



Mississippi Medicaid: Telligen Provider Portal Training – Behavioral Mental Health Services

July 2024

Mental Health Services



- Inpatient Psychiatric Services
- Hospital Outpatient Mental Health Services
- Community Mental Health & Substance Use Disorder Services
- Psychiatric Residential Treatment Facilities (PRTF)
- Therapeutic & Evaluative Services for Expanded EPSDT
- Autism Spectrum Disorder Services
- Medication Assisted Treatment (MAT)
- ICF/IID



Agenda



- Contact Information
- Overview/Purpose
- Housekeeping
- Mississippi Prior Authorization Reform Act (S.B. 2140)
- Telligen/Mississippi Medicaid Website
- 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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Mississippi Call Center & Provider Help Desk

- Email: msmedicaidum@telligen.com
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- Fax: 800-524-5710

Portal Registration Questions

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



Purpose



- 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 chat
- 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](#)



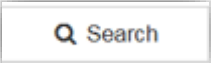

[CHECK REVIEW STATUS](#)

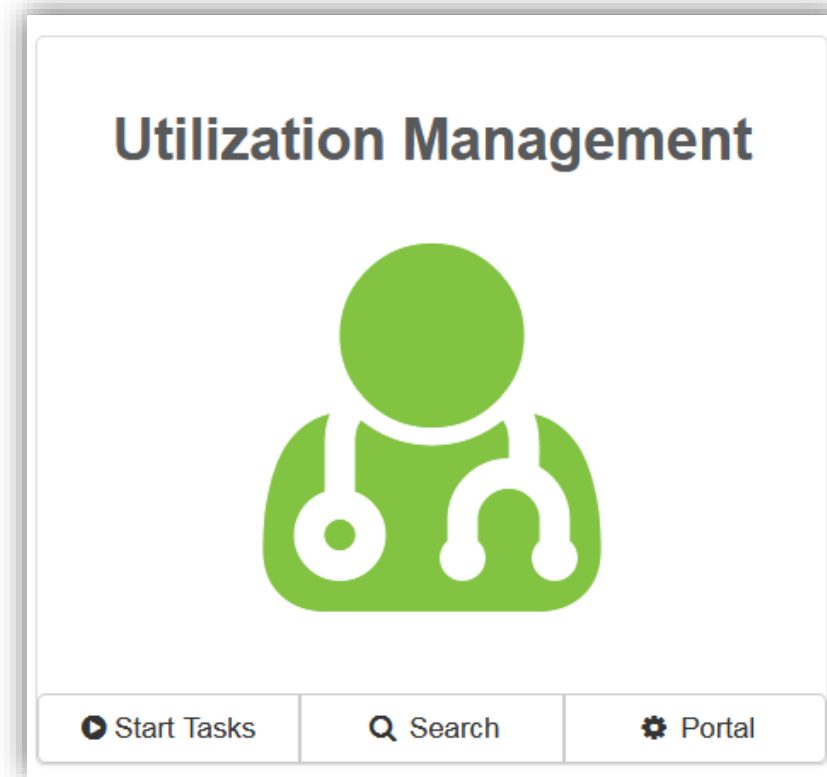
Submitting a Review



Telligen Provider Portal – Adding a New Review



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



Telligen Provider Portal – Adding a New Review



How To Locate a Member:

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

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

Telligen Provider Portal – Adding a New Review



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

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

Please search for the member by completing one of the following

Member ID * Date Of Birth * Search

TEMP000000100323 01/03/1978

OR

First Name * Last Name * Date Of Birth * Search

First Name Last Name MM/DD/YYYY

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

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







Telligen Provider Portal – Adding a new review




- **The Member Hub:**

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

 Stephanie Wilson View Member Details

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

 Utilization Management View Cases + Add

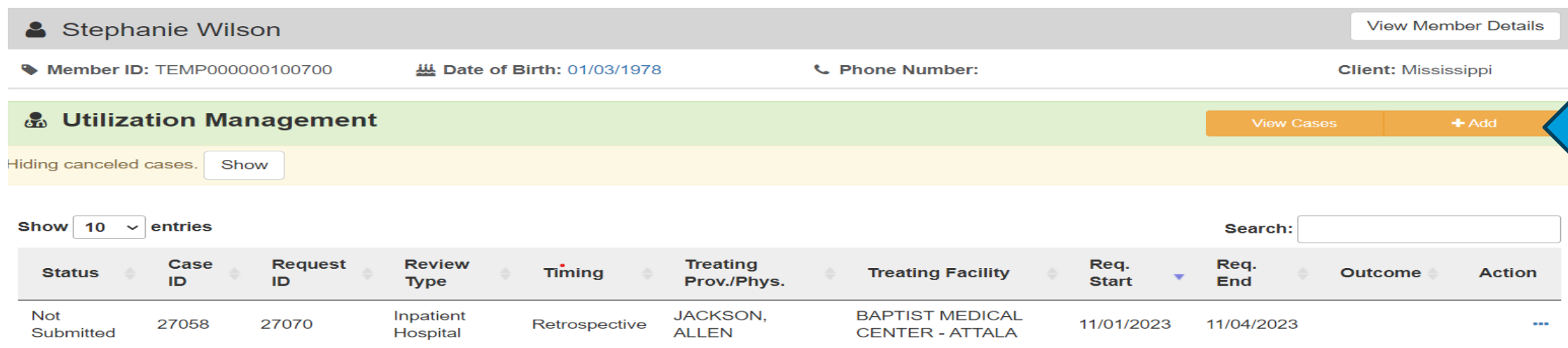


Telligen Provider Portal – Utilization Management Panel



The **Utilization Management Panel** will contain all information related to all UM reviews submitted for the member on behalf of your organization or those that were shared with your organization through the provider visibility panel

Use the  button to start a new request.



The screenshot shows the Utilization Management Panel for Stephanie Wilson. At the top, there is 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 includes a 'View Cases' button and a '+ Add' button, which is highlighted with a blue arrow. Below this, there is a toggle for 'Hiding canceled cases' with a 'Show' button. A 'Show 10 entries' dropdown is present, along with a search bar. The main content is a table with the following data:

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.
 - Reviews appropriate for this include: Autism Spectrum Disorder services, Community Mental Health, Hospital Outpatient Mental Health, Inpatient psychiatric services, PRTF, ICF/IID, Expanded EPSDT, Substance Abuse Disorder Services

Review Type * ⓘ Review Type is a required field

- Autism Spectrum Disorder Services
- Cardiac Rehabilitation Services
- Community Mental Health (Inpatient)
- Community Mental Health (Outpatient)
- Dental Services
- Diabetes Self-Mgmt Training
- 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



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

The screenshot shows a web form titled "Authorization Request" with a light green header. The form contains several input fields:

- Date Request Received ***: A date and time picker showing "06/14/2022 12:41 pm" with a calendar icon.
- Review Type ***: A dropdown menu with "Behavioral Health Outpatient" selected.
- Place of Service ***: A dropdown menu with "Office" selected.
- Type of Service ***: A dropdown menu with "Youth (Under 21)" selected.
- Timing ***: A dropdown menu with "Prospective" selected.

At the bottom right of the form, there are two buttons: a white "Cancel" button and a green "Add New Request" button with a plus icon.

- **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

A screenshot of a web form titled 'Dates of Service'. The form has a light green header bar with the title. Below the header, there are two input fields. The first is labeled 'Service Start Date *' and contains the placeholder text 'MM/DD/YYYY' with a calendar icon to its right. The second is labeled 'Service End Date *' and also contains the placeholder text 'MM/DD/YYYY' with a calendar icon to its right. The entire form is enclosed in a thin green border.

Dates of Service

Service Start Date * Service End Date *

MM/DD/YYYY MM/DD/YYYY



Coverage Panel



- The **Coverage Panel** will detail information about the member's eligibility.
- The Medicare Indicator and Third-Party Liability will default to No/Not Supplied unless there is information from MESA stating that the member has Medicare or other insurance.

⚠ Member Not Eligible

This member appears to either not meet eligibility requirements or has multiple coverage plans. We cannot confirm eligibility for the entire span of care. Please provide rationale for continuing with this request.

Group	Section	Plan	Start Date	End Date
No Coverage Found				
Medicare Indicator *		Third Party Liability *		EPSDT Indicator *
<input type="text" value="Yes"/>		<input type="text" value="No"/>		<input type="radio"/> Yes <input checked="" type="radio"/> No
Eligibility Comment *				
<input type="text"/>				

Coverage Panel cont.



- There is an Eligibility comment box where you can enter information related to the member's eligibility.
- This will also allow the submitter to override lack of eligibility for those member's whose eligibility may be at a future date and the request is being submitted in advance.

Medicare Indicator *

Third Party Liability *

EPSDT Indicator *

Yes No



Eligibility Comment *



Providers Panel: 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				
Ordering Provider *					Not Supplied				

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



Entering Provider and Facility Information



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

The screenshot shows a web form titled 'Providers *' with a 'Back' button in the top right corner. The form contains several input fields: 'NPI Number', 'Other ID Number', 'Last / Organization Name', and 'First Name' in the top row; 'City', 'State' (a dropdown menu currently showing 'Mississippi'), 'Zip Code', and 'Taxonomy' (a dropdown menu) in the second row. At the bottom left, there is a toggle switch for 'Search using NPES' which is currently set to 'OFF'. A blue 'Search' button with a magnifying glass icon is located at the bottom right of the form.



Entering Provider 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				
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
 WEEMS COMMUNITY MENTAL HEALTH CENTE	1073626511	100000054	1073626511		Clinic #: 1 Addr: 1011 Posey Ave Philadelphia, MS, 39350			Provider File

Entering Physician and Facility Information



- You will see the physician's name or facility name and information populated in the corresponding panel.
- You can access the delete button by clicking the 3 dots to the right if selected in error
- You can use the  button to search and find a new physician/facility for the one that was deleted.

Providers							
Type	Name	NPI	Address	Phone	Primary Taxonomy	PPO Redirect Reason	Comments
Treating Provider	 WEEMS COMMUNITY MENTAL HEALTH CENTE	1073626511	Clinic #: 1 13682 Highway 80 Forest, MS, 39074	(601) 469-2211	Clinic/Center, Mental Health (Including Community Mental Health Center)		



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 showing a 'Provider Organization Visibility' panel. The panel has a light green header with the title and a help icon. Below the header, the user's name 'Wilson, Stephanie, User' is displayed. A dropdown menu is open, showing 'ST LUKE'S REGIONAL MEDICAL CENTER' as the selected option.

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

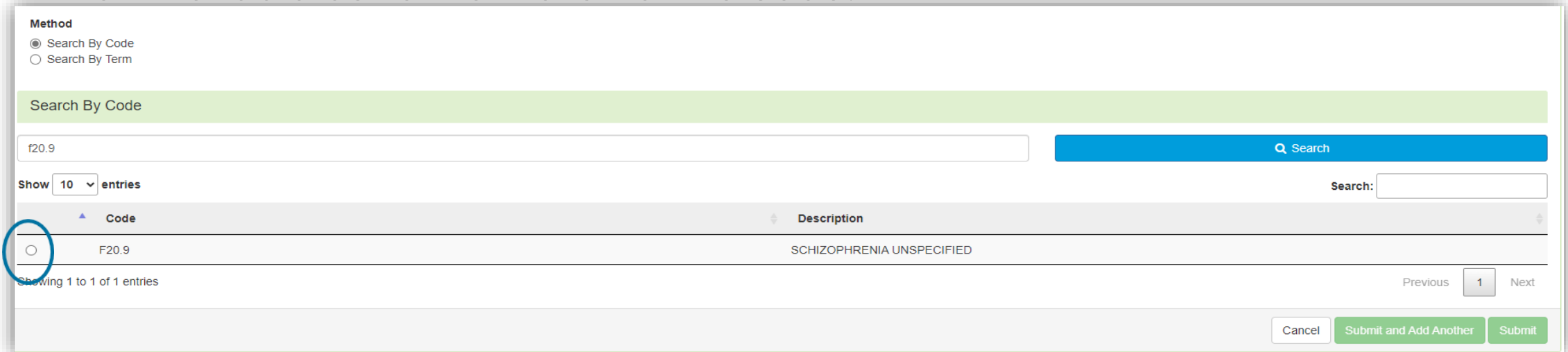
Search By Code

Enter Full ICD Code



Diagnosis Panel: Populating the Diagnosis

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

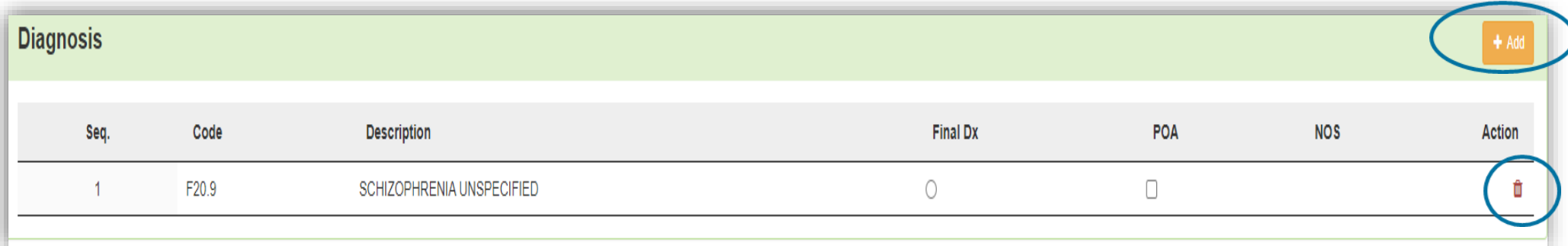



The screenshot shows a web interface for searching diagnoses. At the top, under the heading "Method", there are two radio buttons: "Search By Code" (which is selected) and "Search By Term". Below this is a green bar labeled "Search By Code". A search input field contains the text "f20.9", and a blue "Search" button is to its right. Below the search bar, there is a "Show 10 entries" dropdown menu and a "Search:" label next to another empty search input field. The main content is a table with two columns: "Code" and "Description". The table contains one row with the code "F20.9" and the description "SCHIZOPHRENIA UNSPECIFIED". A radio button is located to the left of the code "F20.9" and is circled in red. At the bottom left, it says "Showing 1 to 1 of 1 entries". At the bottom right, there are navigation buttons: "Previous", a page number "1" in a box, and "Next". At the very bottom, there are three buttons: "Cancel", "Submit and Add Another", and "Submit".

Code	Description
<input type="radio"/> F20.9	SCHIZOPHRENIA UNSPECIFIED


Diagnosis Panel cont.

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



Seq.	Code	Description	Final Dx	POA	NOS	Action
1	F20.9	SCHIZOPHRENIA UNSPECIFIED	0	<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

Search

Procedure(s) Panel cont.

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



Search By Term

Section

Category

Sub-Category

Enter Search Term

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

<input type="radio"/>	Code	Description
<input type="radio"/>	H2017	PSYCHOSOCIAL REHAB SERVICES PER 15 MUNUTES

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



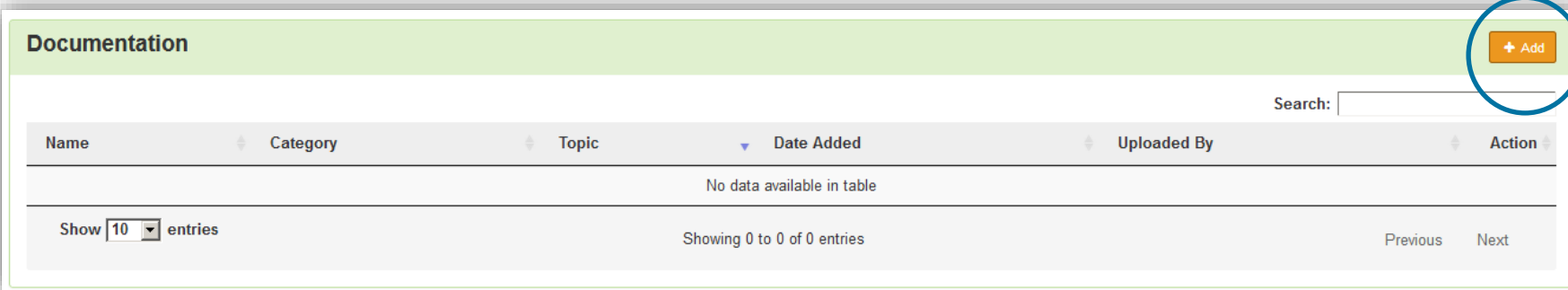
Procedure(s) Panel cont.

- 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

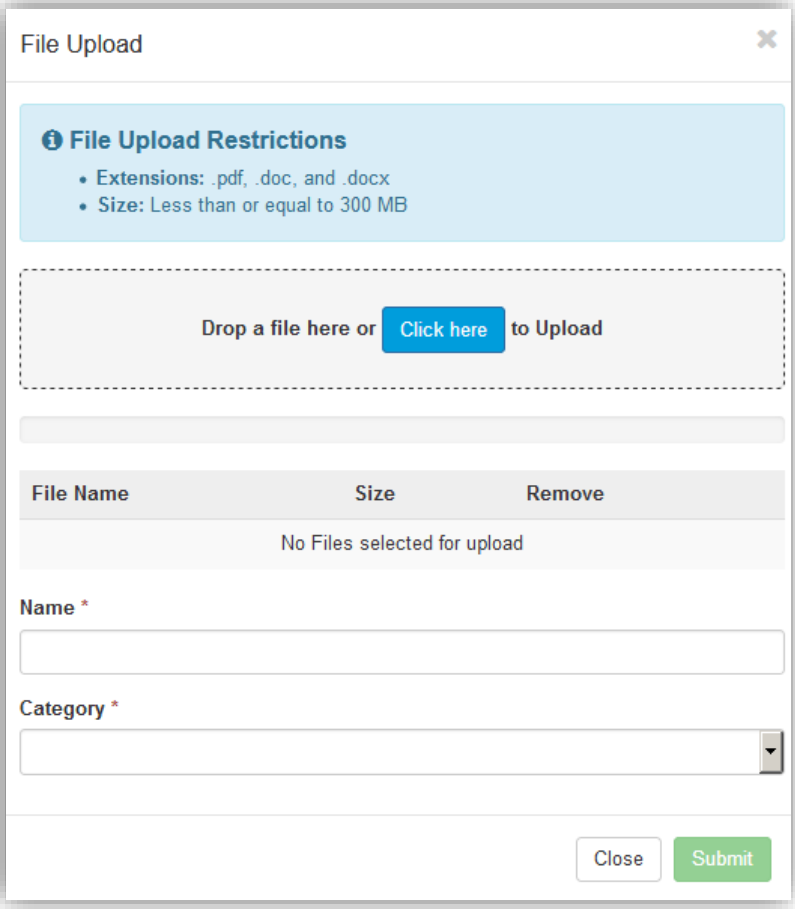
Showing 0 to 0 of 0 entries

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.



The screenshot shows a modal window titled "File Upload" with a close button (X) in the top right corner. The modal contains the following elements:

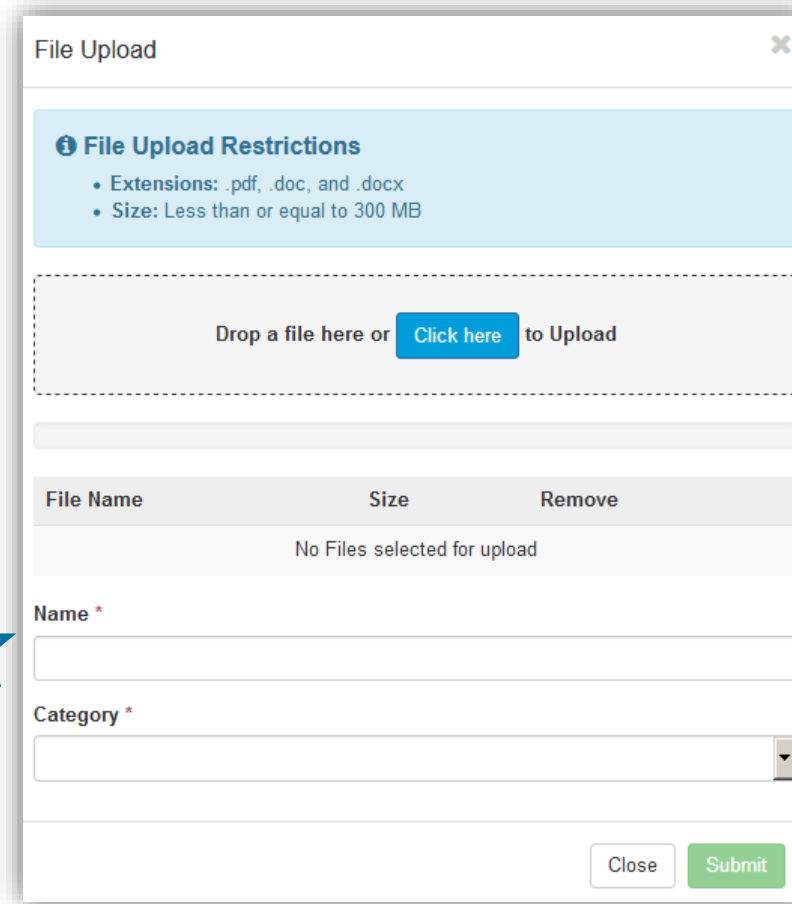
- File Upload Restrictions:** A light blue box with an information icon (i) containing two bullet points:
 - Extensions: .pdf, .doc, and .docx
 - Size: Less than or equal to 300 MB
- Drop area:** A dashed border box containing the text "Drop a file here or [Click here](#) to Upload".
- Table:** A table with three columns: "File Name", "Size", and "Remove". The table body contains the text "No Files selected for upload".
- Form fields:** Two required fields: "Name *" (a text input field) and "Category *" (a dropdown menu).
- Buttons:** "Close" and "Submit" buttons at the bottom right.

Documentation Panel cont.

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

Complete the File upload fields

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



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

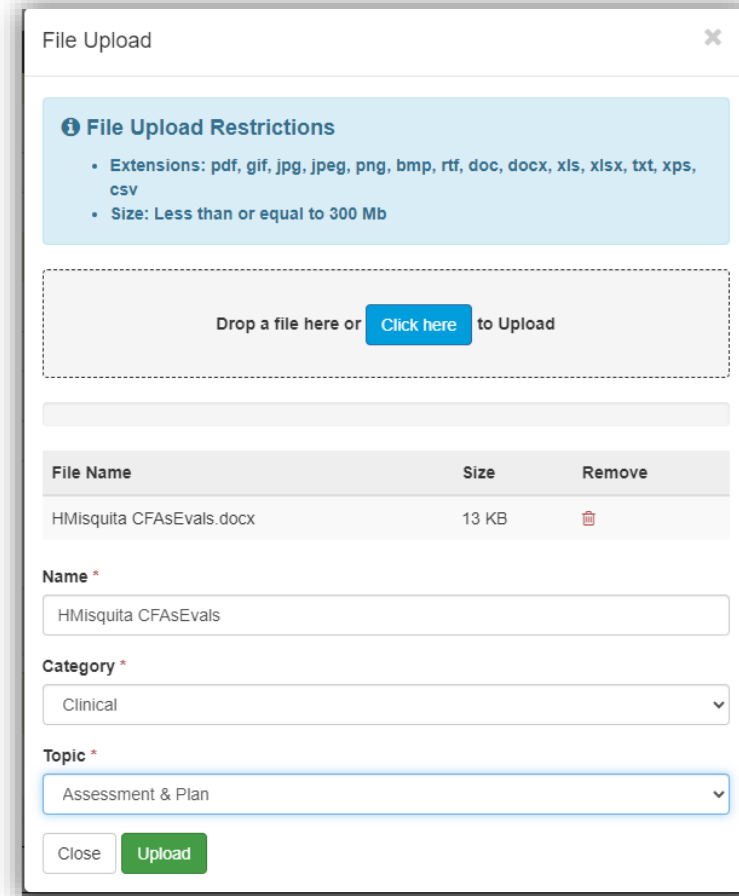
- File Upload Restrictions:**
 - Extensions: .pdf, .doc, and .docx
 - Size: Less than or equal to 300 MB
- Drop area:** A dashed box containing the text 'Drop a file here or [Click here](#) to Upload'.
- Table:** A table with columns 'File Name', 'Size', and 'Remove'. The content area below the table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

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




Documentation Panel cont.

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



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

- File Upload Restrictions:**
 - Extensions: pdf, gif, jpg, jpeg, png, bmp, rtf, doc, docx, xls, xlsx, txt, xps, csv
 - Size: Less than or equal to 300 Mb
- A dashed box containing the text: "Drop a file here or [Click here](#) to Upload"
- A table listing the uploaded file:

File Name	Size	Remove
HMisquita CFAsEvals.docx	13 KB	
- Name *** (text input): HMisquita CFAsEvals
- Category *** (dropdown menu): Clinical
- Topic *** (dropdown menu): Assessment & Plan
- Buttons: Close, Upload



Required Documentation



A **signed** and **dated** treatment plan with goals (signature required by patient and physician)

Initial evaluation (Psychological/Psychiatric Evaluation or History & Physical)

Drug Toxicology (Crises Residential & Inpatient Detox)

3-5 Progress notes for a continued stay review

All progress notes for a retrospective review

Progress notes must include therapeutic interventions and documented progress or lack of progress towards goals.

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

All documentation must include 2 patient identifiers

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
H.Misquita Medical Information	Consent		06/25/2024	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 criteria for the Mental Health 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

The screenshot shows a web-based medical review interface. At the top, it says 'Medical Review Psychosocial Rehabilitation (PSR), Adult' and 'CLINICAL REFERENCE'. Below this is a 'COMMENTS' section. The main area contains several questions with radio button options. The first question is 'Choose one: Required' with options: 'Initiation of PSR services AND ≥ 18' (selected), 'Continuation of PSR services', and 'None of the above'. The second question is 'A licensed clinician's referral has been obtained, Choose one: Required' with options: 'Severe and persistent mental illness' (selected), 'First-episode psychosis', and 'Other clinical information (add comment)'. At the bottom, there is a question 'Choose all that apply: [2 Two, except Other clinical information (add comment)] Required' with an option 'Able to be safely treated within this service'. Navigation buttons at the bottom include 'PREVIOUS', 'SAVE REVIEW', and 'VIEW RECOMMENDATIONS'. A 'CRITERIA REVIEW' sidebar is visible on the right, and a 'Privacy Notice' link is at the bottom right.



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

⊕ H2017 - Psychosocial rehabilitation services, per 15 minutes

Document InterQual® Guidelines



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.

Qualitrac local ⓘ 🔔 🔍 ☰ ? 👤

Dashboard / Task Queue / Member Hub / Clinical Guidelines / InterQual® Robert Paulson - 122333 - 01/01/2001

No InterQual Guidelines found for 50205: RENAL BIOPSY OPEN

No Guidelines Applicable *

Comment *

[Submit](#)



InterQual Process cont.



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

Medical Review *Psychosocial Rehabilitation (PSR), Adult* **CLINICAL REFERENCE**

COMMENTS 0

Other clinical information (add comment)

Support system. Choose all that apply: **≥ One, except Other clinical information (add comment)** Required

High-risk environment

Unable to manage intensity of symptoms

Unavailable

Or (Selecting an answer that follows will clear other selections)

Other clinical information (add comment)

Individualized goal-directed treatment plan: Required

Yes

No

No remaining questions. Click View Recommendations to continue.

PREVIOUS SAVE REVIEW VIEW RECOMMENDATIONS Privacy Notice

CRITERIA/MET

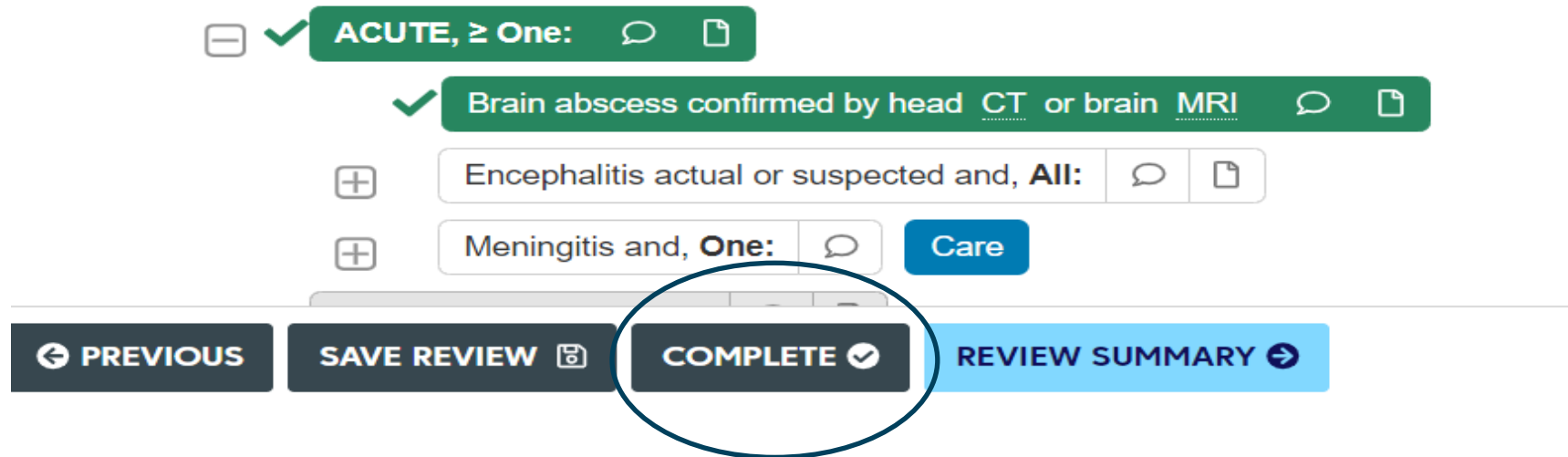
Recommendations **CRITERIA MET**

Recommended *Evidence supports services as medically necessary.*

Psychosocial Rehabilitation services - Outpatient Show codes

InterQual Process cont.

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



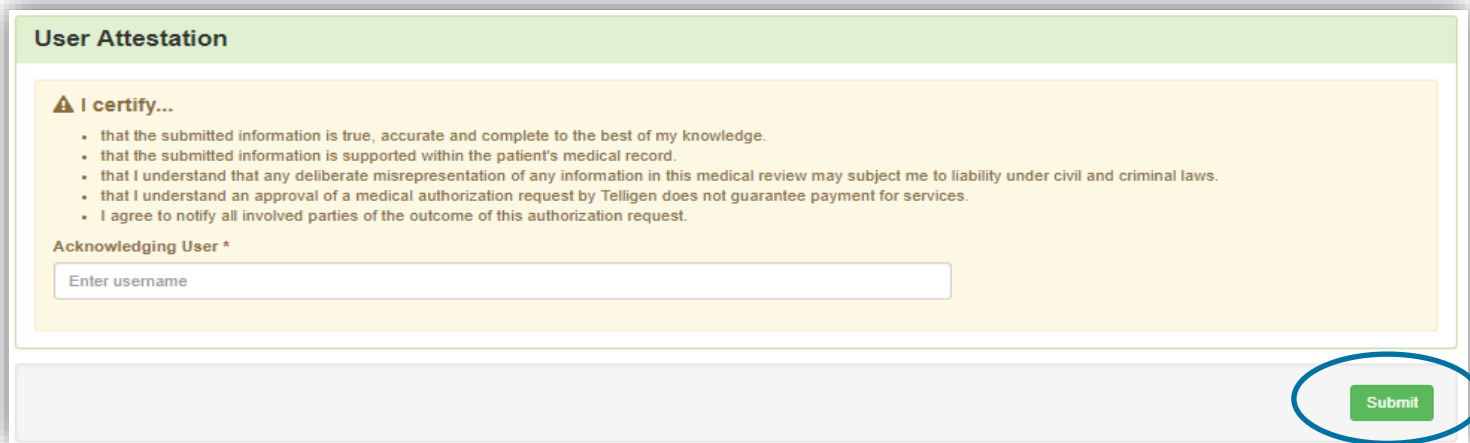
The screenshot displays a list of medical conditions in a review interface. The conditions are:

- ACUTE, ≥ One: (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 located to the right of the 'Meningitis and, One:' condition. Below the list is a navigation bar with four buttons: 'PREVIOUS', 'SAVE REVIEW', 'COMPLETE', and 'REVIEW SUMMARY'. The 'COMPLETE' button is circled in blue, indicating it is the next step in the process.

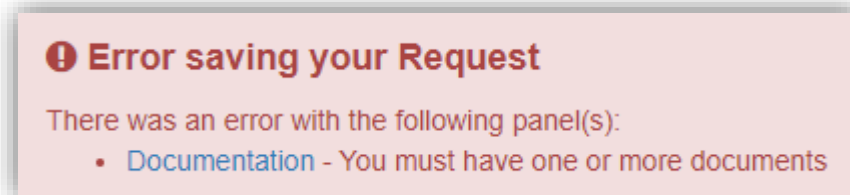
Attestation

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



The screenshot shows a 'User Attestation' form. At the top, it says 'User Attestation'. Below that, there is a section titled 'I certify...' with a warning icon. This section contains 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 certification section, there is a label 'Acknowledging User *' and a text input field with the placeholder text '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

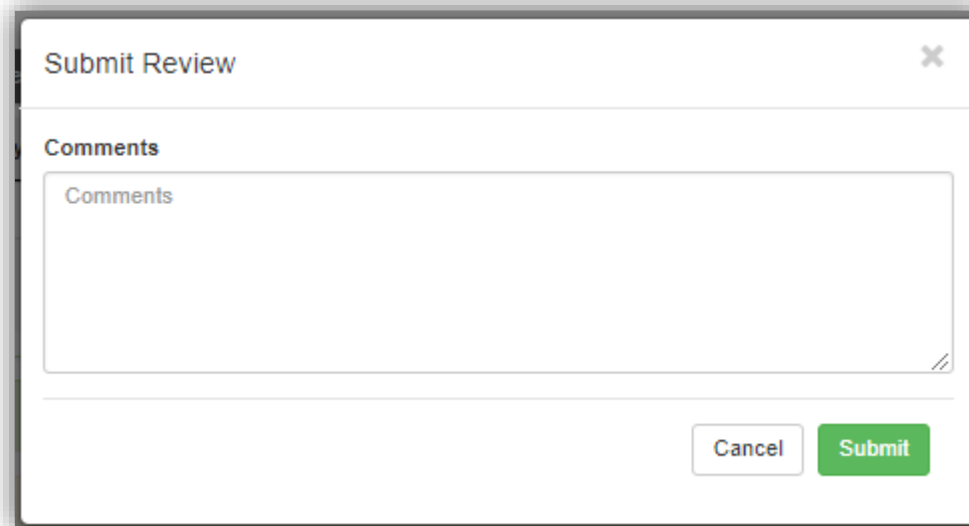


The screenshot shows an error message box with a red header and a white background. The header reads 'Error saving your Request'. Below the header, it says 'There was an error with the following panel(s):' followed by a bullet point: 'Documentation - You must have one or more documents'.



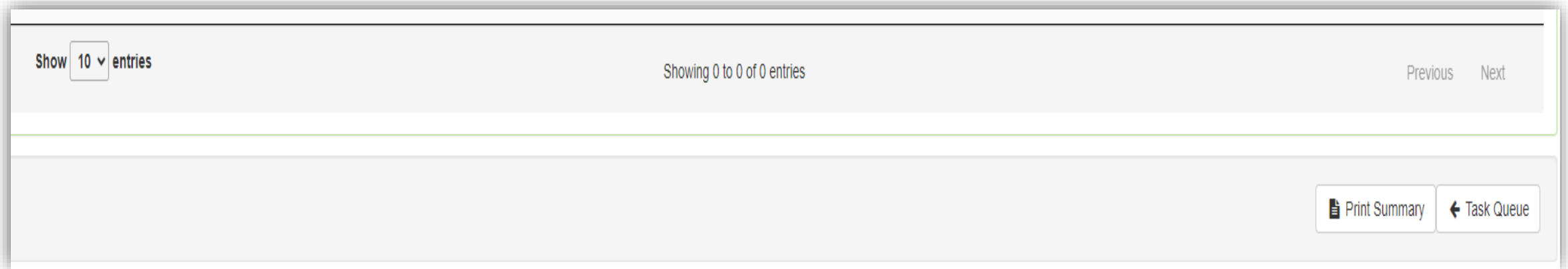
Comments

- 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 with a placeholder text 'Comments'. 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, a cloud, chat, notifications, a speaker, a refresh icon, a search icon, a calendar, a list icon, a help icon, an email icon, and a user profile icon. Below this is a breadcrumb trail: "Dashboard / Task Queue / Member Hub". On the right side of this bar, the user is identified as "Stephanie Wilson - TEMP000000100700 - 01/03/1978".

The main content area is divided into two sections. On the left is a "Control Panel" with a hamburger menu icon. Below it is a "Scheduled Tasks" section with a calendar icon. The right section is a member profile for "Stephanie Wilson", with a "View Member Details" button. Below the name, the following information is displayed:

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

Review



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

Community Mental Health (Outpatient) (34666) Treating Provider: WEEMS COMMUNITY MENTAL HEALTH CENTRE Case Creation

Show 10 entries Search:

Module	Timing	Status	Date Request Received	Case Completed	Outcome	Action
Medical Necessity	Prospective	Request Has Been Submitted	06/25/2024 04:11 pm			...

Showing 1 to 1 of 1 entries

View Request
Delete

Request for Information (RFI)



A Note about Timeframes



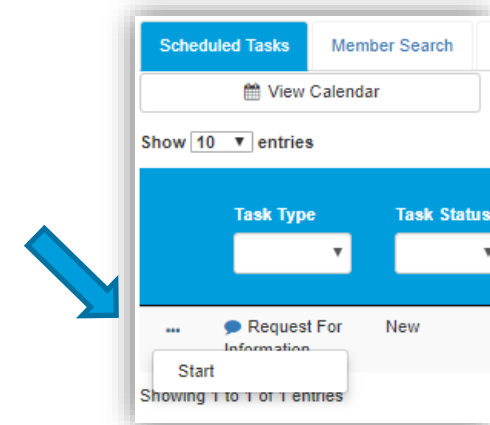
- Telligen has **10 days** to review **retrospective** requests
- Providers have **10 days** to respond to a request for information.
- Providers have **30 days** to submit a reconsideration
- The Telligen portal is available 24/7/365, except on scheduled maintenance days.

Review Processing Times for Behavioral Health Medical Services			
General Services	Prospective	Concurrent	Retrospective
Inpatient Psychiatric	1	1	10
Hospital Outpatient Mental Health	2	2	10
Community Mental Health and Substance Use Disorder Services	3		
*(Crisis Residential)	*(Crisis Residential:1)	2	10
Psychiatric Residential Treatment Facility Services	3	2	10
Autism Spectrum Disorder Services	3	2	10
Opioid Treatment Program Services	3	2	10

Request for Information



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



Request for Information



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

The screenshot shows a web interface for managing correspondence. At the top, there is a green header bar with the title 'Correspondence' and an orange '+ Add' button. Below the header is a search bar with the label 'Search:'. The main content is a table with three columns: 'Letter', 'Addressee', and 'Date Sent'. The 'Letter' column contains two entries, both labeled 'DRG Request for Information', each 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 of the table, 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

Show 10 entries Showing 1 to 2 of 2 entries Previous 1 Next

Request for Information



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

Documentation + Add

Show entries Search:

Name	Category	Topic	Date Added	Uploaded By	Action
H.Misquita Medical Information	Consent		06/25/2024	kmerriwetherppu	

Showing 1 to 1 of 1 entries Previous Next



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.

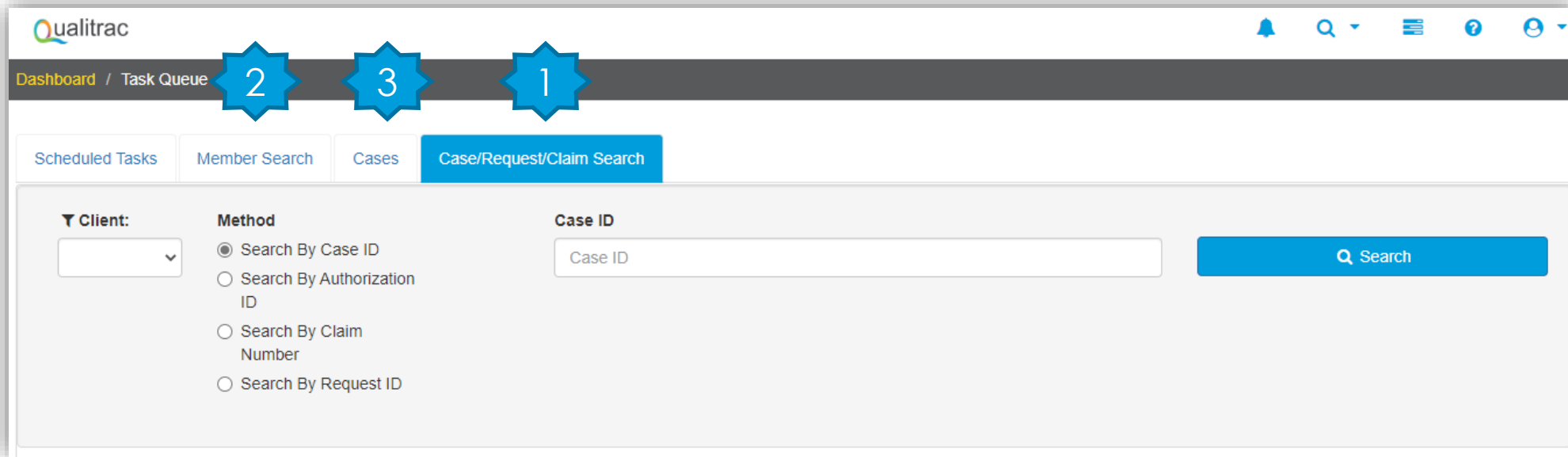


Finding the Determination



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.

Community Mental Health (Outpatient) (34666)

Treating Provider: WEEMS COMMUNITY MENTAL
HEALTH CENTE

View Outcome



Utilization Management

View Requests

+ Add

Hiding canceled requests.

Show

Community Mental Health (Outpatient) (34666)

Treating Provider: WEEMS COMMUNITY MENTAL HEALTH CENTE

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 Status: Review Complete Review Outcome: Approved

(HCPCS) H0018 - BHVAL HEALTH; SHORT-TERM RES W/O ROOM&BOARD-DIEM

Outcome: Approved

Requested	Auto	RC
Outcome		Approved
Authorization Number		Q0000036899
Start Date	05/30/2024	05/30/2024
Discharge Date	06/13/2024	06/13/2024
Modifier 1		
Modifier 2		
Modifier 3		
Modifier 4		
Units	14 unit(s)	14 unit(s)
Frequency		
Total Cost		
	Approved	14 unit(s)
	Non-Covered	0
	Frequency	
	Total Cost	
	Manual Pricing: No	
	Savings	
	Transmit To Client	Yes



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



Submitting a Reconsideration (1st Level Appeal)



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

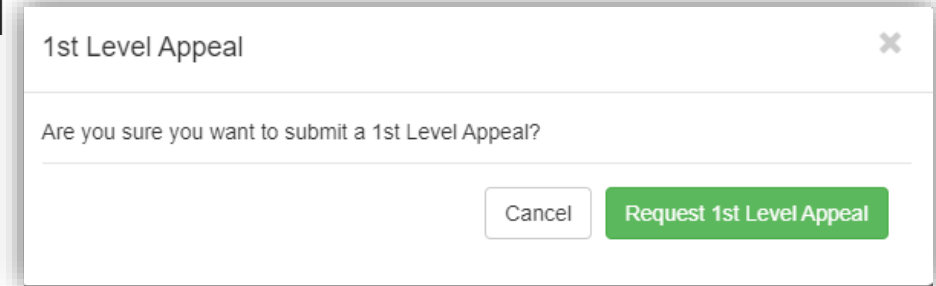
The screenshot shows the 'Utilization Management' interface. At the top, there is a header with a person icon, the title 'Utilization Management', and two buttons: 'View Cases' and '+ Add'. Below the header, there is a search bar and a 'Show 10 entries' dropdown. The main content is a table with the following columns: Status, Case ID, Request ID, Review Type, Timing, Treating Prov./Phys., Treating Facility, Req. Start, Req. End, Outcome, and Action. A single row is visible with the following data: Status: Request Is Complete, Case ID: Community Mental Health (Inpatient), Request ID: (blank), Review Type: Concurrent, Timing: ESPEY, ELON, Treating Prov./Phys.: WEEMS COMMUNITY MENTAL HEALTH CENTE, Treating Facility: (blank), Req. Start: 02/04/2019, Req. End: 02/08/2019, Outcome: Denied, and Action: a blue ellipsis menu. The menu is open, showing two options: '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	Request ID	Review Type	Timing	Treating Prov./Phys.	Treating Facility	Req. Start	Req. End	Outcome	Action
Request Is Complete	Community Mental Health (Inpatient)		Concurrent	ESPEY, ELON	WEEMS COMMUNITY MENTAL HEALTH CENTE		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

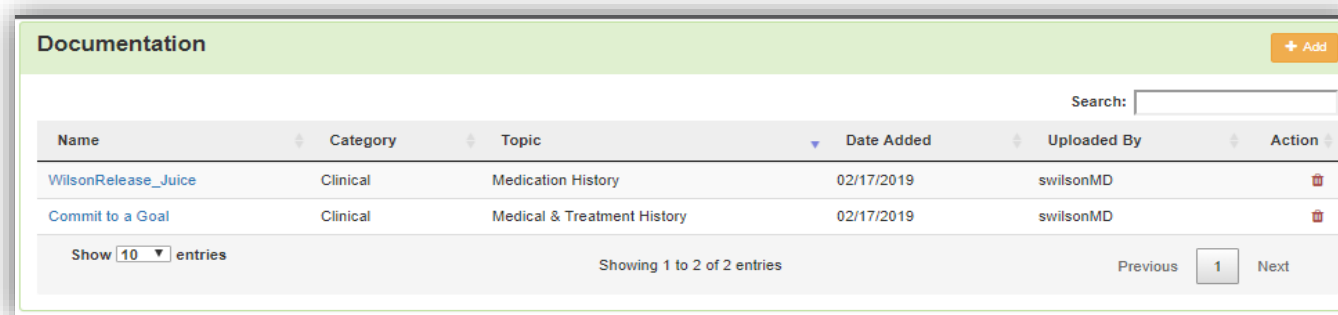


1st Level Appeal

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

Community Mental Health (Outpatient) (34666) Treating Provider: WEEMS COMMUNITY MENTAL HEALTH CENTE [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



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 are buttons for 'View Cases' and '+ Add'. Below that, a yellow banner indicates 'Hiding canceled cases' with a 'Show' button. The main area features 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'. The first row has Case ID 28978, Request ID 28990, Level of Care, Concurrent timing, and a 'Denied' outcome. The second row has Case ID 28977, Request ID 28989, Level of Care, Concurrent timing, and a 'Denied' outcome. An action menu is open for the second row, showing options: 'View Request', 'Continued Stay Review', 'Request P2P' (highlighted with a blue arrow), '1st Level Appeal', and 'Cancel'. A search bar and a 'Show 10 entries' dropdown are also present.

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

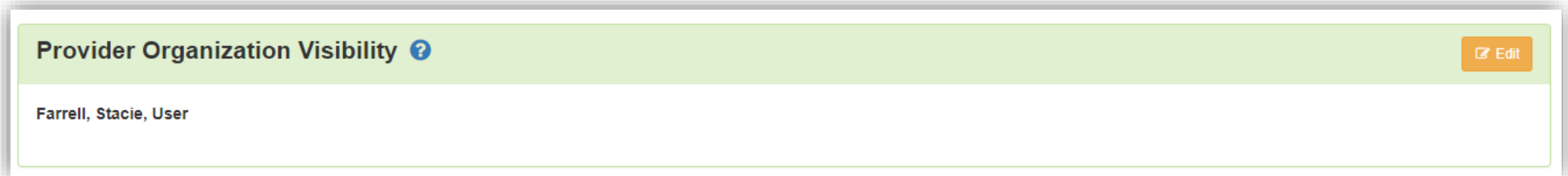
Written notification will be provided of reconsideration determinations within 10 business days of receipt of the request for a standard reconsideration.



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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