

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:
<https://flwebapps.eqhs.org/webportal/login.aspx>
- 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 www.fl.eqhs.org

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.



Return **Completed and Signed** Forms
Attention: Provider Outreach
Fax: 855-440-3747
Email: provideroutreach@eqhs.org

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. ☐

Provider Name:			
Mailing Address:			
Provider Medicaid Number:	Provider Type:	NPI:	

Handwritten forms cannot be accepted

Contact Type	Contact Name (first & last name)	Email Address (required)	Telephone Number
System Administrator			

FORM MUST BE SIGNED BY THE ADMINISTRATOR OR CEO

Administrator or CEO (PLEASE PRINT NAME & TITLE)

Signature: _____

Date: _____

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

Allowable HCPCS Codes

HCPCS Recipients under 21	Mod 1	Mod 2	Unit Definition
H0031 Behavior Assessment	BA		1 Unit= 1 Assessment
H0032 Behavior Re Assessment	BA		1 Unit= 1 Assessment
H2019 Behavior Analysis- Lead Analyst	BA	GT (use this modifier for telephonic services)	1 Unit= 15 minutes
H2012 Behavior Analysis- Asst. Analyst	BA		1 Unit= 15 minutes
H2014 Behavior Analysis- Technician	BA	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.

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#

Start

DX CODES/ITEMS

CLINICAL INFO

SUMMARY

Review Type and Settings

Provider ID:

123546789

Provider Name:

Test Behavior Analysis Billing Provider

Review Type:

Admission

eQHealth Case #:

PA#:

Recipient ID:

123456789

Name:

John Doe

DOB:

5/19/2010

Sex:

Male

Physicians and Healthcare Practitioners

	Type	Medicaid #	NPI #	License #	Name	Phone #	
Edit	Referring provider	000001000	1235331315	ME100111	PHYSICIAN, TEST	5555555555	Clear

Start date of service:

4/1/2018

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 EPSDT screening:

☐ Yes
 ☐ No

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

The screenshot displays the eQSuite-DX Codes/Items interface. At the top, there are four tabs: 'Start', 'DX CODES/ITEMS' (which is selected), 'CLINICAL INFO', and 'SUMMARY'. Below the tabs, there are two main sections. The first section is titled 'Enter Diagnosis here' and contains an 'Add' button (circled in red) and a 'Search' button. Below this is a table with columns 'P', 'ICD Code', 'Description', and an 'Edit' link. The table contains one row with the value 'Y' in the 'P' column, 'F062' in the 'ICD Code' column, and 'Psych Disorder w Delusions D/T Known Physio Condition' in the 'Description' column. The second section is titled 'Enter HCPS Code here' and contains an 'Add' button (circled in red). Below this is a table with columns 'Code', 'Description', 'MOD', 'MOD2', 'From Date', 'Thru Date', and 'Total Units'. The table contains one row with the value 'H0031' in the 'Code' column, 'Behavior Assessment' in the 'Description' column, 'BA' in the 'MOD' column, '4/1/2018' in the 'From Date' column, '4/30/2018' in the 'Thru Date' column, and '1' in the 'Total Units' column. At the bottom of the interface, there are three buttons: 'CANCEL', 'SAVE/CLOSE', and 'SAVE/CONTINUE'.

P	ICD Code	Description	Edit
Y	F062	Psych Disorder w Delusions D/T Known Physio Condition	Edit

Code	Description	MOD	MOD2	From Date	Thru Date	Total Units
H0031	Behavior Assessment	BA		4/1/2018	4/30/2018	1

eQSuite-DX Codes/Items

HCPCS Codes

- When entering your HCPCS 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**

The screenshot shows a web browser window titled "Item Code Add/Edit Page". The form contains the following fields and controls:

- Code:** A text input field.
- Description:** A section containing:
 - MOD1:** A dropdown menu.
 - MOD2:** A dropdown menu.
 - From Date:** A text input field with a calendar icon.
 - Thru Date:** A text input field with a calendar icon.
 - Date Calculator:** A link.
 - Total Units:** A text input field.
- Add:** A button.
- Close:** A button.

The browser's address bar shows the URL: <https://testweb.eqhs.local:443/flwebportal/PopupPages/ItemCodeEditPage.aspx>

Assessment & Reassessment

Authorizations for Codes H0031/H0032

- Authorization requests for H0031 or 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.

The screenshot shows a web application interface with a top navigation bar containing four tabs: 'Start', 'DX CODES/ITEMS', 'CLINICAL INFO', and 'SUMMARY'. The 'SUMMARY' tab is currently selected. Below the navigation bar, a red text message states: 'The below questions will be displayed, based on the applicable review type'. At the bottom of the interface, there are three buttons: 'CANCEL', 'SAVE/CLOSE', and 'SAVE/CONTINUE'.

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"

The screenshot shows the same web application interface as the previous one, but with the 'SUMMARY' tab selected. Below the navigation bar, a text area is present with the instruction: '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.' Below this text area is a large, empty rectangular box with a vertical scrollbar on the right side, intended for additional information. At the bottom of the interface, there are two sections of text: 'Florida Agency for Health Care Administration Disclaimer Statement' and '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.' Below this is another section titled 'PROVIDER ATTESTATION STATEMENT' with a paragraph of text. At the very bottom, a red text message states: 'By clicking [Submit for Review] you are attesting to the above.'

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
Division
5802 Benjamin Center Drive
Suite 105
Tampa, FL 33634

Date of Notice: 9/99/9999
Review Complete Date: 9/99/9999
Review Request Date: 9/99/9999
Billing Provider Name & Number: 999999999
Provider Name: Behavior Analysis
Setting: Requestor Name
Requested by: 999999999
Doctor's Name & Number: 999999999
Physician Name: Recipient Name
Recipient Name: 999999999
Recipient's Medicaid Number: 999999999
Admit Date: 9/99/9999

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	BA		4/1/2018	6/29/2018	Approved	872
						Denied	0
H2014	Behavior Analysis-Group (up to 6)	BA	GK	4/1/2018	6/29/2018	Approved	156
						Denied	0

PHASE 2 TRAINING



Coming Soon...

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

QUESTIONS?



eQHealth Resources

