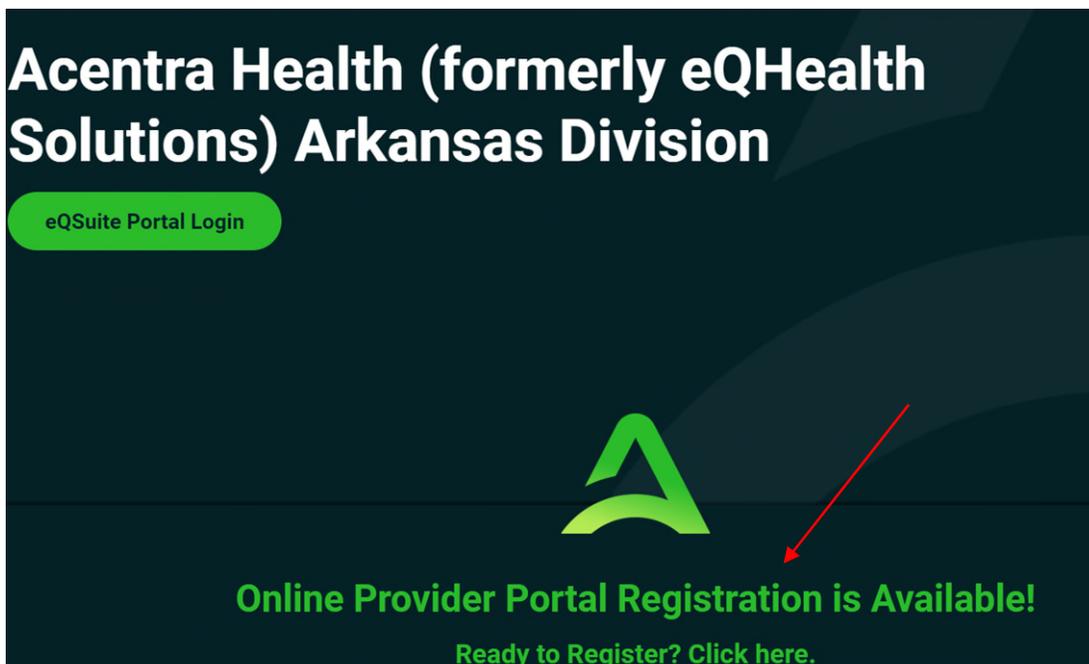

Inpatient Behavioral Health eQSuite® Step by Step User Guide

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 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.



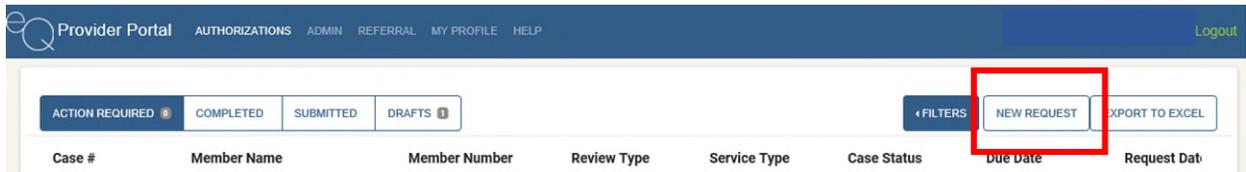
Administrator Roles

- 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.

The screenshot shows the 'Request' form with the following fields and options:

- Practice:** PRACTICE# dropdown menu.
- Patient:** Change patient... link.
- Patient Plan:** 4300 - DISABLED INDIVIDUAL (SSI)-NO GRANT.
- Type of Service:** Radio buttons for Inpatient and Outpatient (Outpatient is selected).
- Start Date:** Date input field.
- Are you the:** Radio buttons for Ordering Provider, Servicing Provider, and Both.
- Category:** Select Category... dropdown menu.
- Place of Service:** Select Place of Service... dropdown menu.
- Request Severity:** Standard dropdown menu.
- Buttons:** SAVE & CONTINUE and RESET.

- Type of Service: Select Inpatient
- Start Date: Enter the start date of stay
- End Date: Enter the end date of stay
- Number of days will be automatically calculated
- Are you the Ordering Provider/Servicing Provider or BOTH
 - For Behavioral Health 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: Defaulted as Inpatient Behavioral Health
- Place of Service: Choose the applicable place of service
- Request of Severity: Will always be standard
- Treatment Type: Mental Health
- Level of Care: IP Psych
- 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

Request Key initial request	Additional Request Details Additional details	Demographics Verify patient demographics	Clinical Enter clinical information	Finalize Finalize and submit
---------------------------------------	---	--	---	--

[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

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

Clinical

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

- **Procedures:** Click on Procedures
 - You will be prompted to select the correct Procedure Code: 0114 is the ONLY code approved for IP BH
 - Start Date will be generated

Primary	Procedure	Start Date	Remove
<input checked="" type="radio"/>	0114 - Inpatient Psychiatric Hospital only	10-31-2019	X

- Attachments: Click Choose File
Supporting Documentation:
Initial Requests: Intake Assessment
Concurrent/Extensions: All Progress noted, MD Order, Treatment Plan
Retro: All Progress notes, MD Order, Discharge order, aftercare plan, Intake Assessment, Treatment Plan, and Psych Eval.
- 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

Finalize

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

Once you click Submit the system will generate a Case Number

Finalize PRINT

DEMOGRAPHICS

Member Name	
Member Number	
Date of Birth	06/11/2014

INPATIENT REQUEST

Requesting Provider	NATIONAL FAMILYPHARMACY Unknown Physician Specialty
Servicing Provider	NATIONAL FAMILYPHARMACY
Place of Service	21 Inpatient Hospital
Requested Dates	10/31/2019 to 11/06/2019
Level of Care	IP Psych

DIAGNOSES

F31	BIPOLAR DISORDER (Primary Diagnosis)
-----	--------------------------------------

REQUESTED PROCEDURES

0114	Inpatient Psychiatric Hospital only (Primary Procedure) Begin Date: 10/31/2019
------	---

NOTES

No Notes

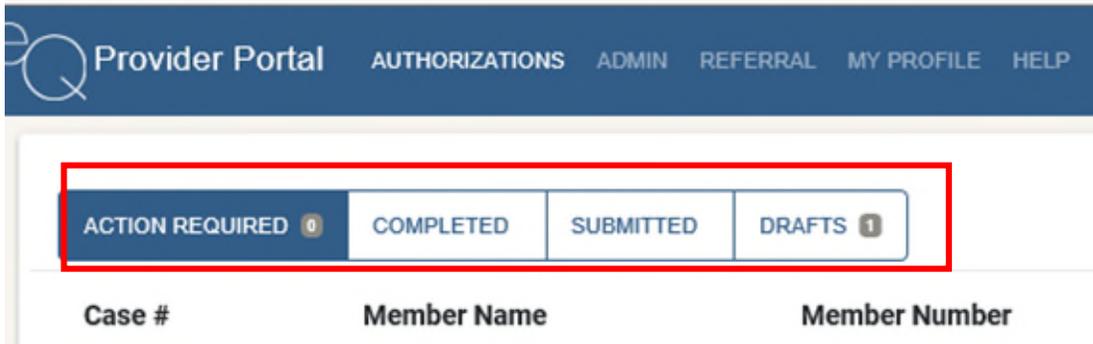
ATTACHMENTS

✓ TX Plan Documents.docx

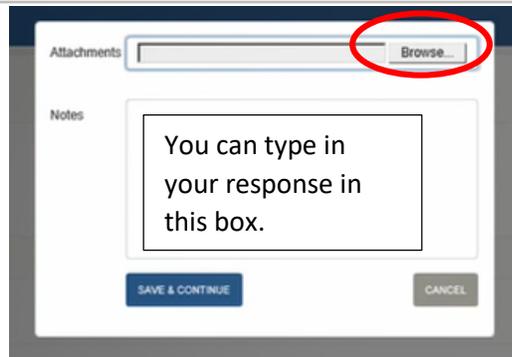
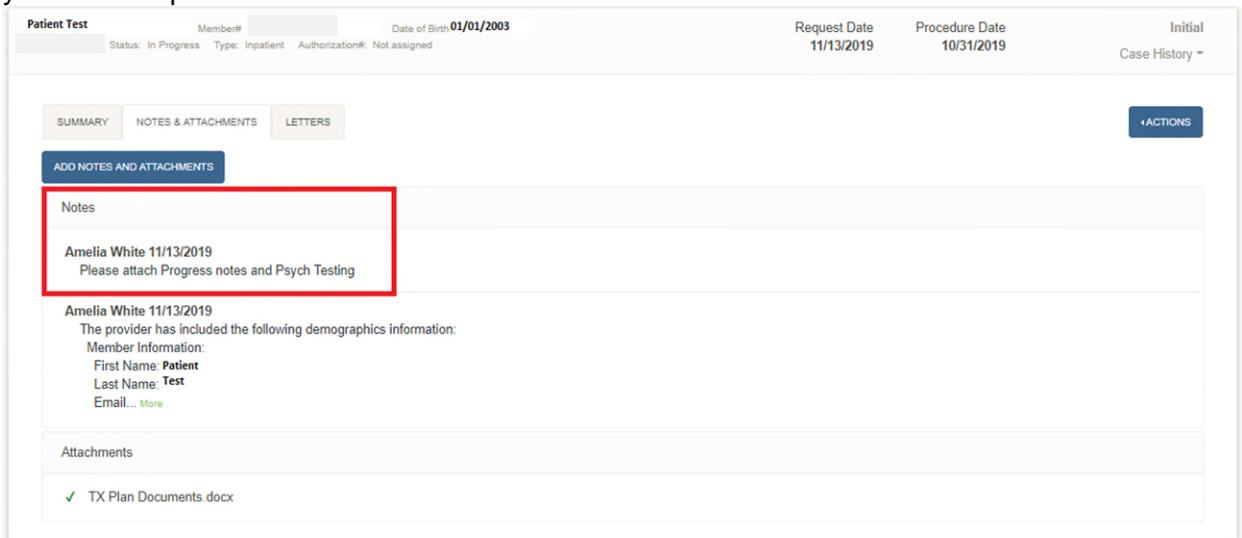
Recertification is done for medical necessity review only and is neither a guarantee of payment nor a guarantee that billed codes will not be considered incidental or mutually exclusive to other billed services. Coverage is subject to the terms of a beneficiary's benefit plan and eligibility on the date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

SUBMIT

Tabs



- **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 an 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

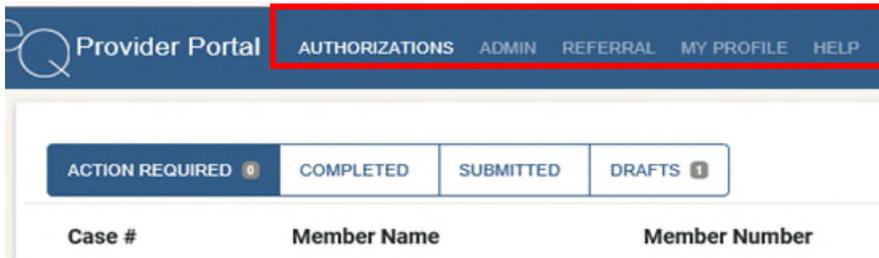
The screenshot displays a table of cases at the top, with two rows highlighted in red. The first row shows a case with a '+' icon, and the second row shows Case # 542899 for Member AAATEST, HEATHER, with an Initial review type and Outpatient service type, completed on 9/5/2019. Below the table, the detailed view for Case # 542899 is shown. It includes fields for Date of Birth (09/08/1972), Request Date (09/06/2019), Procedure Date (09/01/2019), and Initial status (Partially Certified). The 'LETTERS' tab is selected, showing an 'OUTPATIENT REQUEST' for 'NATIONAL FAMILYPHARMACY' with a 'Request Date' of 09/01/2019 to 08/31/2020. The 'DIAGNOSES' section lists 'F039 DEMENTIA NOS (Primary Diagnosis)'. The 'REQUESTED PROCEDURES' section lists two entries for 'Personal Care for a non-RCF Beneficiary Aged 21 or Older, per 15 minutes', each with 256 units per month, starting in 2019 and 2020. A red box highlights the 'ACTIONS' menu on the right, which includes options like 'CREATE FAX COVER SHEET', 'PRINT SUMMARY PAGE', 'CREATE NEW REQUEST', 'REQUEST EXTENSION', 'REQUEST CANCELLATION', and 'REQUEST RECONSIDERATION'. A text box next to it says 'Please see page 10 for instructions'.

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

The screenshot shows the 'LETTERS' tab selected in the system. It displays a table with two entries, both labeled 'BH Approval' and dated 11/13/2019. The 'LETTERS' tab is circled in red in the original image.

- **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 any time 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)

Practice	Administrator
<input checked="" 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 screenshot shows a 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 with '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
 - Click Referral



- Click 'New Request'
-
- The screenshot shows the search area of the Provider Portal. The navigation bar includes 'Provider Portal', 'HOME', 'USER ADMIN', 'REFERRAL', 'MY PROFILE', 'HELP', and 'Logout'. Below the navigation bar, there are three buttons: '+FILTERS', 'NEW REQUEST' (highlighted with a red box), and 'EXPORT TO EXCEL'.
- 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.

Referral

Create a new Demographics Intake Registration

Demographics Intake Information

PRACTICE: 10003407

[Find patient...](#)

Referral Request

First Name <input type="text"/>	Last Name <input type="text"/>
Email <input type="text"/>	Phone Number <input type="text"/>
Address Line 1 <input type="text"/>	Address Line 2 <input type="text"/>
City <input type="text"/>	State <input type="text" value="Not Selected"/> Postal Code <input type="text"/>

Legal Guardian 1

First Name <input type="text"/>	Last Name <input type="text"/>
Email <input type="text"/>	Phone Number <input type="text"/>
Address Line 1 <input type="text"/>	Address Line 2 <input type="text"/>
City <input type="text"/>	State <input type="text" value="Not Selected"/> Postal Code <input type="text"/>

Legal Guardian 2

First Name <input type="text"/>	Last Name <input type="text"/>
Email <input type="text"/>	Phone Number <input type="text"/>
Address Line 1 <input type="text"/>	Address Line 2 <input type="text"/>
City <input type="text"/>	State <input type="text" value="Not Selected"/> Postal Code <input type="text"/>

Referral Notes

- Make sure all demographic information is correct, including phone number.
- Add Legal Guardian 1 and 2 information if needed
- Add Referral notes if needed
- Click Submit

➤ To see the Status of a Referral, click on Referral

Member Name	Member Number	Case Number	Request Date	Transmission St...	Transmission Da...	Process Comple...	Practice
Patient Test		12345	1/3/2019	CLOSED	1/3/2019		PRACTICE#: 123456789
Test Patient		54321	1/3/2019	CLOSED	1/3/2019		PRACTICE#: 123456789
Mr. Test Patient		98765	1/4/2019	Assessment Complete	1/4/2019	1/17/2019	PRACTICE#: 123456789
Mrs. Test Patient		56789	1/4/2019	Not Sent: Existing Tier	2/21/2019		PRACTICE#: 123456789

➤ **My Profile**

- You can change your email address and password.

Email*

Username*

Practices

Password [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
If additional days are needed for Inpatient Stay
- Request Cancellation
- Request Reconsideration

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

