Submitting a Review Request

Children's Extensive Services Waiver
Children's Home and Community Based Services Waiver
Over Cost Containment
In-Home Support Services
Consumer Directed Attendant Support Services

February 2021

Updated March 12, 2021

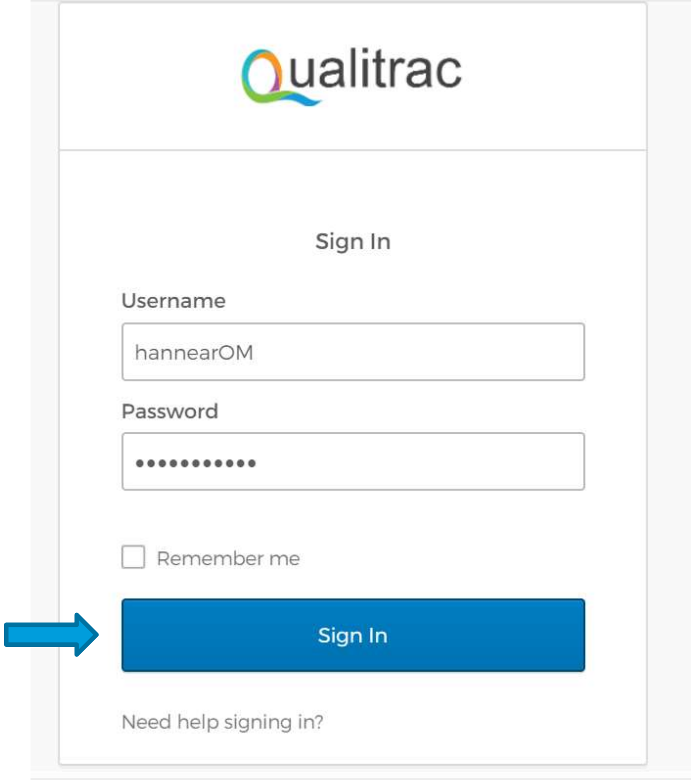
Provider Portal (1 of 4)

- Beginning **Monday, March 1, 2021**, providers will submit review requests using the Qualitrac system via a Provider Portal.
- Your Organization must first complete the online registration process and designate one or more individuals within your organization who will create user accounts for providers within your organization.
- Reminders for the instructions regarding the online registration process are provided later in this slide deck.
- Once registered, you will receive a username and instructions to create a unique password.
- You will access the Qualitrac Provider Portal at Long-Term Services and Supports Training | Colorado Department of Health Care Policy and Financing

Provider Portal (2 of 4)

On the sign-in page:

1. Enter the username you were assigned.
2. Use the password you established.
3. Click **SIGN IN** to access the system.



Sign In

Username

hannearOM

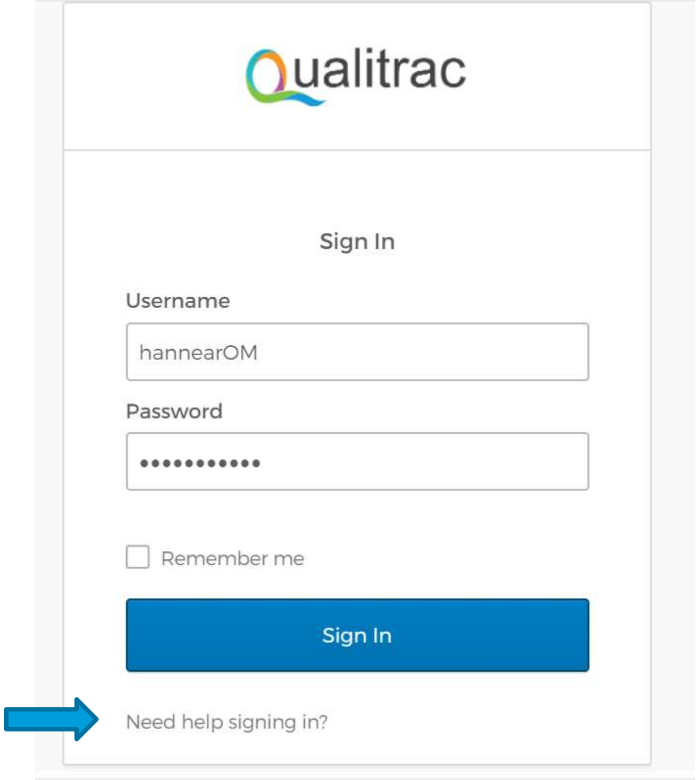
Password

•••••••••••

☐ Remember me

Provider Portal (3 of 4)

- There is a blue “Need help signing in?” link below the sign-in button. This can be used to change/reset your password whenever needed.
- **Do not bookmark this page.**
  The security around the log-in page will cause issues the next time you log in.



Qualitrac

Sign In

Username

hannearOM

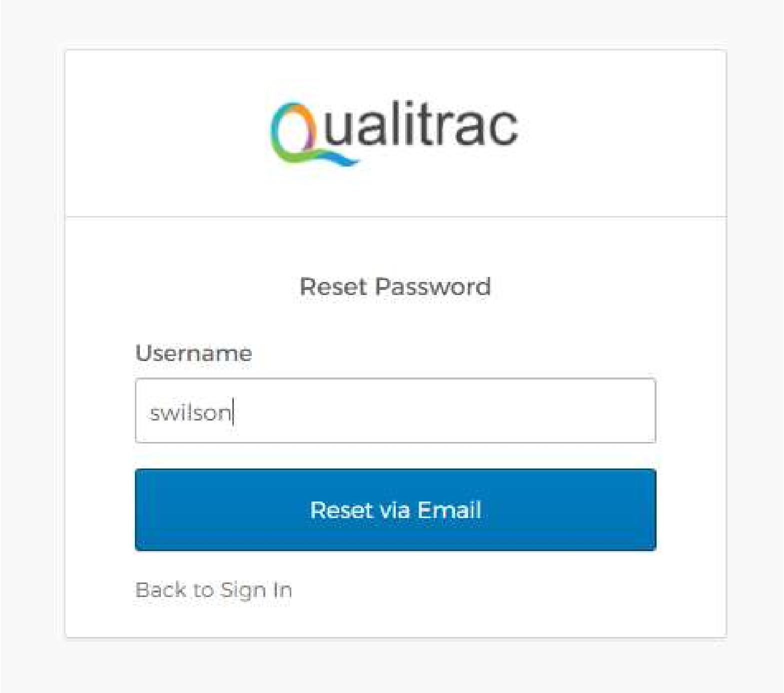
Password

••••••••••••

Provider Portal (4 of 4)

- The Reset Password screen will open and ask you to enter your username. Please enter the username you utilize to log in to the system. Do not enter your email address.

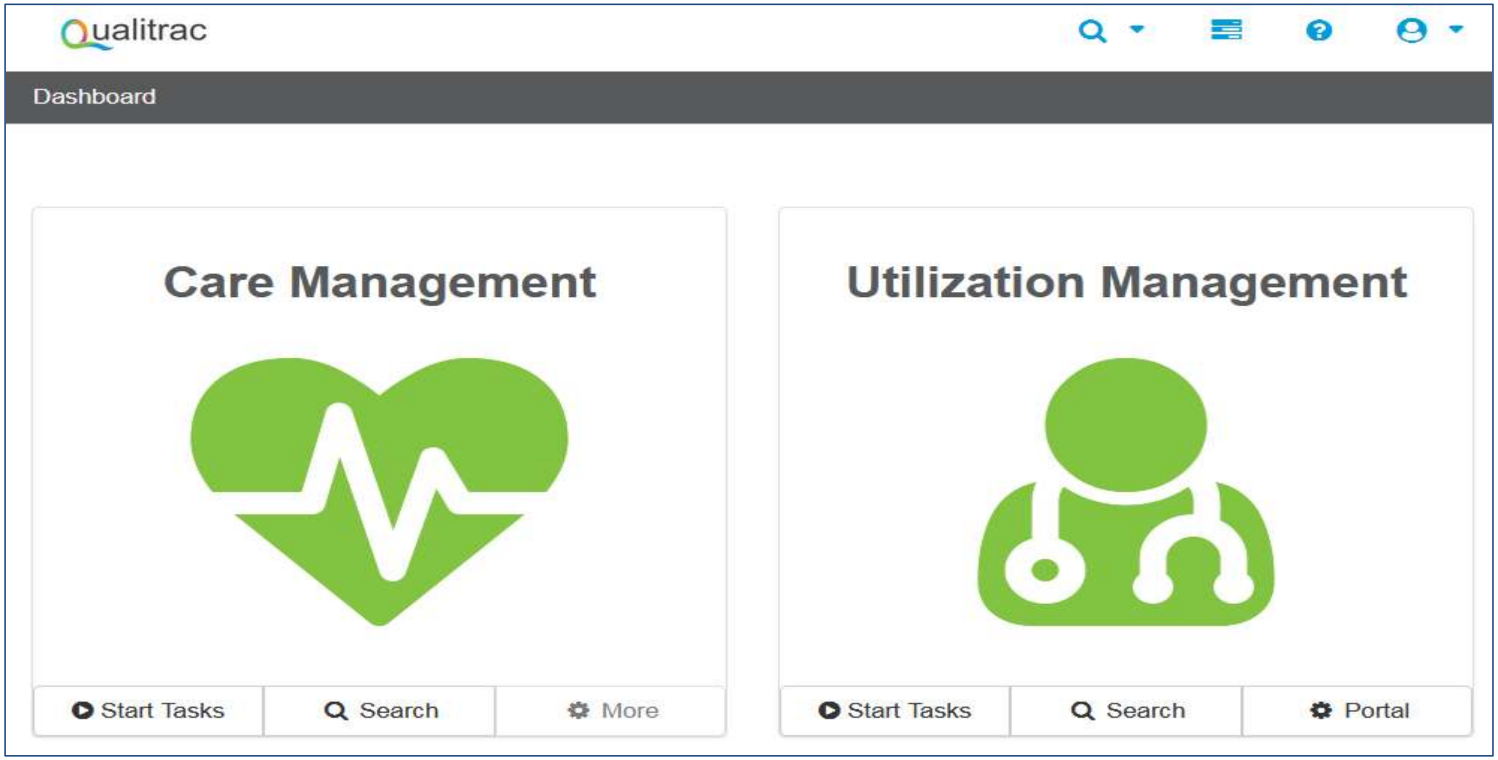
- The system will recognize your user id, find the email associated to your account and send you an email with a link to reset your password.



Username

swilson

Qualitrac Landing Page



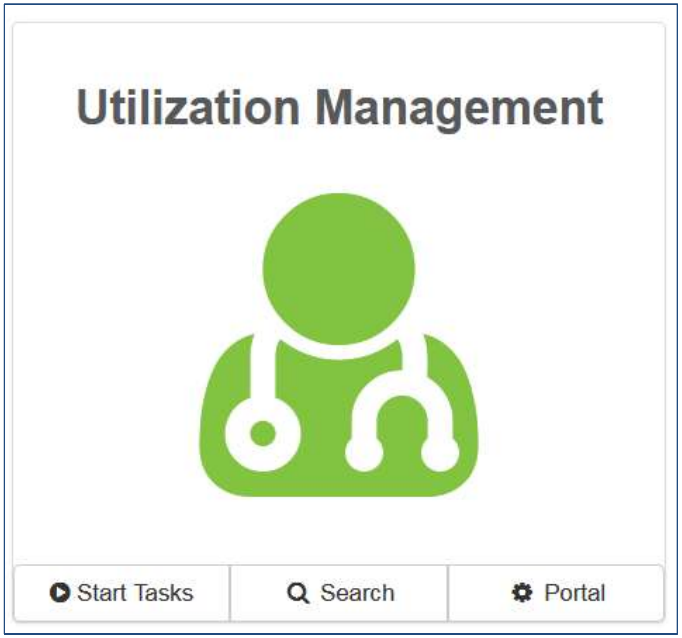
Navigational Tools

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

Qualitrac	The Qualitrac logo will take you back to the landing page from wherever you are currently working in the system.
🔍 ▾	The “magnifying glass” will open search options for you to search for a specific case or a specific member.
☰	This icon indicates the task queue. This is where you will go to complete any assigned tasks such as Requests for Information.
?	This icon will take you to the Knowledge Center. The Knowledge Center provides user guides, FAQs and Tip Sheets.
👤 ▾	Selecting this icon will allow you to view and manage your profile. Here you can make changes to your phone number, email address, etc.

Utilization Management Module

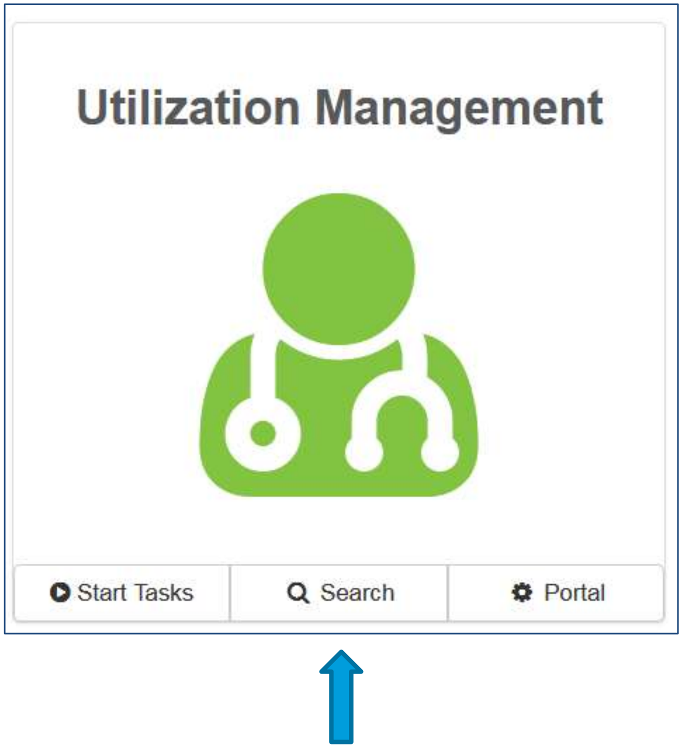
- **Start Tasks** will take you to the task queue to view tasks that have been assigned to you, such as requests for additional information.
- **Search** will allow you to search for a member or a case, just like the magnifying glass at the top of the page.



Finding or Add a Member

Find a member

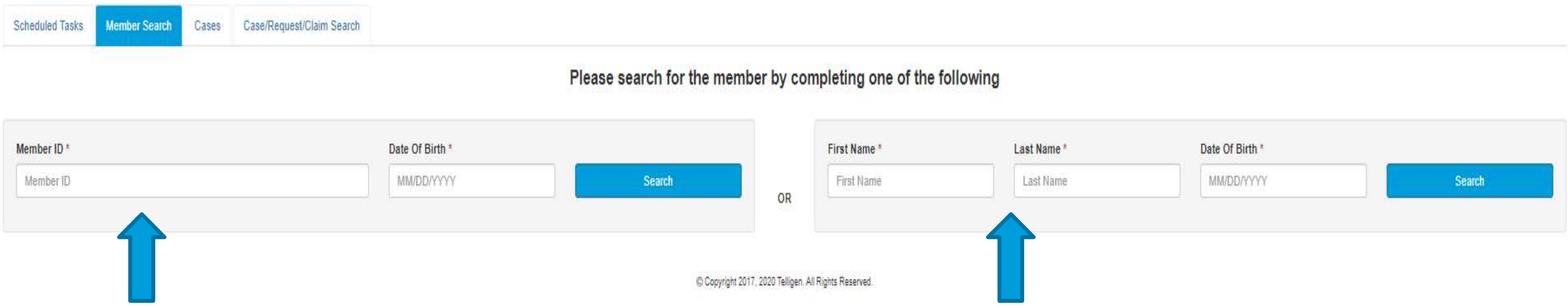
- Click on **Search** to find a member and start your review request.



Find a member, cont.

- There are two ways to find the member in our system.

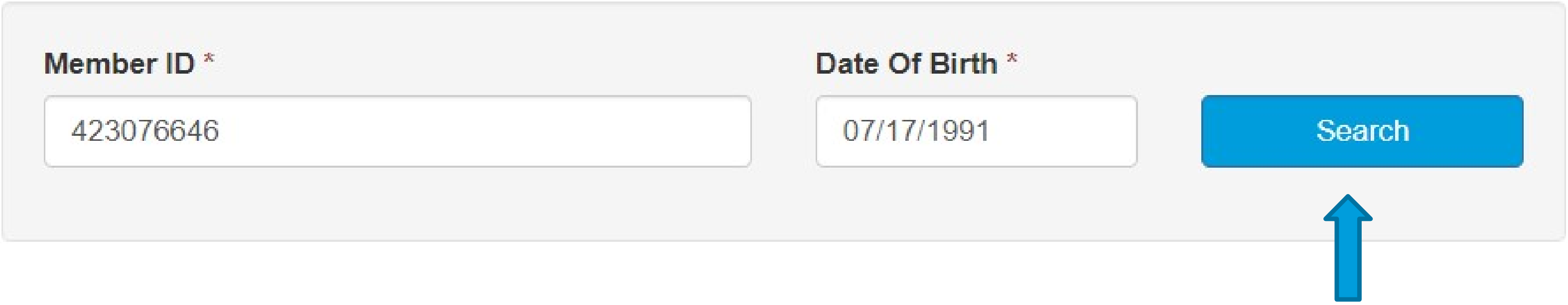
1. Enter the **Member ID** and **Date Of Birth**
2. Enter the **Member First Name, Last Name** and **Date of Birth**



Please search for the member by completing one of the following

Find a member – Member ID and DOB

1. Enter the **Member ID** and **Date Of Birth** and then click **Search.**
2. The Member ID and the Date of Birth must match the member data in in our system. If it does not match, please confirm the member information and try again.

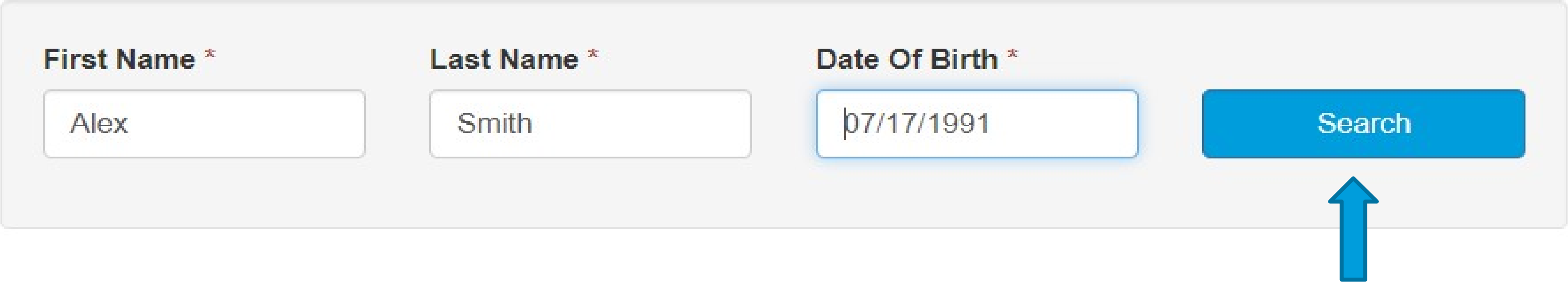


Member ID * 423076646

Date Of Birth * 07/17/1991

Find a member – Member Name and DOB

1. Enter the member's **First Name**, **Last Name** and **Date of Birth** and then click **Search.**
2. The information must match the member data in our system. If it does not match, please confirm and try again.
3. NOTE: Many first names have various versions i.e., James, Jim, Jimmy. Your entry must match our system data.



First Name *: Alex

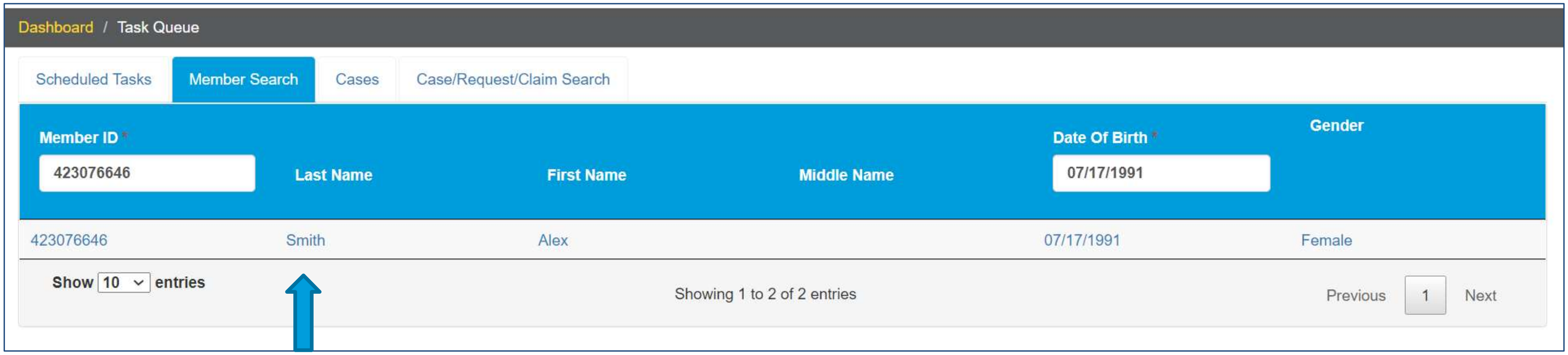
Last Name *: Smith

Date Of Birth *: 07/17/1991

Select a member

Telligen®

- If the member exists in the system, the search results will be listed here. Click on any of the data fields in blue to access the member information or to start a new review for the member.



Member ID * 423076646

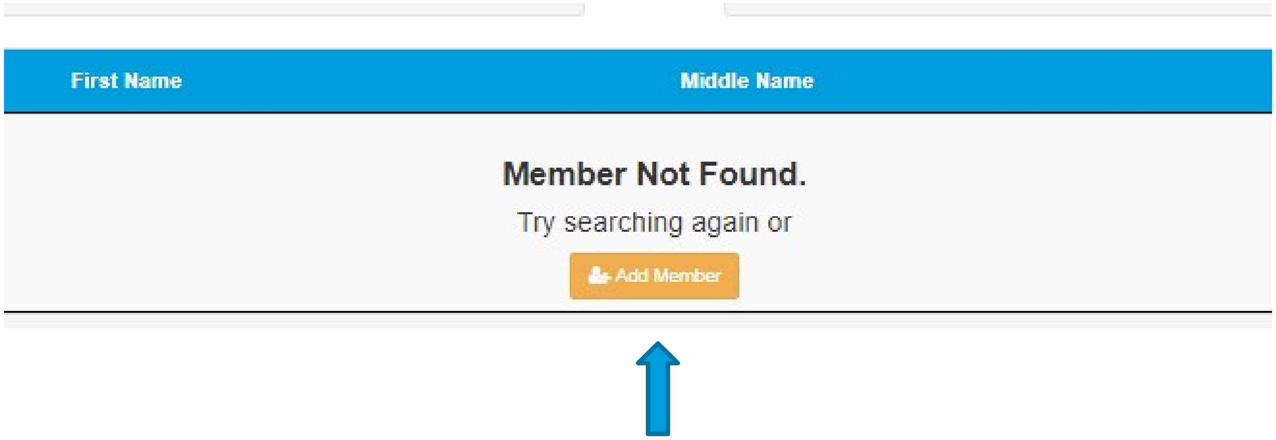
Date Of Birth * 07/17/1991

Member ID	Last Name	First Name	Middle Name	Date Of Birth	Gender
423076646	Smith	Alex		07/17/1991	Female

Showing 1 to 2 of 2 entries

Add a member

- If the member does NOT exist in the system, the **Member Not Found** alert will appear and you will have the option to **Add Member.**

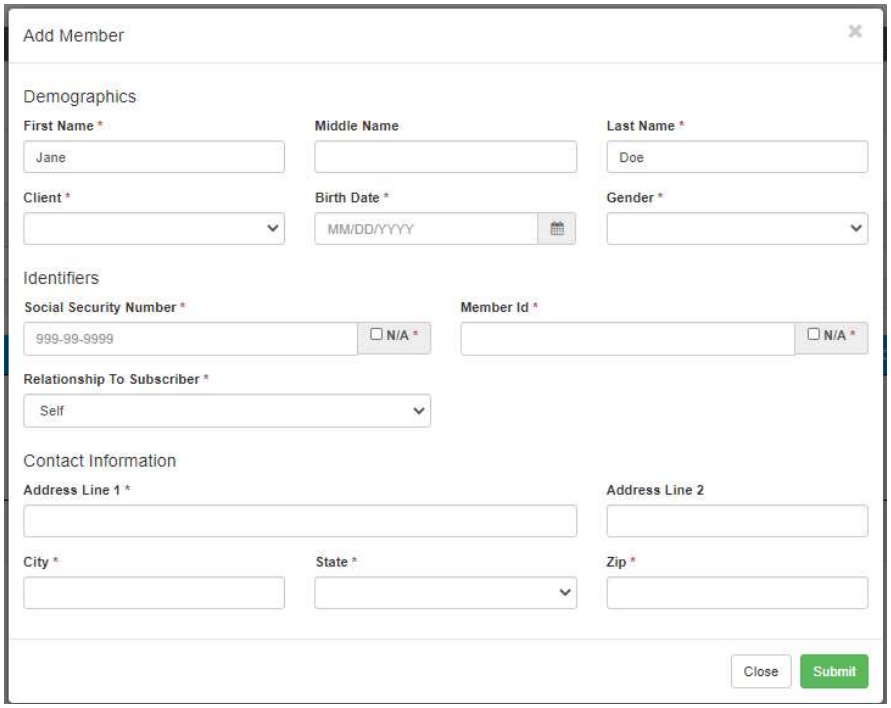


Member Not Found.

Try searching again or

Add a member, cont.

- Complete each of the required fields.
- Fields without the red asterisk are optional.
- When all required fields are complete, click **Submit**.



Add Member

Demographics

First Name * Jane

Middle Name

Last Name * Doe

Client *

Birth Date * MM/DD/YYYY

Gender *

Identifiers

Social Security Number * 999-99-9999 ☐ N/A *

Member Id * ☐ N/A *

Relationship To Subscriber * Self

Contact Information

Address Line 1 *

Address Line 2

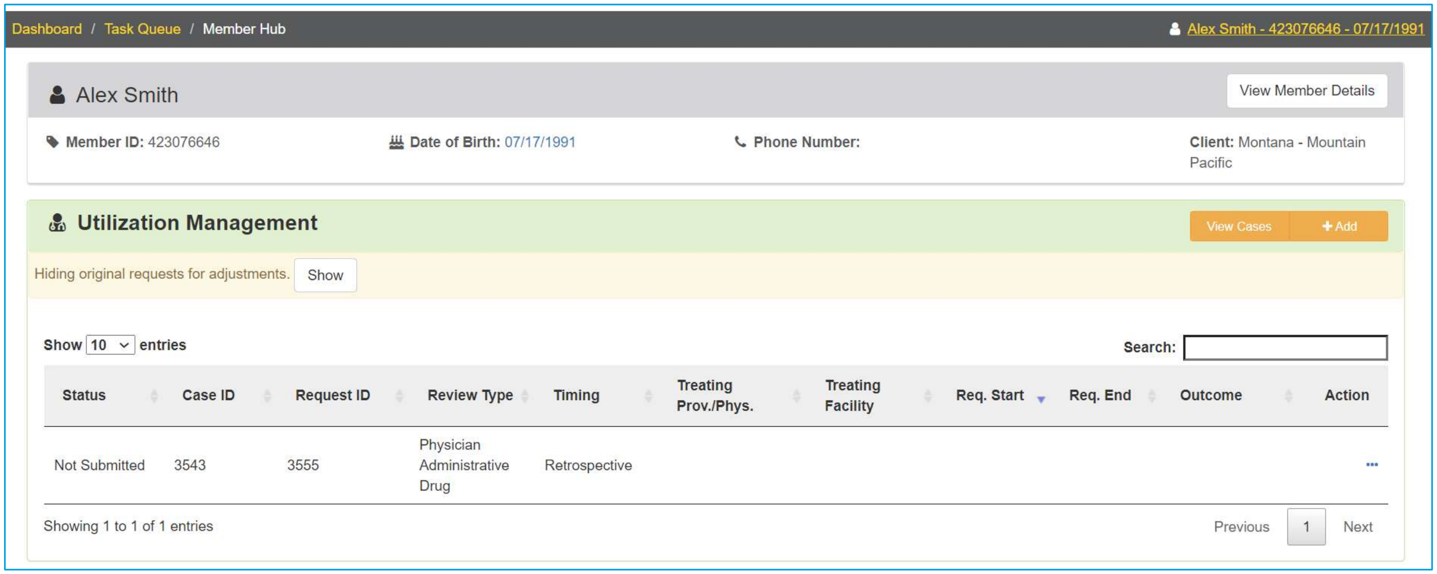
City *

State *

Zip *

Member Hub

- When the member has been found or created, you will be directed to the Member Hub.
- The Member Hub organizes the request workflow and the member information into several panels. Here you will be able to view information related to this member including his/her contact info and any review requests that have been previously submitted.



Alex Smith

Member ID: 423076646
Date of Birth: 07/17/1991
Phone Number:
Client: Montana - Mountain Pacific

Utilization Management

Hiding original requests for adjustments.

Show 10 entries

Search:

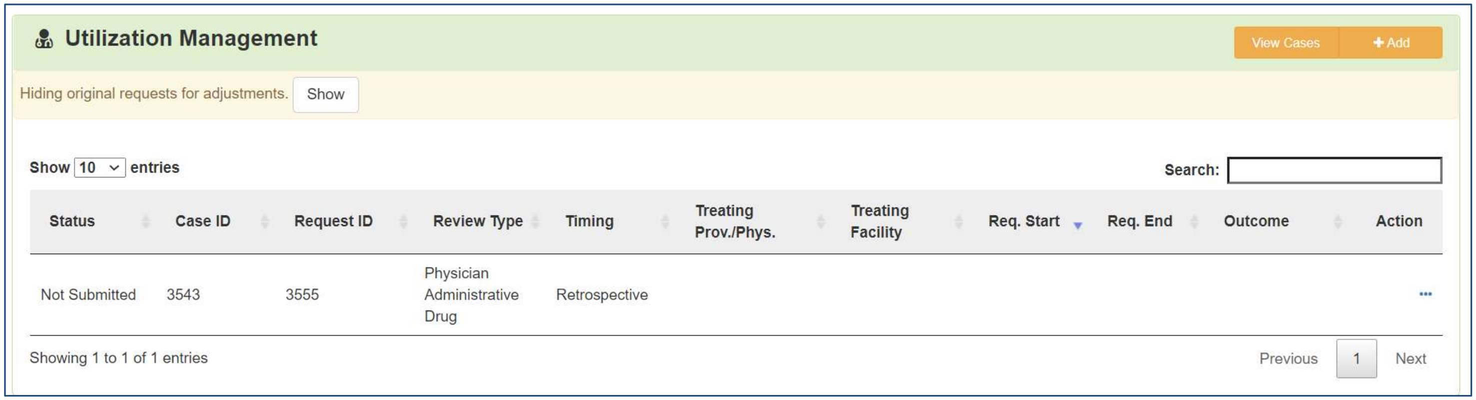
Status	Case ID	Request ID	Review Type	Timing	Treating Prov./Phys.	Treating Facility	Req. Start	Req. End	Outcome	Action
Not Submitted	3543	3555	Physician Administrative Drug	Retrospective						···

Showing 1 to 1 of 1 entries

Creating a Request

Utilization Management Panel

- The Utilization Management Panel will display information related to any UM review requests previously submitted for the member, including PASRR.
- Use the **Add** button to start a new request.



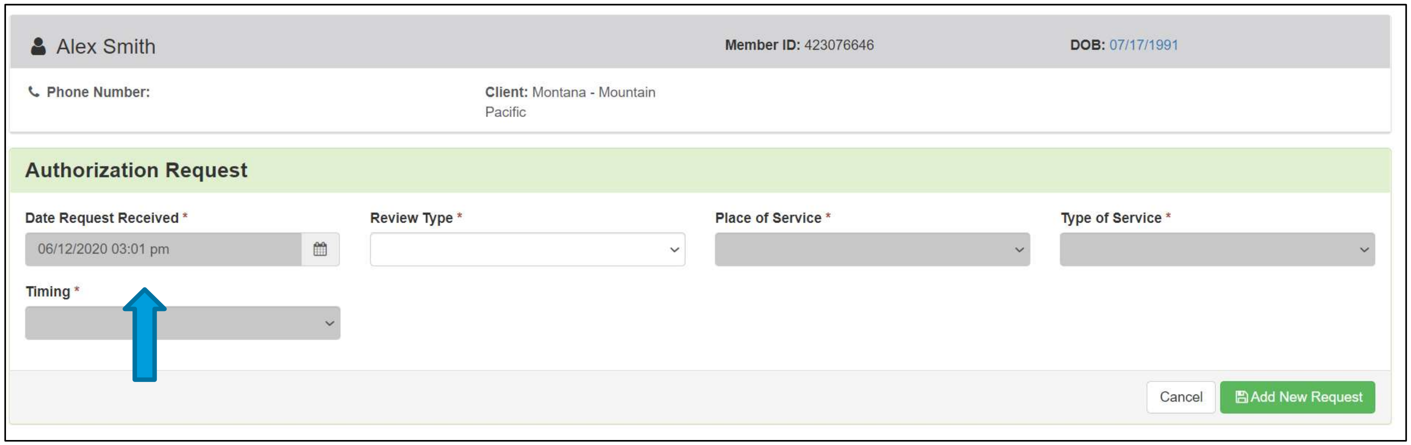
Hiding original requests for adjustments.

Status	Case ID	Request ID	Review Type	Timing	Treating Prov./Phys.	Treating Facility	Req. Start	Req. End	Outcome	Action
Not Submitted	3543	3555	Physician Administrative Drug	Retrospective						···

Showing 1 to 1 of 1 entries

Add New Request

- To begin a new request, you will first fill in the Authorization Request panel. The date and time of your request is completed for you.



Alex Smith

Member ID: 423076646

DOB: 07/17/1991

Phone Number:

Client: Montana - Mountain Pacific

Authorization Request

Date Request Received * 06/12/2020 03:01 pm

Review Type *

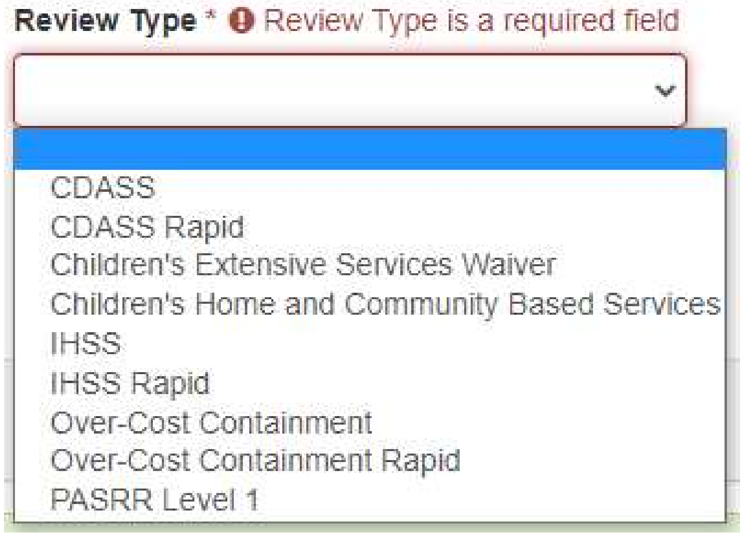
Place of Service *

Type of Service *

Timing *

Review Type

- **Review Type**: Select the type of review you are requesting.
- Select the the type of review you will submit.



Review Type * Review Type is a required field

- CDASS
- CDASS Rapid
- Children's Extensive Services Waiver
- Children's Home and Community Based Services
- IHSS
- IHSS Rapid
- Over-Cost Containment
- Over-Cost Containment Rapid
- PASRR Level 1

Note: Reasons for a Rapid Review request may include but are not limited to the potential for an interruption or disruption in services for the Client.

Place of Service & Type of Service

- **Place of Service** is where the care is provided. The Place of Service will default to "Community". Do not change the system defaults.
- **Type of Service** is what type of care is being provided. The Type of Service will default to "Home and Community Based Services". Do not change the system defaults.

Authorization Request

Date Request Received *: 02/27/2021 07:48 pm

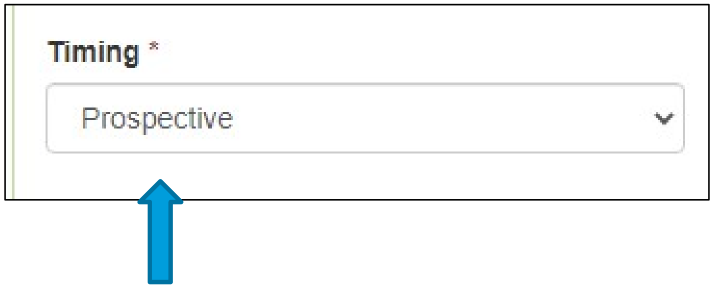
Review Type *: CDASS

Place of Service *: Community

Type of Service *: Home and Community Based Services

Timing

- **Timing** indicates when you are notifying us of the request.
- You will select either Concurrent or Prospective.
- **Concurrent** – The Requested Certification Start Date is a date previous to the date the request is being entered.
- **Prospective** – The Requested Certification Start Date is the date or after the date the request is being entered.

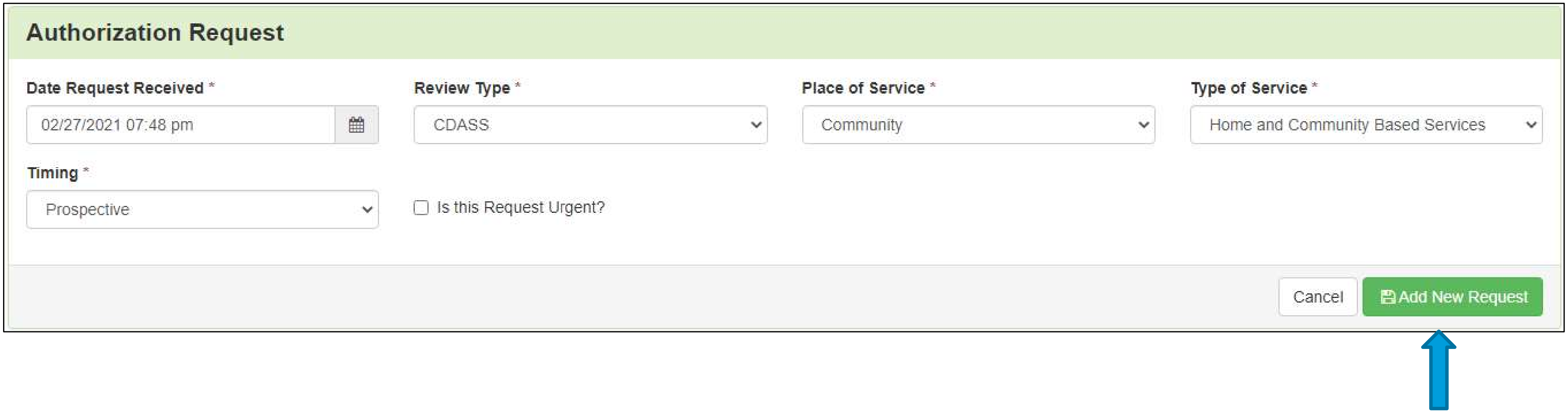


Timing *

Prospective

Authorization Request Panel

- When all the selections are complete, you will select **Add New Request.**
- You can select **Cancel** if you've made the request in error.



Authorization Request

Date Request Received *: 02/27/2021 07:48 pm

Review Type *: CDASS

Place of Service *: Community

Type of Service *: Home and Community Based Services

Timing *: Prospective

☐ Is this Request Urgent?

Dates of Service Panel

- Enter Requested Certification Date Range in Service Start Date and Service End Date fields
  - For Concurrent timings, this will be the Requested Certification Start Date when the date is prior to the date the request is entered. The current date may also be entered.
  - For Prospective timings, this will the Requested Certification Start Date which is the date of entry or a future date.

**Requested Certification Start Dates prior to the date of entry cannot be entered when Prospective timing is selected.

Dates of Service

Service Start Date *

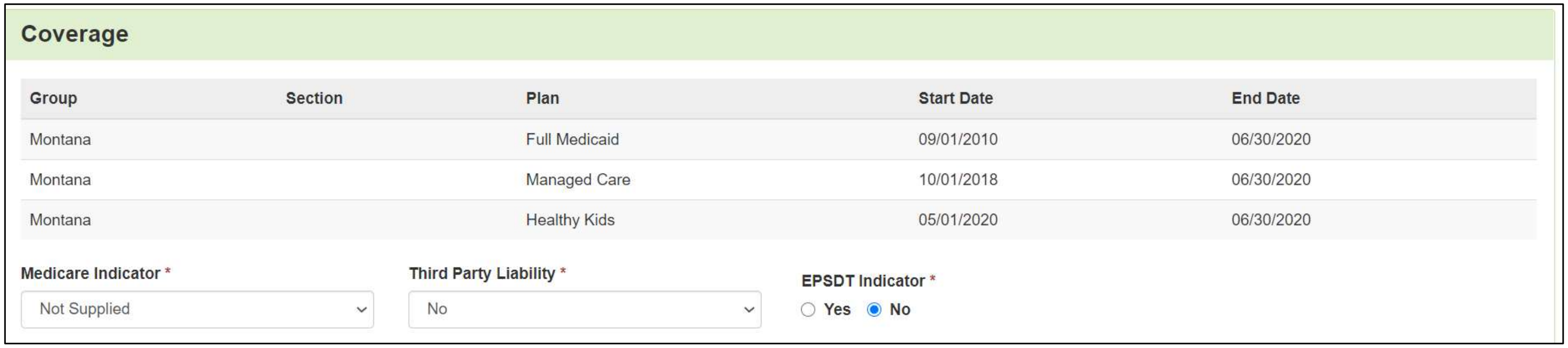
MM/DD/YYYY

Service End Date *

MM/DD/YYYY

Coverage Panel – Member with Medicaid

- The Coverage Panel will display information about the member's Medicaid coverage and eligibility.
- The Medicare Indicator, Third-Party Liability and EPSDT Indicator will default to No/Not Supplied unless there is information in our system from the State eligibility file.



Coverage

Group	Section	Plan	Start Date	End Date
Montana		Full Medicaid	09/01/2010	06/30/2020
Montana		Managed Care	10/01/2018	06/30/2020
Montana		Healthy Kids	05/01/2020	06/30/2020

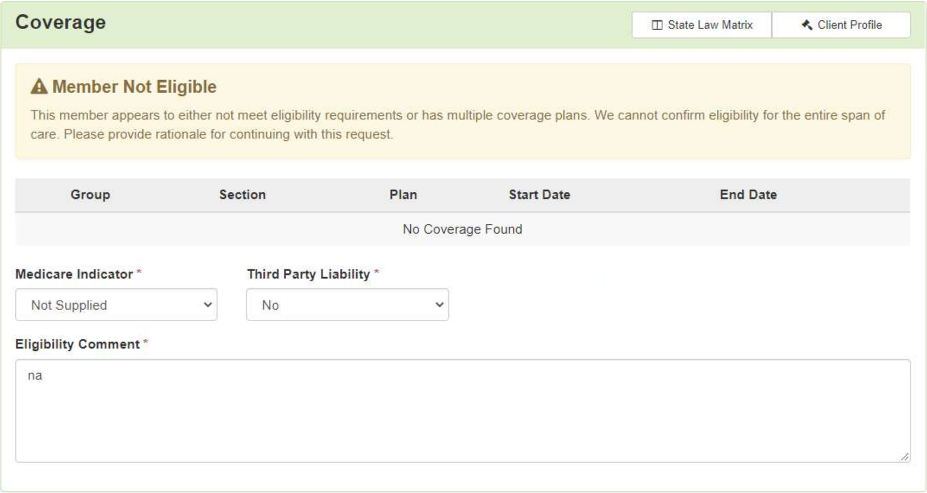
Medicare Indicator *: Not Supplied

Third Party Liability *: No

EPSDT Indicator *: ○ Yes ● No

Coverage Panel – Member without Medicaid

- If the member has never been included in the state's eligibility file, then the Coverage Panel may indicate "Member Not Eligible"
- If the member has not yet been granted Medicaid coverage, enter a comment "Medicaid Pending" or "N/A"



Coverage

⚠ 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				

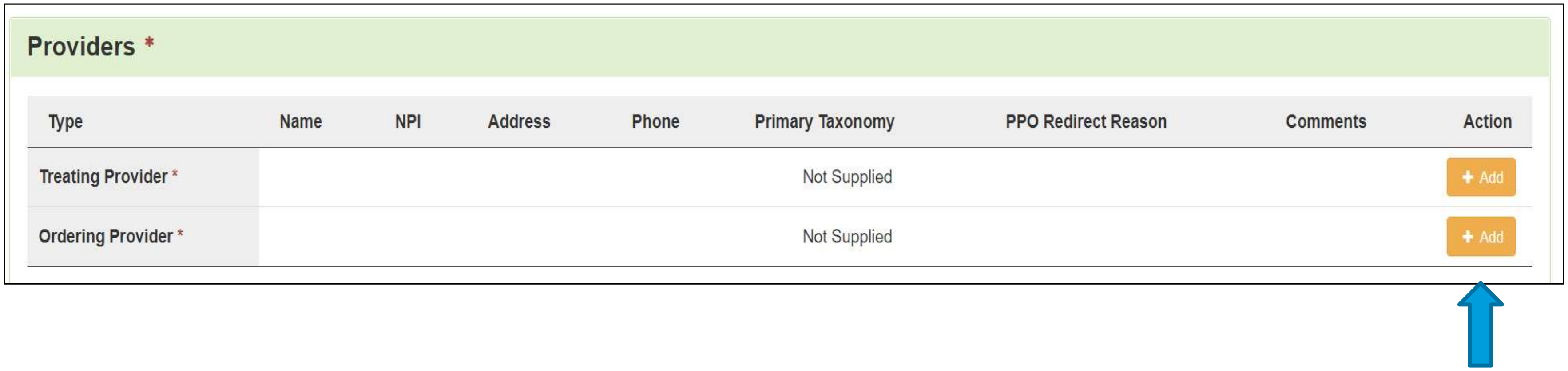
Medicare Indicator *: Not Supplied

Third Party Liability *: No

Eligibility Comment *: na

Providers Panel

- The next sections ask for information related to the Treating Provider and the Ordering Provider. You will click the **Add** button on each line to provide the necessary information.
- The **Treating Provider** is the provider that is referring the member for the review which is the Case Management Agency (CMA)
- The **Ordering Provider** for all URUM reviews is also the Case Management Agency.
- No other providers are needed for URUM reviews.

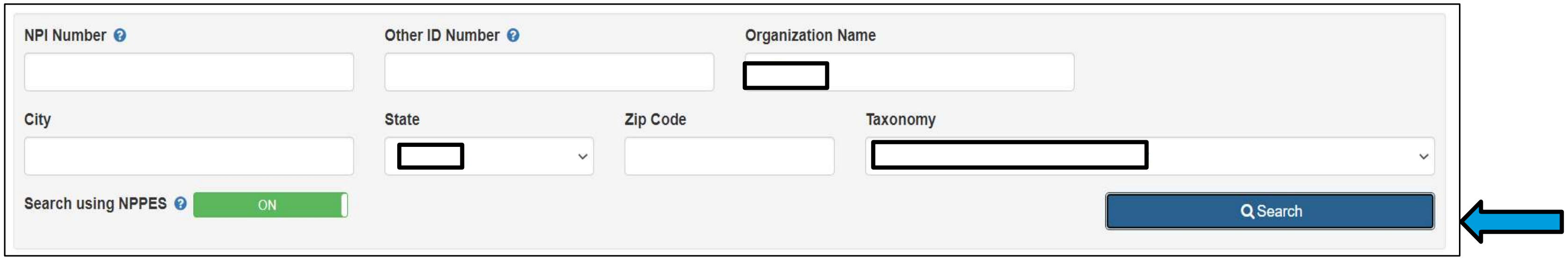


Providers *

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

Entering Provider Information (1 of 5)

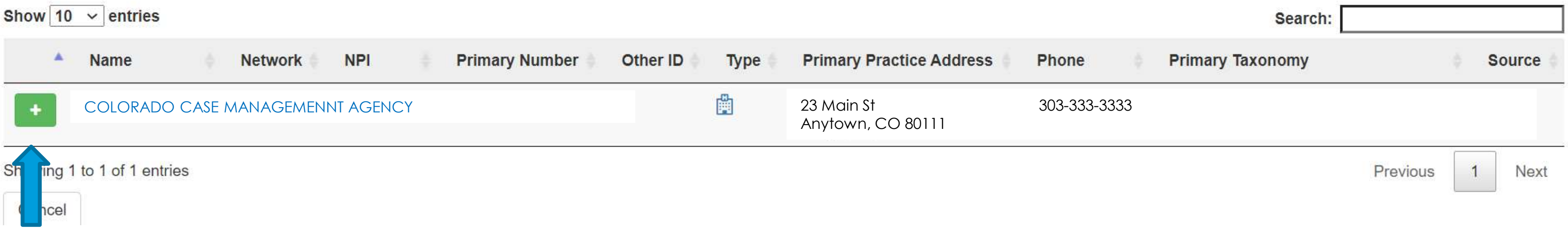
- Clicking **Add** will open a search box. You can search for a CMA by entering the agency name, NPI or other ID number, or by filling in any of the information boxes provided.
- Use as much of the name as needed. Exact matches will be displayed.
- When you have entered the necessary information, click **Search** to locate the case management agency.



NPI Number
Other ID Number
Organization Name [redacted]
City
State [redacted]
Zip Code
Taxonomy [redacted]
Search using NPPES ON

Entering Provider Information (2 of 5)

- Clicking **Search** will return any results that meet the criteria you entered.
- Use the green plus box to the left of the name to select the CMA you need for the review.

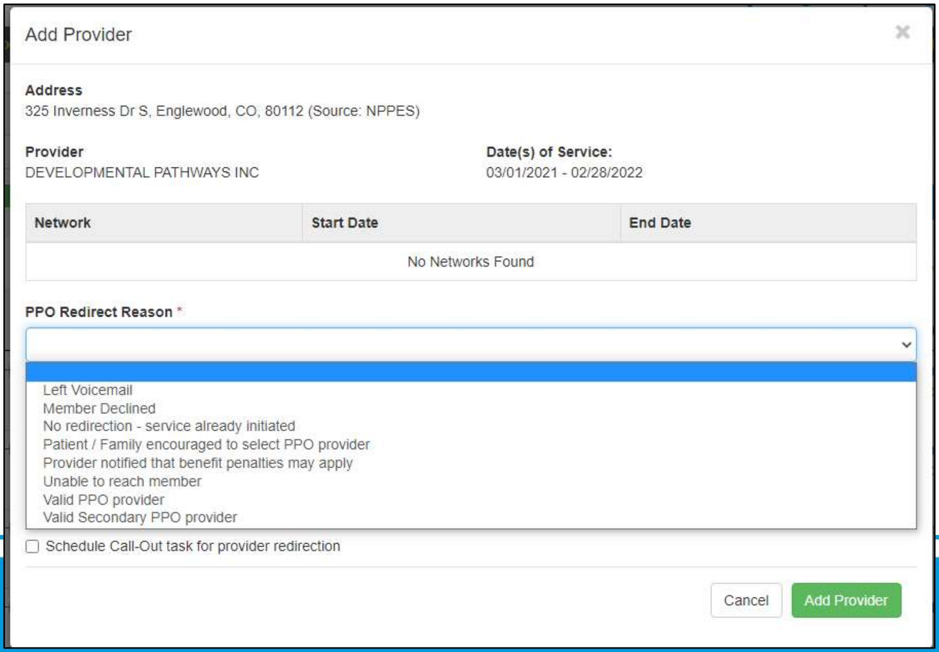


	Name	Network	NPI	Primary Number	Other ID	Type	Primary Practice Address	Phone	Primary Taxonomy	Source
＋	COLORADO CASE MANAGEMENNT AGENCY					🏢	23 Main St Anytown, CO 80111	303-333-3333		

Sh ing 1 to 1 of 1 entries

Entering Provider Information (3 of 5)

- The selected CMA will be displayed
- In the PPO Redirect Reason box, select "No redirection – service already initiated". (This field is required though the choice will not be considered in the review.)
- Click Add Provider



Address
325 Inverness Dr S, Englewood, CO, 80112 (Source: NPPES)

Provider
DEVELOPMENTAL PATHWAYS INC

Date(s) of Service:
03/01/2021 - 02/28/2022

Network	Start Date	End Date
No Networks Found		

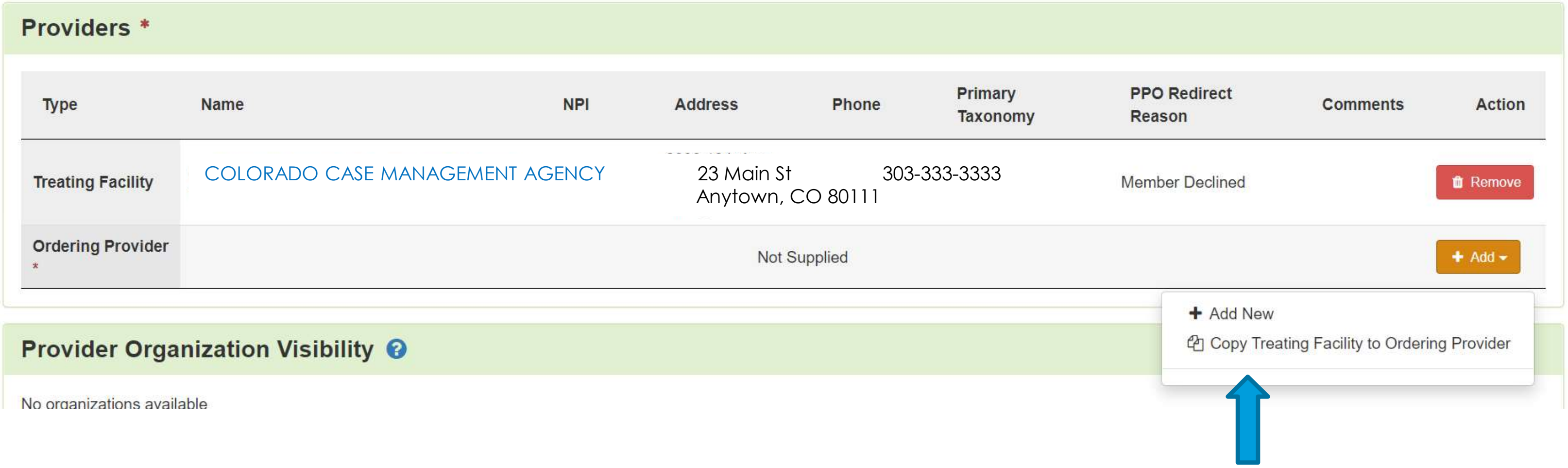
PPO Redirect Reason *

Left Voicemail
Member Declined
No redirection - service already initiated
Patient / Family encouraged to select PPO provider
Provider notified that benefit penalties may apply
Unable to reach member
Valid PPO provider
Valid Secondary PPO provider

☐ Schedule Call-Out task for provider redirection

Entering Provider Information (4 of 5)

- Since the Ordering Provider and the Treating Provider are the same for URUM reviews, you can select **Copy Treating Provider to Ordering Provider** and the system will prepopulate the information for you.
  - This will be the case for all URUM review submissions.



Providers *

Type	Name	NPI	Address	Phone	Primary Taxonomy	PPO Redirect Reason	Comments	Action
Treating Facility	COLORADO CASE MANAGEMENT AGENCY		23 Main St Anytown, CO 80111	303-333-3333		Member Declined		Remove
Ordering Provider *			Not Supplied					Add

Provider Organization Visibility

No organizations available

Entering Provider Information (5 of 5)

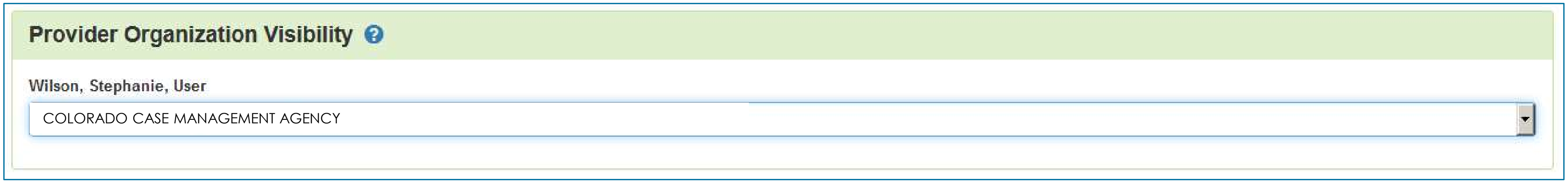
- You will now see the Treating Provider and the Ordering Provider information populated in the Providers panel.
- You can select **Remove** if you've chosen in error by clicking the ellipsis (…) and selecting Delete.

Providers

Type	Name	NPI	Address	Phone	Primary Taxonomy	PPO Redirect Reason	Comments	Action
Treating Facility	COLORADO CASE MANAGEMENT AGENCY		23 Main St Anytown, CO 80111	303-333-3333		Member Declined		🗑 Remove
Ordering Provider	COLORADO CASE MANAGEMENT AGENCY		23 Main St Anytown, CO 80111	303-333-3333				🗑 Remove

Provider Organization Visibility

- To ensure all applicable end users have access to the review in the Qualitrac system, please select your organization or facility in the Provider Organization Visibility panel.



Provider Organization Visibility

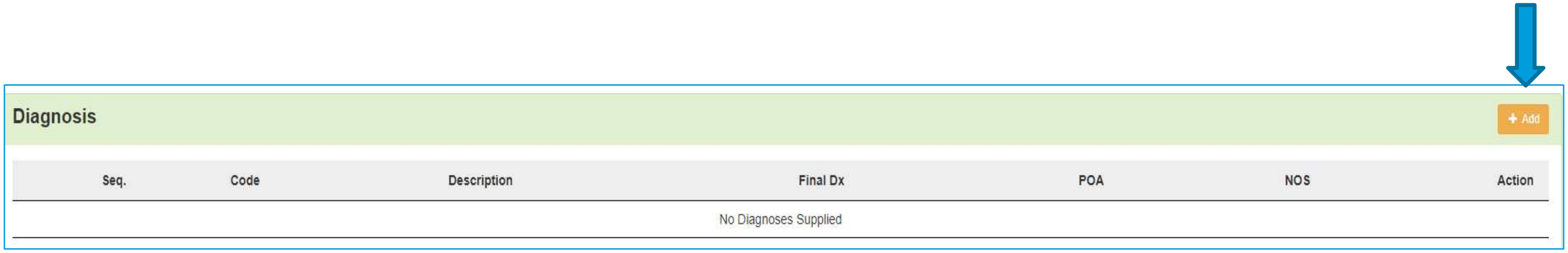
Wilson, Stephanie, User

COLORADO CASE MANAGEMENT AGENCY

**This will be your CMA. This allows other users to see this review

Diagnosis Panel (1 of 5)

- The Diagnosis panel is where you enter the diagnosis information related to this review.
- Use the **Add** button to add a new diagnosis to the panel.



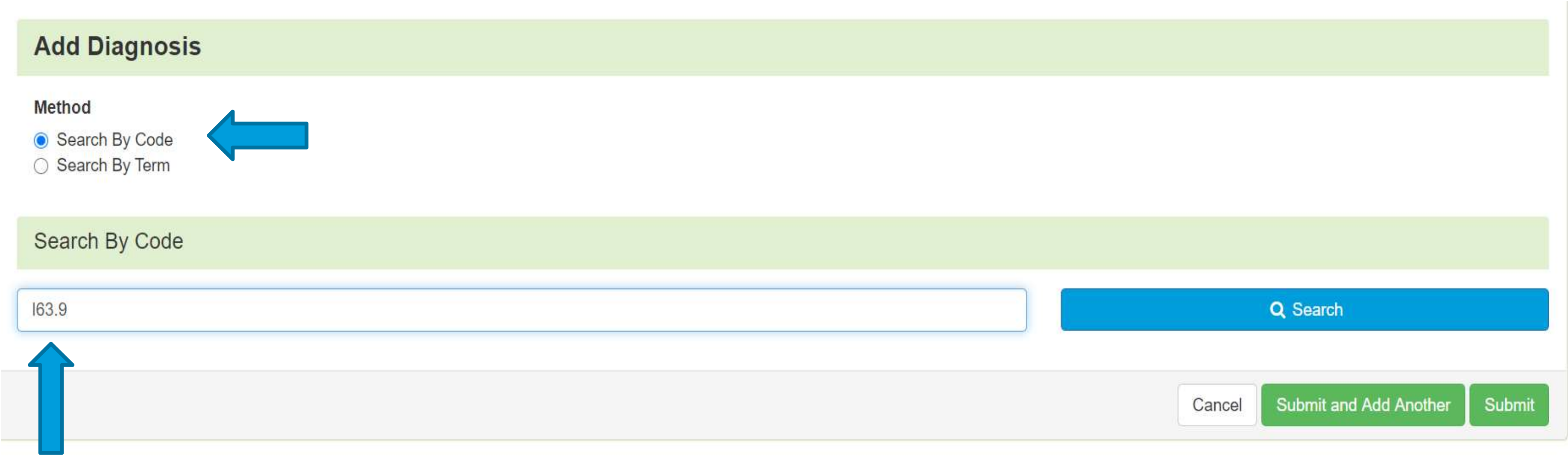
Diagnosis

Seq.	Code	Description	Final Dx	POA	NOS	Action

No Diagnoses Supplied

Diagnosis Panel (2 of 5)

- You can search by Code or by Term. Searching by code will let you enter a code directly and search for it as shown in the example below.



Add Diagnosis

Method

● Search By Code

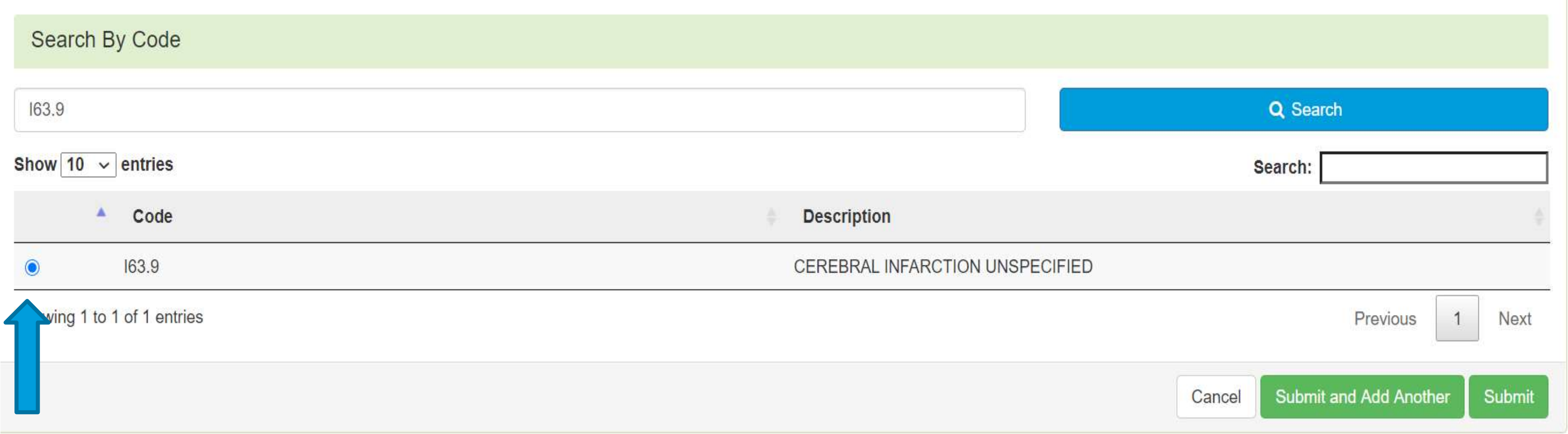
○ Search By Term

Search By Code

I63.9

Diagnosis Panel (3 of 5)

- The system will then provide a list of results to select from. Select the one you want added to the review by clicking on the radio button to the left of the code.

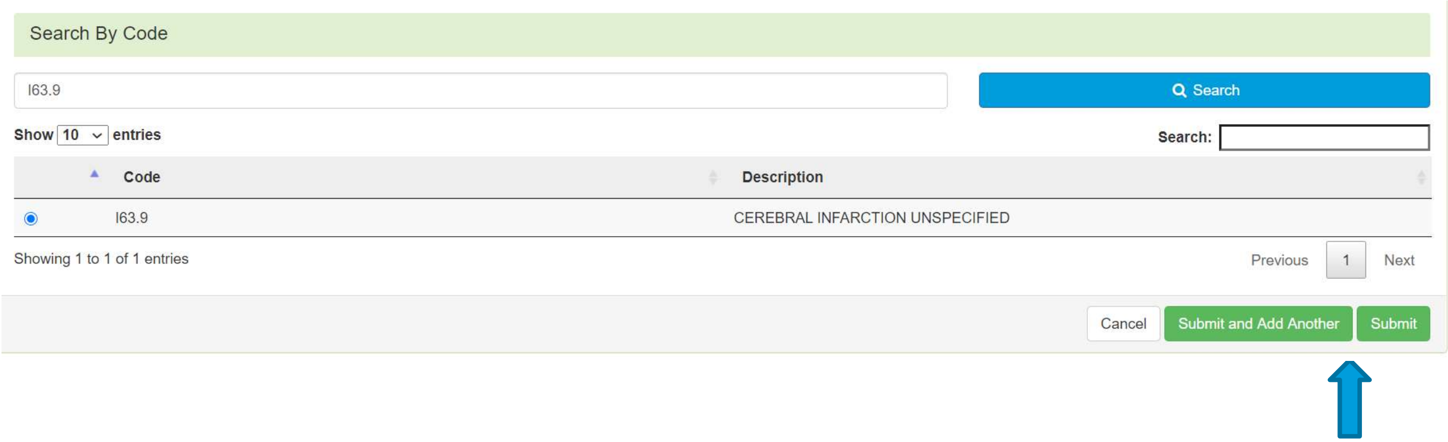


I63.9

	Code	Description
●	I63.9	CEREBRAL INFARCTION UNSPECIFIED

Diagnosis Panel (4 of 5)

- After selecting the diagnosis, 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 repeat the process and search for another diagnosis.



Search By Code

I63.9

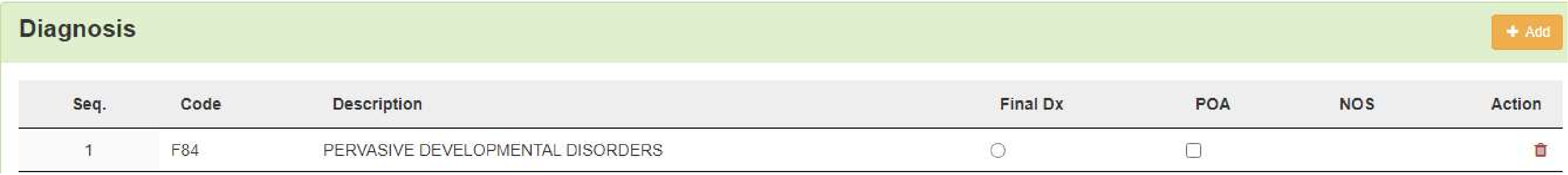
Show 10 entries

	Code	Description
●	I63.9	CEREBRAL INFARCTION UNSPECIFIED

Showing 1 to 1 of 1 entries

Diagnosis Panel (5 of 5)

- If more than one diagnosis is entered, you do have the ability to drag and drop to reorder them.
- You can use the trash can icon to the right of the diagnosis to delete anything entered incorrectly in this panel.



Diagnosis

Seq.	Code	Description	Final Dx	POA	NOS	Action
1	F84	PERVASIVE DEVELOPMENTAL DISORDERS	○	☐		🗑

Procedure Panel

- The Procedures panel appear. Search for a procedure using a code or term.
- Select the code desired from the list

	Code	Description
○	H2014	SKILLS TRAINING AND DEVELOPMENT PER 15 MINUTES

- Add Modifiers and units if needed. Select either Submit and Add Another or Submit. Only one code is needed.

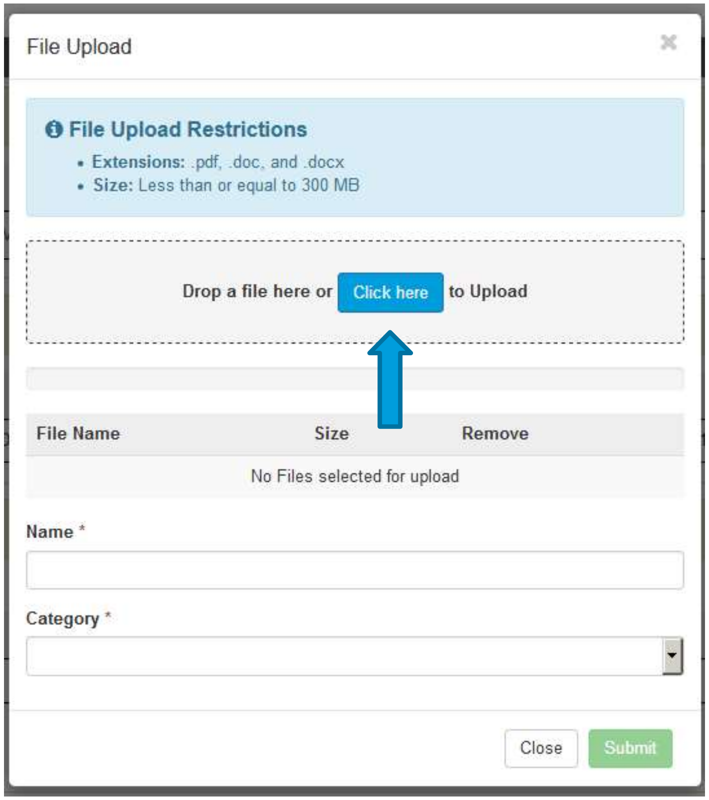
- **See suggested codes in the Colorado Provider User Guide

Documentation Panel (1 of 5)

- The next panel is the Documentation Panel. This is where you will upload any related clinical documentation necessary for the review to be processed. you are required to submit at least one piece of documentation.
- Please see the Colorado Provider User Guide for required and recommended documentation. **NOTE**: The ULTC 100.2 may be submitted here as an uploaded document. If not submitted the reviewer will access it in the BUS.
- To submit documentation, click **Add.**

Documentation Panel (2 of 5)

This will open a window where you can drag and drop files or select **Click here** to open a Windows directory and find the necessary files on your system.



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		

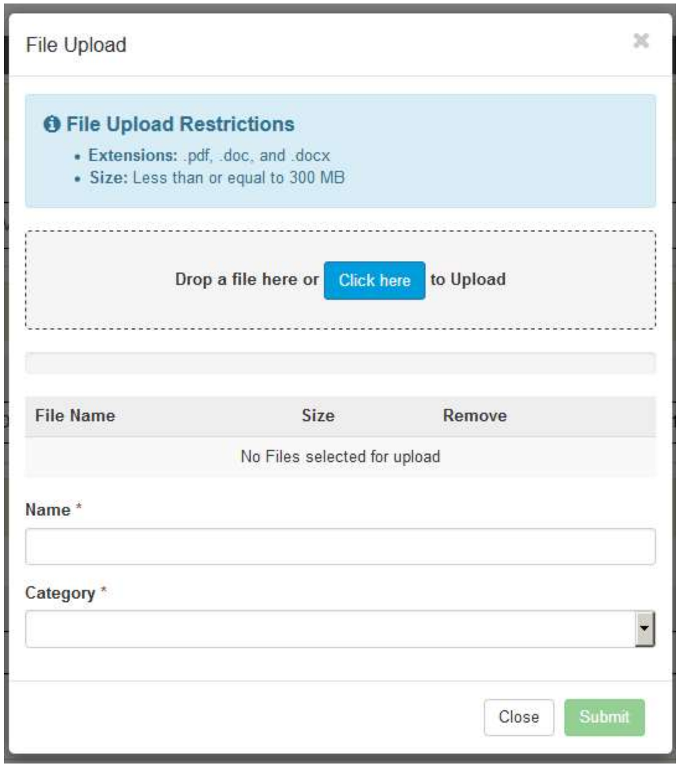
Name *

Category *

Documentation Panel (3 of 5)

Please note:

- Documents must be in **PDF** or **Word** format.
- The file name cannot contain special characters.
- The name of the document can be edited in the Name box as applicable.



File Upload

File Upload Restrictions

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

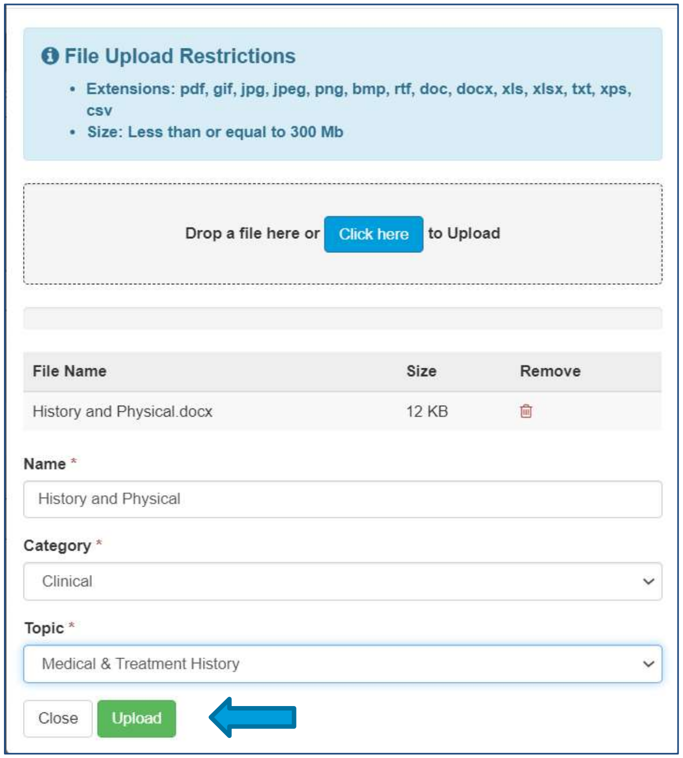
File Name	Size	Remove
No Files selected for upload		

Name *

Category *

Documentation Panel (4 of 5)

- **Category** allows you to select the type of document you are attaching. This will most always be clinical.
- **Topic** further defines the type of clinical information you are attaching.
- Click **Upload** to attach the information to the review.
- This can be repeated as many times as necessary to attach all relevant documentation to your request.



File Upload Restrictions

- Extensions: pdf, gif, jpg, jpeg, png, bmp, rtf, doc, docx, xls, xlsx, txt, xps, csv
- Size: Less than or equal to 300 Mb

Drop a file here or Click here to Upload

File Name	Size	Remove
History and Physical.docx	12 KB	🗑

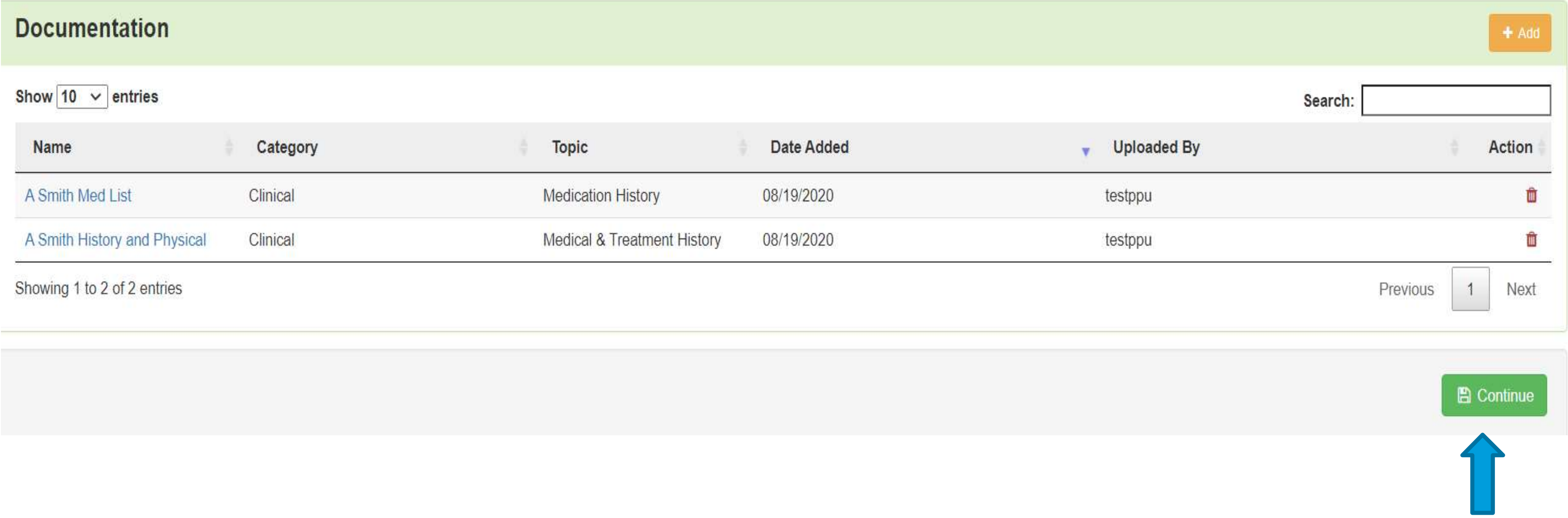
Name *: History and Physical

Category *: Clinical

Topic *: Medical & Treatment History

Documentation Panel (5 of 5)

When all the request steps have been completed, click **Continue** in the bottom right corner of the page.

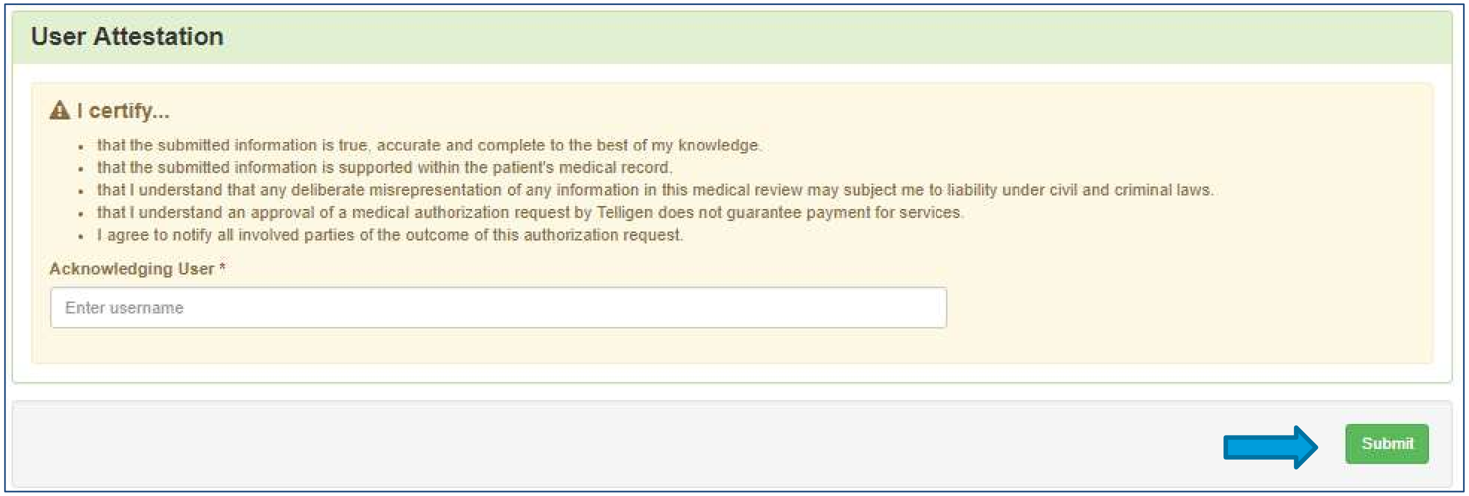


Name	Category	Topic	Date Added	Uploaded By	Action
A Smith Med List	Clinical	Medication History	08/19/2020	testppu	🗑
A Smith History and Physical	Clinical	Medical & Treatment History	08/19/2020	testppu	🗑

Showing 1 to 2 of 2 entries

Attestation

The last step in the submission process is to certify that all information is accurate and complete. After reading the certification statement, you will enter your username in the Acknowledging User section and click **Submit** to send the request for review.



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 *

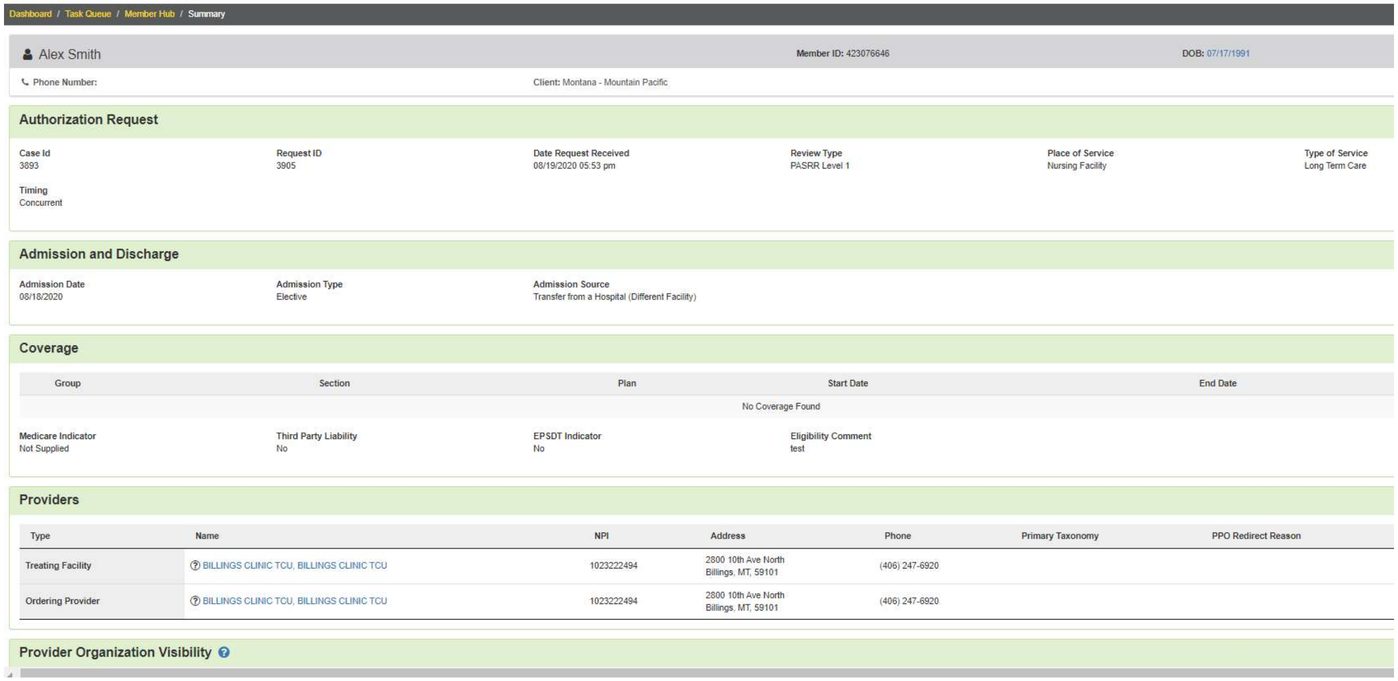
Enter username

Comments

- After completing the attestation, users have the option to add a comment to the request if applicable.
- A comments window will open, and the user can enter additional information related to the review.
- This is optional and not required to complete the review.
- Click **Submit**.

Summary

- After submitting your review request, you will be routed back to the Summary page. Here you can review all the details regarding the request as you submitted it.



Alex Smith

Member ID: 423076646

DOB: 07/17/1991

Phone Number:

Client: Montana - Mountain Pacific

Authorization Request

Case Id	Request ID	Date Request Received	Review Type	Place of Service	Type of Service
3893	3905	08/19/2020 05:53 pm	PASRR Level 1	Nursing Facility	Long Term Care

Timing
Concurrent

Admission and Discharge

Admission Date	Admission Type	Admission Source
08/18/2020	Elective	Transfer from a Hospital (Different Facility)

Coverage

Group	Section	Plan	Start Date	End Date
		No Coverage Found		

Medicare Indicator	Third Party Liability	EPSDT Indicator	Eligibility Comment
Not Supplied	No	No	test

Providers

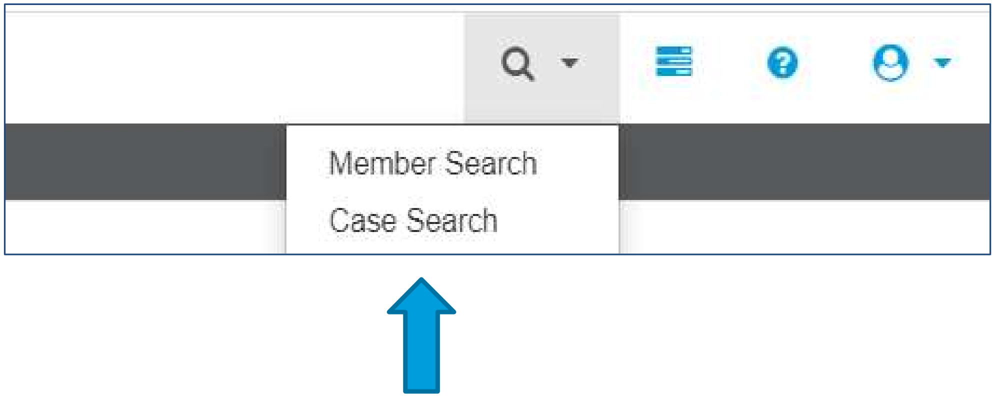
Type	Name	NPI	Address	Phone	Primary Taxonomy	PPO Redirect Reason
Treating Facility	ⓘ BILLINGS CLINIC TCU, BILLINGS CLINIC TCU	1023222494	2800 10th Ave North Billings, MT, 59101	(406) 247-6920		
Ordering Provider	ⓘ BILLINGS CLINIC TCU, BILLINGS CLINIC TCU	1023222494	2800 10th Ave North Billings, MT, 59101	(406) 247-6920		

Provider Organization Visibility

View Request Status and Outcomes

View Status and Outcomes (1 of 3)

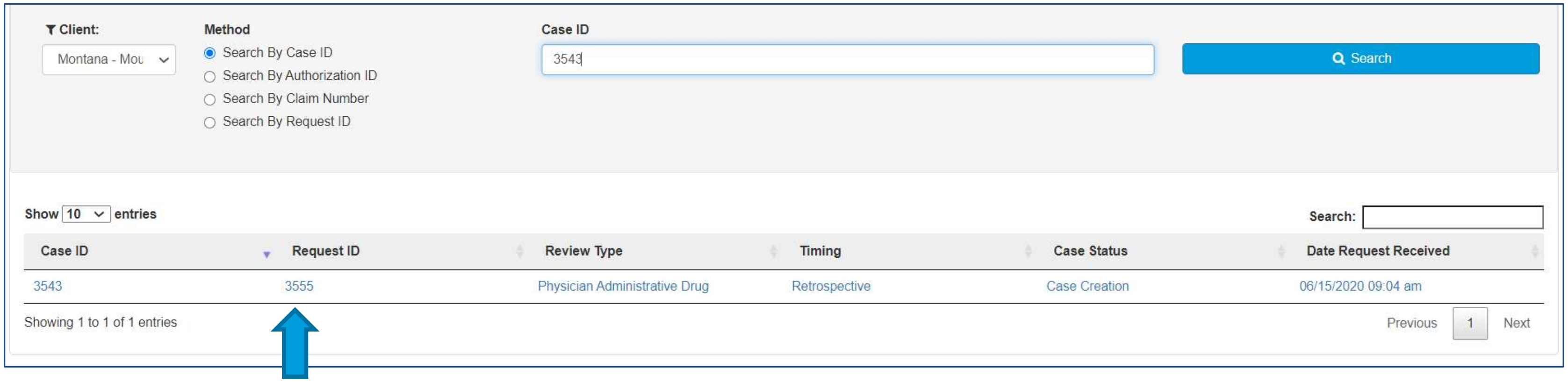
- After a review has been submitted, you can find the review by clicking on the magnifying glass and completing either a Member Search or a Case Search.



View Status and Outcomes (2 of 3)

Case Search

- If you are searching by Case ID, simply enter the Case ID in the box and click **Search**.
- Click on the blue link to be directed to that specific review.



Client: Montana - Mou

Method
● Search By Case ID
○ Search By Authorization ID
○ Search By Claim Number
○ Search By Request ID

Case ID: 3543

Show 10 entries

Search:

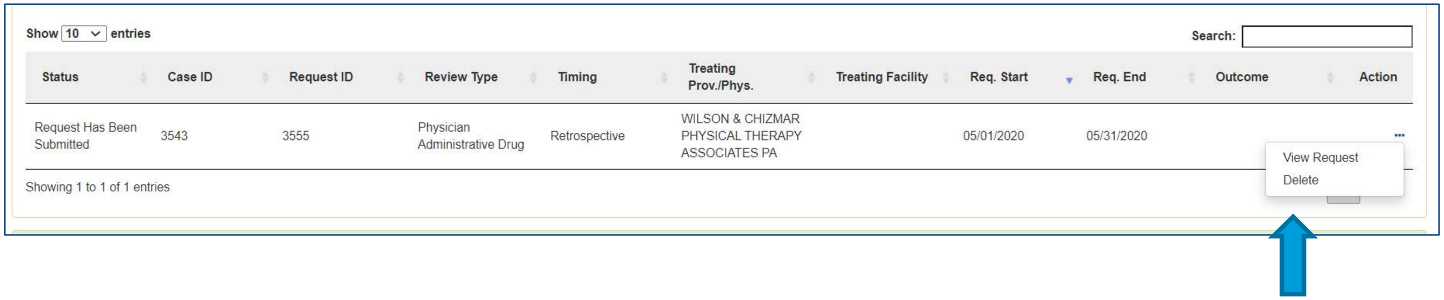
Case ID	Request ID	Review Type	Timing	Case Status	Date Request Received
3543	3555	Physician Administrative Drug	Retrospective	Case Creation	06/15/2020 09:04 am

Showing 1 to 1 of 1 entries

View Status and Outcomes (3 of 3)

Member Search

- If searching by using the Member Search function, you will be directed to the Member Hub.
- Click on the ellipsis (…) to the right of the review you are searching for.
- Click on **View Request** to see the status and details of that review.
- If the request has not yet been reviewed by our clinical team, users also have the option to delete the request.

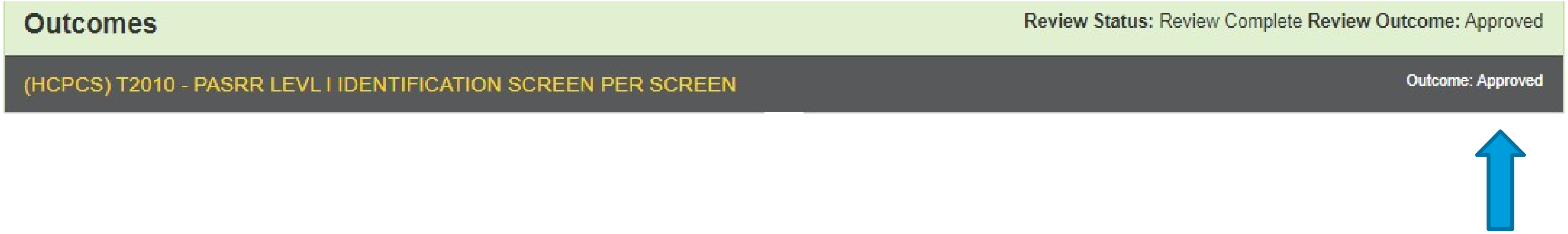


Status	Case ID	Request ID	Review Type	Timing	Treating Prov./Phys.	Treating Facility	Req. Start	Req. End	Outcome	Action
Request Has Been Submitted	3543	3555	Physician Administrative Drug	Retrospective	WILSON & CHIZMAR PHYSICAL THERAPY ASSOCIATES PA		05/01/2020	05/31/2020		•••

Showing 1 to 1 of 1 entries

View Outcome

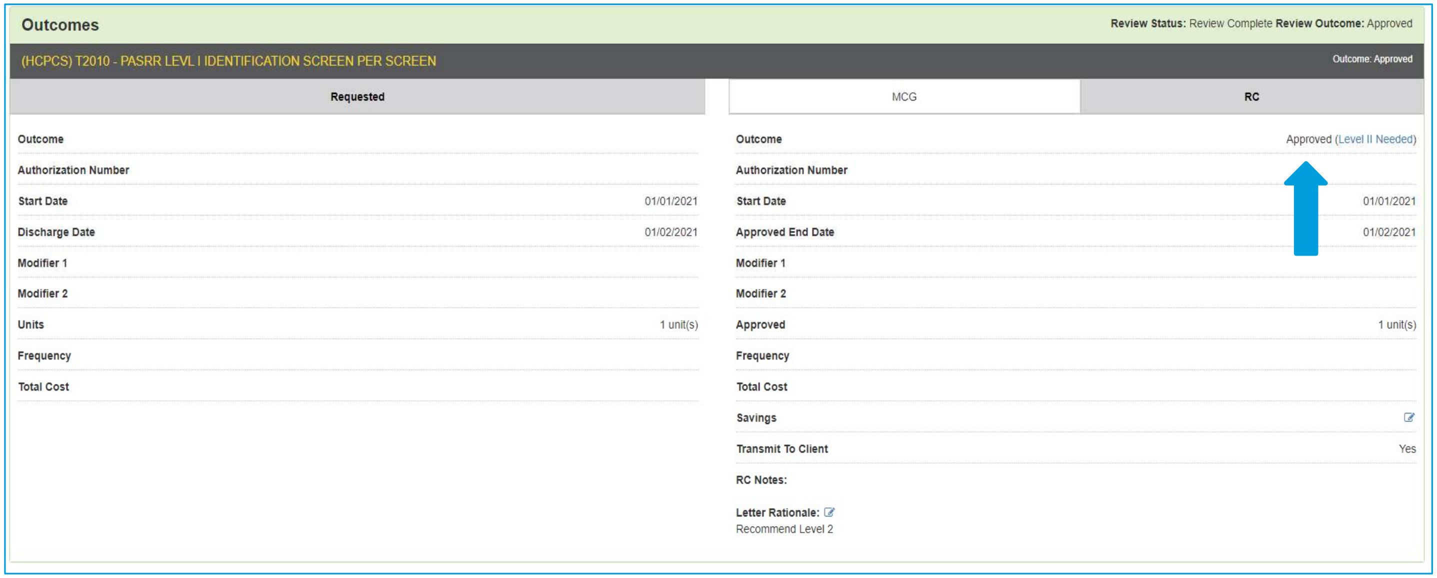
- Scroll down the page to the Outcomes panel.
- The determination will be displayed on the right.
- Click on the dark brown section of the panel to expand and view the details.



Outcomes **Review Status:** Review Complete **Review Outcome:** Approved

(HCPCS) T2010 - PASRR LEVL I IDENTIFICATION SCREEN PER SCREEN Outcome: Approved

View Outcome, cont.



Outcomes

Review Status: Review Complete **Review Outcome:** Approved

(HCPCS) T2010 - PASRR LEVL I IDENTIFICATION SCREEN PER SCREEN

Outcome: Approved

Outcome	
Authorization Number	
Start Date	01/01/2021
Discharge Date	01/02/2021
Modifier 1	
Modifier 2	
Units	1 unit(s)
Frequency	
Total Cost	

Outcome	Approved (Level II Needed)
Authorization Number	
Start Date	01/01/2021
Approved End Date	01/02/2021
Modifier 1	
Modifier 2	
Approved	1 unit(s)
Frequency	
Total Cost	
Savings	
Transmit To Client	Yes

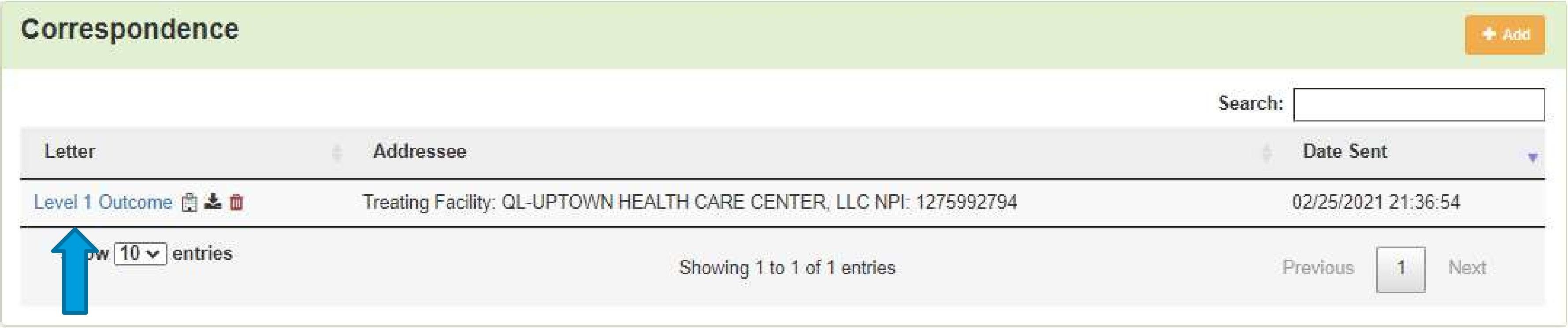
RC Notes:

Letter Rationale:
Recommend Level 2

The Final Recommendation tab will display the determination.

View Level 1 Outcome Letter

- Scroll to the Correspondence Panel to view the outcome letter.
- Click on the blue letter link to open it and see what information is being requested.



Letter	Addressee	Date Sent
Level 1 Outcome	Treating Facility: QL-UPTOWN HEALTH CARE CENTER, LLC NPI: 1275992794	02/25/2021 21:36:54

View Level 2 NOD Letter

- Scroll to the Correspondence Panel to view the outcome letter.
- Click on the blue letter link to open it and see what information is being requested.

Correspondence

Letter	Addressee	Date Sent
Level 2 NOD MI	Treating Facility: UPTOWN CARE CENTER LLC NPI: 1184163826	02/25/2021 21:24:39

Show 10 entries

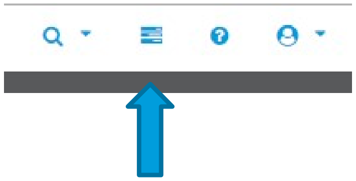
Showing 1 to 1 of 1 entries

Request for Additional Information Task

Request for Information

- If our clinical team determines additional information is needed before proceeding with the review, the Provider will receive an email and a Request for Information task in the Scheduled Task queue.
- Users can access the Scheduled Task Queue two ways.

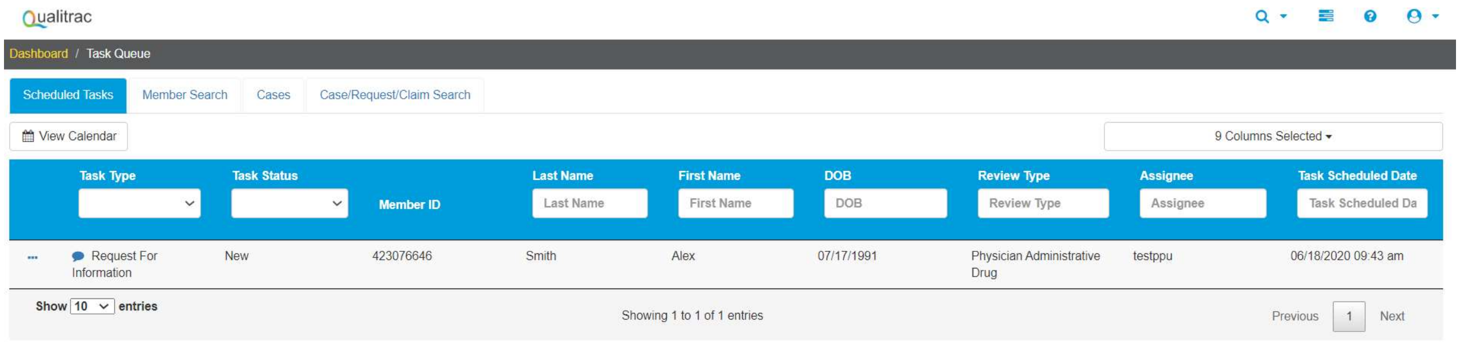
From the top navigation bar



Or from Start Tasks button on the landing page

Request for Information

- At the scheduled task queue, you will see all tasks currently assigned to you.
- **HELPFUL TIP**: If you click on the blue comment bubble to the left of the Request for Information task, a window will open with a note from the reviewer indicating what information they are requesting.
- Click on the ellipsis to the left of the page, to start the task



	Task Type	Task Status	Member ID	Last Name	First Name	DOB	Review Type	Assignee	Task Scheduled Date
...	Request For Information	New	423076646	Smith	Alex	07/17/1991	Physician Administrative Drug	testppu	06/18/2020 09:43 am

Showing 1 to 1 of 1 entries

Request for Information

- Scroll to the Correspondence Panel to view the Request for Information letter.
- Click on the blue letter link to open it and see what information is being requested.

Correspondence

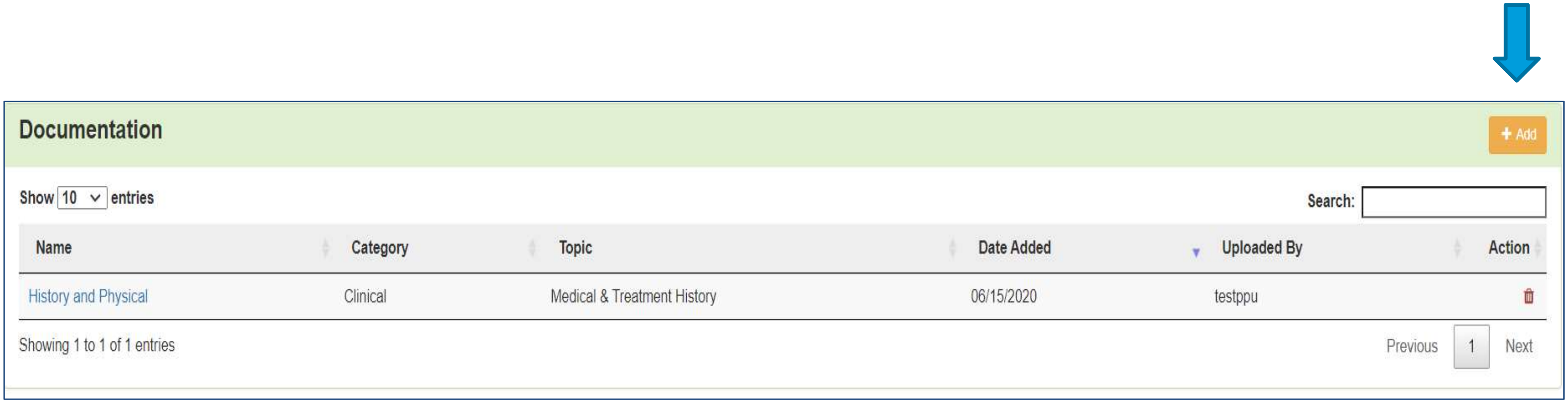
Letter	Addressee	Date Sent
Telligen Request for Information	Ordering Provider	06/12/2020 16:22:37

Show 10 entries

Showing 1 to 1 of 1 entries

Request for Information

- To attach additional information to the request, scroll to the Documentation panel.
- Click on the **Add** button, as was demonstrated earlier in the presentation, to attach the additional clinical documentation.



Documentation

Show 10 entries

Search:

Name	Category	Topic	Date Added	Uploaded By	Action
History and Physical	Clinical	Medical & Treatment History	06/15/2020	testppu	🗑

Showing 1 to 1 of 1 entries

Request for Information

- When you have added the necessary information, that will complete the process.
- You can log out of the system or return to the search page or task queue to complete additional work within Qualitrac.
- **Please do NOT start a new review request** when asked for additional clinical information. This will create a duplicate request and will delay the review process.

Contact Information

Training Website

Long-Term Services and Supports Training | Colorado Department of Health Care Policy and Financing

Scroll to Telligen’s Qualitrac Review and Provider Portal
Expand the section and view all training materials and a link to the Qualitrac portal

Telligen's Qualitrac Review and Provider Portal

Provider Portal Registration

Offical Training User Guide - January 2021

Login - www.Myqualitrac.com

Help Desk

1-833-610-1052 or ColoradoSupport@telligen.com