

# Dental/Orthodontia Prior Authorization Process

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**PROVIDER PORTAL TRAINING**

**JUNE 26 & 29, 2023**

**Mountain  
Pacific**

INNOVATING BETTER HEALTH



# Agenda

- Qualitrac
- Submitting a dental/orthodontia request
- View request status and outcomes

# Qualitrac

# Our System: Qualitrac (QT)

Web-based health management system, built and maintained by a team of clinical and technical experts at Telligen featuring:

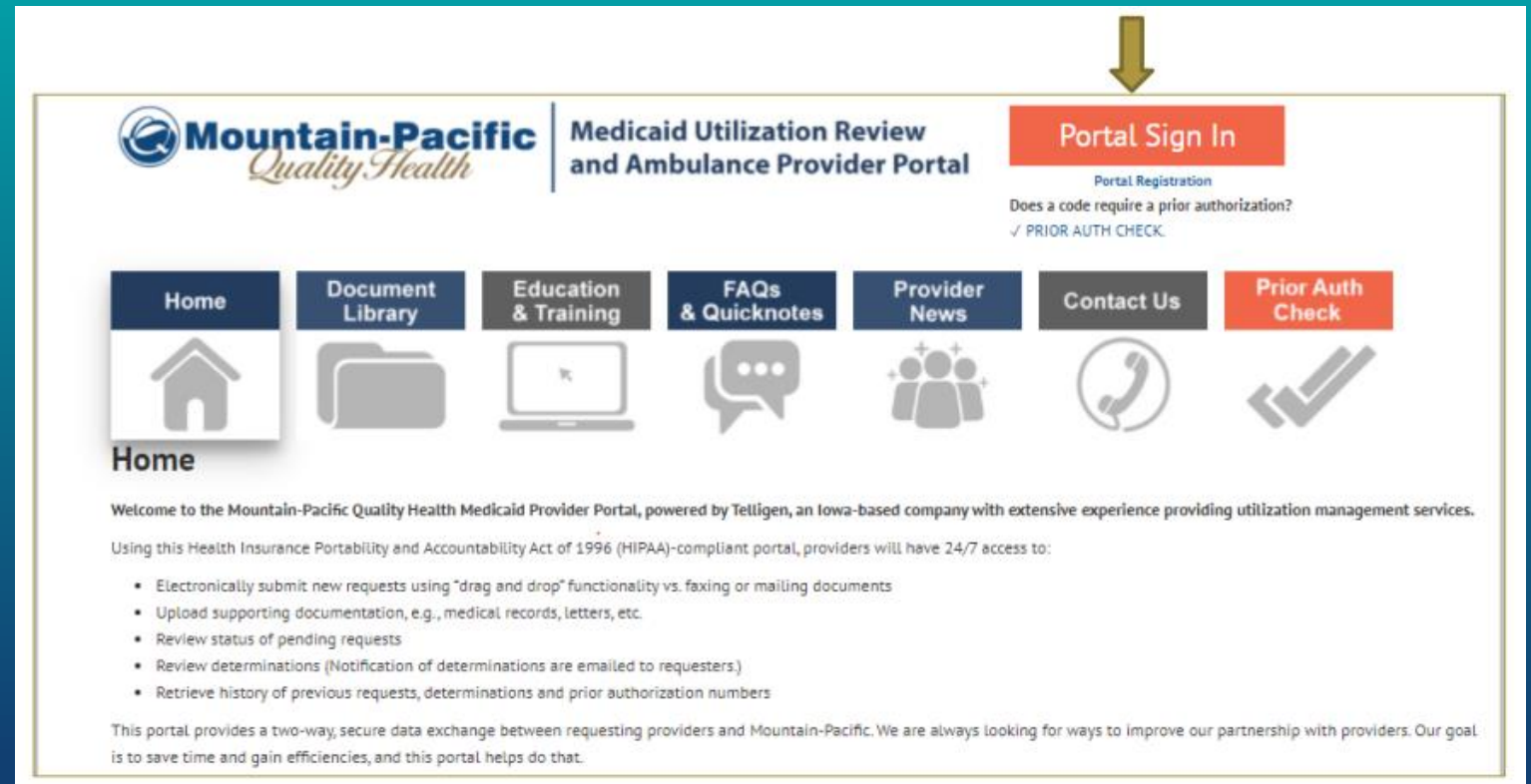
- 24/7 provider access
- Streamlined review process with all necessary information contained on one-page
- Secure electronic upload of clinical documentation
- Provider ability to track progress of submitted requests



# Provider Portal

- Beginning **July 1, 2023**, dental and orthodontia providers will begin submitting requests using the Qualitrac (QT) Portal
- Providers must complete the online registration process prior to submitting requests
  - Please refer to: *May 2022 – Montana Medicaid: Qualitrac Authorized Official Training* located on our portal webpage
  - Only codes that require a PA per the dental fee schedule are to be submitted
- Once registered, you will receive a username and instructions to create a unique password.

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.

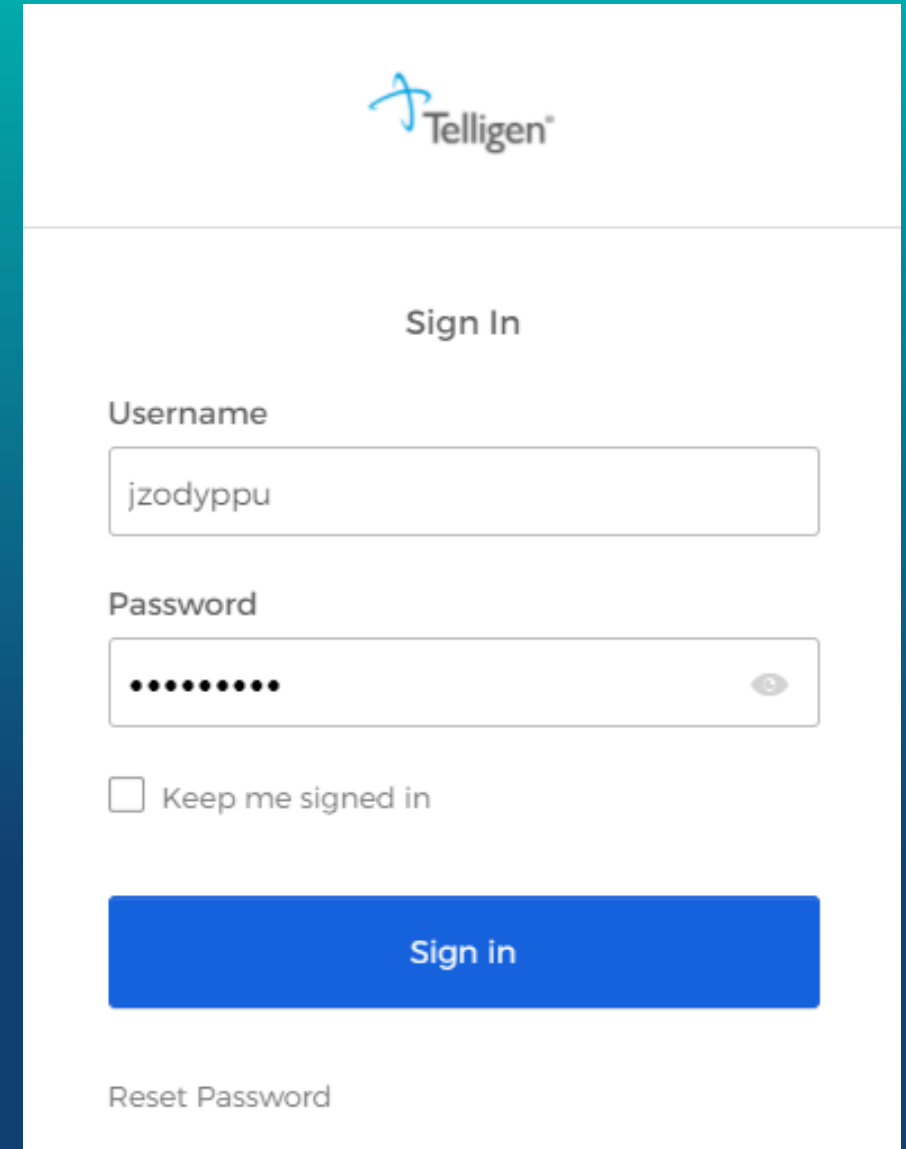
<http://www.mpqhf.org/corporate/medicaid-portal-home>

Monitor this website for ongoing information pertaining to the Provider Portal and the review process.

# Provider Portal

## 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, the text "Sign In" is centered. 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. At the bottom left, there is a link for "Reset Password".

# Provider Portal

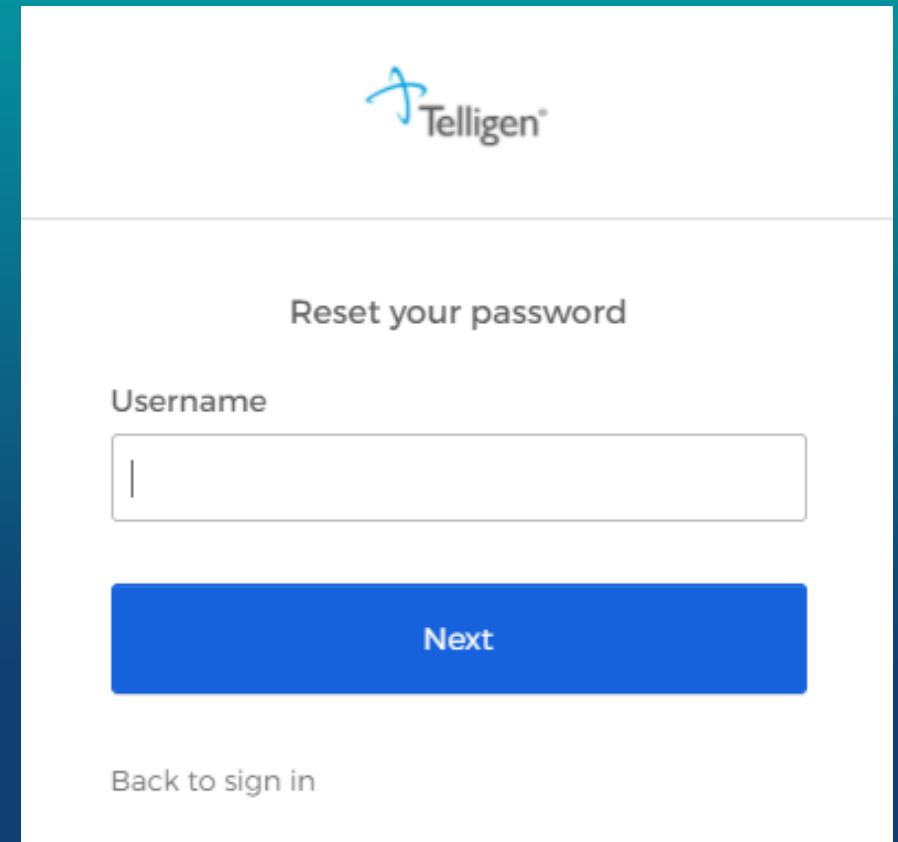
- There is a blue “Reset Password” link below the sign-in button. This can be used to change/reset your password whenever needed.
- **Do not** bookmark this page. The security around the log-in page will cause issues the next time you log in.

A screenshot of the Telligen Sign In page. The page has a white background with the Telligen logo at the top. Below the logo is 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 blue 'Sign in' button is positioned below the checkbox. At the bottom of the page, there is a 'Reset Password' link. A yellow arrow points to this link from the text in the first bullet point of the slide.



# Provider Portal

- 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.

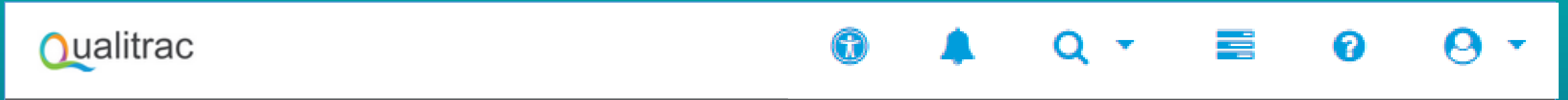


The screenshot shows a web form for resetting a password. At the top, the Telligen logo is displayed. Below it, the heading "Reset your password" is centered. A label "Username" is positioned above a text input field. The input field contains a single vertical bar character. Below the input field is a large blue button with the text "Next". At the bottom left of the form, there is a link labeled "Back to sign in".

# Qualitrac Landing Page

The screenshot shows the Qualitrac Dashboard interface. At the top left is the Qualitrac logo. The top right contains navigation icons: a search icon, a menu icon, a help icon, and a user profile icon. Below the navigation bar is a dark grey header with the word "Dashboard". The main content area features two large white cards. The left card is titled "Care Management" and contains a green icon of a heart with a white ECG line. Below the icon are three buttons: "Start Tasks" (with a play icon), "Search" (with a magnifying glass icon), and "More" (with a gear icon). The right card is titled "Utilization Management" and contains a green icon of a person with a white stethoscope. Below the icon are three buttons: "Start Tasks" (with a play icon), "Search" (with a magnifying glass icon), and "Portal" (with a gear icon).

# 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.



'User Way' – Accessibility Menu (i.e. screen reader, larger text, dictionary)



Messages – Any messages posted by the Qualitrac support team in the last 30 days can be viewed here



The magnifying glass icon will open search options for you to search for a specific case or a specific member.

# Navigational Tools



This is the Provider Portal Menu Bar. This will remain available to you wherever you are in the system.



Task queue – This is where you will go to complete any assigned tasks such as requests for information.



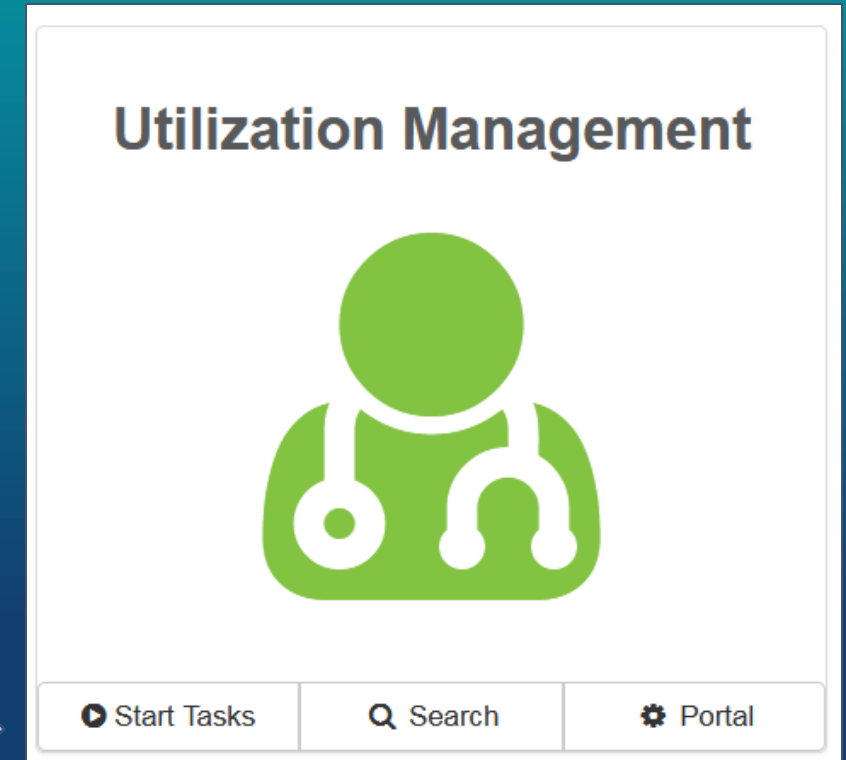
Knowledge Center – The Knowledge Center provides user guides, FAQs and tip sheets.



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

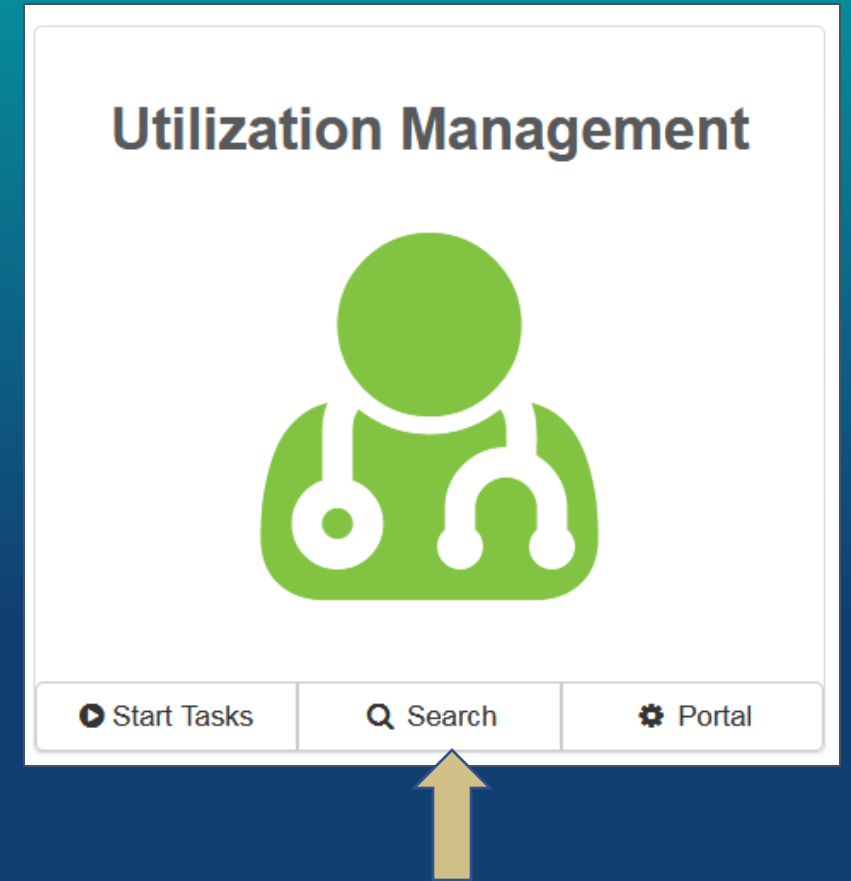
# Utilization Management Module

- **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

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**.

The screenshot displays a web interface for finding a member. At the top, there are navigation tabs: "Scheduled Tasks", "Member Search" (which is highlighted in blue), "Cases", and "Case/Request/Claim Search". Below the tabs, a message reads: "Please search for the member by completing one of the following".

There are two search forms side-by-side, separated by the word "OR".

The first form on the left has two input fields: "Member ID \*" and "Date Of Birth \*". The "Member ID \*" field contains the text "Member ID". The "Date Of Birth \*" field contains the text "MM/DD/YYYY". A blue "Search" button is located to the right of these fields. A yellow arrow points upwards to the "Member ID" input field.

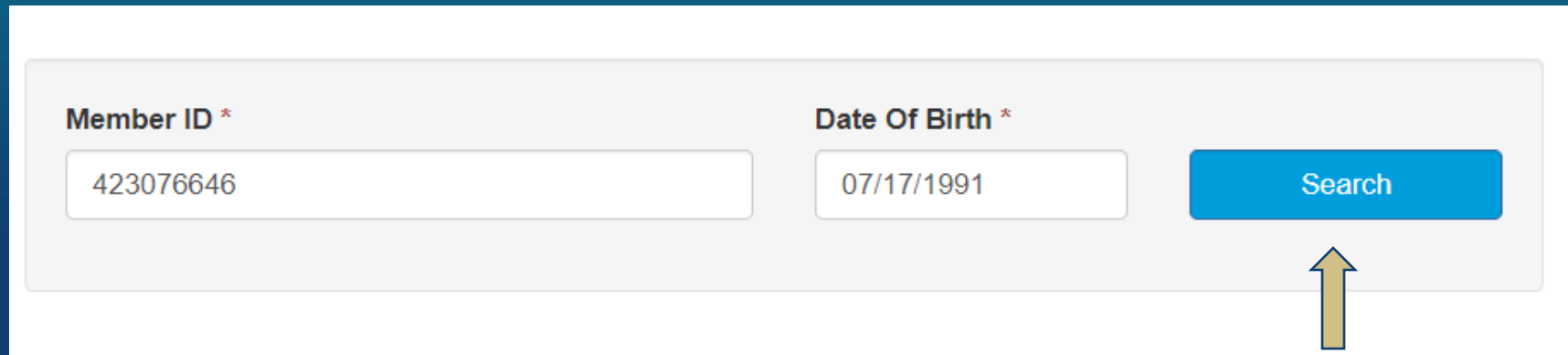
The second form on the right has three input fields: "First Name \*", "Last Name \*", and "Date Of Birth \*". The "First Name \*" field contains the text "First Name". The "Last Name \*" field contains the text "Last Name". The "Date Of Birth \*" field contains the text "MM/DD/YYYY". A blue "Search" button is located to the right of these fields. A yellow arrow points upwards to the "Last Name" input field.

At the bottom center of the interface, there is a small copyright notice: "© Copyright 2017, 2020 Telligen. All Rights Reserved."

# 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 \*      Date Of Birth \*

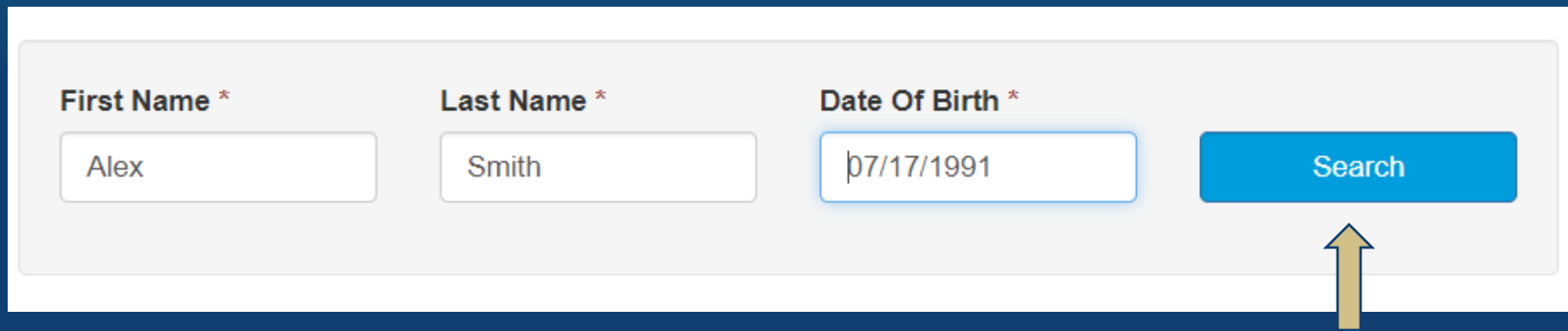
423076646      07/17/1991      Search



# 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



The screenshot shows a search form with three input fields and a search button. The first field is labeled "First Name \*" and contains the text "Alex". The second field is labeled "Last Name \*" and contains the text "Smith". The third field is labeled "Date Of Birth \*" and contains the date "07/17/1991". To the right of these fields is a blue button labeled "Search". A yellow arrow points upwards to the "Search" button.


# Find a Member

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
<input type="text" value="423076646"/>				<input type="text" value="07/17/1991"/>	
423076646	Smith	Alex		07/17/1991	Female

Show  entries  Showing 1 to 2 of 2 entries Previous  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 Has Been Submitted	25038	25050	Health Resource Division	Prospective	NIELSEN DENTAL, NIELSEN DENTAL		06/21/2023	10/21/2023		...

# View Member Details

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

Alex Quincey View Member Details

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

<b>Phone</b> <a href="#">Home:</a> <a href="#">Cell:</a> <a href="#">Work:</a> <a href="#">Other:</a>	<b>Mailing Address</b> 4124 Henry Boulevard BLUE POINT, NY 11715	<b>Preferred Contact Information</b>	
<b>Email</b> <a href="#">Home:</a> <a href="#">Work:</a>	<b>Physical Address</b> ,	<b>Method</b>	<b>Language</b> Not Supplied
		<b>Notes</b>	

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 canceled cases. Show

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	25038	25050	Health Resource Division	Prospective	NIELSEN DENTAL, NIELSEN DENTAL		06/21/2023	10/21/2023		...

# Add New Review Request

# Authorization Request Panel

- The date and time of your request will auto-populate
- Review Type = **Health Resource Division**
- Place of Service = **Other Place of Service** (auto-populates)
- Type of Service = **Dental Services** OR **Orthodontics**
- Timing = **Prospective**

The screenshot shows the 'Authorization Request' form with the following fields and values:

- Date Request Received \***: 06/21/2023 06:32 pm
- Review Type \***: Health Resource Division
- Place of Service \***: Other Place of Service
- Type of Service \***: Orthodontics
- Timing \***: Prospective

At the bottom right, there are two buttons: 'Cancel' and 'Add New Request'.

- Select **Add New Request**.
- **Cancel** if you have made the request in error.



# Date of Service, Coverage, and Personal Representative Panels

## Dates of Service

Start Date = Date of request

End Date = Expected end date of treatment

## Coverage

Displays 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.

If the '**Member not Eligible**' message appears, you must enter a comment in the Eligibility Comment box to continue

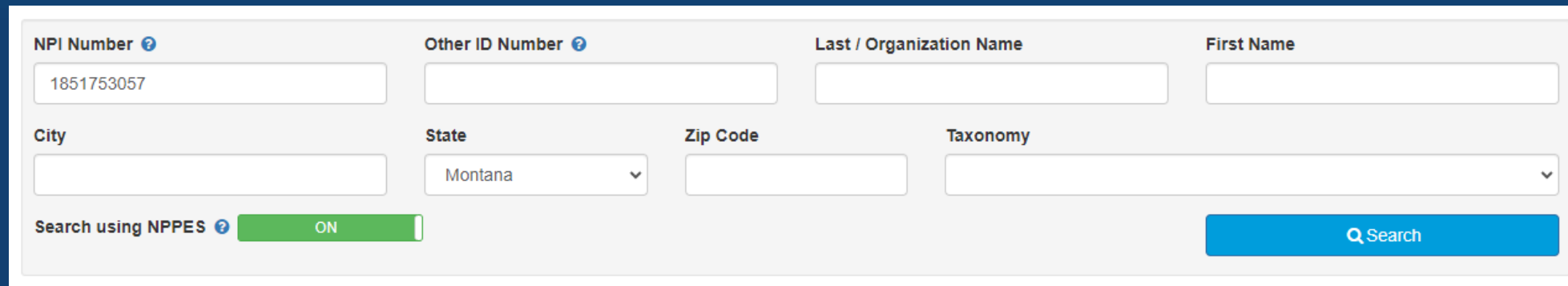
## Personal Representative

Not needed, leave blank



# Provider Panel

- 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 or Provider ID renders the quickest results. Less is more!

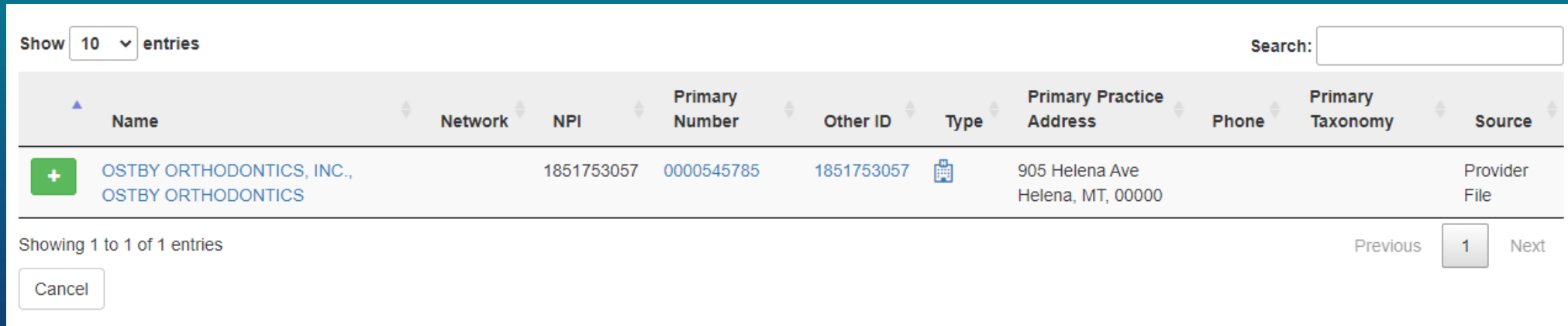


The screenshot shows a search form with the following fields and controls:



- NPI Number**: Text input field containing "1851753057".
- Other ID Number**: Empty text input field.
- Last / Organization Name**: Empty text input field.
- First Name**: Empty text input field.
- City**: Empty text input field.
- State**: Dropdown menu with "Montana" selected.
- Zip Code**: Empty text input field.
- Taxonomy**: Dropdown menu.
- Search using NPPES**: Toggle switch set to "ON".
- Search**: Blue button with a magnifying glass icon.

# Provider Panel (cont)

- Use the green plus box to the left of the name to select the provider/facility you need for the review.



Showing 1 to 1 of 1 entries

Name	Network	NPI	Primary Number	Other ID	Type	Primary Practice Address	Phone	Primary Taxonomy	Source
 OSTBY ORTHODONTICS, INC., OSTBY ORTHODONTICS		1851753057	0000545785	1851753057		905 Helena Ave Helena, MT, 00000			Provider File

Previous 1 Next

Cancel

- If you have multiple options, you must select the **ACTIVE** provider ID (primary number)

# Provider Panel (cont)

- After clicking the green + box, the Treating Provider will be added to the Provider section
- Next, add the Ordering Provider
  - If the Treating Provider and Ordering Provider are the same (both an individual provider and not a group facility), you may use the *Copy Treating Provider to Ordering Provider* feature when adding the Ordering Provider.
  - If the treating provider is a group NPI then the ordering provider will be the individual provider. In this situation, Select *Add New* to add the Ordering Provider (HCP)

The screenshot displays the 'Providers \*' section of a software interface. It features a table with the following columns: Type, Name, NPI, Address, Phone, Primary Taxonomy, PPO Redirect Reason, Comments, and Action. The table contains two rows: one for a 'Treating Provider' (OSTBY ORTHODONTICS, INC., OSTBY ORTHODONTICS) and one for an 'Ordering Provider \*' (Not Supplied). A green '+ Add' button is located at the bottom right of the table. Below the table, a dropdown menu is open, showing two options: '+ Add New' and 'Copy Treating Provider to Ordering Provider'. A yellow arrow points from the 'Add' button to the dropdown menu. At the bottom left, there is a 'Provider Organization Visibility ?' link.

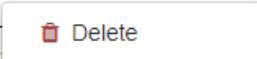
Type	Name	NPI	Address	Phone	Primary Taxonomy	PPO Redirect Reason	Comments	Action
Treating Provider	OSTBY ORTHODONTICS, INC., OSTBY ORTHODONTICS	1851753057	905 Helena Ave Helena, MT, 00000					...
Ordering Provider *			Not Supplied					+ Add

+ Add New  
Copy Treating Provider to Ordering Provider

# Provider Panel (cont)

- The **Treating Provider** and the **Ordering Provider** information is now populated in the Providers panel.
- You can select **Delete** if you have chosen in error.

Providers									
Type	Name	NPI	Address	Phone	Primary Taxonomy	PPO Redirect Reason	Comments	Action	
Treating Provider	? OSTBY ORTHODONTICS, INC., OSTBY ORTHODONTICS	1851753057	905 Helena Ave Helena, MT, 00000					...	
Ordering Provider	? OSTBY ADAM W, ADAM W OSTBY	1215256912	760 Wicks Lane Ste 4 Billings, MT, 00000					...	

 Delete



# Provider Organization Visibility Panel

- **MUST** select your organization so others can see the request
- If you do not select your organization, then only the person who submits the request can see it

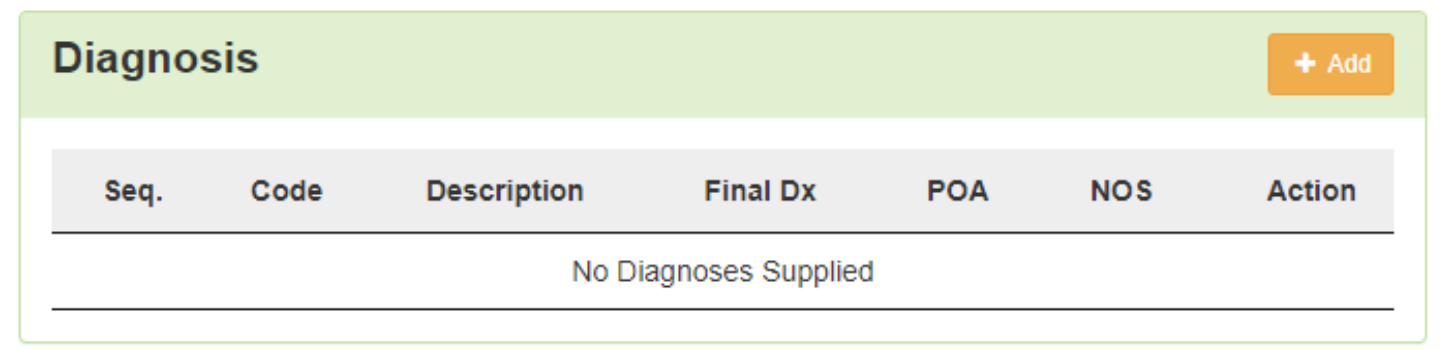
**Provider Organization Visibility** ?

Wilson, Stephanie, User

ST LUKE'S REGIONAL MEDICAL CENTER

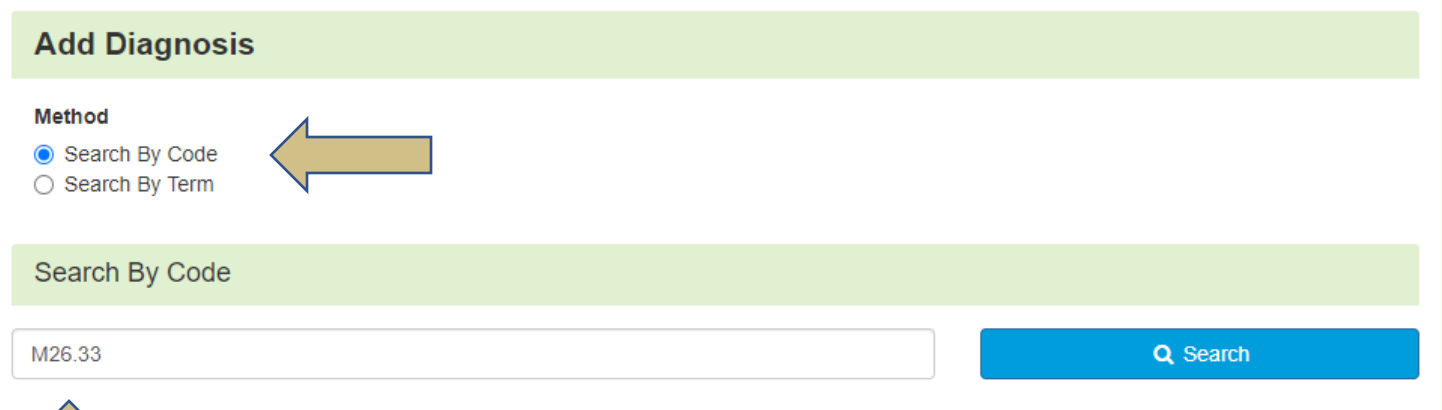
# Diagnosis Panel

- 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.
- You can search by the ICD-10 Code or by a Term. Searching by code will let you enter the code directly and search for it as shown in the example.




**Diagnosis** + Add

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



**Add Diagnosis**

**Method**

Search By Code 

Search By Term

**Search By Code**

M26.33 Search

# Diagnosis Panel (cont)

The system will provide a list of results to select from. Select the one you want by clicking on the radio button to the left of the code.

- 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.

**Add Diagnosis**

**Method**

Search By Code  
 Search By Term

Search By Code

M26.33

Q Search

Show 10 entries Search:

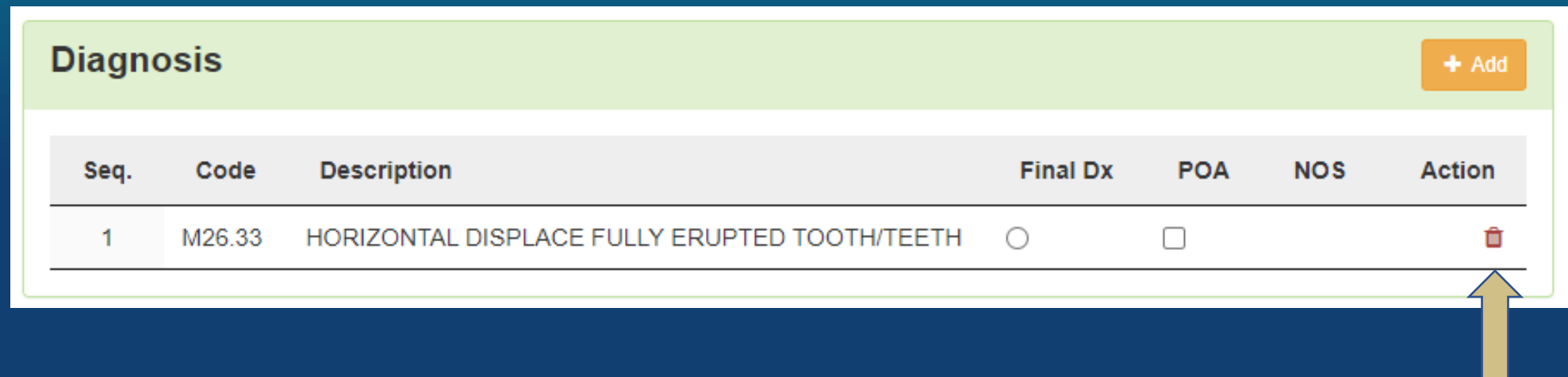
Code	Description
<input checked="" type="radio"/> M26.33	HORIZONTAL DISPLACE FULLY ERUPTED TOOTH/TEETH

Showing 1 to 1 of 1 entries Previous 1 Next


Cancel Submit and Add Another Submit

# Diagnosis Panel (cont)

- 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.



The screenshot shows a 'Diagnosis' panel with a table. The table has columns for Seq., Code, Description, Final Dx, POA, NOS, and Action. A single row is visible with the following data: Seq. 1, Code M26.33, Description HORIZONTAL DISPLACE FULLY ERUPTED TOOTH/TEETH, Final Dx (radio button), POA (checkbox), NOS, and Action (trash can icon). A yellow arrow points to the trash can icon.

Seq.	Code	Description	Final Dx	POA	NOS	Action
1	M26.33	HORIZONTAL DISPLACE FULLY ERUPTED TOOTH/TEETH	<input type="radio"/>	<input type="checkbox"/>		



# Procedure Panel

- Enter the procedure code you are requesting PA for
- Use the Add button to add a new procedure to the panel.
  - Process is identical to adding a diagnosis that was just discussed
- You can enter as many procedures as needed.
- If more than one procedure is entered, you do have the ability to drag and drop to reorder them.
- If you need to include a modifier or more than one unit, you will add that here

The screenshot displays a web-based form for entering procedure details. At the top, there is a table with two columns: 'Code' and 'Description'. The first row contains the code 'D8030' and the description 'LTD ORTHODONTIC TREATMENT ADOLESCENT DENTITION'. Below the table, it indicates 'Showing 1 to 1 of 1 entries' and includes navigation buttons for 'Previous', '1', and 'Next'. A green header bar labeled 'Procedure Details' is followed by several input fields: 'Units \*' (with '1' entered), 'Units Qualifier \*' (with 'unit(s)' selected), 'Frequency' (empty), 'Frequency Qualifier' (empty), 'Total Cost' (with a '\$' symbol and an empty field), and 'Allowed Amount' (empty). At the bottom right, there are three buttons: 'Cancel', 'Submit and Add Another', and 'Submit'.

# Documentation Panel

- You **MUST** attach documentation to submit the request for review
- Just as in the paper process, you are required to submit:
  - The completed claim form (that used to be sent to the State)
  - Any medical records to support the request
    - **CANNOT** just submit the claim form, there **MUST** be medical documentation to support the request
  - Please refer to the Provider Notice posted on June 16, 2023  
<https://medicaidprovider.mt.gov/docs/providernotices/2023/NewDentalPriorAuthorizationProcessThroughQualitracPortal.pdf>
- 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 Panel (cont)

File Upload ✕

**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
No Files selected for upload		

Name \*

Category \*

Close

A modal will open where you can drag and drop files or select **Click here** to open a Windows directory and find the necessary files on your system.

## Please note:

- Documents must be one of the file formats listed. Most common are PDF or Word.
- The file name cannot contain special characters.
- The name of the document can be edited in the Name box as applicable.

# Documentation Panel (cont)

File Upload ✕

**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
Sample for QT.docx	12 KB	

Name \*

Category \*

Topic \*

- **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 (cont)

Once you attach documentation and all 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 href="#">A Smith Med List</a>	Clinical	Medication History	08/19/2020	testppu	
<a href="#">A Smith History and Physical</a>	Clinical	Medical & Treatment History	08/19/2020	testppu	

Showing 1 to 2 of 2 entries Previous  Next

 Continue



# Milliman Care Guidelines (MCG)

- The system will take you to the MCG tool (formerly known as Milliman Care Guidelines).

- MCG Guidelines do not apply to Dental/Orthodontic requests
- Click **Submit Request** to close this section.

The screenshot displays the MCG tool interface for an Authorization Request. At the top, a progress bar shows three steps: 'Request Form' (completed with a green checkmark), 'MCG Guideline Documentation Not Required' (completed with a grey checkmark), and 'Submit Request' (indicated by a red circle with the number 3). The patient information is: Patient: 136010562, Name: Quincey, Alex, DOB: 05/13/1940, Gender: Female. The authorization details are: Authorization: EPS-00006819, Type: Procedure Pre-authorization, Status: NoDecisionYet. The diagnosis code is M26.33(ICD-10 Diagnosis) primary, and the procedure code is D8030(CPT/HCPCS) primary. A blue box highlights the procedure code D8030 (CPT/HCPCS) with a green checkmark and the text 'MCG Guideline Documentation Not Required'. Below this, it shows 'Requested Units: 1' and 'Description: LTD ORTHODONTIC TX ADOLES DENTITION'. At the bottom right, there is a red 'Submit Request' button and a grey 'Back' button. A yellow arrow points to the 'Submit Request' button. A disclaimer at the bottom reads: 'This system provides access to MCG evidence-based guidelines; however the determinations made using this system are directed by the health plan, based on a number of factors.'

# 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

### User Attestation

**⚠ I certify...**

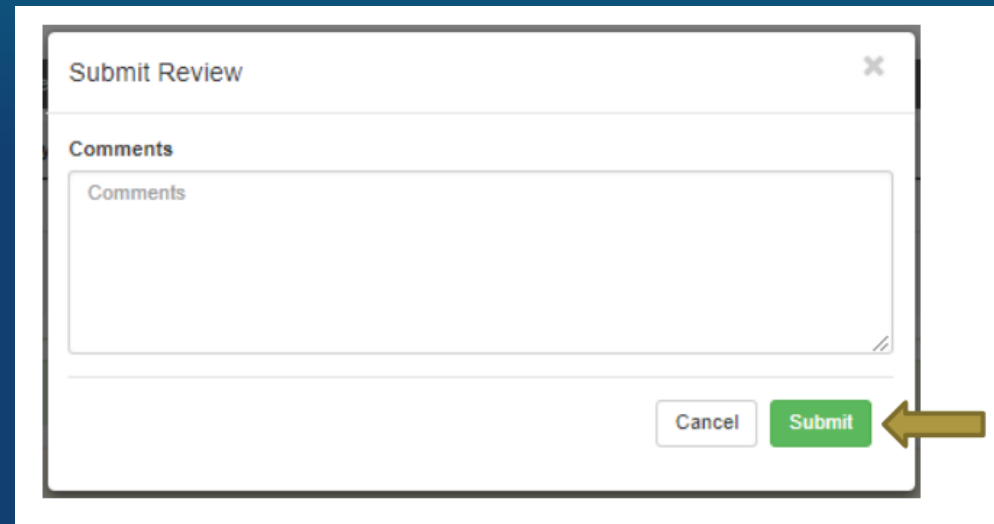
- that the submitted information is true, accurate and complete to the best of my knowledge.
- that the submitted information is supported within the patient's medical record.
- that I understand that any deliberate misrepresentation of any information in this medical review may subject me to liability 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** to send the review to Mountain Pacific..



The image shows a screenshot of a web application modal titled "Submit Review". The modal has a close button (X) in the top right corner. Below the title, there is a section labeled "Comments" which contains a large text input area with the placeholder text "Comments". At the bottom right of the modal, there are two buttons: a white "Cancel" button and a green "Submit" button. A yellow arrow points to the "Submit" button.



# 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. If it looks good, you are done.

Alex Quincey	Member ID: 136010562	DOB: 05/13/1940																		
Phone Number:	Client: Montana - Mountain Pacific																			
<b>Authorization Request</b> <span style="float: right;">Actions ▾</span>																				
Case Id 25042	Request ID 25054	Date Request Received 06/22/2023 12:18 pm	Review Type Health Resource Division	Place of Service Other Place of Service	Type of Service Orthodontics															
Timing Prospective																				
<b>Dates Of Service</b>																				
Service Start Date 06/22/2023	Service End Date 06/22/2024																			
<b>Coverage</b>																				
<table><thead><tr><th>Group</th><th>Section</th><th>Plan</th><th>Start Date</th><th>End Date</th></tr></thead><tbody><tr><td><input checked="" type="radio"/> Cap &amp; Associates COBRA</td><td>0</td><td>Medicare Part B</td><td>10/01/2005</td><td>12/31/9999</td></tr><tr><td><input type="radio"/> Cap &amp; Associates COBRA</td><td>0</td><td>Medicare Part A</td><td>10/01/2005</td><td>12/31/9999</td></tr></tbody></table>						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
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	IMD Indicator No																	
Eligibility Comment test																				

# **View Request Status And Outcomes**

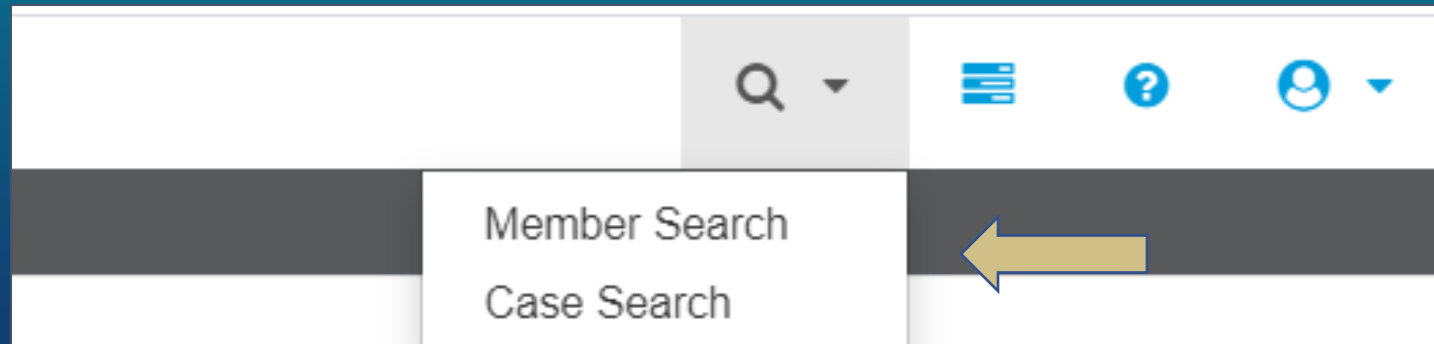
# Email Notifications

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
  - You will continue to get a daily email until you either complete the request and submit it for review or delete it
- Additional information is requested
- A review outcome is rendered

# View Request Status And Outcomes

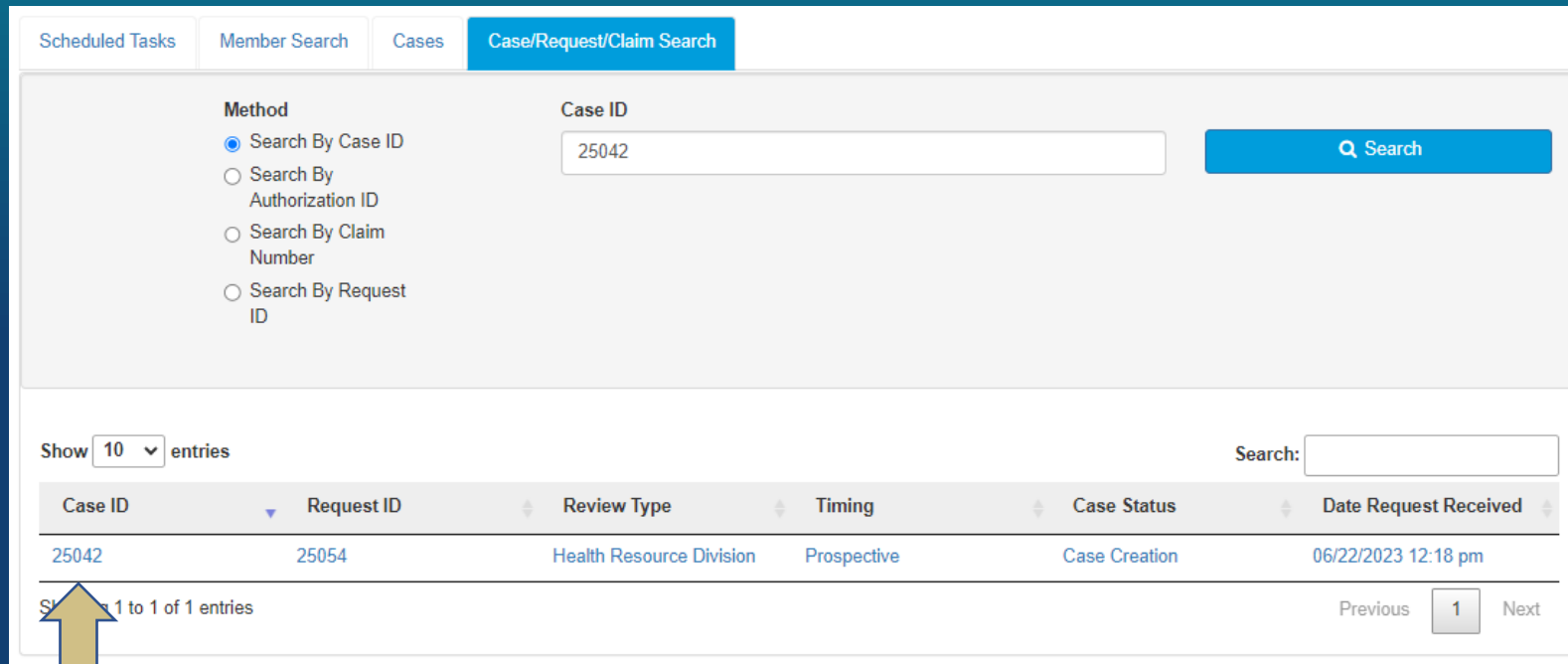
After a review has been submitted, you can find the review by clicking on the magnifying glass and completing either a Member Search or a Case Search.



# View Request Status And Outcomes

## 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.



The screenshot displays a web interface for searching cases. At the top, there are navigation tabs: "Scheduled Tasks", "Member Search", "Cases", and "Case/Request/Claim Search" (which is highlighted). Below the tabs, there is a search form with a "Method" section containing four radio buttons: "Search By Case ID" (selected), "Search By Authorization ID", "Search By Claim Number", and "Search By Request ID". To the right of the "Method" section is a "Case ID" input field containing the value "25042" and a blue "Search" button with a magnifying glass icon. Below the search form, there is a "Show 10 entries" dropdown menu and a "Search:" input field. A table of results is displayed below, with columns: "Case ID", "Request ID", "Review Type", "Timing", "Case Status", and "Date Request Received". The table contains one row of data. At the bottom of the table, there is a pagination bar showing "Showing 1 to 1 of 1 entries" and "Previous 1 Next". A yellow arrow points to the "Showing 1 to 1 of 1 entries" text.

Case ID	Request ID	Review Type	Timing	Case Status	Date Request Received
<a href="#">25042</a>	25054	Health Resource Division	Prospective	Case Creation	06/22/2023 12:18 pm

# View Request Status And Outcomes

## Member Search

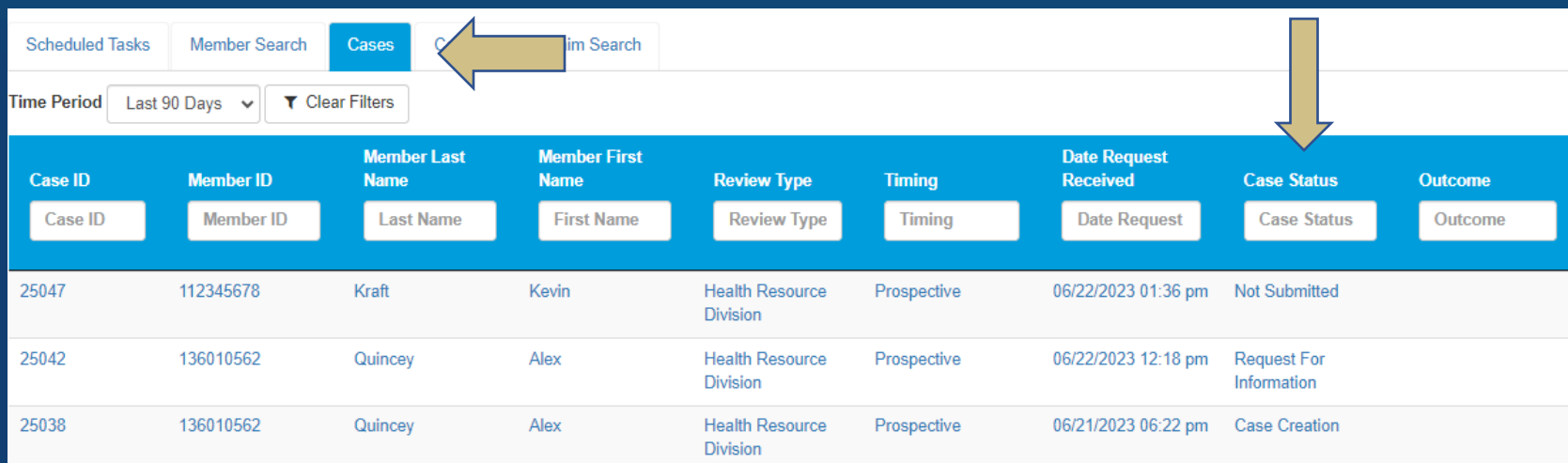
- If you are searching by using the Member Search function, you will be directed to the Member Hub.
- Click on the ellipsis (...) to the right of the review you are searching for.
- Click on **View Request** to see the status and details of that review.
- If the request has not yet been reviewed by our 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	25042	25054	Health Resource Division	Prospective	OSTBY ORTHODONTICS, INC., OSTBY ORTHODONTICS		06/22/2023	06/22/2024		...
Request			Health		WELSH DENT					View Request Delete

# View Request Status And Outcomes

## Using the Cases Tab

- The easiest way to find a case you have started or submitted is to click on the Cases Tab after selecting Case or Member Search
- This will show you all cases your organization has started and what the case status is.
  - Not Submitted – Case started by provider but has not completed/submitted it
  - Case Creation – Case has been submitted, but review has not started yet
  - Under Review – Case is currently being worked
  - Request for Information – Case has been sent back to requestor for more documentation
  - Complete – Case has been completed and an outcome rendered



Case ID	Member ID	Member Last Name	Member First Name	Review Type	Timing	Date Request Received	Case Status	Outcome
Case ID	Member ID	Last Name	First Name	Review Type	Timing	Date Request	Case Status	Outcome
25047	112345678	Kraft	Kevin	Health Resource Division	Prospective	06/22/2023 01:36 pm	Not Submitted	
25042	136010562	Quincey	Alex	Health Resource Division	Prospective	06/22/2023 12:18 pm	Request For Information	
25038	136010562	Quincey	Alex	Health Resource Division	Prospective	06/21/2023 06:22 pm	Case Creation	

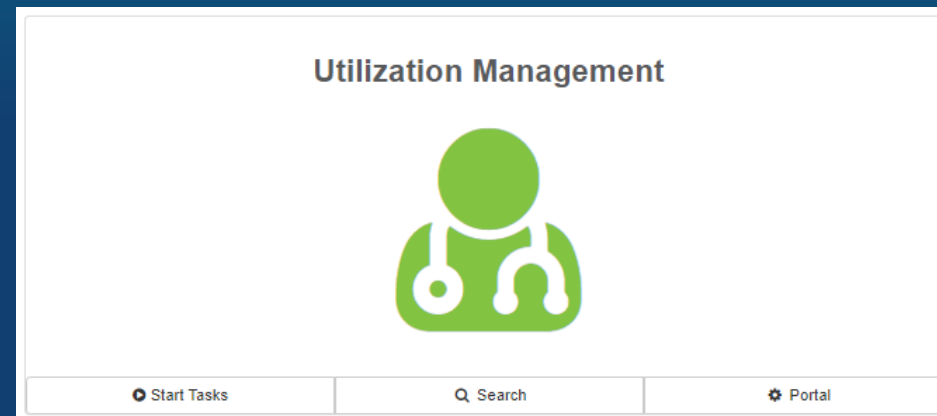
# Request for Information

- 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

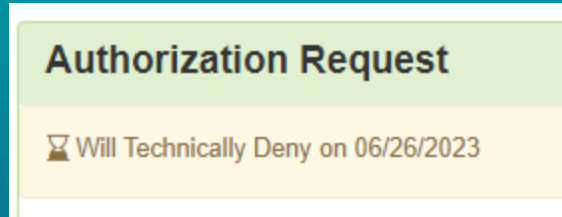
- At the scheduled task queue, you will see all tasks currently assigned to you.
- **Helpful Tip:** If you click on the blue comment bubble to the left of the Request for Information task, a modal will open with a note from the reviewer indicating what information they are requesting.
- Click on the ellipsis to the left of the page, to start the task.

	Task Type	Task Category	Task Status	Client	Last Name	First Name	Solution / Module	Assignee	Attempts	Task Scheduled Date
...	Request For Information		New	Montana - Mountain Pacific	Quincey	Alex	Medical Necessity	jzodyPPU	0	06/26/2023 05:00 pm

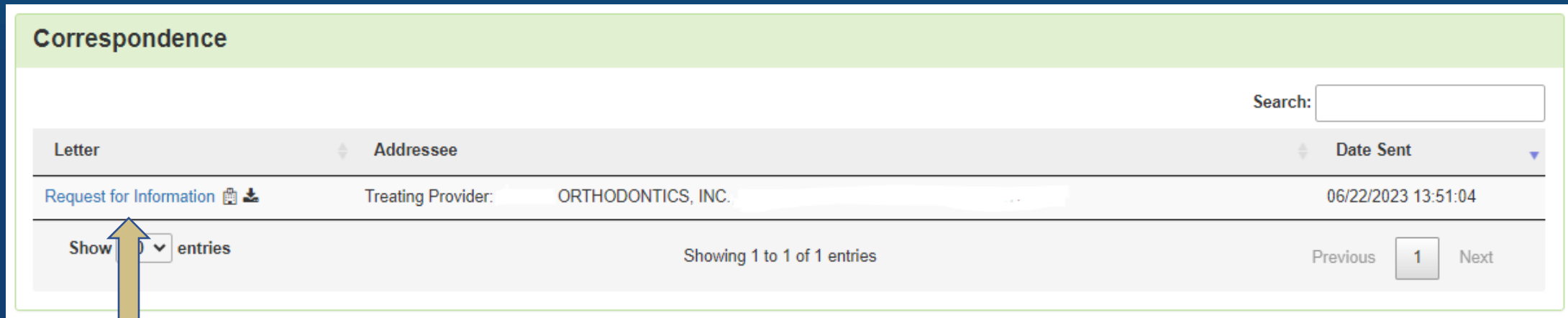


# Request for Information (cont)

- In the task queue or once you start the task, you will see the due date to respond to the RFI

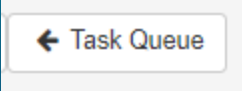


- Scroll to the Correspondence Panel to view the Request for Information letter.
- Click on the blue letter link to open it and see what information is being requested.



The screenshot shows a "Correspondence" panel with a search bar and a table of letters. The table has columns for "Letter", "Addressee", and "Date Sent". One entry is visible: "Request for Information" (with a blue link), "Treating Provider: ORTHODONTICS, INC.", and "06/22/2023 13:51:04". Below the table, there is a "Show 1 entries" button with an upward-pointing arrow, and pagination controls showing "Showing 1 to 1 of 1 entries" and "Previous 1 Next".

# Request for Information (cont)

- 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.
  - You **MUST** attach documentation to send the case back for review
- When you have added the necessary information, click the  button and the case will automatically be sent back to the clinical team to finish the review.
  - When you return to the Scheduled task queue, the task will no longer be visible, and you will know you've completed the RFI task.
- **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.

# Request for Information (cont)

- If you do not respond to the RFI task by the due date, the system will auto-close the case and attach an **Administrative Denial** letter under the Correspondence Panel
  - This is NOT a denial
  - Up to 30 days after the case goes into a technical denial status, you can Reopen the case
    - **PLEASE** Reopen the case instead of starting a new case as starting a new case will slow down the process
    - To Reopen the case, go into the member hub, click on the ellipsis (...) on the right and select **Reopen**




- If it is more than 30 days, a new request will need to be submitted

# 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**.
  - The **Cases** Tab will also show the outcome
- 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 Status: Review Complete Review Outcome: Approved
(HCPCS) A9999 - MISCELLANEOUS DME SUPPLY OR ACCESSORY NOS	Outcome: Approved



# View Outcome

Outcomes		Review Outcome: Approved
(HCPCS) A9999 - MISCELLANEOUS DME SUPPLY OR ACCESSORY NOS		Outcome: Approved
Requested		Final Recommendation
Outcome		Outcome Approved
Authorization Number		Authorization Number
Start Date	05/30/2023	Start Date 05/30/2023
End Date	08/31/2023	End Date 08/31/2023
Modifier 1		Modifier 1
Modifier 2		Modifier 2
Units	1 unit(s)	Approved 1 unit(s)
Frequency		Frequency
Total Cost		Total Cost
NOS Comment: wound care		Letter Rationale: Approved - medically necessary

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

# View Outcome

Outcomes		Review Outcome: Approved
(HCPCS) A9999 - MISCELLANEOUS DME SUPPLY OR ACCESSORY NOS		Outcome: Approved
Requested	Final Recommendation	
<b>Outcome</b>	<b>Outcome</b> Approved	
<b>Authorization Number</b>	<b>Authorization Number</b>	
<b>Start Date</b> 05/30/2023	<b>Start Date</b> 05/30/2023	
<b>End Date</b> 08/31/2023	<b>End Date</b> 08/31/2023	
<b>Modifier 1</b>	<b>Modifier 1</b>	
<b>Modifier 2</b>	<b>Modifier 2</b>	
<b>Units</b> 1 unit(s)	<b>Approved</b> 1 unit(s)	
<b>Frequency</b>	<b>Frequency</b>	
<b>Total Cost</b>	<b>Total Cost</b>	
<b>NOS Comment:</b> wound care	<b>Letter Rationale:</b> 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
<a href="#">Approval Provider MedNec</a>  	Treating Provider: EAGLE CLIFF MANOR, EAGLE CLIFF MANOR NPI: 1750376299	05/30/2023 10:47:13

Show   

Showing 1 to 1 of 1 entries

Previous  Next



# Determination form

The requested service and outcome is listed below.

Member Name: Alex Quincey	DOB: 05/13/1940	Medicaid ID #: 136010562	Case ID: 24953
Requested Service (1)			
Request Type: Prospective	Review Type: Nursing Facility		
Treating Provider: EAGLE CLIFF MANOR EAGLE CLIFF MANOR (1750376299)	Treating Facility:		
Date(s) of Service: 05/30/2023 - 08/31/2023	Quantity: 1 unit(s)		
Proc Code: A9999	Modifier:	Procedure Description: MISCELLANEOUS DME SUPPLY OR ACCESSORY NOS	

Determination (1)		
Dates(s) of Service Approved: 05/30/2023 - 08/31/2023	#Approved: 1 unit(s)	Authorization #:
Proc Code: A9999	Modifier:	Procedure Description: MISCELLANEOUS DME SUPPLY OR ACCESSORY NOS
Determination: Approved	Rationale: Approved - medically necessary	

- First section will show what was requested
- Second section will show the determination

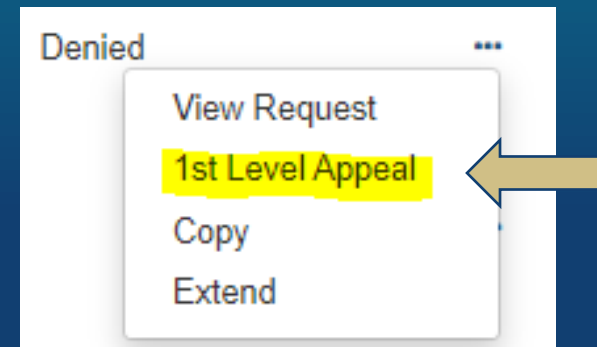
# Appeals

- If the request was denied, the determination letter will have appeal rights listed at the end
- To submit an appeal, find the case in the member hub and select **1<sup>st</sup> Level Appeal**
  - **MUST** attach a letter and **NEW** documentation that has not already been reviewed

## APPEAL PROCESS

In accordance with ARM 37.5.310 you have the right to request an Administrative Review to appeal the determination made. To request an Administrative Review, the request must be in writing, must state in detail your objections, and must include any substantiating documents and information which you wish the Department to consider in the Administrative Review. The request must be submitted via the Qualitrac Portal at: <https://www.mpqhf.org/corporate/medicaid-portal-home/>

The request for administrative review must be received by Mountain-Pacific within 30 days of the date of this written determination.



# Contact Us



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



- Call us: 1-800-219-7035

Thank you!

**QUESTIONS?**

**Mountain  
Pacific**

INNOVATING BETTER HEALTH

