



# Colorado Medicaid:

Provider Portal Training

February 2020



# Agenda

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- Submitting a Review Request
- View Request Status and Outcomes
- Extension (Continuation of Services), 1<sup>st</sup> Level Appeals (Reconsideration), and Reopens
- Where to go for assistance
- Questions





# Submitting a Review Request

# Provider Portal

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- Beginning **Monday, March 1, 2021**, case management agencies 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.
- 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



- Monitor this website for ongoing information pertaining to the Provider Portal and the review process.
- Training documents, the link for Portal Registration, and the link to the Portal will be available on this page



# Provider Portal

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- Scroll down the page to the section titled Telligen's Qualitrac Review and Provider Portal

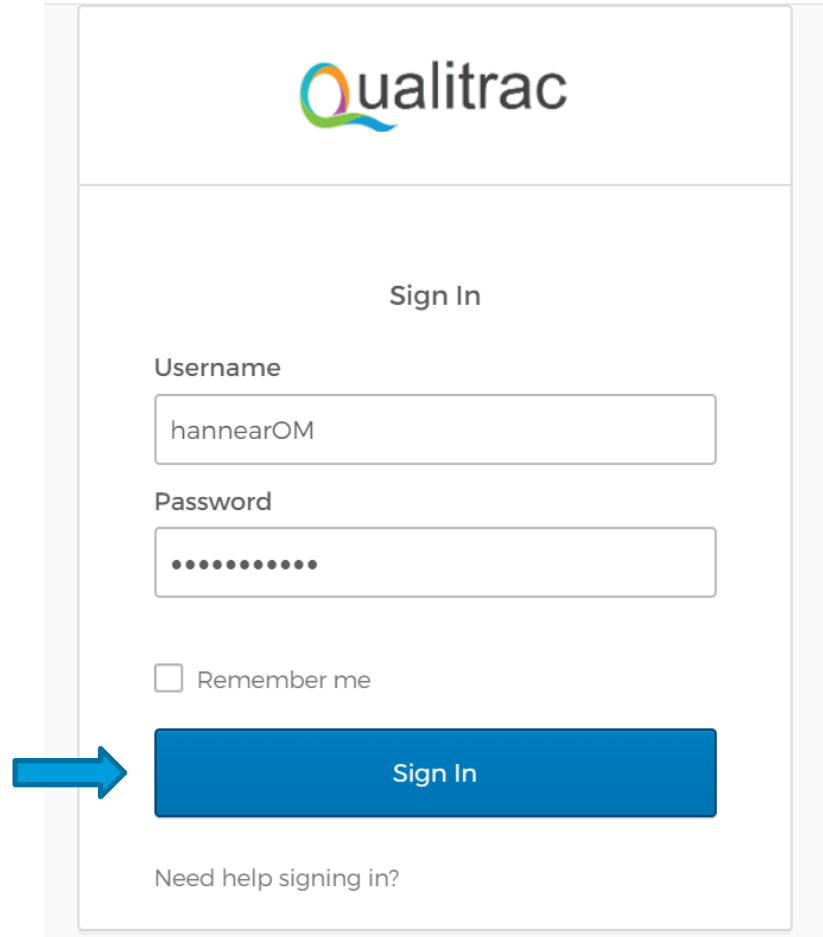
<a href="#">+ <u>Supports Intensity Scale (SIS)</u></a>
<a href="#">+ <u>Targeted Case Management</u></a>
<a href="#">+ <u>Telligen's Qualitrac Review and Provider Portal</u></a>
<a href="#">+ <u>Transition from Children's to Adult Waivers Checklist</u></a>
<a href="#">+ <u>ULTC 100.2</u></a>
<a href="#">+ <u>Waiver Transition Services</u></a>



# Provider Portal

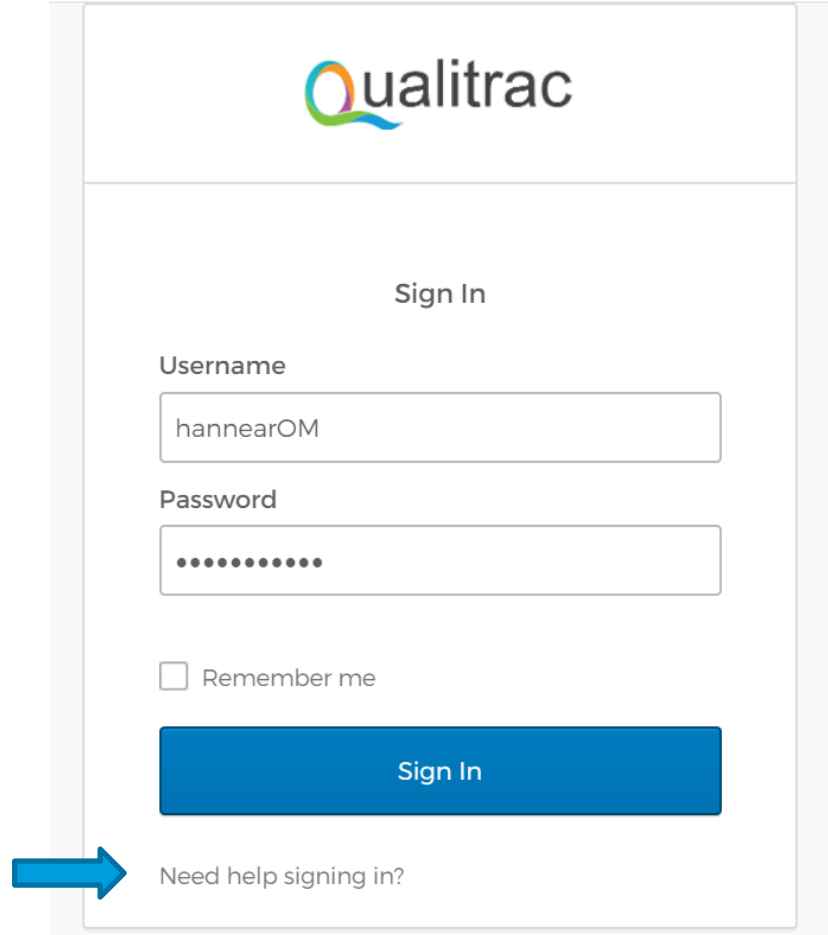
## On the sign-in page:

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

A screenshot of the Qualitrac sign-in page. The page has a white background with a light gray border. At the top center is the Qualitrac logo, which consists of a stylized 'Q' in blue and green followed by the word 'Qualitrac' in black. Below the logo is a horizontal line. Underneath the line, the text 'Sign In' is centered. Below 'Sign In' are two input fields. The first is labeled 'Username' and contains the text 'hannearOM'. The second is labeled 'Password' and contains ten black dots. Below the password field is a checkbox labeled 'Remember me'. At the bottom of the form is a large blue button with the text 'Sign In' in white. A blue arrow points to this button from the left. Below the button is the text 'Need help signing in?'.

# Provider Portal

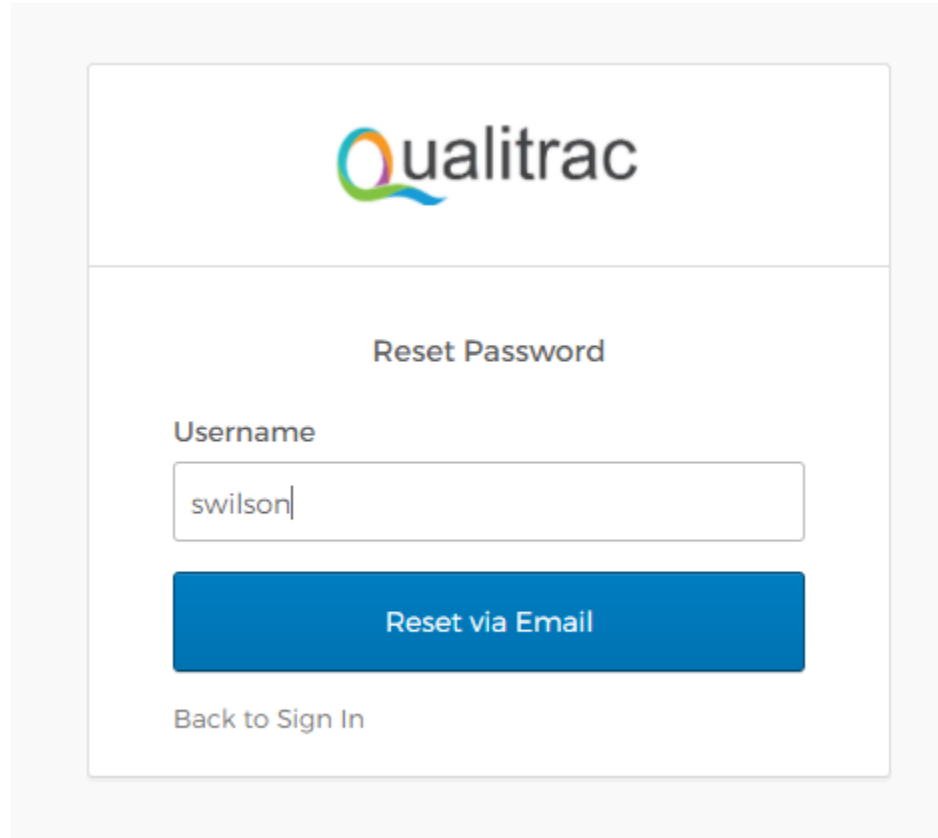
- There is a blue “Need help signing in?” link below the sign-in button. This can be used to change/reset your password whenever needed.
- Do not bookmark this page. The security around the log-in page will cause issues the next time you log in.



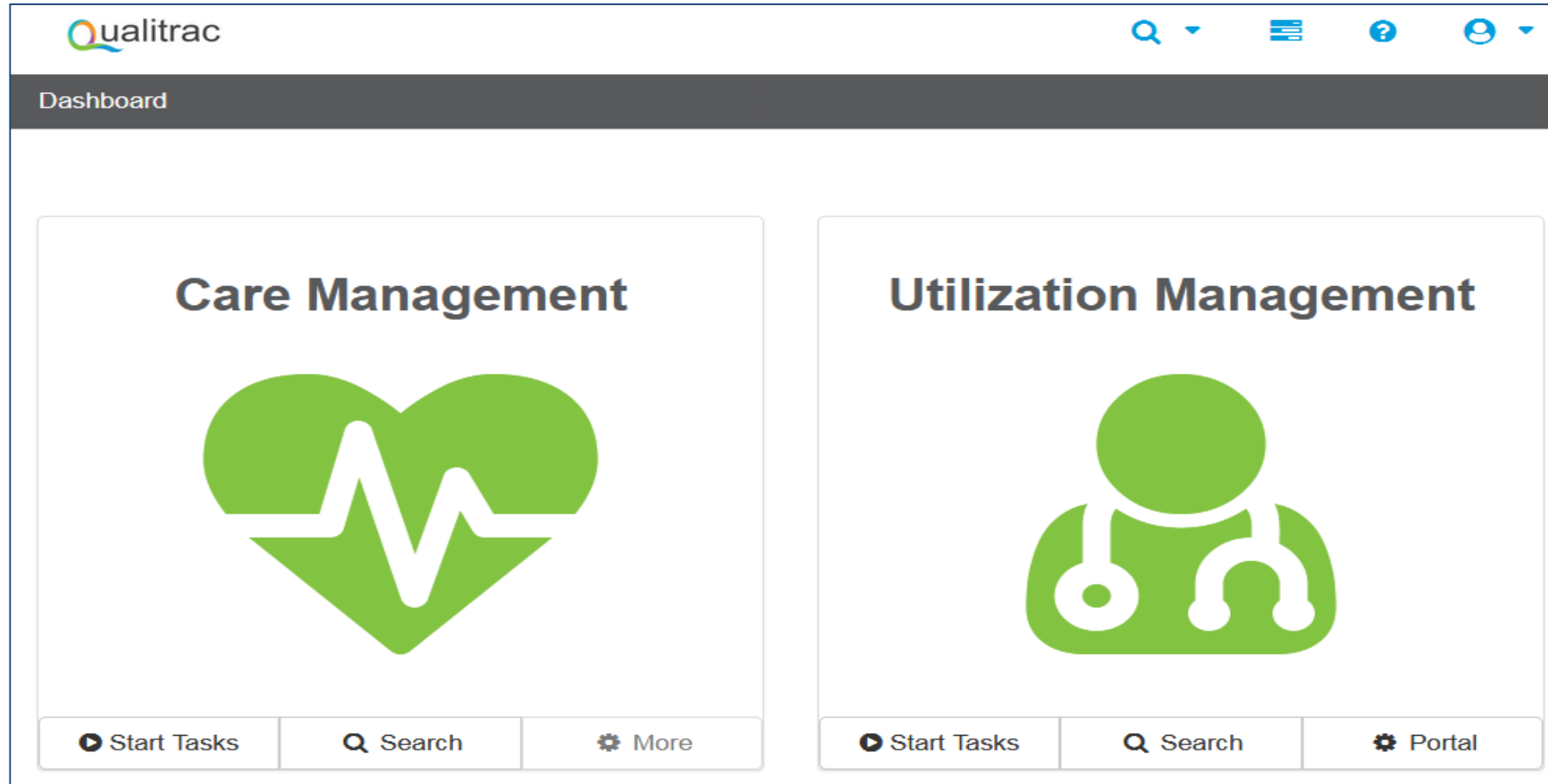
The image shows a screenshot of the Qualitrac Sign In page. At the top is the Qualitrac logo. Below it is the title "Sign In". There are two input fields: "Username" with the text "hannearOM" and "Password" with masked characters. Below the password field is a checkbox labeled "Remember me". A blue "Sign In" button is positioned below the checkbox. At the bottom of the form, there is a blue arrow pointing to a link that says "Need help signing in?".

# Provider Portal

- The Reset Password modal 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.

A screenshot of the Qualitrac 'Reset Password' modal. The modal has a white background with a light gray border. At the top is the Qualitrac logo. Below it is the title 'Reset Password'. There is a label 'Username' above a text input field containing 'swilson'. Below the input field is a blue button with the text 'Reset via Email'. At the bottom is a link that says 'Back to Sign In'.






# Qualitrac Landing Page



# Navigational Tools



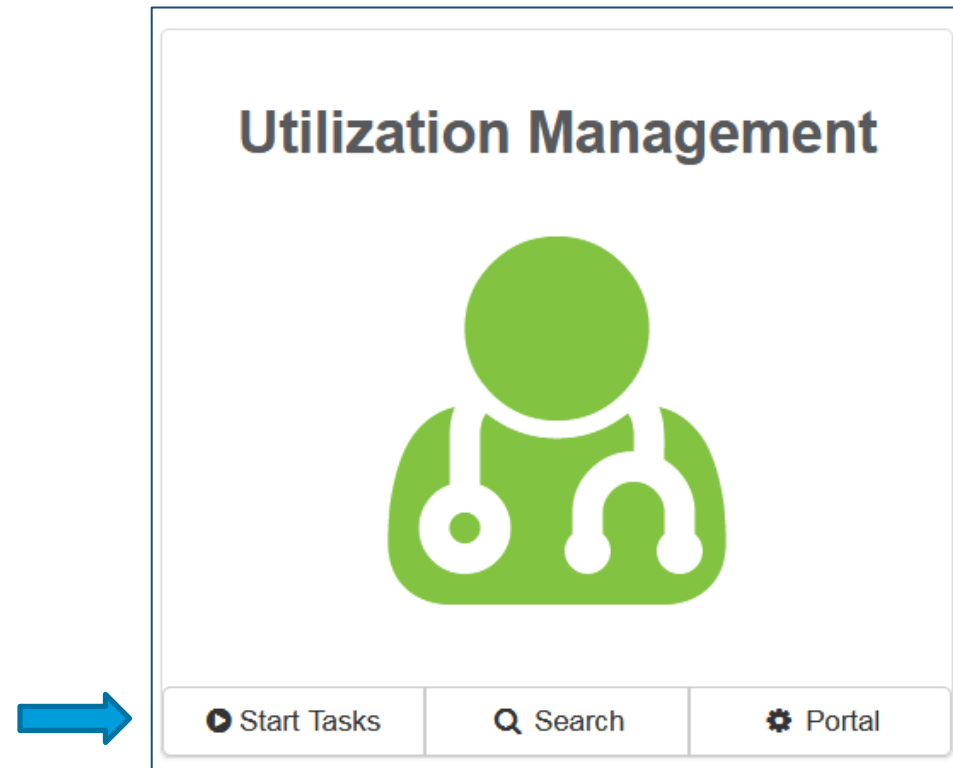
This is the Provider Portal Menu Bar. This will remain available to you wherever you are in the system.

-  The Qualitrac logo will take you back to the landing page from wherever you are currently working 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.



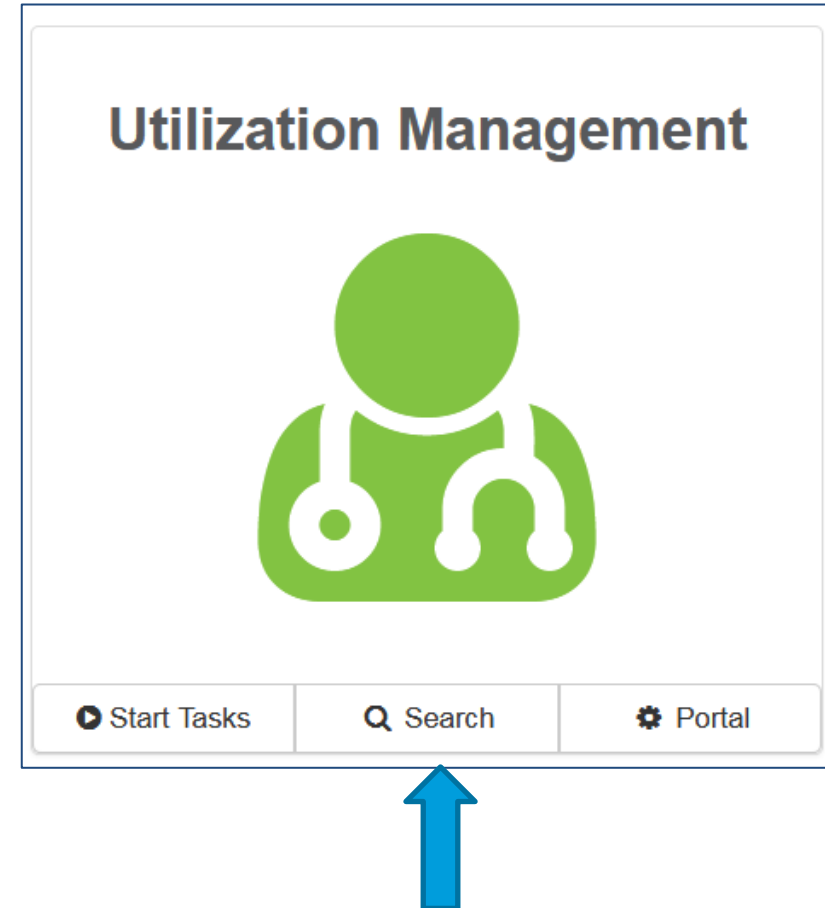
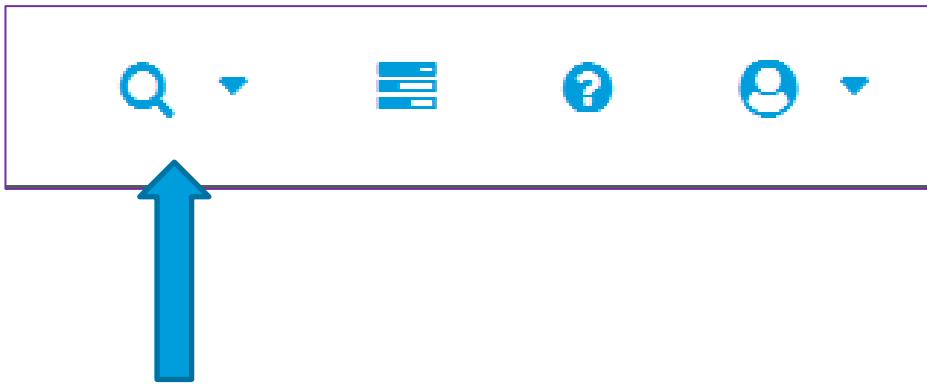
# Utilization Management Module

- **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.



## Find a member

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



# Find a member

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- 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**

1

<b>Member ID *</b>	<b>Date Of Birth *</b>	<b>Search</b>
<input type="text" value="Member ID"/>	<input type="text" value="MM/DD/YYYY"/>	

2

<b>First Name *</b>	<b>Last Name *</b>	<b>Date Of Birth *</b>	<b>Search</b>
<input type="text" value="First Name"/>	<input type="text" value="Last Name"/>	<input type="text" value="MM/DD/YYYY"/>	



## Find a member – Member ID and DOB

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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 our system. If it does not match, please confirm the member information and try again.

A screenshot of a web form for finding a member. It has a light gray background. On the left, the label 'Member ID \*' is in bold black text above a white text input field containing '423076646'. To the right, the label 'Date Of Birth \*' is in bold black text above a white text input field containing '07/17/1991'. Further right is a blue rectangular button with the word 'Search' in white. A large blue arrow points upwards from below the button towards the 'Search' button.

<b>Member ID *</b>	<b>Date Of Birth *</b>	<b>Search</b>
<input type="text" value="423076646"/>	<input type="text" value="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 \***

**Last Name \***

**Date Of Birth \***

**Search**



# Find a member



- 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.

Dashboard / Task Queue

Scheduled Tasks

Member Search

Cases

Case/Request/Claim Search

Member ID *	Last Name	First Name	Middle Name	Date Of Birth *	Gender
<input type="text" value="423076646"/>				<input type="text" value="07/17/1991"/>	
423076646	Smith	Alex		07/17/1991	Female


Show  entries


Showing 1 to 2 of 2 entries

Previous  Next

## Find 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**.

First Name	Middle Name
<p><b>Member Not Found.</b></p> <p>Try searching again or</p> <p> Add Member</p>	

A large blue arrow pointing upwards towards the 'Add Member' button.

# Add a member



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

A screenshot of a web form titled "Add Member" with a close button (X) in the top right corner. The form is organized into several sections: "Demographics" with fields for First Name \* (containing "Jane"), Middle Name, and Last Name \* (containing "Doe"); Client \* (a dropdown menu), Birth Date \* (containing "MM/DD/YYYY" and a calendar icon), and Gender \* (a dropdown menu); "Identifiers" with Social Security Number \* (containing "999-99-9999" and a checkbox for "N/A \*") and Member Id \* (containing a text field and a checkbox for "N/A \*"); "Relationship To Subscriber \*" (a dropdown menu with "Self" selected); and "Contact Information" with Address Line 1 \*, Address Line 2, City \*, State \* (a dropdown menu), and Zip \*. At the bottom right, there are "Close" and "Submit" buttons. A blue arrow points to the "Submit" button.

# 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.

Stephanie Wilson

View Member Details

Member ID: 11122233

Date of Birth: 01/03/1978

Phone Number:

Client: Colorado

Utilization Management

View Cases

+ Add

Showing canceled cases. 

Hide

Show 

10

 entries

Search:

Status	Case ID	Request ID	Review Type	Timing	Treating Prov./Phys.	Treating Facility	Req. Start	Req. End	Outcome	Action
No data available in table										

Showing 0 to 0 of 0 entries

Previous


Next



# Utilization Management Panel

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



 **Utilization Management**

[View Cases](#) [+ Add](#)

Hiding original requests for adjustments. [Show](#)

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

[Previous](#) 1 [Next](#)

# 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.

Stephanie Wilson

Member ID: 11122233

DOB: 01/03/1978

Phone Number:

Client: Colorado

Authorization Request

Date Request Received \*

02/02/2021 01:38 pm

Place of Service \*

Timing \*

Review Type \*

Type of Service \*

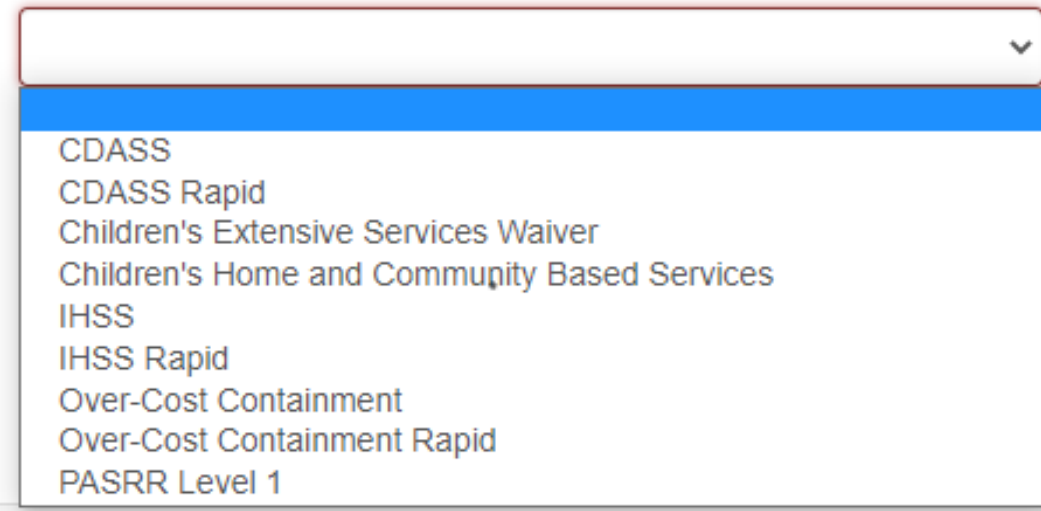
Cancel

Add New Request

# Review Type

- **Review Type:** Select the type of review you are requesting from the drop-down list.

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

# Place of Service & Type of Service

- **Place of Service** is where the care is provided. The Place of Service will default to Community.
- **Type of Service** is what type of care is being provided. The Type of Service will default to Home and Community Based Services.

**Authorization Request**

<b>Date Request Received *</b> 02/02/2021 01:38 pm	<b>Review Type *</b> Children's Home and Community Based Services
<b>Place of Service *</b> Community	<b>Type of Service *</b> Home and Community Based Services
<b>Timing *</b> Prospective	




# Timing

- **Timing** indicates when you are notifying us of the request.
- **Prospective** – A review request submitted prior to receiving services
- **Concurrent** – A review request where services have started but not completed.

**Authorization Request**


<b>Date Request Received *</b> 02/03/2021 12:50 pm	<b>Review Type *</b> Children's Home and Community Based Services
<b>Place of Service *</b> Community	<b>Type of Service *</b> Home and Community Based Services
<b>Timing *</b> 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 \***  
02/03/2021 12:50 pm 


**Review Type \***  
Children's Home and Community Based Services ▼

**Place of Service \***  
Community ▼

**Type of Service \***  
Home and Community Based Services ▼

**Timing \***  
Prospective ▼

Cancel



Add New Request 



# Admission and Discharge Panel

- Next, you will provide Dates of Service information. Indicate the
  - Service Start Date
  - Service End Date

\* All Service Start Dates entered will need to be in the future because only Prospective timings are allowed.

**Dates of Service**

<b>Service Start Date *</b>	<b>Service End Date *</b>
<input type="text" value="03/01/2021"/> 	<input type="text" value="03/31/2021"/> 



# Coverage Panel

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- The Coverage Panel will display information about the member's 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.
- If the submitter sees a message saying that the member does not appear to be eligible, the submitter must enter information into the Eligibility Comments section to allow the review to be completed and submitted.



# Coverage Panel



## 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



EPSDT Indicator \*

☐ Yes ☒ No

Eligibility Comment \*

## Provider Panel

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- The next sections ask for information related to the Providers involved in the care of the member for this review.
- Treating Provider and the Ordering Provider are required. You will click the **Add** button on each line to provide the necessary information.
- The Treating Provider is the entity that will be providing the care.
- The Ordering Provider is the provider that ordered the care.
- There are 5 Other Providers listed. This allows the submitter to enter additional organizations or individuals that need to be involved or aware of this review.



# Provider Panel



Qualitrac



[Dashboard](#) / [Task Queue](#) / [Member Hub](#) / [Request](#)

[Messages](#) Rick Jones - TEMP000000010086 - 01/01/2000

## Providers \*

Type	Name	NPI	Address	Phone	Primary Taxonomy	PPO Redirect Reason	Comments	Action
Treating Physician *					Not Supplied			<a href="#">+ Add</a>
Treating Facility *					Not Supplied			<a href="#">+ Add</a>
Ordering Provider *					Not Supplied			<a href="#">+ Add</a>
Additional Provider					Not Supplied			<a href="#">+ Add</a>
Additional Provider					Not Supplied			<a href="#">+ Add</a>
Additional Provider					Not Supplied			<a href="#">+ Add</a>
Additional Provider					Not Supplied			<a href="#">+ Add</a>
Additional Provider					Not Supplied			<a href="#">+ Add</a>

## Provider Organization Visibility ?



# Entering Provider Information



- Clicking **Add** will open a search box. You can search for providers by entering an NPI or by filling in any of the information boxes provided.
- Medicaid IDs can be entered in the Other ID Number box.
- When you have entered the necessary information, click **Search** to locate the physician or facility.
- HELPFUL TIP: entering just the NPI or Medicaid ID renders the quickest results

<b>NPI Number</b> ?	<b>Other ID Number</b> ?	<b>Last / Organization Name</b>	<b>First Name</b>
<input type="text" value="1942737440"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>Taxonomy</b>
<input type="text"/>	<input type="text" value="v"/>	<input type="text"/>	<input type="text" value="v"/>
<b>Search using NPES</b> ? <input checked="" type="checkbox"/> ON			<input type="button" value="Search"/>





# Entering Provider Information



- 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 provider/facility you need for the review.

Show  entries

Search:

	Name	Network	NPI	Primary Number	Other ID	Type	Primary Practice Address	Phone	Primary Taxonomy	Source
	BIRCH CARE COMMUNITY, LLC		1942737440				656 Dillon Way Aurora, CO, 800116803	(303) 344-0636	Skilled Nursing Facility	NPPES

Showing 1 to 1 of 1 entries


Previous  Next

# Entering Provider Information




- If the Ordering Provider and the Treating Provider are the same, you can select **Copy Treating Provider to Ordering Provider** and the system will prepopulate the information for you.

**Providers \***

Type	Name	NPI	Address	Phone	Primary Taxonomy	PPO Redirect Reason	Comments	Action
Treating Provider	 BIRCH CARE COMMUNITY, LLC	1942737440	656 Dillon Way Aurora, CO, 80011	(303) 344-0636	Skilled Nursing Facility			...
Ordering Provider *				Not Supplied				

+ Add

+ Add New

 Copy Treating Provider to Ordering Provider

Provider Organization Visibility ?

# Entering Provider Information



- You will now see the Treating Provider and the Ordering Provider information populated in the Providers panel.
- You can select **Delete** if you've chosen in error.

## Providers

Type	Name	NPI	Address	Phone	Primary Taxonomy	PPO Redirect Reason	Comments	Action
Treating Provider	 BIRCH CARE COMMUNITY, LLC	1942737440	656 Dillon Way Aurora, CO, 80011	(303) 344-0636	Skilled Nursing Facility			...
Ordering Provider	 BIRCH CARE COMMUNITY, LLC	1942737440	656 Dillon Way Aurora, CO, 80011	(303) 344-0636	Skilled Nursing Facility			...



# Provider Organization Visibility



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

## Provider Organization Visibility ?

**BIRCH CARE COMMUNITY, LLC, Ordering Provider**

BIRCH CARE COMMUNITY, LLC (NPI: 194273744) ▼

**BIRCH CARE COMMUNITY, LLC, Treating Provider**


BIRCH CARE COMMUNITY, LLC (NPI: 194273744) ▼

**Wilson, Stephanie, User \***

JOHN HOPKINS EMERGENCY MEDICAL SERVICE ▼

# Diagnosis Panel

- 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							+ Add
Seq.	Code	Description	Final Dx	POA	NOS	Action	
No Diagnoses Supplied							


# Diagnosis Panel


- 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**



 Search

# Diagnosis Panel

- 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.

Search By Code

Q Search

Show 

10

 entries

Search:

Code	Description
<input checked="" type="radio"/> I63.9	CEREBRAL INFARCTION UNSPECIFIED

Showing 1 to 1 of 1 entries

Previous

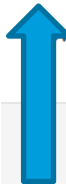
1

Next

Cancel

Submit and Add Another

Submit



# Diagnosis Panel

- 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

Q Search

Show 

10

 entries

Search:

Code	Description
<input checked="" type="radio"/> I63.9	CEREBRAL INFARCTION UNSPECIFIED

Showing 1 to 1 of 1 entries

Previous

1

Next

Cancel




Submit and Add Another

Submit



# Diagnosis Panel

- 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	I63.9	CEREBRAL INFARCTION UNSPECIFIED	<input type="radio"/>	<input type="checkbox"/>			
2	I69.351	HEMIPLEGIA FLW CEREBRAL INFARCT AFF RT DOM SIDE	<input type="radio"/>	<input type="checkbox"/>			



# Procedure Panel

- The Procedures Panel is where you can enter the procedure information related to this review.
- You will use the **Add** button to add a new procedure to the panel.
- You can enter as many procedures as needed.
- You do have the ability to drag and drop if more than one procedure is entered to reorder them.



**Procedures**


+ Add

Seq.	Code	Description	NOS	Mod. 1	Mod. 2	Qty.	Frequency	Cost	Action
No Procedures Supplied									



# Procedures Panel

- You can search for a procedure either by Code or by Term.
- Select the appropriate code by clicking on the radio button to the left of the code.
- The submitter will also enter any additional data related to the Procedure



### Add Procedures

Method

☒ Search by Code  
☐ Search by Term

#### Search By Code

S9810 Q Search

Show 10 entries Search:

Code	Description
<input type="radio"/> (HCPCS) S9810	Home therapy; professional pharmacy services for provision of infusion, specialty drug administration, and/or disease state management, not otherwise classified, per hour (do not use this code with any per diem code)

Showing 1 to 1 of 1 entries Previous 1 Next

#### Procedure Details

Units \* Units Qualifier \*

#### Dates of Service and Provider Information



Start Date \* End Date Treating Provider:

MM/DD/YYYY MM/DD/YYYY Q Search For Provider

# Procedures Panel




- After selecting the procedure you want added to the review, you can select **Submit** or **Submit and Add Another**.
- **Submit** will add the procedure to the review.
- **Submit and Add Another** will allow you to submit the procedure to the review and re-open the window where you can search for another procedure
- You can use the trash can icon on the right side of the procedure to delete anything entered incorrectly in this panel.

Procedures										+ Add
Seq.	Code	Description	NOS	Mod. 1	Mod. 2	Qty.	Frequency	Cost	Action	
1	S9810	HOME THERAPY; NOT OTHERWISE CLASSIFIED PER HOUR				4 unit(s)	2 Weekly		 	

# Documentation Panel

- The next panel is the Documentation Panel. This is where you will upload any related clinical documentation necessary for the review to be processed.
- To submit documentation, click **Add**.



**Documentation** + Add

Search:

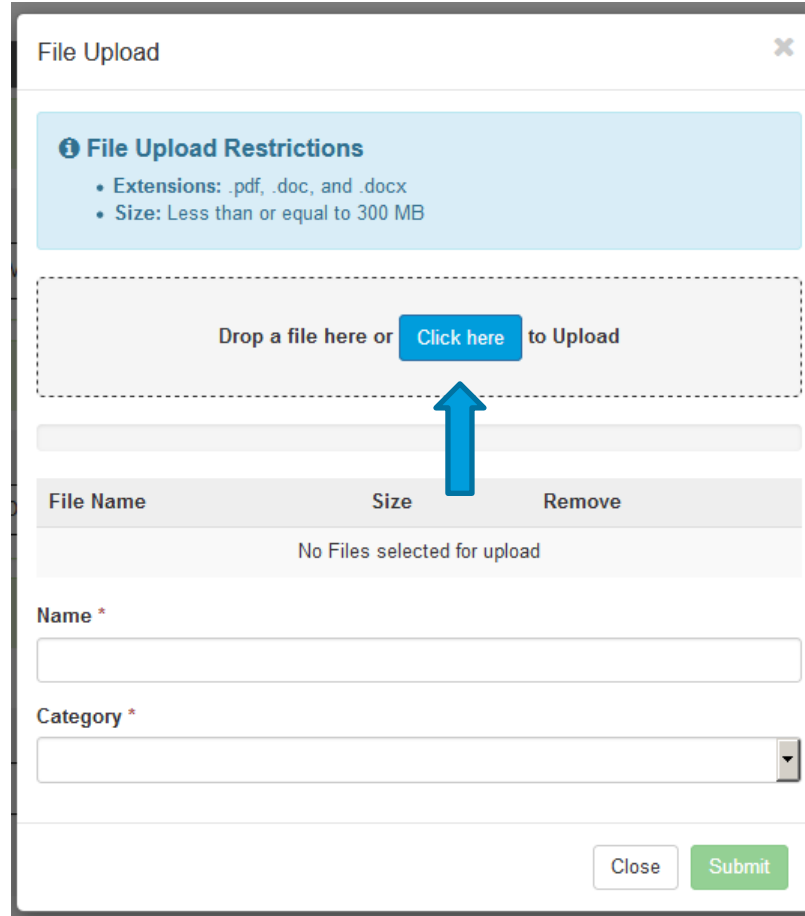
Name	Category	Topic	Date Added	Uploaded By	Action
No data available in table					

Show  entries Showing 0 to 0 of 0 entries Previous Next



# 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 on your system.



The image shows a 'File Upload' modal window. At the top, there's a title bar with 'File Upload' and a close button. Below the title bar, a light blue box contains 'File Upload Restrictions' with two bullet points: 'Extensions: .pdf, .doc, and .docx' and 'Size: Less than or equal to 300 MB'. In the center, a dashed box contains the text 'Drop a file here or' followed by a blue button labeled 'Click here' and then 'to Upload'. A blue arrow points to the 'Click here' button. Below this, there's a table with three columns: 'File Name', 'Size', and 'Remove'. The table is currently empty, showing 'No Files selected for upload'. At the bottom, there are two input fields: 'Name \*' and 'Category \*'. The 'Name' field is a text input, and the 'Category' field is a dropdown menu. At the very bottom, there are two buttons: 'Close' and 'Submit'.

File Name	Size	Remove
No Files selected for upload		

Name \*

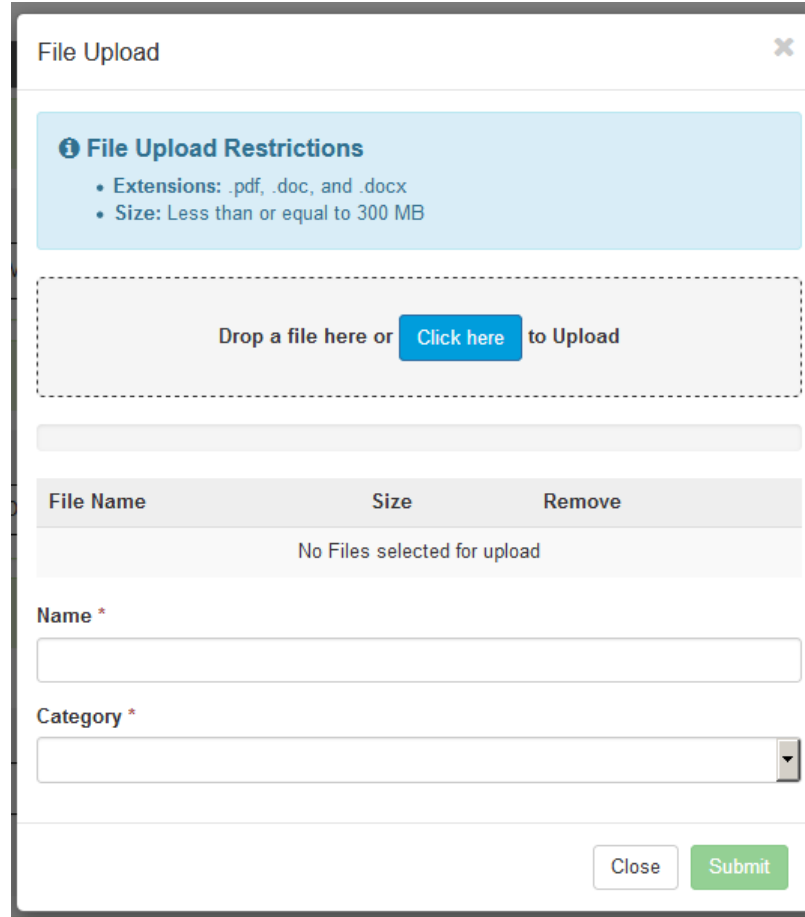
Category \*

Close Submit

# Documentation Panel

## 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.

A screenshot of a 'File Upload' dialog box. It features a title bar with a close button. Below the title bar is a light blue box containing 'File Upload Restrictions' with bullet points for extensions (.pdf, .doc, .docx) and size (less than or equal to 300 MB). This is followed by a dashed border area with the text 'Drop a file here or' and a blue 'Click here' button, ending with 'to Upload'. Below this is a table with columns 'File Name', 'Size', and 'Remove', showing 'No Files selected for upload'. At the bottom are input fields for 'Name \*' and 'Category \*', and 'Close' and 'Submit' buttons.

File Name	Size	Remove
No Files selected for upload		

# Documentation Panel

- **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

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
Medical Record.docx	12 KB	

Name \*

Medical Record

Category \*

Clinical

Topic \*

Medical & Treatment History

Close

Upload

# Documentation Panel

- When all the request steps have been completed, click **Continue**.

Documentation

+ Add

Show 10 entries

Search:

Name	Category	Topic	Date Added	Uploaded By	Action
Medical Record	Clinical	Medical & Treatment History	02/03/2021	swilsonPPUIMM	

Showing 1 to 1 of 1 entries

Previous1Next

Continue




# 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 \*





# Comments

- After completing the attestation, users have the option to add a comment to the request if applicable.
- A comments modal 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**.



The screenshot shows a 'Submit Review' modal window. It has a title bar with a close button (X). Below the title bar is a section labeled 'Comments' containing a large text input area. At the bottom right of the modal are two buttons: 'Cancel' and 'Submit'. A blue arrow points to the 'Submit' button.

# 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.

[Dashboard](#) / [Task Queue](#) / [Member Hub](#) / [Summary](#)

Alex Smith

Member ID: 423076646

DOB: 07/17/1991

Phone Number:

Client: Montana - Mountain Pacific

### Authorization Request

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

### Admission and Discharge

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

### Coverage

Group	Section	Plan	Start Date	End Date
No Coverage Found				
Medicare Indicator Not Supplied	Third Party Liability No	EPSDT Indicator No	Eligibility Comment 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		

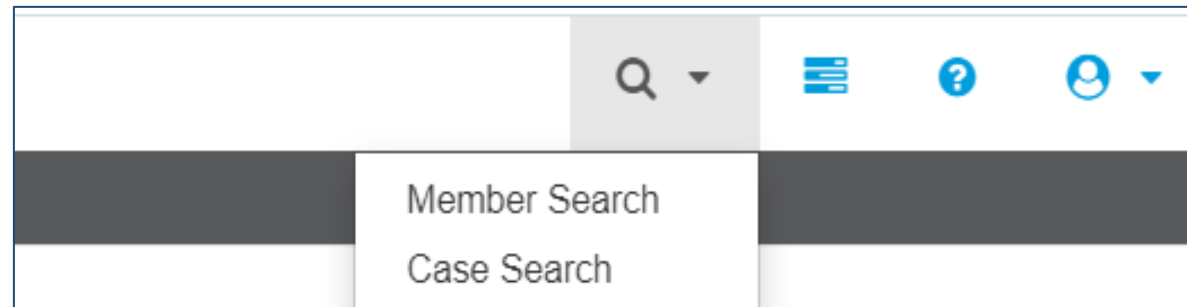
### Provider Organization Visibility



# View Request Status and Outcomes

## View Status and Outcomes

- 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



## 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

Search

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

Previous 1 Next



# View Status and Outcomes

## 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.

Show  entries

Search:

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 Request  
Delete



# View Outcome



- To view the outcome or determination of your request, go to the Member Hub, find the review in the Utilization Management panel, click on the ellipsis to the right and select **View Request**.

Utilization Management

View Cases + Add

Showing canceled cases. Hide

Show 10 entries Search:

Status	Case ID	Request ID	Review Type	Timing	Treating Prov./Phys.	Treating Facility	Req. Start	Req. End	Outcome	Action
Request Is Complete	4534	4546	Children's Home and Community Based Services	Prospective	BIRCH CARE COMMUNITY, LLC		03/01/2021	03/31/2021	Partial Denial	<div>View Request 1st Level Appeal Copy Extend</div>

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 Outcome: Partial Denial
(HCPCS) S9810 - HOME THERAPY; NOT OTHERWISE CLASSIFIED PER HOUR	Outcome: Partial Denial



# View Outcome



Outcomes		Review Outcome: Partial Denial	
(HCPCS) S9810 - HOME THERAPY; NOT OTHERWISE CLASSIFIED PER HOUR		Outcome: Partial Denial	
Requested		Final Recommendation	
Outcome		Outcome	Partial Denial (Clinical Denial)
Authorization Number		Authorization Number	
Start Date	03/01/2021	Start Date	03/01/2021
End Date	03/31/2021	End Date	03/31/2021
Modifier 1		Modifier 1	
Modifier 2		Modifier 2	
Units	4 unit(s)	Approved	2 unit(s) (Denied: 2)
Frequency	2 Weekly	Frequency	2 Weekly
		Total Cost	
		Letter Rationale:	
		Based on clinical documentation provider, member only required two hours of therapy per week.	

The Requested tab will display what was requested in the review.

# View Outcome



Outcomes		Review Outcome: Partial Denial	
(HCPCS) S9810 - HOME THERAPY; NOT OTHERWISE CLASSIFIED PER HOUR		Outcome: Partial Denial	
Requested		Final Recommendation	
Outcome		Outcome	Partial Denial (Clinical Denial)
Authorization Number		Authorization Number	
Start Date	03/01/2021	Start Date	03/01/2021
End Date	03/31/2021	End Date	03/31/2021
Modifier 1		Modifier 1	
Modifier 2		Modifier 2	
Units	4 unit(s)	Approved	2 unit(s) (Denied: 2)
Frequency	2 Weekly	Frequency	2 Weekly
Total Cost		Total Cost	
		<b>Letter Rationale:</b> Based on clinical documentation provider, member only required two hours of therapy per week.	

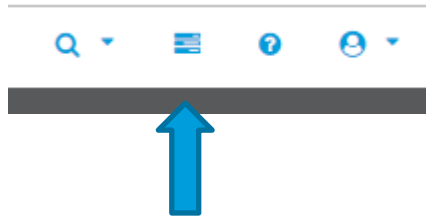
The Final Recommendation tab will display the determination.



# 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**

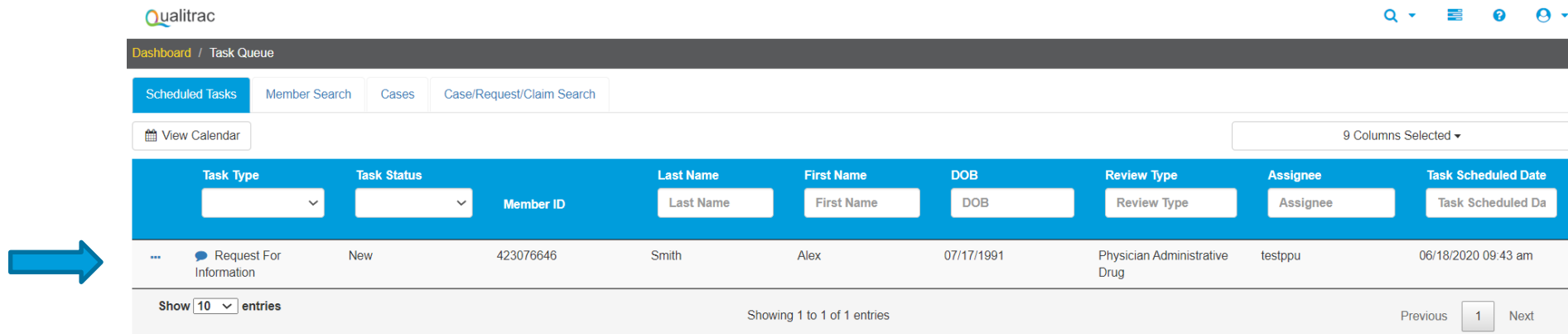


**Or from Start Tasks button  
on the landing page**



# 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 modal 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



Qualitrac

Dashboard / Task Queue

Scheduled Tasks Member Search Cases Case/Request/Claim Search

View Calendar 9 Columns Selected

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

Show 10 entries Showing 1 to 1 of 1 entries Previous 1 Next




# 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

+ Add

Search:

Letter	Addressee	Date Sent
<a href="#">Telligen Request for Information</a>   	Ordering Provider	06/12/2020 16:22:37

now 10 ▾ entries

Showing 1 to 1 of 1 entries

Previous

1

Next

# 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** + Add

Show  entries Search:

Name	Category	Topic	Date Added	Uploaded By	Action
<a href="#">History and Physical</a>	Clinical	Medical & Treatment History	06/15/2020	testppu	

Showing 1 to 1 of 1 entries Previous  Next


## 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.





# Continued Stay (Extend), 1<sup>st</sup> Level Appeal, and Reopen

# Extend

- When a review has units approved, it can be Extended for continuation of services.
- The user will search for the member and find the review that needs to be extended.
- Select the **Extend** option in the dropdown menu

 **Utilization Management** View Cases + Add

Showing canceled cases. Hide

Show 10 entries Search:

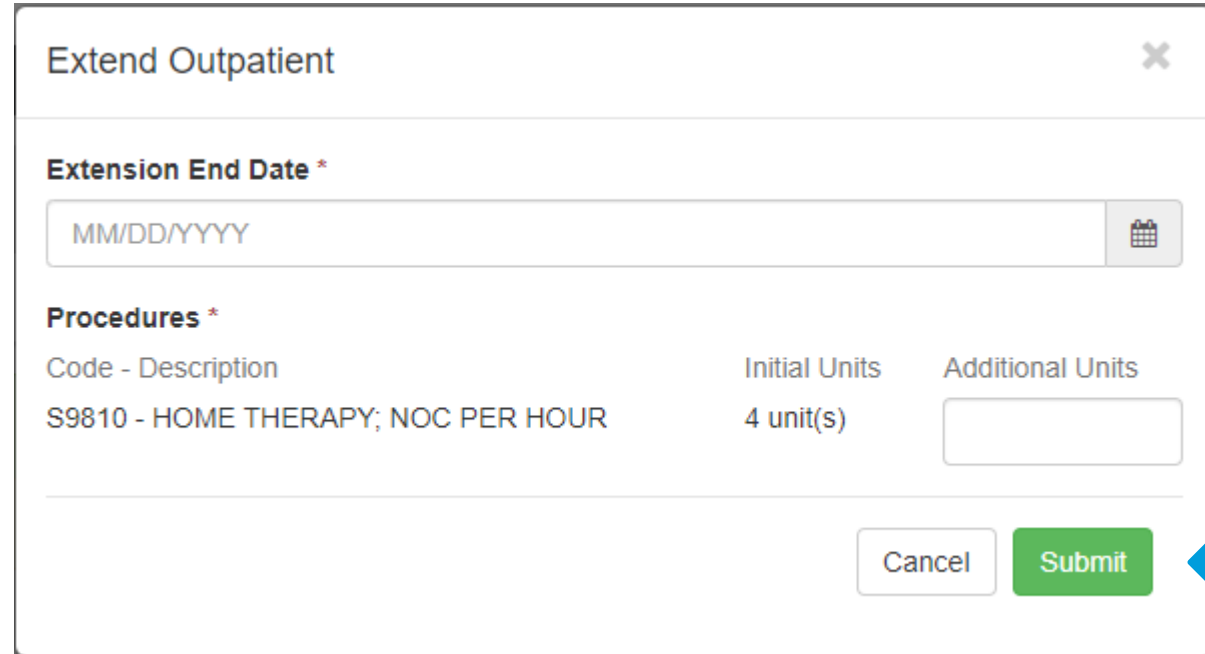
Status	Case ID	Request ID	Review Type	Timing	Treating Prov./Phys.	Treating Facility	Req. Start	Req. End	Outcome	Action
Request Is Complete	4534	4546	Children's Home and Community Based Services	Prospective	BIRCH CARE COMMUNITY, LLC		03/01/2021	03/31/2021	Partial Denial	<div><div>View Request</div><div>1st Level Appeal</div><div>Copy</div><div>Extend</div></div>

Showing 1 to 1 of 1 entries



# Extend

- A pop-up box will appear.
- The user will enter the new end date for the services
- The user will add the number of additional units per procedure.
- Click **Submit** to create the new review



Extend Outpatient

**Extension End Date \***

MM/DD/YYYY

**Procedures \***

Code - Description	Initial Units	Additional Units
S9810 - HOME THERAPY; NOC PER HOUR	4 unit(s)	

Cancel Submit

- The system will create a new review that is tied to the previous review(s) by the Case ID. Each review will have its own Request ID
- The submitter can edit specific panels on the review, including: Personal Representative Panel, Diagnosis Panel, Procedure Panel, and Documentation Panel.
- Documentation to support the continuation of services is always required.
- Follow the previously outlined steps to finalize and submit the review.
- The user will now see the previous review and the current review for continuation of services in the Utilization Management panel for the member.
- Please note: The Case ID has remained the same across both reviews and each review has its own Request ID. These IDs can be used to search for either the case or the individual reviews.



## Utilization Management

[View Cases](#)
[+ Add](#)

Showing canceled cases.

[Hide](#)

Show  entries

Search:

Status	Case ID	Request ID	Review Type	Timing	Treating Prov./Phys.	Treating Facility	Req. Start	Req. End	Outcome	Action
Request Has Been Submitted	4534	4547	Children's Home and Community Based Services	Prospective - Extension	BIRCH CARE COMMUNITY, LLC		03/01/2021	04/30/2021		...
Request Is Complete	4534	4546	Children's Home and Community Based Services	Prospective	BIRCH CARE COMMUNITY, LLC		03/01/2021	03/31/2021	Partial Denial	...

Showing 1 to 2 of 2 entries

Previous

1

Next

# 1<sup>st</sup> Level Appeal

- When a review has units that were denied or partially denied, the user has the option to submit a 1<sup>st</sup> Level Appeal (reconsideration).
- The user will search for the member and find the review with denied units.
- Select **1<sup>st</sup> Level Appeal** from the drop-down menu.



**Utilization Management** [View Cases](#) [+ Add](#)

Showing canceled cases. [Hide](#)

Show  entries Search:

Status	Case ID	Request ID	Review Type	Timing	Treating Prov./Phys.	Treating Facility	Req. Start	Req. End	Outcome	Action
Request Has Been Submitted	4534	4547	Children's Home and Community Based Services	Prospective - Extension	BIRCH CARE COMMUNITY, LLC		03/01/2021	04/30/2021		...
Request Is Complete	4534	4546	Children's Home and Community Based Services	Prospective	BIRCH CARE COMMUNITY, LLC		03/01/2021	03/31/2021	Partial Denial	...

Showing 1 to 2 of 2 entries

View Request  
1st Level Appeal  
Copy

# 1<sup>st</sup> Level Appeal



- The system will copy all information from the original submitted review and create a new review.
- The user will attach additional documentation to the new review to support overturning the previous decision of denial.

### Documentation

+ Add

Show 10 entries

Search:

Name	Category	Topic	Date Added	Uploaded By	Action
Medical Record	Clinical	Medical & Treatment History	02/03/2021	swilsonPPUIMM	

Showing 1 to 1 of 1 entries

Previous 1 Next

### 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 \*

swilsonPPUIMM

# 1<sup>st</sup> Level Appeal



Utilization Management											<a href="#">View Cases</a>	<a href="#">+ Add</a>
Showing canceled cases. <a href="#">Hide</a>												
Show <input type="text" value="10"/> entries											Search: <input type="text"/>	
Status	Case ID	Request ID	Review Type	Timing	Treating Prov./Phys.	Treating Facility	Req. Start	Req. End	Outcome	Action		
Request Has Been Submitted	4534	4548	Children's Home and Community Based Services	Prospective - 1st Level Appeal - Pre-Service	BIRCH CARE COMMUNITY, LLC		03/01/2021	03/31/2021		...		
Request Has Been Submitted	4534	4547	Children's Home and Community Based Services	Prospective - Extension	BIRCH CARE COMMUNITY, LLC		03/01/2021	04/30/2021		...		
Request Is Complete	4534	4546	Children's Home and Community Based Services	Prospective	BIRCH CARE COMMUNITY, LLC		03/01/2021	03/31/2021	Partial Denial	...		
Showing 1 to 3 of 3 entries											Previous	<a href="#">1</a> Next

# Reopen

---



- Only reviews in a technical denial status have the Reopen option.
- A review goes to technical denial status when a request for information is initiated and the user does not attach the requested information to the review within the allowable time.
- The system will automatically set the review to a Technical Denial status when the allowable time has passed and documentation has not been added to the review.
- Any reviews in the status of Technical Denial will have the option to Reopen in the drop-down menu
- Users will follow the same process to search for the member and find the review that is in a Technical Denial status.



# Reopen

- Users will follow the same process to search for the member and find the review that is in a Technical Denial status.
- The user will select **Reopen** from the drop-down menu

Request Is Complete	4460	4472	Acute Medical Surgical	Prospective		SINAI HOSPITAL OF BALTIMORE INC	01/11/2021		Denied	...
Request Is Complete	4430	4442	DME	Prospective	CVS INC 02005, CVS INC 02005		01/01/2021	03/31/2021	Technical Denial	...

Showing 1 to 6 of 6 entries

View Request  
Reopen

## Reopen

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- The system will create a new review that is tied to the previous review(s) by the Case ID. Each review will have its own Request ID
- The submitter can edit specific panels on the review, including: Dates of Service Panel, Personal Representative Panel, Diagnosis Panel, Procedure Panel, and Documentation Panel.
- Documentation that was requested in the Request for Information should be added to the Documentation Panel.
- Follow the previously outlined steps to finalize and submit the review.
- The user will now see the previous review and the current review for Reopen in the Utilization Management panel for the member.
- Please note: The Case ID has remained the same across both reviews and each review has its own Request ID. These IDs can be used to search for either the case or the individual reviews.



# Reopen



Show 10 entries

Search:

Status	Case ID	Request ID	Review Type	Timing	Treating Prov./Phys.	Treating Facility	Req. Start	Req. End	Outcome	Action
Request Is Complete	4459	4471	DME	Prospective	CVS INC 02005, CVS INC 02005		02/01/2021	04/30/2021	Approved	...
Request Has Been Submitted	4463	4481	Acute Medical Surgical	Prospective - 1st Level Appeal - Pre-Service		SINAI HOSPITAL OF BALTIMORE INC	01/28/2021			...
Request Is Complete	4463	4475	Acute Medical Surgical	Prospective		SINAI HOSPITAL OF BALTIMORE INC	01/28/2021		Denied	...
Request In Progress	4460	4473	Acute Medical Surgical	Prospective - 1st Level Appeal - Pre-Service		SINAI HOSPITAL OF BALTIMORE INC	01/11/2021			...
Request Is Complete	4460	4472	Acute Medical Surgical	Prospective		SINAI HOSPITAL OF BALTIMORE INC	01/11/2021		Denied	...
Re-Open Request	4430	4549	DME	Prospective - Reopened	CVS INC 02005, CVS INC 02005		01/01/2021	03/31/2021		...
Request Is Complete	4430	4442	DME	Prospective	CVS INC 02005, CVS INC 02005		01/01/2021	03/31/2021	Technical Denial	...

Showing 1 to 7 of 7 entries

Previous 1 Next

# Where to go for assistance

# Contact Information

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Website: [Long-Term Services and Supports Training | Colorado Department of Health Care Policy and Financing](#)

**Scroll** down to the **Telligen's Qualitrac Review and Provider Portal** Section and **click** on the name to open the panel

Link to Provider Portal will be available on March 1, 2021

**Provider Portal Registration** – use to set up Authorized Officials

**Official Training User Guide** – training document to assist Authorized Officials with setting up users

**Help Desk** – Not available until March 1, 2021  
1-833-610-1052 or coloradosupport@telligen.com



**The End...**

