



**Mountain-Pacific**  
*Quality Health*

# **Utilization Management and Medical Necessity for AMDD Services**

June 2022

# Objectives

- Introductions (5 min)
- Review of Services Requiring Utilization Management effective August 1<sup>st</sup>, 2022 (25 min)
  - Behavioral Health Group Home (BHGH);
  - Crisis Stabilization Program;
  - Montana Assertive Community Treatment (MACT);
  - Tiered Program for Assertive Community Treatment (PACT) program including all three levels, InPACT, PACT, and CMP;
  - Transcranial Magnetic Stimulation (TMS);
- Submitting a Request in Qualitrac - Demo (20 min)
- Open Q&A (10 min)



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# INTRODUCTION

# Who is here?

- Telligen:
  - Jean McClurken, LCSW
    - Behavioral Health Program Manager
- Mountain-Pacific Quality Health:
  - Michelle Lingenfelter
    - Customer Support Supervisor
- Providers:
  - All Providers who could benefit from a UM Refresher 😊
- DPHHS:
  - Isaac Coy, LAC
    - Treatment Program Manager, Addictive and Mental Disorders Division
  - Melissa Higgins
    - Bureau Chief, Addictive and Mental Disorders Division
  - Jackie Jandt
    - Medicaid Reform Specialist



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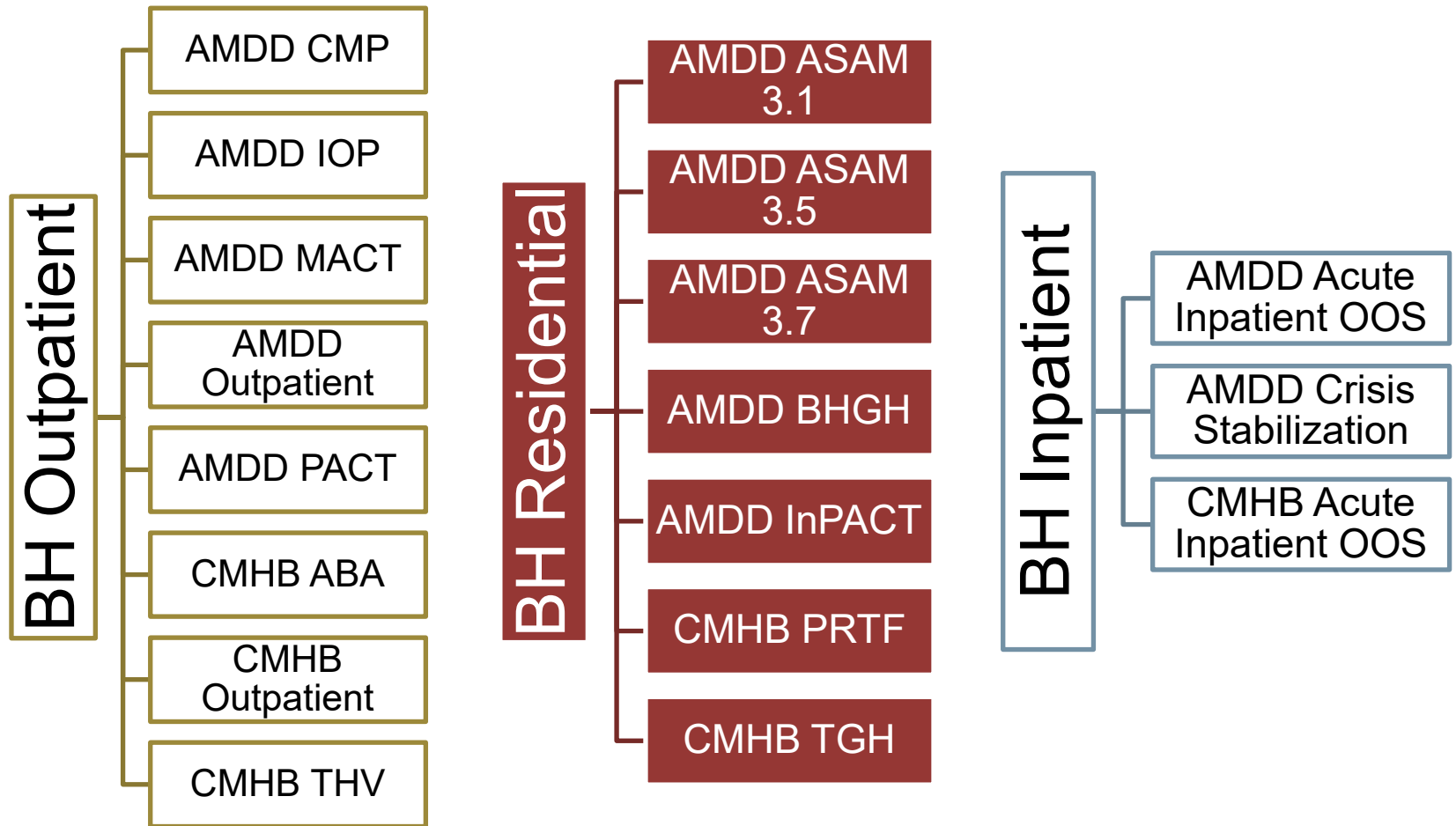
# **Review of Services Requiring Utilization Management**

# Available Review Types

All services (except youth mental health Genetic Testing) are rolled up into three main review types:

1. Behavioral Health Outpatient
2. Behavioral Health Residential
3. Behavioral Health Inpatient

# Available Types of Service



# Mountain-Pacific Website

## Qualitrac Portal and Provider Information

- <https://www.mpqhf.org/corporate/medicaid-portal-home/>

The screenshot shows the top navigation bar of the Mountain-Pacific Quality Health Medicaid Utilization Review and Ambulance Provider Portal. The logo for Mountain-Pacific Quality Health is on the left. The main title is "Medicaid Utilization Review and Ambulance Provider Portal". On the right, there is a red button for "Portal Sign In" with a "Portal Registration" link below it. Below the sign-in button, it asks "Does a code require a prior authorization?" and provides a "PRIOR AUTH CHECK" link. The main navigation menu includes: Home (with a house icon), Document Library (with a folder icon), Education & Training (with a laptop icon), FAQs & Quicknotes (with a speech bubble icon), Provider News (with a group of people icon), Contact Us (with a telephone icon), and Prior Auth Check (with a checkmark icon). The "Home" button is highlighted.

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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.



# Behavioral Health Group Home (BHGH)

- AMDD Manual Policy #445, #205, #210

Review Type in QT	Behavioral Health Residential
Place of Service	99 – Other Place of Service
Type of Service	AMDD BHGH
Timing	Prospective, Retrospective, Concurrent
Procedure Code and Modifier	S5102
MCG Guideline Name	Pending
MNC/Diagnostic Criteria	(1) Meets the Severe and Disabling Mental Illness (SDMI) criteria, as described in the current AMDD manual; (2) Meets the Level of Impairment for this level of care; (3) Community-based residential care is needed under supervision of licensed healthcare professional on a daily or near daily basis (at least 5 days a week); and (4) Situations and expectations are appropriate for short-term community-based residential care.
Examples of clinical documentation to support PA criteria	BPS Assessment indicating need for clinical level of care and diagnostic evidence of SDMI; LOI worksheet; clinical information from other clinical support services previously attempted (ie outpatient, crisis stabilization, inpatient, nursing home, case management, HSS, etc.)
PA required	Yes – Electronic fields in provider portal (QT)
Timeframe for PA request	No earlier than 5 business days
Initial Authorization Period	MNC up to 60 days
Outcome of missing PA timeframe	Technical denial for requests earlier than 5 business days; Requests received after admission will be reviewed for MNC from date of submission moving forward
TAT for UM review of PA	3 business days (additional 3 business days for PR)

# Behavioral Health Group Home (BHGH), cont.

CSR Required	Yes – Electronic fields in provider portal (QT) <b>* If beyond 120 days</b> , evidence of outcome of referral for SDMI HCBS waiver screening must be submitted
CSR Criteria	(1) Meets the Severe and Disabling Mental Illness (SDMI) criteria, as described in the current AMDD manual; (2) Meets the Level of Impairment for this level of care; (3) Community-based residential care is needed under supervision of licensed healthcare professional on a daily or near daily basis (at least 5 days a week); and (4) Situations and expectations are appropriate for short-term community-based residential care.
Required CSR Information	(1) Changes to DSM/ICD diagnosis; (2) Justification for continued services at this level of care; (3) A description of mental health and/or substance use disorder interventions and critical incidents; (4) A copy of the member's most recent individualized treatment plan (ITP); (5) A list of current medications and rationale for medication changes, if applicable; (6) A projected discharge date and clinically appropriate discharge plan, citing evidence of progress toward completion of that plan.
Examples of clinical documentation to support CSR criteria	Progress/Shift notes; Assessments & Evaluations; Therapy notes; Case Management notes
Timeframe for CSR	No earlier than 5 business days prior to last covered day
CSR coverage period	MNC up to 60 days
Outcome of missing CSR timeframe	Technical denial if received earlier than 5 business days, Requests received after the authorized period has expired will be reviewed for MNC from the date of submission moving forward
TAT for CSR	3 business days (additional 4 business days for PR)
Outcome of UM for PA or CSR	Approval, Partial, Denial, or Outcome Not Rendered
Discharge Notification Required	Yes – Completed via Discharge Status Task in QT

# Crisis Stabilization Program

- AMDD Manual Policy #450, #206, #206a

Review Type in QT	Behavioral Health Inpatient
Place of Service	99 – Other Place of Service
Type of Service	AMDD Crisis Stabilization
Timing	Retrospective, Concurrent, Continued Stay
Procedure Code	S9485
MCG Guideline Name	Pending
Diagnostic/MNC Criteria	<p>(1) Any mental health diagnosis from the current version of the DSM or ICD diagnosis as the primary diagnosis and both of the following:</p> <ul style="list-style-type: none"> <li>(a) active treatment is occurring which is focused on stabilizing or reversing symptoms that meet admission criteria; and</li> <li>(b) LLOC is inadequate to meet the member's treatment or safety needs.</li> </ul> <p>(2) At least one of the following:</p> <ul style="list-style-type: none"> <li>(a) there is reasonable likelihood of a clinically significant benefit resulting from medical intervention requiring the inpatient setting;</li> <li>(b) there is a high likelihood of either risk to the member's safety, clinical well-being, or further significant acute deterioration in the member's condition without continued care and LLOC are inadequate to meet these needs;</li> <li>or</li> <li>(c) the appearance of new impairments meeting admission guidelines.</li> </ul>
Examples of clinical documentation to support PA criteria	<p>(1) Intake/admission paperwork from appropriately licensed clinician indicating diagnostic impression and initial plan of care;</p> <p>(2) Discharge plan indicating projected discharge date; and</p> <p>(3) Treatment notes indicating active treatment focused on stabilizing concerns meeting admission criteria and clinical justification for treatment (particularly days 6-8).</p>
PA Required	<b>*ONLY if more than 5 days</b> – Electronic fields in provider portal (QT)
Timeframe for PA request	During first 5 days of active treatment
Initial Authorization Period	8 days
Outcome of Missing PA Timeframe	Retrospective QA will review for timeliness of all requests submitted, see AMDD policy #206a
TAT for UM review of PA	NA - These are Automatically Authorized
CSR Required	Yes – Electronic fields in provider portal (QT)

# Crisis Stabilization Program, cont.

CSR Criteria	<p>(1) Any mental health diagnosis from the current version of the DSM or ICD diagnosis as the primary diagnosis and both of the following:</p> <ul style="list-style-type: none"> <li>(a) active treatment is occurring which is focused on stabilizing or reversing symptoms that meet admission criteria; and</li> <li>(b) LLOC is inadequate to meet the member's treatment or safety needs.</li> </ul> <p>(2) At least one of the following:</p> <ul style="list-style-type: none"> <li>(a) there is reasonable likelihood of a clinically significant benefit resulting from medical intervention requiring the inpatient setting;</li> <li>(b) there is a high likelihood of either risk to the member's safety, clinical well-being, or further significant acute deterioration in the member's condition without continued care and LLOC are inadequate to meet these needs; or</li> <li>(c) the appearance of new impairments meeting admission guidelines.</li> </ul>
Required CSR Information	<p>(1) Clinical paperwork (such as assessments and/or treatment notes) from appropriately licensed clinician indicating any changes to diagnostic impression and justification for continued services at this level of care;</p> <p>(2) Current treatment plan describing progress with clinical interventions and any critical incidents;</p> <p>(3) Medication list with explanation of any changes;</p> <p>(4) Discharge plan including projected discharge date</p>
Timeframe for CSR	Prior to last covered day
CSR coverage period	MNC up to 3 days
Outcome of missing CSR timeframe	<p>Retrospective QA will review for timeliness for first two CSR requests submitted, see AMDD policy #206a</p> <p>Any additional CSRs submitted will have a technical denial if received earlier than 3 business days; Requests received after the authorized period has expired will be reviewed for MNC from the date of submission moving forward</p>
TAT for UM review of CSR	<p>First two CSRs submitted are Automatically Authorized</p> <p>Any additional CSRs submitted will have a TAT of 3 business days (additional 4 business days for PR)</p>
Outcome of UM for PA or CSR	Approval, Partial, Denial, or Outcome Not Rendered
Discharge Notification Required	Yes – Completed via Discharge Status Task in QT

# Montana Assertive Community Treatment (MACT)

- AMDD Manual Policy #455, #205, #210

Review Type in QT	Behavioral Health Outpatient
Place of Service	99 – Other Place of Service
Type of Service	AMDD MACT
Timing	Prospective, Retrospective, Concurrent, Continued Stay
Procedure Code	H0037 HT
MCG Guideline Name	MACT Initial
MNC/Diagnostic Criteria	(1) Member must meet the SDMI criteria; and (2) The member must need PACT services as described in the Substance Abuse and Mental Health Services Administration, Assertive Community Treatment (ACT) Evidence-Based Practices (EBP) KIT, Training Frontline Staff, Module 1 at: <a href="https://store.samhsa.gov/product/Assertive-Community-Treatment-ACT-Evidence-BasedPractices-EBP-KIT/SMA08-4344">https://store.samhsa.gov/product/Assertive-Community-Treatment-ACT-Evidence-BasedPractices-EBP-KIT/SMA08-4344</a>
PA Required	No
Timeframe for PA request	NA
Initial Authorization Period	180 days
Outcome of missing PA timeframe	NA
TAT for UM review of PA	NA
CSR Required	Yes

# Montana Assertive Community Treatment (MACT), cont.

CSR Criteria	<ul style="list-style-type: none"> <li>(1) Meets SDMI criteria as described in AMDD Provider Manual;</li> <li>(2) Behavioral health disorder is present and appropriate for assertive community treatment;</li> <li>(3) Member has history of poor engagement with outpatient services and is at risk of recurrent psychiatric hospitalization or institutionalization; and</li> <li>(4) Situation and expectations are appropriate for MACT;</li> </ul>
Required CSR Information	<ul style="list-style-type: none"> <li>(1) Changes to DSM/ICD diagnosis;</li> <li>(2) Justification for continued services at this level of care;</li> <li>(3) A description of mental health and/or substance use disorder interventions and critical incidents;</li> <li>(4) A copy of the member's most recent individualized treatment plan (ITP);</li> <li>(5) A list of current medications and rationale for medication changes, if applicable;</li> <li>(6) A projected discharge date and clinically appropriate discharge plan, citing evidence of progress toward completion of that plan.</li> </ul>
Examples of clinical documentation to support CSR criteria	<ul style="list-style-type: none"> <li>(a) An annual clinical assessment that follows the guidelines in the AMDD Medicaid Provider Manual;</li> <li>(b) A social determinants of health assessment upon admission and annually for each member who is authorized to receive services for more than 365 days;</li> <li>(c) An individualized treatment plan that is updated every 90 days or when there is a change to the member's strengths, areas of concern, goals, objectives, or interventions.</li> <li>(d) A Serious and Disabling Mental Illness and Level of Impairment worksheet upon admission and updated with each treatment plan update; And</li> <li>(e) Relevant progress notes from those provided as required in ARM 37.85.414.</li> </ul>
Timeframe for CSR	No earlier than 5 business days prior to last covered day
CSR coverage period	180 days
Outcome of missing CSR timeframe	Technical denial if received earlier than 5 business days; Requests received after the authorized period has expired will be reviewed for MNC from the date of submission moving forward
TAT for CSR	3 business days (additional 4 business days for PR)
Outcome of UM for PA or CSR	Approval, Denial, or Outcome Not Rendered
Discharge Notification Required	Yes – Completed via Discharge Status Task in QT

# PACT Tier: InPACT, PACT, and CMP

- AMDD Manual Policy #460, #205, #210

Review Type in QT	Behavioral Health Residential	Behavioral Health Outpatient	Behavioral Health Outpatient
Place of Service	99 – Other Place of Service		
Type of Service	AMDD InPACT	AMDD PACT	AMDD CMP
Timing	Prospective, Retrospective, Concurrent, Continued Stay		
Procedure Code	S5102 HT	H0040	H0040 HT
MCG Guideline Name	InPACT Initial	PACT Initial	CMP Initial
Diagnostic/MNC Criteria	<p><u>For All three PACT Tiers:</u></p> <p>(1) Meets SDMI criteria as described in AMDD Provider Manual.</p> <p>(2) Must need PACT services as described in the Substance Abuse and Mental Health Services Administration, Assertive Community Treatment (ACT) Evidenced-Based Practices (EBT) KIT, Training Frontline Staff, Module 1 at: <a href="https://store.samhsa.gov/product/Assertive-Community-Treatment-ACT-Evidence-Based-Practices-EBP-KIT/SMA08-4344">https://store.samhsa.gov/product/Assertive-Community-Treatment-ACT-Evidence-Based-Practices-EBP-KIT/SMA08-4344</a>.</p> <p><u>InPACT Specific:</u></p> <p>(1) Member requires daily clinical support and direct care in order to address needs; and</p> <p>(2) Member is discharging from MSH or MMHNCC; or</p> <p>(3) Member is at serious risk of involuntary hospitalization (recently provided services at a behavioral health unit or a crisis stabilization unit).</p> <p><u>PACT Specific:</u></p> <p>(1) Member requires no less than 3 contacts in the community per week.</p> <p><u>CMP Specific:</u></p> <p>(1) Member requires no less than 4 contacts per month.</p>		

# PACT Tier, cont.

Type of service	AMDD InPACT	AMDD PACT	AMDD CMP
Examples of clinical documentation to support PA criteria	<b>Documentation that member is enrolled in PACT</b> ; Medication Management Sheets with administration, delivery, and monitoring; Care Coordination documentation, 24 hour crisis response documentation; psychosocial rehab, vocab, SUD treatments; Therapy notes and Peer support notes. Dated Information must be as close to the request date as possible.	Medication Management Sheets with administration, delivery, and monitoring; Care Coordination documentation, 24 hour crisis response documentation; psychosocial rehab, vocab, SUD treatments; Therapy notes and Peer support notes. Dated Information must be as close to the request date as possible.	Documentation that member is enrolled in PACT; Medication Management Sheets with administration, delivery, and monitoring; Care Coordination documentation, 24 hour crisis response documentation; psychosocial rehab, vocab, SUD treatments; Therapy notes and Peer support notes. Dated Information must be as close to the request date as possible.
PA Required	Yes – Electronic fields in provider portal (QT)	No	No
Timeframe for PA request, if required	No earlier than 5 business days prior to requested start date of services		
Initial Authorization Period	MNC up to 60 days	180 days	365 days
Outcome of missing PA timeframe	Technical denial for requests earlier than 5 business days; Requests received after admission will be reviewed for MNC from date of submission moving forward		
TAT for UM review of PA	3 business days (additional 3 business days for PR)		
CSR Required	Yes – Electronic fields in provider portal (QT) <b>* If beyond 120 days,</b> evidence of outcome of referral for SDMI HCBS waiver screening must be submitted	Yes	Yes



# PACT Tier, continued

Type of service	AMDD InPACT	AMDD PACT	AMDD CMP
CSR Criteria	<p>(1) Meets SDMI criteria as described in AMDD Provider Manual;</p> <p>(2) Member is at risk of admitting or being discharged from an acute or crisis setting;</p> <p>(3) Situation and expectations are appropriate for PACT Intensive.</p>	<p>(1) Behavioral health disorder is present and appropriate for assertive community treatment;</p> <p>(2) Member is at risk of admitting or being discharged from an acute or crisis setting;</p> <p>(3) Member has history of poor engagement with outpatient services and is at risk of recurrent psychiatric hospitalization or institutionalization; and</p> <p>(4) Situation and expectations are appropriate for PACT;</p>	<p>(1) Meets SDMI criteria as described in AMDD Provider Manual;</p> <p>(2) Member is at risk of admitting or being discharged from an acute or crisis setting;</p> <p>(3) Member is at risk of recurrent psychiatric hospitalization or institutionalization;</p> <p>(4) Situation and expectations are appropriate for CMP Intensive.</p>
Required CSR Information	<p>(1) Changes to DSM/ICD diagnosis;</p> <p>(2) Justification for continued services at this level of care;</p> <p>(3) A description of mental health and/or substance use disorder interventions and critical incidents;</p> <p>(4) A copy of the member's most recent individualized treatment plan (ITP) specific to service;</p> <p>(5) A list of current medications and rationale for medication changes, if applicable;</p> <p>(6) A projected discharge date and clinically appropriate discharge plan, citing evidence of progress toward completion of that plan.</p> <p>PACT teams must complete and submit the following documentation for each member needing continuation of PACT tiered services:</p> <p>(1) an annual clinical assessment that follows the guidelines in the AMDD Medicaid Provider Manual;</p> <p>(2) a social determinants of health assessment upon admission and annually for each member who is authorized to receive services for more than 365 days;</p> <p>(3) a separate individualized treatment plan that is updated every 90 days or when there is a change to the member's strengths, areas of concern, goals, objectives, or interventions;</p> <p>(4) a Serious and Disabling Mental Illness and Level of Impairment worksheet upon admission and updated with each treatment plan update; and</p> <p>(5) select progress notes for each services provided as relevant to providing evidence for justification for continued care.</p>		
Discharge Notification Required	Yes – Completed via Discharge Status Task in QT		

# Transcranial Magnetic Stimulation (TMS)

- AMDD Manual Policy #475, #205, #210

Review Type in QT	Behavioral Health Outpatient
Place of Service	99 – Other Place of Service
Type of Service	AMDD Outpatient
Timing	Prospective, Retrospective, Concurrent, Continued Stay
Procedure Code	90867 (Initial); 90868 (Treatment); or 90869 (Taper)
MCG Guideline Name	B-801-T – Transcranial Magnetic Stimulation
Diagnostic/MNC Criteria	<p>(1) Must have been diagnosed by a licensed physician or psychiatrist with one of the following within the past 30 days:</p> <ul style="list-style-type: none"> <li>(a) F-32.2 Major Depressive disorder, single episode, severe without psychotic features; or</li> <li>(b) F-32.3 Major Depressive disorder, single episode, severe with psychotic features; or</li> <li>(c) F-33.2 Major Depressive Disorder, recurrent episode, severe without psychotic features; or</li> <li>(d) F-33.3 Major Depressive Disorder, recurrent episode with psychotic features.</li> </ul> <p>(2) Must meet at least one of the following:</p> <ul style="list-style-type: none"> <li>(a) Member has failed to respond to a least four medication trials from at least two antidepressant medication classes; or</li> <li>(b) Inability to tolerate four agents from two different agent classes with distinct side effects; or</li> <li>(c) Has declined Electroconvulsive Therapy (ECT) in favor of TMS as a less invasive option; or</li> </ul> <p>(3) There must be documentation to the use of an evidence-based psychotherapy known to be effective in the treatment of MDD that was provided and lacked significant improvement in depressive symptoms as determined by an evidence-based depressive symptom inventory.</p> <p>(4) The referral for TMS treatment and repeat treatment must be written by a physician or psychiatrist licensed to practice medicine who has examined the patient and reviewed the record and has experience administering TMS therapy. The treatment must be given under the supervision of this physician or psychiatrist.</p> <p>(5) TMS must be delivered by a device that is FDA approved for the treatment of Major Depressive Disorder in a safe and effective manner. TMS should follow the protocol and parameters specified in the manufacturer’s user manual, with modifications only as supported by the published scientific evidence base.</p> <p>Exclusions: TMS is not covered in the following circumstances and is considered not reasonable and necessary:</p> <ul style="list-style-type: none"> <li>(1) There is a presence of psychotic symptoms in the current episode.</li> <li>(2) There is a presence of conductive, ferromagnetic, or other magnetic-sensitive metals implanted in the member’s head that are non-removable and within 30cm of the TMS magnetic coil.</li> <li>(3) The member has been diagnosed with Schizophrenia, Schizophreniform Disorder, or schizoaffective disorder.</li> <li>(4) There are neurological conditions that include the following: • Epilepsy, • Parkinson’s disease, • Multiple sclerosis, • Cerebrovascular disease, • Dementia, • Increased intracranial pressure, • History of repetitive or severe head trauma, • Primary or secondary tumors in the central nervous system, or • Any other degenerative neurologic condition.</li> <li>(5) There is active substance use.</li> </ul>

# TMS, cont.

Required documentation to support MNC.	Evidence of previous treatment attempts to address above requirements; clinical consult notes; assessments notes; visit notes; medication lists; and any other documentation to support the medical necessity of this service.
PA Required	Yes – Electronic fields in provider portal (QT)
Timeframe for PA request	No earlier than 5 business days prior to admit date
Authorization Period	MNC up to 36 units: 90867 = 1 unit; 90868 = 29 units; 90869 = 6 units <i>* Procedure codes will be reviewed separately for MNC even if requested in same authorization request</i>
Outcome of missing PA timeframe	Technical denial for requests earlier than 5 business days; Requests received after admission will be reviewed for MNC from date of submission moving forward
TAT for UM review of PA	3 business days (additional 3 business days for PR)
Ext Req Required	Yes – Electronic fields in provider portal (QT) <i>* If requesting additional units to reach 36 max units; if new request to start series over, please resubmit as new Prospective timing</i>
Ext Req Criteria	Repeat acute treatment for relapse of depressive symptoms if the member responded to prior treatments as evidenced by a > 50 percent improvement in a standard rating scale (as noted in MNC above) for depressive symptoms for up to 30 visits for the acute phase treatment followed by an additional 6 visits for tapering.
Ext Req Information	(1) Changes to DSM/ICD diagnosis; (2) Justification for continued services at this level of care; (3) A description of mental health and/or substance use disorder interventions and critical incidents; (4) A copy of the member's most recent individualized treatment plan (ITP) specific to CMP; (5) A list of current medications and rationale for medication changes, if applicable; (6) A projected discharge date and clinically appropriate discharge plan, citing evidence of progress toward completion of that plan.
Examples of clinical documentation to support Ext Req criteria	Clinical evidence of positive response to TMS treatment; progress notes; therapy notes; assessments or evaluations
Timeframe for Ext Req	No earlier than 5 business days prior to last covered day
Ext Req coverage period	MNC as remaining after previous authorizations towards 36 max units per case.
Discharge Notification Required	No



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# USING QUALITRAC

# Member Search

Qualitrac ⚙️ 🔍 📊 📄 ? 👤

Dashboard / Task Queue 📬 Messages


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 \*


OR

First Name \*  Last Name \*  Date Of Birth \*



Member ID	Last Name	First Name	Middle Name	Date Of Birth	Gender
<p><b>Member Not Found.</b> Try searching again or <input type="button" value="Add Member"/></p>					

Show  entries Showing 0 to 0 of 0 entries [Previous](#) [Next](#)



# Add Review

Qualitrac ⚙️ 🔍 📊 📄 🌐 👤

Dashboard / Task Queue / Member Hub 📬 Messages 👤 Daffy Duck - 998877665 - 01/01/1980

Daffy Duck View Member Details

Member ID: 998877665  Date of Birth: 01/01/1980  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
No data available in table										

Showing 0 to 0 of 0 entries Previous Next



# Qualitrac Review Panels 1 of 2

## Admission and Discharge

Admission Date \*


 

Admission Type \*

Admission Source

## Personal Representative

+ Add

Primary	Name	Relationship	Phone	Phone Type	Address	Action
☆	Nancy Robin	Parent	(406) 568-5309		10 Hundred Acre Wood Helena, ME 59601	

## Providers \*

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

## Provider Organization Visibility

# Qualitrac Review Panels 2 of 2



## Diagnosis

+ Add

Seq.	Code	Description	Final Dx	POA	NOS	Action
No Diagnoses Supplied						

## Procedures

+ Add

Seq.	Code	Description	NOS	Mod. 1	Mod. 2	Qty.	Frequency	Cost	Action
1	99233	SBSQ HOSPITAL CARE/DAY 35 MINUTES				1 day(s)			 

## Documentation

+ Add

Show  entries

Search:

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

Showing 0 to 0 of 0 entries

Previous Next



# Understanding the Qualitrac RFIs

Our review team will potentially send an RFI for the following reasons:

- We have difficulty locating an element of criteria in the supporting documentation
- More updated/current documentation is being requested

Our review team will endeavor to use the following format when requesting an RFI:

- Unable to find evidence of the following criteria: (1) <list specific criteria> (2) etc.
- Unable to find more recent date in clinical than X business days prior to the requested start date of the service you have submitted the review for, and the timeliness requirements for requesting this service were set at no early then X business days
- (\*) Please either provide us with additional clinical documentation or let us know where in the documentation you already uploaded this criteria can be found.

RFIs have 5 business days before the case will technically deny

- Cases with a technical denial should be reopened when new clinical is available to appropriately respond to the original RFI.



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**Jumping into Qualitrac**

**DEMO**



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**QUESTIONS?**

