



Wyoming Medicaid: Telligen Provider Portal Training: Section 2

June 2022

Relevant Review Types for this Training Section 2



- This training will cover request submission for:
 - Transplants
 - Behavioral Health Outpatient
 - Dental
 - Home Health Care
 - Outpatient Procedures
 - Inpatient Procedures
 - Waiver Skilled Nursing
 - Physical Therapy
 - Speech Therapy
 - Occupational Therapy
 - Genetic Testing
 - Vision



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
- 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
- Directions on requesting a Peer-to-Peer review



House Keeping



- **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. The page has a blue header with the text 'TELLIGEN WEBSITE' and 'WYOMING DEPARTMENT OF HEALTH WEBSITE'. Below the header is the Telligen logo and the Wyoming Department of Health logo. A navigation menu includes 'DOCUMENT LIBRARY', 'FAQS', 'PROVIDER NEWS', and 'CONTACT'. The main content area features a heading 'Telligen Medicaid Services for the State of Wyoming' and a welcome message. Below this are three columns of service links: 'Qualitrac Login' (with a 'LOGIN COMING SOON' button), 'Provider Portal Registration' (with a 'REGISTER' button), and 'Frequent Questions' (with a 'CHECK REVIEW STATUS' button). A blue banner at the bottom announces 'UM Services Transitioning to Telligen on July 1, 2022' and provides 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.



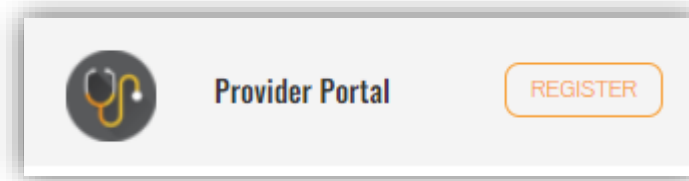
Registration Reminder



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

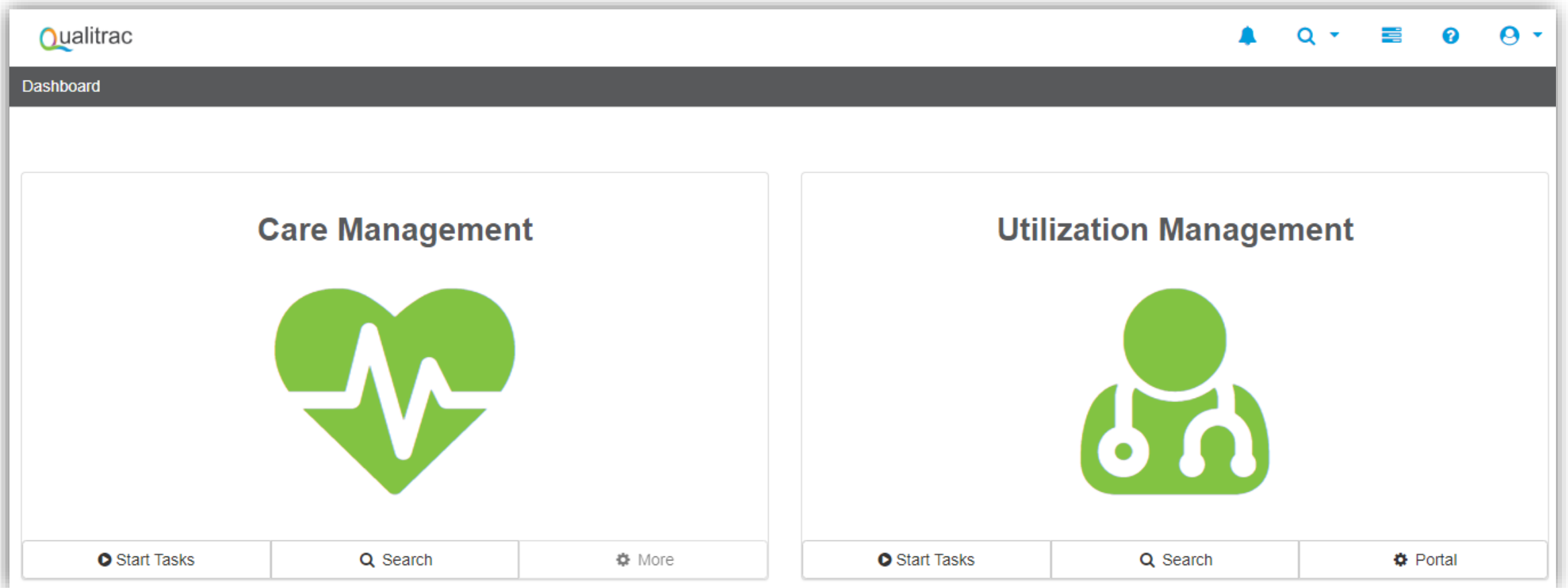


Signing into the Provider Portal



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 form. 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 magnifying glass for search, 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 white 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



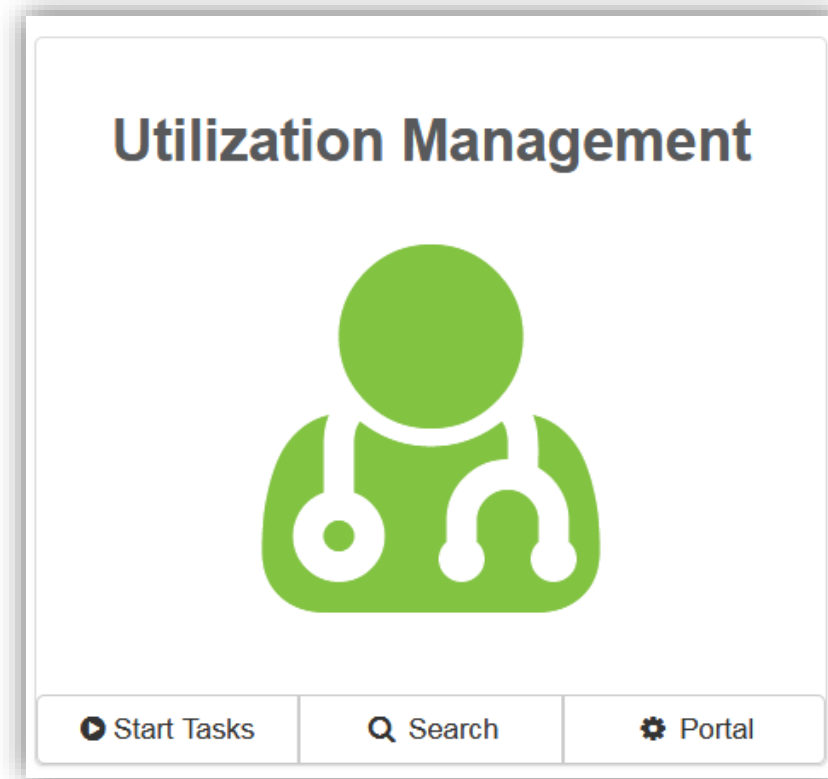
This is utilized to view and manage your profile. If your phone number or email address changes, you can use this section to update the details.



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.

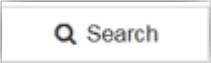



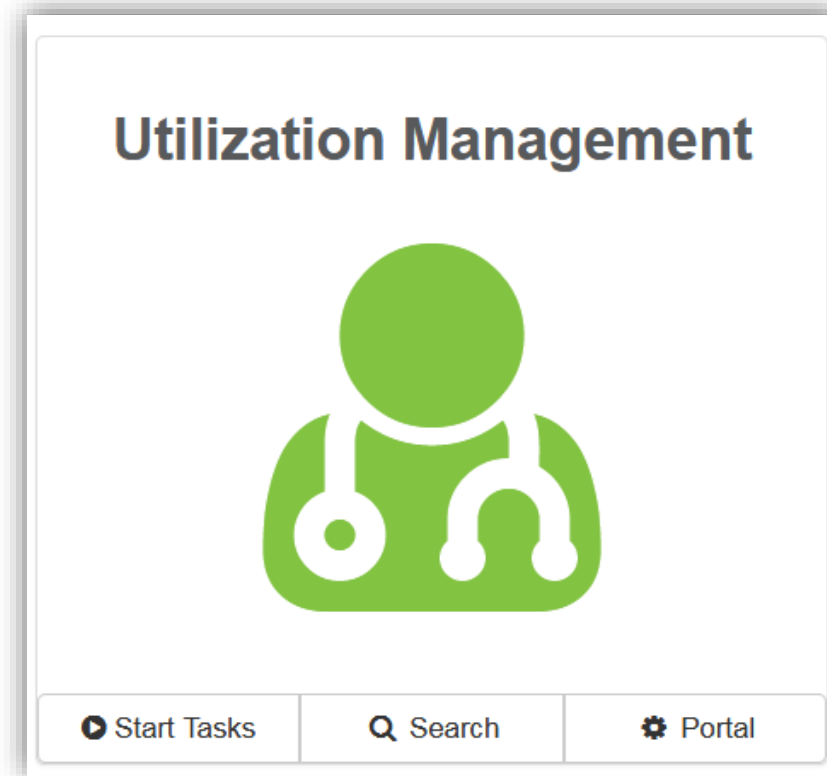
Adding a Review



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.

A screenshot of the Telligen Provider Portal Member Hub interface. The top navigation bar shows 'Dashboard / Task Queue / Member Hub' on the left and 'Stephanie Wilson - TEMP000000100323 - 01/03/1978' on the right. Below the navigation bar, the member's name 'Stephanie Wilson' is displayed with a person icon and a 'View Member Details' button. A row of member information includes 'Member ID: TEMP000000100323', 'Date of Birth: 01/03/1978', 'Phone Number:', and 'Client: Wyoming'. At the bottom, a green bar contains 'Utilization Management' with a person icon, and two orange buttons labeled 'View Cases' and '+ Add'.

Telligen Provider Portal – View Member Details



- Clicking on the **View Member Details** box opens the window to provide the user with more information for the member.

The screenshot shows a member profile for Stephanie Wilson. At the top right is a 'View Member Details' button. Below the name, there are four fields: Member ID (TEMP000000100323), Date of Birth (01/03/1978), Phone Number ((515) 555-5555), and Client (Wyoming). The profile is divided into three main sections: Phone, Mailing Address, and Preferred Contact Information. The Phone section lists Home, Cell ((515) 555-5555 with a star), Work, and Other. The Mailing Address section lists Physical Address (2591 SE 118th St, Runnells, WY 50237). The Preferred Contact Information section has a Method field and a Notes field (I should always call after 5 PM on the cell phone). At the bottom of the page is a 'View Even More Member Details' button with a blue arrow pointing to it from a callout box.

Member ID: TEMP000000100323	Date of Birth: 01/03/1978	Phone Number: (515) 555-5555	Client: Wyoming
Phone Home: Cell: (515) 555-5555 ★ Work: Other:	Mailing Address Physical Address 2591 SE 118th St Runnells, WY 50237	Preferred Contact Information Method Notes I should always call after 5 PM on the cell phone	Language

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.

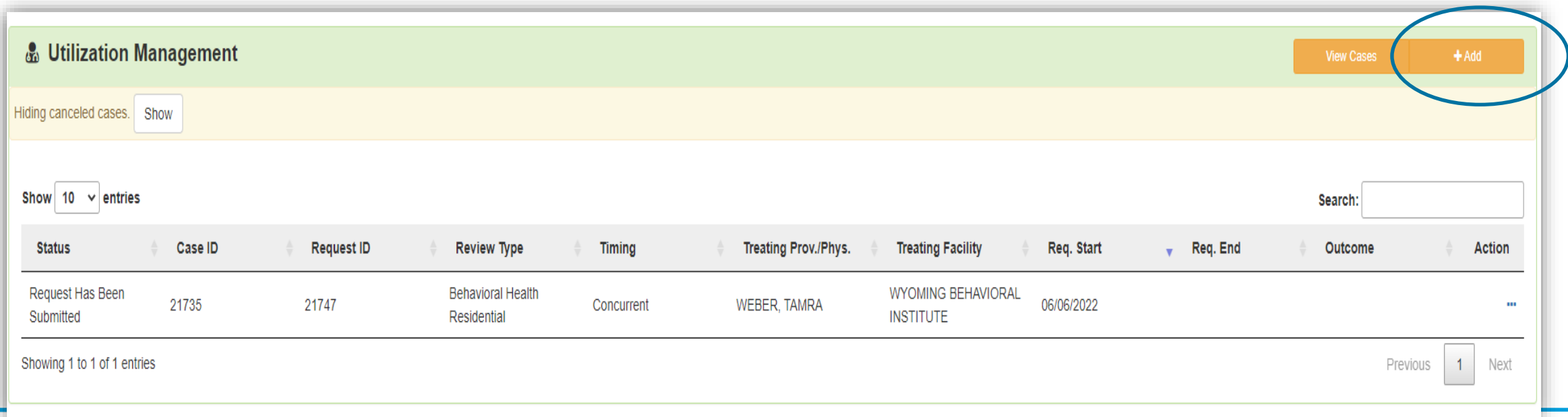


Telligen Provider Portal – Utilization Management Panel



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  button to start a new request.



The screenshot shows the Utilization Management Panel interface. At the top left, there is a header 'Utilization Management' with a user icon. To the right of the header are two buttons: 'View Cases' and '+ Add'. The '+ Add' button is circled in blue. Below the header, there is a section for filtering cases, with the text 'Hiding canceled cases.' and a 'Show' button. Below this, there is a 'Show 10 entries' dropdown menu and a search box labeled 'Search:'. The main content is a table with the following columns: Status, Case ID, Request ID, Review Type, Timing, Treating Prov./Phys., Treating Facility, Req. Start, Req. End, Outcome, and Action. The table contains one entry: 'Request Has Been Submitted' with Case ID 21735, Request ID 21747, Review Type 'Behavioral Health Residential', Timing 'Concurrent', Treating Prov./Phys. 'WEBER, TAMRA', Treating Facility 'WYOMING BEHAVIORAL INSTITUTE', and Req. Start '06/06/2022'. At the bottom left, it says 'Showing 1 to 1 of 1 entries'. At the bottom right, there are 'Previous', '1', and 'Next' navigation buttons.

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			...

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

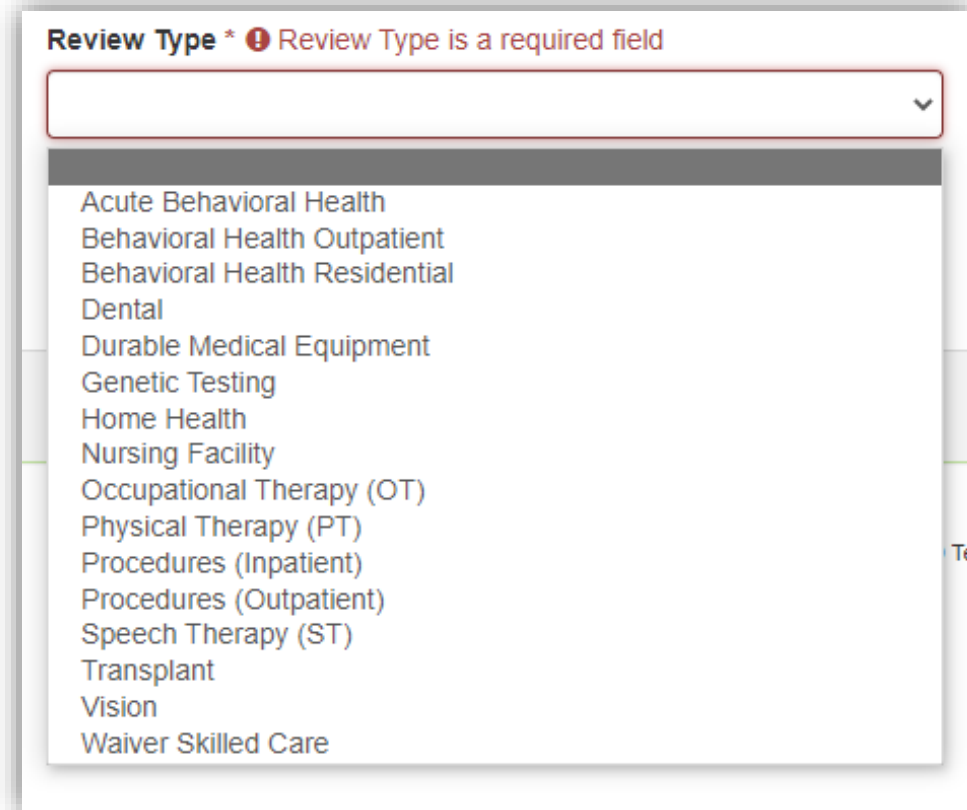
Authorization Request

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: Behavioral Health Outpatient, Dental, Durable Medical Equipment, Genetic Testing, Home Health, OT/PT/ST, Procedures, Vision, Transplants
 - Additional training sessions will cover Inpatient and DME
 - Content will be located under education on the website



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.

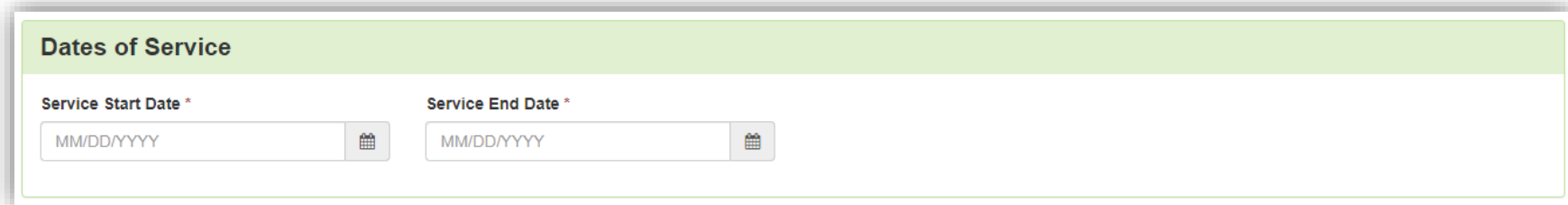


- **Place of Service:** This is where you will select the place where care is being given.
- **Type of Service:** This is where the type of care if being provided.
- **Timing:** This is where you will select Prospective (Prior Authorization, Concurrent or Retrospective
- Select **Add New Request** to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

A screenshot of the 'Authorization Request' form. The form has a light green header with the title 'Authorization Request'. Below the header, there are four input fields: 'Date Request Received *' with a date picker showing '06/14/2022 12:41 pm', 'Review Type *' with a dropdown menu showing 'Behavioral Health Outpatient', 'Place of Service *' with a dropdown menu showing 'Office', and 'Type of Service *' with a dropdown menu showing 'Youth (Under 21)'. Below these fields is a 'Timing *' dropdown menu showing 'Prospective'. At the bottom right of the form, there are two buttons: a white 'Cancel' button and a green 'Add New Request' button with a plus icon.

Dates of Service Panel

- Once you select Add New Request, the page opens to fill in all the remaining information necessary to process the request.
- **Dates of Service Panel** is used to enter the Service Start Date and the Service End Date



The screenshot shows a web form titled "Dates of Service" with a light green header. Below the header, there are two input fields. The first field is labeled "Service Start Date *" and contains the placeholder text "MM/DD/YYYY" followed by a calendar icon. The second field is labeled "Service End Date *" and also contains the placeholder text "MM/DD/YYYY" followed by a calendar icon.



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: Physician and Provider Information



- **Providers:** This section requires information related to who is ordering and providing the care:
 - *Ordering Provider*- The person or Organization ordering the care
 - *Treating Physician* – The person providing the care; this may or may not be a physician, i.e. Social Worker doing counseling
 - *Treating Provider* – The **organization** providing the care

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

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



Entering Physician and Facility Information

- Clicking **+ Add** will open a search box. You can search by entering an NPI number or by filling in any of the information boxes provided if the NPI is not known.
- Once you have entered the necessary information, click search to locate the physician or facility you are looking for.

Dashboard / Task Queue / Member Hub / Request / Provider Selection Stephanie Wilson - TEMP000000100323 - 01/03/1978

NPI Number ?	Other ID Number ?	Last / Organization Name	First Name
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
City	State	Zip Code	Taxonomy
<input type="text"/>	Wyoming ▼	<input type="text"/>	<input type="text"/>




Entering Physician and Facility Information



- Clicking search will return **all** results that meet your entered criteria.
- Click the blue hyperlink in the provider's name to view additional details.
- Check the provider details before selecting, validating the correct provider and the taxonomy ID aligns to the services being requested

Taxonomy					Search:	
Primary	Taxonomy	State	License Number	Source		
PRIMARY	2084N0400X - Psychiatry & Neurology			Client File		


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




	WILSON-HILL, DANA	Medicaid Program	1407011216	130826200	130826200 	Clinic #: 1 Addr: 682 N. Carrington Buffalo, WY, 82834	(307) 217-2414	Social Worker, Clinical	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.

Type	Name	NPI	Address	Phone	Primary Taxonomy	PPO Redirect Reason	Comments	Action
Treating Physician	 WILSON-HILL, DANA	1407011216	Clinic #: 1 682 N. Carrington Buffalo, WY, 82834	(307) 217-2414	Social Worker, Clinical			
Treating Facility *				Not Supplied				



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 the 'Provider Organization Visibility' panel. The panel has a light green header with the title 'Provider Organization Visibility' and a help icon. Below the header, the user's name 'Wilson, Stephanie, User' is displayed. A dropdown menu is open, showing the selected organization 'ST LUKE'S REGIONAL MEDICAL CENTER'.




Diagnosis Panel

- **Diagnosis Panel:** This is where you can enter the diagnosis information related to this review.
- You will use the  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

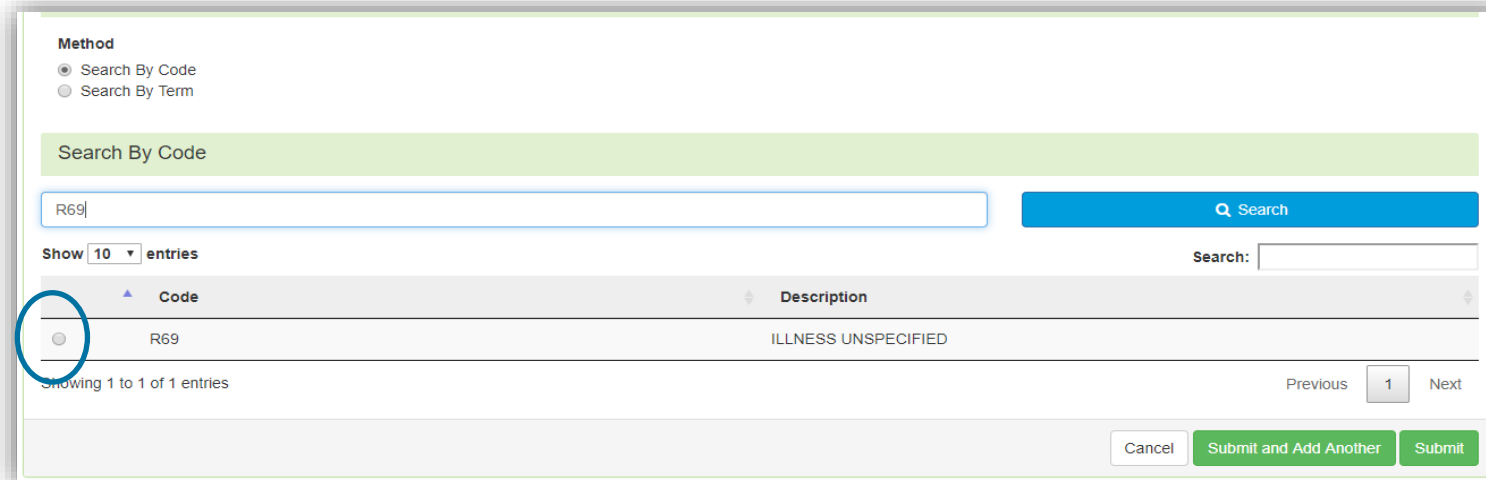
Search By Code

Enter Full ICD Code



Diagnosis Panel: Populating the Diagnosis

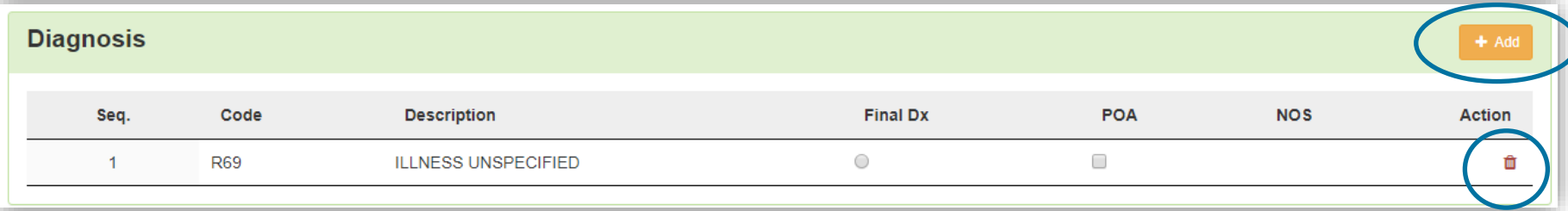
- **Entering a code:**
 - Select method: Code or term to search (radio button to select)
 - Enter information in the search box
 - Click Search
- The system will provide you a list of results you can select from. Select the one that you want added to the review by clicking on the radio button to the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

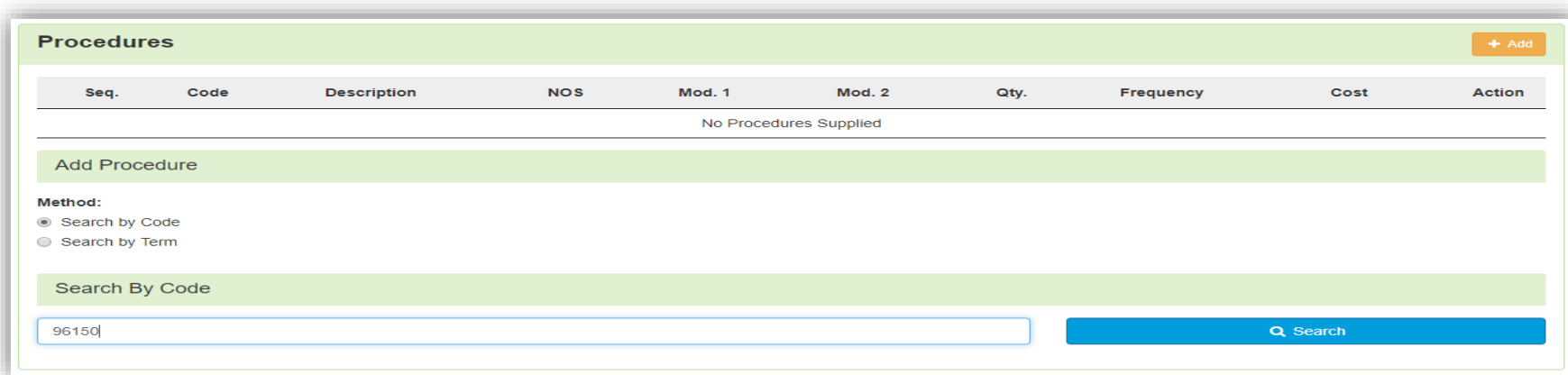
- After selecting the diagnosis you want added to the review, you can select Submit or Submit and Add Another.
- **Submit** will add the diagnosis to the review.
- **Submit and Add Another** will allow you to submit the diagnosis to the review and re-open the window where you can search for another diagnosis.
- 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 added.
- Click the  button to add a new procedure to the panel.
 - Select Radio button to indicate a code or term search
 - Enter information in the search box
 - Click search



The screenshot shows the 'Procedures' panel interface. At the top right is a '+ Add' button. Below it is a table with columns: Seq., Code, Description, NOS, Mod. 1, Mod. 2, Qty., Frequency, Cost, and Action. The table is currently empty, displaying 'No Procedures Supplied'. Below the table is an 'Add Procedure' section with a 'Method:' label and two radio buttons: 'Search by Code' (selected) and 'Search by Term'. Underneath is a 'Search By Code' section with a text input field containing '96150' and a blue 'Search' button with a magnifying glass icon.

Procedure(s) Panel cont.

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



Search By Term

Section

Category

Sub-Category

Enter Search Term

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

<input type="radio"/>	Code	Description
<input type="radio"/>	10021	FINE NEEDLE ASPIRATION W/O IMAGING GUIDANCE

Procedure(s) Panel cont.



- Complete Modifiers and procedure details as needed

A screenshot of a web form titled 'Procedure(s) Panel'. The form is divided into two main sections: 'Modifiers' and 'Procedure Details'. The 'Modifiers' section has a header bar and a text input field labeled 'Modifier 1'. The 'Procedure Details' section has a header bar and several input fields: 'Units *' (text input with '1'), 'Units Qualifier *' (dropdown menu with 'unit(s)'), 'Frequency' (text input), 'Frequency Qualifier' (dropdown menu), 'Total Cost' (text input with '\$'), and 'Allowed Amount' (text input). At the bottom right, there are three buttons: 'Cancel', 'Submit and Add Another', and 'Submit'.

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

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


Enter as many procedures as needed.

Note: Modifiers are not required by the system, but PA should match what you expect to submit on your claim



Procedure(s) Panel cont.

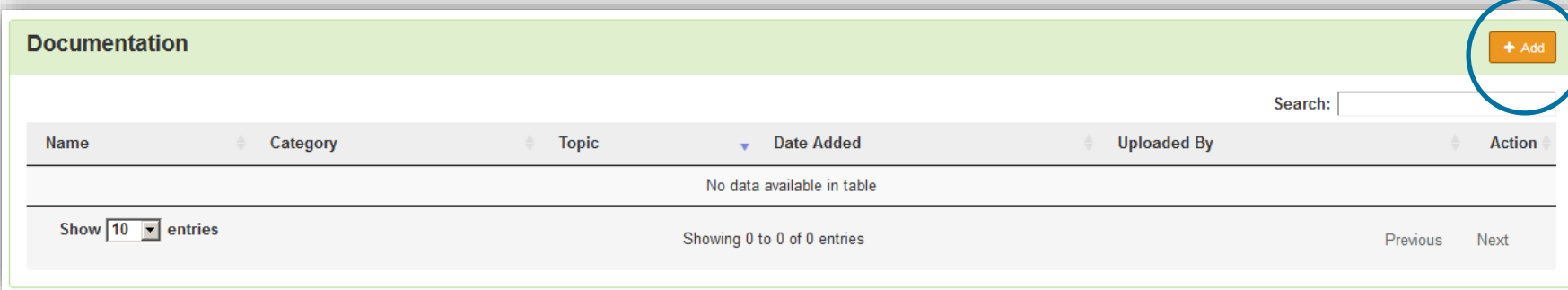
- Use the trash can icon on the right side of the procedure to delete anything entered incorrectly in this panel.
- Prioritize the procedures using the drag and drop features.

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



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

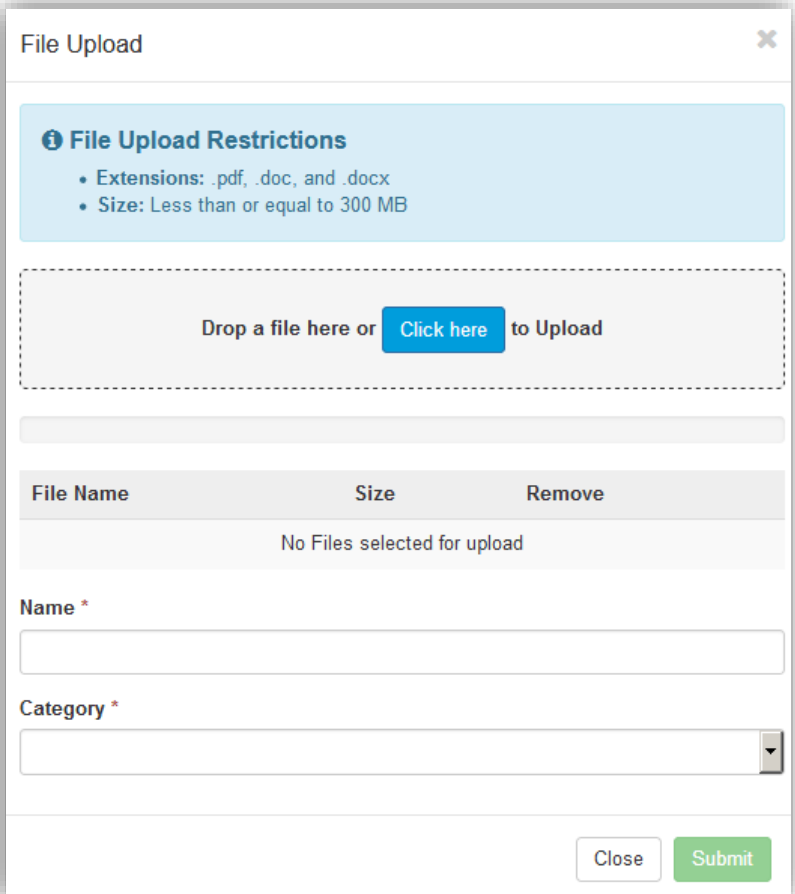
Showing 0 to 0 of 0 entries

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		

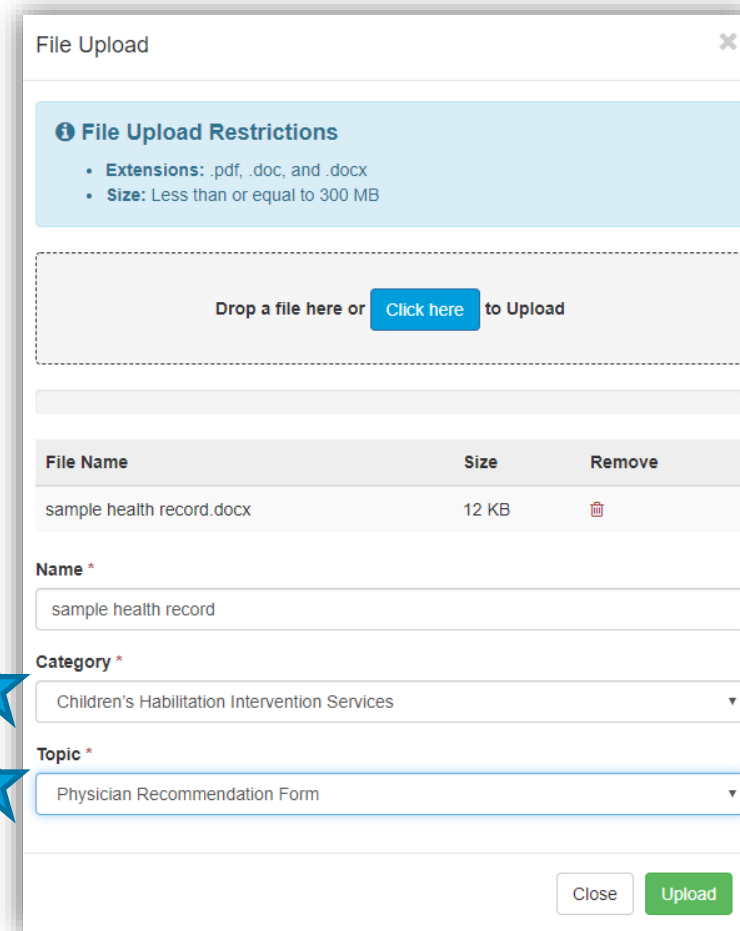
Name *

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

Procedure Code: 99233 (CPT/HCPCS)

Requested Units: 1

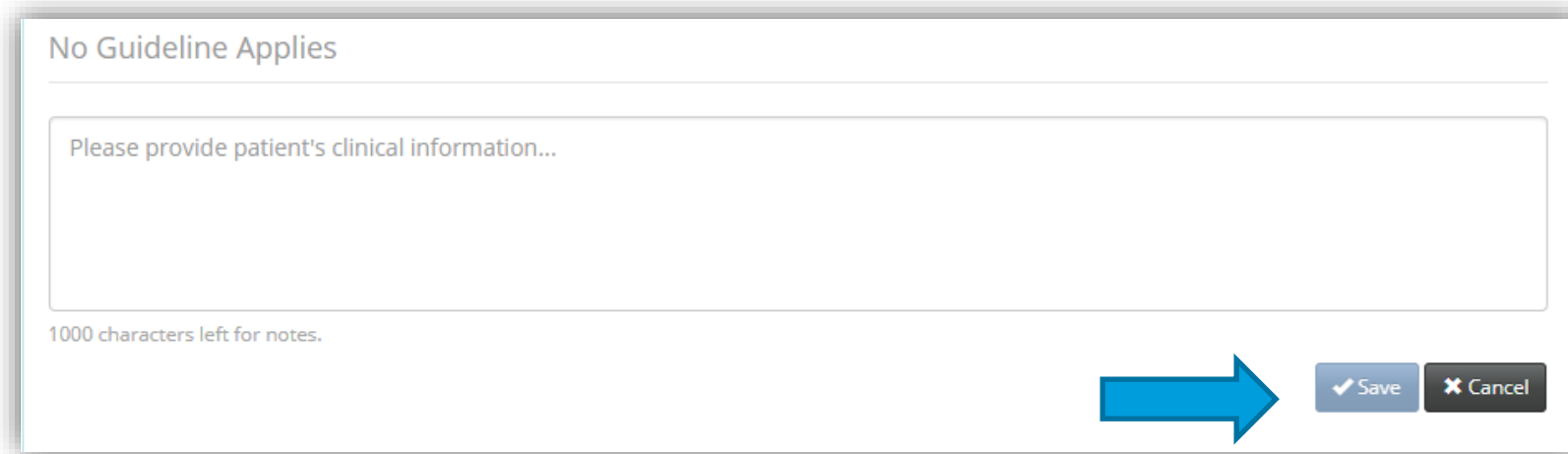
Description : Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A detailed interval history\; A detailed examination\; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is unstable or has developed a significant complication or a significant new problem. Typically, 35 minutes are spent at the bedside and on the patient's hospital floor or unit.

Guideline Title	Product	Code	Action
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.



No Guideline Applies

Please provide patient's clinical information...

1000 characters left for notes.




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



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



Procedure Code: 96150 (CPT/HCPCS)

Requested Units: 1

Description : ASSESS HLTHBEHAVE INIT

B-806-T - Applied Behavioral Analysis - (BH)

The procedure is/was needed for appropriate care of the patient because of ...

- Patient has diagnosis of autism spectrum disorder (ASD) and ...
 - Moderately severe Psychiatric, behavioral, or other comorbid conditions
 - Serious dysfunction in daily living for adult or Serious dysfunction in daily living for child or adolescent
- Situation and expectations are appropriate for ABA as indicated by ...
 - Recommended treatment is necessary and not appropriate for less intensive care (ie, patient behavior, symptoms, or risk inappropriate for routine outpatient office care).
 - Patient is assessed as not at risk of imminent danger to self or others.
 - Treatment is to be administered in setting (eg, home vs specialized center) and by team (eg, multidisciplinary) that is specifically designed and compatible with patient's needs and abilities.
 - Targeted symptoms, behaviors, and functional impairments related to underlying behavioral health disorder have been identified as appropriate for applied behavioral analysis.
 - Treatment plan addresses comorbid medical, psychiatric, and substance use disorders, and includes coordination of care with other providers and community-based resources, as appropriate.
 - Treatment plan includes explicit and measurable recovery goals that will define patient improvement, with regular assessment that progress toward goals is occurring or that condition would deteriorate in absence of continued applied behavioral analysis.
 - Treatment plan engages family, caregivers, and other people impacted by and in position to affect patient behavior, as appropriate.
 - Treatment intensity (ie, number of hours per week) and duration (ie, length of service intervention) is individualized and designed to meet needs of patient and adjusted as is clinically appropriate; program selection impacts intensity and duration, and may include ...
 - Patient is expected to be able to adequately participate in and respond as planned to proposed treatment.

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.

✓ **Procedure Code:** 99233 (CPT/HCPCS) show more

Requested Units: 1

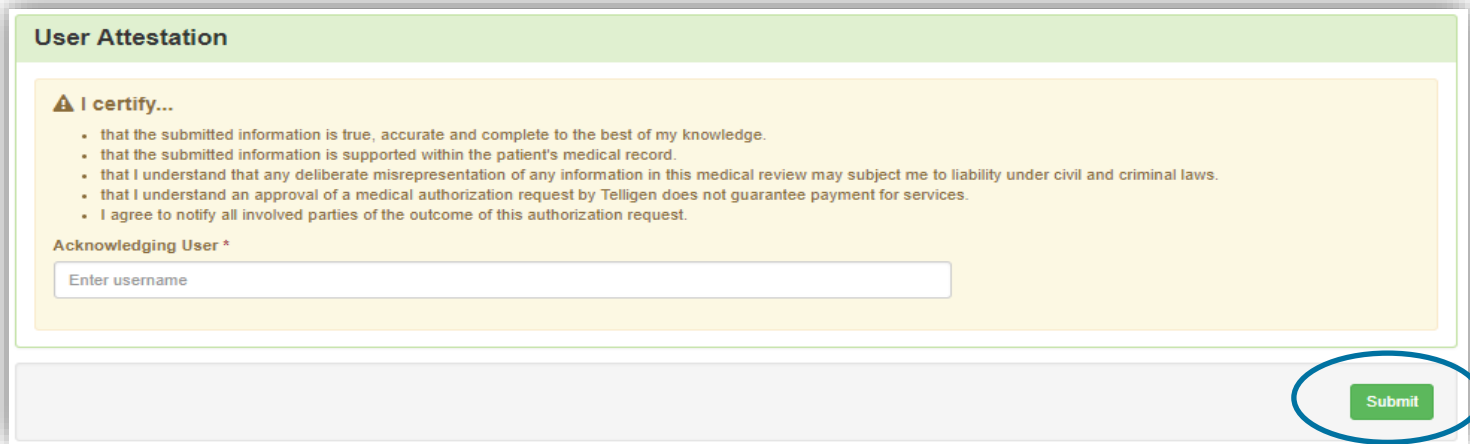
Description : Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A detailed interval history\; A detailed examination\; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is unstable or has developed a significant complication or a significant new problem. Typically, 35 minutes are spent at the bedside and on the patient's hospital floor or unit.





Attestation

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



User Attestation

⚠ I certify...

- that the submitted information is true, accurate and complete to the best of my knowledge.
- that the submitted information is supported within the patient's medical record.
- that I understand that any deliberate misrepresentation of any information in this medical review may subject me to liability under civil and criminal laws.
- that I understand an approval of a medical authorization request by Telligen does not guarantee payment for services.
- I agree to notify all involved parties of the outcome of this authorization request.

Acknowledging User *

Enter username

Submit

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

ⓘ Error saving your Request

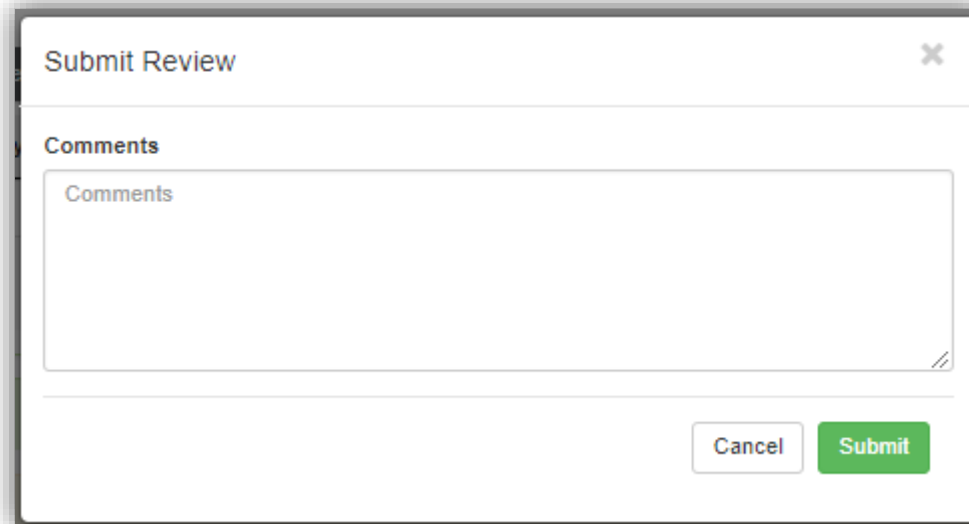
There was an error with the following panel(s):

- **Documentation** - You must have one or more documents



Comments

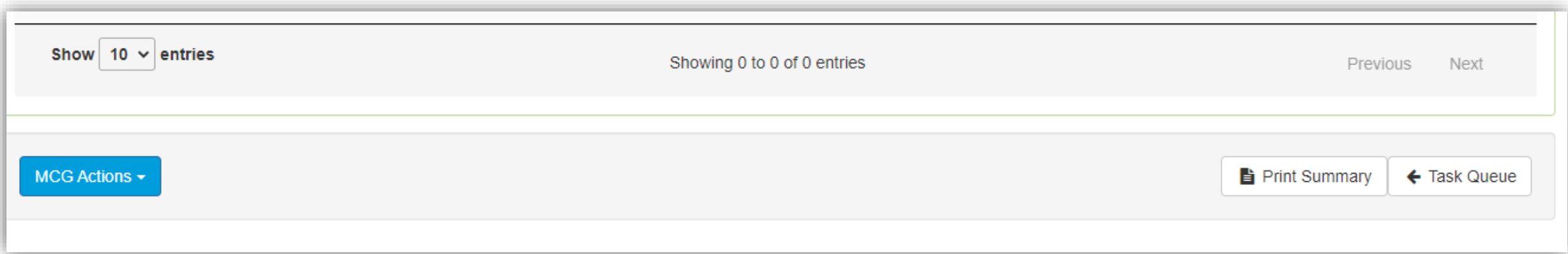
- Users have the option to add comments to the review before it is sent to Telligen.
- A comments modal will open, and the user can enter additional information related to the review.
- This is not required to complete the review.

A screenshot of a 'Submit Review' modal window. The modal has a title bar with 'Submit Review' and a close button (X). Below the title bar, there is a section labeled 'Comments' containing a large text input area with the placeholder text 'Comments'. At the bottom right of the modal, there are two buttons: 'Cancel' and 'Submit'.

Summary



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



Where Did My Review Go?



- Once a review has been submitted, you can find the review by:
 - searching for the Case ID
 - searching for the member and looking at the UM panel in the Member Hub.
- **Member Hub functions:**
 - Allows the user to look at the Review to check for determination and any correspondence
 - Submit a Reconsideration which is titled 1st Level Appeal
 - Delete a review that was submitted incorrectly

A screenshot of the Qualitrac web application interface. The top navigation bar includes the Qualitrac logo, a search icon, a menu icon, a help icon, and a user profile icon. Below the navigation bar is a breadcrumb trail: 'Dashboard / Task Queue / Member Hub'. The main content area displays the profile for 'Stephanie Wilson' with a 'View Member Details' button. Below the name, there are four fields: 'Member ID: TEMP000000100323', 'Date of Birth: 01/03/1978', 'Phone Number:', and 'Client: Wyoming'. On the left side of the interface, there is a 'Control Panel' section with a menu icon.

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

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

Show entries Search:

Module	Timing	Status	Date Request Received	Case Completed	Outcome	Action
Medical Necessity	Prospective	Request Has Been Submitted	06/13/2022 01:52 pm			...

Showing 1 to 1 of 1 entries

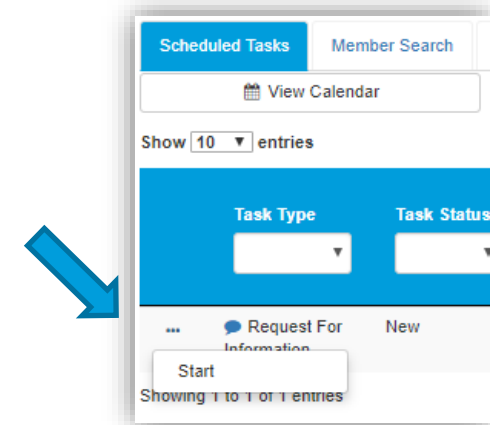
View Request
Delete

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.

The screenshot shows a web interface for a 'Correspondence' section. At the top left is the title 'Correspondence' and at the top right is an orange '+ Add' button. Below the title is a search bar with the label 'Search:'. The main content is a table with three columns: 'Letter', 'Addressee', and 'Date Sent'. The 'Letter' column contains blue links for 'DRG Request for Information' with icons for document, download, and delete. The 'Addressee' column contains text identifying the facility or provider. The 'Date Sent' column contains the date and time. At the bottom of the table, there is a 'Show 10 entries' dropdown, a 'Showing 1 to 2 of 2 entries' status indicator, and 'Previous' and 'Next' navigation buttons with a '1' in a box between them.

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 green header and an orange '+ Add' button. Below the header is a search bar labeled 'Search:'. A table with columns for Name, Category, Topic, Date Added, Uploaded By, and Action is displayed. The table contains one entry: 'Commit to a Goal' in the 'Clinical' category, 'Medical & Treatment History' topic, dated '02/17/2019', uploaded by 'swilsonMD'. At the bottom, there is a 'Show 10 entries' dropdown, 'Showing 1 to 1 of 1 entries', and 'Previous 1 Next' navigation controls.

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.

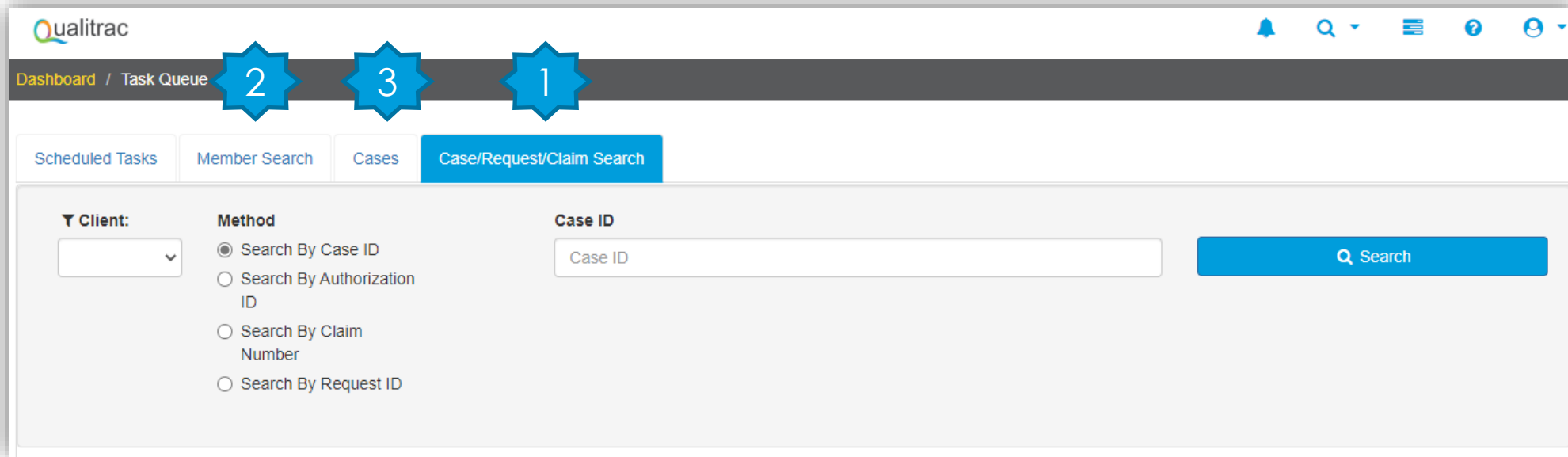


Finding the Determination



Locating A Determination

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



The screenshot shows the Qualitrac web application interface. At the top, there is a navigation bar with the Qualitrac logo on the left and several icons on the right. Below the navigation bar, there is a breadcrumb trail: "Dashboard / Task Queue". Three blue star-shaped callouts with numbers 1, 2, and 3 are overlaid on the interface. Callout 1 points to the "Case/Request/Claim Search" tab in the navigation menu. Callout 2 points to the "Member Search" tab. Callout 3 points to the "Cases" tab. Below the navigation menu, there is a search form with the following fields and options:

- Client:** A dropdown menu.
- Method:** A group of radio buttons with the following options:
 - Search By Case ID
 - Search By Authorization ID
 - Search By Claim Number
 - Search By Request ID
- Case ID:** A text input field with the placeholder text "Case ID".
- Search:** A blue button with a magnifying glass icon and the text "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 with a person icon and the text 'Utilization Management'. On the right side of the header are 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 with three columns of text: 'Behavioral Health Outpatient (21750)', 'Treating Physician: MOSQUERA, ROMER', and 'Treating Provider: WY PERIOPERATIVE ANESTHESIA CONSULTANTS LLC'. On the far right of this section is a green button labeled 'Case Creation'.

Utilization Management View Requests + Add

Hiding canceled requests. Show

Behavioral Health Outpatient (21750) Treating Physician: MOSQUERA, ROMER Treating Provider: WY PERIOPERATIVE ANESTHESIA CONSULTANTS LLC Case Creation

View Outcome



Utilization Management View Requests + Add

Hiding canceled requests. Show

Behavioral Health Outpatient (21750)	Treating Physician: MOSQUERA, ROMER	Treating Provider: WY PERIOPERATIVE ANESTHESIA CONSULTANTS LLC	Case Creation
Behavioral Health Outpatient (21738)	Treating Physician: WYOMING BEHAVIORAL INSTITUTE	Treating Provider: WYOMING BEHAVIORAL INSTITUTE	Complete
Behavioral Health Residential (21735)	Treating Physician: WEBER, TAMRA	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	06/13/2022 08:58 am	06/13/2022	Approved	...

Showing 1 to 1 of 1 entries Previous 1 Next



View Outcome



Outcomes

Review Outcome: Denied

(HCPCS) G0446 - ANNUAL FCE--FCE INTENSV BEHV TX CV DZ IND 15 MIN

Outcome: Denied

Requested

Outcome	
Authorization Number	
Start Date	06/13/2022
End Date	07/13/2022
Modifier 1	
Modifier 2	
Units	20 unit(s)
Frequency	3 Three times weekly
Total Cost	

Final Recommendation

Outcome	Denied (Clinical Denial)
Authorization Number	7000000004
Start Date	06/13/2022
End Date	07/13/2022
Modifier 1	
Modifier 2	
Approved	0 unit(s) (Denied: 20)
Frequency	3 Three times weekly
Total Cost	
Letter Rationale:	denial

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



Submitting a Reconsideration (1st Level Appeal)



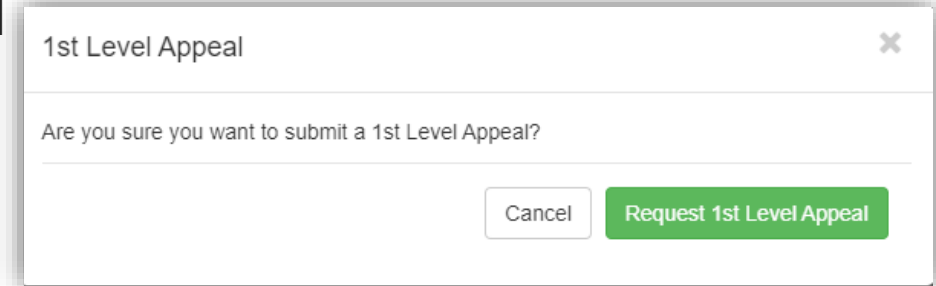
- To submit a reconsideration for a denied review:
 - Go to the **UM panel** in the member hub
 - Click on the blue ellipsis within the denied case to open the action menu
 - Once there, select **1st Level Appeal** from the menu.

The screenshot shows the 'Utilization Management' interface. At the top, there is a header with a user icon, the title 'Utilization Management', and two buttons: 'View Cases' and '+ Add'. Below the header, there is a search bar and a dropdown menu set to '10 entries'. The main content is a table with the following columns: Status, Case ID, Review Type, Timing, Treating Prov./Phys., Treating Facility, Req. Start, Req. End, Outcome, and Action. A single row is displayed with the following data: Status: Request Is Complete, Case ID: 812, Review Type: Acute Medical Surgical, Timing: Retrospective, Treating Prov./Phys.: WILSON MD, DOUGLAS, Treating Facility: JOHN HOPKINS MOORE CL MAC, Req. Start: 02/04/2019, Req. End: 02/08/2019, Outcome: Denied. An action menu is open for the 'Action' column, showing options for 'View Request' and '1st Level Appeal'. At the bottom left of the table area, it says 'Showing 1 to 1 of 1 entries'.

Status	Case ID	Review Type	Timing	Treating Prov./Phys.	Treating Facility	Req. Start	Req. End	Outcome	Action
Request Is Complete	812	Acute Medical Surgical	Retrospective	WILSON MD, DOUGLAS	JOHN HOPKINS MOORE CL MAC	02/04/2019	02/08/2019	Denied	...

Reconsideration (1st Level Appeal) cont.

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

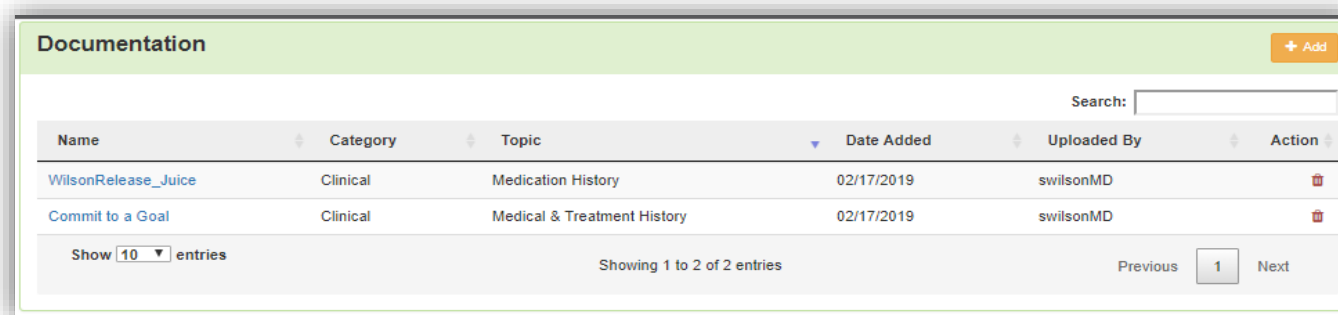


1st Level Appeal

Are you sure you want to submit a 1st Level Appeal?

Cancel Request 1st Level Appeal

- Attach any additional documentation that is necessary to support the appeal



Documentation + Add

Search:

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

Show 10 entries Showing 1 to 2 of 2 entries Previous 1 Next

Reconsideration (1st Level Appeal) cont.



- Sign the User Attestation using your **USER ID**

User Attestation

⚠ I certify...

- that the submitted information is true, accurate and complete to the best of my knowledge.
- that the submitted information is supported within the patient's medical record.
- that I understand that any deliberate misrepresentation of any information in this medical review may subject me to liability under civil and criminal laws.
- that I understand an approval of a medical authorization request by Telligen does not guarantee payment for services.
- I agree to notify all involved parties of the outcome of this authorization request.

Acknowledging User *

Enter username

- Click Submit to have the information sent to Telligen for reconsideration

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

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



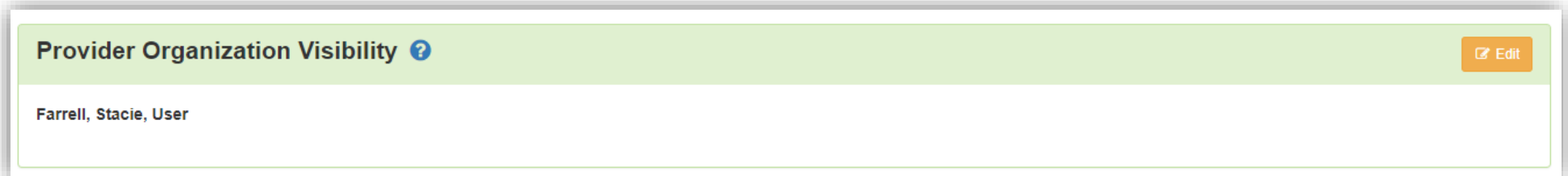
- When a prospective, concurrent or retrospective review has an initial determination of denied or partially denied, the user can submit a request for a reconsideration or a Peer-to-Peer review
- The user will have 30 calendar days from the date and time of the initial determination being rendered to 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.



E-mail Notifications



- Users will receive email notifications when:
 - Reviews are received from the portal
 - Reviews are updated/changed in status
- To make sure that everyone in your organization that should receive email notification for reviews does get one, please select the organization or facility in the Provider Organization Visibility panel.



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.



