

OHCA BEHAVIORAL HEALTH INPATIENT PSYCHIATRIC PROVIDERS

Solving Prior Authorization Submission Issues Using the eQSuite® Portal

OHCA Behavioral Health Unit

March 2026



COMMUNICATING IN THE PORTAL

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 log-in.
- This tab lists authorization requests in which clinical reviewers 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 sent to the provider for additional information.

ACTION REQUIRED: RETURNING MESSAGES

TESTER, JODIE		Request	Procedure	Concurrent
Member#: 047628647		Date	Date	Case History ▾
Date of Birth: 06/04/1969		12/23/2025	12/19/2025	
Case# QD25329379 Status: In Progress Type: Authorization#: Not assigned				
Severity: Standard				
SUMMARY	NOTES & ATTACHMENTS	LETTERS	← ACTIONS	
ADD NOTES AND ATTACHMENTS				
Notes				
Amy Nichols 02/27/2026 Please verify the start date of 2/25/26 listed in the portal; the PA template lists the start date as 2/26/26. Just trying to verify before finalizing a determination. Thank you! an/lpc Less				

- Tapping the message row will land you on the Summary page within the Notes & Attachments tab.
- The newest message appears at the top of the list.
- To reply to the message, tap Add Notes And Attachments.
- Once you tap Save & Continue, your message will automatically return to OHCA.
- Sent messages are automatically returned after one business day.
- If there is no response to a message, the PA may be denied for lack of medical information.

NOTES AND ATTACHMENTS

Attachments **ADD ATTACHMENT**

Notes Note is required|

CANCEL **SAVE & CONTINUE**

- If the provider needs to send a message to the OHCA reviewer or upload an updated PA template, they can do this on the same Notes And Attachments tab.
- You may send a note alone, or you may upload a document in this panel.

LETTERS TAB

TESTER, JODIE Member#: 047628647 Date of Birth: 06/04/1969 Case# QD25329379 Status: Approved Type: Authorization#: QD25329379 Severity: Standard	Request Date 12/23/2025	Procedure Date 12/19/2025	Concurrent Case History ▾
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SUMMARY	NOTES & ATTACHMENTS	LETTERS	ACTIONS
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Letters
PA Letter 02/27/2026

- OHCA reviewers send Certificates of Need (CONs), prior authorization notices and physician feedback through letters in eQSuite.
- To locate an authorization or CON, tap on the Letters tab on the Summary page.
- A list of letters and CONs and the date(s) they were sent will populate. Tap to open.

AUTHORIZATION LETTERS

2/24-2/26 is 3 calendar days but only 2 units.

Requested Begin Date	Requested End Date	Code	Description	Requested Units
2/24/2026	2/26/2026	0124	ROOM & BOARD - SEM PRIVATE - 2 BED - PSYCHIATRIC	2

The outcome of this request is listed below. If you have questions, call your provider, PARKSIDE PSYCHIATRIC HOSPITAL & CLINIC at 918-588-8888 or call OHCA at 1-800-522-0310.

Approved Services:
The following service requests have been approved.

Description: 0124 / ROOM & BOARD - SEM PRIVATE - 2 BED - PSYCHIATRIC / 2 / Unit
This service is effective 2/24/2026 through 2/26/2026
Reason Approved: 454 - BH Extension
Deductions: None / 0

Comments:

The authorization letter has two parts: a table and a narrative.

- The table lists what was requested.
- Each request has an expiration date.
- The narrative includes what was approved or denied.
- Feedback is included in the comments section.
- Letters are where you can find dates of authorization.

PATIENT PORTALS AND ELIGIBILITY

ELIGIBILITY SEARCH

- Associate the member with the request by clicking the Find Patient hypertext.
- Enter the member's 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) or
 - Birth date + member ID.

The image shows a 'Request' form with a blue header 'Request Key initial request' and a 'Draft' status. Below the header are fields for 'Practice*' and 'Patient*', with a 'Test User' button and a 'Find patient...' link. To the right is a 'Patient Search' pop-out window with input fields for 'First Name', 'Last Name', 'Member ID', and 'Birth Date', and 'CANCEL' and 'SEARCH' buttons.

Note: When the member's name is displayed, select the member by clicking on the information in the populated search results.

The image shows the 'Patient Search' pop-out window with the following input values: First Name: Pebbles, Last Name: Flintstone, Member ID: (empty), Birth Date: 12/27/1963. Below the input fields is a table with search results:

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

Displaying 1-1 out of 1

OVERNIGHT DATA LOADING

eQSuite provider portal

SoonerCare secure provider portal



QUICK QUESTION AND ANSWER

If you verified eligibility in the SoonerCare portal but eQSuite reports no eligibility or if you can see your PA listed in eQSuite but it isn't in the SoonerCare portal:

- Wait one business day and try again, whether it's to enter or locate the prior authorization.

Note: If you must fax, include a screenshot of your error or an explanation of why you are faxing.

NEWLY ELIGIBLE MEMBERS

Only PA templates with start dates 7 days past or more need to be faxed.

PROVIDER INFORMATION	
Name:	Provider ID w/ Service Loc:
Utilization Contact Name:	Utilization Contact Email:
Date/Time of Face-to-Face Assessment: 3/4/2026 11:50 PM	Estimated Date of Discharge: 3/9/26
Attending Physician:	Admission Date: 3/5/2026
Requested Start Date: 3/5/26	Requested End Date: 3/9/26

Any newly eligible cases less than 7 days out from their start date will not be accepted by fax.

If HAP or TXIX is active in the SoonerCare portal but not in eQSuite, wait one day and try again.

Plans			
Type	Category	Start Date ↑	End Date
TXIX	K Medical Assistance, Categorically Needy, Disabled	10/01/2025	12/31/2299

NEWLY ELIGIBLE MEMBERS



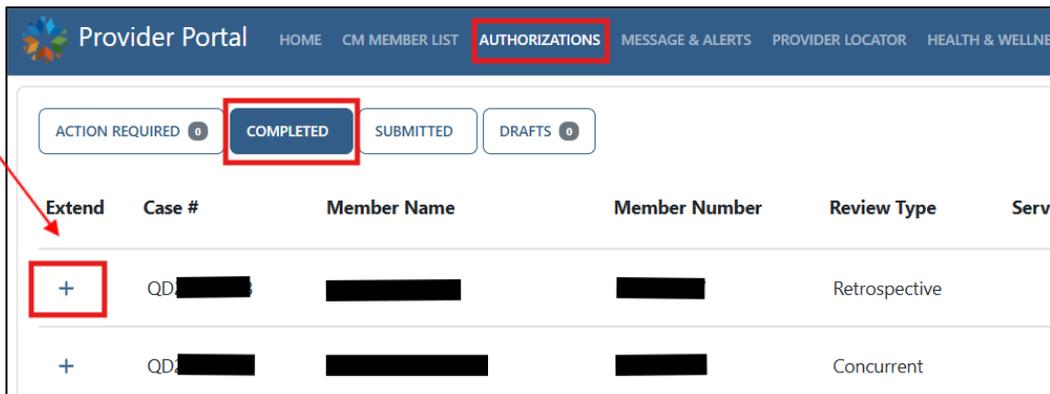
“If the member’s eligibility is not activated in OHCA’s MMIS system until after the PA admission timeframes expire (i.e., five days acute I or detox, or 12 days acute II/PRTF), the provider must submit a single PA template that includes specific, dated clinical information that demonstrates MNC from the time of admission through the date of submission. This submission to OHCA is to occur once eligibility has been activated and shows in the SoonerCare Provider Portal, which is updated in real time.”

-Page 25, OHCA behavioral health inpatient provider manual.

EXTENSIONS

EXTENSIONS

To file an extension on a current authorization, find the PA in the Completed tab. To the left, note the plus sign. Tap this to start an extension.



The screenshot shows the 'Provider Portal' interface with the 'AUTHORIZATIONS' tab selected. Below the navigation bar are tabs for 'ACTION REQUIRED 0', 'COMPLETED', 'SUBMITTED', and 'DRAFTS 0'. The 'COMPLETED' tab is active. A table lists authorizations with columns: 'Extend', 'Case #', 'Member Name', 'Member Number', 'Review Type', and 'Serv'. The first row has a plus sign in the 'Extend' column, a 'QD' case number, a redacted member name, a redacted member number, and a 'Retrospective' review type. The second row has a plus sign, a 'QD' case number, a redacted member name, a redacted member number, and a 'Concurrent' review type. A red arrow points to the plus sign in the first row.

Tap the case row to open the Summary page.

To the top right, note the Actions button. Tap this for the menu. Tap Request Extension.



The screenshot shows the 'Summary' page for a case titled 'TEST, BABY'. The page includes fields for 'Request Date' (11/04/2025), 'Procedure Date' (11/03/2025), and 'Discharge Date' (11/08/2025). Below these are tabs for 'SUMMARY', 'NOTES & ATTACHMENTS', and 'LETTERS'. The 'REQUEST DETAILS' section shows information for 'Requesting Provider', 'Servicing Provider', and 'Place of Service'. On the right side, there is an 'ACTIONS' button with a dropdown menu containing options: 'CREATE FAX COVER SHEET', 'PRINT SUMMARY PAGE', 'CREATE NEW REQUEST', 'REQUEST EXTENSION', 'REQUEST CANCELLATION', 'REQUEST RECONSIDERATION', and 'SAFE MODIFY'. A red arrow points to the 'REQUEST EXTENSION' option.

The Request screen will populate with all the same information from the original submission:

- Ordering and servicing provider
- Category
- Place of service
- Request severity
- Level of care

Check eligibility



Save & Continue



The screenshot shows a web form titled 'Request' with three tabs: 'Request' (active), 'Clinical', and 'Finalize'. The 'Request' tab is labeled 'Key initial request'. The form is in 'Draft' status, with a 'DELETE' button in the top right. The form fields are as follows:

- Practice*: Amy Nichols
- Patient*: [Empty]
- Patient Plan*: TXIX
- Start Date*: 10/27/2025
- Are you the*: Ordering Provider Servicing Provider Both
- Ordering Provider*: SSM HEALTH BEHAVIORAL HEALTH-OKC-RTC-HR - 1336248269 - 1000 N LEE AVE OKLAHOMA CITY OK 731021036 - Type: 01
- Servicing Provider*: SSM HEALTH BEHAVIORAL HEALTH-OKC-RTC-HR - 1000 N LEE AVE OKLAHOMA CITY, OK 731021036 - Type: 01
- Category*: QD - Behavioral Health Inpatient Stay
- Place of Service*: 21 Inpatient Hospital
- Request Severity*: Standard
- Level of Care*: Acute

At the bottom, there is a 'SAVE & CONTINUE' button (highlighted with a red box) and a 'RESET' button.

EXTENSIONS CLINICAL PAGE: DIAGNOSES

- With each extension, update any changes to diagnoses.
- To add a diagnosis, search for the code (minus decimals) in the search box. Tap to add.
- Change the primary diagnosis by adjusting the radio button.
- Delete diagnoses by tapping X to remove.
- All changes should be referenced on the prior authorization template with date of change(s).

The screenshot shows a mobile application interface for managing diagnoses. At the top left is the title 'Diagnoses*' and a search bar with the placeholder text 'Search for diagnoses...'. Below the search bar is a table with three columns: 'Primary', 'Diagnosis', and 'Remove'. The 'Primary' column contains radio buttons, with the bottom-most one (F250) selected and highlighted by a red box. The 'Diagnosis' column lists various mental health conditions. The 'Remove' column contains 'X' icons, with two of them (F1510 and F1010) circled in red.

Primary	Diagnosis	Remove
<input type="radio"/>	F3481 - Disruptive Mood Dysregulation Disorder	X
<input type="radio"/>	F1510 - Other Stimulant Abuse, Uncomplicated	X
<input type="radio"/>	F1210 - Cannabis Abuse, Uncomplicated	X
<input type="radio"/>	F1010 - Alcohol Abuse, Uncomplicated	X
<input type="radio"/>	F902 - Attention-Deficit Hyperactivity Disorder, Combined Type	X
<input type="radio"/>	F70 - Mild Intellectual Disabilities	X
<input checked="" type="radio"/>	F250 - Schizoaffective Disorder, Bipolar Type	X

EXTENSIONS CLINICAL PAGE: SERVICES

Services*

0129

0129 - ROOM & BOARD - SEMI PRIVATE - 2 BED - OTHER

SEMI PRIVATE - 2 BED - PSYCHIATRIC

08/14/2025

1 Unit

for

Service	Start Date/End Date*	Units	Total Units
0129 - ROOM & BOARD - SEMI PRIVATE - 2 BED - OTHER	08/05/2025	10	10
	08/15/2025	for	

Payment

Pay System Price

In the Services search line, you will have already entered one of the following:

- 0124 Acute
- 0126 Detox
- 0129 Acute II
- 1001 PRTF

There is no need to re-enter service type.

The Services request line lists the same dates as the previous authorization. Adjust these dates to reflect your extension request.

EXPIRATION DATE

- The final day of the PA Request is a non-payable unit and is not configured in the unit total.
- The final day of a PA is its Expiration Date, or the assumed discharge date.
- The Last Covered Day (LCD) is the day before the PA Expiration Date.

Start Date 08/05/2025 End Date 8/19/2025

Search for services...	Start Date/End Date	Units	Total Units	Remove
Primary Service 0121 - ROOM & BOARD - SMA 80445 - 2 800 - CHICK	08/05/2025 to 08/19/2025	13	13	2

Payment: Pay System Price

The total requested, 8/5 to 8/19 is 15 days; however, the final day of the PA is the expiration date and is non-payable. The total units requested is actually 14 (to avoid LCD on weekend).

TRANSFERS

PROVIDER-TO-PROVIDER TRANSFERS

- All transfers to internal units and outside facilities for the same level of care, including specialty units, require prior authorization.
 - See pg. 15 of the inpatient provider manual on [OHCA's Behavioral Health and Substance Abuse Services webpage](#).
- Moving to eQSuite: Admission PA requests to a lower level of care (downgrades) should be submitted by the admitting facility unless it is a specialty unit.
- For transfers: The ordering provider submits a PA request for admission to the servicing provider along with justification for the move.

TRANSFERS

A transfer PA must be filed separately from the completed PA for the ordering provider.

The discharge or expiration date of the current ordering provider PA must be the same as the transfer start date, if known.

There may be an overlap error due to the start and discharge dates. Send an email with “eQ Question” in the subject line and a snip of the error to BHSupport@okhca.org.

- Locate the member’s PA in the Completed tab in Authorizations.
- Tap on the row to populate the Summary.
- Locate the Actions button to the top right and tap to populate a nested menu.
- Select Create New Request.

TEST, BABY
Member#: 052844401
Date of Birth: 06/01/2011
Case# QD2530836A Status: Denied Type: Authorization#: Not assigned
Severity: Standard

Request Date	Procedure Date	Discharge Date	Concurrent Case History
11/04/2025	11/03/2025	11/08/2025	

SUMMARY NOTES & ATTACHMENTS LETTERS

REQUEST DETAILS

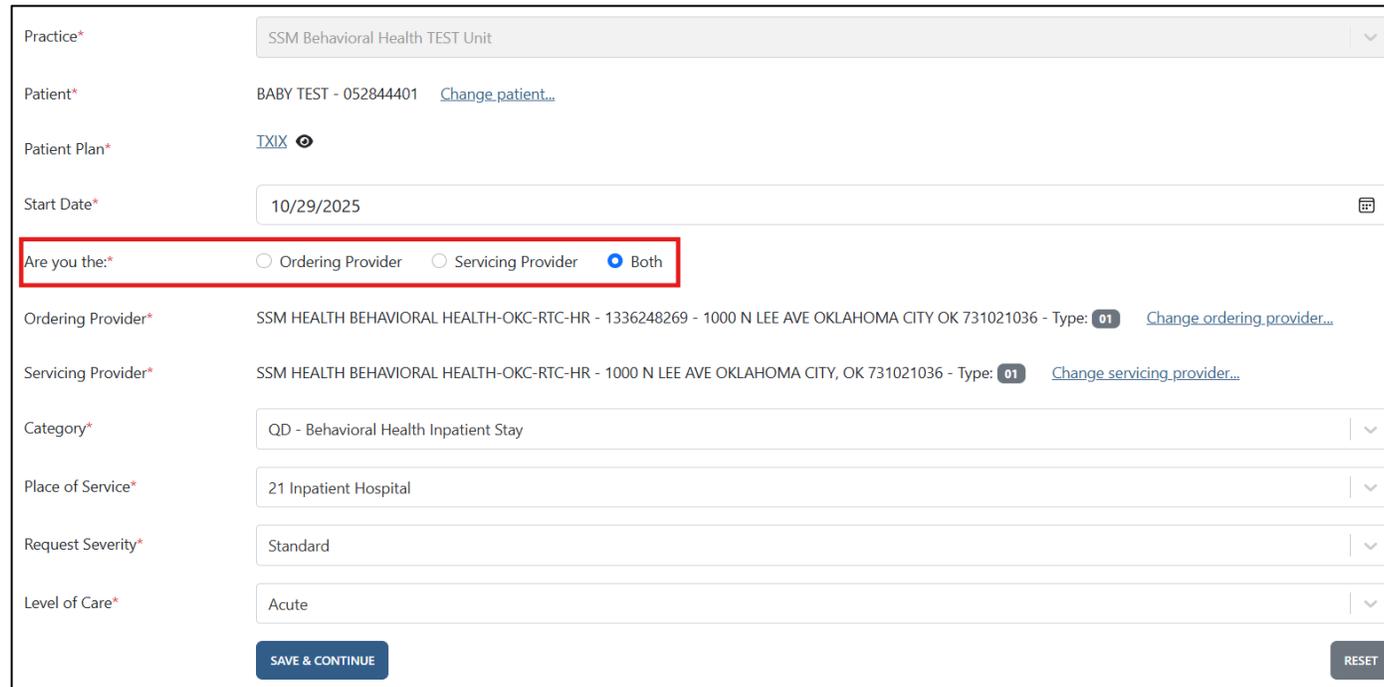
Requesting Provider	SSM HEALTH BEHAVIORAL HEALTH-OKC-F 204 : Hospital Based Psych Level II
Servicing Provider	SSM HEALTH BEHAVIORAL HEALTH-OKC-F 1000 N LEE AVE OKLAHOMA CITY, OK 731021036
Place of Service	21 Inpatient Hospital

CREATE FAX COVER SHEET
PRINT SUMMARY PAGE
CREATE NEW REQUEST
REQUEST EXTENSION
REQUEST CANCELLATION
REQUEST RECONSIDERATION
SAFE MODIFY

← ACTIONS

TRANSFERS, CONT'D

- Once you click Create New Request, a duplicate page of the ordering provider's previous request will populate.
- Notice how the question about which provider you are is still checked both.
- Change the radio button to Ordering Provider to continue.



Practice* SSM Behavioral Health TEST Unit

Patient* BABY TEST - 052844401 [Change patient...](#)

Patient Plan* XIX 

Start Date* 10/29/2025 

Are you the:* Ordering Provider Servicing Provider Both

Ordering Provider* SSM HEALTH BEHAVIORAL HEALTH-OKC-RTC-HR - 1336248269 - 1000 N LEE AVE OKLAHOMA CITY OK 731021036 - Type: 01 [Change ordering provider...](#)

Servicing Provider* SSM HEALTH BEHAVIORAL HEALTH-OKC-RTC-HR - 1000 N LEE AVE OKLAHOMA CITY, OK 731021036 - Type: 01 [Change servicing provider...](#)

Category* QD - Behavioral Health Inpatient Stay

Place of Service* 21 Inpatient Hospital

Request Severity* Standard

Level of Care* Acute

[SAVE & CONTINUE](#) [RESET](#)

Practice* SSM Behavioral Health TEST Unit

Patient* BABY TEST - 052844401 [Change patient...](#)

Patient Plan* [TXIX](#)

Start Date* 03/16/2026

Are you the:* Ordering Provider Servicing Provider Both

Ordering Provider* [Find ordering provider...](#)

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

Category* Select Category... | v

Place of Service* 21 Inpatient Hospital | v

Request Severity* Standard | v

Level of Care* Acute | v

[SAVE & CONTINUE](#) [RESET](#)

- Start by verifying TXIX will cover all dates of the request.
- Enter the start date of the transfer, which should be the day the member is to admit to the new unit or facility.
- Using the radio button, select Ordering Provider.
- Tap Find Ordering Provider. Enter your Provider ID.
- Tap Find Servicing Provider and enter the Provider ID, if available. If not, enter the name of the facility and tap Search. Select the best option that includes the correct level of care and location.
- Select Category, which is always QD for Inpatient Psych.
- Enter the Place of Service code: 21 for Inpatient Hospital (DRG) or 51 for Freestanding Psych Hospital.
- Enter the request severity, which is almost always Standard.
- Enter the level of care requested for the servicing provider. For transfers, this includes Acute 2 or PRTF.

ADDITIONAL REQUEST DETAILS FOR CERTIFICATES OF NEED

The screenshot shows a web form titled 'Additional Request Details' for 'Inpatient BH Additional Information'. It is a 'Draft' and includes a 'DELETE' button. The form is divided into three numbered sections: 1. Admit Date, 2. Current Length of Stay, and 3. Expected Discharge Date. Each section has a text input field with a placeholder 'mm/dd/yyyy'. To the right of each date field is a calendar icon, which is circled in red. At the bottom left is a 'SAVE & CONTINUE' button. The top navigation bar shows four steps: 'Request', 'Additional Request Details' (highlighted in blue), 'Clinical', and 'Finalize'.

1. Enter Admit Date.

Type in the date or select 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.

Type in the date or click the calendar to the far right of the search bar.

TRANSFERS

Clinical tab:

- Enter diagnostic code(s) (minus decimals).
- Enter Services (0129 Acute 2 or 1001 PRTF). *Remember to make the start date the previous expiration date.
- Attachment(s): include reason for transfer on PA template. ***Required.**
- Notes.
- Save & Continue.

The screenshot shows a web interface for a 'Request' form. At the top, there are three tabs: 'Request' (Key initial request), 'Clinical' (Enter clinical information, highlighted in blue), and 'Finalize' (Finalize and submit). Below the tabs, there is a 'Draft' status indicator and a 'DELETE' button. The main form area is divided into sections: 'Diagnoses*' with a search field, 'Services*' with a search field, 'Attachments' with an 'ADD ATTACHMENT' button, and 'Notes*' with a text area. At the bottom, there is a 'SAVE & CONTINUE' button and a 'RESET' button. Red boxes highlight the search fields, the 'ADD ATTACHMENT' button, the 'Notes*' text area, and the 'SAVE & CONTINUE' button.

TRANSFERS

- Finalize tab opens to the request summary, allowing a review of the entered information prior to submission.
- If any information is incorrect, return to the relevant tab to correct it.
- If the information is correct, tap Submit at the bottom left of the page.
- This button sends the request to OHCA for review and authorization of services.

The screenshot displays the 'Finalize' tab of a medical request system. The interface is divided into several sections:

- DEMOGRAPHICS:** Member Name, Member Number, and Date of Birth, all redacted with black boxes.
- 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), and Payment Method (Pay System Price).
- DIAGNOSES:** F3481 (Disruptive Mood Dysregulation Disorder (Primary Diagnosis)) and 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).

At the bottom left, a 'SUBMIT' button is highlighted with a red box. A disclaimer at the bottom states: '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.'

RECONSIDERATIONS & PEER-TO-PEER REVIEWS



DENIALS AND RECONSIDERATION TIMELINES

There are two types of denials that may be issued: **technical** and **medical necessity criteria (MNC)**. **Technical denials** are issued when there has been an occurrence such as late submission, member ineligibility, undated/insufficient clinical information, a non-covered diagnosis, etc.

Medical necessity criteria (MNC) denials go through a two-level review process before being issued. When an OHCA reviewer flags a request for MNC per the appropriate code, the request is then reviewed by the physician consultant. The physician consultant making such determinations is a board-certified psychiatrist.

Once the facility is notified of an MNC denial for an initial or extension PA request through the Provider Portal, the provider is permitted **until 5 p.m. the following business day** to submit additional information for **reconsideration** by choosing "RECONSIDERATION" as request type on the appropriate template (*admission or extension*). If the received fax timestamp is beyond this timeframe, a one-day technical denial will be issued for every day "late" the reconsideration is received.

- **ALL NEW INFORMATION** must be limited to the "**RESERVE FOR RECONSIDERATION REQUESTS**" field.
- Timeframe example 1: If a review is denied on Wednesday, April 23, 2025, then the reconsideration would need to be received by 5 p.m., Thursday, April 24, 2025 to avoid possible deduction of units.
- Timeframe example 2: If a review is denied on Friday, July 26, 2024, then the reconsideration would need to be received by 5 p.m., Monday, July 29, 2024 to avoid possible deduction of units.

If the denial is upheld after the additional information is reviewed by the physician consultant, the provider has another 24 business hours to schedule a physician-to-physician (peer-to-peer, P2P) review.

For requests that have been denied due to MNC and the denial upheld after a reconsideration with new information, there is a final process set in place for the facility to request that the physician consultant meet with the provider physician to discuss the case.

If a **peer-to-peer (P2P) review** is desired, the provider is to make the request by sending an email to BHSupport@okhca.org where a designated BH analyst will initiate the scheduling process.

-SoonerCare Inpatient Provider Manual Behavioral Health Prior Authorization Procedures, p. 23

RECONS

- In the Completed tab, locate the case in question. Note the Case Status column.
- Before completing the RECON PA template, refer to the doctor's feedback on the denial letter, if included.
- Locate and open the Letters tab. Review the comments.
- Tap anywhere on the row to open the Case Summary.

Extend	Case #	Member Name	Member Number	Review Type	Service Type	Authorization #	Completed Date	Discharge Date	Case Status
+	QD25329379	TESTER, JODIE	047628647	Concurrent		QD25329379	2/27/2026		Approved
	QD2530836A	TEST, BABY	052844401	Concurrent			12/2/2025	11/8/2025	Denied
	QD2530836D	TESTER, JODIE	047628647	Retrospective		QD2530836D	12/2/2025	11/6/2025	Approved
	QD2530836C	TESTER, JODIE	047628647	Retrospective		QD2530836C	11/4/2025	11/4/2025	Approved

Request Date	Procedure Date	Discharge Date	Initial Case History
09/24/2	09/24/2	10/03/2	

Member#: [REDACTED]
 Date of Birth: [REDACTED]
 Case# QD252672C9 Status: Approved Type:
 Authorization#: QD [REDACTED]
 Severity: Standard

LETTERS

Letters

PA Letter 09/24/2025

Requested Begin Date	Requested End Date	Code	Description	Requested Units
9/19/2025	9/22/2025	0124	ROOM & BOARD - SEMI PRIVATE - 2 BED - PSYCHIATRIC	3

The outcome of this request is listed below. If you have questions, call your provider, SSMHEALTH ST. ANTHONY HOSPITAL-OKC-PSY at 405-272-7000 or call OHCA at 1-800-522-0310.

Approved Services:

The following service requests have been approved.

Description: 0124 / ROOM & BOARD - SEMI PRIVATE - 2 BED - PSYCHIATRIC / 3 / Unit
 This service is effective 9/19/2025 through 9/22/2025
 Reason Approved: 062 - Services Requested
 Deductions: None / 0

Comments: Physician Feedback: No SIH/AVH, aggression or holds in 14 days. MNC for inpatient is not met.

RECONS

- Tap anywhere on the case row to open the PA to the Summary page.
- Note the blue Actions button in the top right of the page. Tap this to populate a nested menu. Select Request Reconsideration.
- The following panel will populate. Choose Review Type Reconsideration. Click Submit.

The screenshot displays the Provider Portal interface for a case. The main content area shows patient information for 'TEST, BABY' (Member#: 052844401, Date of Birth: 06/01/2011) and a 'REQUEST DETAILS' table. A 'DIAGNOSES' section lists 'F3481 Disruptive Mood Dysregulation Disorder(Primary Diagnosis)'. A blue 'ACTIONS' button is located in the top right corner. A modal window titled 'Create Reconsideration / Appeal' is open, showing a 'Review Type' dropdown menu with options: 'Appeal/Fair Hearing', 'CEO Level Review', 'District Court Review', 'Peer to Peer', and 'Reconsideration' (highlighted in red). A red arrow points from the 'ACTIONS' button to the modal. Another red box highlights the 'REQUEST RECONSIDERATION' option in the 'ACTIONS' menu.

REQUEST DETAILS	
Requesting Provider	SSM HEALTH BEHAVIORAL HEALTH-OKC-RTC-HR 204 : Hospital Based Psych Level II
Servicing Provider	SSM HEALTH BEHAVIORAL HEALTH-OKC-RTC-HR 1000 N LEE AVE OKLAHOMA CITY, OK 731021036
Place of Service	21 Inpatient Hospital
Requested Dates	11/03/2025 to 11/08/2025
Level of Care	Acute

DIAGNOSES	
F3481	Disruptive Mood Dysregulation Disorder(Primary Diagnosis)

RECONSIDERATIONS

- The Request tab will populate. Tap Save & Continue. Next is the Clinical tab.
- Diagnoses and Services search bars are grayed out, as you cannot make changes in Recons.
- You're requesting the same dates that were denied before with the same diagnoses as before.
- You must add an attachment and a note.
- Tap Save & Continue.

Request Key initial request

Clinical Enter clinical information

Finalize Finalize and submit

Draft DELETE

Practice* SSM Behavioral Health TEST Unit

Patient* [REDACTED]

Patient Plan* [REDACTED]

Start Date* 03/02/2026

Are you the* Ordering Provider Servicing Provider Both

Ordering Provider* SSM HEALTH BEHAVIORAL HEALTH-OKC-RTC-HR - 1336248269 - 1000 N LEE AVE OKLAHOMA CITY OK 731021036 - Type: 01

Servicing Provider* SSM HEALTH BEHAVIORAL HEALTH-OKC-RTC-HR - 1000 N LEE AVE OKLAHOMA CITY, OK 731021036 - Type: 01

Category* QD - Behavioral Health Inpatient Stay

Place of Service* 21 Inpatient Hospital

Request Severity* Standard

Level of Care* Acute II

Review Type* Reconsideration

SAVE & CONTINUE RESET

Request Key initial request

Clinical Enter clinical information

Finalize Finalize and submit

Draft DELETE

Diagnoses* Search for diagnoses...

Primary Diagnosis Remove

F3481 - Disruptive Mood Dysregulation Disorder X

Services* Search for services...

Primary Service Start Date/End Date* Units Unit Total Total Units Remove

0129 - ROOM & BOARD - SEMI PRIVATE - 2 BED - OTHER 03/02/2026 12 Unit Total 12

for 03/14/2026

Payment Pay System Price

Attachments ADD ATTACHMENT

Notes*

SAVE & CONTINUE RESET

RECON FINALIZE PAGE

Request
Key initial request

Clinical
Enter clinical information

Finalize
Finalize and submit

Draft

DELETE

Finalize

PRINT

DEMOGRAPHICS

Member Name	RAY, MADISON
Member Number	048843765
Date of Birth	02/16/2009

REQUEST DETAILS

Requesting Provider	SSM HEALTH BEHAVIORAL HEALTH-OKC-RTC-HR 204 : Hospital Based Psych Level II
Servicing Provider	SSM HEALTH BEHAVIORAL HEALTH-OKC-RTC-HR 1000 N LEE AVE OKLAHOMA CITY, OK 731021036
Place of Service	21 Inpatient Hospital
Requested Dates	03/02/2026 to 03/14/2026
Level of Care	Acute II
Payment Method	Pay System Price

DIAGNOSES

F3481	Disruptive Mood Dysregulation Disorder(Primary Diagnosis)
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REQUESTED SERVICES

0129	ROOM & BOARD - SEMI PRIVATE - 2 BED - OTHER (Primary Service) Total: 12 Units(s) Begin Date: 03/02/2026 End Date: 03/14/2026 Payment Method: Pay System Price
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NOTES

03/04/2026
Big bears.

ATTACHMENTS

ROTD Mar.Apr.2026.docx [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. This page is subject to the terms of a beneficiary's benefit plan and eligibility on the date of service.

SUBMIT

- Once you click Save & Continue, the Finalize page will populate.
- Review the information and click Submit.
- If corrections need to be made, navigate to the panel, make any changes, then click Save & Continue back to the Finalize page to submit.
- Once you've submitted the Finalize page, you may print it or save it as a PDF for your records.
- The Finalize page is only valid if the QD PA# and date/time of submission is at the top.

PEER TO PEER (P2P) REVIEWS

- Peer to peer reviews are for requests denied due to MNC and the denial was upheld after a reconsideration with new information.
- This is the final part of the process for the provider to request the OHCA physician consultant meet with the provider physician to discuss the case.
- If, after an adverse reconsideration is received, a P2P review is desired, the provider can submit a P2P request in eQSuite immediately after the reconsideration.

P2P REVIEWS

- P2P reviews begin much like reconsiderations. Find the case in the Completed tab and tap anywhere on the case row to open the Summary page.
- Locate the blue Actions button to the top right. Tap to populate the nested menu, where you will find Request Reconsideration. Click to open the Create Recon/Appeal panel.
- Choose Peer to Peer.

Extend	Case #	Member Name	Member Number	Review Type	Service Type	Authorization #	Completed Date	Discharge Date	Case Status
	QD25329379	TESTER, JODIE	047628647	Concurrent		QD25329379	2/27/2026		Approved
	QD2530836A	TEST, BABY	052844401	Concurrent			12/2/2025	11/8/2025	Denied
	QD2530836D	TESTER, JODIE	047628647	Retrospective		QD2530836D	12/2/2025	11/6/2025	Approved
	QD2530836C	TESTER, JODIE	047628647	Retrospective		QD2530836C	11/4/2025	11/4/2025	Approved

TEST, BABY
 Member#: 052844401
 Date of Birth: 06/01/2011
 Case# QD2530836A Status: Denied Type: Authorization#: Not assigned
 Severity: Standard

REQUEST DETAILS

Requesting Provider	SSM HEALTH BEHAVIORAL HEALTH-OKC-RTC-HR 204 : Hospital Based Psych Level II
Servicing Provider	SSM HEALTH BEHAVIORAL HEALTH-OKC-RTC-HR 1000 N LEE AVE OKLAHOMA CITY, OK 731021036
Place of Service	21 Inpatient Hospital
Requested Dates	11/03/2025 to 11/08/2025
Level of Care	Acute

DIAGNOSES

F3481 Disruptive Mood Dysregulation Disorder(Primary Diagnosis)

Create Reconsideration / Appeal

Review Type: Peer to Peer

ACTIONS

- CREATE FAX COVER SHEET
- PRINT SUMMARY PAGE
- CREATE NEW REQUEST
- REQUEST EXTENSION
- REQUEST CANCELLATION
- REQUEST RECONSIDERATION
- SAFE MODIFY

P2P REVIEWS

The Request tab will populate. No changes can be made. Tap Save & Continue.

The screenshot shows the 'Request' tab of a P2P review system. The form is populated with the following information:

- Practice: SSM Behavioral Health TEST Unit
- Patient: [Redacted]
- Patient Plan: [Redacted]
- Start Date: 03/02/2026
- Are you the?: Ordering Provider Servicing Provider Both
- Ordering Provider: SSM HEALTH BEHAVIORAL HEALTH-OKC-RTC-HR - 1336248269 - 1000 N LEE AVE OKLAHOMA CITY OK 731021036 - Type: 01
- Servicing Provider: SSM HEALTH BEHAVIORAL HEALTH-OKC-RTC-HR - 1000 N LEE AVE OKLAHOMA CITY, OK 731021036 - Type: 01
- Category: QD - Behavioral Health Inpatient Stay
- Place of Service: 21 Inpatient Hospital
- Request Severity: Standard
- Level of Care: Acute II
- Review Type: Reconsideration

The 'SAVE & CONTINUE' button is highlighted with a red box. A 'RESET' button is also visible at the bottom right.

On the Clinical tab, you only need a required note and an attachment, if desired. You will receive a warning if you don't add a document. Tap OK to exit the warning. You will request the same dates that were denied automatically. Save & Continue.

The screenshot shows the 'Clinical' tab of a P2P review system. The form is populated with the following information:

- Diagnoses: F3481 - Disruptive Mood Dysregulation Disorder
- Services: 0129 - ROOM & BOARD - SEMI PRIVATE - 2 BED - OTHER (03/02/2026 - 03/14/2026, 12 Units, Total Units: 12)
- Payment: Pay System Price

The 'ADD ATTACHMENT' button is highlighted with a red box. The 'Notes' field is empty. The 'SAVE & CONTINUE' button is highlighted with a red box at the bottom. A 'RESET' button is also visible at the bottom right.

P2P NOTE

A note is required for the P2P request. Be sure to include:

- Physician name.
- Contact information.
- Possible available times.

The screenshot shows a form interface for adding a P2P note. On the left, there are two labels: "Attachments" and "Notes". Under "Attachments", there is a button labeled "ADD ATTACHMENT" which is highlighted with a red border. Under "Notes", there is a large text input field with a light blue border containing the text "Note is required|". At the bottom right of the form, there are two buttons: "CANCEL" and "SAVE & CONTINUE", with the latter also highlighted by a red border.

P2P FINALIZE PAGE

- Once you've selected Save & Continue, the Finalize page will populate, allowing you to review the information. If satisfied, tap Submit.
- In the event of errors, navigate to the panel to correct. Then, Save & Continue back to the Finalize page to submit.
- Once you've submitted the Finalize page, you can print or save it as a PDF for your records.
- The Finalize page is only valid if the QD PA# and date/time of submission is at the top.

The screenshot displays the 'Finalize' page in a web application. At the top, there are three tabs: 'Request' (Key initial request), 'Clinical' (Enter clinical information), and 'Finalize' (Finalize and submit). The 'Finalize' tab is active. Below the tabs, there is a 'Draft' status indicator and a 'DELETE' button. The main content area is titled 'Finalize' and includes a 'PRINT' button. The form is organized into several sections:

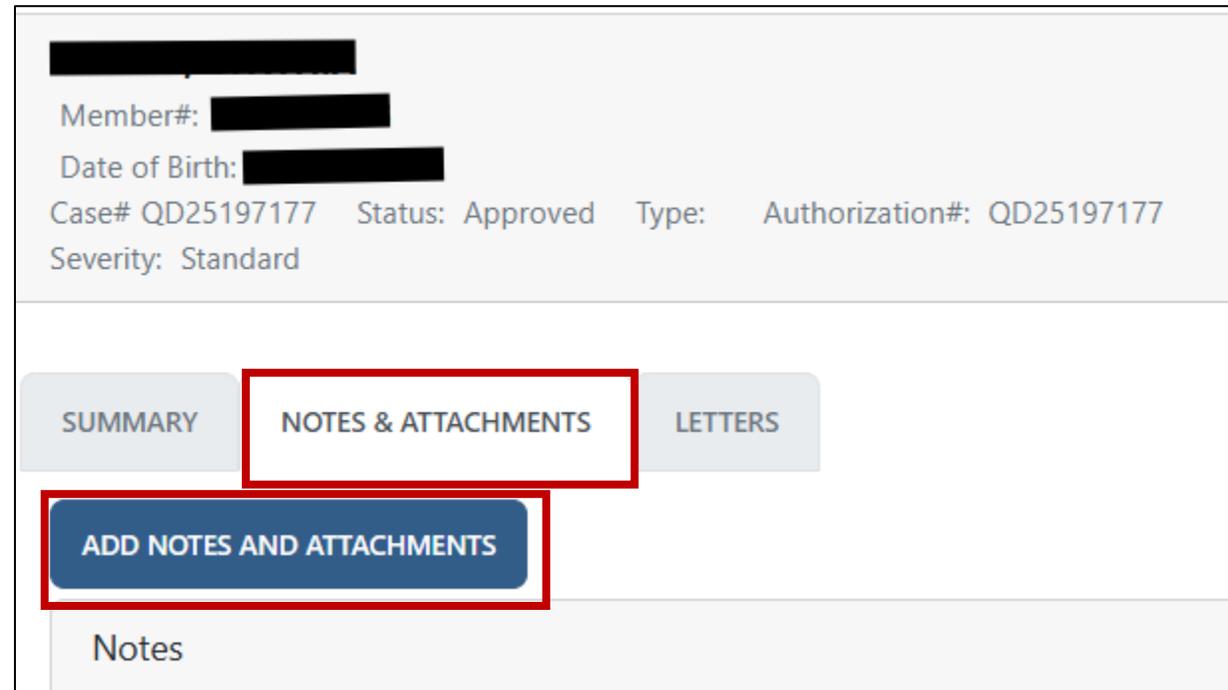
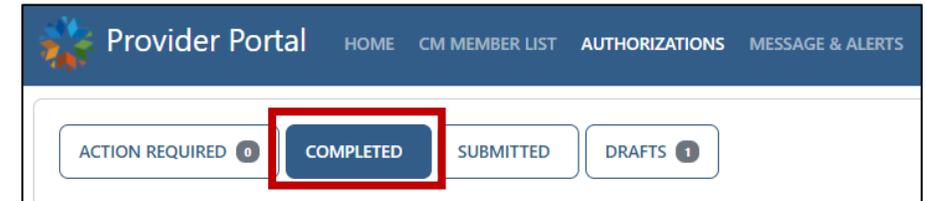
- DEMOGRAPHICS:** Member Name: RAY, MADISON; Member Number: 048843765; Date of Birth: 02/16/2009.
- REQUEST DETAILS:** Requesting Provider: SSM HEALTH BEHAVIORAL HEALTH-OKC-RTC-HR 204 : Hospital Based Psych Level II; Servicing Provider: SSM HEALTH BEHAVIORAL HEALTH-OKC-RTC-HR 1000 N LEE AVE OKLAHOMA CITY, OK 731021036; Place of Service: 21 Inpatient Hospital; Requested Dates: 03/02/2026 to 03/14/2026; Level of Care: Acute II; Payment Method: Pay System Price.
- DIAGNOSES:** F3481 Disruptive Mood Dysregulation Disorder (Primary Diagnosis).
- REQUESTED SERVICES:** 0129 ROOM & BOARD - SEMI PRIVATE - 2 BED - OTHER (Primary Service); Total: 12 Units(s); Begin Date: 03/02/2026; End Date: 03/14/2026; Payment Method: Pay System Price.
- NOTES:** 03/04/2026 Big bears.
- ATTACHMENTS:** ROTD Mar, Apr. 2026.docx (Authorizations).

At the bottom, there is a disclaimer: '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.' A red box highlights the 'SUBMIT' button at the bottom left.

DISCHARGES

ENTERING DISCHARGES

- On the provider portal's home page, tap Authorizations.
- In Authorizations, find and tap the Completed tab.
- Upload discharge documents (required) by finding the discharging patient's line in the Completed tab. Tap anywhere on the PA line to populate the Summary page.
- Tap on the Notes & Attachments tab then the blue Add Notes and Attachments box.



ENTERING DISCHARGES

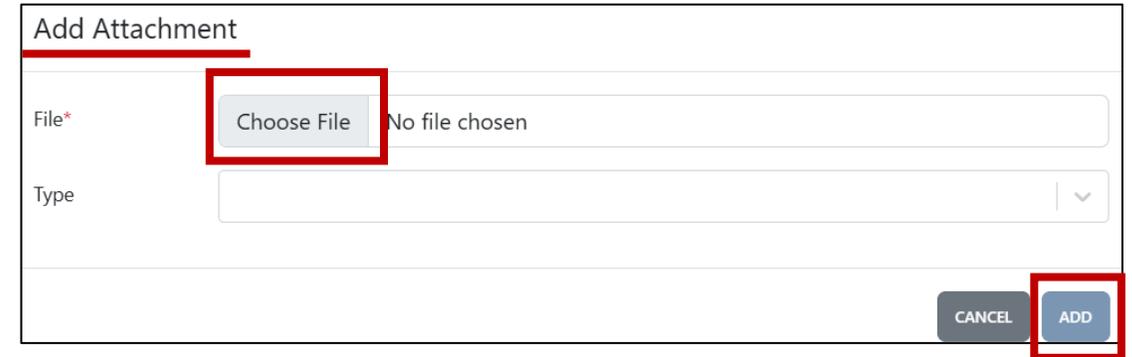
- On the attachment panel, tap Add Attachment. This populates the Add Attachment panel.
- Click Choose File.
- Choose the file to upload: discharge instructions or summary. Tap Add.
- Include a required note about the attached document.
- Tap Save & Continue to return to the Case Summary.



Attachments

ADD ATTACHMENT

Notes

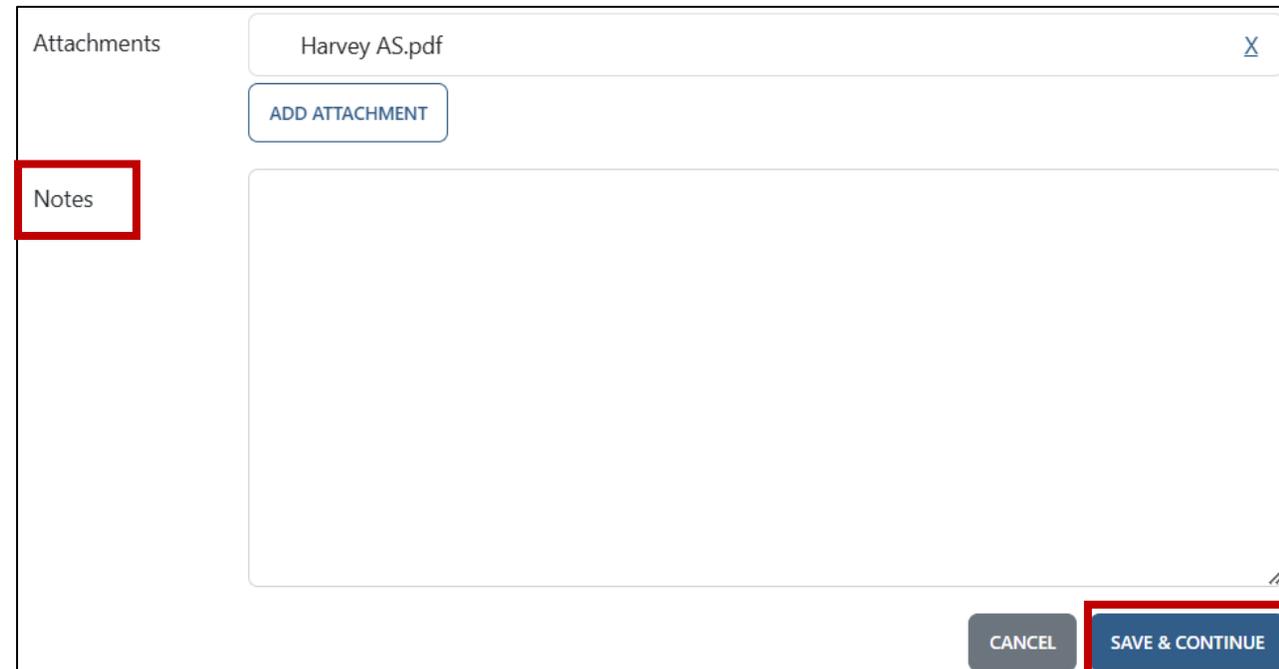


Add Attachment

File* Choose File No file chosen

Type

CANCEL ADD



Attachments

Harvey AS.pdf

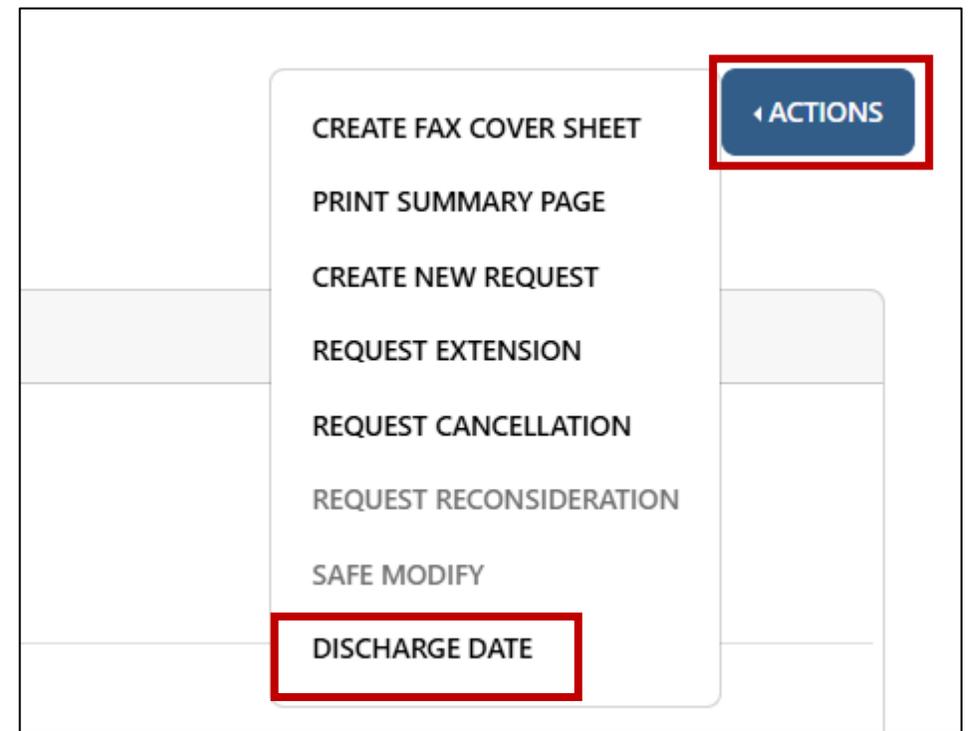
ADD ATTACHMENT

Notes

CANCEL SAVE & CONTINUE

ENTERING DISCHARGES

- You will land on the Case Summary page, where the blue Actions button appears at the top right. Click to populate the nested menu.
- In the menu, choose Discharge Date.
- The Discharge Date panel will populate. Use the calendar icon to enter the discharge date.
- Use the Discharge Disposition drop-down menu to choose the best selection for the member's disposition.
- Tap Save & Continue to send an alert to the OHCA reviewer.

A screenshot of a mobile application form. The form has two main sections. The first section is titled 'Discharge Date*' and contains a text input field with the placeholder 'mm/dd/yyyy' and a calendar icon on the right side, which is circled in red. The second section is titled 'Discharge Disposition*' and contains a dropdown menu with the text 'Select Discharge Disposition...' and a downward arrow. At the bottom of the form, there are two blue buttons: 'SAVE & CONTINUE' and 'CANCEL'. The 'SAVE & CONTINUE' button is highlighted with a red rectangular box.

ENTERING DISCHARGES WITH ERRORS

- If the system won't accept the Discharge Date without taking additional actions, tap Cancel. Then, upload the discharge instructions with the required note indicating the date and disposition of discharge.
- The attachment will alert the BH specialist to assess the situation and modify the authorization to allow the discharge to be added.

The screenshot shows a mobile application form with two main input fields. The first field, labeled 'Discharge Date*', contains the date '12/27/2025' and has a calendar icon on the right. The second field, labeled 'Discharge Disposition*', contains the text '01 To Home or Self-Care' and has a dropdown arrow on the right. Below these fields is a red error message: 'In order to complete the discharge process enter and complete an extension of service that covers the given discharge date.' At the bottom right of the form are two blue buttons: 'SAVE & CONTINUE' and 'CANCEL'.

Discharge Date*

12/27/2025

Discharge Disposition*

01 To Home or Self-Care

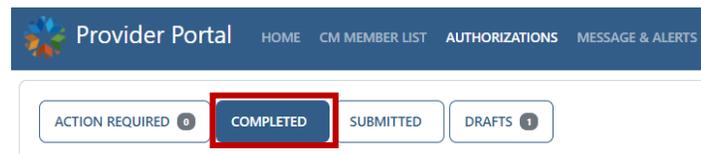
In order to complete the discharge process enter and complete an extension of service that covers the given discharge date.

SAVE & CONTINUE CANCEL

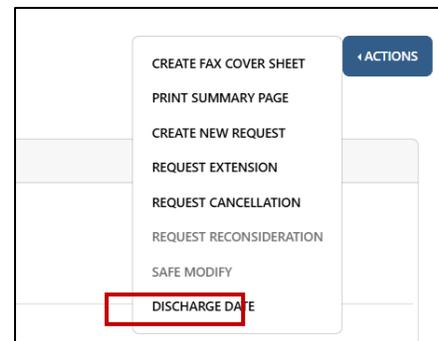
DOWNGRADES AND DISCHARGES

Discharges must be entered when: a) a patient discharges from a facility or b) any time a patient downgrades or upgrades to a different level of care, i.e., from Acute to Acute II or from PRTF to Acute. Discharges must be entered before the PA request for the new level of care can be submitted.

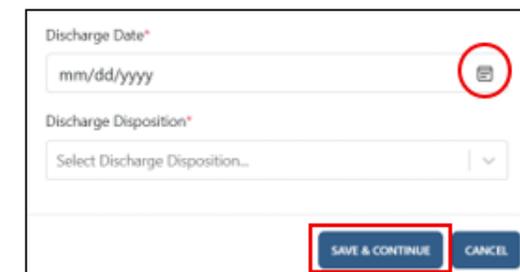
Locate the patient's existing authorization line in the Completed tab. Click to populate the Case Summary page.



Tap the blue Actions button to populate a nested menu. Choose Discharge Date.



A Discharge Date panel will populate. Click the calendar icon to enter the date of discharge, then use the drop-down menu to choose the disposition of the patient. Tap Save & Continue.



ERRORS: WHAT TO DO

OVERLAP PROCEDURE ERROR

“Overlapping outpatient procedure record in case QDxxxxxxx for same type. Begin date 02/01/2025. End date 02/10/2025.”

There are multiple types of errors that can occur during submission.

- This is the most frequently seen error.
- Most often occurs from an active case with a PA that covers the new PA admit date.
- Sometimes a duplicate admission or extension.

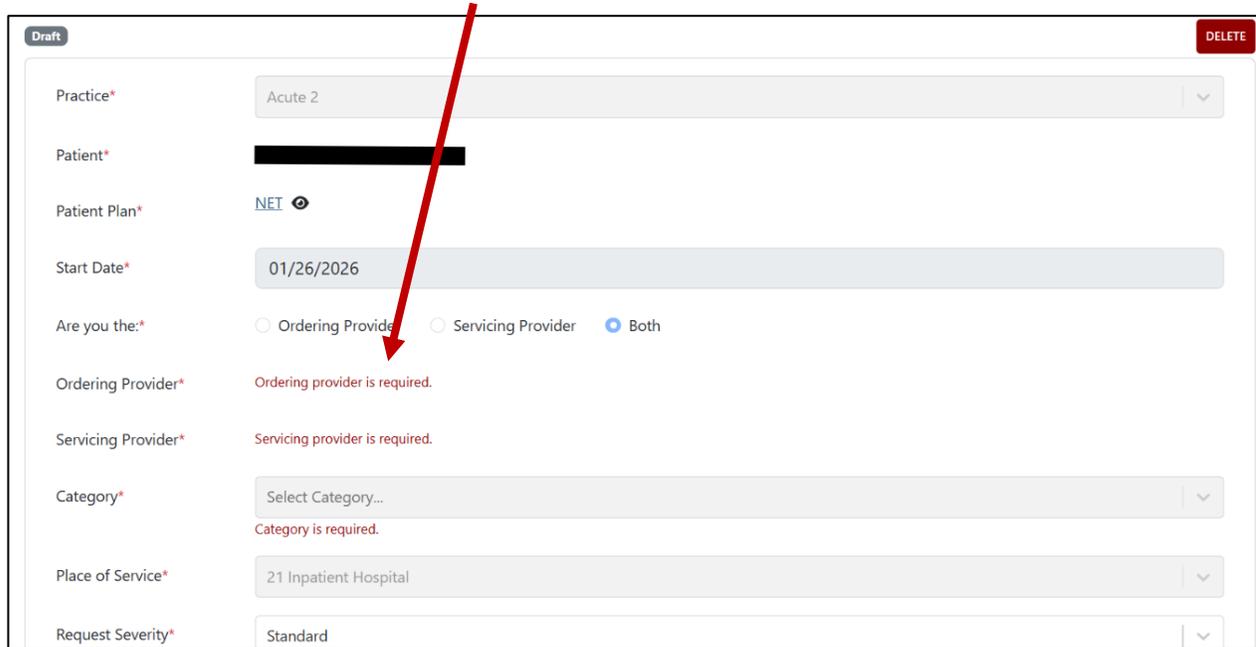


The screenshot shows a web form titled 'Finalize' with a red error banner at the top. The banner contains the text: 'Overlapping Outpatient Procedure record in case QH260483D5 for same type. BeginDate: 02/24/2026, EndDate: 02/28/2026'. Below the banner, there is a 'PRINT' button. The form is divided into two sections: 'DEMOGRAPHICS' and 'REQUEST DETAILS'. The 'DEMOGRAPHICS' section has three rows: 'Member Name', 'Member Number', and 'Date of Birth', each with a blacked-out value. The 'REQUEST DETAILS' section has two rows: 'Requesting Provider' and 'Servicing Provider', both with text values.

DEMOGRAPHICS	
Member Name	[REDACTED]
Member Number	[REDACTED]
Date of Birth	[REDACTED]

REQUEST DETAILS	
Requesting Provider	LAURI BLESCH 345 : General Pediatrician
Servicing Provider	SOUTHWESTERN HOME HEALTH, INC. 910 S.W. 38TH STREET LAWTON, OK 735057013

“Ordering provider is required.
Servicing provider is required.
Category is required.”



The screenshot shows a form with the following fields and values:

- Practice*: Acute 2
- Patient*: [Redacted]
- Patient Plan*: NEI
- Start Date*: 01/26/2026
- Are you the*: Ordering Provide Servicing Provider Both
- Ordering Provider*: Ordering provider is required.
- Servicing Provider*: Servicing provider is required.
- Category*: Select Category...
Category is required.
- Place of Service*: 21 Inpatient Hospital
- Request Severity*: Standard

The form has a 'Draft' label in the top left and a 'DELETE' button in the top right. A red arrow points from the text above to the 'Ordering Provider' field.

ORDERING PROVIDER REQUIRED

This is only considered an error if it occurs during an extension, as it is supposed to occur when you initially build your prior authorization.

“Servicing Provider does not have a valid program for this procedure category.”

NO VALID PROGRAM ERROR

Provider Portal | HOME | CM MEMBER LIST | AUTHORIZATIONS | MESSAGE & ALERTS | PRO | DEL LOCATOR | HEALTH & WELLNESS OPPORTUNITIES | ADMIN | MY PROFILE | HELP | Brad Winham | Logout

Request Key initial request | Clinical Enter clinical information | Finalize Finalize and submit

Draft

Servicing Provider does not have a valid program for this procedure category.

Practice* Child/Adolescent RTC J

Patient* JULISSA ALVAREZ - 055407362 [Change patient...](#)

Patient Plan* S-CHC

Start Date* 03/04/2026

Are you the* Ordering Provider Servicing Provider Both

Ordering Provider* CEDAR RIDGE PSYCHIATRIC HOSPITAL - 1588836779 - 6501 NE 50TH ST OKLAHOMA CITY OK 731410003 - Type: 63 [Change ordering provider...](#)

Servicing Provider* RED RIVER YOUTH ACADEMY - 3400 DESKIN DRIVE NORMAN, OK 730698295 - Type: 63 [Change servicing provider...](#)

Category* QD - Behavioral Health Inpatient Stay

Place of Service* 56 Psychiatric Residential Treatment Center

Request Severity* Standard

Level of Care* PRTF

[SAVE & CONTINUE](#) [RESET](#)

- Occurs when the provider Oklahoma Medicaid contract has termed.
- Can be adjusted to end date of PA to avoid error.

WHAT SHOULD PROVIDERS DO WHEN ERRORS OCCUR?

Take a screenshot or “snip” of the error and include it in your prior authorization packet. Fax the packet to OHCA for entry into eQSuite. Once entered, providers should be able to follow progress and submit extensions via eQSuite.

Note: faxed submissions without error screenshots will not be accepted.

NO VALID PLAN ERROR

This error occurs when the member has no HAP or TXIX active in eQSuite for the days requested.

“No valid plan for XX/XX/XXXX.”

The screenshot displays a multi-step process flow with three main stages: 'Request' (Key initial request), 'Clinical' (Enter clinical information), and 'Finalize' (Finalize and submit). The 'Request' step is currently active and highlighted in blue. Below the process flow, a red error banner reads 'No valid plan for 02/20/2026.' with a close button (X). The form fields below the error are: 'Practice*' set to 'Laureate Psychiatric Hospital', 'Patient*' set to 'MARK STEPHENS - 843280262' with a 'Change patient...' link, and 'Patient Plan*' set to 'N/A' with a help icon.

LOCKED OUT OF EQSUITE?

For password reset, call 800-522-0114, option 2, option 3.

For other eQSuite issues, send an email to BHSupport@okhca.org with the following subject line:

-Subject: eQSuite Question

QUESTIONS?

ADDITIONAL RESOURCES

- [eQSuite Care Coordination provider portal access.](#)
- Download the [inpatient provider manual.](#)
- Obtain a [copy of this presentation.](#)



OKLAHOMA
Health Care Authority

GET IN TOUCH

4345 N. Lincoln Blvd.
Oklahoma City, OK 73105

oklahoma.gov/ohca
mysoonercare.org



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