



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

January 2025

Housekeeping



- **Questions**

- Please enter all questions into the chat
- Time during the training will be reserved for questions
- Any unanswered questions will be answered and posted to the website

- **Content availability**

- Presentation will be posted to the website following the training
- **Website:** <https://msmedicaid.telligen.com/>
- Located under 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



- Purpose of Presentation
- Contact Information
- Review Timings Overview
- Review Types Overview
- Verifying Eligibility & Entering Physician Information
- InterQual
- Appeals & Denials
- Helpful Links
- Care Management
- Questions



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



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





Review Timings

Urgent Service Request

Review Timings



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

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

A member's eligibility does not impact review timing.



Review Timings continued



Continued Stay Reviews

- Inpatient Stays – Inpatient med-surg, Inpatient psychiatric stays, and PRTFs
 - Length of service depends on the review type and will be selected by the reviewer upon approval
- Built off a prospective or concurrent review type
- Links all reviews for an entire hospitalization including existing case ID and documentation
- Provider will need to enter the begin date for the continued stay and add additional documentation justifying the extension



Urgent Health Care Services



Service requiring emergent authorization due to the medical urgency determined by a treating healthcare professional familiar with beneficiary's condition and could:

- Seriously jeopardize the life or health of beneficiary
- Subject beneficiary to severe pain that cannot be adequately managed without authorized approval of medical care
- Lead to emergency medical condition if service is not rendered during a specific time

"Urgent health care service" does not include emergency services.



Review Types

Review Types



MRI's, CT scans, PET scans

Medications

PT/OT/ST

Genetic Tests

ICF/IID

PRTF

OUTPATIENT

DENTAL

MEDICAL/SURGICAL

Non-Emergent Outpatient Advanced Imaging

Physician Administered Drugs

Therapy

Molecular (Genetic) Testing

Level of Care

Psychiatric Residential Treatment Facility

This review type is reserved for outpatient HOSPITAL procedures only

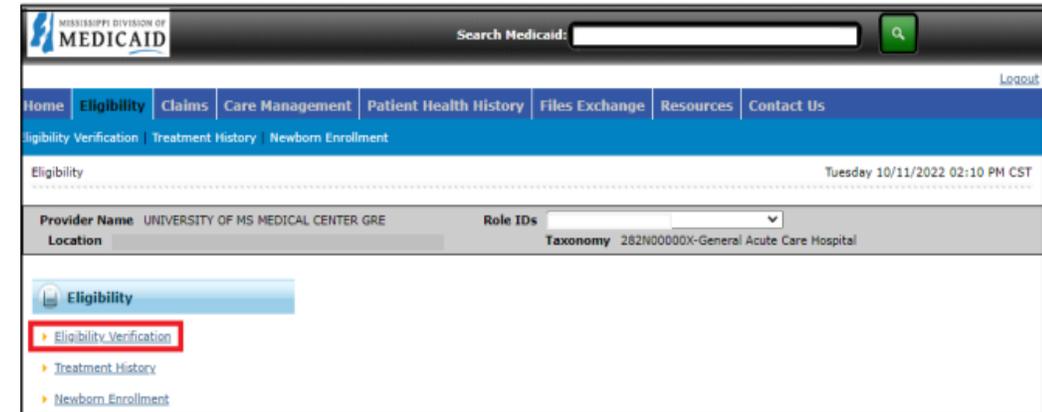




Verifying Eligibility Physician and Facility Information

Beneficiary Records: Review beneficiary records via MESA portal to verify the beneficiary's coverage before or on the date of service:

- 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. (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

Use the green plus box next to the name to select the provider/facility that you need for the review.

Taxonomy				Search:
Primary	Taxonomy	State	License Number	Source
PRIMARY	2084N0400X - Psychiatry & Neurology			Client File

Name	NPI	Primary Number	Other ID	Type	Address	Phone	Primary Taxonomy	Source
 JACKSON, ALLEN		000126363 Please pay close attention to select the Medicaid ID number	000126363		Clinic #: 1 Addr: 2351 Highway 1 S Greenville, MS, 38701	(662) 344-1817	General Practice	Provider File

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.



The logo for InterQual, featuring the word "InterQual" in a bold, blue, sans-serif font. The background consists of a white central area with abstract, overlapping blue and light blue shapes at the top and bottom, and thin grey lines crossing the white area diagonally.

InterQual

InterQual Process



- InterQual is integrated into Qualitrac to provide transparency into the clinical guidelines and criteria used to review authorization requests. The system automatically takes the end user through the InterQual process
- Auto approvals are in place for inpatient medical-surgical hospitalizations and inpatient psychiatric admissions, but only if the user completes InterQual steps.



InterQual Process continued



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

Clinical Guidelines

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

InterQual® Actions ▾



InterQual Process continued



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

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

PRODUCT VERSION CATEGORY CLINICAL REFERENCE

Enter Keywords 99233,W34.00XA,S36.6t CLEAR ALL BOOKMARKS

Results Count: 46

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

[Privacy Notice](#)



InterQual Process continued



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

PRODUCT VERSION CATEGORY CLINICAL REFERENCE

Enter Keywords 99233,W34.00XA,S36.6t FIND SUBSETS CLEAR ALL BOOKMARKS

Results Count: 46

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



The criteria subset options can be found in the lower box.

The box is usually narrow, and arrows to the right allow you to scroll up and down.



InterQual Process continued



If the system does not pull a subset of criteria that applies to the beneficiary, the user can search for another subset.

- Clear the diagnosis codes that are entered.
- Enter a diagnosis in the keyword search box and click on Find Subsets
- Remove the diagnosis and procedure codes
- Enter Sepsis
- Click on Find Subsets
 - Returned the criteria for Infections
- Scroll down to find Infection: General

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

PRODUCT VERSION CATEGORY MEDICAL REFERENCE

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

Results Count: 46

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

[Privacy Notice](#)



InterQual Process continued



- Once the appropriate criteria is found, the user will be taken to the screen shown below to begin documentation of the criteria the beneficiary meets.
- Click Begin Medical Review.

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

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

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

Subset Notes

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

REVIEW PROCESS (PDF)

BEGIN MEDICAL REVIEW → **BOOK VIEW** **PRINT FULL SUBSET** **BOOKMARK SUBSET** **CHANGE SUBSET** [Privacy Notice](#)

Exit



InterQual Process continued



Click on each criteria item the beneficiary meets, and documentation supports.

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

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

Dengue actual or suspected and, **≥ One:**

Fever of unknown origin and, **Both:**

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

- Temperature > 101.0°F(38.3°C) ≥ 3 wks
- Outpatient work-up non-diagnostic

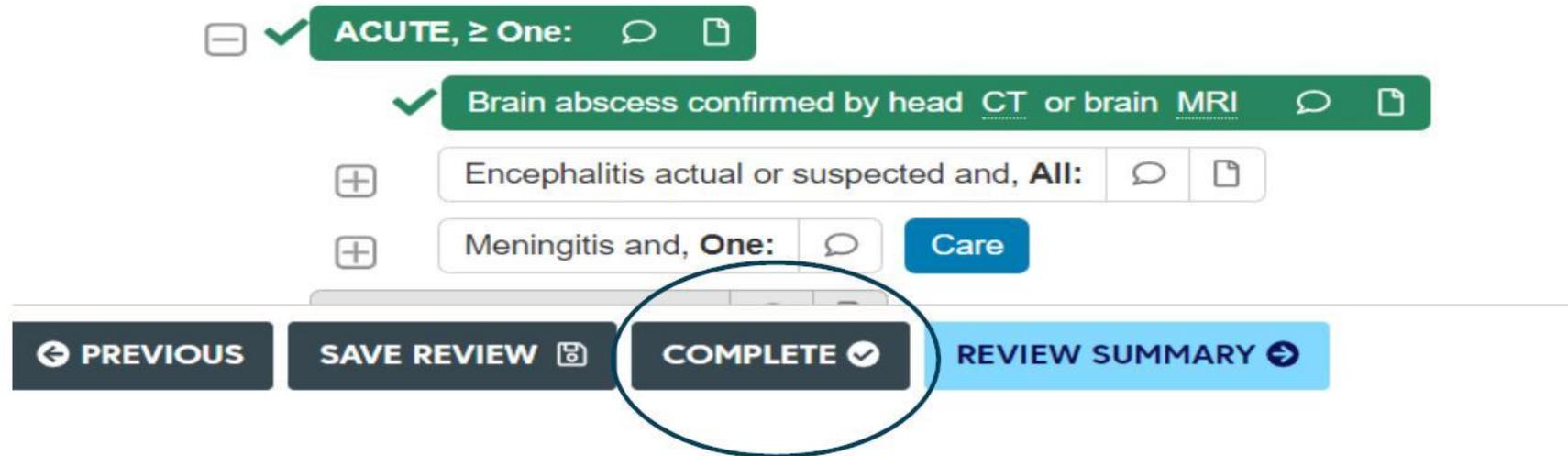
PREVIOUS SAVE REVIEW COMPLETE REVIEW SUMMARY



InterQual Process continued



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



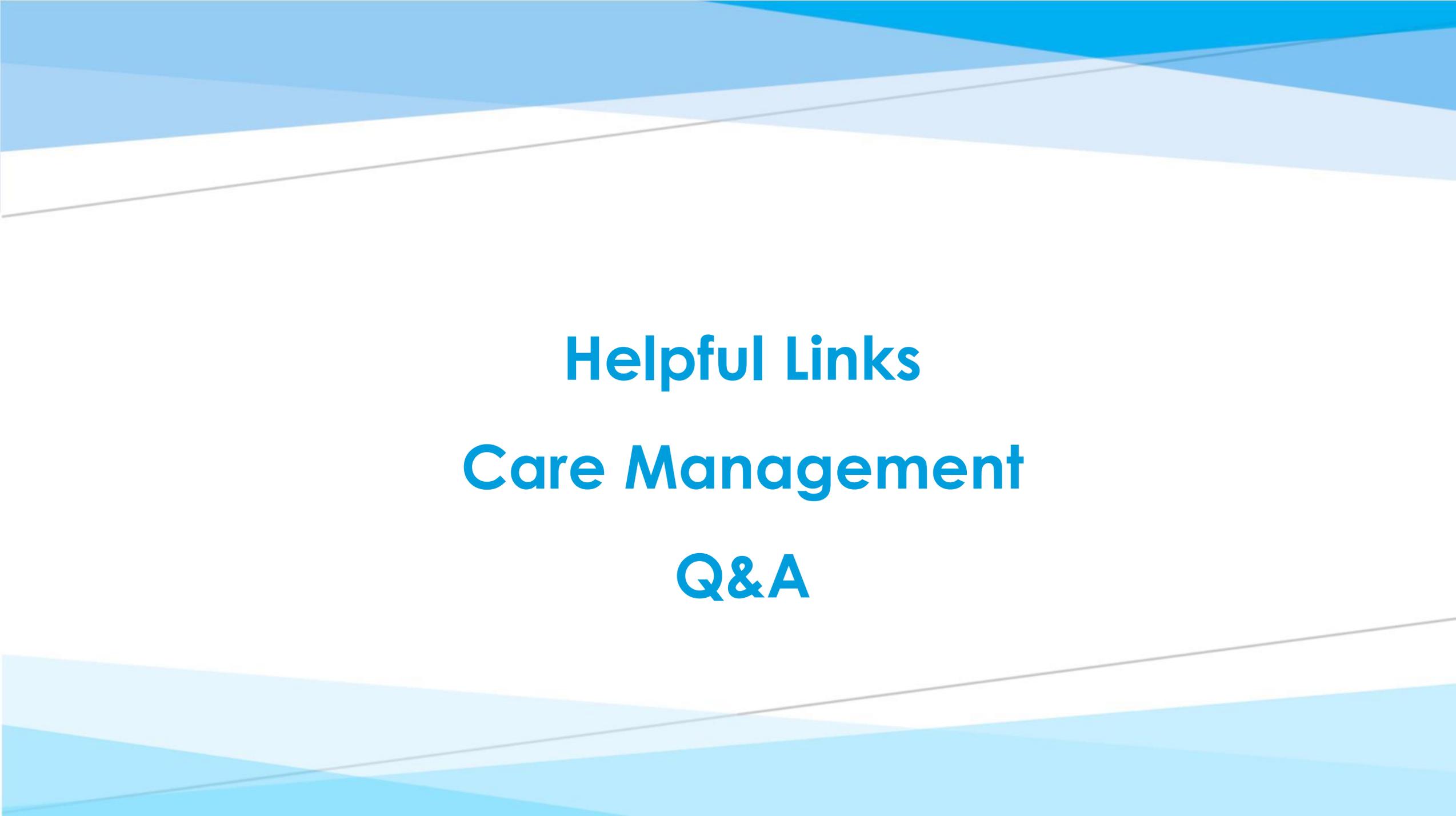
Appeals

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:** Appeal through the Division of Medicaid
Mailing address: 550 High Street, Suite 1000, Jackson, MS 39201





Helpful Links
Care Management
Q&A

Helpful Links

Education/Training

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

Document Library

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

Helpful Tips



- **Complete Documentation:** Include comprehensive clinical details. Ensure all signatures are on 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.



Care Management



Primary Point of Contact

Jamela McInnis, Supervisor

1-866-938-5144 | jmcinnis@telligen.com

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

Target Populations:

Our program supports fee-for-service (FFS) beneficiaries with the following conditions:

- Hepatitis
- HIV and AIDS
- Hemophilia
- Postpartum Mothers
- Disabled Children Living at Home (DCLH)

Comprehensive Assistance:

- Navigating and coordinating services with multiple providers/agencies and establishing crisis plans.
- Developing individualized, person-centered care plans in collaboration with individuals, families, and medical providers.
- Monitoring ongoing services, progress toward goals, and the individual's well-being, health, and safety.



Care Management



Care Management Referral Form

Telligen Website > Document Library > Care Management
completed forms can be faxed to 1-800-520-6564



Care Management Referral Form

Referral Date :

Referral Source :

Referral Source Contact Information:

Email:

Phone:

Client Information

Name :

Date of Birth :

Gender:

TELLIGEN WEBSITE MS DIVISION OF MEDICAID



[HOME](#) [DOCUMENT LIBRARY](#) [EDUCATION & TRAINING](#) [EVENTS](#) [FAQS](#) [CONTACT](#)

Dental Forms

Durable Medical Equipment (DME) Forms

Hospice Forms

Physician Administered Drugs (PAD) Form

Tip Sheets

Disabled Child Living at Home (DCLH)

Care Management



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
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Portal Registration Questions

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Survey

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/3k30mzSJym>

Post-event feedback Jan 2025

Qualitrac Q&A



