

# Mississippi Medicaid:

Telligen Provider Portal Training – Qualitrac Q & A



June 2024

# Agenda



- Purpose of Presentation
- Contact Information
- Review Timings
- Review Type Outpatient services
- InterQual
- Questions

# **Purpose of the Presentation**



The purpose of this presentation is to:

Answer Qualitrac-specific questions

Troubleshoot where providers may be having difficulty submitting authorizations

Assist with navigating Qualitrac

We will <u>not</u> be addressing complaints during this presentation.



### **Contact Us**



### Education Manager – Primary Point of Contact

Katrina Merriwether

Website: <a href="https://msmedicaid.telligen.com/">https://msmedicaid.telligen.com/</a>

### Mississippi Call Center & Provider Help Desk

Email: <u>msmedicaidum@telligen.com</u>

Toll-Free Phone: 855-625-7709

• Fax: 800-524-5710

### **Portal Registration Questions**

Email: <a href="mailto:qtregistration@telligen.com">qtregistration@telligen.com</a>

• Toll-Free Phone: (833) 610-1057

**Program Manager** 

Ajae Devine



# Housekeeping



#### Questions

- Please enter all questions into the chat
- Time during 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: <a href="https://msmedicaid.telligen.com/">https://msmedicaid.telligen.com/</a>
- 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.



# **Review Timings**

# **Review Timings**



The timing of a review in Qualitrac is determined by when the services are/were provided.

A member's eligibility does <u>not</u> impact review timing.



# **Timings**



- Prospective—This is a review timing that is submitted before any services start or before any type of inpatient stay. The requested start date must be in the future.
- Concurrent—This is the first review submitted if services have started. The requested start date should be the day of the request or any day in the past. The services are still in progress and have not ended.
- Retrospective This review timing is submitted after all services have been provided.
   The start date and the discharge/end date should both be prior to the request date.

# **Review Timings cont**



### **Continued Stay Reviews**

- Used for an inpatient type of stay Inpatient med-surg, Inpatient psychiatric stays, PRTFs, ICF's
- This type of review is built off of a prospective or concurrent review type
- It links all reviews for an entire hospitalization together under the same case ID.
- It copies over all of the information from the previous review
- The provider needs to enter the date for the continued stay and add additional documentation



# **Review Types**

## **Outpatient Services**



This review type is reserved for outpatient HOSPITAL procedures only

(medical/surgical and Dental outpatient procedures)



# **Review Types**



MRI's, CT scans, PET scans



Non-Emergent Outpatient Advanced Imaging

Medications

Physician Administered Drugs

PT/OT/ST

Therapy

Genetic Tests

Molecular (Genetic) Testing

**ICF** 

Level of Care

PRTF

Psychiatric Residential Treatment Facility



# **InterQual**

### **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
- We have auto approvals in place for inpatient medical-surgical hospitalizations and inpatient psychiatric admissions, but only if you complete the InterQual steps.



### InterQual Process cont.



- After documentation is uploaded, the user will automatically be taken to the InterQual clinical guidelines.
- Click on the Document InterQual Guidelines button to get started.

#### **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.

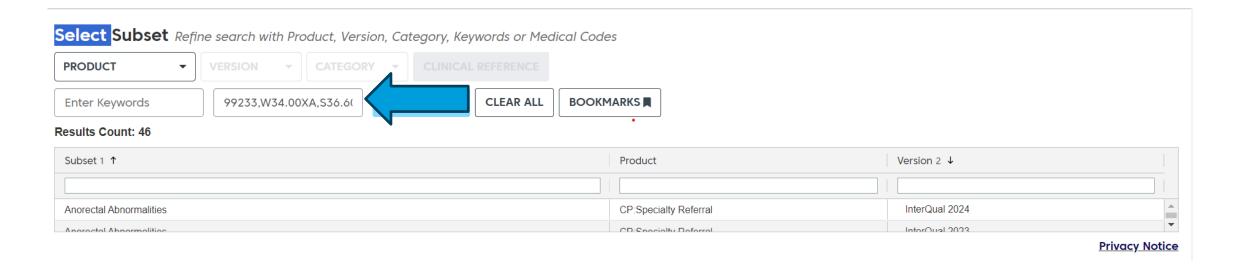




### InterQual Process continued



- Guidelines available are based on the procedure codes and the diagnosis entered into Qualitrac.
- The system will pull the procedure and diagnosis codes into InterQual

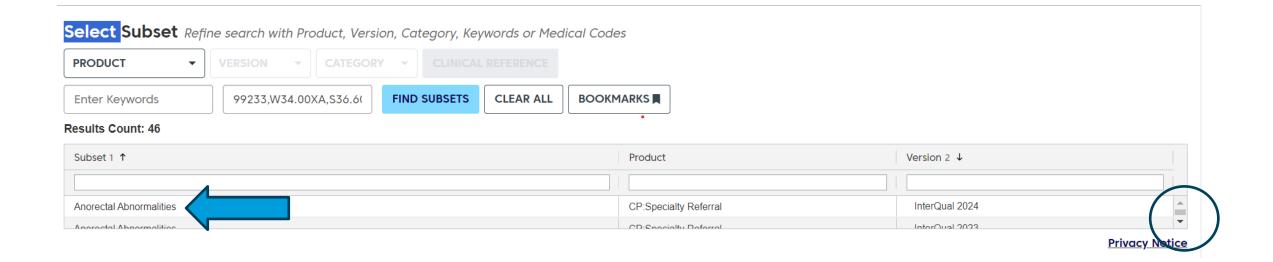




### InterQual Process continued



- The criteria subset you can select from is in the lower box.
- The box is usually narrow, and arrows to the right allow you to scroll up and down.

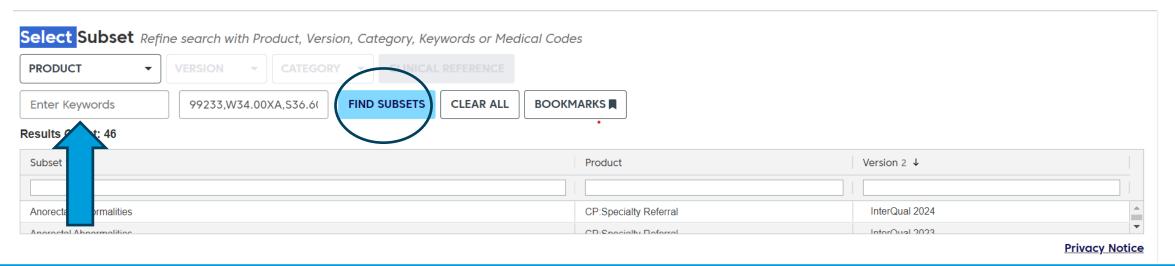




### InterQual Process continued



- If the system does not pull a subset of criteria that works for your patient, you can search for another subset.
- Clear the diagnosis codes that are entered.
- Enter a diagnosis in the keyword search box and click on Find Subsets





### InterQual con



### For this example:

I removed the diagnosis and procedure codes and entered sepsis Clicked on Find subsets, and it returned the criteria for Infections.

I scrolled down to find Infection: General

**Select Subset** Refine search with Product, Version, Category, Keywords or Medical Codes LOC:ACUTE ADULT ▼ 2024 MEDICAL **CLINICAL REFERENCE FIND SUBSETS BOOKMARKS Enter Medical Codes CLEAR ALL** sepsis **Results Count: 10** Subset 1 ↑ Product Version 2 ↓ LOC: Acute Adult Infection: General InterQual 2024 InterOugl 2024 Infaction: CL/CVM LOC: Nouto Adult

**Privacy Notice** 



### InterQual cont



- Once you click on the criteria that you want, you will be taken
  the screen shown below to begin documentation of the criteria
  the patient meets.
- Click Begin Medical Review.

OC:ACUTE ADULT -	2024	MEDICAL	CLINIC	AL REFERENCE	
epsis	Enter Medical Codes FIND SUBSETS C		CLEAR ALL BOOKMARKS		
4.88.4					
et Notes					
InterQual® 2024, Mai	r. 2024 Release, LOC:A	cute Adult			SHOW CODES
	_	cute Adult			SHOW CODES



### InterQual cont



 Click on each of the criteria items the patient meets and that there is documentation to support.

Medical Re	view	Infection: Gen	eral CHANGE S	SUBSET	CLINICAL R	EFERENCE		
INITIAL REVIEW	•	CLEAR ALL	EXPAND ALL	COLLAP	SE ALL	COMMENTS 0	BENCHMARKS	
	+	Dengue act	tual or suspected	l and, <b>≥ On</b>	e: 🔎			
		Fever of un	known origin and	d, Both:				
		Select the criteria po	oint immediately abo	ove and relev	ant underlyi	ng criteria to satisfy the	rule.	
		<b>✓</b> Te	mperature > 101	.0°F(38.3°	C) ≥ 3 wks	Ω		
		<b>✓</b> Oι	utpatient work-up	non-diagn	ostic 🔎			
<b>⇔</b> PREVIOUS	SAVI	REVIEW 🗟	COMPLETE 🗸	REVII	W SUMM	ARY 🗗		



### InterQual Process cont.



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

	ACUTE, ≥ One:
	Brain abscess confirmed by head CT or brain MRI 🔘 🖺
	Encephalitis actual or suspected and, All:
	Meningitis and, One:  Care
<b>⇔</b> PREVIOUS	SAVE REVIEW ® COMPLETE COMPLETE



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# **Questions**





