



PCS SERVICES REFRESHER

FLORIDA

Overview of System Features

- » 24/7 accessibility to submit review requests to eQHealth via web.
- » Secure transmission protocols that are HIPPA security compliant.
- » System access control for changing or adding authorized users.
- » A reporting module that allows hospitals to obtain real-time status of all reviews.
- » Rules-driven functionality and system edits to assist Providers through immediate alerts such as when a review is not required or a field requires information.
- » A helpline module for Providers to submit queries.
- » Electronic submission of additional information needed to complete a review request.

System Requirements

Minimal Computer System Requirements

» Any of the two most recent versions of:

- Internet Explorer
- Google Chrome
- Mozilla Firefox
- Safari

» Broadband internet connection

Who Can Access eQSuite®?

» Existing Web Account

- Log into eQSuite® using your existing username and password.
 - Your username and password are unique to your organization.
 - If you conduct reviews for 2 separate provider Medicaid numbers (i.e. therapy and med/surge – *you need a different username for each*)

» New Users: Register for a Web Account

- Some organizations may already have an assigned eQHealth System Administrator. This person is responsible for creating user IDs and assigning access rights to eQSuite for those who need to put in PARs.

Note: If an organization does not have a System Administrator, a *Provider Contact Form* needs to be submitted with a System Administrator assigned.

Required Documentation

Documentation	
Physician monitoring evidence	<p style="text-align: center;">Required with each admission review request.</p> <p style="text-align: center;">Acceptable documents:</p> <ul style="list-style-type: none">➤ Hospital discharge summary (for request following and inpatient stay)➤ Current H&P examination.➤ Physician office visit progress note dated within the preceding 30 days.➤ AHCA's Physician Visit Documentation Form.
Parent/guardian work schedule	<ul style="list-style-type: none">➤ Required for admission review when the recipient's parent(s) or guardian works.
Parent/guardian school schedule	<ul style="list-style-type: none">➤ Required for admission review when the recipient's parent(s) or guardian attends school.
Parent/guardian limitations	<ul style="list-style-type: none">➤ Required for admission review when the recipient's parent(s) or guardian has medical limitations or disabilities.

Required Documentation

Documentation	
Plan of Care (POC)	<ul style="list-style-type: none">➤ Required with each admission (initial authorization) review request.➤ Use AHCA's Personal Care Services Plan of Care form.➤ Must be developed prior to requesting prior authorization.➤ Must be signed and dated by the ordering physician.
Physician Order For Services	<ul style="list-style-type: none">➤ Required with each admission review request.➤ Must be a separate document.➤ Must be signed and dated by the ordering physician before or on the date of the plan of care and prior to requesting authorization.➤ A physician must co-sign and date orders made by a PA or ARNP.
Nursing Assessment <u>(Home Health Only)</u>	<ul style="list-style-type: none">➤ Must be signed and dated by the individual who performed the assessment.➤ For residents age 18 and older, the GAGIS is essential to

Submitting your documentation

➤ **Prior to submitting any documentation please make sure you have the following.**

- Up to date plan of care
(POC and RX need to match)
- Current RX from MD
(Needs to include duration & signature)
- Physician Monitoring Evidence
- Line Items entered must match POC and RX
(I.e. If the RX/POC states 8 hours a day Mon-Fri they must be entered as so in eQsuite)

The screenshot shows a web browser window titled "Code Add/Edit Page". The form contains the following fields and values:

Field	Value
Period Type	Week
Sunday Hours	
Monday Hours	8.00
Tuesday Hours	8.00
Wednesday Hours	8.00
Thursday Hours	8.00
Friday Hours	8.00
Saturday Hours	
Weekly Hours	40.00
Total Units	176

Buttons: [Add](#) [Close](#)

URL: <https://flwebapps.eqhs.org:443/fitrainportalnew/PopupPages/ItemCodeEditPag...>

Home Health/PCS Codes

Home Health Codes	Modifier	Description
T1030:	•N/A	•RN Visit
T1030:	•GY	•RN Visits to dually-eligible recipient
T1031:	•N/A	•LPN Visit
T1031:	•GY	•LPN Visit to dually-eligible recipient
T1021:	•TD/GY	•HH aide visit assoc with SNS
T1021:	•TD	•HH aide visit UNassociated with SNS
T1021:	•N/A	•HH aide visit UNassociated with SNS
T1021:	•GY	•HH aide visit UNassociated
PCS Codes	Modifier	Description
S9122:	•N/A	•Personal Care by a HH Aide
S9122:	•TT	•Personal care by a HH Aide provided to more than one recipient in the same setting

Selecting the correct service

- 1) Choose service type “PDN/PCS”.
- 2) You must specify the type of service. Select “PCS”
- 3) Continue to select your appropriate review type
 - Admission: New Request
 - Continued Stay: A continuation of service (must enter a eQhealth case # or PA#)
 - Retrospective: If the dates of service have already passed
 - Modify Auth: If you need to make changes to an existing authorization (dates/hours etc)

Review Type and Settings

Provider ID: Provider Name:

Choose Service: Home Health PDN/PCS Outpt Therapy

Specify Type: PDN PCS

Review Type: eQHealth Case #: PA#:

Technical Denials

I received a Technical Denial on some of my days?

Remember that the earliest review approval day is the day you submit your request with complete and appropriately signed documentation. Try to submit your review at least a week earlier than the start day of service.

EXAMPLE- Provider A submitted review on Jan 15 but wanted to start services on Jan 1. Since the day review was submitted was later than the day requested, technical denial of days may be issued.

EXAMPLE- Provider B submitted review on Feb 15 and started services on Feb 15. Provider though did not have the submitted Plan of Care appropriately signed when submitting. Since provider did not have complete documentation on requested day of service, technical denial of days may be issued.

FAQ

Question:	Answer:
How long does it take to get authorization?	<ul style="list-style-type: none">•Approved at 1st level nurse review-1 business day•Referral to 2nd level nurse review-3 business days•Reconsideration- Within 3 business days of the receipt of the request
Will I be notified once my request is authorized?	<ul style="list-style-type: none">•Any time eQsuite makes any status changes/updates you will receive an email notification.
Where can I check the status of a review I submitted?	<ul style="list-style-type: none">•Log on n to eQsuite click on the “Search” tab and enter the “Review ID”

FAQ

Question:	Answer:
This is my first time submitting a request for PCS how many days can I request?	<ul style="list-style-type: none">•1st request up to 60 days• If you are requesting a continuation of care you can request up to 180 days
How do I respond to additional information requested	<ul style="list-style-type: none">•Log on to eQsuite click on “Respond to Add’l Info”•Click on “open” for the recipient•You will be able to view the requested information, if you click on “Edit” you can type in the response or if you need to submit attachments click on “submit info”
Who can I contact if I have a question or problem on a review I submitted	<ul style="list-style-type: none">•Log on to eQsuite click on “Online Helpline” and submit your question here.•Contact Customer Service 855-444-3747•Email Provider Outreach: provideroutreach@eqhs.org

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:

ProviderOutreach@eQhs.org