Acentra HEALTH

On behalf of

HEALTH FIRST COLORADO

Audiology Utilization Review

The Department of Health Care Policy & Financing administers Health First Colorado (Colorado's Medicaid Program), Child Health Plan *Plus* (CHP+) and other health care programs for Coloradans who qualify.

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Early and Periodic Screening Diagnostic Treatment (EPSDT)

- Acentra Health follows the EPSDT requirements for all medical necessity reviews for Health First Colorado members.
- Medical necessity reviews on treatments, products or services requested or prescribed for all members ages 20 years of age and under are based on compliance with federal EPSDT criteria.
- Medical necessity is decided based on an individualized, child specific, clinical review of the requested treatment to ‘correct or ameliorate’ a diagnosed health condition in physical or mental illnesses and conditions.
- EPSDT includes both preventive and treatment components as well as those services which may not be covered for other members in the Colorado State Plan.

https://hcpf.colorado.gov/early-and-periodic-screening-diagnostic-and-treatment-epsdt

CNSI + Kepro

With over six decades of combined experience, CNSI and Kepro have **come together to become:**

Acentra HEALTH

Our purpose is to accelerate better health outcomes through technology, services, and clinical expertise

Our vision is to be the vital partner for healthcare solutions in the public sector

Our mission is to continually innovate solutions that deliver maximum value and impact to those we serve

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About Acentra Health (cont'd...)

- In 2021, Kepro was awarded the Department of Health Care Policy and Financing (HCPF) contract for Utilization Management and Physician Administered Drug (PAD) review
- This includes outpatient, inpatient, specialty, and EPSDT
- In 2023, Kepro merged with CNSI and rebranded to become Acentra Health

In addition to UM review, Acentra Health will administer or support in:

- Client Overutilization Program (COUP)
- Annual HCPCS code review
- Quality Program
- Reporting
- Review Criteria selection
- Customer Service Line
- Appeals, Peer-to-Peer, and Reconsiderations
- Fraud & False Claims reporting

Scope of Services

- **Audiology**
- Diagnostic Imaging
- Durable Medical Equipment
- Inpatient Hospital Review Program (IHRP 2.0)
- Medical Services including, but not limited to, select surgeries such as bariatric, solid organ transplants, transgender services, and elective surgeries
- Molecular/Genetic Testing
- Out-of-State Inpatient Services
- Outpatient Physical and Occupational Therapy
- Outpatient Speech Therapy
- Pediatric Behavioral Therapy
- Private Duty Nursing
- Personal Care Services
- Physician Administered Drugs

Acentra Health's Services for Providers

- 24-hour/365 days **provider portal** accessed at: https://portal.kepro.com
- **Provider Communication and Support** email: coproviderissue@kepro.com
- Provider Education and Outreach, as well as system **training materials** (including Video recordings and FAQs) are located at: https://hcpf.colorado.gov/par
- **Prior Authorization Review (PAR)**
- Retrospective Review (when allowed by CO HCPF)
- PAR Reconsiderations & Peer-To-Peer Reviews
- PAR Revisions
- Access to provider reports and case statuses with Atrezzo Portal
- Provider Manual is posted at: https://hcpf.colorado.gov/par

Provider Responsibilities

- Providers must request Prior Authorization for services through Acentra's portal, **Atrezzo.** A Fax Exempt Request form may be completed here if specific criteria is met such as:
  - The provider is out-of-state or the request is for an out of area service
  - The provider group submits on average 5 or fewer PARs per month and would prefer to submit a PAR via fax
  - The provider is visually impaired

Utilization of the Atrezzo portal allows the provider to:

- Request prior authorization for services
- Upload clinical information to aid in review of prior authorization requests
- Submit reconsideration and/or peer-to-peer requests for services denied

https://hcpf.colorado.gov/par

Provider Responsibilities (cont'd...)

- The system will give warnings if a PAR is not required
- **Always verify** the Member's eligibility for Health First Colorado prior to submission by contacting Health First Colorado
- The generation of a Prior Authorization number does not guarantee payment

Prior Authorization Review Submission

- Atrezzo portal is accessible 24/7
- PAR requests submitted within business hours: 8:00AM – 5:00PM (MT) will have the same day submission date
- However, those submitted:
  - *After business hours*: will have a receipt date of the following business day
  - *Holidays*: will have a receipt date of the following business day
  - *Days following state approved closures (i.e., natural disasters)*: will have a receipt date of the following business day

PAR Submission: General Requirements

- PAR submissions will require providers to provide the following:
  - Member ID
  - Name
  - DOB
  - CPT or HCPCS codes to be requested
  - Dates of service(DOS)
  - ICD10 code for the diagnosis
  - Servicing provider (billing provider) NPI if different than the Requesting provider
  - Number of units requested (i.e. visits, number of items, etc.)
  - Order signed by MD/DO/NP/PA
  - Supporting Documentation: *It is necessary to provide supporting documentation with your submission. Supporting documentation may include office visit notes, laboratory results, imaging results, etc.*
- Requests for Additional Information will be initiated by Acentra Health if/when there is not substantial supporting documentation to complete a review

- A detailed step by step process for submitting both outpatient and inpatient requests can be found in the provider training manual here
- Timely Submission means entering the request before services are rendered and with enough advanced notice for the review to be completed.

https://hcpf.colorado.gov/par

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Audiology Guidance

- The provider manual can be located at https://hcpf.colorado.gov/audiology-manual
- When a member's eligibility is determined after the date of service, the member is issued a Load Letter from the Department
  - Load Letter must be submitted with the supporting clinical documentation for the PAR for a retroactive request to be processed

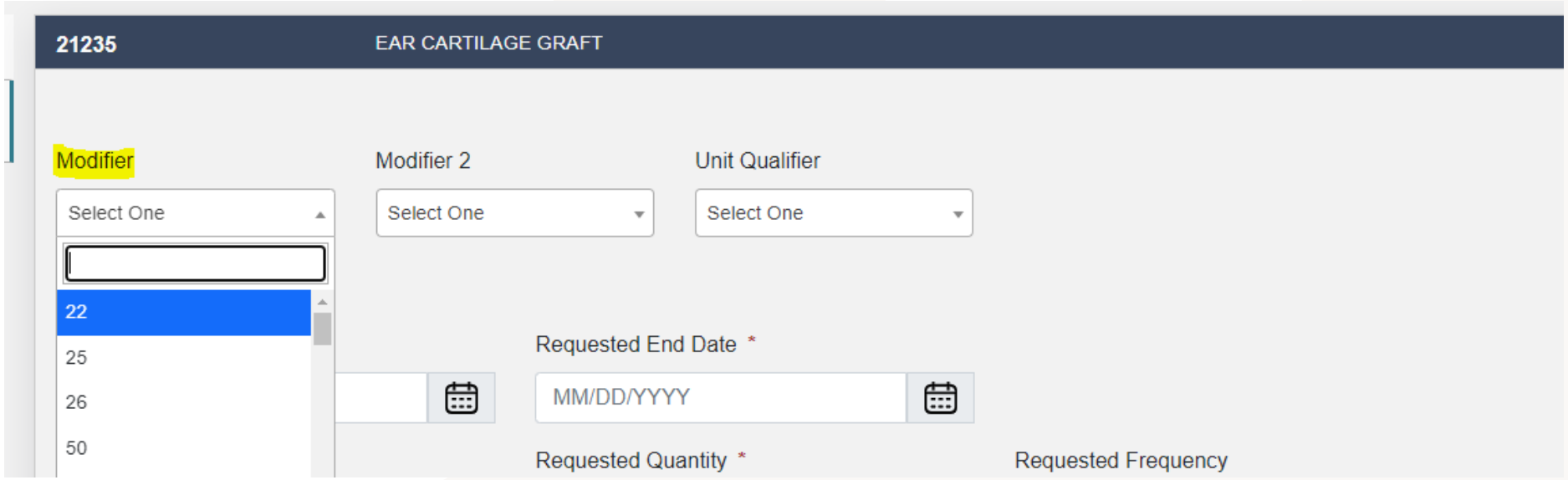
Submissions at a Glance	**Details**
Provider Timely Submission	Prior to requested date of service
Retroactive Authorization (Member not eligible at time of service)	Not accepted by Acentra *Exceptions may be made by HCPF
PAR Duration	365 days
Servicing Provider (Billing Provider)	Physician, Audiologist
Requesting Provider	Hospital, Physician, Physician Assistant, Nurse Practitioner, Speech Therapist. **Audiology services ordered in conjunction with an approved IFSP for Early Intervention may not necessarily have an ordering provider. In this circumstance alone, the servicing provider must use their own NPI number as the ordering provider NPI.

Modifier Placement

Below is an example of placement for modifiers within the review.

Some examples of frequently used modifiers:

- NU: New Equipment Purchase
- RB: Repair/Replace
- RR: Rental



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Covered Audiology Benefits – Part 1

- Hearing benefits are limited to the minimum services required to meet the member's medical needs
- Hearing exams, speech therapy, diagnostic testing, surgeries, and related hospitalizations are regular benefits of the Medical Assistance Program
- Specific documentation requirements and codes requiring a PAR can be found in the billing manual and the fee schedule

Newborn Hearing Screening

- Newborn hearing screening is included in the hospital DRG for inpatient hospital deliveries, and the birth center payment CPT/HCPCS codes for hearing screening cannot be billed for dates on or during the date span of the delivery stay. No Authorization is required.
- Follow-up testing for newborns who fail their initial hearing screening may be billed using CPT/HCPCS codes

Cochlear Implants

- Cochlear implants are covered for members aged 12 months through 20 years
- Replacement component(s) of an existing cochlear implant is a benefit for all ages when the currently used component(s) is no longer functional and cannot be repaired.

https://hcpf.colorado.gov/audiology-manual#audiology
https://hcpf.colorado.gov/provider-rates-fee-schedule

Covered Audiology Benefits – Part 2

Hearing Aids

- Hearing aids are a covered benefit for members ages 20 and under and for adult members on the Supported Living Services (SLS) Waiver.

Hearing Aid Trial Rental Period

- The Trial Rental Period is included in the purchase reimbursement for the hearing aid(s). Use the last day of the rental period as the date of service.

Hearing Aid Replacement

- Hearing aids are expected to last 3 – 5 years. Replacement of a hearing aid is covered for members ages 20 and under.
- Hearing aids may be replaced when they no longer fit, have been lost or stolen, or the current hearing aid is no longer medically appropriate for the child.

Softbands (including Bone Anchored Hearing Aids - BAHAs)

- Softband hearing devices (including BAHAs) are a covered benefit for members ages 20 and under. All Softband purchases require a PAR and must be accompanied by a signed letter from a physician documenting medical necessity.

Specific Non-Covered Benefits

- Training or consultation provided by an Audiologist to an agency, facility, or other institution is not covered.
- The upgrading of an existing cochlear implant system or component if the existing unit is properly functioning is not covered.
- Hearing aids for adults (Hearing exams and evaluations are a benefit for adults only when a concurrent medical condition exists) are not covered.
- Hearing aid insurance is not covered.
- Any service not documented in the member's plan of care is not covered.
- Ear molds for the purpose of noise reduction or swimming are not covered.
- Any audiological services rendered by a non-licensed audiologist (except for licensed otolaryngologists and enrolled CHIP providers) are not covered

Requests for those under the age of 21 will be reviewed under EPSDT

PAR Process

After submission of a request, you will see one of the following actions occur:

1. **Approval**: Met criteria/Code of Colorado Regulations applied for the service requested at first level review or was approved at physician level.
2. **Request for additional information**: Information for determination is not included and vendor requests this to be submitted to complete the review.
3. **Technical Denial:** Health First Colorado Policy is not met for reasons including, but not limited to, the following reasons:
    - Untimely Request
    - Requested information not received or Lack of Information (LOI)
    - Duplicate to another request approved for the same provider
    - Service is previously approved with another provider
4. **Medical Necessity Denial*:*** Physician level reviewer determines that medical necessity has not been met and has been reviewed under appropriate guidelines. The Physician may fully or partially deny a request.

PAR Process (cont'd...)

Denials

- If a **technical denial** is determined, the provider can request a reconsideration
- If a **medical necessity denial** was determined, it was determined by the Medical Director. The Medical Director may fully or partially deny a request. For a medical necessity denial, the provider may request a reconsideration and/or a Peer-to-Peer

Steps to consider after a denial is determined:

- **Reconsideration Request*:*** the *servicing* provider may request a reconsideration to Acentra Health within *10 business days* of the initial denial. If the reconsideration is not overturned, the next option is a Peer-to-Peer (Physician to Physician)
- **Peer to Peer Request*:*** an *ordering* provider may request a Peer-to-Peer review within *10 business days* from the date of the medical necessity adverse determination
  - Place the request in the case notes, providing the physician's full name, phone number, and three dates and times of availability
  - The peer-to-peer will be arranged on one of the provided dates and times for the conversation to be conducted. You may also call Customer Service at 720-689-6340 to request the peer-to-peer.

Turnaround Times – Part 1

Turnaround Time: the turnaround time for completion of a PAR review ensures:

- A thorough and quality review of all PARs by reviewing all necessary & required documentation when it is received
- Decreases the number of unnecessary pends to request additional documentation or information
- Improves care coordination and data sharing between Acentra Health and the Department's partners (i.e., Regional Accountable Entities, Case Management Agencies, etc.)

For additional information pends: the provider will have **10 business days to respond. If there is no response or there is an insufficient response to the request, Acentra will complete the review and technically deny for Lack of Information (LOI), if appropriate.*

Turnaround Times – Part 2

Expedited review : a PAR that is expedited is because a delay could:

- Jeopardize Life/Health of member
- Jeopardize ability to regain maximum function
- And/or subject to severe pain

These requests will be completed in no more than 4 business hours.

Rapid review: a PAR that is requested because a longer TAT could result in a delay in the Health First Colorado member receiving care or services that would be detrimental to their ongoing, long-term care

A Rapid review may be requested by the Provider in very specific circumstances including:

- A service or benefit that requires a PAR and is needed prior to a HFC member's inpatient hospital discharge.
- A Lack of DME supplies that immediately and adversely impacts a HFC Member's ability to perform activities of daily living.
- Same Day Diagnostic studies required for cancer treatments.
- Genetic or Molecular testing requiring amniocentesis

These requests will be completed in no more than 1 business day.

Standard review: the majority of cases would fall under this category as a Prior Authorization Request is needed. These requests will be completed in no more than 10 business days

Definition of Medical Necessity

10 CCR 2505-10; 8.076.18

Medical necessity means a Medical Assistance program good or service:

a. 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, condition, injury, or disability. This may

include a course of treatment that includes mere observation or no treatment at all;

b. Is provided in accordance with generally accepted professional standards for health care in the United States;

c. Is clinically appropriate in terms of type, frequency, extent, site, and duration;

d. Is not primarily for the economic benefit of the provider or primarily for the convenience of the client, caretaker, or provider;

e. Is delivered in the most appropriate setting(s) required by the client's condition;

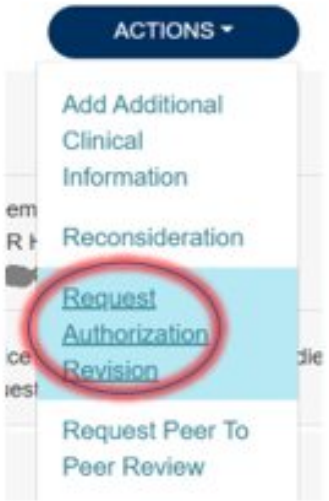
f. Is not experimental or investigational; and

g. Is not more costly than other equally effective treatment options.

- **For EPSDT, medical necessity includes a good or service that will or is reasonably expected to, assist the member to achieve or maintain maximum functional capacity in performing one or more Activities of Daily Living, and meets the criteria, Code of Colorado Regulations, Program Rules (10 CCR 2505-10.8.280.4.E.2).**

PAR Revision

- If the number of approved units needs to be amended, the provider must submit a request for a PAR revision prior to the PAR end date
  - Acentra Health cannot make modifications to an expired PAR or a previously billed PAR.
- **To make a revision**:
  - Select “Request Revision” under the “Actions” drop-down
  - Select the Request number and enter a note in the existing approved case of what revisions you are requesting
  - Upload additional documentation to support the request as appropriate.



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PAR Revision (cont'd...)

- When a member receiving services, changes providers during an active PAR certification, the receiving provider will need to complete a Change of Provider Form (COP) to transfer the member's care from the previous provider to the receiving agency

- This form is located on the Provider Forms webpage under the Prior authorization Request (PAR) Forms, drop-down menu, along with "How to Complete Change of Provider Form. "

Acentra Health Services for Providers - Recap

- 24-hour/365 days provider **Atrezzo Portal** may be accessed at: https://portal.kepro.com

- System Training materials (including Video recordings and FAQs) and the **Provider Manual** are located at: https://hcpf.colorado.gov/par

- Provider Communication and Support email: coproviderissue@kepro.com

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Thank you for your time and participation!

For Escalated Concerns please contact: hcpf_um@state.co.us
Acentra Health Customer Service: (720) 689-6340
PAR Related Questions: coproviderissue@kepro.com