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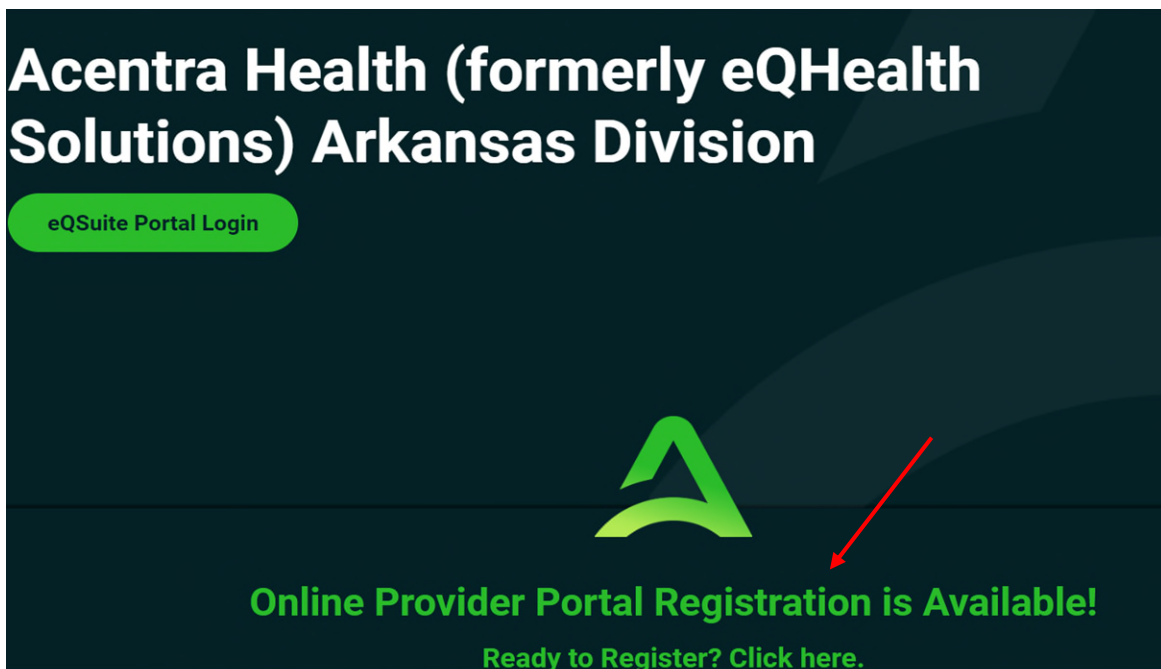
## Therapy (PT/OT/SLP) eQSuite® Step by Step User Guide

### Accessing the System

Acentra Health's (formerly eQHealth) Web based entry and inquiry system is accessed from our Web site home page.

Access the Internet with your web browser and go to [ar.acentra.com](http://ar.acentra.com) - from here you can follow the link to register for access to eQSuite®.

The provider must register to create an Administrative account to access eQSuite®. Once an account has been created an email confirmation will be sent to activate the account.



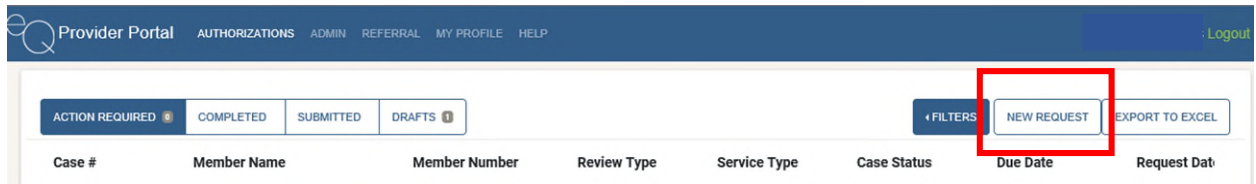
### Administrator Roles

- The person who registers with the Provider Medicaid ID# will be the Account Administrator
- The Administrator will have the ability to create additional user accounts, deactivate accounts and reset passwords.

- A practice/provider can have more than one Account Administrator.
- The password must contain a capitol letter, lowercase letter, a number, special character (#,!\*) and be a minimum of 8 characters.

## Creating a new case

- Click on New Request



- Select your Practice
  - If you only have one provider ID # the information will be generated in your account
  - If you have multiple provider ID#s you will need to select the correct location
- Click **“Find Patient”**
  - You will need to enter First and Last name and DOB or the Member ID and DOB.
- Click **search** and the patient information will generate, click on the name.

- Type of Service: Select Outpatient
- Start Date: Enter the start date of service
- Are you the Ordering Provider/Servicing Provider or BOTH
  - For OT/PT/SLP requests select **BOTH**
  - Once you select Both click on Find ordering Provider

- **Do NOT type in any information** click “Search” and your provider information will generate.
- Repeat steps for Servicing provider
- Category: Select OT/PT/ST HABILITATIVE, or OT/PT/ST REHABILITATIVE
- Place of Service: Choose the applicable place of service
- Request of Severity: Will always be standard
- Click “Save & Continue”

## **Additional Request Details**

- If the beneficiary is in a PASSE, there will be a request for additional details.
- If you are a provider in a school system, select “Yes”
- If you are not a provider in the school system, select “No”
- Click “Save & Continue”
- Providers in the school system will be moved to the next page
- Providers not in the school system will be directed to contact Beacon for their prior authorization

<b>Request</b> Key initial request	<b>Additional Request Details</b> Additional details	<b>Demographics</b> Verify patient demographics	<b>Clinical</b> Enter clinical information	<b>Finalize</b> Finalize and submit
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[Delete](#) [Draft](#)

1. Is the Servicing Provider a school system employee?

Yes

No

[SAVE & CONTINUE](#)

## **Demographics**

- Verify the patient information is correct
- You will need to enter the patients phone number (Without dashes)
- Enter the legal Guardian information (Not Required)
- Click Submit

<b>First Name</b> <input type="text"/>	<b>Last Name</b> <input type="text"/>	
<b>Email</b> <input type="text"/>	<b>Phone Number</b> <input type="text" value="5015551234"/>	
<b>Address Line 1</b> <input type="text" value="46 OPALOCHEE DR"/>	<b>Address Line 2</b> <input type="text"/>	
<b>City</b> <input type="text" value="CHEROKEE VILLAGE"/>	<b>State</b> <input type="text" value="AR"/>	<b>Postal Code</b> <input type="text" value="72529"/>
<b>Legal Guardian 1</b>		
<b>First Name</b> <input type="text"/>	<b>Last Name</b> <input type="text"/>	
<b>Email</b> <input type="text"/>	<b>Phone Number</b> <input type="text"/>	
<b>Address Line 1</b> <input type="text"/>	<b>Address Line 2</b> <input type="text"/>	
<b>City</b> <input type="text"/>	<b>State</b> <input type="text" value="Not Selected"/>	<b>Postal Code</b> <input type="text"/>
<b>Legal Guardian 2</b>		
<b>First Name</b> <input type="text"/>	<b>Last Name</b> <input type="text"/>	
<b>Email</b> <input type="text"/>	<b>Phone Number</b> <input type="text"/>	
<b>Address Line 1</b> <input type="text"/>	<b>Address Line 2</b> <input type="text"/>	
<b>City</b> <input type="text"/>	<b>State</b> <input type="text" value="Not Selected"/>	<b>Postal Code</b> <input type="text"/>
<input type="button" value="SUBMIT"/>		

## Clinical

- Diagnosis: You can search by the ICD 10 numeric code or you can search by the description.

The screenshot displays the 'Clinical' step of a request form. The progress bar indicates the current step is 'Clinical: Enter clinical information'. The main content area features a search box with 'F80' entered, which has triggered a dropdown list of ICD-10 codes related to speech and language disorders. The list includes: F80 - SPECIFIC DEVELOPMENT DISORDERS SPEECH & LANGUAGE, F800 - PHONOLOGICAL DISORDER, F801 - EXPRESSIVE LANGUAGE DISORDER, F802 - MIXED RECEPTIVE-EXPRESSIVE LANGUAGE DISORDER, F804 - SPEECH & LANGUAGE DEVELOP DELAY O/T HEARING LOSS, F808 - OTHER DEVELOPMENTAL DISORDERS SPEECH & LANGUAGE, F8061 - CHILDHOOD ONSET FLUENCY DISORDER, and F8082 - SOCIAL PRAGMATIC COMMUNICATION DISORDER. Navigation buttons 'SAVE & CONTINUE' and 'RESET' are visible at the bottom of the form.

- Procedures: Click on Procedures
  - You will be prompted to select the correct Procedure Code (Therapy Assistant codes have the UB modifier)
  - Start Date will be generated
  - Enter Total # of units: 1 unit = 15 minutes
  - Unit Type: Select "Unit"
  - Frequency: Click Total
  - End Date: Max date range of 52 weeks for clinical and 1 school year for school based.

<b>Request</b> Key initial request	<b>Demographics</b> Verify patient demographics	<b>Clinical</b> Enter clinical information	<b>Finalize</b> Finalize and submit
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Delete Draft

Diagnoses

Primary	Diagnosis	Remove
<input checked="" type="radio"/>	F802 - MIXED RECEPTIVE-EXPRESSIVE LANGUAGE DISORDER	X

Procedures

Primary	Procedure	Start Date/End Date	Units	Total Units	Remove
<input checked="" type="radio"/>	92507 - Individual speech session by Speech Therapist (15-minute unit)	12-01-2019 <input type="text" value="12-01-2019"/>	144 Unit <input type="text" value="Unit"/>	144	X
		05-31-2020 <input type="text" value="05-31-2020"/>	Total <input type="text" value="Total"/> for <input type="text" value=""/>		
<input type="radio"/>	92507-UB - Individual speech therapy by speech language pathology assistant (15-minute unit)	12-01-2019 <input type="text" value="12-01-2019"/>	144 Unit <input type="text" value="Unit"/>	144	X
		05-31-2020 <input type="text" value="05-31-2020"/>	Total <input type="text" value="Total"/> for <input type="text" value=""/>		

- Attachments: Click Choose File

Required Documents:

-DMS – 640

\*Start and end dates of the PA request must align with the DMS-640

- Notes: Add any additional comments for our clinical team that would be pertinent to your submission.

*Note: You will be required to either attach a document or make a note in eQSuite to proceed.*

- Click Save & Continue

Attachments

✓ DMS640 TEST.docx X

Notes

SAVE & CONTINUE

RESET

## **Finalize**

Review entry to verify everything is correct then click “Submit”

Once you click Submit the system will generate a Case Number

<b>Request</b> Key initial request	<b>Demographics</b> Verify patient demographics	<b>Clinical</b> Enter clinical information	<b>Finalize</b> Finalize and submit
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[Delete](#) [Draft](#)

## Finalize PRINT

DEMOGRAPHICS

Member Name  
Member Number  
Date of Birth

OUTPATIENT REQUEST

Requesting Provider  
  
Servicing Provider

Place of Service: 11 Office  
Requested Dates: 12/01/2019 to 05/31/2020

DIAGNOSES

F802 MIXED RECEPTIVE-EXPRESSIVE LANGUAGE DISORDER (Primary Diagnosis)

REQUESTED PROCEDURES

92507 Individual speech session by Speech Therapist (15-minute unit) (Primary Procedure)  
Total: 144 Units(s)  
Begin Date: 12/01/2019  
End Date: 05/31/2020

92507-UB Individual speech therapy by speech language pathology assistant (15-minute unit)  
Total: 144 Units(s)  
Begin Date: 12/01/2019  
End Date: 05/31/2020

Precertification is done for medical necessity review only and is neither a guarantee of payment nor a guarantee that billed codes will not be considered incidental or mutually exclusive to other billed services. Coverage is subject to the terms of a beneficiary's benefit plan and eligibility on the date of service.

[SUBMIT](#)

## Tabs

Provider Portal
AUTHORIZATIONS
ADMIN
REFERRAL
MY PROFILE
HELP

ACTION REQUIRED 0

COMPLETED

SUBMITTED

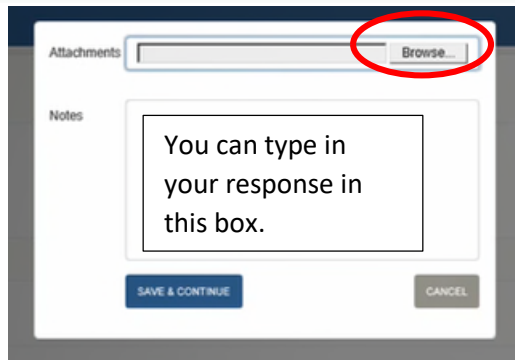
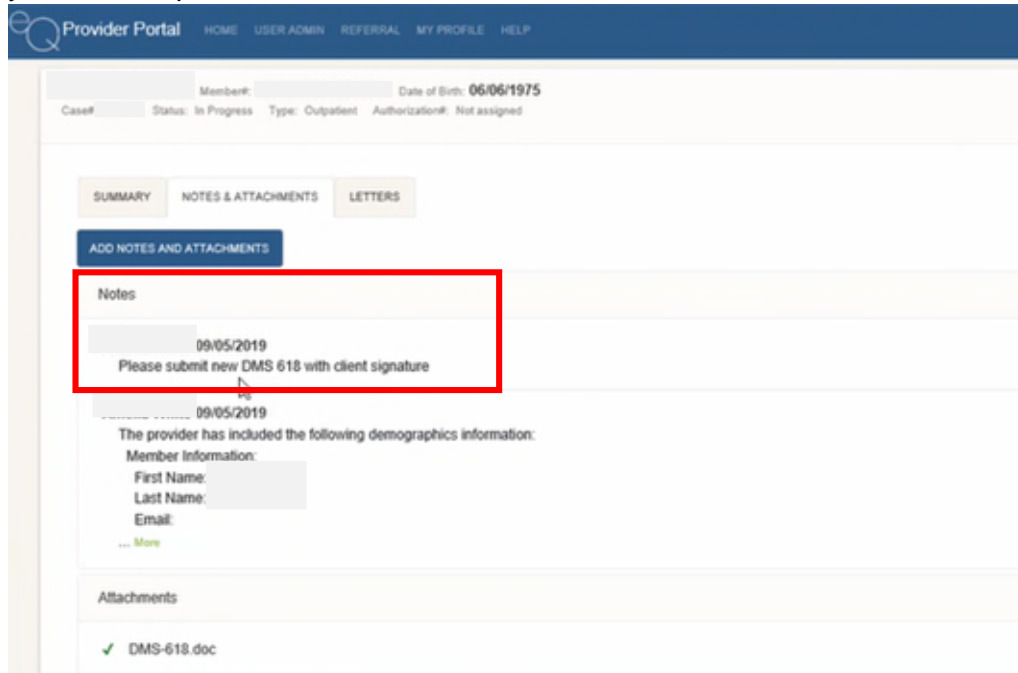
DRAFTS 1

Case #	Member Name	Member Number	Review Type
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- **Action Required:** Cases where additional information is being requested from our clinical team.
  - Click on the Case, it will default to the Notes section
  - You will be able to view what is being requested



-To respond to the request, click on 'Add Notes and Attachments" You have the ability to add additional documentation and respond to the reviewer in the "Notes" area. Once you have responded click "Save and Continue"



➤ **Completed:**

-Once a case has an outcome (Certified/Denied) it will move to the completed tab.  
-Click on the Case and you will be able to view the outcome with details

Extend	Case #	Member Name	Member Number	Review Type	Service Type	Authorization #	Completed Dat...	Discharge Date	Ca:
+		.		Initial	Outpatient		9/5/2019		Partial
+	542899	AAATEST, HEATHER		Initial	Outpatient		9/5/2019		Certif

Case# 542930 Status: Partially Certified Type: Outpatient Authorization#: V000447648

Request Date: 09/06/2019 Procedure Date: 09/01/2019 Initial Case History

SUMMARY NOTES & ATTACHMENTS LETTERS

**OUTPATIENT REQUEST**

Requesting Provider

Servicing Provider

Place of Service: 12 Home

Requested Dates: 09/01/2019 to 08/31/2020

**DIAGNOSES**

F039 DEMENTIA NOS (Primary Diagnosis)

**REQUESTED PROCEDURES**

Personal Care for a non-RCF Beneficiary Aged 21 or Older, per 15 minutes  
256 Unit Per Month For 1 Month(s)  
Total: 256 Unit(s)  
Begin Date: 12/01/2019  
End Date: 12/31/2019

Personal Care for a non-RCF Beneficiary Aged 21 or Older, per 15 minutes  
256 Unit Per Month For 1 Month(s)  
Total: 256 Unit(s)  
Begin Date: 04/01/2020  
End Date: 04/30/2020

CREATE FAX COVER SHEET  
PRINT SUMMARY PAGE  
CREATE NEW REQUEST  
REQUEST EXTENSION  
REQUEST CANCELLATION  
REQUEST RECONSIDERATION

• ACTIONS

Please see page 11 for instructions

-Once you click on the Case, you can view the outcome letter on the “Letters” tab

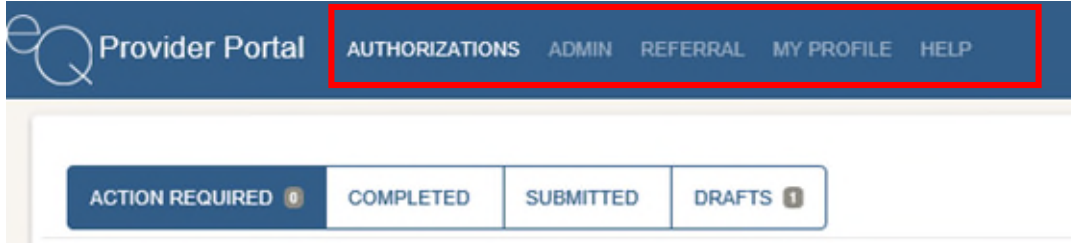
SUMMARY NOTES & ATTACHMENTS **LETTERS** • ACTIONS

Letters

DD Approval	09/06/2019
DD Approval	09/06/2019

- **Submitted:** All cases that have been successfully submitted to eQHealth Solutions, awaiting an outcome.
- **Drafts:** Cases that have been entered but not fully submitted to eQHealth Solutions  
-If the request was entered in error you have the option to delete the record

## Menu Options



- **Authorizations**
  - You can click this button at anytime within the portal to take you back to the main dashboard.
- **Admin:** You can click this button to create new user accounts
  - “Click Add New User”
  - Enter the email address
  - Create a username
  - Select the practice
  - Click “Next” (Do not click create)

Practices	Practice	Administrator
<input type="checkbox"/>	PRACTICE#: 100012407	<input type="checkbox"/>
<input type="checkbox"/>	PRACTICE#: 100031407	<input type="checkbox"/>
<input type="checkbox"/>	Test Practice	<input type="checkbox"/>

- Enter the Demographics then click “Create”

The image shows a user registration form with two tabs: 'User Info' (checked) and 'Demographics' (unchecked). The form contains the following fields: First Name\*, Last Name\*, Address 1\*, Address 2, City\*, State\* (dropdown menu showing 'Not Selected'), Zip\*, and Phone\*. At the bottom, there are four buttons: 'PREVIOUS', 'RESET', 'CREATE' (circled in red), and 'NEXT'.

➤ **Referral**

- Only Applicable to Behavior Health and Personal Care services

➤ **My Profile**

- You can change your email address and password.

The image shows a 'My Profile' form with the following fields: Email\* (with an envelope icon), Username\* (with a person icon), Practices (with a dropdown menu showing 'Practice'), and Password (with a green link 'Change Password').

➤ **Help**

- You can click this tab to submit an online help ticket and/or obtain our Customer Service phone #.

Contact Us

**Arkansas**

For Help please contact our customer support line at 1-888-660-3831.

SUBMIT HELP TICKET

CLOSE

➤ **Actions**

- Create Fax Coversheet  
*Each case creates a unique fax coversheet*
- Print Summary Page
- Create New Request
- Request Extension  
*(Enter Reasons for that are applicable for extensions)*
- Request Cancellation
- Request Reconsideration  
*If a case is partially certified or denied you can request a reconsideration*

