2025 Medicaid Statewide Provider Training

New Provider Training

Utah Department of
Health & Human
Services

Agenda

- ❖ **OIG**
- ❖ **Online resources**
  - ○ **Members**
  - ○ **Claims**
  - ○ **EDI**
- ❖ **PRISM**
  - ○ **Utah ID**
  - ○ **Profiles**
  - ○ **Resources**
  - ○ **Contacts**

The False Claims Act

Federal: §§ 3729-3733] prohibits individuals or entities from submitting inaccurate claims to a government payer (i.e., Medicare, Medicaid). Entities can violate this law by knowingly presenting a false or fraudulent claim to one of these programs or causing a false claim to be presented.

Utah State: A person may not enter into an agreement, combination, or conspiracy to defraud the state by obtaining or aiding another to obtain the payment or allowance of a false, fictitious, or fraudulent claim for a medical benefit. 26B-3-1106 False claims for medical benefits prohibited.

Examples of potential false claims include, but are not limited to: (a) billing of items or services that were never rendered by the health care provider; (b) billing for services that are medically unnecessary; (c) upcoding (practice of billing for Medicare/Medicaid using a billing code providing a higher payment rate than the billing code intended to be used for the service or item furnished to the patient); (d) billing separately for services that should be bundled; (e) billing separately for outpatient services that were provided within 72 hours (before or after) an inpatient stay; (f) billing for a discharge in lieu of a transfer.

Office of Inspector General

Utah Medicaid will turn providers over to the Office of Inspector General (OIG) for not abiding by the terms set forth in the Provider Agreement, including, but not limited to: members being sent to collections or balance billed for services.

Online resources

- Eligibility Lookup Tool
- Manuals, MIBs, forms
- Coverage and reimbursement
- Utah Medicaid Companion Guide
- Denial codes
- NDC crosswalk

Eligibility

Eligibility Lookup Tool

✔ Check monthly for eligibility updates

✔ Check from date of service to end of the month

✔ Eligibility will not be available prior to provider enrollment start date

From **medicaid.utah.gov** > Click on **Providers** tab > Select **Patient Eligibility Verification**

Member Benefit Type	Service Date
Traditional	03/01/2025

Coverage Information

Eligibility Date Span: 03/01/2025 - 03/31/2025

Benefit Type:	Traditional	**Health Plan:**	FEE FOR SERVICE NETWORK 📞 1-866-608-9422
Eligibility Program Type:	Targeted Adult Medicaid		
Co-Pay Information:	No Co-pay required	**Mental Health Provider:**	FEE FOR SERVICE NETWORK 📞 1-866-608-9422
Co-Pay Exemption:	Yes	**Substance Use Disorder Provider:**	FEE FOR SERVICE NETWORK 📞 1-866-608-9422
Eligible Services:	This member is eligible for medical and pharmacy services.		

PRISM portal: EXT - Member Provider Access profile

1. Navigate to the **Member** tab
2. Click on **Eligibility Inquiry**
3. Enter **NPI** and **Member ID**
4. Search from the first of the month to the last

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

Leave of Absence Days Used for the
Current Calendar Year (as of Today's
System Date):

Print Member Summary

⠿ **BENEFIT PLANS** ⌃

Benefit Plan Name ▲▼	Benefit Type ▲▼	Provider/Plan Name ▲▼	Service Type Details ▲▼	Created Date ▲▼	Transaction Date ▲▼	Start Date ▲▼	End Date ▲▼
MENTAL HEALTH INPATIENT		Fee For Service Network	Click To View Service Types	02/15/2025	02/15/2025	03/01/2025	03/31/2025
MENTAL HEALTH OUTPATIENT		Fee For Service Network	Click To View Service Types	02/15/2025	02/15/2025	03/01/2025	03/31/2025
NON EMERGENCY TRANSPORTATION - MC			Click To View Service Types	02/15/2025	02/15/2025	03/01/2025	03/31/2025
SUBSTANCE USE DISORDER SERVICES		Fee For Service Network	Click To View Service Types	02/15/2025	02/15/2025	03/01/2025	03/31/2025
TARGETED ADULT MEDICAID	TRADITIONAL	Fee For Service Network	Click To View Service Types	02/15/2025	02/15/2025	03/01/2025	03/31/2025
TAM SUD DENTAL		U of U School of Dentistry Network	Click To View Service Types	03/20/2025	03/20/2025	03/01/2025	03/31/2025
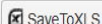
View Page: 1 ⊙ Go | 🖹 Page Count | 🗎 SaveToXLS | **Viewing Page:** 1 | « First | ‹ Prev | › Next | » Last

Adult Dental

As of April 1, 2025, dental providers treating Medicaid members with the following benefit plans will need to be paneled with the **U of U School of Dentistry:**
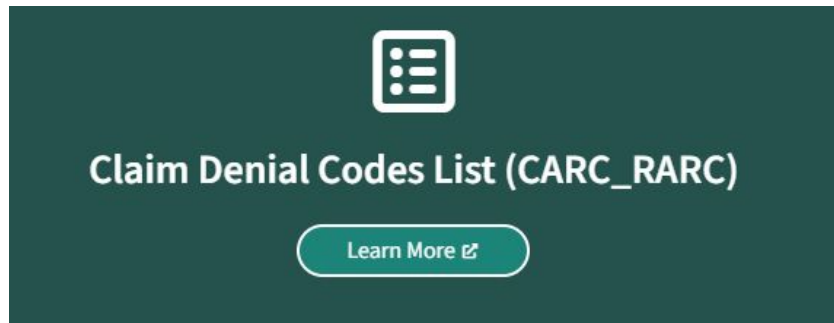
- **DENT - ADULT**

- **DENT - AGED**

- **DENT - BLDS**

- **DENT - TAM**

Questions about paneling with the U of U School of Dentistry?
Email: Dental.network@hsc.utah.edu

Denial codes

From **medicaid.utah.gov** > Click on **Providers** tab > Select **Claims** > Select **Claim Denial Codes List**

Using the 'Find' feature (CTRL+F) will simplify navigation

https://medicaid-documents.dhhs.utah.gov/Documents/pdfs/ClaimDenialCodes.pdf

CARC Code	Claim Adjustment Reason Code (CARC) Description	RARC Code	Remittance Advice Remark Code (RARC) Description	Medicaid Error Code	Medicaid Error Code Description	CORE Business Scenario
3	Co-payment Amount			2009	Spenddown applied amount greater than Medicaid allowed amount.	-
				2010	Spenddown - possible match	
4	The procedure code is inconsistent with the modifier used.	N519	Invalid combination of HCPCS modifiers.	5521	Invalid procedure to modifier	2
				5352	Invalid modifier for procedure code.	
				5526	Invalid transportation modifier	
				5527	Procedure requires transportation modifier	
4	The procedure code is inconsistent with the modifier used.	N572	This procedure is not payable unless appropriate non-payable reporting codes and associated modifiers are submitted.	2005	Missing Ambulance Service modifier(s)	2
5	The procedure code/type of bill is inconsistent with the place of service.	M77	Missing/incomplete/invalid/inappropriate place of service.	20161	Hospice patient not residing in Nursing Facility	3
6	The procedure/revenue code is inconsistent with the patient's age.	N129	Not eligible due to the patient's age.	5559	Porcelain crown non covered for member's age	3
				1739	Procedure inconsistent with Member's age	
8	The procedure code is inconsistent with the provider type/specialty (taxonomy).	N95	This provider type/provider specialty may not bill this service.	1343	Procedure not payable to Provider	3
9	The diagnosis is inconsistent with the patient's age.	N129	Not eligible due to the patient's age.	1127	Diagnosis inconsistent with Member's age	3
11	The diagnosis is inconsistent with the procedure.	N657	This should be billed with the appropriate code for these services.	1922	Diagnosis Inconsistent with ESRD Procedure code	3
				1307	Diagnosis is inconsistent with procedure code	
				5541	Noncovered Procedure combination with a Developmental Disorder Diagnosis	
16	Claim/service lacks information or has submission/billing error(s).	M20	Missing/incomplete/invalid HCPCS.	1978	ESRD requires HCPCS code	2
16	Claim/service lacks information or has submission/billing error(s).	M22	Missing/incomplete/invalid number of miles traveled.	1923	Invalid number of miles (units)	2
16	Claim/service lacks information or has submission/billing error(s).	M50	Missing/incomplete/invalid revenue code(s).	2047	Missing revenue code.	2
				5537	Noncovered Revenue Code	
				2050	Revenue code not on file	
16	Claim/service lacks information or has submission/billing error(s).	M51	Missing/incomplete/invalid procedure code(s).	1841	Procedure code invalid or not approved in reference file	2
				5538	Revenue code requires HCPCS code	
				2056	Missing procedure code	
16	Claim/service lacks information or has submission/billing error(s).	M53	Missing/incomplete/invalid days or units of service.	5530	Units are greater than number of service days	2
				2057	Missing units of service.	
16	Claim/service lacks information or has submission/billing error(s).	M62	Missing/incomplete/invalid treatment authorization code.	5534	Missing/Invalid Prior Authorization	2
				1975	Missing Admission record (Nursing Facility/ICF/ID)	
				5044	Diagnosis requires prior authorization	
				5522	Missing or invalid prior authorization number for Inpatient psychiatric services	

Everything in **green** is the **Reason** code, everything in **blue** is the **Remark** code, everything in **red** **Medicaid staff sees**. Reason and remark codes can be found on the Medicaid EOB/Remit.

Resources

Manuals	Medicaid Information Bulletins (MIBs)	Forms
Learn More →	Learn More →	Learn More →

Manuals:
- Essential for providers to understand their obligations when participating in the Medicaid program
- Ensure accurate and timely reimbursement

MIBs:
- Clarification to existing policy, changes in policy, procedures, and requirements in the provider manual
- To stay updated, click the "Learn More" link and subscribe with your email

Forms:
- Prior authorization form cannot be faxed and will need to be uploaded on the PRISM portal
- Use the Financial Responsibility Agreement for out-of-pocket payments on non-covered services

From **medicaid.utah.gov** > Click on **Providers** tab > Select **Provider Resources and Information** (https://medicaid.utah.gov/provider-resources-and-information/)

Forms

From **medicaid.utah.gov** > Click on **Providers** tab > Select **Provider Resources and Information** > Choose **Learn More** under **Forms** > Select **Provider Form Directory**

- Timely Filing form

- Hearing Request form

Coverage and Reimbursement Lookup Tool

- Helps to determine if a service or procedure is covered by Utah Medicaid and what the associated reimbursement rate is. It also provides information on whether a service requires prior authorization.
- Provider Enrollment or customer service can help to provide the provider allowable code.
- For policy questions, please email **dmhfmedicalpolicy@utah.gov.**

If you would like to view the details from Legacy (Pre-PRISM) Coverage Lookup Tool, please use this Legacy Coverage Lookup Tool.

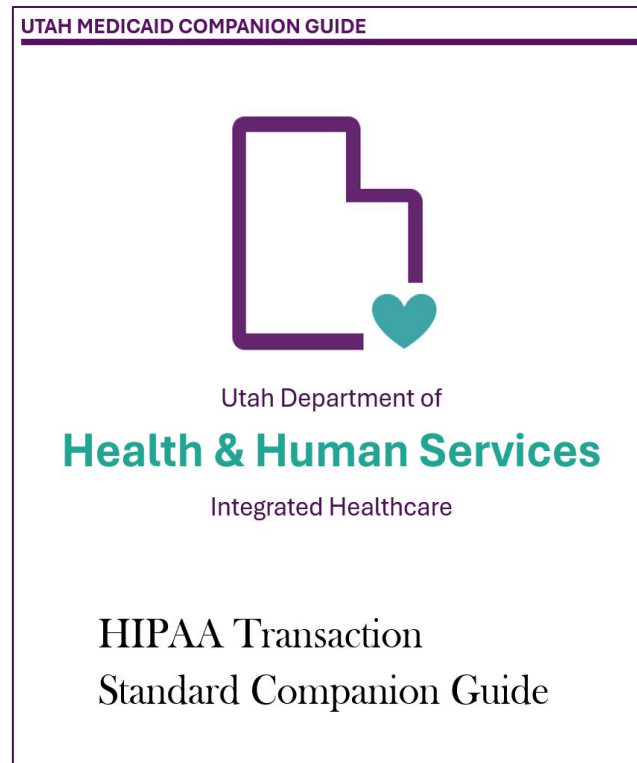Select Provider Allowable Code: `Physicians - 033`

Enter Code: `97155`

Date of Service: `6/3/2025` (MM/DD/YYYY)

Search

Code 97155 is a non-covered service for this PAC. For more information on covered services for this PAC, please refer to the Provider Allowable Code Specific Download.

Contact Information:

For provider claims questions, please call: 801-538-6155

For policy questions, please email: dmhfmedicalpolicy@utah.gov

Coverage and Reimbursement Lookup Tool

From **medicaid.utah.gov** > Click on **Providers** tab > Select **Coverage and Reimbursement** > Choose **Learn More** under **Coverage and Reimbursement Lookup Tool**

All Individuals eligible under Targeted Adult Medicaid are eligible for Traditional Medicaid. Individuals eligible under Adult Expansion Medicaid are eligible for the following: Adults with a dependent child living in the home will receive Non-Traditional Medicaid; Adults without a dependent child living in the home will receive Traditional Medicaid.

As of Jan 1, 2024, all Medicaid members will be moved to the Traditional plan. The Non-traditional plan will no longer be effective past this date.

If you would like to view the entire fee schedule, rather than searching for a particular code, please use our Fee Schedule Download Tool.

If you would like to view the entire diagnosis schedule, please use our Diagnosis Schedule Download Tool.

If you would like to view the details from Legacy (Pre-PRISM) Coverage Lookup Tool, please use this Legacy Coverage Lookup Tool.

NDC Crosswalk

https://health.utah.gov/stplan/lookup/FeeScheduleDownload.php

1. Scroll to the bottom and click on **HCPCS/NDC Crosswalk:**
2. Add **Date of Service** for accurate information
3. Click **Download** and a spreadsheet will open
4. Use **CTRL>F** to search by code or NDC number
5. Double check dates to verify if NDC is covered on date of service

Utah Companion Guide

- **What is it?**
  - A detailed reference manual for healthcare providers, outlining how to correctly submit electronic transactions to Utah Medicaid.

- **Common uses:**
  - Submitting claims
  - Sending prior authorizations
  - Conducting eligibility checks
  - Managing payment remittance advice

- **Key functions:**
  - Explains electronic claim submission standards (HIPAA 5010-compliant)
  - Defines data elements and formats for transactions
  - Reduces errors and rejections in billing
  - Ensures regulatory compliance

UTAH MEDICAID COMPANION GUIDE

Utah Department of

Health & Human Services

Integrated Healthcare

HIPAA Transaction
Standard Companion Guide

https://medicaid-documents.dhhs.utah.gov/Documents/pdfs/CE-Health%20Care%20Claim%20Professional%20Encounter%20Companion%20Guide-837P-ENC.pdf
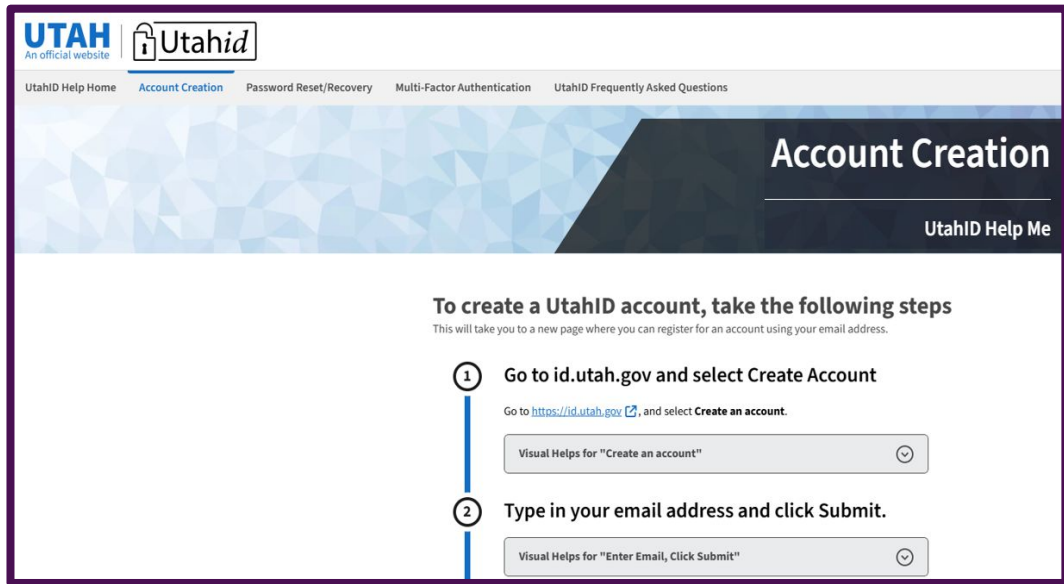
PRISM

- Utah ID
- Add/manage users
- Profiles
- EOB_Remits_835
- Training and resources
- Medicaid teams

Access to PRISM

Utah ID

- Every user needs their **own** UTID
  - https://dts.utah.gov/idhelp/account-creation/

EXT Provider Account

Administrator

Add/manage users

EXT Provider Account Administrator

- Add and manage provider user accounts for the Domain.
- Access to Provider Enrollment screens.
- Training
  - https://medicaid.utah.gov/prism-provider-training/
  - Scroll down and click on **Introduction and Overviews to PRISM for Providers** > Select **Provider Account Admin: Managing a Provider Domain**
    - This has two demonstrations within the training (demonstration screens shown to the right)

General Services: Managing a Provider Domain

Demonstration: Adding Users to a Provider Domain

In this demonstration, you will learn how to add user profiles to a provider domain.

Click **Demonstration** to learn how this is done.

Demonstration

General Services: Managing a Provider Domain

Demonstration: Updating User Details

In this demonstration, you will learn how to update user details for a selected domain.

Click **Demonstration** to learn how this is done.

Demonstration

Profiles

Profiles	Descriptions
★ EXT Provider Credentialing Specialist	Access to enroll and modify all provider enrollment screens for a provider
EXT Provider View Only	Access to view all provider enrollment screens
Claims Inquiry - Provider	Inquire claims, including pharmacy
Claims Submitter - Provider	Submit claims
★ Claims Processor - Provider	Submit, inquire (including pharmacy), and adjust/void claims
EXT EDI Analyst	View HIPAA response/acknowledgements, upload HIPAA files, view TPN Information

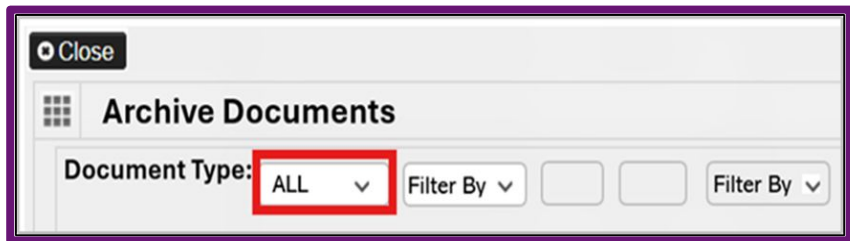★ Indicates most used profiles

Profiles

Profiles	Descriptions
★ **EXT PA Provider Access:**	Create a prior authorization or modify a PA that is not in a final status
★ **EXT Admission/PA Provider Access**	Create a prior authorization or modify a PA that is not in final status; create an admission record for nursing facility and hospice
★ **EXT Member Provider Access:**	Member eligibility inquiry
EXT Provider Upload Files	Access to upload documents for a provider
EXT CM MCO Provider Access	View 834 report, member eligibility inquiry, (Enrollment Roster)HRA
EXT TPL Provider Access	Create TPL Lead, view member TPL info

★   Indicates most used profiles

Remit / EOB

To find a digital copy of the Paper RA
- Profile needed
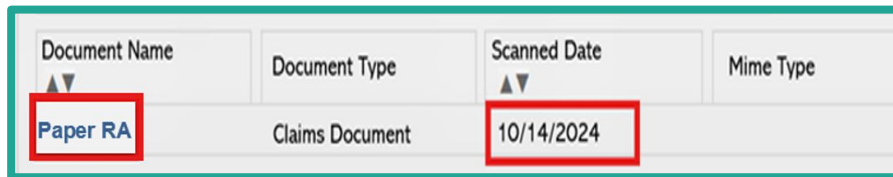 - **Claims Processor - Provider**
  - **EXT EDI Analyst**

Login to **PRISM** > Locate **My Inbox** > Scroll down and select **Manage Archived Documents** > Change document type from **ALL** to **Claim Documents** > Click **Go**

NOTE: The scanned date listed correlates to the pay cycle date of the claim.
These remits date back to Go-Live in April 2023

Medicaid contact information

Customer service:

Claim questions

Phone: 801-538-6155, choose option 3, then option 2

Provider enrollment:

Revalidation, new enrollment, modification/update information

Phone: 801-538-6155, choose option 3, then option 4

Email: providerenroll@utah.gov

Electronic Data Interchange (EDI):

Claims sent through clearing house/web batch

Phone: 801-538-6155, choose option 3, then option 5

Email: hcf_osd@utah.gov

Policy:

Questions on policy

Email: dmhfmedicalpolicy@utah.gov

Utah Department of
Health & Human Services
Integrated Healthcare

Trainings and resources

eLearnings:

https://medicaid.utah.gov/prism-provider-training/

- Dental provider training
- Prior authorization
- Claims and encounters
- Enrollment as a new provider
- Managing the information of a provider

Quick reference guides:

https://medicaid.utah.gov/prism-faq/

- Enrollment (all provider types)
- Provider Account Administrator Manual
- How to avoid provider enrollment closures
- Business Process Wizard-Step Remark Guide

Other resources and links

- **Adding Primary Payer to a Medicaid claim**

- **Provider eLearnings by Process and Steps**
  - Annual Statewide Provider Training
  - Provider Training Calendar
  - Provider FAQs & Guides
  - PRISM Training

- **PRISM Release Notes**
  - Future Proposed PRISM Release Notes
  - PRISM Release Notes

- **PRISM Access**
  - Current Providers
  - New Enrollment
    - PRISM Access Agreement
    - Provider User Access Agreement
    - Provider Enrollment Forms and Information

Contact us

Provider Enrollment:

Phone: 801-538-6155, choose option 3 then option 4
Email: providerenroll@utah.gov

Customer Service:

Phone: 801-538-6155 choose option 3 then option 2