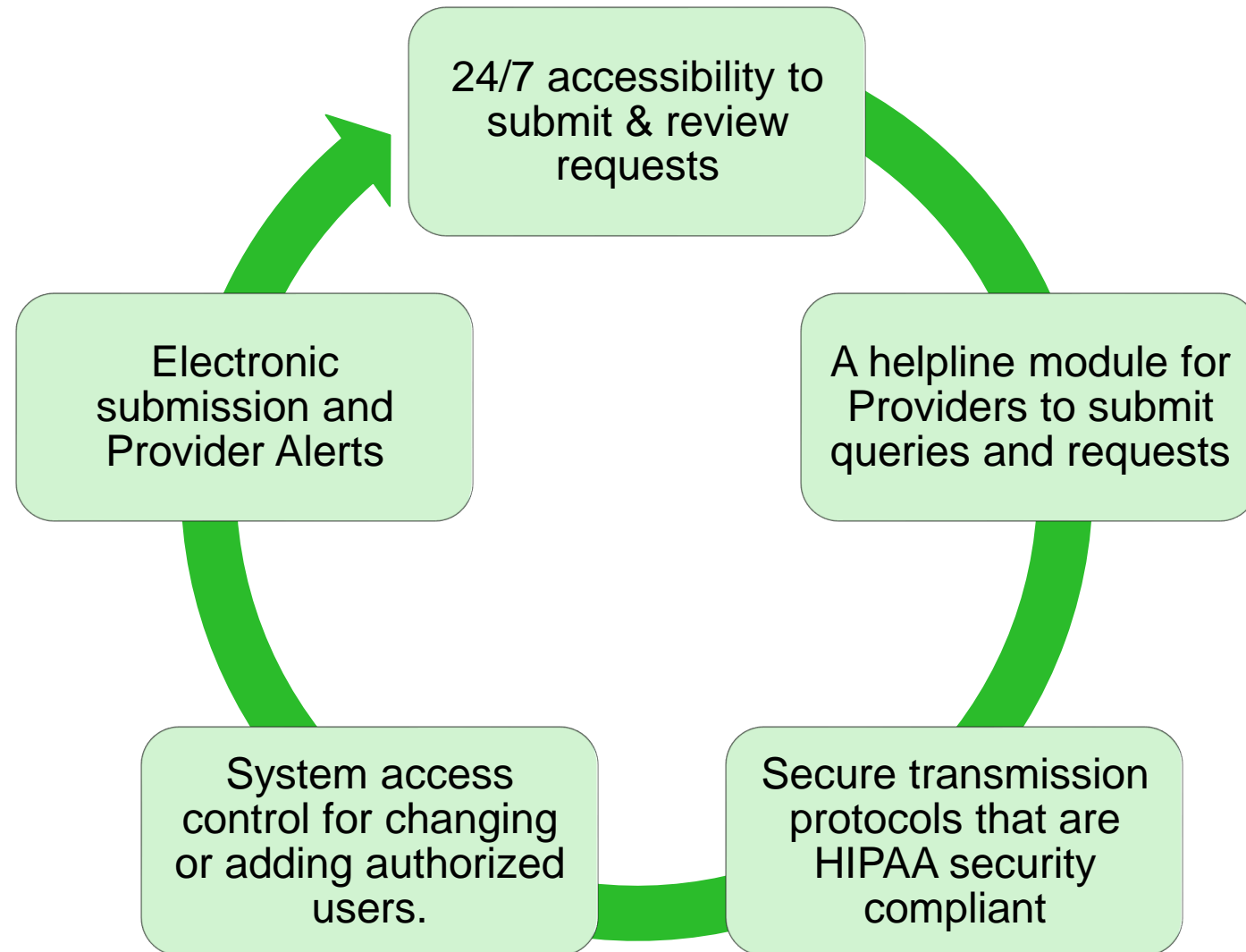




Behavioral Health: Outpatient and Crisis Service Requests

Updated March 2025

Overview of eQSuite®



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



Outpatient Behavioral Health

- Acentra Health, formerly eQHealth Solutions, began processing fee for service (FFS) Outpatient Behavioral Health prior authorization (PA) and extension of benefit (EOB) requests for eligible Medicaid beneficiaries on January 1, 2019.
- When submitting 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 19-Independently Licensed Practitioners (ILP)
 - Provider type 26-Behavioral Health Agencies (BHA)
 - Provider type 91-School-Based Mental Health (SBMH)
 - Provider type 96- Community Support Services Program (CSSP)
 - Provider type 44- ILP group
 - Provider types 01 and 02- PCP offices providing integrated BH
- Service Categories for submitting Outpatient Behavioral Health (OP BH)/Counseling Services requests:
 - OP BH
 - OP SBMH
 - OP Infant Mental Health (IMH)
 - OP Acute Crisis
- Certified PAs are not a guarantee of payment for services



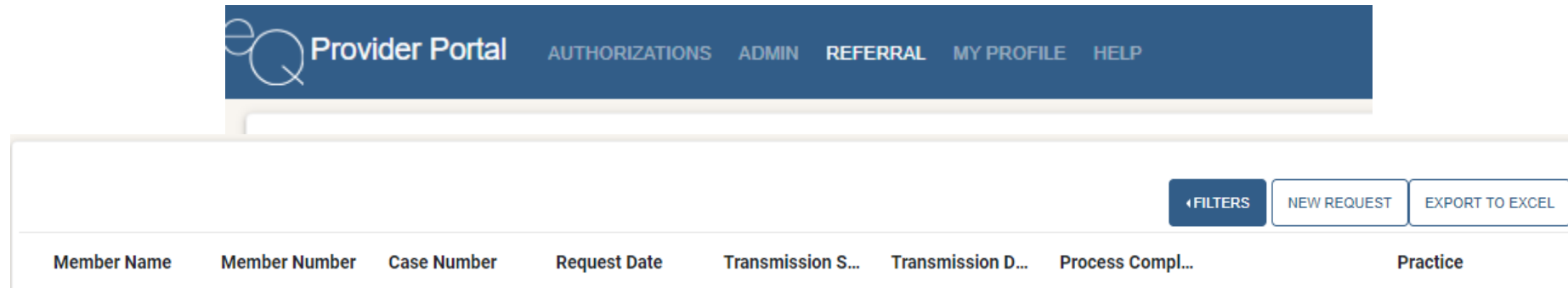
Arkansas Medicaid Program Manuals

Acentra Health's reviews for OP Behavioral Health service requests for the provider types listed on the previous slide are based on the applicable Medicaid program manuals:

- Counseling Services Manual:
 - Prior authorization is required for Dyadic Services for clients under 4 years/48 months
 - Extension of Benefit request required for all other fee-for-service or tier 1 services once benefit limits exhausted
 - Please see the procedure code table for annual benefit limits and PA/EOB requirements
- Diagnostic and Evaluation Services
- Home and Community Based Services
 - Note:** The only clients eligible for services outside of a PASSE according to the HCBS program manual are client's with spend down Medicaid that are exempt from the PASSE.



Independent Assessment Referral Request and Status Check



- You can view the status of an Independent Assessment by clicking on the “Referral” option on the top menu
- 19: Submit a referral using the referral request form
- 25: Submit a PA. eQHS automatically generates referral if needed*
- 26: Submit a referral using the referral request form
- 44: No referral request allowed. Referral must be requested through type 19 provider*
- 91: No referral request allowed. Referral must be requested through type 19 provider*

*Using the Referral Request form for a type 25, 44, or 91 will result in a “Provider Type Invalid” error.



Review Completion Times:

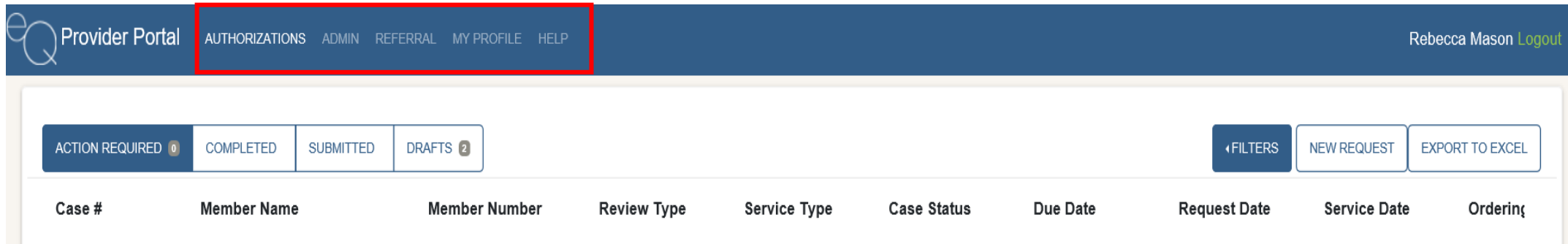
Review Type	Review Time
Initial Authorization/EOB Requests	9 days
Concurrent Authorization/EOB Requests	9 days
Retrospective Authorization Requests	9 days
Reconsideration Authorization Requests	7 business days
Quality Review Audit Request	1 Quarter



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:



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.

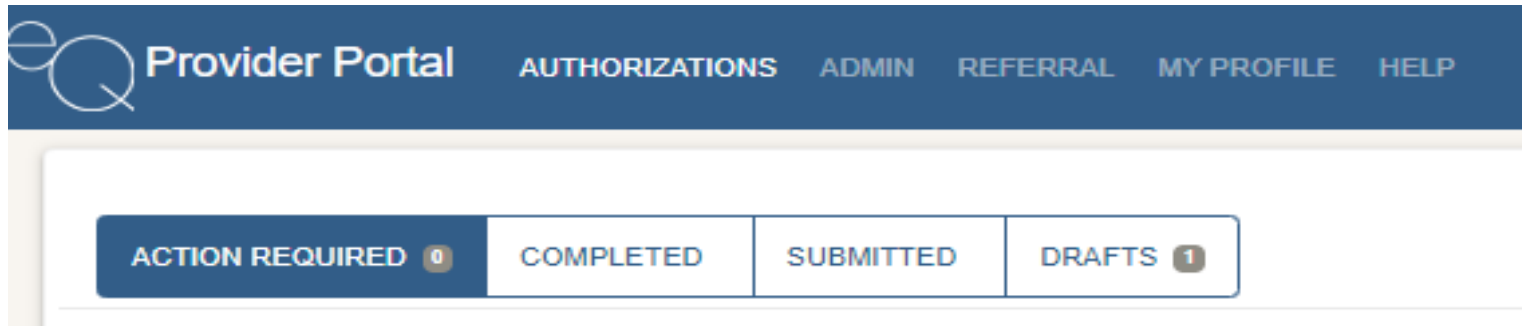
Referral: PCS and BH providers, who require Independent Assessments from Aria/Optum, can view their beneficiary assessment status.

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**

ACTION REQUIRED 0

COMPLETED 1

SUBMITTED 0

DRAFTS 0

FILTERS

NEW REQUEST

EXPORT TO EXCEL

Extend	Case #	Member Name	Member Number	Review Type	Service Type	Authorization #	Completed Dat...	Discharge Da
<div>+</div>	542899	AAATEST, HEATHER	365183X2145066101	Initial	Outpatient	V000447632	9/5/2019	

AAATEST, HEATHER

Date of Birth:

Request Date

Procedure Date

Initial

Case# 5

Status: Certified in Total

Type: Outpatient

Authorization#: V0

09/05/2019

09/05/2019

Case History

SUMMARY

NOTES & ATTACHMENTS

LETTERS

ACTIONS

Letters

No Letters



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 displays a medical portal interface for a patient named John Doe. At the top, patient information includes Member#: 123456789, Date of Birth: 1/1/2099, Case#: 123456, Status: Not Certified, Type: Outpatient, and Authorization#: Not assigned. Request and Procedure dates are both 04/03/2019 and 04/01/2019 respectively. A 'Case History' dropdown is visible. Below this, there are tabs for SUMMARY, NOTES & ATTACHMENTS, and LETTERS. A blue bar labeled 'OUTPATIENT REQUEST' is present. The main content area shows details for the requesting provider (Dr. Joe Smith, Unknown Physician Specialty), servicing provider, place of service (12 Home), and requested dates (04/01/2019 to 03/31/2020). On the right, an 'ACTIONS' button is highlighted with a red box. A dropdown menu is open from this button, listing options: CREATE FAX COVER SHEET, PRINT SUMMARY PAGE, CREATE NEW REQUEST, REQUEST EXTENSION, REQUEST CANCELLATION, and REQUEST RECONSIDERATION. A red arrow points to the 'REQUEST RECONSIDERATION' option.

Requesting Provider	Dr. Joe Smith Unknown Physician Specialty
Servicing Provider	
Place of Service	12 Home
Requested Dates	04/01/2019 to 03/31/2020

ACTIONS


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

- 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.

 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
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Contact Us

Arkansas

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

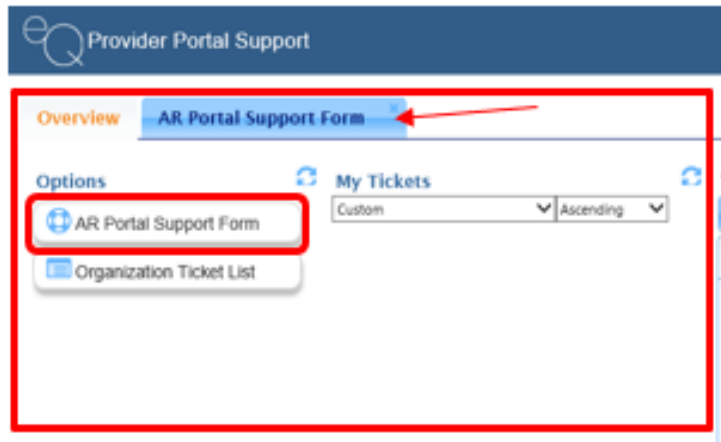
SUBMIT HELP TICKET

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' tabs. The 'AR Portal Support Form' tab is active. Below the tabs, there's a form with the following fields: 'Alt Phone Number:' (text input), 'Subject:' (text input with a search icon), and a blue bar with the text 'Please provide the Case ID or the Authorization number if applicable'. Below this bar is another text input field. The 'Detailed Description:' section has a rich text editor with a toolbar containing icons for undo, redo, bold, italic, bulleted list, numbered list, link, unlink, text color, background color, and insert image. Below the rich text editor is an 'Attachments' section with an 'Attach' button and a large text area with the placeholder 'Drop your files here to upload'. At the bottom of the form 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 [\(Click Here\)](#)



Provider Resources

Provider Website:

<http://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)