

# Big Sky Waiver (BSW) Prior Authorization Process

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PROVIDER PORTAL TRAINING

OCTOBER 30, 2023

**Mountain  
Pacific**

INNOVATING BETTER HEALTH



# Agenda

- Qualitrac
- Submitting a BSW request
- View request status and outcomes

# Qualitrac

# Our System: Qualitrac (QT)

Qualitrac is a web-based health management system built and maintained by a team of clinical and technical experts at Telligen featuring:

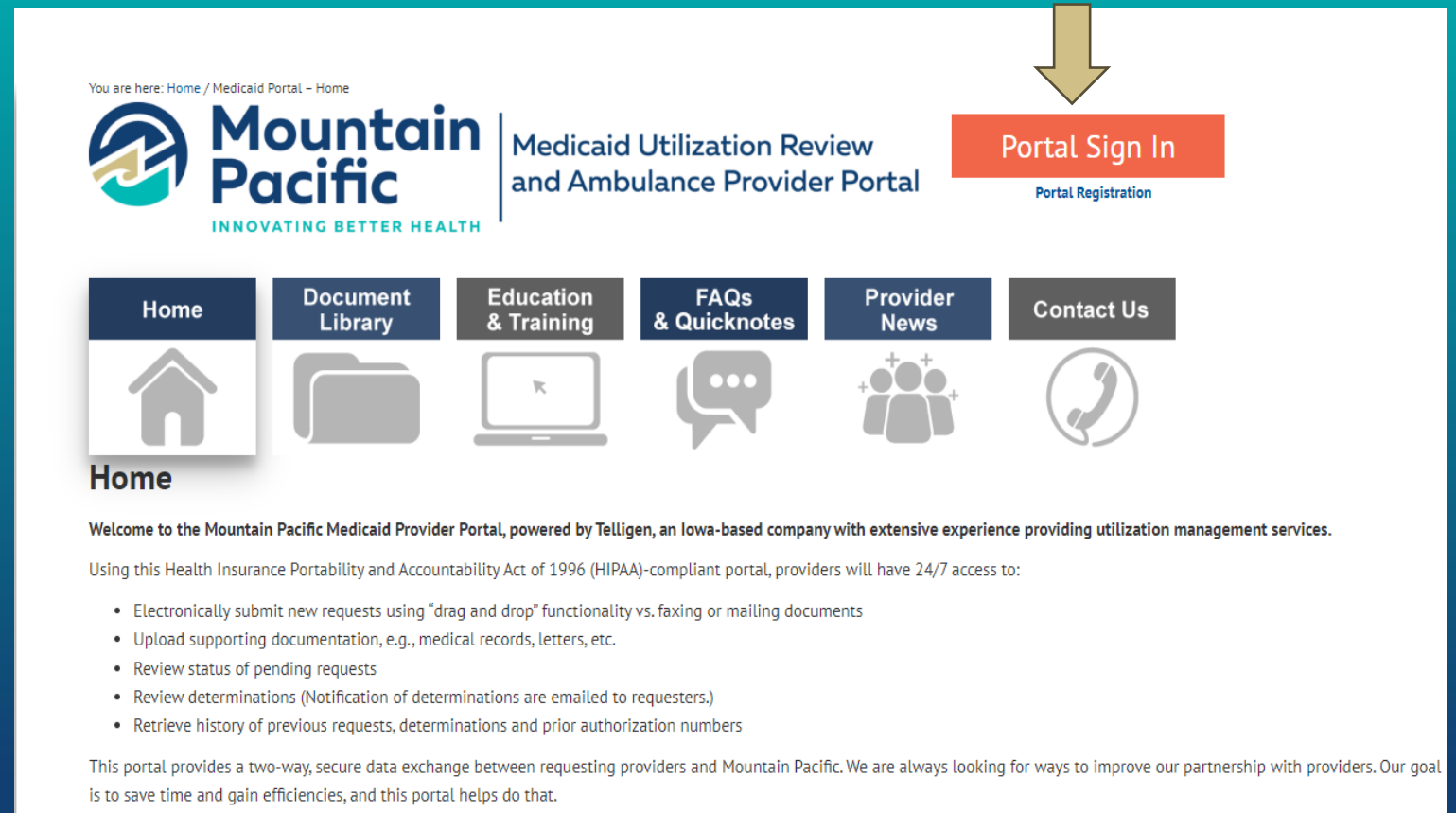
- 24/7 provider access
- Streamlined review process with all necessary information contained on one-page
- Secure electronic upload of clinical documentation
- Provider ability to track progress of submitted requests



# Provider Portal

- Beginning **November 1, 2023**, BSW case managers will begin submitting requests using the Qualitrac (QT) Portal
  - **Only items that fall under #6 and #7 in [policy 403](#), section *Prior Authorization Situations* (page 3 and 4)**
- 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
- 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



You are here: Home / Medicaid Portal - Home

**Mountain Pacific**  
INNOVATING BETTER HEALTH

Medicaid Utilization Review  
and Ambulance Provider Portal

**Portal Sign In**  
Portal Registration

Home | Document Library | Education & Training | FAQs & Quicknotes | Provider News | Contact Us

**Home**

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.

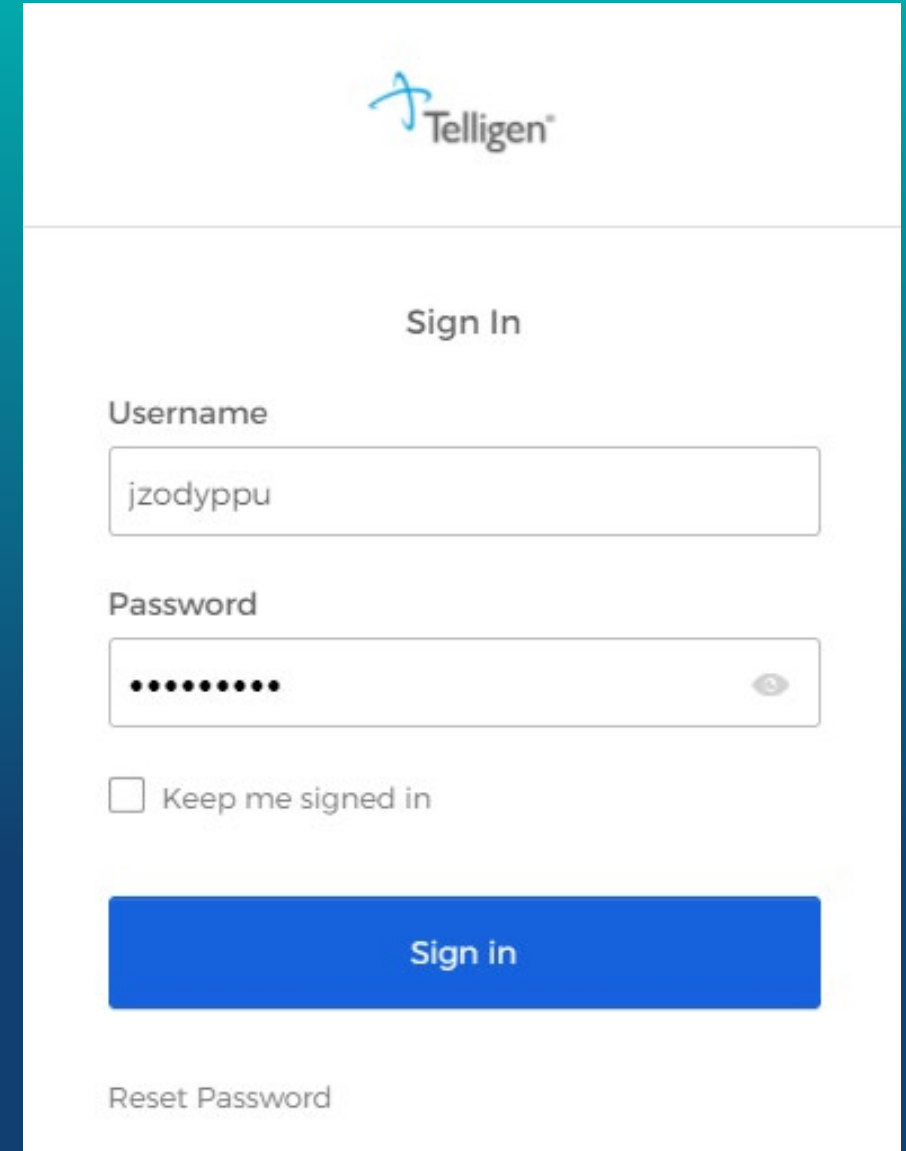
<http://www.mpqhf.org/corporate/medicaid-portal-home>

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

# Provider Portal (cont. 1)

## 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 is the heading "Sign In". There are two input fields: "Username" with the text "jzodyppu" and "Password" with masked characters. Below the password field is a checkbox labeled "Keep me signed in". At the bottom is a blue "Sign in" button and a "Reset Password" link.

Telligen®

Sign In

Username

jzodyppu

Password

.....

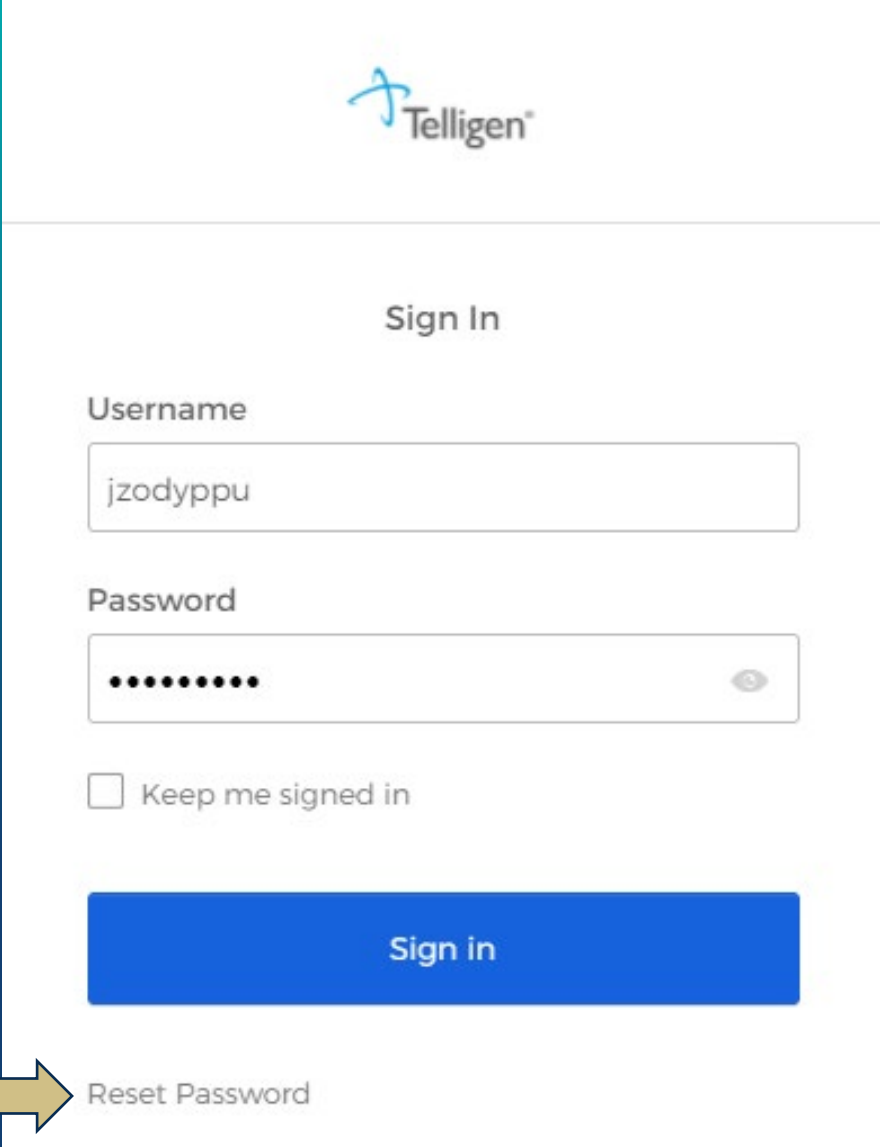
Keep me signed in

Sign in

Reset Password

# Provider Portal (cont. 2)

- 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.



Telligen

Sign In

Username  
jzodyppu

Password  
.....

Keep me signed in

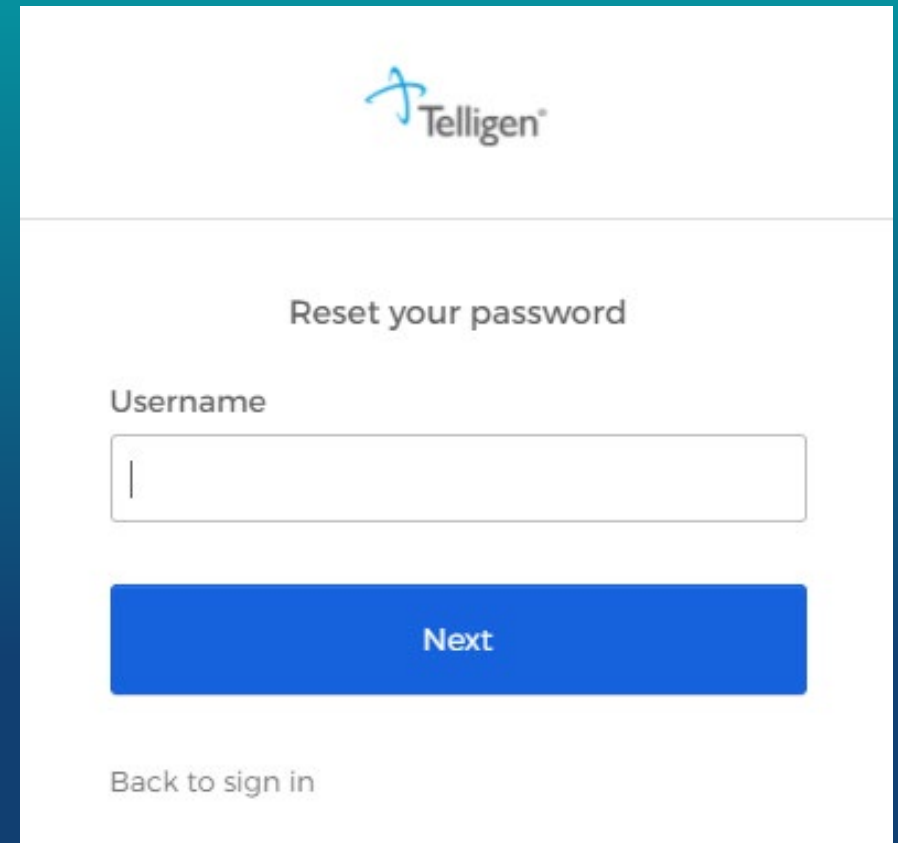
Sign in

Reset Password



# Provider Portal (cont. 3)

- 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.

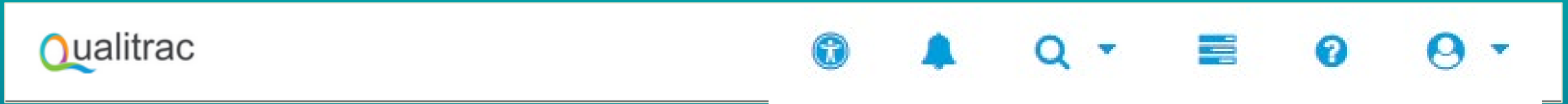


The screenshot shows the 'Reset your password' page for the Telligen system. At the top, the Telligen logo is displayed. Below the logo, the heading 'Reset your password' is centered. Underneath, the label 'Username' is positioned above a text input field. A blue button labeled 'Next' is located below the input field. At the bottom of the form, there is a link that says '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)

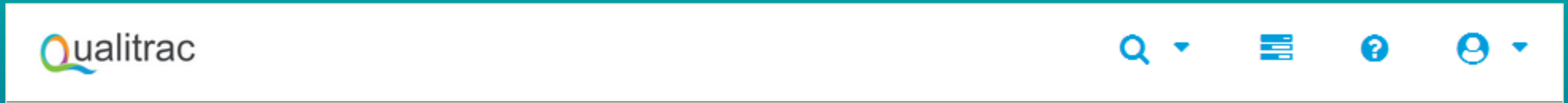


Messages – Any messages posted by the Qualitrac support team in the last 30 days can be viewed here



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

# Navigational Tools (cont.)



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.



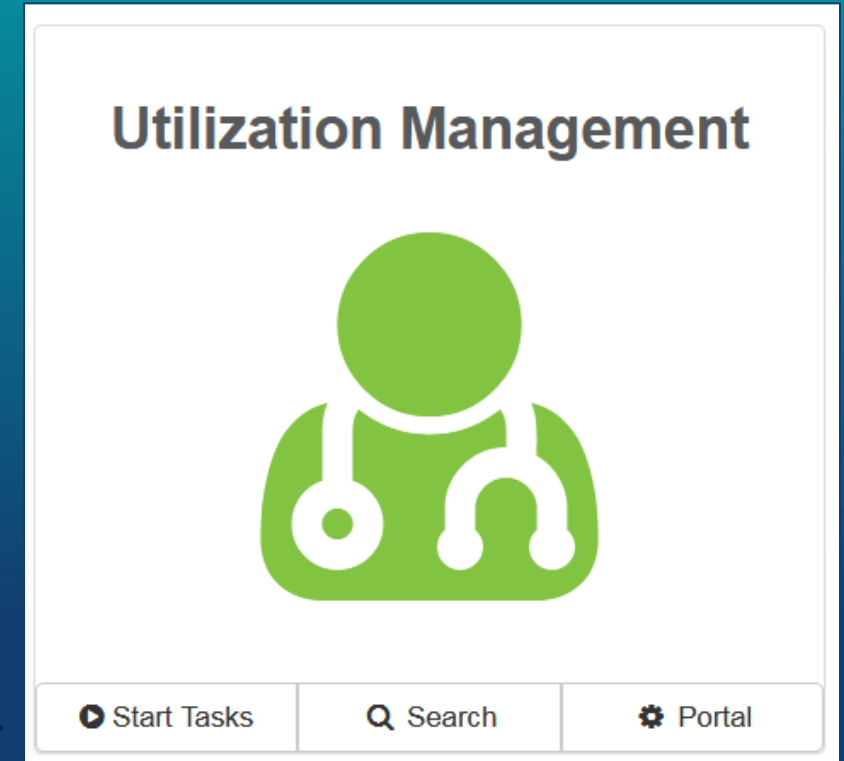
Knowledge Center – The Knowledge Center provides user guides, FAQs and tip sheets.



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

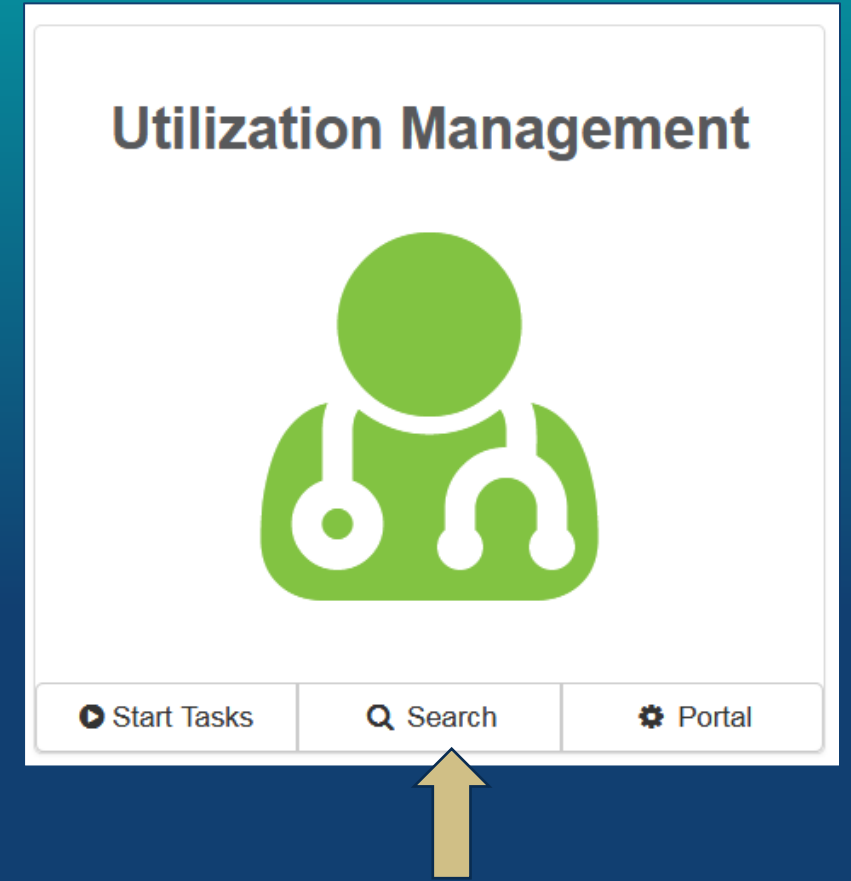
# Utilization Management Module

- **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 (cont. 1)

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 shows a web application 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". To the right of these fields is a blue "Search" button.

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". To the right of these fields is a blue "Search" button.

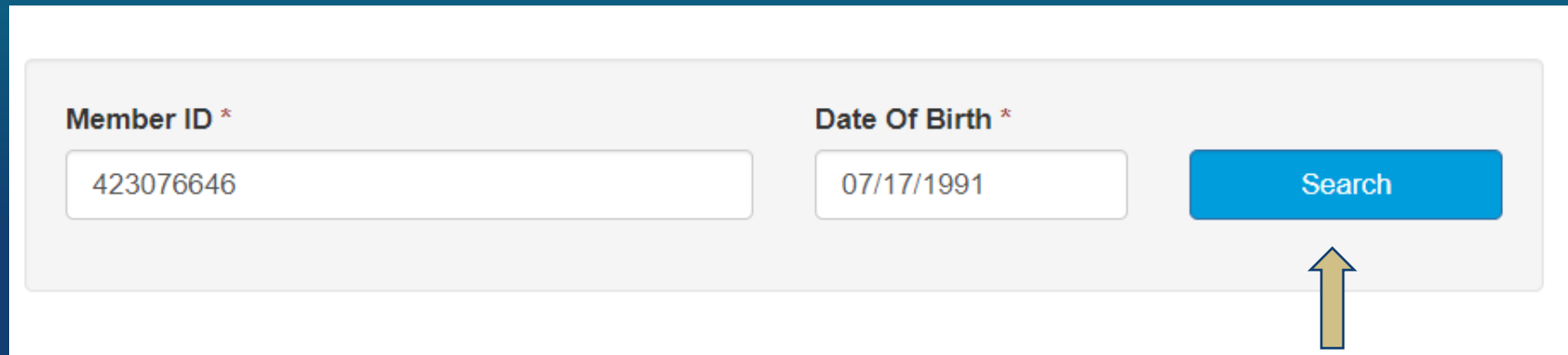
Two yellow arrows point upwards to the "Member ID" input field in the first form and the "First Name" input field in the second form.

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

# Find a Member (cont. 2)

## 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 \*

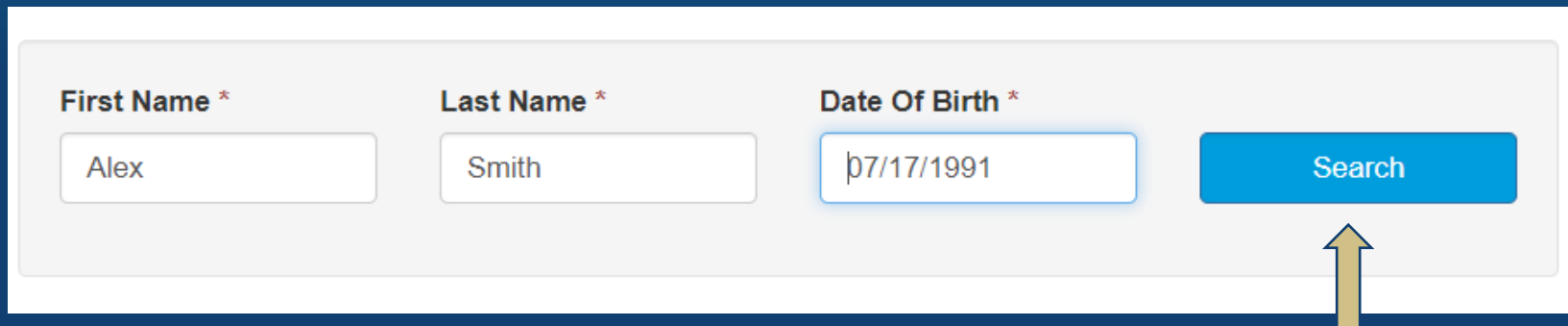
423076646      07/17/1991      Search



# Find a Member (cont. 3)

## Member Name and Date of Birth

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



A screenshot of a search form. It contains three input fields and one 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 text "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 (cont. 4)

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

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

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

View Member Details

View Even More Member Details

**View Even More Member Details** will provide additional info such as member eligibility information.

**View Member Details** will minimize the panel.

# 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 = **Big Sky Waiver**
- Place of Service = **Community and/or Home** (auto-populates)
- Type of Service = **Medical Supplies OR Specialized Medical Equipment**
- Timing = **Prospective**

The screenshot shows a form titled "Authorization Request" with the following fields and values:

Date Request Received *	Review Type *	Place of Service *	Type of Service *	Timing *
10/25/2023 10:12 am	Big Sky Waiver	Community and/or Home	Specialized Medical Equipment	Prospective

At the bottom right of the form, there are two buttons: "Cancel" and "Add New Request". A yellow arrow points to the "Add New Request" button.

- Select **Add New Request.**
- Select **Cancel** if you have made the request in error.<sup>23</sup>

# Date of Service, Coverage and Personal Representative Panels

## Dates of Service

Start Date = Date of request

End Date = Last Day of Members Service Plan year

## 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

- The next sections ask for information related to the Treating and Ordering Provider. You will click the **Add** button on each line to provide the necessary information.
- The Treating Provider is whomever is going to be providing the service and billing
- The Ordering Provider is the provider (HCP) that ordered the item/service.

Providers *								
Type	Name	NPI	Address	Phone	Primary Taxonomy	PPO Redirect Reason	Comments	Action
Treating Provider *					Not Supplied			<a href="#">+ Add</a>
Ordering Provider *					Not Supplied			<a href="#">+ Add</a>

# Provider Panel (cont. 1)

- 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 provider.
- Helpful Tip: Entering just the NPI or Provider ID renders the quickest results. Less is more!

The screenshot shows a web interface titled "Providers \*". In the top right corner, there is a "Back" button with a left-pointing arrow. The main form area contains several input fields: "NPI Number" (with a help icon) containing "1629020722", "Other ID Number" (with a help icon), "Last / Organization Name", and "First Name". Below these are "City", "State" (a dropdown menu currently showing "Montana"), "Zip Code", and "Taxonomy" (a dropdown menu). At the bottom left, there is a toggle switch for "Search using NPPES" which is currently turned "ON". At the bottom right, there is a blue "Search" button with a magnifying glass icon.

# Provider Panel (cont. 2)

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



Name	NPI	Primary Number	Other ID	Type	Address	Phone	Primary Taxonomy	Source
<input type="checkbox"/> BENEFIS SPECTRUM MEDICAL INC, BENEFIS SPECTRUM MEDICAL INC	1811927452	0000129064	0000129064	?	2906 10th Ave S Great Falls, MT, 59405			Provider File
<input type="checkbox"/> BENEFIS SPECTRUM MEDICAL, BENEFIS SPECTRUM MEDICAL	1477822740	0000325026	0000325026	?	218 W Broadway St Lewistown, MT, 59457			Provider File
<input type="checkbox"/> BENEFIS SPECTRUM MEDICAL, BENEFIS SPECTRUM MEDICAL	1801165170	0000324922	0000324922	?	2210 A Hwy 93 S Kalispell, MT, 59901			Provider File
<input type="checkbox"/> BENEFIS SPECTRUM MEDICAL, BENEFIS SPECTRUM MEDICAL		0000397787	0000397787	?	2900 10th Ave S Great Falls, MT, 00000			Provider File
<input type="checkbox"/> BENEFIS SPECTRUM MEDICAL, BENEFIS SPECTRUM MEDICAL	1811266182	0000324819	0000324819	?	315 N 24th St Billings, MT, 59101			Provider File

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

# Provider Panel (cont. 3)

- After clicking the green + box, the Treating Provider will be added to the Provider section
  - This is who will bill for the service
- Next, add the Ordering Provider
  - The Treating Facility and Ordering Provider will never be the same, so please do not use the *Copy Treating Provider to Ordering Provider* feature when adding the Ordering Provider. Select **Add New** to add the Ordering Provider (HCP)

The screenshot shows a 'Providers \*' section with a table containing two rows. The first row is for a 'Treating Provider' named 'BENEFIS SPECTRUM MEDICAL INC.' with NPI 1811927452 and address '2906 10th Ave S, Great Falls, MT, 59405'. The second row is for an 'Ordering Provider \*' with the address 'Not Supplied'. 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 'Copy Treating Provider to Ordering Provider' option back to the table area.



Type	Name	NPI	Address	Phone	Primary Taxonomy	PPO Redirect Reason	Comments	Action
Treating Provider	② BENEFIS SPECTRUM MEDICAL INC, BENEFIS SPECTRUM MEDICAL INC	1811927452	2906 10th Ave S Great Falls, MT, 59405					...
Ordering Provider *			Not Supplied					+ Add -


Provider Organization Visibility ?

+ Add New  
Copy Treating Provider to Ordering Provider

# Provider Panel (cont. 4)

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

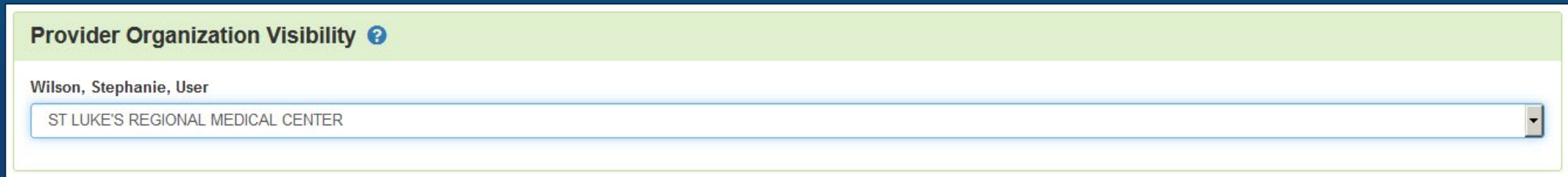
Providers									
Type	Name	NPI	Address	Phone	Primary Taxonomy	PPO Redirect Reason	Comments	Action	
Treating Provider	 BENEFIS SPECTRUM MEDICAL INC, BENEFIS SPECTRUM MEDICAL INC	1811927452	2906 10th Ave S Great Falls, MT, 59405					...	
Ordering Provider	 KUNTZWEILER, DOUGLAS	1558315762	2475 Broadway Helena, MT, 59601					...	





# Provider Organization Visibility Panel

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



The screenshot shows a web interface for 'Provider Organization Visibility'. At the top, there is a green header bar with the title 'Provider Organization Visibility' and a help icon. Below the header, the user's name 'Wilson, Stephanie, User' is displayed. A dropdown menu is open, showing the selected organization '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

Search

# Diagnosis Panel (cont. 1)

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.

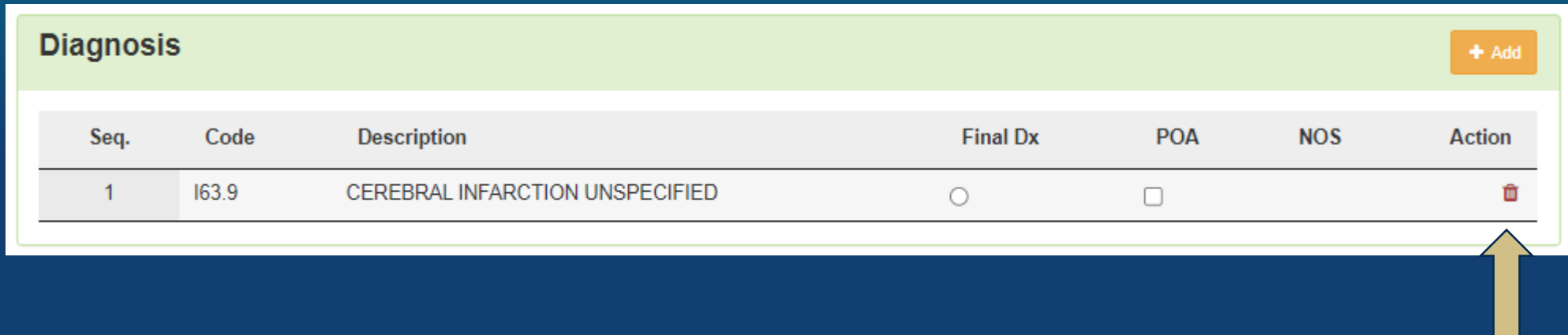
The screenshot shows the 'Add Diagnosis' interface. At the top, there is a header 'Add Diagnosis'. Below it, the 'Method' section has two radio buttons: 'Search By Code' (selected) and 'Search By Term'. A light green bar labeled 'Search By Code' is above a text input field containing 'I63.9'. A blue button with a magnifying glass icon and the text 'Search' is below the input field. Below the search bar, there is a 'Show' dropdown menu set to '10' and the text 'entries'. To the right is a 'Search:' input field. Below this is a table with two columns: 'Code' and 'Description'. The table has one row with the code 'I63.9' and the description 'CEREBRAL INFARCTION UNSPECIFIED'. A radio button is selected next to the code. Below the table, it says 'Showing 1 to 1 of 1 entries'. To the right of this text are 'Previous' and 'Next' buttons, with a '1' button in between. At the bottom, there are three buttons: 'Cancel', 'Submit and Add Another', and 'Submit'. Two yellow arrows point to the 'Submit and Add Another' button and the 'Submit' button.

Code	Description
<input checked="" type="radio"/> I63.9	CEREBRAL INFARCTION UNSPECIFIED




# Diagnosis Panel (cont. 2)

- 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.

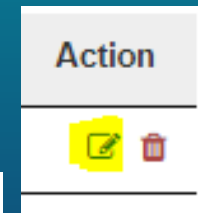


The screenshot shows a 'Diagnosis' panel with a table of entries. The table has columns for 'Seq.', 'Code', 'Description', 'Final Dx', 'POA', 'NOS', and 'Action'. The first row contains the following data: '1', 'I63.9', 'CEREBRAL INFARCTION UNSPECIFIED', an empty radio button, an empty checkbox, and a trash can icon. A yellow arrow points to the trash can icon.



Seq.	Code	Description	Final Dx	POA	NOS	Action
1	I63.9	CEREBRAL INFARCTION UNSPECIFIED	<input type="radio"/>	<input type="checkbox"/>		

# Procedure Panel

- The Procedures panel will default to the correct procedure code based on the Type of Service you selected in the Authorization panel
- **\*PLEASE DO NOT ADD ANOTHER CODE OR DELETE THIS CODE\***
- Click the edit icon under **Actions** to enter in the correct units you are requesting for the full year and the Modifier



**Procedures** + Add

Seq.	Code	Description	NOS	Mod. 1	Mod. 2	Qty.	Frequency	Cost	Action
1	T2029	SPECIALIZED MEDICAL EQUIPMENT NOS WAIVER		UA		2 unit(s)			 

**Modifiers**

Modifier 1

Modifier 2

**Procedure Details**

Units \*  Units Qualifier \*

Frequency  Frequency Qualifier

Total Cost  Allowed Amount

- Modifier **UA** should be used on all BSW requests

# Documentation Panel

- You **MUST** attach documentation to submit the request for review
- Just as in the previous process, you are required to submit:
  - 1) DME Provider Bid that includes:
    - \*Two bids required for items over \$5,000. In instances where obtaining more than one bid is not feasible, efforts made to secure additional bids should be thoroughly documented in the PA.
    - Patient name
    - General Description of the item
    - Quantity to be dispensed
    - Frequency required
    - Estimate of the costs to include a detailed list of the number of materials,
    - The amount of labor (number of hours to complete the project and amount charged per hour) and other miscellaneous costs
  - 2) A consultation by a licensed or certified professional (see BSW 733-1 for consultation requirements)
  - 3) Completed SLTC-149 Prior Authorization Request of Services form. CMTs are required to provide justification that each prior authorization request meets all prior authorization criteria and service requirements for specialized medical equipment and supplies.

# Documentation Panel (cont. 1)

- 4) HCBS Service Plan
- 5) Documentation that needed items are not coverable by another payer source
  - The following verifies non-coverage:
    - ✓ A denial from Medicaid State Plan/EPSTD/DME/Home Health/Medicare indicating the denial as a non-coverable item; or
    - ✓ The member's need does not meet the criteria to qualify for Medicare/State Plan Medicaid coverage. DME provider CMT provides documentation which includes the following:
      1. Reason for the denial
      2. HCPC code(s) and
      3. The Local Coverage Determination reference
- 6) Any same/similar prior authorization requests (SLTC-149 form from CaseWave)
- 7) Other Supporting Documentation.

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. 2)

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 Submit

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. 3)

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. 4)

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 BSW 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 'mcg' logo is in the top right corner.

Patient information: Patient : 346117943 Name : Zohn, Alex DOB : 05/17/1949 Gender : Female (with a 'show more' link).

Authorization details: Authorization : EPS-00008945 Type : Procedure Pre-authorization Status : NoDecisionYet (with a 'show more' link).  
Diagnosis Codes : I63.9(ICD-10 Diagnosis) primary Procedure Codes : T2029(CPT/HCPCS) primary

Procedure Code: T2029 (CPT/HCPCS) MCG Guideline Documentation Not Required  
Requested Units: 2  
Description : SPECIALIZED MEDICAL EQP NOS WAIVER

At the bottom right, there are two buttons: 'Submit Request' (highlighted with a red arrow) and 'Back'.

*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...**

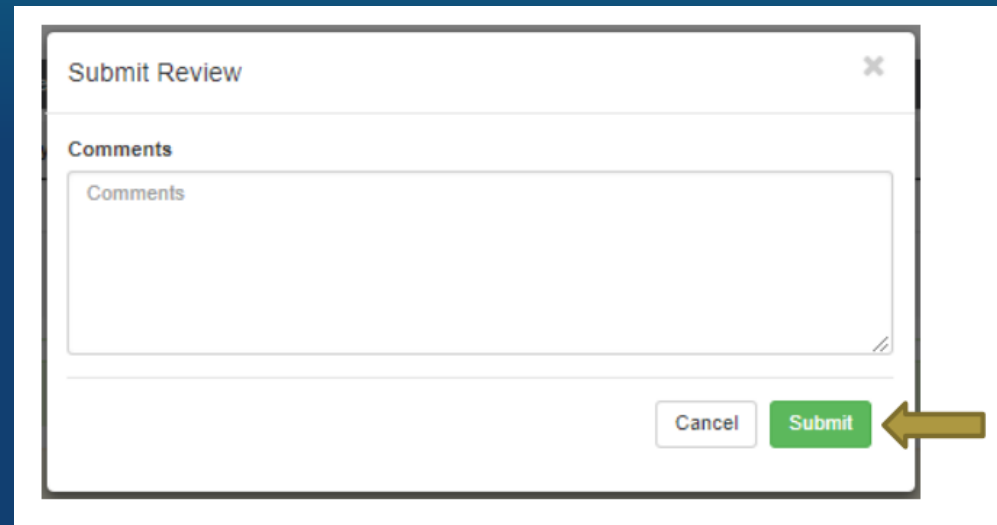
- that the submitted information is true, accurate and complete to the best of my knowledge.
- that the submitted information is supported within the patient's medical record.
- that I understand that any deliberate misrepresentation of any information in this medical review may subject me to liability 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 (an 'x' icon) in the top right corner. Below the title, there is a section labeled "Comments" which contains a large, empty text input field. 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, highlighting it as the next step in the process.

# 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 at any time before we start the review. Click on the Blue **Actions** button and Edit. If it looks good, you are done.

Alex Zohn	Member ID: 346117943	DOB: 05/17/1949			
Phone Number:	Client: Montana - Mountain Pacific				
<b>Authorization Request</b> <span style="float: right;">Actions </span>					
Case Id 26189	Request ID 26201	Date Request Received 10/25/2023 12:31 pm	Review Type Big Sky Waiver	Place of Service Community and/or Home	Type of Service Specialized Medical Equipment
Timing Prospective					
<b>Dates Of Service</b>					
Service Start Date 10/25/2023	Service End Date 01/31/2024				
<b>Coverage</b>					
Group	Section	Plan	Start Date	End Date	
<input checked="" type="radio"/> Cap & Associates COBRA	0	Medicare Part B	05/01/1986	12/31/9999	
<input type="radio"/> Cap & Associates COBRA	0	Medicare Part A	07/01/1973	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

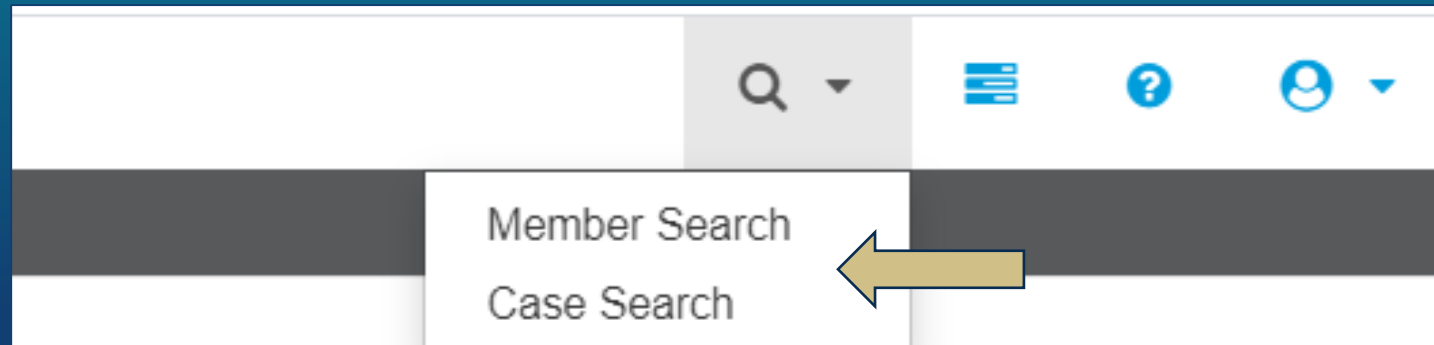
# Email Notifications

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

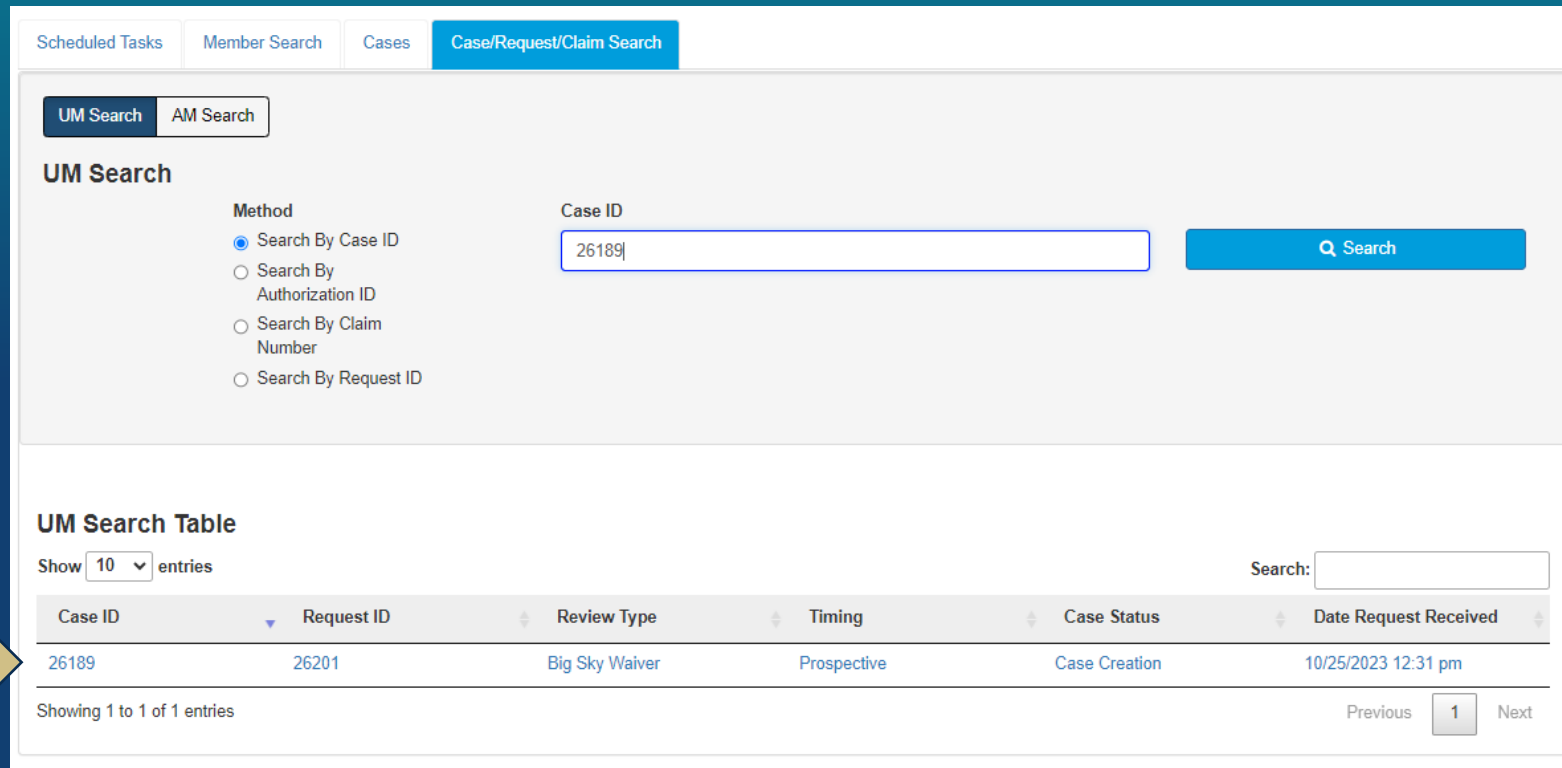
After a review has been submitted, you can find the review by clicking on the magnifying glass and completing either a Member Search or a Case Search.



# View Request Status And Outcomes (cont. 1)

## 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 application 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 these tabs, there are two search buttons: "UM Search" (selected) and "AM Search". Under the "UM Search" section, there are search method options: "Search By Case ID" (selected), "Search By Authorization ID", "Search By Claim Number", and "Search By Request ID". A "Case ID" input field contains the value "26189", and a blue "Search" button is to its right. Below the search options is a "UM Search Table" with a "Show 10 entries" dropdown and a "Search:" input field. The table has the following columns: Case ID, Request ID, Review Type, Timing, Case Status, and Date Request Received. A single row of data is shown: Case ID 26189, Request ID 26201, Review Type Big Sky Waiver, Timing Prospective, Case Status Case Creation, and Date Request Received 10/25/2023 12:31 pm. A yellow arrow points to the Case ID "26189" in the table. At the bottom of the table, it says "Showing 1 to 1 of 1 entries" and "Previous 1 Next".

Case ID	Request ID	Review Type	Timing	Case Status	Date Request Received
26189	26201	Big Sky Waiver	Prospective	Case Creation	10/25/2023 12:31 pm

# View Request Status And Outcomes (cont. 2)

## 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	26189	26201	Big Sky Waiver	Prospective	BENEFIS SPECTRUM MEDICAL INC, BENEFIS SPECTRUM MEDICAL INC		10/25/2023	01/31/2024		View Request Delete

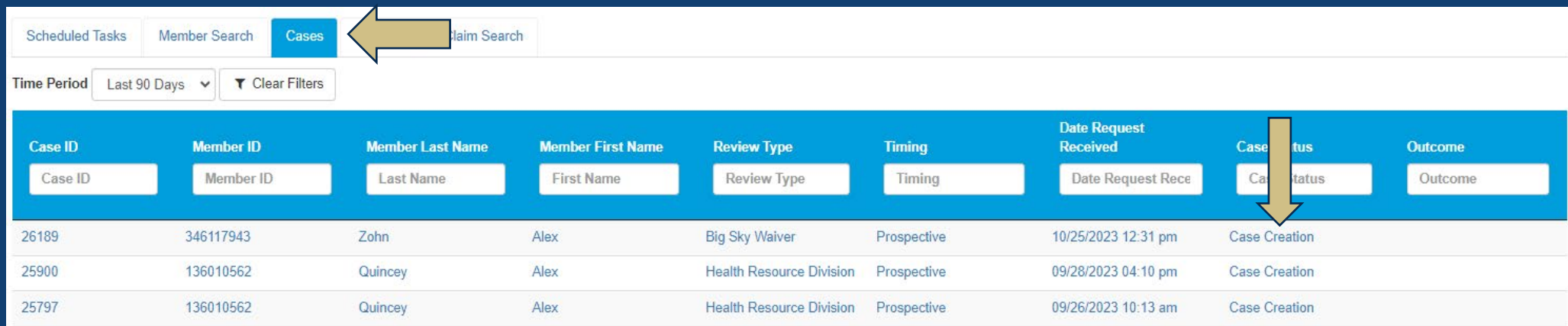
Showing 1 to 1 of 1 entries



# View Request Status And Outcomes (cont. 3)

## 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



Screenshot of a web application interface showing a 'Cases' tab selected. The interface includes a navigation bar with 'Scheduled Tasks', 'Member Search', 'Cases', and 'Claim Search'. Below the navigation bar, there is a 'Time Period' dropdown set to 'Last 90 Days' and a 'Clear Filters' button. The main content area displays a table with the following columns: Case ID, Member ID, Member Last Name, Member First Name, Review Type, Timing, Date Request Received, Case Status, and Outcome. A yellow arrow points to the 'Cases' tab, and another yellow arrow points to the 'Case Status' column header.

Case ID	Member ID	Member Last Name	Member First Name	Review Type	Timing	Date Request Received	Case Status	Outcome
26189	346117943	Zohn	Alex	Big Sky Waiver	Prospective	10/25/2023 12:31 pm	Case Creation	
25900	136010562	Quincey	Alex	Health Resource Division	Prospective	09/28/2023 04:10 pm	Case Creation	
25797	136010562	Quincey	Alex	Health Resource Division	Prospective	09/26/2023 10:13 am	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:





Or from Start Tasks button on the landing page



# Request for Information (cont. 1)

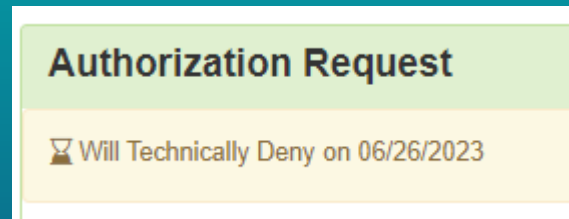
- At the scheduled task queue, you will see all tasks currently assigned to you.
- **Helpful Tip:** If you click on the blue comment bubble to the left of the Request for Information task, a modal will open with a note from the reviewer indicating what information they are requesting.
- Click on the 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
 	<input type="text" value="Request For Information"/>	<input type="text" value=""/>	<input type="text" value="New"/>	<input type="text" value="Montana - Mountain Pacific"/>	<input type="text" value="Quincey"/>	<input type="text" value="Alex"/>	<input type="text" value="Medical Necessity"/>	<input type="text" value="jzodyPPU"/>	<input type="text" value="0"/>	<input type="text" value="06/26/2023 05:00 pm"/>

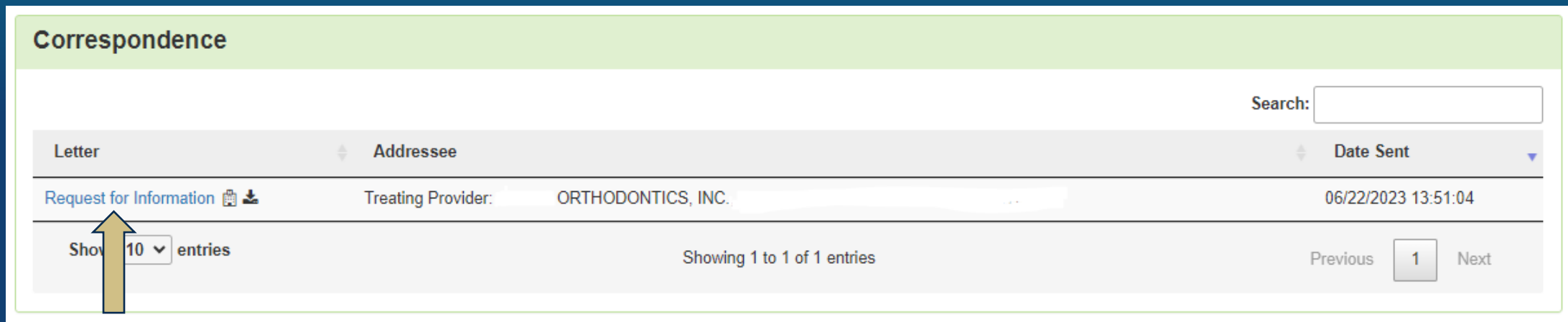


# Request for Information (cont. 2)

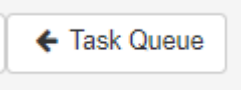
- In the task queue, or once you start the task, you will see the due date to respond to the RFI (three business days).



- 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.



# Request for Information (cont. 3)

- 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. 4)

- 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 Outcome: Approved
(HCPCS) T2029 - SPECIALIZED MEDICAL EQUIPMENT NOS WAIVER	Outcome: Approved



# View Outcome (cont. 1)

Outcomes		Review Outcome: Approved
(HCPCS) T2029 - SPECIALIZED MEDICAL EQUIPMENT NOS WAIVER		Outcome: Approved
Requested		Final Recommendation
Outcome		Outcome Approved
Authorization Number		Authorization Number 1079703415
Start Date	10/25/2023	Start Date 10/25/2023
End Date	01/31/2024	End Date 01/31/2024
Modifier 1	UA	Modifier 1 UA
Modifier 2		Modifier 2
Units	2 unit(s)	Approved 2 unit(s)
Frequency		Frequency
Total Cost	\$0.00	Total Cost
		Letter Rationale: Medically necessary

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



# View Outcome (cont. 2)

Outcomes		Review Outcome: Approved	
(HCPCS) T2029 - SPECIALIZED MEDICAL EQUIPMENT NOS WAIVER		Outcome: Approved	
Requested		Final Recommendation	
Outcome		Outcome	Approved
Authorization Number		Authorization Number	1079703415
Start Date	10/25/2023	Start Date	10/25/2023
End Date	01/31/2024	End Date	01/31/2024
Modifier 1	UA	Modifier 1	UA
Modifier 2		Modifier 2	
Units	2 unit(s)	Approved	2 unit(s)
Frequency		Frequency	
Total Cost	\$0.00	Total Cost	
		Letter Rationale:	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: BENEFIS SPECTRUM MEDICAL INC, BENEFIS SPECTRUM MEDICAL INC NPI: 1811927452	10/25/2023 12:40:29

Show  entries      Showing 1 to 1 of 1 entries      Previous  Next

# Determination Form

Member Name: Alex Zohn	DOB: 05/17/1949	Medicaid ID #: 346117943	Case ID: 26189
Requested Service (1) ←			
Request Type: Prospective	Review Type: Big Sky Waiver		
Treating Provider: BENEFIS SPECTRUM MEDICAL INC BENEFIS SPECTRUM MEDICAL INC (1811927452)	Treating Facility:		
Date(s) of Service: 10/25/2023 - 01/31/2024	Quantity: 2 unit(s)		
Proc Code: T2029	Modifier: UA (Medicaid level of ca)	Procedure Description: SPECIALIZED MEDICAL EQUIPMENT NOS WAIVER	

Determination (1) ←		
Dates(s) of Service Approved: 10/25/2023 - 01/31/2024	#Approved: 2 unit(s)	Authorization #: 1079703415
Proc Code: T2029	Modifier: UA (Medicaid level of ca)	Procedure Description: SPECIALIZED MEDICAL EQUIPMENT NOS WAIVER
Determination: Approved	Rationale: 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 **HOWEVER** these are provider appeal rights
- Case Manager must create a denial letter for the member, include the denial information and give them appeal rights (submit through OAH)

## 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.

- Member does not have access to Qualitrac and will NOT submit to Mountain Pacific

# Contact Us



- Website:

[http://www.mpqhf.org/corporate/  
medicaid-portal-home/](http://www.mpqhf.org/corporate/medicaid-portal-home/)



- Call us: 1-800-219-7035

**Thank you!**

**QUESTIONS?**

**Mountain  
Pacific**

INNOVATING BETTER HEALTH

