GENERAL AUTHORIZATION SUBMISSIONS

1. **When will providers receive the login information for the provider portal?**
   A. Providers who have registered for the provider portal (Qualitrac) will receive the login information the week of January 9, 2024.

2. **Is this training for regular Medicaid?**
   A. Yes, Telligen will process new prior authorization reviews for Fee-for-Services (FFS) Medicaid requests only beginning **Tuesday, January 16, 2024**. Prior authorization requests for members enrolled in MississippiCAN and CHIP will continue to be handled by the respective coordinated care organization.

3. **Will we be able to view and print the slides from this training?**
   A. Yes, the training presentations are located in the ***Education and Training*** section of our Provider website at the following link: https://msmedicaid.telligen.com/education-training/

4. **After we register our Executive and Authorized Official accounts, how long until we are able to register all other users?**
   A. For providers who registered for the Qualitrac provider portal prior to January 8, 2024, the login information will be sent the week of January 8, 2024. You will receive an email with login instructions. The activation link in the password is only good for 7 (seven) days. You are able to register all other users once the login information has been received.

5. **Authorizations that are approved past 02/01/2024, will Alliant still honor those authorizations, or will we need to submit new authorizations on 02/01/2024?**
   A. All authorizations from Alliant will remain active.

6. **Can we print out the approvals and or denials from the provider portal?**
   A. Yes, you can print the decisions from the provider portal.

7. **Is there a contact number if we need to call and follow up on pending cases?**
   A. Providers may contact Provider Customer Service at 1-855-625-7709.

8. **What is the phone number for provider portal questions?**
   A. Please call 1-833-610-1057 for questions regarding provider portal (Qualitrac) registration.

9. **Can the Provider Executive also be the Authorized Official?**
   A. The Provider Executive and the Authorized Official are typically separate roles. However, for smaller organizations such as sole practitioners, it is possible for the Provider Executive and the Authorized Official to be the same individual.

10. **Is Telligen replacing Kepro?**
    A. Beginning **Tuesday, January 16, 2024**, Telligen will begin performing all **new** prior authorization reviews for fee-for-service (FFS) Medicaid requests. All authorization reviews submitted prior to January 16, 2024, will be completed by Alliant or Kepro by January 31, 2024. Effective February 1, 2024, all FFS Medicaid authorization related business will be handled by Telligen.

11. **Will there be a hard copy of the Prior Authorization Form in the Forms section?**
    A. The Prior Authorization Form will be located in the ***Document Library*** on our Provider website at the following link: https://msmedicaid.telligen.com/document-library/

12. **Is the Provider Manual available at this time?**
    A. The Provider Manual is being finalized. It will be uploaded and available at the following link on our Provider website: https://msmedicaid.telligen.com/document-library/

13. **Is InterQual required with submitting requests?**
    A. Yes, we will apply InterQual criteria to render decisions on authorization requests.

14. **How do I know if I am the Authorized Official?**
    A. The Provider Executive will designate the Authorized Official(s) for your organization. Please check with your Provider Executive to identify the Authorized Official for your organization.

15. **How many users can we have?**
    A. There is no limit to the number of user accounts that can be created by the Authorized Official.

16. **Is there a place on the site to practice this process before we begin submitting real cases?**
    A. Unfortunately, we do not currently have a practice site available.

17. **Do we submit to Alliant before January 31st?**
    A. Beginning **Tuesday, January 16, 2024**, Telligen will begin performing all **new** prior authorization reviews for fee-for-service (FFS) Medicaid requests. All authorization reviews submitted prior to January 16, 2024, will be completed by Alliant or Kepro by January 31, 2024. Effective February 1, 2024, all FFS Medicaid authorization related business will be handled by Telligen.

18. **We have completed DocuSign and have completed registration but have not received a log in and password. Does that come the week of Jan 8th?**
    A. Yes, for providers who registered for the Qualitrac provider portal prior to January 8, 2024, the login information will be sent the week of January 8, 2024. If you registered prior to January 8, 2024, and have not received your login information by January 12, 2024, please call 1-833-610-1057.

19. **Did you mention earlier that there is training specific to our disciplines?**
    A. Yes, please review the training schedule on our website for additional training sessions that will be facilitated this month. https://msmedicaid.telligen.com/

20. **If we cannot attend those training sessions, will there be recordings of them to review?**
    A. Yes, the slides and video of the recorded sessions will be located in the ***Education and Training*** section of our Provider website at the following link: https://msmedicaid.telligen.com/education-training/

21. **I understand that it is a new system that we will need to adapt to, but will the continued stay reviews consist of the same content as Alliant?**
    A. Yes that is correct. The process will remain the same.

22. **I work with Hudspeth Regional Center, and it is an ICF Facility. Will Telligen receive this information from Alliant regarding our facility?**
    A. Yes, we will receive this information.

23. **When do the active authorizations end for Alliant?**
    A. Active authorizations will end on the last day of the approval period for the authorization request.

24. **With Alliant I have access to several different facilities. Would that need to be done for the Telligen portal?**
    A. Providers can have access to multiple facilities. If a user is not an Authorized Official, access would have to be granted by that role.

25. **Will there be specific training sessions for PPEC facilities? I saw a training for PDN, but not PPEC specifically.**
    A. We do not have a virtual PPEC training scheduled for January 2024. However, we can schedule individual training for your facility, and we will host additional virtual training sessions in the future.

26. **What is the average turnaround time for a determination once submitted, assuming no additional documentation or information is needed?**
    A. The turnaround time for the various authorization review types vary. Please reference our Provider Manual for a complete list of turnaround time frames by service and review type. The Provider Manual is located at the following link on our Provider website: https://msmedicaid.telligen.com/document-library/

27. **When a patient is a direct admit to the hospital, how long do you have to submit a new review before it is considered a late notification?**
    A. Providers have 1(one) business day to submit the authorization request.

28. **Will medication prior authorizations be submitted through this portal as well?**
    A. Yes.

29. **I signed up a week ago or so with Telligen. We received email documentation to sign the same day. How long does it take to receive your username information?**
    A. For providers who registered for the Qualitrac provider portal prior to January 8, 2024, the login information will be sent the week of January 8, 2024. You will receive an email with login instructions. The activation link in the password is only good for 7 (seven) days. You can register all other users once the login information has been received.

30. **For chemotherapy regimens, multiple J codes will be entered that is in the regimen. Will each J code require a separate authorization? Will each J code receive an approval or denial, although it is considered one regimen?**
    A. Yes, each J code will require authorization. Each J code will receive an approval and denial.

31. **Can the Authorized Official also be a Provider User?**
    A. Yes.

32. **Should we have already received an email to set up username and password?**
    A. Providers that have completed registration before January 8, 2024, will receive login information the week of January 8, 2024.

33. **For Inpatient medical review, what is the turnaround time?**
    A. Telligen has 1(one) business day to process Prospective and Concurrent authorization requests. For Retrospective authorization requests, we have 20 (twenty) business days for processing.

34. **If I was invited to this training that means I have registered for Telligen web portal, correct?**
    A. No. All users must have an account created by your Authorized Official. Please access the following link to register for access to our Qualitrac Provider portal: https://msmedicaid.telligen.com/.

35. **Upon submission will only the order need to be attached for radiology?**
    A. Please attach the following:
        - Results of recent clinical evaluation.
        - Diagnosis or clinical condition which the imaging eval is being ordered.
        - Treatment history related to the stated diagnosis or clinical condition.
        - Treatment plan related to the stated diagnosis or clinical condition.
        - Previous imaging results related to the stated diagnosis or clinical.

36. **What is the PDN turnaround time?**
    A. Telligen has 3 (three) business days to process Prospective authorization requests, ten (10) business days to process Concurrent authorization requests, and ten (10) business days to process Retrospective authorization requests.

37. **What are office days and hours?**
    A. Telligen's operating hours are Monday - Friday, 8am-5pm CST.

38. **Will maternity authorizations be discussed in another class? After newborn enrollments are done, how quickly will I expect to find the mother's authorization on the Telligen portal?**
    A. The hospital must notify the Division of Medicaid within five (5) calendar days of a newborn's birth via the Newborn Enrollment Form located on the Division of Medicaid's website. The Division of Medicaid will notify the provider within five (5) business days of the newborn's permanent Medicaid identification (ID) number.

39. **How long does a provider have to submit additional information?**
    A. Providers have ten (10) days to submit additional information to avoid receiving a technical denial.

40. **If Medicaid is the secondary payor to a commercial insurance, will prior authorization be required for outpatient diagnostic tests?**
    A. Yes.

41. **We are an outpatient hospital and do oral surgery. Will I go through this web portal to get authorization for facility and professional fees?**
    A. Yes.

42. **Will we be able to use the Certificate of Medical Necessity (Order) that is currently an Alliant produced form? Will this be available under forms on your website?**
    A. We will honor Alliant forms until 02/01/2024. We will also accept MS Medicaid forms until our forms are finalized and posted to our website located in the ***Document Library***. https://msmedicaid.telligen.com/document-library/

43. **How far in advance can we submit a review for services prior to the start date that we are requesting? With Alliant, we are able to submit a prior authorization at least one month in advance.**
    A. Yes, we will allow authorization submissions at least one month in advance.

44. **If we have an Alliant authorization in place through July 29, 2024, will we just need to submit a PA review with Telligen in July with a start date of July 30, 2024, instead of an authorization on January 16, 2024?**
    A. Please submit a new prior authorization request when the current authorization expires. Telligen will honor all active Alliant authorizations.

45. **What is the maximum length of time that we can apply for each Day Treatment Prior Authorization? With Alliant, we are able to apply for a 9-month time span for Day Treatment to cover the 9-month school year period. Will that be the same with Telligen?**
    A. Yes, we will follow the same process.

46. **For a hospital admission after hours, what type of review would we need to submit?**
    A. Authorization requests can be submitted 24/7 via Qualitrac. If the review is submitted the next business day. It will be considered a retrospective review.

47. **How long do you have to get the TAN number once the patient has been admitted?**
    A. If a Prospective authorization request has been submitted, Telligen has 1 (one) business day to process the request.

48. **What is the maximum length of time and units we can apply for with each PSR Prior Authorization. With Alliant, we are able to apply for a 6-month time period and were granted a maximum number of 2600 units for PSR services. Will this be the same with Telligen?**
    A. Apply for the appropriate length of services and units needed to care for the member. Different prior authorizations have different periods of approval depending on medical necessity.

49. **With the current eligibility changes due to member revalidation, members frequently change from the Medicaid MSCAN plans to Fee for Service Medicaid and back. These changes sometimes do not show in MESA until after the start date of the Fee for Service and services were billed and paid by the MCO. Then the MCO takes payment back because the payer is not Fee for Service through Gainwell. The MCO already authorized the service. But, the request could not be made to Telligen until the MESA system informed us of the change. When this happens, will Telligen honor the previous authorization back to the beginning of the month of the change or only after the request has been submitted?**
    A. When a Member changes from MississippiCAN (MSCAN) to FFS, then the Provider shall contact Telligen, submit an authorization request for services, and provide a copy of the authorization approval from MSCAN with all clinical documentation to support the medical need. Telligen shall accept the authorization for the dates of service listed on the approval notification from the CCO for this transition period.

50. **Some portals only allow certain dates to enter an admission review. Often it is when we have holidays. We try to select the date and it will not let us so we end up faxing the review and filling out the auth forms.**
    A. The portal is available 24/7/365 days unless there is scheduled maintenance. Providers will see a message in Qualitrac prior to the scheduled maintenance that will state the date(s) and time(s) maintenance will occur.

51. **If a client prior authorization is submitted late, does Telligen go back and cover services and does an approved prior authorization cover a year of services?**
    A. DOM reserves retrospective reviews for medical emergent conditions or situations where the provider has insufficient information required to submit a prospective review. Retrospective reviews shall include a review of service documentation to confirm medical emergent condition or situation along with medical necessity.
    B. This will depend on the services that are being submitted to determine the length of the prior authorization. This will also depend on the medical necessity of the services submitted for review.

52. When submitting for a PDN, is any other document required besides the 485, Physician's orders, and nursing notes?

A. For Private Duty Nursing authorizations, please submit the following:

- A signed physician or specialist's order for PDN and a signed initial Plan of Care (POC).
- Beneficiary diagnosis(es).
- Skilled teaching/instructions to be provided to a family member or caregiver(s).
- Treatment plan/physician orders specifying each skill to be performed including whether the service(s) require a registered nurse (RN) or a licensed practical nurse (LPN).
- Expected duration of services.
- Identification of any other home care services, including the hours, days, and times of these services being provided, including, but limited to:
  a) Care Management,
  b) Physical Therapy
  c) Speech Therapy
  d) Occupational Therapy
  e) Respiratory Therapy
  f) Respite,
  g) Hospice, and/or
  h) Personal care attendant

53. Will we still be penalized if our facility holiday off does not coincide with your organization and we submit the retro authorization on our next business day for ER admissions during that time?

A. Authorization requests can be submitted 24/7 via Qualitrac. If the review is submitted the next business day, it will be considered a retrospective review. DOM reserves retrospective reviews for medical emergent conditions or situations where the provider has insufficient information required to submit a prospective review. Retrospective reviews shall include a review of service documentation to confirm medical emergent condition or situation along with medical necessity.

54. What is the time allowed to submit a retro authorization request? For example, if the add date for eligibility is after the discharge date.

A. Reviews related to Retroactive Eligibility include a review for a beneficiary that was not eligible for Medicaid benefits at the time of service in which the authorization request is submitted within ninety (90) days of the system add date of the eligibility determination, in accordance with Administrative Code Part 200, Rule 3.3.

55. Can we register ourselves or does our web access person have to set it up for us to register like we needed for Alliant?

A. Whomever is designated as the Authorized Official for your organization will add each Provider User account.

56. When submitting for a prior authorization, will we need a signed Plan of Care, or will an update progress note work?

A. Providers should refer to Administrative Code for requirements specific to the service being authorized. For example, PT/ST/OT services require a signed plan of care.

57. For retro eligible patients, what date do we begin using Telligen versus current the current system? The date of services may be back in 2023.

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January 16, 2024, will be completed by Alliant or Kepro by January 31, 2024. Effective February 1, 2024, all FFS Medicaid authorization related business will be handled by Telligen.

58. **I have over 35 Home Health agencies that I submit authorizations for. Do I need a username and password for every branch that has different NPIs and Tax IDs, or will I have access to all my providers under one login?**
    A. You will have access to all of your providers under one login. If a user has multiple NPIs they would submit reviews for, the Authorized Official should have access to ALL NPIs they are affiliated with. Please ensure that you have included the NPIs in your registration packet. That way when the Authorized Official creates provider user account, you have the ability to open access to those NPIs that the individual needs.

59. **I do not see Home Health listed as an option to request.**
    A. Home Health is an option to select on our provider portal (Qualitrac).

60. **Will this session cover anything about registering for the website?**
    A. Yes, there are registration instructions on the slides at the beginning of the presentation. Providers must first click "Register" from the Telligen website home page. The DocuSign form must then be completed by the Provider Executive and assign an Authorized Official. Login information will be emailed within 5-7 days with a temporary password that expires after seven (7) days. Providers will then click the "Login" from the Telligen website homepage. Providers must first click "Register" from the Telligen website home page. The DocuSign form must then be completed by the Provider Executive and assign an Authorized Official. Login information will be emailed within 5-7 days with a temporary password that expires after seven (7) days. Providers will then click the "Login" from the Telligen website homepage. Each user will be assigned a unique username for the portal. Use the username that you were sent in the set-up email.

61. **How much time are we allowed to submit a review? Just wanted to make sure it will not time out while we are trying to submit the review.**
    A. The information entered to submit the review is saved as the user enters information in Qualitrac. The session will time out after several minutes of inactivity. Providers can log in again and resume the review.

62. **If an individual receives an approved authorization with Telligen, but later changes insurance providers (ex. Magnolia or Molina). Months later, the individual changes back to Medicaid, would an existing Telligen prior authorization still be valid if not expired?**
    A. Due to the rarity of this scenario, it would be handled on a case-by-case basis.

63. **Will Telligen go back a year or more when a client receives SSI Medicaid coverage and Medicaid makes the coverage retroactive for the client? I have had Medicaid go back a year and up to 2 (two) years for retroactive coverage? Alliant has given approved authorizations for this per Medicaid for the CMHC services that are required an approved authorizations in the past.**
    A. If MS Medicaid provides retroactive coverage, we will honor that change.

64. **Can you have more than one Authorized Official?**
    A. Yes, providers can have up to four (4) Authorized Officials per organization.

65. **Is this portal just for filing claims?**
    A. No, claims for FFS Medicaid will continue to be filed via the MESA portal. Qualitrac is the provider portal to submit authorization requests.