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.

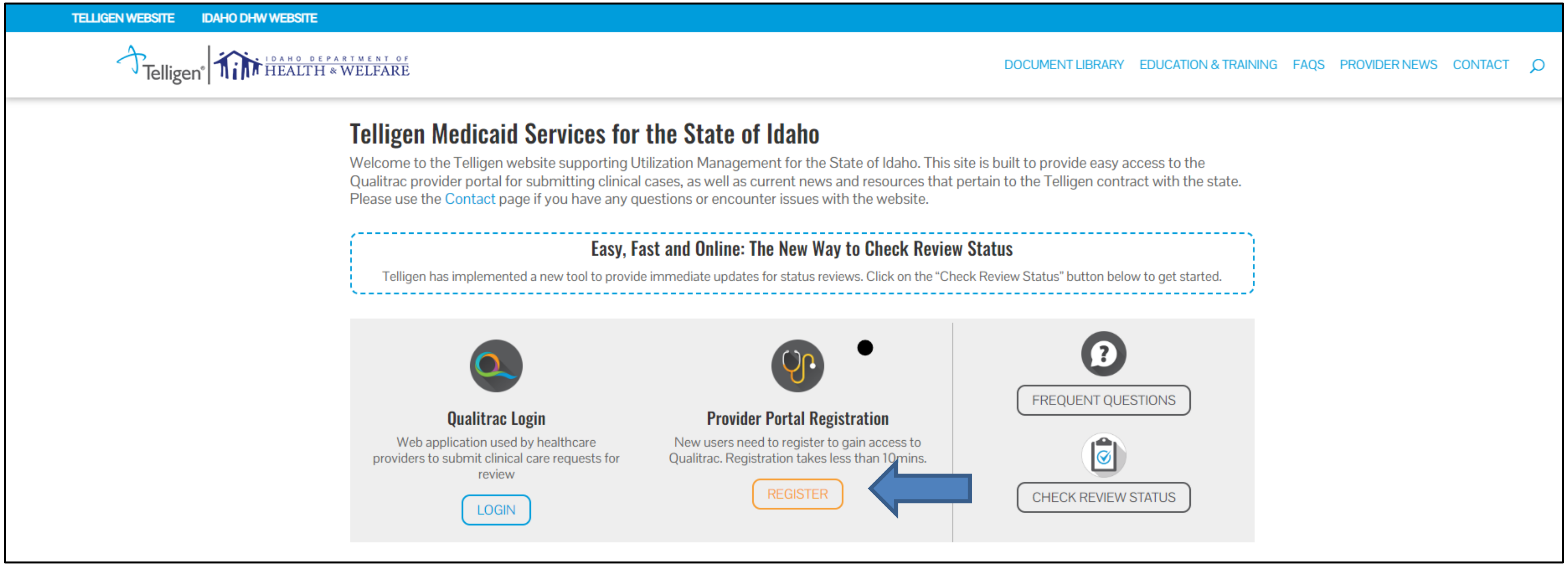
About Us

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.



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

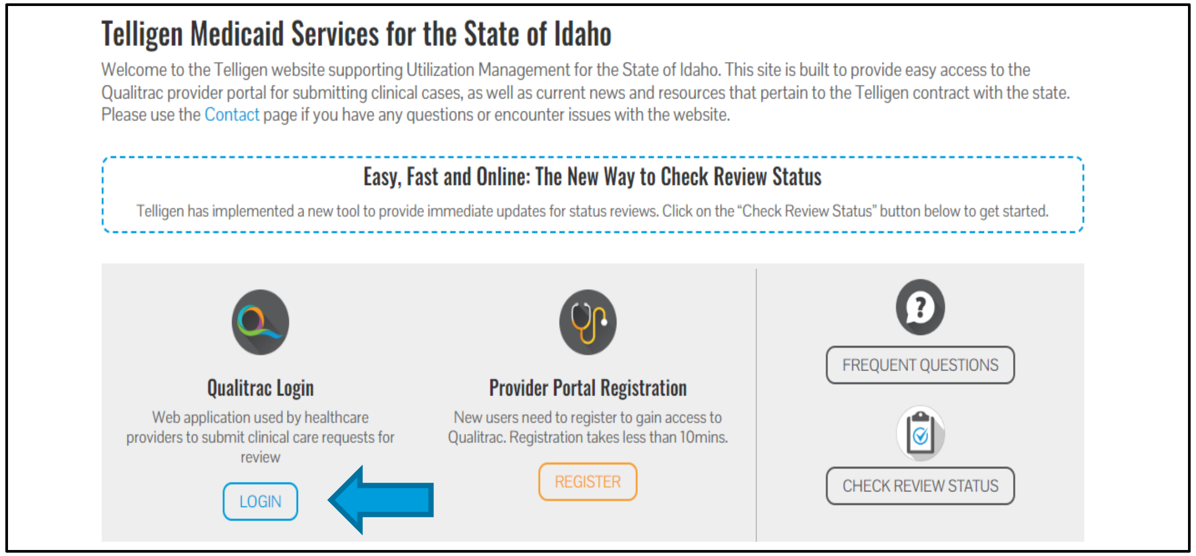
Accessing the Provider Portal: Qualitrac Login

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

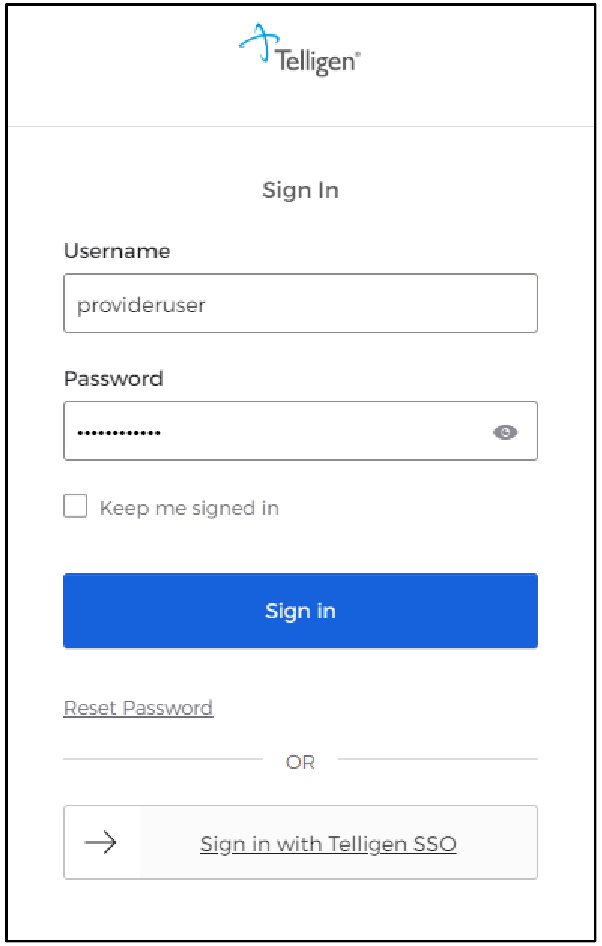
  Tip: Bookmark this link for future reference. Continue to check the website for information pertaining to the Telligen Provider Portal and the review process.

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



Qualitrac Sign In Screen

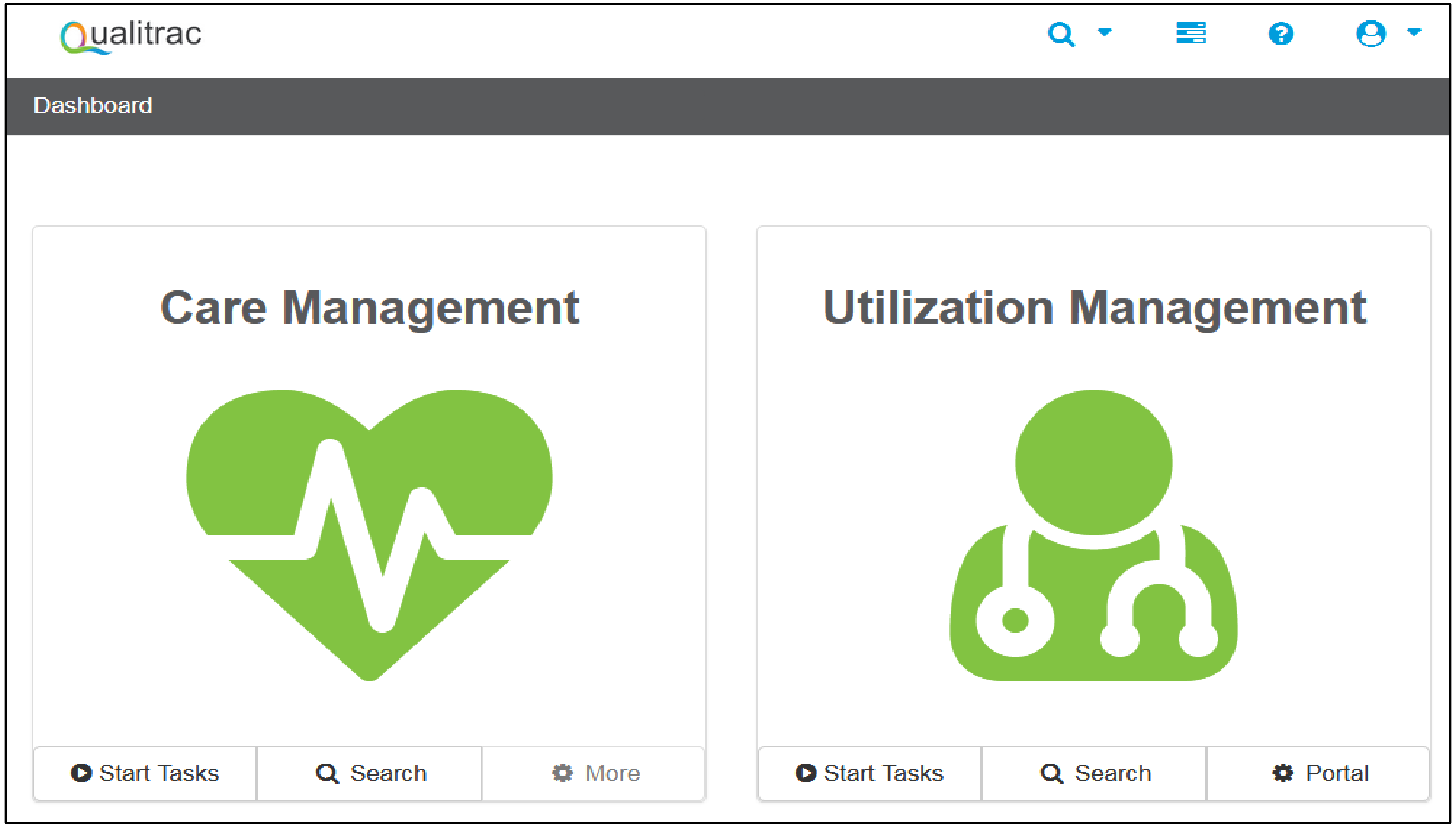
- The Sign In page of Qualitrac will require a Username and Password.
- Enter the username that was assigned to you by the person that set up your account.
- Enter the password that you set up when you activated your account.
- Click the Sign In button to authorize your credentials and access the Qualitrac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



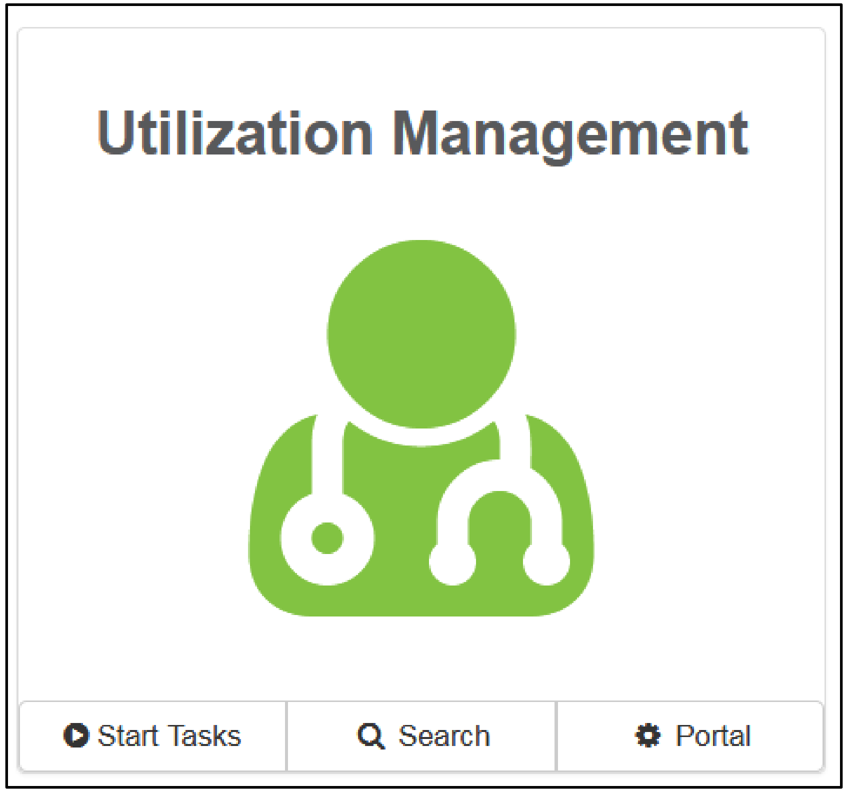
Qualitrac Provider Portal

Qualitrac Provider Portal

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



System Dashboard: Utilization Management



- 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

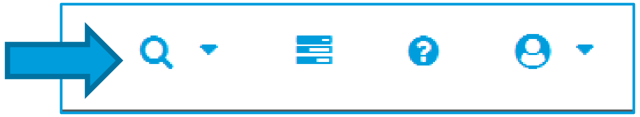
Knowledge Center: click this icon to access the Utilization Management User Guide

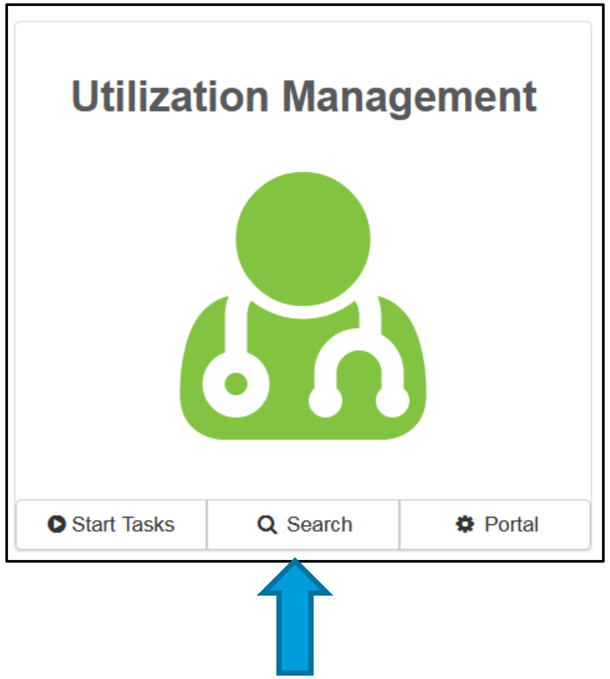
User Profile/Log Out: click this icon to access/edit user profile; log out of application

Case Submission for Medical Necessity Review: Adding an Authorization Request

Navigate to the Member Search

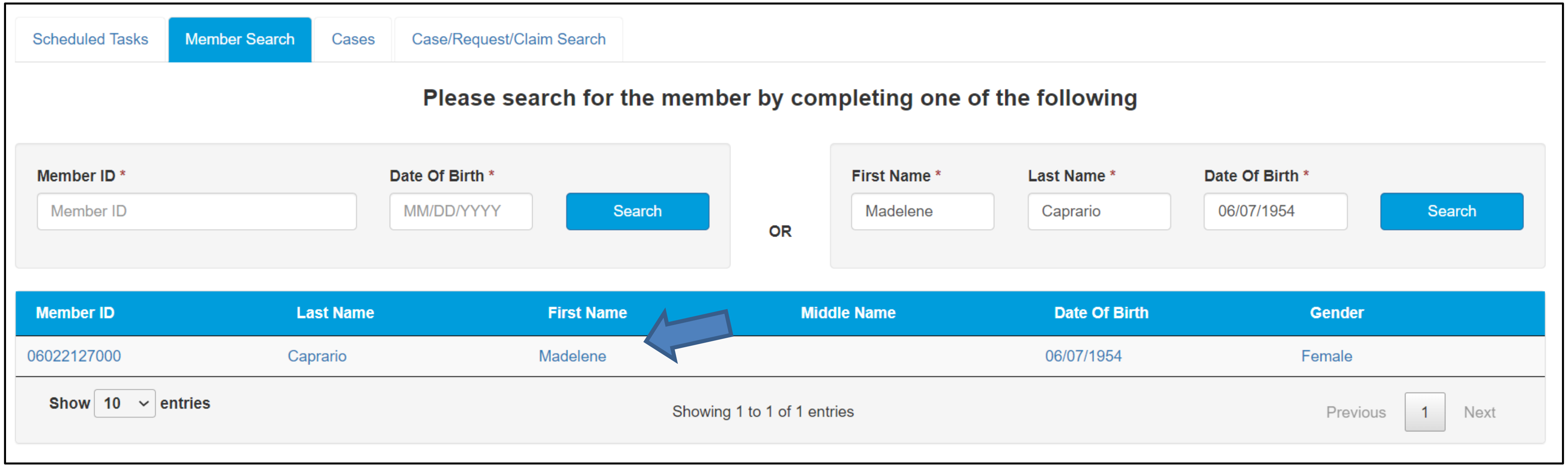
- To add an authorization request in the Qualitrac system, the member record for the case to be submitted needs to be located.
- On the Dashboard (home) page, click on the Search button to navigate to the Task Queue.
  - Users can also click on the search icon from the navigation ribbon.
- From the Task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





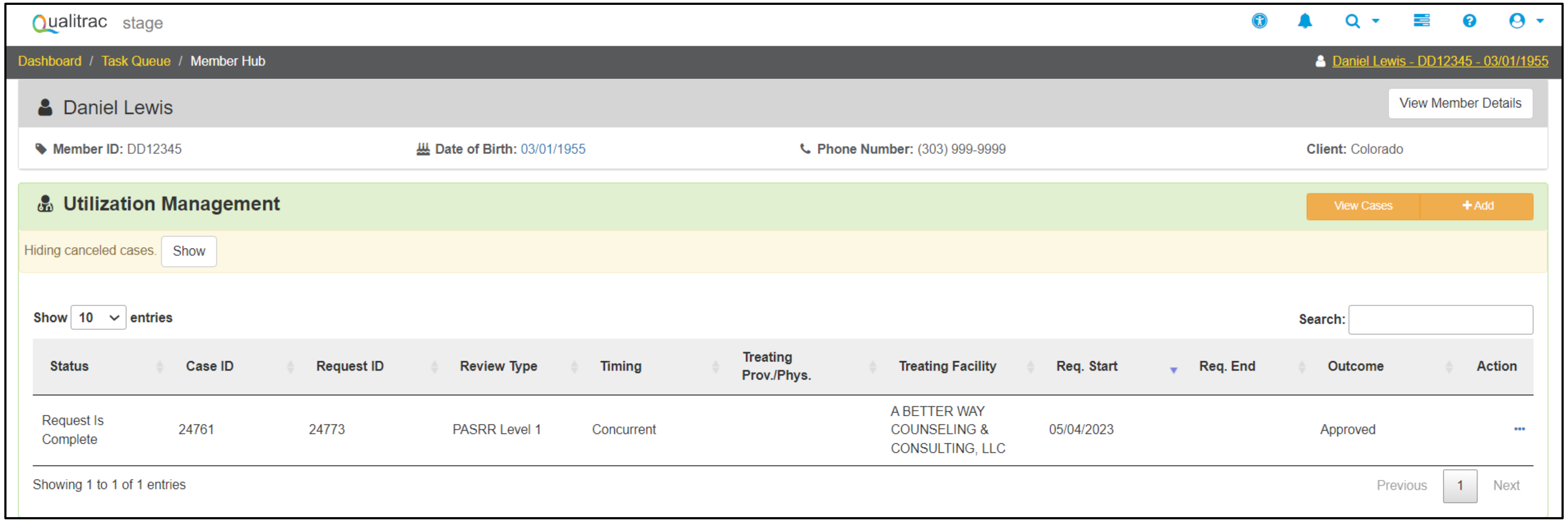
Task Queue: Member Search

- 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.



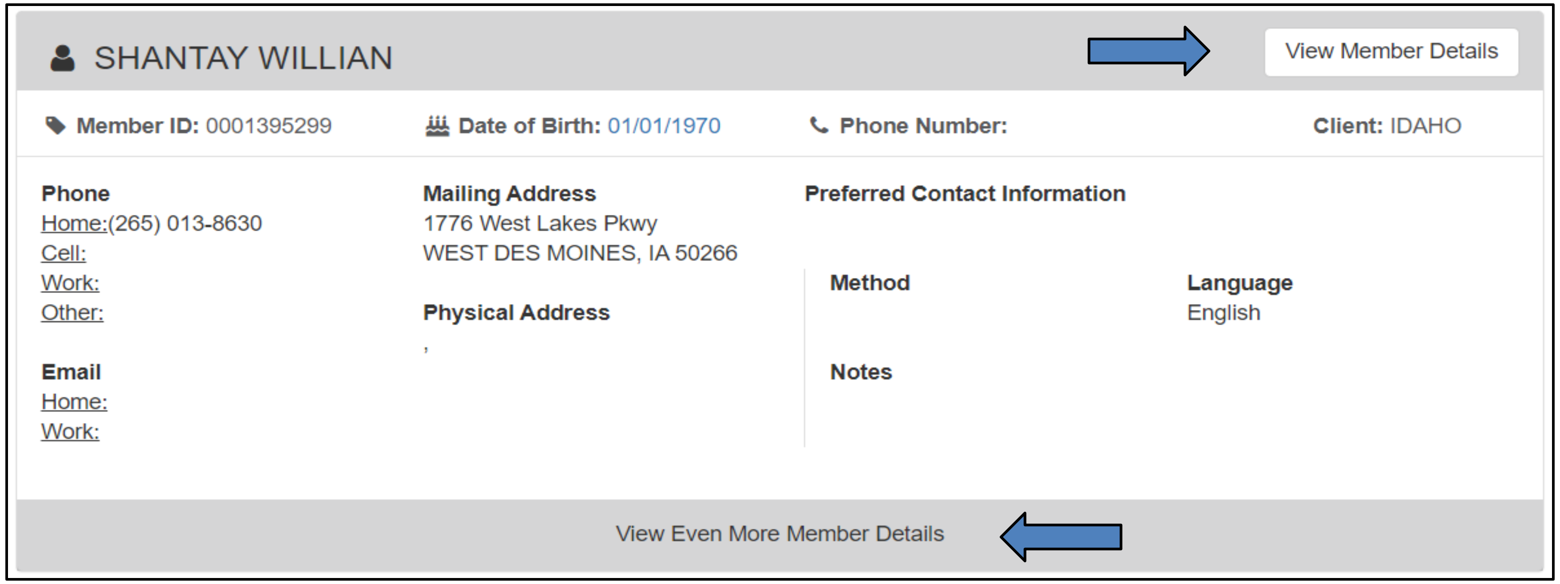
Qualitrac Member Hub

- 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.



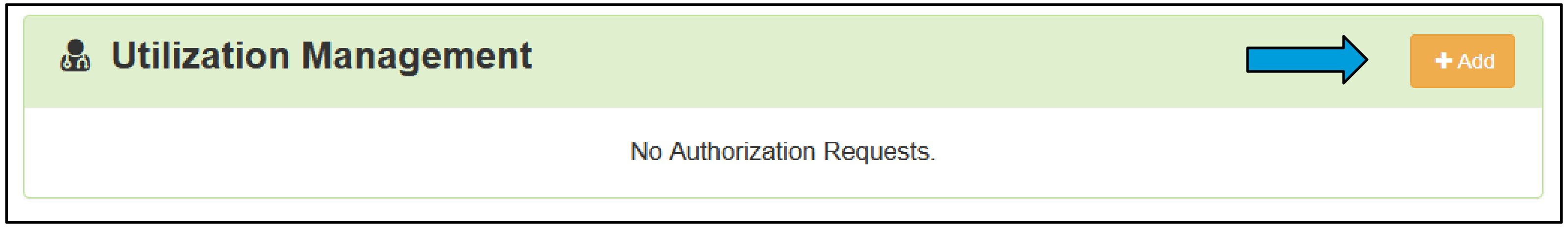
Member Hub: Member Details

- 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.



Member Hub: Utilization Management Panel

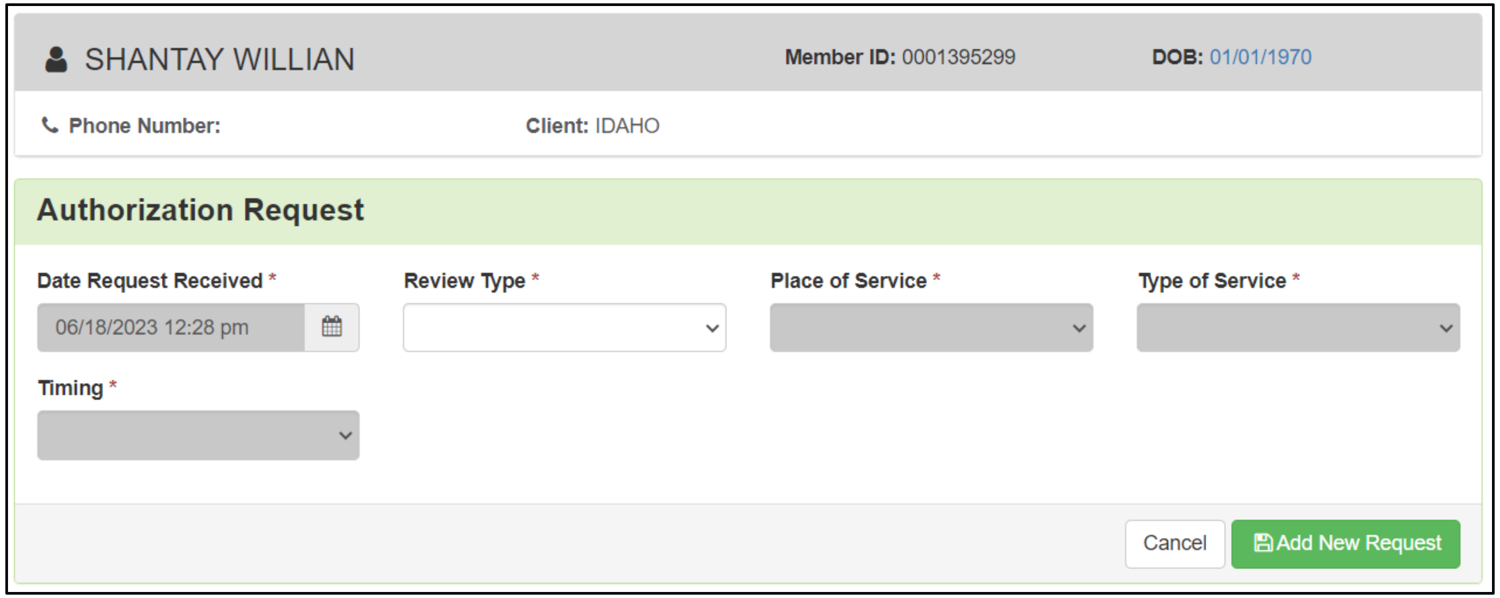
- The Utilization Management panel is where a user will create, view, and manage authorization requests.
- To create a new Authorization Request, click the Add button to be directed to the New Request screen and begin the process.



Add a New Authorization Request

Authorization Request Panel

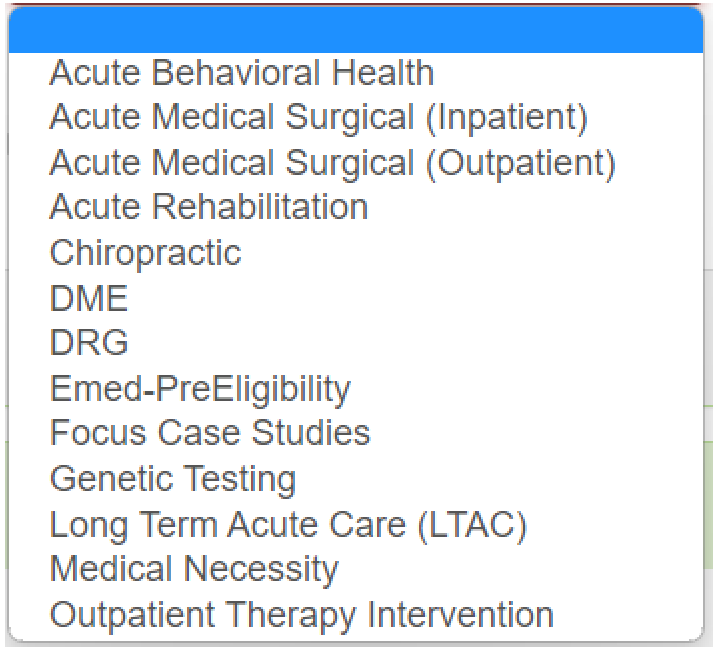
- The system will first display the Authorization Request panel when creating a new request.
- This panel is the foundation for building a request.
- The form fields are dynamically displayed and populated as data is entered.



Authorization Request Panel: Review Type

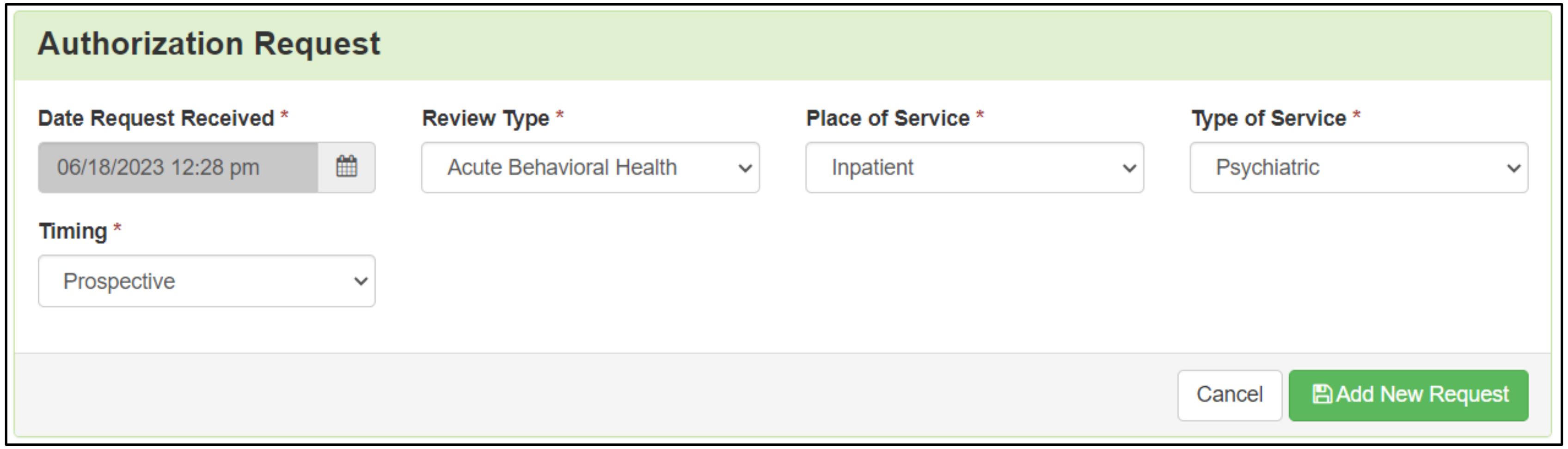
Telligen®

- Review Type: 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.



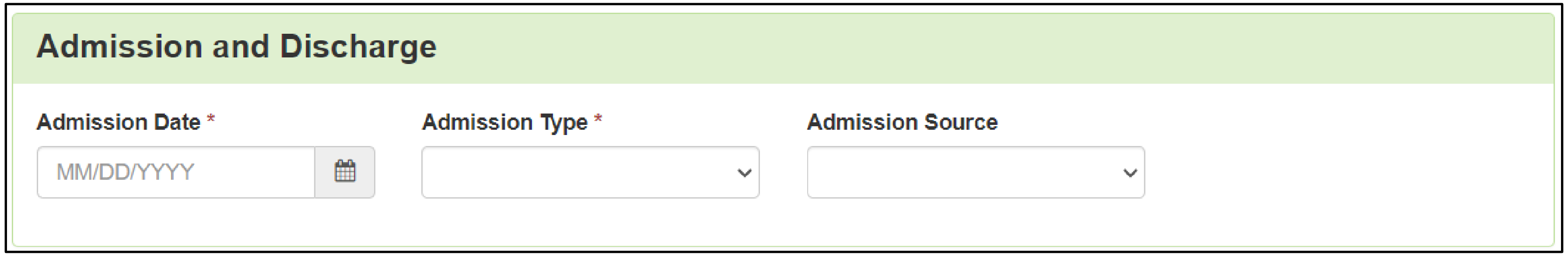
Authorization Request Panel: Completing the Form

- 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.



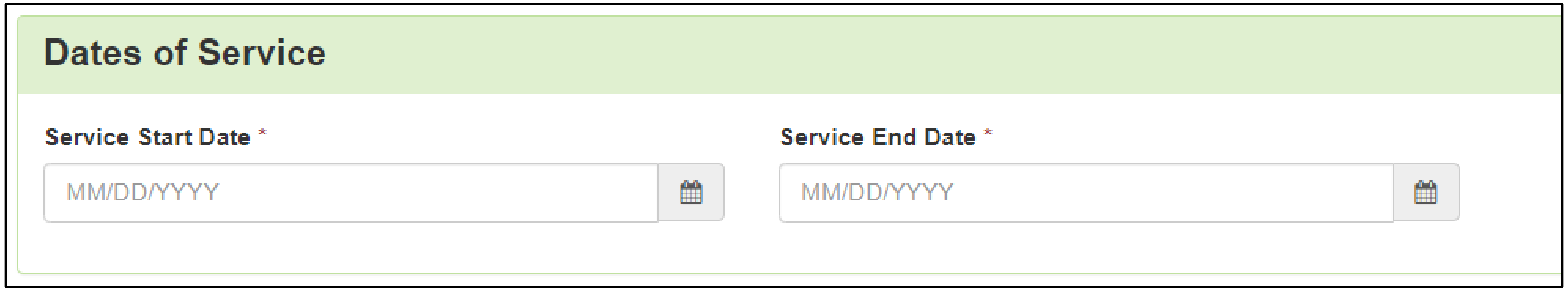
Admission and Discharge Panel

- 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.



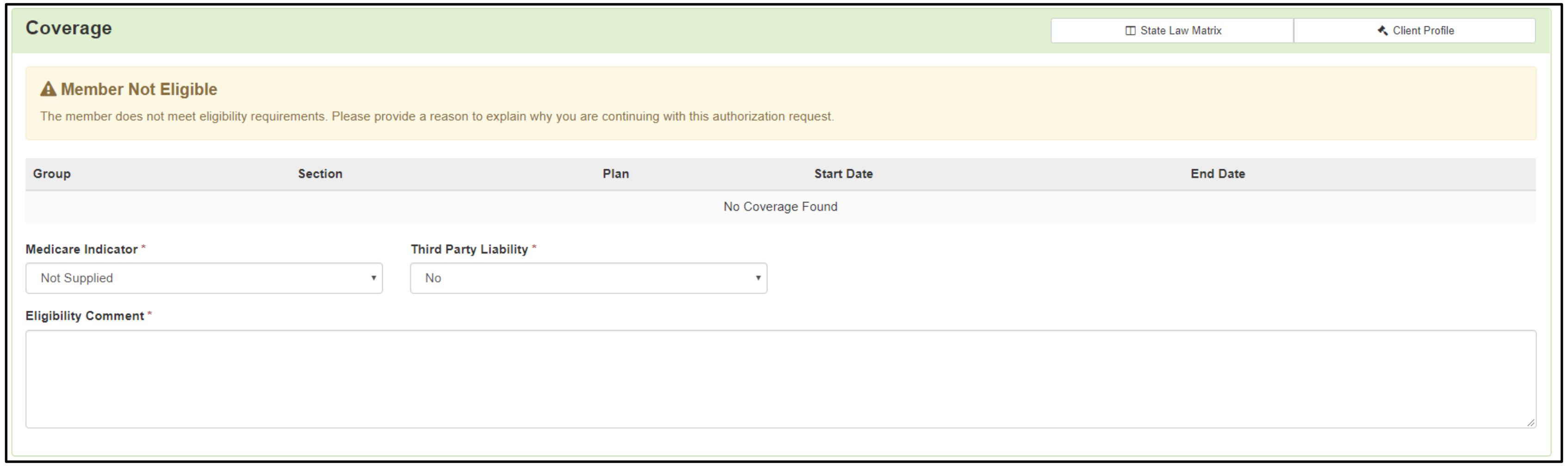
Dates of Service Panel

- 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.



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.



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

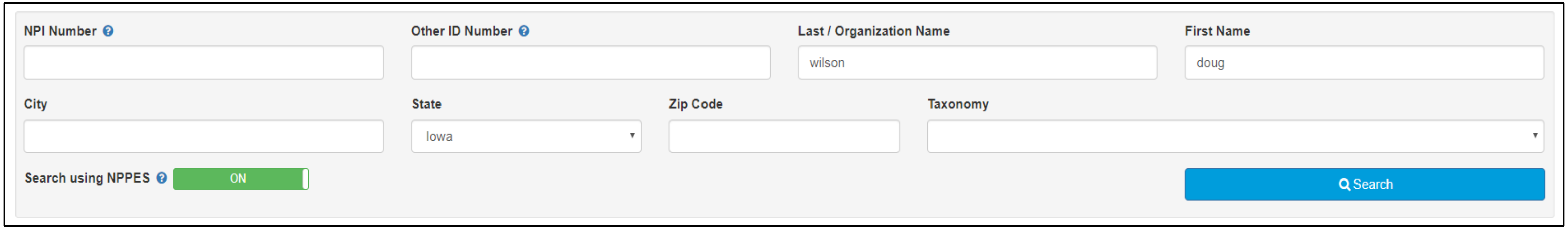
Name	NPI	Type	Address	Phone	Primary Taxonomy	Action
No Treating Physician Supplied						

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.



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
+	ON 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.)

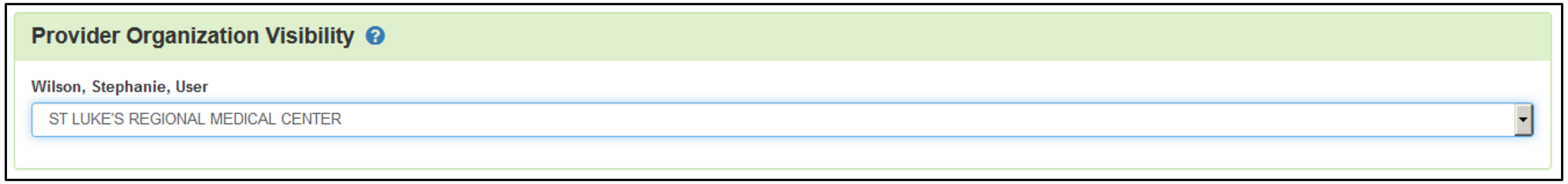
- When the Add button is clicked on the desired search result, the system will close the provider selection screen and return to the authorization request screen with the selected provider displayed in the Providers panel.
- To delete a record in the Providers panel, click on the ellipsis to display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

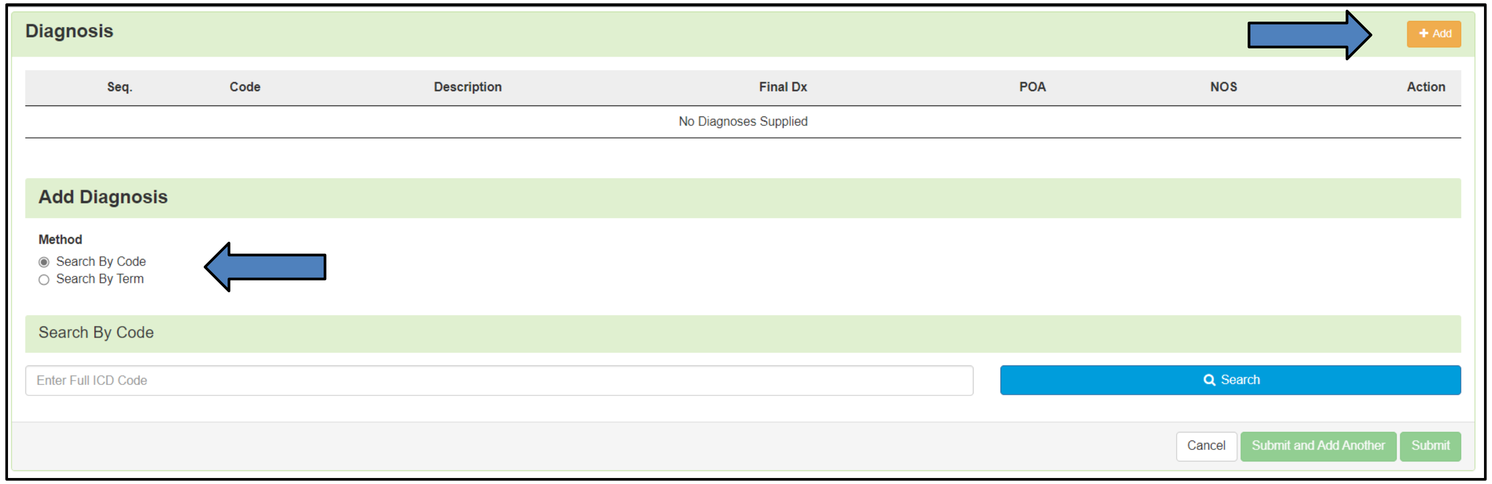
Provider Organization Visibility Panel

- 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.



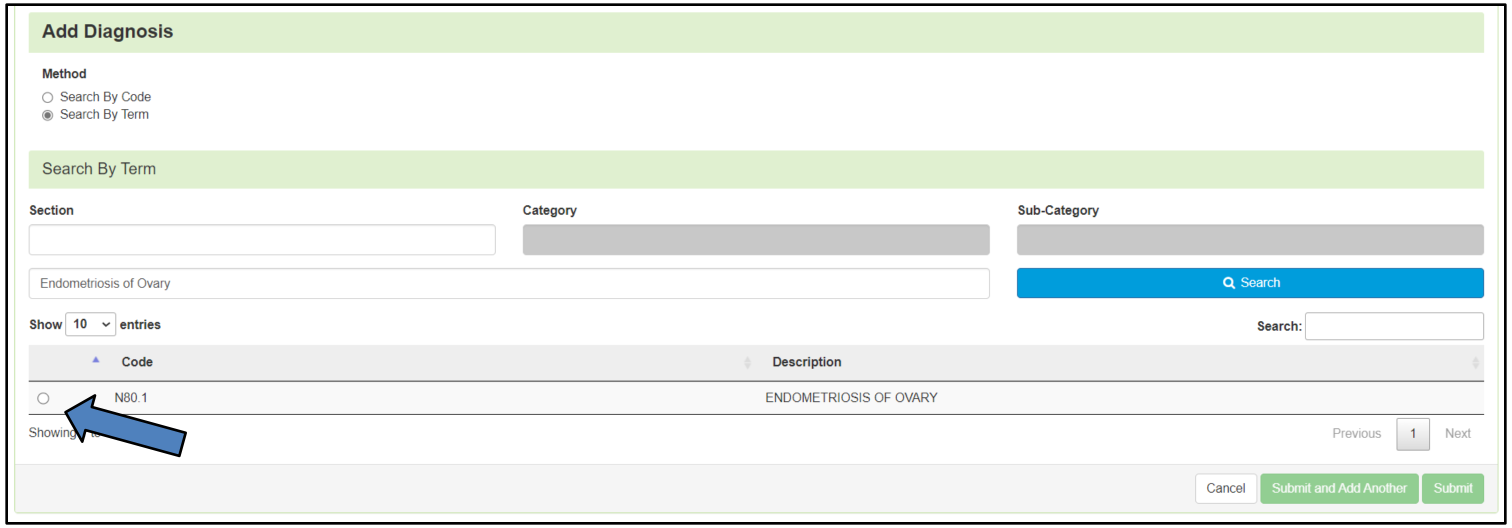
Diagnosis Panel

- 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 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.



Diagnosis Panel (cont.)

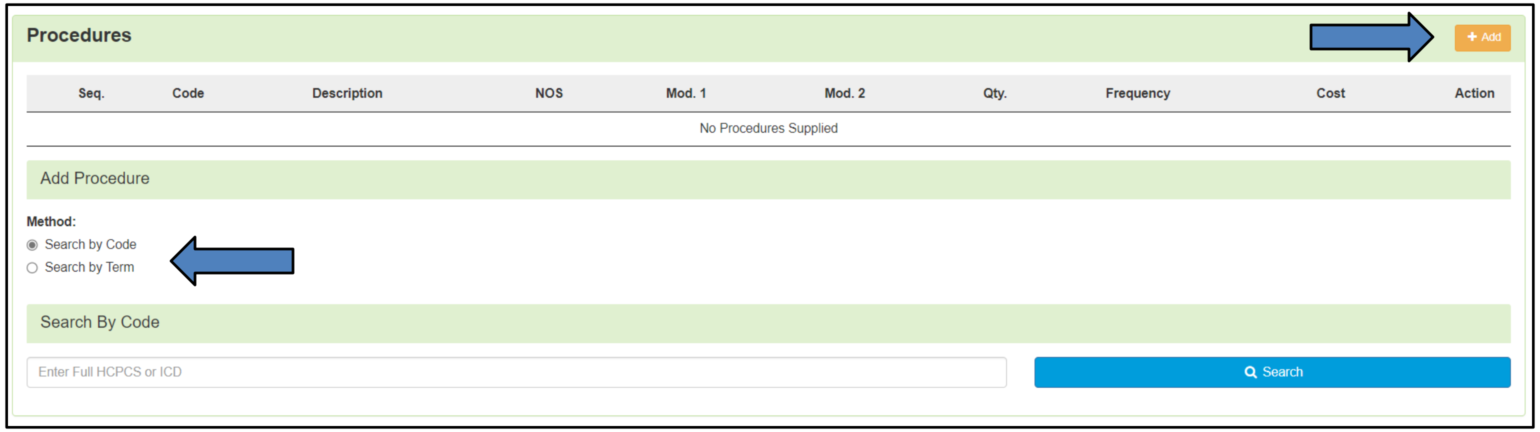
- When done entering diagnoses, click on the Submit button. The system will display the submitted diagnosis as an entry in the Diagnosis Panel and close the search.
- To delete the record, click on the trash can icon.
- Users can indicate that a diagnosis is the “final diagnosis” by selecting the corresponding 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	○	☐		

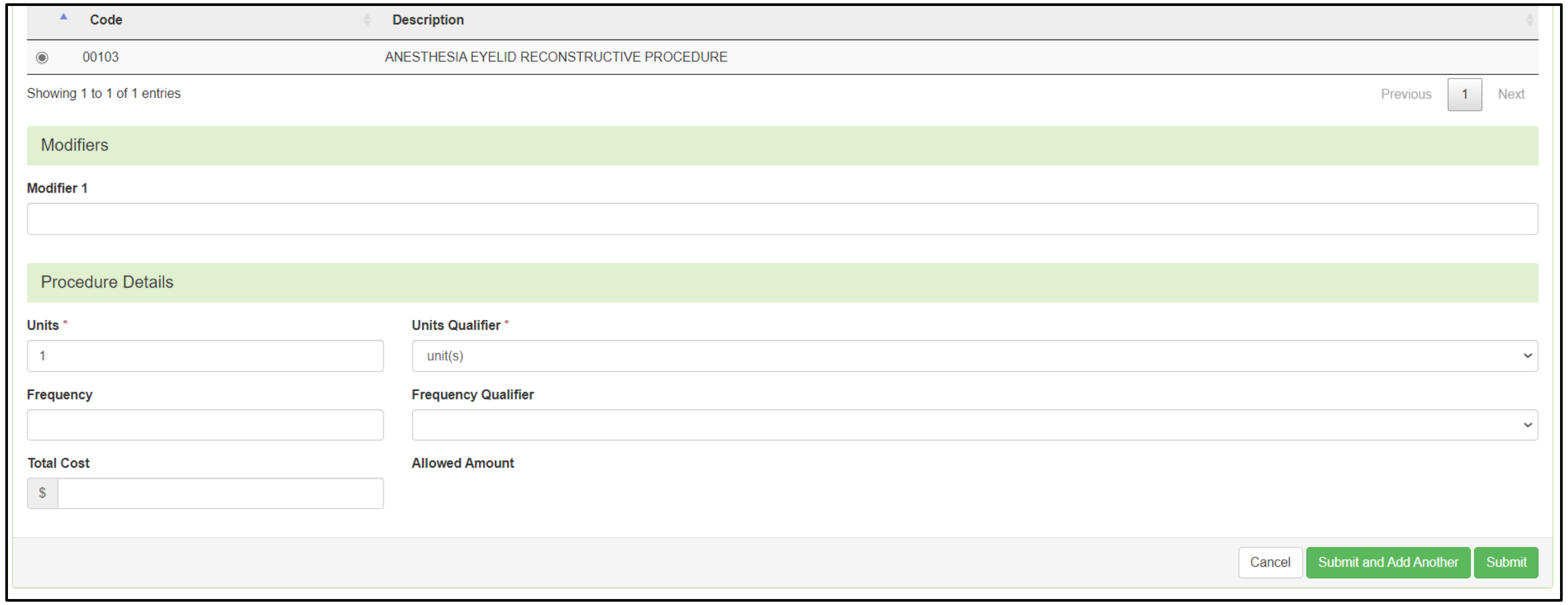
Procedures Panel

- 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.



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.



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.)

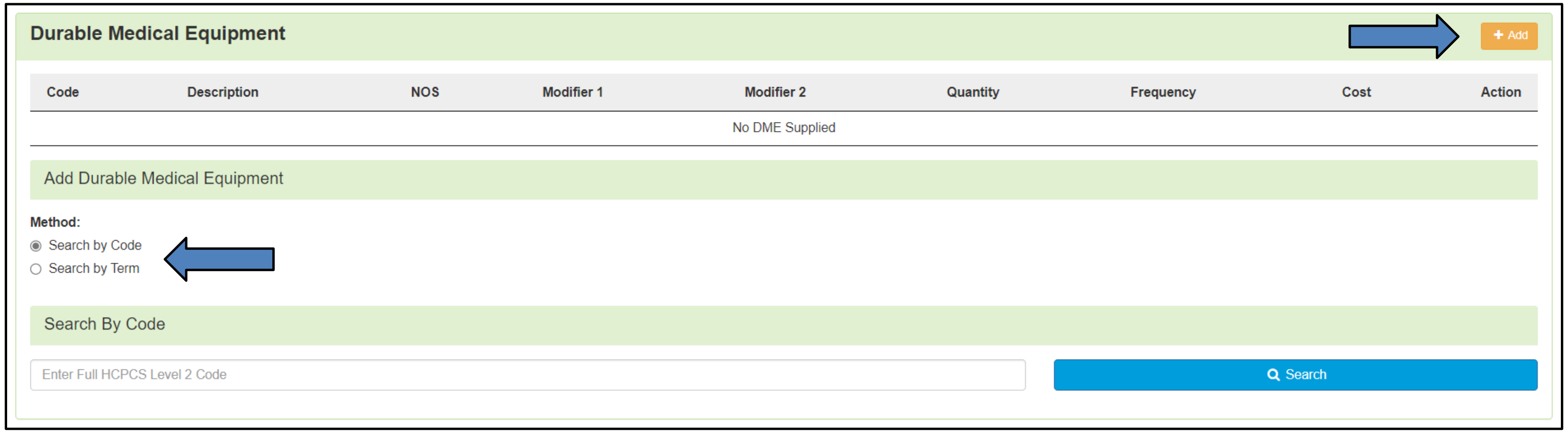
- Once the Submit button is clicked, the system will close the search and display the submitted procedure as an entry in the Procedures panel.
- Users can rearrange the sequence of added procedures, if more than one procedure is entered, by clicking and dragging the rows in the procedures table to be 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)			

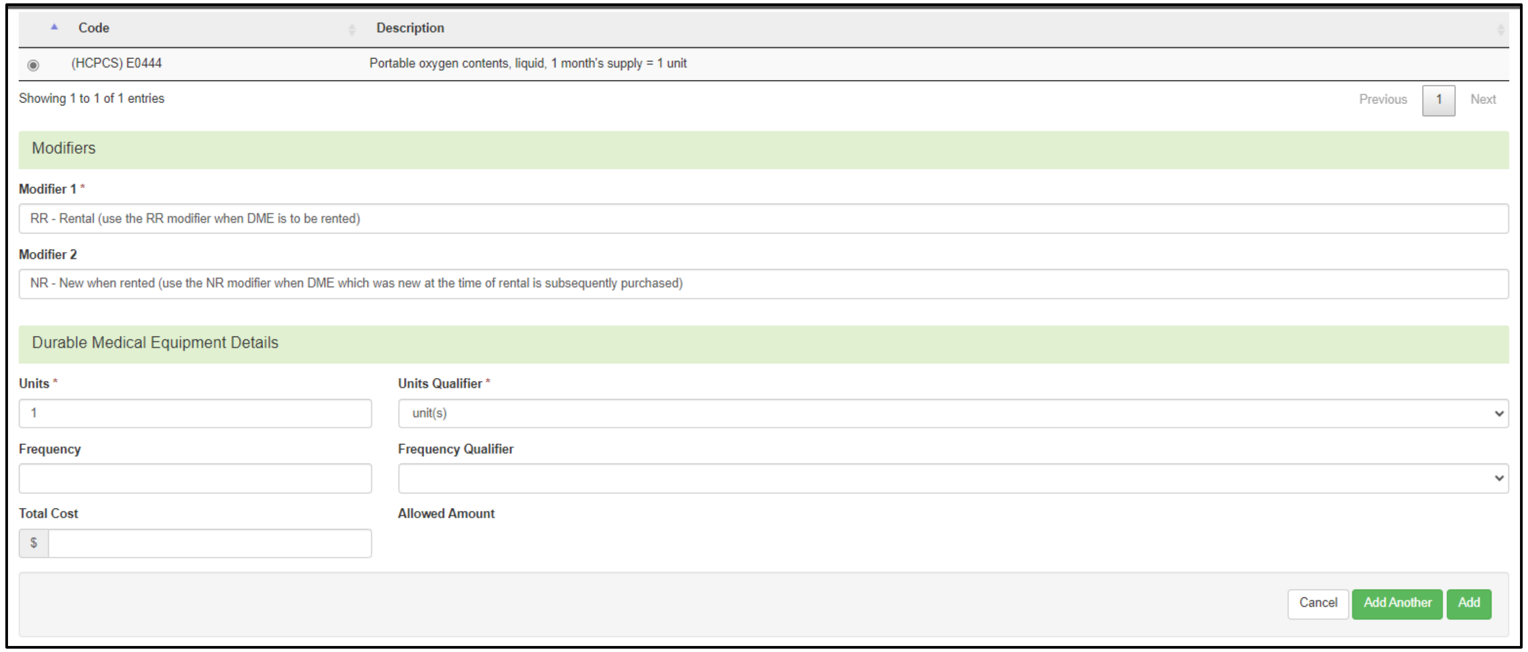
Durable Medical Equipment Panel

- 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.



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.



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.)

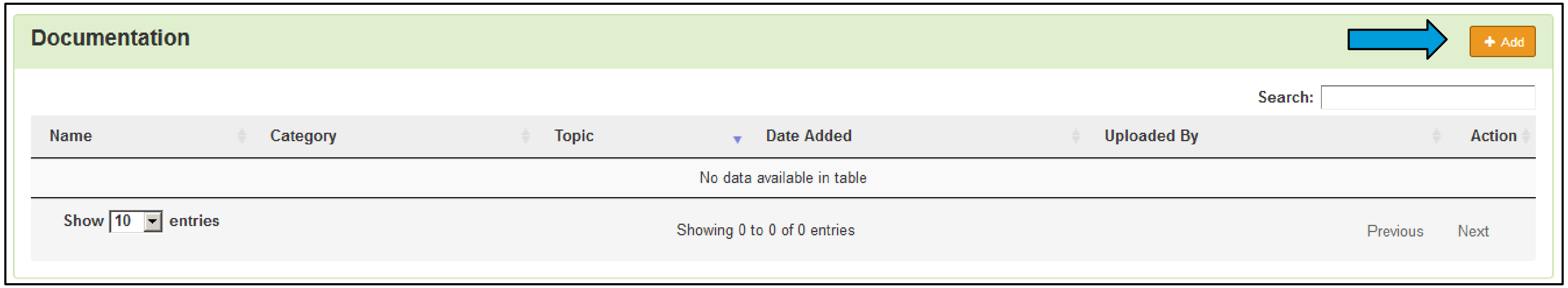
- Once the Submit button is clicked, the system will close the search and display the submitted procedure as an entry in the Durable Medical Equipment panel.
- To delete the record, click on the trash can icon.
- To edit a record, click the Edit icon located in the Action column for the record row and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

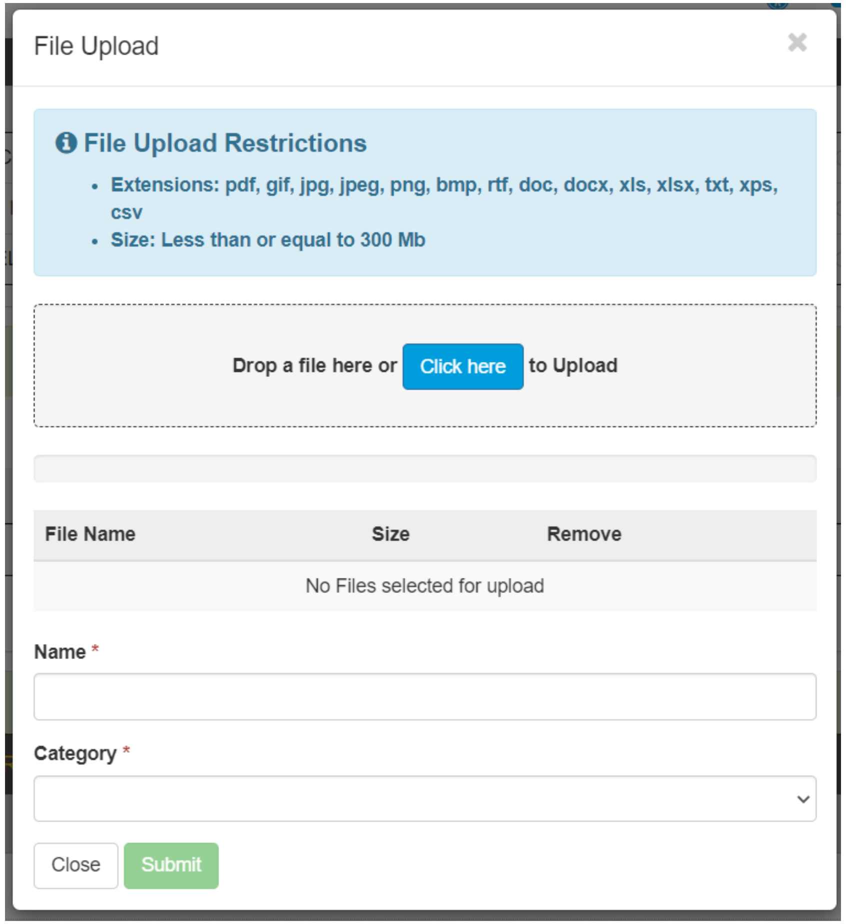
- The Documentation Panel is the final panel on the page to submit the Authorization Request for review.
- This is where any clinical documentation can be uploaded related and necessary for the review to be processed.
- Click on the Add button to display the file upload modal.



Documentation Panel: File Upload

File Upload Modal

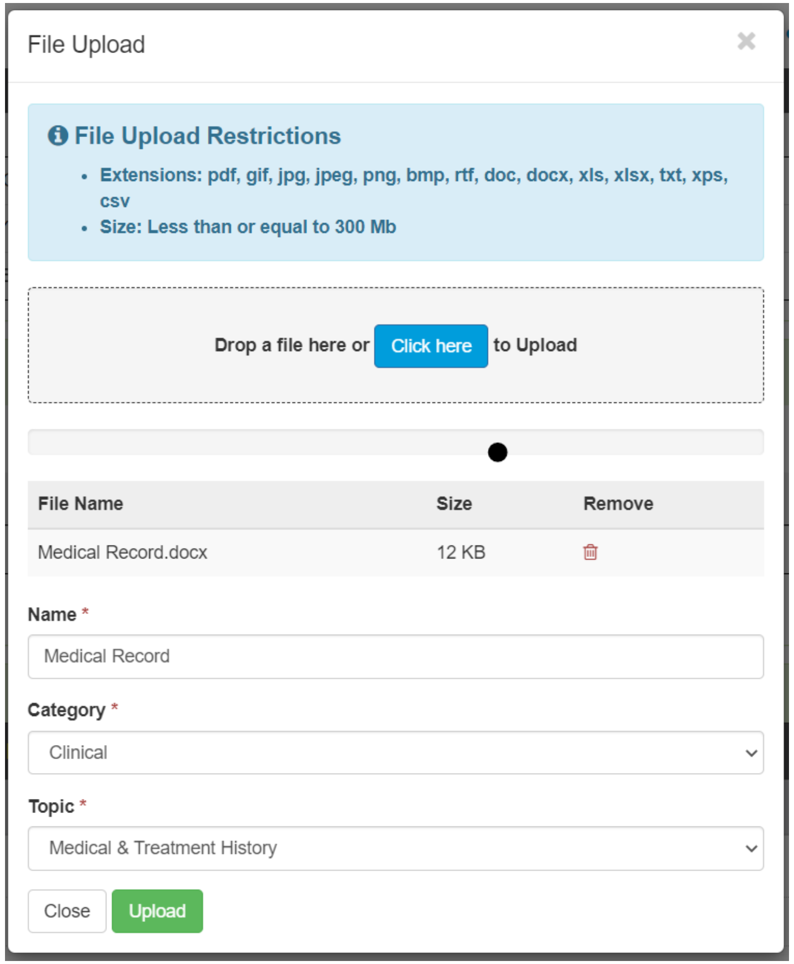
- Users can drag and drop files to the modal or use the ‘Click here’ button to locate a file to add.
- File upload restrictions are located at the top of the page.
- Users may change the name of the file, if needed.
- Users must select a Category for the document being uploaded.
- Based on the Category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



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.



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 10 entries Search:

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

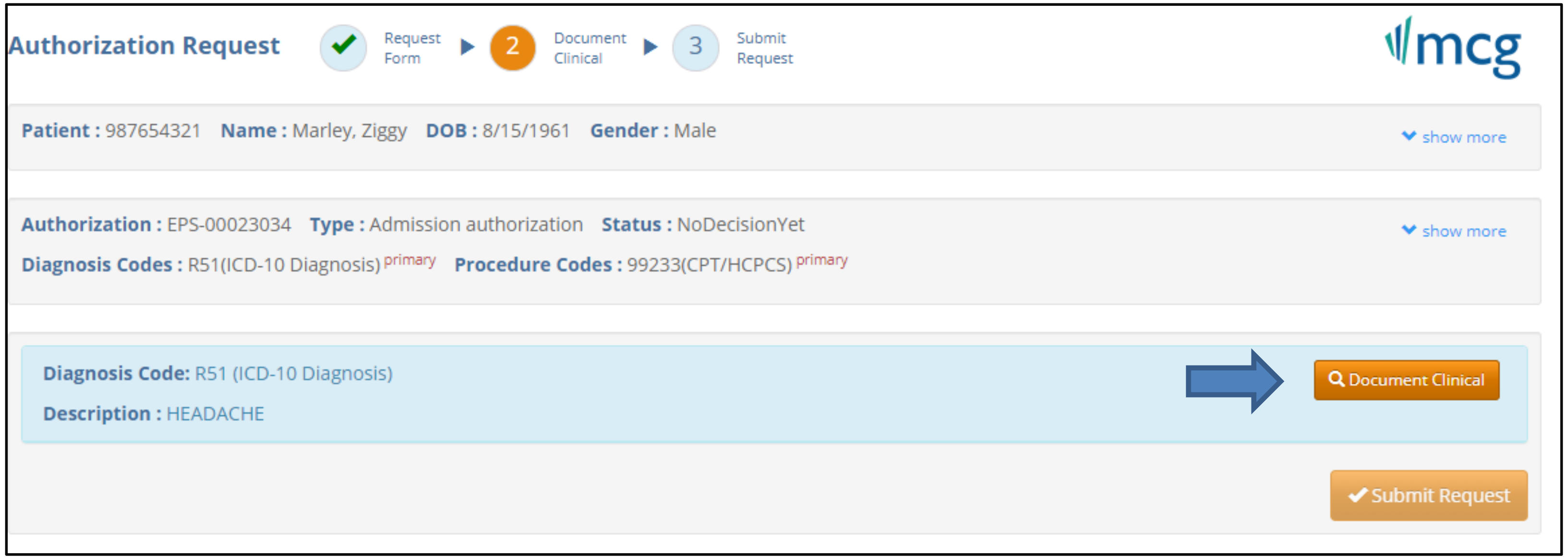
Showing 1 to 1 of 1 entries Previous 1 Next

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.

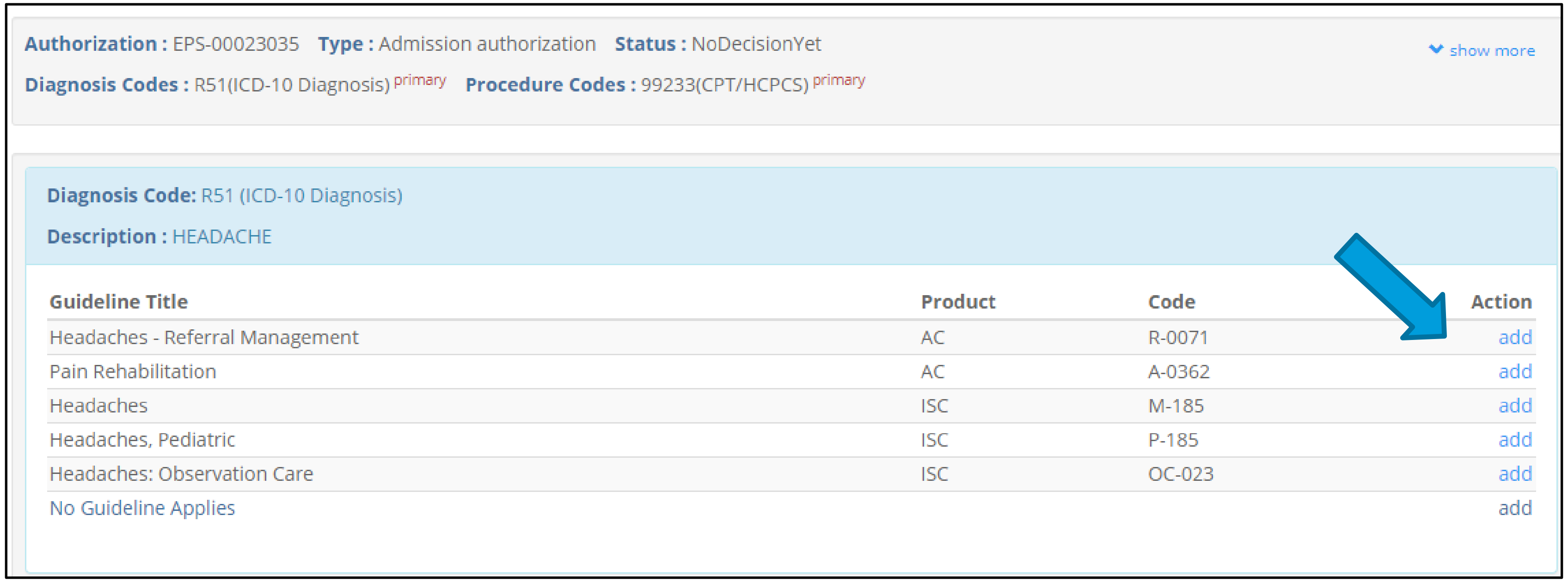
Milliman Care Guidelines (MCG)

- 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.



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

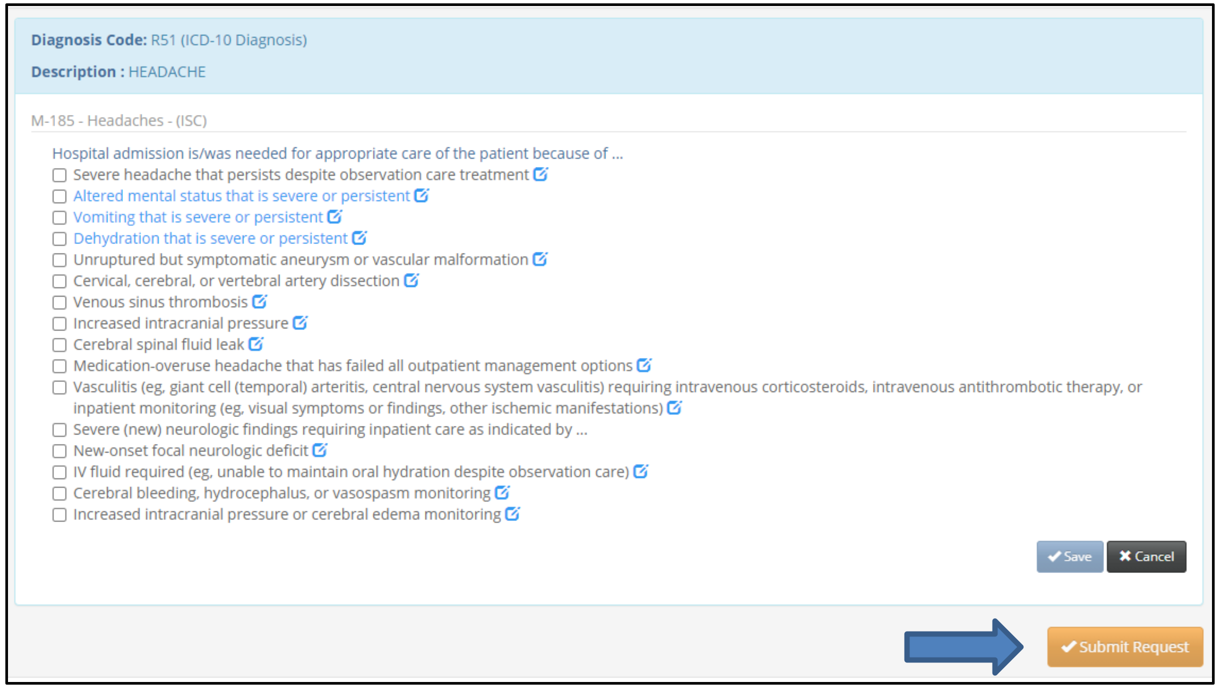
Diagnosis Code: R51 (ICD-10 Diagnosis)

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.

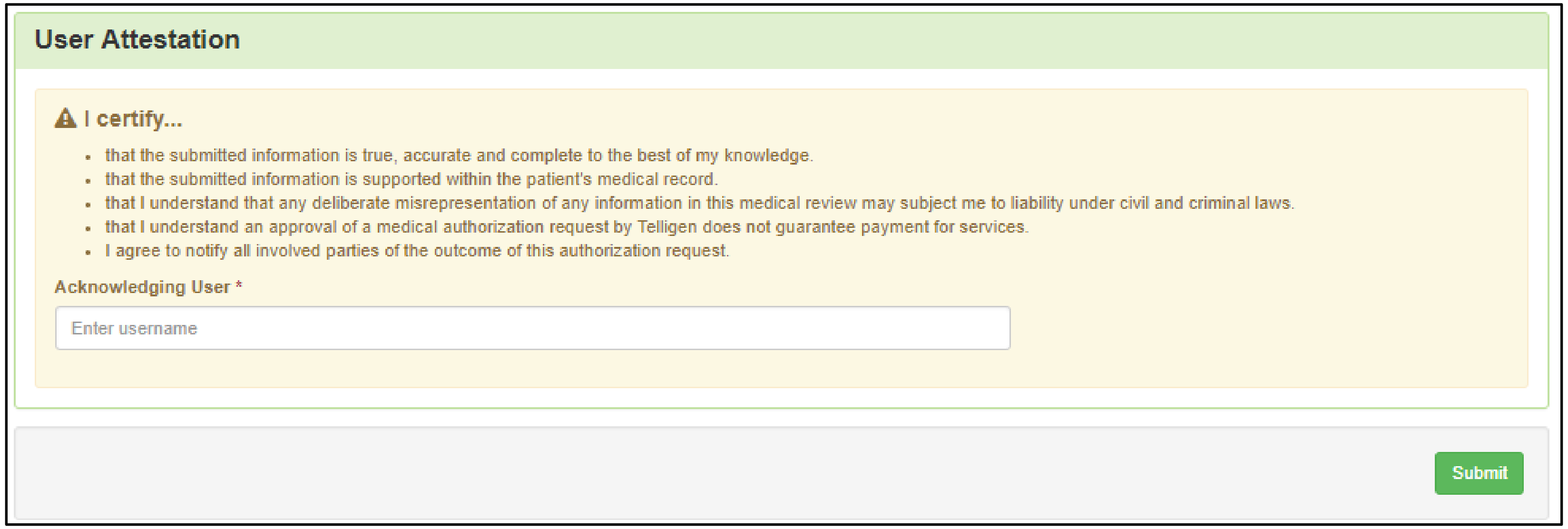


Milliman Care Guidelines (MCG) (cont.)

- 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.

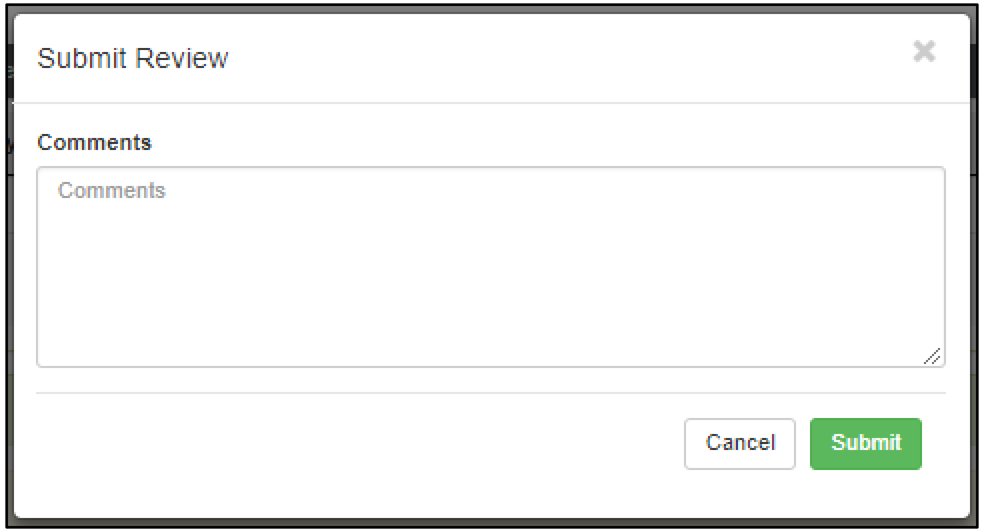
User Attestation Panel & Completing the Request

- 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.



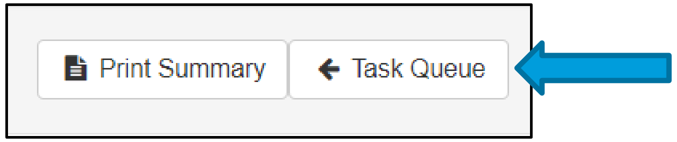
Submit Review: Comments

- 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.



Authorization Request Summary

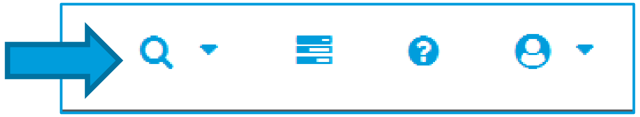
- After clicking the Submit button on the comment modal, the system will display a success message and load a summary of the review.
- Users will have the option to Edit, Print the Summary, Delete, or exit and return to the Task Queue.
- To exit the summary screen, scroll down through the entered information 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.

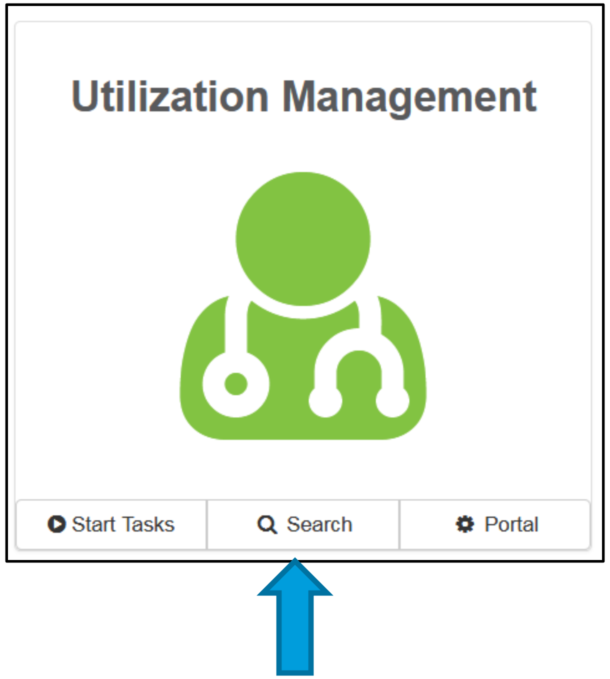


Search for a Submitted Request

Navigate to the Case Search

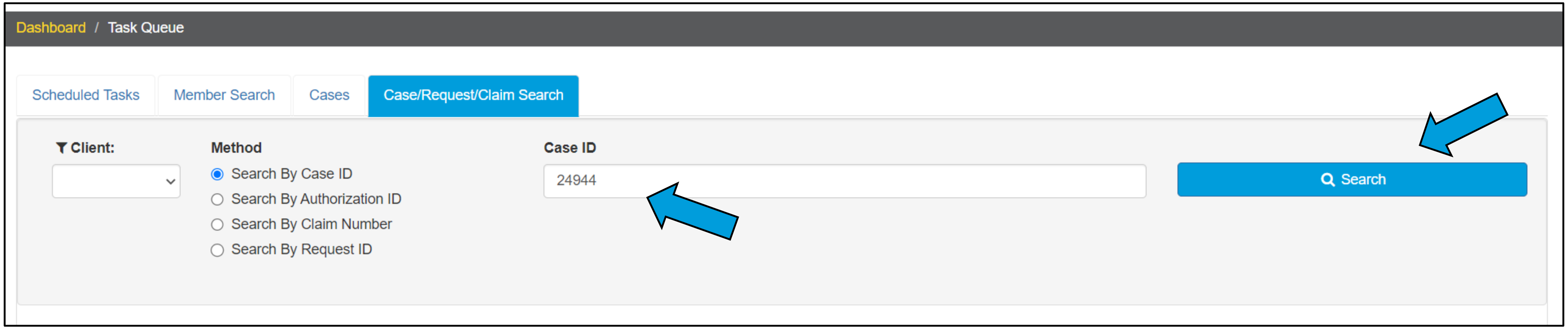
- Once a review has been submitted, a Case search can be performed to locate the request using the Case ID.
- On the Dashboard (home) page, click on the Search button to navigate to the Task Queue.
  – Users can also click on the search icon from the navigation ribbon and select the Case Search option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





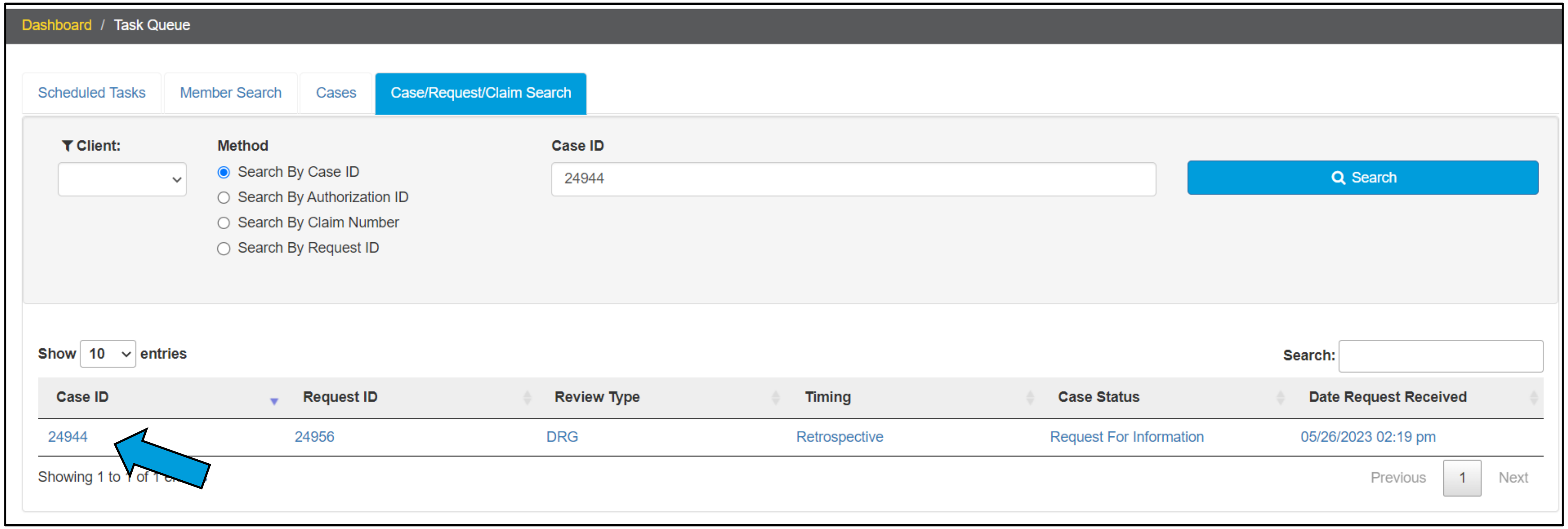
Task Queue: Case Search

- 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.



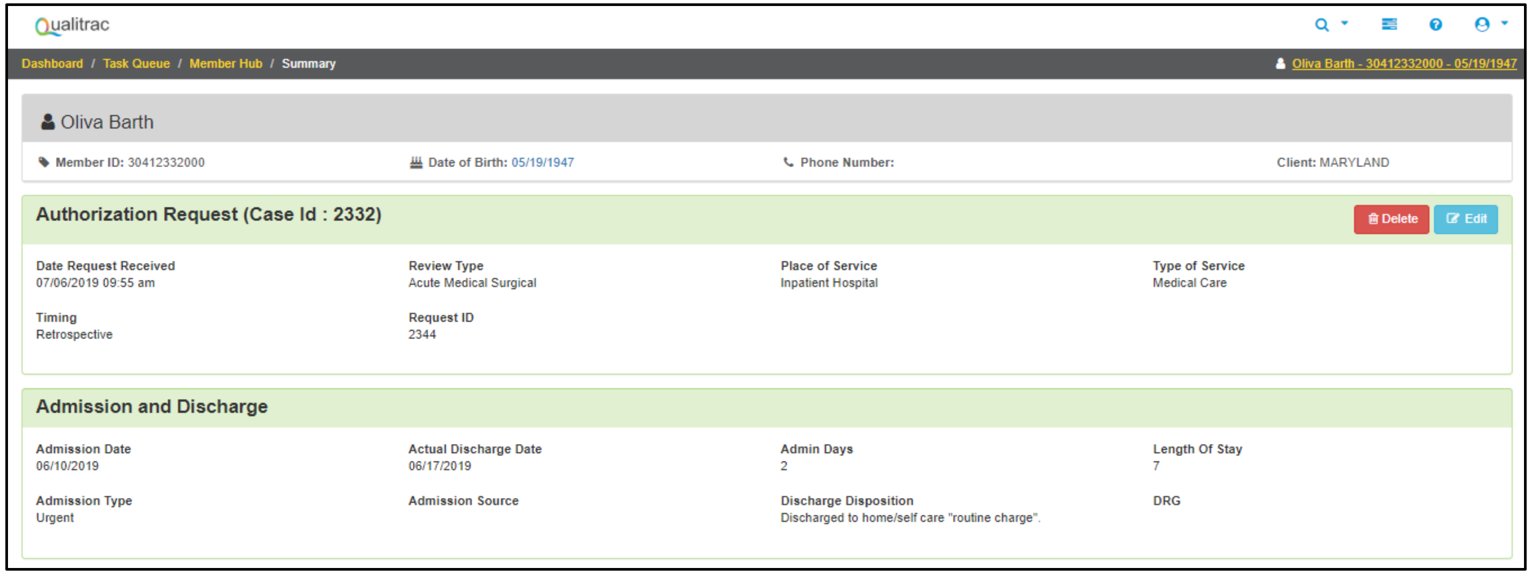
Task Queue: Case Search Results

- 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.



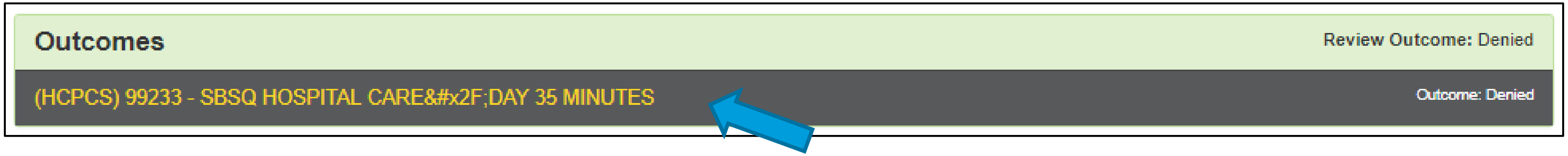
Authorization Request Summary

- 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.



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.

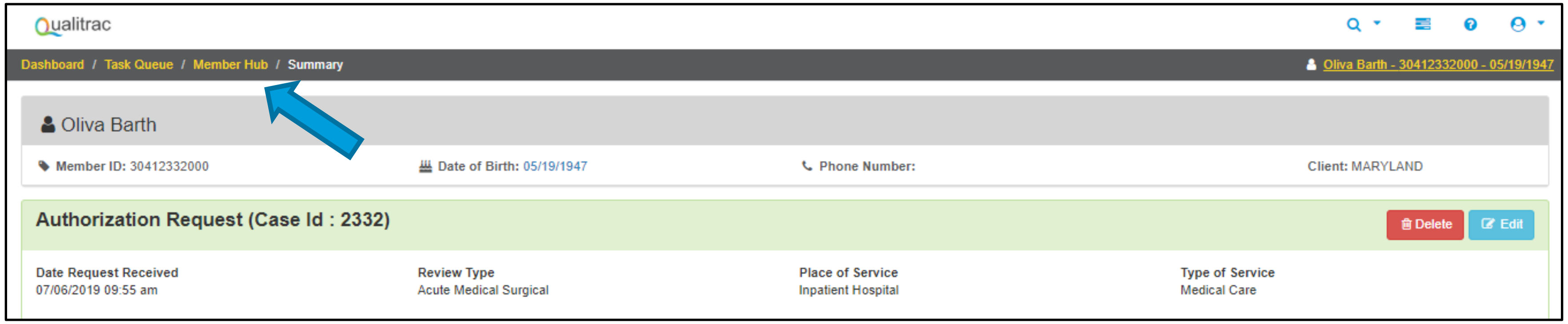
Outcomes — **Review Outcome:** Approved

(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	

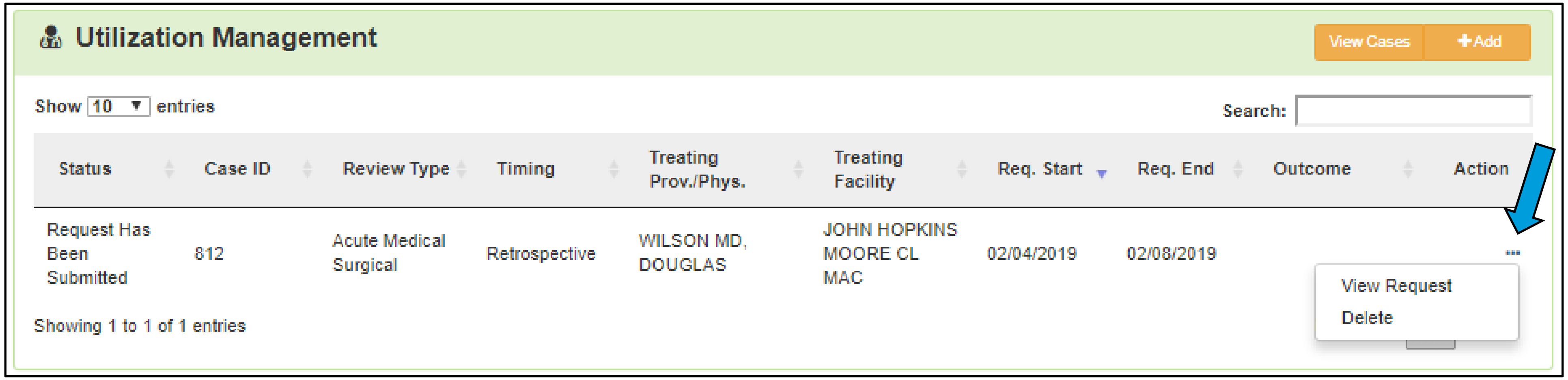
Navigating to the Member Hub

- 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.



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.



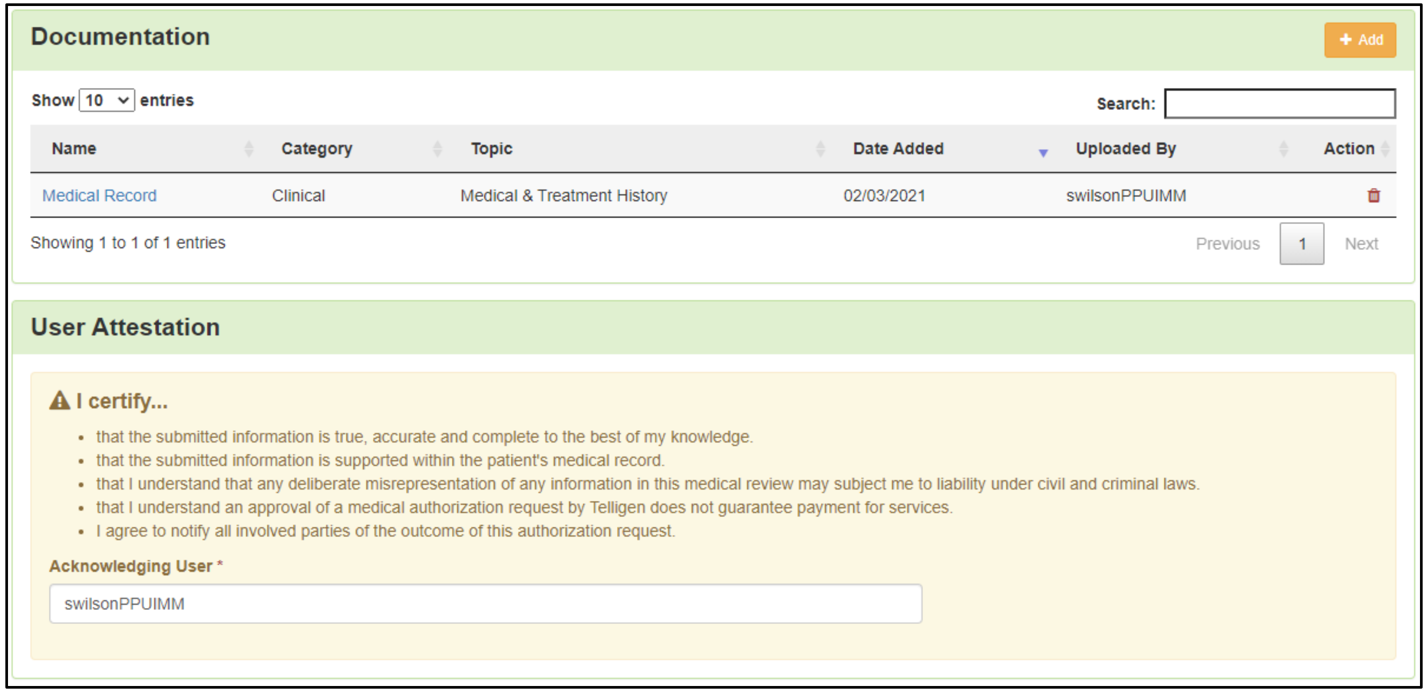
Submitting a Reconsideration (1st Level Appeal)

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.

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.



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.

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	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	...

Showing 1 to 3 of 3 entries Previous 1 Next

Submitting a Continued Stay Review Request

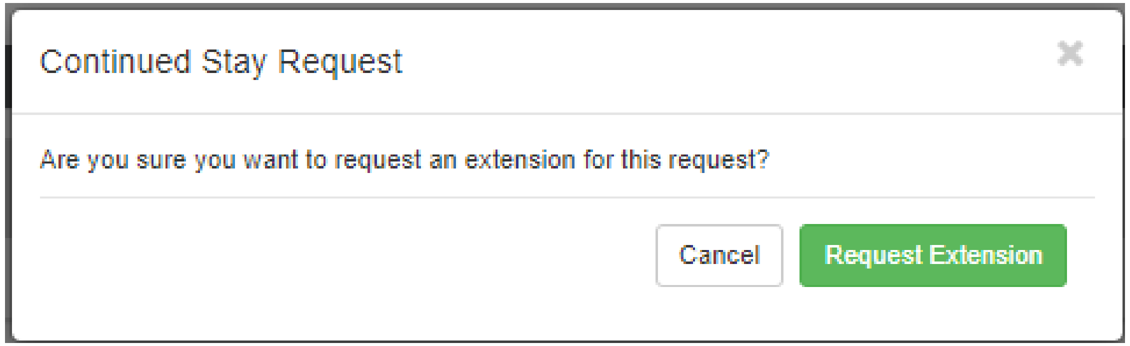
Continued Stay Review

- 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.

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			...

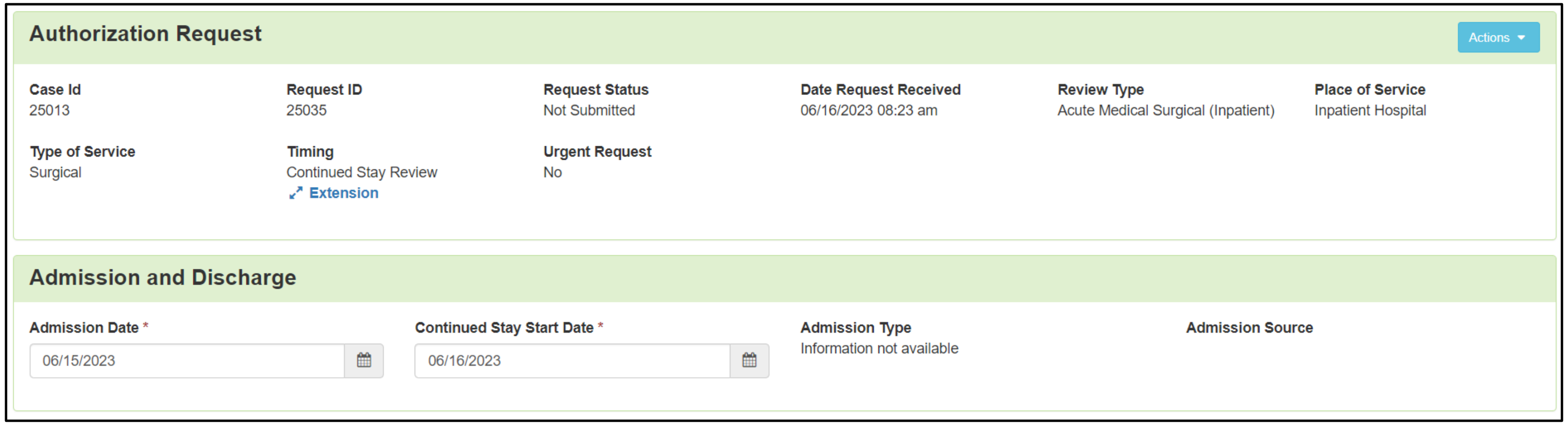
Continued Stay Review (cont.)

- 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 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.



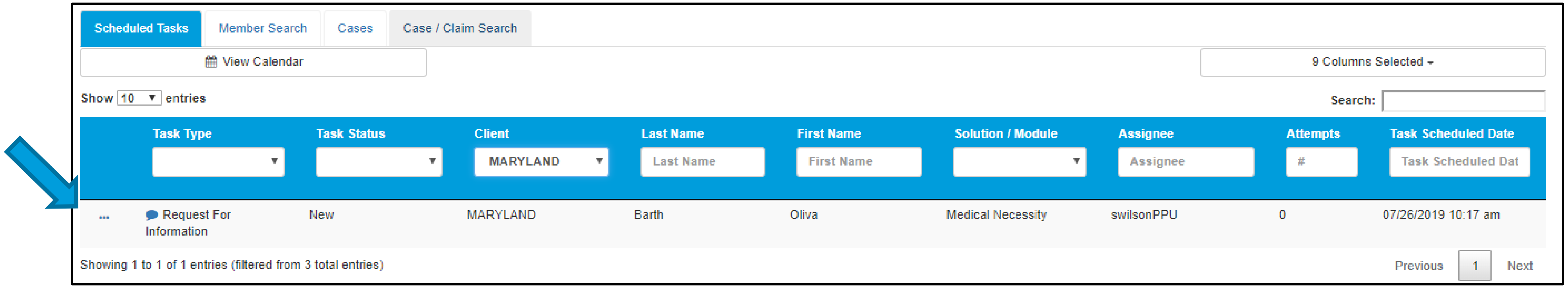
Continued Stay Review (cont.)

- 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)

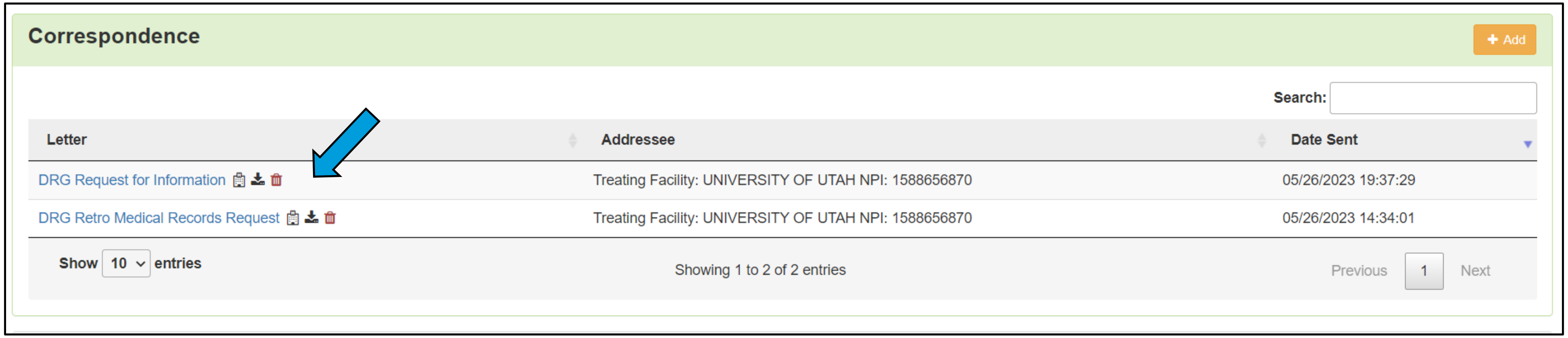
Request for Information (RFI)

- 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.



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.



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 10 entries

Showing 1 to 1 of 1 entries

Previous 1 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

View Request
Reopen

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.

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 10 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 1 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?