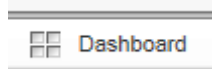
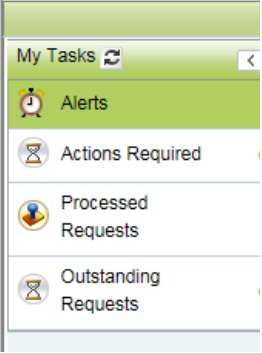


**Qualis Health Provider Portal (QHPP) MAIN VIEW = DASHBOARD**

*For new request or search or worklist tabs*



**WORKLIST TABS – left hand navigation**

	<p><b>ALERTS</b> are sent when an RFI is sent regarding the episode, when an episode is decided, and when any documents are added to an episode.</p> <p><b>ACTIONS REQUIRED</b> are episodes which have been started but never were submitted via the QHPP to Qualis Health. There is an error in the submission process which needs to be corrected.</p> <p><b>PROCESSED REQUESTS</b> are QHPP submitted episodes decided by Qualis Health.</p> <p><b>OUTSTANDING REQUESTS</b> are QHPP submitted episodes not yet decided by Qualis Health.</p>
---	---

**INSURANCE ID CONFIGURATION**

**4 LEADING ZERO'S + MEDICAID ID NUMBER**

**NEW REQUEST**

*For new QHPP submissions*  
 Client + Insurance ID

**SEARCH REQUEST**

*For existing or decided episodes*  
 Client + Insurance ID + Episode Type **or** Episode Number

**STEP 1: EDIT REQUEST**

**SET UP (TAB 1)**

- |                    |  |
|--------------------|--|
| 1. Episode Type:   | OUTPATIENT   |
| 2. Episode Class:  | PRIOR AUTHORIZATION (ABP/FFS)                                  |
| 3. Urgency:        | Non-Urgent   |
| 4. Treatment Type: | DENTAL   |
| 5. Diagnosis:      | <i>per patient auth</i> * <b>ONLY NEED 1 DIAGNOSIS (TAB 3)</b> |
| 6. SAVE            |  |

**STEP 2: ADD PROVIDERS**

**ALWAYS NEED 3 PROVIDERS (TAB 2)**

- |                |   |
|----------------|---|
| 1. Requesting: | = ORGANIZATION = DENTAL OFFICE <b>OR</b> DENTIST<br>(name under which the QHPP access was set up) |
| 2. Admitting:  | = INDIVIDUAL OR FACILITY/VENDOR = DENTAL OFFICE ( <b>OR</b> DENTIST)                              |
| 3. Treating:   | = INDIVIDUAL OR FACILITY/VENDORE =<br>DENTIST NAME ( <b>OR</b> DENTAL OFFICE)                     |

# QUALIS HEALTH PROVIDER PORTAL

## QUICK START GUIDE – New Mexico Medicaid

### SUBMITTING DENTAL AUTHORIZATION REQUESTS



Revised MAY 2017

#### TO LOCATE THE PROVIDER ID:

- Admitting/Treating = Enter HSD/DDSD approved provider ID numbers
- Requesting = Enter QH number as supplied by Qualis Health

Enter number into Provider ID field and click 'Search'

After you click 'Search', a provider list will appear below, at this point:

a. Select the provider role from the drop down

b. Click the paper clip plus sign icon  (bottom right) to add the provider to the episode

Provider Name	Service Location	Type	Specialty	NPIN	Provider ID	Tax ID	Keyword	Provider Role	Actions
UNM_OR	UNM_OR	Organization	-		QH20013			--Select One--	

#### CORRECT PROVIDER CONFIGURATION

Name	Service Location	Provider Type	Provider Role	Provider ID
UNM CASE MANAGEMENT GROUP	UNM CASE MANAGEMENT GROUP 100 ANYSTREET ANYTOWN, NM - 99999 USA	Facility/Vendor	Admitting	987357
UNM CASE MANAGEMENT GROUP	UNM CASE MANAGEMENT GROUP 100 ANYSTREET ANYTOWN, NM - 99999 USA	Facility/Vendor	Treating	987357
UNM_OR	UNM_OR	Organization	Requesting	QH20013
UNM CASE MANAGEMENT GROUP	UNM CASE MANAGEMENT GROUP 100 ANYSTREET ANYTOWN, NM - 99999 USA	Organization	Requesting	QH10333

[Attach New](#)

**STEP 3: ADD DIAGNOSIS**      **SKIP – COMPLETED IN STEP 1**

**STEP 4: UM SERVICES      ADD SERVICE LINES (TAB 4)**

**\*1 CODE PER SERVICE LINE**

**\*SERVICE LINE NEEDED FOR EACH TOOTH AND PROCEDURE**

1. CLICK ADD SERVICE      Repeat for each code/procedure being requested
2. CODE TYPE:      CPT
3. SERVICE CODE:      ACTUAL PROCEDURE CODE BEING PERFORMED
4. NUMBER OF UNITS/PROCEDURES/SERVICES (1)
5. ENTER START DATE & END DATE (6 MONTH MAX)
6. CLICK SAVE

**STEP 5: ADD ASSESSMENTS      NO ASSESSMENTS - **SKIP** (TAB 5)**

**STEP 6: ADD CONTACT INFO      NEED ONLY: NAME/PHONE/EMAIL**

**STEP 7: ADD NOTES      ONLY WEB NOTES (TAB 6)**

**NOTE TEMPLATE FOR DENTAL SUBMISSION TO QUALIS HEALTH (TAB 6)**

AUTH/SERVICE TYPE (S):

DATE OF SERVICE:

ADDITIONAL INFO:

**STEP 8: ADD DOCUMENTS      ONLY ADD REQUIRED DOCUMENTATION (TAB 10)**

**\*XRAYS**

**\*REPORTS**

**\*SCORING SHEETS**

**\*MANDATORY for all dental submissions = CLAIM FORM**

**ATTACHING ADA FORM AND SUPPORTING DOCUMENTS (TAB 10)**

1. DOCUMENT TITLE:      Enter description
2. DOCUMENT TYPE:      OP
3. SELECT DOCUMENT:      BROWSE & SELECT
4. UPLOAD DOCUMENT

**STEP 9: SUBMIT REQUEST      REVIEW AND HIT SUBMIT REQUEST – it will ask you to confirm**

**\*Option at this step to print or save abstract for the episode**

**\*May save abstract as PDF or print the abstract**

*Look for Printer icon at right*

**Always make note of the QHPP episode number or reference number for easier reference in the future to locate the episodes!!!**

**QHPP TECHNICAL ASSISTANCE: 1-866-962-2180**

**QHPP RESOURCES AND LOG-ON LINK:**

<http://www.qualishealth.org/healthcare-professionals/new-mexico-medicaid/provider-resources>

*(scroll down to “Qualis Health Provider Portal” section)*