COLORADO
Department of Health Care
Policy & Financing

HEALTH FIRST COLORADO

Pediatric Long Term Home Health

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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EPSDT

Kepro follows to the Early and Periodic Screening, Diagnostic and Treatment (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.

For more information, please review the EPSDT website:

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

About Kepro

In 2021, Kepro was awarded the Colorado Department of Health Care Policy and Financing (HCPF) contract with the state of Colorado for Utilization Management and Physician Administered Drug (PAD) UM review, including outpatient, inpatient (suspended), specialty, and EPSDT.

ACCREDITED
Health Utilization Management
Expires 12/01/2021

ACCREDITED
Case Management
Expires 12/01/2021

ACCREDITED
Disease Management
Expires 10/01/2020

ACCREDITED
Independent Review Organization: Internal
Expires 09/01/2022

426M
In Savings through Care Management

35 YEARS
Serving Government Sponsored Healthcare Programs

1.8M
UM Reviews a year

Scope of Services

- Audiology
- Diagnostic Imaging
- Durable Medical Equipment (DME)
- 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 (OOS) Inpatient Services
- Outpatient Physical and Occupational Therapy
- Outpatient Speech Therapy
- Pediatric Behavioral Therapy (PBT)
- **Pediatric Long-Term Home Health (PLTHH)**
- Pediatric Private Duty Nursing (PDN)
- Personal Care Services
- Physician Administered Drugs (PAD; Start date TBD)

Kepro Services for Providers

24-hour/365 days provider portal access that may be accessed here: https://portal.kepro.com

Please see the below links to view the recordings on our system and how to enter cases into the portal:

- System Training materials (including Video recordings and FAQ) are located: https://hcpf.colorado.gov/par
- Provider Manual is posted here: https://hcpf.colorado.gov/par
- Provider Communication and Support email: coproviderissue@kepro.com

Provider Responsibilities

- Providers may request prior authorization for services through our direct data entry portal, Atrezzo.
- Utilization of this portal allows the provider to request prior authorization for services, upload clinical information to aid in review of prior authorization requests, and submit reconsideration and/or peer-to-peer requests for services denied.
- Check the code you are requesting against the fee schedule to ensure a PAR is required. The fee schedule is located at https://hcpf.colorado.gov/provider-rates-fee-schedule

The Rev codes for LTHH are located here: https://hcpf.colorado.gov/hh-billing_manual

******Always VERIFY the Member's eligibility prior to submission by contacting Health First Colorado. The generation of a Prior Authorization number does not guarantee payment.**

0571	0579	0421	0431	0441	0551	0590	0599
1st 1 hour visit for the shift for HHA	Every 30-minute increment after	PT home health up to 2.5 hours	OT home health up to 2.5 hours	ST home health up to 2.5 hours	RN/LPN visit up to 2.5 hours	Brief RN visit first visit of the day	Brief RN visit, 2nd of the same day

PAR (Prior Authorization Request) Submission

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

Turnaround Times – Part 1

- From time of submission Kepro will have 10 business days to review the request.
- If more information is requested and we pend for additional information pends: The Provider will have **7 Business Days** to respond, and if there is no response Kepro will Technically deny the review for insufficient information.
- If the provider respond with additional information, Kepro will have **2 Business Days** to review that information and make a determination as appropriate.

Turnaround Time -- The turnaround time (TAT) for PAR review completion will be extended to ensure:

➔ A thorough and quality review of all PARs.

➔ Decrease number of unnecessary pends to request additional documentation or information.

➔ Improved care coordination and data sharing between Kepro and the Department's partners, like the Regional Accountable Entities (RAEs) and Case Management Agencies (CMAs).

Turnaround Times – Part 2

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

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

***Requests must meet the above standards to be submitted as Expedited. Keep in mind LTHH has an Acute phase of care for the first 60 days that does not require a PAR.

Standard review is one that majority of cases would fall under as a prior authorization request is needed. These requests will be reviewed in no more than 10 business days.

PAR Submission – General Requirements

- Kepro's PAR Request Form for OOS and fax exempt providers is located here: https://hcpf.colorado.gov/par
- Information on General requirements is also located in the Provider Manual.
- A detailed step by step process for submitting both outpatient and inpatient requests can be found in the provider training manual at https://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.
  - LTHH providers have a 10-day window to submit a case to Kepro once services have begun. If submitted beyond the 10 days the dates will be adjusted to account for this delay according to 10 C.C.R. 2505-10, Section 8.520.8.C 6.a
- It will be necessary to provide supporting documentation with your submission. Supporting documentation may include, but is not limited to:
  - Plan of Care (485),
  - Physician orders
  - Pediatric Assessment Tool (PAT)
  - Clinical documentation to support the PAT
  - Please refer to Billing manual: **https://hcpf.colorado.gov/hh-billing_manual**

PAR Process

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

Approval: Met criteria/CCR applied for the service requested at first level review or was approved at physician level.

Request for additional information: Information for determination is not included and vendor requests this be submitted to complete the review.

Technical Denial: Colorado Medicaid Policy is not met for reasons including, but not limited to, the following Administrative reasons:

- Requested information not received/Lack of Information
- Duplicate to another request approved
- Service approved with another provider
- Request submitted untimely

Medical Necessity Denial: Physician level reviewer determines that medical necessity has not been met as submitted and has been reviewed under EPSDT as appropriate. The Physician may fully or partially deny a request.

Reconsideration Request: the **servicing** provider may request a reconsideration to Kepro within **10 days** of the initial denial. Additional information and documentation must be submitted.

Peer to Peer (P2P) Request: an **ordering** provider may request a Peer-to-Peer review within **10 business days** from the date of the medical necessity adverse determination. A P2P cannot be performed on a technical or administrative denial.

Definition of Medical Necessity

10 CCR 2505-10; 8.076.1 https://www.sos.state.co.us/CCR/GenerateRulePdf.do?ruleVersionId=9295&fileName=10%20CCR%202505-10%208.000

8. 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.

Pediatric Long-Term Home Health (LTHH)*

Long Term Home Health
Intermittent Home Health services required for the care of chronic long-term conditions, and/or on-going care that exceeds the acute HH period (61st calendar day of Home Health service). **All Long-Term Home Health services must be prior authorized.**

PAR required services with Kepro include: Pediatric skilled certified nurse aide, physical therapy, occupational therapy and speech therapy

Again, those codes are:

0571	0579	0421	0431	0441	0551	0590	0599
1st 1 hour visit for the shift for HHA	Every 30-minute increment after	PT home health up to 2.5 hours	OT home health up to 2.5 hours	ST home health up to 2.5 hours	RN/LPN visit up to 2.5 hours	Brief RN visit first visit of the day	Brief RN visit, 2nd of the same day

Providers should refer to the Code of Colorado Regulations, Program Rules (10 C.C.R. 2505-10 8.520), for specific information when providing Home Health care

*Kepro is NOT responsible for reviewing Adult Long Term Home Health.

Reimbursable Home Health Services

The licensed and certified Class A Home Care shall not utilize staff that has been excluded from participation in federally funded health care programs by the US Department of Health and Human Services (HHS)/Office of Inspector General (OIG) and shall be in good standing with the Colorado Department of Regulatory Agencies (DORA) or other regulatory agency:

Physical Therapists (PT) must have a current, active license in accordance with the Colorado Physical Therapy Practice Act at § 12-41-107, C.R.S.
Long-Term Home Health: Physical therapy is available to pediatric members when prior authorized and deemed medically necessary. Physical therapy is reimbursed on a per visit basis using revenue code 421.

Occupational Therapists (OT) must have a current, active registration in accordance with the DORA Colorado Occupational Therapy Practice Act at § 12-40.5-106, C.R.S..
Long-Term Home Health: Occupational therapy is available to pediatric members when prior authorized and deemed medically necessary. All Home Health occupational therapy is reimbursed on a per visit basis using revenue code 431.

Speech/Language Pathologists (SLP) who have a current, active certification from the American Speech-Language-Hearing Association (ASHA).
Long-Term Home Health: Speech therapy is available to pediatric members when prior authorized and deemed medically necessary. All Home Health speech therapy is reimbursed on a per visit basis using revenue code 441

Reimbursable Home Health Services continued

Certified Nurse Aides (CNA) must have a current, active license in accordance with the DORA Colorado Nurse Aide Practice Act at § 12-38-111, C.R.S.
Long-Term Home Health: Skilled certified nurse aide visits are reimbursed based on the amount of time the CNA is providing skilled care to a member. If a certified nurse aide care for at least 15 minutes but not more than 60 minutes, the agency shall bill a basic unit with revenue code 571. For every additional 30 minutes the certified nurse aide provides hands-on assistance to the member, the agency may bill an extended CNA unit with revenue code 579. A unit of time that is less than 15 minutes shall not be reimbursable as a basic unit and at least 15 minutes must elapse before an agency may bill an extended unit.

Registered Nurses (RN) and Licensed Practical Nurses (LPN) must have a current, active license in accordance with the DORA Colorado Nurse Practice Act at § 12-38-111, C.R.S.
Long-Term Home Health: Nursing services provided during Long-Term Home Health shall be billed using the appropriate revenue codes based on the purpose and complexity of the nursing visit. Standard, infrequent or complicated nursing visits may be billed using revenue code 551. Nursing visits that are uncomplicated in nature or visits that are uncomplicated with frequent revisits completed by the nurse shall be billed using revenue codes 590 and 599).
Long-Term Home Health nursing visits for the **sole purpose of assessing a member may be reimbursed for a limited time when managing, and reporting to the member's physician on specific conditions and/or symptoms which are not stable.

Non-Reimbursable Home Health Services

- Supplies used for routine Home Health are not reimbursed separately through the Home Health or Durable Medical Equipment (DME) benefit. Non-routine or member specific supplies must be reimbursed through the member's DME benefit.
- Nursing Visits for purpose of psychiatric counseling
- Certified nurse aide visits for the purpose of providing only unskilled personal care and/or homemaking services.
- Nursing or CNA visits provided in a shift (visits lasting more than 4¬Ω consecutive hours)
- Nursing visits for the sole purpose of providing supervision of the CNA or other Home Health staff
- Nursing visits for the sole purpose of completing the Home Health plan of care/recertification
- Long-Term Home Health nursing visits for the sole purpose of teaching the member or their family member
- Long-Term Home Health nursing visits for the **sole** purpose of assessing a stable member
  where management, and reporting to physician of specific conditions and/or symptoms which are not stable

LTHH PARs Documentation Requirements

Authorizing agency information is listed in Appendix C and Appendix D, under the Appendices drop-down section on the Billing Manuals web page.

All LTHH PAR submissions must include:

1. The complete and current plan of care using the HCFA-485 or other document that is identical in content which must include a clear listing of:
   - Member's diagnoses that will be addressed by Home Health
   - The specific frequency and expected duration of the visits for each discipline ordered
   - The duties/treatments/tasks to be performed by each discipline during each visit

   The plan of care must be created by a registered nurse employed with the Home Health Agency or when appropriate by a physical, occupational or speech therapist. The plan of care must be signed by the member's attending physician prior to submitting the final claim for a certification period. For additional information on Health First Colorado plan of care requirements refer to the Home Health Services Benefit Coverage Standard referenced in 10 C.C.R 2505-10 8.520 – HOME HEALTH SERVICES

2. All other supporting documentation to support the request including but not limited to physician's orders, treatment plans, nursing summaries, nurse aide assignment sheets, medications listing, etc. Any other documentation deemed necessary by the Department or its authorizing agency

3. All supporting documentation must be within 60 days of the start of the PAR

4. PAT tool filled out in its entirety as appropriate for HHA services

PLTHH PAR Guidance

Manual Link

Learn more at: https://hcpf.colorado.gov/hh-billing_manual

Duration

Up to 1 year

Submission Requirements At-a-Glance:

Provider Timely Submission Requirement	Prior to requested date of service
Retroactive Authorization	Up to 10 business days
Servicing Provider (Billing Provider)	Requesting home health agency
Requesting (Ordering) Provider	Physician (M.D. or D.O.) Physician Assistant Nurse Practitioner

PAR Revisions

- 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. Kepro cannot make modifications to an expired PAR.
- When a member in long-term home health changes providers during an active PAR certification, the receiving Home Health Providers shall complete a Change of Provider Form, located on the Provider Forms web page under the Prior authorization Request (PAR) Forms drop-down menu, in order to transfer the member's care from the previous provider to the receiving agency.
- To make a revision, simply enter a note in the existing approved case of what revisions you are requesting and upload additional documentation to support the request as appropriate.

Change of Provider Revisions

When a member in long-term home health changes providers during an active PAR certification, the receiving Home Health Providers shall complete a Change of Provider Form, located on the Provider Forms web page under the Prior authorization Request (PAR) Forms drop-down menu, in order to transfer the member's care from the previous provider to the receiving agency.

Once the receiving agency completes the Change of Provider form, the form must include the member's signature to indicate that the member is in agreement with the change of provider request. The completed Change of Provider form must accompany a new Home Health PAR from the receiving agency.

The agency must submit the Change of Provider form with the request for services when they enter it into the portal. The new PAR start date should coincide with the first day that the new agency plans to provide LTHH care. The provider should not include dates for acute home health or any lapses in care between the last date of service provided by the previous home health agency and the receiving agency. The previous provider's PAR end date will be revised to match the information provided in the "last date of service" box, and a new PAR will be entered for the receiving agency.

The Change of Provider letter authorizes The UM Vendor and the Department's fiscal agent to end the current PAR so that the new Home Health PAR may be entered. If the receiving agency is unable to obtain the necessary PAR information from the previous agency or the member, the Member may call the Department's fiscal agent at 844-235-2387 (toll free) to find out whether there is a current Home Health PAR in the system.

The receiving agency should contact the previous agency, when possible, and notify them that the member is transferring agencies and the effective date of the change.

Home Health Agencies should not bill Long-Term Home Health services on another provider's Long-Term Home Health PAR.

PAT Tool Location

- https://hcpf.colorado.gov/sites/hcpf/files/Client%20FAQs.pdf

LTHH Unit Calculations

For example: Provider is going to request 2 LTHH visits a day each lasting 2 hours, for 30 days. The line items will look like this:

0571: 2 units a day x 30 days=60 units needed

0579: 4 units a day (30-minute increments after the first hour) x 30 days= 120 units needed

Total units will be entered in the requested line for each rev code. The system does not calculate it for you, you must calculate the units and enter the total number for the time frame requested

0571 HOME HEALTH (HH) AIDE - VISIT CHARGE

UNIT QUALIFIER

Select One

REQUESTED START DATE *	REQUESTED END DATE *	REQUESTED DURATION *	REQUESTED QUANTITY *
07/01/2021	07/30/2021	30	60

0579 HOME HEALTH (HH) AIDE - OTHER

UNIT QUALIFIER

Select One

REQUESTED START DATE *	REQUESTED END DATE *	REQUESTED DURATION *	REQUESTED QUANTITY *
07/01/2021	07/30/2021	30	120

Kepro Services for Providers - Recap

- 24-hour/365 days provider portal access that may be accessed here: https://portal.kepro.com

Please see the below links to view the recordings

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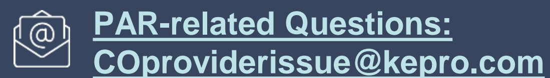
- Provider Manual is posted here: https://hcpf.colorado.gov/par
- Provider Communication and Support email: coproviderissue@kepro.com

Conclusion

Thank you for your time and participation!

Contact Info

Kepro Call Center: 720-689-6340



PAR-related Questions:
COproviderissue@kepro.com

**Training-related Questions:
Coproviderregistration@kepro.com**

For escalated concerns please contact:
hcpf_um@state.co.us

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