

# Health First Colorado Utilization Review

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<sup>®</sup>”, 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](http://www.coloradopar.com)

# Agenda

- Overview of eQHealth Solutions
  - eQSuite® Access
- Entering a new PASRR Request
  - ✓ Required Documents
- PASRR Review Process & Submission
  - ✓ Review Status
  - ✓ Review completion Timeframes
  - ✓ View Letters

# eQHealth Solutions Provides:

- ❑ 24-hour access for Utilization Review submissions
- ❑ Provider Communication and Support
- ❑ Provider Education and Outreach
- ❑ Comprehensive Utilization Management Program
  - ❖ Prior Authorization Review (PAR)
  - ❖ Retrospective Review
  - ❖ PAR Reconsiderations & Peer-To-Peer Reviews
  - ❖ PAR Revisions
  - ❖ Real time access to provider reports

# 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 username 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.com](mailto:co.pr@eghs.com) 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 NPI #

Colorado Provider Medicaid ID:

Type of PARs Requested: (check all that apply)

<input type="checkbox"/>	Audiology	<input type="checkbox"/>	Pediatric Long-term Home Health
<input type="checkbox"/>	Diagnostic Imaging	<input type="checkbox"/>	Pediatric Personal Care
<input type="checkbox"/>	Durable Medical Equipment	<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 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:

**IMPORTANT INFORMATION** (please read before signing)  
**UNAUTHORIZED ACCESS TO eQSuite® IS PROHIBITED BY LAW**  
 By signing this form, you are attesting that you understand that accessing eQSuite® is for the sole purpose of conducting Utilization Review and that each logon will be used only by the individual to whom it assigned. Unauthorized or improper use of the eQSuite® product may result in disciplinary action, as well as civil and criminal penalties.  
**SAFEGUARDING AND LIMITING ACCESS TO EXCHANGED DATA**  
 I agree to establish and implement proper safeguards against unauthorized use of eQSuite®. Proper safeguards shall include the adoption of policies and procedures to ensure that the data obtained shall be used solely in accordance with HIPAA.

Signature:  Date:

eQSuites® Request for Access

Rev 01.08.2020

Form available through  
[www.ColoradoPAR.com](http://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® Starting a New PASRR Request

# eQSuite® -New Request

The screenshot shows the eQSuite interface. At the top, a navigation bar contains 'OCL Requests', 'User Administration', and 'Logoff'. Below this, a secondary bar features 'OCL Requests' in large text. A third bar has three tabs: 'New Request', 'Existing Requests', and 'Archived Requests'. The 'New Request' tab is active. Below the tabs is a 'Search Filters' section with input fields for 'Tracking ID', 'Medicaid ID', 'First Name', and 'Last Name', along with 'Search' and 'Clear Search' buttons. Below the search filters is a list of request categories: 'Submitted Requests - Additional Information Needed' (highlighted in yellow), 'Incomplete Requests Not Yet Submitted', 'Requests Submitted For Approval', 'Approved Requests', and 'Denied and Failed Requests'. Two blue arrows point to the 'OCL Requests' link in the top navigation bar and the 'New Request' tab.



# 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 a web application. 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 buttons for 'General Information', 'Attach Documents', and 'Final Step'. The main content area contains the following fields:

- Tracking ID: [Blank]
- Agency ID: 333222111 TEST WAIVER PROVIDER
- Type of Screening: PASRR (dropdown)
- Review Type: (Select) (dropdown)
- Review Status: (Select) (dropdown)
- Agency ID: 333222111
- Name: TEST WAIVER PROVIDER
- Requestor Name: John Doe
- Requestor Phone: (225) 348-7026
- Does the member have a Medicaid ID?: Yes (radio) No (radio)
- First Name: [Blank]
- Last Name: [Blank]
- Date of Birth: [Blank]
- Gender: Male (radio) Female (radio)
- Phone: [Blank]
- Address: [Blank]
- City: [Blank]
- State: (Select) (dropdown)
- Zip: [Blank]
- Receiving Provider ID: [Blank]
- Requested Start Date: [Blank]
- Requested End Date: [Blank]

Three black arrows point to the 'Type of Screening' 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.

Examples of Supporting Documentation include:

- 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: tiff, tiff, pdf, jpg, jpeg, bmp

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

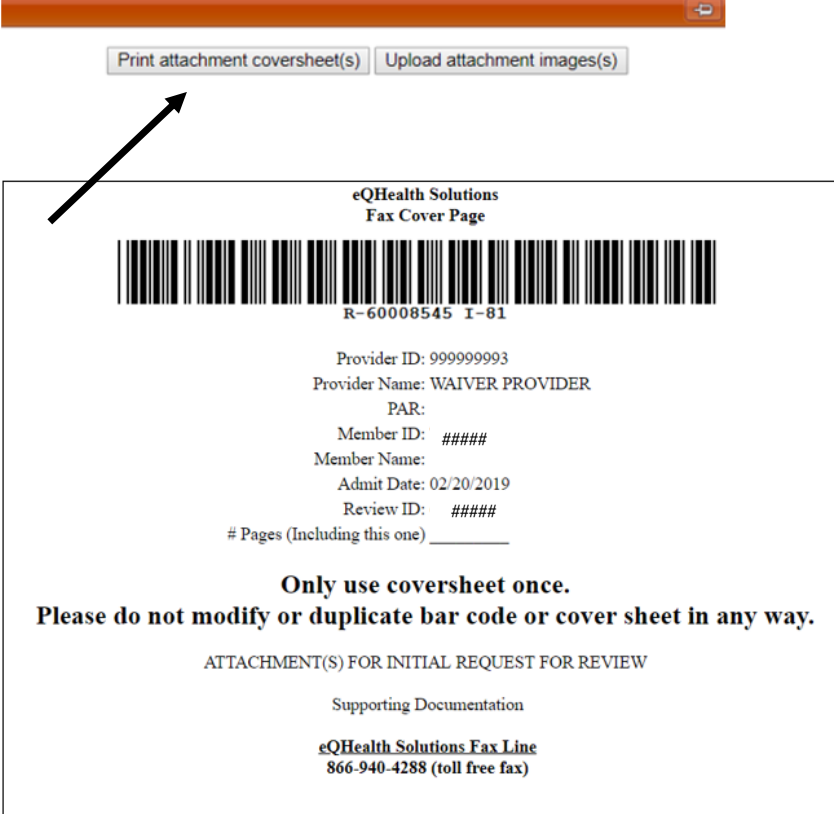
Supporting Documentation ▾

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)

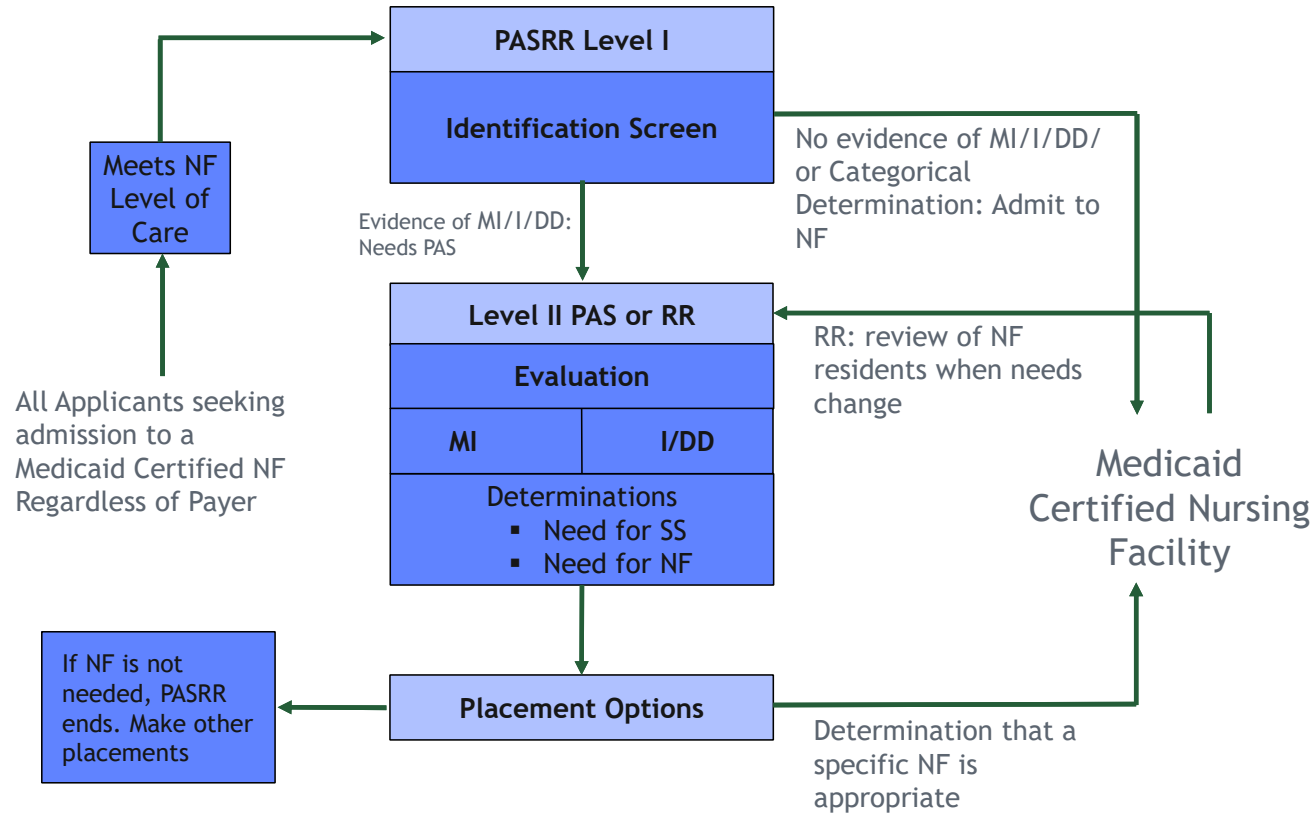
# eQSuite® -Final Step

- 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.

The screenshot displays the 'Final Step' of an OCL Request 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 is 'OCL Request'. The main content area includes a tracking ID (#####), agency ID (333222111), provider name (TEST WAIVER PROVIDER), and recipient ID ((Temporary ID)). A sidebar on the left contains three tabs: 'General Information', 'Attach Documents', and 'Final Step', with the latter being the active tab. The main area features a large text box for additional information, a signature field with a date input, and a 'Submit Request' button. A 'Close' button is also visible at the bottom right.

# eQSuite<sup>®</sup> 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)]

# 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



# How to view a Pended Review in eQSuite®

- Click on the “Existing Requests”
- Identify the request you need to respond and click on “Additional Info”

The screenshot shows the eQSuite interface with three tabs: "New Request", "Existing Requests", and "Archived Requests". The "Existing Requests" tab is active. Below the tabs is a "Search Filters" section with input fields for Tracking ID, Medicaid ID, First Name, and Last Name, along with "Search" and "Clear Search" buttons. A yellow banner with the text "Submitted Requests - Additional Information Needed" is highlighted with a red oval. Below this banner is a table with columns: Request #, Name, Date Submitted, Deadline, View, Letters, and Additional Info. The table contains one row of data. Below the table are sections for "Incomplete Requests Not Yet Submitted", "Requests Submitted For Approval", "Approved Requests", and "Denied Requests".

Request #	Name	Date Submitted	Deadline	View	Letters	Additional Info
[REDACTED]	[REDACTED]	09/06/2019	10/11/2019	<a href="#">View</a>	<a href="#">Letters</a>	<a href="#">Additional Info</a>

# How to Respond to a Pended Review in eQSuite®

- Question: Will display what is being requested.
- Additional Info: You can respond in the text box.
- Upload: You can attach supporting documentation if needed.
- Once completed you will be prompted to sign and submit your review.

OCL Requests Update My Profile User Administration Logoff

OCL Request

Tracking ID: ##### Agency ID ##### Agency Name Recipient ##### Client Name

General Information  
Attach Documents  
Final Step

Attach Documents

Question: Please provide any supporting documentation & any CES services currently utilized.

Additional Info:

Please do not click the Submit Info button until you have entered necessary documentation in the response box above.

Cancel Submit Info

Uploaded?	Document Name	Upload	View
✓	Supporting Documentation	Upload	View

# Notice of Determination (NOD)

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

# Notice of Determination (NOD)

- Click on “Requests submitted for approval”.
- Click on “View” then click on “Attach Documents”
- Click on “Attach Documents” then “View”

[New Request](#) | [Existing Requests](#) | [Archived Requests](#)

Search Filters

Tracking ID:   
 Medicaid ID:   
 First Name:   
 Last Name:

Submitted Requests - Additional Information Needed

Request #	Name	Date Submitted	Deadline
No records to display.			

Incomplete Requests Not Yet Submitted

Requests Submitted For Approval

Request #	Name	Date Submitted	Deadline	
		09/13/2019	09/24/2019	<a href="#">View</a>
		09/13/2019	09/24/2019	<a href="#">View</a>
		09/16/2019	09/25/2019	<a href="#">View</a>

Approved Requests

Denied Requests

[General Information](#)  
[Attach Documents](#)  
[Final Step](#)

Attach Documents

Uploaded?	Document Name		
✓	Pre-Admission Document	Upload	<a href="#">View</a>
	Supporting Documentation	Upload	



## Colorado Preadmission Screen Advanced Group Authorization (OBRA or SIDD Authority use only)

**PATIENT:** First Name: FIRST Last Name: LAST

**DOB** XX/XX/XX **SS#:** XXXX

Medicare  Medicaid  Medicaid Pending  Private Pay  Private Insurance  Hospice  PACE  Other

**PASRR Evaluator:** eQHealth Solutions PASRR Level I Reviewer

**Nursing Facility:** TBD

**Referral Source:** REFERRAL SOURCE  
Hospital, skilled nursing facility, SEP, Hospice Fax number

**Trigger for Preadmission Level II referral** \_\_\_\_\_ **\_DHMC** \_\_\_\_\_  
 Serious Symptoms \_\_\_\_\_ Current location if different than above

# 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?



# Contact Us

## *Customer Service*

*Phone: 1-888-801-9355  
(M-F, 8 a.m.-5 p.m., MST)*

*PASRR Team Direct Email:  
[eq.passrco@eqhs.com](mailto:eq.passrco@eqhs.com)*

*Provider Relations Email:  
[co.pr@eqhs.com](mailto:co.pr@eqhs.com)*

*Or*

*Online Helpline via eQSuite®*

For more information please visit

[www.coloradoPAR.com](http://www.coloradoPAR.com) - *Provider Resources*



# Thank You!