



**Authorized Official
Provider Portal System Training
and Case Submission for
Medical Necessity Review**

July 2023

Agenda



- Introduction to Telligen
- Authorized Official Provider Portal Registration
- Authorized Official User Guide
- Accessing the Provider Portal: Qualitrac Login
- Qualitrac Provider Portal:
 - Case Submission for Medical Necessity Review: Adding an Authorization Request
 - Search for a Submitted Request
 - Submitting a Reconsideration (1st Level Appeal), Continued Stay Review, Request for Information (RFI) and Reopening a Technical Denial
- Resources for Assistance & Contact Information



Introduction to Telligen

Thank You!



Nancy Johnson, RN

Utilization Clinical Manager



Stephanie Wilson

Qualitrac Implementation Lead

Thank you! I have to say that Telligen has been so easy to work with. Please let anyone that needs to know that the whole system is so appreciated.

- Colorado Stakeholder (June 2021)



About Telligen



50 years providing expertise and solutions that produce measurable, meaningful results.



More than **600 clinical and technical professionals** supporting clients nationwide.



100-percent employee-owned company. Our employee-owners drive our business, our solutions and share in our success.

About Us

*Telligen provides sophisticated analytics, population health management services, and IT solutions to more than **36M covered lives** in the Medicare, Medicaid & commercial markets.*



Authorized Official Provider Portal Registration

Provider Portal Registration Process



- The Provider Portal Registration process is completed entirely online.
- Registration information is online at: <https://idmedicaid.telligen.com>
- Locate 'Provider Portal Registration' and click on the Register button.

TELLIGEN WEBSITE IDAHO DHW WEBSITE

Telligen® IDAHO DEPARTMENT OF HEALTH & WELFARE

DOCUMENT LIBRARY EDUCATION & TRAINING FAQS PROVIDER NEWS CONTACT

Telligen Medicaid Services for the State of Idaho

Welcome to the Telligen website supporting Utilization Management for the State of Idaho. This site is built to provide easy access to the Qualitrac provider portal for submitting clinical cases, as well as current news and resources that pertain to the Telligen contract with the state. Please use the [Contact](#) page if you have any questions or encounter issues with the website.

Easy, Fast and Online: The New Way to Check Review Status

Telligen has implemented a new tool to provide immediate updates for status reviews. Click on the "Check Review Status" button below to get started.

Qualitrac Login

Web application used by healthcare providers to submit clinical care requests for review

LOGIN

Provider Portal Registration

New users need to register to gain access to Qualitrac. Registration takes less than 10mins.

REGISTER

FREQUENT QUESTIONS

CHECK REVIEW STATUS

Provider Portal Registration Process (cont.)



The Registration Process is completed in three easy steps:

1. The Provider Executive (i.e., the duly authorized representative permitted to bind your organization) agrees to the terms and conditions of the Provider Portal Agreement.
2. The Provider Executive designates one or more Authorized Officials for your organization. These individuals will manage provider accounts within your organization.
3. The Authorized Official(s) completes the Authorized Official Agreement and Registration Form.



Provider Portal Registration Process (cont.)



- All forms are completed online.
- Using DocuSign technology, the documents are routed via email to the appropriate parties for signature.
- Once everyone has signed, both the Provider Executive and the Authorized Official receive a fully executed agreement for their records.
- The Qualitrac Registration team will then complete the registration process and provide instructions to the Authorized Official.
- The Authorized Official from your organization will then need to create and manage provider accounts within your organization.



Provider Portal Registration Process (cont.)



- The Authorized Official will receive two emails once the registration packet is processed.
 - One email from QTRegistration@telligen.com with the username and link to the portal.
 - Another email from the Qualitrac system with a link to activate your account and create your password. The activation link will expire after seven days.
- Once the Authorized Official is logged in to the system, they can set up accounts for other individuals in the organization to access and use the portal.



Authorized Official User Guide

Authorized Official User Guide



- The *Authorized Official User Guide* can be found on the 'Documents Library' page: <https://idmedicaid.telligen.com/education-training/>
- The user guide provides information on:
 - Adding Users
 - Viewing User Account Details
 - How to Help with Password Resets
 - Deactivating Users



Accessing the Provider Portal: Qualitrac Login

State of Idaho: Locating the Qualitrac Login



- The Provider Portal, Qualitrac, is a web application that allows healthcare providers to submit review requests.
- The user will login to the Qualitrac site at: <https://idmedicaid.telligen.com>

Tip: Bookmark this link for future reference. Continue to check the website for information pertaining to the Telligen Provider Portal and the review process.

- Clicking the Login button on the website will navigate to the Qualitrac Sign In screen.

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[REGISTER](#)

[FREQUENT QUESTIONS](#)

[CHECK REVIEW STATUS](#)



Qualitrac Sign In Screen



- The Sign In page of Qualitrac will require a Username and Password.
- Enter the username that was assigned to you by the person that set up your account.
- Enter the password that you set up when you activated your account.
- Click the Sign In button to authorize your credentials and access the Qualitrac system.

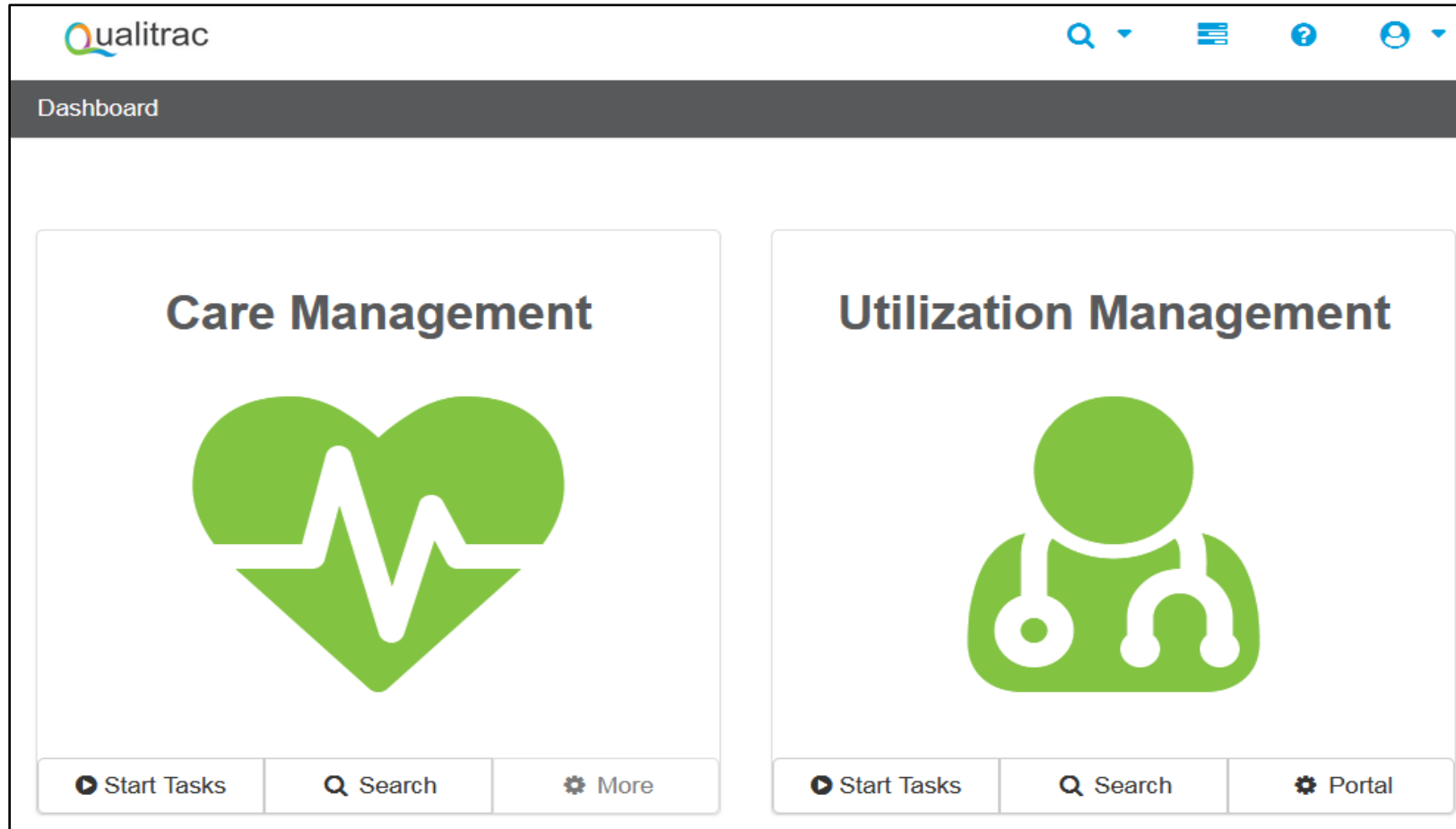
A screenshot of the Qualitrac Sign In screen. At the top left is the Telligen logo. The page title is 'Sign In'. Below the title are two input fields: 'Username' with the text 'provideruser' and 'Password' with masked characters '.....'. To the right of the password field is an eye icon. Below the password field is a checkbox labeled 'Keep me signed in'. A large blue button labeled 'Sign in' is centered below the checkbox. Below the button is a link labeled 'Reset Password'. Below that is a horizontal line with 'OR' in the center. At the bottom is a button with a right-pointing arrow and the text 'Sign in with Telligen SSO'.

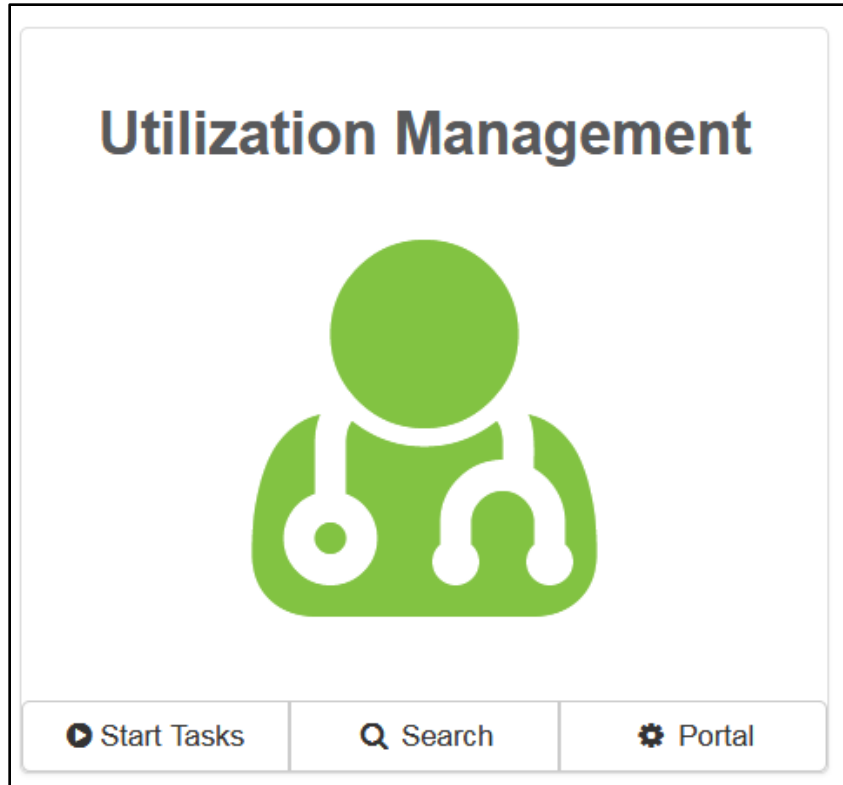
Qualitrac Provider Portal

Qualitrac Provider Portal



- Upon a successful login, users are taken to a System Dashboard (Home) screen.



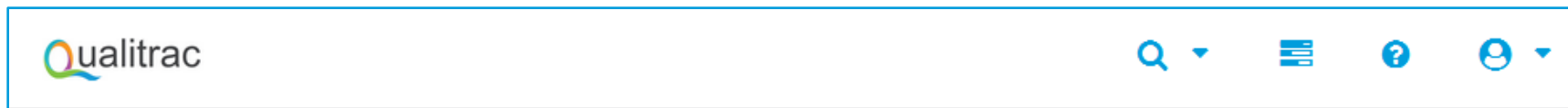






- Start Tasks: click this to navigate to the scheduled tasks screen and view any reviews where additional information has been requested.
- Search: click this to navigate to search a member, case, or provider.
- Portal: click this to navigate to the task queue.



Navigating Qualitrac

- The main navigation for Qualitrac is displayed at the top of the screen and is referred to as the 'Navigation Ribbon.' The navigation ribbon contains the Qualitrac logo and clickable icons.
- Click on the Qualitrac logo, displayed in the upper left of the navigation ribbon, to return to the System Dashboard (Home) screen.



-  Search: click this icon to search for a member or case
-  Task Queue: click this icon to access the Scheduled Task List
-  Knowledge Center: click this icon to access the Utilization Management User Guide
-  User Profile/Log Out: click this icon to access/edit user profile; log out of application

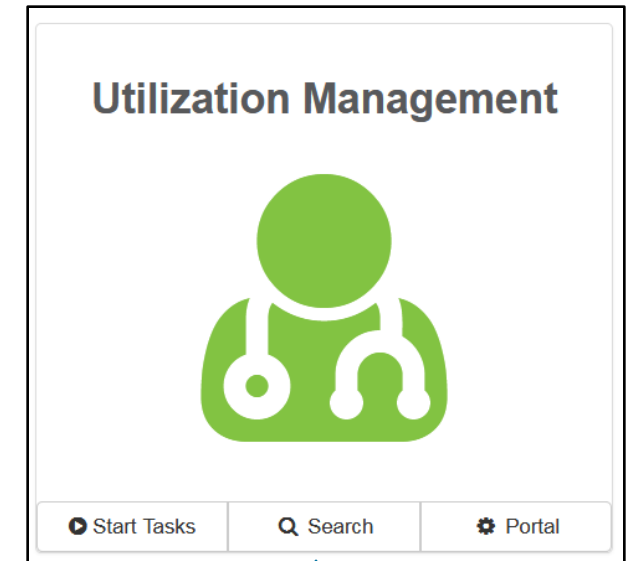




Case Submission for Medical Necessity Review: Adding an Authorization Request

Navigate to the Member Search

- To add an authorization request in the Qualitrac system, the member record for the case to be submitted needs to be located.
- On the Dashboard (home) page, click on the Search button to navigate to the Task Queue.
 - Users can also click on the search icon from the navigation ribbon.
- From the Task Queue click the Member Search navigation tab to display the member search form (as shown on the next slide).



Task Queue: Member Search



- Users can search for a specific member by entering a valid Member ID and Date of Birth OR by entering a First Name, Last Name and Date of Birth.
- If the member exists in Qualitrac an exact match will be returned.
- Click anywhere on the member record to be directed to the Member Hub and open that member's record.

Scheduled Tasks **Member Search** Cases Case/Request/Claim Search

Please search for the member by completing one of the following

Member ID * Date Of Birth * OR First Name * Last Name * Date Of Birth *

Member ID MM/DD/YYYY Search OR Madelene Caprario 06/07/1954 Search

Member ID	Last Name	First Name	Middle Name	Date Of Birth	Gender
06022127000	Caprario	Madelene		06/07/1954	Female

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

Qualitrac Member Hub



- After performing a search for a specific member and clicking on the desired member, the user is taken to the Member Hub screen.
- The Member Hub section of Qualitrac displays all the data for a member.
- This screen displays demographic data for a member and the Utilization Management panel for users to view/add authorization requests.

The screenshot shows the Qualitrac Member Hub interface for a member named Daniel Lewis. The page includes a header with the Qualitrac logo and navigation links. The member's name and a 'View Member Details' button are at the top. Below this, demographic information is displayed: Member ID (DD12345), Date of Birth (03/01/1955), Phone Number ((303) 999-9999), and Client (Colorado). The main section is titled 'Utilization Management' and features a 'View Cases' button and an '+ Add' button. A toggle switch indicates that canceled cases are hidden. A table displays a single utilization request with the following details:

Status	Case ID	Request ID	Review Type	Timing	Treating Prov./Phys.	Treating Facility	Req. Start	Req. End	Outcome	Action
Request Is Complete	24761	24773	PASRR Level 1	Concurrent		A BETTER WAY COUNSELING & CONSULTING, LLC	05/04/2023		Approved	...

At the bottom, it shows 'Showing 1 to 1 of 1 entries' and navigation controls for the table, including 'Previous', '1', and 'Next'.

Member Hub: Member Details



- The Member Hub screen opens with the Member Details section collapsed by default.
- The Member's Name, ID Number, Date of Birth and Phone Number are always visible at the top of the member details panel.
- Click the View Member Details button to toggle between expanded/collapsed panel views.
- When the member details panel is expanded, users can click the 'View Even More Member Details' link to view additional demographics, eligibility, historical contact information, and other available data.

SHANTAY WILLIAN [View Member Details](#)

Member ID: 0001395299 **Date of Birth:** 01/01/1970 **Phone Number:** **Client:** IDAHO

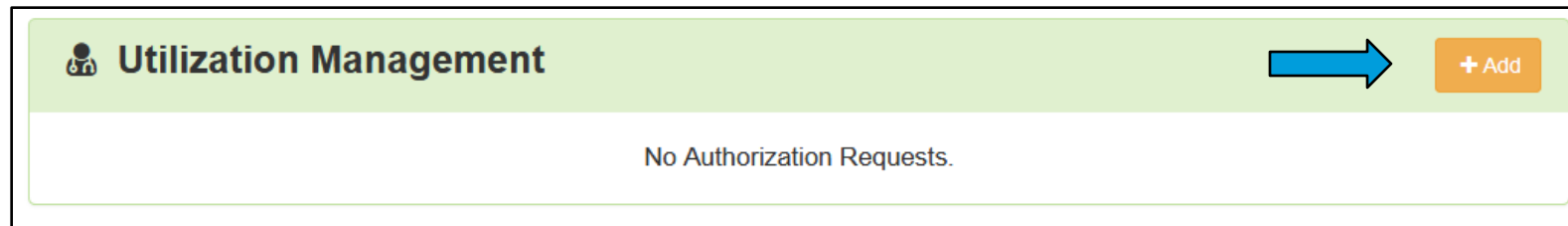
Phone	Mailing Address	Preferred Contact Information	
<u>Home:</u> (265) 013-8630 <u>Cell:</u> <u>Work:</u> <u>Other:</u>	1776 West Lakes Pkwy WEST DES MOINES, IA 50266	Method	Language
Email <u>Home:</u> <u>Work:</u>	Physical Address	Notes	English

[View Even More Member Details](#)

Member Hub: Utilization Management Panel



- The Utilization Management panel is where a user will create, view, and manage authorization requests.
- To create a new Authorization Request, click the Add button to be directed to the New Request screen and begin the process.



Add a New Authorization Request



Authorization Request Panel

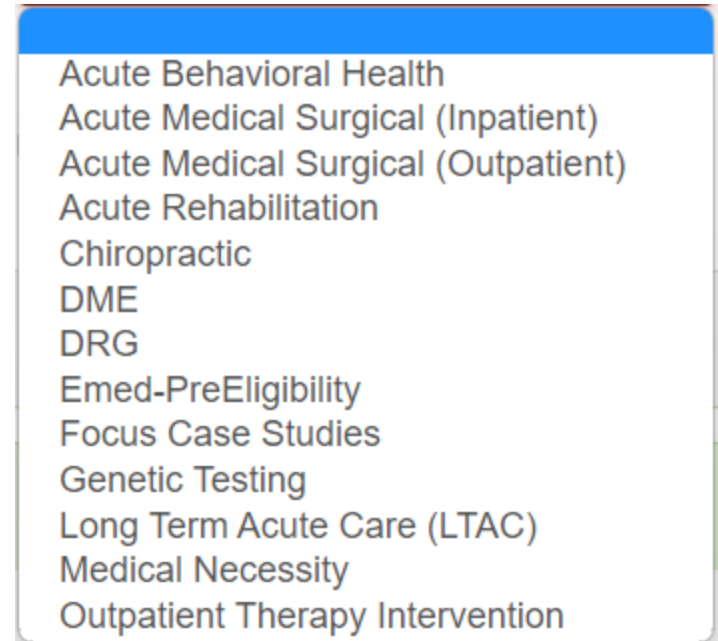
- The system will first display the Authorization Request panel when creating a new request.
- This panel is the foundation for building a request.
- The form fields are dynamically displayed and populated as data is entered.

A screenshot of a web application interface for adding a new authorization request. The interface is divided into several sections. At the top, a grey header bar displays the member's name 'SHANTAY WILLIAN', their 'Member ID: 0001395299', and their 'DOB: 01/01/1970'. Below this, a white bar shows 'Phone Number:' and 'Client: IDAHO'. The main section is titled 'Authorization Request' in a green header. It contains four required fields: 'Date Request Received *' with a date-time picker showing '06/18/2023 12:28 pm', 'Review Type *' with a dropdown menu, 'Place of Service *' with a dropdown menu, and 'Type of Service *' with a dropdown menu. Below these is a 'Timing *' field with a dropdown menu. At the bottom right, there are two buttons: a white 'Cancel' button and a green 'Add New Request' button with a plus icon.

Authorization Request Panel: Review Type



- ReviewType: Select the category of treatment in the drop-down for the request.
- For example:
 - If a member needed DME services, select DME as the review type.
 - If a member was scheduled to receive inpatient behavioral health care, select Acute Behavioral Health as the review type.



Authorization Request Panel: Completing the Form



- Place of Service: location where service was or will be rendered
- Type of Service: detailed service type that was or will be performed
- Timing: this field is where the user selects Prospective (Prior Authorization), Concurrent, or Retrospective
- Once all the selections are filled in, click the Add New Request button to complete the process.

The screenshot shows a web form titled "Authorization Request" with a light green header. The form contains several input fields:

- Date Request Received ***: A date and time picker showing "06/18/2023 12:28 pm" with a calendar icon.
- Review Type ***: A dropdown menu with "Acute Behavioral Health" selected.
- Place of Service ***: A dropdown menu with "Inpatient" selected.
- Type of Service ***: A dropdown menu with "Psychiatric" selected.
- Timing ***: A dropdown menu with "Prospective" selected.


At the bottom right of the form, there are two buttons: a white "Cancel" button and a green "Add New Request" button with a plus icon.

Admission and Discharge Panel



- Once Add New Request is clicked, the page opens to fill in all the remaining information necessary to process the request.
- For all Acute reviews, the system will display the Admission and Discharge panel first.
- This panel is used to enter the admission and discharge information.

Admission and Discharge


Admission Date *	Admission Type *	Admission Source
<input type="text" value="MM/DD/YYYY"/> 	<input type="text" value=""/>	<input type="text" value=""/>


Dates of Service Panel



- For all other review types, including DME and Outpatient Surgery, the system will display the Dates of Service panel first.
- This panel is used to enter the Service Start and End Date information.

Dates of Service

Service Start Date * 

Service End Date * 

Coverage Panel



- The Coverage Panel will detail information about the member's eligibility.
- The Medicare Indicator and Third-Party Liability will default to Not Supplied/No.
 - These fields can be changed to reflect information being submitted as part of the review.
- If the system displays the banner with the warning “Member Not Eligible”, a comment will need to be entered in the Eligibility Comment box to override the warning and submit the review.

The screenshot shows the 'Coverage' panel interface. At the top right, there are links for 'State Law Matrix' and 'Client Profile'. A yellow warning banner at the top reads: 'Member Not Eligible. The member does not meet eligibility requirements. Please provide a reason to explain why you are continuing with this authorization request.' Below this is a table with columns: Group, Section, Plan, Start Date, and End Date. The table content is 'No Coverage Found'. Below the table are two dropdown menus: 'Medicare Indicator *' (set to 'Not Supplied') and 'Third Party Liability *' (set to 'No'). At the bottom is a large text area labeled 'Eligibility Comment *'.

Providers Panel



- Information related to the Treating Physician, Treating Facility, DME Provider and Ordering Provider can be entered in the Providers panel for the request.
- Note: When Durable Medical Equipment (DME) is selected as the review type for the request, Treating Physician and Treating Facility are replaced with DME Provider.
- To add a provider, click on the corresponding Add button in the Actions column in the panel and the system will display the Provider Selection screen.

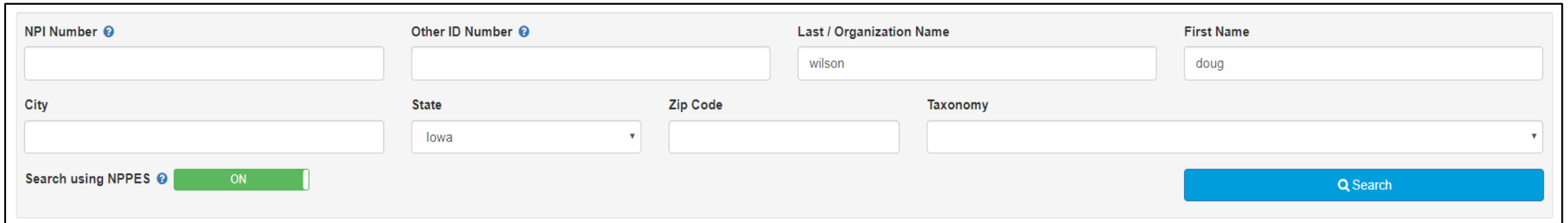
Ordering Provider							+ Add
Name	NPI	Type	Address	Phone	Primary Taxonomy	Action	
No Ordering Provider Supplied							

Treating Physician							+ Add
Name	NPI	Type	Address	Phone	Primary Taxonomy	Action	
No Treating Physician Supplied							

Treating Facility							+ Add
Name	NPI	Type	Address	Phone	Primary Taxonomy	Action	
No Treating Facility Supplied							

Add a Provider: Provider Selection Screen

- The Providers selection screen will display a search form to locate the desired entity.
- Enter pertinent information in any of the fields and click the Search button.
- The system will search the Qualitrac database. Entering the National Provider Identifier (NPI) number will result in the most accurate match.
- Note: These same steps can be followed to enter the DME Provider.












The screenshot shows a search form for adding a provider. It includes the following fields and controls:

- NPI Number**: Text input field.
- Other ID Number**: Text input field.
- Last / Organization Name**: Text input field containing "wilson".
- First Name**: Text input field containing "doug".
- City**: Text input field.
- State**: Dropdown menu with "Iowa" selected.
- Zip Code**: Text input field.
- Taxonomy**: Dropdown menu.
- Search using NPES**: Toggle switch set to "ON".
- Search**: Blue button with a magnifying glass icon.

Add a Provider: Provider Selection Screen (cont.)



- Once the Search button is clicked, the system will search the Qualitrac database and return any matching results.
- Locate the correct entry in the search results and click the Add  button to add the information to the Providers panel.

Name	Network	NPI	Other ID	Type	Primary Practice Address	Phone	Primary Taxonomy	Source
 WILSON, DOUG		1598234775	1598234775		2900 Heartland Dr Coralville, IA, 52241	(319) 545-3201	Pharmacist	NPPES
 WILSON CHIROPRACTIC PLLC		1699075010			5938 Ashworth Rd West Des Moines, IA, 502667110	(515) 225-4002	Chiropractor	NPPES
 WILSON COUNSELING SERVICES		1861909194			1024 Court Ave Marengo, IA, 523011438	(319) 800-8522	Social Worker, Clinical	NPPES
 WILSON DENTAL CLINIC, PLC		1164507489			145 N Clark St Forest City, IA, 504361615	(641) 585-5431	Dentist, General Practice	NPPES



Providers Panel (cont.)



- When the Add button is clicked on the desired search result, the system will close the provider selection screen and return to the authorization request screen with the selected provider displayed in the Providers panel.
- To delete a record in the Providers panel, click on the ellipsis to display the action menu and select Delete.

Providers *									
Type	Name	NPI	Address	Phone	Primary Taxonomy	PPO Redirect Reason	Comments	Action	
Treating Physician	TESTA, MARY-GRACE	1952073934	1401 Bronco Lane Boise, ID, 83706	(208) 579-0284	Specialist/Technologist, Athletic Trainer			...	
Treating Facility	THERAPY EXPRESS PA	1568587707	8024 W Scardale Ct Boise, ID, 83704	(208) 867-0116	Clinic/Center			...	
Ordering Provider *	Not Supplied								

Provider Organization Visibility Panel



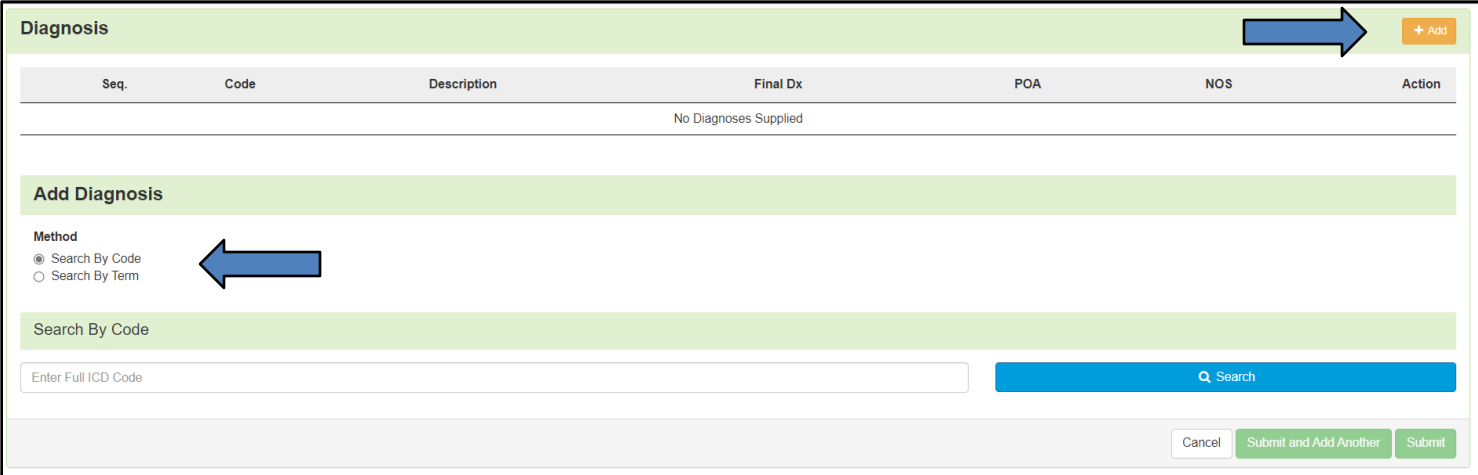
- The Provider Organization Visibility panel is where users define who has permission to view an authorization request.
- The Provider Organization Visibility panel will populate after adding information in the Providers panel. The organization name will appear and indicate the provider category (Treating Physician, Ordering Provider, or Treating Facility).
- The visibility is required to share the review with everyone in the organization for the authorization request.
- A drop-down of choices will appear for providers associated with that organization name.

The screenshot shows a web interface for the 'Provider Organization Visibility' panel. At the top, there is a green header bar with the text 'Provider Organization Visibility' and a help icon. Below the header, the user's name 'Wilson, Stephanie, User' is displayed. A large blue-bordered dropdown menu is open, showing the selected organization 'ST LUKE'S REGIONAL MEDICAL CENTER'.



Diagnosis Panel

- The Diagnosis panel is where the user will search for and add a diagnosis for the request. At least one diagnosis must be added for each request submitted.
- Click on the Add button to display the search form in the panel.
 - To search by code, select the Search by Code radio button for the Method.
 - To search by term (diagnosis name), select the Search by Term radio button for the Method.



Diagnosis + Add

Seq.	Code	Description	Final Dx	POA	NOS	Action
No Diagnoses Supplied						

Add Diagnosis

Method

Search By Code Search By Term

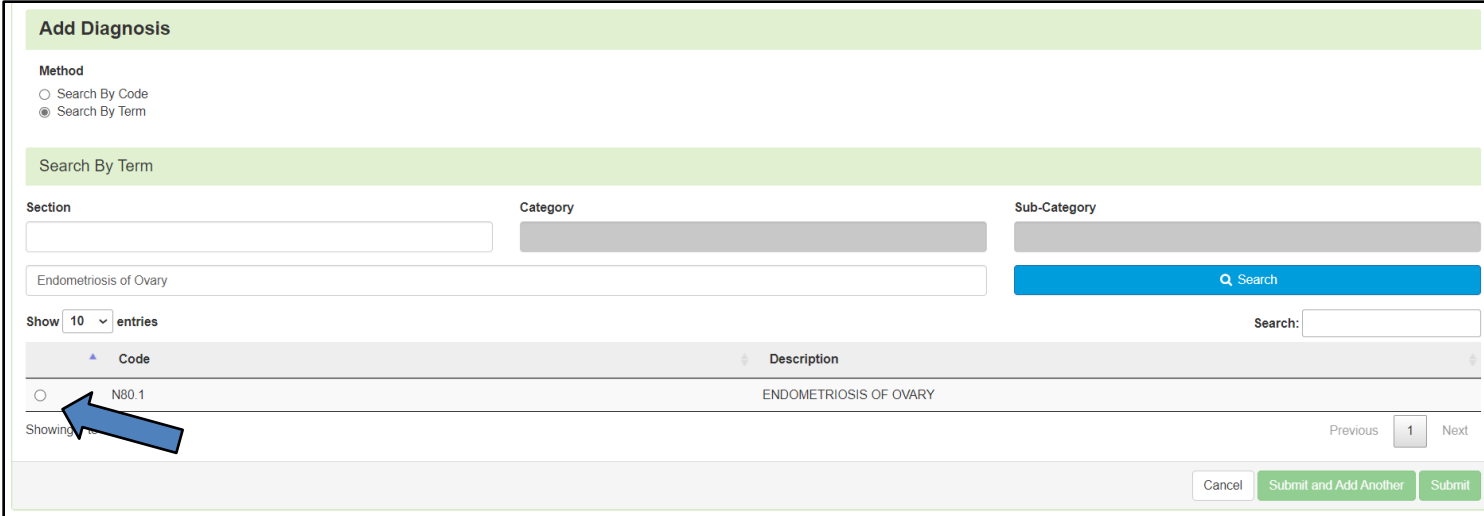
Search By Code

Enter Full ICD Code Search

Cancel Submit and Add Another Submit

Diagnosis Panel (cont.)

- The system will load the associated form fields based on the search Method selected. Fill in the necessary fields and click the Search button.
- Diagnoses matching the entered search criteria is/are displayed. Select the radio button on the correct diagnosis and click the desired submit action.
- The Submit and Add Another button allows a user to submit the diagnosis and continue to work in the search to add additional diagnoses. A user can enter as many diagnoses as needed.



Add Diagnosis

Method

Search By Code

Search By Term

Search By Term

Section

Category

Sub-Category

Show 10 entries

Search:

Code	Description
<input type="radio"/> N80.1	ENDOMETRIOSIS OF OVARY

Showing 1 of 1 results

Previous 1 Next

Diagnosis Panel (cont.)



- When done entering diagnoses, click on the Submit button. The system will display the submitted diagnosis as an entry in the Diagnosis Panel and close the search.
- To delete the record, click on the trash can icon.
- Users can indicate that a diagnosis is the “final diagnosis” by selecting the corresponding radio button in the Final Dx column.
- To identify that one or more diagnosis was present on admission by using the checkbox in the POA column.
- To rearrange the diagnosis sequence, if more than one diagnoses are entered, click and drag the rows to the desired order in the diagnosis table.

Diagnosis + Add							
Seq.	Code	Description	Final Dx	POA	NOS	Action	
1	N80.1	ENDOMETRIOSIS OF OVARY	<input type="radio"/>	<input type="checkbox"/>			

Procedures Panel



- The Procedures panel is where the user will search for and add a procedure for non-DME cases. At least one procedure must be added for each request submitted.
- When entering a review for an inpatient stay, a stay procedure code is defaulted for use. This code can be deleted if a different code is required.
- Click on the Add button to display the search form in the panel.
 - To search by code, select the Search by Code radio button for the Method.
 - To search by term (diagnosis name), select the Search by Term radio button for the Method.

The screenshot shows the 'Procedures' panel interface. At the top right, there is a green header bar with the title 'Procedures' and an orange '+ Add' button. A blue arrow points to this button. Below the header is a table with columns: Seq., Code, Description, NOS, Mod. 1, Mod. 2, Qty., Frequency, Cost, and Action. The table content is 'No Procedures Supplied'. Below the table is a green bar labeled 'Add Procedure'. Underneath, the 'Method:' section has two radio buttons: 'Search by Code' (selected) and 'Search by Term'. A blue arrow points to the 'Search by Code' radio button. Below this is a green bar labeled 'Search By Code'. At the bottom, there is a search input field with the placeholder text 'Enter Full HCPCS or ICD' and a blue 'Search' button with a magnifying glass icon.

Procedures Panel (cont.)



- The system will load the associated form fields based on the search Method selected. Fill in the necessary fields and click the Search button.
- Procedures matching the entered search criteria is/are displayed. Select the radio button on the correct procedure and the system will display additional form fields for Modifiers and Procedure Details.

The screenshot shows a web interface for a procedure search. At the top, there are two columns: 'Code' and 'Description'. The first entry is selected with a radio button and shows '00103' under 'Code' and 'ANESTHESIA EYELID RECONSTRUCTIVE PROCEDURE' under 'Description'. Below this, there are navigation links: 'Showing 1 to 1 of 1 entries', 'Previous', '1', and 'Next'. The form is divided into two main sections: 'Modifiers' and 'Procedure Details'. The 'Modifiers' section has a 'Modifier 1' text input field. The 'Procedure Details' section contains several fields: 'Units *' (input: 1), 'Units Qualifier *' (dropdown: unit(s)), 'Frequency' (input: empty), 'Frequency Qualifier' (dropdown: empty), 'Total Cost' (input: \$), and 'Allowed Amount' (input: empty). At the bottom right, there are three buttons: 'Cancel', 'Submit and Add Another', and 'Submit'.

Procedures Panel (cont.)





- Users can identify up to two modifiers for each procedure. Enter the required quantity/measure for Units and any additional information for Frequency, Total Cost and Allowed Amount.
- Click the desired submit action when all data has been entered.
- The Submit and Add Another button allows a user to submit the procedure and continue to work in the search to add additional procedures. A user can enter as many procedures as needed.
- When done entering procedures, click on the Submit button. The system will display the submitted procedure as an entry in the table and close the search.



Procedures Panel (cont.)

- Once the Submit button is clicked, the system will close the search and display the submitted procedure as an entry in the Procedures panel.
- Users can rearrange the sequence of added procedures, if more than one procedure is entered, by clicking and dragging the rows in the procedures table to be displayed in the desired order.
- To delete the record, click on the trash can icon.
- To edit a record, click the Edit icon located in the Action column for the record row and the system will display the form fields for Modifiers and Procedure Details.

Procedures + Add									
Seq.	Code	Description	NOS	Mod. 1	Mod. 2	Qty.	Frequency	Cost	Action
1	00830	ANESTHESIA HERNIA REPAIR LOWER ABDOMEN NOS				1 unit(s)			 

Durable Medical Equipment Panel



- The Durable Medical Equipment panel is displayed when 'DME' is selected as the review type for the authorization request.
- Healthcare Common Procedure Coding System (HCPCS) are used for DME requests.
- Click on the Add button to display the search form in the panel.
 - To search by code, select the Search by Code radio button for the Method.
 - To search by term (diagnosis name), select the Search by Term radio button for the Method.

The screenshot shows the 'Durable Medical Equipment' panel. At the top right, there is a '+ Add' button with a blue arrow pointing to it. Below this is a table with columns: Code, Description, NOS, Modifier 1, Modifier 2, Quantity, Frequency, Cost, and Action. The table contains the text 'No DME Supplied'. Below the table is a section titled 'Add Durable Medical Equipment'. Under 'Method:', there are two radio buttons: 'Search by Code' (selected) and 'Search by Term'. A blue arrow points to the 'Search by Code' radio button. Below this is a 'Search By Code' section with a text input field labeled 'Enter Full HCPCS Level 2 Code' and a blue 'Search' button.

Durable Medical Equipment Panel (cont.)



- The system will load the associated form fields based on the search Method selected. Fill in the necessary fields and click the Search button.
- The durable medical equipment matching the entered search criteria is/are displayed. Select the radio button on the correct record and the system will display additional form fields for Modifiers and DME Details.

The screenshot displays a web interface for searching durable medical equipment. At the top, there are columns for 'Code' and 'Description'. A single result is shown: (HCPCS) E0444, Portable oxygen contents, liquid, 1 month's supply = 1 unit. Below the search results, there are sections for 'Modifiers' and 'Durable Medical Equipment Details'. The 'Modifiers' section includes 'Modifier 1*' (RR - Rental) and 'Modifier 2' (NR - New when rented). The 'Durable Medical Equipment Details' section includes fields for 'Units' (1), 'Units Qualifier' (unit(s)), 'Frequency', 'Frequency Qualifier', 'Total Cost', and 'Allowed Amount'. At the bottom right, there are buttons for 'Cancel', 'Add Another', and 'Add'.

Durable Medical Equipment Panel (cont.)





- Users can identify up to two modifiers for each DME. Enter the required quantity/measure for Units and any additional information for Frequency, Total Cost and Allowed Amount.
- The total cost for a DME item will need to be entered in the total cost box.
 - In the example of a rental, if an item is being rented for 6 months at \$100 per month, \$600 would be entered into the total cost box.
- Click the desired submit action when all data has been entered.
- The Add Another button allows a user to submit the DME and continue to work in the search to add additional DMEs.
- When done entering DMEs, click on the Add button.



Durable Medical Equipment Panel (cont.)



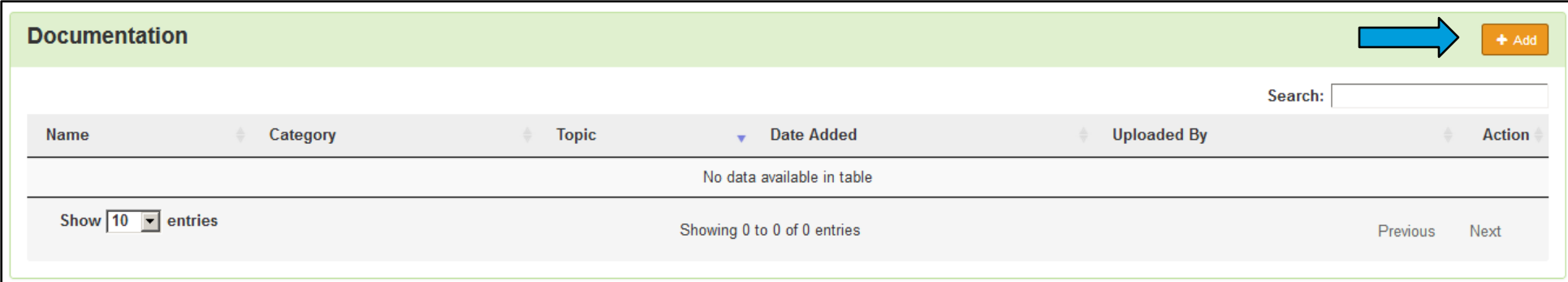
- Once the Submit button is clicked, the system will close the search and display the submitted procedure as an entry in the Durable Medical Equipment panel.
- To delete the record, click on the trash can icon.
- To edit a record, click the Edit icon located in the Action column for the record row and the system will display the form fields for Modifiers and DME Details.

Durable Medical Equipment + Add								
Code	Description	NOS	Modifier 1	Modifier 2	Quantity	Frequency	Cost	Action
E0443	PORTBL O2 CONTENT GAS 1 MO SPL= 1 U		RR		1 unit(s)	1 Trimonthly		 



Documentation Panel

- The Documentation Panel is the final panel on the page to submit the Authorization Request for review.
- This is where any clinical documentation can be uploaded related and necessary for the review to be processed.
- Click on the Add button to display the file upload modal.



Documentation ➔ [+ Add](#)

Search:

Name	Category	Topic	Date Added	Uploaded By	Action
No data available in table					

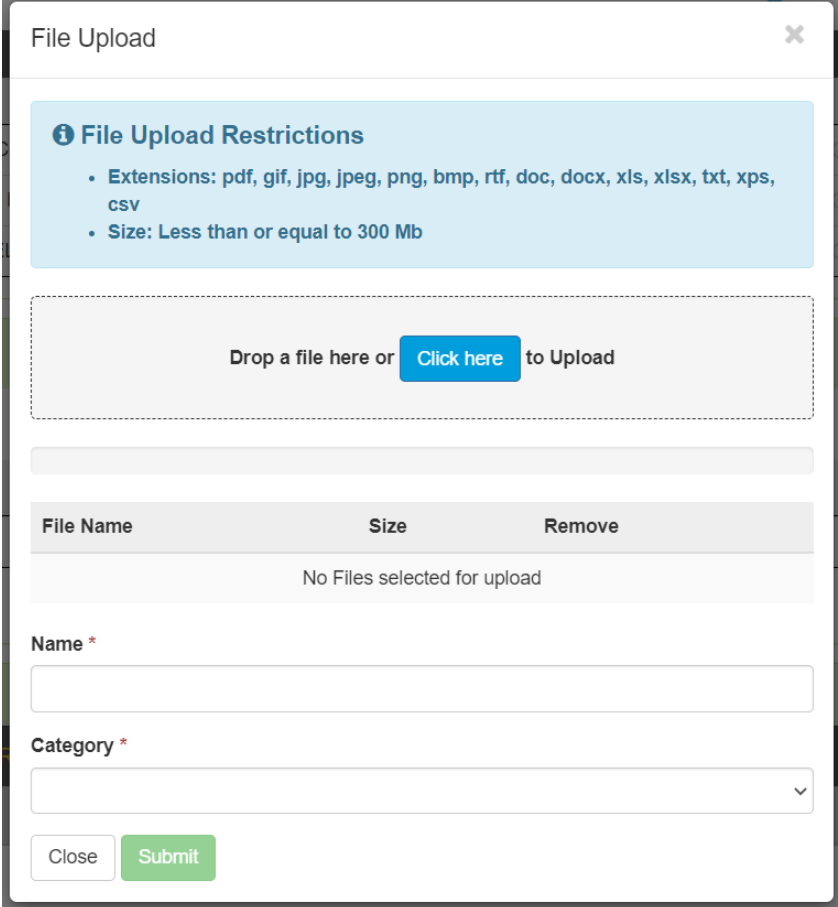
Show entries Showing 0 to 0 of 0 entries [Previous](#) [Next](#)



Documentation Panel: File Upload

File Upload Modal

- Users can drag and drop files to the modal or use the 'Click here' button to locate a file to add.
- File upload restrictions are located at the top of the page.
- Users may change the name of the file, if needed.
- Users must select a Category for the document being uploaded.
- Based on the Category selected, an additional option of Topic may dynamically display.

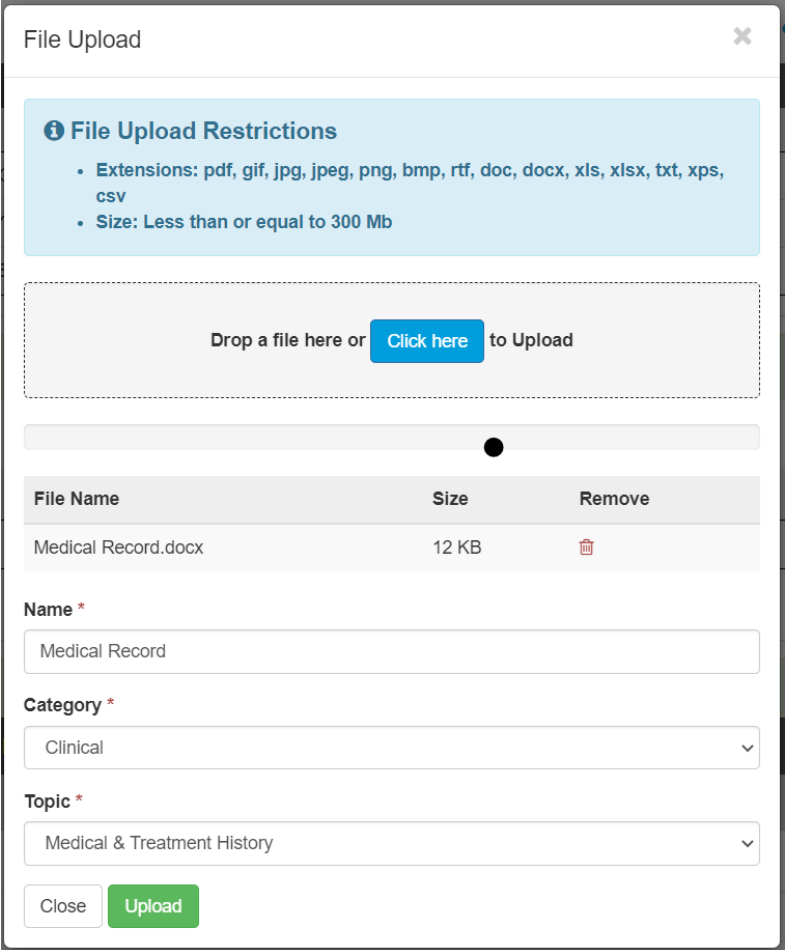


The screenshot shows a 'File Upload' modal window. At the top, there is a title bar with 'File Upload' and a close button. Below the title bar is a light blue box containing 'File Upload Restrictions' with an information icon. The restrictions listed are: 'Extensions: pdf, gif, jpg, jpeg, png, bmp, rtf, doc, docx, xls, xlsx, txt, xps, csv' and 'Size: Less than or equal to 300 Mb'. Below this is a dashed border area with the text 'Drop a file here or' followed by a blue 'Click here' button and 'to Upload'. Underneath is a table with columns 'File Name', 'Size', and 'Remove'. The table currently shows 'No Files selected for upload'. Below the table are two required fields: 'Name *' (a text input) and 'Category *' (a dropdown menu). At the bottom left are 'Close' and 'Submit' buttons.

Documentation Panel: File Upload (cont.)


File Upload Modal

- In this example:
 - the Name was not changed from File Name
 - The Category was selected
 - Topic became available and has a selection
- If a file is entered in error, click the trash can icon to remove it and start over.
- Once the information is complete, click the Upload button to load the file to Qualitrac and close the modal.



The screenshot shows a 'File Upload' modal window with the following elements:

- File Upload Restrictions:**
 - Extensions: pdf, gif, jpg, jpeg, png, bmp, rtf, doc, docx, xls, xlsx, txt, xps, csv
 - Size: Less than or equal to 300 Mb
- Drop area:** A dashed box containing the text 'Drop a file here or [Click here](#) to Upload'.
- Progress bar:** A horizontal bar with a single black dot indicating progress.
- File List Table:**


File Name	Size	Remove
Medical Record.docx	12 KB	
- Form Fields:**
 - Name ***: Text input field containing 'Medical Record'.
 - Category ***: Dropdown menu with 'Clinical' selected.
 - Topic ***: Dropdown menu with 'Medical & Treatment History' selected.
- Buttons:** 'Close' and 'Upload' buttons at the bottom.

Documentation Panel (cont.)

- Documents that have been uploaded will appear in the Documentation panel.
- To delete a document, click on the trash can icon.

Documentation + Add

Show entries Search:

Name	Category	Topic	Date Added	Uploaded By	Action
test	Clinical	Medical & Treatment History	10/27/2020	testppu	

Showing 1 to 1 of 1 entries Previous Next



Add a New Authorization Request: Continue



- Once all information has been entered on the authorization request screen to build the new case, click the Continue button located at the bottom of the screen.
- When the Continue button is clicked, the system will run a validation on the information entered. If there are any issues error messaging will be displayed.
- All errors will need to be resolved before the system can proceed. If the system finds no errors the user will be directed to the next step to complete and submit the request.

The screenshot shows a web application interface for "Documentation". At the top right is an orange "+ Add" button. Below it is a search bar. The main area contains a table with the following data:

Name	Category	Topic	Date Added	Uploaded By	Action
sample health record	Clinical	Medical & Treatment History	07/06/2019	swilsonPPU	

Below the table, there is a "Show 10 entries" dropdown and "Showing 1 to 1 of 1 entries" text. To the right are "Previous", "1", and "Next" navigation buttons. At the bottom right, there is a large blue arrow pointing right and a green "Continue" button.

Milliman Care Guidelines (MCG)



- Once the continue button is clicked, the system will navigate to MCG.
- Qualitrac is integrated with MCG to streamline review processes and where the user will document the clinical criteria.
- Click on the Document Clinical button to display the guidelines available for the listed diagnosis.

A screenshot of the Milliman Care Guidelines (MCG) interface. At the top, there is a progress bar with three steps: 'Request Form' (completed, green checkmark), 'Document Clinical' (current step, orange circle with '2'), and 'Submit Request' (next step, blue circle with '3'). The 'mcg' logo is in the top right. Below the progress bar, patient information is displayed: 'Patient : 987654321 Name : Marley, Ziggy DOB : 8/15/1961 Gender : Male' with a 'show more' link. Below that, authorization details: 'Authorization : EPS-00023034 Type : Admission authorization Status : NoDecisionYet' with a 'show more' link. Further down, 'Diagnosis Codes : R51 (ICD-10 Diagnosis) primary Procedure Codes : 99233 (CPT/HCPCS) primary'. A light blue box highlights the 'Diagnosis Code: R51 (ICD-10 Diagnosis)' and 'Description : HEADACHE'. A blue arrow points from this box to an orange button labeled 'Document Clinical'. At the bottom right, there is another orange button labeled 'Submit Request'.

Milliman Care Guidelines (MCG) (cont.)




- Select the appropriate guideline(s) by clicking on the 'add' link in the Action column.

Authorization : EPS-00023035 **Type :** Admission authorization **Status :** NoDecisionYet [▼ show more](#)

Diagnosis Codes : R51(ICD-10 Diagnosis) primary **Procedure Codes :** 99233(CPT/HCPCS) primary

Diagnosis Code: R51 (ICD-10 Diagnosis)
Description : HEADACHE

Guideline Title	Product	Code	Action
Headaches - Referral Management	AC	R-0071	add
Pain Rehabilitation	AC	A-0362	add
Headaches	ISC	M-185	add
Headaches, Pediatric	ISC	P-185	add
Headaches: Observation Care	ISC	OC-023	add
No Guideline Applies			add



Milliman Care Guidelines (MCG) (cont.)



- If there are no clinical guidelines that apply, a text box will be displayed where clinical information relevant to the review can be entered.
- If there are clinical guidelines, check all that apply.
- Click the Save button, and then click the Submit Request button.
- Users will be returned to the Qualitrac authorization request submission screen upon clicking Submit Request.



No Guideline Applies

Please provide patient's clinical information...

1000 characters left for notes.



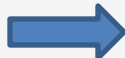
Diagnosis Code: R51 (ICD-10 Diagnosis)

Description : HEADACHE

M-185 - Headaches - (ISC)

Hospital admission is/was needed for appropriate care of the patient because of ...

- Severe headache that persists despite observation care treatment [🔗](#)
- Altered mental status that is severe or persistent [🔗](#)
- Vomiting that is severe or persistent [🔗](#)
- Dehydration that is severe or persistent [🔗](#)
- Unruptured but symptomatic aneurysm or vascular malformation [🔗](#)
- Cervical, cerebral, or vertebral artery dissection [🔗](#)
- Venous sinus thrombosis [🔗](#)
- Increased intracranial pressure [🔗](#)
- Cerebral spinal fluid leak [🔗](#)
- Medication-overuse headache that has failed all outpatient management options [🔗](#)
- Vasculitis (eg, giant cell (temporal) arteritis, central nervous system vasculitis) requiring intravenous corticosteroids, intravenous antithrombotic therapy, or inpatient monitoring (eg, visual symptoms or findings, other ischemic manifestations) [🔗](#)
- Severe (new) neurologic findings requiring inpatient care as indicated by ...
- New-onset focal neurologic deficit [🔗](#)
- IV fluid required (eg, unable to maintain oral hydration despite observation care) [🔗](#)
- Cerebral bleeding, hydrocephalus, or vasospasm monitoring [🔗](#)
- Increased intracranial pressure or cerebral edema monitoring [🔗](#)



Milliman Care Guidelines (MCG) (cont.)



- The benefits of utilizing MCG:
 - Opportunity for an immediate decision for an authorization.
 - Improved client controls.
 - Enhanced quality and compliance with standards.
 - Reduced appeals volume.
 - Improved turnaround time for all reviews.



User Attestation Panel & Completing the Request



- After documenting the MCG criteria, the Qualitrac system will redirect users back to the request screen and display the User Attestation panel.
- The username to enter is the same as what was entered to sign into the system.
- Enter your username, to confirm acknowledgement, and click the Submit button to complete the authorization request.

The screenshot shows a web form titled "User Attestation" with a light green header. Below the header is a yellow box containing a warning icon and the text "I certify...". This is followed by a bulleted list of four certification statements. Below the list is the label "Acknowledging User *" and a text input field with the placeholder "Enter username". At the bottom right of the form is a green "Submit" button.

User Attestation

⚠ 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 review 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.

Acknowledging User *

Enter username

Submit

Submit Review: Comments

- Users have the option to add comments to the request before it is sent for review.
- A comments modal will open, and the user can enter additional information related to the review.
- This is not required to complete the review.
- Click the Submit button.



Submit Review

Comments

Comments

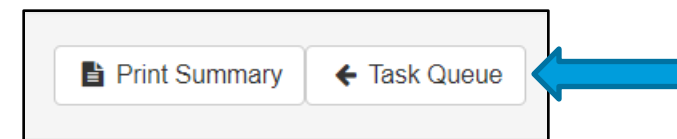
Cancel Submit



Authorization Request Summary



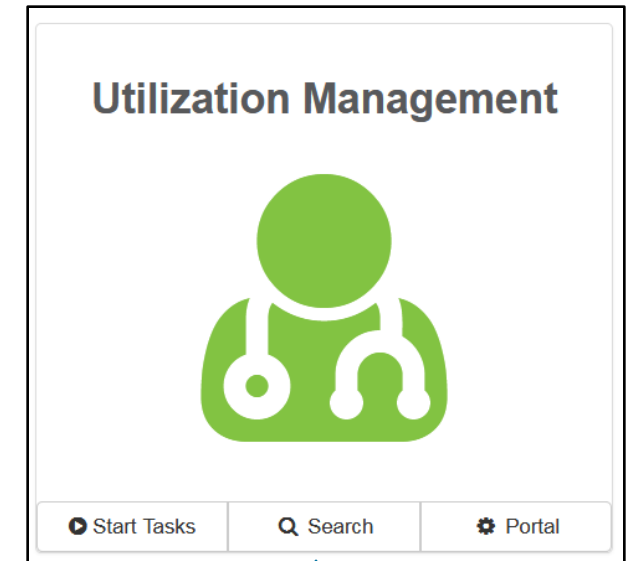
- After clicking the Submit button on the comment modal, the system will display a success message and load a summary of the review.
- Users will have the option to Edit, Print the Summary, Delete, or exit and return to the Task Queue.
- To exit the summary screen, scroll down through the entered information and confirm that everything submitted looks correct. Click on the Task Queue button at the bottom of the page.
- When the Task Queue button is clicked, the system will navigate the user to the Task Queue where a new search may be started and submit other reviews.



Search for a Submitted Request

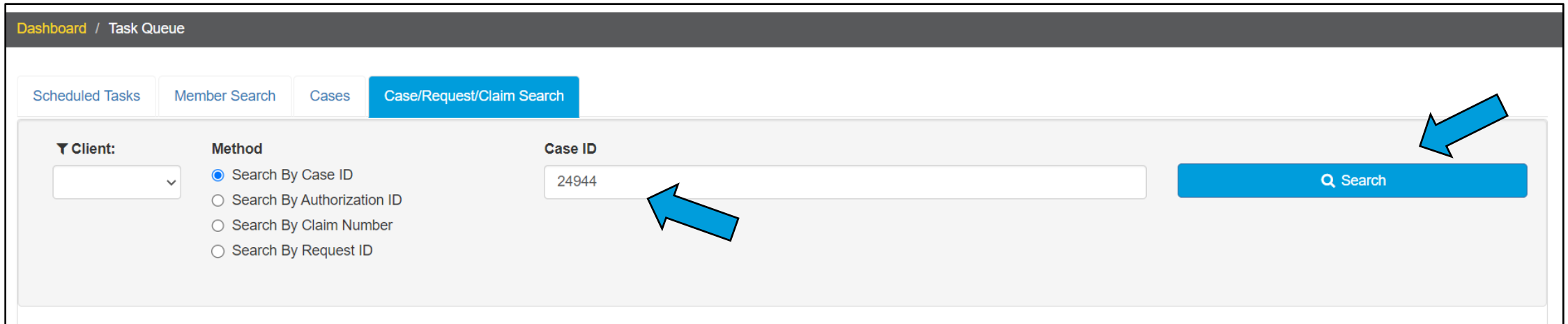
Navigate to the Case Search

- Once a review has been submitted, a Case search can be performed to locate the request using the Case ID.
- On the Dashboard (home) page, click on the Search button to navigate to the Task Queue.
 - Users can also click on the search icon from the navigation ribbon and select the Case Search option from the menu.
- From the Task Queue click the Case Search navigation tab to display the search form (*as shown on the next slide*).



Task Queue: Case Search

- The Qualitrac System will display the Case/Request/Claim search within the Task Queue.
- On the Case/Request/Claim Search screen, enter the Case ID for the submitted authorization request and then click the Search button.



The screenshot shows the 'Case/Request/Claim Search' interface. At the top, there is a breadcrumb trail: 'Dashboard / Task Queue'. Below this, there are four tabs: 'Scheduled Tasks', 'Member Search', 'Cases', and 'Case/Request/Claim Search', with the last one being active. The main form area contains a 'Client' dropdown menu, a 'Method' section with four radio button options, a 'Case ID' input field containing '24944', and a blue 'Search' button. Two blue arrows point to the 'Case ID' field and the 'Search' button.

Dashboard / Task Queue

Scheduled Tasks Member Search Cases Case/Request/Claim Search

Client: [dropdown]

Method

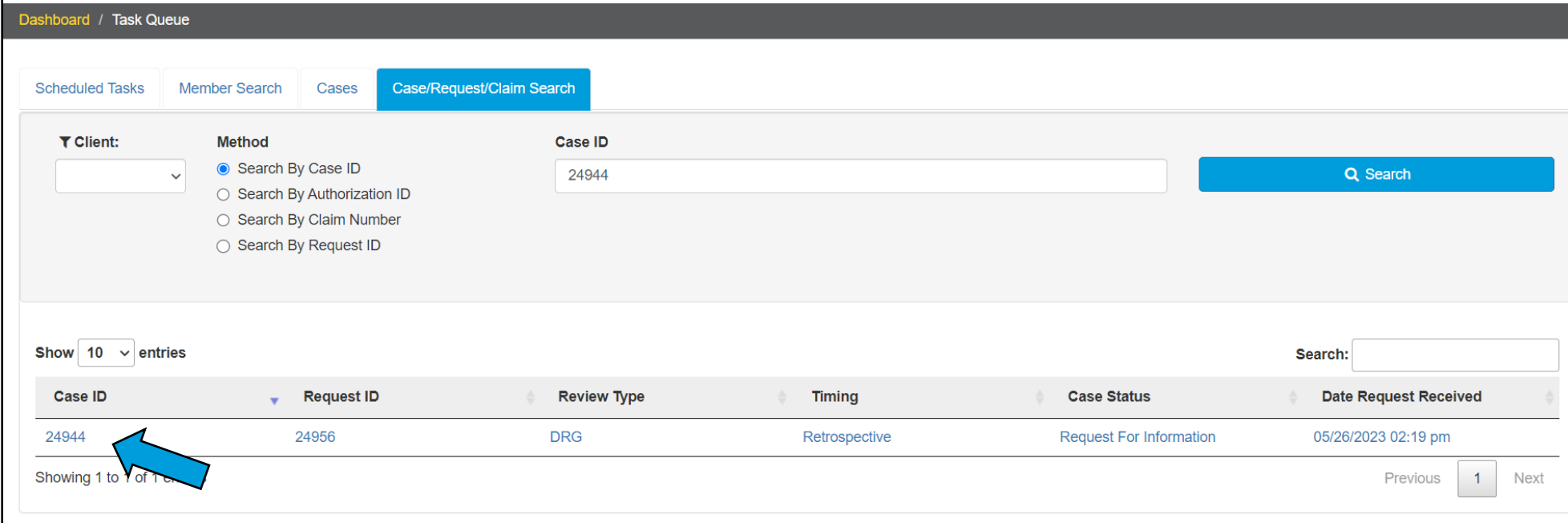
- Search By Case ID
- Search By Authorization ID
- Search By Claim Number
- Search By Request ID

Case ID: 24944

Search

Task Queue: Case Search Results

- Valid search results will be displayed in a table below the search form.
- Click on any of the data elements on the returned record to access the authorization request summary screen for the case.



Dashboard / Task Queue

Scheduled Tasks Member Search Cases **Case/Request/Claim Search**

Client: Method: Search By Case ID Search By Authorization ID Search By Claim Number Search By Request ID Case ID:

Show entries Search:

Case ID	Request ID	Review Type	Timing	Case Status	Date Request Received
24944	24956	DRG	Retrospective	Request For Information	05/26/2023 02:19 pm

Showing 1 to 1 of 1 entries Previous Next



Authorization Request Summary



- When the case is clicked on from the search results, the system will navigate a user to the Authorization Request Summary screen.
- The authorization request summary will provide all information about the case including the Member Name, Dates of Service, Treating Facility, Diagnosis and Procedures.

The screenshot displays the Qualitrac interface for a member's authorization request summary. The member's name is Oliva Barth, with a Member ID of 30412332000 and a Date of Birth of 05/19/1947. The client is MARYLAND. The authorization request (Case Id: 2332) was received on 07/06/2019 at 09:55 am, with a Review Type of Acute Medical Surgical, Place of Service of Inpatient Hospital, and Type of Service of Medical Care. The timing is Retrospective, and the Request ID is 2344. The admission and discharge details show an Admission Date of 06/10/2019, Actual Discharge Date of 06/17/2019, Admin Days of 2, and Length Of Stay of 7. The Admission Type is Urgent, and the Discharge Disposition is Discharged to home/self care "routine charge".

Authorization Request (Case Id : 2332)			
Date Request Received 07/06/2019 09:55 am	Review Type Acute Medical Surgical	Place of Service Inpatient Hospital	Type of Service Medical Care
Timing Retrospective	Request ID 2344		

Admission and Discharge			
Admission Date 06/10/2019	Actual Discharge Date 06/17/2019	Admin Days 2	Length Of Stay 7
Admission Type Urgent	Admission Source	Discharge Disposition Discharged to home/self care "routine charge".	DRG

Authorization Request Summary: Outcomes Panel



- Locate the Outcomes panel on the summary screen.
- By default, the information in the Outcomes panel will be collapsed and display only the panel title, procedure heading and outcome status.
- Click on the procedure heading to expand/contract the panel and view/hide the outcome details.



Authorization Request Summary: Outcomes Panel (cont.)

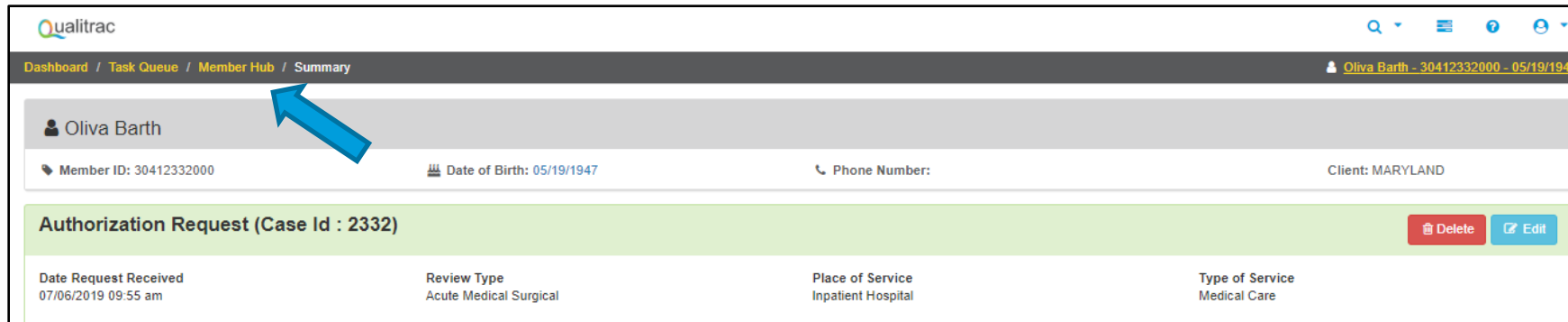


- When the Outcomes panel is expanded, the information requested in the Authorization Request for review and the Final Recommendation is displayed.

Outcomes		Review Outcome: Approved	
(HCPCS) 99233 - SBSQ HOSPITAL CARE/DAY 35 MINUTES		Outcome: Approved	
Requested		Final Recommendation	
Outcome		Outcome	Approved
Authorization Number		Authorization Number	C0000000200
Start Date	06/15/2023	Start Date	06/15/2023
Discharge Date	06/16/2023	Approved End Date	06/16/2023
Modifier 1		Modifier 1	
Modifier 2		Modifier 2	
Units	1 day(s)	Approved	1 day(s)
Frequency		Frequency	
Total Cost		Total Cost	
		Letter Rationale:	test

Navigating to the Member Hub

- From the review summary screen, a user can go to the Member Hub to take next steps on a review.
- A breadcrumb navigation bar is available at the top of the screen and contains links showing the location a user is at in Qualitrac.
- Locate and click on the Member Hub link. The system will load the Member Hub for the member the authorization request was submitted.
- Note: A user can perform a member search to navigate to the Member Hub.



Date Request Received	Review Type	Place of Service	Type of Service
07/06/2019 09:55 am	Acute Medical Surgical	Inpatient Hospital	Medical Care

Member Hub: Utilization Management Panel



- The Utilization Management panel is where a user will create, view, and manage authorization requests.
- To view a request, click on the ellipsis to display the action menu and select View Request from the list of options.
- The options displayed in the action menu will vary based on the status of the review.

The screenshot shows the Utilization Management interface. At the top, there is a header with a user icon, the title "Utilization Management", and two buttons: "View Cases" and "+ Add". Below the header, there is a "Show 10 entries" dropdown and a search box. The main content is a table with the following columns: Status, Case ID, Review Type, Timing, Treating Prov./Phys., Treating Facility, Req. Start, Req. End, Outcome, and Action. A single entry is displayed in the table. A blue arrow points to the ellipsis in the Action column, which has opened a dropdown menu with "View Request" and "Delete" options.

Status	Case ID	Review Type	Timing	Treating Prov./Phys.	Treating Facility	Req. Start	Req. End	Outcome	Action
Request Has Been Submitted	812	Acute Medical Surgical	Retrospective	WILSON MD, DOUGLAS	JOHN HOPKINS MOORE CL MAC	02/04/2019	02/08/2019		... View Request Delete

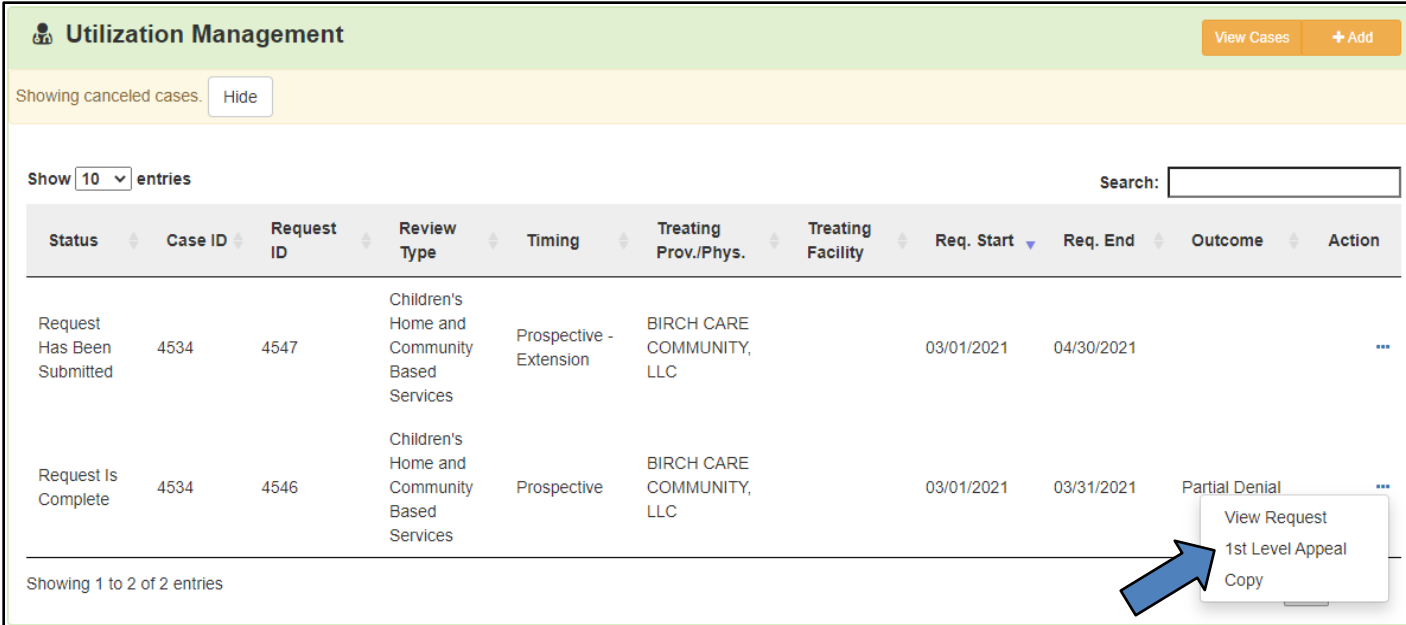
Showing 1 to 1 of 1 entries



Submitting a Reconsideration (1st Level Appeal)

1st Level Appeal

- When a review has units that were denied or partially denied, the user has the option to submit a 1st Level Appeal (reconsideration).
- Perform a search to locate and click on the record that has the denial.
- In the Utilization Management panel, locate the record with the denial, click the ellipsis to display the action menu and select 1st Level Appeal from the options.



Utilization Management View Cases + Add

Showing canceled cases. Hide

Show 10 entries Search:

Status	Case ID	Request ID	Review Type	Timing	Treating Prov./Phys.	Treating Facility	Req. Start	Req. End	Outcome	Action
Request Has Been Submitted	4534	4547	Children's Home and Community Based Services	Prospective - Extension	BIRCH CARE COMMUNITY, LLC		03/01/2021	04/30/2021		...
Request Is Complete	4534	4546	Children's Home and Community Based Services	Prospective	BIRCH CARE COMMUNITY, LLC		03/01/2021	03/31/2021	Partial Denial	... View Request 1st Level Appeal Copy

Showing 1 to 2 of 2 entries

1st Level Appeal (cont.)



- The system will copy all information from the originally submitted review and create a new review.
- The user will attach additional documentation to the new review to support overturning the previous decision of denial.

Documentation

+ Add

Show entries Search:

Name	Category	Topic	Date Added	Uploaded By	Action
Medical Record	Clinical	Medical & Treatment History	02/03/2021	swilsonPPUIMM	

Showing 1 to 1 of 1 entries Previous Next

User Attestation

⚠ 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 review 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.

Acknowledging User *

1st Level Appeal (cont.)



- When all steps are finished, the system will display a success message and a new task is automatically created to notify the reviewer that the case is ready to be reviewed.
- The user will now see the previous review and the current review for the appeal request in the Utilization Management panel. The Case ID has remained the same across both reviews and each review has its own Request ID.

The screenshot shows the 'Utilization Management' interface. At the top, there is a green header with the title 'Utilization Management' and two buttons: 'View Cases' and '+ Add'. Below the header, there is a yellow bar with the text 'Showing canceled cases.' and a 'Hide' button. Underneath, there is a 'Show 10 entries' dropdown and a search box. The main content is a table with the following columns: Status, Case ID, Request ID, Review Type, Timing, Treating Prov./Phys., Treating Facility, Req. Start, Req. End, Outcome, and Action. The table contains three rows of data. At the bottom, there is a pagination bar showing 'Showing 1 to 3 of 3 entries' and 'Previous 1 Next'.

Status	Case ID	Request ID	Review Type	Timing	Treating Prov./Phys.	Treating Facility	Req. Start	Req. End	Outcome	Action
Request Has Been Submitted	4534	4548	Children's Home and Community Based Services	Prospective - 1st Level Appeal - Pre-Service	BIRCH CARE COMMUNITY, LLC		03/01/2021	03/31/2021		...
Request Has Been Submitted	4534	4547	Children's Home and Community Based Services	Prospective - Extension	BIRCH CARE COMMUNITY, LLC		03/01/2021	04/30/2021		...
Request Is Complete	4534	4546	Children's Home and Community Based Services	Prospective	BIRCH CARE COMMUNITY, LLC		03/01/2021	03/31/2021	Partial Denial	...

Submitting a Continued Stay Review Request

Continued Stay Review



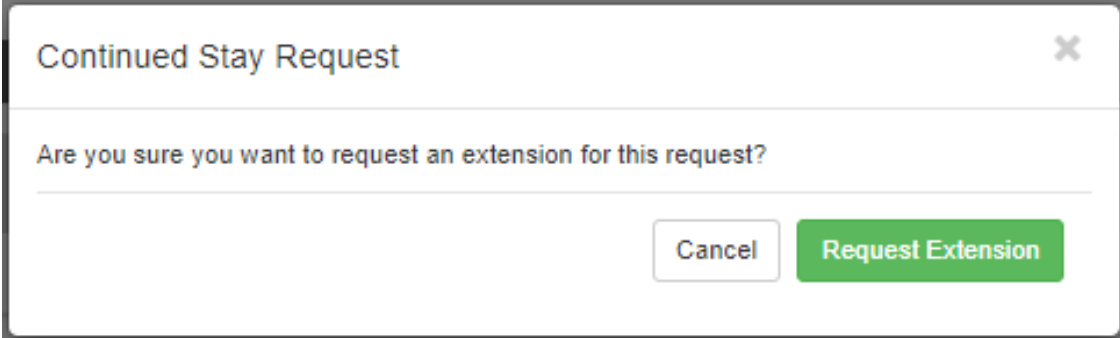
- To request additional days for an inpatient review, users can submit a Continued Stay Review (CSR) request. Additional CSRs can be submitted until the member has been discharged from the facility.
- Navigate to the Member Hub and on the Utilization Management panel locate the case that requires additional days.
- Click the ellipsis to display the action menu and select the option Continued Stay Review.

The screenshot shows the 'Utilization Management' interface. At the top, there is a header with a person icon, the text 'Utilization Management', and two buttons: 'View Cases' and '+ Add'. Below the header, there is a 'Show 10 entries' dropdown and a search box. The main content is a table with the following columns: Status, Case ID, Review Type, Timing, Treating Prov./Phys., Treating Facility, Req. Start, Req. End, Outcome, and Action. Two rows of data are visible. The second row has an open action menu with three options: 'View Request', 'Delete', and 'Continued Stay Review'. A blue arrow points to the 'Continued Stay Review' option.

Status	Case ID	Review Type	Timing	Treating Prov./Phys.	Treating Facility	Req. Start	Req. End	Outcome	Action
Request Has Been Submitted	813	Acute Medical Surgical	Prospective	WILSON MD, DOUGLAS	JOHN HOPKINS MOORE CL MAC	02/25/2019			...
Request Has Been Submitted	812	Acute Medical Surgical	Retrospective - 1st Level Appeal	WILSON MD, DOUGLAS	JOHN HOPKINS MOORE CL MAC	02/04/2019			View Request Delete Continued Stay Review

Continued Stay Review (cont.)

- When the Continued Stay Review option is selected from the action menu the system will display a Continued Stay Request modal.
- Click the Request Extension button on the modal to confirm a continued stay review.



Continued Stay Request ✕

Are you sure you want to request an extension for this request?

Continued Stay Review (cont.)

- When the Request Extension button is clicked, the system will copy all information from the Prospective/Concurrent review and display the Authorization Request screen.
- The Authorization Request screen will display “Continued Stay Review” in the Authorization Request panel for the Timing.

Authorization Request Actions

Case Id 25013	Request ID 25035	Request Status Not Submitted	Date Request Received 06/16/2023 08:23 am	Review Type Acute Medical Surgical (Inpatient)	Place of Service Inpatient Hospital
Type of Service Surgical	Timing Continued Stay Review Extension	Urgent Request No			

Admission and Discharge

Admission Date * 06/15/2023	Continued Stay Start Date * 06/16/2023	Admission Type Information not available	Admission Source
---------------------------------------	--	--	-------------------------

Continued Stay Review (cont.)



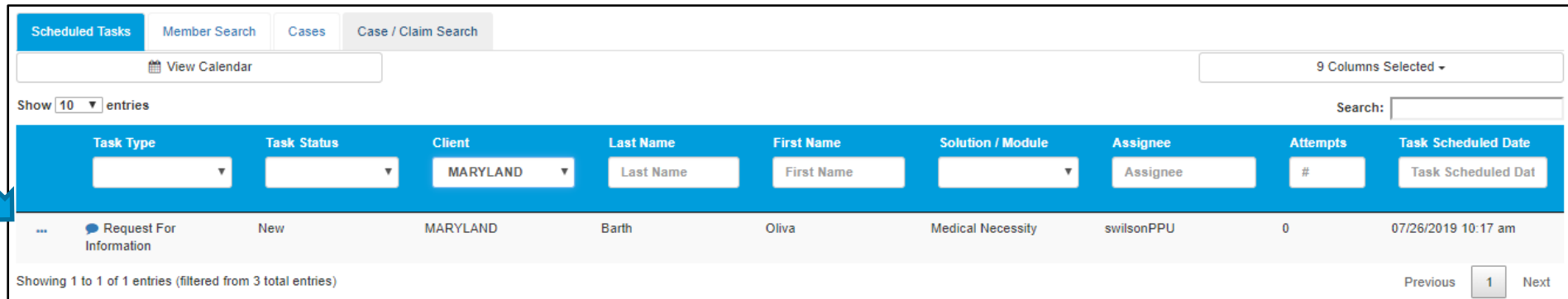
- Add any additional clinical documentation to the review to support the continuation request.
- When all documentation has been uploaded, complete the steps to submit the request for review.
- The user will now see the previous review and the current review for the CSR request in the Utilization Management panel. The Case ID has remained the same across both reviews and each review has its own Request ID.
- Additional CSR reviews can be submitted in this way until the member is discharged from the facility.



Request for Information (RFI)

Request for Information (RFI)

- When a reviewer needs additional clinical documentation to make a determination for the case, a user will see a Request for Information task in the Scheduled Task queue.
- Click on the ellipsis to view the action menu and select Start to access the task.



Task Type	Task Status	Client	Last Name	First Name	Solution / Module	Assignee	Attempts	Task Scheduled Date
Request For Information	New	MARYLAND	Barth	Oliva	Medical Necessity	swilsonPPU	0	07/26/2019 10:17 am

Showing 1 to 1 of 1 entries (filtered from 3 total entries)

Request for Information (cont.)



- The system will display the Review Summary screen.
- Locate the Correspondence panel.
- Click on the name of the letter link to open the correspondence file and see the details regarding what information is being requested.
- The letter will have “Request for Information” in the title.

Letter	Addressee	Date Sent
DRG Request for Information	Treating Facility: UNIVERSITY OF UTAH NPI: 1588656870	05/26/2023 19:37:29
DRG Retro Medical Records Request	Treating Facility: UNIVERSITY OF UTAH NPI: 1588656870	05/26/2023 14:34:01



Request for Information (cont.)



- Next, on the Review Summary screen, locate the Documentation panel to attach additional information.
- Click on the Add button, as was demonstrated earlier in the presentation, to attach additional clinical documentation to the review.

Documentation + Add

Search:

Name	Category	Topic	Date Added	Uploaded By	Action
Commit to a Goal	Clinical	Medical & Treatment History	02/17/2019	swilsonMD	

Show entries Showing 1 to 1 of 1 entries Previous Next



Request for Information (cont.)



- Once all the necessary information has been added, complete the steps to submit the updated request for review.
- The system will trigger a task for the reviewer and the task will no longer be visible for the user on the Scheduled Tasks screen.
- Note: Do not start a new review to submit the additional clinical information that was requested. This will delay the response. Please follow the steps we just outlined when a “Request for Information” task is displayed as a Scheduled Task in the Task Queue.



Reopening a Technical Denial

Reopen



- Only reviews in a Technical Denial status will have the Reopen option.
- A review goes to Technical Denial status when a RFI is initiated, and the user does not attach the requested information to the reviewer within the allowable time.
- The system will automatically set the review to a Technical Denial status when the allowable time has passed, and documentation has not been added to the review.
- Any reviews in the status of Technical Denial will have the option to Reopen.

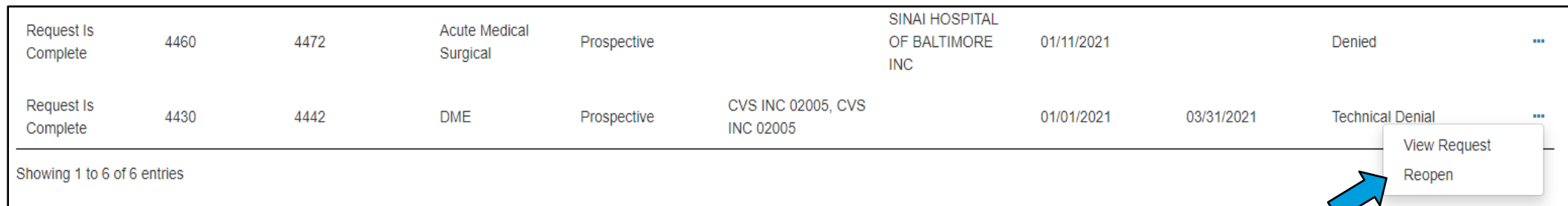


Reopen (cont.)

- Users may either perform a member search to access the Member Hub and view the request in the Utilization Management panel, or search for the case and navigate directly to the Authorization Request Summary screen.
- From the Member Hub Utilization Management panel, locate the desired record that is in Technical Denial status. Click on the ellipsis to display the action menu and select Reopen (*screen shot example below*).
- The system will create a new review that is tied to the previous review(s) by the Case ID. Each review will have its own Request ID.

Request Is Complete	4460	4472	Acute Medical Surgical	Prospective	SINAI HOSPITAL OF BALTIMORE INC	01/11/2021		Denied	...
Request Is Complete	4430	4442	DME	Prospective	CVS INC 02005, CVS INC 02005	01/01/2021	03/31/2021	Technical Denial	...

Showing 1 to 6 of 6 entries



Reopen (cont.)

- If a user performs a Case search and navigates directly to the Authorization Request Summary screen. Locate the Actions button on the Authorization Request panel. Click the Actions button and select Reopen from the menu.
- The submitter can edit case review panels, such as: Dates of Service, Personal Representative, Diagnosis, Procedure, and Documentation.
- The system will create a new review that is tied to the previous review(s) by the Case ID. Each review will have its own Request ID.

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

Reopen (cont.)



- On the Authorization Request screen, the Authorization Request panel will display “Reopen” to indicate the case status.
- The submitter can edit case review panels, such as: Dates of Service, Personal Representative, Diagnosis, Procedure, and Documentation.
- Documentation that was requested in the RFI should be added to the Documentation panel.
- Follow the previously outlined steps to finalize and submit the review.
 - Click the Continue button at the bottom of the screen once documentation has been uploaded.
 - Complete the MCG clinical criteria documentation and click the Submit Request button.
 - Complete the User Attestation to complete and submit the review.



Reopen (cont.)

- The user will now see the previous review and the current review for the reopen request in the Utilization Management panel.
- Please note: The Case ID has remained the same across both reviews and each review has its own Request ID. These IDs can be used to search for either the case or the individual reviews.

Show entries Search:

Status	Case ID	Request ID	Review Type	Timing	Treating Prov./Phys.	Treating Facility	Req. Start	Req. End	Outcome	Action
Request Is Complete	4459	4471	DME	Prospective	CVS INC 02005, CVS INC 02005		02/01/2021	04/30/2021	Approved	...
Request Has Been Submitted	4463	4481	Acute Medical Surgical	Prospective - 1st Level Appeal - Pre-Service		SINAI HOSPITAL OF BALTIMORE INC	01/28/2021			...
Request Is Complete	4463	4475	Acute Medical Surgical	Prospective		SINAI HOSPITAL OF BALTIMORE INC	01/28/2021		Denied	...
Request In Progress	4460	4473	Acute Medical Surgical	Prospective - 1st Level Appeal - Pre-Service		SINAI HOSPITAL OF BALTIMORE INC	01/11/2021			...
Request Is Complete	4460	4472	Acute Medical Surgical	Prospective		SINAI HOSPITAL OF BALTIMORE INC	01/11/2021		Denied	...
Re-Open Request	4430	4549	DME	Prospective - Reopened	CVS INC 02005, CVS INC 02005		01/01/2021	03/31/2021		...
Request Is Complete	4430	4442	DME	Prospective	CVS INC 02005, CVS INC 02005		01/01/2021	03/31/2021	Technical Denial	...

Showing 1 to 7 of 7 entries Previous Next



Email Notifications

Email Notifications



- Users will receive email notifications when:
 - Reviews are received from the portal
 - Reviews are updated/changed in status
- To ensure authorized personnel in your organization receives an email notification for reviews, please select the organization or facility in the Provider Organization Visibility panel.



Resources for Assistance & Contact Information

Resources for Assistance & Contact Information



Website: <https://idmedicaid.telligen.com/>

Idaho Call Center & Provider Help Desk

- Email: idmedicaidsupport@telligen.com
- Toll-Free Phone: (866) 538-9510

Portal Registration Questions

- Email: qtregistration@telligen.com
- Toll-Free Phone: (833) 610-1057



Questions?

