

Health First Colorado Utilization Review

Medical 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

Colorado Medicaid Rule

8.076.1.8 (All Services Except DME)

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.

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>	

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.

User Administration

View Respond to Add'l Info Respond to Denial Online Helpline Utilities Reports Search Attachments Letters Update My Profile **User Administration**

User Administration

Add New User

	UserID	User Name	Inactive DT	Phone	Extension	Added DT	Last Edit DT	Email
Edit	90621	inptrainer		8009999992	9992	11/8/2018 12:00:00 AM	4/15/2019 9:24:19 AM	
Edit	90628	coinpatient				3/20/2019 12:00:00 AM	3/20/2019 10:59:24 AM	
Edit	90657	inpatienttrainer		1601382053		3/26/2019 11:40:28 AM	3/26/2019 11:41:19 AM	

User Edit

Menu Errors

User Name:

First Name:

Last Name:

Password:

Email:

InactiveDate:

Phone Number:

Extension:

Branch Provider:

Allow to run reports:

Allow to enter requests:

Allow to view provider letters:

Allow to view physician letters:

Choose a status to receive email for:

Pended for Info

LOI

At Recon

Administrative Hold

Awaiting Required Attachments

Approved

Partially Denied

Denied

Recon Completed

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

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.

Timelines

- Inpatient PAR request: 1 business day turn around time

*No expedited review times for inpatient

- Medical PAR request:
 - Expedited-2 business days
 - Standard - 4 business days

Outpatient Surgical PARS

- Please refer to the below links to view the codes that require prior authorization
<http://www.coloradopar.com/PardSurgicalProcedures.aspx>
[Medical/Surgical Services Manual](#)
- If there is an Outpatient Surgical Procedure that is going to be performed in an inpatient setting you will need to enter a separate PAR for the inpatient admission for the inpatient stay
Note: Please make sure to reference the Review ID # for the outpatient surgical PAR in the summary tab so our clinical team is aware.
- **Setting:** Surg/NonSurg
- **Specify Type:** Outpt Surgical

Start

Review Type and Settings

Requesting Provider ID:	<input type="text" value="999999992"/>	Requesting Provider Name:	<input type="text" value="INPATIENT PROVIDER"/>
Requesting Provider NPI:	<input type="text" value="9999999920"/>		
Are you the Billing Provider?	<input checked="" type="radio"/> Yes <input type="radio"/> No		
Billing Provider ID:	<input type="text" value="999999992"/>	Billing Provider Name:	<input type="text" value="INPATIENT PROVIDER"/>
Billing Provider NPI:	<input type="text" value="9999999920"/>		
Choose Setting:	<input checked="" type="radio"/> Surg/Nonsurg <input type="radio"/> Outpt PT/OT/ST or CRT Eval <input type="radio"/> Outpt Mol Testing <input type="radio"/> Outpt Diag Imaging <input type="radio"/> DME - Orthotics <input type="radio"/> Immunization - Synagis		
Specify Type:	<input type="radio"/> Inpt Surgical <input type="radio"/> Inpt Nonsurgical <input checked="" type="radio"/> Outpt Surgical		
Review Type:	<input type="text" value="Admission"/>	eQHealth PAR Number:	<input type="text"/>

Inpatient Admission Requests for a surgical stay

- If you are requesting an inpatient admission to the hospital for a procedure you will select “Inpt Surgical”
- You will not need to enter any CPT/HCPCS Codes for the inpatient stay since the surgical request was already entered and approved.
- You will need to enter the Dx Code and documentation to support medical necessity

Note: Please contact the surgical provider requesting the surgical procedure PAR to ensure they have not requested the inpatient stay request.

- For Codes that do not require a PA, you will only need to enter a prior authorization request for the inpatient admission when the member is admitted to the hospital.

The screenshot shows a web form titled "Review Type and Settings" with a "Start" button in the top left. The form contains the following fields and options:

- Requesting Provider ID: 999999992
- Requesting Provider NPI: 9999999920
- Are you the Billing Provider?: Yes No
- Billing Provider ID: 999999992
- Billing Provider NPI: 9999999920
- Requesting Provider Name: INPATIENT PROVIDER
- Billing Provider Name: INPATIENT PROVIDER
- Choose Setting: Surg/Nonsurg Outpt PT/OT/ST or CRT Eval Outpt Mol Testing Outpt Diag Imaging DME - Orthotics Immunization - Synagis
- Specify Type: Inpt Surgical Inpt Nonsurgical Outpt Surgical
- Review Type: Admission (dropdown menu)
- eQHealth PAR Number: (empty text box)
- RETRIEVE DATA button

Transplants

- When choosing your setting select "Surg/Non Surg"
- Specify Type: Inpt/Surgical
- You will need to enter the length of stay for 365 Days
- Type of Admission will be "Inpt Admission-Surgical"
- Where the Procedure will be performed, choose "Other"
- You cannot enter CPT codes on these requests you will be required to enter the Inpatient Hospital Procedure code

Example: Liver Transplant CPT 47135, the correct Procedure Inpatient Hospital Procedure Code is 0fy00z0

Start

Review Type and Settings

Requesting Provider ID:	<input type="text" value="999999992"/>	Requesting Provider Name:	<input type="text" value="INPATIENT PROVIDER"/>
Requesting Provider NPI:	<input type="text" value="9999999920"/>		
Are you the Billing Provider?	<input checked="" type="radio"/> Yes <input type="radio"/> No		
Billing Provider ID:	<input type="text" value="999999992"/>	Billing Provider Name:	<input type="text" value="INPATIENT PROVIDER"/>
Billing Provider NPI:	<input type="text" value="9999999920"/>		
Choose Setting:	<input checked="" type="radio"/> Surg/Nonsurg <input type="radio"/> Outpt PT/OT/ST or CRT Eval <input type="radio"/> Outpt Mol Testing <input type="radio"/> Outpt Diag Imaging <input type="radio"/> DME - Orthotics <input type="radio"/> Immunization - Synagis		
Specify Type:	<input checked="" type="radio"/> Inpt Surgical <input type="radio"/> Inpt Nonsurgical <input type="radio"/> Outpt Surgical		
Review Type:	<input type="text" value="Admission"/>	eQHealth PAR Number:	<input type="text"/>

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.

- Physician notes/documentation to support procedure
- Admission orders/Emergency Dept documents
- Other documentation including but not limited to: laboratory tests, radiology studies, or any other pertinent medical information to support the request

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.

Outpatient Surgical PARS

Choose Setting: Surg/Nonsurg
Specify Type: Outpt Surgical
Review Type: Choose Admission
Click Retrieve Data

Inpatient Stays and Transplant PARS

Choose Setting: Surg/Nonsurg
Specify Type: Inpt Surgical
Review Type: Choose Admission
Click Retrieve Data

The screenshot shows the 'Review Entry' web application interface. The top navigation bar includes the following links: **Create New Review** (circled), Respond to Add'l Info, Respond to Denial, Online Helpline, Utilities, Reports, and Search. Below the navigation bar is a 'Review Entry' header. The main content area is divided into sections: 'Review Header Information' (Provider #: 999999992, Provider Name: INPATIENT PROVIDER), 'Start', and 'Review Type and Settings'. The 'Review Type and Settings' section contains the following fields and options:

- Requesting Provider ID: 999999992
- Requesting Provider NPI: 9999999920
- Requesting Provider Name: INPATIENT PROVIDER
- Are you the Billing Provider? Yes No
- Billing Provider ID: 999999992
- Billing Provider NPI: 9999999920
- Billing Provider Name: INPATIENT PROVIDER
- Choose Setting: Surg/Nonsurg Outpt PT/OT/ST or CRT Eval Outpt Mol Testing Outpt Diag Imaging DME - Orthotics Immunization - Synagis
- Specify Type: Inpt Surgical Inpt Nonsurgical Outpt Surgical
- 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

Physicians and HealthCare Practitioners:
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 (Date of Surgery/Admission)

If this is a Prior Auth Request enter the Proposed DC Date. If the services have been done enter the actual DC date.

Is this an emergency check Yes/No

Review Entry

Review Header Information

Provider #: 999999992 Provider Name: INPATIENT PROVIDER

Start

Client ID:

Name:

DOB:

Sex:

If the patient is a baby and:

- Has a personal Medicaid number, then enter this number in the Recipient ID box above.
- Otherwise, click the [Create Temp Baby ID] button and create a temporary Medicaid number. The system will enter the baby's name and birth date below.

Create Temp Baby ID

Account # :

Physicians and Healthcare Practitioners

	Type	Medicaid #	NPI #
Edit	Ordering Provider		
Edit	Consulting Surgeon		

Select type of request:

Not Selected ▼

Start of care:

Proposed D/C Date:

Actual D/C Date:

Is this an emergency admission?

Yes
 No

Create New Review-Start Tab

Type of Admission: The type of admission selected will determine what CPT codes you will be able to enter on your request. If the CPT code, you entered does not match the Type of Admission you selected you will receive an error message.

Once you enter the Type of Admission, you will be prompted to answer a series of questions you will need to check Yes/No

Once complete click "Check Key"

Type of Admission:	(None)
The patient received related healthcare services prior to admission.	<input type="radio"/> Prior Auth - Bariatric procedure <input type="radio"/> Prior Auth - Reconstructive procedure <input type="radio"/> Prior Auth - Restorative procedure <input type="radio"/> Prior Auth - Other surgical procedure <input type="radio"/> Prior Auth - Transplant procedure <input type="radio"/> Prior Auth - Gastric Stimulator procedure <input type="radio"/> Prior Auth - Back Surgery
Can care be provided in an alternative setting?	
Where will the procedure be performed? If Other, explain on the Summary Tab.	(None) ▾
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
Level of Care.	<input type="radio"/> ICU/CCU/NICU <input type="radio"/> Acute <input type="radio"/> NA

CHECK KEY CANCEL

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 in a software interface. The 'Add' button is circled in red. Below it is a table with the following data:

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

Below the table is an 'Add' modal window with the following fields:

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

Buttons: CANCEL, SUBMIT

The modal window 'DX Code Add/Edit Page' contains the following fields:

Code:

Date Identified:

Buttons: [Add](#), [Close](#)

DX/Proc Tab-Entering the Outpatient Surgical CPT Codes

- Click on the 2nd Add button
- Enter the CPT Code
(Reminder the CPT Code you enter must match the Type of Admission you selected on the start tab)
- Enter the Modifier (If applicable)
- From/Thru Date: you can request up to 90 days for Outpatient Surgical PARS. The From Date should reflect The Start of Care Date you entered
- Total Units=1
- Click Add
- If you need to enter more than one CPT Codes follow the same steps once you are finished click Close to exit the screen

Add		Search			Refresh	
DX Code	Description	Code Identified Date	Principal			
N471	PHIMOSIS	01/14/2019	Y	Edit	Delete	

Add					
Code	Modifier1	Modifier2	Modifier3	Modifier4	Description
54161					Circumcision-excision not clamp/device/slit (28d+)

Item Code Add/Edit Page

Code:

Description: Circumcision-excision not clamp/device/slit (28d+)

Modifier:

Modifier 2:

Modifier 3:

Modifier 4:

From Date:

Thru Date:

[Date Calculator](#)

Total Units:

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

Dx Codes/Proc Tabs-Entering Transplant PARS

- You will click on the Add button
- You will enter the Inpatient Hospital Procedure Code for the Transplant

(Reminder you cannot enter CPT Codes for these requests)

- Procedure From/Thru Date: You will enter the Start date of care. You will need to enter these requests for 365 Days

Example: If you enter a start date of 3/5/2020 your Thru date would be 3/4/2021

Then Click "Add"

The screenshot shows a web interface with tabs: Start, DX/PROCS, VITALS/LABS, Clinical Info, and MEDS. The DX/PROCS tab is active. Below the tabs is a table with columns: Add, Search, Refresh, Add, Search, Refresh. The first table has columns: DX Code, Description, Code Identified Date, Principal, Edit, Delete. It contains one record: N2889, SPECIFIED DISORDERS KIDNEY & URETER NEC, 05/24/2019, Y. The second table has columns: Proc Code, Description, Procedure From Date, Procedure Thru Date, and it displays "No records to display." Below the tables are CANCEL and SUBMIT buttons.

Procedure Code Add/Edit Page

Code:

TRANSPLANTATION LIVER, ALLOGENEIC, OPEN

Procedure From Date:

Procedure Thru Date:

Add

Close

Tabs for Outpatient Surgical PAR Requests

For Outpatient Surgical PARS The following Tabs can be completed but are not mandatory fields

Vitals/Labs: It captures data about the patient that will be sent to the Regional Accountable Entity (RAE)

Findings: Clinical Indications, Treatments, Labs that have been completed

Clinical Info: You will be prompted to answer clinical questions

Meds: You can enter any medications that the patient is currently on.

Review Entry

Menu Errors

Review Header Information

Start DX/PROCS **VITALS/LABS** FINDINGS Clinical Info MEDS SUMMARY

Review Type and Settings

Requesting Provider ID: Requesting Provider Name:

Requesting Provider NPI:

Are you the Billing Provider? Yes No

Billing Provider ID: Billing Provider Name:

Billing Provider NPI:

Choose Setting: Surg/Nonsurg Outpt PT/OT/ST or CRT Eval Outpt Mol Testing Outpt Diag Imaging DME - Orthotics

Specify Type: Inpt Surgical Inpt Nonsurgical Outpt Surgical

Review Type: Admission eQHealth PAR Number:

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 fac 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 text box for input. 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 warning: "By clicking [Submit for Review] you are attesting to the above." Above the warning is a blue link: "COLORADO DEPARTMENT OF HEALTHCARE POLICY AND FINANCING DISCLAIMER STATEMENT". Below the disclaimer is a small text note: "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 header with the word "Home". On the left side, there is a vertical menu with the words "Menu" and "Errors". The main content area displays a message: "'Successfully submitted to eQHS for review.'" Below this message are three lines of text: "Review ID: [redacted]", "Bene Name: [redacted]", and "Bene ID: [redacted]". A green circle highlights these three lines, and a green arrow points to the "Review ID" line. Below the message is a button labeled "Link Attachment".

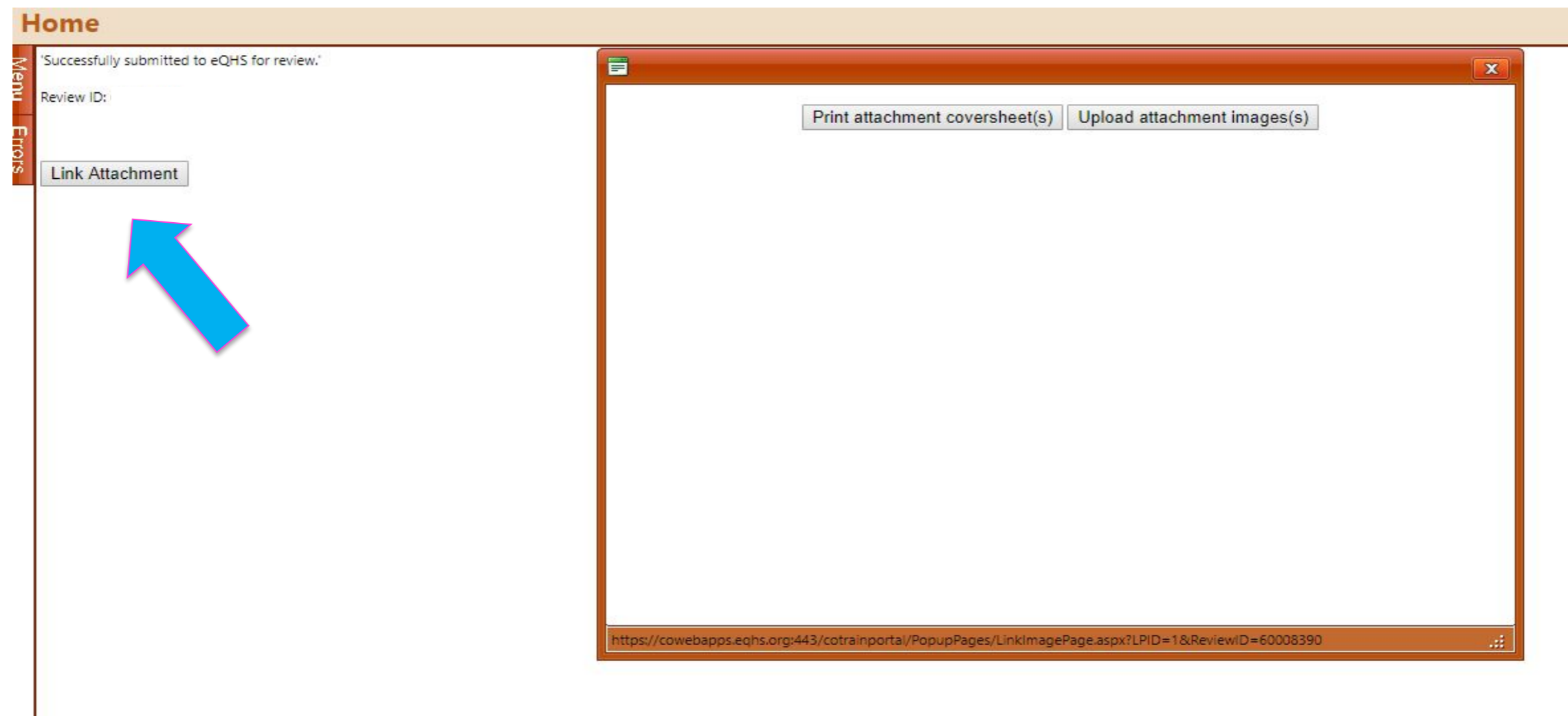
Supporting Documentation

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

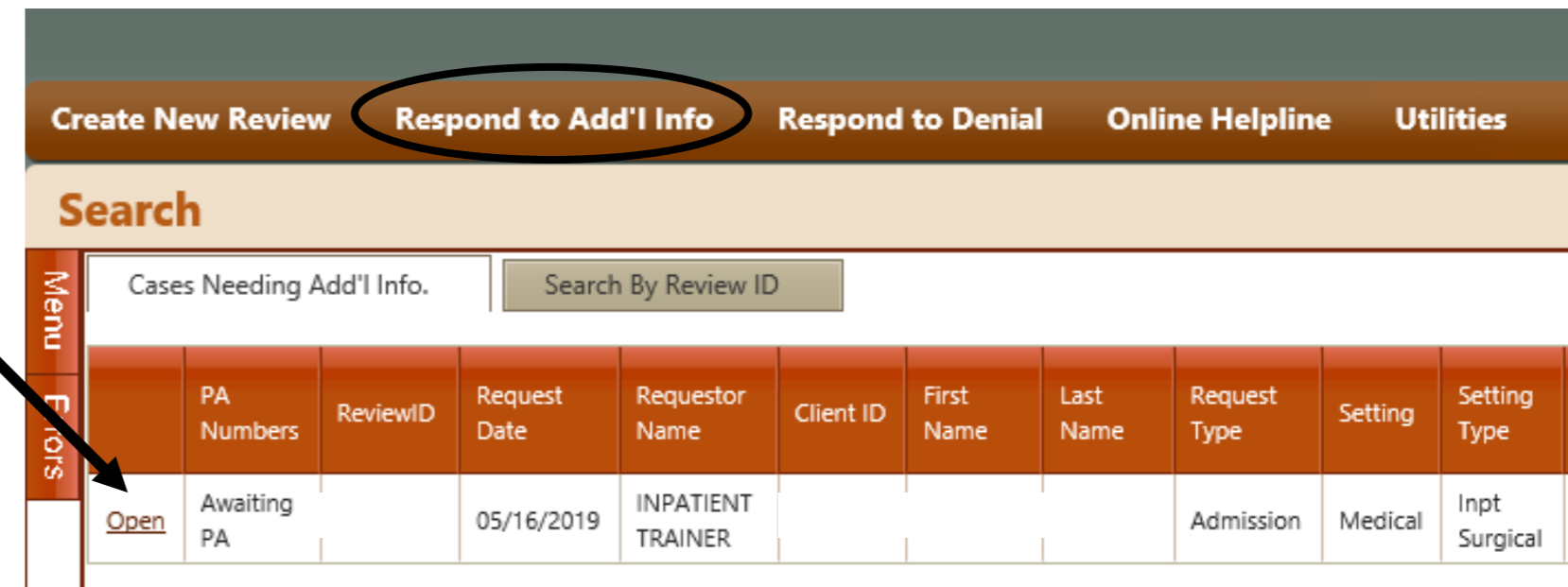
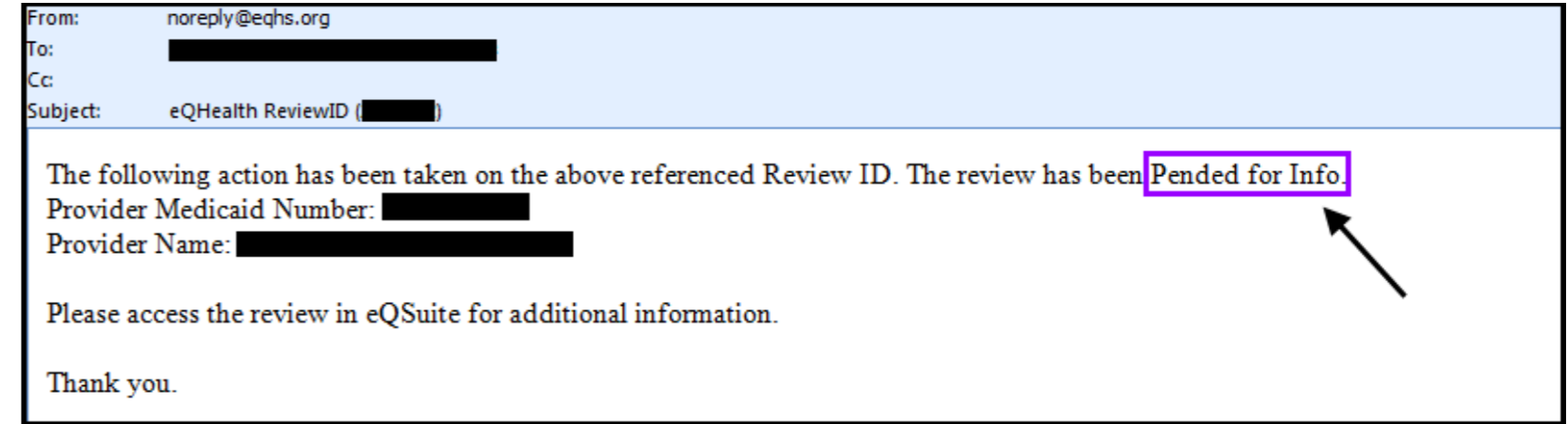
Once you have submitted your authorization request if the nurse needs additional information or if no documentation was received the review will be “Pended for Info”

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

For Medical reviews, 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.

For Inpatient reviews, you will have 1.5 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 1.5 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.



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.

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
- 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

Letters Search

Completed In Process Reconsiderations

Please select the search criteria from the list below and click "Search"

Client ID

Client ID:

Search

Admit Date	Last Name	First Name	Client ID	Review ID	PA	Setting Type
No records to display.						

Provider Reports

Provider: 99999992 - INPATIENT PROVIDER

Select	Code	Description
Select	A7	Diagnostic Imaging Web Review Request Printout
Select	E7	Multi Service - Web Review Request Printout
Select	I1	Inpatient Review Status for a Given Bene
Select	I2	Inpatient Status of In Process Reviews
Select	I3	Inpatient Assigned PARs
Select	I7	Inpatient Web Review Request Printout
Select	O1	Outpatient Review Status for a Given Bene
Select	O3	Outpatient Assigned PARs
Select	T7	Therapy Web Review Request Printout

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.' Below the instructions are 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.' A large yellow text area is provided for the question. A red message box at the bottom states: '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, 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
[Presentations & Recordings \(Click Here\)](#)
[User Guide and Surgical Codes that require a PAR \(Click Here\)](#)
- 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!