

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[®]”, 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

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.
- ✓ Please note that the Service Setting is a drop-down menu where you can make your selection



Health
SOLUTIONS



COLORADO
Department of Health Care
Policy & Financing

eQSuite® Access Form

Complete and submit this form to obtain System Administrator Access to eQSuite® for your Group/Practice. Once we create User Access for your provider group the System Administrator will be able to create and manage additional eQSuite® user accounts for your staff.

Please Type in the Fillable Fields and email this form to

CO.PR@EQHS.COM or Fax: 866-940-4288

Providers Information	
Access is granted based off of your Provider Type	
System Administrator First and Last Name	Please Type in your name here
Group/Practice Name	
NPI #	
Billing Medicaid ID#	
Phone #	
Email Address	
Service Setting	Please Select Setting.. <ul style="list-style-type: none"> Please Select Setting.. Audiology Behavioral Therapy Diagnostic Imaging DME Long Term Home Health Long Term Support Services Medical Services Molecular Testing PASRR
I agree that all information is correct	
<p>IMPORTANT (Please Read) UNAUTHORIZED ACCESS By signing this form, you are attesting that the information provided is for the sole purpose of conducting Utilization Management for the individual to whom it assigned. Unauthorized use of the eQSuite® product may result in disciplinary action, as well as civil and criminal penalties.</p>	

eQSuite[®] Starting a New PASRR Request

eQSuite[®] -New Request

OCL Requests User Administration Logoff

OCL Requests

New Request Existing Requests Archived Requests

Search Filters

Tracking ID:

Medicaid ID:

First Name:

Last Name:

- 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. The navigation bar at the top includes 'OCL Requests', 'Update My Profile', 'User Administration', and 'Logout'. The form title is 'OCL Request'. On the right, it shows 'Tracking ID:' and 'Agency ID: 333222111 TEST WAIVER PROVIDER'. A sidebar on the left contains 'General Information' (selected), 'Attach Documents', and 'Final Step'. The main form area includes the following fields:

- 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: [text input]
- Last Name: [text input]
- Date of Birth: [text input]
- Gender: Male (radio) / Female (radio)
- Phone: [text input]
- Address: [text input]
- City: [text input]
- State: (Select) (dropdown)
- Zip: [text input]
- Receiving Provider ID: [text input]
- Requested Start Date: [text input]
- Requested End Date: [text input]

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

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.

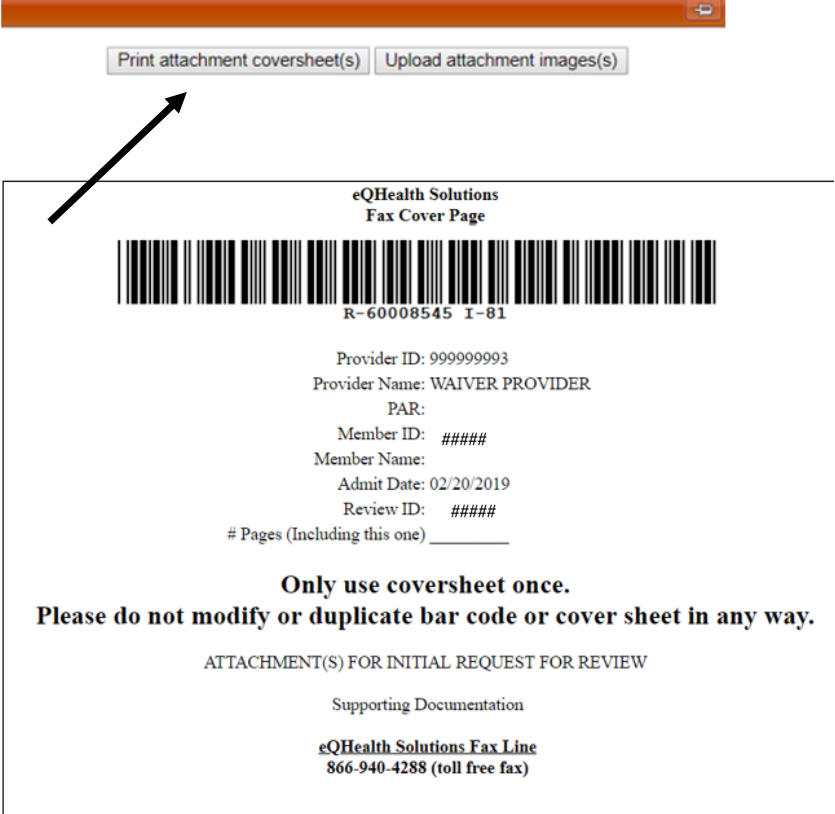
Supporting Documentation ▾

1. Select

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)

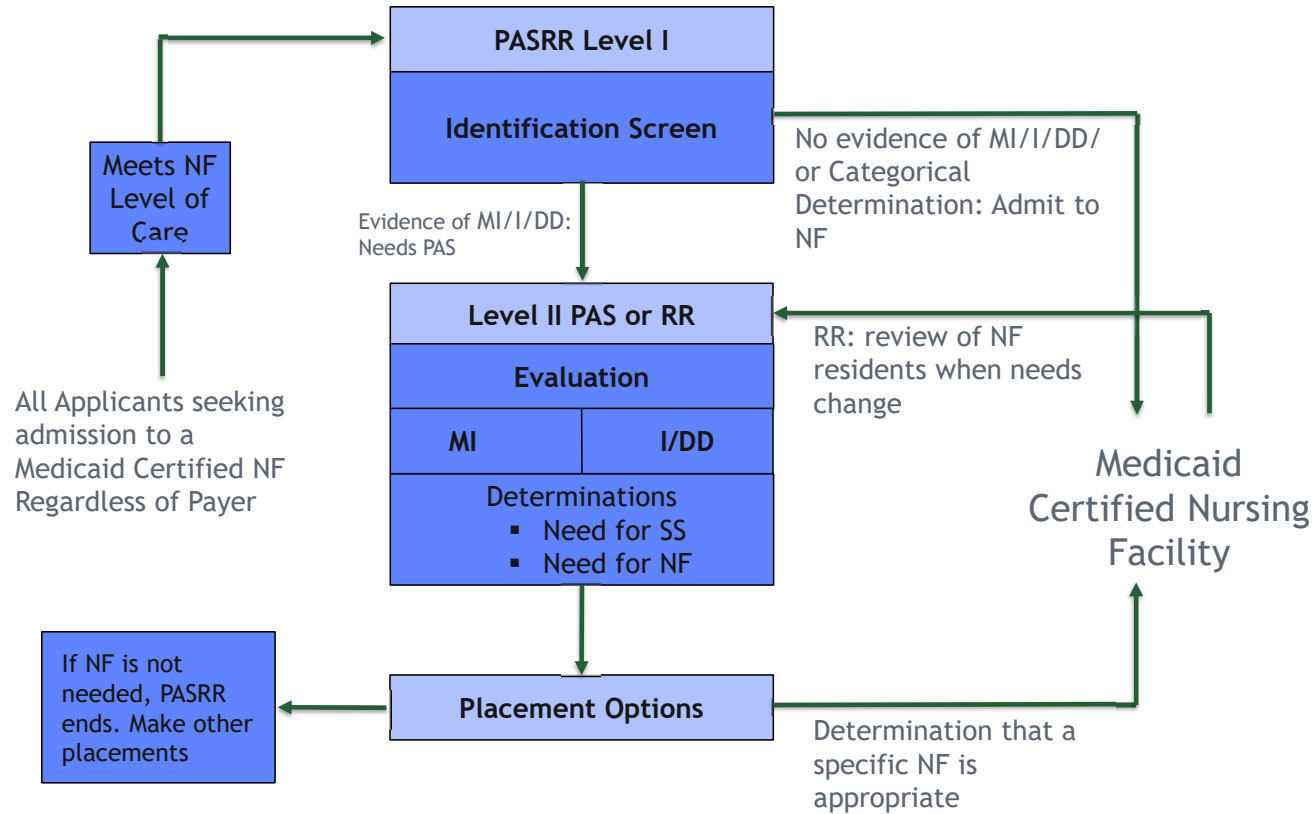
eQSuite® -Final Step

- 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. The top navigation bar includes 'OCL Requests', 'Update My Profile', 'User Administration', and 'Logoff'. The main header shows 'OCL Request' with tracking and agency details: 'Tracking ID: #####', 'Agency ID: 333222111 TEST WAIVER PROVIDER', and 'Recipient ID: (Temporary ID)'. A left-hand menu has three options: 'General Information', 'Attach Documents', and 'Final Step' (which is highlighted). The main content area contains a large text box with the instruction: 'Feel free to enter any additional information that is not provided in the supporting documents, that is pertinent to this case.' Below this is a certification statement: 'I certify that the information entered and attached is accurate and complete to the best of my knowledge.' The 'SIGNATURE' section includes a text input field with the placeholder 'Please type your First and Last Name', a date input field, and a calendar icon. At the bottom right, there are 'Submit Request' and 'Close' buttons.

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)]

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”

New Request | Existing Requests | Archived Requests

Search Filters

Tracking ID:

Medicaid ID:

First Name:

Last Name:

Search Clear Search

Submitted Requests - Additional Information Needed

Request #	Name	Date Submitted	Deadline			
██████	██████████	09/06/2019	10/11/2019	View	Letters	Additional Info

Incomplete Requests Not Yet Submitted

Requests Submitted For Approval

Approved Requests

Denied Requests

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.

The screenshot shows the 'OCL Request' interface with the following elements:

- Navigation bar: OCL Requests, Update My Profile, User Administration, Logoff
- Page title: OCL Request
- Metadata: Tracking ID: #####, Agency ID: #####, Agency Name, Recipient: #####, Client Name
- Left sidebar: General Information, **Attach Documents**, Final Step
- Main content area: **Attach Documents**
 - Question: Please provide any supporting documentation & any CES services currently utilized.
 - Additional Info: [Text box]
 - Instructions: Please do not click the Submit Info button until you have entered necessary documentation in the response box above.
 - Buttons: Cancel, Submit Info
- Document table:

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:

Search

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	View
		09/13/2019	09/24/2019	View
		09/16/2019	09/25/2019	View

Approved Requests

Denied Requests

General Information

Attach Documents

Final Step

Attach Documents

Uploaded?	Document Name		
✓	Pre-Admission Document	Upload	View
	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.pasrrco@eqhs.com*

*Provider Relations Email:
co.pr@eqhs.com*

Or

Online Helpline via eQSuite®

For more information please visit

www.ColoradoPAR.com - Provider Resources

*For HCPF Policy Questions:
HCPF_UM@hcpf.state.co.us*

Thank You!