

## Montana Medicaid: Personal Representative Panel Training in Qualitrac February 2021

# Agenda

- Intro
- Provider requirements
- Demo
- Q&A
- Closing

# Introduction



### **Personal Representative panel**

Used as method for documenting current guardianship information

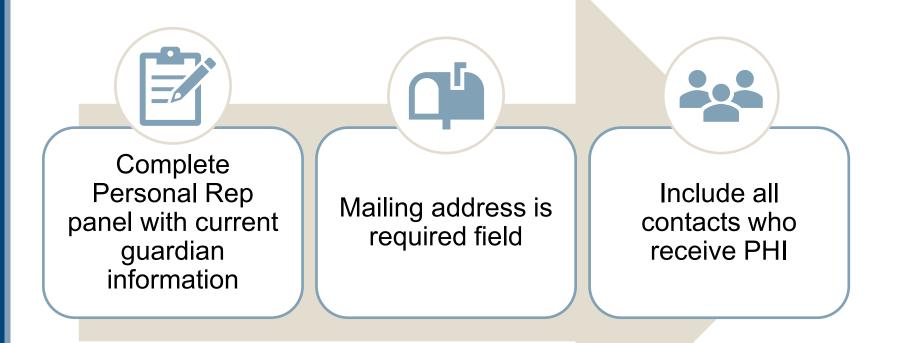


### Updated guardianship documentation crucial to UM outcome communication



Data must be reviewed at each CSR

# **Provider Requirements**



em					
ersonal	Representative				+ Add
Name	Relationship	Phone	Phone Type	Address	Action
		No Porconal Por	presentative Supplied		

# From any new authorization request, select "Add" in the Personal Representative panel.

### Demo

#### **Add Personal Representative**

#### Choose an existing entry or create a new one

	Name	Relationship	Phone	Address	
$\bigcirc$	Captain Hook	Guardian		1 Neverland Dr., Helena, MT 59626	
$\bigcirc$	John Doe	Parent		1 Unknown Dr, Helena , MT 59626	
$\bigcirc$	Adam Joneson	Guardian	(123) 456-7890	123 Sunshine Lane, Helena, MT 59601	
0	Add New				
				Cancel	nit

You may either select from an existing personal representative and/or, create a new one.

### Demo

Add New

Relationship to Member *		Address Line O	Address Line One *		
		~			
First Name *	Last Name *	Address Line T	wo		
First Name	Last Name				
Phone Number		City *	City *		
(999) 999-9999					
Ext	Phone Type	State *	Zip *		
		~	~		

All fields with the \* are required. Though phone numbers are not required, they are encouraged.

Submi

Cancel

### Demo

Relationship to Member \* 
Relationship to Member is a required field

Case Manager Key Person Person or Other Entity Legall Responsible for a Child Executor of Estate Ex-Spouse Other Insured Guardian Power of Attorney Legal Representative Responsible Party Parent Significant Other Spouse **Custodial Parent** 

### Choose the best fit relationship type.



#### **Personal Representative** Add Name Relationship Phone Phone Type Address Action 20 London Ave Wendy Darling Case Manager Ŵ Helena, MT 59601 1 Neverland Dr. Captain Hook Guardian Ŵ Helena, MT 59626

- Add as many current personal representatives as appropriate to who will receive UM outcome letters.
- Use the trash can icon to remove any previously attached to a case, if the guardian is no longer involved.



### Let's view the process directly in Qualitrac... DEMO IN QUALITRAC



### **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.