

Questions	Response
Are the authorizations for services that began on or after 3/26/18 and not have not issued by Beacon Health Solutions still valid with eQHealth Services?	To receive an authorization to begin delivery of behavior analysis services, providers should submit their authorization request to eQHealth Solutions.
What should providers do if they submitted a request to the former vendor, but a response was not received, or the request was pended?	To receive an authorization to begin delivery of behavior analysis services, providers should submit their authorization request to eQHealth Solutions.
What should providers do if they received an approval from the former vendor but did not get an authorization number for billing.	To receive an authorization to begin delivery of behavior analysis services, providers should submit their authorization request to eQHealth Solutions.
How can providers find out the status of their credential applications?	You can contact AHCA Provider Enrollment at 1-800-289-7799 Option 4.
Will eQHealth allow submission of back dated request?	During the gap period, providers were able to conduct assessments or reassessments without authorization. Beginning 3/26/18, providers should submit their authorization requests for behavior analysis services to eQHealth Solutions.
How do we notify eQHealth that a recipient has selected a different service provider?	The Change of Provider Form can be found on our website at http://fl.eqhs.org/ please complete and submit along with the review request.
What diagnosis codes are appropriate for behavior analysis??	Per the Florida Medicaid Behavior Analysis Services Coverage Policy, Section 8.4, <i>“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.”</i>
What documentation is required to be kept in the recipient’s file?	Please refer to the Florida Medicaid Behavior Analysis Services Coverage Policy in Rule 59G-4.125, F.A.C. and the Florida Medicaid Recordkeeping and Documentation Requirements in Rule 59G-1.054, F.A.C.. Both rules can be found at http://ahca.myflorida.com/medicaid/review .
Do we need to put all of the recipient’s information into eQHealth’s system in order to provide services?	Please see the Education and Training Resources on eQHealth Solutions’ web page for instructions on how to use our web-based system eQSuite®.
If more units are needed for service codes H2012, H2014, or H2019, what additional information should be sent to eQHealth for review	Please refer to the Florida Medicaid Behavior Analysis Services Coverage Policy in Rule 59G-4.125, F.A.C. and the Florida Medicaid

	Authorization Requirements Policy in Rule 59G-1.053, F.A.C.. Both rules can be found at http://ahca.myflorida.com/medicaid/review .
In the provider presentation eQHealth said we should submit an Admission request for an Assessment or a Reassessment, can you explain that more.	The first time any service provider submits a request in our web-based system eQSuite® it is labeled as an Admission. The term Admission within eQSuite® identifies the request as the <i>first</i> request entered, subsequent requests are labeled Continued Stay. This system helps us to rapidly identify and track the first request and the subsequent connected request. The first request to send to eQHealth must be an Assessment or Reassessment. During the Phase 1 transition period no additional clinical information is needed for the Assessment or Reassessment request.
In the provider presentation eQHealth said the authorizations for the service codes issued during the vendor transition period March 26 – May 1 will be valid for 30 days; if services are needed after day 30 can we request them?	Yes, submit a Continued Stay request. If you need assistance please contact eQHealth Customer Service.