

Utah Medicaid - Submitting the Modification Request for Review

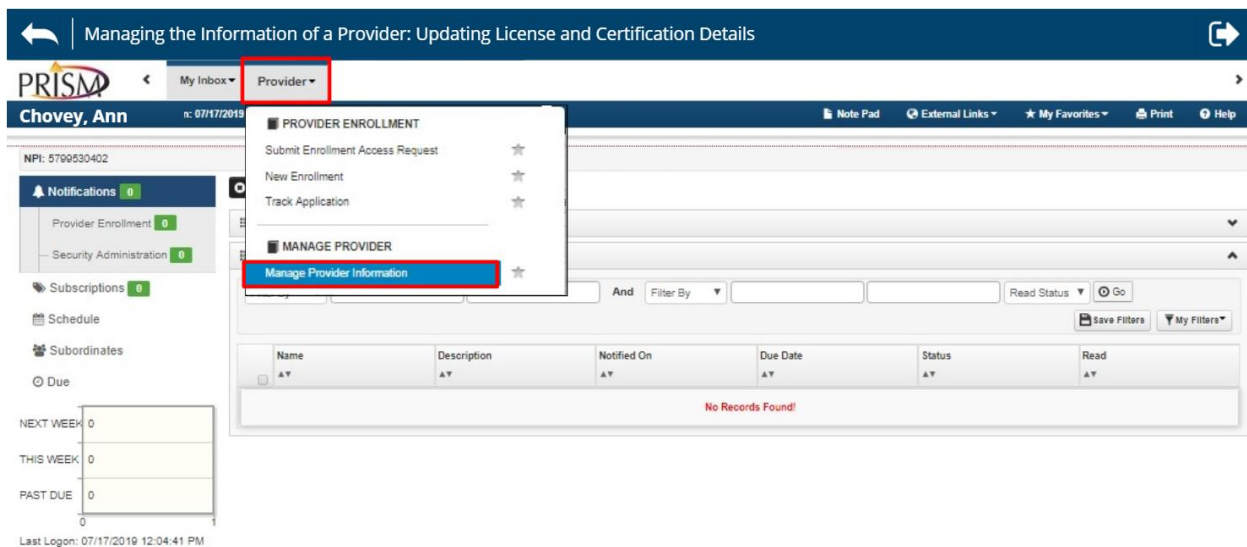
The Submit Modification Request for Review step is the last step of the Business Process Wizard (BPW) and requires providers to accept the terms and conditions before submitting the modification request for approval.

After submitting the enrollment modification for approval, no changes can be made to the modification request while it is in review.

Utah Medicaid ID/PRISM Login Website: [UtahID - PRISM Login](#)

UT Medicaid Training Video: [UT Medicaid - PRISM - How to Submit the Modification Request for Review](#)

1. After logging into the PRISM Portal, click on the Provider option, and select Manage Provider Information from the drop-down menu.



The screenshot displays the PRISM portal interface for user Choey, Ann. The main header reads "Managing the Information of a Provider: Updating License and Certification Details". A navigation bar includes "My Inbox" and "Provider" (highlighted with a red box). A dropdown menu is open under "Provider", showing options under "PROVIDER ENROLLMENT" (Submit Enrollment Access Request, New Enrollment, Track Application) and "MANAGE PROVIDER" (Manage Provider Information, highlighted with a red box). The main content area shows a table with columns: Name, Description, Notified On, Due Date, Status, and Read. The table is currently empty, displaying "No Records Found!". The left sidebar contains navigation options like Notifications, Subscriptions, Schedule, and Subordinates. The bottom left shows a calendar view for "NEXT WEEK", "THIS WEEK", and "PAST DUE", and a "Last Logon" timestamp of 07/17/2019 12:04:41 PM.

- This will open the Business Process Wizard page. Select the link for 'Submit Modification Request for Review'.

The screenshot shows the PRISM application interface for 'Managing the Information of a Provider: Updating a Billing Provider'. The user is 'Chovey, Ann'. The NPI is 4755448709. The interface displays a table with the following data:

Step	Required	Start Date	End Date	Status	Notes
Step 15: Submit Modification Request for Review	Required	04/09/2019	03/29/2019	Incomplete	Modification Request has not been Submitted.

Navigation controls include 'View Page: 1', 'Go', 'Page Count', 'SaveToXLS', and 'Viewing Page: 1'.

- On the following Final Submission page, please read the details.

The screenshot shows the PRISM application interface for 'Managing the Information of a Provider: Submitting the Modification Request for Review'. The user is 'Chovey, Ann'. The NPI is 4755448709. The page is titled 'Final Submission' and contains the following text:

NPI: 4755448709 EnrollmentType: |

The Information submitted shall be verified and reviewed by the State.
During this time, any changes to the information shall not be accepted.

I agree that the information submitted as a part of the application is correct. (Private and Confidential)

Below the main content is an 'Application Document Checklist' section.

4. Click 'Next'.

The screenshot shows the PRISM interface for 'Managing the Information of a Provider: Submitting the Modification Request for Review'. The user is logged in as 'Chovey, Ann'. The NPI is 4755448709 and the Name is Chovey, Ann. A red arrow points to the 'Next' button. Below the buttons, there is a text area with the following content:

NPI: 4755448709 EnrollmentType:

The information submitted shall be verified and reviewed by the State.
During this time, any changes to the information shall not be accepted.

I agree that the information submitted as a part of the application is correct. (Private and Confidential)

Below this is an 'Application Document Checklist' table with columns: Forms/Documents, Special Instructions, Source, and Required.

5. On the following Medical Assistance Provider Enrollment & Trading Partner Agreement – Conditions page, please read the terms and conditions.

The screenshot shows the PRISM interface for 'Managing the Information of a Provider: Submitting the Modification Request for Review'. The user is logged in as 'Chovey, Ann'. The NPI is 4755448709 and the Name is Chovey, Ann. The 'Submit for Modification' button is visible. The main content area is titled 'Medical Assistance Provider Enrollment & Trading Partner Agreement - Conditions' and contains the following text:

With my signature below, I acknowledge and certify to all of the following:

- a. I have carefully read and understand the contents of this application. I am the authorized representative of the Provider or Billing Agent and, as such, have the authority to enter into a provider agreement with the Medicaid program on the Provider or Billing Agent's behalf.
- b. The information provided in this application is correct and complete. I authorize Medicaid or its agent to verify this information. I understand that Medicaid may determine that the information I have submitted does not meet the Medicaid program enrollment requirements and that the Provider or Billing Agent may no longer be eligible to participate in the Utah Medicaid program.
- c. I understand it is my responsibility to ensure that all information is continuously updated in the PRISM Provider Portal. I understand that failure to maintain current and correct information may result in payments being delayed or closure of this Medicaid Provider or Billing Agent. I agree to notify Medicaid and/or modify the provider record in PRISM of any changes to the information within five (5) business days of the effective date of the change.
- d. I understand that any omission, misrepresentation, or falsification of any information in connection with this application for enrollment may be subject to criminal, civil, or administrative sanctions including, but not limited to, the denial of participation in the Medicaid program.
- e. I hereby agree to comply with all applicable laws, rules, and written policies pertaining to the Medicaid program, including but not limited to, Title XIX of the Social Security Act, the Code of Federal Regulations, Utah Code, Utah Administrative Code, Utah Provider Manuals, and other official bulletins and publications of the Medicaid program.

6. Scroll down the page and select the checkbox to confirm that you have read, agreed, and accepted the enrollment conditions. Enter your name for the Authorized Signature.

Managing the Information of a Provider: Submitting the Modification Request for Review

PRISM My Inbox Provider

Chovey, Ann Note Pad External Links My Favorites Print Help

NPI: 4755448709 Name: Chovey, Ann

Close Submit for Modification

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By checking this, I certify that I have read and that I agree and accept the enrollment conditions in the Trading Partner Agreement.

Authorized Signature: * Date:

7. Select 'Submit for Modification'.

Managing the Information of a Provider: Submitting the Modification Request for Review

PRISM My Inbox Provider

Chovey, Ann Note Pad External Links My Favorites Print Help

NPI: 4755448709 Name: Chovey, Ann

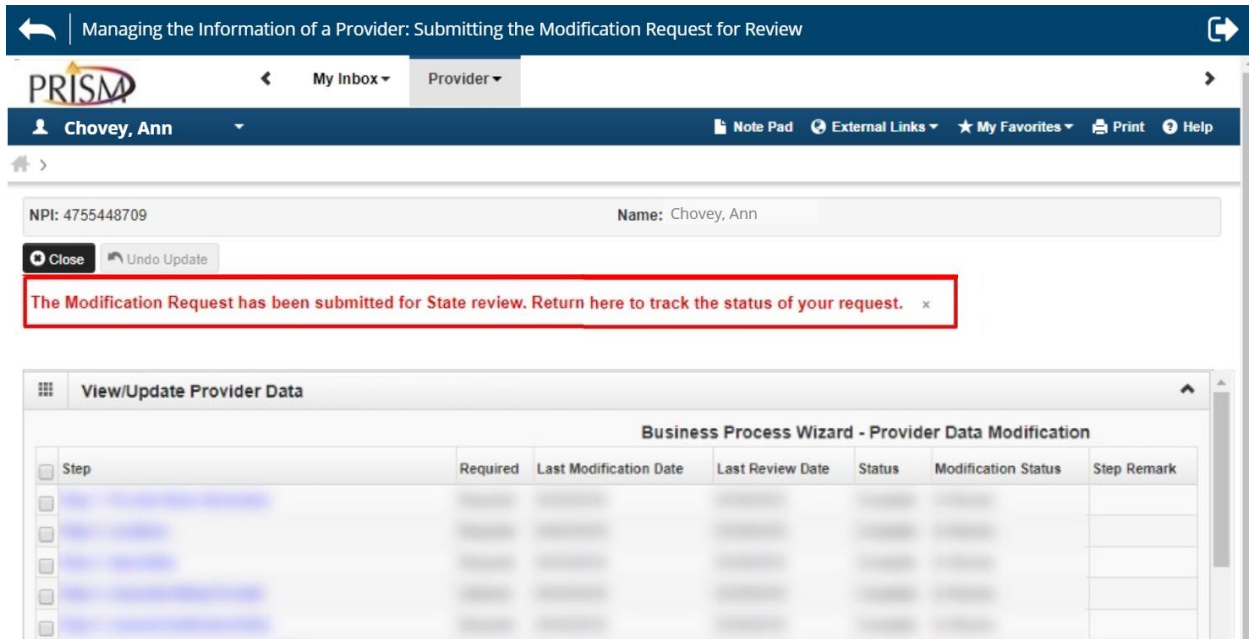
Close Submit for Modification

d. I understand that any omission, misrepresentation, or falsification of any information in connection with this application for enrollment may be subject to criminal, civil, or administrative sanctions including, but not limited to, the denial of participation in the Medicaid program.
e. I hereby agree to comply with all applicable laws, rules, and written policies pertaining to the Medicaid program, including but not limited to, Title XIX of the Social Security Act, the Code of Federal Regulations, Utah Codes, Utah Administrative Code, Utah Provider Manuals, and other official bulletins and publications of the Medicaid program.

By checking this, I certify that I have read and that I agree and accept the enrollment conditions in the Trading Partner Agreement.

Authorized Signature: Ln2 * Date: 6/26/2019

8. After selecting Submit for Modification, the following message should appear 'Modification Request has been successfully submitted for State review'.



9. The Modification Request process has now been completed.