Behavior Analysis Services
April 30, 2018
Phase 2 Vendor Transition Webinar

Agenda

Phase 1 Results

- 4 Quality Checks - Understanding what we see

Documentation for Phase 2

- 4 Clinical Tools - "Paint the Picture" for eQHealth

Phase 2 PA Review Process

- 4 Point Process - Intake, Clinical Review, Outcomes & Expectations

Pend Process

- 4 Opportunities - How we get more information from you

Transition-Phase 2

Effective March 26, 2018, PA requests for Behavior Analysis services transitioned to eQHealth Solutions, Phase 1 began.

Phase 2 begins May 1, 2018.

- Full clinical review of all BA request submitted on or after May 1.

Important Reference Resources

- Florida Medicaid Behavior Analysis Service Coverage Policy
- Florida Medicaid Authorization Requirements Policy
- Rule 59G-1.054 Recordkeeping and Documentation Requirements
- eQHealth Behavior Analysis Provider Manual
- eQHealth Solutions website; FAQs, How To Guides

Transition-Phase 2

➢ 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.

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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

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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.

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eQ Health SOLUTIONS

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. ☐

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

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

Signature: _____

_____
Administrator or CEO   (PLEASE PRINT NAME & TITLE)

Date: _____

Quality Check #1

The most common quality concern during Phase 1, was entering the from and through dates and calculating total units for services on the "Items" grid.

A brief review of the services codes, how to submit the request to eQHealth, and how calculate units.

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.

eQSuite®

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#

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

eQSuite-DX Codes/Items

HCPCS Codes

- When entering your HCPS 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**

Assessment & Reassessment

Authorizations for Codes H0031/H0032

- Authorization requests for H0031or 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 ends May 1, 2018.
- **Reminder there must be an Assessment or Reassessment authorization request submitted to eQHealth before requesting authorization of codes H2012/H2014/H2019**

Behavior Analysis Services Phase 2

Phase 2 starts May 1, 2018

- Full clinical review is required for new (admission) or continuance (continued stay) requests.
- When medical necessity is met, eQHealth can authorize up to AHCA policy limit, for a 180 day period. Ref: Florida Medicaid BA Coverage Policy 4.2.2 & 7.2
- When a request does not meet medical necessity, eQHealth can reduce the requested service (partial denial) or issue a full clinical denial. Ref: Florida Medicaid Authorization Requirements Policy 3.0

Behavior Analysis Services Phase 2
May 1, 2018

eQHealth Clinical Review Team

First Level Reviewers – practitioners who are qualified as a lead analyst in accordance with Section 3.2 of Rule 59G-4.125, FAC.

- Apply AHCA guidelines and criteria
- May request additional information – "Pend"
- Approve services based on AHCA policies and clinical based standards of care
- Refer requests that cannot be approved to a second level reviewer

Second Level Reviewers – BCBA-D

- May contact the requesting, ordering or treating provider to obtain additional information - "Pend"
- Approve All Services
- Partially Deny Services
- Fully Deny Services

Quality Check #2

The most common reason that request are pended for additional information, reduced in requested units, or clinically denied:

- **Provider did not "Paint the Picture"**

We can only see, what YOU TELL US.

Phase 2 Clinical tools to paint with

Comprehensive Evaluation Information

- Recipient currently engages in maladaptive behavior
- Maladaptive behavior interferes with daily function
- Florida Medicaid BA Policy Appendix 9.0

Specific Diagnosis

- Florida Medicaid BA Services Coverage Policy Section 8.4
- No code list will be provided by AHCA or eQHealh

Behavior Support Plan – Florida Medicaid BA Coverage Policy Appendix 9, Section 2

- Maladaptive Behavior clearly defined
- GOALS: Realistic, Measurable, and Achievable.

Clinical Tool 1 – The Diagnosis Codes

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

- **Provider FAQ: Will eQHealth provide a list of diagnosis codes for applicable BA Services?**
  - **Answer – No.**

| Start | DX CODES/ITEMS | CLINICAL INFO | SUMMARY |

| Add | | Search | | |

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

Clinical Tool 2
Phase 2 eQSuite-Clinical Info Tab

Answering these questions gives a "sketch" of the recipient

| DX CODES/ITEMS | CLINICAL INFO | SUMMARY |

- Examples of the questions are presented below.
- Some questions require answers.

Question	Answer Type
Has the child received behavior analysis services from your organization in the past 0-6 months?	Y/N
Has the child received behavior analysis services from a different organization in the past 0-6 months?	Y/N/ Unknown
How long was the child on a wait list prior to scheduling the assessment?	Select one
The child was not on a wait list	
The wait was one month or less	
The wait was between one and three months	
The wait was between three and six months	
The wait was longer than six months	
Has the child has been diagnosed with a condition for which behavior analysis services are recognized as therapeutically appropriate?	Y/N

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Clinical Tool 3
eQSuite- Summary Tab

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"

| Start | DX CODES/ITEMS | CLINICAL INFO | SUMMARY |

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.

Florida Agency for Health Care Administration Disclaimer Statement

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.

PROVIDER ATTESTATION STATEMENT

A service provider who knowingly or willfully makes, or causes to be made any false statement or representation of a material fact in any application for Medicaid benefits or Medicaid payments, may be subject to the application of sanctions, which include, but are not limited to, fines, suspension and termination. In addition, the provider may be prosecuted under federal and/or state criminal laws and may be subject to civil monetary penalties and/or fines.

By clicking [Submit for Review] you are attesting to the above.

Clinical Tool 4
Supporting Documentation

Required Documents:

Assessment Request

- Physician written order, AND one of the following:
  - Comprehensive Diagnostic report with ICD10 code, OR
  - Documented evidence of significant challenging behavior(s) interfering with normal functioning

Clinical Tool 4
Supporting Documentation

Required Documents:

First Request for Service Codes - H2012/H2014/H2019

- Assessment
- Individualized Behavior Support/Intervention Plan Signed & Dated by Author and Parent/Caregiver
  - (BACB Best Practice – Care coordination with ordering physician)

Clinical Tool 4
Supporting Documentation

Required Documents:

Reassessment Request

6 month Progress Report/Treatment Plan Update with narrative description of changes and trends for all target behaviors and treatment plan goals (short and long-term goals) outlined in the initial treatment plan, PLUS:

- Graphs of progress for all problem behaviors targeted for reduction in treatment, AND
- Graphs of progress for all replacement, alternative or desired behaviors targeted for increase in treatment plan, AND
- Graphs of intervention integrity measures for all relevant family members, caretakers, and/or Registered Behavior Technicians (RBT)

Identification of any new goals for treatment

Recommendations for procedural modifications or additions/changes to treatment plan; including a plan for fading and/or generalizing (transferring) the successful intervention to other persons, settings, and conditions

Clinical Tool 4
Supporting Documentation

Required Documents

Subsequent (Continuance) Request for Service Codes - H2012/H2014/H2019

Progress Report/Treatment Plan Update with info on changes for all plan goals outlined in initial plan.

Graphs of progress on acquisition targets/replacement & alternative behaviors.

Identification of any new goals for treatment.

Recommendations for procedural modifications or additions/changes to plan.

Clinical Tool 4
Supporting Documentation

| Create New Review | Respond to Add'l Info | Online Helpline | Utilities | Reports | Search | Attachments | Letters |

Attachments

In Process

ReviewID	Bene
No records to display	

eQSuite® has a function providers can use to upload or fax supporting documentation

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Quality Check #3

Behavior Support Plans

- During Phase 1 review, many of the Behavior Support Plans lacked the requirements detailed in Florida Medicaid Behavior Analysis Coverage Policy Appendix 9.0 Section 2.c
  - Maladaptive behavior not well defined in the assessments, Appendix 9.0 Section 2.b.i
  - Assessments or Reassessments are often older than 6 months.
  - Graphs are often not present or lack important data points, such as X and Y Axis.

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Optional Behavior Support Plan Form

eQHealth Behavior Support Plan Form

- A Behavior Support Plan can be in your format or template, remember the requirements (Policy Appendix 9.0 Section 2.c), **or**

  - Access the eQHealth Behavior Support Plan Form on our website

  - The eQHealth Behavior Support Plan Form is an optional form not a required form

Tools Summary

Four Tools to Paint The Picture

- Specific Diagnosis Code
  - (Policy Section 8.4)
- Clinical Info Tab – Answer the questions
  - (Snapshot)
- Summary Tab
  - (Extra Space for more info)
- Supporting Documents
  - (Behavior Support Plan, Policy Appendix 9.0 Section 2.c)

Quality Check 4

If you submit a request with inadequate or ambiguous information, we will request additional information

- eQHealth Pend Process- Is used to request either additional:
  - Administrative Information
  - Clinical Information
  - Or Both

Pend Process

Intake

- Administrative Pend

First Level Reviewer

- Administrative Pend
- Clinical Pend

Second Level Reviewer

- Clinical Pend

Pend Process

Important Pend Tips

- Avoid Pends by using all 4 Clinical Tools to "Paint the Picture"

- If pended, answer quickly – you have (2) two business days to respond to the request.

- While the review is pended for information the timeline to complete the request is also pended.

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Pend Process

eQSuite® has a function providers can use to respond to pend request

Pend Process Summary

Remember this…

- eQHealth can use up to 4 pends to get the information needed
- Avoid Pends by using 4 Clinical Tools
- 2 Business Days to respond to pends
- Review timeline is pended during pend process

Review Outcomes

First Level Reviewer

- Approve the requested service, or
- Refer to Second Level Reviewer

Second Level Reviewer

- Approve the requested service
- Partial Deny (Some Units approved/Some Units Denied)
- Clinical Denial (All Services Denied)

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Review Outcomes

Second Level Reviewer

- Decision Making Tools
  - Criteria
  - Clinical Training & Expertese
  - Clinical Judgement
- Will attempt to have a peer-to-peer discussion before making a denial decision

Review Outcome

Approval Determination

- Medically necessary service codes can be approved for up to 180 days

Adverse Determination

- Occurs when any portion of requested services is denied by a second level reviewer for a clinical reason.
- Providers, ordering physicians, recipients, parent/legal guardians can request another review:
  - Reconsiderations
    - Another look at the review by a different eQHealth Solutions SLR (not involved in the original denial)
    - Available when eQHealth Solutions issues a clinical denial
    - Denial notifications have specific instructions for requesting reconsiderations
  - Fair Hearing
    - If a reconsideration is upheld or modified (partially approved), **ONLY** the recipient, parent/legal guardian may request a fair hearing of the determination
    - Administrative appeals must be requested in writing within thirty (30) calendar days of the reconsideration notification date
    - ACHA performs the Fair Hearing

Review Outcome - Notification

> 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		Date of Notice:	9/99/9999
5802 Benjamin Center Drive		Review Complete Date:	9/99/9999
Suite 105		Review Request Date:	9/99/9999
Tampa, FL 33634		Billing Provider Name & Number:	999999999
		Provider Name	
		Setting:	Behavior Analysis
		Requested by:	Requestor Name
		Doctor's Name & Number:	999999999
		Physician Name	
Provider Name		Recipient Name:	Recipient Name
9999 Main Street		Recipient's Medicaid Number:	999999999
Suite 999			
City, ST 99999		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

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Review Outcome – Reconsideration

Respond to Denial

Menu

Errors

Please select the type of ID number you have and click "Search"

Review ID ▼ [   ]

[Search]   [Clear Entry]

eQSuite® has a function providers can use to request a reconsideration

Timeliness Expectations – Provider submissions to eQHealth

Admission Review (Initial Authorization)	• Prior Authorization Required - Must submit at least 5 business days **BEFORE** services are started • Late submissions will be technical denied, no reconsideration available
Continued Stay Review (Continuance)	• Prior Authorization Required – Must be submitted at least 10 business days, but no more 15 business before the end of the current approval period • Late submissions will be technical denied, no reconsideration available
Modification Review	• Authorization due to change in the recipient's status necessitates an increase in services. • Submit the request as soon as the need is identified, and all required supporting documentation is obtained.
Reconsideration review	• Submit the request no later than the date specified on the denial notification. • Late submissions will be technical denied

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Timeliness Expectations – eQHealth to complete reviews

Admission & Continued Stay Reviews Completion Timeframe	• eQHealth First Level Review – within 3 business days of completed requests. • eQHealth Second Level Review – within 5 business days of completed requests.
Reconsideration review	• eQHealth Second Level Review – within 3 business days of completed requests.
Reminder	• Pending a review stops the process as well as timelines • A review is not "complete" until we receive all requested information

Timeliness Expectations – Outcome Notifications

Approvals	• Within 1 business day of our receipt of the PA number from the fiscal agent. • Generally 2 business days
Adverse Determinations	• Within 1 business day of the determination.
Notifications	• Sent by US Mail • Available on eQSuite® • Contact Customer Service if you need the notice resent to you

Outcome Notifications – Approval

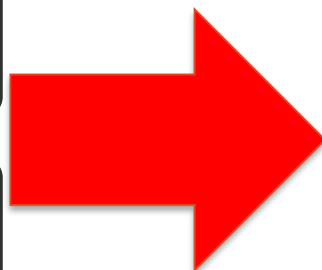Letters will contain the PA Number

- The PA Number is a 10 digit number that begins with the number 5.

- The PA number comes from the Fiscal Agent.

- *Providing care without or prior to getting a PA number puts you at risk of denied claims*

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	
	Setting:	Behavior Analysis
	Requested by:	Requestor Name
	Ordering Prov Name & Number:	999999999
	Physician Name	
Provider Name 9999 Main Street Suite 999 City, ST 99999	**Recipient Name:**	Recipient Name
	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
5########	H2019	MM/DD/YYYY	MM/DD/YYYY	###
5########	H2014	MM/DD/YYYY	MM/DD/YYYY	###

A peer 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		MM/DD/YYYY	MM/DD/YYYY	Approved	###
						Denied	0
H2014	Behavior Analysis–Group (up to 6)	BA	GK	MM/DD/YYYY	MM/DD/YYYY	Approved	###
						Denied	0

Please be aware that this 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.
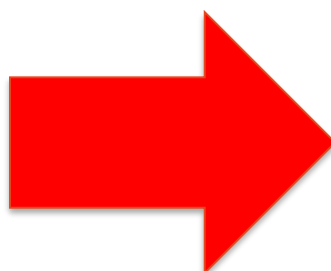
Outcome Notifications – Denial & Partial Denial

Letters will contain important elements

- Rule 59G-1.010(166) FAC standard
- Principle Reason
- Clinical Rationale

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eQHealth Solutions – Florida Division
5802 Benjamin Center Drive
Suite 105
Tampa, FL 33634

Provider Name
Address

CSZ

Date of Notice:	MM/DD/YYYY
Review Complete Date:	MM/DD/YYYY
Review Request Date:	MM/DD/YYYY
Billing Provider Name & Number:	012345678
Provider Name	
Setting:	Behavior Analysis
Requested by:	First & Last Name
Ordering Prov Name & Number:	012345678
First & Last Name	
Recipient Name:	First & Last Name
Recipient's Medicaid Number:	9876543210
Admit Date:	MM/DD/YYYY

NOTICE OF OUTCOME

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, clinical and peer reviewers 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.

A peer reviewed the request and based on the information submitted to us the following items have been approved or denied. 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	
H2014	Behavior Analysis – Technician	BA		MM/DD/YYYY	MM/DD/YYYY	Approved	204
						Denied	96

The request for services is denied in whole or in part because they are not medically necessary as defined in Rule 59G-1.010(166), Florida Administrative Code Specifically, the requested services are not medically necessary under the following standard(s):

TEXT

Principle Rationale: TEXT

Clinical Rationale: TEXT

Date of action is: MM/DD/YYYY

The physician and the recipient/legal guardian were also notified of our decision.
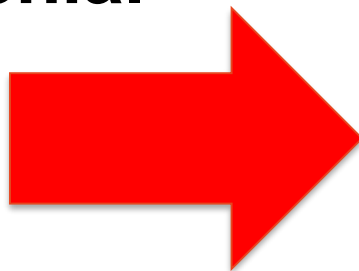
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Outcome Notifications – Denial & Partial Denial

Letters will contain important reconsideration information

- Due Date
- "How To" Instructions
- Recipient Fair Hearing Rights

Right to Reconsideration

If you agree with the determination, you may waive reconsideration rights through entry of your agreement in the review within eQSuite.

If you disagree with this determination you, the provider, the recipient or the recipient's legal guardian, may request a reconsideration.

A request for reconsideration must be submitted to eQHealth before MM/DD/YYYY

You may submit your request by directly entering it into eQSuite. You may also directly upload any additional information in to the review in eQSuite or you may fax the information using the reconsideration bar coded fax cover sheet.

You may submit your request by telephone at 1-855-977-3747 from 8:00 a.m. to 5:00 p.m. ET Monday through Friday (excluding state holidays). You may also submit your request by faxing a copy of this letter with any additional information to 1-855-677-3747 or mail the request to:

eQHealth Solutions – Florida Division
Attention: Reconsideration
5802 Benjamin Center Drive
Suite 105
Tampa, FL 33634

A reconsideration decision will be made by an eQHealth peer reviewer who will review the case and any additional information submitted. This peer reviewer will be different from the one who made the original denial decision.

If you ask for reconsideration **Recipient First & Last Name** still has a right to a fair hearing.

Please be aware that this 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.

If you have any questions or need additional information, you may contact customer service at 1-855-444-3747.

Sincerely,
Medical Director Signature
Medical Director Name and Credential   2550 Denial
Medical Director,
eQHealth Solutions – Florida Division   Review ID#########

Privacy Notice: This letter contains protected health information and is for the sole use of the intended recipient(s). If you are not the intended recipient then you have received this letter in error and any use of the letter is not allowed. If you have received this letter in error, please contact eQHealth Solutions immediately at (855) 444-3747 and discard the letter.

SUMMARY

Phase 2 – starts 5/1/18 Full clinical review

- PA 4 Step Process Overview
- First and Second Level Reviewers
- Review Outcomes & Expectations
  - Approvals, Denials, Reconsiderations & Fair Hearings
  - Timeliness – Submission, Review, & Notification
- Provider Support Tools
  - 4 Quality Check Points
  - 4 Clinical Tools
  - 4 Pends

4 Quality Check Points

- Calculate Units not hours
- Paint the Picture
  - "We see what you Tell us"
  - 4 Clinical Tools
- Behavior Plan
  - Policy Appendix 9.0 Section 2.c
- Lack of Information Pend Process
  - eQHealth can use up to 4 attempts to get information

4 Clinical Tools

- Specific Diagnosis Code
  - Policy Section 8.4
- Clinical Info Tab
  - Answer the questions – snapshot view
- Summary Tab
  - Send extra info to reviewers
- Supporting Documents
  - Behavior Plans – your format or use eQHealth optional form
  - Assessments & Reassessments

4 Pends

- Intake
  - Admin
- First Level Reviewer
  - Admin
  - Clinical
- Second Level Reviewer
  - Clinical
    - (Peer to Peer) before denial

eQ Health**SOLUTIONS**

eQHealth Resources

Phone: 855-444-3747
Fax: 855-440-3747
(*General inquiries/questions*)

Provider Website:
FL.EQHS.ORG
(*Provider Forms/Education and Training Material*)

Provider Outreach Email:
PR@EQHS.ORG
(*Provider Education/Training Assistance*)