



**Maryland UCA:  
Refresher Telligen Provider Portal  
Training – Air Ambulance**

August 2024

# Agenda

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- Contact Information
- Overview/Purpose
- Housekeeping
- Telligen/Maryland Medicaid Website
- Authorized Official (AO) Training
- How to log-in
- How to enter a review
- Completing the Request for Information (RFI)
- How to find a review outcome
- Submitting a reconsideration/appeal/Peer to Peer Review
- E-mail notifications
- Questions



# Contact Us

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## Program Director

Rhonda McLaughlin

**Website:** <https://telligenmd.Qualitrac.com>

## Maryland Call Center & Provider Help Desk

- Email: [MarylandUCSupport@telligen.com](mailto:MarylandUCSupport@telligen.com)
- Toll-Free Phone: 888-276-7075

## Portal Registration Questions

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



## Purpose

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- To provide step by step instruction for using the provider portal
- Deliver a review of the Portal security
- Step by step instruction for entering a review
- Instructions on completing the Request for Information process
- How to find a determination status after submitting a review
- Instructions on submitting a reconsideration/1<sup>st</sup> level appeal
- Review of the notifications you will receive



# Housekeeping

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- **Questions**

- Please enter all questions into the chat
- Time at the end of the training will be reserved for questions
- Any unanswered questions will be answered and posted to the website

- **Content availability**

- Presentation will be posted to the website following the training
- **Website:** <https://telligenmd.Qualitrac.com>
- Located in Education/Training

- **Survey**

- All registrants will be sent a Survey via email following today's training. Telligen welcomes your feedback and suggestions on future training opportunities.





**How do I access the  
Telligen Provider portal  
(Qualitrac)?:  
Website Introduction**

# Telligen Provider Portal - Overview

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- The Telligen Provider Portal, Qualitrac, is a web-based application that allows healthcare providers to submit review requests.
- Please bookmark the **<https://telligenmd.Qualitrac.com>** webpage.
- Use the Log-In link provided to access Qualitrac.



# Telligen Landing Page Overview



Please bookmark this site: <https://telligenmd.Qualitrac.com>

## Telligen Medicaid Services for the State of Maryland

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

-- Please take a moment to respond to this 3-question [Provider Satisfaction survey](#) --



### Qualitrac Login

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

[LOGIN](#)



### Provider Portal Registration

New users need to register to gain access to Qualitrac. The provider's portion of the registration takes less than 10 mins.

[REGISTER](#)



[FREQUENT QUESTIONS](#)



[CHECK REVIEW STATUS](#)





# Provider Portal Overview

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- The Provider Portal is a web-based application that allows healthcare providers to submit Air Ambulance reviews
- The Provider Portal utilizes a delegated security model.
  - A delegated security model requires an organizational executive (Provider Executive) to “delegate” administrative rights to one or more individuals within their organization (Authorized Official).
- There should be at least one Authorized Official per provider organization. The Authorized Official will:
  - Be the point of contact for the organization
  - Add, remove or edit Provider Users accounts

**PLEASE NOTE - HIPAA compliance require all staff entering reviews or accessing the portal MUST have their own log-in and password. Do not create generic log-ins.**



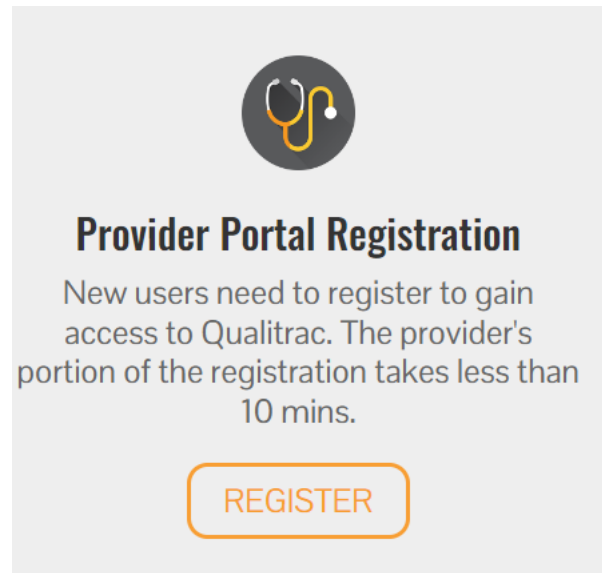
# Provider Portal Registration

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## Process Overview

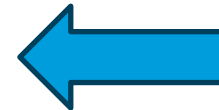
- The registration process is completed online at: <https://telligenmd.Qualitrac.com>
- Click the registration button :

A grey rectangular button with a dark grey circle containing a yellow stethoscope icon at the top center. Below the icon, the text reads: **Provider Portal Registration**, followed by the paragraph: "New users need to register to gain access to Qualitrac. The provider's portion of the registration takes less than 10 mins." At the bottom center is an orange rounded rectangle with the word "REGISTER" in orange capital letters.

**Provider Portal Registration**

New users need to register to gain access to Qualitrac. The provider's portion of the registration takes less than 10 mins.

REGISTER



# Provider Portal Registration

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- The Registration Process requires your organization to appoint individuals to authorize and administer your account.
  1. The Provider Executive, i.e., is the duly authorized representative permitted to bind your organization, agrees to the terms and conditions of the Provider Portal Agreement. **(Someone with contracting and purchasing authority in your organization such as CEO, CFO, COO, etc.)**
  2. The Provider Executive designates one or more Authorized Officials for your organization. These individuals will manage provider accounts within your organization. **(No more than three (3) per organization)**
  3. The Authorized Official(s) complete(s) the Authorized Official Agreement and Registration Form.



# Provider Portal Registration

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The registration can be completed in a few simple steps:

- 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 AO(s) receive a fully executed agreement for their records.
- The Qualitrac Registration team will then complete the registration process and provide instructions to the AO(s).
- The AO(s) from your organization will then need to create and manage provider accounts within your organization.



# Provider Portal Registration

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- Two emails will be sent to the AO(s) once the registration packet is processed:
  - One from **QTRegistration@telligen.com** with a username and link to the portal.
  - One from the Qualitrac system with a link to activate your account and create your password.
- Once the AO 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 (AO) Training



# Authorized Official (AO) Training

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- The AO training user guide can be found on the website on the “**Education & Training**” page.
- The User Guide can assist you with:
  - Adding additional Users
  - Viewing User account details
  - How to help with password resets
  - Deactivating Users
- The latest Authorized Official (AO) Training Guide can be found at:  
<https://telligenmd.qualitrac.com/education-training/>





# **Provider Portal: How to Log in**



# Provider Portal

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- Each user will be assigned a unique username for the portal.
- Please go <https://telligenmd.Qualitrac.com> and use the sign-in link

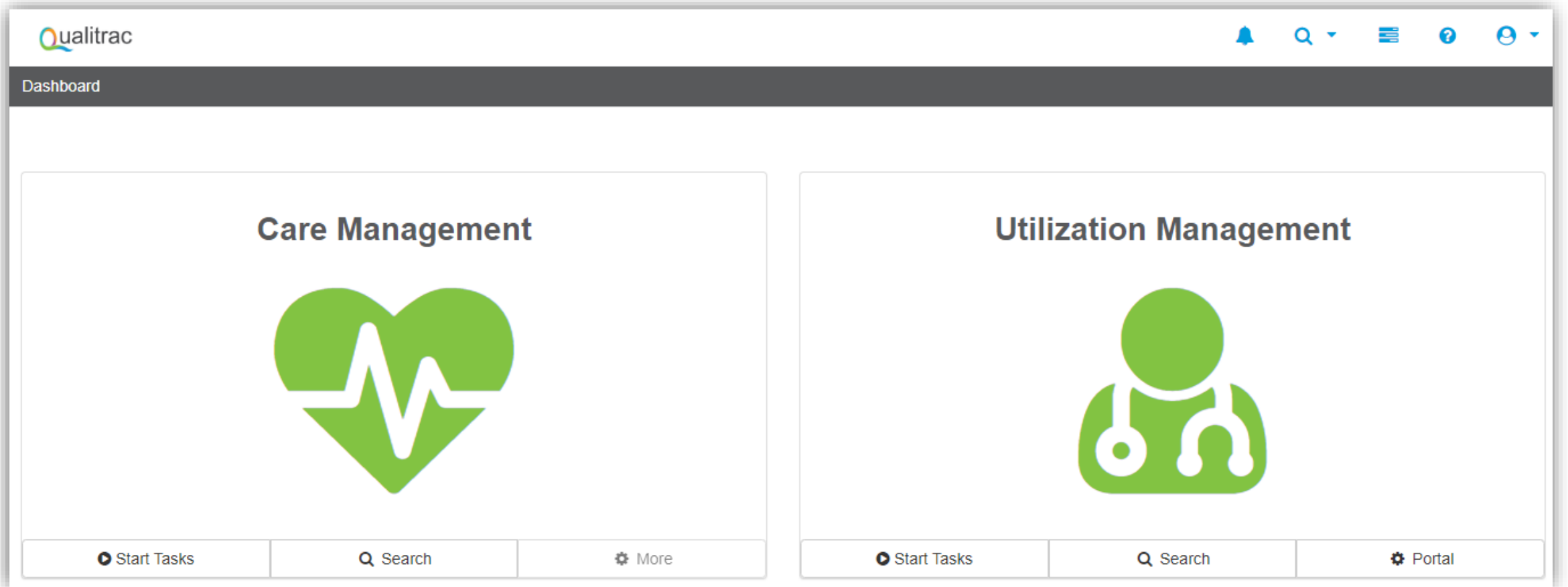


# Signing into the Provider Portal



1. **Enter Username:** Use the username that you were sent in the set-up email.
2. **Enter Password:** Use the temporary password you were sent in the set-up email.
3. Click **Sign In** to access the system
4. Use the reset password link at the bottom to reset password after your first log in and anytime your password needs reset.

A screenshot of the Telligen Sign In page. At the top is the Telligen logo. Below it is the text 'Sign In'. There are two input fields: 'Username' and 'Password'. The Username field is empty and has a red error message below it: 'This field cannot be left blank'. The Password field is empty and has a toggle icon on the right. Below the Password field is a checkbox labeled 'Keep me signed in'. At the bottom is a blue 'Sign in' button and a 'Reset Password' link.




The screenshot shows the Qualitrac Dashboard interface. At the top left is the Qualitrac logo. The top right contains navigation icons: a bell for notifications, a search icon, a menu icon, a help icon, and a user profile icon. Below the navigation bar is a dark grey header with the word "Dashboard". The main content area is divided into two large white panels. The left panel is titled "Care Management" and features a green heart icon with a white ECG line. The right panel is titled "Utilization Management" and features a green icon of a person with a stethoscope. At the bottom of each panel is a control bar with three buttons: "Start Tasks" (with a play icon), "Search" (with a magnifying glass icon), and "More" (with a gear icon). The "Utilization Management" panel also includes a "Portal" button with a gear icon.

Qualitrac


Dashboard

### Care Management



Start Tasks Search More

### Utilization Management



Start Tasks Search Portal



# Provider Portal: Landing Page



This is the Telligen Provider Portal Menu Bar. This will remain available to you wherever you are in the system.



The Qualitrac Logo will take you back to the landing page from wherever you are currently working at in the system.



The bell icon notifies the user of notifications and system messages



The “magnifying glass” icon will open search options for you to search for a specific case or a specific member to view the details.



This icon allows for quick access to the users Task List



This is utilized to view and manage your profile. If your phone number or email address changes, you can use this section to update the details.

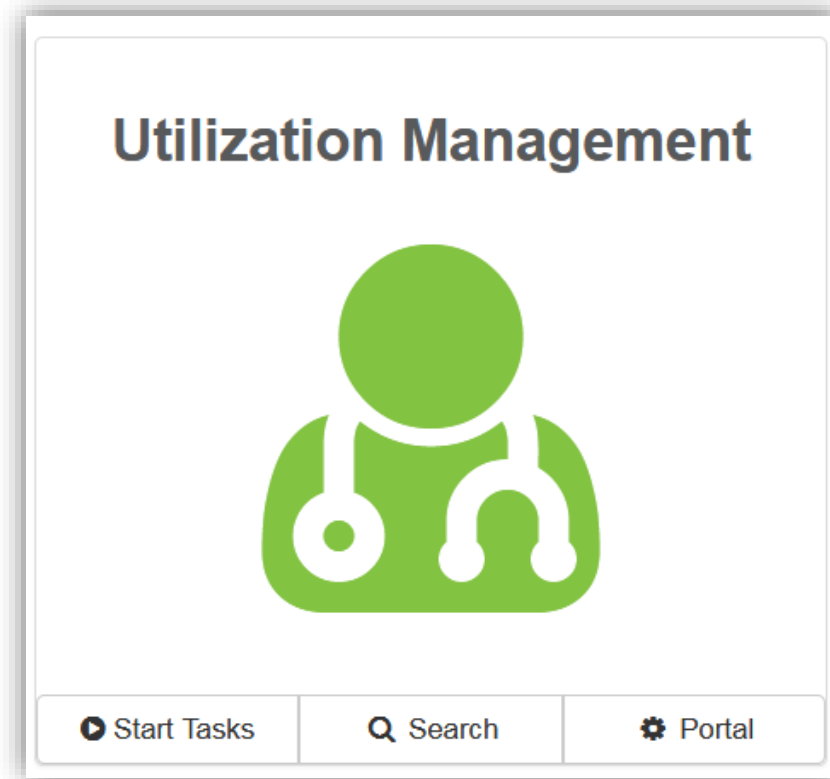


# Telligen Provider Portal – Landing Page

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- **Start Tasks** will take you to the task queue to view any reviews where additional information has been requested
- **Search** will allow you to search for a member or a case. Just like the magnifying glass at the top of the page.
- **Portal** will take you to the portal or to the task queue.

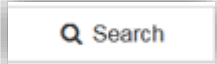



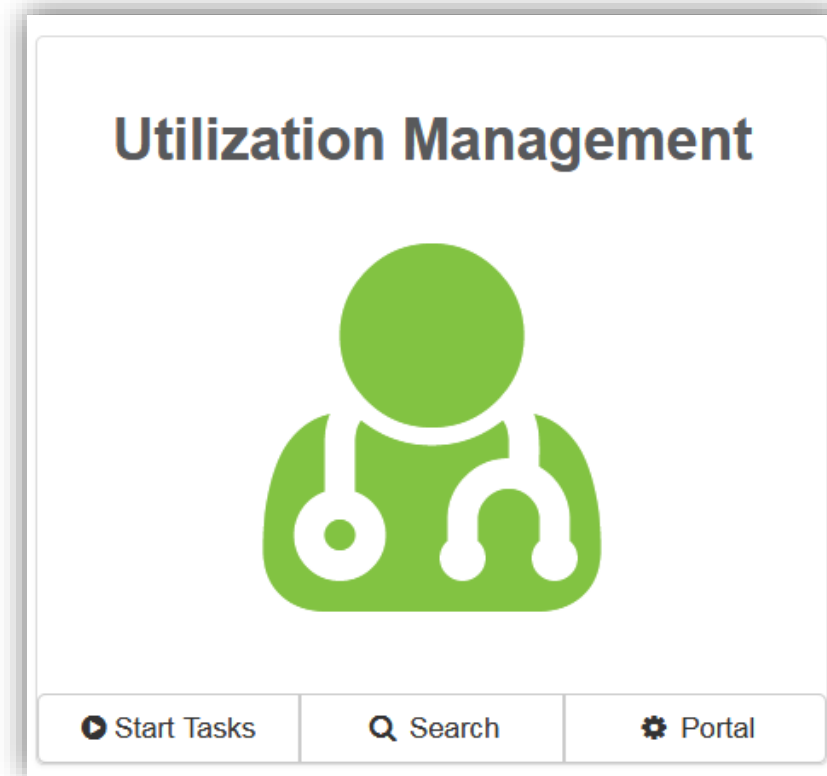
# Submitting a Review



# Telligen Provider Portal – Adding a New Review



Click on the  box or the “magnifying glass” icon  in the toolbar to access the member search screen to look for information on a member or to start a new review.



# Telligen Provider Portal – Adding a New Review



## How To Locate a Member:

- Enter the Member's ID and Date of Birth OR
- Enter the member's First Name, Last Name, and Date of Birth
- NOTE: The Member ID and the Date of Birth must match with what is on file in the MMIS system to locate the member information or to begin a new review for that member.

A screenshot of the Qualitrac web application interface. The top navigation bar includes the Qualitrac logo, a notification bell, a search icon, a menu icon, a help icon, and a user profile icon. Below the navigation bar is a breadcrumb trail: 'Dashboard / Task Queue'. A horizontal menu contains four tabs: 'Scheduled Tasks', 'Member Search' (which is highlighted in blue), 'Cases', and 'Case/Request/Claim Search'. The main content area displays the heading 'Please search for the member by completing one of the following'. Below this heading are two search options separated by 'OR'. The first option is for searching by Member ID and Date of Birth, with input fields for 'Member ID \*' and 'Date Of Birth \*' (format MM/DD/YYYY) and a blue 'Search' button. The second option is for searching by First Name, Last Name, and Date of Birth, with input fields for 'First Name \*', 'Last Name \*', and 'Date Of Birth \*' (format MM/DD/YYYY) and a blue 'Search' button.



# Telligen Provider Portal – Adding a New Review



- The member(s) matching the criteria entered will populate
- Select the appropriate member
  - Click on any of the data fields in blue to access the member information or to start a new review for the member.

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 \*      Search

TEMP000000100323      01/03/1978

OR

First Name \*      Last Name \*      Date Of Birth \*      Search

First Name      Last Name      MM/DD/YYYY

Member ID	Last Name	First Name	Middle Name	Date Of Birth	Gender
TEMP000000100323	Wilson	Stephanie		01/03/1978	Female

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








# Telligen Provider Portal – Adding a new review



- **The Member Hub:**

- The Telligen Provider Portal allows you to view information related to this member based on rights of your role.
- You will be able to see their contact information
- You will be able to see any reviews that have been submitted for them on behalf of your organization.

 Moe Jackson		<a href="#">View Member Details</a>	
 Member ID: 1543931374	 Date of Birth: 01/18/1957	 Phone Number: (594) 022-6274	Client: MARYLAND
 Utilization Management		<a href="#">View Cases</a>	<a href="#">+ Add</a>



# Telligen Provider Portal – View Member Details



- Clicking on the **View Member Details** box opens the window to provide the user with more information for the member.

Moe Jackson View Member Details

Member ID: 1543931374      Date of Birth: 01/18/1957      Phone Number: (594) 022-6274      Client: MARYLAND

Phone	Mailing Address	Preferred Contact Information	
<u>Home:</u> Cell: (594) 022-6274 ★ <u>Work:</u> <u>Other:</u>	<u>Physical Address</u> 7125 Test Street Test, IA 50010	<u>Method</u>	<u>Language</u>
<u>Email</u> <u>Home:</u> <u>Work:</u>		<u>Gender Identity</u>	<u>Pronouns</u>
		<u>Notes</u>	

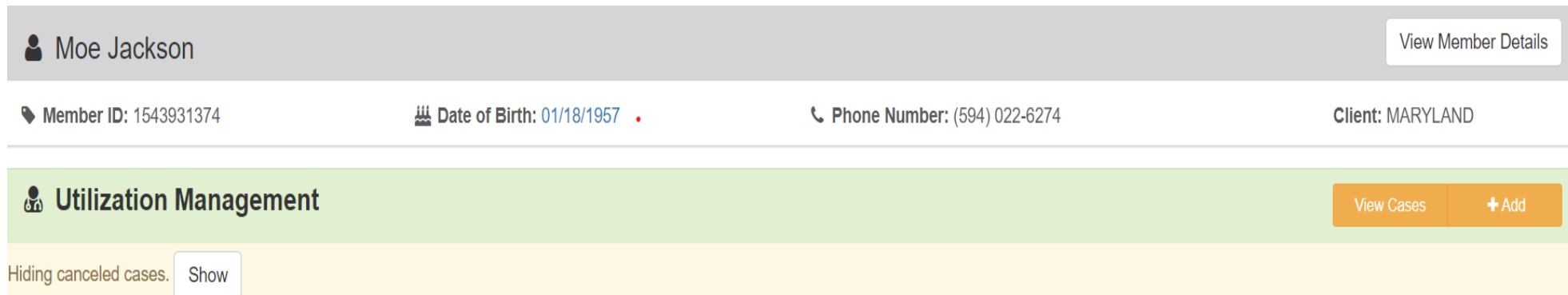


# Telligen Provider Portal – Utilization Management Panel



The **Utilization Management Panel** will contain all information related to all UM reviews submitted for the member on behalf of your organization or those that were shared with your organization through the provider visibility panel

Use the  button to start a new request.



The screenshot displays the Utilization Management Panel for a member named Moe Jackson. At the top, there is a grey header bar with the member's name and a 'View Member Details' button. Below this is a white bar containing member information: Member ID: 1543931374, Date of Birth: 01/18/1957, Phone Number: (594) 022-6274, and Client: MARYLAND. The main section is a green bar with the title 'Utilization Management' and two buttons: 'View Cases' and '+ Add'. A blue arrow points to the '+ Add' button. At the bottom, there is a yellow bar with the text 'Hiding canceled cases.' and a 'Show' button.

# Telligen Provider Portal – Required sections

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The following panels will be required for your request:

- **Authorization Request**
- **Dates of Service**
- **Coverage**
- **Supporting Information**
- **Providers**
- **Provider Organization Visibility**
- **Diagnosis**
- **Procedures**
- **Documentation**

We will review each of these sections



# Telligen Provider Portal – Add New Request



To begin a new request, fill in the **Authorization Request** panel.

- Date will prepopulate with the current date

### Authorization Request

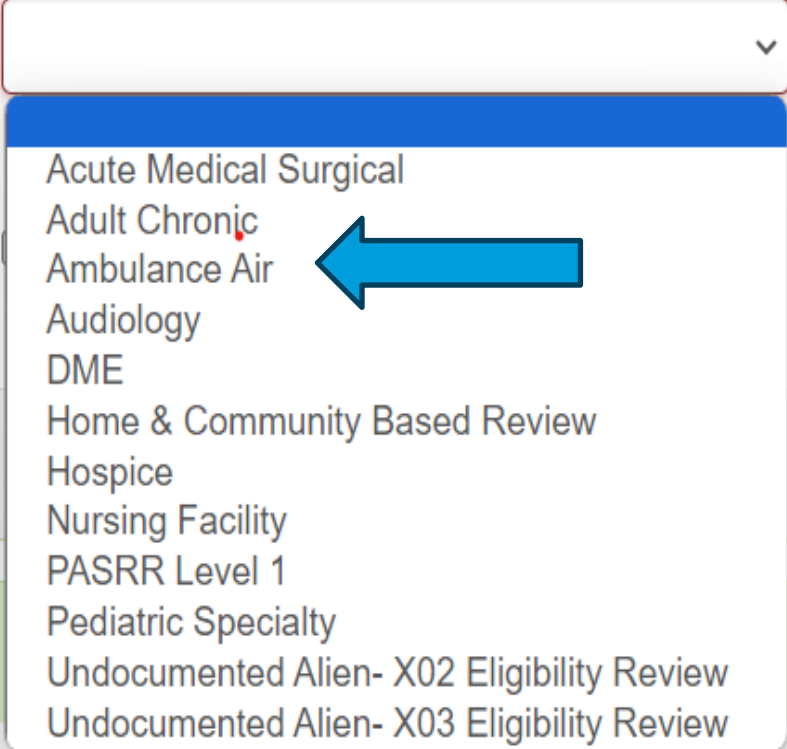
<b>Date Request Received *</b> 06/14/2022 12:41 pm	<b>Review Type *</b> <input type="text"/>	<b>Place of Service *</b> <input type="text"/>	<b>Type of Service *</b> <input type="text"/>
<b>Timing *</b> <input type="text"/>			



# Authorization Request Panel- Review Type

- Enter the **Review Type**: This is where you will select the type of review you are requesting.
  - The review appropriate for this include: **Ambulance Air**
  - Content will be located under education on the website

Review Type \*  Review Type is a required field



Acute Medical Surgical  
Adult Chronic  
Ambulance Air  
Audiology  
DME  
Home & Community Based Review  
Hospice  
Nursing Facility  
PASRR Level 1  
Pediatric Specialty  
Undocumented Alien- X02 Eligibility Review  
Undocumented Alien- X03 Eligibility Review

# Authorization Request Panel cont.



- **Place of Service:** Auto-populates to Ambulanc-Air or Water
- **Type of Service:** Auto-populates to Ambulance
- **Timing:** Auto-populates to Retrospective
- Select **Add New Request** to complete the process.
  - If the request was entered in error, you can select Cancel to remove the request

**Authorization Request**

<b>Date Request Received *</b> 06/27/2022 09:52 am <input type="checkbox"/>	<b>Review Type *</b> Ambulance Air <input type="text"/>	<b>Place of Service *</b> Ambulance - Air or Water <input type="text"/>	<b>Type of Service *</b> Ambulance <input type="text"/>
<b>Timing *</b> Retrospective <input type="text"/>			



# Dates of Service Panel

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- Once you select Add New Request, the page opens to fill in all the remaining information necessary to process the request.
- **Dates of Service Panel** is used to enter the Service Start Date and the Service End Date

The screenshot shows a web form titled "Dates of Service" with a light green header. Below the header, there are two input fields. The first is labeled "Service Start Date \*" and contains the placeholder text "MM/DD/YYYY" with a calendar icon to its right. The second is labeled "Service End Date \*" and also contains the placeholder text "MM/DD/YYYY" with a calendar icon to its right.



# Coverage Panel



- The **Coverage Panel** will provide detailed information about the member's eligibility.
- The Medicare Indicator and Third-Party Liability will default to No/Not Supplied unless there is information from MMIS stating that the member has Medicare or other insurance.

## ⚠ 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.

Group	Section	Plan	Start Date	End Date
No Coverage Found				
<b>Medicare Indicator *</b>		<b>Third Party Liability *</b>		<b>EPSDT Indicator *</b>
<input type="text" value="Yes"/>		<input type="text" value="No"/>		<input type="radio"/> Yes <input checked="" type="radio"/> No
<b>Eligibility Comment *</b>				
<input type="text"/>				

## Coverage Panel cont.

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- There is an Eligibility comment box where you can enter information related to the member's eligibility.
- This will also allow the submitter to override lack of eligibility for those member's whose eligibility may be at a future date and the request is being submitted in advance.

**Medicare Indicator \***

**Third Party Liability \***

**EPSDT Indicator \***

Yes  No

**Eligibility Comment \***



# Supporting Information

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Reason For Request

**Reason for Request**

[Dropdown menu with a downward arrow icon]

- Assault
- Gun Shot Wound
- MVA
- Other
- Work Related Injury



# Supporting Information

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- When selecting “other” for the Reason for Request, type in the reason for the transfer in the **OTHER** box

Reason for Request

A dropdown menu with the word 'Other' selected and a downward-pointing chevron icon on the right side.

Other

An empty text input field with a small cursor icon at the bottom right corner.

- **Failure to select the reason for the request will result in the review being returned to the provider and the provider will be required to submit a new review**



# Providers Panel: Provider and Facility Information



- **Providers:** This section requires information related to who is ordering and providing the care:
  - *Air Ambulance Provider*- The Air Ambulance company
  - *Sending Facility* – The hospital where the participant was flown from
  - *Receiving Facility* – The hospital where the participant was flown to

## Providers \*

Type	Name	NPI	Address	Phone	Primary Taxonomy	PPO Redirect Reason	Comments	Action
Air Ambulance Provider *						Not Supplied		+ Add
Sending Facility *						Not Supplied		+ Add
Receiving Facility *						Not Supplied		+ Add

★ click the Add button on each box to fill in the necessary provider information



# Entering Provider and Facility Information



- Clicking **+ Add** will open a search box. You can search by entering an NPI number or by filling in any of the information boxes provided if the NPI is not known.
- Once you have entered the necessary information, click search to locate the Air Ambulance provider or facility you are looking for.

Dashboard / Task Queue / Member Hub / Request / Provider Selection Stephanie Wilson - TEMP000000100323 - 01/03/1978

NPI Number ?	Other ID Number ?	Last / Organization Name	First Name
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
City	State	Zip Code	Taxonomy
<input type="text"/>	Wyoming ▼	<input type="text"/>	<input type="text"/>





# Entering Provider and Facility Information



- Clicking search will return **all** results that meet your entered criteria.
- Click the blue hyperlink in the provider's name to view additional details.
- Check the provider details before selecting, validating the correct provider and the taxonomy ID aligns to the services being requested

Taxonomy				
Primary	Taxonomy	State	License Number	Source
PRIMARY	207Q00000X - Family Medicine	MD	D21438	Application
PRIMARY	207Q00000X - Family Medicine	MD	D21438	NPPES


- Use the green plus box next to the name to select the provider/facility that you need for the review.

Name	NPI	Primary Number	Other ID	Type	Address	Phone	Primary Taxonomy	Source
 MEDIVAC AIR RESCUE, INC.	1477846889	1477846889	1477846889		5751 Kroger Dr Suite 230 Fort Worth, TX, 76244	(877) 260-3575	Ambulance, Air Transport	NPPES






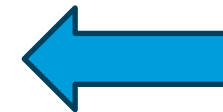


# Entering Provider and Facility Information

- You will see the Air Ambulance Provider, Sending Facility and Receiving Facility information populated in the corresponding panel.
- You can access the delete button by clicking the 3 dots to the right if selected in error
- You can use the  button to search and find a new physician/facility for the one that was deleted.

## Providers

Type	Name	NPI	Address	Phone	Primary Taxonomy	PPO Redirect Reason	Comments	Action
Air Ambulance Provider	 MEDIVAC AIR RESCUE, INC.	1477846889	5751 Kroger Dr Suite 230 Fort Worth, TX, 76244	(877) 260- 3575	Ambulance, Air Transport			...
Sending Facility	 CHESTER RIVER HOSPITAL CENTER	1679536809	100 Brown Street Chestertown, MD, 21620	(410) 778- 3300	General Acute Care Hospital			...
Receiving Facility	 WASHINGTON HOSPITAL	1649490871	155 Wilson Ave Washington, PA, 15301	(724) 223- 3843	General Acute Care Hospital	Valid PPO provider		...



# Provider Organization Visibility Panel



- **Provider Organization Visibility:** This box is not required but it allows you to share this review with everyone in the organization you are submitting it for.
- This will also allow you to share the review and allow visibility by the Treating Providers organization for their knowledge and information

A screenshot of a web interface panel titled 'Provider Organization Visibility' with a help icon. Below the title, the user 'Wilson, Stephanie, User' is identified. A dropdown menu is open, showing 'ST LUKE'S REGIONAL MEDICAL CENTER' as the selected option.

Provider Organization Visibility ?


Wilson, Stephanie, User


ST LUKE'S REGIONAL MEDICAL CENTER



# Diagnosis Panel




- **Diagnosis Panel:** This is where you can enter the diagnosis information related to this review.
- You will use the  button to add a new diagnosis to the panel.
- You can enter as many diagnoses as needed.
- You do have the ability to reorder or prioritize the diagnoses using the drag and drop feature.

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



# Diagnosis Panel cont.

- Once you click , you will have the ability to search for a diagnosis either by Code or by Term.

### Diagnosis + Add

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

#### Add Diagnosis

**Method**

Search By Code  
 Search By Term

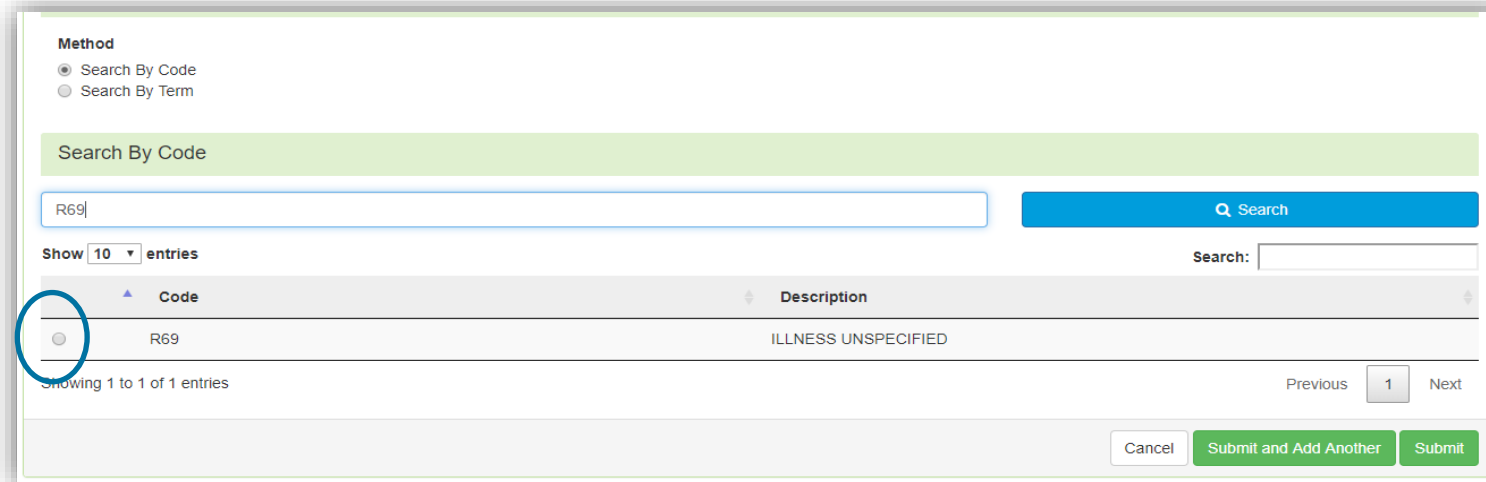
#### Search By Code

Enter Full ICD Code



# Diagnosis Panel: Populating the Diagnosis

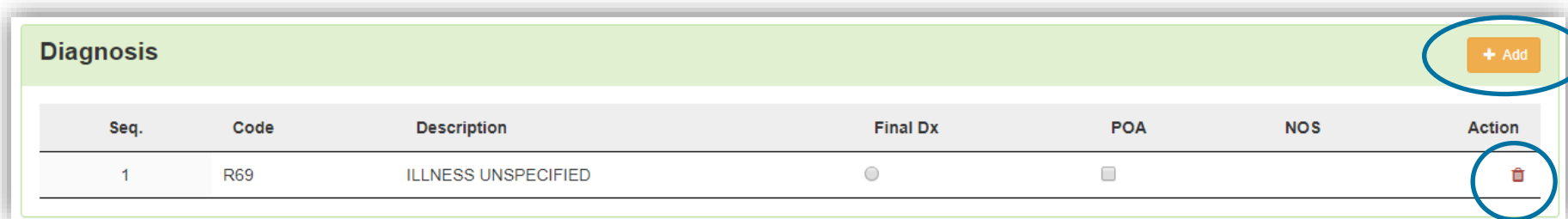
- **Entering a code:**
  - Select method: Code or term to search (radio button to select)
  - Enter information in the search box
  - Click Search
- The system will provide you a list of results you can select from. Select the one that you want added to the review by clicking on the radio button to the left of the code.




The screenshot shows a web interface for searching diagnoses. At the top, under the heading "Method", there are two radio buttons: "Search By Code" (which is selected) and "Search By Term". Below this is a green bar with the text "Search By Code". A search input field contains the text "R69". To the right of the input field is a blue button with a magnifying glass icon and the text "Search". Below the search bar, there is a "Show 10 entries" dropdown menu and a "Search:" label followed by a small input field. A table with two columns, "Code" and "Description", displays one result: "R69" with the description "ILLNESS UNSPECIFIED". A radio button is located to the left of the "R69" code, and this radio button is circled in red. At the bottom of the table, it says "Showing 1 to 1 of 1 entries". To the right of the table are "Previous" and "Next" navigation buttons, with the number "1" in a box between them. At the bottom of the interface are three buttons: "Cancel", "Submit and Add Another", and "Submit".

## Diagnosis Panel cont.


- After selecting the diagnosis you want added to the review, you can select Submit or Submit and Add Another.
- **Submit** will add the diagnosis to the review.
- **Submit and Add Another** will allow you to submit the diagnosis to the review and re-open the window where you can search for another diagnosis.
- You can use the **trash can** icon on the right side of the diagnosis to delete anything entered incorrectly in this panel.



Seq.	Code	Description	Final Dx	POA	NOS	Action
1	R69	ILLNESS UNSPECIFIED	<input type="radio"/>	<input type="checkbox"/>		

## Procedure(s) Panel

- The **Procedures Panel** is where the procedure code information related to this review is added.
- The codes for Air Ambulance and mileage will pre-populate for this review type: A0431 and A0436
  - Click on the edit box to adjust the Cost for the A0431
  - Click on the edit box to adjust the units and cost for A0436
  - 1 unit = 1 mile

Procedures <span style="float: right;">+ Add</span>										
Seq.	Code	Description	NOS	Mod. 1	Mod. 2	Qty.	Frequency	Cost	Action	
1	A0431	AMB SERVICE CONVNTION AIR SRVC TRANSPORT 1 WAY				1 unit(s)				
2	A0436	ROTARY WING AIR MILEAGE PER STATUTE MILE				1 unit(s)				



# Procedure(s) Panel cont.

- After clicking the edit tab, the panel will expand for editing the information

Not required for this review



Modifiers

Modifier 1

1 unit equals 1 mile



Procedure Details

Units *	Units Qualifier *
<input type="text" value="1"/>	<input type="text" value="unit(s)"/>
Frequency	Frequency Qualifier
<input type="text"/>	<input type="text"/>

\$1500 or \$20 x # of units



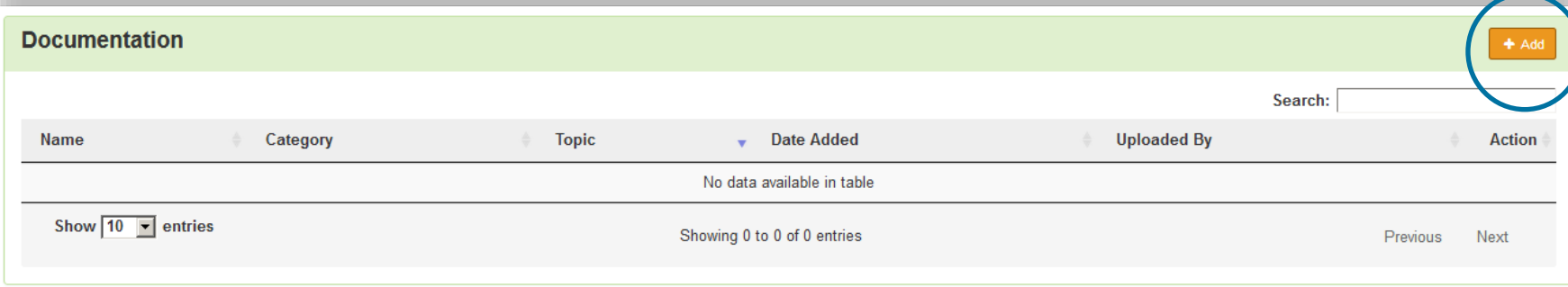
Total Cost	Allowed Amount
<input type="text" value="\$"/>	<input type="text"/>





# Documentation Panel

- **Documentation Panel** is the final panel on the page to submit the review.
- This is where you can upload any clinical documentation related and necessary for the review to be processed.



Documentation

+ Add

Search:

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

Show  entries

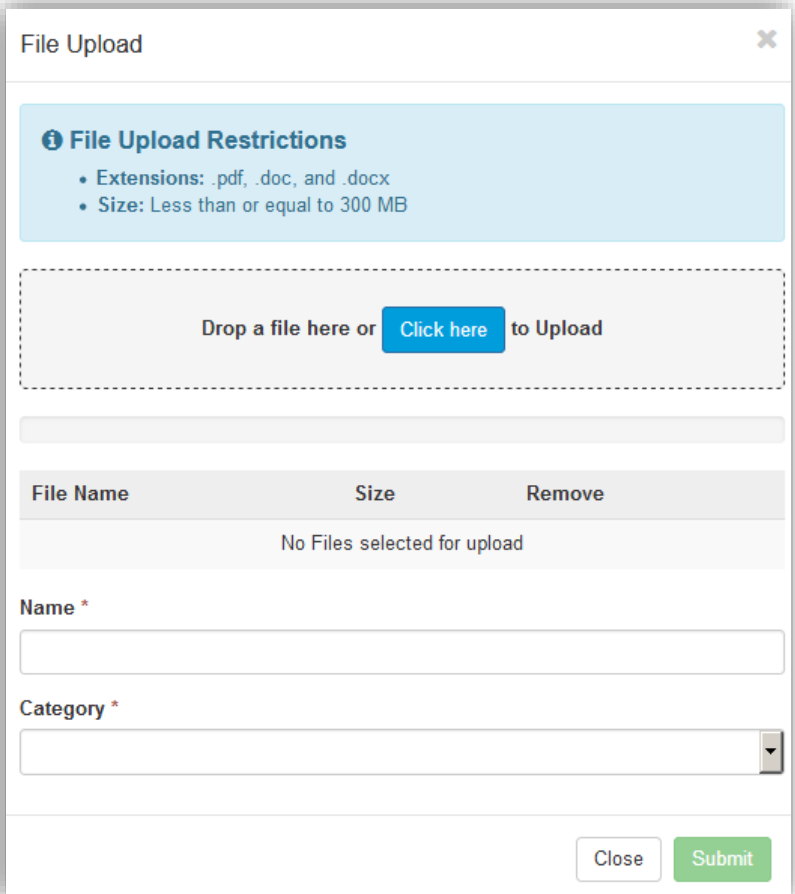
Showing 0 to 0 of 0 entries

Previous Next



# Documentation Panel cont.

- To submit documentation, click the button on the Documentation Panel. This will open a modal where you can drag and drop files or select Click here to open a windows directory and find the necessary files.



File Upload

**File Upload Restrictions**

- Extensions: .pdf, .doc, and .docx
- Size: Less than or equal to 300 MB

Drop a file here or [Click here](#) to Upload

File Name	Size	Remove
No Files selected for upload		

Name \*

Category \*

Close Submit



# Documentation Panel cont.

- Please note:
  - Documents must be a .pdf or word document
  - The size is limited to 300MB per document.

Complete the File upload fields

- **Name:**
  - The **Name** box allows you to name the file to what makes sense, if needed
  - The file name cannot have any spaces or special characters.



File Upload ✕

**File Upload Restrictions**

- Extensions: .pdf, .doc, and .docx
- Size: Less than or equal to 300 MB

Drop a file here or [Click here](#) to Upload

File Name	Size	Remove
No Files selected for upload		

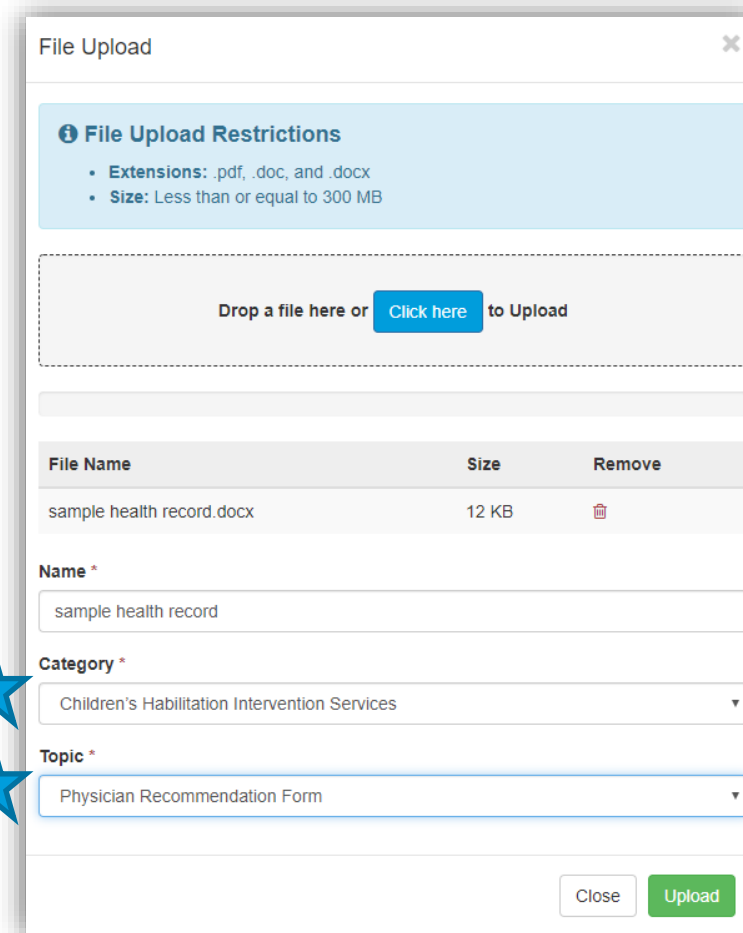
Name \*

Category \*

[Close](#) [Submit](#)

# Documentation Panel cont.

- **Category:**
  - select from the drop down the type of document that you are attaching.
- **Topic:**
  - Select from the drop-down type of document being attached.
- Click Upload to attach the information to the review.
- **NOTE:** This can be repeated as many times as necessary to get all relevant documentation added.



The screenshot shows a 'File Upload' dialog box with the following elements:

- File Upload Restrictions:**
  - Extensions: .pdf, .doc, and .docx
  - Size: Less than or equal to 300 MB
- Drop area:** A dashed box containing the text 'Drop a file here or [Click here](#) to Upload'.
- File List Table:**

File Name	Size	Remove
sample health record.docx	12 KB	
- Name \*:** A text input field containing 'sample health record'.
- Category \*:** A dropdown menu with 'Children's Habilitation Intervention Services' selected.
- Topic \*:** A dropdown menu with 'Physician Recommendation Form' selected.
- Buttons:** 'Close' and 'Upload' buttons at the bottom right.

Two blue stars are placed to the left of the 'Category' and 'Topic' dropdown menus to highlight them.



# Required Documentation

---



1. Physician Certification Form for Maryland Medicaid Air Transportation
2. CMS 1500 Claim Form
3. Sending facility Patient Demographics/Face Sheet
4. Patient medical records from the sending facility. This should include
  - a. Discharge/Transfer Summary
  - b. Disposition necessitating transfer
  - c. Reason for selected destination facility
  - d. Reason transportation by ground is absolutely contraindicated
5. Patient Care Report and in-flight medical record from RW Provider



# Completing your Review



- Once all the panels have been filled out, click Continue in the bottom right of the page to complete the review.

**Documentation** + Add

Search:

Name	Category	Topic	Date Added	Uploaded By	Action
Smoking Stop Smoking	Clinical	Medical & Treatment History	11/18/2018	swilsonexternal	

Show  entries      Showing 1 to 1 of 1 entries      Previous  Next

Continue



- Once you have entered all of the information on the first page and clicked continue, the system will take the submitter through the documentation of clinical criteria
- The system will take you to the MCG tool where this will happen.
- To document the clinical criteria, click the Document Clinical button.



## Authorization Request



**Patient :** PAT-00014094 **Name :** Barth, Oliva **DOB :** 5/19/1947 **Gender :** Female

[▼ show more](#)

**Authorization :** EPS-00014388 **Type :** Procedure Pre-authorization **Status :** NoDecisionYet

[▼ show more](#)

**Diagnosis Codes :** C43.7(ICD-10 Diagnosis) *primary* **Procedure Codes :** E0950(CPT/HCPCS) *primary*

**Procedure Code:** E0950 (CPT/HCPCS)

[🔍 Document Clinical](#)

**Requested Units:** 1

**Description :** Wheelchair accessory, tray, each

[✔ Submit Request](#)

[✕ Cancel Request](#)

[← Back](#)





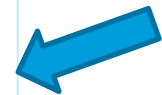
Click Add under the Action column to include the necessary guidelines

**Patient :** PAT-00014094 **Name :** Barth, Oliva **DOB :** 5/19/1947 **Gender :** Female [▼ show more](#)

**Authorization :** EPS-00014388 **Type :** Procedure Pre-authorization **Status :** NoDecisionYet [▼ show more](#)  
**Diagnosis Codes :** C43.7(ICD-10 Diagnosis) *primary* **Procedure Codes :** E0950(CPT/HCPCS) *primary*

**Procedure Code:** E0950 (CPT/HCPCS)  
**Requested Units:** 1  
**Description :** Wheelchair accessory, tray, each

Guideline Title	Product	Code	Action
No Guideline Applies			add



[✓ Submit Request](#) [✕ Cancel Request](#) [← Back](#)




Once all applicable data has been entered, click the save button to finish the documentation.

No Guideline Applies

---

Please provide patient's clinical information...

1000 characters left for notes.





Once all documentation is entered, click the Submit Request button to finish this section and return to finalizing the review.

✓ **Procedure Code:** 99233 (CPT/HCPCS)

▼ show more

**Requested Units:** 1

**Description :** Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A detailed interval history\; A detailed examination\; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is unstable or has developed a significant complication or a significant new problem. Typically, 35 minutes are spent at the bedside and on the patient's hospital floor or unit.



✓ Submit Request

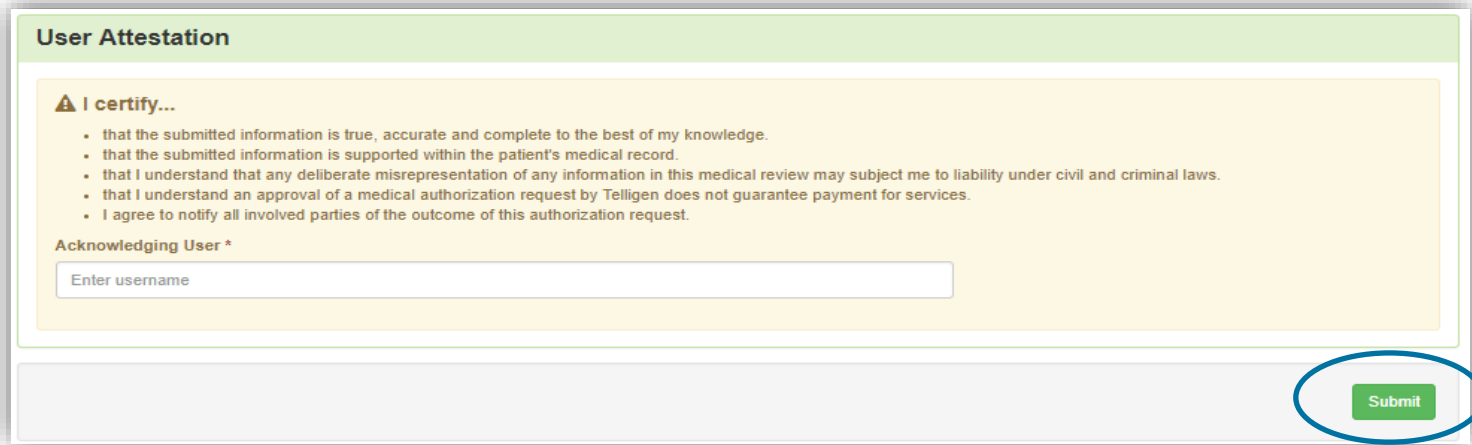
✕ Cancel Request

← Back



# Attestation

- The last piece of submission is to enter your **Username** in the attestation section



**User Attestation**

**⚠ I certify...**

- that the submitted information is true, accurate and complete to the best of my knowledge.
- that the submitted information is supported within the patient's medical record.
- that I understand that any deliberate misrepresentation of any information in this medical review may subject me to liability under civil and criminal laws.
- that I understand an approval of a medical authorization request by Telligen does not guarantee payment for services.
- I agree to notify all involved parties of the outcome of this authorization request.

**Acknowledging User \***

Enter username

**Submit**

- Click the Submit button to send the review to Telligen
- If any information is missing, an error will indicate what is missing

## **ⓘ Error saving your Request**

There was an error with the following panel(s):

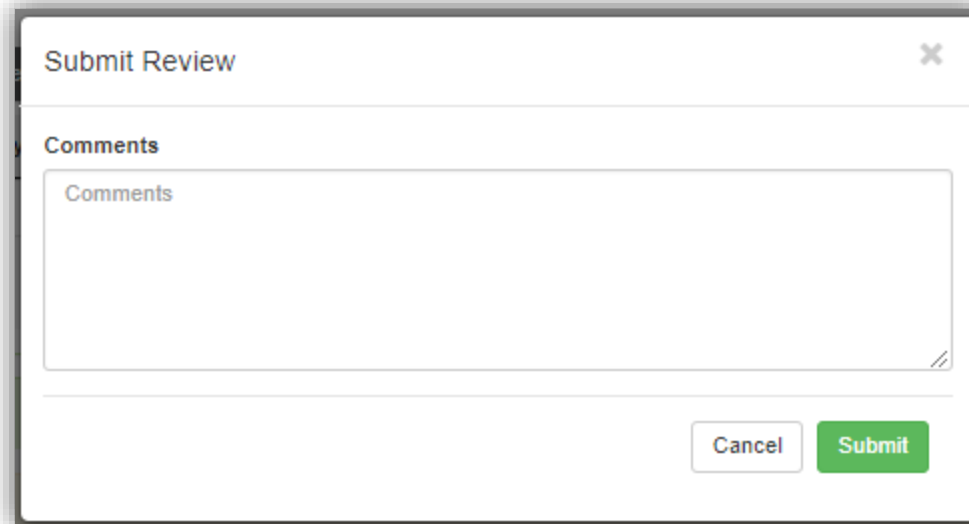
- **Documentation** - You must have one or more documents



# Comments

---

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

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

Submit Review

Comments

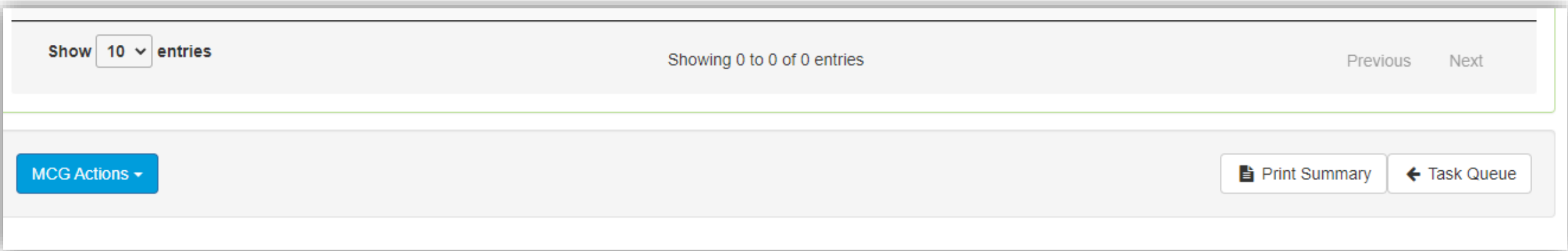
Comments

Cancel Submit



# Summary

- After submitting you will be taken to a summary of the review
- Users will have the option to Edit or Delete via the **Actions** button
- To navigate out of the request, scroll to the bottom of the page and select **← Task Queue**
  - This will return the user to the tasks page where you can begin a new search and submit other reviews.



The screenshot displays a web interface for a summary page. At the top left, there is a "Show" label followed by a dropdown menu set to "10" and the word "entries". In the center, it says "Showing 0 to 0 of 0 entries". On the right side, there are "Previous" and "Next" navigation links. Below this, on the left, is a blue button labeled "MCG Actions" with a dropdown arrow. On the right, there are two buttons: "Print Summary" with a printer icon and "← Task Queue".



# Where Did My Review Go?



- Once a review has been submitted, you can find the review by:
  - searching for the Case ID
  - searching for the member and looking at the UM panel in the Member Hub.
- **Member Hub functions:**
  - Allows the user to look at the Review to check for determination and any correspondence
  - Submit a Reconsideration which is titled 1st Level Appeal
  - Delete a review that was submitted incorrectly

A screenshot of the Qualitrac software interface. At the top left, it says 'Qualitrac stage'. On the right, there is a navigation bar with icons for home, search, and user profile. Below this is a breadcrumb trail: 'Dashboard / Task Queue / Member Hub'. On the right side of this bar, it shows the user's name and ID: 'Stephanie Wilson - TEMP000000100700 - 01/03/1978'. The main content area is divided into two sections. On the left is a 'Control Panel' with a menu icon. On the right is the 'Member Hub' for Stephanie Wilson, which includes a 'View Member Details' button and a list of member information: 'Member ID: TEMP000000100700', 'Date of Birth: 01/03/1978', 'Phone Number:', and 'Client: Mississippi'. At the bottom left, there is a 'Scheduled Tasks' section with a calendar icon.

# Review



- Once in the **UM Panel**:
  - Navigate to your request
  - Click on the ellipsis at the right side of the line request. This menu will allow you to view the request in more detail, submit a reconsideration (1<sup>st</sup> Level Appeal), and other options.

Show  entries Search:

Module	Timing	Status	Date Request Received	Case Completed	Outcome	Action
Medical Necessity	Concurrent	Request Has Been Submitted	07/01/2024 11:18 am		Pending	⋮ View Request Delete

Showing 1 to 1 of 1 entries



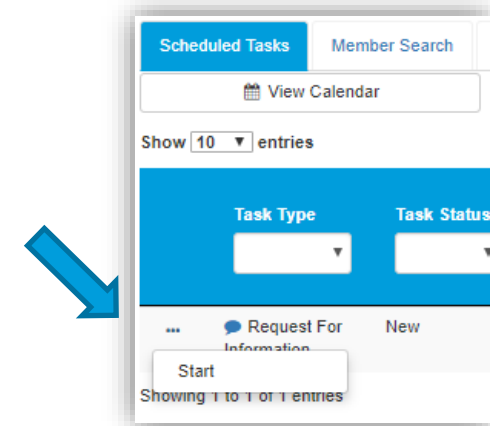


# Request for Information (RFI)



# Request for Information

- When a reviewer needs additional clinical documentation to make a determination, the submitter will be notified that additional Information is needed.
- Notification Methods:
  - Email to user that they have a request for more information
  - A task will populate in the Qualitrac system
- User steps:
  - Log into Qualitrac
  - Proceed to scheduled tasks
  - Click on the ellipsis to the left of the page, to start the task.



# Request for Information



- Scroll down the **summary page** of the review
- Proceed to the correspondence section.
- Click on the blue name of the letter to open it and see what information is being requested.

## Correspondence

Search:

Letter	Addressee	Date Sent	Mail Type	Tracking
<a href="#">Request for Information 2023</a> 📅 📧	Air Ambulance Provider: MEDIVAC AIR RESCUE, INC. NPI: 1477846889	08/20/2024 14:28:09		



# Request for Information



- Scroll up to the **Documentation panel** to attach additional information.
- Click on the Add button to attach additional clinical documentation to the review.

The screenshot shows a 'Documentation' panel with a green header and an orange '+ Add' button. Below the header is a search bar labeled 'Search:'. A table with columns for Name, Category, Topic, Date Added, Uploaded By, and Action is displayed. The table contains one entry: 'Commit to a Goal' under the 'Clinical' category, with the topic 'Medical & Treatment History', date '02/17/2019', and uploader 'swilsonMD'. Below the table, there is a 'Show 10 entries' dropdown, a 'Showing 1 to 1 of 1 entries' status, and 'Previous' and 'Next' navigation buttons with a '1' in a box between them.

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



# Request for Additional Information

---



- Once you add all necessary information, the system will trigger a task for the reviewer
- Once you have added the additional information, the system will return you to the Scheduled tasks queue and the task will no longer be visible for the user.
- **\*\*Do NOT start a new review** to submit additional clinical information that was requested. This will delay the response. Please follow the steps outlined when a Request for Information task is available in the task queue.

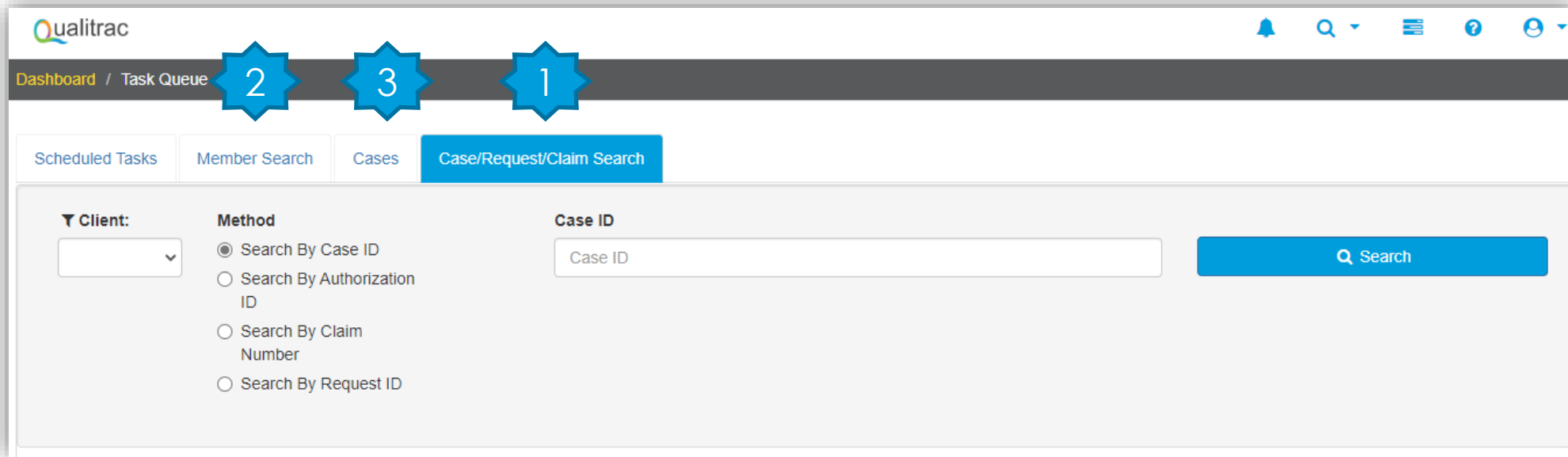


# Finding the Determination



# Locating A Determination

- **To Locate the determination:** Log in and select search under UM



The screenshot shows the Qualitrac web application interface. At the top, there is a navigation bar with the Qualitrac logo on the left and several icons on the right. Below the navigation bar, there is a breadcrumb trail: "Dashboard / Task Queue". Three blue star-shaped callouts with numbers 1, 2, and 3 are positioned above the breadcrumb trail. Below the breadcrumb trail, there is a horizontal menu with four tabs: "Scheduled Tasks", "Member Search", "Cases", and "Case/Request/Claim Search". The "Case/Request/Claim Search" tab is highlighted in blue. Below the tabs, there is a search form. The form has three main sections: "Client" with a dropdown menu, "Method" with four radio button options, and "Case ID" with a text input field. A blue "Search" button is located to the right of the "Case ID" field.

Locate the member

1. Search for the case by using the case ID
2. Search by the member and locate the case in the member hub
3. Search Cases for the list of all auth requests

# Locating A Determination



- To **Locate the determination:**

1. If searching by the member, once in the member hub:

- Scroll down to the Utilization Management section
- Select the appropriate auth request (if multiple are present)
- Click on the ellipsis on the right side of the page in line with the review you are searching for
- Select View Request

2. If searching by Case ID

- Upon selecting the case ID, you will be taken directly to the authorization request

3. If Searching by the case list, you will scroll to locate the case and select

4. Once the review is open, scroll down the page to the Outcomes panel

5. Click on the gray section of the panel to open it and view the details.

A screenshot of a web application interface for Utilization Management. The header is green and contains the text 'Utilization Management' with a person icon on the left, and two orange buttons labeled 'View Requests' and '+ Add' on the right. Below the header is a yellow bar with the text 'Hiding canceled requests.' and a 'Show' button. The main content area is dark gray and contains the text 'Hospice (35175)' with a refresh icon, 'Treating Provider: HOSPICE OF THE CHESAPEAKE', and a 'Complete' button in the top right corner.

**Utilization Management** View Requests + Add

Hiding canceled requests. Show

**Hospice (35175)** ↻ Treating Provider: HOSPICE OF THE CHESAPEAKE Complete



# View Outcome



## Utilization Management

View Requests

+ Add

Hiding canceled requests.

Show

Hospice (35175)



Treating Provider: HOSPICE OF THE CHESAPEAKE

Complete

Show 10 entries

Search:

Module	Timing	Status	Date Request Received	Case Completed	Outcome	Action
Medical Necessity	Concurrent	Request Is Complete	07/01/2024 11:18 am	07/07/2024	Approved	...

# View Outcome



Outcomes		Review Status: Review Complete Review Outcome: Approved	
(HCPCS) T2042 - HOSPICE ROUTINE HOME CARE, PER DIEM		Outcome: Approved	
Requested		RC	
Outcome		Outcome	Approved
Authorization Number		Authorization Number	00005815
Start Date	07/01/2024	Start Date	07/01/2024
End Date	08/30/2024	End Date	08/30/2024
Modifier 1		Modifier 1	
Modifier 2		Modifier 2	
Units	60 unit(s)	Approved	60 unit(s)
Frequency		Frequency	
Total Cost		Total Cost	
		Savings	<a href="#">✎</a>
		Transmit To Client	Yes
		RC Notes:	
		Letter Rationale: <a href="#">✎</a>	
		Approved	



## View Outcome

---



Authorization Number

00005815

- Telligen will edit the Air Ambulance authorization number to reflect the **Patient Account Number from the CMS 1500 Form**



# Submitting a Reconsideration (1<sup>st</sup> Level Appeal)



# Submitting a Reconsideration (1<sup>st</sup> Level Appeal)



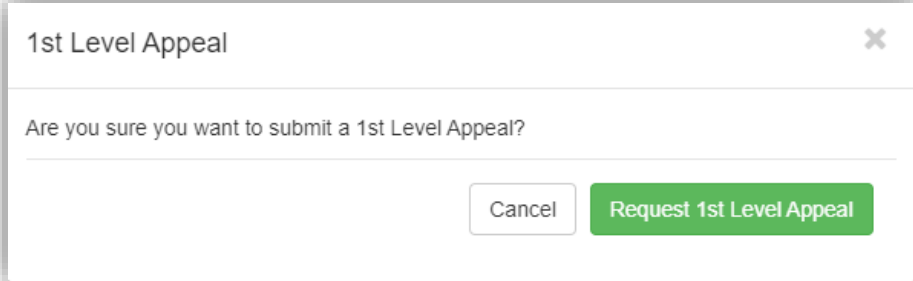
- To submit a reconsideration for a denied review:
  - Go to the **UM panel** in the member hub
  - Click on the blue ellipsis within the denied case to open the action menu
  - Once there, select **1<sup>st</sup> Level Appeal** from the menu.

The screenshot displays the Utilization Management interface. At the top, there is a header with a person icon and the text "Utilization Management". To the right of the header are two buttons: "View Requests" and "+ Add". Below the header, there is a yellow bar with the text "Hiding canceled requests." and a "Show" button. The main content area has a dark grey header with "Hospice (35175)" on the left, "Treating Provider: HOSPICE OF THE CHESAPEAKE" in the center, and a "Complete" button on the right. Below this header, there is a "Show 10 entries" dropdown and a "Search:" input field. The main table has columns for "Module", "Timing", "Status", "Date Request Received", "Case Completed", "Outcome", and "Action". The table contains one row with the following data: "Medical Necessity", "Concurrent - Adjustment", "Request Is Complete", "07/01/2024 11:18 am", "07/07/2024", "Denied", and a blue ellipsis icon. Below the table, there is a "Showing 1 to 1 of 1 entries" message. An action menu is open for the "Action" column of the first row, showing three options: "View Request", "Request P2P", and "1st Level Appeal". A blue arrow points to the "1st Level Appeal" option.

Module	Timing	Status	Date Request Received	Case Completed	Outcome	Action
Medical Necessity	Concurrent - Adjustment	Request Is Complete	07/01/2024 11:18 am	07/07/2024	Denied	...

# Reconsideration (1<sup>st</sup> Level Appeal) cont.

- The system will ask you if you are sure you want to submit a 1<sup>st</sup> Level appeal
- Select the green button : **Request 1<sup>st</sup> Level Appeal**
  - You will still be able to delete the request later

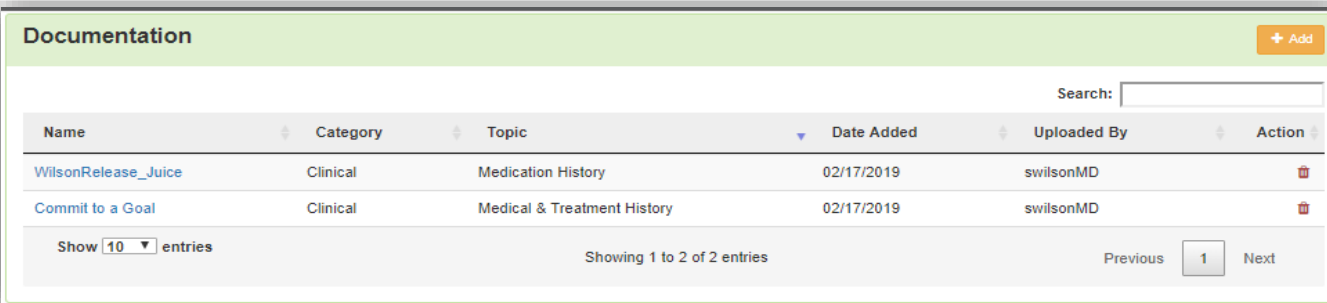


1st Level Appeal

Are you sure you want to submit a 1st Level Appeal?

Cancel Request 1st Level Appeal

- Attach any additional documentation that is necessary to support the appeal



Documentation + Add

Search:

Name	Category	Topic	Date Added	Uploaded By	Action
<a href="#">WilsonRelease_Juice</a>	Clinical	Medication History	02/17/2019	swilsonMD	
<a href="#">Commit to a Goal</a>	Clinical	Medical & Treatment History	02/17/2019	swilsonMD	

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



# Reconsideration (1<sup>st</sup> Level Appeal) cont.



- Sign the User Attestation using your **USER ID**

**User Attestation**

**⚠ I certify...**

- that the submitted information is true, accurate and complete to the best of my knowledge.
- that the submitted information is supported within the patient's medical record.
- that I understand that any deliberate misrepresentation of any information in this medical review may subject me to liability under civil and criminal laws.
- that I understand an approval of a medical authorization request by Telligen does not guarantee payment for services.
- I agree to notify all involved parties of the outcome of this authorization request.

**Acknowledging User \***

- Click Submit to have the information sent to Telligen for reconsideration

Hospice (35175) Treating Provider: HOSPICE OF THE CHESAPEAKE Case Creation

Show 10 entries Search:

Module	Timing	Status	Date Request Received	Case Completed	Outcome	Action
Medical Necessity	Concurrent - 1st Level Appeal - Post-Service	Request Has Been Submitted	07/07/2024 12:26 pm		Pending	...

The system will display your appeal



# Reconsideration (1<sup>st</sup> Level Appeal)

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- When a concurrent review has an initial determination of denied or partially denied, the user can submit a request for a reconsideration
- The user must submit the request within 30 calendar days from the date and time the initial determination is rendered.



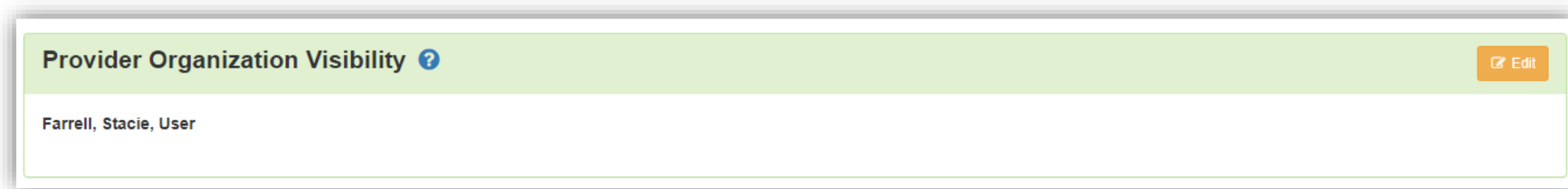


# E-mail Notifications

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- Users will receive email notifications when:
  - Reviews are received from the portal
  - Reviews are updated/changed in status
- To make sure that everyone in your organization that should receive email notification for reviews does get one, please select the organization or facility in the Provider Organization Visibility panel.



## Upcoming Q&A Sessions

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- Qualitrac Q&A – September 12<sup>th</sup> at 10 am.
- Qualitrac Q&A – September 18<sup>th</sup> at 1:30 pm.
- Qualitrac Q&A - September 25<sup>th</sup> at 3:00 pm.





# Contact Us

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## Program Director

Rhonda McLaughlin

**Website:** <https://telligenmd.Qualitrac.com>

## Maryland Call Center & Provider Help Desk

- Email: [MarylandUCSupport@telligen.com](mailto:MarylandUCSupport@telligen.com)
- Toll-Free Phone: 888-276-7075

## Portal Registration Questions

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

