



Wyoming Medicaid: Telligen Provider Portal Training: Section 1

June 2022

Relevant Review Types for this Training Section 1



- This training will cover request submission for:
 - Acute Behavioral Health
 - Behavioral Health Residential
 - Nursing Facility



Agenda



- Overview/Purpose
- Housekeeping
- Telligen/Wyoming Medicaid Website
- How to log-in
- How to enter a review
- Completing the Request for Information (RFI)
- How to find a determination
- Submitting a reconsideration/appeal/Peer to Peer Review
- Submitting an Extended Stay Review
- E-mail notifications
- Questions



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
- Instructions on submitting an extended stay review
- Directions on requesting a Peer-to-Peer review



Housekeeping



- **Questions**

- Please enter all questions into the chat
- Time at the end of the training will be used for answering chat questions
- Any questions not answered from the chat will be posted to the website
- Questions about PA's from Optum, should be directed via email to Amy Buxton at amy.buxton@wyo.gov

- **Content availability**

- Information will be posted to the website after the presentation

- **Survey**

- Email from Survey Monkey
- Feedback on content
- Constructive feedback
- Any additional training you would like to see presented in the future





How do I access Qualitrac?: Website Introduction

Telligen Provider Portal - Overview



- The Telligen Provider Portal is a web application that allows healthcare providers to submit review requests.
- Please bookmark the <https://wymedicaid.telligen.com> webpage.
- Use the Log-In link provided to access Qualitrac
- Continue to check the website for information pertaining to the Telligen Provider Portal and the review process.



Telligen Landing Page Overview



Please bookmark this site: <https://wymedicaid.telligen.com>

The screenshot shows the landing page for Telligen Medicaid Services for the State of Wyoming. At the top, there is a blue navigation bar with the text 'TELLIGEN WEBSITE' and 'WYOMING DEPARTMENT OF HEALTH WEBSITE'. Below this, the Telligen logo and the Wyoming Department of Health logo are displayed on the left, and a navigation menu with links for 'DOCUMENT LIBRARY', 'FAQS', 'PROVIDER NEWS', and 'CONTACT' is on the right. The main content area features a heading 'Telligen Medicaid Services for the State of Wyoming' and a welcome message. Below the message are three columns of service cards: 'Qualitrac Login' with a 'LOGIN COMING SOON' button, 'Provider Portal Registration' with a 'REGISTER' button, and 'Frequent Questions' with a 'CHECK REVIEW STATUS' button. At the bottom, a blue banner announces 'UM Services Transitioning to Telligen on July 1, 2022' with a 'READ MORE' button and contact information.

TELLIGEN WEBSITE WYOMING DEPARTMENT OF HEALTH WEBSITE

Telligen Wyoming Department of Health

DOCUMENT LIBRARY FAQS PROVIDER NEWS CONTACT

Telligen Medicaid Services for the State of Wyoming

Welcome to the Telligen website supporting Utilization Management services for the State of Wyoming. 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.

Qualitrac Login
Web application used by healthcare providers to submit clinical care requests for review
[LOGIN COMING SOON](#)

Provider Portal Registration
New users need to register to gain access to Qualitrac. Registration takes less than 10mins.
[REGISTER](#)

FREQUENT QUESTIONS
[CHECK REVIEW STATUS](#)

UM Services Transitioning to Telligen on July 1, 2022

Please contact Telligen with any questions: WYMedicaidUM@telligen.com 833-610-1057

[READ MORE](#)





Security Review

Provider Portal Security



- The Provider Portal is a web application that allows health care providers to submit requests for prior authorization of services
- 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 facility. The Authorized Official will:
 - Be the point of contact for the organization
 - Add, remove or edit Provider Users accounts

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



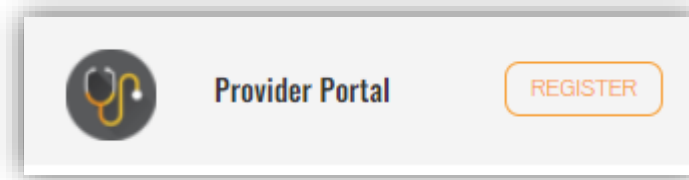
Registration Reminder



Process Overview

- The registration process can be completed at: <https://wymedicaid.telligen.com>

- Click the registration button :



- Refer to the Introduction to Telligen recording for step by step instructions
- **REMINDER:** you will not receive your log in information until the week before Go Live





Provider Portal: How to Log in

Provider Portal



- Everyone will be assigned a username for the portal.
- Please go <https://wymedicaid.telligen.com> and use the sign-in link

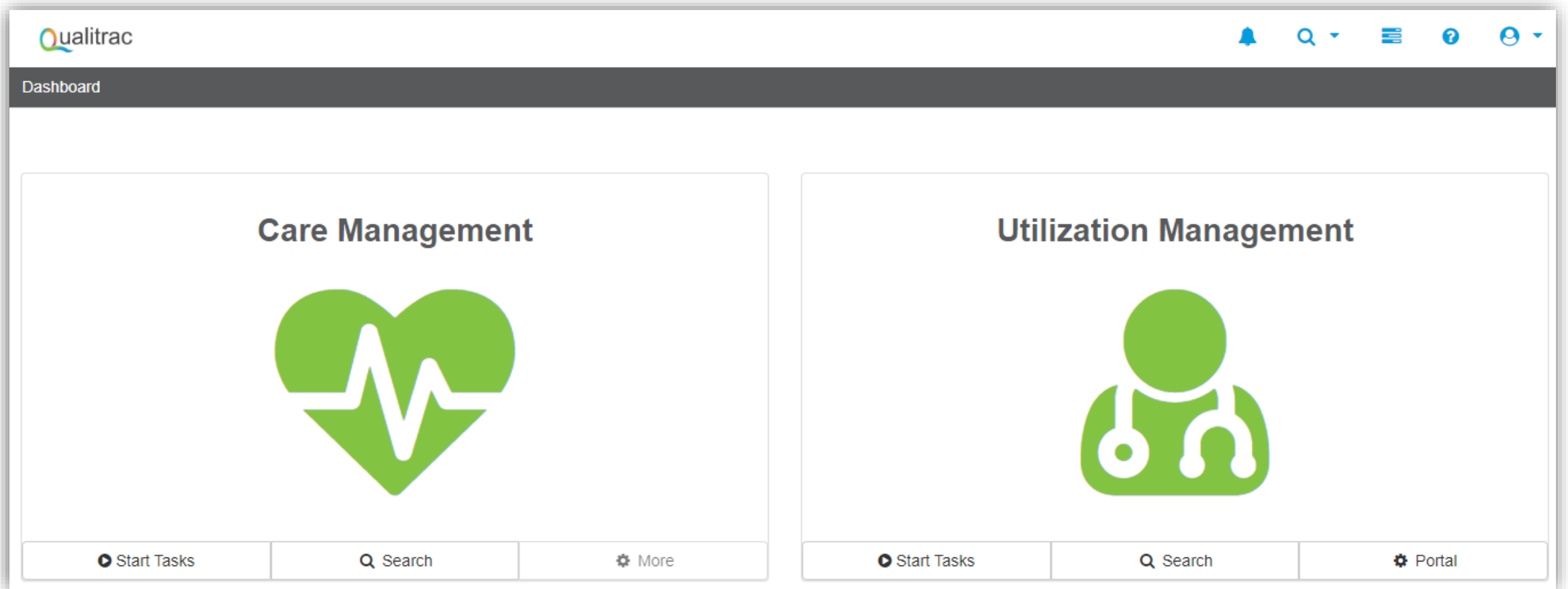


Signing into the Provider Portal



1. **Enter Username:** Use the username that you were sent in the set-up email.
2. **Enter Password:** Use the password that you set up from the email.
3. Click **Sign In** to access the system
4. Use the reset password link at the bottom to reset password

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



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



Provider Portal: Landing Page



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



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



The bell icon notifies the user of notifications and system messages



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



This icon allows for quick access to the users Task List



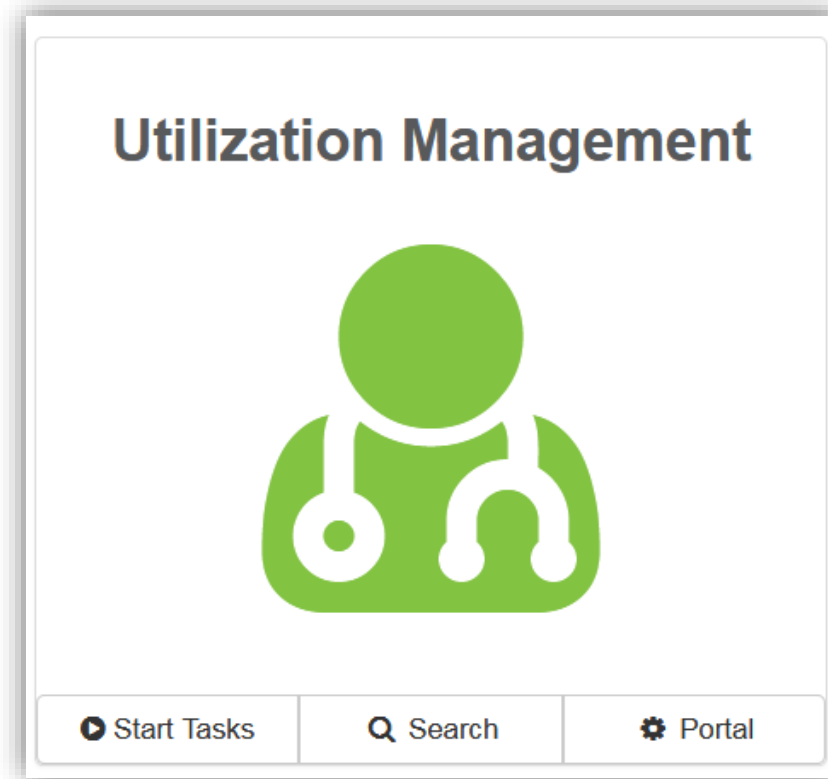
This is utilized to view and manage your profile. If your phone number or email address changes, you can use this section to update the details.



Telligen Provider Portal – Landing Page



- **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.

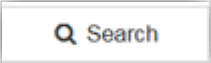



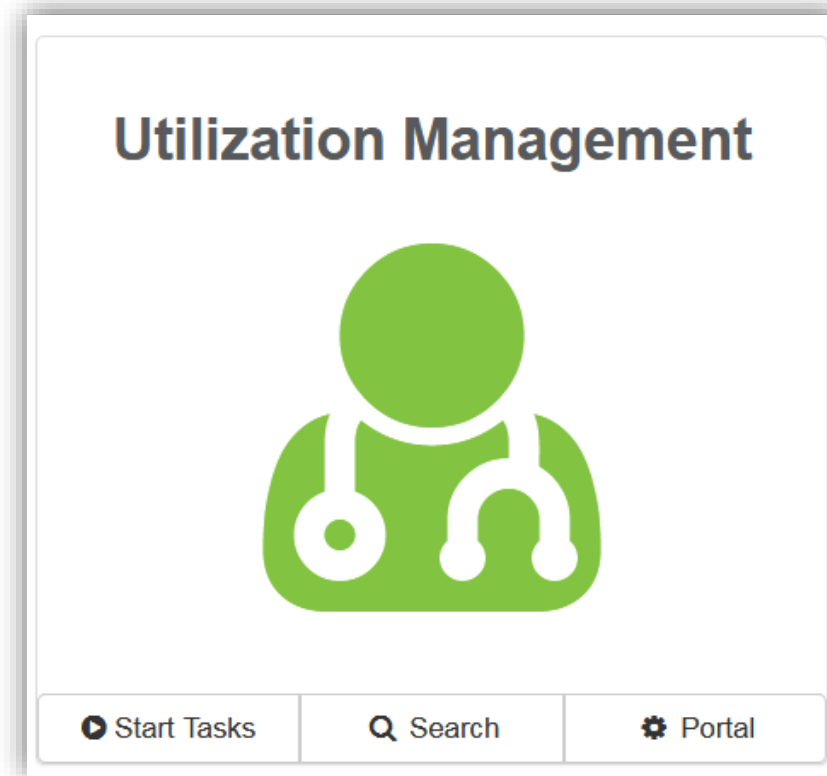
Adding a Review



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
- 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 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, the breadcrumb 'Dashboard / Task Queue' is visible. 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 consists of a 'Member ID *' field with a placeholder 'Member ID', a 'Date Of Birth *' field with a placeholder 'MM/DD/YYYY', and a blue 'Search' button. The second option consists of a 'First Name *' field with a placeholder 'First Name', a 'Last Name *' field with a placeholder 'Last Name', a 'Date Of Birth *' field with a placeholder 'MM/DD/YYYY', and a blue 'Search' button.

Telligen Provider Portal – Adding a New Review



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

Scheduled Tasks **Member Search** Cases Case/Request/Claim Search

Please search for the member by completing one of the following

Member ID * Date Of Birth * Search

TEMP000000100323 01/03/1978

OR

First Name * Last Name * Date Of Birth * Search

First Name Last Name MM/DD/YYYY

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

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

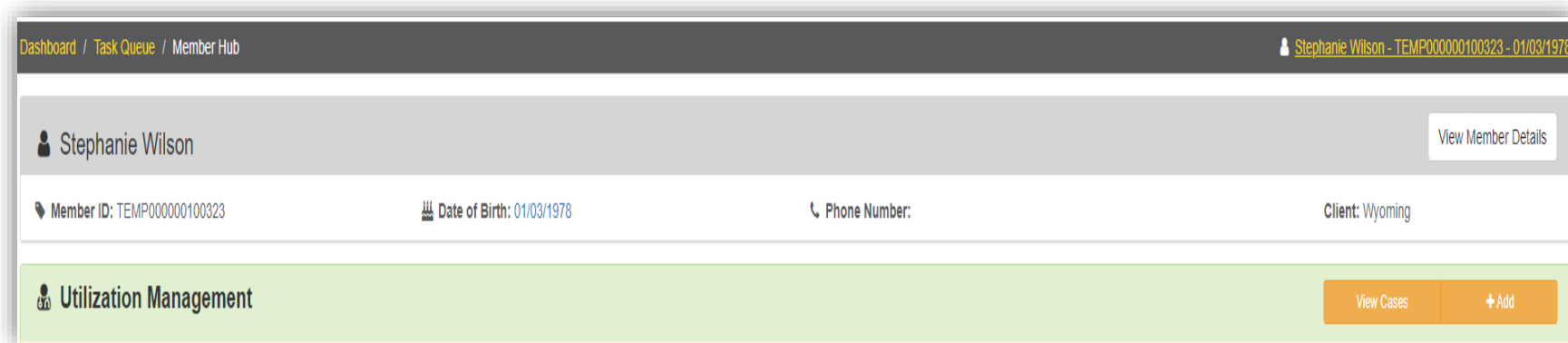


Telligen Provider Portal – Adding a new review



▪ The Member Hub:

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



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

Stephanie Wilson [View Member Details](#)

Member ID: TEMP000000100323 Date of Birth: 01/03/1978 Phone Number: (515) 555-5555 Client: Wyoming

Phone	Mailing Address	Preferred Contact Information
Home: Cell: (515) 555-5555 ★ Work: Other:	Physical Address 2591 SE 118th St Runnells, WY 50237	Method Language Notes I should always call after 5 PM on the cell phone

[View Even More Member Details](#)

View Member Details will maximize and minimize the panel to just see information across the top line.

View Even More Member Details will take the user to view member eligibility.



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

Utilization Management View Cases **+ Add**

Hiding canceled cases.

Show entries Search:

Status	Case ID	Request ID	Review Type	Timing	Treating Prov./Phys.	Treating Facility	Req. Start	Req. End	Outcome	Action
Request Has Been Submitted	21735	21747	Behavioral Health Residential	Concurrent	WEBER, TAMRA	WYOMING BEHAVIORAL INSTITUTE	06/06/2022			...

Showing 1 to 1 of 1 entries Previous Next

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 one 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

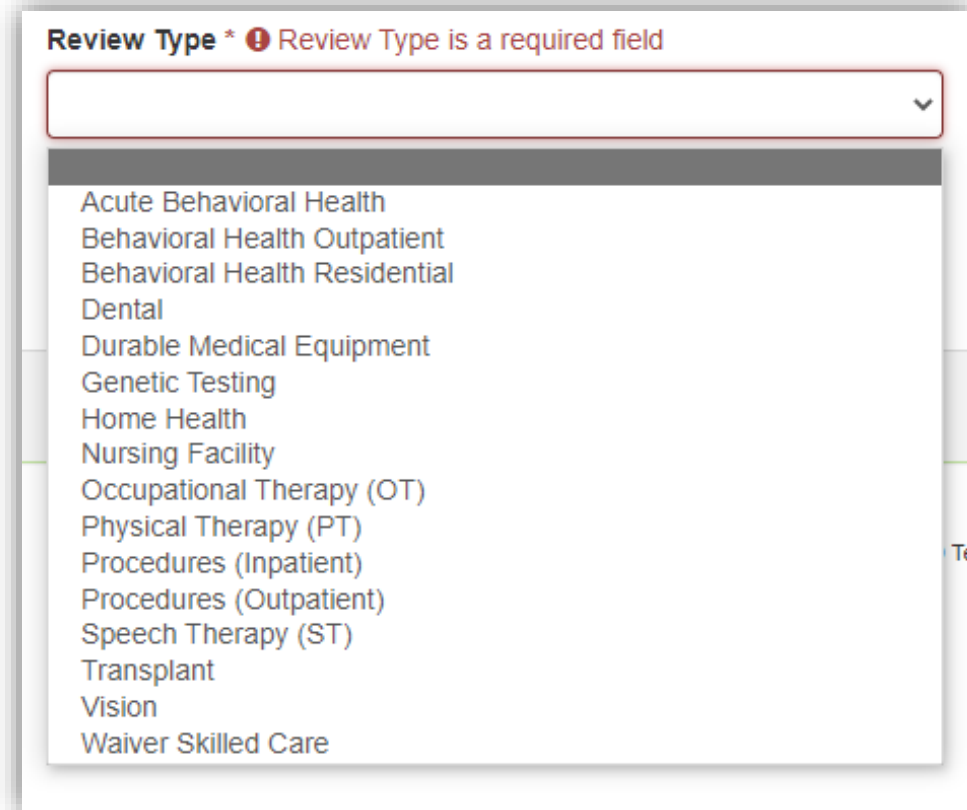
Authorization Request

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.
 - Reviews appropriate for this include: Acute Behavioral Health, Behavioral Health Residential, Nursing Facility
 - Additional training sessions will cover the other review types
 - Content will be located under education on the website

A screenshot of a web form showing a dropdown menu for 'Review Type'. The label 'Review Type *' is followed by a red error message: 'Review Type is a required field'. The dropdown menu is open, displaying a list of review types: Acute Behavioral Health, Behavioral Health Outpatient, Behavioral Health Residential, Dental, Durable Medical Equipment, Genetic Testing, Home Health, Nursing Facility, Occupational Therapy (OT), Physical Therapy (PT), Procedures (Inpatient), Procedures (Outpatient), Speech Therapy (ST), Transplant, Vision, and Waiver Skilled Care. A small 'Te' is visible to the right of the list.

Review Type * ! Review Type is a required field

- Acute Behavioral Health
- Behavioral Health Outpatient
- Behavioral Health Residential
- Dental
- Durable Medical Equipment
- Genetic Testing
- Home Health
- Nursing Facility
- Occupational Therapy (OT)
- Physical Therapy (PT)
- Procedures (Inpatient)
- Procedures (Outpatient)
- Speech Therapy (ST)
- Transplant
- Vision
- Waiver Skilled Care



Authorization Request Panel cont.



- **Place of Service:** This is where you will select the place where care is being given.
- **Type of Service:** This is where the type of care if being provided.
- **Timing:** This is where you will select Prospective, Concurrent, or Retrospective
- Select **Add New Request** to complete the process.
 - If this was entered in error, you can select Cancel to remove the request

Authorization Request

Date Request Received * 06/15/2022 01:47 pm	Review Type * Acute Behavioral Health	Place of Service * Inpatient	Type of Service * Psychiatric
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.
- **Admission and Discharge Panel** is used to enter the Service Start Date , admission type and the admission source
- Discharge date will populate in this panel if the timing is retrospective

Admission and Discharge

Admission Date *

06/15/2022



Admission Type *

Emergency



Admission Source

Emergency Room (ER)



Coverage Panel



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

⚠ 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 and submit the review through the system.

Group	Section	Plan	Start Date	End Date
Idaho Department of Health and Wellness		Aid Perm&Totally Disab-Medicaid only or Medicaid & Cash A	02/01/2016	12/31/2078

Showing 1 to 1 of 1 entries

Previous **1** Next

Medicare Indicator *

Third Party Liability *

Eligibility Comment *



Providers Panel: Provider and Facility Information



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

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

The screenshot shows a web application interface for provider selection. At the top, there is a breadcrumb trail: 'Dashboard / Task Queue / Member Hub / Request / Provider Selection'. On the right side of the header, the user's name and session information are displayed: 'Stephanie Wilson - TEMP000000100323 - 01/03/1978'. The main form area contains several input fields: 'NPI Number' with a help icon, 'Other ID Number' with a help icon, 'Last / Organization Name', and 'First Name'. Below these are 'City', 'State' (a dropdown menu currently showing 'Wyoming'), 'Zip Code', and 'Taxonomy' (a dropdown menu). A blue 'Search' button with a magnifying glass icon is positioned at the bottom right of the form. A 'Cancel' button is located at the bottom left of the form area.





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				
Primary	Taxonomy	State	License Number	Source
PRIMARY	2084P0800X - Psychiatry & Neurology			Client File


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

	AROMIN, JOURDAN	Medicaid Program	1598150955	155582100	155582100		Clinic #: 1 Addr: 1005 College View Dr. Riverton, WY, 82501	(307) 857-3488	Psychiatry & Neurology, Psychiatry	Provider File
--	-----------------	------------------	------------	-----------	-----------	---	---	----------------	------------------------------------	---------------



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 Physician	 Aleti, Anil	1518279488	Clinic #: 1 1200 College Dr Rock Springs, WY, 82901	(307) 352- 8338	Internal Medicine			
Treating Facility	 WYOMING BEHAVIORAL INSTITUTE	1295709822	Clinic #: 1 2521 East 15th Street Casper, WY, 82609	(307) 237- 7444	General Acute Care Hospital			 



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's name 'Wilson, Stephanie, User' is displayed. 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

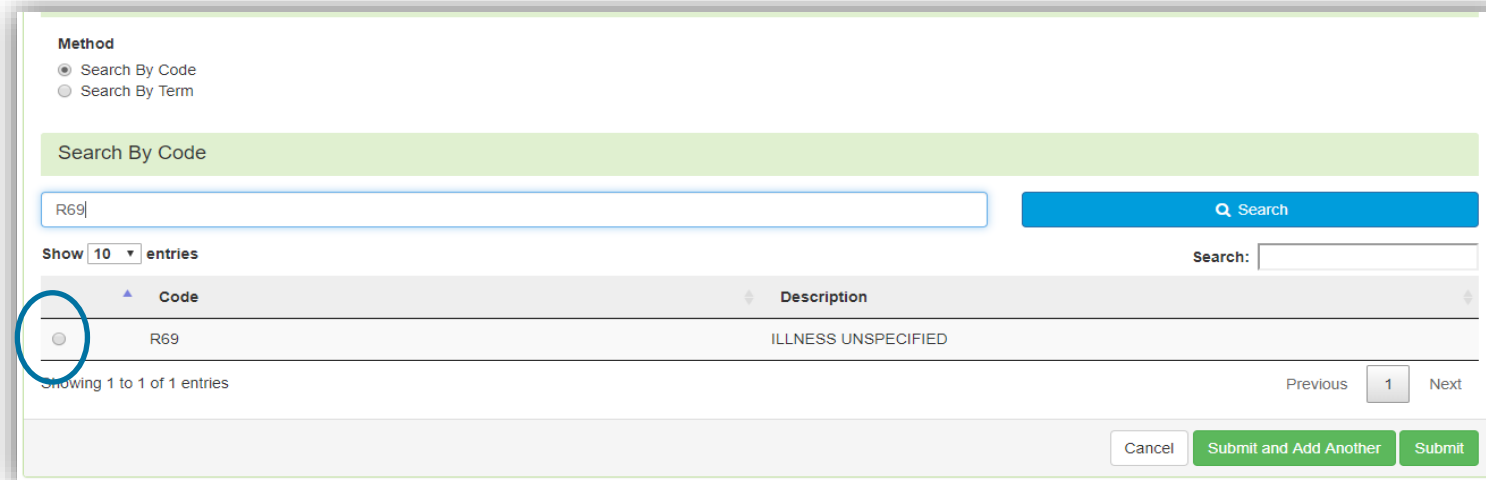
Search By Code

Enter Full ICD Code



Diagnosis Panel: Populating the Diagnosis

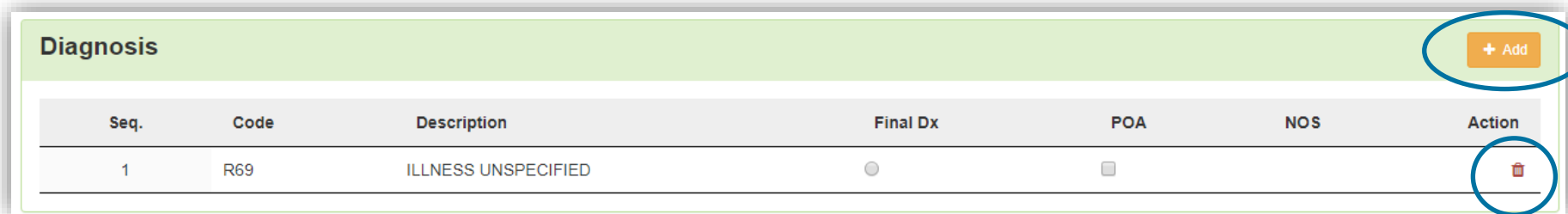
- **Entering a code:**
 - Select method: Code or term to search (radio button to select)
 - Enter information in the search box
 - Click Search
- The system will provide you a list of results you can select from. Select the one that you want added to the review by clicking on the radio button to the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




The screenshot shows a web interface for searching diagnoses. At the top, under the heading "Method", there are two radio buttons: "Search By Code" (which is selected) and "Search By Term". Below this is a green bar labeled "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 next to a small input field. A table with two columns, "Code" and "Description", displays one result: a radio button next to the code "R69" and the description "ILLNESS UNSPECIFIED". The radio button is circled in red. At the bottom of the table, it says "Showing 1 to 1 of 1 entries". To the right of the table are "Previous" and "Next" buttons, with a "1" in a box between them. 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.



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

Procedure(s) Panel



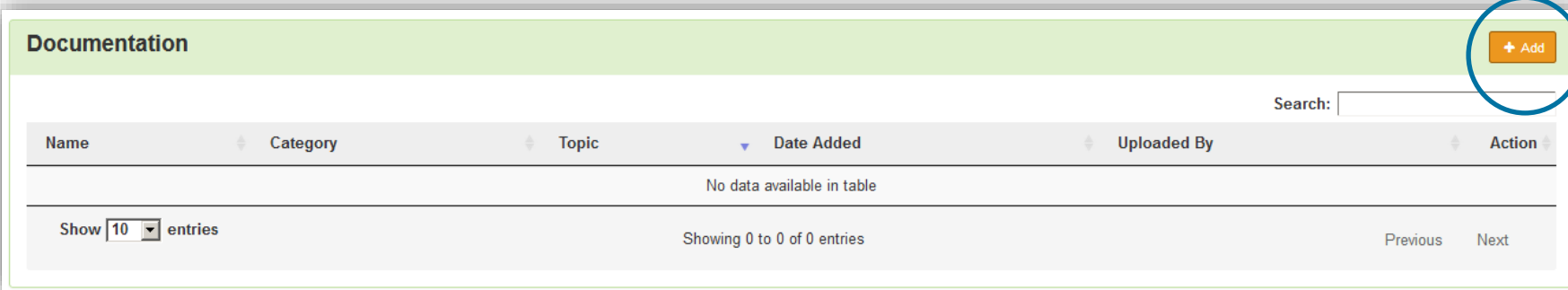
- The **Procedures Panel** is where the procedure information related to this review is documented.
- For these review types, the necessary procedure will be defaulted in the panel
- There is no need to add or change anything in the procedure panel
- The correct revenue code will be sent to the claims system so that claims will be paid correctly.

Procedures + Add										
Seq.	Code	Description	NOS	Mod. 1	Mod. 2	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 related and necessary for the review to be processed.



Documentation

+ Add

Search:

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

Show entries

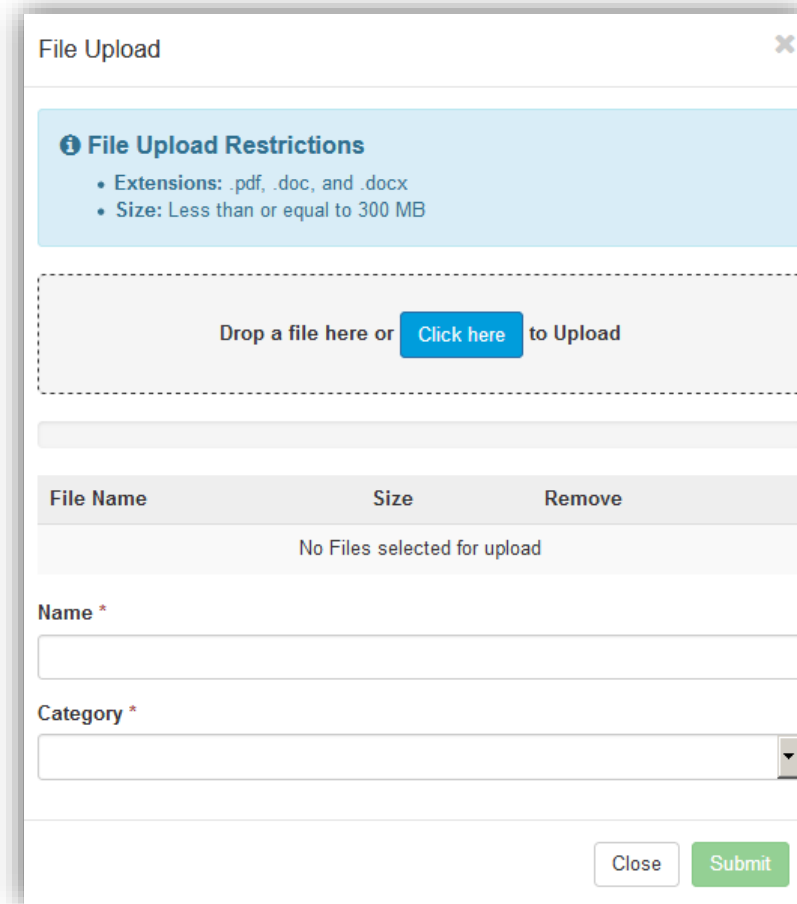
Showing 0 to 0 of 0 entries

Previous Next



Documentation Panel cont.

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



File Upload

File Upload Restrictions

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

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

File Name	Size	Remove
No Files selected for upload		

Name *

Category *

Close Submit



Documentation Panel cont.

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

Complete the File upload fields

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



File Upload ✕

File Upload Restrictions

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

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

File Name	Size	Remove
No Files selected for upload		

Name *

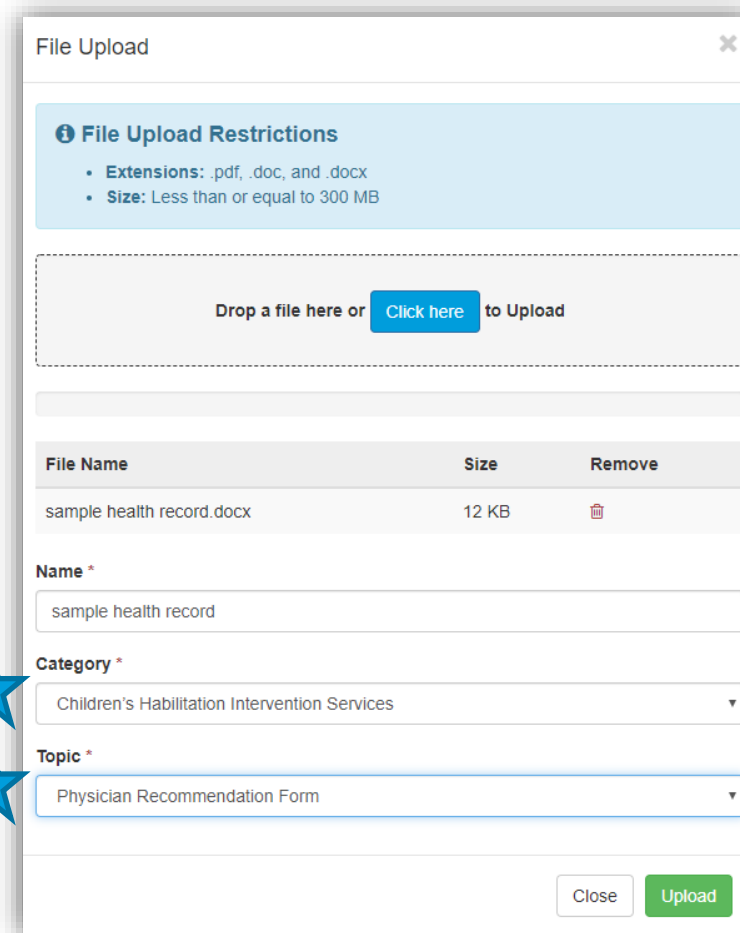
Category *

Close Submit



Documentation Panel cont.

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



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
sample health record.docx	12 KB	

Name *
sample health record

Category *
Children's Habilitation Intervention Services

Topic *
Physician Recommendation Form

Close Upload



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



MCG Process cont.



- MCG is integrated into Qualitrac to provide transparency into the clinical guidelines and criteria we use to review your authorization requests
- The system automatically takes the end user through the MCG process

Authorization Request

Patient : TEMP000000100323 **Name :** Wilson, Stephanie **DOB :** 1/3/1978 **Gender :** Female [show more](#)

Authorization : EPS-00034575 **Type :** Admission authorization **Status :** NoDecisionYet [show more](#)

Diagnosis Codes : F33.3(ICD-10 Diagnosis) *primary*, F30(ICD-10 Diagnosis), T43.8X25(ICD-10 Diagnosis) **Procedure Codes :** 99233(CPT/HCPCS) *primary*, 90791(CPT/HCPCS)

Diagnosis Code: F33.3 (ICD-10 Diagnosis) Description : MAJ DEPRESS RECURR SEV WPSYCH SX	Document Clinical
Diagnosis Code: F30 (ICD-10 Diagnosis) Description : MANIC EPISODE	Document Clinical
Diagnosis Code: T43.8X25 (ICD-10 Diagnosis) Description : PSN OTH PSYCHOTROP RX SELFHARM SEQ	Document Clinical

[Submit Request](#)



MCG Process cont.



- Click **Add** under the Action column to include the necessary guidelines

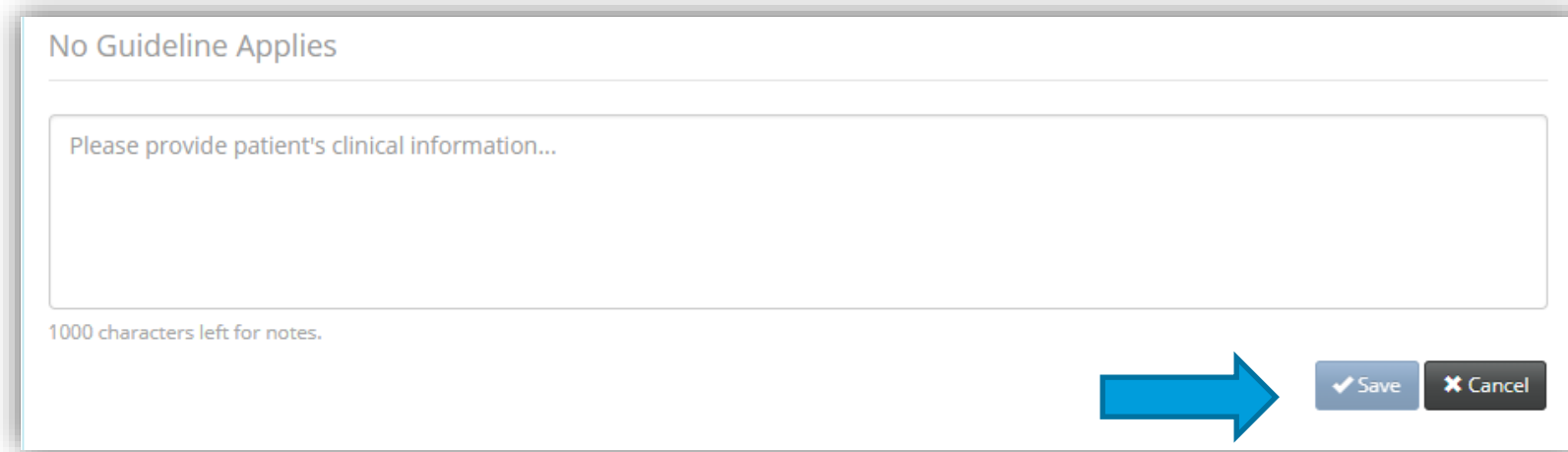
Diagnosis Code: F30 (ICD-10 Diagnosis)
Description : MANIC EPISODE

Guideline Title	Product	Code	Action
Bipolar Disorders	BHG	M-7080	add
Bipolar Disorders	BHG	B-004-HC	add
Bipolar Disorders, Adult: Inpatient Care	BHG	B-004-IP	add
Bipolar Disorders, Child or Adolescent: Inpatient Care	BHG	B-020-IP	add
Bipolar Disorders: Intensive Outpatient Program	BHG	B-004-IOP	add
Bipolar Disorders: Outpatient Care	BHG	B-004-AOP	add
Bipolar Disorders: Partial Hospital Program	BHG	B-004-PHP	add
Bipolar Disorders: Residential Care	BHG	B-004-RES	add
Idaho_Medicaid_IP_psych_admit	BHG	Idaho_Medicaid_IP_psych_admit	add
Behavioral Health GRG	GRG	BG-BHG	add
Bipolar Disorders	HC	B-004-HC	add
Bipolar Disorders	RFC	M-7080	add
No Guideline Applies			add



MCG Process cont.

- If there are no clinical guidelines that apply, you will be presented with a text box where clinical information relevant to the review can be entered.
- Once all applicable data has been entered, click the **save** button to finish the documentation.

A screenshot of a web form titled 'No Guideline Applies'. Below the title is a large text input area with the placeholder text 'Please provide patient's clinical information...'. At the bottom left of the form, it says '1000 characters left for notes.'. At the bottom right, there are two buttons: a blue 'Save' button with a checkmark icon and a dark grey 'Cancel' button with an 'X' icon. A large blue arrow points from the text box towards the 'Save' button.

No Guideline Applies

Please provide patient's clinical information...

1000 characters left for notes.

Save Cancel


MCG Process cont.



- If there are clinical guidelines that apply, you will see the procedure or diagnosis with a Guideline Title line and the user will select the Add button to indicate which indications are present.
- Select all that are relevant and choose save once all information has been entered.

Procedure Code: 33422 (CPT/HCPCS)
Requested Units: 1
Description : Valvotomy, mitral valve; open heart, with cardiopulmonary bypass

Guideline Title	Product	Code	Action
Cardiac Valve Replacement or Repair	ISC	S-290	add
No Guideline Applies			add
















MCG Process cont. – Criteria Example

Diagnosis Code: A22.7 (ICD-10 Diagnosis)

Description : ANTHRAX SEPSIS

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

Hospital admission is/was needed for appropriate care of the patient because

- Hemodynamic instability 
- Bacteremia 
- Hypoxemia 
- Altered mental status that is severe or persistent 
- Failure of outpatient treatment 
- New coagulopathy (eg, reduced platelet count consistent with disseminated intravascular coagulation) 
- Tachypnea that persists despite observation care 
- Dehydration that is severe or persistent 
- Evidence of end organ dysfunction (eg, rising creatinine, myocardial ischemia, rising liver function tests) that is severe or persistent 
- Temperature greater than 104.9 degrees F (40.5 degrees C) (oral) 
- 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 outpatient therapy) 
- Isolation indicated that cannot be performed outside hospital setting 

The pencil and paper icon allows for additional documentation. Please use this to indicate there is supporting information and where the documentation is located



Indication Note ✕

see Progress notes page 2

225 characters left for notes



MCG Process cont.



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


Authorization : EPS-00034575 **Type :** Admission authorization **Status :** NoDecisionYet [▼ show more](#)

Diagnosis Codes : F33.3(ICD-10 Diagnosis) *primary*, F30(ICD-10 Diagnosis), T43.8X2S(ICD-10 Diagnosis) **Procedure Codes :** 99233(CPT/HCPCS) *primary*, 90791(CPT/HCPCS)

✓ **Diagnosis Code:** F33.3 (ICD-10 Diagnosis) [▼ show more](#)
Description : MAJ DEPRESS RECURR SEV WPSYCH SX

✓ **Diagnosis Code:** F30 (ICD-10 Diagnosis) [▼ show more](#)
Description : MANIC EPISODE

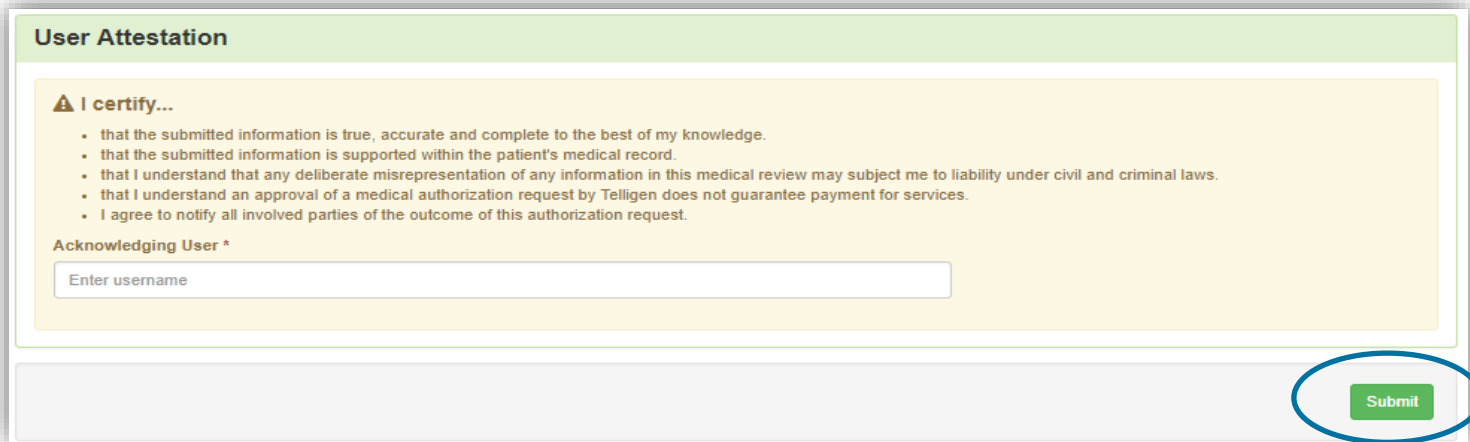
✓ **Diagnosis Code:** T43.8X2S (ICD-10 Diagnosis) [▼ show more](#)
Description : PSN OTH PSYCHOTROP RX SELFHARM SEQ

 [✓ 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

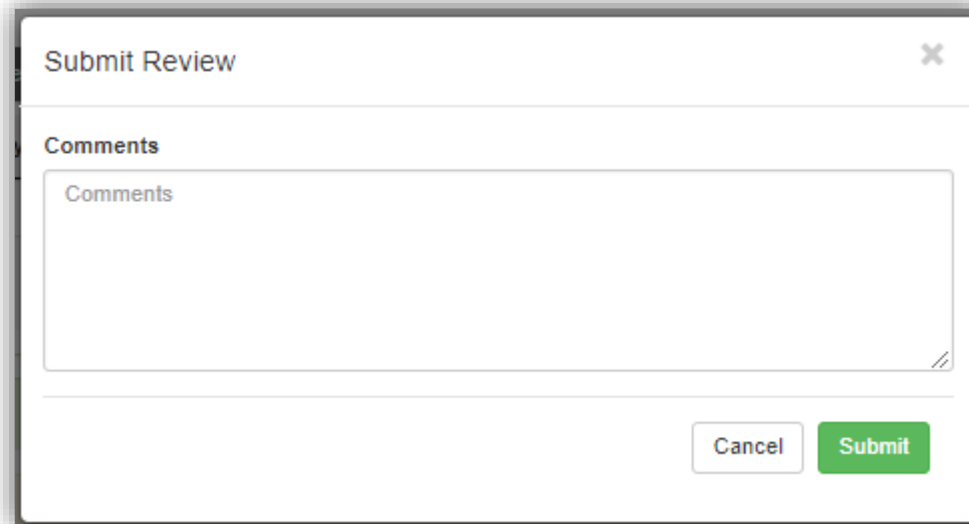
❗ Error saving your Request

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.

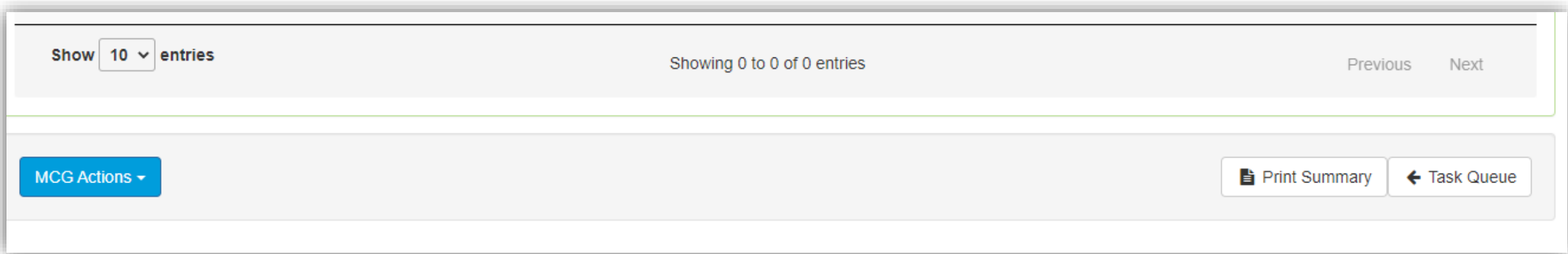


The image shows a screenshot of a web application modal titled "Submit Review". The modal has a close button (an 'x' icon) in the top right corner. Below the title, there is a section labeled "Comments" which contains a large, empty text input area. At the bottom of the modal, there are two buttons: a "Cancel" button and a "Submit" button. The "Submit" button is highlighted in green.



Summary

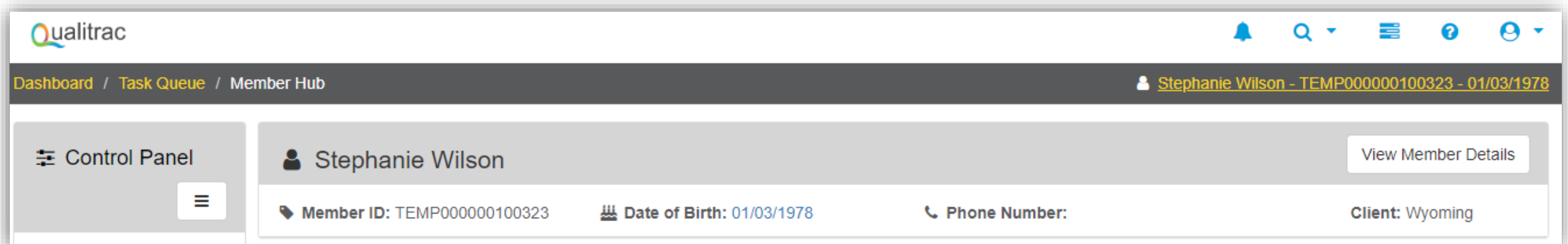
- After submitting you will be taken to a summary of the review
- Users will have the option to Edit or Delete via the **Actions** button
- To navigate off the request, scroll to the bottom of the page and select **← Task Queue**
 - This will return the user to the tasks page where you can begin a new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



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.

Utilization Management View Requests + Add

Hiding canceled requests. Show

Acute Behavioral Health (21759) Treating Physician: Aleti, Anil Treating Facility: WYOMING BEHAVIORAL INSTITUTE Complete

Show entries Search:

Module	Timing	Status	Date Request Received	Case Completed	Outcome	Action
Medical Necessity	Concurrent	Request Is Complete	06/15/2022 03:17 pm	06/15/2022	Partial Denial	...

Showing 1 to 1 of 1 entries

- View Request
- Continued Stay Review
- 1st Level Appeal

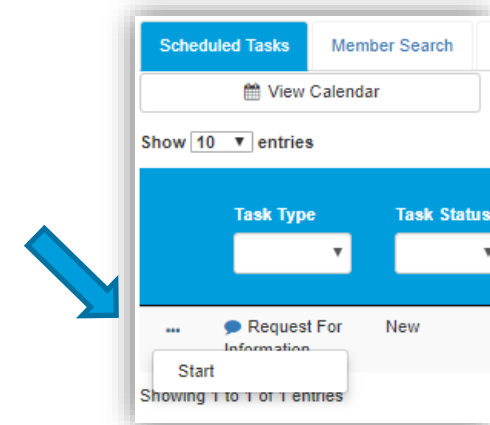


Request for Information (RFI)



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
DRG Request for Information	Treating Facility: UMEHR Test Provider 6 NPI: 8888888806	06/16/2022 10:57:18
DRG Request for Information	Ordering Provider: PhysicianLastName5, PhysicianFirstName5 NPI: 8888888815	06/16/2022 10:57:18

Show entries Showing 1 to 2 of 2 entries Previous Next



Request for Information



- Scroll up to the **Documentation panel** to attach additional information.
- Click on the Add button, as was demonstrated earlier in the presentation, to attach additional clinical documentation to the review.

The screenshot shows a 'Documentation' panel with a light green header. In the top right corner of the header is an orange '+ Add' button. Below the header is a search bar labeled 'Search:'. Underneath is a table with the following columns: Name, Category, Topic, Date Added, Uploaded By, and Action. A single entry is visible in the table. At the bottom of the panel, there is a pagination area with a 'Show 10 entries' dropdown, the text 'Showing 1 to 1 of 1 entries', and 'Previous' and 'Next' buttons with a '1' in a box between them.

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



Request for Additional Information



- Once you had added all the 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 that was requested. This will delay the response. Please follow the steps we just outlined when a Request for Information task is available in the task queue.

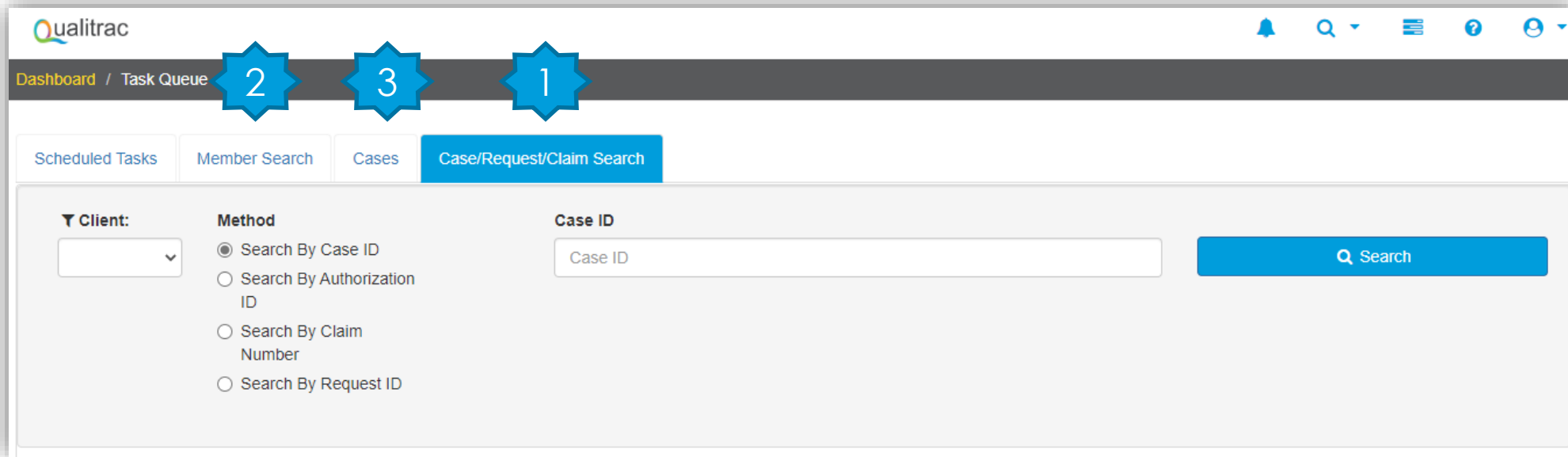


Finding the Determination



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 [Input Field]

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 to view the details.

A screenshot of a web application interface for Utilization Management. The header is green and contains a person icon, the text 'Utilization Management', and two orange buttons: 'View Requests' and '+ Add'. Below the header is a yellow bar with the text 'Hiding canceled requests.' and a 'Show' button. The main content area has a dark gray background and contains three columns of text: 'Acute Behavioral Health (21759)', 'Treating Physician: Aleti, Anil', and 'Treating Facility: WYOMING BEHAVIORAL INSTITUTE'. A 'Complete' button is located in the bottom right corner of the main content area.

Utilization Management View Requests + Add

Hiding canceled requests. Show

Acute Behavioral Health (21759) Treating Physician: Aleti, Anil Treating Facility: WYOMING BEHAVIORAL INSTITUTE Complete

View Outcome



Utilization Management

[View Requests](#) [+ Add](#)

Hiding canceled requests. [Show](#)

Acute Behavioral Health (21759)

Treating Physician: Aleti, Anil

Treating Facility: WYOMING BEHAVIORAL INSTITUTE

[Complete](#)

Show entries

Search:

Module	Timing	Status	Date Request Received	Case Completed	Outcome	Action
Medical Necessity	Concurrent	Request Is Complete	06/15/2022 03:17 pm	06/15/2022	Partial Denial	...

Showing 1 to 1 of 1 entries

Previous Next



View Outcome



(HCPCS) 90791 - PSYCHIATRIC DIAGNOSTIC EVALUATION

Outcome: Partial Denial

Requested

Outcome	
Authorization Number	
Start Date	06/15/2022
Discharge Date	06/20/2022
Modifier 1	
Modifier 2	
Units	5 day(s)
Frequency	
Total Cost	

Final Recommendation

Outcome	Partial Denial (Clinical Denial)
Authorization Number	7000000006
Start Date	06/15/2022
Approved End Date	06/17/2022
Modifier 1	
Modifier 2	
Approved	2 day(s) (Denied: 3)
Non-Covered	0
Frequency	
Total Cost	
Letter Rationale:	Partial Denial



Submitting a Reconsideration (1st Level Appeal) or P2P Review



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.

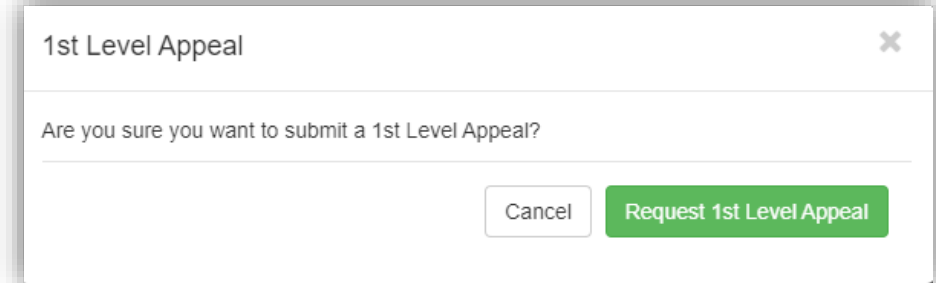
The screenshot shows the Utilization Management interface. At the top, there is a header with a person icon, the text "Utilization Management", and two buttons: "View Requests" and "+ Add". Below the header, there is a yellow bar with the text "Hiding canceled requests." and a "Show" button. The main content area has a dark grey bar with the text "Acute Behavioral Health (21759)", "Treating Physician: Aleti, Anil", "Treating Facility: WYOMING BEHAVIORAL INSTITUTE", and a "Complete" button. Below this, there is a "Show 10 entries" dropdown and a "Search:" input field. The main table has columns: Module, Timing, Status, Date Request Received, Case Completed, Outcome, and Action. The first row shows: Medical Necessity, Concurrent, Request Is Complete, 06/15/2022 03:17 pm, 06/15/2022, Partial Denial, and an ellipsis icon. Below the table, there is a "Showing 1 to 1 of 1 entries" message. The action menu is open, showing options: View Request, Continued Stay Review, and 1st Level Appeal.

Module	Timing	Status	Date Request Received	Case Completed	Outcome	Action
Medical Necessity	Concurrent	Request Is Complete	06/15/2022 03:17 pm	06/15/2022	Partial Denial	...



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

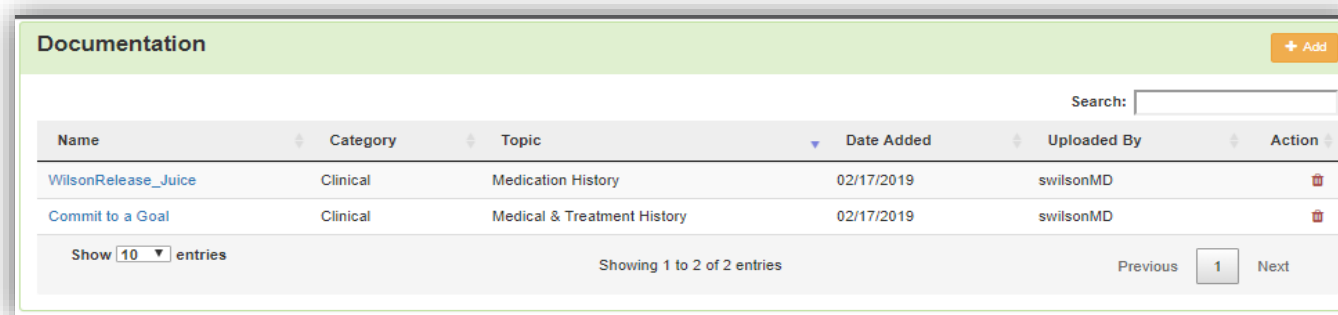


1st Level Appeal

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

Behavioral Health Outpatient (21738) Treating Physician: WYOMING BEHAVIORAL INSTITUTE Complete Treating Provider: WYOMING BEHAVIORAL INSTITUTE

Show entries Search:

Module	Timing	Status	Date Request Received	Case Completed	Outcome	Action
Medical Necessity	Prospective - 1st Level Appeal	Not Submitted	06/14/2022 11:03 am			...
Medical Necessity	Prospective	Request Is Complete	06/13/2022 01:52 pm		Denied	...

The system will display your appeal



Reconsideration (1st Level Appeal)/P2P Review



- When a prospective, concurrent or retrospective review has an initial determination of denied or partially denied, the user can submit a request for a reconsideration or a Peer-to-Peer review
- The user will have 30 calendar days from the date and time of the initial determination being rendered to submit the request.
- If the provider wants to request a peer-to-peer, they need to call customer service 1-833-610-1057. They will need the case or member ID when they call in and the customer service rep will be able to create the task in the system
- Someone will contact the requesting provider with scheduling details within five business days of making the request.



Continued Stay Review



Continued Stay Review



- To submit a **Continued Stay Review** for an admission review:
 - Go to the UM panel in the member hub
 - Click on the blue ellipsis within the case to open the action menu
 - Once there, select **continued stay review** from the menu

Utilization Management View Requests + Add

Hiding canceled requests. Show

Acute Behavioral Health (21759) Treating Physician: Aleti, Anil Treating Facility: WYOMING BEHAVIORAL INSTITUTE Complete

Show entries Search:

Module	Timing	Status	Date Request Received	Case Completed	Outcome	Action
Medical Necessity	Concurrent	Request Is Complete	06/15/2022 03:17 pm	06/15/2022	Partial Denial	...

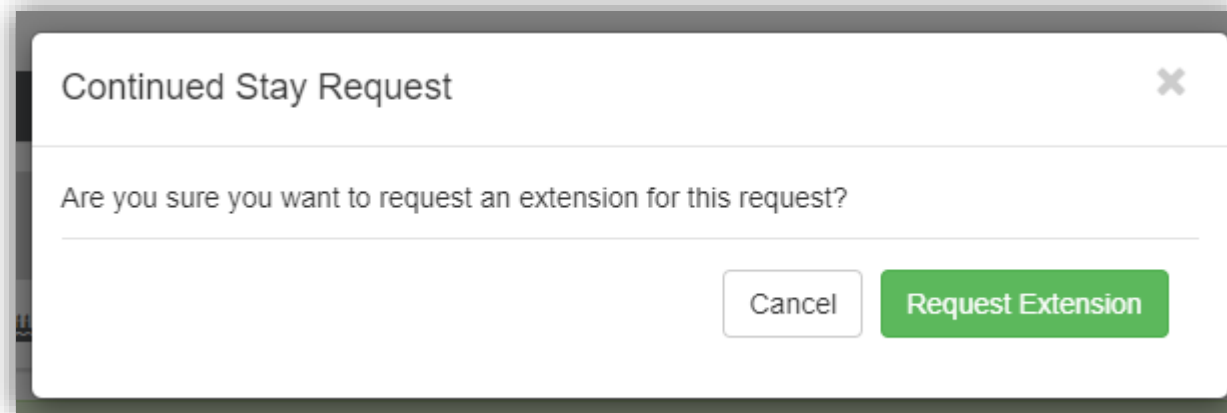
Showing 1 to 1 of 1 entries

- View Request
- Continued Stay Review
- 1st Level Appeal



Continued Stay Review

- The system will validate that you want to request an extension
- Click the green button for **request extension**
- If this was done in error, click cancel



Continued Stay Review



- The system user will be directed to update and complete the extension request
- The timing section of the **Authorization Request panel** will indicate you are completing a continues stay review extension

Stephanie Wilson Member ID: TEMP000000100323 DOB: 01/03/1978

Phone Number: (515) 555-5555 Client: Wyoming

Authorization Request Actions ▾

Case Id	Request ID	Date Request Received	Review Type	Place of Service	Type of Service
21760	21773	06/15/2022 04:16 pm	Acute Behavioral Health	Inpatient	Psychiatric

Timing
Continued Stay Review
[↗ Extension](#)

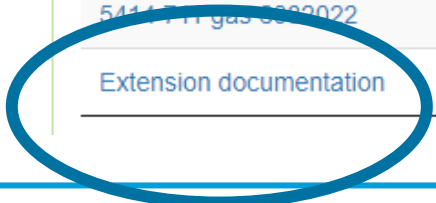


Continued Stay Review



- The User will review all the panels and update appropriately
 - Update any new diagnosis to support the extension in the diagnosis panel
 - Provide supporting documentation in the Documentation Panel to indicate the need for an extension
 - Click **Continue**

Documentation + Add						
Show 10 entries				Search: <input type="text"/>		
Name	Category	Topic	Date Added	Uploaded By	Action	
5411771 gas 0000022	Clinical	Psychological Evaluation	06/15/2022	sfarreIIMD		
Extension documentation	Clinical	Psychological Evaluation	06/15/2022	sfarreIIMD		



Continued Stay Review



- The User will need to repeat the MCG process:

Authorization Request Request Form Document Clinical Submit Request

Patient : TEMP000000100323 **Name :** Wilson, Stephanie **DOB :** 1/3/1978 **Gender :** Female [show more](#)

Authorization : EPS-00034577 **Type :** Admission authorization **Status :** NoDecisionYet [show more](#)

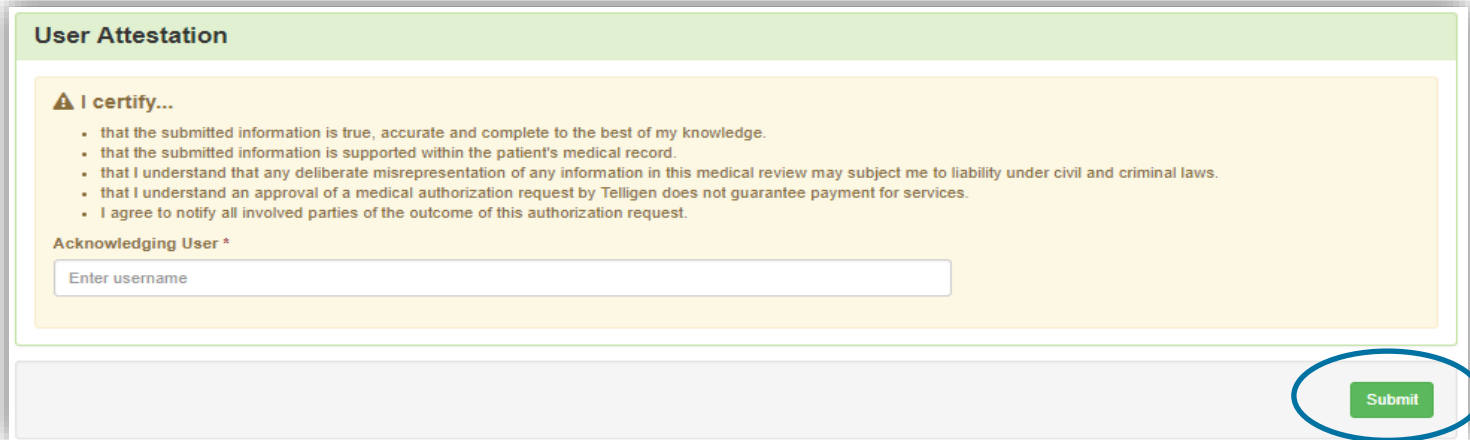
Diagnosis Codes : F30.1(ICD-10 Diagnosis) *primary*, X79(ICD-10 Diagnosis) **Procedure Codes :** 99233(CPT/HCPCS) *primary*, 90791(CPT/HCPCS)

Diagnosis Code: F30.1 (ICD-10 Diagnosis) [show more](#)
Description : MANIC EPISODE WO PSYCHOTIC SYMPTOM

Diagnosis Code: X79 (ICD-10 Diagnosis) [show more](#)
Description : INTENTIONAL SELFHARM BLUNT OBJECT

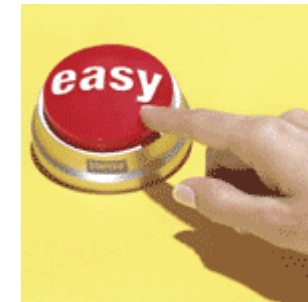
Continued Stay Review Attestation

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



The screenshot shows a web form titled "User Attestation" with a light green header. Below the header is a yellow box containing a warning icon and the text "I certify...". Underneath are four bullet points: "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.", and "that I understand an approval of a medical authorization request by Telligen does not guarantee payment for services." Below the yellow box is a section labeled "Acknowledging User *" with a text input field containing the placeholder "Enter username". At the bottom right of the form is a green "Submit" button, which is circled in blue.

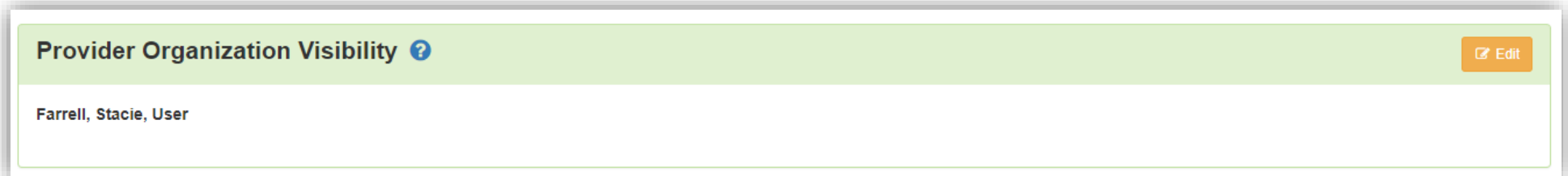
- Click the **Submit** button to send the review to Telligen
- Await a response for the extension request



E-mail Notifications



- Users will receive email notifications when:
 - Reviews are received from the portal
 - Reviews are updated/changed in status
- To ensure everyone in your organization receives an email notification for reviews (as needed), please select the organization or facility in the Provider Organization Visibility panel.



Updating Current Prior Authorizations by Optum



- Guidelines for Prior Authorizations starting July 1, 2022:
 - Any PA that was issued by Optum (PA starts with a 3) cannot be updated by Telligen – reach out to Amy Buxton by email at amy.buxton@wyo.gov for any needed corrections/changes.
 - PRTFs will start a new request in the Telligen system for the first CSR due in July, then complete CSRs using the new PA number in Telligen’s Qualitrack system after that (PAs will start with a 7).
 - Inpatient Psych – for admissions issued a PA under Optum (PA starts with 3) that need to be extended beyond what was approved by Optum, providers will submit a new request in Telligen’s Qualitrack system, but providers will use the PA issued by Optum (starts with 3) and NOT the new PA from Telligen (starts with 7).
 - Prior Authorizations for services occurring in the Optum PA blackout period will be accepted retroactively by Telligen until August 1st, 2022. After August 1st, 2022 these PAs will be considered late and no longer able to be submitted unless qualifying under normal retroactive policies (i.e. threshold PAs for PT/OT/ST/BH, retroactive eligibility)
 - Please direct any other questions to Amy Buxton by email at amy.buxton@wyo.gov.



