# Behavior Analysis Services March 21, 2018 Phase 1 Vendor Transition Webinar



## **Transition-Phase I**

# Effective March 26, 2018, PA requests for Behavior Analysis services will transition to eQHealth Solutions.

- Providers can submit authorization requests online through our web portal we call "eQSuite®", located at:
  <a href="https://flwebapps.eqhs.org/webportal/login.aspx">https://flwebapps.eqhs.org/webportal/login.aspx</a>
- ➤ If you cannot access our web system, you may submit authorization requests to us by fax at 855-440-3747
- ➤ eQHealth will not be accepting any authorization requests for dates of service prior to February 1, 2018.
- Additional Updates and Training material will be posted to our provider website <u>www.fl.eqhs.org</u>



## Submitting your authorization via fax



You can locate the authorization form on our website fl.eqhs.org under the Forms & Downloads tab.



The review entry turn around time is 3 business days from the receipt of the request.



Once an approval has been issued, a PA# will be generated within 24-48 hours.



To check the status of the review and/or to obtain a copy of the authorization letter, you can contact our Customer Service Department.



## Submitting your authorization on eQSuite®



24/7 accessibility to submit authorization requests with real-time approval notification



A helpline module for Providers to submit questions



A reporting module that allows real-time status of all reviews, access to letters and authorization numbers



Secure transmission protocols that are HIPPA security compliant



System access control for changing or adding authorized users.



Electronic submission and Provider Alerts



## How to access eQSuite®

#### **New Users:**

You will need to complete and submit an access form.

 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.



#### Behavior Analysis- Request for eQSuite® Access

All information must be complete for processing

NOTICE: It is important to notify us immediately when contacts change to ensure effective and timely communications. Check here if this is a request for a change in previously submitted contact information.

Return Completed and Signed Forms Attention: Provider Outreach

Fax: 855-440-3747

mail:	provideroutreach@eqhs.org

Mailing Address:	

#### Handwritten forms cannot be accepted

Contact Type	Contact Name (First & Inst name)	Email Address (required)	Telephone Number
System Administrator			
FORM MUST	BE SIGNED BY THE ADMINISTR  T CEO (PLEASE PRINT)	Signature:	

NOTE: You will not be able to enter an authorization request on eQSuite® until Monday, March 26<sup>th</sup> 2018



## **Allowable HCPCS Codes**

HCPCS Recipients under 21	Mod 1	Mod 2	Unit Definition
H0031 Behavior Assessment	ВА		1 Unit= 1 Assessment
H0032 Behavior Re Assessment	ВА		1 Unit= 1 Assessment
H2019 Behavior Analysis- Lead Analyst	ВА	GT (use this modifier for telephonic services)	1 Unit= 15 minutes
<b>H2012</b> Behavior Analysis- Asst. Analyst	ВА		1 Unit= 15 minutes
H2014 Behavior Analysis- Technician	ВА	GK (use this modifier for group therapy - pp to 6)	1 Unit= 15 minutes

If you need to make a modification to an authorization request, please contact our Customer Service Department.



## **eQSuite®**

## **Start Tab**

#### **Provider ID:**

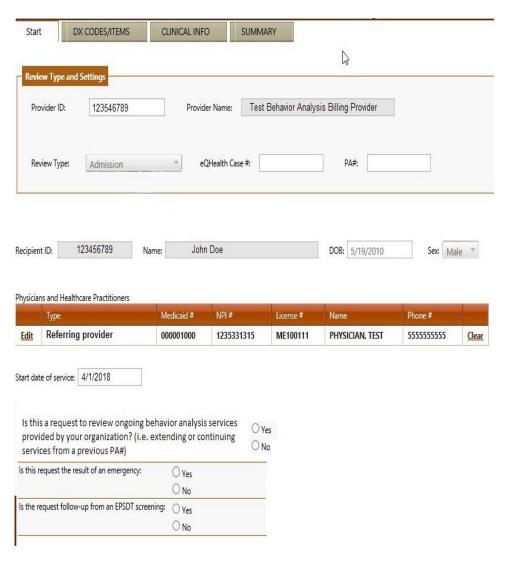
This information will be automatically entered by the system, based on your User login

#### **Review Type:**

- Admission: New prior authorization Request to eQHealth
- Note: The very first review entered into eQSuite must be for an assessment or re assessment.
- Continued Stay: Continuation of services approved by eQHealth

**Recipient ID:** Once you enter the recipient ID the Name/DOB and gender will automatically populate.

**Referring provider:** You will need to enter the Physicians Medicaid ID#





## eQSuite-DX Codes/Items

### **DX Codes Tab**

When entering the diagnosis, please make sure not use a decimal point.

#### **Example:**

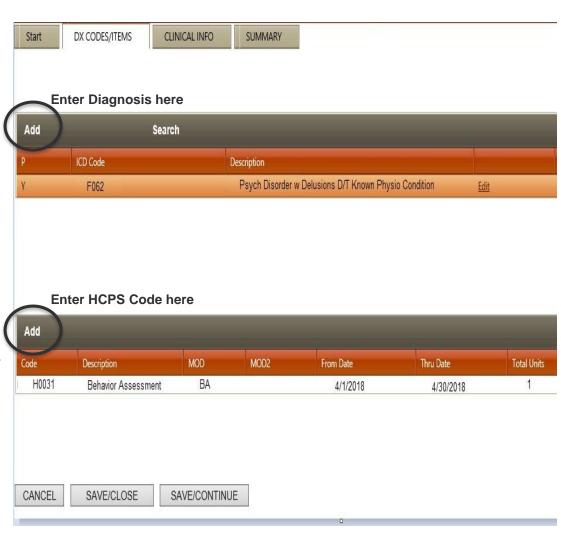
DX Code F06.2 must be entered F062

#### NOTE:

Florida Medicaid BA Services Coverage Policy Section 8.4,

"Providers must report the most current and appropriate diagnosis code to the highest level of specificity that supports medical necessity, as appropriate for this service."

It is not the policy of eQHealth Solutions to advise clinicians on questions concerning assignment of diagnosis codes





## eQSuite-DX Codes/Items

## **HCPCS Codes**

- When entering your HCPS code please make sure it is a code that requires prior authorization.
- You can find the list of codes on our provider website FL.EQHS.ORG

#### > Code:

Enter HCPCS Code-

Assessment codes cannot be on the same review as service codes.

#### **Modifier:**

Mod 1 = Select "BA"

Mod 2 = Enter if applicable.

#### > From/Thru Date:

Enter the start and end date of services.

#### > Total Units:

Enter Total Units (For service codes, 1 Unit=15 min)

Once you have entered all of the fields click Add





## **Assessment & Reassessment**

### Authorizations for Codes H0031/H0032

- Authorization requests for H0031or H0032 must be made separate of request for authorizations of service codes (H2012/H2014/H2019)
- The authorizations for Assessments & Reassessments are only applicable for codes H0031 or H0032
- An Assessment or Reassessment authorization must be requested with eQHealth before submitting an authorization request for service codes (H2012/H2014/H2019)



# Phase 1 - Vendor Transition Period March 26- May 1 2018

#### Transition Authorizations for Codes H2012/H2014/H2019

- eQHealth will approve up to 20 combined hours (80 units) a week without additional clinical information.
- The transition authorizations will be valid for a period of 30 days from the requested start date of services.
- This transitional process will end May 1, 2018.
- Additional Phase 2 training and communication will be coming soon.
- Reminder there must be an Assessment or Reassessment authorization request submitted to eQHealth before requesting authorization of codes H2012/H2014/H2019



# Phase 1 - Vendor Transition Period March 26- May 1 2018

Codes H2012/H2014/H2019, If more units are needed

#### How?

If you need to request more units than approved, please fax your request for the additional units.

Fax:855-440-3747

#### What will be required?

You will need to fax over clinical documentation to support the need for the additional hours.

#### What to Include on your paperwork

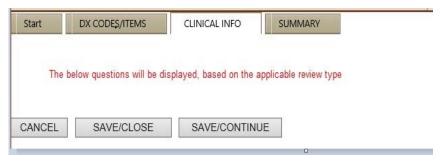
- ✓ Review ID#
- ✓ The service code
- # of additional units needed
- Explanation of why the additional units are needed

This transitional process is effective until May 1, 2018, Additional training and communication will be coming soon.



## eQSuite-Clinical Info/Summary Tab

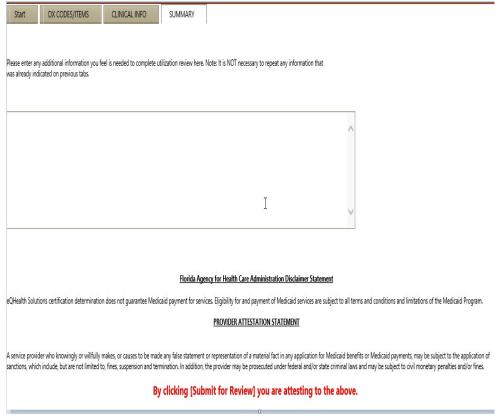
During Phase 1, no responses to questions will be required. You will need to click Save/Continue to move on to the next screen.



Phase 2 Training will cover in detail:

- Clinical Information
- Summary Tab
- Supporting Documentation

The summary tab will allow you to add any additional information you may need to add to your submission. Once you are done you will click on "Submit for Review"





## **Authorization Letters**



- When you are logged into eQsuite click on the "Letters" tab.
- Once you have entered the Review ID number, click "Search"
- Once the review has generated you will click on "View Review Letters"
- The PA# will generate within 24-48 hours of the request being approved.

**Note:** If you faxed over your authorization request, you will not be able to view the letter on eQSuite. You will only be able to view the letter on eQSuite if you submitted your request online.

eQHealth Solutions - Florida	Date of Notice:	9/99/9999
Division 5802 Benjamin Center Drive	Review Complete Date:	9/99/9999
Suite 105	Review Request Date:	9/99/9999
Tampa, FL 33634	Billing Provider Name &	999999999
	Number:	
	Provider Name	
	Setting:	Behavior Analys
	Requested by:	Requestor Nam
	Doctor's Name &	999999999
	Number:	
	Physician Name	
Provider Name	Recipient Name:	Recipient Name
9999 Main Street	Recipient's Medicaid	999999999
Suite 999	Number:	
City, ST 99999	Admit Date:	9/99/9999
10.5		

#### NOTICE OF OUTCOME - APPROVED BEHAVIOR ANALYSIS SERVICES

#### Dear Provider

eQHealth Solutions is the Quality Improvement Organization contracted with the Florida Agency for Health Care Administration (AHCA) to review Behavior Analysis services provided to Medicaid recipients in the State of Florida. Under this contract, experienced nurses and physicians assure that Medicaid medical care meets medical necessity guidelines.

We received a request for review of the services listed below for the above referenced patient to determine if such services are appropriate.

Prior Authorization Number	Proc Code	Effective Begin Date	Effective Thru Date	Total Units
123456789	H2019	4/1/2018	6/29/2018	872
123456789	H2014	4/1/2018	6/29/2018	156

A physician reviewed the request and based on the information submitted to us the following Items have been approved. Our decision includes the number of units approved or denied in the "Total Units" column.

Code	Description	Mod 1	Mod 2	From	Thru	Total Units	
H2019	Behavior Assessment	ВА		4/1/2018	6/29/2018	Approved Denied	872 0
H2014	Behavior Analysis- Group (up to 6)	BA	GK	4/1/2018	6/29/2018	Approved Denied	156 0



## PHASE 2 TRAINING



http://fl.eqhs.org/BehaviorAnalysis.aspx

# **QUESTIONS?**



## eQHealth Resources

