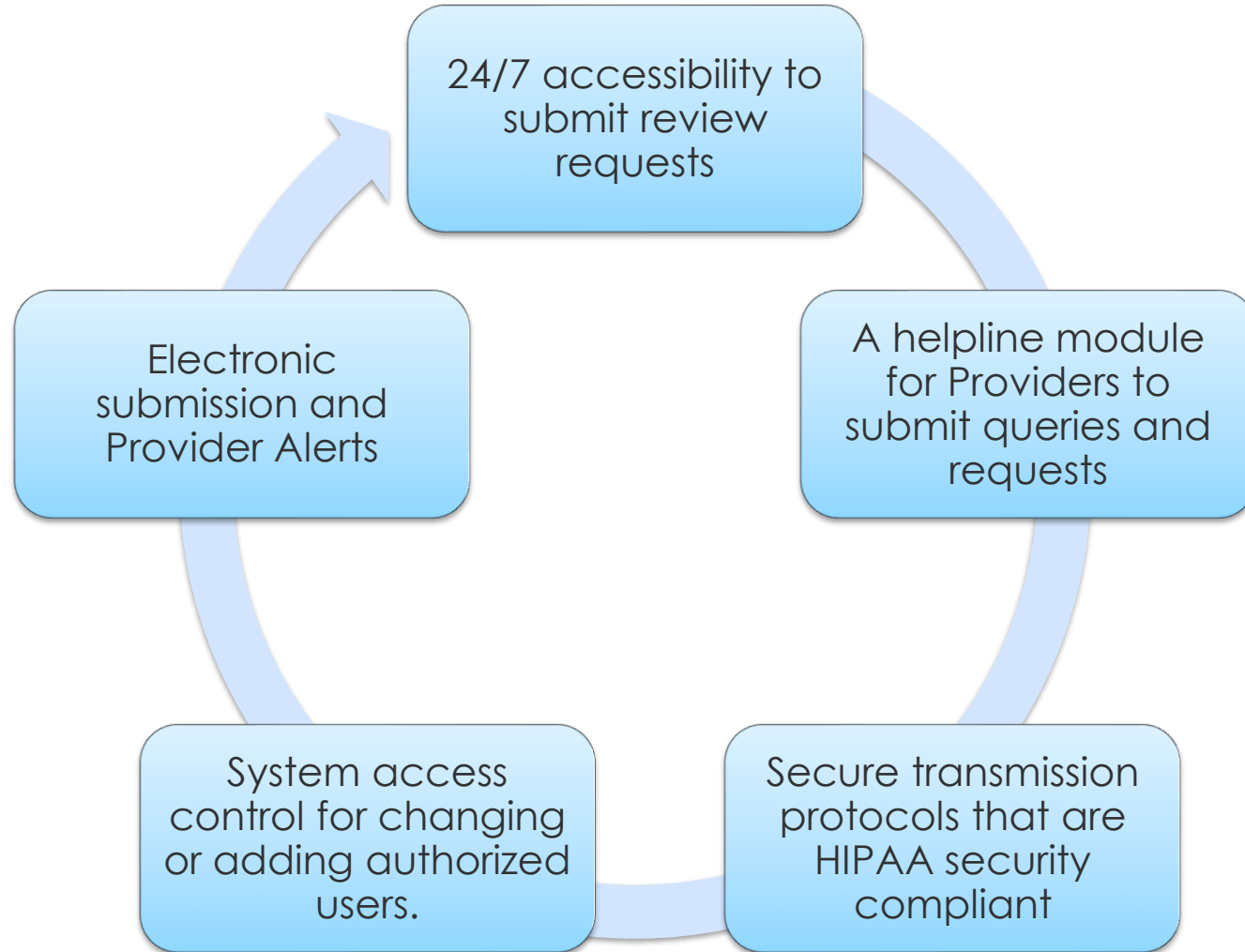


# New to eQSuite®

2021

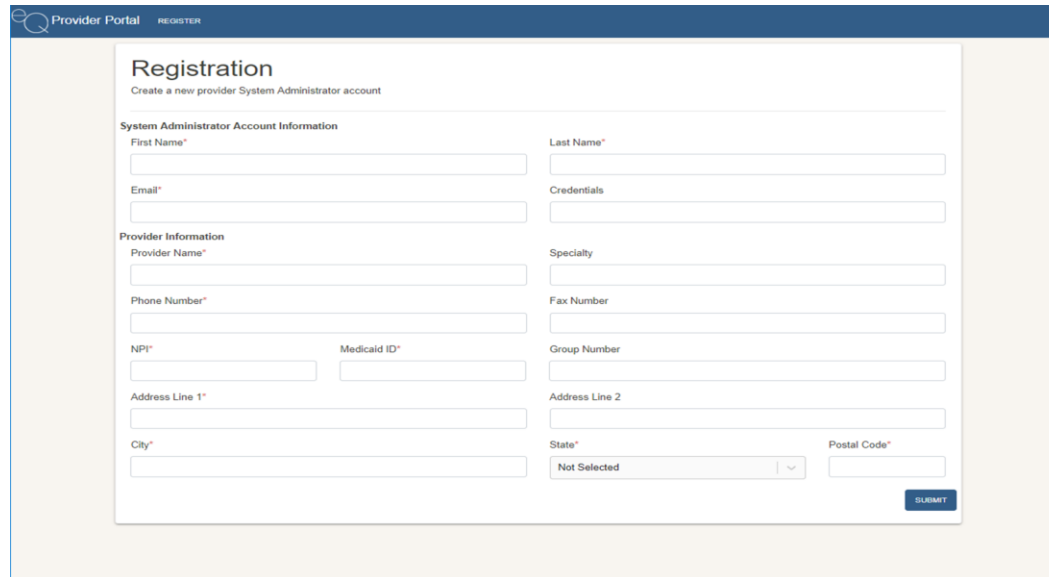
# Overview of eQSuite®



# How to register for eQSuite®

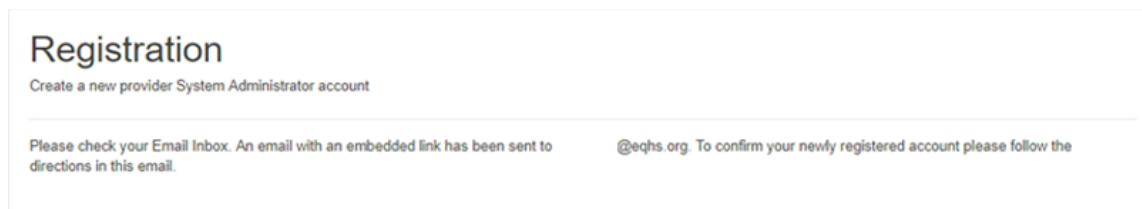
## New Users:

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

# 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.

# Dashboard-Admin Tab

**Practice Admin:** You can view the Practice MID# that is linked to your User Acct

The screenshot shows the 'ADMIN' tab selected in the navigation bar. Below the navigation bar, there is a text block: "By creating and managing system users, you agree to restrict access to employees, contractors or other individuals who have explicitly agreed to comply with the privacy and non-disclosure agreement." Below this text are two buttons: "PRACTICE ADMIN" (highlighted with a red box) and "USER ADMIN". Below the buttons is a table with two columns: "Office Name" and "Status". The table contains one row with the value "PRACTICE#: 100012407" under "Office Name" and "Verified" under "Status".

Office Name	Status
PRACTICE#: 100012407	Verified

**User Admin:** You can create new user accounts, Reset passwords, Edit/Inactivate existing user accounts.

The screenshot shows the 'ADMIN' tab selected in the navigation bar. Below the navigation bar, there is a text block: "By creating and managing system users, you agree to restrict access to employees, contractors or other individuals who have explicitly agreed to comply with the privacy and non-disclosure agreement." Below this text are two buttons: "PRACTICE ADMIN" and "USER ADMIN" (highlighted with a red box). In the top right corner, there is a user profile for "Cristina Vargas" with a "Logout" link. Below the buttons are two buttons: "FILTERS" and "ADD NEW USER". Below these buttons is a table with four columns: "UserName", "Last Name", "First Name", and "Offices". The table is currently empty. Below the table is a "Test Practice" button.

UserName	Last Name	First Name	Offices
----------	-----------	------------	---------

# Dashboard-Referral

- Behavioral Health and Personal Care providers will use this function to check on their Beneficiaries' assessment status.
- BH providers will use this page to submit their Referral requests, by clicking on "Referral" and then "New Request"
- PCS providers do not use this function for new referrals. Their Referral requests are submitted automatically, when they submit a PA request

Provider Portal AUTHORIZATIONS ADMIN **REFERRAL** MY PROFILE HELP Cristina Vargas Logout

↓ FILTERS NEW REQUEST EXPORT TO EXCEL

Member Name	Member Num...	Case Number	Request Date	Transmissio...	Transmissio...	Process Com...	End Date	Practice Office
[Redacted]			11/18/2019	Pending Transmission				PRACTICE#: 100031407

# Dashboard-My Profile

**User Info:** Allows you to edit your user information.

*Email, Password,  
Provider Medicaid ID #/  
NPI*

## **Demographics:**

Allows you to edit your demographics  
*Name, Address &  
Phone number*

The screenshot shows the 'My Profile' dashboard with a navigation bar at the top containing 'REFERRAL', 'MY PROFILE' (highlighted with a red box), and 'HELP'. Below the navigation bar are two main sections: 'User Info' (User Information) and 'Demographics' (User Demographics). The 'User Info' section includes input fields for 'Email\*', 'Username\*', and 'Password' (with a 'Change Password' link). Below these is a table for 'Practices' with columns for 'Practice' and 'Administrator'. The 'Demographics' section includes an 'NPI' search field and a table with columns for 'NPI', 'Name', and 'Remove'. At the bottom of the dashboard are four buttons: 'PREVIOUS', 'RESET', 'UPDATE', and 'NEXT'.

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

NPI	Name	Remove
No results...		



# 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

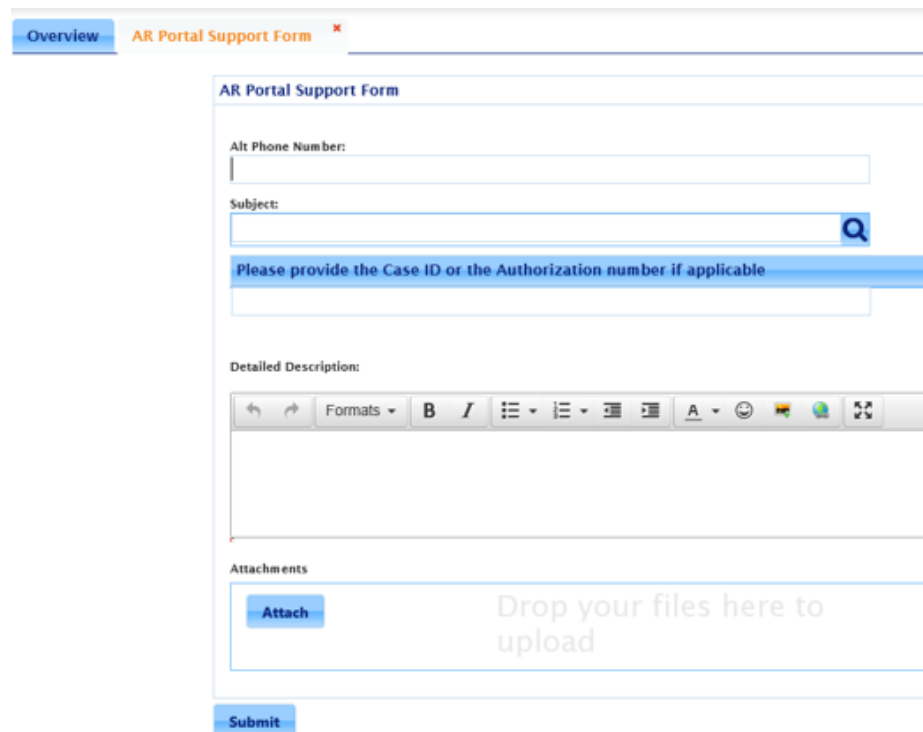
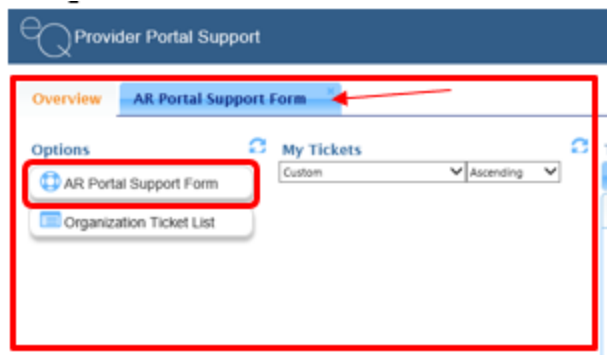
**Arkansas**  
For Help please contact our customer support line at 1-888-660-3831.

**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 bar with the text 'Please provide the Case ID or the Authorization number if applicable', and a 'Detailed Description' section with a rich text editor toolbar. Below the description 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](#))

# REQUESTING A NEW PA IN EQSUITE®

# New Prior Authorization Request

The screenshot shows the Provider Portal dashboard. At the top, there is a navigation bar with the following items: Provider Portal, AUTHORIZATIONS, ADMIN, REFERRAL, MY PROFILE, and HELP. On the right side of the navigation bar, the user's name 'Cristina Vargas' and a 'Logout' link are visible. Below the navigation bar, there is a dashboard area with several buttons: 'ACTION REQUIRED' (with a '0' badge), 'COMPLETED', 'SUBMITTED', and 'DRAFTS' (with a '4' badge). To the right of these buttons are three more buttons: 'FILTERS', 'NEW REQUEST', and 'EXPORT TO EXCEL'. A red arrow points to the 'NEW REQUEST' button. Below the buttons is a table with the following columns: Case #, Member Name, Member Number, Review Type, Service Type, Case Status, Due Date, Request Date, and Ser.

- For all programs, in order to request a new PA, select “NEW REQUEST” on the dashboard.

## Note:

On the Referral Tab, there is a “NEW REQUEST” button this is only used by Behavioral Health providers to submit a request for an assessment referral.

# New PA-Request Tab

- **Practice:** Select Provider Group
- **Patient:** Enter the patient information, once entered the patients plan will populate.
- **Type of service:** Select Outpatient for all services.  
*Exception: Inpatient Behavioral Health*
- **Enter Start Date**
- **Are you the:** Select “Both”  
*Exception: Foster Care*
- **Select Place of Service**
- **Request Severity:**  
Select Standard

The screenshot shows a web interface for creating a new PA request. At the top, there are three tabs: 'Request' (highlighted with a red circle), 'Clinical', and 'Finalize'. Below the tabs, there is a form with the following fields:

- Practice:** A dropdown menu showing 'PRACTICE#: 100012407'.
- Patient:** A text input field with a 'Change patient...' link.
- Patient Plan:** A text input field showing '0617 - ADULT EXPANSION C FPL Y FMAP'.
- Type of Service:** Radio buttons for 'Inpatient' and 'Outpatient'.
- Start Date:** A date input field with a calendar icon.
- Are you the:** Radio buttons for 'Ordering Provider', 'Servicing Provider', and 'Both'.
- Place of Service:** A dropdown menu showing 'Select Place of Service...'.
- Request Severity:** A dropdown menu showing 'Standard'.

At the bottom of the form, there are two buttons: 'SAVE & CONTINUE' (blue) and 'RESET' (grey). A 'Draft' status is indicated in the top right corner.

# Request Tab-Practice

- If you have more than one practice ID on the account you are logged into, you will be required to select the one that needs to be listed as the ordering/servicing provider on this specific PA
- If you only have one practice ID on the account you are logged into, this field will automatically be filled in for you.

The screenshot displays a software interface with three main tabs: 'Request', 'Clinical', and 'Finalize'. The 'Request' tab is highlighted with a red circle and contains the text 'Request' and 'Key initial request'. The 'Clinical' tab contains 'Clinical' and 'Enter clinical information'. The 'Finalize' tab contains 'Finalize' and 'Finalize and submit'. Below the tabs, there is a 'Practice' dropdown menu with the text 'PRACTICE#: 100012407' and a downward arrow. A red arrow points from the 'Request' tab to the 'Practice' dropdown menu. A green 'Draft' button is visible in the top right corner of the interface.

# Request Tab-Patient/Patient Plan

- Click “Find Patient”
- Required: First/Last Name and DOB or Member MID & DOB
- Click “Search” Select the patient and the patient plan will auto populate

**Request**  
Key initial request

**Clinical**  
Enter clinical information

**Finalize**  
Finalize and submit

**Draft**

Practice: PRACTICE#: 100012407

Patient: [Find patient...](#)

Patient Plan: 0617 - ADULT EXPANSION C FPL Y FMAP

### Patient Search

First Name:

Last Name:

Member ID:

Birth Date:

**SEARCH** **CANCEL**

# Request Tab-Type of Service/Start Date


## Type of Service:

- Inpatient: For Inpatient Behavioral Health only
- Outpatient: For all other PA's

## Start Date:

- You may enter the date or click the calendar and select the date

The screenshot shows a web interface with three tabs: 'Request' (highlighted with a red oval), 'Clinical', and 'Finalize'. Below the tabs, there is a 'Draft' status indicator. The form contains the following fields:

- Practice: PRACTICE#: 100012407
- Patient: [Empty field] [Change patient...](#)
- Patient Plan: 0617 - ADULT EXPANSION C FPL Y FMAP
- Type of Service:  Inpatient  Outpatient
- Start Date: 08-10-2020 
- Are you the:  Ordering Provider  Servicing Provider  Both



# Request Tab-Ordering/Servicing Provider

For the purposes of our PAs, providers will need to select **“BOTH”** for all requests

Exception: Any requests submitted by Arkansas Department of Health for Foster Care evaluations

The screenshot shows a web interface with three tabs: **Request** (Key initial request), **Clinical** (Enter clinical information), and **Finalize** (Finalize and submit). The **Request** tab is circled in red. Below the tabs, there is a **Draft** status indicator. The form fields include:

- Practice: PRACTICE#: 100012407
- Patient: [Empty field] [Change patient...](#)
- Patient Plan: 0617 - ADULT EXPANSION C FPL Y FMAP
- Type of Service:  Inpatient  Outpatient
- Start Date: 08-10-2020
- Are you the:  Ordering Provider  Servicing Provider  Both (highlighted with a red arrow)
- Ordering Provider: [Find ordering provider...](#)
- Servicing Provider: [Find servicing provider...](#)

# Request Tab-Entering the Ordering Provider

- Click “Find ordering provider”
- **Leave all fields blank** and click “SEARCH”
- Your provider information will auto populate. This information cannot be modified once the PA has been submitted to eQHealth Solutions

The screenshot shows the 'Request' tab interface for entering an ordering provider. The interface is divided into three main sections: 'Request' (highlighted with a red circle), 'Clinical' (Enter clinical information), and 'Finalize' (Finalize and submit). The 'Request' section contains the following fields and options:

- Practice:** PRACTICE#: 100012407
- Patient:** [Empty field] [Change patient...](#)
- Patient Plan:** 0617 - ADULT EXPANSION C FPL Y FMAP
- Type of Service:**  Inpatient  Outpatient
- Start Date:** 08-10-2020
- Are you the:**  Ordering Provider  Servicing Provider  Both
- Ordering Provider:** [Find ordering provider...](#) (highlighted with a red circle)
- Servicing Provider:** [Find servicing provider...](#)

The 'Clinical' section contains the following fields:

- First Name:** [Empty field]
- Last Name:** [Empty field]
- Specialty:** Select speciality... [Dropdown menu]
- NPI:** [Empty field] (indicated by a red arrow)

The 'Finalize' section contains the following buttons:

- SEARCH** (highlighted with a red arrow)
- CANCEL**

A 'Draft' status indicator is visible in the top right corner of the form.

# Request Tab-Entering the Servicing Provider

- Click “Find Servicing provider”
- **Leave all fields blank** and click “SEARCH”
- Your provider information will auto populate. This information cannot be modified once the PA has been submitted to eQHealth Solutions

The screenshot displays the 'Request' tab in the eQHealth Solutions interface. The 'Request' tab is highlighted with a red circle. Below the tabs, the 'Draft' status is shown. The form includes fields for Practice (PRACTICE#: 100012407), Patient, Patient Plan (0617 - ADULT EXPANSION C FPL Y FMAP), Type of Service (Inpatient/Outpatient), Start Date (08-10-2020), and Are you the: (Ordering Provider/Servicing Provider/Both). The 'Servicing Provider' field is highlighted with a red circle. The 'Find servicing provider...' link is also highlighted with a red circle. The 'First Name' and 'Last Name' fields are empty. The 'Specialty' dropdown menu is set to 'Select specialty...'. The 'NPI' field is empty. A red arrow points to the 'SEARCH' button.

# Request Tab-Category/Place of Service/Severity

## Category:

Select the service from the drop down

## Place of Service:

Select the place of service from the drop down

**Severity:** Always Standard, you cannot modify this information.

The screenshot shows a web interface for creating a request. At the top, there are three tabs: 'Request' (highlighted with a red circle and labeled 'Key initial request'), 'Clinical' (labeled 'Enter clinical information'), and 'Finalize' (labeled 'Finalize and submit'). A 'Draft' status is shown in the top right corner.

The main form contains the following fields:

- Practice: PRACTICE#: 100012407
- Patient: [Empty field] [Change patient...](#)
- Patient Plan: 0817 - ADULT EXPANSION C FPL Y FMAP
- Type of Service:  Inpatient  Outpatient
- Start Date: 08-10-2020
- Are you the:  Ordering Provider  Servicing Provider  Both
- Ordering Provider: [Empty field] - PO BOX 90480 CHICAGO IL 606980480 [Change ordering provider...](#)
- Servicing Provider: [Empty field] PO BOX 90480 CHICAGO, IL 606980480 [Change servicing provider...](#)
- Category: Select Category... (dropdown)
- Place of Service: Select Place of Service... (dropdown)
- Request Severity: Standard (dropdown)

At the bottom, there are two buttons: 'SAVE & CONTINUE' (highlighted in blue) and 'RESET'.

A red bracket on the left side of the form groups the 'Category', 'Place of Service', and 'Request Severity' dropdown menus.

# Verify Patients Demographics

- Verify the patient information is correct
- You will need to enter the patients phone number  
(Without dashes)
- Enter the legal Guardian information, if applicable
- Click Submit

The form is titled "Verify Patients Demographics" and is part of a multi-step process. The current step is "Demographics", which involves verifying patient information. The form is organized into two main sections: Patient Information and Legal Guardian 1 information. Each section has fields for First Name, Last Name, Email, Phone Number, Address Line 1, Address Line 2, City, State, and Postal Code. The "Demographics" tab is highlighted in blue. A red oval highlights the "Phone Number" field for the patient. A red arrow points to the "SUBMIT" button at the bottom right.

Request	Demographics	Clinical	Finalize
Key initial request	Verify patient demographics	Enter clinical information	Finalize and submit

Buttons: Delete, Draft

**Patient Information:**

- First Name:
- Last Name:
- Email:
- Phone Number:
- Address Line 1:
- Address Line 2:
- City:
- State:
- Postal Code:

**Legal Guardian 1:**

- First Name:
- Last Name:
- Email:
- Phone Number:
- Address Line 1:
- Address Line 2:
- City:
- State:
- Postal Code:

**Buttons:** SUBMIT

# Clinical Tab-Diagnosis/Procedures

**Diagnosis:** You can search by the ICD 10 numeric code or you can search by the description. Please be sure to enter without the decimal point.

**Procedures:** For PCS services click Service Details select the correct procedure code and enter the requested units with Start/End Date. Then click Save& Continue.

**For All other services you will be prompted to enter the procedure code**

- Enter Total # of units: (15 min =1 unit)
- Unit Type: Select "Unit"
- Frequency: Click Total
- End Date: Enter requested end date

The screenshot shows a software interface with four tabs: Request, Demographics, Clinical, and Finalize. The 'Clinical' tab is selected and circled in red. Below the tabs is a search bar for diagnoses and a table with one row of data. A red bracket on the left groups 'Diagnoses' and 'Procedures' sections. A red arrow points from the 'Service Details' link to the 'Procedures' section.

Primary	Diagnosis	Remove
<input checked="" type="radio"/>	F0280 - DEMENTIA IN DCE NEC W/O BEHAVIORAL DISTURBANCE	X

Service Details

# Clinical Tab-Attachments/Notes

## Attachments:

You will need to attach the supporting documentation for your request.

**Notes:** Add any additional comments for our clinical team that would be pertinent to your submission, if applicable.

Click Save & Continue

The screenshot shows a multi-step form with the following sections:

- Request** (Key initial request)
- Demographics** (Verify patient demographics)
- Clinical** (Enter clinical information) - This tab is circled in red.
- Finalize** (Finalize and submit)

At the top right, there are buttons for **Delete** and **Draft**.

**Diagnoses** section:

- Search for diagnoses...
- Table with columns: Primary, Diagnosis, Remove
- Row 1:  F0280 - DEMENTIA IN DCE NEC W/O BEHAVIORAL DISTURBANCE (Remove: X)

**Procedures** section:

- Search for procedures...
- Table with columns: Primary, Procedure, Start Date/End Date, Units, Total Units, Remove
- Row 1:  T1019-U3 AUG - Personal Care for a non-RCF Beneficiary Aged 21 or Older, per 15 minutes (Start Date: 08-10-2020, End Date: 08-31-2020, Units: 256, Total Units: 256, Remove: X)
- Frequency: Per Month for 1 Month

**Attachments** section:

- Browse... button

**Notes** section:

- Large empty text area

At the bottom, there are buttons for **SAVE & CONTINUE** and **RESET**. A red arrow points to the **SAVE & CONTINUE** button.

# Finalize Tab

Review your entry and verify everything is correct then click “Submit”

Once you click Submit the system will generate a Case Number

The screenshot shows a web application interface with four tabs: Request, Demographics, Clinical, and Finalize. The Finalize tab is highlighted with a red circle and contains the text 'Finalize' and 'Finalize and submit'. Below the tabs, there is a 'Finalize' section with a 'PRINT' button. The form is divided into several sections:

- DEMOGRAPHICS**: Member Name, Member Number, Date of Birth.
- OUTPATIENT REQUEST**: Requesting Provider, Servicing Provider, Place of Service, Requested Dates.
- DIAGNOSES**: F0280 DEMENTIA IN DCE NEC W/O BEHAVIORAL DISTURBANCE (Primary Diagnosis)
- REQUESTED PROCEDURES**: T1019-U3 AUG Personal Care for a non-RCF Beneficiary Aged 21 or Older, per 15 minutes. 256 Units Per Month For 1 Month(s). Total: 256 Units(s). Begin Date: 08/10/2020. End Date: 08/31/2020.
- NOTES**: 08/05/2020 faxing notes.
- ATTACHMENTS**: No Attachments.

At the bottom of the form, there is a 'SUBMIT' button and a disclaimer: '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.'



# Dashboard Tab-Action Required

## Action Required:

Cases where additional information is being requested from our clinical team.

- Click on the Case, it will default to the Notes section

Case #	Member Name	Member Number	Review Type	Service Type	Case Status
123456	Test, Male	012345678	Initial	Outpatient	In Progress

# Action Required-How to respond

Once you click on the case it will default to the Notes & Attachments Tab

- You can view what is being requested from the clinical Team
- To respond click on the “Add Notes and Attachments Tab” You will be able to respond to what is being requested
- For step by step instructions, please reference our Provider User Guide on how to respond to a request from our clinical team. [\(Click Here\)](#)

Case#	Member#	Date of Birth: <b>11/08/1958</b>	Request Date	Procedure Date
	Status: In Progress	Type: Outpatient	<b>08/05/2020</b>	<b>08/10/2020</b>
	Authorization#: Not assigned			

SUMMARY NOTES & ATTACHMENTS LETTERS

**ADD NOTES AND ATTACHMENTS**

Notes


**08/05/2020**

Test Pended to Provider Notes. Need Additional Clinical Information.

# Dashboard Tab-Completed

## Completed:

- Once a case has a determination it will move to the completed tab.
  - Approved
  - Denial of services
  - Cancellation
- Click on the Case and you will be able to view the outcome with details

ACTION REQUIRED 0		COMPLETED 1		SUBMITTED 0		DRAFTS 0		◀ FILTERS		NEW REQUEST	
Extend	Case #	Member Name	Member Number	Review Type	Service Type	Authorization #	Completed Dat...				
	<input type="text"/>	AAATEST, HEATHER	<input type="text"/>	Initial	Outpatient	<input type="text"/>	9/5/2019				

# Dashboard Tab-Submitted

## Submitted:

- All cases that have been successfully submitted to eQHealth Solutions, awaiting an outcome.

The screenshot shows the eQHealth Solutions Provider Portal interface. At the top, there is a dark blue navigation bar with the eQ logo and the text "Provider Portal" followed by menu items: "AUTHORIZATIONS", "ADMIN", "REFERRAL", "MY PROFILE", and "HELP". Below this is a horizontal tabbed interface with four tabs: "ACTION REQUIRED" (with a count of 0), "COMPLETED", "SUBMITTED" (highlighted with a red box), and "DRAFTS" (with a count of 5). Underneath the tabs is a table with the following headers: "Case #", "Member Name", "Member Number", "Review Type", "Service Type", and "Case Status".

# Dashboard Tab-Drafts

## Drafts:

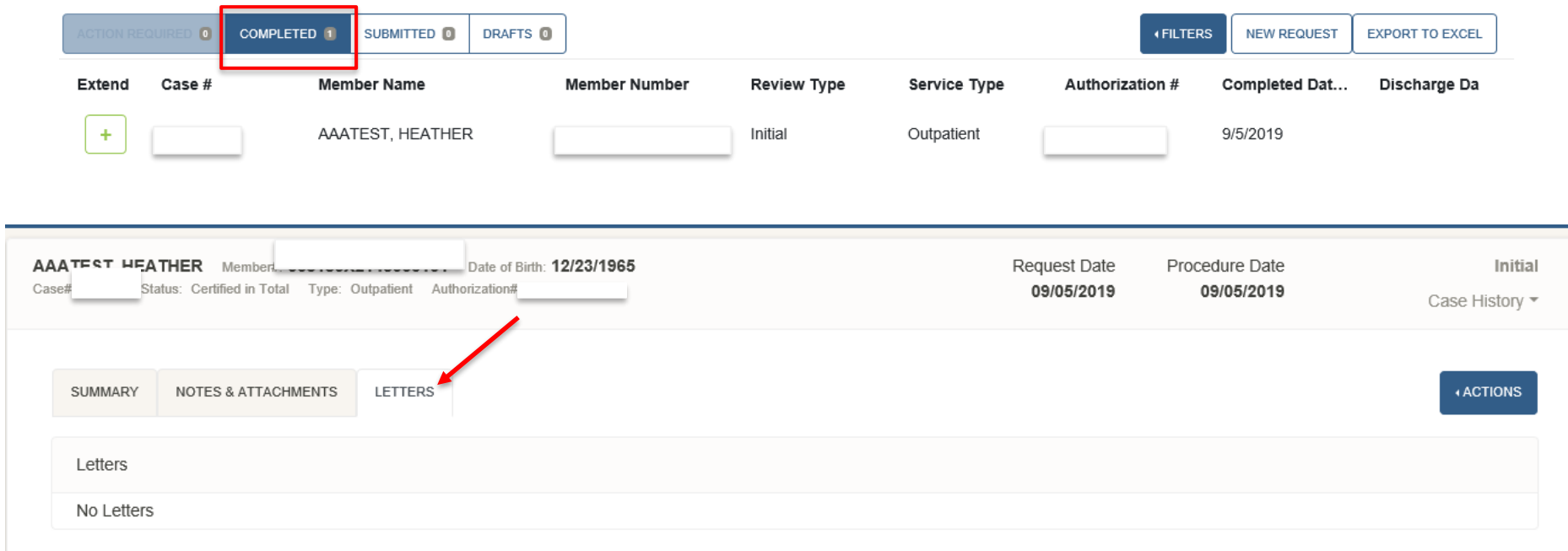
- Cases that have been entered but not fully submitted to eQHealth Solutions
- If the request was entered in error, you have the option to delete the record

Delete	Member Name	Member Number	Review Type	Service Type	Request Date...	Service Date	Ordering Provider
	AAATEST, HEATHER	<input type="text"/>	Initial	Outpatient			9/5/2019

# 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, as well as the authorization number

eQHealth authorization numbers begin with ‘V’, such as V0123456789



The screenshot displays the eQHealth interface. At the top, there are tabs for 'ACTION REQUIRED', 'COMPLETED', 'SUBMITTED', and 'DRAFTS'. The 'COMPLETED' tab is highlighted with a red box. To the right are buttons for 'FILTERS', 'NEW REQUEST', and 'EXPORT TO EXCEL'. Below this is a table with columns: Extend, Case #, Member Name, Member Number, Review Type, Service Type, Authorization #, Completed Dat..., and Discharge Da. The first row shows a case for 'AAATEST, HEATHER' with a review type of 'Initial' and a service type of 'Outpatient'. Below the table, there is a detailed view for the case 'AAATEST HEATHER'. It shows the member's name, date of birth (12/23/1965), request date (09/05/2019), and procedure date (09/05/2019). There are tabs for 'SUMMARY', 'NOTES & ATTACHMENTS', and 'LETTERS'. A red arrow points to the 'LETTERS' tab. An 'ACTIONS' button is visible on the right.

# Completed Cases-Actions

## Create Fax Coversheet

- Each case creates a unique fax coversheet

## Print Summary Page

## Create New Request

## Request Extension

- PCS requests have yearly renewals that are loaded into eQSuite in the Drafts Tab

## Request Cancellation

## Request Reconsideration

- If a case is partially certified or denied you can request a reconsideration

AAATEST. HEATHER Member#: [redacted] Date of Birth: 12/23/1965  
Case# [redacted] Status: Certified in Total Type: Outpatient Authorization# [redacted]

Request Date  
09/05/2019

Procedure Date  
09/05/2019

Initial

Case History ▾

SUMMARY NOTES & ATTACHMENTS LETTERS

Letters

No Letters

CREATE FAX COVER SHEET

PRINT SUMMARY PAGE

CREATE NEW REQUEST

REQUEST EXTENSION

REQUEST CANCELLATION

REQUEST RECONSIDERATION

← ACTIONS

# eQSuite® Dashboard

- **Filters** – Selecting this will allow you to filter the Dashboard by what you enter (Case #, Beneficiary, PA #)
- **New Request** – Selecting this will open the forms for a new PA request
- **Export to Excel** – Selecting this will export the Dashboard lists to an Excel document

The screenshot shows the eQSuite Provider Portal dashboard. At the top, there is a navigation bar with the eQ logo and the text "Provider Portal" followed by links for "AUTHORIZATIONS", "ADMIN", "REFERRAL", "MY PROFILE", and "HELP". On the right side of the navigation bar, the user's name "Cristina Vargas" and a "Logout" link are visible.

Below the navigation bar, there is a search bar labeled "Case Number:" with a green input field. Below the search bar, there are four tabs: "ACTION REQUIRED 0", "COMPLETED 1", "SUBMITTED 0", and "DRAFTS 0".

On the right side of the dashboard, there are three buttons: "FILTERS", "NEW REQUEST", and "EXPORT TO EXCEL". These three buttons are highlighted with a red rectangular box.

Below the buttons, there is a table with the following columns: "Extend", "Case #", "Member Name", "Member Number", "Review Type", "Service Type", "Authorization #", "Completed Dat...", and "Discharge Da".

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



# 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)*