

Health First Colorado Utilization Review

Synagis[®] Utilization Review Program

Agenda

- Overview of eQHealth Solutions
 - ✓ eQSuite[®] Access
- Review Process and Submission
 - ✓ Criteria & Guidelines
 - ✓ Exceptions
 - ✓ Required Documents
- Entering a new Synagis[®] Request in eQSuite[®]
 - ✓ Review entry
 - ✓ Provider Resources

Synagis[®] Requests

- Synagis[®] Season is from December 2nd-April 30th, 2020
- HCPF will begin accepting PARS for Synagis[®] beginning November 18th, 2019
- Providers will need to submit their requests online via eQSuite[®]
- Eligible providers on our Fax exempt list may fax in their requests.

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>	

eQHealth Solutions Provides:

- ❑ 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

Synagis[®] PAR Criteria & Guidelines

Prior authorization is required for pharmacy and medical requests and will be approved as follows:

- For children two years old and younger.
- No more than five (5) doses per season. Five (5) doses provides more than six (6) months of protective serum concentration.
- “Medical Benefit” is defined as being administered in the practitioner’s office or hospital outpatient setting (not given in the member’s home).
- All pharmacy Synagis[®] PARs must be signed by the prescribing physician, even if submitted by an infusion or long-term care facility.
- Members or providers may appeal Synagis[®] prior authorization denials through the normal member appeals process.
- Approval guidelines based on American Academy of Pediatrics recommendations
 - See <http://pediatrics.aappublications.org/content/134/2/415>

Required Documentation

- Medical Providers - Order
- LTHH Providers requesting and/or adding skilled nursing visits: [Synagis[®] Pharmacy Prior Authorization Form](#) and Plan of Care

LTHH Providers who already have skilled nursing visits will not enter in a request.

Intermediate Statuses

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

If your request receives Pended For Add'l Info Status again, please review the steps listed above.

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.

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”
- 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 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 and include the necessary information. This request and the documentation must be submitted in eQSuite[®] or by fax within ten (10) calendar days from the denial date.

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**

Starting a New Synagis[®] Request

Create New Review

Click on Create New Review

Requesting Provider ID: Will be Auto Populated

Are you the Billing Provider: Check Yes/No

Choose Setting: Select Immunization-Synagis

Review Type: Admission

Click Retrieve Data

Create New Review Respond to Add'l Info Respond to Denial Online Helpline Utilities Reports Search Attachments Let

Review Entry

Review Header Information
Provider #: 999999992 Provider Name: INPATIENT PROVIDER

Start

Review Type and Settings

Requesting Provider ID: 999999992 Requesting Provider Name: INPATIENT PROVIDER
Requesting Provider NPI: 9999999920
Are you the Billing Provider? Yes No
Billing Provider ID: 999999992 Billing Provider Name: INPATIENT PROVIDER
Billing Provider NPI: 9999999920
Choose Setting: Surg/Nonsurg Outpt PT/OT/ST or CRT Eval Outpt Mol Testing Outpt Diag Imaging DME - Orthotics Immunization - Synagis Behav Therapy
Review Type: Admission
RETRIEVE DATA

Start Tab

Client ID: Enter the Medicaid ID # for the Beneficiary

Physicians & Healthcare Provider: Click Edit and Enter the Medicaid ID # for the Ordering Provider

Start of Care: Enter the date for the service

Select the Place of Service: Choose appropriate Drop down

Answer Series of questions: Yes/No

Click Check Key

Client ID: Name: DOB: Sex:

Account #:

Physicians and Healthcare Practitioners

	Type	Medicaid #	NPI #
Edit	Ordering Provider		
Edit	Consulting Surgeon		

Start of care:

Where will the procedure be performed? If Other, explain on the Summary Tab.

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

Untimely 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

DX/PROC

- The first “Add” button you will be entering the DX Code (Without the decimal point)
- The CPT Code and NDC# will Pre Populated, Click “Edit” to enter the Vials per Month and # of Months
- Once you have entered the information you will click “Save”
- NDC# 60574-4114-01 =50mL-Providers should submit CPT 90378 using 50mL units or 2 x 50mL units (in replacement of the 100 mL units).
- NDC# 60574-4113-01= 100mL DO NOT USE

DX Code	Description	Code Identified Date	Principal
No records to display.			

Code	NDC #	From Date	Thru Date	Total Units	Vials/Month	# Months	
90378	60574-4114-01				0	0	Edit
90378	60574-4113-01				0	0	Edit

DX/PROC

“The From” date will auto generate with the Start of Care you entered on the start tab

- Enter the Total # of Vials Per Month
- Enter the # of Months

Example: If you are requesting 100mL units for 3 months you would enter 2 Vials per Month for a total of 3 months using CPT Code 90378-with NDC# 60574-4114-01

Once you have entered these two fields the Total Units will auto generate as well as the “Thru” Date

Once that is complete you will click on “Save Changes”

Item Code Add/Edit Page

Code: 90378

Description: Synagis

NDC Number: 60574-4114-01

From Date: 10/1/2019

Thru Date: 12/31/2019

Date Calculator

Vials per Month: 2

Months: 3

Total Units: 6

Save Changes Close

Date Calculator

You can access the Date Calculator 1 of 2 Ways. On the “Utilities” Tab from your Menu Bar Or on the Items Tab.

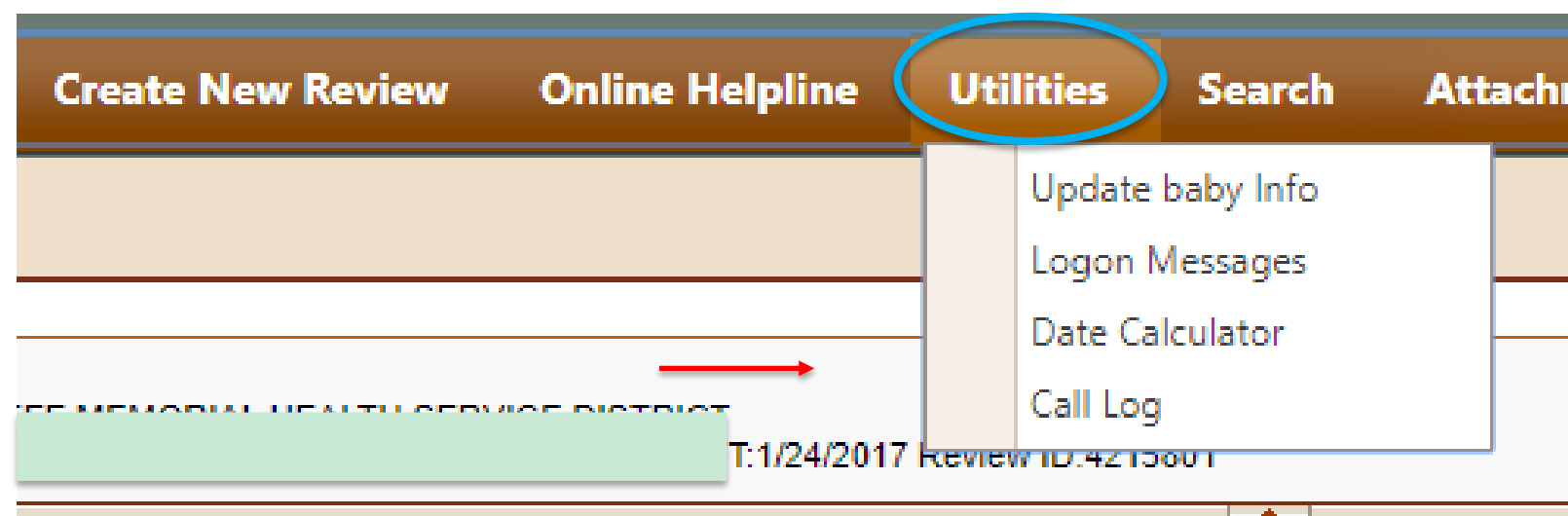
Go to #2

Start Date: You will enter the Start date for services

Number of Days: Enter the total # of days you are requesting

Click Calculate End Date

This will generate the End date you should be entering on the “Thru” field.



1. Calculate Number of Days between Dates
 Include end date in calculation (1 day is added)
Start Date: End Date: Calculate Total Days Total Days:

2. Calculate End Date as Number of Days from Start Date
Start Date: Number of Days: Calculate End Date End Date:

Clinical Info

This tab captures clinical questions.

Providers will need to answer Yes/No or check all that apply.

Once the questions have been answered click "Continue"

Question	Check all that apply
General Information	
Current Age:	
Age at start of Synagis® Season:	
Current Weight (in kg):	
Questionnaire	
Check all that applies.	
A. The member requires therapy outside of the approved age and diagnosis criteria. If checked, explain in the "Comments" area.	<input type="checkbox"/>
A. Infants born before 32 weeks 0 days AND with CLD of prematurity AND requirements of >21% oxygen for at least 28 days after birth AND continue to require medical intervention (supplemental oxygen, chronic corticosteroid, or diuretic therapy).	<input type="checkbox"/>
B. Children who will be profoundly immunocompromised during the RSV season (solid organ or hematopoietic stem cell transplantation, receiving chemotherapy).	<input type="checkbox"/>
C. Infants with manifestations of severe lung disease (previous hospitalization for pulmonary exacerbation in the first year of life or abnormalities of chest radiography or chest computed tomography that persist when stable) OR weight for length less than the 10th percentile.	<input type="checkbox"/>
D. Children who undergo cardiac transplantation during the RSV season.	<input type="checkbox"/>

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 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 prompt: "By clicking [Submit for Review] you are attesting to the above." Above 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 section titled "Home". Below "Home" is a success message: "'Successfully submitted to eQHS for review.'" Below the success message is a table with three rows: Review ID: [redacted], Bene Name: [redacted], and Bene ID: [redacted]. A green circle highlights the Review ID field, and a green arrow points to it from the right. Below the table is a button labeled "Link Attachment".

Uploading/Faxing Required Documentation

- eQSuite® will generate a Review ID# once your request has been successfully submitted.
- Once you click “Link Attachment”, you will be prompted to either “Print a coversheet” or “Upload” your documents.
- All documents must be in PDF, JPEG or TIF format.



What to Expect Next

- Once the required documentation has been received, your PAR as well as the documentation submitted will be reviewed. On average, it will take up to four (4) business days from the time your documentation is received to receive a determination.

Final Determinations:

- **Approved:** If your request is approved, your authorization number will be generated. You may log into eQSuite[®] or into the Colorado Medical Assistance Program Web Portal to view your authorization number.
- **Partial or Full Medical Denial:** If the request receives a medical denial, the provider and the member will receive a denial letter. If you disagree with this decision, you may request a reconsideration or schedule a peer to peer consultation. Please see the reconsideration and peer-to-peer provider guides located under the provider resources tab on the Colorado PAR [website](#).
- **Technical Denial:** If your request is technically denied, the provider and the member will receive a denial letter. If you disagree with this decision, you may request a reconsideration via fax or submit a new PAR through eQSuite[®].

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.

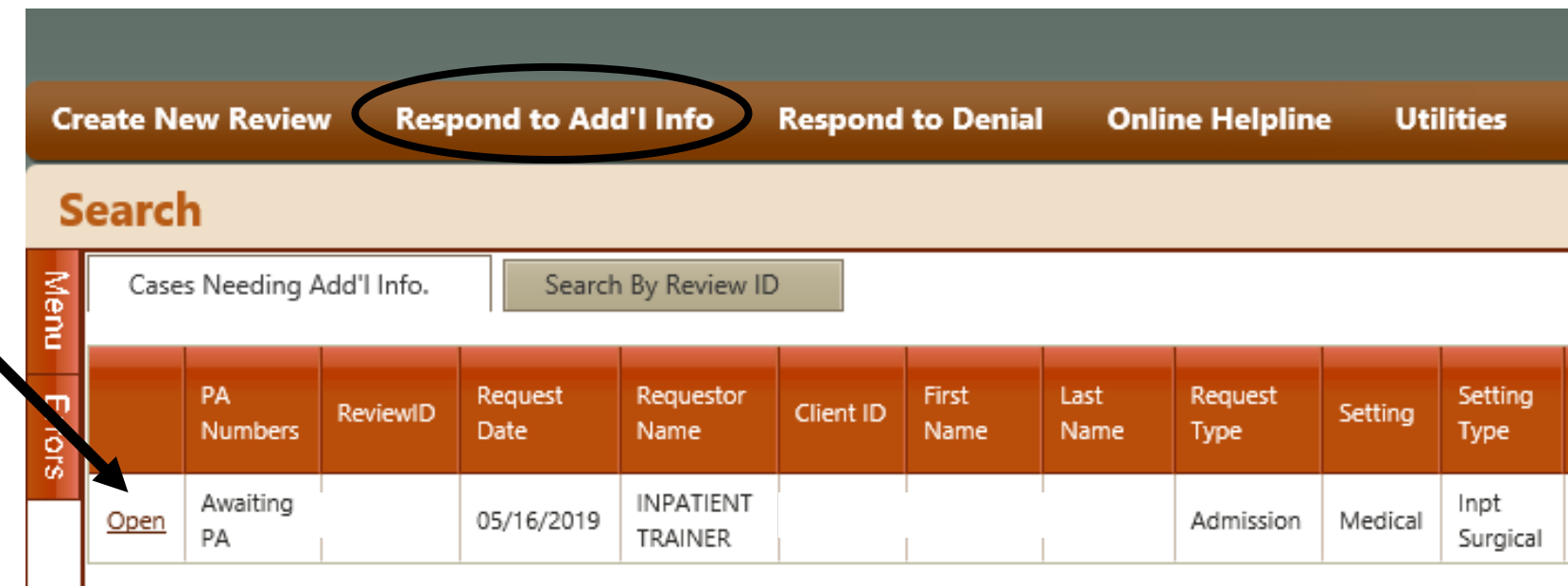
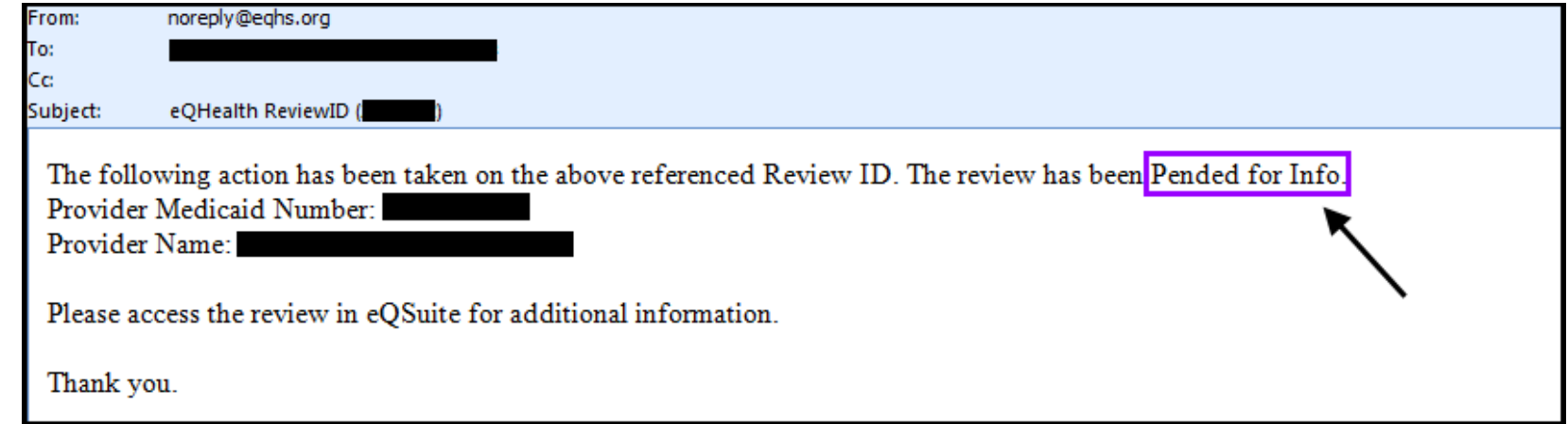
Benefits of the SMART review is that Providers may receive Immediate medical necessity approval!

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.



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 displays the eQSuite interface. At the top, a navigation bar includes tabs for '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 this is the 'Letters Search' section, which has a sub-menu with 'Completed', 'In Process', and 'Reconsiderations' tabs. 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 has a sub-menu with 'Menu' and 'Errors' tabs. The 'Errors' tab is highlighted with a red box. Below the 'Errors' tab, there is a table with the following data:

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 (i.e. - if the service date has passed from your original review and you want to modify the # of units, you will need to submit a brand new review request for those additional units). You do not need to cancel your original review.

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 of the form 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. Below the form is a "Q&A History (Last 30 Days)" section with a table header "Question/Response". The first entry shows "Ticket # 600009 | Receipt Date: 3/10/2020 7:16:14 AM | Response Date:" followed by a "Question:" label and the text "Please type in your request here.".

Provider Resources



eQSuite[®] User Guide: Step by Step Guide of the review entry and functions within eQSuite[®]



ColoradoPar.com: Provider Training Material



→ HCPF Synagis[®] Provider Bulletin

Live Demonstration

Questions?



CONTACT US

Customer Service

Phone: 1-888-801-9355

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

[*co.pr@eqhs.com*](mailto:co.pr@eqhs.com)

Or

Online Helpline via eQSuite®

For more information please visit

[*www.coloradoPAR.com*](http://www.coloradoPAR.com) - *Provider Resources*

For HCPF Policy Questions

[*HCPF_UM@hcpf.state.co.us*](mailto:HCPF_UM@hcpf.state.co.us)

Thank You!