

ColoradoPAR Program

Pediatric Long Term Home Health

2018

Agenda

- Prior Authorization Overview
- Introduction to eQHealth Solutions
- 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

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">➤ Utilization Review/Prior Authorization➤ Clinical Integration➤ Business intelligence	<ul style="list-style-type: none">➤ Project Director, Medical Director, Clinical Nurse Manager and Provider Education & Outreach Specialist.➤ Colorado dedicated:<ul style="list-style-type: none">➤ Customer Service staff➤ Provider website - http://coloradoPAR.com (General and customized webinar training)➤ Blast emails and postings

Current PAR Scope of Services

- 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 & Peer-To-Peer Reviews
 - 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 (by contacting Colorado Medicaid) and determine whether the service requires prior authorization before submitting a PAR request

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

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

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

- 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
Select the browser you are using and follow the steps to clear your cache.

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

eQSuite® User Administration

User Administration

[Add New User](#)

	UserID	User Name	Inactive DT	Phone	Extension	Added DT	Last Edit DT	Email
Edit	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.

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 Code of Colorado Regulations for Home Health

Submitting Supporting Documentation

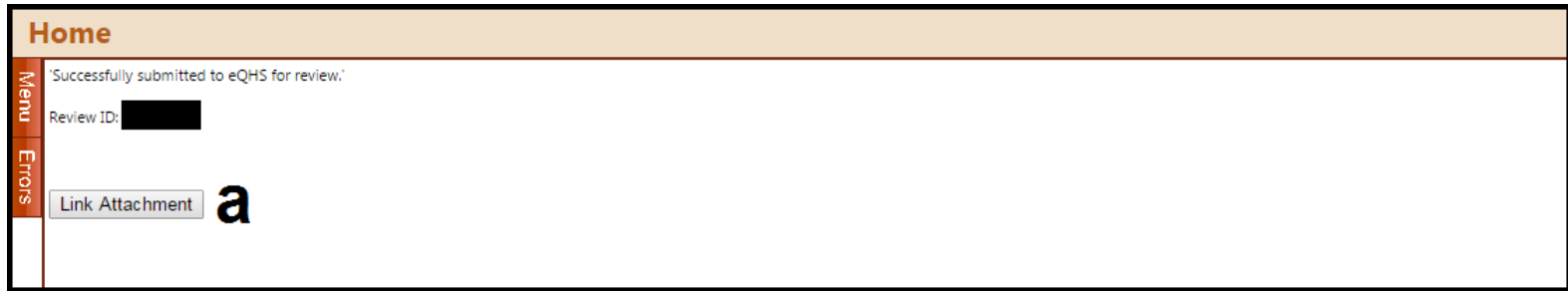
- The nurse (1st Level of Review) and physician (2nd Level of Review) will review the request with an array of clinical information relevant to the child including:
 - Medical Diagnosis
 - Developmental and Cognitive status
 - Adaptive and Communicative Development as it applies to the requested therapies
- 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 and must show the effectiveness of the therapies or progress the child has made towards his or her goals.
- Individual Family Service Plan (IFSP) is helpful if available but is not 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.

Supporting Documentation

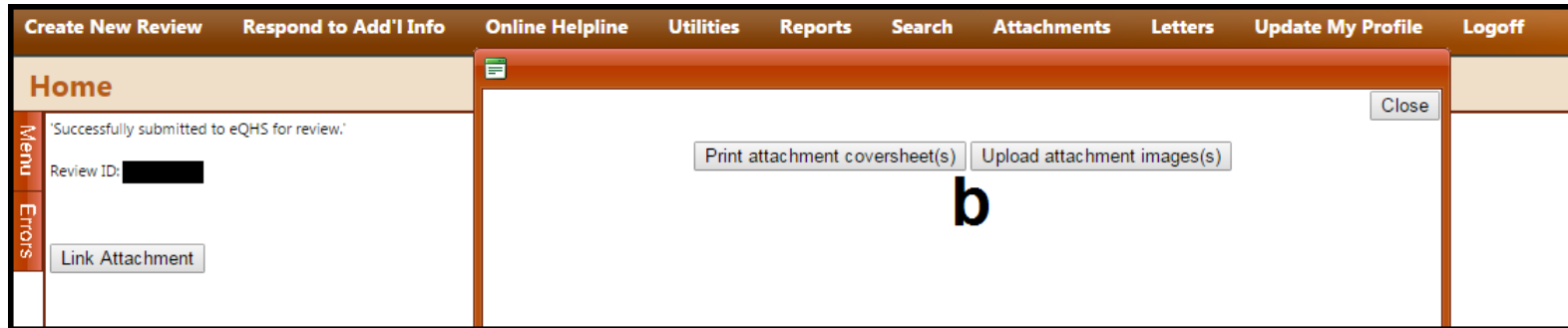
- Attach your supporting clinical documentation



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

Upload or Fax

- Attach your supporting clinical documentation



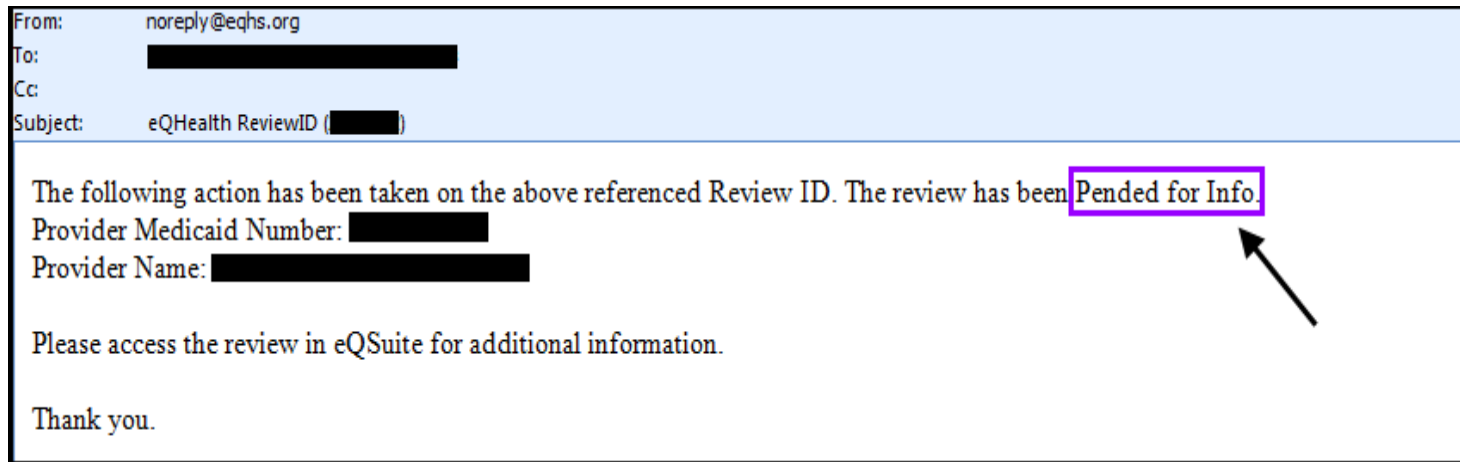
- b. Click either **Print attachment coversheet(s)** if faxing in your supporting documentation or **Upload attachment image(s)** if uploading electronically
 - Please monitor your email inbox for status updates. Upon approval, please wait 1-2 business days to find your PAR number in eQsuite®.

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.

Identifying What Additional Info is Needed

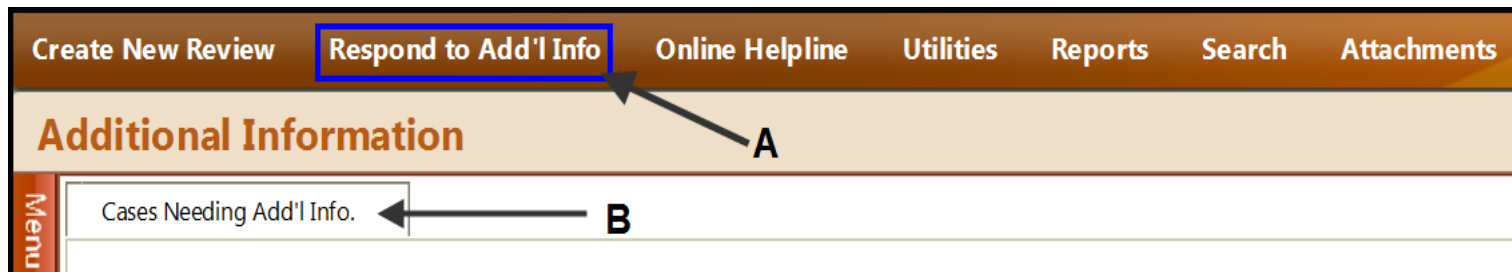
You will receive email notification that your review has been Pended For Add'l Info.



Identifying What Additional Info 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**



Identifying What Additional Info 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

Identifying What Additional Info is Needed

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

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



Identifying What Additional Info 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

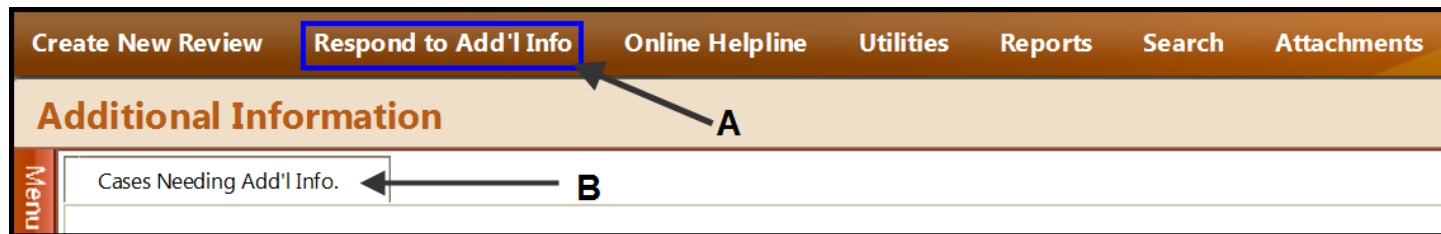
- To begin, follow the step-by-step process detailed below:

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*

Identifying What Additional Info is Needed

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



Identifying What Additional Info 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

Responding 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

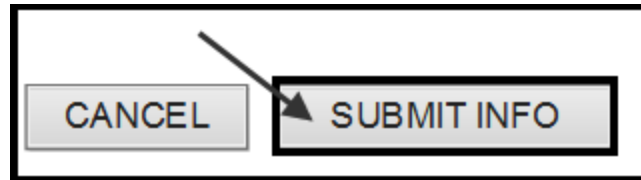
ADDITIONAL INFO:

Web submitted additional info 11/1/2016

You must type something into this field.

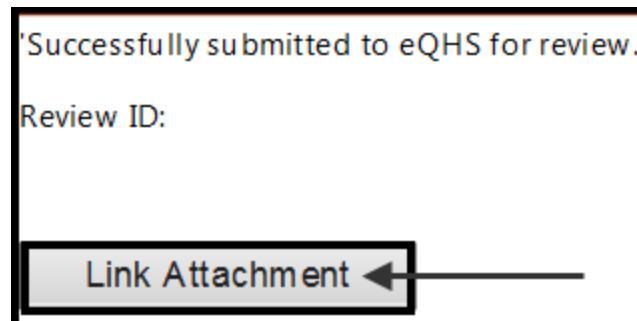
Identifying What Additional Info is Needed

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



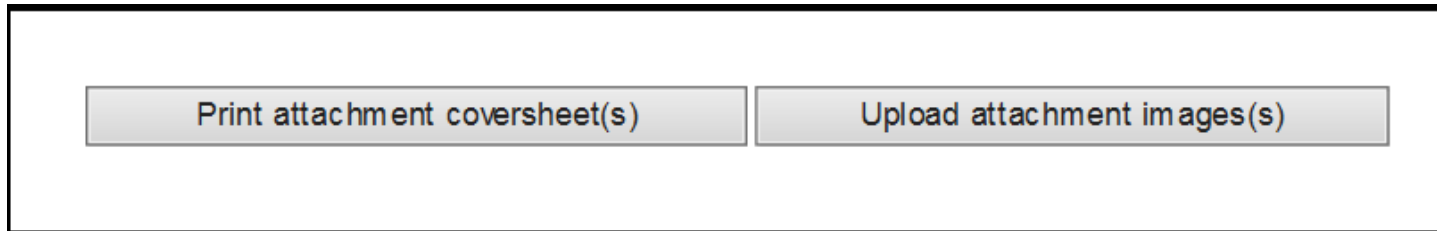
Identifying What Additional Info is Needed

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 displays a web interface for document management. At the top, there are two buttons: 'Print attachment coversheet(s)' and 'Upload attachment images(s)'. Below these, 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. Below the input field is a red 'x Remove' link. Below the 'Browse' button is an orange 'Add' button. At the bottom center is a grey 'Upload' button. Three arrows labeled A, B, and C point to the 'Upload attachment images(s)', 'Browse', and 'Upload' buttons respectively.

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***


The screenshot shows a web interface with two buttons at the top: "Print attachment coversheet(s)" and "Upload attachment images(s)". Below the "Print attachment coversheet(s)" button is a section titled "Select attachment types" with a checkbox labeled "Addl info for pends" that is checked. Below the "Upload attachment images(s)" button is a link labeled "Generate CoverSheet". Three arrows point to these elements: arrow 'A' points to the "Print attachment coversheet(s)" button, arrow 'B' points to the "Addl info for pends" checkbox, and arrow 'C' points to the "Generate CoverSheet" link.

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

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

eQSuite® “Search”

Search

Menu

List Partial Records Search By TAN Search By Date Search By Bene Cases Needing Add'l Info.

Errors

	ReviewID	Request Date	Requestor Name	Bene ID	First Name	Last Name	Request Type	Setting	Admit Date	Provider ID	Provider Name		
Open		07/10/2015	DME Trainer	400			Admission	DME	07/07/2015	200	DME Provider	Delete	Print

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		
							Open Review	Link Recon Request

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

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®.

Contact Us

Customer Service

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

Or

Online Helpline via eQSuite®

For more information please visit

www.coloradoPAR.com - *Provider Resources*

Questions?

