



# Mississippi Medicaid: Telligen Provider Portal Training – Inpatient Hospital Services

January 2024

# Agenda

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- Contact Information
- Overview/Purpose
- Housekeeping
- Vendor switchover dates
- Telligen/Mississippi Medicaid Website
- How to log-in
- How to enter a request
- Completing the Request for Information (RFI)
- How to find a determination
- Submitting a reconsideration/appeal/Peer to Peer Review
- E-mail notifications
- Questions



# Contact Us

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## Education Manager – Primary Point of Contact

Katrina Merriwether

## Program Manager

Chinwe Nichols

**Website:** <https://msmedicaid.telligen.com/>

## Mississippi Call Center & Provider Help Desk

- Email: [msmedicaidum@telligen.com](mailto:msmedicaidum@telligen.com)
- Toll-Free Phone: 855-625-7709
- Fax: 800-524-5710

## Portal Registration Questions

- Email: [qtregistration@telligen.com](mailto:qtregistration@telligen.com)
- Toll-Free Phone: (833) 610-1057



# Purpose

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- To provide step by step instruction for using the provider portal
- Deliver a review of the Portal security
- Step by step instruction for entering a review
- Instructions on completing the Request for Information process
- How to find a determination status after submitting a review
- Instructions on submitting a reconsideration/1<sup>st</sup> level appeal
- Review of the notifications you will receive
- Directions on requesting a Peer-to-Peer review



# Housekeeping

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- **Questions**

- Please enter all questions into the chat
- Time at the end of the training will be reserved for questions
- Any unanswered questions will be answered and posted to the website

- **Content availability**

- Presentation will be posted to the website following the training
- **Website:** <https://msmedicaid.telligen.com/>
- Located in Education/Training

- **Survey**

- All registrants will be sent a Survey via email following today's training. Telligen welcomes your feedback and suggestions on future training opportunities.



# Vendor Switchover Dates

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- Providers will be required to submit all **new** authorization request to Telligen beginning on **January 16, 2024**.
- All reviews “in progress”, such as continued stay reviews, recertifications and reconsiderations will continue to be submitted to Alliant until January 31, 2024.
- On **February 1, 2024, all** authorization requests and reconsiderations will need to be submitted to Telligen.
  
- All authorizations issued by Alliant will be honored by Telligen.

The Telligen portal is available 24/7/365, except for scheduled maintenance days.



**How do I access the  
Telligen Provider portal  
(Qualitrac)?:  
Website Introduction**

# Telligen Provider Portal - Overview

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- The Telligen Provider Portal, Qualitrac, is a web-based application that allows healthcare providers to submit review requests.
- Please bookmark the <https://msmedicaid.telligen.com> webpage.
- Use the Log-In link provided to access Qualitrac.
- Continue to check the website for information pertaining to the Telligen Provider Portal, review process, and the provider education schedule.





# Telligen Landing Page Overview



Please bookmark this site: <https://msmedicaid.telligen.com>



[DOCUMENT LIBRARY](#) [EDUCATION & TRAINING](#) [FAQS](#) [PROVIDER NEWS](#) [CONTACT](#)

## Important:

Instructions on how to register for the portal: [click here](#)

DocuSign Tip Sheet: [click here](#)

**The portal will not be accessible until January 16, 2024. The activation link and password are only good for 7 days.  
Emails regarding login information will not be sent until the week of January 9, 2024.**



### Qualitrac Login

Web application used by healthcare providers to submit clinical care requests for review

[LOGIN](#)



### Provider Portal Registration

New users need to register to gain access to Qualitrac. Registration takes less than 10mins.

[REGISTER](#)



[FREQUENT QUESTIONS](#)



[CHECK REVIEW STATUS](#)

# Provider Portal Overview

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- The Provider Portal is a web-based application that allows health care providers to submit authorization requests of services
- The Provider Portal utilizes a delegated security model.
  - A delegated security model requires an organizational executive (Provider Executive) to “delegate” administrative rights to one or more individuals within their organization (Authorized Official).
- There should be at least one Authorized Official per provider organization. The Authorized Official will:
  - Be the point of contact for the organization
  - Add, remove or edit Provider Users accounts

**PLEASE NOTE - HIPAA compliance require all staff entering reviews or accessing the portal MUST have their own log-in and password. Do not create generic log-ins.**



# Registration Reminder

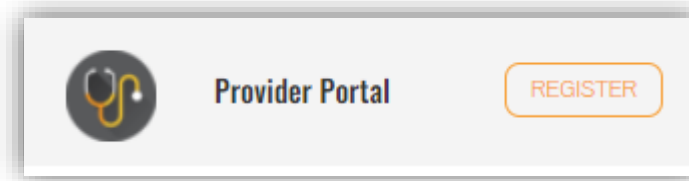
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## Process Overview

- The registration process can be completed at: <https://msmedicaid.telligen.com>

- Click the registration button :



- Refer to the Introduction to Telligen recording for step-by-step instructions
- **REMINDER:** Log-in information will be sent the week of January 8, 2023. The temporary log in is only valid for 7 days.





# **Provider Portal: How to Log in**

# Provider Portal

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- Each user will be assigned a unique username for the portal.
- Please go <https://msmedicaid.telligen.com> and use the sign-in link

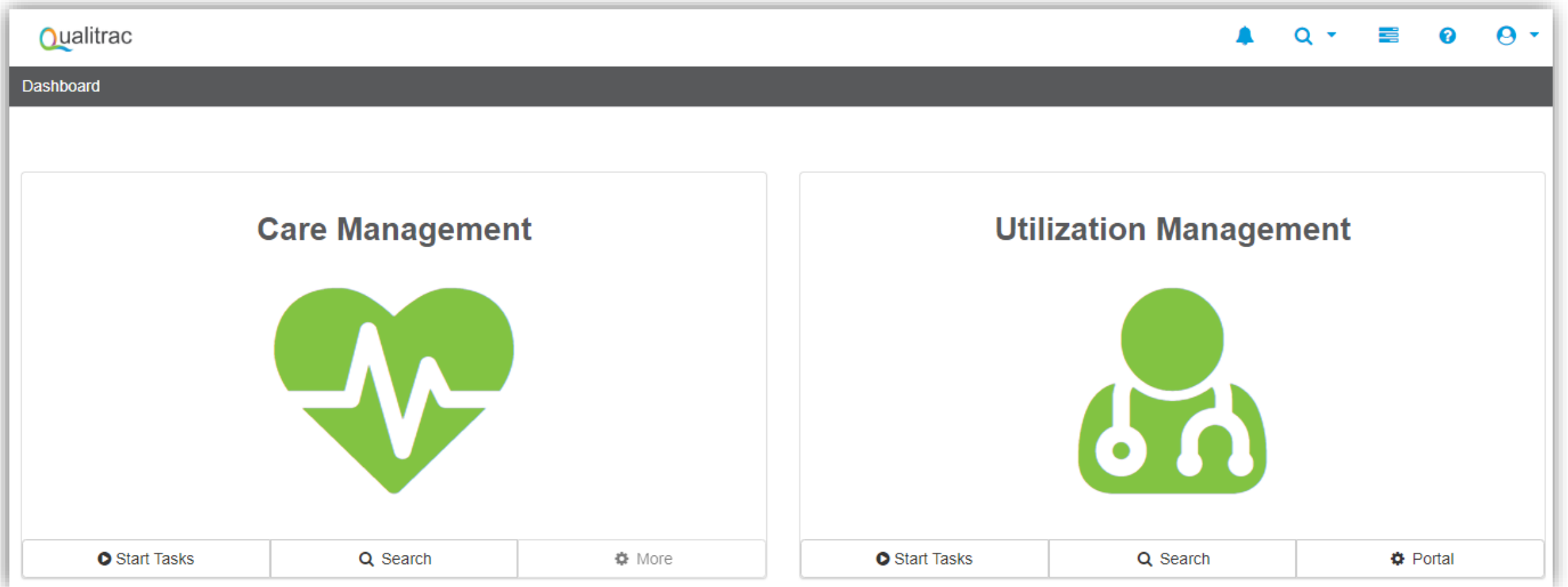


# Signing into the Provider Portal



1. **Enter Username:** Use the username that you were sent in the set-up email.
2. **Enter Password:** Use the temporary password you were sent in the set-up email.
3. Click **Sign In** to access the system
4. Use the reset password link at the bottom to reset password after your first log in and anytime your password needs reset.

A screenshot of the Telligen Sign In page. At the top is the Telligen logo. Below it is the text 'Sign In'. There are two input fields: 'Username' and 'Password'. The Username field is empty and has a red error message below it: 'This field cannot be left blank'. The Password field is empty and has a toggle icon on the right. Below the Password field is a checkbox labeled 'Keep me signed in'. At the bottom is a blue 'Sign in' button and a 'Reset Password' link.



The screenshot shows the Qualitrac Dashboard interface. At the top left is the Qualitrac logo. The top right contains navigation icons: a bell for notifications, a magnifying glass for search, a hamburger menu, a question mark for help, and a user profile icon. Below the navigation bar is a dark grey header with the word "Dashboard". The main content area is divided into two large white panels. The left panel is titled "Care Management" and features a green heart icon with a white ECG line. The right panel is titled "Utilization Management" and features a green icon of a person with a stethoscope. At the bottom of each panel is a white bar with three buttons: "Start Tasks" (with a play icon), "Search" (with a magnifying glass icon), and "More" (with a gear icon). The right panel's "More" button is labeled "Portal".



# Provider Portal: Landing Page



This is the Telligen Provider Portal Menu Bar. This will remain available to you wherever you are in the system.



The Qualitrac Logo will take you back to the landing page from wherever you are currently working at in the system.



The bell icon notifies the user of notifications and system messages



The “magnifying glass” icon will open search options for you to search for a specific case or a specific member to view the details.



This icon allows for quick access to the users Task List



This is utilized to view and manage your profile. If your phone number or email address changes, you can use this section to update the details.



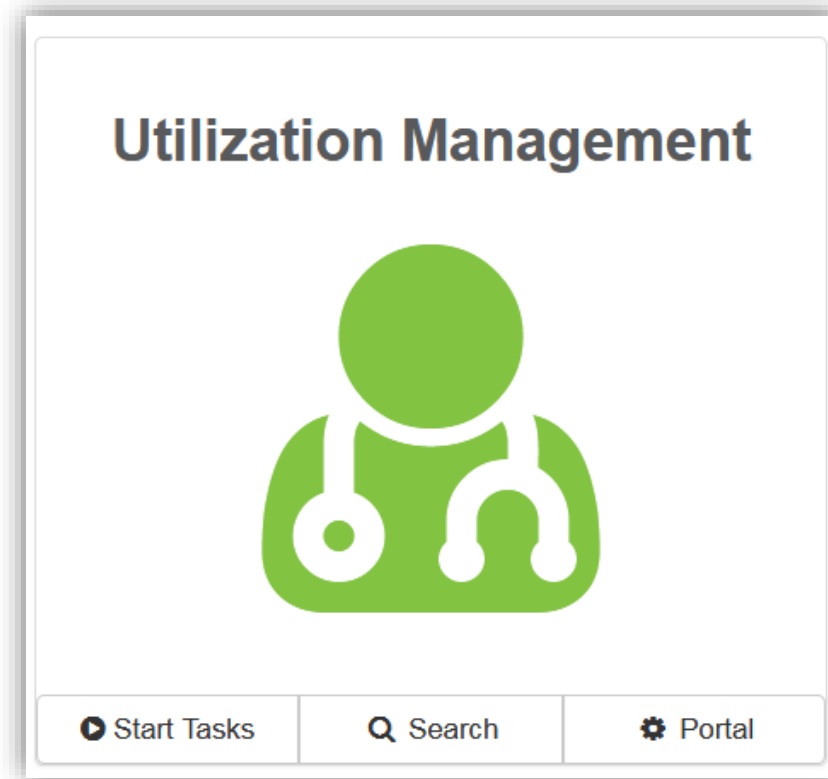


# Telligen Provider Portal – Landing Page

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- **Start Tasks** will take you to the task queue to view any reviews where additional information has been requested
- **Search** will allow you to search for a member or a case. Just like the magnifying glass at the top of the page.
- **Portal** will take you to the portal or to the task queue.



# Submitting a Review



# Inpatient Acute Prior Authorization

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A prior authorization is required for all hospital admissions except:

- obstetrical deliveries
  - vaginal deliveries with a length of stay of two (2) days or less
  - cesarean deliveries with a length of stay of under three (3) days or less
- well newborns with a length of stay five (5) days or less.
  
- Emergent and urgent admissions must be authorized on the next working day after admission.
  
- Lack of authorization = denial, if the exceptions aren't met.
  
- Inpatient hospital stays that exceed the DRG Long Stay Threshold (19 days) require a continued stay/concurrent review for the additional inpatient days that exceed the threshold.



# Maternal-Infant Inpatient Prior Authorization

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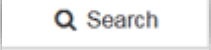

Report all admissions for deliveries to DOM and Telligen via the Newborn Enrollment form.

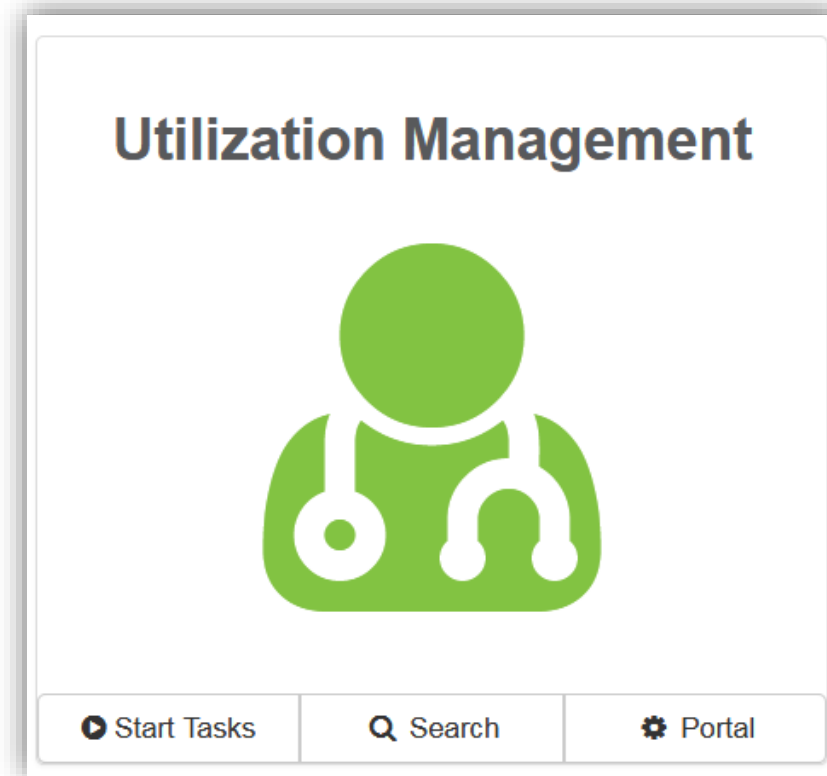
- A prior authorization is required for maternal–infant admissions when:
  - obstetrical deliveries
    - vaginal deliveries with a length of stay of three (3) or more days
    - cesarean deliveries with a length of stay of five (5) or more days
  - sick newborns with a length of stay six (6) or more days
- Obstetrical deliveries and sick newborn stays that exceed nineteen (19) days require a continued stay/concurrent review.



# Telligen Provider Portal – Adding a New Review



Click on the  box or the “magnifying glass” icon  in the tool bar to access the member search screen to look for information on a member or to start a new review.



# Telligen Provider Portal – Adding a New Review



## How To Locate a Member:

- Enter the Member's ID and Date of Birth
- Enter the member's First Name, Last Name and Date of Birth
- NOTE: The Member ID and the Date of Birth must match with what is on file in the MESA system to locate the member information or to begin a new review for that member.

The screenshot shows the Qualitrac web application interface. At the top left is the 'Qualitrac' logo. The top right contains navigation icons for notifications, search, menu, help, and user profile. Below the navigation is a breadcrumb trail: 'Dashboard / Task Queue'. A horizontal menu contains four tabs: 'Scheduled Tasks', 'Member Search' (which is highlighted in blue), 'Cases', and 'Case/Request/Claim Search'. Below the tabs, a bold instruction reads: 'Please search for the member by completing one of the following'. There are two search options separated by 'OR'. The first option has two input fields: 'Member ID \*' with a placeholder 'Member ID' and 'Date Of Birth \*' with a placeholder 'MM/DD/YYYY', followed by a blue 'Search' button. The second option has three input fields: 'First Name \*' with a placeholder 'First Name', 'Last Name \*' with a placeholder 'Last Name', and 'Date Of Birth \*' with a placeholder 'MM/DD/YYYY', followed by a blue 'Search' button.

# Telligen Provider Portal – Adding a New Review



- The member(s) matching the criteria entered will populate
- Select the appropriate member
  - Click on any of the data fields in blue to access the member information or to start a new review for the member.

Scheduled Tasks **Member Search** Cases Case/Request/Claim Search

Please search for the member by completing one of the following

Member ID \*      Date Of Birth \*      OR      First Name \*      Last Name \*      Date Of Birth \*

TEMP000000100323      01/03/1978      Search      First Name      Last Name      MM/DD/YYYY      Search

Member ID	Last Name	First Name	Middle Name	Date Of Birth	Gender
TEMP000000100323	Wilson	Stephanie		01/03/1978	Female

Show 10 entries      Showing 1 to 1 of 1 entries      Previous 1 Next







# Telligen Provider Portal – Adding a new review




- **The Member Hub:**

- The Telligen Provider Portal allows you to view information related to this member based on rights of your role.
- You will be able to see their contact information
- You will be able to see any reviews that have been submitted for them on behalf of your organization.

 Stephanie Wilson View Member Details

 Member ID: TEMP000000100700     Date of Birth: 01/03/1978     Phone Number:    Client: Mississippi

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 Utilization Management View Cases + Add









# Telligen Provider Portal – View Member Details







- Clicking on the **View Member Details** box opens the window to provide the user with more information for the member.

 **Stephanie Wilson** Hide Member Details

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 **Member ID:** TEMP000000100700       **Date of Birth:** 01/03/1978       **Phone Number:**      **Client:** Mississippi

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<b>Phone</b> 	<b>Mailing Address</b> 	<b>Preferred Contact Information</b> 				
<u>Home:</u> <u>Cell:</u> <u>Work:</u> <u>Other:</u>	<b>Physical Address</b>  1776 West Lakes Parkway West Des Moines, IA 50266	<table border="0"><tr><td><b>Method</b></td><td><b>Language</b></td></tr><tr><td><b>Notes</b></td><td></td></tr></table>	<b>Method</b>	<b>Language</b>	<b>Notes</b>	
<b>Method</b>	<b>Language</b>					
<b>Notes</b>						

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View Even More Member Details

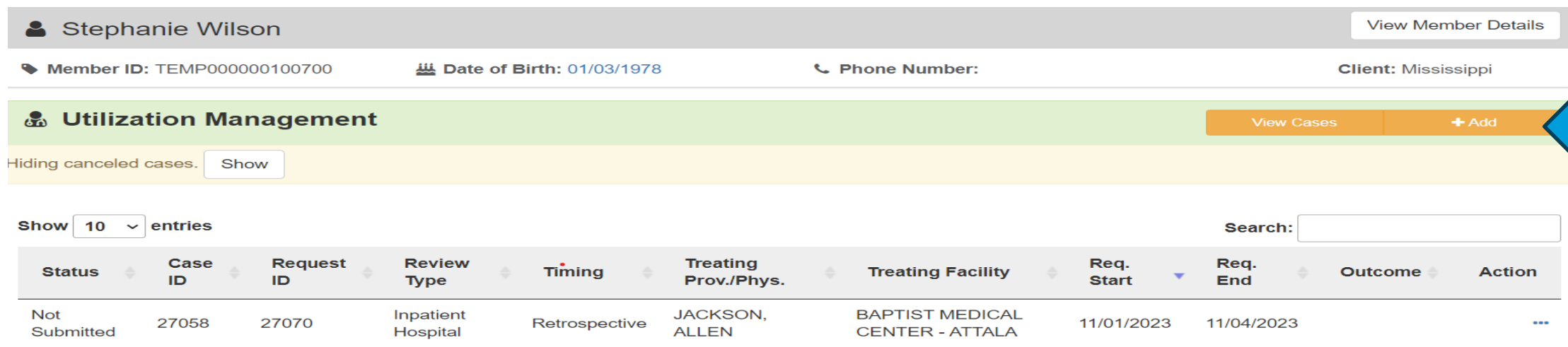


# Telligen Provider Portal – Utilization Management Panel



The **Utilization Management Panel** will contain all information related to all UM reviews submitted for the member on behalf of your organization or those that were shared with your organization through the provider visibility panel

Use the  button to start a new request.



The screenshot shows the Utilization Management Panel for Stephanie Wilson. It includes a header with the user's name and a 'View Member Details' button. Below this, member information is displayed: Member ID: TEMP000000100700, Date of Birth: 01/03/1978, Phone Number, and Client: Mississippi. The main section is titled 'Utilization Management' and contains a '+ Add' button highlighted with a blue arrow. Below the title, there is a 'Show' button and a search bar. A table of utilization management cases is shown below, with columns for Status, Case ID, Request ID, Review Type, Timing, Treating Prov./Phys., Treating Facility, Req. Start, Req. End, Outcome, and Action.

Status	Case ID	Request ID	Review Type	Timing	Treating Prov./Phys.	Treating Facility	Req. Start	Req. End	Outcome	Action
Not Submitted	27058	27070	Inpatient Hospital	Retrospective	JACKSON, ALLEN	BAPTIST MEDICAL CENTER - ATTALA	11/01/2023	11/04/2023		...

# Telligen Provider Portal – Required sections

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The following panels will be required for your request:

- **Authorization Request**
- **Dates of Service**
- **Coverage**
- **Providers**
- **Provider Organization Visibility**
- **Diagnosis**
- **Procedures**
- **Documentation**

We will review each of these sections



# Telligen Provider Portal – Add New Request



To begin a new request, fill in the **Authorization Request** panel.

- Date will prepopulate with the current date

### Authorization Request

<b>Date Request Received *</b> 06/14/2022 12:41 pm	<b>Review Type *</b> <input type="text"/>	<b>Place of Service *</b> <input type="text"/>	<b>Type of Service *</b> <input type="text"/>
<b>Timing *</b> <input type="text"/>			



# Authorization Request Panel- Review Type



- Enter the **Review Type**: This is where you will select the type of review you are requesting.
  - Reviews appropriate for this include: Autism Spectrum Disorder services, Community Mental Health, Hospital Outpatient Mental Health, Inpatient psychiatric services, PRTF, ICF/IID
  - Content will be located under education on the website

Review Type \*  Review Type is a required field

A screenshot of a web form showing a dropdown menu for 'Review Type'. The menu is open, displaying a list of service categories. The list includes: Autism Spectrum Disorder Services, Cardiac Rehabilitation Services, Community Mental Health (Inpatient), Community Mental Health (Outpatient), Dental Services, Diabetes Self-Mgmt Training, DME, Expanded EPSDT, Expanded Home Health Services, Hearing Services, Hospice Services, Hospital Outpatient Mental Health, Inpatient Hospital, Inpatient Psych, Level of Care, Molecular (Genetic) Testing, Monitoring Services, Non-Emergency Outpatient Advanced Imaging, and Organ Transplant Services. The dropdown is highlighted with a blue bar at the top.

# Authorization Request Panel cont.



- **Place of Service:** This is where you will select the place where care is being given.
- **Type of Service:** This is the type of service being requested.
- **Timing:** This is where you will select Prospective, Concurrent or Retrospective
- Select **Add New Request** to complete the process.
  - If the request was entered in error, you can select Cancel to remove the request

The screenshot shows a web form titled "Authorization Request" with a light green header. The form contains several input fields:

- Date Request Received \***: A date and time picker showing "06/14/2022 12:41 pm" with a calendar icon.
- Review Type \***: A dropdown menu with "Behavioral Health Outpatient" selected.
- Place of Service \***: A dropdown menu with "Office" selected.
- Type of Service \***: A dropdown menu with "Youth (Under 21)" selected.
- Timing \***: A dropdown menu with "Prospective" selected.

At the bottom right of the form, there are two buttons: a white "Cancel" button and a green "Add New Request" button with a plus icon.

# Timings

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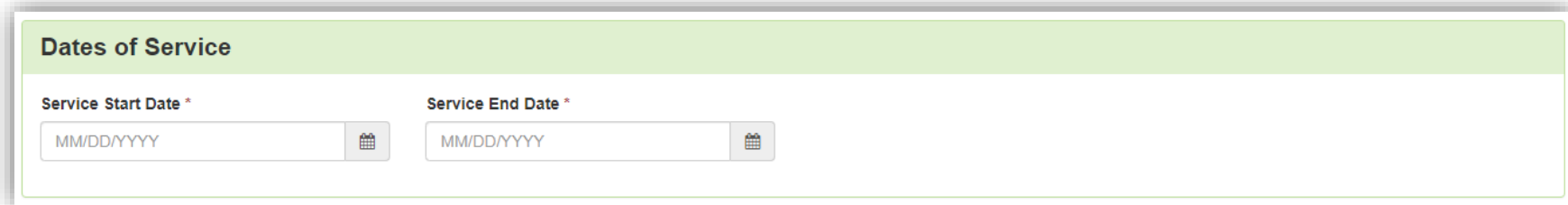
- **Prospective** – This is a review timing that is submitted prior to any services starting or before any type of inpatient stay. The requested start date must be in the future.
- **Concurrent** – This is the first review that is submitted if services have started. The requested start date should be the day of the request.
- **Retrospective** – This is a review timing that is submitted after all services have been provided. The start date and the discharge/end date should both be prior to the request date.



# Dates of Service Panel

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- Once you select Add New Request, the page opens to fill in all the remaining information necessary to process the request.
- **Dates of Service Panel** is used to enter the Service Start Date and the Service End Date



The screenshot shows a web form titled "Dates of Service" with a light green header. Below the header, there are two input fields. The first field is labeled "Service Start Date \*" and contains the placeholder text "MM/DD/YYYY" followed by a calendar icon. The second field is labeled "Service End Date \*" and also contains the placeholder text "MM/DD/YYYY" followed by a calendar icon.





# Coverage Panel



- The **Coverage Panel** will detail information about the member's eligibility.
- The Medicare Indicator and Third-Party Liability will default to No/Not Supplied unless there is information from MESA stating that the member has Medicare or other insurance.

## ⚠ Member Not Eligible

This member appears to either not meet eligibility requirements or has multiple coverage plans. We cannot confirm eligibility for the entire span of care. Please provide rationale for continuing with this request.

Group	Section	Plan	Start Date	End Date
No Coverage Found				
<b>Medicare Indicator *</b>		<b>Third Party Liability *</b>		<b>EPSDT Indicator *</b>
<input type="text" value="Yes"/>		<input type="text" value="No"/>		<input type="radio"/> Yes <input checked="" type="radio"/> No
<b>Eligibility Comment *</b>				
<input type="text"/>				

## Coverage Panel cont.

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- There is an Eligibility comment box where you can enter information related to the member's eligibility.
- This will also allow the submitter to override lack of eligibility for those member's whose eligibility may be at a future date and the request is being submitted in advance.

**Medicare Indicator \***

 ▼

**Third Party Liability \***

 ▼

**EPSDT Indicator \***

Yes  No

**Eligibility Comment \***



# Providers Panel: Physician and Provider Information



- **Providers:** This section requires information related to who is ordering and providing the care:
  - *Ordering Provider*- The person or Organization ordering the care
  - *Treating Physician* – The person providing the care; this may or may not be a physician, i.e. Social Worker providing counseling
  - *Treating Provider* – The **organization** providing the care

Type	Name	NPI	Address	Phone	Primary Taxonomy	PPO Redirect Reason	Comments	Action
Ordering Provider *						Not Supplied		+ Add
Treating Physician *						Not Supplied		+ Add
Treating Provider *						Not Supplied		+ Add

★ click the Add button on each box to fill in the necessary provider information



# Entering Physician and Facility Information



- Clicking **+ Add** will open a search box. You can search by entering an NPI number or by filling in any of the information boxes provided if the NPI is not known.
- Once you have entered the necessary information, click search to locate the physician or facility you are looking for.

Dashboard / Task Queue / Member Hub / Request / Provider Selection Stephanie Wilson - TEMP000000100323 - 01/03/1978

NPI Number ?	Other ID Number ?	Last / Organization Name	First Name
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
City	State	Zip Code	Taxonomy
<input type="text"/>	Wyoming ▼	<input type="text"/>	<input type="text"/>





# Entering Physician and Facility Information



- Clicking search will return **all** results that meet your entered criteria.
- Click the blue hyperlink in the provider's name to view additional details.
- Check the provider details before selecting, validating the correct provider and the taxonomy ID aligns to the services being requested

Taxonomy				Search:
Primary	Taxonomy	State	License Number	Source
PRIMARY	2084N0400X - Psychiatry & Neurology			Client File


- Use the green plus box next to the name to select the provider/facility that you need for the review.


Name	NPI	Primary Number	Other ID	Type	Address	Phone	Primary Taxonomy	Source
 JACKSON, ALLEN		000126363	000126363		Clinic #: 1 Addr: 2351 Highway 1 S Greenville, MS, 38701	(662) 344-1817	General Practice	Provider File



# Entering Physician and Facility Information



- You will see the physician's name or facility name and information populated in the corresponding panel.
- You can access the delete button by clicking the 3 dots to the right if selected in error
- You can use the  button to search and find a new physician/facility for the one that was deleted.

Providers						
Type	Name	NPI	Address	Phone	Primary Taxonomy	
Treating Physician	 JACKSON, ALLEN		Clinic #: 1 2351 Highway 1 S Greenville, MS, 38701	(662) 344-1817	General Practice	



# Provider Organization Visibility Panel



- **Provider Organization Visibility:** This box is not required but it allows you to share this review with everyone in the organization you are submitting it for.
- This will also allow you to share the review and allow visibility by the Treating Providers organization for their knowledge and information

A screenshot of a web interface panel titled 'Provider Organization Visibility' with a help icon. Below the title, the user 'Wilson, Stephanie, User' is identified. A dropdown menu is open, showing 'ST LUKE'S REGIONAL MEDICAL CENTER' as the selected option.

**Provider Organization Visibility** ?


Wilson, Stephanie, User


ST LUKE'S REGIONAL MEDICAL CENTER



# Diagnosis Panel




- **Diagnosis Panel:** This is where you can enter the diagnosis information related to this review.
- You will use the  button to add a new diagnosis to the panel.
- You can enter as many diagnoses as needed.
- You do have the ability to reorder or prioritize the diagnoses using the drag and drop feature.

Diagnosis 							
Seq.	Code	Description	Final Dx	POA	NOS	Action	
No Diagnoses Supplied							





# Diagnosis Panel cont.

- Once you click , you will have the ability to search for a diagnosis either by Code or by Term.

### Diagnosis + Add

Seq.	Code	Description	Final Dx	POA	NOS	Action
No Diagnoses Supplied						

#### Add Diagnosis

**Method**

Search By Code  
 Search By Term

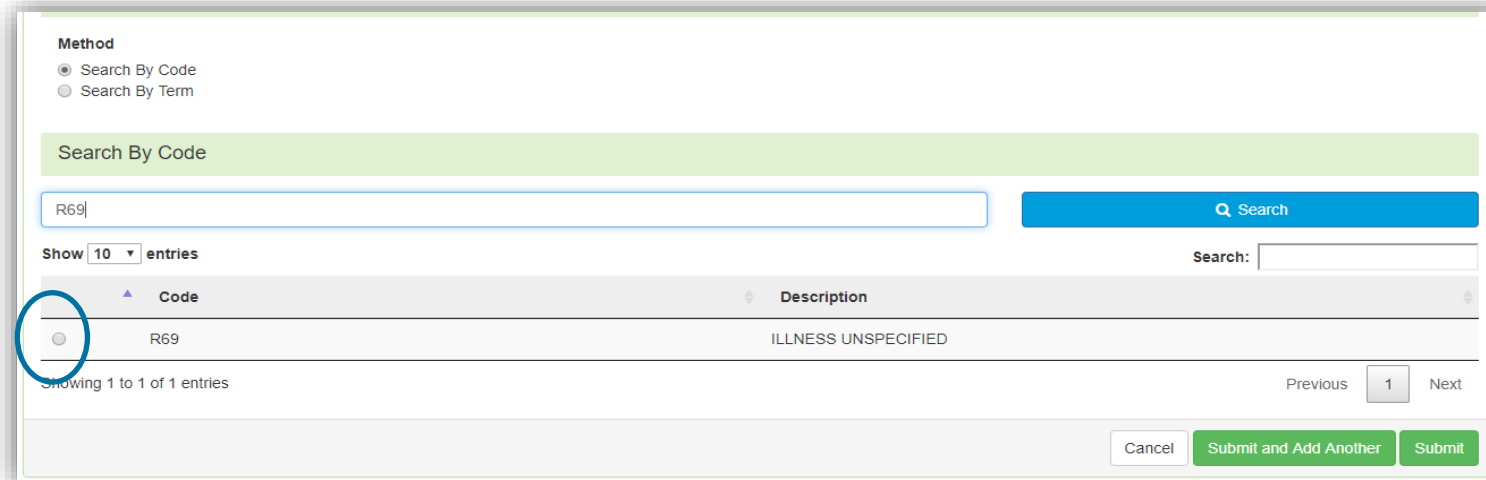
#### Search By Code

Enter Full ICD Code



# Diagnosis Panel: Populating the Diagnosis

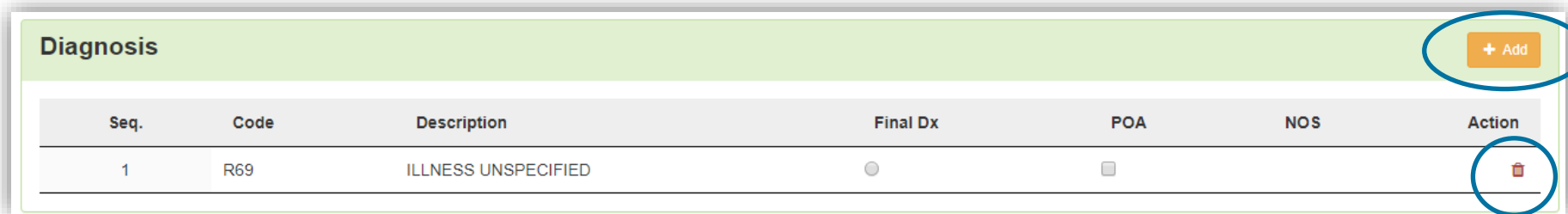
- **Entering a code:**
  - Select method: Code or term to search (radio button to select)
  - Enter information in the search box
  - Click Search
- The system will provide you a list of results you can select from. Select the one that you want added to the review by clicking on the radio button to the left of the code.




The screenshot shows a web interface for searching diagnoses. At the top, under the heading "Method", there are two radio buttons: "Search By Code" (which is selected) and "Search By Term". Below this is a green bar labeled "Search By Code". A search input field contains the text "R69". To the right of the input field is a blue button with a magnifying glass icon and the text "Search". Below the search bar, there is a "Show 10 entries" dropdown menu and a "Search:" label next to a small input field. A table with two columns, "Code" and "Description", displays one result: a radio button next to the code "R69" and the description "ILLNESS UNSPECIFIED". The radio button is circled in red. At the bottom of the table, it says "Showing 1 to 1 of 1 entries". To the right of the table are "Previous", "1", and "Next" buttons. At the very bottom of the interface are three buttons: "Cancel", "Submit and Add Another", and "Submit".


## Diagnosis Panel cont.

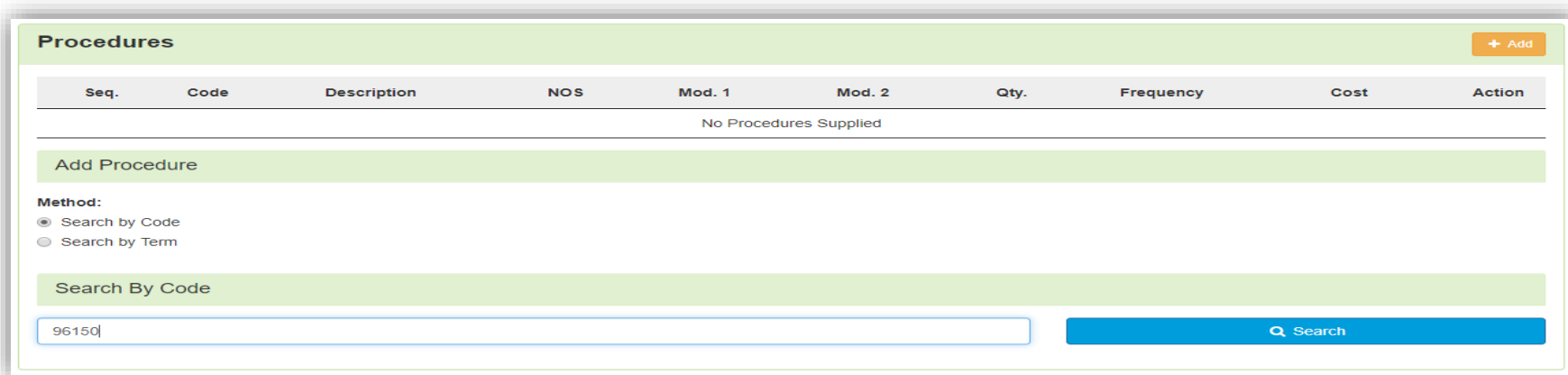
- After selecting the diagnosis you want added to the review, you can select Submit or Submit and Add Another.
- **Submit** will add the diagnosis to the review.
- **Submit and Add Another** will allow you to submit the diagnosis to the review and re-open the window where you can search for another diagnosis.
- You can use the **trash can** icon on the right side of the diagnosis to delete anything entered incorrectly in this panel.



Seq.	Code	Description	Final Dx	POA	NOS	Action
1	R69	ILLNESS UNSPECIFIED	<input type="radio"/>	<input type="checkbox"/>		

## Procedure(s) Panel

- The **Procedures Panel** is where the procedure code information related to this review is added.
- Click the  button to add a new procedure to the panel.
  - Select Radio button to indicate a code or term search
  - Enter information in the search box
  - Click search



The screenshot shows the 'Procedures' panel in a software application. At the top right, there is an orange '+ Add' button. Below it is a table with columns: Seq., Code, Description, NOS, Mod. 1, Mod. 2, Qty., Frequency, Cost, and Action. The table is currently empty, displaying 'No Procedures Supplied'. Below the table is a green 'Add Procedure' section. Under 'Method:', there are two radio buttons: 'Search by Code' (selected) and 'Search by Term'. Below this is a 'Search By Code' section with a text input field containing '96150' and a blue 'Search' button with a magnifying glass icon.

## Procedure(s) Panel cont.

- The Term search allows for the user to search based on Section, category and sub-category if needed



Search By Term

Section

Category

Sub-Category

Enter Search Term

- Once Query has populated, Use the radio button to Select the correct Procedure(s)

<input type="radio"/>	Code	Description
<input type="radio"/>	10021	FINE NEEDLE ASPIRATION W/O IMAGING GUIDANCE

# Procedure(s) Panel cont.



- Complete Modifiers and procedure details as needed

A screenshot of a web form titled 'Procedure(s) Panel'. The form is divided into two main sections: 'Modifiers' and 'Procedure Details'. The 'Modifiers' section has a header bar and a single text input field labeled 'Modifier 1'. The 'Procedure Details' section has a header bar and several input fields: 'Units \*' (text input with '1'), 'Units Qualifier \*' (dropdown menu with 'unit(s)'), 'Frequency' (text input), 'Frequency Qualifier' (dropdown menu), 'Total Cost' (text input with '\$'), and 'Allowed Amount' (text input). At the bottom right of the form are three buttons: 'Cancel', 'Submit and Add Another', and 'Submit'.

After selecting the procedure(s) you want added to the review:

**Submit** will add the procedure to the review.  
**Submit and Add Another** will allow you to submit the procedure to the review and re-open the window where you can search for another procedure


Enter as many procedures as needed.

**Note:** Modifiers are not required by the system, but PA should match what you expect to submit on your claim



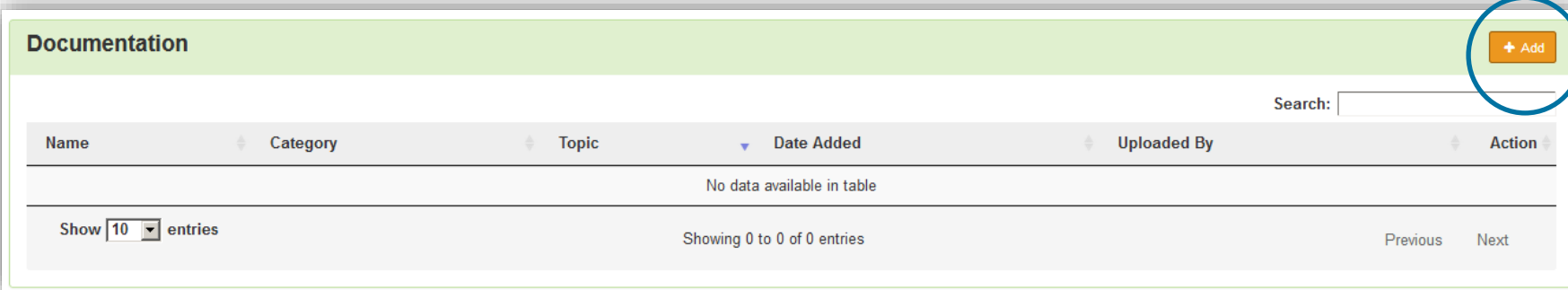
## Procedure(s) Panel cont.

- Use the trash can icon on the right side of the procedure to delete anything entered incorrectly in this panel.
- Prioritize the procedures using the drag and drop features.

Procedures <span style="float: right;">+ Add</span>									
Seq.	Code	Description	NOS	Mod. 1	Mod. 2	Qty.	Frequency	Cost	Action
1	96150	HLTH&BEHAVIOR ASSMT EA 15 MIN W/P 1ST ASSMT				1 unit(s)			

# Documentation Panel

- **Documentation Panel** is the final panel on the page to submit the review.
- This is where you can upload any clinical documentation related and necessary for the review to be processed.



Documentation

+ Add

Search:

Name	Category	Topic	Date Added	Uploaded By	Action
No data available in table					

Show  entries

Showing 0 to 0 of 0 entries

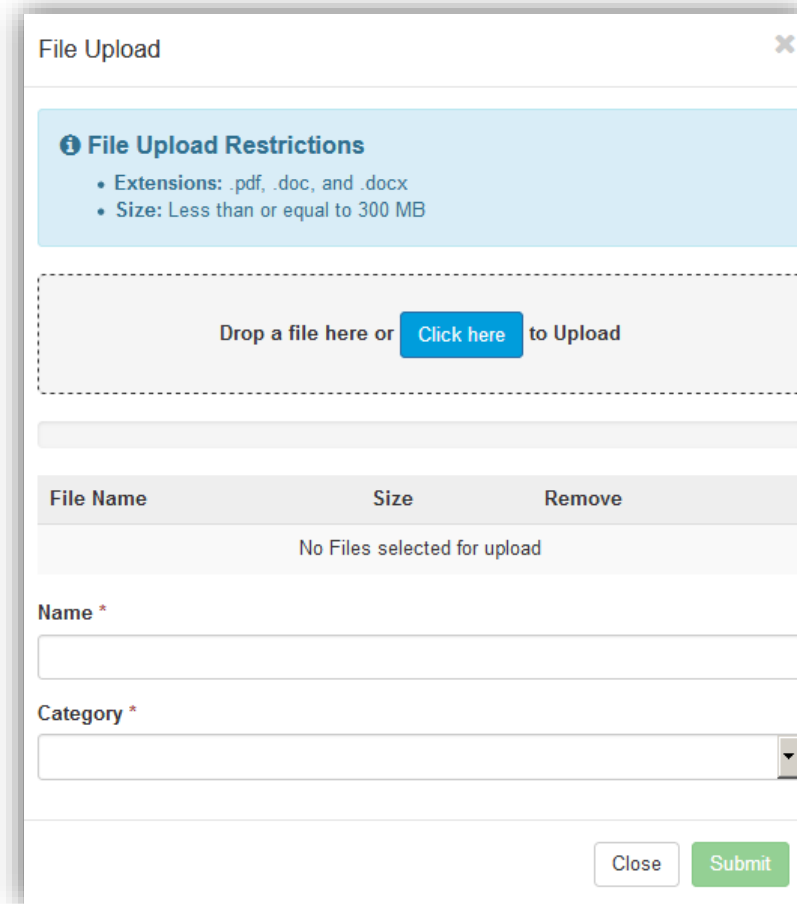
Previous Next





# Documentation Panel cont.

- To submit documentation, click the button on the Documentation Panel. This will open a modal where you can drag and drop files or select Click here to open a windows directory and find the necessary files.



File Upload

**File Upload Restrictions**

- Extensions: .pdf, .doc, and .docx
- Size: Less than or equal to 300 MB

Drop a file here or [Click here](#) to Upload

File Name	Size	Remove
No Files selected for upload		

Name \*

Category \*

Close Submit

# Documentation Panel cont.

- Please note:
  - Documents must be a .pdf or word document
  - The size is limited to 300MB per document.

Complete the File upload fields

- **Name:**
  - The **Name** box allows you to name the file to what makes sense, if needed
  - The file name cannot have any spaces or special characters.



File Upload ✕

**File Upload Restrictions**

- Extensions: .pdf, .doc, and .docx
- Size: Less than or equal to 300 MB

Drop a file here or [Click here](#) to Upload

File Name	Size	Remove
No Files selected for upload		

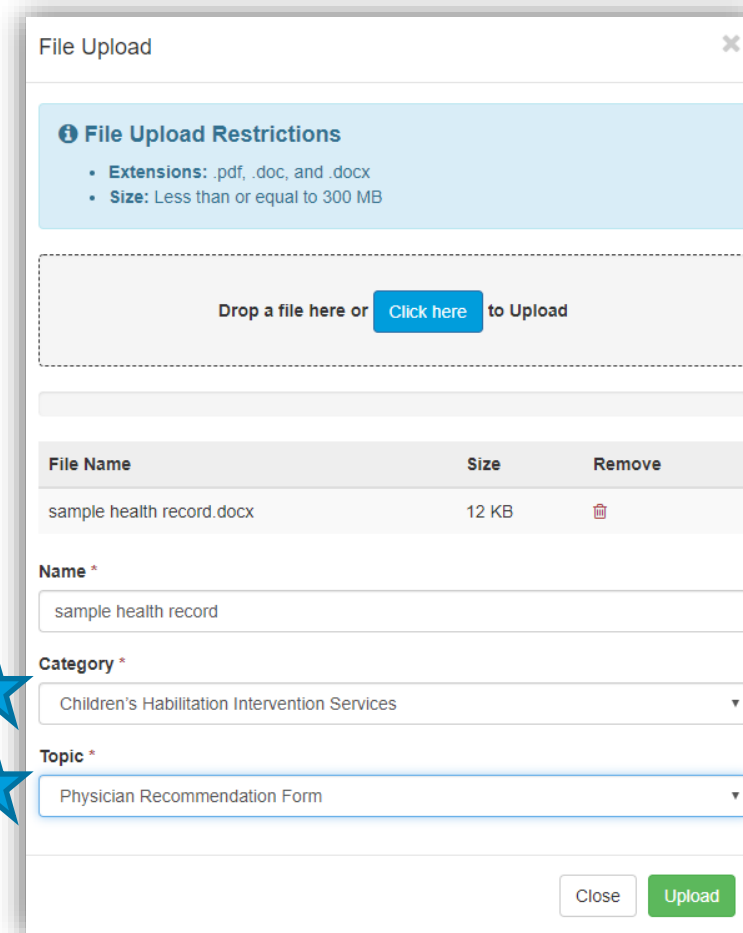
Name \*

Category \*

Close Submit

# Documentation Panel cont.

- **Category:**
  - select from the drop down the type of document that you are attaching.
- **Topic:**
  - Select from the drop-down type of document being attached.
- Click Upload to attach the information to the review.
- **NOTE:** This can be repeated as many times as necessary to get all relevant documentation added.



File Upload

**File Upload Restrictions**

- **Extensions:** .pdf, .doc, and .docx
- **Size:** Less than or equal to 300 MB

Drop a file here or [Click here](#) to Upload

File Name	Size	Remove
sample health record.docx	12 KB	

**Name \***  
sample health record

**Category \***  
Children's Habilitation Intervention Services

**Topic \***  
Physician Recommendation Form

Close Upload



# Required Documentation

---



- Dates of service
- Comprehensive History and Physical Exam
- Diagnoses
- Diagnostic studies and results
- Documentation of any consults
- Medication listing including route, dose frequency and indication
- Discharge planning and instructions
- Discharge orders
- Signed orders
- All imaging results

All documentation must include 2 patient identifiers

For example – patient name and MA number or patient name and date of birth (DOB).



# Completing your Review

- Once all the panels have been filled out, click Continue in the bottom right of the page to complete the review.

### Documentation + Add

Search:

Name	Category	Topic	Date Added	Uploaded By	Action
Smoking Stop Smoking	Clinical	Medical & Treatment History	11/18/2018	swilsonexternal	

Show  entries Showing 1 to 1 of 1 entries Previous  Next

Continue



- **The criteria being used is NOT changing at this time.**
- Telligen will be using InterQual criteria for Acute Inpatient reviews.
- You will need to document against that criteria as part of your submission process.
  
- Note: The physicians are also not changing. The physicians performing the reviews for Alliant are the same physicians that will be reviewing cases for Telligen.



# InterQual Process



- InterQual is integrated into Qualitrac to provide transparency into the clinical guidelines and criteria we use to review your authorization requests
- The system automatically takes the end user through the InterQual process

☰ MENU Mississippi Division Of Medicaid HELP

## Select Subset *Refine search with Product, Version, Category, Keywords or Medical Codes*

**PRODUCT** ▾ **VERSION** ▾ **CATEGORY** ▾ **CLINICAL REFERENCE**

Enter Keywords  **FIND SUBSETS** **CLEAR ALL** **BOOKMARKS** ▾

Results Count: 5

Subset 1 ↑	Product	Version 2 ↓
<input type="text"/>	<input type="text"/>	<input type="text"/>
Acute Infections (SAC-SNF)	LOC:Subacute / SNF	InterQual 2023
Infection: GI/GYN	LOC:Acute Adult	InterQual 2023
Medical Management (SAC-SNF)	LOC:Subacute / SNF	InterQual 2023
Medically Complex	LOC:Long-Term Acute Care	InterQual 2023
Pediatric (SAC)	LOC:Subacute / SNF	InterQual 2023



# InterQual Process cont.



- Select the guideline.
- Click all criteria that apply.

**Medical Review** *Acute Infections (SAC-SNF)* **CHANGE SUBSET** **CLINICAL REFERENCE**

ADMISSION, WEEK 1 ▾ CLEAR ALL EXPAND ALL COLLAPSE ALL COMMENTS 0 BENCHMARKS

[-] Admission, Week 1, One: [Care]

[-] Daily skilled services, All: [ ] [ ]

[-] ✓ Treatment precluded in a lower level of care, ≥ One: [ ] [ ]

    ✓ Clinical complexity or existing debility makes care at home unsafe [ ] [ ]

        Cognitive or physical inability to manage care and no caregiver available [ ] [ ]

    + Home environment not conducive to care, ≥ One: [ ] [ ]

        Services unavailable through home care or outpatient [ ]

[-] Extended skilled care services required, ≥ One: [ ] [ ]

    Qualified hospital stay not required [ ] [ ]

    Direct admission after 3d qualified hospital stay [ ] [ ]





# InterQual Process cont.



- If there are no clinical guidelines that apply, you will be presented with a text box where clinical information relevant to the review can be entered.
- Once all applicable data has been entered, click the **submit** button to finish the documentation.

Qualitrac local ⓘ 🔔 🔍 ☰ ? 👤

Dashboard / Task Queue / Member Hub / Clinical Guidelines / InterQual® Robert Paulson - 122333 - 01/01/2001

**No InterQual Guidelines found for 50205: RENAL BIOPSY OPEN**

No Guidelines Applicable \*

**Comment \***

[Submit](#)



# InterQual Process cont.



- If there are clinical guidelines that apply, you will see the procedure or diagnosis with a Guideline Title line and the user will select the InterQual Action button to document which criteria are present.
- Select all that are relevant and choose save once all information has been entered.

## Clinical Guidelines

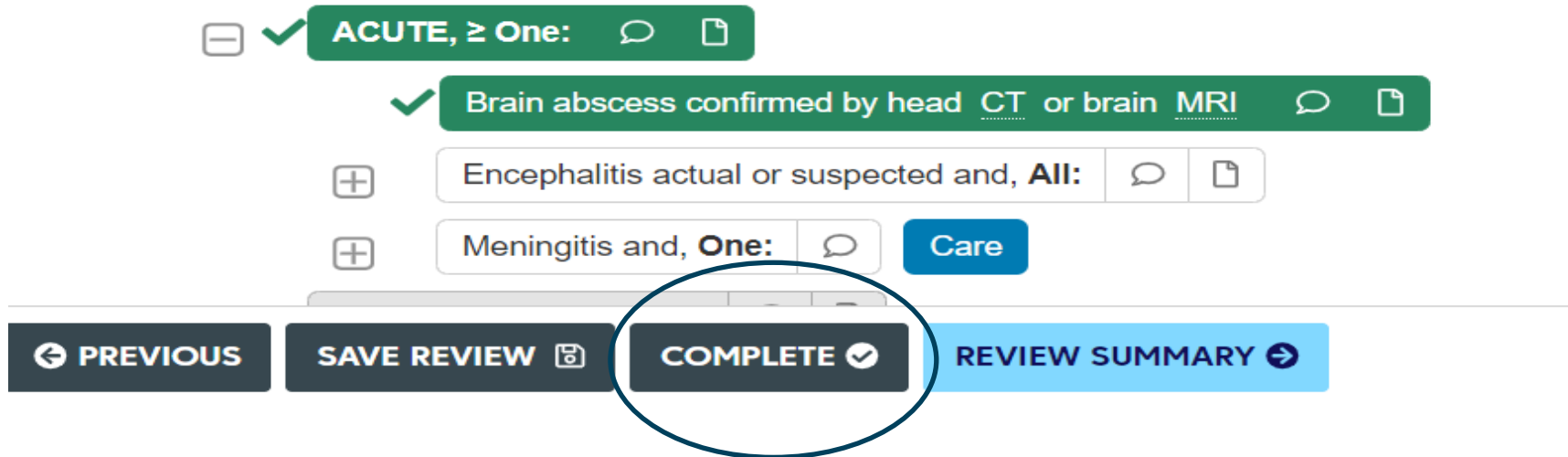
● 99233 - Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A detailed interval history; A detailed examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is unstable or has developed a significant complication or a significant new problem. Typically, 35 minutes are spent at the bedside and on the patient's hospital floor or unit.

InterQual® Actions ▾



## InterQual Process cont.

- Once all documentation is entered, click the **Complete** button to finish this section and return to finalizing the review.



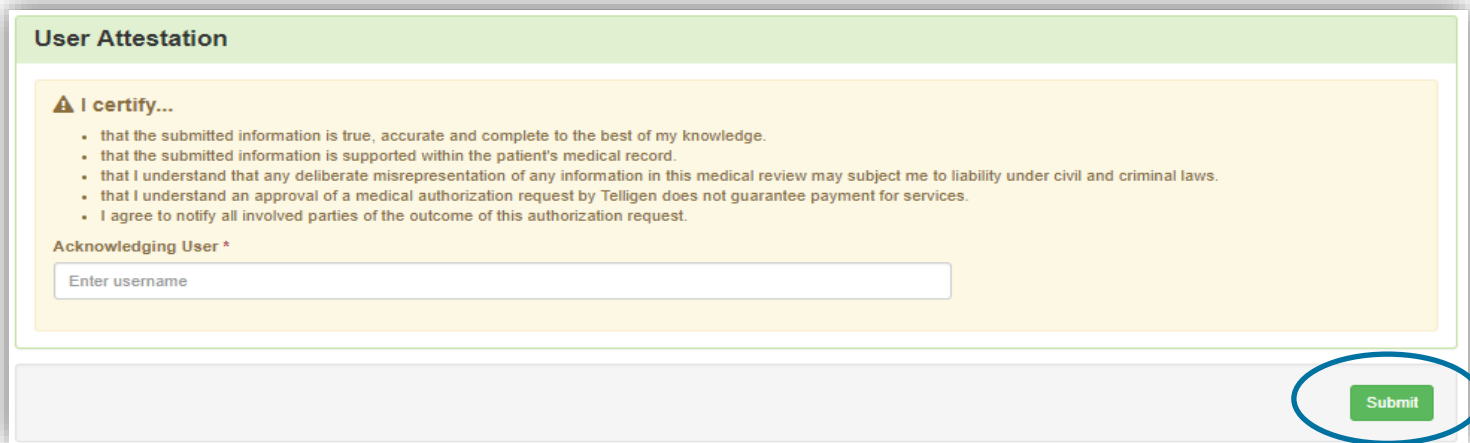
The screenshot displays a list of medical conditions with checkboxes and icons for comments and documents. The conditions are:

- ACUTE, ≥ One: (checked)
- Brain abscess confirmed by head CT or brain MRI (checked)
- Encephalitis actual or suspected and, All: (unchecked)
- Meningitis and, One: (unchecked)

A blue 'Care' button is visible next to the 'Meningitis and, One:' condition. At the bottom, a navigation bar contains four buttons: 'PREVIOUS', 'SAVE REVIEW', 'COMPLETE', and 'REVIEW SUMMARY'. The 'COMPLETE' button is circled in blue.

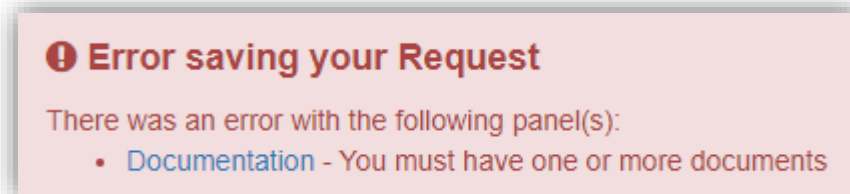
# Attestation

- The last piece of submission is to enter your **Username** in the attestation section



The screenshot shows a 'User Attestation' form. At the top, there is a green header with the text 'User Attestation'. Below this is a yellow box containing a warning icon and the text 'I certify...'. Underneath are four bullet points: 'that the submitted information is true, accurate and complete to the best of my knowledge.', 'that the submitted information is supported within the patient's medical record.', 'that I understand that any deliberate misrepresentation of any information in this medical review may subject me to liability under civil and criminal laws.', and 'that I understand an approval of a medical authorization request by Telligen does not guarantee payment for services.'. Below the yellow box is a section titled 'Acknowledging User \*' with a text input field containing the placeholder 'Enter username'. At the bottom right of the form is a green 'Submit' button, which is circled in blue.

- Click the Submit button to send the review to Telligen
- If any information is missing, an error will indicate what is missing



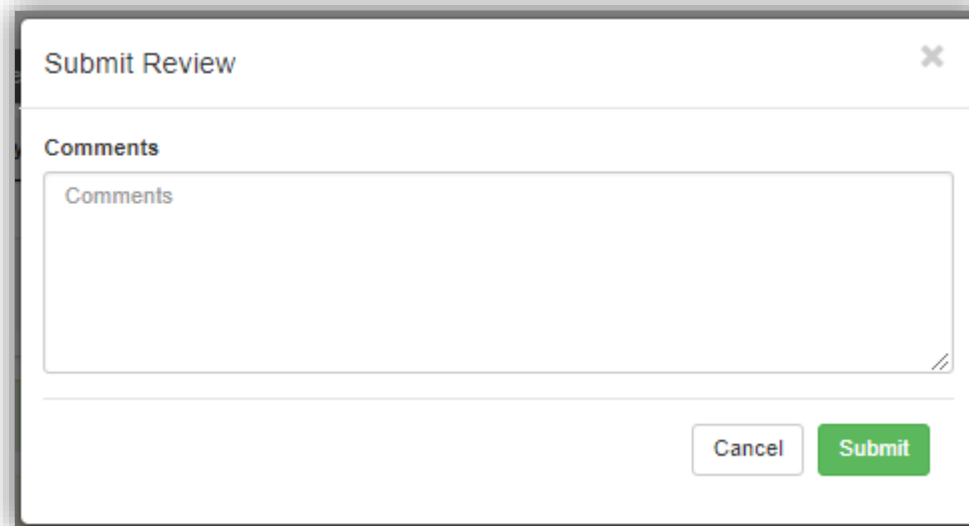
The screenshot shows an error message in a red box. It starts with a red exclamation mark icon followed by the text 'Error saving your Request'. Below this, it says 'There was an error with the following panel(s):' and lists a single bullet point: 'Documentation - You must have one or more documents'.



# Comments

---

- Users have the option to add comments to the review before it is sent to Telligen.
- A comments modal will open, and the user can enter additional information related to the review.
- **This is not required to complete the review.**

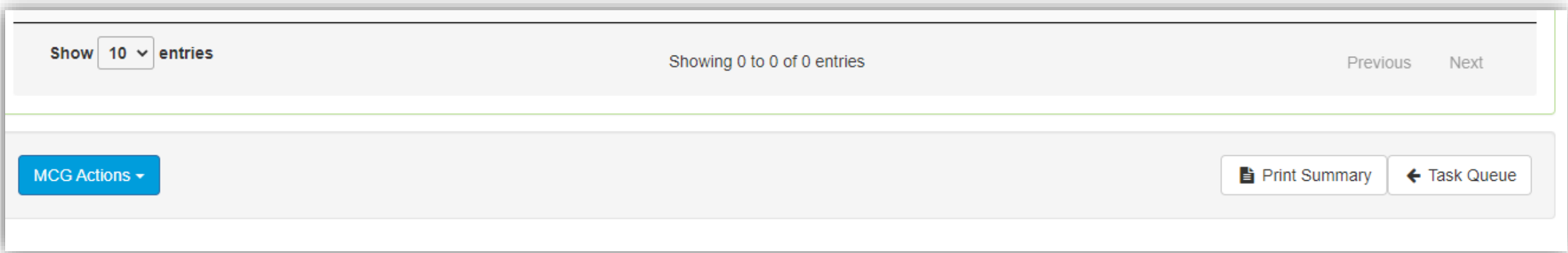


The image shows a screenshot of a web application modal titled "Submit Review". The modal has a close button (an 'x' icon) in the top right corner. Below the title, there is a section labeled "Comments" which contains a large, empty text input area. At the bottom of the modal, there are two buttons: a white "Cancel" button and a green "Submit" button.



# Summary

- After submitting you will be taken to a summary of the review
- Users will have the option to Edit or Delete via the **Actions** button
- To navigate off of the request, scroll to the bottom of the page and select **← Task Queue**
  - This will return the user to the tasks page where you can begin a new search and submit other reviews.



The screenshot shows a summary page interface. At the top left, there is a "Show" label followed by a dropdown menu set to "10" and the word "entries". In the center, it says "Showing 0 to 0 of 0 entries". On the right side, there are "Previous" and "Next" navigation links. Below this, there is a blue button labeled "MCG Actions" with a dropdown arrow. On the far right, there are two buttons: "Print Summary" with a printer icon and "← Task Queue" with a left-pointing arrow.



# Where Did My Review Go?



- Once a review has been submitted, you can find the review by:
  - searching for the Case ID
  - searching for the member and looking at the UM panel in the Member Hub.
- **Member Hub functions:**
  - Allows the user to look at the Review to check for determination and any correspondence
  - Submit a Reconsideration which is titled 1st Level Appeal
  - Delete a review that was submitted incorrectly

A screenshot of the Qualitrac software interface. At the top left, it says 'Qualitrac stage'. On the right side of the top bar, there are several icons for social media and communication. Below the top bar is a breadcrumb trail: 'Dashboard / Task Queue / Member Hub'. On the right side of this bar, it shows the user's name and ID: 'Stephanie Wilson - TEMP000000100700 - 01/03/1978'. The main content area is divided into two sections. On the left is a 'Control Panel' with a menu icon. On the right is the 'Member Hub' for Stephanie Wilson, which includes a 'View Member Details' button and a list of member information: 'Member ID: TEMP000000100700', 'Date of Birth: 01/03/1978', 'Phone Number:', and 'Client: Mississippi'. At the bottom left, there is a 'Scheduled Tasks' button with a calendar icon.

# Review



- Once in the **UM Panel**:
  - Navigate to your request
  - Click on the ellipsis at the right side of the line request. This menu will allow you to view the request in more detail, submit a reconsideration (1<sup>st</sup> Level Appeal), and other options.

**Inpatient Hospital** (27058)      Treating Physician: JACKSON, ALLEN      Treating Facility: BAPTIST MEDICAL CENTER - ATTALA

Show  entries      Search:

Module	Timing	Status	Date Request Received	Case Completed	Outcome	Actions
Medical Necessity	Retrospective	Not Submitted	12/01/2023 04:35 pm		Pending	⋮ View Request Delete

Showing 1 to 1 of 1 entries



View Request  
Delete





# Request for Information (RFI)



# A Note about Timeframes



## Telligen Review Timeframes

Prospective	Concurrent	Retrospective
1	1	20

### Provider Timeframes

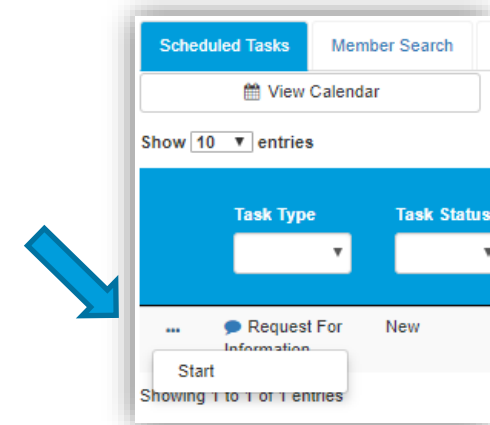
- Providers have 10 days to respond to a request for information (RFI).
- Providers have 30 days to submit a reconsideration.
- Providers should enter reviews for urgent or emergent admissions on the next business day after the admission.

***The Telligen portal is available 24/7/365, except for scheduled maintenance days.***



# Request for Information

- When a reviewer needs additional clinical documentation to make a determination, the submitter will be notified that additional Information is needed.
- Notification Methods:
  - Email to user that they have a request for more information
  - A task will populate in the Qualitrac system
- User steps:
  - Log into Qualitrac
  - Proceed to scheduled tasks
  - Click on the ellipsis to the left of the page, to start the task.



# Request for Information



- Scroll down the **summary page** of the review
- Proceed to the correspondence section.
- Click on the blue name of the letter to open it and see what information is being requested.

The screenshot shows a web interface for a 'Correspondence' section. At the top left is the title 'Correspondence' and at the top right is an orange '+ Add' button. Below the title is a search bar with the label 'Search:'. The main content is a table with three columns: 'Letter', 'Addressee', and 'Date Sent'. The 'Letter' column contains blue links for 'DRG Request for Information' with icons for document, download, and delete. The 'Addressee' column contains text identifying the facility or provider. The 'Date Sent' column shows the date and time. At the bottom, there is a pagination control showing 'Showing 1 to 2 of 2 entries' and a 'Previous 1 Next' navigation bar.

Letter	Addressee	Date Sent
<a href="#">DRG Request for Information</a>	Treating Facility: UMEHR Test Provider 6 NPI: 8888888806	06/16/2022 10:57:18
<a href="#">DRG Request for Information</a>	Ordering Provider: PhysicianLastName5, PhysicianFirstName5 NPI: 8888888815	06/16/2022 10:57:18

Show  entries      Showing 1 to 2 of 2 entries      Previous  Next

# Request for Information



- Scroll up to the **Documentation panel** to attach additional information.
- Click on the Add button to attach additional clinical documentation to the review.

The screenshot shows a web interface for a 'Documentation' panel. At the top right of the panel is an orange '+ Add' button. Below it is a search bar labeled 'Search:'. The main area contains a table with the following columns: Name, Category, Topic, Date Added, Uploaded By, and Action. A single entry is visible in the table.

Name	Category	Topic	Date Added	Uploaded By	Action
Commit to a Goal	Clinical	Medical & Treatment History	02/17/2019	swilsonMD	

Below the table, there is a 'Show 10 entries' dropdown menu, the text 'Showing 1 to 1 of 1 entries', and pagination controls with 'Previous', a box containing '1', and 'Next'.



# Request for Additional Information

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- Once you add all necessary information, the system will trigger a task for the reviewer
- Once you have added the additional information, the system will return you to the Scheduled tasks queue and the task will no longer be visible for the user.
- **\*\*Do NOT start a new review** to submit additional clinical information that was requested. This will delay the response. Please follow the steps outlined when a Request for Information task is available in the task queue.

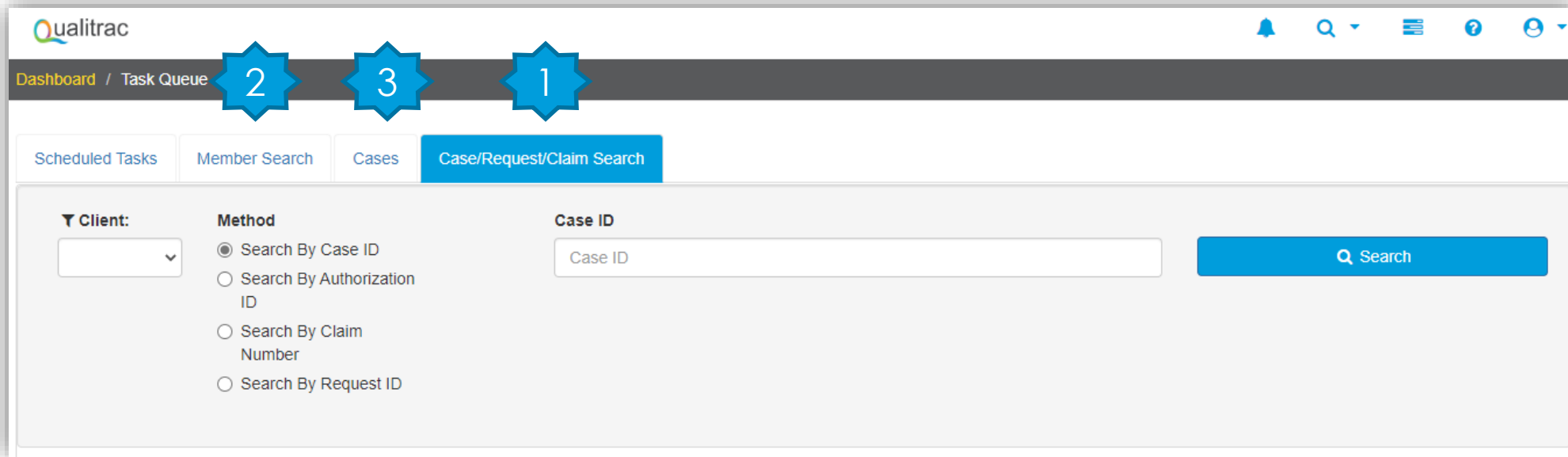


# Finding the Determination



# Locating A Determination

- **To Locate the determination:** Log in and select search under UM



The screenshot shows the Qualitrac web application interface. At the top, there is a navigation bar with the Qualitrac logo on the left and several icons on the right. Below the navigation bar, there is a breadcrumb trail: "Dashboard / Task Queue". Three blue star-shaped callouts with numbers 1, 2, and 3 are placed over the breadcrumb trail. Below the breadcrumb trail, there are four tabs: "Scheduled Tasks", "Member Search", "Cases", and "Case/Request/Claim Search". The "Case/Request/Claim Search" tab is selected and highlighted in blue. Below the tabs, there is a search form. The form has three main sections: "Client", "Method", and "Case ID". The "Client" section has a dropdown menu. The "Method" section has four radio buttons: "Search By Case ID" (which is selected), "Search By Authorization ID", "Search By Claim Number", and "Search By Request ID". The "Case ID" section has a text input field with the placeholder text "Case ID". To the right of the input field is a blue "Search" button with a magnifying glass icon.

Locate the member

1. Search for the case by using the case ID
2. Search by the member and locate the case in the member hub
3. Search Cases for the list of all auth requests



# Locating A Determination



- To **Locate the determination:**

1. If searching by the member, once in the member hub:

- Scroll down to the Utilization Management section
- Select the appropriate auth request (if multiple are present)
- Click on the ellipsis on the right side of the page in line with the review you are searching for
- Select View Request

2. If searching by Case ID

- Upon selecting the case ID, you will be taken directly to the authorization request

3. If Searching by the case list, you will scroll to locate the case and select

4. Once the review is open, scroll down the page to the Outcomes panel

5. Click on the gray section of the panel to open it and view the details.

## Utilization Management

View Requests

+ Add

Hiding canceled requests.

**Inpatient Hospital** (27058)

Treating Physician: JACKSON,  
ALLEN

Treating Facility: BAPTIST MEDICAL  
CENTER - ATTALA

# View Outcome



## Utilization Management

View Requests

+ Add

Hiding canceled requests.

Hearing Services (26754)

Treating Provider: MICHAEL E  
STEUER MD PC

Complete

Show  entries

Search:

Module	Timing	Status	Date Request Received	Case Completed	Outcome	Action
Medical Necessity	Prospective - Extension	Request Is Complete	12/13/2023 04:46 pm	12/13/2023	Approved	...

# View Outcome



## Outcomes

Review Outcome: Denied

(HCPCS) G0446 - ANNUAL FCE--FCE INTENSV BEHV TX CV DZ IND 15 MIN

Outcome: Denied

### Requested

Outcome	
Authorization Number	
Start Date	06/13/2022
End Date	07/13/2022
Modifier 1	
Modifier 2	
Units	20 unit(s)
Frequency	3 Three times weekly
Total Cost	

### Final Recommendation

Outcome	Denied (Clinical Denial)
Authorization Number	7000000004
Start Date	06/13/2022
End Date	07/13/2022
Modifier 1	
Modifier 2	
Approved	0 unit(s) (Denied: 20)
Frequency	3 Three times weekly
Total Cost	
Letter Rationale:	denial

# Submitting a Reconsideration (1<sup>st</sup> Level Appeal) or P2P Review



# Submitting a Reconsideration (1<sup>st</sup> Level Appeal)



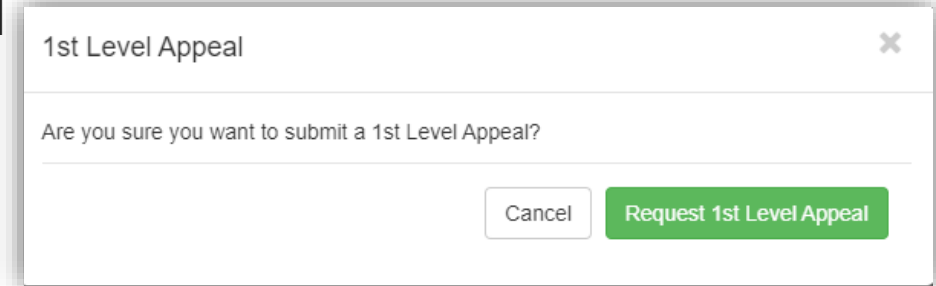
- To submit a reconsideration for a denied review:
  - Go to the **UM panel** in the member hub
  - Click on the blue ellipsis within the denied case to open the action menu
  - Once there, select **1<sup>st</sup> Level Appeal** from the menu.

The screenshot shows the 'Utilization Management' interface. At the top, there is a header with a user icon, the title 'Utilization Management', and two buttons: 'View Cases' and '+ Add'. Below the header, there is a search bar and a dropdown menu set to '10 entries'. The main content is a table with the following columns: Status, Case ID, Review Type, Timing, Treating Prov./Phys., Treating Facility, Req. Start, Req. End, Outcome, and Action. A single row is displayed with the following data: Status: Request Is Complete, Case ID: 812, Review Type: Acute Medical Surgical, Timing: Retrospective, Treating Prov./Phys.: WILSON MD, DOUGLAS, Treating Facility: JOHN HOPKINS MOORE CL MAC, Req. Start: 02/04/2019, Req. End: 02/08/2019, Outcome: Denied. An action menu is open for the 'Action' column, showing 'View Request' and '1st Level Appeal' options. At the bottom left of the table, it says 'Showing 1 to 1 of 1 entries'.

Status	Case ID	Review Type	Timing	Treating Prov./Phys.	Treating Facility	Req. Start	Req. End	Outcome	Action
Request Is Complete	812	Acute Medical Surgical	Retrospective	WILSON MD, DOUGLAS	JOHN HOPKINS MOORE CL MAC	02/04/2019	02/08/2019	Denied	...

# Reconsideration (1<sup>st</sup> Level Appeal) cont.

- The system will ask you if you are sure you want to submit a 1<sup>st</sup> Level appeal
- Select the green button : **Request 1<sup>st</sup> Level Appeal**
  - You will still be able to delete the request later

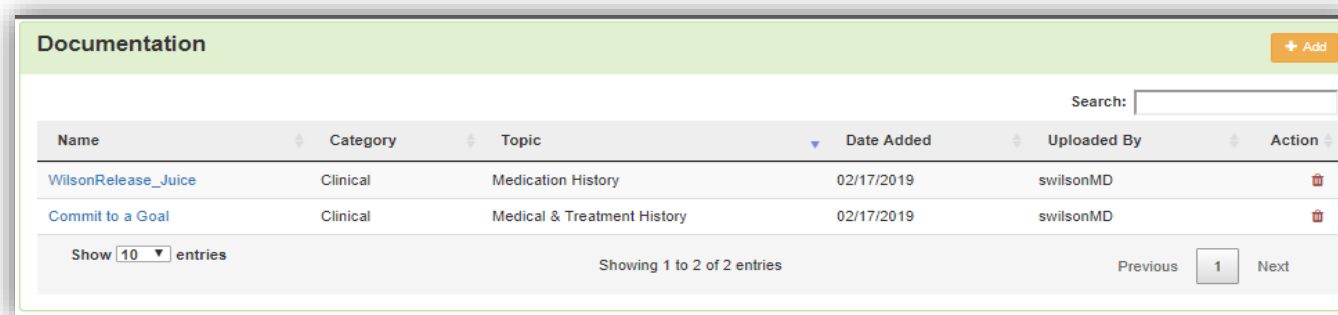


1st Level Appeal

Are you sure you want to submit a 1st Level Appeal?

Cancel Request 1st Level Appeal

- Attach any additional documentation that is necessary to support the appeal



Documentation + Add

Search:

Name	Category	Topic	Date Added	Uploaded By	Action
<a href="#">WilsonRelease_Juice</a>	Clinical	Medication History	02/17/2019	swilsonMD	
<a href="#">Commit to a Goal</a>	Clinical	Medical & Treatment History	02/17/2019	swilsonMD	

Show 10 entries Showing 1 to 2 of 2 entries Previous 1 Next

# Reconsideration (1<sup>st</sup> Level Appeal) cont.



- Sign the User Attestation using your **USER ID**

**User Attestation**

**⚠ I certify...**

- that the submitted information is true, accurate and complete to the best of my knowledge.
- that the submitted information is supported within the patient's medical record.
- that I understand that any deliberate misrepresentation of any information in this medical review may subject me to liability under civil and criminal laws.
- that I understand an approval of a medical authorization request by Telligen does not guarantee payment for services.
- I agree to notify all involved parties of the outcome of this authorization request.

Acknowledging User \*

- Click Submit to have the information sent to Telligen for reconsideration

Outpatient Services (26794)

Treating Provider: MRH MEDICAL GROUP, BROWN MEDICAL CL

Case Creation

Show 10 entries

Search:

Module	Timing	Status	Date Request Received	Case Completed	Outcome	Action
Medical Necessity	Prospective - 1st Level Appeal	Request Has Been Submitted	12/28/2023 12:28 pm		Pending	...

The system will display your appeal



# Reconsideration (1<sup>st</sup> Level Appeal)/P2P Review

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- When a prospective, concurrent or retrospective review has an initial determination of denied or partially denied, the user can submit a request for a reconsideration or a Peer-to-Peer review
- The user will have 30 calendar days from the date and time of the initial determination being rendered to submit the request.
- If the provider wants to request a peer-to-peer, they need to call customer service 1-855-625-7709. They will need the case or member ID when they call in and the customer service rep will be able to create the task in the system
- Someone will contact the requesting provider with scheduling details within five business days of making the request.



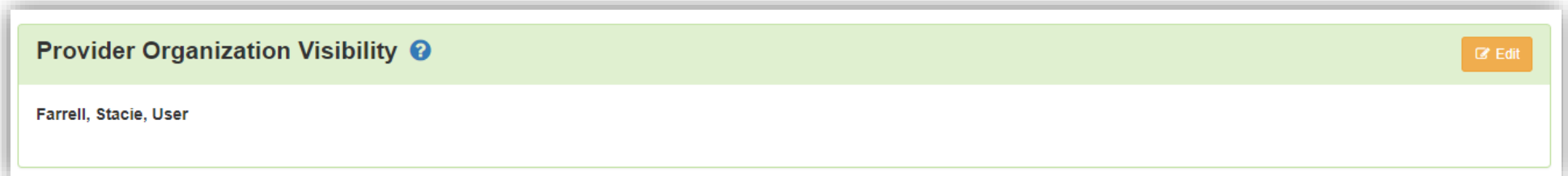


# E-mail Notifications

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- Users will receive email notifications when:
  - Reviews are received from the portal
  - Reviews are updated/changed in status
- To make sure that everyone in your organization that should receive email notification for reviews does get one, please select the organization or facility in the Provider Organization Visibility panel.



# Contact Us

---



## Education Manager – Primary Point of Contact

Katrina Merriwether

## Program Manager

Chinwe Nichols

**Website:** <https://msmedicaid.telligen.com/>

## Mississippi Call Center & Provider Help Desk

- Email: [msmedicaidum@telligen.com](mailto:msmedicaidum@telligen.com)
- Toll-Free Phone: 855-625-7709
- Fax: 800-524-5710

## Portal Registration Questions

- Email: [qtregistration@telligen.com](mailto:qtregistration@telligen.com)
- Toll-Free Phone: (833) 610-1057



