

Montana Medicaid: SDMI Waiver Authorized Official Training

February 2022

Agenda

- Qualitrac
- Provider Portal Registration
- Authorized Official Training



QUALITRAC

Our System: Qualitrac

Telligen's Web-based health management system, built and maintained by a 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





PROVIDER PORTAL REGISTRATION

Provider Portal Security

- The Provider Portal is a web application that allows health care providers to submit review requests.
 - Known issues with IE, preferred web browsers are Chrome or Firefox
- The Provider Portal utilizes a delegated security model.
 - A delegated security model requires an organizational executive (Provider Executive) to "delegate" administrative rights to one or more individuals within their organization (Authorized Official).
- There needs to be at least one Authorized Official (AO) per facility. The Authorized Official will:
 - Be the point of contact for the organization
 - Add, remove or edit Provider Users accounts

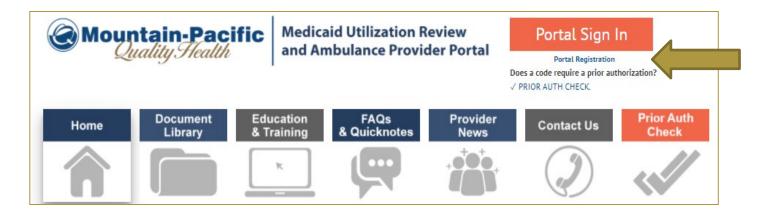
PLEASE NOTE: HIPAA and DHMH compliance require all staff entering reviews or accessing the portal MUST have their own log-in and password. Do not create generic log-ins.

Provider Portal Registration continued...

- The Provider Portal Registration process is completed entirely online.
- Please bookmark:

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

• Click on the "Portal Registration" link at the top righthand corner of the website.



Registration Process

- The Registration Process is completed in three easy steps.
 - 1. The **Provider Executive**, i.e., the duly authorized representative permitted to bind your organization, agrees to the terms and conditions of the Provider Portal Agreement.
 - 2. The Provider Executive designates one or more Authorized Officials for your organization. These individuals will manage provider accounts within your organization.
 - 3. The Authorized Official(s) complete the Authorized Official Agreement and Registration Form.

Registration Process continued...

- All forms are completed online.
- Using DocuSign technology, the documents are routed via email to the appropriate parties for signature.
- Once everyone has signed, both the Provider Executive and the Authorized Official (AO) receive a fully executed agreement for their records.
- If more than one AO is designated, a separate online registration must be completed
- The Qualitrac Registration team will then complete the registration process and provide instructions to the Authorized Official.

– This can take 5-7 business days to complete



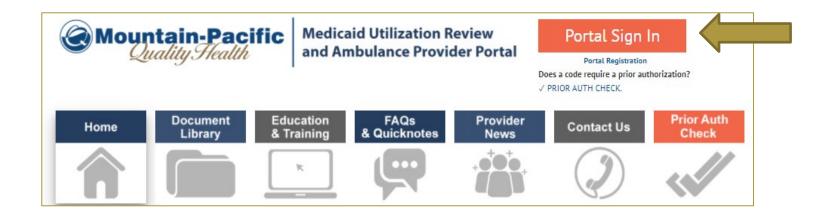
AUTHORIZED OFFICIAL TRAINING

- Functions of an Authorized Official
 - Ability to add and deactivate users
 - Reset passwords
 - Still able to submit and view reviews submitted by individuals in the same organization(s)

Authorized Official: Accessing the Portal

- The AO will receive two emails once his/her Provider Portal account set-up is complete.
 - -1) First will contain his/her username.
 - 2) Second will contain the link to the portal to set up the user's password.
 - <u>Please note</u>: The second email is system-generated.
 Please check your junk or spam folder if you do not receive it within a few minutes of requesting the reset.
 - The link to reset your password will expire after 24 hours
- First time accessing the Portal, the Authorized Official will change his/her password and Agree to the Terms of Use.

 Access the portal via the Portal Sign in button in the top right corner on our portal webpage



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

| | Sign In |
|---------------|---------|
| Username | Signin |
| 1 | |
| Password | |
| | |
| Keep me signe | ed in |
| | Next |

- The Reset Password modal will open. It will ask you to enter your user-name. 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.

| 1 | |
|------|--|
| | |
| | |
| Next | |

 Authorized Officials will see an option in the top menu that other users who are not Authorized Officials will not see.



- Click on the tool icon to get the drop-down menu to appear, click on Manage Users, then click Search.
 - This allows the Authorized Official to see a list of everyone that has access for their facility. They will NOT be able to see other Authorized Officials, if the organization has more than one.

- The Authorized Official will be able to see all users associated with any organization associated with the AO.
- The AO can click on any of the blue links in the line to get to the user's details.



| Client * | Organization * | | | | | | |
|------------------------------|--------------------------|---------------------------------|-------|-------------|---|-------|--|
| Montana - Mountain Pacific + | | UNION M | EMORI | AL HOSPITAL | • | | |
| First Name * | Address Line 1 * | | | | | | |
| Stephanie | 1776 West Lakes Parkway | | | | | | |
| Middle Name | Address Line 2 | | | | | | |
| Last Name * | City " State " | | | | | Zip * | |
| Wilson | West Des Moines | West Des Moines | | a | • | 50266 | |
| Display Name * | Phone Number * | Phone Number * Ext Phone Type * | | | | | |
| Stephanie Wilson | (515) 555-5555 | (515) 555-5555 Work | | | | | |
| Username * | Preferred Contact Method | | | | | | |
| swilsonMPPPU | Phone Email | | | | | | |
| Email * | e Linda | | | | | | |
| swilson@telligen.com | | | | | | | |

- The AO and the User will be able to edit any of the information (address, phone, last name, etc.) except for the Username field.
- Once a username is created, it cannot be changed. The user would have to be deactivated and set up again to have a different username.
- Username must be distinct in the system. If another user is set up and matches on a username already in the system, the user will not be saved, and the AO will be forced to enter a new username that does not match with any others.

- Click the Add User button the top right corner of the Manage User page.
- All fields with a red asterisk, *, are required fields.
- The Organization's drop-down will allow the AO to associate users to the organization(s) that are available to the AO to select from. Check the box next to each one to select it.

| | 🍰 Add User | |
|--------------|------------------------|------|
| | | |
| ganization * | | |
| | UNION MEMORIAL HOSPIT/ | AL - |
| | ORIAL HOSPITAL | |

| Client * | Organization * | | | | | | |
|------------------------------|----------------------------|-------------------------|-----------|-------|--|--|--|
| Montana - Mountain Pacific - | UNION M | IEMORIAL HO | SPITAL + | | | | |
| | UNION MEMORIAL HOSPITAL | | | | | | |
| First Name * | Address Line 1 * | | | | | | |
| Stephanie | 1776 West Lakes Parkway | 1776 West Lakes Parkway | | | | | |
| Middle Name | Address Line 2 | Address Line 2 | | | | | |
| Last Name * | City * | State * | | Zip * | | | |
| Wilson | West Des Moines | Iowa | • | 50266 | | | |
| Display Name * | Phone Number * Ext | Pho | ne Type * | | | | |
| Stephanie Wilson | (515) 555-5555 | W | ork | • | | | |
| Jsername * | Preferred Contact Method * | | | | | | |
| swilsonMPPPU | Phone Email | | | | | | |
| Email * | le cinai | | | | | | |
| swilson@telligen.com | | | | | | | |

- After clicking save, the system will direct the AO to the Reset Password page.
- Username will be defaulted for the user. Any time a password needs to be reset, always enter the username and not an email address.
- This sends an email to the user with a link to reset his/her password to log in for the first time.

| RESET PASSWORD | |
|--|--|
| inter details below to reset your password | |
| swilsonPPU | |
| SUBMIT | |



Hi Stephanie,

We received a request to setup a new password or change the password on the swilsonPPU account associated with this e-mail address.

If you made this request, please click the link below to securely change your password:

https://sso-stage.myqualitrac.com/accountrecoveryendpoint/confirmrecovery.do?confirmation=6bc2465a-d5ed-4280-bb91fc1be7494c4e&userstoredomain=PRIMARY&username=swilsonPPU&tenantdomain=carbon.super&callback=https%3A%2F%2Fstage.myqualitrac.com% 2FTelliFrameCanvas%2Fqt%2Fmanage_user%

If clicking the link doesn't work, you can copy and paste the link into your browser's address window. You will need to paste the above link into the same browser that you used to request the password reset.

If you did not request to have your swilsonPPU password setup/reset, simply disregard this email and no changes to your account will be made.

Best Regards, Qualitrac Team https://myqualitrac.com 11:27 AM

- The user will follow the link and be taken to the reset password page.
- Once a password is set up following the rules, the user will hit submit and be logged in to the system.

| Confirm Password * SUBMIT • Password length should be six (6) to twelve (12) characters in length. • Password should contain a digit [0-9]. • Password should contain a lower case letter [a-z]. | Enter New Password * | | |
|--|---|---|--|
| SUBMIT Password length should be six (6) to twelve (12) characters in length. Password should contain a digit [0-9]. | | | |
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| Password should contain a digit [0-9]. | | | |
| | | SUBMIT | |
| Password should contain a lower case letter [a-z]. | Password length shoul | | |
| | | d be six (6) to twelve (12) characters in length. | |
| | Password should conta Password should conta | d be six (6) to twelve (12) characters in length. ain a digit [0-9]. | |

Authorized Official Training: Deactivating a User

• When a user account needs to be terminated, use the Deactivate User button.

| | First Name * | | Address Line 1 * | | | | | |
|-----------------|--------------------------|--------|-------------------------|---------|------|--------------|--------|---|
| | Stephanie | | 2591 SE 116th St | | | | | |
| | Middle Name | | Address Line 2 | | | | | |
| | Last Name * | City * | | State * | | | Zip * | |
| | Wilson | | Runnells | | lowa | • • | 50237 | |
| | Display Name * | | Phone Number * | Ext | | Phone Type * | | |
| | swilsonOM | | (515) 975-2944 | | | Work | * | |
| • Depetivete II | name * | | Preferred Contact Metho | od * | | | | |
| 🏝 Deactivate U | IsonOM1 | | ○ Phone | | | | | |
| | email * | | Email | | | | | |
| | swilson@telligen.com | | | | | | | |
| 2 | Lage Send Password Reset | | | | | | Cancel | 2 |

Important Information



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



• Call us: 1-800-219-7035



THANK YOU!

