Mississippi Medicaid:

Telligen Provider Portal Training – Hospice

May 2024

Agenda

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

Contact Us

Education Manager – Primary Point of Contact

Katrina Merriwether

Website: https://msmedicaid.telligen.com/

Mississippi Call Center & Provider Help Desk
- Email: *msmedicaidum@telligen.com*
- Toll-Free Phone: 855-625-7709
- Fax: 800-524-5710

Portal Registration Questions
- Email: qtregistration@telligen.com
- Toll-Free Phone: (833) 610-1057

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
- Directions on completing a discharge

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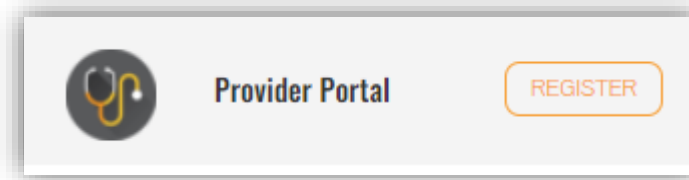
  – Refer to the Introduction to Telligen recording for step-by-step instructions

- **REMINDER:** The temporary log in is only valid for 7 days.

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
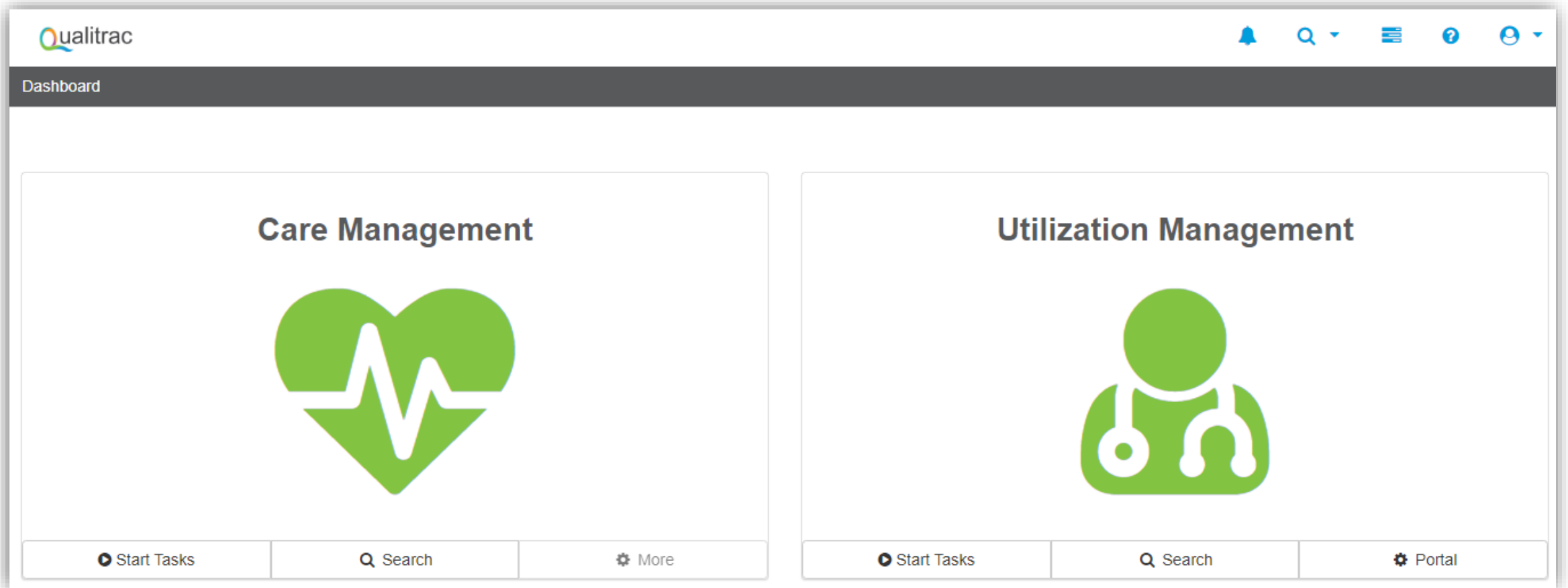
Signing into the Provider Portal

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.

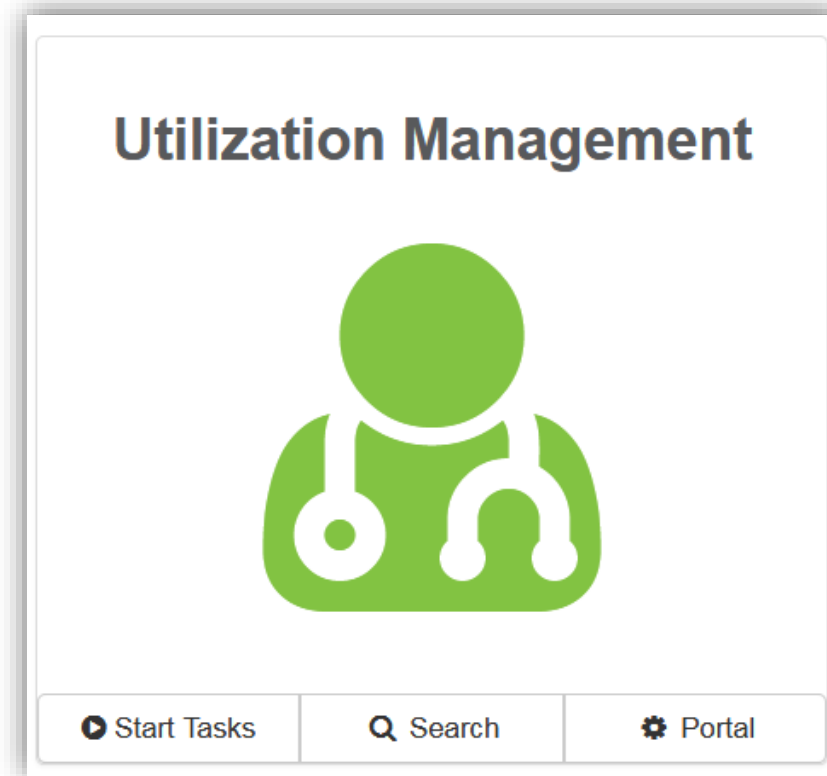- **Portal** will take you to the portal or to the task queue.
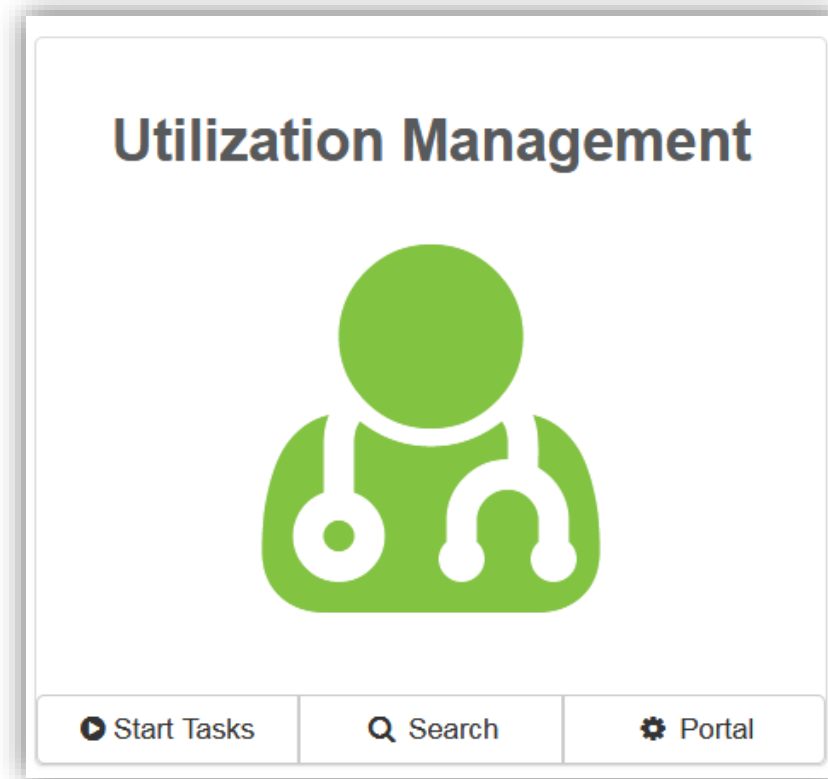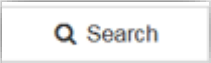
Submitting a Review

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 – 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.

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 appropriate for this include: **Hospice Services**

  - Content will be located under education on the website

Review Type *

Hospice Services

Autism Spectrum Disorder Services
Cardiac Rehabilitation Services
Community Mental Health (Inpatient)
Community Mental Health (Outpatient)
Dental Services
Diabetes Self-Mgmt Training
Disabled Children Living at Home
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

Authorization Request Panel cont.

- **Place of Service**: This is where you will select the place where care is being given. Nursing Facility, home, hospice or assisted living

- **Type of Service**: This Is the type of service being requested.

    Hospice or Room and Board

- **Timing:** This is where you will select Prospective, Concurrent or Retrospective

- Select **Add New Request** to complete the process.
    - If the request was entered in error, you can select Cancel to remove the request

Timings

- **Prospective** – This is a review timing that is submitted prior to any services starting or before any type of inpatient stay. The requested start date must be in the future.

- **Concurrent** – This is the first review that is submitted if services have started. The requested start date should be the day of the request.

- **Retrospective** – This is a review timing that is submitted after all services have been provided. The start date and the discharge/end date should both be prior to the request date.

* Discharge requests are submitted using the discharge task after a Concurrent review has been submitted.

Admission and Discharge Panel

- Once you select Add New Request, the page opens to fill in all the remaining information necessary to process the request.
- **Admission and Discharge Panel** is used to enter the 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:
  - *Treating Physician* – The person providing the care; this may or may not be a physician, i.e. Social Worker providing counseling
  - *Treating Facility* – The **organization** providing the actual care. (Hospice Provider)
  - *Ordering Provider-* The person or Organization ordering the care

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

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.
- **The terminal diagnosis should be entered first**. You can enter as many diagnoses as needed.
- You do have the ability to reorder or prioritize the diagnoses using the drag and drop feature.

Diagnosis Panel cont.

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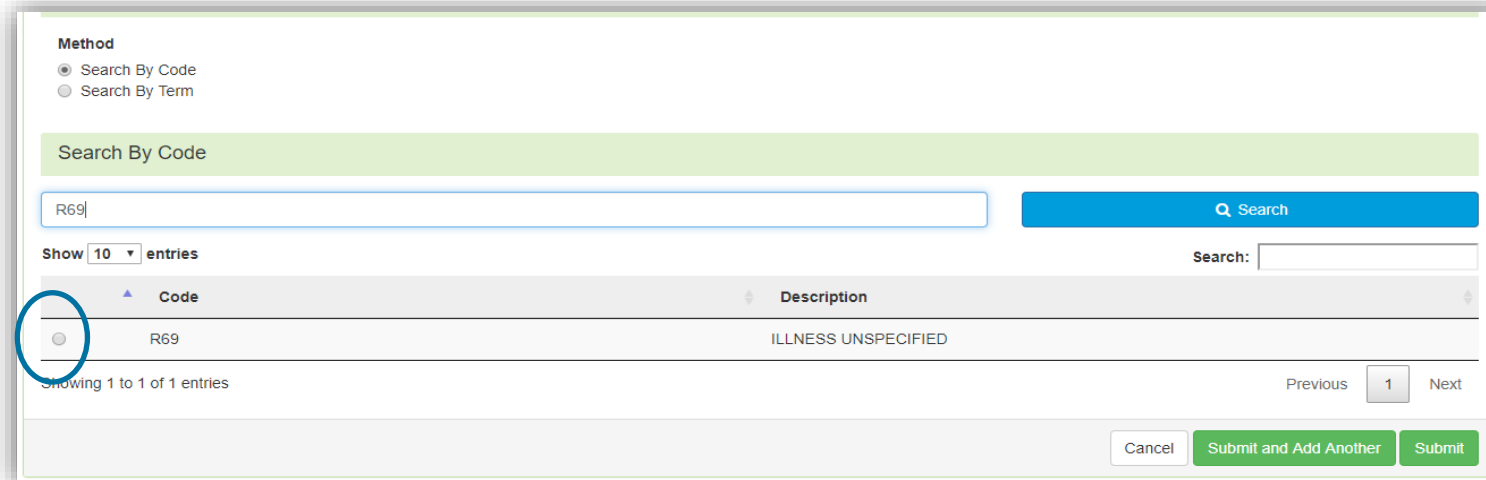
Diagnosis Panel: Populating the Diagnosis
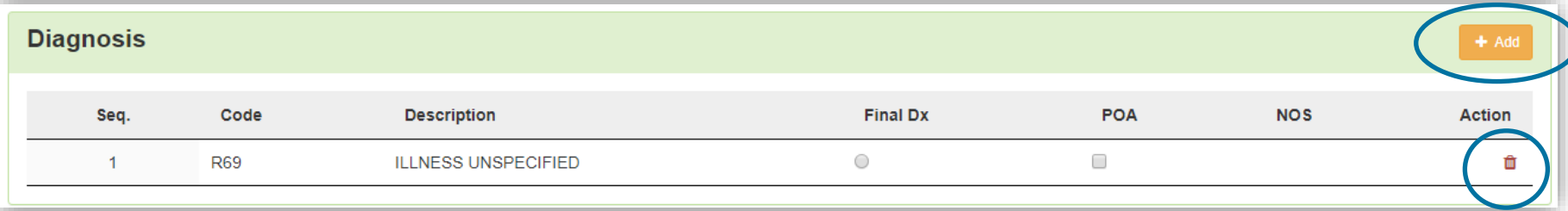
- **Entering a code**:
  - Select method: Code or term to search (radio button to select)
  - Enter information in the search box
  - Click Search
- The system will provide you a list of results you can select from. Select the one that you want added to the review by clicking on the radio button to the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

- 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

  – Examples: **T2042 for Routine hospice home care**

  T2046 for Room and Board

Procedure(s) Panel cont.

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

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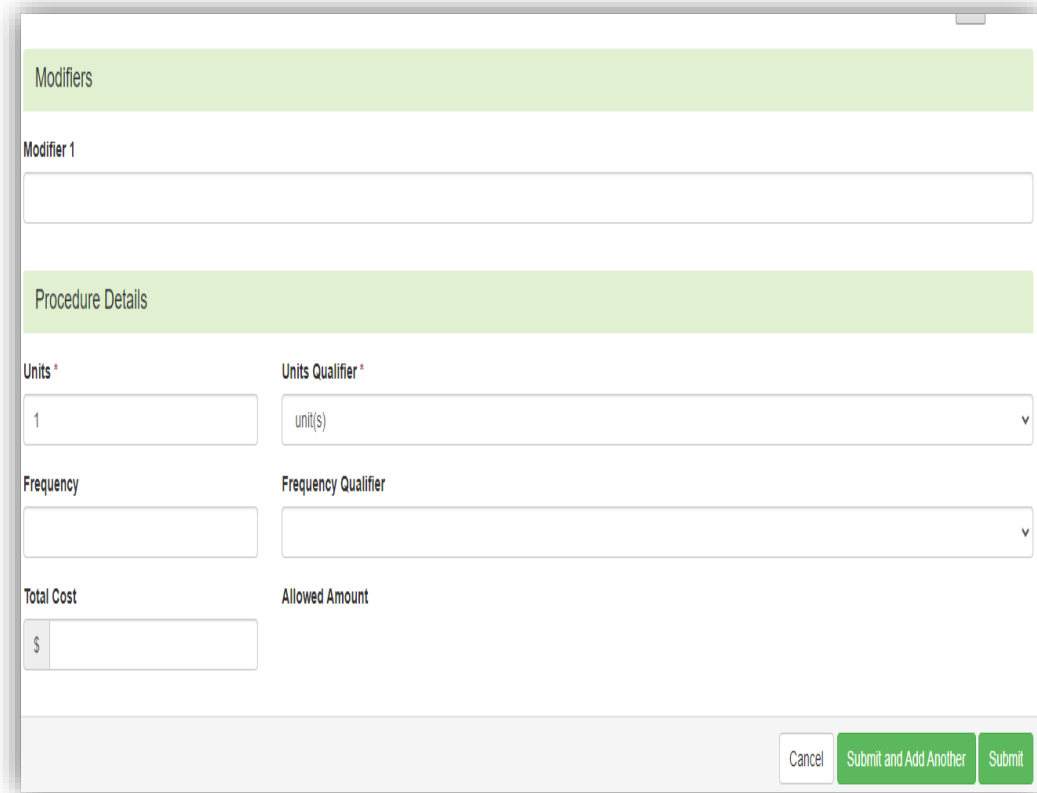
Procedure(s) Panel cont.

- Complete Modifiers and procedure details as needed

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

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

Enter as many procedures as needed.

Note: Modifiers are not required by the system, but PA should match what you expect to submit on your claim
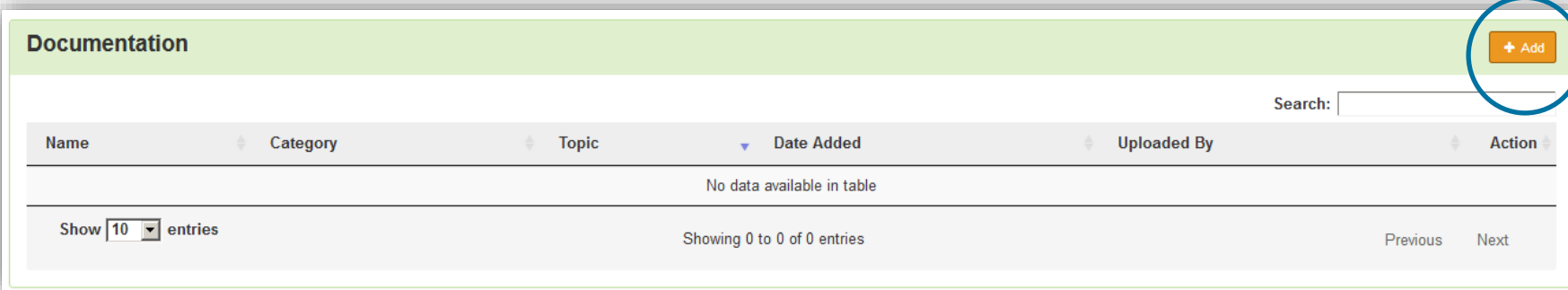
Procedure(s) Panel cont.

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

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.
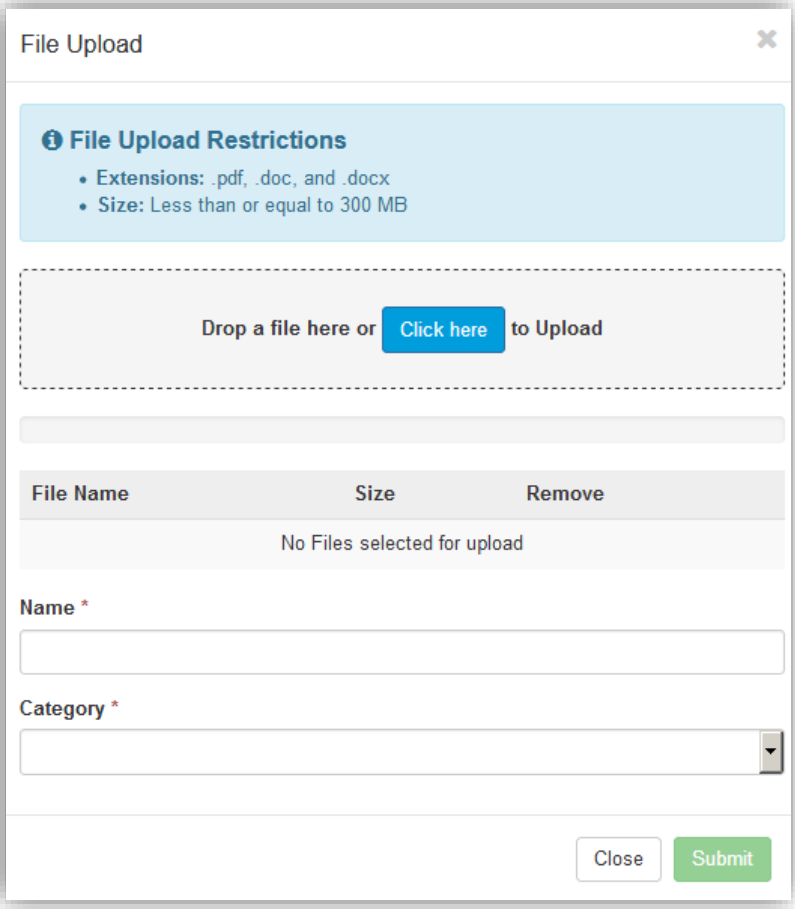
Documentation Panel cont.

- 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.

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 allow**s** you to name the file to what makes sense**,** if needed
  - The file name cannot have any spaces or special characters.
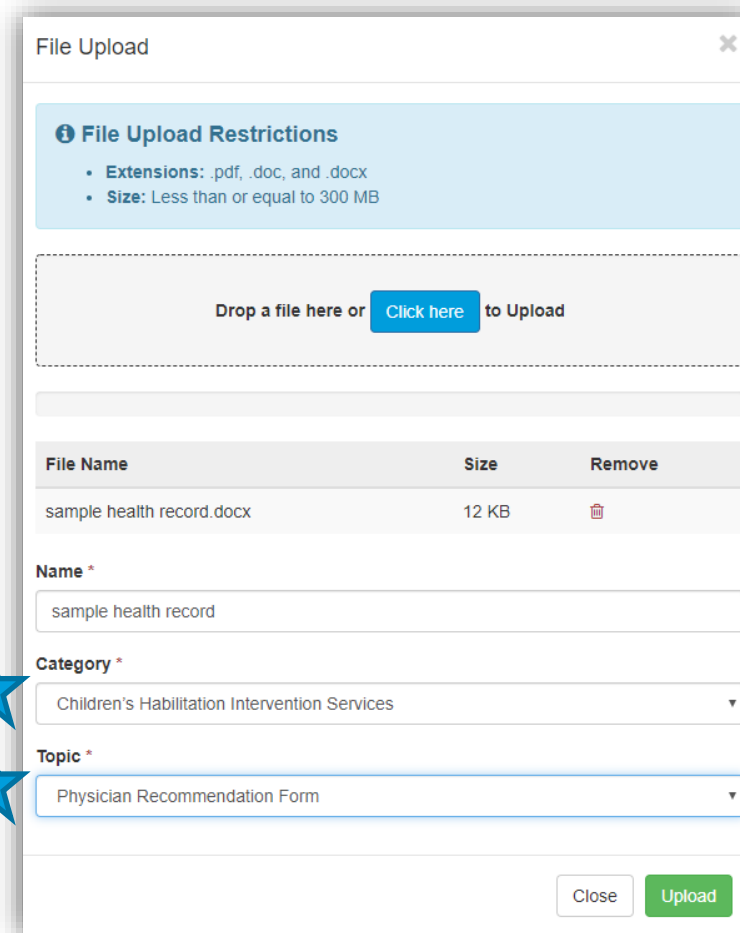
File Upload

ℹ **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.

Required Documentation

1. Signed notice of election
2. Signed Physician Certification/Recertification of Terminal Illness
3. Clinical/medical information supporting the terminal diagnosis
4. Physician orders
5. Current medication list
6. Hospice provider plan of care

All forms can be found on the provider website at: https://msmedicaid.telligen.com/

All documentation must be dated and signed (electronic signatures are accepted).

All documentation must include 2 patient identifiers

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

Additional documentation requested by Telligen that is not received timely will result in the effective date beginning when completed, required documentation is received.

Required Documentation: Recertification

- Recertification of the terminal illness must be completed by the Hospice Medical Director or IDG physician no later than two (2) calendar days after the beginning of that period.

- The recertification needs to be updated, signed, and narrative included if it is the 3rd benefit or above.

- Face to Face encounter is required for the 60-day recertification period. A face-to-face encounter must occur prior to, but no more than thirty (30) days prior to, the 3rd election period recertification and every election period recertification thereafter.

    - Note: If a nurse practitioner or physician completes the face-to-face recertification, complete and sign DOM form 1165C.

    - Recertification narrative needs to be included in the review.

Completing your Review

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

Criteria

- **The criteria being used is <u>NOT</u> changing at this time.**

- Telligen will be using InterQual and/or state-specific criteria for Hospice reviews.

- You will need to document against that criteria as part of your submission process.

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. *There will not be guidelines for Hospice reviews.*

- Once all applicable data has been entered, click the **submit** button to finish the documentation.

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
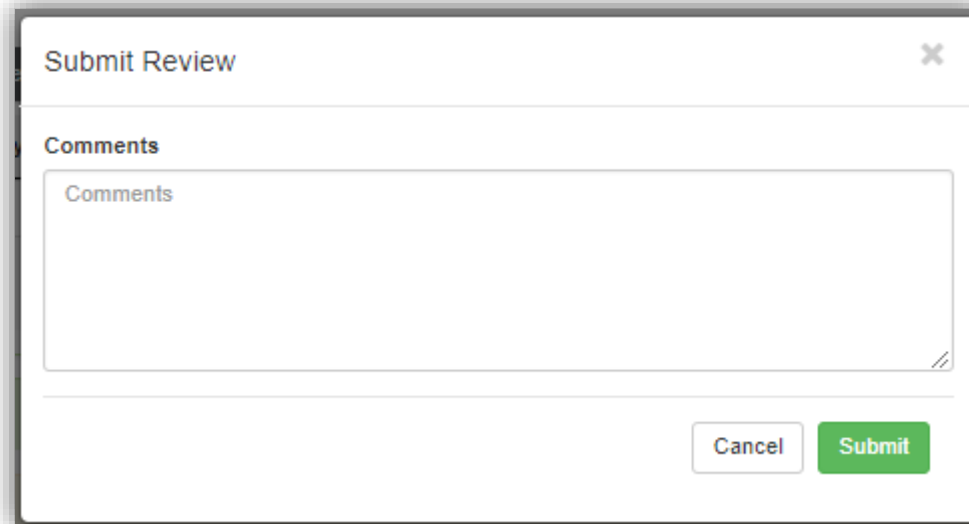
🚫 **Error saving your Request**

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.
- **This is not required to complete the review**.
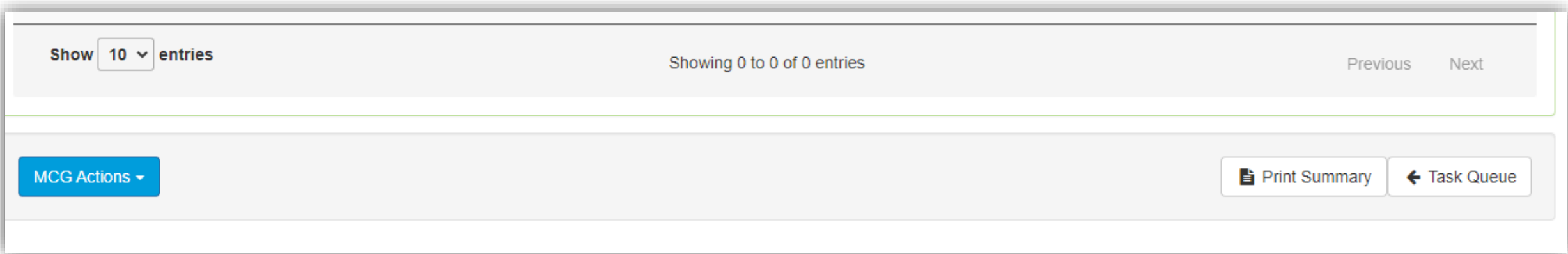
Summary

- 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.

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.

Request for Information (RFI)

A Note about Timelines

Telligen Timelines

- Telligen has 3 business days to complete prospective/prior auth and concurrent reviews.

Provider Timelines

- Providers have 10 business days to submit the documentation listed in the request for information document.
- Providers have 30 calendar days to submit a reconsideration.
- Hospice providers must submit the prior authorization request for the initial ninety (90) day election period within five (5) calendar days of a beneficiary's admission to hospice.
- Hospice providers must submit the prior authorization request for any subsequent ninety (90) day election period and subsequent sixty (60) day hospice election periods five (5) calendar days prior to the end of the current election period.
- Hospice providers must submit a discharge notice within five (5) calendar days after the effective date of discharge.

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.
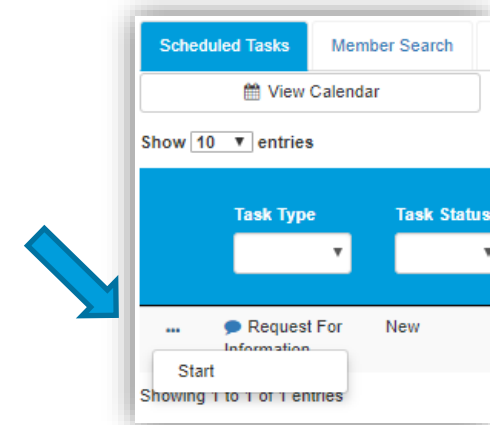
Request for Information

- 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.

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			
Hospice Services (32569)	Treating Physician: MCINTOSH, LEAH	Treating Facility: COMMUNITY HOSPICE, LLC	Case Creation

View Outcome

View Outcome

Outcomes   Review Status: Review Complete Review Outcome: Approved

(HCPCS) T2046 - HOSPICE LONG TERM CARE RM AND BD ONLY PER DIEM   Outcome: Approved

Requested		RC	
Outcome		**Outcome**	Approved
Authorization Number		**Authorization Number**	Q0000033751
Start Date	05/15/2024	**Start Date**	05/15/2024
Discharge Date	05/15/2025	**Approved End Date**	05/15/2025
Modifier 1		**Modifier 1**	
Modifier 2		**Modifier 2**	
Modifier 3		**Modifier 3**	
Modifier 4		**Modifier 4**	
Units	365 day(s)	**Approved**	365 day(s)
Frequency		**Non-Covered**	0
Total Cost		**Frequency**	
		Total Cost	
		Manual Pricing: No	
		Savings	
		Transmit To Client	Yes

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

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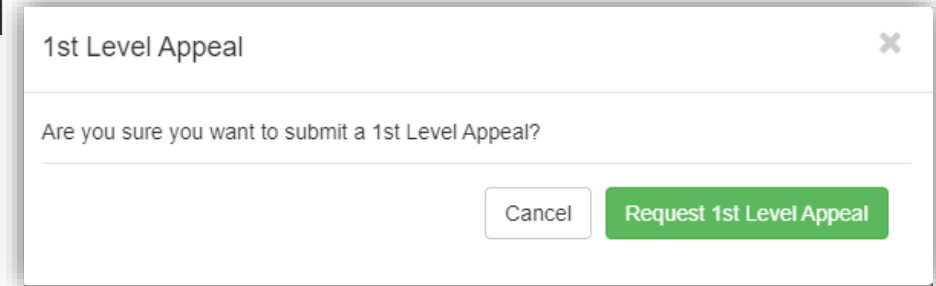
- To submit a reconsideration for a denied review:
  – Go to the **UM panel** in the member hub
  – Click on the blue ellipsis within the denied case to open the action menu
  – Once there, select **1ˢᵗ Level Appeal** from the menu.

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
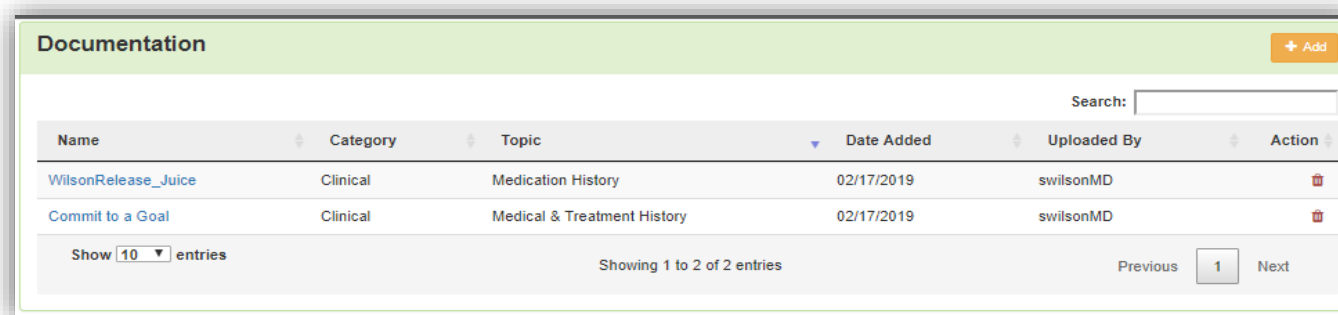
1st Level Appeal

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

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

Peer-to-Peer Review

Peer to Peer Review: If the reconsideration determination was upheld or any portion was not approved as requested, the provider can request a Peer to Peer Review. A second physician not involved in the initial decision reviews the reconsideration request, the original information, and any additional information submitted. The provider will have 30 calendar days from the date and time of the initial determination being rendered to submit the request.

Submitting a Peer to Peer: 1. Go to the UM Panel in the member hub 2. Click on the denied review 3. Click on the blue ellipsis within the denied case to open the action menu. 4. Once there, select Peer to Peer from the menu. 4. Follow the system prompts to complete. 5. If the provider desires to request a peer-to-peer via phone, they need to call Customer Service at 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. A representative will contact the requesting provider with scheduling details within five business days of making the request.

Utilization Management

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	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			

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

Written notification will be provided of reconsideration determinations within 10 business days of receipt of the request for a standard reconsideration.

Discharge Information

Discharge Information Task: For specific requests, a provider will receive a Discharge Information Task. This task will be shown in the scheduled task queue with the task type of "Discharge Status." If the member has not been discharged and is still in the facility, the task does not need to be started until the discharge occurs.

If an extension of stay (CSR) is submitted, the task will be removed and a new task will be displayed once the Continue Stay Review has been completed.

Starting the Discharge Task To submit a discharge for a review: 1. Users may start the task by clicking on the ellipses for the action menu and selecting "start" to be directed to the Authorization Request screen. Note: If the task has been started, but not completed, the action menu will display the option "Resume".

Authorization Request Screen: Once the task is started(or resumed), the provider will see a limited view of the authorization request screen. The following information will be displayed: Authorization Request case information, Discharge, Diagnosis, and Documentation panels.

Discharge Information cont.

Discharge Panel: The user will be required to enter the following three pieces of information: indicate if the person is still in the facility, enter the actual Discharge Date, and enter the Discharge Disposition.

Diagnosis Panel: The user can update the diagnosis of the member and indicate a Final Diagnosis by selecting the radio button under Final Diagnosis. It can stay the same as the original diagnosis.

Documentation Panel: The documentation panel is where a user will upload any additional information such as the Hospice Discharge Form.

Completing the Task: Once all the information has been entered in the panels, the user can complete the process by clicking the "Close Case" button at the bottom of the page.

Resubmissions of Prior Authorizations

- This overview provides instructions regarding prior authorizations initially processed by Alliant that now need to be re-submitted into the Qualitrac portal.

- All prior authorizations handled by Alliant must be re-submitted in the Qualitrac portal.

- For members with prior authorizations from Alliant that require discharge, a **concurrent** case must be submitted. This includes the necessary discharge information.

- Please ensure that the discharge information/documentation includes both the admit date and discharge date. These should be completed on form 1166A (Medicaid Only) or 1166C (Dual Eligible)

- This process ensures that the necessary information is provided for Telligen to complete the discharge process.
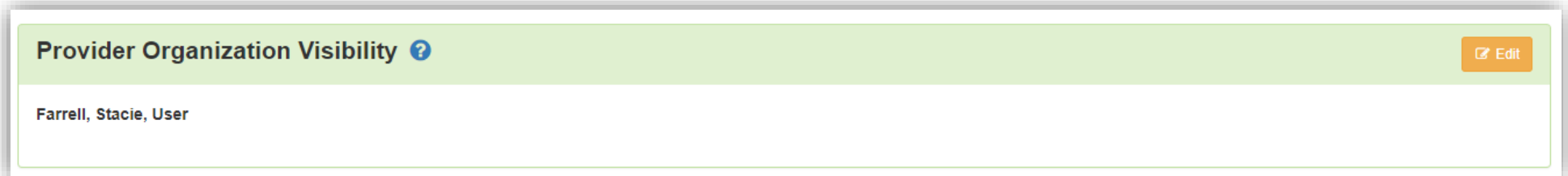
E-mail Notifications

- 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.

Contact Us

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Questions

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