Earlier this year a competitive RFP was issued to award a contract to an organization to provide Utilization Management, Case Management, and Quality Review for Idaho’s Medicaid Plan; Telligen was selected to receive this contract award.

This series of trainings is designed to provide a foundation for provider success using Telligen’s Provider Portal to submit the required Medicaid review requests and to ensure a smooth transition to the implementation date of 9/1/16.
Overview

Our mission is to improve quality and cost effectiveness of healthcare for consumers and providers

- Employee-owned: founded in 1972 with headquarters in West Des Moines, Iowa with offices in Boise, Baltimore, Chicago, Oklahoma City, Denver, Lincoln, and Boston

Combining extensive clinical and technical expertise to solve complex healthcare challenges
## Overview

### Areas of Practice

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<th>Area</th>
<th>Description</th>
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<tr>
<td><strong>State Health Solutions</strong></td>
<td>• Healthcare solutions for state agencies that result in appropriate utilization, improved clinical outcomes &amp; lower costs</td>
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<tr>
<td><strong>Federal Health Solutions</strong></td>
<td>• Quality improvement, data analytics &amp; IT solutions for national programs measuring quality &amp; cost-effectiveness</td>
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<td><strong>Commercial Health Solutions</strong></td>
<td>• Resources for employer &amp; employees to better understand their healthcare options, reduce costs and obtain better outcomes</td>
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<tr>
<td><strong>Federal Information Management</strong></td>
<td>• Innovate data analytics &amp; health IT solutions clients use to measure the value and effectiveness of care</td>
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- Currently managing Medicaid populations in Iowa, Oklahoma, Nebraska, Minnesota & Massachusetts
- Federally designated Quality Improvement Network for Iowa, Illinois & Colorado
- Developed & implemented the first pay-for-performance reporting system for CMS
Program components

Scope of Work:

- Utilization Review
- Case Management
- External Quality Review of Managed Care Plan
Our System

Qualitrac

- Web-based health management system built and maintained by our 200+ person information technology department featuring:
  - Step-by-step instruction through evidence-based guidelines
  - Automation that streamlines review process
  - Secure electronic upload of medical records
  - Allow providers to track progress of submitted requests
  - Access 24/7
Security Registration
Provider Portal Security

- The Telligen Provider Portal is a web application that allows healthcare providers to submit review requests.
- The Provider Portal utilizes a delegated security model
  - A delegated security model requires an organizational executive (Provider Executive) to “delegate” administrative rights to one or more individuals within their organization (Security Administrator)
- The Security Administrator will:
  - There should be 1 Security Administrator per facility
  - Be the point of contact for the organization;
  - Add, remove or edit Provider Users accounts

*PLEASE NOTE - HIPAA and DHMH compliance requires all staff entering reviews or accessing the portal MUST have their own logon and password. Do not create generic logons.*
Registration Process Overview

- The registration packet can be downloaded from the website at: http://idmedicaid.telligen.com

- Once downloaded, three sections will need to be completed.
  - Section 3: Executive Agreement
  - Section 4: Security Administrator Agreement
  - Section 5 – Security Administrator Registration Form

- To comply with security requirements for the State of Idaho and with HIPAA hitech standards, we do require that page 5 of the request be notarized.
Methods of submission of Provider Registration

- U.S. Mail – Telligen, Inc.
  Attn: Stephanie Wilson
  1776 West Lakes Parkway
  West Des Moines, IA 50266

- Telligen will need a hard copy of your notarized form at the above address
- An email will be sent with the security administrators login and temporary password within 3 business days of receipt.
Provider Portal Training - Prior Authorization, Concurrent, and Retrospective Reviews
Telligen Portal – How the Provider Benefits

Information and timing – Portal submission equals quicker turnaround

- When you upload a document to the Portal you will receive an email confirmation
- When a determination is made on your request, you will receive an email notification
- When you access the portal, you can view the status of all requests and the authorization number
- Save time and telephone calls by utilizing the Portal
Key points for Review Submission

- Prior Authorization Review – to be submitted in advance of the admission to receive medical necessity approval for the admission when required by the Idaho Medicaid program
- Concurrent (Continued Stay) Review – submitted when:
  - A hospital stay exceeds prior authorization approval,
  - Any hospital admission exceeds three days, or
  - A cesarean section stay exceeds four days
- Retrospective Review – submitted for retroactive eligibility and service has been provided
Provider Portal: Start a New Request

- To get started, navigate to the website: http://idmedicaid.telligen.com

- Utilize the “Login” option in the top right hand corner to log-in to the Patient Portal.

- To start a new request, select “Add Authorization” button
Select the Request Type

Select one of the options from the drop down box:
- Inpatient Psychiatric
- Inpatient Medical/Surgical
- Inpatient Rehabilitation Services
- Outpatient Medical/Surgical

Choose the review type that you are requesting a review for.
Select the appropriate review timing

- Select one of the options from the drop down box:
  - Prior Authorization
  - Concurrent (Continued Stay Review)
  - Retrospective for retroactive eligibility
Provider Portal: Patient Information

- Enter the member’s Medicaid ID and Date of Birth
  - The data entered MUST be an exact match to continue.
Provider Portal: Provider and Facility Information

- Enter the Ordering Provider and Treating Facility Information

Provider & Facility Search

Name: Balish, Marie
Member ID: 44404442201
Date of Birth: 01/24/1916
Request Origin: A Caring Place, Inc. Authorization Reviews

Start your search by typing the name, NPI and/or zip code of the provider/facility associated with the case using the search fields below.

Ordering Provider *

Treating Provider *

Treating Facility *

Same as ordering provider

[Image of provider portal interface]
**Provider Portal: Service Request for Prior Authorization**

- Level of Care defaults based on the initial Review Type that was selected when starting the submission.
- Principal Diagnosis is required.
- Up to 3 Secondary Diagnosis may be entered.
- Up to 3 procedures may be entered.
- Admit Date (Service Start Date) is required.
Provider Portal: Service Request for Concurrent Review

- Level of Care defaults based on the initial Review Type that was selected when starting the submission
- Principal Diagnosis is required.
- Up to 3 Secondary Diagnosis may be entered
- Up to 3 procedures may be entered.
- Admit Date (Service Start Date) is required. If a prior authorization was received for this review, the admit date should match the date submitted on the prior authorization review.
- Discharge date is not required but an expected discharge date may be entered.
Provider Portal: Service Request for Retrospective Review

- Level of Care defaults based on the initial Review Type that was selected when starting the submission
- Principal Diagnosis is required.
- Up to 3 Secondary Diagnosis may be entered.
- Up to 3 procedures may be entered.
- Admit Date (Service Start Date) is required.
- Discharge date is required.
- Discharge status is required.
Auto Authorization

Auto Authorization is utilized for a subset of Idaho Medicaid required diagnosis and/or procedures. This is used to provide immediate authorization on Prior Authorization requests that meet the required clinical process requirements.

Select “Document” to enter clinical information.

Select “Back” to skip this process and continue with submission of review.
Auto Authorization

If there are guidelines applicable to this review, those can be selected here.

If guidelines do not apply, the No Guideline Applies button can be selected.

![Authorization Guideline Search - ICD10D (I11.0)](image)
Auto Authorization

Select from the list of Clinical Indications for the guideline selected. Multiple indicators may be selected if applicable.

Authorization Request - Clinical Indications

Authorization Request Clinical Indication - ICD10D (I11.0)

Guideline: Heart Failure

Hospital admission is/was needed for appropriate care of the patient because of (Select All that apply):

- Hemodynamic instability
- Severe electrolyte abnormalities requiring inpatient care
- Cardiac arrhythmias of immediate concern
- Precipitating cause for acute decompensation (eg, pneumonia, pulmonary embolism) requires inpatient care
- Acute cardiac ischemia causing or associated with failure
- Debilitating anasarca (eg, tissue breakdown with infection, inability to void due to edema)
- Inpatient admission required rather than observation care because of...

Click on the yellow paper icon to add notes.
Auto Authorization

Click the “Submit” button in the bottom right corner to process this request.
If Auto Authorization is approved:

Enter user name and click Done to submit approval information to Telligen.
If Auto Authorization is not returned:

- If Auto Authorization is not approved, the review is not denied but will be submitted to a nurse for review.
- Please attach any supporting documentation necessary for the nurse to review this submission.

**Clinical Documentation**

Please upload any supporting clinical documentation that will assist with processing this review.

*Uploaded Documentation* Upload Documents

Next
Clinical Documentation Upload

• Multiple files can be attached to a review.
• Files can be added using the drag and drop functionality or the “Choose Files” selection to use a windows browser to find and attach.
Tips For Eliminating Errors When Uploading Documents

- Do not upload documents that are password protected.
- Do not upload documents directly from a secure drive.
- If documents are larger than 300 Mb, split the document into smaller files making them easier to process.
- Please submit all documentation required to make an accurate determination.
- Speed does affect the upload time of the document. Slower internet connections will result in extended upload times.
Provider Portal: Summary and Attestation

- The user will review the information for accuracy, enter their Username to confirm that they agree to the terms, and click “Done”.

Summary & Attestation

Status: Under Review
Reference ID: WPPTLAWCO
Name: Granke7, Maya7
Member ID: 0900909007
Birth Date: 03/07/1961
Admission Type: Urgent

Level of Care: Inpatient
Service Type: Acute Care Medical
Diagnosis Code: (110-017.4) Displaced ear
Secondary Diagnosis Codes:
(110-474.19) Adhesive middle ear disease, unspecified ear
Procedures:
01740 Tuberculosis of ear, unspecified

Ordering Provider: John Hook (NPI: 1625091962 Zip: 00039)
Treating Facility: Maryland Clinic (NPI: 1642549689)
Admit Date: 02/28/2016
Discharge Date: 02/29/2016
Discharge Status: 04: Discharged/Transferred to Intermediate Care Facility (ICF)
DRG: 123

Supporting Documentation (1)

I certify:
- that the submitted information is true, accurate and complete to the best of my knowledge
- that the submitted information is supported within the patient’s medical record
- that I understand that any deliberate misrepresentation of any information in this medical record may subject me to liability under civil and criminal laws
- that I understand an approval of a medical authorization request by Telligen does not guarantee payment for services

I agree to notify all involved parties of the outcome of this authorization request.

To acknowledge this agreement please sign by confirming your username in the box below.

Username: ____________________________

Done
Provider Portal: Summary and Attestation

- Clicking the “Done” button is necessary to submit the case through the system for review.
- An email will be sent to the User with the case number. This confirms that the case has been submitted.
- The User will also receive an email when case review is complete.
- A User may log in at any time to determine case status, view applicable correspondence, and attach additional information.
**Patient Portal: Landing Page**

- Use buttons to filter the cases in your queue.
- Use search boxes to find specific information.
- Use column headings to reorder the data.
- Click on Case ID to get more details.
- Use this button to begin entering a new case.

Use to navigate through the pages.
Patient Portal: Case ID

- After a case has been submitted, Users can look up the case and perform additional actions or view details.
- A User can search for a case using the search fields or by navigating through the pages.

Once the case has been located, click on the Case ID field to select it.
Patient Portal: Case Details

- Clicking on the Case ID opens the Case Details page.

Click the Reference ID to see a summary page and view correspondence.

Use the "Attach Documentation" button to add additional information to the case.

Click the Request Reconsideration button to request a reconsideration.
**Patient Portal: Summary Page and Correspondence**

- When the User clicks on the Reference ID, a summary page opens where the case information, supporting documentation, and status can be reviewed.
- This page contains any correspondence attached to the case.

Clicking on the link(s) contained in the Letters section will open the correspondence for review.
Security Administrator Training
Security Administrator: Accessing the Portal

- Security Administrators will receive an email once their Provider Portal account set-up is completed.
- The email will contain the link to the portal and the temporary password assigned to the account.
- First time accessing the Portal, the Security Administrator will:
  - Change their password
  - Agree to the Terms of Use
Security Administrator: Adding a User

- Step 1: Go to the User Management Tab

- Step 2: Select “Add User” at the bottom of the page
Security Administrator: Adding a User

- It is very important that all information is completed, including name and address.
- Required fields are marked with a red asterisk (*)
- Check the Provider Group or Facility the User is associated with in the Group Membership section.
- Select “Save”.
Security Administrator: Adding a User

Once the User is created in the system, the Security Administrator will need to:

- Communicate to the User that the account is established and provide the User with their User Name
  - All email addresses and User Names must be unique in the system.
  - The system will not allow a User to be created if either the User Name or email address is duplicated in another account.
- Utilize the “Reset Password” functionality to send the User an email with a temporary password. Once the User receives the email, they will be able to log-in, change their password, and agree to the Terms of Use.
Security Administrator: Modifying Information for a User

- Click the User Management Tab
- Search for the User that you wish to modify
- Click the User’s name to navigate to the Details page
- Click the “Edit” menu option on the upper right hand side
Security Administrator: Modifying Information for a User

- The Edit screen will display.
- Update the values that need to be changed.
- Click “Save” when finished with modifications.
Security Administrator: Resetting a User Password

- Click the User Management tab
- Search for the User
- Select the User
- Click “Reset Password” on the upper right hand side
Security Administrator: Resetting a User Password

- You will be prompted to continue. Click Yes

- The screen will provide notification of successfully resetting the password.

Password successfully set to a temporary password and an email sent to jappleseed@telligen.org.
Important Numbers

- Website: IDMedicaid.Telligen.com
- Call Center: (866) 538-9510
- Help Desk email address: IDMedicaidSupport@telligen.com
- Phone number of Boise office
  - Local number:
  - Toll free:
- Fax number: (866) 539-0365
Implementation Information

Questions