Qualitrac

Qualitrac 3.0

Provider Portal User Guide

Contents

Introduction

This guide provides step by step instructions for use in completing responsibilities within the Qualitrac health management system.
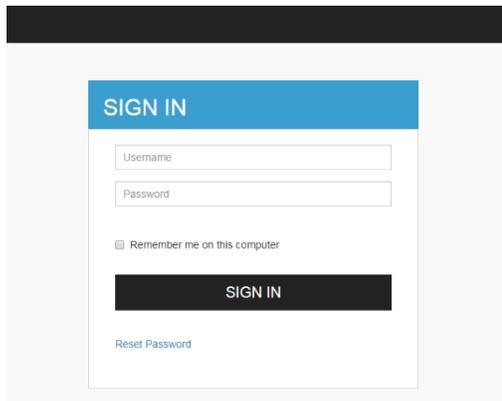
To get started working in Qualitrac:
1. Direct your browser to the sign-in page – https://myqualitrac.com
2. log in to the application using credentials provided by your manager
3. If you need to reset your password, you can do so on this page using the reset password link

NOTE - Qualitrac supports Chrome and Firefox browsers only. Chrome is the recommended browser for use with this application.

System Navigation
The top navigation bar can be used to navigate to various parts of the system

- **A.** System Dasboard
- **B.** Case and Member Search
- **C.** Task Queue
- **D.** Knowledge Center
- **E.** My profile and Log Out

My Profile
The My Profile page can be used to manage your Qualitrac account and contact information.

Scheduled Tasks
Users can use the Scheduled Task panel to see if there are any requests that require additional information in order to be reviewed.

To start a task, and provide additional documentation:
1. Click the 'ellipsis' icon
2. Click "Start"

Case Search

Users can use Case Search to quickly navigate to the Review Summary page. The Review Summary page contains the authorization request details and review outcomes.

To search for a review:
1. Select the Search method – either Case Id, Authorization ID, or Claim Number
2. Type the ID into the search field (must be an exact match using full ID number)
3. Click the "Search" button to execute a search
4. Click the table row in the search results to navigate to the Review Summary page

Member Search

Users can use Member Search to navigate to the Member Hub page. The Member Hub page can be used to view member information, view historical reviews, and create new authorization requests.

To search for a member:
1. Type the Member ID (required)
2. Type the Date of Birth (required)
3. Press the 'Enter' key on your keyboard to execute a search (must provide full member ID and date of birth to identify member)
4. Click the link in the search results to navigate to the Member Hub page

Member Hub

The Member Hub page can be used to view member information, view historical reviews, and create new authorization requests**.**

Utilization Management Panel

The Utilization Management panel contains all historical Utilization Management cases and reviews that your user role has permission to view. Additionally, this panel can be used to create new authorization requests.

UM Cases

A Utilization Management "case" is a term used in Qualitrac to represent an episode of care. Each case, consisting of one or more authorization requests, displays as an accordion in the Utilization Management panel.

A. **Add** – click this button to create a new case
B. **Review Type** – review category for the authorization request(s)
C. **Case ID** – identification number for the case
D. **Treating Provider or Treating Facility** – provider/facility associated with the request
E. **Case Status** – identifies the status of the most recent authorization request

Case Details

To view case details – including all authorization requests for the episode of care – click on the case to expand the section. Each authorization request will display as a row in the table.

A. **Module** – defines the utilization management module (i.e., Medical Necessity, DRG, or QOC)
B. **Timing** – timing for the authorization request
C. **Status** – current stage in the review cycle
D. **Submission Date** – date the authorization request was submitted for review
E. **Date Completed** – date the review cycle was completed
F. **Action menu** – the following actions will dynamically display based upon the current stage in a review cycle:
- View Request
- Delete *(not available after review cycle starts)*
- Continued Stay Review
- 1st Level Appeal
- 2nd Level Appeal

Authorization numbers for requested services can be found in the Outcomes panel on the Review Summary page. To navigate to the Review summary page, click view request in the action menu.

Add/Edit Authorization Request Page

Authorization Request Panel

The foundation of a request is built using the authorization request panel. Additional data collection fields will dynamically display, based upon information entered in this panel, guiding users through the process of submitting the request.

A. **Review Type** – the review category (i.e., DME, Acute Medical Surgical, Home Health,etc.)
B. **Place of Service** –location where service was or will be rendered (i.e., inpatient, outpatient, etc.)
C. **Type of Service** – detailed service type was or will be performed (i.e., neurology, hospice, psychiatric, etc.)
D. **Timing** – identifies when the service was or will be rendered (i.e., prospective, concurrent, retrospective, etc.)

The information captured in the authorization request panel cannot be modified after clicking the "Add New Request" button. Make sure that all information has been entered correctly before proceeding!

Admission and Discharge Panel

When an authorization request is for inpatient services, the Admission and Discharge panel will display. All fields shown below will not always be visible; fields will dynamically display based upon the timing for the authorization request. For example, in the picture below, the system is asking for the discharge disposition because the timing for the request is Retrospective.

A. **Admission Date** – the date patient was admitted
B. **Actual Discharge Date** – the date patient was discharged
C. **Length of Stay** – value is calculated using admission and discharge date
   (LOS = actual discharge date – admission date)
D. **Admission Type** – the type of admission
E. **Admission Source** – the source of admission
F. **Discharge Disposition** – where the patient went after leaving the facility (i.e., home, community, etc.)

Dates of Service Panel

When an authorization request is for outpatient services (not inpatient services), the Dates of Service panel will display.

Dates of Service

Service Start Date *   Service End Date *

MM/DD/YYYY   MM/DD/YYYY

A. **Start Date –** the date requested services start
B. **End Date –** the date requested services end

Coverage Panel

The coverage panel will contain member eligibility information and can be used to determine if the member has applicable coverage for the authorization request. If the user determines that a review should be created for this member, they should fill out the necessary fields and submit the request for review.

Coverage

Show 10 entries

Group	Section	Plan	Start Date	End Date
CTC Generic		GENERIC PLAN	08/29/2018	

Showing 1 to 1 of 1 entries   Previous 1 Next

Medicare Indicator *   Third Party Liability *

Not Supplied   No

Eligibility Comment

A. **Plan and Policy Information** – the table will populate with data from the member eligibility file
B. **Medicare Indicator** – can indicate any Medicare coverage
C. **Third Party Liability** – can indicate third-party liability coverage

Member Not Eligible Alert

The system will display an alert to identify members without active coverage. When you receive this error message, you can delete the request at the top of the page.

Coverage

⚠ **Member Not Eligible**

The member does not meet eligibility requirements. Please provide a reason to explain why you are continuing with this authorization request.

Adding Provider Information

The user will need to capture information related to the Ordering Provider, the Treating Provider, and the Treating Facility. Provider information will vary, depending on the type of request; however, provider information is required to submit your request. Click the "Add" button on the desired panel to conduct a search for an ordering provider, treating provider, or treating facility.

A. **Search Fields** – enter pertinent information into one or more fields. Use the full NPI number to obtain the most accurate results.
B. **Search** – click to perform a search
C. **Provider Details** – click the provider name to view provider details
D. **Add Provider** – click add the desired provider

Multiple Address Found
There may be scenarios where the system has multiple addresses for a provider. Users must identify the correct address for the provider associated to multiple addresses.

Provider Organization Visibility
This panel can be used to set up permissions for viewing an authorization request. Users can make requests visible in the Provider Portal to the treating facility, organizations associated to the user, ordering provider, and/or treating provider.

Diagnosis

A. **Add –** add new diagnosis
B. **Search Method –** search for diagnosis using term or clinical code.
C. **Search Filters -** when searching by term you can apply filters – using the section, category, and sub-category drop-downs – to only search a limited set of clinical codes.
D. **Search –** click button to perform search
E. **Select Diagnosis –** select the radio button next to the desired diagnosis

Arranging Diagnosis Sequence
Users can rearrange the diagnosis sequence by clicking-and-dragging the rows in the diagnosis table.

Final Diagnosis
Users can indicate that a diagnosis is the "final diagnosis" by selecting the corresponding radio button in the Final Dx column.

Diagnosis Present on Admission
If you want to identify that one or more diagnosis was present on admission, you can flag them using the checkbox in the POA column.

Deleting Diagnosis
To delete a diagnosis, click the delete icon in the row of the item that you want to delete.

Procedures

A. **Add –** add new procedure
B. **Search Method –** search for diagnosis using term or clinical code
C. **Search –** click button to perform search
D. **Select Procedures –** select the radio button next to the desired diagnosis
E. **Modifiers –** users can identify up to two modifiers for each procedure
F. **Units –** users can specify the quantity/measurement
G. **Frequency –** users can specify the rate/occurrence
H. **Total Cost –** users can specify the total cost of the procedure(s)

Default Inpatient Procedure Code
All inpatient authorization requests will include a default CPT code used to specify the number of requested days for the inpatient stay. Unit quantities will default to the calculated length of stay value and cannot be modified when the timing for the request is Retrospective. When the timing for the request is Prospective or Concurrent, then the quantity will default to 1 day but can be modified. To modify the unit, a procedure must be deleted and re-added to specify the desired quantity.

Arranging Procedure Sequence
Users can rearrange the sequence of added procedures by clicking-and-dragging the rows in the procedures table.

Deleting Procedures
To delete a procedure, click the delete icon in the row of the item that you want to delete.

Documentation Panel

The Documentation table displays documents that a user has uploaded to a member record using the Upload Document functionality within the section. Users can upload clinical documents related to the request being created. The file upload modal allows users to upload files related to the authorization request. Additionally, users can categorize the file so that it can be referenced as needed during the review process. Users can utilize the trash can button to remove documents that have been uploaded incorrectly.

A. **File Upload Restrictions** – users can upload .pdf, .doc, and .docx files with a file size of 300 MB or less in size. If a file name has special characters in the file name, you will not be allowed to upload; you must remove special characters from the file name prior to uploading.
B. **File Upload** – users can upload files using drag-and-drop or by selecting "Click Here" to locate the file on your computer.
C. **Name** – the file name will default to the name of the file uploaded. This field can be used to modify the name of the file after it has been uploaded.
D. **Category** – you can use this dropdown to classify the document category.
E. **Topic** – topics can be used to more explicitly define the type of document that you are uploading.

In order to submit authorization requests in the Provider Portal, a document upload is required.

Correspondence Panel

The correspondence panel can be used to view a history of all letters sent for the review cycle. This panel will only display after the request is submitted on the Summary page. The request summary page can be accessed via Case Search of from the Member Hub.

Correspondence		
		Search:
Letter	Addressee	Date Sent
Admin Denial RFI	Member	11/19/2018 15:45:37

Show 10 ▾ entries   Showing 1 to 1 of 1 entries   Previous 1 Next

MCG

Qualitrac is integrated with Milliman Care Guidelines (MCG) to support and streamline the clinical review processes. Unless indicated otherwise, each authorization request will navigate you to MCG to document the clinical indicators. Clicking the "Continue" button will take you to MCG. If an Auto Authorization rule is turned on for a requested service and the clinical criteria are met, an authorization may be automatically approved.

💾 Continue
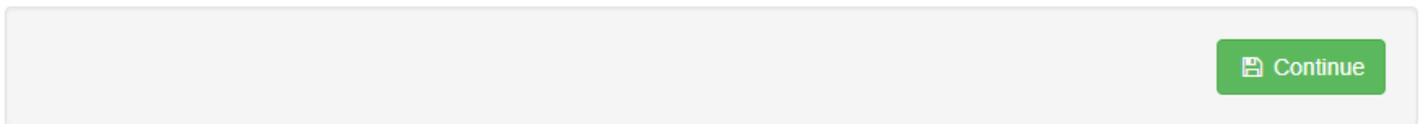
Additionally, authorization requests can be processed through MCG on the Add/Edit Request or Review page. If you are editing a request, and you've already ran the request through MCG, click the "Run MCG" button to process the authorization request through MCG again.

MCG Guidelines and Clinical Indicators

MCG will automatically identify clinical guidelines using diagnosis and procedure information. In MCG, you can click to expand the top two sections to view information brought over from Qualitrac – including member information and episode details. In the guidelines section, click the appropriate document, and use the clinical information provided with the request to select appropriate criteria. Clinical notes can be added by clicking the icon next to each indicator. When you are finished documenting in MCG, click submit request to navigate back to Qualitrac.

Submitting Authorization Requests

After returning to Qualitrac from MCG, the system will require the following:
1. at least one document to be uploaded
2. signature on the attestation statement

Appeals

When an adverse determination has been made for an authorization request, an appeal can be requested.
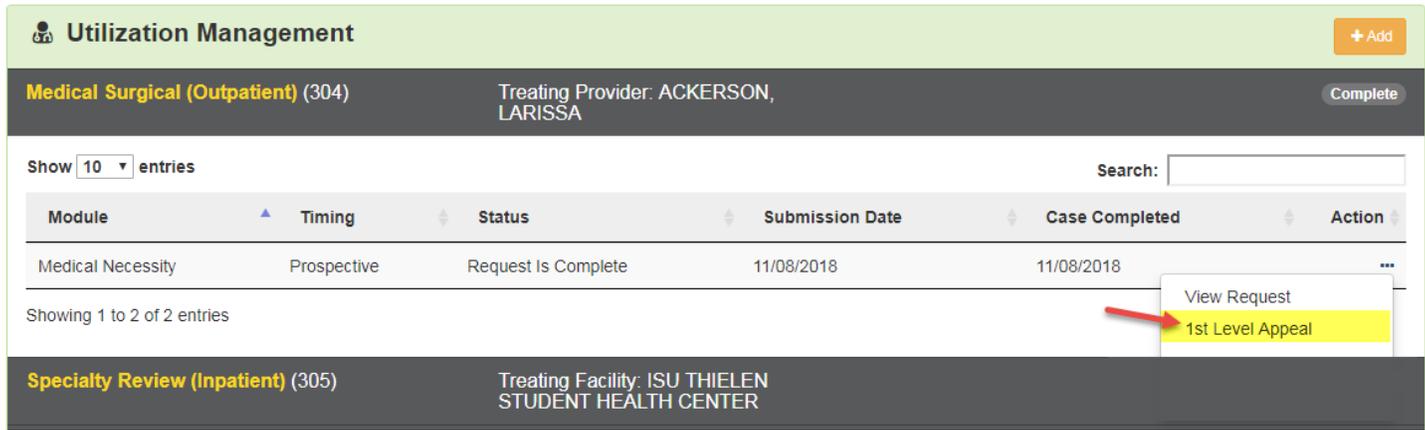
To request an appeal:
1. find the request that you want to appeal in UM panel on the Member Hub page
2. open the ellipsis menu and select the desired appeal type

Continued Stay Reviews

To request additional days for an inpatient review, you can request a Continued Stay Review using the UM panel on the member hub page.
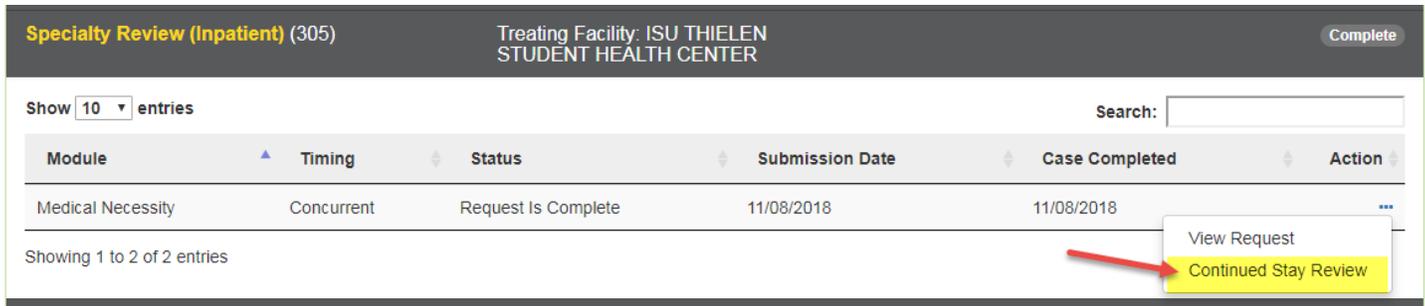
To request a continued stay review:
1. find the request that you want to request a CSR for on UM panel on the Member Hub page
2. open the ellipsis menu and select "Continued Stay Review"

Email Notifications

Qualitrac users will receive email notifications at various points throughout a review cycle. You can use the Case ID number, included with the email, to track the associated review in Qualitrac.

Users will receive emails in the following situations:

1. when the request is submitted – the email will include a case ID that can be used to track the review
2. when additional information has been requested
3. when a determination has been made

NOTES:

Work Product Review Checklist	
Author:	Nelson Rokke
Artifact Type:	User Guide
Project Name:	QT3.0
Initial or Follow Up Review?:	Initial
Artifact Storage Location:	My Documents
Number of Pages Reviewed:	13
Lines of Code Reviewed:	n/a
Review End Date:	11/26

Review Information

	Reviewer Name	Reviewer Role	Review Type	Individual Review Time	Team Review Time

Defects Found					
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
			Resolution Time (Time to resolve all defects in minutes):		