



Mountain-Pacific
Quality Health

Montana Medicaid: Provider Portal Training

December 2019

Agenda

- Intro
- Website
- How to log-in
- Data migration
- How to enter a review
- View outcomes
- Appeals
- Continued stay review
- Extension
- Email notifications
- Questions



Mountain-Pacific
Quality Health

WEBSITE

Provider Portal

- The Provider Portal is a web application that allows healthcare providers to submit review requests.
- Please bookmark <http://www.mpqhf.org/corporate/medicaid-portal-home/>.
- Users will need to complete a Security Administrator Packet and have their credentials established to begin submitting reviews utilizing the Provider Portal on January 1, 2020.
- Use the log-in link on the top right-hand corner of the website.
- Continue to check the website for information pertaining to the Provider Portal and the review process.

Please bookmark this site:

<http://www.mpqhf.org/corporate/medicaid-prtal-home/>

You are here: [Home](#) / [Medicaid Portal](#) – Home



**Medicaid Utilization Review
and Ambulance Provider Portal**

[Portal Sign In](#)

Does a code require a prior authorization? Check: [PA Required?](#)

You may also access the State of Montana's Medicaid fee schedules [here](#) for more information about prior authorization, coverage, reimbursement, passport requirements, and other useful information

Home



Document
Library



Education
& Training



FAQs



Provider
News



Contact Us



Home

Welcome to the Mountain-Pacific Quality Health Medicaid Provider Portal, powered by Telligon, an Iowa-based company with extensive experience providing utilization management services.

Using this Health Insurance Portability and Accountability Act of 1996 (HIPAA)-compliant portal, providers will have 24/7 access to:

- Electronically submit new requests using "drag and drop" functionality vs. faxing or mailing documents
- Upload supporting documentation, e.g., medical records, letters, etc.
- Review status of pending requests
- Review determinations (Notification of determinations are emailed to requesters.)
- Retrieve history of previous requests, determinations and prior authorization numbers



Mountain-Pacific
Quality Health

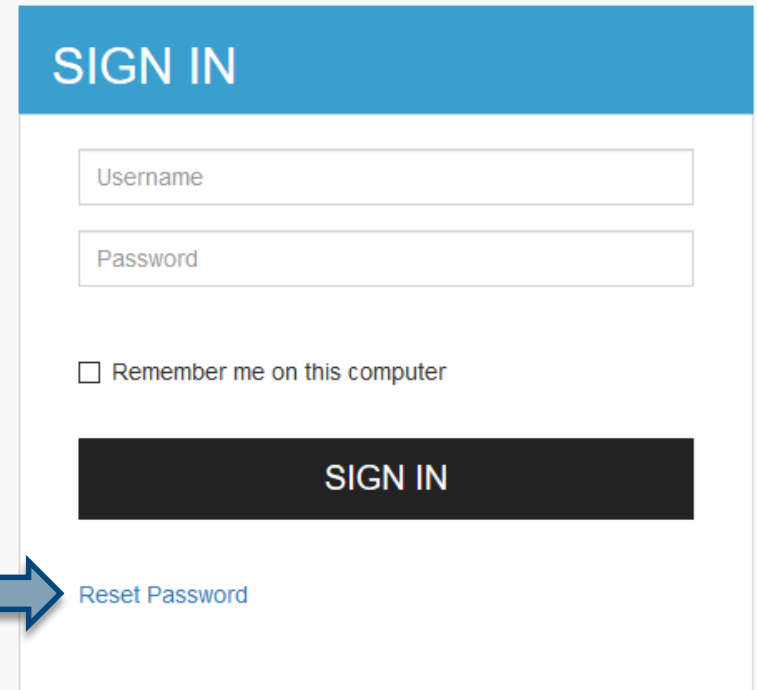
PROVIDER PORTAL TRAINING: HOW TO LOG IN

Provider Portal

- Everyone will be assigned a username for the portal.
- Please go to <http://www.mpqhf.org/corporate/medicaid-portal-home/> and use the sign-in link in the top right-hand corner.

Provider Portal

- On the log-in page is a Reset Password link under the black sign in box. Click that link to start the process to reset your password.
- Do not bookmark this page. The security around the log-in page will cause issues the next time you log in.



SIGN IN

Username

Password

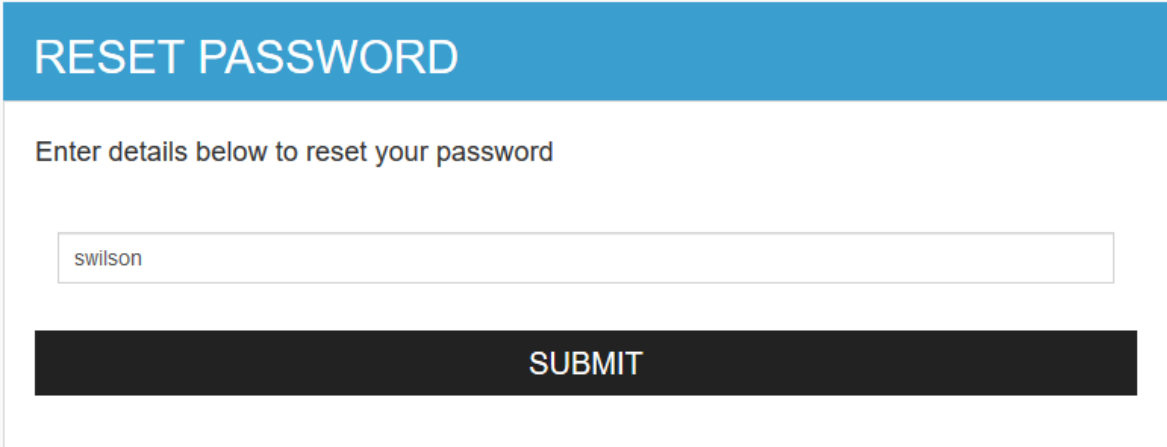
Remember me on this computer

SIGN IN

[Reset Password](#)

Provider Portal

- The Reset Password modal will open. It will 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 and find the email associated to your account and send you an email with a link to reset your password.



The image shows a screenshot of a web form titled "RESET PASSWORD". The form has a blue header bar with the text "RESET PASSWORD" in white. Below the header, there is a prompt: "Enter details below to reset your password". There is a single text input field containing the username "swilson". At the bottom of the form is a black button with the word "SUBMIT" in white capital letters.

**PROVIDER PORTAL
TRAINING:
SUBMITTING A
REVIEW**

Provider Portal: Landing Page



Dashboard

Care Management



▶ Start Tasks

🔍 Search

⚙️ More

Utilization Management

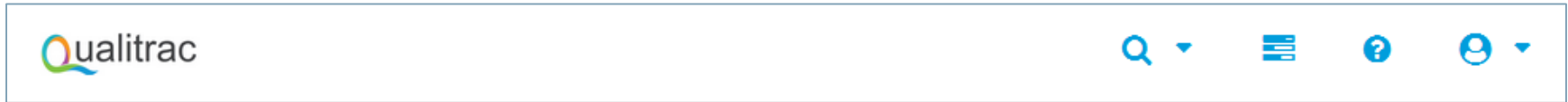


▶ Start Tasks




🔍 Search

⚙️ Portal

Provider Portal: Landing Page

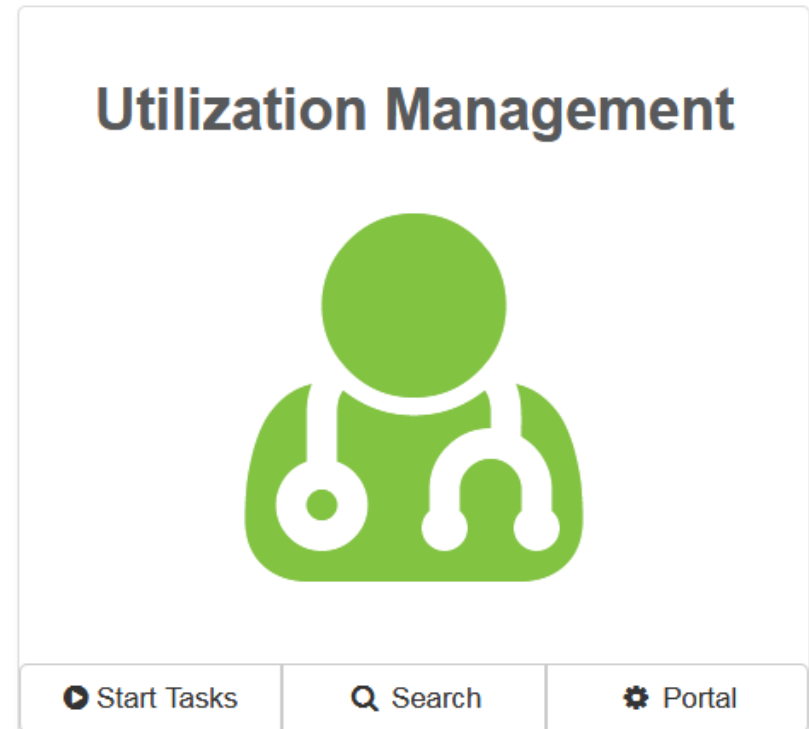


This is the Provider Portal Menu Bar. This will remain available to you wherever you are in the system.


-  The Qualitrac logo will take you back to the landing page from wherever you are currently working in the system.
-  This magnifying glass icon will open search options for you to search for a specific case or a specific member to view the details.
-  This icon is utilized to view and manage your profile. If your phone number or email address changes, you can use this section to update the details.

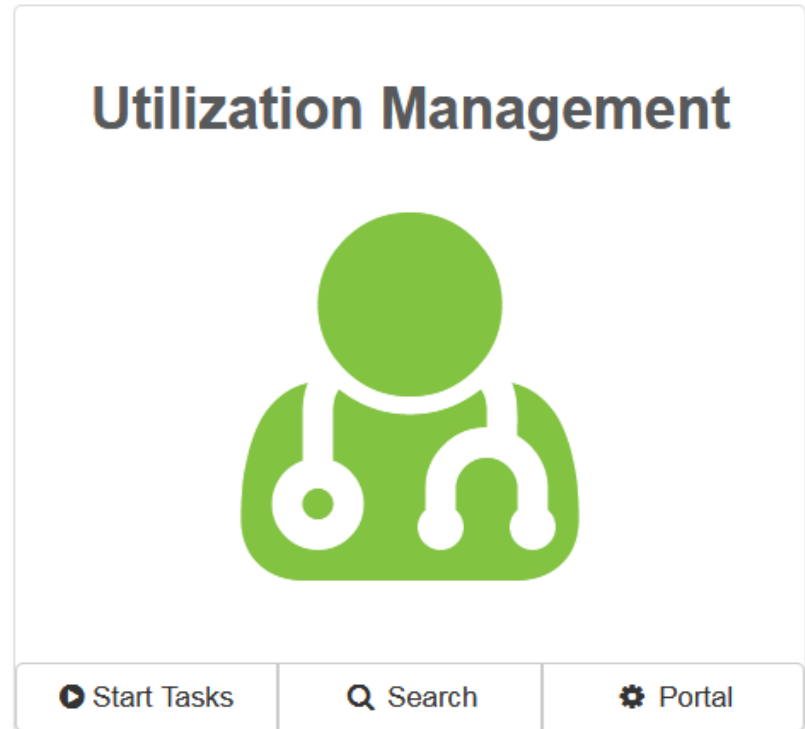
Provider Portal: Landing Page

- Start Tasks will take you to the task queue to view any reviews where additional information has been requested.
- Search will allow you to search for a member or a case, just like the magnifying glass at the top of the page.



Provider Portal: Adding a New Review

Click on the  Search box to access the member search screen to look for information on a member or to start a new review.



Provider Portal: Adding a New Review


Enter the Member ID and Date of Birth to start the search. The Member ID and the Date of Birth must match with what is on file to locate the member information or to begin a new review for that member.

Click on any of the data fields in blue to access the member information or to start a new review for the member.

Scheduled Tasks Eligible Member Tasks **Member Search** Cases Case/Request/Claim Search


| Member ID * | Last Name | First Name | Middle Name | Date Of Birth * | Gender |
|--|-----------|------------|-------------|---|--------|
| <input type="text" value="423426791"/> | | | | <input type="text" value="01/15/2015"/> | |
| 423426791 | Bassford | Alex | | 01/15/2015 | Female |


Show entries Showing 1 to 2 of 2 entries Previous Next




Provider Portal: Adding a New Review

You will now be at the Member Hub. This is a feature of the provider portal that allows you to view any related information to this member. You can see his/her contact information and any reviews that have been submitted for him/her.

 Alex Bassford Member Trends View Member Details

 Member ID: 423426791 📅 Date of Birth: 01/15/2015 📞 Phone Number: Client: Montana - Mountain Pacific

 Utilization Management View Cases + Add

Show 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

Provider Portal: View Member Details

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

Alex Bassford

Member Trends Hide Member Details

Member ID: 423426791 Date of Birth: 01/15/2015 Phone Number: Client: Montana - Mountain Pacific

| | | |
|--|--|------------------------------------|
| Phone Home: Cell: Work: Other: | Mailing Address 7580 Alberts Pass Hwy WAUKESHA, WI 53189 | Preferred Contact Information |
| Email Home: Work: | Physical Address | Method Language Not Supplied |
| Notes | | |

View Even More Member Details



Hide Member Details will minimize the panel to just see information across the top line.

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

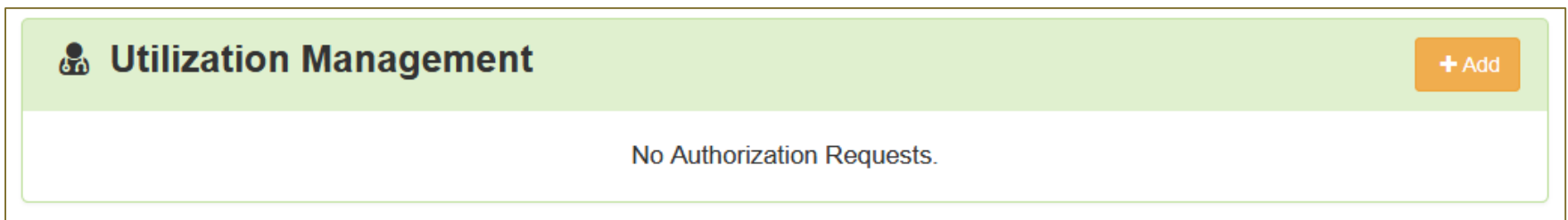


Provider Portal: Utilization Management Panel

The Utilization Management Panel will contain all information related to any UM reviews submitted for the member.

Per the panel, this member has not had any UM requests submitted for him/her.


Use the Add button to start a new request.



Provider Portal: Add New Request

To begin a new request, you will first fill in the Authorization Request panel.

Authorization Request

| | | | |
|---|----------------------|----------------------|----------------------|
| Date Request Received * | Review Type * | Place of Service * | Type of Service * |
| 11/19/2019 04:52 pm  | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Timing * | | | |
| <input type="text"/> | | | |

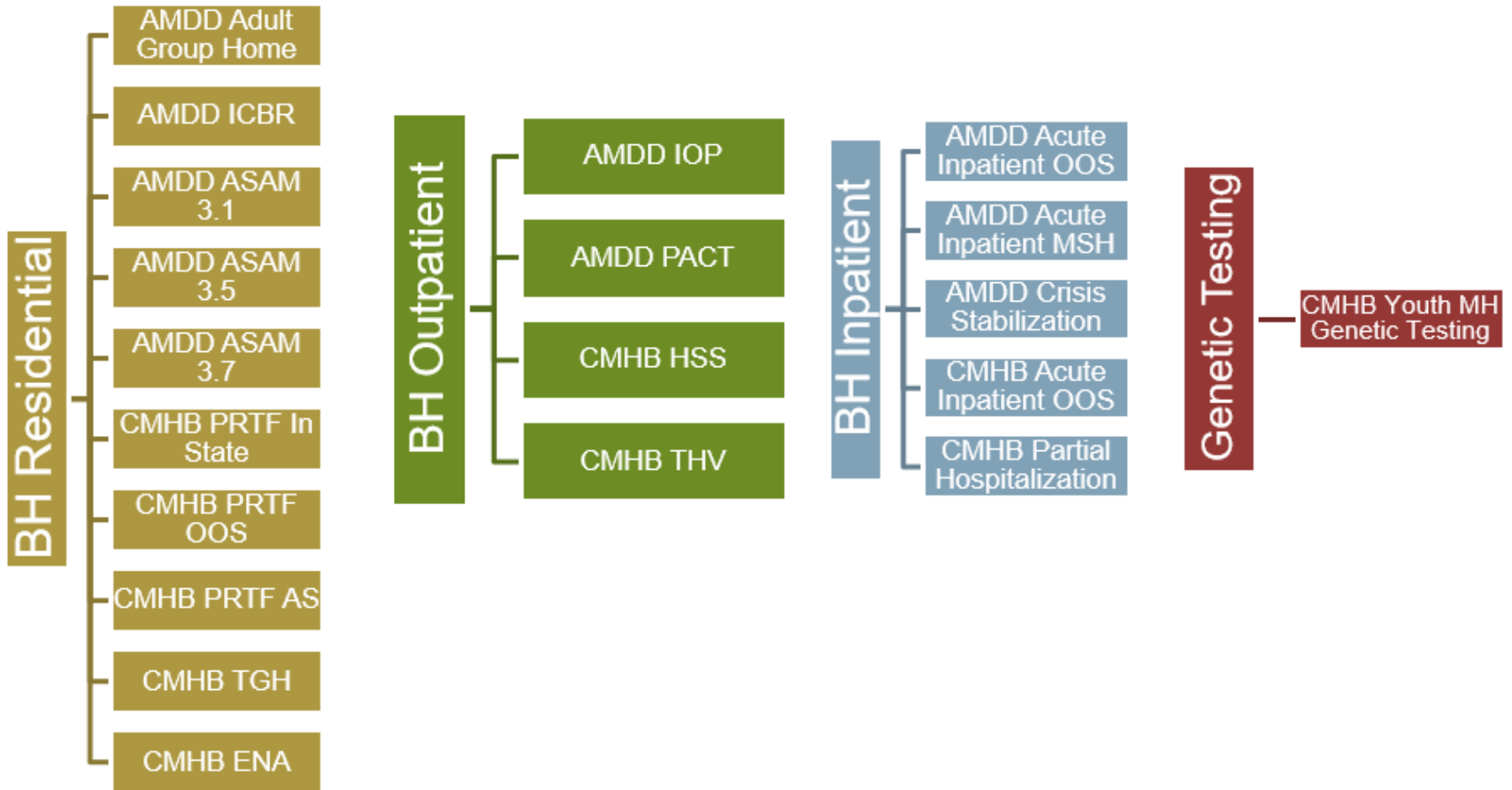
REVIEW TYPES

Available Review Types

All services (except genetic testing) are rolled up into three main review types:

1. Behavioral Health Residential
2. Behavioral Health Outpatient
3. Behavioral Health Inpatient

Available Review Types




Authorization Request Panel: Review Type

- Review Type: This is where you will select the type of review for which you are submitting the review.
- Not a complete list. This is being updated to include all applicable review types.

Review Type * ❗ Review Type is a required field

▼


- Acute Medical Surgical
- Ambulance Air
- Ambulance Ground
- Behavioral Health Inpatient
- Behavioral Health Outpatient
- Behavioral Health Residential
- DME
- Genetic Testing
- Home Health Care
- Medical Surgical (Outpatient)
- Out of State (Inpatient)
- Private Duty



Authorization Request Panel

- **Place of Service** is where you will select the place where care is being given.
- **Type of Service** is what type of care is being provided.
- **Timing** is where you will select Prospective (Prior Authorization), Concurrent or Retrospective
- Once all the selections are filled in, you can select Cancel to remove the request, or you can select Add New Request to complete the process.

Authorization Request

| | | | |
|---|--------------------------|----------------------|-------------------|
| Date Request Received * | Review Type * | Place of Service * | Type of Service * |
| 02/17/2019 02:24 pm  | Acute Medical Surgical ▼ | Inpatient Hospital ▼ | Medical Care ▼ |
| Timing * | | | |
| Retrospective ▼ | | | |

Timing

Prospective

A review timing submitted prior to any services starting or before any type of inpatient stay

Concurrent

First review submitted if services have started or the member is in a facility for a stay that was not prior authorized

Continued Stay

A review timing used to extend member's stay if the prospective or concurrent review has been submitted; cannot be the first review timing submitted for a member.

Retrospective

A review timing submitted after all services have been provided or the member has been discharged from the facility

Authorization Request Panel

The companion Provider User Guide contains detailed information for completing this section specific to each service.

ADULT GROUP HOME (AGH)





| | |
|-------------------|--|
| Review Type in QT | Behavioral Health Residential |
| Place of Service | 14 – Group Home |
| Type of Service | AMDD Adult Group Home |
| Timing | Prospective, Retrospective, Concurrent, Continued Stay |

Admission and Discharge Panel

- Once you select Add New Request, the page opens to fill in all the remaining information necessary to process the request.
- Admission and Discharge panel is used to enter admission and discharge information for inpatient reviews.
- Service Start and End Date will be entered for outpatient reviews.

Admission and Discharge

| | | |
|---|---|-------------------------|
| Admission Date * | Actual Discharge Date | Length Of Stay |
| <input type="text" value="MM/DD/YYYY"/>  | <input type="text" value="MM/DD/YYYY"/>  | |
| Admission Type * | Admission Source | Discharge Disposition * |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

Coverage Panel

- Details information about the member's eligibility
- Medicare Indicator and Third-Party Liability will default to No/Not Supplied unless there is information from the file

Coverage

⚠ Member Not Eligible
The member does not meet eligibility requirements. Please provide a reason to explain why you are continuing with this authorization request.

Show entries Search:

| Group | Section | Plan | Start Date | End Date |
|----------------------------|---------|------|------------|----------|
| No data available in table | | | | |

Showing 0 to 0 of 0 entries Previous Next

Medicare Indicator * **Third Party Liability ***

Eligibility Comment *

Coverage Panel

You are required to enter information related to the member's eligibility if none is listed or coverage has expired. Use the Eligibility Comment box.

Coverage

⚠ Member Not Eligible
The member does not meet eligibility requirements. Please provide a reason to explain why you are continuing with this authorization request.

Show entries Search:

| Group | Section | Plan | Start Date | End Date |
|----------------------------|---------|------|------------|----------|
| No data available in table | | | | |

Showing 0 to 0 of 0 entries Previous Next

Medicare Indicator * Third Party Liability *

Eligibility Comment *




Entering Provider and Facility Information

The next sections ask for information related to the Ordering Provider, Treating Physician and Treating Facility. Click the Add button on each box to fill in the necessary provider information.

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

Entering Provider and Facility Information







- Clicking Add will open a search box
- Search by entering an NPI or by filling in any information boxes
- Once you have entered the necessary information, click **Search** to locate the physician or facility.

| | | | |
|---|---|---------------------------------------|----------------------|
| NPI Number  | Other ID Number  | Last Name | First Name |
| <input type="text"/> | <input type="text"/> | <input type="text" value="wilson"/> | <input type="text"/> |
| City | State | Zip Code | Taxonomy |
| <input type="text"/> | <input type="text" value="Montana"/> | <input type="text"/> | <input type="text"/> |
| Search using NPPES  <input type="checkbox"/> OFF | | <input type="button" value="Search"/> | |

Entering Provider and Facility Information

- Clicking Search will return any results that meet your entered criteria.
- Use green plus box to the left of the name to select the provider/facility you need.

Show entries Search:

| | Name | Network | NPI | Primary Number | Other ID | Type | Primary Practice Address | Phone | Primary Taxonomy | Source |
|---|--------------------|--|------------|----------------|------------|---|---|----------------|------------------|---------------|
|  | WILSON, ANNA | Montana (Out of state provider code = N) | 1447561535 | 0000460734 | 0000460734 |  | 1233 N 30th Street Billings, MT, 00000 | (800) 841-5200 | | Provider File |
|  | WILSON, BERNADETTE | Montana (Out of state provider code = N) | 1861592529 | 0000526786 | 0000526786 |  | 711 East 13th St Ste 101 Whitefish, MT, 00000 | (406) 758-7036 | | Provider File |
|  | WILSON, CHARLES | Montana (Out of state provider code = N) | 1295933471 | 0000455793 | 0000455793 |  | 3000 15th Avenue South Great Falls, MT, 00000 | (406) 771-3102 | | Provider File |



Entering Provider and Facility Information




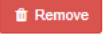

- Provider or facility name and information will be populated in the corresponding panel.
- Use trash can/Remove button at right of the line to delete if you selected incorrectly.
- Use Add button to search and find a new physician/facility for the one you deleted.

| Providers * | | | | | | | | |
|---------------------|--|------------|---|----------------|------------------|---------------------|----------|--|
| Type | Name | NPI | Address | Phone | Primary Taxonomy | PPO Redirect Reason | Comments | Action |
| Treating Physician |  WILSON, ANNA | 1447561535 | 1233 N 30th Street Billings, MT, 00000 | (800) 841-5200 | | | |  Remove |
| Treating Facility * | | | | Not Supplied | | | |  Add |
| Ordering Provider * | | | | Not Supplied | | | |  Add |


Entering Provider and Facility Information


- You can copy providers to another line without doing an additional search for the Ordering Provider.
- Click Add button to access the drop-down menu.

Providers *

| Type | Name | NPI | Address | Phone | Primary Taxonomy | PPO Redirect Reason | Comments | Action |
|---------------------|--|------------|---|----------------|------------------|---------------------|----------|---|
| Treating Physician |  WILSON, ANNA | 1447561535 | 1233 N 30th Street Billings, MT, 00000 | (800) 841-5200 | | | |  |
| Treating Facility |  CLINICAL COLLEAGUES INC, CLINICAL COLLEAGUES INC | 1992725766 | 216 14th Ave Sw Sidney, MT, 59270 | (954) 570-0337 | | | |  |
| Ordering Provider * | | | Not Supplied | | | | |  |

+ Add New

 Copy Treating Physician to Ordering Provider

 Copy Treating Facility to Ordering Provider

Provider Organization Visibility

Fill in this box to share this review with everyone with applicable privileges in the organization for which you are submitting it.

Provider Organization Visibility ?

Wilson, Stephanie, User

ST LUKE'S REGIONAL MEDICAL CENTER

Diagnosis

- Where you enter diagnosis information related to this review
- Use Add button to add a new diagnosis to the panel.
- You can enter as many diagnoses as needed.
- If more than one diagnosis is entered, you can drag and drop to reorder them.

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

Diagnosis

- Once you click Add, you can search for a diagnosis by Code or Term.
- Searching by code lets you enter a code directly and search for it:

Diagnosis + Add

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

Add Diagnosis

Method

Search By Code
 Search By Term

Search By Code

Enter Full ICD Code

Diagnosis

After entering a code or term and clicking Search, the system provides a list of results. Select the one you want to add to the review by clicking on the radio button to the left of the code.

Add Diagnosis

Method

Search By Code
 Search By Term

Search By Code

F32.9 Q Search


Show entries Search:

| Code | Description |
|-----------------------------|--|
| <input type="radio"/> F32.9 | MAJOR DEPRESSIVE DISORDER SINGLE EPISODE UNS |

Showing 1 to 1 of 1 entries Previous Next

Diagnosis

- After selecting the diagnosis you want to add, you can select Submit or Submit and Add Another.
 - **Submit** will add the diagnosis to the review.
 - **Submit and Add Another** submits the diagnosis to the review and re-opens the window where you can search for another diagnosis.
- You can use the trash can icon to the right of the diagnosis to delete anything entered incorrectly.


| Diagnosis | | | | | | | + Add |
|-----------|-------|--|-----------------------|--------------------------|-----|---|-------|
| Seq. | Code | Description | Final Dx | POA | NOS | Action | |
| 1 | F32.9 | MAJOR DEPRESSIVE DISORDER SINGLE EPISODE UNS | <input type="radio"/> | <input type="checkbox"/> | |  | |

Diagnosis

Language about which diagnoses are appropriate for which service is from the existing Provider Manuals and referenced in the Provider User Guide.


ADULT GROUP HOME (AGH)

| | |
|----------------------------------|---|
| Review Type in QT | Behavioral Health Residential |
| Place of Service | 14 – Group Home |
| Type of Service | AMDD Adult Group Home |
| Timing | Prospective, Retrospective, Concurrent, Continued Stay |
| Procedure Code | S5102 |
| MCG Guideline Name – PA specific | MT_Adult Group Home Initial |
| Diagnostic/MNC Criteria | (1) Meets SDMI criteria as described in AMDD Provider Manual; |



Procedures

- Where you can enter the procedure information
- Use Add button to add a new procedure to the panel
- If you are entering a review for an inpatient stay, there will be a code defaulted in the Procedures panel for you to use. This can be deleted if a different stay code is required.


| Procedures + Add | | | | | | | | | | |
|---|-------|--|-----|--------|--------|----------|-----------|------|---|--|
| Seq. | Code | Description | NOS | Mod. 1 | Mod. 2 | Qty. | Frequency | Cost | Action | |
| 1 | 99233 | SBSQ HOSPITAL CARE/DAY 35 MINUTES | | | | 4 day(s) | | |  | |

Procedures

- Once you click Add, you can search for a procedure either by Code or Term.
- (Same as Diagnosis panel)
- Enter a code or term and click Search. Select from the search results the code or term you want to add to the review by clicking on the radio button to the left of the code.

Procedures

- After selecting the procedure you want to add to the review, select Submit or Submit and Add Another.
 - **Submit** will add the procedure to the review.
 - **Submit and Add Another** submits the procedure to the review and re-opens the window where you can search for another procedure. **You will not need to use this.**
- You can use the trash can icon to the right of the procedure to delete anything entered incorrectly.


| Procedures + Add | | | | | | | | | | |
|---|-------|--|-----|--------|--------|----------|-----------|------|---|--|
| Seq. | Code | Description | NOS | Mod. 1 | Mod. 2 | Qty. | Frequency | Cost | Action | |
| 1 | 99233 | SBSQ HOSPITAL CARE/DAY 35 MINUTES | | | | 4 day(s) | | |  | |

Procedures

The companion Provider User Guide contains detailed information for completing this section specific to each service.

ADULT GROUP HOME (AGH)

| | |
|-------------------|--|
| Review Type in QT | Behavioral Health Residential |
| Place of Service | 14 – Group Home |
| Type of Service | AMDD Adult Group Home |
| Timing | Prospective, Retrospective, Concurrent, Continued Stay |
| Procedure Code | S5102 |



Documentation

- Final panel to submit the review
- Upload any clinical documentation related and necessary for the review to be processed

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

To submit documentation, click Add button on the Documentation panel.

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

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 *

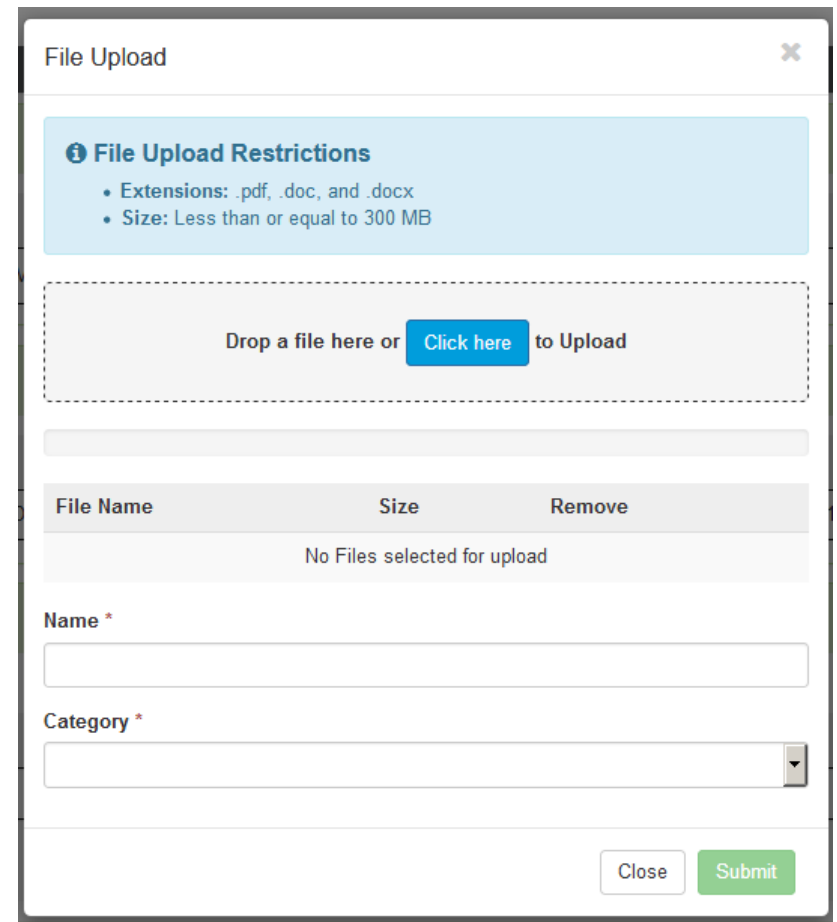
Category *

Close Submit

Documentation Panel

Please note:

- Documents must be a PDF or Word document
- File name cannot have any spaces or special characters in it
- File name can be changed in Name box, if needed
- File size must be smaller than 300 MB

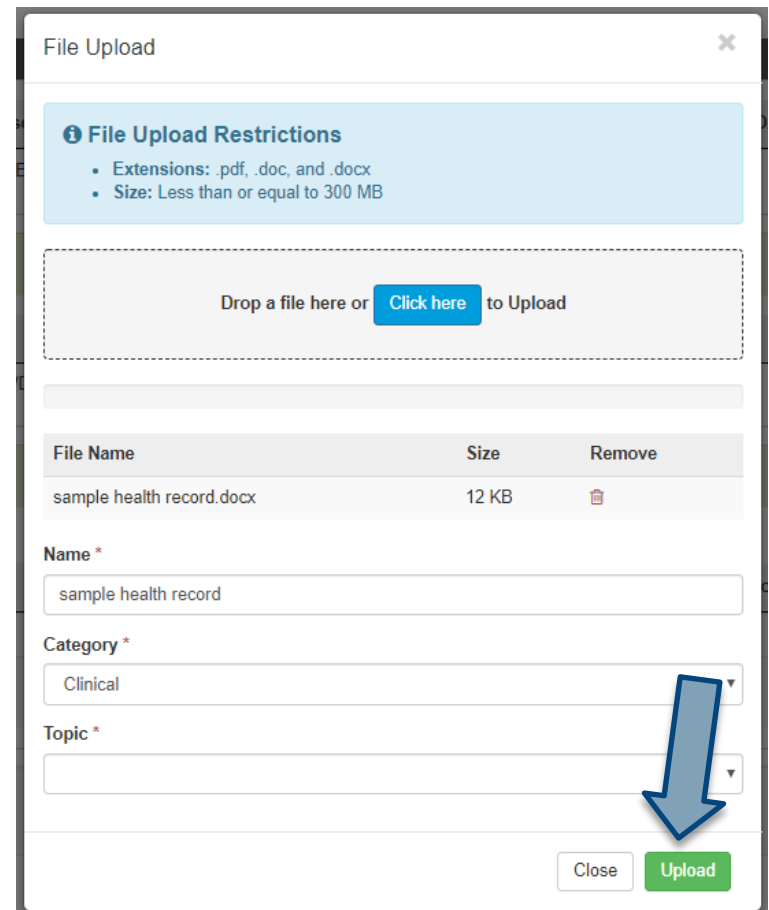


The screenshot shows a 'File Upload' dialog box with the following elements:

- File Upload Restrictions:** A light blue box containing an information icon and the text 'File Upload Restrictions'. Below it are two bullet points: 'Extensions: .pdf, .doc, and .docx' and 'Size: Less than or equal to 300 MB'.
- Drop Zone:** A dashed border area containing the text 'Drop a file here or [Click here](#) to Upload'.
- Table:** A table with three columns: 'File Name', 'Size', and 'Remove'. The table body is empty, displaying 'No Files selected for upload'.
- Form Fields:** A 'Name *' text input field and a 'Category *' dropdown menu.
- Buttons:** 'Close' and 'Submit' buttons at the bottom right.

Documentation Panel

- Category allows you to select the type of document you are attaching.
- Click **Upload** to attach the information to the review.
- This process may be repeated until all necessary clinical documentation is added.



The screenshot shows a 'File Upload' dialog box. At the top, there is a title bar with 'File Upload' and a close button. Below the title bar is a light blue box containing 'File Upload Restrictions':

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

Below the restrictions is a dashed box containing the text 'Drop a file here or [Click here](#) to Upload'. Underneath is a table of uploaded files:

| File Name | Size | Remove |
|---------------------------|-------|--------|
| sample health record.docx | 12 KB | |

Below the table are three form fields: 'Name *' with the value 'sample health record', 'Category *' with a dropdown menu showing 'Clinical', and 'Topic *' with an empty dropdown menu. At the bottom right, there are two buttons: 'Close' and 'Upload'. A large blue arrow points to the 'Upload' button.

Documentation Panel

The companion Provider User Guide contains detailed information for completing this section specific to each service.

| | |
|---|---|
| | restrictive setting. |
| Examples of clinical documentation to support PA criteria | BPS assessment, psychiatric intake note, and/or discharge summary from psychiatric facility/provider. |
| PA Required | Yes - Electronic field is OT or form from available on MPOU |

| | |
|--|--|
| | or the member |
| Examples of clinical documentation to support CSR criteria | <ul style="list-style-type: none"> (a) Explanation of changes to DSM/ICD diagnosis (b) Justification for continued service at current LOC (c) Description of Interventions and critical incidents (d) Copy of members most recent ITP (e) List of current medications and rationale for med changes. if |

Continue

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

Documentation + Add

Search:

| Name | Category | Topic | Date Added | Uploaded By | Action |
|--------------------------------------|----------|-----------------------------|------------|-------------|--------|
| sample health record | Clinical | Medical & Treatment History | 11/19/2019 | swilsonsppu | |

Show entries Showing 1 to 1 of 1 entries Previous Next

Continue

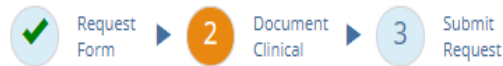


MCG

- Once you have entered all the information on the first page and clicked Continue, you will go through the documentation of clinical criteria → MCG tool
- To document clinical criteria, click Document Clinical button.

MCG

Authorization Request



Patient : PAT-00018306 **Name :** Testf, CRISSY **DOB :** 1/1/1970 **Gender :** Female

▼ show more

Authorization : EPS-00018800 **Type :** Admission authorization **Status :** NoDecisionYet

▼ show more

Diagnosis Codes : F32.9(ICD-10 Diagnosis) *primary* **Procedure Codes :** 99233(CPT/HCPCS) *primary*

Disclaimers

F32.9 - ICD-10 Diagnosis

- For Inpatient Admissions, if the guideline selected has both Admission and Continued stay clinical indications you must add both for the auto auth to work. If the clinical indications included in the Admission or continued stay criteria are not met on the initial concurrent submission, the review will be pended for a nurse to review. If the clinical indications are met for both the Admission and the Continued stay, the auto auth rule will run and the review will be approved.

Diagnosis Code: F32.9 (ICD-10 Diagnosis)

Description : MAJ DEPRESS DO SINGLE EPIS UNS

🔍 Document Clinical



✔ Submit Request

MCG


Click “add” under the Action column to include the necessary guidelines.

Procedure Code: 99233 (CPT/HCPCS)

Requested Units: 1

Description : Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A detailed interval history\; A detailed examination\; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is unstable or has developed a significant complication or a significant new problem. Typically, 35 minutes are spent at the bedside and on the patient's hospital floor or unit.

| Guideline Title | Product | Code | Action |
|----------------------|---------|------|--------|
| No Guideline Applies | | | add |



MCG

The companion Provider User Guide contains detailed information for completing this section specific to each service.

ADULT GROUP HOME (AGH)

| | |
|-----------------------------------|---|
| Review Type in QT | Behavioral Health Residential |
| Place of Service | 14 – Group Home |
| Type of Service | AMDD Adult Group Home |
| Timing | Prospective, Retrospective, Concurrent, Continued Stay |
| Procedure Code | 90.02 |
| MCG Guideline Name – PA specific | MT_Adult Group Home Initial |
| Diagnostic/MNC Criteria | (1) Meets SDMI criteria as described in AMDD Provider Manual. |
| | Provider Portal |
| MCG Guideline Name – CSR specific | MT_Adult Group Home CSR |
| CSR Criteria | (1) The member continues to exhibit symptoms related to the |


MCG

- If there are no clinical guidelines that apply, you can enter relevant clinical information into a provided text box.
- Once you enter all applicable data, click Save button to finish documentation.

No Guideline Applies

Please provide patient's clinical information...

1000 characters left for notes.




MCG

- If any clinical guidelines apply, you will see the procedure or diagnosis with a Guideline Title line.
- Select “add” to indicate which indications are present.
- Select all relevant guidelines and click Save.

Diagnosis Code: F32.9 (ICD-10 Diagnosis)

Description : MAJ DEPRESS DO SINGLE EPIS UNS

| Guideline Title | Product | Code | Action |
|---|---------|---|---------------------|
| ID_IP_Continued Stay_Major Depressive Adult_B-008 | BHG | ID CSR Major Depressive Inpatient Adult | add |
| ID Major Depressive Inpatient Adult | BHG | ID_Major Depressive Inpatient_Adult | add |
| No Guideline Applies | | | add |



Diagnosis Code: F32.9 (ICD-10 Diagnosis)

Description : MAJ DEPRESS DO SINGLE EPIS UNS

ID_Major Depressive Inpatient_Adult - ID Major Depressive Inpatient Adult - (BHG)

Hospital admission is/was needed for appropriate care of the patient because of ...

- Because this request is beyond the Goal Length of Stay (GLOS), please check all clinical indications that apply for both the admission and continued stay criteria when completing this request. Admission is indicated if all of the following are met ...
 - Patient risk or severity of behavioral health disorder is appropriate to proposed level of care as indicated by 1 or more of the following... :
 - Imminent danger to self for adult [🔗](#)
 - Imminent danger to others for adult [🔗](#)
 - Behavioral health disorder is present and appropriate for inpatient care with ALL of the following: Severe Psychiatric, behavioral, or other comorbid conditions for adult Severe dysfunction in daily living for adult [🔗](#)
 - Treatment services at proposed level of care are necessary to meet patient's needs and one or more of the following ...
 - Specific condition related to admission diagnosis is present and judged likely to further improve at proposed level of care. [🔗](#)
 - Specific condition related to admission diagnosis is present and judged likely to deteriorate in absence of treatment at proposed level of care. [🔗](#)
 - Patient is receiving continuing care (eg, transition of care from less intensive level of care). [🔗](#)
 - Situation and expectations are appropriate for inpatient care for adult as indicated by one or more of the following ...
 - Patient is unwilling to participate in treatment voluntarily and requires treatment (eg, legal commitment) in an involuntary unit. [🔗](#)
 - Voluntary treatment at lower level of care is not feasible (eg, very short-term crisis intervention or residential care unavailable or unacceptable for patient condition). [🔗](#)
 - Need for physical restraint, seclusion, or other involuntary control is present (eg, actively violent patient for whom treatment in an involuntary unit is deemed necessary in accord with applicable medical and legal criteria). [🔗](#)
 - Around-the-clock medical and nursing care to address symptoms and initiate intervention is required; specific need is identified. [🔗](#)
 - Patient management at lower level of care is not feasible or is inappropriate (eg, less intensive level of care is unavailable or not suitable for patient condition or treatment history). [🔗](#)
- Continued stay is indicated if one or more of the following is met ...
 - Current plan for suicide or serious Harm to self Expect prompt reassessment steps, including: Identification of precipitants of thoughts of suicide or harm to self Assessment of antidepressant response Anticipate treatment measures, including as appropriate: Psychosocial interventions to relieve admission precipitants[M] Antidepressant change (increased dose, increased duration, or switch) Augmentation with medications from other drug classes Combined psychosocial/pharmacotherapy Other treatments (eg, ECT, transcranial magnetic stimulation (TMS), bright light therapy) Expect brief to moderate stay extension. [🔗](#)
 - Persistent inability to perform essential function because of depressive disorder Expect prompt reassessment steps, including: Assessment of ability of support system to manage functional impairment at lower level of care Assessment of antidepressant response Anticipate treatment measures, including as appropriate: Antidepressant dose increase Augmentation with psychotherapy or medications from other drug classes Antidepressant change

MCG

The companion Provider User Guide contains detailed information about what to expect in MCG, specific to each service for PAs and CSRs, as applicable.

| MCG Guideline Name – PA | MI_Adult Group Home Initial |
|-------------------------|---|
| Diagnostic/MNC Criteria | (1) Meets SDMI criteria as described in AMDD Provider Manual; (2) The prognosis for treatment of the member at a less restrictive level of care is poor because the member demonstrates 3 or more of the following due to the SDMI: (a) significantly impaired interpersonal or social functioning; (b) significantly impaired occupational functioning; |

| MCG Guideline Name – CSR specific | MI_Adult Group Home CSR |
|-----------------------------------|--|
| CSR Criteria | (1) The member continues to exhibit symptoms related to the SDMI severe enough that a less intensive level of service would be insufficient to support the member in an independent living setting and requires a structured treatment environment to be |

MCG

Once all documentation is entered, click Submit Request button to finish this section and return to finalizing the review.

✓ Procedure Code: 99233 (CPT/HCPCS)

▼ show more

Requested Units: 1

Description : Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A detailed interval history\; A detailed examination\; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is unstable or has developed a significant complication or a significant new problem. Typically, 35 minutes are spent at the bedside and on the patient's hospital floor or unit.



✓ Submit Request

✕ Cancel Request

← Back

MCG Benefits

- Opportunity for immediate decision for authorization
- Improved client controls
- Enhanced quality and compliance with standards
- Reduced appeals volume
- Improved turnaround time for all reviews

Attestation

The last piece of submission is to enter your username in the attestation section and click **Submit** button to send review to Mountain-Pacific.

User Attestation

⚠ I certify...

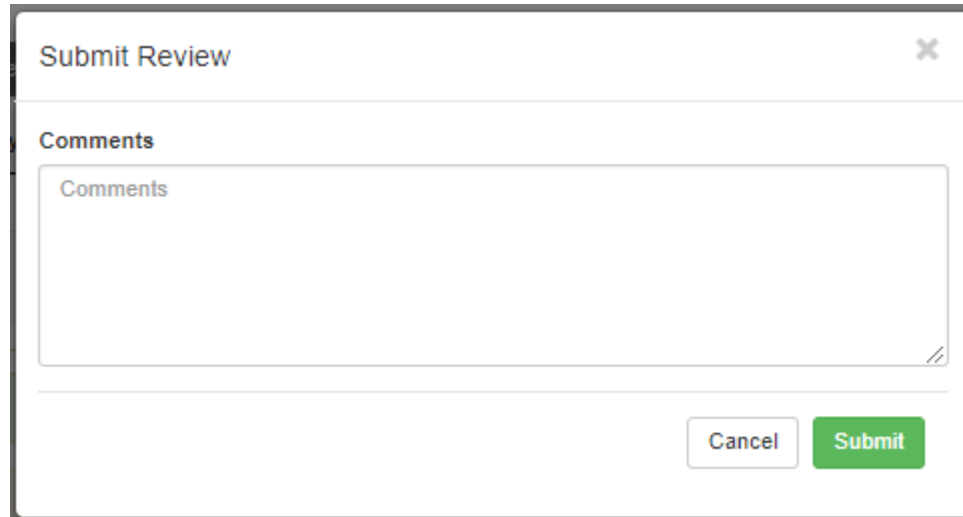
- that the submitted information is true, accurate and complete to the best of my knowledge.
- that the submitted information is supported within the patient's medical record.
- that I understand that any deliberate misrepresentation of any information in this medical review may subject me to liability 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

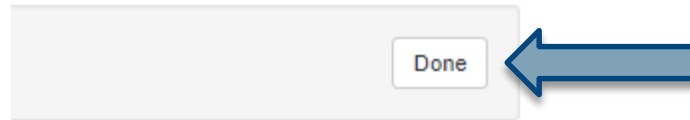
- You can add comments to the review before submitting.
- A comments modal will open where you can enter additional information related to the review.
- This is not required to complete the review.



The image shows a modal window titled "Submit Review" with a close button (X) in the top right corner. Below the title is a section labeled "Comments" containing a large text input area with the placeholder text "Comments". At the bottom of the modal, there are two buttons: a "Cancel" button and a green "Submit" button.

Summary

- After submitting or canceling the comment modal, you will be taken to a summary of the review.
- You can edit, delete or leave the review.
- To leave, scroll down through the entered information and confirm everything submitted looks correct. Click **Done** button at bottom of page.



- This returns you to the Tasks page, where you can begin a new search and submit other reviews.

Review

- Once you submit a review, you can find it by searching for the Case ID or the member and look at the UM panel in the Member Hub.
- Once you have located the review in the Member Hub, you can take multiple actions, e.g.,
 - **View the Review** to check for determination and any correspondence
 - **Submit a Continued Stay Review** for inpatient reviews
 - **Delete** a review that was submitted incorrectly

Review

- Once in the review detail, you can click on the ellipsis at the right side of the line to open a menu.
- If the review does not have a decision, you can view the request or delete the request.

Oliva Barth View Member Details

Member ID: 30412332000 Date of Birth: 05/19/1947 Phone Number: Client: MARYLAND

Utilization Management View Cases + Add

Show entries Search:

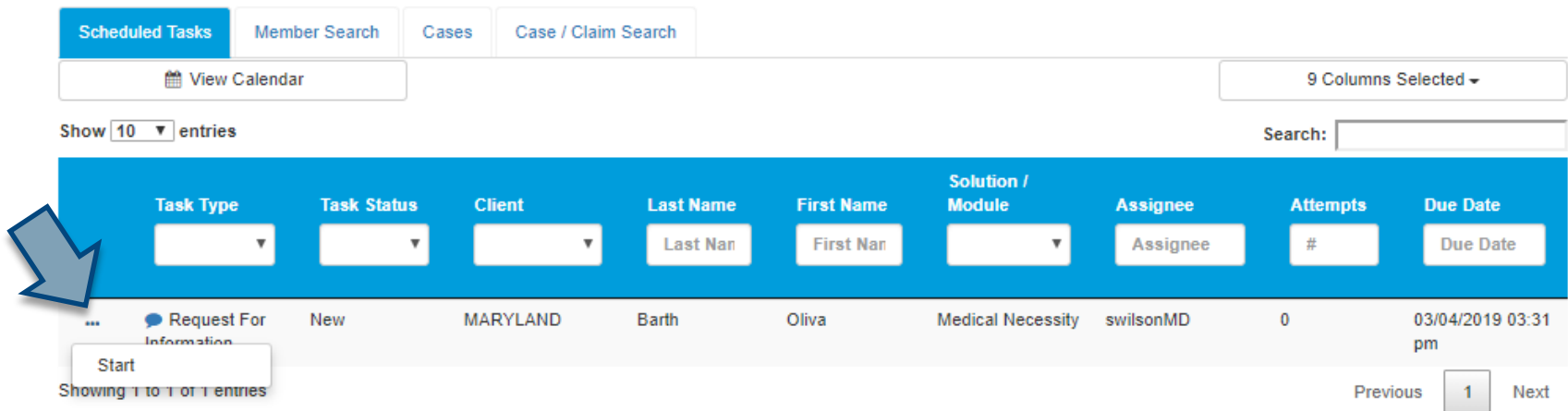
| Status | Case ID | Review Type | Timing | Treating Prov./Phys. | Treating Facility | Req. Start | Req. End | Outcome | Action |
|----------------------------|---------|------------------------|---------------|----------------------|---------------------------|------------|------------|---------|--------|
| Request Has Been Submitted | 812 | Acute Medical Surgical | Retrospective | WILSON MD, DOUGLAS | JOHN HOPKINS MOORE CL MAC | 02/04/2019 | 02/08/2019 | | ... |

Showing 1 to 1 of 1 entries

View Request
Delete

Request for Information

- If a review needs additional clinical documentation to make a determination, you will see a Request for Information task in the Scheduled Task queue and receive an email notification.
- Click the ellipsis on the left side of the page to start.



The screenshot displays a software interface for managing tasks. At the top, there are navigation tabs: 'Scheduled Tasks' (active), 'Member Search', 'Cases', and 'Case / Claim Search'. Below these is a 'View Calendar' button and a '9 Columns Selected' dropdown. A search bar is present on the right. The main area shows a table of tasks with columns: Task Type, Task Status, Client, Last Name, First Name, Solution / Module, Assignee, Attempts, and Due Date. A task is listed with the following details: Task Type: Request For Information, Task Status: New, Client: MARYLAND, Last Name: Barth, First Name: Oliva, Solution / Module: Medical Necessity, Assignee: swilsonMD, Attempts: 0, Due Date: 03/04/2019 03:31 pm. A blue arrow points to an ellipsis icon in the first column of this task row, which has a 'Start' dropdown menu open below it. The interface also shows 'Showing 1 to 1 of 1 entries' and pagination controls for 'Previous', '1', and 'Next'.

| Task Type | Task Status | Client | Last Name | First Name | Solution / Module | Assignee | Attempts | Due Date |
|-------------------------|-------------|----------|-----------|------------|-------------------|-----------|----------|---------------------|
| Request For Information | New | MARYLAND | Barth | Oliva | Medical Necessity | swilsonMD | 0 | 03/04/2019 03:31 pm |

Request for Information

- Scroll down the summary page to view the Correspondence section.
- Click the blue name under Letter to open it and see what information is being requested.

| Correspondence + Add | | |
|---|--------------------|---------------------|
| Letter | Addressee | Date Sent |
| CHIS Request for Information | Treating Physician | 12/02/2019 14:26:14 |

Search:

Show entries Showing 1 to 1 of 1 entries Previous Next

Request for Information

- Scroll up to the Documentation panel to attach additional information.
- Click Add button to attach additional clinical documentation.

Documentation

+ Add

| Name | Category | Topic | Date Added | Uploaded By | Action |
|----------------------------------|----------|-----------------------------|------------|-------------|--------|
| Commit to a Goal | Clinical | Medical & Treatment History | 02/17/2019 | swilsonMD | |

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

Request for Additional Information

- Once you have added the necessary information, scroll to the bottom of the page and click **Done** button.
 - Finalizes the request and sends it back to the reviewer
 - Returns you to the scheduled tasks queue, and the task will no longer be visible
- **Do NOT start a new review** to submit requested additional clinical information.
 - Delays the response
 - Follow the steps we just outlined when a Request for Information task is available in the task queue

Discharge Status Task

Created for inpatient stays

- Allows you to enter discharge date and status and final diagnosis to review.
- Click ellipsis to left of task.
 - Anyone in your facility can start/complete the task.
 - Do NOT start the task unless you can enter DC info.

| Task Type | Task Status | Client | Member ID | Last Name | First Name | Solution / Module | Review Type | Case ID | Assigned By | Assignee | Attempts | Task Scheduled Date | Task Due Date |
|-----------|------------------|--------|-----------|--------------|------------|-------------------|-------------------|------------------------------------|-------------|----------|----------|---------------------|---------------------|
| Di | | | Member ID | Last Na | First | | Revie | Cas | Assigne | Assigne | # | Task Sch | Tas |
| ... | Discharge Status | New | IDAHO | ID0002299900 | TAKEUCHI | Harold | Medical Necessity | Acute Medical Surgical (Inpatient) | 124 | scooley | scooley | 0 | 11/02/2018 12:00 am |
| ↑ | Discharge Status | New | IDAHO | ID0000125425 | MABEY | COLLIN | Medical Necessity | Acute Medical Surgical (Inpatient) | 783 | jshawOM | jshawOM | 0 | 02/13/2019 12:00 am |

Discharge Status Task

Discharge Info

Indicate member has left the hospital, discharge date and discharge disposition

Diagnosis

Indicate final diagnosis

Documentation

Upload any final documentation (e.g., discharge instructions)

All discharge information should be submitted by the facility via the portal. DO NOT submit via fax.

Discharge Status Task

Discharge Info

Is the Patient still in the Hospital? *

No

Actual Discharge Date *

MM/DD/YYYY



Discharge Disposition *

Diagnosis

+ Add

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

Documentation

+ Add

Search:

| Name | Category | Topic | Date Added | Uploaded By | Action |
|-----------------------------|----------|-------|------------|-------------|--------|
| No data available in table | | | | | |
| Showing 0 to 0 of 0 entries | | | | | |

Show entries

Previous Next

Discharge Status Task

Discharge Info

Is the Patient still in the Hospital? * Actual Discharge Date * Discharge Disposition *

Diagnosis

[+ Add](#)

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

Documentation

[+ Add](#)

Search:

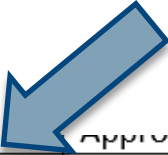
| Name | Category | Topic | Date Added | Uploaded By | Action |
|----------------------------|----------|-------|------------|-------------|--------|
| No data available in table | | | | | |

Show entries Showing 0 to 0 of 0 entries [Previous](#) [Next](#)

Do NOT use the authorization number as a reference number. **Always use the Case ID** sent to you in your original email after case submission.

Discharge Status Task

The companion Provider User Guide contains information about when the discharge task is to be expected for a service.



| Outcome of Discharge Task | Approval, Partial or Denial |
|---------------------------------|---|
| Discharge Notification Required | Yes – Completed via Discharge Status Task in QT |

View Determination

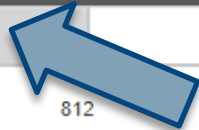
- Search for the case using the case ID or search for the member and go to the member hub.
- At the member hub, click the ellipsis on the right side of the page in line with the review you are searching for and select View Review.
- Once the review is open, scroll down the page to the Outcomes panel.
- Click on the dark brown section of the panel to open it.



The screenshot shows a user interface for reviewing a case. It features a light green header bar with the text "Outcomes" on the left and "Review Outcome: Denied" on the right. Below this is a dark brown bar containing the text "(HCPCS) 99233 - SBSQ HOSPITAL CARE/DAY 35 MINUTES" on the left and "Outcome: Denied" on the right. A blue arrow points downwards from the top of the dark brown bar towards the center of the page.

View Determination

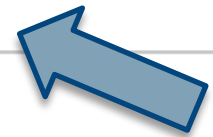
| Outcomes | | Review Outcome: Denied |
|--|----------------------|------------------------|
| (HCPCS) 99233 - SBSQ HOSPITAL CARE/DAY 35 MINUTES | | Outcome: Denied |
| Requested | Final Recommendation | |
| Case ID: | 812 | |
| Outcome | | |
| Authorization Number | | |
| Start Date | 02/04/2019 | |
| Requested Discharge Date | 02/08/2019 | |
| Modifier 1 | | |
| Modifier 2 | | |
| Units | | |
| Units Qualifier | | |
| Frequency | | |
| Frequency Qualifier | | |
| Total Cost | | |



The panel defaults to showing what was requested in the review. The panel with Requested is a darker gray.

View Determination

| Outcomes | | Review Outcome: Denied |
|--|----------------------|------------------------|
| (HCPCS) 99233 - SBSQ HOSPITAL CARE/DAY 35 MINUTES | | Outcome: Denied |
| Requested | Final Recommendation | |
| Case ID: | 812 | |
| Outcome | | |
| Authorization Number | | |
| Start Date | 02/04/2019 | |
| Requested Discharge Date | 02/08/2019 | |
| Modifier 1 | | |
| Modifier 2 | | |
| Units | | |
| Units Qualifier | | |
| Frequency | | |
| Frequency Qualifier | | |
| Total Cost | | |



Click on the bar with Final Recommendation to see the determination.

View Outcome

| Outcomes | | Review Outcome: Denied |
|--|----------------------|--|
| (HCPCS) 99233 - SBSQ HOSPITAL CARE/DAY 35 MINUTES | | Outcome: Denied |
| Requested | Final Recommendation | |
| Case ID: | 812 | Letter Rationale: Member did not meet clinical requirements to be inpatient. |
| Outcome | Denied | |
| Authorization Number | E00000002 | |
| Start Date | 02/04/2019 | |
| Calculated Discharge Date | 02/08/2019 | |
| Modifier 1 | | |
| Modifier 2 | | |
| Units | 4 | |
| Units Qualifier | day(s) | |
| Frequency | | |
| Frequency Qualifier | | |
| Total Cost | | |

Continued Stay Review Submission

- If you have submitted a Prospective or Concurrent inpatient review for a member, you can search for it in the member hub and use the action menu to submit a Continued Stay Review (CSR).
- A CSR allows you to submit a review to ask for additional days for the member's stay in the facility related to the initial Prospective or Current request.
- Additional CSRs can be submitted until the member has been discharged from the facility.

Continued Stay Review

Utilization Management

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

 Show entries

 Search:

| Status | Case ID | Review Type | Timing | Treating Prov./Phys. | Treating Facility | Req. Start | Req. End | Outcome | Action |
|----------------------------|---------|------------------------|----------------------------------|----------------------|---------------------------|------------|------------|---------|--------|
| Request Has Been Submitted | 813 | Acute Medical Surgical | Prospective | WILSON MD, DOUGLAS | JOHN HOPKINS MOORE CL MAC | 02/25/2019 | | | ... |
| Request Has Been Submitted | 812 | Acute Medical Surgical | Retrospective - 1st Level Appeal | WILSON MD, DOUGLAS | JOHN HOPKINS MOORE CL MAC | 02/04/2019 | 02/08/2019 | | ... |
| Request Is Complete | 812 | Acute Medical Surgical | Retrospective | WILSON MD, DOUGLAS | JOHN HOPKINS MOORE CL MAC | 02/04/2019 | 02/08/2019 | Denied | ... |

- View Request
- Delete
- Continued Stay Review

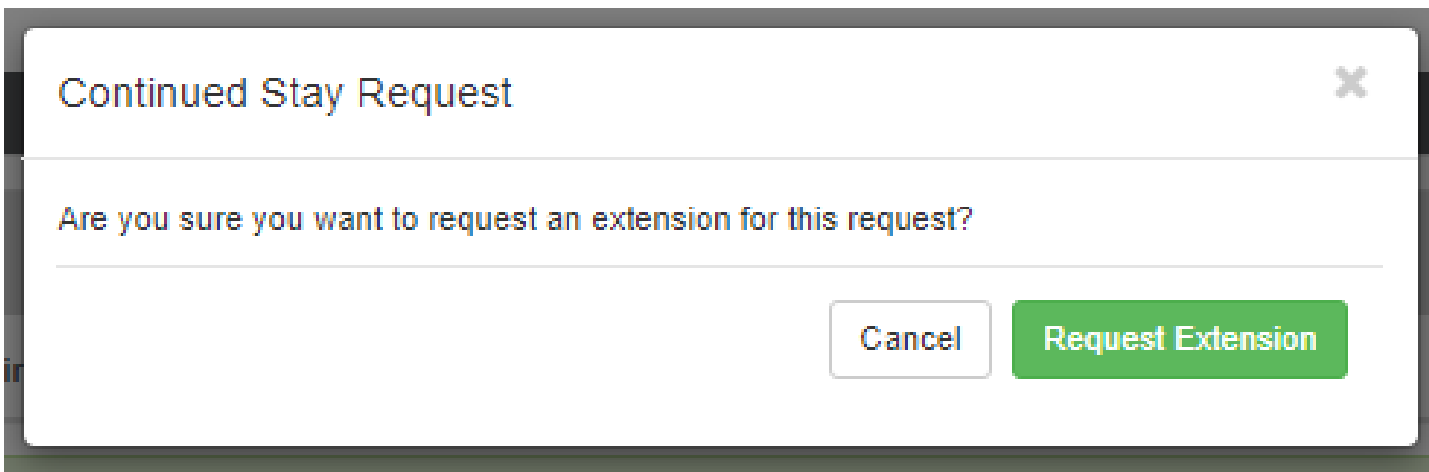
Showing 1 to 3 of 3 entries

[Previous](#)

[Next](#)

Continued Stay Review

- After clicking Continued Stay Review in the action menu, a modal will open.
- Click request extension to finalize the creation of the Continued Stay Review (CSR)
- Users do not need to update the number of days or units.



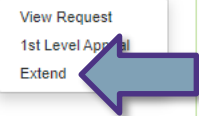
Continued Stay Review

- Click **Submit Request** button to finalize the review.
- The system will copy all information from the Prospective/Concurrent review.
- You can add clinical documentation to the review to support the continuation request.
- Submit the review to Mountain-Pacific.
- Additional CSR reviews can be submitted this way until the member is discharged from the facility.

Request Extension

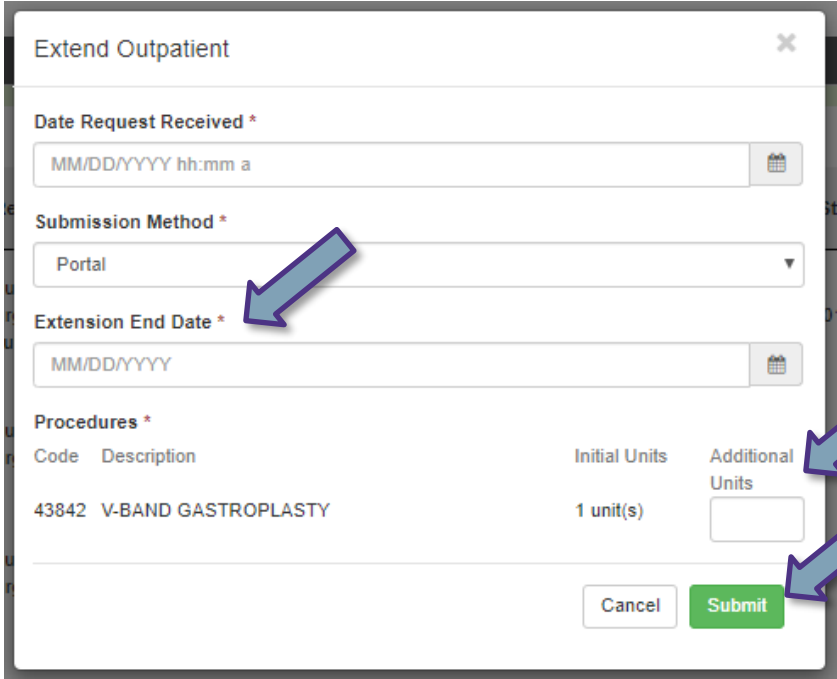
- For Outpatient services, you can extend services for the member from a prospective review.
- Once at the UM Panel in the Member Hub, find the case that needs to be extended and use the ellipsis to select Extend.

| Status | Case ID | Request ID | Review Type | Timing | Treating Prov./Phys. | Treating Facility | Req. Start | Req. End | Outcome | Action |
|---------------------|---------|------------|-------------------------------------|-------------|----------------------|---|------------|------------|----------|--------|
| Request Is Complete | 2875 | 2887 | Acute Medical Surgical (Outpatient) | Prospective | STRAND, DAVID | SURGICAL INSTITUTE OF SOUTH DAKOTA, PC | 11/18/2019 | 11/18/2019 | Approved | ... |
| Request In Progress | 1032 | 1044 | Acute Medical Surgical (Inpatient) | Prospective | STUDER, SALLY | SAINT ALPHONSUS REGIONAL MEDICAL CENTER | 03/14/2019 | | | ... |



Request Extension

- Extend Outpatient modal opens.
- Date Request Received and Submission Method fields auto populate.
- Enter extension end date and additional units being requested.
- Click Submit button to complete and close the modal.



The screenshot shows a modal window titled "Extend Outpatient" with a close button (X) in the top right corner. The form contains the following fields and controls:

- Date Request Received ***: A date and time input field with a calendar icon on the right.
- Submission Method ***: A dropdown menu currently showing "Portal". A blue arrow points to this field.
- Extension End Date ***: A date input field with a calendar icon on the right. A blue arrow points to this field.
- Procedures ***: A table with columns for Code, Description, Initial Units, and Additional Units.

| Code | Description | Initial Units | Additional Units |
|-------|---------------------|---------------|----------------------|
| 43842 | V-BAND GASTROPLASTY | 1 unit(s) | <input type="text"/> |

A blue arrow points to the "Additional Units" input field.
- Buttons**: "Cancel" and "Submit" buttons at the bottom right. A blue arrow points to the "Submit" button.

Request Extension

- After clicking Submit, you will be is taken to the request page.
- On this page, you can update:
 - Service dates
 - Diagnoses
 - Procedures
 - Documentation

Request Extension

- Once you make all updates, click **Continue** at bottom of page
- Follow the MCG process
- Finalize the submission of the review

Email Notifications

- You will receive email notifications when:
 - Reviews are received through the portal
 - Reviews are updated/changed in status

Reference Documentation

Per Service

| | |
|---|--|
| Review Type in QT | One of the following: Behavioral Health Residential, Behavioral Health Outpatient Behavioral Health Inpatient, Genetic Testing |
| Place of Service | <Specific> |
| Type of Service | <Specific> |
| Timing | Any Combination of the following: Prospective, Retrospective, Concurrent, Continued Stay |
| Procedure Code | <Specific> |
| MCG Guideline Name – PA specific | <Specific> |
| Diagnostic/MNC Criteria | <Specific> |
| Examples of clinical documentation to support PA criteria | <Specific> |
| PA Required | If Yes – Electronic fields in QT OR faxed form available on MPQH Provider Portal |
| Timeframe for PA request | <Specific> |
| CON Required (if applicable) | <Specific> |
| Timeframe for CON submission (if applicable) | <Specific> |
| Initial Authorization Period | <Specific> |
| Outcome of missing PA timeframe | <Specific> |
| TAT for UM review of PA | <Specific> |
| CSR Required | If Yes – Electronic fields in QT OR faxed form available on MPQH Provider Portal |
| MCG Guideline Name – CSR specific | <Specific> |
| CSR Criteria | <Specific> |
| Examples of clinical documentation to support CSR criteria | <Specific> |
| Timeframe for CSR | <Specific> |
| CSR coverage period | <Specific> |
| Outcome of missing CSR timeframe | <Specific> |
| TAT for CSR | <Specific> |
| Timeframe for RFI for PA or CSR | Must be submitted to UM team within 5 BD of request |
| TAT of UM review after RFI submitted | <Specific> |
| Outcome of missing RFI for PA or CSR | Technical Denial |
| Outcome of UM for PA or CSR | Approval, Partial or Denial |
| Discharge Notification Required (if applicable) | Yes – Completed via Discharge Status Task in QT |

Important Information



Website:

<http://www.mpqhf.org/corporate/medicaid-portal-home/>



Reference documentation:

1. MT Medicaid Services Transitioning to Qualitrac: Provider User Guide (*screen shots shared during this training*)
2. Provider FAQs



Call center: 1-800-219-7035



Mountain-Pacific
Quality Health

QUESTIONS?



This project is funded in whole or in part under a Contract with the Montana Department of Public Health and Human Services. The statements herein do not necessarily reflect the opinion of the Department.