



Inpatient Utilization Review Program- 2019

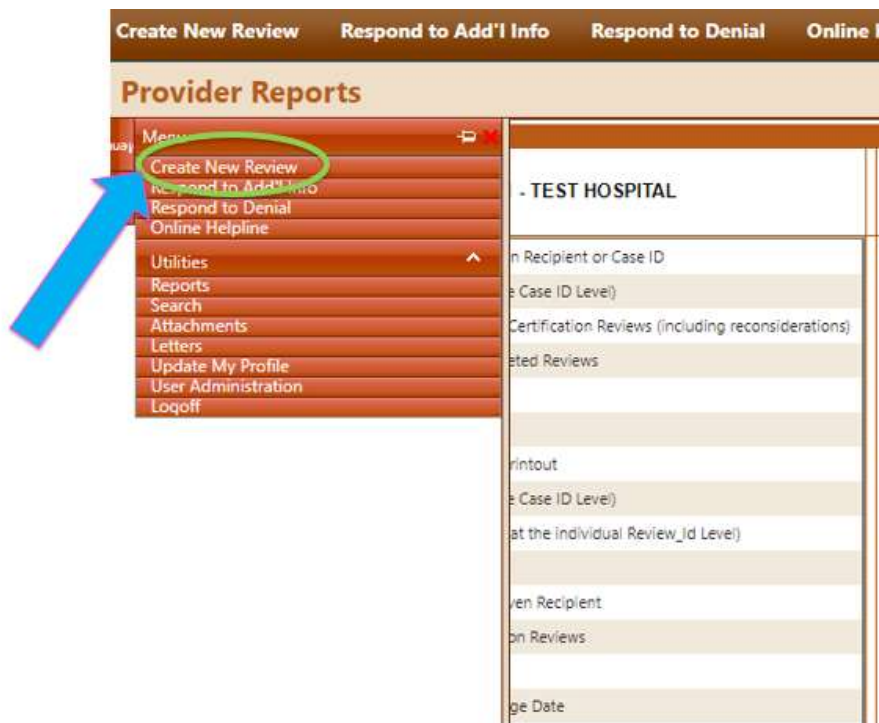
Please note: When you are submitting a claim for any authorized service, please ensure that the Date of Admission (DOA) on the claim matches the DOA on the Prior Authorization Request (PAR). If these dates do not match, please ensure that you confirm the DOA on the claim is correct, and then modify the DOA on the PAR as appropriate. To modify a PAR's DOA you can enter a helpline ticket in eQSuite, or call eQHealth's Customer Service with the Review ID and/or PAR number, the correct date and request a correction ticket to change the DOA.

HOW TO ENTER IN A RETROSPECTIVE REVIEW

In some cases, a member may not be eligible for Colorado Medicaid at the time of admission, but retroactive eligibility is obtained while hospitalized or post discharge. A retrospective authorization will be required as soon as the inpatient facility becomes aware of the member's eligibility.

For example, if a patient is admitted from the Emergency Room, and the eligibility is not known at the time of admission, the facility would be required to enter a Retrospective Review when they were made aware of the member's eligibility.

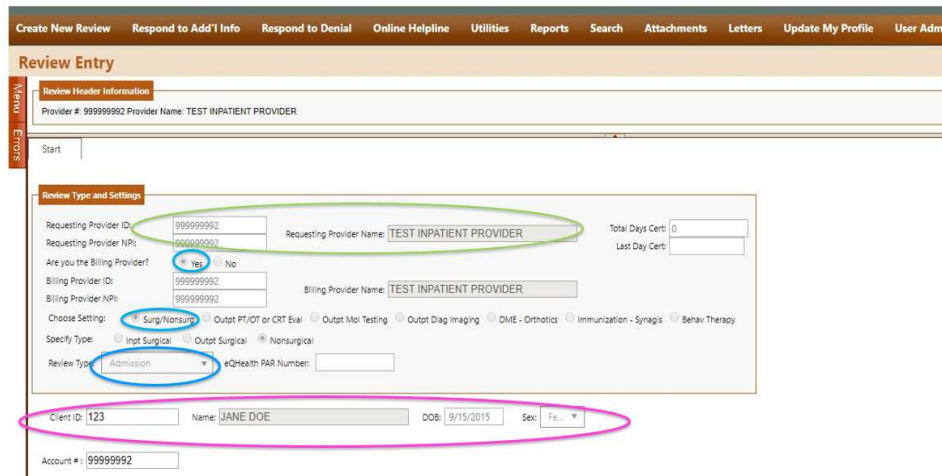
Click Create New Review



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Please make sure Provider information is correct in the corresponding places

Provider Information & Recipient Information



Click yes if you are the billing provider and the information will auto populate. Click No if you are not the billing provider and enter in the Billing Medicaid ID/NPI number for the Billing Provider.

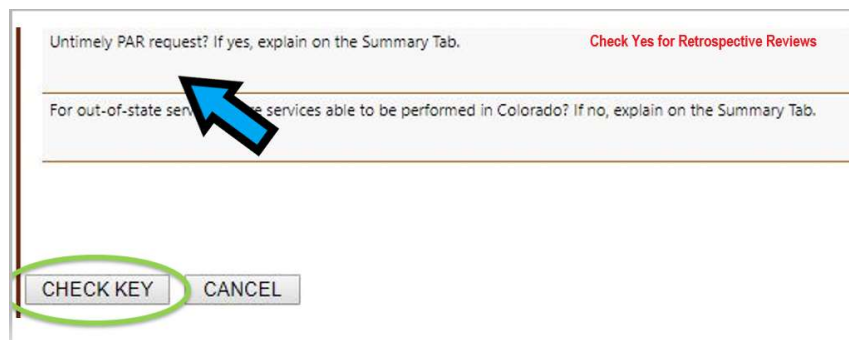
Choose the setting - Click Surg/NonSurg for Inpatient

Specify the Type – Inpatient Surgical, Inpatient Medical or Outpatient

Review Type: Select Admission

Enter in the Beneficiary ID number (Medicaid Number for Patient) and tab out so the information can populate.

In the Questions before hitting the Check Key Button It will ask if this is an Untimely Request? You will click Yes.



You will then fill out as shown above for an Admission and submit your supporting documentation to meet show medical necessity for your request.