



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

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Program Manager

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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



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.



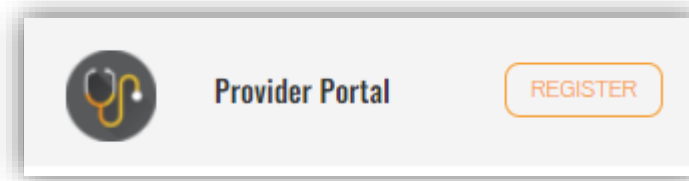
Registration Reminder



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

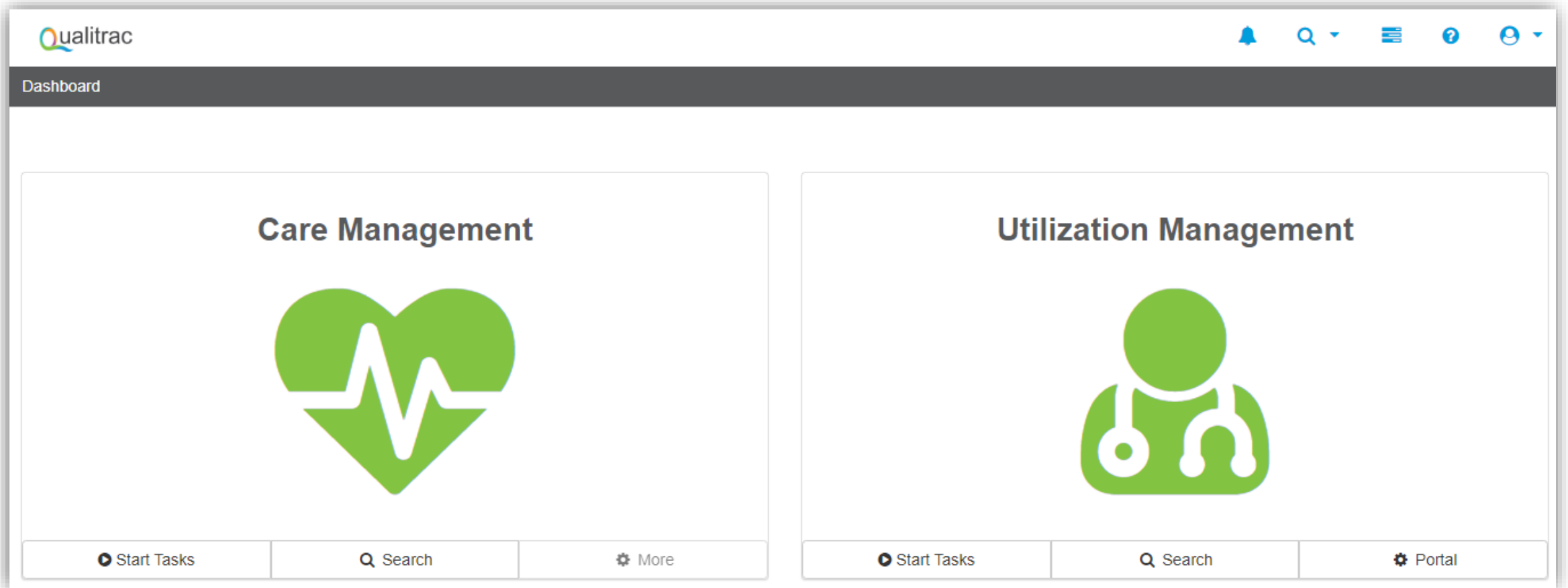


Signing into the Provider Portal



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



The screenshot displays the Qualitrac Dashboard interface. At the top left, the "Qualitrac" logo is visible. The top right corner contains navigation icons for notifications, search, a menu, help, and user profile. Below the header is a dark grey bar labeled "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 control bar with three buttons: "Start Tasks" (with a play icon), "Search" (with a magnifying glass icon), and "More" (with a gear icon). The "More" button in the Utilization Management panel is labeled "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



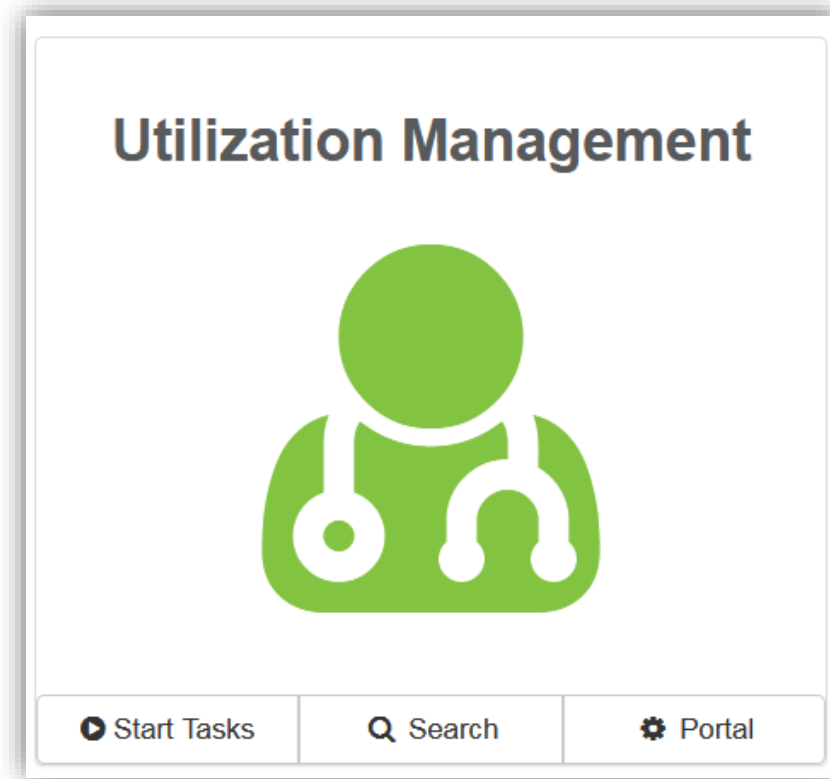
This is utilized to view and manage your profile. If your phone number or email address changes, you can use this section to update the details.



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 glass at the top of the page.
- **Portal** will take you to the portal or to the task queue.

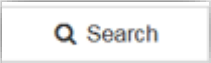



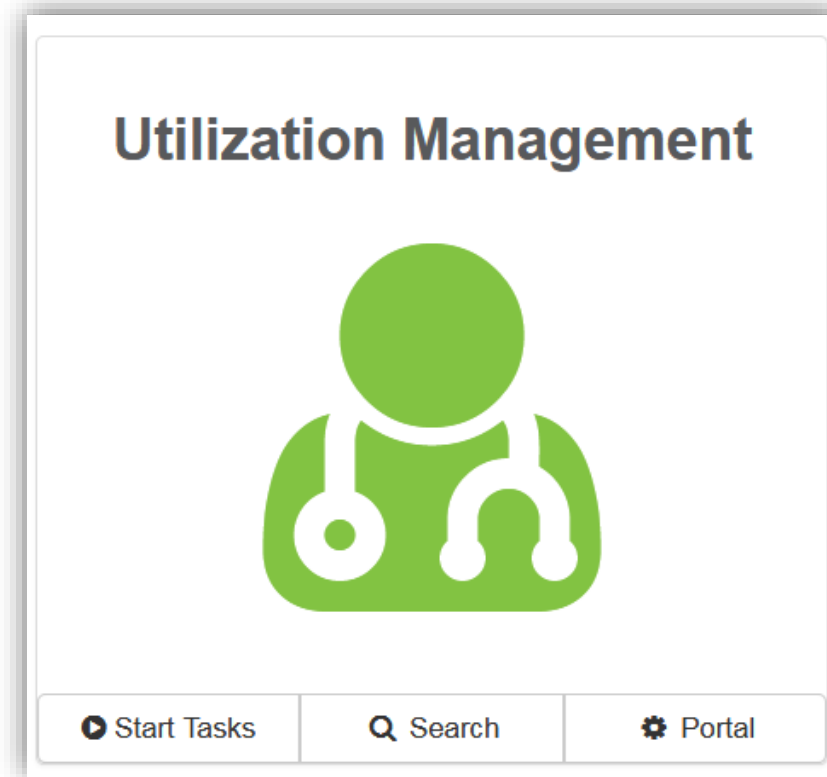
Submitting a Review



Telligen Provider Portal – Adding a New Review



Click on the  box or the “magnifying glass” icon  in the tool bar to access the member search screen to look for information on a member or to start a new review.



Telligen Provider Portal – Adding a New Review



How To Locate a Member:

- Enter the Member's ID and Date of Birth
- Enter the member's First Name, Last Name and Date of Birth
- NOTE: The Member ID and the Date of Birth must match with what is on file in the MESA system to locate the member information or to begin a new review for that member.

A screenshot of the Qualitrac web application interface. The top navigation bar includes the Qualitrac logo, a notification bell, a search icon, a menu icon, a help icon, and a user profile icon. Below the navigation bar 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'. The main content area displays the heading 'Please search for the member by completing one of the following'. Below this heading are two search options separated by 'OR'. The first option is for searching by Member ID and Date of Birth, with input fields for 'Member ID *' and 'Date Of Birth *' (format MM/DD/YYYY) and a blue 'Search' button. The second option is for searching by First Name, Last Name, and Date of Birth, with input fields for 'First Name *', 'Last Name *', and 'Date Of Birth *' (format MM/DD/YYYY) and a blue 'Search' button.

Telligen Provider Portal – Adding a New Review



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

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

Please search for the member by completing one of the following

Member ID * Date Of Birth * Search

TEMP000000100323 01/03/1978

OR

First Name * Last Name * Date Of Birth * Search

First Name Last Name MM/DD/YYYY

Member ID	Last Name	First Name	Middle Name	Date Of Birth	Gender
TEMP000000100323	Wilson	Stephanie		01/03/1978	Female

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







Telligen Provider Portal – Adding a new review




- **The Member Hub:**

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

 Stephanie Wilson View Member Details

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

 Utilization Management View Cases + Add

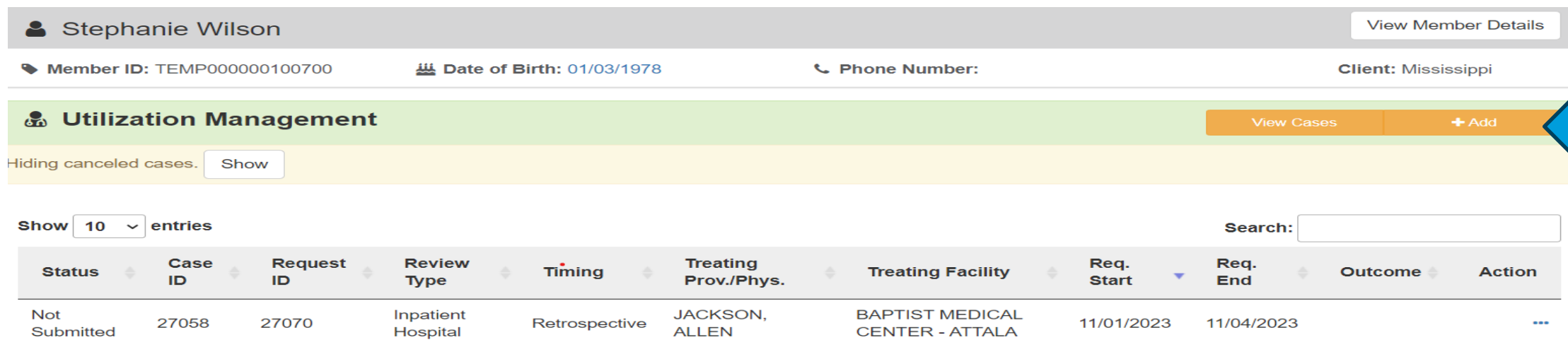


Telligen Provider Portal – Utilization Management Panel



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.



The screenshot shows the Utilization Management Panel for Stephanie Wilson. It includes a header with the user's name and a 'View Member Details' button. Below this, member information is displayed: Member ID: TEMP000000100700, Date of Birth: 01/03/1978, Phone Number, and Client: Mississippi. The main section is titled 'Utilization Management' and contains a '+ Add' button highlighted with a blue arrow. Below the title, there is a 'Show' button and a search bar. A table of utilization management cases is shown below, with columns for Status, Case ID, Request ID, Review Type, Timing, Treating Prov./Phys., Treating Facility, Req. Start, Req. End, Outcome, and Action.

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 is **Private Duty Nursing**

Review Type *

Private Duty Nursing

- 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
- Organ Transplant Services
- Outpatient Services
- Physician Administered Drug
- Prescribed Pediatric Extended Care
- Private Duty Nursing**
- Psychiatric Residential Treatment Facility Services

llige



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

Authorization Request

Date Request Received * 06/06/2024 09:19 am	Review Type * Private Duty Nursing	Place of Service * Home	Type of Service * Private Duty Nursing
Timing * Prospective			



Timings

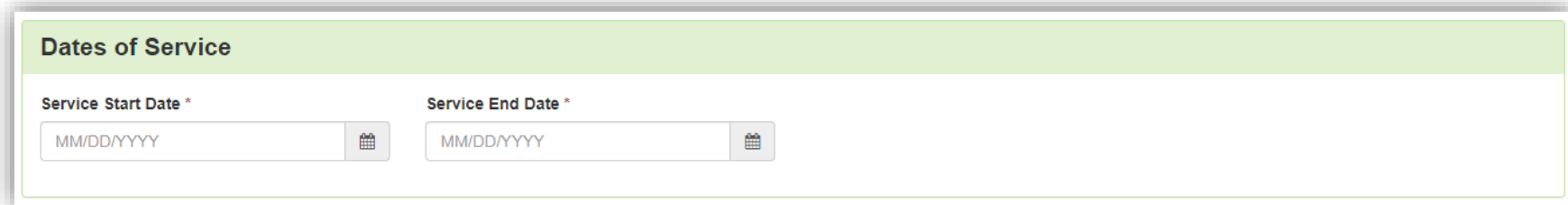


- **Prospective** – This is a review timing that is submitted prior to any services starting or before any type of inpatient stay. The requested start date must be in the future.
- **Concurrent** – This is the first review that is submitted if services have started. The requested start date should be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



The screenshot shows a web form titled "Dates of Service" with a light green header. Below the header, there are two input fields. The first field is labeled "Service Start Date *" and contains the placeholder text "MM/DD/YYYY" followed by a calendar icon. The second field is labeled "Service End Date *" and also contains the placeholder text "MM/DD/YYYY" followed by a calendar icon.



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:
 - *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.

Dashboard / Task Queue / Member Hub / Request / Provider Selection Stephanie Wilson - TEMP000000100323 - 01/03/1978

NPI Number ?	Other ID Number ?	Last / Organization Name	First Name
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
City	State	Zip Code	Taxonomy
<input type="text"/>	Wyoming ▼	<input type="text"/>	<input type="text"/>





Entering Physician and Facility Information



- Clicking search will return **all** results that meet your entered criteria.
- Click the blue hyperlink in the provider's name to view additional details.
- Check the provider details before selecting, validating the correct provider and the taxonomy ID aligns to the services being requested

Taxonomy				Search:
Primary	Taxonomy	State	License Number	Source
PRIMARY	2084N0400X - Psychiatry & Neurology			Client File


- Use the green plus box next to the name to select the provider/facility that you need for the review.


Name	NPI	Primary Number	Other ID	Type	Address	Phone	Primary Taxonomy	Source
 JACKSON, ALLEN		000126363	000126363		Clinic #: 1 Addr: 2351 Highway 1 S Greenville, MS, 38701	(662) 344-1817	General Practice	Provider File



Entering 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  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

A screenshot of a web interface panel titled 'Provider Organization Visibility' with a help icon. Below the title, the user 'Wilson, Stephanie, User' is identified. A dropdown menu is open, showing 'ST LUKE'S REGIONAL MEDICAL CENTER' as the selected option.


Provider Organization Visibility ?


Wilson, Stephanie, User

ST LUKE'S REGIONAL MEDICAL CENTER




Diagnosis Panel

- **Diagnosis Panel:** This is where you can enter the diagnosis information related to this review.
- You will use the  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 							
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

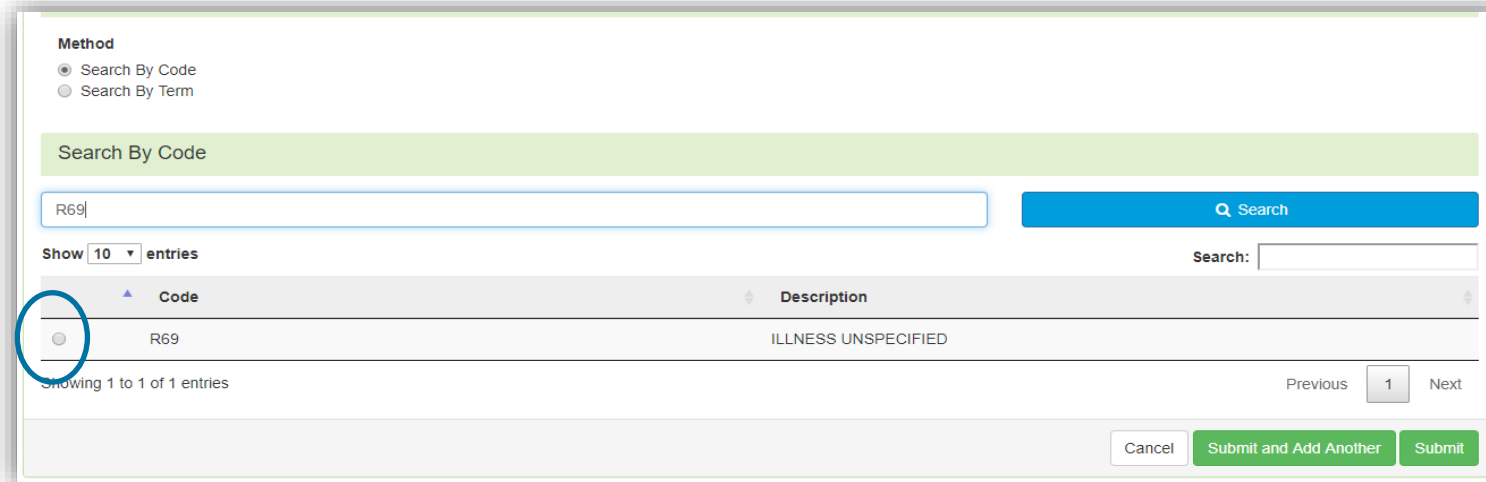
Search By Code

🔍 Search

Cancel Submit and Add Another Submit

Diagnosis Panel: Populating the Diagnosis

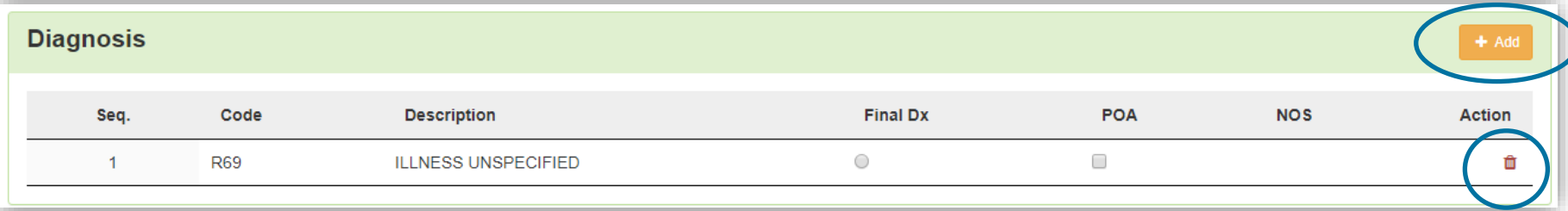
- **Entering a code:**
 - Select method: Code or term to search (radio button to select)
 - Enter information in the search box
 - Click Search
- The system will provide you a list of results you can select from. Select the one that you want added to the review by clicking on the radio button to the 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 with the text "Search By Code". A search input field contains the text "R69". To the right of the input field is a blue button with a magnifying glass icon and the text "Search". Below the search bar, there is a "Show 10 entries" dropdown menu and a "Search:" label followed by a small input field. A table with two columns, "Code" and "Description", displays one result: "R69" with the description "ILLNESS UNSPECIFIED". A radio button is located to the left of the code "R69" and is circled in red. At the bottom of the table, it says "Showing 1 to 1 of 1 entries". To the right of the table are "Previous" and "Next" buttons, with a "1" in a box between them. 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.

A screenshot of a software interface titled 'Diagnosis'. It features a table with columns for 'Seq.', 'Code', 'Description', 'Final Dx', 'POA', 'NOS', and 'Action'. The first row contains the value '1' in the 'Seq.' column, 'R69' in the 'Code' column, and 'ILLNESS UNSPECIFIED' in the 'Description' column. There are radio buttons in the 'Final Dx' column and checkboxes in the 'POA' column for this row. In the 'Action' column, there is a trash can icon. An orange '+ Add' button is located in the top right corner of the panel. Two blue circles are drawn around the '+ Add' button and the trash can icon.

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
 - Click search

Procedures + Add

Seq.	Code	Description	NOS	Modifiers	Tooth Number(s)	Tooth Quadrant(s)	Tooth Surface(s)	Qty.	Frequency	Cost	Action
No Procedures Supplied											

Add Procedure

Method:

Search by Code
 Search by Term

Search By Code

S9124 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
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text" value="Enter Search Term"/>		<input type="button" value="🔍 Search"/>

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

Code	Description
<input checked="" type="radio"/> 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

A screenshot of a web form titled 'Procedure(s) Panel'. The form is divided into two main sections: 'Modifiers' and 'Procedure Details'. The 'Modifiers' section has a header bar and a single text input field labeled 'Modifier 1'. The 'Procedure Details' section has a header bar and several input fields: 'Units *' (text input with '1'), 'Units Qualifier *' (dropdown menu with 'unit(s)'), 'Frequency' (text input), 'Frequency Qualifier' (dropdown menu), 'Total Cost' (text input with '\$'), and 'Allowed Amount' (text input). 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



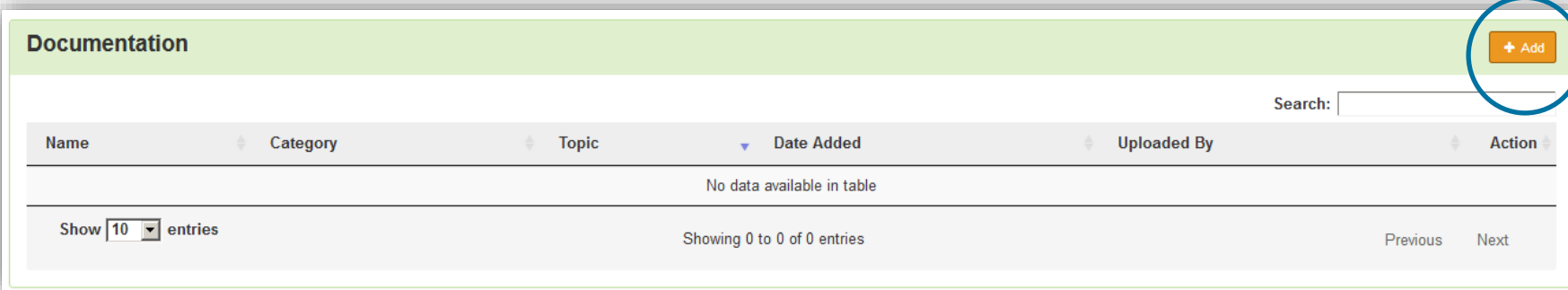
Procedure(s) Panel cont.

- 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	Mod. 1	Mod. 2	Qty.	Frequency	Cost	Action
1	96150	HLTH&BEHAVIOR ASSMT EA 15 MIN W/P 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

+ Add

Search:

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

Show entries

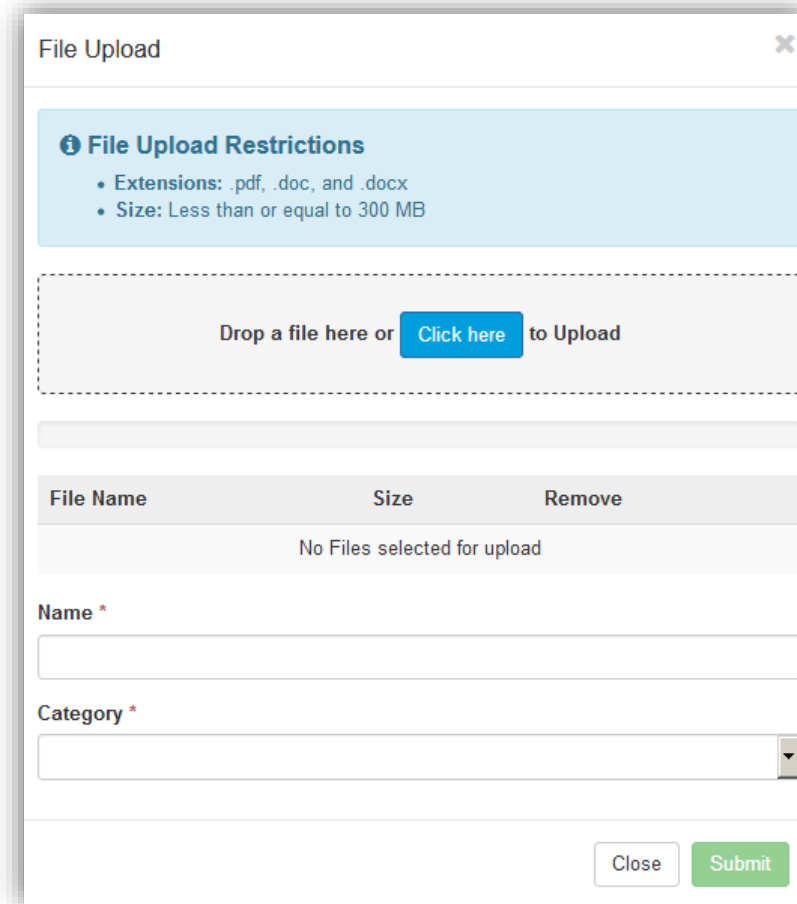
Showing 0 to 0 of 0 entries

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.

A modal window titled 'File Upload' with a close button in the top right corner. It contains a section for 'File Upload Restrictions' with a list of allowed extensions and a size limit. Below this is a dashed box for file dropping with a 'Click here' button. A table below shows no files selected. At the bottom are input fields for 'Name' and 'Category', and 'Close' and 'Submit' buttons.

File Upload

File Upload Restrictions

- Extensions: .pdf, .doc, and .docx
- Size: Less than or equal to 300 MB

Drop a file here or [Click here](#) to Upload

File Name	Size	Remove
No Files selected for upload		

Name *

Category *

Close Submit



Documentation Panel cont.

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

Complete the File upload fields

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



File Upload ✕

File Upload Restrictions

- Extensions: .pdf, .doc, and .docx
- Size: Less than or equal to 300 MB

Drop a file here or [Click here](#) to Upload

File Name	Size	Remove
No Files selected for upload		

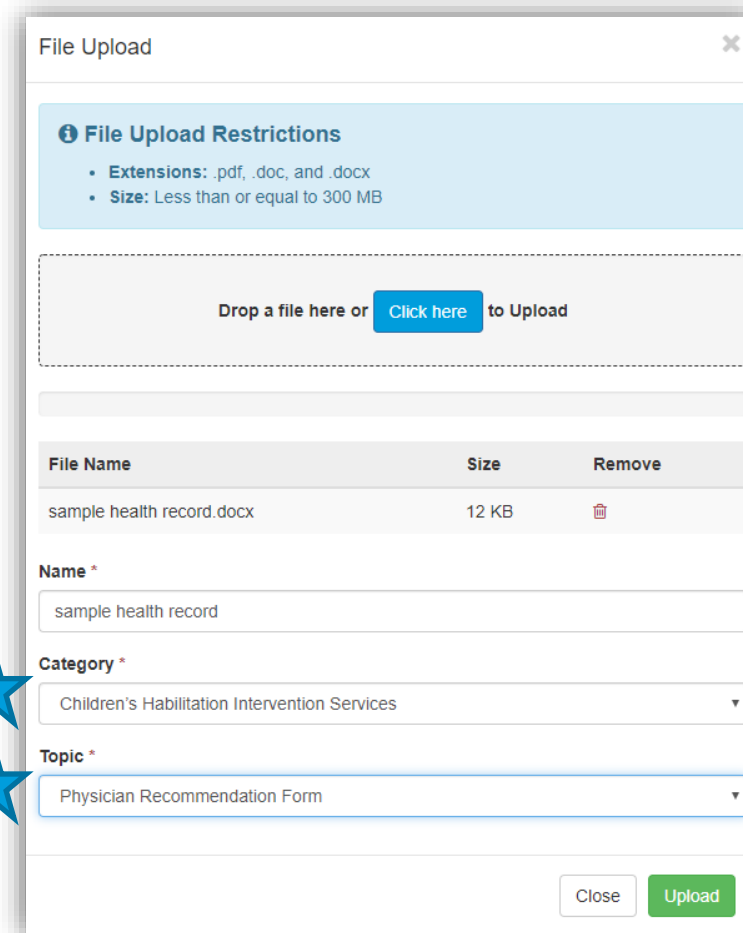
Name *

Category *

Close Submit

Documentation Panel cont.

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




File Upload

File Upload Restrictions

- **Extensions:** .pdf, .doc, and .docx
- **Size:** Less than or equal to 300 MB

Drop a file here or [Click here](#) to Upload

File Name	Size	Remove
sample health record.docx	12 KB	

Name *

sample health record

Category *

Children's Habilitation Intervention Services

Topic *

Physician Recommendation Form

Close Upload



Required Documentation



- 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.

Documentation + Add

Show entries Search:

Name	Category	Topic	Date Added	Uploaded By	Action
Certificate of Medical Necessity Hazel Misquita	Clinical	Assessment & Plan	05/31/2024	kmerriwetherppu	

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 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.

Clinical Guidelines

● 99233 - Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A detailed interval history; A detailed examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is unstable or has developed a significant complication or a significant new problem. Typically, 35 minutes are spent at the bedside and on the patient's hospital floor or unit.

InterQual® Actions ▾



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.


Book View *Private Duty Nursing (PDN) Assessment* **CHANGE SUBSET** **CLINICAL REFERENCE**

Choose all that apply: **[≥ One]** *Required* 

Caregiver(s) agrees and is willing to participate in PDN program

Caregiver(s) is available and has the ability to learn and to provide care for the patient

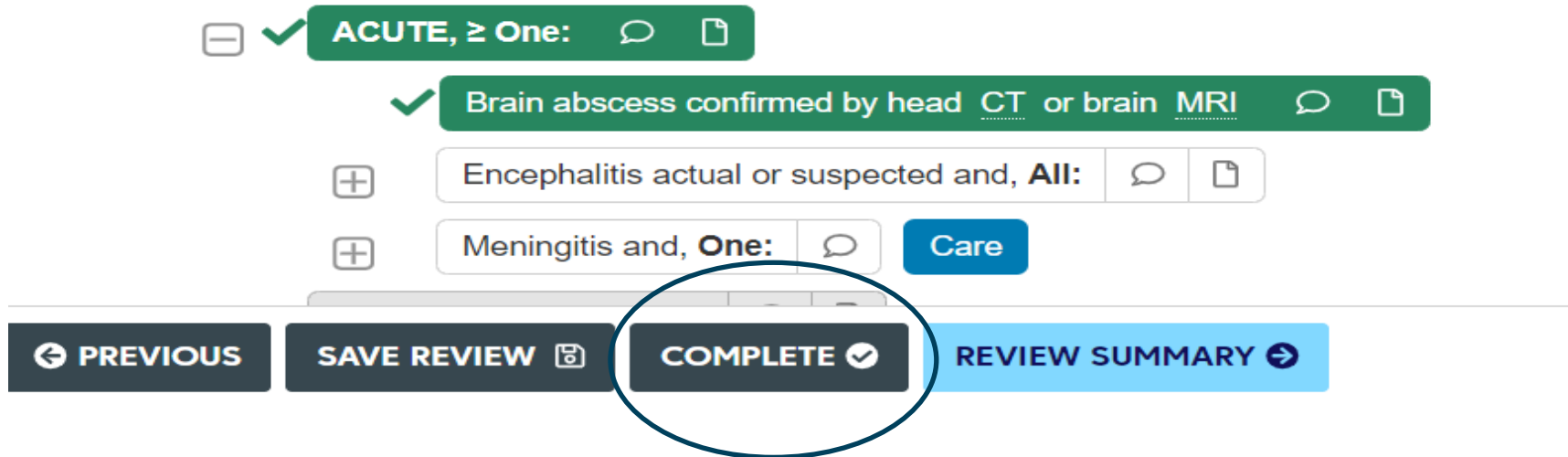
Caregiver(s) situation not yet established or caregiver(s) not required to participate in care (add comment) 

NEXT  *Choose one or more answers, and then click Next to continue*



InterQual Process cont.

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



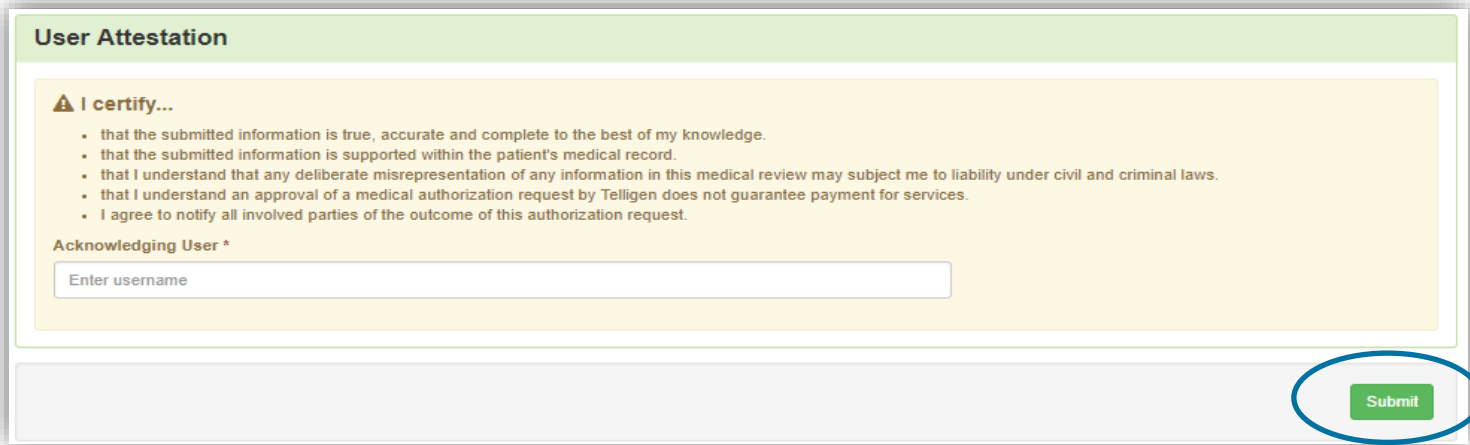
The screenshot displays a list of medical conditions in a review interface. The conditions are:

- ACUTE, ≥ One: (with a green checkmark, a speech bubble icon, and a document icon)
- Brain abscess confirmed by head CT or brain MRI (with a green checkmark, a speech bubble icon, and a document icon)
- Encephalitis actual or suspected and, All: (with a plus icon, a speech bubble icon, and a document icon)
- Meningitis and, One: (with a plus icon, a speech bubble icon, and a blue 'Care' button)

At the bottom, a navigation bar contains four buttons: 'PREVIOUS' (with a left arrow), 'SAVE REVIEW' (with a document icon), 'COMPLETE' (with a checkmark icon and circled in red), and 'REVIEW SUMMARY' (with a right arrow).

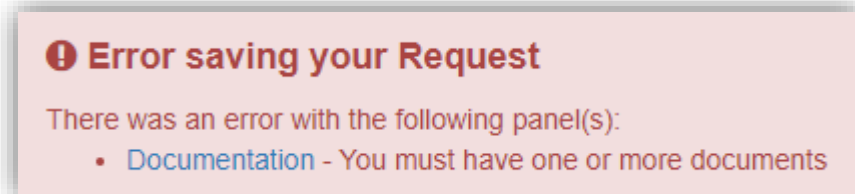
Attestation

- 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

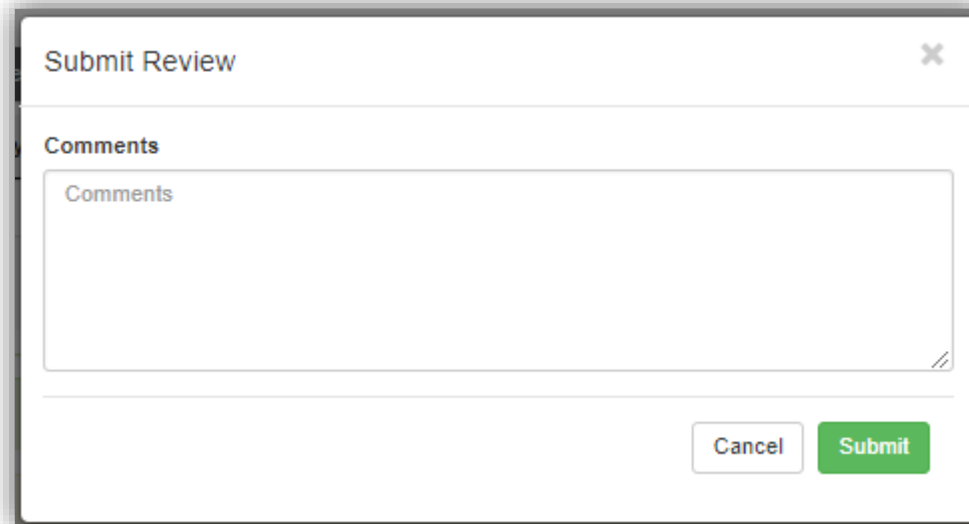


The screenshot shows an error message in a red box. It starts with a red exclamation mark icon followed by the text 'Error saving your Request'. Below this, it says 'There was an error with the following panel(s):' and then lists a single bullet point: 'Documentation - You must have one or more documents'.



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.**

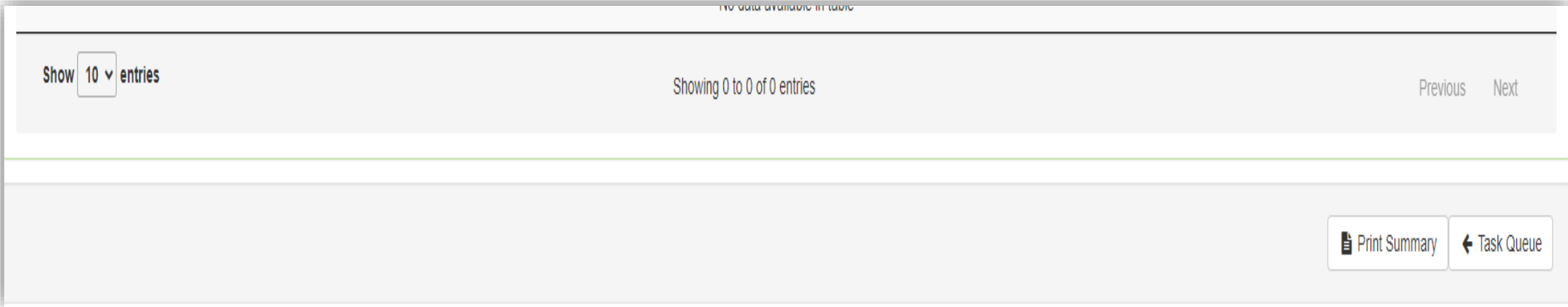


The image shows a screenshot of a web application modal titled "Submit Review". The modal has a close button (an 'x' icon) in the top right corner. Below the title, there is a section labeled "Comments" which contains a large, empty text input field. At the bottom of the modal, there are two buttons: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



Summary

- After submitting you will be taken to a summary of the review
- Users will have the option to Edit or Delete via the **Actions** button
- To navigate off 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 with a table that is empty. At the top, it says "No data available in table". Below the table, there is a "Show 10 entries" dropdown menu. The table content area displays "Showing 0 to 0 of 0 entries". On the right side of the table, there are "Previous" and "Next" navigation links. At the bottom right of the page, there are two buttons: "Print Summary" and "Task Queue".



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

A screenshot of the Qualitrac software interface. At the top left, it says 'Qualitrac stage'. On the right side of the top bar, there are several icons for social media and communication. Below the top bar is a breadcrumb trail: 'Dashboard / Task Queue / Member Hub'. On the right side of this bar, it shows the user's name and ID: 'Stephanie Wilson - TEMP000000100700 - 01/03/1978'. The main content area is divided into two sections. On the left is a 'Control Panel' with a menu icon. On the right is the 'Member Hub' for Stephanie Wilson, which includes a 'View Member Details' button and a list of member information: 'Member ID: TEMP000000100700', 'Date of Birth: 01/03/1978', 'Phone Number:', and 'Client: Mississippi'. At the bottom left, there is a 'Scheduled Tasks' button with a calendar icon.


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.

Private Duty Nursing (33561) Treating Provider: JACKSON, ALLEN Case Creation

Show 10 entries Search:

Module	Timing	Status	Date Request Received	Case Completed	Outcome	Action
Medical Necessity	Prospective	Request Has Been Submitted	05/31/2024 03:09 pm			 View Request Delete

Showing 1 to 1 of 1 entries

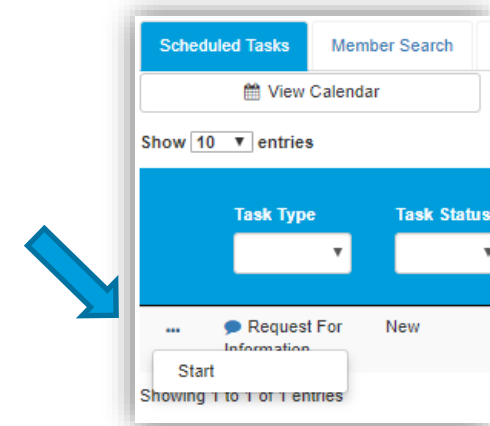


Request for Information (RFI)



Request for Information

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



Request for Information



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

The screenshot shows a web interface for 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 labeled 'Search:'. The main content is a table with three columns: 'Letter', 'Addressee', and 'Date Sent'. The 'Letter' column contains blue links for 'DRG Request for Information' with icons for document, download, and delete. The 'Addressee' column contains details for 'Treating Facility: UMEHR Test Provider 6 NPI: 8888888806' and 'Ordering Provider: PhysicianLastName5, PhysicianFirstName5 NPI: 8888888815'. The 'Date Sent' column shows the date and time '06/16/2022 10:57:18' for both entries. At the bottom, there is a pagination control showing 'Show 10 entries', 'Showing 1 to 2 of 2 entries', and 'Previous 1 Next'.

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

Request for Information



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

The screenshot shows a 'Documentation' panel with a green header and an orange '+ Add' button. Below the header is a search bar labeled 'Search:'. A table with columns for Name, Category, Topic, Date Added, Uploaded By, and Action is displayed. The table contains one entry: 'Commit to a Goal' in the 'Clinical' category, with the topic 'Medical & Treatment History', dated '02/17/2019', and uploaded by 'swilsonMD'. Below the table, there is a 'Show 10 entries' dropdown, a 'Showing 1 to 1 of 1 entries' status, and 'Previous' and 'Next' navigation buttons with a '1' in a box between them.

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.



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.

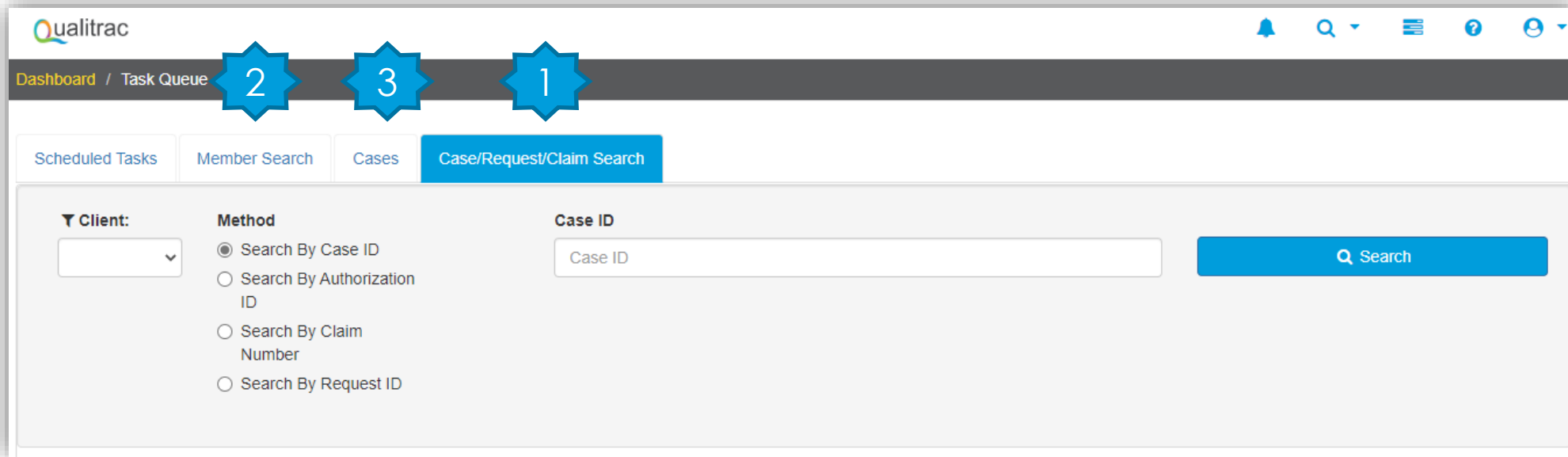


Finding the Determination



Locating A Determination

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



The screenshot shows the Qualitrac web application interface. At the top, there is a navigation bar with the Qualitrac logo on the left and several icons on the right. Below the navigation bar, there is a breadcrumb trail: "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 is a horizontal menu with four tabs: "Scheduled Tasks", "Member Search", "Cases", and "Case/Request/Claim Search". The "Case/Request/Claim Search" tab is highlighted in blue. Below the tabs, there is a search form. The form has three main sections: "Client" with a dropdown menu, "Method" with four radio button options, and "Case ID" with a text input field. A blue "Search" button is located to the right of the "Case ID" field. The "Method" options are: "Search By Case ID" (selected), "Search By Authorization ID", "Search By Claim Number", and "Search By Request ID".

Locate the member

1. Search for the case by using the case ID
2. Search by the member and locate the case in the member hub
3. Search Cases for the list of all auth requests

Locating A Determination



- To **Locate the determination:**

1. If searching by the member, once in the member hub:

- Scroll down to the Utilization Management section
- Select the appropriate auth request (if multiple are present)
- Click on the ellipsis on the right side of the page in line with the review you are searching for
- Select View Request

2. If searching by Case ID

- Upon selecting the case ID, you will be taken directly to the authorization request

3. If Searching by the case list, you will scroll to locate the case and select

4. Once the review is open, scroll down the page to the Outcomes panel

5. Click on the gray section of the panel to open it and view the details.

Utilization Management

View Requests

+ Add

Hiding canceled requests.

Inpatient Hospital (27058)

Treating Physician: JACKSON,
ALLEN

Treating Facility: BAPTIST MEDICAL
CENTER - ATTALA

View Outcome



Utilization Management

View Requests

+ Add

Hiding canceled requests. [Show](#)

Private Duty Nursing (33477)

Treating Provider: MICHAEL E
STEUER MD PC

Complete

Show 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

Final Recommendation

Outcome

Outcome

Denied (Clinical Denial)

Authorization Number

MCG Guidelines

No Guidelines

Start Date 06/03/2024

Authorization Number

End Date 12/02/2024

Start Date 06/03/2024

Modifier 1 EP

End Date 12/02/2024

Modifier 2

Modifier 1 EP

Modifier 3

Modifier 2

Modifier 4

Modifier 3

Units 1872 unit(s)

Modifier 4

Frequency

Approved 8 unit(s) (Denied: 1864)

Letter Rationale:
denial

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



Submitting a Reconsideration (1st Level Appeal)



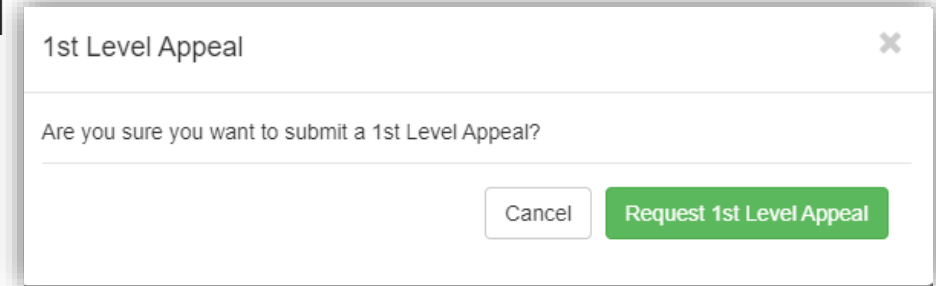
- To submit a reconsideration for a denied review:
 - Go to the **UM panel** in the member hub
 - Click on the blue ellipsis within the denied case to open the action menu
 - Once there, select **1st Level Appeal** from the menu.

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

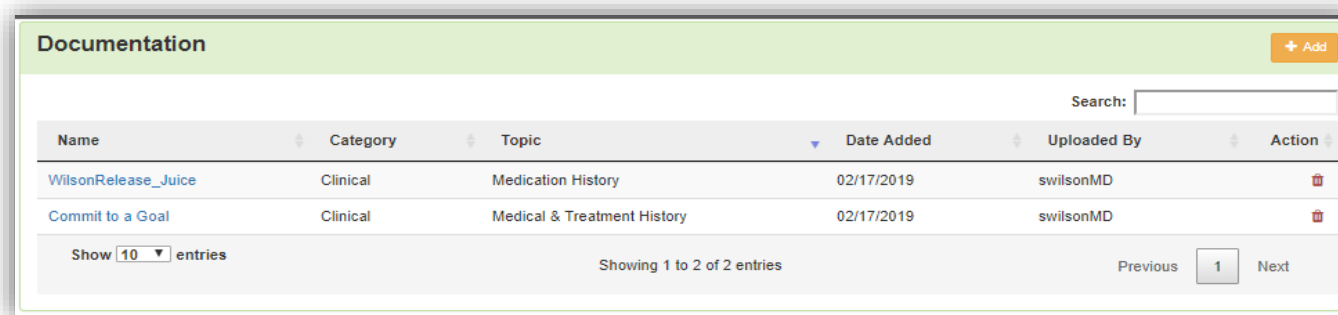


1st Level Appeal

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

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.

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 yellow banner that says "Hiding canceled cases. Show". Underneath, there is a "Show 10 entries" dropdown and a search box. The main part of the interface is a table with the following columns: Status, Case ID, Request ID, Review Type, Timing, Treating Prov./Phys., Treating Facility, Req. Start, Req. End, Outcome, and Action. There are two rows of data. The first row has a status of "Request Is Complete", Case ID 28978, Request ID 28990, Review Type "Level of Care", Timing "Concurrent", Treating Prov./Phys. "HARBOUR, JO", Treating Facility "HUDSPETH REGIONAL CENTER", Req. Start "11/07/2023", and Outcome "Denied". The second row has a status of "Request Is Complete", Case ID 28977, Request ID 28989, Review Type "Level of Care", Timing "Concurrent", Treating Prov./Phys. "HARBOUR, JO", Treating Facility "HUDSPETH REGIONAL CENTER", Req. Start "03/01/2024", and Outcome "Denied". An action menu is open for the first row, 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	...

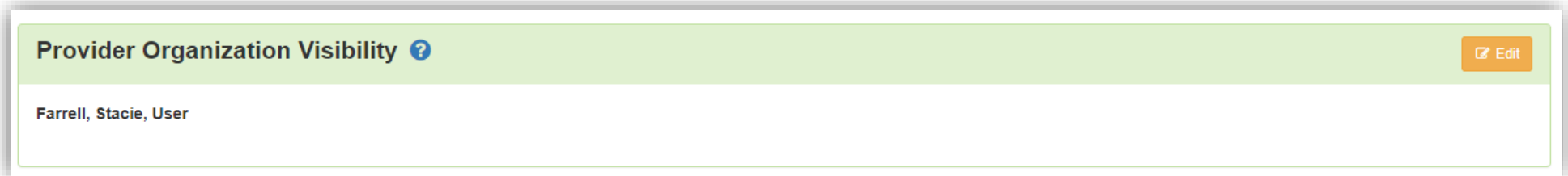
Written notification will be provided of reconsideration determinations within 10 business days of receipt of the request for a standard reconsideration.



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.



Contact Us



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