

## How to view and process a Quality Review/Retrospective Audit

**Purpose:** This guide serves as a reference on how to respond to a Quality Review/Retrospective Audit notification letter.

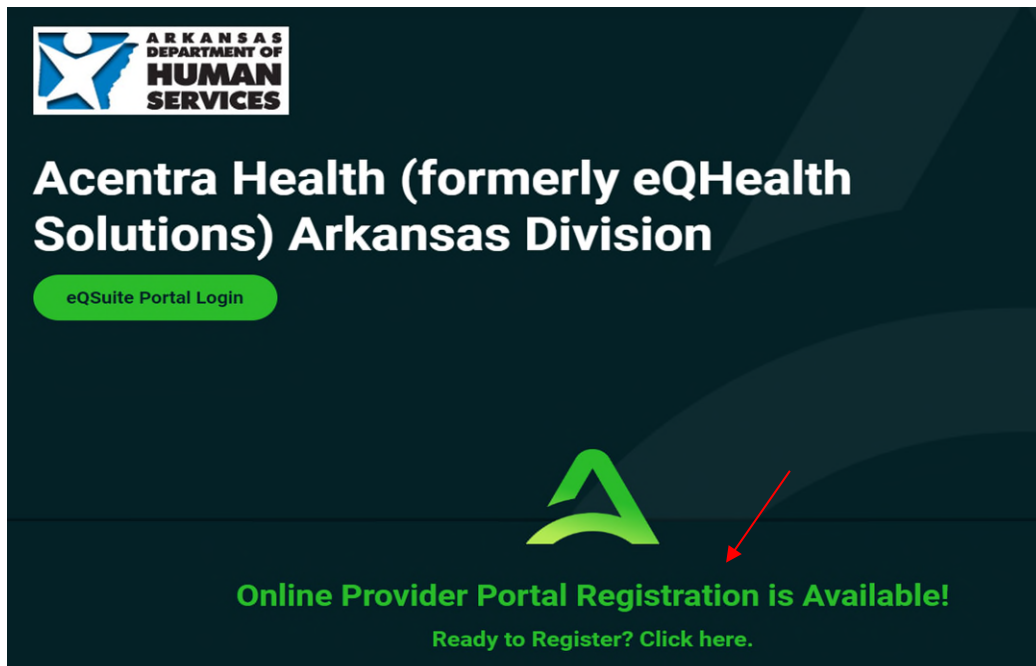
Audit notification letters are issued via the eQSuite® provider portal and via USPS, to the address on file with AR Medicaid.

Providers have the option to fax the requested documentation, or they can upload the documentation in eQSuite®.

**Fax Option:** 855-997-3707 or email the documents to [form9511@eqhs.com](mailto:form9511@eqhs.com)

**eQSuite®:** If you do not have a user account you can create an account by going to [ar.acentra.com](http://ar.acentra.com) and click on “Ready to register? Click Here”

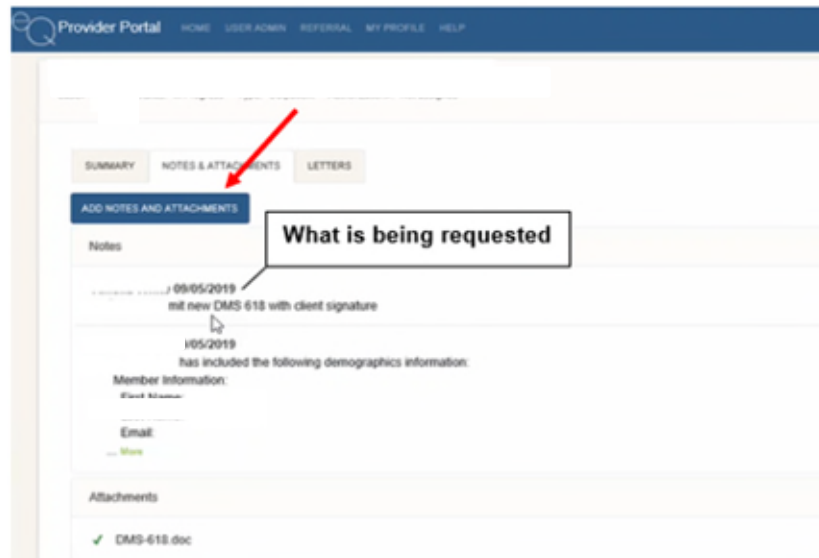
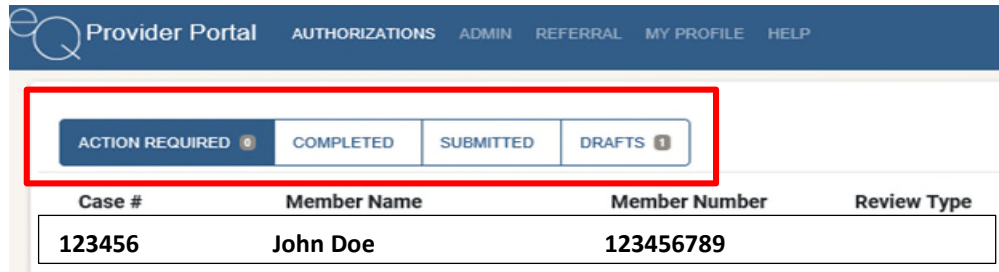
- Once an account has been created an email confirmation will be sent to activate the account.



**How to view and respond to a Quality Review/Retrospective Audit in eQSuite®**

When you log into eQSuite® your screen will be defaulted to your Dashboard Tabs

- You will want to click on the “Action Required” Tab
- Once you click on the case, it will default to the “Notes and Attachments” Tab.
- You will be able to view what is being requested from the clinical team
- To respond to the request, click on “Add Notes and Attachments”. A box will generate for you to add your comments and upload your documentation. Then click “Save and Continue”
- Once the documentation is submitted the review completion timeframe is 45 Calendar Days.



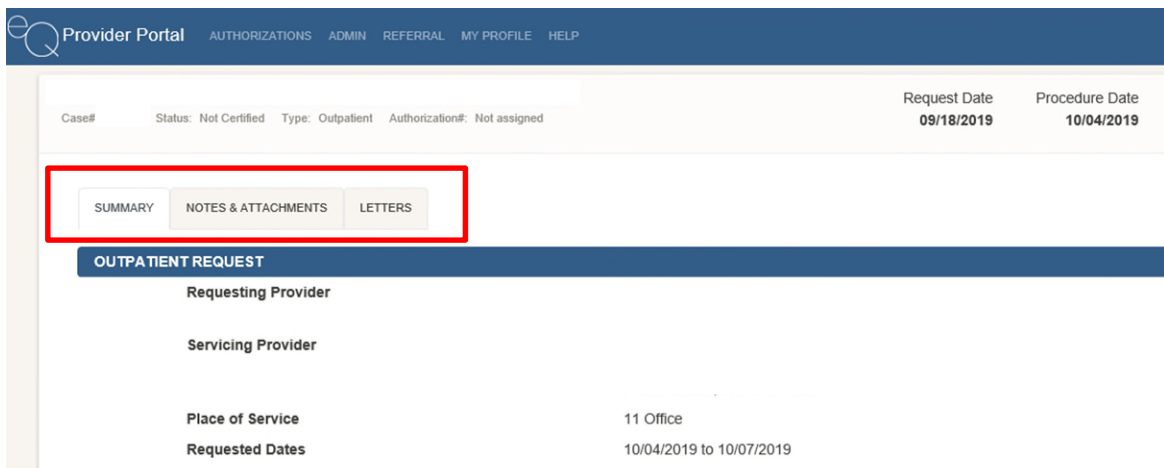
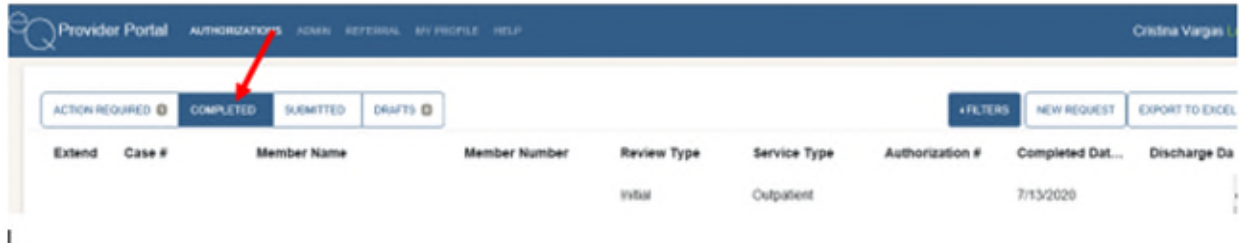
Click browse to upload attachments



**What to Expect once a determination has been made**

Once a determination has been made, you will receive an email, stating that an action has been taken on your case. Notice of determination letters are issued via the eQSuite® Provider Portal, and via USPS to the address on file with AR Medicaid.

To view the information in the portal, you will need to log into the portal, and click on the “Completed” tab. Click on the case, to see the case specifics.



- Summary:
  - Shows the specifics of the case, in a summary form
- Notes and Attachments:
  - Shows any notes from the clinical team and the attachments you added to the case.
- Letters:
  - Shows determination letters. Can be downloaded or printed, if needed.

**Approval:**

You will be able to view, download, or print your approval letter.

**Denial:**

If the determination is “Denied,” providers can request a reconsideration via fax or online via eQSuite® or an appeal through the Arkansas Department of Health.

- Reconsideration: Providers can request a reconsideration within 35 calendar days of the notice of adverse action.
  - Reconsiderations sent via fax should be faxed to 855-997-3707 or email to [form9511@eqhs.com](mailto:form9511@eqhs.com)
  - Reconsiderations via eQSuite®, click on the completed tab and select the case in the portal – click “Actions” – Click “Request a Reconsideration” and upload the needed information/documents to the case.



- Upload any additional documentation on the Notes and Attachments page.

- Appeals: Providers can request an appeal within 30 Calendar days of the notice of adverse action. Appeals can be requested through the Arkansas Department of Health, by mailing a written request to:

Medicaid Provider Appeals Office  
4815 West Markham Street, Slot 31  
Little Rock, AR 72205

- Reconsideration does not postpone any adverse action that may be imposed pending appeal.