

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.

Submitting your request in eQSuite®.

In this presentation we will cover:

- 24/7 accessibility to submit/review requests
- A helpline module for Providers to submit questions.
- A reporting module that allows providers to obtain real-time status of all reviews and email notifications on any status updates.
- Electronic submission and Provider Alerts
- Secure transmission protocols that are HIPPA security compliant

Website Resources

FL.EQHS.COM

Behavior Analysis Tab

- **Access Forms:** eQSuite Access form
- **Provider Manual:** Instructions on review submission
- **Codes that Require Prior Authorization:**
HCPCS Codes that require Prior Authorization
- **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 three items: 'Behavior Analysis Services-Effective Immediately 9/19/19', 'Clarification for CDE Requirements for all BA Services.', and 'FL Medicaid Health Care Alert (Click Here)'. The right column is titled 'eQSuite' and features a section for 'eQSuite Login' with a brief description of the system and a note about system patching.

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 (H0031) or Reassessment (H0032) in eQSuite & includes the change of provider form
3. eQHealth Solutions will end the previous PA
4. eQHealth Solutions will approve the H0031 or H0032
5. Once H0031/H0032 has been approved, New Provider completes assessment, develops new Behavior Plan & requests services.
6. eQHealth will review request for medical necessity

Entering your request in eQSuite®

- **Specify Type:** Select BA MDT
- **Program:** Leave defaulted to MDT OT

Note: If you had an authorization PRIOR to the implementation of BA MDT you will not be able to enter a continued stay request with that PA or Case#. You will need to enter that request as an “Admission” Request.

Start

Review Type and Settings

Provider ID: Provider Name:

Specify Type: BA BA MDT

Program: MDT OT MDT SLP MDT LCSW

Review Type: eQHealth Case #: PA#:


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		

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 eQHealth Solutions certifies 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.

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)