Maryland UCA:
Acute Concurrent/CSR Submission Training

November 2025

Agenda

- Overview/Purpose
- How to Log in to Qualitrac
- Submitting the First Acute Medical Surgical Review(Concurrent Review)
- How to find my review
- Submitting Subsequent Reviews(Continued Stay Reviews)
- Discharge Status Tasks
- E-mail notifications
- Important Facts
- Contact information
- Questions
- *All patient information shown in this presentation is fictitious and created for demonstration purposes only. No real patient data is included.*

Housekeeping

- **Questions** Can be entered into the Chat

  Time at the end of the training for questions

  Any unanswered questions will be answered and posted to the website

- **Content availability**

  Presentation will be posted to the provider website following the training

  Website: https://telligenmd.qualitrac.com

  Located in Education/Training—under Acute Hospitals

  All individuals attending this training will be emailed a copy of the PowerPoint
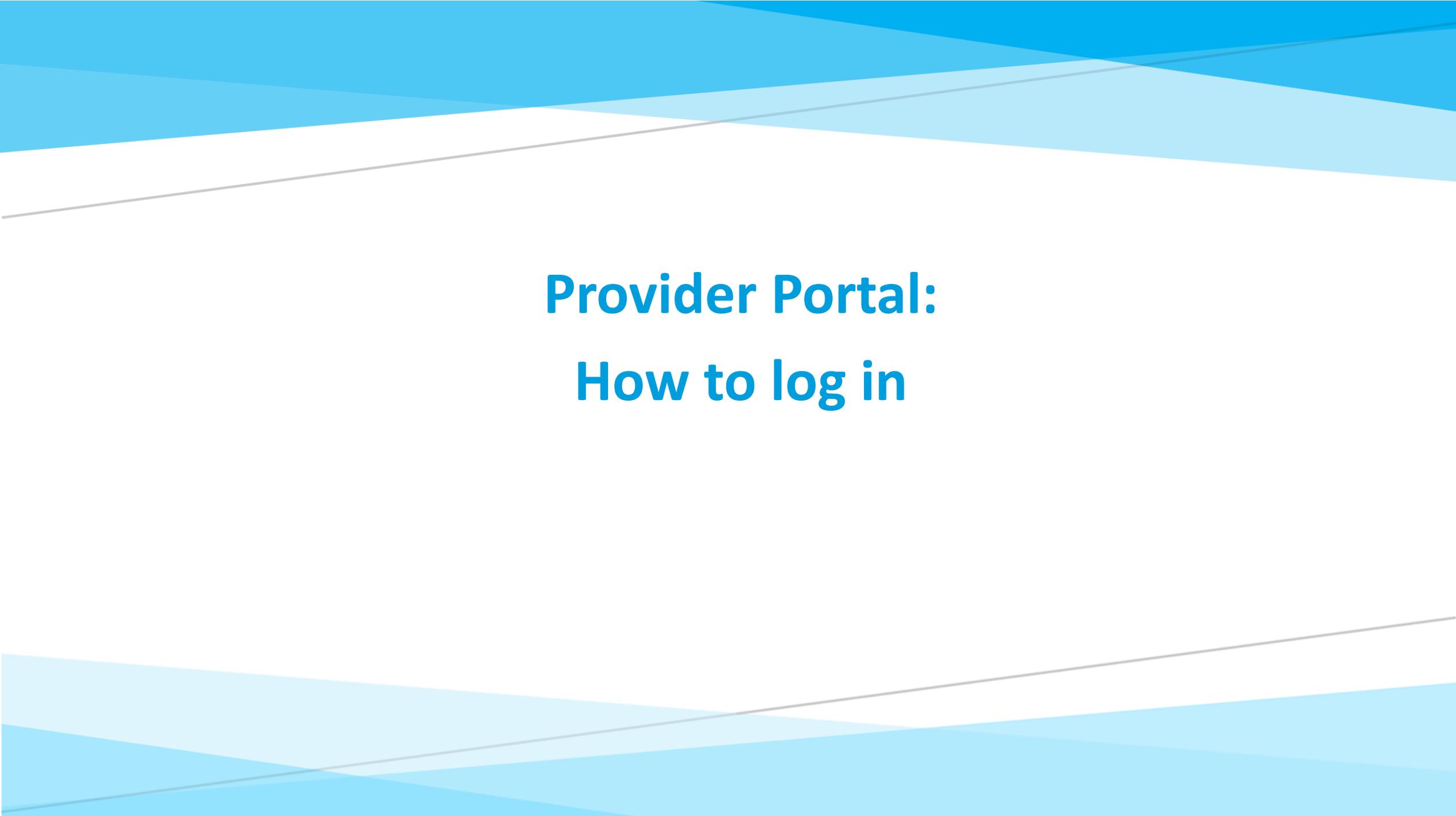
Overview/Purpose

Review the process to submit Acute Medical Surgical Concurrent/CSR Reviews through the Qualitrac Provider Portal.

Step-by-step instructions on how to submit a review

Submitting Subsequent Continued Stay Reviews

Understanding when to complete the Discharge Task

Review when and how often to submit a review through Qualitrac.

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 Landing Page

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.

Utilization Management

| ▶ Start Tasks | 🔍 Search | ⚙ Portal |

Submitting the First Acute Medical Surgical Review (Concurrent Review)

Telligen Provider Portal – Adding a New Review

Click on the search 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.

Utilization Management

Start Tasks | Search | Portal

Qualitrac stage

Dashboard / Task Queue / Member Hub / Summary

Member Search
Case Search
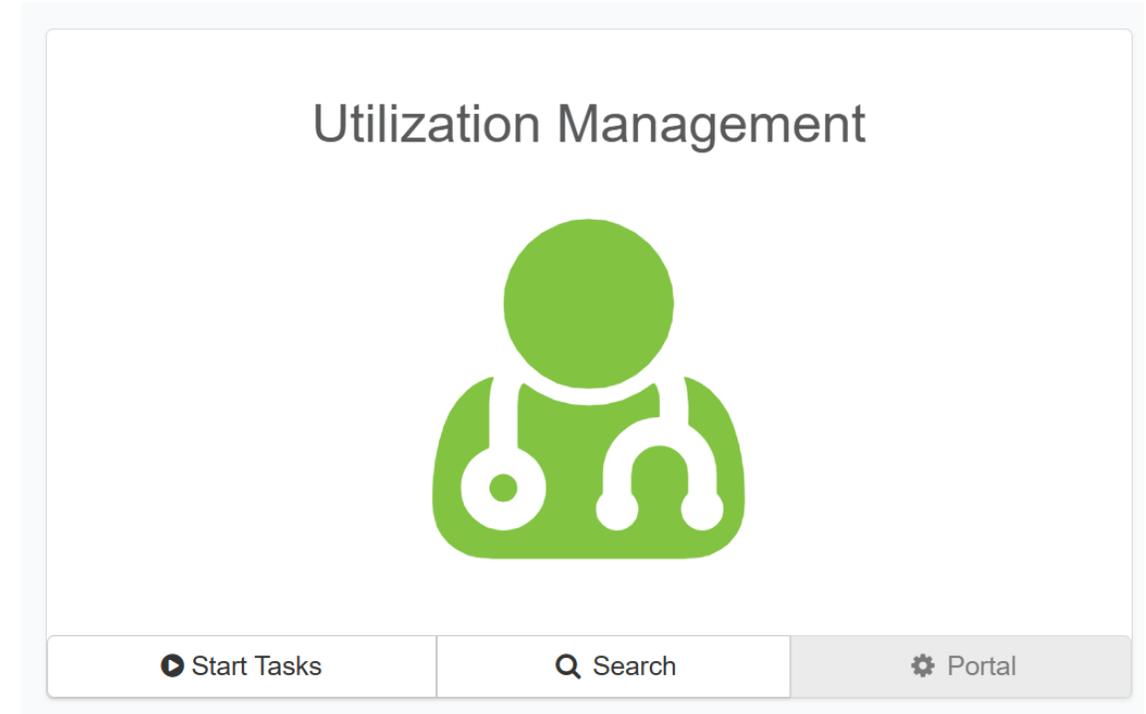
Telligen Provider Portal – Adding a New Review

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

- 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.

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.

👤 Smith Tracy			View Member Details
🏷 **Member ID:** 1478963200	👥 **Date of Birth:** 01/01/2000	📞 **Phone Number:** (555) 555-5555	**Client:** MARYLAND

Phone
Home:(555) 555-5555 ⭐
Cell:
Work:
Other:

Email
Home:
Work:

Mailing Address
,

Physical Address
1 Main St
Meridian, ID 83642

Preferred Contact Information

Method   **Language**

Gender Identity   **Pronouns**

Notes

Telligen Provider Portal – Utilization Management Panel

The **Utilization Management Panel** will contain 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**
- **Admission and Discharge**
- **Coverage**
- **Providers**
- **Provider Organization Visibility**
- **Diagnosis**
- **Procedures**
- **Documentation**

Telligen Provider Portal – Add New Request

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

- Date will prepopulate with the current date

👤 **Smith Tracy**   **Member ID:** 1478963200   **DOB:** 01/01/2000

📞 **Phone Number:** (555) 555-5555   **Client:** MARYLAND

Authorization Request

Date Request Received *   **Review Type** *   **Place of Service** *   **Type of Service** *

10/28/2025 05:48 pm   📅

Timing *

Cancel   💾 Add New Request

Authorization Request Panel – Review Type

Enter the **Review Type**: This is where you will select the type of review you are requesting. In this case: **Acute Medical Surgical**

- **Place of Service**: This is where you will select the place where care is being provided: **Inpatient Hospital**

- **Type of Service**: This Is the type of service being requested. **Medical Care**

- **Timing: Concurrent**

- 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 *
10/28/2025 05:48 pm	Acute Medical Surgical	Inpatient Hospital	Medical Care

Timing *
Concurrent

Cancel Add New Request

Admission and Discharge Panel

- Once you select Add New Request, the page opens to fill in all the remaining information necessary to process the request. All ***** fields are required.
- ▪**Admission Date-** This should be the inpatient admit date (Not the ED admit or Observation days).
- ▪**Admission Type:** select the most appropriate from the drop-down field.

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.
- There is an Eligibility comment box where you can enter information related to the member's eligibility.
- Telligen only reviews participants with Fee For Service Medicaid. If the participant has Medicare or MCO primary upon admission these cases will be reviewed on the 3808 retrospective review and/or be directly billed to the State following the secondary billing procedures. A concurrent review will not be required even when benefits are exhausted during the admission.
- If the member has Undocumented X02/03 coverage these cases will be reviewed on the 3808-retrospective review. A concurrent review is not needed.

Coverage

Select the primary coverage for this request *

	Group	Section	Plan	Start Date	End Date
●	Childless Adults (including disabled > 77% FPL (103% FBR)) up to 65, up to 138% FPL		Fee For Service	01/01/2025	01/01/2026

Medicare Indicator *

Not Supplied ▼

Third Party Liability *

No ▼

Eligibility Comment

Providers Panel: Treating Facility or Ordering Provider Information

- **Providers:** This section requires information related to who is ordering and providing the care:
- *Treating Facility* – The Acute Hospital
- *Ordering Provider* - The person or Organization ordering the care
- Click the Add button on each box to fill in the necessary provider information

Providers *

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

Entering Treating Facility and Ordering Provider Information

- Clicking <mark>+Add</mark> will open a search box.
- Enter the *MA provider number* for your facility into **Other ID Number** or by entering the NPI Number.
- Once you have entered the necessary information, click search to locate the physician or facility you are looking for.
- Clicking search will return **all** results that meet your entered criteria.

Providers *

← Back

NPI Number ❓

Other ID Number ❓

Organization Name

City

State

Zip Code

Taxonomy

Search using NPPES ❓ [ON]

🔍 Search

Entering Treating Facility and Ordering Provider Information

- 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
- Click green + to select the provider/facility providing services

	Name	NPI	Primary Number	Other ID	Type	Address	Phone	Primary Taxonomy	Source
+	THE JOHNS HOPKINS HOSPITAL	1992803266	1992803266	1992803266	🏢	600 North Wolfe Street Baltimore, MD 21287	(410) 955-2660	Clinical Medical Laboratory	NPPES

Entering Treating Facility and Ordering Provider

- 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 Action ellipsis to search and find a new physician/facility for the one that was deleted.
- When clicking +Add on the Ordering Provider you can select add new or copy the Treating facility.

Providers *

Type	Name	NPI	Address	Phone	Primary Taxonomy	PPO Redirect Reason	Comments	Action
Treating Facility *	THE JOHNS HOPKINS HOSPITAL	1992803266	600 North Wolfe Street Baltimore, MD 21287	(410) 955-2660	Clinical Medical Laboratory			...
Ordering Provider *				Not Supplied				⇄ Replace

Provider Organization Visibility Panel

- **Provider Organization Visibility:** This box is not required but it allows you to share this review with everyone in your organization and treating providers.
- By allowing visibility it can help provide continuity of care

Diagnosis Panel

- **Diagnosis Panel:** This is where you can enter the diagnosis information related to this review.
- Click **+Add** to attach the participant's Diagnosis for hospitalization
- You can enter as many diagnoses as needed.
- **Please note**: Primary psych diagnoses are not reviewed by Telligen.

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

- 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 then click submit.

- If you want to add more than one diagnosis, choose submit and add another and follow same process as above. Once all diagnosis have been added click submit

Diagnosis Panel cont.

- 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.
  - The panel prepopulates: **99233 -** SBSQ HOSPITAL CARE/Day**. Please do NOT remove.**
  - Click the [icon] button and change the units to the accurate days being requested for this review.
  - Additional procedure codes can be added if necessary. This can be done by clicking +Add. Follow the same process outlined for adding a diagnosis code.

Procedures
+ Add

Seq.	Code	Description	NOS	Additional Clinical Information	Modifiers	Qty.	Frequency	Cost	Action
1	99233	SBSQ HOSPITAL CARE/DAY 35 MINUTES				1 day(s)			

Documentation Panel

- **Documentation Panel** is the final panel on the page to submit the review.
- This is where you can upload any clinical documentation that supports medical necessity for inpatient hospitalization

Documentation					+ Add

Show 10 entries   Search: [ ]

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

Documentation Panel cont.

- To submit documentation, click the <mark>+Add</mark> 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.

- Complete the File upload fields

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

ⓘ 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**
- **Security: Files cannot have security features such as Encryption, Expiration Date, or other features that restrict access to someone other than the owner.**

Drop a file here or [Click here] to Upload

File Name	Size	Remove
No Files selected for upload		

Name *

Category *

Close   Upload

Documentation Panel cont.

- **Category:**
  – select from the drop down the type of document that you are attaching. Choose Clinical.

- **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

- Providers shall submit individual clinical for each date of service being reviewed. Clinicals should include daily medical update, medications/routes, vital signs, procedures performed, any additional acute interventions being provided on behalf of the patient & discharge plan.

- 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

Show [10 ▾] entries

Search: [   ]

Name		Category	Topic	Date Added	Uploaded By		Action
Sample Medical Record	🗑	Clinical	Progress Notes	10/24/2025	theaberlppu		🗑

Showing 1 to 1 of 1 entries

Previous [1] Next

💾 Continue

MCG

- After you complete the document upload, you will be taken to MCG. This is a system requirement.
- Click on Document Clinical.

Diagnosis Code: A41.9 (ICD-10 Diagnosis)

Q Document Clinical

Description : SEPSIS UNSPECIFIED ORGANISM

✔ Submit Request

MCG Cont.

- Click add on the appropriate MCG Guideline.

Diagnosis Code: A41.9 (ICD-10 Diagnosis)

Description : SEPSIS UNSPECIFIED ORGANISM

Guideline Title	Product	Code	Action
Hospital-at-Home GRG	GRG	PG-HaH	add
Sepsis and Other Febrile Illness	HC	M-2160	add
Sepsis and Other Febrile Illness, Pediatric	HC	P-2410	add
Sepsis, Neonatal, Confirmed	HC	P-2425	add
Foot: Surgical Wound Care	ISC	S-495	add
MD_Sepsis_AA_IP	ISC	MD_Sepsis_AA_IP	add
Sepsis and Other Febrile Illness, without Focal Infection	ISC	M-160	add
Sepsis and Other Febrile Illness, without Focal Infection, Pediatric	ISC	P-410	add
Sepsis and Other Febrile Illness, without Focal Infection: Observation Care	ISC	OC-018	add
Sepsis, Neonatal, Confirmed	ISC	P-425	add
Sepsis and Other Febrile Illness	RFC	M-5160	add
No Guideline Applies			add

✔ Submit Request

MCG Cont.

- To complete the MCG admission criteria, check all boxes that apply and click save.

M-160 - Sepsis and Other Febrile Illness, without Focal Infection - (ISC)

Hospital admission is/was needed for appropriate care of the patient because of ...
- ☑ Hemodynamic instability ☑
- ☑ Bacteremia (if blood cultures performed) ☑
- ☑ Hypoxemia ☑
- ☑ Altered mental status that is severe or persistent ☑
- ☐ New coagulopathy (eg, reduced platelet count or new prolonged prothrombin time) ☑
- ☑ Tachypnea that persists despite observation care ☑
- ☑ Dehydration that is severe or persistent ☑
- ☐ Inability to maintain oral hydration (eg, needs IV fluid support) that persists after observation care ☑
- ☐ Evidence of end organ dysfunction (eg, rising creatinine, myocardial ischemia, rising liver function tests) that is severe or persists despite observation care ☑
- ☐ Core (rectal) temperature lower than 95 degrees F (35 degrees C) (eg, thought to be due to infection) ☑
- ☐ Parenteral antimicrobial regimen that must be implemented on inpatient basis (eg, infusion or monitoring needs beyond capabilities of outpatient parenteral therapy) ☑
- ☐ Isolation indicated that cannot be performed outside hospital setting ☑

These criteria are to be considered for Medicare patients if none of the above apply.
Patient with Medicare coverage requires inpatient admission, as indicated by ...
- ☐ Admitting clinician expects patient to require hospital care for less than 2 midnights but, based on complex medical factors documented in medical record, judges that inpatient care is necessary (case-by-case exception). The medical record must contain sufficient documentation to make clear the rationale for the exception. ☑
- ☐ Patient has need for intubation and mechanical ventilation that is new (ie, did not present to hospital already on mechanical ventilation). ☑
- ☐ Treatment plan for hospital admission includes procedure designated by CMS as inpatient only (ie, on Inpatient Only List). ☑
- ☐ Patient has already received medically necessary hospital care that meets 2-midnight benchmark (excluding activities such as triage/intake, delays in provision of care, or time added due to patient or family convenience). The medical record must contain sufficient documentation to make clear the medical necessity for hospital care across 2 or more midnights. ☑

✔ Save   ✖ Cancel

MCG Cont.

- Click on Submit Request.

✔ **Diagnosis Code:** A41.9 (ICD-10 Diagnosis)   ❯ show more

Description : SEPSIS UNSPECIFIED ORGANISM

✔ Submit Request

Attestation

- Next 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 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
- You will receive an error if any required information is missing.

❶ 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.
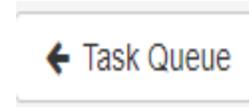- **This is not required to complete the review.**
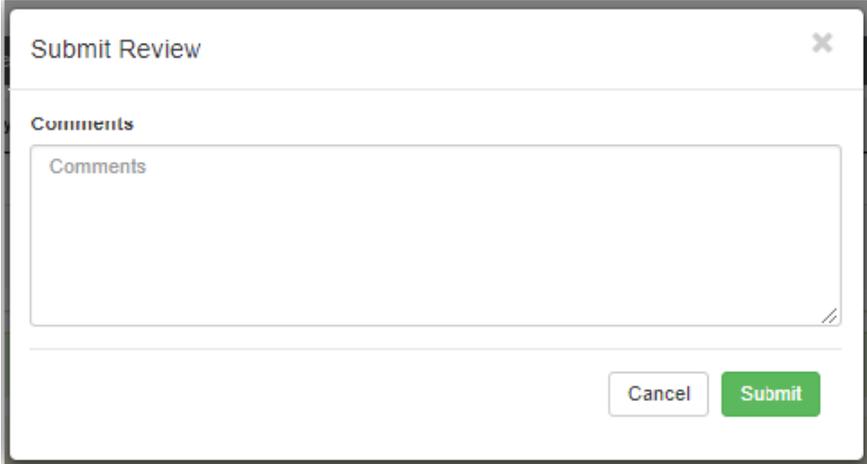
Summary

- Once submitted you will be directed to a summary of the review
- Users will have the option to Edit or Delete via the **Actions ▼** button
- If no additional editing is needed, scroll to the bottom and select **← Task Queue**
  - This will return the user to the task page. This review is then completed.

📄 Print Summary   ← Task Queue
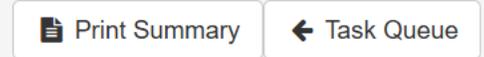
How to Find My Review

Where Did My Review Go?

- Once a review has been submitted, you can find the review by either:
  - searching for the member and looking at the UM panel in the Member Hub.
  - Look under the UM Cases tab
  - searching for the Case ID
- Member Hub functions:
  - Allows the user to look at the Review to check for determination and any correspondence
  - Submit the next CSR
  - Delete a review that was submitted incorrectly

Where Did My Review Go?

- 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 or submit subsequent Continued Stay Reviews (CSR).

Status	Case ID	Request ID	Review Type	Timing	Treating Prov./Phys.	Treating Facility	Req. Start	Req. End	Outcome	Action
Request Has Been Submitted	45367	45379	Acute Medical Surgical	Concurrent		THE JOHNS HOPKINS HOSPITAL	10/28/2025			...

Showing 1 to 1 of 1 entries

View Request
Delete
Continued Stay Review

Where Did My Review Go?

- OR in the **UM 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

Where did my review go?

OR Search by Case ID or Request ID. Please note if the case is in the "Not Submitted" status your case was not completed and submitted to Telligen for review.

Request for Information (RFI)

Request for Information

- If Telligen requires additional clinical documentation, a request for information will be sent to the provider
- Provider will be notified of the request by:
  - Email
  - A task will populate in Qualitrac
- User steps:
  - Log into Qualitrac
  - Proceed to scheduled tasks filtering by "Task Type" Request for Information.
  - Click on the ellipsis to the left of the page, to start the task.

Request for Information

- Request for Information Letter can be reviewed in Qualitrac under Correspondence by scrolling to bottom of summary page.
- Click on blue hyperlink to review the request for information letter.

Adding Additional Information Requested

- Scroll up to the **Documentation panel** to attach additional information.
- Click on the Add button to attach additional clinical documentation to the review following the same steps from pages 34-35.

Documentation   + Add

Adding Additional Information Requested Cont

- Once the requested information is uploaded into Qualitrac the task will be re-assigned back to the Telligen Reviewer for review.

- 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 Provider.

- **Please 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.

- Failure to respond to a request for additional information can result in a denial.

Finding the Determination

Locating a Determination

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

Locate the member
- – Search for the review by using the case ID and/or request ID
- – Search by the member and locate the case in the member hub

Locating a Determination

- To Locate the determination:
  - Within the Utilization Management section
  - Select the appropriate request ID (if multiple reviews 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
- If Searching by the case list, you will scroll to locate the request ID and select
- Once the review is open, scroll down the page to the Outcomes panel to view the outcome decision.

View Outcome

Outcomes			Review Outcome: Approved

(HCPCS) 99233 - SBSQ HOSPITAL CARE/DAY 35 MINUTES			Outcome: Approved

Requested		**Final Recommendation**	
Outcome		Outcome	Approved
Authorization Number		Authorization Number	00006131
Start Date	10/28/2025	Start Date	10/28/2025
Discharge Date	10/29/2025	Approved End Date	10/29/2025
Modifier 1		Modifier 1	
Modifier 2		Modifier 2	
Units	1 day(s)	Approved	1 day(s)
Frequency	0	Non-Covered	0
Total Cost		Frequency	
		Total Cost	
		Letter Rationale: 10/28/2025 (1 day) Approved	

Peer-to-Peer Process

- If there is a medical necessity denial pending the provider may request a Peer-to-Peer Review by going to the pending denial case and choosing "Request P2P".

Please note there are no 1st Level Appeal rights on concurrent reviews.

Request Is Complete	45367	45385	Acute Medical Surgical	Continued Stay Review	THE JOHNS HOPKINS HOSPITAL	10/28/2025	10/28/2025	Pending Denial	...
Request Is Complete	45367	45379	Acute Medical Surgical	Concurrent	THE JOHNS HOPKINS HOSPITAL	10/28/2025	10/28/2025	Appr	

View Request
Continued Stay Review
Request P2P
1st Level Appeal

- The peer-to-peer review must be requested by the provider within two business days of receiving the notice of pending denial.
- Hospitals can request a peer-to-peer review by submitting Via Qualitrac, calling 888-276-7075 or emailing MarylandUCSupport@telligen.com.

Peer-to-Peer Process Cont.

- Attending physicians are required to complete these calls. Peer-to-peer requests may not be made on technical denials.

- Peer-to-peer requests must include, the name and phone number of an attending physician that will complete the peer-to-peer review and dates and times that the physician will be available.

Request P2P ✕

Please indicate available days, times, and contact information

Dr. Smith, MD 521-641-2303
Times available:
10/30 2-3 pm EST
10/31 130-330 pm EST

Cancel   Request P2P

| Request Has Been Submitted | 45367 | 45389 | Acute Medical Surgical | Continued Stay Review - Peer to Peer | THE JOHNS HOPKINS HOSPITAL | 10/28/2025 | 10/28/2025 |

Peer-to-Peer Process Cont.

- Telligen will schedule a date and time with the requester within three (3) business days of the request. Telligen will document peer-to-peer activity in QT. A decision will be made to uphold the denial or overturn the denial after the peer-to-peer review. If the case remains denied, the reviewer will document the rationale for the denial in the concurrent/CSR denial letter. If a peer-to-peer is not requested, the pending denial becomes final.

UM Search Table

Show [10 ▾] entries   Search: [   ]

Case ID	Request ID	Review Type	Timing	Case Status	Date Request Received
45367	45379	Acute Medical Surgical	Concurrent	Complete	10/28/2025 06:25 pm
45367	45385	Acute Medical Surgical	Continued Stay Review	Complete	10/29/2025 09:21 am
45367	45389	Acute Medical Surgical	Continued Stay Review - Peer to Peer	Complete	10/29/2025 03:08 pm

Submitting Subsequent Reviews

Submitting the Continued Stay Review

- Log into Qualitrac
- Search for the member
- Click on the member and go to the member hub

Utilization Management   + Add | View Cases | + Add |

Hiding canceled cases. Show

Show [10 ∨] entries   Search: [ ]

Status	Case ID	Request ID	Review Type	Timing	Treating Prov./Phys.	Treating Facility	Req. Start	Req. End	Outcome	Action
Request Is Complete	45320	45332	Acute Medical Surgical	Concurrent		THE JOHNS HOPKINS HOSPITAL	10/22/2025		Approved	⋯

Submitting the Continued Stay Review

- Go to the utilization management panel
- Locate the previous Concurrent/CSR review associated with the current hospital admission.
- Go to action, click on the ellipses and select Continued Stay Review
- All CSR reviews will be attached to original Concurrent Case ID for individual hospitalizations. Each hospital admission will have a new Case ID.

Submitting the Continued Stay Review

- Enter additional days requested
- Click Request Extension and the CSR will open pre-populated.

Submitting the Continued Stay Review

- Upload new clinical documentation for the CSR days requested following the same steps from pages 33-35.
- After you complete the document upload and click on complete, you will be taken to MCG.

Documentation [+ Add]

Show [10 ▼] entries   Search: [   ]

Name		Category	Topic	Date Added	Uploaded By	Action
CSR Sample Medical Record	🗑	Clinical	Progress Notes	10/29/2025	theaberlppu	🗑
Sample Medical Record		Clinical	Progress Notes	10/28/2025	theaberlppu	

Submitting the Continued Stay Review

- Go through MCG per pages 38-42
- Attest with your username/click submit
- No comments are needed in the comment box, submit review

Submitting the Continued Stay Review

- Once the review is submitted you will notice the same Case ID but a new Request ID
- The Timing will indicate Continued Stay Review—Extension

Authorization Request   Actions ▼

Case Id	Request ID	Date Request Received	Review Type	Place of Service	Type of Service
45367	45380	10/28/2025 07:01 pm	Acute Medical Surgical	Inpatient Hospital	Medical Care

Timing
Continued Stay Review
⤢ Extension

- Once a review has been submitted, The case will be in the Case Creation status for Telligen's review.

| 45367 | 1478963200 | Tracy | Smith | Acute Medical Surgical | Concurrent | 10/28/2025 06:25 pm | 1992803266 | 10/28/2025 12:00 am | Complete | Approved |
| 45367 | 1478963200 | Tracy | Smith | Acute Medical Surgical | Continued Stay Review | 10/29/2025 09:21 am | 1992803266 | 10/29/2025 12:00 am | Case Creation | |

Important notes for Submitting the Continued Stay Review

Hospitals are required to submit **NEW** Continued Stay reviews (CSR) to Telligen via Qualitrac every **Monday**, **Wednesday** and **Friday** for patients who are inpatient in an acute hospital setting.

Clinical for Friday, Saturday & Sunday due Monday.

Clinical for Monday & Tuesday due Wednesday.

Clinical for Wednesday & Thursday due Friday.

There should be an individual clinical for each separate date of service. There is an **exception for state holidays** and clinical will be due by the following Monday, Wednesday or Friday if the holiday falls on a regular submission day. For example, Memorial Day (Monday), clinical for Friday, Sat & Sun should be submitted by the following Wednesday.

Important notes for Submitting the Continued Stay Review

- The clinical documents for the CSR **CANNOT** be added to an already reviewed/opened concurrent or CSR case.

- If clinical documentation is uploaded into a previously opened review, this will result in a **technical denial**.

- A new continued stay review with clinical documentation for dates of service **must** be submitted to Telligen per Hospital Transmittal No 265.

Discharge Status Task

Discharge Task

- When a Concurrent/CSR is completed a Discharge Task is created.
- This allows the Qualitrac system to capture discharge information.
- Providers should complete the discharge status task once the Medicaid participant has been discharged from their facility.
- Go to your Scheduled tasks, click on the ellipses and select start.

Discharge Task

- The Discharge task is only completed when the patient is discharged from the hospital.

Discharge Task Cont

- Indicate the Final Dx
- Go to the bottom of the page and click close case.

Email Notifications

- Users will receive email notifications when:
  - Reviews are received from the portal
  - Reviews are updated/changed in status

Important Facts

Important Facts

- Reference Hospital Transmittal PT 16-19 (Hospital Transmittal No. 265 May 1, 2019) and COMAR 10.09.92.

- The initial concurrent review will continue to be submitted within 48 hours of the inpatient admission or Medicaid eligibility determination date per MMIS, or by the next business day.

- Hospitals are required to submit a new Continued Stay reviews to Telligen via Qualitrac every Monday, Wednesday and Friday for patients who are inpatient in an acute hospital setting.

- A "Discharge Task" in Qualitrac is completed when the patient has discharged from the hospital.

Telligen Contact

Program Manager

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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Submission Example Resource

- If patient discharges prior to the Mon, Weds, Friday submission date, the provider will not be required to submit a CSR, and the remainder of hospital days will be reviewed on the 3808-retrospective review. For example, patient discharges Tuesday, clinical for Monday will be reviewed on the 3808 review. Provider will not be required to submit on Wednesday.

Submission Example Resource

- If provider submits a concurrent review or CSR after patient was discharged, these dates of service may be reviewed on the 3808-retrospective review. Dates of service could be subject to a technical denial on the 3808 review if the Concurrent or CSR review was due previously according to Hospital Transmittal 265 submission protocol. For example, if patient discharged on Sunday and provider submits CSR on Monday, Telligen will close as Outcome Not Rendered and dates of service will be reviewed for medical necessity on the 3808 retrospective review. Conversely, if patient discharged on Monday, provider fails to submit CSR on Monday, but instead submits on Tuesday, review will be closed as Outcome Not Rendered and dates of service will be technically denied on the 3808 for late submission of the CSR.