

1 Start here: Self-service tools

Prism resources including demo videos, FAQ, Quick Reference Guide.

Member Inquiry tool to see eligibility and benefits, check contact info, update COB info and more.

Rx Claims to see prescription use from multiple physicians and pharmacies.

Cost Estimator tool to predict your patients' out-of-pocket costs for procedures and prescriptions.

2 Send us General questions

Response time: 30 days*

Use prism's General Requests tool to send us messages about:

- Authorization changes
- Claim status (without claim ID)
- Contracting
- EFT setup and management
- Gaps in care / incentive programs
- pSA setup and management
- Reimbursement (without claim ID)
- Remittance advice requests
- Up-front rejections

Here's how:

1. Log into your **prism** account.
2. Click **General Requests** in the main menu.
3. Click the **New Request** button.
4. Choose the best request type* to fit your inquiry.
5. Complete all fields, attach documentation, write a message, click **Send**.

3 How to submit claim disputes: Level 1 and Level 2

Response time: Level 1: 15 calendar days, Level 2: 60 calendar days

Before you submit any claim dispute, be sure to review the claims detail screen in prism to understand why your claim denied or how it processed.

Level 1 claim dispute

1. Log into your **prism** account. Make sure you're logged in as the group or facility the claim was paid under.
2. Click **Claims** then **Medical Claims**.
3. Search for your claim. Click the **Claim ID**.
4. On the Claims Detail page, click **Contact Us About This Claim**.
5. Choose **Question about this claim** from the dropdown menu.
6. Include a clear summary outlining how we deviated from our billing and coding policies, along with supporting documentation. **Submit**.

If you don't agree with the outcome, move to a Level 2 claim dispute. A Level 2 cannot be submitted before a decision has been made on a Level 1 in prism.

Level 2 claim dispute

1. Log into your **prism** account.
2. Click **Claims** then **Medical Claims**.
3. Search for your claim. Make sure you're logged in as the group or facility the claim was paid under. Click the **Claim ID**.
4. On the Claims Detail page, click **Contact Us About This Claim**. This will open a new window.
5. Choose **Appeals** from the dropdown menu.
6. Include any additional information with a clear summary outlining how we deviated from our billing and coding policies, along with any additional supporting documentation. click **Submit**.

IMPORTANT REMINDERS

- ✓ Choosing an incorrect dropdown option will delay your response.
- ✓ Check our Provider Manual for complete and detailed steps for claim disputes.
- ✓ Inquiries are processed on a first-in-first-out basis. Adding additional comments for a status update will not move your inquiry to the top of the queue.

4 Non-delegated Credentialing & enrollment questions

Response time: 80 days*

- New provider enrollment
- New organization enrollment

Response time: 30 days*

- Provider changes
- Terminations

New enrollments

1. Log into your **prism** account or create one to join our network.
2. Click **Enrollments & Changes**.
3. Choose the appropriate request type: **New Individual Provider Enrollment** or **New Organizational Provider Enrollment**.
4. Complete the appropriate sections of the online application, click **Send**.

Terminations & changes

1. Log into your **prism** account.
2. Click **Enrollments & Changes**.
3. Click **Change Individual Provider or Organization**.
4. Select the menu option that best fits your request.
5. Complete all fields and attach any documentation, click **Send**.

Log into prism to check the status of your enrollment / change / termination request

In prism, under **Enrollments & Changes**, click your **Inquiry ID**. Review the **Status and/or Stage** to see where your request is at in our process. Check the **Comments** section to see if you've received your termination date (if applicable) or for any requests from our team for additional information needed to complete your application. You won't receive an email with these requests.

Timelines are applicable to complete applications only; if you require contracting with us, your enrollment request will take longer than 80 days.



Still have questions?
Call our Provider Helpline at
800.942.4765.
Mon-Thu: 7:30 a.m. – 5 p.m.
Fri: 9 a.m. – 5 p.m.