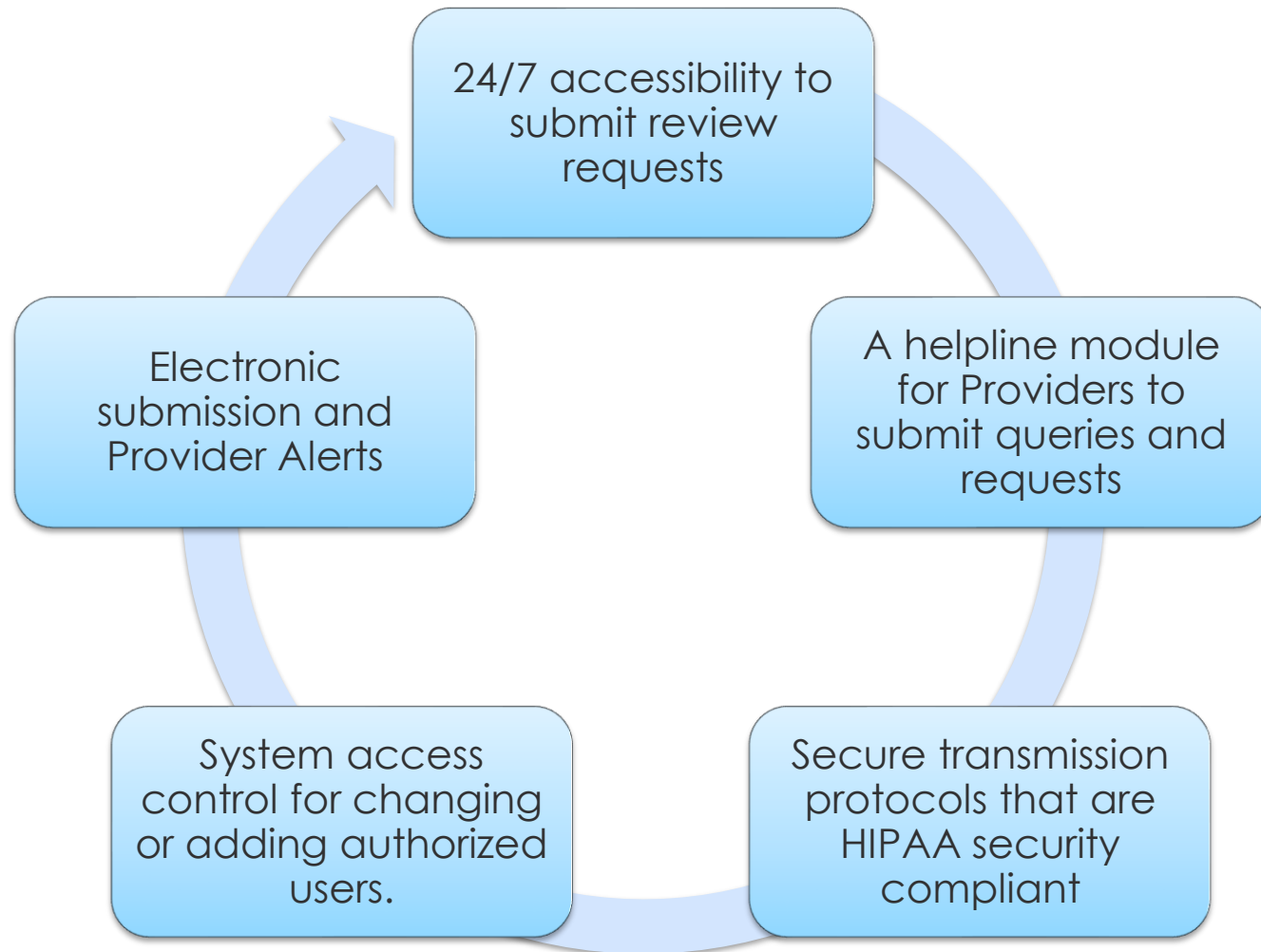


# **ADDT/EIDT – Nursing Services**

*2021*

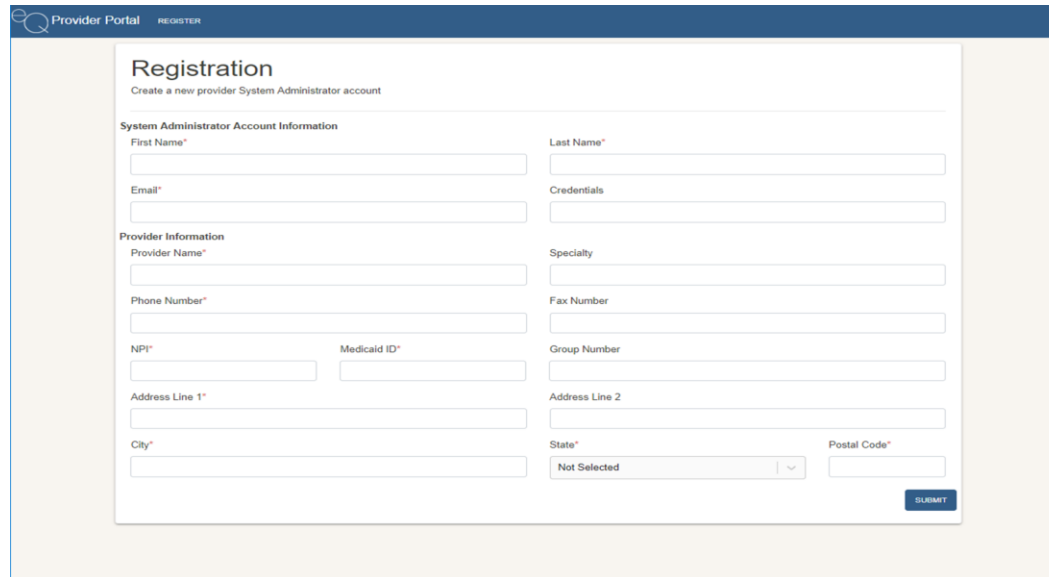
# Overview of eQsuite®



# How to register for eQSuite®

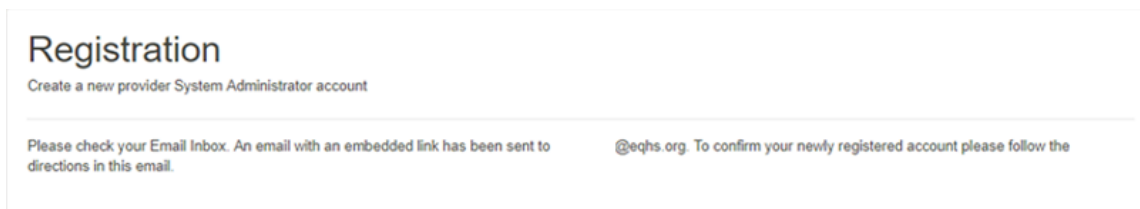
## New Users:

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



The screenshot shows the 'Registration' page of the eQSuite Provider Portal. The page title is 'Registration' with the subtitle 'Create a new provider System Administrator account'. The form is divided into two main sections: 'System Administrator Account Information' and 'Provider Information'. The 'System Administrator Account Information' section includes fields for First Name\*, Last Name\*, Email\*, and Credentials. The 'Provider Information' section includes fields for Provider Name\*, Specialty, Phone Number\*, Fax Number, NPI\*, Medicaid ID\*, Group Number, Address Line 1\*, Address Line 2, City\*, State\* (with a dropdown menu currently set to 'Not Selected'), and Postal Code\*. A 'SUBMIT' button is located at the bottom right of the form.

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



The screenshot shows a confirmation message titled 'Registration' with the subtitle 'Create a new provider System Administrator account'. The message reads: '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  
[Developmental Disabilities](#)
- Medicaid Provider Resources  
[Medicaid Provider Manual](#)

# ADDT/EIDT Services Prior Authorizations

- ADDT/EIDT Prior Authorizations are only required for Nursing Services.
- Nursing Services must be performed by a licensed Registered Nurse or Licensed Practical Nurse and must be within the nurse's scope of practice as set forth by the Arkansas State Board of Nursing.
- All ADDT nursing services must be prior authorized.
- EIDT: Prior Authorization is not required for the first 4 units/day. Extensions of benefits are required for services beyond that.
- Available for beneficiaries who
  - Are medically fragile
  - Have complex health needs
- EIDT
  - Beneficiaries 0-6 years of age
  - Summer services for beneficiaries 6-21 years of age
- ADDT
  - Beneficiaries 21 + years of age
  - Beneficiaries 18-21 years of age if High School diploma or certification of completion is attained

# Nursing Services Required Documents

- Prescription
  - Signed by Primary Care Physician
  - Includes the number of nursing units per day, authorized by PCP
- Comprehensive Nursing Evaluation
  - Designates the need for services
  - Specifies what the needed services are

Procedure Codes	Explanation of Codes
T1002-U6-UB	RN Nursing Services for ADDT
T1003-U6-UB	LPN Nursing Services for ADDT
T1002-U6	RN Nursing Services for EIDT
T1003-U6	LPN Nursing Services for EIDT

# Review Completion Times

Prior Authorization	Review Turn-Around-Time
Initial Prior Authorization review request	9 business days
Prior Authorization Renewal review request	9 business days
Reconsideration of Determination Request	30 business days



# 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



# 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

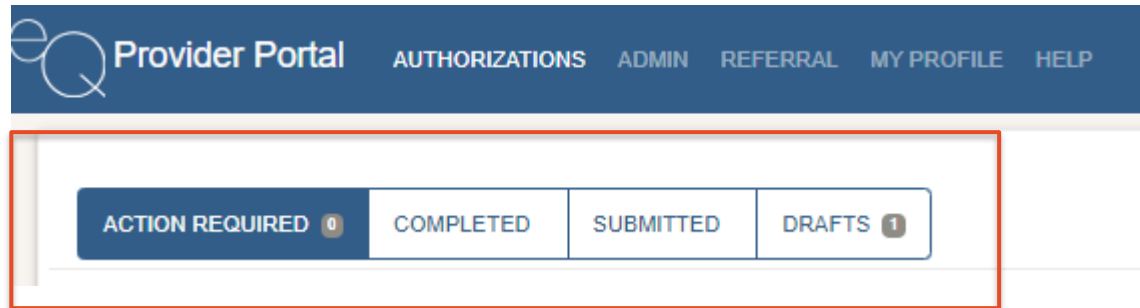
**OUTPATIENT REQUEST**

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

# 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

# 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
--------	-------------	---------------	-------------	--------------	-------------

### Contact Us

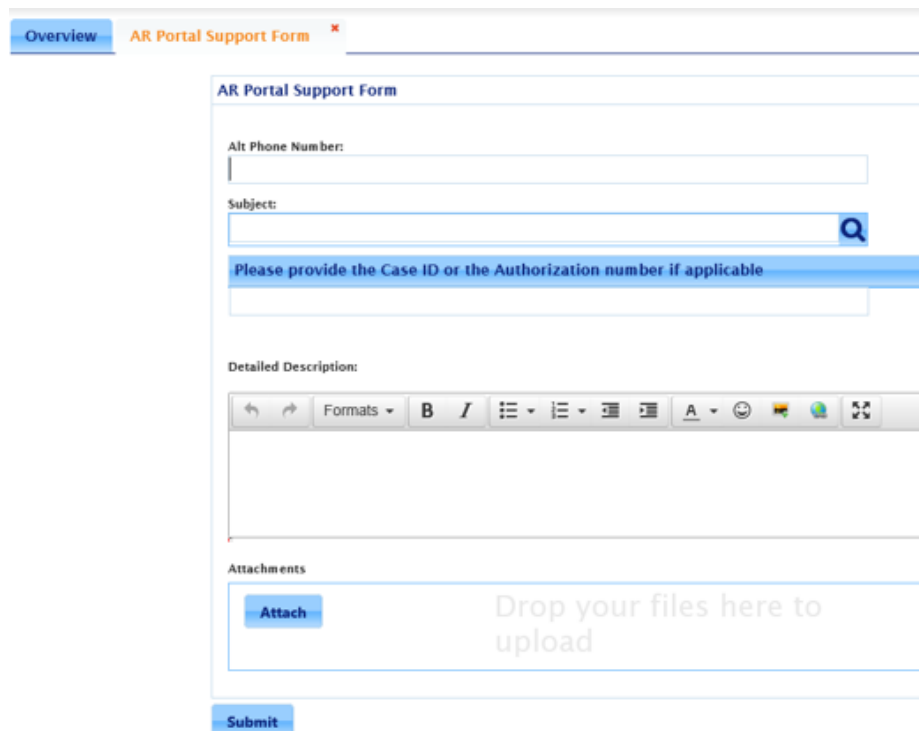
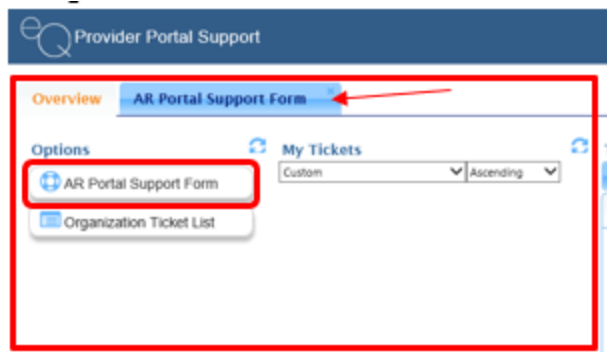
**Arkansas**  
For Help please contact our customer support line at 1-888-660-3831.

**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 'Overview' and 'AR Portal Support Form \*'. The form fields include: 'Alt Phone Number' (text input), 'Subject' (text input with a search icon), a blue banner with the text 'Please provide the Case ID or the Authorization number if applicable', and 'Detailed Description' (rich text editor with a toolbar). Below the form is an 'Attachments' section with an 'Attach' button and the text 'Drop your files here to upload'. At the bottom right is a 'Submit' button.

## 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](mailto:AR.PR@EQHS.COM)

*(Provider Education/Training Assistance)*