



Behavioral Health: Inpatient Psychiatric Services for Under 21

Updated May 2025

Inpatient Behavioral Health

- Acentra Health, formerly eQHealth Solutions, began processing Inpatient Psychiatric Services for Under 21 (U21) prior authorization (PA) requests for eligible Medicaid beneficiaries on January 1, 2019.
- When submitting PA requests, please be sure that the provider ID used on the request is a provider type that will allow successful claims for the services:
 - Provider type 25
- Inpatient Behavioral Health request are the only requests entered as an 'inpatient' service type in the provider portal uses the following procedure code:
 - Procedure Code – 0114
- Certified PAs are not a guarantee of payment for services



Emergency Acute Admission

Inpatient Psychiatric Services U21 Requests

- PA requests must be submitted to Acentra Health, formerly eQHealth Solutions, no later than two working days after admission. The only exception to this is when a retroactive request is needed.
 - Retroactive requests: The admitting facility has thirty (30) days from the Medicaid authorization date (issuance of the beneficiary's Medicaid ID number) to request a retroactive Certification of Need (CON) for services.
- If more than two working days pass, the review team will partially deny the PA, approving only the dates of service after the date that the PA is requested.
- Medicaid Manual Section 220.200: If inpatient services are to continue beyond the current prior authorized period and the facility wishes to prevent a lapse in coverage, the facility must transmit copies of the beneficiary's record to the MART. An acute care facility must transmit this information within forty-eight (48) hours before the previously prior authorized time period ends. The Medicaid Agency Review Team will not perform retroactive concurrent reviews.
- For more information regarding PA requests for Emergency Admissions see the Inpatient Psychiatric Services for U21 Medicaid Manual Section 215.500



Emergency Acute Admission

Inpatient Psychiatric Services U21 Requests

- Information needed to review PA request:
 - **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

- Medicaid Manual Section 215.400 2.: The admitting facility has thirty (30) days from the Medicaid authorization date (issuance of the beneficiary's Medicaid ID number) to request a retroactive CON.

- For more information regarding PA for Emergency Admission see the Inpatient Psychiatric Services for U21 Medicaid Manual Section 215.500



Review Completion Times:

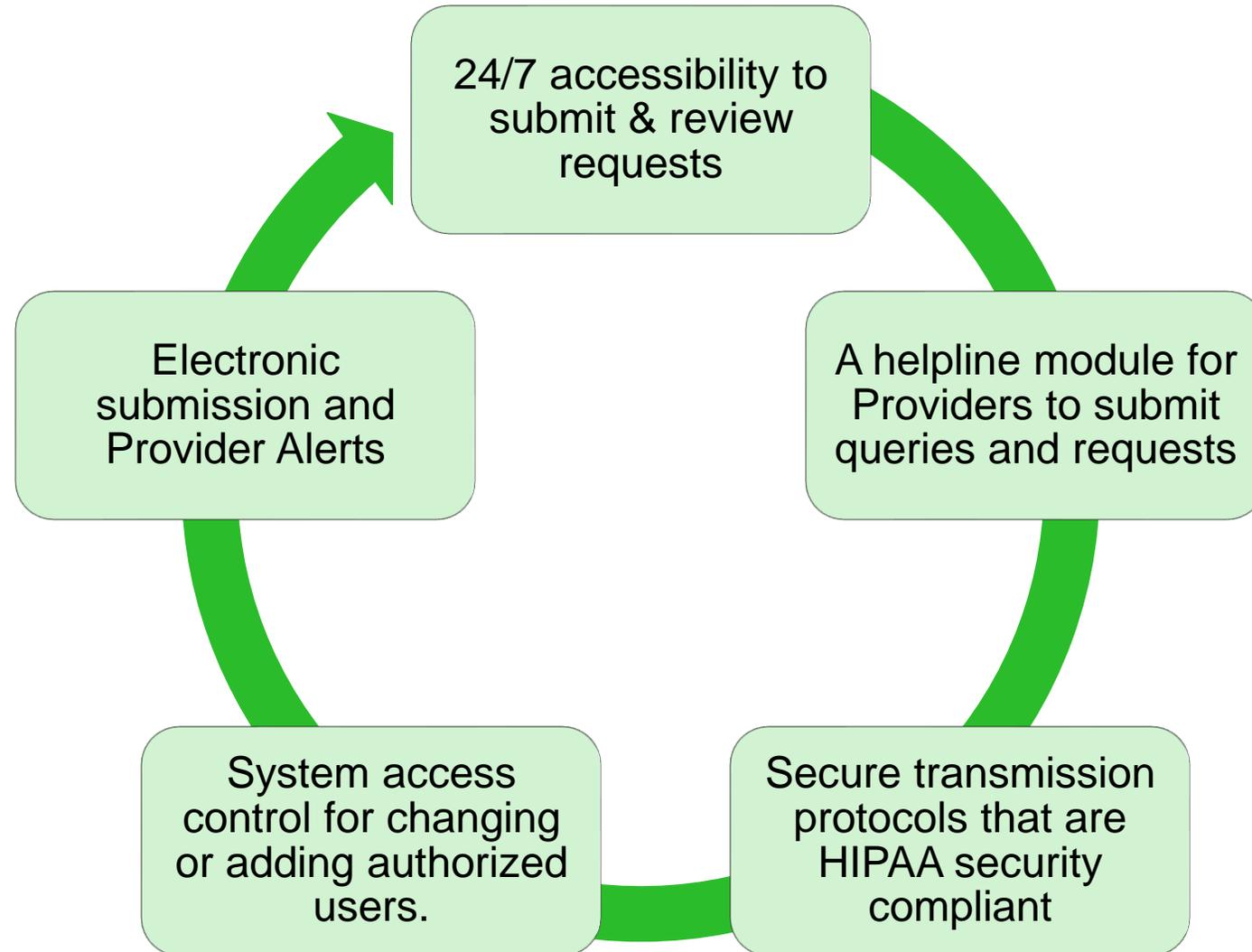
Review Type	Review Time
Initial Authorization Requests	1 day
Concurrent Authorization Requests	1 day
Retrospective Authorization Requests	1 day
Reconsideration Authorization Requests	7 business days
Quality Review Audit Request	1 Quarter

Procedure Code:

0114 – Inpatient Psychiatric Hospital Only



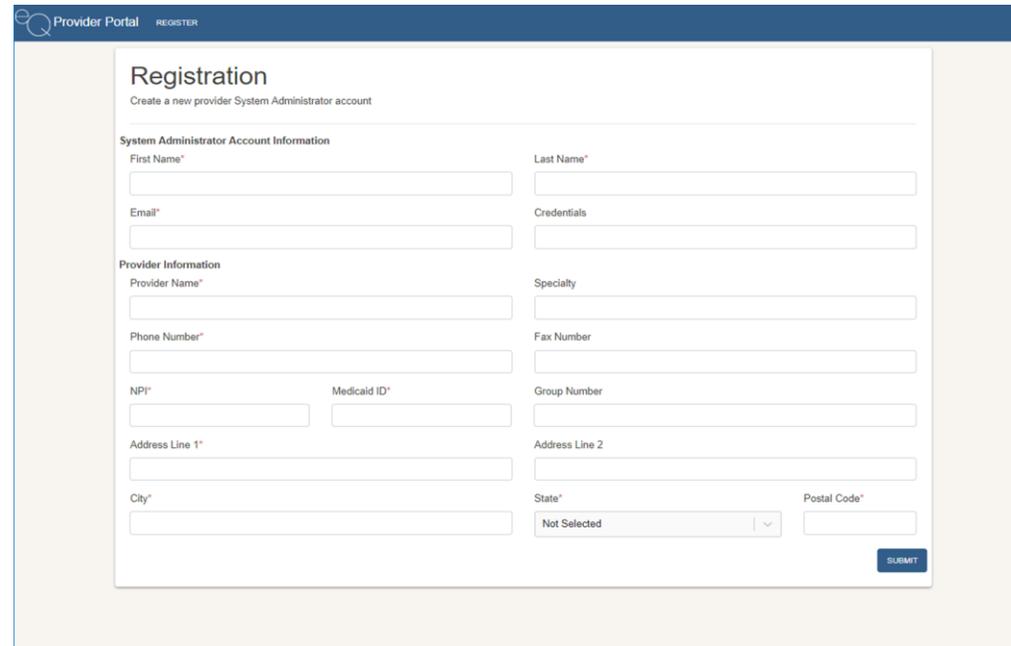
Overview of eQSuite®



How to Register for eQSuite®

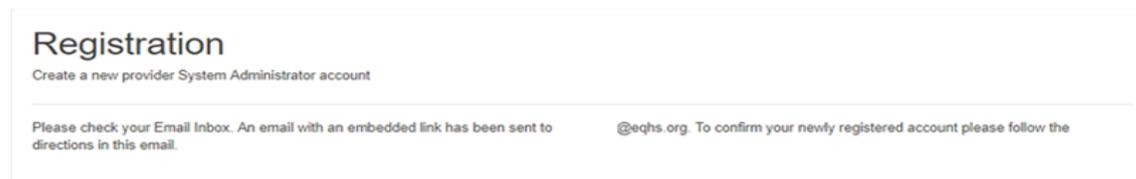
New Users:

Click on the [registration link](#) to fill out electronic registration form:



The screenshot shows the 'Registration' form in the eQSuite Provider Portal. The form is titled 'Registration' and includes the instruction 'Create a new provider System Administrator account'. It 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.

You will receive a confirmation email, please follow instructions in the email to activate your new Provider Portal account.



The screenshot shows the 'Registration' section of a confirmation email. It includes the text: '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



eQSuite® Dashboard

Once logged 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:

The screenshot shows the eQSuite Provider Portal dashboard. The top navigation bar is dark blue with the eQ logo and "Provider Portal" text. A red box highlights the navigation menu containing "AUTHORIZATIONS", "ADMIN", "REFERRAL", "MY PROFILE", and "HELP". On the right of the navigation bar, the user name "Rebecca Mason" and a "Logout" link are visible. Below the navigation bar, there is a status bar with buttons for "ACTION REQUIRED 0", "COMPLETED", "SUBMITTED", and "DRAFTS 2". To the right of these are buttons for "FILTERS", "NEW REQUEST", and "EXPORT TO EXCEL". Below the status bar is a table header with columns: Case #, Member Name, Member Number, Review Type, Service Type, Case Status, Due Date, Request Date, Service Date, and Ordering.

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.

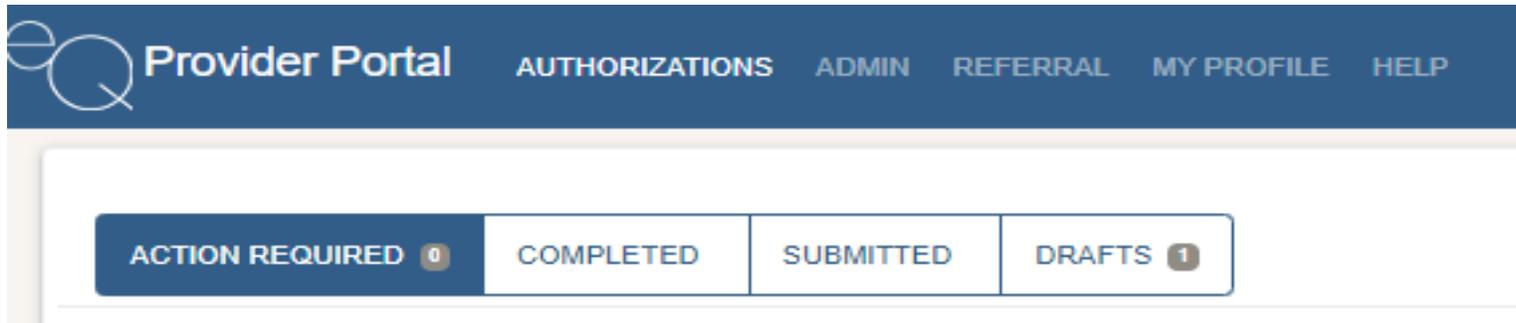
Referral: PCS and BH providers, who require Independent Assessments from Aria/Optum, can view their beneficiary assessment status.

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 request has been approved in total.
- **Partially Certified:** PA request was approved for only appropriate/partial dates and units.
- **Not Certified:** PA request was denied
- **Cancelled:** At the request of the provider, or due to a critical error identified by the clinical team, PA request is cancelled.
- **Action Required:** Clinical team has requested additional information and/or documentation.



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 0', 'COMPLETED 1', 'SUBMITTED 0', and 'DRAFTS 0'. The 'COMPLETED 1' 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. A single row is visible for Case # 542899, Member Name AAATEST, HEATHER, Member Number 365183X2145066101, Review Type Initial, Service Type Outpatient, Authorization # V000447632, and Completed Date 9/5/2019. Below the table is a detailed view for the selected case, AAATEST, HEATHER. It shows fields for Date of Birth, Request Date (09/05/2019), Procedure Date (09/05/2019), and Initial. A red arrow points to the 'LETTERS' tab in the sub-menu, which is currently selected. Below the tabs, there is a section for 'Letters' and a 'No Letters' message.



Reconsideration Request

A Reconsideration can be requested in the portal for PA requests that are either “Partially Certified” or “Not Certified” and require submission of additional documentation to support reconsideration request:

The screenshot shows a patient portal interface for John Doe. At the top, it displays patient information: Name (John Doe), Member# (123456789), Date of Birth (1/1/2099), Case# (123456), Status (Not Certified), Type (Outpatient), and Authorization# (Not assigned). It also shows Request Date (04/03/2019), Procedure Date (04/01/2019), and an Initial Case History dropdown. Below this is a navigation bar with tabs for SUMMARY, NOTES & ATTACHMENTS, and LETTERS. The main content area is titled 'OUTPATIENT REQUEST' and lists details for the provider (Dr. Joe Smith, Unknown Physician Specialty), place of service (12 Home), and requested dates (04/01/2019 to 03/31/2020). On the right side, there is an 'ACTIONS' menu with several options: CREATE FAX COVER SHEET, PRINT SUMMARY PAGE, CREATE NEW REQUEST, REQUEST EXTENSION, REQUEST CANCELLATION, and REQUEST RECONSIDERATION. A red box highlights the 'ACTIONS' button, and a red arrow points to the 'REQUEST RECONSIDERATION' option.

- Please note that only one reconsideration request is allowed for a case that is not fully certified.



Dashboard-Help

Clicking “Help” tab it will give you the phone number to reach or Customer Support line and the option to submit an online help ticket.

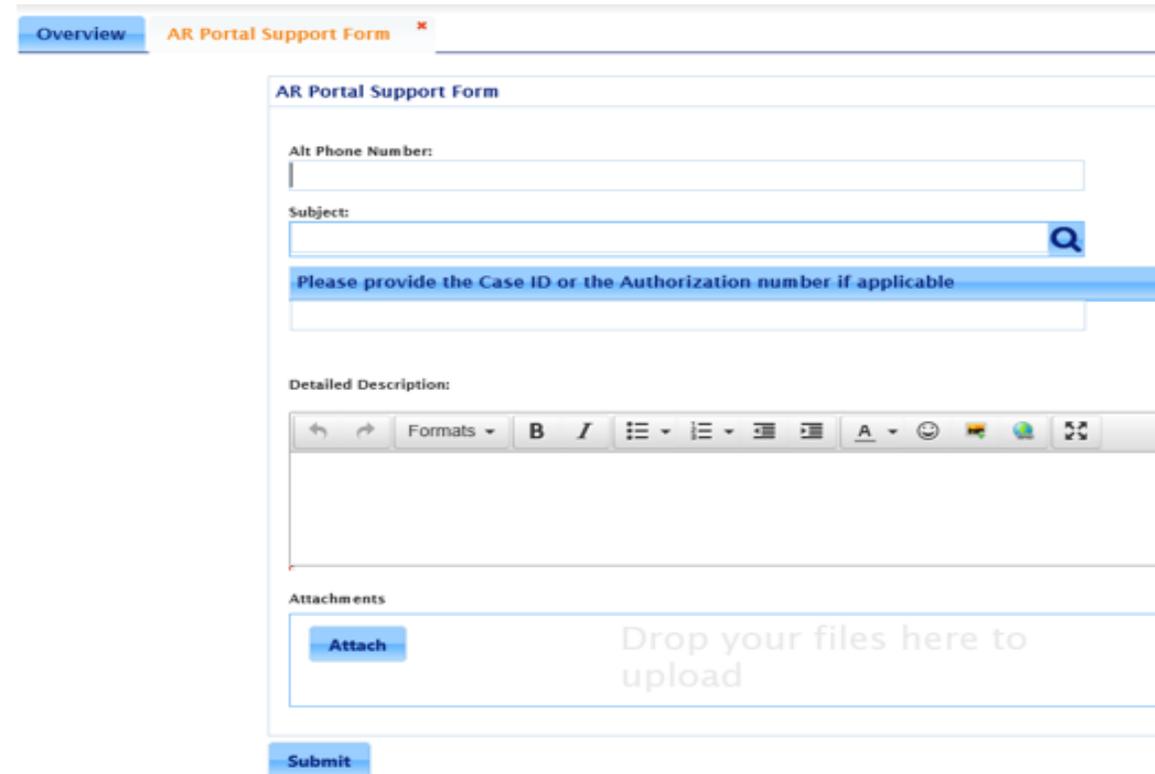
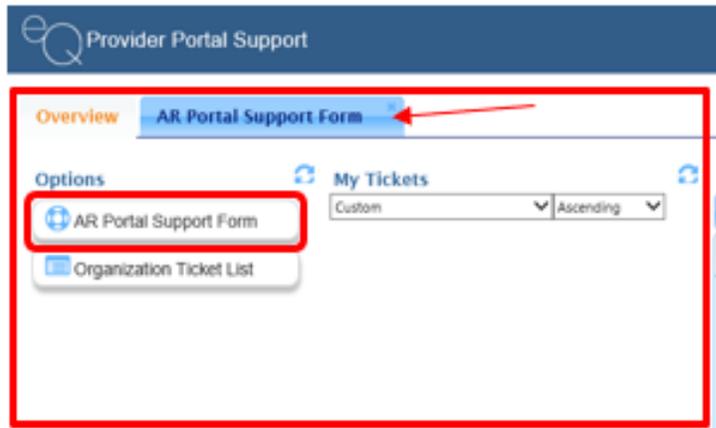
We encourage providers to click on “Submit Help Ticket” if you have any questions or inquiries.

The screenshot displays the Provider Portal interface. At the top, a dark blue navigation bar contains the 'Provider Portal' logo and several menu items: 'AUTHORIZATIONS', 'ADMIN', 'REFERRAL', 'MY PROFILE', and 'HELP'. The 'HELP' item is highlighted with a red square. Below the navigation bar, there is a section with four tabs: 'ACTION REQUIRED' (with a '0' badge), 'COMPLETED', 'SUBMITTED', and 'DRAFTS' (with a '5' badge). Underneath these tabs is a table with the following headers: 'Case #', 'Member Name', 'Member Number', 'Review Type', 'Service Type', and 'Case Status'. The table body is currently empty. To the right of the table, there is a 'Contact Us' section. This section includes the heading 'Contact Us', the text 'Arkansas For Help please contact our customer support line at 1-888-660-3831.', and a blue button labeled 'SUBMIT HELP TICKET'. A red arrow points to this button. At the bottom right of the 'Contact Us' section, there is a blue button labeled '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' (with a search icon), 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 prompt 'Drop your files here to upload'. A 'Submit' button is located at the very bottom.

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 [\(Click Here\)](#)



Provider Resources

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



Provider Resources

Provider Website:

<https://ar.acentra.com>

(Provider Forms/Education and Training Material)

Phone: 888-660-3831

Fax: 855-997-3707

(General inquiries/questions/status updates)

Provider Outreach Email:

ArkansasPR@acentra.com

(Provider Education/Training Assistance)