

eQHealth/Kepro

*FSP Coordinator Training
Residential Prior Authorization Requests
and Residential Placement*



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FSP SASS/FSP Provider Training

- **eQHealth/Kepro's Role in FSP Utilization Review**
- **FSP Coordinator Responsibilities**
- **Prior Authorization for Residential Treatment**
 - Submitting Requests
- **eQHealth Review Process**
 - Required Documents
 - Clinical Criteria for Determining Medical Necessity
 - 1st and 2nd Level Review
 - Review Outcomes
 - Reconsideration Process
- **Welcome to eQSuite - Online Prior Authorization Requests for Residential Treatment**
 - Logging into FSP Web Portal
 - Create New Review
 - Link Attachments/Uploading required documents
 - Incomplete Reviews and Request for Add'l Info



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eQHealth/Kepro Role – Utilization Review

eQHealth/Kepro's utilization review enables the Department of Healthcare and Family Services (HFS) to determine if residential treatment services are medically necessary, reasonable and appropriate for the FSP youth based on their clinical needs.

In alignment with Title 89 II. Admin. Code Rule 139, the utilization review assists HFS in determining:

- Whether the services furnished are consistent with the provision of appropriate medical care.
- Whether these services are being delivered in the most clinically appropriate, cost-effective setting.
- The quality of services.
- Whether professionally recognized standards of health care are met.

PRIOR AUTHORIZATION PROCESS FSP RESIDENTIAL SERVICES

SASS/FSP Coordinator in FSP Residential Treatment

Every youth enrolled in the Family Support Program has an FSP Coordinator. The FSP Coordinator:

- Assists parent/guardian with the FSP application process
- Coordinates FSP community mental health and support services for the youth
- When a youth can no longer function in the community, residential treatment services may become an option, the FSP Coordinator submits with parent/guardian approval a prior authorization request for residential treatment to eQHealth.
- If the request is approved, the FSP Coordinator **has 90 calendar days** to find a residential placement. The FSP Coordinator is responsible for submitting admission packets. The approval letter is to be submitted in the residential admission packet (RAP).
- Once a placement has been found, the FSP Coordinator is responsible for entering the residential placement information using the Residential Placement form **within three (3) calendar days** from the date of admission.

Submitting Prior Authorization Request for RTS

When submitting a prior authorization request for residential treatment services, the following three (3) documents are required to be uploaded with your electronic request:

- 1. Copy of Psychiatric Evaluation**
 - Dated within the last 180 days and includes mental status evaluation
 - Specific principal diagnosis and other diagnoses
 - Most current medication list
 - Treatment summary and recommendations
 - Signed and dated by Psychiatrist or Advance Nurse Psychiatric Practitioner
- 2. Copy of Psychological Evaluation**
 - Dated within last 24 months
 - Must include IQ testing
 - Signed and dated by Psychologist
- 3. Copy of current IM+CANS**
 - Dated within 180 days of the submission
 - Must include signature of parent or legal guardian

HFS is extending the COVID-19 protocol where a parent/guardian can give a verbal consent as their signature on the IM+CANS. However, the FSP Coordinator must document the date and time the consent was given and attest to this information with their signature.

Clinical Criteria for Determining Medical Necessity

eQHealth uses Change Healthcare's InterQual® criteria in addition to clinical judgement of the nurse or physician to render a decision for prior authorization, inpatient admission, continued stay and reconsideration review requests.

- InterQual®, “ *is a proprietary set of evidenced-based clinical intelligence to support appropriate care and foster optimal utilization of resources.*”
 - InterQual® criteria for Residential Treatment outlines a series of symptoms/behaviors that the patient must display in order to meet recognized standards for residential placement.
 - Depending on how many symptoms/behaviors displayed in each category are met by the patient a determination then be made through InterQual® that residential treatment is medically necessary.

For information on Change Healthcare's criteria, visit their website at www.changehealthcare.com/InterQual

Administrative Review

- eQHealth's Behavioral Health Clinical Reviewer begins the review process with an **administrative review** to ensure that all prior authorization review tabs in eQSuite® have been completed and that the required documents have been uploaded.
- If all information has been submitted, the reviewer will proceed with the **clinical review**.
- If the information is **incomplete**, the reviewer will send the FSP Coordinator an incomplete letter describing the missing information/documents.
- The FSP Coordinator will have **three business (3) days** to upload or send by secure fax or secure email the missing documents.
- If the additional information is not received, the review will be suspended for **30 calendar days**. If during that time the additional information is received the review process will resume and a determination will be made.
- If the additional information is not received after this 30-calender day period, the FSP Coordinator and parent/guardian will receive a letter informing them the review is closed. A new prior authorization request would need to be submitted.

Clinical Review Process

- **The clinical review includes:**
 - A thorough review of the *Psychiatric Evaluation, Psychological Evaluation* and *IM+CANS*, reviewing information that supports the need for residential treatment. eQHealth/Kepro looks for continuity of symptoms and behaviors presented in each of these documents.
 - Comparing the clinical documentation to InterQual® Residential Treatment admission criteria
 - Documenting the decision to approve the prior authorization request for residential treatment services
 - Preparing and submitting determination letter to the parent/guardian and the FSP Coordinator.
- If the Behavioral Health Clinical Reviewer cannot approve the prior authorization request, the request will be referred to an eQHealth/Kepro psychiatric physician reviewer.

Second-Level Clinical Review Process

- *The Behavioral Health Clinical Reviewer will send the request and all associated documents to an eQHealth/Kepro Illinois licensed, board-certified Psychiatrist to perform a second-level clinical review.*
 - The Physician Reviewer (PR) thoroughly reviews all the documentation. If the PR has questions, they will contact the FSP Coordinator for a consultation.
 - Using the submitted documentation and information provided during consultation, the Physician Reviewer will render their determination.
 - An eQHealth Physician Reviewer documents the clinical rationale decision to **approve** or **deny** the residential treatment services.
- The appropriate determination letters will be sent to the Parent/Guardian and the FSP Coordinator can see them online.
- If the prior authorization request is denied, the FSP Coordinator may request a reconsideration of that denial.
- The parent/guardian may also submit an appeal to HFS.

RTS Prior Authorization Review Outcomes

The request is Incomplete *(pending for additional info – this is not a denial)*

- Request has missing or incomplete information or information is out of date.
- The FSP Coordinator will have **three (3) business days** to submit information.
- If additional information is NOT received, the review is suspended for 30 calendar days.
 - After 30 calendar days a new prior authorization request needs to be submitted.
- Once information is received, the request will be reviewed for medical necessity.

The request is Approved

- Notification will be sent to parent/guardian and the FSP Coordinator will find the letter online in eQSuite.
- SASS FSP Coordinator will have 90 calendar days to find a residential treatment provider who will accept the youth.
 - Submit a copy of the eQHealth approval letter with your RAP
- If the FSP Coordinator cannot find a RTS placement within 90 calendar days, a new prior authorization request must be submitted to eQHealth.

The request is Denied by Physician Reviewer

- A notice of denial is sent to parent/guardian and the FSP Coordinator will find the letter online.
- The FSP Coordinator may download a Reconsideration Request form and submit to eQHealth within five (5) calendar days from the date of notification.

Reconsideration Process

- If the prior authorization request for residential treatment is denied by a Physician Reviewer, the FSP Coordinator can send a Reconsideration Request Form with additional clinical information **within five (5) calendar days** from the date of denial notification.
 - The Reconsideration Form can be found at <https://il.eqhs.com> under Family Support Program menu tab
- If eQHealth/Kepro receives the information within the allotted timeframe, all prior documentation and any additional information submitted by the FSP Coordinator will be sent to a second, eQHealth/Kepro psychiatric Physician Reviewer (PR).
- If the Physician Reviewer has questions, they will attempt to contact the FSP Coordinator for consultation.
 - When calling the FSP Coordinator, if the Physician Reviewer gets a voicemail, they will leave a message with their phone number and give the FSP Coordinator three (3) hours to return the call to eQHealth/Kepro.
 - If no return call is received, the Physician Reviewer will proceed in making their determination.

Reconsideration Process continued

- Based on information from the documentation review and consultation with the FSP Coordinator, the Physician Reviewer will render their decision.
 - The Physician Reviewer may **uphold (deny)** the original denial or **overturn (approve)** the reconsideration request.
 - Notification will be sent to the SASS FSP Coordinator and Parent/Guardian.
 - *If the denial is upheld on reconsideration, the FSP Coordinator may not request further review from eQHealth*
 - A Parent/Guardian may appeal a denial according to Section 139.600 in Rule 139.

Review Timelines

- When the Prior Authorization request is **completed** and all information is received, eQHealth/Kepro will have **five (5) business days** to make a determination. Notification is mailed to parent/guardian and the FSP Coordinator will see letter online.
- **If the request is incomplete**, an Incomplete Letter notification will be available to the FSP Coordinator online and the case will appear under the **Respond to Addtl Info** tab online.
 - FSP Coordinator will have **three (3) business days** to send requested information. If information is not received, the review will remain suspended for up to **30 calendar days**.
 - **After 30 calendar days, the incomplete request will be closed.** FSP Coordinator will need to submit a new prior authorization request.
- **If request is approved, the FSP Coordinator has 90 calendar days to find a residential placement.** After 90 calendar days, a new request must be submitted.
- **If request is denied**, FSP Coordinator has **five (5) calendar days** to submit a reconsideration.
 - If reconsideration request is not received within five (5) calendar days, the reconsideration request will be canceled.

Welcome to eQSuite®!
**ONLINE REVIEW FOR FSP
 PRIOR AUTHORIZATION
 FOR RESIDENTIAL TREATMENT STAY**



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Accessing the FSP Web Portal - eQSuite®

Go to the eQHealth/Kepro Website at <http://il.eqhs.com> to LOG IN

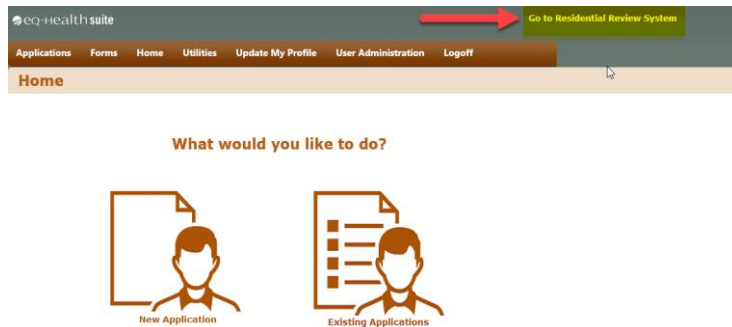
The screenshot shows the eQSuite web portal interface. At the top, there is a navigation menu with tabs: About Us, Provider Resources, Quality, UR Training, Prior Auth Resources, LTAC Resources, Family Support Program, and Contact Us. A red circle '1' highlights the 'Family Support Program' tab. Below the navigation menu, there is a 'SUBMIT APPLICATION/REQUESTS ONLINE' section with a red circle '2' highlighting the 'eQSuite' button. Below this, there is a 'Login' form with a red circle '3' highlighting the 'Login' button. The login form has fields for 'Login Name: *' (containing 'tsteph-residential') and 'Password: *' (containing '*****'). There is also a 'Forgot Login Name / Password?' link and a 'Login' button.

1. Click the Family Support Program tab/ Log In- Providers Only
2. Click the eQSuite button at top of page
3. The Login screen will appear. Type in your Login Name and Password and click Login button

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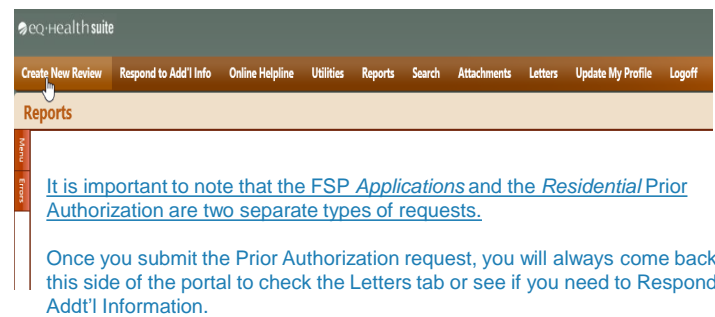
eQSuite® – Residential Prior Auth

- After you log on, it will take you to your “Application” home screen
- You must click the “Go to Residential Review System” link on top of this page. The residential review uses a different review process.



Requesting Residential Prior Authorization

- You will be taken to the “Residential” home page, as shown below
- Click “Create New Review” tab to begin



Residential Prior Authorization – Start Tab

1. Select the Create New Review tab on the menu bar to start the Residential Prior Auth request
2. A review entry screen will appear showing this is a request for an upcoming residential admission. Click “Retrieve Data”

Go to the FSP Application System

Create New Review Respond to AdIT Info Online Help/line Utilities Reports Search Attachments Letters Update My Profile

Review Entry 1

Review Header Information
Provider # 9 Provider Name: (Select Provider) Admit DX:

Start

The Provider ID and Name will NOT appear (it is a holding spot for the assigned RTF)
All you need to do is click the Retrieve Data button to continue

Review Type and Settings
Provider ID: 0 Provider Name: (Select Provider)
Type of Bed: Residential Bed
Review Type: Admission TANK
RETRIEVE DATA 2
CANCEL

Residential Prior Authorization – Start Tab

1. Enter in the 9-digit RIN/Bene ID and hit the tab key on your keypad
2. Enter in the Admit Dx code (no decimal) and hit the tab key
3. Select the youth's current living arrangement
4. The Parent/Guardian information should pre-populate on the bottom of this screen. If there is no phone number, please enter it
5. Hit “Check Key” to continue

Review Entry

Review Header Information
Provider # 9 Provider Name: (Select Provider) Admit DX:

Start

Review Type and Settings
Provider ID: 0 Provider Name: (Select Provider) Total Days Cert: 0
Type of Bed: Residential Bed Last Day Cert:
Review Type: Admission TANK

Member ID: 1 Name: DOB: Sex:
Admit DX: 2

Youth's Current Living Arrangement: 3
 Living alone
 Lives with parent(s), relative(s), or guardian(s)
 Jail or correctional facility
 Residential/Institutional Setting (residential, nursing home, shelter)
 Community Integrated living arrangement (CILA)
 Foster care
 Homeless
 Other

Parent/Guardian Information
First and Last Name: Relationship to Client: Phone Number: 4
Address: City: State: Zip Code: Country:
5
CHECK KEY CANCEL

Residential Prior Authorization – DX CODES

DX Codes

ID Code	Description
F4311	ACUTE POST-TRAUMATIC STRESS DISORDER

Code Add/Edit Page

Code: F332
MDD RECURRENT SEVERE W/O PSYCHOTIC FEATURES

Date Identified: 01/18/2021

Buttons: Add, Close

Buttons: CANCEL, SAVE/CLOSE, SAVE/CONTINUE

1. Click "Add" on top of the DX Code box
2. Enter in any additional Admit Dx code **without** decimal point and hit Enter. It will populate the current date.
3. Click Add on the Code Add/Edit page so that it appears in the grid. Continue to put in additional Dx codes using the same steps. *Remember not to include any decimal point in the Dx code.*

Residential Prior Authorization – DX CODES

DX Codes

ID Code	Description	Edit	Delete
F4311	ACUTE POST-TRAUMATIC STRESS DISORDER		
F332	MDD RECURRENT SEVERE W/O PSYCHOTIC FEATURES	Edit	Delete

Buttons: CANCEL, SAVE/CLOSE, SAVE/CONTINUE

- ✓ Check to see that the additional DX codes you entered show in the grid.
- ✓ Once you have completed putting in the DX codes, click the Save/Continue button to move to the Treatment History

Residential Prior Authorization – TREATMENT HISTORY

Treatment History Tab

Fill in the applicable treatment history for each type of service

- Inpatient Hospitalization
- Partial Hospitalization/Day Treatment Services
- Community Based Service
- Substance Use Disorder Service
- Other Services

Note: If youth did not receive certain services, just skip that specific grid

Inpatient Hospitalization – EXAMPLE

1. Click to the Add New Record button to open the data fields to type in. If the patient has more than one inpatient hospital stay, you will complete the first line and click Add again.
2. Fill in the fields with the following information:
 - Service Name
 - Provider Name
 - Service Frequency (if applicable)
 - Service Begin Date
 - Service End Date OR check Service Ongoing
3. Click "Update" to complete the entry and make it appear in the grid

Residential Prior Authorization – GOALS

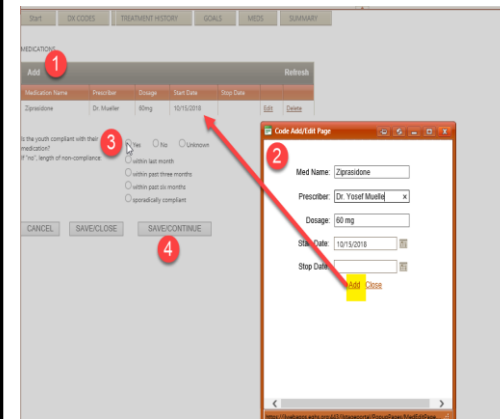
- List up to five (5) Residential Treatment Goals
 - Must be measurable and achievable goals
- When completed, click Save/Continue button

Example

Measurable, Achievable Goals
Include treatment related to the primary diagnosis. Include up to five of the most urgent goals.

Objective (Describe how the goal will be achieved)
Residential Treatment Goal 1:
Learn and practice communication skills
Objective 1a
Practice reflective listening and using "I" statements
Objective 1b
Develop an awareness of anger triggers and how to appropriately express anger
Residential Treatment Goal 2:
Learn and Practice alternative behaviors to aggressive outbursts
Objective 2a
Spend more time on interests she enjoys and increase exercise
Objective 2b
Walk away from anger-producing situations
Residential Treatment Goal 3:
Reduce the frequency and intensity of symptoms of violent outbursts

Residential Prior Authorization - MEDS



- Click **"Add"** on top of the Medications' grid
- Enter in the med name, prescriber, dosage, start and stop date.
Next, Click **Add** on the Code Add/Edit page so that it appears in the grid.
Continue to enter.
- After all meds have been added to the grid, answer the medication compliance question
- Hit **Save/Continue** to go to Summary tab.

Residential Prior Authorization – SUMMARY

Start | DR CODES | TREATMENT HISTORY | GOALS | MEDS | SUMMARY

Rationale for Residential Treatment Services

Clinical analysis and support for the request for residential treatment services should include a targeted length of stay and specific treatment goals to be addressed during the residential admission stay.

HEALTHCARE AND FAMILY SERVICES DISCLAIMER STATEMENT

Attestation: Reviewing LPIA signature must be uploaded with submissions of Continued Stay request. By checking this box, I understand I must submit this documentation to fully complete the review.

EQHEALTH SOLUTIONS' CERTIFICATION DETERMINATION DOES NOT GUARANTEE MEDICAL ASSISTANCE PAYMENT FOR SERVICES OR THE AMOUNT OF PAYMENT FOR MEDICAL ASSISTANCE SERVICES. ELIGIBILITY FOR AND PAYMENT OF MEDICAL ASSISTANCE SERVICES ARE SUBJECT TO ALL TERMS AND CONDITIONS AND LIMITATIONS OF THE MEDICAL ASSISTANCE PROGRAM.

As an authorized Medical Assistance provider, I certify that I have reviewed the information submitted for residential prior authorization. I certify that the information provided is true, accurate, and complete to the best of my knowledge. I understand that services requested herein are subject to review and approval through Healthcare and Family Services' Utilization Management and Quality Improvement Organization. I understand that any falsification, omission or concealment of material fact may subject me to civil monetary penalties, fines, or criminal prosecution or may disqualify me as a provider of Medical Assistance.

By clicking [Submit for Review] you are attesting to the accuracy of the information provided.

CANCEL | SAVE/CLOSE | SUBMIT FOR REVIEW

Do you have your required documents ready to upload? Click SUBMIT FOR REVIEW

Residential Prior Auth – Link Attachments

- The following screen will appear after you **SUBMIT**.
- **Write down the Review ID number** - You will need this Review ID when entering a residential treatment placement in eQSuite®.

1. Click "Link Attachment"
2. Then select "Upload attachment"

Home

Successfully submitted to eQSuite® for review:
Review ID: 32773911

Link Attachment (1)

Print attachment (cover sheet) | Upload attachment (images) (2)

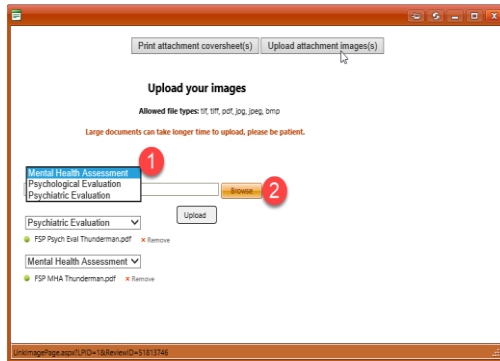
Linking to eQSuite®/LPD=15/ReviewID=32773911

Residential Prior Auth – Link Attachments

- Upload your images screen appears. You will upload your IM+CANS (*file type will say Mental Health Assessment in eQSuite*), Psychiatric Evaluation and Psychological Evaluation. PDFs work best when uploading documents.

1. Select File Type (one at a time)
2. Hit Browse button (click the file on your computer to open) The file name will appear on bottom After files appear click Upload button.

Note: Use the file type *Mental Health Assessment* to upload the IM+CANS



Checking Your Attachments



1. On menu bar, click **Attachments** tab
2. Look at the **"In Process"** cases
3. Go to your case and ensure you see **Attachment(s)** Click this link to verify which attachments were sent

If any attachments are missing, click on [Link Attachment](#) to upload

Responding to a Request for Additional Information in eQSuite®

Pended for Incomplete Information

- **RESPOND TO ADDITIONAL INFORMATION** – eQHealth's FSP Review Specialist may "pend" your request if they do not have all required documentation to start the review.

- The case will appear under the Respond to Addtl Info tab, waiting for your response

1. On menu bar click **Respond to Addtl Info** tab
2. Find the case and click **Open**



Case ID	Request Date	Requestor Name	Case ID	First Name	Last Name	Request Type	Setting	Admit Date	Provider ID	Provider Name
32772730	02/20/2019	Tammie Stephens		Minnie	Youth	Prior Auth	Residential	02/20/2019		CENTER FOR CHILD

Pended for Incomplete Information

- RESPOND TO ADDITIONAL INFORMATION

Read the top box to see what information is missing. If box is blank still continue to next steps

- Type in your short response
- Click Submit Info

Pended for Incomplete Information

- RESPOND TO ADDITIONAL INFORMATION

- Click **Link Attachment** on left side
- Choose **"Upload"**
- Click **Browse** to find your updated document file. Once you select it your file name will appear on screen.
- Click **Upload** to complete the task

Submitting Residential Treatment Facility Placement Form

Residential Placement Form

- Once the FSP Coordinator has secured a placement in an HFS-approved Residential Treatment Facility (RTF) the FSP Coordinator must complete a Residential Placement Form and submit to eQHealth/Kepro.
- The RTF Placement is required to be completed **within three (3) calendar days** after the youth has been admitted to the residential treatment facility.
- Once this information is submitted to eQHealth/Kepro, the Clinical Reviewer will create a **60-day Initial Authorization** for the RTF Provider.
- This initial authorization is crucial for the RTF Provider to be able to bill HFS for the youth's initial 60 days in residential treatment.
- At the end of the 60-day initial authorization, the RTF Provider will begin submitting their continued stay requests through eQSuite to request continued stay every 30 days.
 - Please continue to check in with Residential Treatment Facility for updates on the FSP Youth's progress and to work with them on current documentation when you need to submit a Continued Enrollment.

FSP Resources and Contacts

Please submit your questions using FSP Online Helpline in eQSuite®

If you need immediate assistance, call the FSP Helpline at (866) 435-8778

- eQHealth/Kepro will respond to questions regarding residential requests Monday through Friday, 8:30 a.m. to 5:00 p.m.

Website <http://il.eqhs.com>

- Click *Family Support Program* tab on top right side of Website
 - [Reconsideration Process/Form](#)
 - [Residential Placement Form](#)

Healthcare and Family (HFS)

Program questions? Contact HFS by phone at 217-557-1000

or email at HFS.FSP@illinois.gov