Web Review Request

Acute Care Rehabilitation eQSuite® User Guide

Overview:

- eQHealth Solutions (eQHealth) developed a proprietary web-based electronic review request submission system for Inpatient providers.
- The system allows providers to submit the following review types: admission and retrospective reviews.
- Providers can also electronically submit additional information for previously submitted reviews and respond to adverse determinations.
- Additionally, the system includes a reporting module that can be accessed to obtain real time status of reviews requests and PA #s, and print a paper copy of electronic reviews submitted to eQHealth via the reporting module.
- The system also maintains copies of notification letters related to reviews. These letters can easily be read or downloaded by any provider staff with access to the system.

Key Features:

- One of the key features of the system is the ability to check the data upon entry directly against eQHealth's live database. This immediately prevents excluded cases and duplicate records from entering the database.
- The user can partially save data, as it is entered, if the user is interrupted during entry or in case the internet connection is lost.
- If additional information is requested by eQHealth, it can be submitted electronically by the provider and the request is automatically "reactivated" for review completion.
- The key contact person, a User Administrator, at the provider level will assign or revoke privileges for new users or existing users of the system as personnel changes take place. Software or data file maintenance is not required by the provider – all data is keyed directly into eQHealth's data system.
- Secure transmission protocols including the encryption of all data going over the Internet ensure that eQHealth is keeping current with required HIPAA security regulations.
- The provider can access the reporting module at any time to print a paper copy of electronic reviews submitted to eQHealth and obtain answers to the following types of questions:
  - What is the current status of a particular review at eQHealth?
  - What is the history of previous reviews for a recipient?
  - What is the Prior Authorization Number (PA #) and/or last date certified for a case(s)? OR

- Obtain a list of all current in-process reviews for my organization
- Obtain a list of all authorizations for an admission date range.
- Obtain a list of the detailed review outcomes for a date range.
- Obtain a printout of a specific request for a recipient.

Benefits for the Provider:

- New "Smart Review" process may provide an instant approval upon submission for a select number of requests.
- The online entry screens provide an efficient transfer of information.
- There will be less paper handling on both ends, enabling a speedier review process.
- The system is directly connected to eQHealth's eligibility files for immediate verification of eligibility.
- Multiple requestors and simultaneous transmission from multiple PCs within a facility are allowed (each will be tracked via a separate login).
- The reporting module will provide real-time status of reviews.

What You Need to Use the System:

- A provider will need Internet access for the personnel who will be submitting certification requests and accessing the reporting module.
- Our eQSuite® system is a secure HIPAA compliant browser application which will be accessed over the Internet at ***http://fl.eqhs.com***. To access the eQSuite® system, the following minimum hardware and software requirements must be met:

Minimal Computer System Requirements:

Any of the two most recent versions of:

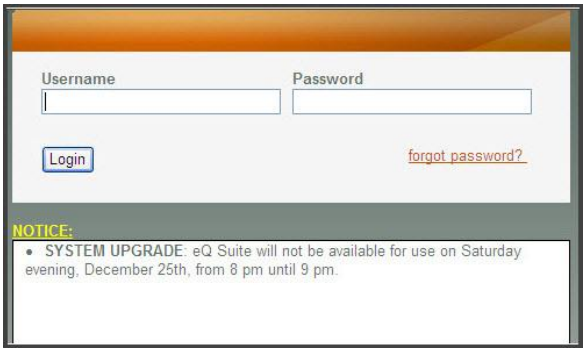
- Internet Explorer
- Google Chrome
- Mozilla Firefox
- Safari
- Broadband internet connection

Accessing the System

eQHealth's Web based entry and inquiry system is accessed from our Web site home page.

Access the Internet with your web browser and go to ***http://fl.eqhs.com/***. From here you can follow the link to the eQSuite® login.

The user must login to access the Review Request data entry system. This is an example of the login screen. Enter your User Id and Password here. The password must be entered for confidentiality, security and tracking purposes. Each user is responsible for maintaining the confidentiality of their individual logins and passwords. If you believe the security of your login or password has been compromised, change your password. You may adjust many other personal account settings from the **Update My Profile** menu option.



Your User Administrator must also create all new accounts. The User Administrator has access to many account maintenance options on the **User Administration** menu option.

For security reasons, users can not stay logged on if they are not submitting reviews or running reports. The entry system is directly tied to eQHealth's database, and the system will not maintain an idle connection for more than 20 minutes. The user does not need to exit their Internet browser window or eQHealth Web home page. Simply log back on to the system with the secure password to enter another review request.

The login screen also displays system notices about events that may impact use of the eQSuite®. These messages are displayed in a notice box immediately below the login box. For example, the date and time span for system upgrades, that may make the website temporarily unavailable while the work is being done, are posted in advance.

Menu Options in the System

After successfully logging onto the system, the user will be presented with the screen shown below. There are two locations for the menu items. They are shown across the top of the screen as well as being present on the menu tab to the left. From this initial screen the following menu options are available. Your User Administrator will determine which options are available to you.

1. **Create New Review**
2. **Respond to Additional Info**
3. **Respond to Denial**
4. **Online Helpline**
   - Create a New Helpline Request
   - View Response to Previous Request
5. **Utilities**
   - Update baby info
   - Enter Discharge Dates
   - Change Admit Date
6. **Reports (shown as default screen on main Menu)**
   - Inpatient Review Status for a Given Recipient
   - Status of All In-Process Reviews
   - Inpatient Assigned PA #'s
   - Inpatient Web Review Request Printout
   - Rehab Web Review Request Printout
7. **Search**
   - View Partial Records
   - Search By PA#
   - Search By Date
   - Search By Recipient
   - View Cases Needing Additional Info
   - Search By Review ID

- Search By eQHealth Case ID

8. **Attachments**
9. **Letters**
   - Completed
   - In Process
   - Reconsiderations
10. **Update My Profile**
11. **User Administrator**
    - Only the designated User Administrator can view this option, otherwise it's hidden from view
12. **Logoff (exit the system)**

Create New Review

- Select **Create New Review** from the Menu list.
- The following screen will be displayed, and Provider ID and Provider number will be filled in based on the user logon. Proceed with entry.

Note: Select the appropriate service that is being requested: Acute care Medical/Surgery or Acute care Rehab.

- Select the appropriate type of review:

- If this is a prior authorization request and the patient is either currently in the hospital OR is scheduled for a future surgery, then select “Admission” and click Retrieve Data. This will open the rest of the associated content.
- If this is a request to add additional days to a previously authorized admission, then select “Continued stay” enter the PA #, and click Retrieve Data button. This will open the rest of the tab and allow the system to pre-populate the existing information.
- If this is a prior authorization request and the patient has already been discharged form care, then select “Retrospective” and click Retrieve Data. This will open the rest of the rest of the associated content.

Start Tab

Review Entry

Provider #: 00020149 Provider Name: Inpatient Acute Care Hospital
Recipient ID:999999998 Recipient Name:BENE Adult L TEST Admit Age: Current Age:0

Start

Review Type and Settings

Provider ID: 00020149 Provider Name: Inpatient Acute Care Hospital
Total Days Cert: 0
Last Day Cert:
Billing Start:
Choose Setting: Med/Surg Rehab
Review Type: Admission
PA#:

Recipient ID: 999999998 Name: BENE Adult L TEST DOB: 1/3/1982 Sex: Female

If the patient is a baby and:
- Has a personal Medicaid number, then enter this number in the Recipient ID box above and leave the Baby Name and Birth date blank.
- Otherwise, if the mother has a Medicaid number, then enter the Mother's number in the Recipient ID box above and enter the Baby Name and Birth date below. If the Mother does not have a Medicaid number, then click the [Create Temp Baby ID] button to create a temporary Medicaid number.

Create Temp Baby ID

Baby Name: Baby's Birth Date:
Account # :

Physicians and Healthcare Practitioners

	Type	Medicaid #	Name	Phone #	Phone on File Correct?	Updated Phone	
Edit	Attending	99999999	Physician, Test	9876543210	☑	(__) __-____	Clear
Edit	Rehab	88888888	Therapist, Test	1234567890	☐	(123) 456-7890	Clear
Edit	Attending				☐	(__) __-____	

Admit Date: 4/6/2011
Proposed D/C Date: 5/2/2011
Actual D/C Date:
* Days Requested: 28

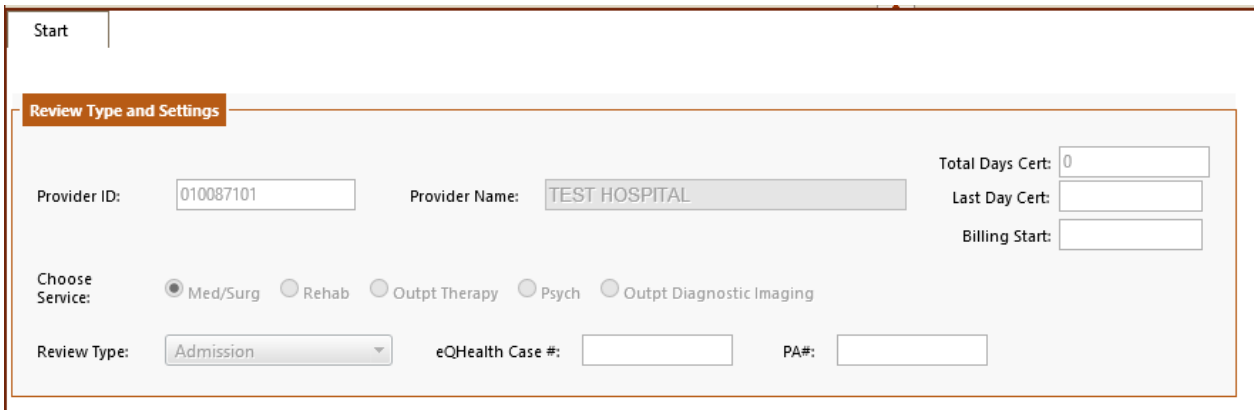
Referral source: Transfer from acute unit own facility

Hospice enrolled recipient:
Are requested services related to the treatment of the terminal illness or associated condition?
If no is selected, then explain on the Summary tab.
○ Yes
○ No

Is this admission related to a complication from the previous transplant?
○ Yes
◉ No

Provider ID and Name

The provider who will render the services.



Note: If you need to make changes to a review that is still at 1st level you will have to cancel your submission and re submit correctly.

- The facility rendering treatment. For hospitals this is a "view only" field – not a user entry field. The system will automatically fill in the Medicaid provider number, provider name, and city based on the user login.

  For physician office

Setting: Is the patient receiving Med/Surg or Rehab Acute care?

Review Type: A Request Type must be selected first so the system will know how to edit the information. Choose between the following:

Admission: The patient has not yet been admitted to the hospital or the patient has been admitted and is currently receiving care when the initial authorization is being requested.

Continued Stay: The admission has been previously approved by eQHealth and a continuation of services is being requested.

If eQHealth has a discharge date on file for this stay and the total number of days currently authorized cover the entire length of stay, then a continued stay review request will be disallowed.

A continued stay request will be disallowed if any previous requests for this stay have been formally denied by eQHealth and the decision has not been modified or reversed via reconsideration.

Retrospective: The patient has been admitted and discharged, without prior authorization from eQHealth. Authorization for the entire stay (depending on eligibility) is being requested.

NOTE: The provider can enter only one request per workday for each patient admission.

Proir Authorization Number: A valid eQHealth Prior Authorization Number (PA#) must be entered for all continued stay review requests. The system will verify that the PA # has been issued for the provider currently logged on. If the admission record has been voided by eQHealth for any reason, enter of the concurrent request will not be allowed.

For continued stay requests, entering a valid PA # into the system will automatically populate the data entry screen with the following fields from eQHealth's data table:

Recipient Number Recipient Name

Recipient Date of Birth Recipient Sex

Last Day Certified Baby Name and Birth Date

(if applicable) Physician Information Admit Date Total Days Certified (to date)

Patient Account Number (if submitted by the provider)

Recipient Status: Does the recipient fall under the Balanced Budget Act (BBA) for Adults or Undocumented Non-Citizen eligibility. If so select the appropriate radio button.

Last Day Cert: For continued stay review requests, the system will display the current last day that is certified for this admission. This is a "view only" field – not a user entry field.

Total Days Cert: For continued stay review requests, the system will display the current total days certified for this admission. This is a "view only" field – not a user entry field.

Billing Start Date: The first date services were rendered. If the recipient is admitted from observation, outpatient or through emergency department, this is a "view only" field – not a user entry field.

Recipient ID

Enter the recipient's number that appears on the Medicaid ID card.

If a recipient has been assigned multiple numbers and the number entered by the provider is not a current number, then the system will check the cross-reference table and supply the new recipient number to be used along with an explanatory message.

The recipient must have Medicaid eligibility on file for the dates of service.

If the patient is a baby and: Has a personal Medicaid number. Enter this number in the Recipient ID box above and leave the Baby Name and Birth date blank.

- Otherwise, If the mother has a Medicaid number, then enter the Mother's number in the Recipient ID box above and enter the Baby Name and Birth date below. If the Mother does not have a Medicaid number, then click the [Create Temp Baby ID] button to create a temporary Medicaid number for the baby.

Recipient Name: Based on the recipient number, the system will display the recipient's name; this is a read-only field.

DOB

Based on the recipient number, the system will display the recipient's date of birth. This is a "view only" field – not a user entry field.

Sex

Based on the recipient number, the system will display the recipient's gender. This is a "view only" field-not user entry field.

Baby Name The baby's first and last name must be entered if this is the first review request for a Baby admission. If the baby name has not been provided, enter Baby Girl/Boy 1 of "Mother's name."

For a concurrent review request, the baby's name is not automatically

transferred from the admission review and displayed on screen.

Create Temp Baby ID A temporary ID for the baby is requested here. For this, the system will request the Baby's name, the baby's birth date, the mother's name, the mother's birth date, and the mother's Recipient ID if available.

Account #: Enter the recipient's hospital account /medical record number. This is an optional field for hospital use only.

Physician and other Healthcare Practitioners: The Florida Medicaid number to the physician rendering Service.

If the user is unsure of the number, then they can click Search under the entry box and search the eQHealth physician table by the physician last name, License number, or NPI number.

To enter the Medicaid number into the grid, you must select the **Edit** link. If the number is unknown, press **Search** to find a valid Physician or Clinician Number. The Medicaid ID# is a 9-digit number. Make sure to select a physician with a valid ID.

You will get the following screen for search criterial to be entered. You may enter a full name or just an initial of the last name then press enter. The list will show on the screen (e.g. Clark) Click on **Select** on the record for the desired physician the provider number, name and demographic information will be filled based on the physician number. If you have more current information the demographic information can be updated by the user.

The following screen for search criteria will appear. Enter a full name or just an initial of the last name. The list will show on the screen (e.g. smith). Click on Select on the record for the desired physician (Number, Name and phone will be populated based on physician number)

Once you have entered the Medicaid ID# and verified the information is correct, make sure to check the box “I have verified the above contact information is correct” and click “Update”.

If the user is unsure of the provider’s Medicaid number, they can click **Search** under the entry box and search the eQHealth provider table by provider last name, License number, or NPI number.

Once you have entered the Medicaid ID# and verified the information is correct, make sure to check the box “I have verified the above contact information is correct” and click “Update”.

If the user is unsure of the provider’s Medicaid number, they can click **Search** under the entry box and search the eQHealth provider table by provider last name, License number, or NPI number.

Admit Date: The actual admission date.

If the recipient is ineligible for the entire length of stay, the eligibility begin date must be entered.

If the patient is dually eligible for this stay and Medicare is exhausted in the middle of the stay, enter the first date that you are requesting Medicaid to cover.

The system will disallow a request to be entered if a duplicate is determined to already be in process at eQHealth. Duplication is determined if there is a review request already on file for the same Provider ID, Recipient ID, Admission date, and Baby Name (if applicable).

The system will check for previous admissions on file where discharge dates have not been submitted. A warning dialog box will be displayed to the user when the dates of service appear to overlap with a previous admission.

Proposed D/C Date: Enter the proposed discharge date if the actual discharge date is unknown at the time of the review request.

Actual D/C Date: Enter the discharge date if the recipient has been discharged from the facility. The discharge date must be on or after the admission date and on or before the current date.

# of Days Requested for this Request:

Admission Requests: Enter the anticipated length of stay. **Continued Stay Requests**: Enter the anticipated continued number of days needed.

Hospice Related Services: If the patient is enrolled in Hospice, click “Yes” or “No” to indicate. whether these services are related to a terminal illness. If not, explain in the Summary tab. Note: This only applies to Hospice enrolled patients.

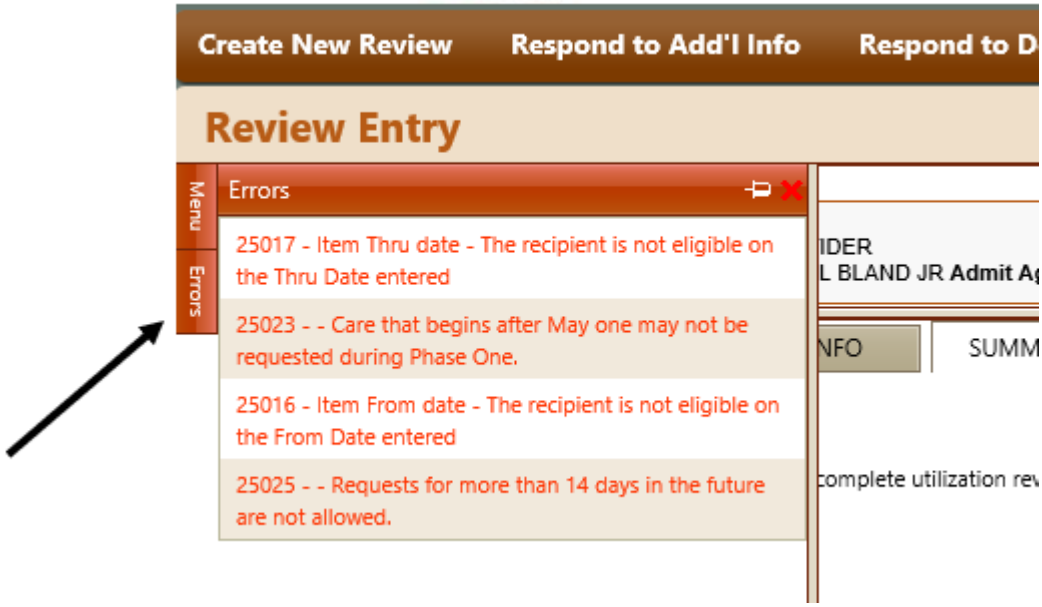
Transplant Issue Click “Yes” or “No” to indicate whether this was an issue related to a previous transplant.

BUTTONS AT THE BOTTOM OF THE TABS

Using any of these buttons, as well as changing, tabs will reset the 20 minutes inactivity clock for your session.

Check Key: On the **Start Tab**, the user continues the review request process by clicking the Check Key button. This will cause the system to run several checks on what has been entered then progress to the next tab.

When the user clicks Check Key, the system checks recipient and provider eligibility, duplicate reviews, and Agency for Health Care Administration (AHCA) review policy. If errors occur or if the request is excluded from review based on AHCA policy, a dialog box will appear on the screen that says:



Press the OK to continue. Click on the Errors Tab to review any errors. Make the appropriate changes to the review and press Check Key again until all errors have been resolved. If further explanation of the types of errors that can occur during the check key process, go to the Error Correction section in this document.

If no errors are detected, the next available tab will appear and the may proceed.

Note that if you choose to continue with the review request process, documented evidence of Medicare benefits must be submitted with the review.

The systems will confirm the recipient's Medicare eligibility. If there seems to be a mismatch between the system's records and the review request, the system gives the user the option of overriding the system. This is presented through the following dialog box:

The system may prompt to confirm the recipeint's address and phone. Once confirmed,check the address/phone verifeid box. This dialog box will look like this:

Press OK to continue

<u>Save/Continue</u>: After the Start Tab, the user continues to progress through the review process with the Save/Continue button at the bottom of each screen. This will save the data you have entered and continue with the next tab.

Save/Close: The user can save a record intermittently during entry with the **Save/Close** button at the bottom of the screen. This will prevent loss of data in case of a lost connection or in case the user is interrupted during entry.

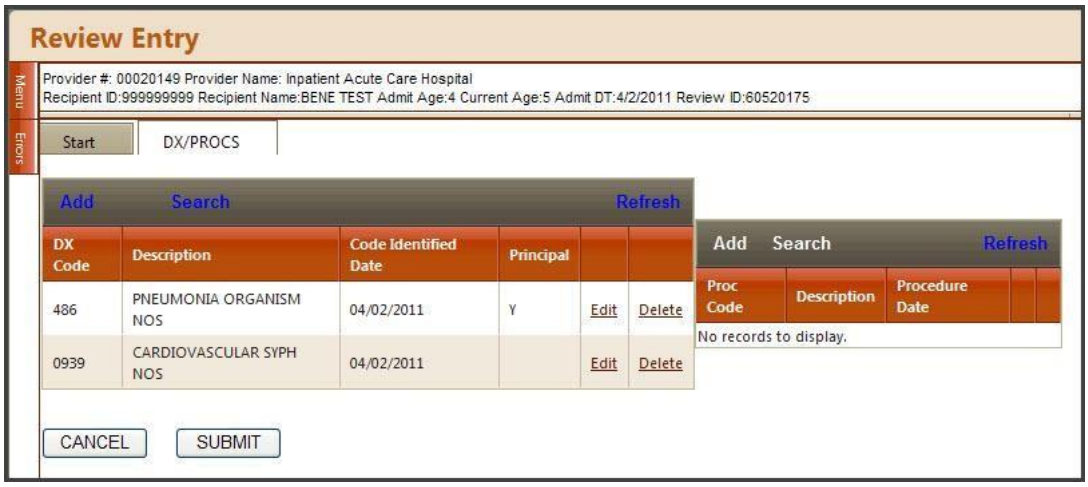
Submit: Once the user has entered enough data into the review for the system to attempt to activate the "Smart Review" process, you can hit the Submit button. This will save the data you have entered, and the system will attempt to authorize the review request. If the system cannot authorize the request, the remaining tabs will be available in the review for the user to fill out.

Submit for Nurse Review: Once the user has entered all relevant information necessary to determine medical necessity, click the Submit for Review button at the bottom of the Summary tab. This will save the data you have entered and initiate the review process.

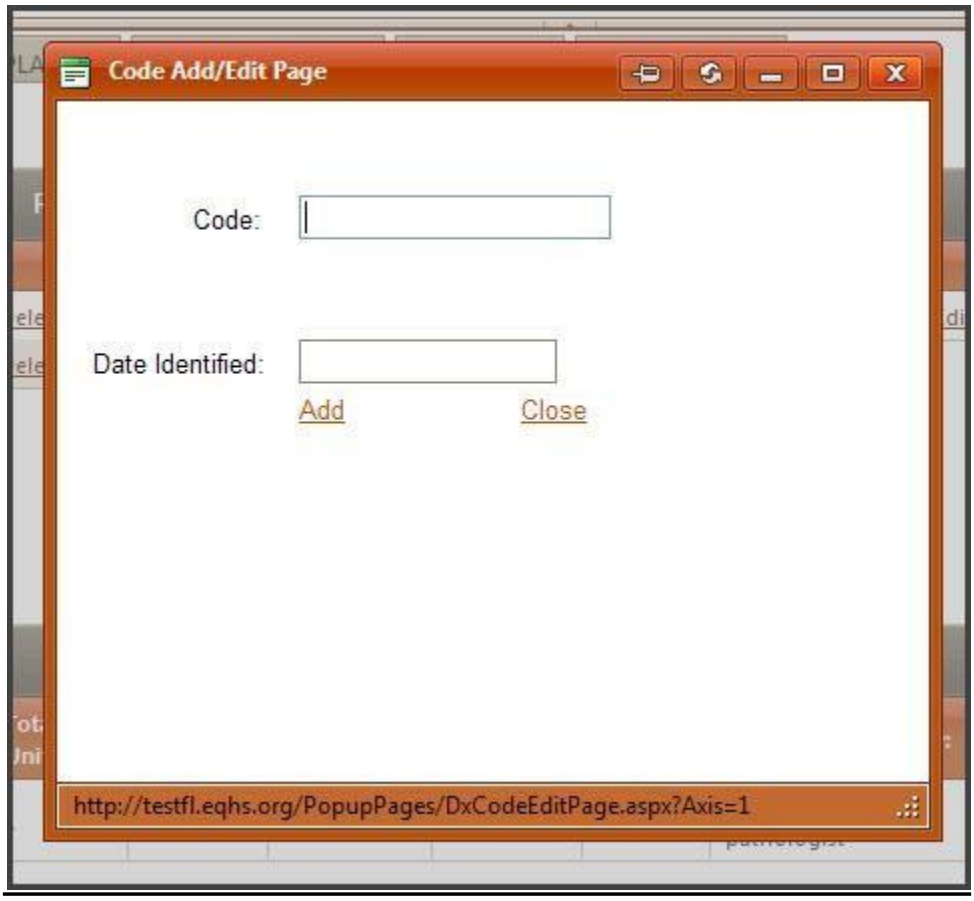
Cancel Review Request: The user may cancel a review by clicking Cancel at the bottom of each screen. The user will be prompted, "Do you want to partially save the record"? If the user does not choose to partially save, all information entered will be lost.

DX CODES/PROCS Tab

- This screen captures all data regarding the diagnosis (reason for hospitalization) and procedures performed.



Click Add to enter diagnosis (DX) and procedure codes and the following window will appear:



The date identified will default to the admission date for admission review.

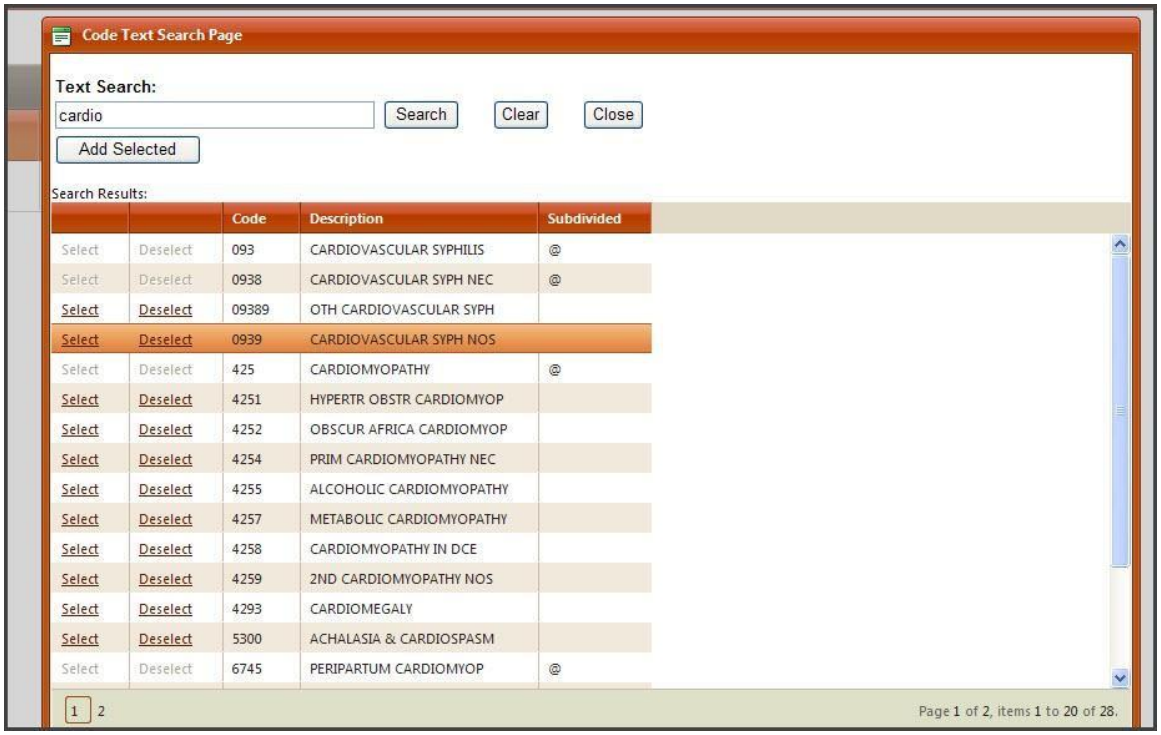
Click **Add** to close the window and the diagnosis will be displayed on the screen.

Click **Close** to close the window without adding any diagnoses.

To find a specific diagnosis (DX) or procedure code, click **Search** and enter the first

3-5 letters of the diagnosis/procedure. Click **Select** to highlight each desired DX code from the resulting list. When all the DX codes you need are highlighted, click **Add**

Selected to add these DX codes to the review request.



A diagnosis or procedure code may be edited or deleted by selecting the appropriate option at the end of the row.

Diagnosis Codes: The International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-10 Procedure code(s) for the primary diagnosis and secondary diagnoses (if applicable).

The system will display the corresponding description for each code entered and will check for invalid codes based on gender, age and coding rules.

For concurrent reviews only, list new/current diagnosis codes not submitted on previous requests. If there is no change in diagnosis, leave this section blank.

Date Identified: The date the diagnosis is identified. For admission review, this is filled in by the system with the admission date.

Procedure Code Actual or Proposed Date: An actual date must be entered for every procedure code entered.

The dates must be within the timeframe of this Admission.

Procedure Codes: The ICD-10 Procedure code(s) for completed and planned procedures.

The system will display the corresponding description for each code entered and will check for invalid codes based on gender, age and coding rules.

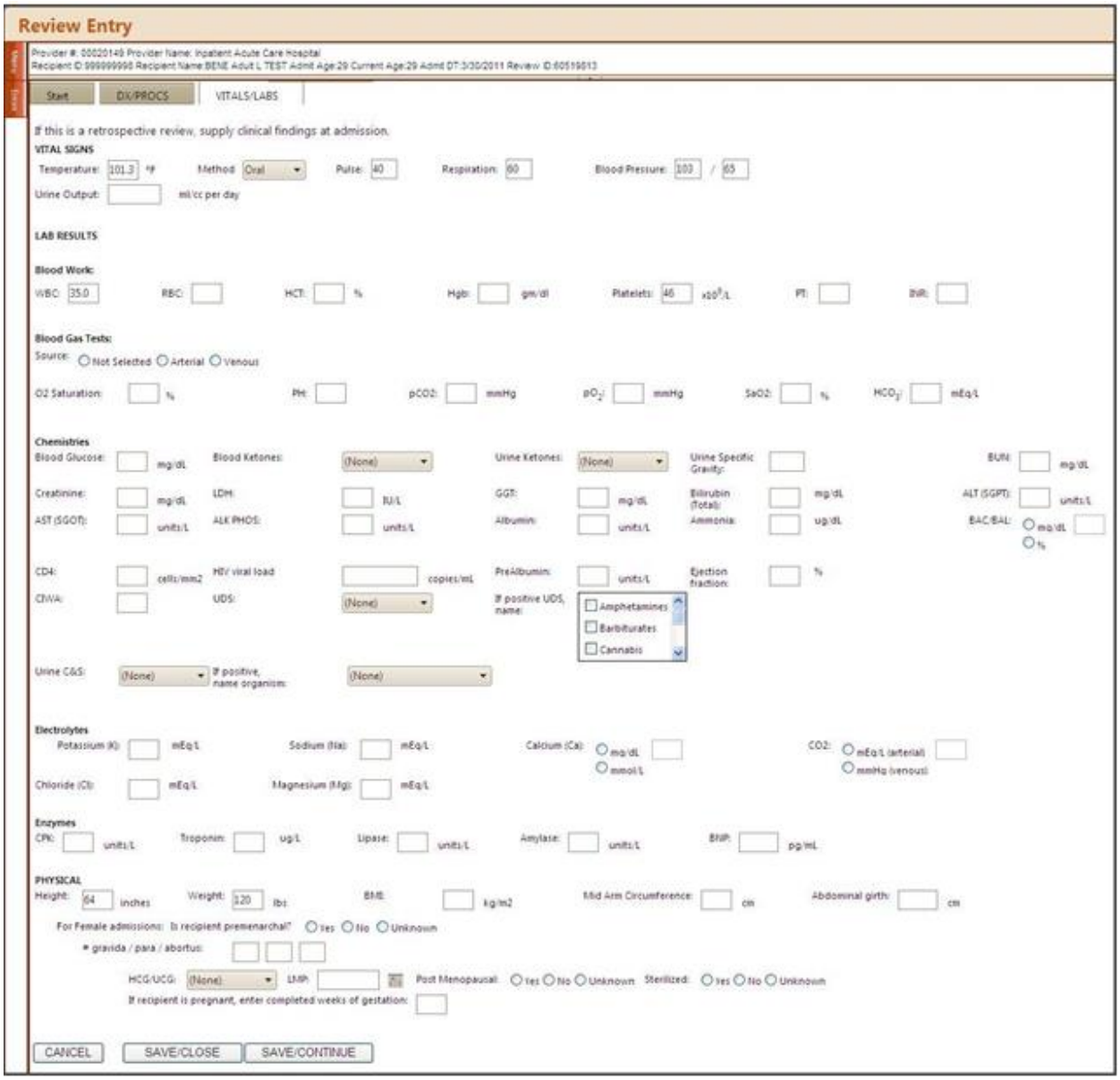
For concurrent reviews only list new and planned procedure codes not submitted on previous requests. If there are no new procedures, leave this section blank.

Check if procedure cancelled: Indicate if a procedure was scheduled and not performed.

Vitals/Labs Tab

– This tab summarizes the vital signs and lab work for the patient. For admission and retrospective reviews enter the results at the time of admission. For continuing stays enter the latest results at the of review.

  Temperature, method, pulse, respiration, and blood pressure are required fields. Enter other items as needed to determine medical necessity.



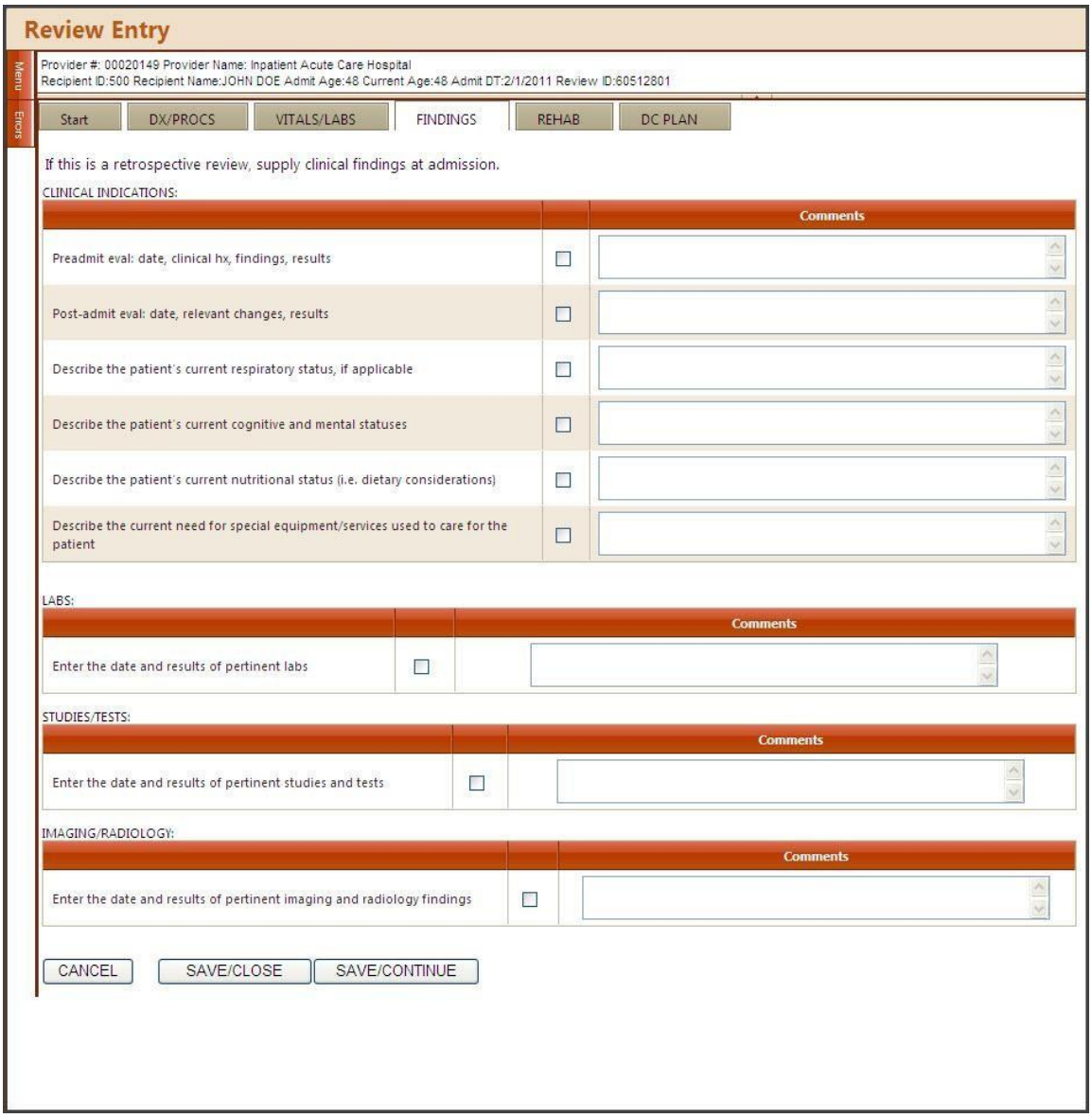
Findings Tab

– Indicate any Special Unit patient is in. Indicate if any special care listed is required.

– The options available on this tab are specific to the patient's condition. They will change

based on the diagnosis codes you have entered on the DX code tab.

– Select the checkboxes for all clinical indications, treatment, labs requested, studies and images appropriate to this patient. In the adjacent text boxes enter the clinical details for each clinical finding you have checked. Use the "Other" option to enter clinical information that does not apply to any of the other types.



Rehab Tab

Start | DX/PROCS | VITALS/LABS | FINDINGS | REHAB | DC PLAN

Describe patient's onset of illness and current condition, including any recent surgical procedures and/or interventions.
Also, describe the patient's physical and mental capacity before onset of current event/illness:

Indicate whether the patient is currently medically stable and able to tolerate the rehabilitation program, e.g., at least 3 hours of therapy per day.
Also indicate whether the patient can reasonably be expected to actively participate in and significantly benefit from the rehabilitation program.

Describe the patient's current attitude and behavior towards the rehabilitation program and the therapy.

Describe the patient's current family support systems.

Select the primary reason for inpatient acute rehabilitation services.

Question	Yes	Date of onset of the impairment
Primary Reason for Rehabilitation Services		
Stroke/CVA	☐	
Brain dysfunction/traumatic brain injury (TBI)	☐	
Neurological conditions	☐	
Spinal cord dysfunction/injury	☐	
Amputation	☐	
Inflammatory Arthritis	☐	
Pain syndrome	☐	
Orthopedic disorders	☐	
Cardiac	☐	
Pulmonary disorders	☐	
Burns	☐	
Congenital deformities/abnormalities	☐	
Other disabling impairments	☐	
Major multiple trauma	☐	
Developmental disability	☐	
Debility	☐	
Medically complex	☐	

Provide additional information to explain the exact nature and extent of the impairment to justify the medical necessity of inpatient rehabilitation services.
Also, describe the patient's level of functioning prior to the event or condition and the expected level of improvement.

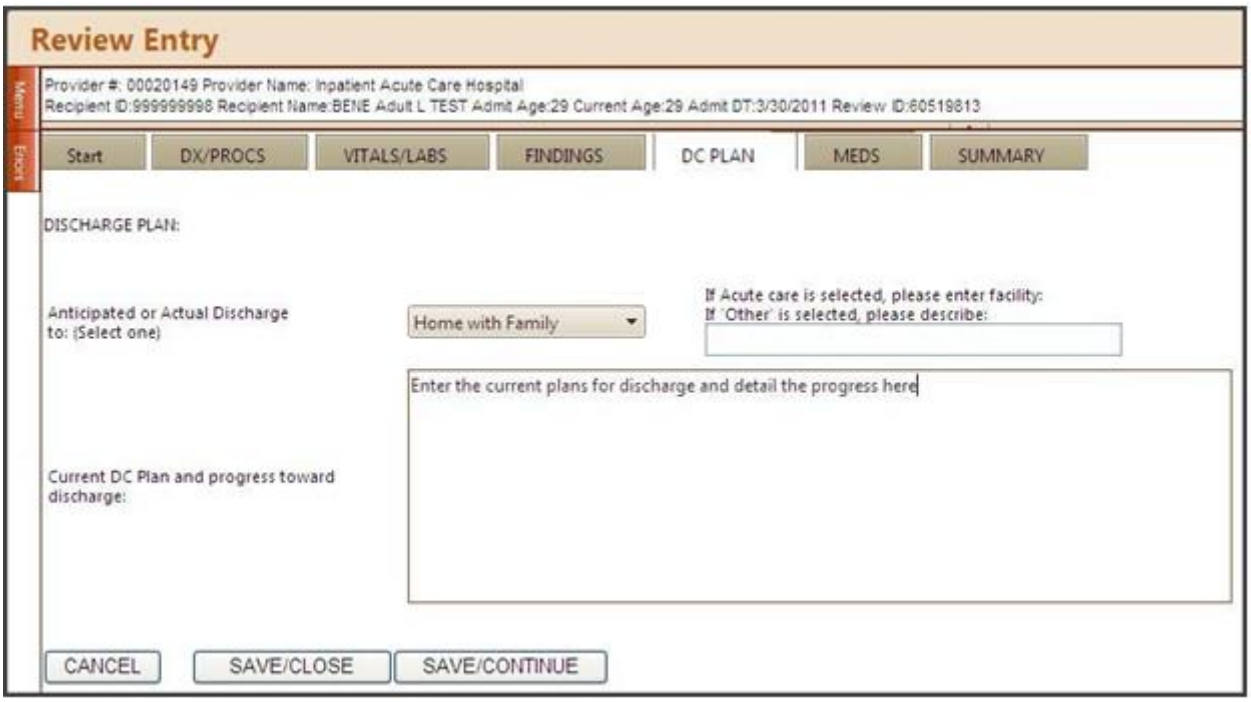
CANCEL | SAVE/CLOSE | SAVE/CONTINUE

In the appropriate text boxes enter the details of the onset of the patient's condition, whether they are stable and able to enter the rehab program, their current attitude and behavior towards therapy, and their current family support system.

Select the checkbox for the primary reason they need inpatient acute rehabilitation services. In the adjacent date field, enter the date of onset of the impairment.

Provide and additional information for medical necessity in the bottom text box.

DC PLAN Tab



Anticipated Discharge to

- Select the anticipated place of discharge. This field is only applicable if there is no actual discharge date entered. If the recipient is being transferred to another acute care facility, enter the facility name.

Current DC Plan and progress toward discharge

- Enter the current plan details and progress on the plan in this text box.

Functioning Tab

Start | DX/PROCS | VITALS/LABS | FINDINGS | REHAB | DC PLAN | FUNCTIONING

Indicate the patient's functional limitations	Check all that apply	In date sequence and for the entire requested timeframe, Enter the start date and briefly describe the treatment and how it addresses the specific limitation.
ADLs	☐	
Ambulation	☐	
Bladder management	☐	
Bowel management	☐	
Cognition	☐	
Communications	☑	3/30/2011: the treatment plan for comunication deficits are detailed here
Feeding	☐	
Mobility and transfers	☑	3/30/2011: the treatment plan for mobility issues is entered here
Other: explain	☐	
Patient/caregiver education	☐	
Safety	☐	

CANCEL | SAVE/CLOSE | SAVE/CONTINUE

Goals Tab

For each functional limitation, add short and long term treatment goals. In the adjacent date field, enter the start date for the goal.

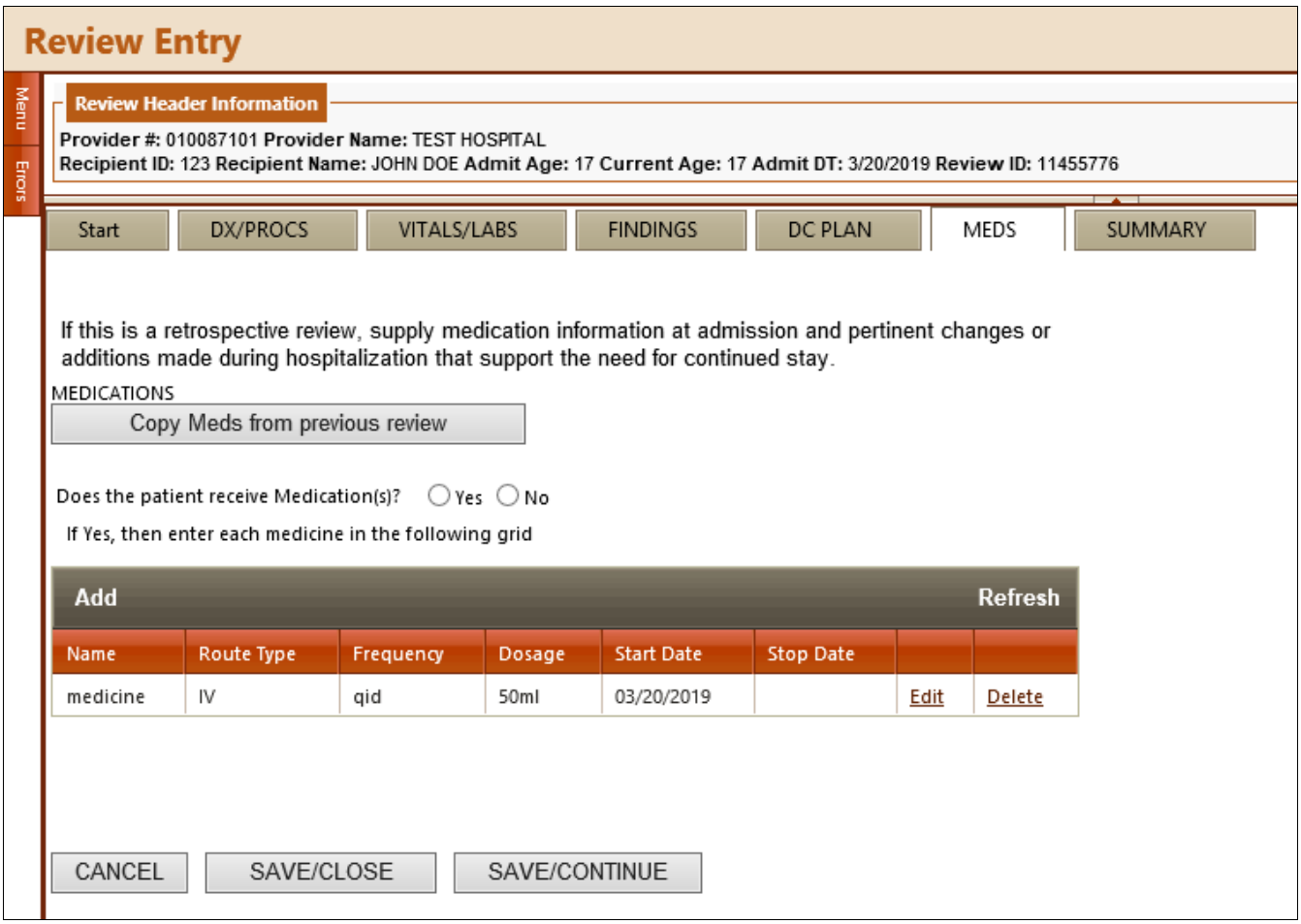
You may have multiple goals entered for each limitation, but each limitation should have at least one goal.

New goals may be added during continuing stays as well as initially. You will not be able to remove previous goals, this provides a record of the treatment progress over time.

MEDS Tab

- For an admission review, list the medications at admission.

- For continued stays, the medications entered on a previous review request may be copied by clicking the **Copy Meds from previous review button**. Then, modify the medications in the grid to reflect the current medication status at the time of the continued stay request.



Medication, Dosage, Route

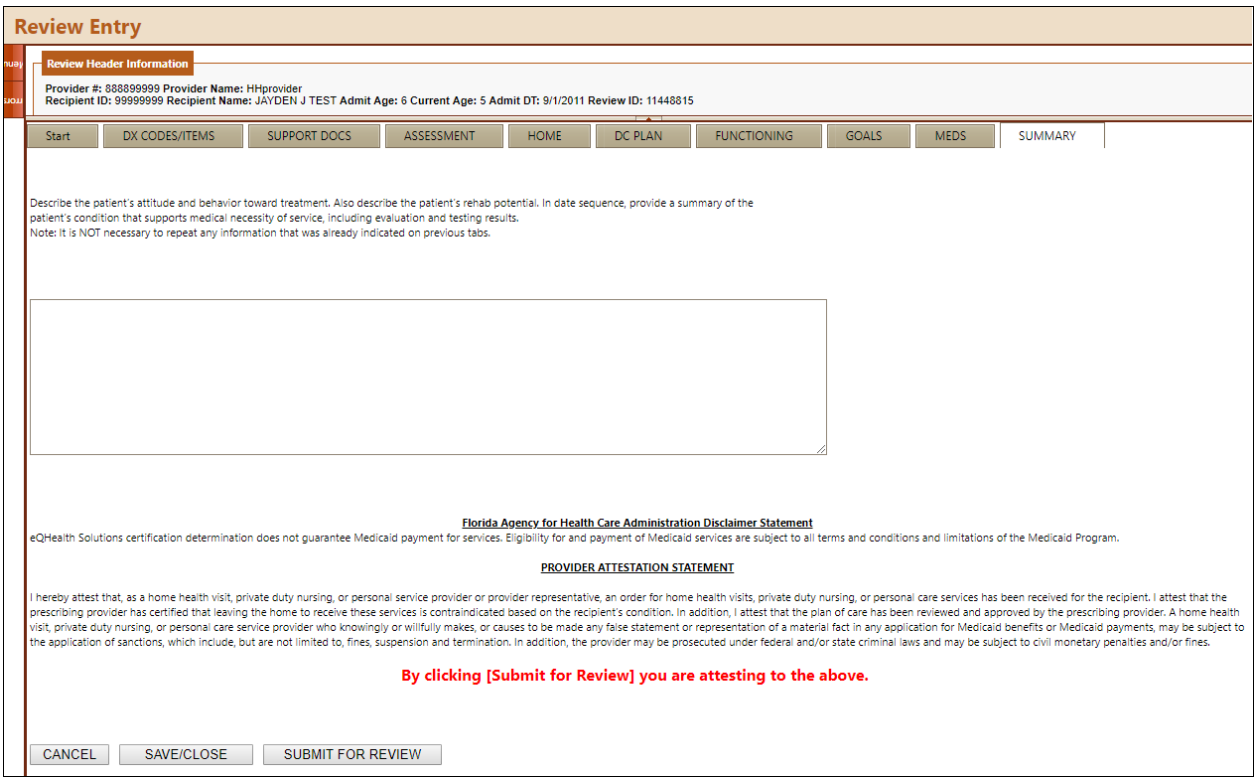
- List medications including the dosage, frequency, and route (e.g., intravenous (IV) intramuscular (IM)/ or subcutaneous (SQ)). For each medication, enter the date ordered.

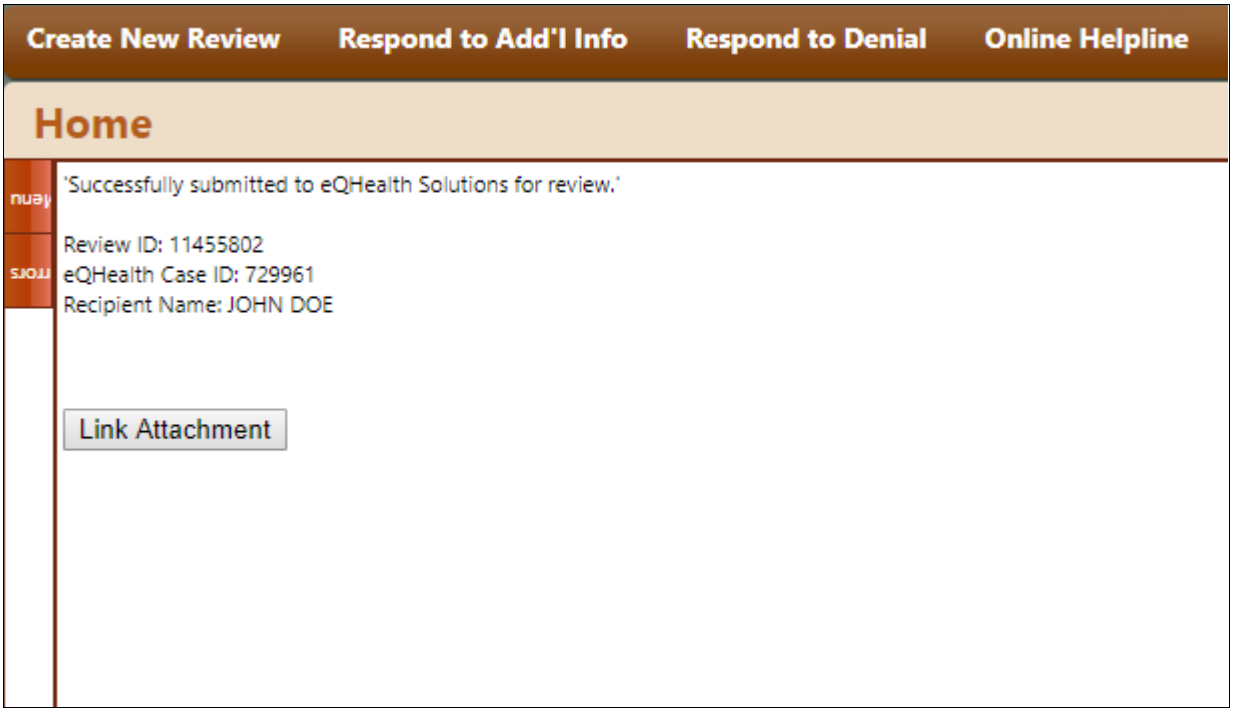
Frequency, Start & Stop Date

- List oral (PO) medications given for stet purpose, newly ordered/ adjustments of cardiac /psychiatric medications. For concurrent reviews, list all current IV/IM/SQ medications. For as needed (PRN) medication, included number of dosages that the patient has received within the last 24 hours. List PO medications given for stat purpose, newly ordered/adjustments of cardiac /psychiatric medications.

Summary Tab

- Enter any additional information relevant to the request but not captured on the previous screens. Do **NOT** copy and paste clinical notes in this area. You will be prompted to attach clinicals after you submit your review. Click "**Submit for review**" to complete the review request. By clicking submit you are acknowledging the disclaimer and attesting to the accuracy of the information entered in the review request.
- Once you click submit for review, the system will generate a message that your review was successfully submitted. It will generate a Review ID # and Case ID.





Once you have succefully submitted your review it will prompt you to link attachements.

Respond to Additional Information

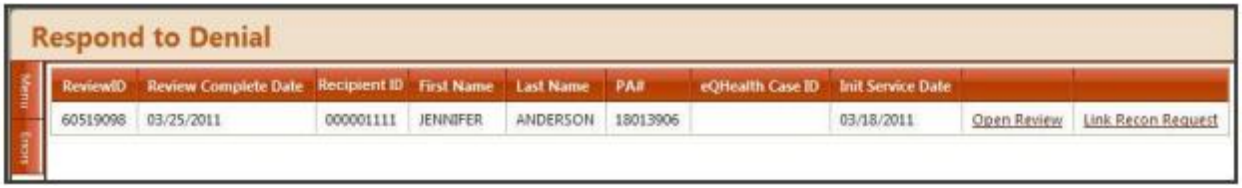
If a provider receives a request for additional information from eQHealth regarding a review request, then you will need to click on this menu to respond.

- The system grid will display all records in process and currently awaiting requested additional information.
- The user clicks **"Open"** for the appropriate review and the system will display the additional information request.

- The first box shows the question from eQHealth and is view only.
- You will respond to the question in one of three ways. You may type additional information into the text box labeled "Response", or you may link a document to the review, or you may do both. To do so, see the section entitled "Linking an attachment to the review".
- After you respond to the pend, click Submit Info button. The system will prompt you to link attachments, you will have the option to print a coversheet to send over the additional clinicals or you can upload them directly from your computer If during entry, you do not want to save the entry, click Cancel.

Respond to Denial

If there is an adverse determination for a review request, request a Reconsideration by a second physician not associated with the first decision. To do this, click Respond to Denial from the menu list. Any review requests with option for reconsideration will be displayed here.



- To request Reconsideration, click **Open** Review.
- The provider may either agree with eQHealth physician reviewer's decision or request a reconsideration review and enter additional supporting information in the available textbox for our physician peer reviewer to use when reevaluating the case. You may also attach additional documents to the Reconsideration request by clicking on the Link Attachment button and following the instructions to either directly upload the document or create a barcoded fax coversheet. See the section titled Attachments for further details.
- If you intend to link supporting documentation, please select the checkbox under the additional information textbox. This will indicate that eQHealth should await the fax documents before forwarding for physician review.

Online Helpline

You can create a new request or view responses to previous requests from Online Helpline tool by selecting **Online Helpline** from the menu list.

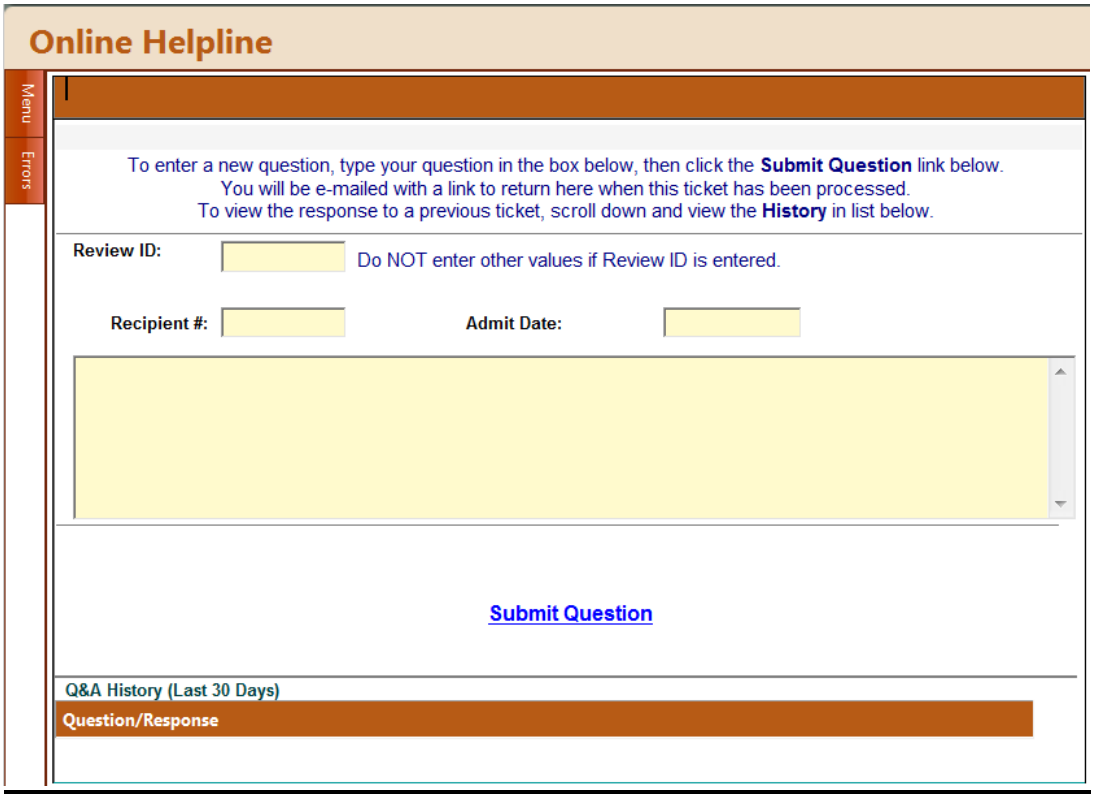
- Create a New Helpline Request

- You may enter Review ID, PA #, Recipient #, or Admission date, along with your question. If you enter a Review ID, or a PA #, the remaining fields will be filled in by the system.
- Type your question or comment in the textbox and click Submit Question.
- A message stating that the response has been submitted will appear and a ticket number will be assigned.

You will be e-mailed a link to return back to the Online Helpline when the ticket has been processed by the eQHealth staff and a response is available.

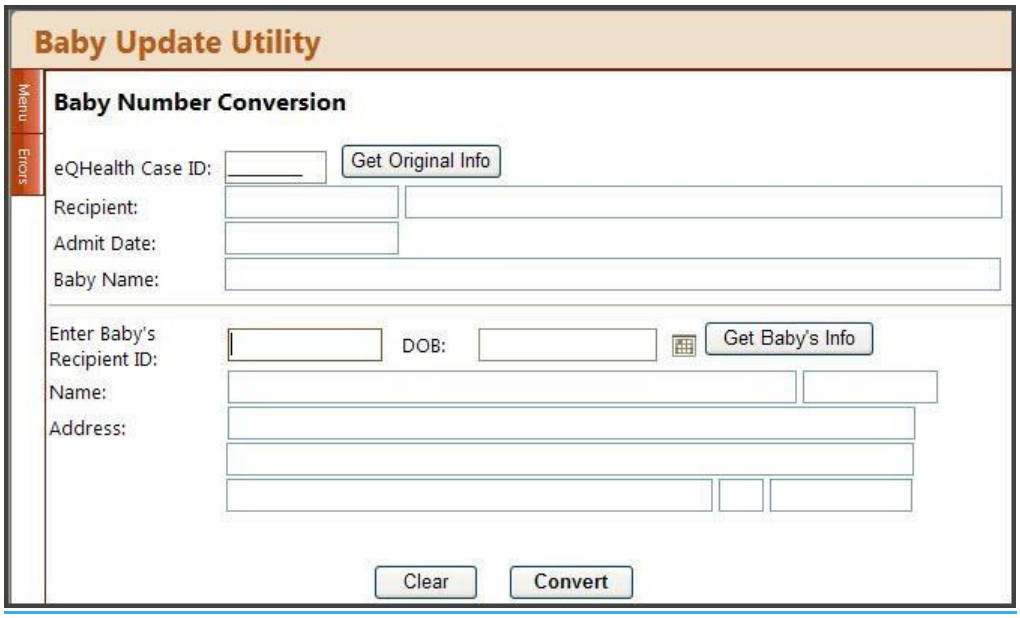
View Response to Previous Request

- To view the response to a previous ticket, scroll down and view the History in list below.
- All responses for the last 30 days will be displayed. Responses will be displayed in ticket number order; the most recent being displayed first.
- The responses will include the receipt date and time of the request, the response date and time, PA # (if applicable), the question and the answer.



Utilities

Update baby Info



Under “Original info” enter the eQHealth Case ID. The other data fields in this section will be filled in by the system.

Under “Baby info,” enter the Baby’s Medicaid Recipient Number. The date of birth (DOB) name, and address fields will be populated by the system.

Verify that the information is correct before clicking the “Convert” button.

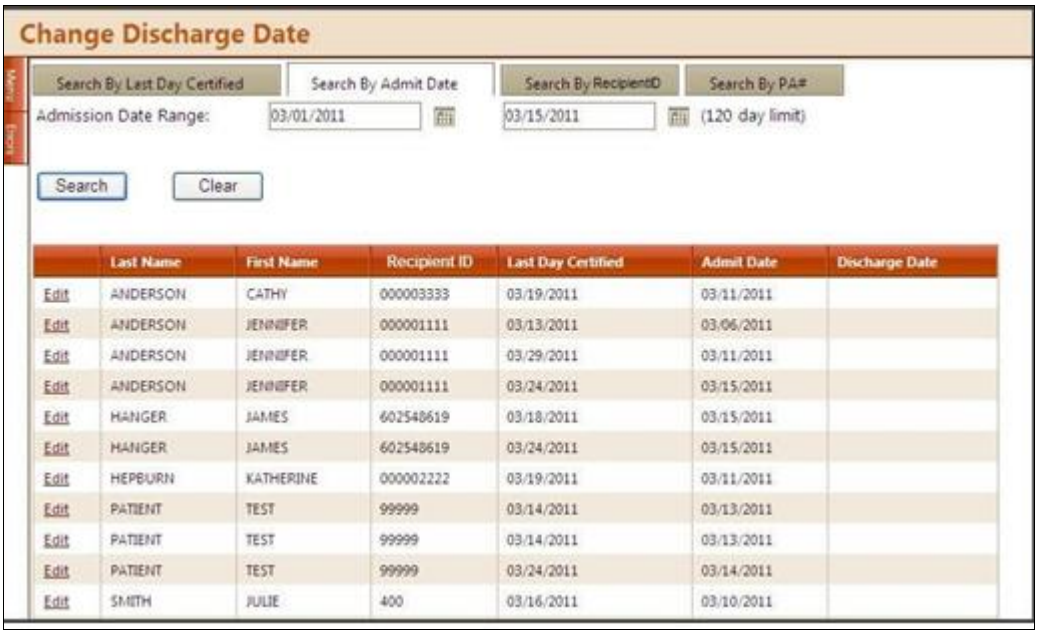
Once “Convert” button has been clicked the changes will be complete and the review is transmitted to the fiscal agent to receive the PA #

Enter Discharge dates

To retrieve the data field for Discharge Date, select **Enter Discharge Dates**.

Make your selection by indicating the Last Day Certified range, the admission date range, recipient number, or PA #, and then click the **Search** button

To enter discharge dates, click on the **Edit** link for the appropriate. Then, enter the correct date and click the **Update** button.



	Last Name	First Name	Recipient ID	Last Day Certified	Admit Date	Discharge Date
Edit	ANDERSON	CATHY	000003333	03/19/2011	03/11/2011	
Edit	ANDERSON	JENNIFER	000001111	03/13/2011	03/06/2011	
Edit	ANDERSON	JENNIFER	000001111	03/29/2011	03/11/2011	
Edit	ANDERSON	JENNIFER	000001111	03/24/2011	03/15/2011	
Edit	HANGER	JAMES	602548619	03/18/2011	03/15/2011	
Edit	HANGER	JAMES	602548619	03/24/2011	03/15/2011	
Edit	HEPBURN	KATHERINE	000002222	03/19/2011	03/11/2011	
Edit	PATIENT	TEST	99999	03/14/2011	03/13/2011	
Edit	PATIENT	TEST	99999	03/14/2011	03/13/2011	
Edit	PATIENT	TEST	99999	03/24/2011	03/14/2011	
Edit	SMITH	JULIE	400	03/16/2011	03/10/2011	

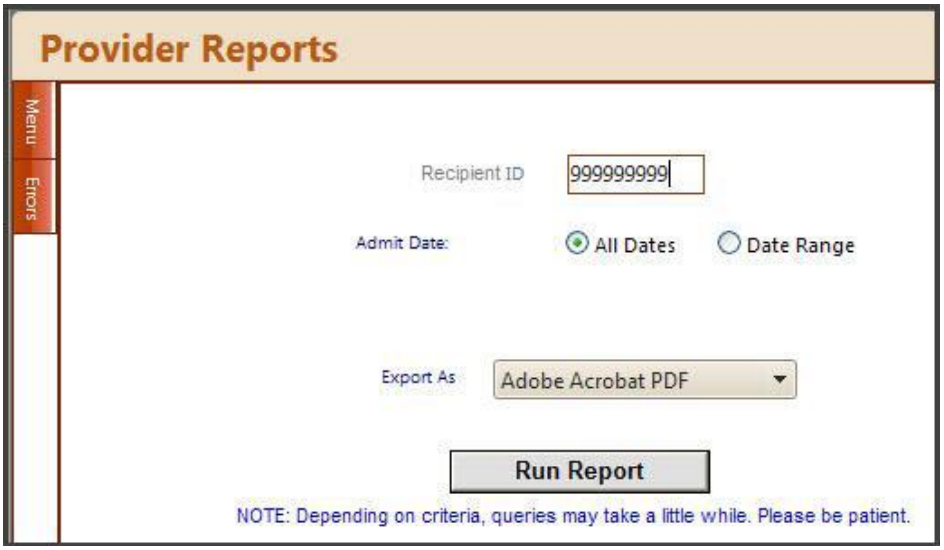
Make your selection by indicating the Admission Date Range, Recipient ID, and/or PA # and then click the **Search** button. To enter the admit dates, click on the **Edit** link for the appropriate. Then enter the correct dates and click the **Update** link.

Reports

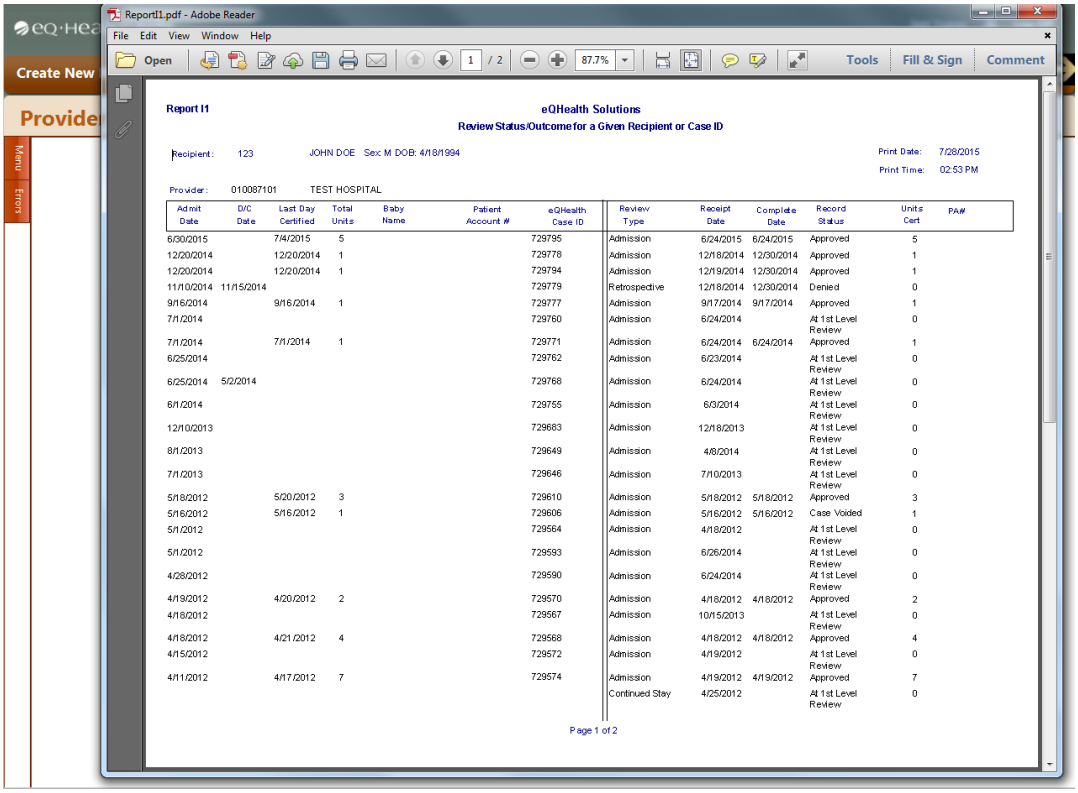
Click **Reports** on the menu list.

A menu of currently available reports will be listed for the user to choose from.

- Select a report. Report results may/may not be displayed on the screen based on selection criteria. All data listed on all reports are provider specific. All data transmitted via the Internet are encrypted for security compliance. A sample report result screen is shown below with no selection criteria. Press the **Run Report**.



A print preview screen opens in Adobe Acrobat PDF format as shown below



- To print the report, the user should click the printer button on the task bar. The Print property box opens.
- Adobe Acrobat PDF will orient the report as needed. Click the OK button and retrieve the results from the printer.
- Reports can also be saved electronically

Search/View Partial Records

- To retrieve and complete entry of a partially saved review request, select **Search** from the menu list.
- The list of all partially saved requests will be displayed as illustrated below.

When a partial record is processed, the system puts the user back into the entry screens.

- The user should then complete data entry process as discussed in Section I New Request.
- If it is determined that the partial request should be discarded instead of completed, then the user clicks Delete on the row.
- If you have any partially saved reviews that are over 90 days, the system will prompt you delete those reviews before you can request further services.

Restrictions:

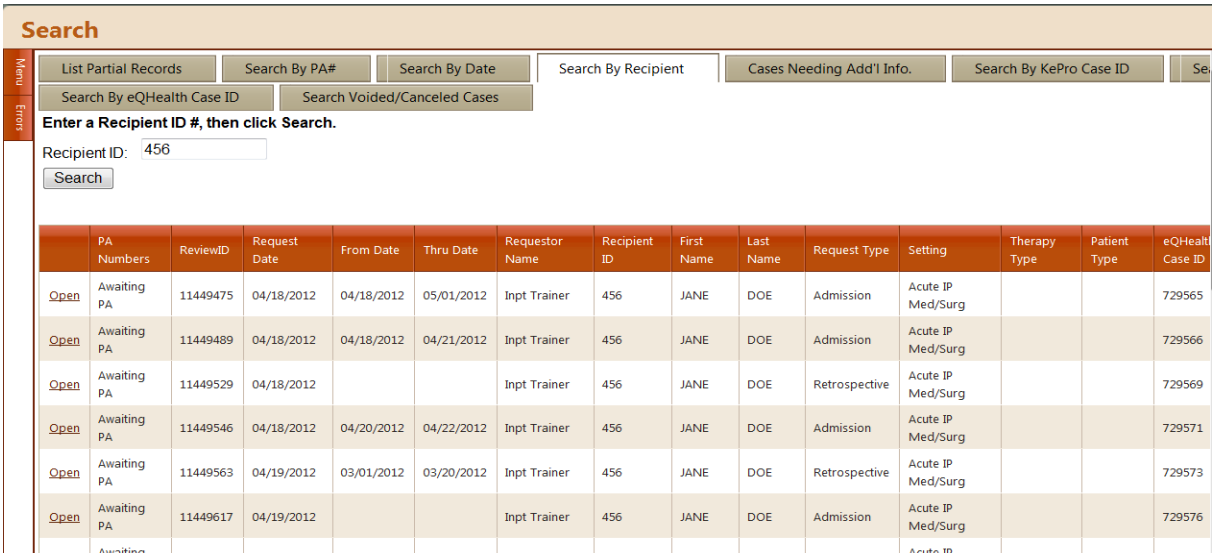
Partially saved records are not processed by eQHealth. The user is responsible for properly completing them and submitting them for review or deleting them as necessary.

View Previously Submitted Review Requests

The user can view any previously submitted review requests. To retrieve a list of previously submitted requests, select **Search** from the menu list.

- The user may Search by PA#, Search by Admit Date, Search by Recipient ID, or Search by eQHealth Case ID.
- Review requests pending additional information can also be accessed from this tab.
- Key in the applicable request criteria.
- The system will display all electronically submitted requests that meet the criteria.
- To obtain a list of requests submitted by all users associated with the providers Medicaid number, click the box to clear the check mark.
- To view the data entered in a review request, click the **Open** next to the record needed. The completed entry screens will be displayed.

Below is an example of the data grid displayed for the View Previous Requests (Search by Recipient) option.



	PA Numbers	ReviewID	Request Date	From Date	Thru Date	Requestor Name	Recipient ID	First Name	Last Name	Request Type	Setting	Therapy Type	Patient Type	eQHealt Case ID
Open	Awaiting PA	11449475	04/18/2012	04/18/2012	05/01/2012	Inpt Trainer	456	JANE	DOE	Admission	Acute IP Med/Surg			729565
Open	Awaiting PA	11449489	04/18/2012	04/18/2012	04/21/2012	Inpt Trainer	456	JANE	DOE	Admission	Acute IP Med/Surg			729566
Open	Awaiting PA	11449529	04/18/2012			Inpt Trainer	456	JANE	DOE	Retrospective	Acute IP Med/Surg			729569
Open	Awaiting PA	11449546	04/18/2012	04/20/2012	04/22/2012	Inpt Trainer	456	JANE	DOE	Admission	Acute IP Med/Surg			729571
Open	Awaiting PA	11449563	04/19/2012	03/01/2012	03/20/2012	Inpt Trainer	456	JANE	DOE	Retrospective	Acute IP Med/Surg			729573
Open	Awaiting PA	11449617	04/19/2012			Inpt Trainer	456	JANE	DOE	Admission	Acute IP Med/Surg			729576

Attachments

Supporting documentation requirements are dictated by AHCA policy. Documents should be submitted at the time the authorization request is entered. However, for requests submitted without supporting documentation, the documents can be submitted after the request is submitted by accessing the review via the “Attachments” tab.

The documents may be linked to a review request in one of two ways:

- a. You may link a pdf, jpeg, tif, or bmp document directly to the review

ReviewID	Recipient ID	First Name	Last Name	eQHealth Case ID	Admit Date	KBaby Name	Account Number	Receipt Date	Record Status			
11449135	123	JOHN	DOE	729554	10/25/2011			10/08/2013	At 1st Level Review	Open Review	Link Attachment	
11449387	123	JOHN	DOE	729561	01/06/2012		1/1/12	02/03/2012	At 1st Level Review	Open Review	Link Attachment	
11449461	123	JOHN	DOE	729564	05/01/2012			04/18/2012	At 1st Level Review	Open Review	Link Attachment	
11449501	123	JOHN	DOE	729567	04/18/2012			10/15/2013	At 1st Level Review	Open Review	Link Attachment	Attachment (s)
11449550	123	JOHN	DOE	729572	04/15/2012			04/19/2012	At 1st Level Review	Open Review	Link Attachment	

OR

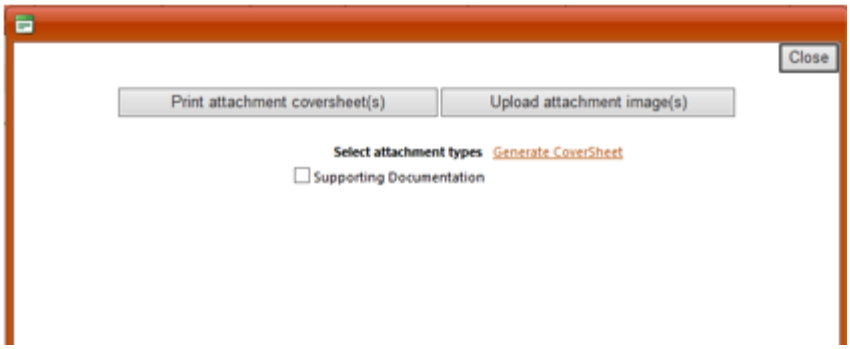
- b. You may create a bar-coded fax coversheet and fax the document.

To access either option, click the **Link Attachments** hyperlink at the end of the review request line you are interested.

Providers can also view previously submitted documents on this tab.

Fax option: Click on supporting documentation then Generate Coversheet.

Note: Make sure you do NOT have any pop-up blockers enabled on your computer or the coversheet will not generate.



Fax Cover Page

eQHealth Solutions
Fax Cover Page
eQHealth Solutions Fax Numbers:
Home Health, Therapy and PCS: 855-321-3747
Inpatient: 855-427-3747

R-11454492 I-131

Provider ID: 010087101
Provider Name: TEST HOSPITAL
PA #:
Recipient ID: 456
Recipient Name: JANE DOE
Admit Date: 10/01/2015
Review ID: 11454492
Pages (Including this one) _____

Only use coversheet once.
Please do not modify or duplicate bar code or cover sheet in any way.

ATTACHMENT(S) FOR INITIAL REQUEST FOR REVIEW

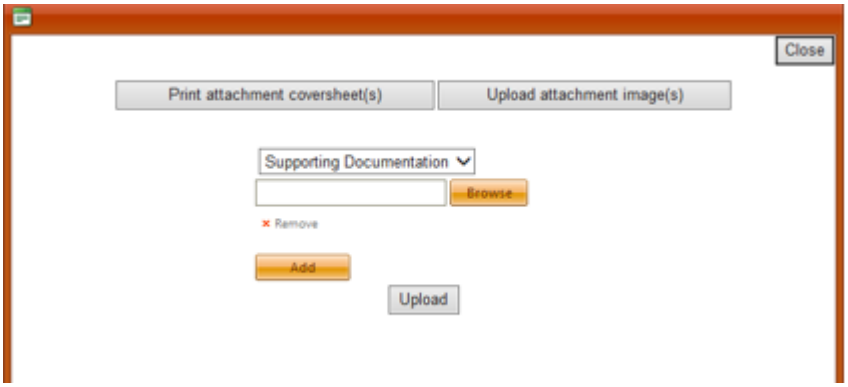
Order for study(s)

Once you have selected all the coversheets you would like, click Generate Coversheet. The system will open a new web browser for each coversheet you selected, and you can save or print by clicking the appropriate option at the top of the browser window.

IMPORTANT NOTE: Do not reuse or modify the fax sheets. Like the barcodes on the cereal you buy at the grocery store, our system needs the correct barcode for each document

Upload option: Click Upload attachment image(s) to directly link a digital image to the review request. You will see a popup box with a list of all current available document options for the review.

Note: Once you have uploaded the image the system will let you know it's been successfully submitted.



Letters

All written correspondence from eQHealth Solutions will be available via our web system by accessing the **Letters** menu option. Letters are grouped into 3 categories as follows:

- In Process: Letters generated prior to completion of an initial review, including the pending and suspend letters.
- Completed: Initial review determination letters.
- Reconsideration: Reconsideration outcome letters.

Click the tab of your choice and enter the required information.

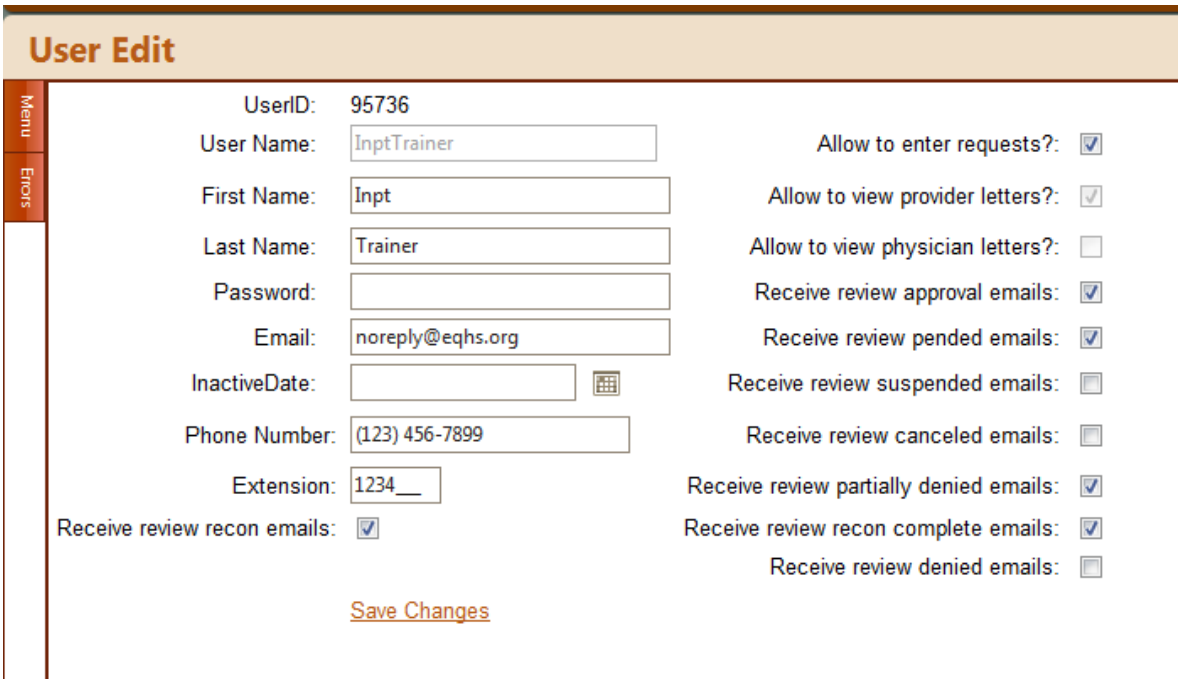
The resulting list will display all the available letters. You may open the review or view all letters for a review by clicking the **View Letter** option

To view the letter, click **View Letter**. This will result in a list of all letters pertaining to the review.

Select the letter you want to see by clicking **View**. You may print the letter or save it to your computer.

Update My Profile

Click **Update My Profile** from the menu list.

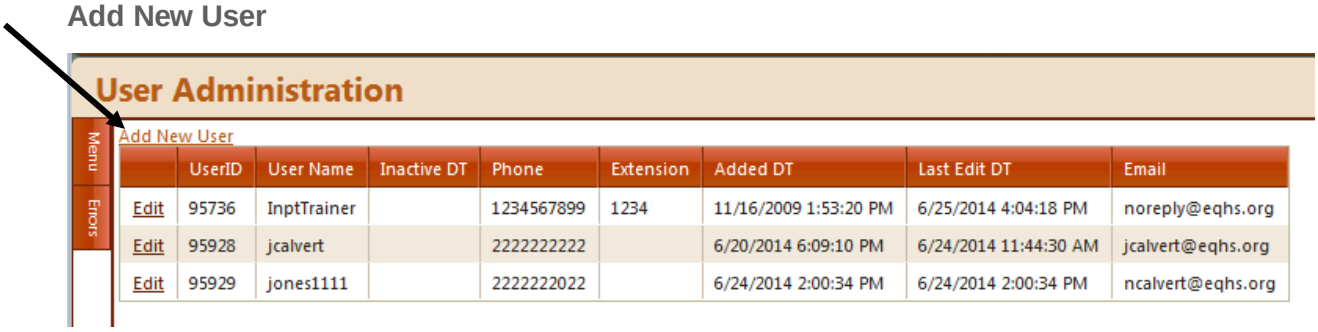


To save the login information, click the **Save Changes**.

NOTE: All required data fields must be entered before the system will save the information.

- The system will perform edit checks on the login information and display an error message above the save changes link.
- Correct edit errors click the **Save Changes**.
- If the system does not detect any errors, the user will be given a message verifying that the user log in information was successfully saved to eQHealth Solutions web login table.

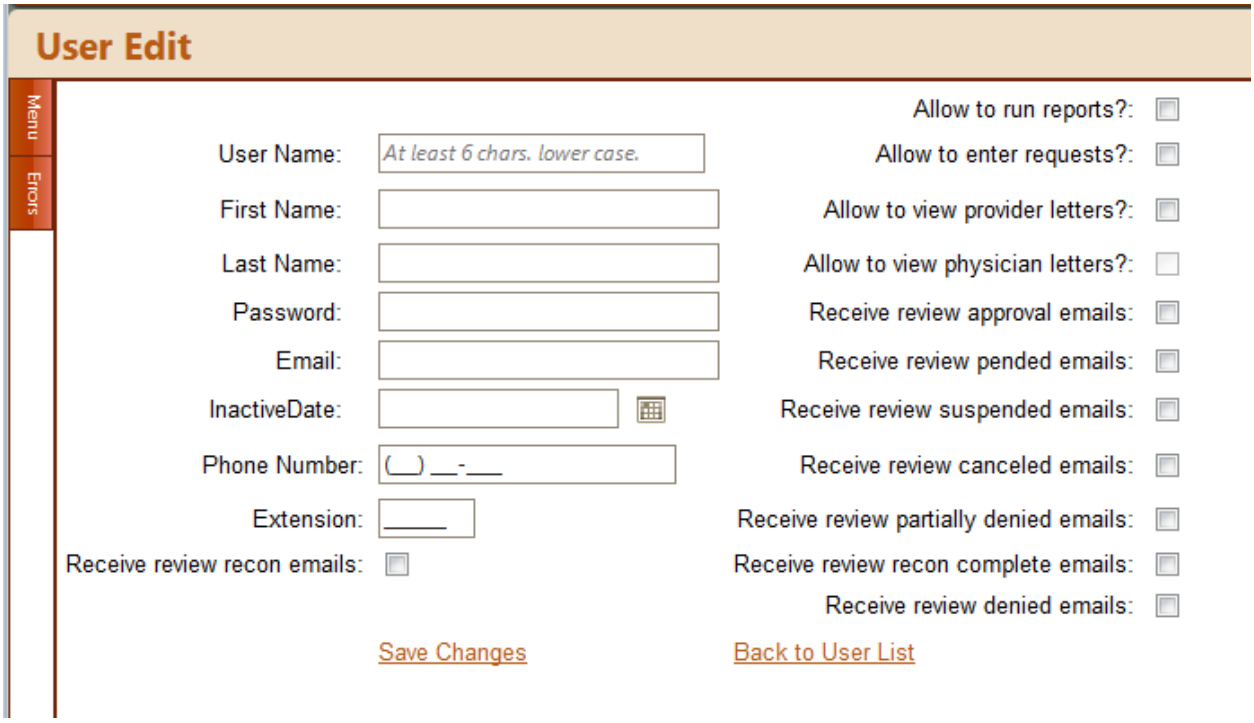
Add New User



	UserID	User Name	Inactive DT	Phone	Extension	Added DT	Last Edit DT	Email
Edit	95736	InptTrainer		1234567899	1234	11/16/2009 1:53:20 PM	6/25/2014 4:04:18 PM	noreply@eqhs.org
Edit	95928	jcalvert		2222222222		6/20/2014 6:09:10 PM	6/24/2014 11:44:30 AM	jcalvert@eqhs.org
Edit	95929	jones1111		2222222022		6/24/2014 2:00:34 PM	6/24/2014 2:00:34 PM	ncalvert@eqhs.org

Click on **Add New User** to enter login information for a **new** user. The following screen opens. Enter required information. When complete, press **Save Changes** to continue or press **Back to Users List** to return to the list of users.

NOTE: **Every user's Login ID and Password is tied to a "unique" Medicaid provider number.** Therefore, users at multiple practice locations CANNOT be added using the same login/password for a given provider. For example, a user at location B cannot have the same Login/Password at location A. These logins are assigned by the User Administrator and complies with the local area networks standards for user logins/passwords.



User ID	Unique user identifier. All alpha characters must be in lowercase. Examples: user's first name; user's first initial then last name Login ID must be unique across all users of eQHealth Web based system. If you enter a Login ID and the system responds that this ID is already on file, then you must use a different ID. A common solution to this situation is to append a numeric digit at the end of the last name. For example, user "Jane Doe" would be jdoe1.
Password	Must be between 6 and 10 characters. All alpha characters must be in lowercase. Each user is responsible for keeping this password confidential.
First and Last Name	The user's name. This name will be automatically copied to every review request that is submitted to eQHealth by this user. It is maintained on the review record and is printed on the certification letters.
Phone & Extension	The user's phone number and phone extension. The phone and extension numbers will be automatically copied to every review request that is submitted to eQHealth by this user. It is maintained on the review record.
Inactive Date	If a user is no longer with the facility or is no longer authorized to access the provider's confidential data, then the facility access User Administrator should immediately inactivate their login. Simply key a date into this field and the user login will be inactivated from the entered

	date forward.
Indicate if the user is granted access to view provider letters	The User Administrator determines which users can view provider letters, run reports and/or create review requests. The User Administrator can at any time change the setting of this field thereby opening or closing access to this module. The user cannot change the levels of access stated above, but can change demographic information and email notification options.

User Administration

Each facility will need to have at least one person designated to be the User Administrator. They will be allowed to add new user logins, change passwords, and deactivate users who should no longer have access to the system.

For security compliance, each individual user is responsible for keeping their login/password secure. If a user feels that their login/password has become compromised, they must notify the User Administrator, who should access the Administration option and change the user's login/password.

If, for any reason, the facility User Administrator is no longer associated with that facility or will no longer serve in this capacity, eQHealth should be contacted and the master files will be updated to grant administrative rights to another designated individual.

The User Administration module is accessed via eQHealth's Website home page.

Launch the web browser (e.g. Internet Explorer) and navigate to **http://fl.eqhs.org/**.

From here you can follow the link to the eQSuite® login.

Enter your User Administrator ID and Password.

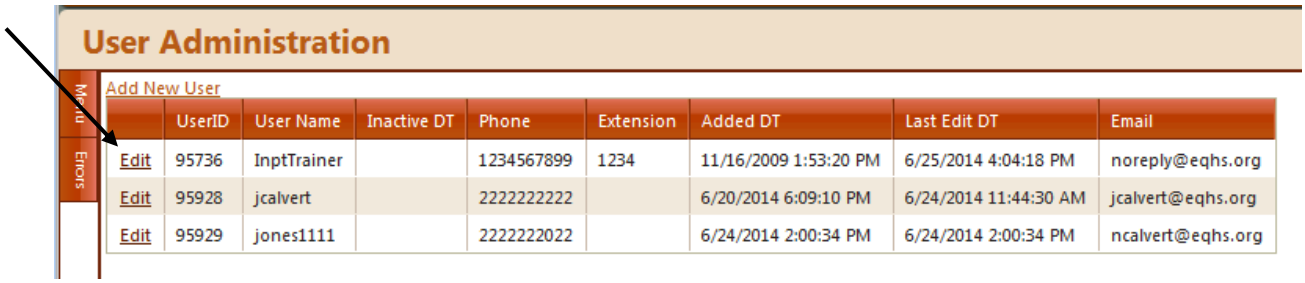
Click **User Administration** on the menu list.

A list of current valid users (shown below) will be displayed. The User Administrator can

add a new user or **change** login information for an existing user from this user list.

To **change** a user's login information, click **Edit** on the record needed.

- An edit screen opens with that user's current information.
- Type in correct information and press **Save Changes** or press **Back to Users List** to return to the list of users.



	UserID	User Name	Inactive DT	Phone	Extension	Added DT	Last Edit DT	Email
Edit	95736	InptTrainer		1234567899	1234	11/16/2009 1:53:20 PM	6/25/2014 4:04:18 PM	noreply@eqhs.org
Edit	95928	jcalvert		2222222222		6/20/2014 6:09:10 PM	6/24/2014 11:44:30 AM	jcalvert@eqhs.org
Edit	95929	jones1111		2222222022		6/24/2014 2:00:34 PM	6/24/2014 2:00:34 PM	ncalvert@eqhs.org