ColoradoPAR Program

New to eQSuite®

October 2018
Agenda

• Overview of PAR process
• HealthFirst Colorado Rules
• eQSuite® Training
• 1\textsuperscript{st} level and 2\textsuperscript{nd} level determinations
• PAR numbers, PAR letters
• eQSuite® Reports
• Reconsideration and Peer-to-Peer Process
• Review Types
• Retroactive PARs
• PAR Revisions
Introduction to eQHealth Solutions

• A non-profit population health management and technology solutions company

• Health First Colorado’s Vendor responsible for reviewing that Prior Authorization Requests (PARs) are medically necessary, in compliance with Health First Colorado and CMS policies.

• Effective: September 1, 2015
## APPROACH

**Clinically Focused**  
**Outcomes Oriented**  
**Technology Driven**

<table>
<thead>
<tr>
<th>HIGH TECH</th>
<th>HIGH TOUCH</th>
</tr>
</thead>
</table>
| eQSuite® - Proprietary cloud-based technology platform  
- Utilization Review/Prior Authorization  
- Clinical Integration  
- Business intelligence |  
- Project Director, Medical Director, Clinical Nurse Manager and Provider Education & Outreach Specialist.  
- Colorado dedicated:  
  - Customer Service staff  
  - Provider website - [http://coloradoPAR.com](http://coloradoPAR.com)  
  (General and customized webinar training  
  - Blast emails and postings |
Current Scope of Prior Authorization Reviews

Prospective PAR Determinations

- Diagnostic Imaging
- Durable Medical Equipment
- Physical & Occupational Therapy
- Medical
  - Transplants
  - Certain Surgical Procedures (ie: Bariatric surgery)
  - Molecular Testing - BRCA1 and BRCA2
- Pediatric Long Term Home Health
- Personal Care Services
- Private Duty Nursing
- Out of State Non-emergency Inpatient Stays
- Audiology
- Synagis®
- Vision
- Pediatric Behavioral Therapy
- Inpatient Admissions (beginning 1/1/2019)
Scope of Services

- 24 hour Provider 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
PAR Process Overview

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

- To determine which items or services require a PAR, refer to the **most current** Medicaid Fee Data File.

**Prior Authorization does not guarantee Medicaid payment for services.**
Medical necessity means a Medical Assistance program good or service that will, or is reasonably expected to prevent, diagnose, cure, correct, reduce, or ameliorate the pain and suffering, or the physical, mental, cognitive, or developmental effects of an illness, injury, or disability. It may also include a course of treatment that includes mere observation or no treatment at all.
Colorado Medicaid Rule 8.076.1.8
(All Except DME)

The good or service must be:

i) Provided in accordance with generally accepted standards of medical practice in the United States;
ii) Clinically appropriate in terms of type, frequency, extent, site, and duration;
iii) Not primarily for the economic benefit of the provider or for the convenience of the client, caretaker, or provider; and
iv) Performed in a cost effective and most appropriate setting required by the client’s condition.
Colorado Medicaid Rule 8.590.2.A (DME ONLY)

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.”

- The item must be prescribed by a physician and, when applicable; be recommended by an appropriately licensed practitioner.
- The item must be 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.
Colorado Medicaid Rule 8.590.2.A (DME ONLY)

- The item must be cost effective, which means that less costly and medically appropriate alternatives do not exist or do not meet treatment requirements.
- 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.
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.
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
Getting Started in eQSuite®

1. Complete the “Request for eQSuite® Users Form”. You can locate this form by visiting the ColoradoPAR website www.coloradopar.com

- Assign a System Administrator
- Sign and date
- Scan or fax

2. System Administrator is responsible for:

- Assign logons to staff
- Assign roles to staff based on job responsibilities
- Deactivates access due to staff transition
eQSuite® User Administration

User Administration

<table>
<thead>
<tr>
<th>Menu</th>
<th>UserID</th>
<th>User Name</th>
<th>Inactive DT</th>
<th>Phone</th>
<th>Extension</th>
<th>Added DT</th>
<th>Last Edit DT</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Edit</td>
<td>95829</td>
<td>dmtrainee</td>
<td></td>
<td>1234567899</td>
<td>1234</td>
<td>11/16/2009 1:53:20 PM</td>
<td>3/5/2013 11:44:37 AM</td>
<td><a href="mailto:tester@eqhs.org">tester@eqhs.org</a></td>
</tr>
</tbody>
</table>

User Edit

User Name: At least 6 chars. lower case.
First Name: 
Last Name: 
Password: 
Email: 
Inactive Date: 
Phone Number: (__)___-___
Extension: ___

Allow to run reports?: 
Allow to enter requests?: 

Save Changes  Back to User List
eQSuite® Update my Profile
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 facsimile.

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

- Online creation and submission of electronic review requests
- Online response to requests for additional information
- Online submission of all necessary supporting documentation for PAR determinations
- Ability to respond to adverse determination
- Search utility for previously submitted requests
- Real-time access to view and download reports
- Online helpline module for submission of inquiries and issues
- Utility to update user profiles
eQSuite® Login

Login from www.coloradoPAR.com home page
eQSuite® Login
eQSuite® Functions
Home Page - Create New Review
# eQSuite® PAR Request

<table>
<thead>
<tr>
<th>Type</th>
<th>Medicaid #</th>
<th>NPI #</th>
<th>Name</th>
<th>Phone #</th>
</tr>
</thead>
<tbody>
<tr>
<td>Edit</td>
<td>Servicing Provider/Practice</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Edit</td>
<td>Referring Provider/Practice</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Urgent vs. Non Urgent

The Department defines an **urgent** review as a Prior Authorization Request 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 functions, 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.

*By selecting an urgent review you are attesting that the client's condition meets the definition of an urgent review. Please select non-urgent if the definition is not met.*

OK
To Create A New PAR

Select type of request: Not Selected

Start date of service(s): 7/28/2015

This is a request for: Glasses and contact lenses

Has service already been provided:
- Yes
- No

Date of assessment: 7/27/2015

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

Urtimely 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

CHECK KEY  CANCEL
# eQSuite PAR Request

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes/No</th>
<th>Date</th>
<th>Test</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is the beneficiary (only applies to ages 0 to 3) participating in the Early Intervention (EI) program?</td>
<td>YES/NO</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If known, enter the date of the beneficiary's most recent physician exam</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If known, enter the date of the beneficiary's most recent vision test/exam</td>
<td></td>
<td>3/3/2011</td>
<td></td>
</tr>
<tr>
<td>Beneficiary's subjective complaint(s): Check all that apply.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Headaches</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Blurred vision</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Squinting or eye strain—to-read, watch TV, work on computer, and/or any other activity</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Psychological delay in development or result of deficits in vision: rubbing of eyes, change of bright light, bumps into objects, lack of imitation of parent's facial expressions</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Poor school grades - suspected vision problem</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Difficulty-reading</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other please specify</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is this a request for additional lenses, frames, or a complete pair of glasses for a beneficiary after they have received a second complete pair of glasses for the fiscal year?</td>
<td>YES/NO</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does the beneficiary currently wear corrective devices? If yes, please specify if they wear contacts, glasses, or both.</td>
<td>YES/NO</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Has any other corrective lens or device been recommended to correct deficit in vision? If yes, please describe.</td>
<td>YES/NO</td>
<td></td>
<td></td>
</tr>
<tr>
<td>For both the left and right eye: enter the beneficiary's vision without corrective devices</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>For both the left and right eye: enter the glasses prescription that is recommended to correct the deficit in vision</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>For both the left and right eye: enter the contact prescription and brand that is recommended to correct the deficit in vision</td>
<td></td>
<td>es &gt; .75</td>
<td>es &gt; .75</td>
</tr>
<tr>
<td>REMINDER: the physician's order must be on file and readily available if requested</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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**eQ HealthSolutions**
<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is this an Early Intervention Service?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is there an IFSP in effect?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Untimely PAR request? If yes, explain on the Summary Tab.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>For out-of-state services: were services able to be performed in Colorado? If no, explain on the Summary Tab.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Buttons:**
- CHECK KEY
- CANCEL
Start Tab

Diagnostic Imaging Requests

*Start Tab:* If the Yes and No Questions are not applicable to your patient, you can skip them and click check key to move forward with your request.
DX Code/Items Tab
When entering DX codes a decimal is not needed.
Item/Procedure Codes

Code: 70460
Description: CTHead/Brain W/ Contrast
Modifier: Select Modifier
Modifier 2: Select Modifier
Modifier 3: Select Modifier
Modifier 4: Select Modifier
From Date: 5/1/2016
Thru Date: 6/30/2016
Prices: not required
Total Units: 1
Therapy Units

- Code: 97110
- MOD1: GP
- MOD2: Select Modifier
- From Date: 4/1/2016
- Thru Date: 4/30/2016

Units/Visit: 1
Visits/Period: 2
Period Type: Week
# Periods: 4
Price: 
Total Units: 8
**DX Code/Items Tab**

### Add

<table>
<thead>
<tr>
<th>Add</th>
<th></th>
<th>Search</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>P</td>
<td>ICD Code</td>
<td>Description</td>
<td></td>
</tr>
<tr>
<td>Y</td>
<td>C089</td>
<td>MALIGNANT NEOPLASM MAJOR SALIVARY GLAND NOS</td>
<td>Edit Delete</td>
</tr>
</tbody>
</table>

### Add

<table>
<thead>
<tr>
<th>Add</th>
<th></th>
<th>Search</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>cp692</td>
<td>Modifier1</td>
<td>Modifier2</td>
<td>Modifier3</td>
</tr>
<tr>
<td>70490</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Buttons**: CANCEL | PARTIAL SAVE | CONTINUE
Clinical Tab

- Question: Is this a repeat study for a problem diagnosed previously?
  - Options: YES, NO

- Question: Which of the following is the reason for this PAR? Mark all that apply.
Summary Tab

Please enter any additional information you feel is needed to complete utilization review here. Explain the reason for untimely submission of the PAR request, when applicable. Note: It is NOT necessary to repeat any information that was already indicated on previous tabs.

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.
Start Tab

After Submission

Home

Review ID: [Blank]
Review Status: Approved
Review Completed: 3/14/2016

Home

'Successfully submitted to eQHealth Solutions for review.'

Menu

Errors

Review ID: [Blank]

Link Attachment
Submitting Supporting Documentation

Submitting Supporting Documentation

Uploading Attachments via eQSuite®

*Before proceeding, make sure that all requested documents are saved to your computer and available to upload in PDF, JPEG or TIF format.*
Submitting Supporting Documentation

- Select the image type from the drop down menu
- Click on browse to locate the file on your computer
- Then click on the Upload button

Example: Imaging PAR
Supporting Documentation

REFER TO HCPF’S PROVIDER MANUAL FOR ITEM SPECIFIC INFORMATION

Examples of Supporting Documentation

- Order / Prescription
- Physician visit notes
- Price Quote or Invoice (Details and Itemized)
- Other documentation related to current diagnosis
# Uploading Supporting Documentation

<table>
<thead>
<tr>
<th>Provider Type</th>
<th>Attachment Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diagnostic Imaging</td>
<td>Order for Study</td>
</tr>
<tr>
<td>DME</td>
<td>Other Supporting documents (including Questionnaires)</td>
</tr>
<tr>
<td>Med/Surg</td>
<td>Supporting Clinical Documentation</td>
</tr>
<tr>
<td>LTHH</td>
<td>Plan of Care (POC and other supporting Documentation)</td>
</tr>
<tr>
<td>PDN</td>
<td>Medicaid PDN Acuity Tool</td>
</tr>
<tr>
<td>PDN</td>
<td>POC and Other Supporting Documentation</td>
</tr>
<tr>
<td>Therapy</td>
<td>Prescription for Services and Other Supporting Documentation</td>
</tr>
<tr>
<td>Audiology</td>
<td>Prescription for Services and Other Supporting Documentation</td>
</tr>
<tr>
<td>Vision</td>
<td>Prescription for Services and Other Supporting Documentation</td>
</tr>
<tr>
<td>Molecular Testing</td>
<td>Prescription for Services and Other Supporting Documentation</td>
</tr>
</tbody>
</table>
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 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 Attachments

- The requestor will receive email that the PAR is still Awaiting Required Attachments.
- If the required attachment(s) is not received within 10 business days, you will receive a Lack of Information Denial, and either a new admission or a reconsideration request can be submitted.
SMART Review Process

An algorithm driven review process to identify certain service requests that meet medical necessity criteria without further review.

ALL applicable clinical questions must be answered for the PAR to go through the SMART Review Process

ALL documentation to support the review must STILL be uploaded even if an automatic approval occurs

Benefits:
- Immediate medical necessity approval
Submitting Supporting Documentation for the SMART Review Process

Enter a Review complete date range, then click Search.

- Review complete date Start: 4/20/2016
- End: 4/26/2016
## eQSuite “Search”

<table>
<thead>
<tr>
<th>Menu</th>
<th>List Partial Records</th>
<th>Search By TAN</th>
<th>Search By Date</th>
<th>Search By Bene</th>
<th>Cases Needing Add’l Info.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Errors</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ReviewID</th>
<th>Request Date</th>
<th>Requestor Name</th>
<th>Bene ID</th>
<th>First Name</th>
<th>Last Name</th>
<th>Request Type</th>
<th>Setting</th>
<th>Admit Date</th>
<th>Provider ID</th>
<th>Provider Name</th>
<th>Delete</th>
<th>Print</th>
</tr>
</thead>
<tbody>
<tr>
<td>Open</td>
<td>60515374</td>
<td>07/10/2015</td>
<td>DME Trainer</td>
<td>400</td>
<td>JULIE</td>
<td>SMITH</td>
<td>Admission</td>
<td>07/07/2015</td>
<td>200</td>
<td>DME Provider</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Respond to Denial
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: [Enter Review ID]
Do NOT enter other values if Review ID is entered.

TAN #: [Enter TAN]
Beneficiary #: [Enter Beneficiary]
Admit Date: [Enter 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
First Level Clinical Review Determinations

First Level Clinical (Nurse) Reviewers may:

**Approve** the service as requested based on Department approved criteria.

**Pend for Additional Information**- when a PAR is pended back to the requesting provider for additional or clarifying information, the requesting provider will receive an eQSuite® email.
First Level Clinical Review Determinations

First Level Clinical (Nurse) Reviewers may also:

Refer the request to a physician reviewer for further review and determination (2\textsuperscript{nd} level Clinical Review).

Deny the request for non-compliance with HCPF policy for Technical reasons, they can NOT deny for medical necessity.

\textit{First level clinical reviewers do not make medical necessity adverse determinations.}
Second Level Clinical Review

Second Level Clinical (Physician) Reviewers may:

*Approve* the service(s) as requested.

*Pend:*
- the review for additional information
- request for a peer-to-peer consultation with the ordering Provider.

*Render* an adverse determination. An adverse determination may be a full or partial denial of the requested services or a reduction in services.
Technical Denials
for Lack of Information

Prior Authorization Requests (PARs) submitted without required documentation may result in a Technical Denial. This occurs when:

PARs are missing appropriate attachments or documentation. The PAR will have record Status of “Awaiting Required Attachments”

or

PARs are pended because they require additional information to make a medical necessity determination. The review will be located under the Respond to Add’l info Tab in eQSuite®
Technical Denials
for Lack of Information

If information is not received within 10 business days, the request will be denied due to lack of Information and the requestor must:

• Submit a new PAR request with the necessary information; OR

• Complete a reconsideration request form and include the necessary information. This form and the documentation must be submitted by fax within (10) calendar days from the denial date.
Pended for Additional Information

Click the ‘Respond to Addtl Info” Tab:
Pended for Additional Information

Click the ‘Respond to Addtl Info” Tab:
Look in the QUESTION box for what information is needed.
Respond to Request for Additional Info

After You Click Submit Info -
Upload additional documentation
(JPEG, PDF or TIF format)
eQHealth makes PAR determination

eQHealth transmits PAR determinations into Medicaid Management Information System (MMIS)

If the transmission into InterChange (IC) is successful, a PAR number is generated, will be visible in eQSuite and determination letters will be generated.
Viewing a PAR Number in eQSuite
PAR Numbers

If the information is verified in Medicaid Management Information System (MMIS), a final PAR Number will be assigned and can be found:

eQSuite® the PAR Portal

eQHealth Solutions Customer Service

Colorado Medical Web Assistance Portal
## eQSuite Reports

### Provider Reports

<table>
<thead>
<tr>
<th>Select</th>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>A7</td>
<td>Diagnostic Imaging Web Review Request Printout</td>
</tr>
<tr>
<td></td>
<td>E7</td>
<td>Multi Service - Web Review Request Printout</td>
</tr>
<tr>
<td></td>
<td>I1</td>
<td>Inpatient Review Status for a Given Bene</td>
</tr>
<tr>
<td></td>
<td>I2</td>
<td>Inpatient Status of In Process Reviews</td>
</tr>
<tr>
<td></td>
<td>I3</td>
<td>Inpatient Assigned PARs</td>
</tr>
<tr>
<td></td>
<td>I7</td>
<td>Inpatient Web Review Request Printout</td>
</tr>
<tr>
<td></td>
<td>O1</td>
<td>Outpatient Review Status for a Given Bene</td>
</tr>
<tr>
<td></td>
<td>O3</td>
<td>Outpatient Assigned PARs</td>
</tr>
<tr>
<td></td>
<td>T7</td>
<td>Therapy Web Review Request Printout</td>
</tr>
</tbody>
</table>
To view patient and provider information, clinical information and notes, and units requested based on review number:

- A7, E7, I7, T7  **These do not include Status of review**

To view completed *Inpatient* review status and PAR numbers based on client ID and date range:

- I1

To view completed *outpatient* review status and PAR numbers based on client ID and date range:

- O1

To view all *In Process Inpatient* review status:

- I2

To view all *Inpatient* assigned PAR numbers within a given date range:

- I3

To view all *Outpatient* assigned PAR numbers and number of approved units of each requested CPT code within a given date range:

- O3
PAR Reconsiderations

• Both the ordering and treating provider may submit a request for a PAR reconsideration of an adverse determination within 10 calendar days.

• PAR reconsideration requests may be submitted:
  • Electronically (eQSuite®)
  • Fax
  • Mail
  • Phone

• eQHealth Solutions’ response time for Reconsiderations:
  • Expedited - two business days
  • Standard - ten business days
### Timelines

<table>
<thead>
<tr>
<th>Submission</th>
<th>Response</th>
<th>PAR Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prior to service</td>
<td>Expedited - 2 business days</td>
<td>The PAR date range requested may be up to 90 calendar days for diagnostic imaging and medical services.</td>
</tr>
<tr>
<td></td>
<td>Standard - 4 business days</td>
<td></td>
</tr>
<tr>
<td>Untimely submission - anytime after performance</td>
<td>Within 4 business days of HCPF’s Retroactive PAR exception decision.</td>
<td>Pediatric Behavioral Therapy PARs may be requested for a maximum of 180 days.</td>
</tr>
<tr>
<td>of the test</td>
<td></td>
<td>All other PARs may be requested for 364 days.</td>
</tr>
<tr>
<td>Retrospective - client was not eligible at the</td>
<td>4 business days</td>
<td></td>
</tr>
<tr>
<td>time of service</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
PAR Submission

PAR request Receipt Dates:

– 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
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.
Peer to Peer

The Peer-to-Peer (P2P) process offers the ordering or treating physician an opportunity to discuss a medical necessity denial with an eQHealth physician reviewer prior to initiating a request for reconsideration.

- The ordering/treating physician’s office may request a P2P
- The request must be submitted within five (5) calendar days from the date of the medical necessity denial
- Submit the request via the online helpline, by calling customer service, or by fax

Follow instructions in the Peer-to-Peer Guide at www.ColoradoPAR.com
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 www.ColoradoPAR.com website, under the provider resource tab, forms and instructions.
Change of Provider Form

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.
Definitions of Review Types

1. **Admission (Initial PAR request)** - Select this review type for a new/initial PAR request.
   
   Please note: Admission is the terminology in eQSuite® for a new/initial PAR request and does not indicate a hospital inpatient admission. The review type “admission” should be used for most PARs submitted through eQSuite®.

2. **Cont Stay** - Select this review type to extend the date span for any previously requested services. (applicable to PDN, LTHH and Therapy PARs)

3. **Modify Authorization (PAR Revision)** - Select this review type when there is a clinical need to increase or decrease units in a currently approved PAR or to add a new service code within the same “from” and “thru” dates to an existing eQHealth PAR.
## Timeline for Retroactive PARs

<table>
<thead>
<tr>
<th>Review Type</th>
<th>Retroactive PAR requests</th>
<th>PAR date range (calendar days)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Audiology</td>
<td>Are not accepted*</td>
<td>Up to 1 year (364 days)</td>
</tr>
<tr>
<td>Behavioral Therapy</td>
<td>Are not accepted*</td>
<td>Up to 180 days</td>
</tr>
<tr>
<td>Diagnostic Imaging</td>
<td>Are allowed up to 90 calendar days</td>
<td>Up to 90 days</td>
</tr>
<tr>
<td>DME</td>
<td>Are not accepted*</td>
<td>Up to 1 year (364 days)</td>
</tr>
<tr>
<td>Habilitative Speech Therapy (Adult)</td>
<td>Are not accepted*</td>
<td></td>
</tr>
<tr>
<td>LTHH</td>
<td>Are allowed up to 10 business days</td>
<td>Up to 1 year (364 days)</td>
</tr>
<tr>
<td>Molecular Testing</td>
<td>Are allowed up to 7 business days</td>
<td>Up to 1 year (364 days)</td>
</tr>
<tr>
<td>Private Duty Nursing</td>
<td>Are allowed up to 10 business days</td>
<td>Up to 1 year (364 days)</td>
</tr>
<tr>
<td>PT/ OT</td>
<td>Are allowed up to 2 business days</td>
<td>Up to 1 year (364 days)</td>
</tr>
<tr>
<td>Surgical</td>
<td>Are not accepted*</td>
<td>Up to 90 days</td>
</tr>
<tr>
<td>Transplants</td>
<td>Are not accepted*</td>
<td>Up to 1 year (364 days)</td>
</tr>
<tr>
<td>Synagis</td>
<td>Are not accepted*</td>
<td></td>
</tr>
<tr>
<td>Vision</td>
<td>Are not accepted*</td>
<td>Up to 1 year (364 days)</td>
</tr>
</tbody>
</table>
PAR Revisions

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

– Respond “yes” to the question “Is the request to modify a previously approved Prior Authorization Request Number?”
– Enter the previous PAR number
– Proceed with the review request

Fax Users:

– 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.
Revision Examples

**Online Helpline - Diagnostic Imaging**
Request to change CPT code due to contrast change

**Modify Authorization - DME**
To increase units or add a procedure unit

**Continued Stay - Therapy**
To extend the date span for an existing PAR

*Click on the link below to access the* Provider Guides by Service type

http://www.coloradopar.com/ProviderResources/RevisionProcess.aspx
eQSuite Online Helpline

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: [Enter Review ID here]

Do NOT enter other values if Review ID is entered.

TAN #: [Enter TAN here]

Beneficiary #: [Enter Beneficiary ID here]

Admit Date: [Enter Admit Date here]

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

Submit Question

Q&A History (Last 30 Days)
Question/Response
Questions?
Contact Us

Customer Service

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

Or

Online Helpline via eQSuite®

For more information please visit

www.coloradoPAR.com - Provider Resources