

1 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.

2 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**.

3 Send us  
Claim-related questions

- Claims status
- Claim reimbursement / denial
- Coordination of benefits
- Reviews & appeals (pre- & post-service)
- Medical record submissions
- Third-party liability
- Finding letters / denials

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, post-service step 2)**  
Response time: 45 calendar days\*

Learn how to submit a [Level 1 appeal](#) in our Provider Manual.

All other claim questions

If you have a claim number:

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 the dropdown\* option that best fits your request.
6. 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**.
3. Choose the dropdown\* option that best fits your request.
4. Attach documents, write us a message, click **Send**.

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](mailto:exceedsprocessingtime@priorityhealth.com).

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 90 days.

5 Send us  
Code review questions

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

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

Here's how:

1. Log into your [prism account](#).
2. Click **Claims** then **Medical Claims**.
3. Search for your claim. Click the **Claim ID**.
3. On the Claims Detail page, click **Contact Us About This Claim**.
4. Choose **Clinical Edits** from the menu.
5. Attach documentation, write us a message, click **Send**.



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.