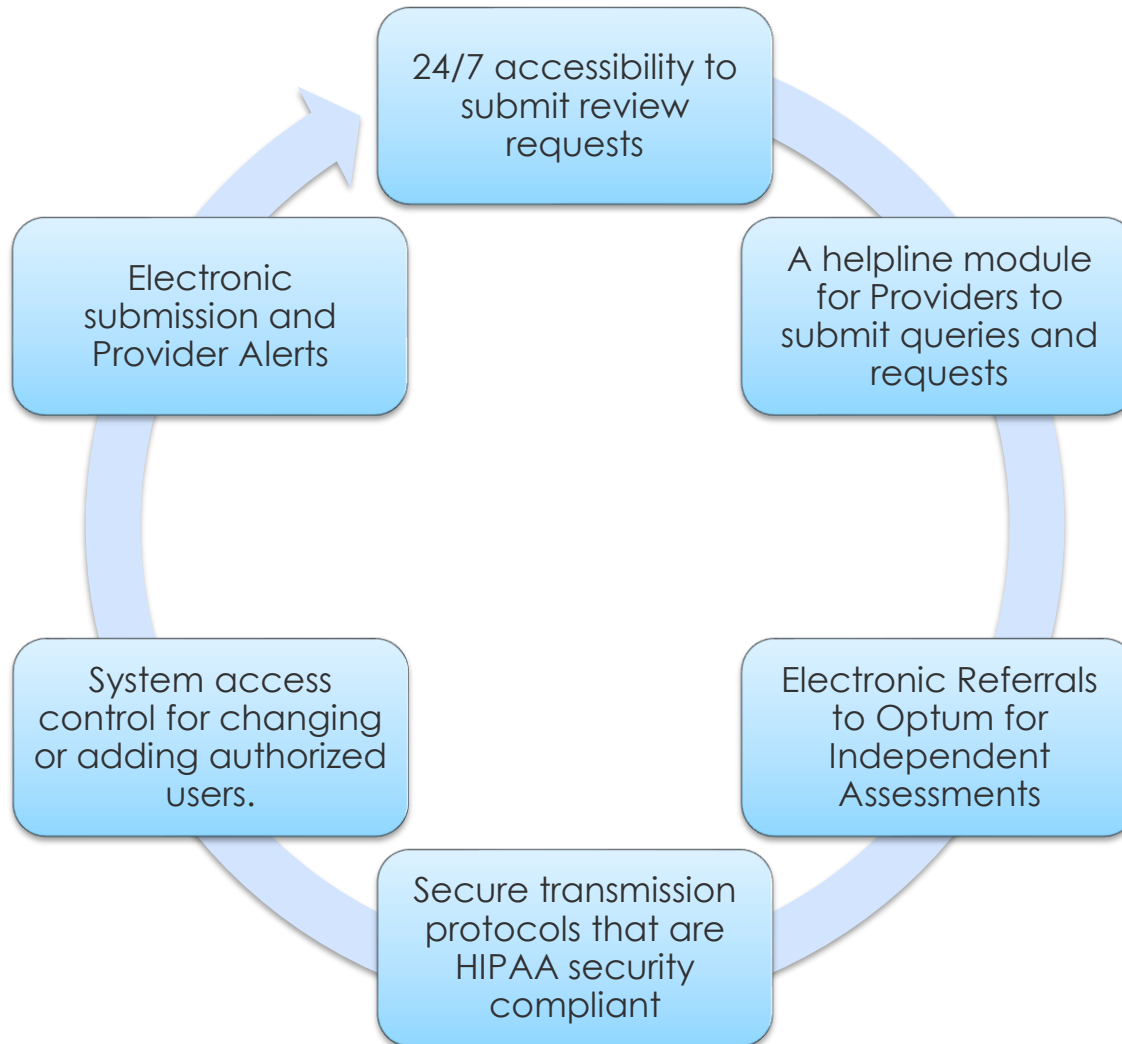


EPSDT ABA Therapy

2021

Overview of eQsuite®



How to register for eQsuite®

New Users:

Click on the [registration link](#) to fill out electronic registration form:

Registration

Create a new provider System Administrator account

Login Information

Username* Password* Confirm Password*

System Administrator Account Information

First Name* Last Name*

Email* Credentials

Provider Information

Provider Name* Specialty

Phone Number* Fax Number

NPI* Medicaid ID*

Address Line 1* Address Line 2

City* State* Postal Code*

Check your email for a confirmation email, and follow instructions in the email to activate your new Provider Portal account.

Registration

Create a new provider System Administrator account

Please check your Email Inbox. An email with an embedded link has been sent to [@eqhs.org](#). To confirm your newly registered account please follow the directions in this email.

eQSuite® Administrator

- The initial person who registers with a Medicaid Provider ID will be assigned as the Account Administrator.
- Administrator's will have the ability to create additional user accounts, deactivate accounts, and send password reset emails.
- One person can be the administrator over several accounts in the case that a facility has multiple Medicaid ID's for different providers/locations.
- A user can use one email for multiple registrations, but must use a unique username for each provider/location(s)
- Passwords MUST contain a capital letter, lowercase letter, numbers, special character (#,@,!) and be at least 8 characters long.
- Provider MID used must be the correct MID for the claims associated with that Provider Type

Provider Resources

- [AR eQHealth Website](#)
- Sign up for our Upcoming Webinar Trainings
[Registration Links](#)
- Education Resources
[EPSDT ABA Training](#)
- [DDS Website](#)

EPSDT ABA Therapy

- eQHealth began processing prior authorization requests for EPSDT ABA Therapy on May 1, and went live with electronic submissions on August 1, 2019
- EPSDT ABA Therapy consists of two review submissions
 - EPSDT ABA Therapy Assessment
 - Approval of EPSDT ABA Treatment Plan and PA for specific services
- Review completion times for EPSDT ABA Therapy is 9 days after the request is submitted to eQHealth with appropriate documentation for each type of review
- The initial assessment PA request and the treatment plan PA request must be submitted separately.
- The initial assessment PA request must be approved BEFORE submitting the Treatment Plan PA request.
- Renewal requests, of assessment and treatment plans may be submitted in one PA request.

EPSDT ABA Therapy Description of Services

Code	Description
97151- EP	Behavior Identification Assessment and Treatment Plan development, by a Board Certified Behavior Analyst (QHP).
97152 - EP	Behavior Identification Assessment, supporting, by a Registered Behavioral Technician (RBT) or Board Certified Assistant Behavior Analyst (BCaBA).
97153 - EP	Adaptive behavior treatment by RBT or BCaBA, under the direction of a QHP, face-to-face. <u>Recommended</u> intensity by level of support:
97155 - EP	Adaptive behavior provided by QHP, face-to-face. <u>Recommended</u> intensity by level of support:
97154 – EP	Group Adaptive behavior treatment by RBT or BCaBA, under the direction of a QHP.
97156 - EP	Family adaptive behavior treatment guidance, by BCBA.
97158 - EP	Group adaptive behavior treatment by BCBA.

Review Completion Times

Prior Authorization	Review Turn-Around-Time
Initial Assessment Prior Authorization request	9 business days
Initial Treatment Prior Authorization request	9 business days
Prior Authorization Renewal request for ongoing treatment	9 business days
Prior Authorization Determination Reconsideration Request	45 days

Required Documentation and Eligibility

- Initial Assessment
- Skills-Based Assessment
- Clinical Recommendations
- Behavior Reduction Goals
- Parent/Caregiver Goals
- Individualized Treatment Plan
- Functional Behavior Assessment
- Skills Acquisition Goals

EPSDT ABA Therapy Initial Request Reminders

- Please always make sure to request 2 separate review requests.
- 1st review request should always be the Assessment request
- 2nd review request should be the Treatment Plan review request
- Please make sure the 1st Assessment review request has been approved before submitting the 2nd request for the Treatment Plan review.

eQSuite® Dashboard

Provider Portal AUTHORIZATIONS ADMIN REFERRAL MY PROFILE HELP Rebecca Mason Logout

ACTION REQUIRED 0 COMPLETED SUBMITTED DRAFTS 2 FILTERS NEW REQUEST EXPORT TO EXCEL

Case #	Member Name	Member Number	Review Type	Service Type	Case Status	Due Date	Request Date	Service Date	Ordering
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Once logging into eQSuite®, you will be directed to the home page, we call the “Dashboard”

On the dashboard, you will see PAs, referrals, and all administrative functions

Authorizations: Serves as a “Home” button, bringing you back to the Dashboard, when clicked on from any page in the portal.

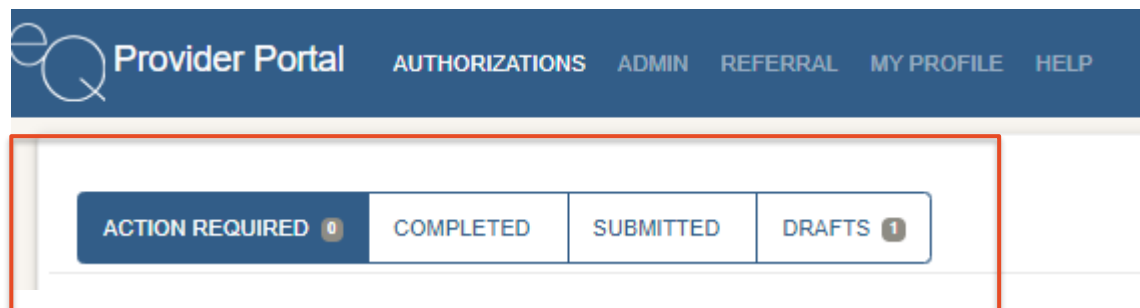
Admin: Only visible for those listed as “Administrators” for their facility. All administrative functions can be found here.

Referral: PCS and BH providers, who require Independent Assessments from Aria/Optum, can view their beneficiary assessment status.

My Profile: Where you can access and edit your information that is tied to your specific login.

Help: Access our Provider Support Portal to submit and check status of Help Tickets.

Finding PA Status on the Portal



- **Action Required** – PAs that have been pended to the provider for additional documentation or information.
- **Completed** – PAs that have been submitted by the provider and completed by the Clinical Team
- **Submitted** – PAs that have been submitted by the provider and not yet completed by the Clinical Team
- **Drafts** – PAs that have been started by the provider, but not submitted yet, OR a Personal Care Renewal

Review Status Determinations

- Certified in Total: PA has been approved in total
- Partially Certified: PA was approved for only appropriate dates and units
- Not Certified: PA was denied
- Cancelled: At the request of the provider, or due to a critical error identified by the clinical team
- Action Required: Clinical team has requested additional information and/or documentation

How to view Determination Letters

- Click on the “Completed” tab
- When you click on a completed case, there will be a “LETTERS” tab. This is where you will find your authorization letters with approved/denied units and dates

ACTION REQUIRED 0 **COMPLETED 1** SUBMITTED 0 DRAFTS 0

← FILTERS NEW REQUEST EXPORT TO EXCEL

Extend	Case #	Member Name	Member Number	Review Type	Service Type	Authorization #	Completed Dat...	Discharge Da
	<input type="text"/>	AAATEST, HEATHER	<input type="text"/>	Initial	Outpatient	<input type="text"/>	9/5/2019	

AAATEST, HEATHER Member # Date of Birth: **12/23/1965**

Request Date
09/05/2019

Procedure Date
09/05/2019

Initial
Case History ▾

SUMMARY NOTES & ATTACHMENTS **LETTERS**

← ACTIONS

Letters

No Letters

Reconsiderations

Partially certified and Not Certified cases can request a reconsideration with updated documentation to support reconsideration request.

John Doe Member#: 123456789 Date of Birth: 1/1/2099 Request Date 04/03/2019 Procedure Date 04/01/2019 Initial Case History ▾
Case# 123456 Status: Not Certified Type: Outpatient Authorization#: Not assigned

SUMMARY NOTES & ATTACHMENTS LETTERS

OUTPATIENT REQUEST

Requesting Provider	Dr. Joe Smith Unknown Physician Specialty
Servicing Provider	
Place of Service	12 Home
Requested Dates	04/01/2019 to 03/31/2020

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

⌵ ACTIONS

Dashboard-Help

If you click on the Help tab it will give you the phone number to reach or Customer Support line and the option to submit an online help ticket. We encourage providers to click on “Submit Help Ticket” if you have any questions or inquiries.

Provider Portal AUTHORIZATIONS ADMIN REFERRAL MY PROFILE **HELP**

ACTION REQUIRED 0 COMPLETED SUBMITTED DRAFTS 5

Case #	Member Name	Member Number	Review Type	Service Type	Case Status
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Contact Us

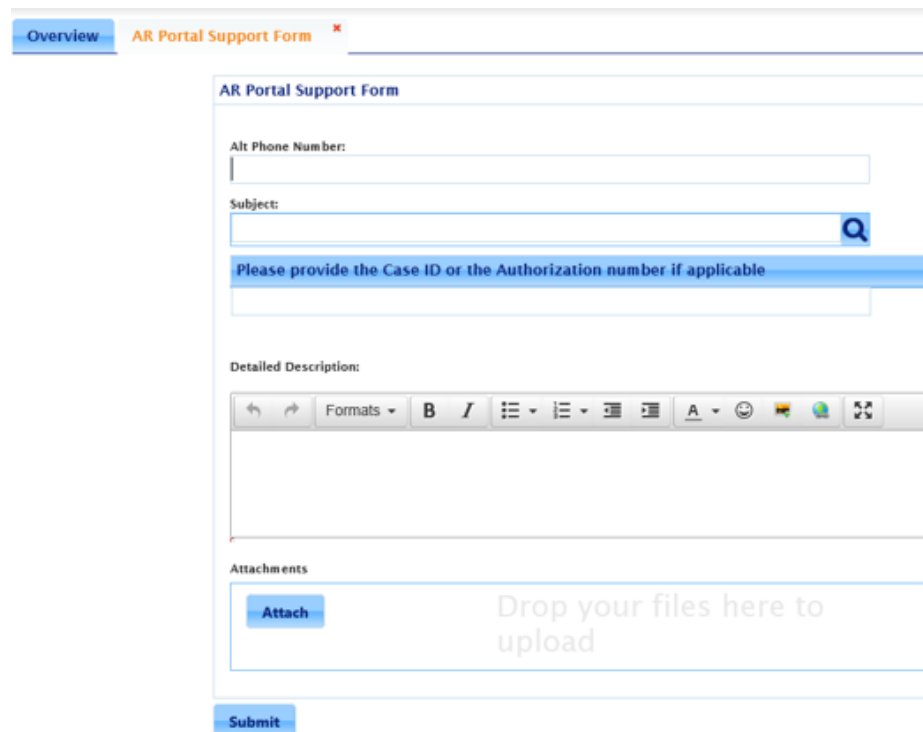
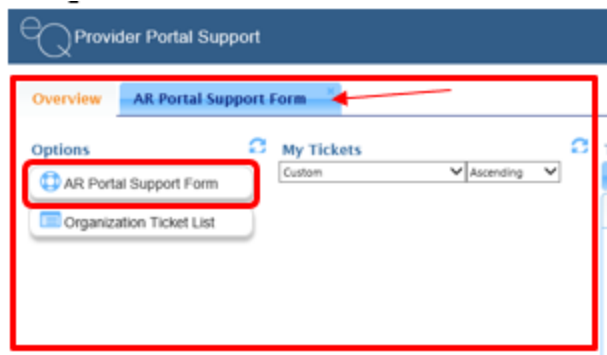
Arkansas
For Help please contact our customer support line at 1-888-660-3831.

SUBMIT HELP TICKET

CLOSE

Submitting a Help Ticket

When submitting a Help Ticket, you will click on “AR Portal Support Form” and a new tab will generate.

A screenshot of the 'AR Portal Support Form' submission page. The page has a blue header with 'AR Portal Support Form' and a search icon. Below the header, there are several input fields: 'Alt Phone Number', 'Subject', and a blue highlighted box with the text 'Please provide the Case ID or the Authorization number if applicable'. Below these fields is a 'Detailed Description' section with a rich text editor toolbar. At the bottom, there is an 'Attachments' section with an 'Attach' button and a 'Drop your files here to upload' area. A 'Submit' button is located at the bottom right of the form.

Enter Fields:

- Phone Number
- Select a Subject from the Drop-Down Menu (Required field)
- Please include a Case ID or Authorization # and enter a detailed description of the question/issue and attach any screenshots if applicable.
- Step By Step Help Ticket User Guide ([Click Here](#))

eQHealth Resources

Phone: 888-660-3831

Fax: 855-997-3707

(General inquiries/questions/status updates)

Provider Website:

<http://ar.eqhs.com/>

(Provider Forms/Education and Training Material)

Provider Outreach Email:

AR.PR@EQHS.COM

(Provider Education/Training Assistance)