



COLORADO
Department of Health Care
Policy & Financing

System Overviews 2.1 and 2.2 FAQ¹

Accessing Training Materials and Kepro Atrezzo Registration Information

All providers please visit <https://hcpf.colorado.gov/par> and then, to access training materials, please click on the green box titled "eQ to Kepro Transition Information" and to register for Kepro's provider portal, click on the green box titled "Kepro PAR Portal Registration".

Do you know if System Administrator training will be offered as a recording? The recording for System Administrator training may be accessed [here](#).

I attended the System Admin overview but haven't created an account yet. Where do we get our "Provider Registration Code"? The Provider Registration Code is the associated billing/rendering/servicing provider's Colorado Medicaid ID#.

Where are the training materials located? All training materials and presentations will be posted on the [HCPF PAR website](#).

Will there be a user's manual available for a reference? Yes. The User Manuals will be posted to the [HCPF PAR website](#).

When will we be receiving our log ins? Your provider group administrators can begin registering for the system beginning 4/1. They will provide you with your login information.

What requires a PAR?

Are we still supposed to be using the Medicaid Prior Auth list to check CPT codes that need authorization, or will that change as well? The list of codes that will require a Prior Authorization continue to be found on the Department's current fee schedule.

Do you know when a PAR will be required for Pediatric Long Term Home Health? Please refer to the most recent [Provider bulletin](#) that has the latest information on pediatric long term home health.

Will you be demonstrating how to request approval for medications? That will be covered in our PAD training sessions to be held at a later date.

¹The 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.

Submitting Clinical Documents to Kepro/Attaching Documents to a PAR in Atrezzo

Can you scan documents under one file to attach or will it be too large? When uploading documents, there is a file size limitation of 4MB. You will not be able to upload a Zip file.

We are always loading 8mb files, how do we work around the 4mb limit? You will need to split documents into smaller files no larger than 4MB each.

Are the documents needing to be a certain type Like PDF, TIF, JPEG. Yes, the document types will need to reflect doc, docx, jpg, jpeg, mdi, pdf, tif, tiff, xls, xlsx, or xps.

When a patient has multiple requests how will we know we are choosing the correct request to attach the clinicals? If you have several codes requested, and the same clinical attachment will pertain to all the service codes requested, you can add a note telling us the documentation is for all service lines requested.

We need to be fax exempt how do we do that? Fill out the Fax Exemption Request Form found under “Forms” on the [ColoradoPAR](#) web page.

Are you able to submit without documentation? if so, how would you be able to go back and attach it once you have the documents. When submitting request to Kepro for PAR please attach/upload your supporting clinical documentation for medical necessity review. You may keep the case in saved-but-not-submitted status until you are ready to attach documentation. You may go back to a case and attach additional information at any time, including after the case is submitted. Open the case, and expand the Attachments ribbon and then the Documents section and uploading your supporting documentation.

When we're attaching items, we'll use the case ID? You will attach documents directly within the case. You can search for the member's case using the Case ID number, or Name and DOB.

Can medical records be faxed? We strongly recommend you upload documents into the case when submitting the PAR; however, you can fax clinicals to be added to the case if necessary.

Should clinical notes be submitted as "attachments" or "documents"? Open the Attachments ribbon, then open the Documents ribbon underneath that to upload clinical documentation.

Will we ever be able to answer clinical questions and get an "auto approval." There will be auto authorizations.



Would you upload the same file twice if it supported more than one CPT? All documents are attached to the case they are submitted with, regardless of the number of lines. It is not necessary to submit a clinical document more than once for a case.

Entering Cases/Procedures/Modifiers/DOS/Units/Frequency

Is there a way to submit an urgent PAR? Is there a place to mark Urgent request? Expedited and/or Rapid reviews should be identified by the Request Type during the case submission process.

Will the system automatically save PAR if session was timed out? Yes. It saves automatically where you left off.

How do you save a PAR instead of submitting it? During the case creation process, the information entered is saved as you go. This will allow you to save your entry and return later to complete submission.

How do I add a modifier to a CPT code? If a modifier is required, there is an area on the Procedures ribbon (Request/Review) that allows you to add the modifier(s). You will need to enter the appropriate modifiers as you currently do if the code requires a modifier.

Is the Consumer ID the same as the client's Medicaid #? Yes. In Kepro's Atrezzo system, the Consumer ID is the same as the Member's Medicaid ID.

Is there a service type for vision providers? Yes. Under Service Details, select Vision Care as the Service Type.

Will requesting and servicing always be the same? The servicing and requesting provider will default in the system to be the same. You can edit to change the servicing provider information as needed based upon who is billing for the services.

How many specific treatments/service lines can you put in? There is not a limit on how many lines you can enter.

Are the CPT codes populating only those which require PAR? Any request for a member under 21 does NOT restrict the submission to the specific codes requiring PAR. If the member is 21 or older the system will message you that the code does not require a PAR.

What is the Unit Qualifier option? Is duration always going to be in days? Unit qualifier allows you to say if it's units, visits, etc. You can select units separately from the date span. You may choose days, weeks, etc. The date of authorization is



independent from the requested units in the system. You will be able to request the appropriate number of units for your requested timeframe.

Is the servicing provider the surgeon or the hospital? Servicing provider is typically the practice/provider office or the billing NPI you would place on the claim.

What service type would you use for ABA? I saw Pediatric Behavior Therapy (PBT). Is that the best option? ABA falls under PBT so that will be what you select.

Will the questionnaire portion be a requirement for only certain PARs? Does the questionnaire section allow for clinical info to be put in or do we just need to upload clinical records? Some request types will have required questionnaires associated with them. This is usually asking specific member information about history, prior treatments, etc. You should still attach related clinical documentation to support the responses in the questionnaire.

What start and end date do we enter for DME? We currently do a year less one day. When submitting request for DME PAR's the date span should not exceed 364 days.

Are there specific notes you are looking for when we attach documents? Please refer to the benefit specific billing manuals found [here](#) for information on PAR requirements. There are additional benefit-specific trainings regarding the requirements for each service type; please visit the [ColoradoPAR](#) website for additional information.

How do we enter in HCPC Codes? HCPCS/CPT codes should be entered under the procedure(request) ribbon.

Is the Requested Duration the number of units needed? The requested duration is the length of time requested for the PAR. This would be different from the number of units requested. Dates of Service/duration and units will be added in the procedures (request) ribbon.

If 2 providers are requesting the same testing - how will Atrezzo handle this? Can one facility just request that the servicing provider be changed? If two providers are requesting the exact same test for the same member and same date of service but at different locations, the system will allow both requests to be submitted. If all information is exactly the same, including the same location, the system will flag as a possible duplicate request. Should a change in provider be needed, there is a process and [Change of Provider Form](#) for this type of request.



COLORADO
Department of Health Care
Policy & Financing

Timeframes for Submission and Review

Do we still have to wait a day to get auth number? Auth Numbers will generate within 1 business day after the determination.

How long will the review take for regular request and emergency? How quickly will approvals and or determinations, denials, etc. take? Please refer to the Department communication found [here](#) for information on review types and turn around times..

How long can the period be for request start and end date? That depends upon the service type; please refer to the [benefit specific billing manuals](#), benefit specific trainings, and provider manual for details.

What is Kepro's timeframe for requesting retro auth on a code? i.e., a therapist bills a code that has not yet been requested/approved? Turnaround time will depend on the service type and review type. You should submit your PAR request prior to providing services, in most cases. Retrospective PARs are available when the member's eligibility occurs after the first DOS, with a copy of the Load Letter submitted with the request. Other allowances for retroactive requests are listed in benefit-specific trainings and in the Provider Manual. Retro auth rules will continue to follow the current CO PAR rules. If it is an urgent, expedited, or rapid request, the portal allows for the provider to make the request that way.

Therapy auth has only been required after the initial 48 units have been used and additional therapy is required. Is this changing? This is not changing. Submit a PAR for units over 48 prior to completing the 48 units and providing the 49th unit.

eQHealth to Kepro PAR Transition Information

Is Atrezzo is same as Kepro? Atrezzo is Kepro's proprietary case submission application where Health First Colorado Providers will submit PARs beginning 5/1/21.

Will this replace the Medicaid website, and do we have to do "create case" on all patients or only codes requesting PA which is currently in Medicaid website? This will not replace the Medicaid website. You will submit PARs as required by HCPF rules and guidelines. You will submit PARs through Atrezzo beginning on 5/1/21.

Will all our EQSuites PARs expire in May now? Will we have to re-authorize everything? Prior Authorization Requests (PARs) submitted to eQHealth Solutions Inc. on or before April 30, 2021, that have been reviewed by eQHealth Solutions, as well as any approved PARs that have end dates on or after May 1, 2021, will remain valid until the PAR expires so providers should be able to



submit claims for services as appropriate. eQ Health is currently completing authorizations with dates of service through 5/7/21. If you have a request that has a start date of 5/8/21 or later, you may submit those to Kepro beginning May 1st.

If we have an auth done through eQHealth and it needs corrected after the 05.01.21 date, would it be loaded into Kepro for us to change them? After 05.01.21, will we have access to EQHealth to correct ones that were approved by them? Transition Timeline information is available on [here](#). Providers may submit a request for a reconsideration and Peer to Peer to eQHealth Solutions through May 17, 2021. The last date to submit a correction or helpline ticket to eQHealth will be May 21, 2021, and the last day to contact eQHealth Customer Service will be May 28, 2021. Kepro will have access to historical PAR data from the last three (3) years, but the information and documentation will not be available to providers. Providers will be able to submit a form to Kepro to make a modification to a PAR that was approved or partially approved by eQHealth Solutions.

All of the following is needed to request a modification:

- eQHealth Solutions PAR number
- Member demographic info (member name, member ID)
- Details of the modification request (add units, change end date, add or change units/modifiers)

The detailed process for modifying eQHealth Solutions PARs and the PAR Modification form will be located on the [ColoradoPAR: Health First Colorado Prior Authorization Request Program web page](#). Access to any information in eQSuite® such as PAR letters will not be available after May 31, 2021. Please ensure that any needed documentation is downloaded and saved from eQSuite® prior to that date.

We are wondering what is going to happen with the Authorizations that we have requested in EQ suites? If we have any pending requests that have NOT approved with eQSuite on or after 05/01/21, will we need to resubmit these requests on the Atrezzo portal? If you submitted a PAR to eQ prior to 5/1, eQ will review the PAR if the start date on the PAR is prior to 5/8.

Any PARs that we will have to start with you - will it be admission request, or we can continue as ongoing treatment? For PARs needing continuation beyond 5/1, submit a new PAR to Kepro, along with a note stating this is a request for continuation of an existing PAR and the exiting PAR number for reference.

Revisions/Reconsiderations/Peer-to-Peer

What were the 3 points you needed to include in the note section for Peer-to-Peer review? The note must include who is requesting the peer to peer (Ordering Provider), 3 dates and times that provider is available, and provider's contact number.



How will a provider know which of the 3 supplied peer-to-peer requests has been scheduled? Once you supply 3 dates/times that your provider is available for peer to peer, for providers who are using the portal, we would confirm the date/time of the Peer to Peer in the message center. For any facility that is fax exempt per CO HCPF, we will telephone to confirm the date/time.

Do you need to do a reconsideration before a peer to peer or can you go straight to a peer-to-peer review? The ordering provider may request peer-to-peer for medical necessity denials without requesting reconsideration.

If we click the wrong service type, would it be denied? If there is a provider and service type mismatch, you will get an error message telling you to correct it. If there is no mismatch, the request will be reviewed and if clarity is needed, a clinician will request the additional information needed. You can always go back in and correct the information through the portal.

Do we need to get a new auth if services are not provided within the par dates? Can we add an extension, or do we need to submit a new PAR if patient has not completed the service? If you know the dates will change before the PAR expires, you can request a modification of the PAR. If the PAR has expired, you will need to request a new PAR.

Can an additional note be added, or can they only be added once? Yes. You may add additional notes or documents at any time.

Can you adjust an approved authorization after that fact if location changes? Can you change the servicing facility if patient wants to go to a different facility once submitted? For cases originally completed by Kepro, changes of provider when a member has a current and active PAR with another provider may be requested by submitting the [Change of Provider Form](#). If the change is for a PAR originally completed by eQHealth, you will submit the [eQHealth PAR Change Request Form](#) to Kepro.

Can you delete/void a request? Yes. Do this by placing a new note in the case requesting void.

Can you update a PA after it has been submitted? Like if you forgot a CPT code. If you need to add and additional code directly following case submission you will need to access the request and place a note under the communication section, requesting for the additional code, units and DOS to be added/revised.



COLORADO
Department of Health Care
Policy & Financing

Viewing Case Status/Emails/Messages

Is the case ID also the PAR number? Each request for Prior Authorization entered via the Portal will receive a Case ID which is considered your reference number. This is NOT the PAR #. The PAR number is generated after successful entry of your Prior Authorization Request. The PAR# is provided after the clinical determination is made and is generally available the next business day.

What if you are submitting for a provider instead of the actual provider, are we able to get those messages? You will be able to see messages for cases submitted if you have access to that Medicaid ID/NPI# and that Medicaid ID/NPI# is listed as the requesting and/or servicing provider.

How are we notified when request has been approved? You will receive email notification advising Case status change and Notification will be provided via the message center. You will be able to view ALL case information, if the requesting and/or servicing provider NPI number associated with the request, is also registered to your account.

Do we get email notification for Message Center? Providers will get email whenever there is a change in case status, including if we are requesting additional information.

Can others open the case #? if they are looking for the approval? Will the messages show for all providers at the facility or just for the provider who started the request? Others in your provider group who have access to that Medicaid ID/NPI# and that Medicaid ID/NPI# is listed as the requesting and/or servicing provider, will be able to see those cases.

Will we receive an email or message once requests are approved or denied or will we have to go in and look them up 1 by 1? Emails are sent any time there is a status change.

If we submit a request and do not write down the case number is there a way to find it after the submission? Yes, you can view all your submitted cases by searching on the home screen or you can search by member ID or name/date of birth combination.

Is the "submitter" the person who submits the case or the person who starts the case? Our insurance verification usually starts the case, but case management finishes it. Multiple departments may follow the case to conclusion. Users having access to the Medicaid ID/NPI# under which the case was submitted will have access to the case.

Will facilities be able to view cases on the portal? Once an account is set up under a facility NPI as the billing facility, they can view related cases.



COLORADO
Department of Health Care
Policy & Financing

Will we receive an email when a determination/request is made? Does the message sent email to our work email or do we have to be logged in to see the message? When a status change or determination occurs, the system will send an email. It will go to the email associated with the user who submitted the request.

Is the communications section updateable after submission? After submission, you will always be able to add an additional note, as needed.

Can we search by patient ID number to query for all requests that were submitted for a patient in the past? Within Atrezzo, providers have the ability to complete a case search, that can be filtered and sorted, to provide a complete listing of all cases that fall within the parameters they've identified in the search.

Does the portal keep the case ID numbers or we must keep them? You must keep you case ID if you want to retrieve a case that way but you can search by member ID or name + date of birth combination.

Will we receive a confirmation email with the case id? You will receive email notification advising a case status change (including Case ID number) and notification will be provided via the message center.

Can these requests be printed to pdf or screenshot, so we can upload the request info into the patient's chart? Yes, you can take screen shots for uploading into member/patient files.

Where do we access the PAR number? At the case level, at the top of the screen, below the member's name. It is worded as SRV AUTH.

Are messages user-dependent? No, everyone within the group can see all messages. You will be able to view all case information, if the requesting and/or servicing provider NPI number associated with the request, is also registered to your account.