

# ColoradoPAR Program

**Durable Medical Equipment**

**2018**

# Agenda

- Introduction to eQHealth Solutions
- Scope of Services
- Overview of the PAR process
- eQSuite®
- Contacts and resources at eQHealth Solutions
- Key Dates for PAR's during Transition period
- Questions & Answers
- Training Evaluation and Feedback

# Introduction to eQHealth Solutions

- A non-profit population health management and technology solutions company
- Selected by the Colorado Department of Health Care Policy and Financing to prior authorize services for Colorado Medicaid clients

Effective: September 1, 2015

# APPROACH

*Clinically Focused*

*Outcomes Oriented*

*Technology Driven*

HIGH TECH	HIGH TOUCH
<p>eQSuite® - Proprietary cloud-based technology platform</p> <ul style="list-style-type: none"><li>➤ Utilization Review/Prior Authorization</li><li>➤ Clinical Integration</li><li>➤ Business intelligence</li></ul>	<ul style="list-style-type: none"><li>➤ Project Director, Medical Director, Clinical Nurse Manager and Provider Education &amp; Outreach Specialist.</li><li>➤ Colorado dedicated:<ul style="list-style-type: none"><li>➤ Customer Service staff</li><li>➤ Provider website - <a href="http://coloradoPAR.com">http://coloradoPAR.com</a></li></ul></li><li>➤ General and customized webinar training</li><li>➤ Blast emails and postings</li></ul>

# Scope of Services

## Prospective PAR Determinations

- Diagnostic Imaging
- Durable Medical Equipment
- Physical & Occupational Therapy
- Medical
  - Transplants
  - Surgical Procedures: such as Bariatric surgery
  - Molecular Testing - BRCA1 and BRCA2
- Pediatric Long Term Home Health
- Private Duty Nursing
- Out of State Non-emergency Inpatient Stays
- Audiology
- Synagis®
- Vision

# Scope of Services

- 24 hour access for PAR submissions
- Provider Communication and Support
- Provider Education and Outreach
- Comprehensive Utilization Management Program
  - Prior Authorization Review (PAR)
  - Retrospective Review
  - PAR Reconsiderations
  - PAR Revisions
  - Real time access to provider reports

# Scope of Services

Prior authorization through eQSuite® is **required** when the item or service code requires an authorization as defined by the ColoradoPAR program.

**Please be sure to VERIFY the Client's eligibility for CO Medicaid and determine whether the service requires prior authorization before submitting a PAR request.**

*Reminder: Prior Authorization does not guarantee Medicaid payment for services.*

# Durable Medical Equipment

Colorado Medicaid rule 10 CCR 2505-10, Section 8.590.2.A. under states that, “DME, Supplies and Prosthetic or Orthotic Devices are a benefit when Medically Necessary.”



# Medical Necessity

To determine Medical Necessity the equipment, supplies, and Prosthetic or Orthotic Device shall:

- Be prescribed by a physician and, when applicable; be recommended by an appropriately licensed practitioner.
- Be a reasonable, appropriate and effective method for meeting the client's medical need.
- Have an expected use that is in accordance with current medical standards or practices.
- Be cost effective, which means that less costly and medically appropriate alternatives do not exist or do not meet treatment requirements.

# Medical Necessity

- Provide for a safe environment.
- Not be experimental or investigational, but generally accepted by the medical community as standard practice.
- Not have as its primary purpose the enhancement of a client's personal comfort or to provide convenience for the client or caretaker.

# Getting Started

1. Complete the “Request for eQSuite® Users Form”. You can locate this form by clicking on the link below or by visiting our website [www.coloradoPAR.com](http://www.coloradoPAR.com)

<http://co.eqhs.org/Portals/2/Request%20for%20eQSuite%20Access.pdf>

- Assign an eQHealth Liaison
- Assign a System Administrator
- Sign and date
- Scan or fax

2. System Administrator

- Assign logons to staff
- Assign roles to staff based on job responsibilities

# Connectivity to eQSuite®

## Minimal Computer System Requirements

- ❖ Any one of the following browsers (please note it must be one of the two most recent versions):
  - Internet Explorer
  - Google Chrome
  - Mozilla Firefox
  - Safari
- ❖ Broadband internet connection
- ❖ If you already have access to eQSuite® and experience connectivity issues, clear your cache - Visit [www.refreshyourcache.com](http://www.refreshyourcache.com)  
Select the browser you are using and follow the steps to clear your cache.

<http://www.coloradopar.com/ProviderResources/ITRequirements.aspx>

# PAR Required

## Examples:

- Power wheelchairs
- Power scooters
- Specialized Equipment: Complex Rehabilitation Technology (CRT)
- Repairs and Modifications
- EBI Bone Stimulator
- Cochlear implant device repairs and supplies
- Orthotics and prosthetics (limited items)
- Medical supplies (limited items)

# PAR Required

A full list of codes requiring prior authorization can be found in the:

***COLORADO MEDICAL ASSISTANCE PROGRAM  
DURABLE MEDICAL EQUIPMENT AND SUPPLIES  
PROVIDER REFERENCE MANUAL***

[https://www.colorado.gov/pacific/sites/default/files/DMEPOS%20Billing%20Manual%20v1\\_1.pdf](https://www.colorado.gov/pacific/sites/default/files/DMEPOS%20Billing%20Manual%20v1_1.pdf)

# Prior Authorization Requests

All prior authorization requests (PAR) must be submitted via eQSuite<sup>®</sup>, eQHealth's proprietary, web-based utilization management system.

# First Level Screening

## Verification:

- The request is for a benefit reviewed under the ColoradoPAR Program.
- The request is not a duplication.
- The required supporting documentation is complete, legible and conforms to all Colorado Medicaid's policy requirements



# SmartReview

## SmartReview:

- Algorithm driven review process to identify certain service requests that meet medical necessity criteria without further review.
- Developed by eQHealth clinical team using evidence based medical literature.
- Logic reviewed and approved by the Department prior to deployment.
- Starting with basic set and will expand over time.

# First Level Clinical Review

If the requested service is not approved in the SmartReview process, the review is forwarded to a 1<sup>st</sup> level clinical reviewer who performs the review by applying InterQual<sup>®</sup> and Colorado Medicaid approved criteria.

*Our 1st level reviewers are licensed registered nurses who have at least 3 years of clinical experience. They are trained in InterQual<sup>®</sup> criteria\* and Medicaid state specific regulations.*

\*Market-leading InterQual<sup>®</sup> clinical criteria aid in consistent application of evidence-based clinical decision support to help ensure provision of the most appropriate care. See [www.McKesson.com](http://www.McKesson.com) for more information.

# First Level Clinical Review Determinations

First Level Clinical Reviewers may:

- Approve the service as requested based on Department approved criteria.
- Pend a request for additional or clarifying information:  
The requesting provider will be immediately notified by:  
**Receiving an eQSuite® email/notification**
- Refer the request to a physician reviewer for review and determination.
- Deny the request for non-compliance with HCPF policy.

*First level clinical reviewers do not make medical necessity adverse determinations*

# Second Level Clinical Review

*Our 2<sup>nd</sup> level physician reviewers are licensed physicians of Medicine or Osteopathy in active practice with clinical experience in the area they are asked to review.*

Physician peer reviewers base the medical necessity determination on current, evidence based professional standards of care as well as their clinical experience and judgment.

# Second Level Clinical Review

Physician reviewers may:

- Approve the service(s) as requested
- Pend the review for additional information, including a request for a peer to peer consultation. If the request for additional information is not received and/or the peer to peer consultation is not completed within 4 business days, the physician reviewer will render a determination based on the information available.
- Render an adverse determination. An adverse determination may be a full or partial denial of the requested services or a reduction in services

*Note: The second level reviewer may request peer to peer consultation prior to an adverse determination*

# PAR Determinations

PAR Determinations are completed within 4 business days of receipt of all the required information.

*Up to an additional 4 business days may be granted, prior to an adverse determination, to complete a peer to peer consultation.*

❖ Determination notification letters are mailed to the provider and the client by the Department's fiscal agent.

# PAR Reconsiderations

- Both the ordering and treating provider may request a PAR reconsideration of an adverse determination.
- PAR reconsiderations must be submitted within 10 calendar days of the adverse determination.
- PAR reconsideration requests may be submitted:
  - Electronically (eQSuite®)
  - Fax
  - Mail
  - Phone
- eQHealth Solutions' response time for Reconsiderations:
  - Expedited - two business days
  - Standard - four business days

# Timelines

Submission	Response	PAR Duration
Prior to delivery	Expedited - 2 business days Standard - 4 business days	May be up to 364 days (From and Through dates)
Up to 90 calendar days after start of provision of equipment or supplies.	4 business days	
Untimely - submission more than 90 days after start of provision of equipment or supplies.	Within 4 business days of HCPF's Retroactive PAR exception decision.	
Retrospective - client was not eligible at the time equipment or supplies were provided and services have ended.	4 business days	



# PAR Submission

When eQHealth is provided with the complete PAR request:

- On business days:
  - From 12:00 a.m. - 11:59 p.m.(MST) - it is considered received that day
- On holidays - it is considered received on the next business day
- On days following state approved closures, e.g., natural disasters - it is considered received on the next business day

# Expedited Review

A PAR review that is required to be done on an expedited basis because a delay could:

- a) Seriously jeopardize the life or health of the client or the ability of the Client to regain maximum function, or
- b) In the opinion of a physician with knowledge of the Client's medical condition, would subject the Client to severe pain; and cannot be adequately managed without the care or treatment that is the subject of the claim.

# Lack of Information (LOI)

If a PAR request is pended back to the requesting provider for additional or clarifying information:

The requesting provider will be immediately notified by:

- Receiving an eQSuite® email/notification

*The additional information must be received within ten business days*

**If the information is not received, the request will be denied for a Lack of Information (LOI) and a new request must be submitted.**

# Supporting Documentation

**REFER TO THE HCPF'S PROVIDER MANUAL FOR ITEM SPECIFIC INFORMATION:**

<https://www.colorado.gov/pacific/hcpf/provider-forms>

## Examples of Supporting Documentation

- CRT:
  - Letter of Medical Necessity (Basic Documentation)
  - Specialty Evaluation
- AACD - Speech Assessment/Affirmation
- Price Quote or Invoice (Details and Itemized)
- Prescription and Other supporting documents (including Questionnaires)

# Change of Provider

If a change of provider is required after a PAR is completed, please assist the client in completing the “Change of Provider Form”. This form is located on the coloradoPAR.com website, under the provider resource tab, forms and instructions.

- Faxed submissions - include the form with the Prior Authorization Form.
- eQSuite® submissions:
  - Fax the “Change of Provider Form” prior to entering the review request in eQSuite®
  - Include the form with the supporting documentation.

# PAR Revisions

If a client's needs change after a PAR review has been completed:  
eQSuite® submitters can:

- Respond “yes” to the question “Is the request to modify a previously approved Treatment Authorization Number (TAN)?”
- Enter the previous PAR number
- Proceed with the review request

Paper submitters:

- Submit a new Prior Authorization Request form
- Clearly document “revision” on the top of the form

***All revision requests require clinical review.***

**Turn-around time for revisions is 4 business days.**

# eQSuite®

***eQSuite® is eQHealth Solutions proprietary web-based HIPAA compliant software system that offers providers 24/7 accessibility to the information and functions needed to obtain prior authorizations.***

# eQSuite®

eQSuite® features include:

- Create and submit electronic review requests
- Respond to requests for additional information
- Submit documentation
- Respond to adverse determination
- Search for previously submitted requests
- Real-time access to view and download reports
- Online helpline module for submission of inquiries and issues
- Update user profiles



# eQSuite®








## Minimal Computer System Requirements

- ❖ Any of the two most recent versions of:
  - Internet Explorer
  - Google Chrome
  - Mozilla Firefox
  - Safari
- ❖ Broadband internet connection

# eQSuite Login

Login from [www.coloradoPAR.com](http://www.coloradoPAR.com) home page

**QUICK RESOURCES**

	 	
<b>HCPF Provider Bulletin</b>	<b>PAR Portal Login</b>	<b>eQSuite Training</b>
		
<b>PAR Letters Medicaid Portal</b>	<b>Fee Schedule</b>	<b>Billing Manuals</b>

# eQSuite Login

Username

Password

Login [forgot password?](#)

**NOTICE:**

- Test2: Test2

# eQSuite Functions



# eQSuite PAR Request

## Home Page - Create New Review

Start

### Review Type and Settings

Billing Provider ID:

Provider Name:

Review Type:

Admission

TAN:

Bene ID:

Name:

DOB:

1/28/1951

Sex:

Female

# eQSuite PAR Request

	Type	Medicaid #	NPI #	Name	Phone #	
<a href="#">Edit</a>	<b>Servicing Provider/Practice</b>					
<a href="#">Edit</a>	Referring Provider/Practice					

# To Create a New PAR


Select type of request:

Start date of service(s):

This is a request for:

Has service already been provided:  Yes  No

---

Date of assessment:  

---

Did the client receive eligibility for Medicaid after some of the requested services were provided?  Yes  No

---

Did the client receive eligibility for Medicaid after all of the requested services were provided?  Yes  No

---

Are the requested services experimental or investigational?  Yes  No

---

For Hospice enrolled patients: Are the requested services related to the treatment of the terminal illness or associated condition? If no, explain on the Summary Tab.  Yes  No

---

Is this an EPSDT service?  Yes  No

---

Is this an Early Intervention Service?  Yes  No

---

Is there an IFSP in effect?  Yes  No

---

Untimely PAR request? If yes, explain on the Summary Tab.  Yes  No

---

For out-of-state services: were services able to be performed in Colorado? If no, explain on the Summary Tab.  Yes  No

---

# eQSuite PAR Request

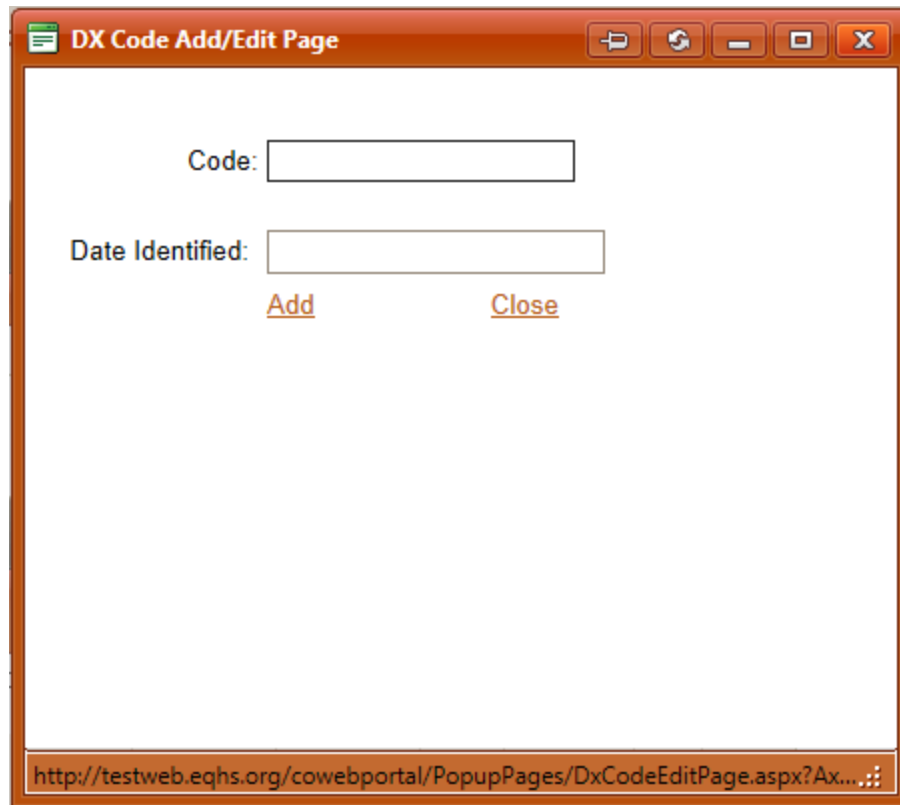
Start	DX CODES/ITEMS
-------	----------------

Add		Search		Refresh	
P	ICD Code	Description			
Y	4280	CHF NOS	<a href="#">Edit</a>	<a href="#">Delete</a>	

Add										Refresh	
Code	Modifier1	Modifier2	Modifier3	Modifier4	Description	From Date	Thru Date	Price	Total Units		
E0149	KR Rental item, billing	MS 6 mth maint/serv fee	UB Invoice cost	UE Used Equipment	Walker, heavy duty, wheeled, rigid or folding, any type	08/03/2015	08/31/2015		1	<a href="#">Edit</a>	<a href="#">Delete</a>



# eQSuite PAR Request



The screenshot shows a web browser window titled "DX Code Add/Edit Page". The window contains two text input fields: "Code:" and "Date Identified:". Below the "Date Identified:" field are two buttons labeled "Add" and "Close". The browser's address bar at the bottom shows the URL: "http://testweb.eqhs.org/cowebportal/PopupPages/DxCodeEditPage.aspx?Ax...".

DX Code Add/Edit Page

Code:

Date Identified:

[Add](#) [Close](#)

http://testweb.eqhs.org/cowebportal/PopupPages/DxCodeEditPage.aspx?Ax...

# eQSuite® PAR Request

The screenshot shows a web browser window titled "Item Code Add/Edit Page". The form contains the following fields and controls:

- Code:** A dropdown menu with "Select Code" and a checkbox labeled "CRT Code".
- MOD1:** A dropdown menu with "Select Modifier".
- MOD2:** A dropdown menu with "Select Modifier".
- MOD3:** A dropdown menu with "Select Modifier".
- MOD4:** A dropdown menu with "Select Modifier".
- From Date:** A text input field with a calendar icon.
- Thru Date:** A text input field with a calendar icon.
- Replacement of Equipment:** A checkbox.
- Date Originally Received Equipment:** A text input field with a calendar icon.
- Price:** A text input field.
- Total Units:** A text input field containing the value "1".

At the bottom of the form are two buttons: "Add" and "Close". The browser's address bar shows the URL: <http://testweb.eqhs.org/cowebportal/PopupPages/ItemCodeEditPage.aspx>

# eQSuite® PAR Request

Start		DX CODES/ITEMS		Clinical Info	
Question	Yes/No	Check all that apply	Date	Text	
<b>CPT Codes (ALL)</b>					
The requested item(s) is/are for the exclusive use of the client.	<input checked="" type="radio"/> YES <input type="radio"/> NO				
Does the requested item(s) duplicate or perform the same function as other DME equipment currently in the client's possession?	<input checked="" type="radio"/> YES <input type="radio"/> NO				
If yes, please explain:				<input type="text"/>	
Is this request to repair/replace a refurbished/used DME item?	<input checked="" type="radio"/> YES <input type="radio"/> NO				
If yes, is the a request to repair/replace an item that is under the required (limited) 1 year warranty.	<input checked="" type="radio"/> YES <input type="radio"/> NO				
Is this request to repair/replace an item that was new when delivered?	<input checked="" type="radio"/> YES <input type="radio"/> NO				
If yes, is the item still under the manufacturer's limited warranty?	<input checked="" type="radio"/> YES <input type="radio"/> NO				
If this request is to repair a wheelchair for a member who resides in a nursing facility, did the member own this equipment prior to entering the nursing facility?	<input checked="" type="radio"/> YES <input type="radio"/> NO				

# eQSuite® PAR Request

## Clinical Information Questions - Example

E2374	Is this request for a unit of E2374 that is needed in excess of limit of 1 unit per 3 years?	Yes or No
	Was this equipment ordered by a physician/nurse practitioner/physician's assistant?	Yes or No
	Has this member had a successful trial with this or similar equipment?	Yes or No
	Member's current height in inches?	Free text
	Member's current weight in lbs.?	Free text
	Please attach basic evaluation documentation for CRT PAR.	

# eQSuite® PAR Request

Start

DX CODES/ITEMS

Clinical Info

SUMMARY

Provide additional information to support the medical necessity of the PAR request in the following field. All required supporting documentation and/or documents as described in the Durable Medical Equipment and Supplies Provider Manual must be submitted with this PAR request, e.g. questionnaires, quotes or invoices, specialty evaluations, etc. Explain the reason for untimely submission of the PAR request, when applicable.

**COLORADO DEPARTMENT OF HEALTHCARE POLICY AND FINANCING DISCLAIMER STATEMENT**

Please be aware that an eQHealth Solutions certification determination does not guarantee Medicaid payment for services.

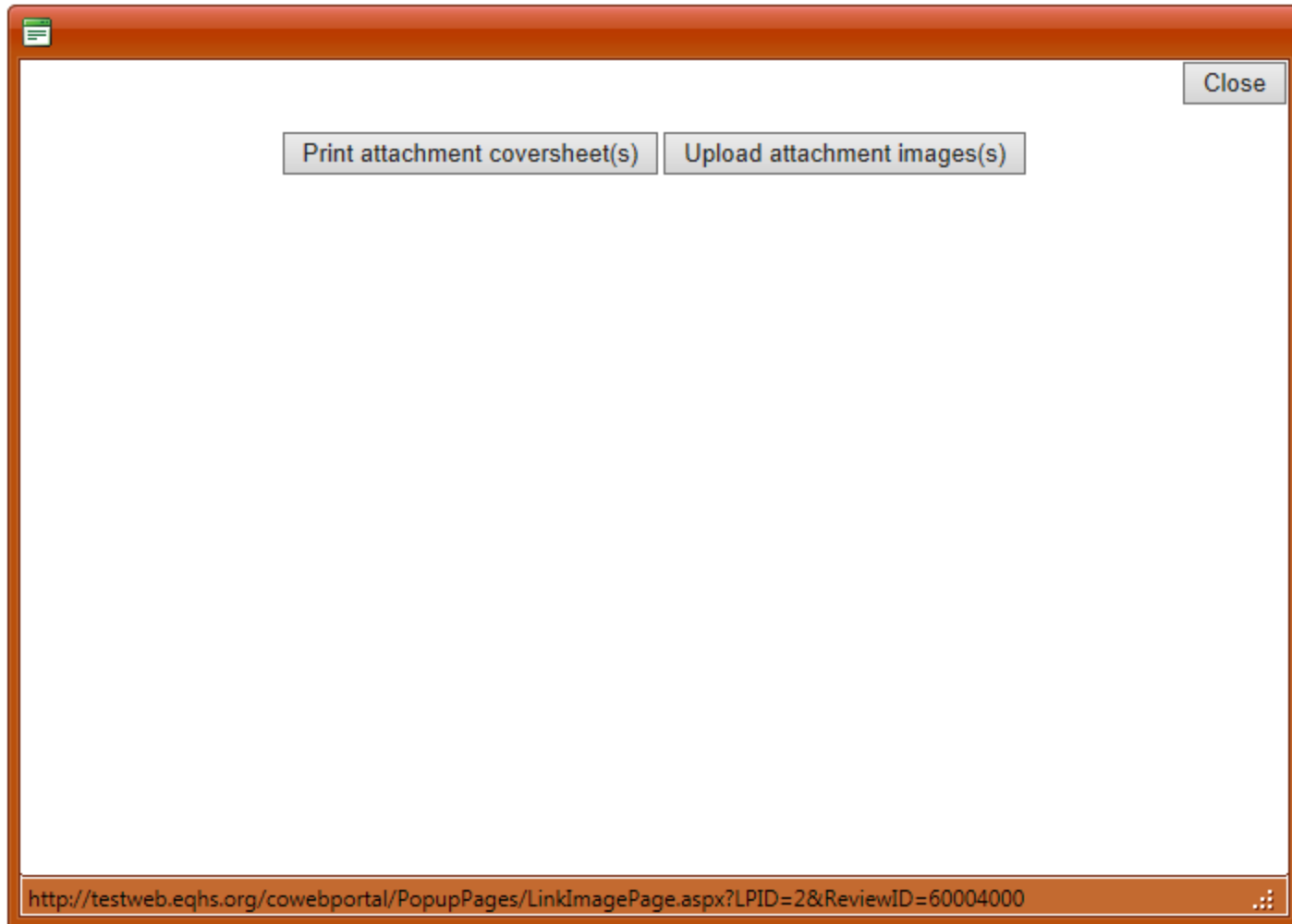
**By clicking [Submit for Review] you are attesting to the above.**

CANCEL

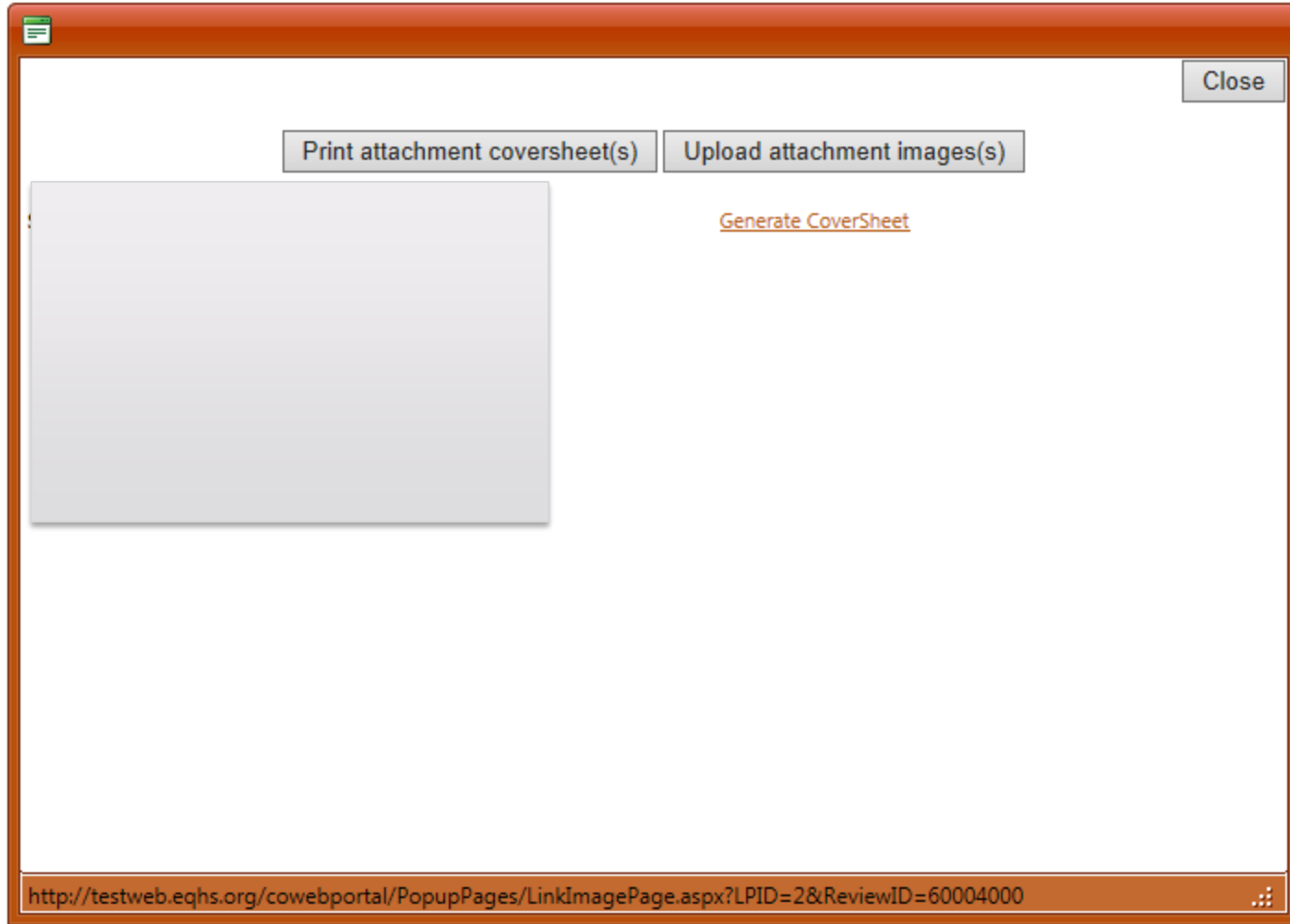
PARTIAL SAVE

SUBMIT FOR REVIEW

# Uploading Supporting Documentation



# Uploading Supporting Documentation



# Uploading Supporting Documentation

The screenshot shows a web application window with a brown border. At the top right is a "Close" button. Below it are two buttons: "Print attachment coversheet(s)" and "Upload attachment images(s)". A dropdown menu is set to "Tests and study results". Below the dropdown is a text input field and a "Browse" button. Underneath is a red "x Remove" link. Further down are "Add" and "Upload" buttons. At the bottom of the window, a URL is displayed: <http://testweb.eqhs.org/cowebportal/PopupPages/LinkImagePage.aspx?LPID=2&ReviewID=60004000>.



# Submitting Supporting Documentation

*Please submit all supporting documentation electronically.*

If unable to submit electronically, please submit by fax.

The review- specific fax cover sheets are available for download and print as soon as the review request is completed and entered into eQSuite®.

Each fax cover sheet includes a bar code that is specific to the particular recipient and the type of information required.

You must use only the assigned fax cover sheet for the specific type of supporting documentation.

**Do NOT copy or reuse fax cover sheets!**

# eQSuite Attachment

## Attachments

Menu

In Process

Completed Outpatient

Errors

ReviewID	Bene ID	First Name	Last Name	Admit Date	TAN	KBaby Name	Account Number	Receipt Date	Record Status					
60001025	[Redacted]	[Redacted]							07/22/2015	Awaiting Required Attachments	<a href="#">Open Review</a>	<a href="#">Link Attachment</a>		
60001207									07/22/2015	Awaiting Required Attachments	<a href="#">Open Review</a>	<a href="#">Link Attachment</a>	<a href="#">Attachment(s)</a>	
60002803												<a href="#">Open Review</a>	<a href="#">Link Attachment</a>	
60003154												<a href="#">Open Review</a>	<a href="#">Link Attachment</a>	<a href="#">Attachment(s)</a>
60003168												<a href="#">Open Review</a>	<a href="#">Link Attachment</a>	<a href="#">Attachment(s)</a>
60003171												<a href="#">Open Review</a>	<a href="#">Link Attachment</a>	
60003185												<a href="#">Open Review</a>	<a href="#">Link Attachment</a>	<a href="#">Attachment(s)</a>
60003199												<a href="#">Open Review</a>	<a href="#">Link Attachment</a>	
60003211												<a href="#">Open Review</a>	<a href="#">Link Attachment</a>	
60003235												<a href="#">Open Review</a>	<a href="#">Link Attachment</a>	

Attachment Date	Image Type	Page Count	View
07/22/2015	POC and Other Supporting Documentation	1	<a href="#">View</a>

# eQSuite “Search”

**Search**

[List Partial Records](#)
[Search By TAN](#)
[Search By Date](#)
[Search By Bene](#)
[Cases Needing Add'l Info.](#)

Menu	Errors	ReviewID	Request Date	Requestor Name	Bene ID	First Name	Last Name	Request Type	Setting	Admit Date	Provider ID	Provider Name		
		<a href="#">Open</a>	07/10/2015	DME Trainer	400			Admission	DME	07/07/2015	200	DME Provider	<a href="#">Delete</a>	<a href="#">Print</a>

# eQSuite Reports

## Provider Reports

Menu

Errors

**Provider: 200 - DME Provider**

<a href="#">Select</a>	D4	DME – Active Rentals and Supplies Report
<a href="#">Select</a>	D7	DME Web Review Request Printout
<a href="#">Select</a>	O1	Outpatient Review Status for a Given Bene
<a href="#">Select</a>	O3	Outpatient Assigned TANs

# Respond to Denial

eq-Health suite

Create New Review   Respond to Add'l Info   Online Helpline   Utilities   Reports   Search   Attachments   Letters   **Respond to Denial**   Update

Review_ID	Review Complete Date	Recipient ID	First Name	Last Name	Initial Service Date	Requestor Name		
							<a href="#">Open Review</a>	<a href="#">Link Recon Request</a>

# eQSuite Online Helpline

## eQHS Online Helpline

Menu  
Errors

To enter a new question, type your question in the box below, then click the [Submit Question](#) link below.  
You will be e-mailed with a link to return here when this ticket has been processed.  
To view the response to a previous ticket, scroll down and view the **History** in list below.

Review ID:  Do NOT enter other values if Review ID is entered.

TAN #:  Beneficiary #:  Admit Date:

Do NOT enter a Beneficiary # or Admit Date if a TAN # is entered.

[Submit Question](#)

Q&A History (Last 30 Days)

Question/Response
-------------------

# Getting Started

1. Complete the “Request for eQSuite® Users Form”. You can locate this form by clicking on the link below or by visiting our website [www.coloradoPAR.com](http://www.coloradoPAR.com)

<http://co.eqhs.org/Portals/2/Request%20for%20eQSuite%20Access.pdf>

- Assign an eQHealth Liaison
- Assign a System Administrator
- Sign and date
- Scan or fax

2. System Administrator

- Assign logons to staff
- Assign roles to staff based on job responsibilities

# eQSuite User Administration

## User Administration

[Add New User](#)

	UserID	User Name	Inactive DT	Phone	Extension	Added DT	Last Edit DT	Email
<a href="#">Edit</a>	95829	dmetrainer		1234567899	1234	11/16/2009 1:53:20 PM	3/5/2013 11:44:37 AM	tester@eqhs.org

## User Edit


**User Name:**

**First Name:**

**Last Name:**

**Password:**

**Email:**

**InactiveDate:**  

**Allow to run reports?:**

**Allow to enter requests?:**

**Phone Number:**

**Extension:**

[Save Changes](#) [Back to User List](#)



# eQSuite Update my Profile

## User Edit

Menu  
Errors

UserID: 95829

User Name:

First Name:


Last Name:

Password:

Phone Number:

Email:

Extension:

InactiveDate:  

[Save Changes](#)

# All PARs must be submitted via eQSuite

Exceptions to this requirement are *only* if:

- The provider is visually impaired, or
- The provider is out-of-state, or the request is for an out-of area service, or
- The provider submits, on average, five or fewer PARs per month and would prefer to submit a PAR by telephone or facsimile.

*The eQSuite® Exception Request Form can be downloaded from our website, Provider Resources, Forms and Instructions.*

# Contact Us

## *Customer Service*

*Phone: 1-888-801-9355  
(M-F, 8 a.m.-5 p.m., MST)  
[co.pr@eqhs.org](mailto:co.pr@eqhs.org)*

*Or*

*Online Helpline via eQSuite®*

For more information please visit

[www.coloradoPAR.com](http://www.coloradoPAR.com) - *Provider Resources*