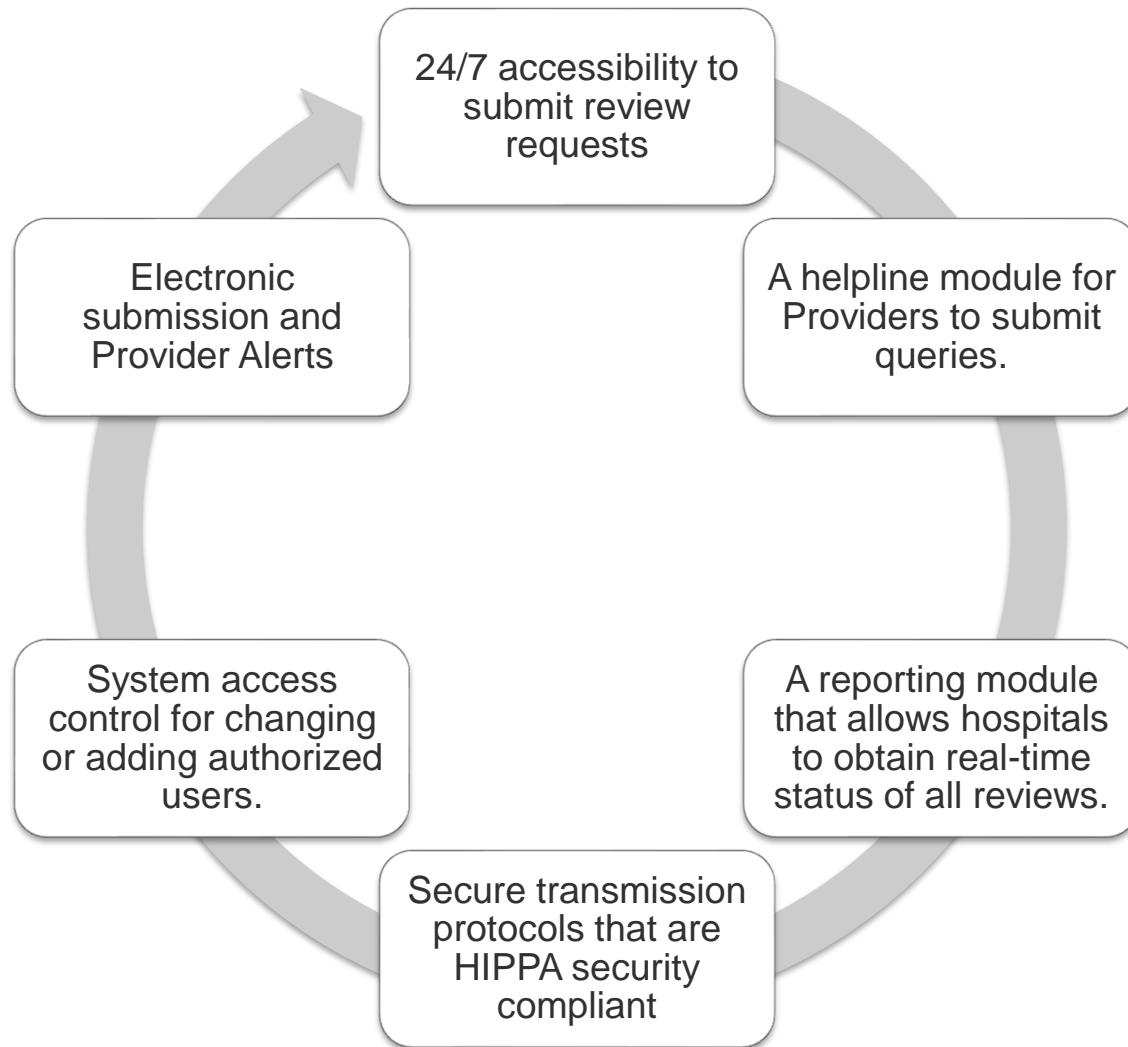


Therapy Services

2018

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.



Therapy 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: _____

Therapy Codes that require Pre Auth

Code	Description
97110	Physical Therapy Treatment
97530	Physical Medicine Treatment, Therapeutic Exercise (OT)
92507	Speech Therapy
92508	Group Speech Therapy, per child in the group, per 15 minutes

- Currently, evaluations are not authorized by eQHealth Solutions but required with each admission request.
- Reminder to check Medicaid eligibility prior to submitting your authorization request.

Review Completion Timeframes

Review Type	Completion Timeframe (1 st Level)	Referred to Physician/Peer Reviewer (2 nd Level)
Initial (Admission)	Within 2 Business day of the receipt of the complete request	Within 4 business days of the receipt of the complete request
Continued Stay (Can request up to 14 Calendar Days prior to the end of current approval)	Within 2 Business day of the receipt of the complete request	Within 4 business days of the receipt of the complete request
Retrospective Review (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, No Medicaid eligibility
- **Technical Denial** Untimely Submission or incomplete documents provided

Documentation Requirements

Document	Required
Evaluation Results	<ul style="list-style-type: none"> • Must be signed and dated by a licensed physical or occupational therapist, licensed or provisionally licensed speech-language pathologist.
Prescription for services	<ul style="list-style-type: none"> • Must be signed and dated by the primary care provider, an advanced registered nurse practitioner (ARNP), a designated physician assistant (PA) or a designated physician specialist before or on the date of the plan of care and prior to requesting authorization. • The plan of care may suffice as a prescription if the signed POC indicates that the POC is to serve as a prescription and all prescription requirements are met.
Plan of care (POC)	<ul style="list-style-type: none"> • Must be based on the results of the evaluation. • Must be developed and signed and dated by the therapist or licensed or provisionally licensed speech-language pathologist • Must be signed and dated by the ordering provider prior to requesting authorization. • Valid for up to 180 days, depending on the approved certification period.

Entering your line items

Units/Visits/Periods

Units/Visit

1 unit =15minutes

Visits/Period

of visits per week

of Periods

How many weeks within the date range

Code Add/Edit Page

Code: 97110

PT Treatment

[View Example](#)

From Date: 1/1/2012

Thru Date: 6/28/2012

Date Calculator

Units/Visit: 4

Visits/Period: 2

Period Type: Week

Periods: 26

Total Units: 208

[Add](#) [Close](#)

#15 minute sessions per visit

visits per week

select week

weeks in date range

http://testfleqhs.org/PopupPages/ItemCodeEditPage.aspx

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

If a request is needed to increase in intensity (# of visits), please provide an explanation for the increase. 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

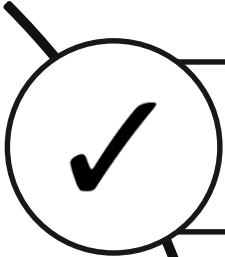
- The physician reviewer may render a (full) medical necessity denial of one or more service line items.
- **NOTE:** Partial and Full Denials have Reconsideration and Fair Hearing rights. Recipients or their parent/guardian need to be aware of this due process, the limitations are outlined in the denial letter.

Reconsiderations

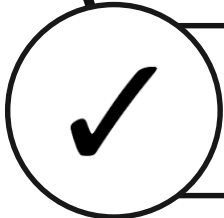
Any party may request a reconsideration of a PT, OT or SLP adverse determination. The written notification of the adverse determination includes information about the right to request a reconsideration and how to request one.

- ❖ The reconsideration must be requested within 5 business days of the date of the denial notification.
- ❖ PT, OT and SLP service providers request reconsideration through eQSuite. Ordering provider and recipients (or their parents or legal guardians) may submit reconsideration requests by fax, or mail.
- ❖ The requesting party should submit additional or clarifying information.
- ❖ Providers may submit the information using eQSuite, fax, or mail.
- ❖ Physicians and recipients (or their parent or guardian) may submit the additional information by fax or mail.

Important things to remember

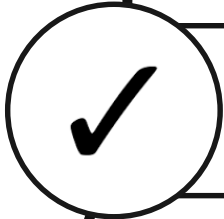


You can request up to 180 calendar days on request for therapy.



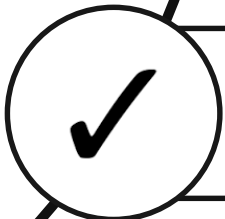
If you are requesting a continuation of care you must select your **“Review Type”** as **“Continued Stay”**

•(Note: You will need the eQHealth Case # or the PA#)



If you need to change or modify a previously authorized service you must submit a request on eQsuite and select the **“Review Type”** as **“Modify Authorization”**

•(Note: The modification cannot exceed the current “thru” date for the prior auth number)

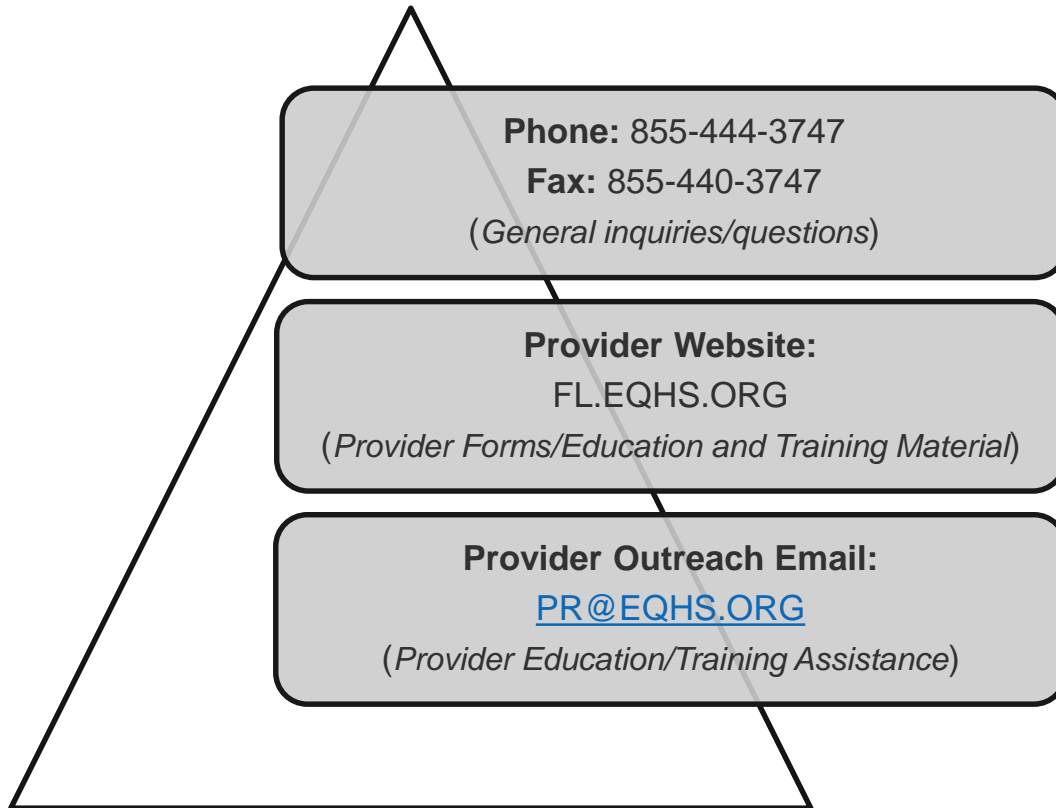


All therapy requests must be submitted as Prior Auth. If you submit a request for dates of service that have already passed these requests will **not** be reviewed and will be **“Technically Denied”**.

•(Exception: If the recipient has Retroactive Eligibility)

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

(Provider Education/Training Assistance)