Q & As from Provider Trainings on 7/27/2026 and 7/28/2026



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Members Experiencing Homelessness

What if a member is experiencing homelessness and does not have an address?

If a member is experiencing homelessness and does not have a permanent address, providers may use an alternative mailing or contact address when appropriate, including:

- The address of a case manager or care coordinator, if applicable.
- The address of a trusted family member or friend, with the member's permission.
- The address of a shelter or other location where the member routinely receives mail or services.

If no alternative address is available, document **"Member is experiencing homelessness"** in the address field and use the treating hospital or facility address if required by the system to complete the submission. Providers should also follow their organization's established policies and procedures for documenting members experiencing homelessness who are unable to provide an address.

Admission Notifications

How do we meet the 24-hour Medi-Cal admission notification requirement on weekends and holidays?

The Qualitrac Provider Portal is available **24 hours a day, 7 days a week**, including weekends and holidays.

Facilities awaiting Qualitrac access may submit requests by fax (1-877-804-8654) to Telligen through **August 16, 2026**, provided proof of Qualitrac registration has been submitted. After this transition period, all submissions must be made through the Qualitrac Provider Portal.

Please note that faxed submissions made on weekends or holidays will not generate automated provider email notifications. Providers should transition to the portal as soon as possible to ensure timely processing and notifications.

Can admitting staff submit only a face sheet without clinical documentation?

Yes. A case may be submitted with only a face sheet; however, this is not recommended. Supporting clinical documentation is needed to determine medical necessity and should be submitted with the initial request whenever possible to avoid delays in processing. If the documentation submitted is insufficient to make a medical

necessity determination, Telligen will issue a Request for Information (RFI) requesting the additional information needed to complete the review. If the requested information is not received after the RFI, an administrative denial will be issued due to insufficient documentation.

What if our facility does not have clinical staff available on weekends or holidays?

Each organization should establish an internal workflow that ensures required admission notifications and supporting clinical documentation are submitted within applicable timeframes. During the transition period ending **August 16, 2026**, facilities awaiting Qualitrac access may continue to submit requests by fax (18778048654) with proof of registration. After the transition period, all submissions must be completed through the Qualitrac Provider Portal.

Portal Registration & Access

When will Qualitrac be available?

Qualitrac will be available beginning **August 1, 2026**, for the submission of all new admissions. Providers should not submit requests prior to the go-live date. Requests before August 1st 2026 will need to be sent to Acentra Health for review.

Can Authorized Officials (AOs) complete registration before go-live?

Yes. Once your organization has identified its Authorized Official (AO), the AO may complete the required DocuSign agreement before go-live.

Although the DocuSign process can be completed in advance, AO accounts will not be activated until the designated activation date. Once activated, Authorized Officials will receive an email with instructions to establish their account and password. After activation, the AO may begin creating Provider Practice User (PPU) accounts for staff requiring Qualitrac access. Organizations are encouraged to complete the registration process as early as possible to minimize implementation delays.

When can Authorized Officials activate their accounts?

Authorized Officials may begin activating their Qualitrac accounts beginning **July 29, 2026**. After activation, AOs may immediately begin creating Provider Practice User (PPU) accounts for their organization.

How long does account setup take?

- **Provider Practice Users (PPUs):** Access is available immediately after the Authorized Official creates the account. Users will receive an email with instructions to establish their password.

- **Authorized Officials (AOs):** Following submission of the required DocuSign agreement, account setup may take approximately **5–7 business days**. Registration requests are prioritized to support implementation of the Qualitrac portal.

Can one Authorized Official or Provider Executive represent multiple facilities?

Yes. A single Authorized Official or Provider Executive may represent multiple organizations, provided all applicable NPIs are included during the registration process.

Can the Authorized Official be changed later?

Yes. Organizations may update their Authorized Official at a later time. Facilities may also designate multiple Authorized Officials (up to four per facility). Each Authorized Official must complete the required DocuSign agreement.

We are unsure who our Authorized Official is. What should we do?

Providers should first consult their organization's leadership to determine who has been designated as the Authorized Official. If the AO cannot be identified internally, contact Telligen support at **1-866-874-3972 or SBPsychReviews@Telligen.com** and include your organization's NPI for assistance.

We previously used Acentra. Do we automatically have access to Qualitrac?

No. Telligen's Qualitrac portal is separate from Atrezzo portal. Organizations must complete the Telligen registration process before accessing Qualitrac.

To obtain access, the Authorized Official must complete the required DocuSign agreement and registration process. Once the AO account is active, Provider Practice User accounts may be created for staff requiring portal access.

Our organization's firewall is blocking access to Qualitrac. Who should we contact?

Providers experiencing access issues related to network or firewall restrictions should contact their organization's Information Technology (IT) department. Firewall configurations are managed by each organization and cannot be modified by Telligen.

Transition from Acentra

Which cases remain with Acentra?

Acentra will continue to manage all cases with an **admission date of July 31, 2026, or earlier**, including:

- Admission reviews

- Continued Stay Reviews (CSRs)
- Treatment Authorization Requests (TARs)

These cases should remain with Acentra through discharge.

Which cases should be submitted to Telligen?

All psychiatric inpatient admissions with an **admission date of August 1, 2026, or later** should be submitted through the Qualitrac Provider Portal for review by Telligen.

What if our Qualitrac registration is not complete by August 1?

Providers awaiting Qualitrac access may submit requests by fax (877-804-8654) to Telligen through **August 16, 2026**, provided proof of Qualitrac registration has been submitted.

Following the transition period, submission through the Qualitrac Provider Portal is required for all requests. Providers should transition to the portal as soon as access becomes available.

Will there be a grace period for implementation?

No. Based on guidance received from DBH, providers are expected to begin submitting all new admissions through Qualitrac effective **August 1, 2026**.

Telligen recognizes the accelerated implementation timeline and remains committed to assisting providers throughout the transition. Organizations experiencing issues are encouraged to contact Telligen for support as soon as possible.

Will Telligen review out-of-county or out-of-state cases?

Telligen will review applicable **out-of-county Medi-Cal** requests as directed.

Telligen **will not** review out-of-state Medicaid requests.

Documentation Requirements

What documentation is required for an initial admission?

Within **24 hours of admission**, hospitals and Psychiatric Health Facilities (PHFs) must submit:

- Admission orders
- Initial plan of care
- Request for treatment authorization

- Completed face sheet, including all required demographic and admission information

What documentation may be required for continued stay reviews?

Clinical documentation submitted for continued stay reviews should include, as applicable:

- Current diagnosis, symptoms, legal status, and response to treatment
- Updated risk assessment
- Daily clinical documentation (including physician, nursing, and social work notes)
- Medication administration records and medication changes
- Substance use information, when applicable
- Relevant medical history and co-occurring conditions
- Updated treatment plan demonstrating progress
- Discharge and aftercare planning
- Number of continued stay days requested

Where can providers find the official documentation requirements?

Documentation requirements are based on **BHIN 22-017** and **BHIN 26-001**. Providers should follow these guidelines when submitting admission, concurrent review, and discharge documentation.

Can multiple documents be uploaded at one time?

No. Documents must be uploaded **one file at a time** and categorized appropriately to assist reviewers in locating the correct clinical information during the review process.

Administrative Days

Does the frequency of concurrent reviews change once a member transitions to Administrative Day status?

Yes. Once a member transitions to **Administrative Day** status, the review frequency changes from every three days to **every seven days**, consistent with the requirements outlined in **BHIN 22-017**.

Can the Acute TAR and Administrative Day TAR be submitted together?

Yes. Providers may submit both the **Acute Treatment Authorization Request (TAR)** and the **Administrative Day TAR** together upon the member's discharge. There is no requirement to finalize the Acute TAR while the member remains hospitalized on Administrative Day status.

If an acute inpatient denial is upheld after peer review, may Administrative Days be requested retroactively?

Yes. If the denial is upheld and the member no longer meets medical necessity for acute inpatient psychiatric care but remains hospitalized while awaiting placement, providers may submit a request for Administrative Days, provided all requirements outlined in **BHIN 22-017** are met.

What documentation is required for Administrative Days?

Under **BHIN 22-017**, Administrative Days may be authorized when a member is awaiting placement at an appropriate non-acute residential treatment facility. Hospitals must:

- Document at least one placement contact each day, excluding weekends and holidays, beginning on the first Administrative Day.
- Complete and document at least five placement contacts within the seven-day review period.
- If fewer than five appropriate facilities are available, follow the exception process described in **BHIN 22-017**.

Appeals and Peer-to-Peer Reviews

How do I request a Peer-to-Peer (MD-to-MD) consultation?

Providers may request a Peer-to-Peer (MD-to-MD) consultation by contacting the Telligen Call Center. A Telligen representative will coordinate available dates and times for the consultation.

When may a First-Level Appeal be submitted?

Providers may submit a First-Level Appeal immediately upon receiving an adverse determination. There is no requirement to wait until the associated Treatment Authorization Request (TAR) has been finalized. Contracted Acute Psychiatric Hospitals IMDs may request a 1st level appeal to DBH (Telligen).

Non-contracted APH IMDs cannot file a 1st level appeal.

How do I submit a First-Level Appeal?

Providers may appeal an adverse determination, including a denial or modification of requested services, through the **Qualitrac Provider Portal** within **60 calendar days** of receiving the determination notice.

The appeal should include:

- A detailed explanation of the basis for the appeal.

- Any supporting clinical documentation or medical records relevant to the appeal.

Appeals are reviewed by a qualified clinical reviewer who:

- Was not involved in the original determination.
- Possesses appropriate clinical expertise for the services under review.

Do I need to upload the original clinical documentation again?

No. Original submission documents remain part of the case record and are available to the appeal reviewer. Providers should upload only:

- The appeal or reconsideration letter.
- Any additional clinical documentation supporting the appeal.

How are Second-Level Appeals submitted?

If a provider disagrees with the outcome of a First-Level Appeal:

DBH-contracted facilities

- Submit the Second-Level Appeal directly to the San Bernardino County Department of Behavioral Health (DBH).

DBH Contacts:

Sandra Razo

- Email: Sandra.Razo@dbh.sbcounty.gov
- Phone: (909) 386-8230

Marisol Vera

- Email: Marisol.Vera@dbh.sbcounty.gov
- Phone: (909) 388-0886

*Please do **not** submit the request through Telligen.

Non-DBH contracted facilities

- Submit the Second-Level Appeal directly to DHCS in accordance with DHCS procedures.
- Do **not** submit the request through Telligen.

Retrospective Reviews

How do I submit a retrospective review?

Retrospective reviews should be submitted through the **Qualitrac Provider Portal** by selecting **Retrospective Review** as the review timing.

Providers should include:

- Admission date
- Discharge date
- Complete supporting clinical documentation, including daily progress notes and other relevant medical records.

Training and Technical Support

Will additional Qualitrac training sessions be offered?

No additional live training sessions are currently scheduled. However:

- Training recordings are on the website- https://telligensanbernardino.com/
- One-on-one training sessions can be scheduled, please contact UMSBCounty@Telligen.com to arrange this.

Is there a practice or test environment available?

No. A separate training or sandbox environment is not available.

Providers wishing to familiarize themselves with Qualitrac may create a practice case using a test member or appropriate example. Before the case is assigned to a reviewer, it should be deleted using the **Actions** menu to prevent it from entering the review queue.

How do I obtain technical support?

Before Go-Live

- Email: UMSBcounty@telligen.com

After Go-Live

- Phone: 833-476-4850
- Email: SBPsychReviews@telligen.com

Treatment Authorization Requests (TARs)

Will Telligen submit Treatment Authorization Requests (TARs) to DBH?

Yes. Once Telligen completes its review and verifies that all required information has been received, Telligen will submit the TAR to DBH on the provider's behalf.

If information is missing or requires clarification before submission, Telligen will notify the provider and request the necessary corrections.

Providers with questions before the TAR has been submitted should contact Telligen. If questions arise after submission to DBH, Telligen will work with both the provider and DBH to assist in resolving the issue.

Miscellaneous Questions

Are MCG Guidelines required during admission and concurrent review?

Yes. MCG Guidelines are required and should be followed during both the admission and concurrent review submission processes. The MCG guidelines are customized to follow the criteria located in **BHIN 22-017 and BHIN 26-001.**

Are additional counties expected to begin using Qualitrac?

At this time, no additional counties have been announced.