



Health
S O L U T I O N S



COLORADO
Department of Health Care
Policy & Financing

IHRP PAR Reconsideration

IHRP Provider Guide

If your prior authorization request (PAR) has been denied (technical or medical necessity denial) within the last 10 Calendar days for Inpatient Hospital Review Program (IHRP) and you have additional information and/or documentation to support your initial request you may request another review of the request. This request is known as a **reconsideration** and must be accompanied by new and/or additional information that change the initial determination.

This document provides information on the IHRP reconsideration process.

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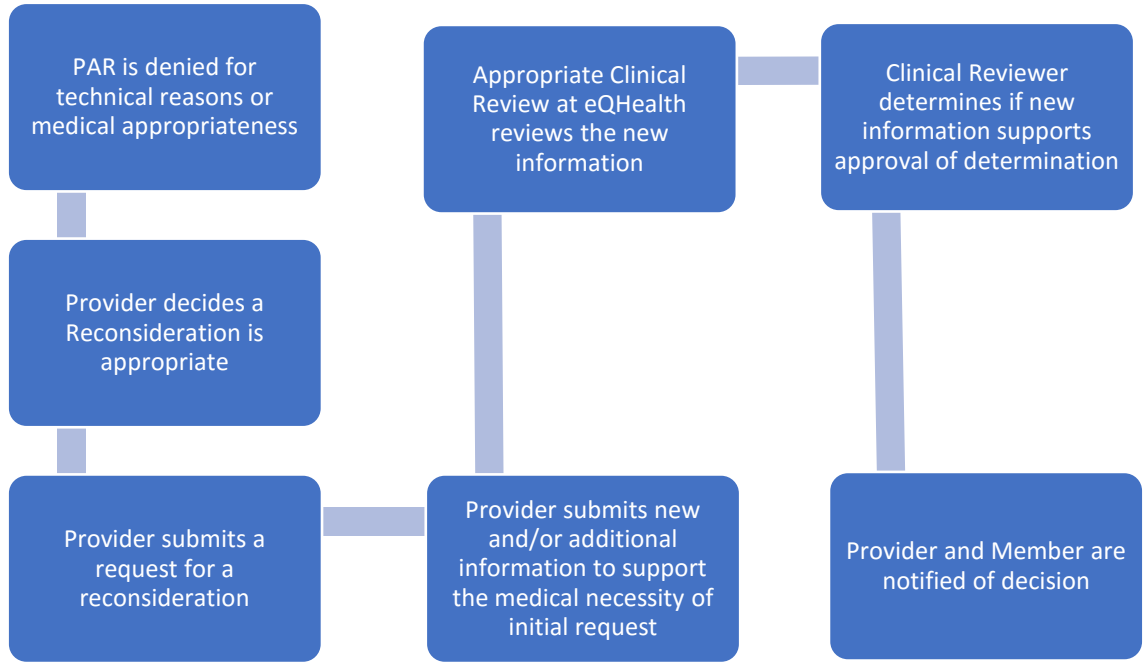
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Overview of the Reconsideration Process

The information in this section will help you to understand the reconsideration process, and it may also help you avoid denials in the future.

The following steps outline the reconsideration process:



Each of these steps is described in detail below.

Step 1: PAR is denied

A PAR can be denied for one of two reasons: the information submitted does not substantiate medical necessity, or technical policy requirements have not been met. Reconsideration can be pursued for either type of denial.

A **medical necessity denial** occurs when an eQHealth physician determines that the information submitted does not substantiate the medical necessity of the service requested. For example, a PAR requesting a wheelchair for a client diagnosed with a broken hand will be denied for lack of medical necessity.

A **technical denial** occurs when the PAR violates a policy set forth by the Department of Health Care Policy & Financing (HCPF). For example, a PAR that does not include adequate supporting documentation will be denied for lack of information (LOI).

To review your denials please go to the Letters tab in eQSuite.

Step 2: Decision is made to pursue reconsideration

Some denials can be overturned, while others cannot.

A **reversible denial** is one that could potentially be overturned with an appropriate explanation or supporting information. For example, a PAR denied for lack of information (LOI) can be reviewed if the missing supporting documentation is submitted within the allowed timeframe.

An **irreversible denial** is one that cannot be overturned, regardless of the explanation or supporting information given. For example, PARs are given strict deadlines by which they must be submitted; nothing can be done for a PAR submitted after its deadline has passed. (Such a PAR would be denied for untimely submission.)

You (the requesting provider) should pursue reconsideration only if each of these criteria is met:

- Your PAR was denied within the last 5 business days
- The denial is reversible, and you have adequate supporting documentation
- The PAR's date span cannot be approved if a new PAR is submitted

Step 3: Reconsideration request is submitted

If you meet all three criteria outlined in the previous step, you may submit a reconsideration request. While the request may be submitted offline via phone, fax, or mail, the quickest and easiest way to request a reconsideration is online in eQSuite®. Submitting your request online also gives you the benefit of receiving an email notification as soon as a decision has been made.

Step 4: eQHealth clinical reviewer reviews the supporting information

Once received, an appropriate eQHealth reviewer will again review the PAR and consider the additional supporting information you have submitted. A Nurse Reviewer will review the reconsideration for technical denial reconsiderations. If the PAR was denied for medical necessity, the reconsideration will be performed by a different physician. If necessary, the reconsideration will be reviewed by an appropriate specialist in that field.

Step 5: PAR denial is either reversed or upheld

There are only two possible outcomes for a reconsidered PAR: the denial can either be reversed or upheld.

If reversed, the PAR will be approved; you will receive a PAR number within 24-48 hours with which to submit claims to Health First Colorado).

If upheld, the denial will stand, and you will be unable to bill using the PAR.

Please note, there are no additional opportunities for reconsideration. However, other options are available. Please visit the Department of Health Care Policy & Financing (HCPF) website at <https://www.colorado.gov/hcpf> for further details.

Requesting a Reconsideration in eQSuite®

The reconsideration process is quick and easy when the request is submitted electronically in eQSuite®. Simply follow the step-by-step instructions below.

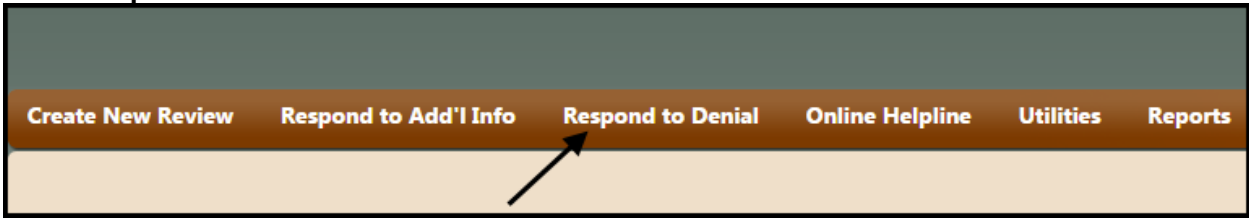
Before proceeding...

Please ensure you have performed the following actions first:

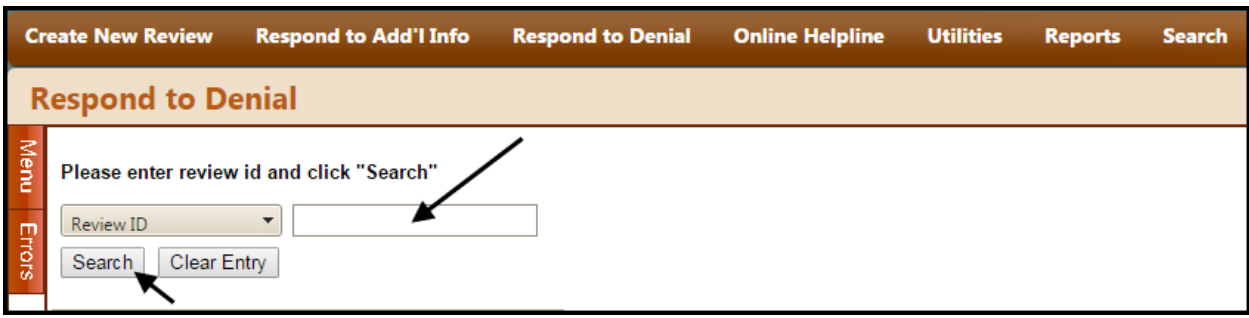
- Obtain the Review ID of your denied PAR
- Prepare the additional supporting documentation
- Enable the **At Recon** and **Recon Completed** email notification options in your user profile

Instructions


1. Click **Respond to Denial** in the menu bar.



2. Enter the denied PAR's Review ID and click **Search**.



3. Click **Open Review** once the PAR's information populates in the grid.



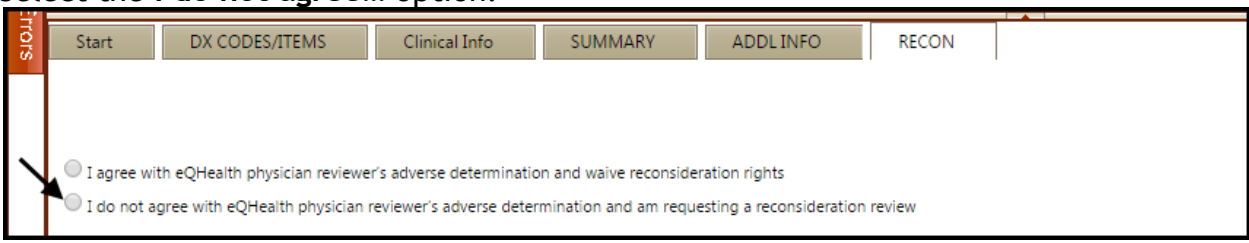
Please enter review id and click "Search"

Review ID: [dropdown] [input field]

Search [button] Clear Entry [button]

Review_ID	Review Complete Date	Client ID	First Name	Last Name	Initial Service Date	Requestor Name		
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	Open Review	Link Recon Request

4. Select the **I do not agree...** option.



Start | DX CODES/ITEMS | Clinical Info | SUMMARY | ADDL INFO | RECON

I agree with eQHealth physician reviewer's adverse determination and waive reconsideration rights

I do not agree with eQHealth physician reviewer's adverse determination and am requesting a reconsideration review

5. Summarize your case for reconsideration using free-form text in the space provided.



Enter any additional information to be considered with your request for reconsideration that justifies medical necessity of the previously denied or reduced level of services.

(Enter text here)

Additional supporting documentation will be submitted via upload, or faxed using the barcoded coversheet.

CANCEL [button] SUBMIT RECON INFO [button]

If you have no supporting documentation to submit, click **Submit Recon Info**. If you do have supporting documentation to submit, check the **Additional supporting documentation...** box first, then click **Submit Recon Info** and proceed to step 6. Additional information for medical necessity denials can be provided in the form of a peer to peer request by the client's prescribing physician. Please see the Peer to Peer guide for more information.



6. Click Link Attachment.



7. Click **Print Attachment coversheet(s)** if you will be faxing in your supporting documentation or click **Upload attachment image(s)** if you will be submitting your documentation electronically. Follow the appropriate prompts.



Next Steps

Once submitted, you should receive an email notification informing you that your Review’s status is *At Recon*. You can expect a decision (i.e. uphold or reverse) within four business days for a standard Reconsideration Request and 2 business days for an expedited Reconsideration Request. When the decision is made you will receive a subsequent email notification informing you that your Review’s status is *Recon Completed*.

See the next section for instructions on learning the outcome of your reconsideration.

Learning the Outcome of your Reconsideration

The outcome of a reconsideration will be available to you in the form of an electronic letter once the reconsideration review process is complete.
Follow the step-by-step instructions below to obtain this letter in eQSuite®.

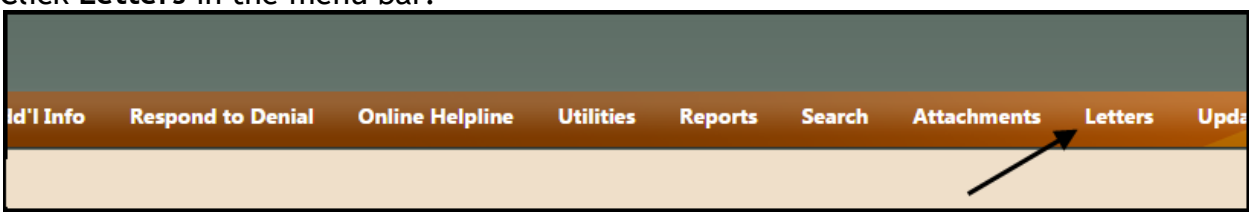
Before proceeding...

Please ensure you have performed the following actions first:

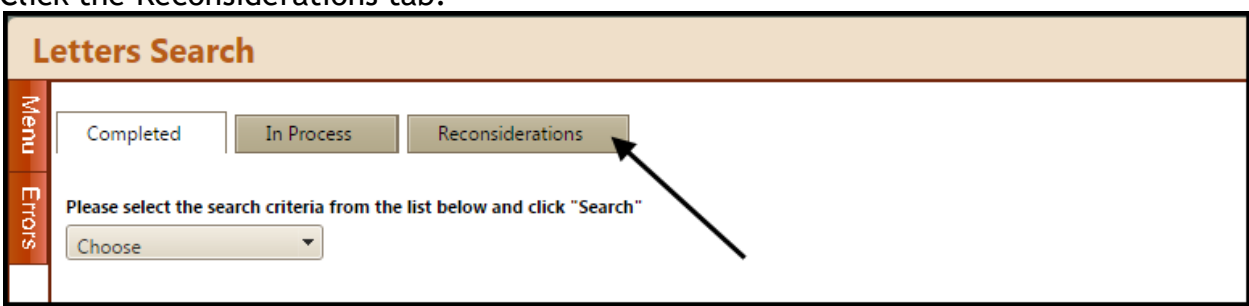
- Obtain the client's Medicaid ID
- Ensure your web browser's popup blocker is disabled

Instructions


1. Click **Letters** in the menu bar.



2. Click the Reconsiderations tab.



3. Select **Client ID**, enter the client’s ID number in the adjacent field, and click **Search**.



Completed In Process Reconsiderations

Please select the search criteria from the list below and click "Search"

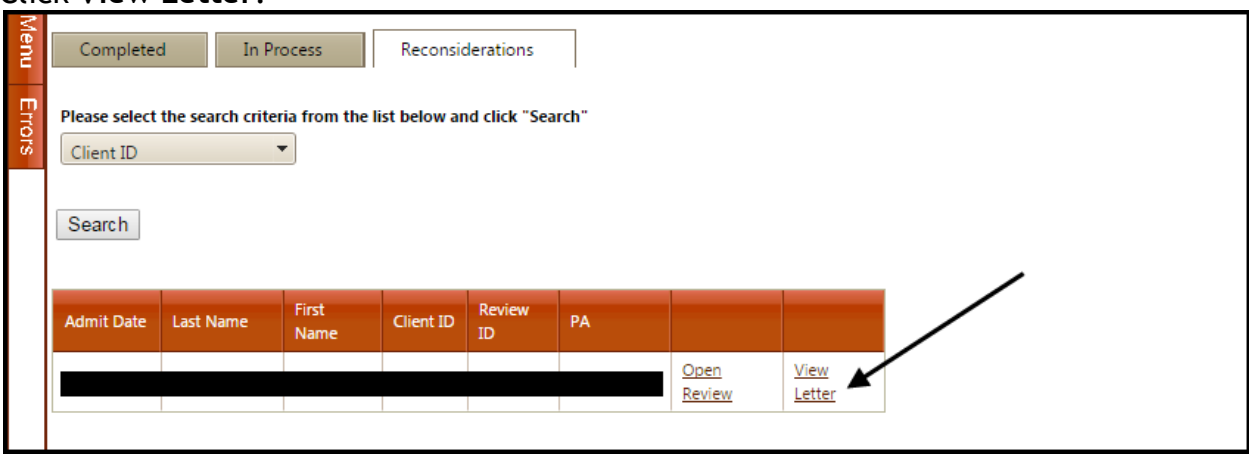
Client ID

Client ID:

Search

Admit Date	Last Name	First Name	Client ID	Review ID	PA
No records to display.					

4. Click **View Letter**.



Completed In Process Reconsiderations

Please select the search criteria from the list below and click "Search"

Client ID

Search

Admit Date	Last Name	First Name	Client ID	Review ID	PA		
						Open Review	View Letter

A PDF letter will display, informing you of the outcome of your reconsideration.

Next Steps

There are no additional opportunities for review once a reconsideration has been processed.

Requesting a Reconsideration Offline

Though eQHealth recommends submitting all reconsiderations online through eQSuite[®], providers do have the option to submit their reconsiderations offline via phone, fax, or mail. If you would like to submit a reconsideration offline, please review the information below.

Before proceeding...

Please ensure you have performed the following actions first:

- Complete the [Reconsideration Review Request Form](http://www.ColoradoPAR.com) (this form is also available online at <http://www.ColoradoPAR.com>)

Once you complete the Reconsideration Review Request form, you can:

- Call eQHealth Solutions Customer Service (toll-free) at **1-888-801-9355**
- Fax (toll-free) to **1-866-940-4288**, using the principal barcoded fax cover sheet