



Mississippi Medicaid: Telligen Provider Portal Training – Inpatient Hospital Services

July 2024

Agenda



- Contact Information
- Overview/Purpose
- Housekeeping
- Mississippi Prior Authorization Reform Act (S.B. 2140)
- Telligen/Mississippi Medicaid Website
- Completing the Request for Information (RFI)
- How to find a determination
- Submitting a reconsideration/appeal/Peer to Peer Review
- Continued Stay Review (CSR)
- Discharge Tasks
- E-mail notifications
- Questions



Contact Us



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Mississippi Call Center & Provider Help Desk

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Portal Registration Questions

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



Purpose



- 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
- Directions on requesting a Peer-to-Peer review
- Directions on requesting a Continued Stay Review
- Directions on submitting a Discharge
- Review of the notifications you will receive



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.



MS Prior Authorization Reform Act



Senate Bill 2140

- The Mississippi Prior Authorization Reform Act, effective July 1, 2024, aims to address issues related to prior authorization requirements and improve healthcare delivery and outcomes in MS.
- Overall, the Mississippi Prior Authorization Reform Act is intended to balance controlling healthcare costs and ensuring timely access to necessary medical treatments for patients.



MS Prior Authorization Reform Act, cont.



Senate Bill 2140

- Key provisions of the MS Prior Authorization Reform Act:
 - Streamlining Processes
 - Transparency
 - Clinical Justification
 - Appeals Process



MS Prior Authorization Reform Act, cont.



How will this impact the current prior authorization process?



Prior authorization is a process where healthcare providers are required to obtain approval before certain treatments, procedures, or medications can be covered.



You will submit **non-urgent prior authorization requests** as you have previously and adhere to the turnaround times as before.

- The urgent feature in Qualitrac allows the provider to indicate when a prior authorization request needs to have expedited processing due to its urgent nature.
- Selecting the “urgent” checkbox triggers an escalation process within the system, directing the request to be reviewed more quickly and given a higher priority.
- **Do not utilize this feature for non-urgent prior authorization requests.**



Urgent Feature in Qualitrac



Member ID: [REDACTED] DOB: [REDACTED]

Phone Number: [REDACTED] Client: Mississippi

Authorization Request

Date Request Received * **Review Type *** **Place of Service *** **Type of Service ***

MM/DD/YYYY hh:mm a [calendar icon] [dropdown] [dropdown] [dropdown]

Timing * Is this Request Urgent?

[Cancel] [Add New Request]



MS Prior Authorization Reform Act, cont.



Urgent Health Care Services-S.B. No. 2140 p.7

- (p) "Urgent health care service" means a health care service with respect to which the application of the time periods for making a non-expedited prior authorization that in the opinion of a treating health care professional or health care provider with knowledge of the enrollee's medical condition:
 - (i) Could seriously jeopardize the life or health of the enrollee or the ability of the enrollee to regain maximum function;
 - (ii) Could subject the enrollee to severe pain that cannot be adequately managed without the care or treatment that is the subject of the utilization review; or
 - (iii) Could lead to likely onset of an emergency medical condition if the service is not rendered during the time period to render a prior authorization determination for an urgent medical service.
- (q) "Urgent health care service" does not include emergency services.
- A determination must be rendered no later than 48 hours after receiving **all** information needed to complete the review of the requested *urgent health care service* (Sect.8)



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](#)

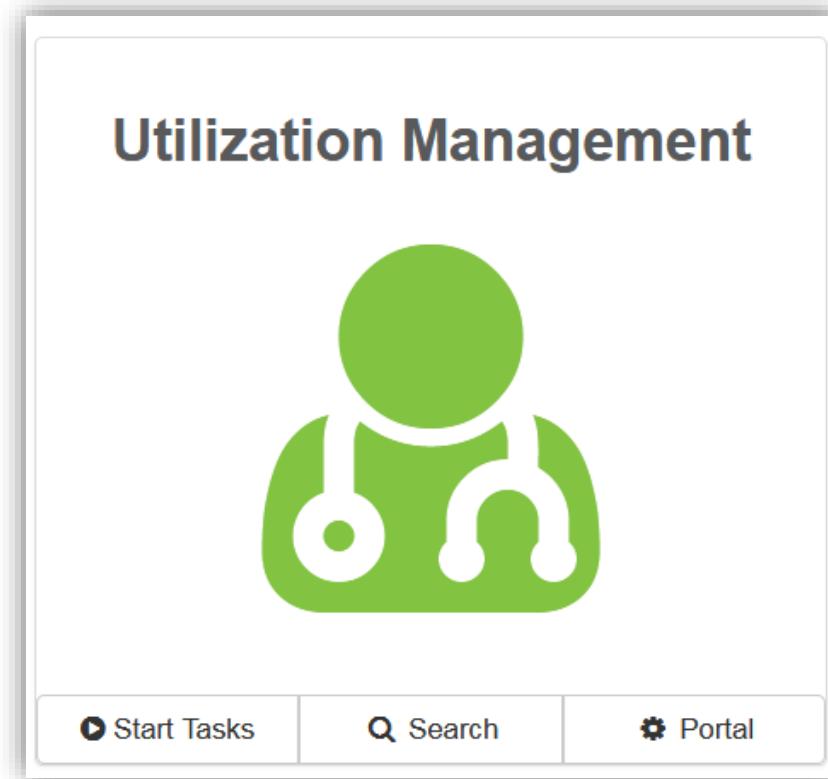


[CHECK REVIEW STATUS](#)

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



Inpatient Acute Prior Authorization



A prior authorization is required for all hospital admissions except:

- obstetrical deliveries
 - vaginal deliveries with a length of stay of two (2) days or less
 - cesarean deliveries with a length of stay of under four (4) days or less
- well newborns with a length of stay five (5) days or less.
- Emergent and urgent admissions must be authorized on the next working day after admission.
- Lack of authorization = denial, if the exceptions aren't met.
- Inpatient hospital stays that exceed the DRG Long Stay Threshold (19 days) require a continued stay/concurrent review for the additional inpatient days that exceed the threshold.



Maternal-Infant Inpatient Prior Authorization



Report all admissions for deliveries to DOM and Telligen via the Newborn Enrollment form.

- A prior authorization is required for maternal–infant admissions when:
 - obstetrical deliveries
 - vaginal deliveries with a length of stay of three (3) or more days
 - cesarean deliveries with a length of stay of five (5) or more days
 - sick newborns with a length of stay six (6) or more days
- Obstetrical deliveries and sick newborn stays that exceed nineteen (19) days require a continued stay/concurrent review.




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, which is highlighted with a blue arrow. Below the title, there is a 'View Cases' button and a 'Show' button next to the text 'Hiding canceled cases.'. A table below shows a list of utilization management cases with columns for Status, Case ID, Request ID, Review Type, Timing, Treating Prov./Phys., Treating Facility, Req. Start, Req. End, Outcome, and Action. The first row shows a 'Not Submitted' case with Case ID 27058, Request ID 27070, Review Type 'Inpatient Hospital', Timing 'Retrospective', Treating Prov./Phys. 'JACKSON, ALLEN', Treating Facility 'BAPTIST MEDICAL CENTER - ATTALA', Req. Start '11/01/2023', and Req. End '11/04/2023'. A search bar is located above the table.

Stephanie Wilson [View Member Details](#)

Member ID: TEMP000000100700 [Date of Birth: 01/03/1978](#) Phone Number: Client: Mississippi

Utilization Management [View Cases](#) [+ Add](#)

Hiding canceled cases. [Show](#)

Show entries Search:

Status	Case ID	Request ID	Review Type	Timing	Treating Prov./Phys.	Treating Facility	Req. Start	Req. End	Outcome	Action
Not Submitted	27058	27070	Inpatient Hospital	Retrospective	JACKSON, ALLEN	BAPTIST MEDICAL CENTER - ATTALA	11/01/2023	11/04/2023		...

Telligen Provider Portal – Required sections



The following panels will be required for your request:

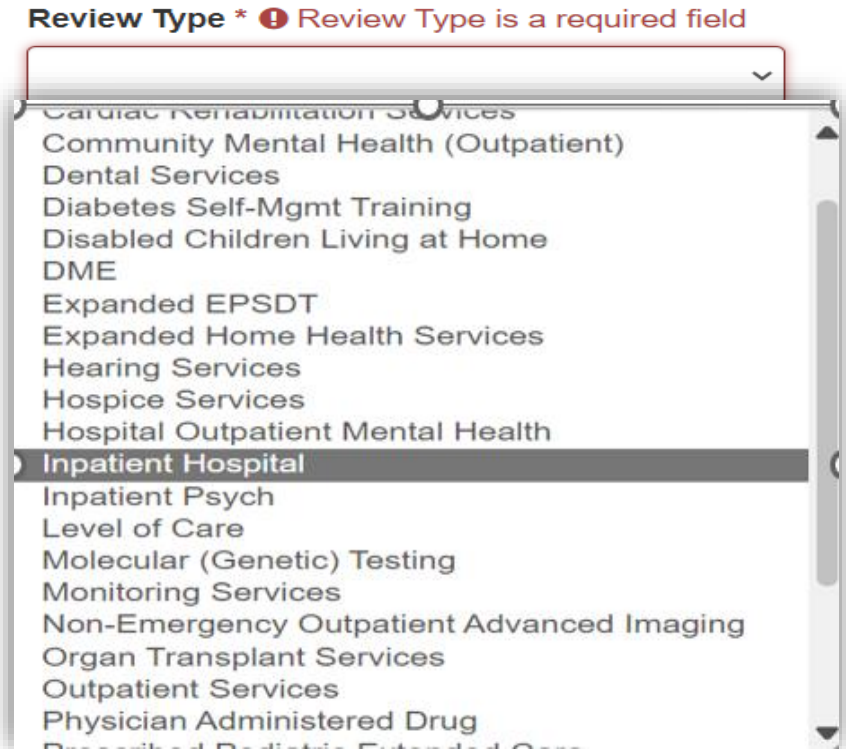
- **Authorization Request**
- **Dates of Service**
- **Coverage**
- **Providers**
- **Provider Organization Visibility**
- **Diagnosis**
- **Procedures**
- **Documentation**



Authorization Request Panel- Review Type



- Enter the **Review Type**: This is where you will select the type of review you are requesting.
 - The review appropriate for this include: Inpatient Hospital
 - Content will be located under education on the website



- **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.



Entering Physician and Facility Information




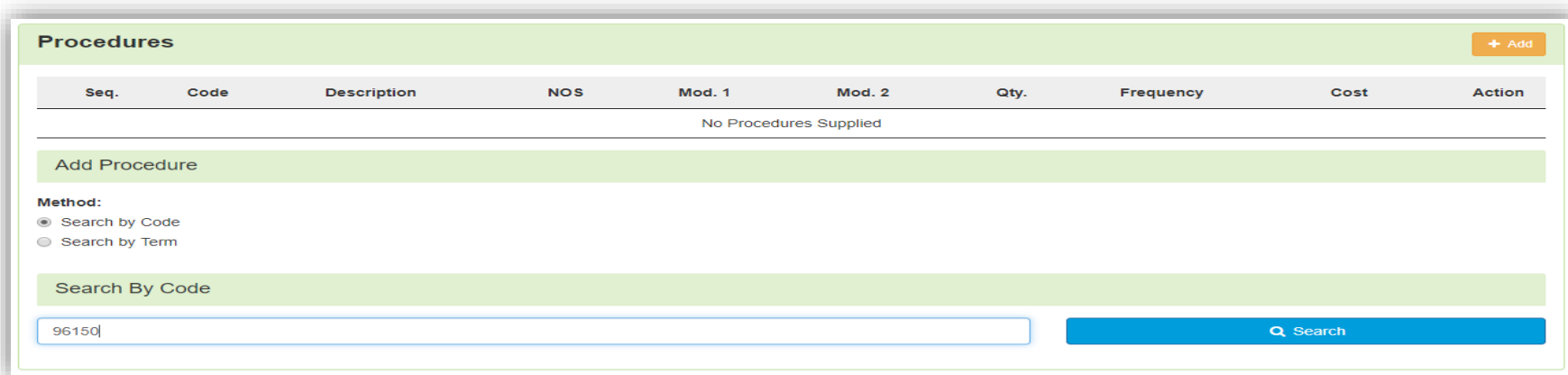
- Clicking **+ Add** will open a search box. You can search by entering an NPI number or **Medicaid ID** by filling in any of the information boxes provided if the NPI is not known.
- Once you have entered the necessary information, click search to locate the physician or facility you are looking for.

The screenshot shows a web application interface for provider selection. At the top, there is a breadcrumb trail: 'Dashboard / Task Queue / Member Hub / Request / Provider Selection'. On the right side of the header, the user's name and session information are displayed: 'Stephanie Wilson - TEMP000000100323 - 01/03/1978'. The main form area contains several input fields: 'NPI Number' with a help icon, 'Other ID Number' with a help icon, 'Last / Organization Name', and 'First Name'. Below these are 'City', 'State' (a dropdown menu currently showing 'Wyoming'), 'Zip Code', and 'Taxonomy' (a dropdown menu). A blue 'Search' button with a magnifying glass icon is positioned at the bottom right of the form. A 'Cancel' button is located at the bottom left of the form area.



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



The screenshot shows the "Procedures" panel interface. At the top right, there is a "+ Add" button. Below it is a table with the following columns: Seq., Code, Description, NOS, Mod. 1, Mod. 2, Qty., Frequency, Cost, and Action. The table is currently empty, displaying "No Procedures Supplied". Below the table is a section titled "Add Procedure" with a "Method:" label. There are two radio buttons: "Search by Code" (selected) and "Search by Term". Below the radio buttons is a "Search By Code" section with a text input field containing "96150" and a blue "Search" button with a magnifying glass icon.

Procedure(s) Panel cont.

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

Search By Term

Section

Category

Sub-Category

Enter Search Term

- Once Query has populated, Use the radio button to Select the correct Procedure(s) (**99233**-This is the default code for this review type).

Seq.	Code	Description
1	99233	SBSQ HOSPITAL CARE/DAY 35 MINUTES

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 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.



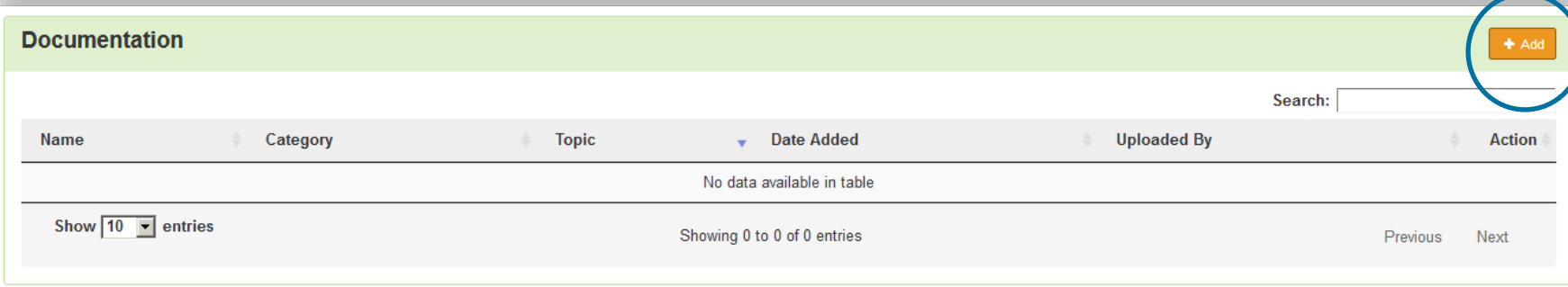
- Use the trash can icon on the right side of the procedure to delete anything entered incorrectly in this panel.
- Prioritize the procedures using the drag and drop features.

Procedures + Add											
Seq.	Code	Description	NOS	Modifiers	Tooth Number(s)	Tooth Quadrant(s)	Tooth Surface(s)	Qty.	Frequency	Cost	Action
1	99233	SBSQ HOSPITAL CARE/DAY 35 MINUTES						1 day(s)			 
2	50205	RENAL BIOPSY SURG EXPOSURE KIDNEY						1 day(s)			 



Documentation Panel

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



Documentation

+ Add

Search:

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

Show entries

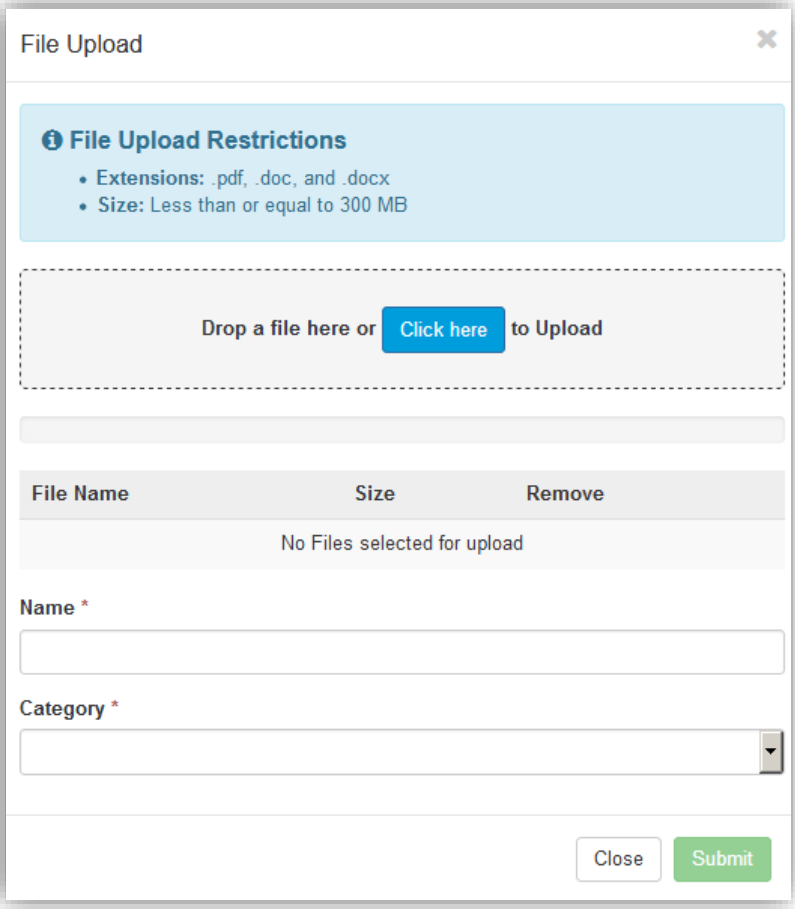
Showing 0 to 0 of 0 entries

Previous Next



Documentation Panel cont.

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

A modal window titled "File Upload" with a close button in the top right corner. It contains a light blue header section with an information icon and the text "File Upload Restrictions". Below this are two bullet points: "Extensions: .pdf, .doc, and .docx" and "Size: Less than or equal to 300 MB". A dashed border box contains the text "Drop a file here or" followed by a blue button with "Click here" and "to Upload". Below this is a table with three columns: "File Name", "Size", and "Remove". The table body contains the text "No Files selected for upload". There are two input fields: "Name *" and "Category *". At the bottom right are "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		

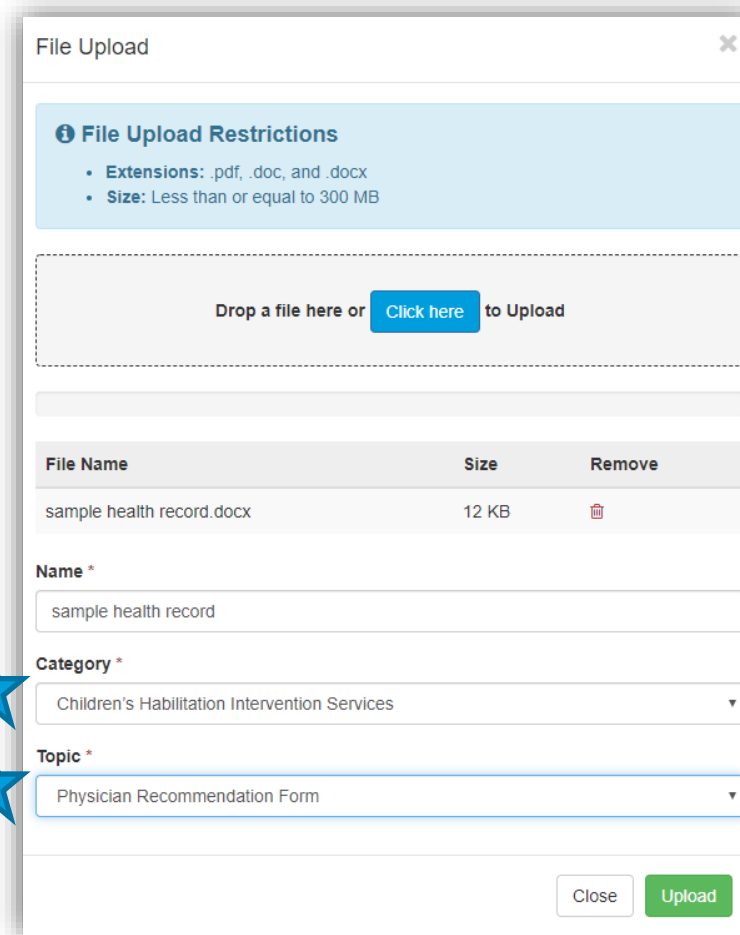
Name *

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



Prospective/Concurrent

- Emergency room notes and/or admission assessment
- Physician Orders

Concurrent/Continued Stay

- Dates of service
- Comprehensive History and physical
- Diagnoses
- Diagnostic studies and results
- Documentation of any consults
- Medication listing including route, dose frequency and indication
- Discharge planning and instructions
- Discharge orders
- Signed orders
- All imaging results



Completing your Review

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

Documentation + Add

Search:

Name	Category	Topic	Date Added	Uploaded By	Action
Smoking Stop Smoking	Clinical	Medical & Treatment History	11/18/2018	swilsonexternal	

Show entries Showing 1 to 1 of 1 entries Previous Next

Continue



Criteria



- **The criteria being used is NOT changing at this time.**
- Telligen will be using InterQual criteria for Acute Inpatient reviews.
- You will need to document against that criteria as part of your submission process.



InterQual Process



- InterQual is integrated into Qualitrac to provide transparency into the clinical guidelines and criteria we use to review your authorization requests
- The system automatically takes the end user through the InterQual process

Select Subset *Refine search with Product, Version, Category, Keywords or Medical Codes*

PRODUCT VERSION CATEGORY CLINICAL REFERENCE

Enter Keywords 99233,K65.0 FIND SUBSETS CLEAR ALL BOOKMARKS

Results Count: 5

Subset 1 ↑	Product	Version 2 ↓
Acute Infections (SAC-SNF)	LOC:Subacute / SNF	InterQual 2023
Infection: GI/GYN	LOC:Acute Adult	InterQual 2023
Medical Management (SAC-SNF)	LOC:Subacute / SNF	InterQual 2023
Medically Complex	LOC:Long-Term Acute Care	InterQual 2023
Pediatric (SAC)	LOC:Subacute / SNF	InterQual 2023



InterQual Process cont.



- If there are 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 cont.



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

Medical Review *Acute Infections (SAC-SNF)* **CHANGE SUBSET** **CLINICAL REFERENCE**

ADMISSION, WEEK 1 ▾ CLEAR ALL EXPAND ALL COLLAPSE ALL COMMENTS 0 BENCHMARKS

[-] Admission, Week 1, One: [Care]

[-] Daily skilled services, All: [] []

[-] ✓ Treatment precluded in a lower level of care, ≥ One: [] []

 ✓ Clinical complexity or existing debility makes care at home unsafe [] []

 Cognitive or physical inability to manage care and no caregiver available [] []

 + Home environment not conducive to care, ≥ One: [] []

 Services unavailable through home care or outpatient []

[-] Extended skilled care services required, ≥ One: [] []

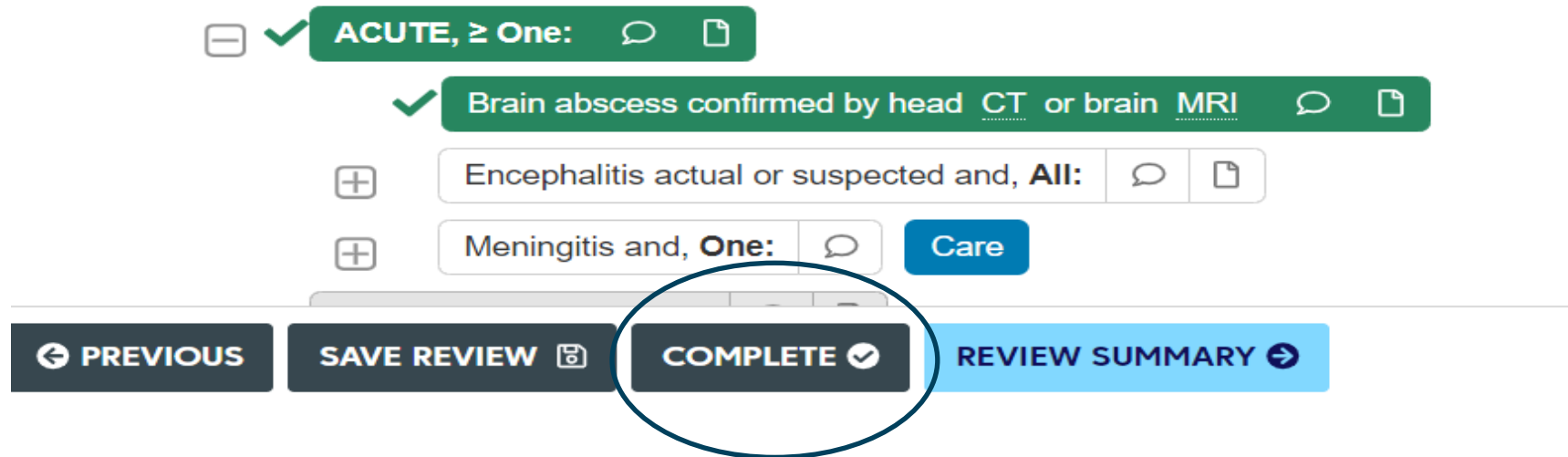
 Qualified hospital stay not required [] []

 Direct admission after 3d qualified hospital stay [] []



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, \geq One: (checked)
- Brain abscess confirmed by head CT or brain MRI (checked)
- Encephalitis actual or suspected and, All: (unchecked)
- Meningitis and, One: (unchecked)


A blue 'Care' button is visible next to the 'Meningitis and, One:' condition. At the bottom, a navigation bar contains four buttons: 'PREVIOUS', 'SAVE REVIEW', 'COMPLETE', and 'REVIEW SUMMARY'. The 'COMPLETE' button is circled in red, indicating it is the next step in the process.

InterQual Process cont.

- If there are no clinical guidelines that apply, you will be presented with a text box where clinical information relevant to the review can be entered.
- Once all applicable data has been entered, click the **submit** button to finish the documentation.

Dashboard / Task Queue / Member Hub / Clinical Guidelines / InterQual® HAZEL MISQUITA - 100324926 - 10/17/1978

No InterQual Guidelines found for 99233: SUBSEQUENT HOSPITAL CARE

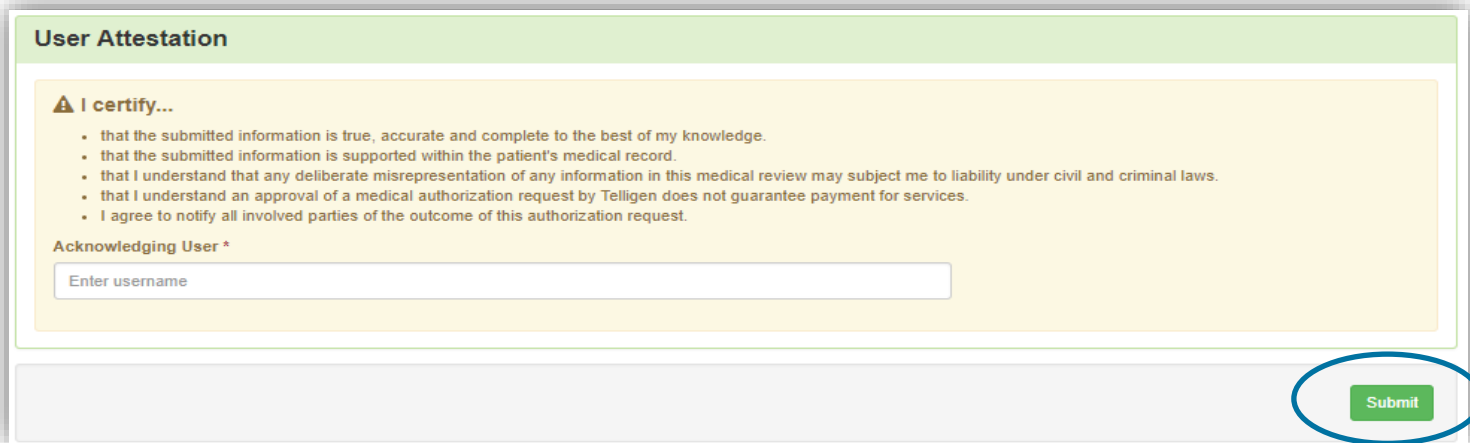
No Guidelines Applicable * 

Comment *



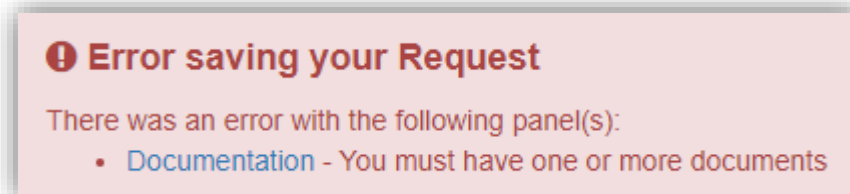
Attestation

- 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, there 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

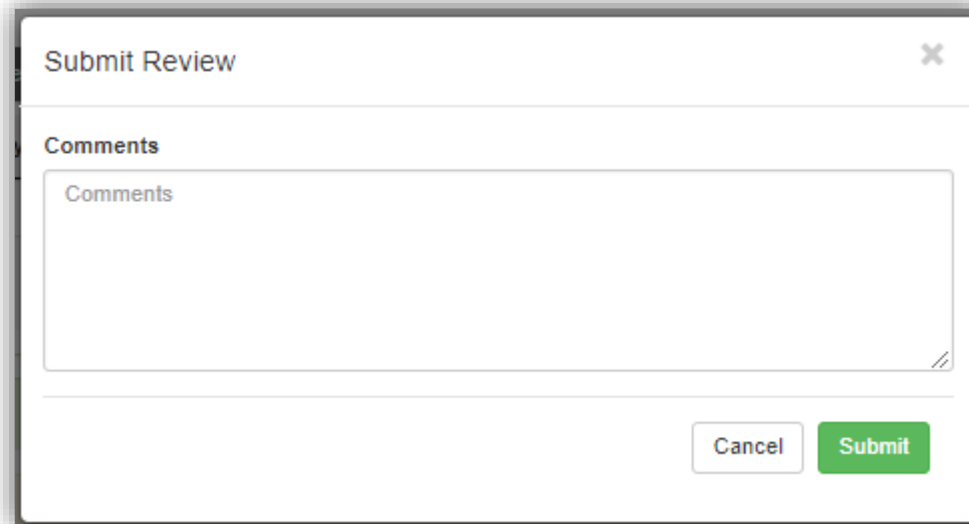


The screenshot shows an error message in a red box. It starts with a red exclamation mark icon followed by the text 'Error saving your Request'. Below this, it says 'There was an error with the following panel(s):' and lists a single bullet point: 'Documentation - You must have one or more documents'.



Comments

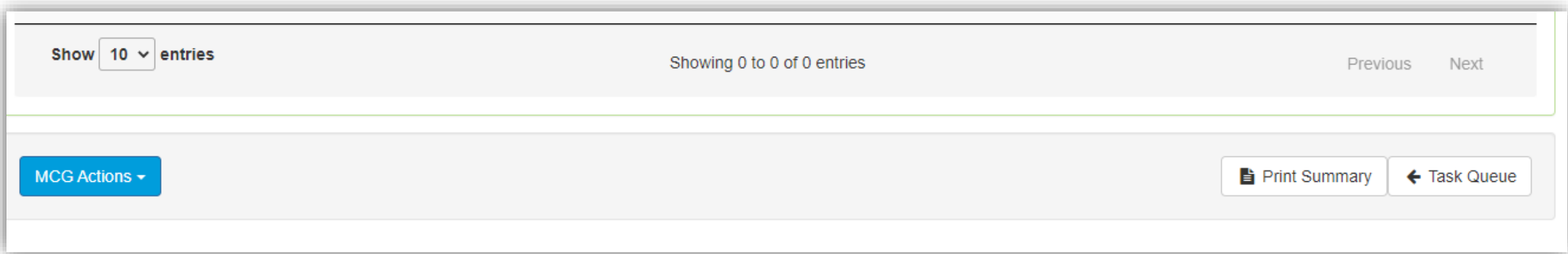
- Users have the option to add comments to the review before it is sent to Telligen.
- A comments modal will open, and the user can enter additional information related to the review.
- **This is not required to complete the review.**

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 area. 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 of the request, scroll to the bottom of the page and select **← Task Queue**
 - This will return the user to the tasks page where you can begin a new search and submit other reviews.



Where Did My Review Go?



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

The screenshot shows the Qualitrac interface. At the top left, it says "Qualitrac stage". On the right, there is a navigation bar with icons for Facebook, Twitter, Email, and other functions. Below this is a breadcrumb trail: "Dashboard / Task Queue / Member Hub". On the right side of the breadcrumb, it says "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. Below it is a "Scheduled Tasks" section. The right section is a member profile for "Stephanie Wilson" with a "View Member Details" button. Below the name, there are four fields: "Member ID: TEMP000000100700", "Date of Birth: 01/03/1978", "Phone Number:", and "Client: Mississippi".

Review



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

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

Show entries Search:

Module	Timing	Status	Date Request Received	Case Completed	Outcome	Actions
Medical Necessity	Retrospective	Not Submitted	12/01/2023 04:35 pm		Pending	⋮ View Request Delete

Showing 1 to 1 of 1 entries



View Request
Delete



Request for Information (RFI)



A Note about Timeframes



Telligen Review Timeframes

Prospective	Concurrent	Retrospective
1 Business Day	1 Business Day	20 Business Days

Provider Timeframes

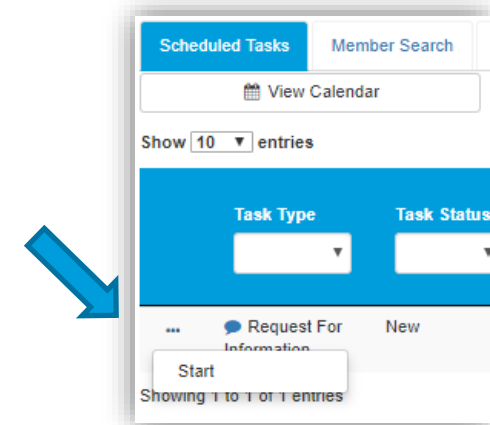
- Providers have 10 business days to respond to a request for information (RFI).
- Providers have 30 calendar days to submit a reconsideration.
- Providers should enter reviews for urgent or emergent admissions on the next business day after the admission.

The Telligen portal is available 24/7/365, except for scheduled maintenance days.



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 'Correspondence' section with a search bar and a table of entries. The table has columns for Letter, Addressee, and Date Sent. There are two entries listed, both dated 06/16/2022 10:57:18. The first entry is for a 'DRG Request for Information' sent to a 'Treating Facility'. The second entry is for a 'DRG Request for Information' sent to an 'Ordering Provider'. Below the table, there is a 'Show 10 entries' dropdown, a 'Showing 1 to 2 of 2 entries' status, and 'Previous 1 Next' navigation buttons.

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, and Uploaded By contains one entry: 'Commit to a Goal' under the 'Clinical' category, with the topic 'Medical & Treatment History', date '02/17/2019', and uploader 'swilsonMD'. At the bottom, there is a 'Show 10 entries' dropdown, 'Showing 1 to 1 of 1 entries', and 'Previous 1 Next' navigation controls.

Name	Category	Topic	Date Added	Uploaded By	Action
Commit to a Goal	Clinical	Medical & Treatment History	02/17/2019	swilsonMD	



Request for Additional Information



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

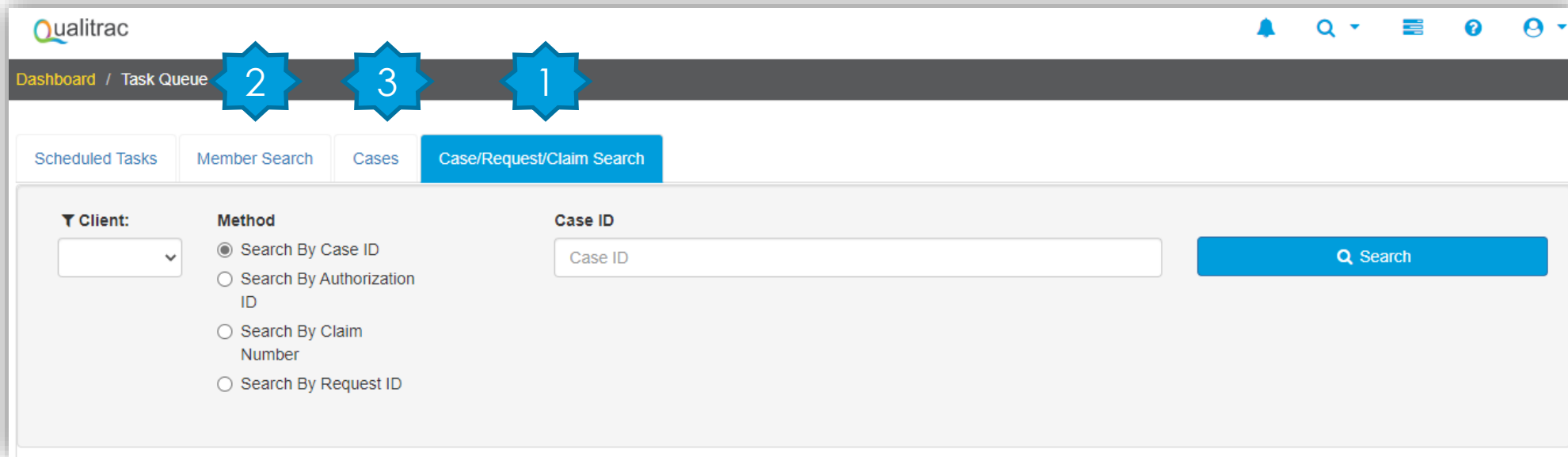


Finding the Determination



Locating A Determination

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



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 are 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 with the following fields and options:

- Client:** A dropdown menu with a downward arrow.
- Method:** Four radio button options:
 - Search By Case ID
 - Search By Authorization ID
 - Search By Claim Number
 - Search By Request ID
- Case ID:** A text input field with the placeholder text "Case ID".
- Search:** A blue button with a magnifying glass icon and the text "Search".

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

Inpatient Hospital (35817)

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) G0446 - ANNUAL FCE--FCE INTENSV BEHV TX CV DZ IND 15 MIN

Outcome: Denied

Requested

Outcome	
Authorization Number	
Start Date	06/13/2022
End Date	07/13/2022
Modifier 1	
Modifier 2	
Units	20 unit(s)
Frequency	3 Three times weekly
Total Cost	

Final Recommendation

Outcome	Denied (Clinical Denial)
Authorization Number	7000000004
Start Date	06/13/2022
End Date	07/13/2022
Modifier 1	
Modifier 2	
Approved	0 unit(s) (Denied: 20)
Frequency	3 Three times weekly
Total Cost	
Letter Rationale:	denial

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



Submitting a Reconsideration (1st Level Appeal)



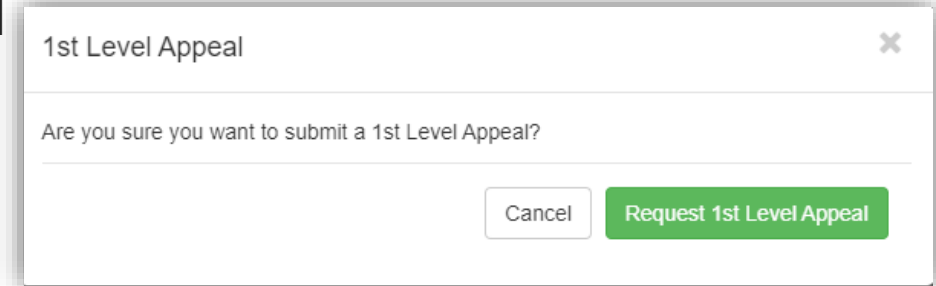
- To submit a reconsideration for a denied review:
 - Go to the **UM panel** in the member hub
 - Click on the blue ellipsis within the denied case to open the action menu
 - Once there, select **1st Level Appeal** from the menu.

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: Request Is Complete, 812, Acute Medical Surgical, Retrospective, WILSON MD, DOUGLAS, JOHN HOPKINS MOORE CL MAC, 02/04/2019, 02/08/2019, Denied, and an ellipsis icon. An action menu is open over the ellipsis, showing 'View Request' and '1st Level Appeal'. At the bottom left of the table, 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

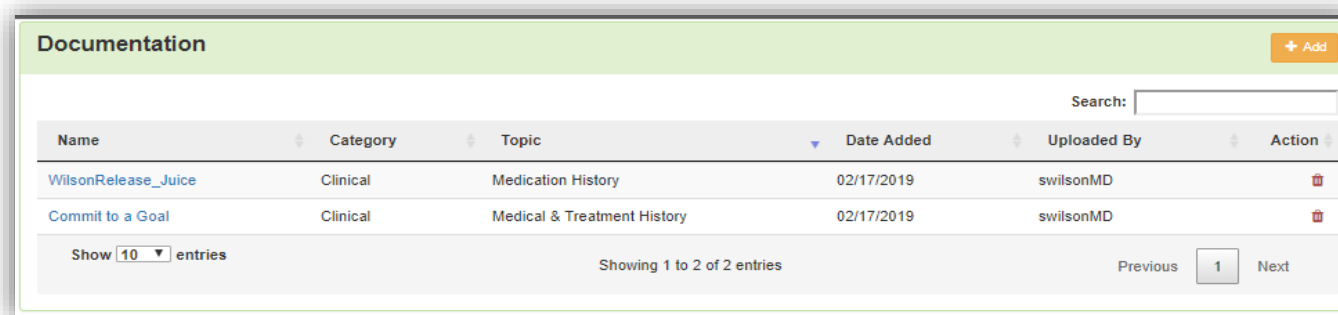


1st Level Appeal

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

Inpatient Hospital (35817) Treating Provider: MRH MEDICAL GROUP, BROWN MEDICAL CL [Case Creation](#)

Show entries

Search:

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

The system will display your appeal



Peer-to-Peer Review



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.

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



Peer to Peer cont.



- **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 with the title "Utilization Management" and buttons for "View Cases" and "Add". Below the header, there is a search bar and a "Show" button. The main content is a table with columns: Status, Case ID, Request ID, Review Type, Timing, Treating Prov./Phys., Treating Facility, Req. Start, Req. End, Outcome, and Action. Two rows are visible, both with a status of "Request Is Complete" and an outcome of "Denied". The second row has an action menu open, showing options: "View Request", "Continued Stay Review", "Request P2P" (highlighted with a blue arrow), "1st Level Appeal", and "Cancel".

Status	Case ID	Request ID	Review Type	Timing	Treating Prov./Phys.	Treating Facility	Req. Start	Req. End	Outcome	Action
Request Is Complete	28978	28990	Level of Care	Concurrent	HARBOUR, JO	HUDSPETH REGIONAL CENTER	11/07/2023		Denied	...
Request Is Complete	28977	28989	Level of Care	Concurrent	HARBOUR, JO	HUDSPETH REGIONAL CENTER	03/01/2024		Denied	View Request Continued Stay Review Request P2P 1st Level Appeal Cancel

Continued Stay Review



Continued Stay Review



- To submit a **Continued Stay Review** for an admission review:
 - Go to the UM panel in the member hub
 - Click on the blue ellipsis within the case to open the action menu
 - Once there, select **continued stay review** from the menu

QUEANTRAYIS WILLIAMS View Member Details

Member ID: 100101882 Date of Birth: 12/15/2003 Phone Number: Client: Mississippi

Utilization Management View Cases + Add

Hiding canceled cases. Show

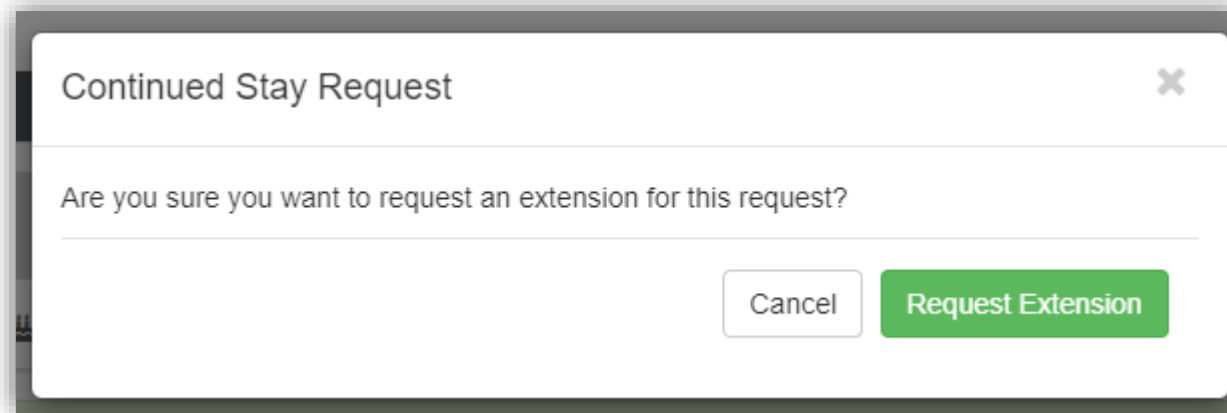
Show 10 entries Search:

Status	Case ID	Request ID	Review Type	Timing	Treating Prov./Phys.	Treating Facility	Req. Start	Req. End	Outcome	Act
Not Submitted	27888	27900	Inpatient Hospital	Concurrent						
Request Is Complete	27816	27828	Hospice Services	Concurrent	WILSON, SARAH	CLINIC	01/15/2024		Approved	...
Request Is Complete	26952	26977	Inpatient Hospital	Continued Stay Review	SMITH, KARENLYN	MEDICAL CENTER OF PETAL	12/25/2023	12/27/2023	Ap...	View Request Continued Stay Review



Continued Stay Review

- The system will validate that you want to request an extension
- Click the green button for **request extension**
- If this was done in error, click cancel



Continued Stay Review



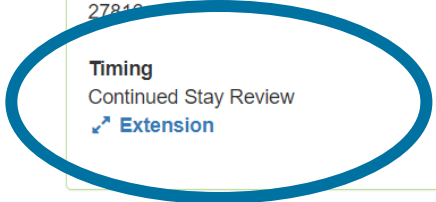
- The system user will be directed to update and complete the extension request
- The timing section of the **Authorization Request panel** will indicate you are completing a continued stay review extension

QUEANTRAYIS WILLIAMS Member ID: 100101882 DOB: 12/15/2003

Phone Number: Client: Mississippi

Authorization Request Actions ▾

Case Id	Request ID	Date Request Received	Review Type	Place of Service	Type of Service
27819	27902	01/29/2024 05:23 pm	Hospice Services	Hospice	Hospice
Timing Continued Stay Review ↗ Extension					

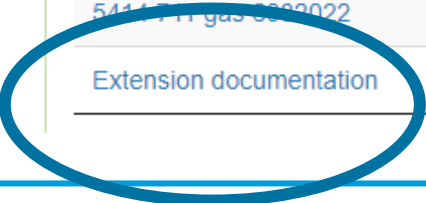


Continued Stay Review



- The User will review all the panels and update appropriately
 - Update any new diagnosis to support the extension in the diagnosis panel
 - Provide supporting documentation in the Documentation Panel to indicate the need for an extension
 - Click **Continue**

Documentation + Add						
Show 10 entries				Search: <input type="text"/>		
Name	Category	Topic	Date Added	Uploaded By	Action	
5411771 gas 0000022	Clinical	Psychological Evaluation	06/15/2022	sfarreIIMD		
Extension documentation	Clinical	Psychological Evaluation	06/15/2022	sfarreIIMD		



Continued Stay Review



- The User will need to repeat the InterQual process:

Dashboard / Task Queue / Member Hub / Clinical Guidelines QUEANTRAYIS WILLIAMS - 100101882 - 12/15/2003

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.

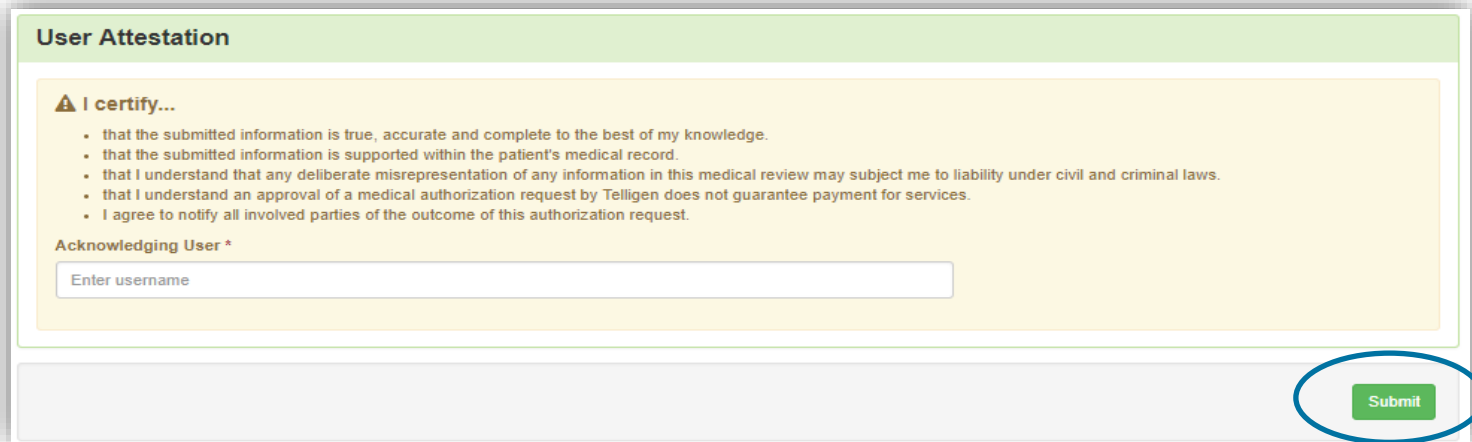
[Document InterQual® Guidelines](#)

[Exit](#) [Continue](#)



Continued Stay Review Attestation

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



The screenshot shows a web form titled "User Attestation". It contains a section for certification with a list of terms and conditions. Below this is a text input field labeled "Enter username" and a green "Submit" button. The "Submit" button is circled in blue.

User Attestation

⚠ I certify...

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

Acknowledging User *

Enter username

Submit

- Click the **Submit** button to send the review to Telligen
- Await a response for the extension request



Discharge Information Task



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

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

Task Type	Task Category	Task Status	Client	Last Name	First Name	Solution / Module	Review Type	Assignee
Discharge Status		In Progress	Mississippi	WILLIAMS	QUEANTRAYIS	Medical Necessity	Inpatient Hospital	ProviderUser



Discharge Information

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

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



	Task Type	Task Category	Task Status	Client	Last Name	First Name	Solution / Module	Review Type	Assignee
	▼	▼	▼	▼	Last Name	First Name	▼	Review Type	Assignee
⋮	Discharge Status		In Progress	Mississippi	WILLIAMS	QUEANTRAVIS	Medical Necessity	Inpatient Hospital	ProviderUser

Discharge Information cont.



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

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

Documentation Panel: The documentation panel is where a user will upload any additional information.

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

The screenshot displays a web interface for managing a discharge request. It is divided into several sections: Authorization Request, Discharge Info, Diagnosis, and Documentation. The Authorization Request section shows details for Case Id 27816, Request ID 27828, Review Outcome Approved, Date Request Received 01/23/2024 01:11 pm, Review Type Hospice Services, and Place of Service Hospice. The Discharge Info section includes a dropdown for 'Is the Patient still in the Hospital?' (set to No), a date field for 'Actual Discharge Date' (MMDDYYYY), and a dropdown for 'Discharge Disposition'. The Diagnosis section contains a table with one entry: Seq. 1, Code R51, Description HEADACHE, Final Dx (radio button), POA (checkbox), NOS, and an Action button. The Documentation section shows a list of entries with columns for Name, Category, Topic, Date Added, and Uploaded By, featuring one entry: Medical Record, Clinical, Medical & Treatment History, 01/23/2024, and ProviderUser. A 'Close Case' button is located at the bottom right of the interface.

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

Type of Service	Timing
Hospice	Concurrent

Is the Patient still in the Hospital? *
No

Actual Discharge Date *
MMDDYYYY

Discharge Disposition *

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

Name	Category	Topic	Date Added	Uploaded By	Action
Medical Record	Clinical	Medical & Treatment History	01/23/2024	ProviderUser	

Showing 1 to 1 of 1 entries

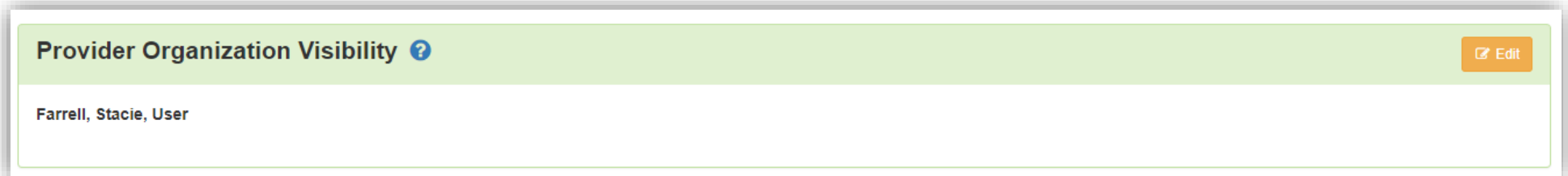
Previous 1 Next

Close Case

E-mail Notifications



- Users will receive email notifications when:
 - Reviews are received from the portal
 - Reviews are updated/changed in status
- To make sure that everyone in your organization that should receive email notification for reviews does get one, please select the organization or facility in the Provider Organization Visibility panel.



Contact Us



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