



**Mountain-Pacific**  
*Quality Health*

# **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



**Mountain-Pacific**  
*Quality Health*

# 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 necessity, 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*



**Mountain-Pacific**  
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# **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.



**Mountain-Pacific**  
*Quality Health*

**Medicaid Utilization Review and Ambulance Provider Portal**

**Portal Sign In**  
Portal Registration  
Does a code require a prior authorization?  
✓ PRIOR AUTH CHECK.

Home | Document Library | Education & Training | FAQs & Quicknotes | Provider News | Contact Us | **Prior Auth Check**

**Home**

Welcome to the Mountain-Pacific Quality Health Medicaid Provider Portal, powered by Telligen, 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:

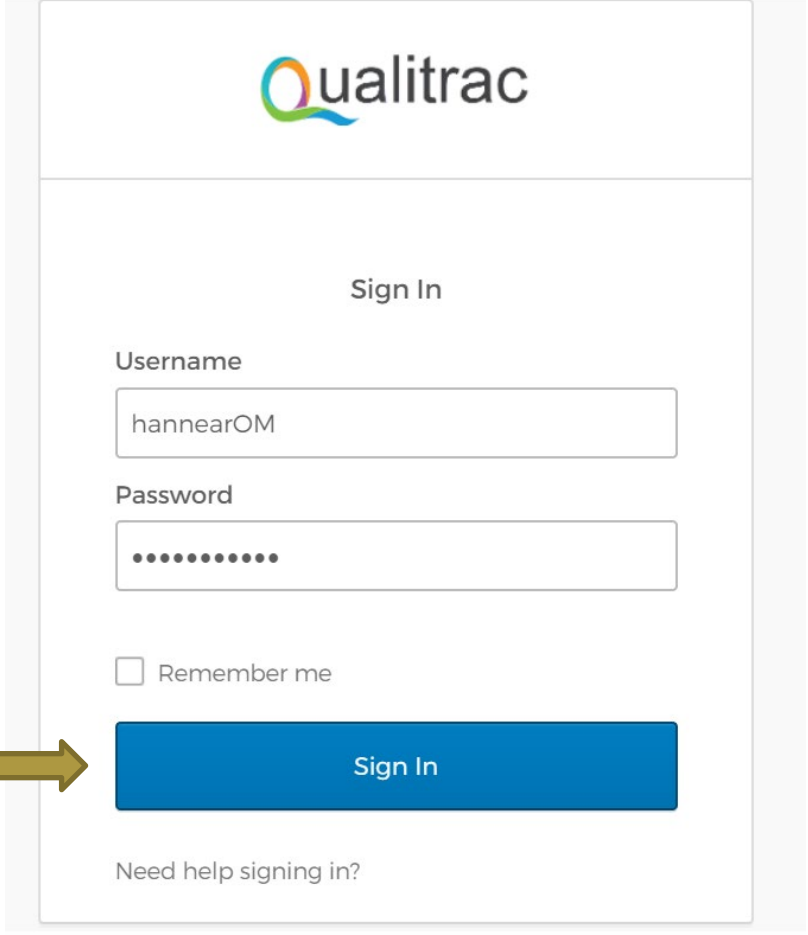
- Electronically submit new requests using “drag and drop” functionality vs. faxing or mailing documents
- Upload supporting documentation, e.g., medical records, letters, etc.
- Review status of pending requests
- Review determinations (Notification of determinations are emailed to requesters.)
- Retrieve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

This portal provides a two-way, secure data exchange between requesting providers and Mountain-Pacific. We are always looking for ways to improve our partnership with providers. Our goal is to save time and gain efficiencies, and this portal helps do that.

# 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



Qualitrac

Sign In

Username  
hannearOM

Password  
.....

Remember me

**Sign In**

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.

Qualitrac

Sign In

Username  
hannearOM

Password  
.....

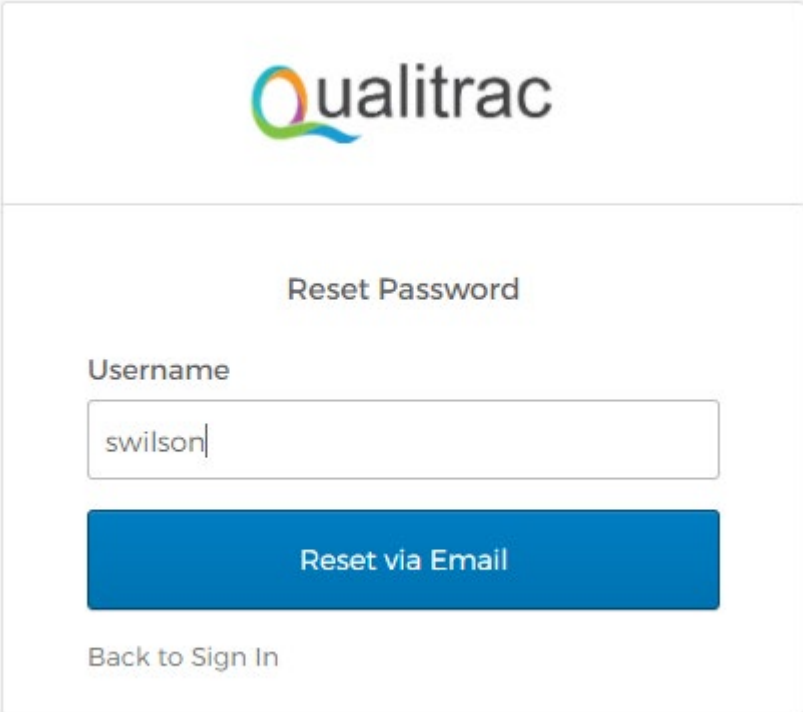
Remember me

Sign In

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.



Qualitrac

Reset Password

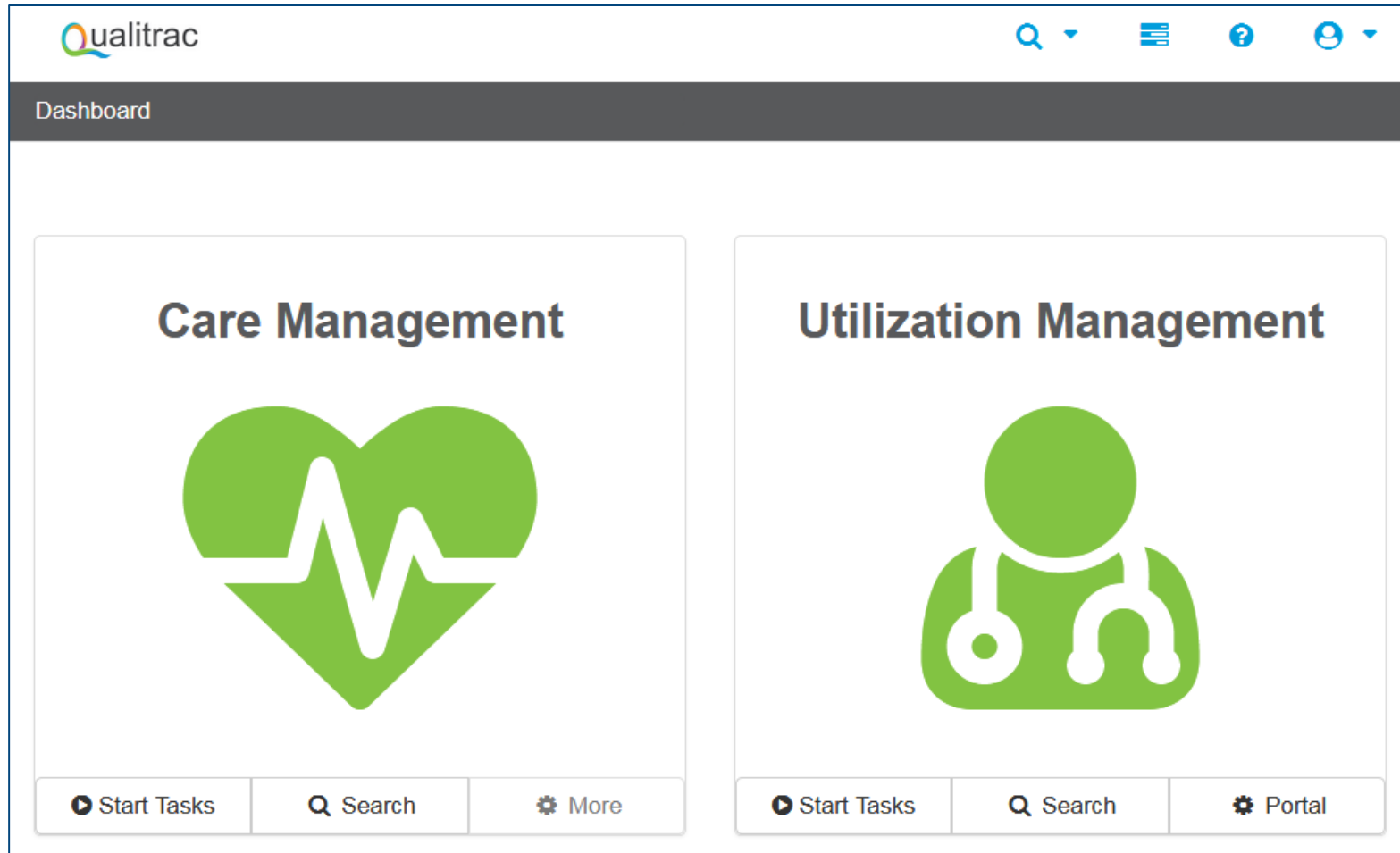
Username

swilson

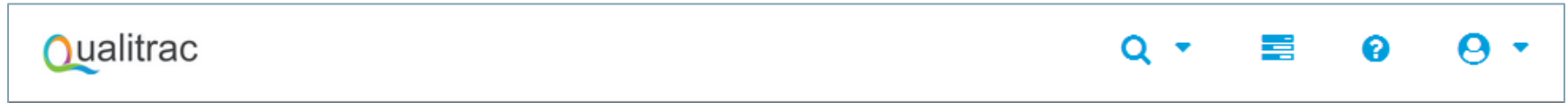
Reset via Email

[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 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.



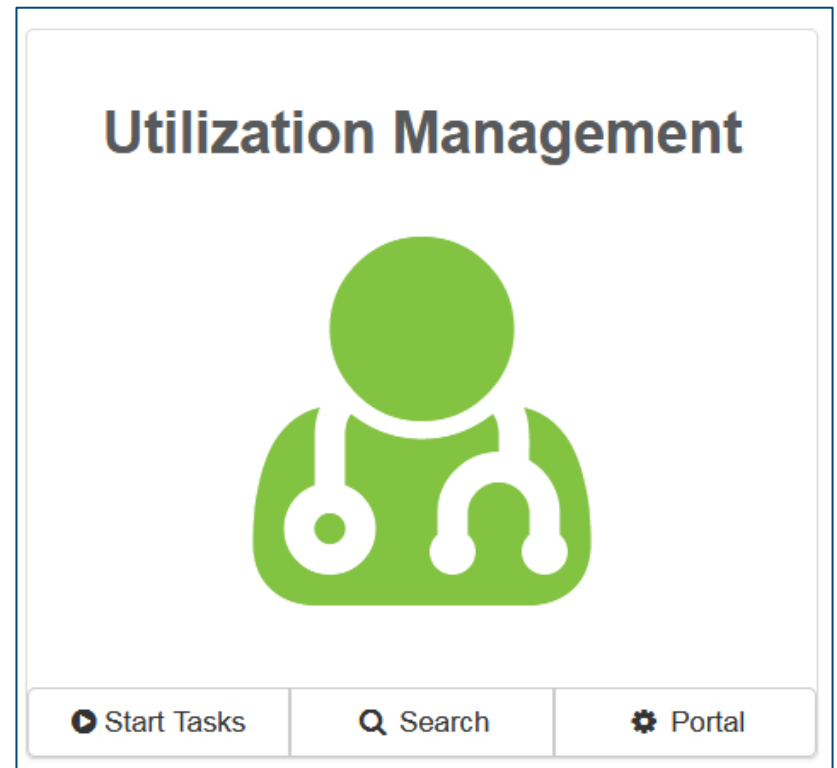
This icon will take you to the Knowledge Center. The Knowledge Center provides user guides, FAQs and tip sheets.



Selecting this icon will allow you to view and manage your profile, here you can make changes to your phone number, email address, etc.

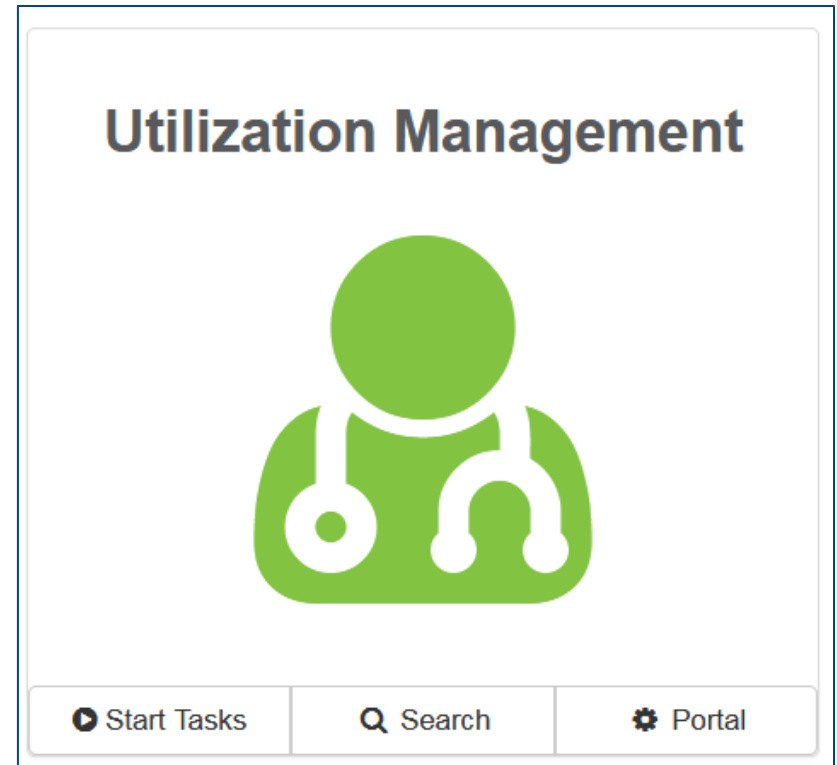
# Utilization Management Module

- **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.



# 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.**

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

Please search for the member by completing one of the following

<p>Member ID *</p> <input type="text" value="Member ID"/>	<p>Date Of Birth *</p> <input type="text" value="MM/DD/YYYY"/>	<input type="button" value="Search"/>
OR		
<p>First Name *</p> <input type="text" value="First Name"/>	<p>Last Name *</p> <input type="text" value="Last Name"/>	<p>Date Of Birth *</p> <input type="text" value="MM/DD/YYYY"/>
<input type="button" value="Search"/>		

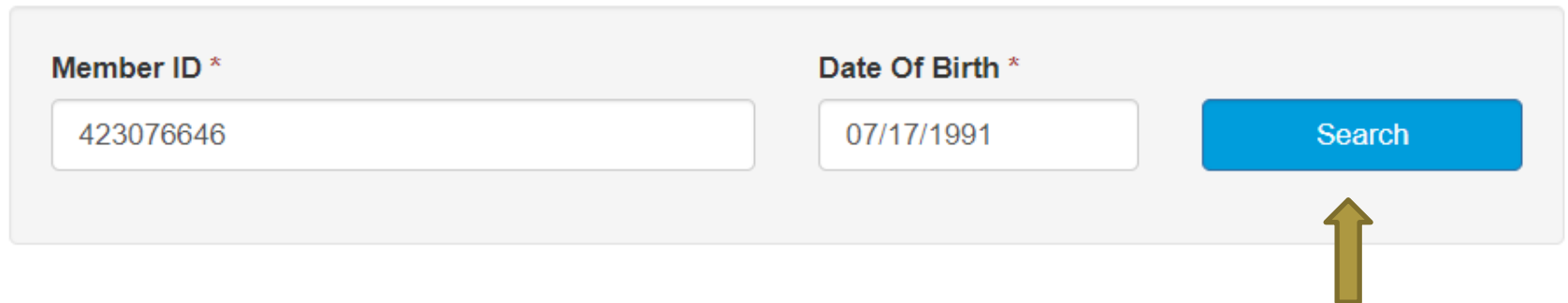
© Copyright 2017, 2020 Teligen. All Rights Reserved.



# 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.



A screenshot of a search form. It features two input fields: "Member ID \*" containing the value "423076646" and "Date Of Birth \*" containing the value "07/17/1991". To the right of these fields is a blue button labeled "Search". A yellow arrow points upwards from below the "Search" button.



# 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

<b>First Name *</b>	<b>Last Name *</b>	<b>Date Of Birth *</b>	<b>Search</b>
<input type="text" value="Alex"/>	<input type="text" value="Smith"/>	<input type="text" value="07/17/1991"/>	<input type="button" value="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> Try searching again or</p> <p><a href="#">+ Add Member</a></p>	



# 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 \*  Middle Name  Last Name \*

Client \*  Birth Date \*   Gender \*

Identifiers

Social Security Number \*   N/A \* Member Id \*   N/A \*

Relationship To Subscriber \*

Contact Information

Address Line 1 \*  Address Line 2

City \*  State \*  Zip \*



# 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.

The screenshot displays the Member Hub interface for a member named Alex Smith. The breadcrumb navigation at the top reads "Dashboard / Task Queue / Member Hub". The user's name and ID are shown as "Alex Smith - 423076646 - 07/17/1991".

The member details section includes:

- Name: Alex Smith (with a "View Member Details" button)
- Member ID: 423076646
- Date of Birth: 07/17/1991
- Phone Number: (field is empty)
- Client: Montana - Mountain Pacific

The Utilization Management section features a "View Cases" button and a "+ Add" button. A message states "Hiding original requests for adjustments." with a "Show" button.

Below this is a table of review requests. The table has a search bar and a "Show 10 entries" dropdown. The table columns are: Status, Case ID, Request ID, Review Type, Timing, Treating Prov./Phys., Treating Facility, Req. Start, Req. End, Outcome, and Action.

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						...

At the bottom, it shows "Showing 1 to 1 of 1 entries" and navigation buttons for "Previous", "1", and "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.

Oliva Barth Hide Member Details

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

<b>Phone</b> Home: (371) 303-1134 Cell: Work: Other:	<b>Mailing Address</b> 6684 Spruce Lane , 21231	<b>Preferred Contact Information</b>
<b>Email</b> Home: Work:	<b>Physical Address</b>	<b>Method</b>  <b>Language</b> Not Supplied
<b>Notes</b>		

View Even More Member Details

**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.



## Utilization Management

View Cases + Add

Hiding original requests for adjustments. Show

Show  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 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.

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

Phone Number: Client: Montana - Mountain Pacific

### Authorization Request


**Date Request Received \*** 06/12/2020 03:01 pm 

**Review Type \***

**Place of Service \***

**Type of Service \***

**Timing \***



Cancel Add New Request

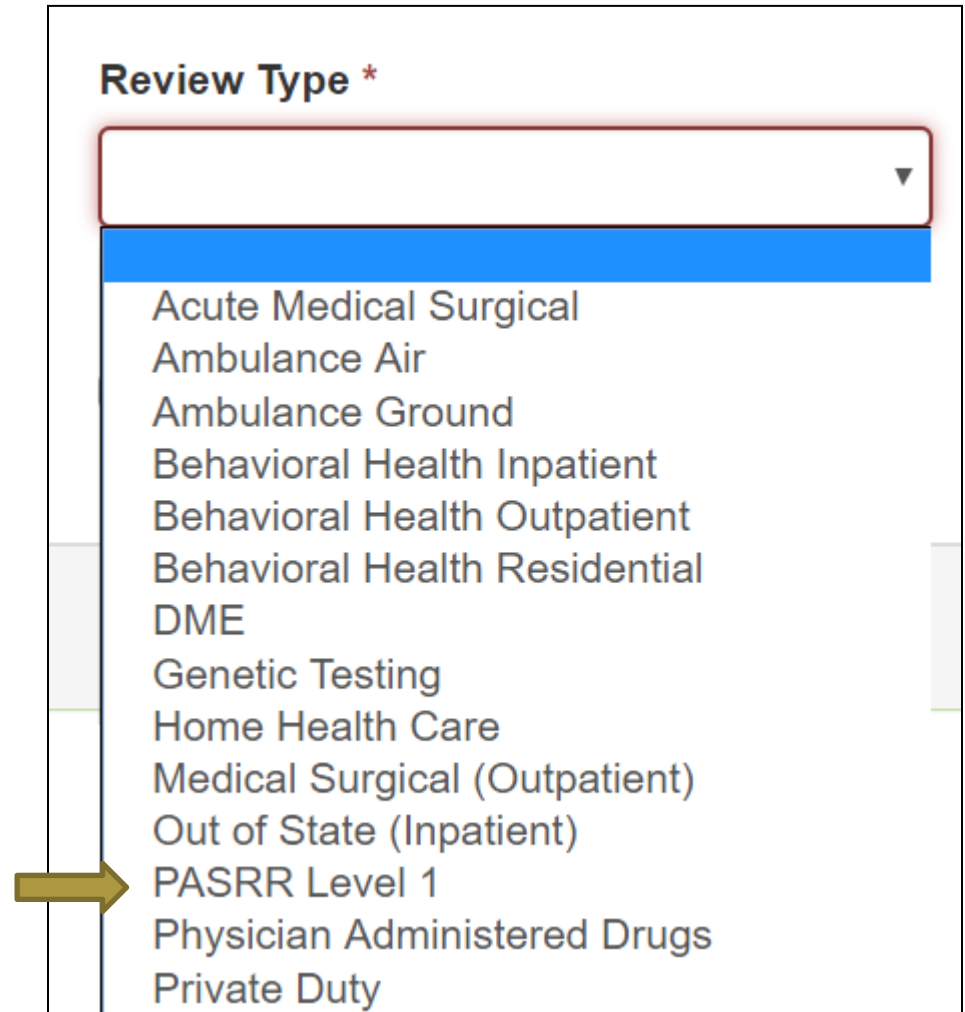


# Review Type

- **Review Type:** Select the type of review you are requesting.
- Select PASRR Level 1

Review Type \*








- 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)
- PASRR Level 1
- Physician Administered Drugs
- Private Duty



# 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**


<b>Date Request Received *</b> 08/19/2020 04:38 pm 	<b>Review Type *</b> PASRR Level 1 	<b>Place of Service *</b> Nursing Facility 	<b>Type of Service *</b> Long Term Care 
<b>Timing *</b> 	<input type="checkbox"/> Is this Request Urgent?		


# 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**


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 \*  Timing is a required field

  Is this Request Urgent?

Concurrent  
Prospective


Cancel  Add New Request



# 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?


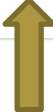
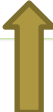


# Admission & Discharge Panel

- Next, you will provide admission information.
- Indicate the
  - Admission date
  - Admission type
  - Admission source (not required)

**Admission and Discharge**

<b>Admission Date *</b>	<b>Admission Type *</b>	<b>Admission Source</b>
<input type="text" value="MM/DD/YYYY"/> 	<input type="text"/>	<input type="text"/>

# 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 \*  ▼

Third Party Liability \*  ▼

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.

### 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 \***

# 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						<a href="#">+ Add</a>
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.

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



# 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



NPI Number <a href="#">?</a>	Other ID Number <a href="#">?</a>	Organization Name	
<input type="text"/>	<input type="text"/>	<input type="text" value="billings"/>	
City	State	Zip Code	Taxonomy
<input type="text"/>	<input type="text" value="Montana"/>	<input type="text"/>	<input type="text" value="Nursing Facility/Intermediate Care Facility"/>
Search using NPPES <a href="#">?</a>	<input checked="" type="checkbox" value="ON"/>	<input type="button" value="Q 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
	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  Next



# 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	<a href="#">BILLINGS CLINIC TCU, BILLINGS CLINIC TCU</a>	1023222494	2800 10th Ave North Billings, MT, 59101	(406) 247-6920		Member Declined		<a href="#">Remove</a>
Ordering Provider *				Not Supplied				<a href="#">+ Add</a>

**Provider Organization Visibility ?**

- + Add New
- [Copy Treating Facility to Ordering Provider](#)

No organizations available



# 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.

Type	Name	NPI	Address	Phone	Primary Taxonomy	PPO Redirect Reason	Comments	Action
Treating Facility	<a href="#">② COONEY CONVALESCENT HOME, COONEY HEALTH CARE INC</a>	1073500872	Apple Rehab Cooney 2555 East Broadway Helena, MT, 00000	(406) 431- 1609				...
Ordering Provider	<a href="#">👤 KUNTZWEILER, DOUGLAS</a>	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							
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**





# 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

Show  entries Search:

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

Showing 1 to 1 of 1 entries Previous  Next

# 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

163.9 Q Search

Show 10 entries Search:

Code	Description
<input checked="" type="radio"/> 163.9	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							<a href="#">+ Add</a>
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 will default to PASRR Level 1 Screen
- No additional action is needed

Procedures <span style="float: right;">+ Add</span>										
Seq.	Code	Description	NOS	Mod. 1	Mod. 2	Qty.	Frequency	Cost	Action	
1	T2010	PASRR LEVEL 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. *
<input type="text"/>	<input type="text" value="MM/DD/YYYY"/> 	<input type="text"/>	<input type="text" value="(999) 999-9999"/>	<input type="text" value="(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  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.

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 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.

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 with 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 contains the text 'No Files selected for upload'.
- Form Fields:** Two input fields labeled 'Name \*' and 'Category \*'. The 'Name' field is a text input, and the 'Category' field is a 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. 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 \***

**Category \***

**Topic \***

# Documentation Panel

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

Documentation + Add

Show  entries Search:

Name	Category	Topic	Date Added	Uploaded By	Action
<a href="#">A Smith Med List</a>	Clinical	Medication History	08/19/2020	testppu	
<a href="#">A Smith History and Physical</a>	Clinical	Medical & Treatment History	08/19/2020	testppu	



Showing 1 to 2 of 2 entries Previous  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.

A **Authorization Request**  

**Patient :** 423076646 **Name :** Smith, Alex **DOB :** 07/17/1991 **Gender :** Female [show more](#)


**Authorization :** EPS-00001119 **Type :** Admission authorization **Status :** NoDecisionYet [show more](#)

**Diagnosis Codes :** I63.9(ICD-10 Diagnosis) *primary* **Procedure Codes :** T2010(CPT/HCPCS) *primary*

**Diagnosis Code:** I63.9 (ICD-10 Diagnosis) [Document Clinical](#)

**Description :** CEREBRAL INFARCTION UNSPECIFIED

[Submit Request](#) [Back](#)



# 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...**

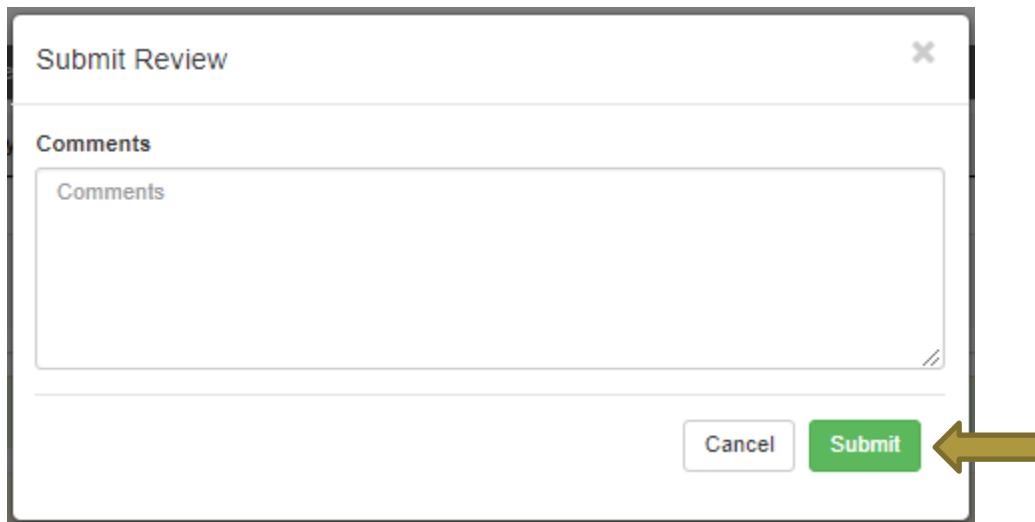
- that the submitted information is true, accurate and complete to the best of my knowledge.
- that the submitted information is supported within the patient's medical record.
- that I understand that any deliberate misrepresentation of any information in this medical review may subject me to liability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



# 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 image shows a screenshot of a web application modal titled "Submit Review". The modal has a close button (an 'x' icon) in the top right corner. Below the title, there is a section labeled "Comments" with a large text input area. At the bottom of the modal, there are two buttons: a "Cancel" button and a "Submit" button. A yellow arrow points to the "Submit" button, indicating it is the next step in the process.

# 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	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 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 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  entries Search:

Name	Date	Completed By
<a href="#">PASRR Assessment - Level I</a>	08/19/2020 05:53 pm	Test PPU


Showing 1 of 1 entries Previous  Next









# View and Print PASRR 1

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

 Alex Smith [View Member Details](#)

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

 PASRR Assessment - Level I [Print](#)

Applicant Info

Applicant's Name *	SSN *	Date of Birth *
Alex Smith	123-45-6789	1991-07-17

Diagnosis Primary *	Diagnosis Secondary	Diagnosis Other
CVA	hemiplegia	

Physician *	Accepting Facility *	City *
Dr Andrew Smith	ABC Healthcare	Billings

Is there a current H & P? \*

Yes  
 No





**Mountain-Pacific**  
*Quality Health*

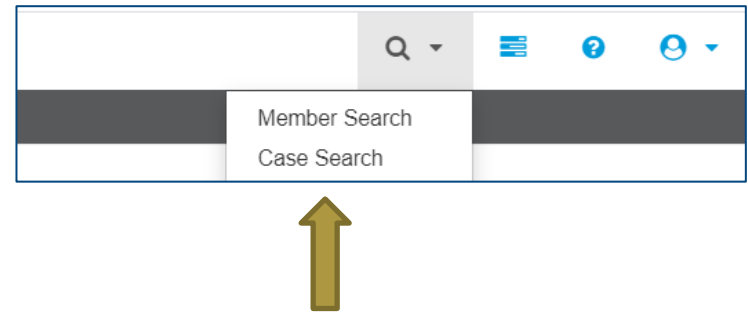
# **VIEW REQUEST STATUS AND OUTCOMES**

# 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.

Client: Montana - Mou

Method:  
 Search By Case ID  
 Search By Authorization ID  
 Search By Claim Number  
 Search By Request ID

Case ID: 3543

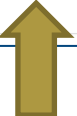
Search

Show 10 entries

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

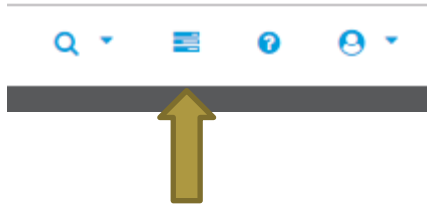
View Request  
Delete



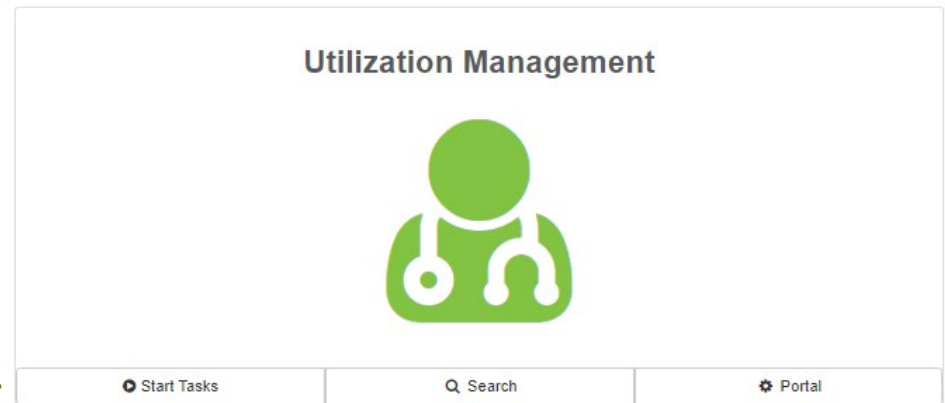
# Request for Information

- 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



# 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
Request For Information	New	423076646	Smith	Alex	07/17/1991	Physician Administrative Drug	testppu	06/18/2020 09:43 am

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








# Request for Information

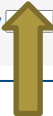
- Scroll to the Correspondence Panel to view the Request for Information letter.
- Click on the blue letter link to open it and see what information is being requested.

Correspondence + Add

Search:

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

Show  entries Showing 1 to 1 of 1 entries Previous  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 NOT 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**.

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

- 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: Approved
(HCPCS) 96372 - THERAPEUTIC PROPHYLACTIC/DX INJECTION SUBQ/IM	Outcome: Approved



# View Outcome

Outcomes		Review Status: Review Complete Review Outcome: Approved	
(HCPCS) T2010 - PASRR LEVEL I IDENTIFICATION SCREEN PER SCREEN		Outcome: Approved	
Requested		MCG	RC
Outcome		Outcome	Approved (Level II Needed)
Authorization Number		Authorization Number	
Start Date	01/01/2021	Start Date	01/01/2021
Discharge Date	01/02/2021	Approved End Date	01/02/2021
Modifier 1		Modifier 1	
Modifier 2		Modifier 2	
Units	1 unit(s)	Approved	1 unit(s)
Frequency		Frequency	
Total Cost		Total Cost	
		Savings	<a href="#">✎</a>
		Transmit To Client	Yes
		RC Notes:	
		Letter Rationale: <a href="#">✎</a>	
		Recommend Level 2	

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

# View Outcome

Outcomes		Review Status: Review Complete Review Outcome: Approved	
(HCPCS) T2010 - PASRR LEVEL I IDENTIFICATION SCREEN PER SCREEN		Outcome: Approved	
Requested		MCG	RC
Outcome		Outcome	Approved (Level II Needed)
Authorization Number		Authorization Number	
Start Date	01/01/2021	Start Date	01/01/2021
Discharge Date	01/02/2021	Approved End Date	01/02/2021
Modifier 1		Modifier 1	
Modifier 2		Modifier 2	
Units	1 unit(s)	Approved	1 unit(s)
Frequency		Frequency	
Total Cost		Total Cost	
		Savings	<input checked="" type="checkbox"/>
		Transmit To Client	Yes
		RC Notes:	
		Letter Rationale: <input checked="" type="checkbox"/>	
		Recommend Level 2	

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/](http://www.mpqhf.org/corporate/medicaid-portal-home/)



- Call us: 1-800-219-7035



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**THANK YOU!**

