



Maryland UCA: Telligen Provider Portal Training – PACE

September 2024



Agenda



- Contact Information
- Overview/Purpose
- Housekeeping
- Telligen/Maryland Medicaid Website
- Authorized Officials
- 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
- E-mail notifications
- Questions



Contact Us



Program Director

Rhonda McLaughlin

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

Maryland Call Center & Provider Help Desk

- Email: MarylandUCSupport@telligen.com
- Toll-Free Phone: 888-276-7075

Portal Registration Questions

- Email: qtregistration@telligen.com
- Toll-Free Phone: 888-276-7075



Purpose



- 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/1st level appeal
- Review of the notifications you will receive
- Directions on requesting a Reconsideration/First Level Appeal



Housekeeping



▪ 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



- 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](#) --

 <p>Qualitrac Login</p> <p>Web application used by healthcare providers to submit clinical care requests for review</p> <p>LOGIN</p>	 <p>Provider Portal Registration</p> <p>New users need to register to gain access to Qualitrac. The provider's portion of the registration takes less than 10 mins.</p> <p>REGISTER</p>	 <p>FREQUENT QUESTIONS</p>  <p>CHECK REVIEW STATUS</p>
--	---	---



Provider Portal Overview



- The Provider Portal is a web-based application that allows healthcare providers to submit PACE 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.



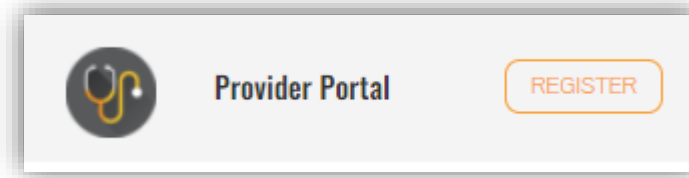
Registration Reminder



Process Overview

- The registration process can be completed at: <https://telligenmd.Qualitrac.com>

- Click the registration button :



- Refer to the Authorized Official recording for step-by-step instructions





Introduction to Authorized Official (AO) Registration



Provider Portal Registration



- The Provider Portal Registration process can be completed entirely online.
- Information on how to complete the registration can be found on the website <https://telligenmd.qualitrac.com>
- Click on the “Register” link in the center gray section of the website.

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](#) --

The screenshot shows a navigation bar with three main sections. The first section, 'Qualitrac Login', features a circular icon with a stylized 'Q' and a description: 'Web application used by healthcare providers to submit clinical care requests for review'. Below this is a blue 'LOGIN' button. The second section, 'Provider Portal Registration', features a circular icon with a stethoscope and a description: 'New users need to register to gain access to Qualitrac. The provider's portion of the registration takes less than 10 mins.'. Below this is an orange 'REGISTER' button, which is highlighted by a large blue arrow pointing to it from the right. The third section contains two utility links: 'FREQUENT QUESTIONS' with a question mark icon and 'CHECK REVIEW STATUS' with a circular progress icon.



Provider Portal Registration



- 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



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



- 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



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



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

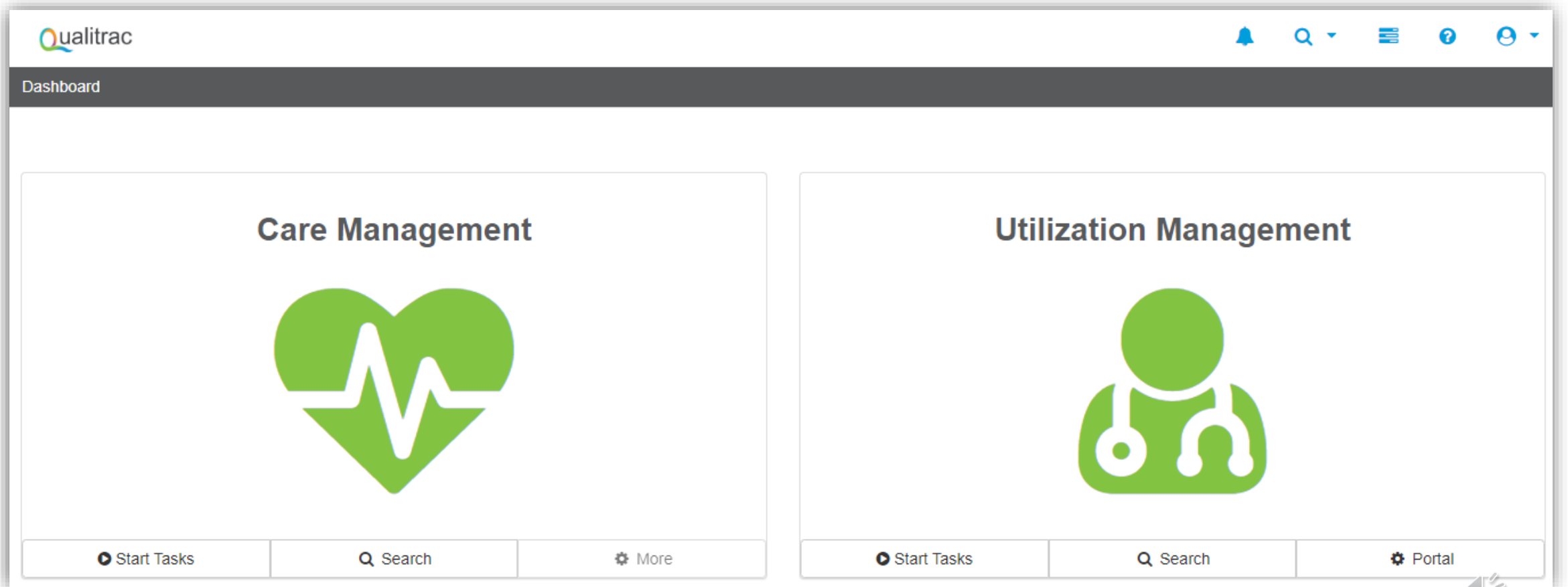


Signing into the Provider Portal



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 heading '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 also empty and has a small eye icon to its right. Below the password field is a checkbox labeled 'Keep me signed in'. At the bottom of the form is a blue button labeled 'Sign in' and a link labeled 'Reset Password'.



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 magnifying glass for search, a list 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. Each panel has a footer 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.



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



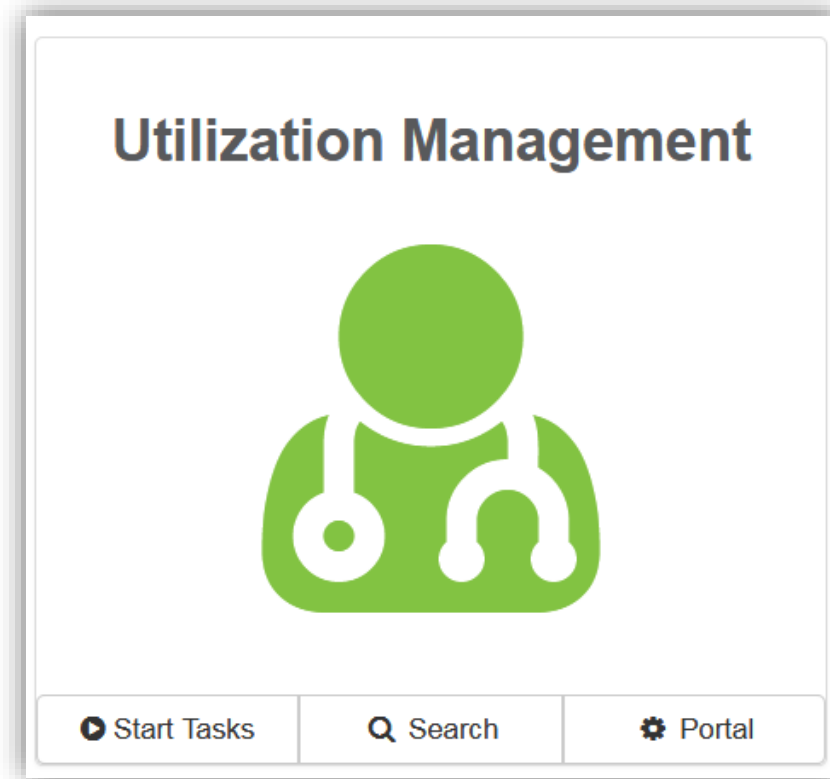
This is utilized to view and manage your profile. If your phone number or email address changes, you can use this section to update the details.



Telligen Provider Portal – Landing Page



- **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.

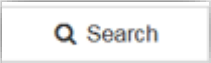



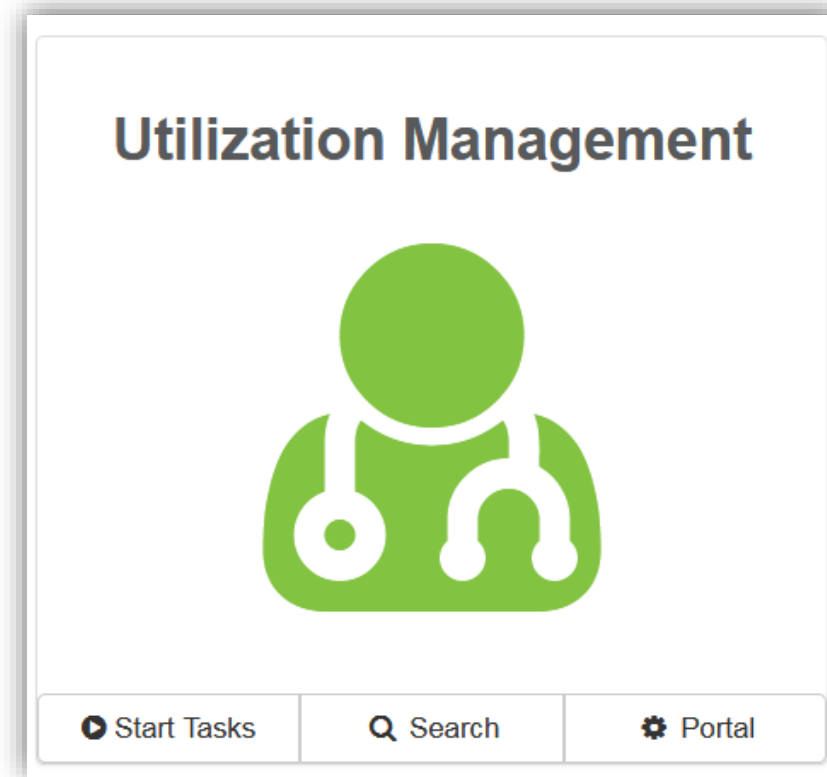
Submitting a Review



Telligen Provider Portal – Adding a New Review



Click on the  box or the “magnifying glass” icon  in the tool bar 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. A small speaker icon is visible in the bottom right corner of the screenshot.

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 View Member Details

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

 Utilization Management View Cases + Add



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>	 , Physical Address 7125 Test Street Test, IA 50010	Method	Language
Email <u>Home:</u> <u>Work:</u>		Gender Identity	Pronouns
		Notes	

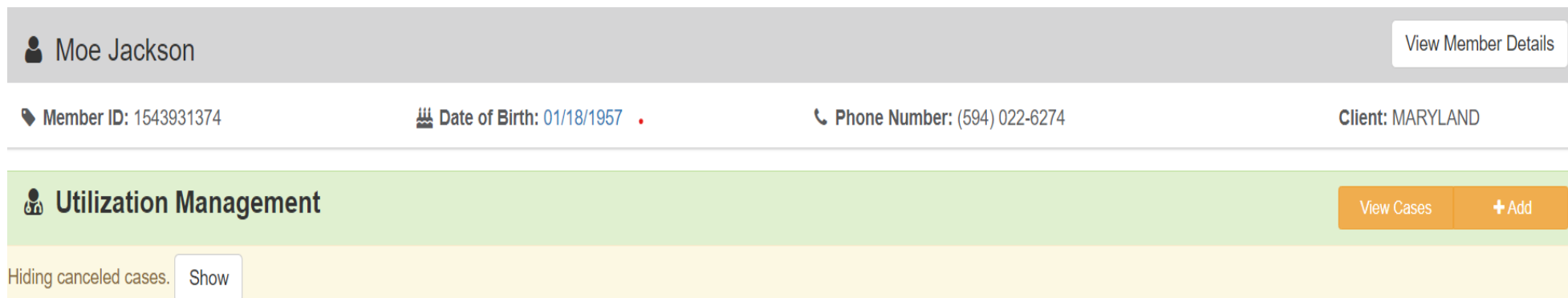


Telligen Provider Portal – Utilization Management Panel



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. Below the green bar is a yellow bar with the text 'Hiding canceled cases.' and a 'Show' button.



Telligen Provider Portal – Required sections



The following panels will be required for your request:

- **Authorization Request**
- **Dates of Service**
- **Coverage**
- **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

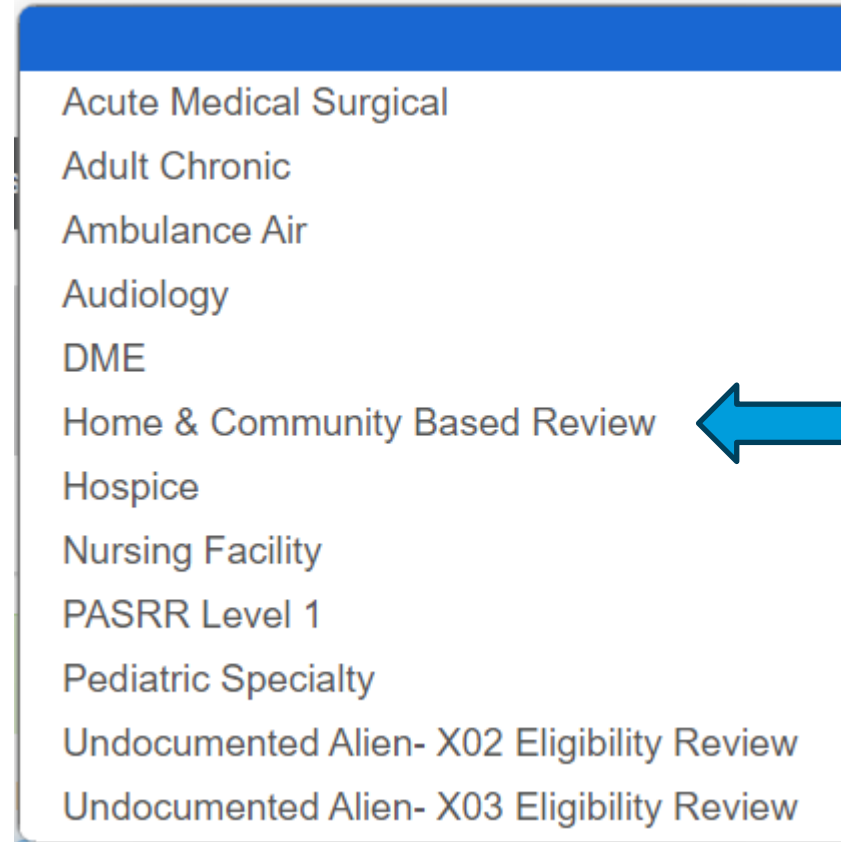
Authorization Request

Date Request Received * 06/14/2022 12:41 pm	Review Type * <input type="text"/>	Place of Service * <input type="text"/>	Type of Service * <input type="text"/>
Timing * <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: **Home & Community Based Review**
 - Content will be located under education on the website



A screenshot of a dropdown menu with a blue header bar. The menu lists the following review types: 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, and Undocumented Alien- X03 Eligibility Review. A blue arrow points to the 'Home & Community Based Review' option.

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:** This is where you will select the place where care is being provided: **Outpatient**
- **Type of Service:** This is the type of service being requested.
Programs of All-Inclusive Care for the Elderly
- **Timing:** This is where you will select **Prospective**
- 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

Date Request Received *

Review Type *

Place of Service *

Type of Service *

Timing *

Is this Request Urgent?



Cancel

Add New Request

Dates of Service Panel

- 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.

Dates of Service

Service Start Date * Service End Date *

MM/DD/YYYY MM/DD/YYYY



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				
Medicare Indicator *		Third Party Liability *		EPSDT Indicator *
<input type="text" value="Yes"/>		<input type="text" value="No"/>		<input type="radio"/> Yes <input checked="" type="radio"/> No
Eligibility Comment *				
<input type="text"/>				



Coverage Panel cont.



- 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 *



Providers Panel: Physician and Provider Information



- **Providers:** This section requires information related to who is ordering and providing the care:
 - *Ordering Provider*- The person or Organization ordering the care
 - *Treating Provider* – The **organization** providing the care

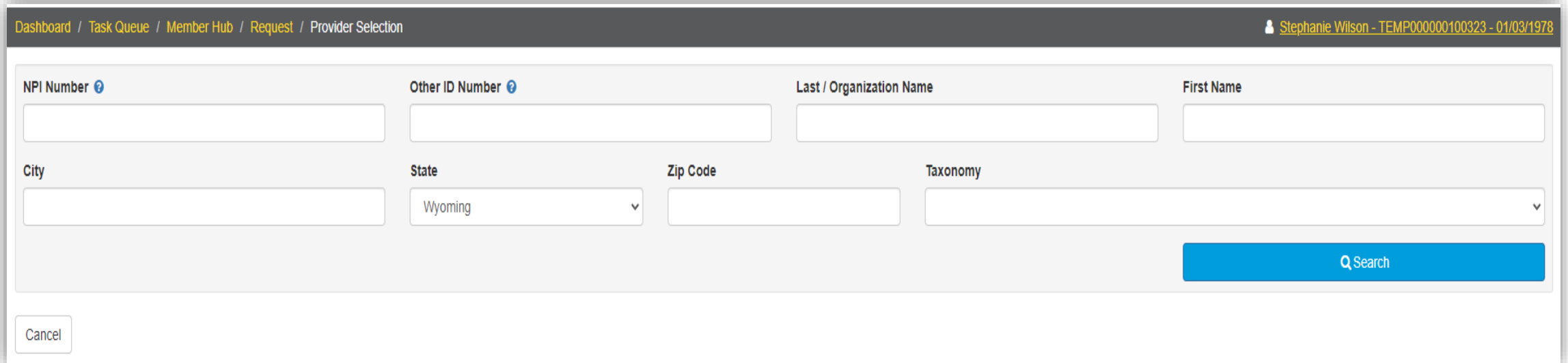
Type	Name	NPI	Address	Phone	Primary Taxonomy	PPO Redirect Reason	Comments	Action
Treating Provider *						Not Supplied		+ Add
Ordering Provider *						Not Supplied		+ Add

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



Entering Physician 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 physician 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 Physician 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					Search:
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
	LAPENTA, MICHAEL	1639178239	1639178239	1639178239		445 Defense Hwy Hospice Of The Chesapeake, Inc. Annapolis, MD, 21401	(410) 987-2003	Family Medicine	NPPES





Entering Physician and Facility Information



- You will see the physician's name or facility name and 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
Treating Provider	 TRINITY HEALTH PACE MONTGOMERY COUNTY	1750127478	200 Perry Pkwy Ste 1 Gaithersburg, MD, 20877	(240) 690- 3400	PACE Provider Organization	No redirection - service already initiated		...
Ordering Provider	 TRINITY HEALTH PACE MONTGOMERY COUNTY	1750127478	200 Perry Pkwy Ste 1 Gaithersburg, MD, 20877	(240) 690- 3400	PACE Provider Organization			...



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

The screenshot shows a web interface for 'Provider Organization Visibility'. It has a light green header with the title and a help icon. Below the header, the user 'Wilson, Stephanie, User' is identified. A dropdown menu is open, showing 'ST LUKE'S REGIONAL MEDICAL CENTER' as the selected option.




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

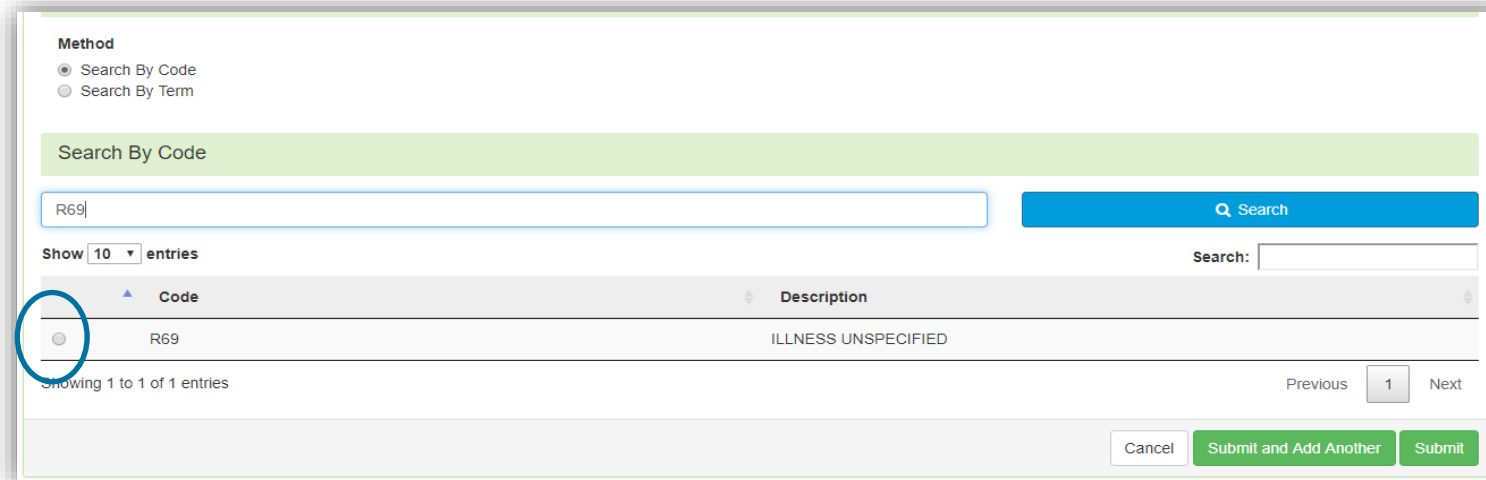
🔍 Search

Cancel Submit and Add Another Submit



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.

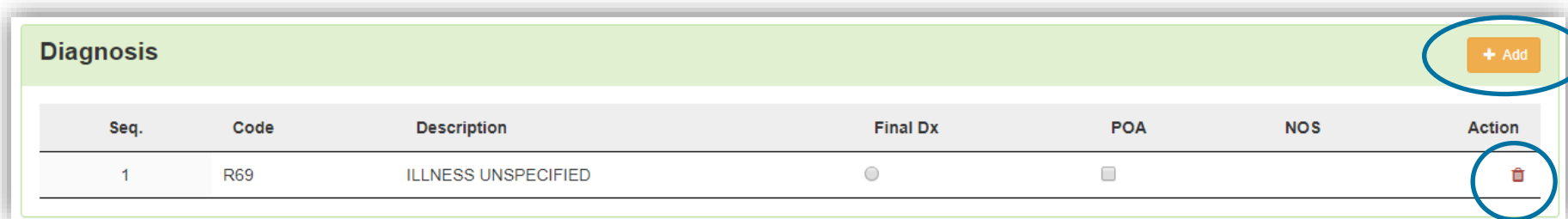



The screenshot shows a web interface for searching diagnoses. At the top, under the heading "Method", there are two radio buttons: "Search By Code" (which is selected) and "Search By Term". Below this is a green bar with the text "Search By Code". A search input field contains the text "R69". To the 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 area, it says "Showing 1 to 1 of 1 entries". To the right of this text are "Previous", "1", and "Next" buttons. At the very 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.

A screenshot of a software interface titled 'Diagnosis'. It features a table with columns for 'Seq.', 'Code', 'Description', 'Final Dx', 'POA', 'NOS', and 'Action'. The first row contains the value '1' in the 'Seq.' column, 'R69' in the 'Code' column, and 'ILLNESS UNSPECIFIED' in the 'Description' column. There are radio buttons in the 'Final Dx' column and a checkbox in the 'POA' column for this row. In the 'Action' column, there is a trash can icon. A blue circle highlights the '+ Add' button in the top right corner of the panel, and another blue circle highlights the trash can icon in the 'Action' column of the first row.

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.
- Click the  button to add a new procedure to the panel.
 - Select Radio button to indicate a code or term search
 - Enter information in the search box
 - Click search
 - **For PACE reviews the Procedure field will be pre-populated**

Procedures

+ Add

Seq.	Code	Description	NOS	Mod. 1	Mod. 2	Qty.	Frequency	Cost	Action
No Procedures Supplied									

Add Procedure

Method:

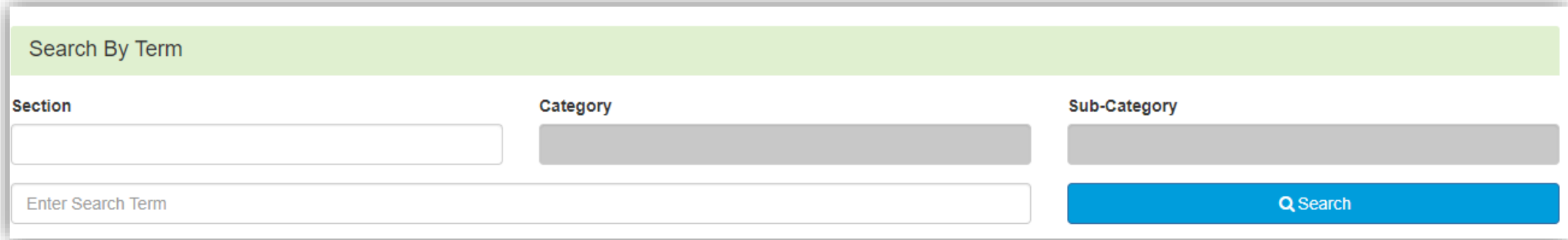
Search by Code
 Search by Term

Search By Code



Procedure(s) Panel cont.

- The Term search allows for the user to search based on Section, category and sub-category if needed



The form is titled "Search By Term" and is divided into three columns: "Section", "Category", and "Sub-Category". Each column has a corresponding input field. Below these fields is a wide search input field labeled "Enter Search Term" and a blue "Search" button with a magnifying glass icon.

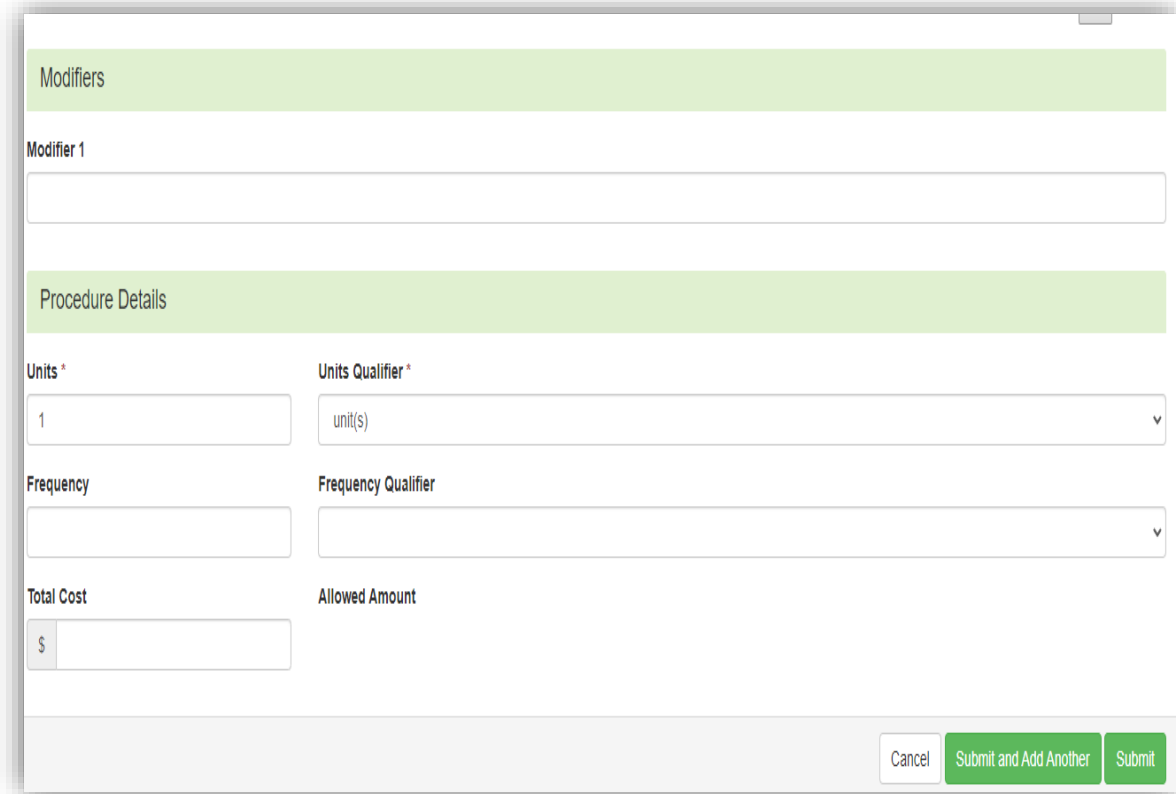
- Once Query has populated, Use the radio button to Select the correct Procedure(s)

▲	Code	◆	Description
○	10021		FINE NEEDLE ASPIRATION W/O IMAGING GUIDANCE



Procedure(s) Panel cont.

- Complete Modifiers and procedure details as needed



The screenshot shows a web form titled "Procedure(s) Panel cont." with the following sections:

- Modifiers**: A green header bar.
- Modifier 1**: A text input field.
- Procedure Details**: A green header bar.
- Units ***: A text input field containing "1".
- Units Qualifier ***: A dropdown menu with "unit(s)" selected.
- Frequency**: A text input field.
- Frequency Qualifier**: A dropdown menu.
- Total Cost**: A text input field with a "\$" symbol.
- Allowed Amount**: A text input field.
- Buttons**: "Cancel", "Submit and Add Another", and "Submit".

After selecting the procedure(s) you want to be added to the review:

Submit will add the procedure to the review.
Submit and Add Another will allow you to submit the procedure to the review and re-open the window where you can search for another procedure.


Enter as many procedures as needed.

The units should be the number of days for the benefit period.



Procedure(s) Panel cont.

- Use the trash can icon on the right side of the procedure to delete anything entered incorrectly in this panel.
- Prioritize the procedures using the drag and drop features.

Procedures + Add									
Seq.	Code	Description	NOS	Mod. 1	Mod. 2	Qty.	Frequency	Cost	Action
1	96150	HLTH&BEHAVIOR ASSMT EA 15 MIN W/P 1ST ASSMT				1 unit(s)			



Assessment Panel



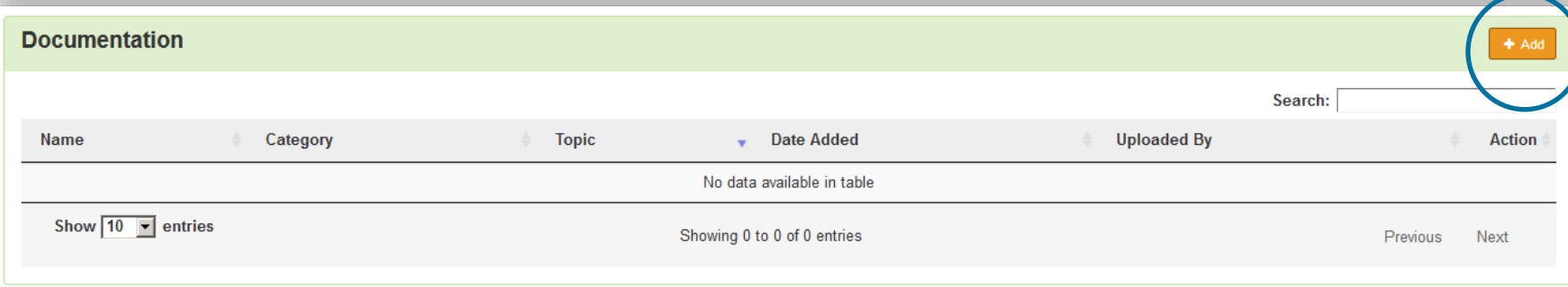
You will need to complete the patient assessment, which mirrors the 3871b

Functional Assessment					
<p>0 = Independent: No assistance or oversight required</p> <p>1 = Supervision: Verbal cueing, oversight, encouragement</p> <p>2 = Limited assistance: Requires hands on physical assistance</p> <p>3 = Extensive assistance: Requires full performance (physical assistance and verbal cueing) by another for more than half of the activity.</p> <p>4 = Total care: Full activity done by another</p>					
Description *	Score *				
Mobility: Purposeful mobility with or without assistive devices.	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
Transferring: The act of getting in and out of bed, chair, or wheelchair. Also, transferring to and from toileting, tub and/or shower.	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
Bathing (or showering): Running the water, washing and drying all parts of the body, including hair and face.	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
Dressing: The act of laying out clothes, putting on and removing clothing, fastening of clothing and footwear, includes prostheses, orthotics, belts, pullovers.	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
Eating: The process of putting foods and fluids into the digestive system (including tube feeding).	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
Toileting: Ability to care for body functions involving bowel and bladder activity, adjusting clothes, wiping, flushing of waste, use of bedpan or urinal, and management of any special devices (ostomy or catheter). This does not include transferring	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4



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

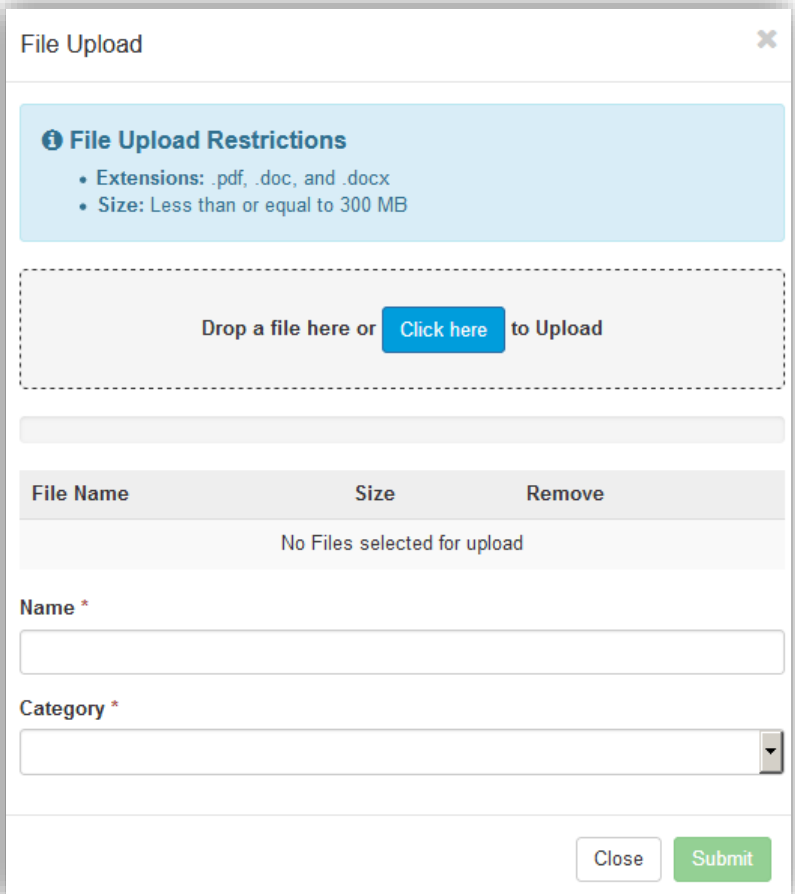
Showing 0 to 0 of 0 entries

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 *



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		

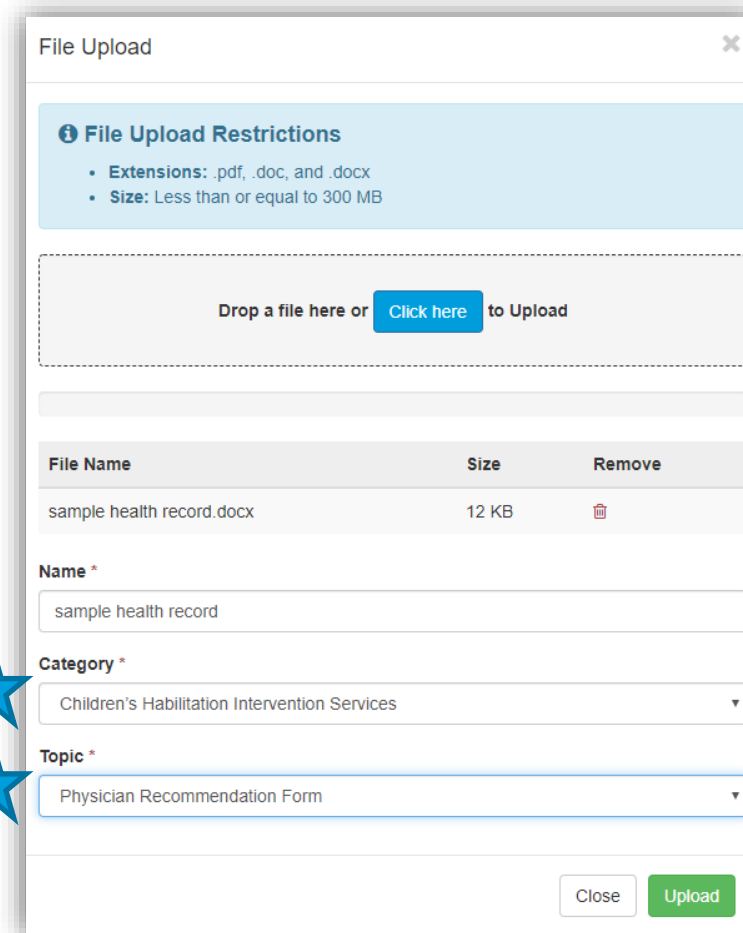
Name *

Category *



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. Completed 3871b - electronic
2. Documentation to support the answers on the 3871
3. Physician's orders
4. Physician progress notes
5. Psychological evaluation, if appropriate
6. Discharge summary from recent hospitalization, if within the last 2 months

All documentation must be dated and signed (electronic signatures are accepted).

All documentation must include 2 patient identifiers

For example – patient name and Medicaid ID number or patient name and date of birth (DOB).



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.



After you complete the document upload, you will be taken to MCG. This is a system requirement.

Click on Document Clinical.

Patient : TEMP000000100808 **Name :** Dalton, Lacey **DOB :** 5/5/1974 **Gender :** Female

▼ show more

Authorization : EPS-00041483 **Type :** Admission authorization **Status :** NoDecisionYet

▼ show more

Diagnosis Codes : F01.51(ICD-10 Diagnosis)^{primary} **Procedure Codes :** T2010(CPT/HCPCS)^{primary}

Diagnosis Code: F01.51 (ICD-10 Diagnosis)

Description : VASC DEMENTIA WITH BEHAVIORAL DIST

🔍 Document Clinical

✓ Submit Request

MCG Cont



Click on No Guideline Applies and enter a comment.

Click on Save.

Click on Submit Request.

Diagnosis Code: F01.51 (ICD-10 Diagnosis)
Description : VASC DEMENTIA WITH BEHAVIORAL DIST

No Guideline Applies

PASRR Level 1 submission.

975 characters left for notes.

Share this window

Save Cancel

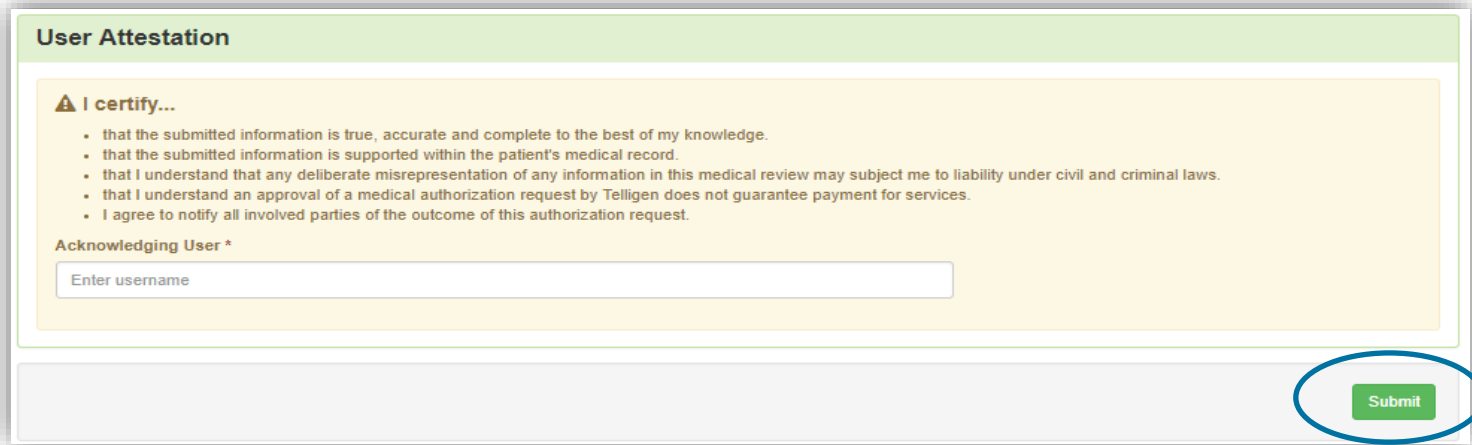
✓ **Diagnosis Code:** F01.51 (ICD-10 Diagnosis) show more

Description : VASC DEMENTIA WITH BEHAVIORAL DIST

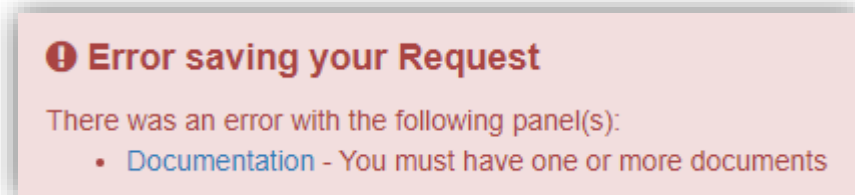
Submit Request

Attestation

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

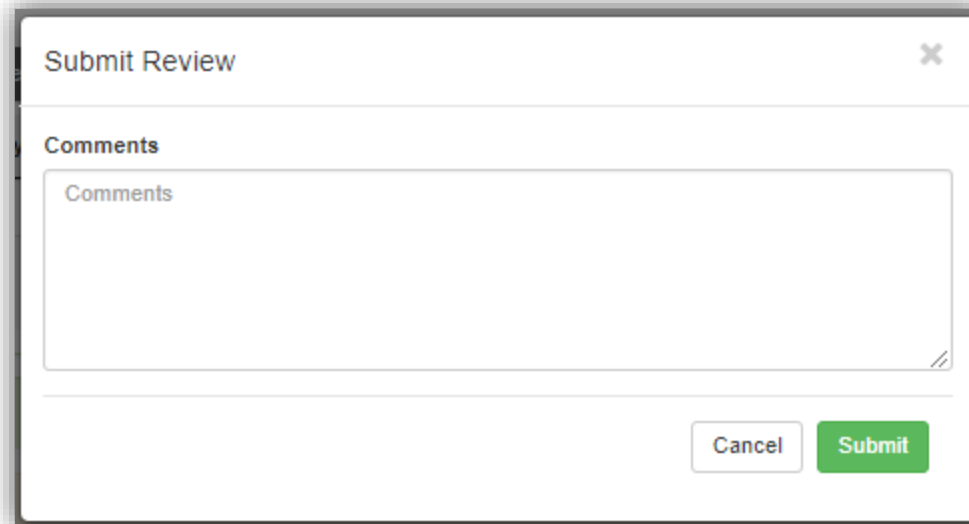


- Click the Submit button to send the review to Telligen
- If any information is missing, an error will indicate what is missing



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.**



Submit Review

Comments

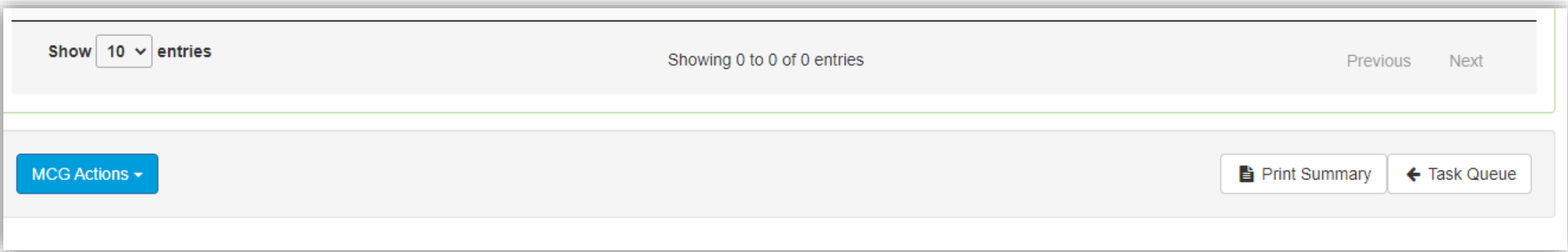
Comments

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 off 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 shows a web interface with a table header and navigation controls. The table header includes a "Show" dropdown set to "10", the text "entries", and a status message "Showing 0 to 0 of 0 entries". Navigation buttons for "Previous" and "Next" are visible. Below the table, there is a blue "MCG Actions" dropdown button, a "Print Summary" button with a printer icon, and a "← Task Queue" button with a left arrow icon.



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 side of the top bar, there are several icons for social media and communication. Below the top bar, a breadcrumb trail reads 'Dashboard / Task Queue / Member Hub'. On the right of this bar, the user's name and ID are displayed: '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's profile for 'Stephanie Wilson', which includes a 'View Member Details' button and several fields: 'Member ID: TEMP000000100700', 'Date of Birth: 01/03/1978', 'Phone Number:', and 'Client: Mississippi'. A mouse cursor is visible over the 'Client' field.


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 (1st Level Appeal), and other options.

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

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

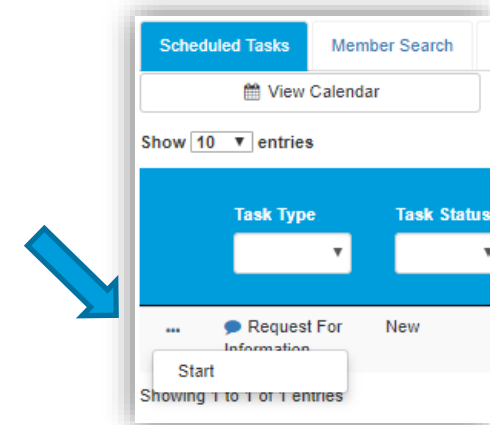


Request for Information (RFI)



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 + Add

Search:

Letter	Addressee	Date Sent	Mail Type	Tracking
Request for Information 2023   	Treating Provider: HOSPICE OF THE CHESAPEAKE NPI: 1922204932	07/07/2024 11:57:59		



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, the text 'Showing 1 to 1 of 1 entries', and pagination controls for 'Previous', '1', and 'Next'.

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.

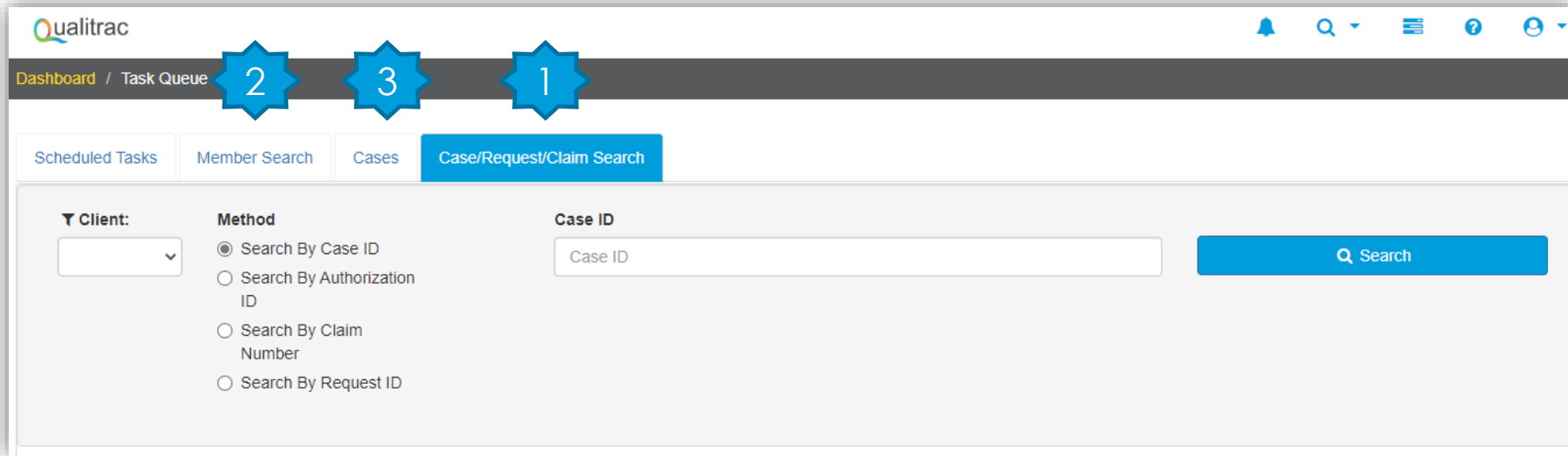


Finding the Determination



Locating A Determination

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



Qualitrac

Dashboard / Task Queue

Scheduled Tasks Member Search Cases Case/Request/Claim Search

Client: [Dropdown]

Method

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

Case ID: [Case ID]

Search

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 software interface for Utilization Management. The top section has a green header with the title 'Utilization Management' and two orange buttons: 'View Requests' and '+ Add'. Below the header is a yellow area with the text 'Hiding canceled requests.' and a 'Show' button. The bottom section is a dark gray bar with 'Hospice (35175)' on the left, 'Treating Provider: HOSPICE OF THE CHESAPEAKE' in the center, and a 'Complete' button with a speaker icon on the right.

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

Outcome	
Authorization Number	
Start Date	07/01/2024
End Date	08/30/2024
Modifier 1	
Modifier 2	
Units	60 unit(s)
Frequency	
Total Cost	

RC

Outcome	Approved
Authorization Number	00005815
Start Date	07/01/2024
End Date	08/30/2024
Modifier 1	
Modifier 2	
Approved	60 unit(s)
Frequency	
Total Cost	
Savings	
Transmit To Client	Yes
RC Notes:	
Letter Rationale:	Approved



Submitting a Reconsideration (1st Level Appeal)



Submitting a Reconsideration (1st 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 **1st Level Appeal** from the menu.

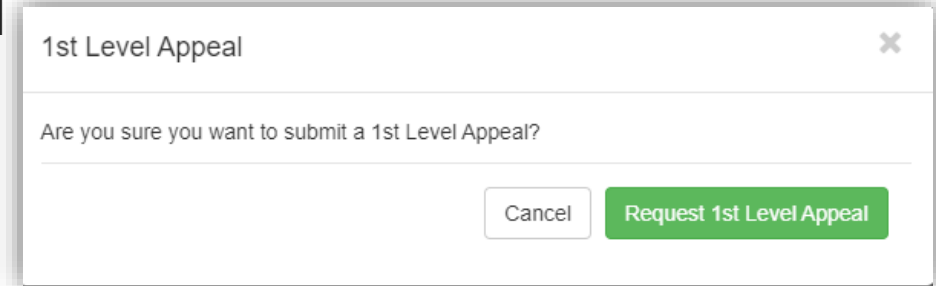
The screenshot displays the Utilization Management interface. At the top, there is a header with a person icon and the text "Utilization Management". To the right of the header are two buttons: "View Requests" and "+ Add". Below the header, there is a yellow bar with the text "Hiding canceled requests." and a "Show" button. The main content area has a dark grey bar with "Hospice (35175)" on the left, "Treating Provider: HOSPICE OF THE CHESAPEAKE" in the center, and a "Complete" button on the right. Below this is a search bar and a "Show 10 entries" dropdown. The main table has columns for Module, Timing, Status, Date Request Received, Case Completed, Outcome, and Action. The first row shows a "Medical Necessity" request with a status of "Request Is Complete" and an outcome of "Denied". An action menu is open for this row, showing 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 (1st Level Appeal) cont.

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

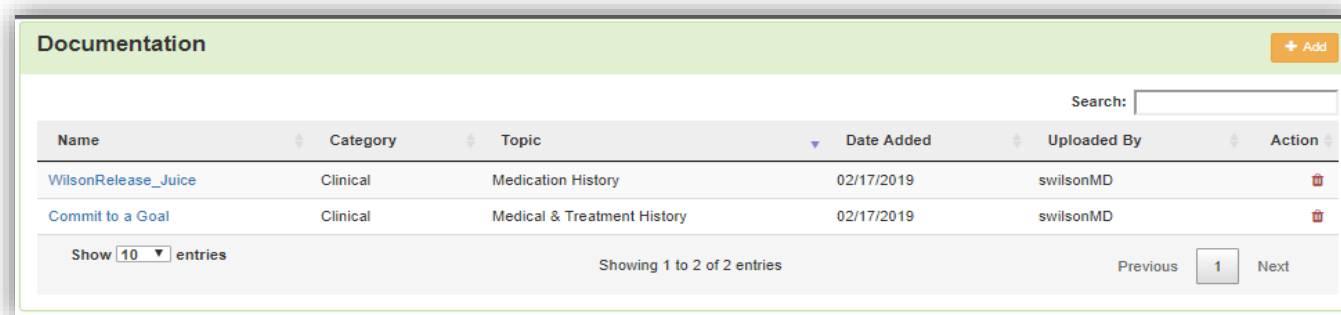


1st Level Appeal

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
WilsonRelease_Juice	Clinical	Medication History	02/17/2019	swilsonMD	
Commit to a Goal	Clinical	Medical & Treatment History	02/17/2019	swilsonMD	

Show 10 entries

Showing 1 to 2 of 2 entries

Previous 1 Next



Reconsideration (1st 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 (1st Level Appeal)



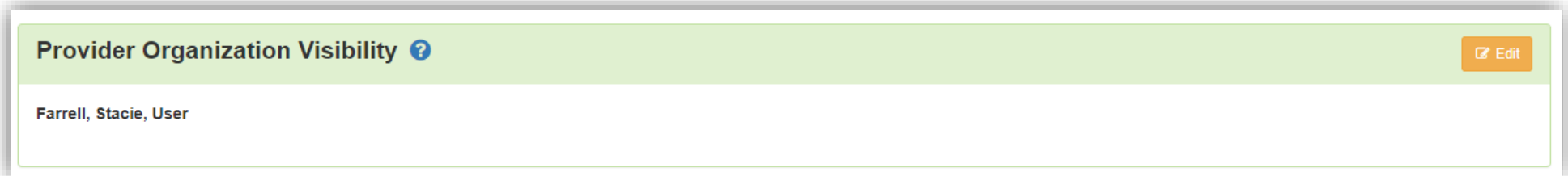
- When a concurrent review has an initial determination of denied or partially denied, the user can submit a request for a reconsideration review

- The user must submit the request within 30 calendar days from the date and time the initial determination is rendered.



E-mail Notifications

- 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.



Contact Us



Program Director

Rhonda McLaughlin

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

Maryland Call Center & Provider Help Desk

- Email: MarylandUCSupport@telligen.com
- Toll-Free Phone: 888-276-7075

Portal Registration Questions

- Email: qtregistration@telligen.com
- Toll-Free Phone: 888-276-7075



