



Extended Home Health- 60 Day Renewals

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for Telligen on behalf of Wyoming Medicaid



Steps to build a Case in Qualitrac



Review Type: Extended Home Health Care

Place of Service: Home

Type of Service: Extended Home Health Care

Timing: Prospective (Due Date is 10 Business days after the previous plan of care end date)

Then select Add New Request

Authorization Request

Date Request Received * 06/30/2023 04:04 pm	Review Type * Extended Home Health Care ▼	Place of Service * Home ▼	Type of Service * Extended Home Health Care ▼
Timing * Prospective ▼			

Cancel Add New Request





Dates of Service



Start Date: This should be the start date of the certification period being requested on the POC

End Date: This should be the end date of the certification on POC

Dates of Service

Service Start Date *	Service End Date *
<input type="text" value="07/01/2023"/> 	<input type="text" value="09/01/2023"/> 



Treating/Ordering Provider and Physician



- Physician: This needs to be the Physician on the Plan of Care
- Treating and Ordering Provider: This needs to be the Home Health Agency
 - Be sure you are selecting the NPI with the correct Provider ID

Providers *

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

Diagnosis and Procedure



- Diagnosis- List the Diagnosis that is on the POC
- Procedure: The code that should be listed 99223

Diagnosis

+ Add

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

Procedures

+ Add

Seq.	Code	Description	NOS	Mod. 1	Mod. 2	Qty.	Frequency	Cost	Action
1	99223	INITIAL HOSPITAL CARE/DAY 70 MINUTES				1 unit(s)			



Documentation



- POC upcoming
- Signed POC from the prior review period
- Notes from the prior review period
- Visit notes (skilled nursing notes)

Documentation

+ Add

Show 10 entries

Search:

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

Showing 0 to 0 of 0 entries

PreviousNext



Complete Case



- Once everything is done you will want to complete the case
- Then it will ask you to certify that you have submitted everything to the best of your ability
- Then click submit and the Reviewers will look at it

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 *

