

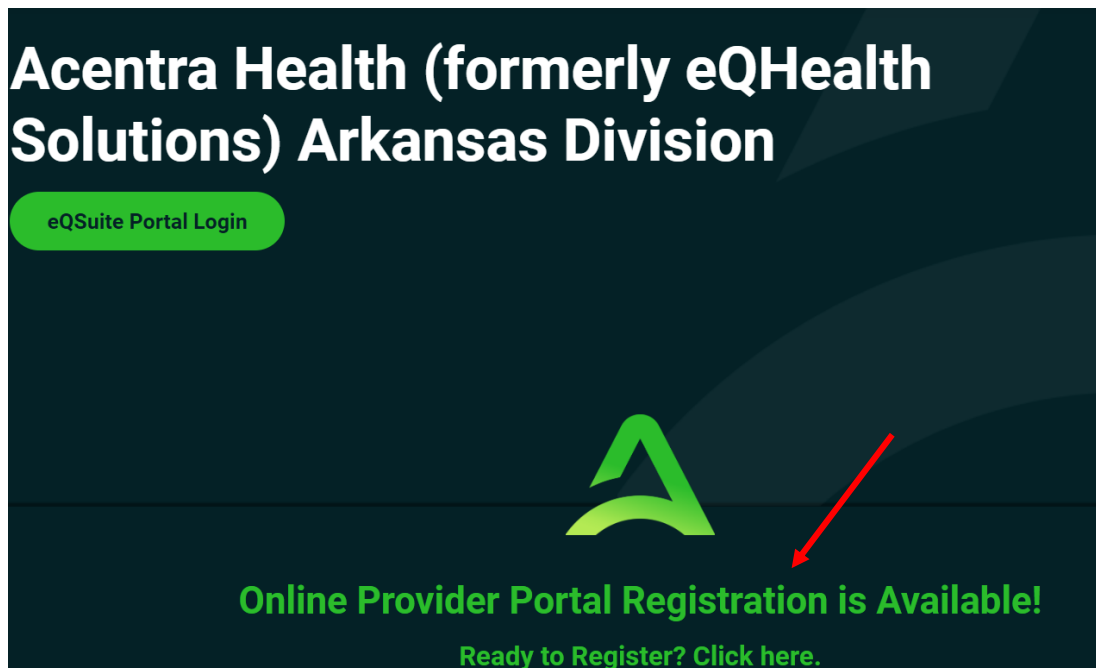
EPSDT - Applied Behavior Analysis (ABA) eQSuite® Step by Step User Guide

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.



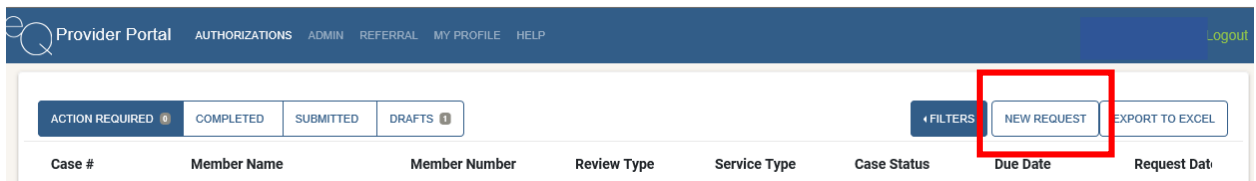
Administrator Roles

- 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.

- Type of Service: Select Outpatient
- Start Date: Enter the start date of service
- Are you the Ordering Provider/Servicing Provider or BOTH
 - For Applied Behavior Analysis 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: Select **ABA/EPST**
- Place of Service: Choose the applicable place of service
- Request of Severity: Will always be standard
- 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

The screenshot shows a multi-step process with five stages: Request, Additional Request Details, Demographics, Clinical, and Finalize. The 'Additional Request Details' step is currently active and highlighted in blue. Below the progress bar, there is a question: '1. Is the Servicing Provider a school system employee?' with radio button options for 'Yes' and 'No'. A 'SAVE & CONTINUE' button is located at the bottom left of the question area. In the top right corner of the form area, there are 'Delete' and 'Draft' buttons.

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

SUBMIT

Clinical

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

Note: You are required to have documentation of the diagnosis of Autism

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

Diagnoses	f84
Procedures	F84 - PERVASIVE DEVELOPMENTAL DISORDERS
Attachments	F840 - AUTISTIC DISORDER
Notes	F842 - RETT'S SYNDROME
	F843 - CHILDHOOD DISINTEGRATIVE DISORDER NEC
	F845 - ASPERGER'S SYNDROME
	F848 - PERVASIVE DEVELOPMENTAL DISORDER NEC
	F849 - PERVASIVE DEVELOPMENTAL DISORDER NOS

SAVE & CONTINUE **RESET**

- Procedures: Click on Procedures
 - You will be prompted to select the correct Procedure Code
 - Assessment
 - 97151
 - Treatment
 - 97153
 - 97155
 - 97156

Note: Initial Assessment and Treatment requests must be submitted separately. Renewal requests should include assessment and treatment on one PA.

- Start Date will be generated
- Enter Total # of units: (15 min =1 unit)
- Unit Type: Select "Unit"
- Frequency: Total or Per Day/Week/Month/Year
- End Date: Up to 6 months (ages 18 mo – 8 yrs) or 12 months (8-18 yrs) from start date

Procedures ⓘ

Primary	Procedure	Start Date/End Date	Units	Total Units	Remove
<input checked="" type="checkbox"/>	96136-EP - Psychological Testing by a physician or other qualified health care professional for the purposes of diagnosing Autism, two or more tests, First 30 minutes.	09-02-2019 <input type="text"/>	<input type="text"/> Unit Type <input type="text"/>	<input type="text"/>	<input type="button" value="X"/>

Attachments No file chosen

Notes

- Attachments: Click Choose File Upload Supporting Documentation*
 - *Detailed Documentation Requirements can be found in the EPSDT ABA Medicaid Manual
- 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

Attachments: C:\Users\law\ite\Desktop\DMS-618.doc [Browse...]

✓ DMS-618.doc [X]

Notes: [Text Area]

[SAVE & CONTINUE] [RESET]

Finalize

- Review entry to verify everything is correct then click “Submit”
- Once you click Submit the system will generate a Case Number

Finalize [Print] [Delete] [Draft]

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

DEMOGRAPHICS

Member Name
Member Number
Date of Birth

OUTPATIENT REQUEST

Requesting Provider: 19CARE
Unknown Physician Specialty

Servicing Provider

Place of Service: 03 School

Requested Dates: 09/02/2019 to 09/13/2019

DIAGNOSES

F80 AUTISTIC DISORDER (Primary Diagnosis)

REQUESTED PROCEDURES

Psychological Testing by a physician or other qualified health care professional for the purposes of diagnosing Autism, two or more tests, First 30 minutes. (Primary Procedure)

Total: 2 Units(s)
Begin Date: 09/02/2019
End Date: 09/13/2019

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.

[SUBMIT]

Tabs

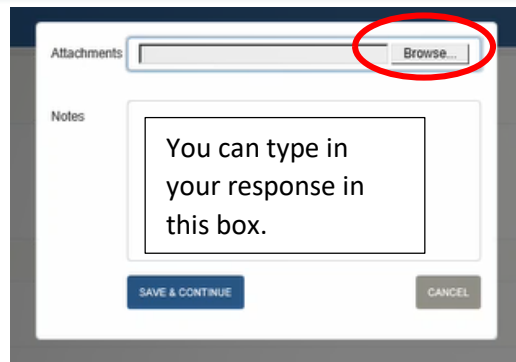
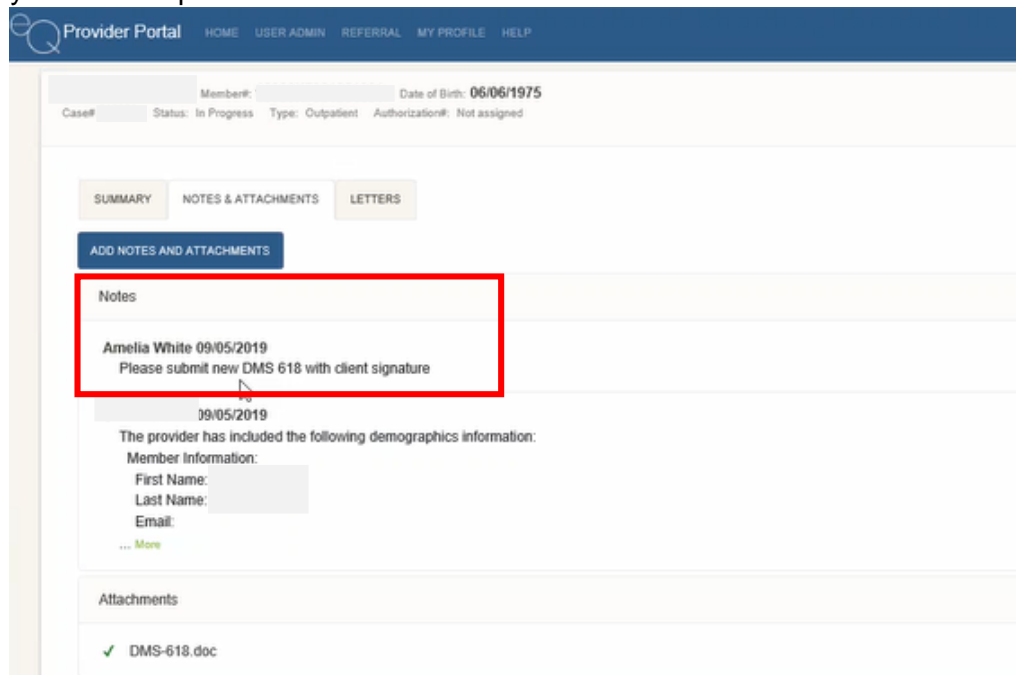
Provider Portal | AUTHORIZATIONS | ADMIN | REFERRAL | MY PROFILE | HELP

ACTION REQUIRED 0 | COMPLETED | SUBMITTED | DRAFTS 1

Case #	Member Name	Member Number
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- **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 and Continue"



➤ **Completed:**

- Once a case has an outcome (Certified/Denied/Partially Approved) it will move to the completed tab.
- Cancelled cases can be found at the bottom of the "completed" list
- Click on the Case and you will be able to view the outcome with details

Extend	Case #	Member Name	Member Number	Review Type	Service Type	Authorization #	Completed Date	Discharge Date	Case Status
+		A		Initial	Outpatient		9/5/2019		Partial
+		AAATEST		Initial	Outpatient		9/5/2019		Certifi

Request Date: 09/06/2019
 Procedure Date: 09/01/2019
 Initial Case History

ACTIONS:
 CREATE FAX COVER SHEET
 PRINT SUMMARY PAGE
 CREATE NEW REQUEST
 REQUEST EXTENSION
 REQUEST CANCELLATION
 REQUEST RECONSIDERATION

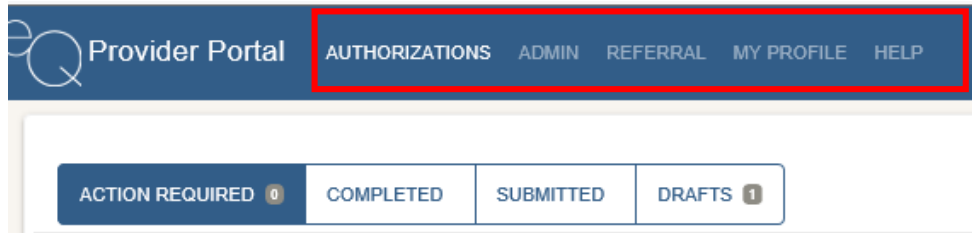
Please see page 10 for instructions

Once you click on the Case, you can view the outcome letter on the "Letters" tab

Letters	Date
DD Approval	09/06/2019
DD Approval	09/06/2019

- **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 anytime 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)

User Info X User Information Demographics X User Demographics

Email* Email

Username* User Name

Practices	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"/>

PREVIOUS RESET CREATE NEXT

- Enter the Demographics then click “Create”

➤ **Referral**

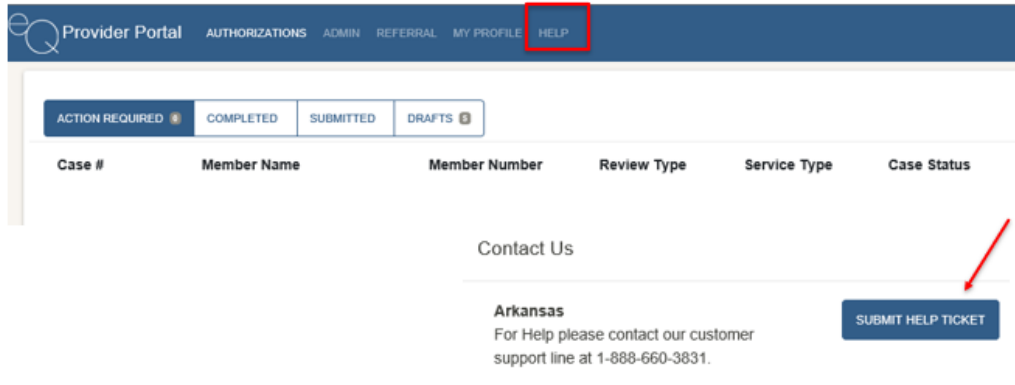
- Only Applicable to Behavior Health and Personal Care services

➤ **My Profile**

- You can change your email address and password.

➤ **Help**

- You 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. Please refer to our Step by Step User guide on “How to submit a Help Ticket. [\(Click Here\)](#)



➤ **Actions**

- Create Fax Coversheet
Each case creates a unique fax coversheet
- Print Summary Page
- Create New Request
- Request Extension
To add time or units to the approved PA.
- Request Cancellation
- Request Reconsideration
If a case is partially certified or denied you can request a reconsideration

