



Mississippi Medicaid:

Telligen Provider Portal Training – Therapy Services

January 2024

Agenda



- Contact Information
- Overview/Purpose
- Housekeeping
- Vendor switchover dates
- Telligen/Mississippi Medicaid Website
- How to log-in
- 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
- Toll-Free Phone: 855-625-7709
- Fax: 800-524-5710

Portal Registration Questions

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



Purpose



- To provide step by step instruction for using the provider portal
- Deliver a review of the Portal security
- 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



- **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.




Vendor Switchover Dates



- Providers will be required to submit all **new** authorization request to Telligen beginning on **January 16, 2024**.
- All reviews “in progress”, such as continued stay reviews, recertifications and reconsiderations will continue to be submitted to Alliant until January 31, 2024.
- On **February 1, 2024**, **all** authorization requests and reconsiderations will need to be submitted to Telligen.
- All authorizations issued by Alliant will be honored by Telligen.

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





How do I access the Telligen Provider portal (Qualitrac)?: Website Introduction

Telligen Provider Portal - Overview



- The Telligen Provider Portal, Qualitrac, is a web-based application that allows healthcare providers to submit review requests.
- Please bookmark the <https://msmedicaid.telligen.com> webpage.
- Use the Log-In link provided to access Qualitrac.
- Continue to check the website for information pertaining to the Telligen Provider Portal, review process, and the provider education schedule.



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](#)

Provider Portal Overview



- The Provider Portal is a web-based application that allows health care providers to submit authorization requests of services
- The Provider Portal utilizes a delegated security model.
 - A delegated security model requires an organizational executive (Provider Executive) to “delegate” administrative rights to one or more individuals within their organization (Authorized Official).
- There should be at least one Authorized Official per provider organization. The Authorized Official will:
 - Be the point of contact for the organization
 - Add, remove or edit Provider Users accounts

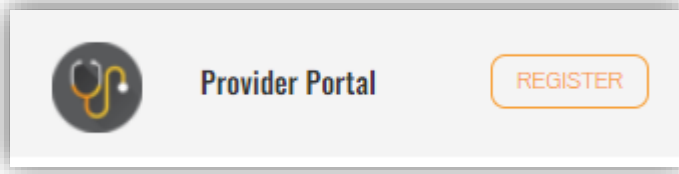
PLEASE NOTE - HIPAA compliance require all staff entering reviews or accessing the portal MUST have their own log-in and password. Do not create generic log-ins.



Registration Reminder



Process Overview

- The registration process can be completed at: <https://msmedicaid.telligen.com>
- Click the registration button :

 - Refer to the Introduction to Telligen recording for step-by-step instructions
- **REMINDER:** Log-in information will be sent the week of January 8, 2023. The temporary log in is only valid for 7 days.





Provider Portal: How to Log in

Provider Portal



- Each user will be assigned a unique username for the portal.
- Please go <https://msmedicaid.telligen.com> and use the sign-in link

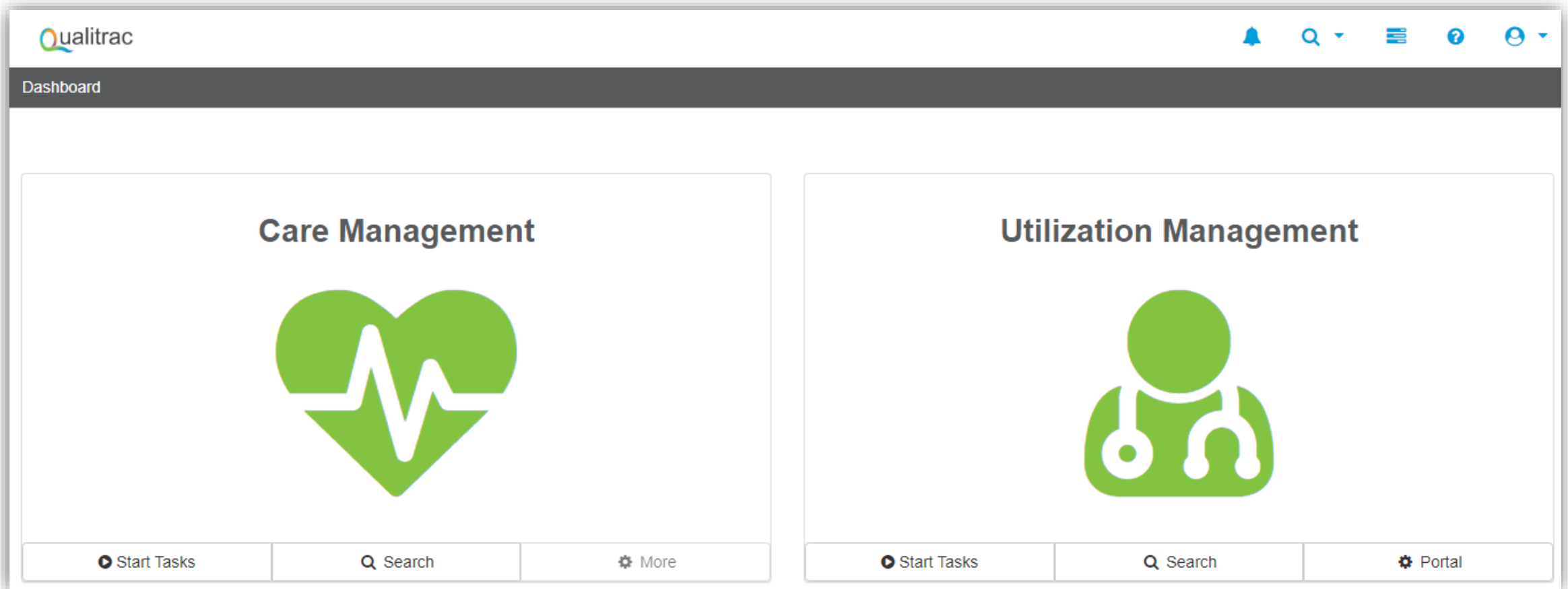


Signing into the Provider Portal



1. **Enter Username:** Use the username that you were sent in the set-up email.
2. **Enter Password:** Use the temporary password you were sent in the set-up email.
3. Click **Sign In** to access the system
4. Use the reset password link at the bottom to reset password after your first log in and anytime your password needs reset.

A screenshot of the Telligen Sign In form. At the top is the Telligen logo. Below it is the title 'Sign In'. The form contains two input fields: 'Username' and 'Password'. The 'Username' field has a red error message below it: 'This field cannot be left blank'. The 'Password' field has a toggle icon on the right. Below the password field is a checkbox labeled 'Keep me signed in'. At the bottom of the form is a blue 'Sign in' button and a 'Reset Password' link.



Provider Portal: Landing Page



This is the Telligen Provider Portal Menu Bar. This will remain available to you wherever you are in the system.



The Qualitrac Logo will take you back to the landing page from wherever you are currently working at in the system.



The bell icon notifies the user of notifications and system messages



The “magnifying glass” icon will open search options for you to search for a specific case or a specific member to view the details.



This icon allows for quick access to the users Task List



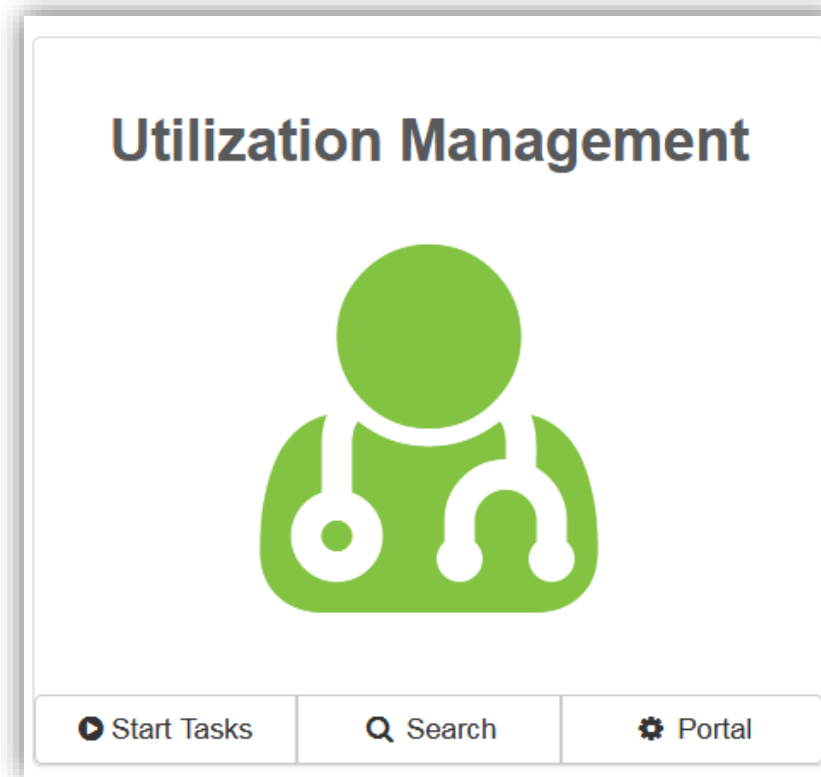
This is utilized to view and manage your profile. If your phone number or email address changes, you can use this section to update the details.



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



Therapy Services Prior Authorization



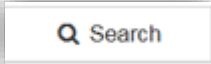

Prior Authorization for outpatient therapy services is only required for certain codes when the services fall into one of the following categories:

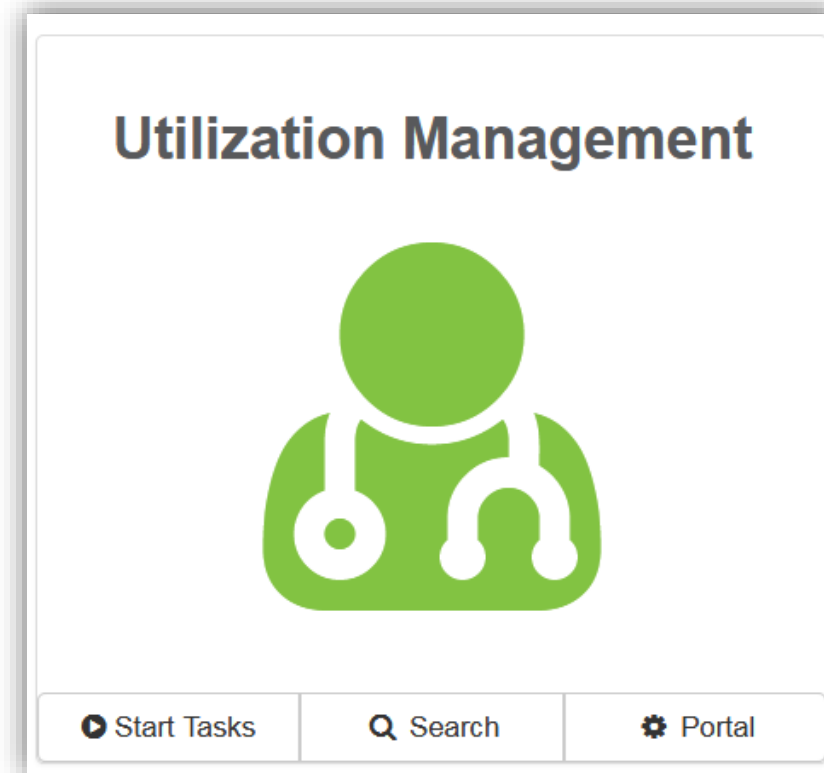
1. Therapy services are provided in an individual therapist office or in a therapy clinic.
2. Therapy services are provided to adults in outpatient departments of hospitals.
3. Therapy services are provided in physician offices/clinics.
4. Therapy services are provided in nursing facilities.
5. Therapy services covered under regular benefits and provided to beneficiaries also enrolled in Home and Community-Based Services (HCBS) waiver programs
6. Therapy services provided to beneficiaries covered by Medicare and Medicaid, if the Medicare benefits have exhausted
7. Therapy services billed by school providers



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.

A screenshot of the Qualitrac web application interface. The top navigation bar includes the Qualitrac logo and several utility icons (notifications, search, menu, help, user profile). Below the navigation bar is a breadcrumb trail showing 'Dashboard / Task Queue'. A set of tabs allows switching between 'Scheduled Tasks', 'Member Search' (which is currently selected), 'Cases', and 'Case/Request/Claim Search'. The main content area displays the instruction 'Please search for the member by completing one of the following'. There are two search options separated by an 'OR' label. The first option is a search by Member ID and Date of Birth, with input fields for 'Member ID *' and 'Date Of Birth *' (formatted MM/DD/YYYY) and a 'Search' button. The second option is a search by First Name, Last Name, and Date of Birth, with input fields for 'First Name *', 'Last Name *', and 'Date Of Birth *' (formatted MM/DD/YYYY) and a '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

OR

First Name *

Last Name *

Date Of Birth *

Search

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

Show **entries** Showing 1 to 1 of 1 entries Previous 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 – View Member Details





- Clicking on the **View Member Details** box opens the window to provide the user with more information for the member.

 Stephanie Wilson


Hide Member Details


 **Member ID:** TEMP000000100700


 **Date of Birth:** 01/03/1978


 **Phone Number:**

Client: Mississippi

Phone 
Home:
Cell:
Work:
Other:

Mailing Address 

Physical Address 
1776 West Lakes Parkway
West Des Moines, IA 50266

Preferred Contact Information 

Method	Language
Notes	

View Even More Member Details



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.

Stephanie Wilson

View Member Details

Member ID: TEMP000000100700

Date of Birth: 01/03/1978

Phone Number:

Client: Mississippi

Utilization Management

View Cases

+ Add

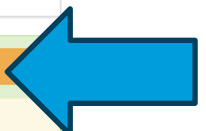
Hiding canceled cases.

Show

Show 10 entries

Search:

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



Telligen Provider Portal – Required sections



The following panels will be required for your request:

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

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"/>			

Cancel Add New Request



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
 - Content will be located under education on the website

Review Type * ⓘ Review Type is a required field

A screenshot of a web form showing a dropdown menu for 'Review Type'. The dropdown is open, displaying a list of service categories. The list includes: 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, and Organ Transplant Services. The dropdown has a blue header bar and a red border around the selection area.

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

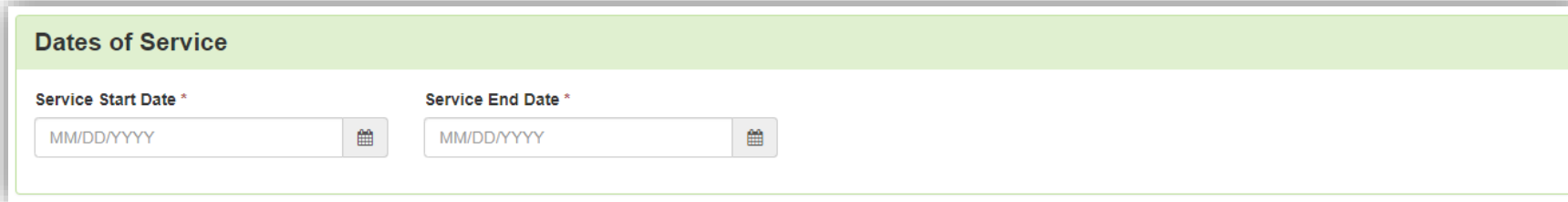
A screenshot of the 'Authorization Request' form. The form has a light green header bar with the title 'Authorization Request'. Below the header, there are four input fields: 'Date Request Received *' with a date/time picker showing '06/14/2022 12:41 pm'; 'Review Type *' with a dropdown menu showing 'Behavioral Health Outpatient'; 'Place of Service *' with a dropdown menu showing 'Office'; and 'Type of Service *' with a dropdown menu showing 'Youth (Under 21)'. Below these fields is a 'Timing *' dropdown menu showing 'Prospective'. 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 the 'Dates of Service' panel. It has a light green header bar with the title 'Dates of Service'. 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 panel has a thin green border.

Dates of Service	
Service Start Date *	Service End Date *
<input type="text" value="MM/DD/YYYY"/>	<input type="text" value="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: Physician and 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 Physician* – The person providing the care; this may or may not be a physician, i.e. Social Worker providing counseling
 - *Treating Provider* – The **organization** providing the care

Providers *

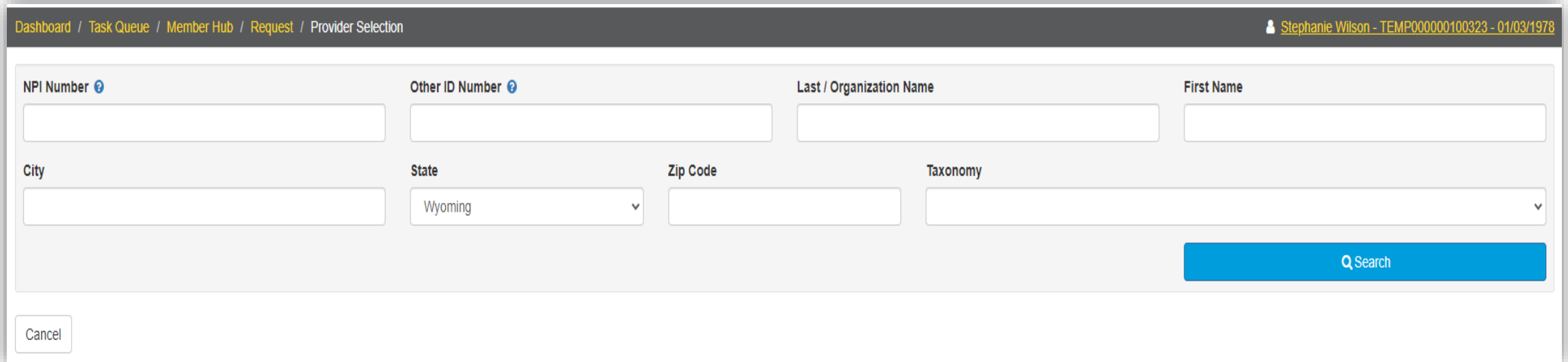
Type	Name	NPI	Address	Phone	Primary Taxonomy	PPO Redirect Reason	Comments	Action
Ordering Provider *						Not Supplied		+ Add
Treating Physician *						Not Supplied		+ Add
Treating Provider *						Not Supplied		+ Add

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



Entering Physician 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 application interface for adding a provider. At the top, a breadcrumb trail reads: Dashboard / Task Queue / Member Hub / Request / Provider Selection. On the right, a user profile is shown: Stephanie Wilson - TEMP000000100323 - 01/03/1978. The main form contains several input fields: NPI Number (with a help icon), Other ID Number (with a help icon), Last / Organization Name, First Name, City, State (a dropdown menu currently showing 'Wyoming'), Zip Code, and Taxonomy (a dropdown menu). A blue 'Search' button with a magnifying glass icon is located at the bottom right of the form. A 'Cancel' button is located at the bottom left of the form.



Entering Physician 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				
				Search: <input type="text"/>
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
	JACKSON, ALLEN		000126363	000126363		Clinic #: 1 Addr: 2351 Highway 1 S Greenville, MS, 38701	(662) 344-1817	General Practice	Provider File

Entering Physician and Facility Information



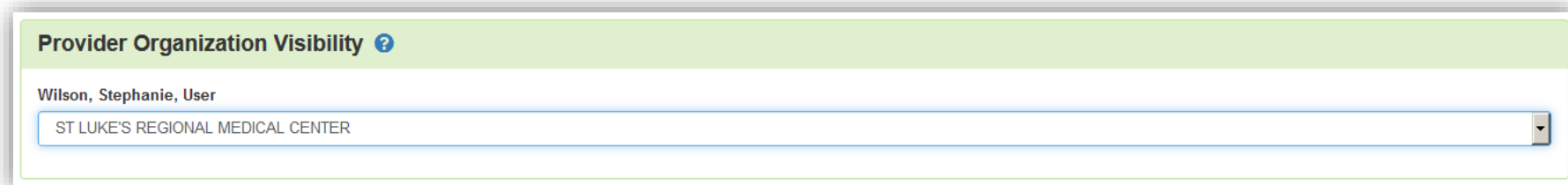
- You will see the physician's name or facility name and information populated in the corresponding panel.
- You can access the delete button by clicking the 3 dots to the right if selected in error
- You can use the  button to search and find a new physician/facility for the one that was deleted.

Providers					
Type	Name	NPI	Address	Phone	Primary Taxonomy
Treating Physician	 JACKSON, ALLEN		Clinic #: 1 2351 Highway 1 S Greenville, MS, 38701	(662) 344-1817	General Practice

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 form titled 'Provider Organization Visibility' with a help icon. Below the title, the text 'Wilson, Stephanie, User' is displayed. Underneath is a dropdown menu with 'ST LUKE'S REGIONAL MEDICAL CENTER' selected and a downward arrow on the right side.

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

+ Add

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

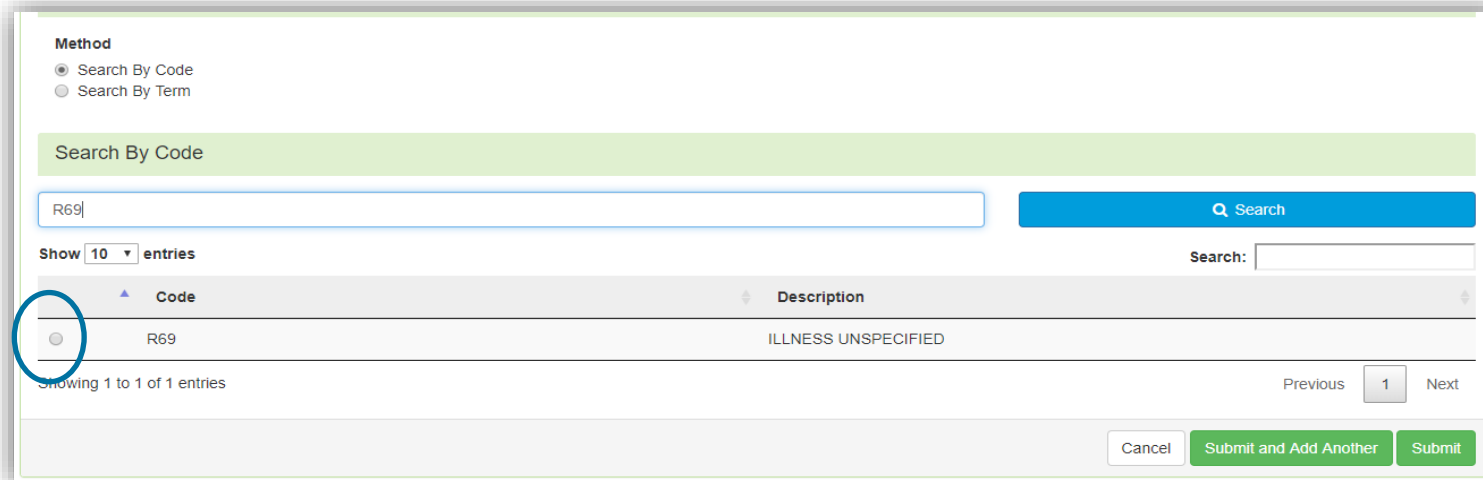
Cancel

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.

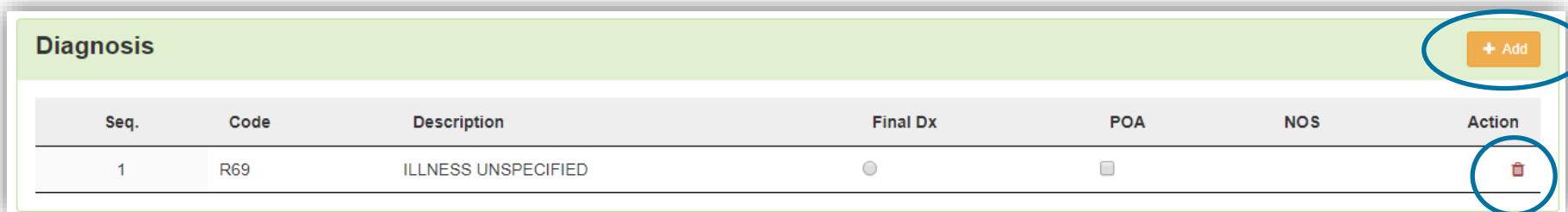



The screenshot displays the 'Diagnosis Panel' interface. At the top, under the 'Method' section, 'Search By Code' is selected with a radio button. Below this, a search box contains 'R69' and a blue 'Search' button is to its right. A 'Show 10 entries' dropdown is visible. The search results are displayed in a table with two columns: 'Code' and 'Description'. The first row shows 'R69' and 'ILLNESS UNSPECIFIED'. A red circle highlights the radio button to the left of the 'R69' code. At the bottom, there are 'Previous', '1', and 'Next' navigation buttons, along with 'Cancel', 'Submit and Add Another', and 'Submit' buttons.

Code	Description
R69	ILLNESS UNSPECIFIED


Diagnosis Panel cont.

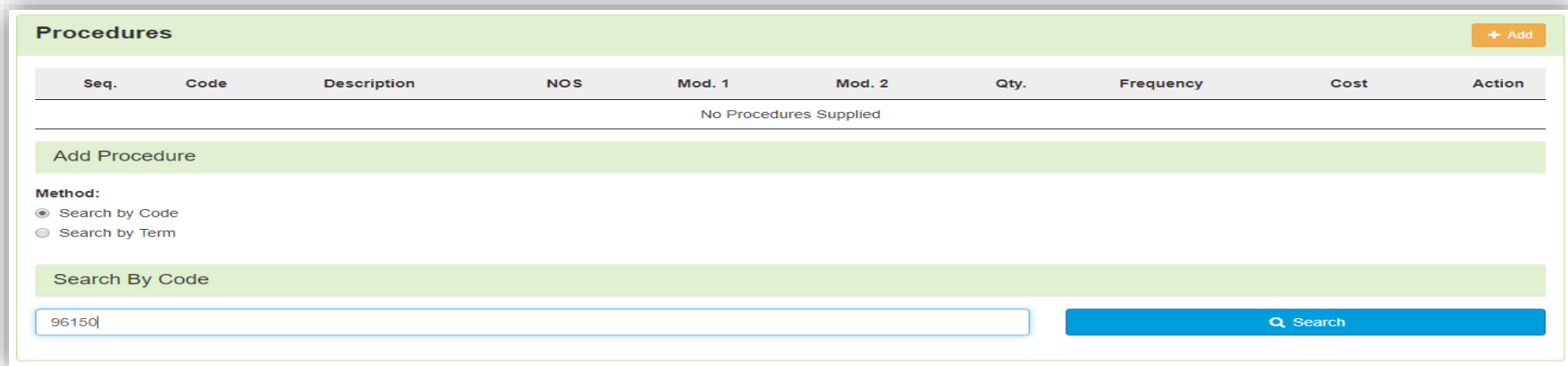
- After selecting the diagnosis you want added to the review, you can select Submit or Submit and Add Another.
- **Submit** will add the diagnosis to the review.
- **Submit and Add Another** will allow you to submit the diagnosis to the review and re-open the window where you can search for another diagnosis.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



Diagnosis						
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 in a software interface. At the top right is an orange '+ 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 a green 'Add Procedure' section. Under 'Method:', there are two radio buttons: 'Search by Code' (selected) and 'Search by Term'. Below this is a 'Search By Code' section with a text input field containing '96150' and a blue 'Search' button with a magnifying glass icon.

Procedure(s) Panel cont.

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



Search By Term

Section

Category

Sub-Category

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

▲	Code	◆	Description
<input type="radio"/>	10021		FINE NEEDLE ASPIRATION W/O IMAGING GUIDANCE

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 green header and a text input field labeled 'Modifier 1'. The 'Procedure Details' section also has a green header and contains several input fields: 'Units *' with a dropdown menu showing '1', 'Units Qualifier *' with a dropdown menu showing 'unit(s)', 'Frequency' with a text input field, 'Frequency Qualifier' with a dropdown menu, 'Total Cost' with a text input field and a '\$' symbol, and 'Allowed Amount' with a text input field. At the bottom right of the form 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

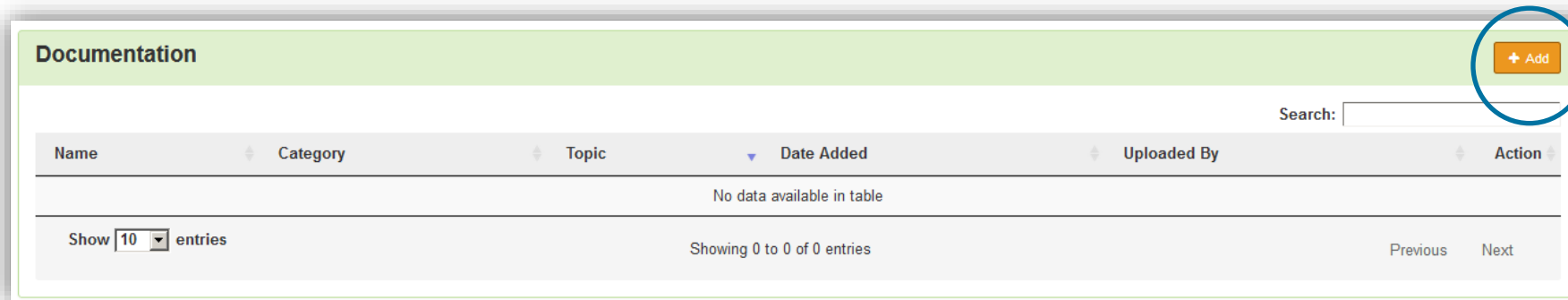
Procedure(s) Panel cont.

- 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									
Seq.	Code	Description	NOS	Mod. 1	Mod. 2	Qty.	Frequency	Cost	Action
1	96150	HLTH&BEHAVIOR ASSMT EA 15 MIN W/PT 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.



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

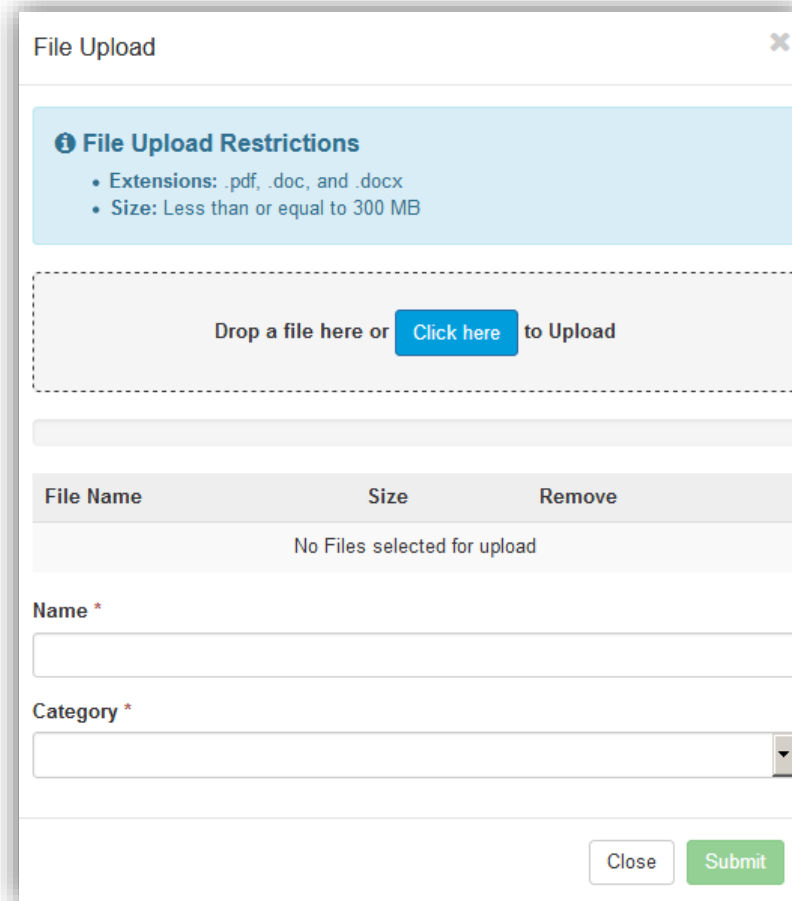
Show 10 entries

Showing 0 to 0 of 0 entries

Previous Next

Documentation Panel cont.

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

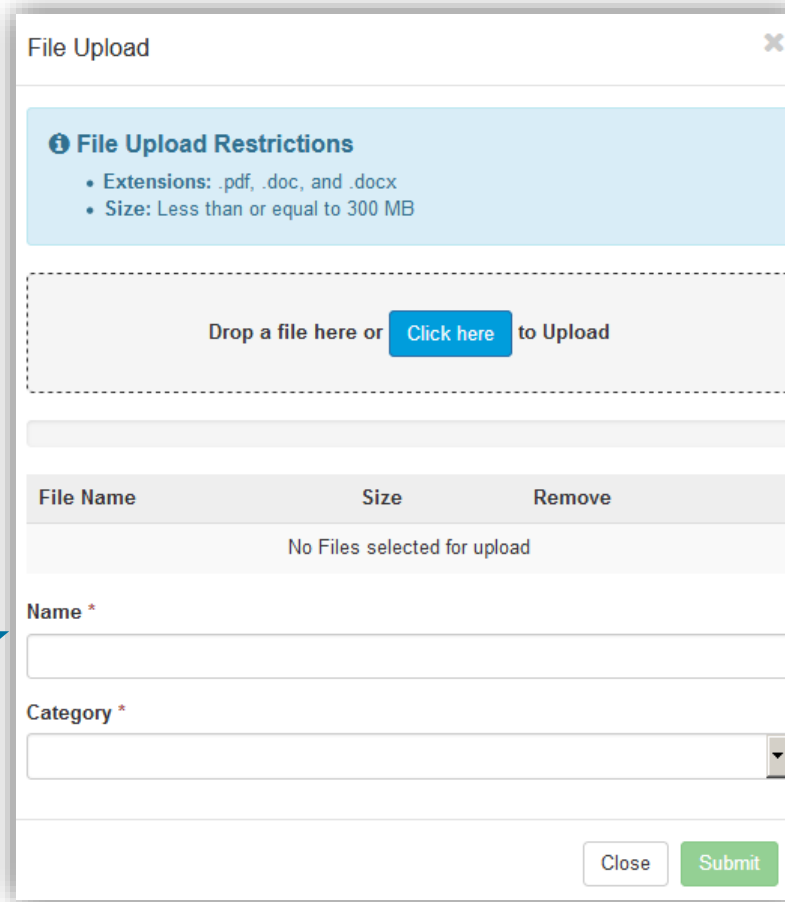
A modal window titled 'File Upload' with a close button in the top right corner. It contains a section for 'File Upload Restrictions' with two bullet points: 'Extensions: .pdf, .doc, and .docx' and 'Size: Less than or equal to 300 MB'. Below this is a dashed box with the text 'Drop a file here or' followed by a blue 'Click here' button and the text 'to Upload'. Underneath is a table with three columns: 'File Name', 'Size', and 'Remove'. The table is currently empty, with the text 'No Files selected for upload' centered below the headers. Below the table are two form fields: 'Name *' and 'Category *', both with asterisks indicating they are required. At the bottom right are two buttons: 'Close' and '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

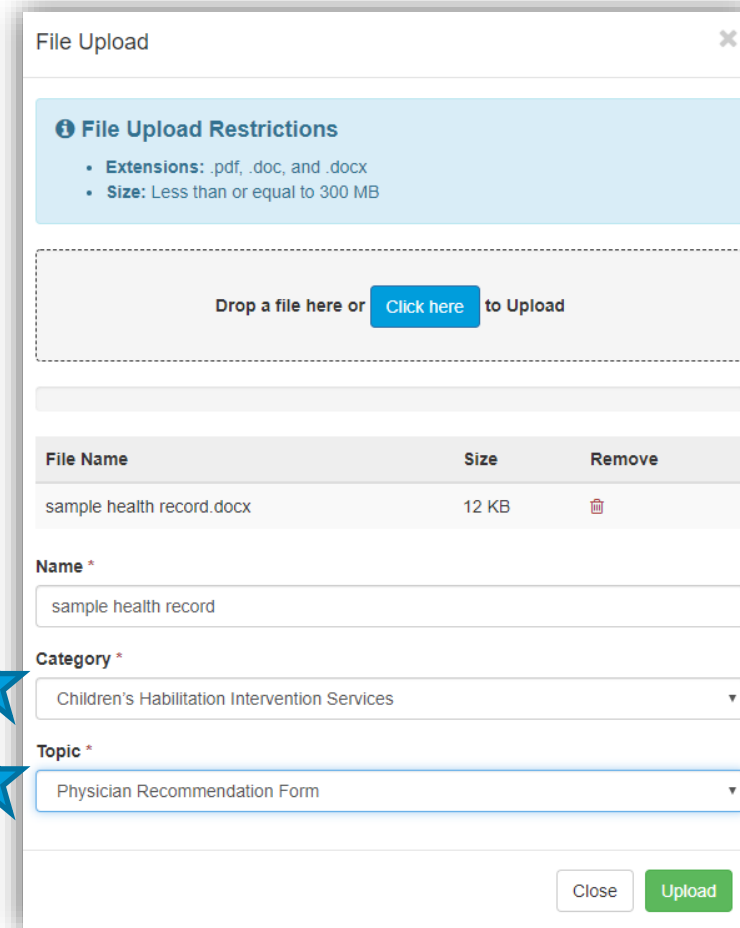
- **Name:**
 - The **Name** box allows you to name the file to what makes sense, if needed
 - The file name cannot have any spaces or special characters.



The screenshot shows a 'File Upload' dialog box. At the top, it says 'File Upload' with a close button. Below that is a section titled 'File Upload Restrictions' with two bullet points: 'Extensions: .pdf, .doc, and .docx' and 'Size: Less than or equal to 300 MB'. Underneath is a dashed box containing the text 'Drop a file here or' followed by a blue button labeled 'Click here' and the text 'to Upload'. Below this is a table with three columns: 'File Name', 'Size', and 'Remove'. The table is currently empty, with the text 'No Files selected for upload' centered below the headers. At the bottom of the dialog, there are two input fields: 'Name *' and 'Category *'. The 'Name *' field is a text input, and the 'Category *' field is a dropdown menu. At the very bottom right, there are two buttons: 'Close' and '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 a close button in the top right corner. It features a light blue header section titled 'File Upload Restrictions' containing two bullet points: 'Extensions: .pdf, .doc, and .docx' and 'Size: Less than or equal to 300 MB'. Below this is a dashed box with the text 'Drop a file here or [Click here](#) to Upload'. A table lists the uploaded file 'sample health record.docx' with a size of '12 KB' and a red trash icon for removal. The form includes input fields for 'Name' (containing 'sample health record'), a dropdown for 'Category' (set to 'Children's Habilitation Intervention Services'), and a dropdown for 'Topic' (set to 'Physician Recommendation Form'). At the bottom right are 'Close' and 'Upload' buttons. Two blue stars are positioned to the left of the 'Category' and 'Topic' dropdowns.

File Name	Size	Remove
sample health record.docx	12 KB	

Name *

sample health record

Category *

Children's Habilitation Intervention Services

Topic *

Physician Recommendation Form

Close Upload

Required Documentation



Documentation must include:

- Certificate of Medical Necessity
- Plan of Care
- Documented face-to-face encounter
- Copy of the Initial or Re-evaluation
- Progress notes which include treatment modalities and progress towards goals
- Discharge summary, if applicable

Each discipline requires a separate request.

All documentation must include 2 patient identifiers

For example – patient name and Medicaid ID 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

Search:

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

Show 10 entries

Showing 1 to 1 of 1 entries

Previous 1 Next

Continue



- The criteria being used is **NOT** changing at this time.
- Telligen will be using InterQual criteria for Therapy reviews.
- You will need to document against that criteria as part of your submission process.
- Note: The physicians are also not changing. The physicians performing the reviews for Alliant are the same physicians that will be reviewing cases for Telligen.



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

≡ MENU

Mississippi Division Of Medicaid

HELP

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

PRODUCT ▾

VERSION ▾

CATEGORY ▾

CLINICAL REFERENCE

Enter Keywords

99233,K65.0

FIND SUBSETS

CLEAR ALL

BOOKMARKS 📌

Results Count: 5

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

InterQual Process cont.

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

Medical Review *Imaging, Chest, Noncardiac*

CHANGE SUBSET

CLINICAL REFERENCE

COMMENTS 0

Choose one: *Required*



Age ≥ 18

Age < 18

Choose one: *Required*



Lung nodule or mass



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.



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

Clinical Guidelines

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


InterQual® Actions ▼



InterQual Process cont



Once you select the guideline you want to use, click Begin Medical Review

 **InterQual® 2023, Oct. 2023 Release, CP:Imaging
Imaging, Chest, Noncardiac**

	Version	Release Date	Matching Search Results
<input checked="" type="radio"/>	InterQual 2023, Oct. 2023 Release	10/06/2023	C34.30, C34.31, C34.32
<input type="radio"/>	InterQual 2023, Mar. 2023 Release	03/31/2023	C34.30, C34.31, C34.32

REVIEW PROCESS (PDF)

Informational Note

These criteria include the following imaging studies:

Angiogram, Pulmonary
Computed Tomography (CT), Chest
Computed Tomography Angiography (CTA), Chest
Helical or Spiral Computed Tomography (CT), Chest
High-Resolution Computed Tomography (HRCT), Chest
Low-Dose Computed Tomography (LDCT), Chest
Magnetic Resonance Angiography (MRA), Chest
Magnetic Resonance Imaging (MRI), Chest
Multi-Detector Computed Tomography (MDCT), Chest
Positron Emission Tomography with CT (PET-CT), Chest
Ventilation-Perfusion (V/Q) Scan

RESUME MEDICAL REVIEW ➔

BOOK VIEW 

FULL SUBSET

SMARTSHEETS

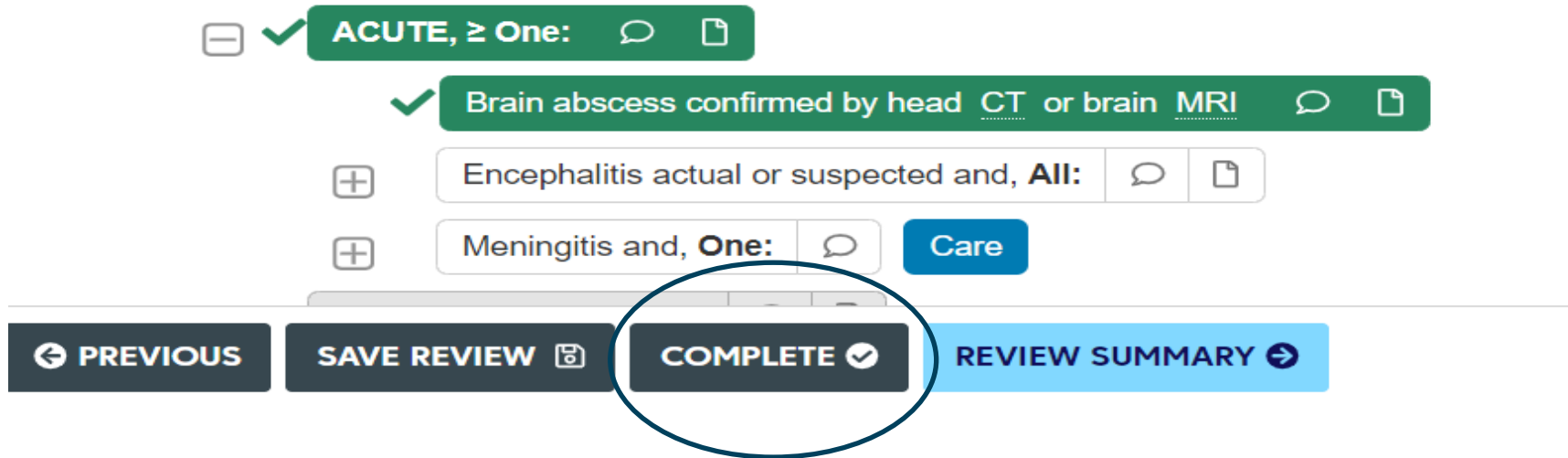
BOOKMARK SUBSET

CHANGE SUBSET



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 document icons:

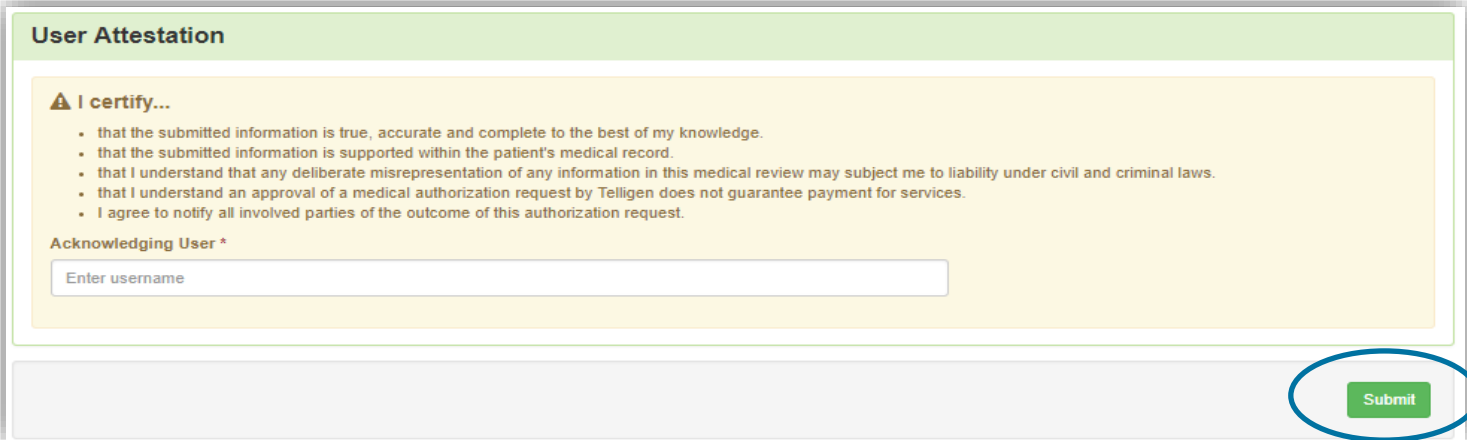
- ☒ ACUTE, ≥ One: [comment icon] [document icon]
- ☒ Brain abscess confirmed by head CT or brain MRI [comment icon] [document icon]
- ☐ Encephalitis actual or suspected and, All: [comment icon] [document icon]
- ☐ Meningitis and, One: [comment icon] [document icon]

Below the list is a blue button labeled "Care".

At the bottom is a navigation bar with four buttons: "PREVIOUS" (dark grey), "SAVE REVIEW" (dark grey with document icon), "COMPLETE" (dark grey with checkmark icon, circled in red), and "REVIEW SUMMARY" (light blue with right arrow icon).

Attestation

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



The screenshot shows a 'User Attestation' form. It has a green header bar with the title 'User Attestation'. Below the header is a yellow box containing a warning icon and the text 'I certify...'. Inside this box is a bulleted list of four statements regarding the accuracy and support of the submitted information, and a statement of understanding about liability and payment. Below the yellow box is a section titled 'Acknowledging User *' with a text input field labeled 'Enter username'. At the bottom right of the form 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

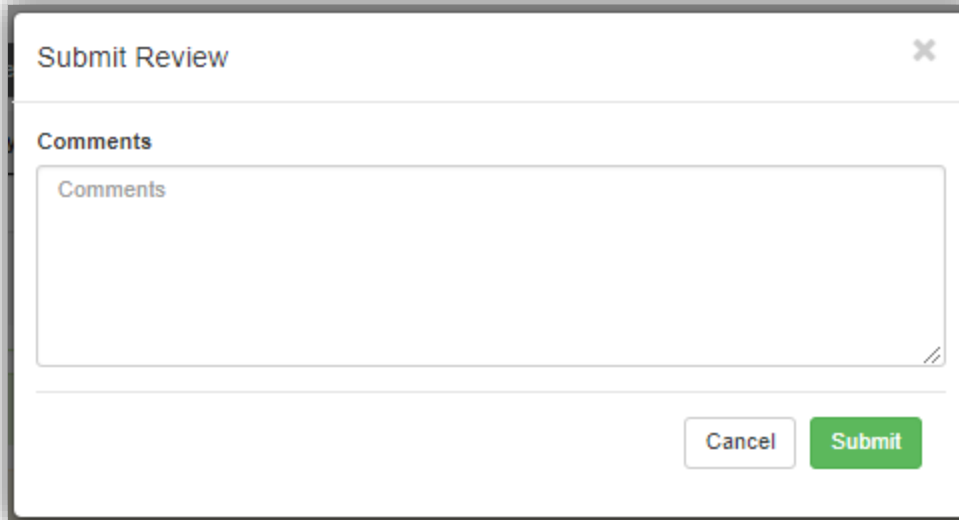
❗ Error saving your Request

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


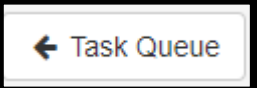
- Documentation - You must have one or more documents

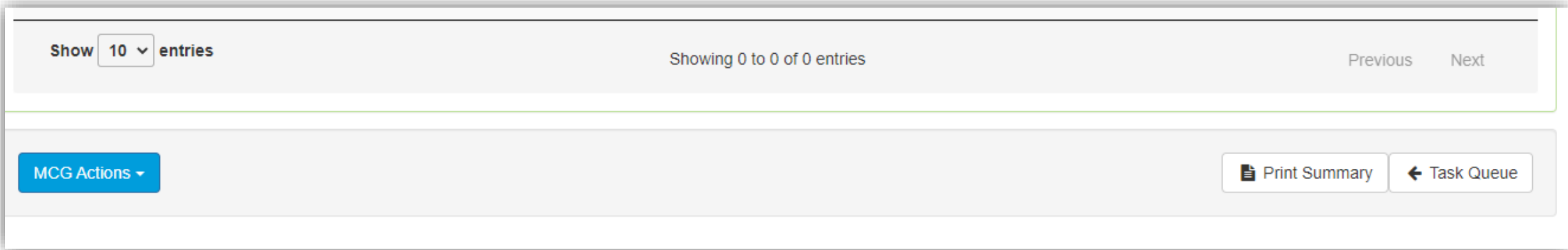
Comments

- 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.**

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: 'Cancel' and 'Submit'.

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 web interface for a summary page. At the top, there is a header bar with a "Show" label, a dropdown menu set to "10", and the word "entries". In the center of the header bar, it says "Showing 0 to 0 of 0 entries". On the right side of the header bar, there are two links: "Previous" and "Next". Below the header bar, there is a main content area. On the left side of this area, there is a blue button labeled "MCG Actions" with a dropdown arrow. On the right side, there are two buttons: "Print Summary" with a printer icon and "Task Queue" with a left arrow icon.

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

A screenshot of the Qualitrac web application interface. The top navigation bar includes the 'Qualitrac stage' logo on the left and a series of icons (user, cloud, chat, notifications, microphone, refresh, search, calendar, list, help, mail, profile) on the right. Below the navigation bar is a breadcrumb trail: 'Dashboard / Task Queue / Member Hub'. On the right side of this bar is a user profile summary: '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 and a 'Scheduled Tasks' button. On the right is the 'Member Hub' for 'Stephanie Wilson', which includes a 'View Member Details' button and a table of member 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.

Inpatient Hospital (27058)

Treating Physician: JACKSON,
ALLEN

Treating Facility: BAPTIST MEDICAL
CENTER - ATTALA

Show 10 ▾ entries

Search:

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

Showing 1 to 1 of 1 entries

View Request
Delete



Request for Information (RFI)



A Note about Timeframes



Telligen Timeframes

- Telligen has 2 business days to complete reviews for prospective requests.
- Telligen has 10 business days to review retrospective requests

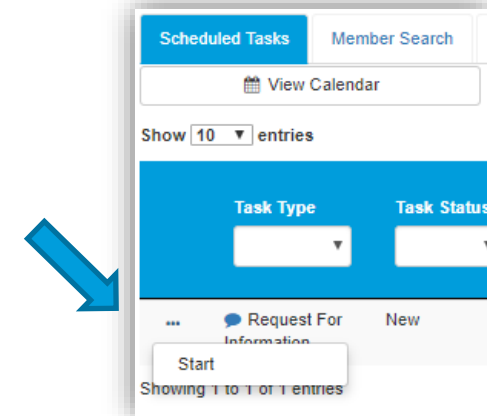
Provider Timeframes

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



Request for Information







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



Request for Information



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

Correspondence			+ Add
			Search: <input type="text"/>
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 <input type="text" value="10"/> entries		Showing 1 to 2 of 2 entries	
		Previous	<input type="text" value="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

Search:

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

Show 10 entries

Showing 1 to 1 of 1 entries

Previous 1 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.

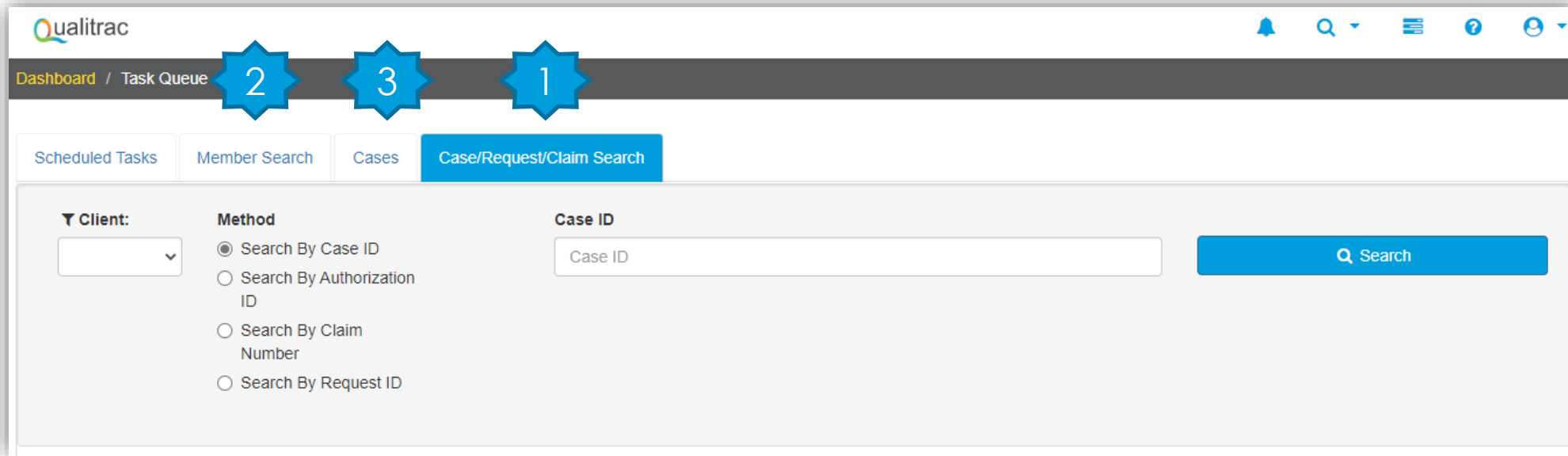


Finding the Determination



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 and several icons. Below the navigation bar, there is a breadcrumb trail: "Dashboard / Task Queue". Three blue star-shaped callouts with numbers 1, 2, and 3 are placed over the breadcrumb trail. Callout 1 is over "Task Queue", callout 2 is over "Dashboard", and callout 3 is over "Task Queue". Below the breadcrumb trail, there is a row of tabs: "Scheduled Tasks", "Member Search", "Cases", and "Case/Request/Claim Search". The "Case/Request/Claim Search" tab is highlighted. Below the tabs, there is a search form. The form has three main sections: "Client:", "Method", and "Case ID". The "Client:" section has a dropdown menu. The "Method" section has four radio buttons: "Search By Case ID" (selected), "Search By Authorization ID", "Search By Claim Number", and "Search By Request ID". The "Case ID" section has a text input field with the placeholder "Case ID". To the right of the input field is a blue "Search" button with a magnifying glass icon.

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. [Show](#)

Inpatient Hospital (27058)

Treating Physician: JACKSON,
ALLEN

Treating Facility: BAPTIST MEDICAL
CENTER - ATTALA

View Outcome



Utilization Management

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

Hiding canceled requests.

[Show](#)

Hearing Services (26754)

Treating Provider: MICHAEL E
STEUER MD PC

[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 Outcome: Denied

(HCPCS) G0446 - ANNUAL FCE--FCE INTENSIV BEHV TX CV DZ IND 15 MIN

Outcome: Denied

Requested

Outcome

Authorization Number

Start Date 06/13/2022

End Date 07/13/2022

Modifier 1

Modifier 2

Units 20 unit(s)

Frequency 3 Three times weekly

Total Cost

Final Recommendation

Outcome

Denied (Clinical Denial)

Authorization Number 7000000004

Start Date 06/13/2022

End Date 07/13/2022

Modifier 1

Modifier 2

Approved 0 unit(s) (Denied: 20)

Frequency 3 Three times weekly

Total Cost

Letter Rationale:

denial

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



Submitting a Reconsideration (1st Level Appeal)



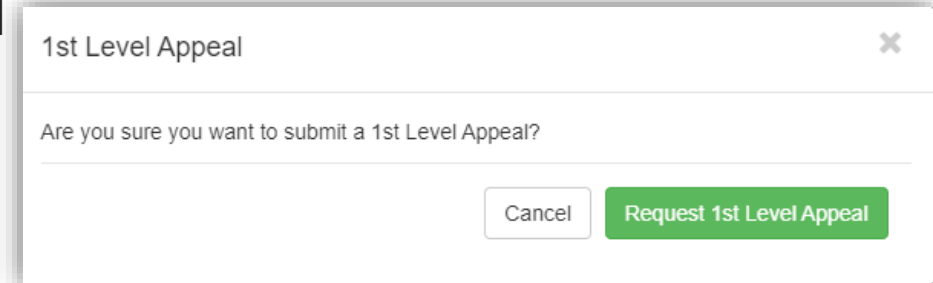
- To submit a reconsideration for a denied review:
 - Go to the **UM panel** in the member hub
 - Click on the blue ellipsis within the denied case to open the action menu
 - Once there, select **1st Level Appeal** from the menu.

The screenshot shows the 'Utilization Management' interface. At the top, there's a green header bar with a user icon, the title 'Utilization Management', and two orange buttons: 'View Cases' and '+ Add'. Below the header, there's a search bar and a 'Show 10 entries' dropdown. The main part of the interface is a table with columns: Status, Case 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 '812', Review Type 'Acute Medical Surgical', Timing 'Retrospective', Treating Prov./Phys. 'WILSON MD, DOUGLAS', Treating Facility 'JOHN HOPKINS MOORE CL MAC', Req. Start '02/04/2019', Req. End '02/08/2019', and Outcome 'Denied'. The Action column for this row contains a blue ellipsis icon. A context menu is open over this ellipsis, 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	Review Type	Timing	Treating Prov./Phys.	Treating Facility	Req. Start	Req. End	Outcome	Action
Request Is Complete	812	Acute Medical Surgical	Retrospective	WILSON MD, DOUGLAS	JOHN HOPKINS MOORE CL MAC	02/04/2019	02/08/2019	Denied	...

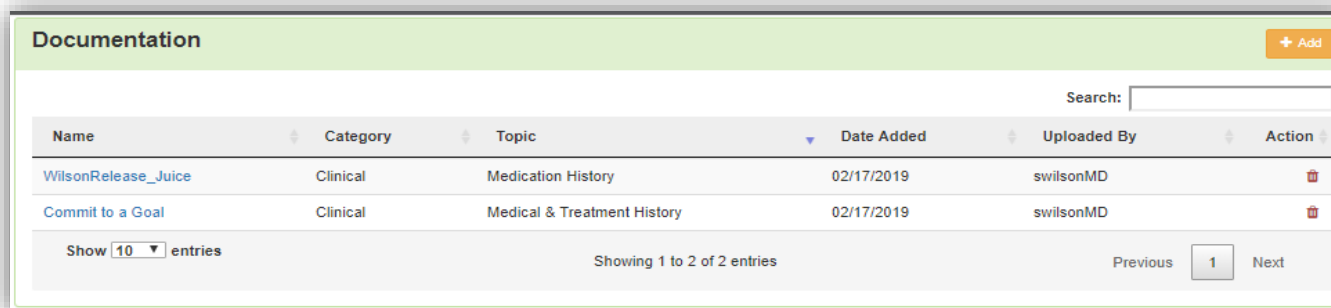
Reconsideration (1st Level Appeal) cont.

- The system will ask you if you are sure you want to submit a 1st Level appeal
- Select the green button : **Request 1st Level Appeal**
 - You will still be able to delete the request later





A confirmation dialog box titled "1st Level Appeal" with a close button (X) in the top right corner. The text inside asks, "Are you sure you want to submit a 1st Level Appeal?". At the bottom right, there are two buttons: a white "Cancel" button and a green "Request 1st Level Appeal" button.

- Attach any additional documentation that is necessary to support the appeal

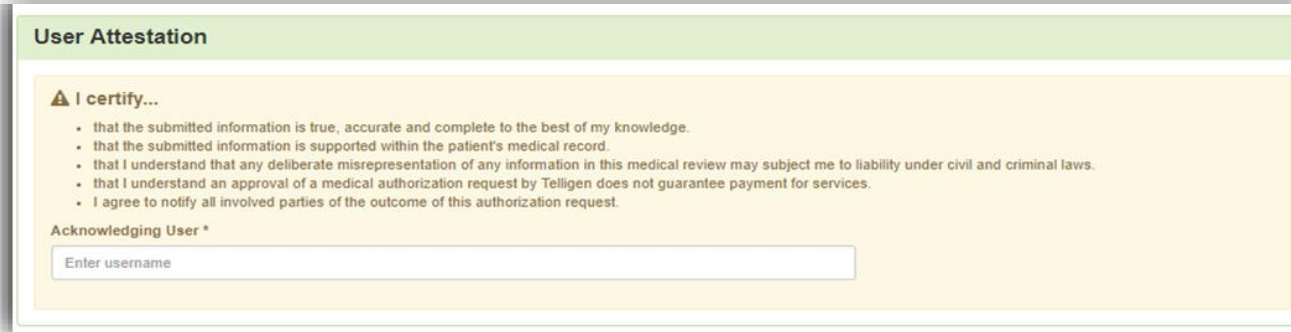


A table titled "Documentation" with a green header bar containing an "Add" button. The table has columns: Name, Category, Topic, Date Added, Uploaded By, and Action. It contains two entries. Below the table, there is a "Show 10 entries" dropdown, a "Showing 1 to 2 of 2 entries" status, and "Previous", "1", and "Next" pagination controls.

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	

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 *

Enter username

- Click Submit to have the information sent to Telligen for reconsideration


Outpatient Services (26794)

Treating Provider: MRH MEDICAL
GROUP, BROWN MEDICAL CL

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

Reconsideration (1st Level Appeal)/P2P Review

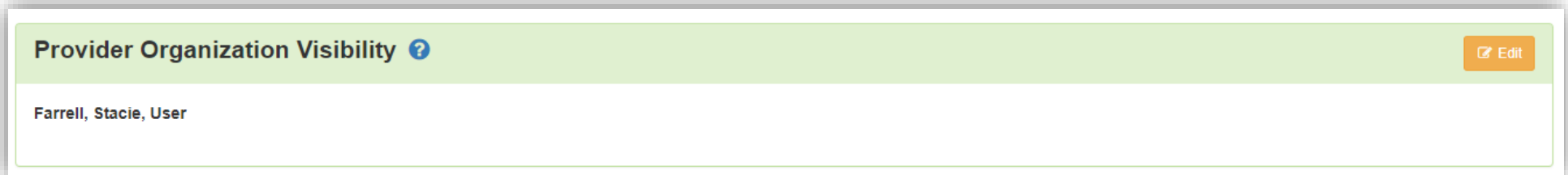


- When a prospective, concurrent or retrospective review has an initial determination of denied or partially denied, the user can submit a request for a reconsideration or a Peer-to-Peer review
- The user will have 30 calendar days from the date and time of the initial determination being rendered to submit the request.
- If the provider wants to request a peer-to-peer, they need to call customer service 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
- Someone will contact the requesting provider with scheduling details within five business days of making the request.



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.

A screenshot of a web interface panel titled 'Provider Organization Visibility' with a help icon. Below the title bar, the text 'Farrell, Stacie, User' is displayed. An 'Edit' button with a pencil icon is located in the top right corner of the panel.

Provider Organization Visibility ?

Farrell, Stacie, User

Edit

Contact Us



Education Manager – Primary Point of Contact

Katrina Merriwether

Program Manager

Chinwe Nichols

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

Mississippi Call Center & Provider Help Desk

- Email: msmedicaidum@telligen.com
- Toll-Free Phone: 855-625-7709
- Fax: 800-524-5710

Portal Registration Questions

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



