

Health First Colorado Utilization Review

Internal Pre-Admission Screening and Resident
Review (PASRR)

Transition to eQHealth Solutions

Effective September 1, 2019 all PASRR authorization request will transition to eQHealth Solutions.

- Providers can submit authorization requests online through our portal “eQSuite[®]”, located at : [eQSuite Portal Log in](#)
- You can find additional training resources and our upcoming PASRR training webinars via our provider website. www.coloradopar.com

eQSuite® Access



New Users:

You will need to complete and submit an access form.
 You can locate this form on our website
www.coloradopar.com

(Once received and entered you will receive an email confirmation with your user name and password)

System Administrator:

- ✓ The person assigned will be responsible keeping all user accounts updated. *(Email address/phone numbers etc.)*
- ✓ You will have the ability to create additional User Accounts.
- ✓ Keeping all users informed of any updates or notifications sent from eQHealth.

Request for eQSuite® Access

Complete this form and submit it electronically to co.pr@eghs.org to gain access to eQSuite® as a System Administrator or fax to 1-866-940-4288. As a System Administrator you will be able to submit Prior Authorization Requests (PARs) for your group/practice as well as create and manage eQSuite® user accounts for your staff.

Group/Practice Name:

Health First Colorado Provider Number:

Type of PARs Requested: (check all that apply).

- | | |
|---|--|
| <input type="checkbox"/> Audiology | <input type="checkbox"/> Pediatric Behavioral Therapy |
| <input type="checkbox"/> Diagnostic Imaging | <input type="checkbox"/> Pediatric Long-term Home Health |
| <input type="checkbox"/> Durable Medical Equipment | <input type="checkbox"/> Pediatric Personal Care |
| <input type="checkbox"/> Inpatient | <input type="checkbox"/> Physical/Occupational Therapy |
| <input type="checkbox"/> Long-Term Support Services | <input type="checkbox"/> Private Duty Nursing (PDN) |
| <input type="checkbox"/> Medical Services | <input type="checkbox"/> Speech Therapy |
| <input type="checkbox"/> Molecular Testing | <input type="checkbox"/> Synagis |
| <input checked="" type="checkbox"/> PASRR | <input type="checkbox"/> Vision |

*Do NOT check all boxes. Your access is based on your Provider Type

First & Last Name:

Email Address:

Phone Number:

Extension:

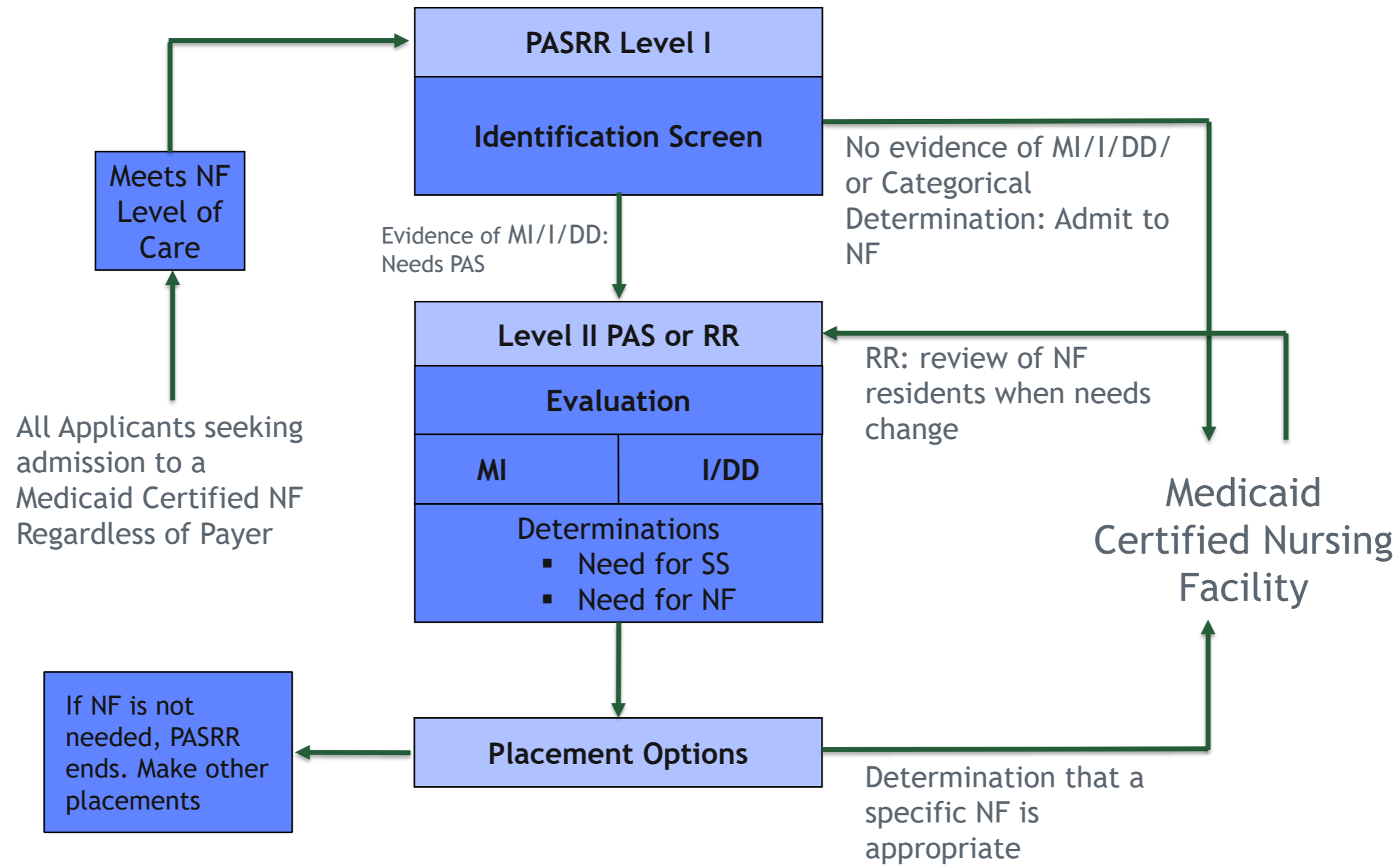
Form available through
www.ColoradoPAR.com

- ✓ Enter in your SEP, CCB Or Agency as the Provider Name
- ✓ Enter your Cat 11 Provider ID as Provider Medicaid Number

eQSuite® PASRR Requests

PASRR Review Process

PASRR General Process



Review Completion Timeframes

- Level 1 Determination will be issued within 6 hours
- Level 1 to Issuance of Level II Determination: Must achieve an annual average of 9 working days [42 CFR 483.112(c)]

eQSuite® Starting a New PASRR Request

eQSuite® -New Request

Navigation bar: OCL Requests, User Administration, Logoff

Section Header: OCL Requests

Sub-sections: New Request, Existing Requests, Archived Requests

Search Filters

Tracking ID:

Medicaid ID:

First Name:

Last Name:

Search Clear Search

Submitted Requests - Additional Information Needed

Incomplete Requests Not Yet Submitted

Requests Submitted For Approval

Approved Requests

Denied and Failed Requests

eQSuite® -General Information

- **Type of Screening:** Select PASRR
- **Review Type:** Pre-Admission Assessment or Post-Admission Update (PAL) Requested
- **Review Status:** Not Triggered and Triggered
- **Agency ID/Name:** Will be auto populated with your Provider information
- **Does the member have a Medicaid ID#:** Check Yes or No
- **Address:** If you have a Medicaid client and the address pulled up isn't correct. Please correct this. Note- This WILL NOT update the official Medicaid record.
- **Receiving Provider ID:** This is the Medicaid ID for the nursing facility the client will go to
- **Requested Start Date:** For Pre-Admission use anticipated Admission date. For Post Admission (PAL) Use Date of Submission.

The screenshot displays the 'OCL Request' form in the eQSuite system. At the top, there is a navigation bar with links for 'OCL Requests', 'Update My Profile', 'User Administration', and 'Logoff'. Below this, the page title 'OCL Request' is shown. The form includes a sidebar with 'General Information' (selected), 'Attach Documents', and 'Final Step'. The main form area contains the following fields: 'Tracking ID', 'Agency ID: 333222111 TEST WAIVER PROVIDER', 'Type of Screening: PASRR', 'Review Type: (Select)', 'Review Status: (Select)', 'Agency ID: 333222111', 'Name: TEST WAIVER PROVIDER', 'Requestor Name: John Doe', 'Requestor Phone: (225) 348-7026', 'Does the member have a Medicaid ID? Yes No', 'First Name:', 'Last Name:', 'Date of Birth:', 'Gender: Male Female', 'Phone:', 'Address:', 'City:', 'State: (Select)', 'Zip:', 'Receiving Provider ID:', 'Requested Start Date:', and 'Requested End Date:'. Three black arrows point to the 'Review Type' dropdown, the 'Does the member have a Medicaid ID?' radio buttons, and the 'Requested Start Date' field.

eQSuite® -Uploading Documents

Upon selecting upload you will be given the option to either upload the documents or print a coversheet to fax over the documentation.

- PASRR Level I screening/Resident Review & Supporting clinical documents

OCL Requests Update My Profile User Administration Logoff

OCL Request

Tracking ID: ##### Agency ID: 999999993 WAIVER PROVIDER

General Information
Attach Documents
Final Sign-off

Attach Documents

Uploaded?	Document Name	Upload
	Supporting Documentation	

eQSuite® -Uploading Documents

- First click Select & locate the file you wish to upload in your directory.
- Then click Upload
- You will receive a confirmation once the documents have been successfully uploaded.

Note: If you have multiple files attach each document before clicking upload

Print attachment coversheet(s) Upload attachment images(s)

Upload your images

Allowed file types: tif, tiff, pdf, jpg, jpeg, bmp

Large documents can take longer time to upload, please be patient.

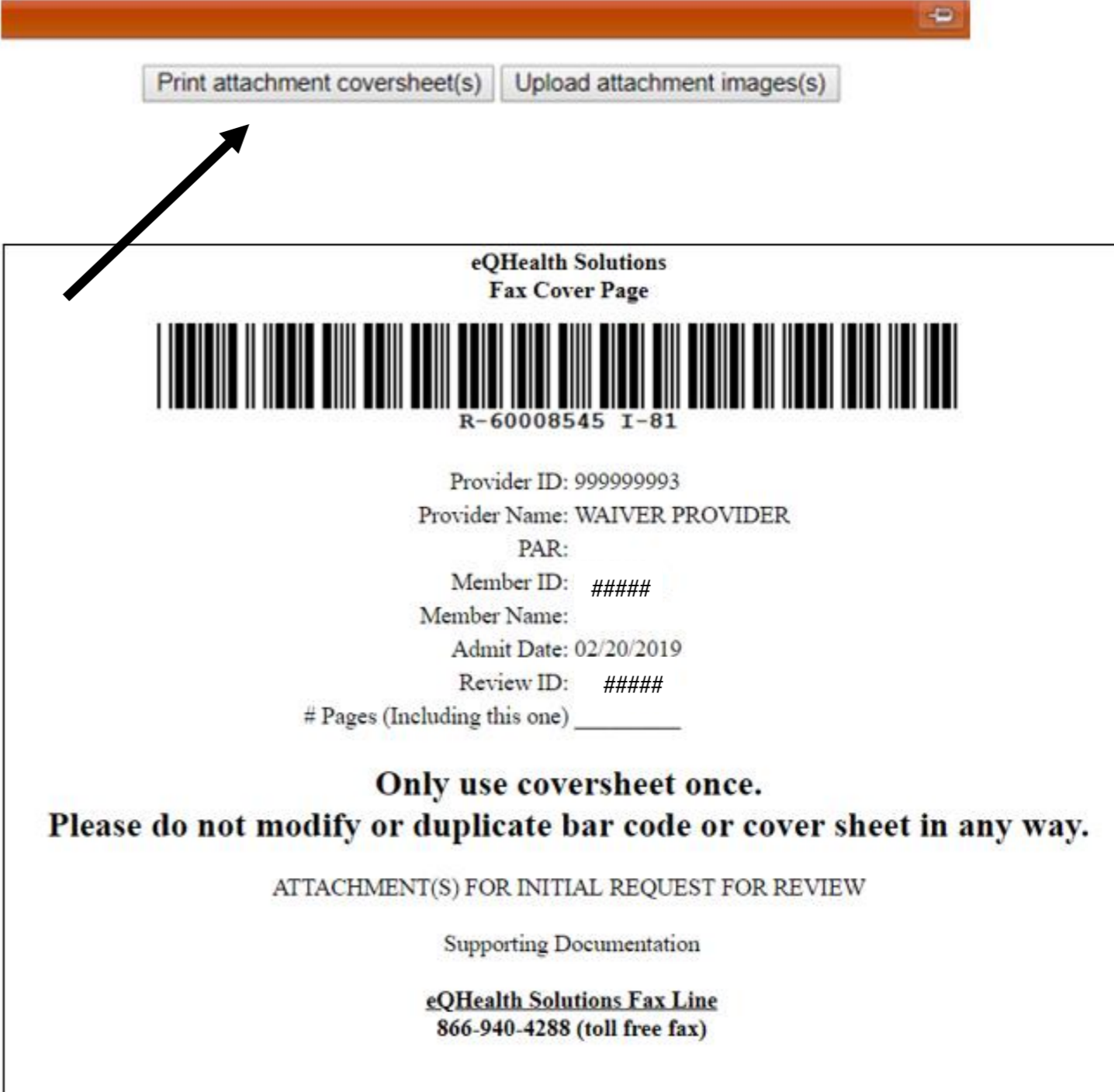
Supporting Documentation ▾

Select 1.

2. Upload


eQSuite® -Printing a Coversheet

- Click on “Print attachment coversheet”
- Please be sure to only use your cover sheet once as each bar code is specific to individual reviews.
- There will be a dedicated PASRR fax line on the fax coversheet.
- Please make sure your pop-up blocker has been turned off.



Print attachment coversheet(s) Upload attachment images(s)

eQHealth Solutions
Fax Cover Page



R-60008545 I-81

Provider ID: 999999993
Provider Name: WAIVER PROVIDER
PAR:
Member ID: #####
Member Name:
Admit Date: 02/20/2019
Review ID: #####
Pages (Including this one) _____

**Only use coversheet once.
Please do not modify or duplicate bar code or cover sheet in any way.**

ATTACHMENT(S) FOR INITIAL REQUEST FOR REVIEW

Supporting Documentation

**eQHealth Solutions Fax Line
866-940-4288 (toll free fax)**

eQSuite® -Final Step

- The final step on your PASRR request is where you can enter additional information. Please use this section to clarify or add information that is not already included in the required supporting documentation
- You will need to Sign & Date the review before its final submission
- Once you click “Submit” you will receive a confirmation that the review was successfully submitted.

OCL Requests Update My Profile User Administration Logoff

OCL Request

Tracking ID: ##### Agency ID: 333222111 TEST WAIVER PROVIDER Recipient ID: (Temporary ID)

General Information
Attach Documents
Final Step

Feel free to enter any additional information that is not provided in the supporting documents, that is pertinent to this case.

I certify that the information entered and attached is accurate and complete to the best of my knowledge.

SIGNATURE

Please type your First and Last Name

Date

Submit Request Close

PASRR Review Process

Status of Reviews

Status	Explanation
Pended for Info-Additional Info Needed	eQHealth is awaiting clarification or documents to make a determination
Awaiting Supporting Documents	Required Documents have not been received
Denied Request	Application denied for the rationale indicated on letter

PURS view of PASRR Reviews

Intake Tab

Rev: 60114827 Bene: Y995851 BRANSON, ELYSHA Age: 15 CurrentAge: 15 M Admit: 8/29/2019 Req: 8/10/2019 Waivers

File View Utility LDC Help

SaveClose Print SaveStay SubmitCorrectionReq Link Image LOS Bene Elig Unlock

Intake Admin Hold Encntr OCL Requests Docs Rvwr Recon Client Appeal Imgs Lttrs WFQ Corrections

Initial Entry Other Data

Receipt Date: 8 / 10 / 2019

Bene ID: Y995851 BRANSON, ELYSHA DOB: 12/23/2003 M

K-Baby Name:

Req Provider ID: 05650296 GOLDEN WEST NURSING HOME FT COLLINS CO

Req Provider NPI:

Bill Provider ID: 05650296 GOLDEN WEST NURSING HOME FT COLLINS CO

Bill Provider NPI:

Admit Date: 8 / 29 / 2019 [Change Admit Date](#)

Request Method: Web Requestor: TAMMIE STEPHENS

Review Type: Admission

Therapy Place Of Service:

Phone: (225) 926-6353 Ext.:

Setting: Waivers Criteria: Medicaid

Record Status: At Nurse Review Status Date: 8/29/2019

[Check To Continue](#)

Review Not Performed Reason: Review Not Performed Date: / /

Add Date: 8/29/2019 10:34 AM 90242 Stephens Last Edited: 8/29/2019 11:15 AM 90255 Stephens

Docs Tab

Rev: 60114827 Bene: Y995851 BRANSON, ELYSHA Age: 15 CurrentAge: 15 M Admit: 8/29/2019 Req: 8/10/2019 Waivers

File View Utility LDC Help

SaveClose Print SaveStay SubmitCorrectionReq Link Image LOS Bene Elig Unlock

Intake Admin Hold Encntr OCL Requests Docs Rvwrs Recon Client Appeal Imgs Ltrs WFQ Corrections

Current Review All Reviews

Admission - 60114827 - (Receipt Date: 8/10/2019)
Clinical Summary:
***** Submitted by the provider*****
Receiving Provider: 00122777 -- FOREST , STREET L

***** Submitted by the provider*****
Receiving Provider: 00122777 -- FOREST , STREET L

***** Submitted by the provider*****
Receiving Provider: 00122777 -- FOREST , STREET L

***** Submitted by the provider*****
Receiving Provider: 00122777 -- FOREST , STREET L

*****End of submission*****
*****End of submission*****
*****End of submission*****
*****End of submission*****

OCL Request TAB

Rev: 60114827 Bene: Y995851 BRANSON, ELYSHA Age: 15 CurrentAge: 15 M Admit: 8/29/2019 Req: 8/10/2019 Waivers

File View Utility LDC Help

SaveClose Print SaveStay SubmitCorrectionReq Link Image LOS Bene Elig Unlock

Intake Admin Hold Encntr **OCL Requests** Docs Rvws Recon Client Appeal Imgs Lttrs WFQ Corrections

Request Type: PASRR Provider Decision: Triggered

Level I Review

Outcome: Refer to Level II

Additional Outcome Documentation: test enter outcome at level 1 here...

Level II Review

Outcome: Complete

Additional Outcome Documentation: test enter outcome at level 2 here...

Final Determination

Outcome:

Additional Outcome Documentation:

Review Waiver Dates:

Type	Start Date	Thru Date
Requested	08/30/2019	08/30/2020

Send to:

MH I/DD All

Letter of Determination (LOD)

Issued by the State Mental Health Authority (SMHA) or State Intellectual Disability Authority (SIDA).

- Final review of Level II by SMHA/SIDA
- Determines if the client meets a PASRR-related condition
- Determines if the client meets NF level of care
- Determines what services are to be provided while the client is at NF and may be time limited
- The PASRR legal document that authorizes facility to admit client

Letter of Determination (LOD)

To locate your Letter of Determination (LOD) please click the tab of either Approved Requests or in the rare occasion under Denied Requests and locate your review. Click View to the far right and you will see your attachments. The LOD will be the most recent document uploaded to your review

PASRR Request

Tracking ID: ##### Agency ID: ##### Bedrock Nursing Home Recipient ID: TN55555 Wilma Flintstone

General Information
Attach Documents
Final Step

Attach Documents

Uploaded?	Document Name		
	Post-Admission Update (PAL) Supporting Documentation	Upload	
✓	Notice of Determination	Upload	View
	Pre-Admission Supporting Documentation	Upload	
	Pre-Admission Screen OBRA Authorization	Upload	
✓	PASRR Post-Admission Level I	Upload	View
✓	Final Notice of Determination	Upload	View



PAR Submission

PAR request Receipt Dates:

- On business days:
 - From 12:00 a.m. - 5:00 p.m. (Mountain Time) - it is considered received that day
- On holidays - it is considered received on the next business day
- On days following state approved closures, i.e., natural disasters
 - it is considered received on the next business day

Questions?



Thank You!