



Mountain-Pacific
Quality Health

Montana Medicaid:

Provider Portal Training

SDMI Waiver

February 2022

Agenda

- Qualitrac
- Submitting a SDMI Waiver 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
Quality Health

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.



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:

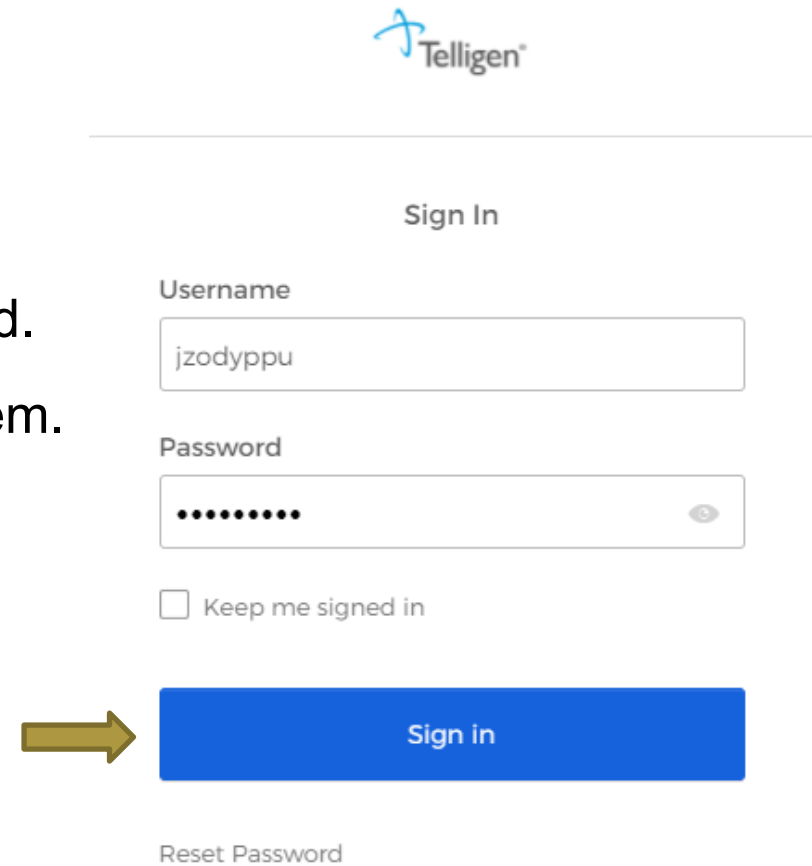
- Electronically submit new requests using “drag and drop” functionality vs. faxing or mailing documents
- Upload supporting documentation, e.g., medical records, letters, etc.
- Review status of pending requests
- Review determinations (Notification of determinations are emailed to requesters.)
- Retrieve 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 - 2

On the sign-in page:

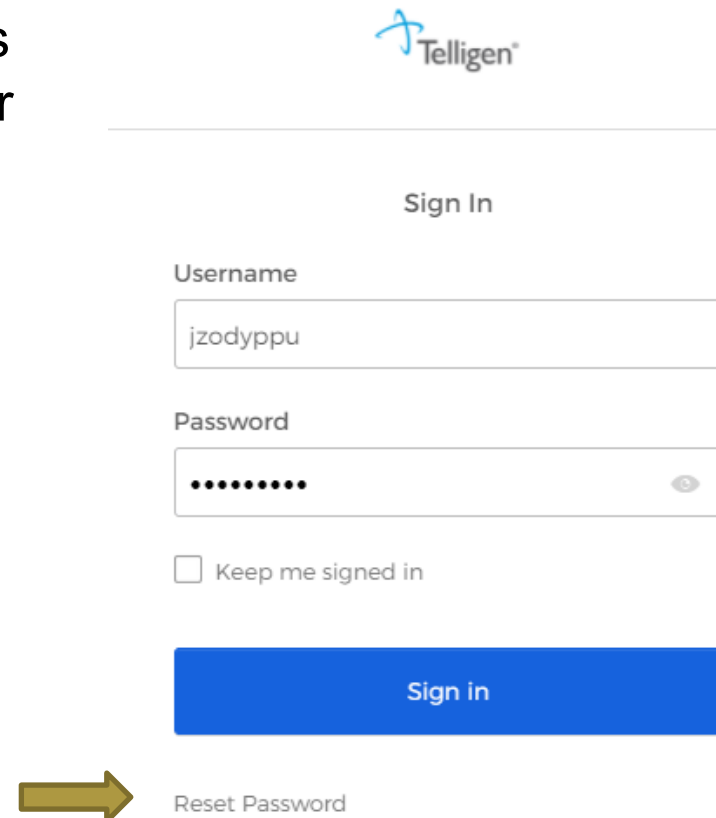
1. Enter the username you were assigned.
2. Use the password you established.
3. Click **SIGN IN** to access the system.



The screenshot shows the Telligen sign-in page. At the top right is the Telligen logo. Below it is a horizontal line, followed by the text "Sign In". There are two input fields: "Username" with the value "jzodyppu" and "Password" with masked characters "••••••••". Below the password field is a checkbox labeled "Keep me signed in". A large blue button labeled "Sign in" is positioned below the checkbox, with a yellow arrow pointing to it from the left. At the bottom of the form is a link labeled "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.



Telligen

Sign In

Username
jzodyppu

Password
.....

Keep me signed in

Sign in

Reset Password

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.



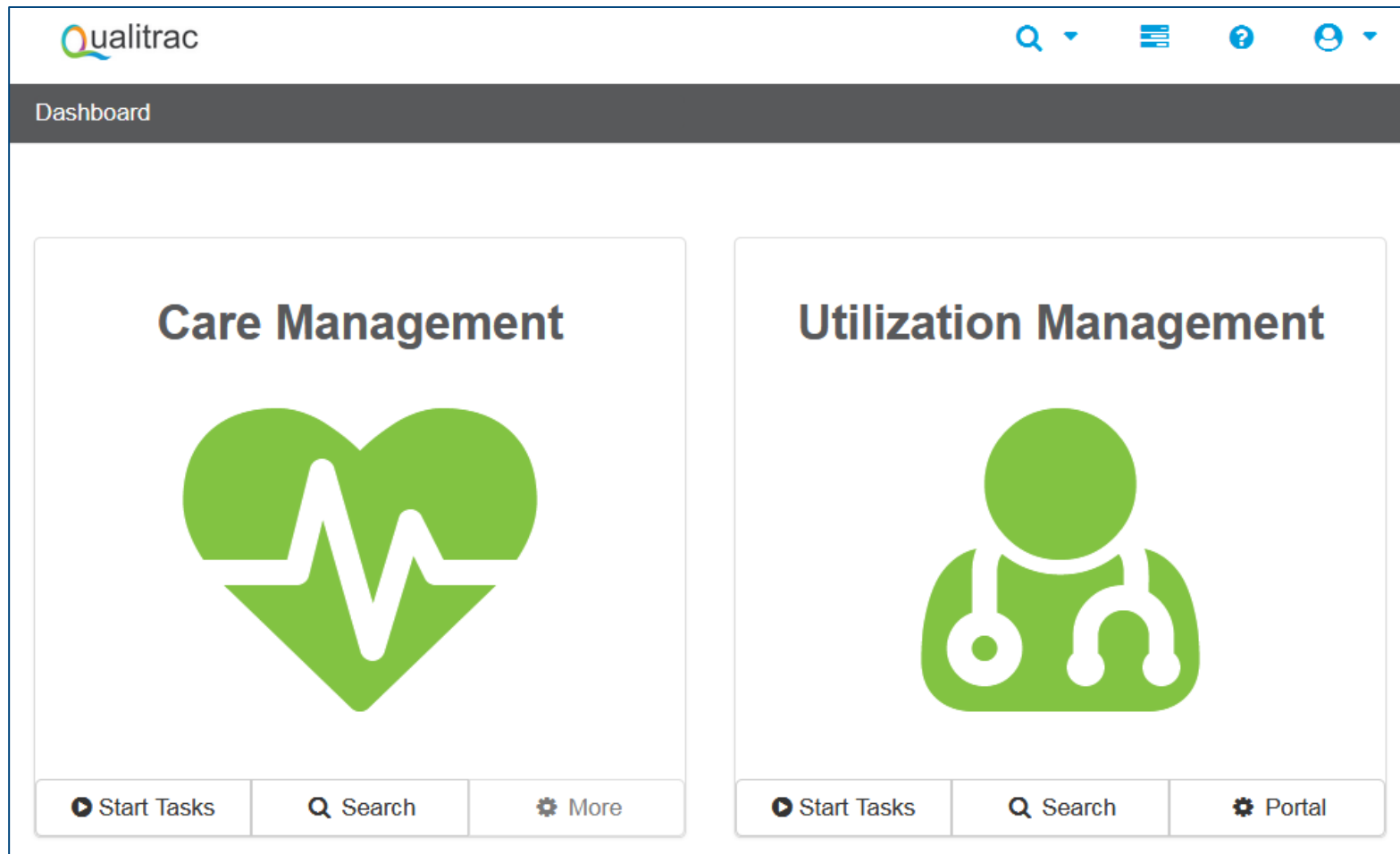
Reset your password

Username

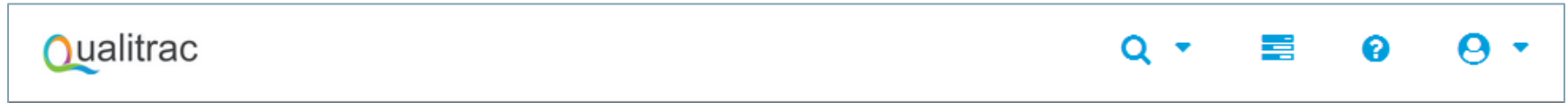
Next

[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.



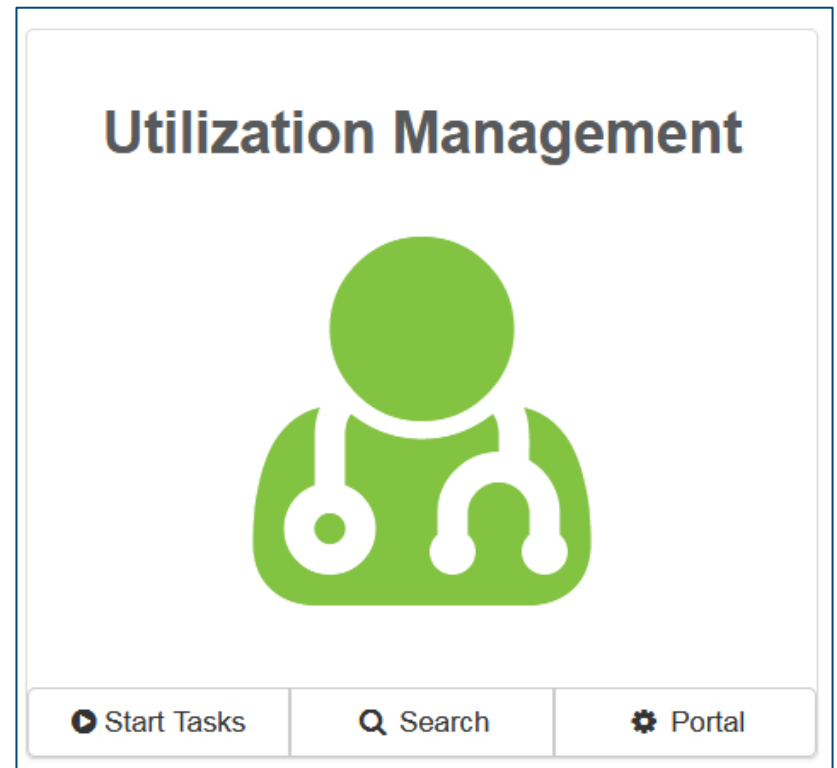
This icon will take you to the Knowledge Center. The Knowledge Center provides user guides, FAQs and tip sheets.



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

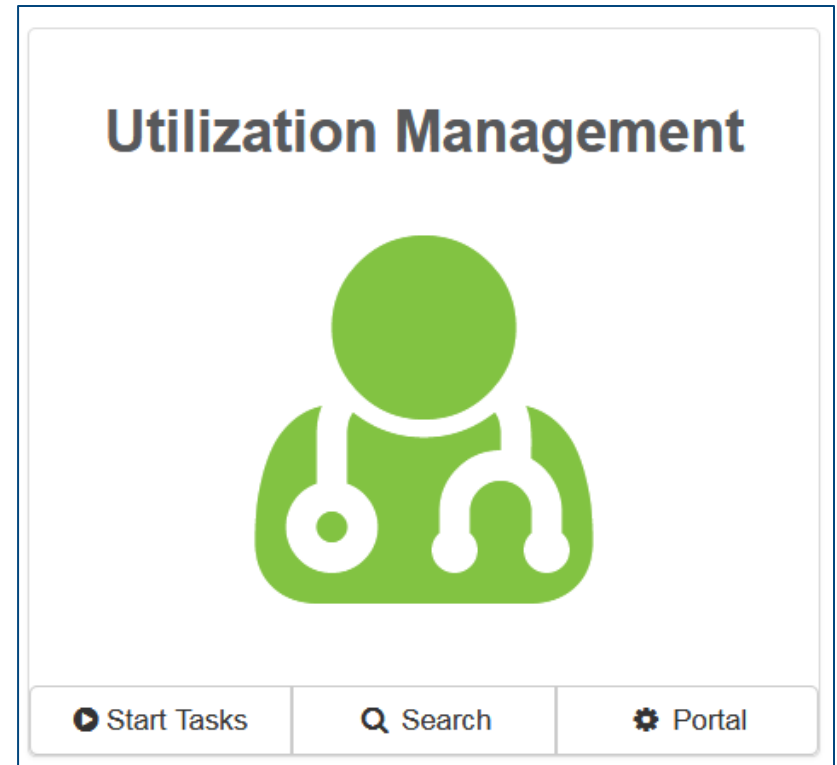
Utilization Management Module

- **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 - 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.**

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

Please search for the member by completing one of the following

Member ID * Date Of Birth *

Member ID MM/DD/YYYY Search

OR

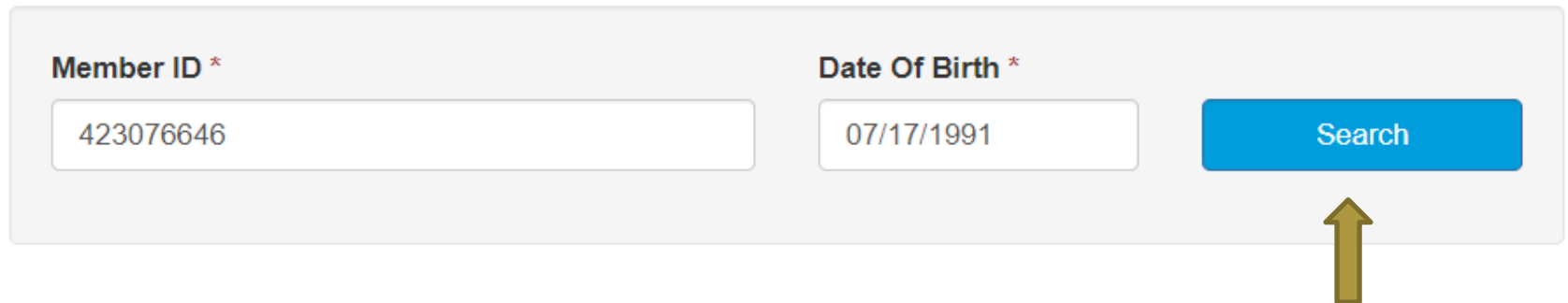
First Name * Last Name * Date Of Birth *

First Name Last Name MM/DD/YYYY Search

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 towards 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

First Name *	Last Name *	Date Of Birth *	Search
<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 - 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.

The screenshot shows a web application interface with a navigation bar at the top containing 'Dashboard / Task Queue' and several tabs: 'Scheduled Tasks', 'Member Search' (which is active), 'Cases', and 'Case/Request/Claim Search'. Below the tabs is a search form with a blue header and white input fields. The search criteria include 'Member ID' (423076646), 'Last Name' (Smith), 'First Name' (Alex), 'Middle Name', and 'Date Of Birth' (07/17/1991). Below the search form is a table with one row of results. The table has columns for Member ID, Last Name, First Name, Middle Name, Date Of Birth, and Gender. The result row shows '423076646', 'Smith', 'Alex', an empty middle name field, '07/17/1991', and 'Female'. At the bottom of the interface, there is a pagination control showing 'Showing 1 to 2 of 2 entries' and a 'Previous' button with a '1' in a box, followed by a 'Next' button. A yellow arrow points to the 'Smith' text in the 'Last Name' column of the search results table.

Member ID *	Last Name	First Name	Middle Name	Date Of Birth *	Gender
423076646	Smith	Alex		07/17/1991	Female

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.

Alex Quincey [View Member Details](#)

Member ID: 136010562 Date of Birth: 05/13/1940 Phone Number: Client: Montana - Mountain Pacific

Utilization Management [View Cases](#) [+ Add](#)

Hiding canceled cases. [Show](#)

Show entries Search:

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

Showing 1 to 1 of 1 entries Previous Next

View Member Details

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

Alex Quincey			
Member ID: 136010562	Date of Birth: 05/13/1940	Phone Number:	Client: Montana - Mountain Pacific
Phone Home: Cell: Work: Other:	Mailing Address 4124 Henry Boulevard BLUE POINT, NY 11715	Preferred Contact Information	
Email Home: Work:	Physical Address .	Method	Language Not Supplied
Notes			
View Even More Member Details			



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.



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

Phone Number: Client: Montana - Mountain Pacific

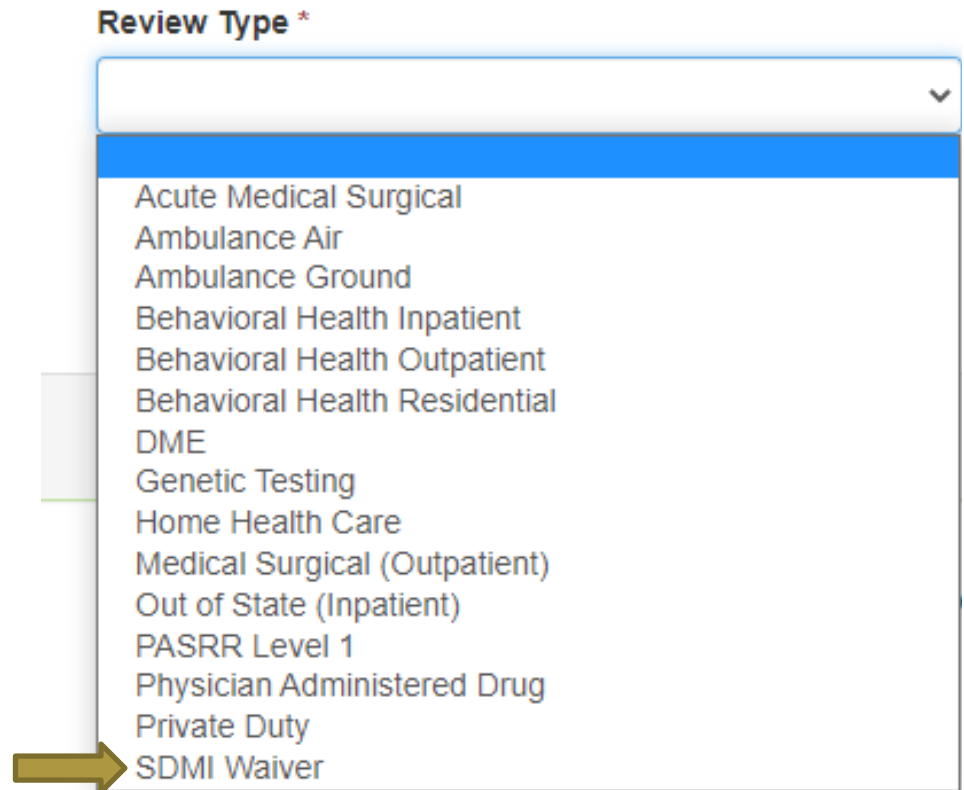
Authorization Request

Date Request Received *	Review Type *	Place of Service *	Type of Service *
02/23/2022 03:37 pm	<input type="text"/>	<input type="text"/>	<input type="text"/>
Timing *			
<input type="text"/>			

Review Type

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

Review Type *




The image shows a dropdown menu titled "Review Type *". The menu is open, displaying a list of review types. The "SDMI Waiver" option is highlighted in blue, and a yellow arrow points to it from the left. The other options in the list are: 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, and Private Duty.


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 


Review Type * SDMI Waiver 

Place of Service * Community and/or Home 

Timing * 

Type of Service * 
Environmental Accessibility Adaption
Medical Supplies
Specialized Medical Equipment


 


Cancel 


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




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

Review Type * SDMI Waiver 

Place of Service * Community and/or Home 

Type of Service * Medical Supplies 


Timing * Prospective 


  


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 * 02/23/2022 03:41 pm 

Review Type * SDMI Waiver 

Place of Service * Community and/or Home 

Type of Service * Medical Supplies 



Timing * Prospective 



Dates of Service Panel

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

Dates of Service

Service Start Date *	Service End Date *
<input type="text" value="02/23/2022"/> 	<input type="text" value="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 * Third Party Liability * 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
<input checked="" type="radio"/> Cap & Associates COBRA	0	Medicare Part B	10/01/2005	12/31/9999
<input type="radio"/> Cap & Associates COBRA	0	Medicare Part A	10/01/2005	12/31/9999

Medicare Indicator * Third Party Liability * 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					

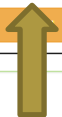
Providers Panel

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.

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 	Other ID Number 	Last / Organization Name	First Name
<input type="text" value="1427003862"/>	<input type="text"/>	<input type="text" value="aware"/>	<input type="text"/>
City	State	Zip Code	Taxonomy
<input type="text"/>	<input type="text" value="Montana"/>	<input type="text"/>	<input type="text"/>
Search using NPPES 	<input checked="" type="checkbox" value="ON"/>	<input type="button" value="Search"/>	



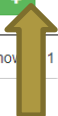
Entering Provider Information - 2

- 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



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.

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	 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 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.

The screenshot shows a web form titled "Add Diagnosis". Under the "Method" section, the "Search By Code" radio button is selected, indicated by a blue dot and a brown arrow pointing to it. Below this, a light green bar contains the text "Search By Code". A search input field contains the text "163.9", with a brown arrow pointing to it from below. To the right of the input field is a blue button with a magnifying glass icon and the text "Search". At the bottom right of the form are three buttons: "Cancel", "Submit and Add Another", and "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.

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 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.

Search By Code

I63.9

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 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	<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 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.

Procedures + Add

Seq.	Code	Description	NOS	Mod. 1	Mod. 2	Qty.	Frequency	Cost	Action
1	T2028	SPECIALIZED SUPPLY NOT OTH SPECIFIED WAIVER				1 unit(s)			 

Modifiers



Modifier 1

Procedure Details

Units * Units Qualifier *

Frequency Frequency Qualifier

Total Cost Allowed Amount



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
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 *

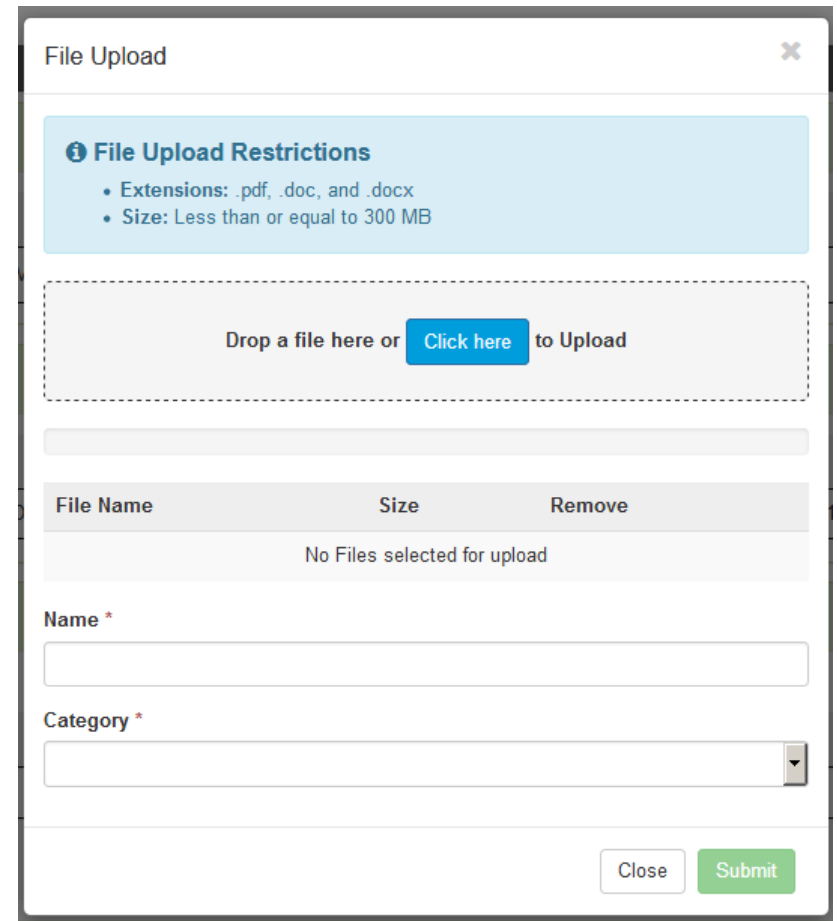
Category *

Close Submit

Documentation Panel 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.



The screenshot shows a 'File Upload' dialog box with the following elements:

- Title Bar:** 'File Upload' with a close button (X).
- Restrictions Panel:** A light blue box titled 'File Upload Restrictions' containing:
 - Extensions: .pdf, .doc, and .docx
 - 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 columns 'File Name', 'Size', and 'Remove'. The table body contains the text 'No Files selected for upload'.
- Form Fields:**
 - 'Name *': A text input field.
 - 'Category *': A dropdown menu.
- Buttons:** 'Close' and 'Submit' buttons at the bottom right.

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.

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 continued..

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 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 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 SDMI Waiver requests.
- Click **Submit Request** to close this section.

Authorization Request



Patient : 136010562 **Name** : Quincey, Alex **DOB** : 05/13/1940 **Gender** : Female

▼ show more

Authorization : EPS-00004545 **Type** : Procedure Pre-authorization **Status** : NoDecisionYet

▼ show more

Diagnosis Codes : F20.0(ICD-10 Diagnosis) *primary* **Procedure Codes** : T2028(CPT/HCPCS) *primary*

Procedure Code: T2028 (CPT/HCPCS)

🔍 Document Clinical

Requested Units: 1

Description : SPECIALIZED SUPPLY NOS WAIVER

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

Dates Of Service

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

Coverage

Group	Section	Plan	Start Date	End Date
<input checked="" type="radio"/> Cap & Associates COBRA	0	Medicare Part B	10/01/2005	12/31/9999
<input type="radio"/> 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 No	Eligibility Comment currently has MCD
--	-----------------------------	-----------------------	--

Personal Representative + Add

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



Mountain-Pacific
Quality Health

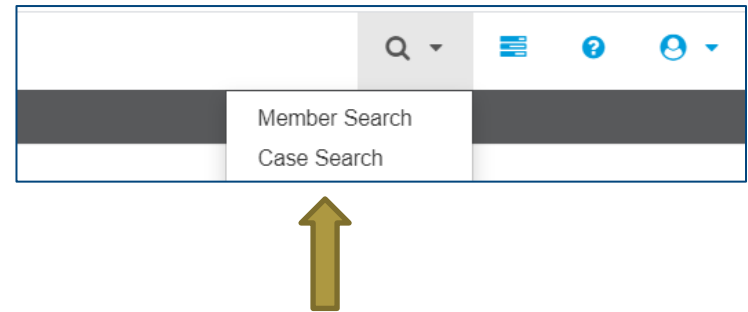
VIEW REQUEST STATUS AND OUTCOMES

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 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.

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

Method

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

Case ID

18946

Search


Show 10 entries

Search:

Case ID	Request ID	Review Type	Timing	Case Status	Date Request Received
18946	18958	SDMI Waiver	Prospective	Case Creation	02/23/2022 05:09 pm

Showing 1 to 1 of 1 entries

Previous 1 Next



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.


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	18946	18958	SDMI Waiver	Prospective	AWARE, INC CASE MGMT, AWARE, INC CASE MGMT		02/23/2022	02/23/2023		...

Showing 1 to 1 of 1 entries

View Request

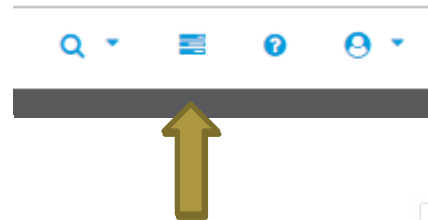
Delete



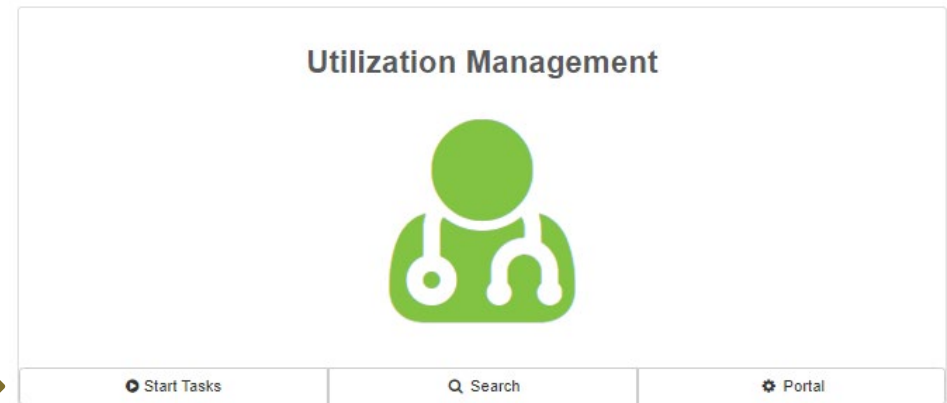
Request for Information

- 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.

The screenshot displays the Qualitrac 'Task Queue' interface. At the top, there is a navigation bar with the Qualitrac logo and search, list, help, and user icons. Below this is a breadcrumb trail 'Dashboard / Task Queue' and a set of tabs: 'Scheduled Tasks' (active), 'Member Search', 'Cases', and 'Case/Request/Claim Search'. A 'View Calendar' button is on the left, and a '9 Columns Selected' dropdown is on the right. The main table has columns: Task Type, Task Status, Member ID, Last Name, First Name, DOB, Review Type, Assignee, and Task Scheduled Date. A single entry is shown for 'Request For Information' with status 'New', Member ID '423076646', Last Name 'Smith', First Name 'Alex', DOB '07/17/1991', Review Type 'SDMI Waiver', Assignee 'testppu', and Task Scheduled Date '06/18/2020 09:43 am'. A blue comment bubble icon is visible to the left of the task name. At the bottom left, a dropdown menu is set to 'Show 1 entries', with a yellow arrow pointing to it. The footer shows 'Showing 1 to 1 of 1 entries' and navigation buttons for 'Previous', '1', and 'Next'.

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	SDMI Waiver	testppu	06/18/2020 09:43 am

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.

Correspondence			+ Add
Letter	Addressee	Date Sent	Search: <input type="text"/>
Request for Information  	Ordering Provider: 	02/23/2022 17:48:52	



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 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 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 10 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	18946	18958	SDMI Waiver	Prospective	AWARE, INC CASE MGMT, AWARE, INC CASE MGMT		02/23/2022	02/23/2023		⋮ View Request Delete

Showing 1 to 1 of 1 entries

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		Approved
Authorization Number		000000001
Start Date	02/23/2022	02/23/2022
End Date	02/23/2023	02/23/2023
Modifier 1		
Modifier 2		
Units	12 unit(s)	12 unit(s)
Frequency		
Total Cost	\$1,200.00	\$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.

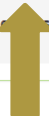
Print Determination form

- 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

Search:

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

Show 

Showing 1 to 1 of 1 entries

Previous Next

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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Quality Health

THANK YOU!

