Big Sky Waiver (BSW) Prior Authorization Process

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:
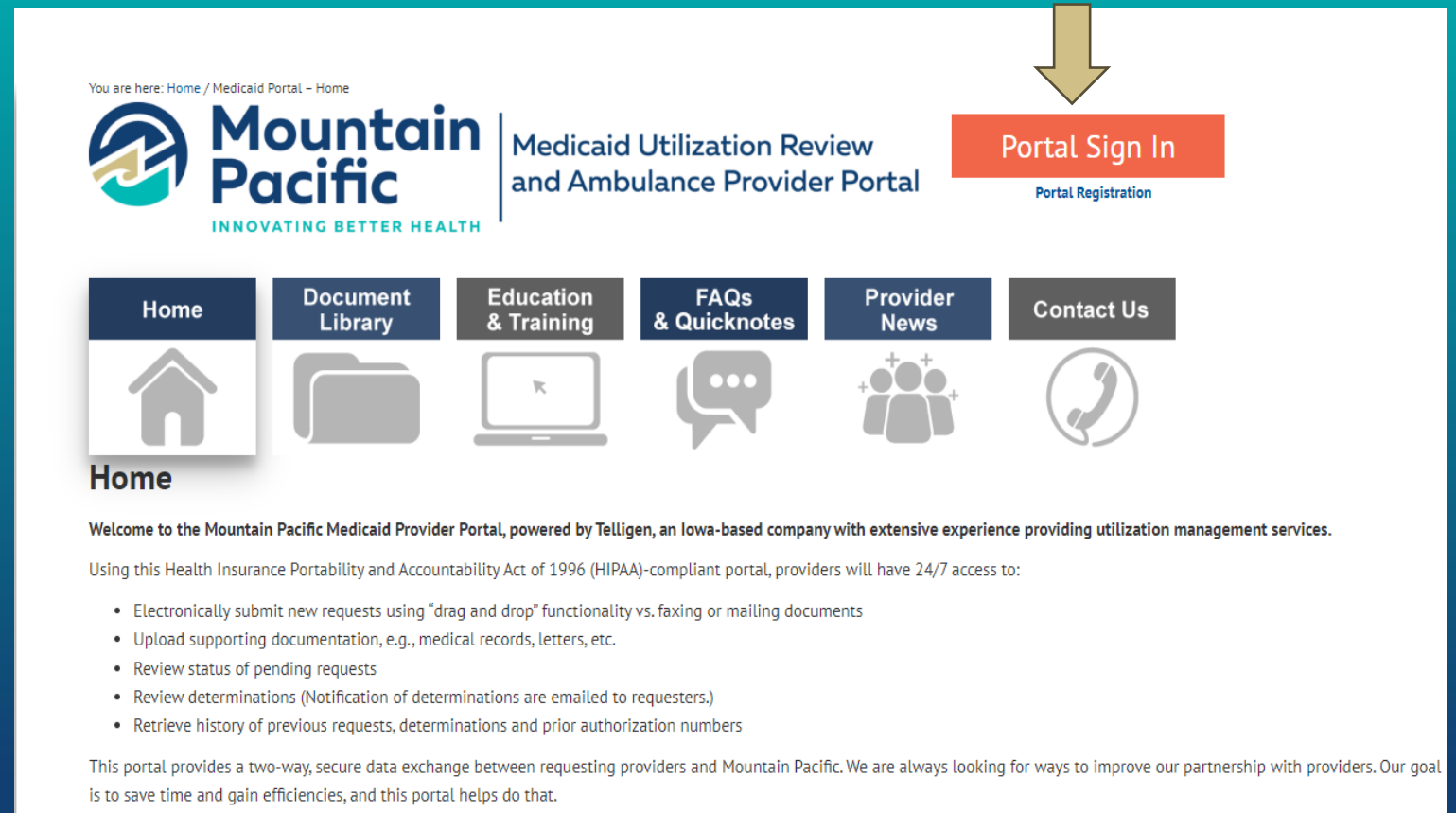
- 24/7 provider access

- 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

QualiTrac™

Utilization Mgmt
Evaluate services for necessary, appropriateness & efficiency

Population Health Analytics
Aggregrate & analyze patient data sets to improve health outcomes

Performance Mgmt
Improve compliance with evidence-based guidelines

Case Mgmt
Improving outcomes & lowering costs for high-risk participants

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 <u>policy 403</u>, 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

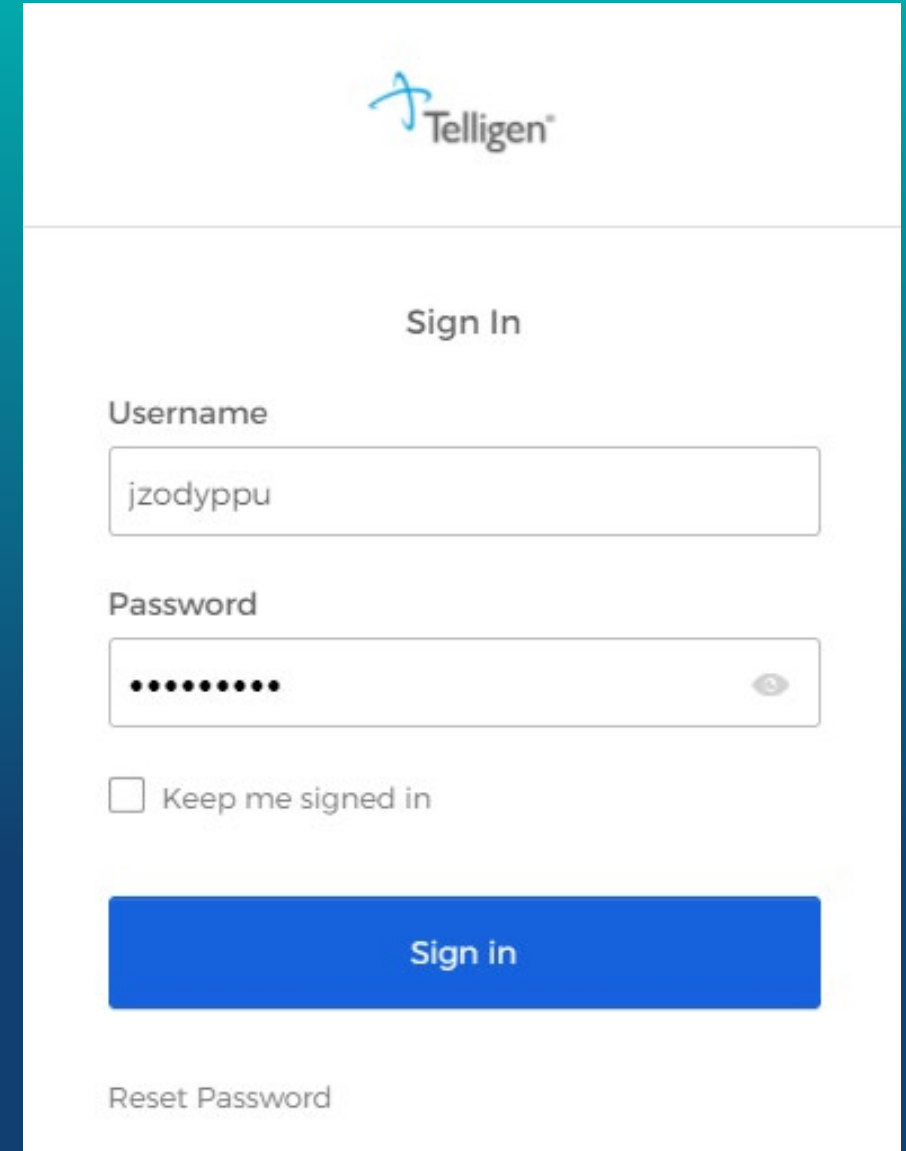http://www.mpqhf.org/corporate/medicaid-portal-home

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.
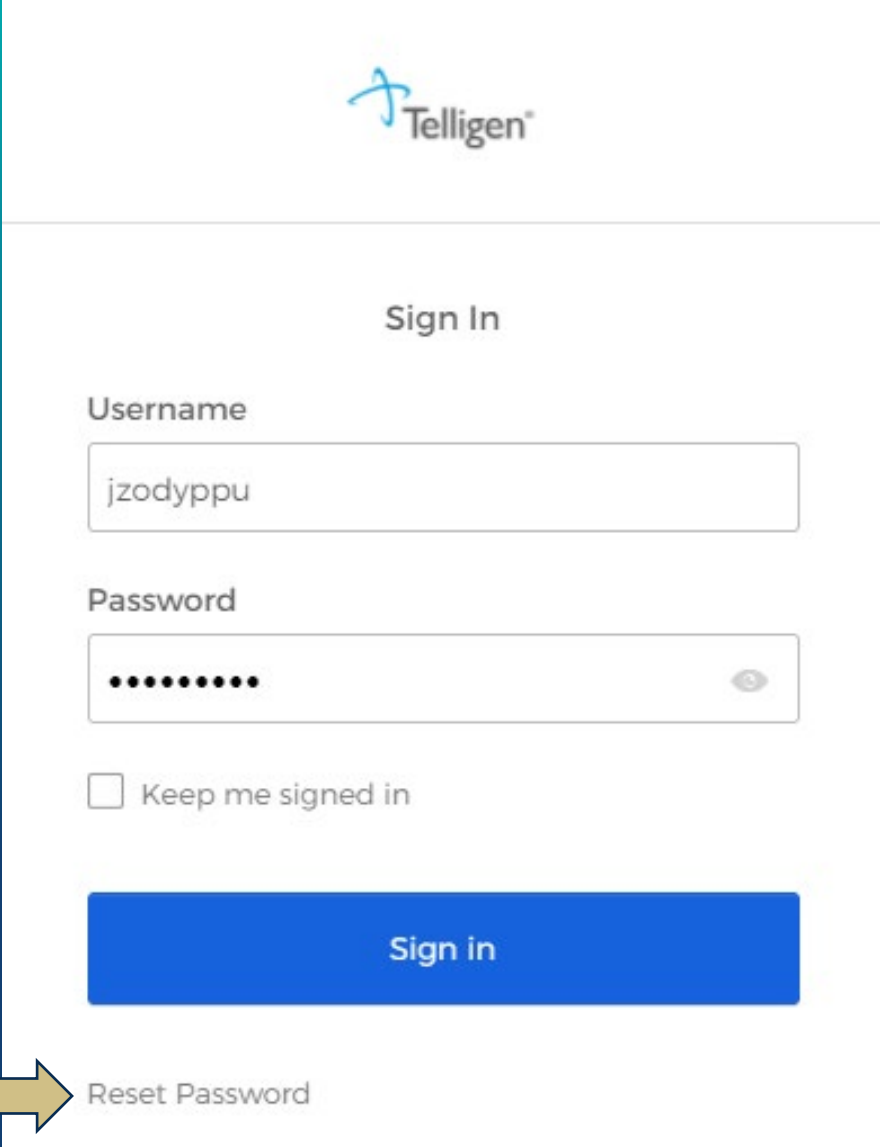
Provider Portal (cont. 2)

- 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.
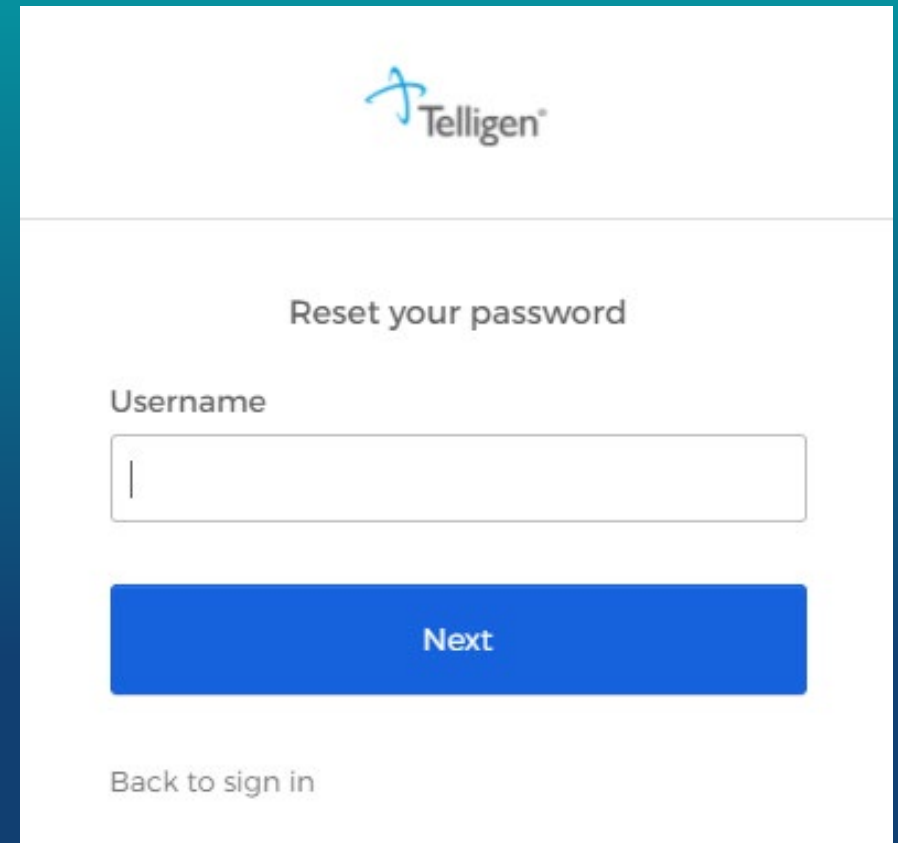
Provider Portal (cont. 3)

- 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.
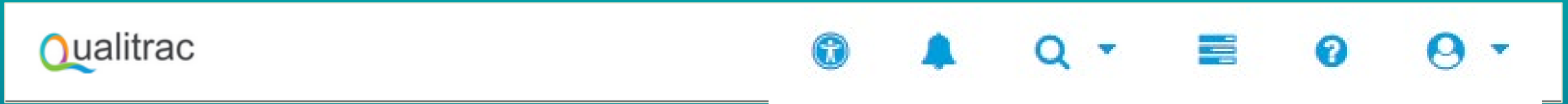
Qualitrac Landing Page

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.)
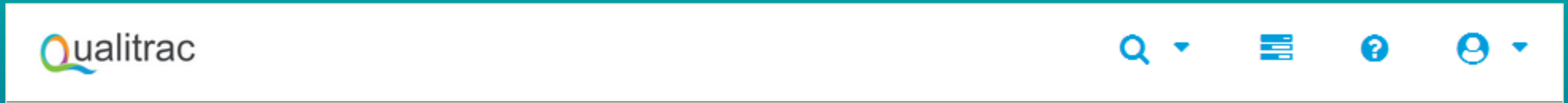
Qualitrac

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.

Utilization Management

Start Tasks | Search | Portal
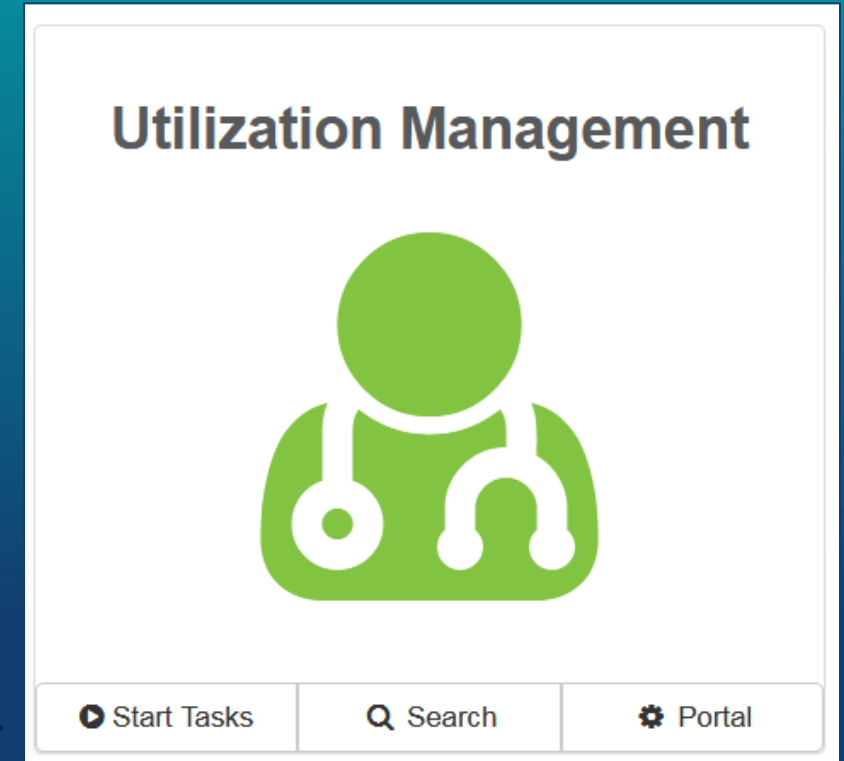
Find a Member

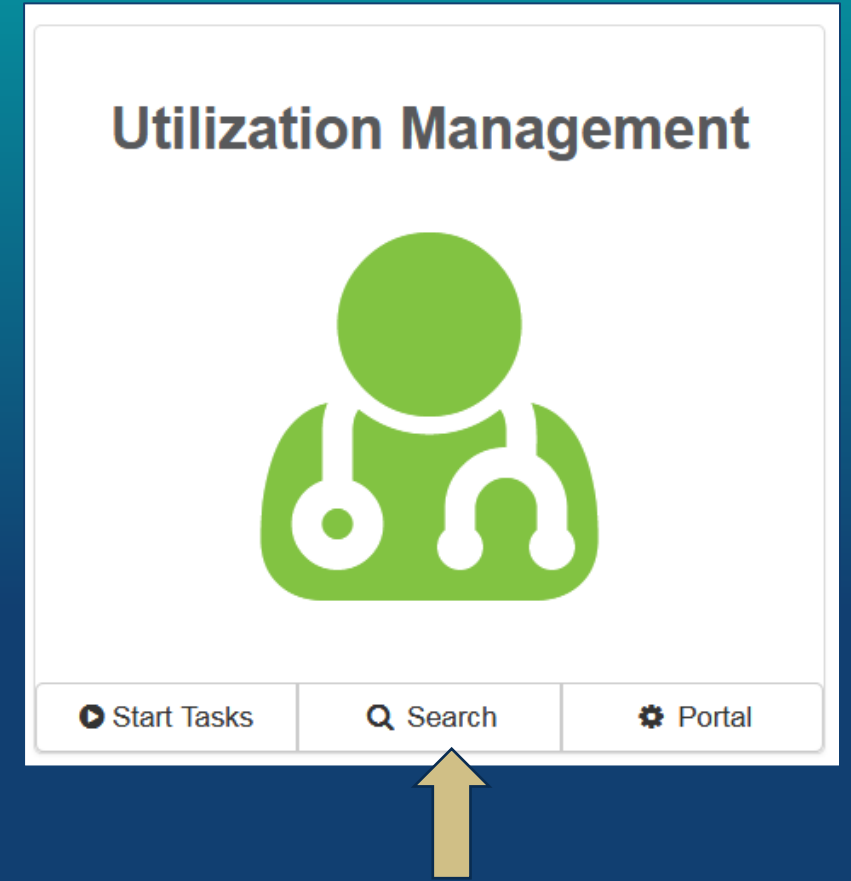Click on **Search** to find a member and start your review request.

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**.

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.
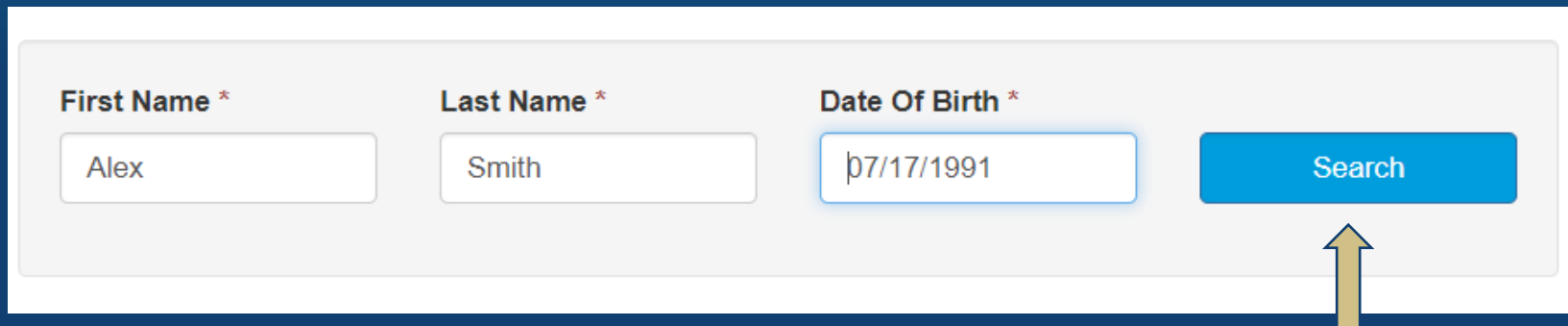
Find a Member (cont. 3)

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

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.

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.

View Member Details

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

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.

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**

- Select **Add New Request.**

- Select **Cancel** if you have made the request in error.[23]

Authorization Request

Date Request Received *
10/25/2023 10:12 am

Review Type *
Big Sky Waiver

Place of Service *
Community and/or Home

Type of Service *
Specialized Medical Equipment

Timing *
Prospective

Cancel   Add New Request

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			+ Add
Ordering Provider *					Not Supplied			+ Add

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!

Providers *   ← Back

| NPI Number ❓ | Other ID Number ❓ | Last / Organization Name | First Name |
| 1629020722 | | | |

| City | State | Zip Code | Taxonomy |
| | Montana ⌄ | | ⌄ |

Search using NPPES ❓ [ON]   🔍 Search

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
+	BENEFIS SPECTRUM MEDICAL INC, BENEFIS SPECTRUM MEDICAL INC	1811927452	0000129064	0000129064	?	2906 10th Ave S Great Falls, MT, 59405			Provider File
+	BENEFIS SPECTRUM MEDICAL, BENEFIS SPECTRUM MEDICAL	1477822740	0000325026	0000325026	?	218 W Broadway St Lewistown, MT, 59457			Provider File
+	BENEFIS SPECTRUM MEDICAL, BENEFIS SPECTRUM MEDICAL	1801165170	0000324922	0000324922	?	2210 A Hwy 93 S Kalispell, MT, 59901			Provider File
+	BENEFIS SPECTRUM MEDICAL, BENEFIS SPECTRUM MEDICAL		0000397787	0000397787	?	2900 10th Ave S Great Falls, MT, 00000			Provider File
+	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)

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Provider Panel

- 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)

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.
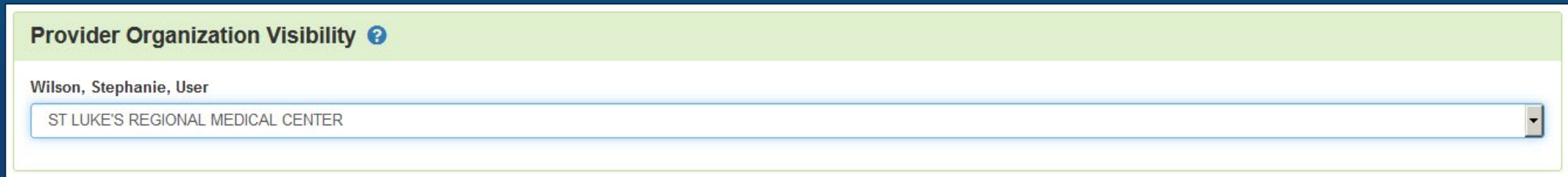
Type	Name	NPI	Address	Phone	Primary Taxonomy	PPO Redirect Reason	Comments	Action
Treating Provider	⑦ BENEFIS SPECTRUM MEDICAL INC, BENEFIS SPECTRUM MEDICAL INC	1811927452	2906 10th Ave S Great Falls, MT, 59405					...
Ordering Provider	KUNTZWEILER, DOUGLAS	1558315762	2475 Broadway Helena, MT, 59601					...

⇄ Replace

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

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

I63.9

Q 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.
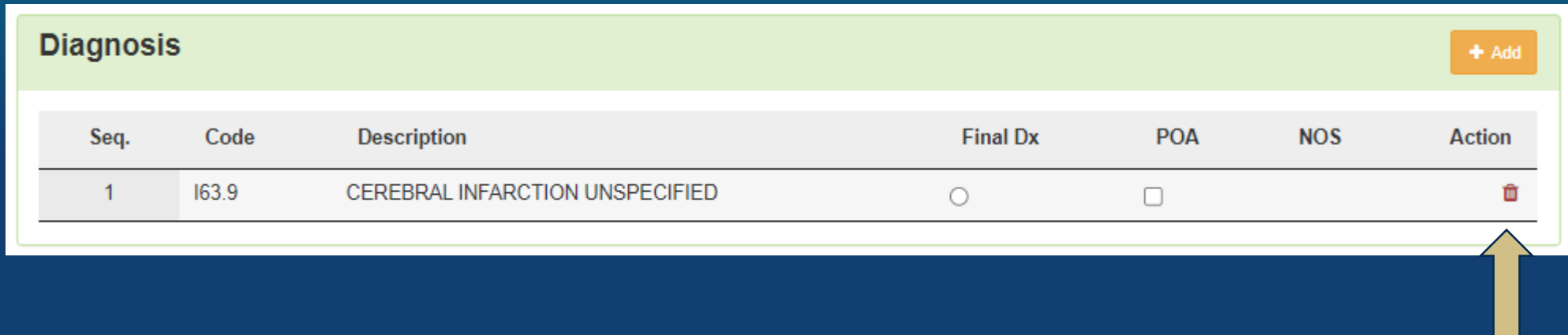
Add Diagnosis

Method
- ● Search By Code
- ○ Search By Term

Search By Code

I63.9

[🔍 Search]

Show [10 ▼] entries   Search: [_____]

▲ Code	Description ⇅
● I63.9	CEREBRAL INFARCTION UNSPECIFIED

Showing 1 to 1 of 1 entries   Previous [1] Next

Cancel | Submit and Add Another | Submit

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.

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

Action

- Modifier UA should be used on all BSW requests
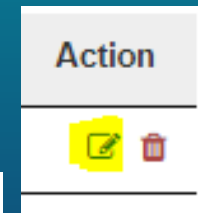
Procedures   + Add

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

UA - Medicaid level of care 10, as defined by each state

Modifier 2

Procedure Details

Units *
2

Units Qualifier *
unit(s)

Frequency

Frequency Qualifier

Total Cost
$

Allowed Amount

Cancel   Update

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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/EPSDT/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 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)

- **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.

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.

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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

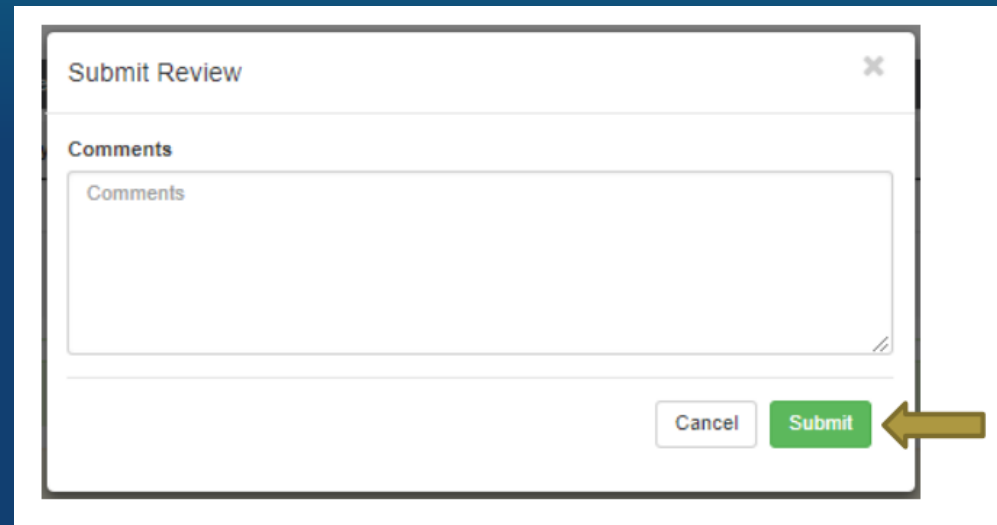## User Attestation

⚠ 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 *

Enter username

Submit

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.

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.

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.
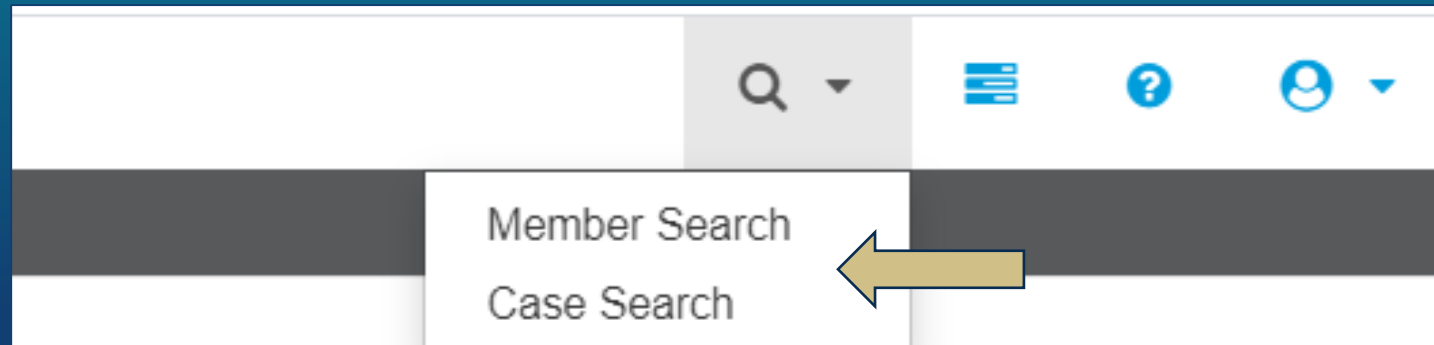
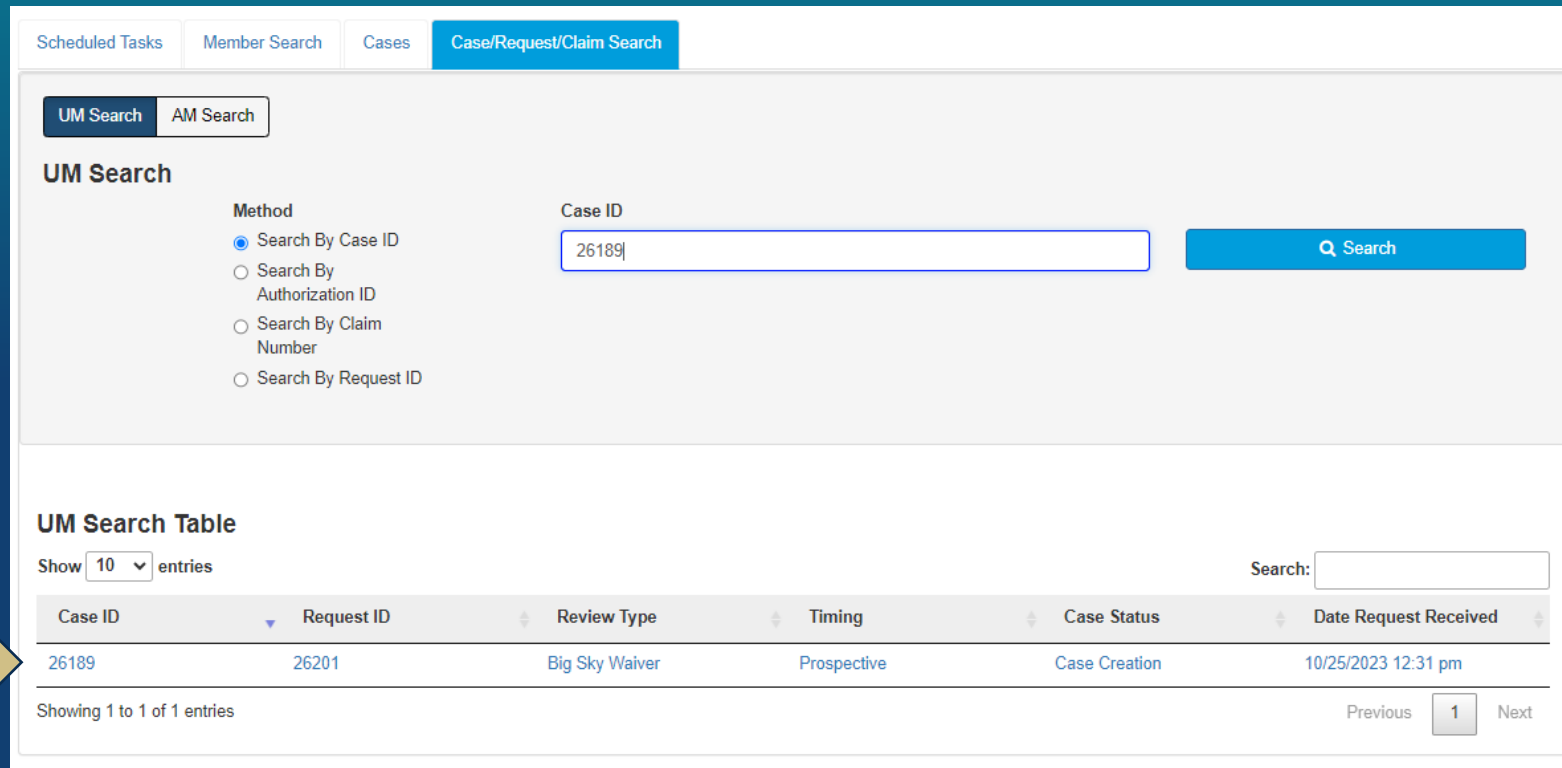## Case Search

- 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.

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.

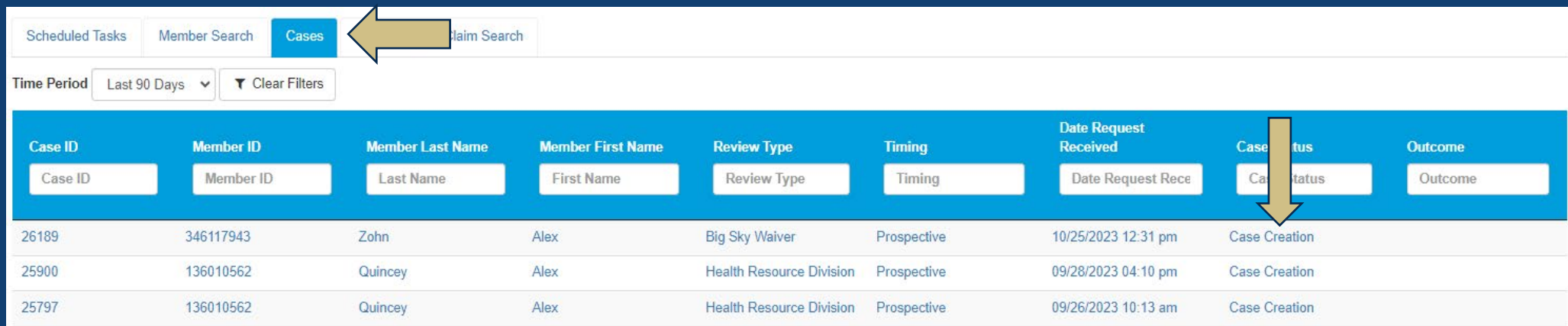| Status	Case ID	Request ID	Review Type	Timing	Treating Prov./Phys.	Treating Facility	Req. Start	Req. End	Outcome	Action
Request Has Been Submitted	26189	26201	Big Sky Waiver	Prospective	BENEFIS SPECTRUM MEDICAL INC, BENEFIS SPECTRUM MEDICAL INC		10/25/2023	01/31/2024		...

Showing 1 to 1 of 1 entries

View Request
Delete

Previous   Next

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

Scheduled Tasks	Member Search	Cases	Claim Search

Time Period | Last 90 Days ⌄ | ▼ Clear Filters

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 Rece	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	

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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

Utilization Management

Or from Start Tasks button
on the landing page
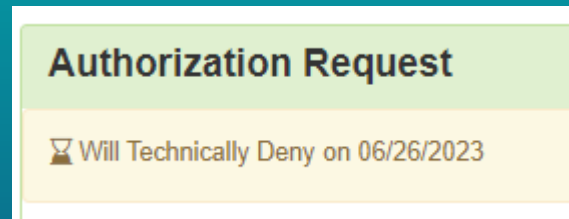
Request for Information

- 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.

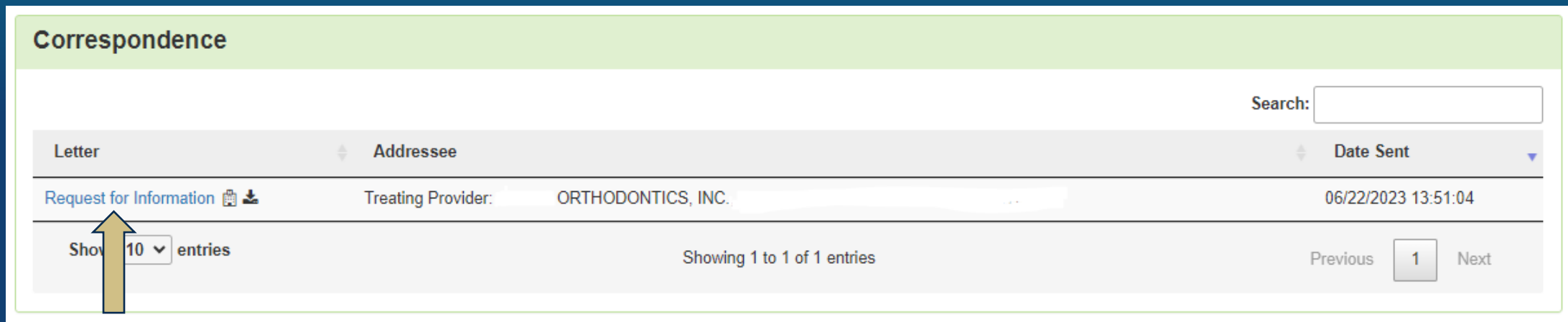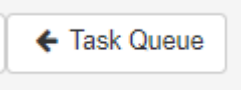|	Task Type	Task Category	Task Status	Client	Last Name	First Name	Solution / Module	Assignee	Attempts	Task Scheduled Date
	⌄	⌄	⌄	⌄	Last Na	First Na	⌄	Assignee	#	Task Sched
... 💬	Request For Information		New	Montana - Mountain Pacific	Quincey	Alex	Medical Necessity	jzodyPPU	0	06/26/2023 05:00 pm

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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).

Authorization Request

⧖ Will Technically Deny on 06/26/2023

- 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.

Correspondence

Search: [　　　　　　]

Letter	Addressee	Date Sent
Request for Information 📋 ⬇	Treating Provider: ORTHODONTICS, INC.	06/22/2023 13:51:04

Show [10 ▾] entries

Showing 1 to 1 of 1 entries

Previous [1] Next

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 ← Task Queue 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

- 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.

View Outcome (cont. 1)

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

View Outcome (cont. 2)

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.

Determination Form

- 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/

- Call us: 1-800-219-7035