

BA MDT Web Submissions

Regions 4&7

MDT Online Submissions

As of 9/23/19 Providers in Regions 4&7 are able to submit authorization requests online via eQSuite®. Effective 11/29/19. Any faxed requests received will not be reviewed.

Medicaid Area 4

- Baker, Clay, Duval, Flagler, Nassau, St. Johns, Volusia

Medicaid Area 7

- Brevard, Orange, Osceola, Seminole

Website Resources

FL.EQHS.COM

Behavior Analysis Tab

- **Access Forms:** eQSuite® Access form
- **Provider Manual:** Instructions on review submission
- **Codes that Require Prior Authorization:**
BA Fee Schedule
- **Forms and Downloads:**
Provider Forms
- **eQSuite® User Guide:** Step by Step Guide on how to navigate through eQSuite®
- **Education and Training Resources:** Recorded Trainings, Power Point Presentations.
- **Helpful Resources:** Medicaid Coverage Policies/Healthcare Alerts



The screenshot displays the eQHealth Solutions website interface. At the top left is the logo for eQHealth SOLUTIONS. A navigation bar contains several tabs: Home, Provider Resources, Behavior Analysis, Multispecialty/ADI, Therapy/DME, Inpatient, Home Health/PCS/PPEC, and Contact Us. An arrow points to the Behavior Analysis tab, which has a dropdown menu open. The menu items are: Access Forms, Provider Manuals, Codes that require prior authorization, Forms and Downloads, eQSuite User Guides, Education and Training Resources, and Helpful Resources. Below the navigation bar is a large banner area with the text 'Welcome to eQHealth Solutions' and 'A DIVISION'. The main content area is divided into two columns. The left column is titled 'ANNOUNCEMENTS' and contains several links and text blocks, including 'Behavior Analysis Services-Effective Immediately 9/19/19', 'Clarification for CDE Requirements for all BA Services.', 'FL Medicaid Health Care Alert (Click Here)', and a paragraph about eQHealth Solutions announcing that starting 9/23/19, BA providers in MDT Regions 4&7 can now submit authorization requests in eQSuite®, with a link to sign up for a webinar on Monday, September 23, 2019 at 11:30 am Est. The right column is titled 'eQSuite' and features a section for 'eQSuite Login' with a brief description of the system and a note about standard corporate-wide system patching.

Entering your request in eQSuite®

- **Specify Type:** Select BA MDT
- **Program:** Leave defaulted to MDT OT
- **Review Type:**
 - Admission: New request for services
 - Continued Stay: Continuation of services, you will need the Case ID **or** PA#
(Note: Continuation of services should not be entered until the Admission request has been approved.)
 - Modify Authorization: Modify a request that has been approved, you will need the Case ID

Review Entry

Review Header Information
Provider #: 000000001 Provider Name: TEST BA PROVIDER

Start

Review Type and Settings

Provider ID: 000000001 Provider Name: TEST BA PROVIDER

Specify Type: BA BA MDT
Program: MDT OT MDT SLP MDT LCSW

I attest that A) this recipient has received therapy services prior to 11/1/11 and a signed and dated plan of care that covers the requested dates of service not previously been submitted.

Review Type: Admission (selected) | eQHealth Case #: | PA#: | **RETRIEVE DATA**

Start Tab/Required Fields

- Recipient ID
- Physicians & Healthcare Practitioners: Enter the referring provider
- Start Date of Service
- Answer Yes/No to the questions.
- Check Key: This will validate that the fields have been completed and there are no errors.
- Errors: If there are any errors, click on the errors box and make the applicable corrections. Once the corrections have been made click “Check Key”

Review Header Information
Provider #: 00000001 Provider Name: TEST BA PROVIDER Review ID: 11457785

Start

Recipient ID: Name: DOB: Sex:

Physicians and Healthcare Practitioners

Type	Medicaid #	NPI #	License #	Name	Phone #	
<input type="button" value="Edit"/>	Referring	000001000	1235331315	ME0100111	TEST, PROVIDER	1234567890 <input type="button" value="Clear"/>

Start date of service:

Is this a HCPCS to CPT conversion review? Yes No

Is this a request to review ongoing behavior analysis services provided by your organization? (i.e. extending or continuing services from a previous PA#) Yes No

Is this request the result of an emergency? Yes No

Is the request follow-up from an EPSTD screening? Yes No

Is this a request for administrative authorization of telemedicine caregiver training? Yes No

Is the provider compliant with telemedicine standards? If yes, you must select one below: Yes No

Services cannot be delivered because the center is closed (when services are delivered in the center) and home-based care is not an option

Services are delivered in the home and provider and/or the recipient meet one or more of the self-screening criteria for COVID-19 in accordance with the Department of Health Guidelines

DX Codes/Items

- Diagnosis: Click “Add” and enter the DX code without a decimal point
- CPT Code: Click “Add” and enter the CPT code
[BA Fee Schedule-Effective 8/1/2022](#)
- Save & Close: Partially save the record
- Save & Continue: Continue to the next required tab

Review Entry

Review Header Information
Provider #: 00000001 Provider Name: TEST BA PROVIDER
Recipient ID: 915 Recipient Name: JEN E DOE Admit Age: Current Age: 0 Review ID: 11457794

Start | DX CODES/ITEMS | CLINICAL INFO

Add Search Refresh

P	ICD Code	Description		
Y	F840	AUTISTIC DISORDER	Edit	Delete

Add Refresh

Code	Description	MOD	MOD2	From Date	Thru Date	Total Units		
97151	Behavior Identification - Assessment/Reassessment			08/01/2022	08/30/2022	24	Edit	Delete
97152	Behavior Identification - Supporting Assessment			08/01/2022	08/30/2022	8	Edit	Delete

CANCEL | SAVE/CLOSE | SAVE/CONTINUE

Clinical Info

- You will need to answer the questions and check all that apply
- Click Save/Continue to move forward to the next tab

Review Entry

Review Header Information
Provider #: 00000001 Provider Name: TEST BA PROVIDER
Recipient ID: 915 Recipient Name: JEN E DOE Admit Age: 12 Current Age: 12 Admit DT: 8/1/2022 Review ID: 11457794

Start | DX CODES/ITEMS | **CLINICAL INFO**

What other Behavioral Health and Psychiatric Services has the recipient received?		
Is the recipient stable to remain and safely receive services in the home/community environment?	<input type="radio"/> YES <input type="radio"/> NO	
Is the primary caregiver willing and able to participate in the recipient's therapy?	<input type="radio"/> YES <input type="radio"/> NO	
Did the primary caregiver give consent for treatment? If Yes, include signed consent form.	<input type="radio"/> YES <input type="radio"/> NO	
Have less intrusive or less intensive behavior health services been provided or considered?	<input type="radio"/> YES <input type="radio"/> NO	
Have other therapy services such as occupational therapy, physical therapy, or speech therapy been provided or considered?	<input type="radio"/> YES <input type="radio"/> NO	
What other behavioral health services is the recipient currently receiving (select all that apply)?		
None		
Crisis Intervention (e.g., psychiatric hospitalization, Baker Act)		
Residential Treatment		
Day Treatment		
Intensive Outpatient Therapy		
Medication Management		
Cognitive Behavioral Therapies		
School Based Services		
Other (Specify)		
Have medical evaluations or treatment been implemented to rule out or address possible organic etiologies for the behavior(s) of concern? Provide documentation if yes.		<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A
Is it your professional opinion that no equally effective alternative is available for reducing interfering behaviors, increasing prosocial behaviors, or maintaining desired behaviors?	<input type="radio"/> YES <input type="radio"/> NO	

CANCEL | SAVE/CLOSE | **SAVE/CONTINUE**

Summary Tab

- You can type in the summary box any additional details
- Once complete you will click “Submit for Review”

Create New Review **Respond to Add'l Info** **Respond to Denial** **Online Helpline** **Utilities** **Reports** **Search**

Review Entry

Review Header Information
Provider #: 00000001 Provider Name: TEST BA PROVIDER
Recipient ID: 915 Recipient Name: JEN E DOE Admit Age: 12 Current Age: 12 Admit DT: 7/23/2022 Review ID: 11457803

Menu Errors

Start DX CODES/ITEMS CLINICAL INFO **SUMMARY**

Please enter any additional information you feel is needed to complete utilization review here. Note: It is NOT necessary to repeat any information that was already indicated on previous tabs.

Type in additional details in this box

[Florida Agency for Health Care Administration Disclaimer 5](#)

eQHealth Solutions certification determination does not guarantee Medicaid payment for services. Eligibility for and payment of Medicaid services are subject to all terms and conditions of the Medicaid program.

PROVIDER ATTESTATION STATEMENT

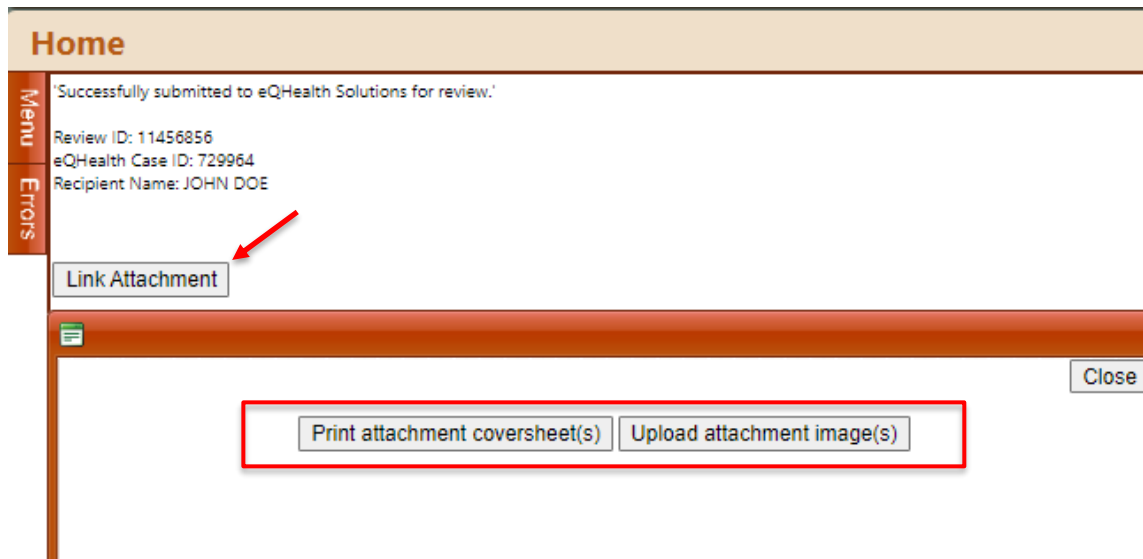
A service provider who knowingly or willfully makes, or causes to be made any false statement or representation of a material fact in any application for Medicaid benefit is in violation of state law and may be subject to civil monetary penalties, suspension and termination. In addition, the provider may be prosecuted under federal and/or state criminal laws and may be subject to civil monetary penalties.

By clicking [Submit for Review] you are attesting

CANCEL SAVE/CLOSE **SUBMIT FOR REVIEW**

Submit Supporting Documentation

- Once you click submit for review, it will generate a Review ID and eQHealth Case ID, keep this information for your records.
- You will Click on “Link Attachment” and either print a coversheet to fax over the supporting clinical documentation or click Upload to upload the documents into eQSuite®
- Once you have completed your submission, if additional information is needed, you will be contacted by the MDT Coordinator within 1 business day.




Behavior Plan Checklist

Behavior plan checklist is located on our website.

[Behavior Plan Checklist](#)

You can upload the checklist or fax it with your submission.

The Behavior Plan checklist is an **optional** document, it is a tool to help you submit a complete authorization request and avoid pends.



Fax: 855-440-3747
Or upload image via eQSuite

**Behavioral Analysis Services
BEHAVIOR PLAN CHECKLIST**

I. GENERAL INFORMATION			
Recipient Number	Last Name	First Name	Date of Birth
<p>Summary: The checklist is an inventory tool of the information that should be presented in a behavior plan, as well as the location of the information within the plan. If you have questions, contact eQHealth Solutions at 855-444-3747</p>			
Information			Location in Plan/Page #
<input type="checkbox"/>	Identification of the referring physician		
<input type="checkbox"/>	A complete background and medical history of the recipient of services with information on medication status and any other therapy the recipient is currently participating		
<input type="checkbox"/>	Observable and measurable descriptions of maladaptive behavior(s) without overlapping topographical definitions and that are free of reference to internal or intentional states		
<input type="checkbox"/>	Identified function of the maladaptive behavior(s) as a result of the assessment or reassessment conducted using indirect and direct observation methods or functional analysis		
<input type="checkbox"/>	Baseline and/or updated treatment data in graphs that conform to standards of care within the field of applied behavior analysis		
<input type="checkbox"/>	For continued services, summary or progress and/or barriers to progress with a detailed explanation of how the provider intends to address the barriers		
<input type="checkbox"/>	Procedures for changing the maladaptive behavior(s) that are based on the conceptual system of behavior analysis and conform to standards of care within the field of applied behavior analysis. The procedures must be specific to a target behavior and not a general listing of procedures		
<input type="checkbox"/>	System for monitoring and evaluating the effectiveness of the plan		
<input type="checkbox"/>	Written detailed justification and description of when, where, and how often these goals will be addressed, and proposed strategies will be implemented that conforms to standards of care within the field of applied behavior analysis and is related to the intensity/frequency/duration of maladaptive behaviors		
<input type="checkbox"/>	Discharge criteria		
<input type="checkbox"/>	Transition plan, if applicable		
<input type="checkbox"/>	Safety and crisis plan, if applicable		
<input type="checkbox"/>	Signed by the lead analyst and parent/guardian		

FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION DISCLAIMER STATEMENT
eQHealth Solutions certification determination does not guarantee Medicaid payment for services. Eligibility for and payment of Medicaid services are subject to all terms and conditions and limitations of the Medicaid program.

Provider Transition with Transfer of unused units to new BA Provider

1. New Provider will obtain the change of the provider form signed by the parent/guardian
2. New Provider submits a new request for services via eQSuite® and includes the change of provider form
3. eQHealth will end the previous PA
4. eQHealth Solutions will administratively authorize/transfer the remaining units to the new provider.

Provider Transition without transfer of unused units to new BA Provider

1. New Provider will obtain the change of the provider form signed by the parent/guardian
2. New Provider submits assessment (97151/97152) or Reassessment (97151TS) in eQSuite® & includes the change of provider form
3. eQHealth Solutions will end the previous PA
4. eQHealth Solutions will approve the 97151/97152 or 97151TS
5. Once the request has been approved, New Provider completes assessment, develops new Behavior Plan & requests services.
6. eQHealth will review request for medical necessity

eQHealth Resources

Phone: 855-444-3747
Fax: 855-440-3747
(General inquiries/questions)

Provider Website:
FL.EQHS.COM
(Provider Forms/Education and Training Material)

Provider Outreach Email:
PR@KEPRO.COM
(Provider Education/Training Assistance)