sheet**

**Instructions:**

- All Fields marked with an asterisk(\*) are required.
- The date of service is required only when the Document Type chosen is 'CLAIM'.
- (\*\*) NPI OR Provider ID must be entered.
- TCN entered must be header TCN (ending in 00).
- A maximum of 5 TCN numbers can be entered. Separate each TCN with a semicolon (e.g. 764528810024212000;93428810024212000).
- A maximum of 5 NPI or Provider ID can be entered. Separate each NPI with a semicolon (e.g 1234567890;1987654321).
- TCN is required when document Type is 'CLAIM'.
- Fax Coversheet cannot be used multiple times.
- The Documents associated to each fax should not contain more than 40 pages.

Beneficiary ID \*

Date of Service\*

NPI \*\*

Provider ID\*\*

Document Type\*

Sender Name \*

Document Title\*

Sender Fax\*

TCN\*

Sender Phone\*

Clear

- Once all required information is entered, click **Submit**



Fax Cover Sheet (continued)

- Fax Coversheet cannot be used multiple times.
- The Documents associated to each fax should not contain more than 40 pages.


Beneficiary ID *	0138600139 <small>Enter 10 digit Beneficiary ID.</small>	Date of Service*	12/16/2021 <small>Date format is 'mm/dd/yy'</small>
NPI **	1447513361 <small>Enter 10 digit NPI.</small>	Provider ID**	 <small>Enter 7 digit Provider ID</small>
Document Type*	Claim <input type="button" value="v"/>	Sender Name *	davidblydehva <small>Enter Alphanumeric value</small>
Document Title*	Ambulance <input type="button" value="v"/>	Sender Fax*	(801) 650-6500 <small>Enter 10 digit Phone number</small>
TCN*	21213490000001000 <small>Enter 17 or 18 digit TCN.</small>	Sender Phone*	(801) 221-2222 <small>Enter 10 digit Phone number</small>

faxcoversheet.pdf


When Submit is clicked, a .pdf will be created and downloaded to the browser.

- Open the fax cover sheet by clicking on the downloaded faxcoversheet.pdf.

**1**

	Utah Department of Health Medicaid Operations PO Box 14310 Salt Lake City, UT 84114-3106
---	---

Consent Form Fax Number	(801) 503-9430	<b>2</b>
Manual Review Claim Fax Number	(801) 503-9425	
EOP Claim Fax Number	(801) 503-9429	
PPC Claim Fax Number	(801) 503-9433	
Other Claim Fax Number	(801) 503-9432	

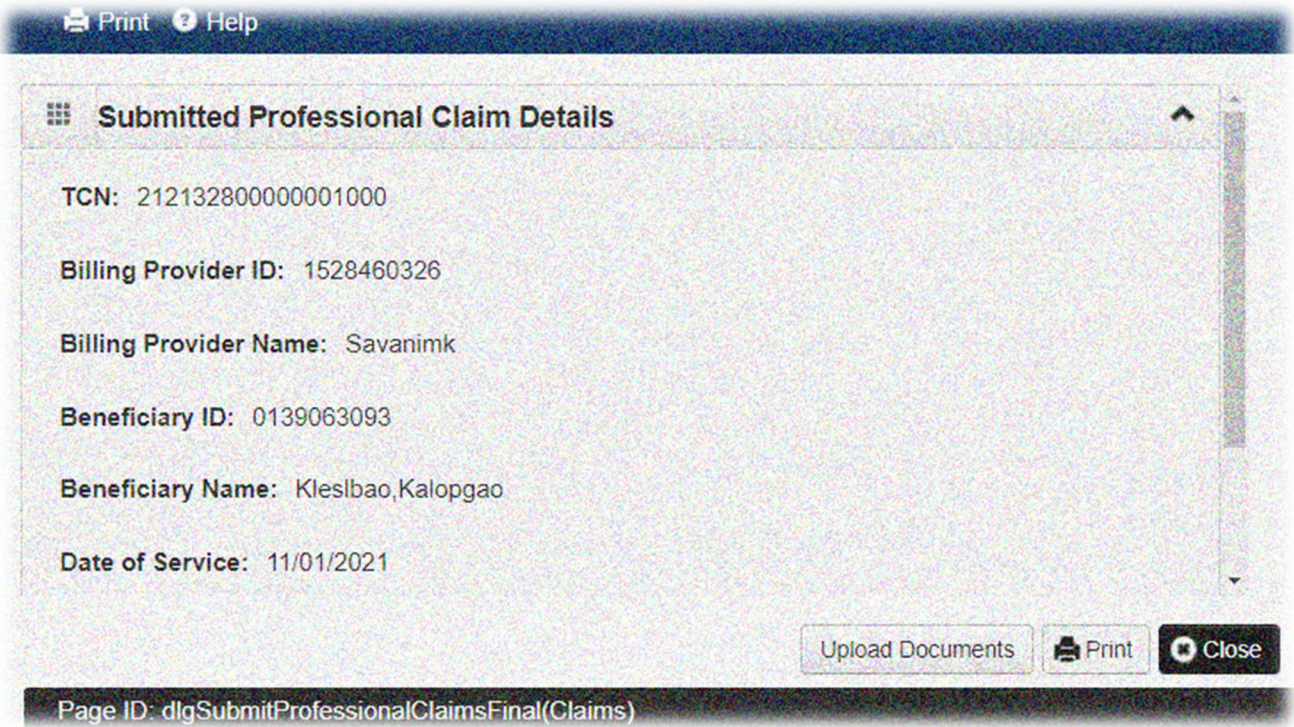
<b>3</b>	
FAX Control Number :	OF20211216700001

Beneficiary ID	:	0138600139
NPI	:	1447513361
Provider ID	:	
TCN	:	212134900000001000
Document Type	:	Claim
Document Title	:	Ambulance
Date of Service	:	12/16/2021
Sender Name	:	davidblydehva
Sender Fax	:	8016506500
Sender Phone	:	8012212222

CONFIDENTIALITY NOTICE: The transmitted documents are intended only for the use of the individual or entity named under "TO:" above. This may contain information that is privileged, confidential or exempt from disclosure under applicable law. If you are not the intended recipient, you are hereby notified that any disclosure, distribution or copying, or the taking of any action in regard to the

1. Review the information contained on the document
2. The Medicaid fax #'s are displayed at the top of the document
3. The fax is assigned a unique control number and bar code

## Upload Documents Attached to a Claim



Print Help

### Submitted Professional Claim Details

TCN: 212132800000001000

Billing Provider ID: 1528460326

Billing Provider Name: Savanimk

Beneficiary ID: 0139063093

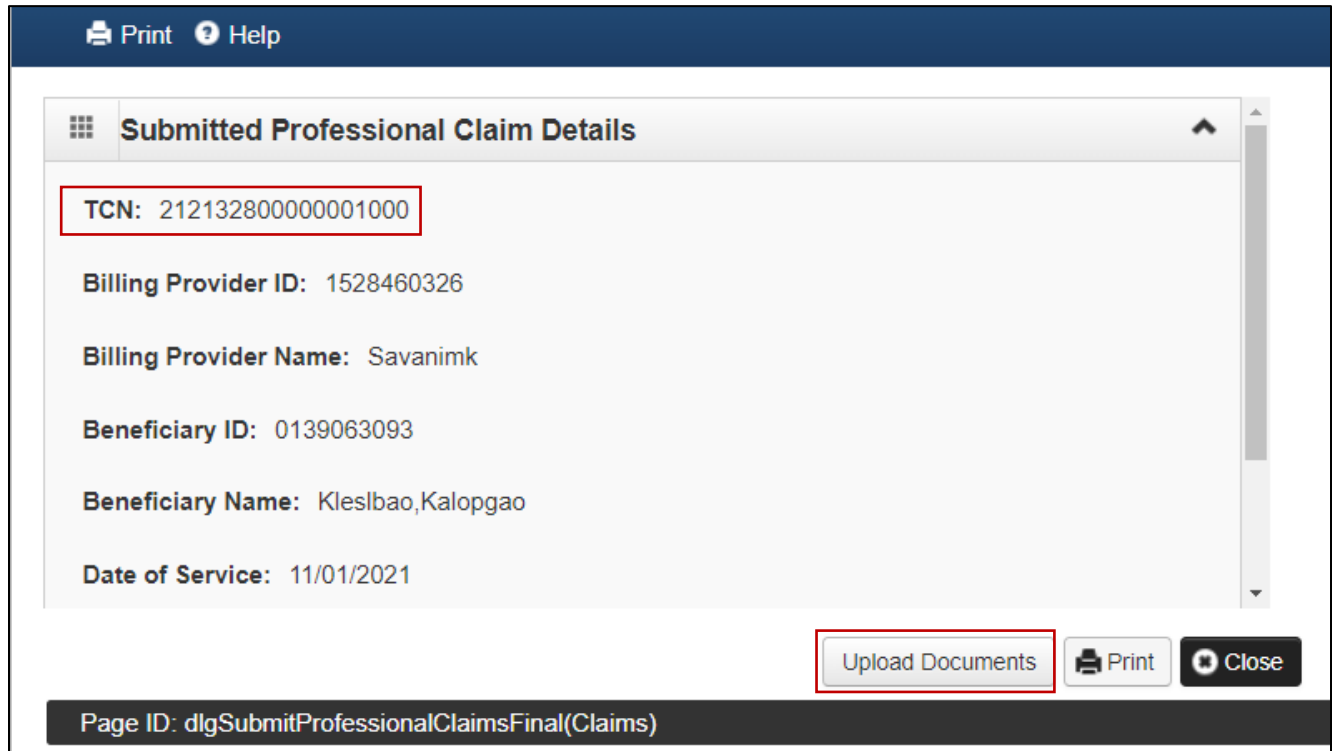
Beneficiary Name: Kleslbao,Kalopgao

Date of Service: 11/01/2021

Upload Documents Print Close

Page ID: dlgSubmitProfessionalClaimsFinal(Claims)

Upload Documents Attached to a Claim



The screenshot shows a popup window titled "Submitted Professional Claim Details". At the top left, there are "Print" and "Help" icons. The main content area lists the following details:

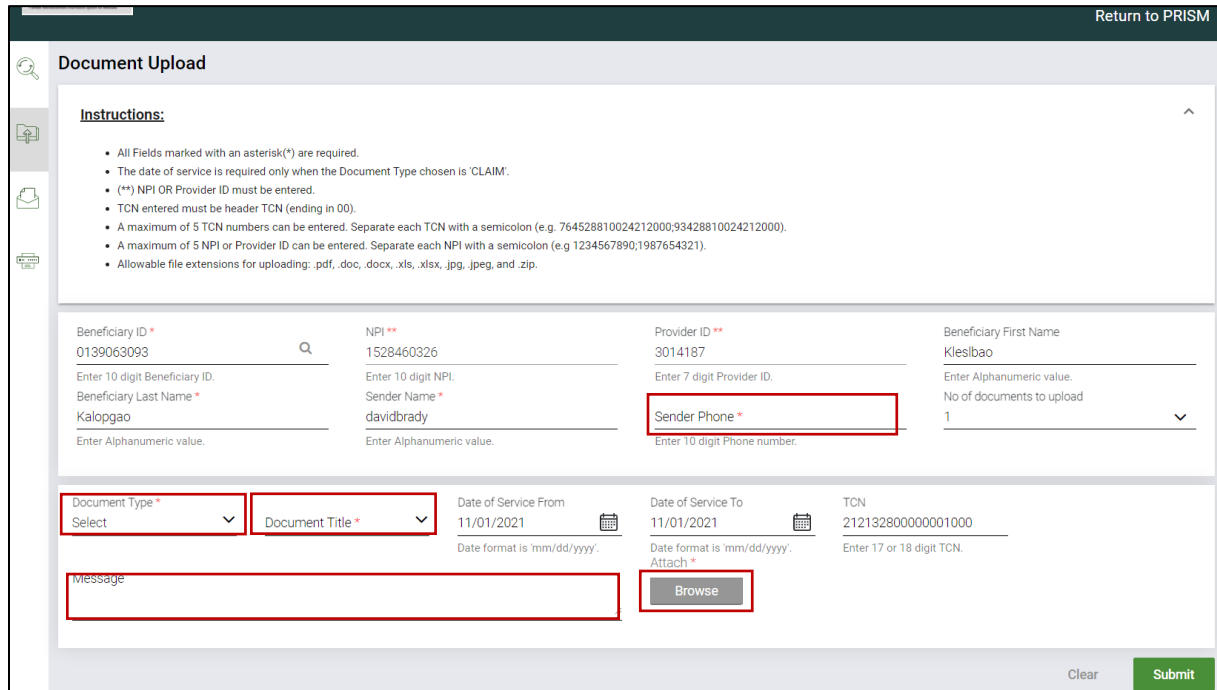
- TCN:** 21213280000001000
- Billing Provider ID:** 1528460326
- Billing Provider Name:** Savanimk
- Beneficiary ID:** 0139063093
- Beneficiary Name:** Kleslbao,Kalopgao
- Date of Service:** 11/01/2021

At the bottom right of the popup, there are three buttons: "Upload Documents", "Print", and "Close". The "Upload Documents" button is highlighted with a red box. Below the popup, a dark footer bar contains the text "Page ID: dlgSubmitProfessionalClaimsFinal(Claims)".

Immediately after a claim is submitted, a popup windows displays claim details with a transaction control number.

- Click the **Upload Documents** button

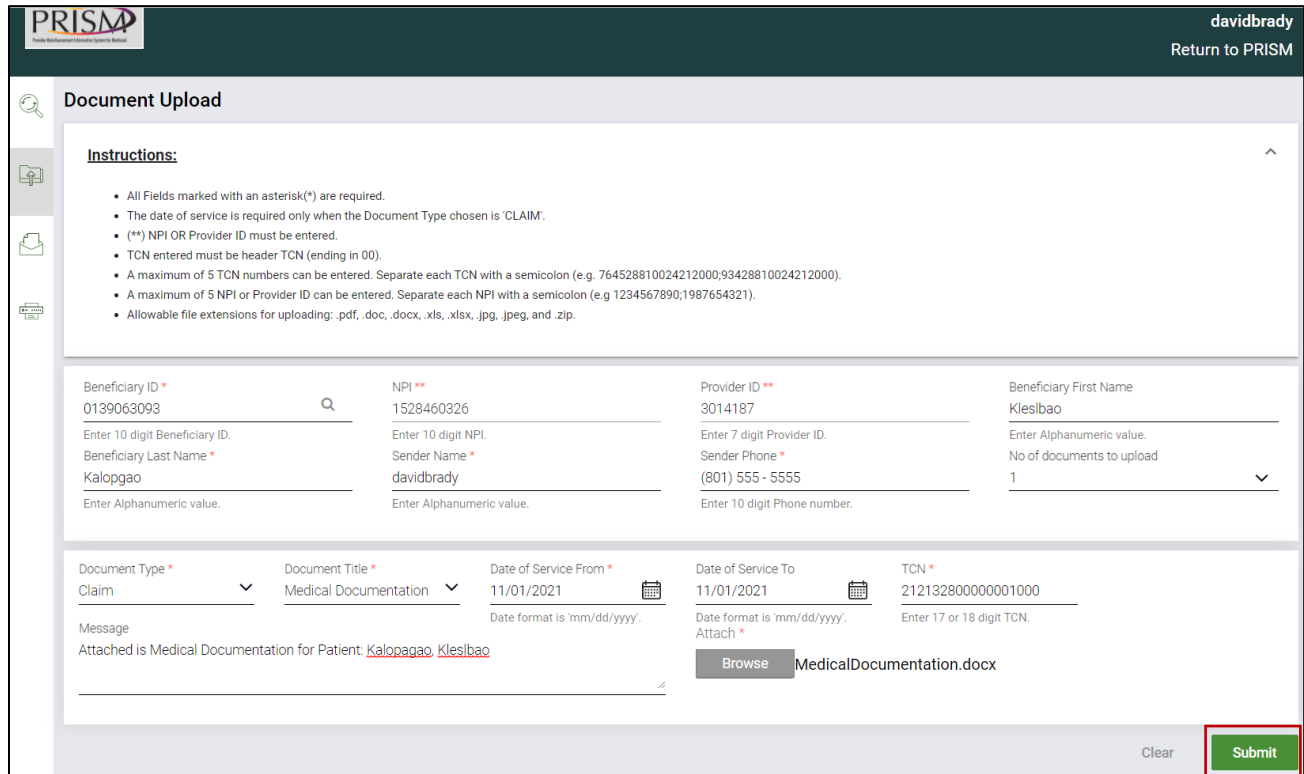
Document Upload (From Claim Details)



The Document Upload page in DMP displays. Data from the claim auto-populates fields in the Document Upload page. The following fields need data:

- Sender Phone
- Document Type
- Document Title
- Message
- Click **Browse** and navigate to the document to upload

Document Upload (From Claim Details) - continued



**Document Upload**

**Instructions:**

- All Fields marked with an asterisk(\*) are required.
- The date of service is required only when the Document Type chosen is 'CLAIM'.
- (\*\*) NPI OR Provider ID must be entered.
- TCN entered must be header TCN (ending in 00).
- A maximum of 5 TCN numbers can be entered. Separate each TCN with a semicolon (e.g. 764528810024212000;93428810024212000).
- A maximum of 5 NPI or Provider ID can be entered. Separate each NPI with a semicolon (e.g 1234567890;1987654321).
- Allowable file extensions for uploading: .pdf, .doc, .docx, .xls, .xlsx, .jpg, .jpeg, and .zip.

Beneficiary ID \* 0139063093  
 Enter 10 digit Beneficiary ID.

NPI \*\* 1528460326  
 Enter 10 digit NPI.

Provider ID \*\* 3014187  
 Enter 7 digit Provider ID.

Beneficiary First Name Klesibao  
 Enter Alphanumeric value.

Beneficiary Last Name \* Kalopgao  
 Enter Alphanumeric value.

Sender Name \* davidbrady  
 Enter Alphanumeric value.

Sender Phone \* (801) 555 - 5555  
 Enter 10 digit Phone number.

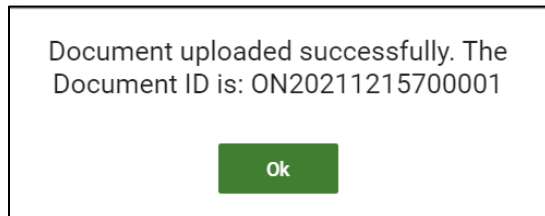
Document Type \* Claim  
 Document Title \* Medical Documentation  
 Date of Service From \* 11/01/2021  
 Date of Service To 11/01/2021  
 TCN \* 21213280000001000  
 Attach \* MedicalDocumentation.docx

Message  
 Attached is Medical Documentation for Patient: [Kalopgao, Klesibao](#)

Clear **Submit**

Once all of the required fields are filled:

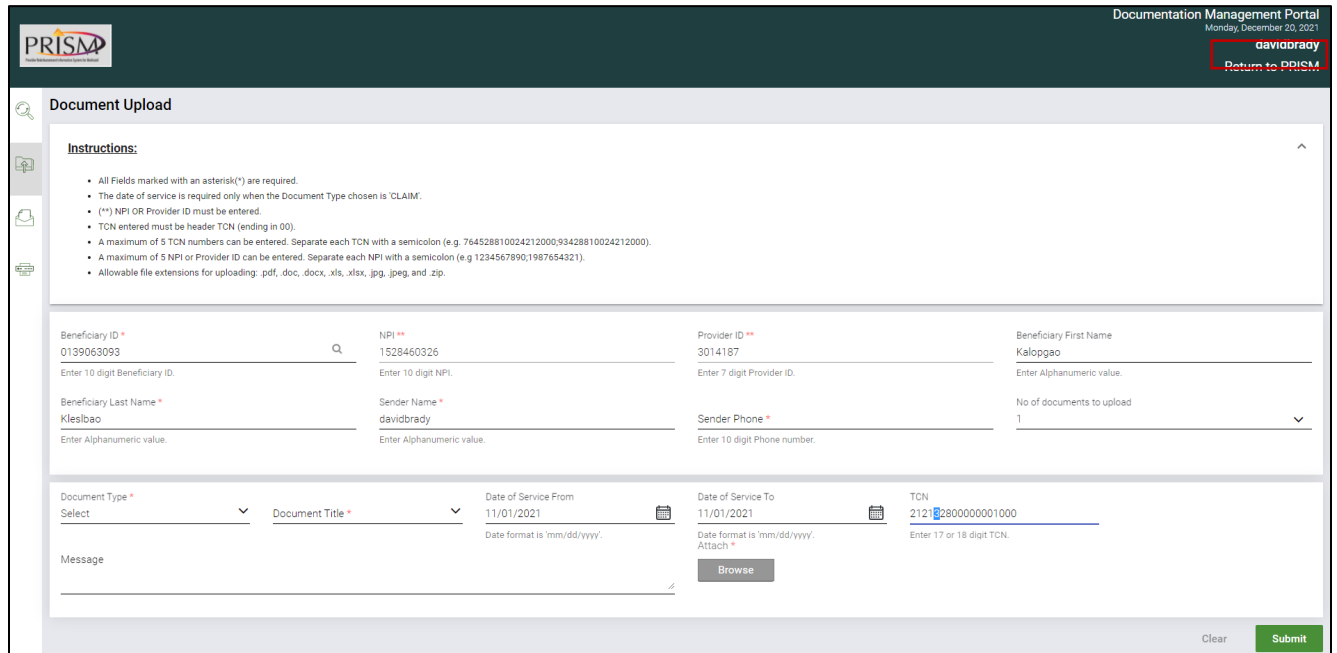
- Click **Submit**



If document is uploaded successfully, popup "Document uploaded successfully. The Document ID is: (document ID displays).

- Click **Ok**

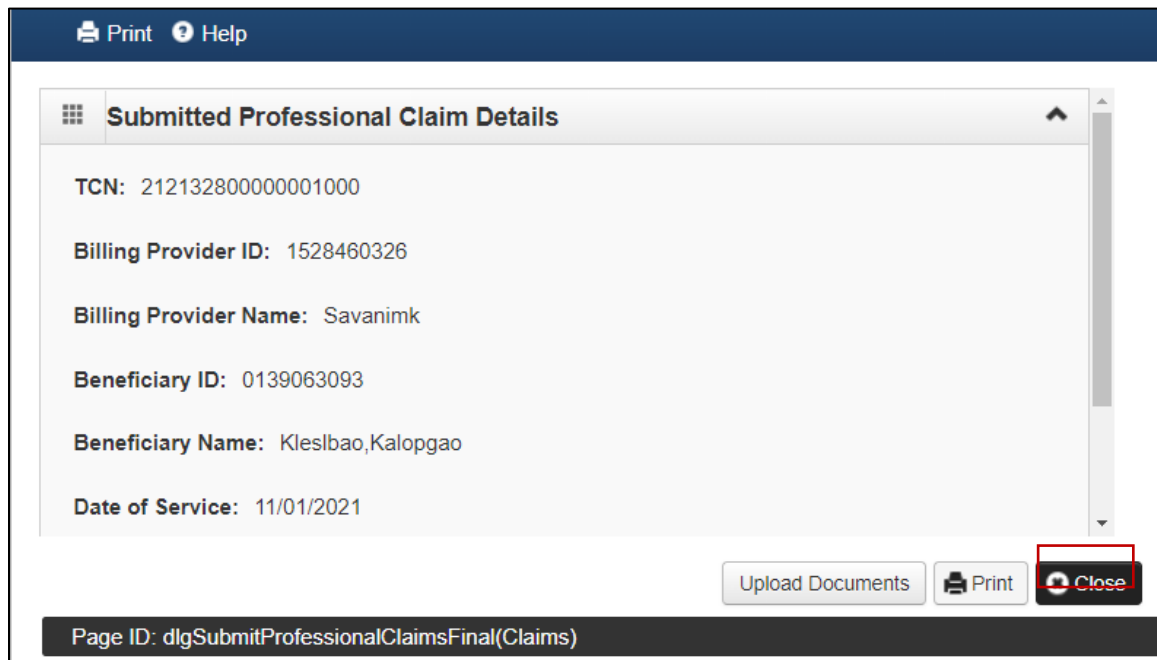
Document Upload



The screenshot shows the 'Document Upload' page in the PRISM portal. At the top right, it says 'Documentation Management Portal Monday, December 20, 2021' and 'davidbrady' with a 'Return to PRISM' link. The main heading is 'Document Upload'. Below it are 'Instructions' and a list of requirements. The form fields include: Beneficiary ID (0139063093), NPI (1528460326), Provider ID (3014187), Beneficiary First Name (Kaloggao), Beneficiary Last Name (Kleslbae), Sender Name (davidbrady), Sender Phone, Document Type (Select), Document Title, Date of Service From (11/01/2021), Date of Service To (11/01/2021), and TCN (212132800000001000). There is a 'Message' field and a 'Browse' button. At the bottom right, there are 'Clear' and 'Submit' buttons.

- Click **Return to PRISM** hyperlink

Submitted Professional Claim Details



The screenshot shows the 'Submitted Professional Claim Details' page. At the top, there are 'Print' and 'Help' icons. The title is 'Submitted Professional Claim Details'. The details listed are: TCN: 212132800000001000, Billing Provider ID: 1528460326, Billing Provider Name: Savanimk, Beneficiary ID: 0139063093, Beneficiary Name: Kleslbae,Kaloggao, and Date of Service: 11/01/2021. At the bottom, there are 'Upload Documents', 'Print', and 'Close' buttons. The 'Close' button is highlighted with a red box. At the very bottom, the page ID is 'Page ID: dlgSubmitProfessionalClaimsFinal(Claims)'.

Click **Close**

# Viewing or Adding a Document from an Existing Claim

Header TCN: 212132800000001000  
Beneficiary ID: 0139063093  
Name: Klesbao, Kaloggao

**Header Details** Upload/View Documents

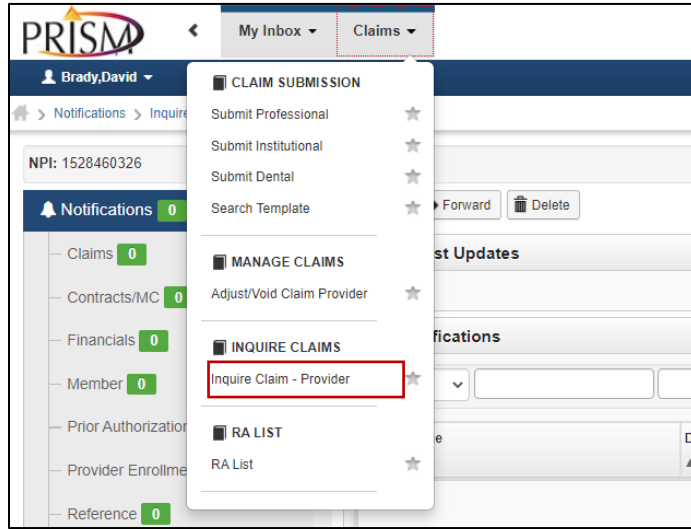
TCN: 212132800000001000	Claim Type: J - Professional	Source: Direct Data Entry
Original TCN:	Adjustment Source:	Claim Status: Denied
No Of Lines: 1	Medicare: N	Commercial: N
Related Cause: NO		
Beneficiary ID: 0139063093 *	Last Name: Klesbao	First Name: Kaloggao
Gender: F-Female	DOB: 01/04/1971	Age: 50
Patient Account Number: 123456	Admit Date: MM/DD/YYYY	
Place of Service: 23-Emergency Room- Hospital		
Billing Provider ID: 1528460326 * Type: NPI	Pay To Provider ID: 1528460326 Type: NPI	
Billing Provider Taxonomy:	Referring Provider ID:	Type:
Rendering Provider ID: 1528460326 Type: NPI	Primary Care Referring Provider ID:	Type:
Rendering Provider Taxonomy:	Referral #:	CLIA Number:
Supervising Provider ID:		
Auth #:		
Diagnosis Codes: 1: K820 *	2:	3:
4:	5:	6:
7:	8:	9:
Delay Reason Code:		
Submitted Charges: \$1,000.00	Billed Amount: \$1,000.00	Approved Amount: \$0.00
Warrant/EFT Number:	RA Number:	Pay Cycle Date:

Cancel



Viewing or Adding a Document from an Existing Claim

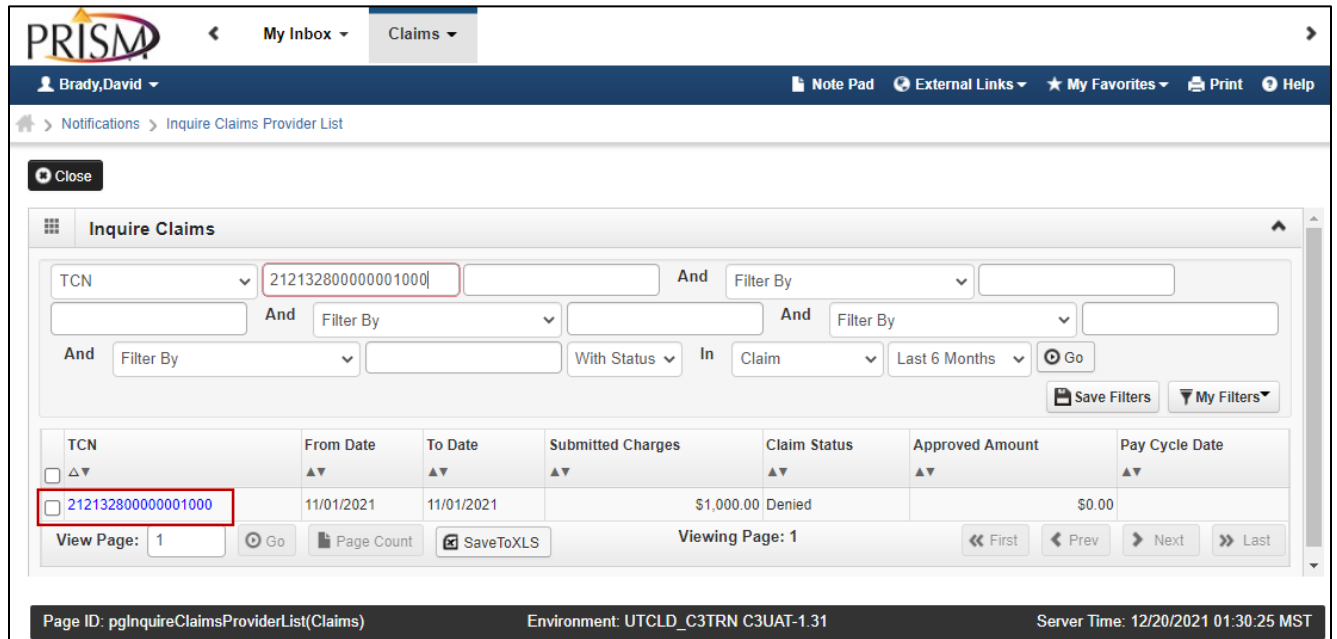
My Inbox



From the Claims Menu:

- Select **Inquire Claim-Provider**

Inquire Claims



From the Inquire Claims list page, filter for a claim you have submitted. Select the TCN dropdown value if you have kept a history of the TCN's you have submitted. Or you can filter by Beneficiary ID

- Click **TCN** hyperlink

View Claim Header

Header TCN: 21213280000001000  
Beneficiary ID: 0139063093  
Name: Klesibao, Kaloggao

**Header Details** Upload/View Documents

TCN: 21213280000001000	Claim Type: J - Professional	Source: Direct Data Entry
Original TCN: <input type="text"/>	Adjustment Source:	Claim Status: Denied
No Of Lines: 1	Medicare: N	Commercial: N
Related Cause: NO		
Beneficiary ID: 0139063093 *	Last Name: Klesibao	First Name: Kaloggao
Gender: F-Female *	DOB: 01/04/1971	Age: 50
Patient Account Number: 123456	Admit Date: MM/DD/YYYY	
Place of Service: 23:Emergency Room- Hospital		
Billing Provider ID: 1528460326 * Type: NPI *	Pay To Provider ID: 1528460326 Type: NPI	
Billing Provider Taxonomy:	Referring Provider ID: <input type="text"/> Type: <input type="text"/>	
Rendering Provider ID: 1528460326 Type: NPI	Primary Care Referring Provider ID: <input type="text"/> Type: <input type="text"/>	
Rendering Provider Taxonomy:	Referral #: <input type="text"/>	CLIA Number: <input type="text"/>
Supervising Provider ID: <input type="text"/> Type: <input type="text"/>	Diagnosis Codes: 1: K820 * 2: <input type="text"/> 3: <input type="text"/> 4: <input type="text"/> 5: <input type="text"/> 6: <input type="text"/> 7: <input type="text"/> 8: <input type="text"/>	Diagnosis Code Category: ICD-10-CM *
Auth #: <input type="text"/>	Delay Reason Code: <input type="text"/>	
Submitted Charges: \$1,000.00	Billed Amount: \$1,000.00	Approved Amount: \$0.00
Warrant/EFT Number: <input type="text"/>	RA Number: <input type="text"/>	Pay Cycle Date: <input type="text"/>

Page ID: digViewClaimHeaderDetail(Claims)

- Click Upload View/Documents button

Document Upload

**Document Upload**

Instructions:

- All Fields marked with an asterisk(\*) are required.
- The date of service is required only when the Document Type chosen is 'CLAIM'.
- (\*\*) NPI OR Provider ID must be entered.
- TCN entered must be header TCN (ending in 00).
- A maximum of 5 TCN numbers can be entered. Separate each TCN with a semicolon (e.g. 764528810024212000;93428810024212000).
- A maximum of 5 NPI or Provider ID can be entered. Separate each NPI with a semicolon (e.g 1234567890;1987654321).
- Allowable file extensions for uploading: .pdf, .doc, .docx, .xls, .xlsx, .jpg, .jpeg, and .zip.

Beneficiary ID * 0138600139 <small>Enter 10 digit Beneficiary ID.</small>	NPI ** 1447513361 <small>Enter 10 digit NPI.</small>	Provider ID ** 3013642 <small>Enter 7 digit Provider ID.</small>	Beneficiary First Name Lielina <small>Enter Alphanumeric value.</small>
Beneficiary Last Name * Aivanpo <small>Enter Alphanumeric value.</small>	Sender Name * davidbrady <small>Enter Alphanumeric value.</small>	Sender Phone * (801) 555 - 5555 <small>Enter 10 digit Phone number.</small>	No of documents to upload 1 <small>1</small>
Document Type * Claim	Document Title * Other	Date of Service From * 12/01/2021 <small>Date format is 'mm/dd/yyyy'.</small>	Date of Service To 12/01/2021 <small>Date format is 'mm/dd/yyyy'.</small>
Message Message about this Dental Claim		TCN * 212134900000001000 <small>Enter 17 or 18 digit TCN.</small>	Attach * <input type="button" value="Browse"/> DentalMessage.docx

Clear

Repeat the steps to submit a document as outlined in earlier.