Acentra HEALTH

On behalf of

HEALTH FIRST COLORADO

Private Duty Nursing Utilization Review

COLORADO
Department of Health Care Policy & Financing

Table of Contents

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

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 (cont'd…)

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 Review Program (IHRP 2.0)
- 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@kepro.com
- Provider Education and Outreach, as well as system **training materials** (including Video recordings and FAQs) 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'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 by contacting Health First Colorado
- The generation of a Prior Authorization number does not guarantee payment
- The additional forms necessary for PDN PAR submission are available at hcpf.colorado.gov/provider-forms

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
  - o *After business hours*: will have a receipt date of the following business day
  - o *Holidays*: will have a receipt date of the following business day
  - o *Days following state approved closures (i.e., natural disasters)*: will have a receipt date of the following business day

PDN PAR Submission: General Requirements

- PAR submissions will require providers to provide the following:
  - Member ID
  - Name
  - Date Of Birth
  - Revenue codes to be requested
    - **0552** RN providing services
    - **0559** LPN providing services
    - **0580** Group RN rate (e.g., siblings)
    - **0581** Group LPN rate (e.g., siblings)
    - **0582** Blended rate
  - 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

Documentation Requirements

The following is a list of required information that must be uploaded at the time of submission:

10 CCR 2505-10 8.540.7
-Order

- Orders must specify how often treatment or visits will be and the length of visit
- A verbal order is acceptable if it specifies who and when the order was given and signed by the person receiving the order
- The order can be inclusive of the Plan of Care or an independent order
- Time submitted that is outside of or different from the orders will be deducted and the units adjusted accordingly.

-PDN Acuity Tool scored with members name/ID and date completed noted
-A completed Plan of Care/485 with a physician's signature or documented verbal order to include:
-Signed nursing assessment
-Current clinical summary or update of the member's condition
-Physician's plan of treatment
-Hospital discharge summary shall be included if there was a hospitalization since the last PAR.

- Requests for Additional Information will be initiated by Acentra Health if/when there is not substantial supporting documentation to complete a review
- A detailed step by step process can be found in the provider training manual Here

Documentation Requirements (cont)

Further medical documentation **may** include:

-60-day assessment that systematically reviews each body system and reflects progress and problems encountered in the period and outlines plans for recertification period

-The duties, treatments, and tasks to be performed by the nurse

- PRN, as needed, interventions should be accompanied with notes or logs from the 60-day assessment (e.g. oxygen, medications, seizure tracking and interventions)

-Nursing notes reflecting the nature of care provided during the 60-day assessment

-Physician orders that specify how often treatment or visits will be and the length of each visit

-Physician specialty notes reflecting current treatment recommendations identified in the POC and identified in the PDN Tool (if relevant) (e.g. Gastroenterology, Neurology, Pulmonology)

-Medication Administration Records (MAR)

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. PDN providers have a 10-day window to submit a case to Kepro once services have begun.
- If submitted beyond the 10 working days the dates will be adjusted to account for this delay according to

  10 C.C.R. 2505-10, Section 8.540.7.A

PDN Benefit Regulations

- 8.540.2.B. A pediatric client may be approved for up to 24 hours per day of PDN services if the client meets the Utilization Review Contractor medical necessity criteria. PDN for pediatric clients is limited to the hours determined medically necessary.

- 8.540.2.D. Adult clients may be approved up to 23 hours per day through the Department's utilization management process.
    - Pediatrics are defined as ages 0-20 years
    - Adults are defined as ages 21 years and up

Continuous vs. Intermittent Nursing Care

Continuous Nursing (PDN Benefit)	Intermittent Nursing (Home Health Benefit)
Nursing is continuously applied throughout the shift; nurse is continually assessing, planning, evaluating and implementing interventions	Nursing is intermittently applied to complete a task - assessment, planning, implementation and evaluation conducted intermittently
Continuous interventions require the skills and knowledge of an SN and cannot be delegated	Intermittent interventions require the skills and knowledge of an SN and cannot be delegated
Documentation reflects continuous nature of Skilled Nursing care	Documentation reflects intermittent nature of Skilled Nursing care

Continuous vs. Intermittent Nursing Care (cont.)

- 8.540 Private Duty Nursing (PDN) means face-to-face Skilled Nursing that is more individualized and continuous than the nursing care that is available under the home health benefit or routinely provided in a hospital or nursing facility.

- 8.520.1.M. Intermittent means visits that have a distinct start time and stop time, and are task oriented with the goal of meeting a client's specific needs for that visit.

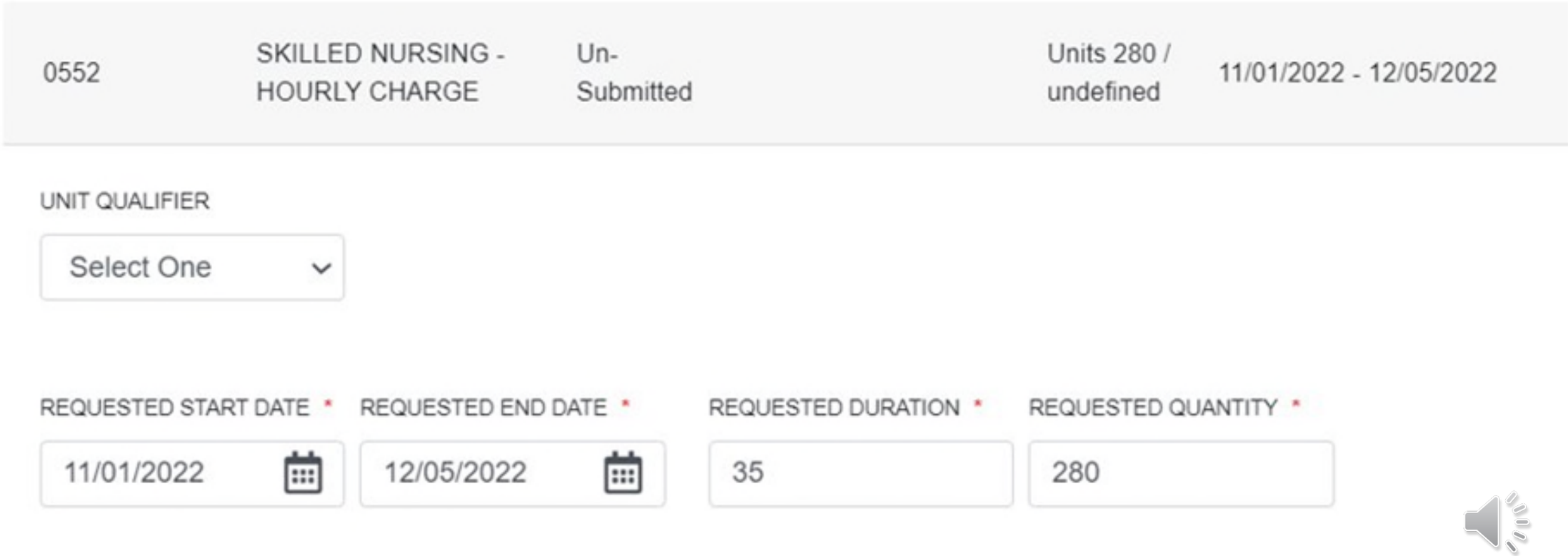
PDN Unit Calculation

When requesting units for PDN services you would enter the total units for the entire length of the PAR in the “Requested Quantity” section. For example:

RN visit for 8 hours a day for 35 days. 8 (units) x 35 days = 280 units.

- The system does not calculate it for you, you must calculate the units and enter the total number for the time frame requested.

Enter rev code 0552 and then enter the following:



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**: 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.

PAR Determination Process (cont'd…)

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 10 business days to respond. If there is no response or there is an insufficient response to the request, Acentra will complete the review and technically deny for Lack of Information (LOI), if appropriate.

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 4 business hours.

Rapid review: a PAR that is requested because a longer TAT 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 10 business days.

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).**

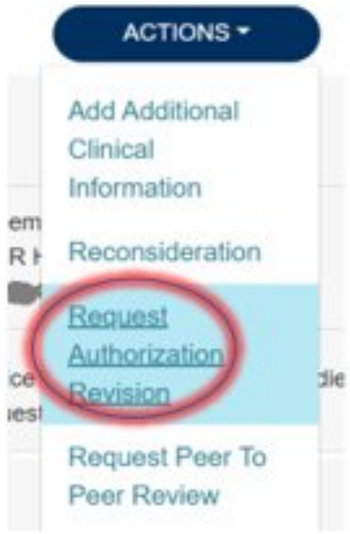
PAR Revision

- 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.
  - Acentra Health cannot make modifications to an expired PAR or a previously billed PAR.

PAR Revision

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 you are requesting
- Upload 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 need to complete a Change of Provider Form (COP) to transfer the member's care from the previous provider to the receiving agency.

- This form is located on the Provider Forms webpage under the Prior authorization Request (PAR) Forms, drop-down menu, along with "How to Complete Change of Provider Form. "

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@kepro.com

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@kepro.com