GENERAL AUTHORIZATION SUBMISSIONS

Step 1: Verify Hospice Eligibility

- Confirm that the patient's diagnosis meets the eligibility criteria for hospice care:
  - Terminal illness with a life expectancy of six months or less, verified by physician certification.
  - Election of hospice care by the patient or legal representative.
- Confirm the creation of a comprehensive **Plan of Care (POC)** by the attending physician, hospice medical director, and interdisciplinary group (IDG).

Step 2: Initial Documentation Requirements

- Prepare the following for submission:
  - **Certification of Terminal Illness** signed by the physician.
  - Election statement indicating the patient's choice of hospice care.
  - Documentation supporting the POC and detailing required services.

Based on **Mississippi Administrative Code, Part 205** for hospice services, the following documentation is generally required to submit a Prior Authorization (PA) request for approval:

1. **Certification of Terminal Illness**:
   - Signed by both the **attending physician** and the **hospice medical director**.
   - Must confirm that the patient has a terminal illness with a life expectancy of six months or less.
   - For subsequent recertification periods, a face-to-face encounter by a physician or nurse practitioner within 30 days prior to the start of the period is required.
2. **Election of Hospice Care Statement**:
   - A document where the patient or their representative elects to receive hospice care rather than curative treatment.
   - This statement should outline the patient's understanding of hospice care benefits and limitations.
3. **Plan of Care (POC)**:
   - Developed collaboratively by the **attending physician, hospice medical director, and interdisciplinary group (IDG)**.
   - Must detail the specific hospice services required to meet the patient's needs, including palliative care measures.
   - The POC should be updated as necessary based on patient status changes.
4. **Supporting Clinical Documentation**:
   - Include any medical records or clinical notes that substantiate the terminal diagnosis and hospice eligibility.

- Documentation should demonstrate why the patient qualifies for hospice care according to their diagnosis and prognosis.

5. **Medication and Treatment List**:
   - Current medications the patient is on and any treatments pertinent to palliative care.
   - Must align with the POC and reflect only those aimed at comfort and symptom relief.
6. **Signed Notices and Forms**:
   - Notices of election, recertifications, and discharge forms must be signed, dated, and adhere to HIPAA requirements.
   - All documents must include at least two identifiers (e.g., patient name and Medicaid ID number or date of birth).

These documents must be uploaded to the Telligen Provider Portal in **PDF or Word format**, with each file under 300MB, to complete the prior authorization request process.

Step 3: Submission Timing for PA

- **Initial 90-Day Period**: Submit PA request within five calendar days of the patient's admission to hospice.
- **Subsequent Periods**:
  - For a second 90-day period and subsequent 60-day periods, submit the PA five days before the end of the current period.
  - Conduct a face-to-face encounter with a physician or nurse practitioner for certification no more than 30 days before the start of each subsequent period.

Step 4: Access and Submit Through Telligen Portal

- **Log in** to the Telligen Provider Portal.
- **Initiate a New PA Request** under the Utilization Management (UM) section:
  - Complete the Authorization Request panel with the review type, service type (hospice), and dates.
  - Attach required documentation, ensuring compliance with file format and size limits.

Step 5: Monitor and respond to RFIs

- If additional information is required, respond promptly via the portal under **Request for Information (RFI)** to prevent delays in approval.
- **Documentation**: Provide additional documents or clarify details as needed within the 10-day submission window.

Step 6: Review Determination

- Check the determination status through the portal by searching the member or case ID in the UM panel.
- For denied requests, consider submitting a **1st Level Appeal** if applicable, ensuring any new documentation is attached to support reconsideration.

Step 7: Notifications and Follow-Up

- Maintain updated contact details in the portal to receive status updates.
- For any resubmissions or discharge notifications, ensure they meet the administrative code requirements regarding timing and documentation.

Understanding the Timing Types for Hospice

When submitting hospice authorization requests through the Telligen Provider Portal, the timing type refers to the point at which the authorization is requested relative to the provision of services. According to the Mississippi Administrative Code and Telligen's guidelines, the timing types are defined as follows:

1. **Prospective**:
    - **Definition**: An authorization request submitted before hospice services commence.
    - **When to Use**: If you are planning to admit a patient to hospice care and are seeking approval in advance.
    - **Submission Requirement**: Submit the prior authorization request before the patient's admission to hospice.
2. **Concurrent**:
    - **Definition**: An authorization request submitted during the period when hospice services are being provided.
    - **When to Use**: If the patient has already been admitted to hospice care and you are seeking authorization for ongoing services.
    - **Submission Requirement**: Submit the prior authorization request within five (5) calendar days of the patient's admission to hospice.
3. **Retrospective**:
    - **Definition**: An authorization request submitted after hospice services have been provided.

- **When to Use**: If services were rendered without prior authorization due to extenuating circumstances, and you are now seeking approval post-service.
- **Submission Requirement**: Submit the prior authorization request within ten (10) calendar days of the effective date of the election period.

Key Considerations:

- **Documentation**: Ensure all required documentation is complete and submitted within the specified timeframes to avoid delays or denials. Incomplete or late submissions may result in the effective date beginning when completed required documentation is received.
- **Compliance**: Adhering to these timing types and submission deadlines is crucial for compliance with Mississippi Medicaid regulations and to ensure uninterrupted care for the patient.

By selecting the appropriate timing type and meeting the associated submission requirements, providers can facilitate a smoother authorization process for hospice services.

Understanding Lock – In Dates

In the **Mississippi Administrative Code, Part 205**, the concept of a **"Lock-in" date** is used within the Medicaid program to restrict a beneficiary's use of specific healthcare providers or services under certain conditions. Here's an explanation based on standard administrative practices related to "Lock-in" dates, verification, and steps to manage them:

1. Lock-in Date Definition

- A **Lock-in date** is a restriction date set by Medicaid to limit a beneficiary to a specific provider, such as a designated pharmacy, physician, or hospice provider, for their healthcare services.
- This restriction typically applies when there are concerns related to **overutilization, misuse, or the need for coordinated care** to manage costs and resources effectively.
- Once locked in, the beneficiary must obtain services from the specified provider(s) until the restriction is lifted.

2. Verifying the Lock-in Date

- **Check the Medicaid Eligibility Portal**: Use the Medicaid system or provider portal (such as the Telligen Provider Portal) to verify if a lock-in restriction exists and the dates associated with it.
- **Beneficiary Records**: Review beneficiary records in the portal or contact the Medicaid office to confirm the active lock-in dates and restrictions.

- **Contact Medicaid Support**: If further clarification is needed, reach out to the Mississippi Medicaid office or support team to obtain accurate details regarding the lock-in status.

How to verify Lock-In Dates

To verify a patient's Lock-In status and associated dates using the Gainwell Provider Portal, follow these steps: : 20240213_MES_Gainwell_PRP101_Job_Aid_Eligibility_Verification_v2.1.pdf

1. Log into the Gainwell Provider Portal
    - Access the portal using your provider credentials.
2. Navigate to the Eligibility Section:
    - From the main dashboard, select the Eligibility tab.
3. 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.
4. Review Lock-In Details:
    - Within the member's eligibility information, locate the Lock-In Details section.
    - This section will display:
        - 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.

3. Steps to End or Open a Lock-in Date

- **Step 1: Assess the Reason for Lock-in**:
    - Review the reasons why the lock-in was applied (e.g., overutilization, specific health management needs).
    - Confirm if circumstances have changed, warranting a modification or removal of the lock-in.

- **Step 2: Submit a Request for Review**:
    - To end or adjust the lock-in, the provider or authorized representative must submit a formal request to Medicaid, typically through the provider portal or directly with the Medicaid office.
    - Include **supporting documentation** that justifies why the lock-in should be lifted or altered, such as changes in health needs, relocation, or changes in provider relationships.

- **Step 3: Follow Administrative Code Requirements for Release**:

- The administrative code may require a specific review process by Medicaid before approving a lock-in modification. Ensure all procedural requirements, such as submitting the necessary documentation and provider statements, are met.

- **Step 4: Confirm Release in the Portal**:
  - Once approved, verify the update in the Medicaid or Telligen portal to ensure that the lock-in has been removed or adjusted.
  - Document any confirmation received from Medicaid about the status change.

- **Step 5: Notify the Beneficiary**:
  - Inform the beneficiaries of the change, as they may now have the flexibility to use other providers.

These steps help providers and beneficiaries manage lock-in restrictions effectively, ensuring compliance with Mississippi Medicaid's regulations while meeting patient care needs.

GENERAL DISCHARGE SUBMISSIONS

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 Discharge/Hospice Revocation Form (Form 1166C) with all necessary details.
   - **Discharge Summary**: Compile a comprehensive summary outlining the patient's status at discharge, services provided, and any follow-up care instructions.
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 patient 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.
5. **Complete the Discharge Information**:
   - In the **Discharge Panel**, enter the following:
     - **Discharge Date**: The actual date the patient was discharged.
     - **Discharge Disposition**: The patient's status post-discharge (e.g., home, transferred to another facility).
   - In the **Diagnosis Panel**, update or confirm the final diagnosis at discharge.
6. **Upload Supporting Documents**:

- In the **Documentation Panel**, upload the completed 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.

7. **Submit the Discharge Information**:
   - After entering all necessary information and uploading documents, click on **Close Case** to submit the discharge information.
8. **Confirm Submission**:
   - Verify that the Discharge Status task no longer appears in your task queue, indicating successful submission.

Important Considerations:

- **Timeliness**: Submit the discharge notice within five (5) calendar days after the effective date of discharge, as mandated by the Mississippi Administrative Code.
- **Accuracy**: Ensure all information is accurate and complete to prevent delays in processing.
- **Documentation Standards**: All submitted documents should include at least two patient identifiers (e.g., name and Medicaid ID) to comply with HIPAA requirements.

UNDERSTANDING THE APPEAL PROCESS

In Mississippi, the appeal process for hospice service determinations involves both the administrative code guidelines and Telligen's procedures:

1. Administrative Code Guidelines:

- **Right to Appeal:** Beneficiaries and providers have the right to appeal adverse decisions regarding hospice services.
- **Timeframe:** Appeals must be filed within 30 calendar days from the date of the adverse determination notice.
- **Submission:** Appeals should be submitted in writing to the Mississippi Division of Medicaid (DOM).
- **Review Process:** The DOM will review the appeal and issue a written decision.

2. Telligen's Process:

- **Reconsideration (1st Level Appeal):**
  - **Initiation:** Providers can request a reconsideration through the Telligen Provider Portal (Qualitrac) within 30 calendar days of the denial.
  - **Procedure:**
    - Log into the Qualitrac portal.
    - Navigate to the denied case in the Utilization Management (UM) panel.
    - Click on the ellipsis(three dots) next to the case and select "1st Level Appeal."

        - Attach any additional supporting documentation.
        - Submit the appeal request.
    - **Outcome:** Telligen will review the reconsideration request and provide a determination.

- **Peer-to-Peer Review:**
    - **Purpose:** Allows the treating provider to discuss the case directly with a Telligen physician reviewer.
    - **Procedure:**
        - Call Telligen's Customer Service at 1-855-625-7709.
        - Provide the case or member ID.
        - Schedule a peer-to-peer discussion.
    - **Note:** This is an informal review and does not replace the formal appeal process.

- **Administrative Appeal:**
    - **Initiation**: If the reconsideration upholds the denial, providers may pursue an administrative appeal through the Mississippi Division of Medicaid (DOM).
    - **Procedure:**
        - Submit a written appeal to the DOM within 30 calendar days from the date of the reconsideration decision.
        - Include all relevant documentation and a detailed explanation of the basis for the appeal.
    - **Outcome: The** DOM will review the appeal and issue a written decision.

Key Points:

- **Documentation:** Ensure all relevant clinical information is included to support the appeal.
- **Timeliness:** Adhere to the 30-day timeframe for filing appeals to avoid forfeiting appeal rights.
- **Communication:** Maintain open communication with Telligen and the DOM throughout the appeal process.

By following these steps, providers can effectively navigate the appeal process for hospice service determinations in Mississippi.

Frequently Asked Questions (FAQ) – Hospice PA

1. What is required to start hospice care for a Medicaid patient?

- To initiate hospice care, a patient must have a terminal illness with a life expectancy of six months or less. This must be certified by the patient's attending physician and the hospice medical director.
- The patient (or their legal representative) must also sign an election statement, choosing hospice care over curative treatments.

2. What documents are required for a Prior Authorization (PA) request?

- Certification of Terminal Illness signed by both the attending physician and hospice medical director.
- Election Statement signed by the patient or representative.
- A detailed Plan of Care (POC) created with input from the interdisciplinary group (IDG).
- Any supporting clinical documentation substantiating the diagnosis.
- Current medication list and other treatment details in line with palliative care.

3. How soon must I submit a PA request after a patient is admitted to hospice?

- Initial 90-Day Period: Submit the PA request within five calendar days of the patient's admission.
- Subsequent Election Periods: Submit the PA five days before the current election period ends.

4. What is a "Lock-in" date, and how does it apply to hospice?

- A Lock-in date is a restriction set by Medicaid that limits a patient to receiving services from a designated provider. This is often used for patients who need coordinated care or have specific health management needs.
- To verify a lock-in date: Check the patient's records on Gainwell or contact Medicaid support.

5. What is required for recertification of hospice services?

- Face-to-Face Encounters: For the 60-day and each subsequent recertification, a face-to-face encounter with a physician or nurse practitioner is required no more than 30 days prior to the new election period.
- Recertification Documentation: Update and submit a new certification signed by the physician. Ensure all clinical information reflects the patient's continued eligibility for hospice care.

6. How do I submit a discharge for a hospice patient?

- Log into the Telligen Provider Portal, locate the discharge task, and complete the Discharge Panel with:
  - Discharge date and reason.
  - Supporting documentation, including Form 1166C and the discharge summary.

- Submit the discharge notice within five calendar days of the discharge date to comply with the administrative code.

7. What happens if more information is needed after submitting a PA request?

- If additional information is needed, you will receive an email notification and see a task in the Telligen portal titled Request for Information (RFI).
- Follow the RFI task to upload the required documents or clarify information within 10 days to avoid delays.

8. Can I appeal if a prior authorization request is denied?

- Yes, you can submit a 1st Level Appeal (Reconsideration) by accessing the denied case in the Utilization Management (UM) panel in the portal.
- Attach any additional documentation that supports the appeal and submit it through the portal.

9. How do I submit a Prior Authorization (PA) request for a patient who was previously managed by Alliant?

- Any prior authorizations handled by Alliant must be re-submitted into the Telligen portal if the patient remains in hospice care.
- For patients needing discharge, submit a concurrent case with the required discharge information.

10. What are the criteria used to review hospice authorizations?

- Telligen uses InterQual criteria and Mississippi Medicaid's specific guidelines to assess hospice eligibility and service requests.
- Providers should document patient status, POC, and clinical evidence supporting the terminal diagnosis in line with these criteria.

11. How can I check the status of my PA request or appeal?

- You can check the status by searching for the Case ID in the Telligen Provider Portal or locating the case under the Utilization Management panel.
- For approved or denied cases, the status will be visible, and you can download any determination letters for records.

12. What should I do if the lock-in restriction needs to be changed or removed?

- If the lock-in restriction needs adjustment, submit a formal request through Medicaid support or the Telligen portal with documentation justifying the change.
- Follow up to confirm the restriction status and notify the patient of any changes.

These FAQs address typical questions related to administrative requirements for hospice care under Mississippi Medicaid and provide clarity on processes for providers.

Frequently Asked Questions (FAQ) – Submitting Prior Authorization Requests in Qualitrac

1. What is the Qualitrac portal, and how do I access it?

- **Qualitrac** is the Telligen Provider Portal used by healthcare providers to submit prior authorization requests and manage reviews for Mississippi Medicaid patients.
- **Access**: Go to https://msmedicaid.telligen.com and log in with your assigned username and password.

2. How do I submit a new prior authorization (PA) request in Qualitrac?

- **Log into Qualitrac** and click on **Add New Request**.
- **Search for the Patient** by entering the Member ID and Date of Birth.
- **Fill out the required panels**:
  - **Authorization Request Panel** (select the review type, timing, and service type).
  - **Coverage, Provider, Diagnosis, Procedure, and Documentation Panels** with all necessary information.

3. What documentation is required for a hospice PA request in Qualitrac?

- **Certification of Terminal Illness** signed by the attending physician and hospice medical director.
- **Election of Hospice Care Statement** signed by the patient or their representative.
- A detailed **Plan of Care (POC)** with specifics on palliative care needs.
- **Supporting clinical documentation**, such as medical notes substantiating the terminal diagnosis.
- **Current medication list** and any other relevant treatment information.

4. What should I do if my PA request requires additional information?

- If additional information is needed, you will receive an **email notification** and see a **Request for Information (RFI)** task in your Qualitrac task list.
- Click on the RFI task to see what information is being requested, and upload the documents directly to the **Documentation Panel**.

5. Can I make corrections or additions to a submitted PA request?

- If a correction is needed, you can edit the PA request before a determination is made.
- Go to the case in the **Utilization Management (UM) panel** and make the necessary updates or add documentation.
- Once the case is finalized, edits are restricted, so ensure all information is accurate before submitting.

6. How do I check the status of my PA request in Qualitrac?

- **Search for the Case ID** or **search by the patient** under the UM panel in Qualitrac.
- Once the case is found, open it to see the current status and any updates regarding approval or denial.

7. What types of timing options are available when submitting a PA request?

- **Prospective**: For services starting in the future. Submit this request before services begin.
- **Concurrent**: For services that have already started. Use the current date as the start date.

- **Retrospective**: For services that have already been provided. Both start and end dates should be before the submission date.

8. How do I enter provider details in the Qualitrac portal?

- Under the **Provider Panel**:
  - Enter the **NPI number** or search by provider name and location.
  - Select the **treating provider** and **ordering provider** from the search results, ensuring correct provider details and Medicaid ID.

9. What should I do if my PA request is denied?

- You can submit a **1st Level Appeal (Reconsideration)** within Qualitrac:
  - Locate the denied case in the UM panel.
  - Open the action menu and select **Request 1st Level Appeal**.
  - Attach any supporting documents to clarify or add new information, then submit the appeal.

10. How do I upload documents in the Documentation Panel for my PA request?

- In the **Documentation Panel** of Qualitrac, click the **Add** button to open the upload modal.
- **File Requirements**: Documents must be in PDF or Word format and under 300MB.
- Include **two patient identifiers** (e.g., patient name and Medicaid ID) on each document for HIPAA compliance.

11. How soon should I submit the PA request after admitting a patient to hospice?

- **Initial 90-Day Period**: Submit within five calendar days of hospice admission.
- **Subsequent Election Periods**: Submit five days before the current election period ends to ensure continuity of care.

12. How will I know if my PA request has been approved?

- Check the **Determination Status** in the UM panel of Qualitrac. Once approved, a determination letter will be available for download.
- You will also receive **email notifications** for status updates, such as approvals, denials, or requests for additional information.

13. How do I handle resubmitting authorizations initially processed by Alliant?

- For patients with active hospice authorizations initially processed by Alliant, resubmit those authorizations in Qualitrac.
- If the patient is being discharged, submit a **concurrent discharge request** with all relevant discharge documentation.

14. What should I do if I encounter technical issues with Qualitrac?

- Contact the **Provider Help Desk** for support:
  - **Email**: msmedicaidum@telligen.com
  - **Phone**: 855-625-7709
- Provide details of the issue, including screenshots if applicable, to help the support team assist you efficiently.