CARE COORDINATION PROVIDER PORTAL

Entering New Inpatient Authorization Requests

OHCA Behavioral Health Unit

November 2025

ENTERING NEW INPATIENT AUTHORIZATION REQUESTS

Transition to eQSuite Care Coordinator Provider Portal Instructions for Inpatient Providers

Do NOT submit faxes for members with PAs in the eQSuite Provider Portal.

<u>How to tell the difference</u>:

- **PAs created in eQSuite will start with “QD,”**
- **PAs created the old way (faxed, in MMIS) start with “40.”**

<u>Different Provider Types mean different ways to submit Admission and Extension PAs</u>:

<u>General Hospital/DRG/MedSurg</u>

- Existing PA Cases will continue to submit by FAX through dis-charge.
- New PA Cases must be sub-mitted through the eQSuite Provider Portal.

<u>Acute II or PRTF</u>

- Existing PA Cases must submit the next PA Extension request through the eQSuite Provider Portal. ****Except Cedar Ridge and Southwest Behavioral***.
- New PA Cases must submit new admissions through the eQSuite Provider Portal.

<u>Acute Psychiatric Hospitals</u>

- Existing PA Cases will continue to submit by FAX through dis-charge.
- New PA Cases must submit new admissions through the eQSuite Provider Portal.

REQUIRED REVENUE CODES

For filing claims, the Revenue Code on the claim must match the Revenue Code on the issued Prior Authorization.

- Acute Inpatient Psychiatric Care- **0124**
- Acute Inpatient Medical Detox- **0126**
- Acute II Inpatient Psychiatric Care- **0129**
- Psychiatric Residential Treatment Facility (PRTF)- **1001**

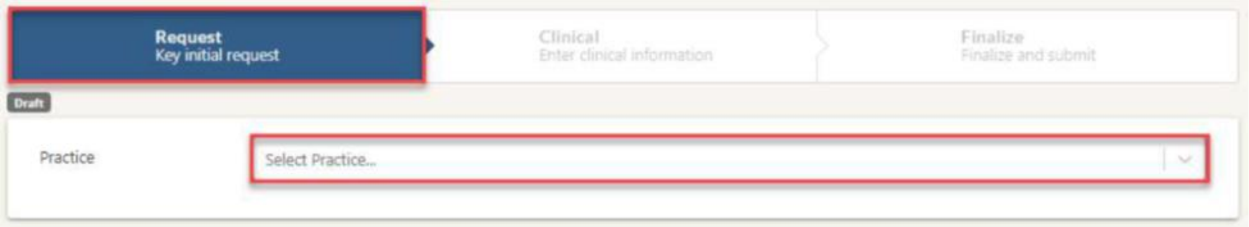
We do not advise that you start submitting PAs through the portal until you have had contact with your billing department about the updated Revenue Codes.

ENTERING AN AUTHORIZATION REQUEST

- Be Aware! eQSuite will time users out after 30 minutes of inactivity. The only way to reset the timer is to navigate to a new page.
- To start a new authorization request, click NEW REQUEST located on the right side of the Authorization Dashboard.

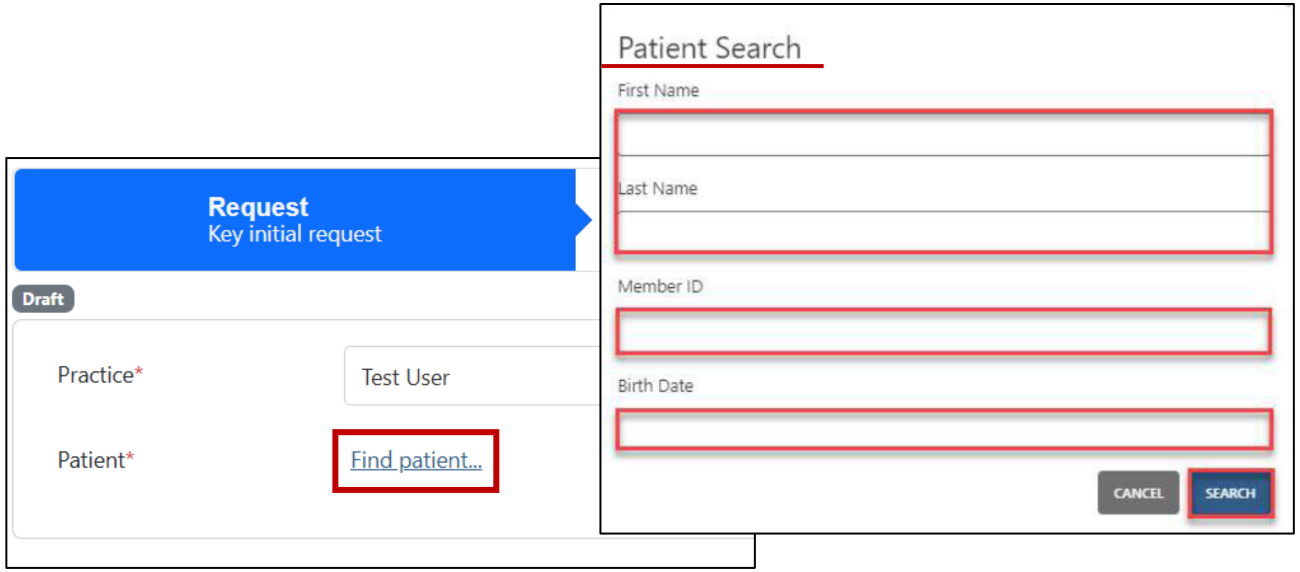
STARTING A NEW AUTHORIZATION REQUEST

- The authorization intake workspace will populate. It consists of 4 tabs: REQUEST, ADDITIONAL REQUEST DETAILS, CLINICAL, and FINALIZE.
- The REQUEST tab opens by default. The working tab is highlighted blue.
- Once the required information for the working tab is complete, the next tab will automatically open as the information is saved.
- For users associated with multiple practices, select the correct practice from the dropdown list.

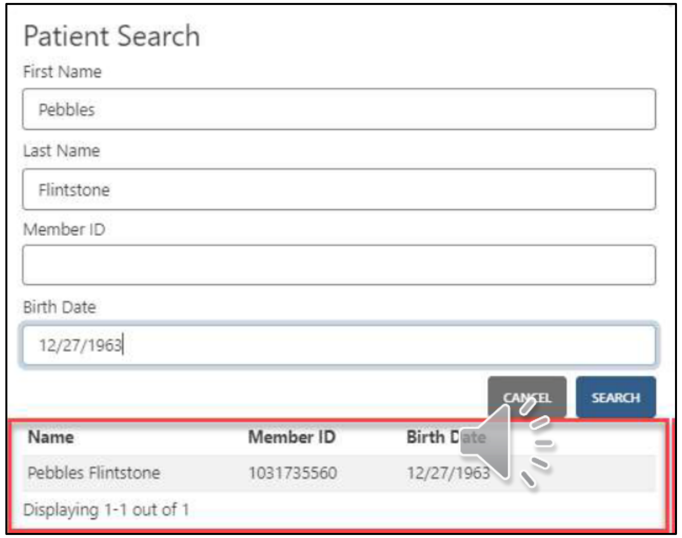


PATIENT SEARCH PANEL

- Associate the member with the request by clicking the **Find Patient** hypertext.
- Enter the member information in the Patient Search pop-out window and click the Search icon.
- Member search requirements are either:
    - **Birth Date** + **First Name** + **Last Name** (*Exact Spelling*)
    - **Birth Date** + **Member ID**

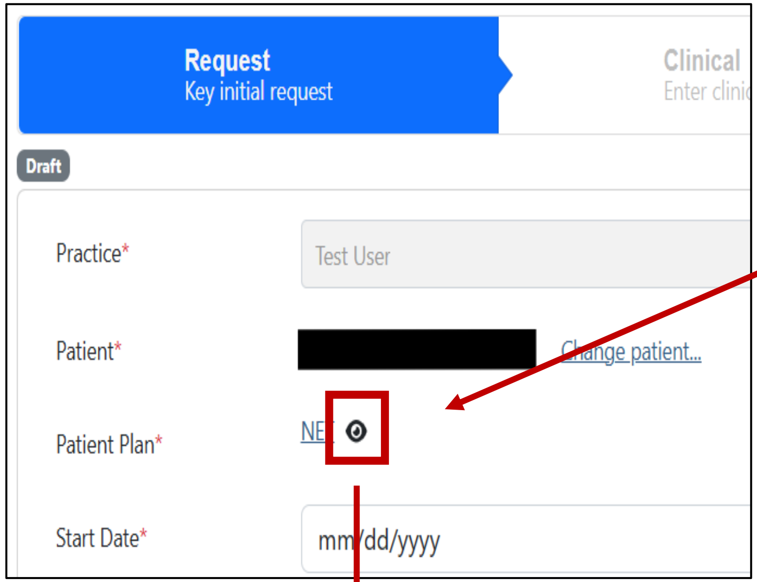


NOTE: The member will be displayed and you must select the member by clicking on their information in the populated search results.



ELIGIBILITY VERIFICATION

- In order to file a new Prior Authorization Request (PAR), the patient must have active eligibility in the eQSuite system:
  - HAP
  - TXIX
- The dates of HAP or TXIX eligibility must cover the start date to make the request.
- If the eligibility date terms during your request period, any authorization requested will end on the eligibility end date.
- *Start date not covered*? See **Notification Of Date Of Service (NODOS) For OHCA** located at [Provider Training]() on the OHCA Public Website Providers Page.



Tap the eye in Patient Plan to populate the member's active plans.

Plans

Type	Category	Start Date	End Date
NET	K Medical Assistance, Categorically Needy, Disabled	07/01/2022	12/31/2299
TXIX	K Medical Assistance, Categorically Needy, Disabled	06/01/2022	12/31/2299

This patient's TXIX is active with indefinite term date, meaning they are eligible for the Prior Authorization Request to be filed.

Plans

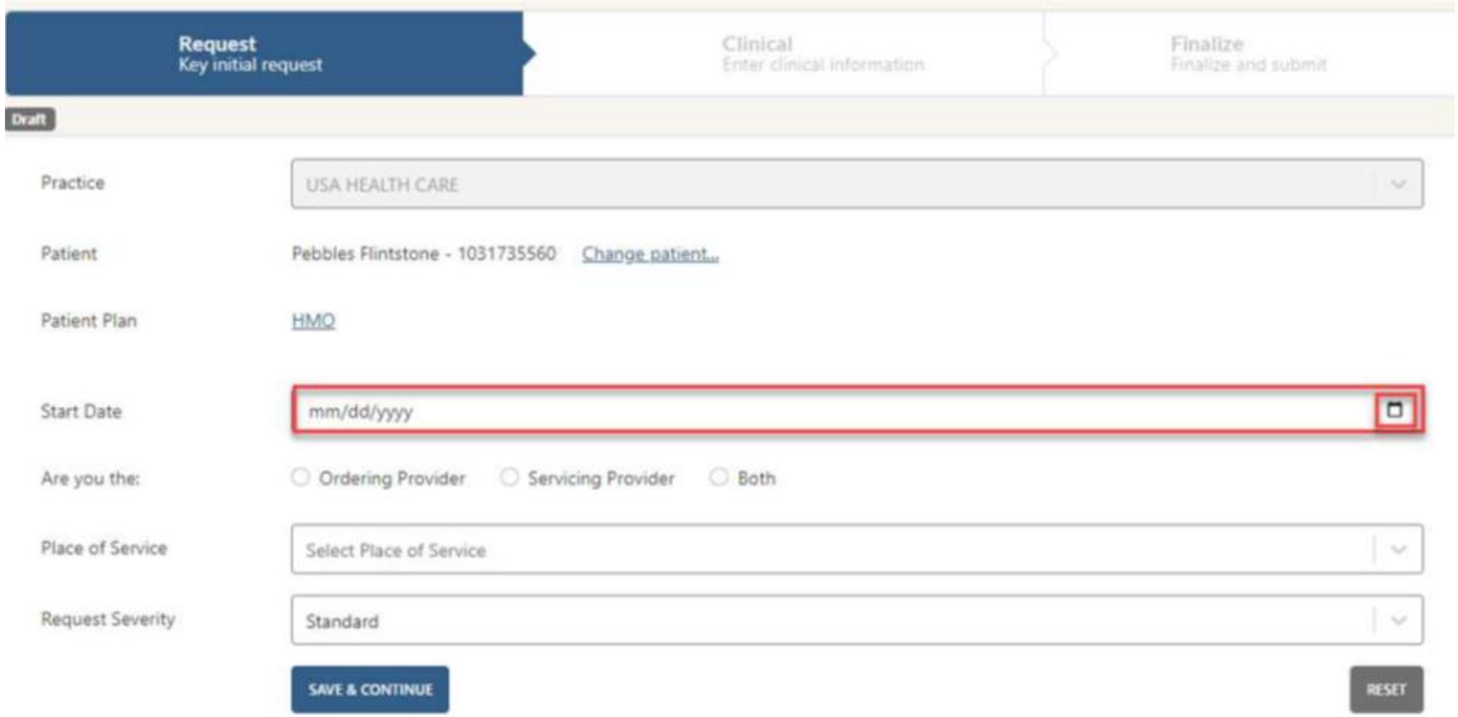
Type	Category	Start Date	End Date
S-DBP	HA Healthy Adults	08/01/2024	12/31/2299
S-SEL	HA Healthy Adults	08/01/2024	12/31/2299
HAP	HA Healthy Adults	07/01/2024	04/30/2026

SOONERSELECT

- There are times when a person with active TXIX or HAP will *also* be enrolled in OHCA's Managed Care Plan, SoonerSelect (*S-Sel* or *S-SPC*).
- OHCA does not review for those with active SoonerSelect; the provider must reach out to the S-Sel providing entity to make PA Request.
- This member started S-Sel 8/1/24. To find which type of SoonerSelect is active, refer to the SoonerCare Portal.
- OHCA will review for days leading up to S-Sel start date, if applicable.

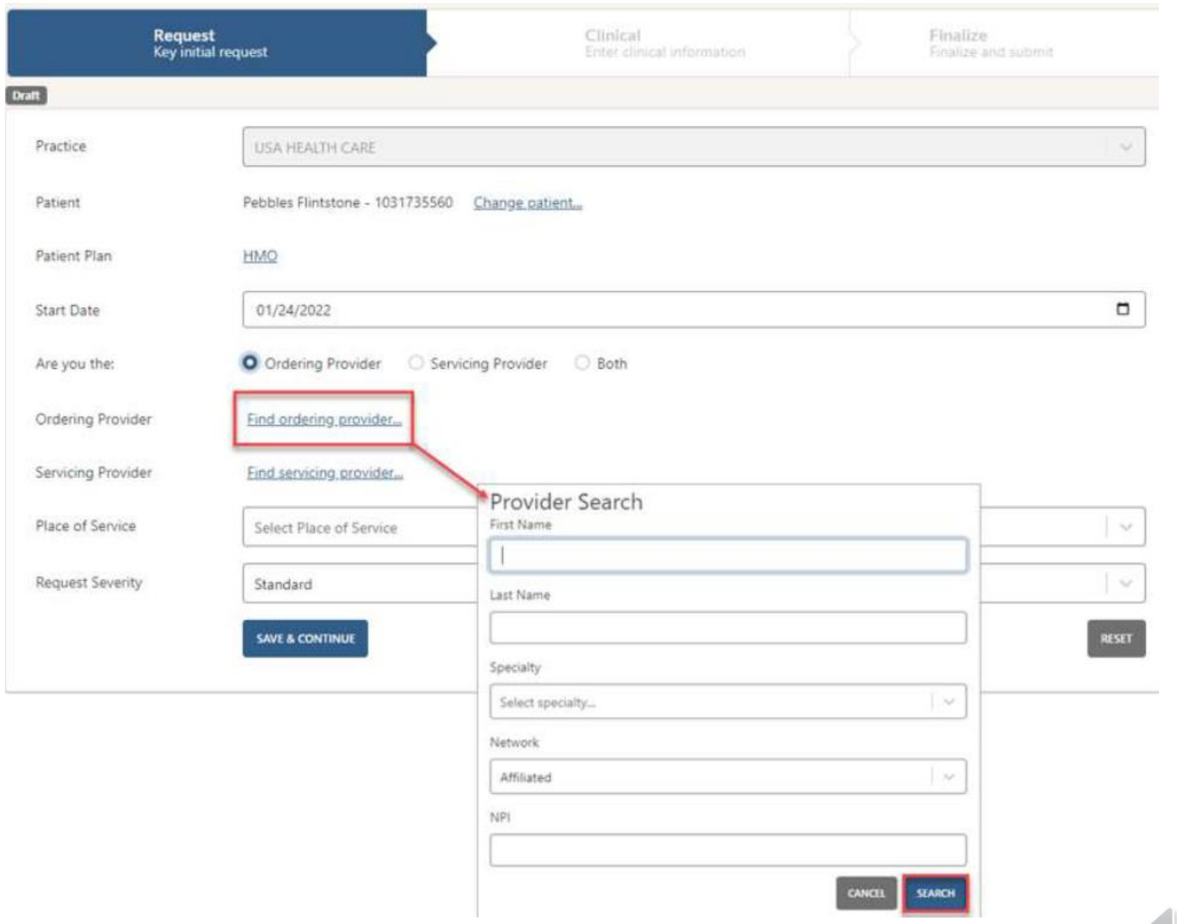
REQUEST TAB

- On the Request Tab, type the start date of service in the field.
- Users can click on the calendar icon to the far right of the field to select the date using the calendar option.



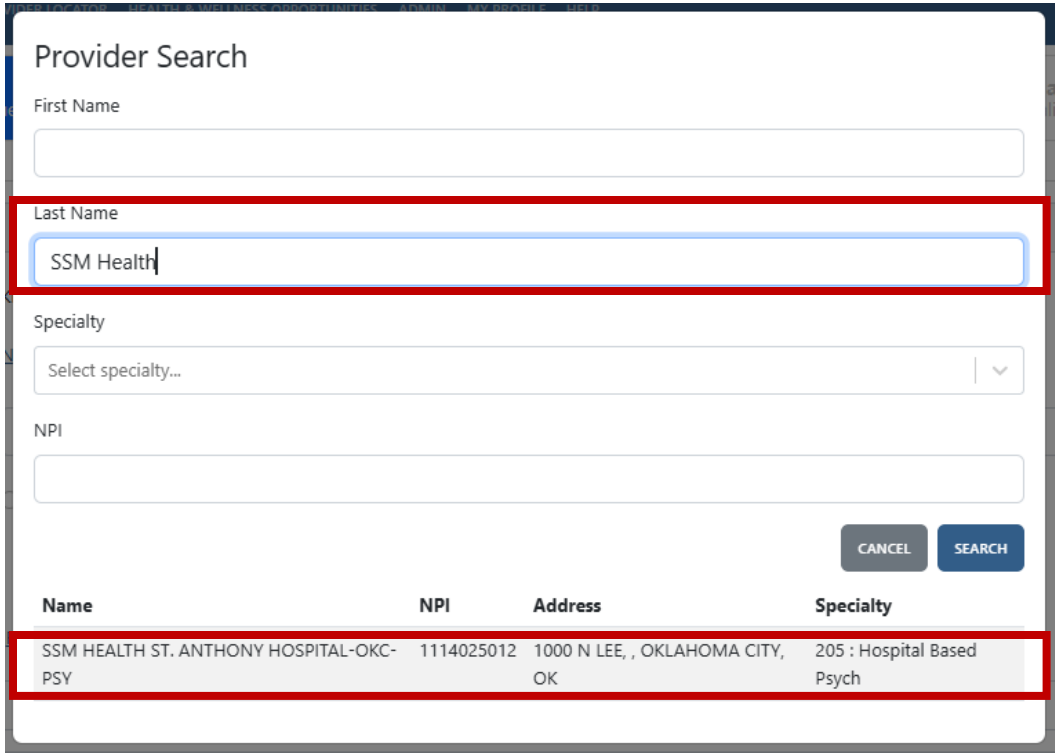
PROVIDER TYPES

- Select your Provider Type by clicking the radio button to the left of the type to indicate the provider entering this request is the ordering or servicing provider, or both.
- Users can begin searching for providers after provider type is selected.
    - Ordering - Ordered the requested service.
    - Servicing - Providing the requested service.
    - Both - Ordering and providing the requested service
- Click Find Ordering Provider hypertext to select the ordering provider for this request.
- In the Provider Search pop-up window, use any combination of search parameters and click the Search icon.

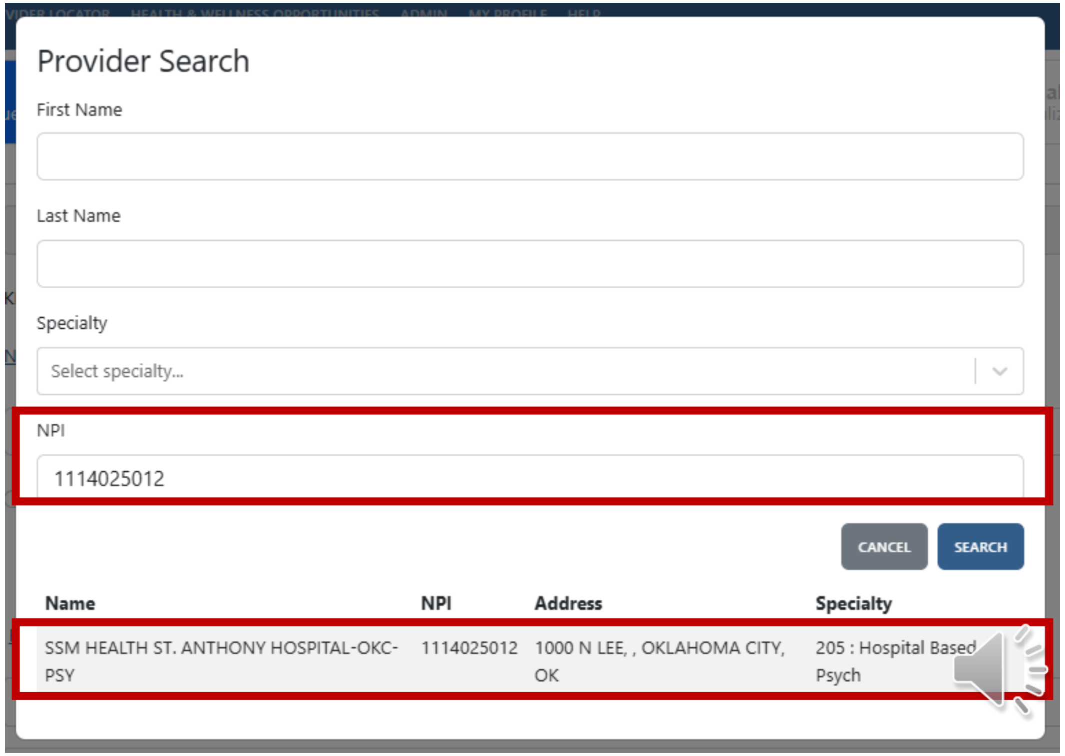


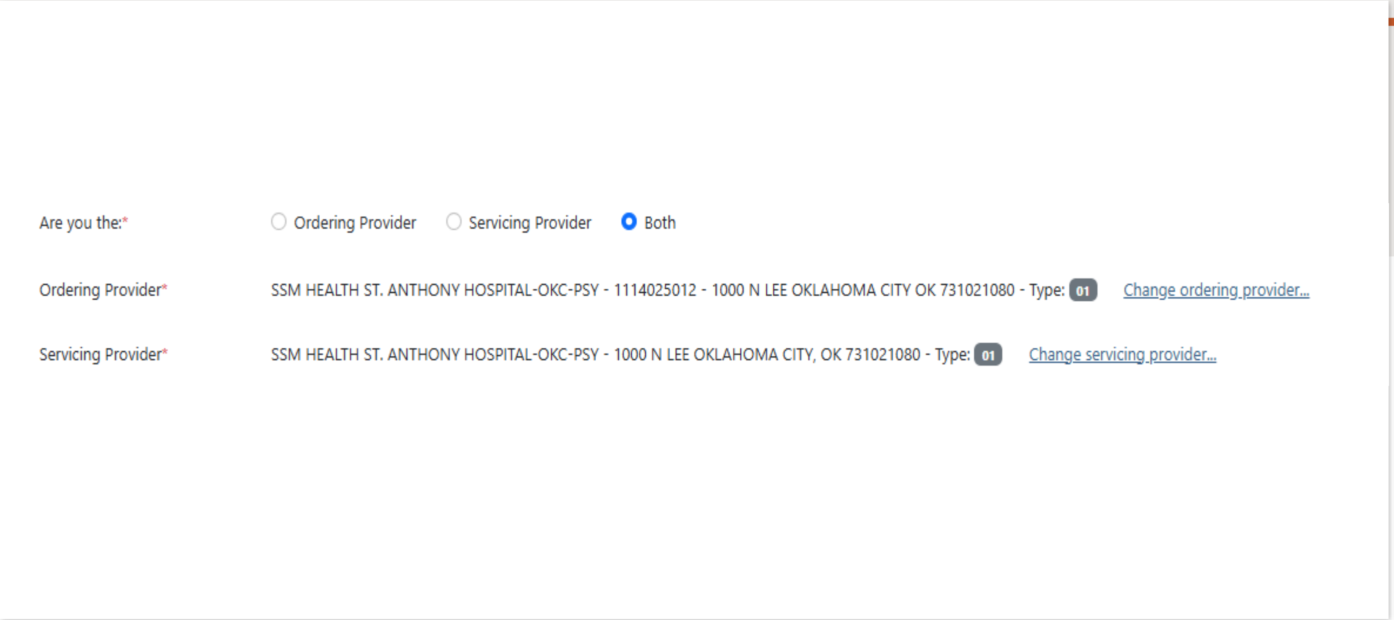
CLICK ON THE PROVIDER IN THE SEARCH RESULTS TO SELECT THEM AS THE ORDERING PROVIDER.
THE PROVIDER INFORMATION WILL POPULATE ON THE MAIN REQUEST PAGE.

<u>NOTE</u>: When searching for a Group name rather than an Individual provider, enter the Group name in the last name field.



Screenshot below shows Provider search by NPI.





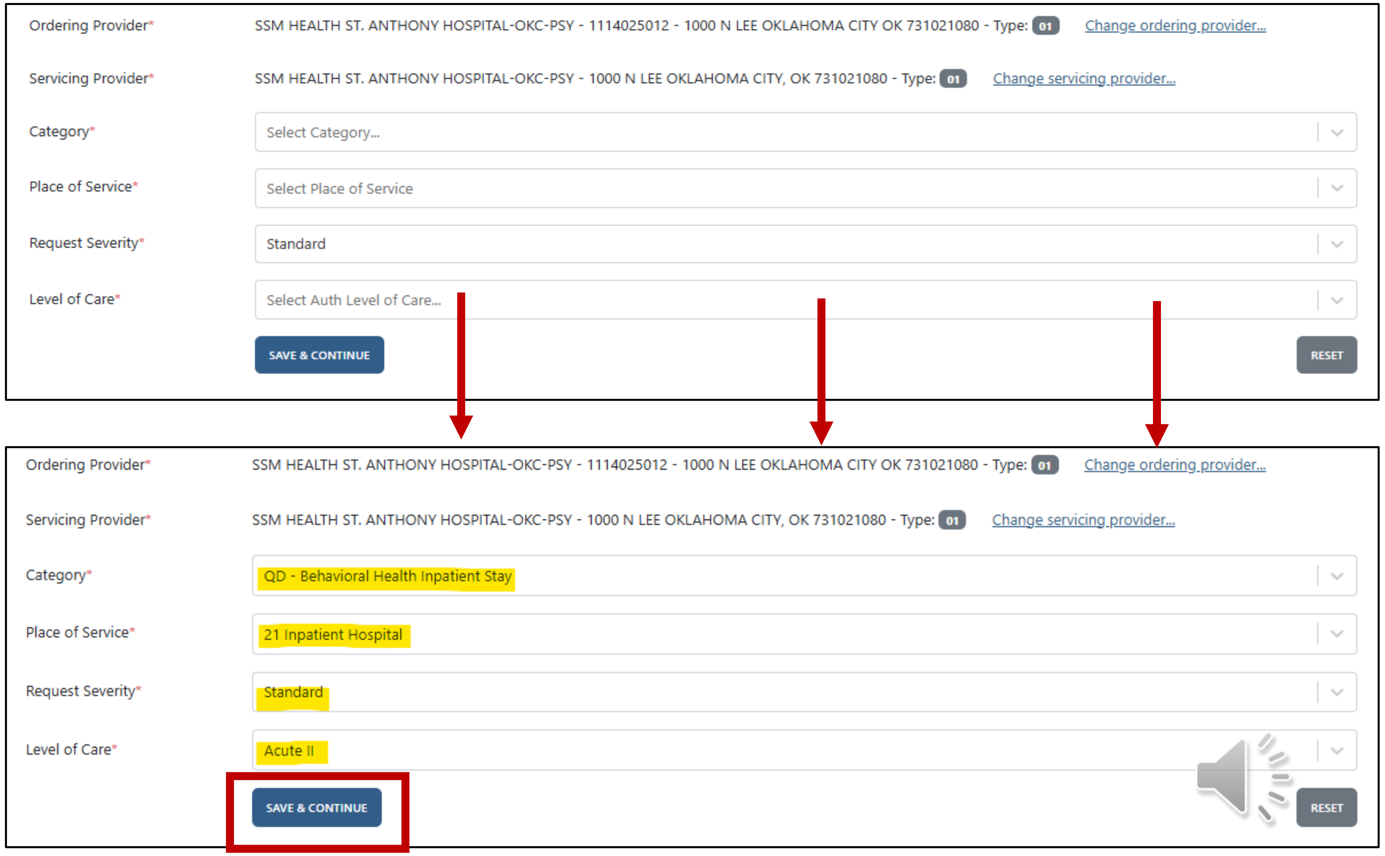
- To change a provider selected in error, click the CHANGE ORDERING PROVIDER or CHANGE SERVICING PROVIDER hypertext to the right of the selected provider on the Request page.
- This will prompt the user to repeat the search and select the provider from the search results.

FOUR QUESTIONS

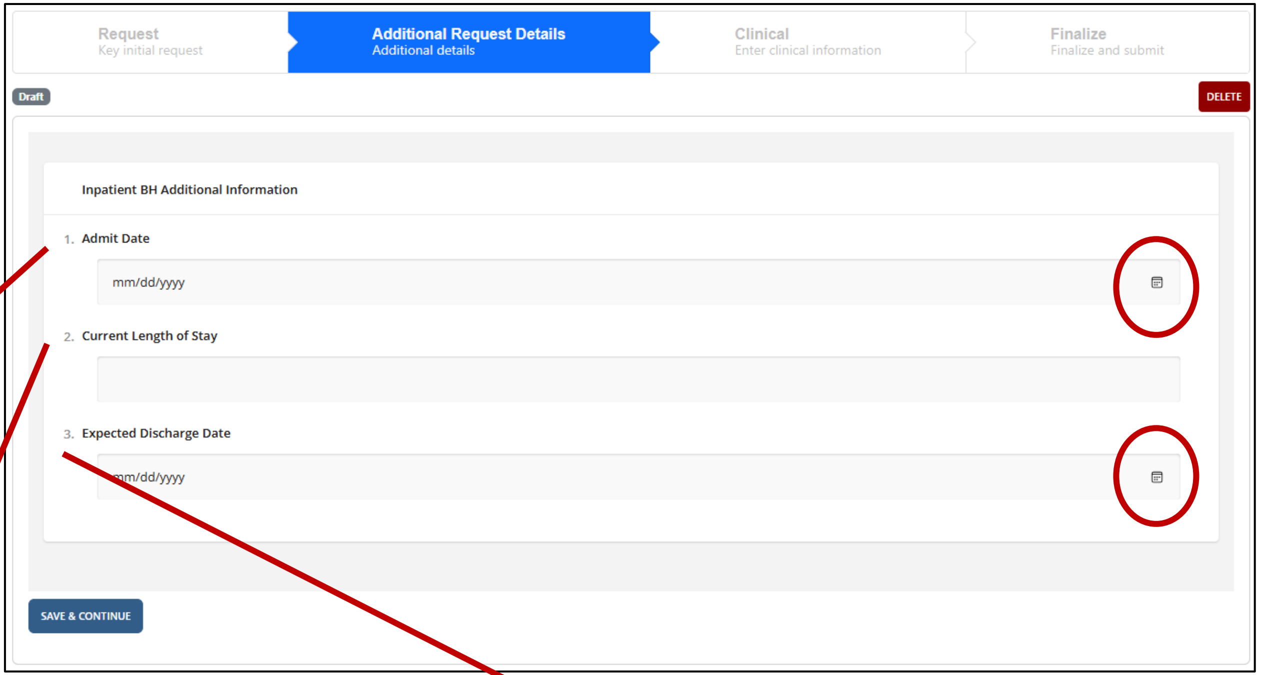
From the dropdown lists, Select the relevant:

- Category *always QD*
- Place of Service:
  - 21 DRG · 51 Psych Hospital
- Request Severity *always Standard*
- Level of Care: *Acute I, Acute II, or PRTF*

Once all information has been entered, click SAVE & CONTINUE in the bottom left corner.



ADDITIONAL REQUEST DETAILS FOR CERTIFICATES OF NEED



- 1. Enter Admit Date

Enter by typing in the date or by tapping on the calendar to the far right of the search bar.

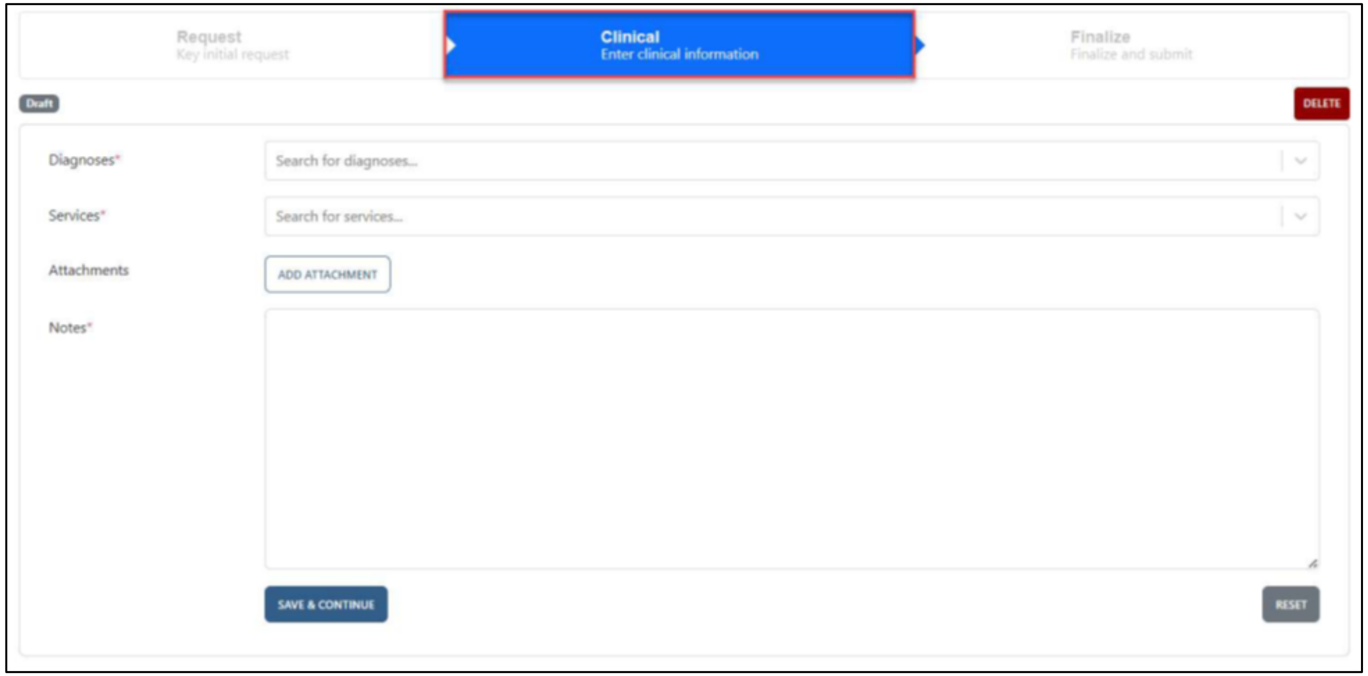
- 2. Enter Current Length of Stay in days of treatment completed on this level of care.

- 3. Enter the Expected Date of Discharge

Enter by typing in the date or by tapping on the calendar to the far right of the search bar.

CLINICAL TAB

- The Clinical tab is automatically highlighted and opened after tapping **Save and Continue** on the previous tab.
- The user will enter Diagnoses, Services, notes, and attachments in the Clinical tab.

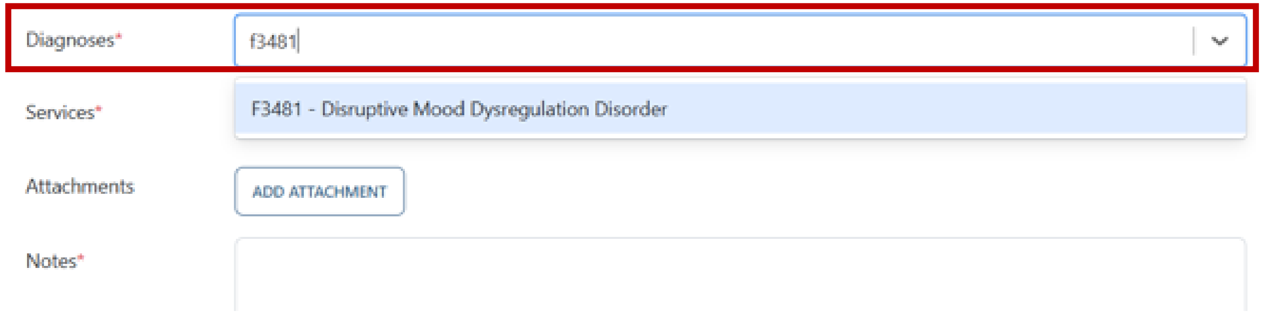


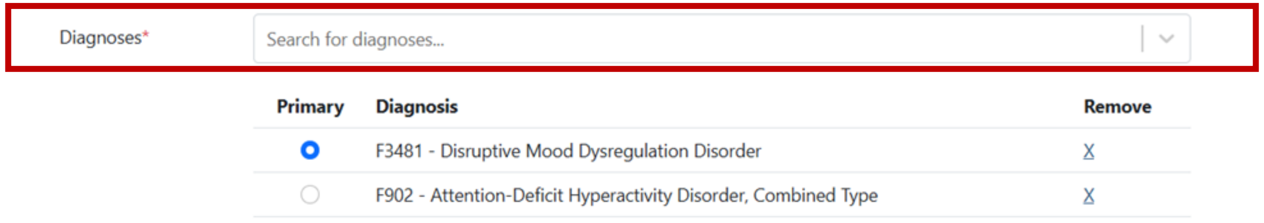
NOTE: The user cannot return to the Request Tab once they have moved to the Clinical Tab.

- To make changes to details within the Request Tab, the User must save the PA Request as a draft and exit the screen. This can be done by pressing SAVE & CONTINUE, then exiting the Prior Authorization by tapping AUTHORIZATIONS at the top of the Portal screen.
- By pressing SAVE & CONTINUE then exiting the screen, the Authorization is saved as a draft.
- The User can then access and edit the Authorization from the Drafts Tab on the Authorization Dashboard.

ENTER DIAGNOSIS

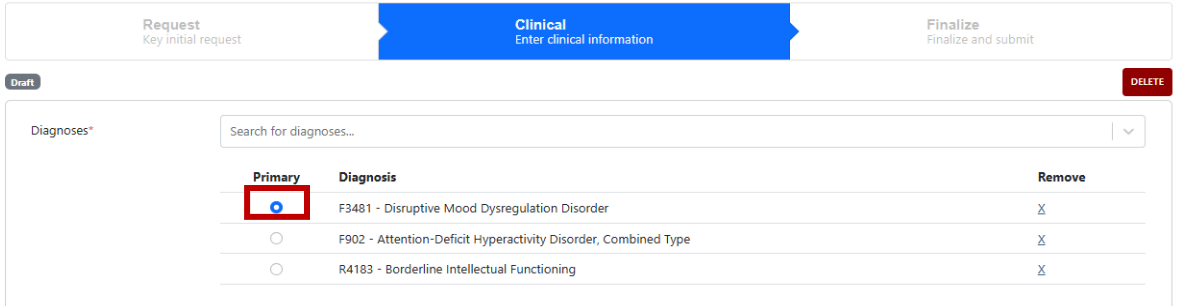
- Enter a diagnosis by entering a keyword or the ICD-10 code in the search field- *NO decimals or dashes!*
- Select the diagnosis from the search results list by clicking on the diagnosis.
- Multiple diagnoses can be entered by repeating the search process for additional diagnosis.

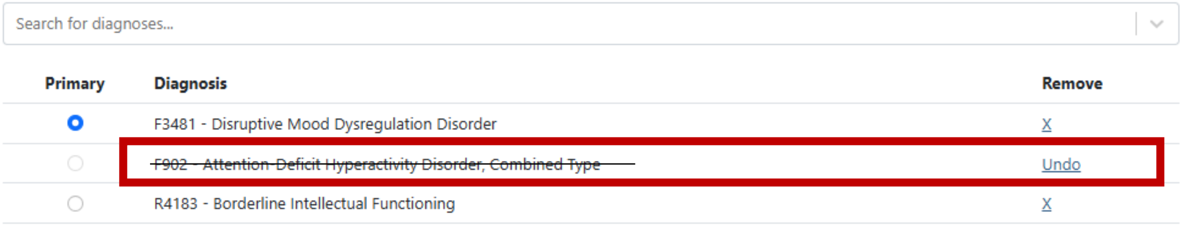




DIAGNOSES CONT.

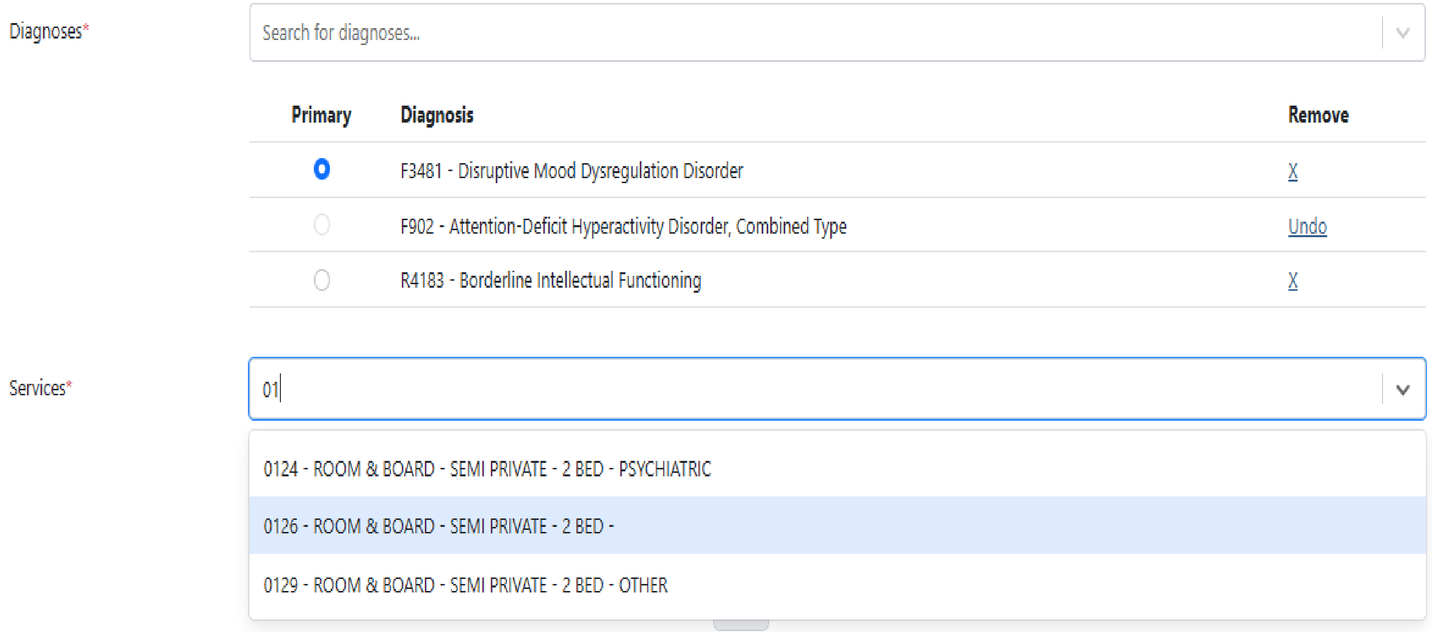
- The first diagnosis entered will automatically be the Primary Diagnosis for this request.
- If multiple diagnoses are entered, users can select which diagnosis is the Primary for this request by selecting the radio button to the left of the listed diagnosis.
- Remove a diagnosis by clicking the X to the right of the diagnosis.
- A removed diagnosis will remain on the list with a strike through along with the option to Undo until the request is finalized and submitted.

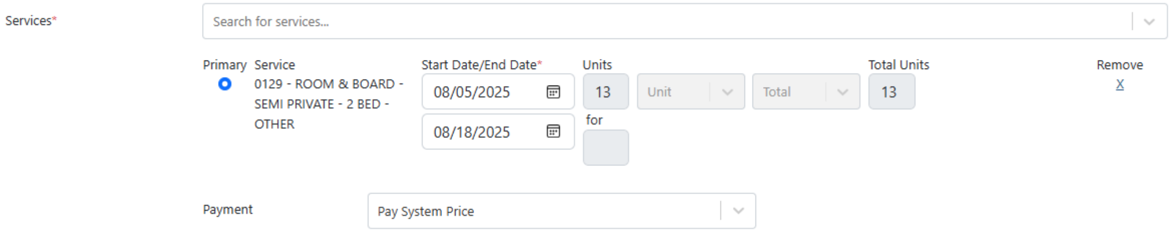




ENTER SERVICES

- Enter the Revenue Code or keyword/description in the Service field.
- 0124 Acute
- 0126 Detox
- 0129 Acute II
- 1001 PRTF
- Select the correct Service Type from the resulting list.

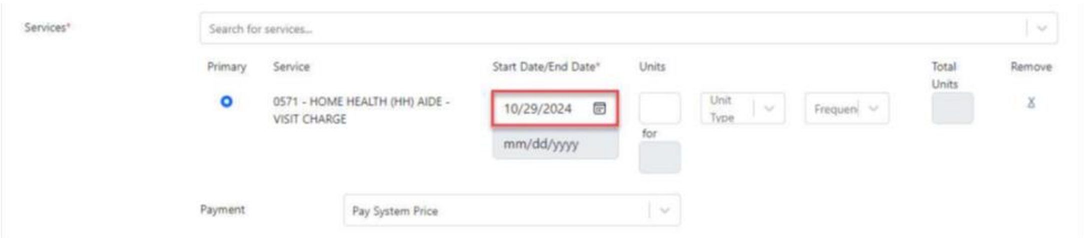




- The service selected will be displayed below the search bar.
- The initial service entered automatically becomes the Primary Service, indicated by the blue radio button to the left of the Service.
- Multiple services can be entered using the service search bar and selecting the service from the search results.
- The service details will include the Start Date and End Date of Services.

START DATE

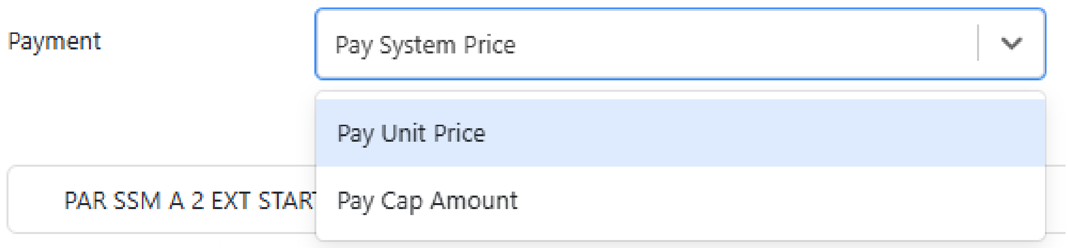
- The start date defaults to the start date entered on the request tab.
- This date can be changed at this time by typing in the field or using the calendar icon to the right of the field.
- The date entered must occur on or after the start date entered on the request tab.



PAYMENT TYPE

- Select “Payment Type” from the dropdown menu.
- For Inpatient Behavioral Health treatment, use Pay System Price.

NOTE: Payment Type is not configured by Category or Type of Service. All options will be available to the User regardless of the Category or Type of Service on the Prior Authorization. The User must select the appropriate Payment Type for the entered Service Code.

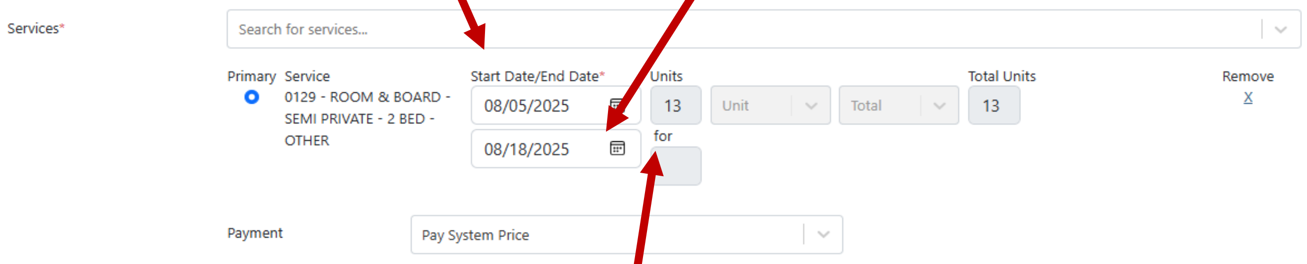


EXPIRATION DATE

- The final day of the PA Request is a non-payable unit and is not con-figured in the unit total.
- The final day of a PA is its Expiration Date.
- The Last Covered Day (LCD) is the day *before* the PA Expiration Date.

Start Date 08/05/2025

End Date 8/18/2025



The total from 8/5 to 8/18 is 14 days; however, the final day of the PA is the expiration date and is a non-payable date. The total units requested is 13 (to avoid LCD on weekend).

EXPIRATION DATES AND EXTENSIONS

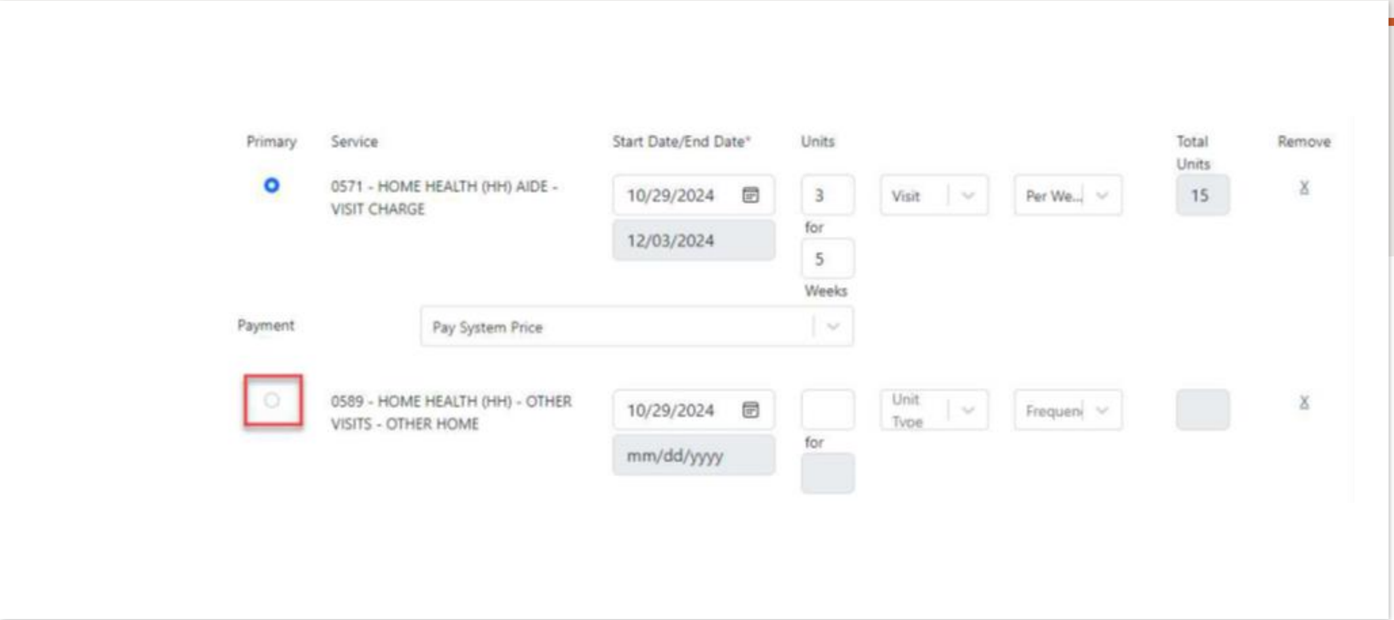
For ACUTE Authorizations, your extension request will be due:

- The DAY BEFORE the authorization expires.

For Acute II/PRTF Authorizations, your extension request will be due:

- THREE DAYS BEFORE the authorization expires.

CHANGE PRIMARY SERVICE



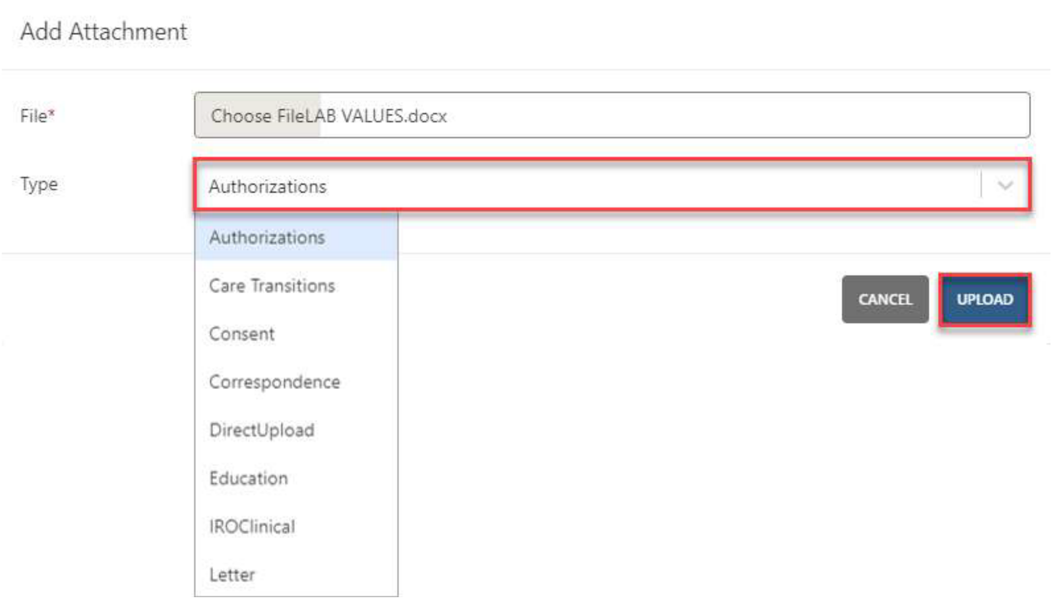
- When multiple services are selected, users can change the designated primary service by selecting the radio button to the left of the service to be the primary services.
- Room and Board will always be the primary service!

ADD ATTACHMENTS

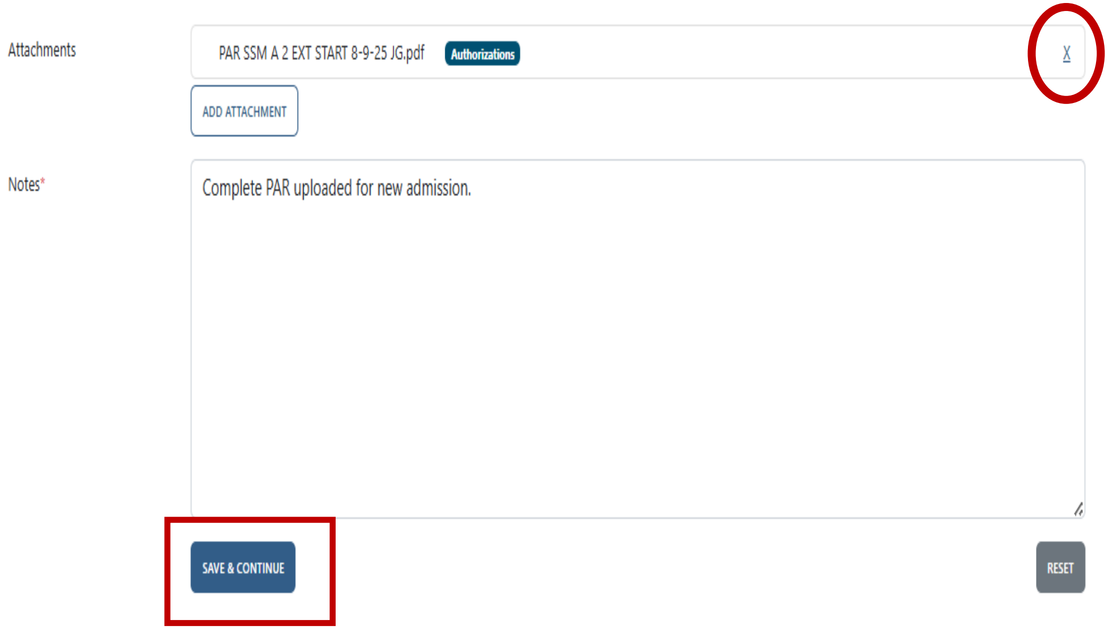
- Add a document from your computer as an attachment by clicking the Add Attachment icon.
- A note of services requested is required and will go directly to the reviewer.

Select the Attachment Type from the dropdown list. Click the Upload icon to add the attachment to the authorization request.

You may tap the listed attachment to view the document in a PDF viewing window.

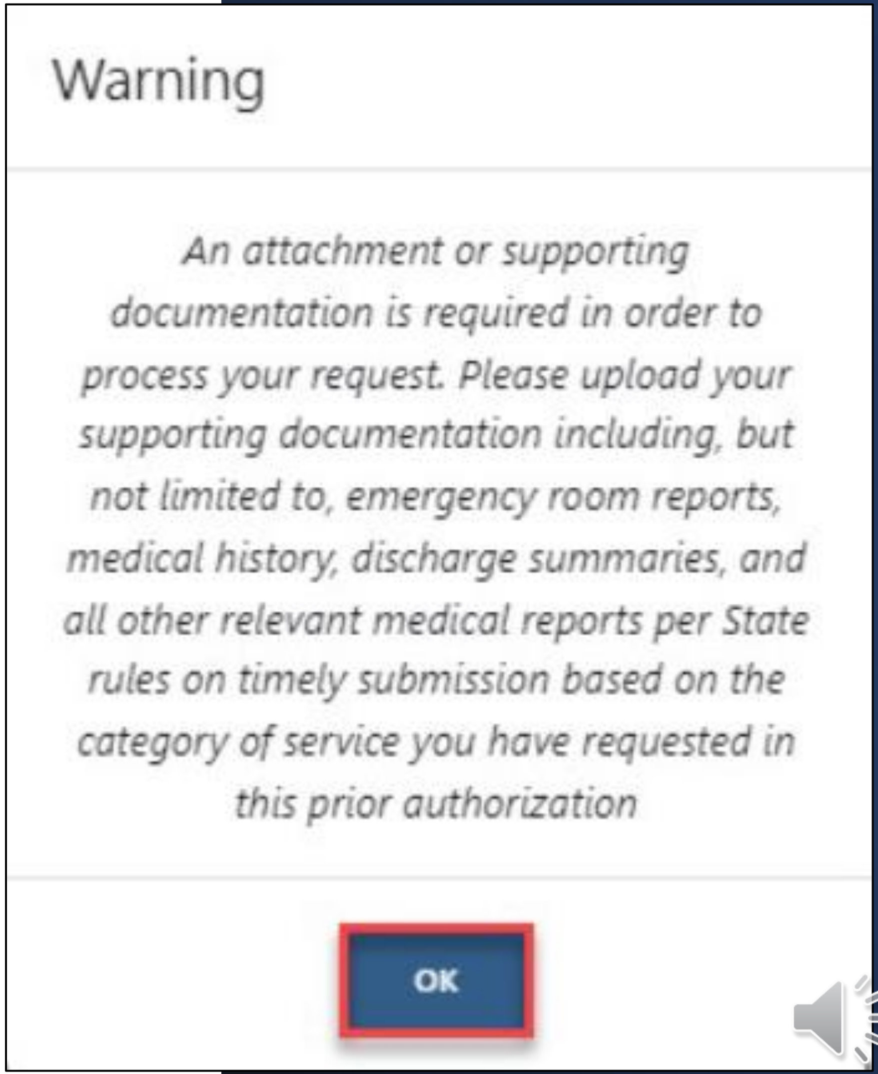


Click the X to the right of the listed attachment to remove it from the request. Multiple documents can be added as attachments by repeating the process for Add Attachment and selecting additional documents from the computer files. Save & Continue when finished.



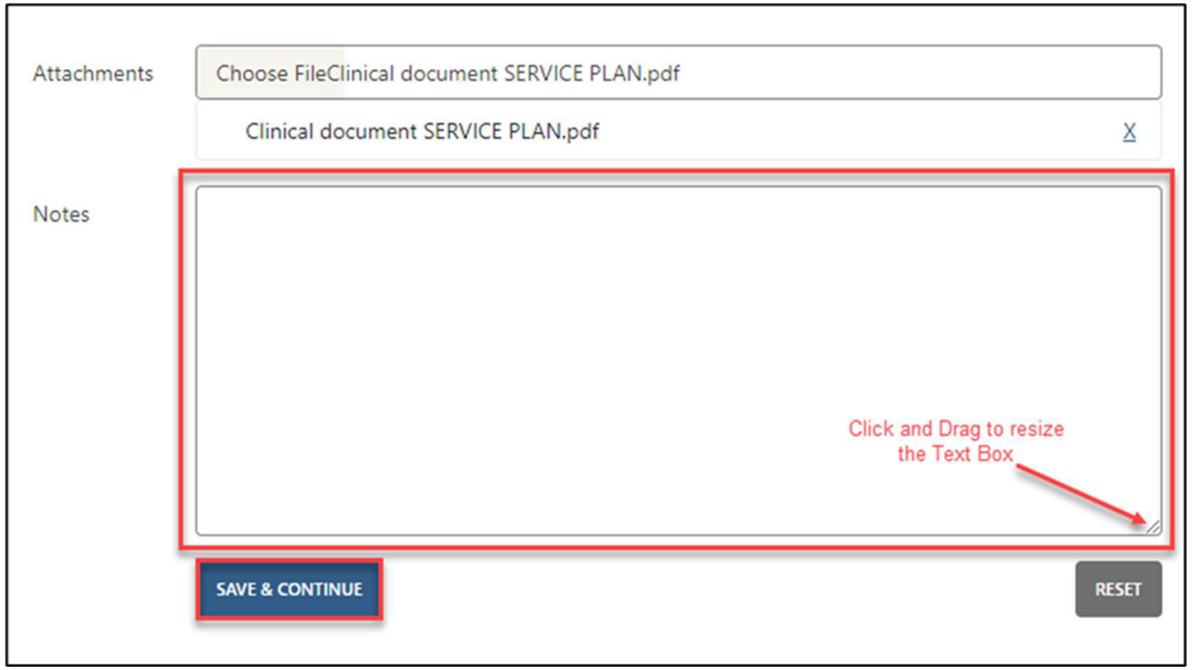
NOTE: A pop-up window with a warning message will be displayed if the User tries to submit the authorization without an attachment.

- User can acknowledge this warning message and continue with submission by pressing OK.

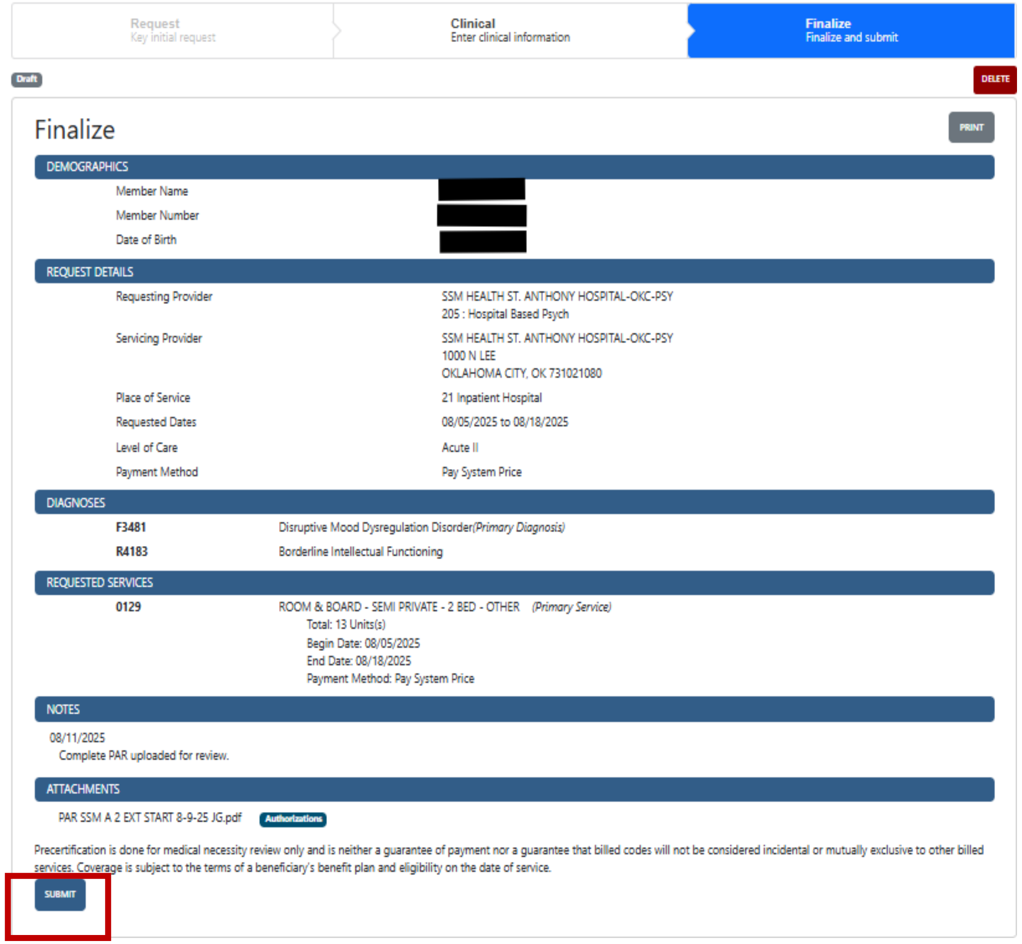


ADD NOTES

- Add note to the request to communicate information to the reviewer(s), such as TPL or Medicare Information, or that the uploaded document is complete.
- Enter the note in the text box.
- *All clinical information is to be in the attachment, not in this Attachment note*!
- There is no character limit to the text field.
- Once the notes are completed, click the Save & Continue icon.



FINALIZE TAB



Request
Key initial request

Clinical
Enter clinical information

Finalize
Finalize and submit

Draft

DELETE

Finalize

PRINT

DEMOGRAPHICS

Member Name	[redacted]
Member Number	
Date of Birth	

REQUEST DETAILS

Requesting Provider	SSM HEALTH ST. ANTHONY HOSPITAL-OKC-PSY 205 : Hospital Based Psych
Servicing Provider	SSM HEALTH ST. ANTHONY HOSPITAL-OKC-PSY 1000 N LEE OKLAHOMA CITY, OK 731021080
Place of Service	21 Inpatient Hospital
Requested Dates	08/05/2025 to 08/18/2025
Level of Care	Acute II
Payment Method	Pay System Price

DIAGNOSES

F3481	Disruptive Mood Dysregulation Disorder*(Primary Diagnosis)*
R4183	Borderline Intellectual Functioning

REQUESTED SERVICES

0129	ROOM & BOARD - SEMI PRIVATE - 2 BED - OTHER *(Primary Service)* Total: 13 Units(s) Begin Date: 08/05/2025 End Date: 08/18/2025 Payment Method: Pay System Price

NOTES

08/11/2025
Complete PAR uploaded for review.

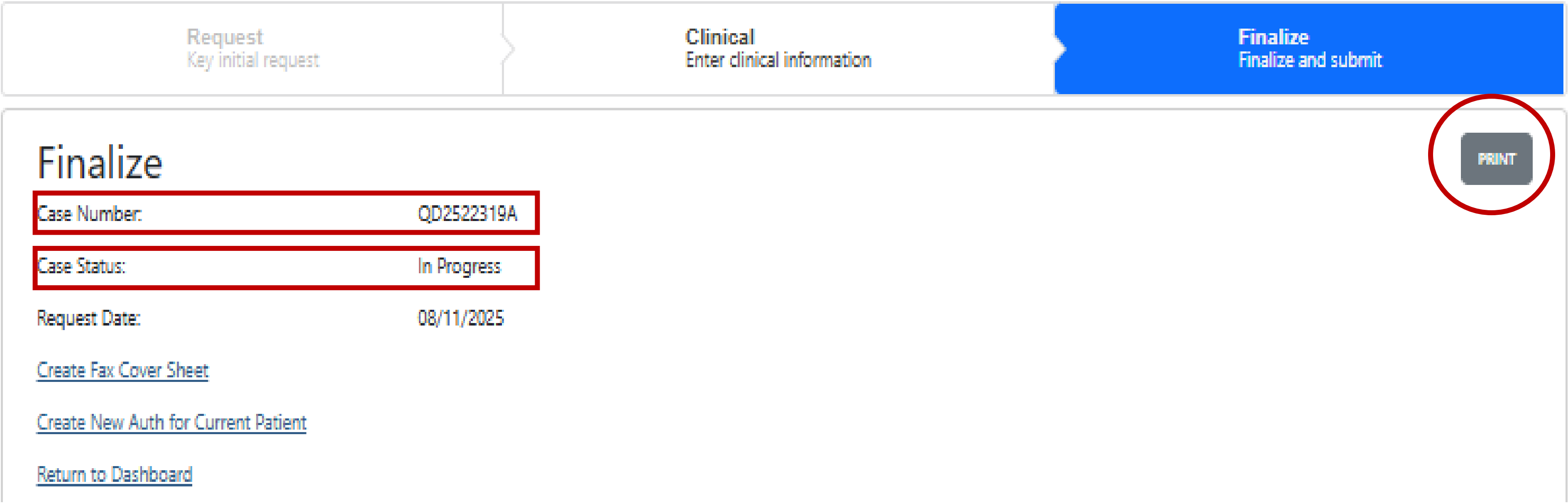
ATTACHMENTS

PAR SSM A 2 EXT START 8-9-25 JG.pdf Authorizations

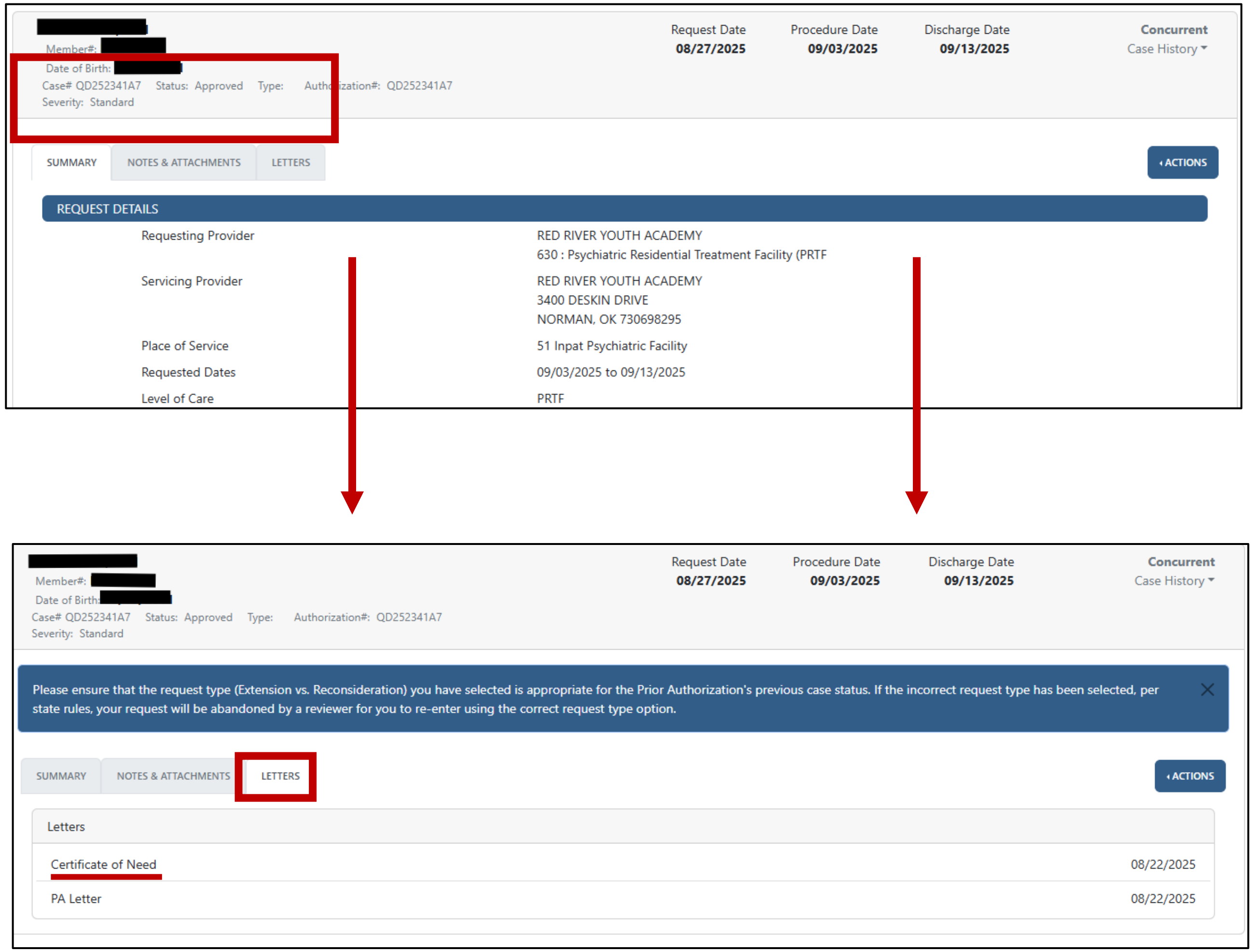
Precertification is done for medical necessity review only and is neither a guarantee of payment nor a guarantee that billed codes will not be considered incidental or mutually exclusive to other billed services. Coverage is subject to the terms of a beneficiary's benefit plan and eligibility on the date of service.

SUBMIT

- The Finalize tab will open with the request summary displayed, allowing a review of the entered information for correctness prior to submitting the request through the system.
- If the information entered is incorrect, users can click the related tab (Request or Clinical) to navigate back to that section and correct the information.
- If the information entered is correct, click SUBMIT at the bottom left of the page.
- This sends the request to OHCA for review and authorization of services.



- After Submitting the request, an eQSuite unique case number will be assign and the request status will be In Progress.
- Users will have options to Create a Fax Cover Sheet, Create a New Auth for Current Member, or Return to the Dashboard.
- The print icon in the upper right corner allows you to print the prior authorization summary or save the summary as a PDF.



LOCATING COMPLETED CONS AND LETTERS

- In the COMPLETED tab locate and tap the member's case row.
- The Summary Page will populate along with tabs for Notes & Attachments and Letters.
- Completed CONs are located in the Letters tab.

OKLAHOMA
Health Care Authority

eQSuite Care Coordination Provider Portal Access:
https://eqsuite-ok.acentra.com/

View Provider Letter describing changes in billing:
2025-19 eQSuite Training.pdf

GET IN TOUCH

4345 N. Lincoln Blvd.
Oklahoma City, OK 73105

oklahoma.gov/ohca
mysoonercare.org

Agency: 405-522-6205
Helpline: 800-522-0114
BH • Press 6 then 2
Help Desk • Press 2 then 1