Montana Medicaid:

Provider Portal Training Preadmission Screening and Resident Review (PASRR)

May 2021

*Please note slides 33, 36-37 and 45-46 were revised after the recorded training.
Revised 6/16/2021

Agenda

- Qualitrac
- Submitting a PASRR request
- View request status and outcomes

QUALITRAC

Our System: Qualitrac

Web-based health management system, built and maintained by our team of clinical and technical experts featuring:

– 24/7 provider access

– Streamlined review process with all necessary information contained on one-page

– Secure electronic upload of clinical documentation

– Provider ability to track progress of submitted requests

Utilization Mgmt
Evaluate services for necessaty, appropriateness & efficiency

Population Health Analytics
Aggregate & analyze patient data sets to improve health outcomes

Performance Mgmt
Improve compliance with evidence-based guidelines

Case Mgmt
Improving outcomes & lowering costs for high-risk participants

QualiTrac™

SUBMITTING A PASRR REQUEST

Provider Portal

- Beginning **June 1, 2021**, providers will begin submitting PASRR assessments using the Qualitrac system via a Provider Portal.

- Providers must complete the online registration process prior to submitting PASRR assessments

  – Trainings were held previously for this. If your organization has not done this yet, please do so as soon as possible.

- Once registered, you will receive a username and instructions to create a unique password.

- Please bookmark: http://www.mpqhf.org/corporate/medicaid-portal-home

- Monitor this website for ongoing information pertaining to the Provider Portal and the review process.
- Click on the "Portal Sign In" link on the top right-hand corner of the website to access Qualitrac.

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

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.

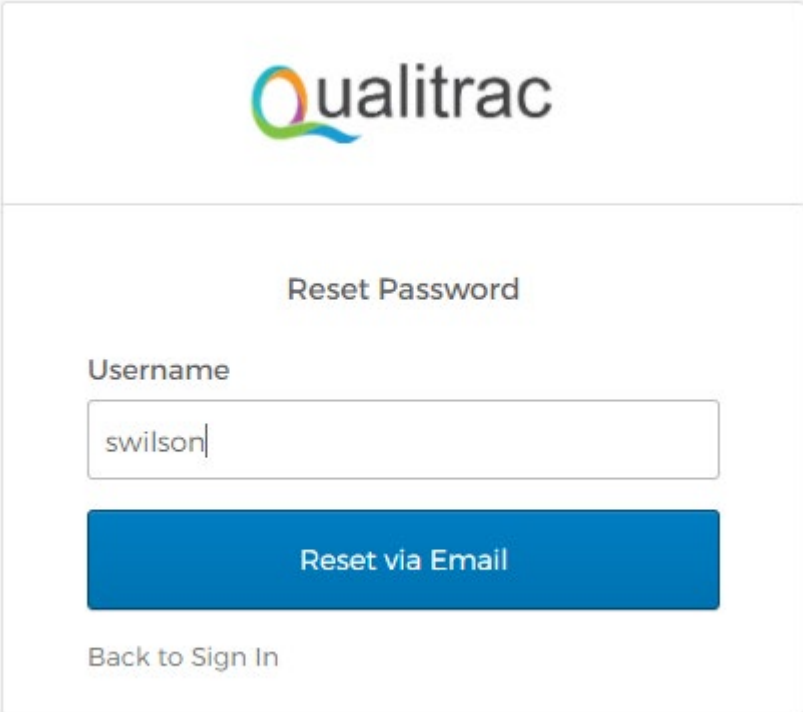- **Do not** bookmark this page. The security around the log-in page will cause issues the next time you log in.

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.
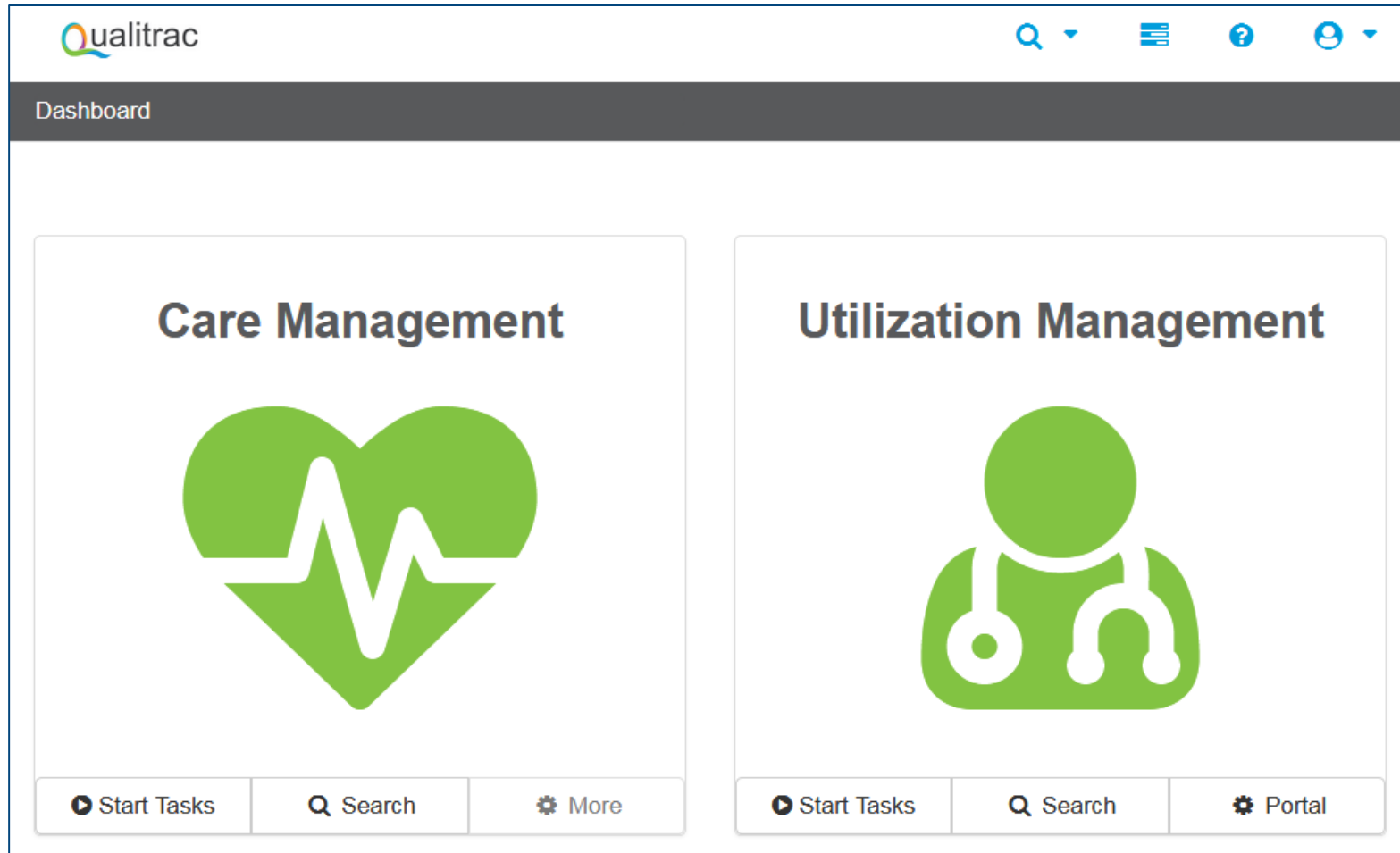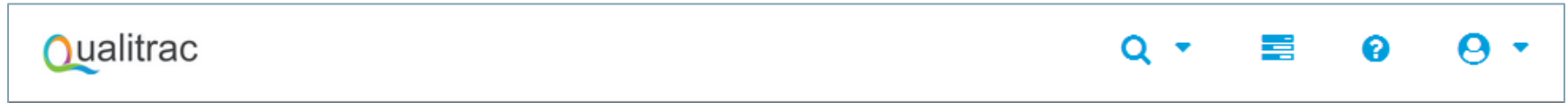
Qualitrac Landing Page

Navigational Tools

Qualitrac   Q ▼   ▤   ❓   👤 ▼

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

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

Q ▼   The magnifying glass icon 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.

Utilization Management

| ▶ Start Tasks | 🔍 Search | ⚙ Portal |
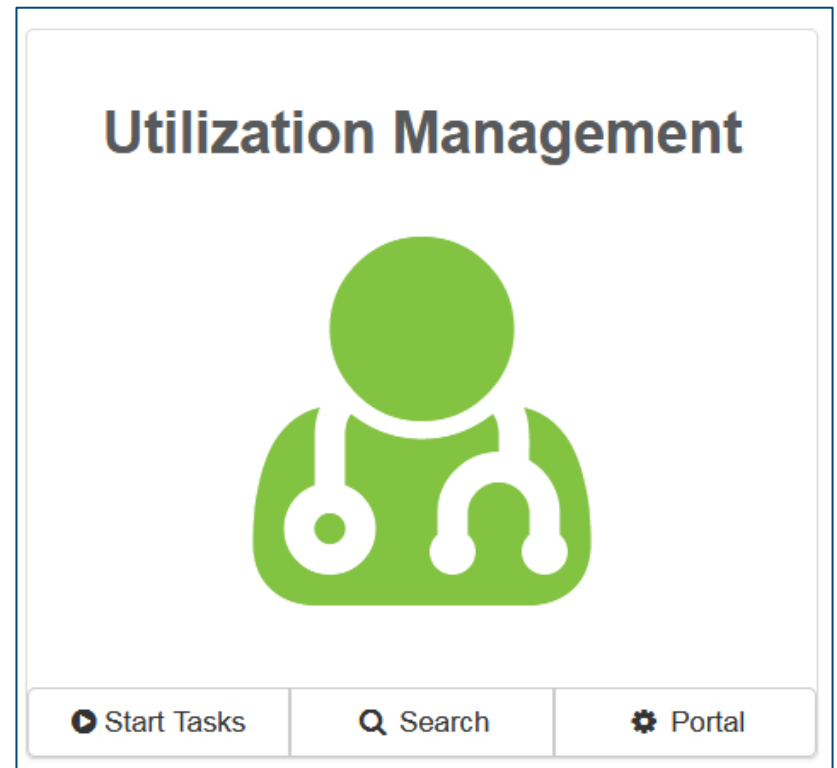
Find a Member

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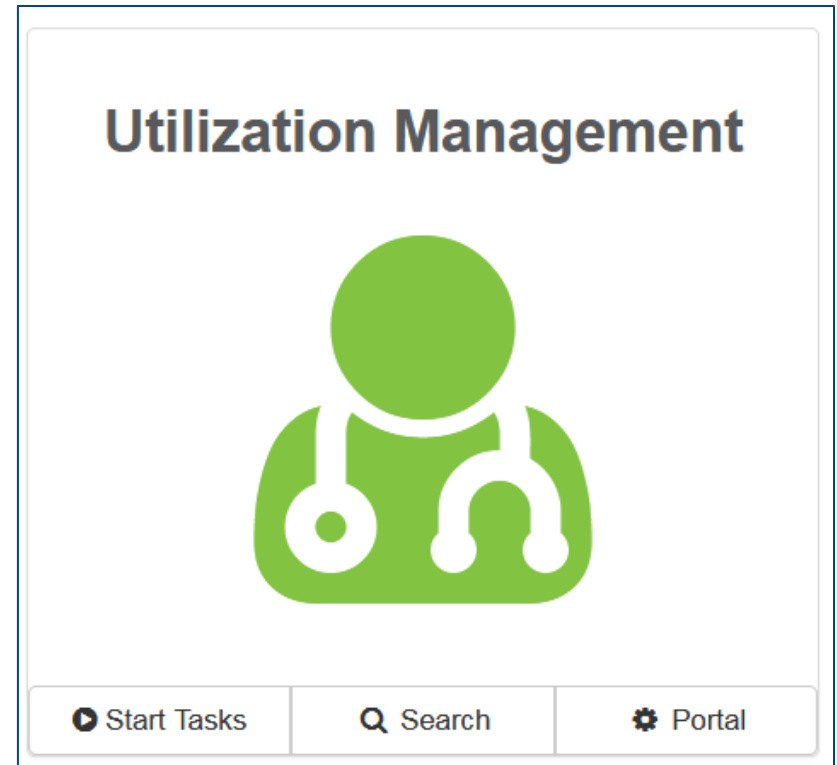
Find a Member

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.**

Find a Member
Member ID and Date of Birth

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.

Member ID *

423076646

Date Of Birth *

07/17/1991

Search

Find a Member
Member Name & 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 *

Alex   Smith   07/17/1991   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.

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

Member Not Found.

Try searching again or

&+ Add Member

Add a member

Complete each of the required fields.

Fields without the red asterisk are optional.

When all required fields are complete, click **Submit**.

Add Member

Demographics

First Name * — Jane
Middle Name
Last Name * — Doe

Client *
Birth Date * — MM/DD/YYYY
Gender *

Identifiers

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

Relationship To Subscriber * — Self

Contact Information

Address Line 1 *
Address Line 2

City *
State *
Zip *

Close   Submit

Member Hub

Once the member has been found or created, you will be directed to the Member Hub.

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

👤 Alex Smith - 423076646 - 07/17/1991

👤 Alex Smith   [View Member Details]

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

👥 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

View Member Details

Clicking on the **View Member Details** box opens the window to provide more information regarding the member. This feature applies only to members who have Medicaid.

Hide Member Details will minimize the panel.

View Even More Member Details will provide additional info such as member eligibility information.

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.

Add New Review 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.

Review Type

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

- Select PASRR Level 1

Place of Service & Type of Service
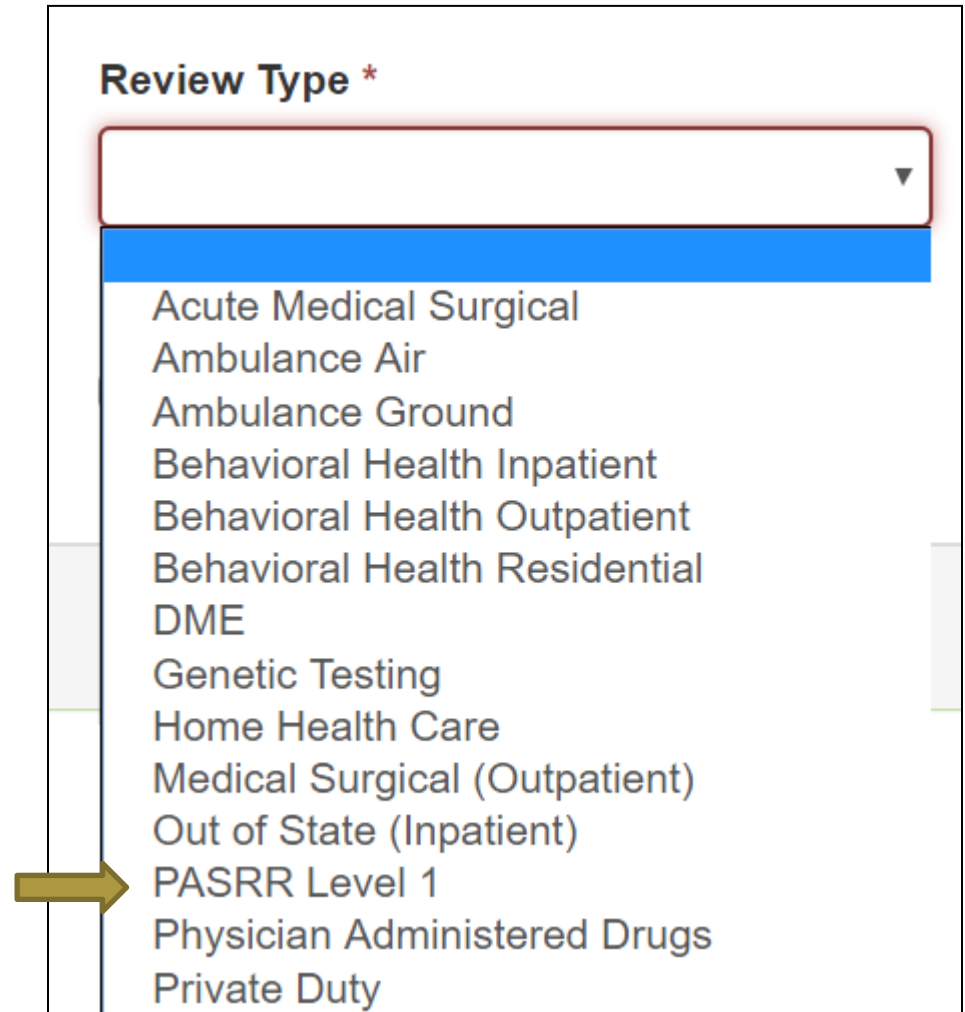
- **Place of Service** is where the care is provided. The Place of Service will default to Nursing Facility.

- **Type of Service** is what type of care is being provided. The Type of Service will default to Long Term Care.

Authorization Request

Date Request Received *	Review Type *	Place of Service *	Type of Service *
08/19/2020 04:38 pm	PASRR Level 1	Nursing Facility	Long Term Care

Timing *

☐ Is this Request Urgent?

Cancel Add New Request

Timing

- **Timing** indicates when you are notifying us of the request

- For PASRR, you will select either Concurrent or Prospective

- **Concurrent** – A review request submitted for services already started

- **Prospective** – A review request submitted prior to receiving services

Authorization Request Panel

- When all the selections are complete, you will select **Add New Request**.

- You can select **Cancel** if you have made the request in error.

Authorization Request

Date Request Received *
08/19/2020 04:38 pm

Review Type *
PASRR Level 1

Place of Service *
Nursing Facility

Type of Service *
Long Term Care

Timing *
Concurrent

☐ Is this Request Urgent?

Cancel   Add New Request
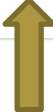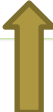
Admission & Discharge Panel

- Next, you will provide admission information.

- Indicate the

  – Admission date

  – Admission type

  – Admission source (not required)

Admission and Discharge

Admission Date *	Admission Type *	Admission Source
MM/DD/YYYY 📅	⌄	⌄

Coverage Panel

- 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.

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

Medicare Indicator *
Not Supplied

Third Party Liability *
No

EPSDT Indicator *
○ Yes ● No

Coverage Panel

If the information we have in the system indicates the member does not have eligibility coverage, you will be alerted that the member is not eligible AND you will be required to provide a reason for continuing with your review request.

Enter "Not on Medicaid" in the comment section.

Personal Representative

The Personal Representative panel is available but is not needed for the PASRR Level I review.

This panel should be skipped and not filled out.

Personal Representative					**+ Add**
Name	**Relationship**	**Phone**	**Phone Type**	**Address**	**Action**
		No Personal Representative Supplied			

Providers Panel

The next sections ask for information related to the Treating Facility and the Ordering Provider. You will click the Add button on each line to provide the necessary information.

The **Treating Facility** is the entity that will be providing the care (SNF or swing bed facility).

The **Ordering Provider** is the provider (HCP) that ordered the care.

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

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.

- When you have entered the necessary information, click **Search** to locate the physician or facility.

- Helpful Tip: Entering just the NPI renders the quickest results

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 10 ⌄ entries   Search: [   ]

	Name ▲	Network	NPI	Primary Number	Other ID	Type	Primary Practice Address	Phone	Primary Taxonomy	Source
➕	BILLINGS CLINIC		1023222494			🏢	2800 10th Ave N Billings, MT, 591010703	(406) 657-4000	Nursing Facility/Intermediate Care Facility	NPPES

Showing 1 to 1 of 1 entries   Previous 1 Next

Cancel

Entering Provider Information

- After clicking the green + box, you will see the Treating Facility will be added to the Provider section

- Next, add the Ordering Provider

  - The Treating Facility and Ordering Provider will never be the same, so please do **not** use the **Copy Treating Provider to Ordering Provider** feature when adding the Ordering Provider. Select **Add New** to add the Ordering Provider (HCP)

Providers *

Type	Name	NPI	Address	Phone	Primary Taxonomy	PPO Redirect Reason	Comments	Action
Treating Facility	⦿ BILLINGS CLINIC TCU, BILLINGS CLINIC TCU	1023222494	2800 10th Ave North Billings, MT, 59101	(406) 247-6920		Member Declined		🗑 Remove
Ordering Provider *			Not Supplied					➕ Add ▾

Provider Organization Visibility ❓

No organizations available

➕ Add New
⧉ Copy Treating Facility to Ordering Provider

Entering Provider Information

- You will now see the Treating Facility and the Ordering Provider information populated in the Providers panel.

- You can select **Delete** if you have chosen in error.

Providers

Type	Name	NPI	Address	Phone	Primary Taxonomy	PPO Redirect Reason	Comments	Action
Treating Facility	ⓘ COONEY CONVALESCENT HOME, COONEY HEALTH CARE INC	1073500872	Apple Rehab Cooney 2555 East Broadway Helena, MT, 00000	(406) 431-1609				⋯
Ordering Provider	👤 KUNTZWEILER, DOUGLAS	1558315762	2475 Broadway Helena, MT, 59601	(904) 652-2832				⋯

🗑 Delete

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 ❓

Wilson, Stephanie, User

ST LUKE'S REGIONAL MEDICAL CENTER ▾

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.

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.

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.

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   **+ Add**

Seq.	Code	Description	Final Dx	POA	NOS	Action
1	I63.9	CEREBRAL INFARCTION UNSPECIFIED	○	☐		🗑
2	I69.351	HEMIPLEGIA FLW CEREBRAL INFARCT AFF RT DOM SIDE	○	☐		🗑

Procedure Panel

- The Procedures panel will default to PASRR Level 1 Screen

- No additional action is needed

Procedures										+ Add
Seq.	Code	Description	NOS	Mod. 1	Mod. 2	Qty.	Frequency	Cost	Action	
1	T2010	PASRR LEVL I IDENTIFICATION SCREEN PER SCREEN				1 unit(s)			✎ 🗑	

Assessment Panel

This is where you will provide the PASRR 1 information just as you would on the previous paper PASRR form. The various fields will expand based on your Yes or No responses. Questions are identical to the previous PASRR form.

Assessment

Applicant Info

Is there a current H & P? *
- Yes
- No

A. Mental Illness

1. Does the individual have a diagnosis of serious mental illness (MI)? *
- Yes
- No

2. Does the individual have any indications of a mental illness? If yes, describe. *
- ● Yes
- No

Describe indications of mental illness *

[   ]

3. If the applicant has a diagnosis or indications of mental illness, does the individual have a primary diagnosis of dementia? *
- Yes
- No

4. Is the individual on antipsychotic medication? *
- Yes
- No

5. Is individual on an antidepressant? *
- Yes
- No

Assessment Panel

- Section C – Information Source. This is the person completing the PASRR request. Enter your name and agency you are submitting for (i.e. SNF or swing bed facility)

- Section D (not shown) is not a required field and is for Mountain-Pacific use only.

B. Mental Retardation or Related Conditions

1. Does the individual have a diagnosis of mental retardation (MR)? *
○ Yes
○ No

2. Does the individual have a diagnosis of a related condition (cerebral palsy, autism, seizures, etc.)? *
○ Yes
○ No

3. Has the individual ever been referred to or served by an agency/institution serving persons with mental retardation or related conditions? *
○ Yes
○ No

4. Does the individual have any indications of mental retardation or a related condition? *
○ Yes
○ No

5. Does the individual have a brain injury? *
○ Yes
○ No

C. Information Source

Information Source Name *	Information Source Date *	Agency *	Fax No. *	Phone No. *
	MM/DD/YYYY 📅		(999) 999-9999	(999) 999-9999

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. Just as in the paper process, you are required to submit the

- – History and physical
- – Medications list

To submit documentation, click **Add.**

Documentation   + Add

Search:

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

Show 10 entries   Showing 0 to 0 of 0 entries   Previous   Next

Documentation

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.

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.

File Upload   ✕

ℹ **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

- **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.

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

Drop a file here or **Click here** to Upload

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

Name *
History and Physical

Category *
Clinical

Topic *
Medical & Treatment History

Close   Upload

Documentation Panel

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

Documentation   + Add

Show 10 ⌄ entries   Search: [   ]

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

Showing 1 to 2 of 2 entries   Previous 1 Next

🖫 Continue

Milliman Care Guidelines (MCG)

- When you have entered all the requested information and click **Continue**, the system will next take you to the MCG tool (formerly known as Milliman Care Guidelines).

- MCG Guidelines do not apply to PASRR requests.

- Click **Submit Request** to close this section.

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 the **Submit** button to send the review to Mountain-Pacific.

User Attestation

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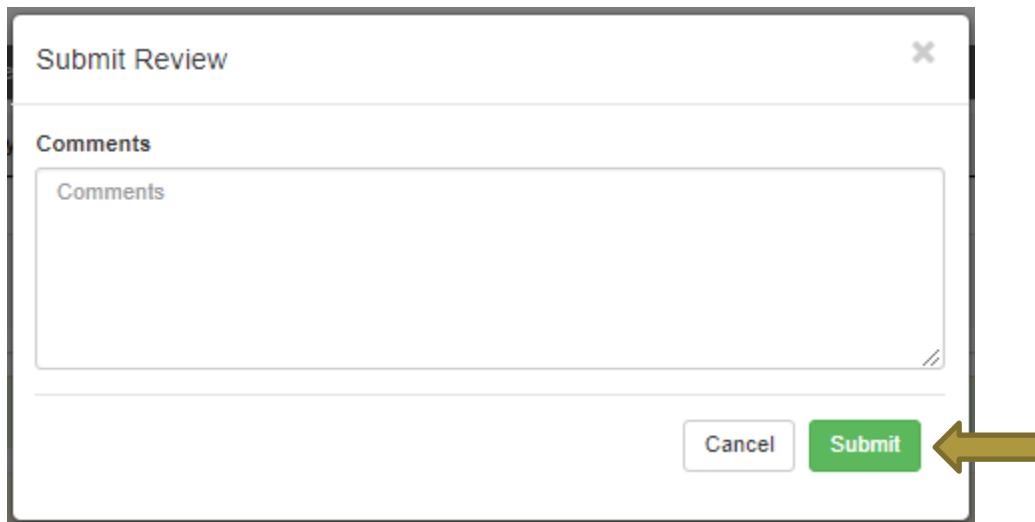
- that the submitted information is true, accurate and complete to the best of my knowledge.
- that the submitted information is supported within the patient's medical record.
- that I understand that any deliberate misrepresentation of any information in this medical review may subject me to liability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

Enter username

Submit

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**.

Summary

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

Alex Smith   Member ID: 423076646   DOB: 07/17/1991

📞 **Phone Number:**   **Client:** Montana - Mountain Pacific

Authorization Request

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

Timing
Concurrent

Admission and Discharge

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

Coverage

Group	Section	Plan	Start Date	End Date
		No Coverage Found		

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

Providers

Type	Name	NPI	Address	Phone	Primary Taxonomy	PPO Redirect Reason
Treating Facility	⑦ BILLINGS CLINIC TCU, BILLINGS CLINIC TCU	1023222494	2800 10th Ave North Billings, MT, 59101	(406) 247-6920		
Ordering Provider	⑦ BILLINGS CLINIC TCU, BILLINGS CLINIC TCU	1023222494	2800 10th Ave North Billings, MT, 59101	(406) 247-6920		

Provider Organization Visibility ❓

View and Print PASRR 1

- At the Summary page, scroll to the Assessment Panel to see the PASRR Level 1 you just submitted. Click on the blue link to view.

Assessment

Show 10 entries   Search:

Name	Date	Completed By
PASRR Assessment - Level I	08/19/2020 05:53 pm	Test PPU

Showing 1 to 1 of 1 entries   Previous | 1 | Next

View and Print PASRR 1

- To print the PASRR Level 1, Click **Print**

VIEW REQUEST STATUS AND OUTCOMES

Email Notifications

- Users will receive email notifications when:
  - Review requests are received from the portal
  - You have started a review request but did not yet submit it
  - Additional information is requested
  - A review outcome is rendered

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.
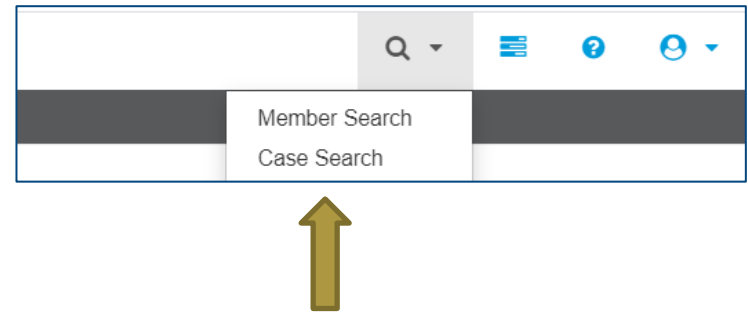
View Status and Outcomes

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.
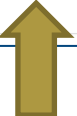
View Status and Outcomes

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.
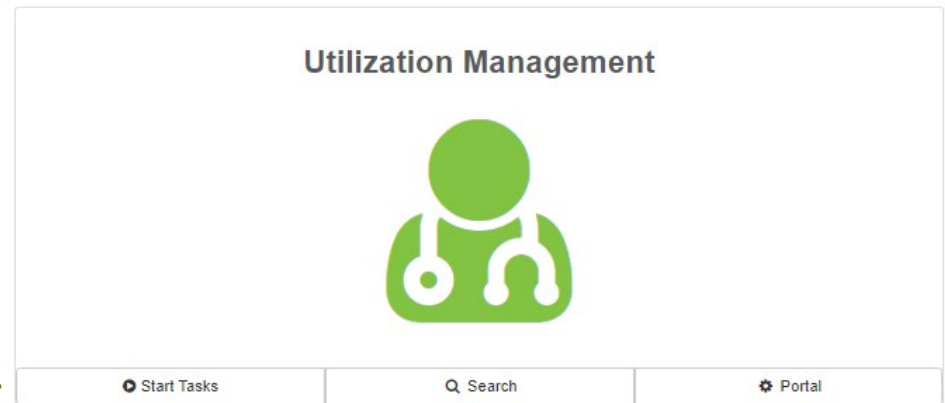
Request for Information

- 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 navigational bar
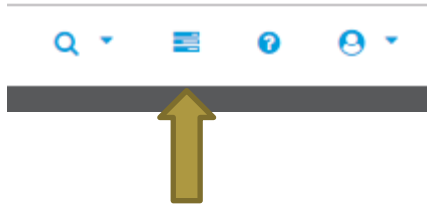
Or from Start Tasks button on the landing page

Utilization Management

| O Start Tasks | Q Search | ⚙ Portal |

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.

Request for Information
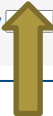
- Scroll to the Correspondence Panel to view the Request for Information letter.

- Click on the blue letter link to open it and see what information is being requested.

Correspondence			+ Add
			Search:
Letter	**Addressee**	**Date Sent**	
Telligen Request for Information 📋 ⬇ 🗑	Ordering Provider	06/12/2020 16:22:37	
Show [ ] 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 10 ∨ entries   Search: [   ]

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

Showing 1 to 1 of 1 entries   Previous 1 Next

Request for Information

- When you have added the necessary information, scroll to the bottom of the page and click the **Done** button. This will finalize the request and send it back to the clinical team to finish the review.

- When you click **Done**, the system will return you to the Scheduled tasks queue, and the task will no longer be visible.

- **Please do <u>NOT</u> start a new review request** when asked for additional clinical information. This will create a duplicate request and will delay the review process.

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.**

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.

View Outcome

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

View Outcome

The Final Recommendation tab will display the determination.

Please disregard the Approval End Date. This date is auto-populated but does not apply to PASRR reviews.

Print PASRR form

- Refer to slides 56 and 57 for instructions on printing the completed Level 1 form for your records.

Important Information

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

- Call us: 1-800-219-7035

THANK YOU!