Mississippi Medicaid:

Telligen Provider Portal Training – Inpatient Hospital Services

February 2025

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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

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

Program Manager

AJae Devine

Assistant Program Manager
Cassandra Bullock

Review Timings

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.

Continued Stay Reviews

- A **Continued Stay Review (CSR)** is a request submitted to **extend a patient's stay** in a healthcare facility beyond the initial approved authorization period. It ensures that extended care is **medically necessary** and meets the required **clinical criteria** for continued hospitalization

- **Why is a Continued Stay Review Needed?**
  - To ensure **continuity of care** for patients requiring **additional inpatient treatment**.
  - To provide **medical justification** for extended stays based on **clinical criteria** and **InterQual guidelines**.
  - To maintain compliance with **Mississippi Medicaid** regulations and avoid **claim denials** due to lack of prior approval

Urgent Care Services

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

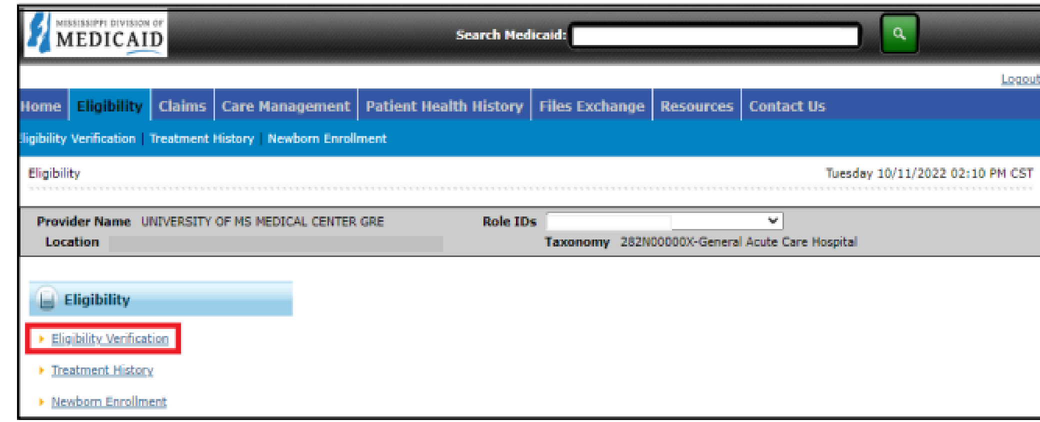
- Pose a serious risk to the beneficiary's life or health.
- Cause severe pain to the beneficiary that cannot be effectively controlled without authorized medical intervention.
- Result in an emergency medical condition if care is delayed beyond a specific timeframe.

"Urgent health care service" does not include Routine Emergency services.

Verifying Eligibility
Physician and Facility Information

Verifying Eligibility

- **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**.

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. (Servicing 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 [+ Add] 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

City | State: Mississippi | Zip Code | Taxonomy

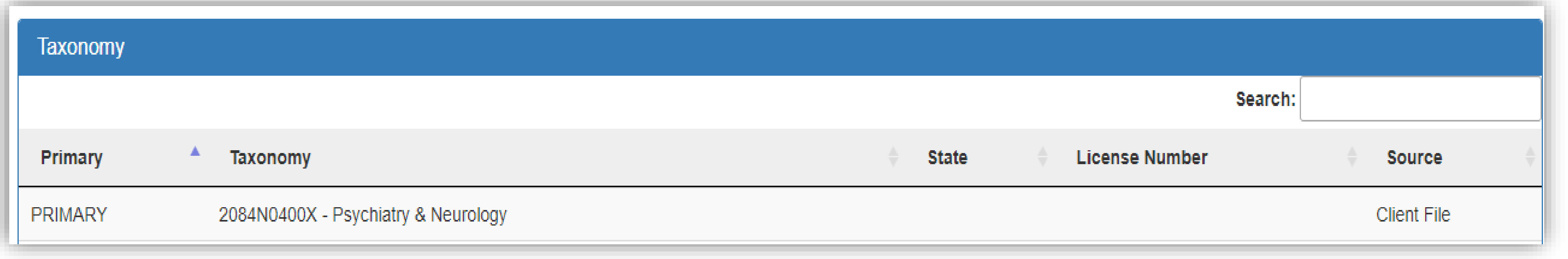
Search using NPPES: ON

Search

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

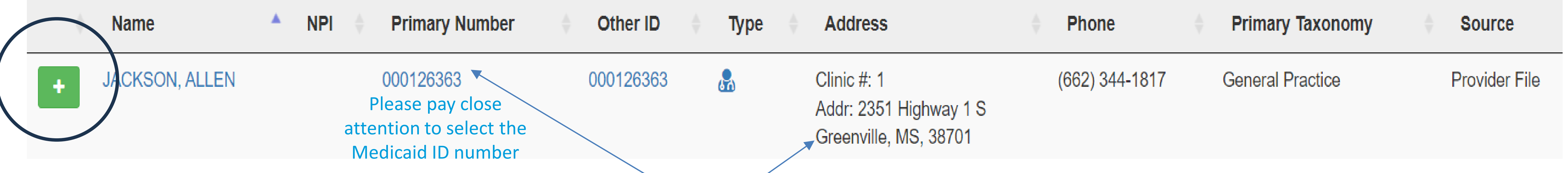
Use the green plus box next to the name to select the provider/facility that you need for the review.



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	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: ABC Hospital LLC vs ABC Hospital Inc. This is an important point because some providers have multiple locations under the same NPI and possibly similar name.

Submitting a Review

Inpatient Acute Prior Authorization

A prior authorization is required for all hospital admissions except:

- Emergent and urgent admissions must be authorized on the next working day after admission.
- Lack of authorization = denial, if the exceptions aren't met.
- Inpatient hospital stays that exceed the DRG Long Stay Threshold (19 days) require a continued stay/concurrent review for the additional inpatient days that exceed the threshold.

Maternal-Infant Inpatient Prior Authorization

Report all admissions for deliveries to DOM and Telligen via the Newborn Enrollment form.

- A prior authorization is required for maternal–infant admissions when:
  - Obstetrical deliveries
    - vaginal deliveries with a length of stay of three (3) or more days
    - cesarean deliveries with a length of stay of five (5) or more days
    - sick newborns with a length of stay six (6) or more days

- Obstetrical deliveries and sick newborn stays that exceed nineteen (19) days require a continued stay/concurrent review.

Telligen Provider Portal – Required sections

The following panels will be required for your request:

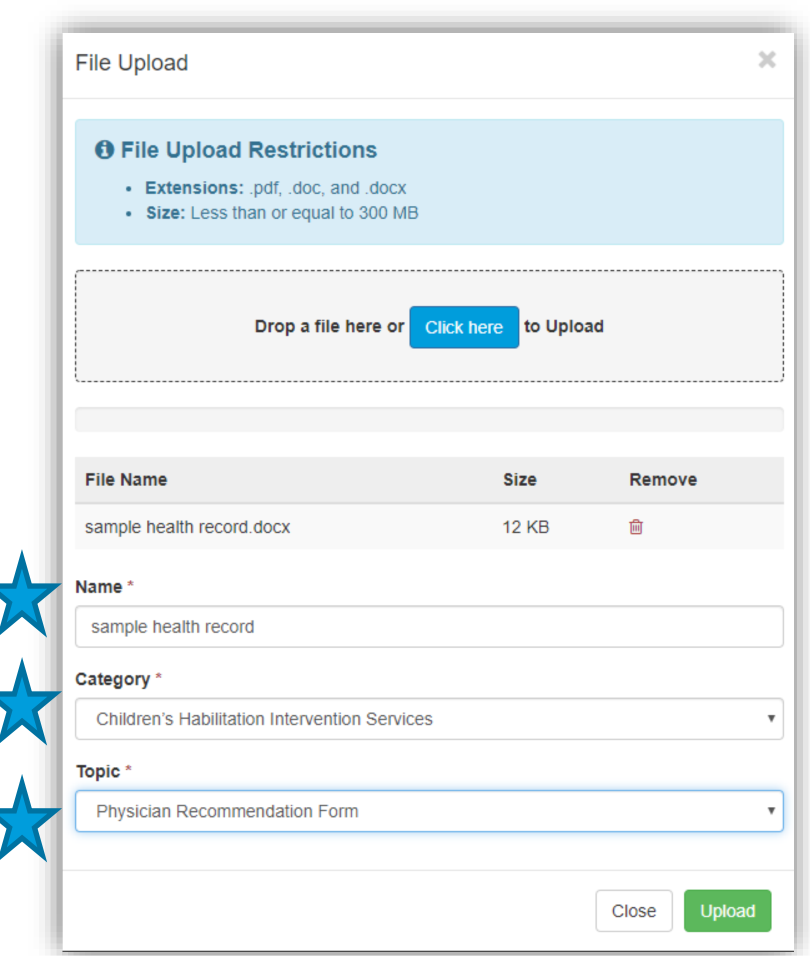
- **Authorization Request**
- **Dates of Service**
- **Coverage**
- **Providers**
- **Provider Organization Visibility**
- **Diagnosis**
- **Procedures**
- **Documentation**

Documentation Panel cont.

- **Name**:
  - The **Name** box allows you to name the file to what makes sense, if needed
  - The file name cannot have any spaces or special characters
- **Category**:
  - select from the drop down the type of document that you are attaching.
- **Topic**:
  - Select from the drop-down type of document being attached.

Click Upload to attach the information to the review.

- **NOTE:** This can be repeated as many times as necessary to get all relevant documentation added.



Required Documentation

Prospective/Concurrent

- Emergency room notes and/or admission assessment
- Physician Orders

Concurrent/Continued Stay

- Dates of service
- Comprehensive History and physical
- Diagnoses
- Diagnostic studies and results
- Documentation of any consults
- Medication listing including route, dose frequency and indication
- Discharge planning and instructions
- Discharge orders
- Signed orders
- All imaging results

InterQual

InterQual Defined

- InterQual is a **clinical decision support tool** used to determine the **medical necessity** of healthcare services.
- It provides **evidence-based criteria** to guide providers and ensures **standardized decision-making** based on clinical evidence.
- InterQual aids providers **reduce claim denials** by meeting established criteria.
- InterQual is a **key decision-making tool** for medical necessity and is integrated into Qualitrac that automatically takes the end user through the process.
- InterQual helps **determine appropriate levels of care** for Medicaid patients

InterQual Process

- InterQual is integrated into Qualitrac to provide transparency into the clinical guidelines and criteria we use to review your authorization requests
- The system automatically takes the end user through the InterQual process

MENU | Mississippi Division Of Medicaid | HELP

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

PRODUCT | VERSION | CATEGORY | CLINICAL REFERENCE

Enter Keywords | 99233,K65.0 | FIND SUBSETS | CLEAR ALL | BOOKMARKS

Results Count: 5

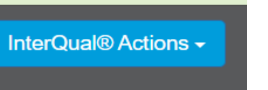
Subset 1 ↑	Product	Version 2 ↓
Acute Infections (SAC-SNF)	LOC:Subacute / SNF	InterQual 2023
Infection: GI/GYN	LOC:Acute Adult	InterQual 2023
Medical Management (SAC-SNF)	LOC:Subacute / SNF	InterQual 2023
Medically Complex	LOC:Long-Term Acute Care	InterQual 2023
Pediatric (SAC)	LOC:Subacute / SNF	InterQual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

InterQual Process cont.

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

Clinical Guidelines

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



InterQual Process cont.

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

Medical Review *Acute Infections (SAC-SNF)* CHANGE SUBSET CLINICAL REFERENCE

ADMISSION, WEEK 1 | CLEAR ALL | EXPAND ALL | COLLAPSE ALL | COMMENTS 0 | BENCHMARKS

- **Admission, Week 1, One:** Care
  - Daily skilled services, **All:**
    - ✓ Treatment precluded in a lower level of care, **≥ One:**
      - ✓ Clinical complexity or existing debility makes care at home unsafe
      - Cognitive or physical inability to manage care and no caregiver available
      - Home environment not conducive to care, **≥ One:**
      - Services unavailable through home care or outpatient
    - Extended skilled care services required, **≥ One:**
      - Qualified hospital stay not required
      - Direct admission after 3d qualified hospital stay

InterQual Process cont.

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

ACUTE, ≥ One:

Brain abscess confirmed by head CT or brain MRI

Encephalitis actual or suspected and, **All:**

Meningitis and, **One:**

Care

PREVIOUS | SAVE REVIEW | COMPLETE | REVIEW SUMMARY

InterQual Process cont.

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

Dashboard / Task Queue / Member Hub / Clinical Guidelines / InterQual®   HAZEL MISQUITA - 100324926 - 10/17/1978

No InterQual Guidelines found for 99233: SUBSEQUENT HOSPITAL CARE

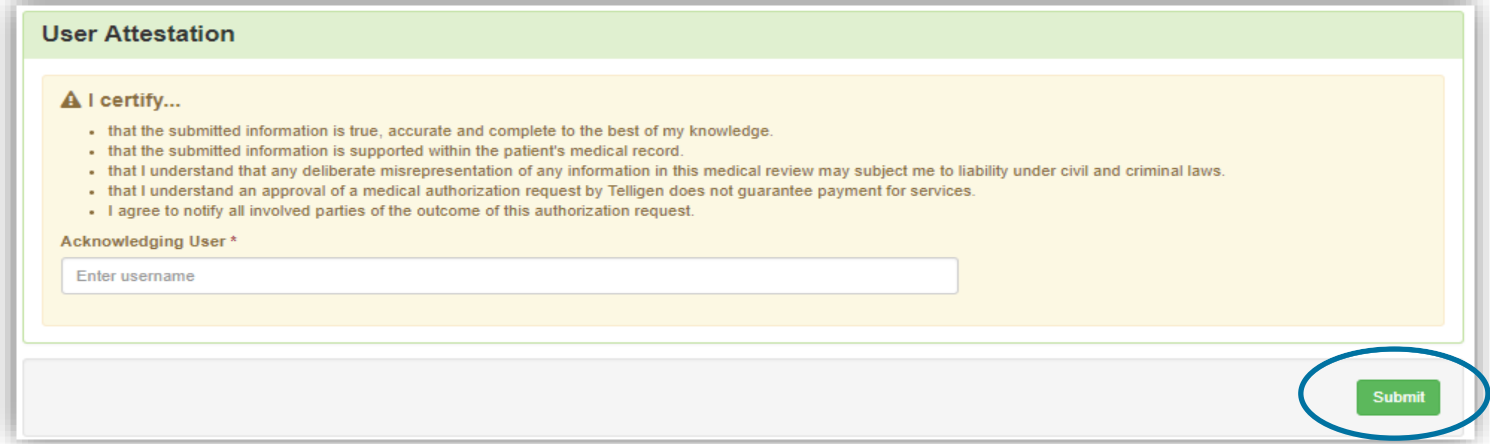
☐ No Guidelines Applicable *

Comment *

Submit

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.**

Submit Review

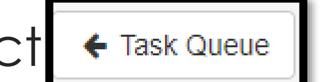
Comments

Comments

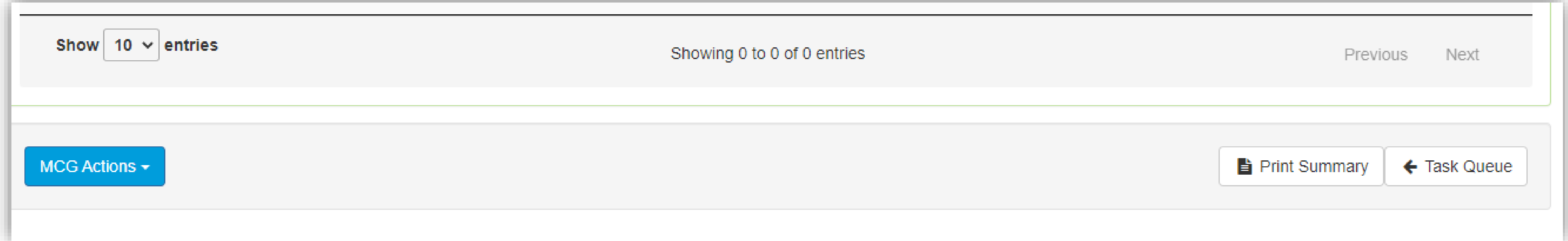
Cancel Submit

Summary

- After submitting you will be taken to a summary of the review
- Users will have the option to Edit or Delete via the Actions button
- To navigate off of the request, scroll to the bottom of the page and select



  - This will return the user to the tasks page where you can begin a new search and submit other reviews.

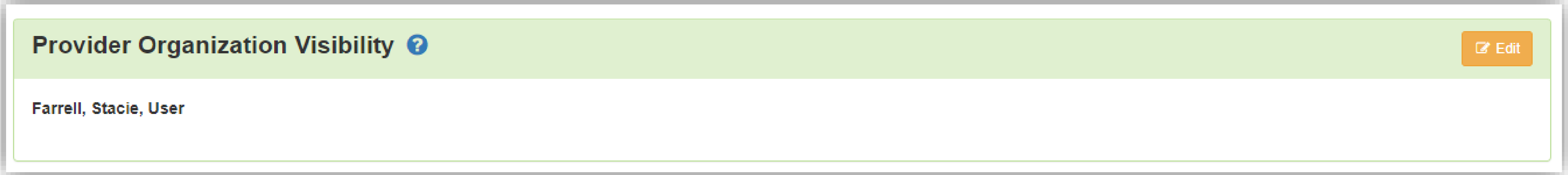


Request for Information (RFI)

E-mail Notifications

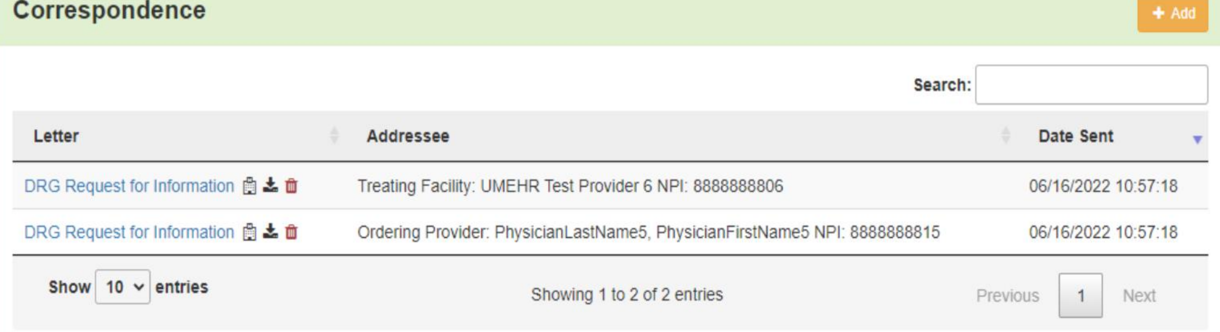
- Users will receive email notifications when:
  - Reviews are received from the portal
  - Reviews are updated/changed in status
  - Request for Information
  - Discharge Tasks

- To make sure that everyone in your organization that should receive email notification for reviews does get one, please select the organization or facility in the Provider Organization Visibility panel.



Request for Additional Information

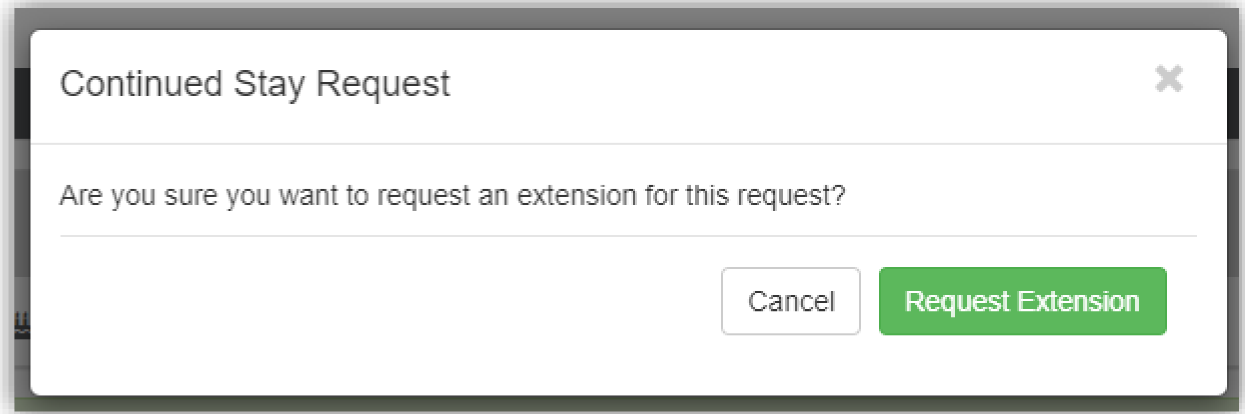
- Once you have added the additional information, the system will return you to the Scheduled tasks queue and the task will no longer be visible for the user.
- ****Do NOT start a new review** to submit additional clinical information that was requested. This will delay the response. Please follow the steps outlined when a Request for Information task is available in the task queue.
- 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.



Submitting A Continued Stay Review

Continued Stay Review

- The system will validate that you want to request an extension
- Click the green button for **request extension**
- If this was done in error, click cancel



Continued Stay Review

- The system user will be directed to update and complete the extension request
- The timing section of the **Authorization Request panel** will indicate you are completing a continued stay review extension

QUEANTRAYIS WILLIAMS **Member ID:** 100101882 **DOB:** 12/15/2003

Phone Number: **Client:** Mississippi

Authorization Request Actions

Case Id	Request ID	Date Request Received	Review Type	Place of Service	Type of Service
278[illegible]	27902	01/29/2024 05:23 pm	Hospice Services	Hospice	Hospice

Timing
Continued Stay Review
Extension

Continued Stay Review

- The User will review all the panels and update appropriately
  - Update any new diagnosis to support the extension in the diagnosis panel
  - Provide supporting documentation in the Documentation Panel to indicate the need for an extension
  - Click **Continue**

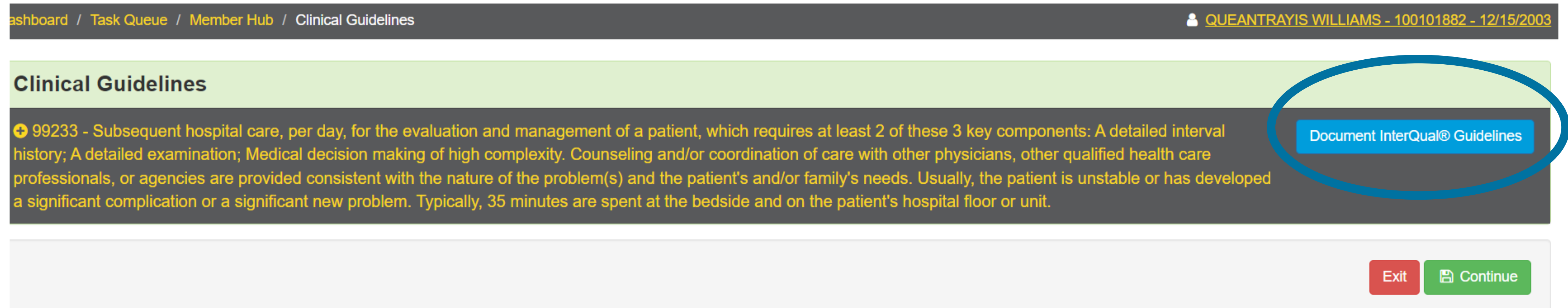
Documentation + Add

Show 10 entries   Search:

Name	Category	Topic	Date Added	Uploaded By	Action
5414 T11 gas [illegible]2022	Clinical	Psychological Evaluation	06/15/2022	sfarrellMD	
Extension documentation	Clinical	Psychological Evaluation	06/15/2022	sfarrellMD	

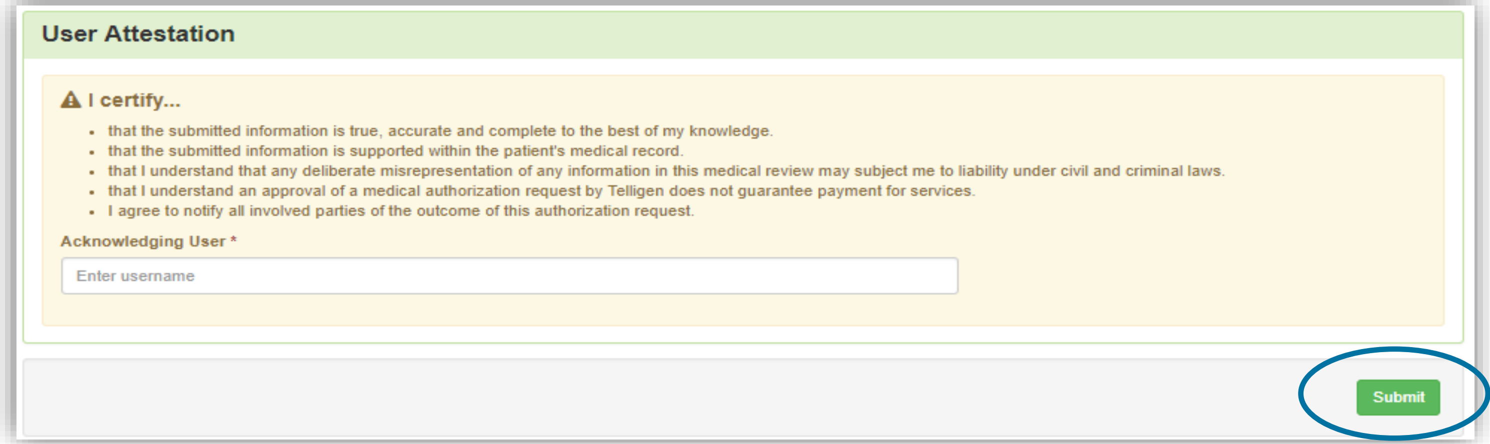
Continued Stay Review

- The User will need to repeat the InterQual process:



Continued Stay Review 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
- Await a response for the extension request

How to Submit a Continued Stay Review

1. **Select the Review Case:**
   - Locate the patient's **existing case ID**.
   - Click on the **blue ellipsis menu** next to the case.
   - Select **"Continued Stay Review.“**

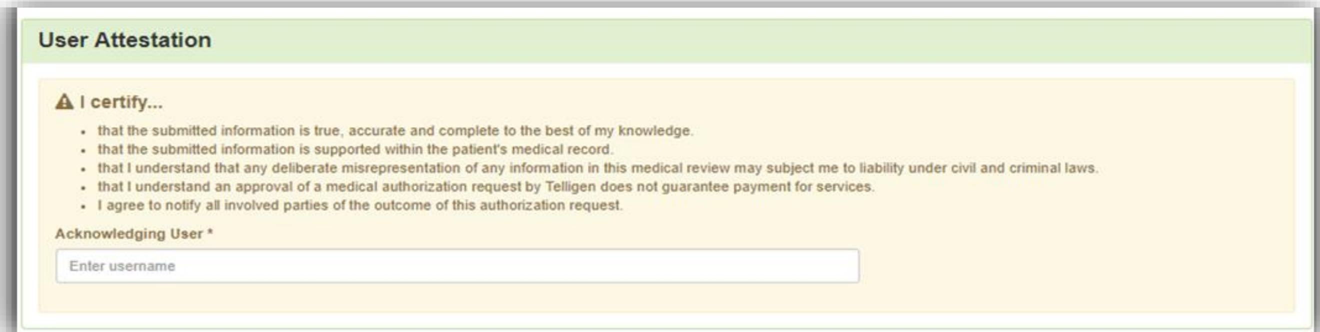
2. **Update Required Information:**
   - **Admission & Discharge Panel:** Confirm or update admission and anticipated discharge dates.
   - **Diagnosis Panel:** Add any new diagnoses that support the need for extended care.
   - **Documentation Panel:** Attach supporting medical records, physician notes, and other required documents.

3. **InterQual Criteria Documentation:**
   - Complete the **InterQual assessment** to document **medical necessity**.
   - If InterQual criteria do not apply, provide a written justification for the extended stay.

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

Reconsideration (1st Level Appeal) cont.

- Sign the User Attestation using your **USER ID**



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

Inpatient Hospital (35817) — Treating Provider: MRH MEDICAL GROUP, BROWN MEDICAL CL — Case Creation

Show 10 entries — Search:

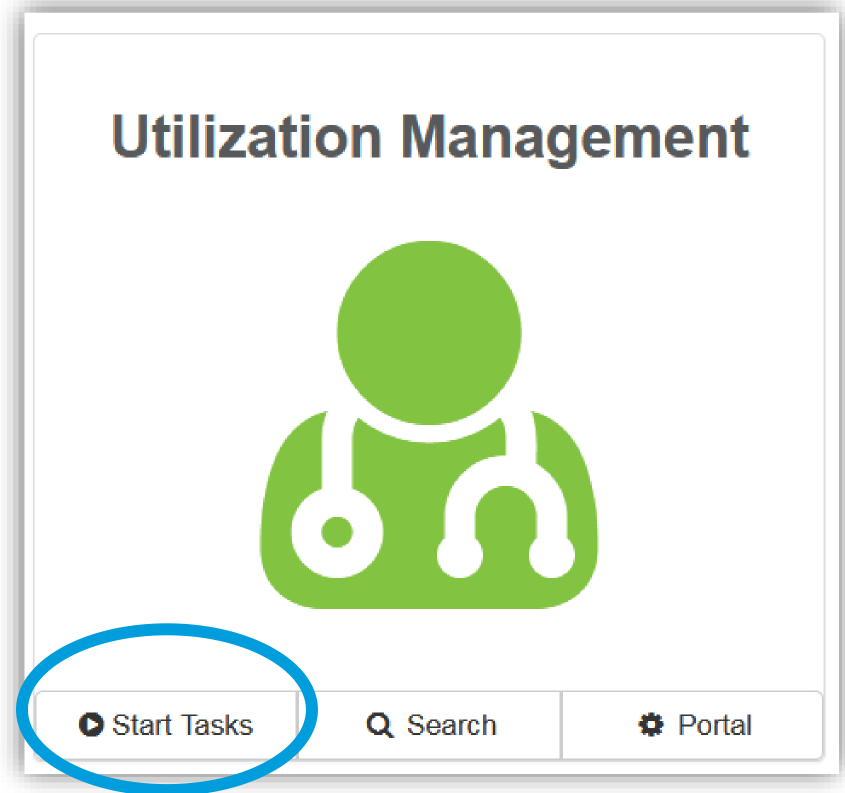
Module	Timing	Status	Date Request Received	Case Completed	Outcome	Action
Medical Necessity	Prospective - 1st Level Appeal	Request Has Been Submitted	12/28/2023 12:28 pm		Pending	•••

The system will display your appeal

Discharge Task

Discharge Information Task

- Providers 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 Continue Stay Review has been completed.



Discharge Information

- **Discharge Documentation** The user will be required to enter the following three pieces of information:
  - indicate if the person is still in the facility
  - enter the actual Discharge Date
  - Enter the Discharge Disposition.

- **Diagnosis Panel Update**: 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.

- **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.

Appeals

Submitting a Reconsideration (1st Level Appeal)

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

Utilization Management — View Cases | +Add

Show 10 entries — Search:

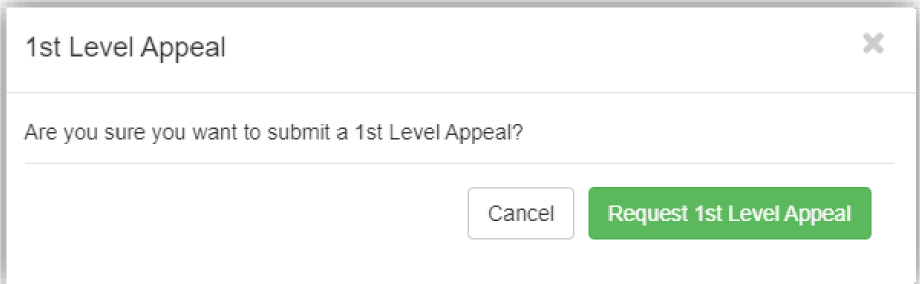
Status	Case ID	Review Type	Timing	Treating Prov./Phys.	Treating Facility	Req. Start	Req. End	Outcome	Action
Request Is Complete	812	Acute Medical Surgical	Retrospective	WILSON MD, DOUGLAS	JOHN HOPKINS MOORE CL MAC	02/04/2019	02/08/2019	Denied	...

View Request
1st Level Appeal

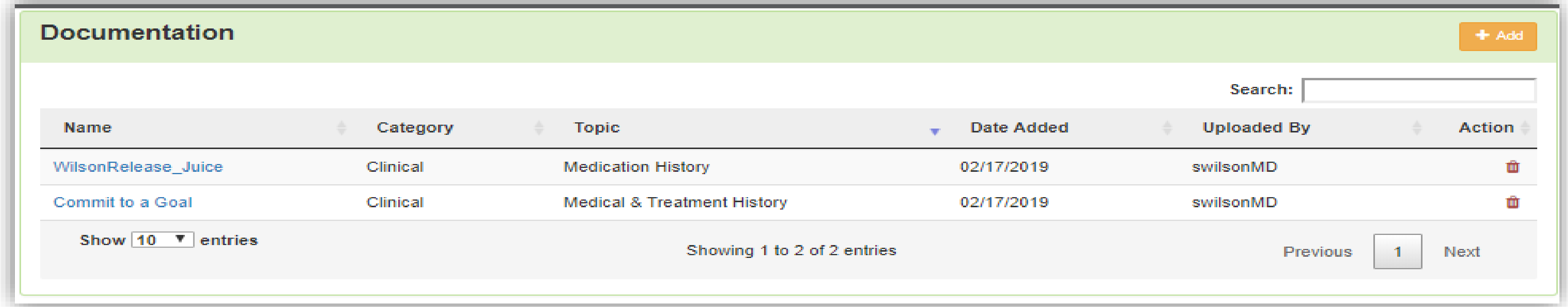
Showing 1 to 1 of 1 entries

Submitting 1st Level Appeal

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



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



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

Appeal Rights & Types

- **Right to Appeal**: Providers can appeal adverse (denial or partial denial) 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**: Request through Provider Help Desk by phone or email- Provided the Physician Name, contact information, and dates of availability
  - **Administrative Appeal**: Request by Mail – To the Division of Medicaid Attn: Mailing address: Division of Medicaid Attn: Appeals 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:

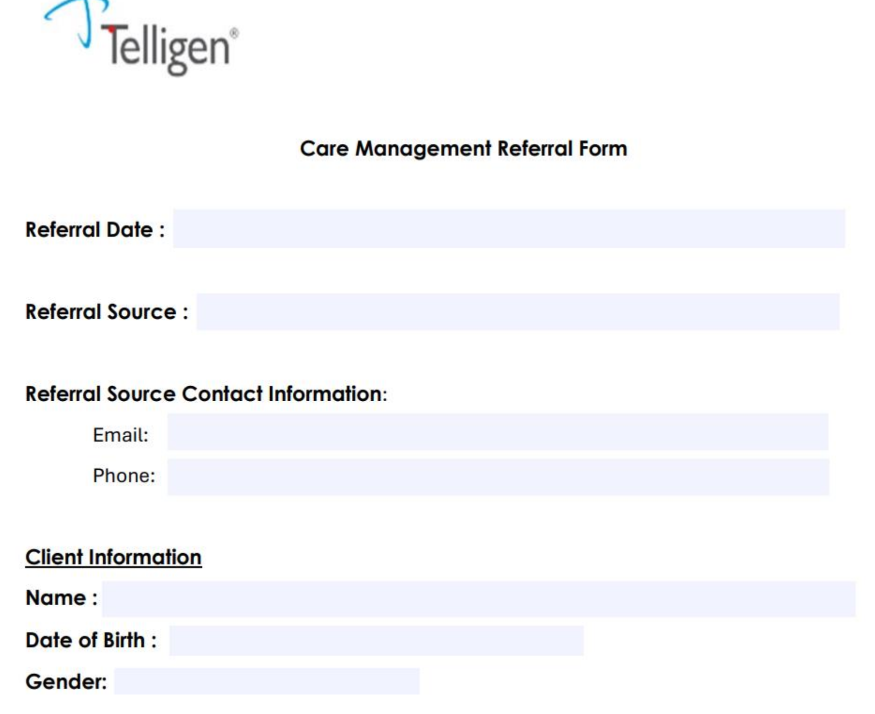
- Navigating and coordinating services with multiple providers/agencies and establishing crisis plans.
- Developing individualized, person-centered care plans in collaboration with individuals, families, and medical providers.
- Monitoring ongoing services, progress toward goals, and the individual's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



Telligen®

Care Management Referral Form

Referral Date :

Referral Source :

Referral Source Contact Information:

Email:

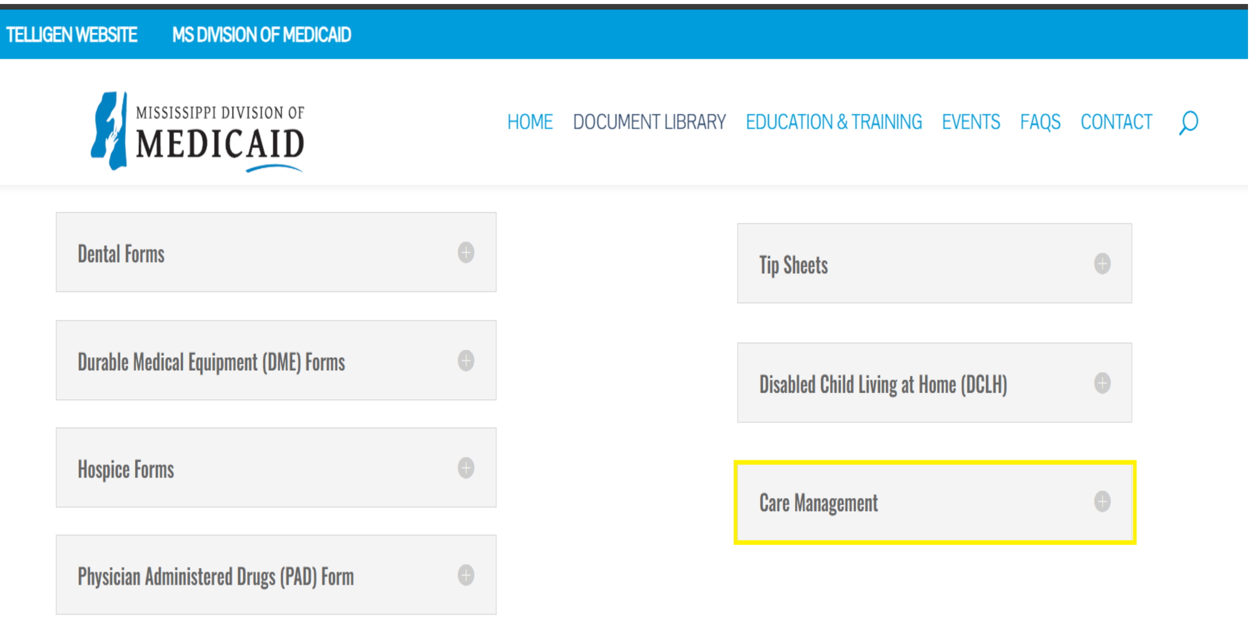
Phone:

Client Information

Name :

Date of Birth :

Gender:



Contact Us

- **Education Manager – Primary Point of Contact**
- Charity A Jones

Program Manager
AJae Devine

Assistant Program Manager
Cassandra Bullock

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

Frequently Asked Questions

- Why are some inpatient claims being denied when both Alliant and Telligen authorizations are present? **Claims are denied due to multiple authorizations for a single inpatient stay. Only one authorization number is permitted per claim.**
- How can I avoid this denial? **Include a copy of the Alliant authorization approval letter or notification when submitting a continued stay request to Telligen. Telligen will backdate the admission date accordingly.**
- What if I already have an approved Telligen authorization? **Submit the MS Change Request Form along with the approved Alliant authorization, relevant clinical documentation, and an explanation in the comments section.**
- Who should I contact if I have questions? A: **Email msmedicaidum@telligen.com or call 1-855-625-7709.**

Frequently Asked Questions cont.

- How are maternity-related service authorizations handled? **They are manually generated by Telligen using the Newborn Enrollment Form (NEF) from Gainwell.**
- Can maternity-related retrospective requests be denied for being late? **No, they should never be denied due to untimely submission or lack of retroactive eligibility.**
- What should I do if there's no manual authorization despite a submitted NEF?

  Submit proof of NEF submission or clinical documentation confirming the inpatient stay was maternity-related. These requests must be approved as long as the member had active coverage without enrollment in managed care.

References: Administrative Code Title 23, Part 202, Rule 1.3, C. Maternity-Related Services

Frequently Asked Questions cont.

- If a mother has traditional Medicaid, when should a prior authorization request be submitted for NICU baby? **Prior authorization is required for maternal–infant admissions if the baby is a sick newborn with a length of stay six (6) or more days. You would submit the request for the newborn after they obtain their Medicaid number.**

- For a hospital admission after hours, what type of review would we need to submit? **If the review is submitted the next business day, it will be considered a concurrent review.**

A Note about Timeframes

Provider Timeframes

- Providers have 10 business days to respond to a request for information (RFI).
- 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 for scheduled maintenance days.

Questions

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/nyhTQwN9gM