



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

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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



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>



[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



- 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.



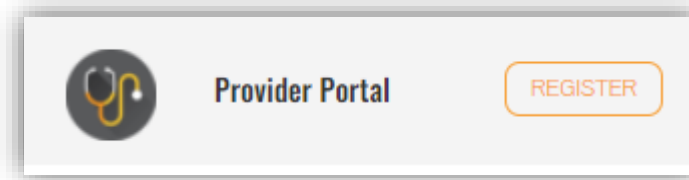
Registration Reminder



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

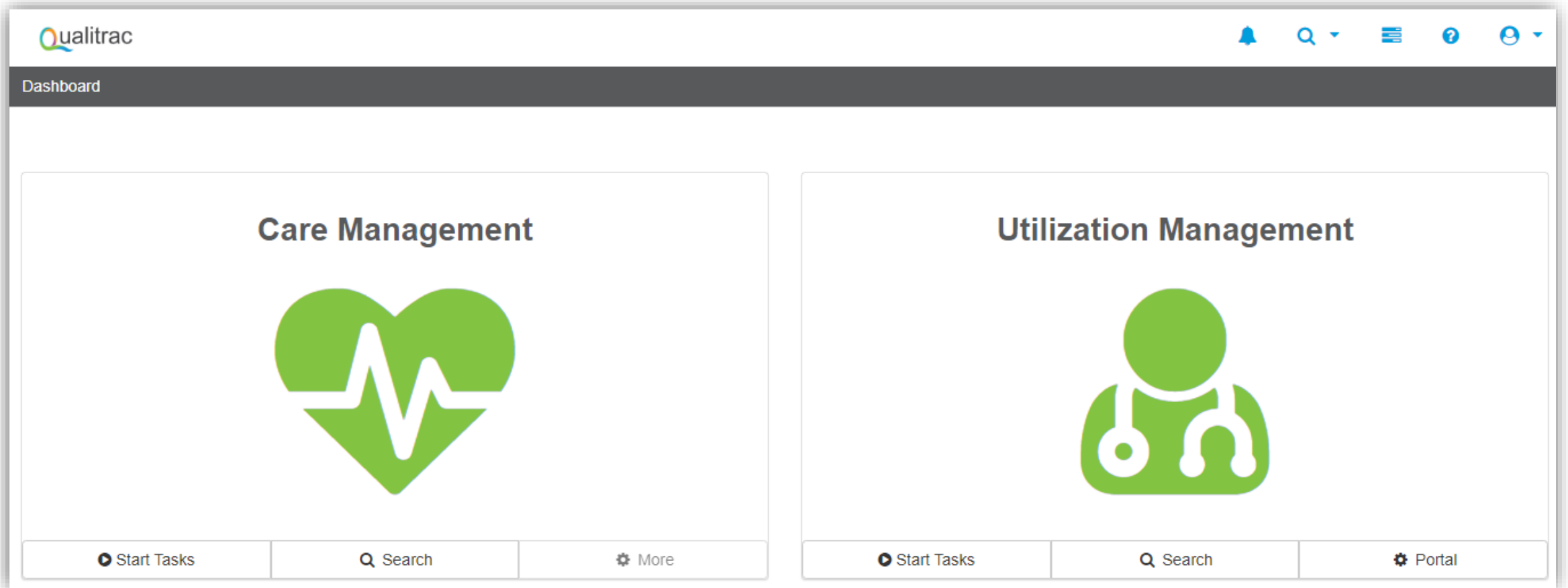


Signing into the Provider Portal



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.

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 button labeled 'Sign in' and a link labeled 'Reset Password'.



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. The right panel is titled "Utilization Management" and features a green icon of a person with a stethoscope. At the bottom of each panel is a row of three buttons: "Start Tasks" (with a play icon), "Search" (with a magnifying glass icon), and "More" (with a gear icon). The "Utilization Management" panel also includes a "Portal" button 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



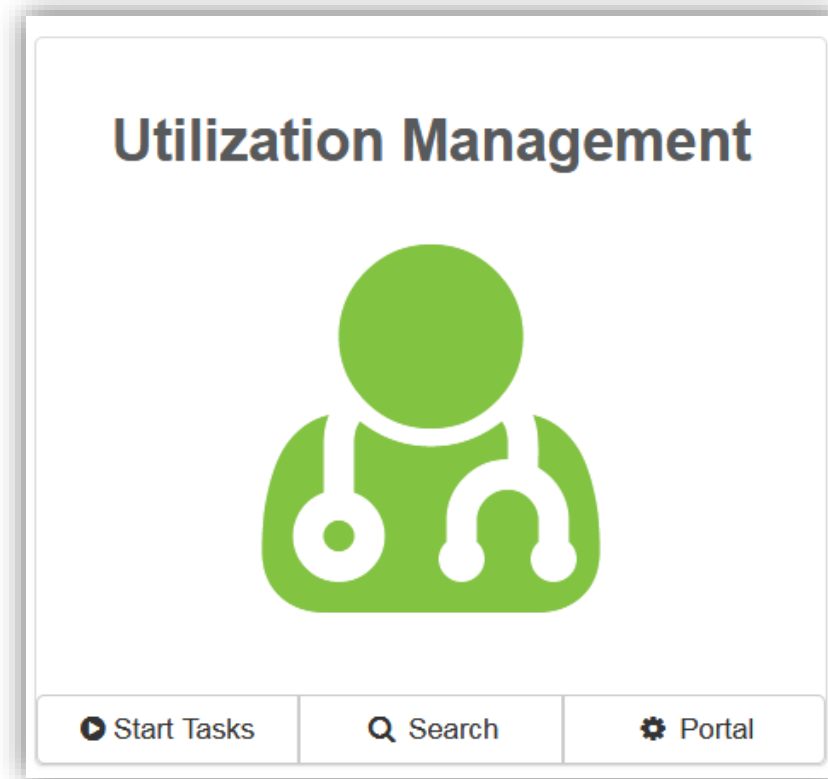
This is utilized to view and manage your profile. If your phone number or email address changes, you can use this section to update the details.



Telligen Provider Portal – Landing Page



- **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.

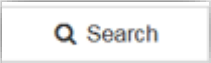



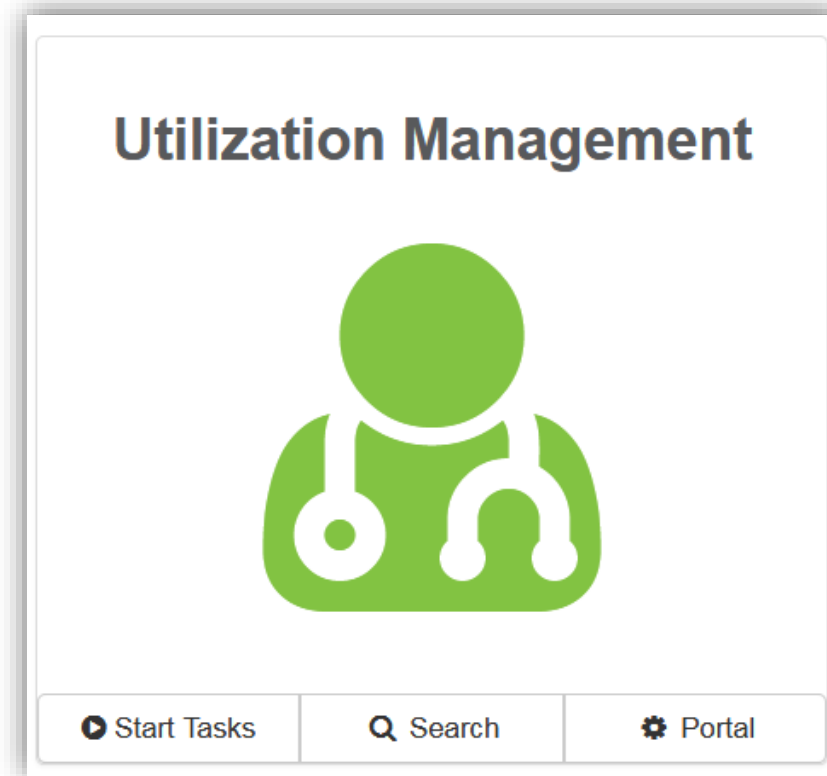
Submitting a Review



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.

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

Telligen Provider Portal – Adding a New Review



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

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

Please search for the member by completing one of the following

Member ID * Date Of Birth * 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

 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  button to start a new request.



Stephanie Wilson [View Member Details](#)

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

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	27058	27070	Inpatient Hospital	Retrospective	JACKSON, ALLEN	BAPTIST MEDICAL CENTER - ATTALA	11/01/2023	11/04/2023		...



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

Date Request Received * 06/14/2022 12:41 pm	Review Type * <input type="text"/>	Place of Service * <input type="text"/>	Type of Service * <input type="text"/>
Timing * <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 appropriate for this include: **Hospice Services**
 - Content will be located under education on the website

A screenshot of a web application's 'Review Type' dropdown menu. The menu is titled 'Review Type *' and currently shows 'Hospice Services' as the selected option. Below the dropdown, a list of service categories is displayed, with 'Hospice Services' highlighted in a dark grey bar. The list includes: 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, and Non-Emergency Outpatient Advanced Imaging.

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

The screenshot shows a web form titled "Authorization Request" with a light green header. The form contains several input fields: "Date Request Received *" with a date picker showing "05/17/2024 10:02 am"; "Review Type *" with a dropdown menu set to "Hospice Services"; "Place of Service *" with a dropdown menu set to "Hospice"; "Type of Service *" with a dropdown menu set to "Hospice"; and "Timing *" with a dropdown menu set to "Concurrent". At the bottom right, there are two buttons: a white "Cancel" button and a green "Add New Request" button.

- **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

Admission and Discharge

Admission Date * Admission Type * Admission Source

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				
Medicare Indicator *		Third Party Liability *		EPSDT Indicator *
<input type="text" value="Yes"/>		<input type="text" value="No"/>		<input type="radio"/> Yes <input checked="" type="radio"/> No
Eligibility Comment *				
<input type="text"/>				

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 *

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:
 - **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 *					Not Supplied			+ Add
Treating Facility *					Not Supplied			+ Add
Ordering 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.

The screenshot shows a web interface for searching providers. At the top left is the title 'Providers *' and a 'Back' button. The form contains several input fields: 'NPI Number', 'Other ID Number', 'Last Name', and 'First Name'. Below these are 'City' and 'Taxonomy' dropdown menus. A tooltip is displayed over the 'Other ID Number' field, stating: 'Other ID can be used to search Medicaid ID, Medicare ID, Customer ID, RX ID or License Number.' At the bottom left, there is a toggle for 'Search using NPES' which is currently set to 'OFF'. A blue 'Search' button is located at the bottom right.





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 features a green header bar with the title and a help icon. Below the header, the user's name 'Wilson, Stephanie, User' is displayed. 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.
- **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							
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

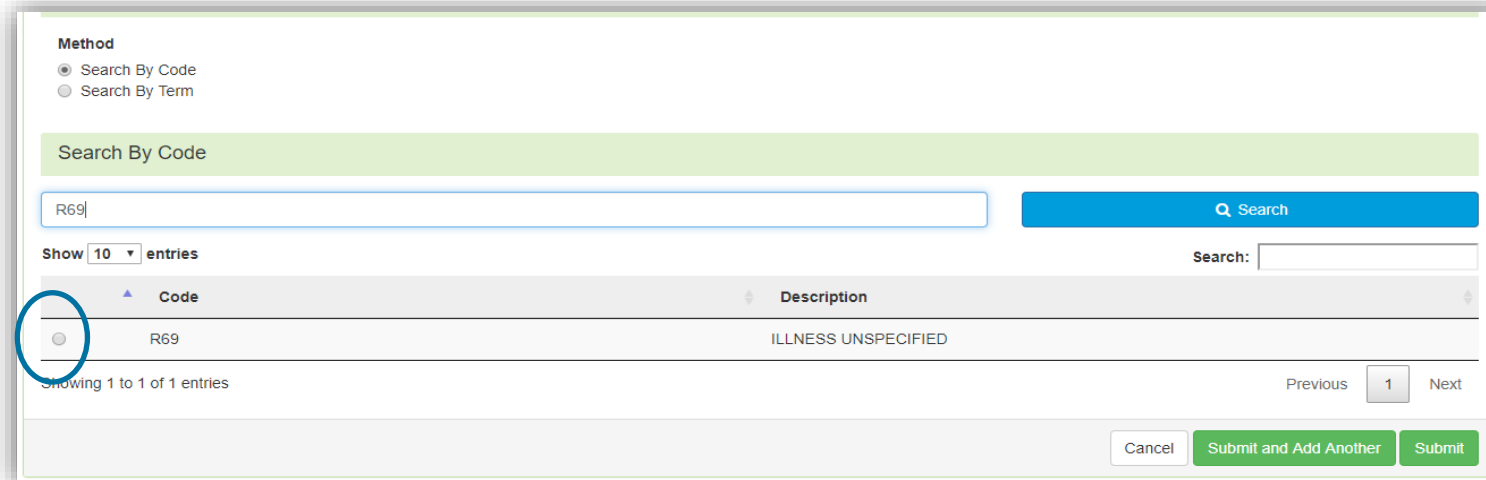
Search By Code

Enter Full ICD Code



Diagnosis Panel: Populating the Diagnosis

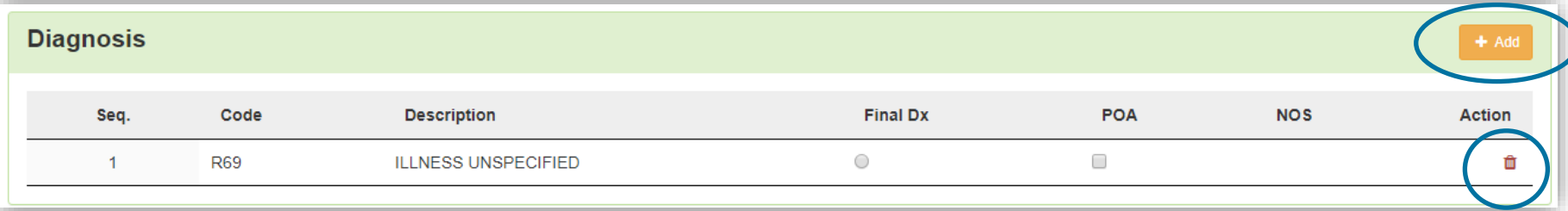
- **Entering a code:**
 - Select method: Code or term to search (radio button to select)
 - Enter information in the search box
 - Click Search
- The system will provide you a list of results you can select from. Select the one that you want added to the review by clicking on the radio button to the 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", and a blue "Search" button is to its right. Below the search bar, there is a "Show 10 entries" dropdown and a "Search:" field. A table with two columns, "Code" and "Description", displays one result: "R69" with the description "ILLNESS UNSPECIFIED". A radio button next to the code "R69" is circled in red. At the bottom of the table, it says "Showing 1 to 1 of 1 entries". Navigation buttons "Previous", "1", and "Next" are visible. At the very bottom of the interface are three buttons: "Cancel", "Submit and Add Another", and "Submit".


Diagnosis Panel cont.

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



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

Procedure(s) Panel

- The **Procedures Panel** is where the procedure code information related to this review is added.
- Click the  button to add a new procedure to the panel.
 - Select Radio button to indicate a code or term search
 - Enter information in the search box
 - Examples: **T2042 for Routine hospice home care**
T2046 for Room and Board

Procedures

+ Add

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

Search

Procedure(s) Panel cont.

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

Search By Term

Section

Category

Sub-Category

Enter Search Term

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

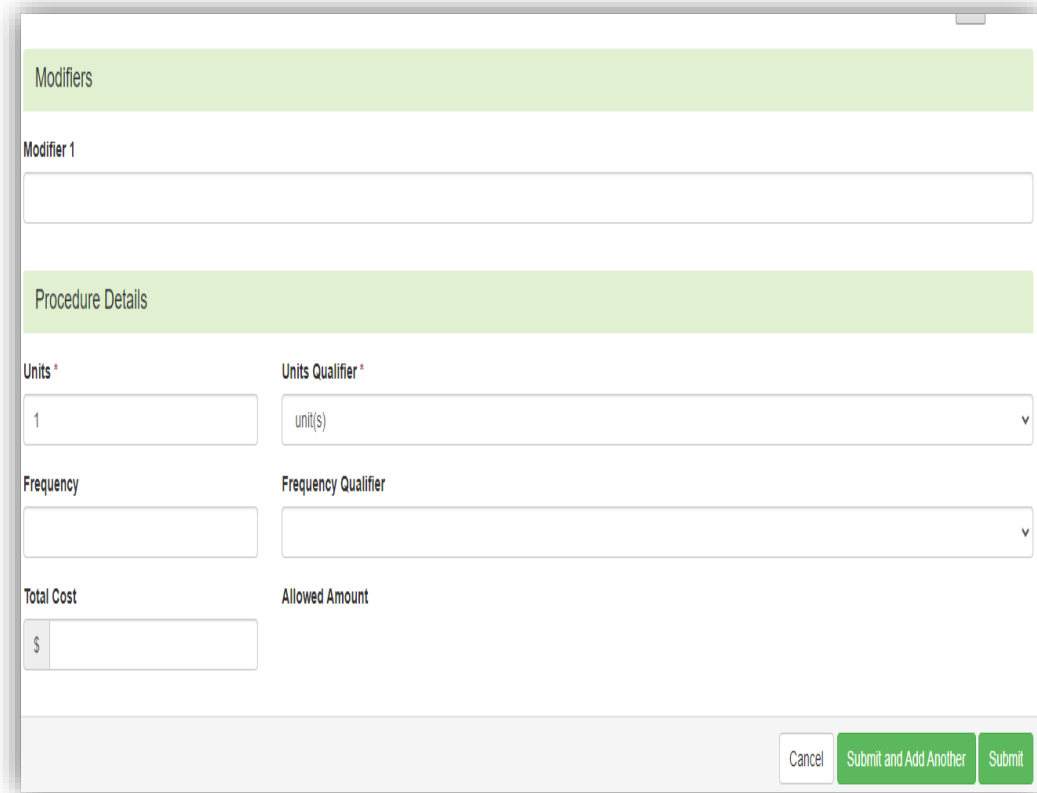
Code	Description
<input type="radio"/> T2042	HOSPICE ROUTINE HOME CARE; PER DIEM

Showing 1 to 1 of 1 entries

Previous Next

Procedure(s) Panel cont.

- Complete Modifiers and procedure details as needed



The screenshot shows a web interface for entering procedure details. It features a 'Modifiers' section with a text input field for 'Modifier 1'. Below this is the 'Procedure Details' section, which includes several input fields: 'Units' (with '1' entered), 'Units Qualifier' (with 'unit(s)' selected), 'Frequency' (empty), 'Frequency Qualifier' (empty), 'Total Cost' (with '\$' and an empty field), and 'Allowed Amount' (empty). At the bottom right, there are three buttons: 'Cancel', 'Submit and Add Another', and 'Submit'.

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

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



Enter as many procedures as needed.

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



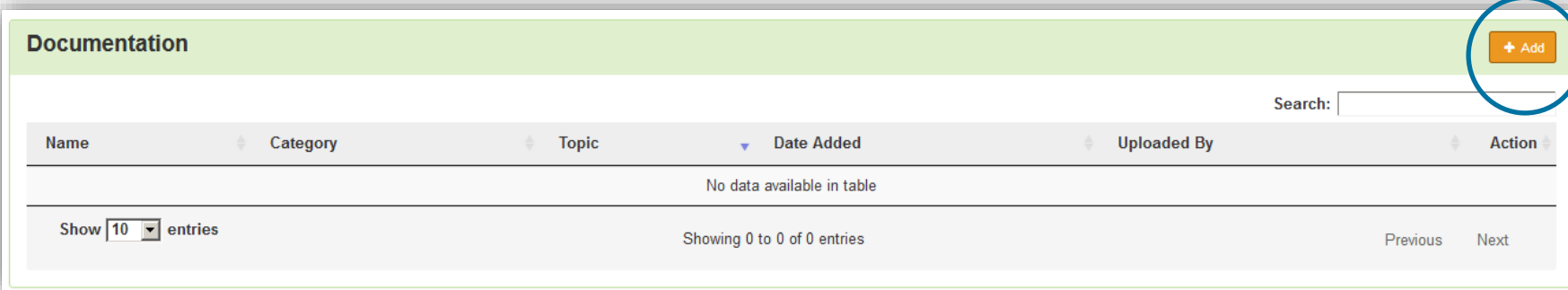
Procedure(s) Panel cont.

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

Procedures + Add											
Seq.	Code	Description	NOS	Modifiers	Tooth Number(s)	Tooth Quadrant(s)	Tooth Surface(s)	Qty.	Frequency	Cost	Action
1	99233	SBSQ HOSPITAL CARE/DAY 35 MINUTES							1 day(s)		 

Documentation Panel

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



Documentation

+ Add

Search:

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


Show entries

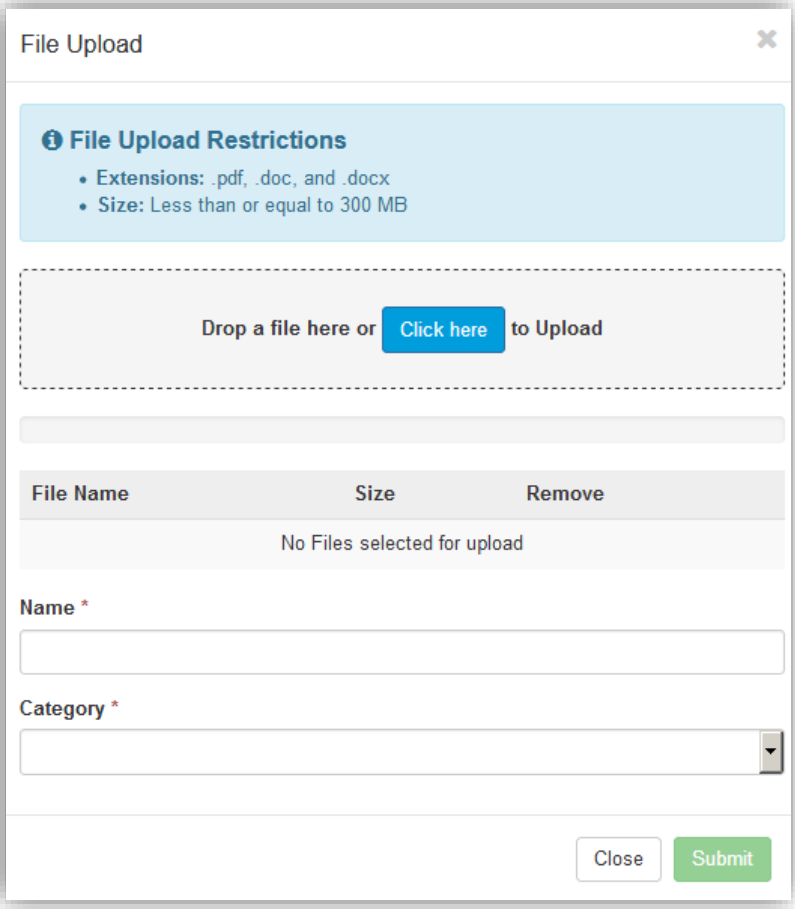
Showing 0 to 0 of 0 entries

Previous Next



Documentation Panel cont.

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



The modal window titled "File Upload" contains the following elements:

- File Upload Restrictions:**
 - Extensions: .pdf, .doc, and .docx
 - Size: Less than or equal to 300 MB
- A dashed box containing the text "Drop a file here or [Click here](#) to Upload".
- A table with columns "File Name", "Size", and "Remove". The table body contains the text "No Files selected for upload".
- Form fields for "Name *" and "Category *".
- Buttons for "Close" and "Submit".

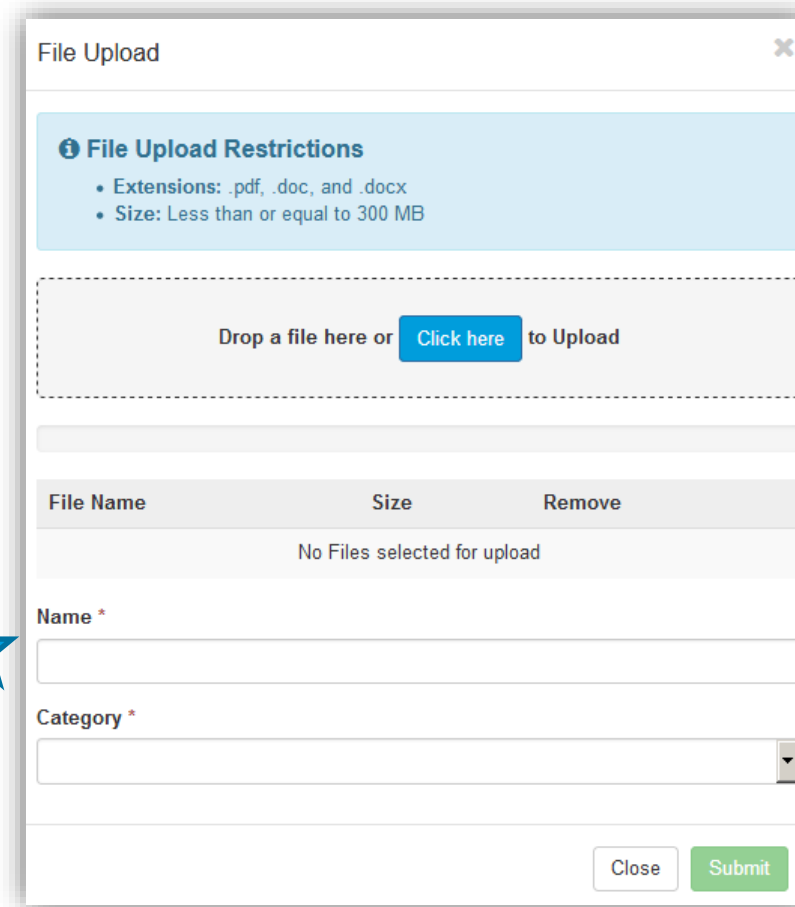


Documentation Panel cont.

- 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.



The screenshot shows a 'File Upload' dialog box with the following elements:

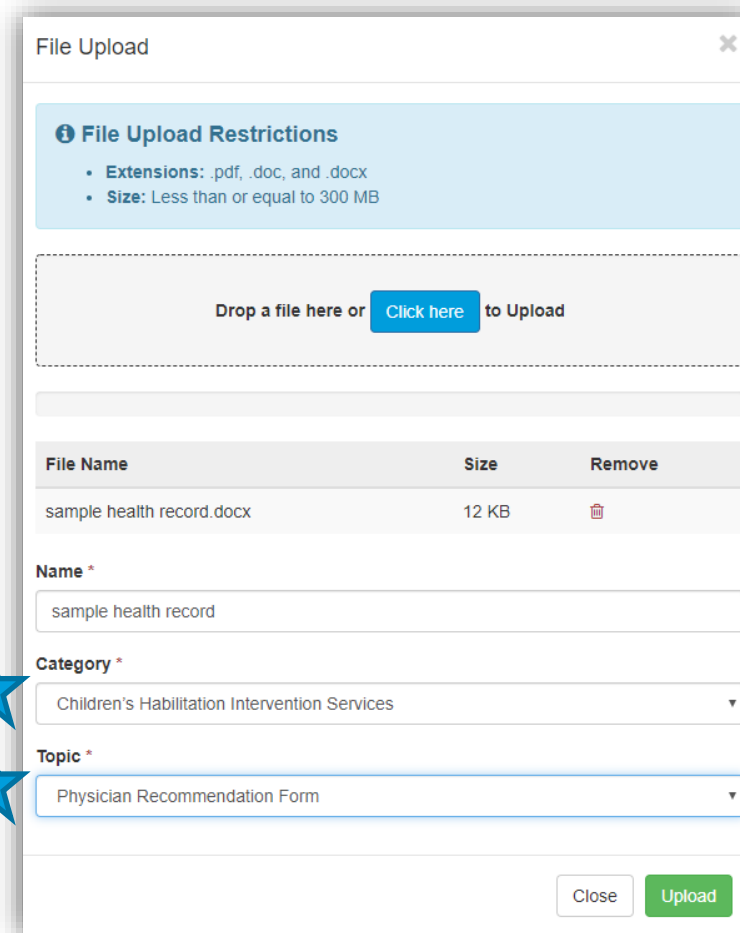
- File Upload Restrictions:**
 - Extensions: .pdf, .doc, and .docx
 - Size: Less than or equal to 300 MB
- Drop area:** A dashed box containing the text 'Drop a file here or [Click here](#) to Upload'.
- Table:** A table with columns 'File Name', 'Size', and 'Remove'. The content area below the table says 'No Files selected for upload'.
- Form fields:** A 'Name *' text input field and a 'Category *' dropdown menu.
- Buttons:** 'Close' and 'Submit' buttons at the bottom right.

A blue star icon is positioned to the left of the 'Name *' input field.



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



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.



Physician Certification/Recertification of Terminal Illness
 Certification of the terminal illness must be completed by the Hospice Medical Director or the Hospice Interdisciplinary Group (IDG) Physician, and the Attending Physician, if any, within two (2) calendar days of the initiation of hospice care. 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. Certifications/Recertifications cannot be completed more than fifteen (15) calendar days prior to the start of each benefit period. A nurse practitioner is not allowed to certify or recertify the terminal illness.

Beneficiary Information	
Name:	Date of Birth:
Current Address:	Medicaid ID Number:
Contact Number:	Social Security Number:
Guardian/Legal Representative:	Relationship to Beneficiary:
Beneficiary's Attending Physician, if any:	Nursing Facility, if applicable:
Attending Physician Contact Number:	Nursing Facility Medicaid Provider Number:

Provider Information	
Hospice Provider:	Hospice Medicaid Provider Number:
Address:	Hospice Contact Number:
Hospice Medical Director:	Interdisciplinary Group (IDG) Physician:

Election Period	Face to Face encounter prior to 3 rd and subsequent election periods <i>(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)</i>
<input type="checkbox"/> 1 st 90-day certification from ___/___/___ to ___/___/___	Face-to-Face Encounter performed on ___/___/___ by: _____
<input type="checkbox"/> 2 nd 90-day recertification from ___/___/___ to ___/___/___	<input type="checkbox"/> Certifying physician.
<input type="checkbox"/> 3 rd 60-day recertification from ___/___/___ to ___/___/___	<input type="checkbox"/> Practitioner other than the certifying physician: I attest that I performed a face-to-face encounter with the beneficiary and that the clinical findings of the face-to-face encounter were provided to the certifying physician for use in determining continued clinical eligibility for hospice care.
<input type="checkbox"/> 4 th 60-day recertification from ___/___/___ to ___/___/___	Printed Name/Title: _____
If in another Election Period, please indicate:	Signature: _____ Date: _____
<input type="checkbox"/> ___ 60-day recertification from ___/___/___ to ___/___/___	

Physician Certification/Recertifications Statement of Terminal Illness

Terminal illness diagnosis(es) and related conditions ICD-10 codes: _____

Clinical explanation supporting terminal illness with six (6) month or less prognosis including guidelines from local coverage determinations, as applicable, for each certification/recertification period: Is narrative continued on attachment? Yes No

I confirm that I composed this narrative based on my review of the beneficiary's medical record and/or examination and certify that the above named beneficiary is terminally ill with a life expectancy of six (6) months or less if the terminal illness runs its normal course. This certification of terminal illness is based on my clinical judgment regarding the normal course of the beneficiary's illness. I understand that intentional certification of beneficiaries as terminally ill for chronic debilitating diagnoses with documentation that fails to support the terminal illness will result in referral to the Medicaid Fraud Control Unit.

Physician (printed name) _____ Signature _____ Date/Time _____
 Please indicate: Hospice Medical Director Hospice IDG Physician

Attending Physician (printed name) _____ Signature _____ Date/Time _____
(Attending physician signature required for the initial certification when the beneficiary has an attending physician)

Exclusion Statement
 I certify that the beneficiary identified above does not have an attending physician separate from the hospice medical director or IDG physician.
 Physician signature: _____ Date: _____

Verbal Verification (within two (2) days of election date)

I attest on the date signed that a verbal verification was obtained from Dr. _____ certifying that the beneficiary's prognosis is for a life expectancy of six (6) months or less if the terminal illness runs its normal course.
 Name (print) _____ Signature _____ Date/Time _____

Revised eff: 04/01/2022 DOM 1165 C

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



Criteria



- **The criteria being used is NOT 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

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. *There will not be guidelines for Hospice reviews.*
- Once all applicable data has been entered, click the **submit** button to finish the documentation.

A screenshot of the Qualitrac local web application. The breadcrumb trail at the top reads: Dashboard / Task Queue / Member Hub / Clinical Guidelines / InterQual. The user is identified as Robert Paulson - 122333 - 01/01/2001. The main content area displays the message: "No InterQual Guidelines found for 50205: RENAL BIOPSY OPEN". Below this message is a checkbox labeled "No Guidelines Applicable *". A large blue arrow points to this checkbox. Underneath the checkbox is a "Comment *" label and a large, empty text input box. At the bottom right of the input box is a green "Submit" button. The footer contains the copyright notice: "© Copyright 2023 Telligen. All Rights Reserved."/>

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 *

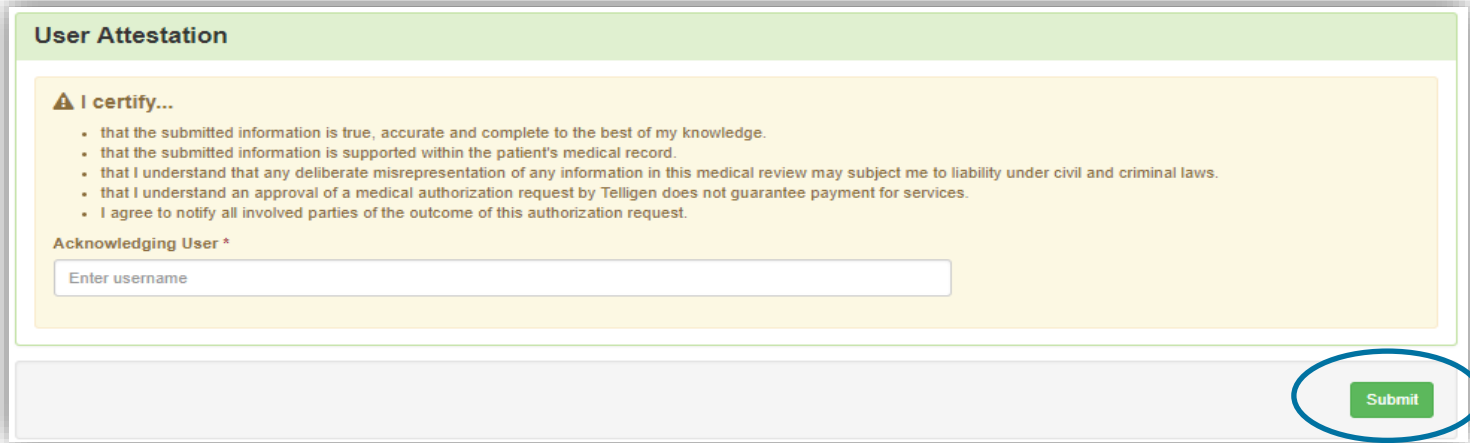
Comment *

Submit

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Attestation

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



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

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

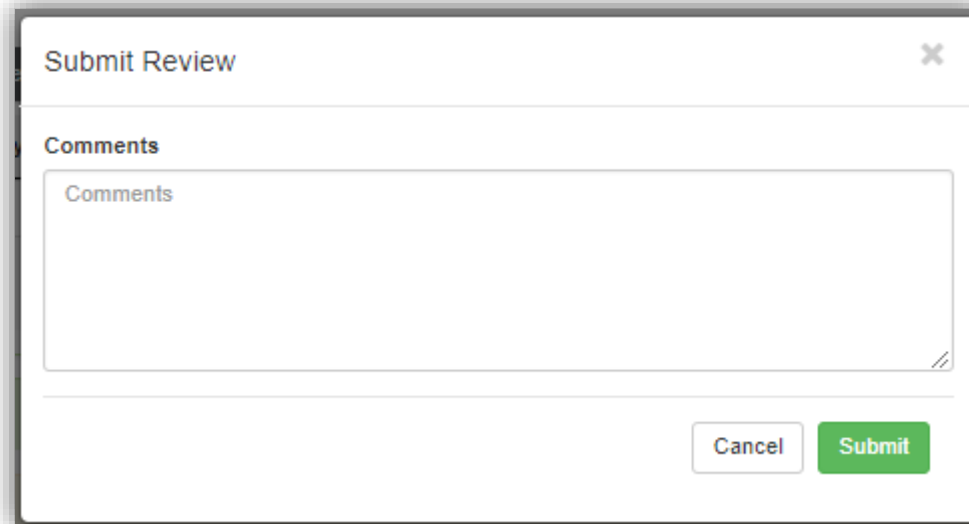
❗ Error saving your Request

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.**

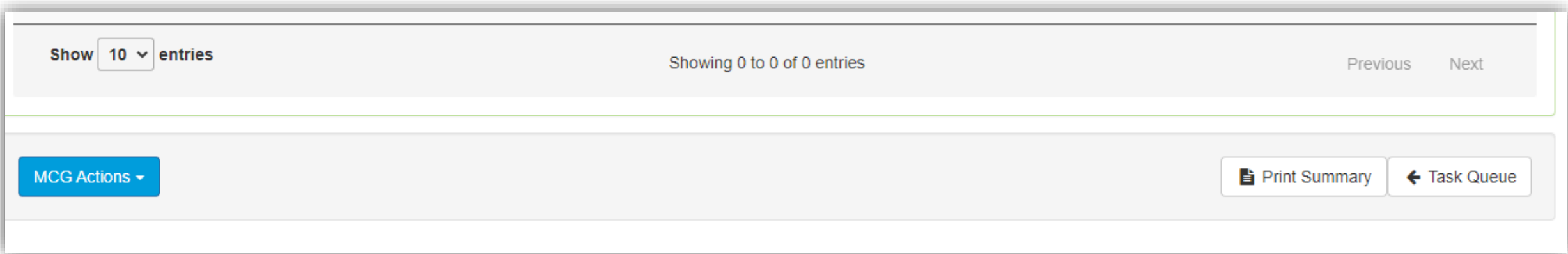


The image shows a screenshot of a web application modal titled "Submit Review". The modal has a close button (an 'x' icon) in the top right corner. Below the title, there is a section labeled "Comments" which contains a large text input area. The text "Comments" is visible inside the input area, serving as a placeholder. At the bottom 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 **Actions** button
- To navigate off of the request, scroll to the bottom of the page and select **← Task Queue**
 - This will return the user to the tasks page where you can begin a new search and submit other reviews.



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



Where Did My Review Go?



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

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, Twitter, chat, notifications, a microphone, a refresh button, 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 and a "Scheduled Tasks" button with a calendar icon. The right section is a member profile card for "Stephanie Wilson" with 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 (1st Level Appeal), and other options.

Hospice Services (32559) Treating Physician: MCINTOSH, LEAH Treating Facility: COMMUNITY HOSPICE, LLC [Case Creation](#)

Show entries Search:

Module	Timing	Status	Date Request Received	Case Completed	Outcome	Action
Medical Necessity	Concurrent	Request Has Been Submitted	05/17/2024 12:18 pm			⋮ View Request Delete Continued Stay Review

Showing 1 to 1 of 1 entries



Request for Information (RFI)



A Note about Timelines



Telligen Timelines

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

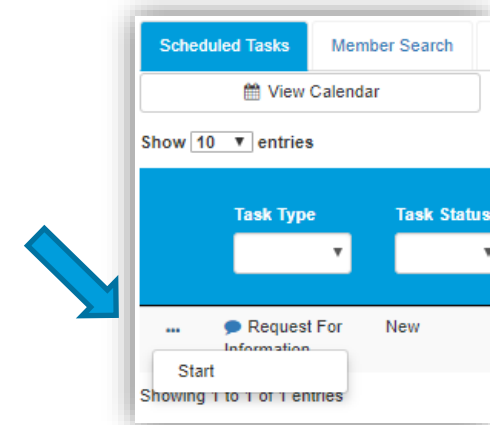
Provider Timelines

- 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.

The screenshot shows a web interface for managing correspondence. At the top, there is a green header bar with the title 'Correspondence' and an orange '+ Add' button. Below the header 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' and icons for document, download, and delete. The 'Addressee' column contains details for 'Treating Facility' and 'Ordering Provider'. The 'Date Sent' column shows the date and time '06/16/2022 10:57:18'. 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
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 entries Showing 1 to 2 of 2 entries Previous Next

Request for Information



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

The screenshot shows a web interface for a 'Documentation' panel. At the top left is the title 'Documentation' and at the top right is an orange '+ Add' button. Below the title is a search bar labeled 'Search:'. A table with columns 'Name', 'Category', 'Topic', 'Date Added', 'Uploaded By', and 'Action' contains one entry: 'Commit to a Goal', 'Clinical', 'Medical & Treatment History', '02/17/2019', 'swilsonMD', and a trash icon. At the bottom left, it says 'Show 10 entries' and at the bottom center, 'Showing 1 to 1 of 1 entries'. At the bottom right, there are 'Previous', '1', and 'Next' navigation buttons.

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

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, and a user profile icon. Below the navigation bar, the breadcrumb trail reads 'Dashboard / Task Queue'. Three blue star-shaped callouts with numbers 1, 2, and 3 are positioned above the breadcrumb trail. Below the breadcrumb trail, there are four tabs: 'Scheduled Tasks', 'Member Search', 'Cases', and 'Case/Request/Claim Search'. The 'Case/Request/Claim Search' tab is selected and highlighted in blue. Below the tabs, there is a search form with three main sections: 'Client' (a dropdown menu), 'Method' (radio buttons for 'Search By Case ID', 'Search By Authorization ID', 'Search By Claim Number', and 'Search By Request ID'), and 'Case ID' (a text input field). A blue 'Search' button is located to the right of the 'Case ID' field.

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.

A screenshot of a software interface for Utilization Management. The top header is light green and contains a person icon, the text 'Utilization Management', and two orange buttons: 'View Requests' and '+ Add'. Below the header is a yellow section with the text 'Hiding canceled requests.' and a 'Show' button. The bottom section is dark gray and contains the text 'Hospice Services (32569)', 'Treating Physician: MCINTOSH, LEAH', 'Treating Facility: COMMUNITY HOSPICE, LLC', and a green 'Case Creation' button.

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



Utilization Management

View Requests

+ Add

Showing canceled requests.

Hospice Services (3896542)

Treating Physician: MCINTOSH, LEAH

Treating Facility: COMMUNITY HOSPICE, LLC

Discharge Information Required

Show entries

Search:

Module	Timing	Status	Date Request Received	Case Completed	Outcome	Action
Medical Necessity	Prospective	Request Is Complete	05/16/2024 01:16 pm		Approved	...

Showing 1 to 1 of 1 entries

Previous Next



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	Approved
Authorization Number	Q0000033751
Start Date	05/15/2024
Discharge Date	05/15/2025
Modifier 1	
Modifier 2	
Modifier 3	
Modifier 4	
Units	365 day(s)
Frequency	
Total Cost	
	Approved 365 day(s)
	Non-Covered 0
	Frequency
	Total Cost
	Manual Pricing: No
	Savings
	Transmit To Client Yes
	<div style="background-color: black; height: 20px; width: 100%;"></div>



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



Submitting a Reconsideration (1st Level Appeal)



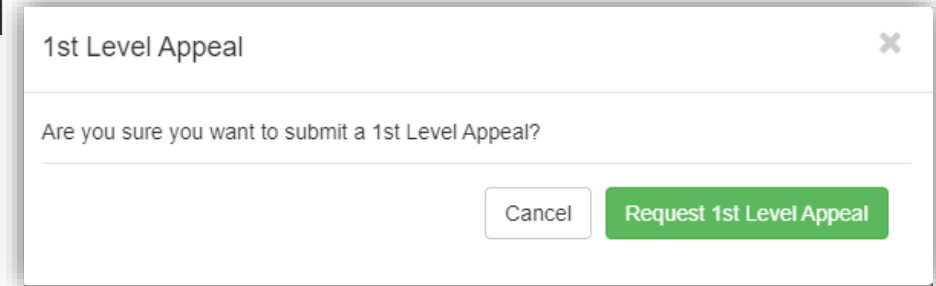
- To submit a reconsideration for a denied review:
 - Go to the **UM panel** in the member hub
 - Click on the blue ellipsis within the denied case to open the action menu
 - Once there, select **1st Level Appeal** from the menu.

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

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

Reconsideration (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

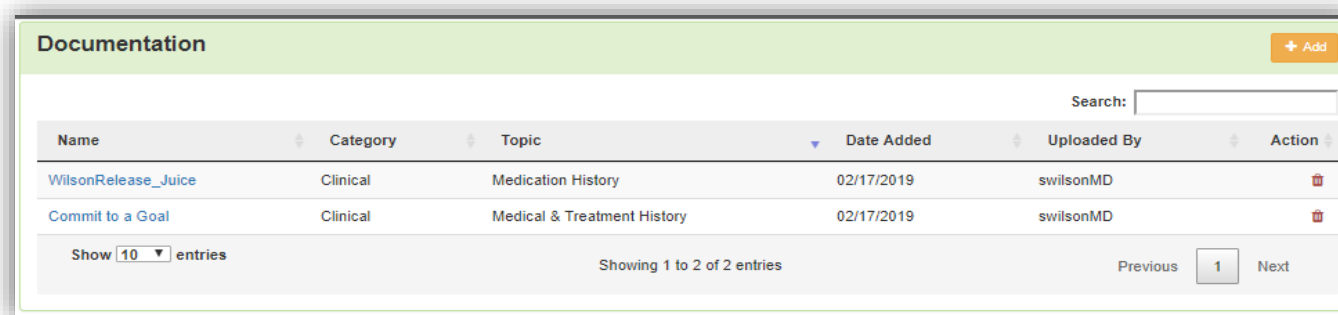


1st Level Appeal

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 *

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



Show 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.

The screenshot shows the Utilization Management interface. At the top, there is a header "Utilization Management" with "View Cases" and "+ Add" buttons. Below the header, there is a section for "Hiding canceled cases" with a "Show" button. The main area displays a table of cases with columns: Status, Case ID, Request ID, Review Type, Timing, Treating Prov./Phys., Treating Facility, Req. Start, Req. End, Outcome, and Action. Two cases are listed, both with a status of "Request Is Complete". The second case, with Request ID 28977, has an outcome of "Denied". An action menu is open for this case, showing options: "View Request", "Continued Stay Review", "Request P2P" (highlighted with a blue arrow), "1st Level Appeal", and "Cancel".

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	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.



Task Type	Task Category	Task Status	Client	Last Name	First Name	Solution / Module	Review Type	Assignee
<input type="text" value="v"/>	<input type="text" value="v"/>	<input type="text" value="v"/>	<input type="text" value="v"/>	Last Name	First Name	<input type="text" value="v"/>	Review Type	Assignee
⋮	Discharge Status	In Progress	Mississippi	WILLIAMS	QUEANTRAYIS	Medical Necessity	Inpatient Hospital	ProviderUser



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.

The screenshot displays a web interface for an Authorization Request. It is divided into several sections: Authorization Request, Discharge Info, Diagnosis, and Documentation. The Authorization Request section contains a table with details such as Case Id, Request ID, Review Outcome, Date Request Received, Review Type, and Place of Service. The Discharge Info section includes dropdown menus for 'Is the Patient still in the Hospital?', a date field for 'Actual Discharge Date', and a dropdown for 'Discharge Disposition'. The Diagnosis section features a table with columns for Seq., Code, Description, Final Dx, POA, NOS, and Action. The Documentation section includes a search bar, a table with columns for Name, Category, Topic, Date Added, and Uploaded By, and a 'Close Case' button at the bottom right.

Case Id	Request ID	Review Outcome	Date Request Received	Review Type	Place of Service
27816	27828	Approved	01/23/2024 01:11 pm	Hospice Services	Hospice

Is the Patient still in the Hospital? *
No

Actual Discharge Date *
MM/DD/YYYY

Discharge Disposition *

Seq.	Code	Description	Final Dx	POA	NOS	Action
1	R51	HEADACHE	<input type="radio"/>	<input type="checkbox"/>		<input type="button" value="Edit"/>

Documentation

Show 10 entries

Name	Category	Topic	Date Added	Uploaded By	Action
Medical Record	Clinical	Medical & Treatment History	01/23/2024	ProviderUser	<input type="button" value="Edit"/>

Showing 1 to 1 of 1 entries

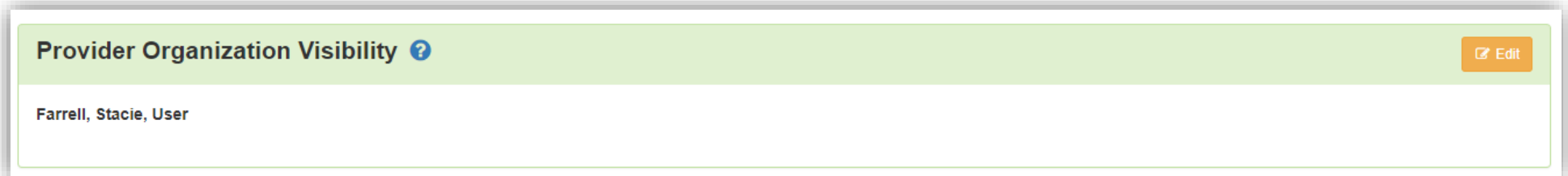
Previous 1 Next

Close Case

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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