Personal Care Services
Under 21

2021

Overview of eQSuite®

- 24/7 accessibility to submit review requests
- A helpline module for Providers to submit queries and requests
- Electronic Referrals to Optum for Independent Assessments
- Secure transmission protocols that are HIPAA security compliant
- System access control for changing or adding authorized users.
- Electronic submission and Provider Alerts

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How to register for eQSuite®
New Users:

Click on the registration link to fill out electronic registration form:

Check your email for a confirmation email, and follow instructions in the email to activate your new Provider Portal account.

eQSuite® Administrator

- The initial person who registers with a Provider Medicaid ID will be assigned as the Account Administrator.

- Administrator's 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 Provider Medicaid IDs 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 Medicaid ID used must be the correct Provider Medicaid ID for the claims associated with that Provider Type

Provider Resources

- [AR eQHealth Website](#)

- Sign up for our Upcoming Webinar Trainings
  [Registration Links](#)

- Education Resources
  [PCS Training Material](#)

- Medicaid Provider Manual
  [PCS Provider Manual](#)

PCS Description of Services

PCS	Description
T1019	Personal Care for a non-RCF Beneficiary Aged under 21, per 15 min
T1019 – U4	Personal Care for school/cooperative based Beneficiary, Aged under 21, per 15 minutes
T1019 – U5	Personal Care for a Beneficiary Aged 16+, on the jobsite, per 15 minutes
T1020	Personal Care in a Residential Care Facility or Assisted Living Facility

Review Completion Times

Prior Authorization	Review Turn Around Time
PA with current assessment	Within 9 Business days
PA without current assessment	Within 9 business days AFTER Optum Assessment has been completed.
PA Reconsideration	Within 30 business days AFTER all documentation has been received

Required Documentation

✓Personal Care Service Plan
✓Care plan dates must be current
✓Current Diagnosis
✓Functional Status
✓Facility Supervisor or nurse must sign and date
✓Beneficiary or Guardian must sign and date

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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
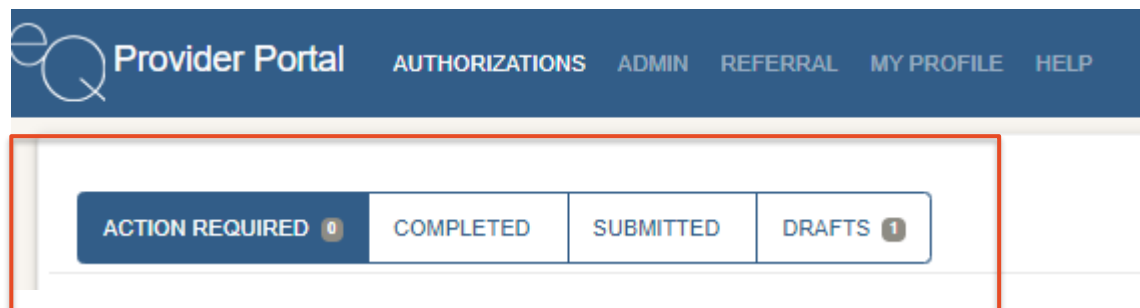
> **Action Required** – PAs that have been pended to the provider for additional documentation or information.

> **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 has been approved in total

➢ Partially Certified: PA was approved for only appropriate dates and units

➢ Not Certified: PA was denied (i.e. line items entered incorrectly, missing documentation)

➢ Cancelled: Usually at the request of the provider

➢ Action Required: Reviewer 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
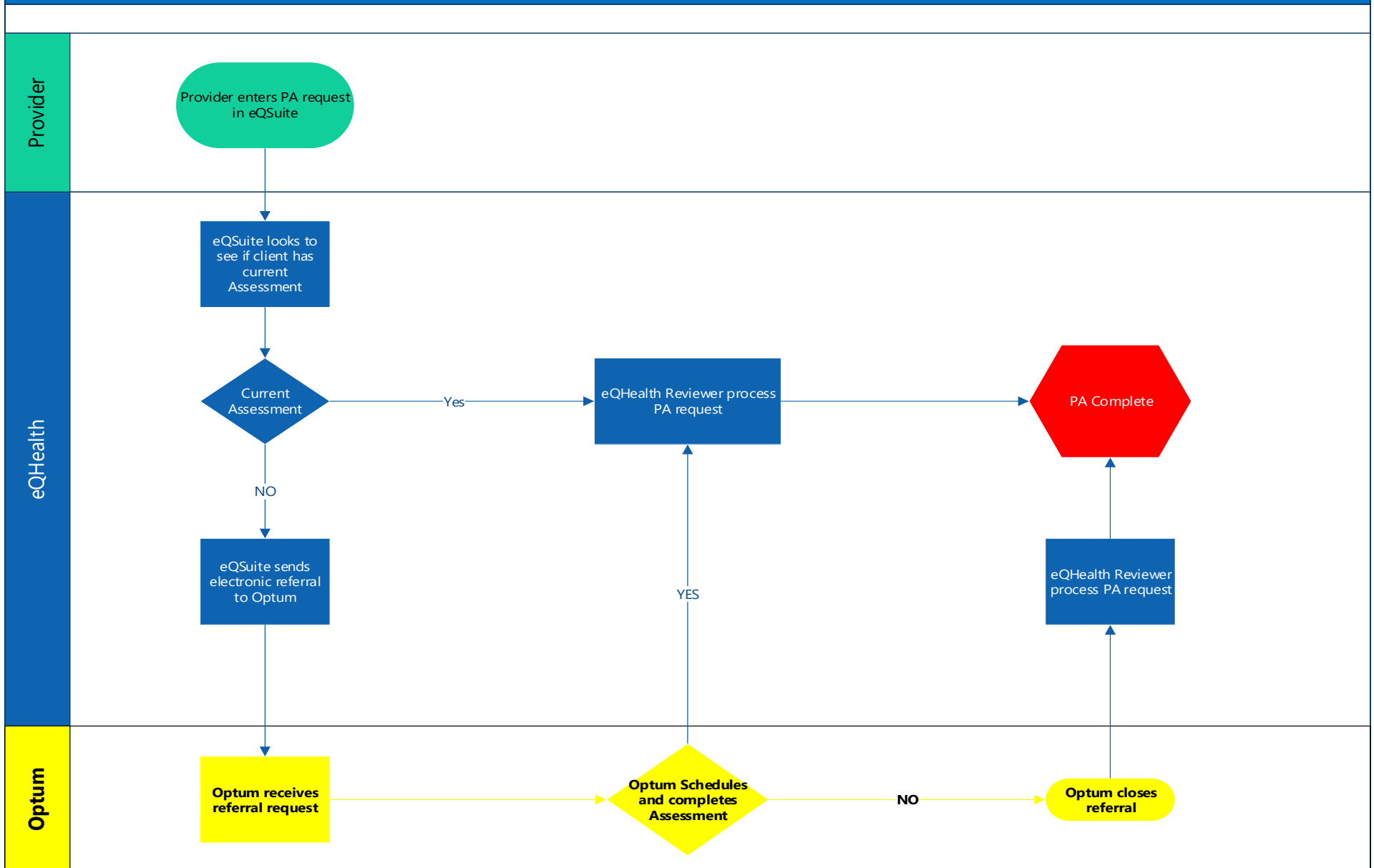 eQHealth authorization numbers begin with 'V', such as V0123456789

Reconsiderations and Appeals

➢ Partially certified and Not Certified cases can request a reconsideration with updated documentation to support reconsideration request, if the determination was due to lack of supporting documentation.

➢ Cases that are Partially Certified or Not Certified due to an expired assessment or no assessment on file will need a new PA submitted, in order to generate a referral for an assessment.

➢ Clients currently receiving services who receive Tier 0 assessment results can request services continue during the appeal process. New applicants or new assessments do not qualify for continued services or temporary PAs.

➢ Tier determination appeals can be made by the provider in writing to: Arkansas Department of Health Medicaid Provider Appeals Office, 4815 West Markham St., Slot 31, Little Rock, AR, 72205.

Role of eQHealth vs. Optum

eQHealth Solutions	Optum
Receive PA request	Receive referral request
Contact Optum to see if assessment is current	Contact beneficiary/guardian to schedule assessment
Send referral for assessment to Optum, if needed	Perform assessment
Receive assessment results from Optum	Assign a tier based on the assessment
Process PA accordingly, Applying Task & Hours tool as needed	Upload assessment results to system

Optum Referral Process

Provider

Provider enters PA request in eQSuite

eQHealth

eQSuite looks to see if client has current Assessment

Current Assessment

— Yes → eQHealth Reviewer process PA request → PA Complete

NO ↓

eQSuite sends electronic referral to Optum

YES ↑

eQHealth Reviewer process PA request ↑

Optum

Optum receives referral request → Optum Schedules and completes Assessment — NO → Optum closes referral

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Optum Assessment Referral Process

➢ To trigger an Optum referral, the provider will need to submit a new PA request. *Do NOT use the "Referral" button, as this will not submit a referral request for you*

➢ If the beneficiary needs an Optum assessment, the PA request will trigger a referral for assessment

➢ Once Optum receives the referral for assessment, they will initiate contact with the beneficiary, in order to schedule the appointment. *Please make sure your clients/guardians are answering the phone number you provided*

➢ The beneficiary or their guardian can contact Optum at 844-809-9538 to schedule their appointment.

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Reasons why Assessments don't Occur

➢ Optum called the number on file for the beneficiary and were unable to reach them.

➢ Optum was able to reach the beneficiary but was unable to verify they were speaking to the beneficiary, for HIPAA purposes.

➢ Optum assessor showed up for the assessment and was unable to complete the assessment

➢ Beneficiary and/or guardian called and cancelled the appointment

➢ Beneficiary refused the assessment

➢ Optum assessor or beneficiary had to request to reschedule the assessment, due to last minute conflict of scheduling.

How is a Repeat Referral Submitted?

➢ If Optum has not completed the process of closing the referral, it is possible that Optum will still schedule the assessment, without closing it out. Call 844-809-9538, to find out.

➢ If Optum states that "a new referral is needed," the provider will need to submit a new PA request, which will trigger the new assessment referral.

➢ If you have questions regarding your referral request or a status of a prior authorization request, that you are unable to answer through a status check on the portal, please contact our Intake Team at 888-660-3831 or submit a help ticket.

Renewals

➤ Renewals can be found in the provider portal, under the "DRAFTS" tab, no sooner than 90 days prior to the existing assessment expiration date.

➤ If there are items in your "drafts" tab that you do not recognize or do not remember saving as a draft, please check to see if it is a renewal.
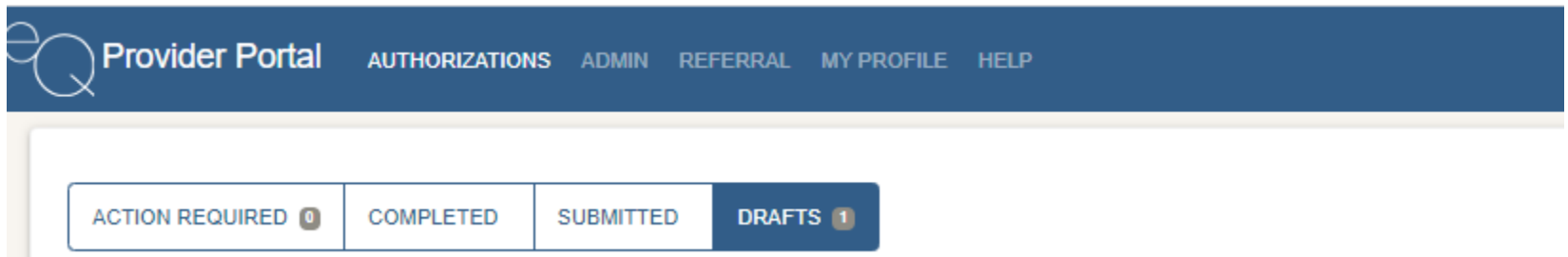
Finding Assessment Status on the Portal
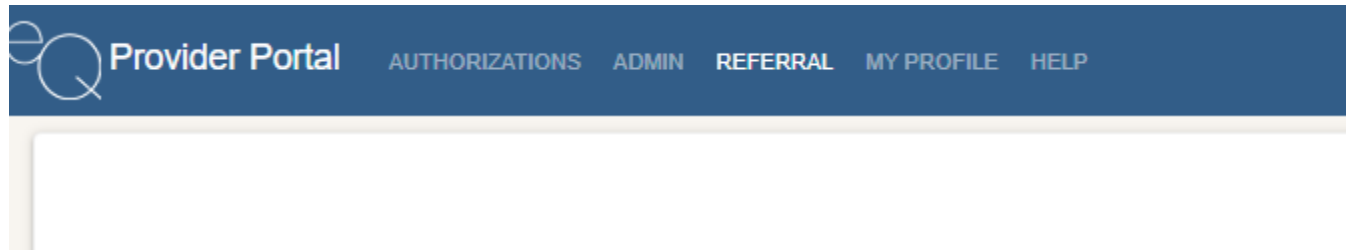
> You can locate the status of your existing Optum Assessment requests, by clicking on "REFFERAL" at the top of your portal.

> Beneficiaries are listed by name, Medicaid ID, eQ Case number, Request date, Transmission Status, Transmission date, Process Completion date, and your Practice ID number.

| ◂ FILTERS | NEW REQUEST | EXPORT TO EXCEL |

Member Name	Member Number	Case Number	Request Date	Transmission S...	Transmission D...	Process Compl...	Practice

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Personal Care and Covid-19

During this time of crisis, we would like to help you continue services for your beneficiaries. We will need you to continue to submit your requests as normal, so that we can process them according to our directives from DHS, and so Optum can perform their assessments in a timely manner. Please see below for some helpful information for PCS and COVID-19.

➢ If your PA expires when you are still providing services, we will need you to submit a new PA request so we may determine whether services will be certified (according to the DHS directive during the COVID-19 crisis).

➢ Regardless of whether the PA is being requested for a continuing or new beneficiary or for a provider change, we will still need the DMS-618 and/or service plan.

➢ **If the beneficiary is new to PCS and/or new to the provider, a beneficiary signature is required on the DMS-618, service plan, or Freedom of Choice form in order for us to process your request.**

➢ If this PA is a continuation of existing services, COVID-19 suspensions allow for the previous DMS-618 and/or service plan to be submitted, or the DMS-618 and/or service plan may be submitted without the beneficiary signature. Currently, PAs using previous or unsigned DMS-618 and/or service plans are receiving determinations through the expiration of the state of emergency, as determined by the Governor.

➢ If you have submitted a new PA, for a beneficiary with a previous Tier 1 assessment, and are waiting on a renewal Independent Assessment from Optum, you can request a temporary extension on your new PA by submitting a help ticket. In this ticket, please state the PA or case number and that you need an extension due to the delay in an Optum Assessment.

Provider Change Requests

Provider 2:

➢ Submit your PA to us, as normal, with a DMS-618 and/or Service Plan, with Freedom of Choice signed and dated by the beneficiary.

Provider 1:

➢ Your PA will be assigned an end date.

➢ You will receive the following communication from eQHS:

    ➢ "Change of provider request/notification has been received for this beneficiary. This PA has been modified to reflect an end date of (_____). If it is determined that this beneficiary wishes to continue services with this provider, a new PA request and new freedom of choice form signed and dated by the beneficiary is required to be submitted for review."

➢ If the client is not leaving your facility and your services need to continue, you will need to submit a new PA request to our portal, with an updated and signed Freedom of Choice

➢ If you do not provide us with a new PA and updated/signed Freedom of Choice, the PA submitted by Provider 2 will stand.

Dashboard-Help

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.

Submitting a Help Ticket

When submitting a Help Ticket, you will click on "AR Portal Support Form" and a new tab will generate.

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)

Questions?

eQHealth Resources

Phone: 888-660-3831
Fax: 855-997-3707
(*General inquiries/questions/status updates*)

Provider Website:
http://ar.eqhs.com/
(*Provider Forms/Education and Training Material*)

Provider Outreach Email:
AR.PR@EQHS.COM
(*Provider Education/Training Assistance*)