



# Mississippi Medicaid: Telligen Provider Portal Training – Community Mental Health Services

March 2025

# Housekeeping

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## Questions

- Please enter all questions into the chat
- Any unanswered questions will be answered and posted to the website

**Content availability-Website:** <https://msmedicaid.telligen.com/>

- Telligen's training presentations are available on our website ([www.msmedicaid.telligen.com](http://www.msmedicaid.telligen.com)) under Education>Training.
- Frequently used Forms can be found under [Document Library](#)
- Latest Breaking News can be found under [Provider News](#)
- Quick Tips can be found under [FAQ's](#)
- The updated [Change Request Form](#)

## 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

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



## Purpose of the Presentation

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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](mailto:msmedicaidum@telligen.com) or Toll-Free Phone: 855-625-7709



## Contact Us

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### **Education Manager – Primary Point of Contact**

Charity A. Jones

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

### **Mississippi Call Center & Provider Help Desk**

- Email: [msmedicaidum@telligen.com](mailto:msmedicaidum@telligen.com)
- Toll-Free Phone: 855-625-7709
- Fax: 800-524-5710

### **Portal Registration Questions**

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

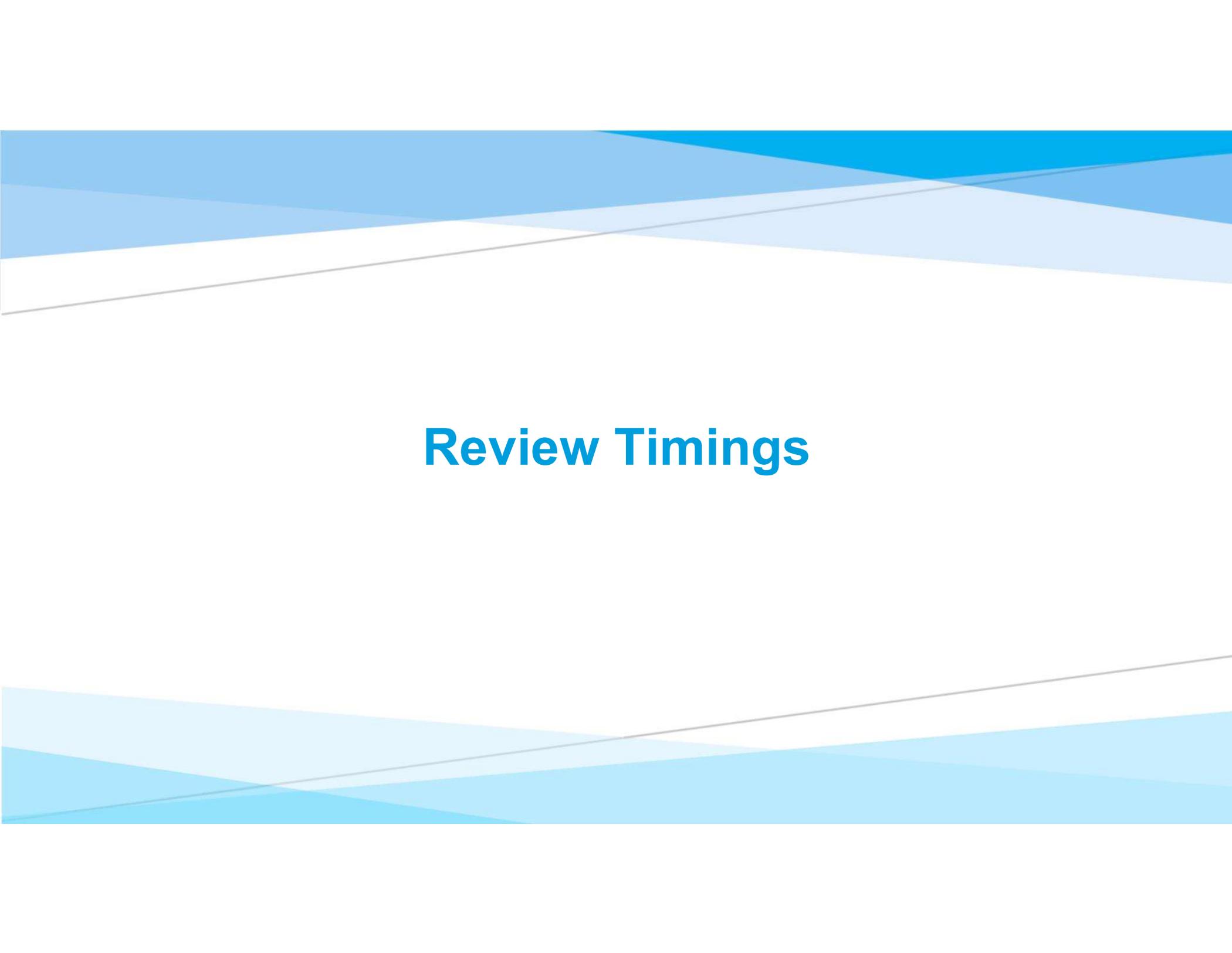
### **Program Manager**

AJae Devine

### **Assistant Program Manager**

Cassandra Bullock





# Review Timings

## Review Timings

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- **Prospective**—Review submitted before services begin, covering future dates
- **Concurrent**—Initial review for services already in progress, covering a date span under one authorization. Requested start date must be today or a past date.
- **Retrospective:** Review submitted after services have ended. Start and discharge/end dates must be prior to the request date..

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



## Urgent Care Services



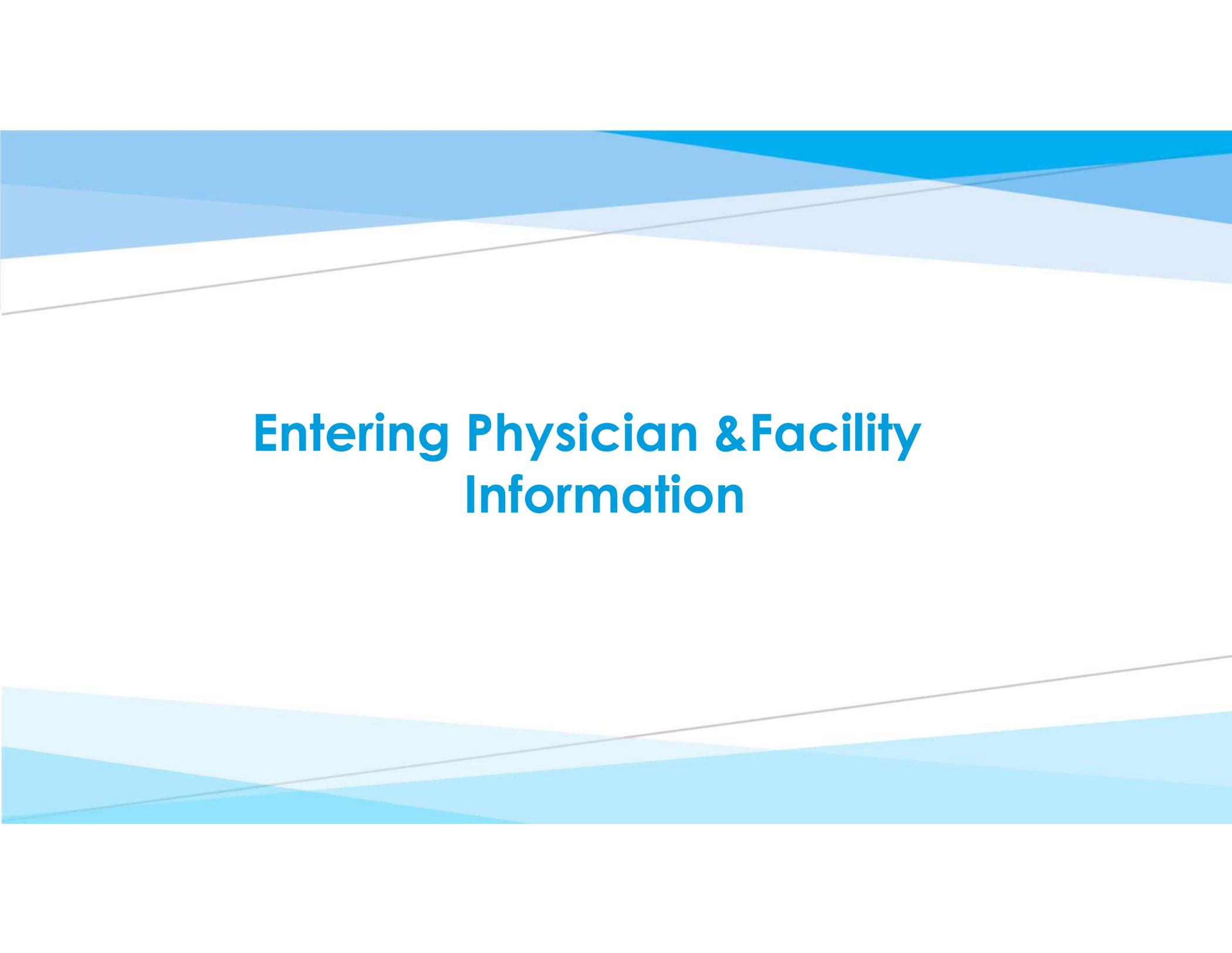
Authorization for medically urgent services, as determined by a treating professional, to prevent:

- Serious health risks
- Severe unmanaged pain or
- A potential emergency condition if delayed

A screenshot of a web-based form for an Authorization Request. At the top, a grey header bar displays the patient's name 'STANLEY CREEL', Member ID '601075954', and Date of Birth 'DOB: 11/08/1953'. Below this, a white bar shows 'Phone Number:' and 'Client: Mississippi'. The main section is titled 'Authorization Request' in a green header. It contains several fields: 'Date Request Received \*' with a date-time input field, 'Review Type \*' with a dropdown menu, 'Place of Service \*' with a dropdown menu, and 'Type of Service \*' with a dropdown menu. Below these is a 'Timing \*' section with a checkbox labeled 'Is this Request Urgent?'. The checkbox is circled in green. At the bottom right, there are 'Cancel' and 'Add New Request' buttons.

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





# **Entering Physician & Facility Information**

## Providers Panel: Physician and Provider Information



**Providers:** This section requires information related to who is ordering and providing the care:

- **Treating Provider** – The organization providing the actual care. (Servicing Provider)
- **Ordering Provider**- The person or organization ordering the care

Providers *								
Type	Name	NPI	Address	Phone	Primary Taxonomy	PPO Redirect Reason	Comments	Action
Treating Provider *					Not Supplied			+ Add
Ordering Provider *					Not Supplied			+ Add



# Entering Physician and Facility Information



- Clicking **+ Add** will open a search box. You can search by entering an NPI number 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 / Provider Selection Stephanie Wilson - TEMP000000100323 - 01/03/1978

NPI Number ?	Other ID Number ?	Last / Organization Name	First Name
<input type="text"/>	Medicaid Provider ID #	<input type="text"/>	<input type="text"/>
City	State	Zip Code	Taxonomy
<input type="text"/>	Wyoming	<input type="text"/>	<input type="text"/>

# 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				
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: some providers have multiple locations under the same NPI and possibly similar name.



# Entering Physician & Facility Information



0:00 / 1:07





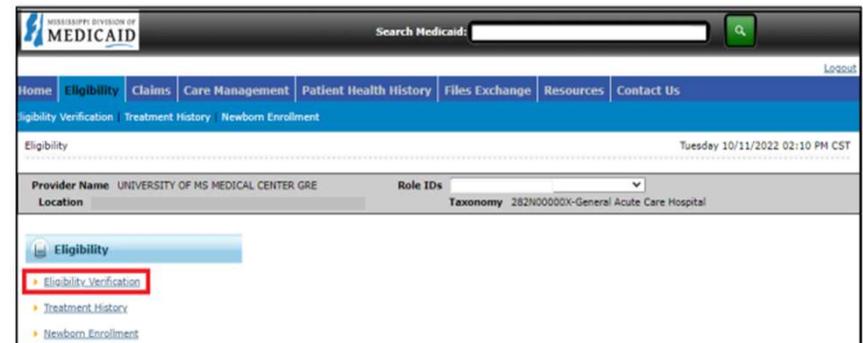
# Verifying Eligibility

# Verifying Eligibility

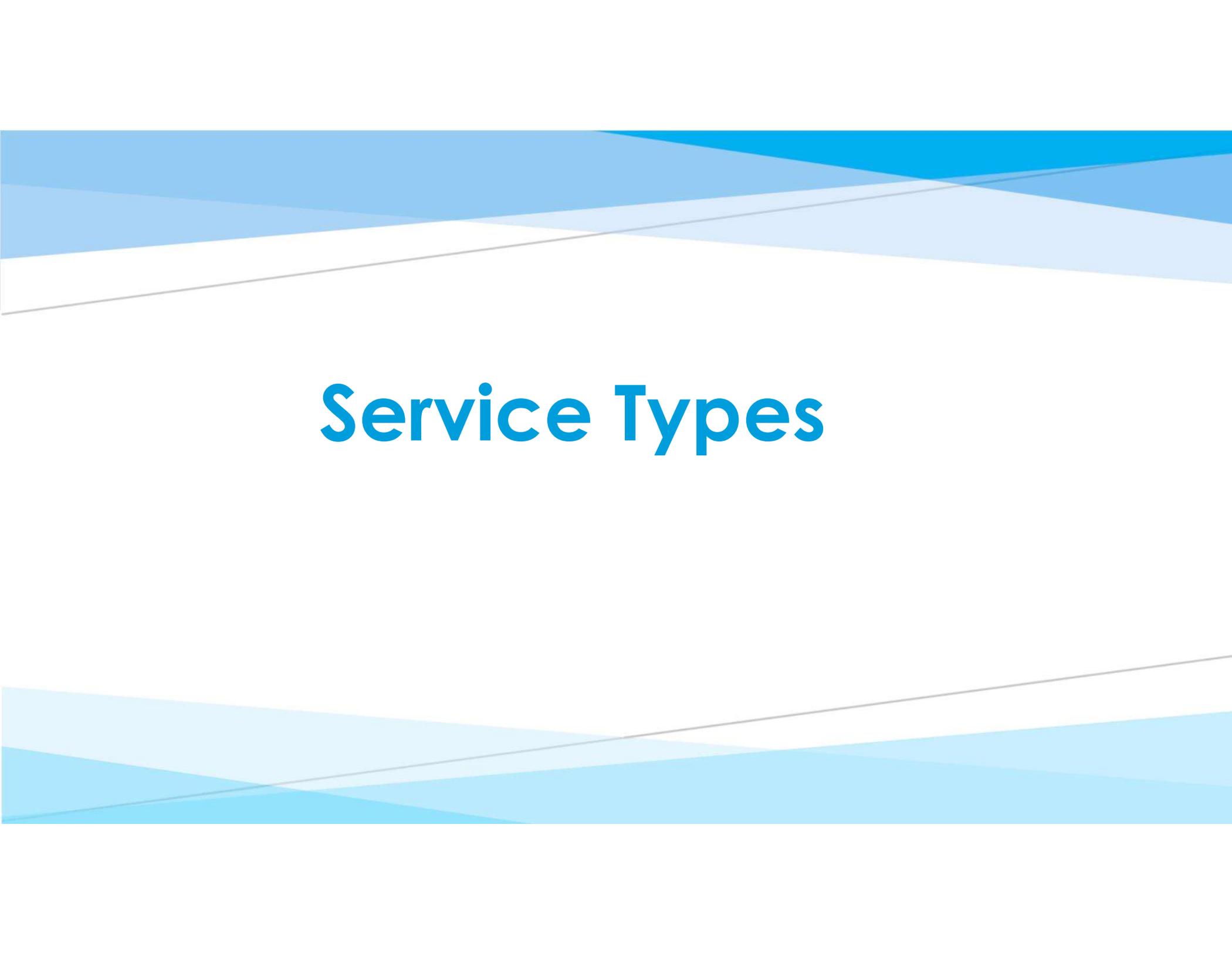


**Beneficiary Records:** Review beneficiary records via MESA portal to verify the beneficiary's coverage before or on the date of service:

- 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**.



# Service Types

# Community Mental Health Service Types



Service Type	Applicable Diagnoses	HCPC Codes
Outpatient Therapy	Depression, Anxiety, PTSD, Bipolar Disorder	H0031, H0036
Targeted Case Management	Severe Persistent Mental Illness (SPMI), Youth SED	T1017
Crisis Intervention	Acute Psychotic Episodes, Suicidal Ideation	H2011
Acute Partial Hospitalization		H0035
Day Treatment		H2012
Developmental Testing		
Intensive Outpatient	Substance Use Disorder, Severe Mood Disorders	S9480
MYPAC MS Youth Programs Around the Clock		H0036 & H2015
Neuropsychological Testing		H96130, H96131, H96136, & H96137
PACT Program of Assertive Community Treatment		H0039
Psychosocial Rehabilitation	Schizophrenia, Schizoaffective Disorder, Bipolar I	H2017
PRTF Children under 21		H99233
Wraparound		T2023





# Documentation



## Required Documentation Signatures

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- **Psychological Diagnosis**
- **Psychological/Psychiatric Evaluation** (*within 30 days of admission*)
- **IQ test results** (*within 30 days of PRTF admission*)
- **Physician Orders** (*Outpatient Therapy*)
- **Treatment Plan with Goals** (*Signatures required by both patient and physician*)
- **Initial Evaluation** (*Psychological or Psychiatric Evaluation*)
- **Statement of the need** (*Residential treatment*)
- **Drug Toxicology Results** (*for Crisis Residential & Inpatient Detox*)
- **Crisis Plan /Safety Plan:** (*Intensive Outpatient, Crisis Intervention*)
- **Progress Notes** 3–5 most recent notes for continued stay reviews. Include therapeutic interventions and progress/lack of progress.
- **Discharge Plan**

**All documentation must be dated and signed**(*Electronic signatures accepted*)

All documentation must include 2 patient identifiers For example – patient name and Medicaid number or patient name and date of birth (DOB).



# Uploading Documentation



- **Name:**
  - The **Name** box allows you to name the file to what makes sense, if needed
- **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.

File Upload

**File Upload Restrictions**

- **Extensions:** .pdf, .doc, and .docx
- **Size:** Less than or equal to 300 MB

Drop a file here or [Click here](#) to Upload

File Name	Size	Remove
sample health record.docx	12 KB	

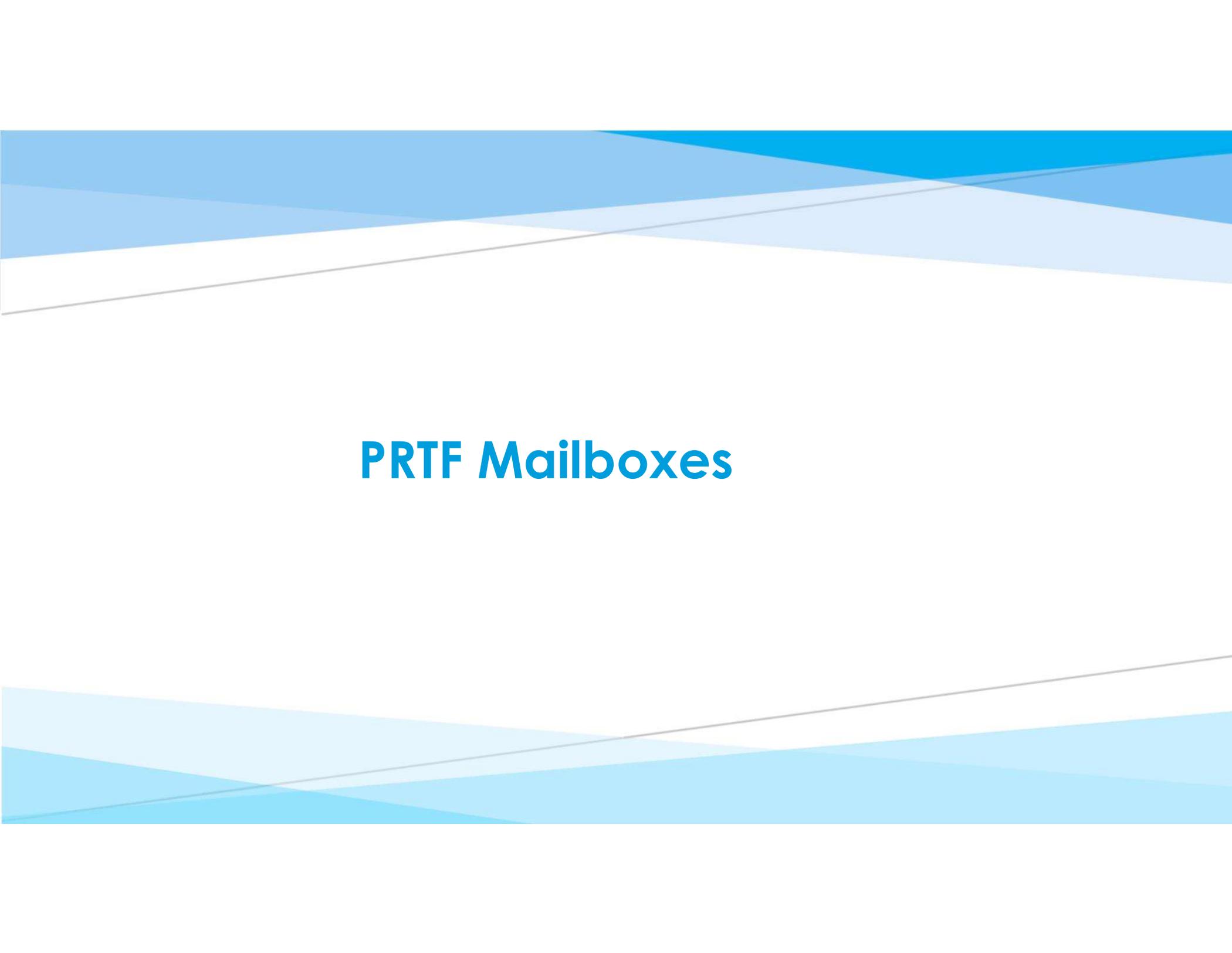
**Name \***  
sample health record

**Category \***  
Children's Habilitation Intervention Services

**Topic \***  
Physician Recommendation Form

Close Upload





# **PRTF Mailboxes**

## PRTF Mailbox

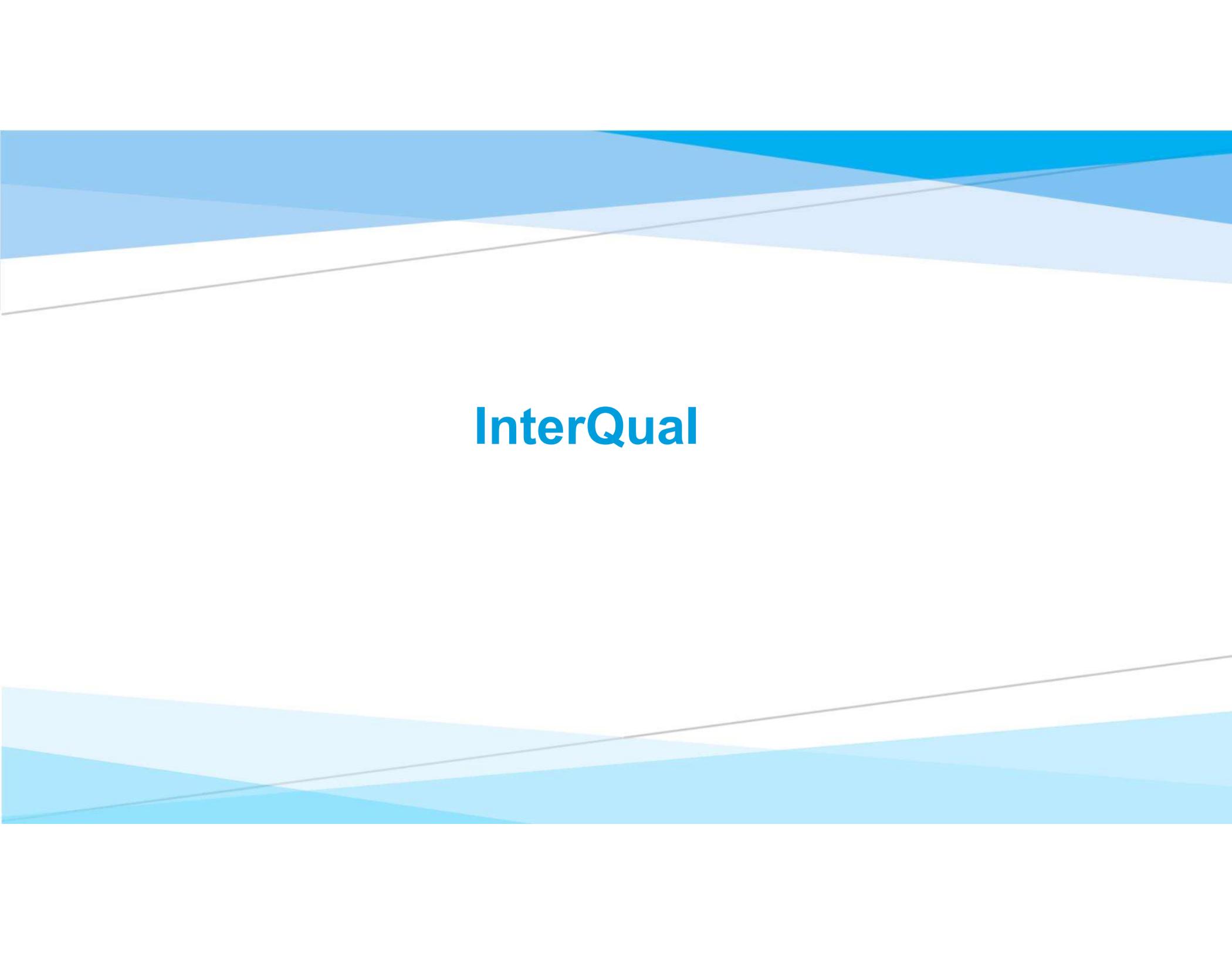
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- Providers should use [MSPRTF@telligen.com](mailto:MSPRTF@telligen.com) for sending monthly census and incident reports.
- [MSPRTF@telligen.com](mailto:MSPRTF@telligen.com) is the designated email address for sending reports.
- Monthly Census Reports -Providers are required to email their monthly census reports to [MSPRTF@telligen.com](mailto:MSPRTF@telligen.com). These reports typically include information about the number of patients or individuals served within a specified period.
- Serious Incident Reports-Providers should email any incident reports related to their facility or program to [MSPRTF@telligen.com](mailto:MSPRTF@telligen.com). Incident reports document any occurrences that may impact patients, staff, or operations.







**InterQual**

## InterQual Defined

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**InterQual:** Is a clinical decision-support tool for determining medical necessity using evidence-based criteria.

**InterQual** is integrated into Qualitrac, it guides providers through standardized decisions, reduces claim denials, and identifies appropriate Medicaid patient care levels.



# 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

**Medical Review** Psychosocial Rehabilitation (PSR), Adult **CLINICAL REFERENCE**

COMMENTS

Choose one: *Required*

**Initiation of PSR services AND ≥ 18**

Continuation of PSR services

None of the above

A licensed clinician's referral has been obtained. Choose one: *Required*

**Severe and persistent mental illness**

First-episode psychosis

Other clinical information (add comment)

Choose all that apply: **Two, except Other clinical information (add comment)** *Required*

Able to be safely treated within this service

[PREVIOUS](#) [SAVE REVIEW](#) [VIEW RECOMMENDATIONS](#)

CRITERIA VIEW

Privacy Notice



## InterQual Process cont.

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- 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

📌 H2017 - Psychosocial rehabilitation services, per 15 minutes

Document InterQual® Guidelines



## 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.

A screenshot of the InterQual software interface. At the top left, it says 'Qualitrac local'. A navigation bar contains links for 'Dashboard', 'Task Queue', 'Member Hub', 'Clinical Guidelines', and 'InterQual®'. On the right of the navigation bar, there are icons for help, search, and user profile, with the user name 'Robert Paulson - 122333 - 01/01/2001' displayed. The main content area shows the message 'No InterQual Guidelines found for 50205: RENAL BIOPSY OPEN'. Below this message is a checkbox labeled 'No Guidelines Applicable \*'. Underneath is a text input field with the label 'Comment \*'. A green 'Submit' button is located at the bottom right of the text input field. At the very bottom of the page, there is a copyright notice: '© Copyright 2023 Telligen. All Rights Reserved.'



# InterQual Process cont.



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

**Medical Review** Psychosocial Rehabilitation (PSR), Adult **CLINICAL REFERENCE**

COMMENTS

Other clinical information (add comment)

Support system. Choose all that apply: **One, except Other clinical information (add comment)** Required

- High-risk environment
- Unable to manage intensity of symptoms
- Unavailable

Or (Selecting an answer that follows will clear other selections)

Other clinical information (add comment)

Individualized goal-directed treatment plan: Required

- Yes
- No

No remaining questions. Click View Recommendations to continue.

PREVIOUS SAVE REVIEW VIEW RECOMMENDATIONS Privacy Notice

CRITERIA MET

**Recommendations** **CRITERIA MET**

**Recommended** Evidence supports services as medically necessary.

- Psychosocial Rehabilitation services - Outpatient Show codes



# Attestation



- The last piece of submission is to enter your **Username** in the attestation section

A screenshot of the 'User Attestation' form. The form has a light green header with the title 'User Attestation'. Below the header is a yellow box containing a warning icon and the text 'I certify...' followed by a bulleted list of four certification points. Below this is the label 'Acknowledging User \*' and a text input field with the placeholder text 'Enter username'. At the bottom right of the form, there is a green 'Submit' button, which is circled in blue.

- 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

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- 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.**

A screenshot of a 'Submit Review' modal form. The modal has a title bar with 'Submit Review' and a close button (X). Below the title bar, there is a section labeled 'Comments' containing a large text input area with the placeholder text 'Comments'. At the bottom of the modal, there are two buttons: a 'Cancel' button and a green 'Submit' button.



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# Request for Information (RFI)



## A Note about Timeframes



- Telligen has **10 days** to review **retrospective** requests
- Providers have **10 days** to respond to a request for information.
- Providers have **30 days** to submit a reconsideration
- The Telligen portal is available 24/7/365, except on scheduled maintenance days.

Review Processing Times for Behavioral Health Medical Services			
General Services	Prospective	Concurrent	Retrospective
Inpatient Psychiatric	1	1	10
Hospital Outpatient Mental Health	2	2	10
Community Mental Health and Substance Use Disorder Services *(Crisis Residential)	3 *(Crisis Residential:1)	2	10
Psychiatric Residential Treatment Facility Services	3	2	10
Autism Spectrum Disorder Services	3	2	10
Opioid Treatment Program Services	3	2	10



## Request for Additional Information

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

