Montana Medicaid:
Provider Portal Training
SDMI Waiver

February 2022

Agenda

- Qualitrac
- Submitting a SDMI Waiver 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

QualiTrac™

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

SUBMITTING A SDMI WAIVER REQUEST

Provider Portal

- Beginning **March 2, 2022**, providers will begin submitting SDMI Waiver prior authorization requests using the Qualitrac system via a Provider Portal.

    - Environmental Accessibility Adaptations (EAA), Medical Supplies or Medical Equipment OVER $500

- Providers must complete the online registration process prior to submitting requests

    - Training was held last week for this

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

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

Portal Sign In

- 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 - 2

On the sign-in page:
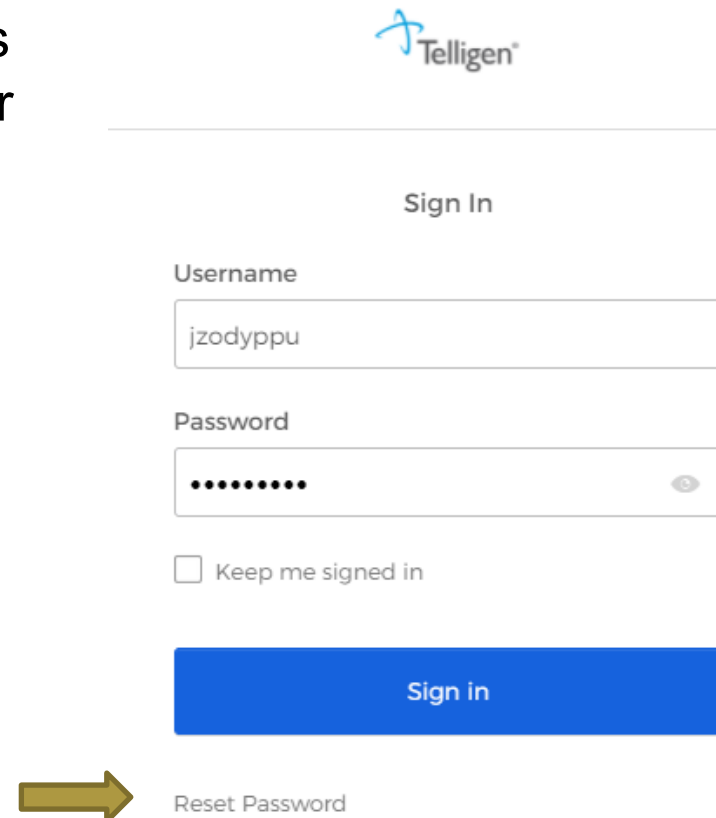
1. Enter the username you were assigned.

2. Use the password you established.

3. Click **SIGN IN** to access the system.

Telligen®

Sign In

Username

> jzodyppu

Password

> ••••••••

☐ Keep me signed in

Sign in

Reset Password

Provider Portal - 3

- There is a blue "Reset Password" 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 - 4

- The Reset Password box 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.
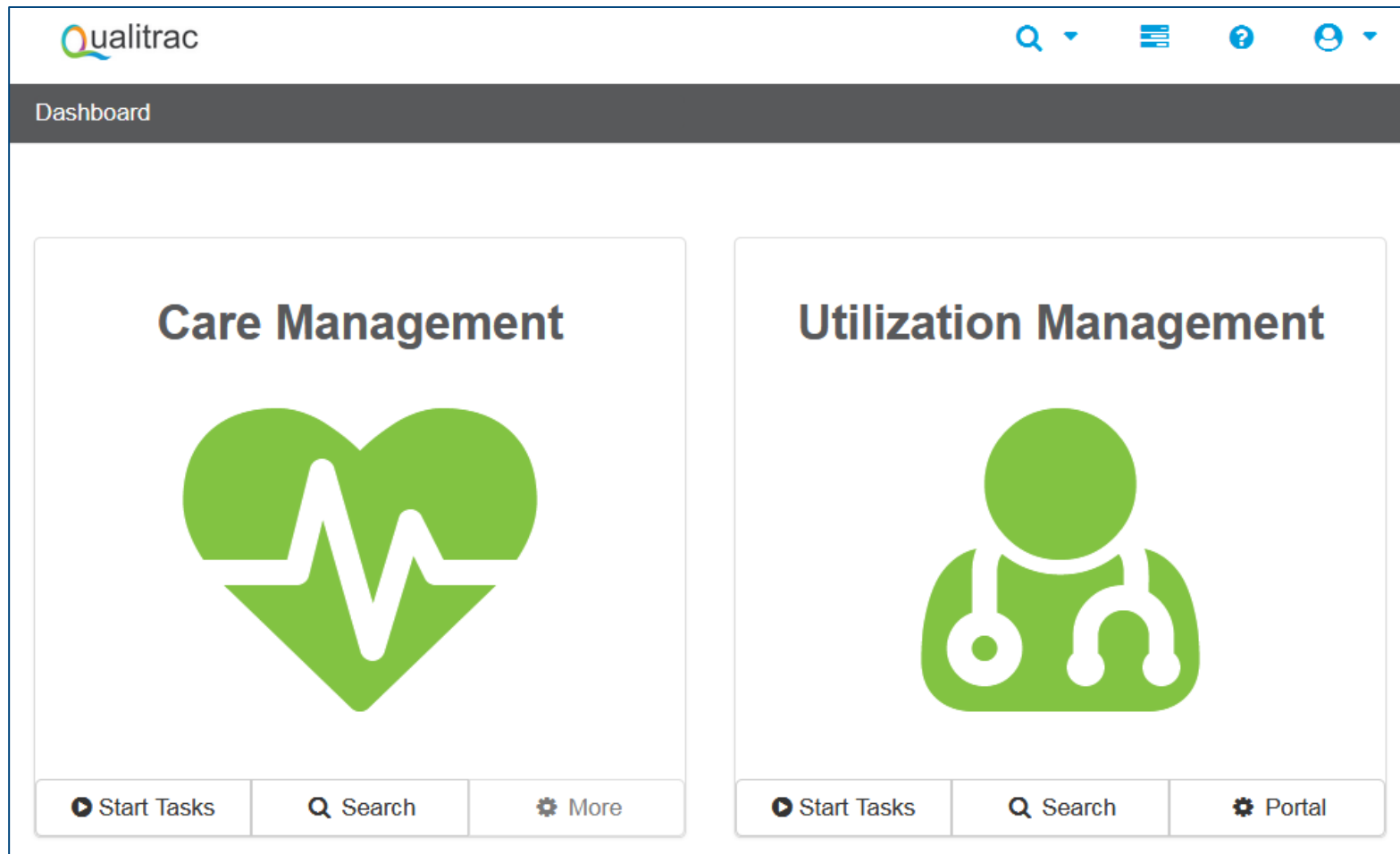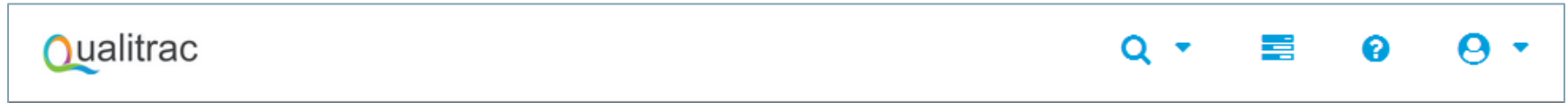
Telligen®

Reset your password

Username

[   ]

Next

Back to sign in

Qualitrac Landing Page

Navigational Tools

Qualitrac   🔍 ▼   ☰   ❓   👤 ▼

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.

🔍 ▼   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 | Q Search | ✿ Portal |
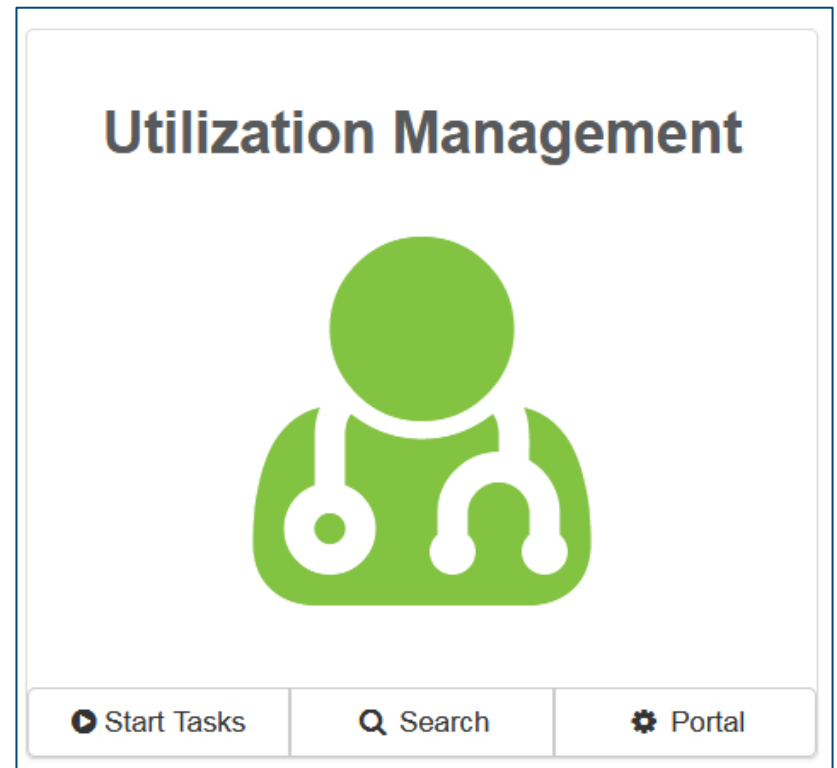
Find a Member

Click on **Search** to find a member and start your review request.
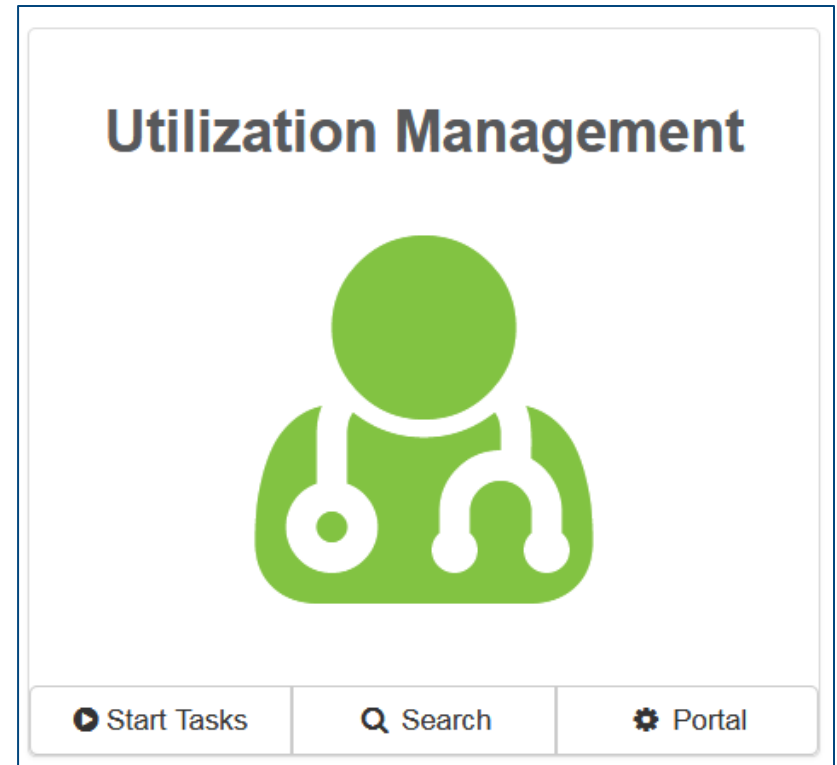
Find a Member - 2

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 - 3

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
423076646				07/17/1991	
423076646	Smith	Alex		07/17/1991	Female

Show 10 entries   Showing 1 to 2 of 2 entries   Previous 1 Next

Member Hub

Once the member has been found, 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 by your organization.

View Member Details

Clicking on the **View Member Details** box opens the window to provide more information regarding the member.

View 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 by your organization.

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 SDMI Waiver

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 Drug
Private Duty
SDMI Waiver

Place of Service & Type of Service

- **Place of Service** is where the care is provided. The Place of Service will default to Community and/or Home.

- **Type of Service** is what type of care is being requested. The Type of Service will give you the three options of:

  – EAA

  – Medical Supplies

  – Specialized Medical Equipment

Authorization Request

Date Request Received *
02/23/2022 03:41 pm

Timing *

Review Type *
SDMI Waiver

Place of Service *
Community and/or Home

Type of Service *

Environmental Accessibility Adaption
Medical Supplies
Specialized Medical Equipment

Cancel   Add New Request

Timing

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

- For SDMI Waiver requests, you will select Prospective

- **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.

Dates of Service Panel

- **Start Date:** Current date
- **End Date:** One year from current date

Dates of Service

Service Start Date *	Service End Date *
02/23/2022	02/23/2023

- PA's are good for 1 year

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 continued…

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.

A simple note the member has current Medicaid is fine.

Coverage

⚠ **Member Not Eligible**

This member appears to either not meet eligibility requirements or has multiple coverage plans. We cannot confirm eligibility for the entire span of care. Please provide rationale for continuing with this request.

Select the primary coverage for this request *

	Group	Section	Plan	Start Date	End Date
●	Cap & Associates COBRA	0	Medicare Part B	10/01/2005	12/31/9999
○	Cap & Associates COBRA	0	Medicare Part A	10/01/2005	12/31/9999

Medicare Indicator *

Both Part A and Part B ▾

Third Party Liability *

No ▾

EPSDT Indicator *

○ Yes ● No

Eligibility Comment *

Personal Representative

The Personal Representative panel is available but is not needed for the SDMI Review type.

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 Aware.

The **Ordering Provider** is the provider (HCP) that ordered the item/service.

Providers *

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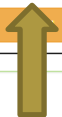
Entering Provider Information

- 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 - 2

- 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.

	Name	Network	NPI	Primary Number	Other ID	Type	Primary Practice Address	Phone	Primary Taxonomy	Source
+	AWARE, INC	Montana (Out of state provider code = N)	1427003862	0000229515	1427003862	🏢	205 E Park Anaconda, MT, 00000	(406) 563-8117		Provider File
+	AWARE (LCPC), AWARE (LCPC)	Montana (Out of state provider code = N)	1427003862	0000229500	1427003862	🏢	205 E Park Anaconda, MT, 00000	(406) 563-8117		Provider File
+	AWARE INC, AWARE INC	Montana (Out of state provider code = N)	1427003862	0000286790	1427003862	🏢	205 E Park Anaconda, MT, 00000	(406) 563-8117		Provider File
+	AWARE INC (APRN), AWARE INC (APRN)	Montana (Out of state provider code = N)	1427003862	0000270972	1427003862	🏢	205 E Park Anaconda, MT, 00000	(406) 563-8117		Provider File
+	AWARE INC (LCSW), AWARE INC (LCSW)	Montana (Out of state provider code = N)	1427003862	0000229528	1427003862	🏢	205 E Park Anaconda, MT, 00000	(406) 563-8117		Provider File
+	AWARE INC (PHD), AWARE INC (PHD)	Montana (Out of state provider code = N)	1427003862	0000229517	1427003862	🏢	205 E Park Anaconda, MT, 00000	(406) 563-8117		Provider File
+	AWARE INC MHC, AWARE INC MHC	Montana (Out of state provider code = N)	1427003862	0000108849	1427003862	🏢	205 E Park Anaconda, MT, 00000	(406) 563-8117		Provider File
+	AWARE, INC - AUTISM SERVICES, AWARE, INC - AUTISM SERVICES	Montana (Out of state provider code = N)	1427003862	0000591500	1427003862	🏢	205 E Park Anaconda, MT, 00000	(406) 563-8117		Provider File
+	AWARE, INC CASE MGMT, AWARE, INC CASE MGMT	Montana (Out of state provider code = N)	1427003862	0000158301	1427003862	🏢	205 E Park Anaconda, MT, 00000	(406) 563-8117		Provider File
+	AWARE, INC TFC, AWARE, INC TFC	Montana (Out of state provider code = N)	1427003862	0000195286	1427003862	🏢	205 E Park Anaconda, MT, 00000	(406) 563-8117		Provider File

Show 1 to 10 of 12 entries   Previous 1 2 Next

33
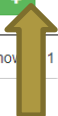
Entering Provider Information - 3

- 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 Provider	ⓘ AWARE, INC CASE MGMT, AWARE, INC CASE MGMT	1427003862	205 E Park Anaconda, MT, 00000	(406) 563-8117				⋯
Ordering Provider *			Not Supplied					**+ Add ▾**

Provider Organization Visibility ❓

+ Add New
⧉ Copy Treating Provider to Ordering Provider

Entering Provider Information - 4

- 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.

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 continued…

- 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

I63.9	Q Search

Cancel | Submit and Add Another | Submit

Diagnosis Panel continued..

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 continued.

- 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 continued

- 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 the correct procedure code based on the Type of Service you selected in the Authorization panel

- ***PLEASE DO NOT ADD ANOTHER CODE OR DELETE THIS CODE***

- You will need to click the edit icon under Actions to enter in the correct units you are requesting for the full year

  - i.e. If one case of supplies is 1 unit and you need a year's worth, you would enter 12 in the units box. You also need to enter the total cost. The rest of the fields can be left blank. Click on Update.

Documentation Panel

- This is where you will upload any related documentation necessary for the review to be processed. Just as in the paper process, you are required to submit:
  - The completed request form (that used to be sent to the State)
  - Any additional information you may have to support the request
- To submit documentation, click **Add.**

Documentation					+ Add
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 continued

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 ✕

ⓘ 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 *
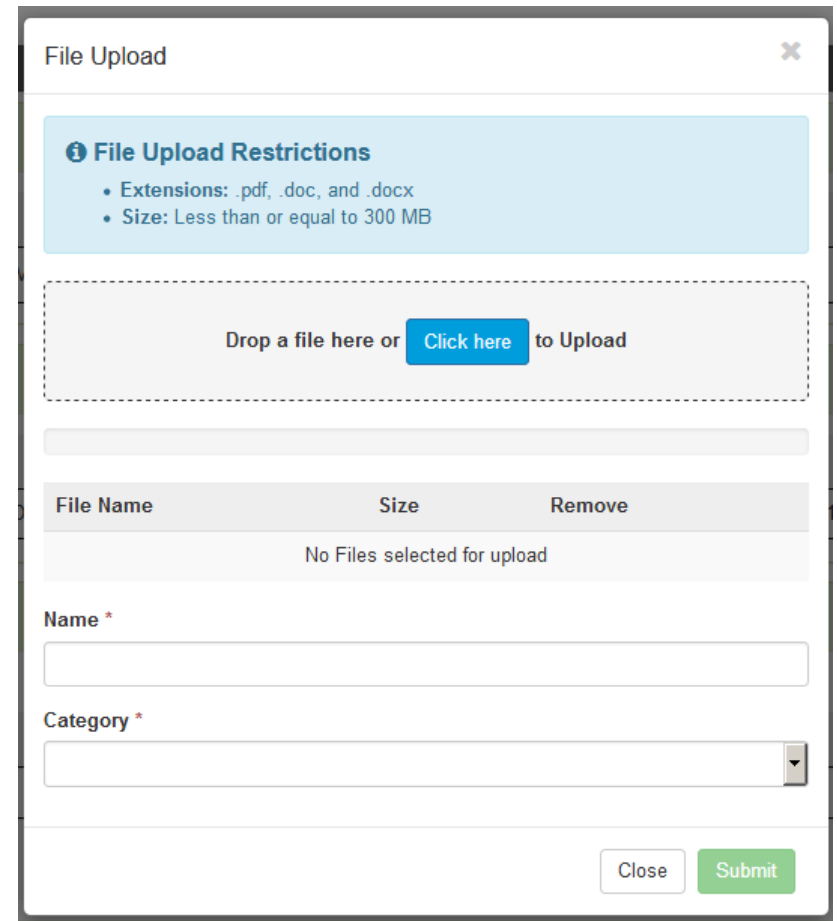
Category *

Close   Submit

Documentation Panel continued.

- **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.

Documentation Panel continued..

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

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 SDMI Waiver 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.

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. If you find an error, you can correct it any time before we start the review. Click on the Blue Actions button and Edit.

Alex Quincey Member ID: 136010562 DOB: 05/13/1940

Phone Number: Client: Montana - Mountain Pacific

Authorization Request [Actions ▼]

Case Id	Request ID	Date Request Received	Review Type	Place of Service	Type of Service
18946	18958	02/23/2022 05:09 pm	SDMI Waiver	Community and/or Home	Medical Supplies

Timing
Prospective

Dates Of Service

Service Start Date	Service End Date
02/23/2022	02/23/2023

Coverage

	Group	Section	Plan	Start Date	End Date
●	Cap & Associates COBRA	0	Medicare Part B	10/01/2005	12/31/9999
○	Cap & Associates COBRA	0	Medicare Part A	10/01/2005	12/31/9999

Medicare Indicator	Third Party Liability	EPSDT Indicator	Eligibility Comment
Both Part A and Part B	No	No	currently has MCD

Personal Representative [+ Add]

Primary	Name	Relationship	Phone	Phone Type	Address	Action
			No Personal Representative Supplied			

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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.
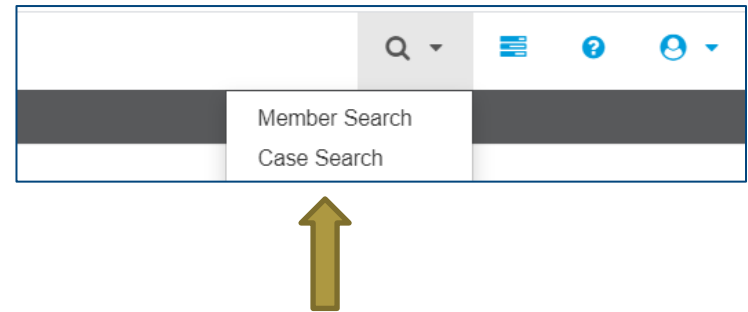
View Status and Outcomes continued…

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 continued..

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.

Status	Case ID	Request ID	Review Type	Timing	Treating Prov./Phys.	Treating Facility	Req. Start	Req. End	Outcome	Action
Request Has Been Submitted	18946	18958	SDMI Waiver	Prospective	AWARE, INC CASE MGMT, AWARE, INC CASE MGMT		02/23/2022	02/23/2023		...

Show 10 entries   Search:

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 navigation bar
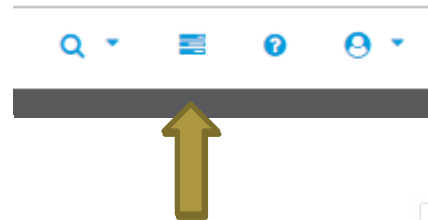
Or from Start Tasks button on the landing page
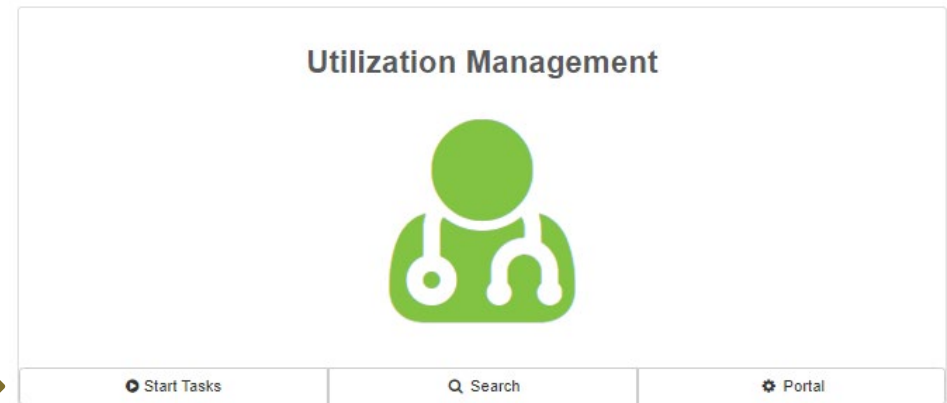
Request for Information – slide 2

- 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 – slide 3

- 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.

Request for Information – slide 4

- 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 – slide 5

- 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 – slide 2

- 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) T2028 - SPECIALIZED SUPPLY NOT OTH SPECIFIED WAIVER	Outcome: Approved

View Outcome – slide 3

Outcomes   Review Outcome: Approved

(HCPCS) T2028 - SPECIALIZED SUPPLY NOT OTH SPECIFIED WAIVER   Outcome: Approved

Requested		Final Recommendation	
Outcome		Outcome	Approved
Authorization Number		Authorization Number	0000000001
Start Date	02/23/2022	Start Date	02/23/2022
End Date	02/23/2023	End Date	02/23/2023
Modifier 1		Modifier 1	
Modifier 2		Modifier 2	
Units	12 unit(s)	Approved	12 unit(s)
Frequency		Frequency	
Total Cost	$1,200.00	Total Cost	$1,200.00
		Letter Rationale: Approved-medically necessary.	

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

View Outcome – slide 4

Outcomes   Review Outcome: Approved

(HCPCS) T2028 - SPECIALIZED SUPPLY NOT OTH SPECIFIED WAIVER   Outcome: Approved

Requested		Final Recommendation	
Outcome		Outcome	Approved
Authorization Number		Authorization Number	0000000001
Start Date	02/23/2022	Start Date	02/23/2022
End Date	02/23/2023	End Date	02/23/2023
Modifier 1		Modifier 1	
Modifier 2		Modifier 2	
Units	12 unit(s)	Approved	12 unit(s)
Frequency		Frequency	
Total Cost	$1,200.00	Total Cost	$1,200.00
		Letter Rationale: Approved-medically necessary.	

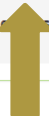The Final Recommendation tab will display the determination.

Print Determination form

- There will be a determination letter attached under the Correspondence section. Click on the blue link to preview the letter and if needed, print for the member's records

Correspondence		
Letter	**Addressee**	**Date Sent**
Approval Provider MedNec 📋📥	Treating Provider: AWARE, INC CASE MGMT, AWARE, INC CASE MGMT NPI: 1427003862	02/23/2022 17:59:49

Search: _____

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Important Information

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

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THANK YOU!