

# Nursing Facilities Add-on Requests

PROVIDER PORTAL TRAINING  
MAY 30, 2023

**Mountain  
Pacific**  
INNOVATING BETTER  
HEALTH



# Agenda

1. Submitting an add-on request
2. View request status and outcomes

# Provider Portal

- Beginning **June 1, 2023**, nursing facilities will begin submitting add-on requests using the Qualitrac (QT) portal.
- Providers must complete the online registration process prior to submitting add-on requests.
  - Because of PASRR submissions, all nursing facilities should already have access to QT.
  - If for some reason your facility does NOT have QT access, please refer to: May 2021 – Montana Medicaid: Preadmission Screening and Resident Review (PASRR) Authorized Official Training

Click on the  
"Portal Sign In"  
link in top right-  
hand corner of  
the website to  
access QT.



**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>

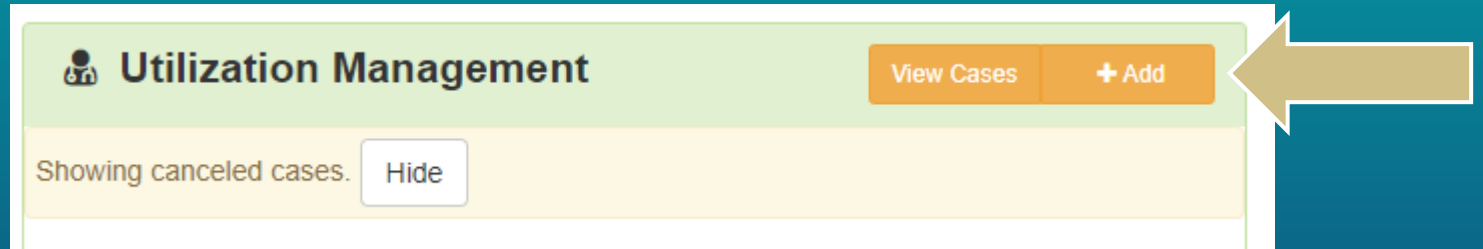
# Provider Portal

For a refresher on logging into QT, navigating or searching for a member, please review the PASRR training:

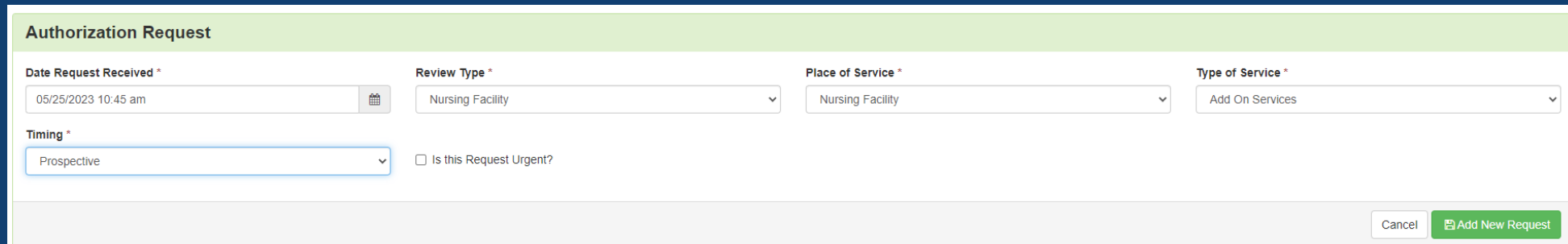
- [https://www.mpqhf.org/corporate/wp-content/uploads/2021/06/PASRR-Provider-training\\_May-2021-REVISED.pdf](https://www.mpqhf.org/corporate/wp-content/uploads/2021/06/PASRR-Provider-training_May-2021-REVISED.pdf)
- Slides 8-23

# Add New Review Request

- To begin new request, click the **ADD** button in Utilization Management Panel



- Authorization Request Panel:
  - Date and time of request will auto-populate
  - Review type = Nursing facility
  - Place of service = Nursing facility (auto-populates)
  - Type of service = Add-on services (auto-populates)
  - Timing = Prospective

A screenshot of the "Authorization Request" form. The form has a light blue header. Below the header, there are four dropdown menus: "Date Request Received \*" (05/25/2023 10:45 am), "Review Type \*" (Nursing Facility), "Place of Service \*" (Nursing Facility), and "Type of Service \*" (Add On Services). Below these, there is a "Timing \*" dropdown menu (Prospective) and a checkbox labeled "Is this Request Urgent?". At the bottom right, there are two buttons: "Cancel" and "Add New Request".

# Add New Review Request (cont.)

## Dates of Service

- Start date = date of request
- End date = depends on add-on requested
  - Wound care – 3 months
  - Behavior/traumatic brain injury (TBI) – 6 months
  - Bariatric – 12 months

## Coverage

Reminder – if “Member not Eligible” message appears, you must enter comment in Eligibility Comment box to continue.

## Personal Representative

Not needed, leave blank

# Add New Review Request (cont.)

## Providers

- **Treating provider:**  
Nursing facility that will bill for the add-on service
- **Ordering provider:**  
Health care professional for resident

## Provider Organization Visibility

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

## Diagnosis

- Search by ICD-10 code or term
- Code is easier



# Add New Review Request (cont.)

## Procedures

- Code will default to A9999
- **MUST** edit code to add note about specific add-on being requested

Procedures <span style="float: right;">+ Add</span>									
Seq.	Code	Description	NOS	Mod. 1	Mod. 2	Qty.	Frequency	Cost	Action
1	A9999	MISCELLANEOUS DME SUPPLY OR ACCESSORY NOS				1			

- Click on **Edit** icon below Action (highlighted above)
- Enter note in not otherwise specified (NOS) Description box, then click **Update**
- If requesting more than one add-on, must add additional lines

NOS Description \*

Add note here for specific add-on requested

Update

# Add New Review Request (cont.)

- Documentation
  - MUST include:
    - The add-on request form
    - Clinical documentation supporting the request
  - Same documentation previously submitted to Senior and Long-Term Care (SLTC)
  - Cannot submit request without attaching documentation

\*Refer to the PASRR training linked on slide five for more detailed information on each panel.

# Milliman Care Guidelines (MCG)

- When you have entered all the requested information and click **Continue**, the system will take you to the MCG tool (formerly known as Milliman Care Guidelines).
- MCG does not apply to Add-on requests
- Click **Submit Request** to close section

**Authorization Request** Request Form MCG Guideline Documentation Not Required Submit Request

**Patient :** 423428859 **Name :** Zohn, Alex **DOB :** 02/02/2014 **Gender :** Female [show more](#)

**Authorization :** EPS-00006814 **Type :** Procedure Pre-authorization **Status :** NoDecisionYet [show more](#)

**Diagnosis Codes :** L89.153(ICD-10 Diagnosis) *primary* **Procedure Codes :** A9999(CPT/HCPCS) *primary*

**Procedure Code:** A9999 (CPT/HCPCS) MCG Guideline Documentation Not Required

**Requested Units:** 1

**Description :** MISCELLANEOUS DME SUPPLYACCESS NOS

# Attestation


The last step in the submission process is certifying 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...**

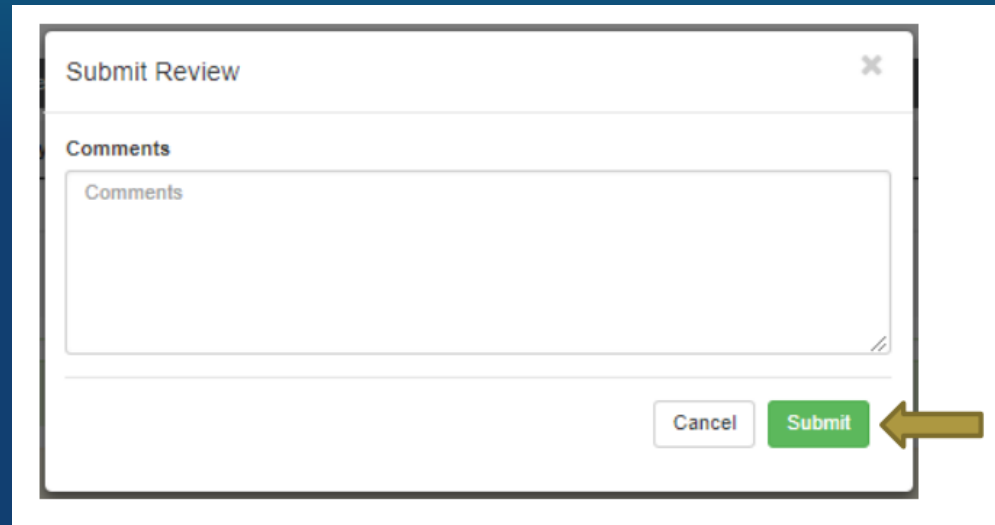
- that the submitted information is true, accurate and complete to the best of my knowledge.
- that the submitted information is supported within the patient's medical record.
- that I understand that any deliberate misrepresentation of any information in this medical review may subject me to liability 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 window 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 dialog box titled "Submit Review". The dialog has a close button (X) in the top right corner. Below the title, there is a section labeled "Comments" with a large text input area. At the bottom of the dialog, there are two buttons: "Cancel" and "Submit". 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.

# View Request Status and Outcomes

- To review information on email notifications, viewing the status and requests for information, please refer to the PASRR training linked on slide five.
  - Slides 58-67
- 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.

Status	Case ID	Request ID	Review Type	Timing	Treating Prov./Phys.	Treating Facility	Req. Start	Req. End	Outcome	Action
Request Has Been Submitted	24954	24966	Nursing Facility	Prospective	EAGLE CLIFF MANOR, EAGLE CLIFF MANOR		05/30/2023	08/31/2023		...


View Request  
Delete



# View Request Status and Outcomes

- Scroll down page to the Outcomes panel
- Determination will be displayed on the right
- Click dark brown section of panel to expand and view details

<b>Outcomes</b>	<b>Review Status:</b> Review Complete <b>Review Outcome:</b> Approved
(HCPCS) A9999 - MISCELLANEOUS DME SUPPLY OR ACCESSORY NOS	Outcome: Approved





# View Request Status and Outcomes

Requested tab will display what was requested in the review.

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	

# View Request Status and Outcomes

Final Recommendation tab will display the determination.

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	

# Print Determination Form

- Determination letter attached under the Correspondence section
- Click the blue link to preview letter and, if needed, print for resident'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  entries

Showing 1 to 1 of 1 entries

Previous  Next

# Determination Form

This will be different than the format SLTC was sending.

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	

# 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

