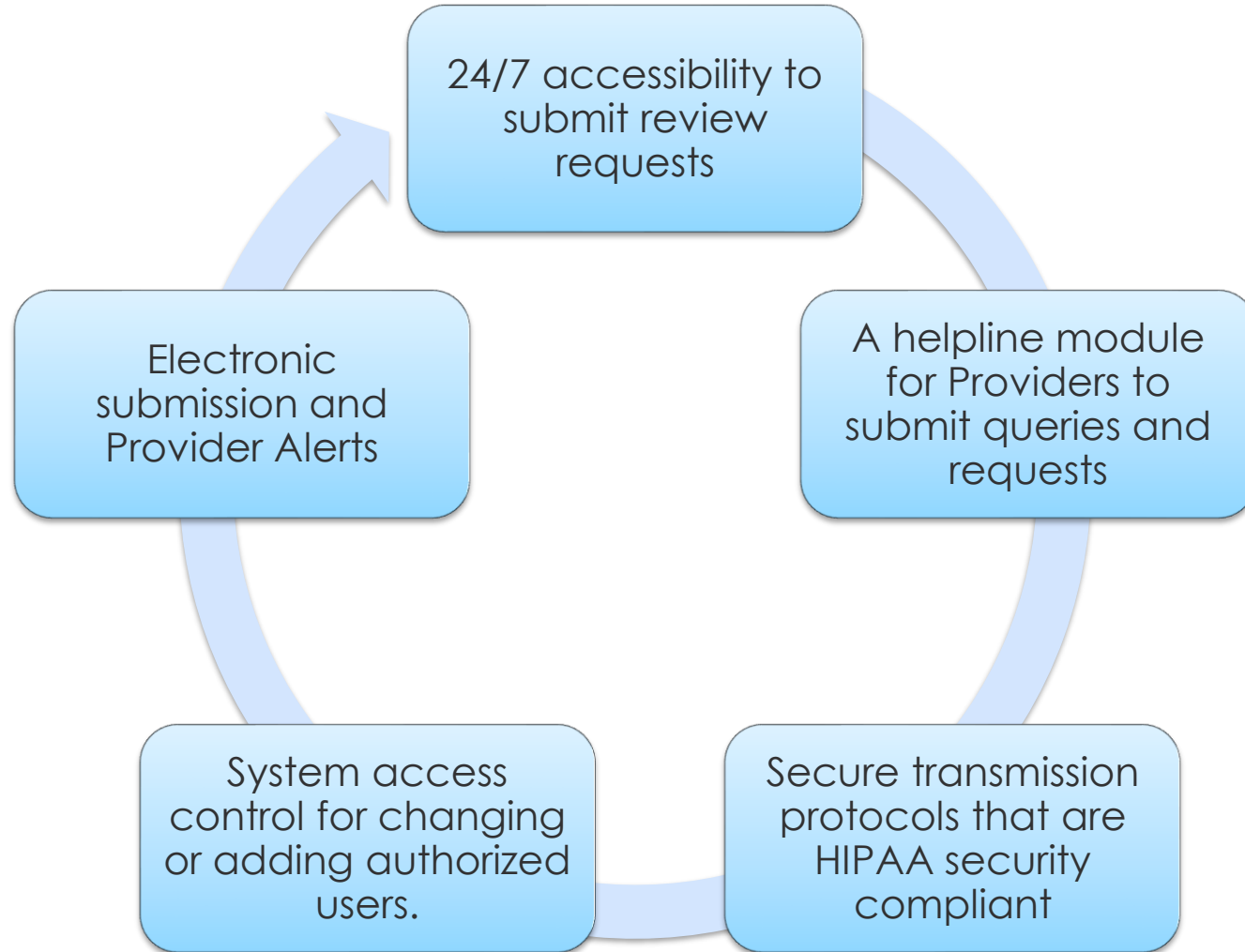


Behavioral Health

Inpatient

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.'

Provider Portal Accounts

- The person who registers with a Medicaid Provider ID first will be the Account Administrator.
- Administrator 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 ID used must be the correct ID for the claims associated with that Provider Type

Provider Resources

- [AR eQHealth Website](#)
- Sign up for our more training
[Registration Link](#)
- Education Resources
[Behavioral Health Provider Training](#)
- Medicaid Provider Manual
[Behavioral Health Provider Manual](#)

Inpatient Behavioral Health

- eQHealth began processing Behavioral Health prior authorization requests for Medicaid beneficiaries, under 21, on January 1, 2019.
- Make certain that the provider ID used on the PA is a provider type that will allow successful claims for the services
 - Provider type 25
- Inpatient Behavioral Health is the only program that uses “Inpatient” as the Service Type
- Certified PAs are not a guarantee of payment for services

Emergency Acute Admission

- PA must be submitted to eQHealth Solutions no later than two working days after the admission.
- If more than two working days pass, the eQHS review team will partially deny the PA, approving only the dates of service after the date that the PA is requested
- Information needed for the PA to be processed
 - **Certification of Need (CON) must be submitted with PA request**
 - Beneficiary's name, DOB, county of residence, and gender
 - Beneficiary's Medicaid ID number or Social Security Number
 - Facility name, Provider ID number, and date of admission
 - DSM-V diagnosis (Axis I and V are required, remaining Axes as appropriate)
 - A description of the initial treatment plan relating to the admitting symptoms
 - Current symptoms requiring inpatient treatment
 - Medication history
 - Prior inpatient treatment
 - Prior outpatient or alternative treatment
 - Parent(s) or legal guardian(s) name, address, and telephone number if available
- For more information regarding PA for Emergency Admission see the Medicaid Manual; section 215.500

Review Completion Times:

Review Type	Review Time
Initial Authorization Requests	1 day
Concurrent Authorization Requests	1 day
Retrospective Authorization Requests	1 day
Reconsideration Authorization Requests	30 business days
Quality Review Audit Request	45 Days

Procedure Code:

0114 – Inpatient Psychiatric Hospital Only

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
--------	-------------	---------------	-------------	--------------	-------------	----------	--------------	--------------	----------

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.

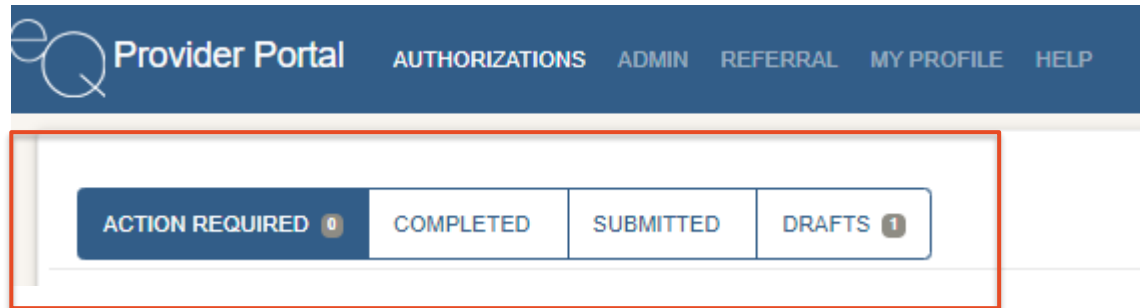
Admin: Only visible for those listed as “Administrators” for their facility. All administrative functions can be found here.

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

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
--------	-------------	---------------	-------------	--------------	-------------

Contact Us

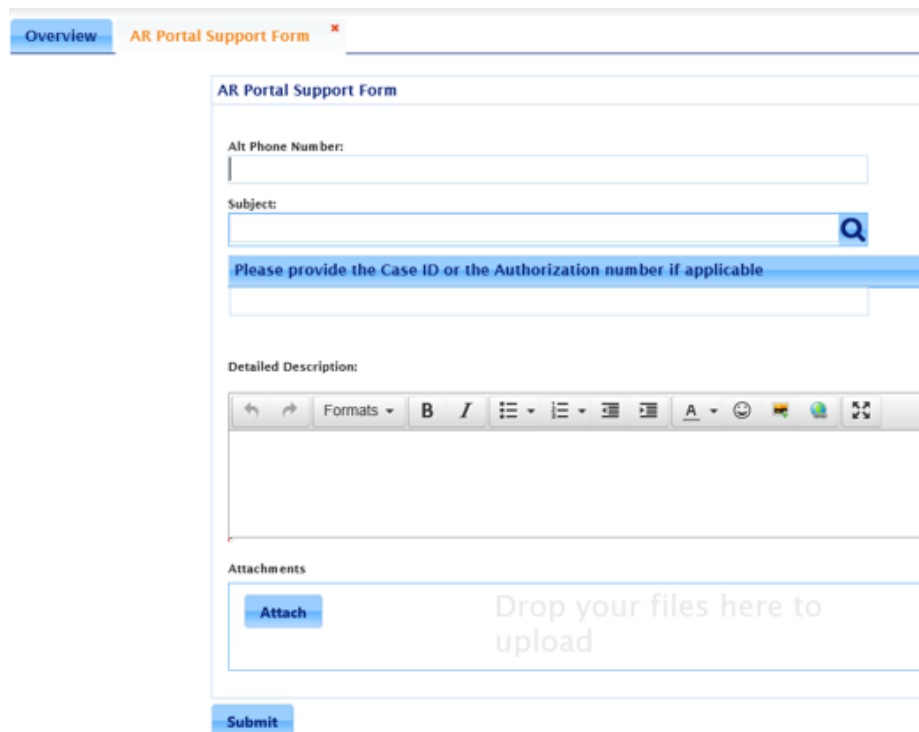
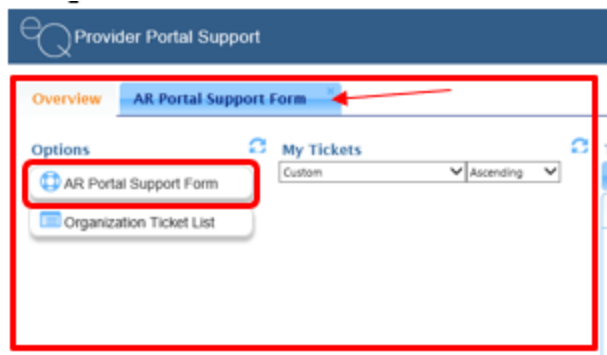
Arkansas
For Help please contact our customer support line at 1-888-660-3831.

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 bar with the text 'Please provide the Case ID or the Authorization number if applicable'. Below this 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.

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)