



Mountain-Pacific
Quality Health

Utilization Management and Medical Necessity for CMHB Services

June 2022

Objectives

- Introductions (5 min)
- Review of Services Requiring Utilization Management effective August 1st, 2022 (25 min)
 - Therapeutic Group Home (TGH)
 - Therapeutic Home Visit (THV)
 - Reminder - this is currently required for PRTF admissions
 - Reminder - existing trainings exist for PRTF and ABA services specifically, so they will NOT be covered in this training.
- 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
- DPHHS:
 - Jackie Jandt
 - Medicaid Reform Specialist
- Mountain-Pacific Quality Health:
 - Michelle Lingenfelter
 - Customer Support Supervisor
- Providers:
 - All Providers who could benefit from a UM Refresher 😊



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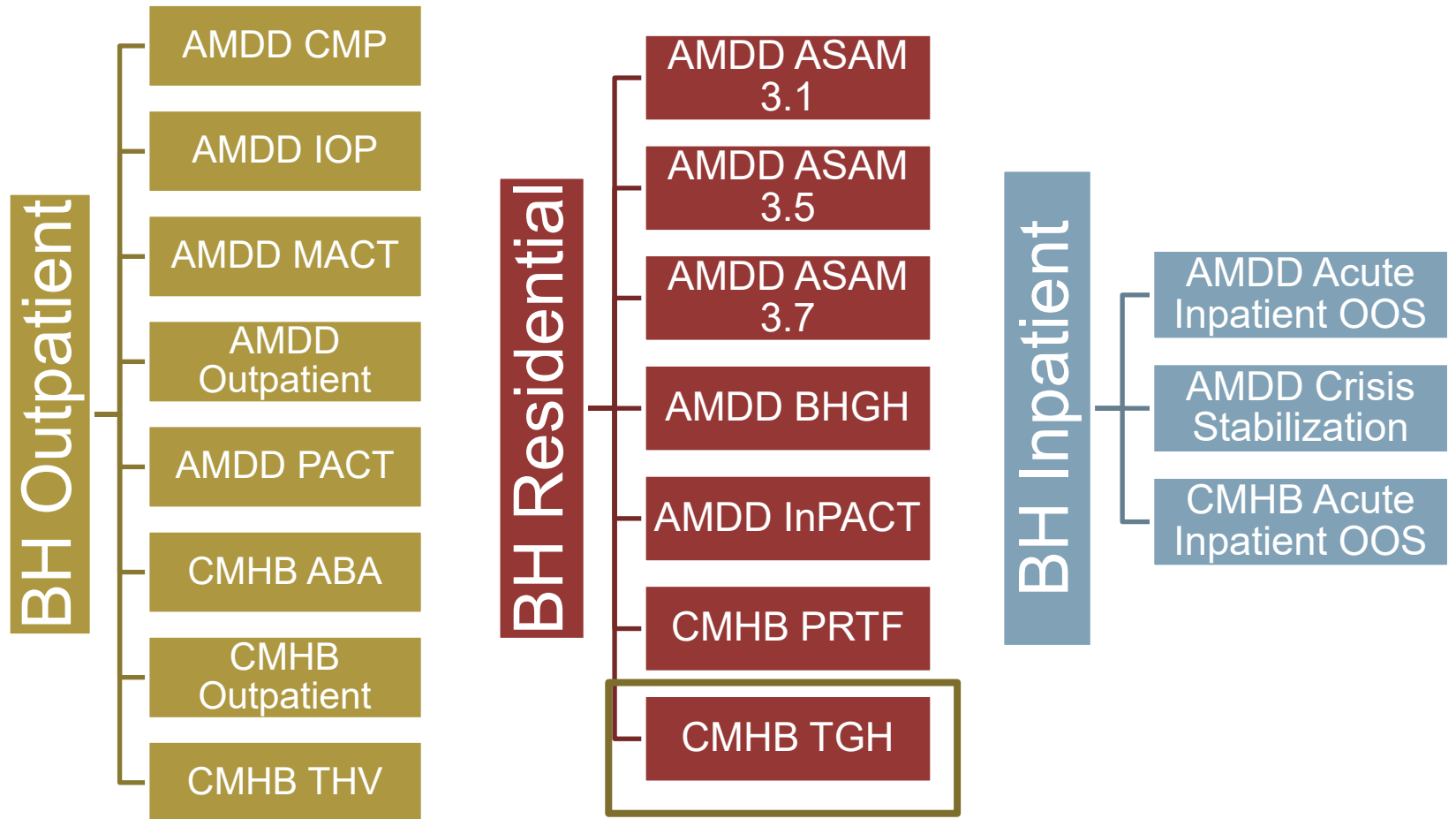
Review of Services Requiring Utilization Management

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 homepage of the Mountain-Pacific Quality Health Medicaid Utilization Review and Ambulance Provider Portal. The header includes the Mountain-Pacific Quality Health logo, the portal title, and a 'Portal Sign In' button with a 'Portal Registration' link and a 'Does a code require a prior authorization? PRIOR AUTH CHECK.' notification. A navigation bar contains links for Home, Document Library, Education & Training, FAQs & Quicknotes, Provider News, Contact Us, and Prior Auth Check. The 'Home' link is highlighted. Below the navigation bar, a welcome message states: 'Welcome to the Mountain-Pacific Quality Health Medicaid Provider Portal, powered by Telligen, an Iowa-based company with extensive experience providing utilization management services.' This is followed by a paragraph about HIPAA-compliance and 24/7 access, and a bulleted list of features: electronically submitting requests, uploading documentation, reviewing pending requests, reviewing determinations, and retrieving request history. A final paragraph states the goal of saving time and gaining efficiencies through the portal.

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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.

Therapeutic Group Home (TGH)

Review Type in QT	Behavioral Health Residential
Place of Service	99 – Other Place of Service
Type of Service	CMHB Therapeutic Group Home
Timing	Prospective, Retrospective, Concurrent, Continued Stay
Procedure Code	S5145
MCG Guideline Name	Therapeutic Group Home Initial; Therapeutic Group Home CSR
Diagnostic/MNC Criteria	<p>(1) Youth must meet SED criteria as described in CMHB Provider Manual;</p> <p>(2) The prognosis for treatment of the SED of the youth at a LLOC is poor because the youth demonstrate 3 or more of the following due to the SED:</p> <ul style="list-style-type: none"> (a) Significantly impaired interpersonal or social functioning.; (b) Significantly impaired educational or occupational functioning; (c) Impairment of judgment (d) Poor impulse control; or (e) Lack of family or other community or social networks. <p>(3) As a result of the SED, the youth exhibit an inability to perform activities of daily living (ADLs) in a developmentally appropriate manner;</p> <p>(4) As a result of the SED or MI, the youth exhibits internalizing or externalizing behavior that results in an inability for a caregiver to safely provide care and structure for the youth in a family setting;</p> <p>(5) The SED symptoms of the youth are of a severe or persistent nature requiring more intensive treatment and clinical supervision than can be provided by outpatient or in-home mental health service;</p> <p>(6) The youth exhibits behaviors related to the SED diagnosis that result in significant risk for placement in a PRTF or acute care if TGH services are not provided, or the youth is currently being treated or maintained in a more restrictive environment and requires a structured treatment environment to be successfully treated in a LLOC setting.</p>
Required PA Information	<p>Personal Representative Panel in provider portal (QT) – As means of documenting guardianship information for the youth</p> <p><i>*For youth in emergency situations who meet the medical necessity criteria for TGH level of care, please include the “Emergency 72 Hour TGH Payment Authorization Form #009.”</i></p>
Examples of clinical documentation to support PA criteria	Clinical Assessment, Treatment Plan, Therapy notes, Biopsychosocial assessment, intake assessment, and/or discharge assessment from previous higher level of care; Any additional clinical documentation provider sees fit to provide to demonstrate PA criteria including justification for service at requested LOC

TGH, cont.

PA Required	Yes – Electronic fields in provider portal (QT)
Timeframe for PA request	No later than day of admission, no earlier than 10 business days prior to admission
Initial Authorization Period	MNC up to 120 days <i>*3 days for youth in emergency situations who meet the medical necessity criteria for TGH level of care and the “Emergency 72 Hour TGH Payment Authorization Form #009” has been uploaded</i>
Outcome of missing PA timeframe	Technical denial if received earlier than 10 business days; Requests received after admit date will be reviewed for MNC from the date of submission moving forward
TAT for UM review of PA	2 business days (additional 4 business days if PR)
CSR Required	Yes – Electronic fields in provider portal (QT) <i>*If a youth is <u>readmitted</u> into TGH services in less than 14 calendar days, a provider must submit a CSR</i>
CSR Criteria	<ol style="list-style-type: none"> (1) The youth continue to meet the SED criteria as described in the CMHB Provider Manual; (2) The prognosis for treatment of the SED at a LLOC remains poor because the youth still demonstrate 2 or more of the following: <ol style="list-style-type: none"> (a) Significantly impaired interpersonal or social functioning; (b) Significantly impaired educational or occupational functioning; (c) Impairment of judgment; or (d) Poor impulse control. (3) As a result of the SED, the youth exhibit an inability to perform activities of daily living (ADLs) in a developmentally appropriate without the structure of the TGH; (4) The SED symptoms of the youth are of a severe or persistent nature requiring more intensive treatment and clinical supervision than can be provided by outpatient or in-home mental health service. (5) The youth has demonstrated progress toward identified treatment goals and has a reasonable likelihood of continued progress.

TGH, cont.

Required CSR Information	(1) Changes to current DSM diagnosis; (2) Justification for continued services at this level of care; (3) Description of behavioral management interventions and critical incidents; (4) Assessment of treatment progress related to admitting symptoms and identified treatment goals; (5) List of current medications and rationale for medication changes, if applicable; and (6) 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	Most recent treatment plan demonstrating progress towards goals; discharge plan including projected discharge date and progress towards completion of the plan; medication list including rationale for med changes, if applicable; psychiatric progress notes or assessments detailing the following: changes to DSM/ICD diagnosis, description of Interventions and critical incidents.
Timeframe for CSR	No earlier than 10 business days prior to last covered day <i>*If a youth is readmitted into TGH services, no earlier than 10 business days and no later than 2 business days prior to the readmission</i>
CSR coverage period	MNC up to 90 days <i>*If a 1st CSR after the 72 hour emergency, then 120 days</i>
Outcome of missing CSR timeframe	Technical denial if received earlier than 10 business days; Requests received after the authorized period has expired will be reviewed for MNC from the date of submission moving forward
TAT for UM review of CSR	2 business days (additional 4 business days if PR)
Timeframe for RFI for PA or CSR	Must be submitted to UM team within 5 business days of request
Outcome of missing RFI for PA or CSR	Technical denial
Outcome of UM for PA or CSR	Approval, Partial, Denial, Outcome Not Rendered
Discharge Notification Req	Yes – Completed via Discharge Status Task in QT

Therapeutic Home Visit (THV)

Review Type in QT	Behavioral Health Outpatient
Place of Service	99 – Other Place of Service
Type of Service	CMHB Therapeutic Home Visit
Timing	Prospective, Retrospective, Concurrent, Continued Stay
Procedure Code	00200 <i>*Either revenue Code 183 (PRTF) or procedure code S5145 (TGH) will be connected to case following review</i>
MCG Guideline Name	MI Therapeutic Home Visits
Diagnostic/MNC Criteria	(1) The youth must be receiving services in a TGH or a PRTF. The following information must be submitted: (a) Demonstrates progress toward identified treatment goals; (b) Supports a therapeutic plan to transition the youth to a less restrictive level of care; (c) The youth has been prepared for the THV evidenced by a written crisis plan and a written plan for provider contact with the youth and legal representative during the visit; and (d) Has a viable discharge plan.
Examples of clinical documentation to support PA criteria	Most recent treatment plan of TGH or PRFT demonstrating progress towards goals; discharge plan of TGH or PRFT including projected discharge date and progress towards completion of the plan; progress notes or assessments from TGH or PRFT detailing the following: changes to DSM/ICD diagnosis, description of Interventions and critical incidents. Any additional clinical documentation provider sees fit to provide to demonstrate PA criteria including justification for continued service at current LOC
PA Required	Yes – Electronic fields in provider portal (QT) <i>*Required for each stay that will exceed 3 patient days per visit</i> <i>** “Admit date” in QT is the first planned day of the home visit</i>

THV, cont.

Timeframe for PA request	Between 10 and 5 business days prior to the scheduled THV <i>*If unexpected circumstances prevent the youth from returning from the THV within the 3 days, provider must submit the request no later than 1 business day prior to the end of the 3 patient days</i>
Initial Authorization Period	Up to 14 days for a maximum benefit per fiscal year (July 1 – June 30) <i>*Note in final comments window of QT the quantity of days requested for he home visit.</i>
Outcome of missing PA timeframe	Technical denial if submitted more than 10 business days prior to requested start date, review for submission date and forward from date of late request.
TAT for UM review of PA	2 business days (additional 4 business days if PR)
CSR Required	Yes – Electronic fields in provider portal (QT)
CSR Criteria	(1) Unexpected circumstances prevent the youth from returning from the THV within the time specified with subsequent authorizations.
Examples of clinical documentation to support CSR criteria	Any documentation provider sees fit to provide to demonstrate CSR criteria including justification for continued service
Timeframe for CSR	No later than 1 business days prior to the end of the time specified with prior authorizations
CSR coverage period	Up to 14 days for a maximum benefit per fiscal year (July 1 – June 30)
Outcome of missing CSR timeframe	Technical denial prior to day of submission, review for submission date and forward
TAT for UM review of CSR	2 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 <i>*Discharge date will serve as end date of home visit</i>



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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>Member Not Found. 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?

