



**Mountain
Pacific**

INNOVATING BETTER HEALTH

Montana Healthcare Programs

MCG Provider Portal Training
Physician Administered Drugs

October 2023

Provider Portal Recap/Refresh

- Montana Healthcare Programs implemented the Qualitrac Portal on August 10th, 2020, for submission of Physician Administered Drug prior authorization claims.
- Providers can access the Qualitrac system via the Provider Portal using the log-in link at the top right-hand corner of the website:
 - <http://www.mpqhf.org/corporate/medicaid-portal-home>
- For information on how to enter a case into Qualitrac, please refer to the July 2020 Montana Medicaid: Provider Portal Training for Physician Administered Drugs (PAD) recording and/or slide deck.
 - Training is located in the **Education and Trainings** section



**Mountain
Pacific**
INNOVATING BETTER HEALTH

Medicaid Utilization Review
and Ambulance Provider Portal

Portal Sign In

Portal Registration

Does a code require a prior authorization?
PRIOR AUTH CHECK.

Home



Home

Document
Library



Education
& Training



FAQs
& Quicknotes



Provider
News



Contact Us



Prior Auth
Check



Welcome to the Mountain Pacific 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

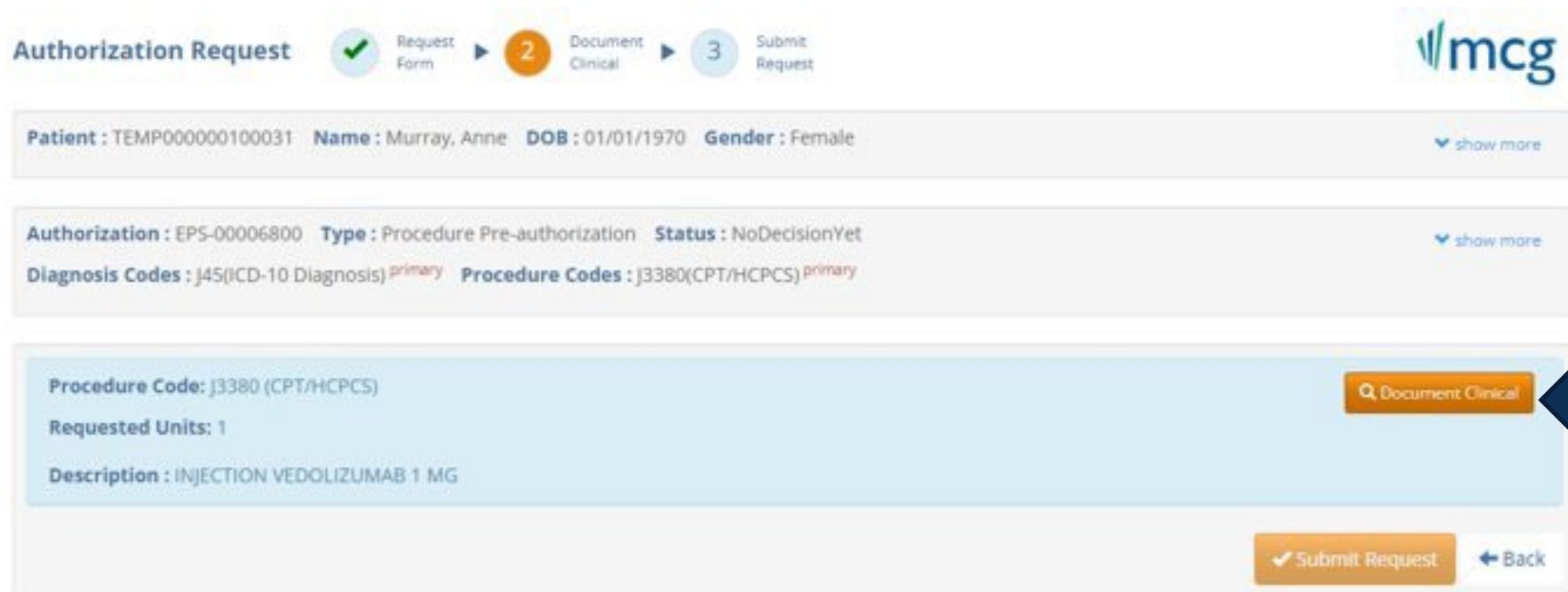
This portal provides a two-way, secure data exchange between requesting providers and Mountain Pacific. We are always looking for ways to improve our partnership with providers. Our goal is to save time and gain efficiencies, and this portal helps do that.

Changes

- Beginning October 16, 2023, users will be required to verify clinical criteria through the MCG system inside the Qualitrac Portal.
- This training will replace **Slide 52** in the original July 2020 Montana Medicaid: Provider Portal Training for Physician Administered Drugs (PAD) slide deck.
- Training will resume on **Slide 53** in the original July 2020 Montana Medicaid: Provider Portal Training for Physician Administered Drugs (PAD) slide deck.

MCG (to replace original slide 52)

- When you have entered all the requested information and click **Continue**, the system will take you to the MCG tool (formerly known as the Milliman Care Guidelines).
- State of Montana criteria has been built into the MCG tool and applies to the Physician Administered Drug requests.
- Click **Document Clinical** to enter criteria.



The screenshot displays the MCG tool interface. At the top, a progress bar shows three steps: 1. Request Form (completed with a green checkmark), 2. Document Clinical (current step, highlighted in orange), and 3. Submit Request. The 'mcg' logo is in the top right corner. Below the progress bar, patient information is displayed: Patient: TEMP000000100031, Name: Murray, Anne, DOB: 01/01/1970, Gender: Female. A 'show more' link is available. Below this, authorization details are shown: Authorization: EPS-00006800, Type: Procedure Pre-authorization, Status: NoDecisionYet, and a 'show more' link. The main section displays the Procedure Code: j3380 (CPT/HCPCS), Requested Units: 1, and Description: INJECTION VEDOLIZUMAB 1 MG. A blue arrow points to the 'Document Clinical' button, which is highlighted in orange. At the bottom right, there are 'Submit Request' and 'Back' buttons.

Authorization Request

Request Form → 2 Document Clinical → 3 Submit Request

mcg

Patient : TEMP000000100031 Name : Murray, Anne DOB : 01/01/1970 Gender : Female [show more](#)

Authorization : EPS-00006800 Type : Procedure Pre-authorization Status : NoDecisionYet [show more](#)

Diagnosis Codes : j45(ICD-10 Diagnosis) *primary* Procedure Codes : j3380(CPT/HCPCS) *primary*

Procedure Code: j3380 (CPT/HCPCS) [Document Clinical](#)

Requested Units: 1

Description : INJECTION VEDOLIZUMAB 1 MG

[Submit Request](#) [Back](#)

MCG

- IMPORTANT NOTE: Previously, selecting **Back** allowed bypass of the MCG tool.
- **Do not** select this option anymore.
- Documentation of criteria **will be required** to review prior authorization. If the case is submitted without criteria, **it will be returned**.

Authorization Request

Patient : TEMP000000100031 Name : Murray, Anne DOB : 01/01/1970 Gender : Female [show more](#)

Authorization : EPS-00006800 Type : Procedure Pre-authorization Status : NoDecisionYet [show more](#)
Diagnosis Codes : J45(ICD-10 Diagnosis) *Primary* Procedure Codes : J3380(CPT/HCPCS) *Primary*

Procedure Code: J3380 (CPT/HCPCS) [Document Clinical](#)
Requested Units: 1
Description : INJECTION VEDOLIZUMAB 1 MG

[Submit Request](#) [Back](#)

MCG, (continued)

- Determine the clinical criteria applicable for the member.
 - If the medication has multiple indications, indications will be listed separately in the guidelines.
 - If the medication has initial coverage criteria and renewal coverage criteria, both will be listed separately in the guidelines.

Procedure Code: J3380 (CPT/HCPCS)

Requested Units: 1

Description : INJECTION VEDOLIZUMAB 1 MG

MT-002 - Entyvio - (AC)

The procedure is/was needed for appropriate care of the patient because of ...

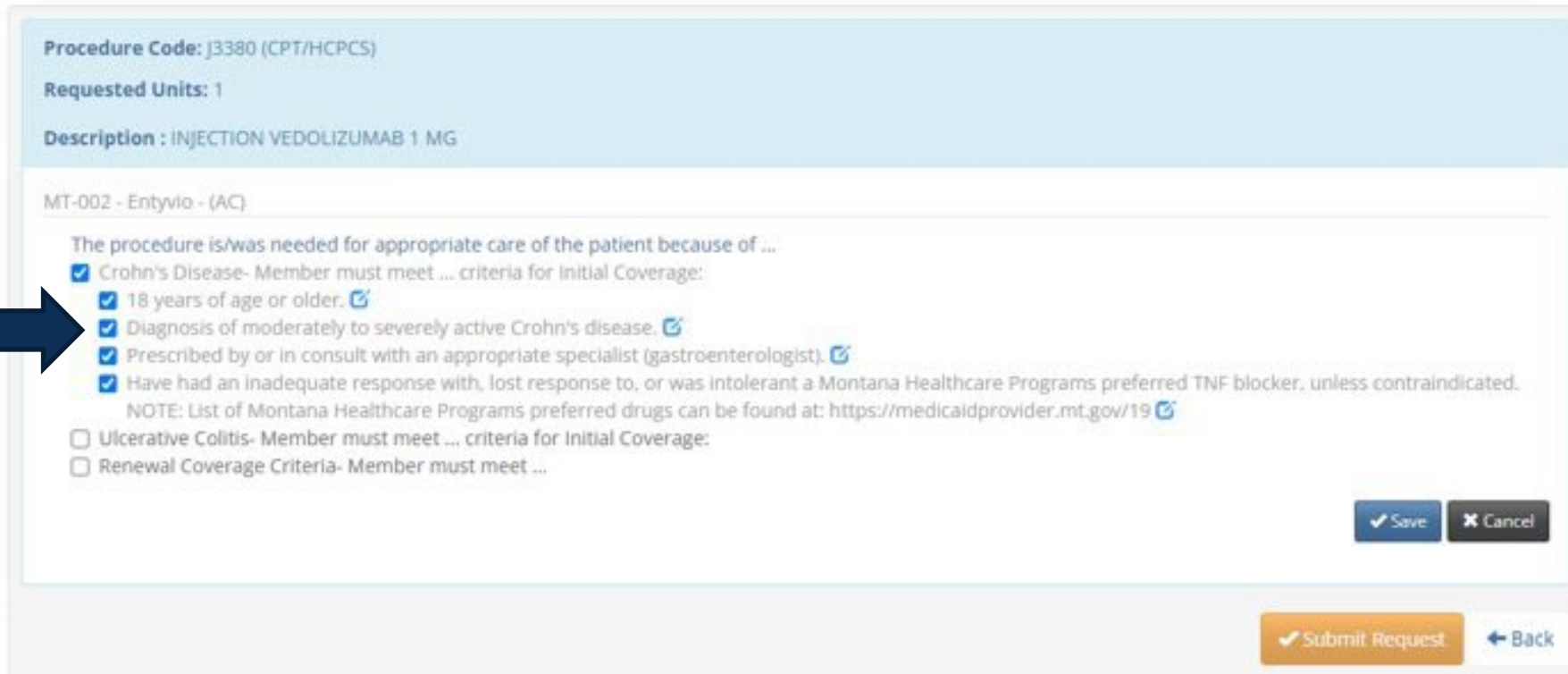
- Crohn's Disease- Member must meet ... criteria for Initial Coverage:
- Ulcerative Colitis- Member must meet ... criteria for Initial Coverage:
- Renewal Coverage Criteria- Member must meet ...

[✓ Save](#) [✗ Cancel](#)

[✓ Submit Request](#) [← Back](#)

MCG, (continued)

- Select the clinical criteria applicable to the member by selecting the check-box.
- When a check-box is selected, additional criteria may be required for that option. If applicable, a drop-down list will open, providing additional criteria to select.
- Do not select criteria and/or indications that do not apply to the member.



Procedure Code: J3380 (CPT/HCPCS)
Requested Units: 1
Description : INJECTION VEDOLIZUMAB 1 MG


MT-002 - Entyvio - (AC)

The procedure is/was needed for appropriate care of the patient because of ...

- Crohn's Disease- Member must meet ... criteria for Initial Coverage:
 - 18 years of age or older. [🔗](#)
 - Diagnosis of moderately to severely active Crohn's disease. [🔗](#)
 - Prescribed by or in consult with an appropriate specialist (gastroenterologist). [🔗](#)
 - Have had an inadequate response with, lost response to, or was intolerant a Montana Healthcare Programs preferred TNF blocker, unless contraindicated.
- Ulcerative Colitis- Member must meet ... criteria for Initial Coverage:
- Renewal Coverage Criteria- Member must meet ...

NOTE: List of Montana Healthcare Programs preferred drugs can be found at: <https://medicalprovider.mt.gov/19> [🔗](#)





MCG, (continued)


- At the end of every criteria line is the notepad icon. 
- This icon allows the provider to leave notes for the reviewer.
- Utilizing the note feature will help expedite the review and decrease the number of requests for information sent.
- Multiple notes can be left per review.

Procedure Code: J3380 (CPT/HCPCS)
Requested Units: 1
Description : INJECTION VEDOLIZUMAB 1 MG


MT-002 - Entyvio - (AC)

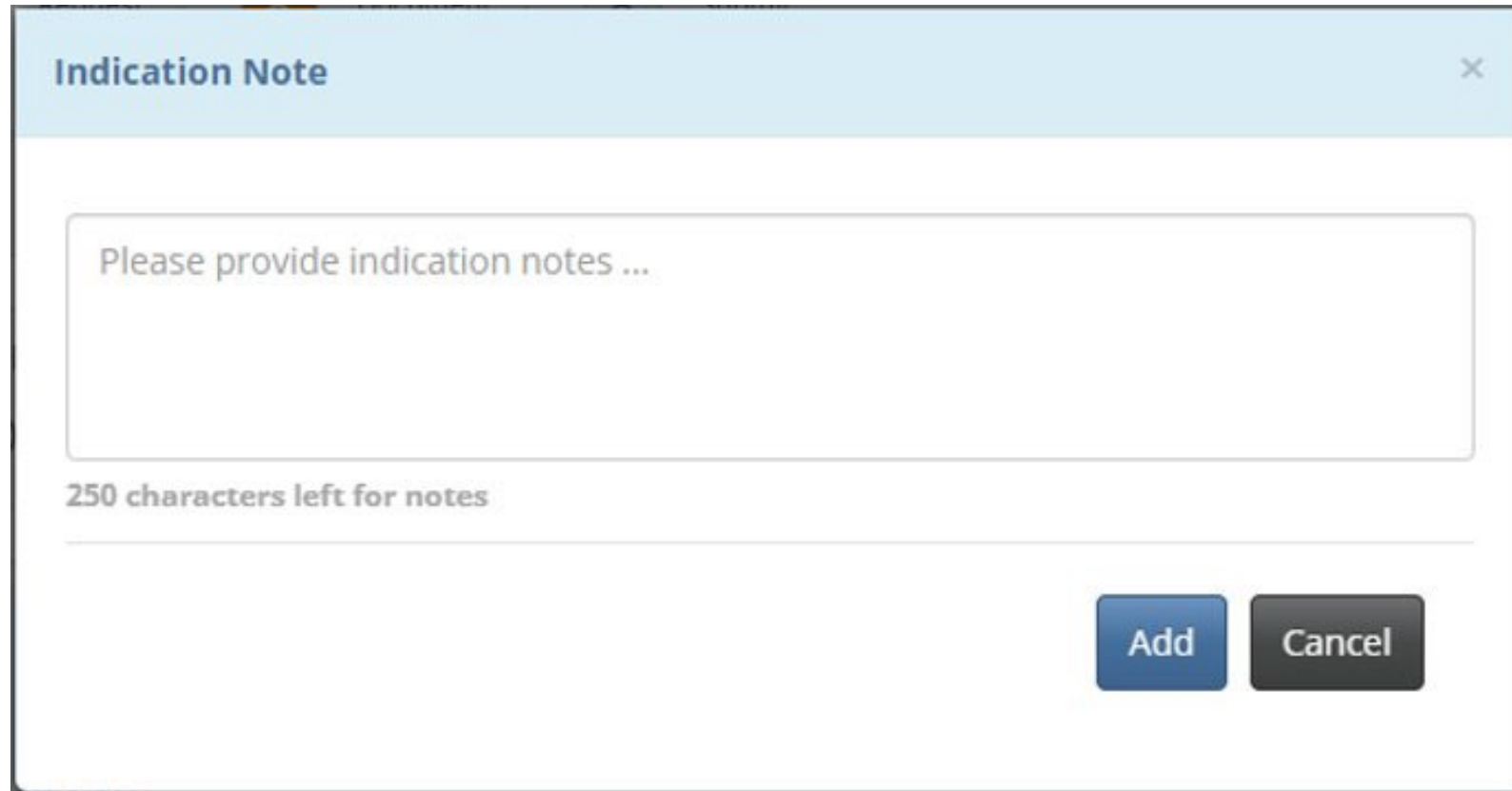
The procedure is/was needed for appropriate care of the patient because of ...

- Crohn's Disease- Member must meet ... criteria for Initial Coverage:
 - 18 years of age or older. 
 - Diagnosis of moderately to severely active Crohn's disease. 
 - Prescribed by or in consult with an appropriate specialist (gastroenterologist).  
 - Have had an inadequate response with, lost response to, or was intolerant a Montana Healthcare Programs preferred TNF blocker, unless contraindicated.
- Ulcerative Colitis- Member must meet ... criteria for Initial Coverage:
- Renewal Coverage Criteria- Member must meet ...

NOTE: List of Montana Healthcare Programs preferred drugs can be found at: <https://medicaidprovider.mt.gov/19> 

MCG, (continued)

- When the notepad icon  is selected, a box called **Indication Note** will pop-up.
- Be as detailed as possible when entering notes for the reviewer.
- Enter as many notes as necessary for the reviewer.



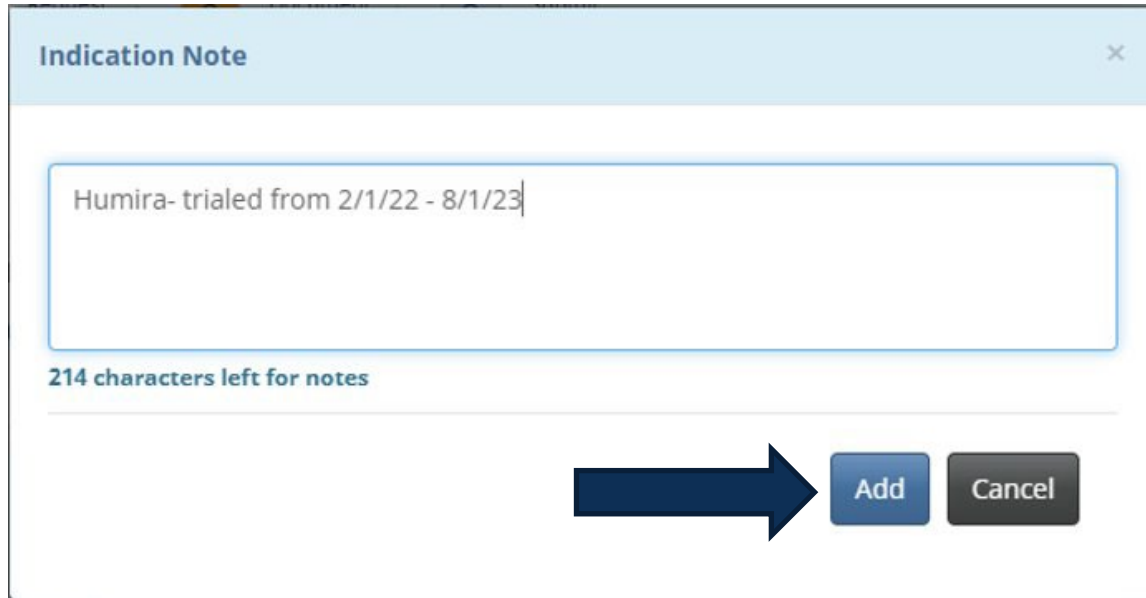
The screenshot shows a dialog box titled "Indication Note" with a close button (X) in the top right corner. Inside the dialog, there is a large text input area with the placeholder text "Please provide indication notes ...". Below the input area, it says "250 characters left for notes". At the bottom right of the dialog, there are two buttons: "Add" (a blue button) and "Cancel" (a dark grey button).

MCG, (continued)

Indication Note Examples

- Example #1:
 - A provider can leave a note to the reviewer indicating a previously trialed medication and dates the medication was trialed.
- Example #2:
 - A provider can leave a note to the reviewer indicating the page number in chart notes that the criteria can be found
- When finished with the message to the reviewer, select **Add**.

Note #1



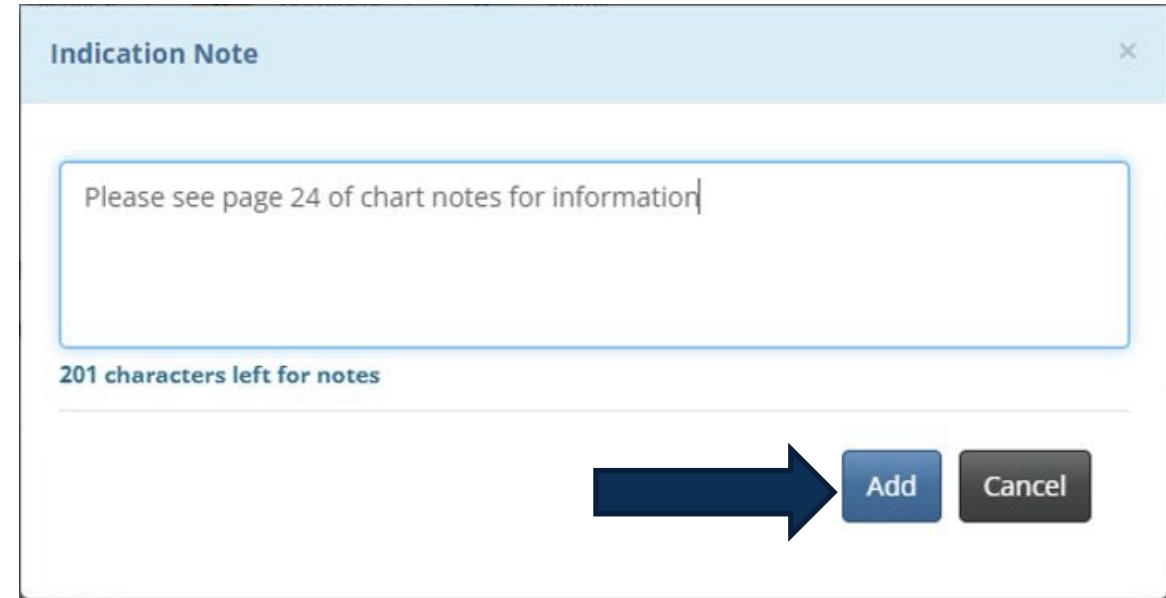
Indication Note

Humira- trialed from 2/1/22 - 8/1/23

214 characters left for notes

Add Cancel

Note #2



Indication Note

Please see page 24 of chart notes for information

201 characters left for notes

Add Cancel

MCG, (continued)

- When all criteria applicable to the member has been selected, select **Save**.

Procedure Code: J3380 (CPT/HCPCS)

Requested Units: 1

Description : INJECTION VEDOLIZUMAB 1 MG

MT-002 - Entyvio - (AC)

The procedure is/was needed for appropriate care of the patient because of ...

Crohn's Disease- Member must meet ... criteria for Initial Coverage:

18 years of age or older. [✎](#)

Diagnosis of moderately to severely active Crohn's disease. [✎](#)

Prescribed by or in consult with an appropriate specialist (gastroenterologist). [✎](#)

Have had an inadequate response with, lost response to, or was intolerant a Montana Healthcare Programs preferred TNF blocker, unless contraindicated.

NOTE: List of Montana Healthcare Programs preferred drugs can be found at: <https://medicaidprovider.mt.gov/19> [✎](#)

Ulcerative Colitis- Member must meet ... criteria for Initial Coverage:

Renewal Coverage Criteria- Member must meet ...



✓ Save

✕ Cancel

✓ Submit Request

← Back

MCG, (continued)

- The screen will refresh. Once it does, select **Submit Request**.

Authorization Request

Patient : TEMP000000100031 **Name :** Murray, Anne **DOB :** 01/01/1970 **Gender :** Female [show more](#)

Authorization : EPS-00006800 **Type :** Procedure Pre-authorization **Status :** NoDecisionYet [show more](#)
Diagnosis Codes : J45(ICD-10 Diagnosis) *primary* **Procedure Codes :** J3380(CPT/HCPCS) *primary*

Procedure Code: J3380 (CPT/HCPCS) [show more](#)
Requested Units: 1
Description : INJECTION VEDOLIZUMAB 1 MG

Submit Request [Back](#)

Important Information

- Website:

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

- Call us:

Portal technical assistance - 1-800-219-7035