Cheat sheet for facility/agency/organization (FAO)

1) A Utah ID is required. If you have not yet set up a Utah ID, go to https://id.utah.gov.
   a. Select the **Create an account** link on the web page.
   b. Using a valid email address, follow the prompts for Utah ID creation.
   c. For step-by-step instructions, go to https://idhelp.utah.gov and select **Account Creation**.
2) Once you have a Utah ID, go to https://medicaid.utah.gov.
   a. On the menu bar located at the top of the page, click **Providers**, in the drop down, select **Become a Medicaid Provider** which opens a page entitled, **Become a Medicaid Provider**.
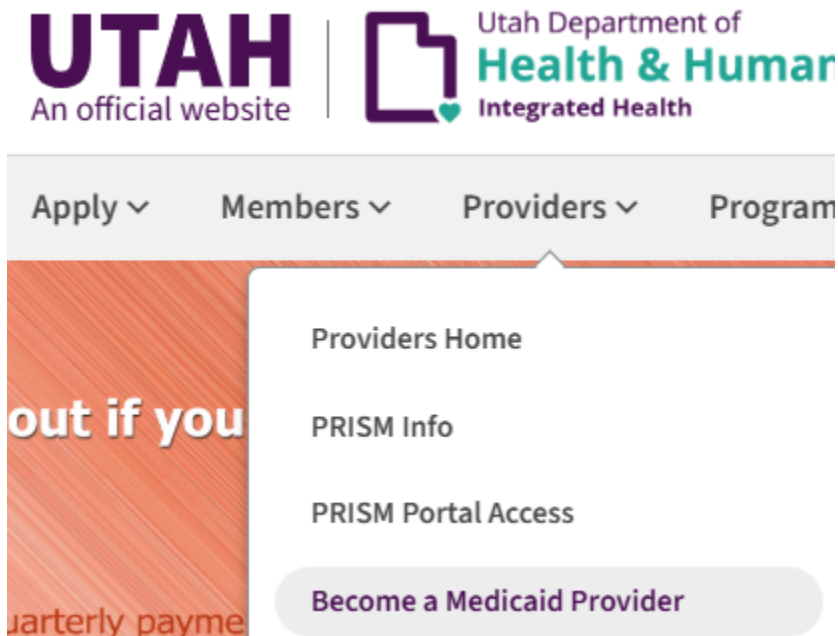

   i. Halfway down the page, you will see a heading **New Enrollment Application and Track Your Application** section.
      1. The first sentence under this heading states, "**To become a Utah Medicaid Provider or to track your application, click on the PRISM Portal.**" The words **PRISM Portal** is the link to the PRISM portal login.

2. Click on the PRISM link on the web page (as described in the prior step).
3. To login to the PRISM portal:
   a. Enter Utah ID (instructions for obtaining a Utah ID listed in Step 1).
   b. Enter your password.
   c. Multi-factor authentication (MFA) is required to login to the PRISM portal.
      i. Instructions for MFA can be found on the **Become a Medicaid Provider** page, or at this link: https://medicaid-documents.dhhs.utah.gov/Documents/wbts/mfa-prism/presentation_html5.html

b. Once logged into the PRISM portal, you must complete the New Provider Enrollment.
   i. Click the **New Enrollment** link at the top of the page.
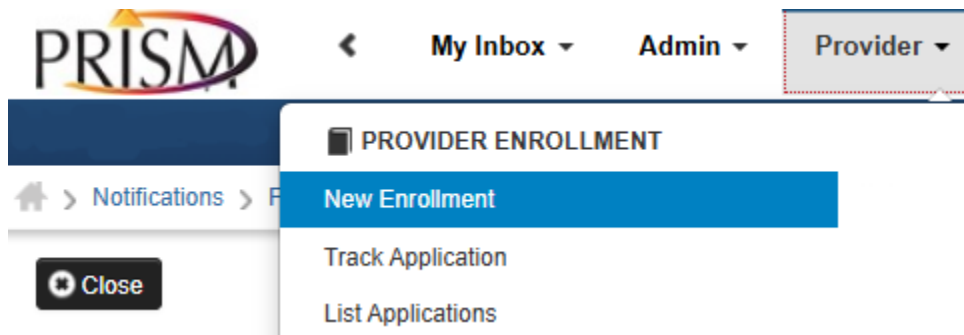
1. The Enrollment Type page will open.
   a. Select **Facility/Agency/Organization**.
   b. Regular FAO (you may also associate with a Managed Care Network).

   c. Click **Submit** at the bottom left.
2. Basic Information will open.
   a. Fill out all fields with an asterisk (*) which indicates it is a required field.
      i. Ensure your email address is correct; an email will be sent for any needed corrections.
      ii. Continue working through the W9 Information section.
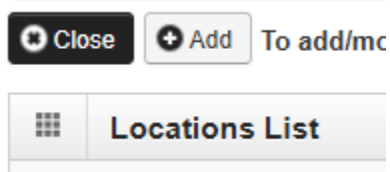
iii. Click **Confirm** then **Finish** button at the bottom right of the webpage.

iv. Once you click the **Finish** button, you should receive a pop-up message listing your Application ID.

1. Write down your Application ID so you can track your application. An email will also be sent with this information.
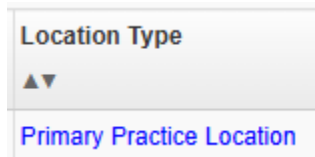
Enrollment steps

All steps that are marked as required will need to be completed before the application can be submitted.
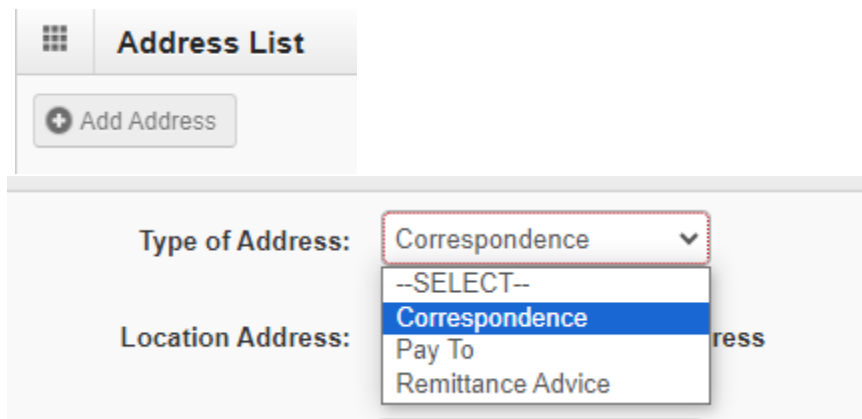
1) Step 2 Add Locations.

a. Click **Add** to add the primary address location.

i. Make sure to enter the address and zip code then validate your address by clicking the **Validate Address** button placed after the zip code.

ii. Add office phone numbers and hours of operation. Click **Save** in the upper left corner.

iii. Click on the blue hyperlink **Primary Practice Location**.

iv. Scroll down to Address List and click on **Add Address**.

    b. If the address is the same as the location address, select **Copy This Location Address**.

Location Address: ⦿Copy This Location Address

    c. Click **OK** after each address has been entered and validated.
        i. Follow these steps for **Pay to and Remittance Advice**.
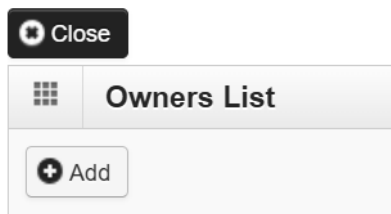   d. Complete these steps for additional locations.

2) Step 3 Add Specialties.
    a. Select the options that best fit with your license.
        i. Click **Add** and enter your specialty.
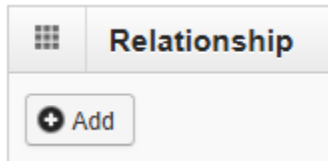
⊗ Close   ⊕ Add

▦ **Specialty/Subspecialty List**
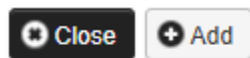
3) Step 4 Add Provider Controlling Interest/Ownership Details.
    a. Click **Add** to add a Managing Employee. This may be the provider.

⊗ Close

▦ **Owners List**

⊕ Add

        i. Type: Managing Employee. Enter the following required fields (indicated with *):
            1. Percentage Owned: enter **0**
            2. Social Security Number
            3. First Name
            4. Last Name
            5. Phone Number
            6. Date of Birth
            7. Start Date (enter today's date)
            8. Address (validate address)
        ii. Click the **Save** button on the top right.
        iii. Click on **Managing Employee SSN/EIN/TIN.**
            1. If there is more than one owner being added, scroll to the Relationship and click **Add.**

2. From the Owner Name drop down list, select the name of the owner. For this demonstration you are selecting the Individual/Sole Proprietor.
3. Select the relationship between the Individual/Sole Proprietor and the Managing Employee.
4. Scroll to the bottom of the page and click the **Final Adverse Legal Actions/Convictions Disclosure** link.

5. Select **Yes** or **No**.
6. Click **OK**.
7. At the top, click **Close**.

   b. Follow these same steps for each owner listed.

4) Step 5 License (add professional license information if applicable) then click **Close**.

5) Step 6 Taxonomy Details.
   a. Select the taxonomy that best fits the specialty you chose. You may use the taxonomy that you selected when you registered with NPPES (https://nppes.cms.hhs.gov/#/)

6) Step 8 Add Mode of Claim Submission/EDI Exchange.
   a. Select from Electronic Batch.
   b. Billing Agent/Clearinghouse/UHIN.
      i. This selection will require a Billing Agent to be added to Step 9 Associate Billing Agent.
   c. Direct Data Entry (DDE).
   d. Paper claims are no longer accepted.

7) Step 9 Associate Billing Agent.

    a. Required if Billing Agent/Clearinghouse was selected in the previous step.

8) Step 13 Add Payment Details.
   a. Add banking information.
   b. Click **Close.**

9) Step 15 Complete Enrollment Checklist.
   a. Read through each question answering **Yes** or **No**.
   b. After answering all the questions, click **Save** at the top left of the screen, then click **Close**.

10) Step 16 Upload Documents.
   a. Click the **Required Credentials** to see what is required to be uploaded and the links to find the agreements.

         ⊗ Close   **➡ Required Credentials**
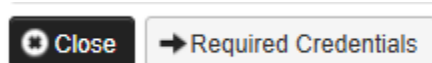
    i. Provider Agreement for Medicaid. If you are unable to complete digitally (using fill and sign options), please print out, fill out the document, and scan it in to be uploaded.
        1. Fill out Page 1.
        2. Sign and date Page 8. https://medicaid-documents.dhhs.utah.gov/Documents/pdfs/Forms/ProviderAgreement.pdf
    ii. Health Care Provider Access Agreement. If you are unable to complete digitally (using fill and sign options), please print out, fill out the document, and scan it in to be uploaded.
        1. Section 1 - User Information
            i. Be sure to add the Utah ID created in Step 1.
        2. Section 2 - Access Information
            i. C3 Profiles Domain add Provider NPI and select the PRISM user profile you need. PRISM user profile descriptions can be found on the second page of the agreement.)
            ii. Justification for Access should state **New Enrollment.**
        3. Section 3 - Sign
            i. The user and the supervisor from Section 1 will need to sign. If there is no supervisor listed in Section 1, the user may sign.
        4. Section 4
            i. Needs to be initialed.

https://medicaid-documents.dhhs.utah.gov/Documents/pdfs/Provider%20User%20Access%20Agreement%20V4.pdf

  iii. Click **Add**.
  iv. Document Type - Agreement:
    1. Document Name - Provider Agreement (for Provider Agreement).
    2. Document Name - User Security Agreement (for User Security Agreement).
  v. Upload Professional License (if applicable).
    1. Click **Add**.
    2. Document Type - License.
    3. Document Name - Professional License.
    4. Click **OK**.
  b. Check that all documents are uploaded in the document list.
  c. Close.

11) Step 17 Submit Enrollment.
    a. Click **Next** in the upper left-hand corner.
    b. The Terms and Conditions page will open.
       i. Click **Sign and Date**.
       ii. Click **Submit Application** in the upper right-hand corner.
    c. You will receive a message stating your application has been successfully submitted for state review.

Tracking application
You may now track the application with the application number provided.
1) PRISM portal main page, **Provider** menu.
    a. Click **Track Enrollment Application**.

Assistance, questions, and training
For assistance, contact the Utah Medicaid Provider Enrollment Team at 1-800-662-9651, option 3, option 4, or email providerenroll@utah.gov.

Training videos are available at https://medicaid.utah.gov/prism-provider-training/.