

ColoradoPAR Program

**Pediatric Long-Term Home Health
Physical, Occupational & Speech Therapy
PAR Requirements**



Agenda

- Prior Authorization Overview
- Review Prior Authorization Request (PAR) Requirements for Long-Term Home Health (LTHH) Physical Therapy (PT), Occupational Therapy (OT) and Speech Therapy (ST)
- How to submit appropriate and comprehensive documentation to support your PT, OT, or ST request

PAR Overview:



Pediatric LTHH Physical, Occupational and
Speech Therapy PAR Requirements

PAR Overview

- eQHealth Solutions reviews all PARs using nationally recognized criteria (InterQual criteria), Health First Colorado benefit coverage standards, and State Rules and Regulations to determine medical necessity.
- All PARs for members age 20 and younger are reviewed under the Early, Periodic Screening, Diagnosis and Treatment (EPSDT) benefit guidelines.

PAR Overview

- PARs not submitted with the appropriate clinical information will be placed on hold or “Pend” for more information
 - The provider will be notified that additional information is required to support the need for therapy in the home
 - The provider has 10 business days to submit the documentation
 - If the documents are not submitted within 10 business days the PAR will be denied for Lack of Information (LOI)
- The provider may submit a reconsideration request within 10 business days following a denial for LOI

PAR Requirements for LTHH PT, OT & ST Review



Pediatric LTHH Physical, Occupational and
Speech Therapy PAR Requirements

Pediatric LTHH PT, OT & ST PAR Requirements

- PT, OT & ST PARs administered through the Pediatric LTHH benefit have several specific requirements.
- These requirements ensure that eQHealth Solutions will have sufficient clinical information about the child to make the appropriate PAR determination.

Pediatric LTHH PT, OT & ST PAR Requirements

- An HCFA-485 or other Plan of Care document identical in content. A Plan of Care must include, at a minimum, the following:
 - A PT, OT, or ST therapy evaluation and assessment completed by the appropriate therapist
 - Current treatment plan including short term goals, long term goals and interventions (this may also be provided on a form designed specifically for PT, OT, or ST therapy plans of care)
 - Complete physician's orders including frequency of requested PT, OT, or therapy services clearly stated in the physician's order section of the form
 - All other written Plan of Care requirements listed in the Health First Colorado Benefit Coverage Standard for Home Health

Submitting Supporting Documentation for PT, OT or ST Request:



Pediatric LTHH Physical, Occupational and
Speech Therapy PAR Requirements

Submitting Supporting Documentation

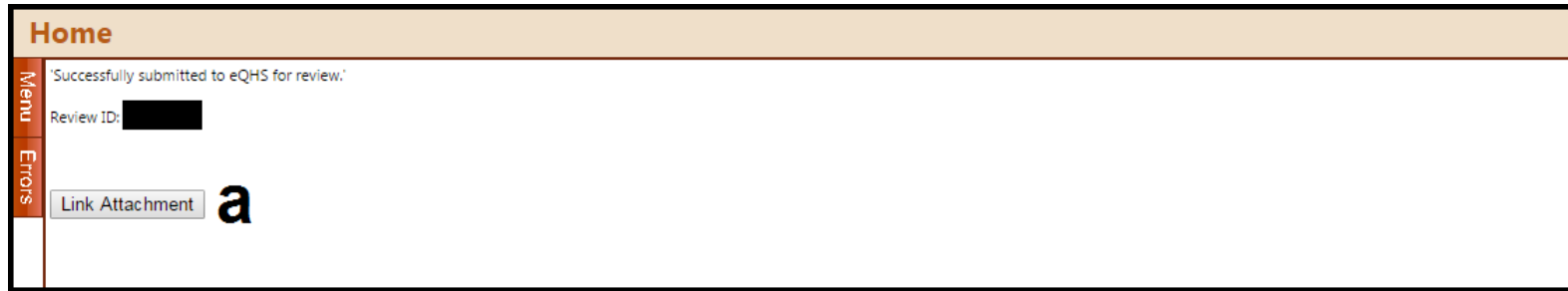
- The nurse and physician will review the request with an array of clinical information relevant to the child including:
 - Medical Diagnosis
 - Developmental and Cognitive status
 - Adaptive and Communicative Development as it applies to the requested therapies
- The medical diagnosis is used to help assist the nurse and physician reviewer better understand the needs of the child to determine medical necessity

Submitting Supporting Documentation

- Therapy session notes describing specific PT, OT, or ST interventions and measurable goals, including clear descriptions of progress or effectiveness, must show the effectiveness of the therapies or progress the child has made towards his or her goal.
- Individual Family Service Plan (IFSP) is helpful if available but is a requirement.
- Developmental screening tool and/or letter of medical necessity from the Primary Care Physician.
- Physician visit notes (Well Check Developmental Screening) documenting the reason the physician is recommending PT, OT, or ST Services.

How to attach supporting documentation

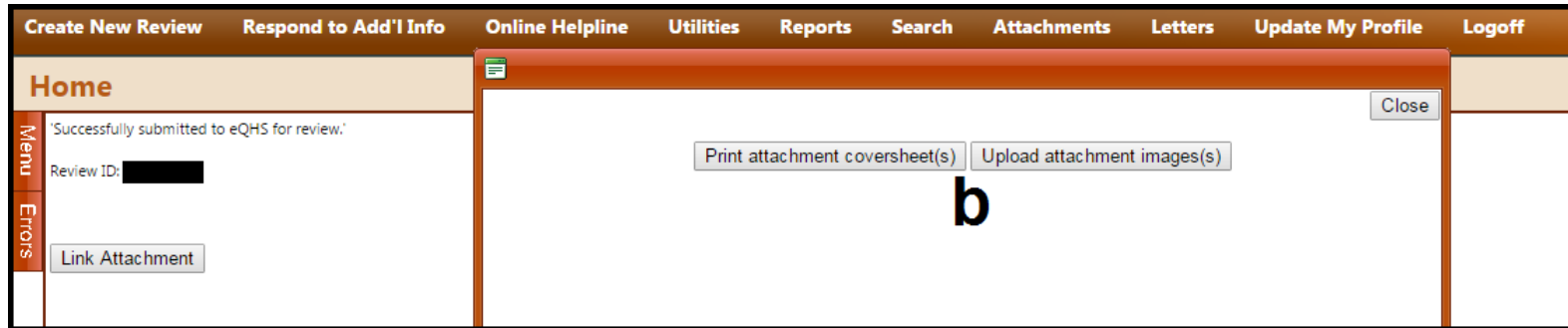
- Attach your supporting clinical documentation



- a. Click **Link Attachment** after clicking **Submit for Review**

Upload or Fax

- Attach your supporting clinical documentation



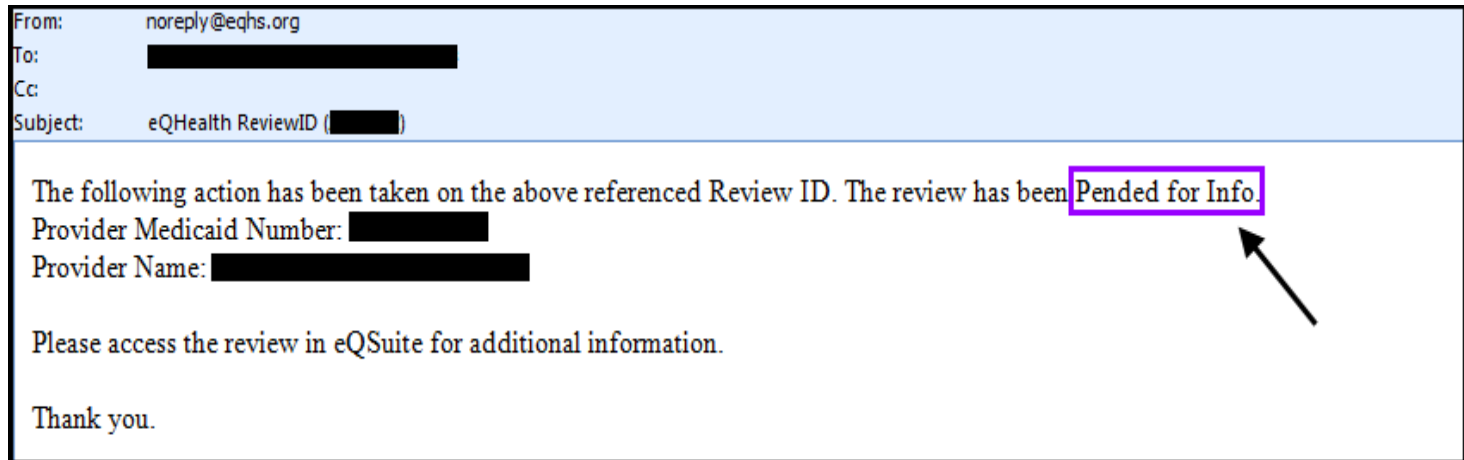
- b. Click either **Print attachment coversheet(s)** if faxing in your supporting documentation or **Upload attachment image(s)** if uploading electronically
 - Please monitor your email inbox for status updates. Upon approval, please wait 1-2 business days to find your PAR number in eQsuite®.

Additional Documentation

- Record status “Pended for Add’l Info” indicates that although you have submitted a PAR, either no documentation was received at the time of submission or a nurse has reviewed the request and needs additional documentation to make a medical necessity determination.
- You will have **10 business days** (from the date the PAR is set to the status of “Pended for Add’l Info”) to upload the requested documentation. If the requested documentation is not received within the 10 business days, your request will receive a *technical denial* and all involved parties, including the client, will receive a denial letter.

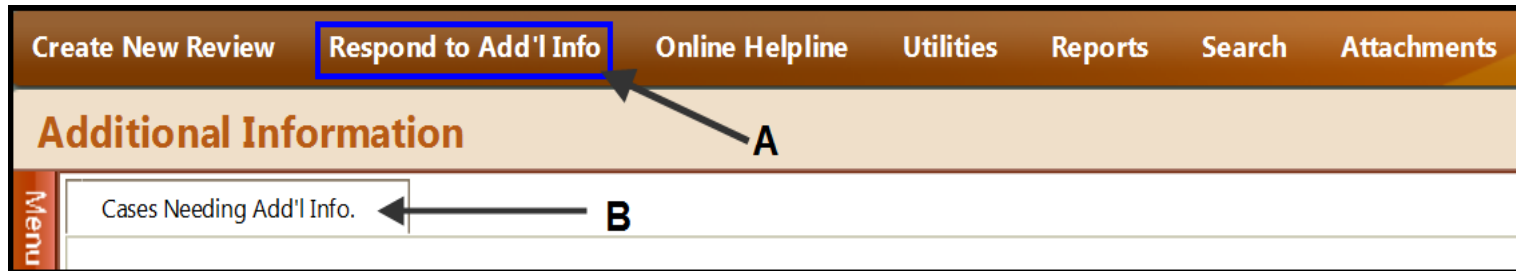
How to identify what additional information is needed

- *You will receive email notification that your review has been **Pended For Add'l Info.***




How to identify what additional information is needed

- To locate the information that is being requested
 - Click on the **Respond to Add'l info** tab
 - Select **Cases Needing Add'l Info**



How to identify what additional information is needed

- Locate your review. **DO NOT** click to open. Instead, scroll to the far right of the page and click on **View Letter**.

Request Date	Requestor Name	Client ID	First Name	Last Name	Request Type	Setting	Admit Date	Requesting Provider ID	Requesting Provider Name	Billing Provider ID	Billing Provider Name	
												 View Letter

How to identify what additional information is needed

- *The following box will pop up and you should select **View**.*

Letter Type	Letter Date	
Admin info requested	10/19/2016	View

How to identify what additional information is needed

- A copy of the memo from the nurse will open which will state the documentation that is being requested for this review.

REQUEST FOR ADMINISTRATIVE INFORMATION

We received a PAR request for this Medicaid client. Our review of this request has been pended because of a lack of information as described below. The additional information must be submitted within ten business days of this notice. The date of the notice is day one. If the information is not received within this time frame, a Lack of Information denial will be issued. If you have questions you may contact our customer service line at (888) 801-9355.

The additional information requested is as follows:

Please submit required documentation: **Supporting Documentation**

Instructions to upload the requested information

Instructions to upload the requested information

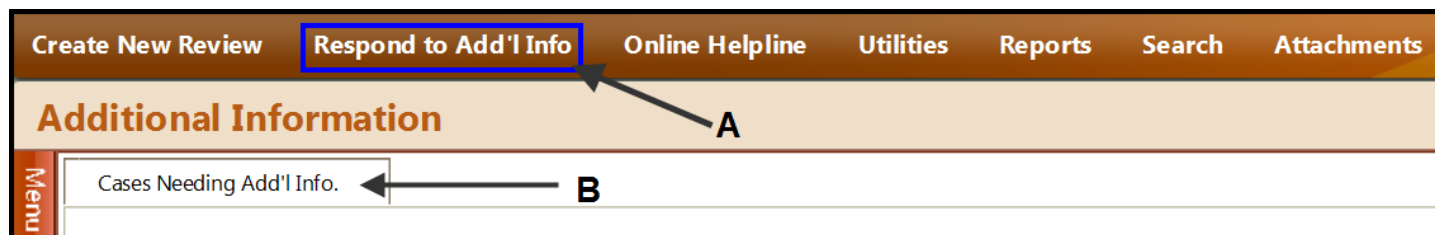
- To begin, follow the step-by-step process detailed below:

*Click on the **Respond to Add'l info** tab and select **Cases Needing Add'l Info**.*

- *Click on the **Respond to Add'l info** tab*
- *Select **Cases Needing Add'l Info***

How to identify what additional information is needed

- *Click on the **Respond to Add'l info** tab and select **Cases Needing Add'l Info**.*



How to identify what additional information is needed

- *Locate your review. Click on **open**.*

Additional Information											
Menu	Cases Needing Add'l Info.										
Errors	ReviewID	Request Date	Requestor Name	Client ID	First Name	Last Name	Request Type	Setting	Admit Date	Requesting Provider ID	Requesting Provider Name
	Open	123456									

Responding to the Request

- *The following box will open and you will see the requested documentation from the nurse listed again in the question box.*
- *You may type your response in the additional info box or upload additional documents*

Review Header Information

Provider #: Provider Name: _____
Client ID: Client Name Admit Age: Current Age: Admit DT: Review ID: _____

Start DX CODES/ITEMS Clinical Info SUMMARY ADDL INFO

QUESTION:
Please submit required documentation: Supporting Documentation

ADDITIONAL INFO:
Web submitted additional info 11/1/2016

How to Respond to the Request

Review Header Information

Provider #: Provider Name: _____
Client ID: Client Name Admit Age: Current Age: Admit DT: Review ID: _____

Start DX CODES/ITEMS Clinical Info SUMMARY ADDL INFO

QUESTION:
Please submit required documentation: Supporting Documentation

ADDITIONAL INFO:
Web submitted additional info 11/1/2016

You must type something into this field.

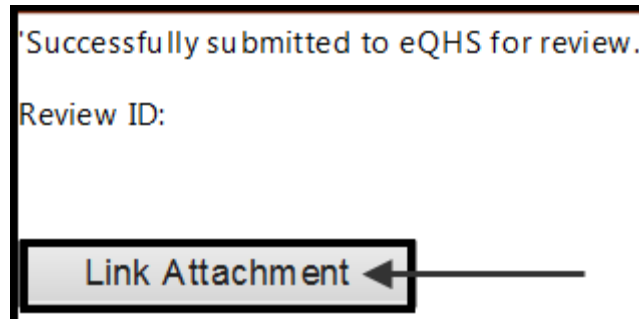
How to identify what additional information is needed

*If you have all of the needed documentation ready to upload, you may click on **Submit Info.***



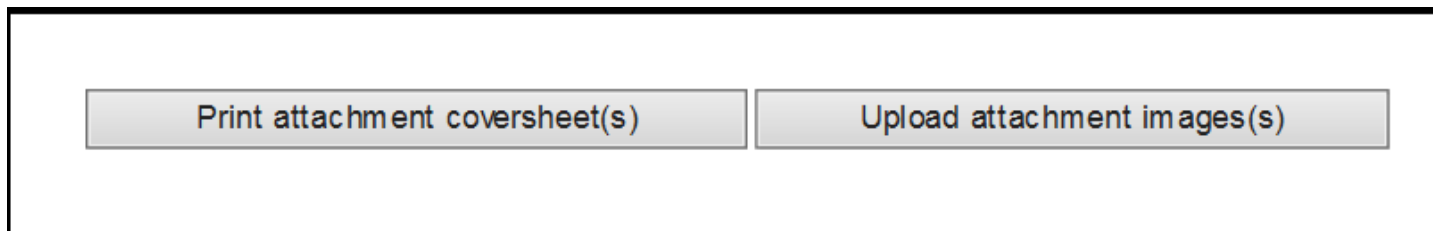
How to identify what additional information is needed

- *The following box will pop up and you should click **Link Attachment**.*



Submitting Supporting Documentation

- *After you click **Link Attachment**, the following box will open.*



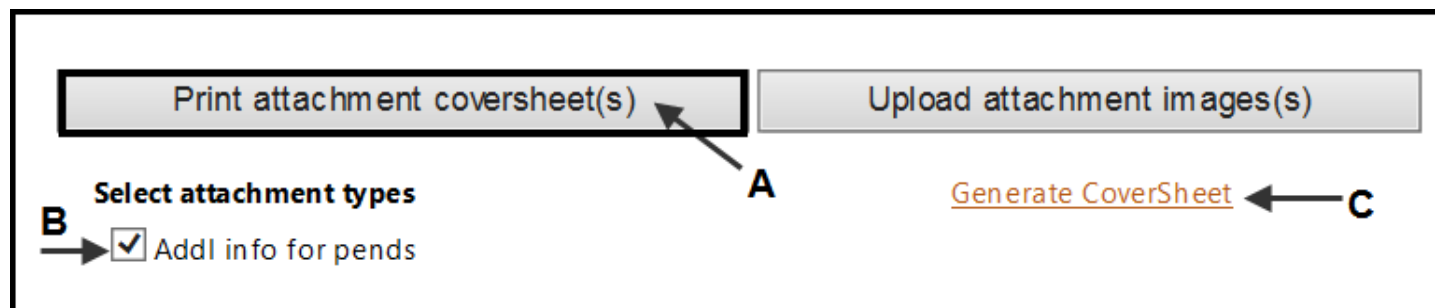
Uploading Documentation

- *To upload your attachments electronically (this is the preferred method), select **Upload attachment image(s)**.*
 - *Click on **Upload attachment images(s)***
 - *Select **Browse** to locate your file*
 - *Click on **Upload***

The screenshot shows a web interface for uploading documentation. At the top, there are two buttons: "Print attachment coversheet(s)" and "Upload attachment images(s)". The "Upload attachment images(s)" button is highlighted with a black border and labeled with an arrow and the letter "A". Below these buttons, there is a dropdown menu labeled "Addl info for pends" with a downward arrow. Underneath the dropdown is a text input field. To the right of the input field is an orange "Browse" button, labeled with an arrow and the letter "B". Below the input field and "Browse" button is a red "x" followed by the text "Remove". Below that is an orange "Add" button. At the bottom of the interface is a grey "Upload" button, labeled with an arrow and the letter "C".

Printing FAX cover sheet

- *To submit your documentation via fax, select **Print attachment coversheet(s)**. *Please note that you should only use this method of submission if you **CANNOT** upload electronically.*
 - *Click on **Print attachment coversheet(s)***
 - *Select **Addl info for pends***
 - *Click on **Generate Coversheet***




Cover Sheet

- The cover page will generate in a separate window.

This fax coversheet and your documentation should be faxed to: **1-866-940-4288**. Please only use this fax coversheet to submit your documentation. The barcode is linked to your review and specific documentation. Please do not reuse this coversheet.

eQHealth Solutions
Fax Cover Page



R-3429964 I-50

Provider ID:
Provider Name:
PAR:
Member ID:
Member Name:
Admit Date:
Review ID:
Pages (Including this one) _____

Only use coversheet once.
Please do not modify or duplicate bar code or cover sheet in any way.

ADDITIONAL INFORMATION REQUESTED BY eQHEALTH SOLUTIONS

How to view supporting documents

You can verify that you have successfully uploaded or faxed the documentation because this review will no longer be listed under the **Respond to Addl info** tab and also because you will see the record status of this review change to “**At Nurse Review.**” You can view the status of your request by clicking on the Attachments tab.

Attachments												
Menu Errors	In Process			Completed Inpatient			Completed Outpatient					
	ReviewID	Client ID	First Name	Last Name	Admit Date	PAR	Account Number	Receipt Date	Record Status			
									At Nurse Review	Open Review	Link Attachment	Attachment(s)

Intermediate Statuses

- **At Nurse Review:** The PAR is currently being reviewed by a first level clinical nurse reviewer.
- **At PR Review:** The PAR is currently being reviewed by a physician.
- **Pended for Add'l Info:** If your request receives Pended For Add'l Info Status again, please review the steps listed above.

What to expect next

- Once the required documentation has been received, your PAR as well as the documentation submitted will be reviewed. On average, it will take up to four (4) business days from the time your documentation is received to receive a determination.

Final Determinations:

- ***Approved:*** *If your request is approved, you will receive a notification email, and within two business days of receiving this email, a PAR Number will be generated. You may log into eQSuite® or into the Colorado Medical Assistance Program Web Portal to view your PAR Number.*
- ***Partial or Full Medical Denial:*** *If the PAR receives a medical denial, the provider and the member will receive a denial letter. If you disagree with this decision, you may request a reconsideration or schedule a peer to peer consultation. Please see the reconsideration and peer-to-peer provider guides located under the provider resources tab on <http://www.coloradopar.com>*
- ***Technical Denial:*** *If your request is technically denied, the provider and the member will receive a denial letter. If you disagree with this decision, you may request a reconsideration via fax or submit a new PAR through eQSuite®.*