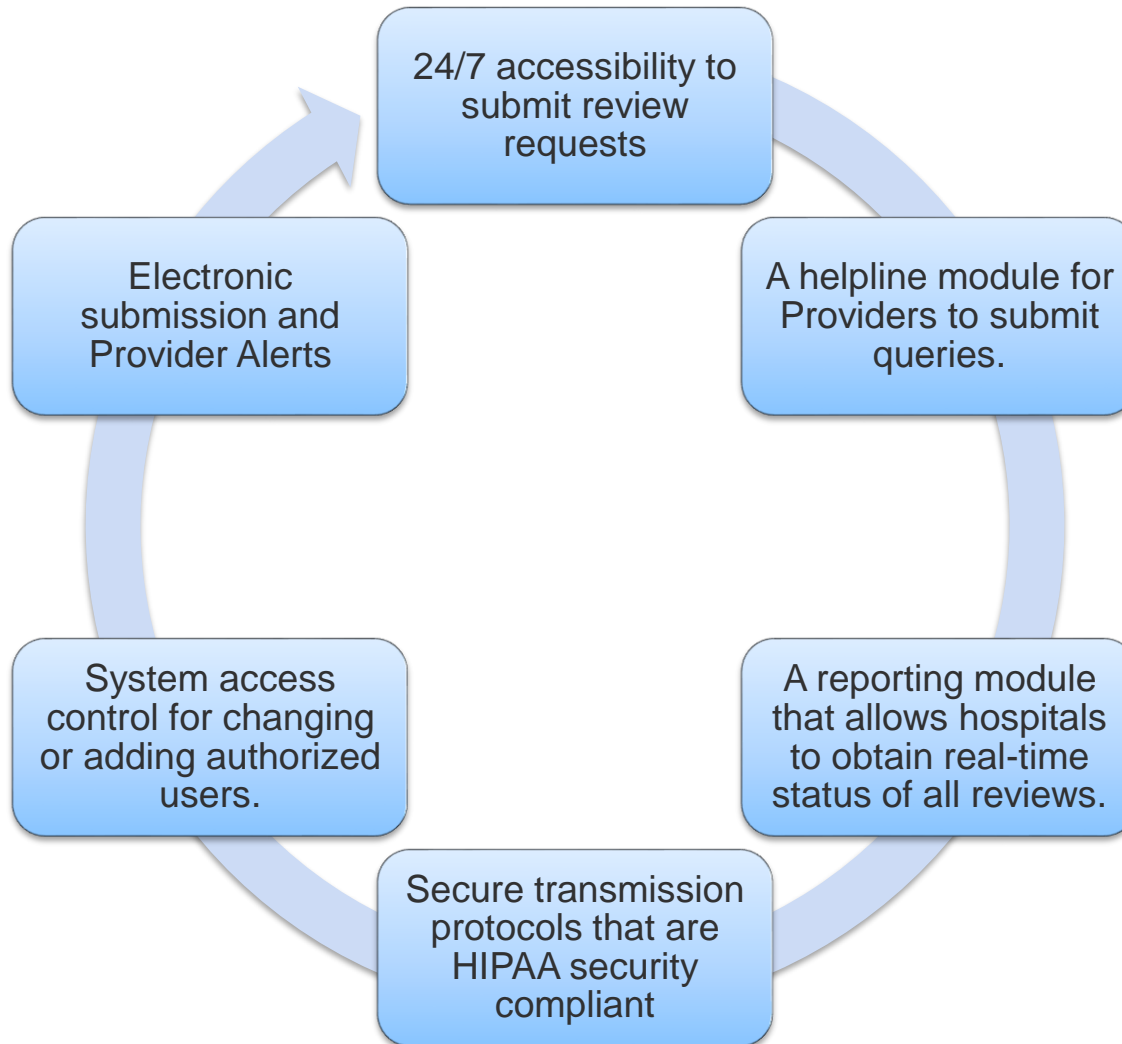


# Personal Care Services

2017

# 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)*

## 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.



### Home Health & Personal Care Services 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](mailto: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

Administrator or CEO

(PLEASE PRINT NAME & TITLE)

Signature: 

Date: 

# TABS & Functions in eQsuite

- ❖ **Create New Review:** To start a new authorization request.
- ❖ **Respond to Additional Info:** If your review gets pended for additional information you can respond to that request.
- ❖ **Respond to Denial:** If you receive a denial you can respond to that determination
- ❖ **Online Helpline:** You can submit general inquiries/questions
- ❖ **Utilities:** Ability to cancel a case or use the date calculator
- ❖ **Reports:** Run available reports specific to your provider type
- ❖ **Search:** You can check the status of a review or see all partially saved cases
- ❖ **Attachments:** Upload required supporting documentation
- ❖ **Letters:** View or print your authorization/denial letters
- ❖ **Update my profile:** Update your password or contact information
- ❖ **User Administration:** Add new user accounts or make changes to existing accounts.  
(*Note: only the system Administrators will have this tab*)

# Make sure to select the correct service

- 1) Choose the correct 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 (Retroactive Eligibility)
  - **Modify Auth:** If you need to make changes to an existing authorization (Dates/hours)

Start | DX CODES/ITEMS | SUPPORT DOCS | ASSESSMENT | HOME | FUNCTIONING | GOALS | SCHED

### Review Type and Settings

Provider ID: 888899999      Provider Name: HHprovider

Choose Service: ☐ Home Health ☒ PDN/PCS ☐ Outpt Therapy

Specify Type: ☐ PDN ☒ PCS

Review Type: Admission      eQHealth Case #:      PA#:

# PDN and PCS Procedure Codes

PCS	Modifier	Description of services
S9122		Personal care rendered by a home health service provider (1 to 24 hours per day).
S9122	TT	Personal care rendered by a home health service provider (1 to 24 hours per day), provided to more than one recipient in the same setting.
S9122	UF	Personal care rendered by a home health service provider (1 to 24 hours per day), provided by more than one provider in the same setting.
PDN	Modifier	Description of services
S9123		Private duty nursing rendered by a RN (2 to 24 hours per day).
S9123	TT	Private duty nursing rendered by a RN (2 to 24 hours per day) provided to more than one recipient in the same setting.
S9123	UF	Private duty nursing rendered by a RN (2 to 24 hours per day) provided by more than one provider in the same setting.
S9124		Private duty nursing rendered by a LPN (2 to 24 hours per day).
S9124	TT	Private duty nursing rendered by a LPN (2 to 24 hours per day) provided to more than one recipient in the same setting.
S9124	UF	Private duty nursing rendered by a LPN (2-24 hours per day) provided by more than one provider in the same setting.

# Review Completion Timeframes

Prior Authorization	Review Completion Timeframes	Referred to Physician reviewer
Initial Admission or Continued Stay  If recipient is receiving enhanced Care Coordination	<ul style="list-style-type: none"> <li>•Within 1 business days</li> <li>•Within 5 business days</li> <li>•Note: Continuation of services submit no more than 14 days prior to</li> </ul>	<ul style="list-style-type: none"> <li>•Within 3 business days of the receipt of the complete request</li> <li>•Within 4 business days</li> </ul>
Retrospective Requests (Only applies to Retroactive Eligibility)	<ul style="list-style-type: none"> <li>•Within 20 business days</li> </ul>	

## Review Status Determinations

- PEND Additional information is being requested
- 1<sup>st</sup> Level Review The review is currently being reviewed
- 2<sup>nd</sup> Level Review If medical necessity cannot be made at 1<sup>st</sup> level review gets referred to a physician reviewer
- CANCEL Duplicative Service, line items not entered correctly
- Technical Denial Untimely Submission or incomplete documents provided

# Required Documentation

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



# Required Documentation

Documentation	
<b>Plan of Care (POC)</b>	<ul style="list-style-type: none"><li>➤ Required with each admission (initial authorization) review request.</li><li>➤ Must be developed prior to requesting prior authorization.</li><li>➤ Must be signed and dated by the ordering physician.</li></ul>
<b><u>Licensed Agency</u></b>	<ul style="list-style-type: none"><li>➤ Must submit the CMS 485 form</li></ul> <p><b>NOTE:</b> Admission requests do not need to be signed by the MD, for Continued Stay requests they do need to be signed.</p>
<b><u>Unlicensed Agency</u></b>	<ul style="list-style-type: none"><li>➤ Use AHCA's Personal Services Plan of care form</li></ul>
<b>Physician Order For Services</b>	<ul style="list-style-type: none"><li>➤ Required with each admission review request.</li><li>➤ Must be a separate document.</li><li>➤ Must be signed and dated by the ordering physician before or on the date of the plan of care and prior to requesting authorization.</li><li>➤ A physician must co-sign and date orders made by a PA or ARNP.</li></ul>
<b>Nursing Assessment <u>(Home Health Only)</u></b>	<ul style="list-style-type: none"><li>➤ Must be signed and dated by the individual who performed the assessment.</li><li>➤ For recipients age 18 and older, the OASIS is acceptable</li></ul>

# 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)
- If your hours vary from non school days to school days please make sure you enter the line items to reflect that.

# PENDS and Modifications

## Pended Reviews

Please make sure to review the pend completely. There may be more than one item that is being requested from the reviewer, failure to respond to the entire request will result in additional pend. This delays the review and delays the recipient getting service.

## Modifications

Please provide an explanation for the change. You can document this information in the Clinical Summary tab.

**Note:** You can only make a modification through eQsuite if the case was already approved. If you need to make a change to a case that was submitted and is still at 1<sup>st</sup> level you will need to call and cancel the case and resubmit with the corrections.

# Denials

## Denial

- The physician reviewer may render a (full) medical necessity denial of one or more service line items.

## Partial Denial

- When a partial denial is rendered, some of the services are approved and some are denied. Therefore there is not a complete denial of the services. This adverse determination may involve a denial of the number of units requested, the frequency and/or the duration of the service.

## Technical Denial

- Please note all PCS requests must be submitted as Prior Authorization. If you are submitting a request for dates of service that have already passed this may result in a Technical Denial.
- The request must be submitted with all required documentation.

**NOTE:** If the recipient has retroactive eligibility please indicate this information in the Summary Clinical Tab

- The requesting provider receives immediate electronic notification, via email and the eQSuite review status report, of the denial.
- Within one business day of the determination, a written notification of the denial is posted electronically for the provider. The notice may be downloaded and printed.
- Written notifications are mailed to the ordering provider and to the recipient or the recipient's parent or legal guardian.
- The written notification includes information about the providers' and recipient's right to a reconsideration of the adverse determination.

# New Updates

- You can now request up to 180 days for Admission Requests.  
[Please make sure your prescription and plan of care match your request for services](#)
- Education Resources on our provider portal  
[Personal Care Services Training Material](#)
- Updated FL Medicaid Coverage Policy  
[FL Medicaid Coverage Policy 2016](#)

# LIVE DEMONSTRATION

# 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](mailto:PR@EQHS.ORG)

*(Provider Education/Training Assistance)*