



On behalf of

HEALTH FIRST COLORADO

Pediatric Long-Term Home Health



COLORADO
Department of Health Care
Policy & Financing



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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:

Acentra

HEALTH

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.



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

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



Acentra Health's Services for Providers

- 24-hour/365 days provider portal accessed at: <https://portal.kepro.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>

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

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



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



PAR Submission: General Requirements

- PAR submissions will require providers to provide the following:
 - Member ID
 - Name
 - Date Of Birth
 - Rev 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>



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.
- Long Term-Home Health providers have a 10-day window to submit a case to Acentra Health 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 8.520.8C 6.a

Pediatric Long-Term Home Health (LTHH)

Intermittent Home Health services required for the care of chronic long-term conditions, and/or on-going care that exceeds the acute home health period (61st calendar day of Home Health service).

0421	0431	0441
PT LTHH one visit up to 2.5 hours	OT LTHH one visit up to 2.5 hours	ST LTHH one visit up to 2.5 hours

For specific information when providing home health care, providers should refer to *10 C.C.R. 2505-10 8.520*



Reimbursable Home Health Services

10 CCR 2505-10-8.130.35

- The licensed and certified Class A Home Care Agency 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 Therapy

- **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 Therapy

- **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 Therapy

- **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.



Coordination of Benefits Con't

- 8.520.9.D. Restrictions

4. No more than one Home Health Agency may be reimbursed for providing Home Health Services during a specific plan period to the same Client, unless the second agency is providing a Home Health Service that is not available from the first agency and if there is no duplication in services. The first agency shall take responsibility for the coordination of all Home Health Services. Home and Community-based Services, including personal care, are not Home Health Services.



Coordination of Benefits

8.520.7.E.

10. Documented evidence of Care Coordination with the Member's other providers;

11. When the Member is receiving additional services (skilled or unskilled) evidence of Care Coordination between the other services shall be documented and include an explanation of how the requested Home Health Services do not overlap with these additional services;



LTHH Documentation Requirements

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.



LTHH Documentation Requirements cont.

1. (See previous slide)
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.
3. Any other documentation deemed necessary by the Department or its authorizing agency
4. All supporting documentation must be submitted within 60 days of the start of the PAR

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 8.522 - 8.520.4



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>



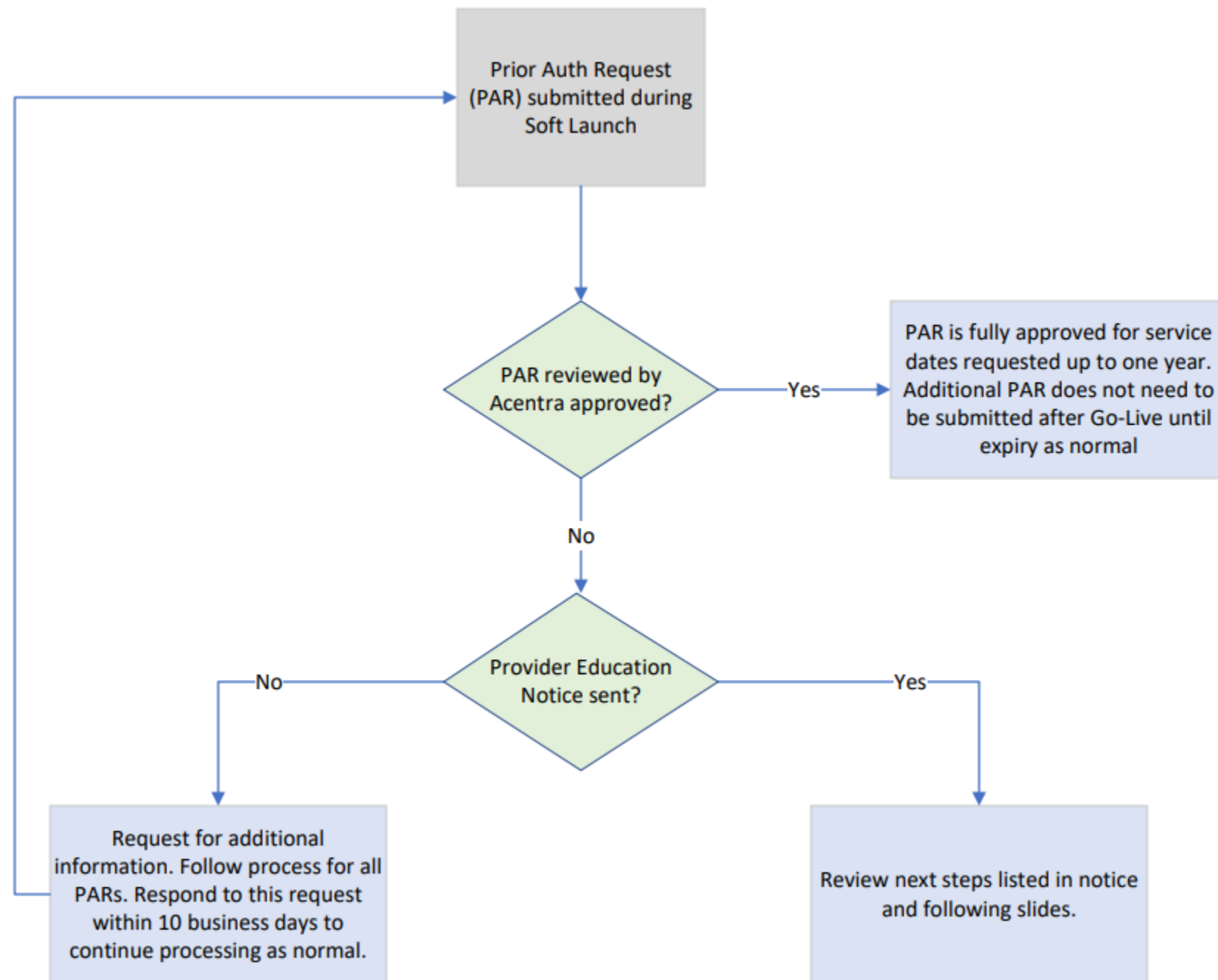
Soft Launch PAR Determinations

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:** Adequate information for determination is not included and vendor requests this to be submitted to complete the review.
- 3. Provider Education Notice:** Information submitted would not have been approved if PARs were live. Specific reason for technical or medical necessity determination are provided in the notice as well as next steps for clarification or re-submission if desired.



LTHH Soft Launch Process



Soft Launch Processes (cont.)

Provider Education Notice Next Steps:

- A communication via Atrezzo will take place regarding the PAR. The specific reason(s) the PAR would not have been approved will be outlined in the Notice. The provider may review those reasons and if they need further clarification, use the resources below.

Steps to consider after a Provider Education Notice is issued:

- Review billing manual guidelines for PAR requirements, visit: https://hcpf.colorado.gov/hh-billing_manual#lthhpar
- Register for and attend an Open Hours session with Acentra Health and HCPF representatives. Visit the [ColoradoPAR Training web page](#) for open hours, as well as PAR submission training dates and times.
- Contact COProviderIssue@acentra.com if needing assistance when registering for Atrezzo® training or accessing the portal.
- Contact homehealth@state.co.us with questions on policy, or processes of the PLTHH PAR resumption.

Turnaround Times

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.)

*Pends for additional information: the provider will have 10 business days to respond. If there is no response or if there is an insufficient response to the request, Acentra Health will complete the review and send a Provider Education Notice for a technical reason, if applicable.

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).**



PAR Revision

If the number of approved units needs to be amended or reallocated, the provider must submit a request for a PAR revision prior to the PAR end date.

- Changes requested after a PAR is expired will not be made by the Department or the authorizing agent.
- If a PAR has been billed, Acentra Health cannot revise the modifiers or NPI numbers.

PAR Revision Con't

To make a revision:

- Select “Request Revision” under the “Actions” drop-down
- Select the Request number and enter a note in the existing approved case of what revisions/reallocations you are requesting
- Upload any additional documentation to support the request as appropriate



Change of Provider Form

When a member receiving services, changes providers during an active PAR certification, the receiving provider will be responsible for completing a [Change of Provider Form](#) (COP) to transfer the member's care from the previous provider to the receiving agency.



Acentra Health Services for Providers - Recap

- 24-hour/365 days provider **Atrezzo Portal** may be accessed at: <https://portal.kepro.com>
- System Training materials (including Video recordings and FAQs) and the **Provider Manual** are located at: <https://hcpf.colorado.gov/par>
- Provider Communication and Support email: coproviderissue@acentra.com

Thank you for your time and participation!

- For escalating concerns please contact:
homehealth@state.co.us
- Acentra Health Customer Service: (720) 689-6340
- PAR Related Questions: coproviderissue@acentra.com