



Qualitrac[®]

**Utilization Management
Provider Portal User Guide**



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Section I: Introduction and Password Reset

This guide provides step-by-step instructions for use in completing responsibilities within the Qualitrac health management system.

Provider users should direct their browser to the Sign In screen for the contract that the provider is submitting a utilization review for. The URL will vary depending on which client(s) the provider has access to and is submitting for.

Log in to the application using credentials provided when your Qualitrac user account was created. Each new user will receive an email from donotreply@telligen.com with instructions for creating their initial password. Access the email within 7 days, click the link provided and follow the instructions to create a password.

Users can access the 'Reset Password' link at any time on the Sign In screen. Users are required to change their Qualitrac password every 90 days.

The screenshot shows the Telligen Sign In page. At the top is the Telligen logo. Below it is the heading "Sign In". There are two input fields: "Username" and "Password". Below the password field is a checkbox labeled "Keep me signed in". A blue "Sign in" button is positioned below the checkbox. Below the button is a link for "Reset Password". A horizontal line with "OR" in the center separates the password reset section from the SSO section. The "Sign in with Telligen SSO" link, which includes a right-pointing arrow icon, is circled in green.



Single Sign-On (SSO)

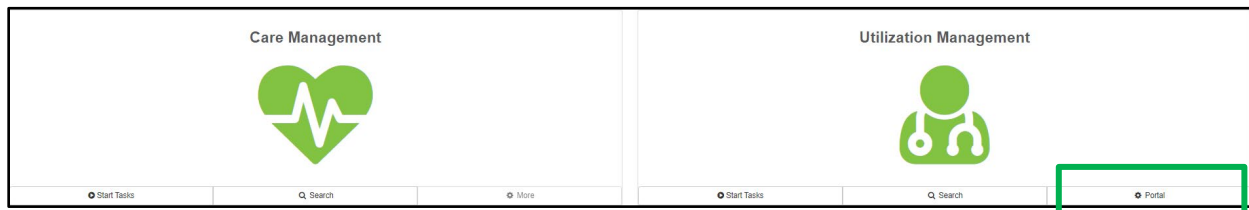
Qualitrac offers Single Sign-On (SSO) capabilities to users associated with organizations that have single sign-on enabled. SSO allows users to securely log in to Qualitrac without having to enter a username and password if they are already authenticated through their organization's network. To use the SSO functionality users must first be logged into their organization's network. Upon navigating to myqualitrac.com click the associated sign in to SSO button for your organization, which is located below the Sign in button.

In the rare instance that you have multiple accounts you will need to ensure that only one of your accounts is set up with your organization's email address to use SSO. The SSO function only works with the email account associated with your organization. If you have multiple accounts associated with your email, you will not be able to use the SSO feature and will need to sign in using your username and password.

System Dashboard and Navigation Ribbon

Upon a successful login, users are taken to a System Dashboard screen. The system dashboard provides users with the ability to search for members or cases using the Search function, or to see tasks using the Start Tasks option.

Click the Utilization Management 'Portal' button to be directed to the Task Queue ([refer to Section II: Task Queue](#)).



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 that may vary based on the client/contract and the user's role.



Click the Qualitrac logo, displayed in the upper left of the navigation ribbon, to return to the System Dashboard (Home) screen.



Navigation Ribbon Icons



User Way: click this icon to access accessibility options



System Messages: click this icon for any general system messages; a number within the icon displays number of messages



Search: click this icon to search for a member or case



Task Queue: click this icon to access the Scheduled Tasks List



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

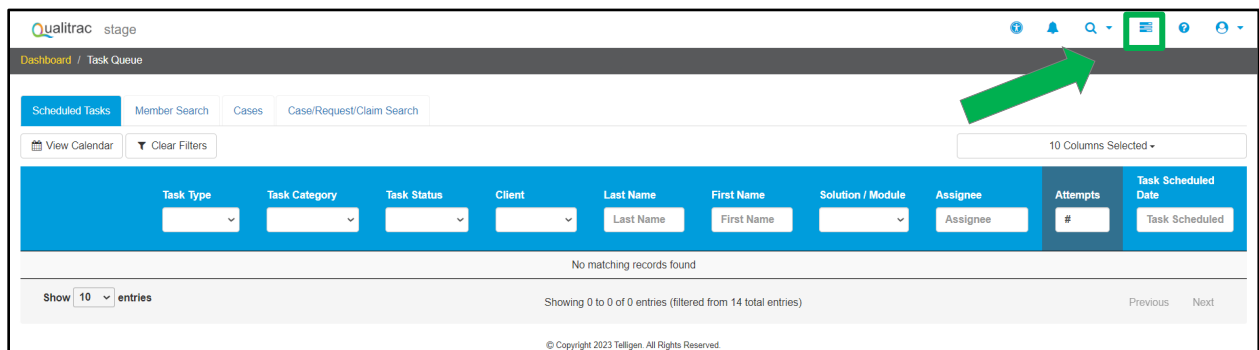


User Profile/Log Out: click this icon to access/edit user profile; log out of application

Section II: Task Queue

The Qualitrac system has three primary areas for Utilization Management (UM): Task and Search queues, the Member Hub, and the Utilization Management screen to create, edit and view authorization requests.

To access tasks, click the 'Task Queue'  icon. The system will display the Scheduled Tasks screen by default with the navigation tab selected.







Scheduled Tasks

Users can choose the columns to be populated on this screen based on individual need. Select the down arrow in the 'Columns' field and check/uncheck the fields to display.

Additional options on this screen are as follows:

- Tasks can be filtered by fields such as Task Type, Task Status and Solution Type. Use the 'Clear Filters' button to return to the full task list display.
- Users may filter the queue to display only tasks assigned to that user by entering their username in the Assignee field.
- A solid-colored Note bubble  icon on the task indicates there are Notes attached to that task. Click the bubble icon to access the Notes.
- Clicking on the 'View Calendar' button will open a daily or weekly calendar view of tasks assigned to the user.
- Users may navigate directly to the Member Hub for a desired member record by clicking on the ellipsis  to display the action menu and select 'Go to Member Hub.'
- When a user clicks on the ellipsis for a desired member record, users may also see the following options in the action menu: Start, Assign to Individual, Assign to Group, Reschedule, Delete



Section III: Member/Case Search

Member Search

A member that does not appear in the Scheduled Tasks list can be searched for in the system using the Member Search function. To navigate to the member search form, from the Task Queue click the 'Member Search' navigation tab.



Dashboard / Task Queue

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 First Name Last Name MM/DD/YYYY Search

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Provider 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 desired member record entry in the table to be directed to the Member Hub and open that member's record.

Adding A Member to the System

If a member is not found in the system after performing a Member or Case Search a "Member Not Found" message will be displayed. Depending on the client/contract, users can add a member to the system if they cannot be found.

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 Steve Thomas 05/16/1953 Search

Member ID	Last Name	First Name	Middle Name	Date Of Birth	Gender
<p>Member Not Found. Try searching again or</p> <p>Add Member</p>					

Show 10 entries Showing 0 to 0 of 0 entries Previous Next

Click the 'Add Member' [Add Member](#) button to display the Add Member modal and enter information to create new member record.

Note: If the 'Add Member' button is not displayed this option is unavailable and users cannot add a member for that client.



If a First Name and Last Name was entered when searching for the member, this data will be carried over to the associated form fields on the Add Member modal but can be changed as needed.

The screenshot shows the 'Add Member' modal form. The form is titled 'Add Member' and contains several sections: Demographics, Identifiers, Relationship To Subscriber, and Contact Information. The 'Client' field is highlighted with a green box and has a red error message: 'Client * Client is a required field'. The 'Social Security Number' and 'Member Id' fields have 'N/A' checkboxes, which are also highlighted with green boxes. The 'Submit' button is highlighted in green.

Required fields are indicated with an asterisk (*).

The Client field will display the contracts that the user has access to. Select the correct contract from the drop-down if more than one choice exists.

The user must provide either a valid social security number or member ID to add a member to Qualitrac or check the N/A boxes if that information is not available.

The Relationship to Subscriber field will default to "Self" which is the typical selection for a Medicaid member, however, users can change as needed. For Qualitrac commercial members, select the relationship based on who carries the coverage (i.e., Self, Spouse, Child, etc.).

When all data is entered click the 'Submit' button to add the member. Click 'Cancel' to discard any information and close the modal.

Upon a successful submission the system will open the Member Hub and load the member details for the new record.



Cases Search

To navigate to the Cases search form, from the Task Queue click the 'Cases' navigation tab.

Case ID	Member ID	Member Last Name	Member First Name	Review Type	Timing	Date Request Received	Case Status	Outcome
973	0000019585	MODY	CHRYSTAL	Acute Medical Surgical (Inpatient)	Concurrent	03/10/2019 11:48 am	Complete	Approved
973	0000019585	MODY	CHRYSTAL	Acute Medical Surgical (Inpatient)	Concurrent - 1st Level Appeal	03/10/2019 12:23 pm	Complete	Approved

The system displays a list of cases associated to the user/organization. The system can filter to a specific case by entering any combination of Member ID, Last Name or First Name.

Click anywhere on the desired member record entry in the table to be directed to the Authorization Request Summary screen.

Case/Request/Claim Search

To navigate to search for a specific case, from the Task Queue click the 'Case/Request/Claim Search' navigation tab.

Case ID	Request ID	Review Type	Timing	Case Status	Date Request Received
24921	24933	Acute Medical Surgical	Concurrent	Complete	05/22/2023 11:37 am
24921	24934	Acute Medical Surgical	Concurrent - 1st Level Appeal - Pre-Service	Case Creation	05/22/2023 11:52 am

Users can search by Case ID, Authorization ID, Claim Number or Request ID.

Tip: A client drop-down menu may appear depending on the client/contract. Selecting an option from the 'Client' drop-down menu may reduce the system processing time to display search results, is useful to filter returned data and locate a desired record.



Click anywhere on the desired member record entry in the table to be directed to the Authorization Request Summary screen.

Section IV: Member Hub Screen

The Member Hub section of Qualitrac displays all the data for a member. Record modifications are initiated from this screen. After accessing a task or performing a search for a specific member, the system will navigate a user to the Member Hub screen. This screen displays demographic data for a member and the Utilization Management panel for users to view/add authorization requests.

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	...

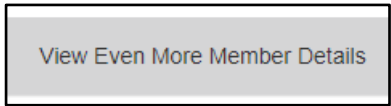
Member Details

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 and collapsed panel views.



When the member details panel is expanded, users can click the 'View Even More Member Details' link located at the bottom of the panel to open a new browser window tab with additional demographics, eligibility, historical contact information, and other available data.




This information can also be accessed by clicking on the link, located below the navigation ribbon, which displays the "Member Name - ID - Date of Birth" at the top of the Member Details section.



Example Member Name and ID Link

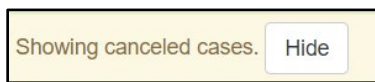
Section V: Member Hub - Utilization Management Panel

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 (refer to Section VI: Add a New Authorization Request for more information).

The screenshot shows the Utilization Management interface. At the top right, there are 'View Cases' and '+ Add' buttons. Below the header, there is a 'Hiding canceled cases' toggle set to 'Show'. A table displays three authorization requests with columns for Status, Case ID, Request ID, Review Type, Timing, Treating Prov./Phys., Treating Facility, Req. Start, Req. End, Outcome, and Action. The first row shows a 'Request For Information' with Case ID 24969 and Request ID 24981. The second row shows a 'Not Submitted' request with Case ID 24970 and Request ID 24982. The third row shows a 'Not Submitted' request with Case ID 24991 and Request ID 25003. At the bottom, there is a pagination control showing 'Showing 1 to 3 of 3 entries' and 'Previous 1 Next'.

By default, any canceled authorization requests will be hidden in the panel. Click the 'Show' toggle button next to "Hiding canceled cases." to display canceled cases. When clicked the system will update the panel and display "Showing canceled cases." and the toggle button will switch to 'Hide'.





There are two separate ways to view authorization requests: Request view and Case view. By default, the Utilization Management panel in the Member Hub will display information in Request view. To view assessments by case, click the 'View Cases' toggle button on the panel heading.

Request View

The Request view of the Utilization Management panel is loaded by default and displays a list of all authorization requests for a member. Entries can be sorted by clicking on the column headings for the record(s) listed in the table or by performing a search to filter records.

The information displayed in the Request view may vary based on the client/contract, type of review and status of the authorization request.

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	...

The following is a list of the table column headings and the description of the data in each for the record:

- **Status:** the status of the request
- **Case ID:** identification number for the episode of care
- **Request ID:** identification number of the request
- **Review Type:** type of authorization request
- **Timing:** prospective, concurrent, retro, continued stay review (CSR), appeals, and adjustments
- **Treating Provider/Physician (Prov./Phys.):** the treating provider for outpatient requests or treating physician for inpatient requests
- **Treating Facility:** the treating facility for the authorization request
- **Req. Start:** admission date for inpatient and start date for outpatient
- **Req. End:** discharge date for inpatient and end date for outpatient
- **Outcome:** an outcome calculated using determinations for all requested services



- **Action:** the action menu (displayed when clicking the ellipsis) will dynamically display a list of options to select an action for the record based on the client/contract and the status of the review; and may include the following options: View Request, Delete, Continued Stay Review, Cancel, Peer to Peer Appeal, 1st Level Appeal, 2nd Level Appeal, Adjustment and/or Edit

Case View

The Utilization Management panel in the Member Hub, by default, displays information in Request view. To switch to view requests by case, click the 'View Cases' toggle button on the panel heading. The toggle button will switch to display the 'View Requests' button.

A Utilization Management "case" is a term used in Qualitrac to represent an episode of care. Each case may consist of one or more authorization requests.

When the system displays the Utilization Management panel in the case view the authorization requests are displayed as an accordion. Each heading, displaying the review category for the authorization request, may be clicked on to expand/contract the section within the panel.

The information displayed in the Case view may vary based on the client/contract, type of review and status of the authorization request.

1. **Toggle View:** switch from Case View to Requests View
2. **Add:** click this button to create a new authorization request
3. **Review Type:** review category for the authorization request(s)
4. **Case ID:** identification number for the case



5. **Treating Provider or Treating Physician:** provider if outpatient and physician if inpatient
6. **Treating Facility:** provider/facility associated with the request
7. **Case Status:** identifies the status of the most recent authorization request for that case (i.e., Complete, Case Creation, Discharge Information Required)

Case Details

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

Module	Timing	Status	Date Request Received	Case Completed	Outcome	Action
Medical Necessity	Continued Stay Review	Request For Information Will Technically Deny on 10/26/2020	10/22/2020 10:32 am			...
Medical Necessity	Prospective	Request Is Complete	10/21/2020 02:24 pm	10/21/2020	Approved	...

The following is a list of the table column headings and the description of the data in each for the record:

1. **Module:** defines the utilization management module: Medical Necessity, Diagnosis Related Grouping (DRG), or Quality of Care (QOC)
2. **Timing:** timing for the authorization request
3. **Status:** current stage in the review cycle
4. **Date Request Received:** date and time the authorization request was received in Qualitrac
5. **Case Completed:** date the review cycle was completed
6. **Outcome:** review level outcome that is calculated from determinations for all lines of requested service
7. **Action:** the action menu (displayed when clicking the ellipsis) will dynamically display a list of options to select an action for the record based on the client/contract and the status of the review; and may include the following options: View Request, Delete, Continued Stay Review, Cancel, Peer to Peer Appeal, 1st Level Appeal, 2nd Level Appeal, Adjustment and/or Edit



Status

There are three categories of status depending on how the user is viewing the case or request. A list of Status Types is available in the [Glossary](#).

Case View Status

The status displayed for the Utilization Management panel in Case view represents the status for the entire case. A case may include several different requests such as the original and any extensions, CSR's or appeals that may be generated for a specific case.

Nursing Facility (2181)		Treating Physician: SMITH BEHRNDT MD, VALERIE		Treating Facility: JOHNS HOPKINS BAYVIEW CARE CENTER		Complete
Module	Timing	Status	Date Request Received	Case Completed	Outcome	Action
Medical Necessity	Continued Stay Review	Request Is Complete	06/16/2019 11:17 am	06/16/2019	Approved	...
Medical Necessity	Concurrent	Request Is Complete	06/14/2019 11:10 am	06/16/2019	Approved	...

Request View Status

The status displayed for the Utilization Management panel in Request view represents the status for specific requests within a case. When in the Request view users will see the status of each individual request that makes up the case.

In the example screenshot below, Case 4097 has only one request associated with it and the status is "Not Submitted". Case 4096 has two requests: (1) Request ID 4110 has been submitted but not yet processed with the status of "Request Has Been Submitted" and (2) Request ID 4108 is complete with the status of "Request is Complete".

Status	Case ID	Request ID	Review Type	Timing	Treating Prov./Phys.	Treating Facility	Req. Start	Req. End	Outcome	Action
Not Submitted	4097	4109	DME	Prospective	WILSON MD, DOUGLAS		11/17/2020	12/17/2020		...
Request Has Been Submitted	4096	4110	Acute Medical Surgical	Continued Stay Review		HOSPITAL HOME HLTH AGENCY, HOSPITAL HOME HLTH AGENCY	10/26/2020			...
Request Is Complete	4096	4108	Acute Medical Surgical	Prospective		HOSPITAL HOME HLTH AGENCY, HOSPITAL HOME HLTH AGENCY	10/26/2020		Approved	...

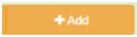
Authorization Request Summary Screen – Review Status

Once the review process begins, and a reviewer has begun the case, the status of the request is visible on the Authorization Request Summary screen. The example screenshot



below of the Authorization Request panel shows the Review Status as “Request for Information.” The case is awaiting additional information from the submitter before it can proceed.

Section VI: Add a New Authorization Request

To start a new Authorization Request, click the ‘Add’  button on the Utilization Member Panel. The system will load the New Request screen and begin the process.

Authorization Request						Actions
Will Technically Deny on 10/26/2020						
Case Id 4096	Request ID 4110	Case Status Request For Information	Review Status Request For Information	Date Request Received 10/22/2020 10:32 am	Review Type Acute Medical Surgical	
Place of Service Inpatient Hospital	Type of Service Medical Care	Timing Continued Stay Review Extension	Urgent Request No			

Utilization Management View Cases **+ Add**

Hiding canceled cases.

Show entries Search:

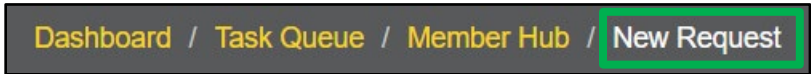
Status	Case ID	Request ID	Review Type	Timing	Treating Prov./Phys.	Treating Facility	Req. Start	Req. End	Outcome	Action
No data available in table										

Showing 0 to 0 of 0 entries Previous Next

New Request

The foundation of a request is built through the Request screen. This section of the UM User Guide will outline the panels (organized sections of information) that are displayed on the Request screen.

The system will display the text “New Request” on the breadcrumb trail to indicate the screen functionality and data submission forms are to submit a new request.



The Qualitrac system will dynamically display data collection fields based on the information entered, which guides users through the process of submitting the request.



Required fields for each panel are indicated by an asterisk (*).

Note: The panels described in this section may vary based on the type of review and the client/contract.




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.

The following screenshot is an example of this panel. The form fields and options may vary based on the client/contract.

1. **Date Request Received:** read-only field that displays the users date and time when accessing the request screen to build a case
2. **Review Type:** drop-down menu to select the review category (i.e., Acute Behavior Health, Medical Necessity, etc.)
3. **Place of Service:** drop-down menu to select the location where service was or will be rendered (i.e., Inpatient, Outpatient, etc.)
4. **Type of Service:** drop-down menu to select the detailed service type that was or will be performed (i.e., Neurology, Hospice, Psychiatric, etc.)
5. **Timing:** drop-down menu to select when the request is submitted
 - Prospective: request submitted prior to services rendered
 - Concurrent: request submitted for services currently being rendered
 - Retrospective: request submitted after services rendered

When all required fields are entered click the 'Add New Request'  button to save the information and complete the first step in building the case.

Click the 'Cancel' button to discard any information and return to the Member Hub.



Note: The information captured in the Authorization Request panel **cannot** be modified after clicking the 'Add New Request' button.

Once the information is added and saved, the system will display a success message and update the request screen. The system will display the text "Request" on the breadcrumb trail.



[Dashboard](#) / [Task Queue](#) / [Member Hub](#) / **Request**

Once the information is added and saved, the system will display a success message and update the new request screen.

The authorization request panel will show the saved information as read-only and display the Case ID and Request ID. A request will have only one Case ID, however, based on any future modifications there may be more than one Request ID associated with the Case ID.

The screenshot shows the 'Request' screen for user Bette Tippy. The top navigation bar includes 'Dashboard / Task Queue / Member Hub / Request'. The user's name 'Bette Tippy' and Member ID 'TEMP000000100647' are displayed. Below this, there are fields for 'Phone Number' and 'Client: IDAHO'. The main content area is divided into three sections:

- Authorization Request:** A table with columns: Case Id (24946), Request ID (24958), Request Status (Not Submitted), Date Request Received (05/26/2023 03:10 pm), Review Type (Acute Behavioral Health), and Place of Service (Inpatient). It also includes 'Type of Service' (ASAM 3.7), 'Timing' (Concurrent), and 'Urgent Request' (No). An 'Actions' button is in the top right.
- Admission and Discharge:** A form with fields for 'Admission Date *' (MM/DD/YYYY), 'Admission Type *' (dropdown), and 'Admission Source' (dropdown). There is also a checkbox for 'Planned Readmission'.
- Coverage:** A section with buttons for 'State Law Matrix' and 'Client Profile'.

An 'Actions' button will become available with the options to Delete or Edit the request.

The functionality of the Edit option and availability of the Delete option will vary depending on the progress and status of the new request.

A user may exit this screen and return later to resume entering information.

When a user re-enters this screen, clicks the 'Actions' button and selects the "Edit" option, the system will open the request for the user to continue building the case.

Admission and Discharge Panel

Once the Authorization Request has been successfully submitted, the Request screen will display the Admission and Discharge panel.

Note: If the request is for an outpatient review, this panel will not be displayed (refer to Dates of Service panel).

This panel contains form fields that are dynamically displayed based on the timing for the authorization request, and populated as data is entered. The form fields and



options may vary based on the client/contract. The following screenshot is an example of what the Admission and Discharge panel may display.

The form fields in this panel may include:

- **Admission Date:** field to enter the date the patient was admitted in MM/DD/YYYY format
- **Actual Discharge Date:** field to enter the date the patient was discharged (this field may not display based on the timing of the review)
- **Length of Stay:** this value is calculated using the admission and discharge date (this field may not display based on the timing of the review)
- **Admission Type:** drop-down menu to select the type of admission
- **Admission Source:** drop-down menu to select the source of admission
- **Discharge Disposition:** drop-down menu to select where the patient went after leaving the facility (this field may not display based on the timing of the review)
- **Diagnosis Related Grouping (DRG):** form field to enter the DRG information (the display of this field will vary by client/contract)

Dates of Service Panel

The system will display the Dates of Service panel after a user adds information in the authorization request panel to build the case.

Note: If the request is for inpatient, this panel will not be displayed (refer to the Admission and Discharge panel).

Enter the Service Start Date and the Service End Date in the format of MM/DD/YYYY.



Coverage Panel

The coverage panel contains member eligibility information and can be used to determine if the member has applicable coverage for the authorization request.

The form fields and options may vary based on the client/contract and type of review. The following screenshot is an example of what the Coverage panel may display.

Any plan information contained in the Qualitrac system, associated to the member, will be displayed on a table at the top of the Coverage panel. If more than one plan is available, select the radio button to specify the primary coverage.

Coverage

Select the primary coverage for this request *

Group	Section	Plan	Start Date	End Date
<input checked="" type="radio"/> BLUEOP-Active Dep Age 25 - Civilian		Medical	06/01/2018	

Medicare Indicator *

Third Party Liability *

Eligibility Comment

If the Qualitrac system does not have coverage information for the member, a Member Not Eligible banner is shown, a “No Coverage Found” message is above the form fields in the panel and a comment box for an ‘Eligibility Comment’ is displayed.

Coverage State Law Matrix Client Profile

Member Not Eligible

This member appears to either not meet eligibility requirements or has multiple coverage plans. We cannot confirm eligibility for the entire span of care. Please provide rationale for continuing with this request.

1 Group	Section	Plan	Start Date	End Date
No Coverage Found				

Medicare Indicator * **2**

Third Party Liability * **3**

EPSDT Indicator * **4** Yes No

IMD Waiver Indicator * **5** Yes No

Eligibility Comment * **6**

If the user determines that a review should be created for this member regardless of coverage, then an Eligibility Comment must be entered to proceed. If the user

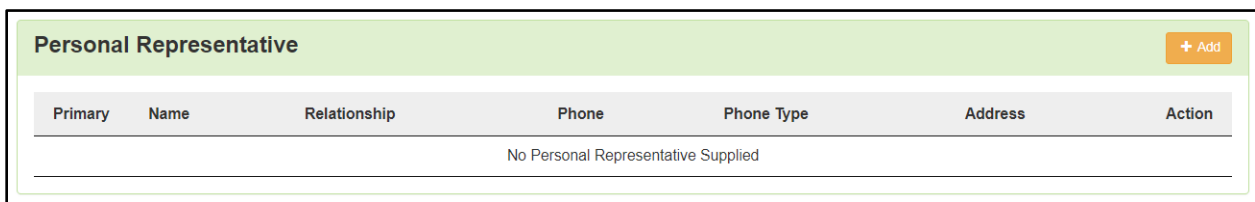


determines that the request should not be submitted for review, the entire request can be deleted.

1. **Plan and Policy Information:** This section will populate any eligibility data in a table layout. Eligibility determines if a person is eligible for the dates of service entered, however, a user can override this information by entering an eligibility comment.
2. **Medicare Indicator:** This drop-down field will default to the Medicare information received; however, a user may select another option as needed.
3. **Third Party Liability:** This drop-down menu will show “No” by default, however, a user may select another option as needed.
4. **EPSDT Indicator:** This field is for the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit that provides comprehensive and preventive health care services for children under age 21 who are enrolled in Medicaid. The system defaults to the “No” radio button, however, a user may change the selection as needed.
5. **IMD Waiver Indicator:** This field is to indicate the beneficiary is on the IMD waiver.
6. **Eligibility Comment:** If the user determines that a review should be created for this member regardless of coverage, then an Eligibility Comment must be entered to proceed.

Personal Representative Panel

A personal representative for the member can be entered in the Personal Representative panel. This panel may or may not display based on the client/contract. The following screenshot is an example of what the panel may display.



Click the 'Add' + Add button to display the form fields to enter the personal representative information for the member.

If the Qualitrac system has existing information a table will be displayed to select the radio button next to “Add New” or choose the desired representative record.



Personal Representative + Add

Primary	Name	Relationship	Phone	Phone Type	Address	Action
No Personal Representative Supplied						

Add Personal Representative

Choose an existing entry or create a new one

Name	Relationship	Phone	Address
<input type="radio"/> Lewiston Wilson	Guardian	(515) 975-3492	2591 SE 116th St, Runnells, IA 50237
<input type="radio"/> Add New			

Cancel
Submit

If the Qualitrac system does not have existing representative record information when the 'Add' button is clicked, or the "Add New" radio button is selected, the panel will display form fields to enter the representative information for the member.

Add Personal Representative

Choose an existing entry or create a new one

Name	Relationship	Phone	Address
<input type="radio"/> Lewiston Wilson	Guardian	(515) 975-3492	2591 SE 116th St, Runnells, IA 50237
<input checked="" type="radio"/> Add New			

Relationship to Member *

Address Line One *

First Name *

Last Name *

Address Line Two

Phone Number

Ext

Phone Type

City *

State *

Zip *

Cancel
Submit

Enter all required fields and click 'Submit' or click 'Cancel' to discard any data and close the form.

Upon a successful submission the system will display a success message and the panel will display the personal representative record.

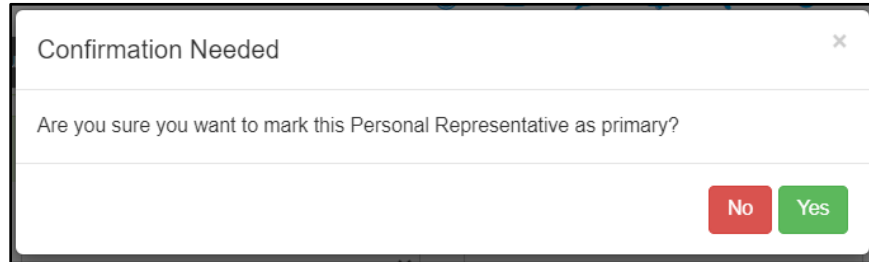
Personal Representative + Add

Primary	Name	Relationship	Phone	Phone Type	Address	Action
☆	Miranda Beesly	Case Manager	(673) 235-6988	Work	555 Percy Lane Suite 154 Des Moines, IA 50211	



To delete the record, click the trash can icon. The system will display a message asking for confirmation.

To designate a Primary representative, click the star ☆ icon on the desired record. The system will display a confirmation needed message. Click 'Yes' to confirm.



The Personal Representative panel will display a solid-colored star ★ icon next to the primary designation.

Personal Representative							+ Add
Primary	Name	Relationship	Phone	Phone Type	Address	Action	
☆	Miranda Beesly	Case Manager	(673) 235-6988	Work	555 Percy Lane Suite 154 Des Moines, IA 50211	🗑️	
★	Legal Representative	Legal Representative	(555) 478-2133		4567 Kellogg St Ames, IA 50010	🗑️	

Providers Panel

Provider information can be entered in the Providers panel for the new Authorization Request. This panel may vary based on the client/contract and type of review. The following screenshot is an example of what the Providers panel may display.

Providers *								+ Add
Type	Name	NPI	Address	Phone	Primary Taxonomy	PPO Redirect Reason	Comments	Action
Treating Physician *					Not Supplied			+ Add
Treating Facility *					Not Supplied			+ Add
Ordering Provider *					Not Supplied			+ Add

Click the 'Add' + Add button to conduct a search for the desired provider type (i.e., Treating Physician, Treating Facility, Ordering Provider). The system will update the panel and display the corresponding search for the selected entity.



The screenshot shows a search form titled "Providers" with a "Back" button in the top right. The form contains several input fields: "NPI Number", "Other ID Number", "Organization Name", "City", "State" (a dropdown menu), "Zip Code", and "Taxonomy" (a dropdown menu). Below these fields is a toggle switch for "Search using NPPES" which is currently set to "ON". A blue "Search" button is located at the bottom right of the form area.

Example Screenshot Shows the Treating Physician Search Form Fields

Help icons provide additional tool tip information or data entry criteria for that section of the search. When a user hovers over the icon with their cursor the system will display the tool tip.

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.

If configured, users can also search using the linked National Plan and Provider Enumeration System (NPPES) database to access records not held in Qualitrac's system. Enter search criteria and then click the 'OFF' toggle button located by "Search using NPPES." When the 'OFF' button is clicked, the button will display 'ON,' and this search option becomes active.

Click the 'Back' button to return to the request screen.

The screenshot shows the search results page. At the top right, there is a "Back" button. Below the search form, there is a "Show 10 entries" dropdown and a search input field. A table displays the search results with the following columns: Name, NPI, Primary Number, Other ID, Type, Address, Phone, Primary Taxonomy, and Source. One result is shown: "HOSPITALIST MED PHYS OF MD PC" with NPI 1073824686, Primary Number 420189200, Other ID 420189200, and Address "Clinic #: 00, Addr: 601 South Charles St, Baltimore, MD, 21230". A green box highlights a "+" icon in the first column of the table row. At the bottom, it says "Showing 1 to 1 of 1 entries" and has "Previous" and "Next" navigation buttons.


Name	NPI	Primary Number	Other ID	Type	Address	Phone	Primary Taxonomy	Source
HOSPITALIST MED PHYS OF MD PC	1073824686	420189200	420189200		Clinic #: 00 Addr: 601 South Charles St Baltimore, MD, 21230			Provider File

Example Shows the Treating Physician Search Results

The search results will return "Multiple Found" on a record when the NPI Number matches a provider that has more than one address. Refer to "Multiple Addresses Found" for more information on adding a provider with a NPI that is associated with multiple addresses.

Note: Clicking on the provider's name link will open a new browser window tab and display the Provider Summary screen (refer to [Section XII: Provider Summary](#)).



Locate the correct record in the search results and click the 'Add'  button. When the 'Add' button is clicked the system will update the authorization request screen showing the selected entity in the Providers panel.

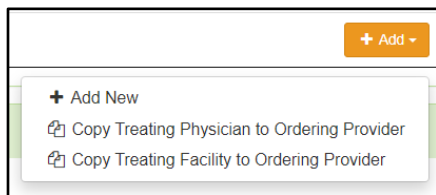
Providers								
Type	Name	NPI	Address	Phone	Primary Taxonomy	PPO Redirect Reason	Comments	Action
Treating Physician	HUGHES, MICHELL	1760687222	808 N Curtis Rd Boise, ID, 83706	(208) 376-5273	Skilled Nursing Facility			...
Treating Facility	COMMUNITY HOSPITAL OF ANACONDA	1992910822	401 W Pennsylvania St Anaconda, MT, 59711	(406) 563-8528	Nursing Facility/Intermediate Care Facility			<div style="border: 1px solid #ccc; padding: 2px;"> Replace </div>
Ordering Provider	HUGHES, MICHELL	1760687222	808 N Curtis Rd Boise, ID, 83706	(208) 376-5273	Skilled Nursing Facility			...

A provider listing can be replaced by clicking the ellipsis to display the action menu for the desired record. The 'Replace' option will display a system confirmation, upon clicking "Yes" to confirm, the Providers panel will display the search form fields to replace and update the record.

Ordering Provider Copy Function

Qualitrac has built-in functionality that allows users to copy a previously entered provider or facility to the Ordering Provider.

Note: If a provider or facility has not been added or a copy of the information is not applicable, follow the same steps as listed in the section above to add the Ordering Provider.



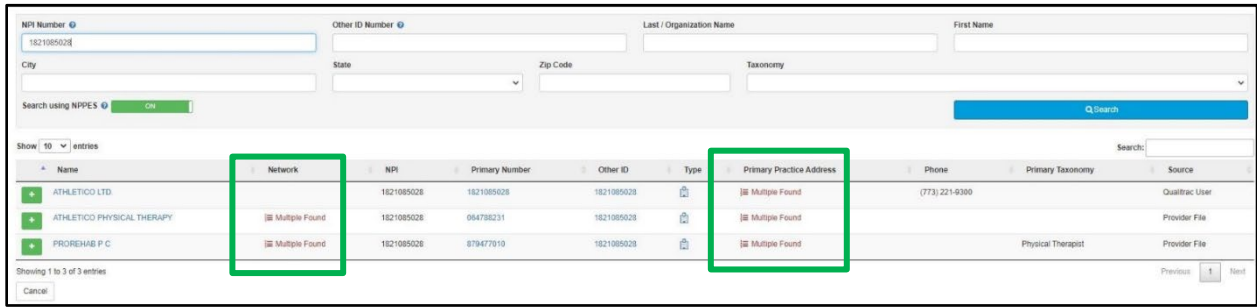
The 'Add' button will change to include a down arrow which indicates an action menu.


Click the 'Add' button to display the action menu and choose an option.

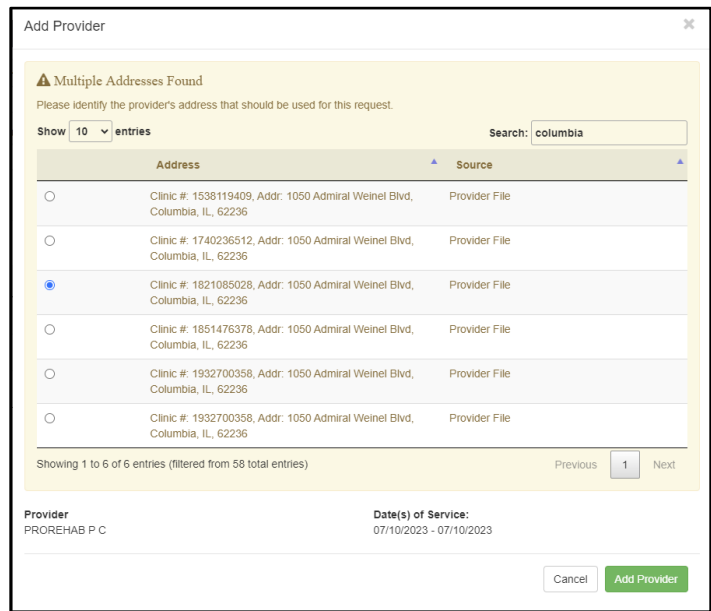
Once an option has been selected the system will display a success message at the top of the screen and update the panel.

Multiple Addresses Found

The search results will return "Multiple Found" on a record when the NPI Number matches a provider that has more than one address.



Locate the correct entry in the search results and click the 'Add'  button. When the 'Add' button is clicked the system will display an Add Provider modal to find the provider's address that should be used for the request.



The Add Provider modal will display the message "Multiple Addresses Found" and a list of the addresses. The search field can be used to narrow the list of addresses.

Select the radio button next to the correct address for the provider.

Click the 'Cancel' button to discard any information and close the modal.

Click the 'Add Provider' button to insert the information to the Providers panel. When the 'Add Provider' button is clicked the system will close the multiple addresses modal and return to the authorization request screen.

Provider Organization Visibility

The Provider Organization Visibility panel is where users define who has permission to view an authorization request. Permissions can be granted to make requests visible to



organizations associated with the user and Providers. The following is an example of form fields that may be displayed in this panel.

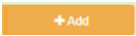
This panel will populate after information has been entered into the Providers panel.

To indicate the visibility, select the appropriate option for each drop-down menu displayed in the panel to allow visibility to the authorization request.

Note: If a provider is not part of a registered organization with Qualitrac, then they will not appear in the visibility panel.

Diagnosis Panel

The Diagnosis panel is where the user will search for and add a diagnosis for the request. At least one diagnosis is required for each request.

Click the 'Add'  button to display the search form in the panel.

By default, the system will load the Add Diagnosis form with the "Search by Code" radio button selected for the search Method and the associated search form fields.

Example Screenshot showing Search by Code as the Search Method

To search by code, select the "Search by Code" radio button for the Method. The system will load the associated form fields. Enter the full ICD code and click the 'Search' button.



To search by term (diagnosis name), select the “Search by Term” radio button for the Method. The system will load the associated form fields. 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.

Click the ‘Cancel’ button to discard any information and close the search.

The ‘Submit and Add Another’ button allows a user to submit the diagnosis and continue to work in the search to add additional diagnoses.

When done entering diagnoses, click the ‘Submit’ button. The system will display the submitted diagnosis as an entry in the table and close the search.

The system will update the Diagnosis panel view on the screen to display the diagnosis code, description, and additional details. To delete the record, click the trash can icon. The system will display a message asking for confirmation.

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

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 Present on Admission (POA) column.

To rearrange the diagnosis sequence, click and drag the rows to the desired order in the diagnosis table.

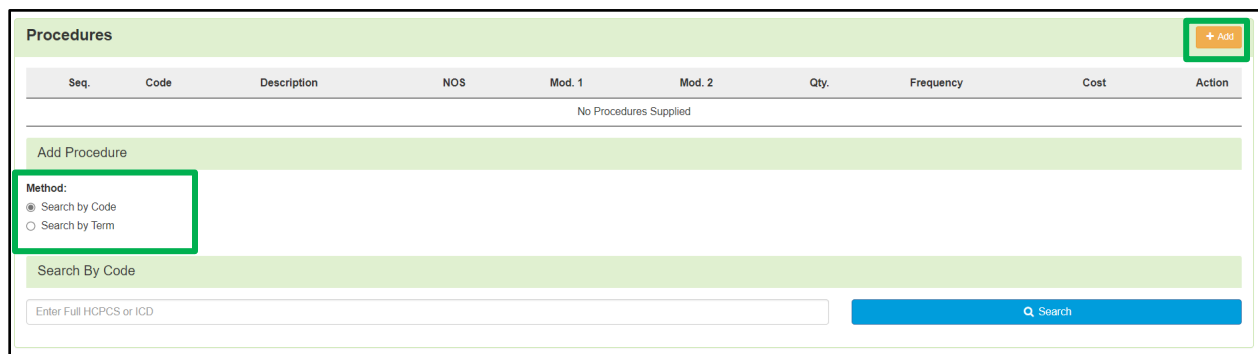


Procedures Panel

The Procedures panel is where the user will search for and add a procedure for the request. All requests for non-Durable Medical Equipment (DME) related cases must have at least one procedure documented. If the request type is “DME” the procedures panel will not be displayed.

Click the ‘Add’  button to display the search form in the panel.

By default, the system will load the Add Procedure form with the “Search by Code” radio button selected for the search Method and the associated search form fields.



The screenshot shows the 'Procedures' panel with a table header containing columns: Seq., Code, Description, NOS, Mod. 1, Mod. 2, Qty., Frequency, Cost, and Action. Below the table, there is a message 'No Procedures Supplied'. Underneath, the 'Add Procedure' form is displayed. The 'Method:' section has two radio buttons: 'Search by Code' (which is selected) and 'Search by Term'. Below this, the 'Search By Code' section includes a text input field labeled 'Enter Full HCPCS or ICD' and a blue 'Search' button.

Example Screenshot showing Search by Code as the Search Method

To search by code, select the “Search by Code” radio button for the Method. The system will load the associated form fields. Enter the full HCPCS or ICD code and click the ‘Search’ button.

To search by term (procedure name), select the “Search by Term” radio button for the Method. The system will load the associated form fields. 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.



Users can identify up to four modifiers for each procedure. The system will display modifier options depending on the client/contract. Enter the required quantity/measure for Units and any additional information for Frequency, Total Cost and Allowed Amount.

The Total cost may pre-populate if fee schedules have been loaded into Qualitrac for the desired procedure and will vary by client.

Click the 'Cancel' button to discard any information and close the search or 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.

When done entering procedures, click the 'Submit' button. The system will display the submitted procedure as an entry in the table and close the search.

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)				

Users can rearrange the sequence of added procedures by clicking and dragging the rows in the procedures table to be displayed in the desired order.

To delete the record, click the trash can icon. The system will display a message asking for confirmation.

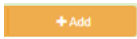
To edit a record, click the Edit icon located in the Action column for the record row and the system will display the form fields for Modifiers and Procedure Details.

Click the 'Cancel' button to discard any edits and close the form fields. Clicking the 'Submit' button will close the form fields and refresh the record display in the panel.

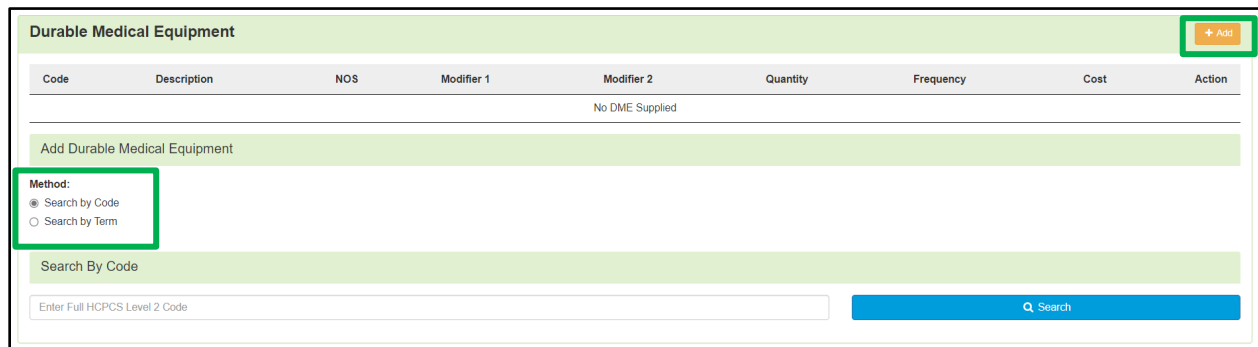


Durable Medical Equipment (DME) Panel

The system displays the Durable Medical Equipment panel when “DME” is entered as the review type for the request. DME requests use Healthcare Common Procedure Coding System (HCPCS) codes.

Click the ‘Add’  button to display the search form in the panel.

By default, the system will load the “Search by Code” radio button selected for the search Method and the associated search form fields.



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

To search by code, select the “Search by Code” radio button for the Method. The system will load the associated form fields. Enter the full HCPCS Level II Code and click the ‘Search’ button. The system will display DME records matching the entered search criteria.

Note: HCPCS Level II codes are alphanumeric medical procedure codes used primarily to identify products, supplies, and services not included in the CPT codes. These codes are composed of a single letter in the range A to V, followed by 4 digits.

To search by term, select the “Search by Term” radio button for the Method. The system will load the associated form fields. Fill in the necessary fields and click the ‘Search’ button.

The system will display DME search results matching the entered search criteria. When a user selects the radio button for the correct record form fields for Modifiers and DME Details will be shown on the panel.



Code: (HCPCS) E0444 Description: Portable oxygen contents, liquid, 1 month's supply = 1 unit

Showing 1 to 1 of 1 entries Previous 1 Next

Modifiers

Modifier 1 *
 RR - Rental (use the RR modifier when DME is to be rented)

Modifier 2
 NR - New when rented (use the NR modifier when DME which was new at the time of rental is subsequently purchased)

Durable Medical Equipment Details

Units * 1 Units Qualifier * unit(s)

Frequency Frequency Qualifier

Total Cost \$ Allowed Amount

Cancel Add Another Add

Users can identify up to four modifiers for each DME. The system will display modifier options depending on the client/contract. Enter the required quantity/measure for Units and any additional information for Frequency, Total Cost and Allowed Amount.

The Total cost may pre-populate if fee schedules have been loaded into Qualitrac for the selected DME and will vary by client.

Click the 'Cancel' button to discard any information and close the search or click the desired Add 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 the 'Add' button. The system will display the submitted DME as an entry in the table and close the search.

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		

To delete the record, click the trash can icon. The system will display a message asking for confirmation.

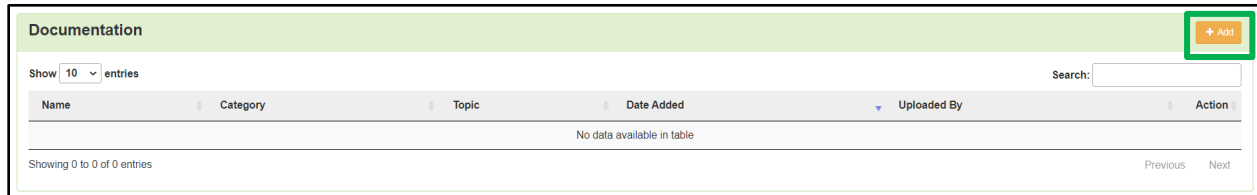
To edit a record, click the Edit icon located in the Action column for the record row and the system will display the form fields for Modifiers and DME Details.

Click the 'Cancel' button to discard any edits and close the form fields. Clicking the 'Submit' button will close the form fields and refresh the record display in the panel.

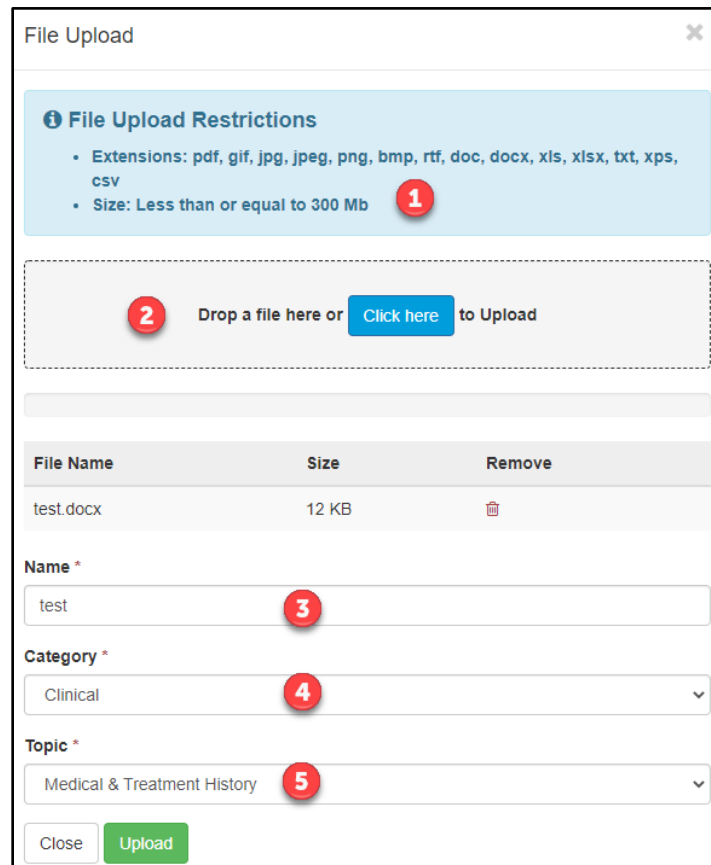


Documentation Panel

The documentation panel is where users upload clinical documents related to the request being created. Click the 'Add'  button to display the file upload modal.



The file upload modal allows users to upload files related to the authorization request. Additionally, users can categorize the file so that it can be referenced as needed during the review process.



1. **File Upload Restrictions:** on the File Upload modal, information is displayed for file type and size restrictions.



2. **File Upload:** files can be dragged and dropped or click the 'Click here' button to locate the file on your computer.
3. **Name:** once the file is uploaded, the file name will display in the Name field, and can be modified as needed.
4. **Category:** next, select an option from the Category drop-down menu.
5. **Topic:** the drop-down is displayed dynamically when a category is selected that is associated to a topic. Topics can be used to more explicitly define the type of document that is being uploaded.

Click the 'Close' button to discard any entered information and close the File Upload modal. Click the 'Upload' button when complete.

Documentation + Add					
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

Documents that have been uploaded will appear in the Documentation panel. To delete a document, click the trash can icon. The system will display a message asking for confirmation.

Note: The option to delete a document is not available once a request has been submitted and the review process is started.

Continue Button

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 and 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.

MCG

Qualitrac is integrated with MCG to streamline review processes. Some contracts require that all requests be initially processed through MCG. If required, Qualitrac will automatically send the user to the MCG integrated site.

When MCG is a contract requirement the user will be directed to the MCG website. MCG displays patient information, the type of authorization (diagnosis and procedure



codes) and a description of the diagnosis code. Click the 'Document Clinical' button to display the guidelines available for the listed diagnosis.

Authorization Request 1 Request Form 2 Document Clinical 3 Submit Request

Patient : 987654321 **Name :** Marley, Ziggy **DOB :** 8/15/1961 **Gender :** Male show more

Authorization : EPS-00023034 **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

[Document Clinical](#)

[Submit Request](#)

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

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

MCG will display the selected guideline(s).

If there are no clinical guidelines that apply, a text box will be displayed where clinical information relevant to the review can be entered.

No Guideline Applies

Please provide patient's clinical information...

1000 characters left for notes.

[Save](#) [Cancel](#)

If there are clinical guidelines, check all that apply.



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

Click the 'Save' button, and then click the 'Submit Request' button. Users will be returned to the Qualitrac screens upon clicking Submit Request.

User Attestation Panel and Completing the New Authorization Request

After documenting the MCG criteria, the Qualitrac system will redirect users back to the new request screen and display the User Attestation panel.

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 Taligen does not guarantee payment for services.
- I agree to notify all involved parties of the outcome of this authorization request.

Acknowledging User *

Enter username

Enter your username, to confirm acknowledgement, and click the 'Submit' button to complete the authorization request. The system will display error messages when required information is missing.

A screenshot of a 'Submit Review' modal window. The window has a title bar with 'Submit Review' and a close button (X). Below the title bar is a section labeled 'Comments' containing a large text input area. At the bottom of the modal are two buttons: 'Cancel' and 'Submit'.

If no errors are found, the system will display a Submit Review modal to enter any additional comments.

Click the 'Cancel' button to discard any entered comments and close the modal. Click the 'Submit' button to finish the authorization request and close the modal.

When the request has been submitted the system will show a success message and the user will be presented with a Summary screen.

Email Confirmation

Qualitrac will send an automated email confirmation to the user who submitted the request.

A screenshot of an email confirmation message. The header shows the sender as 'donotreply@telligen.com' and the date as 'Thursday, June 1, 2023 9:55 AM'. The subject is 'Request Submitted'. The body of the email contains a thank you message, the case ID '24966', and a confidentiality notice at the bottom.

From: donotreply@telligen.com <donotreply@telligen.com>
Sent: Thursday, June 1, 2023 9:55 AM
To: [Redacted]
Subject: Request Submitted

Thank you for submitting your request. This email notification is to confirm that your request has been received and we are in the process of reviewing it. You will receive notification once our review decision has been rendered.

The case id for this request is 24966.

Please feel free to utilize the portal to check the status of this request at any time.

Sincerely,
Telligen Review Team

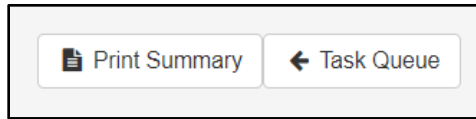
CONFIDENTIALITY NOTICE: This communication, including any attachments, may contain confidential information and is intended only for the individual or entity to whom it is addressed. Any review, dissemination, or copying of this communication by anyone other than the intended recipient is strictly prohibited. If you are not the intended recipient, please notify us immediately by reply email to privacy@telligen.com and delete or destroy all copies of the original message and any attachments thereto. Email sent to or from Telligen or any of its member companies may be retained as required by law or regulation.

Additional automated emails may be sent based on activities performed during the review process.



Authorization Request Summary

On the Authorization Request Summary screen users will have the option to Print the Summary or exit and return to the Task Queue.



To exit the summary screen, click the 'Task Queue' button at the bottom of the page.

Section VII: Accessing Completed Authorization Request(s)

Once an Authorization Request has been submitted it will go through a review process. A user may perform either a Member Search, Cases Search or Case/Request/Claim Search to locate the record.

Access the Request by a Member Search

After performing a Member Search (refer to Section III for more information) and choosing a record the system will navigate to the Member Hub.

Authorization requests are shown in the Utilization Management panel (refer to [Section V: Member Hub - Utilization Management Panel](#) for more information).

To access an authorization request record, click the ellipsis to display the action menu. The menu options will vary based on the request type, status of the request and the client/contract.

Status	Case ID	Request ID	Review Type	Timing	Treating Prov./Phys.	Treating Facility	Req. Start	Req. End	Outcome	Action
Request For Information Will Technically Deny on 07/05/2023	24969	25033	Acute Medical Surgical (Inpatient)	Continued Stay Review	TESTA, MARY-GRACE	THERAPY EXPRESS PA	06/02/2023			...
Document Uploaded	24969	24961	Acute Medical Surgical (Inpatient)	Concurrent	TESTA, MARY-GRACE	THERAPY EXPRESS PA	06/02/2023			...
Not Submitted	24970	24982	Acute Medical Surgical (Outpatient)	Retrospective	LEICHTNAM, PETER		05/01/2023	05/01/2023		...
Not Submitted	24991	25003	DME	Retrospective	BMH, INC.		04/05/2023	05/31/2023		...

To navigate to the Authorization Request Summary screen, click the ellipsis to display the action menu and select 'View Request.'



The action menu may display the option to delete a record depending on the status of the request. To delete the record, click the ellipsis to display the action menu and select 'Delete.' The system will display a message asking for confirmation.

Access the Request by a Cases or Case/Request/Claim Search

After performing a 'Cases Search' or 'Case/Request/Claim Search' (refer to Section III for more information) and choosing a record the system will navigate to the Authorization Request Summary screen.

Authorization Summary Screen

The authorization request summary screen is organized by panels containing the information submitted for the request. The panels, data available within each panel and functionality on this screen may vary based on client/contract.


The system will display the text "Summary" on the breadcrumb trail as an indication of how the authorization request screen data is being displayed.

[Dashboard](#) / [Task Queue](#) / [Member Hub](#) / [Summary](#)

The summary may be displayed as read-only depending on the steps a user performed to navigate to this screen.

The panels, data available within each panel and functionality on this screen may vary based on the type of review and the client/contract.

Actions Button

Locate the 'Actions'  button on the Authorization Request panel. The availability of the 'Actions' button and menu options may vary based on the status of the request and client/contract.

Authorization Request					
Case Id 3551	Request ID 3563	Case Status Complete	Review Status Review Complete	Review Outcome Auto Approved	Date Request Received 06/16/2020 05:37 pm
Review Type Acute Behavioral Health	Place of Service Inpatient	Type of Service Psychiatric	Timing Concurrent	Urgent Request No	

The availability of the delete option will vary depending on the status of the request. To delete the record, select 'Delete.' The system will display a message asking for confirmation.

The availability of the edit or reopen options will vary depending on the status of the request. If a user is adding a new authorization request and has not completed the

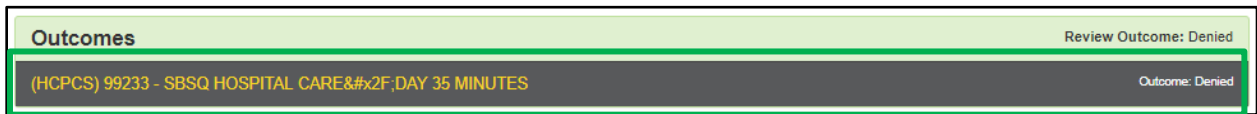


submission, select the 'Edit' option to open the panels and continue to build the case for submission.

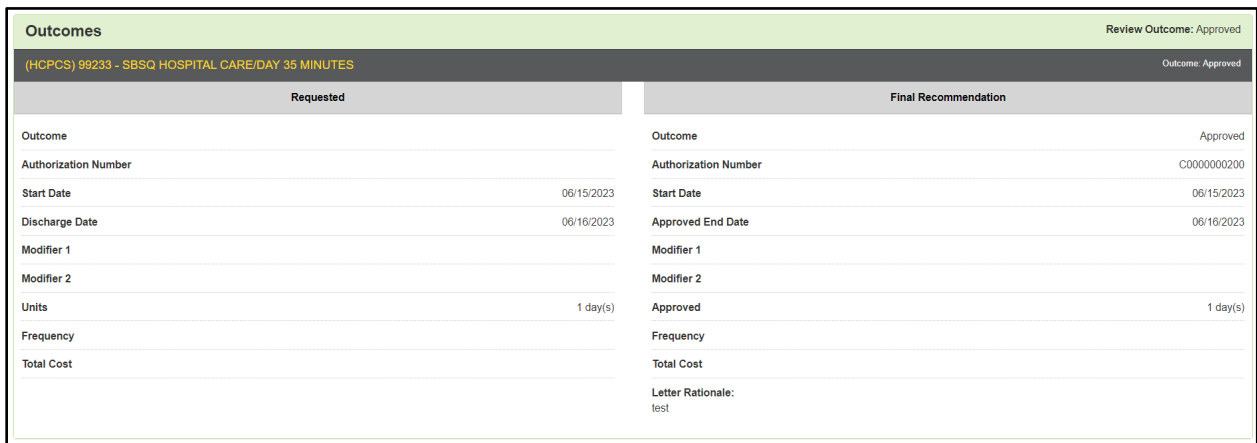
If the system does not display the 'Action' button, the summary screen cannot be edited except for adding documentation in the Documentation panel.

Outcomes Panel

The Outcomes panel displays information related to the outcome of the review. By default, this panel will show a panel title, procedure heading and outcome status. The procedure heading is a clickable bar to toggle between expanding or collapsing the view of information. This panel may vary based on the client/contract and type of review.

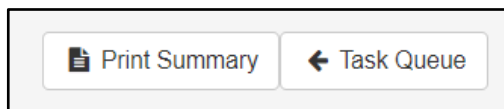


When the Outcomes panel procedure bar is expanded the information requested in the Authorization Request for review and any information available for the Final Recommendation is displayed.



Additional Navigation & Buttons

When editing or viewing an authorization request, buttons are displayed at the bottom of the screen. The buttons that are displayed may vary based on the client/contract, type of review, status of the review and if the request is open for edits.



The 'Print Summary' button will display a printable version of the Authorization Request to download and save or print.. The 'Task Queue' button will take a user back to the Task Queue in the Qualitrac system.



Section VIII: Request for Information (RFI) Task


Once an Authorization Request case has been submitted it will go through a review process where it may be approved, denied, partially denied, or technically denied if requested information is not provided.

When a reviewer needs additional clinical documentation for the case, the submitter will be notified that additional Information is needed. The user will see a "Request for Information" task in their Scheduled Tasks queue.

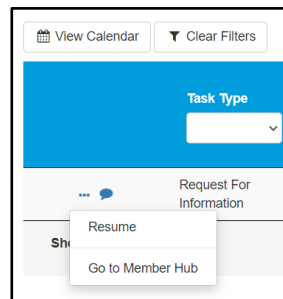
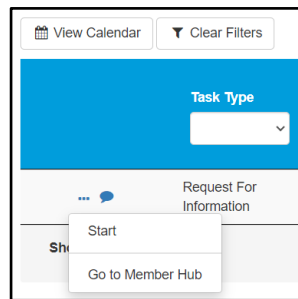
Users associated with the same organization NPI have the ability to view and start scheduled tasks.

Task Type	Task Category	Task Status	Client	Last Name	First Name	Solution / Module	Assignee	Attempts	Task Scheduled Date
Request For Information		New	MARYLAND	Marley	Ziggy	Medical Necessity	testppu	0	10/28/2020 11:03 am

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

A solid-colored Note bubble  icon on the task indicates there are Notes attached to that task. Click the note icon to display the Notes modal and determine what documentation is required.

Clicking on the ellipsis to the left of the task will display the action menu. The action menu will display either 'Start' or 'Resume' and 'Go to Member Hub' options.





If a user has previously selected 'Start' for the Task, but has not completed the task to submit documentation, the system will display the option to 'Resume.' Selecting either option will direct the user to the Authorization Request summary screen.

Authorization Request						Actions
Will Technically Deny on 07/05/2023						
Case Id 24969	Request ID 25033	Case Status Request For Information	Review Status Request For Information	Date Request Received 06/19/2023 01:49 pm	Review Type Acute Medical Surgical (Inpatient)	
Place of Service Inpatient Hospital	Type of Service Medical Care	Timing Continued Stay Review Extension	Urgent Request No			

The summary screen will display "Request for Information" as the 'Case Status' and the 'Review Status' on the Authorization Request panel. A correspondence panel may be displayed on the summary screen based on client/contract.

Correspondence						
					Search:	<input type="text"/>
Letter	Addressee	Date Sent	Mail Type	Tracking		
Acute Prior Authorization Denial	Air Ambulance Provider: ANDERSON, KENNETH NPI: 1275513756	07/28/2022 13:43:23				
Acute Prior Authorization Denial	Sending Facility: BLONG, DAVID NPI: 1447259908	07/28/2022 13:43:23				
Air Ambulance Request for Information	Sending Facility: BLONG, DAVID NPI: 1447259908	07/28/2022 13:43:23				
Show 10 entries		Showing 1 to 3 of 3 entries		Previous 1 Next		

Click 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.

To complete the RFI task, locate the Documentation panel and click the 'Add' + Add button to display the file upload modal. Upload the requested document(s) and click the 'Submit' button on the modal.

When all documentation has been uploaded, click the 'Continue' button at the bottom of the screen. Complete any additional steps the system may require (i.e., Attestation). When all steps are finished, the system will display a success message.

Once all the necessary information has been added, 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.



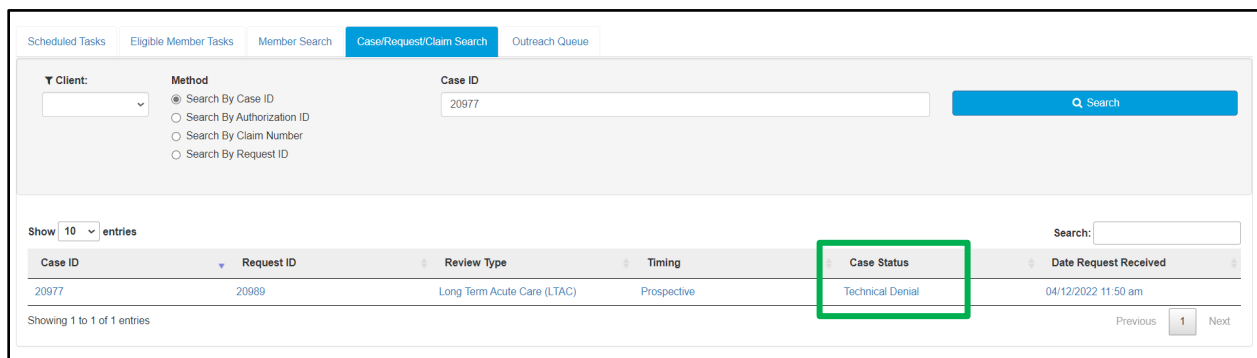
Section IX: Reopen a Technical Denial

If the contract/client allows, providers may have the ability to reopen a technically denied case and submit the previously requested information for review.

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. Only reviews in a Technical Denial status will have the Reopen option.

Steps to Reopen from a Case Search

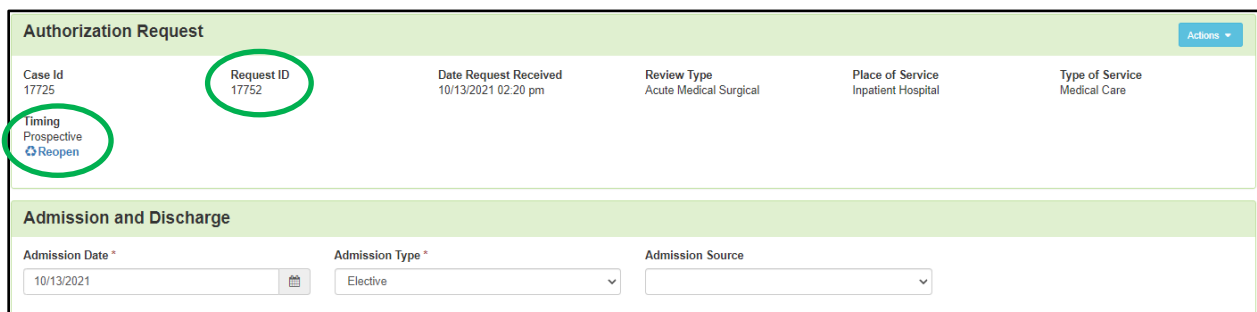
Users can perform a Case Search to locate the record that has the status of "Technical Denial" and click the record to navigate to the authorization request summary screen.



Once a user is on the summary screen, to reopen a case click the 'Actions' button and select 'Reopen.'



When the 'Reopen' option is selected, the system will create and display a new request ID for the reopened Technical Denial in the Authorization Request panel. The case number will remain the same. The panel will also display "Reopen" to indicate the case status.

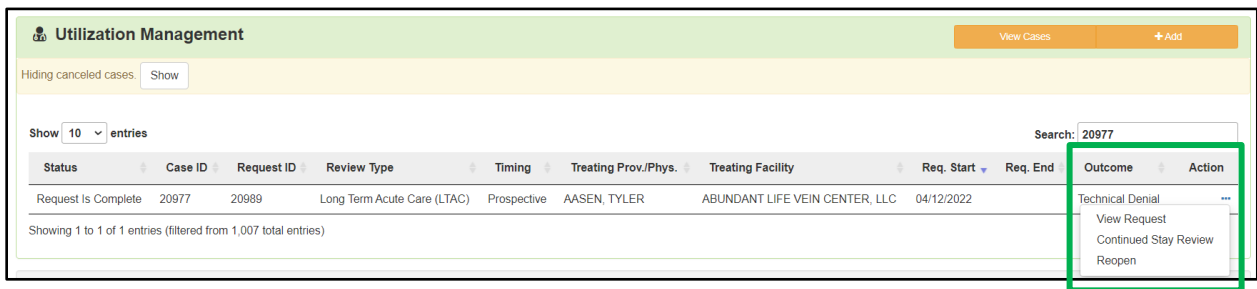




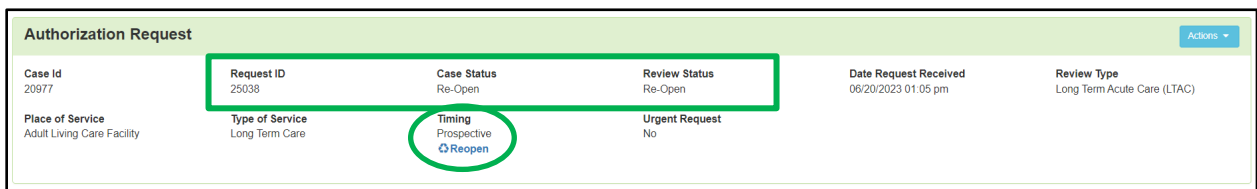
Note: Panels on the screen will display editable form fields for users to apply any modifications needed, however, not all previously entered data will become editable.

Steps to Reopen from the Member Hub

Users may search for the member and navigate to the Member Hub to view the Utilization Management Panel. In the UM panel users can locate the record with the status of "Technical Denial" shown for the Outcome, click the ellipsis to display the action menu and select 'Reopen.'



When 'Reopen' is selected a user is navigated to the summary screen. The system will create and display a new request ID for the reopened Technical Denial in the Authorization Request panel. The case number will remain the same. The panel will also display "Reopen" to indicate the case status.



Note: Panels on the screen will display editable form fields for users to apply any modifications needed, however, not all previously entered data will become editable.

Complete & Submit the Reopen Request

Documentation that was requested in the RFI should be added to the Documentation panel.

When all documentation has been uploaded, click the 'Continue' button at the bottom of the screen. Complete any additional steps the system may require (i.e., Attestation). 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 re-reviewed.



The user will now see the previous review and the current review for the reopen request in the Utilization Management panel.

Status	Case ID	Request ID	Review Type	Timing	Treating Prov./Phys.	Treating Facility	Req. Start	Req. End	Outcome	Action
Re-Open Request	20977	25038	Long Term Acute Care (LTAC)	Prospective - Reopened	AASEN, TYLER	ABUNDANT LIFE VEIN CENTER, LLC	04/12/2022			...
Request Is Complete	20977	20989	Long Term Acute Care (LTAC)	Prospective	AASEN, TYLER	ABUNDANT LIFE VEIN CENTER, LLC	04/12/2022		Technical Denial	...

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.

Section X: Appeals

An appeal can be requested when an adverse determination has been made for an authorization request. There are several types of appeals available based on the review type and the contract/client.

To request an appeal, locate the record to appeal in the Utilization Management panel on the Member Hub screen. Next, click the ellipsis to display the action menu and select the desired appeal type from the options (the example screenshot shows the option for '1st Level Appeal').

Status	Case ID	Request ID	Review Type	Timing	Treating Prov./Phys.	Treating Facility	Req. Start	Req. End	Outcome	Action
Request Is Complete	4150	4162	Acute Medical Surgical (Outpatient)	Prospective	WILSON, DOUG	CLINIC FOR CARDIOVASCULAR CARE	10/28/2020	10/28/2020	Outcome Not Rendered	...
Request Is Complete	4151	4163	Acute Medical Surgical (Inpatient)	Concurrent	WILSON, DOUG	CLINIC FOR CARDIOVASCULAR CARE	10/27/2020		Denied	<ul style="list-style-type: none"> View Request Continued Stay Review 1st Level Appeal

When an appeal option is selected the system will copy all information from the originally submitted review and create a new review.

On the authorization request screen, attach the additional documentation to the new review to support overturning the previous decision of denial.



When all documentation has been uploaded, click the 'Continue' button at the bottom of the screen. Complete any additional steps the system may require (i.e., Attestation). 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.

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.

Section XI: Continued Stay Reviews (CSR) and Extensions

Inpatient Continued Stay Reviews

To request additional days for an inpatient review, users can request a Continued Stay Review (CSR).

Navigate to the Member Hub and on the Utilization Management panel locate the inpatient authorization request record that requires additional days. Next, click the ellipsis to display the action menu and select 'Continued Stay Review.'

Status	Case ID	Request ID	Review Type	Timing	Treating Prov./Phys.	Treating Facility	Req. Start	Req. End	Outcome	Action
Request For Information Will Technically Deny on 06/30/2023	24969	24981	Acute Medical Surgical (Inpatient)	Concurrent	TESTA, MARY-GRACE	THERAPY EXPRESS PA	06/02/2023			View Request Continued Stay Review
Not Submitted	24970	24982	Acute Medical Surgical (Outpatient)	Retrospective	LEICHTNAM, PETER	HOSPITALIST MEDICINE PHYSICIANS OF IDAHO-TCG, PLLC	05/01/2023	05/01/2023		
Not Submitted	24991	25003	DME	Retrospective	BMH, INC.		04/05/2023	05/31/2023		

When the 'Continued Stay Review' option is selected the system will display a Continued Stay Request modal.



Continued Stay Request ✕

Date Request Received *

MM/DD/YYYY hh:mm a 📅

Submission Method *

 ▼

Cancel
Request Extension

Enter the Date Request Received and select the Submission Method from the drop-down. Click the 'Cancel' button to discard any information and close the modal. Click the 'Request Extension' button to submit the CSR request.

Upon a successful submission, the system will navigate a user to the Authorization Request Summary screen.

The Authorization Request Summary 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
---	--	---	------------------

Qualitrac will automatically set the Continued Stay Start Date based on the end date of the previous request within the case. Add any necessary additional diagnoses or documentation to the Authorization Request.

When all documentation has been uploaded, click the 'Continue' button at the bottom of the screen. Complete any additional steps the system may require (i.e., Attestation). 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 CSR request in the Utilization Management panel.

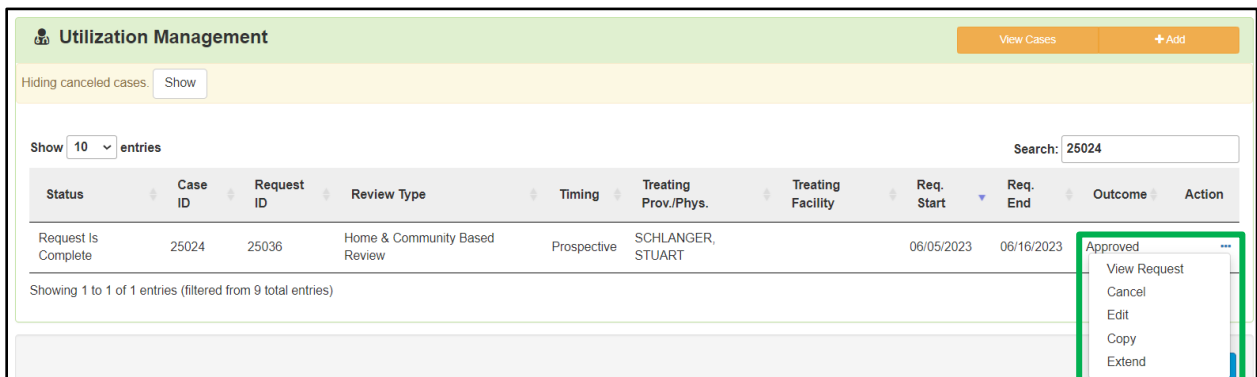


Note: The Case ID has remained the same across both reviews and each review has its own Request ID. These IDs can be used to search for either the case or the individual reviews.

Outpatient Extensions

To request additional units/days for an outpatient review, users can request an extension.

Navigate to the Member Hub and on the Utilization Management panel locate the outpatient authorization request record that requires additional units/days. Next, click the ellipsis to display the action menu and select 'Extend.'



When the "Extend" option is selected the system will display the Extend Outpatient modal.

Extend Outpatient ✕

Date Request Received *
 📅

Submission Method *
 ▼

Extension End Date *
 📅

Procedures *

Code - Description	Initial Units	Additional Units
S5102 - DAY CARE SERVICES ADULT; PER DIEM	1 unit(s)	<input type="text"/>

Enter the Date Request Received and select the Submission Method from the drop-down. Next, enter the Extension End Date and enter the Additional Units for the Procedures.



Click the 'Cancel' button to discard any information and close the modal. Click the 'Submit' button to submit the extension request.

Upon a successful submission, the system will navigate a user to the Authorization Request Summary screen and "Extension" will be shown in the Authorization Request panel for the Timing.

Authorization Request						Actions
Case ID 25024	Request ID 25037	Request Status Not Submitted	Date Request Received 06/19/2023 11:15 am	Review Type Home & Community Based Review	Place of Service Outpatient	
Type of Service Medical Adult Day Care	Timing Prospective Extension	Urgent Request No				

Add any necessary additional documentation to the Authorization Request.

When all documentation has been uploaded, click the 'Continue' button at the bottom of the screen. Complete any additional steps the system may require (i.e., Attestation). 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 Extension request in the Utilization Management panel.

Utilization Management											View Cases	+ Add	
Hiding canceled cases. <input type="button" value="Show"/>													
Show 10 entries										Search: 25024			
Status	Case ID	Request ID	Review Type	Timing	Treating Prov./Phys.	Treating Facility	Req. Start	Req. End	Outcome	Action			
Not Submitted	25024	25037	Home & Community Based Review	Prospective - Extension	SCHLANGER, STUART		06/05/2023	07/07/2023		...			
Request Is Complete	25024	25036	Home & Community Based Review	Prospective	SCHLANGER, STUART		06/05/2023	06/16/2023	Approved	...			

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.

Section XII: Provider Summary

The provider summary screen displays a read-only view of the details entered in the Qualitrac system for the provider. Information cannot be edited on the provider summary screen.



Dashboard / Provider Search / Provider Summary

Provider Summary

HELENA LABORATORY PHYSICIANS HELENA LABORATORY PHYSICIANS

NPPES Name: HELENA LABORATORY PHYSICIANS
 NPPES Other Names:
 Gender:
 NPI: 1518997279

Identifiers

Search:

Issuer	State	Number	Source
NPI			Client File
Other (non-Medicare)	RR MCR	MT	NPPES

Show 10 entries Showing 1 to 2 of 2 entries Previous 1 Next

Section XIII: Contact Support Staff

To contact support staff, please refer to the information that was provided with your registration for the Qualitrac system. Each client/contract for the Qualitrac system has individual support services.

If you are unable to locate the information for your support services, you can contact a Qualitrac Expert through the online form at: <https://www.telligen.com/contact-an-expert-qualitrac/>

Section XIV: Glossary

Below is a list of terms commonly seen by Providers when accessing the Utilization Management module in the Qualitrac system, along with a description for each term.

Status Type Descriptions

The following list describes each status type the Qualitrac system may display for an Authorization Requests.

Note: The status type displayed when viewing the Member Hub – Utilization Management panel authorization request may vary from the status type given on the summary screen for the request.

- **Canceled:** The authorization request has been canceled. This status may apply to the case or one or more requests under a Case ID.
- **Document Uploaded:** A document has been uploaded for the task “Request for Information” and the case is ready to be re-reviewed.



- **Modify Request:** This status displays when the authorization request has a modification request from the reviewer. The system will not generate a task in the Scheduled Task Queue.
- **Not Submitted:** The authorization request has been created in the system but has not been submitted for review to render an outcome.
- **Pending Client Eligibility Review:** The authorization request shows this status when the reviewer is determining the eligibility of the client.
- **Re-Open Request:** A provider has elected to re-open an authorization request.
- **Request Corrected:** This status displays when a request has been corrected (when marked with "Request Needs to be Corrected") and the case is ready to be re-reviewed.
- **Request For Information:** The reviewer requires additional information to process the request and has sent the request back to the provider. The system will generate a task for the provider to view in the Scheduled Task Queue.
- **Request Has Been Submitted:** An authorization request has been submitted for review.
- **Request In Progress:** An authorization request is being reviewed to render an outcome.
- **Request Is Complete:** An authorization request has been reviewed and the case is complete.
- **Request Modified:** This status displays when a request has been modified (when marked with "Modify Request") and re-submitted. The system will not generate a task in the Scheduled Task Queue.
- **Request Needs to be Corrected:** This is the system generated request when a reviewer has selected 'Request Needs to be Corrected.'