



Personal Care Services (PCS) 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*

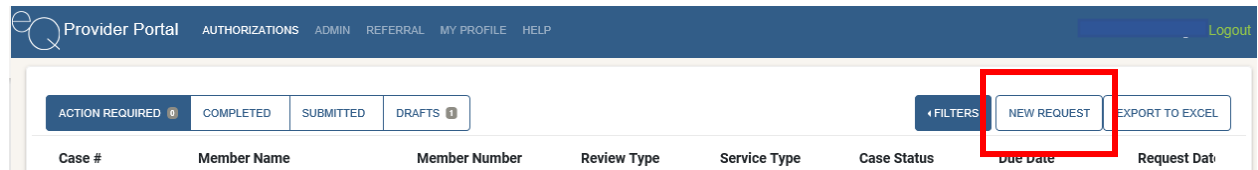
Administrator Roles

- 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



- 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 PCS 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 **Personal Care**
- Place of Service: Choose the applicable place of service
- Request of Severity: Will always be standard
- Click “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, if applicable
- Click Submit

Request Key initial request	Demographics Verify patient demographics	Clinical Enter clinical information	Finalize Finalize and submit
Delete Draft			
First Name*	Last Name*		
<input type="text" value="Child"/>	<input type="text" value="Test"/>		
Email	Phone Number*		
<input type="text"/>	<input type="text" value="0123456789"/>		
Address Line 1*	Address Line 2		
<input type="text" value="123 Test Street"/>	<input type="text"/>		
City*	State*	Postal Code*	
<input type="text" value="ABC"/>	<input type="text" value="AR"/>	<input type="text" value="72201"/>	
Legal Guardian 1			
First Name	Last Name		
<input type="text" value="Adult"/>	<input type="text" value="Test"/>		
Email	Phone Number		
<input type="text"/>	<input type="text" value="0123456789"/>		
Address Line 1	Address Line 2		
<input type="text"/>	<input type="text"/>		

Clinical

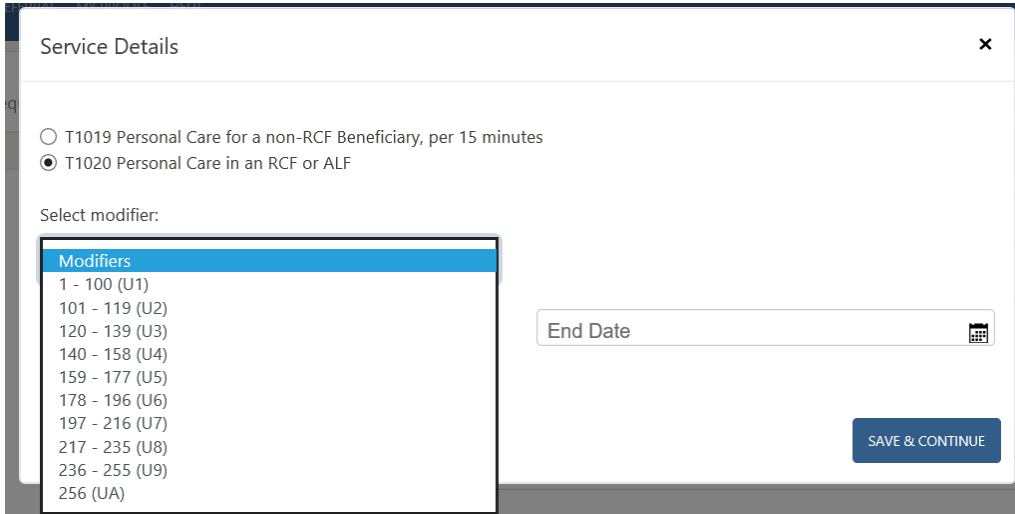
- Diagnosis: You can search by the ICD 10 numeric code or you can search by the description.



- Procedures: Click Service Details
- T1019 (Select modifier)
 - No Modifier (Under 21, in home – Submit via fax 855-997-3707)
 - U3 (Age 21 and older, in home)
 - U4 (Under 21, in school or educational cooperative)
 - U5 (Age 16-20, on the job)

- Enter Total # of units per month
- Enter Start Date and End Date: (You can request up to 365 Days)
- Click Save & Continue

- T1020 All ages in residential care or assisted living facility (Select modifier based on the units per month)
- Enter Start Date and End Date: (You can request up to 365 Days)
- Click Save & Continue



The screenshot shows a 'Service Details' window with the following elements:

- Radio button selection:
 - T1019 Personal Care for a non-RCF Beneficiary, per 15 minutes
 - T1020 Personal Care in an RCF or ALF
- 'Select modifier:' label above a dropdown menu.
- Dropdown menu list:
 - Modifiers
 - 1 - 100 (U1)
 - 101 - 119 (U2)
 - 120 - 139 (U3)
 - 140 - 158 (U4)
 - 159 - 177 (U5)
 - 178 - 196 (U6)
 - 197 - 216 (U7)
 - 217 - 235 (U8)
 - 236 - 255 (U9)
 - 256 (UA)
- 'End Date' text input field with a calendar icon.
- 'SAVE & CONTINUE' button.

The System will separate the line items by month, if you need to change the total # of units a month you can edit that field.

Do NOT delete any of the line items



Primary	Procedure	Start Date/End Date	Units	Total Units	Remove
<input type="radio"/>	T1019-U4 SEP - Personal Care for a Beneficiary Under 21, provided by a school district or education service cooperative, per 15 minutes (requires prior authorization).	09-15-2020 09-30-2020	500 Unit v Per Month v for 1 Month	500	X
<input type="radio"/>	T1019-U4 OCT - Personal Care for a Beneficiary Under 21, provided by a school district or education service cooperative, per 15 minutes (requires prior authorization).	10-01-2020 10-31-2020	500 Unit v Per Month v for 1 Month	500	X
<input type="radio"/>	T1019-U4 NOV - Personal Care for a Beneficiary Under 21, provided by a school district or education service cooperative, per 15 minutes (requires prior authorization).	11-01-2020 11-30-2020	500 Unit v Per Month v for 1 Month	500	X
<input type="radio"/>	T1019-U4 DEC - Personal Care for a Beneficiary Under 21, provided by a school district or education service cooperative, per 15 minutes (requires prior authorization).	12-01-2020 12-31-2020	500 Unit v Per Month v for 1 Month	500	X

➤ **Attachments: Click Browse Supporting Documentation:**

- DMS 618 or Service Plan
- Evaluating RN or Facility Administrator must sign and date DMS 618 or Service Plan
- Beneficiary Guardian must sign and date DMS 618 or Service Plan
- Care plan dates must be current
- Current Diagnosis
- Functional Status

➤ **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

✓ DMS-618.doc

Notes

Finalize

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

Once you click Submit the system will generate a Case Number

Finalize

Case Number: 1621385

Case Status: In Progress

Request Date: 02/18/2021

[Create Fax Cover Sheet](#)

[Create New Auth for Current Patient](#)

[Return to Dashboard](#)

DEMOGRAPHICS

Member Name Test, Child

Member Number 456456456

Date of Birth 01/01/2010

OUTPATIENT REQUEST

Requesting Provider Test Provider
Unknown Physician Specialty

Servicing Provider Test Provider
PO BOX 405827
ATLANTA, GA 303845827

Place of Service 03 School

Requested Dates 09/15/2020 to 12/31/2020

DIAGNOSES

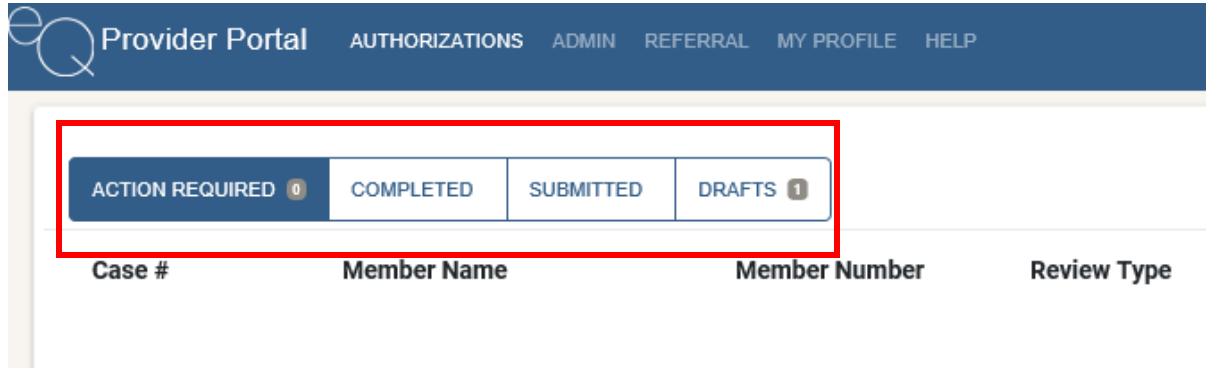
G809 Cerebral Palsy, Unspecified(*Primary Diagnosis*)

REQUESTED PROCEDURES

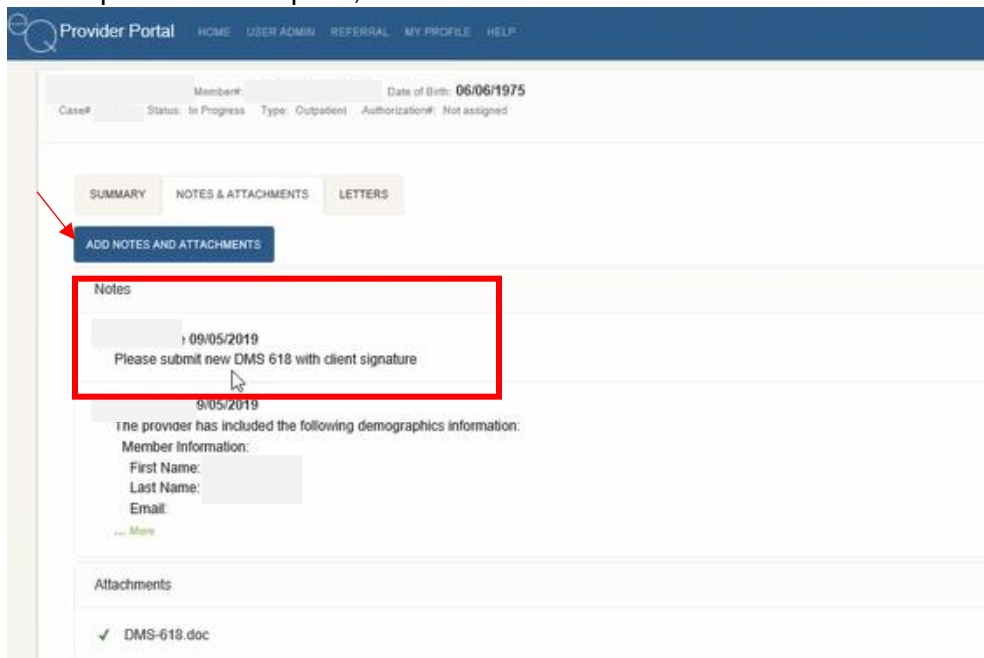
T1019-U4 SEP **Personal Care for a Beneficiary Under 21, provided by a school district or education service cooperative, per 15 minutes (requires prior authorization).**



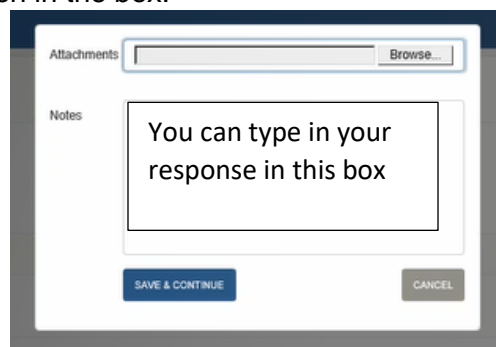
Dashboard Tabs



- **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 can upload additional documentation by clicking on the “Browse” button or you can type additional information in the box.





- **Completed:**
 - Once a case has a determination (Certified/Denied/Cancelled) it will move to the completed tab.
 - Click on the Case and you will be able to view the outcome with details
 - You can view the outcome letter on the “Letters” tab

Test, Child Member#: 456456456 Date of Birth: 01/01/2010
Case#: 1621385 Status: In Progress Type: Outpatient Authorization#: Not assigned Request Date: 02/18/2021 Procedure Date: 09/15/2020 Retroactive Case History -

SUMMARY NOTES & ATTACHMENTS **LETTERS** ACTIONS

OUTPATIENT REQUEST

Requesting Provider	Test Provider Unknown Physician Specialty
Servicing Provider	Test Provider PO BOX 405827 ATLANTA, GA 303845827
Place of Service	03 School
Requested Dates	09/15/2020 to 12/31/2020

DIAGNOSES

G809	Cerebral Palsy, Unspecified(Primary Diagnosis)
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REQUESTED PROCEDURES

T1019-U4 DEC	Personal Care for a Beneficiary Under 21, provided by a school district or education service cooperative, per 15 minutes (requires prior authorization). 500 Unit Per Month For 1 Month(s) Total: 500 Unit(s) Begin Date: 12/01/2020 End Date: 12/31/2020
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- **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

eQ Provider Portal AUTHORIZATIONS ADMIN REFERRAL MY PROFILE HELP

ACTION REQUIRED 0 COMPLETED SUBMITTED DRAFTS 1

- **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 if you are the administrator.
 - “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*

Username*

Practices

Practice	Administrator
<input 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”

User Info ✓
User Information

Demographics X
User Demographics

First Name*

Last Name*

Address 1*

Address 2

City*

State*

Zip*

Phone*

PREVIOUS RESET **CREATE** NEXT

➤ **Referral**

- You can view the status of assessment referral requests sent to Optum

➤ **My Profile**

- You can change your email address and password.



Email*

Username*

Practices

Password [Change 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. [\(Click Here\)](#)

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

ACTION REQUIRED 5 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](#)

➤ **Actions**

- Create Fax Coversheet
Each case creates a unique fax coversheet
- Print Summary Page
- Create New Request
- Request Extension

PCS requests have yearly renewals that are loaded into eQSuite in the Drafts Tab

- Request Cancellation
- Request Reconsideration

If a case is partially certified or denied you can request a reconsideration

