

Health First Colorado Utilization Review

Audiology Services
Utilization Review

Introduction to eQHealth Solutions:

- *24-hour access for Utilization Review 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

Current Scope of Services

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

Important Medicaid Rules to reference:

- [Colorado Medicaid Rule 8.076.1.8 \(All Services Except DME\)](#) - *Outlines Definition of Medical Necessity*
- [Colorado Medicaid Rule 8.590.2.A \(DME ONLY\)](#) - *DME, Supplies and Prosthetic or Orthotic Devices are a benefit when Medically Necessary*

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® Access



New Users:

You will need to complete and submit an access form.
 You can locate this form on our website
www.coloradopar.com

(Once received and entered you will receive an email confirmation with your username and password)

System Administrator:

- ✓ The person assigned will be responsible keeping all user accounts updated. *(Email address/phone numbers etc.)*
- ✓ You will have the ability to create additional User Accounts.
- ✓ Keeping all users informed of any updates or notifications sent from eQHealth.
- ✓ Please note that the Service Setting is a drop-down menu where you can make your selection

eQSuite® Access Form

Complete and submit this form to obtain System Administrator Access to eQSuite® for your Group/Practice. Once we create User Access for your provider group the System Administrator will be able to create and manage additional eQSuite® user accounts for your staff.

Please Type in the Fillable Fields and email this form to

CO.PR@EQHS.COM or Fax: 866-940-4288

Providers Information	
<i>Access is granted based off of your Provider Type</i>	
System Administrator First and Last Name	Please Type in your name here
Group/Practice Name	
NPI #	
Billing Medicaid ID#	
Phone #	
Email Address	
Service Setting	Please Select Setting.. <ul style="list-style-type: none"> Please Select Setting.. Audiology Behavioral Therapy Diagnostic Imaging DME Long Term Home Health Long Term Support Services Medical Services Molecular Testing PASRR
<p>IMPORTANT (Please Read)</p> <p>UNAUTHORIZED ACCESS By signing this form, you are attesting to the sole purpose of conducting Utilization Management for the individual to whom it assigned. Unauthorized use or improper use of the eQSuite® product may result in disciplinary action, as well as civil and criminal penalties.</p>	

The Utilization Review Website

You will go to:
www.ColoradoPAR.com

And then click on Provider Resources



Welcome to the Colorado Provider Website!



The Utilization Review Website

The Forms & Downloads section will appear -
The eQSuite® Access Form is the first doc on the list.

The screenshot shows a navigation menu with the following items: Home, Provider Resources (highlighted), Inpatient, Medical Surgical Procedures, Diagnostic Imaging, Private Duty Nursing (PDN), Long Term Home Health (LTHH), Long Term Support Services, PASRR, and Molecular Testing. Below the menu is a section titled "Forms & Downloads" with a scroll bar. A blue arrow points from the text above to the "eQSuite® Access Form" item in the list, which is circled in blue.

- eQSuite® Access Form
- Fax Exemption Form
- PAR Form
- Change of Provider Form
- Exception to Coverage Request Form
- Colorado Medicaid provider enrollment and change forms
- PAR, DME Questionnaire, Dental, All Claims and other forms

eQSuite® User Administration

If you are the System Administrator, you have the ability to create additional user accounts for your staff.

- Log into eQSuite and click on “User Administration”
- Click “Add New User”
 - You will create a unique username/password for the employee and complete the fields.
 - Check all of the applicable boxes, these will allow/restrict specific functions within eQSuite.
- Once complete click “Save Changes”

Inactive Date: This field should only be completed if you wish to inactivate/terminate an account for an employee.

The screenshot displays the eQSuite User Administration interface. At the top, a navigation bar includes links for Home, Respond to Add'l Info, Respond to Denial, Online Helpline, Utilities, Reports, Search, Attachments, Letters, Update My Profile, and User Administration (circled in red). Below this is the 'User Administration' section with an 'Add New User' link. A table lists existing users:

	UserID	User Name	Inactive DT	Phone	Extension	Added DT	Last Edit DT	Email
Edit	90621	inptrainer		8009999992	9992			
Edit	90628	coinpatient						
Edit	90657	inpatienttrainer		1601382053				

Below the table is the 'User Edit' form. It includes fields for User Name (with a hint 'At least 6 chars. lower ca.'), First Name, Last Name, Password, Email, InactiveDate (highlighted with a red box and a calendar icon), Phone Number, and Extension. To the right are checkboxes for permissions: 'Allow to run reports', 'Allow to enter requests', 'Allow to view provider letters', and 'Allow to view physician letters'. Further right is a section 'Choose a status to receive email for:' with options: Pended for Info, LOI, At Recon, Administrative Hold, Awaiting Required Attachments, Approved, Partially Denied, Denied, and Recon Completed. At the bottom are 'Save Changes' and 'Back to User List' buttons. A red arrow points from the 'Add New User' link to the 'User Edit' form.

PAR Submission

PAR request Receipt Dates:

- On business days:
 - From 12:00 a.m. - 5:00 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, i.e., natural disasters - it is considered received on the next business day.

Obtaining an Authorization

- Obtaining an authorization number is required when the item or service code requires an authorization and to verify whether the service requires prior authorization [here](#) before submitting a Utilization Review via eQSuite®.
- VERIFY the Client's eligibility for CO Medicaid (by contacting [Colorado Medicaid](#)).
- Audiology requests are for members 20 and younger
- *Reminder: Authorization does not guarantee Medicaid payment for services.*

Audiology Codes that require a PAR

HCPCS Code	Description	Modifiers (If Applicable)
L8691	Auditory osseointegrated device, external sound processor	UB: Manually Priced LT: Indicates Left Ear RT: Indicates Right Ear
L8692	Auditory osseointegrated device, external sound processor, used without osseointegration, body worn, includes headband or other means of external attachment	UB: Manually Priced LT: Indicates Left Ear RT: Indicates Right Ear

Timelines

Submission	Review Completion Timeframe
Prior to service	Expedited - 2 business days Standard - 4 business days
Untimely submission - anytime after performance of the test	Within 4 business days of HCPF's Retroactive PAR exception decision.
Retrospective - client was not eligible at the time of service	4 business days

Timeline for Retroactive PARs

Review Type	Retroactive PAR requests	PAR date range (calendar days)
Audiology	Are not accepted*	Up to 1 year (365 days)
Behavioral Therapy	Are not accepted*	Up to 180 days
Diagnostic Imaging	Are not accepted*	Up to 90 days
DME	Are allowed up to 90 calendar days	Up to 1 year (365 days)
Speech Therapy	Are not accepted*	Up to 180 days
LTHH	Are allowed up to 10 business days	Up to 1 year (365 days)
Inpatient	N/A	N/A
Molecular Testing	Are allowed up to 7 business days	Up to 1 year (365 days)
Private Duty Nursing	Are allowed up to 10 business days	Up to 1 year (365 days)
PT/ OT	Are allowed up to 2 business days	Up to 1 year (365 days)
Surgical	Are not accepted*	Up to 90 days
Transplants	Are not accepted*	Up to 1 year (365 days)
Vision	Are not accepted*	Up to 1 year (365 days)
PASRR	N/A	N/A

* Exceptions for Retro: Emergencies, Provider/member eligibility concerns that prevented a timely PAR or exception requested by a provider can be granted by the Dept on a case by case basis.

Supporting Documentation

It will be necessary to provide supporting documentation with your submission. You will be prompted to “link attachments” once you have submitted your PAR.

- Prescription and other supporting documentation
- Price quote of invoice (Detailed and Itemized) for any code requiring manual pricing.

Intermediate Statuses

Awaiting Supporting Documents	We have not received the clinical supporting documents
At Nurse Review	The request is currently being reviewed by a first level clinical nurse reviewer.
At PR Review	The request is currently being reviewed by a physician.
Pended for Add'l Info	Additional information is being requested from our clinical team. Please make sure to review the pend completely. There may be more than one item that is being requested from the reviewer.

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.



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



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

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.

Creating a New Review

Creating a New Review

Click “Create New Review”

The requesting provider will be pre-populated with your Provider Information

You will Check Yes/No if you are the Billing Provider. If you are not the Billing provider, you will enter the Medicaid ID# for the Billing Provider.

Review Types

Admission (Initial PAR request) - Select this review type for a new/initial PAR request.

Retrospective Providers have 1 year from retrospective eligibility to submit and Retrospective requests

Modify (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.

Click Retrieve Data

The screenshot shows a web application interface for creating a new review. At the top, a navigation bar contains several buttons: "Create New Review" (circled in black), "Respond to Add'l Info", "Respond to Denial", "Online Helpline", "Reports", and "Search". Below the navigation bar is a section titled "Review Entry". On the left side of this section is a vertical "Menu" with "Errors" highlighted. The main content area is divided into two sections: "Review Header Information" and "Review Type and Settings".

Review Header Information: Shows "Provider #: 999999995" and "Provider Name: AUDIOLOGY PROVIDER".

Review Type and Settings: Contains the following fields and options:

- Requesting Provider ID: 999999995
- Requesting Provider NPI: 9999999950
- Requesting Provider Name: AUDIOLOGY PROVIDER
- Are you the Billing Provider?: Yes No
- Billing Provider ID: 999999995
- Billing Provider NPI: 9999999950
- Billing Provider Name: AUDIOLOGY PROVIDER
- Review Type: Admission (dropdown menu)
- eQHealth PAR Number: (empty text box)
- RETRIEVE DATA (button)

Create a New Review-Start Tab

Enter the Client ID, once you hit enter the Name/DOB and Gender will auto populate

You will be required to enter the "Ordering Provider"

Click "Edit" and enter the Medicaid ID# for the Ordering Physician

Select the Type of Request "Urgent/Non-Urgent"

Enter the Start of Care

This is a Request for "Hearing Aides"

Review Header Information
Provider #: 999999995 Provider Name: AUDIOLOGY PROVIDER

Start

Client ID: Name: DOB: Sex:

	Type	Medicaid #	NP
<u>Edit</u>	Ordering Provider		

Select type of request:

Start date of service(s):

This is a request for:


Create New Review-Start Tab

You will be prompted to answer a series of questions you will need to check Yes/No

Please answer these questions to the best of your ability

Once complete click "Check Key"

Has service already been provided:	<input type="radio"/> Yes <input type="radio"/> No
Did the client receive eligibility for Medicaid after some of the requested services were provided?	<input type="radio"/> Yes <input type="radio"/> No
Did the client receive eligibility for Medicaid after all of the requested services were provided?	<input type="radio"/> Yes <input type="radio"/> No
Are the requested services experimental or investigational?	<input type="radio"/> Yes <input type="radio"/> 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.	<input type="radio"/> Yes <input type="radio"/> No
Is this an EPSDT service?	<input type="radio"/> Yes <input type="radio"/> No
Is this an Early Intervention Service?	<input type="radio"/> Yes <input type="radio"/> No
Is there an IFSP in effect?	<input type="radio"/> Yes <input type="radio"/> No
Untimely PAR request? If yes, explain on the Summary Tab.	<input type="radio"/> Yes <input type="radio"/> No
For out-of-state services: were services able to be performed in Colorado? If no, explain on the Summary Tab.	<input type="radio"/> Yes <input type="radio"/> No



Creating a New Review

Checking Errors

Menu Errors

2

Review Header Information

Provider #: 999999995 Provider Name: AUDIOLOGY PROVIDER

Start

Did the client receive eligibility for Medicaid after some of the requested services?

Did the client receive eligibility for Medicaid after all of the requested services?

Are the requested services experimental or investigational?

For Hospice enrolled patients: Are the requested services related to the patient's condition?

1

CHECK KEY CANCEL

Check Key Error

Please check the error list for errors. Correct the errors and try again.

OK



Review Entry

Menu Errors

Errors

- 2260 - TabQuestionAnswer - If Service has already been provided, then you must select "Retrospective" as the Review Type when entering this review. Please cancel this review and try again.
- 2504 - - The question "This is a request for" must be answered.
- 2507 - - Start date of service must be entered.
- 2036 - Start\Primary Physician - "You must enter Physician information for the bolded physician type"
- Bene is a required field.
- 2136 - - Please enter the attending physician or lead clinician's ID
- Admit Date is a required field.

DX/PROC Tab-Entering the DX Codes

- Click on Add and enter the DX Code. You will need to enter the code without the decimal point.
- When you enter the code the Date Identified will auto populate with the start date of service you entered.
- Once you have entered the DX Code click on Add.
- Once you have completed entering the DX codes you can click on close to exit the screen.

The screenshot shows the 'DX/PROC' tab interface. At the top, there is a 'Start' button and the 'DX/PROC' tab is selected. Below this is a search bar with 'Add', 'Search', and 'Refresh' buttons. A table displays existing codes:

DX Code	Description	Code Identified Date	Principal		
F840	AUTISTIC DISORDER	09/22/2005	Y	Edit	Delete

Below the table is an 'Add' form with the following fields:

Code	Modifier1	Modifier2	Modifier3	Modifier4	Description	From Date
No records to display.						

At the bottom of the form are 'CANCEL' and 'SUBMIT' buttons. A separate window shows the 'Add' form in detail:

Code:
SENSORINEURAL HEARING LOSS BILATERAL
Date Identified: X
Add Close

An arrow points to the 'Add' button.

DX/Proc Tab-Entering the HCPCS Codes

- Click on the 2nd Add button
- Select the HCPCS Code and enter the Modifier (If applicable)
- From/Thru Date: you can request up to 365 days for Audiology requests. The From Date should reflect The Start of Care Date you entered
- Total Units=1
- Click Add
- If you need to Select more than one HCPCS Code follow the same steps once you are finished click Close to exit the screen

The screenshot displays a software interface for entering HCPCS codes. At the top, there are tabs for 'Start' and 'DX/PROCS'. Below this is a table with two columns: 'DX Code' and 'Description'. The first row contains 'N471' and 'PHIMOSIS'. Below the table is an 'Add' button, which is circled in red. To the right of the table is a form titled 'Item Code Add/Edit Page'. The form contains several fields: 'Code:' with a dropdown menu showing '(Select Code)'; 'Description:' with a dropdown menu showing '(Select Code)'; 'Modifier:' with a dropdown menu showing 'L8691'; 'Modifier 2:' with a dropdown menu showing 'L8692'; 'Modifier 3:' with a dropdown menu showing 'V5264' and '(Select Modifier)'; 'Modifier 4:' with a dropdown menu showing '(Select Modifier)'; 'From Date:' and 'Thru Date:' with date pickers; a 'Date Calculator' link; and 'Total Units:' with a text input field. At the bottom of the form are 'Add' and 'Close' buttons.

DX Code	Description
N471	PHIMOSIS

Code	Modifier1
54161	

Item Code Add/Edit Page

Code: (Select Code)

Description: (Select Code)

Modifier: L8691

Modifier 2: L8692

Modifier 3: V5264 (Select Modifier)

Modifier 4: (Select Modifier)

From Date: [Date Picker]

Thru Date: [Date Picker]

[Date Calculator](#)

Total Units: [Text Input]

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

Clinical Tab

Clinical Info: You will be prompted to answer clinical questions

You will need to answer the questions to the best of your ability. All questions marked with an * are required.

Once you have answered the questions you will click on "Continue"

Review Entry

Review Header Information
Provider #: 999999995 Provider Name: AUDIOLOGY PROVIDER
Client ID:T999996 Client Name:ELROY JETSON Admit Age:10 Current Age:10 Admit DT:4/25/2020 Review ID:60009228

Start DX CODES/ITEMS **Clinical Info**

Questions with an * are required.

Question	Yes/No	Check all that apply	Date
Hearing - Aids (L8691)			
Is the beneficiary (only applies to ages 0 to 3) participating in the Early Intervention (EI) program?	<input type="radio"/> YES <input type="radio"/> NO		
Please provide the date of the most recent assessment/evaluation, who administered the test, and their qualifications			<input type="text"/>
If known, enter the date of the beneficiary's most recent physical exam:			<input type="text"/>
Will the beneficiary have any other kind of assistive device to help with his/her hearing? If yes, specify the type of device(s):	<input type="radio"/> YES <input type="radio"/> NO		
RIGHT EAR: At a frequency of at least 500 hZ in the ear, does the beneficiary have hearing loss? If yes, select the appropriate type of loss:	<input type="radio"/> YES <input type="radio"/> NO		

REMINDER: the physician's order must be on file and readily available if requested

CANCEL PARTIAL SAVE **CONTINUE**

Summary Tab

The summary tab will allow you to enter in any additional information you deem pertinent to the request. You do not have to enter anything in this box.

Do not copy and paste into the box.

Once you click on submit, a Review ID # will generate, you will want to keep this ID for your records.

You will also be prompted to “Link Attachments” you will need to either upload the supporting clinical documentation or print a coversheet to fax over the documents.

The screenshot shows a web application interface with a navigation bar at the top containing tabs: Start, DX CODES/ITEMS, Clinical Info, and SUMMARY. The SUMMARY tab is active. Below the navigation bar is a text area with the following instructions: "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." Below this text is a large, empty rectangular box for entering information. At the bottom of the form, there are three buttons: CANCEL, PARTIAL SAVE, and SUBMIT FOR REVIEW. The SUBMIT FOR REVIEW button is circled in black. Above the buttons, there is a red text prompt: "By clicking [Submit for Review] you are attesting to the above." Below the buttons, there is a disclaimer statement: "COLORADO DEPARTMENT OF HEALTHCARE POLICY AND FINANCING DISCLAIMER STATEMENT" followed by "Please be aware that an eQHealth Solutions certification determination does not guarantee Medicaid payment for services."

The screenshot shows a web application interface with a navigation bar at the top containing buttons: Create New Review, Respond to Add'l Info, and Respond. Below the navigation bar is a "Home" section. A success message is displayed: "'Successfully submitted to eQHS for review.'" Below the message, there are three fields: Review ID: [redacted], Bene Name: [redacted], and Bene ID: [redacted]. A green circle highlights these three fields, and a green arrow points to the Review ID field. Below the fields is a "Link Attachment" button.

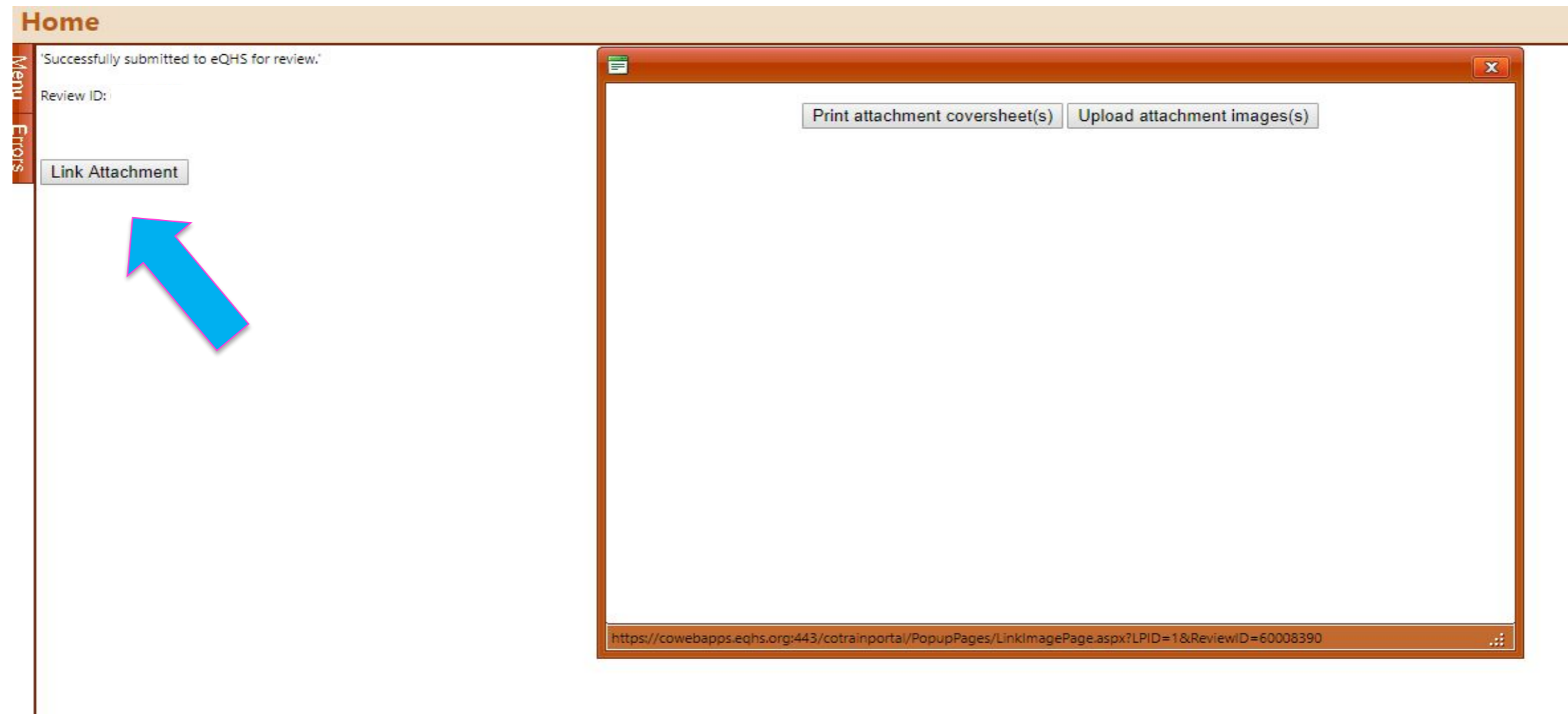
Supporting Documentation

Linking Attachments

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

Please reference our Guide on how to Submit Supporting Documentation

ColoradoPar.com



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

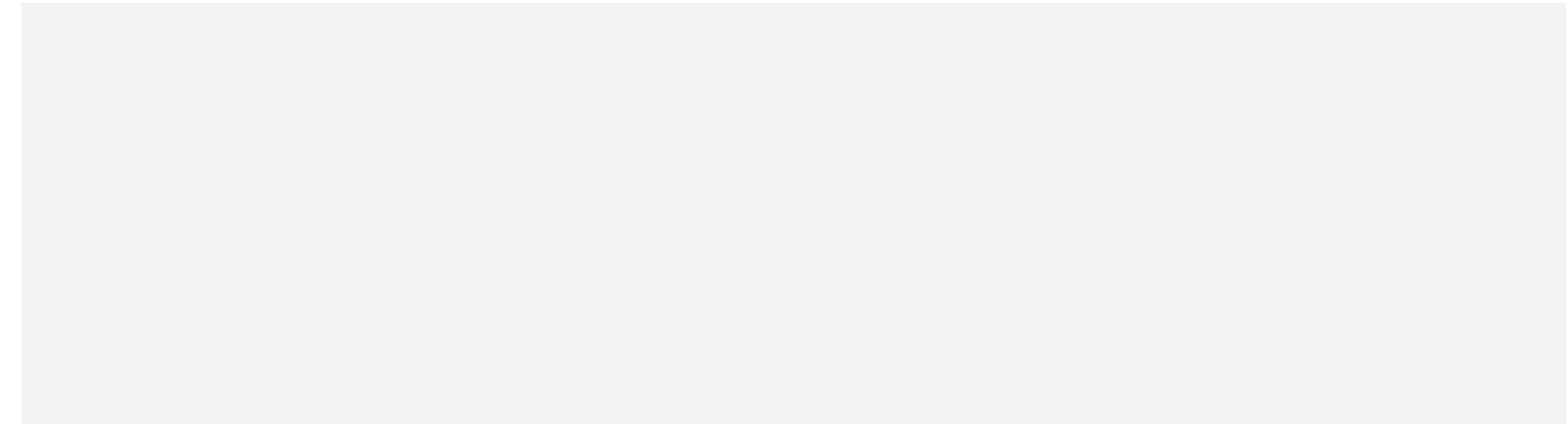
Benefits of the SMART review is that Providers may receive Immediate medical necessity approval!

Pended for Info

Once you have submitted your authorization request if the nurse needs additional information or if no documentation was received the review will be "Pended for Info"

You will receive an email notification referencing the review ID#, you will need to log into eQSuite and click on "Respond to Add'l Info" and click "Open" to view/respond to the request

You will have **10 business days** (from the date the utilization review is set to the status of "Pended for Add'l Info") to upload the requested documentation or respond to the request. If the requested documentation is not received within the 10 business days, your request will receive a *technical denial* for Lack of information (LOI) and both you and the Member will receive a denial notification.



PA Numbers	ReviewID	Request Date	Requestor Name	Client ID	First Name	Last Name	Request Type	Setting	Setting Type
Awaiting PA		05/16/2019	INPATIENT TRAINER				Admission	Medical	Inpt Surgical

Responding to Pended Info request

In the Question Box you will see what is being requested from our clinical team.

You can type in a response in the “Additional Info” box

Once you click on “Submit Info” you will be prompted to “Link Attachments”. You can either upload the requested documents or print a coversheet to fax over the documentation.

Review Header Information

Provider #
Client ID:

Start DX/PROCS VITALS/LABS Clinical Info MEDS SUMMARY ADDL INFO

QUESTION:

ADDITIONAL INFO:
You can type in a response to the PEND and when you click "Submit Info" you will be prompted to "Link Attachments" you will be able to upload the requested documents or print a coversheet to fax over the requested documents

CANCEL SUBMIT INFO

Technical Denials for LOI

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”
- 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®
- If information is not received within 10 business days (1.5 business days if inpatient) from the denial date, the request will be denied due to lack of Information and the requestor must: Submit a reconsideration request and include the required information or Submit a new PAR request with the necessary documentation

Reconsiderations

The ordering or 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®) or by fax.

Click on “Respond to Denial” then click on “Open Review”

Click on you **DO NOT AGREE**. It is important to enter additional supporting information in the available textbox for our reviewer to use when reevaluating the case.

Once you click on **Submit Recon Info** you will be prompted to attach additional documents to support the Reconsideration request by clicking on the Link Attachment button.

← Create New Review Respond to Add'l Info **Respond to Denial** Online Helpline Utilities Reports Search Attachment

Respond to Denial

Cases With Denials Search By Review ID:

Review_ID	Review Complete Date	Client ID	First Name	Last Name	Initial Service Date	Requestor Name	Setting Type		
60124095	04/01/2020	987654321	Earl	McTesterson Jr.	04/03/2020	T EstUser	DI	Open Review	Link Recon Request

Start DX CODES/ITEMS Clinical Info SUMMARY ADDL INFO **RECON**

I agree with eQHealth physician reviewer's adverse determination and waive reconsideration rights

I do not agree with eQHealth physician reviewer's adverse determination and am requesting a reconsideration review

Enter any additional information to be considered with your request for reconsideration that justifies medical necessity of the previously denied or reduced level of services.

Additional supporting documentation will be submitted via upload, or faxed using the barcoded coversheet.

CANCEL **SUBMIT RECON INFO**

Peer to Peer Process

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 for Medical reviews or the Admitting Physician for Inpatient reviews
- 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*

PAR#s/Letters

Once a final determination has been made eQHealth transmits the information to Interchange if the transmit is successful a PAR# will generate within 24-48 hours

You will be able to view or print the letter in eQSuite.

To view the Letter you will click on the "Letters" Tab click on the "Completed" Tab and you can search by the Client ID of Admit Date

You can also click on "Reports" and select O3 to view all outpatient assigned PAR numbers

The screenshot shows the eQSuite interface. At the top, there is a navigation bar with several tabs: 'Create New Review', 'Respond to Add'l Info', 'Respond to Denial', 'Online Helpline', 'Utilities', 'Reports', 'Search', 'Attachments', and 'Letters'. The 'Letters' tab is circled in red. Below the navigation bar is the 'Letters Search' section, which includes three tabs: 'Completed', 'In Process', and 'Reconsiderations'. The 'Completed' tab is highlighted with a red box. Below the tabs, there is a search form with a dropdown menu for 'Client ID', a text input field for 'Client ID', and a 'Search' button. Below the search form is the 'Provider Reports' section, which displays a table of reports for 'Provider: 999999995 - AUDIOLOGY PROVIDER'. The table has three rows, each with a 'Select' link, a code, and a description. The third row, with code 'O3' and description 'Outpatient Assigned PARs', is highlighted with a red box.

Provider: 999999995 - AUDIOLOGY PROVIDER		
Select	E7	Multi Service - Web Review Request Printout
Select	O1	Outpatient Review Status for a Given Bene
Select	O3	Outpatient Assigned PARs

PAR Revisions/Corrections

Submit a Helpline Ticket:

Click on "Online Helpline" in eQSuite

- To change, add or remove a modifier for a procedure code on an existing PAR
- Cancel a review
- To change a billing Provider ID to an affiliated facility
- If you need to shift dates on an authorization

Once you submit your ticket a Ticket # will generate, once a representative from eQHealth has responded you will receive an email notification and you can log into eQSuite and view your response. If you have additional questions, please reference the original Ticket# in your new ticket.

Any other changes will need to be made with a new review request as an admission.

The screenshot displays the 'eQHS Online Helpline' interface. At the top, there is a navigation bar with buttons for 'Create New Review', 'Respond to Add'l Info', 'Respond to Denial', 'Online Helpline' (circled in red), and 'Utilities'. Below this is the 'eQHS Online Helpline' header. A sidebar on the left contains 'Menu' and 'Errors' options. The main content area is titled 'Selected Ticket Info:' and contains instructions: '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.' The form includes input fields for 'Review ID:', 'PAR #:', 'Client #:', and 'Admit Date:'. A note states: 'Do NOT enter other values if Review ID is entered.' and 'Do NOT enter a Client # or Admit Date if a PAR # is entered.' Below the form is a large yellow text area. A red message box at the bottom of the form reads: 'Your question has been submitted to the helpdesk. Please check back in a short while for a response. If your e-mail address is in the system, you will be notified by e-mail when your question has been addressed.' with a 'Close' link. At the bottom of the screenshot, a 'Q&A History (Last 30 Days)' section is visible, showing a table with columns for 'Question/Response', 'Ticket #', 'Receipt Date', and 'Response Date'. The first entry shows 'Ticket # 600009 | Receipt Date: 3/10/2020 7:16:14 AM | Response Date:'. Below this is a 'Question:' field with the prompt 'Please type in your request here.'

Helpful Resources

- eQSuite Provider Training Documents
[\(Click Here\)](#)
- Department of Health Care Policy & Financing Provider Billing Manuals
[\(Click Here\)](#)
- Department of Health Care Policy & Financing Provider Fee Schedules
[\(Click Here\)](#)

Questions?



CONTACT US

Customer Service

Phone: 1-888-801-9355

(M-F, 8 a.m.-5 p.m., MST)

co.pr@eqhs.com

Or

Online Helpline via eQSuite®

For more information please visit

www.coloradoPAR.com - Provider Resources

For HCPF Policy Questions

HCPF_UM@hcpf.state.co.us

Thank You!