

Frequently Asked Questions (FAQs) for Children’s Habilitative Intervention Service (CHIS) Reviews Submitted in Qualitrac

How do I set up my account to use the Qualitrac Portal?

Please navigate to the Telligen Medicaid Services website to download the Security Admin Registration Form. Complete the form and return to the address indicated. You may also refer to the following link: http://idmedicaid.telligen.com/sites/default/files/documents/documentlibrary/ProviderPortal_SecurityAdminRegistrationForm.docx. If you need assistance with completing the form, please contact CHIS@telligen.com.

How do I update my address, phone number, or other provider information with Telligen?

Telligen receives updated provider data from DXC daily. Please ensure your provider enrollment information is updated with DXC in order to ensure Telligen has the correct information. Contact information for Provider Relations Consultants (PRCs) with DXC in your region can be found at: <https://www.idmedicaid.com/Lists/Provider%20Relations%20Consultants%20PRC/AllItems.aspx>

How can I submit my review if I’m having issues with my Qualitrac account or in the process of setting it up?

Fax is the alternate way to submit documents to Telligen. You may fax to 1-866-539-0365. It is recommended you then contact Telligen at CHIS@telligen.com or 208-433-7500 to ensure your fax was received. Using the Qualitrac portal is the recommended method because it is faster, more efficient, and more secure.

What are the review timeframes for PA requests and Crisis PA requests?

Regular PA requests are subject to a 10-business day/14-calendar day turnaround time. Crisis requests have a 3-business day turnaround time. If the request submitted does not include all the required documentation or not enough documentation to make a decision, Telligen will reach out to request the needed information via a Request for Information letter. This pauses the review time. Once the needed information is received, the review timeframe does not start over, but continues with the remaining days left in the 10-business day or 3-day time period.

What days are non-business days for Telligen?

Telligen’s offices are closed New Year’s Day, Memorial Day, July 4th, Labor Day, Thanksgiving Day and the day after, and Christmas Day.

What is a “Request for Information” letter?

During Telligen’s review of your service request, if any required documentation is missing or additional information is needed to finalize the request, you will receive a notification and “Request for Information” or “RFI” letter. The letter will detail what you need to submit to Telligen and requests that you include a copy of the RFI letter with your submission. If you have questions about the needed information or how to submit it, you may contact Telligen at CHIS@telligen.com or at 866-538-9510. Once an RFI is issued, the time clock for Telligen’s 10-business day review period pauses until the information is received.

How do I add additional documentation in response to a Request of Information (RFI)?

To respond to an RFI, you will need to upload the additional or corrected documentation requested. To do this, open the appropriate Case ID, scroll down to the documentation panel, and click the orange “+ Add” button on the right-hand side.

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What categories do I select when I submit my requests in Qualitrac?

When submitting your request, select “Outpatient Therapy Intervention” as the Review Type, “Community” as the Place of Service, “Children’s Habilitative Intervention Services” as the Type of Service, and “Prospective” as the Timing. If you are submitting a Crisis Intervention request, please select “Children’s Habilitative Intervention Services – Crisis” as your Service Type to ensure the review turnaround time is 3 business days instead of 10.

What is the “Eligibility Comment” box in the “Coverage Panel” section for?

The Eligibility Comment box in the Coverage section refers to the member’s Medicaid eligibility, not their eligibility for Intervention Services. You do not need to type anything here unless the member’s Medicaid is not active. For example, if you know their eligibility will be active in the next few days, you could still submit the request explaining that situation.

Should I submit my ACTP, screening, and services all on one request?

No, ACTPs and screenings are yearlong authorizations and services are for 4 months. Because of this, they will require separate authorization numbers for the separate date ranges and need to be on their own case. If they are submitted on the same request, a partial denial will be issued requesting the ACTP and/or screening to be submitted separately. Please remember to include all required supporting documentation in your service requests including the ACTP, even though you will have also submitted it separately.

What documentation do I submit with my annual prospective ACTP request?

Please attach the previous year’s approved initial ACTP as supporting documentation to request your annual ACTP.

How do I submit a request for 96 units (24 hours) for 30 days and when is it allowable?

The 96 units in 30 days can be requested for members that are coming off a transitional PA or have not received services in the past year, or 365 days. If these requirements are met, the 96 units can start the same day you submit your ACTP.

These will also be submitted as a separate case because they are for a separate date range as other requests for ACTPs and/or screenings and 4-month service authorization. The “Service Start Date” will be the date you submitted your ACTP and the end date would be either 30 days later or the date you intend the 4-month of services to start, whichever is sooner. For example, if you submitted the ACTP on March 1, 2020 and your services are going to start March 30, 2020, your service start and end dates for the 96 units will be March 1, 2020 through March 30, 2020. If you submit your ACTP on March 1, 2020 and your services are going to start March 20, 2020, then your service start and end dates will be March 1, 2020 through March 19, 2020.

How do I request more than 21 units for an ACTP?

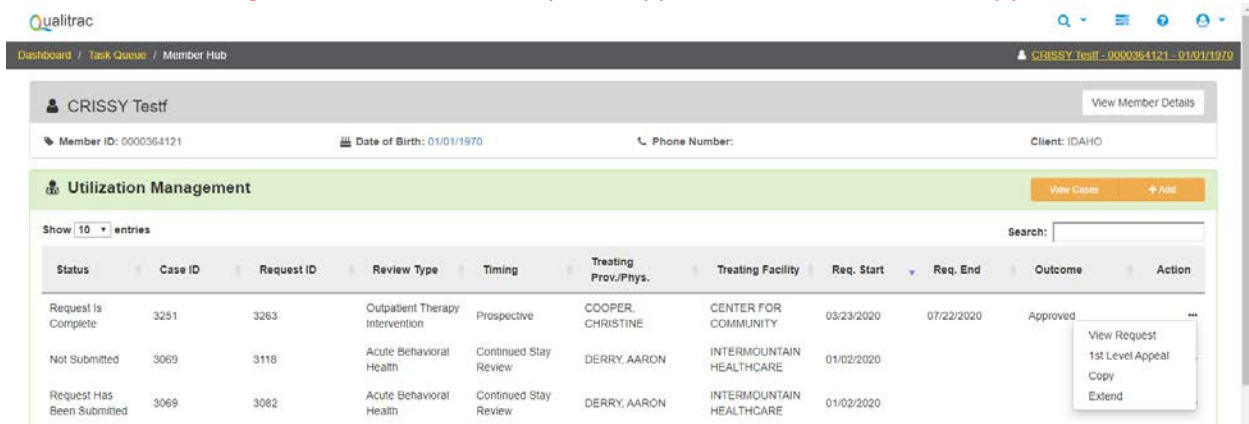
To request over 21 units for the ACTP, enter the service code H0032 and appropriate modifier and enter the total number of units, including the 21, in your request. For example, if you need an extra 10 units, please enter a total of 31 units.

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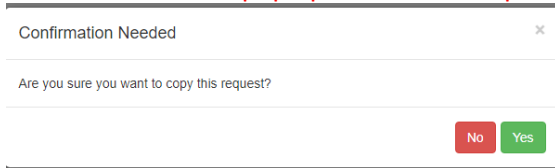
Can I copy demographic information onto a new case when I’m submitting multiple requests for the same Medicaid member at the same time, so I don’t have to retype everything?

Yes. Telligen has a “Copy” feature that allows you to copy a previous request and start a new one. Please be sure to update sections as necessary to reflect your current request accurately. Please see the information below on how to copy your requests. (See screenshots on next page.)

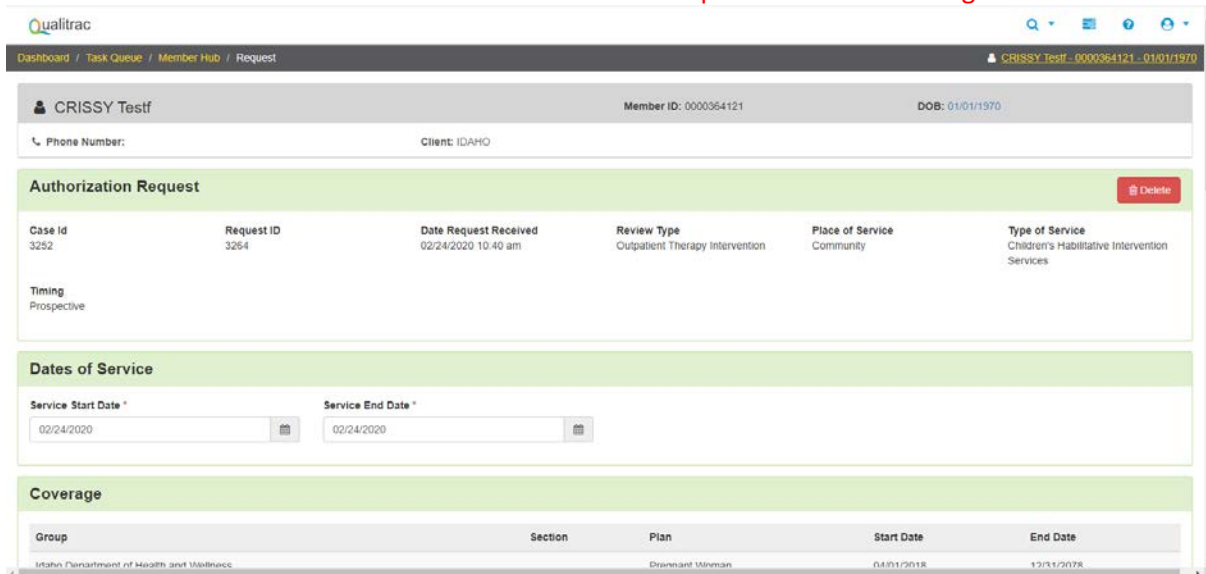
From the Member Hub, identify the Case ID number to be copied. Click on the blue ellipsis (three blue dots) found to the right of the case. A list of options appears. Click on the work “Copy”.



A Confirmation will pop up. Click “Yes” to proceed with the copy.



A new case is created with the same information as the copied case and it is assigned a new Case ID.



The Panels starting with Dates of Service and below, can be edited/updated to reflect the current request. Updated documentation will need to be added to the case. Continue through the standard process to complete the review.

Frequently Asked Questions (FAQs) for Children’s Habilitative Intervention Service (CHIS) Reviews Submitted in Qualitrac

What are Milliman Care Guidelines (MCG)?

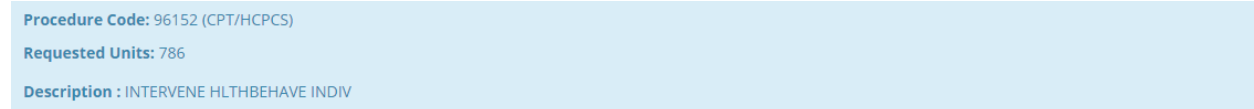
Milliman Care Guidelines are nationally accepted guidelines for care which Telligen is required by contract to use and help guide Telligen’s reviewers in making medical necessity determinations during the review. The guidelines related to Children’s Habilitation Intervention Services that you will see when requesting services have been modified to align with Idaho Medicaid’s rules regarding these services.

How do I navigate the Milliman Care Guidelines (MCG) portion of submitting my review through Qualitrac?

When creating a review, you will be taken to the MCG authorization Request page. The first step is to choose “Document Clinical” in the screen shot below:

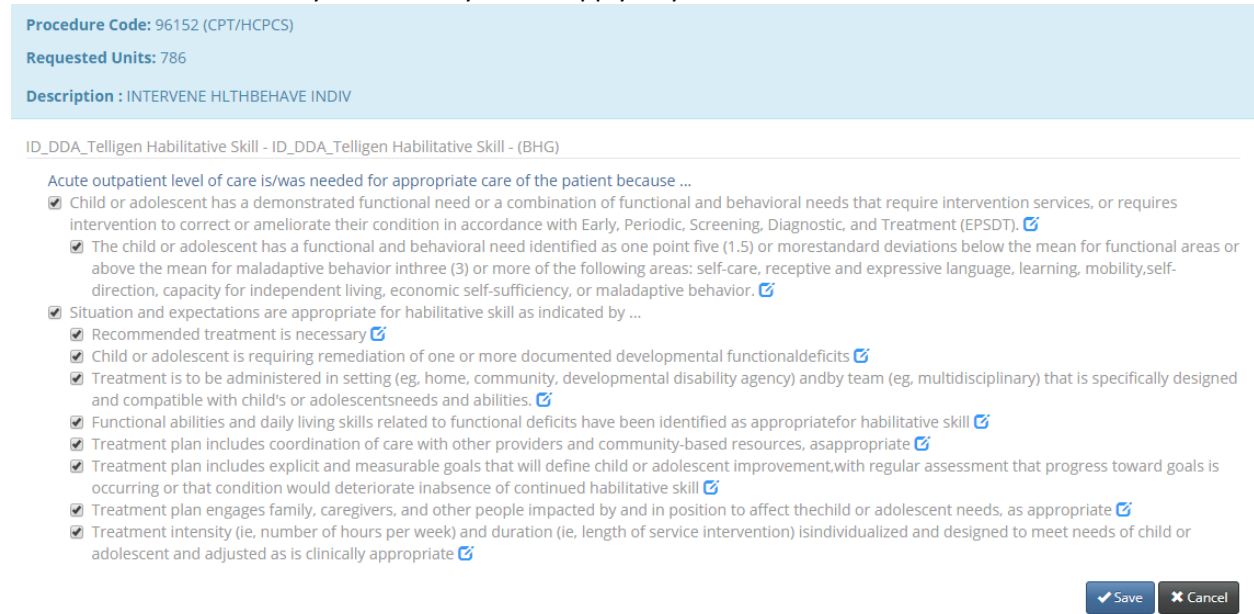


Choose the most appropriate Guideline based upon your request by clicking “add” on the right side.



Guideline Title	Product	Code	Action
ID_DDA_Telligen Habilitative Skill	BHG	ID_DDA_Telligen Habilitative Skill	add
ID_DDA_Telligen Behavioral Intervention	BHG	ID_DDA_Telligen Behavioral Intervention	add
ID_DDA_Telligen Crisis Intervention	BHG	ID_DDA_Telligen Crisis Intervention	add

Acknowledge you have read and understand the criteria by checking the boxes on the left and then click “Save”. You can select any boxes that you feel apply to your client.



Complete this portion by clicking the “Submit Request” button. For more information, please refer to training materials regarding Milliman Care Guidelines which can be found at <http://idmedicaid.telligen.com/document-library>.

Frequently Asked Questions (FAQs) for Children’s Habilitative Intervention Service (CHIS) Reviews Submitted in Qualitrac

In Qualitrac, what does it mean by “date requested” and does it affect the start date of my client’s services?

The date requested box in Qualitrac is the date that you submitted the request for services. It does not affect the date that the services are approved or the start date of approved services, unless you submit your services request after the date you are requesting the services to start. All services must be requested prospectively. If they are not, the services can only be approved starting the day after the date requested.

In Qualitrac, what should I enter for the start and end dates of services?

For your request for services, the start date and end date should be for 4 months. The start date will be the date you want the intervention services to start and should be a future date because these services are to be prior authorized. For example, if the services should start on 1/1/2020, you would enter the end date as 4/30/2020 because this is 4 months. This is the same for your 4-month and 8-month reviews as it is for your initial or annual request. Please see the example below for a prospective request.

The screenshot shows a form titled "Dates of Service" with two input fields. The first field is labeled "Service Start Date *" and contains the date "01/01/2020". The second field is labeled "Service End Date *" and contains the date "04/30/2020". Both fields have a calendar icon to their right.

If you are requesting an ACTP or a screening, you will enter the start and end date for one full year. For example, 1/1/2020 through 12/31/2020.

In Qualitrac, what date do I put in the “services start date” section?

This will be the date you wish the services to start or the date you started the ACTP or screening.

If the date entered in “services start date” does not align with the dates on the ACTP, what date will be used for the start of service?

The start date used will always be what it entered into Qualitrac.

Will approved services start the day they are authorized, or for the date entered in the “services start date” box?

Approved services will be authorized for start on the date entered in the “services start date” box. The exception to this is if you do not submit your service request prior to the date you are asking the services to start. All services must be prior authorized. For example, if you submit a request for services to start 1/15/2020, but you submit it on 1/30/2020, any approved services will be authorized to start the day after, 2/1/2020. Please see the next question for how an ACTP and screening would be authorized.

What will the ACTP and screening authorization start dates and end dates be?

Both an approved ACTP and an approved screening will be authorized for one year (365 days) starting the date that is entered in the “services start date” box, which should be supported by dates on the ACTP and supporting documentation.

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What do I put in the “Total Cost” section when I am submitting a request?




This field is not a required field. It does not affect the outcome of the review. Only those Qualitrac fields marked with a red asterisk are required. You may leave others blank.

Why do I need to put a diagnosis when requesting services when a specific diagnosis is not required for these services?

The field is required, but it does not affect the outcome of the review. Please put a diagnosis relevant to the member.

What do I put in the “Treating Physician”, “Treating Facility”, and “Ordering Provider” boxes?

If you are an agency, you will add your NPI in both the Treating Physician and Treating Facility sections. If you are an independent provider, you will add your NPI in the Treating Physician section and leave the Treating Facility section blank. The Ordering Provider may also be the agency or independent provider billing for services (all sections could be the same provider), or it could be the member’s primary care provider if that is more appropriate for the situation. Even though the Independent or Developmental Disability Agency provider may not be a physician, it is appropriate to put the provider in the Treating Physician section to ensure accurate transmission of information to the Department for billing purposes. This is because whomever is entered in that section is the entity that will receive the authorization number to bill with. If it is the primary care physician, they will receive the authorization number and the request will have to be resubmitted to correct that. Please see the example below:

Providers									
Type	Name	NPI	Address	Phone	Primary Taxonomy	PPO Redirect Reason	Comments	Action	
Treating Physician					Early Intervention Provider Agency			 Remove	
Treating Facility					Early Intervention Provider Agency			 Remove	
Ordering Provider					Nurse Practitioner, Family			 Remove	

If I worked on the ACTP with another provider and we need to split the request for the ACTP and/or requested hours, how do we enter the request?

If you completed the ACTP with another provider, both providers must submit a request to Telligen separately requesting however many ACTP units you decide each provider will request. For example, one of you may request 10 units and the other request 11, etc. You each must include the ACTP in your separate requests. You cannot request services for both of you in the same request. If you do this, only the provider who submitted the request will get the authorization for all the units.

If another provider is also providing services to my client, how do we request services?

If this is occurring at the initial, 4-month, 8-month or annual request, then you each will need to submit your own request including all required supporting documentation. Please be sure to only request the units each of you are using, not the full units on the child’s ACTP, so that each of you receive your own authorization number with the appropriate units on it. You cannot request services for both of you in the same request. If you do this, only the provider who submitted the request will get the authorization for all the units. If another provider is going to start providing some of the services you currently provide part of the way through your 4-month authorization period, they need to submit a PA Amendment Request form that is signed by them, yourself/your agency, and the parent/guardian.

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How are monthly Interdisciplinary Training (IT) hours calculated?

Hours approved for IT are multiplied by the months approved. For example, if you are approved one (1) hour of IT per month for the full 4 months, it would be calculated as 1 hour x 4 units x 4 months for a total of four (4) hours. If you request IT weekly, it will be 1 hour x 4 units x 18 weeks for a total of 72 units.

If a child needs more hours than initially approved, how do I request these?

Additional hours that need to be added to a plan for Behavioral Intervention, Interdisciplinary Training or Habilitative Skill must be requested through Telligen with an updated ACTP that justifies the need for additional hours. This cannot be requested through a PA Amendment or the old EPSDT Request process that was in place prior to July 1, 2019 when Habilitation Intervention Services became state plan services. However, if you need to add Interdisciplinary Training hours for the first time, you may submit this on a PA Amendment to Telligen with no update to the ACTP.

If I am updating the ACTP because the child needs more hours or services initially anticipated, what do I enter in the "services start date" and "services end date" boxes?

The start date would be the date you want the change to go into effect (this should be a future date because all services must be prior authorized) and the end date would be the same end date as your current 4-month authorization period.

Where do I submit my PA Amendment Request Form?

As of March 4, 2020, all PA Amendment Forms should be submitted to Telligen via the Qualitrac Portal. More information on this can be found in the most recent PA Amendment Instructions at the link below under "Provider Forms/Templates" and "State Plan Intervention". Please also ensure you are using the most up to date PA Amendment Form from the website.

<https://healthandwelfare.idaho.gov/Medical/DevelopmentalDisabilities/ChildrensDDServices/ChildrensDDInformationforProviders/tabid/2362/Default.aspx>

When a PA Amendment is reviewed and approved, what date will the change take effect?

Any approved changes requested on a PA Amendment form will be approved for the date indicated in the "services start date" box in Qualitrac. This date should match the date written in the "Date of Requested Amendment" box in the "Prior Authorization Amendment Request" section of the PA Amendment Request form. The PA Amendment Form should also include the dates of the current authorization. You should enter the end date of the current authorization in the "services end date" box in Qualitrac. Please note these also should be done as prior authorizations, not after the change in services has already occurred.

What is the review timeframe for PA Amendment requests?

All PA Amendment requests are subject to the same review time as other non-crisis requests, 10-business days/14-calendar days. If the request submitted does not include the required justification to make a decision, Telligen will reach out to request the needed information. This pauses the review time. You will need to attach documentation supporting your amendment such as an updated PA Amendment Form with the justification required. Once the needed information is received, the review timeframe does not start over, but continues with the remaining days left in the 10-business day period.

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How long does it take for me to get an authorization number once my request is approved by Telligen?

As of March 4, 2020, cases in Qualitrac that are reviewed will generate an authorization number as soon as the review is complete. The authorization numbers are 7 digits long and generally start with an "8". They do not have "AUTH" in front of them as manually entered authorization numbers do. These authorization numbers are transmitted electronically overnight to DXC and should be visible and billable the next day in DXC. However, you still must bill within the dates of service that are approved, or the claim will be denied.

Any cases that were reviewed prior to March 4, 2020 will still need to be manually entered as all previous requests were. These can take up to approximately two (2) weeks to appear in DXC. Please reach out to medicaidqio@dhw.idaho.gov if you have questions regarding this process.

How do I edit a case that I submitted that has not yet been reviewed?

If you need to add or delete documentation in a case that has not been reviewed yet, open the appropriate Case ID and scroll down to the document panel. Here you can click the orange "+ Add" button on the right-hand side. If you wish to delete a document, click the red trashcan icon under "Action" on the right-hand side. This is the same process if you wish to add or delete a service in a case.

Why do I have multiple authorization numbers?

Authorization numbers are based on the date range of the services approved. ACTPs and screenings have yearlong authorizations so they will have their own authorization number(s). Services such as Interdisciplinary Training, Habilitative Skill, and Behavioral Intervention are 4-month authorizations and will also have their own authorization number. In addition, if a PA Amendment or ACTP update was submitted, this may generate a new authorization number for some of your services as well because it will likely have a different start date than your previous requests.

Who do I contact if I see an error with the approved codes, units, etc. with my authorization number?

Please contact medicaidqio@dhw.idaho.gov as Telligen does not have the ability to change information already loaded in the DXC system.

How do I submit a 4-month, 8-month or annual review?

To request authorization for the next 4-month period, please submit a new prospective request for the member. The Service Start Date will be the first day of the new 4-month period and the Service End Date will be the end date of the 4-month period. For example, March 1, 2020 through June 30, 2020. This will ensure you are provided an accurate authorization with a unique authorization number for claims payment purposes. An annual request for the ACTP must be prior authorized and will have a yearlong date span. For example, if the previous ACTP was approved starting July 15, 2019, the request for the annual ACTP will be submitted as a separate request the same time you submit your 8-month review and will be for July 15, 2020 through June 30, 2021. For more details on what needs to be included when you submit a 4-month, 8-month, or annual review, please reference the Provider Handbook which can be found here:

<https://healthandwelfare.idaho.gov/Medical/DevelopmentalDisabilities/ChildrensDDServices/ChildrensDDInformationforProviders/tabid/2362/Default.aspx>

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When should we submit our documents for the initial, 4-month, 8-month, and annual reviews?

Requests for services should be submitted 30 days prior to the start date of services. This allows ample time for review and potential requests for information if a review request is incomplete. Best practice would be not to submit the information more than 60 days in advance so that the most accurate and up-to-date information is submitted with your review. Please also note that Telligen’s review turnaround time is up to 10 business days/14 calendar days if no Request for Information is needed.

For additional guidance please visit or contact the following:

Department of Health and Welfare’s Children’s Developmental Disability (DD) Services website for the most up-to-date forms, the Intervention Provider Handbook, and other program information:
<https://healthandwelfare.idaho.gov/Medical/DevelopmentalDisabilities/ChildrensDDServices/tabid/1017/Default.aspx>

Telligen’s Provider Manual under “Manuals and User Guides”:
<http://idmedicaid.telligen.com/document-library>

Telligen’s Intervention trainings:
<http://idmedicaid.telligen.com/education-training>

If you have questions regarding authorization numbers already loaded in DXC’s system, please reach out to Medicaid at medicaidqio@dhw.idaho.gov.

If you have questions regarding building a case in the Telligen portal or uploading additional documents to an existing case, please email CHIS@telligen.com or contact Brandi Lavarello at 208-433-7500.

If you need assistance in obtaining credentials for the Telligen portal or need Telligen portal training, please visit <https://telligen.qualitrac.com/home>, or contact CHIS@telligen.com.

If you have questions regarding the status of your review, please reach out to Telligen Customer Service at 866-538-9510.

*For policy questions regarding Children’s Habilitation Intervention Services (CHIS) through **Medicaid**, please contact ChildrensDDServices@dhw.idaho.gov.*

*For questions regarding Children’s Developmental Disability **Support** Services through Family and Community Services (FACS), please contact FACSChildrensDD@dhw.idaho.gov.*