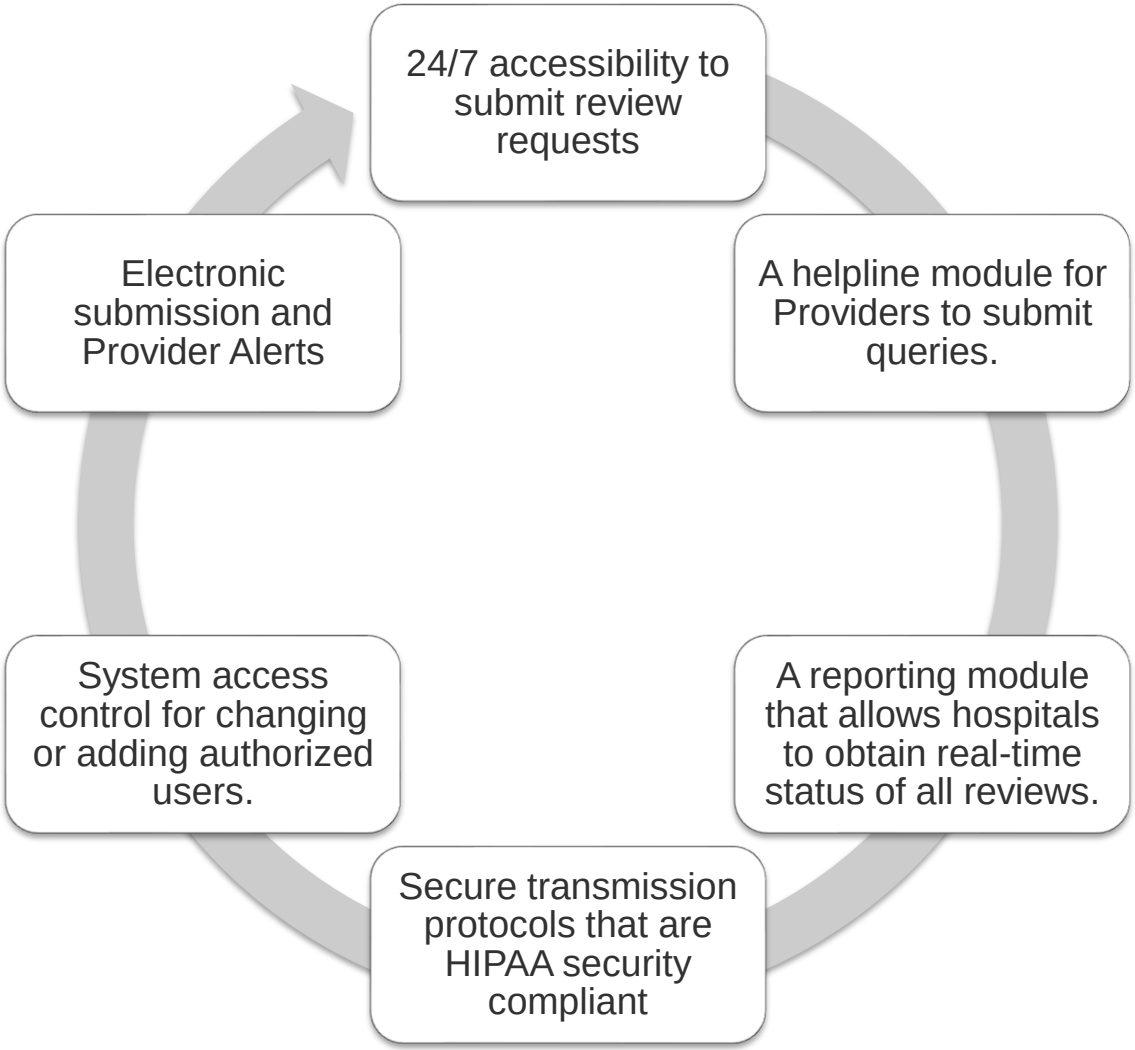
Home Health Services

2018

eQ·Health solutions

Overview of eQsuite®



How to access eQsuite

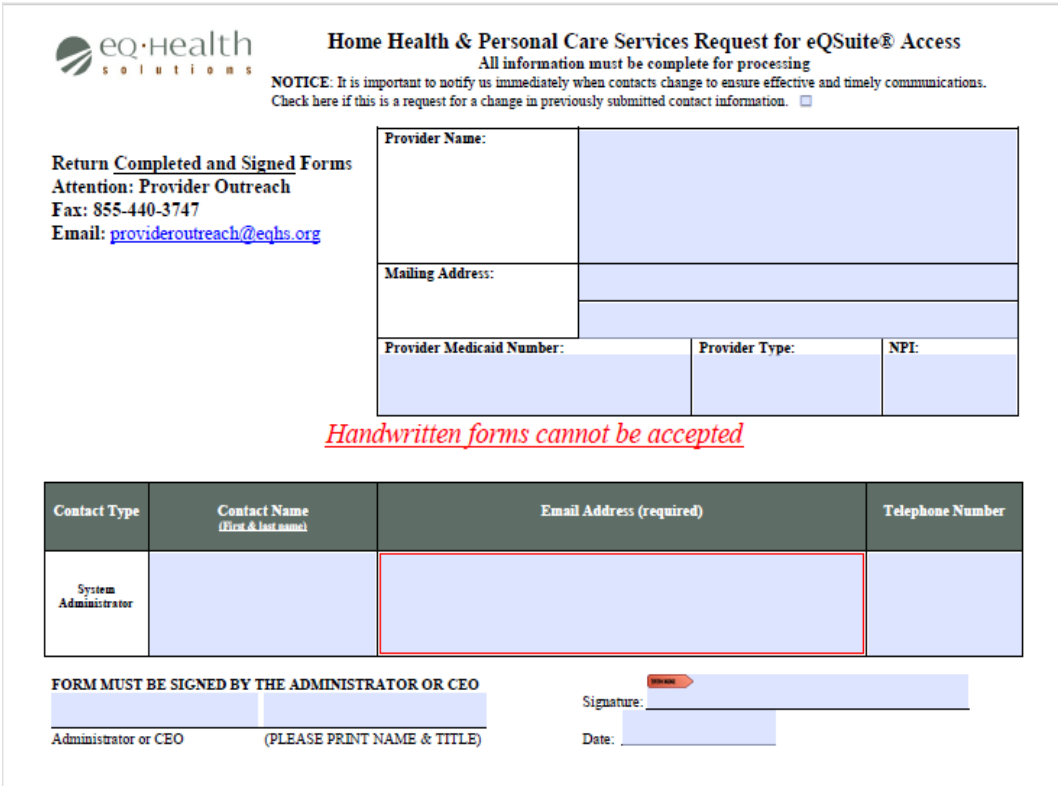
New Users:

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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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

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)*

Review Completion Timeframes

Prior Authorization	Review Completion Timeframes	Referred to Physician reviewer
•Initial Admission or Continued Stay Request **w/o** home visit •Initial Admission or Continued Stay Request **with** home visit	•Within 2 business days •Within 6 business days •Note: Continuation of services submit no more than 14 days prior to	•Within 3 business days of the receipt of the complete request
Retrospective Requests **(Only applies to Retroactive Eligibility)**	•Within 20 business 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
- *Technical Denial* Untimely Submission or incomplete documents provided

Required Documentation

Documentation	Required with each admission review request. Acceptable documents:
Physician monitoring evidence	✓ 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	✓ Required for admission review when the recipient's parent(s) or guardian works.
Parent/guardian school schedule	✓ Required for admission review when the recipient's parent(s) or guardian attends school.
Parent/guardian limitations	✓ Required for admission review when the recipient's parent(s) or guardian has medical limitations or disabilities.

Required Documentation

Documentation	
Plan of Care (POC)	✓ 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	✓ 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	✓ Must be signed and dated by the individual who performed the assessment. ✓ For recipients age 18 and older, the OASIS is acceptable

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 1st level you will need to call and cancel the case and resubmit with the corrections

Denials

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 Home Health 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

Full Denial

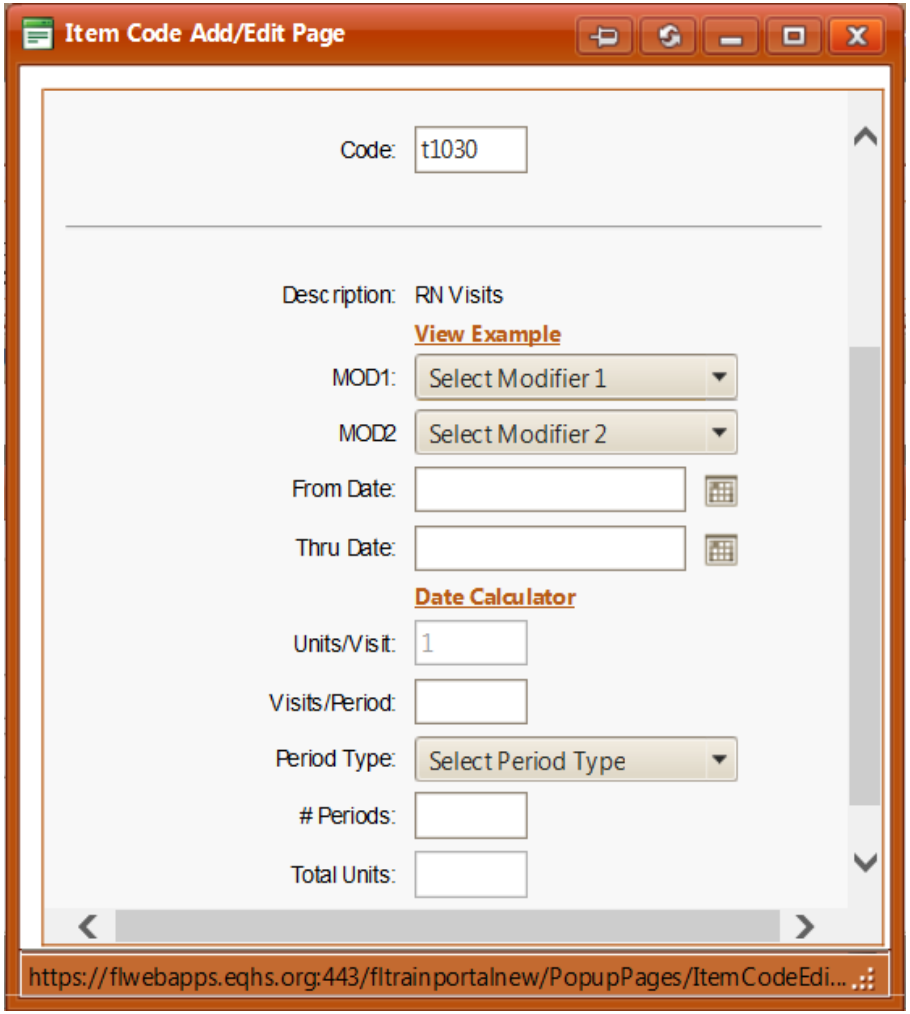
- The physician reviewer may render a (full) medical necessity denial of one or more service line items.

- NOTE: Partial and Full Denials have Reconsideration and Fair Hearing rights. Recipients or their parent/guardian need to be aware of this due process, the limitations are outlined in the denial letter.

Requesting Services

- **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
- Home Health Services are entered for visits not hours.

  (Per the FL Medicaid Coverage Policy 1 visit is up to 2 hours of services.)



Things to Remember

If the recipient was receiving services and received authorization through a managed care plan and now they have straight Medicaid. This needs to be entered as a Admission in eQsuite.

- (There is not an automatic authorization for continued services)

If you are requesting a continuation of services you need to submit a current POC signed by the physician.

Reminder to keep recipients information current and up to date

(i.e. Phone # and address)

Please reference the FL Medicaid Home Health Services Coverage Policy for all Service specific information.

FL Medicaid HH Coverage Policy (Click Here)

Home Health Services are for recipients over the age of 21. Authorization must be received prior to rendering services and you can request up to 60 days certification.

LIVE DEMONSTRATION

eQHealth Resources