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**
  - <mark>Presentation will be posted to the website following the training</mark>
  - **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 – –

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

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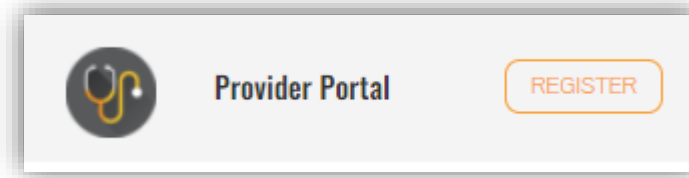
  – Refer to the Authorized Official recording for step-by-step instructions

Introduction to Authorized Official (AO) Registration

Provider Portal Registration

- The Provider Portal Registration process can 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.

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FREQUENT QUESTIONS

CHECK REVIEW STATUS

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
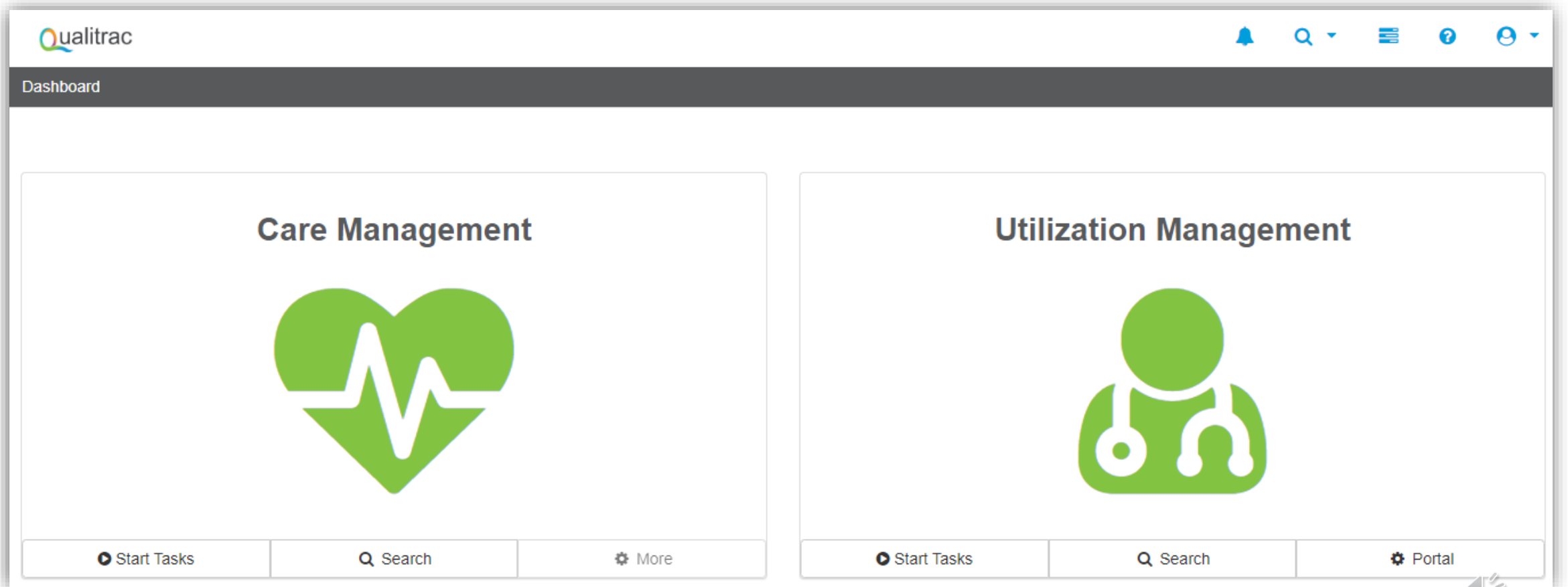
Signing into the Provider Portal

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.

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.

Qualitrac   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.

Utilization Management

Start Tasks | Search | Portal
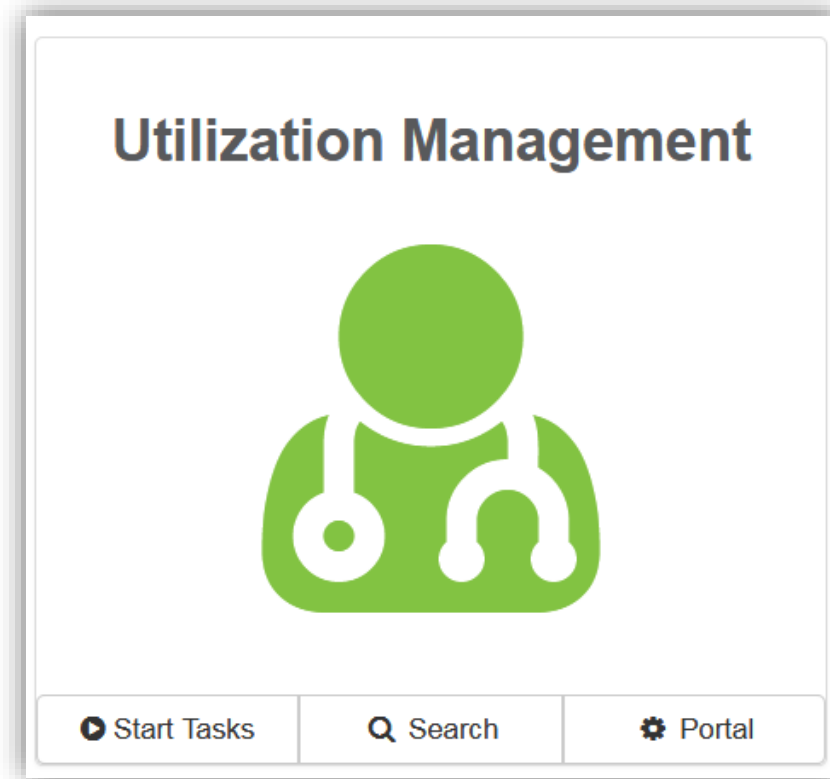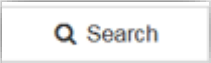
Submitting a Review

Telligen Provider Portal – Adding a New Review

Click on the [Q Search] box or the "magnifying glass" icon [Q ▾] in the tool bar to access the member search screen to look for information on a member or to start a new review.
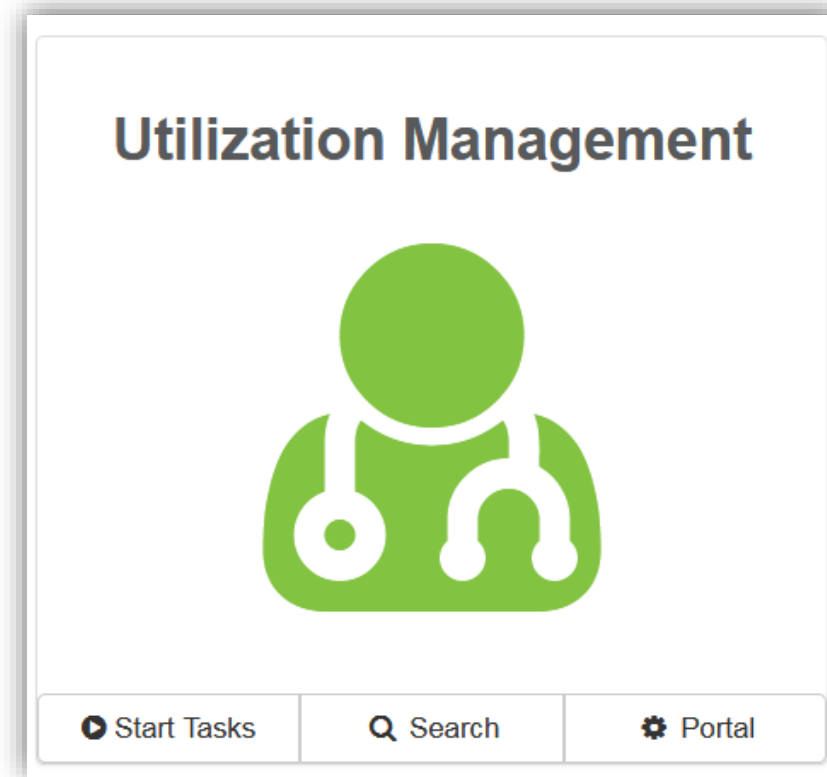
Telligen Provider Portal – Adding a New Review

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.

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.

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.
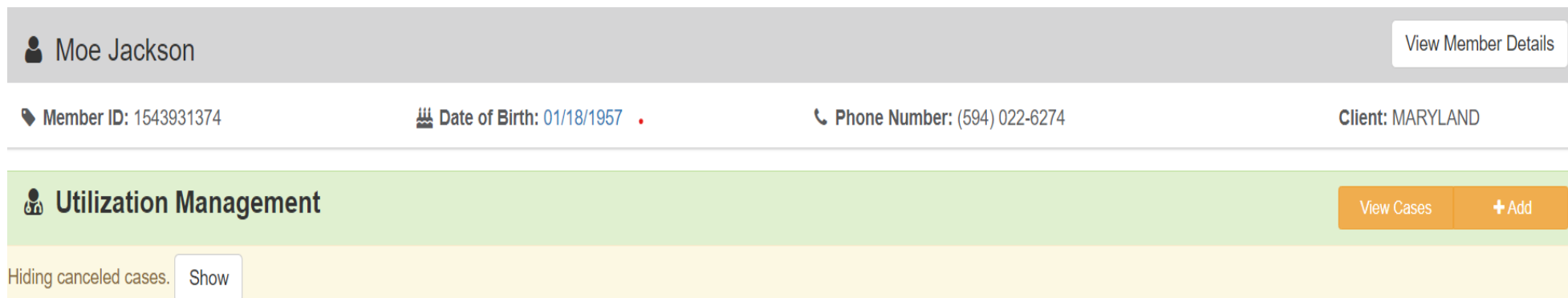
Telligen Provider Portal – Utilization Management Panel

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 [+ Add] button to start a new request.

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.

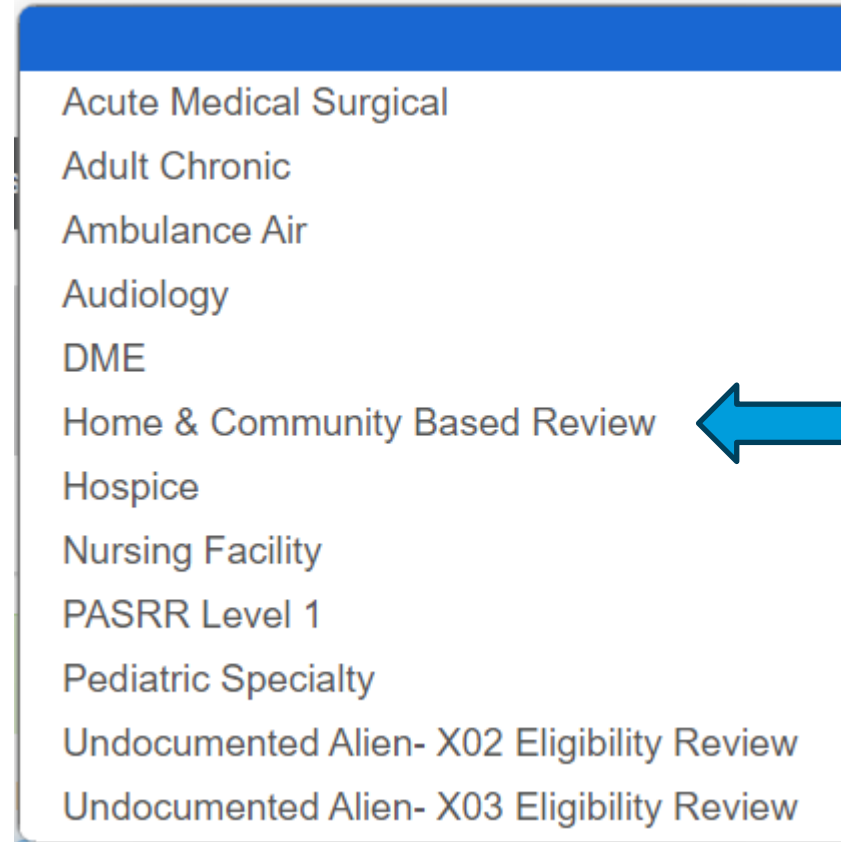- Date will prepopulate with the current date

Authorization Request 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

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

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 *

MM/DD/YYYY

Service End Date *

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 *

Yes

Third Party Liability *

No

EPSDT Indicator *

○ Yes ● No

Eligibility Comment *

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 *

| Not Supplied ⌄ |

Third Party Liability *

| No ⌄ |

EPSDT Indicator *

○ Yes ● No

Eligibility Comment *

NA

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
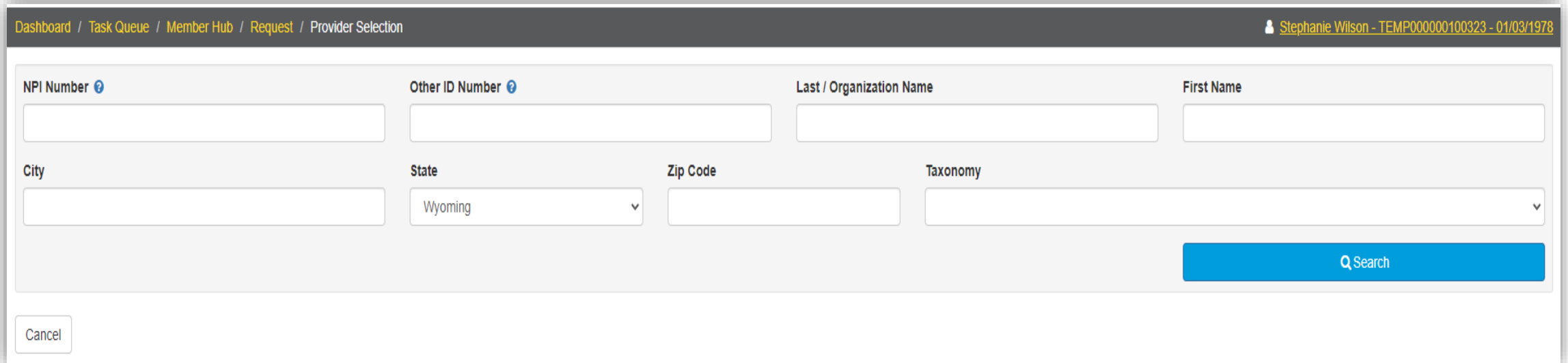 - *Treating Provider* – The **organization** providing the care

Providers *								
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.

👤 Stephanie Wilson - TEMP000000100323 - 01/03/1978

NPI Number ❓

Other ID Number ❓

Last / Organization Name

First Name

City

State

Wyoming

Zip Code

Taxonomy

🔍 Search

Cancel

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 **+ Add** 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

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

Diagnosis Panel cont.

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

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.

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.

Procedure(s) Panel

- The **Procedures Panel** is where the procedure code information related to this review is added.
- Click the **+ Add** 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**

Procedure(s) Panel cont.

- The Term search allows for the user to search based on Section, category and sub-category if needed
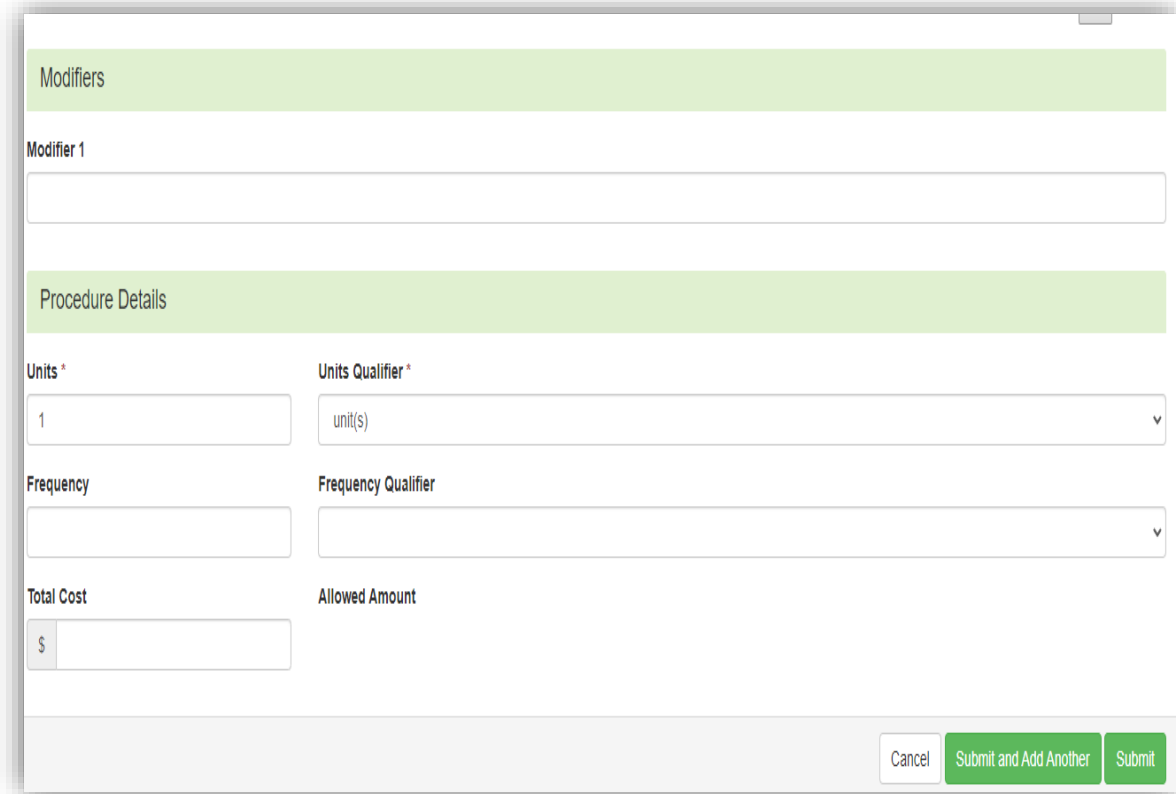
- Once Query has populated, Use the radio button to Select the correct Procedure(s)

Procedure(s) Panel cont.

- Complete Modifiers and procedure details as needed

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.

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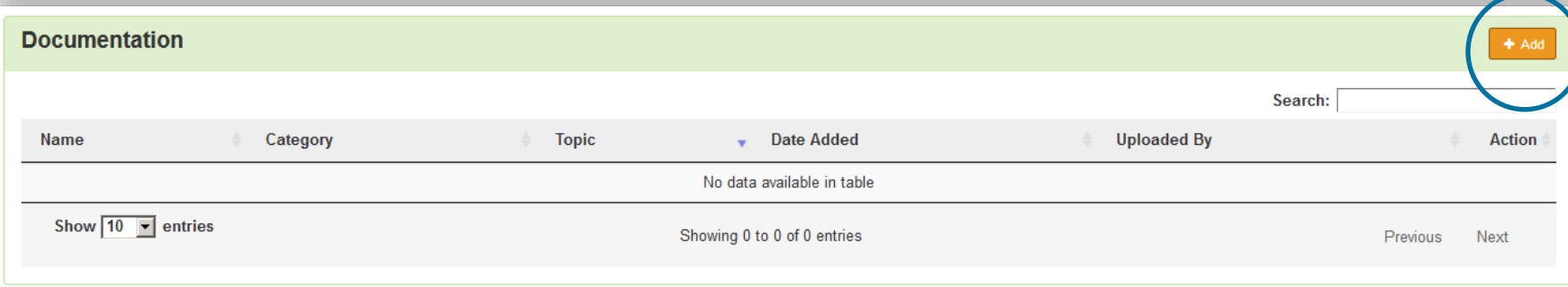
You will need to complete the patient assessment, which mirrors the 3871b

Functional Assessment					
0 = Independent: No assistance or oversight required					
1 = Supervision: Verbal cueing, oversight, encouragement					
2 = Limited assistance: Requires hands on physical assistance					
3 = Extensive assistance: Requires full performance (physical assistance and verbal cueing) by another for more than half of the activity.					
4 = Total care: Full activity done by another					
Description *	**Score ***				
Mobility: Purposeful mobility with or without assistive devices.	○ 0	○ 1	○ 2	○ 3	○ 4
Transferring: The act of getting in and out of bed, chair, or wheelchair. Also, transferring to and from toileting, tub and/or shower.	○ 0	○ 1	○ 2	○ 3	○ 4
Bathing (or showering): Running the water, washing and drying all parts of the body, including hair and face.	○ 0	○ 1	○ 2	○ 3	○ 4
Dressing: The act of laying out clothes, putting on and removing clothing, fastening of clothing and footwear, includes prostheses, orthotics, belts, pullovers.	○ 0	○ 1	○ 2	○ 3	○ 4
Eating: The process of putting foods and fluids into the digestive system (including tube feeding).	○ 0	○ 1	○ 2	○ 3	○ 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	○ 0	○ 1	○ 2	○ 3	○ 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.
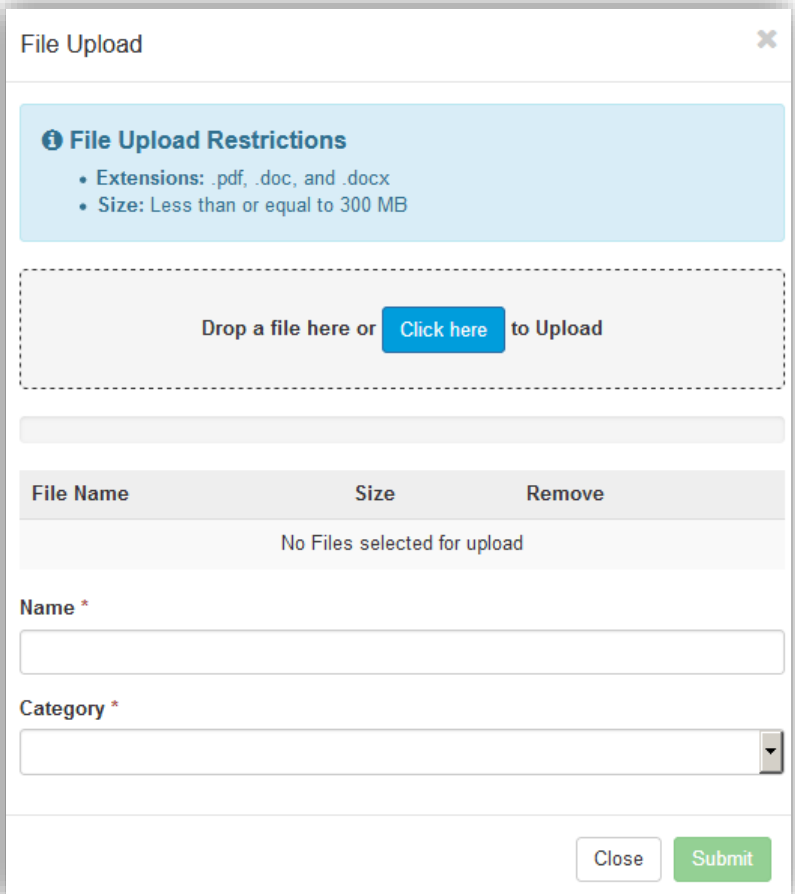
Documentation Panel cont.

- To submit documentation, click the **+ Add** 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.
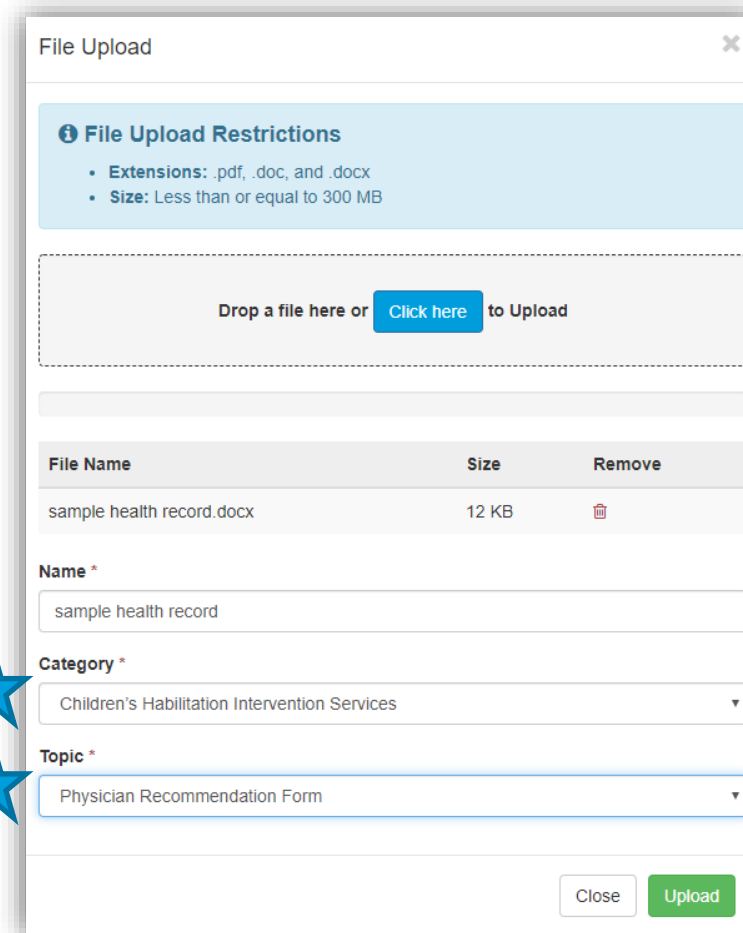
Documentation Panel cont.

- **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.

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.

MCG

- 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.

MCG

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)   🔍 Document Clinical

Description : VASC DEMENTIA WITH BEHAVIORAL DIST

✔ Submit Request

MCG Cont
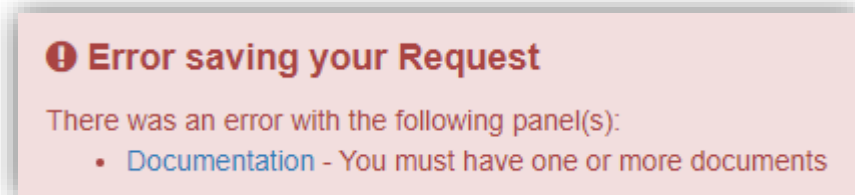
Click on No Guideline Applies and enter a comment.

Click on Save.

Click on Submit Request.

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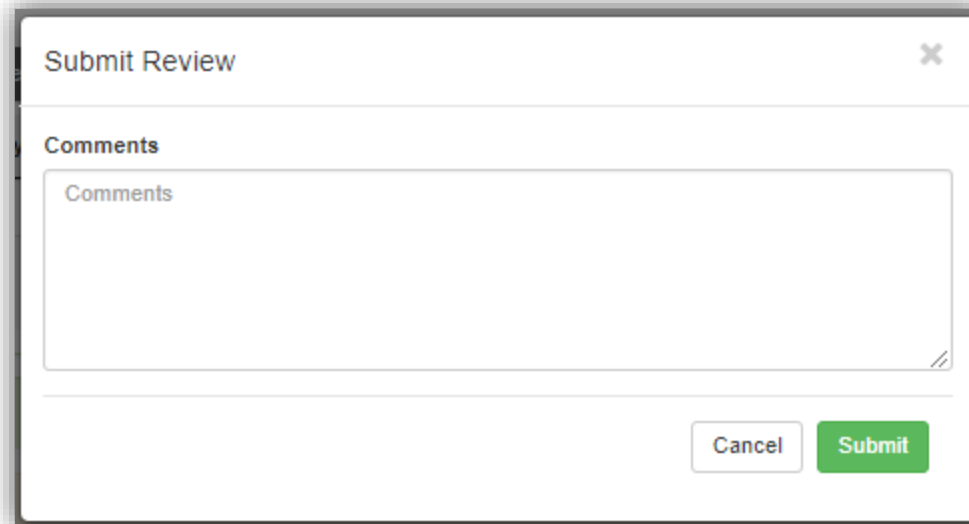
- Click the Submit button to send the review to Telligen
- If any information is missing, an error will indicate what is missing

❗ **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.
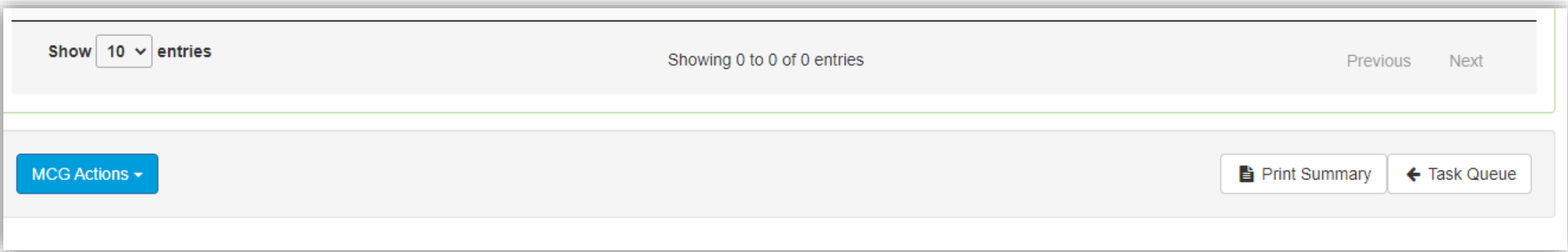- **This is not required to complete the review**.

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.

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

MCG Actions ▾   **📄 Print Summary**   **← 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

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.
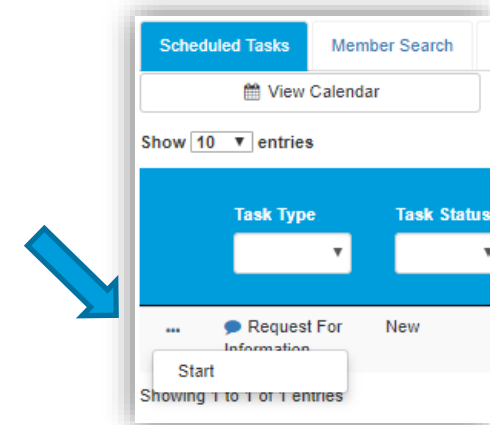
Request for Information (RFI)

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.

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.

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.
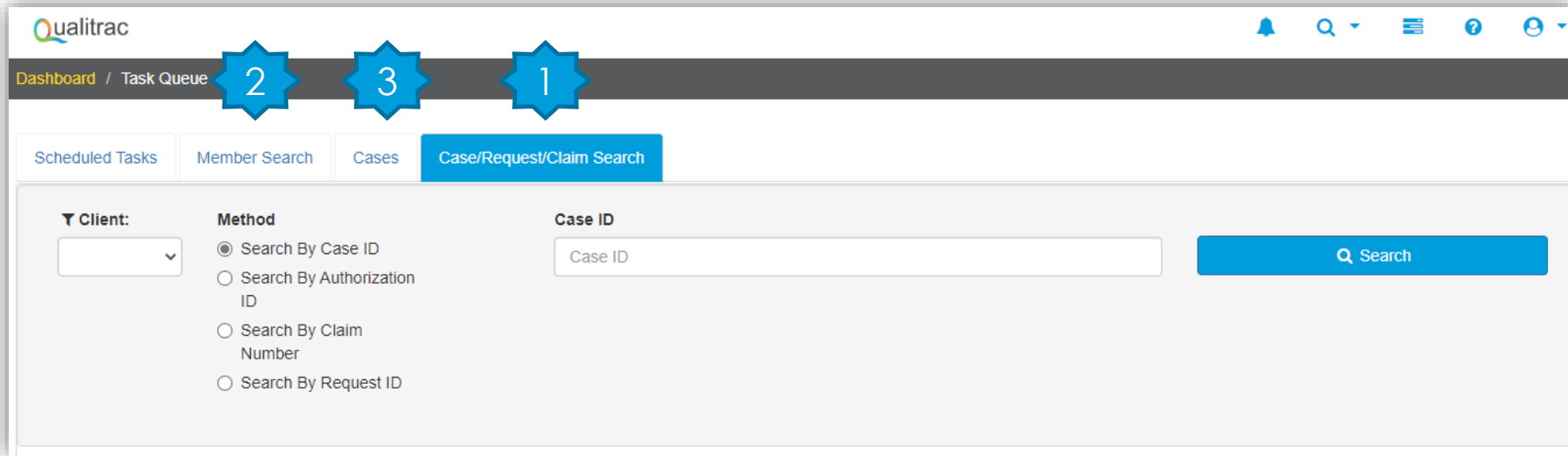
Finding the Determination

Locating A Determination

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

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.

View Outcome

Outcomes

(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	
		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
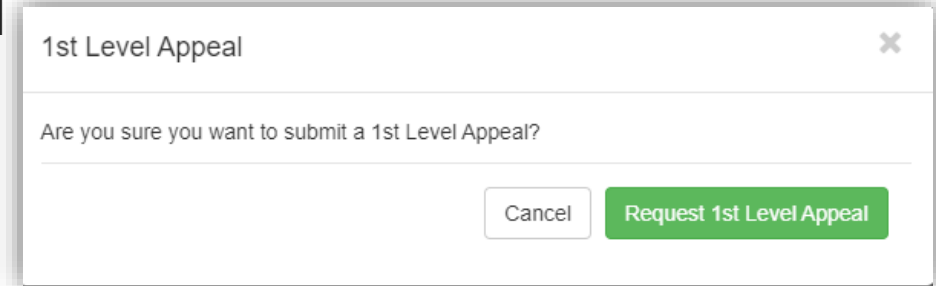 - Once there, select **1st Level Appeal** from the menu.

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
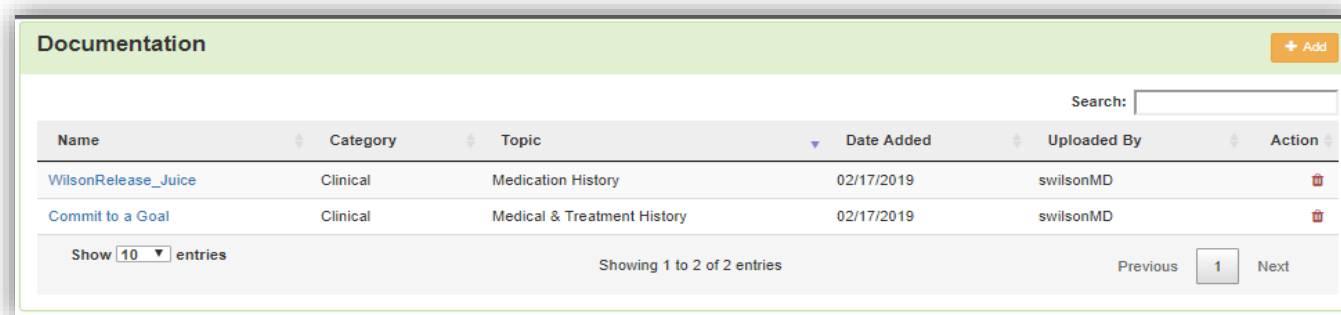
1st Level Appeal   ✕

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 *

Enter username

– 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
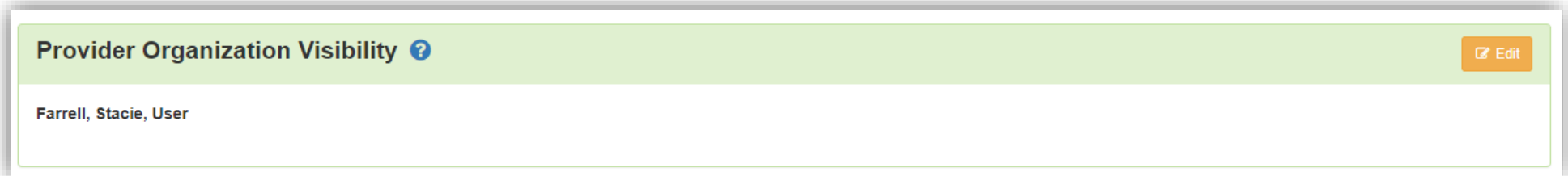
Reconsideration (1ˢᵗ Level Appeal)

- 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

Questions

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