Wyoming Medicaid:
Telligen Provider Portal Training:
PASRR II Submission

June 2022

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

Housekeeping

- **Questions**
  - Please enter all questions into the chat
  - Time at the end of the training will be used for answering chat questions
  - Any questions not answered from the chat will be posted to the website
  - Questions about PA's from Optum, should be directed via email to Amy Buxton at amy.buxton@wyo.gov
- **Content availability**
  - Information will be posted to the website after the presentation
- **Survey**
  - Email from Survey Monkey
  - Feedback on content
  - Constructive feedback
  - Any additional training you would like to see presented in the future

How do I access Qualitrac?:
Website Introduction

Telligen Provider Portal - Overview

- The Telligen Provider Portal is a web application that allows healthcare providers to submit review requests.

- Please bookmark the https://wymedicaid.telligen.com webpage.

- Use the Log-In link provided to access Qualitrac

- Continue to check the website for information pertaining to the Telligen Provider Portal and the review process.

Telligen Landing Page Overview

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

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.
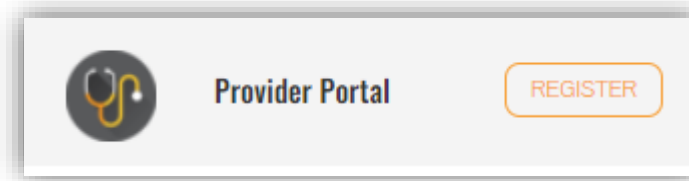
Registration Reminder

Process Overview

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

- Click the registration button :

  Provider Portal   REGISTER

  – Refer to the Introduction to Telligen recording for step by step instructions

  – Account set-up takes 5-7 business days. Any questions about the process can be sent to qtregistration@telligen.com

Provider Portal:
How to Log in

Provider Portal

- Everyone will be assigned a username for the portal.

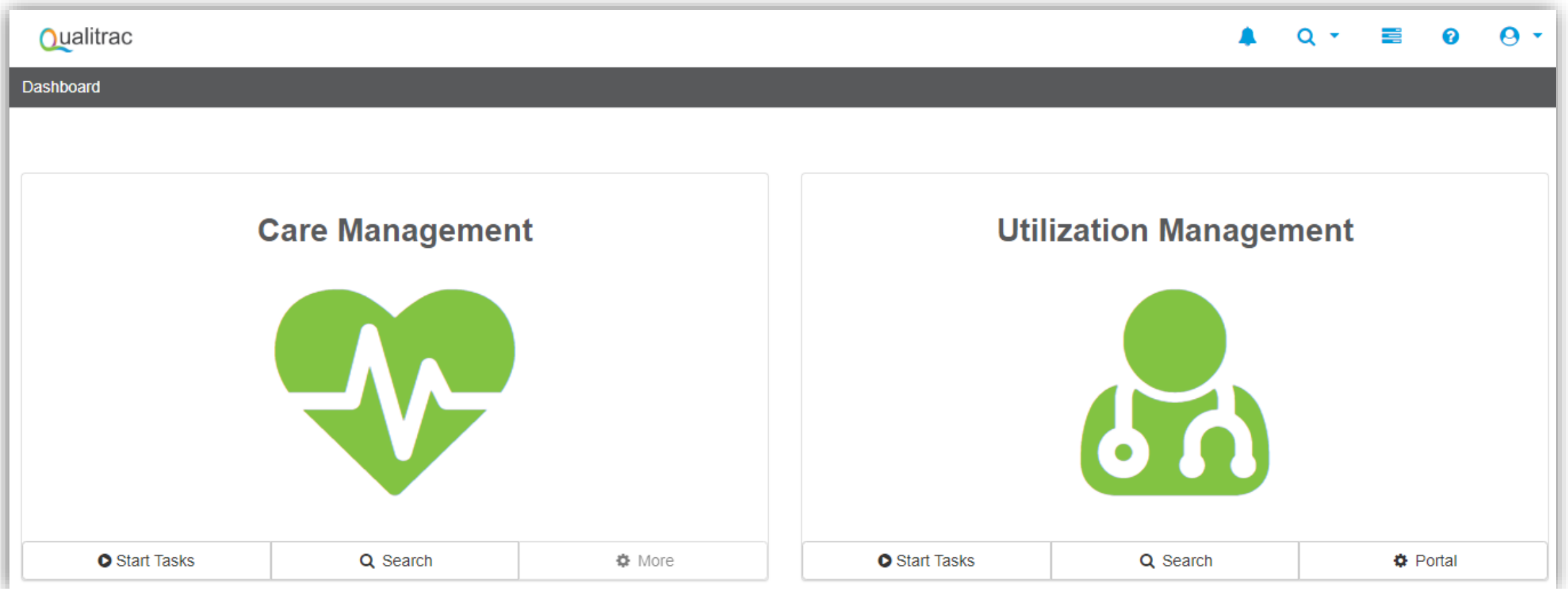- Please go https://wymedicaid.telligen.com and use the sign-in link

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

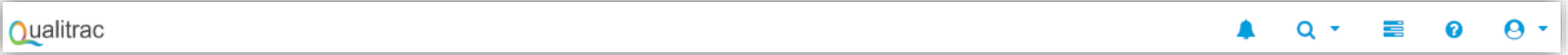4. Use the reset password link at the bottom to reset password

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 class at the top of the page.
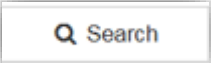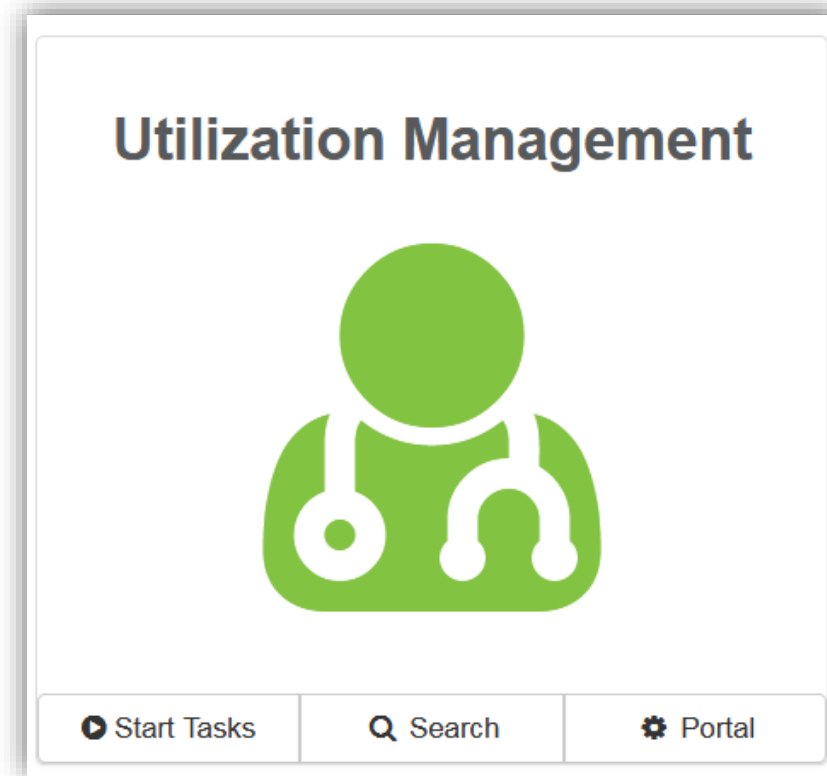- **Portal** will take you to the portal or to the task queue.
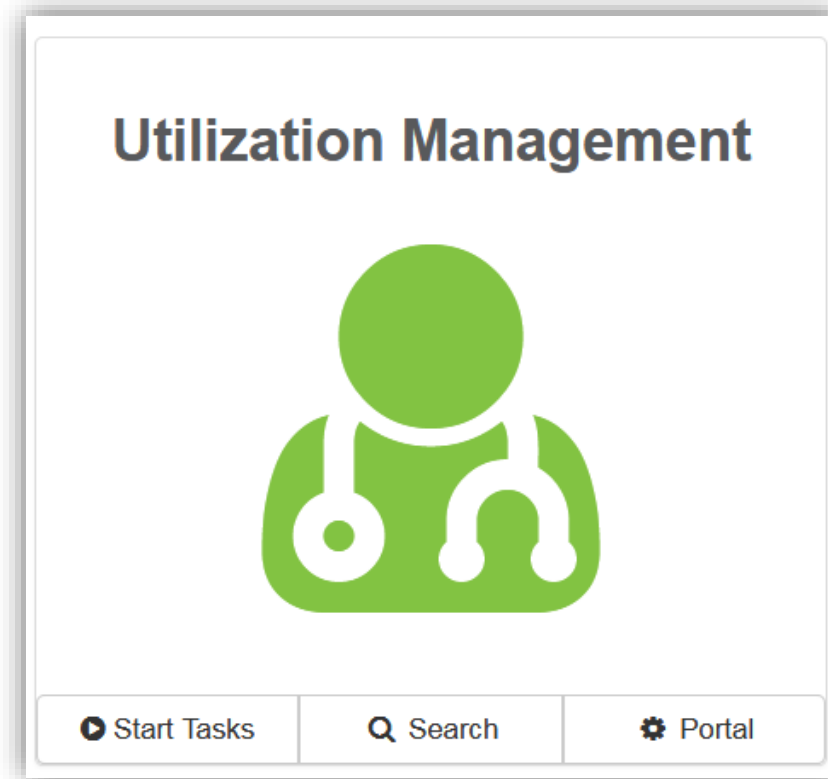
Adding a Review

Telligen Provider Portal – Adding a New Review

Click on the **Q Search** box or the "magnifying glass" icon **Q ▾** in the tool bar to access the member search screen to look for information on a member or to start a new review.

Utilization Management

▶ Start Tasks   Q Search   ⚙ Portal

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.

Telligen Provider Portal – Adding a New Review

- If your search criteria does not find a match, you will have the opportunity to add a member.

- If the client is expected to have Medicaid coverage, please check what was entered for accuracy and perform the search again.

- If the client is still not found, or it is known that the client does not have Medicaid coverage, click the [Add Member] button to add the client to the system for the PASRR II review submission.

Telligen Provider Portal – Adding a New Review

- The Add Member box opens for you provide the necessary information to add the person to the system.
- All fields with a red asterisk are required.
- For the identifiers, you will need to enter a Social Security Number or a Member ID. If you do not know what they are, you can select the N/A box on each line.

Telligen Provider Portal – Adding a New Review

- Complete the creation process by scrolling down the page.

- Once all of the required fields have been filled in, click the green Submit button to finalize the process and allow the system to create the member.

Telligen Provider Portal – Adding a New Review

- The client will be created with a Temporary Member ID. This can be used to search for this member any time you come back in to the system.

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

Telligen Provider Portal – Adding a new review

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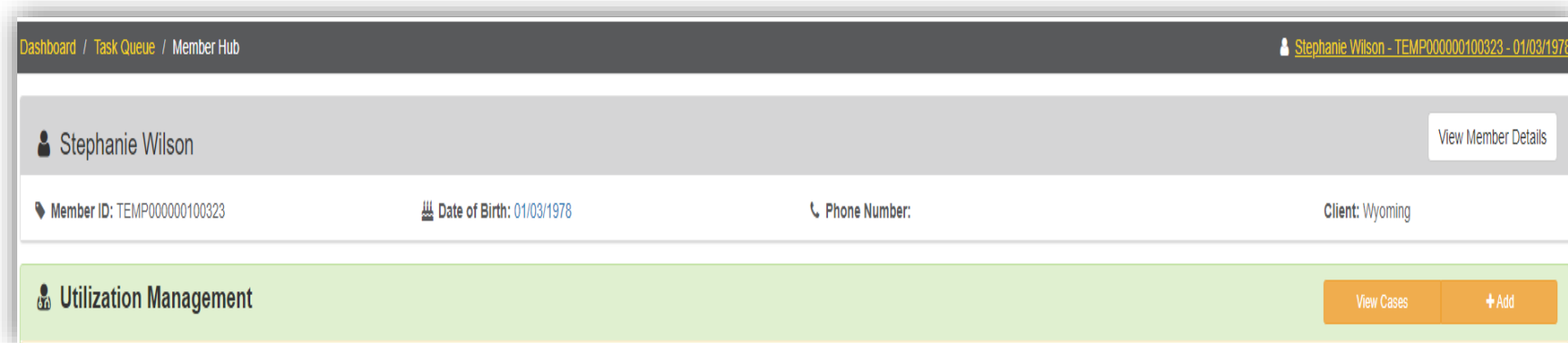
Telligen Provider Portal – View Member Details

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

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

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

Telligen Provider Portal – Utilization Management Panel

The **Utilization Management Panel** will contain all information related to all UM reviews submitted for the member on behalf of your organization or those that were shared with your organization through the provider visibility panel

- Use the **+ Add** button to start a new request

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 Panel cont.

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

Authorization Request Panel- Review Type

- Review Type: Nursing Facility
- Place of Service: Other Place of Service
- Type of Service: Preadmission Screening and Resident Review (PASRR) Level II – Categorical or Preadmission Screening and Resident Review (PASRR) Level II - Full

Admission and Discharge Panel

- Once you select Add New Request, the page opens to fill in all the remaining information necessary to process the request.
- **Admission and Discharge Panel** is used to enter the Service Start Date , admission type and the admission source
- Discharge date will populate in this panel if the timing is retrospective

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 *
Yes

Third Party Liability *
No

EPSDT Indicator *
○ Yes ◉ No

Eligibility Comment *

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** *

Yes   No

Eligibility Comment *

Providers Panel: Provider and Facility Information

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

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

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

Entering Physician and Facility Information

- Clicking [+ Add] will open a search box. You can search by entering an NPI number or by filling in any of the information boxes provided if the NPI is not known.

- Once you have entered the necessary information, click search to locate the physician or facility you are looking for.

Stephanie Wilson - TEMP000000100323 - 01/03/1978

NPI Number ❓

Other ID Number ❓

Last / Organization Name

First Name

City

State

Wyoming

Zip Code

Taxonomy

Q Search

Cancel

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		2084P0800X - Psychiatry & Neurology			Client File

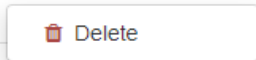- Use the green plus box next to the name to select the provider/facility that you need for the review.

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

Entering Physician and Facility Information

- You will see the physician's name or facility name and information populated in the corresponding panel.
- You can access the delete button by clicking the 3 dots to the right if selected in error
- You can use the **+ Add** button to search and find a new physician/facility for the one that was deleted.

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

Diagnosis Panel

- **Diagnosis Panel:** This is where you can enter the diagnosis information related to this review.
- You will use the [+ Add] 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						+ Add
Seq.	Code	Description	Final Dx	POA	NOS	Action
			No Diagnoses Supplied			

Diagnosis Panel cont.

- Once you click ![+ Add], you will have the ability to search for a diagnosis either by Code or by Term.
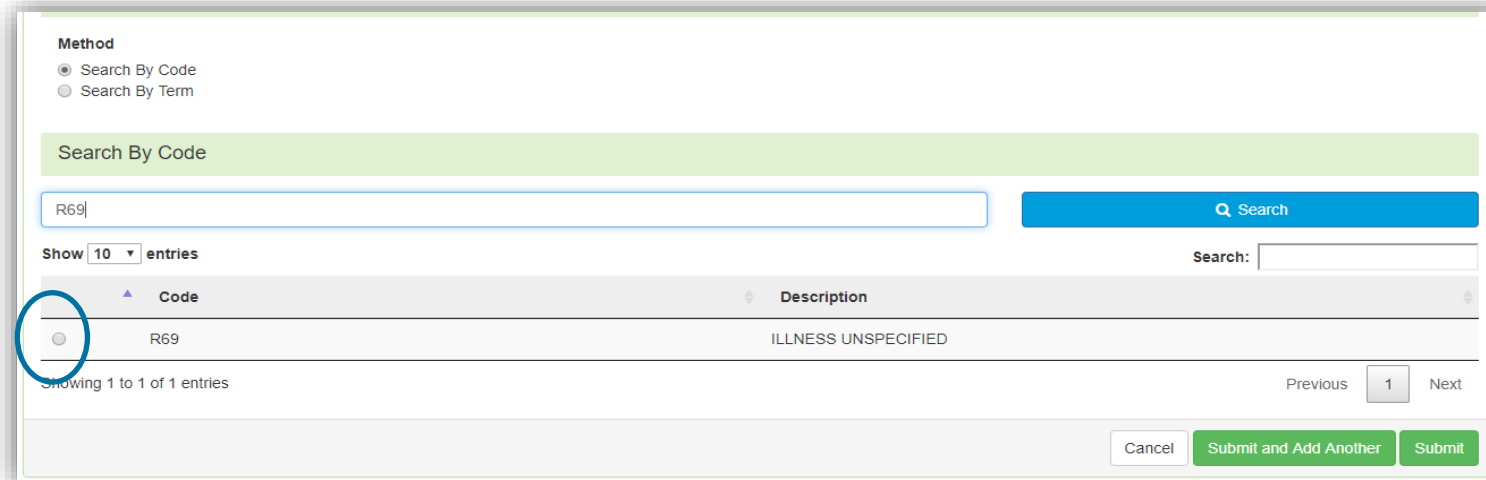
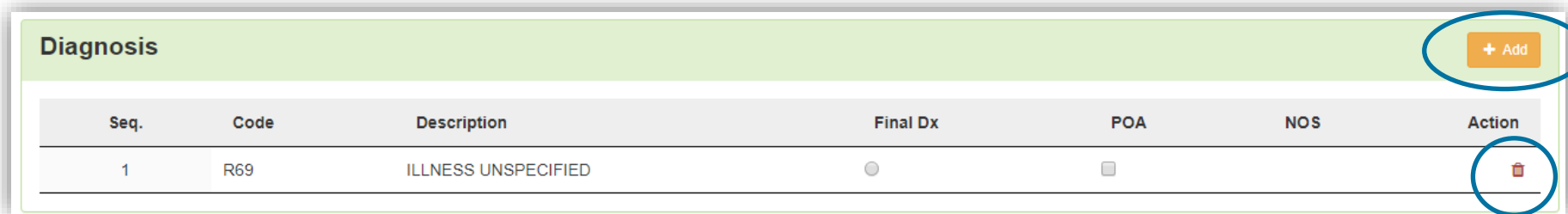# Diagnosis Panel: Populating the Diagnosis

- **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.

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.

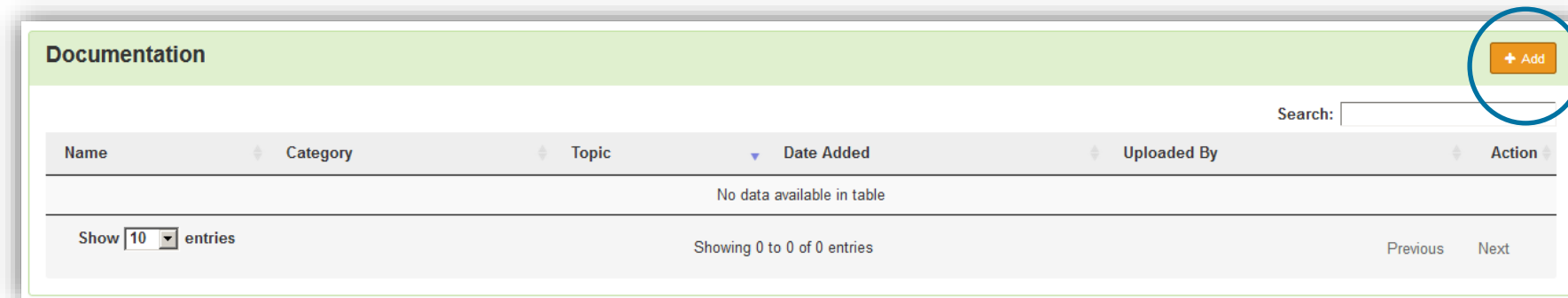| Diagnosis						+ Add
Seq.	**Code**	**Description**	**Final Dx**	**POA**	**NOS**	**Action**
1	R69	ILLNESS UNSPECIFIED	○	☐		🗑

Procedure(s) Panel

- The **Procedures Panel** is where the procedure information related to this review is documented.
- For these review types, the necessary procedure will be defaulted in the panel
- There is no need to add or change anything in the procedure panel

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.
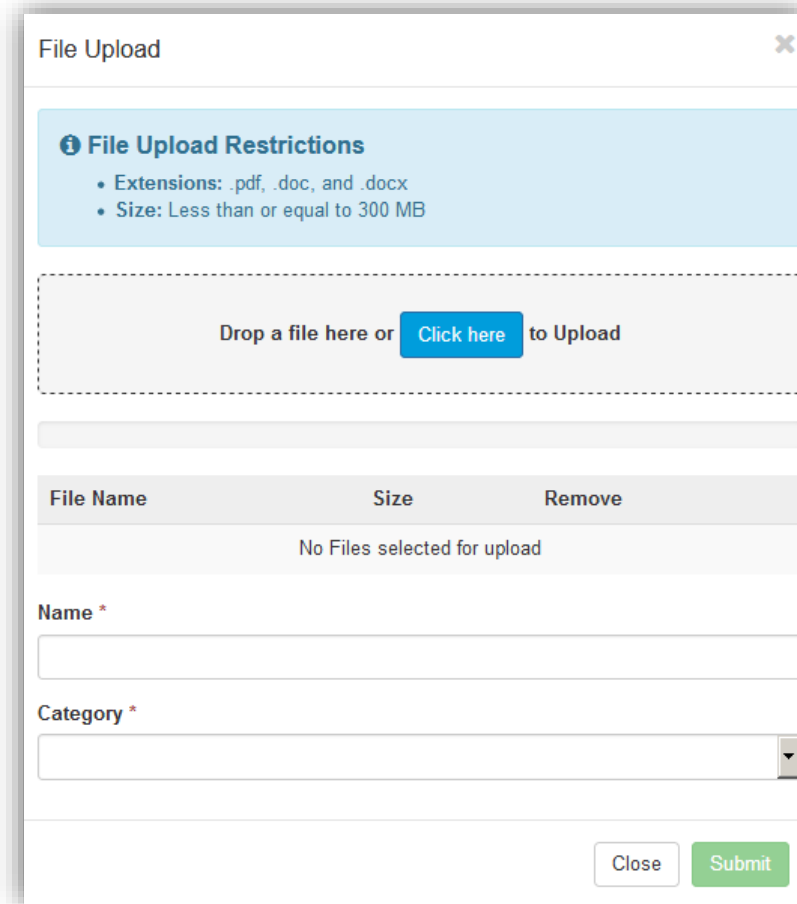
Documentation Panel cont.

- To submit documentation, click the **+ Add** 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.

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.
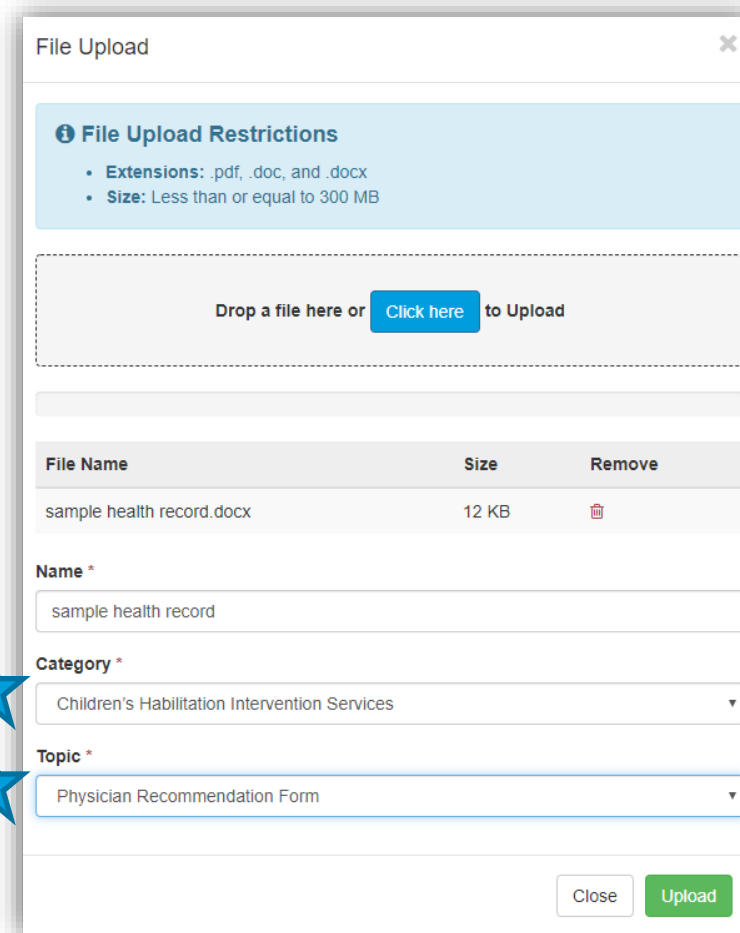
Documentation Panel cont.

- **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.

Documentation Panel cont.

- This is the list of important documents to attach to the review to ensure timely processing:

PASRR Level 1	Psychosocial Evaluation
Psychiatric Evaluation (only if on file)	Current History and Physical
Current Medication List	Progress Notes
LT101 Functional Assessment	Informed Consent Form
Previous Level II referral packet, if applicable	

*See the full list of documentation needed on the website at https://wymedicaid.telligen.com. Look for the PASRR Level II Evaluation Referral Packet Checklist

Completing your Review

- Once all the panels have been filled out, click Continue in the bottom right of the page to complete the review.

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 ✔ Request Form ▶ ✔ MCG Guideline Documentation Not Required ▶ ③ Submit Request

Patient : 346195197   **Name :** Lorens, Alex   **DOB :** 7/25/1999   **Gender :** Male   ❯ show more

Authorization : EPS-00035667   **Type :** Admission authorization   **Status :** NoDecisionYet   ❯ show more
Diagnosis Codes : F32(ICD-10 Diagnosis) primary   **Procedure Codes :** 99233(CPT/HCPCS) primary

✔ **Diagnosis Code:** F32 (ICD-10 Diagnosis)   MCG Guideline Documentation Not Required
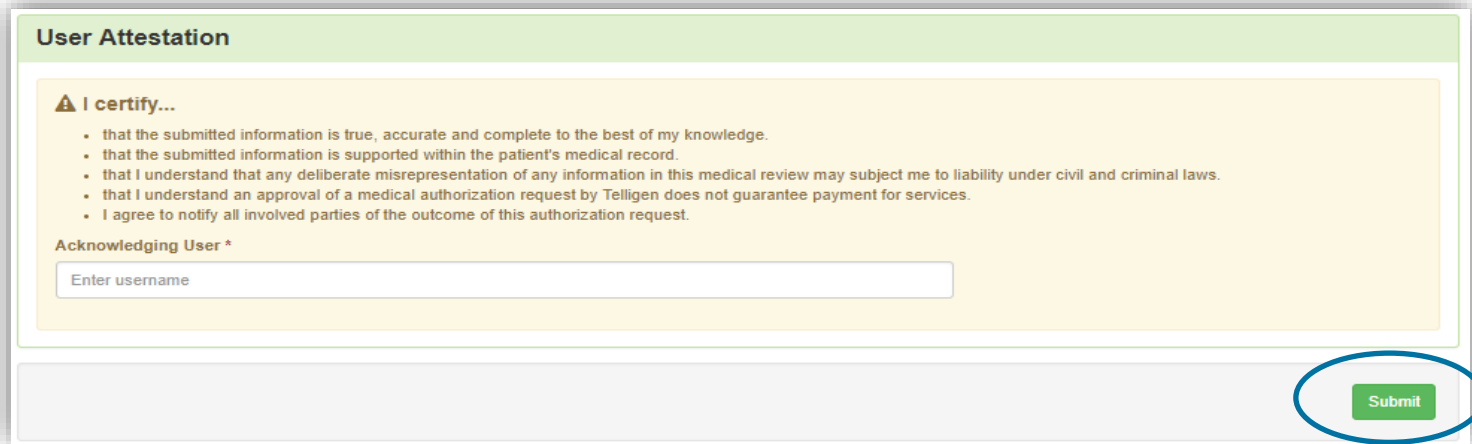**Description :** MAJ DEPRESS DO SINGLE EPISODE

✔ Submit Request

Attestation

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

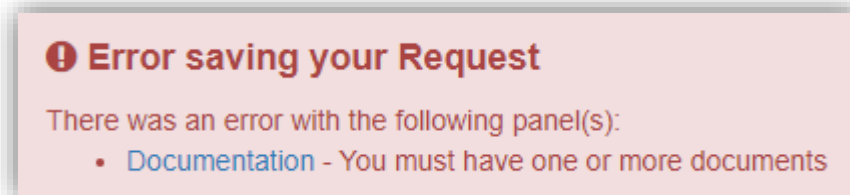## User Attestation

⚠ **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
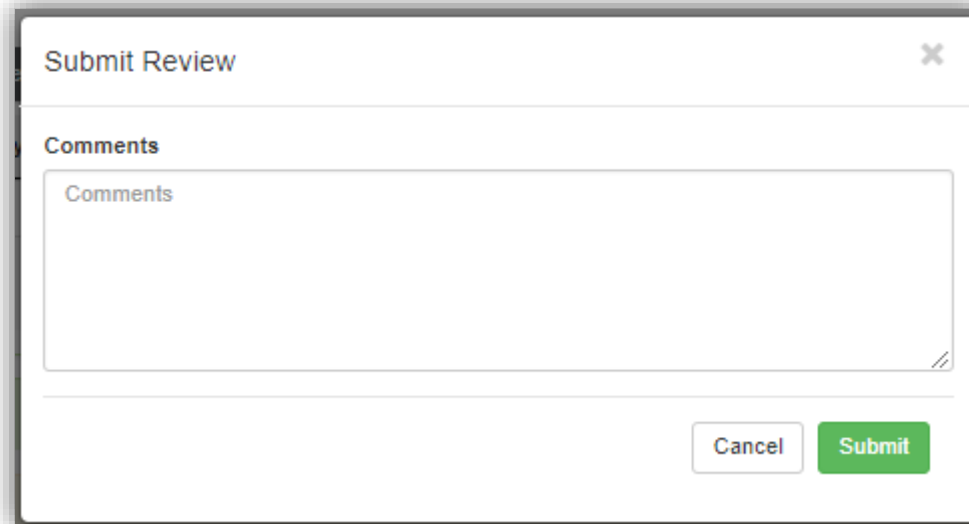
❗ Error saving your Request

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

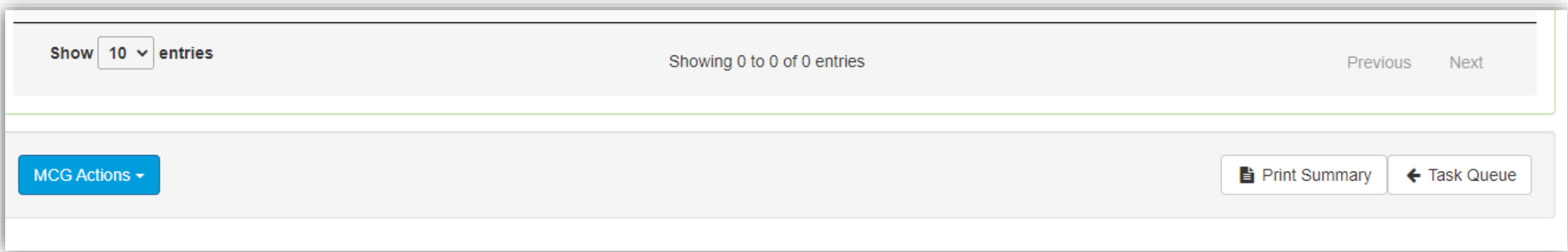- Documentation - You must have one or more documents

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.

Summary

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

Show 10 ✓ entries   Showing 0 to 0 of 0 entries   Previous   Next

MCG Actions ▾   📄 Print Summary   ← Task Queue

Where Did My Review Go?

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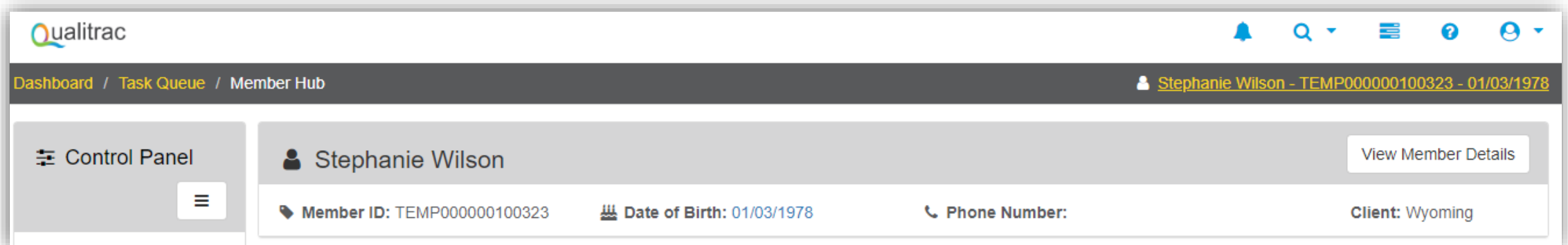
Review

- Once in the **UM Panel**:
  - Navigate to your request
  - Click on the ellipsis at the right side of the line request. This menu will allow you to view the request in more detail, submit a reconsideration (1st Level Appeal), and other options.
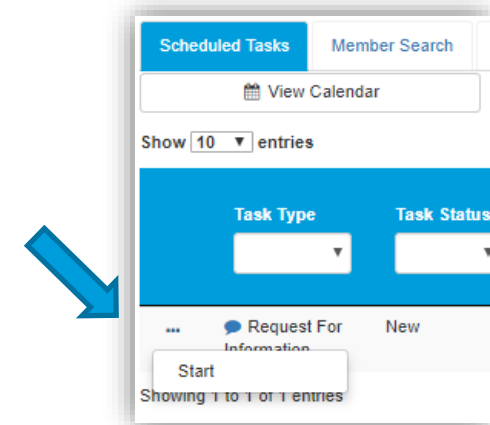
Request for Information (RFI)

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.

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.

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.

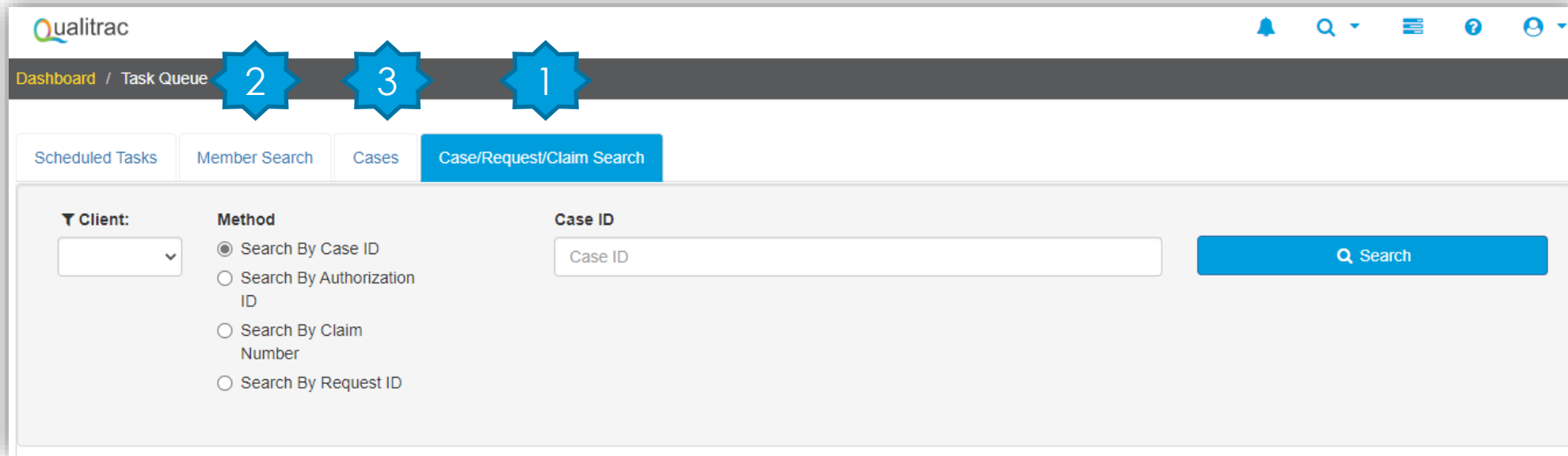# Finding the Determination

Locating A Determination

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

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.

View Outcome

View Outcome

(HCPCS) 90791 - PSYCHIATRIC DIAGNOSTIC EVALUATION		Outcome: Partial Denial

Requested		Final Recommendation	
Outcome		**Outcome**	Partial Denial (Clinical Denial)
Authorization Number		**Authorization Number**	7000000006
Start Date	06/15/2022	**Start Date**	06/15/2022
Discharge Date	06/20/2022	**Approved End Date**	06/17/2022
Modifier 1		**Modifier 1**	
Modifier 2		**Modifier 2**	
Units	5 day(s)	**Approved**	2 day(s) (Denied: 3)
Frequency	0	**Non-Covered**	0
Total Cost		**Frequency**	
		Total Cost	
		Letter Rationale: Partial Denial	

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

Submitting a Reconsideration (1ˢᵗ Level Appeal)

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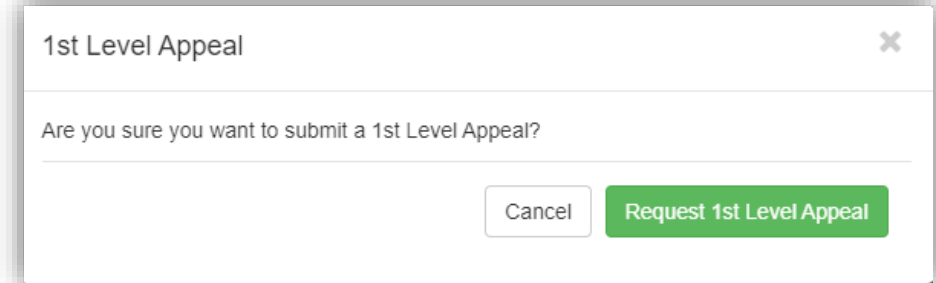
Reconsideration (1ˢᵗ Level Appeal) cont.

- 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

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

Reconsideration (1ˢᵗ Level Appeal) cont.

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

User Attestation

⚠ **I certify...**

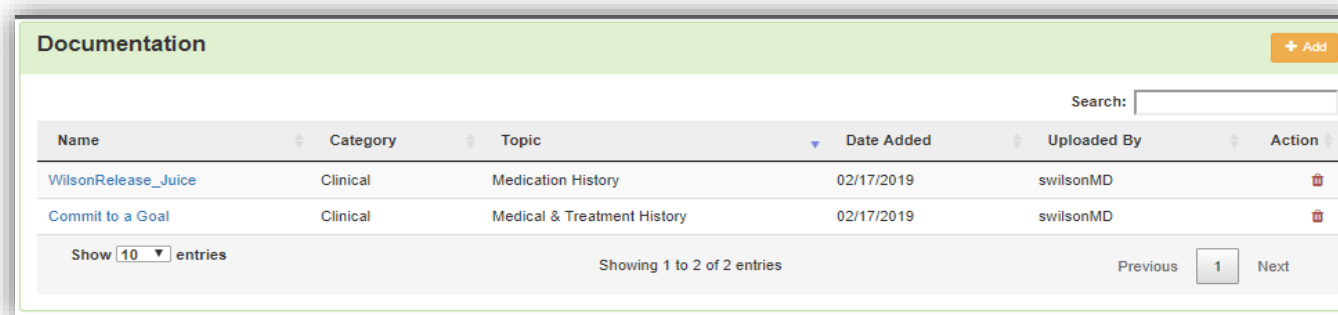- that the submitted information is true, accurate and complete to the best of my knowledge.
- that the submitted information is supported within the patient's medical record.
- that I understand that any deliberate misrepresentation of any information in this medical review may subject me to liability 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 10 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 ensure everyone in your organization receives an email notification for reviews (as needed), please select the organization or facility in the Provider Organization Visibility panel.

Provider Organization Visibility ❓   ☑ Edit

Farrell, Stacie, User

Questions