



# Wyoming Medicaid: Telligen Provider Portal Training: DME Services

June 2022

# Agenda

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- 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

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- 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/1<sup>st</sup> level appeal
- Directions on requesting a Peer-to-Peer review
- Review of the notifications you will receive



# Housekeeping

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- **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](mailto: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

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- 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>

A screenshot of the Telligen website landing page. The page has a blue header with 'TELLIGEN WEBSITE' and 'WYOMING DEPARTMENT OF HEALTH WEBSITE'. Below the header is a navigation bar with the Telligen and Wyoming Department of Health logos on the left, and links for 'DOCUMENT LIBRARY', 'FAQS', 'PROVIDER NEWS', and 'CONTACT' on the right. The main content area features a title 'Telligen Medicaid Services for the State of Wyoming' and a welcome message. Below this 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 is a large blue banner with the text 'UM Services Transitioning to Telligen on July 1, 2022' and a 'READ MORE' button.



# Security Review



# Provider Portal Security

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- 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

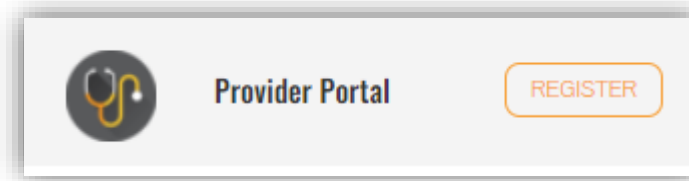
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## Process Overview

- 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

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

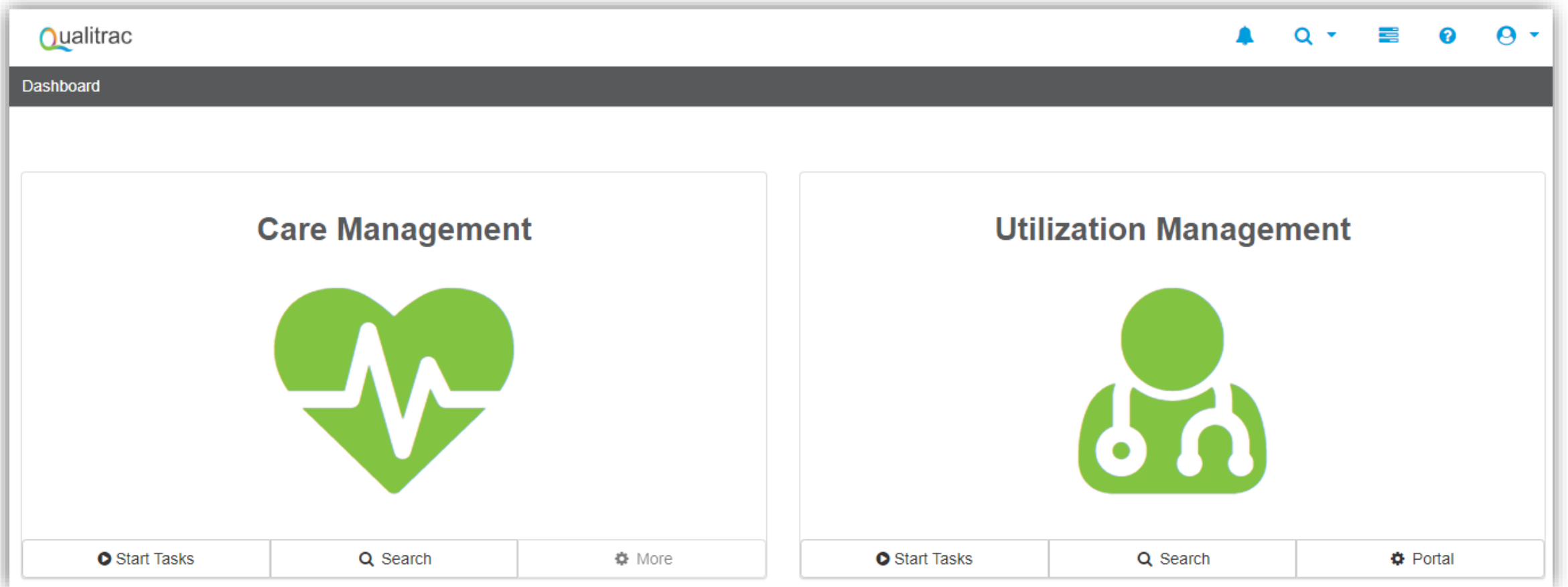


# Signing into the Provider Portal



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. The form is white with a blue border. At the top left 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 of the form is a blue button labeled 'Sign in' and a link labeled 'Reset Password'.



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 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.

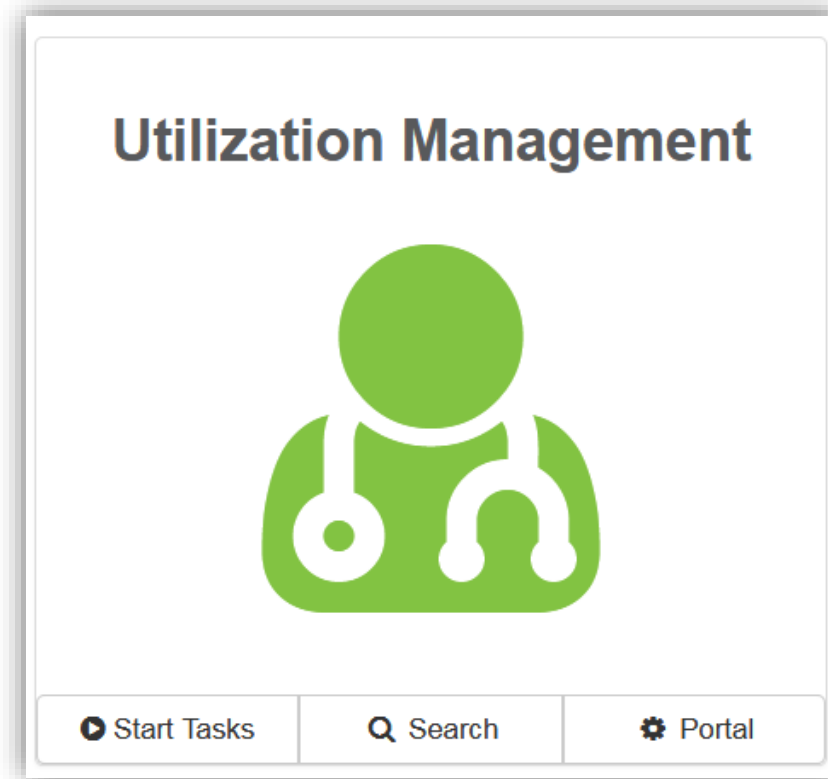


# Telligen Provider Portal – Landing Page

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- **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.



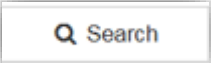



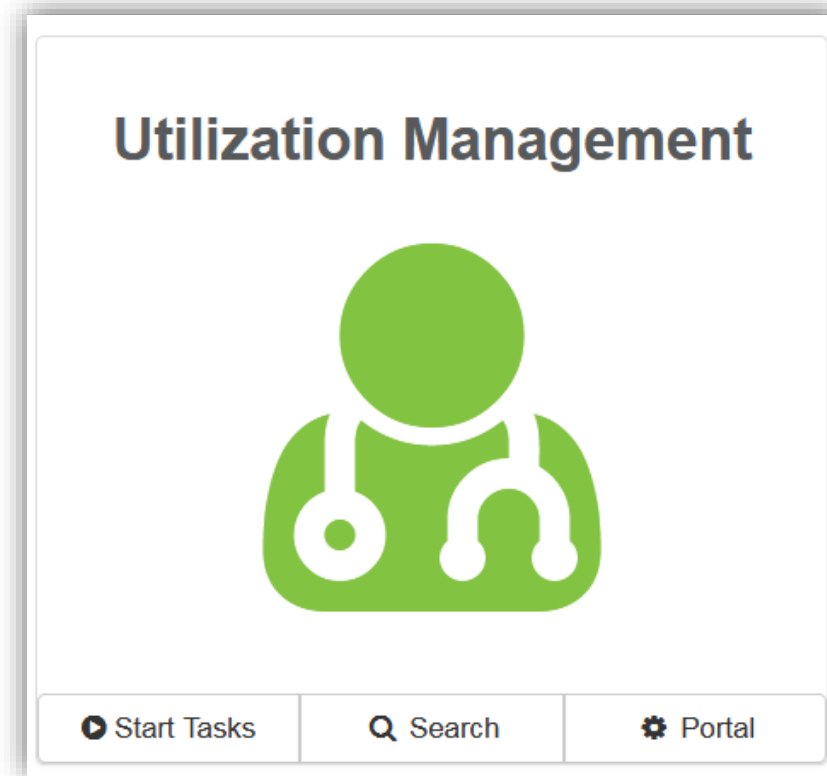
# Adding a Review



# Telligen Provider Portal – Adding a New DME 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 DME 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 and several utility icons (notifications, search, menu, help, user profile). Below the navigation bar, a breadcrumb trail shows 'Dashboard / Task Queue'. 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 DME 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: 'View Cases' and '+ Add'.

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

Stephanie Wilson View Member Details

Member ID: TEMP000000100323 Date of Birth: 01/03/1978 Phone Number: Client: Wyoming

Utilization Management View Cases + Add

# Telligen Provider Portal – View Member Details



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

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.

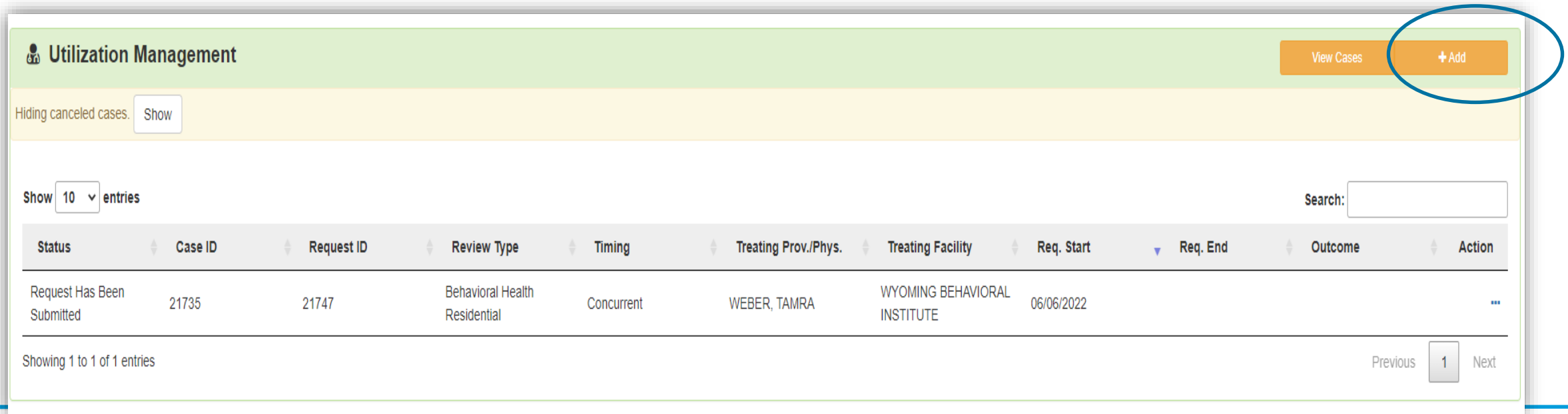


# Telligen Provider Portal – Utilization Management Panel



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  button to start a new request.



The screenshot shows the 'Utilization Management' interface. At the top left, there is a header 'Utilization Management' with a user icon. To the right of the header are two orange buttons: 'View Cases' and '+ Add'. The '+ Add' button is circled in blue. Below the header, there is a yellow bar with the text 'Hiding canceled cases.' and a 'Show' button. Underneath, 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. A single row of data is visible, showing a '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

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The following panels will be required for your request:

- **Authorization Request**
- **Dates of Service**
- **Coverage**
- **Providers**
- **Provider Organization Visibility**
- **Diagnosis**
- **Durable Medical Equipment**
- **Documentation**

We will review each one of these sections





# Telligen Provider Portal – Add New DME Request



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

- Date will prepopulate with the current date


### Authorization Request

<b>Date Request Received *</b> 06/14/2022 12:41 pm	<b>Review Type *</b> <input type="text"/>	<b>Place of Service *</b> <input type="text"/>	<b>Type of Service *</b> <input type="text"/>
<b>Timing *</b> <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.
  - Select the Durable Medical Equipment review type
  - Additional training sessions will cover Inpatient and Outpatient
  - Content will be located under education on the website



The screenshot shows a dropdown menu for "Review Type". The title of the dropdown is "Review Type \*" with a red error icon and the text "Review Type is a required field". The dropdown is currently empty, showing a downward arrow. The list of options includes: Acute Behavioral Health, Behavioral Health Outpatient, Behavioral Health Residential, Dental, Durable Medical Equipment (circled in blue), 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.



# Authorization Request Panel cont.



- **Place of Service:** This is where you will select the place where the DME supplies are coming from: Office/Clinic or OPT Hospital
- **Type of Service:** This is where the type of DME is being ordered: DME or Prosthetic device
- **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

### Authorization Request

<b>Date Request Received *</b> 06/15/2022 10:58 am	<b>Review Type *</b> Durable Medical Equipment	<b>Place of Service *</b> Office	<b>Type of Service *</b> Durable Medical Equipment
<b>Timing *</b> Prospective			
			<input type="button" value="Cancel"/> <input type="button" value="Add New Request"/>



# Dates of Service Panel

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- 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

A screenshot of a web form titled 'Dates of Service'. The form has a light green header bar with the title. Below the header, there are two input fields. The first is labeled 'Service Start Date \*' and contains the placeholder text 'MM/DD/YYYY' with a calendar icon to its right. The second is labeled 'Service End Date \*' and also contains the placeholder text 'MM/DD/YYYY' with a calendar icon to its right. The entire form is enclosed in a thin green border.

# 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				
<b>Medicare Indicator *</b>		<b>Third Party Liability *</b>		<b>EPSDT Indicator *</b>
<input type="text" value="Yes"/>		<input type="text" value="No"/>		<input type="radio"/> Yes <input checked="" type="radio"/> No
<b>Eligibility Comment *</b>				
<input type="text"/>				

# Coverage Panel

- 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 DME
  - *Treating Provider* – The **organization** providing the care or services

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



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



# Entering Provider and Organization 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 provider 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 Provider and Organization 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
	332BX2000X - Durable Medical Equipment & Medical Supplies			Client File


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




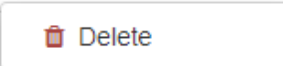

	A+ COMMUNITY SERVICES	Medicaid Program	1588056733	145432301	145432301		Clinic #: 1 Addr: 384 Oleander Casper, WY, 82604	(307) 267-8878	Case Management	Provider File
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# Entering Provider and Organization Information



- You will see the provider's name and organization's 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 provider/Organization for the one that was deleted.

Type	Name	NPI	Address	Phone	Primary Taxonomy	PPO Redirect Reason	Comments	Action
Ordering Provider	 A+ COMMUNITY SERVICES	1588056733	Clinic #: 1 384 Oleander Casper, WY, 82604	(307) 267-8878	Case Management			
Treating Provider	 COMMUNITY HOME OXYGEN	1225098585	Clinic #: 1 1482 Commerce Dr Unit W Laramie, WY, 82070	(307) 745-5716	Durable Medical Equipment & Medical Supplies			



# 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 for it to be seen by the Treating Providers organization for their knowledge and information


**Provider Organization Visibility** ?


Wilson, Stephanie, User

ST LUKE'S REGIONAL MEDICAL CENTER




# Diagnosis Panel

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

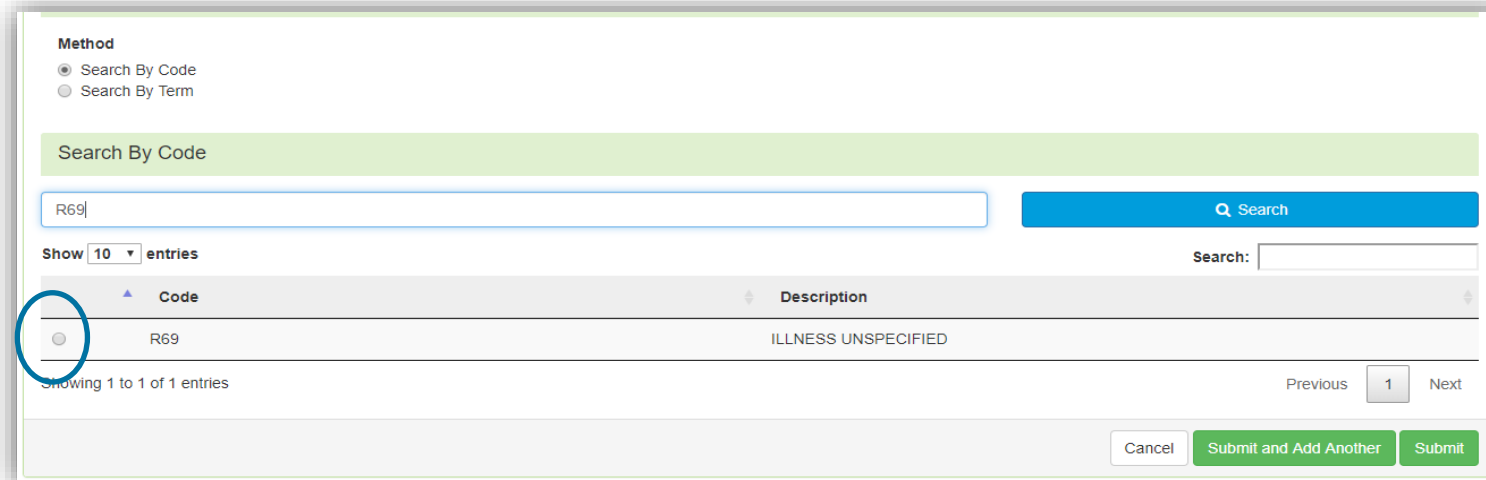
#### Search By Code

Enter Full ICD Code



# Diagnosis Panel: Populating the Diagnosis

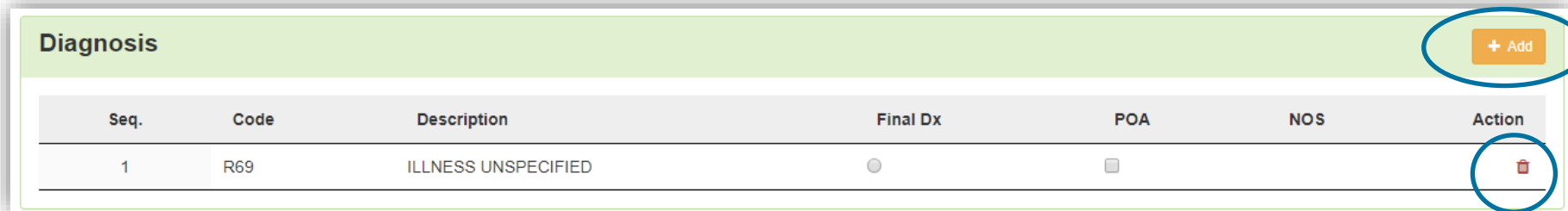
- **Entering a code:**
  - Select method: Code or term to search (radio button to select)
  - Enter information in the search box
  - Click Search
- The system will provide you a list of results you can select from. Select the one that you want added to the review by clicking on the radio button to the 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 with the text "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", "1", and "Next" buttons. At the 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"/>		

# Durable Medical Equipment Panel



- The **DME Panel** is where the equipment being requested is to the review
- Click the  button to add a DME to the panel.
  - Select Radio button to indicate a code or term search
  - Enter information in the search box
  - Click **search**

## Add Durable Medical Equipment

**Method:**

- Search by Code
- Search by Term

## Search By Term

**Section**

**Category**


**Sub-Category**





## DME Panel cont.

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



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

▲ Code	◆ Description
<input type="radio"/> (HCPCS) A4575	Topical hyperbaric oxygen chamber, disposable



# DME Panel cont.



- Adding a Miscellaneous Code:
  - If using a misc code when submitting your request for DME, the NOS Description text will appear
  - Additional details are required to complete the review

Search By Code

K0108 Search

Search:

Show 10 entries

Code	Description
<input checked="" type="radio"/> (HCPCS) K0108	Wheelchair component or accessory, not otherwise specified

Showing 1 to 1 of 1 entries Previous 1 Next

**NOS Description \*** ⓘ NOS Description is a required field

Describe the Not Otherwise Specified Durable Medical Equipment



# DME Panel cont.



- Complete Modifiers and DME details: see codes below

Modifiers

Modifier 1 \*

UE - Used durable medical equipment  
NU - New equipment  
RR - Rental (use the RR modifier when DME is to be rented)

1 unit(s)

Frequency

Frequency Qualifier

Allowed Amount

Cancel Add Another Add





After selecting the DME you want added to the review:  
**Add** will add the DME to the review.  
**Add Another** will allow you to add another Modifier to the DME details  
Enter as many DME items as needed.



## DME Panel cont.



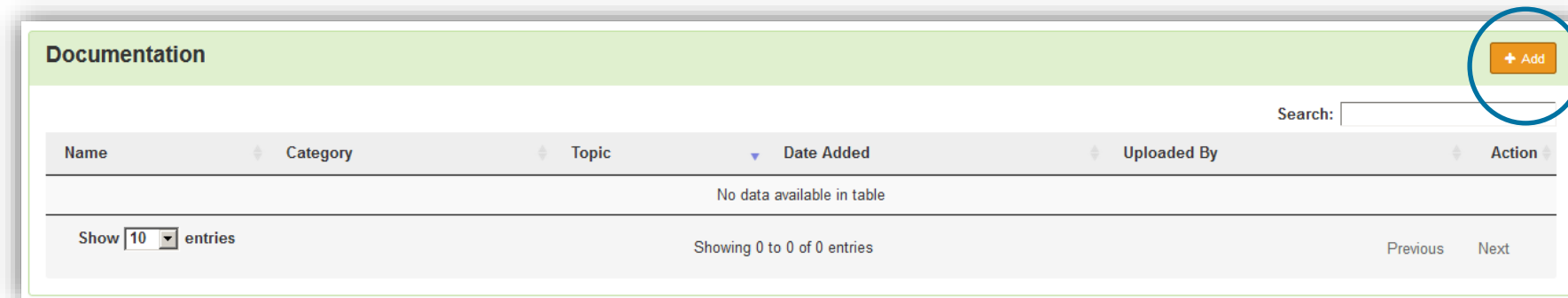
- Use the trash can icon on the right side of the DME to delete anything entered incorrectly in this panel.
- The Pen and paper icon will reopen the DME details for editing

Durable Medical Equipment <span style="float: right;">+ Add</span>								
Code	Description	NOS	Modifier 1	Modifier 2	Quantity	Frequency	Cost	Action
A4575	TOPICAL HYPRBR OXYGEN CHAMB DISPBL		NU		1 unit(s)			 
A4616	TUBING PER FOOT		NU		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.

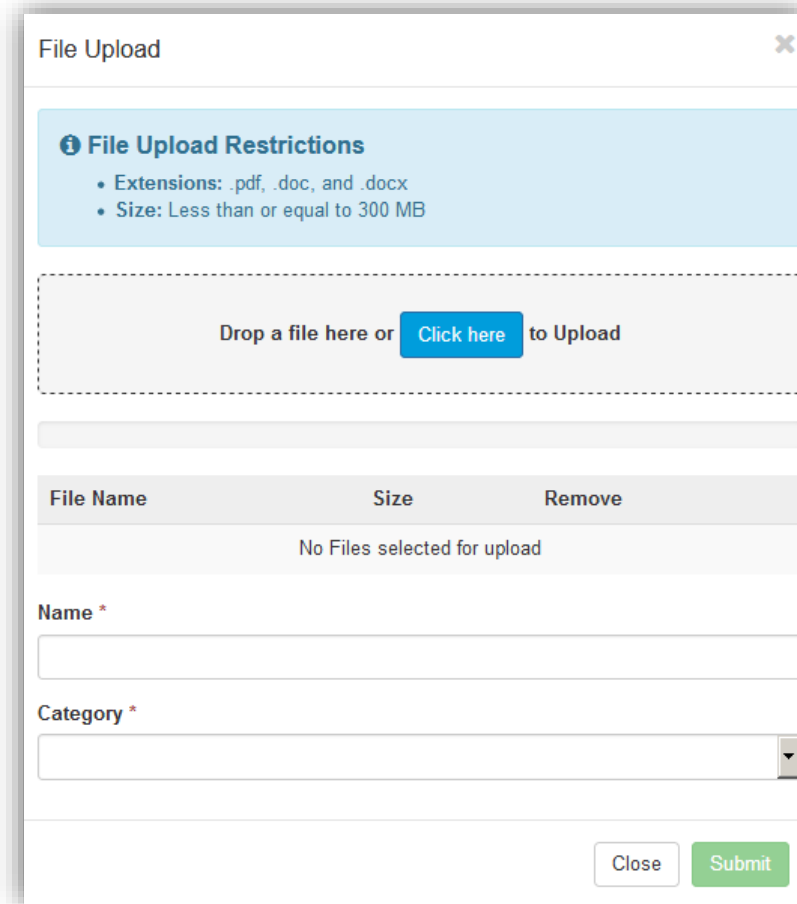


The screenshot shows a web interface for the 'Documentation' panel. At the top, there is a green header with the title 'Documentation' and an orange '+ Add' button circled in blue. Below the header is a search bar labeled 'Search:'. Underneath is a table with columns: Name, Category, Topic, Date Added, Uploaded By, and Action. The table is currently empty, displaying the message 'No data available in table'. At the bottom of the panel, there is a pagination control showing 'Show 10 entries' and 'Showing 0 to 0 of 0 entries', along with 'Previous' and 'Next' navigation links.



# 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.

A modal window titled 'File Upload' with a close button in the top right corner. It contains a section for 'File Upload Restrictions' with a list of allowed extensions and a size limit. Below this is a dashed box for file dropping with a 'Click here' button. A table below shows no files selected. At the bottom are input fields for 'Name' and 'Category', and 'Close' and 'Submit' buttons.

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 \***

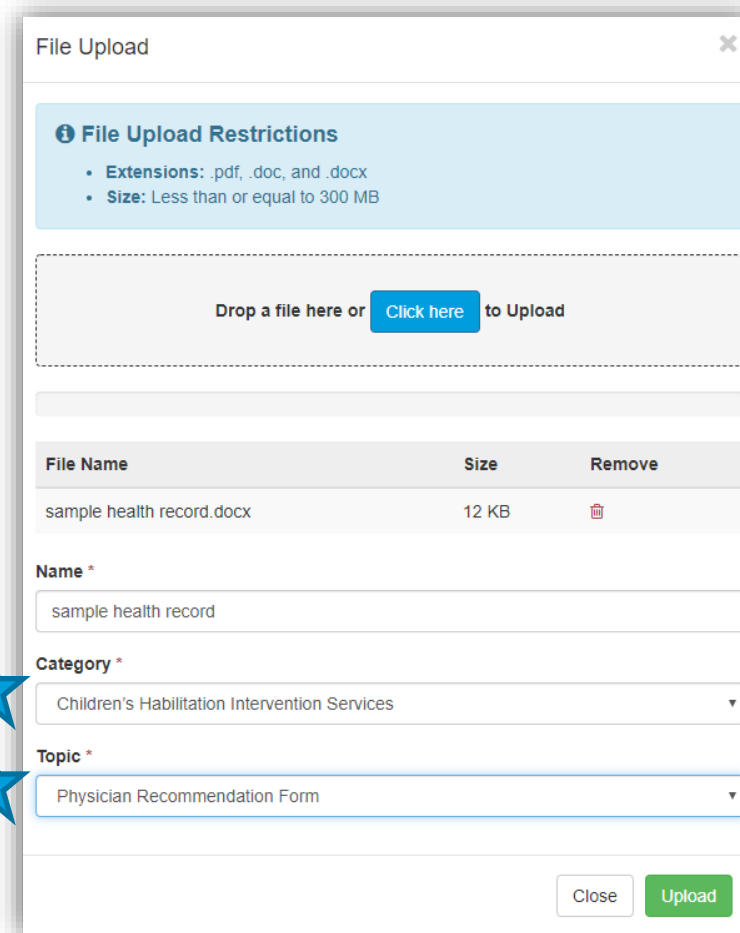
**Category \***

[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**

**mcg**

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

**Authorization :** EPS-00034573 **Type :** Procedure Pre-authorization **Status :** NoDecisionYet [show more](#)

**Diagnosis Codes :** J95.822(ICD-10 Diagnosis) *primary* **Procedure Codes :** A4575(CPT/HCPCS) *primary*, A4616(CPT/HCPCS)

**Procedure Code:** A4575 (CPT/HCPCS) [Document Clinical](#)

**Requested Units:** 1

**Description :** TOPICAL HYPRBR OXYGEN CHAMB DISPBL

**Procedure Code:** A4616 (CPT/HCPCS) [Document Clinical](#)

**Requested Units:** 1

**Description :** TUBING PER FOOT

[Submit Request](#)



# MCG Process cont.



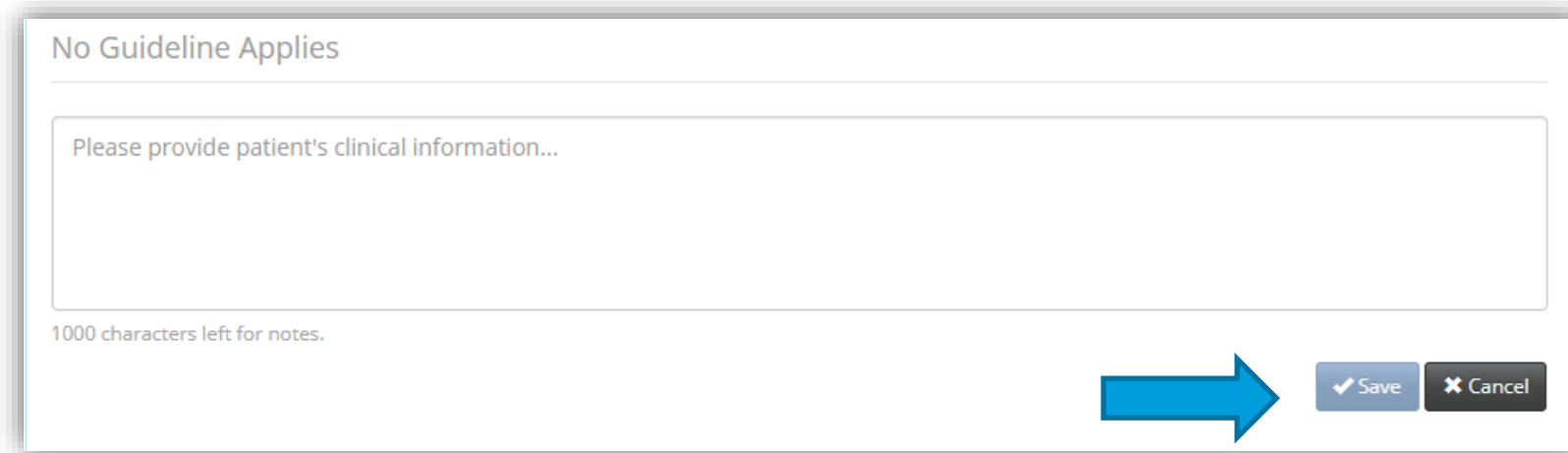
- Click **Add** under the Action column to include the necessary guidelines

<b>Procedure Code:</b> A4616 (CPT/HCPCS)			
<b>Requested Units:</b> 1			
<b>Description :</b> TUBING PER FOOT			
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.

Save Cancel

A blue arrow points to the Save button.



# 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:** E0639 (CPT/HCPCS)  
**Requested Units:** 1  
**Description :** PT LIFT MOVEABLE DISASSMBLREASSMBL

Guideline Title	Product	Code	Action
No Guideline Applies			add



# MCG Process cont. – Criteria Example









Procedure Code: E1161 (CPT/HCPCS)

Requested Units: 1

Description : MANUAL ADLT SZ WC INCL TILT SPACE

A-0354 - Wheelchairs, Manual - (AC)

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

- Ambulation is impaired, and ...
  - Mobility-related activities of daily living unable to be completed 
  - Mobility-related activities of daily living unable to be completed in reasonable amount of time 
  - Mobility-related activities of daily living unable to be completed safely 
- Ambulatory assistive device (eg, cane, crutches, walker) does not sufficiently resolve mobility deficit. 
- Patient or caregiver available and able to participate in training 
- Physical layout, surfaces, and obstacles in area in which wheelchair is to be used permit safe operation of device. 
- Provider or team of experts with appropriate expertise in patient's condition has evaluated patient, concurs that manual wheelchair is appropriate for improving primary or secondary mobility, and has written prescription specifying ...
- Self-propulsion of manual wheelchair is feasible, or caregiver is willing and able to assist in propulsion. 
- Short-term functional decline is not expected (ie, no requirement for additional support offered by powered wheelchair).
- No other uncompensated conditions that limit ability to participate in daily activities or to safely operate manual wheelchair (eg, vision, hearing, cognition, judgment) are present. 

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.

✓ Procedure Code: A4616 (CPT/HCPCS)

▼ show more

Requested Units: 1

Description : TUBING PER FOOT

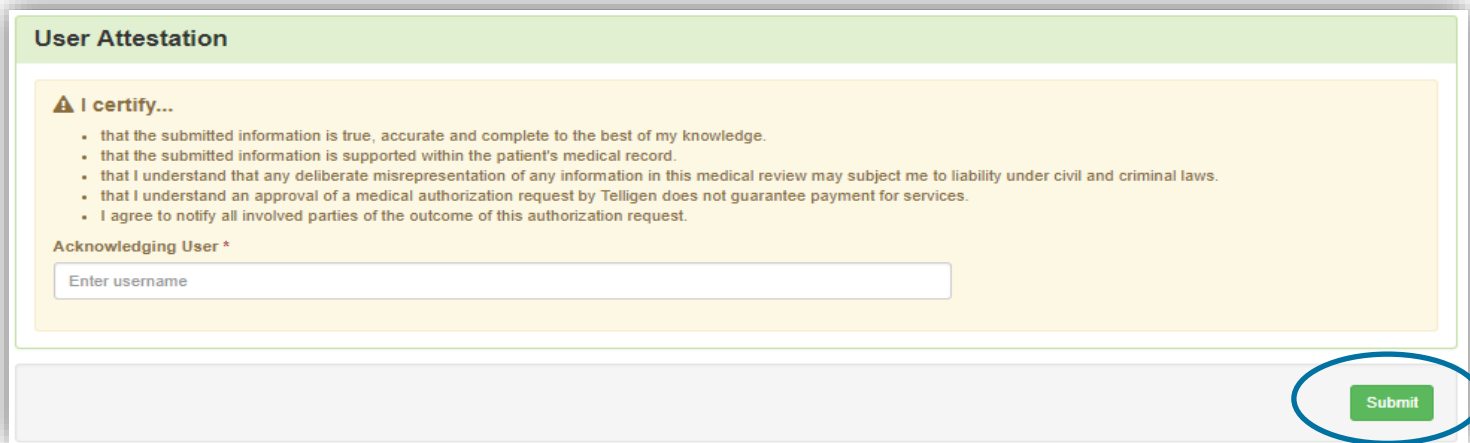


✓ Submit Request



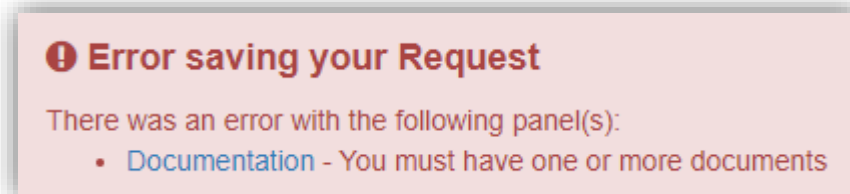
# Attestation

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



The screenshot shows a 'User Attestation' form. At the top, it says 'User Attestation'. Below that is a section titled 'I certify...' with a warning icon. It contains 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 this is a section titled '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
- If any information is missing, an error will indicate what is missing



The screenshot shows an error message in a red box. It starts with a red exclamation mark icon followed by the text 'Error saving your Request'. Below this, it says 'There was an error with the following panel(s):' and then lists a single bullet point: 'Documentation - You must have one or more documents'.

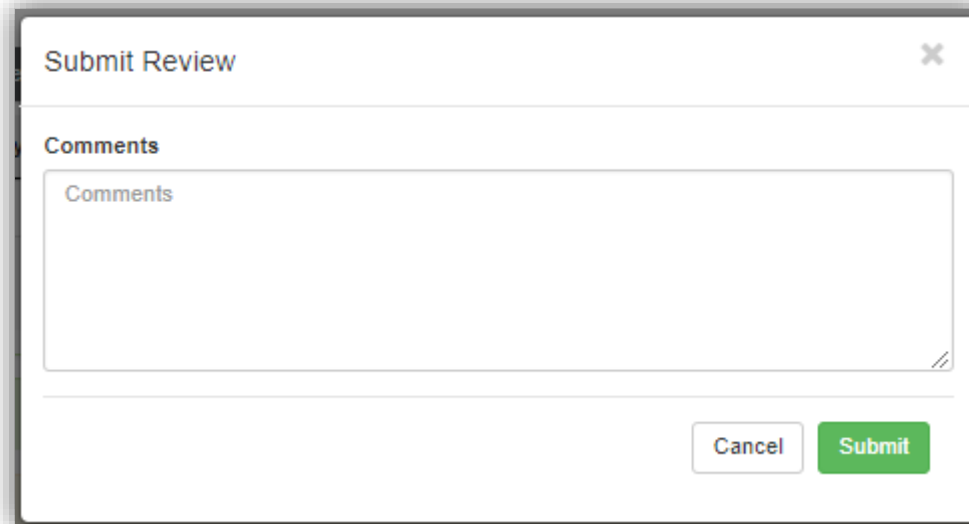




# Comments

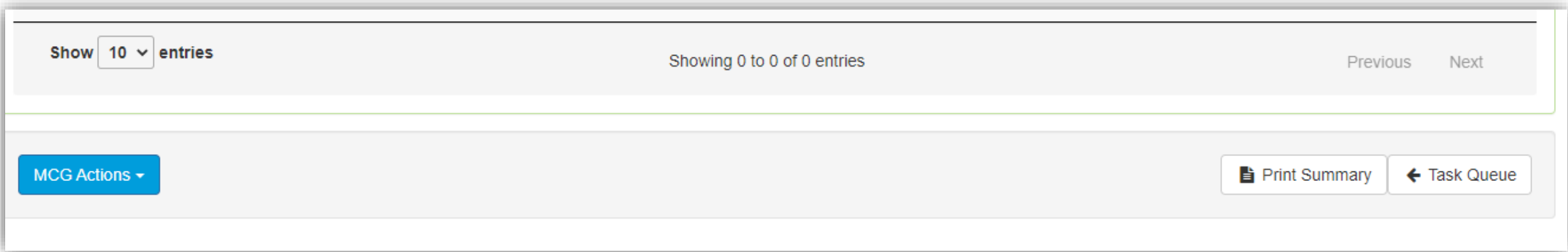
---

- 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.



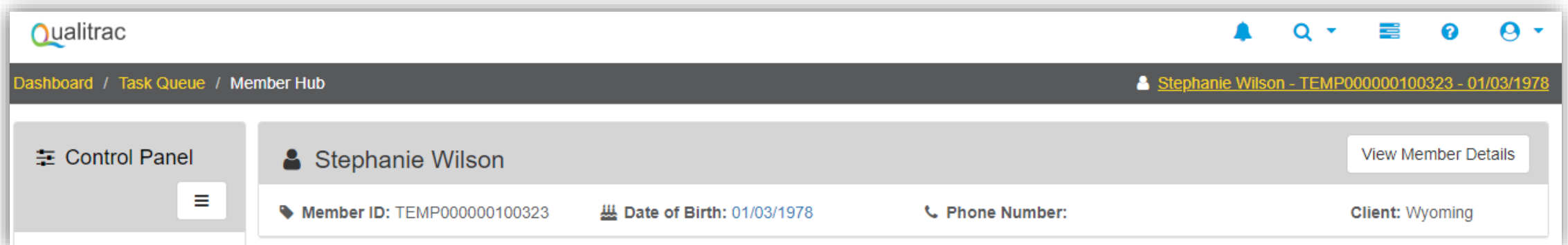
The screenshot shows a summary page interface. At the top left, there is a "Show" label followed by a dropdown menu set to "10" and the word "entries". In the center, it says "Showing 0 to 0 of 0 entries". On the right side, there are "Previous" and "Next" navigation links. Below this, there is a blue button labeled "MCG Actions" with a dropdown arrow. On the far right, there are two buttons: "Print Summary" with a printer icon and "← Task Queue" with a left-pointing arrow.



# 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 (1<sup>st</sup> Level Appeal), and other options.

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 "Durable Medical Equipment (21757)" on the left, "Treating Provider: COMMUNITY HOME OXYGEN" in the center, and a "Complete" button on the right. Below this, there is a "Show 10 entries" dropdown and a "Search:" input field. A table with columns "Module", "Timing", "Status", "Date Request Received", "Case Completed", "Outcome", and "Action" is displayed. The first row contains: "Medical Necessity", "Prospective", "Request Is Complete", "06/15/2022 12:46 pm", "06/15/2022", "Partial Denial", and an ellipsis icon. A blue arrow points to the ellipsis icon, and a dropdown menu is open showing "View Request" and "1st Level Appeal". At the bottom left, it says "Showing 1 to 1 of 1 entries".

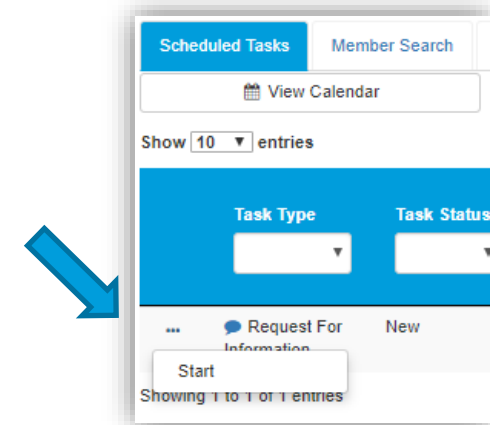
Module	Timing	Status	Date Request Received	Case Completed	Outcome	Action
Medical Necessity	Prospective	Request Is Complete	06/15/2022 12:46 pm	06/15/2022	Partial Denial	...

# 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
<a href="#">DRG Request for Information</a>   	Treating Facility: UMEHR Test Provider 6 NPI: 8888888806	06/16/2022 10:57:18
<a href="#">DRG Request for Information</a>   	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 web interface for a 'Documentation' panel. At the top left is the title 'Documentation' and at the top right is an orange '+ Add' button. Below the title is a search bar with the label '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 Name column, 'Clinical' in the Category column, 'Medical & Treatment History' in the Topic column, '02/17/2019' in the Date Added column, and 'swilsonMD' in the Uploaded By column. The Action column contains a trash icon. Below the table, there is a 'Show 10 entries' dropdown menu, the text 'Showing 1 to 1 of 1 entries', and pagination controls with 'Previous', a box containing '1', and 'Next'.

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.

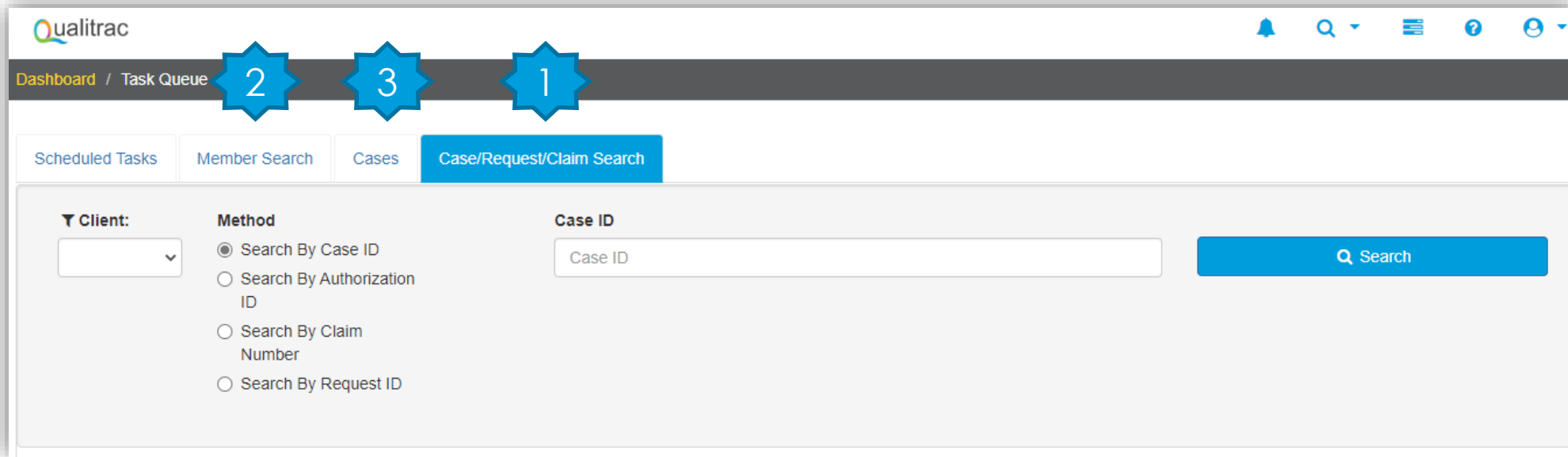


# Finding the Determination



# 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 footer with the text 'Durable Medical Equipment (21757)', 'Treating Provider: COMMUNITY HOME OXYGEN', and a 'Complete' button.

**Utilization Management** View Requests + Add

Hiding canceled requests. Show

**Durable Medical Equipment (21757)** Treating Provider: COMMUNITY HOME OXYGEN Complete

# View Outcome



## Utilization Management

[View Requests](#)

[+ Add](#)

Hiding canceled requests. [Show](#)

**Durable Medical Equipment** (21757)

Treating Provider: COMMUNITY HOME  
OXYGEN

[Complete](#)

Show  entries

Search:

Module	Timing	Status	Date Request Received	Case Completed	Outcome	Action
Medical Necessity	Prospective	Request Is Complete	06/15/2022 12:46 pm	06/15/2022	Partial Denial	...

Showing 1 to 1 of 1 entries

Previous  Next



# View Outcome



Outcomes		Review Outcome: Partial Denial	
(HCPCS) A4575 - TOPICAL HYPERBARIC OXYGEN CHAMBER DISPOSABLE		Outcome: Denied	
Requested		Final Recommendation	
Outcome		Outcome	Denied (Clinical Denial)
Authorization Number		Authorization Number	7000000005
Start Date	06/15/2022	Start Date	06/15/2022
End Date	06/16/2022	End Date	06/16/2022
Modifier 1	NU	Modifier 1	NU
Modifier 2		Modifier 2	
Units	1 unit(s)	Approved	0 unit(s) (Denied: 1)
Frequency		Frequency	
Total Cost	\$0.00	Total Cost	
		Letter Rationale:	



# Submitting a Reconsideration (1<sup>st</sup> Level Appeal) or P2P Review



# Submitting a Reconsideration (1<sup>st</sup> Level Appeal)



- To submit a reconsideration review for a denial:
  - 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 **1<sup>st</sup> Level Appeal** from the menu

The screenshot displays the 'Utilization Management' interface. At the top, there's a header with 'Utilization Management' and buttons for 'View Requests' and '+ Add'. Below this, a summary bar shows 'Acute Behavioral Health (21759)', 'Treating Physician: Aleti, Anil', and 'Treating Facility: WYOMING BEHAVIORAL INSTITUTE'. A 'Complete' button is on the right. The main area features a table with columns: Module, Timing, Status, Date Request Received, Case Completed, Outcome, and Action. A single entry is shown: 'Medical Necessity', 'Concurrent', 'Request Is Complete', '06/15/2022 03:17 pm', '06/15/2022', and 'Partial Denial'. A blue arrow points to the three-dot action menu for this entry, which is open, showing options: 'View Request', 'Continued Stay Review', and '1st Level Appeal'. The bottom of the table indicates 'Showing 1 to 1 of 1 entries'.

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 (1<sup>st</sup> Level Appeal) cont.



- For a reconsideration, the system will ask you if you are sure you want to submit a 1<sup>st</sup> Level appeal
- Select the green button : **Request 1<sup>st</sup> Level Appeal**
  - You will still be able to delete the request later

A confirmation dialog box titled "1st Level Appeal" with a close button (X) in the top right corner. The main text asks, "Are you sure you want to submit a 1st Level Appeal?". At the bottom right, there are two buttons: a white "Cancel" button and a green "Request 1st Level Appeal" button.

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

A screenshot of a "Documentation" section in a web application. It features a table with columns for Name, Category, Topic, Date Added, Uploaded By, and Action. There are two entries in the table. Below the table, there is a search bar, a "Show 10 entries" dropdown, and pagination controls showing "Showing 1 to 2 of 2 entries" with "Previous" and "Next" buttons.

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	



# Reconsideration (1<sup>st</sup> 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 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 (1<sup>st</sup> 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.

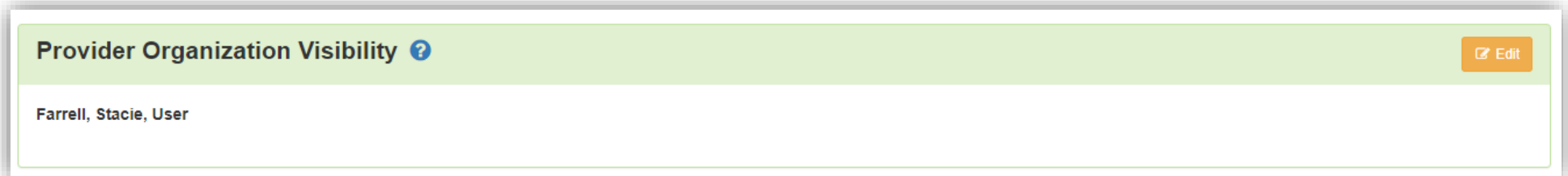


# E-mail Notifications

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- 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

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- 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](mailto: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 1<sup>st</sup>, 2022. After August 1<sup>st</sup>, 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](mailto:amy.buxton@wyo.gov).



