

CARE COORDINATION PROVIDER PORTAL

eQSuite® Care Coordination Provider Portal Training
OHCA Behavioral Health Unit
November 2025



**GETTING
STARTED**

OBTAINING REGISTRATION LINK

REGISTRATION

- Providers will receive a call from OHCA to determine each provider's administrator for the Portal.
- Providers are to attend the eQSuite Provider Portal training 11/04/2025.
- Once training is complete, OHCA will email a registration link to identified administrators who completed the webinar.
- If you haven't spoken with an OHCA representative about the administrator role, provide the name, phone number and email of your designated practice administrator and OHCA will validate this information with the current OHCA Secure Provider Portal.
- Questions? Contact BHSupport@okhca.org



Providers - Before You Register

- Decide who will be the OHCA eQSuite Practice Administrator.
 - **The first user to register an account for the Provider ID and Service Location (9 numbers followed by a letter) will automatically be assigned the Practice Administrator role.**
 - Each Provider ID and Service Location requires a Practice Administrator for full functionality in the Provider Portal. A single person can be the Practice Administrator at multiple practices.
 - Every account must belong to an individual; no shared accounts are allowed. Email used for account should be business email, not personal. Violations may result in your account being disabled.
 - Practice Administrator is responsible for verifying users they create are authorized to access system/data
 - Practice Administrator is responsible for full User Access management, e.g., creating accounts, granting access to those users as appropriate to their role, and disabling users as needed. These accounts should become part of your organization/business units onboarding and offboarding procedures.
- Practice Administrator Assignment/Re-assignment - (Post enrollment)
 - When creating User accounts, a Practice Administrator has the ability to grant Administrator rights to another user for each practice location.
 - The process of identifying and creating a Co-Administrator for all practice locations is recommended, this will allow for a smoother transition in the event one of the Administrators leaves unexpectedly.
 - In the event the only Practice Administrator leaves unexpectedly, the provider must contact the **OHCA Internet Helpdesk** to identify a new practice Administrator and establish their access. **800-522-0114, Option 2 then Option 3**

Provider Portal Registration

- Providers will receive an email from The Oklahoma Health Care Authority that includes a link to the eQSuite Provider Portal Practice Registration (Shown to the right)
- Note: The first user in a practice to register for the Provider Portal by default is considered the System Administrator for that practice. System Administrators create and manage all user accounts for that practice and can assign other users to also be System Administrators.
- Password Requirements:
 - Must not contain the user's account name or parts of the user's full name exceeding two consecutive characters;
 - Must be at least eight (8) characters in length; and,
 - Must contain at least one non-alphabetic character (i.e.: !@#\$%^&*)

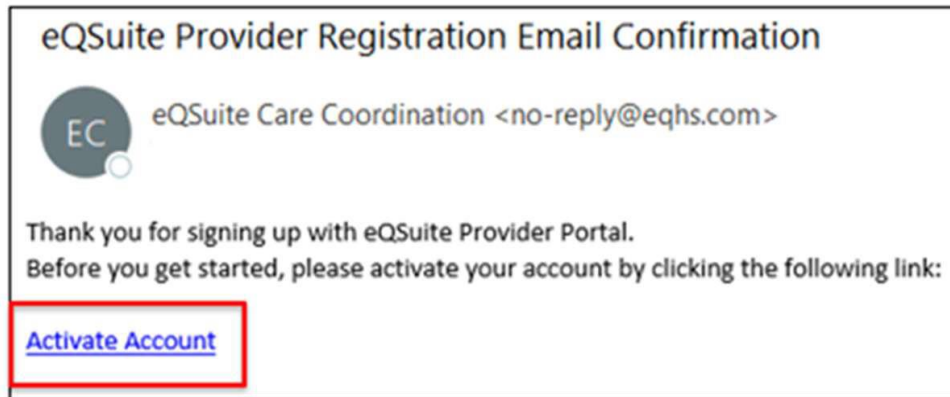
The screenshot shows the 'Registration' form for the eQSuite Provider Portal. The form includes fields for Username, Password, Confirm Password, First Name, Last Name, System Administrator Name, Organization, Provider Name, Provider NPI, Phone Number, Address Line 1, City, and Postal Code. A 'SUBMIT' button is at the bottom right. Several blue callout boxes provide additional information:

- Username should be Business Email address.** (points to Username field)
- First and Last Name of the Individual registering as the...** (points to First Name and Last Name fields)
- Provider Credentials. Note that these are for the eQSuite account only. Optional.** (points to System Administrator Name field)
- This may be something like "Behavioral Health Unit" or "Prior Authorization Unit"** (points to Organization field)
- This should be the name of the actual Medicaid Provider. Eg "General Hospital" or "Dr. John Armetrong"** (points to Provider Name field)
- The Phone number at the provider location.** (points to Phone Number field)
- The NPI of the Provider. This is not required, however invalid NPIs (Not already associated with OHCA Provider account) will not be accepted.** (points to Provider NPI field)
- The Specialty of the Provider, This is optional and is not used for verification against specialties registered with OHCA.** (points to a dropdown menu)
- The Fax number at the provider location. (Note this is NOT The fax number used later in verification)** (points to a dropdown menu)
- The Medicaid ID of the Provider (9 digits followed by a single letter)** (points to a dropdown menu)
- The address/city/state/zip should be the physical address the Administrator is located. Note this is not the address used for verification** (points to Address Line 1, City, and Postal Code fields)

PW Requirements (points to Password and Confirm Password fields)

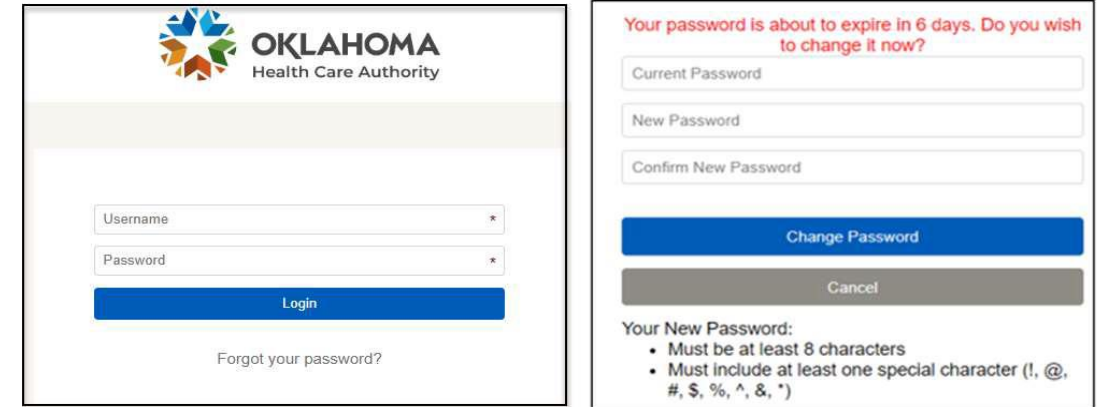
Account Activation

- After submitting initial registration, the user will receive an email containing a link for account activation; follow the steps in that email to activate the user account.
- **Note:** this link expires in 15 minutes.



Logging In

- Once the account has been activated, the user will be directed to the homepage for login.
- Passwords expire every 60 days, and the system will generate notifications starting 14 days in advance of expiration.



eQSuite Care Coordination Provider Portal access:
<https://eqsuite-ok.acentra.com/>

Terms and Conditions

THE ACENTRA HEALTH PORTAL IS SUBJECT TO AND GOVERNED BY TERMS AND CONDITIONS OF USE, BY PROCEEDING OR USING THE ACENTRA HEALTH PORTAL YOU ARE AGREEING THAT YOU HAVE READ AND UNDERSTOOD THE TERMS AND CONDITIONS OF USE AND AGREE TO BE BOUND BY THEM IF YOU DO NOT UNDERSTAND THE TERMS OR CONDITIONS OF USE OR DO NOT AGREE TO BE BOUND BY THEM, DO NOT PROCEED OR OTHERWISE USE THE ACENTRA HEALTH PORTAL. UNAUTHORIZED ACCESS TO THE ACENTRA HEALTH PORTAL IS PROHIBITED.

ACENTRA HEALTH PORTAL TERMS OF USE

- 1. This Terms of Use Agreement (the "Agreement")** is between Acentra Health, LLC on behalf of itself and its affiliates including eHealth Solutions, LLC ("Acentra Health", "We", "Us" or "Our"), the group/operative entity that has been provided an ID (as defined in Section 3 below) to use the Portal (as defined below) the "Provider" "You" or "Your"), and the Users (as defined in Section 2 below) (the Provider and Users shall collectively be "You" or "Your"). This Agreement governs the use of the Acentra Health Portal, including without limitation, all software, insurance codes, graphics, logos, text, documentation, user guides, databases, and compilations of all materials other than Patient Information (as defined in Section 6), enhancements, bug fixes, upgrades, modifications, and copies thereof, and all information, methods and processes contained therein (the "Portal"). By using the Portal, you agree that you accept the terms and conditions of use of the Portal and that you are an authorized user of the Portal. This Agreement is posted on the Portal and is subject to change at any time.
- 2. Authorized Personnel:** "This Portal is intended for access solely by physicians and authorized members of their staff. Authorized members include only: (a) the personnel permitted to access and use the Portal by Provider (Standard User(s)) and (b) Standard Users who have been assigned certain administrative duties ("Administrative User(s)" "Standard User" and "Administrative User" shall be collectively "Users"). If you are an Administrative User, it is your responsibility to identify Standard Users, and to authorize, monitor, and control access to any use of the Portal by such Standard Users. All Users using the Portal represent and warrant that s/he is authorized to use the Portal and to bind You to the terms of this Agreement.
- 3. Data Collection/Consent:** The Portal collects information you provide to us through your interaction with the Portal. This information includes information you provide by completing online forms, accessing, and entering information, including data requests or reports, initiating messages through the Site and online advice. The Portal collects information by sending cookies to your web browser. If your web browser permits it, it collects data as you browse and interact with the Portal. The cookies will provide information about how you use the Portal but will not identify you personally. You can control cookie settings on your computer by adjusting your browser settings to automatically reject some forms of cookies. If you visit the Portal without taking steps to adjust your browser settings to reject cookies, you have communicated your consent to receive all cookies from our Portal. If you do not permit cookies, some features and functionality of our Portal may be limited or unavailable to you. We also use technology tools such as Google Analytics, tags and beacons to collect data for the purposes identified in this Terms of Use Agreement.
- 4. Ownership and Licenses of the Portal.**
 - 4.1** **as a Grant.** Subject to the terms and conditions of this Agreement, We hereby grant to (a) Users a personal, non-transferable, non-exclusive, revocable limited right to use the Portal for the sole purpose of accessing and entering Patient Information (as defined in Section 7) and transmitting such Patient Information to Payers (as defined in Section 8) through the Portal; (b) Administrative Users a personal, non-exclusive, non-transferable, and revocable limited right to use the Portal to maintain, update and support the use of IDs (as defined in Section 4 below); and (c) Users a personal, non-exclusive, non-transferable, and revocable limited right to access and view the private information files and user guides in the Portal for their internal business use only.
 - 4.2** **Ownership.** As between the parties, you agree that We are, with our third-party licensors, the exclusive owner of all right, title and interest in and to the Portal, including without limitation all patent, copyright, trademark, trade secret and other intellectual property rights therein ("Intellectual Property"). All rights not expressly granted in this Agreement are reserved to Us, and no rights or licenses, whether express or implied, arising by estoppel or otherwise, are conveyed or intended by this Agreement except as expressly provided in this Section 4. Any reproduction, distribution, public performance, or public display of these materials, in whole or in part, is prohibited without our express prior written permission or as expressly permitted in Section 4.1.
 - 4.3** **Expressly Prohibited Users.** You will not and You will not allow Users or others to: (a) make unauthorized use, disclosure, reproduction or reproduction of the Portal or Intellectual Property; (b) disseminate, decompile, retransmit, reverse engineer the Portal or Intellectual Property or create a substantially similar Portal and/or Intellectual Property; (c) rent, loan, lease, provide as a commercial service, sublicense, or otherwise permit to Users), transfer, network, reproduce, display, or otherwise distribute the Portal and/or Intellectual Property; (d) copy the Portal and/or Intellectual Property in any form except as necessary to use the Portal in accordance with this Agreement; (e) modify, alter, delete or obscure any proprietary rights notice embedded in or affixed to the Portal and/or its Intellectual Property.
- 5. User IDs and Passwords.** With the proper identification, a Provider will be allowed to register an initial user account (the "Administrative ID"). This Administrative User will then be responsible for creating additional user accounts and passwords for Standard Users to be used in conjunction with the Administrative ID and the User ID (the Administrative ID and the User ID) shall be "IDs"). You are solely responsible for (1) maintaining the strict confidentiality of the IDs assigned to Users, (2) instructing Users to not allow another person to use their IDs to access the Site, (3) any charges, deletions, or losses that may be incurred or suffered as a result of You or Your Users failure to maintain the strict confidentiality of their IDs, and (4) promptly informing Us in writing of any need to deactivate an ID due to security concerns. We are not and will not be liable for any harm related to the theft of IDs, or Your disclosure of IDs, or Your authorization to allow another person or entity to access and use the Portal using Your IDs. You agree to immediately notify Us of any unauthorized use of Your IDs.
- 6. Payer Requirements.** You have been given access to the Portal through an arrangement or an agreement with a third-party insurance company or a governmental entity (a "Payer") and You are permitted to use the Portal only as expressly permitted pursuant to the terms and conditions of this Agreement. Any requirements for the use of the Portal with respect to a particular Payer's processing requirements and/or auto approval rules have been established by the Payer and Acentra Health bears no responsibility therefor. In the event that You are unable to enter, process or transmit Patient Information or have questions regarding the entry, processing, or transmission of information with respect to a particular Payer, any remedies will be in accordance with Your arrangement or agreement with such Payer.
- 7. Patient Information.** The Portal is intended to enable Users to enter and store confidential patient information ("Patient Information") and to transmit such Patient Information to a Payer. Certain state and federal laws, as well as ethical and licensure requirements of Your profession may impose obligations with respect to patient confidentiality that may limit the ability of physicians, health care providers, and persons acting on their behalf, to make use of certain services or to transmit certain information to third parties. You represent and warrant that You will, at all times during the term of this Agreement and thereafter, comply with all laws directly or indirectly applicable to You that may now or hereafter govern the gathering, use, transmission, processing, receipt, reporting, disclosure, maintenance, and storage of the Patient Information, and use Your best efforts to cause all persons or entities under Your direction or control to comply with such laws. You are, at all times during the term of this Agreement and thereafter, solely responsible for obtaining and maintaining all patient consents and all other legally necessary consents or permissions required or advisable to disclose, process, receive, transmit, and view the Patient Information You transmit, store, or receive in connection with the Portal. You agree that We, our licensors, and all other persons or entities involved in the operation of Portal, have the right to monitor, review, store, and use Patient Information in connection with the operation of such Services, and are acting on Your behalf in transmitting Patient Information. We agree to use commercially reasonable efforts to maintain the confidentiality of such information and prevent the disclosure of such information to third parties except in connection with the transmission, storage, retrieval, and disclosure of such information on Your behalf and as may be required or permitted by law. We will use commercially reasonable efforts so that the Portal will not prevent You from complying with the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and its implementing regulations, as amended. Each party shall be responsible for ensuring that performance of its obligations and exercise of its rights under this Agreement comply with HIPAA and all other regulations that are applicable to that party in the operation of its business. Neither party shall have responsibility for the appropriateness of HIPAA or the other party's business. Notwithstanding the above, you are solely responsible for assessing Your compliance with HIPAA and You shall at all times modify and/or implement all policies and procedures necessary to comply with the HIPAA. WE CANNOT AND DO NOT ASSUME ANY RESPONSIBILITY FOR YOUR USE OR MISUSE OF PATIENT INFORMATION OR OTHER INFORMATION TRANSMITTED, MONITORED, PROCESSED, STORED OR RECEIVED USING THE SITE OR THE SERVICES.
- 8. Disclosures.** The Portal is provided "as-is." The Portal is a service to facilitate reporting care management requests to insurance companies only and is not a substitute for the professional judgment of the health care professional in diagnosing and treating patients. You acknowledge that the Portal, including without limitation any information or educational material therein, is in no way intended to prescribe, designate, or limit medical care to be provided or procedures to be performed. You accept responsibility for and acknowledge that You will exercise Your own independent judgment of Your use of the Portal and shall be solely responsible for such use. You shall ensure the compliance with this Agreement by Your employees, Users, agents, officers, directors, and other representatives and shall bear the responsibility for any breach of this Agreement by them. You further agree that We shall have no liability to You or any third party arising out of Your or any User or any third party's use of the Portal. Unless otherwise agreed to in writing by the parties, You further acknowledge that You shall be solely responsible for any modifications, additions, alterations or other changes made by You to the Portal or Patient Information. EXCEPT AS EXPRESSLY PROVIDED HEREIN, WE MAKE NO WARRANTIES OF ANY KIND, EITHER EXPRESS OR IMPLIED, INCLUDING, WITHOUT LIMITATION, IMPLIED WARRANTIES OF MERCHANTABILITY, FITNESS FOR A PARTICULAR PURPOSE, TITLE, OR NON-INFRINGEMENT, OR WARRANTIES ARISING BY COURSE OF DEALING OR CUSTOM OR TRADE. EXCEPT AS EXPRESSLY PROVIDED HEREIN, WE HAVE NO REPRESENTATIONS OR WARRANTIES THAT YOUR ACCESS TO AND USE OF THE PORTAL (1) WILL OPERATE UNINTERRUPTED OR ERROR-FREE, (2) IS FREE OF VIRUSES, UNAUTHORIZED CODE, OR OTHER HARMFUL COMPONENTS, (3) IS SECURE OR (4) WILL PRODUCE ACCURATE RESULTS. YOU ARE RESPONSIBLE FOR TAKING ALL PRECAUTIONS YOU BELIEVE NECESSARY OR ADVISABLE TO PROTECT YOU AGAINST ANY CLAIM, DAMAGE, LOSS, THREAT, OR HAZARD THAT MAY ARISE BY VIRTUE OF YOUR USE OF THE PORTAL. NO ORAL OR WRITTEN INFORMATION OR ADVICE PROVIDED BY ACENTRA HEALTH, ITS AGENTS OR EMPLOYEES WILL CREATE ANY WARRANTY OR IN ANY WAY INCREASE OR OTHERWISE MODIFY THE SCOPE OF THE WARRANTIES EXPRESSLY PROVIDED IN THIS AGREEMENT.
- 9. Exclusion of Damages.** UNDER NO CIRCUMSTANCES WHATSOEVER WILL WE BE RESPONSIBLE OR LIABLE TO YOU OR ANY OTHER ENTITY OR USER FOR ANY DIRECT, COMPENSATORY, INDIRECT, INCIDENTAL, CONSEQUENTIAL INCLUDING LOST PROFITS AND LOST BUSINESS OPPORTUNITIES, SPECIAL, EXEMPLARY, OR PUNITIVE DAMAGES ARISING FROM OR RELATED TO, IN ANY MANNER WHATSOEVER, (1) YOUR USE OF THE PORTAL OR (2) ERRORS, INACCURACIES, OMISSIONS, DEFECTS, UNWILLINGNESS, SECURITY BREACHES, OR ANY OTHER FAILURE TO PERFORM BY US, AND THE FOREGOING EXCLUSIONS SHALL APPLY REGARDLESS OF WHETHER OR NOT WE HAVE BEEN ADVISED OF THE POSSIBILITY OF SUCH DAMAGES.
- 10. Limitation of Liability.** IF, NOTWITHSTANDING THE OTHER TERMS OF THIS AGREEMENT, WE SHOULD HAVE ANY LIABILITY TO YOU OR ANY THIRD PARTY FOR ANY LOSS, HARM OR DAMAGE, YOU AND WE AGREE THAT SUCH LIABILITY SHALL UNDER NO CIRCUMSTANCES EXCEED ONE THOUSAND DOLLARS (\$1000.00). YOU AND WE AGREE THAT THE FOREGOING LIMITATION OF LIABILITY IS THE EXCLUSIVE REMEDY FOR SUCH DAMAGES AND REPRESENTS A FAIR AND REASONABLE ALLOCATION OF RISK BETWEEN YOU AND US. YOU ACKNOWLEDGE THAT ABSENT YOUR AGREEMENT TO THIS LIMITATION OF LIABILITY, WE WOULD NOT PROVIDE THE SITE TO YOU.
- 11. Indemnity.** You agree to defend, indemnify and hold us harmless against any loss, expense, cost or damage (including our reasonable attorneys' fees, expert fees, and other reasonable costs of litigation) arising from, incurred as a result of, or in any manner related to (1) Your breach of the terms of this Agreement, (2) Your unauthorized or unlawful use of the Portal, and (3) the unauthorized or unlawful use of the Portal by any other person using Your IDs.
- 12. Confidentiality.** You agree to keep the Confidential Information (as defined below) strictly confidential and treat it in the same manner and with the same due care and discretion that You treat Your own most confidential and sensitive information. You agree not to publish, disclose, divulge, or disseminate the Confidential Information to any third party. You further agree to grant access to Confidential Information only to Your officers, directors, employees, contractors, and consultants who have a legitimate need to know the information and who are bound by a confidentiality agreement or other agreement to keep the Confidential Information strictly confidential and who agree not to use or disclose the Confidential Information except as required and permitted under this Agreement. You agree that You will not, at any time, without the prior permission of Acentra Health: (a) copy, duplicate, caricature or create derivative works of the Confidential Information, or any part thereof; (b) use the Confidential Information to develop functionally similar computer software; or for any other purpose not expressly permitted under this Agreement; or (c) permit any third party to do any of the foregoing. "Confidential Information" shall include the IDs, Patient Information, Payers, the Portal, Intellectual Property, any ideas, improvements, features, customizations, enhancements, inventions, know-how or other intellectual property created, invented, conceived, suggested, developed, or reduced to practice by either You or Us pursuant to this Agreement. Upon termination of this Agreement, You shall immediately cease all use of the Confidential Information, in whatever form, and, at our option, return or destroy and certify in writing the destruction thereof, any and all copies of the Confidential Information.
- 13. Term and Termination.** The term of this Agreement ("Term") shall begin upon the date first used by You, and shall continue unless otherwise terminated. We may immediately terminate this Agreement, with or without cause, at any time, upon giving notice to You.
- 14. Injunctive Relief.** You acknowledge that a breach by You of any of the covenants set forth herein may result in immediate and irreparable injury to us, and that in the event of a breach or threatened breach, We will be entitled to seek from any court of competent jurisdiction preliminary and permanent injunctive relief, which remedy will be cumulative and in addition to any other rights and remedies to which We may be entitled, in equity or by law, without necessity of posting bond or other security.
- 15. U.S. Government End Users.** The software and documentation in the Portal is a "commercial item" as that term is defined in 48 C.F.R. 2.101 (Oct. 2015), consisting of "commercial computer software" and "commercial computer software documentation" (as such terms are used in 48 C.F.R. 12.105 (Oct. 2015). Consistent with 48 C.F.R. 127.7002 (Nov. 2015) through 127.7002-4 (Oct. 2015), all U.S. Government End Users acquire the software and documentation in the Portal with all rights set forth in this Agreement.
- 16. General.** This Agreement constitutes the entire agreement of the parties with respect to the subject matter hereof and supercedes all prior agreements and understandings regarding the Portal. If any provision of this Agreement is held to be unenforceable, such provision shall be reformed only to the extent necessary to make it enforceable. You shall not assign this Agreement or any part of this Agreement, or any rights or obligations granted hereunder, without our prior written consent, and any attempt to do so contrary shall be as a matter of law. Neither party will be responsible for any delay or failure of performance resulting from causes beyond its control. Our failure to exercise any of our rights under this Agreement for a breach thereof by You shall not be deemed to be a waiver of any subsequent breach of the same or any other provision. The sites of the sections hereof are for convenience only. All sections necessary to interpret the rights and duties of the parties shall survive termination of this Agreement. This Agreement shall be interpreted and governed according to the laws of the State of California, USA, without regard to its conflict of laws, provisions and any claim or action shall be resolved in a court of competent jurisdiction located within the State of California.

Terms and Conditions

- Upon initial login (or if/when Terms and Conditions are updated), users will need to acknowledge the system Terms and Conditions.

Practice Verification

- OHCA/eQSuite Provider Portal Practice Administrators require practice verification.
- A “**Practice Not Verified**” notification will display upon each login until the verification process is completed.

Notifications

Nicole Wright is not verified

Dr.Domingo is not verified

Insurance is not verified

CLOSE

START VERIFICATION

- Practice verification allows a user to quickly check the status of all authorization requests associated with the Practice's OHCA Medicaid Provider ID, including those entered in eQSuite by the clinical team through a fax or phone request.
- Authorization requests can be entered using a practice that has not been verified; however, a user will only be able to see the requests that they have entered in the system if verification is not completed.
- **NOTE:** Authorizations that were not initiated in the eQSuite Portal are not viewable in the eQSuite Portal.

Where will the PIN Letter be sent? Can I update the address?

- A PIN will be sent by US Mail to the servicing address of the provider.
- Update Provider Information in the SoonerCare Portal. For assistance see [Update Provider Files: An Inside Look.](#)

Practice Administrator Verification (PIN Letter)

- System administrators must request a Verification PIN by clicking Start Verification in the practice verification pop-up window.
- The system will redirect the user to the Administrator menu, Practice Administrator tab.
- Practice Administrator tab lists all OHCA Medicaid ID numbers affiliated with a user's account.




The screenshot displays the Provider Portal interface. At the top, a navigation bar includes 'Provider Portal', 'AUTHORIZATIONS', 'ADMIN', 'MY PROFILE', and 'HELP'. On the right, the user's name 'Danielle Guidry' and a 'Logout' link are visible. A 'Notifications' pop-up window is open, listing three items: 'Nicole Wright is not verified', 'Dr.Domingo is not verified', and 'Insurance is not verified'. It features 'CLOSE' and 'START VERIFICATION' buttons. A red arrow points from the 'START VERIFICATION' button to the 'PRACTICE ADMIN' tab in the main interface. The main interface has three tabs: 'PRACTICE ADMIN', 'USER ADMIN', and 'INACTIVE USERS'. Below the tabs is a table with the following data:

Practice Name	Office Name	Status	Options
PRACTICE TAX# [input]	Nicole Wright	Not Verified	[icon]
PRACTICE TAX# [input]	Dr.Domingo	Not Verified	[icon]
PRACTICE TAX# [input]	Insurance	Not Verified	[icon]

Practice Administrator Verification (PIN Letter)

- Click on the **Not Verified** Link under the Status column for each Practice to begin the verification process.


By creating and managing system users, you agree to restrict access to employees, contractors or other individuals who have explicitly agreed to comply with the privacy and non-disclosure agreement.


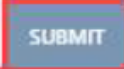
PRACTICE ADMIN USER ADMIN INACTIVE USERS			
Practice Name	Office Name	Status	Options
PRACTICE TAX#	Nicole Wright	Not Verified	
PRACTICE TAX#	Dr.Domingo	Not Verified	
PRACTICE TAX#	Insurance	Not Verified	

- Method of Verification:
 - Address: A system-generated PIN will be mailed to the address registered with OHCA Provider Engagement.

Request Verification

Verification Method

Please select a method 

Status

[In Progress](#)

Verify Practice using PIN Letter

- Once the Verification PIN has been received through the mail, navigate to Practice Administrator by logging in and selecting ADMIN from the top menu.
- Under the status column, click **In Progress** and enter the verification PIN in the pop-up window, then click Submit.
- Status will change from In Progress to **Verified**.
- Users are now able to view all requests associated with the practice.

The screenshot displays the Practice Administrator interface. At the top, a navigation bar includes links for LOCATOR, HEALTH & WELLNESS OPPORTUNITIES, ADMIN (highlighted with a red box), and MY PROFILE. Below this, a table lists practice requests with columns for Office Name and Status. The table contains three entries: 'Horse Wright' (Status: Not Verified), 'Dr Demings' (Status: Not Verified), and 'Insurance' (Status: In Progress, highlighted with a red box). A red arrow points from the 'In Progress' status to a pop-up window titled 'Verification In-Progress'. This window asks 'Would you like to cancel the verification request?' and prompts the user to 'Please enter PIN (Case Sensitive*)' with a text input field (highlighted with a red box). At the bottom of the pop-up are 'CANCEL' and 'SUBMIT' buttons (the 'SUBMIT' button is highlighted with a red box). A red arrow points from the 'SUBMIT' button to the 'Status' column of the table, which now shows 'Verified' for the 'Insurance' entry.

Office Name	Status
Horse Wright	Not Verified
Dr Demings	Not Verified
Insurance	In Progress

Verification In-Progress

[Would you like to cancel the verification request?](#)

Please enter PIN (Case Sensitive*)

CANCEL SUBMIT

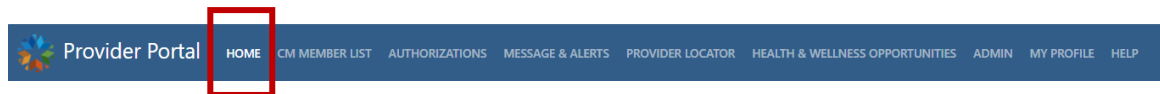
Status
Verified

TOP MENU

HOME

The Home option in the main menu bar is the default and is the first page seen upon login.

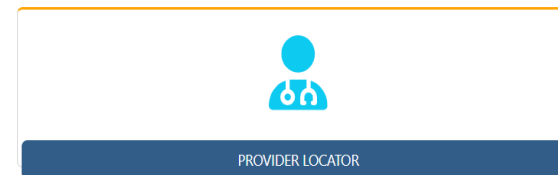
Clicking on **Home** from anywhere in the system will return the user to the Welcome page.



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

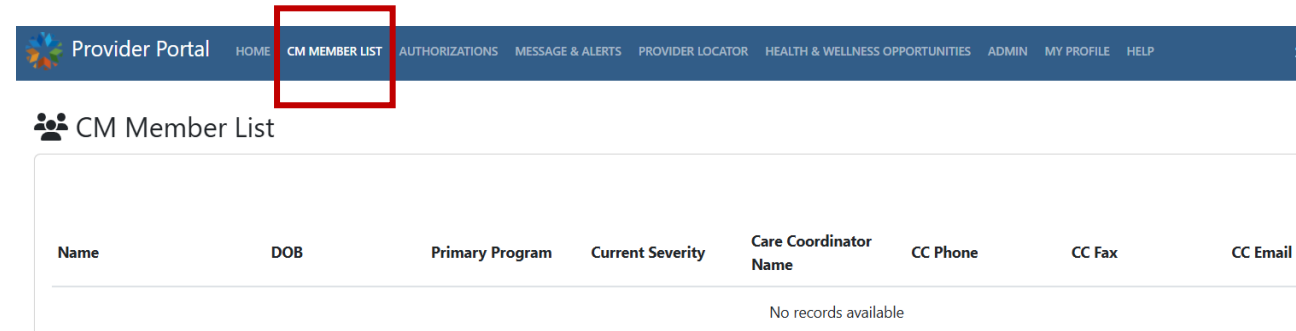
The User can select from four different tiles on the Welcome page:

- Authorizations
- Messages & Alerts
- Provider Locator
- Health and Wellness Opportunities



CM MEMBER LIST

- The CM Member List option in the main menu bar will display all Members who have the User listed as their Primary Care Provider.
- Patient information displayed on the list includes patient:
 - Date of Birth
 - Program Type
 - Current Severity
 - Current Care Coordinator
 - Phone Number
 - Fax number
 - Email address



Provider Portal

HOME CM MEMBER LIST AUTHORIZATIONS MESSAGE & ALERTS PROVIDER LOCATOR HEALTH & WELLNESS OPPORTUNITIES ADMIN MY PROFILE HELP

CM Member List

Name	DOB	Primary Program	Current Severity	Care Coordinator Name	CC Phone	CC Fax	CC Email
No records available							

For most Behavioral Health Providers, this tab will be empty as it lists those assigned to the Provider as the member's Primary Care Provider (PCP).

PREDICTIVE MODELING REPORT

- The Predictive Modeling Report for each member can be accessed via the CM Member List.
- The User can click on the three dots across from the desired member under the “Options” column.
- The User can click Predictive Modeling Report and a pop-out window with the report will generate.

CM Member List

Name	DOB	Primary Program	Current Severity	Care Coordinator Name	CC Phone	CC Fax	CC Email	Options
Member, Test	07/30/2012		Outreach	2nd Nurse Case Manager	(333) 333-4444		NCM2@ac	<div>VIEW PREDICTIVE MODELING REPORT</div>

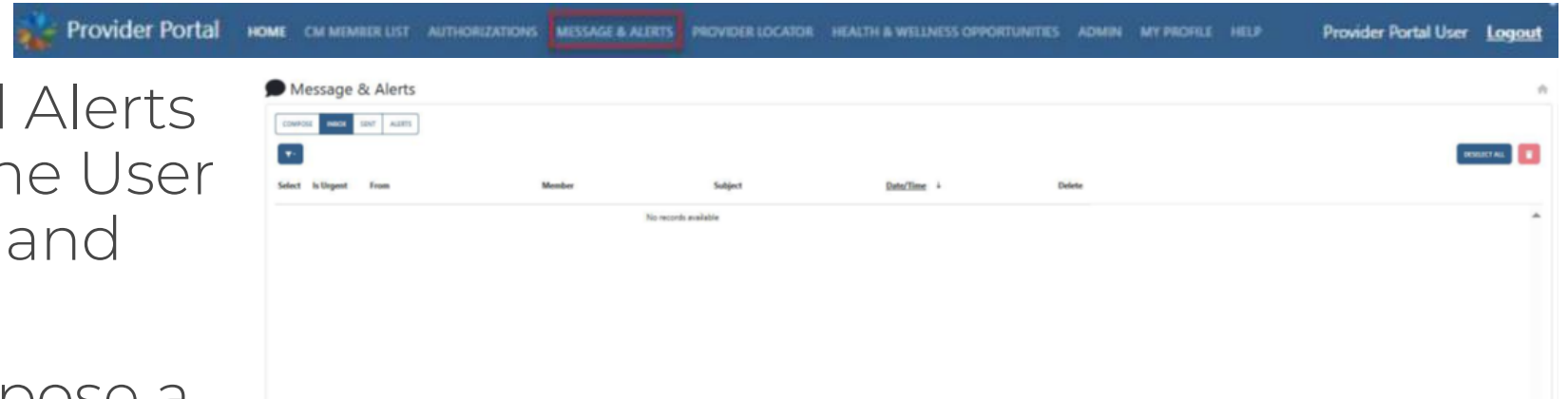


AUTHORIZATIONS


- The Authorizations option brings the User to the Authorizations Dashboard.
- The User will see four different tabs: Action Required, Completed, Submitted, and Drafts.
- The tab labeled “Action Required” is the default page of the Authorizations dashboard.

MESSAGES AND ALERTS

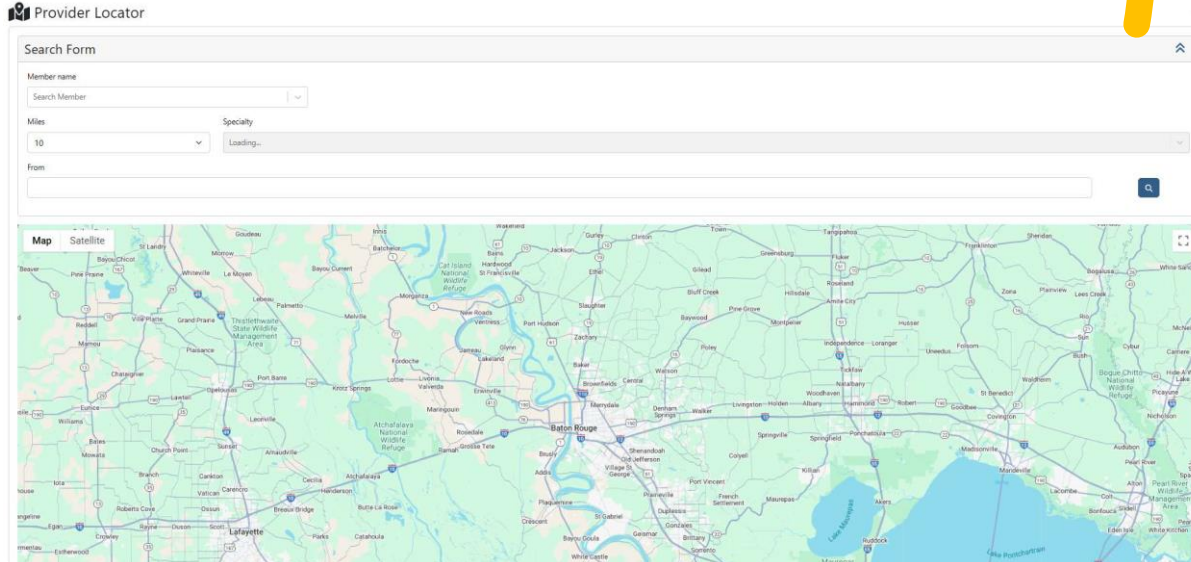
- The Messages and Alerts option will bring the User to their messages and alerts inbox.
- The User can compose a message, view their received or sent messages, and view any alerts they have.



PROVIDER LOCATOR



Provider Portal HOME CM MEMBER LIST AUTHORIZATIONS MESSAGE & ALERTS PROVIDER LOCATOR HEALTH & WELLNESS OPPORTUNITIES ADMIN MY PROFILE HELP Provider Portal User Logout



Provider Locator

Search Form

Member name
Search Member

Miles: 10 Specialty: Loading...

From:

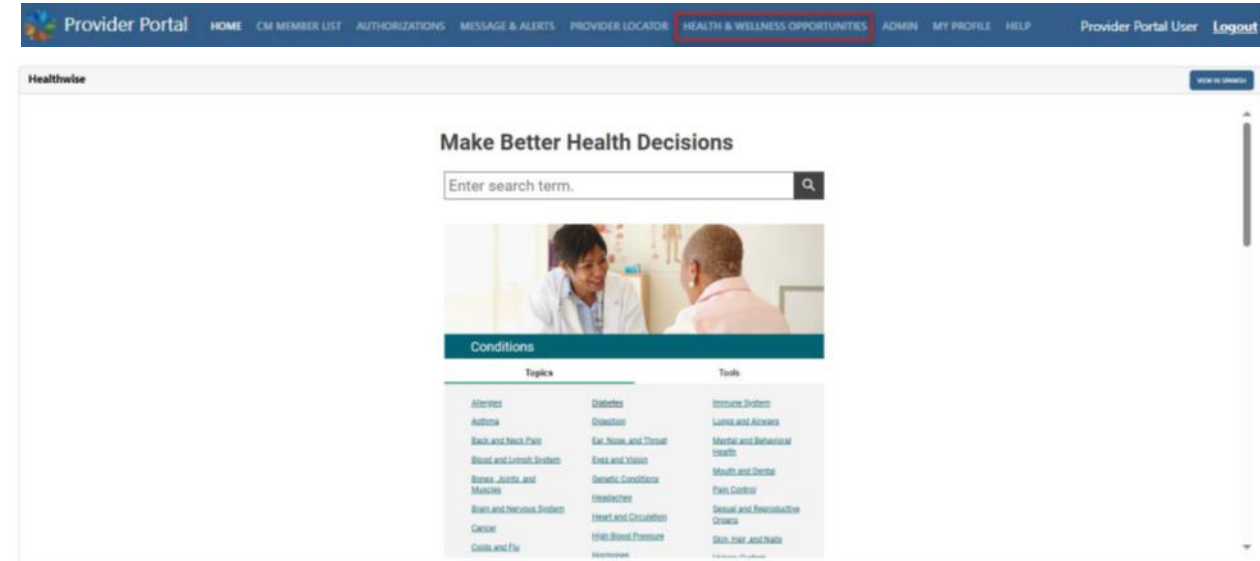
Map Satellite

The screenshot shows a map of Louisiana with various cities and towns labeled. The map is centered on the Baton Rouge area. The search form is located at the top of the map area, and the map itself is a standard street map with green areas for parks and blue areas for water.

- The Provider Locator option will bring the User to the Provider Locator page.
- The User can then enter Member Name, Provider Type, Number of Miles, Provider Specialty and Address to locate a provider.

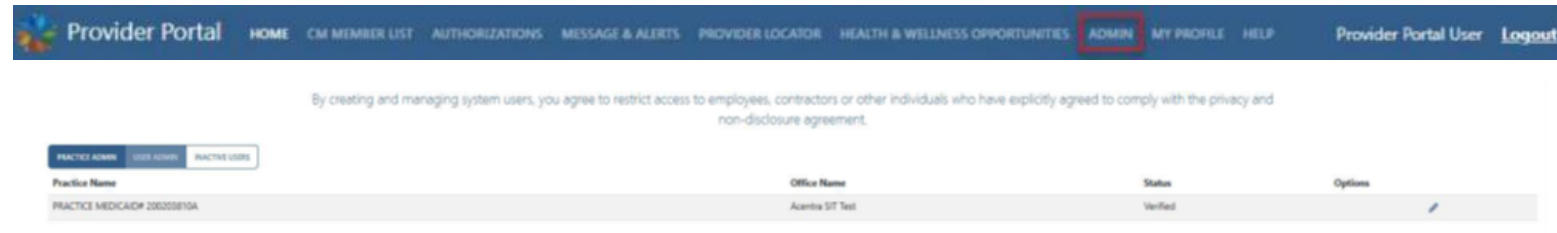
HEALTH AND WELLNESS OPPORTUNITIES

- The Health and Wellness option allows Users to learn more about ways to manage or improve their health through the HealthWise search engine.



ADMIN

- Only practice administrators can add other users as practice administrators.
- The Admin tab may not be an option on your top menu.
- Users with practice administration permission can create new users, send password reset email links, manage practices affiliated with a user's account, and update a user's demographic information.



MY PROFILE

-
- All users can update their contact information (i.e.: email, phone numbers, address) and reset their password.
 - Clicking the My Profile option on the main menu bar will open the User Info tab.

USER INFO

Navigation: AUTHORIZATIONS MESSAGE & ALERTS PROVIDER LOCATOR HEALTH & WELLNESS OPPORTUNITIES ADMIN **MY PROFILE** HELP

User Info ✓
User Information

Demographics ✓
User Demographics

Email* Testuser@acentra.com

Username* Testuser@acentra.com

Password Change Password

Practices*

Practice	Administrator	CC Access	UR Access
✓ Acentra QA 2	✉	Read/Write Access	Read/Write Access

NPI Search for NPI...

NPI	Name	Remove
1992995666	ABC MEDICAL CLINIC	X

PREVIOUS RESET **UPDATE** NEXT

- Send a change password email link to the listed email address and add/remove NPI numbers associated with your account.
- Click UPDATE to save any changes.
- Click NEXT to proceed to the Demographics tab.
- Edit or update name, address, and/or phone number.
- Click UPDATE to save changes.



User Info ✓
User Information

Demographics ✓
User Demographics

First Name*	<input type="text" value="Provider"/>
Last Name*	<input type="text" value="Portal User"/>
Address 1*	<input type="text" value="123 Street"/>
Address 2	<input type="text"/>
City*	<input type="text" value="Oklahoma City"/>
State*	<input type="text" value="Oklahoma"/> ▼
Zip*	<input type="text" value="73105"/>
Phone*	<input type="text" value="0000000000"/>

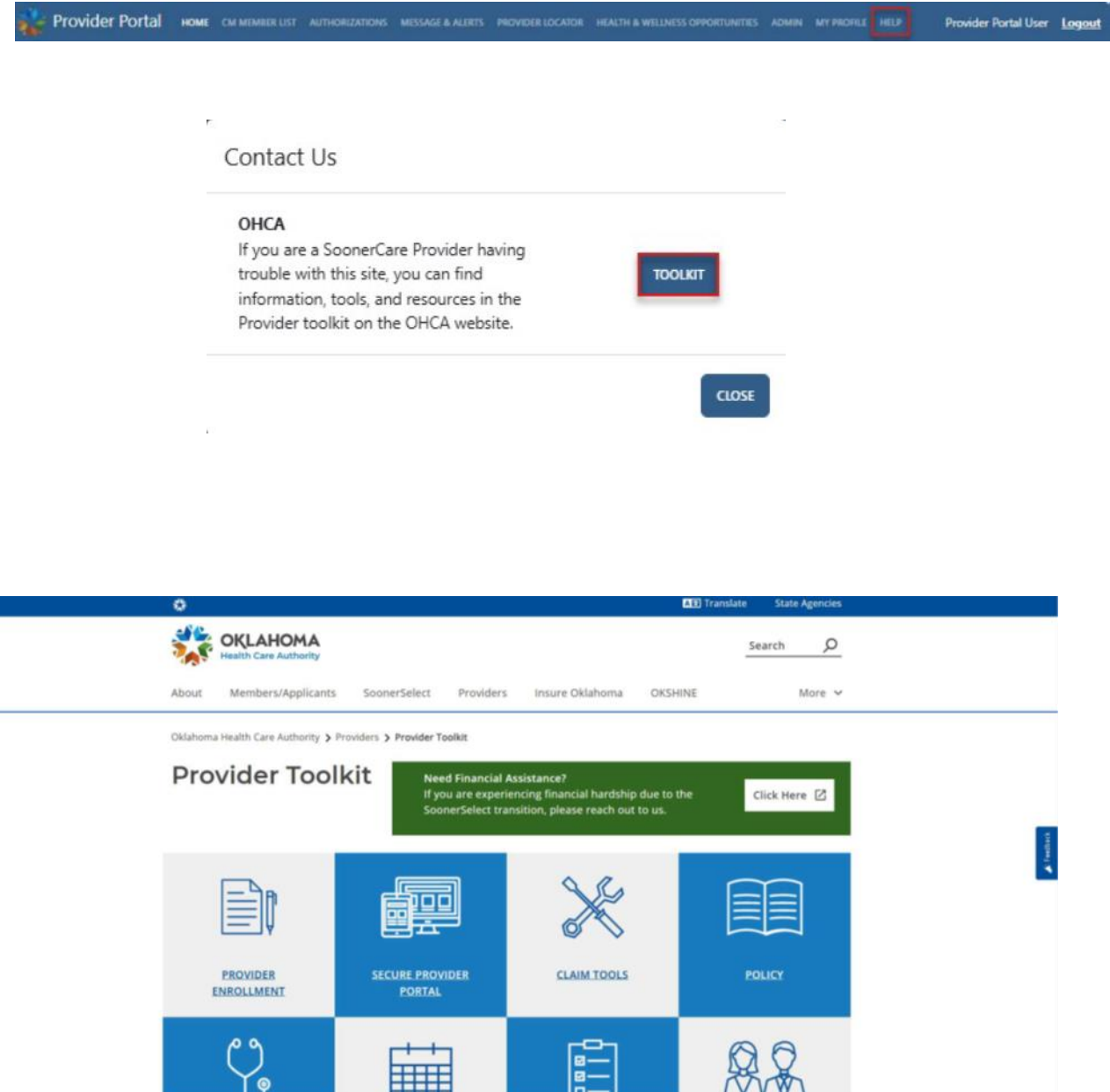
[PREVIOUS](#)[RESET](#)[UPDATE](#)[NEXT](#)

DEMOGRAPHICS

Edit or update name, address, and/or phone number. Click UPDATE to save changes.

HELP

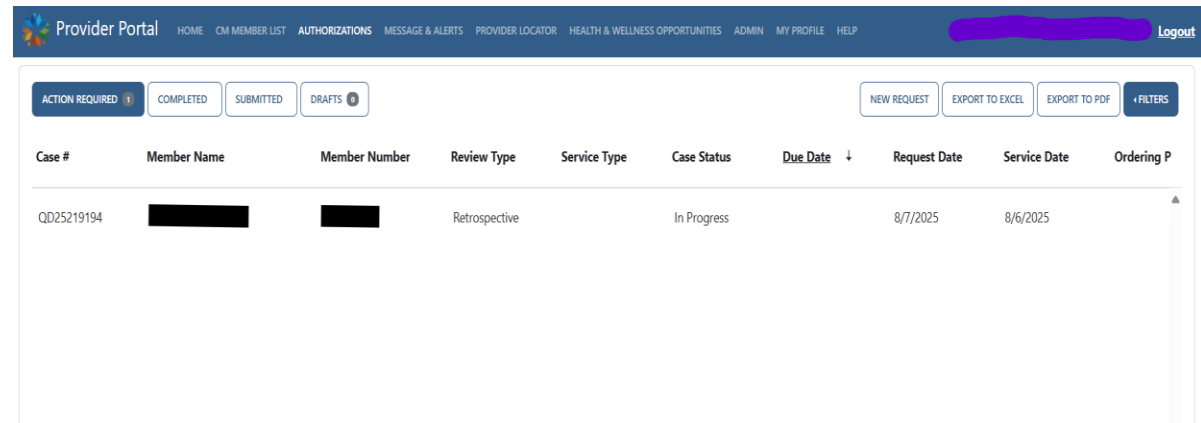
- The Help menu option provides the user with Customer Support or Provider Relations team contact information.
- A pop-up window will appear with a message stating, “If you are a SoonerCare Provider having trouble with this site, you can find information, tools and resources in the Provider Toolkit on the OHCA website”.
- Clicking the Toolkit icon will open a new browser tab that directs the User to the URL for the Provider Toolkit.



AUTHORIZATIONS DASHBOARD


AUTHORIZATIONS DASHBOARD

- The Authorization Dashboard is divided into four working tabs – Action Required, Completed, Submitted, and Draft tabs.
- Users can review existing prior authorization request information, export lists of authorization requests, enter new authorizations requests, check the status of pending authorizations, enter requests for extensions or reconsiderations, respond to requests to additional information, and enter discharge dates.
- The tab highlighted blue is the current working dashboard shown on a user's screen.
- The default open tab when logging into the Provider Portal is the Action Required tab.



The screenshot shows the 'Provider Portal' interface. The top navigation bar includes links for HOME, CM MEMBER LIST, AUTHORIZATIONS (highlighted), MESSAGE & ALERTS, PROVIDER LOCATOR, HEALTH & WELLNESS OPPORTUNITIES, ADMIN, MY PROFILE, and HELP. A 'Logout' button is in the top right. Below the navigation bar, there are four tabs: ACTION REQUIRED (highlighted in blue), COMPLETED, SUBMITTED, and DRAFTS (with a count of 0). To the right of these tabs are buttons for NEW REQUEST, EXPORT TO EXCEL, EXPORT TO PDF, and FILTERS. The main content area is a table with the following columns: Case #, Member Name, Member Number, Review Type, Service Type, Case Status, Due Date (with a dropdown arrow), Request Date, Service Date, and Ordering P. A single row is visible with the following data: Case # QD25219194, Member Name [REDACTED], Member Number [REDACTED], Review Type Retrospective, Service Type [REDACTED], Case Status In Progress, Due Date [REDACTED], Request Date 8/7/2025, Service Date 8/6/2025, and Ordering P [REDACTED].

Case #	Member Name	Member Number	Review Type	Service Type	Case Status	Due Date ↓	Request Date	Service Date	Ordering P
QD25219194	[REDACTED]	[REDACTED]	Retrospective	[REDACTED]	In Progress	[REDACTED]	8/7/2025	8/6/2025	[REDACTED]

 **Provider Portal** [HOME](#) [CM MEMBER LIST](#) [AUTHORIZATIONS](#) [MESSAGE & ALERTS](#) [PROVIDER LOCATOR](#) [HEALTH & WELLNESS OPPORTUNITIES](#) [ADMIN](#) [MY PROFILE](#) [HELP](#) [Provider Portal User](#) [Logout](#)

ACTION REQUIRED 1 **COMPLETED** **SUBMITTED** **DRAFTS 2** [NEW REQUEST](#) [EXPORT TO EXCEL](#) [EXPORT TO PDF](#) [FILTERS](#)

Case #	Member Name	Member Number	Review Type	Service Type	Case Status	Due Date ↓	Request Date	Service Date	Ordering Provider
206945	Happy, JOY	1028110339	Initial		In Progress		11/14/2022	11/14/2022	MATTHEW HAMILTON

1 - 1 of 1 items

ACTION REQUIRED TAB

- The Action Required tab is the default tab seen upon system login.
- This tab lists authorization requests in which OHCA clinical reviewers have requested additional information (i.e.: clinical documentation, test results) before a determination can be made.
- The number next to Action Required indicates the number of authorization requests that have been sent to the provider for additional information.

ACTION REQUIRED, CONT.

- Click on the row of the listed authorization request to open the request summary and view notes related to the additional information needed.

Provider Portal

HOME CM MEMBER LIST AUTHORIZATIONS MESSAGE & ALERTS PROVIDER LOCATOR HEALTH & WELLNESS OPPORTUNITIES ADMIN MY PROFILE HELP Provider Portal Use

ACTION REQUIRED 1 COMPLETED SUBMITTED DRAFTS 2

NEW REQUEST EXPORT TO EXCEL EXPORT TO PDF FILTERS

Case #	Member Name	Member Number	Review Type	Service Type	Case Status	Due Date ↓	Request Date	Service Date	Ordering Provider
206945	Happy, JOY	1028110339	Initial		In Progress		11/14/2022	11/14/2022	MATTHEW HAMILTON

1 - 1 of 1 items

Happy, JOY

Member#: 1028110339

Date of Birth: 07/26/1965

Case#: 206945 Status: In Progress Type: Authorization#: Not assigned

Severity: Standard

Request Date 11/14/2022

Procedure Date 11/14/2022

Initial Case History ▼

SUMMARY NOTES & ATTACHMENTS LETTERS ACTIONS

ADD NOTES AND ATTACHMENTS

Notes

Danielle Guidry 12/13/2022
Please submit the most recent clinicals for this member.

Danielle Guidry 11/14/2022
Emergent inpatient admission to Acute Care due to sepsis post I&D procedure.

Attachments

Clinical document SERVICE PLAN.pdf

RESPONDING TO ACTION REQUIRED AUTHORIZATION REQUESTS

Happy, JOY
Member#: 1028110339
Date of Birth: 07/26/1965
Case#: 206945 Status: In Progress Type: Inpatient Authorization#: Not assigned
Severity: Standard

Request Date: 11/14/2022 Procedure Date: 11/14/2022 Initial Case History ▾

SUMMARY NOTES & ATTACHMENTS LETTERS ACTIONS

ADD NOTES AND ATTACHMENTS

Attachments Choose File No file chosen Click icon to upload an attachment/document

Notes

Danielle Guidry 12/13/2022
Please submit the most recent clinicals for this mem

Danielle Guidry 11/14/2022
Emergent Inpatient admission to Acute Care due to

Attachments

Clinical document SERVICE PLAN.pdf

Type Notes to the Clinical Reviewer in this text field.

CANCEL SAVE & CONTINUE

- Providers can respond to Action Required requests by adding notes or attachments requested to that authorization request.
- Under the **Notes and Attachments** tab, click on the **Add Notes and Attachments** icon.
- To submit an attachment, click the **Choose File** icon and upload the attachment from the local computer files.
- Notes can be added to the Notes text field.
- Click **Save and Continue** to return the authorization request back to the clinical reviewer.

ACTION REQUIRED 0		COMPLETED	SUBMITTED	DRAFTS 2						NEW REQUEST	EXPORT TO EXCEL	EXPORT TO PDF	FILTERS
Case #	Member Name	Member Number	Review Type	Service Type	Case Status	Due Date ↓	Request Date	Service Date	Ordering Provider				

-
- The request is then sent back to the clinical reviewer with the attachments and/or notes entered and will no longer be listed on the Action Required tab.

VIEWING EXISTING AUTHORIZATION REQUEST SUMMARY & REQUEST ACTION DETAILS

Provider Portal [HOME](#) [CM MEMBER LIST](#) [AUTHORIZATIONS](#) [MESSAGE & ALERTS](#) [PROVIDER LOCATOR](#) [HEALTH & WELLNESS OPPORTUNITIES](#) [ADMIN](#) [MY PROFILE](#) [HELP](#) Provider Portal User [Logout](#)

ACTION REQUIRED 2 COMPLETED SUBMITTED DRAFTS 3 Click on a tab to select that tab [NEW REQUEST](#) [EXPORT TO EXCEL](#) [EXPORT TO PDF](#) [FILTERS](#)

Case #	Member Name	Member Number	Review Type	Service Type	Case Status	Request Date	Service Date	Ordering Provider	Servicing Provider
206945	Happy, JOY	1028110339	Initial		In Progress	11/14/2022	11/14/2022	MATTHEW HAMILTON	HMH HOSPITALS CO
206923	Rubble, Betty	1030557880	Initial		In Progress	11/16/2022	11/16/2022	MATTHEW HAMILTON	ABLE IMAGING LLC
206319	LANE, PENNY	1252568863	Initial		In Progress	11/11/2022	11/11/2022	MATTHEW HAMILTON	HERAPY ADVANTAGE
205401	Beauty, Sleeping	1408701968	Initial		In Progress	8/29/2022	9/28/2022	AYESHA HAMEED	PRO HEALTH AMBUL CENTE

1 - 4 of 4 items

Happy, JOY
Member: 1028110339
Date of Birth: 07/26/1965
Case# 206945 Status: In Progress Type: Authorization: Not assigned
Severity: Standard

Request Date: 11/14/2022 Procedure Date: 11/14/2022 Initial Case History

SUMMARY NOTES & ATTACHMENTS LETTERS ACTIONS

INPATIENT REQUEST

Requesting Provider	MATTHEW HAMILTON Family Practice
Servicing Provider	HMH HOSPITALS CORPORATION OCEAN UNIVERSITY MEDICAL BRICK, NJ 087247732
Place of Service	21 Inpatient Hospital
Requested Dates	11/14/2022 to 11/19/2022
Level of Care	Acute

DIAGNOSES

A4189	Other Specified Septic Primary Diagnosis
-------	--

REQUESTED SERVICES

DETERMINATIONS

Initial	In Progress
---------	-------------

Recertification 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.

VIEWING AN EXISTING AUTHORIZATION REQUEST SUMMARY

- Authorization request details can be viewed for any PAR listed in the four Authorization Dashboard tabs:
 - Action Required
 - Completed
 - Submitted
 - Drafts
- Click to choose the Authorization Dashboard tab then locate the request in the list.
- Click anywhere on the line of that request to open the request details.

Rubble, Betty Member#: 1030557880 Date of Birth: 01/29/1969 Case# 206923 Status: In Progress Type: Severity: Standard	Authorization#: Not assigned	Request Date 11/14/2022	Procedure Date 11/16/2022	Initial Case History ▾
--	------------------------------	-----------------------------------	-------------------------------------	---------------------------

MEMBER BANNER

- The member banner is in the top left corner of the window and contains the member name, member ID#, DOB, case number, status, severity, and an authorization number if a determination has been applied to the request.
- The authorization request's request date, procedure date, and case history list is located at the top right of the member banner.

SUMMARY TAB

- The summary tab displays a summarization of all information entered for the authorization request to include the requesting provider, servicing provider, place of service, diagnoses, requested services, and a determination if one has been applied to this request.
- This page can be printed if needed (see Printing Summary Page).

Rubble, Betty Member#: 1030557880 Date of Birth: 01/29/1969 Case#: 206923 Status: In Progress Type: Authorization#: Not assigned Severity: Standard		Request Date 11/14/2022	Procedure Date 11/16/2022	Initial Case History ▾
SUMMARY	NOTES & ATTACHMENTS	LETTERS	ACTIONS	
OUTPATIENT REQUEST				
Requesting Provider		MATTHEW HAMILTON Family Practice		
Servicing Provider		ABLE IMAGING LLC 999 ROUTE 73 N MARLTON, NJ 080531227		
Place of Service		99 Other Unlisted Facility		
Requested Dates		11/16/2022 to 11/30/2022		
DIAGNOSES				
S86329A		Lacerat Musc/Tend Peroneal Grp At Low Leg Lev, Unsp Leg, Init(Primary Diagnosis)		
G8911		Acute Pain Due To Trauma		
REQUESTED SERVICES				
0614		MAGNETIC RESONANCE IMAGING (MRT) - MRI OTHER (Primary Procedure) Total: 1 Visit(s) Begin Date: 11/16/2022 End Date: 11/30/2022		
Show Requested Procedures				
DETERMINATIONS				
No Determinations				

NOTES & ATTACHMENTS TAB

Rubble, Betty
Member#: 1030557880
Date of Birth: 01/29/1969
Case#: 206923 Status: In Progress Type: Authorization#: Not assigned
Severity: Standard

Request Date: 11/14/2022 Procedure Date: 11/16/2022 Initial Case History ▾

SUMMARY **NOTES & ATTACHMENTS** LETTERS ACTIONS

ADD NOTES AND ATTACHMENTS


Notes

SSM HEALTH ST. ANTHONY HOSPITAL 08/12/2025
Member has TPI, Humana Gold Medicare Replacement as Part C.

Attachments

TD Participant Pre Work.pdf Authorizations

- To view notes and attachments for the request, click on the Notes & Attachments tab.
- Notes are listed in most recent order of entered note at the top of the widget.
- Documents added to the request as an attachment are listed under the Attachment widget.

<div>  Provider Portal HOME CM MEMBER LIST AUTHORIZATIONS MESSAGE & ALERTS PROVIDER LOCATOR HEALTH & WELLNESS OPPORTUNITIES ADMIN MY PROFILE HELP Logout </div>									
<div> <div> ACTION REQUIRED 1 COMPLETED SUBMITTED DRAFTS 0 </div> <div> NEW REQUEST EXPORT TO EXCEL EXPORT TO PDF FILTERS </div> </div>									
Extend	Case #	Member Name	Member Number	Review Type	Service Type	Authorization #	Completed Date	Discharge Date	Case Status
+	QD2520518D	CASE, TEST		Initial		QD2520518D	8/2/2025		Approved
+	QD2520918E			Retrospective		QD2520918E	8/1/2025		Approved
+	QD25197177			Concurrent		QD25197177	8/1/2025		Approved
+	QD2520218B	CASE, TEST		Initial		QD2520218B	7/21/2025		Approved
+	QD2520218A			Initial		QD2520218A	7/21/2025		Approved
+	QD2519817D			Initial		QD2519817D	7/18/2025		Approved
+	QD25198181			Initial		QD25198181	7/18/2025		Approved
	QD25198186			Initial		QD25198186	7/18/2025	2/5/2025	Approved

COMPLETED TAB

- The Completed Tab lists all authorization requests with a final determination entered by the clinical reviewer.
- The determination is listed in the Case Status column.
- Access the request summary by clicking on the row of the request.
- Providers can also request extensions from the Completed Tab by clicking the + icon to the left of the row in the Extend column.

SUBMITTED TAB

- The Submitted Tab lists authorization requests that have been submitted by the provider, but a clinical review and determination has not been made.
- The status of these requests will display In Progress.
- Access or open a request by clicking on the row.

ACTION REQUIRED 0

COMPLETED

SUBMITTED

DRAFTS 2

NEW REQUEST

EXPORT TO EXCEL

EXPORT TO PDF

+ FILTERS

Case #	Member Name	Member Number	Review Type	Service Type	Case Status	Request Date ↓	Service Date	Ordering Provider
206945	Happy, JOY	1028110339	Initial		In Progress	11/14/2022	11/14/2022	MATTHEW HAMILTON
206923	Rubble, Betty	1030557880	Initial		In Progress	11/14/2022	11/16/2022	MATTHEW HAMILTON
206319	LANE, PENNY	1252568863	Initial		In Progress	11/11/2022	11/11/2022	MATTHEW HAMILTON
205401	Beauty, Sleeping	1408701968	Initial		In Progress	8/29/2022	9/28/2022	AYESHA HAMEED

ACTIONREQUIRED0

COMPLETED

SUBMITTED



DRAFTS2

NEW REQUEST

EXPORT TO EXCEL

EXPORT TO PDF

+ FILTERS

Delete	Member Name	Member Number	Review Type	Service Type	Request Date ↓	Service Date	Ordering Provider	Servicing Provider
	Test, Mister	1024247372	Extension		11/14/2022	9/7/2022	ROBERT EDELMAN	GROUP, PC MOUNT KISCO MEDICAL
	Flintstone, Pebbles	1031735560	Initial		11/14/2022	11/14/2022	MATTHEW HAMILTON	MATTHEW HAMILTON

DRAFTS TAB

- The Drafts Tab lists requests that have been initiated by the provider but have not been completed or submitted for clinical review.
- Drafts can be seen by any user in the same practice.

DELETING A DRAFT

- Draft authorization requests can be deleted.
- Click the trashcan icon to the left of the request row.
- Confirm the deletion by clicking Ok in the confirmation pop-up window.
- The request will then be removed from the draft list.

The screenshot shows the 'DRAFTS' tab selected in the top navigation bar. Below the tabs is a table with columns: Delete, Member Name, Member Number, and Review. Two rows are visible: 'Test, Mister' with Member Number 1024247372 and 'Flintstone, Pebbles' with Member Number 1031735560. A red box highlights the trashcan icon in the 'Delete' column for the first row. A red arrow points from this icon to a confirmation dialog box. The dialog box contains the text 'cctest.eqhs.com says' and 'Are you sure you wish to delete this item?'. It has two buttons: 'OK' (highlighted with a red box) and 'Cancel'. To the right of the dialog, part of another table is visible with columns for 'Request', 'Export to Excel', 'Export to PDF', and 'Filters'. Below these are rows for 'Servicing Provider' with values 'GROUP, PC MOUNT KISCO MEDICAL' and 'MATTHEW HAMILTON'.

Action Required	Completed	Submitted	Drafts (2)
Delete	Member Name	Member Number	Review
	Test, Mister	1024247372	Extend
	Flintstone, Pebbles	1031735560	Initial

cctest.eqhs.com says

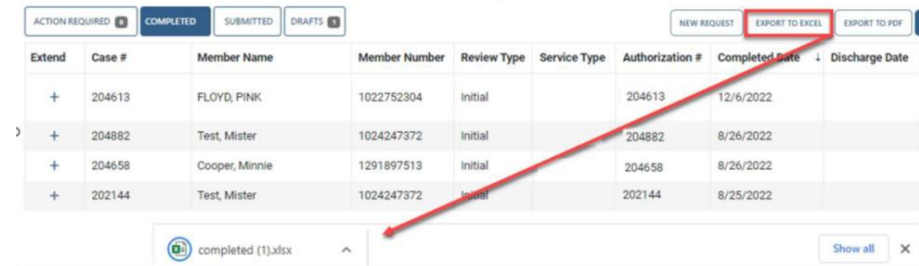
Are you sure you wish to delete this item?

OK Cancel

REQUEST	EXPORT TO EXCEL	EXPORT TO PDF	FILTERS
Servicing Provider			
GROUP, PC MOUNT KISCO MEDICAL			
MATTHEW HAMILTON			

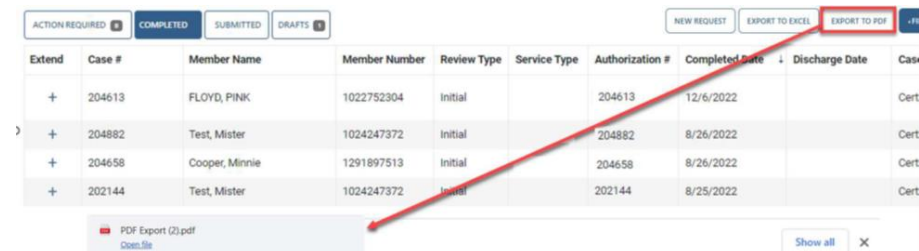
EXPORT TO EXCEL OR PDF

- Users have the option to export the dashboard from any of the four authorizations tabs (**Action Required**, **Completed**, **Submitted**, and/or **Drafts**) to PDF or Excel Sheet Format.
- Click the **Export to Excel** or **Export to PDF** icon at the top right of the screen.
- The exported document will download to the bottom or top of the screen to be open and/or saved to the user's computer.
- The information exported from the dashboard will reflect any filters set on the dashboard.



A screenshot of a dashboard interface. At the top, there are four tabs: 'ACTION REQUIRED', 'COMPLETED', 'SUBMITTED', and 'DRAFTS'. To the right of these tabs are three buttons: 'NEW REQUEST', 'EXPORT TO EXCEL' (highlighted with a red box), and 'EXPORT TO PDF'. Below the tabs is a table with columns: 'Extend', 'Case #', 'Member Name', 'Member Number', 'Review Type', 'Service Type', 'Authorization #', 'Completed Date', and 'Discharge Date'. The table contains four rows of data. At the bottom of the screen, a notification bar shows a download icon, the text 'completed (1).xlsx', and a 'Show all' button.

Extend	Case #	Member Name	Member Number	Review Type	Service Type	Authorization #	Completed Date	Discharge Date
+	204613	FLOYD, PINK	1022752304	Initial		204613	12/6/2022	
+	204882	Test, Mister	1024247372	Initial		204882	8/26/2022	
+	204658	Cooper, Minnie	1291897513	Initial		204658	8/26/2022	
+	202144	Test, Mister	1024247372	Initial		202144	8/25/2022	

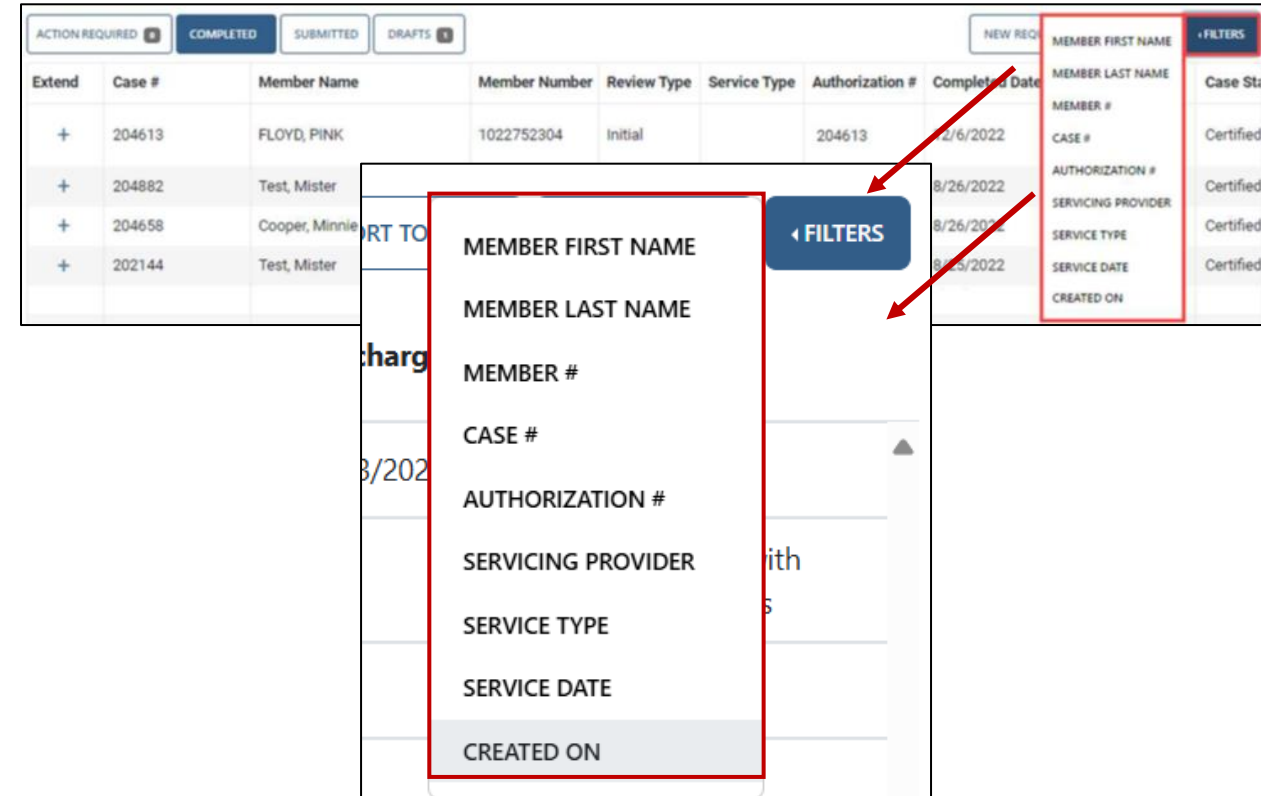


A screenshot of the same dashboard interface. The 'EXPORT TO PDF' button is highlighted with a red box. A red arrow points from this button to a notification bar at the bottom of the screen. The notification bar shows a PDF icon, the text 'PDF Export (2).pdf', and a 'Show all' button.

Extend	Case #	Member Name	Member Number	Review Type	Service Type	Authorization #	Completed Date	Discharge Date	Case
+	204613	FLOYD, PINK	1022752304	Initial		204613	12/6/2022		Cert
+	204882	Test, Mister	1024247372	Initial		204882	8/26/2022		Cert
+	204658	Cooper, Minnie	1291897513	Initial		204658	8/26/2022		Cert
+	202144	Test, Mister	1024247372	Initial		202144	8/25/2022		Cert

AUTHORIZATION DASHBOARD FILTERS

- Each authorization dashboard tab has a filter icon located at the top right of the screen.
- Users can filter the dashboard by selecting a filter or filters. Click the filter icon to view the pop-out filter menu options. Filter options include:
 - Member First Name
 - Member Last Name
 - Member #
 - Case # (NOTE: Unique number to identify the Authorization request in the eQSuite System)
 - Authorization #
 - Servicing Provider
 - Service Type (NOTE: This column will be blank)
 - Service Date
 - Created On
- NOTE: The Filters tab does not include the option to filter by Review Type. The User can click the Column Header labeled "Review Type" to filter the authorizations by Review Type.



FILTER BY MEMBER ID NUMBER

1022752304 ✓ ✕

ACTION REQUIRED 0 COMPLETED 1 SUBMITTED 0 DRAFTS 0

NEW REQUEST MEMBER FIRST NAME MEMBER LAST NAME MEMBER # CASE # AUTHORIZATION # SERVICING PROVIDER SERVICE TYPE SERVICE DATE CREATED ON

Extend	Case #	Member Name	Member Number	Review Type	Service Type	Authorization #	Completed Date	Case Status
+	204613	FLOYD, PINK	1022752304	Initial		204613	12/6/2022	Certified
+	204882	Test, Mister	1024247372	Initial		204882	8/26/2022	Certified
+	204658	Cooper, Minnie	1291897513	Initial		204658	8/26/2022	Certified
+	202144	Test, Mister	1024247372	Initial		202144	8/25/2022	Certified

- Filter the displayed dashboard by a member number by clicking the filter icon and selecting **Member #** filter option from the pop-out menu list.
- Enter the member number in the filter text field at the top left of the screen and click the checkmark to apply the filter.

Member Number: 1022752304 ✕

ACTION REQUIRED 0 COMPLETED 1 SUBMITTED 0 DRAFTS 0

NEW REQUEST EXPORT TO EXCEL EXPORT TO PDF FILTERS

Extend	Case #	Member Name	Member Number	Review Type	Service Type	Authorization #	Completed Date	Discharge Date	Case Status
+	204613	FLOYD, PINK	1022752304	Initial		204613	12/6/2022		Certified
+	91179	FLOYD, PINK	1022752304	Initial		91179	2/3/2021		Certified
+	81097	FLOYD, PINK	1022752304	Initial		81097	12/16/2020		Certified

1 - 3 of 3 items

FILTER BY MEMBER FIRST AND/OR LAST NAME

- Filtering the displayed dashboard by a member's first and/or last name will display only requests related to that member.
- Click the filter icon at the top right of the screen and select **Member First Name** and/or **Member Last Name** from the menu list.
- Type the member's name in the filter text box that displays at the top left of the screen and click the checkmark to apply the filter.
- The dashboard will then filter to the requested member name.
- **NOTE:** When filtering by a member's first and/or last name, the first and last name will be under the same column titled "Name". The first and last name are separated by a comma. The search results will yield any first or last name that matches the name entered in the search.

Member First Name:

✓

✕

ACTION REQUIRED

COMPLETED

SUBMITTED

DRAFTS

NEW REQUEST

MEMBER FIRST NAME

MEMBER LAST NAME

MEMBER #

CASE #

AUTHORIZATION #

SERVICING PROVIDER

SERVICE TYPE

SERVICE DATE

CREATED ON

FILTERS

Extend	Case #	Member Name	Member Number	Review Type	Service Type	Authorization #	Completed Date	Case Status
+	204613	FLOYD, PINK	1022752304	Initial		204613	12/6/2022	Certified
+	204882	Test, Mister	1024247372	Initial		204882	8/26/2022	Certified
+	204658	Cooper, Minnie	1291897513	Initial		204658	8/26/2022	Certified
+	202144	Test, Mister	1024247372	Initial		202144	8/25/2022	Certified

Member First Name: Mister

ACTION REQUIRED

COMPLETED

SUBMITTED

DRAFTS

NEW REQUEST

EXPORT TO EXCEL

EXPORT TO PDF

FILTERS

Extend	Case #	Member Name	Member Number	Review Type	Service Type	Authorization #	Completed Date	Discharge Date	CaseS
+	204882	Test_Mister	1024247372	Initial		204882	8/26/2022		Certif
+	202144	Test_Mister	1024247372	Initial		202144	8/25/2022		Certif
+	140351	Test_Mister	1024247372	Initial		140351	10/4/2021		Certif

FILTER BY SERVICE DATE

- The displayed dashboard can be filtered by the requested Service Date, which is the first day of the requested service.
- Click the filter icon and select the **Service Date** menu option from the pop-out menu.
- Click the **calendar** icon located in the filter field to enter the service date or type the date in the filter field.
- Click the **checkmark** to apply the filter.

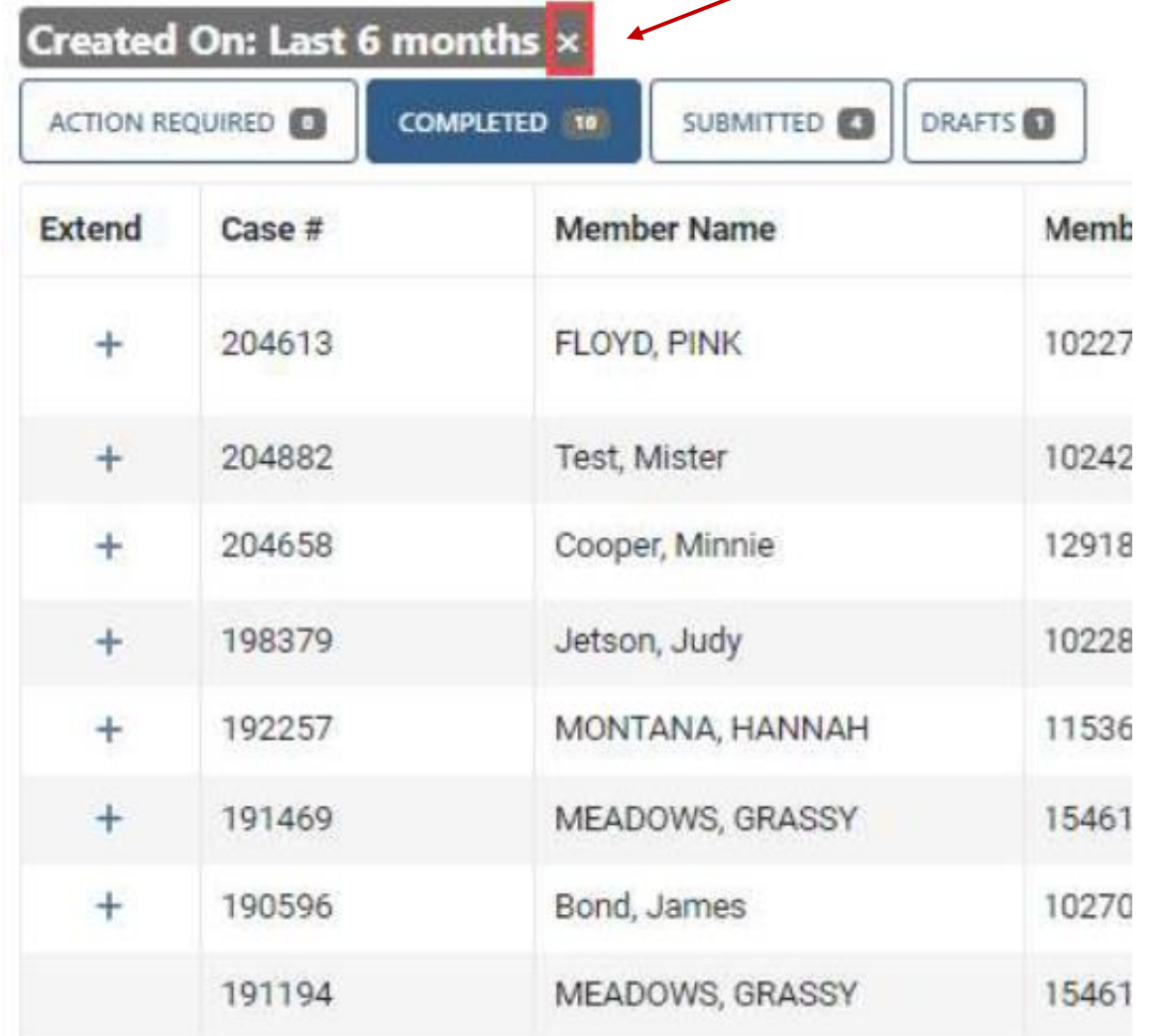
Extend	Case #	Member Name	Member Number	Review Type	Service Type	Authorization #	Completed Date	MEMBER LAST NAME	Case St
+	204613	FLOYD, PINK	1022752304	Initial		204613	12/6/2022		
+	204882	Test, Mister	1024247372	Initial		204882	8/26/2022		
+	204658	Cooper, Minnie	1291897513	Initial		204658	8/26/2022		
+	202144	Test, Mister	1024247372	Initial		202144	8/25/2022		

Extend	Case #	Member Name	Member Number	Review Type	Service Type	Authorization #	Completed Date	Discharge Date	Case
+	192257	MONTANA, HANNAH	1153690800	Extension		192257	6/27/2022		Certif
+	191469	MEADOWS, GRASSY	1546145022	Initial		191469	6/21/2022		Certif

1 - 2 of 2 items

CLEARING FILTERS

- To clear any set filters, click the X on the right side of the set filter.
- The dashboard will refresh its default state to include all authorization requests.



Created On: Last 6 months X

ACTION REQUIRED 0 COMPLETED 10 SUBMITTED 4 DRAFTS 1

Extend	Case #	Member Name	Membr
+	204613	FLOYD, PINK	10227
+	204882	Test, Mister	10242
+	204658	Cooper, Minnie	12918
+	198379	Jetson, Judy	10228
+	192257	MONTANA, HANNAH	11536
+	191469	MEADOWS, GRASSY	15461
+	190596	Bond, James	10270
	191194	MEADOWS, GRASSY	15461

ENTERING NEW 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.

How to tell the difference:

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

Different Provider Types mean different ways to extend current PAs:

General Hospital/DRG/MedSurg

- Existing PA Cases will continue to submit by FAX through discharge.
- New PA Cases must be submitted through the eQSuite Provider Portal.

Acute II or PRTF

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

Acute Psychiatric Hospitals

- Existing PA Cases will continue to submit by FAX through discharge.
 - 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 a user out after 30 minutes of inactivity.
- To start a new authorization request, click **NEW REQUEST** located on the right side of the Authorization Dashboard.

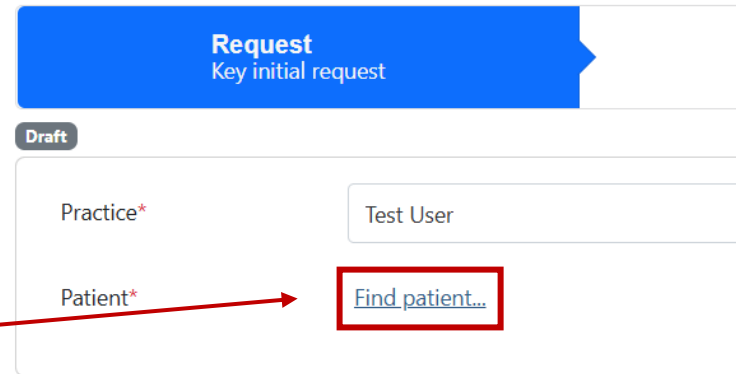
STARTING A NEW AUTHORIZATION REQUEST

- Initiate a new request by clicking **NEW REQUEST** at the top right of the Authorization Dashboard.
- The authorization intake workspace will populate. It consists of 3 tabs: **REQUEST**, **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.

The screenshot displays the 'Provider Portal User' interface. At the top, a dark blue header bar contains the text 'Provider Portal User' and a 'Logout' link. Below this, a row of buttons is visible: 'NEW REQUEST' (highlighted with a red box), 'EXPORT TO EXCEL', 'EXPORT TO PDF', and '+ FILTERS'. The main content area features three tabs: 'Request' (highlighted in blue with the subtext 'Key initial request'), 'Clinical' (with subtext 'Enter clinical information'), and 'Finalize' (with subtext 'Finalize and submit'). Below the tabs, a 'Draft' status is shown. A 'Practice' dropdown menu is present, with a red box highlighting the 'Select Practice...' text and a dropdown arrow.

NEW REQUEST, CONTINUED

- 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



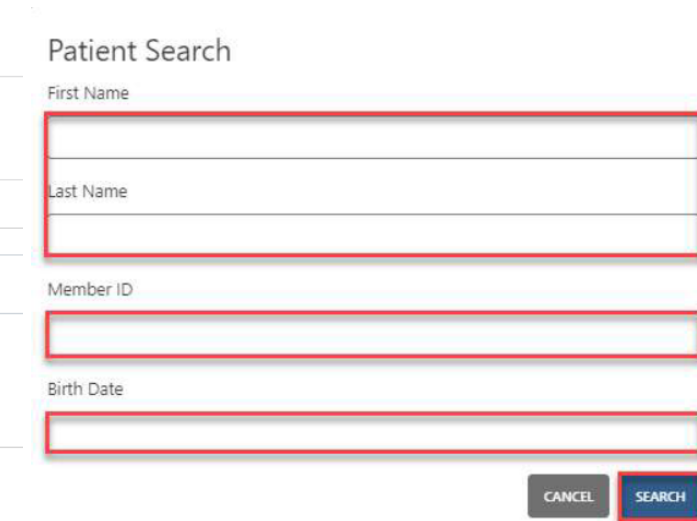
Request
Key initial request

Draft

Practice* Test User

Patient* [Find patient...](#)

NOTE: Select the correct member by clicking on their information in the populated search results.



Patient Search

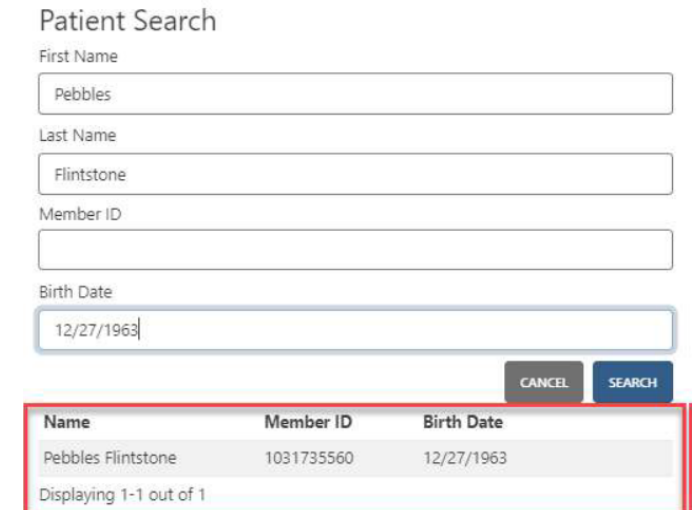
First Name

Last Name

Member ID

Birth Date

CANCEL SEARCH



Patient Search

First Name
Pebbles

Last Name
Flintstone

Member ID

Birth Date
12/27/1963

CANCEL SEARCH

Name	Member ID	Birth Date
Pebbles Flintstone	1031735560	12/27/1963

Displaying 1-1 out of 1

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 include 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.


Request
Key initial request

Clinical
Enter clinical

Draft

Practice* Test User

Patient* [Redacted] [Change patient...](#)

Patient Plan* NET 

Start Date* mm/dd/yyyy

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.

SOONERSELECT

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

- There are times when a person with active TXIX or HAP will also be enrolled in OHCA's Managed Care Plan, SoonerSelect (S-Sel).
- OHCA does not review for those with active S-Sel; the provider would have to 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.

The screenshot shows a web form titled "Request" with the subtitle "Key initial request". The form is divided into three main sections: "Request", "Clinical", and "Finalize". The "Request" section is currently active and contains the following fields:

- Practice:** A dropdown menu with "USA HEALTH CARE" selected.
- Patient:** A text field displaying "Pebbles Flintstone - 1031735560" with a link to "Change patient..."
- Patient Plan:** A text field displaying "HMO".
- Start Date:** A text field with the placeholder "mm/dd/yyyy" and a calendar icon on the right. This field is highlighted with a red border.
- Are you the:** Three radio buttons labeled "Ordering Provider", "Servicing Provider", and "Both".
- Place of Service:** A dropdown menu with "Select Place of Service" selected.
- Request Severity:** A dropdown menu with "Standard" selected.

At the bottom of the form, there are two buttons: "SAVE & CONTINUE" (blue) and "RESET" (grey).

- 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.
If you tapped BOTH Ordering and Servicing Provider, you only need to tap SEARCH.

**If you are the ordering provider, only the providers associated with your Tax ID number will display.*

The screenshot displays a web-based 'Request' form for a 'Key initial request'. The form is in the 'Draft' stage, with progress indicators for 'Clinical' (Enter clinical information) and 'Finalize' (Finalize and submit). The form fields include:

- Practice:** USA HEALTH CARE
- Patient:** Pebbles Flintstone - 1031735560 (with a 'Change patient...' link)
- Patient Plan:** HMO
- Start Date:** 01/24/2022
- Are you the:** Ordering Provider (selected), Servicing Provider, Both
- Ordering Provider:** Find ordering provider... (highlighted with a red box and a red arrow pointing to the 'Provider Search' pop-up)
- Servicing Provider:** Find servicing provider...
- Place of Service:** Select Place of Service
- Request Severity:** Standard

A 'Provider Search' pop-up window is open, featuring the following fields:

- First Name:** (text input)
- Last Name:** (text input)
- Specialty:** Select specialty... (dropdown menu)
- Network:** Affiliated (dropdown menu)
- NPI:** (text input)

At the bottom of the 'Provider Search' window are 'CANCEL' and 'SEARCH' buttons. The 'SEARCH' button is highlighted with a red box.

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.

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

Provider Search

First Name

Last Name

SSM Health

Specialty

Select specialty...

NPI

CANCEL

SEARCH

Name	NPI	Address	Specialty
SSM HEALTH ST. ANTHONY HOSPITAL-OKC-PSY	1114025012	1000 N LEE , OKLAHOMA CITY, OK	205 : Hospital Based Psych

Screenshot below shows Provider search by NPI.

Provider Search

First Name

Last Name

Specialty

Select specialty...

NPI

1114025012

CANCEL

SEARCH

Name	NPI	Address	Specialty
SSM HEALTH ST. ANTHONY HOSPITAL-OKC-PSY	1114025012	1000 N LEE , OKLAHOMA CITY, OK	205 : Hospital Based Psych

Are you the: ☒ Ordering Provider ☐ Servicing Provider ☐ Both

Ordering Provider MATTHEW HAMILTON - 1700319159 - 4045 HEMPSTEAD TPKE BETHPAGE NY 11714 - [Change ordering provider...](#)

Servicing Provider [Find servicing provider...](#)

Place of Service

Request Severity

[SAVE & CONTINUE](#)

Servicing Provider Search

Name

Provider ID

NPI

TIN

City

ZIP

Specialty

Network

[CANCEL](#) [SEARCH](#)

[RESET](#)

- Click the Find Servicing Provider hypertext to add a servicing provider to the request.

- Click on the provider in the search results to select them as the servicing provider.
- The provider's information will then be populated on the main request page.
- Tap the correct provider then tap SAVE.

Servicing Provider Search

Name

Provider ID

NPI

City

ZIP

Specialty

Results

Facility Name	Address	City	Zip	Specialty
SSM HEALTH ST. ANTHONY HOSPITAL-OKC-PSY	1000 N LEE OKLAHOMA CITY, OK 731021080	OKLAHOMA CITY	731021080	205 : Hospital Based Psych

Are you the:*

☐ Ordering Provider ☐ Servicing Provider ☒ Both

Ordering Provider*

SSM HEALTH ST. ANTHONY HOSPITAL-OKC-PSY - 1114025012 - 1000 N LEE OKLAHOMA CITY OK 731021080 - Type: 01 [Change ordering provider...](#)

Servicing Provider*

SSM HEALTH ST. ANTHONY HOSPITAL-OKC-PSY - 1000 N LEE OKLAHOMA CITY, OK 731021080 - Type: 01 [Change servicing provider...](#)

- 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.

The screenshot displays a web form with two identical sections side-by-side, illustrating the state of the form before and after data entry. Red arrows point from the initial state to the completed state.

Initial State (Left):

- Ordering Provider*: SSM HEALTH ST. ANTHONY HOSPITAL-OKC-PSY - 1114025012 - 1000 N LEE OKLAHOMA CITY OK 731021080 - Type: 01 [Change ordering provider...](#)
- Servicing Provider*: SSM HEALTH ST. ANTHONY HOSPITAL-OKC-PSY - 1000 N LEE OKLAHOMA CITY, OK 731021080 - Type: 01 [Change servicing provider...](#)
- Category*: Select Category... | v
- Place of Service*: Select Place of Service | v
- Request Severity*: Standard | v
- Level of Care*: Select Auth Level of Care... | v
- Buttons: SAVE & CONTINUE, RESET

Completed State (Right):

- Ordering Provider*: SSM HEALTH ST. ANTHONY HOSPITAL-OKC-PSY - 1114025012 - 1000 N LEE OKLAHOMA CITY OK 731021080 - Type: 01 [Change ordering provider...](#)
- Servicing Provider*: SSM HEALTH ST. ANTHONY HOSPITAL-OKC-PSY - 1000 N LEE OKLAHOMA CITY, OK 731021080 - Type: 01 [Change servicing provider...](#)
- Category*: QD - Behavioral Health Inpatient Stay | v
- Place of Service*: 21 Inpatient Hospital | v
- Request Severity*: Standard | v
- Level of Care*: Acute II | v
- Buttons: **SAVE & CONTINUE** (highlighted with a red box), RESET

ADDITIONAL REQUEST DETAILS FOR CERTIFICATES OF NEED

The screenshot shows a web form titled 'Additional Request Details' with a blue header bar. Below the header, there are four tabs: 'Request' (Key initial request), 'Additional Request Details' (Additional details, highlighted in blue), 'Clinical' (Enter clinical information), and 'Finalize' (Finalize and submit). The form is currently in 'Draft' status, indicated by a 'Draft' button and a 'DELETE' button. The main content area is titled 'Inpatient BH Additional Information' and contains three numbered sections:

1. Admit Date: A text input field with a placeholder 'mm/dd/yyyy' and a calendar icon on the right.
2. Current Length of Stay: A text input field.
3. Expected Discharge Date: A text input field with a placeholder 'mm/dd/yyyy' and a calendar icon on the right.

At the bottom of the form is a 'SAVE & CONTINUE' button. Red arrows point from the text instructions below to the corresponding fields in the form. Red circles highlight the calendar icons for the Admit Date and Expected Discharge Date fields.

- 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 Request tab.
- The user will enter Diagnoses, Services, notes, and attachments in the Clinical tab.

The screenshot shows a three-tab interface at the top: 'Request' (Key initial request), 'Clinical' (Enter clinical information, highlighted in blue), and 'Finalize' (Finalize and submit). Below the tabs, a 'Draft' label is on the left and a 'DELETE' button is on the right. The main content area has four sections: 'Diagnoses*' with a search bar, 'Services*' with a search bar, 'Attachments' with an 'ADD ATTACHMENT' button, and 'Notes*' with a large text area. At the bottom, there is a 'SAVE & CONTINUE' button and a 'RESET' button.

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* f3481

Services* F3481 - Disruptive Mood Dysregulation Disorder

Attachments ADD ATTACHMENT

Notes*

Diagnoses* Search for diagnoses...

Primary	Diagnosis	Remove
<input checked="" type="radio"/>	F3481 - Disruptive Mood Dysregulation Disorder	X
<input type="radio"/>	F902 - Attention-Deficit Hyperactivity Disorder, Combined Type	X

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.

Request
Key initial request

Clinical
Enter clinical information

Finalize
Finalize and submit

Draft

Diagnoses*

Search for diagnoses...

Primary	Diagnosis	Remove
<input checked="" type="radio"/>	F3481 - Disruptive Mood Dysregulation Disorder	X
<input type="radio"/>	F902 - Attention-Deficit Hyperactivity Disorder, Combined Type	X
<input type="radio"/>	R4183 - Borderline Intellectual Functioning	X

Search for diagnoses...

Primary	Diagnosis	Remove
<input checked="" type="radio"/>	F3481 - Disruptive Mood Dysregulation Disorder	X
<input type="radio"/>	F902 - Attention-Deficit Hyperactivity Disorder, Combined Type	Undo
<input type="radio"/>	R4183 - Borderline Intellectual Functioning	X

ENTER SERVICES

- Enter the Service 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.

Diagnoses*

Search for diagnoses...		
Primary	Diagnosis	Remove
<input checked="" type="radio"/>	F3481 - Disruptive Mood Dysregulation Disorder	X
<input type="radio"/>	F902 - Attention-Deficit Hyperactivity Disorder, Combined Type	Undo
<input type="radio"/>	R4183 - Borderline Intellectual Functioning	X

Services*

01	▼
0124 - ROOM & BOARD - SEMI PRIVATE - 2 BED - PSYCHIATRIC	
0126 - ROOM & BOARD - SEMI PRIVATE - 2 BED -	
0129 - ROOM & BOARD - SEMI PRIVATE - 2 BED - OTHER	

Services*

Primary	Service	Start Date/End Date*	Units		Total	Total Units	Remove
<input checked="" type="radio"/>	0129 - ROOM & BOARD - SEMI PRIVATE - 2 BED - OTHER	08/05/2025 08/18/2025	13 for	Unit		13	X

Payment

-
- 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 number 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 after the start date entered on the request tab.

The screenshot shows a web interface for entering service information. At the top is a search bar labeled 'Search for services...'. Below it is a table with columns: Primary, Service, Start Date/End Date*, Units, Unit Type, Frequency, Total Units, and Remove. A single row is visible with a blue dot in the Primary column, the service '0571 - HOME HEALTH (HH) AIDE - VISIT CHARGE' in the Service column, and the date '10/29/2024' in the Start Date/End Date* column. The date field has a red rectangular highlight around it and a small calendar icon to its right. Below the date field is a text input field with the placeholder 'mm/dd/yyyy'. To the right of the date field is a 'for' label and a text input field. Further right are dropdown menus for 'Unit Type' and 'Frequency'. To the right of these is a 'Total Units' column with a text input field. The last column is 'Remove' with an 'X' icon. Below the table is a 'Payment' section with a 'Pay System Price' dropdown menu.

Primary	Service	Start Date/End Date*	Units	Unit Type	Frequency	Total Units	Remove
<input checked="" type="radio"/>	0571 - HOME HEALTH (HH) AIDE - VISIT CHARGE	10/29/2024	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input checked="" type="checkbox"/>

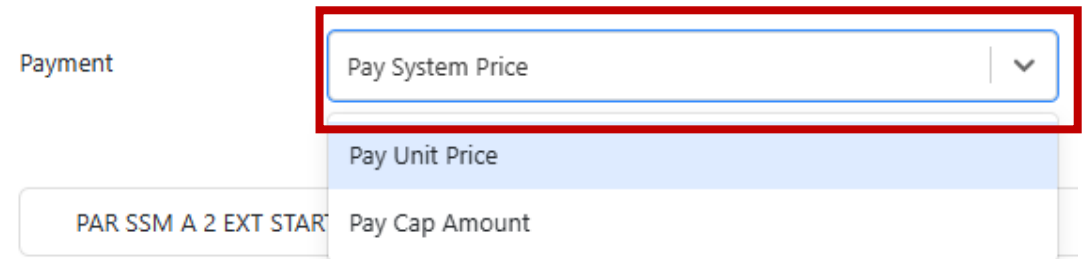
for

Payment:

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.



The screenshot shows a web interface for a payment type selection. On the left, the text "Payment" is displayed above a service code "PAR SSM A 2 EXT STAR". To the right is a dropdown menu. The menu is open, showing three options: "Pay System Price" (highlighted with a blue background), "Pay Unit Price", and "Pay Cap Amount". A red rectangular box highlights the "Pay System Price" option and the dropdown arrow.

Payment Type
Pay System Price
Pay Unit Price
Pay Cap Amount

EXPIRATION DATE

- The final day of the PA Request is a non-payable day and is not configured 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.

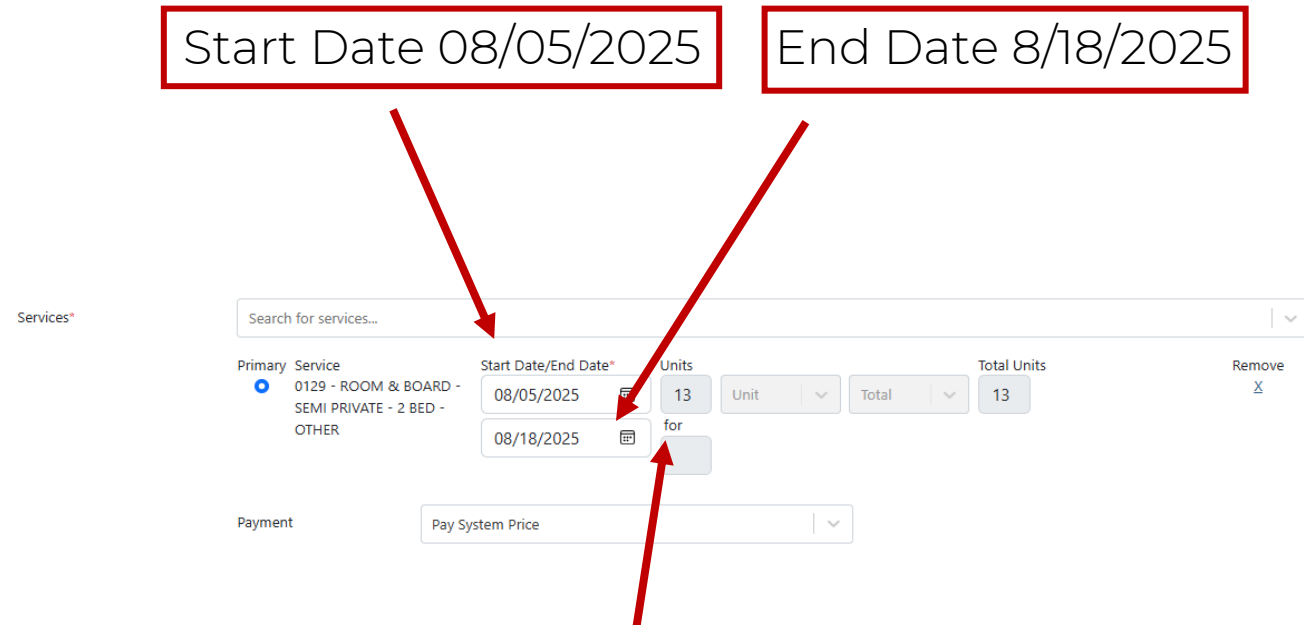
Services*

Search for services...

Primary	Service	Start Date/End Date*	Units	Total	Total Units	Remove
<input checked="" type="radio"/>	0129 - ROOM & BOARD - SEMI PRIVATE - 2 BED - OTHER	08/05/2025 08/18/2025	13 for	Unit	Total	13

Payment

Pay System Price



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

The screenshot displays a user interface for selecting services. It features two rows of service entries. Each row has a radio button in the 'Primary' column, a service description in the 'Service' column, date pickers for 'Start Date/End Date*', unit and frequency details in the 'Units' column, a 'Total Units' field, and a 'Remove' button. The first service, '0571 - HOME HEALTH (HH) AIDE - VISIT CHARGE', has its radio button selected (indicated by a blue dot) and shows 3 units per week for 5 weeks, totaling 15 units. The second service, '0589 - HOME HEALTH (HH) - OTHER VISITS - OTHER HOME', has an unselected radio button (highlighted with a red box) and shows 0 units per week, totaling 0 units. A 'Payment' section with a 'Pay System Price' dropdown is also visible.

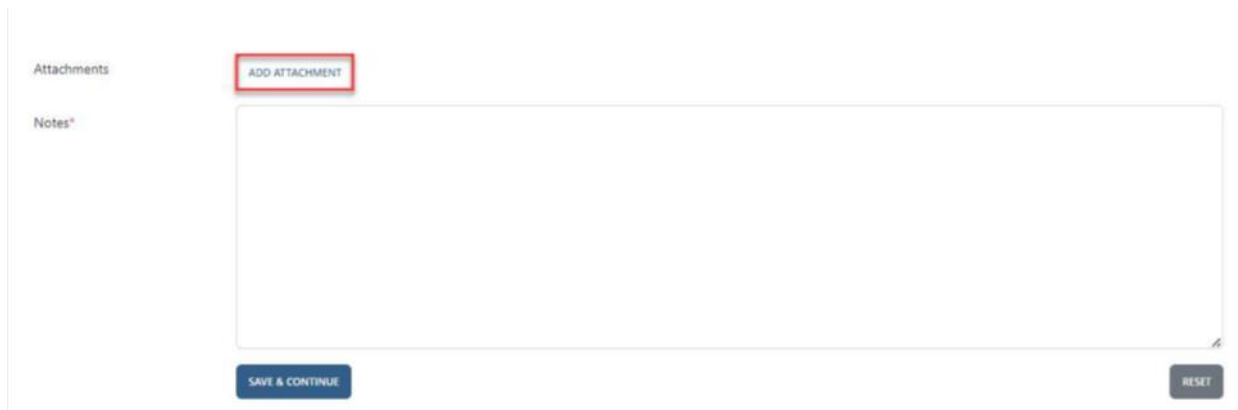
Primary	Service	Start Date/End Date*	Units	Total Units	Remove
<input checked="" type="radio"/>	0571 - HOME HEALTH (HH) AIDE - VISIT CHARGE	10/29/2024 12/03/2024	3 Visit for 5 Weeks	15	X
<input type="radio"/>	0589 - HOME HEALTH (HH) - OTHER VISITS - OTHER HOME	10/29/2024 mm/dd/yyyy	Unit Type for		X

Payment: Pay System Price

- 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.



The screenshot shows a web form interface. On the left, there is a vertical sidebar with two labels: "Attachments" and "Notes". The main area of the form is a large, empty rectangular box. Above this box, in the top-left corner, is a small button labeled "ADD ATTACHMENT" which is highlighted with a red rectangular border. Below the main box, there are two buttons: a blue button on the left labeled "SAVE & CONTINUE" and a grey button on the right labeled "RESET".

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.

Add Attachment

File*

Choose FileLAB VALUES.docx

Type

Authorizations

Authorizations

Care Transitions

Consent

Correspondence

DirectUpload

Education

IROClinical

Letter

CANCEL

UPLOAD

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.

Attachments

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

Authorizations

X

ADD ATTACHMENT

Notes*

Complete PAR uploaded for new admission.

SAVE & CONTINUE

RESET

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.

Warning

An attachment or supporting documentation is required in order to process your request. Please upload your supporting documentation including, but not limited to, emergency room reports, medical history, discharge summaries, and all other relevant medical reports per State rules on timely submission based on the category of service you have requested in this prior authorization

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.

The screenshot shows a web form with two main sections: 'Attachments' and 'Notes'. The 'Attachments' section at the top contains a file selection button labeled 'Choose File' and a list of uploaded files, including 'Clinical document SERVICE PLAN.pdf'. The 'Notes' section below it features a large, empty text area. A red rectangular border highlights this text area, and a red arrow points to its bottom-right corner with the text 'Click and Drag to resize the Text Box'. At the bottom of the form, there are two buttons: a blue 'SAVE & CONTINUE' button on the left and a grey 'RESET' button on the right.

Request
Key initial request

Clinical
Enter clinical information

Finalize
Finalize and submit

Draft

DELETE

Finalize

PRINT

DEMOGRAPHICS

Member Name
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

FINALIZE TAB

- 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.

Request
Key initial request

Clinical
Enter clinical information

Finalize
Finalize and submit

Finalize

PRINT

Case Number:

QD2522319A

Case Status:

In Progress

Request Date:

08/11/2025

[Create Fax Cover Sheet](#)

[Create New Auth for Current Patient](#)

[Return to Dashboard](#)

- 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.

ASSIGNING AUTHORIZATIONS INITIATED IN PROVIDER PORTAL

- PA requests submitted via provider portal will be routed by the system to the related workgroup queue based on the category of service requested, then will further auto-assign the PA to a user associated with that workgroup queue. (ex: QD BH Inpatient Stay request will go to the QD Behavioral Health Inpatient Stay PA work queue and to the user specific assignment. The system will apply an auto assignment rule to assign the PA to users associated with that workgroup queue).
- EXCEPTION: QH, QI, QJ, QT categories (PCM related) will auto-assign to the associated category workgroup and will be manually assigned to a user by intake/analysts for leveraging.

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.



Member#: [REDACTED] Request Date: 08/27/2025 Procedure Date: 09/03/2025 Discharge Date: 09/13/2025 Concurrent Case History ▼

Date of Birth: [REDACTED] Case#: QD252341A7 Status: Approved Type: Authorization#: QD252341A7 Severity: Standard

SUMMARY NOTES & ATTACHMENTS LETTERS ACTIONS

REQUEST DETAILS

Requesting Provider	RED RIVER YOUTH ACADEMY 630 : Psychiatric Residential Treatment Facility (PRTF)
Servicing Provider	RED RIVER YOUTH ACADEMY 3400 DESKIN DRIVE NORMAN, OK 730698295
Place of Service	51 Inpat Psychiatric Facility
Requested Dates	09/03/2025 to 09/13/2025
Level of Care	PRTF

Member#: [REDACTED] Request Date: 08/27/2025 Procedure Date: 09/03/2025 Discharge Date: 09/13/2025 Concurrent Case History ▼

Date of Birth: [REDACTED] Case#: QD252341A7 Status: Approved Type: Authorization#: QD252341A7 Severity: Standard

Please ensure that the request type (Extension vs. Reconsideration) you have selected is appropriate for the Prior Authorization's previous case status. If the incorrect request type has been selected, per state rules, your request will be abandoned by a reviewer for you to re-enter using the correct request type option. X

SUMMARY NOTES & ATTACHMENTS LETTERS ACTIONS

Letters

Certificate of Need	08/22/2025
PA Letter	08/22/2025



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
mysoonerhealthcare.org

Agency: 405-522-6205
Helpline: 800-522-0114
BH • Press 6 then 2
Help Desk • Press 2 then 3

