



Advanced Diagnostic Imaging (ADI)

2017

eQHealth Solutions

**CLINICALLY
FOCUSED**

**OUTCOMES
ORIENTED**

**TECHNOLOGY
DRIVEN**

*For over 25 years,
we've been improving healthcare
quality and reducing costs
through innovative IT and
medical management services.*



Four small circles are positioned below the central image, with the first one on the left being filled with orange and the others being empty.



Colorado >



Florida >



Illinois >



Louisiana >



Mississippi >



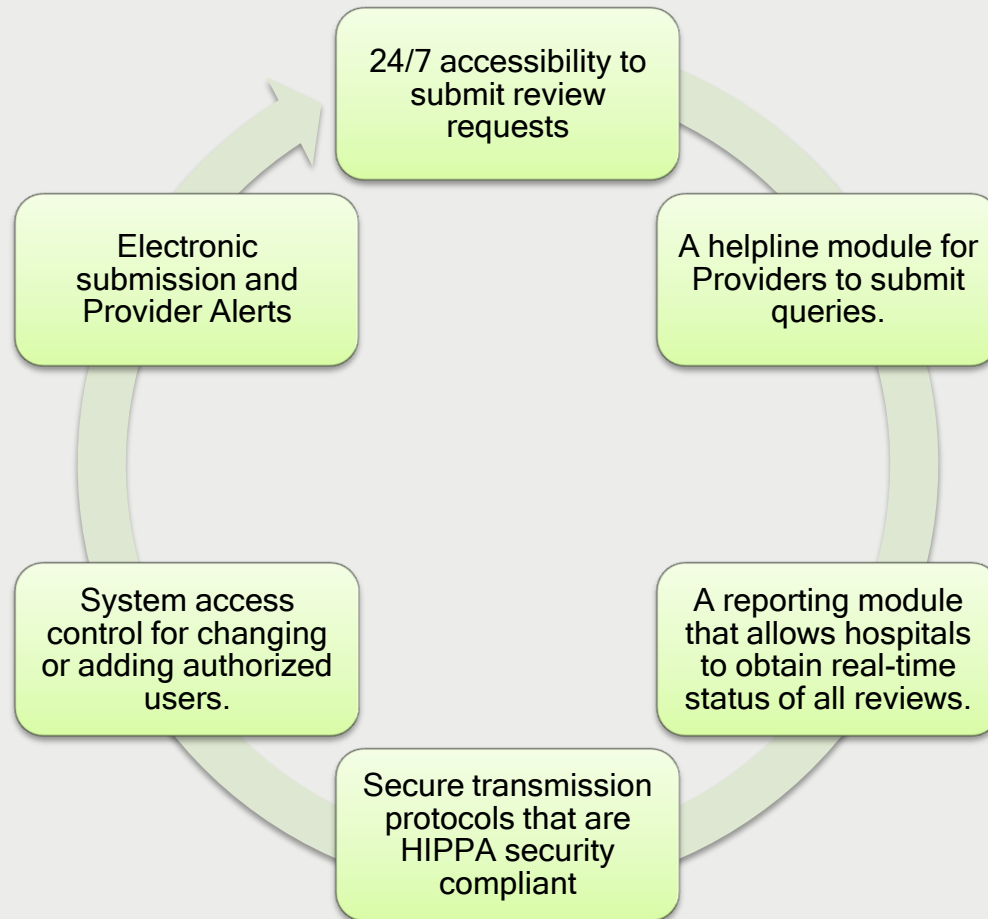
Texas >



Vermont >


<http://fl.eqhs.org>

Overview of eQsuite ®



Who can 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)
- **Existing Users:** If you are the System Administrator you will have the ability to create additional User Accounts.



ADI 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 <small>(First & last name)</small>	Email Address (required)	Telephone Number
System Administrator			

FORM MUST BE SIGNED BY THE ADMINISTRATOR OR CEO

Administrator or CEO	(PLEASE PRINT NAME & TITLE)

Signature:

Date:

Recipient Requirements

Recipients must be:

- Enrolled in a Medicaid benefit program that covers the services:
 - Fee-for-Service
 - Dually eligible recipients
 - *Medicare/Medicaid*
 - *Commercial/Medicaid*
- Eligible at the time services are rendered*

Note:

Medically Needy recipients must have active eligibility on the date of service. The date of service and the dates on the PA must be included in the eligibility span.

Requests NOT Reviewed by eQHealth

Recipients who are:

- Members of a Medicaid Managed Medical Assistance (MMA)

Recipients enrolled in MMA must have authorization from their managed care plan.

- **Not** Medicaid eligible, but have other coverage for radiology services through a third party liability source such as:
 - Medicare
 - Commercial insurance

Completion Timeframes

Initial Request	Submission	Review Completion Timeframes
Routine requests	Prior authorization	Timeframe begins upon receipt of all required documentation Approved at nurse review - within 1 business day Referral to second level review- within 3 business days
Retrospective Reviews	Within one year of the retroactive eligibility determination	Within 20 business days
Reconsideration review	Within 10 business days of the denial notice	Within 3 business days of receipt of the request for reconsideration.

Review Process

1 st Level review	2 nd Level Review
<ul style="list-style-type: none">•Nurses conduct 1st Level reviews. They check to make sure required administrative criteria are present and assess clinical information for Medical Necessity.•1st Level reviewers can approve a request, pend a request for more information or refer a review to 2nd Level review.	<ul style="list-style-type: none">•2nd Level Reviewers are physicians. They can approve, pend, partially or fully deny services.•Partial and full denials based on medical necessity are ONLY done by 2nd level reviewers according to Florida law <p>Partial and full denials have Reconsideration (Recon) and Fair Hearing rights. Recipients or their parent/legal guardian need to be aware of this Due Process. There are time limitations for requests which are outlined in the denial letters.</p>

Modifications to an Existing Review

Type	Method	Timeframe
Extension of authorization time frame	Providers can extend for an additional 30 days, using the eQSuite® utility. Only one 30 day extension may be submitted.	N/A
Change of facility	Submit on-line helpline ticket Or contact Customer Service	Within 2 business days
Upcoding/downcoding (With or without contrast)		

Supporting Documentation

Include patient History
(*Signs & Symptoms*)

Send the physical exam
leading up to the need
for the request

Provide previous
Imaging testing that has
been done

If the test has been
done please send a
copy of the results

Things to remember

Rendering Facility vs Physician

If the physician is submitting a request for prior auth a second request does not need to be entered by the hospital or facility

When Authorization is NOT required

ADI services do not require auth if provided during Hospital Inpatient stays, 23 hour observation, and in the emergency department.

Prior Authorization Number

The PA number will be available 24-48hrs after the approval has been given

Things to remember

Denials

If a review gets denied, you have reconsideration and Fair Hearing rights. You should not be entering the request again

Pended Reviews

If a review gets pended you should **NOT** be entering a new request with the corrections

Clinical Questions

It is important to answer the clinical questions, these drive the review and can reduce the amount of “pends” you receive

Live Demonstration



Provider Communication

Dedicated Florida Website:

Web: FL.EQHS.ORG

Customer Service:

Ph:855-444-3747

Monday-Friday

Hours:8 a.m.-5 p.m.

(Except Florida state holidays)

Provider Outreach:

pr@eqhs.org