



# Mississippi Medicaid: Telligen Provider Portal Training – ICF/IID

April 2024

# Contact Us

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

## Mississippi Call Center & Provider Help Desk

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- Toll-Free Phone: 855-625-7709
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## 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 Q&A
- 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.



**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

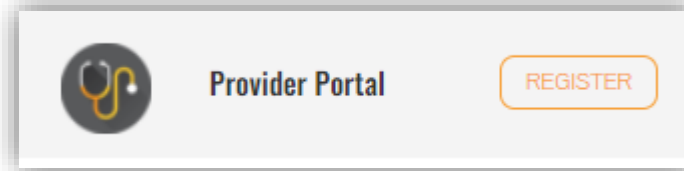
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## Process Overview

- 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





# **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

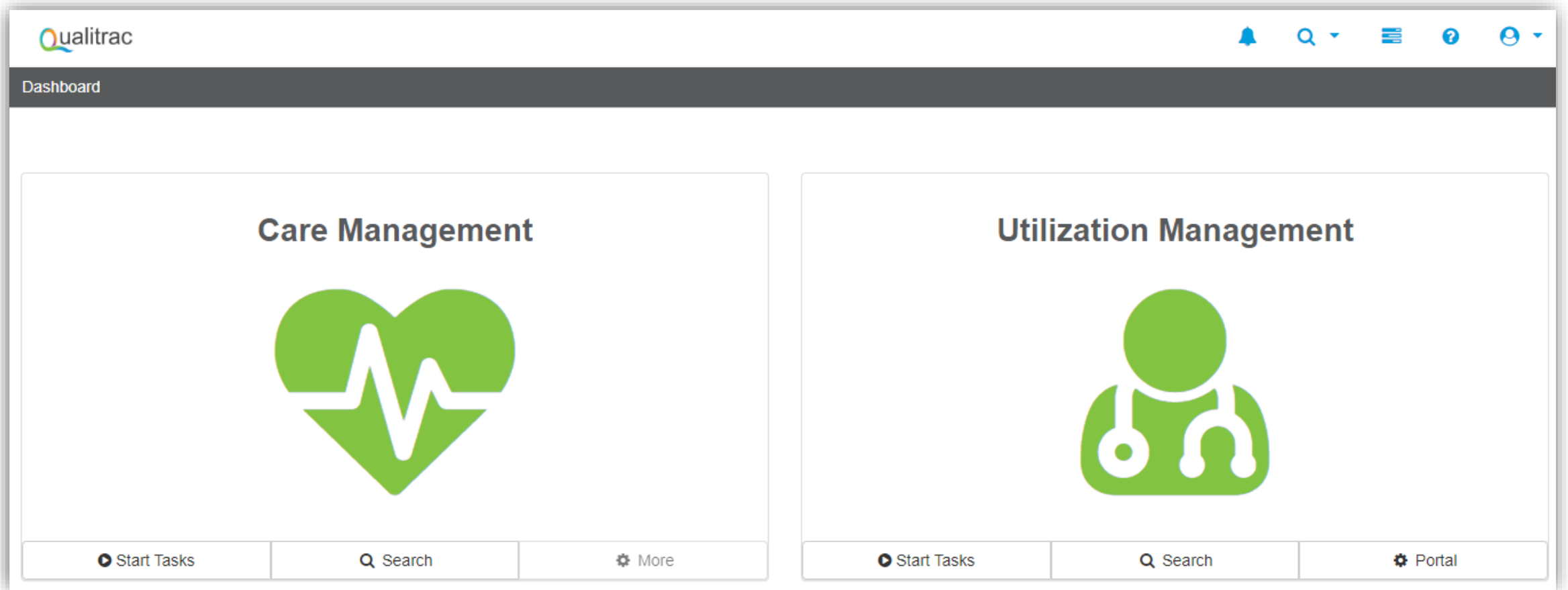


# Signing into the Provider Portal



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. A blue arrow points to the '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 search icon, a menu icon, a help icon, 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. Below the icon is a row of three buttons: "Start Tasks" (with a play icon), "Search" (with a magnifying glass icon), and "More" (with a gear icon). The right panel is titled "Utilization Management" and features a green icon of a person with a stethoscope. Below the icon is a row of three buttons: "Start Tasks" (with a play icon), "Search" (with a magnifying glass icon), and "Portal" (with a gear icon).



# 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.

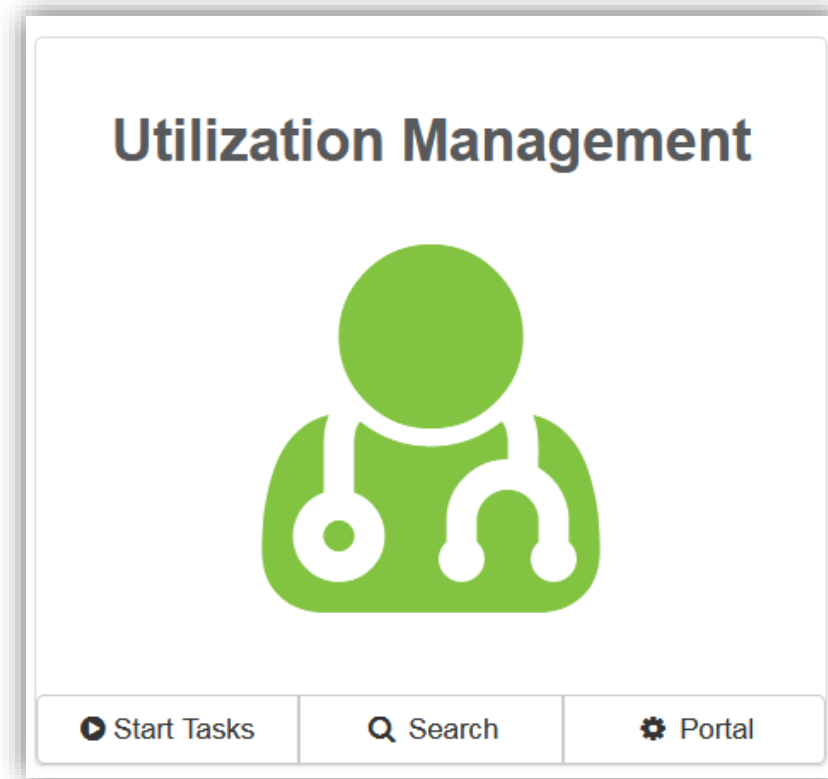


# Telligen Provider Portal – Landing Page

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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.



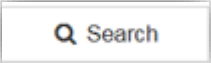

# Submitting a Review

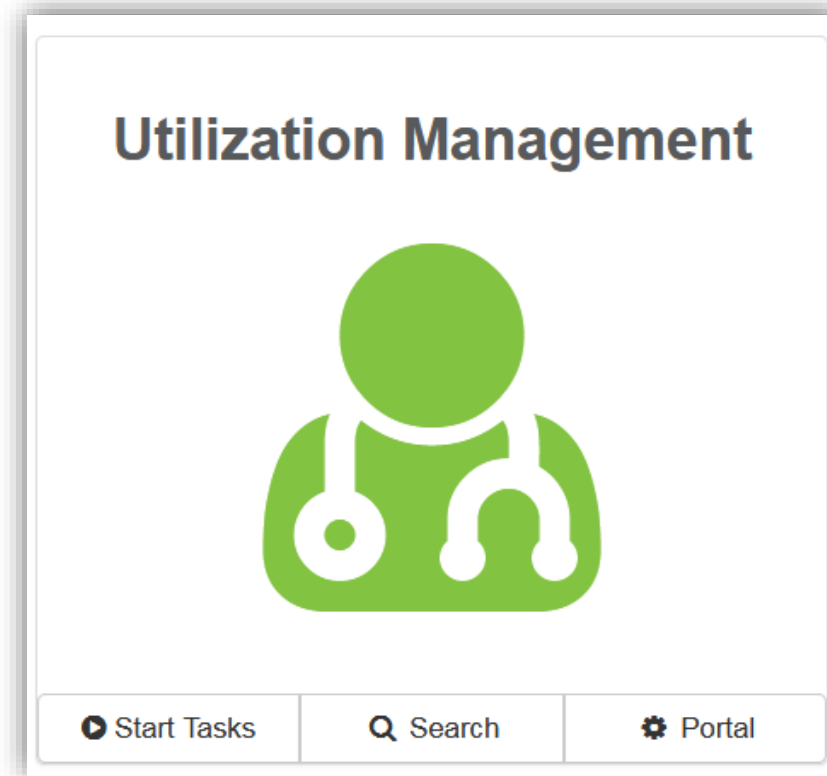




# Telligen Provider Portal – Adding a New Review



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.

A screenshot of the Qualitrac web application interface. The top navigation bar includes the Qualitrac logo, a notification bell, a search icon, a menu icon, a help icon, and a user profile icon. Below the navigation bar, the breadcrumb 'Dashboard / Task Queue' is visible. A horizontal menu contains four tabs: 'Scheduled Tasks', 'Member Search' (which is highlighted in blue), 'Cases', and 'Case/Request/Claim Search'. The main content area displays the heading 'Please search for the member by completing one of the following'. Below this heading are two search options separated by 'OR'. The first option consists of a 'Member ID \*' field with a placeholder 'Member ID', a 'Date Of Birth \*' field with a placeholder 'MM/DD/YYYY', and a blue 'Search' button. The second option consists of a 'First Name \*' field with a placeholder 'First Name', a 'Last Name \*' field with a placeholder 'Last Name', a 'Date Of Birth \*' field with a placeholder 'MM/DD/YYYY', and 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 \*      Search

TEMP000000100323      01/03/1978

OR

First Name \*      Last Name \*      Date Of Birth \*      Search

First Name      Last Name      MM/DD/YYYY

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	<b>Method</b>	<b>Language</b>
<b>Email</b> 		<b>Notes</b>	
<u>Home:</u> <u>Work:</u>			

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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

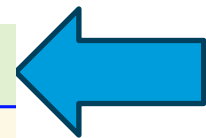
Use the  button to start a new request.

**Utilization Management** View Cases + Add

Hiding canceled cases. Show

Show  entries Search:

Status	Case ID	Request ID	Review Type	Timing	Treating Prov./Phys.	Treating Facility	Req. Start	Req. End	Outcome	Action
Not Submitted	28977	28989	Level of Care	Concurrent	HARBOUR, JO	HUDSPETH REGIONAL CENTER	03/01/2024			...



# 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"/>			



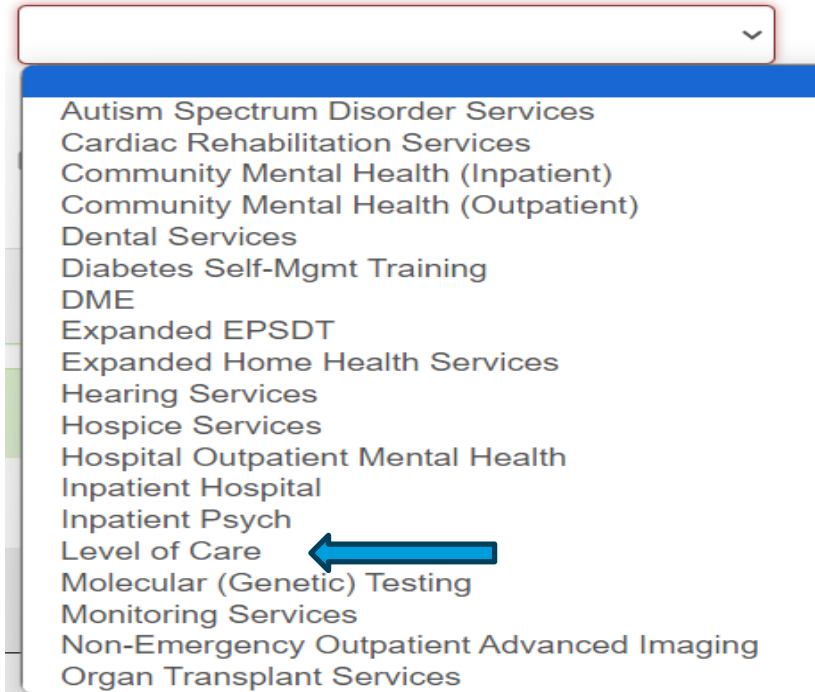


# Authorization Request Panel- Review Type



- Enter the **Review Type**: This is where you will select the type of review you are requesting.
  - The review type you will select will be **Level of Care**

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. A blue arrow points to the 'Level of Care' option, which is highlighted in blue. 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.

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  
Organ Transplant Services

# Authorization Request Panel cont.



- **Place of Service:** Will be Intermediate Care Facility
- **Type of Service:** Will be ICF/IID
- **Timing:** This is where you will select Concurrent or Continued Stay
- Select **Add New Request** to complete the process.
  - If the request was entered in error, you can select Cancel to remove the request

## Authorization Request

Date Request Received \*

03/18/2024 05:07 pm



Review Type \*

Level of Care



Place of Service \*

Intermediate Care Facility/Mentally Retardec



Type of Service \*

ICF/IID (Intermediate Care Facility for Indiv



Timing \*

Concurrent









Is this Request Urgent?

Cancel

Add New Request

- **Concurrent** – This is the first review that you will submit for each beneficiary. **Use the date for the time period your review is for. Please enter in the comments, the beneficiary’s actual admission date.**
- **Continued Stay Review** – This is the timing you will select for any review type after the concurrent review for a beneficiary.

## Authorization Request

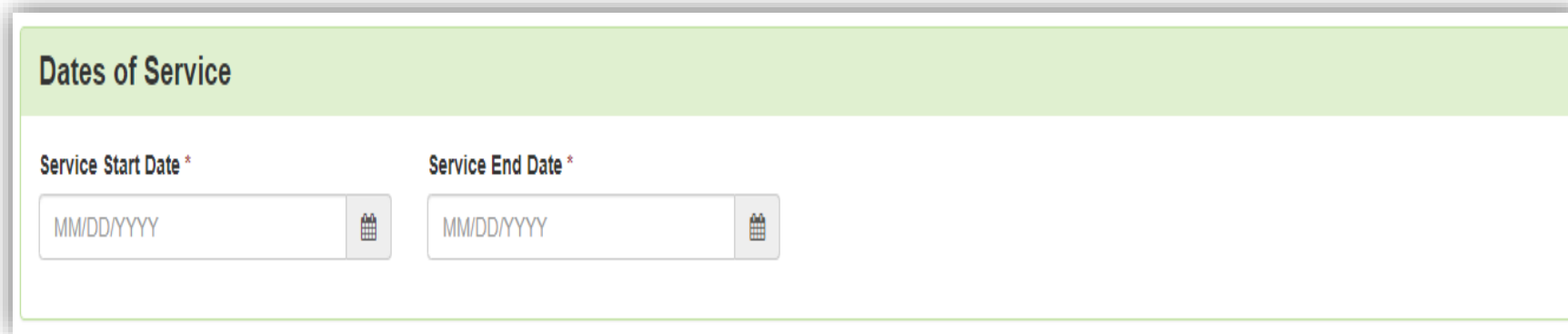
<b>Date Request Received *</b> 03/06/2024 01:45 pm 	<b>Review Type *</b> Level of Care 	<b>Place of Service *</b> Intermediate Care Facility/Mentally 	<b>Type of Service *</b> ICF/IID (Intermediate Care Facility) 
<b>Timing *</b> Concurrent 	 request Urgent?		



## 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
- **Use the date for the time period your review is for. Please enter in the comments, the beneficiary's actual admission date.**

A screenshot of a web form titled 'Dates of Service'. The title is in a light green header bar. Below the header, there are two input fields. The first is labeled 'Service Start Date \*' and the second is labeled 'Service End Date \*'. Both fields contain the placeholder text 'MM/DD/YYYY' and have a small calendar icon to their right. The entire form is enclosed in a light green border.

Dates of Service

Service Start Date \*      Service End Date \*

MM/DD/YYYY      MM/DD/YYYY

# 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

The screenshot shows a web interface for 'Provider Organization Visibility'. It has a light green header with the title and a help icon. Below the header, the user 'Wilson, Stephanie, User' is identified. A dropdown menu is open, showing 'ST LUKE'S REGIONAL MEDICAL CENTER' as the selected option.




# 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, but you only need to enter one. You can use any of the F70 codes.**
- 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

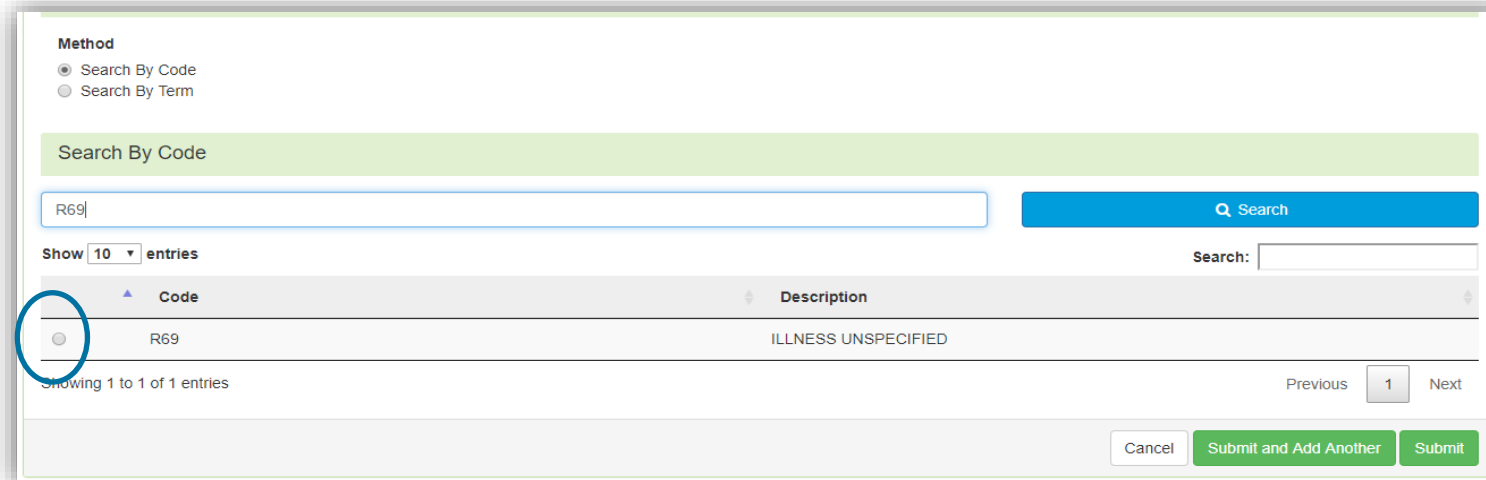
#### Search By Code

Enter Full ICD Code



# Diagnosis Panel: Populating the Diagnosis

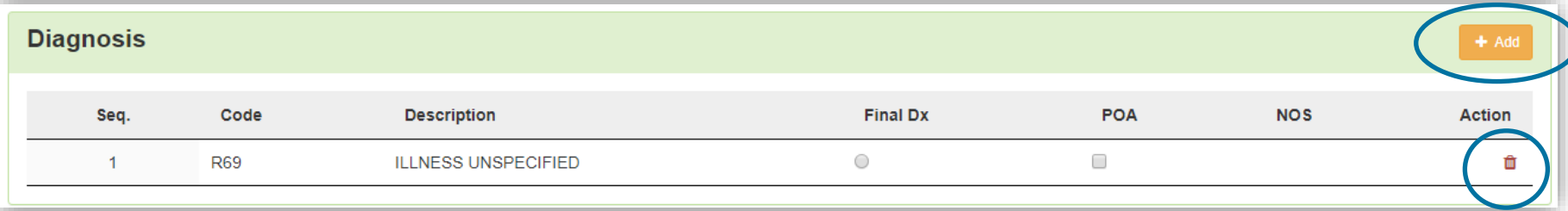
- **Entering a code:**
  - Select method: Code or term to search (radio button to select)
  - Enter information in the search box
  - Click Search
- The system will provide you a list of results you can select from. Select the one that you want added to the review by clicking on the radio button to the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

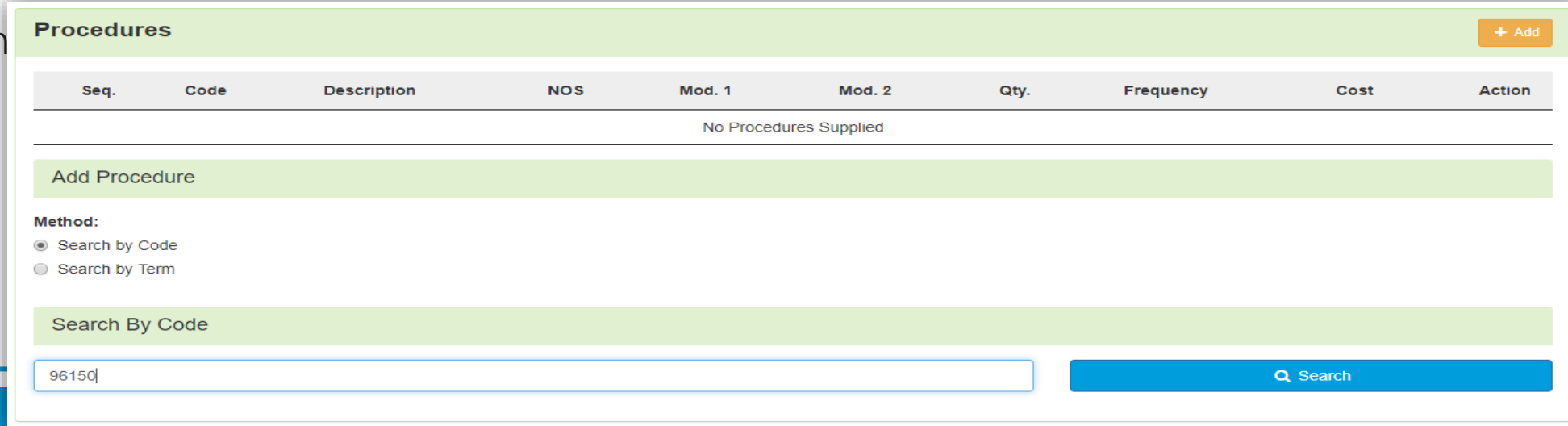
- After selecting the diagnosis you want added to the review, you can select Submit or Submit and Add Another.
- **Submit** will add the diagnosis to the review.
- **Submit and Add Another** will allow you to submit the diagnosis to the review and re-open the window where you can search for another diagnosis.
- 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. You do not need to add or change the procedure. You can use the default code.
- 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 interface. At the top right 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.

Seq.	Code	Description	NOS	Mod. 1	Mod. 2	Qty.	Frequency	Cost	Action
No Procedures Supplied									

**Add Procedure**

**Method:**

Search by Code

Search by Term

**Search By Code**

96150

Search



## Procedure Panel cont.

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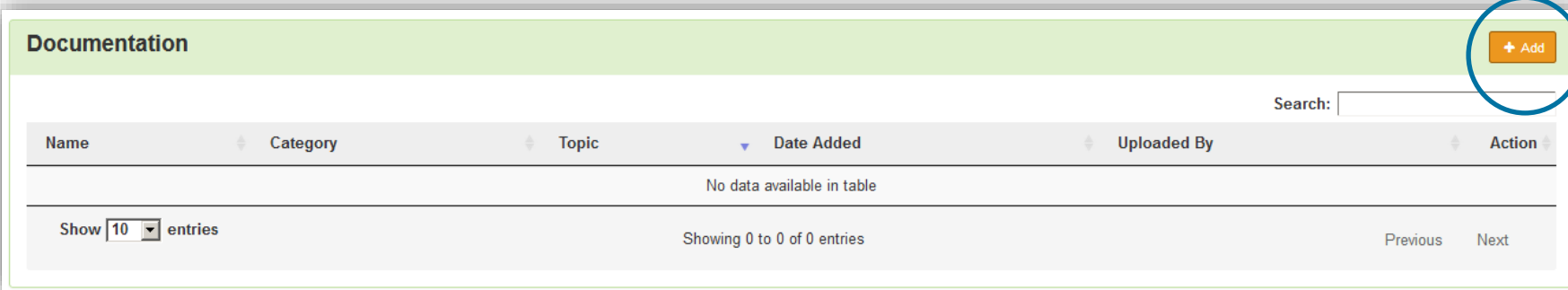


- There is a default procedure code in Qualitrac.
- This code is 99233. It is a monitoring and evaluation code.
- You do not have to delete or change this code.
- You also do not have to enter a procedure code. You can just use the default code.
- It will default to 1 day.
- The reviewer will update the number of days to 180, once the review is completed.



# 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

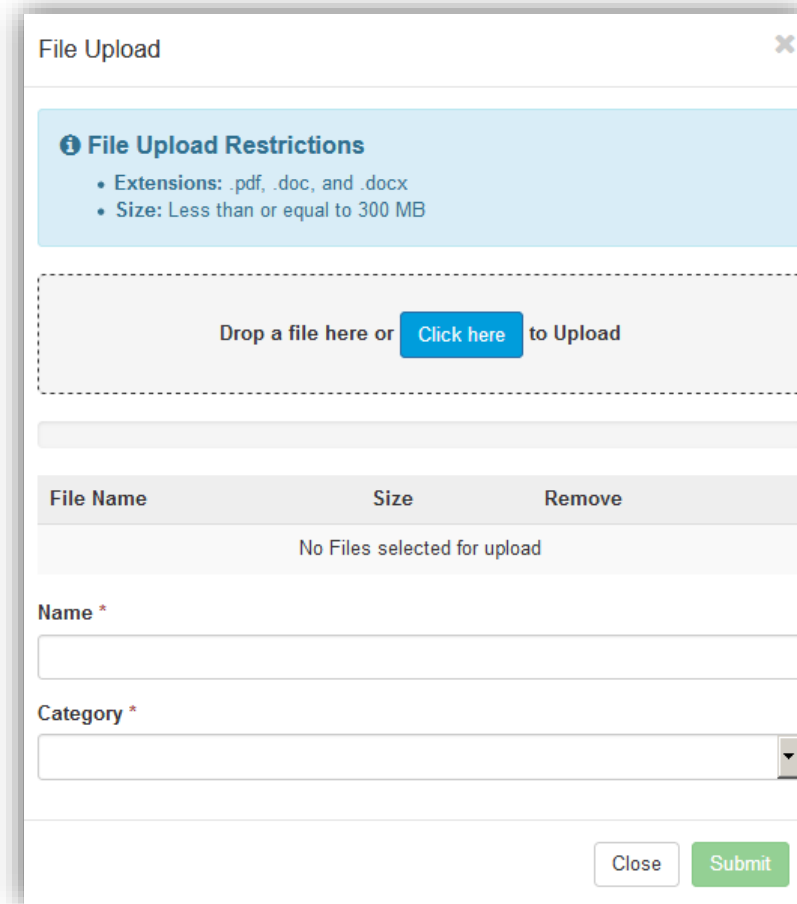
Showing 0 to 0 of 0 entries

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		

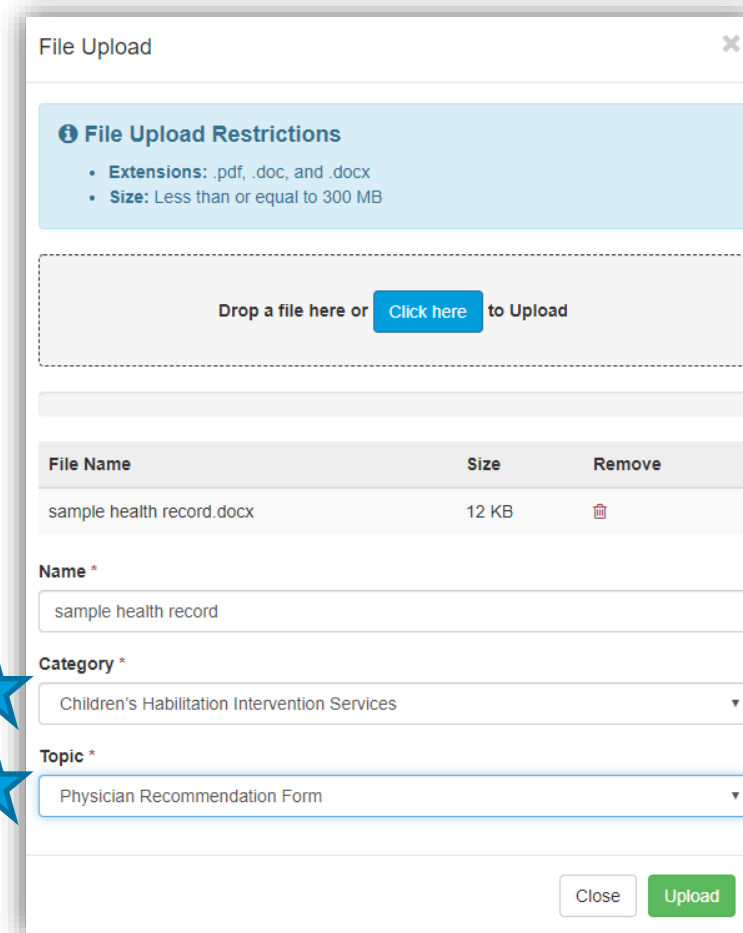
Name \*

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

---



- The 260 IID Form (concurrent reviews only)
- Documentation supporting that the person receiving services remains appropriate for ICF/ IID level of care.
  - Examples:
    - Periodic documentation specific for the facility
    - Recertification notes
- Is the resident receiving atypical antipsychotics?
  - Include evidence of metabolic monitoring, such as labs.
  - Ensure person-centered notes and treatment plans
- Evidence that the review team has reviewed the Plan of Care at least every 90 days (§456.380)



# 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



# 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

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

PRODUCT VERSION CATEGORY CLINICAL REFERENCE

Enter Keywords 99233,K65.0 FIND SUBSETS CLEAR ALL BOOKMARKS

Results Count: 5

Subset 1 ↑	Product	Version 2 ↓
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.



- 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](#)

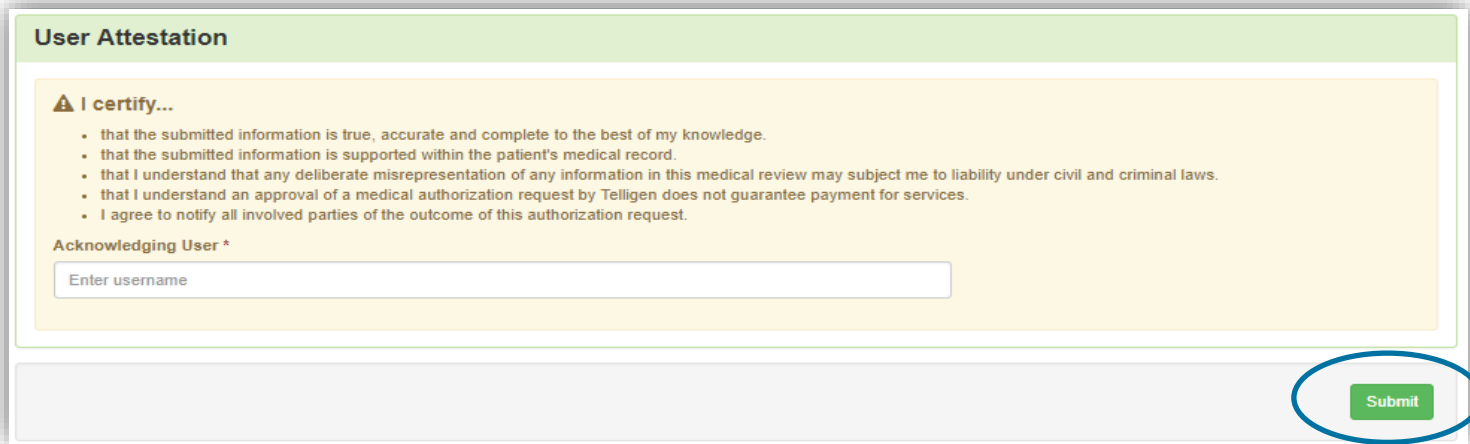


- Completion of the InterQual step is a system requirement.
- If you do not receive the “no guidelines” option, you can pick any subset and click one piece of criteria.
- Then click complete review.
- The system will say “criteria not met”
- This does **not** mean the review is denied.
- The reviewer will apply state criteria, not InterQual criteria, when performing the review.



# Attestation

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



**User Attestation**

**⚠ I certify...**

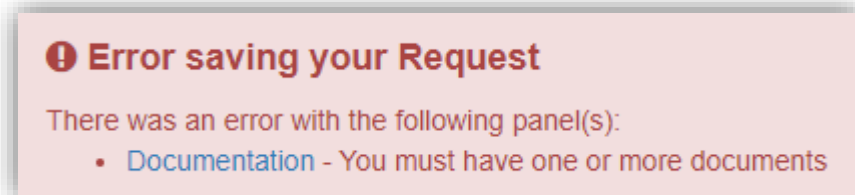
- that the submitted information is true, accurate and complete to the best of my knowledge.
- that the submitted information is supported within the patient's medical record.
- that I understand that any deliberate misrepresentation of any information in this medical review may subject me to liability 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 \***

Enter username

**Submit**

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



**ⓘ Error saving your Request**

There was an error with the following panel(s):

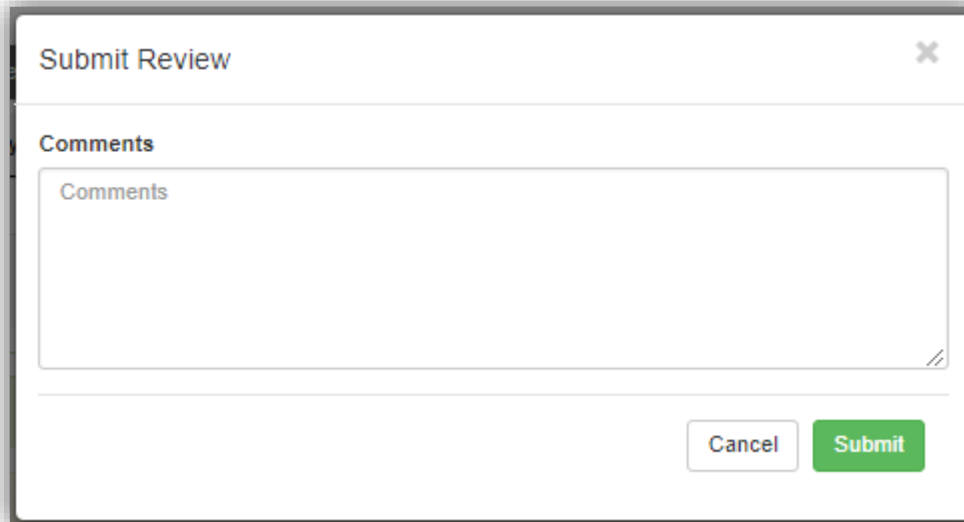
- **Documentation** - You must have one or more documents



# Comments

---


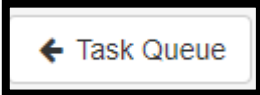
- Users have the option to add comments to the review before it is sent to Telligen.
- A comments modal will open, and the user can enter additional information related to the review.
- **A comment is not required to complete the review submission. You will need to click the Submit button.**

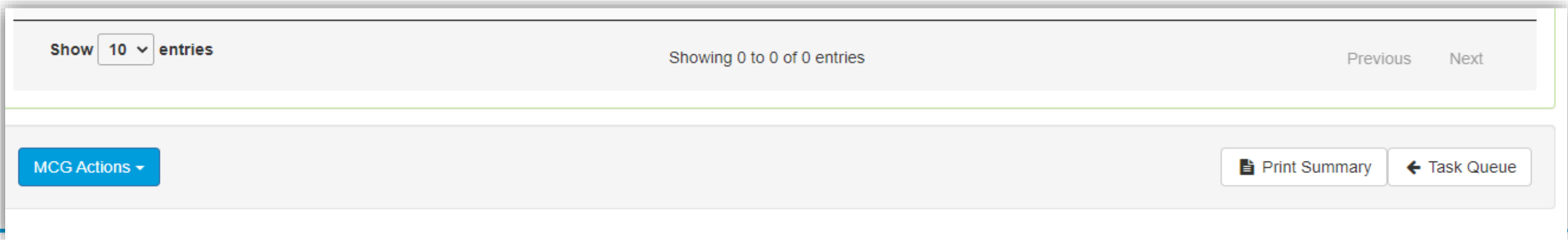


The image shows a screenshot of a web application modal titled "Submit Review". The modal has a close button (an 'x' icon) in the top right corner. Below the title, there is a section labeled "Comments" which contains a large, empty text input field with a placeholder text "Comments". At the bottom right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



# Summary

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



The screenshot displays a web interface for a summary page. 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, on the left, is a blue button labeled 'MCG Actions' with a dropdown arrow. On the right, there are two buttons: 'Print Summary' with a printer icon and 'Task Queue' with a left-pointing arrow icon.

# 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

The screenshot shows the Qualitrac interface. At the top left, it says "Qualitrac stage". On the right, there is a navigation bar with icons for Facebook, a cloud, chat, notifications, a speaker, a refresh icon, a search icon, a calendar, a menu, a help icon, an email icon, and a user profile icon. Below this is a breadcrumb trail: "Dashboard / Task Queue / Member Hub". On the right side of this bar, the user's name and ID are displayed: "Stephanie Wilson - TEMP000000100700 - 01/03/1978".

The main content area is divided into two sections. On the left is a "Control Panel" with a hamburger menu icon. Below it is a "Scheduled Tasks" section with a calendar icon. The right section is a member profile card for "Stephanie Wilson". It includes a "View Member Details" button. Below the name, the following information is displayed:

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

# 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.

**Level of Care** (28977)      Treating Physician: HARBOUR, JO      Treating Facility: HUDSPETH REGIONAL CENTER

Show  entries      Search:

Module	Timing	Status	Date Request Received	Case Completed	Outcome	Action
Medical Necessity	Concurrent	Not Submitted	03/01/2024 01:34 pm		Pending	⋮ View Request Delete

Showing 1 to 1 of 1 entries



# Status Types

---



Here is the list of status types in Qualitrac

- **Not Submitted** – all steps to the submission process have not been completed. The submitter needs to complete the submission process.
- **Request has been Submitted** – all steps to the submission process has been completed and the review is in the queue pending review.
- **Request in Progress** – The review has been started and is either under nurse or physician review.
- **Request Complete** – the review has been completed and an outcome has been rendered.





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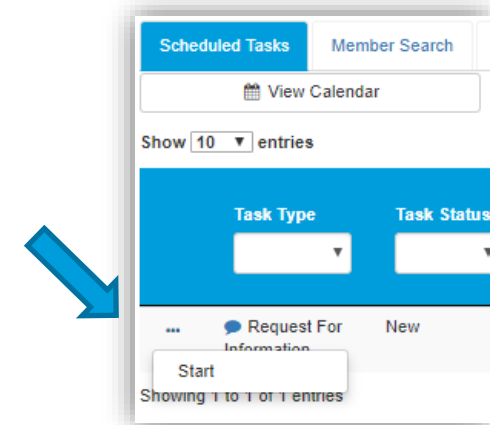
# Request for Information (RFI)



# 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 'Documentation' panel with a light green header. In the top right corner of the header is an orange '+ Add' button. Below the header is a search bar labeled 'Search:'. Underneath the search bar is a table with the following columns: Name, Category, Topic, Date Added, Uploaded By, and Action. The table contains one entry: 'Commit to a Goal' in the Name column, 'Clinical' in the Category column, 'Medical & Treatment History' in the Topic column, '02/17/2019' in the Date Added column, and 'swilsonMD' in the Uploaded By column. The Action column contains a red trash icon. 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'.

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



# Request for Additional Information

---



- 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.

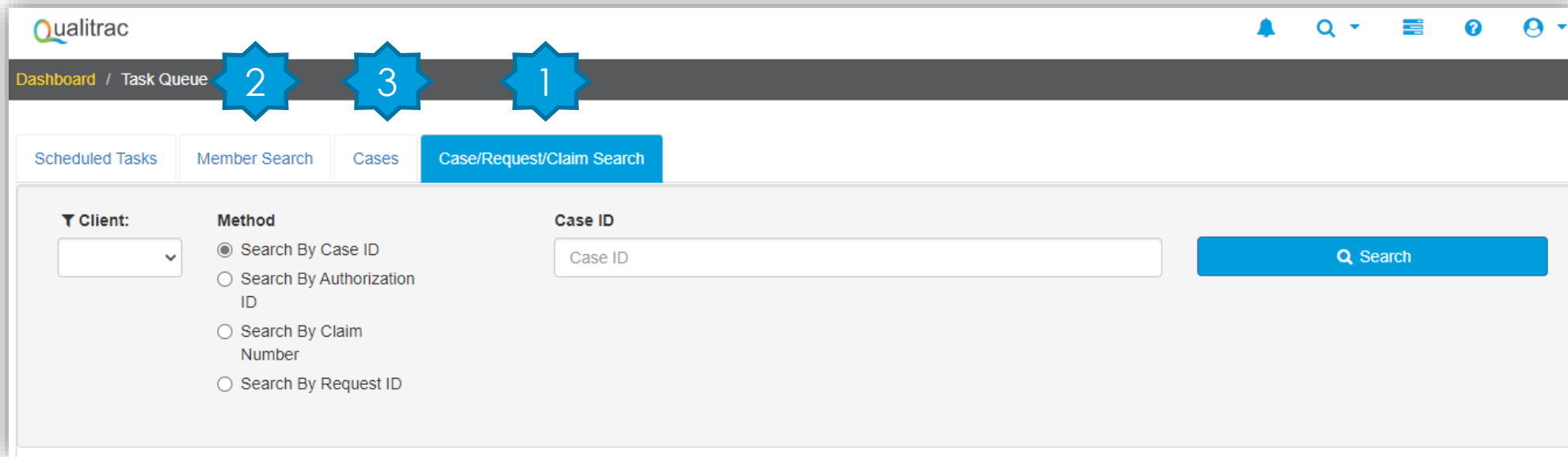


# Finding the Determination



# Locating A Determination

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



Qualitrac

Dashboard / Task Queue

Scheduled Tasks Member Search Cases Case/Request/Claim Search

Client: [Dropdown]

Method

- Search By Case ID
- Search By Authorization ID
- Search By Claim Number
- Search By Request ID

Case ID [Input Field]

Search

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 Cases

+ Add

Hiding canceled cases. [Show](#)

Show  entries

Search:

Status	Case ID	Request ID	Review Type	Timing	Treating Prov./Phys.	Treating Facility	Req. Start	Req. End	Outcome	Action
Request Is Complete	3702916	3702930	Level of Care	Concurrent	PAYNE, ANGELA	ROLLING HILLS DEVELOPMENT CENTER	02/09/2023		Approved	...

Showing 1 to 1 of 1 entries

## Care Management

- Approved
- View Request
- Continued Stay Review
- Cancel
- Edit
- Reopen

# View Outcome



## Outcomes

Review Status: Review Complete Review Outcome: Approved

(HCPCS) 99233 - SBSQ HOSPITAL CARE/DAY 35 MINUTES

Outcome: Approved

### Requested

### RC

Outcome	
Authorization Number	
Start Date	02/09/2023
Discharge Date	08/08/2023
Modifier 1	
Modifier 2	
Modifier 3	
Modifier 4	
Units	180 day(s)
Frequency	
Total Cost	

Outcome	Approved
Authorization Number	Q0000019531
Start Date	02/09/2023
Approved End Date	08/08/2023
Modifier 1	
Modifier 2	
Modifier 3	
Modifier 4	
Approved	180 day(s)
Non-Covered	0
Frequency	

# 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.

**Utilization Management** View Cases + Add

Hiding canceled cases. Show

Show  entries Search:

Status	Case ID	Request ID	Review Type	Timing	Treating Prov./Phys.	Treating Facility	Req. Start	Req. End	Outcome	Action
Request Is Complete	28978	28990	Level of Care	Concurrent	HARBOUR, JO	HUDSPETH REGIONAL CENTER	11/07/2023		Denied	⋮
Request Is Complete	28977	28989	Level of Care	Concurrent	HARBOUR, JO	HUDSPETH REGIONAL CENTER	03/01/2024		Denied	⋮

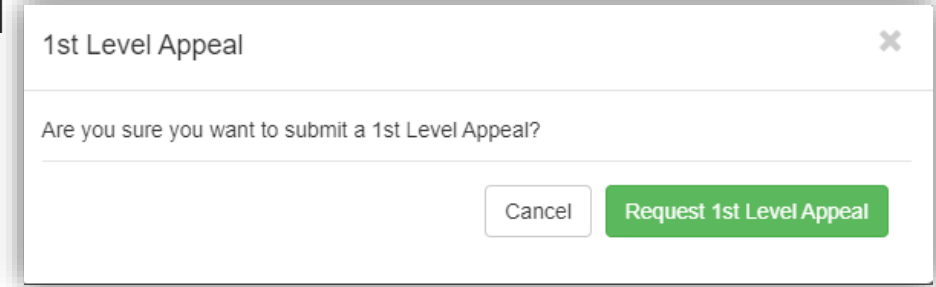
Showing 1 to 2 of 2 entries

- View Request
- Continued Stay Review
- Request P2P
- 1st Level Appeal**
- Cancel



# 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

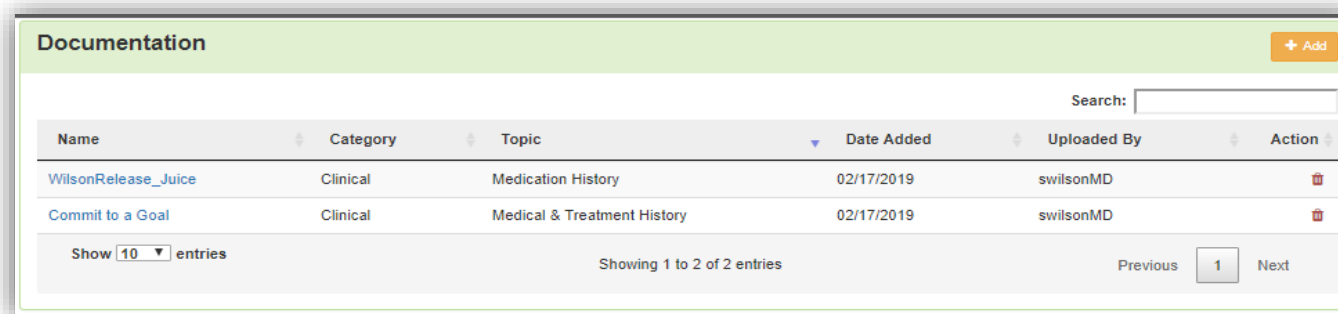


1st Level Appeal

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 concurrent or continued stay 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.
- They will also need to provide the physician who is requesting the peer to peer, their contact information and dates and times they can be contacted.
- Someone will contact the requesting provider with scheduling details within five business days of making the request.

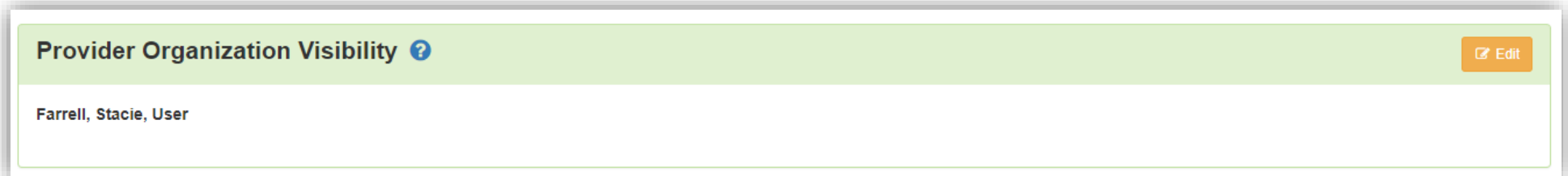


# E-mail Notifications

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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.





**1. On the Dates of Service Panel, how are the dates of service determined for ICF/IID?**

The start date for the concurrent review should be the start date of the 6 month period to be reviewed. Please enter in the comments, the patient's actual admission date.

**2. On the coverage panel, do we use this panel?**

The system will default to the first active policy available. Please check the policy that you will bill to.

**3. What do we select in the procedural panel when submitting a concurrent or continued stay?**

The default code is 99233. This is a monitoring and evaluation code. You do not have to select a new procedure code or delete this one. The default code was created so providers do not have to identify a procedure code if it is not relevant to the review.



#### **4. Do we complete the InterQual process, if so, how often?**

The InterQual process has to be complete with each review. Please refer to slides 51 – 53 on completing this process.

#### **5. Are all reviews submitted considered Retrospective reviews?**

No, the first review for a beneficiary is a Concurrent and each review after the concurrent review will be a Continued Stay review.

#### **6. How many months of progress notes are to be submitted with this submittal?**

Each review requires 6 months of progress notes.

#### **7. How long from the date of admission to an ICF before we enter information for a continued length of stay?**

A concurrent review is due 6 months after the admission date. Each continued stay review is due every 6 months. You may submit a review up to 60 days before the due date.



### **8. What kinds of reviews are we submitting? Annual or 6 months or both? How can we tell the difference between the two?**

Reviews are due every 6 months. The requirements are the same for each review.

### **9. What information needs to be submitted for the different reviews?**

You will need to submit the most recent History & Physical, the most recent 6 months of progress notes, physician orders, medication lists, goals and progress towards goals, Individual supports plans, and any evaluations/assessments completed during this time.

### **10. How will we know when a review is due?**

Currently, you will be required to track your own review due dates. We are working on updating our system to track the review dates and create a task for you, but we do not anticipate this being completed until the end of the summer.



### **11. How do you complete a discharge?**

Once Telligen completes a review, you will have a discharge task in your queue. You will need to start the task, which will require you to enter a discharge date and upload additional information. Please upload the discharge summary.

### **12. What is required if a person is discharged and readmitted in less than 90 days?**

This requirement has not changed. You will continue to submit the DOM 317 form to the Medicaid Regional Office. It is not required that you notify Telligen.

### **13. What is required if a person is discharged and readmitted in 90 days?**

This requirement has not changed.

### **14. Is a review/submission required for people who have another insurance?**

A review is required every 6 months, regardless of insurance.



# Contact Us

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## Education Manager – Primary Point of Contact

Katrina Merriwether

## Asst. Program Manager

Ajae Devine

**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



