



COLORADO
Department of Health Care
Policy & Financing

HEALTH FIRST COLORADO

Private Duty Nursing Utilization Review

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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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, specialty, and EPSDT.

In addition, Kepro will administer or 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



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
- Select genetic/Molecular Tests
- Medical Services including, but not limited to, select surgeries such as bariatric, solid organ transplants, transgender services, and elective surgeries
- Out-of-State Inpatient Services
- Outpatient Physical and Occupational Therapy
- Outpatient Speech Therapy
- Pediatric Behavioral Therapy
- **Private Duty Nursing (PDN)**
- Physician Administered Drugs

Kepro Services for Providers

- 24-hour/365 days provider Atrezzo portal can be accessed at portal.kepro.com
- Provider Communication and Support email: coproviderissue@kepro.com
- Provider Education and Outreach, along with System Training materials (including Video recordings and FAQ) are located at hcpf.colorado.gov/par
- Prior Authorization Review (PAR)
- Retrospective Review (when allowed by CO HCPF) homehealth@state.co.us
- PAR Reconsiderations & Peer-To-Peer Reviews
- PAR Revisions
- Access to provider reports and case statuses
- Provider Manual is posted at hcpf.colorado.gov/par

Provider Responsibilities

- ❖ Providers must request prior authorization for services through our direct data entry portal, **Atrezzo**.
- ❖ **Providers must provide the documentation to demonstrate the medical necessity of the care being provided.**
 - **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.
 - The system will also give warnings if a PAR is not required.

PAR (Prior Authorization Request) System Accessibility

- PAR requests submitted within business hours: 8:00AM – 5:00PM (MT) 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**
 - **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**

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.

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 SN care	Documentation reflects intermittent nature of SN 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.

PAR Submission – General Requirements

PAR submissions will require providers to provide the following:

- ✓ **Member Demographics including: Name, ID, DOB**
- ✓ **CPT, Revenue, or HCPCS 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**
- **Required Documentation (detailed beginning on slide 13)**

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

PAR Submission – General Requirements Cont'

Section in Atrezzo	Who should be entered
Servicing Provider (Billing Provider)	Home Health Agency
Requesting Provider	Home Health Agency
Attending Provider (ordering)	M.D., D.O., P.A., N.P. (Physician, Physician Assistant, Nurse Practitioner)

- Servicing provider (billing provider) and requesting may or may not be the same NPI

PAR Submission – General Requirements Continued

- All PDN Prior Authorization Requests (PARs) must be submitted via portal.kepro.com. The additional forms necessary for PDN PAR submission are available at hcpf.colorado.gov/provider-forms
- Health First Colorado requires the completion of a PAR for all PDN services.
 - Orders must specify how often treatment or visits will be and the length of visit.
 - Time submitted that is outside of or different from the orders will be deducted and the units adjusted accordingly.
- **All documentation must be uploaded at the time of submission.**
- Submit all appropriate documentation to support your PDN request including detailed demographics, diagnosis, physician's orders, treatment plans, nursing summaries, nurse aide assignment sheets, medications, etc. via Atrezzo
- Revision must also be submitted via <https://portal.kepro.com/> web page and must be completed in a timely manner prior to the expiration of the PAR Revenue Coding
- **All PDN services obtain prior authorization prior to starting services or within 10 days from start of service. If submitted after the 10 days, the units will be adjusted to account for this delay. 10 C.C.R. 2505-10, Section 8.540.7.A**

PDN PAR Documentation

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

- PDN acuity tool scored with members name/ID noted [COpar website](#)
- 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.

PDN PAR Documentation (continued)

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 (if relevant) (e.g. Gastroenterology, Neurology, Pulmonology)
- Medication Administration Records (MAR)

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/ 7 days a week for 35 days. $8 \text{ (units)} \times 7 \text{ days} \times 35 \text{ days} = 280 \text{ units}$

*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:

0552	SKILLED NURSING - HOURLY CHARGE	Un- Submitted	Units 280 / undefined	11/01/2022 - 12/05/2022
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UNIT QUALIFIER

REQUESTED START DATE *



REQUESTED END DATE *



REQUESTED DURATION *

REQUESTED QUANTITY *

PAR Outcomes

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

Approval

- All criteria were met, and the service(s) requested was approved either at the first level review or at physician level.

Request for additional information

- Information for determination is not included and vendor requests this to be submitted to complete the review within 10 business days.

Technical Denial

- Health First Colorado coverage policy is not met for reasons including, but not limited to, the following:
 - Untimely Request
 - Requested information not received/Lack of Information (LOI)
 - Duplicate to another request approved for the same provider
 - Service is previously approved with another provider
- If a Technical Denial is determined, the provider can request a Reconsideration.

PAR Outcomes Continued

Reconsideration Request – reconsiderations and peer-to-peer (P2P) reviews can occur concurrently.

- The servicing provider may request a reconsideration to Kepro within 10 days of the initial denial. If the reconsideration does not overturn the denial, the next option is a P2P Request.
- An ordering provider may request a P2P review within 10 business days from the date of a medical necessity adverse determination.

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.
- If a Medical Necessity Denial was determined, it was determined by the Utilization Management Medical Director. Therefore, the next step would be requesting a Peer-to-Peer.

Turnaround Times and Review Types

Expedited review (4 business hours) 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

Rapid review (following business day) is a PAR that is requested because a longer turnaround time and 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 Health First Colorado member's inpatient hospital discharge.**
- A lack of DME supplies that immediately and adversely impacts a Health First Colorado Member's ability to perform activities of daily living (ADL).
- Same Day Diagnostic studies required for cancer treatments.
- Genetic or Molecular testing requiring amniocentesis

Standard review (most common) is one that most cases would fall under as a prior authorization request is needed. These requests will be completed in no more than **10 business days**.

PAR Revision

- 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 or a previously billed PAR.
- To make a revision, simply 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 and upload additional documentation to support the request as appropriate.

The first screenshot shows the 'ACTIONS' dropdown menu with the following options: Add Additional Clinical Information, Reconsideration, Request Authorization Revision (highlighted with a red circle), and Request Peer To Peer Review.

The second screenshot shows the 'Request Authorization Revision' form. The 'REQUEST' dropdown menu is open, showing 'Select One' and 'R01'. A blue callout bubble says 'Select the appropriate request for Revision'. The 'NEXT' button is highlighted with a red arrow.

The third screenshot shows the 'Request Authorization Revision' form. The 'Note' field is highlighted with a red circle. A blue callout bubble contains the following steps: 1) Add Note with reason for Revision, 2) Select Document Type, 3) Attach Additional Documentation, 4) Submit. The 'Document Type' dropdown menu is also highlighted with a red circle. The 'SUBMIT' button is highlighted with a red arrow.

- When a member receiving services, changes providers during an active PAR certification, the receiving provider will need to complete a [Change of Provider Form \(COP\)](#) in order 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.](#)”

Definition of Medical Necessity

10 CCR 2505-10; 8.076.1

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.

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).

EPSDT

Kepro follows 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>

Kepro Services for Providers - Recap

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- **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:
COprouiderissue@kepro.com



Training-related Questions:
Coprouiderregistration@kepro.com

For escalated concerns please contact:
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