Mississippi Medicaid:

Telligen Provider Portal Training – ICF/IID

April 2024

Contact Us

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Portal Registration Questions

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Asst. Program Manager

Ajae Devine

Purpose

- 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/1st level appeal
- Review of the notifications you will receive
- Directions on requesting a Peer-to-Peer review

Housekeeping

- **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

- 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

Provider Portal Overview

- 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.
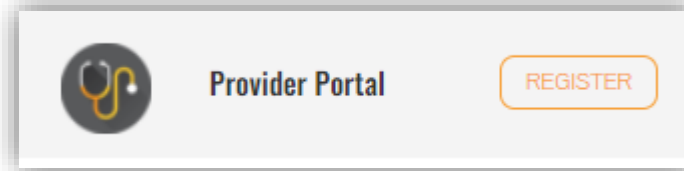
Registration Reminder

Process Overview

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

- Click the registration button :

  Provider Portal   REGISTER

  – Refer to the Introduction to Telligen recording for step-by-step instructions

Provider Portal:
How to Log in

Provider Portal

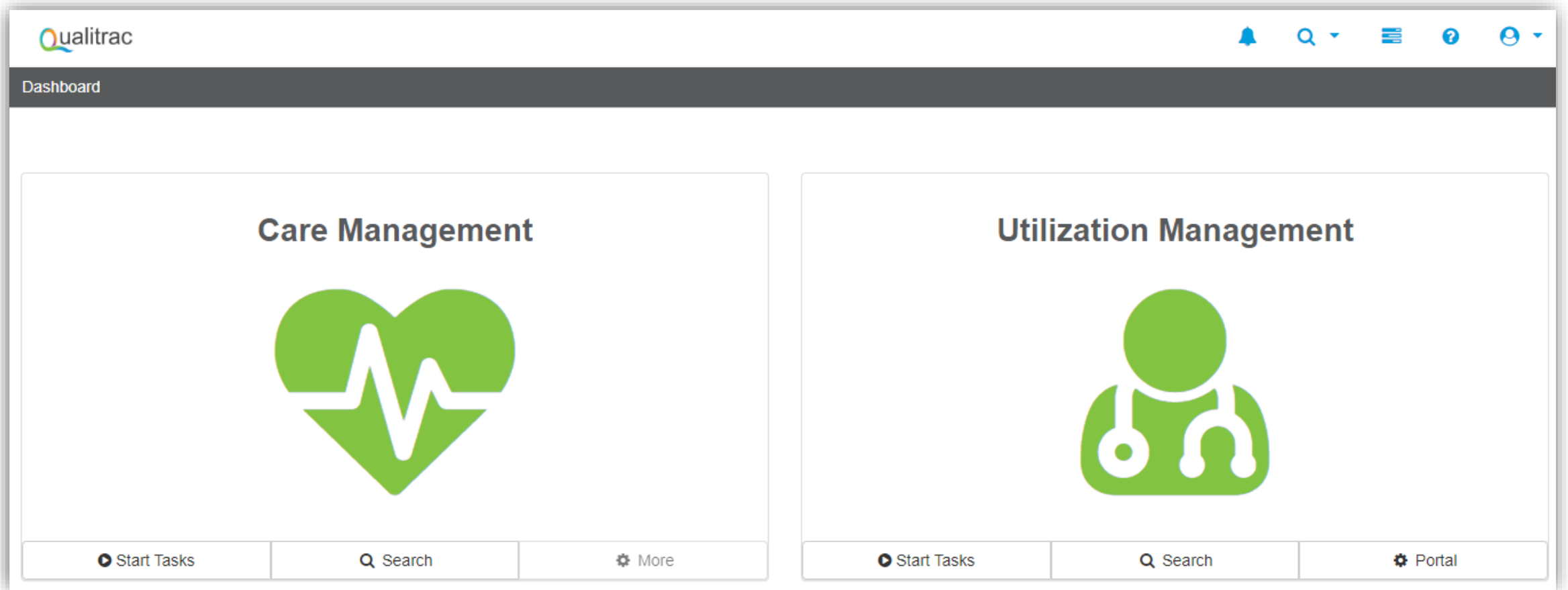- Each user will be assigned a unique username for the portal.

- 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.

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.

Qualitrac   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.
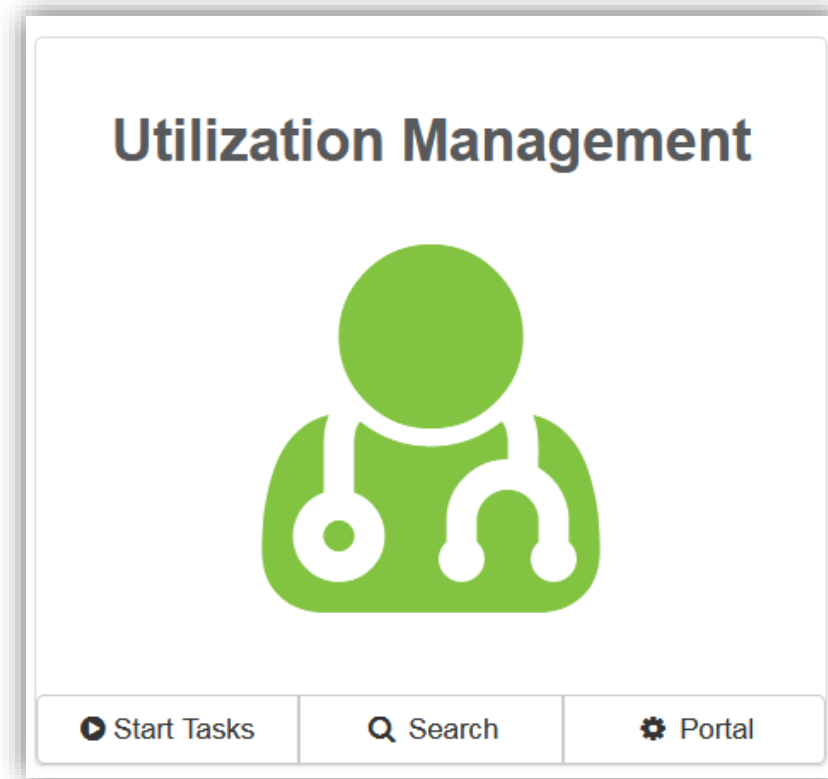
Telligen Provider Portal – Landing Page

- **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 class at the top of the page.
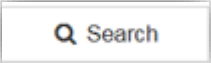- **Portal** will take you to the portal or to the task queue.
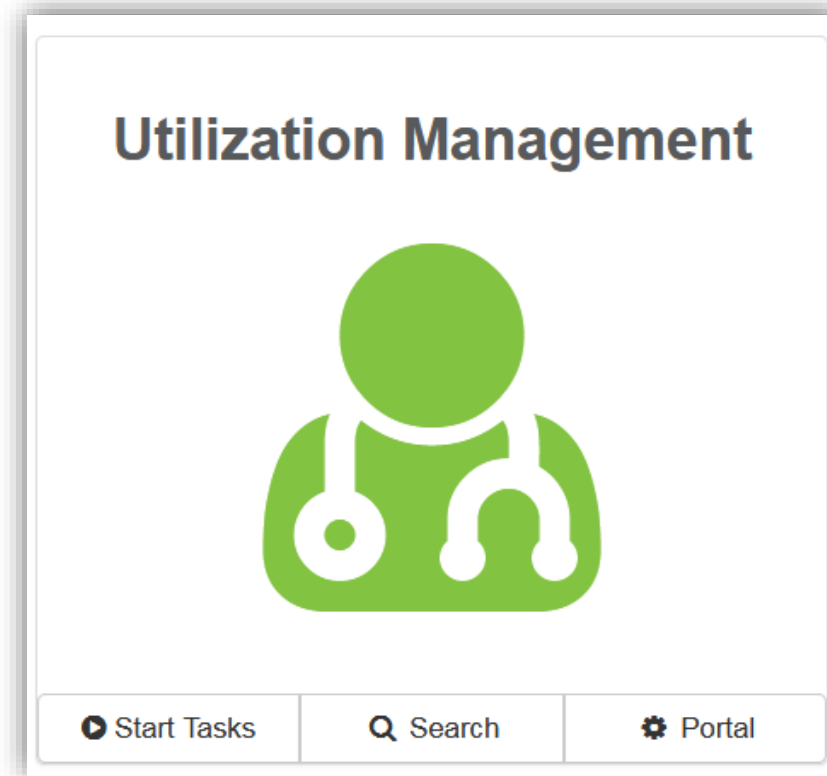
Submitting a Review

Telligen Provider Portal – Adding a New Review

Click on the [Q Search] box or the "magnifying glass" icon [Q ▾] 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.

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.

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

🩺 **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.

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 [+ Add] button to start a new request.

Utilization Management

| | View Cases | + Add |

Hiding canceled cases. [Show]

Show [10 ∨] 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			...
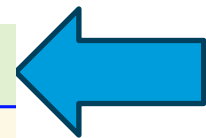
Telligen Provider Portal – Required sections

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 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

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

Timings

- **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
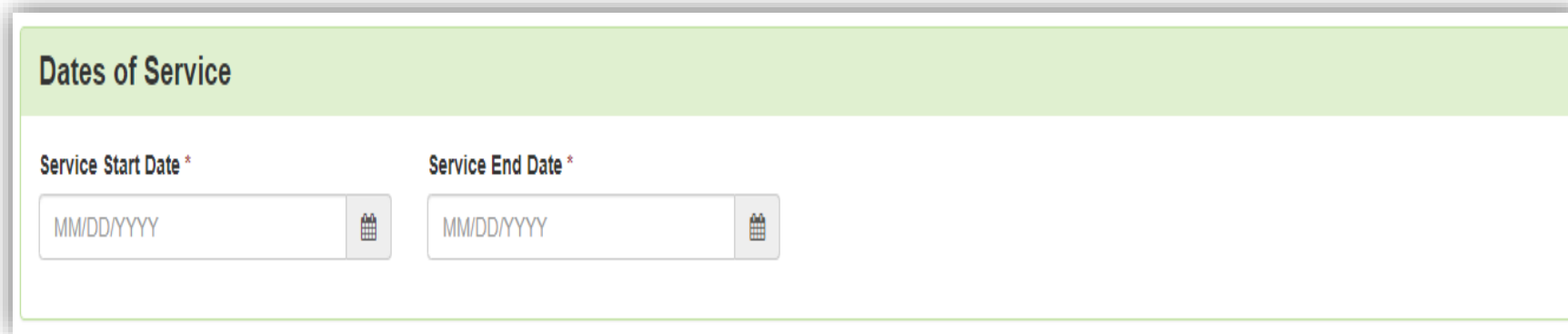
Date Request Received *	Review Type *	Place of Service *	Type of Service *
03/06/2024 01:45 pm 📅	Level of Care ⌄	Intermediate Care Facility/Mentally ⌄	ICF/IID (Intermediate Care Facility ⌄

Timing *

Concurrent ⌄	quest Urgent?

Cancel   💾 Add New Request

Dates of Service Panel

- 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.**

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		

Medicare Indicator *

Yes

Third Party Liability *

No

EPSDT Indicator *

○ Yes ◉ No

Eligibility Comment *

Coverage Panel cont.

- 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 *

| Not Supplied ⌄ |

Third Party Liability *

| No ⌄ |

EPSDT Indicator *

○ Yes ◉ No

Eligibility Comment *

NA

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

Providers *

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.

Stephanie Wilson - TEMP000000100323 - 01/03/1978

NPI Number ❓

Other ID Number ❓

Last / Organization Name

First Name

City

State
Wyoming

Zip Code

Taxonomy

Q Search

Cancel

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 **+ Add** 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

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

Diagnosis Panel cont.

- Once you click ![+ Add], you will have the ability to search for a diagnosis either by Code or by Term.
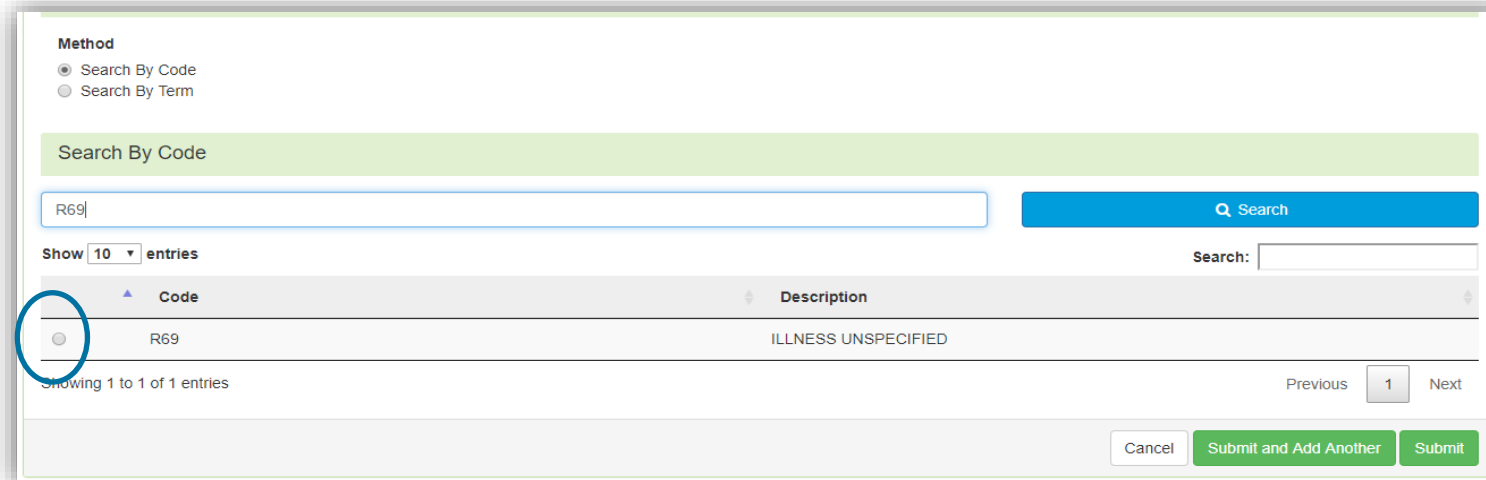
Diagnosis Panel: Populating the Diagnosis
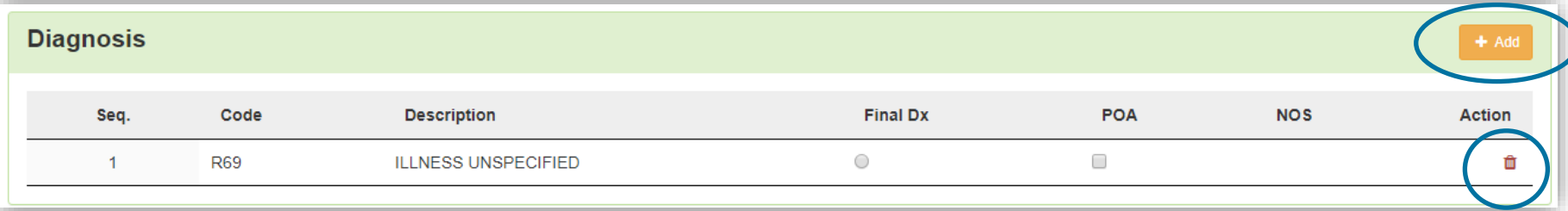
- **Entering a code**:
  - Select method: Code or term to search (radio button to select)
  - Enter information in the search box
  - Click Search
- The system will provide you a list of results you can select from. Select the one that you want added to the review by clicking on the radio button to the left of the code.

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.

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 **+ Add** 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

Procedure Panel cont.
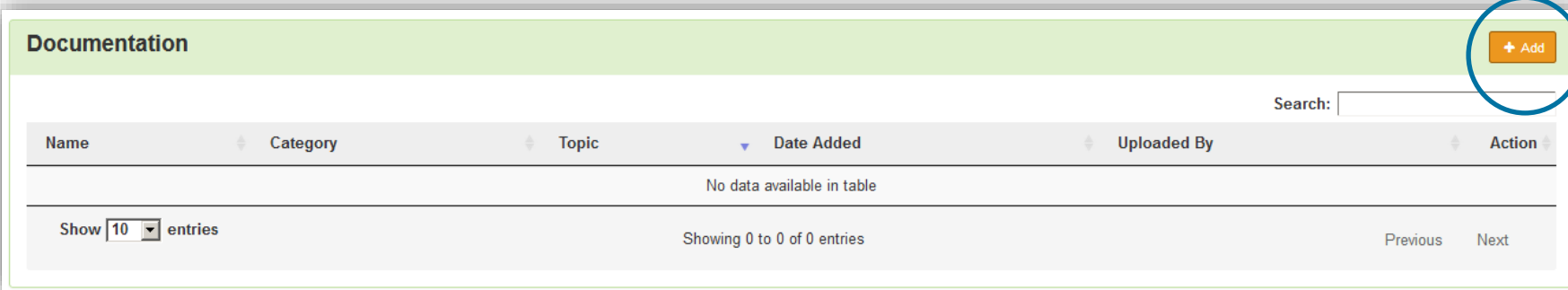
- There is a default procedure code in Qualitrac.

- 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.
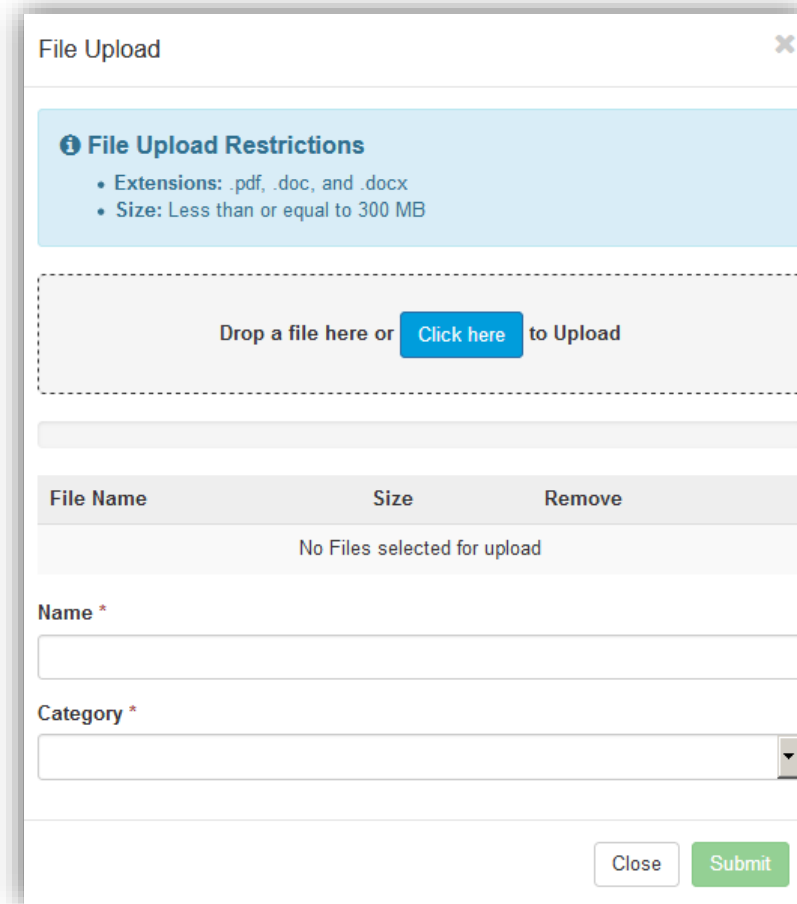
Documentation Panel cont.

- To submit documentation, click the **+ Add** 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		
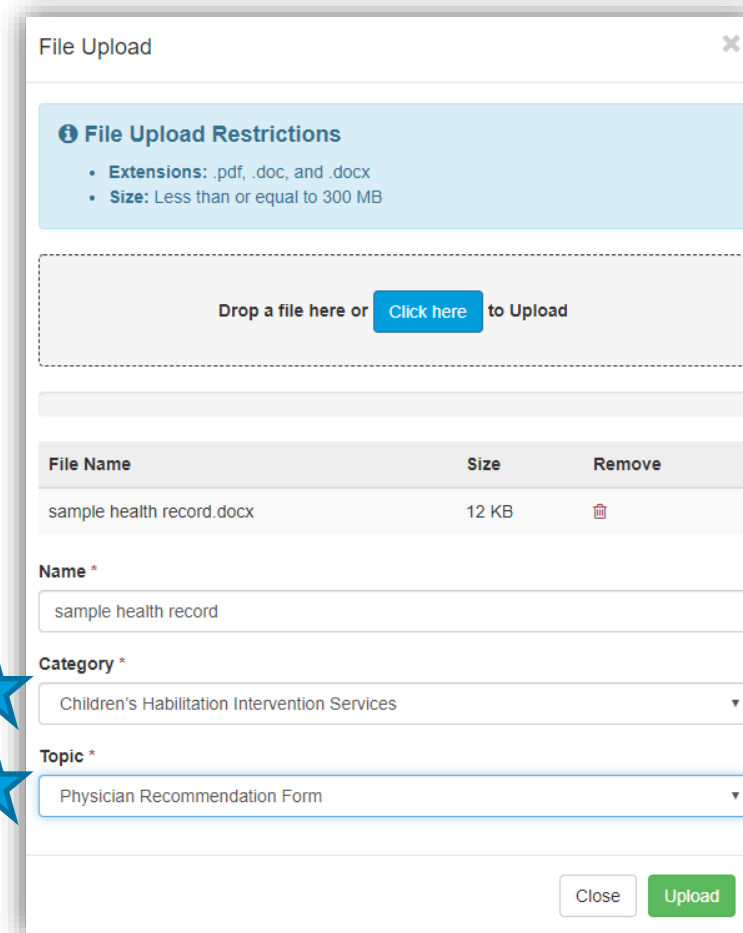
Name *

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.

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.

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.

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

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.
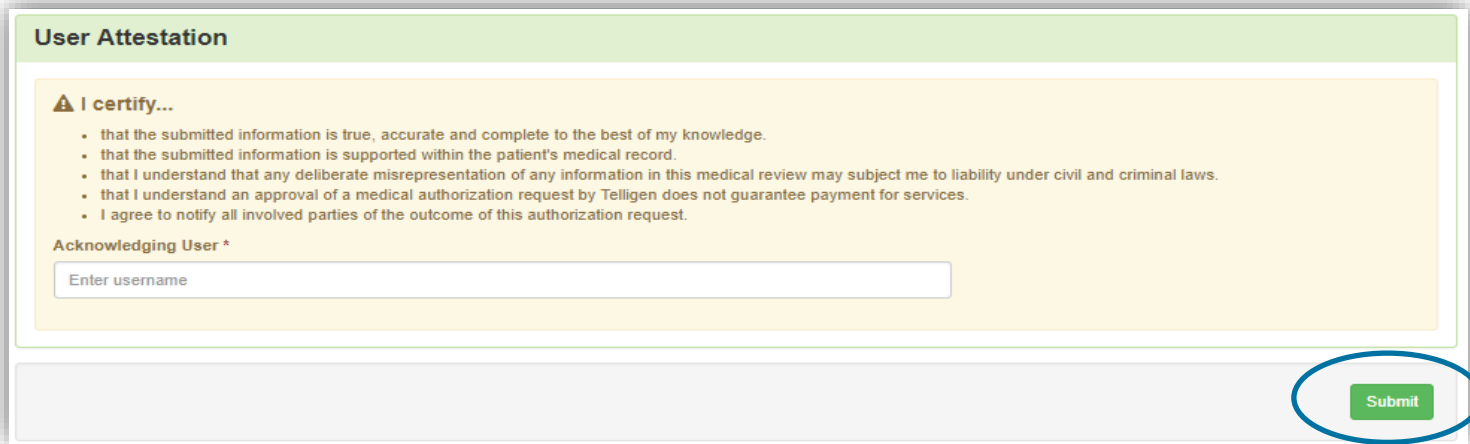
InterQual

- 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
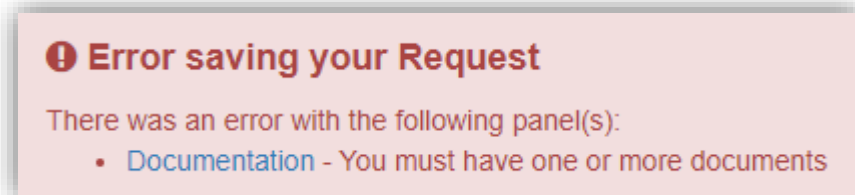
⚠ **I certify...**

- 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):
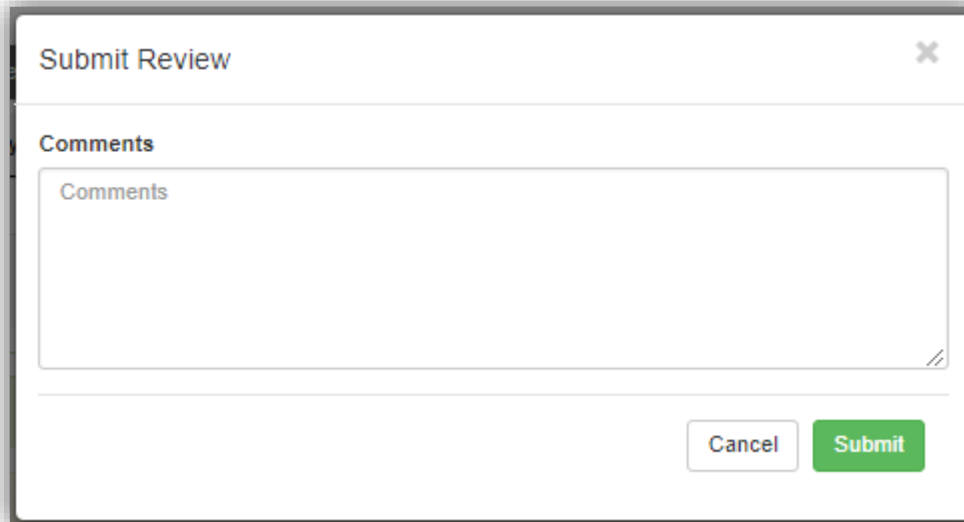
- Documentation - You must have one or more documents

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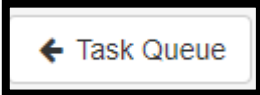
- Users have the option to add comments to the review before it is sent to Telligen.
- A comments modal will open, and the user can enter additional information related to the review.
- **A comment is not required to complete the review submission. You will need to click the Submit button.**
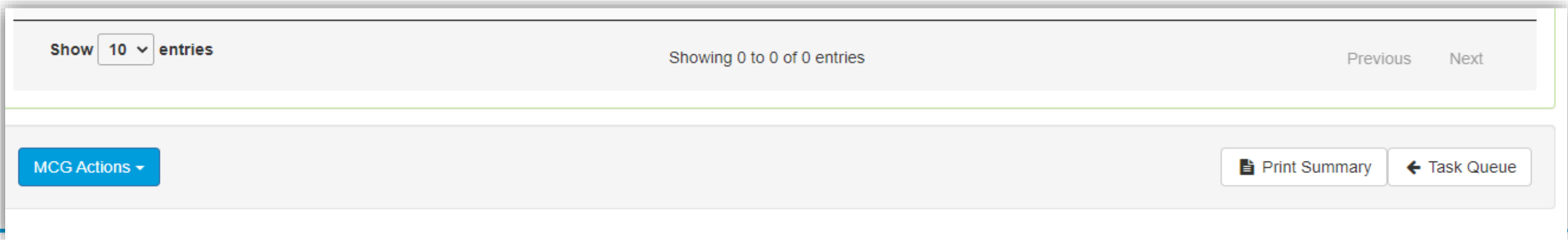
Summary

- 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.
  - ***You must complete this step to fully submit your review request.***

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

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 (1st Level Appeal), and other options.

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.

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.
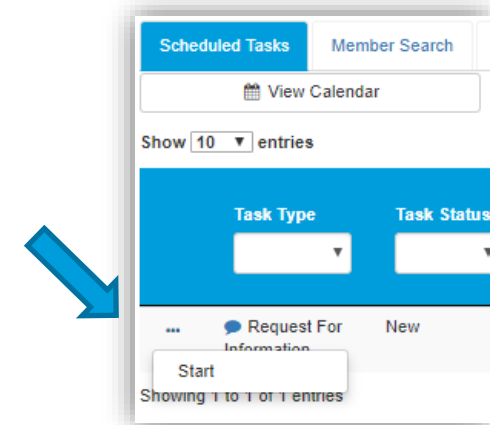
Request for Information

- 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.

Correspondence

Search:

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

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

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.
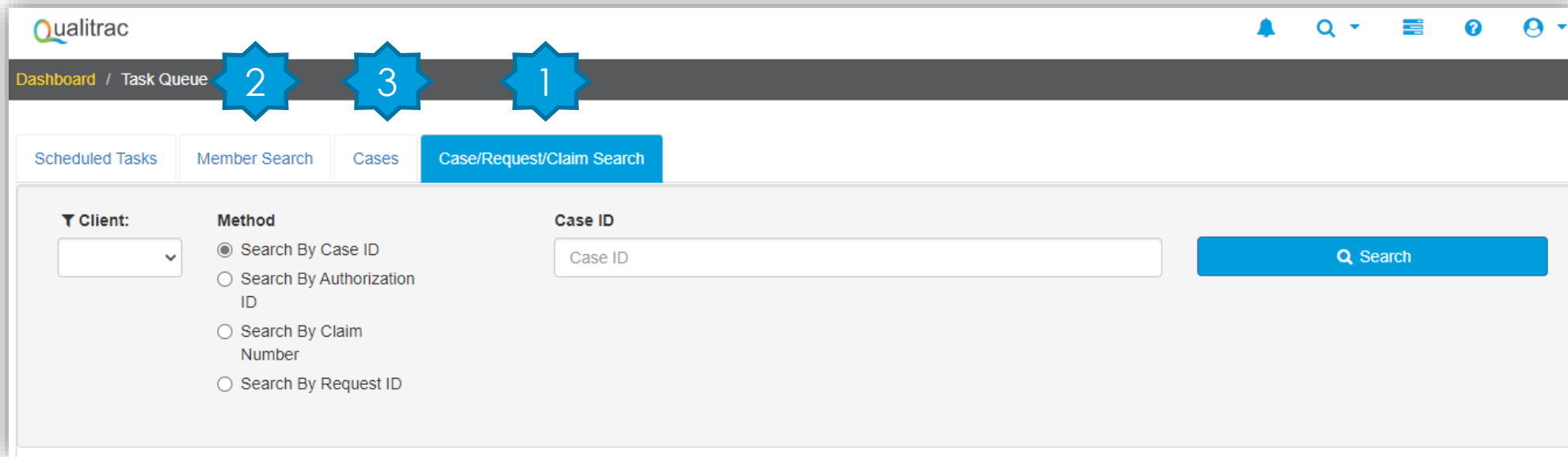
Finding the Determination

Locating A Determination

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

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.   Show

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

View Outcome

Telligen®

👨‍⚕️ Utilization Management

| | View Cases | ➕ Add |

Hiding canceled cases. [Show]

Show [10 ▾] 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	...
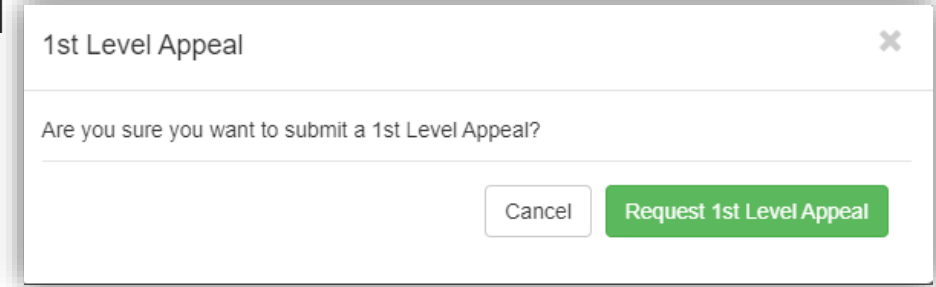
Showing 1 to 1 of 1 entries

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

💟 Care Management

View Outcome

Outcomes
Review Status: Review Complete **Review Outcome:** Approved

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

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

Submitting a Reconsideration (1st Level Appeal) or P2P Review

Submitting a Reconsideration (1st 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 **1st Level Appeal** from the menu.

Reconsideration (1ˢᵗ Level Appeal) cont.

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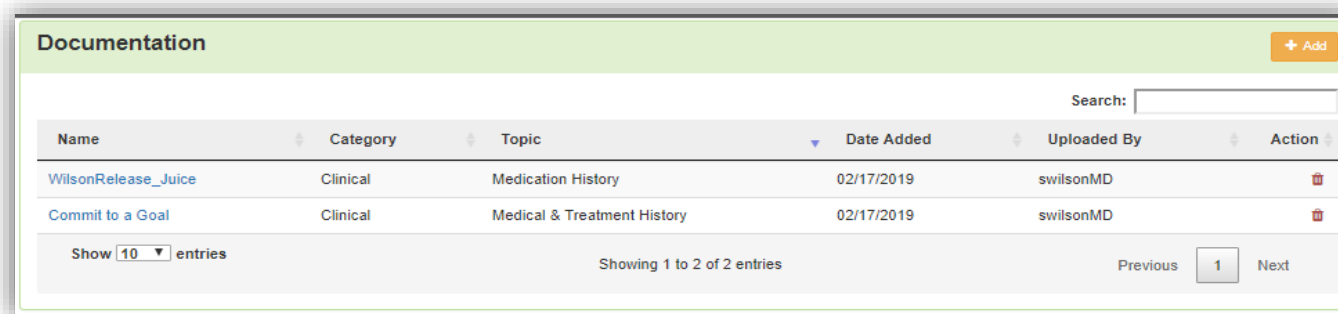
1st Level Appeal

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
WilsonRelease_Juice	Clinical	Medication History	02/17/2019	swilsonMD	🗑
Commit to a Goal	Clinical	Medical & Treatment History	02/17/2019	swilsonMD	🗑

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

Reconsideration (1ˢᵗ 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 *

[Enter username]

– 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 (1ˢᵗ Level Appeal)/P2P Review

- 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

- 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.

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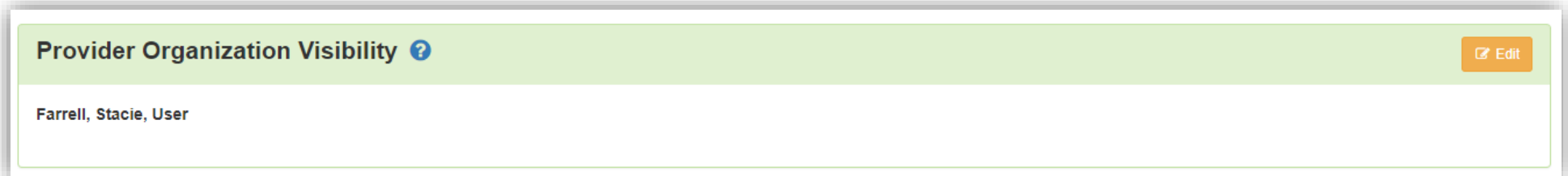
1. **On the Dates of Service Panel, how are the dates of service determined for ICF/IID**?

   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

Education Manager – Primary Point of Contact

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Asst. Program Manager

Ajae Devine

Questions