

# MMIS Annual Billing Workshop

## *eQHealth Solutions*

### *Scope of Services 2021*

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Director of Clinical Operations*

# eQHealth Solutions, Inc.

- Founded in 1986 – Baton Rouge, LA
- Population health management and healthcare IT solutions company
- Healthcare quality improvement, utilization management and health information technology organization
- Six member Board of Directors
- Serving the Medicare and Medicaid population in Louisiana, Mississippi, Illinois, Colorado and Arkansas.
- eQsuite® medical management services goal is to oversee and ensure the quality of the relevant care while promoting appropriate utilization of medical services by reducing costs and using plan resources.

# Scope of Services

- Division of Youth Services: Alexander Unit
- Division of Family Services: Foster Care
- Applied Behavioral Analysis (ABA) and Day Habilitation
- ADDT/EIDT: Nursing Services
- Behavioral Health
  - Outpatient Services
  - Inpatient Services: Under 21 Psychiatric Acute
- Personal Care Services
  - Over 21
  - Under 21
- PT/OT/SLP Therapy Services – more than 90 min per week
  - Clinic Based and School Based Services
- Retrospective Reviews – Behavioral Health and Therapy Services

# Division Of Youth Services: Alexander Unit

eQ Health Solutions provides Arkansas Licensed Mental Health Professionals who are embedded at the Juvenile Assessment and Treatment Center in Alexander.

Our Qualified Professionals assist with treatment planning and focused discharge coordination for youth in state custody residing within this facility in addition to Physician Support.

# Division Of Family Services: Foster Care

The Family First Prevention Services Act emphasizes the importance of children growing up in families and helps ensure children are placed in the least restrictive, most family-like setting appropriate to their special needs while in Foster Care.

The Child and Adolescent Needs and Strengths (CANS) Assessment is a comprehensive trauma-informed behavioral health evaluation and communication tool. This tool is used to help determine eligibility for placement into a Qualified Residential Treatment Program (QRTP).

eQHealth Solutions provides the Arkansas Licensed Mental Health Professionals who complete the CANS Assessment in addition to Physician Support.

# Applied Behavior Analysis (ABA)

- ABA consists of two review submissions
  - ABA Diagnosis Assessment
  - ABA Treatment Plan
- The Diagnosis Assessment review and the Treatment plan review must be submitted separately
- The Diagnosis Assessment review request must be approved BEFORE submitting the Treatment Plan review request.
- Review completion times for ABA is 9 days after the request is submitted to eQHealth with appropriate documentation for each type of review

# Day Habilitative Services

- eQHealth began processing prior authorization requests for Day Habilitative Services under EPSDT, for Medicaid beneficiaries under 21, on August 1, 2019, and implemented live submissions to the eQSuite Portal, on February 13, 2020.
- Effective March 6, 2020 all PA requests must be processed through the eQSuite Portal.
- Upon review completion, you will receive a determination letter with a Prior Authorization number if services were certified.
  - Suggested Documents
    - DMS-693 and EPSDT visit from PCP
    - Relevant Social and Medical History
    - Developmental Assessment results with z-scores.
      - Ex: Battelle Developmental Inventory II, Early Learning Accomplishment Profile, or Vineland Adaptive Behavior Scales
    - Therapy evaluations, if done

# ADDT/EIDT: Nursing Services

- eQHealth Solutions is responsible for evaluating the appropriateness and medical necessity of ADDT and EIDT Nursing Services under the direction of Arkansas Medicaid Program and the Division of Developmental Disabilities Services.
- The EIDT Program requires Prior Authorization for over one (1) hour per day of covered EIDT nursing services.

<b>Procedure Code</b>	<b>Required Modifier</b>	<b>Description</b>
T1002	U6, UB	Nursing Services by RN 1 unit equals 5 minutes; must be prior authorized
T1003	U6, UB	Nursing Services by LPN 1 unit equals 5 minutes; must be prior authorized



# Outpatient Behavioral Health

- Provider types 19, 26, 91
- Service Categories
  - Outpatient Behavioral Health Services (OBHS)
  - Infant Mental Health (IMH)
  - Adult Behavioral Health Services For Community Independence (ABHSCI)
  - School Based Mental Health (SBMH)
    - School-based services provided by school employees are excluded from the PASSE. eQHealth Solutions processes the authorization for School Based Services, without regard to Assessment Tier and PASSE Assignment
- Service benefits are based on the state fiscal year, July 1 to June 30

# Inpatient Behavioral Health Acute Admission

- Provider type 25
- PA must be submitted within two business days of admission
- Procedure Code: 0114 – Inpatient Psychiatric Hospital Only
- Documentation Required:
  - Certification of Need (CON) must be submitted with PA request
  - Beneficiary's name, DOB, county of residence, and gender
  - Beneficiary's Medicaid ID number or Social Security Number
  - Facility name, Provider ID number, and date of admission
  - DSM-V diagnosis (Axis I and V are required, remaining Axes as appropriate)
  - A description of the initial treatment plan relating to the admitting symptoms
  - Current symptoms requiring inpatient treatment
  - Medication history
  - Prior inpatient treatment
  - Prior outpatient or alternative treatment
  - Parent(s) or legal guardian(s) name, address, and telephone number if available

# Personal Care Services – Ages Under 21

School-based services provided by school employees are excluded from the PASSE. eQHealth Solutions processes the authorization for School Based services, without regard to Assessment Tier and PASSE Assignment

## 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

# Personal Care Services – Ages 21 and over

eQHealth reviews and processes Personal Care prior authorization requests for Medicaid beneficiaries who are not in a PASSE.

## Description of Services

PCS	Description
T1019-U3	Personal Care for a non-RCF Beneficiary Aged 21 or Older, per 15 min
T1020	Personal Care in an RCF or ALF

## 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

# PT/OT/SLP Therapy Services

- eQHealth provides utilization and quality control peer review for ST/OT/PT for Medicaid beneficiaries receiving more than 90 minutes per week of services
  - Clinic Based
  - School Based
- Prior Authorization requests are processed within 72 hours of receipt of complete documentation clearly establishing medical necessity
- All reviews are conducted by a licensed occupational, speech or physical therapist.

# Clinic Based Therapies

- Provider type 21, 42
- PAs cannot exceed 52 weeks, A new PA is required each year

## Required Documentation:

- DMS-640

  - Must contain an appropriate Dx and the date the child was last seen

  - Must be signed and dated by MD

  - Start and end dates of the PA request must align with the DMS-640

  - All appropriate lines/spaces must be completed

- Current evaluation

  - Must be dated and signed by a therapist, within the last 12 months

- Current Plan of Treatment with goals

  - Must be signed and dated by a therapist within the last 12 months

  - Must include short term and functional goals, and preferably a long-term goal

# School Based Therapies

- Provider type 43
- PAs cannot exceed the school year. A new PA is required each school year

## Required Documentation:

- DMS-640, including the designation “for the school year of 20\_\_ -20\_\_  
Must contain an appropriate Dx and the date the child was last seen  
Must be signed and dated by MD
- Current IEP  
pages 1 & 2, goals, signature page, and schedule of services
- Evaluation  
Current Evaluation required every 3 years  
Annual Review required yearly, when no evaluation is performed
- Current Plan of Treatment with goals  
necessary if/when PT or OT services/goals are not incorporated into the IEP

# Retrospective Reviews

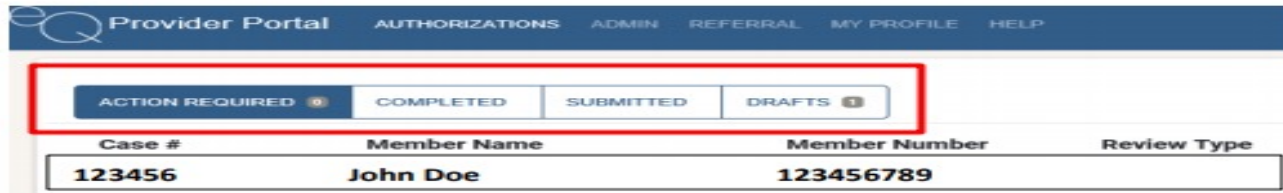
- eQHealth began Retrospective Reviews for the 3<sup>rd</sup> Quarter of 2018 for Behavioral Health and Therapy
- Letters are both mailed and uploaded to the portal for provider notification. This request for documentation can be found in the 'action required' tab of the provider portal
- A list of required documentation for each service can be found on under the Quality Review tab on our website [ar.eqhs.com](http://ar.eqhs.com)
- Providers have 30 days to submit required documentation via the provider portal



# How to view and process a Quality Review/Retrospective Audit

When you log into eQSuite® your screen will be defaulted to your Dashboard Tabs

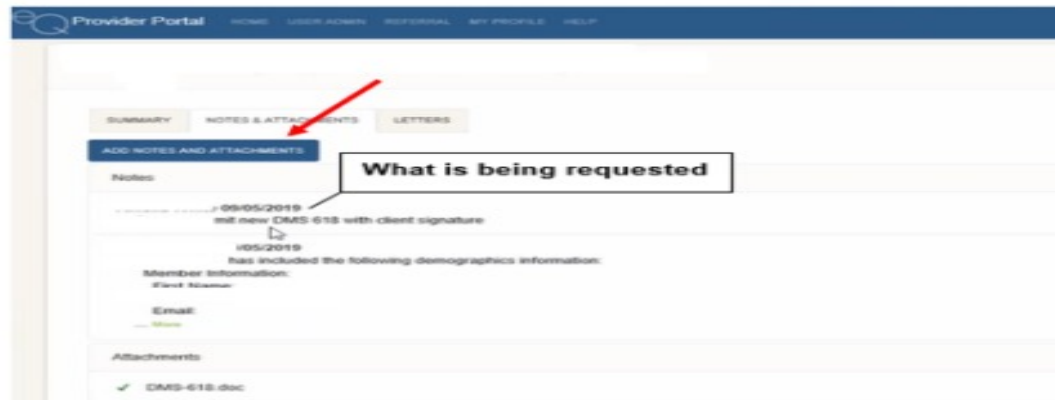
- You will want to click on the "Action Required" Tab
- Once you click on the case, it will default to the "Notes and Attachments" Tab.
- You will be able to view what is being requested from the clinical team
- To respond to the request, click on "Add Notes and Attachments". A box will generate for you to add your comments and upload your documentation. Then click "Save and Continue"
- Once the documentation is submitted the review completion timeframe is 45 Calendar Days.



Provider Portal AUTHORIZATIONS ADMIN REFERRAL MY PROFILE HELP

**ACTION REQUIRED** 0 COMPLETED SUBMITTED DRAFTS 1

Case #	Member Name	Member Number	Review Type
123456	John Doe	123456789	



Provider Portal HOME USER ADMIN REFERRAL MY PROFILE HELP

SUMMARY NOTES & ATTACHMENTS LETTERS

**ADD NOTES AND ATTACHMENTS**

Notes

09/05/2019  
ml new DMS-618 with client signature

10/5/2019  
has included the following demographics information:

Member Information:  
First Name:  
Email:

Attachments

✓ DMS-618.doc

**What is being requested**

# Provider Resources

- AR eQHealth Website

<https://ar.eqhs.com>

- **Sign up for our Upcoming Webinar Trainings**

<https://ar.eqhs.com/Provider-Education-Resources/Register-for-a-Webinar>

- Education Resources

<https://ar.eqhs.com/Provider-Education-Resources/Webinar-Power-Point-Trainings>

<https://ar.eqhs.com/Provider-Education-Resources/Video-Tutorials>

<https://ar.eqhs.com/Provider-Education-Resources/Provider-User-Guides>

<https://ar.eqhs.com/Provider-Bulletins>

- Contact Us

<https://ar.eqhs.com/Contact-Us>

# 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](mailto:AR.PR@EQHS.COM)

*(Provider Education/Training Assistance)*