Telligen®

Mississippi Medicaid:

Telligen Provider Portal Training – Private Duty Nursing (PDN)

June 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

Program Manager
AJae Devine

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

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

MISSISSIPPI DIVISION OF MEDICAID

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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

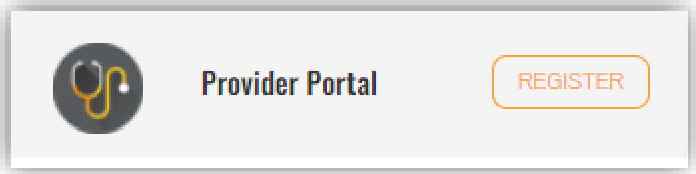
- The Provider Portal is a web-based application that allows health care providers to submit authorization requests of services
- The Provider Portal utilizes a delegated security model.
  - A delegated security model requires an organizational executive (Provider Executive) to "delegate" administrative 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

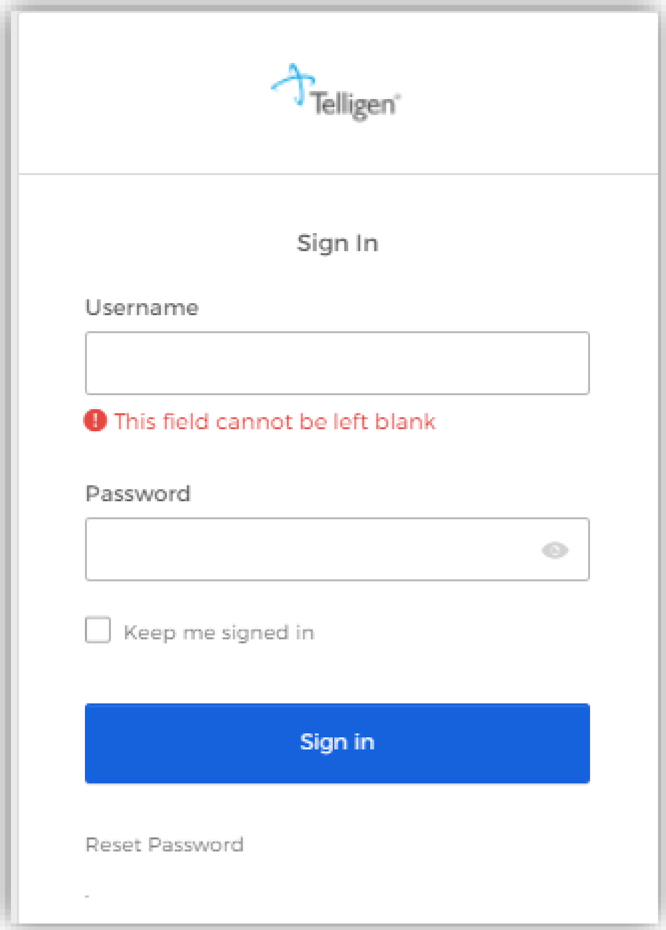
- Each user will be assigned a unique username for the portal.
- Please go https://msmedicaid.telligen.com and use the sign-in link

Signing into the Provider Portal

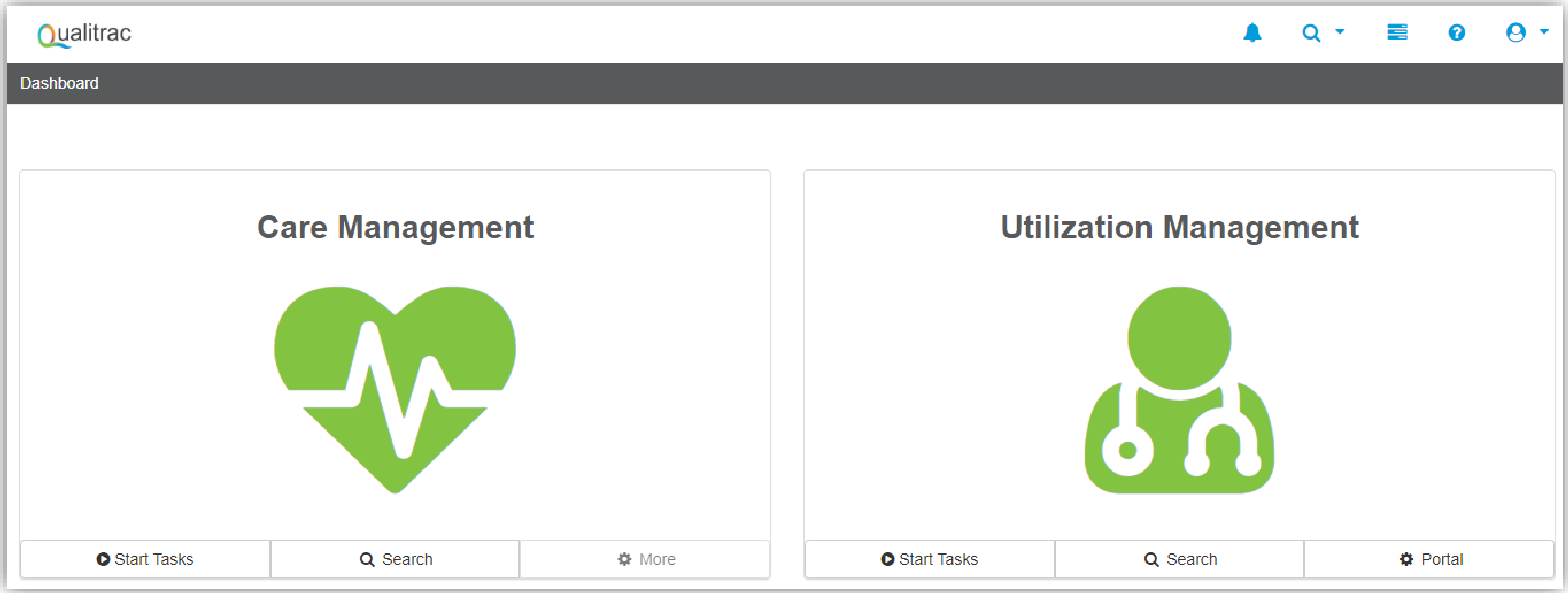
1. **Enter Username:** Use the username that you were sent in the set-up email.

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.



Portal


Qualitrac
Dashboard
Care Management
Start Tasks
Search
More
Utilization Management
Start Tasks
Search
Portal

Provider Portal: Landing Page

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

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

The bell icon notifies the user of notifications and system messages

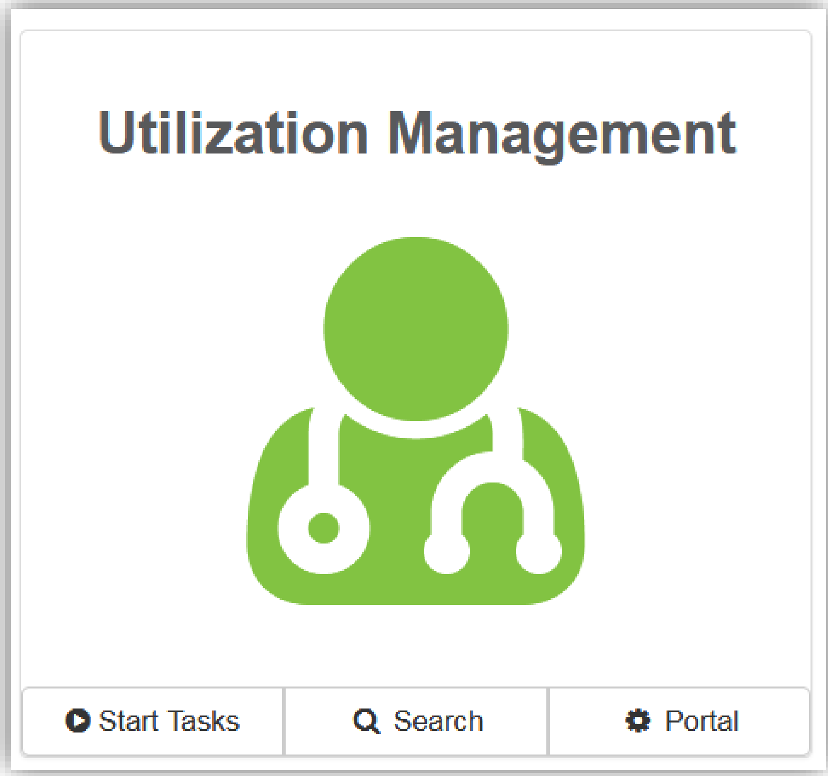
The “magnifying glass” icon will open search options for you to search for a specific case or a specific member to view the details.

This icon allows for quick access to the users Task List

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

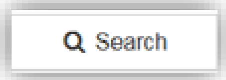
Telligen Provider Portal – Landing Page

- **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.

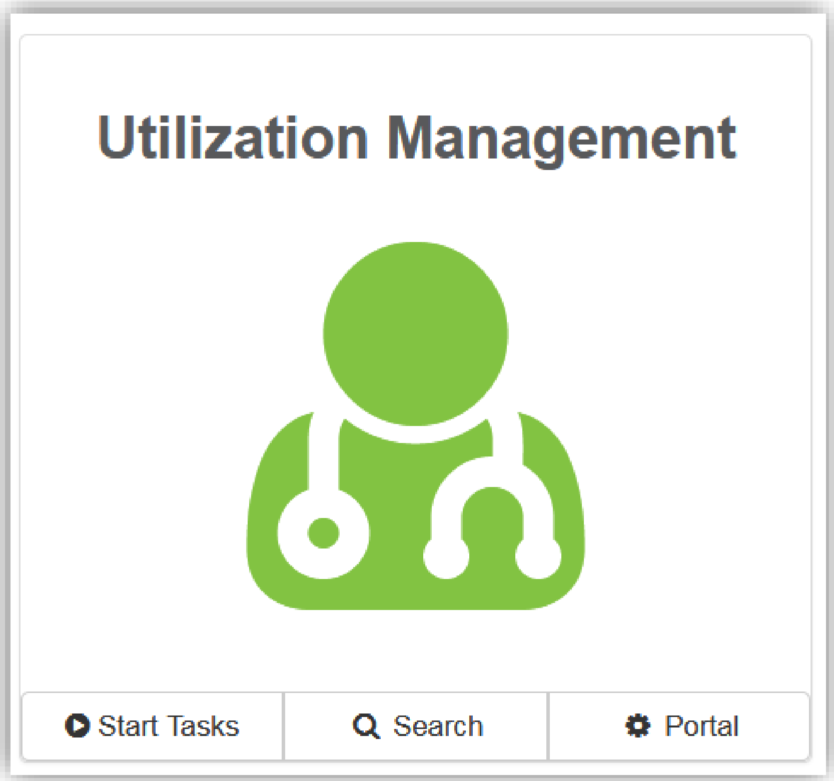


Submitting a Review

Telligen Provider Portal – Adding a New Review

Click on the 

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.

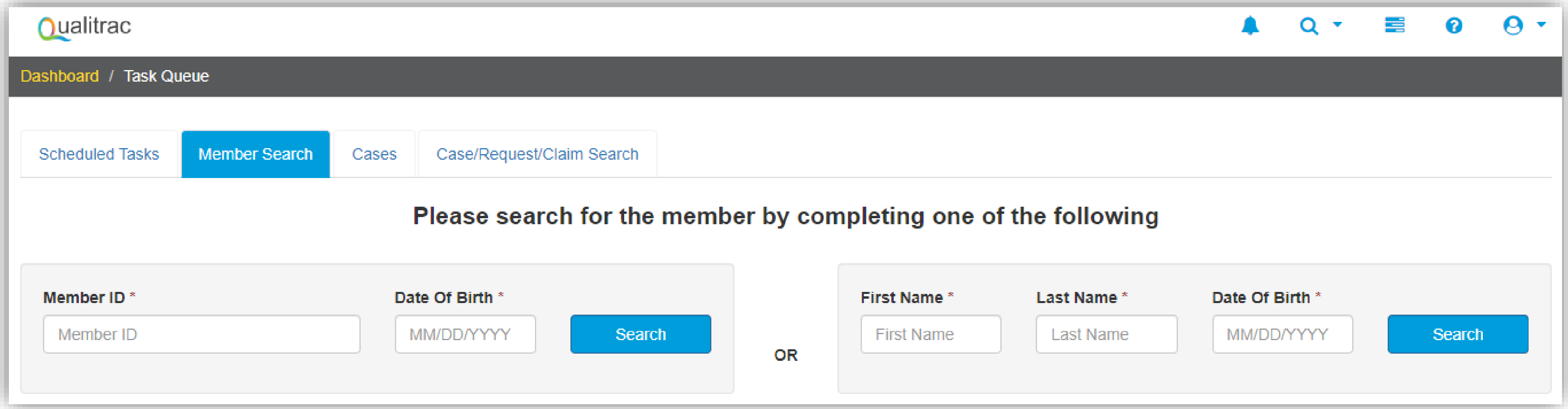


Telligen Provider Portal – Adding a New Review

How To Locate a Member:

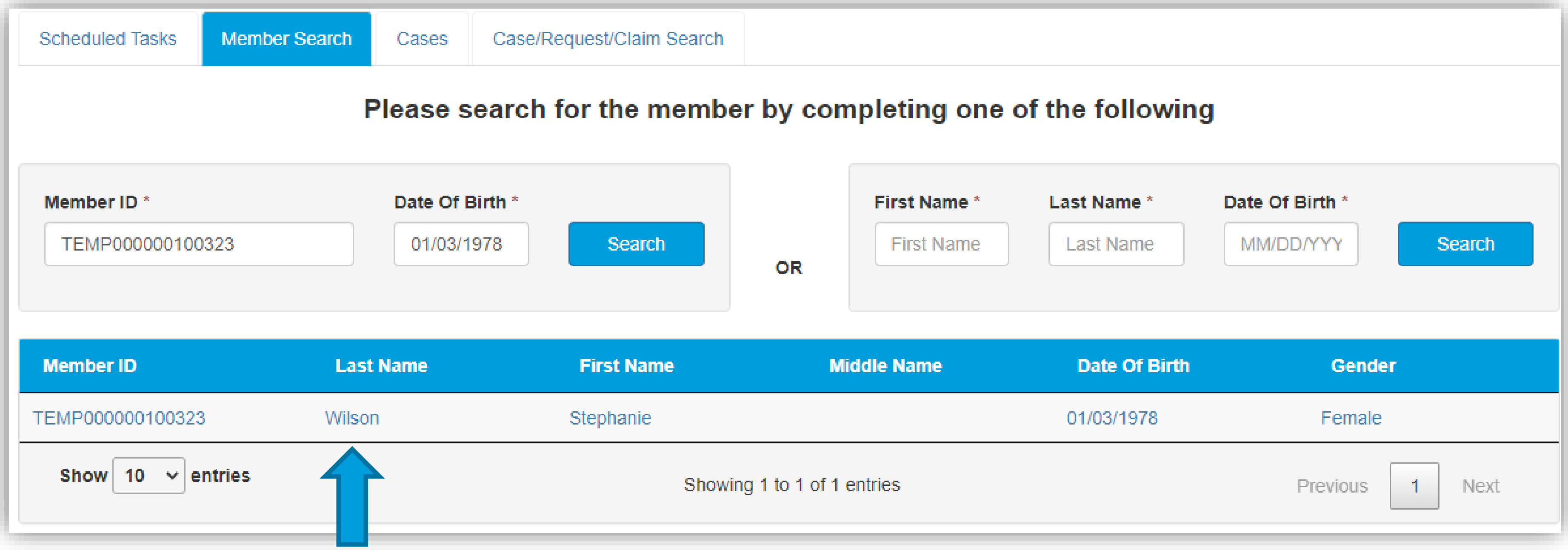
- Enter the Member's ID and Date of Birth
- Enter the member's First Name, Last Name and Date of Birth

- 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.



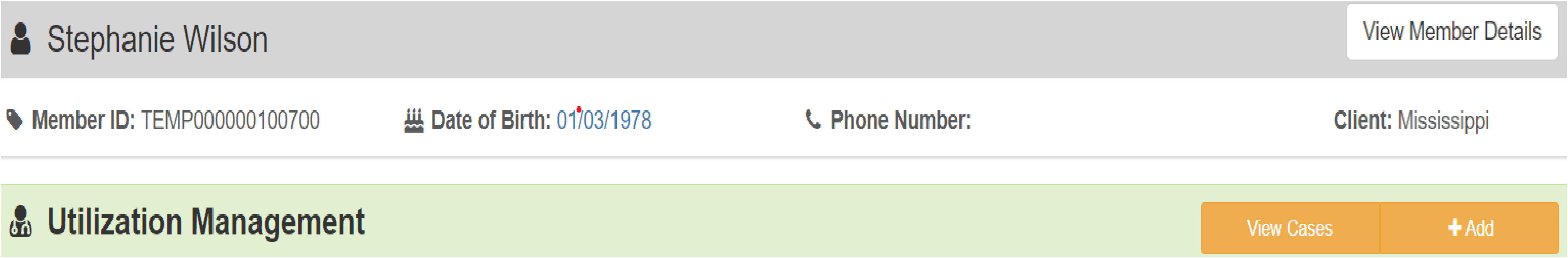
Telligen Provider Portal – Adding a New Review

- 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

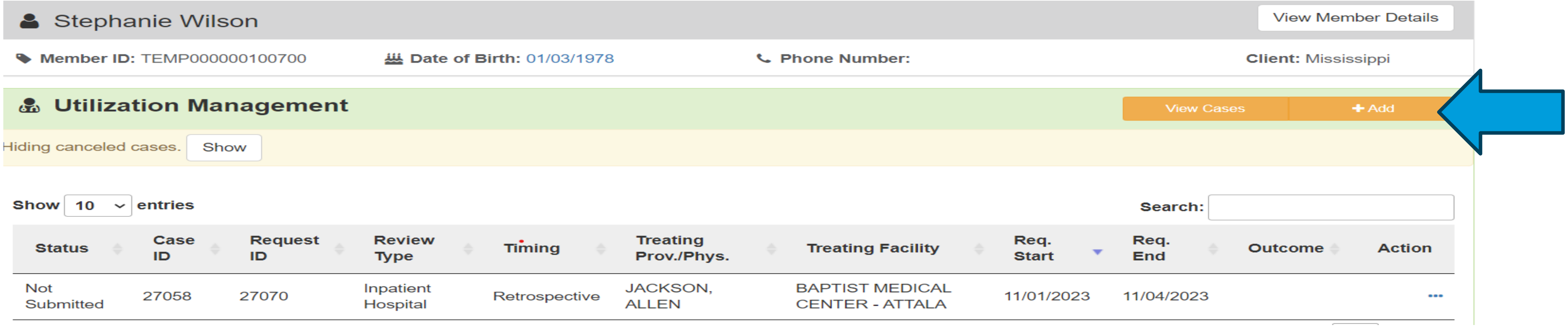
- **The Member Hub:**
  - The Telligen Provider Portal allows you to view information related to this member based on rights of your role.
  - You will be able to see their contact information
  - You will be able to see any reviews that have been submitted for them on behalf of your organization.



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:

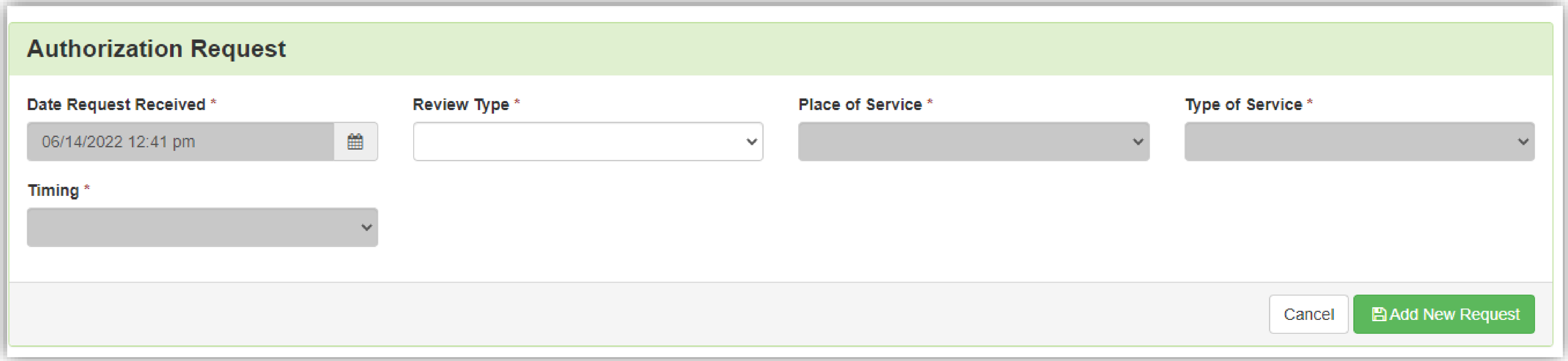
- **Authorization Request**
- **Dates of Service**
- **Coverage**
- **Providers**
- **Provider Organization Visibility**
- **Diagnosis**
- **Procedures**
- **Documentation**

We will review each of these sections

Telligen Provider Portal – Add New Request

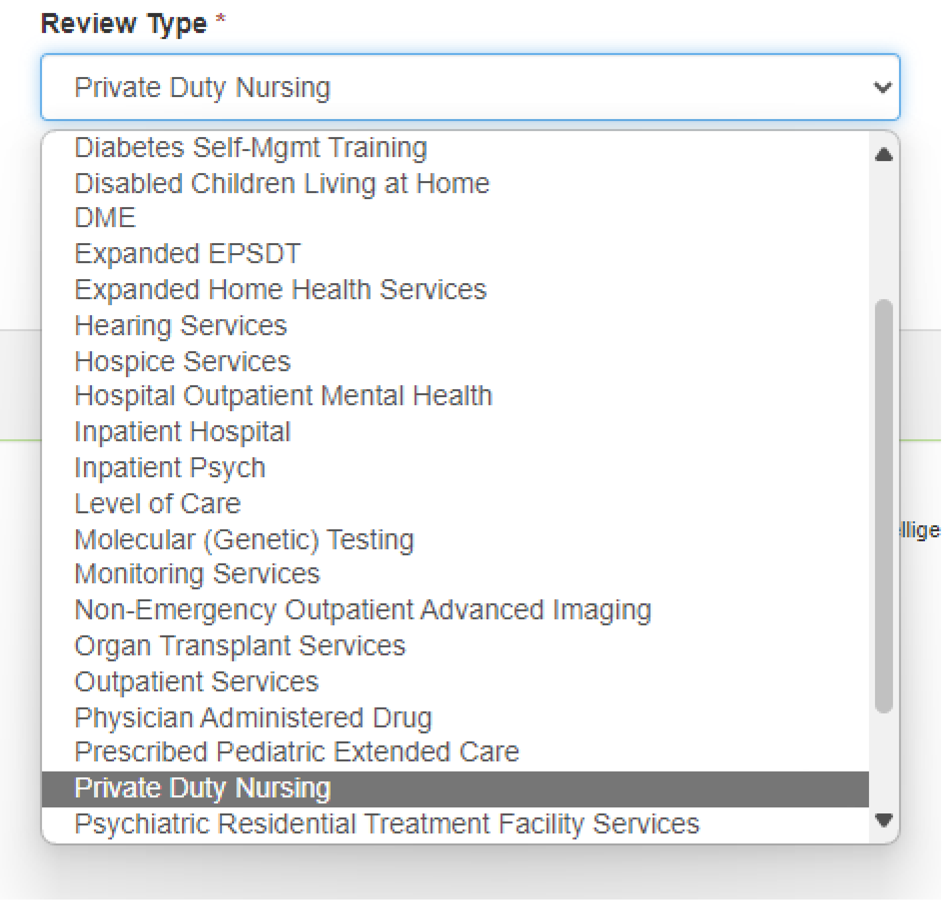
To begin a new request, fill in the **Authorization Request** panel.

- Date will prepopulate with the current date



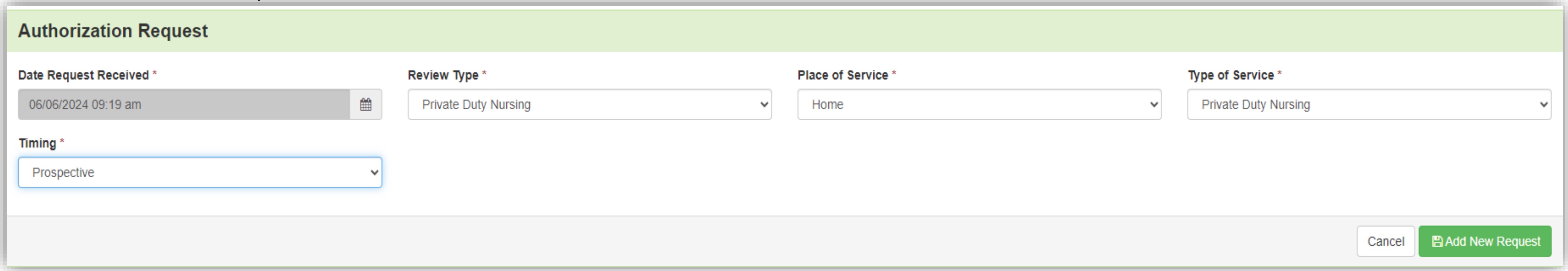
Authorization Request Panel- Review Type

- Enter the **Review Type**: This is where you will select the type of review you are requesting.
  - The review appropriate for this is **Private Duty Nursing**



Authorization Request Panel cont.

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



Timings

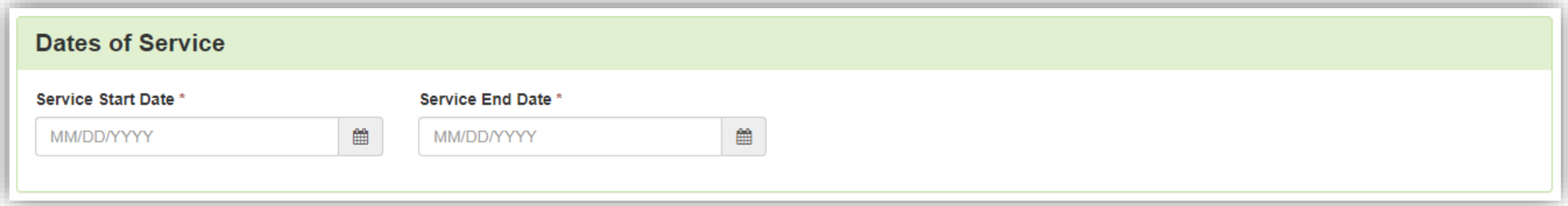
- **Prospective** – This is a review timing that is submitted prior to any services starting or before any type of inpatient stay. The requested start date must be in the future.

- **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.

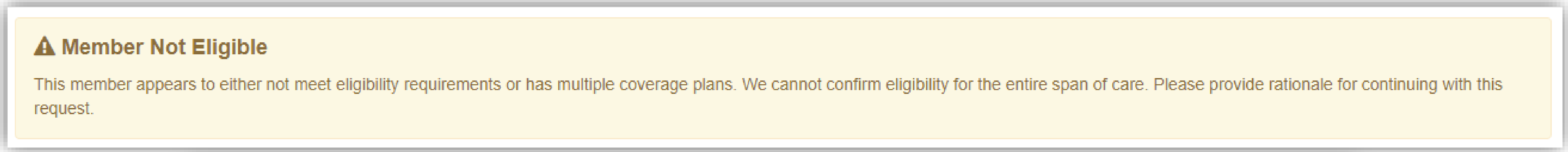
Dates of Service Panel

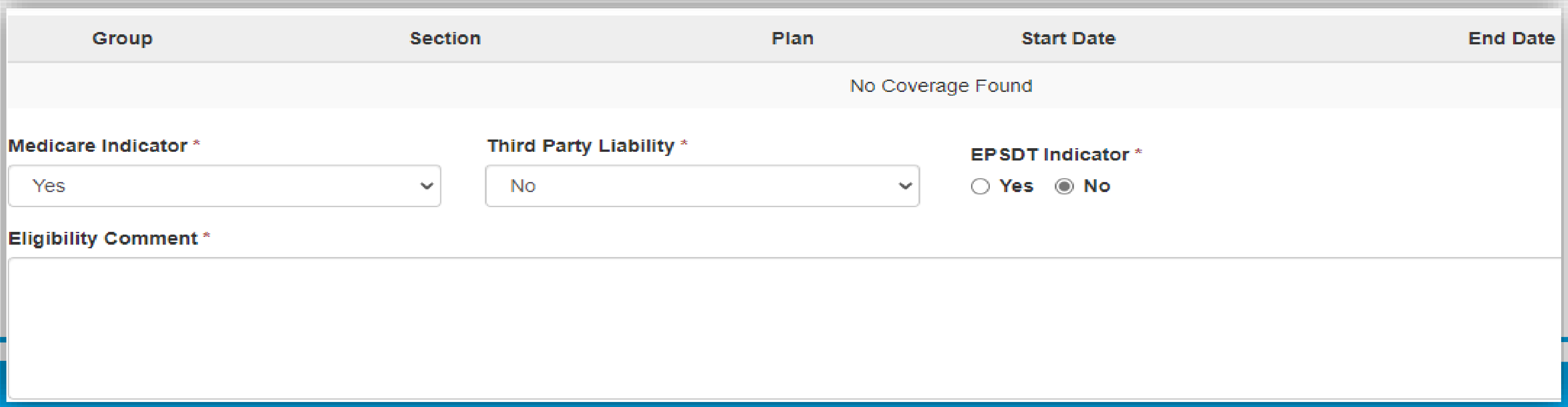
- Once you select Add New Request, the page opens to fill in all the remaining information necessary to process the request.
- **Dates of Service Panel** is used to enter the Service Start Date and the Service End Date



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.





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.

Providers Panel: Physician and Provider Information

- **Providers:** This section requires information related to who is ordering and providing the care:
  - *Ordering Provider*- The person or Organization ordering the care
  - *Treating Provider* – The **organization** providing the care

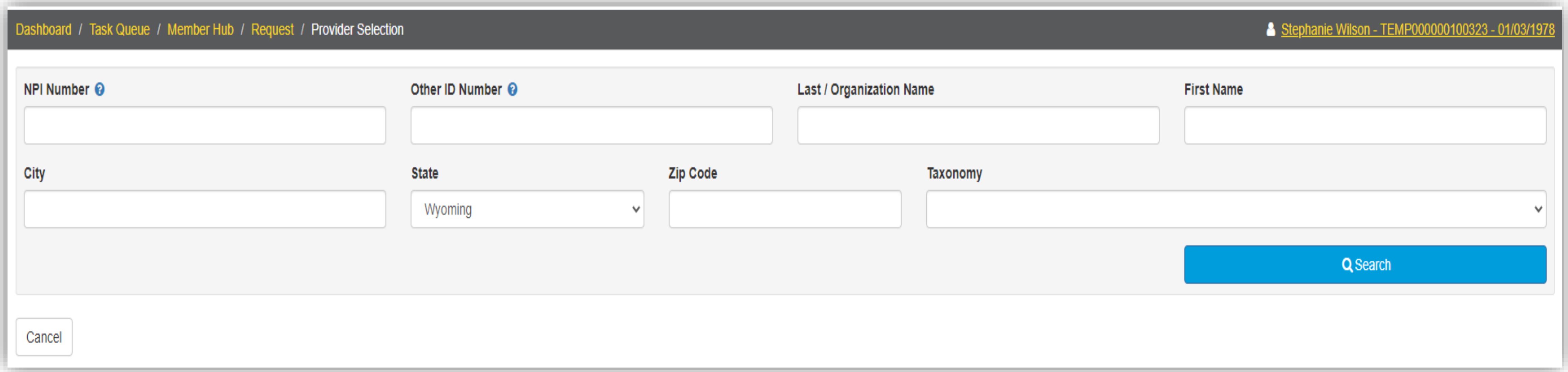
Providers *

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

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

Entering Provider 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 Provider Information

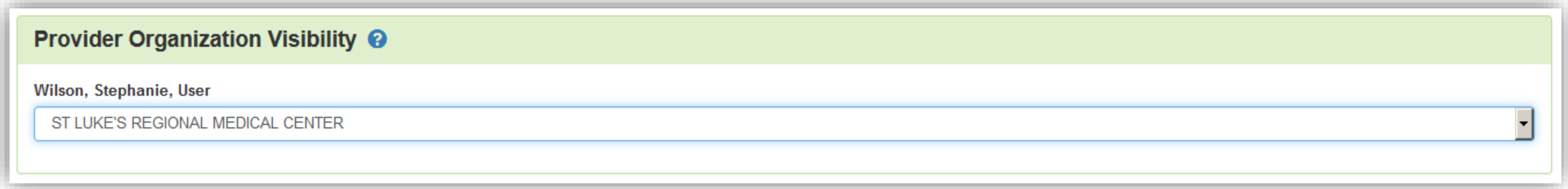
- You will see the treating provider information populated in the corresponding panel.
- You can access the delete button by clicking the 3 dots to the right if selected in error
- You can use the + Add button to search and find a new provider for the one that was deleted.

Providers *

Type	Name	NPI	Address	Phone	Primary Taxonomy	PPO Redirect Reason	Comments	Action
Treating Provider	JACKSON, ALLEN		Clinic #: 1 2351 Highway 1 S Greenville, MS, 38701					...

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



Diagnosis Panel

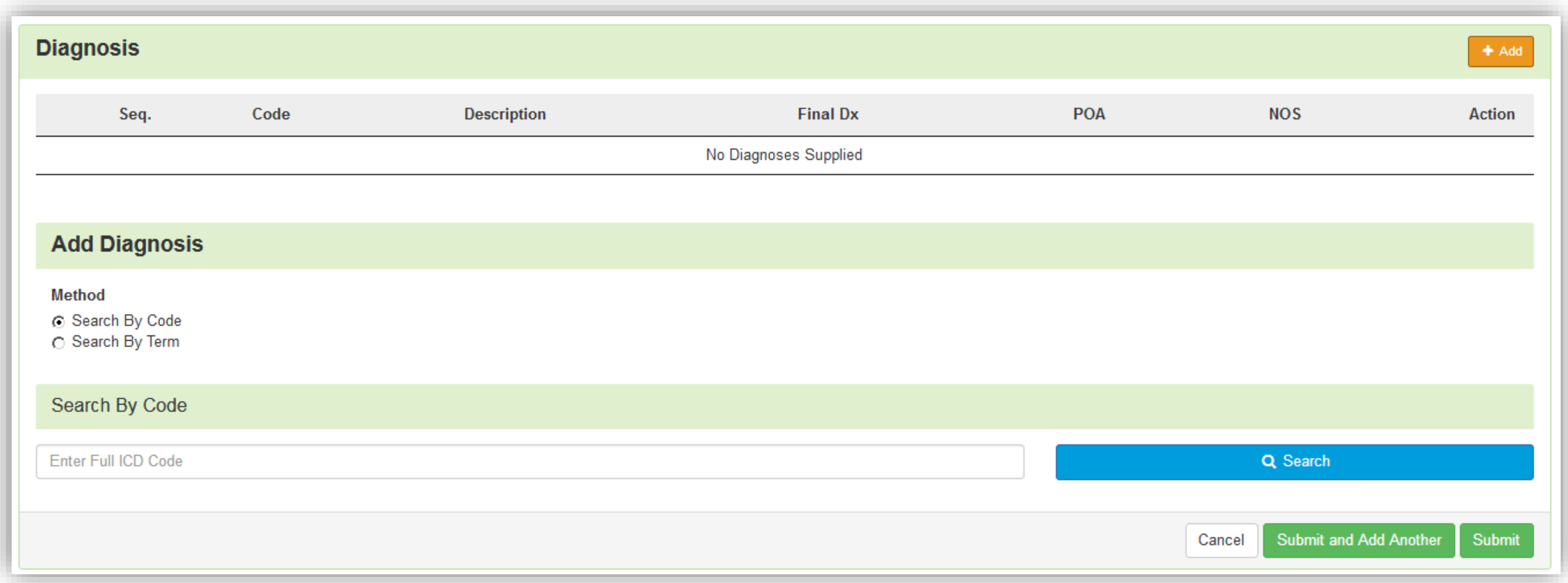
- **Diagnosis Panel:** This is where you can enter the diagnosis information related to this review.
- You will use the + Add button to add a new diagnosis to the panel.
- You can enter as many diagnoses as needed.
- You do have the ability to reorder or prioritize the diagnoses using the drag and drop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

Diagnosis + Add

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

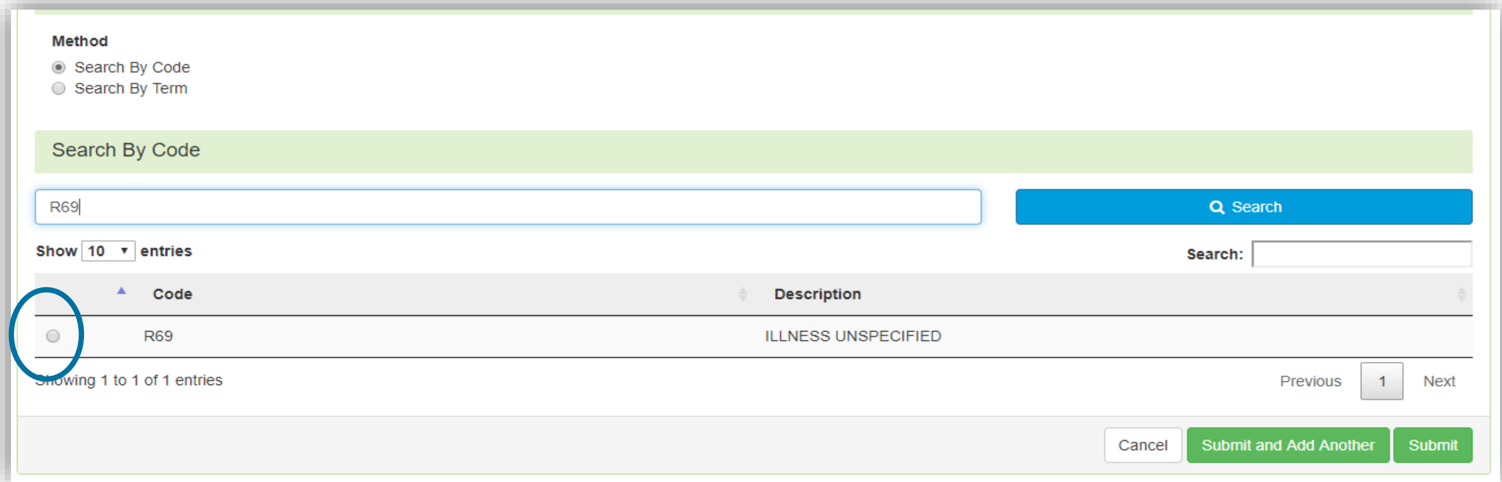
Diagnosis Panel cont.

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



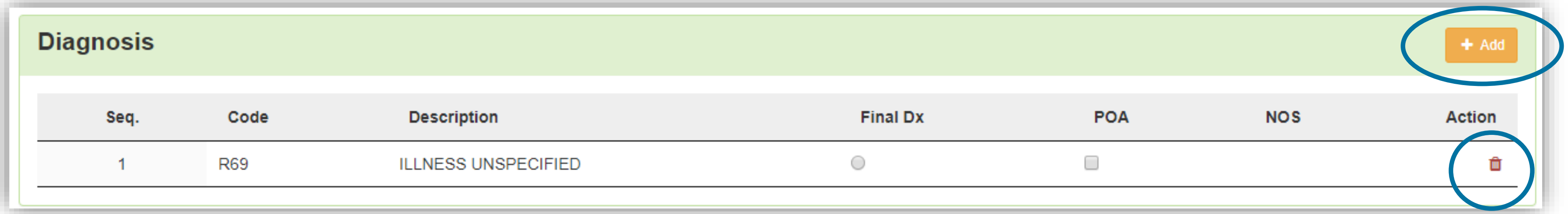
Diagnosis Panel: Populating the Diagnosis

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



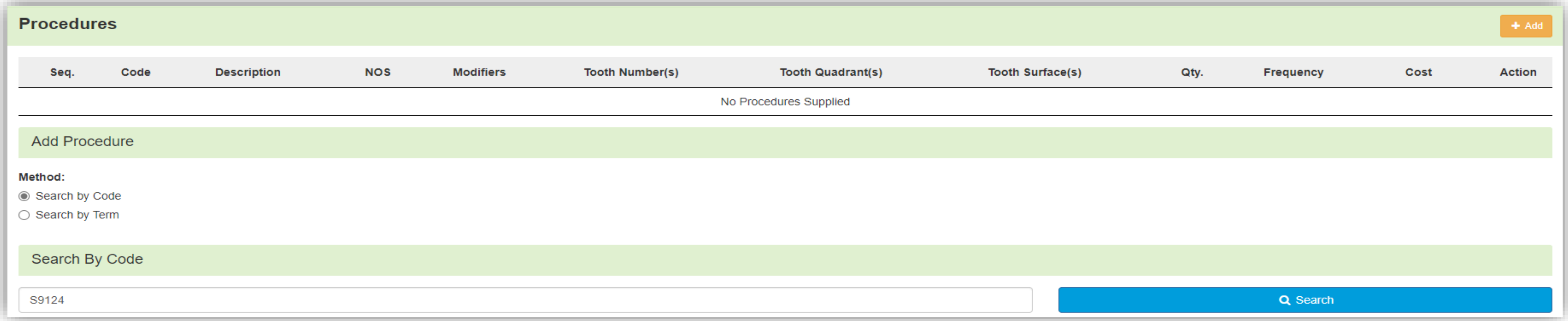
Diagnosis Panel cont.

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



Procedure(s) Panel

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



Procedure(s) Panel cont.

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

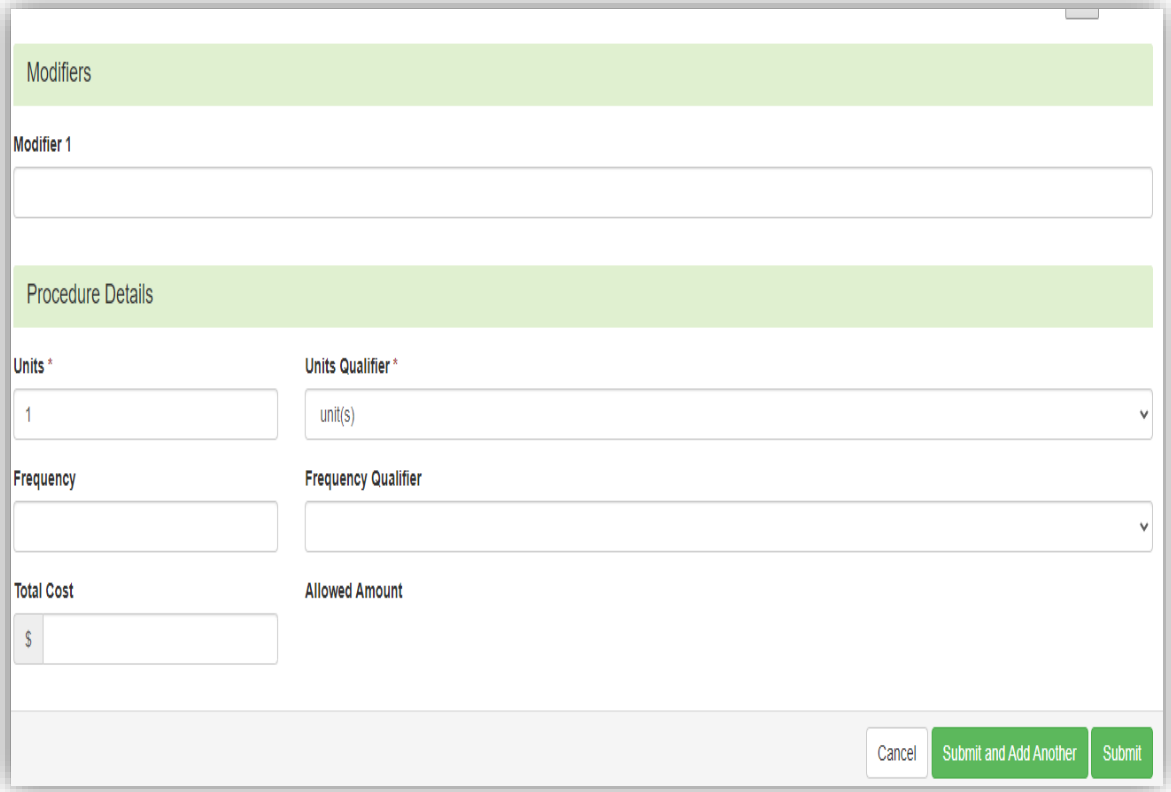
- Once Query has populated, Use the radio button to Select the correct Procedure(s)

	Code	Description
◉	S9124	NURSING CARE IN THE HOME; BY LPN PER HOUR

Showing 1 to 1 of 1 entries

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.

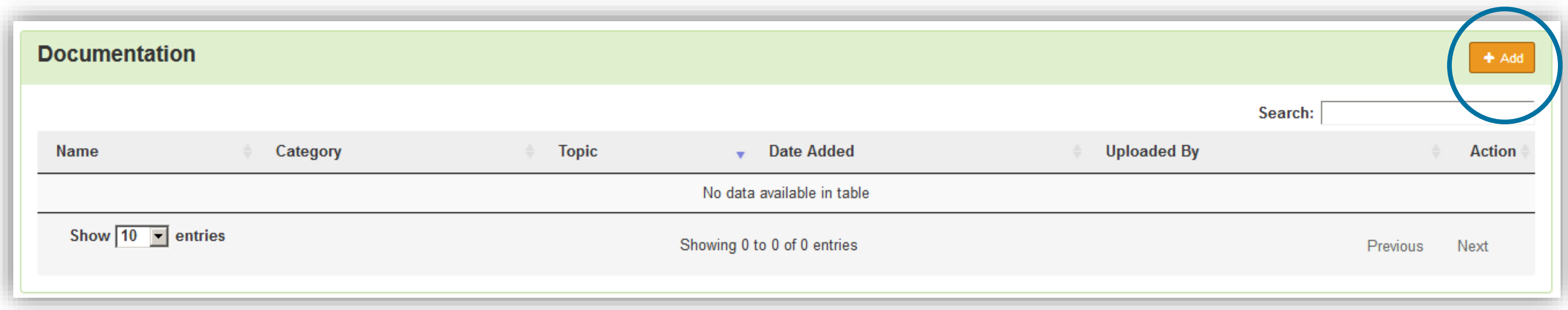
- Use the trash can icon on the right side of the procedure to delete anything entered incorrectly in this panel.
- Prioritize the procedures using the drag and drop features.

Procedures + Add

Seq.	Code	Description	NOS	Mod. 1	Mod. 2	Qty.	Frequency	Cost	Action
1	96150	HLTH&BEHAVIOR ASSMT EA 15 MIN W/PT 1ST ASSMT				1 unit(s)			

Documentation Panel

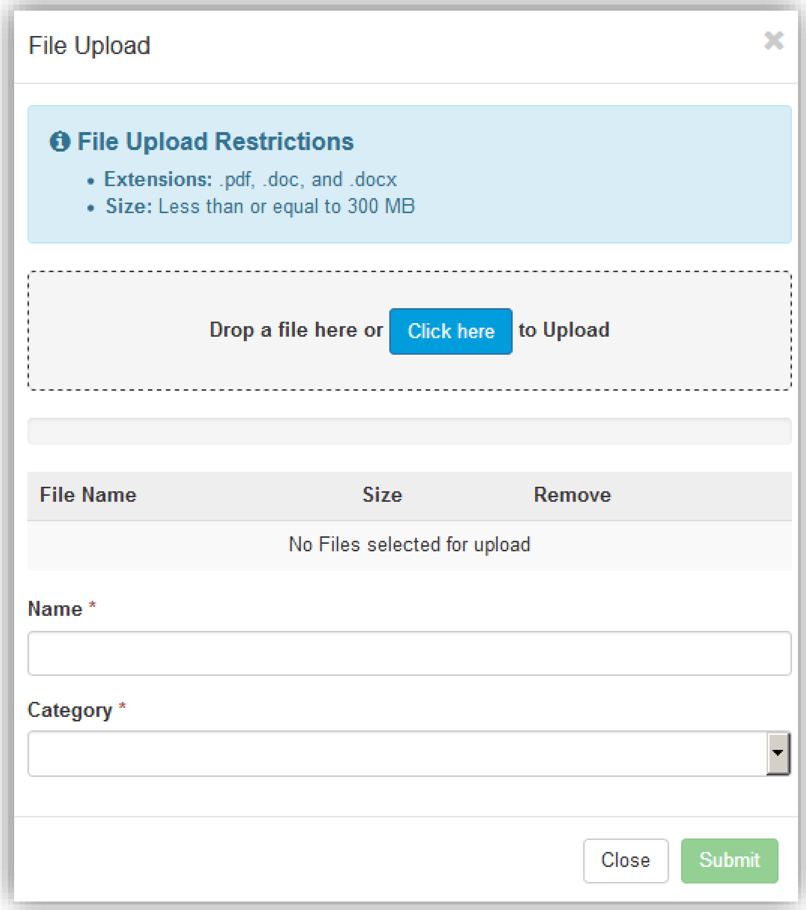
- **Documentation Panel** is the final panel on the page to submit the review.
- This is where you can upload any clinical documentation related and necessary for the review to be processed.



Documentation 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.



Documentation Panel cont.

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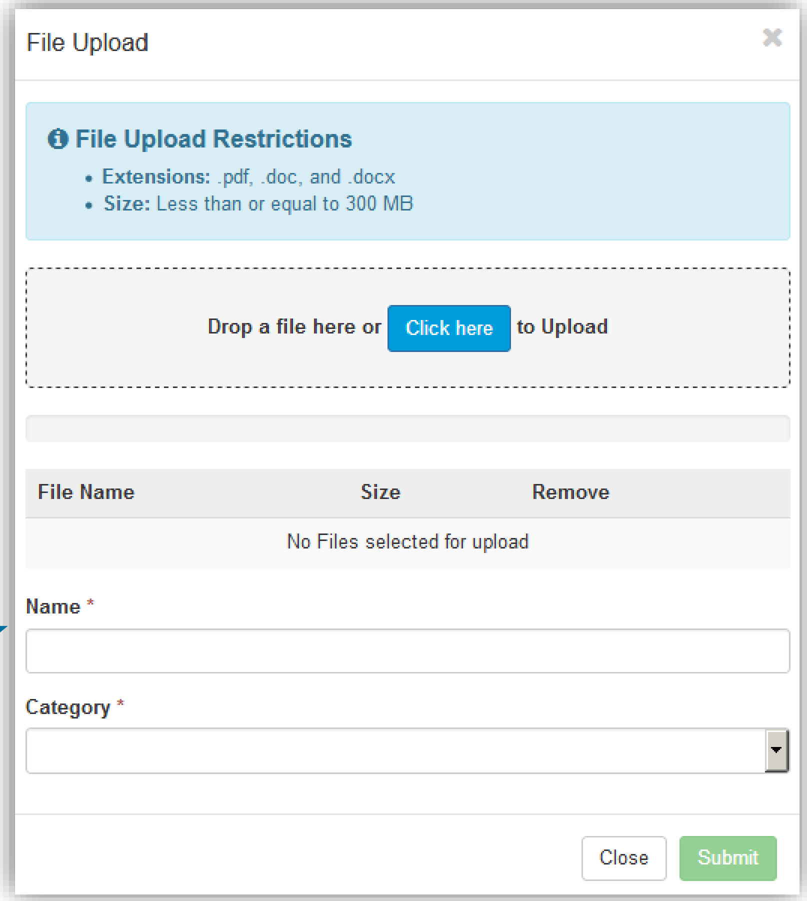
- Please note:
  - Documents must be a .pdf or word document
  - The size is limited to 300MB per document.

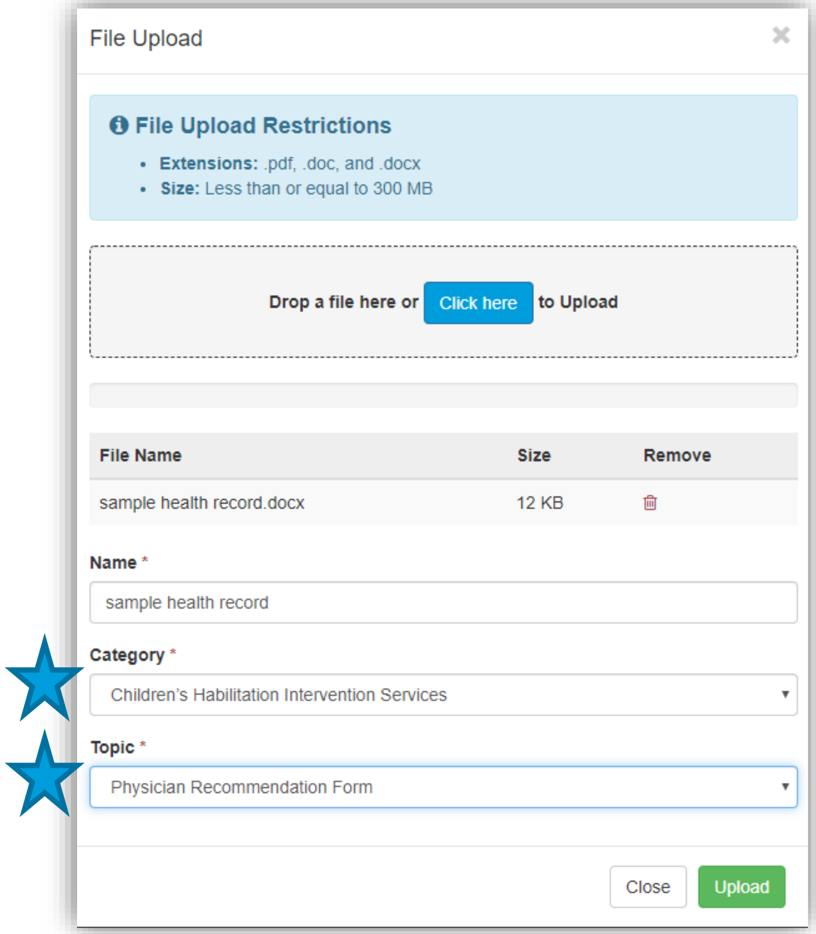
Complete the File upload fields

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



Documentation Panel cont.

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



Required Documentation

- A signed physician's or specialist order for PDN or Certificate of Medical Necessity (CMN)
- A signed Plan of Care
- Beneficiary diagnosis
- Skilled teaching/instructions to be provided to family member/caregiver
- Treatment plan/physician orders specifying each skill to be performed including whether the service requires a registered nurse or licensed practical nurse.
- Expected duration of service
- Identification of any other home services, including the hours, days and times of these services.

Required Documentation continued

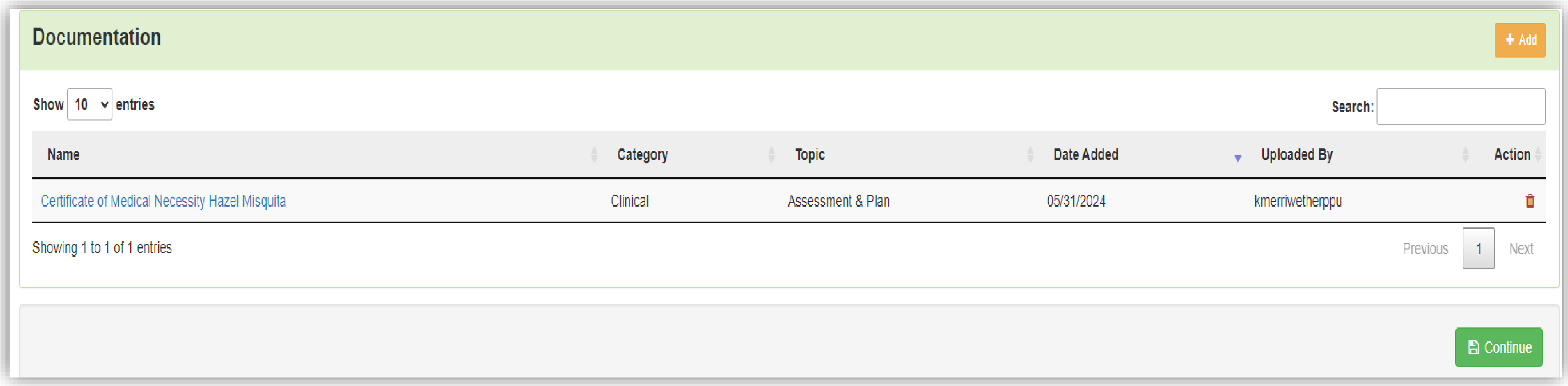
All documentation must be dated and signed (electronic signatures are accepted).

All documentation must include 2 patient identifiers on each page

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

Completing your Review

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

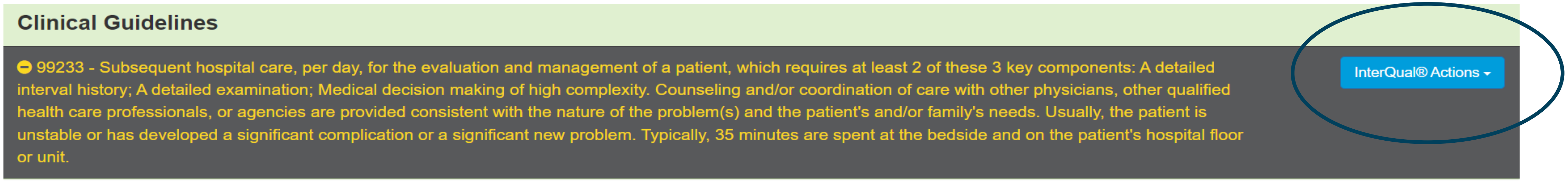


Criteria

- **The criteria being used is <u>NOT</u> changing at this time.**
- Telligen will be using InterQual and State-specific criteria for Private Duty Nursing reviews.
- You will need to document against that criteria as part of your submission process.

InterQual Process cont.

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



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*

LOC:HOME CARE Q & A | 2023 | CATEGORY | CLINICAL REFERENCE

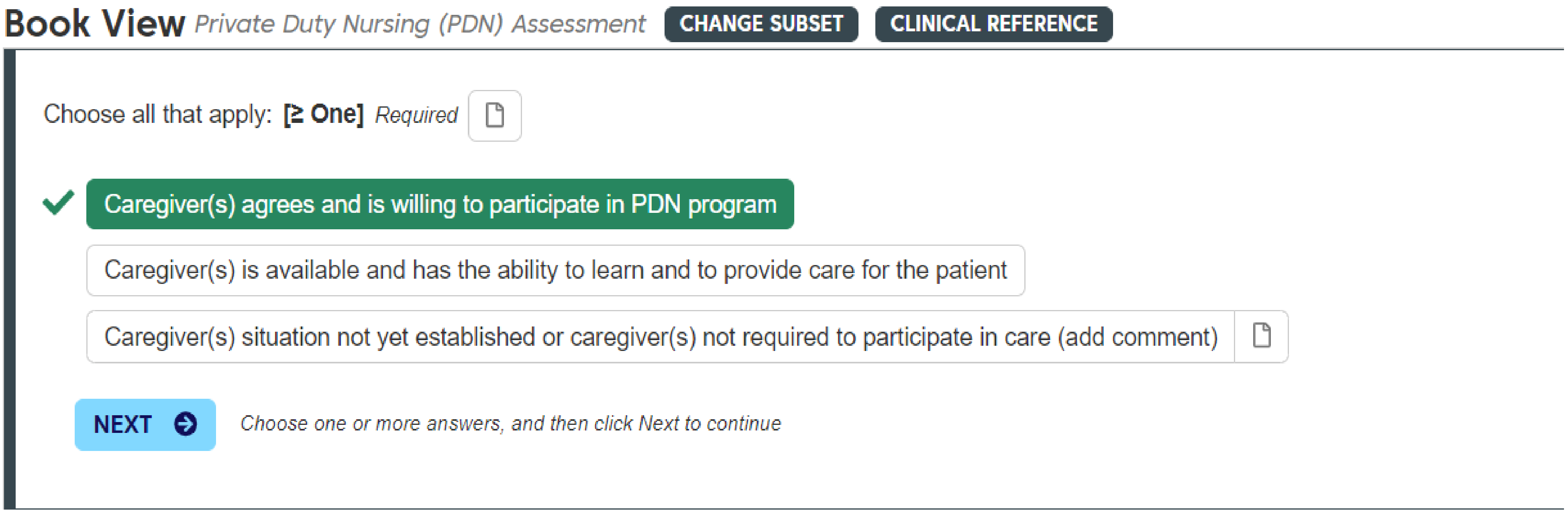
Enter Keywords | Enter Medical Codes | FIND SUBSETS | CLEAR ALL | BOOKMARKS

Results Count: 3

Subset 1 ↑	Product	Version 2 ↓
Home Care Services, Adult	LOC:Home Care Q & A	InterQual 2023
Home Care Services, Pediatric	LOC:Home Care Q & A	InterQual 2023
Private Duty Nursing (PDN) Assessment	LOC:Home Care Q & A	InterQual 2023

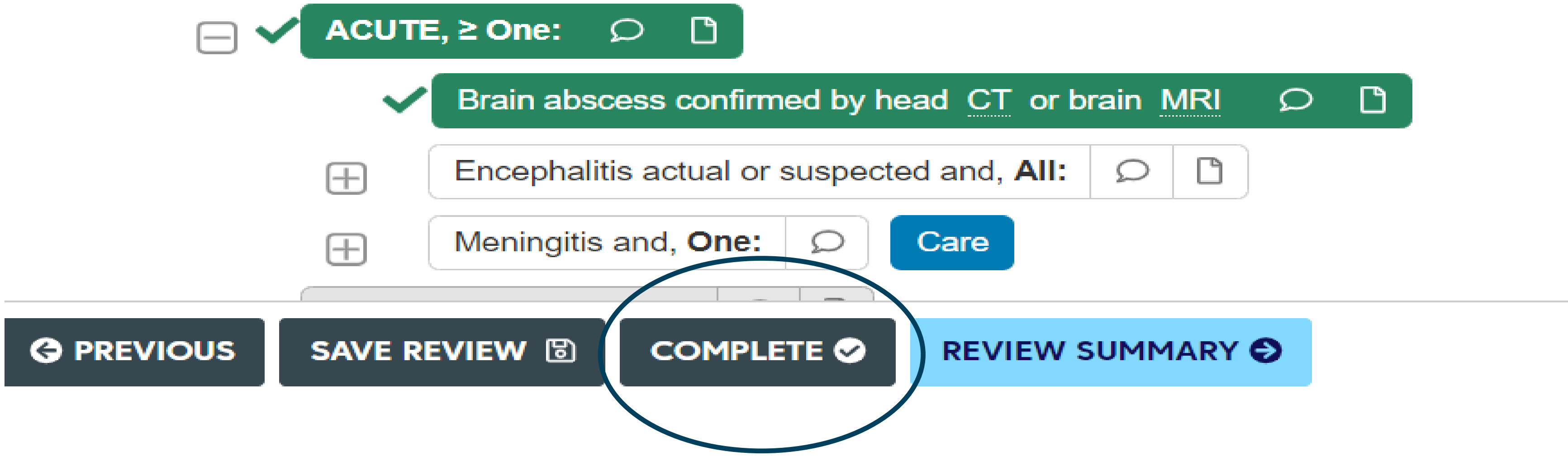
InterQual Process cont.

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



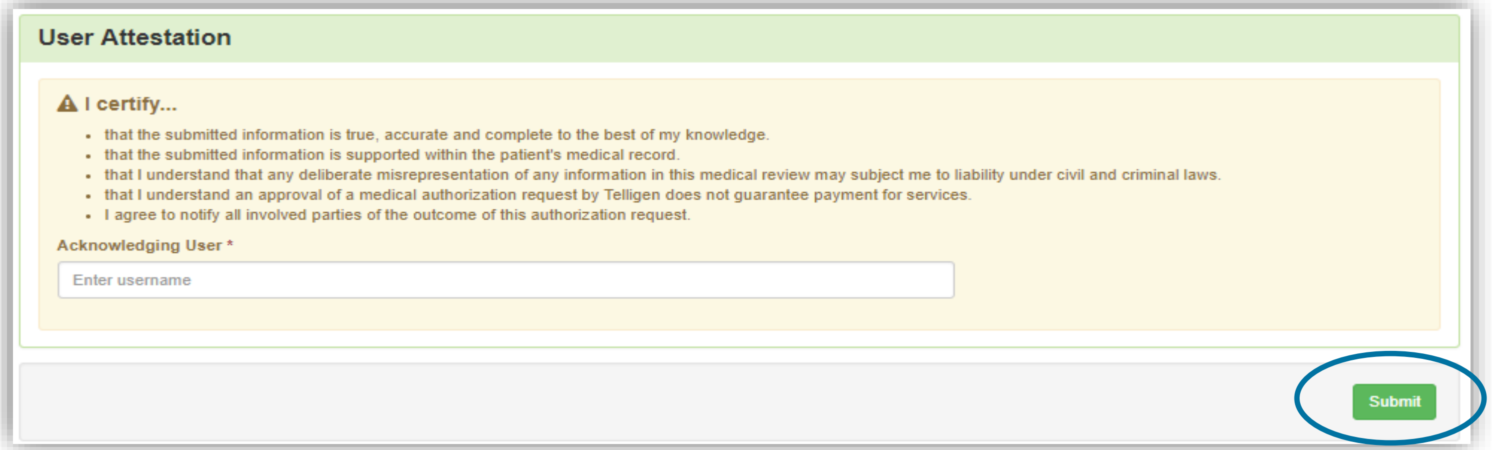
InterQual Process cont.

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

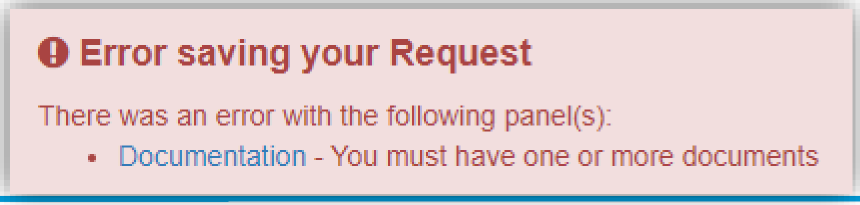


Attestation

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

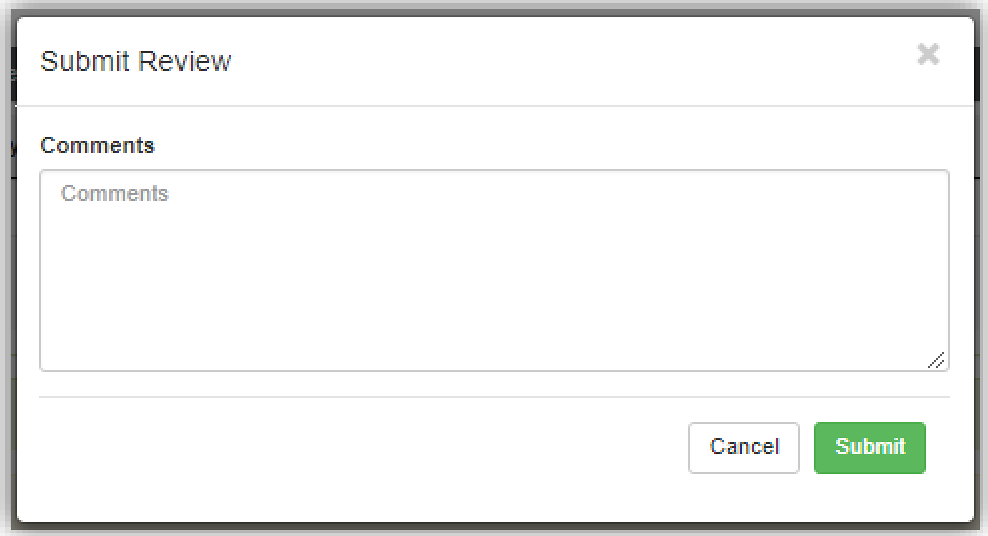


- Click the Submit button to send the review to Telligen
- If any information is missing, an error will indicate what is missing



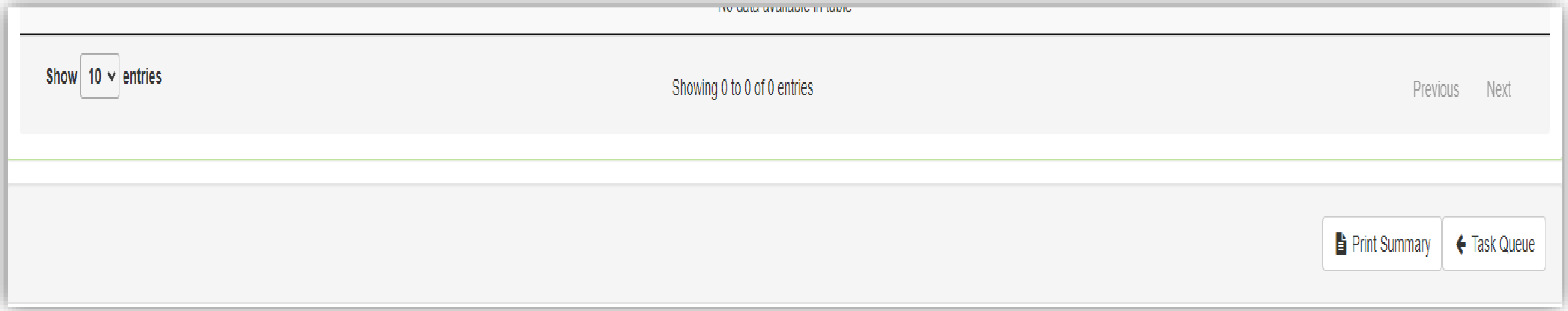
Comments

- 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**.



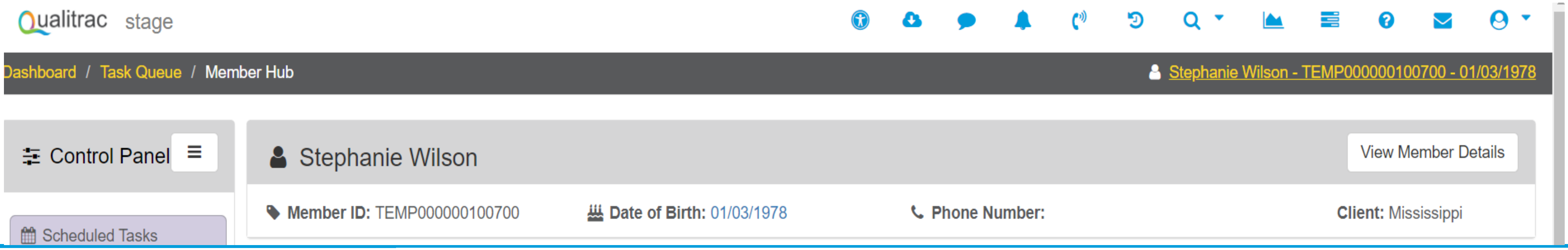
Summary

- 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 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.



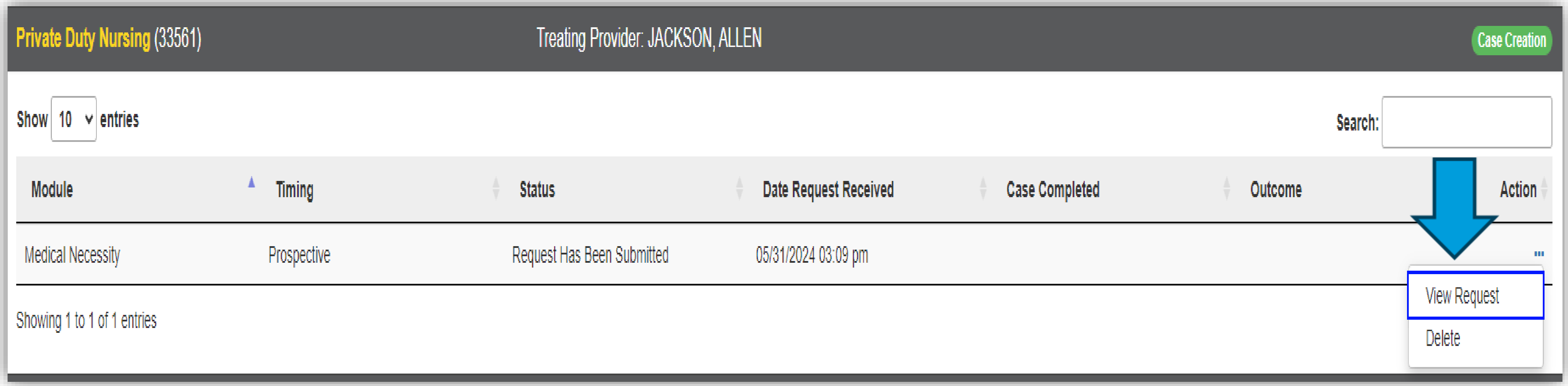
Where Did My Review Go?

- 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

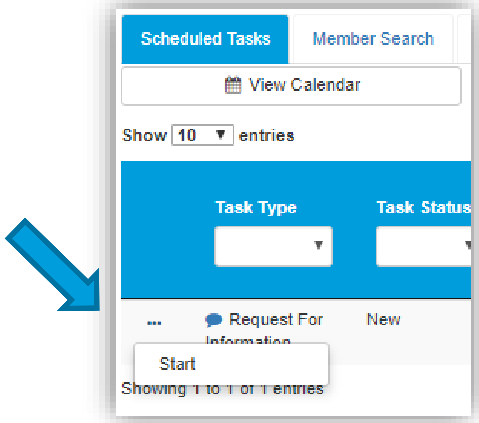
- Once in the **UM Panel**:
  - Navigate to your request
  - Click on the ellipsis at the right side of the line request. This menu will allow you to view the request in more detail, submit a reconsideration (1st Level Appeal), and other options.



Request for Information (RFI)

Request for Information

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



Request for Information

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

Correspondence + Add

Search:

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

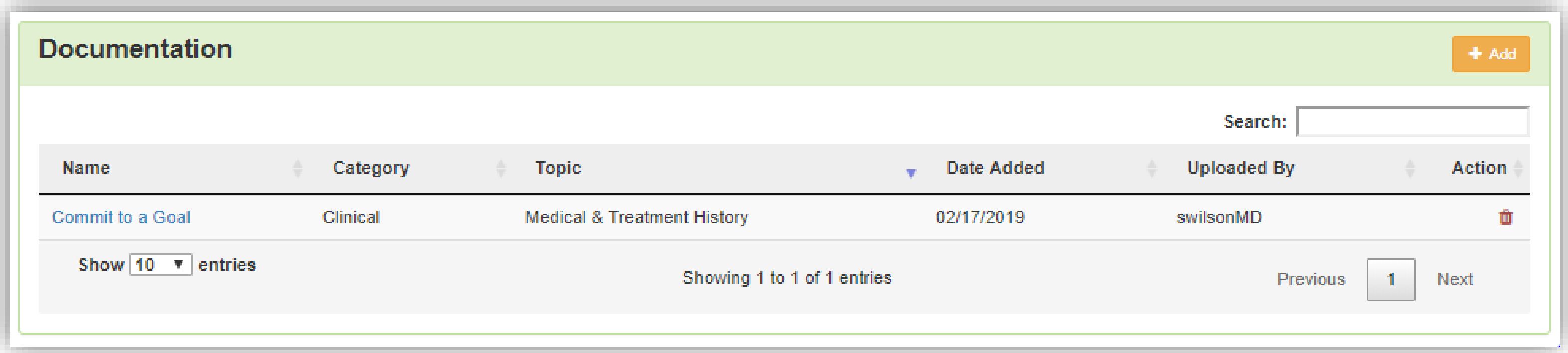
Show 10 entries

Showing 1 to 2 of 2 entries

Previous 1 Next

Request for Information

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



Request for Additional Information

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

A Note About Timelines

Telligen Timelines

- Telligen has 3 Business days to complete prospective reviews.
- Telligen has 10 Business days to complete concurrent reviews.
- Telligen has 10 Business days to complete retrospective reviews.

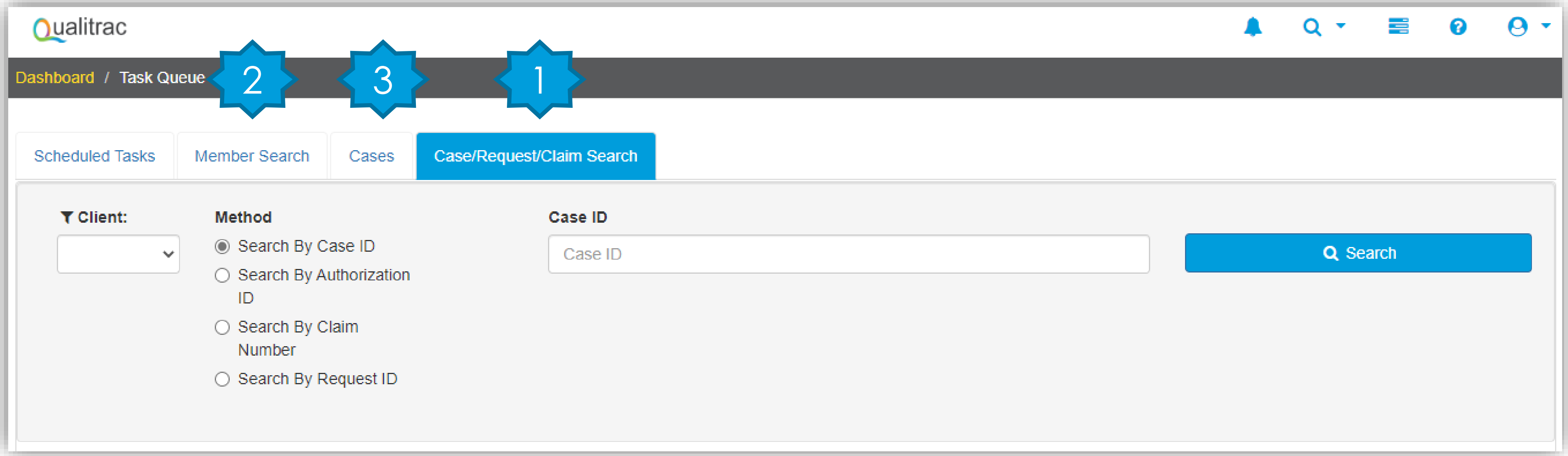
Provider Timelines

- Initial requests for PDN should be prior authorized.
- Retrospective requests will be reviewed for beneficiaries with retro-eligibility.
- Continued stay reviews must be submitted every 6 months prior to the end of the current certification period.

Finding the Determination

Locating A Determination

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

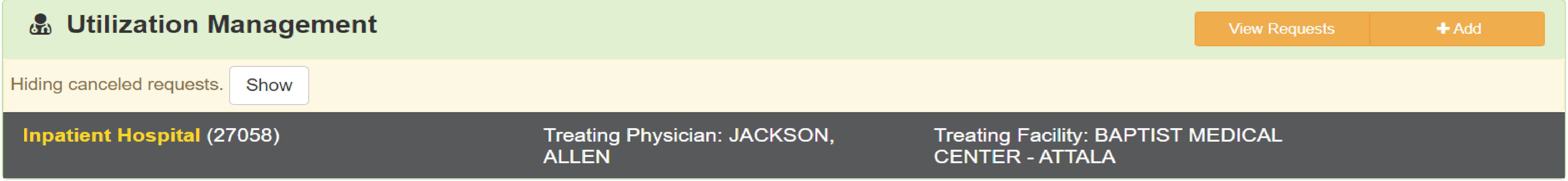


Locate the member

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.



View Outcome

Utilization Management

View Requests | + Add

Hiding canceled requests. Show

Private Duty Nursing (33477) Treating Provider: MICHAEL E STEUER MD PC Complete

Show 10 entries Search:

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

View Outcome

Outcomes

Review Outcome: Denied

(HCPCS) S9124 - NURSING CARE IN THE HOME; BY LPN PER HOUR

Outcome: Denied

Requested	
Outcome	
Authorization Number	
Start Date	06/03/2024
End Date	12/02/2024
Modifier 1	EP
Modifier 2	
Modifier 3	
Modifier 4	
Units	1872 unit(s)
Frequency	

Final Recommendation	
Outcome	Denied (Clinical Denial)
MCG Guidelines	No Guidelines
Authorization Number	
Start Date	06/03/2024
End Date	12/02/2024
Modifier 1	EP
Modifier 2	
Modifier 3	
Modifier 4	
Approved	8 unit(s) (Denied: 1864)

Letter Rationale:
denial

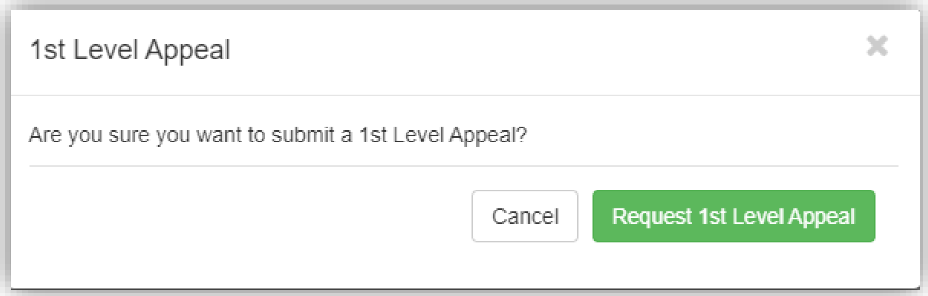
Submitting a Reconsideration (1st Level Appeal) or P2P Review

Submitting a Reconsideration (1st Level Appeal)

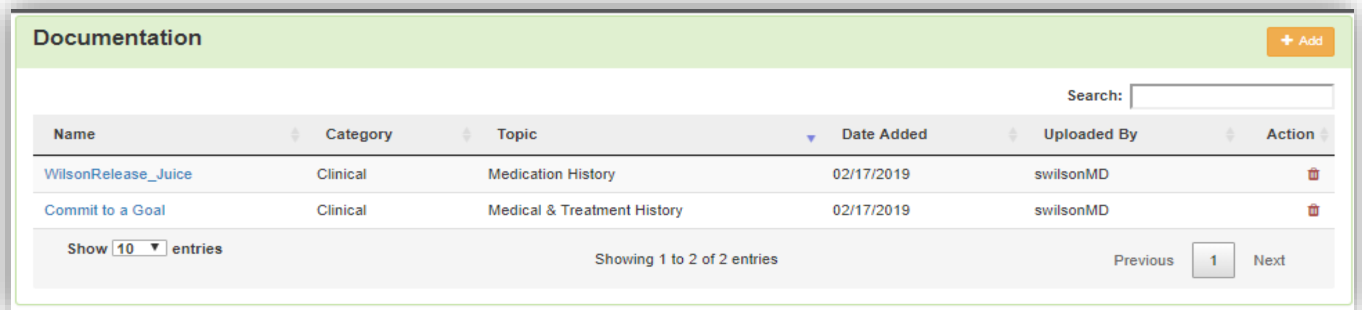
- To submit a reconsideration for a denied review:
  - Go to the **UM panel** in the member hub
  - Click on the blue ellipsis within the denied case to open the action menu
  - Once there, select **1st Level Appeal** from the menu.

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



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



Reconstruction (1st Level Appeal) cont.

Telligen®

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

User Attestation

I certify...

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

Acknowledging User *

Enter username

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

Outpatient Services (26794) Treating Provider: MRH MEDICAL GROUP, BROWN MEDICAL CL **Case Creation**

Show 10 entries Search:

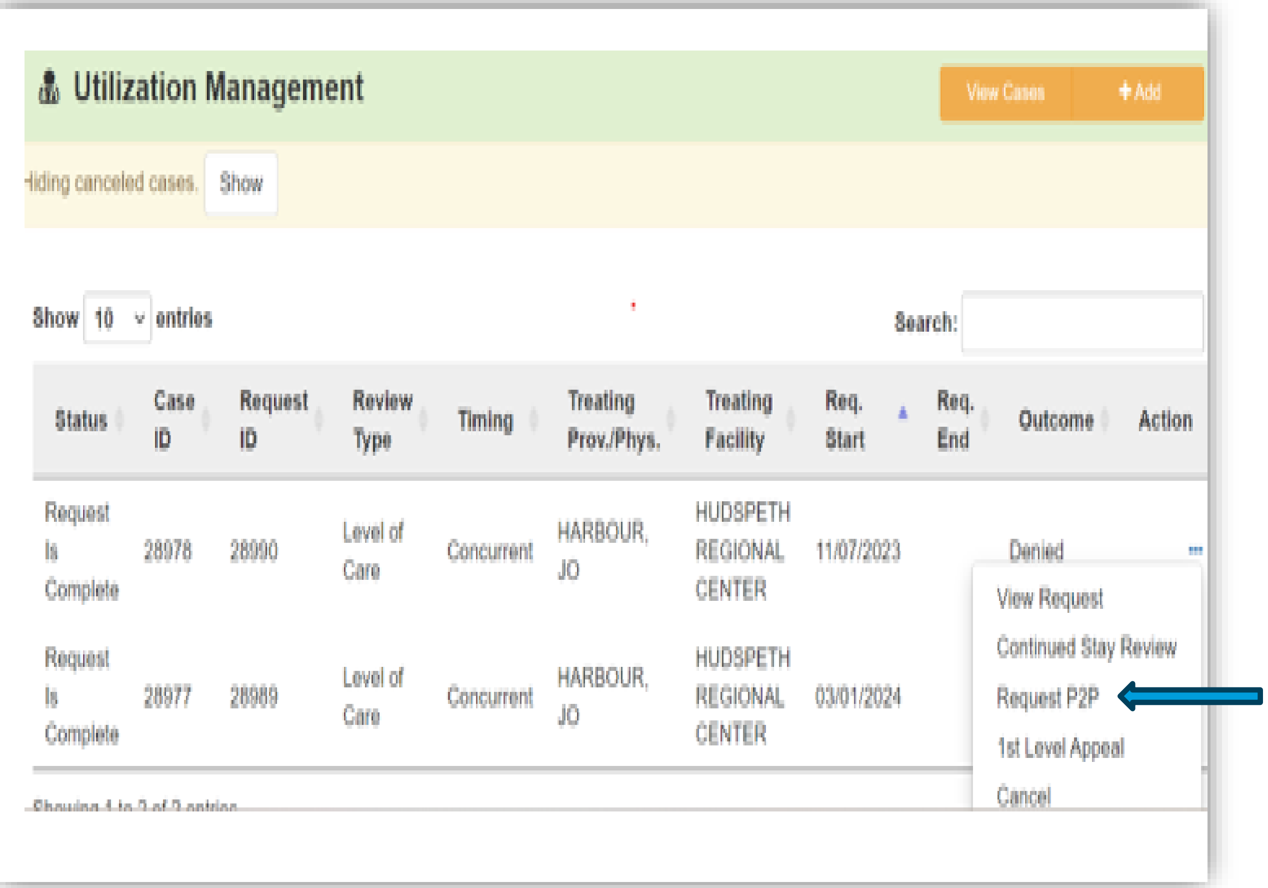
Module	Timing	Status	Date Request Received	Case Completed	Outcome	Action
Medical Necessity	Prospective - 1st Level Appeal	Request Has Been Submitted	12/28/2023 12:28 pm		Pending	•••

The system will display your appeal

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.

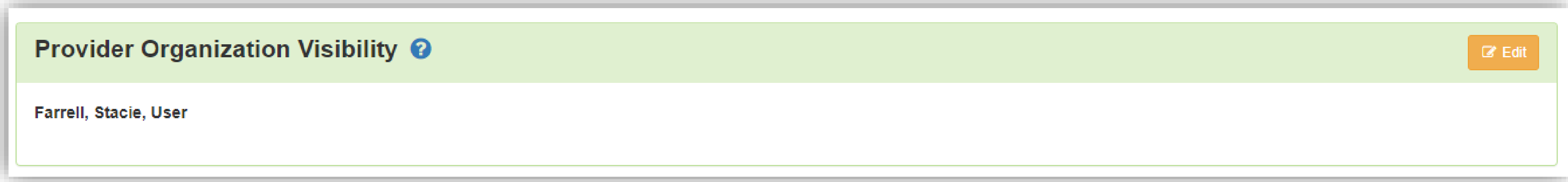


Written notification will be provided of reconsideration determinations within 10 business days of receipt of the request for a standard reconsideration.

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.



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Questions

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