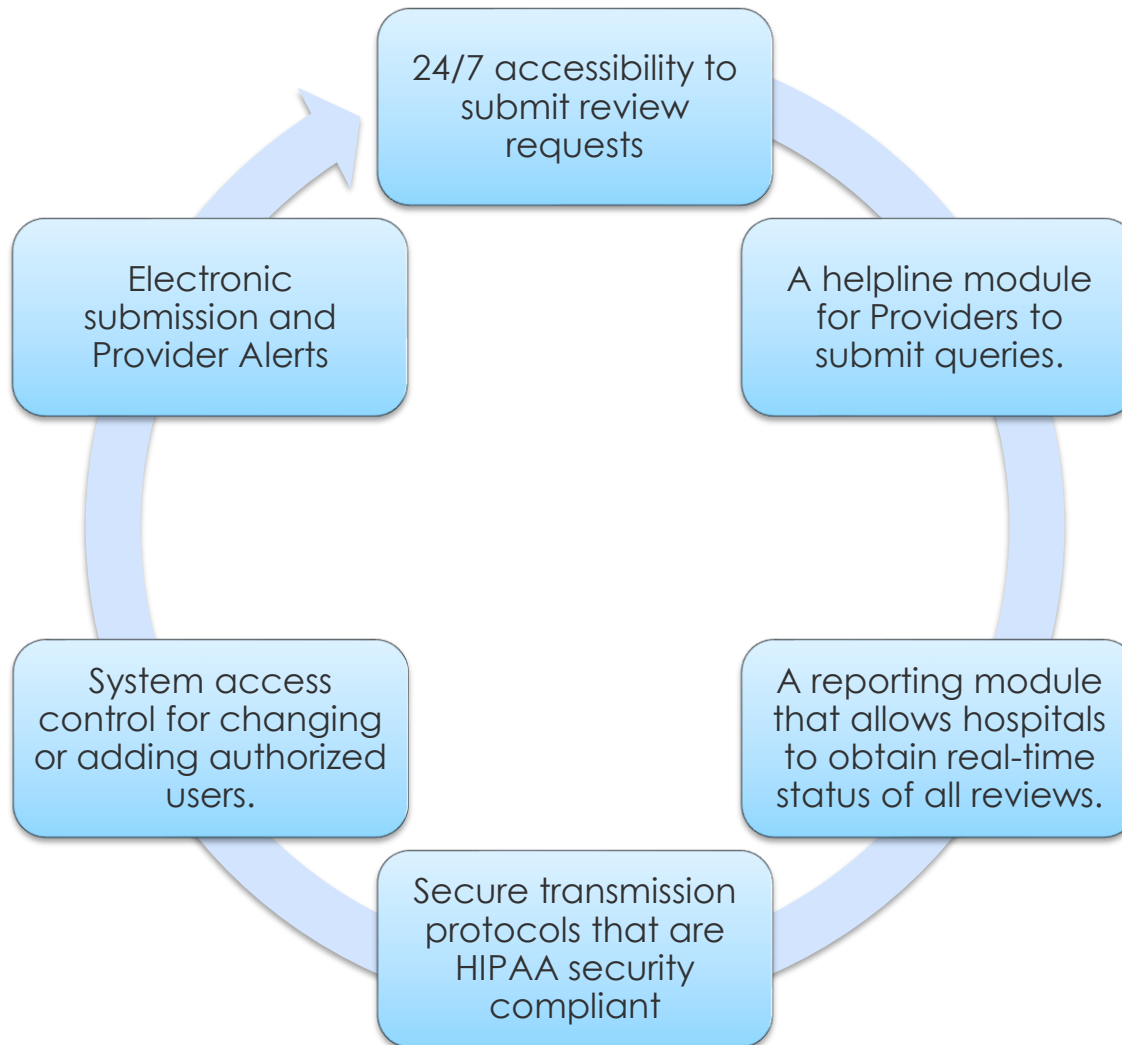


Therapy Services

2021

Overview of eQsuite®



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	

Therapy Codes that require Pre Auth

Code	Description
97110	Physical Therapy Treatment
97530	Physical Medicine Treatment, Therapeutic Exercise (OT)
92507	Speech Therapy
92508	Group Speech Therapy, per child in the group, per 15 minutes

- Currently, evaluations are not authorized by eQHealth Solutions but required with each admission request.
- Reminder to check Medicaid eligibility prior to submitting your authorization request.
- All Therapy authorization requests must be submitted as prior authorization.

Review Completion & eQSuite® Status

Prior Authorization	1 st Level Review	2 nd Level Review (Physician Reviewer)
Initial Admission/Continued Stay Requests (Prior Authorization)	Within 2 Business Days Timeframe begins upon the receipt of all required documents	Within 4 Business Days
Retrospective (Applies to retroactive Medicaid Eligibility only)	Within 20 Business Days Submit Within 1 year of the retroactive eligibility	Within 20 Business Days

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 from the reviewer, failure to respond to the entire request will result in additional pend. This delays the review and delays the recipient getting service.

Modifications/Corrections to an approved review

Type	Method
Shift/Change Dates	<ul style="list-style-type: none">• Contact Customer Service or• Enter an Online Helpline Ticket
Change Provider ID	<ul style="list-style-type: none">• Contact Customer Service or• Enter an Online Helpline Ticket
Request to increase # of units	<ul style="list-style-type: none">• Enter a Modification in eQSuite <p>Please provide an explanation for the increase. You can document this information in the Clinical Summary tab.</p> <p>No corrections are needed to decrease units.</p>

Entering your line items

Units/Visits/Periods

Units/Visit

1 unit = 15 minutes

Visits/Period

of visits per week

of Periods

How many weeks within the From/Thru date you entered

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

- Code:
- Description: PT Treatment
- [View Example](#)
- From Date:
- Thru Date:
- [Date Calculator](#)
- Units/Visit:
- Visits/Period:
- Period Type:
- # Periods:
- Total Units:
- [Add](#) [Close](#)

Supporting Documentation

Document Type	Required
Evaluation Results	<ul style="list-style-type: none"> • Must be signed and dated by a licensed physical or occupational therapist, licensed or provisionally licensed speech-language pathologist.
Prescription for services	<ul style="list-style-type: none"> • Must be signed and dated by the primary care provider, an advanced registered nurse practitioner (ARNP), a designated physician assistant (PA) or a designated physician specialist before or on the date of the plan of care and prior to requesting authorization. • The plan of care may suffice as a prescription if the signed POC indicates that the POC is to serve as a prescription and all prescription requirements are met.
Plan of care (POC)	<ul style="list-style-type: none"> • Must be based on the results of the evaluation. • Must be developed and signed and dated by the therapist or licensed or provisionally licensed speech-language pathologist • Must be signed and dated by the ordering provider prior to requesting authorization. • Valid for up to 180 days, depending on the approved certification period.

Denials/Reconsiderations

Denials:

- Technical Denial: If the required documentation is not received or if the request is not submitted timely, this will result in a Technical Denial. (You cannot submit an reconsideration on a Technical Denial)
- Partial Denial: 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.
- Denial: The 2nd level reviewer may render a (full) medical necessity denial of one or more service line items.

Reconsiderations:

Any party may request a reconsideration of a PT, OT or SLP adverse determination. The written notification of the adverse determination includes information about the right to request a reconsideration and how to request one.

- PT, OT and SLP service providers request reconsiderations through eQSuite. Ordering provider and recipients (or their parents or legal guardians) may submit reconsideration requests by fax, or mail.
- The requesting party should submit additional or clarifying information.
- Providers may submit the information using eQSuite, fax, or mail.
- Physicians and recipients (or their parent or guardian) may submit the additional information by fax or mail.

Reminders



You can request up to 180 calendar days on request for therapy.



If you are requesting a continuation of care you must select your **“Review Type”** as **“Continued Stay”**

- You will need the eQHealth Case ID # or the PA#
- If it has been over 30 days since the last date of service your request needs to be entered as an admission



If you need to modify a previously authorized service, you must submit a request on eQSuite and select the **“Review Type”** as **“Modify Authorization”**

- The From/Thru Date must match the review you are needing to modify
- You will need the eQHealth Case ID #



All therapy requests must be submitted as Prior Auth. If you submit a request for dates of service that have already passed these requests will **not** be reviewed and will be **“Technically Denied”**.

- (Exception: If the recipient has Retroactive Eligibility)

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)