



Mississippi Medicaid: Telligen Provider Portal Training – Hospice

November 2024



Agenda



- Contact Information
- Overview/Purpose
- Housekeeping
- Helpful Tips & Links
- Verifying Eligibility and Lock In Dates
- Updates in Qualitrac- Medical Director
- Submission Timing and Timing Types
- Required Documentation
- Lock-In Dates and Restrictions
- Discharge Submission Process
- Appeals Process for Denied Requests
- Compliance and Key Considerations
- Contact Information and Q&A



Contact Us



Education Manager – Primary Point of Contact

Charity A Jones

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



- The purpose of this training is to equip hospice providers with a comprehensive understanding of the Mississippi Medicaid hospice authorization and appeals processes through the Telligen Provider Portal (Qualitrac)
- Participants will gain practical knowledge of the required documentation, submission timelines, and compliance standards necessary for successful authorization requests.
- Additionally, the training will provide clear guidance on navigating the appeals process, ensuring providers are prepared to manage denied requests effectively.
- This session aims to streamline the authorization workflow, improve adherence to Medicaid guidelines, and ultimately support high-quality hospice care for beneficiaries.



- **MS DOM Latest Breaking News: Guidance for Retrospective Request**
- **Claim Denial-Error Code 4146:** EOB: 4146 - MEMBER'S HOSPICE LOCK-IN COUNTY NOT REIMBURSABLE. CONTACT UTILIZATION MANAGEMENT/QUALITY IMPROVEMENT ORGANIZATION VENDOR TO UPDATE THE HOSPICE PRECERTIFICATION FORM WITH MEMBER'S COUNTY WHERE HOSPICE SERVICES ARE BEING PERFORMED.
- **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 <https://msmedicaid.telligen.com/>
Under
 - How to submit a review in Qualitrac is posted on the website
- **Survey**
 - All registrants will be sent a survey via email following today's training. Telligen welcomes your feedback and suggestions on future training opportunities.



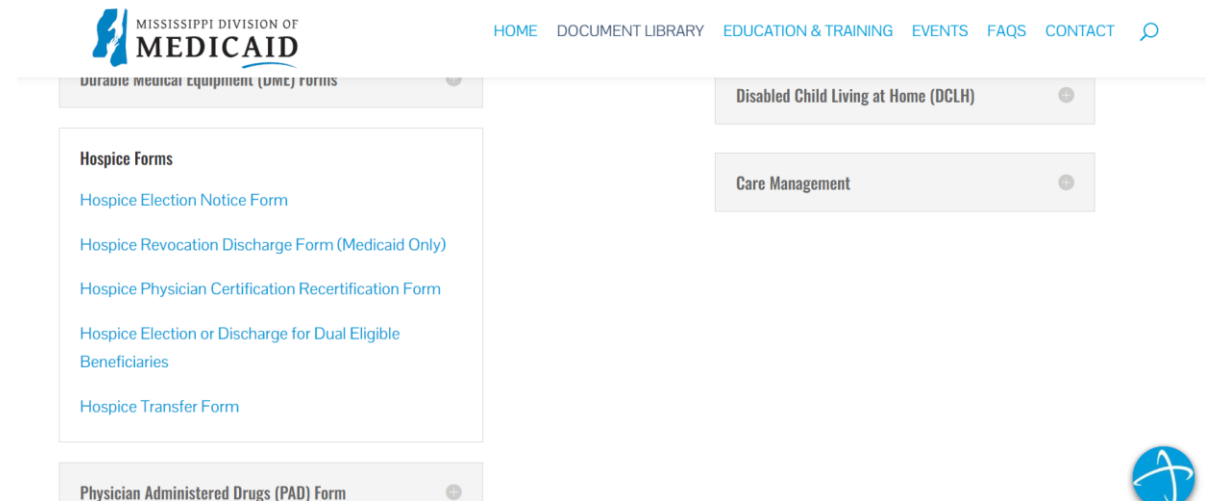
**Preparing your documentation,
verifying eligibility and lock in dates**



Telligen Provider Portal – Eligibility and Documentation Requirements



- **Eligibility Requirements: Terminal illness** with a life expectancy of six months or less, verified by physician certification. (Form 1165C)
- **Beneficiary Election** of hospice care (Form 1166C)
- **Plan of Care (POC)** developed by the interdisciplinary group.
- All forms can be found on MS Telligen Dom website: www.msmedicaid.Telligen.com
Under Document Library

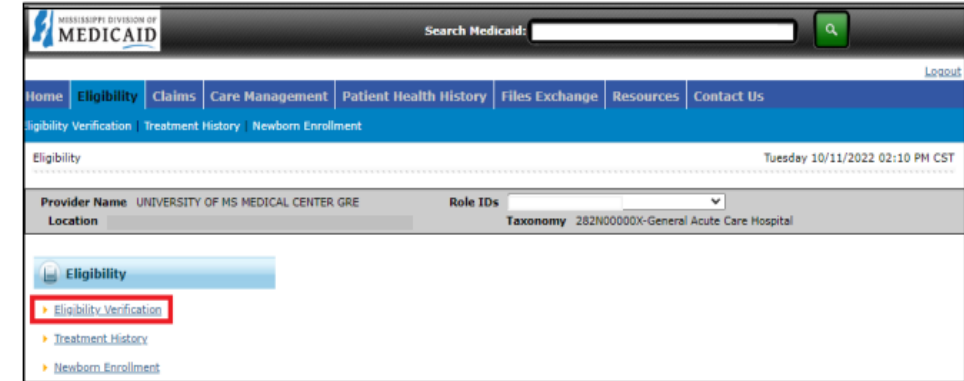


Telligen Provider Portal – Verifying Eligibility and Lock-in Date



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**.

Lock-in Purpose and verification



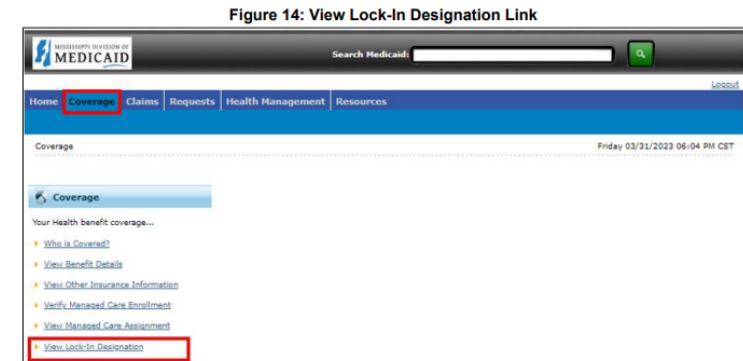
A lock-in date is a restriction set by Medicaid that limits a beneficiary to a specific hospice provider for their healthcare services. The purpose of the lock-in date is to ensure **the beneficiary** receives services exclusively from the designated provider(s) until they are no longer under that provider's care.

The purpose of the lock-in date **for providers** is to ensure they receive payment at their contracted rate. Therefore, it is crucial for providers to use the correct Medicaid Provider Number to align the lock-in date with the appropriate facility and location.

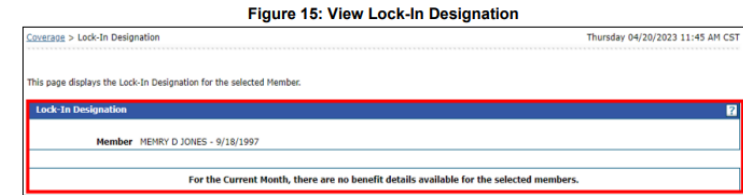
Review Lock-In Details: per [Gainwell Job Aid-20230424 MRP Gainwell Job Aid MBP-100 Member MESA Portal v1.0.pdf](#)

Within the member's eligibility information, locate the Lock-In Details section.

- Lock-In Provider's Name and Phone Number: The designated provider to whom the member is restricted.
- Lock-In Benefit Plan: The specific plan under which the lock-in applies.
- Effective and End Dates: The start and end dates of the lock-in period.



The Lock-In Designation page displays the Lock-In Designation for the selected member.



Resubmission or Ending a Lock in with an Alliant Prior Authorization

All prior authorizations handled by Alliant must be entered in Qualitrac portal as a concurrent review type.

Please ensure that the review documentation includes

- The approval letter from Alliant (if available)
- The admission date and discharge date
- Admission and/or discharge documentation (if the beneficiary has already discharged)
- Complete the Hospice Revocation/Discharge or Discharge for Dual Eligible Beneficiaries Form (Form 1166A or Form1166C) with all necessary details.

**TO SEE HOW TO SUBMIT A CONCURRENT REVIEW TYPE – Go to <https://msmedicaid.telligen.com/>
Education & Training- [Continued Stay Review](#)**

Once the concurrent review has been complete, All the hospice cases will "trigger" a discharge tasks if the case is Approved or Partially Denied.

Once the discharge task has been complete by Telligen, the new provider can verify on MESA that lock in date is open and can proceed with submitting a new review request.

Ending a Lock in with Telligen Prior Authorization

All providers requesting to end a lock-in date with a Telligen prior authorization must complete the discharge task under the case in Qualitrac portal.

Please ensure that the discharge task includes:

- The admission date and discharge date
- Admission and/or discharge documentation (if the beneficiary has already discharged)
- Completed Hospice Revocation/Discharge or Discharge for Dual Eligible Beneficiaries Form (Form 1166A or Form 1166C) with all necessary details.

**TO SEE HOW TO COMPLETE A DISCHARGE TASK – Go to <https://msmedicaid.telligen.com/>
Education & Training- [HOSPICE TRAINING](#)**

Once the discharge task has been complete by Telligen, the new provider can verify on MESA that lock in date is open and can proceed with submitting a new review request.

Documentation Requirements



Required Documentation



1. Signed [Hospice Election Notice Form](#) (Form 1165A)
2. Signed [Hospice Physician Certification Recertification Form](#) (Form 1166C or Form 1166A)
3. Clinical/medical information supporting the terminal diagnosis
4. Physician orders
5. Current medication list
6. Hospice provider plan of care

All forms can be found under Document Library on Telligen's website at www.msmedicaid.telligen.com under the [Document Library | MS DOM](#)


- All documentation must be dated and signed (electronic signatures are accepted).
- All documentation must include 2 beneficiary identifiers For example – beneficiary name and Medicaid ID number or beneficiary name and date of birth (DOB).

Additional documentation requested by Telligen that is not received timely may result in the effective date beginning when completed, required documentation is received.



Required Documentation: Recertification

- Recertification of the terminal illness must be completed by the Hospice Medical Director or Treating physician no later than two (2) calendar days after the beginning of that period.
- The recertification needs to be updated, signed, and narrative included if it is the 3rd benefit or above.
- Face to Face encounter is required for the 60-day recertification period. A face-to-face encounter must occur prior to, but no more than thirty (30) days prior to, the 3rd election period recertification and every election period recertification thereafter.
 - Note: If a nurse practitioner or physician completes the face-to-face recertification, complete and sign DOM Form 1165C.
 - Recertification narrative needs to be included in the review.



Physician Certification/Recertification of Terminal Illness
 Certification of the terminal illness must be completed by the Hospice Medical Director or the Hospice Interdisciplinary Group (IDG) Physician, and the Attending Physician, if any, within two (2) calendar days of the initiation of hospice care. Recertification of the terminal illness must be completed by the Hospice Medical Director or IDG physician no later than two (2) calendar days after the beginning of that period. Certifications/Recertifications cannot be completed more than fifteen (15) calendar days prior to the start of each benefit period. A nurse practitioner is not allowed to certify or recertify the terminal illness.

Beneficiary Information	
Name:	Date of Birth:
Current Address:	Medicaid ID Number:
Contact Number:	Social Security Number:
Guardian/Legal Representative:	Relationship to Beneficiary:
Beneficiary's Attending Physician, if any:	Nursing Facility, if applicable:
Attending Physician Contact Number:	Nursing Facility Medicaid Provider Number:

Provider Information	
Hospice Provider:	Hospice Medicaid Provider Number:
Address:	Hospice Contact Number:
Hospice Medical Director:	Interdisciplinary Group (IDG) Physician:

Election Period	Face to Face encounter prior to 3 rd and subsequent election periods <i>(a face to face encounter must occur prior to, but no more than thirty (30) days prior to the 3rd election period recertification and every election period recertification thereafter)</i>
<input type="checkbox"/> 1 st 90-day certification from ___/___/___ to ___/___/___	Face-to-Face Encounter performed on ___/___/___ by: _____
<input type="checkbox"/> 2 nd 90-day recertification from ___/___/___ to ___/___/___	<input type="checkbox"/> Certifying physician.
<input type="checkbox"/> 3 rd 60-day recertification from ___/___/___ to ___/___/___	<input type="checkbox"/> Practitioner other than the certifying physician: I attest that I performed a face-to-face encounter with the beneficiary and that the clinical findings of the face-to-face encounter were provided to the certifying physician for use in determining continued clinical eligibility for hospice care.
<input type="checkbox"/> 4 th 60-day recertification from ___/___/___ to ___/___/___	Printed Name/Title: _____
If in another Election Period, please indicate:	Signature: _____ Date: _____
<input type="checkbox"/> ___ 60-day recertification from ___/___/___ to ___/___/___	

Physician Certification/Recertifications Statement of Terminal Illness

Terminal illness diagnosis(es) and related conditions ICD-10 codes: _____

Clinical explanation supporting terminal illness with six (6) month or less prognosis including guidelines from local coverage determinations, as applicable, for each certification/recertification period: Is narrative continued on attachment? Yes No

I confirm that I composed this narrative based on my review of the beneficiary's medical record and/or examination and certify that the above named beneficiary is terminally ill with a life expectancy of six (6) months or less if the terminal illness runs its normal course. This certification of terminal illness is based on my clinical judgment regarding the normal course of the beneficiary's illness. I understand that intentional certification of beneficiaries as terminally ill for chronic debilitating diagnoses with documentation that fails to support the terminal illness will result in referral to the Medicaid Fraud Control Unit.

Physician (printed name) _____ Signature _____ Date/Time _____
 Please indicate: Hospice Medical Director Hospice IDG Physician

Attending Physician (printed name) _____ Signature _____ Date/Time _____
(Attending physician signature required for the initial certification when the beneficiary has an attending physician)

Exclusion Statement
 I certify that the beneficiary identified above does not have an attending physician separate from the hospice medical director or IDG physician.
 Physician signature: _____ Date: _____

Verbal Verification (within two (2) days of election date)

I attest on the date signed that a verbal verification was obtained from Dr. _____ certifying that the beneficiary's prognosis is for a life expectancy of six (6) months or less if the terminal illness runs its normal course.
 Name (print) _____ Signature _____ Date/Time _____

Revised eff: 04/01/2022 DOM 1165 C

Required Documentation: Dual Eligible Members

- This form is required by the Mississippi Division of Medicaid to notify of a hospice election or discharge for dual-eligible beneficiaries. Submit this form to Medicaid's UM/QIO within **five (5) calendar days** of the election or discharge date.
- Admission
 - The upper part of Form 1166c should be used for the Admission Hospice Election and when then beneficiary is being discharged.
 - Keep this form on record until discharge
- Discharge


When the member is discharging, use the same form originally submitted and complete the bottom section and include with the discharge paperwork



ADMISSION

Notice of Hospice Election or Discharge for Dual Eligible Beneficiaries

Hospice providers must notify the Division of Medicaid's UM/QIO within five (5) calendar days of the hospice election and discharge date for dual eligible beneficiaries.



Beneficiary Information	
Name:	Date of Birth:
Address:	Medicaid ID Number:
	Medicare Number:
Contact Number:	Social Security Number:
Guardian/Legal Representative:	Relationship to Beneficiary:
Beneficiary's Attending Physician:	Attending Physician Contact Number:
Hospice Provider Information	
Name:	Medicaid Provider Number:
Address:	NPI Number:
	Contact Number:
County in which services will be provided:	
Nursing Facility, if applicable:	Nursing Facility Medicaid Number:

Choose One of the Following:

Hospice Election

The beneficiary has chosen to elect the Hospice Election date: _____

Signature of Beneficiary or Guardian/Legal Representative Date

Hospice Discharge

The beneficiary was discharged on ____/____/____ for the following reason:

- Beneficiary deceased on ____/____/____.
- Beneficiary is no longer eligible for Medicaid.
- Beneficiary's condition has improved and is no longer certified as terminally ill.
- Beneficiary moved out of state/service area.
- Beneficiary has transferred to another hospice provider. (Complete the transfer form)
- Beneficiary non-compliant. (Explanation must appear below and documentation efforts to counsel the recipient must be attached).
- Safety of beneficiary or hospice staff is compromised. (Explanation must appear below, details may be attached)

Explanation: _____

Signature of Hospice Staff Date

DISCHARGE



Physician and Facility Information Updates



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. (Hospice Provider)
- **Ordering Provider**- The person or organization ordering the care
- **Medical Director**-The person who oversee 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.



General Discharge Submissions



Discharge Submission



To submit a hospice discharge in compliance with the Mississippi Administrative Code and the Telligen Utilization Management/Quality Improvement Organization (UM/QIO) process, follow these steps:

1. Prepare Required Documentation:

- **Discharge Notice:** Complete the Hospice Revocation/Discharge or Discharge for Dual Eligible Beneficiaries Form (Form 1166A or Form 1166C) with all necessary details.

Reminder: Please complete the Transfer of Hospice Providers (DOM Form 1166 B) when members discharge due to transfers

2. Access the Telligen Provider Portal:

- Log in to the [Telligen Provider Portal](#) using your credentials.

3. Locate the Discharge Status Task:

- Navigate to the **Scheduled Tasks** section within the portal.
- Identify the task labeled **Discharge Status** associated with the beneficiary being discharged.

4. Initiate the Discharge Process:

- Click on the ellipsis (three dots) next to the Discharge Status task and select **Start** to open the task.



Discharge Submission



1. Complete the Discharge Information:

- In the **Discharge Panel**, enter the following:
 - **Discharge Date:** The actual date the beneficiary was discharged.
 - **Discharge Disposition:** The beneficiary's status post-discharge (e.g., home, transferred to another facility).
- In the **Diagnosis Panel**, update or confirm the final diagnosis at discharge.

2. Upload Supporting Documents:

- In the **Documentation Panel**, upload the completed Form 1166 A or Form 1166C and the Discharge Summary.
- Ensure all documents are in the required format (PDF or Word) and do not exceed the file size limit of 300MB.

3. Submit the Discharge Information:

- After entering all necessary information and uploading documents, click on **Close Case** to submit the discharge information.

4. Confirm Submission:

- Verify that the Discharge Status task no longer appears in your task queue, indicating successful submission.
- **Please remember timeliness:** Submit the discharge notice **within five (5) calendar days** after the effective date of discharge, as mandated by the Mississippi Administrative Code.



Discharge Information



Discharge Information Task: For specific requests, a provider will receive a Discharge Information task. This task will be shown in the scheduled task queue with the task type of “Discharge Status.” If the member has not been discharged and is still in the facility, the task does not need to be started until the discharge occurs.

If an extension of stay (CSR) is submitted, the task will be removed and a new task will be displayed once the CSR has been completed.

Starting the Discharge Task To submit a discharge for a review:

1. Users may start the task by clicking on the ellipses for the action menu and selecting “start” to be directed to the Authorization Request screen. Note: If the task has been started, but not completed, the action menu will display the option “Resume”.

Authorization Request Screen: Once the task is started (or resumed), the provider will see a limited view of the authorization request screen. The following information will be displayed: Authorization Request case information, Discharge, Diagnosis, and Documentation panels.

Task Type	Task Category	Task Status	Client	Last Name	First Name	Solution / Module	Review Type	Assignee
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Last Name	First Name	<input type="text"/>	Review Type	Assignee
⋮	Discharge Status	In Progress	Mississippi	WILLIAMS	QUEANTRAYIS	Medical Necessity	Inpatient Hospital	ProviderUser



Discharge Information cont.

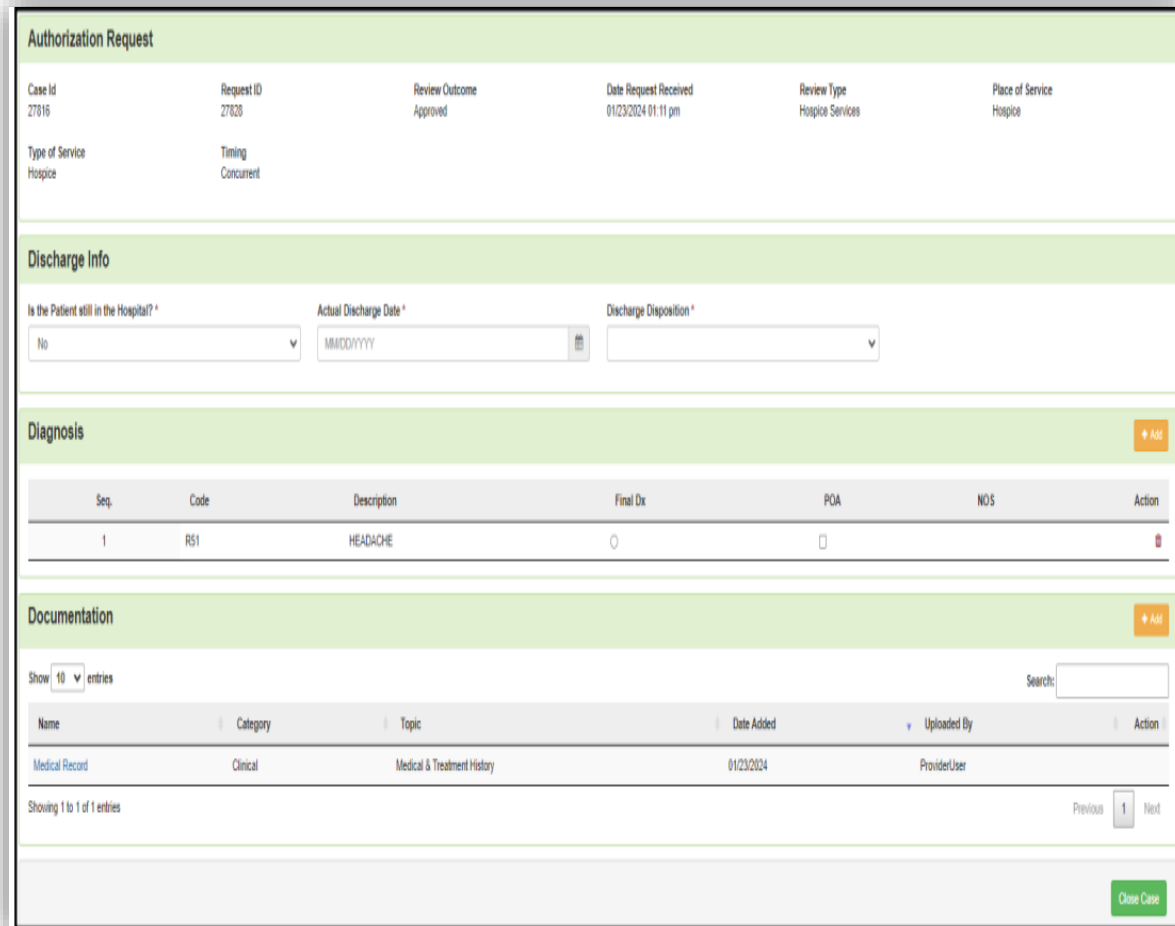
Discharge Panel: The user will be required to enter the following three pieces of information:

- 1) indicate if the person is still in the facility
- 2) enter the actual Discharge Date, and
- 3) enter the Discharge Disposition.

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

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

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



The screenshot displays a web form for an Authorization Request. It is divided into three main sections: Authorization Request, Discharge Info, and Diagnosis, followed by a Documentation section.

Authorization Request

Case Id	Request ID	Review Outcome	Date Request Received	Review Type	Place of Service
27816	27828	Approved	01/23/2024 01:11 pm	Hospice Services	Hospice

Discharge Info

Is the Patient still in the Hospital? *
No

Actual Discharge Date *
MM/DD/YYYY

Discharge Disposition *

Diagnosis

Seq.	Code	Description	Final Dx	POA	NOS	Action
1	R51	HEADACHE	<input type="radio"/>	<input type="checkbox"/>		

Documentation

Show 10 entries

Search:

Name	Category	Topic	Date Added	Uploaded By	Action
Medical Record	Clinical	Medical & Treatment History	01/23/2024	ProviderUser	

Showing 1 to 1 of 1 entries

Previous 1 Next

Close Case

Compliance and Key Considerations



A Note about Timelines



Telligen Timelines

- Telligen has 3 business days to complete prospective/prior auth and concurrent reviews.

Provider Timelines

- **Admissions:** Submit PA requests within **five (5) calendar days** of admissions to hospice for the initial ninety (90) day election period
- **Request for Information-** Providers have ten **(10) business days** to submit additional documentation requested by the UM/QIO
- **Reconsiderations:** Providers have thirty **(30) calendar days from the date of the outcome letter**, to submit a reconsideration after an adverse decision.
- **Subsequent Election Periods:** Submit PA request five **(5) calendar days** prior to the end of the current election period. This includes any subsequent ninety (90) day election period and subsequent sixty (60) day hospice election periods.
- **Discharge-** Providers must submit a discharge notice within five **(5) calendar days** -after the effective date of discharge.



Timing Types for Hospice Authorization



- **Prospective:** Before services begin. Providers should submit authorization request prior to admission within five **(5) calendar days** of admission date.
- **Concurrent:** During active service. Providers should submit a concurrent request within five **(5) calendar days prior** to the end of the current election period.
- **Retrospective** (discharge): After services are complete. Providers should complete the discharge task within ten **(10) calendar days after** the discharge date.



Appeals Process for Denied Requests



Timing Types for Hospice Authorization



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



Contact Information and Q&A



Helpful Tips/Links



- **Links-**

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

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

- **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.
- **Discharge Documentation** is required and completing the discharge task to end the lock in for possible subsequent election period



Contact Us



Education Manager – Primary Point of Contact

Charity A Jones -855-625-7709

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

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/gawPJqTfqT>

Post-event feedback survey (2)



