



Mississippi Medicaid: Telligen Provider Portal Training – Dental Services

January 2025

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.



Agenda



- Contact Information
- Overview/Purpose
- Housekeeping
- Timely Filing
- Verifying Eligibility and Physician Information
- Continuation of Care
- Required Documentation
- Request for Information (RFI)
- Appeal Rights/Types
- Helpful Links/FAQ
- Questions



Contact Us



Education Manager – Primary Point of Contact

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Program Manager

Ajae Devine

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



Purpose of the Presentation



The purpose of this presentation is to:

- **Troubleshoot** authorization submission issues.
- **Enhance Navigation Skills** in Qualitrac platform effectively.
- **Educate Providers** on processes related to review timings and InterQual guidelines.

For specific complaints or to provide feedback on the review process, please send your concerns through our Provider Help Desk via email: msmedicaidum@telligen.com or toll-free phone: 855-625-7709





Review Timings

Review Processing Timeframes

- **Prospective** – This is a review timing that is submitted prior to any services starting. The requested start date must be in the future.
- **Retrospective** – This is a review timing that is submitted after all services have been provided.
 - **Emergency Treatments:** Providers have **5 calendar days** to submit a retro authorizations for **emergency treatments** or adding a treatment during a procedure Must be submitted within 5 calendar days.
 - **Non-Emergent Treatments:** Require pre-authorization or explanation of extenuating circumstances. Retrospective requests for non-emergent treatment should include extenuating circumstances and be evaluated by Telligen on a case-by-case basis.
 - **D1110 Code Submission:** Must be submitted within 5 calendar days of treatment.



A Note about Timeframes



Telligen Review Processing Timeframes

| Review Type | Prospective | Retrospective |
|----------------|-----------------|------------------|
| General Dental | 6 Business Days | 10 Business Days |
| Dental Surgery | 6 Business Days | 10 Business Days |
| Orthodontia | 6 Business Days | 10 Business Days |

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



A Note about Timeframes



Telligen's Timeframes

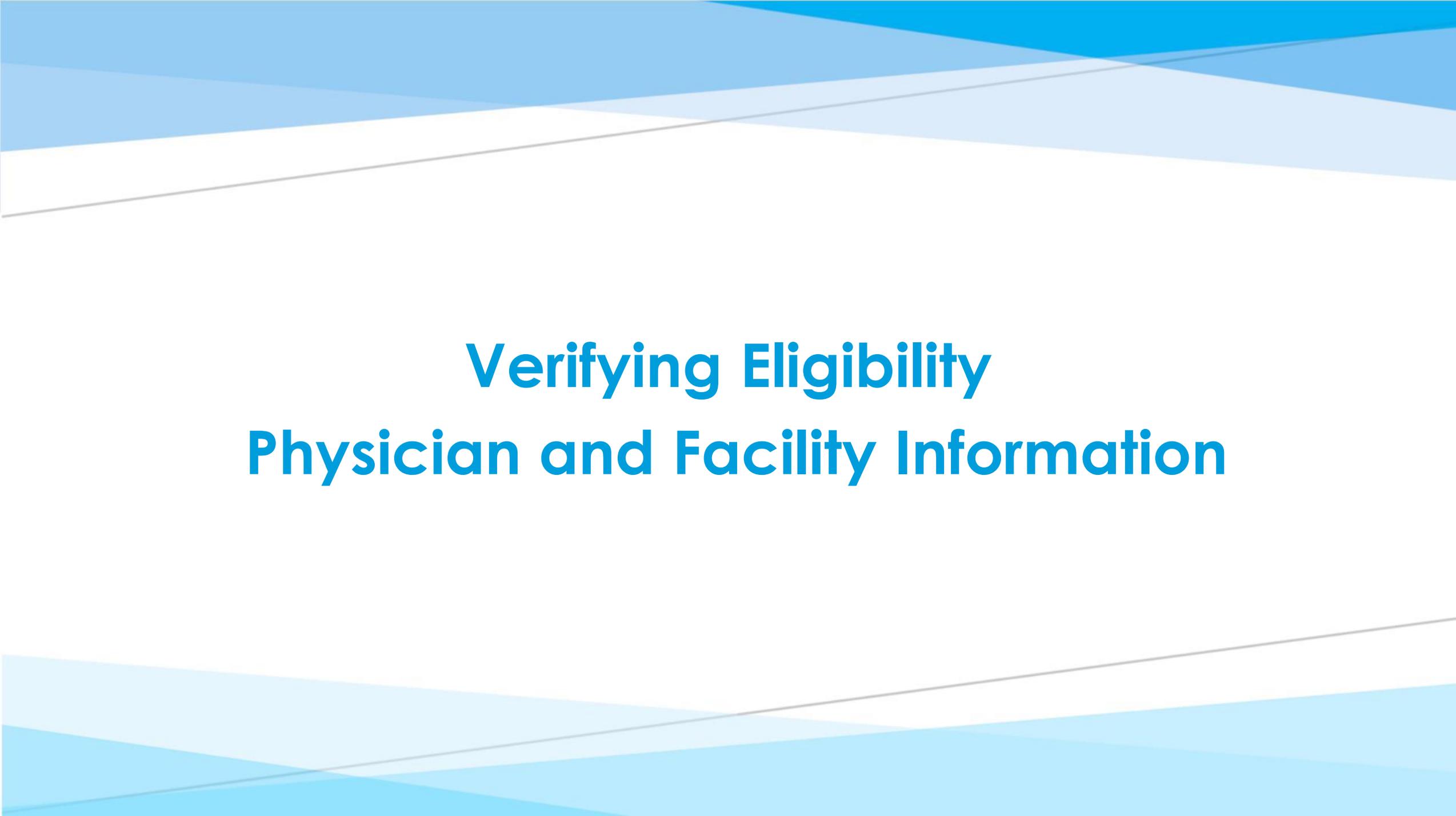
- Telligen has 7 days to complete reviews for prospective requests.
- Telligen has 10 days to review retrospective requests

Provider's Timeframes

- Providers have 10 business days to respond to a request for information.
- 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 on scheduled maintenance days.





Verifying Eligibility

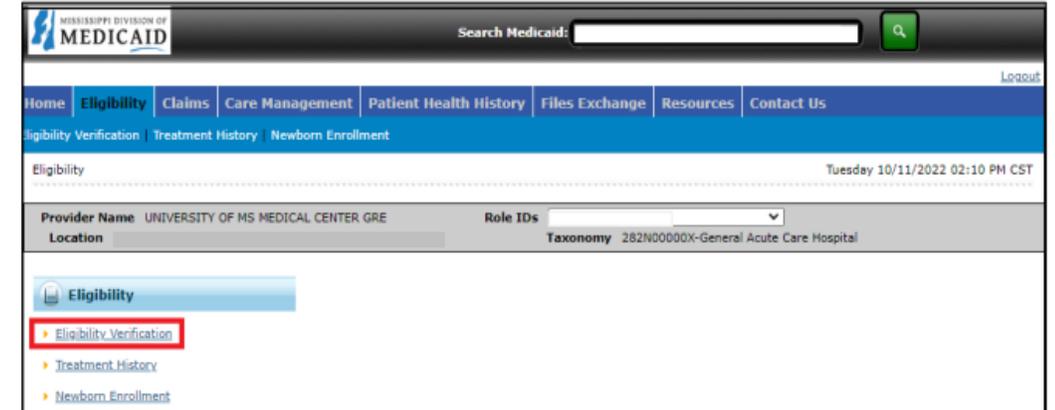
Physician and Facility Information

Verifying Eligibility



Beneficiary Records: Review beneficiary records via MESA the provider portal to verify the beneficiary's coverage

- Log into the MESA Provider Portal
 - Access the portal using your provider credentials.
 - Navigate to the Eligibility Section:
 - From the main dashboard, select the Eligibility tab.
- Search for the Member:
 - Enter the member's ID number or other identifying information (e.g., Social Security Number, Date of Birth, Full Name).
 - Click Submit to retrieve the member's eligibility details.
 - Ensure that the beneficiary coverage shows Fee for Service for the requested DOS .



3. Enter the Member ID, or if you don't have it, enter **two** of the following:
 - Social Security Number (SSN)
 - Birth Date
 - Member's Full Name
 4. The **Begin Date** defaults to the current day but it can be changed if needed. The **End Date** can be entered but it is not a mandatory.
- Note:** Search for eligibility history up to three years in the past and four months into the future.
5. When search criteria are entered, select **Submit**.
 6. If a new search is needed, select **Reset**.

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"/> | |

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
- **Treating Facility** – The organization providing the actual care. (Dental Office)
- **Ordering Provider** – The person or organization ordering the care
- **Medical Director** – The person who oversees the care; this can be the treating physician

Providers *

| Type | Name | NPI | Address | Phone | Primary Taxonomy | PPO Redirect Reason | Comments | Action |
|----------------------|--|-----|---------|-------|----------------------|---------------------|----------|--------|
| Treating Physician * | The clinician providing the care | | | | Medicaid Provider ID | | | + Add |
| Treating Facility * | This should be the Hospice Provider | | | | Medicaid Provider ID | | | + Add |
| Ordering Provider * | The person or organization ordering the care | | | | Medicaid Provider ID | | | + Add |
| Medical Director * | The Medical Director can also be the treating physician providing the care | | | | Medicaid Provider ID | | | + Add |



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 align to the services being requested

| Taxonomy | | | | | Search: |
|----------|-------------------------------------|-------|----------------|-------------|---------|
| 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 |

Please pay close attention to select the Medicaid ID number

Please pay close attention to the name and location selected. Example: Hospice Services LLC vs Hospice Services Inc. This is an important point because some providers have multiple locations under the same NPI and possibly similar name.





Continuation of Care Code Submission Policy

Continuation of Care



- Continuation of Care request with Telligen that includes a managed care authorization:
 - Active authorizations from a managed care plan should be accepted, with the approval start date reflecting the FFS coverage date, and the end date aligning with the service end date approved by the managed care authorization.
- Termed authorizations from previous UM/QIO or managed care organization
 - A detailed explanation is required for why the member continues to need treatment after the allotted 3-year term has passed. Please note, providers may still receive a denial if the lifetime orthodontia limit has been reached.

Clinical information submitted with the original request, along with a copy of the approved authorization, should be included with the authorization request.



Required Documentation

Required Documentation



- Date of service
- History taken on initial visit
- Chief complaint on each visit
- Test, radiographs and results must have the beneficiary's name, the date, must be legible, and must be maintained on file with the beneficiary's dental records.
- Diagnosis
- Treatment, including prescriptions
- Signature or initials of dentist after each visit
- Copies of hospital and/or emergency room records if available
- Orthodontic criteria checklist, if applicable
- Dental Scoring tool, if applicable. **Note: The score should meet a score of 20.**

All forms can be found at MS Document Library: <https://msmedicaid.telligen.com/document-library/>





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

☰ 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 **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.



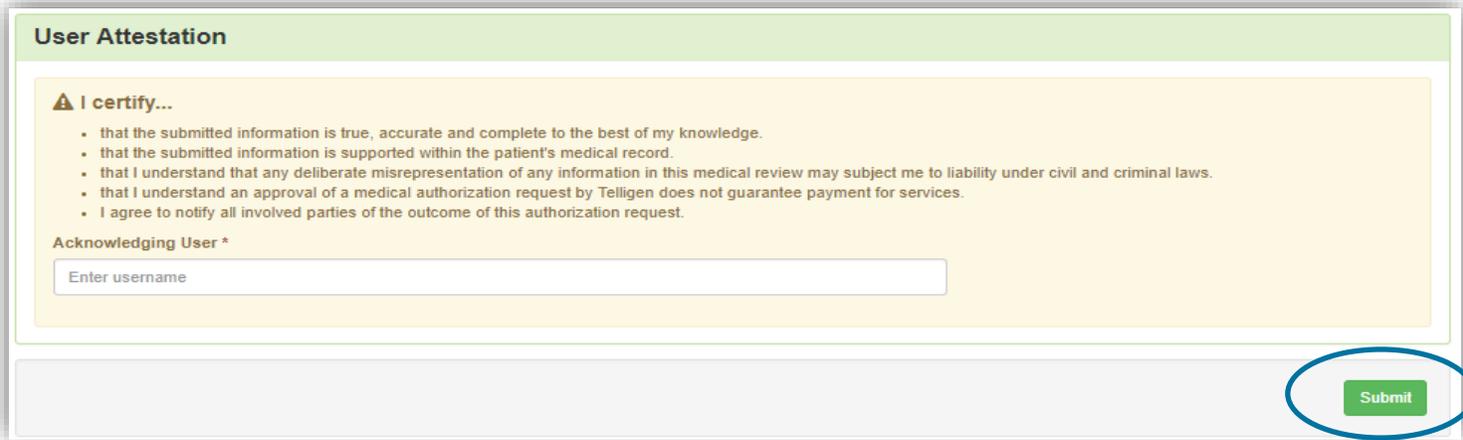
- Since there are no clinical guidelines that apply, you will be presented with a text box where clinical information relevant to the review can be entered.
- Check the “No Guidelines Applicable” box
- Once all applicable data has been entered, click the **submit** button to finish the documentation.

A screenshot of the Qualitrac local web application interface. The top navigation bar includes the Qualitrac logo and the text 'local'. A breadcrumb trail shows: Dashboard / Task Queue / Member Hub / Clinical Guidelines / InterQual®. On the right side of the navigation bar, there are icons for Facebook, a notification bell, a search icon, a menu icon, a help icon, and a user profile icon. The user profile icon is labeled 'Robert Paulson - 122333 - 01/01/2001'. Below the navigation bar, the main content area displays the message: 'No InterQual Guidelines found for 50205: RENAL BIOPSY OPEN'. Underneath this message is a checkbox labeled 'No Guidelines Applicable *'. Below the checkbox is a text input field with the label 'Comment *'. At the bottom right of the text input field is a green 'Submit' button. At the very bottom of the page, there is a copyright notice: '© Copyright 2023 Telligen. All Rights Reserved.'



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

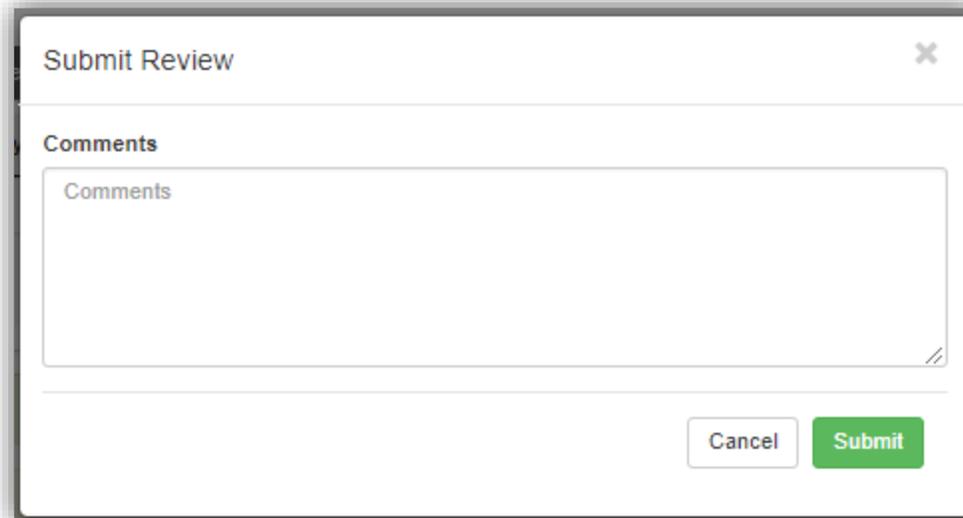
There was an error with the following panel(s):

- [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.**

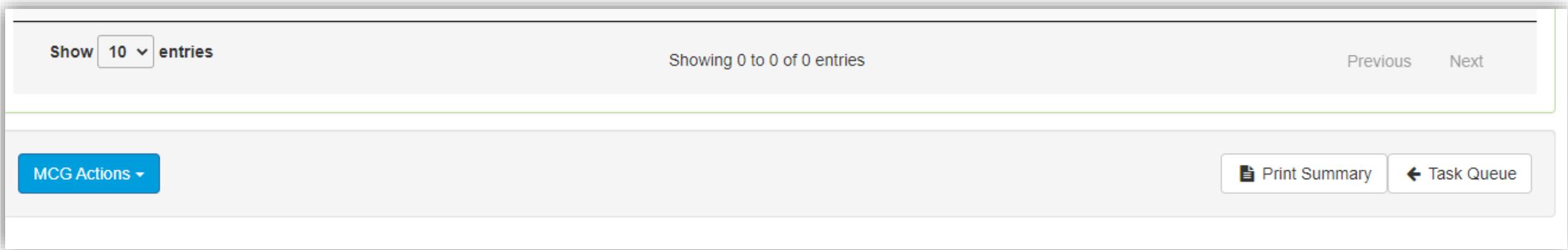


The image shows a screenshot of a web application modal titled "Submit Review". The modal has a close button (an 'x' icon) in the top right corner. Below the title, there is a section labeled "Comments" which contains a large, empty text input area. At the bottom of the modal, there are two buttons: 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 **Actions** button
- To navigate off the request, scroll to the bottom of the page and select **Task Queue**
 - This will return the user to the tasks page where you can begin a new search and submit other reviews.



The screenshot shows a summary page interface. At the top left, there is a 'Show' label followed by a dropdown menu set to '10' and the word 'entries'. In the center, it says 'Showing 0 to 0 of 0 entries'. On the right side, there are 'Previous' and 'Next' navigation links. Below this, there is a blue button labeled 'MCG Actions' with a dropdown arrow. On the far right, there are two buttons: 'Print Summary' with a printer icon and 'Task Queue' with a left-pointing arrow icon.



Request for Information (RFI)

Request for Information



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

The screenshot shows a web interface for a 'Correspondence' section. At the top right, there is a '+ Add' button. Below it is a search bar labeled 'Search:'. The main content is a table with three columns: 'Letter', 'Addressee', and 'Date Sent'. The 'Letter' column contains blue links with document, download, and delete icons. The 'Addressee' column contains text identifying the facility or provider. The 'Date Sent' column shows the date and time. At the bottom, there is a pagination control showing 'Showing 1 to 2 of 2 entries' and 'Previous 1 Next'.

| Letter | Addressee | Date Sent |
|---|--|---------------------|
| DRG Request for Information    | Treating Facility: UMEHR Test Provider 6 NPI: 8888888806 | 06/16/2022 10:57:18 |
| DRG Request for Information    | Ordering Provider: PhysicianLastName5, PhysicianFirstName5 NPI: 8888888815 | 06/16/2022 10:57:18 |

Show entries Showing 1 to 2 of 2 entries Previous 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.

The screenshot shows a web interface for a 'Documentation' panel. At the top left is the title 'Documentation' and at the top right is an orange '+ Add' button. Below the title is a search bar with the label 'Search:'. A table with columns for Name, Category, Topic, Date Added, Uploaded By, and Action is displayed. The table contains one entry: 'Commit to a Goal' in the Name column, 'Clinical' in the Category column, 'Medical & Treatment History' in the Topic column, '02/17/2019' in the Date Added column, and 'swilsonMD' in the Uploaded By column. Below the table, there is a 'Show 10 entries' dropdown menu, the text 'Showing 1 to 1 of 1 entries', and pagination controls with 'Previous', a box containing '1', and 'Next'.

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



Request for Additional Information



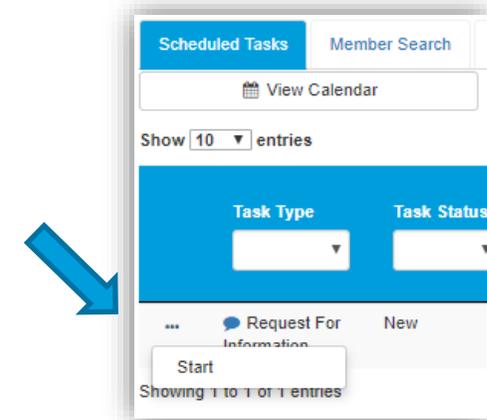
- Once you add all necessary information, the system will trigger a task for the reviewer
- Once you have added the additional information, the system will return you to the Scheduled tasks queue and the task will no longer be visible for the user.
- ****Do NOT start a new review** to submit additional 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.



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.



Appeals Rights & Types

Appeal Rights & Types



- **Right to Appeal:** Providers and beneficiaries can appeal adverse determinations.
- **Timeframe:** Appeals must be submitted within 30 days of date of determination outcome letter.
- **Types of Appeals:**
 - **Reconsideration (1st Level Appeal):** Request from case and submit additional documentation in Qualitrac.
 - **Peer-to-Peer Review:** Discuss case with Telligen Physician.
 - **Administrative Appeal:** To appeal with the Division of Medicaid, send written request to:

Office of Appeals
Mississippi Division of Medicaid
550 High Street, Suite 1000
Jackson, MS 39201





Helpful Links

FAQ's

Helpful Links

- **Links-**

- <https://msmedicaid.telligen.com/education-training/>

- <https://msmedicaid.telligen.com/document-library/>

Helpful Tips



- **Complete Documentation:** Include comprehensive clinical details. Ensure all signatures are on the required documentation
- **Effective Communication:** If additional information is required, respond promptly via the portal under **Request for Information (RFI)** to prevent delays in approval.
- **Medicaid Provider Number:** If you search with the Medicaid Provider Number, that will ensure you are selecting the correct doctor and location for your lock in dates.



Frequently Asked Questions



- When the dental office requests authorization but does not get the full CPT list, can we add to or change the request once the service has been performed? **No. A new request will need to be submitted. Please note that the new request only needs to be for the services that will need to be added.**
- For ASC's what documentation do we need to include to submit a dental claim? **For ambulatory surgeries that will need an H&P, physical examination, any labs or x-rays that are available. The physician plans of treatment including orders, the signed orders that will be enough information to prove medical necessity. For ASCs: H&P, HPI, physical exam, results of labs and radiology studies, physicians plan of treatment including signed orders.**
- For orthodontic prior approvals, should the timing be prospective for the initial D8080 and concurrent for any continuation of treatment D8670 requests? **All ortho request should be prospective. The initial and continuation of care. You should put the period that is needed to complete treatment as the service dates. So, 2-3 years as the service dates.**
- What is the turnaround time for processing a submitted request for ASC dental claims? **Please allow 6 days for prospective dental reviews. A retrospective dental review is 10 days.**
- Does Telligen request the Orthodontia checklist when submitting an orthodontics PA request? **Yes. The Telligen Orthodontia PA form can be found in document library [Orthodontia-PA-Form-Final.pdf](#) (www.msmedicaid.telligen.com)**



Frequently Asked Questions-continued



- Is there a change request option to add additional services to an existing approved request? We cannot add additional services to an existing approved request.
Providers must submit a NEW request for additional services. There is a change request form available for updates to date changes, modifying quantities, or updating information.
[MS-Change-Request-Fill-In-Form.pdf \(telligen.com\)](#)
- When entering 00170 or 41899 code it asked for additional information. Is there anything specific we need to put in the comment box?
Per DOM, 41899, 00170, and G0330 no longer require prior authorization from the dental providers. Please DO NOT SUBMIT.
- Is there an easier way to enter full mouth extraction? Currently you must enter them one by one. For example, 25 extractions must be entered 25 times if it is code D7210.
When billing for multiple extractions using code D7210, it is necessary to list this code individually for each extraction. Each entry must include the specific tooth number associated with the extraction.



Frequently Asked Questions-continued



- How long are approvals valid? **An approval is valid for the date range approved on the request.**
- With Alliant, we were not allowed to submit any retrospective authorizations for nitrous or sedation. Is there a new guideline with Telligen allowing us to get a retro authorization for these services? **Retro auths for nitrous are allowed for approvals five (5) business days after treatment. No retro for auths for sedation.**
- For approvals Dental services for outpatient hospital, do we use ambulatory or outpatient for place of service? **An ASC-providers billing with taxonomy of 261QA1903X, are considered ASCs. No prior authorization will be required for ASC dental (CDT) codes unless the specific codes require prior authorization.**
- The scoring tool does not give the amount of points required. How many points must a patient have on the scoring tool? **20 points are required for consideration for approval to use outpatient facilities.**



Contact Us



Education Manager – Primary Point of Contact

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Program Manager

AJae Devine

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Mississippi Call Center & Provider Help Desk

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

If you need one-on-one or facility training, submit a ticket through the Call Center Help Desk

Portal Registration Questions

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



Thank you for attending the training! Your feedback will help us improve our sessions and address any additional needs you may have. Please take a few minutes to complete this survey.

<https://forms.office.com/r/625ACHkwBz>

Post-event feedback Jan 2025
Dental Training (1.28.25)



