Personal Care Services

2021

Overview of eQsuite®

- 24/7 accessibility to submit review requests
- A helpline module for Providers to submit queries.
- A reporting module that allows hospitals to obtain real-time status of all reviews.
- Secure transmission protocols that are HIPPA security compliant
- System access control for changing or adding authorized users.
- Electronic submission and Provider Alerts
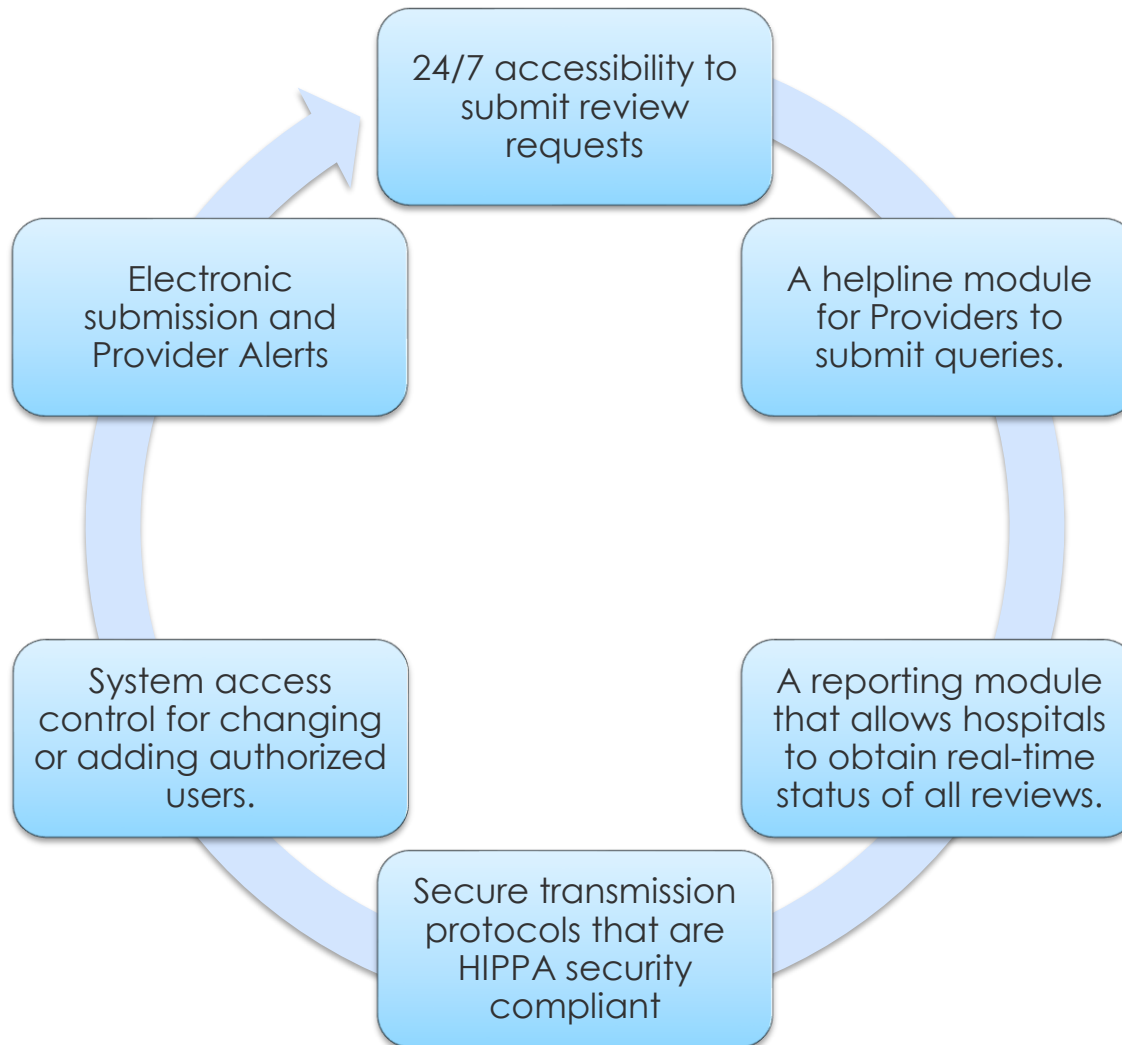
How to access eQsuite®

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.

eQSuite® Access Form

Complete and submit this form to obtain System Administrative 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

PR@EQHS.COM or Fax: 855-440-3747

Handwritten Forms Cannot be Accepted

Providers Information	
System Administrator First/Last Name	
Group/Practice Name	
Mailing Address	
NPI #	
Billing Medicaid ID#	
Phone #	
Email Address	
Service (Provider Type)	Select Setting...

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	

Provider Resources

- You can now request up to 180 days for Admission Requests.
  Please make sure your prescription and plan of care match your request for services

- Forms & Downloads
  Personal Care Service Forms

- Education Resources on our provider portal
  Personal Care Services Training Material

- Updated FL Medicaid Coverage Policy
  FL Medicaid Coverage Policy 2016

Make sure to select the correct service

1) Choose the correct service type **"PDN/PCS".**

2) You must specify the type of service. Select **"PCS"**

3) Continue to select your appropriate review type

- ➢ **Admission:** New Request
- ➢ **Continued Stay:** A continuation of service
  (Must enter an eQHealth case # or PA#)
- ➢ **Retrospective:** If the dates of service have already passed
  (Applicable for Retroactive Eligibility)
- ➢ **Modify Auth:** If you need to make changes to an existing authorization
  (Frequency & Duration)

Review Completion Timeframes

PCS	Modifier	Description of services
S9122		Personal care rendered by a home health service provider (1 to 24 hours per day).

Prior Authorization	1st Level Review	2nd Level Review (Physician Reviewer)
Initial Admission or Continued Stay **If recipient is receiving enhanced Care Coordination**	•Within 2 Business days •Within 5 business days Note: Continuation of services submit no more than 14 days prior to	Within 3 Business days
Retrospective Requests (Applies to Retroactive Medicaid Eligibility)	•Within 20 business days	

Health**SOLUTIONS**

Review Status

Review Status Determinations

➤ PEND: Additional information is being requested

➤ 1st Level Review: The review is currently being reviewed

➤ 2nd Level Review: If medical necessity cannot be made at 1st level review gets referred to a physician reviewer

➤ Cancel: Duplicative Service or line items not entered correctly, No Medicaid eligibility

➤ Technical Denial: Untimely Submission

Pended Reviews

➤ Please make sure to review the pend completely. There may be more than one item that is being requested failure to respond to the entire request will result in additional pend. This delays the review and delays the recipient getting service.

Modifications

• You can only submit a modification on an approved review. Upon submission, please provide an explanation for the change. You can document this information in the Clinical Summary tab.

Denials/Reconsiderations

Denial	Partial Denial	Technical Denial
• The physician reviewer may render a (full) medical necessity denial of one or more service line items.	• When a partial denial is rendered, some of the services are approved and some are denied. Therefore there is not a complete denial of the services. This adverse determination may involve a denial of the number of units requested, the frequency and/or the duration of the service.	• Please note all PCS requests must be submitted as Prior Authorization. If you are submitting a request for dates of service that have already passed this may result in a Technical Denial. • The request must be submitted with all required documentation. **NOTE:** If the recipient has retroactive eligibility please indicate this information in the Summary Clinical Tab

Reconsideration an Fair Hearing Rights

➢Partial and full denials have reconsideration and Fair Hearing Rights. Recipients or their parent/legal guardian need to be made aware of this process. There are time limitations for the requests outlined in the denial letter.

Required Documentation

Documentation	
Physician monitoring evidence	Required with each admission review request. Acceptable documents: ➤Hospital discharge summary (for request following and inpatient stay) ➤ Current H&P examination. ➤Physician office visit progress note dated within the preceding 30 days. ➤ AHCA's Physician Visit Documentation Form.
Parent/guardian work schedule	➤Required for admission review when the recipient's parent(s) or guardian works.
Parent/guardian school schedule	➤Required for admission review when the recipient's parent(s) or guardian attends school.
Parent/guardian limitations	➤Required for admission review when the recipient's parent(s) or guardian has medical limitations or disabilities.

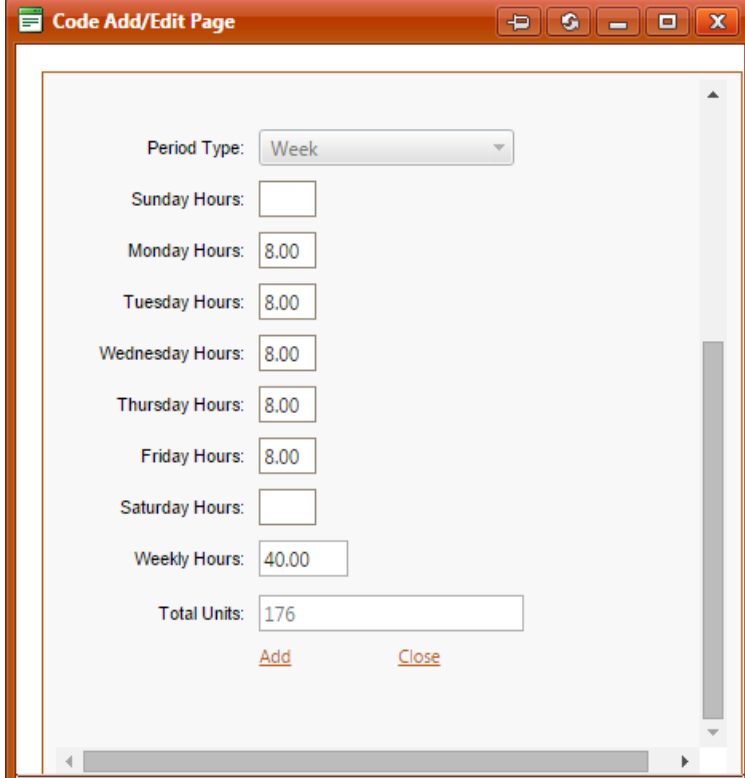# Required Documentation

Documentation	
Plan of Care (POC)	➢Required with each admission (initial authorization) review request. ➢Must be developed prior to requesting prior authorization. ➢Must be signed and dated by the ordering physician.
Licensed Agency	➢Must submit the CMS 485 form NOTE: Admission requests do not need to be signed by the MD, for Continued Stay requests they do need to be signed.
Unlicensed Agency	➢Use AHCA's Personal Services Plan of care form
Physician Order For Services	➢Required with each admission review request. ➢Must be a separate document. ➢Must be signed and dated by the ordering physician before or on the date of the plan of care and prior to requesting authorization. ➢A physician must co-sign and date orders made by a PA or ARNP.

Entering your line items in eQsuite®

Prior to submitting any documentation, please make sure you have the following.

- Up to date plan of care
  (POC and RX need to match)
- Current RX from MD
  (Needs to include duration & signature)
- Physician Monitoring Evidence
- Line Items entered must match POC and RX
  (I.e., If the RX/POC states 8 hours a day Mon-Fri they must be entered as so in eQsuite)
- If your hours vary from non school days to school days please make sure you enter the line items to reflect that.

Code Add/Edit Page

Period Type:	Week
Sunday Hours:	
Monday Hours:	8.00
Tuesday Hours:	8.00
Wednesday Hours:	8.00
Thursday Hours:	8.00
Friday Hours:	8.00
Saturday Hours:	
Weekly Hours:	40.00
Total Units:	176

Add   Close

https://flwebapps.eqhs.org:443/fltrainportalnew/PopupPages/ItemCodeEditPag...

LIVE DEMONSTRATION

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@EQHS.COM
(*Provider Education/Training Assistance*)