

Provider Guide – Reconsideration Review Process

Overview

All Prior Authorization Requests (PARs) are approved, partially denied or denied. If approved, a PAR number is generated which the requesting provider then uses on claims to Health First Colorado (Colorado’s Medicaid Program) for reimbursement of authorized services; if denied, a PAR number is still issued however cannot be used on the claim.

A denial, however, is not necessarily final. A PAR can be reconsidered for approval within ten (10) calendar days if the requesting provider disputes the determination and submits adequate supporting documentation for review to eQHealth Solutions.

This process, known as **reconsideration review**, requires an understanding of the various reasons PARs get denied as well as the options available to providers when specific denials occur. Refer to the appropriate section below for more information.

Contents

<i>Overview</i>	<i>1</i>
<i>Types of Denial.....</i>	<i>2</i>
<i>Determining the Reason(s) for a PAR Denial.....</i>	<i>4</i>
<i>Options Available for Medical Necessity Denials.....</i>	<i>5</i>
<i>Options Available for Technical Denials.....</i>	<i>7</i>
<i>Requesting a Reconsideration Review</i>	<i>7</i>
<i>What to Expect Next.....</i>	<i>9</i>

Types of Denial

A PAR can be denied for two general reasons: for lack of medical necessity or for technical reasons. Understanding each type of denial will help expedite the reconsideration review process should you decide to pursue reconsideration, and will also help you avoid denials in the future.

Medical Necessity Denial

This type of denial occurs when an eQHealth Solutions physician reviewer deems one or more of a PAR's requested services unnecessary in treating the client's diagnosed health problem.

In order for a requested service to meet the criteria for medical necessity, it must be:

- Provided in accordance with generally accepted standards of medical practice in the US*
- Clinically appropriate in terms of type, frequency, extent, site and duration*
- Not primarily for the economic benefit of the provider or for the convenience of the client, caretaker, or provider*
- Performed in a cost-effective and most appropriate setting required by the client's condition*

A PAR can receive either a full denial (in which all requested services are denied) or a partial denial (in which some requested services, but not all, are denied) if one or more of these four criteria is not met.

Technical Denial

Technical denials occur when a PAR fails to meet one or more of the non-medical criteria set by the Colorado Department of Health Care Policy & Finance (HCPF).

There are two categories of technical denials: 'Lack of Information' and 'Other'.

Lack of Information (LOI) This type of technical denial occurs when a PAR has been submitted without the required documentation to support the medical necessity of the request.

Providers have ten (10) business days to submit supporting documentation once a review has entered into either 'Awaiting Required Attachments' or 'Pended for Additional Info' status. When this window has passed, a LOI denial will be issued.

Other

Technical denials of this type result when a specific HCPF policy (other than the requirement for supporting documentation) has not been followed.

For example, a PAR can be denied as a duplicate if an existing PAR for the same procedure and date range already exists for the client.

Determining the Reason(s) for a PAR Denial

If you have received notification that your PAR has been denied and you would like it to be reconsidered for approval, you must first find out the reason(s) it was denied as this will determine your course of action.

To do this, log into eQSuite[®] and click 'Letters' in the menu bar. Select "Client ID" from the **Choose** drop-down box, then enter the Health First Colorado (Colorado's Medicaid Program) ID of the client in the **Client ID** field, then click **Search**.

- If your PAR displays in the grid, it has been denied, you may find out the reason by clicking **View Letter** followed by **View**.
Note: The letter date in eQSuite[®] is considered the date of denial.
- If your PAR does not display in the grid, please check the Health First Colorado (Colorado's Medicaid Program) Web portal or contact the ColoradoPAR Customer Service Line at **1-888-801-9355** to find out the denial reason.

IMPORTANT: An eQHealth Solutions letter (electronic memo) is to communicate the rationale for the medical necessity determination. You will continue to obtain the final approval/denial letter for services from Colorado Medical Web Assistance Web Portal through the Colorado Department of Health Care and Financing website.

Options Available for Medical Necessity Denials

If your PAR has been denied for medical necessity and you would like to have it reconsidered for approval, you may choose one or both of the following options:

Option 1: Request a Reconsideration Review

You may request a reconsideration review within ten (10) calendar days of your PAR's denial. Requesting reconsideration on a denied or partially denied review provides the opportunity to attach additional clinical information and for the PAR to be reviewed by a completely different physician reviewer that will make a separate medical necessity decision.

Requesting a Reconsideration Review

Providers have the option of requesting a reconsideration review via phone, fax, mail, or electronically in eQSuite[®] within ten (10) calendar days of a denial determination. See the appropriate section below for more information.

In eQSuite[®]

Before beginning, make sure the supporting documents are available either electronically (if uploading) or hard copy (if faxing). Then, follow the instructions below.

- 1. Open the Respond to Denial screen*
Click **Respond to Denial** in the menu bar at the top of the screen. (Note: this option will only appear within ten (10) calendar days of the initial denial determination.)
- 2. Find and open your review*
Select "Review ID" from the drop-down box and enter the denied PAR's review ID number in the adjacent field, then click **Search**. Click **Open Review** once your review displays in the grid.
- 3. Complete the required information on the RECON tab.*
Select **I do not agree** and briefly summarize your case for reconsideration in the space provided. Check the **Additional supporting documentation...** box, then click **Submit Recon Info**.
- 4. Submit your supporting documentation at this time.*

Click **Link Attachment**, followed by either **Print Attachment Coversheet(s)** if faxing or **Upload Attachment Image(s)** if submitting electronically. (Note: ensure your popup blocker is disabled.)

Via Phone, Fax, or Mail

Complete the [Reconsideration Review Request Form](#) (you may also find this document by visiting www.ColoradoPAR.com > Provider Resources > Reconsideration Process) and either:

- Call ColoradoPAR Customer Service Line (toll-free) at **1-888-801-9355**
- Fax (toll-free) to **1-866-940-4288**, using the designated fax cover sheet. You can find a copy by clicking on the link below. (ADD)
- Mail to: **eQHealth Solutions**
Attn: Colorado Health First Colorado
(Colorado's Medicaid Program)
5802 Benjamin Center Drive, Suite 105
Tampa, FL 33634

Option 2: Request a Peer-to-Peer (P2P) Discussion

A P2P Discussion affords the PAR's Ordering Provider an opportunity to speak with an eQHealth Physician Reviewer regarding the reason(s) for the PAR's denial. This may also prevent the need for a reconsideration review.

P2P Discussions may be requested within five (5) calendar days of the denial decision. For instructions on how to request a P2P discussion, please visit www.ColoradoPAR.com > Provider Resources > Peer-to-Peer Guide.

Options Available for Technical Denials

If your PAR has been denied and you would like to have it reconsidered for approval, you may choose one (but not both) of the following options:

Option 1: Request a Reconsideration Review

You may request a reconsideration review within ten (10) calendar days of your PAR's denial. Requesting reconsideration on a denied review provides the opportunity to attach additional clinical information without having to reenter the request and for the PAR to be processed as usual.

Requesting a Reconsideration Review

In eQSuite®

Before beginning, make sure the supporting documents are available either electronically (if uploading) or hard copy (if faxing). Then, follow the instructions below.

1. *Open the Respond to Denial screen*

Click **Respond to Denial** in the menu bar at the top of the screen. (Note: this option will only appear within ten (10) calendar days of the initial denial determination.)

2. *Find and open your review*

Select "Review ID" from the drop-down box and enter the denied PAR's review ID number in the adjacent field, then click **Search**. Click **Open Review** once your review displays in the grid.

3. *Complete the required information on the RECON tab.*

Select **I do not agree** and briefly summarize your case for reconsideration in the space provided. Check the **Additional supporting documentation...** box, then click **Submit Recon Info**.

4. *Submit your supporting documentation at this time.*

Click **Link Attachment**, followed by either **Print Attachment Coversheet(s)** if faxing or **Upload Attachment Image(s)** if submitting electronically. (Note: ensure your popup blocker is disabled.)

Via Phone, Fax, or Mail

Complete the [Reconsideration Review Request Form](#) (you may also find this document by visiting www.ColoradoPAR.com > Provider Resources > Reconsideration Process) and either:

- Call ColoradoPAR Customer Service Line (toll-free) at **1-888-801-9355**
- Fax (toll-free) to **1-866-940-4288**, using the designated fax cover sheet. You can find a copy by clicking on the link below. (ADD)
- Mail to: **eQHealth Solutions
Attn: Colorado Health First Colorado
(Colorado's Medicaid Program)
5802 Benjamin Center Drive, Suite 105
Tampa, FL 33634**

Option 2: Submit a New Review

If you have all of the required documentation to support your case, you may submit a new PAR in eQSuite®.

What to Expect Next

If our physician needs any additional information to make a decision our physician review coordinator will contact the provider by phone with that request.

To check the status of the physician's decision, a memo will be available under the Letters tab in eQSuite within four (4) business days. In that memo you will be able to see if the original decision was upheld or reversed. If the decision is reversed a new PAR number will be issued and available in eQSuite.

You may also call the ColoradoPAR Customer Service Line (toll-free) at **1-888-801-9355** to check the status and outcome of the reconsideration request.