Acentra HEALTH

On behalf of

HEALTH FIRST COLORADO

PRTF/OHIRT and QRTP Benefit Specific Training

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Table of Contents

COLORADO
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CNSI + Kepro

Acentra HEALTH

In 2021, Kepro was awarded the Department of Health Care Policy and Financing (HCPF) contract for Utilization Management and Physician Administered Drug (PAD) review.

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

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

In addition to UM review, Acentra Health will administer or provide 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

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Scope of Services

- Audiology
- Diagnostic Imaging
- Durable Medical Equipment
- Inpatient Hospital Transition (IHT)
- Long-Term Home Health
- 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
- **Psychiatric Residential Treatment Facility (PRTF), Out of State High Intensity Residential Treatment (OHIRT),and Qualified Residential Treatment Program(QRTP)**

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Acentra Health's Services for Providers

- 24-hour/365 days **provider portal** accessed at: atrezzo.acentra.com
- **Provider Communication and Support** email: coproviderissue@acentra.com
- Provider Education and Outreach, as well as system **training materials** 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

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Provider Responsibilities

- Providers must request Prior Authorization for services through Acentra Health'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

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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
- The generation of a Prior Authorization number does not guarantee payment

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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
  - *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

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PAR Submission: General Requirements

- PAR submissions will require providers to provide the following:
  - Member ID
  - Name
  - Date Of Birth
  - Rev and CPT codes to be requested
  - Dates of service(DOS)
  - ICD10 code for the diagnosis
  - Servicing provider (billing provider) National Provider Identifier (NPI) if different than the Requesting provider

https://hcpf.colorado.gov/par

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Timely Submission

- A detailed step by step process for submitting both outpatient and inpatient requests can be found in the provider training manual at hcpf.colorado.gov/par

- Timely Submission means entering the request before services are rendered and with enough advanced notice for the review to be completed.
  - 14 days of treatment are allowable before an ESA must confirm medical necessity. If the ESA confirms the level of care, 30 days of treatment do not require further authorization. AFTER that, providers must request a PAR with enough advanced notice for a review to be completed before that 30 days of treatment elapses.

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Review Timeline

Timeline for Residential PRTF/QRTP/OHIRT

Day 1	Day 2-4	Day 3-6	Day 4-7	Pended Cases
Submission date	Case Reviewed • Approved • Pended • Sent to Peer Review	• Case Determination • Case Pended for 5-7 days	Case Finalized and notification sent to provider	Additional Information reviewed within 2 days of receipt

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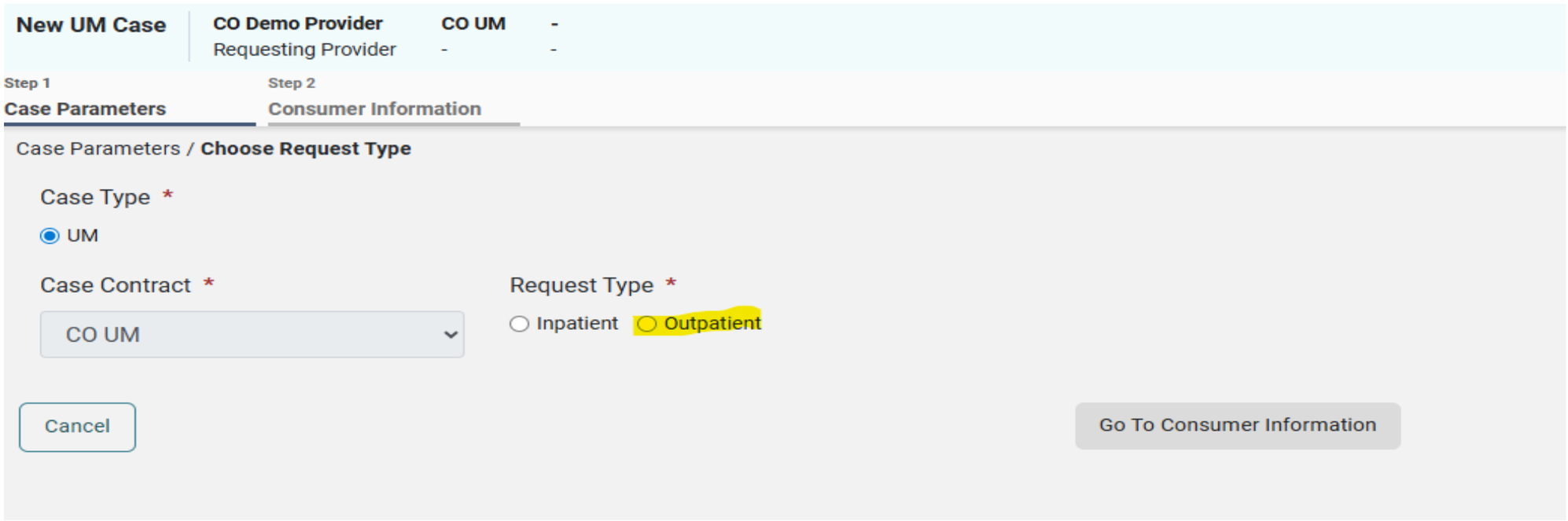
Portal Submission Guidance

- When submitting for PRTF/OHIRT or QRTP it is important that you select OUTPATIENT from the “Request Type”



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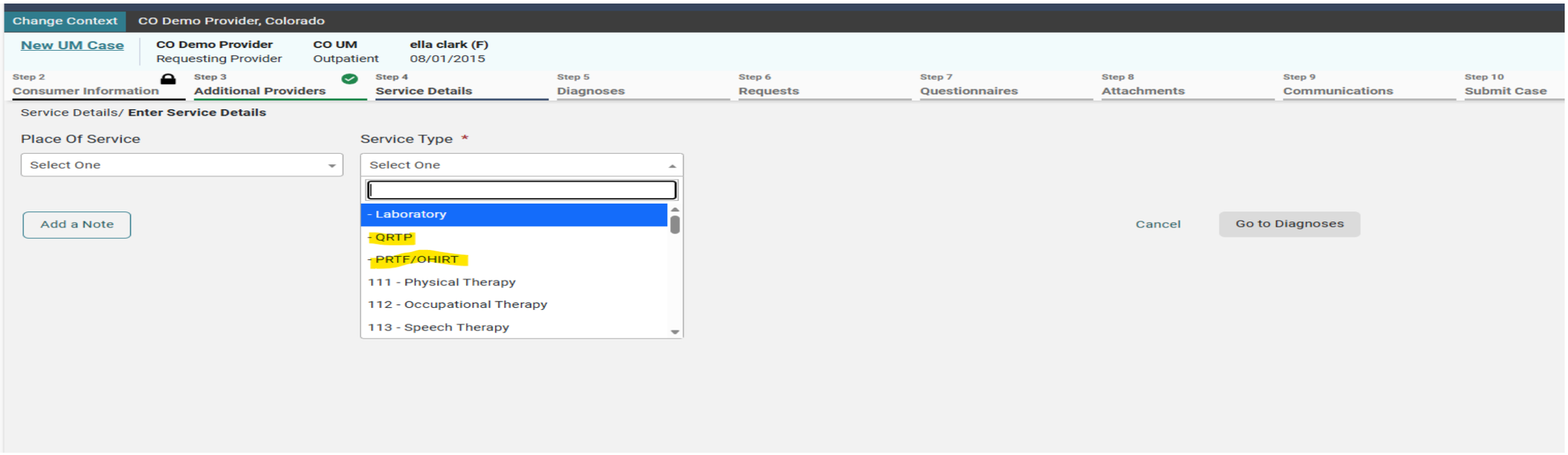
Portal Submission Guidance Con't

- You would then select either QRTP or PRTF/OHIRT under the drop down.
- You can find complete instructions on how to submit a PAR request on the Colorado PAR Training page under Atrezzo Provider Portal Training https://hcpf.colorado.gov/ColoradoPAR-training



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PRTF, OHIRT and QRTP Definitions

- **PRTF Overview**
  - PRTFs serve youth aged 3 to <21 with behavioral health diagnoses excluding primary substance use disorders. They provide intensive psychiatric care under physician supervision.

- **OHIRT Overview**

  - **OHIRT's are out of state facilities that serve youth aged 3 to <21 with behavioral health diagnoses excluding primary substance use disorders. They provide intensive psychiatric care under physician supervision.**

- **QRTP Overview**
  - QRTPs serve youth aged 5 to <21 with serious emotional or behavioral health or disturbances, offering trauma-informed care and provide aftercare support for at least six months post-discharge.

- **Shared Care Features**
  - Both PRTFs/OHIRTs and QRTPs provide individualized therapy, family engagement, and case management tailored to youth needs.

Authorization Submission

- **PRTF/OHIRT Overview**
  - Code 0911
  - Unit = 1 day
  - Out-of-state providers may be required to use different codes
- **QRTP Overview**
  - Code H0019 must include modifier U1
  - Unit = 1 day
- Authorizations will not be permitted or extended past the day before the child's 21st birthday.
- All required documentation must be uploaded

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Authorization Submission con't

- If the ESA confirms the level of care, 30 days of treatment do not require further authorization.

- Concurrent reviews should be submitted 3-5 days prior to the end of the initial 30-day period or end of previously approved authorization

- Discharge: Once QRTP/PRTF/OHIRT is deemed no longer medically necessary, HCPF will pay up to 14 days of "transition time" at the QRTP or PRTF/OHIRT level of care, to allow time to get services/providers/other levels of care in place. Once those 14 days have elapsed, additional time will be approved, on a case-by-case basis, if more time is needed to get medically-necessary services in place. Additional time will be granted on a 7-day cadence. Lack of placement (i.e.: foster home, group home, etc.) will not meet medical necessity requirements for that extra 7- days of transition time.

- Revisions will not be permitted

- Facility will have 60 days post discharge to submit for a retrospective authorization

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Required Documentation

- ESA (Enhanced Standardized Assessment) for initial Health First Colorado coverage authorization

- CANS – required every 90 days for children receiving treatment in a QRTP level of care

- Most recent progress and clinical notes

- Treatment Plan or Order (signed and dated by the appropriate level of care, which can be in ink or electronic)
  - PRTF/OHIRT: Physician, Psychiatrist
  - QRTP: Physician, Psychiatrist, Licensed Clinical Social Worker (LCSW), Licensed Marriage and Family Therapist (LMFT), Licensed Professional Counselor (LPC), Licensed Addiction Counselor (LAC)
  - OHIRT only *** - in state denial list

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Continued Stay/Concurrent Review

- Continued stay approval will also be required for periods of treatment longer than 30 days. As of November 15, 2025, any child already in an episode of care in a QRTP or a PRTF will receive an initial 30-day approval.

Out-of-State High Intensity Residential Treatment (OHIRT) reviews:

- Out of State requires an initial review.
- Will continue their regular 30-day review cadence. Continued stay reviews will begin December 15, 2025, and occur every 30 days thereafter.

Exclusions

- The client is no longer able to benefit from the service or is no longer progressing toward goals

- The Interdisciplinary Team determines that the client has attained treatment goals.

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PRTF/OHIRT Specific Exclusions

Any of the following criteria are sufficient for exclusion from treatment in a PRTF:

- The youth is under 3 years of age or 21 years or older.
- The intensity/acuity of the youth's symptoms require a more intensive LOC.
- The youth can be safely maintained, and their psychiatric disorder can be effectively treated at a less intensive LOC.
- The youth has medical conditions or impairments that would prevent beneficial utilization of services.
- The primary problem is social, economic (i.e., housing, family, conflict, etc.), or one of physical health without a concurrent major psychiatric episode meeting criteria for this LOC, or admission is being used as an alternative to detention.
- The youth’s presentation does not meet the Certification of Need requirements
- A minor’s (under 18 years old) caregiver does not voluntarily consent to admission or treatment.
- The youth’s presentation does not meet the definition of Medical Necessity as detailed in the introduction, AND these SSUM Guidelines, AND the RAEs’ utilization management standard practices

QRTP Exclusions

Any of the following criteria are sufficient for exclusion from treatment at a QRTP:

- The youth is under 5 years of age or over 21 years of age.
- The youth exhibits severe suicidal, homicidal or acute mood symptoms/thought disorder, which require a more intensive LOC.
- The youth's parent/guardian does not voluntarily consent to admission or treatment.
- The youth can be safely maintained and effectively treated at a less intensive LOC.
- The youth has medical conditions or impairments that would prevent beneficial utilization of services or is not stabilized on medications.
- The primary problem is social, economic (i.e. housing, family, conflict, etc.), or one of physical health without a concurrent major psychiatric episode meeting criteria for this LOC, or admission is being used as an alternative to incarceration.
- The youth's presentation does not meet the definition of Medical Necessity as detailed in the introduction, AND these SSUM Guidelines, AND the RAEs' utilization management standard practices

PAR Determination 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 (PEND)**: 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.

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PAR Determination Process (con't)

Denials

- If a **technical denial** is determined, the provider can request a reconsideration.
- If a **medical necessity denial** was determined, it was determined by a 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 7 calendar days to respond. It is important to note due to Federal Interoperability requirements only one pend or request for additional information will be sent. If there is no response or insufficient response to the request, Acentra Health will complete the review and technically deny for Lack of Information (LOI) if appropriate. In addition, expedited requests will no longer receive any requests for additional information, the determination will be made based off the information submitted and technically denied if required documents are not submitted.

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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 72 hours. For expedited requests, no pends or requests for information will be allowed in order to comply with the interoperability rules requirement for 72 hours.

Rapid review: a PAR that is requested because a longer turnaround time 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.

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 7 calendar days.

Tips to Reduce Pends and Denials

- Review PRTF/OHIRT and QRTP criteria, and trainings
- Review all documentation requirements
- Review documents to ensure all requirements are met
- Upload required documents prior to finalizing submission
- Fill in Questionnaire in its entirety
- Ensure new staff is trained
- Contact provider services or customer services with questions.

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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

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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).**

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Change of Provider Form

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.

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Acentra Health Services for Providers - Recap

- 24-hour/365 days provider **Atrezzo Portal** may be accessed at: atrezzo.acentra.com

- System Training materials and the **Provider Manual** are located at: https://hcpf.colorado.gov/par

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

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