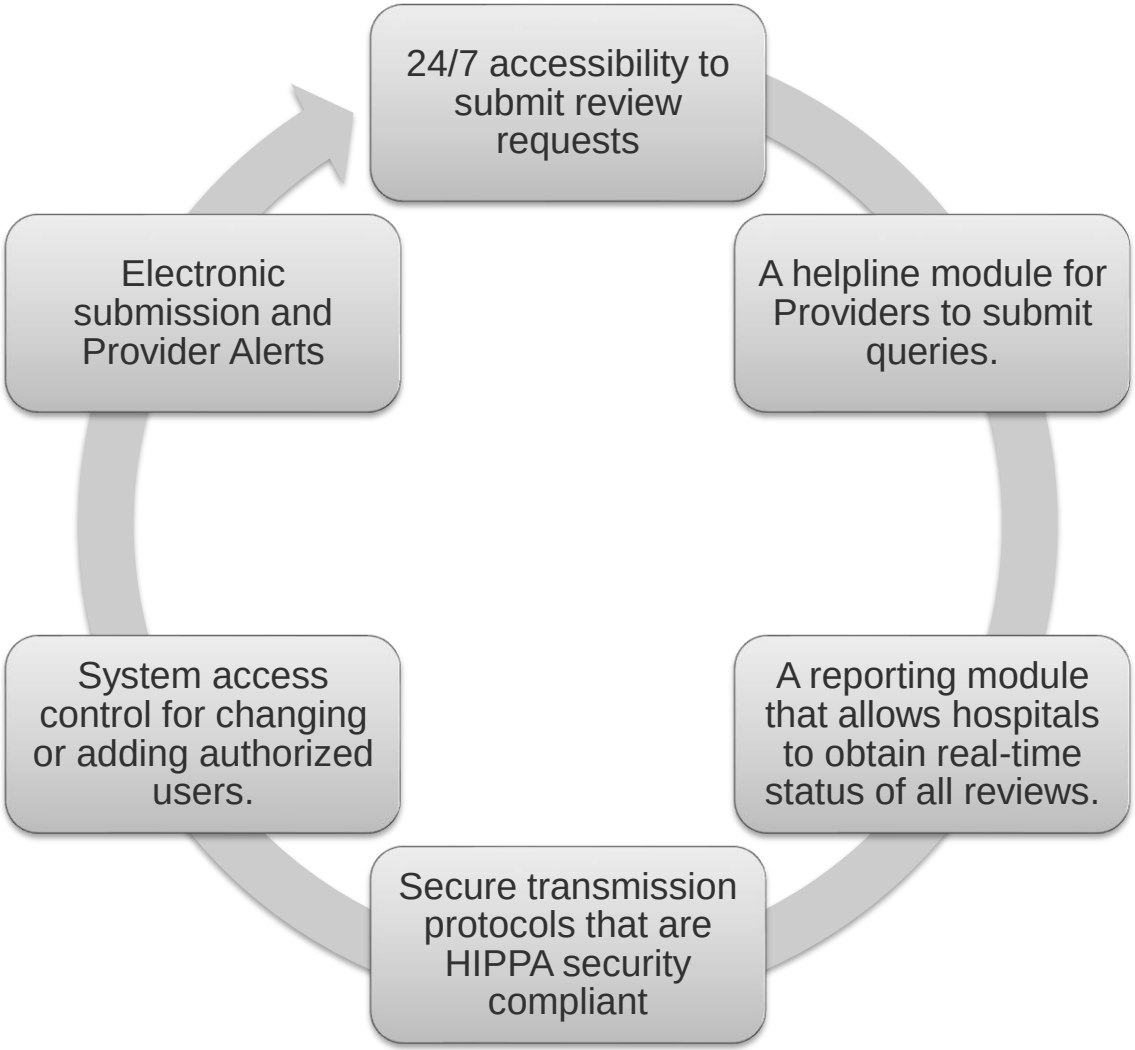
Advanced Diagnostic Imaging

2017

eq·Health solutions

Overview of eQsuite®



Who can access eQsuite

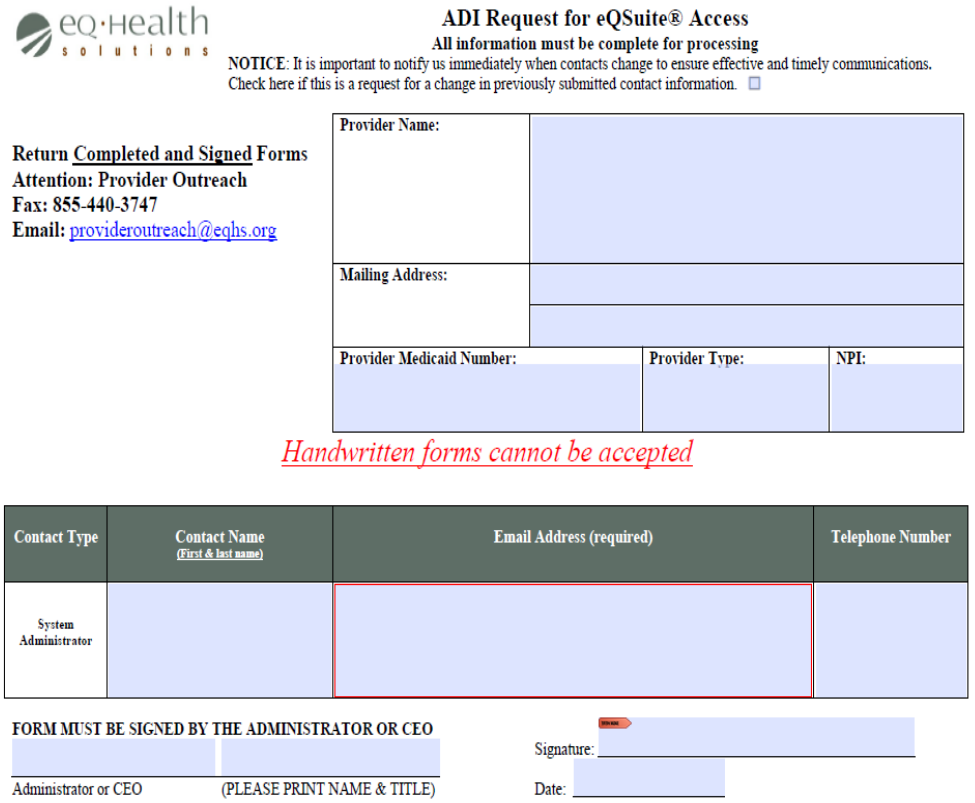
New Users:

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.**



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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 (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:

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.

Review Completion Timeframes

Prior Authorization	Review Completion Timeframes	Referred to Physician reviewer
•**Initial Admission (Prior Authorization)**	•Within 1 business days Timeframe begins upon the completion of all required documents	•Within 3 business days of the receipt of the complete request
Retrospective Requests **(Only applies to Retroactive Eligibility)**	•Within 20 business days Within 1 year of the retroactive eligibility	•Within 20business days

Review Status Determinations

- ***PEND*** Additional information is being requested
- ***1st Level Review*** The review is currently being reviewed
- ***2nd Level Review*** If medical necessity cannot be made at 1st level review gets referred to a physician reviewer
- ***CANCEL*** Duplicative Service or line items not entered correctly, No Medicaid eligibility
- ***Technical Denial*** Untimely Submission or incomplete documents provided

Reconsideration and Fair Hearing Rights

Partial and full denials have reconsideration and Fair Hearing Rights. Recipients or their parent/legal guardian need to be made aware of this process. There are time limitations for the requests outlined in the denial letter.

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)		

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

- We cannot add additional CPT codes to an already entered request.
- If you need to add a CPT code to a review you will either need to cancel the original request and re enter or you can enter a brand new request for the additional codes.

Note: If you enter a new request for the additional codes you will need to enter a different start date or you will get a duplicate error,.

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

eQHealth Resources