

Maryland UCA: Nursing Facility CSR Training



March 2025

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- Purpose
- Housekeeping
- Qualitrac Task and Cases Tab
- Discharge Status Task
- Submitting a Continued Stay Review
- Questions



- To provide an understanding of the Task and Cases tab
- To provide an understanding of when to complete the Discharge Status task
- To provide step-by-step instructions to submit a CSR

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: <u>https://Telligenmd.Qualitrac.com</u>
- Located in Education/Training

Qualitrac Task Queue





- Go to <u>https://telligenmd.qualitrac.com/</u>
- Log in to Qualitrac
- Once at the Landing page click on start tasks





- Can be sorted by Task Type
- Request for information
 - Reviews where additional information is required to complete a review

Qualitrac st	age							۵ 🔺	🌣 🔹 🔍 🤉		8 <u>9</u> •
Dashboard / Task C	Queue										
Scheduled Tasks	Member Searc	ch Cases	Case/Request	t/Claim Search							
Filtered Sc You are currently s	heduled Tasks seeing a filtered vie	S w of the Schedu	ed Tasks that ar	e normally visible t	o you. If you wo	uld like to remo	we the filters and s	see all of the tas	sks, please select the o	lear filters buttor	below.
🛗 View Calendar	▼ Clear Filter	s								11 Columns Se	lected -
	Task Type	Task Category	Task Status	Client	Last Name	First Name	Solution / Module	Review Type	Assignee	Attempts	Task Scheduled Date
	Req 🗸	~	~	~	Last I	First	~	Reviev	Assignee	#	Task Sch
🗩	Request For Information		New	MARYLAND	Maryland	Nelson	Medical Necessity	Nursing Facility	rmclaughlinppu	0	03/18/2025 05:00 pm



- Task Type: Discharge Status
 - When a CSR is completed a discharge status task is created
 - This can be completed at any point the individual is no longer in the nursing facility

	Dashboard / Task (Queue										
	Scheduled Tasks	Member Sea	rch Cases	Case/Reque	est/Claim Search							
	Filtered Sc You are currently a	heduled Tas seeing a filtered v	ks view of the Sched	uled Tasks that	are normally visibl	e to you. If you	would like to ren	nove the filters and	l see all of the ta	sks, please select the	e clear filters butt	on below.
	🛗 View Calendar	Clear Filt	ers								11 Columns Se	lected -
		Task Type	Task Category	Task Status	Client	Last Name	First Name	Solution / Module	Review Type	Assignee	Attempts	Task Scheduled Date
the request and		~	~	~	Ý	Last I	First	~	Revie	Assignee	#	Task Sch
click start	 Ø	Discharge Status		New	MARYLAND	sara	smith	Medical Necessity	Nursing Facility	rmclaughlinppu	0	09/19/2024 01:00 am
	Start	rge		In Progress	MARYLAND	Lueking	Carolann	Medical Necessity	Acute Medical	kreedprovider	0	10/02/2024 04:58 pm
	Go to Membe	er Hub					12 1 4	1 1 1	Surgical		0	40/40/0004



Discharge Status Task

- Go down to the Discharge info section
- The terminology can be a little confusing as this section is used for both hospital and nursing facility reviews

Discharge Info				
Is the Patient still in the Hospital? *	Actual Discharge Date *		Discharge Disposition *	
No	03/04/2025	***	20 - Expired	~
Is the resident still in the nursing facility?	Enter the disc	charg	ge date and di	isposition



Discharge Status Task

- Other dispositions include:
- 1 Discharged to home/self care "routine charge".
- 2 Discharged/transferred to other short term general hospital for inpatient care.
- 3 Discharged/transferred to skilled nursing facility "SNF" with Medicare certification in anticipation of covered skilled care
- 4 Discharged/transferred to intermediate care facility "ICF".
- 5 Discharged/transferred to another type of institution for inpatient care "including distinct parts".
- 6 Discharged/transferred to home care of organized home health service organization.
- 7 Left against medical advice or discontinued care.
- 9 Admitted as an inpatient to this hospital

..

Discharge Status Task

- Scroll down to the Diagnosis Panel
- Identify the Final Diagnosis

Diagnosis	;					+ Add
Seq.	Code	Description	Final Dx	POA	NOS	Action
1	G80	CEREBRAL PALSY	۲			ŵ









Discharge Status Task

Documentati	on				+ Add	
Show 10 v entr	ries			Searc	h:	
Name	Category	Topic	Date Added	Uploaded By	Action	
blank doc	Consent		06/17/2024	rmclaughlinppu		Click Close
Showing 1 to 1 of 1 e	entries				Previous 1 Next	Case
					Close Case	

- This should only be completed when someone is discharged from the facility
- This will <u>STOP</u> the CSR Workflow

Qualitrac Cases Tab



- Shows all review types that were submitted for your facility
- Has multiple fields that can be used to narrow down what shows in the tab

Qualitra	c stage					C.) C3 🖡	♀		8 8 •
Dashboard /	Task Queue									
Scheduled ⁻	Tasks Member Search	n Cases (Case/Request/Clai	m Search						
Time Period	Last 90 Days 🗸 🔨	Clear Filters								
Case ID	Member ID	Member Last Name	Member First Name	Review Type	Timing	Date Request Received	Treating Facility NPI	Requested Start Date	Case Status	Outcome
Case	Member ID	Last Na	First Na	Review	Timing	Date Rec	Treating	Requester	Case St	Outcome
42060	TEMP000000100791	Maryland	Nelson	Nursing Facility	Prospective	03/04/2025 09:44 am	1851745236	03/06/2025 12:00 am	Request For Information	
42037	30342750000	Moonen	Kristle	PASRR Level	Prospective	02/27/2025 03:42 pm	1609859107	02/27/2025 12:00 am	Case Creation	
42034	30342750000	Moonen	Kristle	PASRR Level 1	Prospective	02/27/2025 03:37 pm	1609859107	02/27/2025 12:00 am	Case Creation	
41911	30342750000	Moonen	Kristle	PASRR Level 1	Prospective	02/21/2025 08:49 am	1144291899	02/25/2025 12:00 am	Complete	Approved
41330	30342750000	Moonen	Kristle	Ambulance Air	Retrospective	01/27/2025 10:37 pm	1700831401	12/25/2024 12:00 am	Complete	Denied
41202	30342750000	Moonen	Kristle	Ambulance Air	Retrospective	01/20/2025 06:55 pm	1700831401	12/25/2024 12:00 am	Case Creation	
34276	TEMP000000100791	Maryland	Nelson	Nursing Facility	Continued Stay Review	02/25/2025 01:20 pm	1750699906	06/18/2024 12:00 am	Not Submitted	



Case ID	Member ID	Member	Member First Name	Review	Timina	Date Request Received	Treating Facility NPI	Requested Start Date	Case	Outcome
Case	Member ID	Last Na	First Na	Review	Timing	Date Rec	Treating	Requester	Case St	Outcome

- This tab can be sorted by:
 - Case ID
 - Member ID
 - Last Name/First Name
 - Review Type
 - Treating Facility NPI
 - Case Status
 - Outcome







Scheduled T	asks Member Se	arch Cases	Case/Request/C	laim Search						
Time Period	Last 90 Days 🗸	▼ Clear Filters								
Case ID	Member ID	Member Last Name	Member First Name	Review Type	Timing	Date Request Received	Treating Facility NPI	Requested Start Date	Case Status	Outcome
Case	Member ID	Last Nan	First Nar	Review 1	Timing	Date Requ	17008314	Requested	Case St	Outcome
41330	30342750000	Moonen	Kristle	Ambulance Air	Retrospective	01/27/2025 10:37 pm	1700831401	12/25/2024 12:00 am	Complete	Denied
41202	30342750000	Moonen	Kristle	Ambulance Air	Retrospective	01/20/2025 06:55 pm	1700831401	12/25/2024 12:00 am	Case Creation	

- Entering the Treating Facility NPI will display all reviews for that facility
- By entering Not Submitted in the Case status field will show only the cases that need CSRs submitted for that facility





- Entering in the Case Status—Not submitted
 - Shows all the cases that have CSRS to submit

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- Search for Nursing facility or PASRR in "Review Type" to show a specific type of review
- Adding in a specific facility will narrow down the results even more



How to determine the CSR start date





Qualitrac stage			۵	٥	•	Q •			0	0	•
Dashboard / Task Queue / Member Hub				8	Velson	Maryland -	TEMP00	00000100	<u>791 - 0'</u>	1/01/20	000
Nelson Maryland								View Mer	mber De	etails	
• Member ID: TEMP000000100791	ate of Birth: 01/01/2000	Sector Phone Number:					Client	: MARYLA	ND		
Utilization Management							View	/ Cases	+ A	dd	
Hiding canceled cases. Show							1	$\mathbf{\mathbf{b}}$			

- Go to the member hub
- Click on View Cases



CSR Start Date



"view request"

	Qualitrac stage		0 A A	• •	Q * 🖿 🖬 0 0 *				
	Dashboard / Task Queue / Member Hub			占 <u>Ne</u> l	ison Maryland - TEMP000000100791 - 01/01/2000				
	Nelson Maryland				View Member Details	Find t	he request	that was dea	cisioned
	• Member ID: TEMP000000100791	W Date of Birth: 01/01/2000	C Phone Number:		Client: MARYLAND	prior t	o the not su	Jbmitted CSI	2
	Utilization Management				View Requests + Add		on the olling	sis and "wiow	(roquos
	Hiding canceled requests. Show								reques
	Nursing Facility (42060)	Treating Facility: 7520 SU	RRATTS ROAD Treating Facility: 7520 OPERATIONS LLC) SURRAT	TTS ROAD				
	Treating Facility: 7520 SURRATTS ROAD OPERATIONS LLC				Request For Information				
	Nursing Facility (34276)	Treating Facility: BRADFO CENTER	RD OAKS		Discharge Information Required				
Sł	now 10 🗸 entries						Search:		
	Module 🔺	Timing	Status	\$	Date Request Received	Case Completed	Outcome	♦ Action ♦	
N	Medical Necessity	Continued Stay Review	Not Submitted		02/25/2025 01:20 pm				
N	Medical Necessity	Concurrent - Reopened	Request Is Complete		11/05/2024 06:10 pm		Approved		
N	Medical Necessity	Concurrent - Adjustment	Request Is Complete		06/17/2024 12:35 pm		Technical Den	View Request	
N	Medical Necessity	Continued Stay Review	Request Is Complete		06/25/2024 10:36 am		Approved		





- Go to the Outcomes Panel
- Under Final Recommendations the "Approved End Date" is the CSR Start Date

Outcomes			Review Outcome: Approved
(HCPCS) 99233 - SBSQ HOSPITAL CARE/DAY 35 MINUTES			Outcome: Approved
Requested		Final Recommendation	
Outcome		Outcome	Approved
Authorization Number		Authorization Number	00005948
Start Date	09/13/2024	Start Date	09/13/2024
Discharge Date	09/14/2024	Approved End Date	10/13/2024

Figure out what is the newest MDS you have completed that falls 93 days **PRIOR** to the CONTINUED STAY START DATE. This is the MDS to use for the "not submitted" review.





Things to Remember

- MDH requested Nursing Facilities be notified 60 days before the next CSR is due
 - This was to allow ample time for CSR submissions
- When the next CSR is triggered
 - Submit to Telligen after the next MDS is complete
 - The MDS Assessment Reference Date should be within 93 days of the start date of the CSR

Continued Stay Review Submission



Click on the case ID, and the system will open the CSR review the system has created for you.

Dashboard / Task Queue											
Scheduled Tasks Member Search Cases Case/Request/Claim Search Time Period Last 90 Days Clear Filters											
Case ID	Member ID	Member Last Name	Member First Name	Review Type	Timing	Date Request Received	Case Status	Outcome			
Case ID	Member ID	j	First Name	Review Type	Timing	Date Request F	Case Status	Outcome			
36053	1543931374	Jackson	Мое	Nursing Facility	Continued Stay Review	07/25/2024 09:47 pm	Not Submitted				
	1543931374	Jackson	Мое	Nursing Facility	Prospective	07/25/2024 09:45 pm	Discharge Information Required	Approved			





Once in the review, click on the Action button and click Edit.

🛔 Moe Jackson			Member ID: 1543931374		DOB: 01/18/1957
Characteric Series Content Conten	4	Client: MARYLAND			
Authorization Reques	t				Actions -
Case Id 36053	Request ID 36073	Date Request Received 07/25/2024 09:47 pm	Review Type Nursing Facility	Place of Service Nursing Facility	2 Edit Alled Nursing Care
Timing Continued Stay Review ∡[™] Extension					





- Under the Assessment Panel (the following must be filled out)
 - MA Conversion Date
 - Date the resident converted to Medicaid as their payor source
 - MDS Assessment Review Date
 - the date on the MDS (ARD-Assessment Reference Date)

Assessment		
MA Conversion Date *	MDS Assessment Review Date *	
MM/DD/YYYY	MM/DD/YYYY	#



- Under the Assessment Panel (the following must be filled out)
 - Review Type (Defaults to the quarter the CSR is for)
 - MDS Type (Admission, Quarterly, Annual, Significant Change)
 - BIMS Score (enter the score from the MDS)
 - Behaviors (select the one that happens most of the time and add additional ones in the comments)

PASRR On File?	Review Type	MDS Type	BIMS Score
~	3rd Quarter 🗸 🗸	~	
Behaviors			
			~

- Self-care Activity
 - 1 Dependent*
 - 2/3 Extensive Assistance
 - 4 Limited assistance*
 - 5 Supervision
 - 6 Independent
 - (*)indicates HANDS ON assist
- Skilled Services
 - Section O of the MDS
- Comments
 - Include additional behaviors

Self-care Activity				Answer *		
Mobility	○ I (Independent)	○ S (Supervision)	◯ LA (Limited Assistance)	⊖ EA (Extensive Assistance)	○ TD (Totally Dependent)	 Activity did not occur
Dressing	○ I (Independent)	○ S (Supervision)	◯ LA (Limited Assistance)	○ EA (Extensive Assistance)	○ TD (Totally Dependent)	O Activity did not occur
Eating	○ I (Independent)	○ S (Supervision)	○ LA (Limited Assistance)	○ EA (Extensive Assistance)	○ TD (Totally Dependent)	O Activity did not occur
Bathing	O I (Independent)	○ S (Supervision)	O LA (Limited Assistance)	○ EA (Extensive Assistance)	○ TD (Totally Dependent)	O Activity did not occur
Toilet Use	O I (Independent)	○ S (Supervision)	◯ LA (Limited Assistance)	○ EA (Extensive Assistance)	○ TD (Totally Dependent)	O Activity did not occur
Self-control Activity				Answer *		
Bladder Continence	⊖ AC (Always Cor	ntinent)	OI (Occasionally Incontinent)	 FI (Frequently Incontinent) 	⊖ AI (Always Incontinent)	○ NR (Not Rated)
Bowel Continence	O AC (Always Continent) OI (Occasionally Incontinent)		O FI (Frequently Incontinent)	⊖ AI (Always Incontinent)	○ NR (Not Rated)	
Skilled Services						
Commente						li
Comments						





Upload the documentation to support your answers on the assessment by clicking the Add button in the Documentation panel.

Documentation					+ Add
Show 10 v entries				Search:	
Name .	Category	Торіс	Date Added	Uploaded By	Action 🔷
MEDICAL RECORDS DOCUMENT	Clinical	Progress Notes	07/25/2024	kreedprovider	
Showing 1 to 1 of 1 entries					Previous 1 Next





Documentation can include, but not limited to, the following:

- The most recent MDS completed within the prior 92 days.
- ADL flowsheets from the time of the MDS
- Provide the Level 2 PASRR results if not previously uploaded
- Therapy notes, if applicable
 - Include notes from the initial time of the MDS
 - How long is therapy anticipated
- Physician progress note, if receiving skilled care



Documents can be dragged and dropped into the file or uploaded. Use the dropdowns to indicate the type of documents that are uploaded.

File Upload Restrictions

- Extensions: pdf, gif, jpg, jpeg, png, bmp, rtf, doc, docx, xls, xlsx, txt, xps, csv
- 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 upl	load	
Name *			
Category *			
			~





After the documents are uploaded, click continue.

				+ Add
	•		Search:	
Category	Topic	Date Added	Uploaded By	♦ Action ♦
Clinical	Progress Notes	07/25/2024	kreedprovider	
				Previous 1 Next
				Continue
	Category Clinical		Category Topic Date Added Clinical Progress Notes 07/25/2024	Category Topic Date Added Uploaded By Clinical Progress Notes 07/25/2024 kreedprovider



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Like the PASRR submission, the system will require the completion of MCG. Click Document Guidelines.

Authorization Request Form Page 2 Document Clinical Clinical Submit Request	∜mcg
Patient : 1543931374 Name : Jackson, Moe DOB : 1/18/1957 Gender : Male	✓ show more
Authorization : EPS-00041589 Type : Admission authorization Status : NoDecisionYet Diagnosis Codes : F01.51(ICD-10 Diagnosis) Procedure Codes : 99233(CPT/HCPCS) Primary	✓ show more
Diagnosis Code: F01.51 (ICD-10 Diagnosis) Description : VASC DEMENTIA WITH BEHAVIORAL DIST	Q Document Clinical
	Submit Request





Click Add next to "No Guideline applies" at the bottom.

Knee Arthroplasty and Dementia - Comorbidity Management	RFC	CMG-012-RF	add	
Pneumonia and Dementia - Comorbidity Management	RFC	CMG-018-RF	add	
No Guideline Applies			add	
			Submit Request	

MCG Completion cont.



Enter a comment.

Click Save.

Click Submit Request.

Diagnosis Code: F01.51 (ICD-10 Diagnosis) Description : VASC DEMENTIA WITH BEHAVIORAL DIST	
No Guideline Applies	
NA. 997 characters left for notes.	2 Save K Cancel
	3 Submit Request





The system returns you to the review to complete the attestation. Enter your userID as your electronic signature and click Submit.

User Attestation

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

Acknowledging User *







The system will take you back to the top of the review. This provides the opportunity to review all entries to ensure the review is accurate. After reviewing the entries, go to the bottom of the review and click Task Queue. This completes the submission process.

Correspondence				
				Search:
Letter	Addressee	Date Sent	🔻 Mail Type	Tracking
		No data available ir	n table	
Show 10 v entries		Showing 0 to 0 of 0 er	ntries	Previous
				Print Summary ← Task Queue



Contact Us

Program Director

Rhonda McLaughlin

Website: https://telligenmd.Qualitrac.com

Maryland Call Center & Provider Help Desk

- Email: <u>MarylandUCSupport@telligen.com</u>
- Toll-Free Phone: 888-276-7075

Portal Registration Questions

- Email: <u>atregistration@telligen.com</u>
- Toll-Free Phone: 888-276-7075



Questions





