

Questions & Answers

Q: Can we print off the slides?

A: The slides, recorded training and responses to questions will be posted on the HCPF web site as soon as possible. The link to the page where they will be posted is here...

www.colorado.gov/hcpf/long-term-services-and-supports-training

Scroll down the page to the panel titled: Telligen's Qualitrac Review and Provider Portal. Click on the panel to open it and view the information posted there. We will send out an email to the CMAs to let you know when the materials are posted.

Q: For hyphenated last names do we add the hyphen or not? Is the data being pulled from CBMS?

A: We will have data on current Medicaid members that we will receive regularly from HCPF. When you search for the member, try to search by using their Medicaid ID number or social security number if you have it. If the name has a hyphen, you will enter the hyphen in your search. When you search by name, try various ways of entering the name if you do not see the member on your first search. You may want to try searching using one part of the hyphenated name to see more results.

Q: I have a question about CHCBS. eQHealth always required we submit the IHSS task worksheet and have it added to cost containment sheet. Is Telligen approving the hours or is that up to the home health agency and case manager after financial approval?

A: Telligen is doing a clinical review and looking at targeting criteria for CHCBS. If we will also be reviewing for IHSS related to CHCBS we will need to the task worksheet for the IHSS review.

Q: How does the date span work with back dating for start of care?

A: If you select a Concurrent timing for your review, you will be able to enter the Requested Certification Start Date if it is prior to the date you are submitting your review. If you select Prospective you will not be able to enter a date prior to submission date. Prospective should be used for reviews that have Requested Certification Start Dates on the day of or after the review submission. (NOTE: This ability was added after the training webinar.)

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Q: Can you provide more information on the service start and end date? where do we get that information?

A: This feature in Qualitrac has been updated to allow for dates prior to the submission date to be entered in the start date field when Concurrent is select as the timing for the review. (See last question.) You may also add any information that is not in the panels you complete for the review into the notes field at the end of the review entry process in Qualitrac.

Q: For initial CES applications, we don't know what date we will have services ready... what date should we put in there?

A: Our review is only part of the process and dates are not correlate to the services. The dates you use for your planning are the dates that will matter. HCPF will provide info on this as well at upcoming Office Hours events on 3/4/2021 and 3/11/2021, 2-3:30 PM. Information on these sessions was sent to the main contacts at each case management agency.

Q: The drop down has CDASS rapid and IHSS rapid. What qualifies as rapid review for CDASS or IHSS?

A: Rapid reviews can be requested if/when there is danger of services not being received by the member while waiting for a regular review or other urgent reasons. We request that the reviews be submitted as standard timing, far enough ahead of the services potentially stopping and only use the Rapid Review if absolutely needed. We will be tracking the Rapid Review requests for HCPF each month to ensure this option is not overused.

Q: For CES assessments that were sent in before 3/1 will you all add member? or will we need to go back and add member 3/1

A: We are giving two answers to this question to ensure we are covering the different potential meanings of the question.

For CES applications received by email at Telligen during the transition period, those with urgent needs were sent to the Department for action as Telligen will not start reviewing these until 3/1. For those that had Requested Certification Start Dates on/after 4/1/2021, an email was sent requesting that you enter those reviews into Qualitrac on or after 3/1/2021. Some that were received that need to be reviewed quickly but were not urgent will be entered by Telligen on 3/1/2021 and completed in Qualitrac.

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Colorado members that are receiving waiver services will be added to Qualitrac prior to 3/1 and you can search for them. If you cannot find them, you can add them. If Telligen is adding a review for a member not already receiving waiver services and we need more information on that member, we will contact the CMA and/or case manager who submitted the review.

Note: Anything submitted to the previous vendor should be completed by them. If they are unable to complete the review, you will need to submit it to Telligen starting on 3/1.

Q: For CHCBS would you add the IHSS provider so they can see the IHSS review?

A: Guidance received from HCPF was that the IHSS providers do not need to see this review in Qualitrac as this is only part of the entire process. The case manager is welcome to share review information with the IHSS provider as desired.

Q: Who is the Ordering Provider? The Case Manager?

A: The Treating Provider and Ordering Provider would both be the Case Management Agency (CMA). Please search for the CMA for the Treating Provider field, and once selected, you can copy that information into the Ordering Provider field using the copy option after clicking the "Add" button for the Ordering Provider.

Q: Can you give an example of the ordering provider for IHSS or CES waiver?

A: As mentioned in the last answer, please use the Case Management Agency as both the Treating Provider and the Ordering Provider for IHSS, CES and all other URUM reviews other than PASRR. For PASRR, please follow instructions in the PASRR specific training information.

Q: We can still submit a request for someone who doesn't have Medicaid yet but has submitted a Medicaid application correct? (for CES waiver)

A: Yes. If the person does not yet have a Medicaid ID, please use the SSN. You should also enter a note in the Eligibility Comment field on the Coverage Panel such as "Medicaid Pending".

Q: Who is listing the providers in the system? Is this for only for PASRR?

A: The lists of providers in the Qualitrac system were provided by HCPF. They include hospitals, nursing facilities and case management agencies in the state of Colorado.

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Q: For enrollments, we may not have identified/discussed services because we wait for the approval (NOSS letter) before this. What would be listed in providers sections in these cases?

A: Both the Treating Provider and the Ordering Provider would be the Case Management Agency.

Q: What if you are doing a PASRR for NF admission, but don't yet have a treating provider, (no accepting facility yet)?

A: Please select a nursing facility that you think may be an option for the member. This can be changed/updated at any time during the PASRR process once the facility the member will go to is identified.

Q: Are we able to submit for CHCBS and IHSS at the same time under the same review?

A: Not at this time. Please submit two separate reviews when both are needed. Please add a note indicating that a separate review was/will be submitted for this member for the other review type so that we can more easily have the same reviewer complete both reviews.

Note: We are investigating making an adjustment for this proves in the future.

Q: Will Telligen have access to the BUS?

A: Yes. You may attach a printout of the ULTC 100.2 assessment to any review, but if it is not attached the reviewer will access it in the BUS.

Q: So, for PASRRs, are we still using the State PASRR form and using this Documentation Panel to upload the PASRR?

A: All PASRR information is gathered in Qualitrac. You will not need to upload the State PASRR form, only supporting documentation (H&P and medication list.)

Q: Back to the service start and end dates: if we cannot back date, does that mean the dates in this system do not have to match the client's cert period?

A: We have adjusted Qualitrac so that you can select a Concurrent timing for your review if/when the Requested Certification Start Date is prior to the date you are

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entering your submission. Please be sure to select Concurrent. If you select Prospective you will not be able to put in a prior date into the Start Date field.

Q: What does MCG stand for?

A: MCG (formerly Milliman Care Guidelines) provides clinical criteria used on medical necessity reviews. We will not be using MCG criteria in the URUM or PASRR reviews for Colorado.

Q: You keep mentioning procedures. As a Single Entry Point, we are requesting approval for Health Maintenance services. We don't use x-rays or pr0cedures. I'm confused.

A: Understood. Qualitrac was originally designed for medical necessity reviews and though the reviews being done for Colorado are for Health Maintenance Activities only, it follows the same workflow in the program. A procedure code is required by Qualitrac but will not be considered in the Colorado URUM reviews. Please see the CO UM Provider Manual on the HCPF web site (see link below) for suggested procedure codes and more detailed information to use when entering a review. You may use the suggested procedure code or another procedure code.

Visit <u>www.colorado.gov/hcpf/long-term-services-and-supports-training</u>. Scroll down the page to the panel titled: Telligen's Qualitrac Review and Provider Portal. Click on the panel to open it and view the information posted there.

Q: So, will the prompts / information required vary depending on which program you are submitting the request for? I.e.: will a PASRR request look different versus a CES or CHCBS enrollment or CSR?

A: Yes. PASRR requests will have a similar flow but will move to the Level 1 Screen during the entry of the review. There are several different fields as well.

Q: Are we able to submit for CHCBS and IHSS separately but at the same time (if that makes sense)

A: You do not need to wait for the results of one review to submit the other. You may enter two reviews, one right after the other. Please enter a note in the last part of the review entry process letting us know that you are submitting two related reviews for this member so that we can try to have the same reviewer complete both reviews.

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Q: So, 2 reviews for 1 member at the same time. One for CHCBS and one for IHSS.

A: Correct.

Q: Can you walk through a PASRR?

A: Please see the PASRR training materials on the HCPF web site where you will find details on entering a PASRR request/review. Here is the link:

www.colorado.gov/hcpf/pre-admission-screening-and-resident-review-program

Scroll down to PASRR Training where you will find several presentations on entering PASRRs for hospitals, nursing facilities and case management agencies.

Q: Will this system retain historical documentation so that they wouldn't need to be sent each year if there are no changes in the order?

A: Yes. Our review team will be able to access previously sent documentation. However, please submit all required documentation per the guidance you've received from the Department. **NOTE:** Please be sure to submit **ALL** documentation for the first review you submit to Telligen even if it is a CSR for the member so that all the documentation gets into Qualitrac. This will help avoid a Request for Information from our reviewers. We will be able to access the BUS to view the latest ULTC 100.2.

Q: So, you said two reviews for one case? One for CHCBS and one for the IHSS associated with the case. Will the same reviewer do both?

A: We intend to have the same reviewer to both reviews when two are submitted for one member at the same time. Please include a note at the end of the review submission process indicating that a related review was submitted for this member at the same time.

Q: Is there a time frame we must submit information back to you by?

A: If a Request for Information was sent via Qualitrac, you must submit the documentation requested within 10 business days.

Q: Can I clarify: If a client has HMA tasks in their care plan and is also OCC, we need to submit for 2 approvals separately? One for the HMA and another for the OCC? Or can we do it all within one request?

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A: You will need to submit two separate requests. Please make a note at the end of the review submission process that another review is being submitted at the same time.

Q: So, on a CSR if a member receives IHSS are we submitting 2 separate reviews? One for CSR for the CHCBS and one for their IHSS?

A: Yes

Q: Is there a list of required documentation that needs to be submitted i.e., cost containment, etc.?

A: Yes. Please see the CO UM Provider Manual for lists of required documentation for each review along with other helpful information. This is posted on the HCPF web site:

www.colorado.gov/hcpf/long-term-services-and-supports-training

Scroll down to "Telligen's Qualitrac Review and Provider Portal" for links to this manual and other training/support information.

Q: Would you use "Extend" for a CES application in a Continued Stay Review, and add the new version of the CES application here?

A: No. Please enter a new review for each initial and CSR for each member.

Q: Will there be a user guide for this? I know there is one for the Authorized Officials, but will there be one to navigate the system and all the requirements?

A: Yes. Please see the CO UM Qualitrac Review Request Entry Guide Step-by-Step for lists of required documentation for each review along with other helpful information. This is posted on the HCPF web site:

www.colorado.gov/hcpf/long-term-services-and-supports-training

Scroll down to "Telligen's Qualitrac Review and Provider Portal" for links to this document and other training/support information.

Q: So, if you deny services are you going to go with us to court if the client appeals?

A: Telligen will participate in appeals per the Department's requirements and direction.

Q: Is there a time frame for submitting for reconsideration (1st level appeal)?

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A: The Reconsideration (1st level appeal) may be used when the review has received a Technical Denial which will occur if Telligen has issued a Request for Information and no new/different documentation was received. The submitter may use this option and then attach the new documentation to the review. This reconsideration must be requested within five (5) business days of the Technical Denial being issued on the review request.

Q: Can you post the link to get authorized users registered for a CMA?

A: www.colorado.gov/hcpf/long-term-services-and-supports-training

Scroll down to "Telligen's Qualitrac Review and Provider Portal" and select "Provider Portal Registration" to start the process.

Q: If a CSR has no changes does it have to be reviewed each year?

A: Yes – please review these details. You may indicate in a note that there were no changes in the past year when you submit the CSR review. Please note that all documentation must be submitted the first time you submit a review (whether initial or CSR) to Telligen so that we have it in our system. The next year, you can indicate no changes in medical condition and submit required documentation without providing all previous medical records if there was no change in condition.

Q: Can you confirm for adults if there is no change at CSR does a submission need to occur for CDASS and IHSS?

A: Yes a review needs to be submitted for each CSR. See last question for details.

Q: To clarify, we submit all initial CHCBS reviews to Telligen with CC. Then annually we would submit if there is a plus/minus \$50 for CHCBS with CC. If a client has IHSS we submit annually no matter what the change in CC?

A: Anytime there is a \$50 change, you would need to submit cost containment (CC), not just annually. IHSS requires an annual review. Please see guidance from HCPF on required review timings.

Q: What documentation is required for an IHSS review for CHCBS (this is new for us and we need some guidance)

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A: Please see the CO UM Provider Manual for all documentation requirements for each type of review.

www.colorado.gov/hcpf/long-term-services-and-supports-training

Scroll down to "Telligen's Qualitrac Review and Provider Portal" and select "Provider Portal Registration" to start the process.

Q: Can we please clarify the dates we put in there for initial CES requests? We don't have a "services start date" because we need the approval before we identify services and providers. If we can't backdate, then what dates are we putting in there?

A: We have adjusted Qualitrac so that you can select a Concurrent timing for your review if/when the Requested Certification Start Date is prior to the date you are entering your submission. Please be sure to select Concurrent. If you select Prospective you will not be able to put in a prior date into the Start Date field.

Q: We submit an initial review for CHCBS. Then if the member decides they want IHSS, we would then need to submit a 2nd review for CHCBS due to an increase in CC plus a review for IHSS?

A: Yes. If IHSS changes the cost containment more than \$50, a new CHCBS with CC would need to be submitted, and a separate review for IHSS would also need to be submitted. Please add a note on each review that that other review is also being submitted at the same time.

Q: Also, to clarify, we need to submit a review for IHSS annually regardless of change in IHSS hours or CC?

A: Yes.

Q: Who's a good contact for questions on completing the Cost Containment form?

A: The Department provides guidance for this and other processes. Please consider attending the Office Hours sessions on 3/4/2021 and 3/11/2021 from 2 PM to 3;30 PM to ask the Department representatives your questions. Information Office Hours was sent to the main contact at each CMA.

Q: Understand the difference between approval of Cost Containment (cost effective) and IHSS, however when submitting, do we need to submit separate?

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A: There is a cost containment element for CHCBS which is part of the submission for CHCBS. There is also an over cost containment review for HCBS services including Brain Injury, Spinal Cord Injury and Elderly, Blind and Disabled wavier programs. Please see Department guidance on both of these processes and consider attending the Office Hours sessions on 3/4/2021 and 3/11/2021 from 2 PM to 3;30 PM to ask the Department representatives your questions. Information Office Hours was sent to the main contact at each CMA.

Q: Doesn't HCPF have other means of evaluating cost effectiveness given the claims data available?

A: This question should be directed to HCPF. Please see Department guidance on this and consider attending the Office Hours sessions on 3/4/2021 and 3/11/2021 from 2 PM to 3;30 PM to ask the Department representatives your questions. Information Office Hours was sent to the main contact at each CMA.

Q: If we submit to Telligen for XX amount of IHSS hours, will Telligen be responsible for reducing those hours if they feel necessary?

A: Telligen will determine if the hours and services requested align with the documented need for the individual. If they do not align the request may be denied. If/when the case manager and IHSS agency adjust the hours/program or other elements for the IHSS program the review can be reconsidered/resubmitted.

Q: I think another Q&A session would be helpful.

A: The Department and Telligen have set-up Office Hours sessions on 3/4/2021 and 3/11/2021 from 2 PM to 3;30 PM so you can ask the Department representatives your questions. Information Office Hours was sent to the main contact at each CMA.

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