Home Health Services

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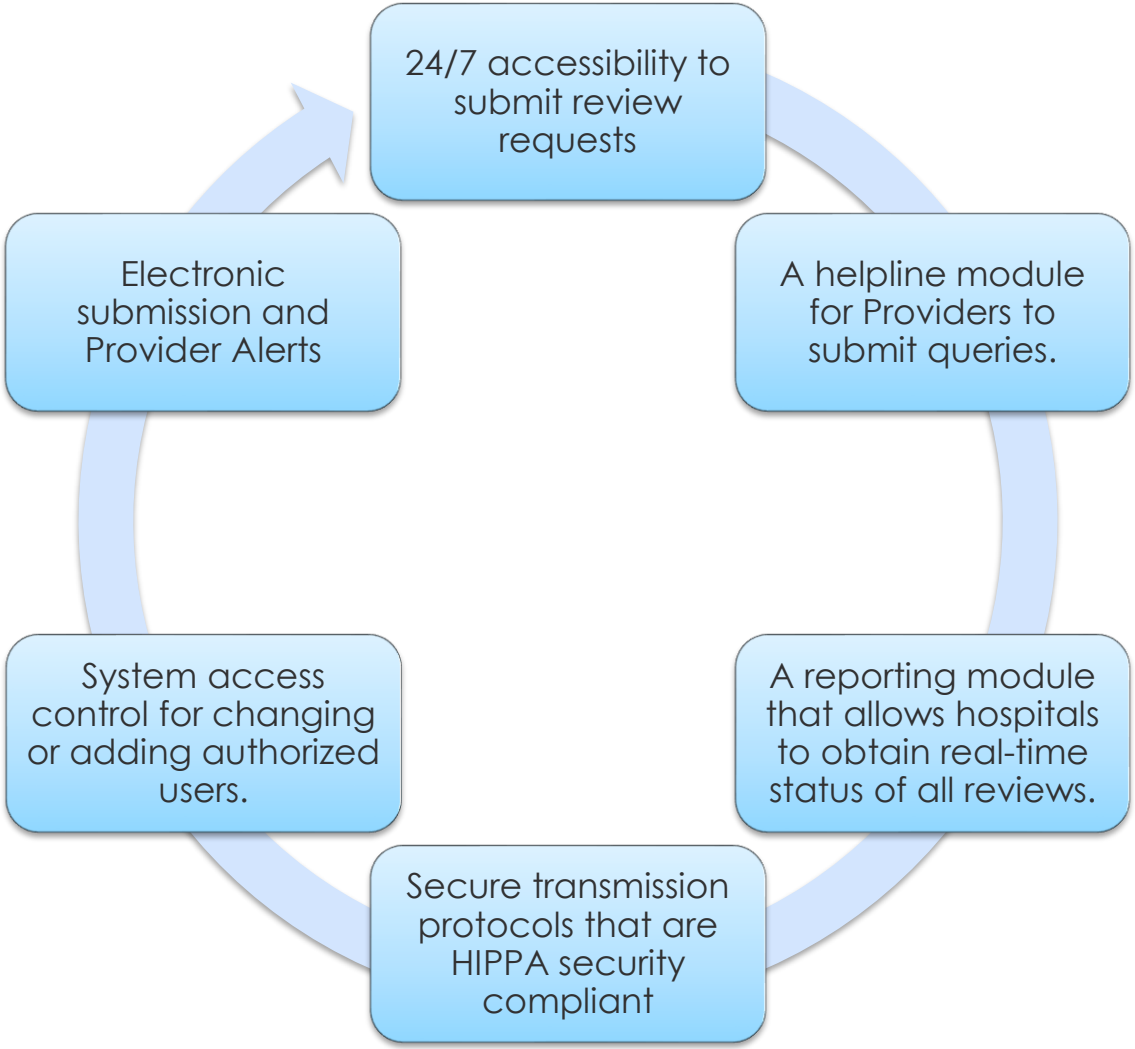
Overview of eQsuite®



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How to access eQsuite®

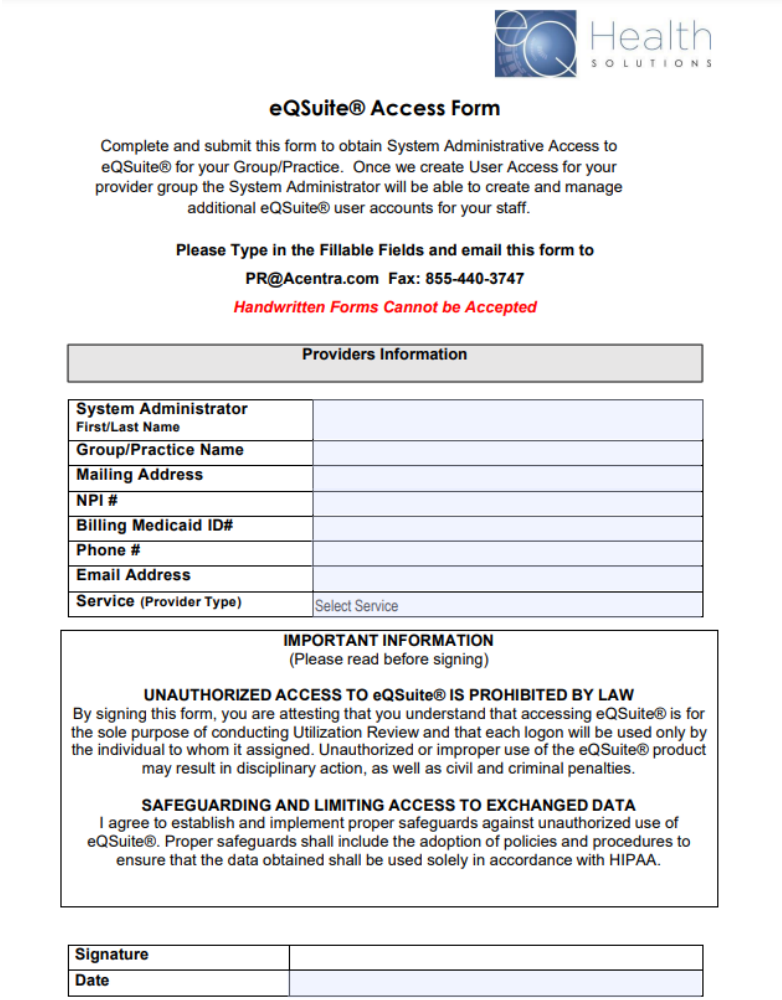
New Users:

You will need to complete and submit an access form.

(Once received and entered you will receive an email confirmation with your user name and password)

System Administrator:

- ✓ The person assigned will be responsible keeping all user accounts updated. *(Email address/phone numbers etc.)*
- ✓ You will have the ability to create additional User Accounts.
- ✓ Keeping all users informed of any updates or notifications sent from eQHealth.



Health SOLUTIONS

eQSuite® Access Form

Complete and submit this form to obtain System Administrative Access to eQSuite® for your Group/Practice. Once we create User Access for your provider group the System Administrator will be able to create and manage additional eQSuite® user accounts for your staff.

Please Type in the Fillable Fields and email this form to

PR@Acentra.com Fax: 855-440-3747

Handwritten Forms Cannot be Accepted

Providers Information	
System Administrator First/Last Name	
Group/Practice Name	
Mailing Address	
NPI #	
Billing Medicaid ID#	
Phone #	
Email Address	
Service (Provider Type)	Select Service

IMPORTANT INFORMATION
(Please read before signing)

UNAUTHORIZED ACCESS TO eQSuite® IS PROHIBITED BY LAW
By signing this form, you are attesting that you understand that accessing eQSuite® is for the sole purpose of conducting Utilization Review and that each logon will be used only by the individual to whom it assigned. Unauthorized or improper use of the eQSuite® product may result in disciplinary action, as well as civil and criminal penalties.

SAFEGUARDING AND LIMITING ACCESS TO EXCHANGED DATA
I agree to establish and implement proper safeguards against unauthorized use of eQSuite®. Proper safeguards shall include the adoption of policies and procedures to ensure that the data obtained shall be used solely in accordance with HIPAA.

Signature	
Date	

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Provider Resources

- Forms & Downloads
  Home Health Forms
- Education Resources on our provider portal
  Home Health Training Material
- Updated FL Medicaid Coverage Policy
  FL Medicaid Home Health Policy

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Reminders

If the recipient was receiving services and received authorization through a managed care plan and now they have straight Medicaid. This needs to be entered as an Admission in eQsuite.

(There is not an automatic authorization for continued services)

If you are requesting a continuation of services, you need to submit a current POC signed by the physician.

Reminder to keep recipient's information current and up to date

(i.e. Phone # and address)

Please reference the FL Medicaid Home Health Services Coverage Policy for all Service specific information.

FL Medicaid HH Coverage Policy (Click Here)

Home Health Services must be authorized prior to rendering services. Providers can request up to 60 days period.

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Make sure to select the correct service

1) Choose the correct service type **"Home Health"**
2) Continue to select your appropriate review type

- **Admission:** New Request
- **Continued Stay:** A continuation of service
  (Must enter an eQHealth case # or PA#)
- **Retrospective:** If the dates of service have already passed
  (Retroactive Eligibility)
- **Modify Auth:** If you need to make changes to an existing authorization (Increase # visits)

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Review Completion Timeframes

Code	Modifier	Modifier	Description
T1030			RN Visit
T1030	GY		RN Visit to dually-eligible recipient
T1031			LPN Visits
T1031	GY		LPN visits to Dually-eligible recipient
T1021	TD		Home Health aide (HHA) visit- associated with skilled nursing services
T1021	TD	GY	Home health aide (HHA) visit-associated with skilled nursing services to dually-eligible recipient.
T1021			Home health aide (HHA) visit-unassociated with skilled nursing services.
T1021	GY		Home health aide (HHA) visit-unassociated with skilled nursing services to dually-eligible recipient.

Prior Authorization	1st Level Review	2nd Level Review (Physician Reviewer)
Initial Admission or Continued Stay with out home visit **Initial Admission or Continued Stay with home visit**	•Within 2 Business days •Within 6 business days Note: Continuation of services submit no more than 14 days prior to	Within 2 Business days
Retrospective Requests (Applies to Retroactive Medicaid Eligibility)	•Within 20 business days	

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Review Status

Review Status Determinations

- PEND: Additional information is being requested
- 1st Level Review: The review is currently being reviewed
- 2nd Level Review: If medical necessity cannot be made at 1st level review gets referred to a physician reviewer
- Cancel: Duplicative Service or line items not entered correctly, No Medicaid eligibility
- Technical Denial: Untimely Submission

Pended Reviews

- Please make sure to review the pend completely. There may be more than one item that is being requested failure to respond to the entire request will result in additional pend. This delays the om the reviewer, review and delays the recipient getting service.

Modifications

- You can only submit a modification on an approved review. Upon submission, please provide an explanation for the change. You can document this information in the Clinical Summary tab.

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Denials/Reconsiderations

Denial	Partial Denial	Technical Denial
• The physician reviewer may render a (full) medical necessity denial of one or more service line items.	• When a partial denial is rendered, some of the services are approved and some are denied. Therefore, there is not a complete denial of the services. This adverse determination may involve a denial of the number of units requested, the frequency and/or the duration of the service.	• Please note all PCS requests must be submitted as Prior Authorization. If you are submitting a request for dates of service that have already passed this may result in a Technical Denial. • The request must be submitted with all required documentation. **NOTE:** If the recipient has retroactive eligibility, please indicate this information in the Summary Clinical Tab

Reconsideration an Fair Hearing Rights

➢Partial and full denials have reconsideration and Fair Hearing Rights. Recipients or their parent/legal guardian need to be made aware of this process. There are time limitations for the requests outlined in the denial letter.

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Required Documentation

Documentation	Required with each admission review request. Acceptable documents:
Physician monitoring evidence	✓ Hospital discharge summary (for request following and inpatient stay) ✓ Current H&P examination. ✓ Physician office visit progress note dated within the preceding 30 days. ✓ AHCA's Physician Visit Documentation Form.
Parent/guardian work schedule (Home Health Aide Services)	✓ Required for admission review when the recipient's parent(s) or guardian works.
Parent/guardian school schedule (Home Health Aide Services)	✓ Required for admission review when the recipient's parent(s) or guardian attends school.
Parent/guardian limitations (Home Health Aide Services)	✓ Required for admission review when the recipient's parent(s) or guardian has medical limitations or disabilities.

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Required Documentation

Documentation	
Plan of Care (POC)	✓ Required with each admission (initial authorization) review request. ✓ Use AHCA's Personal Care Services Plan of Care form. ✓ Must be developed prior to requesting prior authorization. ✓ Must be signed and dated by the ordering physician.
Physician Order For Services	✓ Required with each admission review request. ✓ Must be a separate document. ✓ Must be signed and dated by the ordering physician before or on the date of the plan of care and prior to requesting authorization.
Nursing Assessment	✓ Must be signed and dated by the individual who performed the assessment. ✓ For recipients age 18 and older, the OASIS is acceptable

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Requesting Services

Prior to submitting any documentation, please make sure you have the following.

- Up to date plan of care

  POC and RX need to match
- Current RX from MD

  Needs to include duration & signature
- Physician Monitoring Evidence
- Line Items entered must match POC and RX
- Home Health Services are entered for visits not hours.

  The FL Medicaid Policy 1 visit is up to 2 hours of services.

Units/Visit-

Defaulted to "1" you cannot change this

Visits/Period-

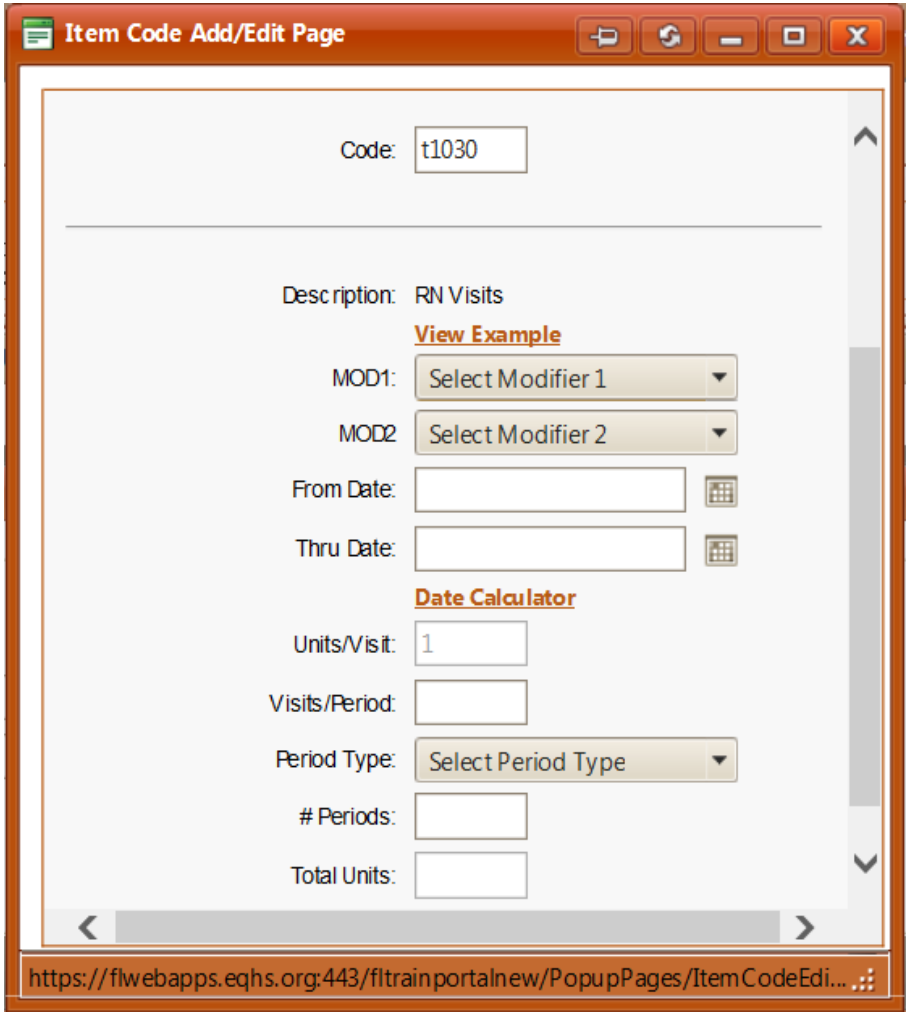
How many visits per week

Period Type-

Week

 # Periods-

How many weeks within the from/thru date you entered



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LIVE DEMONSTRATION

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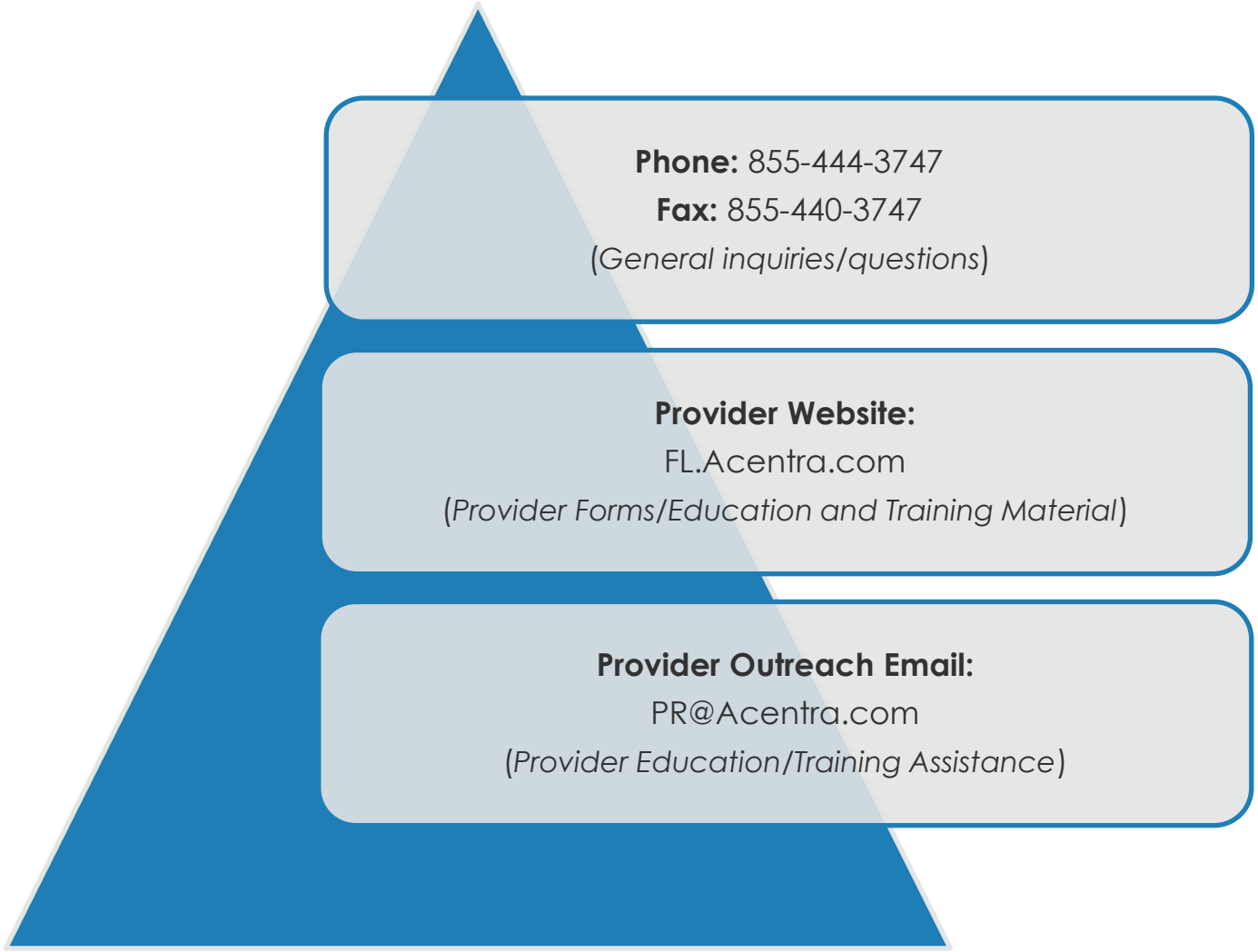
eQHealth Resources



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