



Outpatient Behavioral Health

eQSuite® Step by Step User Guide

Accessing the System

eQHealth's 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.eqhs.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.

Registration
Create a new provider System Administrator account

Login Information

Username* Password* Confirm Password*

System Administrator Account Information

First Name* Last Name*

Email* Credentials

Provider Information

Provider Name* Specialty

Phone Number* Fax Number

NPI* Medicaid ID*

Address Line 1* Address Line 2

City* State* Postal Code*

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.
- Only one person can be assigned as the 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

Provider Portal AUTHORIZATIONS ADMIN REFERRAL MY PROFILE HELP .logout

ACTION REQUIRED COMPLETED SUBMITTED DRAFTS

FILTERS NEW REQUEST EXPORT TO EXCEL

Case #	Member Name	Member Number	Review Type	Service Type	Case Status	Due Date	Request Date
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- 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.

Request Key initial request Clinical Enter clinical information Finalize Finalize and submit

Practice PRACTICE#

Patient Change patient...

Patient Plan 4300 - DISABLED INDIVIDUAL (SSI)-NO GRANT

Type of Service Inpatient Outpatient

Start Date

Are you the: Ordering Provider Servicing Provider Both

Category Select Category...

Place of Service Select Place of Service...

Request Severity Standard

SAVE & CONTINUE RESET

- Type of Service: Select Outpatient
- Start Date: Enter the start date of service
- 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: Select either CMH, OBHSCFN, OP BH, OP IMH, or OP SBMH
- 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

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



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

Diagnoses bipolar

Procedures

- F250 - SCHIZOAFFECTIVE DISORDER BIPOLAR TYPE
- F31 - BIPOLAR DISORDER
- F310 - BIPOLAR DISORDER CURRENT EPISODE HYPOMANIC
- F311 - BIPOLAR DISORDER CURRENT MANIC W/O PSYCH FEATURE
- F3131 - BIPOLAR DISORDER CURRENT EPISODE DEPRESSED MILD
- F3132 - BIPOLAR DISORDER CURRENT EPISODE DEPRESSED MOD
- F316 - BIPOLAR DISORDER CURRENT EPISODE MIXED
- F3160 - BIPOLAR DISORDER CURRENT EPISODE MIXED NOS

Attachments

Notes

SAVE & CONTINUE | RESET

- Procedures: Click on Procedures
 - You will be prompted to select the correct Procedure Code
 - Start Date will be generated
 - Enter # of “units” needed
 - Unit Type: Select Unit, Visits, or Days
 - Frequency: Select Total, per Day, per Week, per Month, per Year
 - End Date: If you selected Total as your frequency, you will have to enter your end date. If you selected any other frequency, your end date will be calculated for you.

Procedures

Search for 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"/> Unit Type <input type="text"/> Frequency for <input type="text"/>	<input type="text"/>	X

Attachments Choose File | No file chosen

Notes

SAVE & CONTINUE | RESET

- 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.

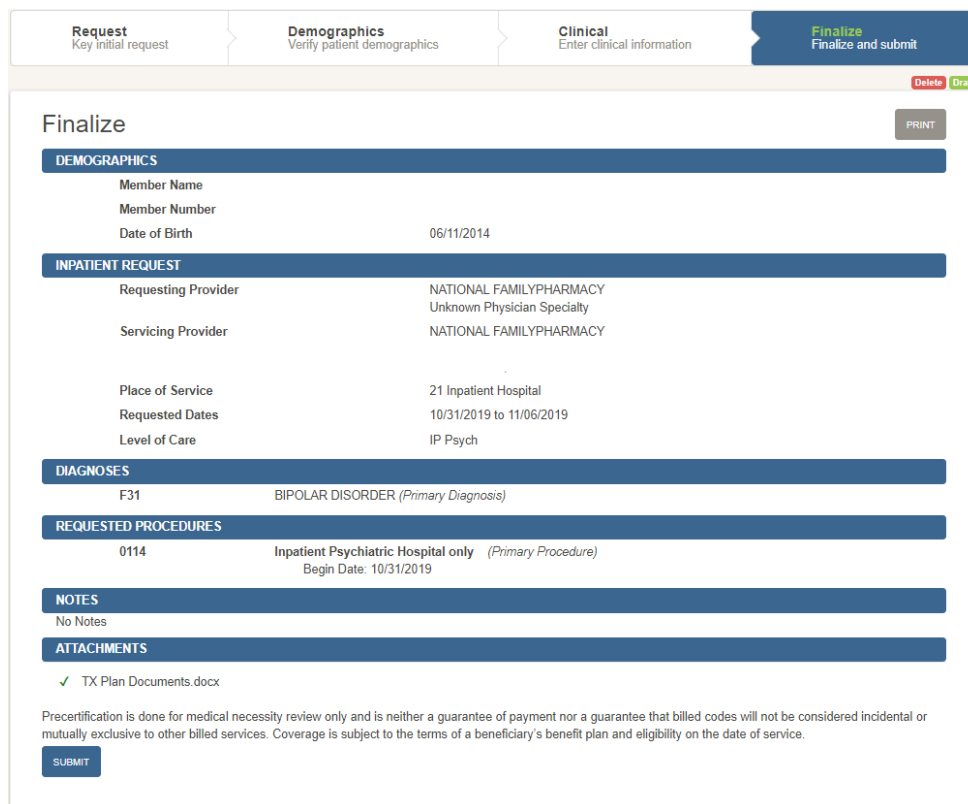
- Click Save & Continue



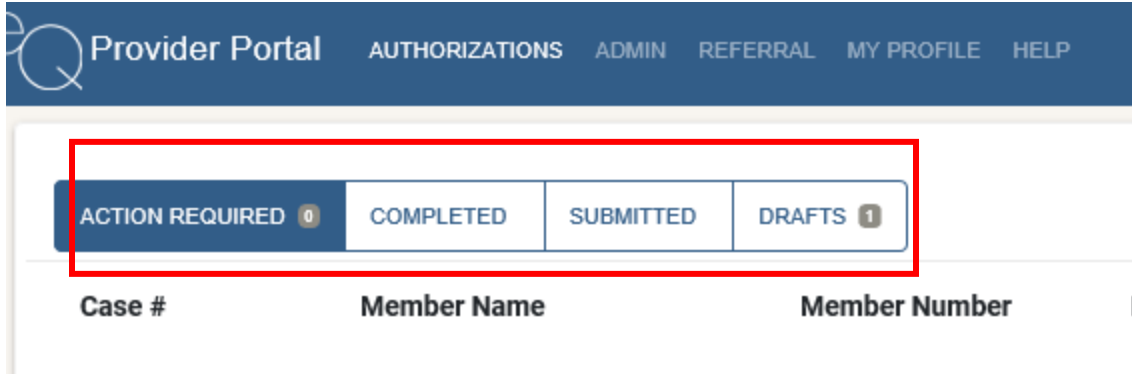
Finalize

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

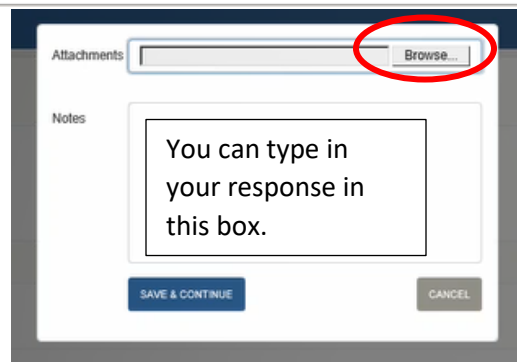
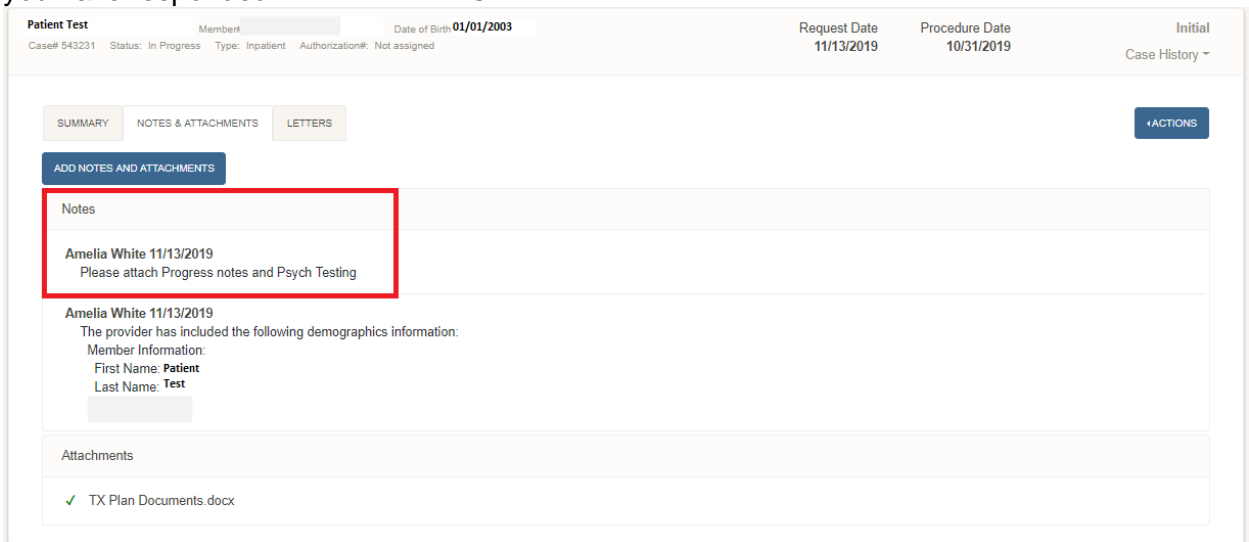
Once you click Submit the system will generate a Case Number



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



Extend	Case #	Member Name	Member Number	Review Type	Service Type	Authorization #	Completed Dat...	Discharge Date	Ca:
		J.		Initial	Outpatient		9/6/2019		Partial
	542899	AAATEST, HEATHER		Initial	Outpatient		9/5/2019		Certifi

Case# Status: Partially Certified Type: Outpatient Authorizations# Date of Birth: 09/08/1972 Request Date: 09/06/2019 Procedure Date: 09/01/2019 Initial Case History

SUMMARY NOTES & ATTACHMENTS LETTERS

OUTPATIENT REQUEST

Requesting Provider: NATIONAL FAMILYPHARMACY
Unknown Physician Specialty

Servicing Provider: NATIONAL FAMILYPHARMACY

Place of Service: 12 Home

Requested Dates: 09/01/2019 to 08/31/2020

DIAGNOSES

F039 DEMENTIA NOS (Primary Diagnosis)

REQUESTED PROCEDURES

Personal Care for a non-RCF Beneficiary Aged 21 or Older, per 15 minutes
256 Unit Per Month For 1 Month(s)
Total: 256 Unit(s)
Begin Date: 12/01/2019
End Date: 12/31/2019

Personal Care for a non-RCF Beneficiary Aged 21 or Older, per 15 minutes
256 Unit Per Month For 1 Month(s)
Total: 256 Unit(s)
Begin Date: 04/01/2020
End Date: 04/30/2020

CREATE FAX COVER SHEET

PRINT SUMMARY PAGE

CREATE NEW REQUEST

REQUEST EXTENSION

REQUEST CANCELLATION

REQUEST RECONSIDERATION

ACTIONS

Please see page 10 for instructions

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

SUMMARY NOTES & ATTACHMENTS **LETTERS** ACTIONS

Letters	
BH Approval	11/13/2019
BH Approval	11/13/2019

- **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

Provider Portal AUTHORIZATIONS ADMIN REFERRAL MY PROFILE HELP

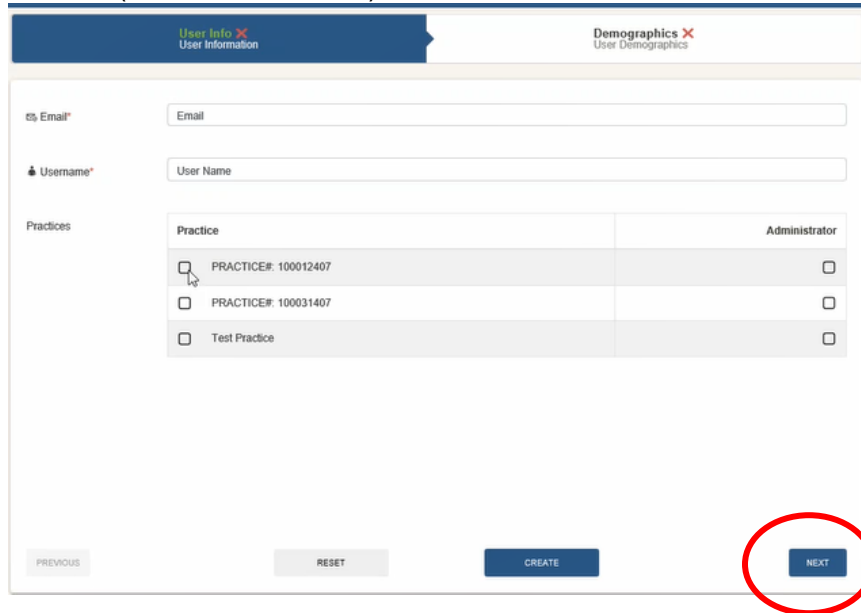
ACTION REQUIRED 0	COMPLETED	SUBMITTED	DRAFTS 1
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➤ **Authorizations**

- You can click this button at any time within the portal to take you back to the main dashboard.

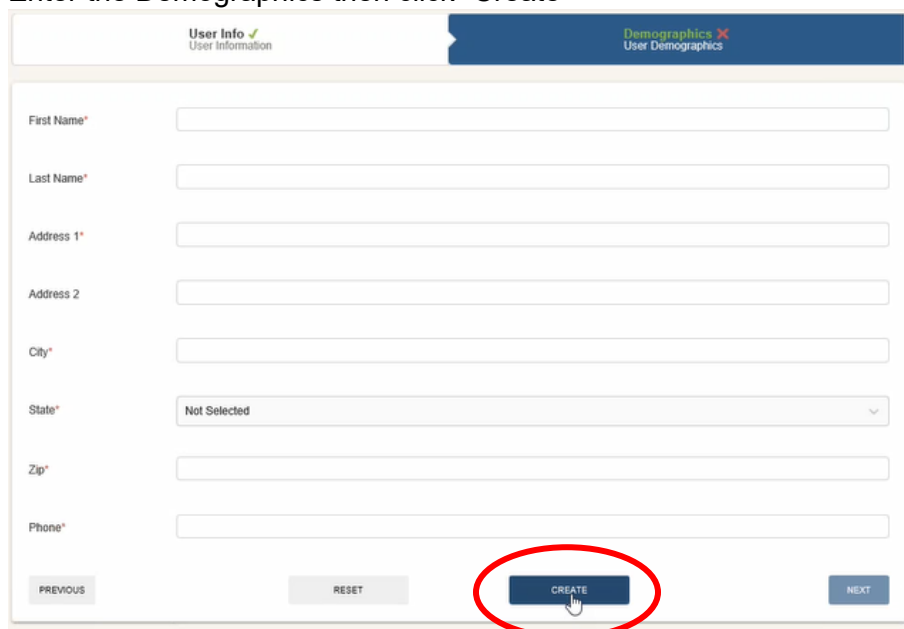
➤ **Admin:** You can click this button to create new user accounts

- “Click Add New User”
- Enter the email address
- Create a username
- Select the practice
- Click “Next” (Do not click create)



The screenshot shows the 'User Demographics' form. At the top, there are two tabs: 'User Info' (with a checkmark) and 'Demographics' (with an X). Below the tabs are input fields for 'Email' and 'User Name'. A table lists three practices: 'PRACTICE#: 100012407', 'PRACTICE#: 100031407', and 'Test Practice'. Each row has a checkbox in the 'Administrator' column. At the bottom, there are four buttons: 'PREVIOUS', 'RESET', 'CREATE', and 'NEXT'. The 'NEXT' button is circled in red.

- Enter the Demographics then click “Create”

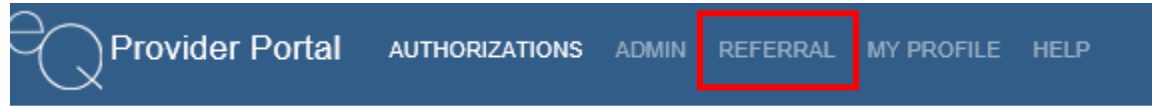


The screenshot shows the 'User Demographics' form. At the top, there are two tabs: 'User Info' (with a checkmark) and 'Demographics' (with an X). Below the tabs are input fields for 'First Name', 'Last Name', 'Address 1', 'Address 2', 'City', 'State' (a dropdown menu showing 'Not Selected'), 'Zip', and 'Phone'. At the bottom, there are four buttons: 'PREVIOUS', 'RESET', 'CREATE', and 'NEXT'. The 'CREATE' button is circled in red.

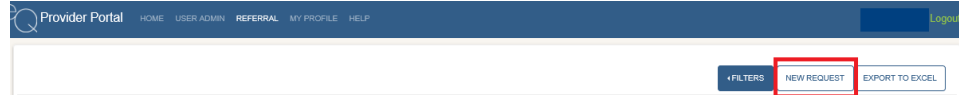
➤ **Referral** - Only Applicable to Behavior Health and Personal Care services



- Click Referral



- Click 'New Request'



- Select your Practice ID
- 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.
- Click "Find Ordering Provider"
 - Leave all fields blank
 - Click "Search"
 - Click on the information that populates



Referral

Create a new Demographics Intake Registration

Demographics Intake Information

PRACTICE#: 100003407

Find patient...

Referral Request

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

Legal Guardian 1

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

Legal Guardian 2

First Name	Last Name	
<input type="text"/>	<input type="text"/>	
Email	Phone Number	
<input type="text"/>	<input type="text"/>	
Address Line 1	Address Line 2	
<input type="text"/>	<input type="text"/>	
City	State	Postal Code
<input type="text"/>	Not Selected	<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	[REDACTED]	12345	1/3/2019	CLOSED	1/3/2019		PRACTICE#: 123456789
Test Patient	[REDACTED]	54321	1/3/2019	CLOSED	1/3/2019		PRACTICE#: 123456789
Mr. Test Patient	[REDACTED]	98765	1/4/2019	Assessment Complete	1/4/2019	1/17/2019	PRACTICE#: 123456789
Mrs. Test Patient	[REDACTED]	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

