




# Medical Assistance BULLETIN

<b>ISSUE DATE</b> May 5, 2026	<b>EFFECTIVE DATE</b> May 5, 2026	<b>NUMBER</b> 99-26-02
<b>SUBJECT</b> Implementation of the Qualitrac® Provider Portal for Prior Authorization and Program Exception Submissions		<b>BY</b>  Sally A. Kozak Deputy Secretary Office of Medical Assistance Programs

**IMPORTANT REMINDER:** All providers must revalidate the Medical Assistance (MA) enrollment of each service location every 5 years. Providers should log into PROMISE to check the revalidation dates of each service location and submit revalidation applications at least 60 days prior to the revalidation dates. Enrollment (revalidation) applications may be found at: <https://www.pa.gov/agencies/dhs/resources/for-providers/provider-enrollment-information/provider-enrollment-documents>

**PURPOSE:**

The purpose of this bulletin is to advise Medical Assistance (MA) enrolled providers that the Department of Human Services (Department) will be implementing use of the Qualitrac® Prior Authorization Provider Portal for submission of prior authorization and 1150 Administrative Waiver (program exception) requests for non-drug items or services.

**SCOPE:**

This bulletin applies to all providers enrolled in the MA Program who render services to beneficiaries in the MA Fee-for-Service (FFS) delivery system. Providers rendering services in the managed care delivery system should address any prior authorization or program exception questions to the appropriate managed care organization (MCO).

**BACKGROUND/DISCUSSION:**

The Department is mandated by Title XIX of the Social Security Act to implement a statewide utilization review program that safeguards against unnecessary or inappropriate use of services and excessive payments, assesses the quality of those services, and controls utilization of services. Prior authorization is a process to ensure that services provided to eligible beneficiaries are medically necessary and appropriate. Additionally, Section 443.6(b) of the Act of June 13, 1967, (P.L. 31, No. 21), known as the Human Services Code, requires MA providers to obtain prior authorization for certain services and items, including items or services the Department may authorize by publication of notice in the *Pennsylvania Bulletin*. Prior authorization for certain services or items in the MA Program is necessary for MA providers to receive reimbursement.

COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:

Fee-for-Service Provider Service Center: 1-800-537-8862

Visit the Office of Medical Assistance Programs website at:  
<https://www.pa.gov/agencies/dhs/departments-offices/omap-info>

Pennsylvania Act 146 of 2022 provided for utilization review standards for prior authorizations. Section 2153 of the Act of May 17, 1921 (P.L. 682, No. 284), relating to provider portal, requires the availability of a provider portal to allow for electronic submissions of prior authorization requests. Providers must also be provided with training and support for the use of the portal.

In addition, the Centers for Medicare & Medicaid Services (CMS) issued the Interoperability and Prior Authorization Final Rule (CMS-0057-F) on January 17, 2024. The Final Rule focuses on efforts to improve prior authorization processes through policies and technology.

Effective with the issuance of this bulletin, the Department will implement the use of the Qualitrac® Prior Authorization Provider Portal. Providers should utilize the portal to submit prior authorization and program exception requests. The Prior Authorization Provider Portal will also allow providers to receive status updates, email alerts, and to provide responses to requests for information directly. Automation of prior authorization and program exception requests will reduce the need for email, fax, and telephonic submissions and manual review processes.

Providers should adhere to the Pharmacy Prior Authorization General Requirements and Procedures (<https://www.pa.gov/agencies/dhs/resources/pharmacy-services/pharmacy-prior-authorization-general-requirements>) for MA covered drugs and non-drug products included on the Statewide Preferred Drug List (<https://www.papdl.com/>) and billed using national drug codes.

### **PROCEDURE:**

The Prior Authorization Provider Portal will be introduced through a phased rollout by provider type and specialty. The implementation timeframe is available on the Department's website at: <https://www.pa.gov/agencies/dhs/resources/for-providers/prior-authorization-portal>. Each provider type and specialty will have two trainings focused on how to use the portal for their specific review type and to provide support as they begin the process. All trainings, as well as additional training materials, will be available on the Prior Authorization Portal website at: <https://pamedicaid.telligen.com/>.

Providers can register for the Prior Authorization Provider Portal at: <https://pamedicaid.telligen.com/>. To complete registration, the provider executive must complete and sign the terms and conditions of the Provider Portal Agreement and designate one or more authorized officials for their organization. The authorized official must complete and sign the Authorized Official Agreement and Registration Form. Completed registrations will be processed within five to seven business days of receipt. Once the registrations are processed, the authorized official will receive instructions on how to add or remove provider users as required to support the organization. Providers can contact [PAU-QTRegistration@telligen.com](mailto:PAU-QTRegistration@telligen.com) for any questions related to registration on the Prior Authorization Provider Portal.

Providers will be able to submit requests on the Prior Authorization Provider Portal at: <https://pamedicaid.telligen.com/>. In the Prior Authorization Provider Portal, the provider can view status updates, alerts, requests for information, submit requested information and clinical documentation. Providers can contact the Department at [RA-PWQualitracSuppor@pa.gov](mailto:RA-PWQualitracSuppor@pa.gov) for any navigation or functionality questions related to the Prior Authorization Provider Portal.

Providers submitting prior authorization and program exception requests through the Prior Authorization Provider Portal will not need to submit an Outpatient Service Authorization Request Form (MA 97), which would otherwise be required according to the PROMISe™ Provider Handbook.