# Get your questions answered

Start here: **Self-service tools** 

Digital Navigation Assistant in prism, shares links to frequently requested webpages.

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.

Patient Profile to see a registry of your patients and their health info.

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.



## Send us **General questions**

#### Response time: 30 days\*

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

- Claim status (without claim ID)
- Contracting
- Gaps in care / incentive programs
- Reimbursement (without claim ID)
- Authorization changes
- 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**.



## Send us **Claim-related questions**

- Claims status
- Claim reimbursement / denial
- Coordination of benefits
- Reviews & appeals (pre- & post-service)

### **Reviews & appeals**

#### Informal Claim Review (post-service step 1) Response time: 15 calendar days\*

- 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 Other Related Claims Questions\* from the dropdown menu.
- 6. Attach documents to support your reconsideration request, write us a message, click Send.

If you don't agree with the outcome, move to Level 1 appeal.

Level 1 appeal (pre-service step 1, postservice step 2) Response time: 45 calendar days\* (except code review appeals at 60 calendar days\*)

Learn how to submit a Level 1 appeal in our Provider Manual.

## **\*IMPORTANT REMINDERS**

- Choosing an incorrect dropdown option will delay your response.
- ✓ Don't post a New Comment on an existing inquiry unless you need to submit a change to your request. Requesting a status update will delay your response.
- ✓ If your request isn't complete within the timeframes listed on this document, email us with your inquiry ID at exceedsprocessingtime@priorityhealth.com.



## Non-delegated **Credentialing & enrollment questions**

### **Response time: 80**

- New provider en
- New organizatio

## New enrollment

- 1. Log into your prism account one to join our network.
- 2. Click Enrollments & Change
- 3. Choose the appropriate reg **New Individual Provider En New Organizational Provid**
- 4. Complete the appropriate s online application, click Ser

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 90 days.



## Send us **Code review questions**

Use the process below to send a message to our Code Review team. Response time: 60 calendar days\*

- Here's how: 1. Log into your prism account
- 2. Click Claims then Medical C
- 3. Search for your claim. Click



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.

## 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.

Medical record submissions

All other claim questions

Third-party liability

If you have a claim number:

3.

1. Log into your prism account.

2. Click Claims then Medical Claims.

Finding letters / denials

- Choose the dropdown\* option that best 5. fits your request.
- Attach documents, write us a message, click Send.

## If you don't have a claim number:

- 1. Log into your prism account.
- 2. Click General Requests.
- Choose the dropdown\* option that best 3. fits your request.
- Attach documents, write us a message, 4. click Send





<b>days*</b> rollment n enrollment		<ul> <li>Response time: 30 days*</li> <li>Provider changes</li> <li>Terminations</li> </ul>
s		Terminations & changes
<u>it</u> or create	1.	Log into your <b>prism</b> account.
es. Juest type: rollment or er Enrollment. ections of the nd.	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 <b>Send</b> .

- Clinical edits and coding
- Out-of-network provider maintenance

<u>t</u> .	3.	On the Claims Detail page, click <b>Contact</b> <b>Us About This Claim</b> .
claims.	4.	Choose <b>Clinical Edits</b> from the menu.
the Claim ID.	5.	Attach documentation, write us a message, click <b>Send</b> .