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

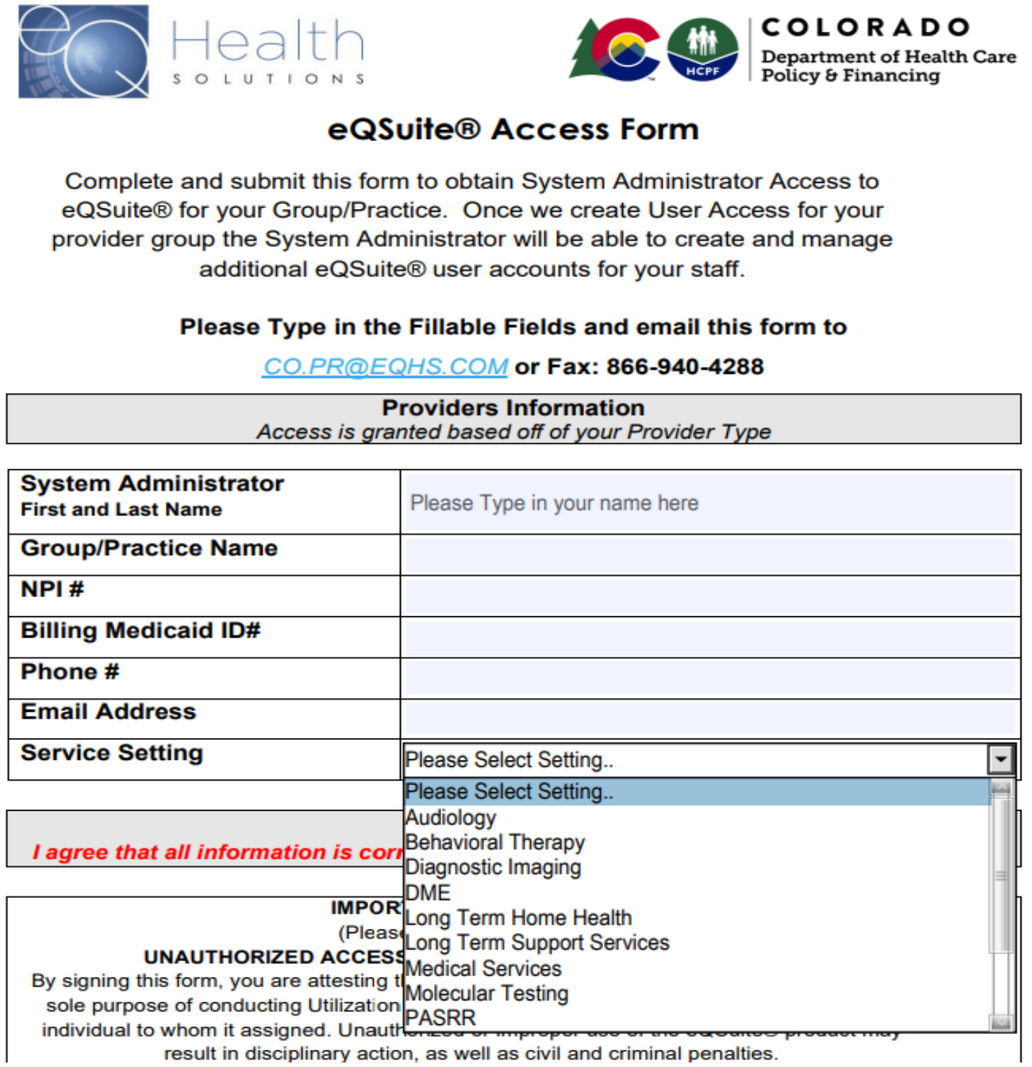
New Users:

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 *Access is granted based off of your Provider Type*	
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..

Please Select Setting..
Audiology
Behavioral Therapy
Diagnostic Imaging
DME
Long Term Home Health
Long Term Support Services
Medical Services
Molecular Testing
PASRR

I agree that all information is corr

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UNAUTHORIZED ACCESS
By signing this form, you are attesting t
sole purpose of conducting Utilization
individual to whom it assigned. Unauth
result in disciplinary action, as well as civil and criminal penalties.

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:

<u>Approve</u> the service(s) as requested.

<u>Pend:</u> the review for additional information

Request for a peer-to-peer consultation with the ordering Provider.

<u>Render</u> 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

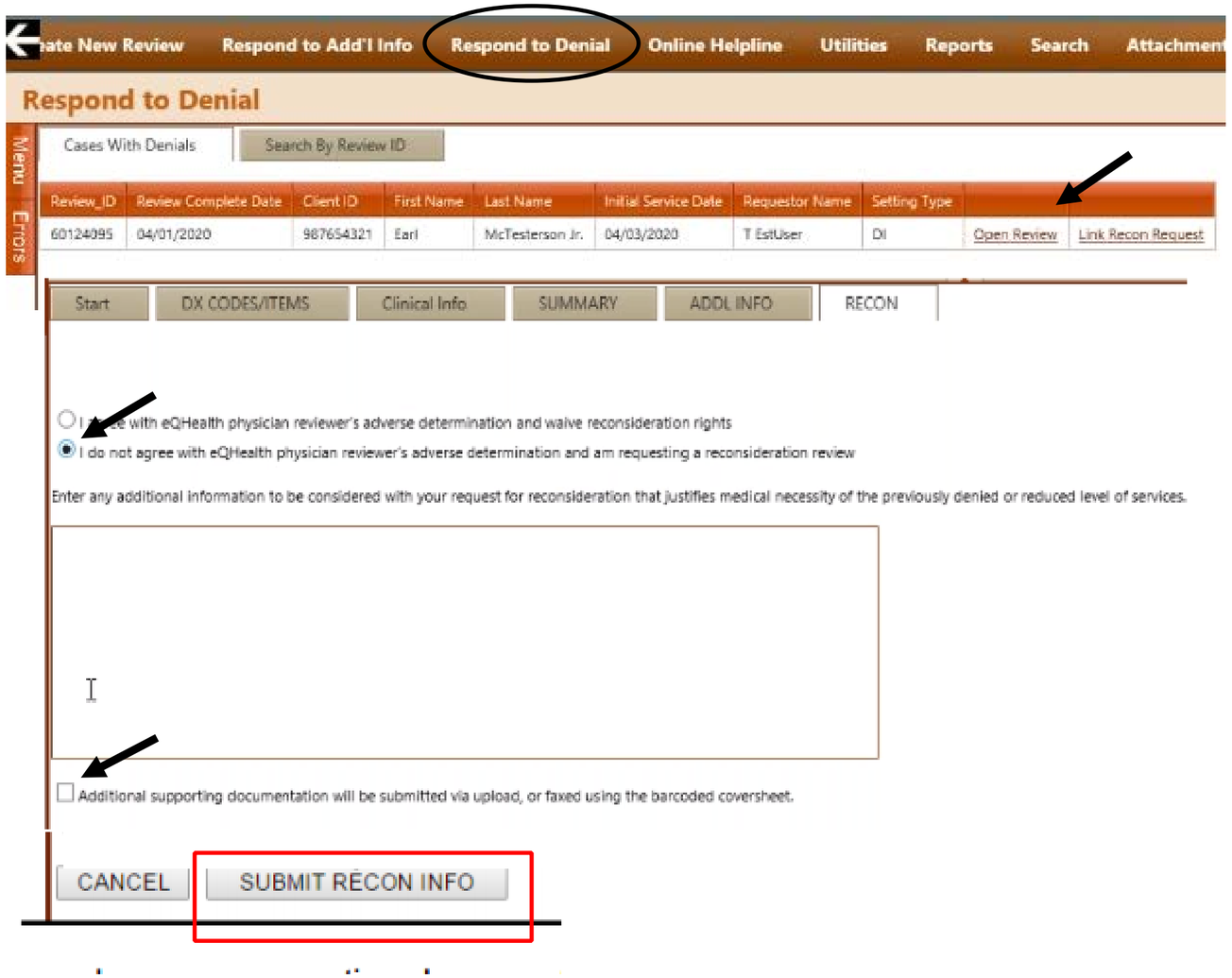
The ordering or treating provider may submit a request for a PAR reconsideration of an adverse determination within 10 calendar days.

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.



Starting a New Synagis® Request

Create New Review

Click on **Create New Review**

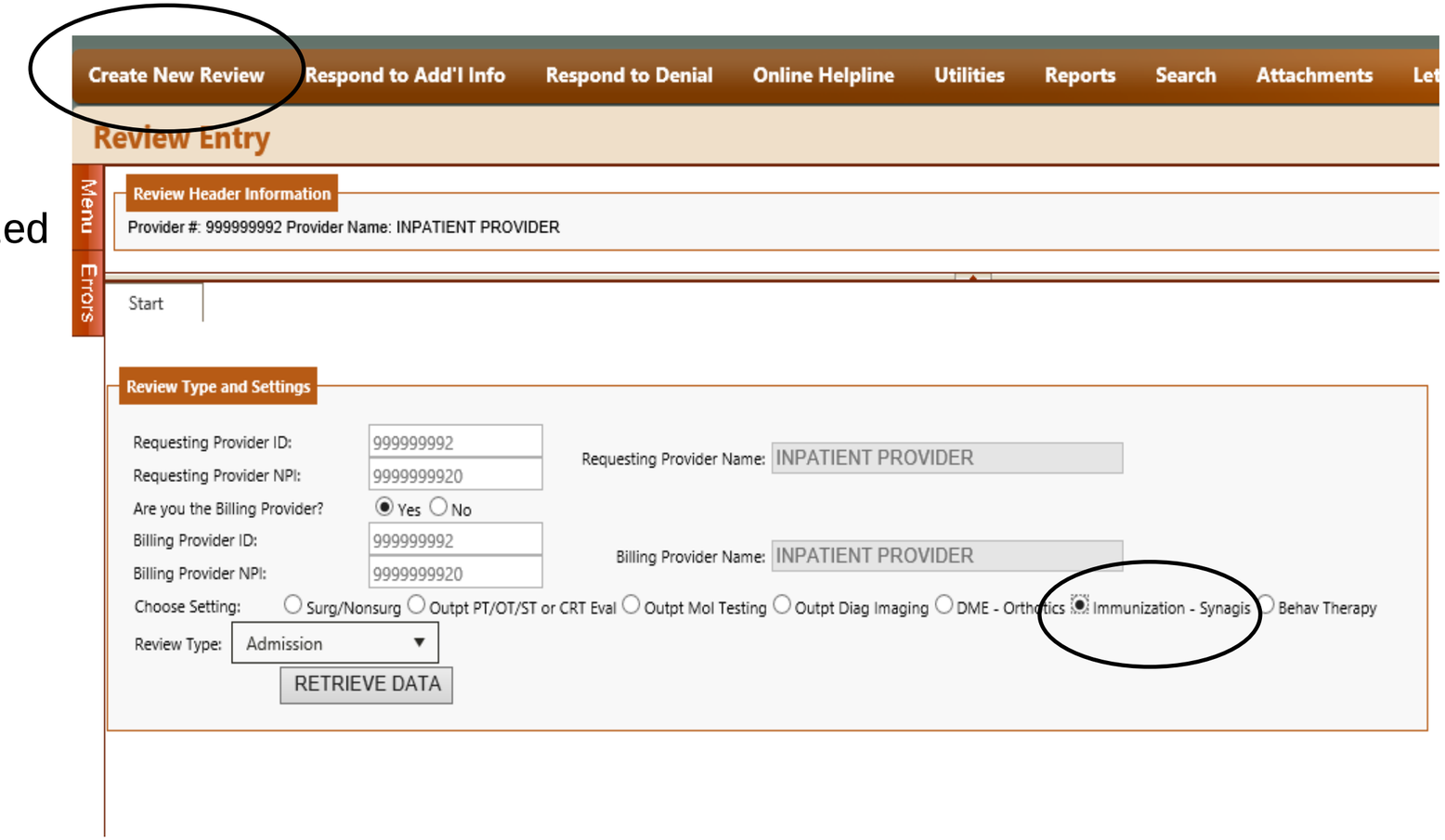
Requesting Provider ID: Will be Auto Populated

Are you the Billing Provider: Check Yes/No

Choose Setting: Select Immunization-Synagis

Review Type: Admission

Click **Retrieve Data**



Start Tab

Client ID: Enter the Medicaid ID # for the Beneficiary

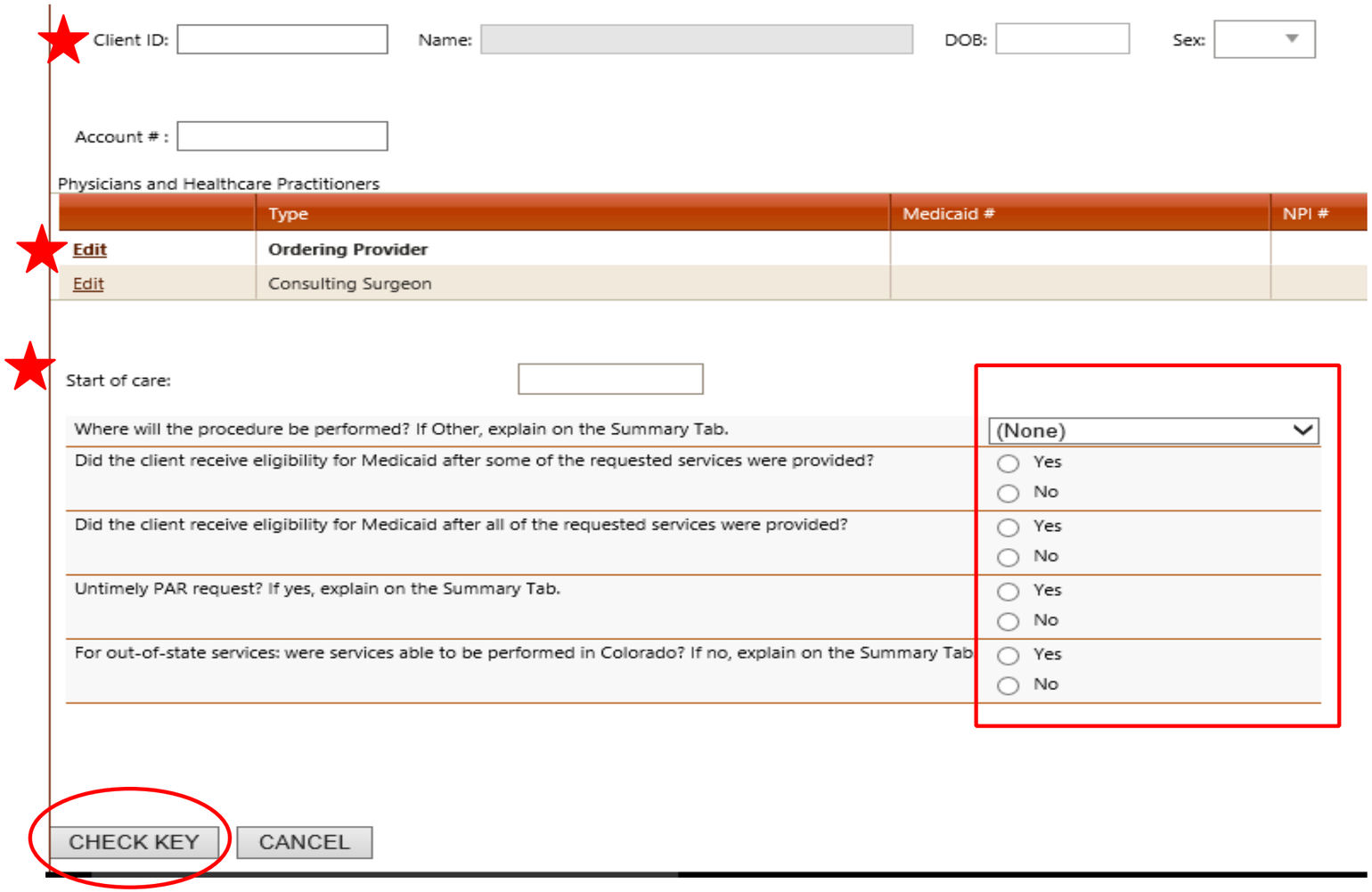
Physicians & Healthcare Provider: Click Edit and Enter the Medicaid ID # for the Ordering Provider

Start of Care: Enter the date for the service

Select the Place of Service: Choose appropriate Drop down

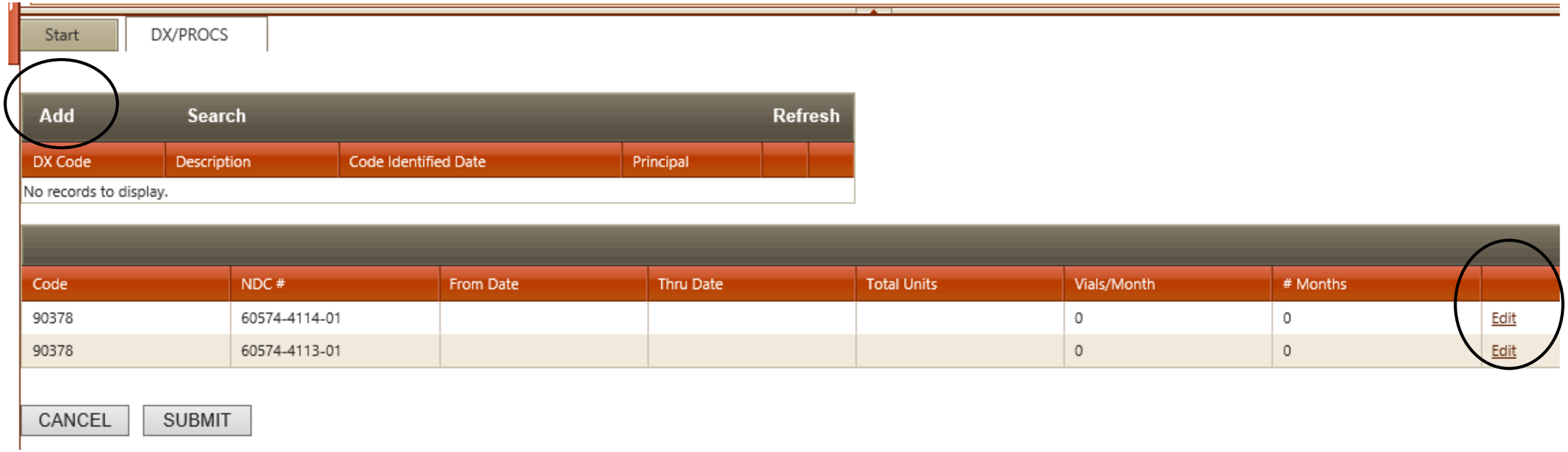
Answer Series of questions: Yes/No

Click **Check Key**



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/PROC

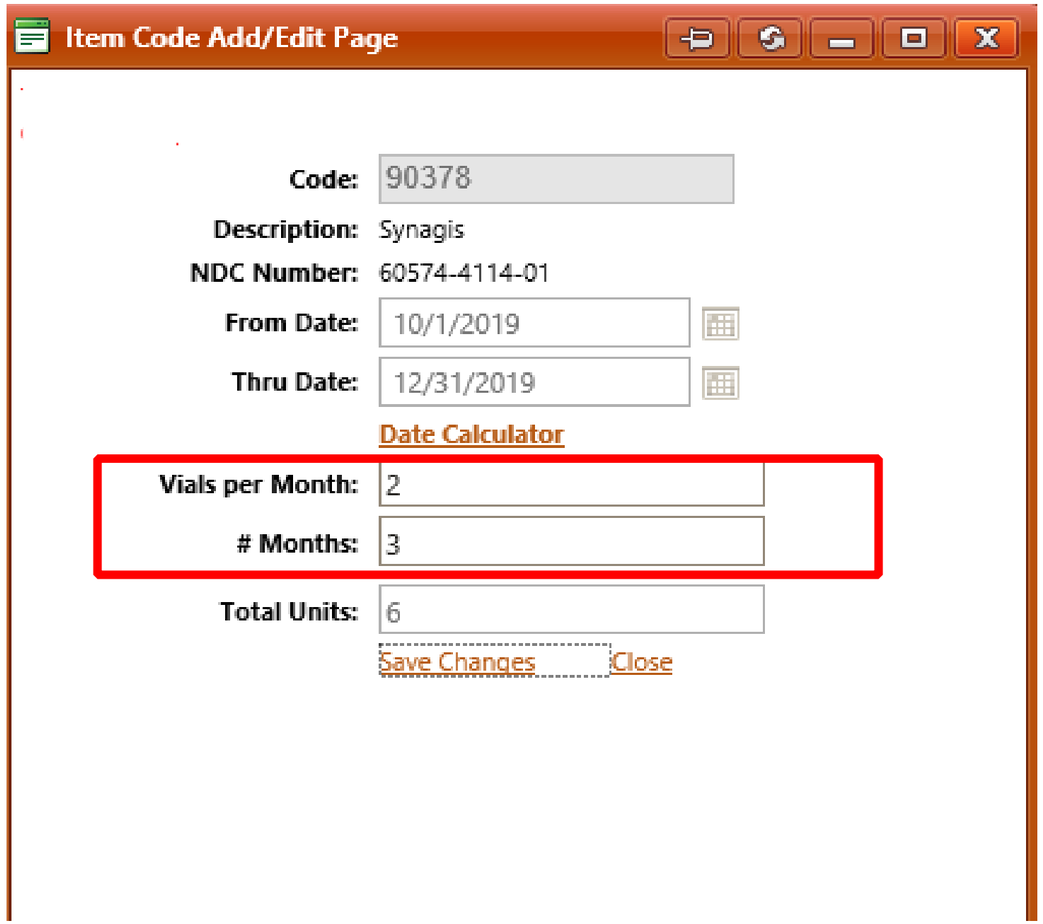
"The From" date will auto generate with the Start of Care you entered on the start tab

- 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"



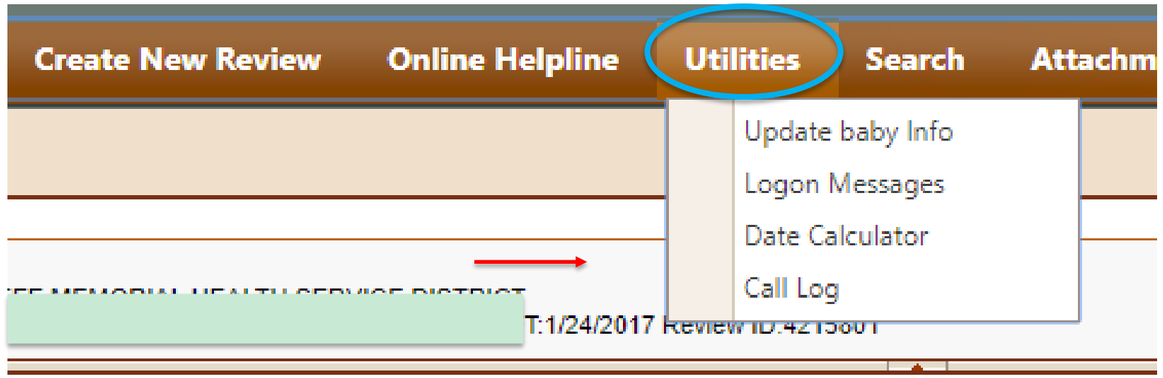
Date Calculator

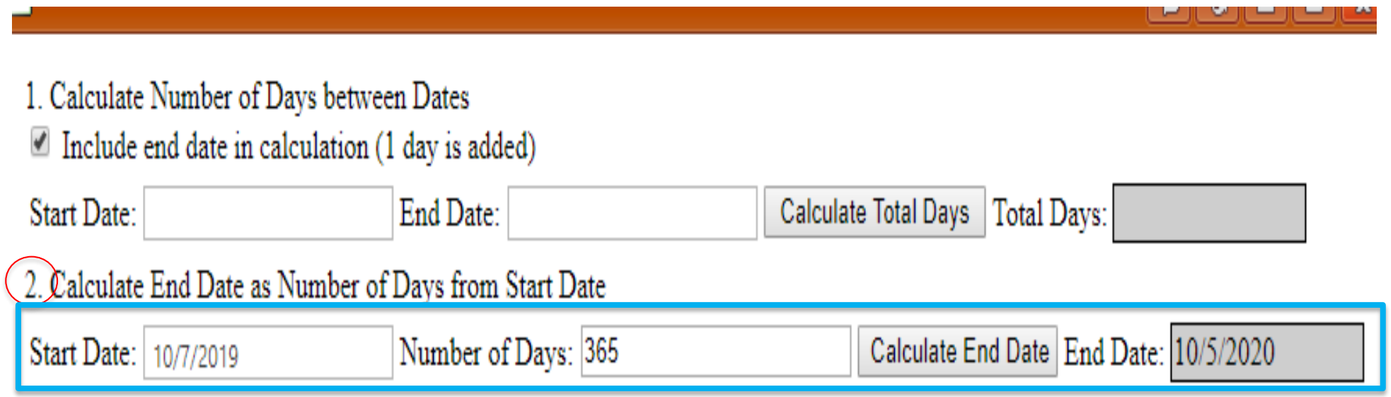
You can access the Date Calculator 1 of 2 Ways. On the “Utilities” Tab from your Menu Bar Or on the Items Tab.

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.



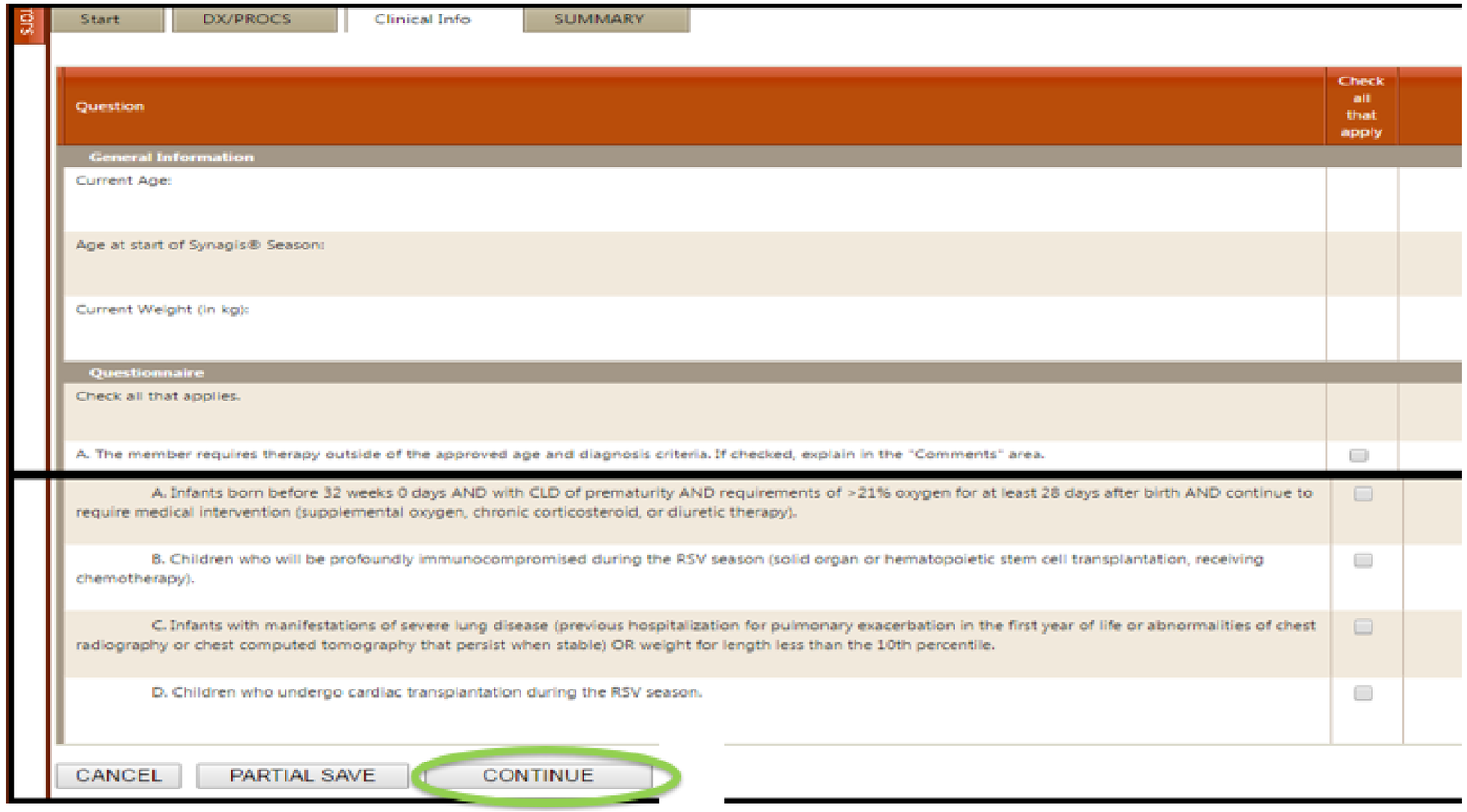


Clinical Info

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”



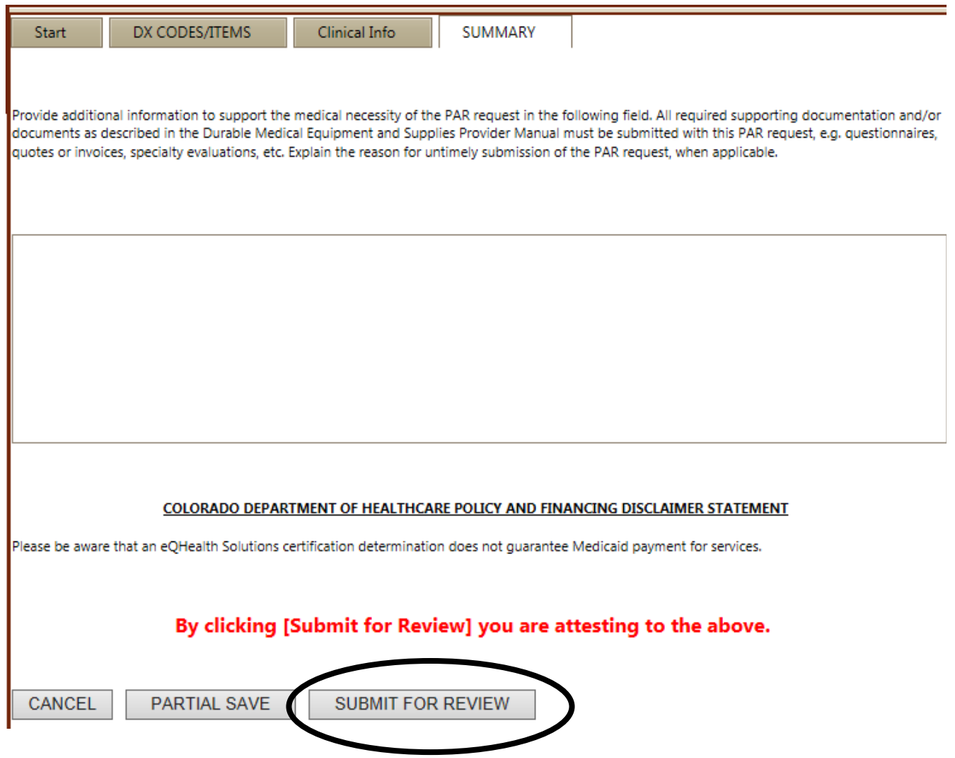
Summary Tab

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.



Uploading/Faxing Required Documentation

- eQSuite® will generate a Review ID# once your request has been successfully submitted.
- Once you click **“Link Attachment”, y**ou 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.

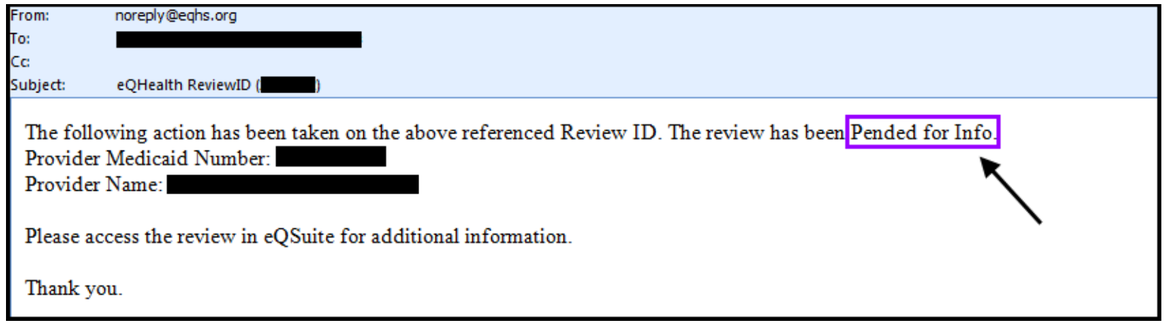
Benefits of the SMART review is that Providers may receive Immediate medical necessity approval!

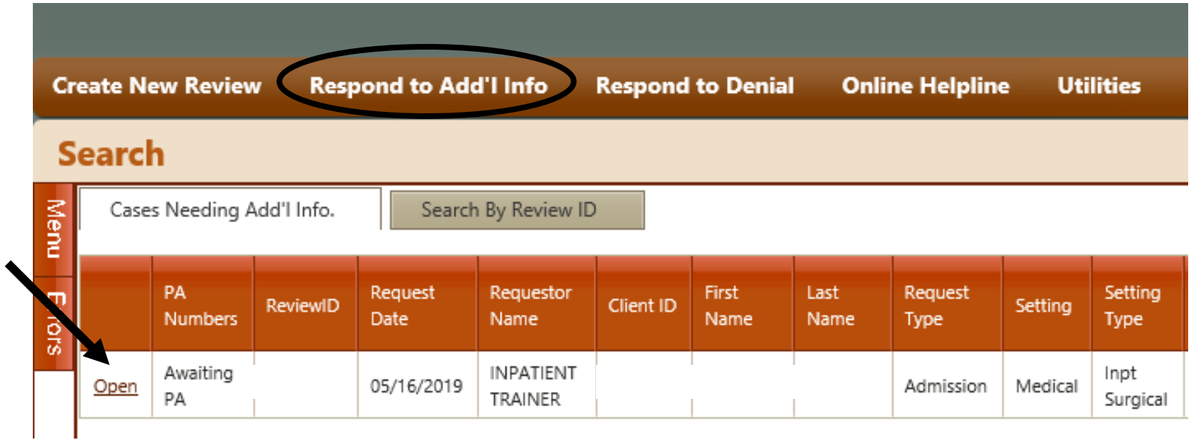
Pended for Info

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.



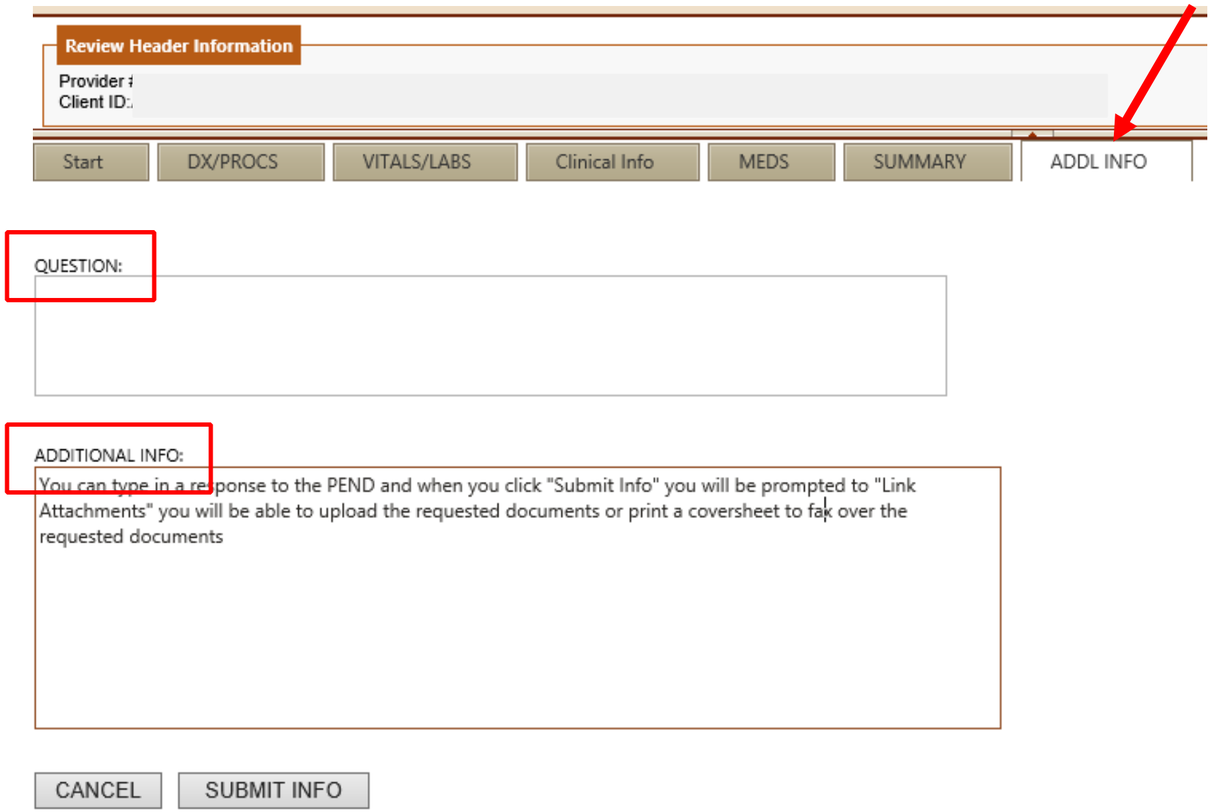


Responding to Pended Info request

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.



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

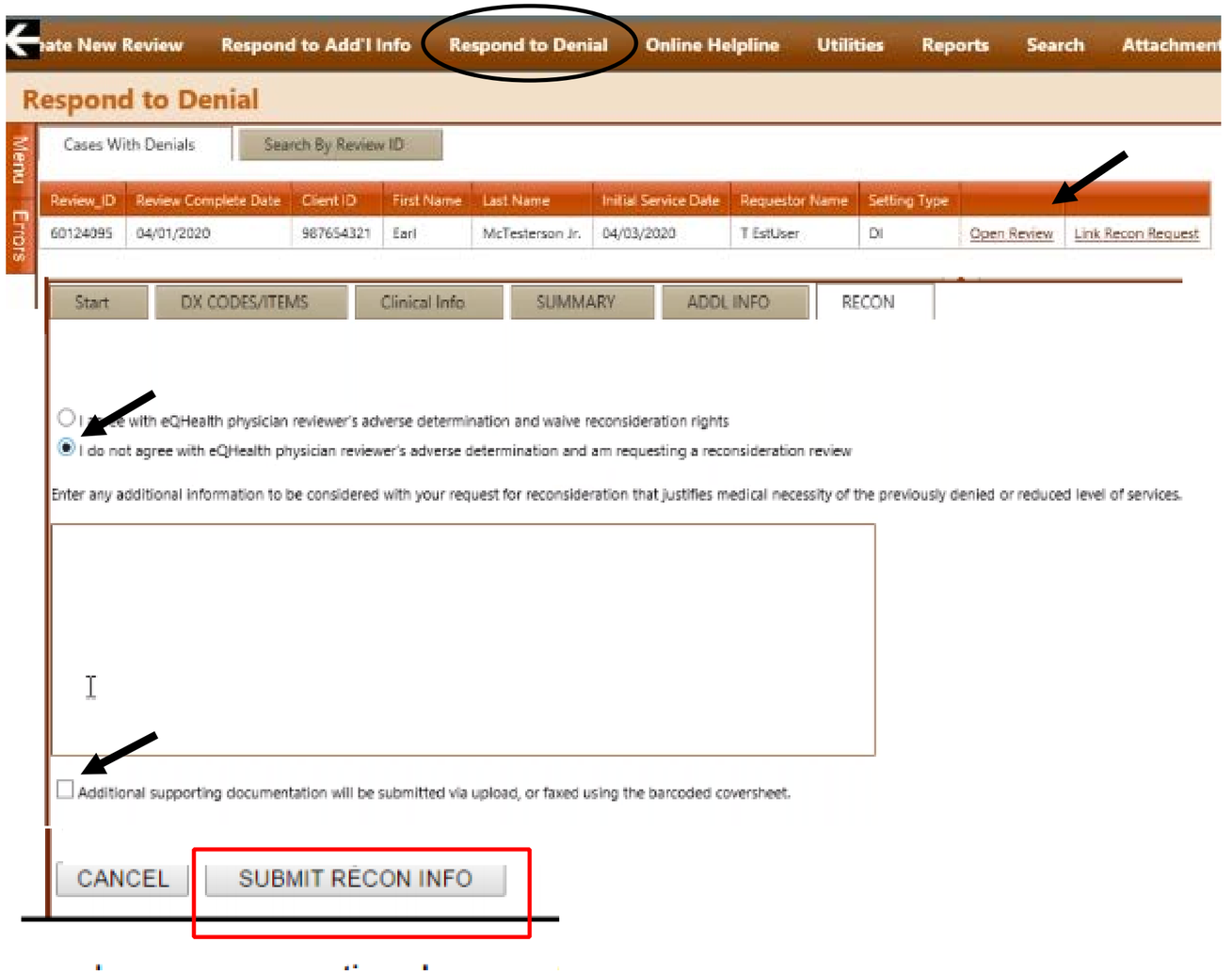
The ordering or treating provider may submit a request for a PAR reconsideration of an adverse determination within 10 calendar days.

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.



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*

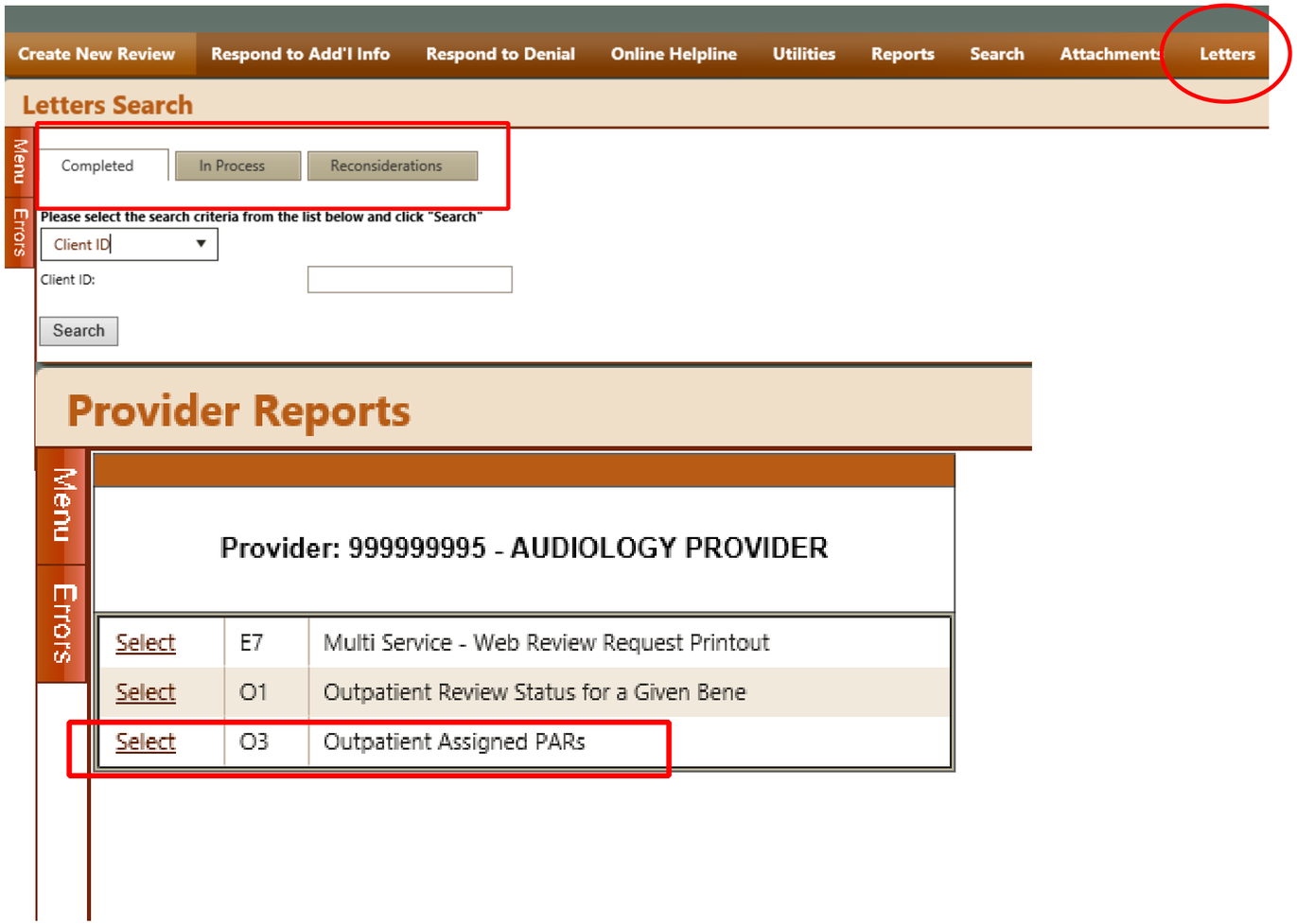
PAR#s/Letters

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



PAR Revisions/Corrections

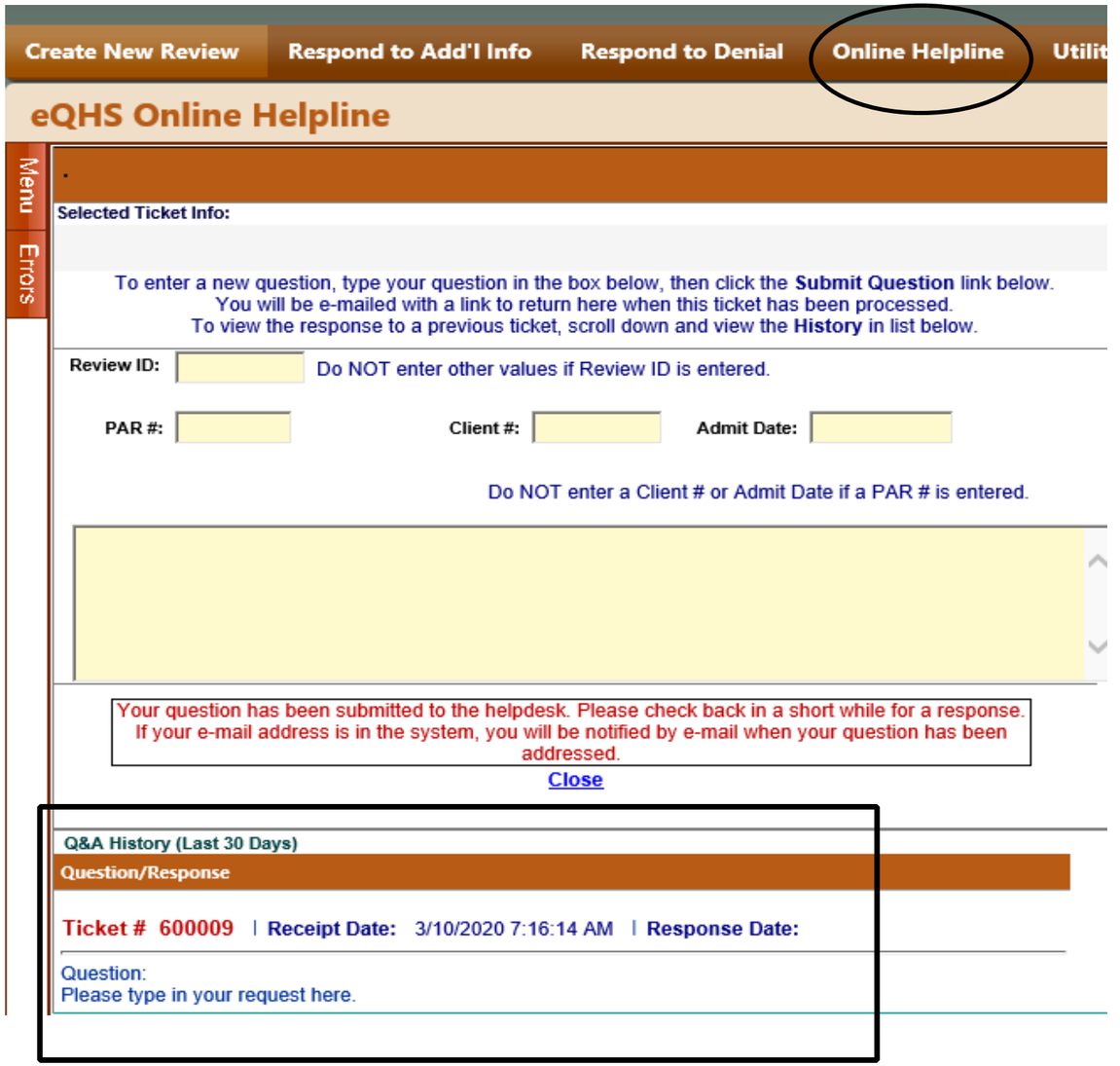
Submit a Helpline Ticket:

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.



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

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!