



Mississippi Medicaid: Telligen Provider Portal Training – Psychiatric Residential Treatment Facility (PRTF)

July 2024

Agenda



- Contact Information
- Overview/Purpose
- Housekeeping
- MS Prior Authorization Reform Act: Senate Bill 2140
- Telligen/Mississippi Medicaid Website
- PRTF Mailbox
- Completing the Request for Information (RFI)
- How to find a determination
- Submitting a reconsideration/appeal/Peer to Peer Review
- Discharge Tasks
- 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 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 *

Timing *

Is this Request Urgent?



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](#)



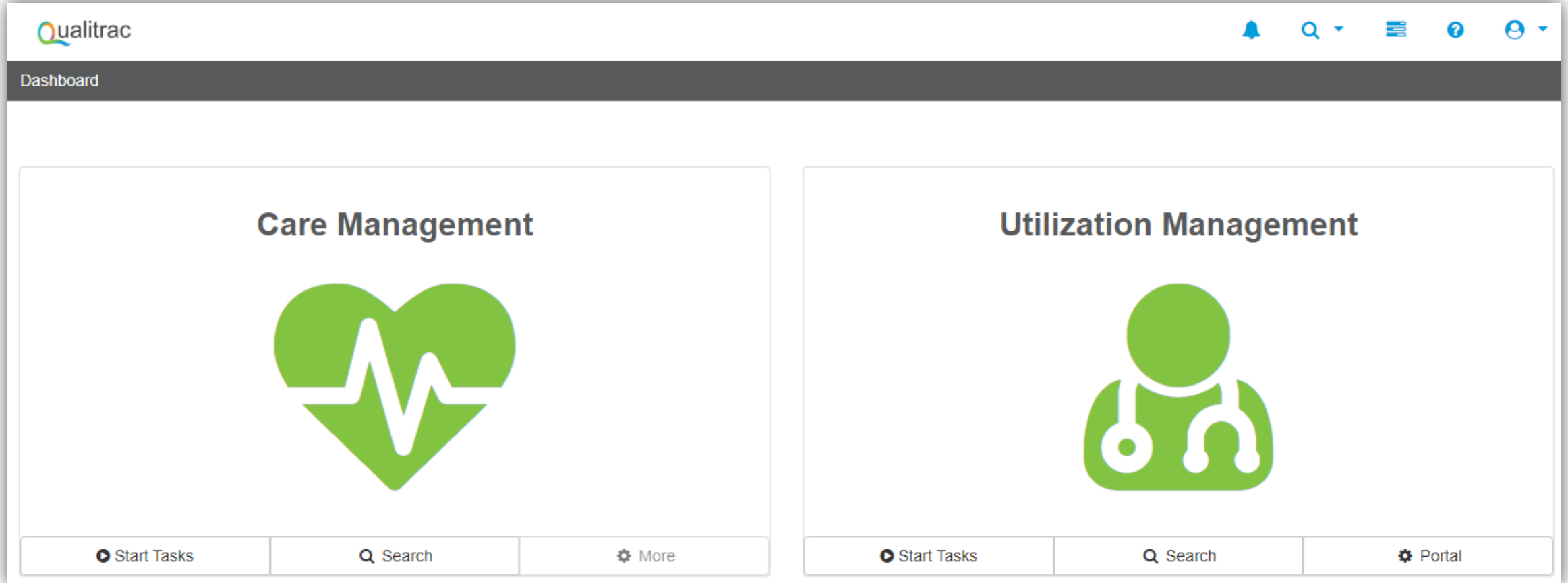
[FREQUENT QUESTIONS](#)



[CHECK REVIEW STATUS](#)

- Providers should use MSPRTF@telligen.com for sending monthly census and incident reports.
 - Providers should use MSPRTF@telligen.com as the designated email address for sending reports.
 - Monthly Census Reports -Providers are required to email their monthly census reports to MSPRTF@telligen.com. These reports typically include information about the number of patients or individuals served within a specified period.
 - Incident Reports-Providers should email any incident reports related to their facility or program to MSPRTF@telligen.com. Incident reports document any occurrences that may impact patients, staff, or operations.





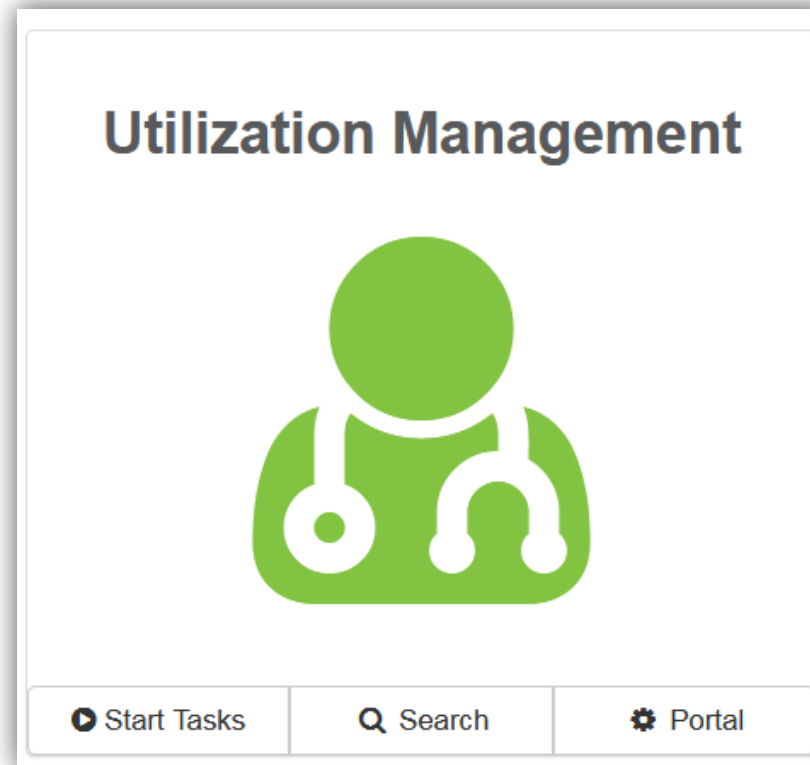
The screenshot shows the Qualitrac Dashboard interface. At the top left is the Qualitrac logo. The top right contains navigation icons: a bell, a search icon with a dropdown arrow, a list icon, a help icon, and a user profile icon with a dropdown arrow. Below the navigation bar is a dark grey header with the word "Dashboard". The main content area is divided into two large white panels. The left panel is titled "Care Management" and features a green heart icon with a white ECG line. The right panel is titled "Utilization Management" and features a green icon of a person with a stethoscope. At the bottom of each panel is a row of three buttons: "Start Tasks" (with a play icon), "Search" (with a magnifying glass icon), and "More" (with a gear icon). The "More" button in the Utilization Management panel is labeled "Portal".



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



Authorization Request Panel- Review Type



- Enter the **Review Type**: This is where you will select the type of review you are requesting:
 - Psychiatric Residential Treatment Facility Services (PRTF)

A screenshot of a web application's 'Review Type' dropdown menu. The menu is open, showing a list of service categories. The 'Psychiatric Residential Treatment Facility Services' option is highlighted with a dark grey background. The list includes: DME, Expanded EPSDT, Expanded Home Health Services, Hearing Services, Hospice Services, Hospital Outpatient Mental Health, Inpatient Hospital, Inpatient Psych, Level of Care, Molecular (Genetic) Testing, Monitoring Services, Non-Emergency Outpatient Advanced Imaging, Organ Transplant Services, Outpatient Services, Physician Administered Drug, Prescribed Pediatric Extended Care, Private Duty Nursing, Psychiatric Residential Treatment Facility Services, Substance Abuse Disorder Services, and Surgical Procedures. The dropdown has a title 'Review Type *' and a downward arrow on the right side of the selection box.

Review Type *

- DME
- Expanded EPSDT
- Expanded Home Health Services
- Hearing Services
- Hospice Services
- Hospital Outpatient Mental Health
- Inpatient Hospital
- Inpatient Psych
- Level of Care
- Molecular (Genetic) Testing
- Monitoring Services
- Non-Emergency Outpatient Advanced Imaging
- Organ Transplant Services
- Outpatient Services
- Physician Administered Drug
- Prescribed Pediatric Extended Care
- Private Duty Nursing
- Psychiatric Residential Treatment Facility Services**
- Substance Abuse Disorder Services
- Surgical Procedures

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

A screenshot of the 'Authorization Request' form. The form has a light green header with the title 'Authorization Request'. Below the header, there are four input fields: 'Date Request Received *' with a calendar icon and the value '07/08/2024 02:38 pm'; 'Review Type *' with a dropdown menu showing 'Psychiatric Residential Treatment Facility Services'; 'Place of Service *' with a dropdown menu showing 'Psychiatric Residential Treatment Center'; and 'Type of Service *' with a dropdown menu showing 'Residential Psychiatric Treatment'. Below these fields is a 'Timing *' dropdown menu showing 'Prospective'. At the bottom right of the form are two buttons: 'Cancel' and 'Add New Request'.

Timings




- **Prospective** – This is a review timing that is submitted prior to any services starting or before any type of inpatient stay. The requested start date must be in the future.
- **Concurrent** – This is the first review that is submitted if services have started. The requested start date should be the day of the request.
- **Retrospective** – This is a review timing that is submitted after all services have been provided. The start date and the discharge/end date should both be prior to the request date.



Admission and Discharge Panel

- Once you select Add New Request, the page opens to fill in all the remaining information necessary to process the request.
- **Admission and Discharge** is used to enter the Admission Date, Admission Type, and the Admission Source

Admission and Discharge

Admission Date *	Admission Type *	Admission Source
<input type="text" value="MM/DD/YYYY"/> 	<input type="text" value=""/>	<input type="text" value=""/>



Providers Panel: Physician and Provider Information




- **Providers:** This section requires information related to who is ordering and providing the care:
 - *Treating Physician* – The person providing the care; this may or may not be a physician, i.e. Social Worker providing counseling
 - *Treating Facility* – The **organization** providing the care
 - *Ordering Provider*- The person or Organization ordering the care

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




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



Entering Physician and Facility Information


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


Dashboard / Task Queue / Member Hub / Request BRENDA WINFIELD - 337975832 - 08/15/2010

NPI Number 	Other ID Number 	Last Name	First Name
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
City	State	Zip Code	Taxonomy
<input type="text"/>	<input type="text" value="Mississippi"/>	<input type="text"/>	<input type="text"/>
Search using NPES 	<input checked="" type="checkbox" value="ON"/>	<input type="button" value="Search"/>	




Diagnosis Panel

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

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

Diagnosis Panel cont.

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

Diagnosis + Add

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

Add Diagnosis

Method

Search By Code
 Search By Term

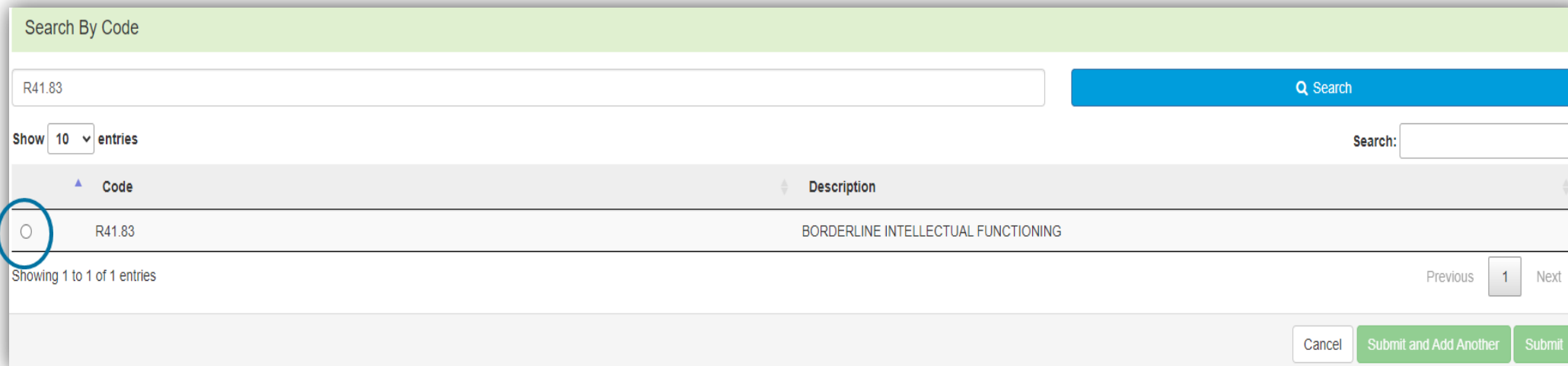
Search By Code

🔍 Search

Cancel Submit and Add Another Submit

Diagnosis Panel: Populating the Diagnosis

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

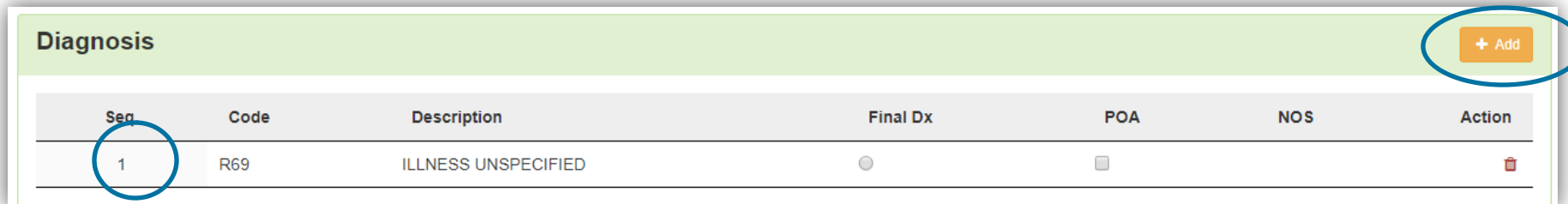



The screenshot shows a web interface for searching diagnoses. At the top, there is a green header with the text "Search By Code". Below this is a search input field containing "R41.83" and a blue "Search" button. Underneath the search bar, there is a "Show 10 entries" dropdown menu and a secondary search input field. The main content area is a table with two columns: "Code" and "Description". The table contains one row with the code "R41.83" and the description "BORDERLINE INTELLECTUAL FUNCTIONING". A radio button is located to the left of the code "R41.83" and is circled in blue. At the bottom of the table, there is a pagination control showing "Showing 1 to 1 of 1 entries" and buttons for "Previous", "1", and "Next". At the very bottom of the interface, there are three buttons: "Cancel", "Submit and Add Another", and "Submit".

Code	Description
<input type="radio"/> R41.83	BORDERLINE INTELLECTUAL FUNCTIONING


Diagnosis Panel cont.

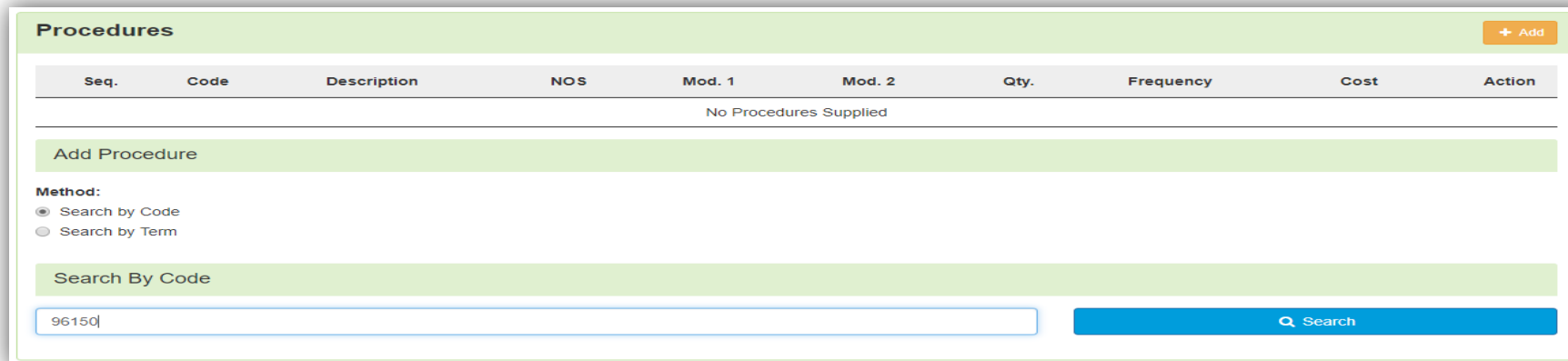
- After selecting the diagnosis you want added to the review, you can select Submit or Submit and Add Another.
- **Submit** will add the diagnosis to the review.
- **Submit and Add Another** will allow you to submit the diagnosis to the review and re-open the window where you can search for another diagnosis.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



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

Procedure(s) Panel

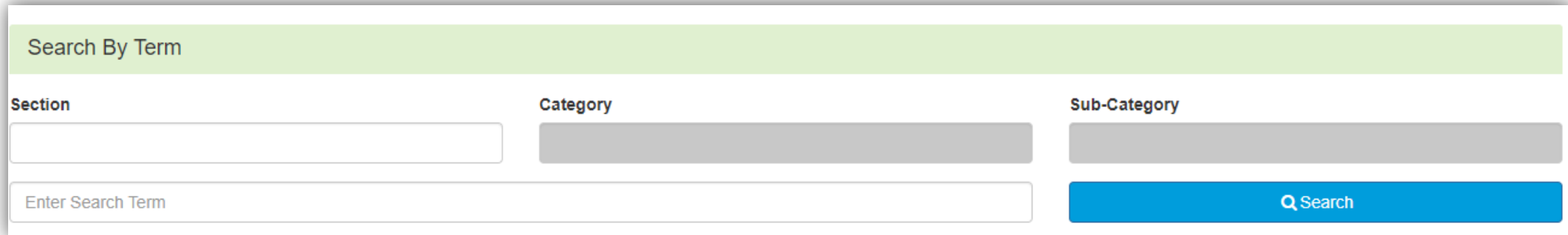
- The **Procedures Panel** is where the procedure code information related to this review is added.
- Click the  button to add a new procedure to the panel.
 - Select Radio button to indicate a code or term search
 - Enter information in the search box
 - Click search



The screenshot shows the 'Procedures' panel interface. At the top right is a '+ Add' button. Below it is a table with 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 an 'Add Procedure' section with a 'Method:' label and two radio buttons: 'Search by Code' (selected) and 'Search by Term'. Under 'Search by Code', there is a search box 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



The screenshot shows a search interface with a green header 'Search By Term'. Below the header are three input fields: 'Section', 'Category', and 'Sub-Category'. The 'Section' field is active and contains the text 'Enter Search Term'. To the right of these fields is a blue button with a magnifying glass icon and the text 'Search'.

- Once Query has populated, Use the radio button to Select the correct Procedure(s) (**99233**-This is a default code and is needed only to move through the system).

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 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



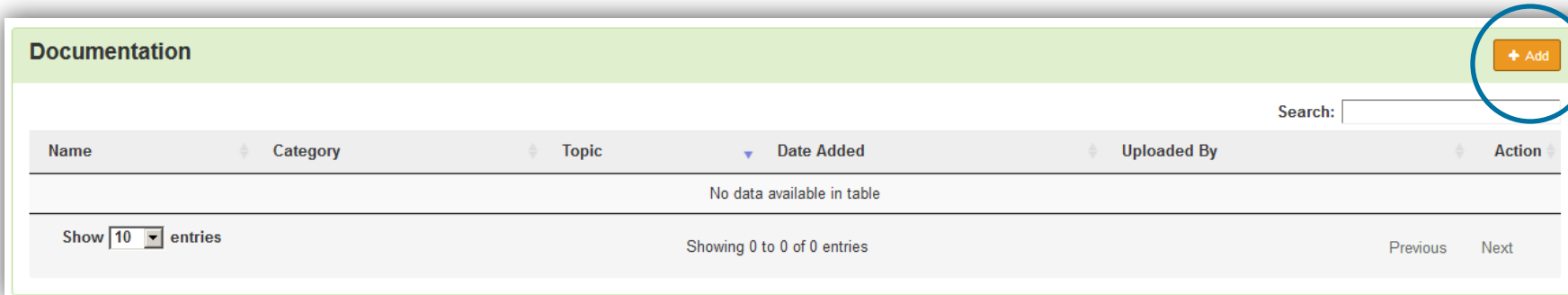
Procedure(s) Panel cont.

- 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

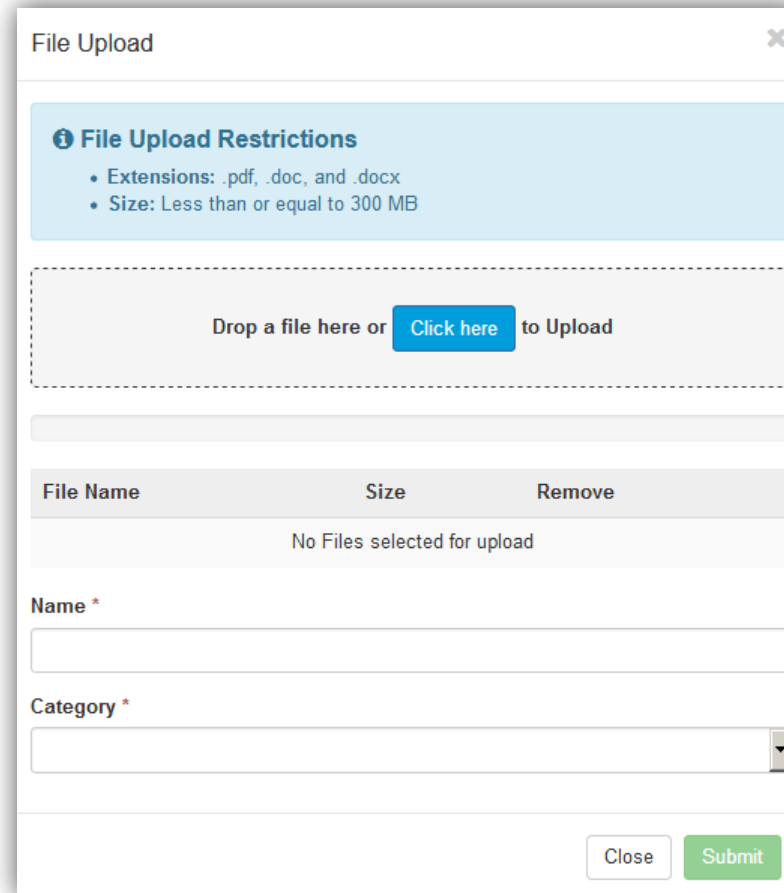
Showing 0 to 0 of 0 entries

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.



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		

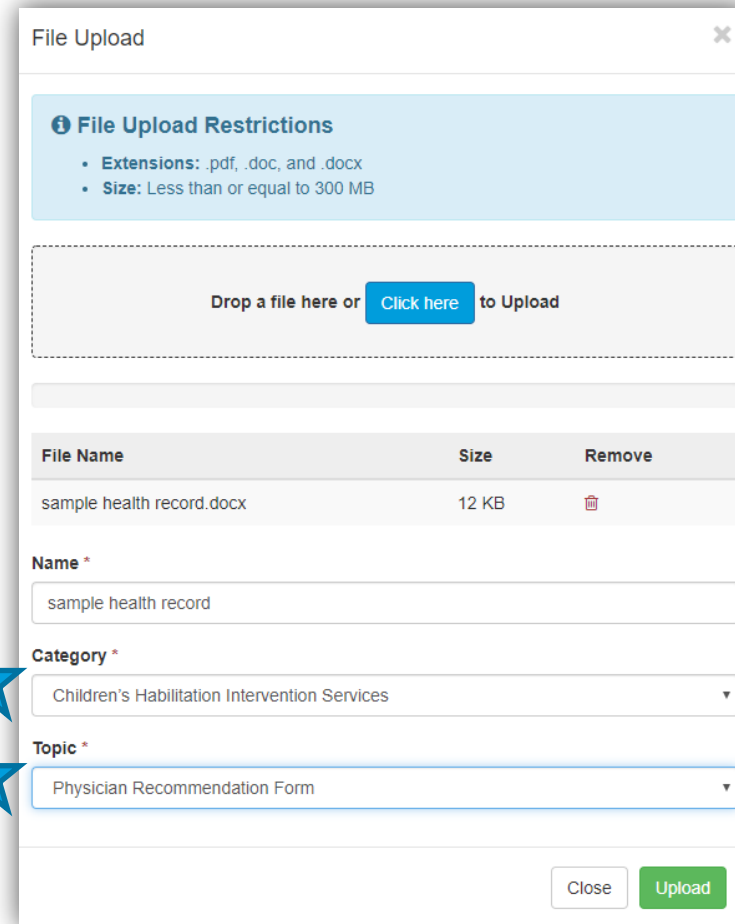
Name *

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.



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'.
- File List Table:**

File Name	Size	Remove
sample health record.docx	12 KB	
- Name *:** A text input field containing 'sample health record'.
- Category *:** A dropdown menu with 'Children's Habilitation Intervention Services' selected.
- Topic *:** A dropdown menu with 'Physician Recommendation Form' selected.
- Buttons:** 'Close' and 'Upload' buttons at the bottom right.

Two blue stars are placed to the left of the 'Category' and 'Topic' dropdown menus to highlight them.

Required Documentation



- Psychological Diagnosis
- Psychological/Psychiatric Evaluation (within 30 days of admission)
- IQ test results (within 30 days of admission)
- Statement of the need for residential treatment that is essential for safety, stabilization, and comprehensive treatment that cannot be adequately provided through outpatient or lower-level interventions
- Residential treatment is recommended by a Psych physician.
- Discharge Plan
- Treatment Plan w/Goals
- 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
HMisquita CFAsEvals	Clinical	Medical & Treatment History	07/08/2024	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



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

Clinical Guidelines

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

InterQual® Actions ▾



InterQual Process



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

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

PRODUCT ▾ **VERSION** ▾ **CATEGORY** ▾ **CLINICAL REFERENCE**

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

Results Count: 5

Subset 1 ↑	Product	Version 2 ↓
<input type="text"/>	<input type="text"/>	<input type="text"/>
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.



- 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: [] []

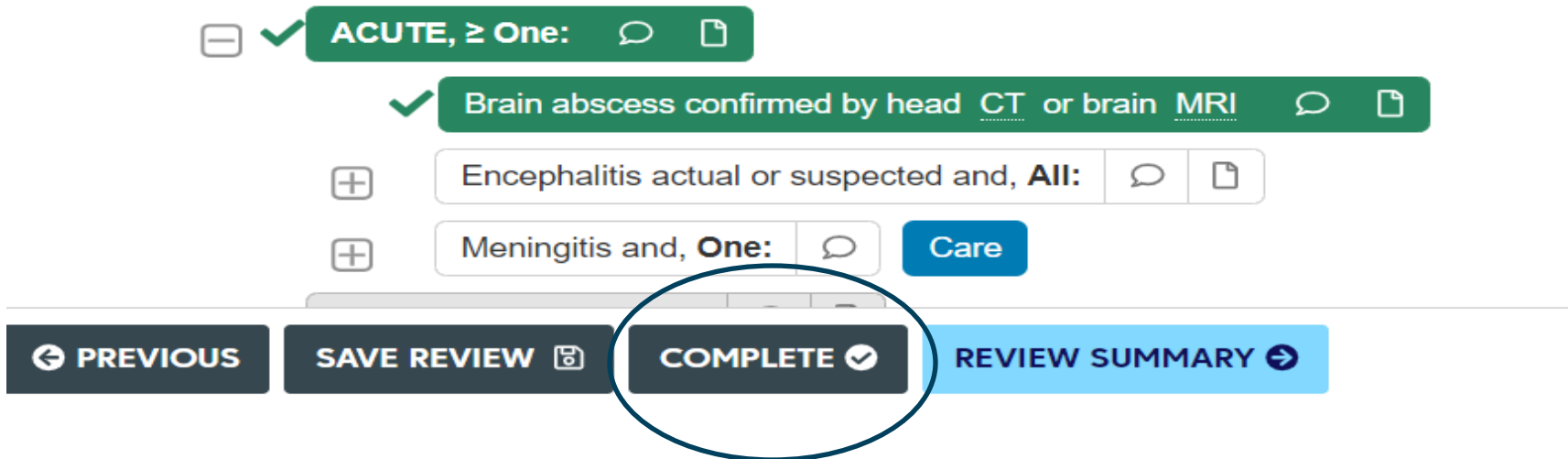
 Qualified hospital stay not required [] []

 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 with checkboxes and icons for comments and documents. 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)

Below the list is a navigation bar with four buttons: PREVIOUS, SAVE REVIEW, COMPLETE (circled in blue), and REVIEW SUMMARY.

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 [REDACTED]

No Guidelines Applicable *

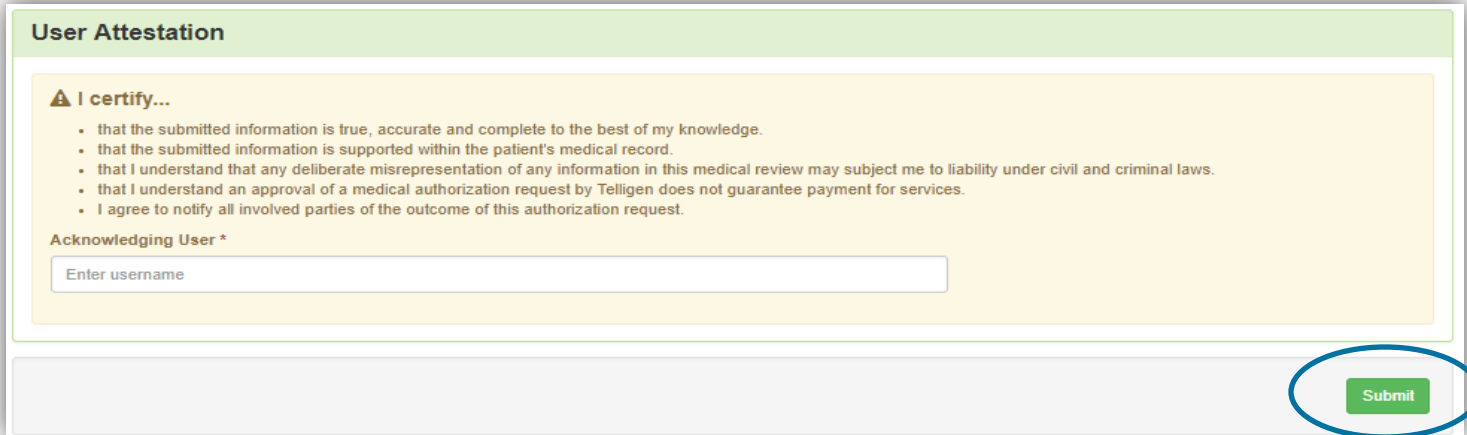
Comment *

[Submit](#)



Attestation

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



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

❗ Error saving your Request

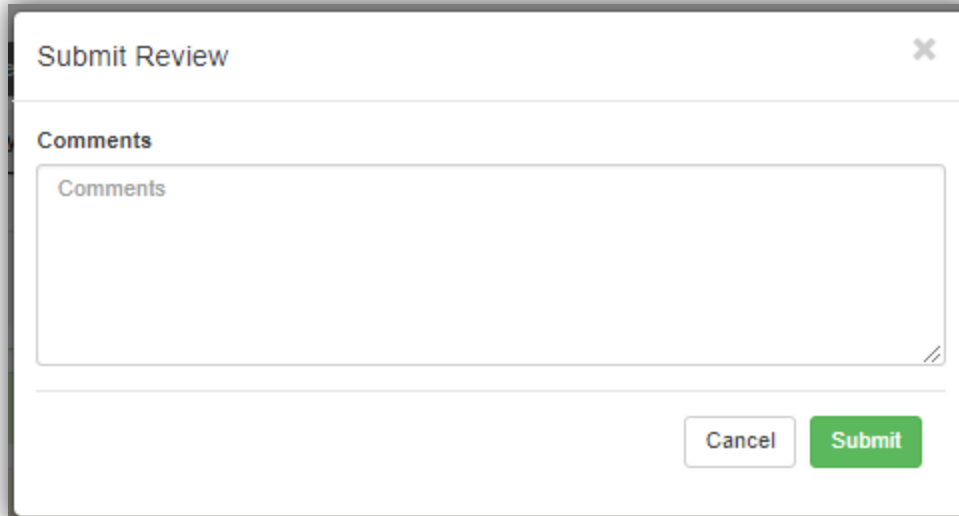
There was an error with the following panel(s):

- **Documentation** - You must have one or more documents



Comments


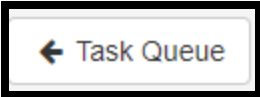
- Users have the option to add comments to the review before it is sent to Telligen.
- A comments modal will open, and the user can enter additional information related to the review.
- **This is not required to complete the review.**

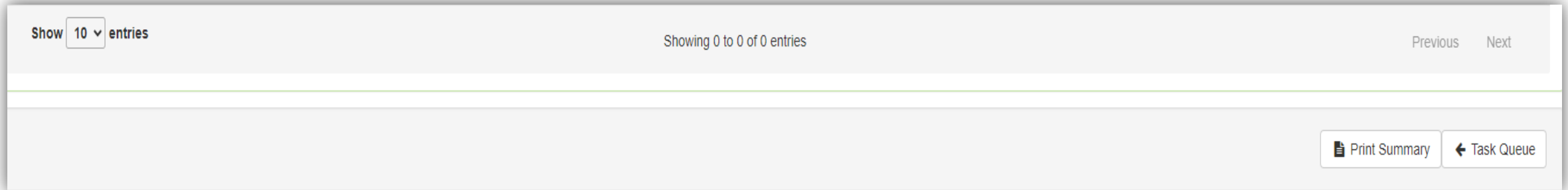


The image shows a screenshot of a web application modal titled "Submit Review". The modal has a close button (an 'x' icon) in the top right corner. Below the title, there is a section labeled "Comments" which contains a large, empty text input field. At the bottom of the modal, there are two buttons: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



Summary

- After submitting you will be taken to a summary of the review
- Users will have the option to Edit or Delete via the  button
- To navigate off of the request, scroll to the bottom of the page and select 
 - This will return the user to the tasks page where you can begin a new search and submit other reviews.



The screenshot shows a summary page interface. At the top left, there is a "Show 10 entries" dropdown menu. In the center, it says "Showing 0 to 0 of 0 entries". On the right side, there are "Previous" and "Next" navigation links. At the bottom right, there are two buttons: "Print Summary" and "Task Queue".



Where Did My Review Go?



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

The screenshot shows the Qualitrac interface. At the top left, it says "Qualitrac stage". On the right side of the top bar, there are several icons for social media and communication. Below the top bar, there is a breadcrumb trail: "Dashboard / Task Queue / Member Hub". On the right side of this bar, the user's name and ID are displayed: "Stephanie Wilson - TEMP000000100700 - 01/03/1978".

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

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.

Psychiatric Residential Treatment Facility Services (35248) Treating Physician: JACKSON, ALLEN Treating Facility: CANOPY CHILDREN'S SOLUTIONS [Case Creation](#)

Show entries Search:

Module	Timing	Status	Date Request Received	Case Completed	Outcome	Action
Medical Necessity	Prospective	Request Has Been Submitted	07/08/2024 03:43 pm			⋮ View Request Delete Continued Stay Review

Showing 1 to 1 of 1 entries



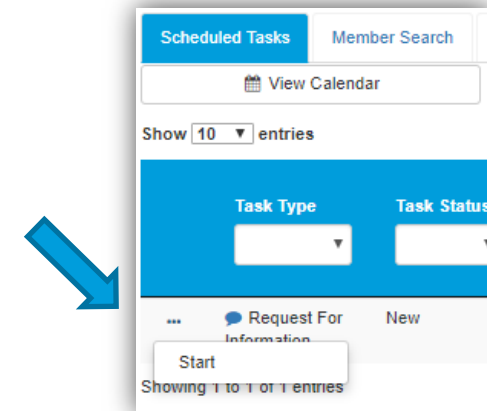
Request for Information (RFI)



Request for Information



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



A Note About Timeframes



Telligen Review Timeframes

Prospective	Concurrent	Retrospective
3 BD	2 BD	10 BD

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



- 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, both labeled 'DRG Request for Information'. The first entry is addressed to 'Treating Facility: UMEHR Test Provider 6 NPI: 8888888806' and the second to 'Ordering Provider: PhysicianLastName5, PhysicianFirstName5 NPI: 8888888815'. Both were sent on 06/16/2022 at 10:57:18. Below the table, there is a pagination control showing 'Showing 1 to 2 of 2 entries' and a 'Previous 1 Next' indicator.

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

Showing 1 to 2 of 2 entries

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
HMisquita CFAsEvals	Clinical	Medical & Treatment History	07/08/2024	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.

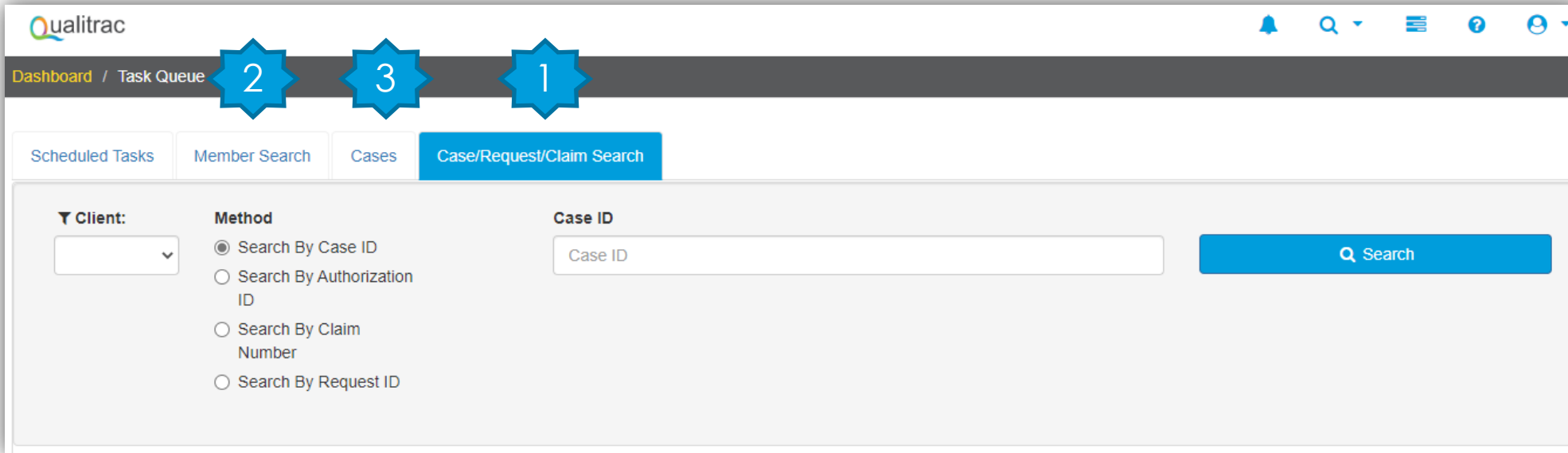


Finding the Determination



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 (notifications, search, menu, help, user) 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 overlaid on the interface. Callout 1 points to the "Case/Request/Claim Search" tab in the navigation menu. Callout 2 points to the "Member Search" tab. Callout 3 points to the "Cases" tab. Below the navigation menu, there is a search form with the following fields and options:

- Client:** A dropdown menu.
- Method:** A group of radio buttons with the following 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 "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.

A screenshot of a web application interface for Utilization Management. The header is green with a person icon and the text 'Utilization Management'. On the right, there are two orange buttons: 'View Requests' and '+ Add'. Below the header is a yellow bar with the text 'Hiding canceled requests.' and a 'Show' button. The main content area has a dark gray background with three items: 'Psychiatric Residential Treatment Facility Services (35248)', 'Treating Physician: JACKSON, ALLEN', and 'Treating Facility: CANOPY CHILDREN'S SOLUTIONS'. On the far right, there is a green button labeled 'Case Creation'.

View Outcome



Utilization Management

[View Requests](#) [+ Add](#)

Hiding canceled requests. [Show](#)

Psychiatric Residential Treatment Facility Services (35248)

Treating Physician: JACKSON, ALLEN

Treating Facility: CANOPY CHILDREN'S SOLUTIONS

[Complete](#)

Show entries

Search:

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



View Outcome



Outcomes

Review Status: Review Complete Review Outcome: Approved

(HCPCS) 99233 - SBSQ HOSPITAL CARE/DAY 35 MINUTES

Outcome: Approved

Requested

Outcome	
Authorization Number	
Start Date	05/07/2024
Discharge Date	07/06/2024
Modifier 1	
Modifier 2	
Modifier 3	
Modifier 4	
Units	60 day(s)
Frequency	
Total Cost	

RC

Outcome	Approved
Authorization Number	
Start Date	05/07/2024
Approved End Date	07/06/2024
Modifier 1	
Modifier 2	
Modifier 3	
Modifier 4	
Approved	60 day(s)
Non-Covered	0
Frequency	
Total Cost	

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



Submitting a Reconsideration (1st Level Appeal)



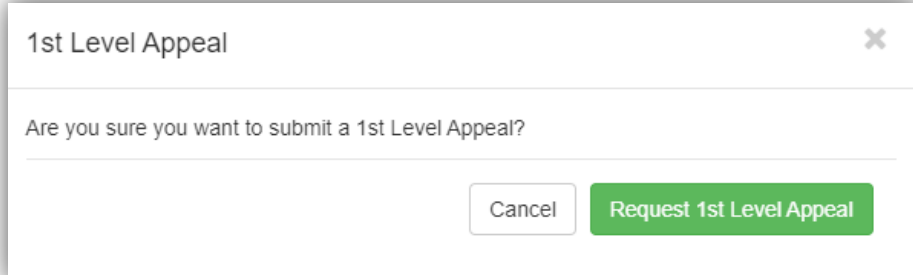
- To submit a reconsideration for a denied review:
 - Go to the **UM panel** in the member hub
 - Click on the blue ellipsis within the denied case to open the action menu
 - Once there, select **1st Level Appeal** from the menu.

The screenshot shows the Utilization Management interface. At the top, there is a header with a person icon, the text "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, Review Type, Timing, Treating Prov./Phys., Treating Facility, Req. Start, Req. End, Outcome, and Action. The table contains one row with the following data: Status: Request Is Complete, Case ID: 3875497 3875514, Review Type: Psychiatric Residential Treatment Facility Services, Timing: Prospective, Treating Prov./Phys.: KELLY, GRACE, Treating Facility: ALLIANCE HEALTH CENTER INC, Req. Start: 05/07/2024, Req. End: (empty), Outcome: Denied, and Action: (blue ellipsis). A dropdown menu is open from the Action column, 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	3875497 3875514	Psychiatric Residential Treatment Facility Services	Prospective	KELLY, GRACE	ALLIANCE HEALTH CENTER INC	05/07/2024		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

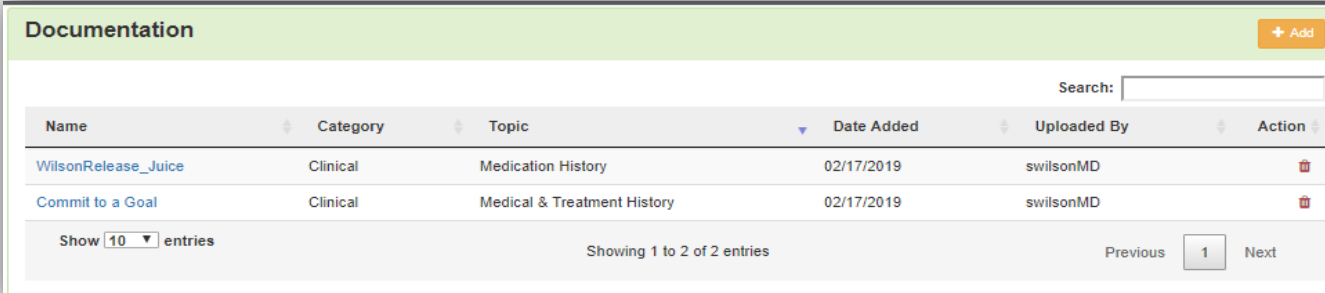


1st Level Appeal

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

Psychiatric Residential Treatment Facility Services (35248) Treating Physician: JACKSON, ALLEN Treating Facility: CANOPY CHILDREN'S SOLUTIONS [Case Creation](#)

Show 10 entries Search:

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

The system will display your appeal



Peer-to-Peer Review



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 Review (P2P)



- **Submitting a Peer to Peer:** 1. Go to the UM Panel in the member hub 2. Click on the denied review 3. Click on the blue ellipsis within the denied case to open the action menu. 4. Once there, select Peer to Peer from the menu. 4. Follow the system prompts to complete. 5. If the provider desires to request a peer-to-peer via phone, they need to call Customer Service at 1-855-625-7709. They will need the case or member ID when they call in and the customer service rep will be able to create the task in the system. A representative will contact the requesting provider with scheduling details within five business days of making the request.

The screenshot shows the Utilization Management interface. At the top, there is a header 'Utilization Management' with 'View Cases' and '+ Add' buttons. Below the header, there is a 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 'Request Complete' status. The first row has Case ID 28978 and Request ID 28990. The second row has Case ID 28977 and Request ID 28989. An action menu is open for the second row, showing options: Denied, 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 Complete	28978	28990	Level of Care	Concurrent	HARBOUR, JO	HUDSPETH REGIONAL CENTER	11/07/2023		Denied	...
Request 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

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.



Discharge Information cont.



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

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

Documentation Panel: The documentation panel is where a user will upload any additional information such as the Hospice Discharge Form.

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

The screenshot displays the 'Authorization Request' form in the Telligen system. It is divided into several sections:

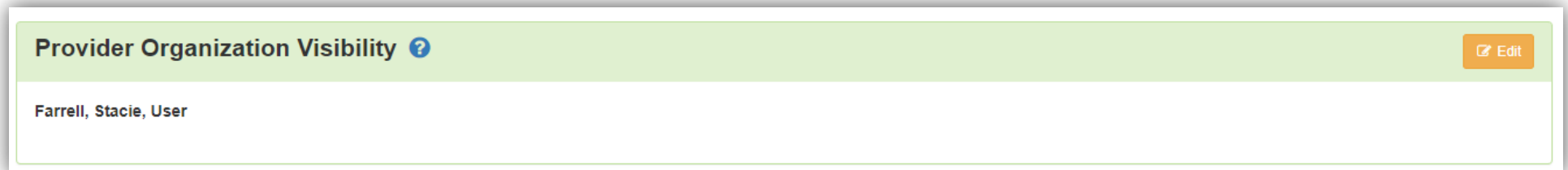
- Authorization Request:** A table with columns: Case Id (27816), Request ID (27828), Review Outcome (Approved), Date Request Received (01/23/2024 01:11 pm), Review Type (Hospice Services), and Place of Service (Hospice).
- Discharge Info:** Contains three fields: 'Is the Patient still in the Hospital?' (dropdown menu with 'No' selected), 'Actual Discharge Date' (calendar icon and 'MMDDYYYY' placeholder), and 'Discharge Disposition' (dropdown menu).
- Diagnosis:** A table with columns: Seq., Code, Description, Final Dx, POA, NOS, and Action. It contains one entry: Seq. 1, Code R51, Description HEADACHE, Final Dx (radio button), POA (checkbox), NOS, and Action (trash icon). There is an '+ Add' button.
- Documentation:** A table with columns: Name, Category, Topic, Date Added, Uploaded By, and Action. It contains one entry: Name Medical Record, Category Clinical, Topic Medical & Treatment History, Date Added 01/23/2024, Uploaded By ProviderUser, and Action (trash icon). There is an '+ Add' button, a search bar, and pagination (Showing 1 to 1 of 1 entries, Previous 1 Next).

A green 'Close Case' button is located at the bottom right of the form.

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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