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

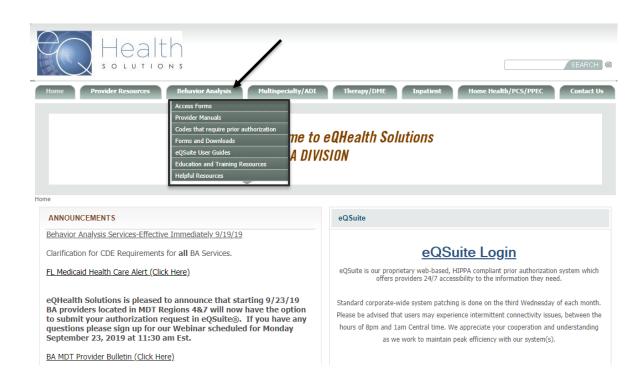
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Behavior Analysis Tab

- 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





Provider Transition with Transfer of unused units to new BA Provider

- New Provider will obtain the change of the provider form signed by the parent/guardian
- New Provider submits a new request for services via eQSuite and includes the change of provider form
- eQHealth will end the previous PA
- 4. eQHealth Solutions will administratively authorize/transfer the remaining units to the new provider.

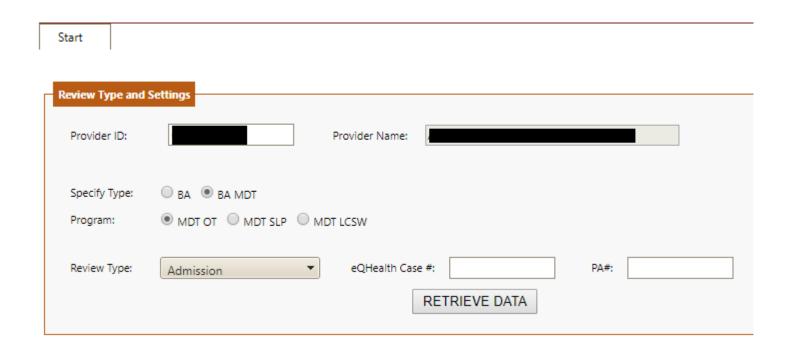
Provider Transition without transfer of unused units to new BA Provider

- 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
- 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.



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.



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Fax:855-440-3747 Or upload image via eQSuite

			Analysis Services			
I. GI	ENERAL INFORMATION					
Recipient Number		Last Name	First Name	D	Date of Birth	
well	nmary: The checklist is as the location of the in ou have questions, cont	nformation within the		be presente	ed in a beha	vior plan, as
Information						Location in Plan/Page #
0	Identification of the referring physician					
0	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					
0	Observable and measurable descriptions of maladaptive behavior(s) without overlapping topographical definitions and that are free of reference to internal or intentional states					
	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					
0	Baseline and/or updated treatment data in graphs that conform to standards of care within the field of applied behavior analysis					
0	For continued services, summary or progress and/or barriers to progress with a detailed explanation of how the provider intends to address the barriers					
_	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					
0	System for monitoring and evaluating the effectiveness of the plan					
0	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					
	Discharge criteria					
0	Transition plan, if app	licable				
0	Safety and crisis plan, if applicable					
0	signed by the lead an	alyst and parent/gua	ardian			

FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION DISCLAIMER STATEMENT of Health Solutions certification determination does not guarantee Medicaid payment for services. Eligibility for and payment of Medicaic services are unfected and largest and enabling and fail interiors of the Medicaid research.



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)