



Mississippi Medicaid: Telligen Provider Portal Training – Qualitrac Q & A

July 2024

Agenda



- Purpose of Presentation
- Contact Information
- MS Prior Authorization Act: S.B. 2140
- Review Timings-Untimely Submissions
- Review Type – Outpatient services
- Entering Physician Information
- 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 not be addressing complaints during this presentation.



Contact Us



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Portal Registration Questions

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- Toll-Free Phone: (833) 610-1057



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:** <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?

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)



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 not impact review timing.
- In June 2024, there was an increase in administrative denials due to “untimely submissions”.

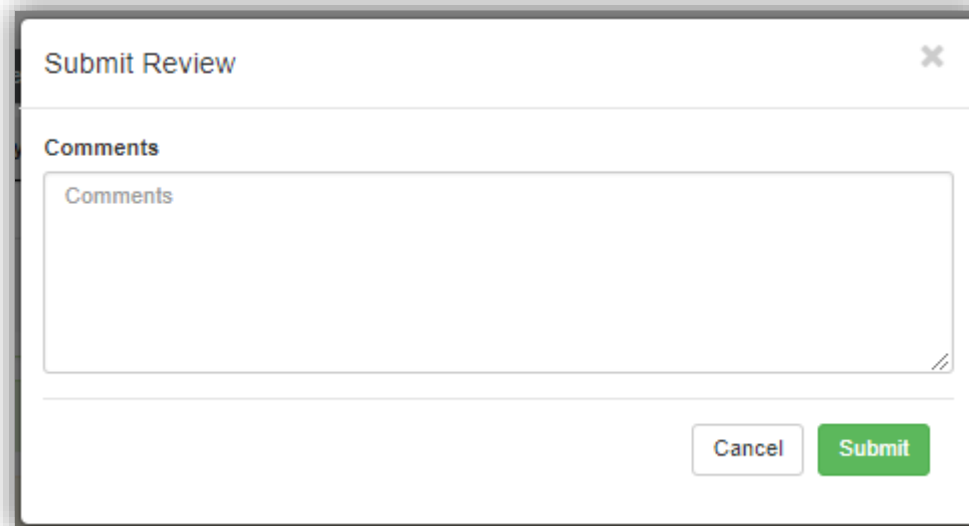


- **Prospective**—This is a review timing that is submitted before any services start or before any type of inpatient stay. **The requested start date must be in the future.**
- **Concurrent**—This is the first review submitted if services have started. The requested start date should be the day of the 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.**
 - Please add within the notes section that the review is a retrospective review.



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 'Submit Review' modal window. The modal has a title bar with 'Submit Review' and a close button (X). Below the title bar, there is a section labeled 'Comments' containing a large text input area with the placeholder text 'Comments'. At the bottom right of the modal, there are two buttons: a 'Cancel' button and a green 'Submit' button.

Authorization Processing Timelines



Review Processing Times for Medical Services			
	Review Type Time Standard (based on business days)		
General Services	Prospective	Concurrent	Retrospective
Inpatient Hospital Medical/Surgical	1	1	20
Outpatient Services and Surgical Procedures	2	N/A	10
Organ Transplant Services	3	3	10
Hospice Services	3	3	N/A
Durable Medical Equipment, Appliances, Medical Supplies, and Orthotics and Prosthetics	2	N/A	10
Vision Services	2	N/A	10
Hearing Services	2	N/A	10
Outpatient Physical Therapy, Occupational Therapy and Speech Therapy	2	2	10
EPSDT	2	N/A	10
Expanded Physician Services/Office Visits	2	N/A	10
Expanded Home Health Services	2	2	10
Private Duty Nursing	3	10	10
Prescribed Pediatric Extended Care	3	10	10
Physician Administered Drugs and Implantable Drug System Devices	2	N/A	10
Molecular (Genetic) Testing	3	N/A	10
Continuous Glucose Monitoring Service and Remote Patient Monitoring Services	3	N/A	10
Diabetes Self-Management Training	3	N/A	10
Cardiac Rehabilitation Services	3	N/A	10
Non-Emergency Outpatient Advanced Imaging Services	2	N/A	5
Innovative Programs, Services, or Items	3	N/A	10

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 *(Crisis Residential)	3 *(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

Review Processing Times for Dental Services			
General Services	Prospective	Concurrent	Retrospective
General Dental	7	NA	10
Dental Surgery	7	NA	10
Orthodontia	7	NA	10

Turn Around Times Based on Receipt of Requested and/or Necessary Information



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

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



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 type="checkbox" value="ON"/>		<input type="button" value="Search"/>



The logo for InterQual, featuring the word "InterQual" in a bold, blue, sans-serif font. The background is white with abstract blue and light blue wavy shapes at the top and bottom, and two thin grey lines crossing the page diagonally.

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® Actions ▾



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

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

PRODUCT VERSION CATEGORY CLINICAL REFERENCE

Enter Keywords 99233,W34.00XA,S36.61 CLEAR ALL BOOKMARKS

Results Count: 46

Subset 1 ↑	Product	Version 2 ↓
Anorectal Abnormalities	CP:Specialty Referral	InterQual 2024
Anorectal Abnormalities	CP:Specialty Referral	InterQual 2023

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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.

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

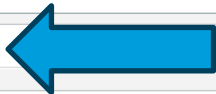
PRODUCT VERSION CATEGORY CLINICAL REFERENCE

Enter Keywords 99233,W34.00XA,S36.61 FIND SUBSETS CLEAR ALL BOOKMARKS

Results Count: 46

Subset 1 ↑	Product	Version 2 ↓
Anorectal Abnormalities	CP:Specialty Referral	InterQual 2024
Anorectal Abnormalities	CP:Specialty Referral	InterQual 2023

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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

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

PRODUCT VERSION CATEGORY CLINICAL REFERENCE

Enter Keywords 99233,W34.00XA,S36.61 **FIND SUBSETS** CLEAR ALL BOOKMARKS

Results Count: 46

Subset	Product	Version 2 ↓
Anorectal Abnormalities	CP:Specialty Referral	InterQual 2024
Anorectal Abnormalities	CP:Specialty Referral	InterQual 2023

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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**

sepsis Enter Medical Codes **FIND SUBSETS** CLEAR ALL BOOKMARKS 📌

Results Count: 10

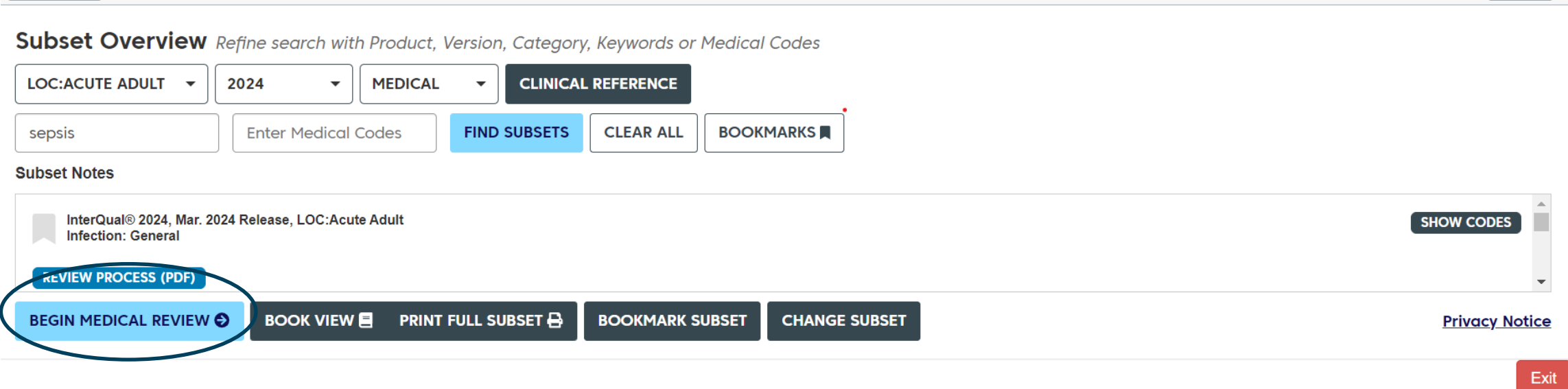
Subset 1 ↑	Product	Version 2 ↓
Infection: General	LOC:Acute Adult	InterQual 2024
Infection: CHCVM	LOC:Acute Adult	InterQual 2024

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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.



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



LOC:ACUTE ADULT ▾ 2024 ▾ MEDICAL ▾ **CLINICAL REFERENCE**

sepsis Enter Medical Codes **FIND SUBSETS** CLEAR ALL BOOKMARKS ▾

Subset Notes

InterQual® 2024, Mar. 2024 Release, LOC:Acute Adult Infection: General **SHOW CODES**

REVIEW PROCESS (PDF)

BEGIN MEDICAL REVIEW → **BOOK VIEW**  **PRINT FULL SUBSET**  **BOOKMARK SUBSET** **CHANGE SUBSET**

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Exit



InterQual cont



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

Medical Review *Infection: General* **CHANGE SUBSET** **CLINICAL REFERENCE**

INITIAL REVIEW ▾ CLEAR ALL EXPAND ALL COLLAPSE ALL COMMENTS 0 BENCHMARKS

+ Dengue actual or suspected and, **≥ One:** [comment] [document]

- Fever of unknown origin and, **Both:** [comment] [document]

Select the criteria point immediately above and relevant underlying criteria to satisfy the rule.

✓ Temperature > 101.0°F(38.3°C) ≥ 3 wks [comment]

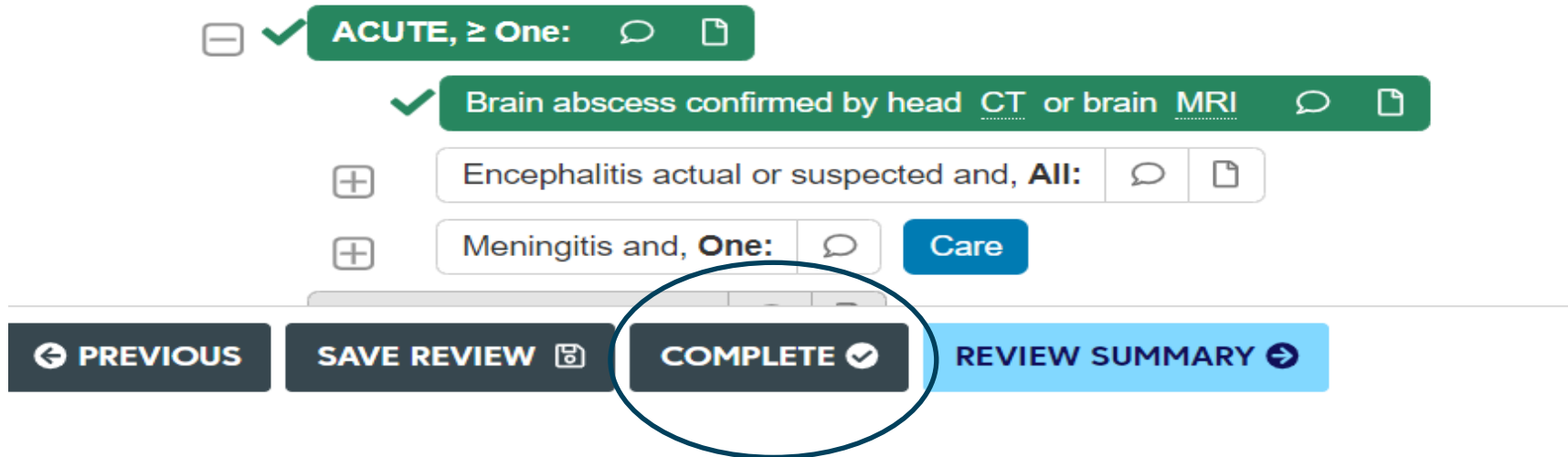
✓ Outpatient work-up non-diagnostic [comment] [document]

← PREVIOUS SAVE REVIEW [document] COMPLETE ✓ REVIEW SUMMARY →



InterQual Process cont.

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



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

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

There is a blue "Care" button next to the "Meningitis and, One:" condition. At the bottom, a navigation bar contains four buttons: "PREVIOUS", "SAVE REVIEW", "COMPLETE" (circled in red), 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

No Guidelines Applicable *

Comment *

Submit



Contact Us



Education Manager – Primary Point of Contact

Katrina Merriwether

Program Manager

Ajae Devine

Website: <https://msmedicaid.telligen.com/>

Mississippi Call Center & Provider Help Desk

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