

Prior Authorization Module

Telligen's Utilization Management Solution efficiently manages the review process to promote quality of care and eliminate unnecessary services. Our solution relieves the administrative burden for providers and staff while managing healthcare costs for our clients.



Features Include:

- Workflow driven module that efficiently supports utilization reviews
- Member Hub – provides a holistic view of the member
- Provider Portal – user friendly website for providers to easily submit and manage authorization requests
- Business Rules Engine/Configuration Tools – puts the ability to configure and implement program changes in the hands of non-technical users
- Integrated clinical criteria – clinical guidelines integrated into the workflow allowing the ability to configure for automated authorization decisions
- Comprehensive Dashboards and Reports – provides users, managers, and program directors a role-based view of the important data and insights to track daily workload and manage the overall program

EHR Integration

- Medicaid compliance with the CMS Interoperability and Prior Authorization Rule
- Integrated with providers' EHR for seamless, automated PA and UM service requests
- Leveraging FHIR-based API data standards for easy implementation and lower costs
- Reduces provider burden – elimination of portals, faxes and phone calls
- Reduces payer burden – returns EHR data specific to service request, reducing nurse time and requests for additional information
- Improves member experience – timely, accurate decisions for receiving care



Built-in Assessment Scheduling

- Outreach queue identifies members with an assessment need and provides filtering and sorting options to prioritize outreach activities
- With a single button click the Qualitrac system sends correspondence to the member regarding the assessment scheduling and notifies the case manager electronically of the request for information
- Case Managers utilize the Qualitrac portal to provide pertinent information to facilitate the scheduling of the assessment interview – this can include respondent information, interview location, date and time as well as member needs and capacity

For more information, contact:

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About Telligen

Telligen helps millions of people live their healthiest lives by improving health outcomes nationwide through proven health solutions and healthcare expertise. For more than 45 years, Telligen solutions have been delivering true results for health plan sponsors and federal and state programs. We are passionate about turning data into knowledge that drives meaningful action to help solve today's most complex population health challenges.

Company Highlights

- Founded in 1972
- Employee-owned
- Primary markets include federal, state and commercial
- Employee base of more than 650 healthcare professionals
 - Clinical Staff — Nurses, QI specialists, clinical coders physicians, social workers and case managers
 - Technical Staff — Developers, statisticians, business analysts and testers



Experience

- Telligen provides analytics, population health management services and IT solutions to 36 million covered lives in the State, Federal and Commercial markets
- Medicare — Currently serve as the federally designated:
 - Quality Innovation Network-Quality Improvement Organization (QIN-QIO) for Iowa, Illinois, Colorado, and Oklahoma
 - Hospital Quality Improvement Contractor (HQIC)
- Medicaid — Provide care management, quality improvement and utilization review solutions in Colorado, Idaho, Iowa, Maryland, Massachusetts, Montana, Oklahoma, Pennsylvania, Virginia and Wyoming
- Commercial — Offer clients (employers, payers and third-party administrators), flexible population health solutions that optimize the health of members served, while improving outcomes and lowering costs