



## Frequently Asked Questions about Telligen's processes and procedures for Idaho Medicaid Post Payment Audits

### What does APR DRG stand for and what is it?

All Patient Refined Diagnoses Related Groups

APR DRGs use severity levels 1-4 to account for severity of illness and risk for mortality. These four levels are used in place of the MCC/CC (Major complicating conditions/Complicating Conditions) used in the MS-DRG Grouper.

- Assignment to a "Base" APR DRG based on: Principal Diagnosis, for Inpatient Medical patients, or Most Important Surgical Procedure (performed in an O.R.)
- Each Base APR DRG is divided into 4 subclasses. Subclasses are 1-4 based on severity of illness and risk of mortality.
- Principal diagnosis or Principal Procedure determine the base DRG
- Factors considered for severity of illness (SOI) or risk of mortality (ROM)
  1. Secondary diagnoses
  2. Procedures
  3. Age
  4. Discharge disposition
  5. Gender
- Every APR DRG has a SOI or ROM level 1 - 4
  - Minor, moderate, major, severe

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

Please navigate to the Telligen Medicaid Services website (<http://idmedicaid.telligen.com>) and click on the **orange** Register button to get started.

Signatures will be completed electronically using DocuSign technology with a final version of the document routed to you for your files. When you receive your final version, our registration team will automatically receive your packet via DocuSign and will process your registration within 5-7 business days.



**NOTE:** Once processed, new users will receive a Welcome to Qualitrac email with a link to activate their new account. Any questions regarding this process may be sent to [qtregistration@telligen.com](mailto:qtregistration@telligen.com).

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

Telligen receives updated provider data from Gainwell Technologies (GWT) daily. Please ensure your provider enrollment information is updated with GWT to ensure Telligen has the correct information. Contact information for GWT can be found at: <https://www.idmedicaid.com/Lists/Contact%20Idaho%20Medicaid/AllItems.aspx>

## **How do I attach requested medical records if I am having issues with my Qualitrac account or in the process of setting it up?**

In addition to submitted medical records through the electronic web portal (*preferred method*), medical records may be submitted by mail (paper or electronic media), or by fax transmission.

Information submitted by mail should be sent to:

Telligen  
Attn: Idaho Medicaid  
1776 West Lakes Parkway  
West Des Moines, IA 50266

Information submitted by fax should be sent to our confidential fax line at (866) 539-0365.

## **What information should I submit?**

It is recommended that the full medical chart be submitted for the requested date(s) of service.

## **Does Telligen change the APR DRG grouping?**

Telligen reviews only the paid claim and does not regroup to review the paid claim. Telligen will regroup the claim if coding revisions affect the DRG.

## **How long do I have to submit requested medical records?**

Requested information must be received by Telligen within 30 calendar days of the date on the medical record request letter. If no medical records are submitted within 30 calendar days, the case is rendered technical denial. You will receive the notification of the Technical Denial in writing.



## **May I still submit medical records after the Technical Denial is issues?**

After the Technical Denial is issues, you have 30 calendar days to submit the records from the date on the technical denial letter. If no records are received within 30 days of the date on the technical denial letter, our initial determination is final and the case will be submitted to DHW with a recommendation to reverse the claims paid to the providers related to that hospitalization.

## **Will I be notified of the outcome of the audit?**

All outcomes (approvals, denials, and technical denials) are notified to the facility in writing. Outcome letters are also available for viewing and downloading in Qualitrac.

## **How do I request a reconsideration for a denial?**

A reconsideration (also known as a first level appeal) may be requested within 30 calendar days of the date of the notice by the provider by submitting additional clinical documentation through the Telligen Qualitrac Portal, via fax, or by mail.

## **Can I request an appeal directly to DHW?**

You may request a Department appeal with DHW on any outcome within 28 days of the date the notice was mailed. The instructions for Department appeals are listed on all Telligen outcome letters.



## What are the correct steps for reopening a case once a Technical Denial is issued?

The Request for Information task is available for a limited period of time depending on the client/contract. If the task is not accessed and the requested information is not uploaded, then the task will disappear from the provider user's queue. At that time the case/request is technically denied due to lack of response. If the contract/client allows it, providers may have the ability to re-open a technically denied case and submit the previously requested information for review.

To re-open a case, search for the case as described in previous sections and click on the blue link to access it. On the resulting case summary screen click on the Actions button and then select Reopen as shown below.

Case Id	Request ID	Review Outcome	Date Request Received	Review Type	Place of Service	Response
17725	17737	Technical Denial	10/12/2021 03:22 pm	Acute Medical Surgical	Inpatient Hospital	Reopen
Type of Service Medical Care	Timing Prospective					

QT creates a new request ID for the re-opened **Technical Denial** on the resulting screen. The case number remains the same. The Authorization Request panel now indicates that the case has been re-opened. Users may edit some fields if changes are necessary but not all fields will be editable.

Case Id	Request ID	Date Request Received	Review Type	Place of Service	Type of Service
17725	17752	10/13/2021 02:20 pm	Acute Medical Surgical	Inpatient Hospital	Medical Care
Timing Prospective Reopen					

  

Admission Date *	Admission Type *	Admission Source
10/13/2021	Elective	

Scroll to the Documentation panel and select the Add button as previously described, and then upload the requested documentation. Click on the green Continue button in the lower right-hand corner of the screen. Enter the username in the User Attestation section of the resulting screen and click Submit. A "Submit Review" modal will pop up and allow the user to enter any pertinent comments (not required). Click Submit to finish the process. All of these steps must be taken to complete the submission of the re-open request. At that time a new task is automatically created to notify Telligen nurses that the case is ready to be re-reviewed.

## May I rebill if I agree with Telligen's recommendation that observation status was appropriate?

Yes. A new outpatient claim must be submitted. You have 365 days of the first day of service to submit a new claim.

## May I resubmit a claim if I agree with Telligen's recommendation for corrected coding?

You may submit a new claim with the corrected coding within 365 days of the first day of service.

Updated 10/20/2022

