Web Review Request

Home Health eQSuite™ User Guide

Overview:

- eQHealth Solutions (eQHealth) developed a proprietary web-based electronic review request submission system for Home Health 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:

- 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.org***. 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.org/***. 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.

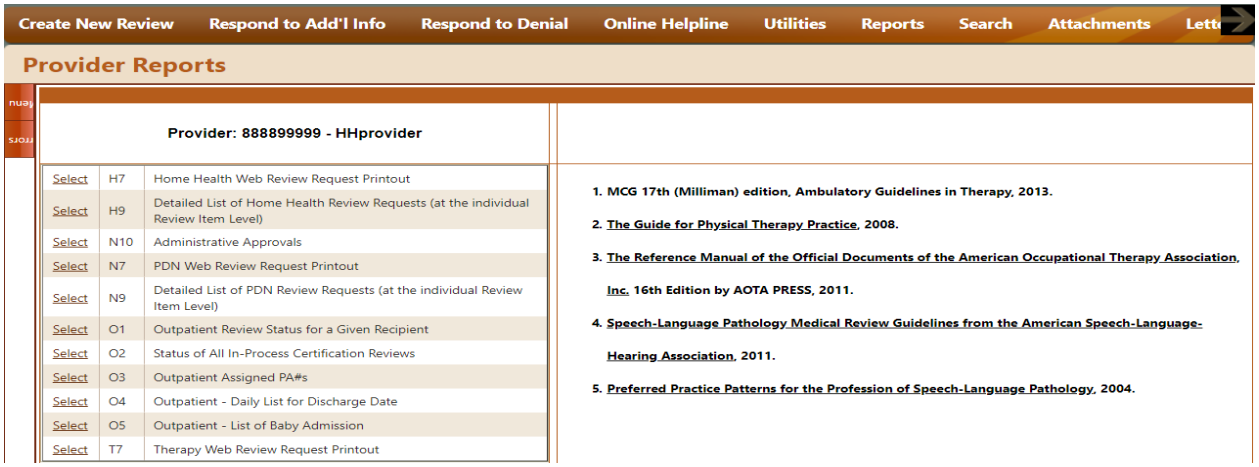
Your User Administrator must also create all new accounts. The User Administrator has access to many account maintenance options on the **User Administration** menu option.

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.



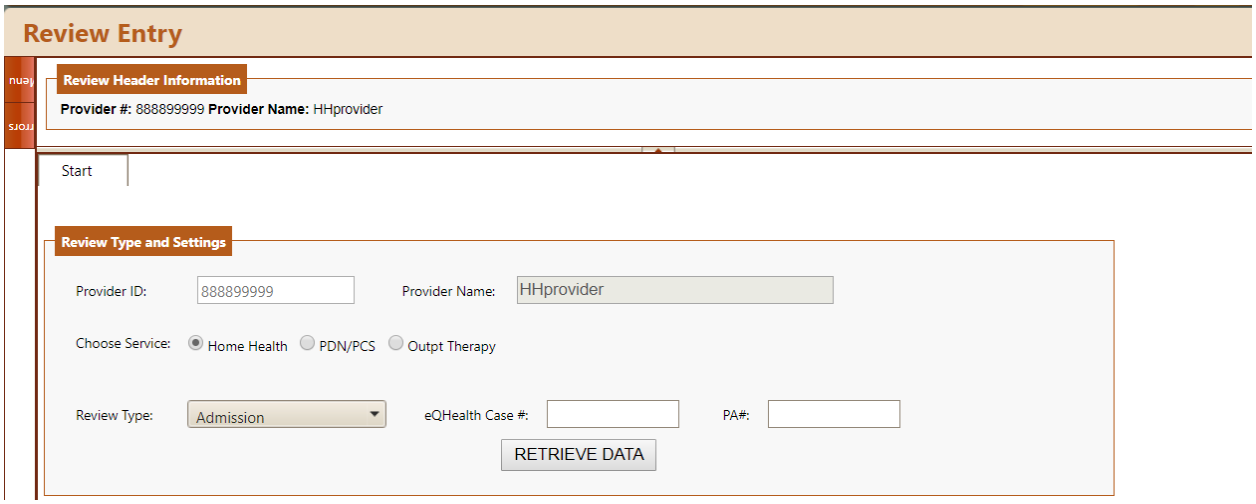
1. **Create New Review**
2. **Respond to Additional Info**
3. **Respond to Denial**
4. **Online Helpline**
   - Create a New Helpline Request
   - View Response to Previous Request
5. **Utilities**
   - Update baby Info
   - Enter Discharge Dates
6. **Reports (shown as default screen on main Menu)**
   - Home Health Review Request Printout
   - Outpatient review status given for recipient
   - Outpatient Assigned PA #'s
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

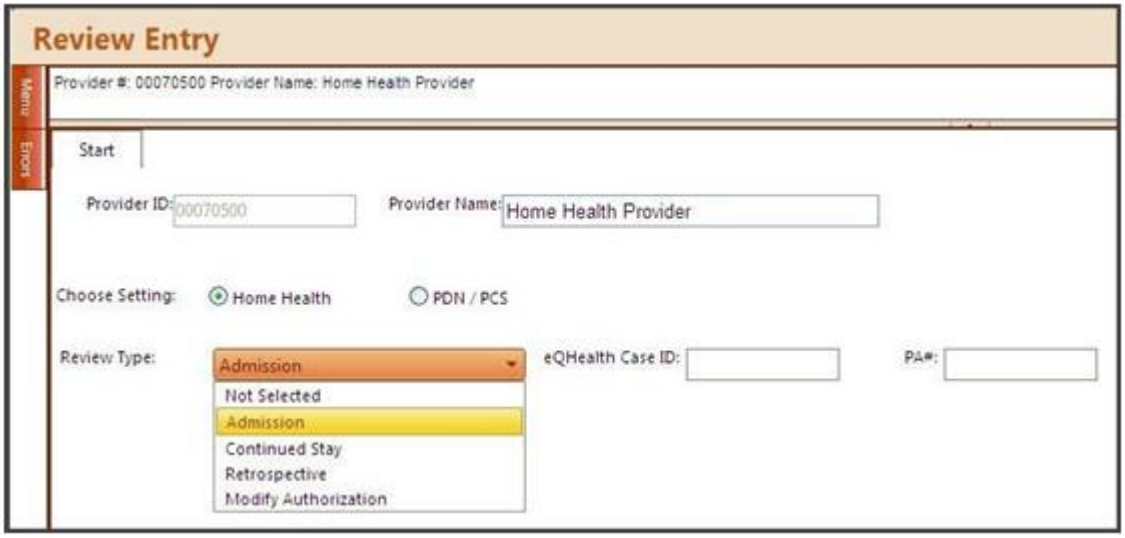
8. **Attachments**
9. **Letters**
   - Completed
   - In Process
   - Reconsiderations
10. **Update My Profile**
11. **User Administrator**
    - Only the designated User Administrator can view this option, otherwise it's hidden from view
12. **Logoff (exit the system)**

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.
- Select the appropriate service that is being requested: Home Health or Private Duty Nursing/Personal care services.

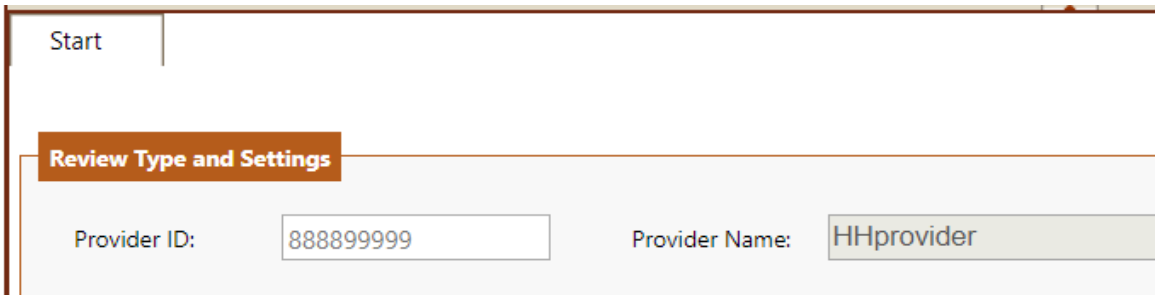


- Select the appropriate type of review:
  - If this is a prior authorization request and the patient either is currently in the hospital OR is scheduled for a future treatment program, then select “Admission” and click Retrieve Data. This will open the rest of the associated content.
  - If this is a request to add additional days to a previously authorized treatment, 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 been discharged from care, then select “Retrospective” and click Retrieve Data. This will open the rest of the associated content.
  - If this an attempt to change a previously authorized treatment, then select “Modify Authorization”, enter the PA # and click Retrieve Data button. This will reveal and pre-populate the existing information.



Provider ID and Name

The agency rendering the treatment. This is a “view only” field -not a user enter field. The system will automatically fill in the Medicaid provider number, provider name, and city based on the user login.



Review Type

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

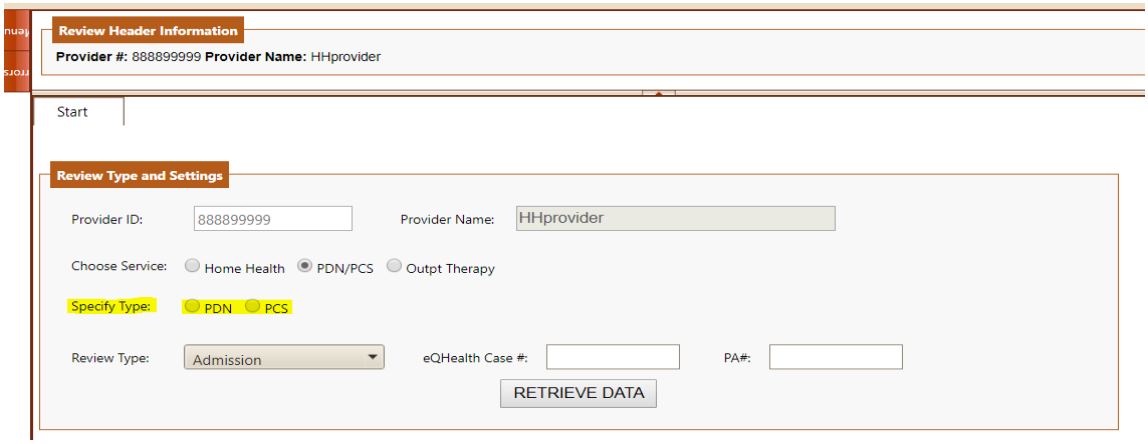
Admission: The initial request for a service or item.

Continued Stay: You are requesting a continuation of services, you will need the Case ID or the eQHealth assigned PA#.

Modify Auth: You need to make changes to a review that was submitted and approved.

Choose Service: Select the appropriate service that is being requested Home Health or Private Duty Nursing/Personal Care Services. If your select PDN/PCS, then you must specify again if its PDN or PCS.

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.



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 date of 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. See the Baby Name section for more details.

Recipient Name

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

DOB

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

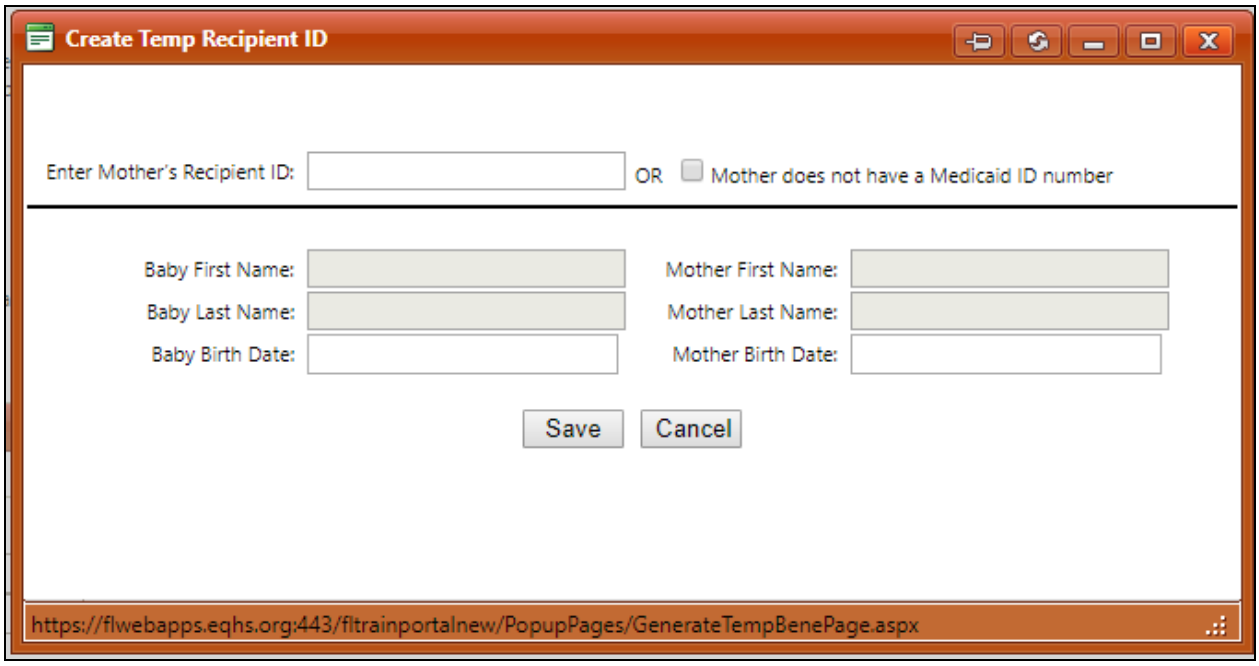
Sex

Based on the recipient number, the system will display the recipient's gender. This is a "view only" field-not user entry field. If the request is for a Baby and the mother's recipient number is entered, and edit error will occur if the corresponding sex on eQHealth's recipient table is not "female".

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 the Baby Girl/Boy 1 of "Mother's name. For a concurrent review request, the baby's name is not automatically transferred form the admission review and displayed on screen.

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



Baby's Birth Date

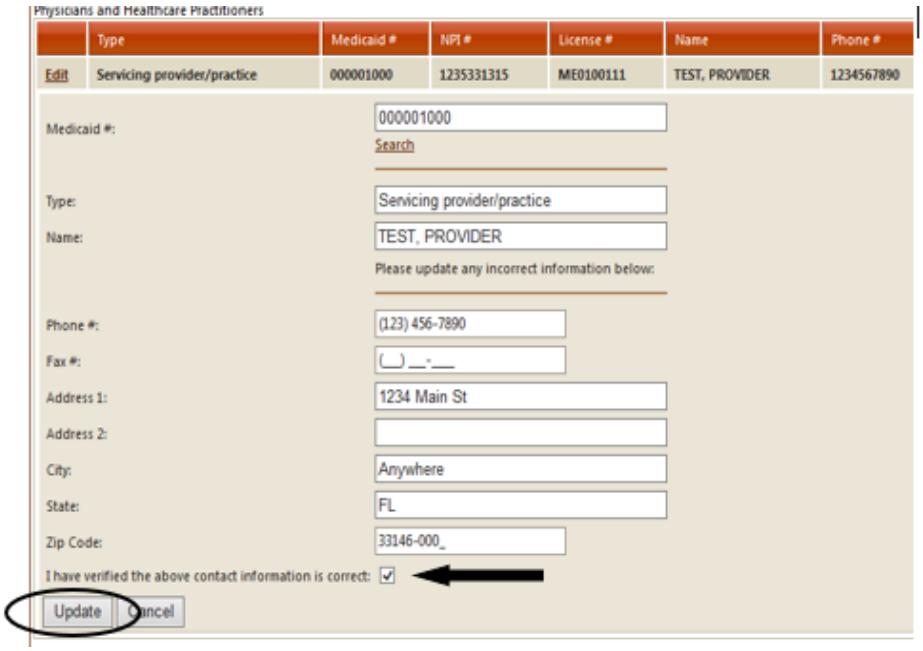
The baby's birth date must be entered if this is the first review request for a Baby admission. For a concurrent review request, the baby's name is automatically transferred form the admission review and displayed on the screen.

Physician and other Health Care Practitioners

The Florida physician Medicaid number of the physician rendering the service must be entered here. This can be the license number, the NPI number or the Florida Medicaid physician number.

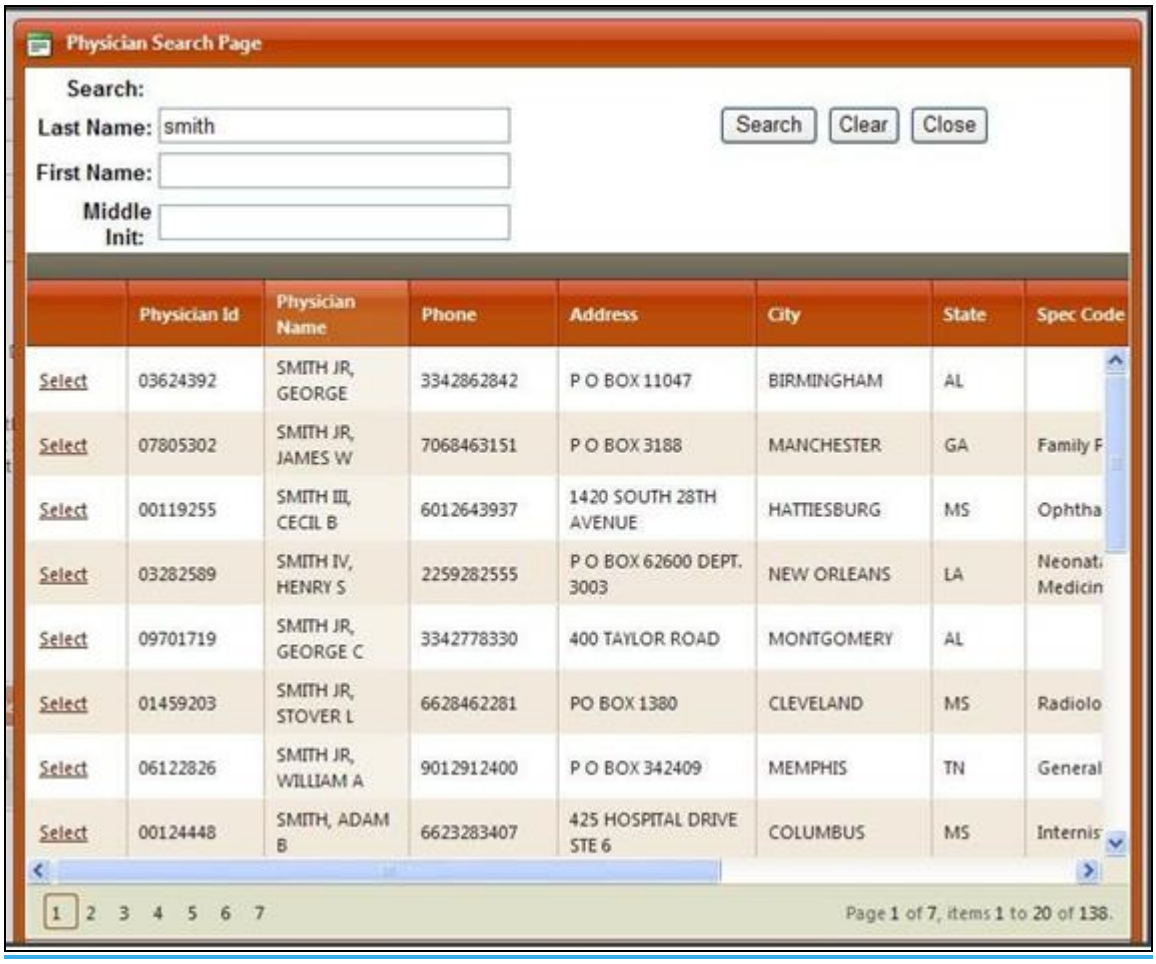
To enter the Medicaid number into the grid, you must select the **Edit** link. If the number is unknown, press **Search** to find a valid Physician or Clinician Number. The Medicaid ID# is a 9-digit number. Make sure to select a physician with a valid ID.

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.



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

Enter the anticipated or scheduled start date of service.

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

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.

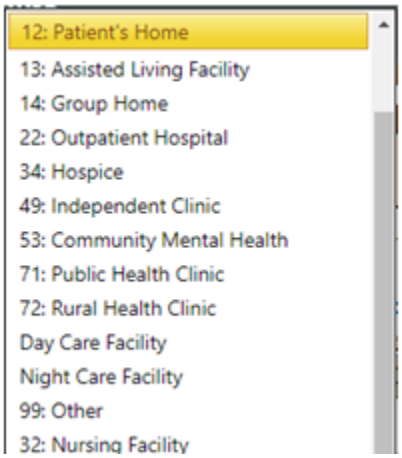
Proposed D/C Date

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. A discharge date must be entered for all Retrospective requests.

Place of Service: Choose the place of service from the dropdown list



Previous Discharge

- If the recipient was discharged with the last 30 days from an inpatient hospital enter the discharge date.

Retroactive Partial Medicaid Eligibility

- Click “Yes” or “No” to indicate whether the patient is retroactively eligible for Medicaid for part of the requested service.

Retroactive Full Medicaid Eligibility

- Click “Yes” or “No” to indicate whether the patient is retroactively eligible for Medicaid for all of the requested service.

Experimental or Investigational

- Click “Yes” or “No” to indicate whether the services are experimental or investigational.

Service Availability

- Click “Yes” or “No” to indicate whether services requested are available through private or other public resources.

Home Treatment

- Click “Yes” or “No” to indicate if the patient can be safely treated at home.

Medically Necessary

- Click “Yes” or “No” to indicate where the services requested are medically necessary when the patient is outside the home.

Hospice Related Services

- Click “Yes” or “No” to indicate whether the requested services are related to the treatment of the terminal illness or associated condition. If you selected no, you must explain he need for the services on the summary tab. Note, this applies to Hospice enrolled patients.

Age Related

- Click “Yes” or “No” to indicate whether the services requested are solely due to age.

Environment Related

- Click “Yes” or “No” to indicate whether the services requested are necessary solely due to environment.

Convenience Related

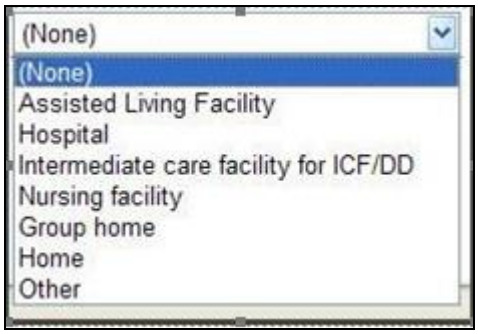
- Click “Yes” or “No” to indicate whether services requested are necessary solely due to convenience of the caregiver, etc.

Transportation Related

- Click “Yes” or “No” to indicate whether services requested are necessary solely due to lack of transportation.

Patience Residence

- Select patience residence form the list.



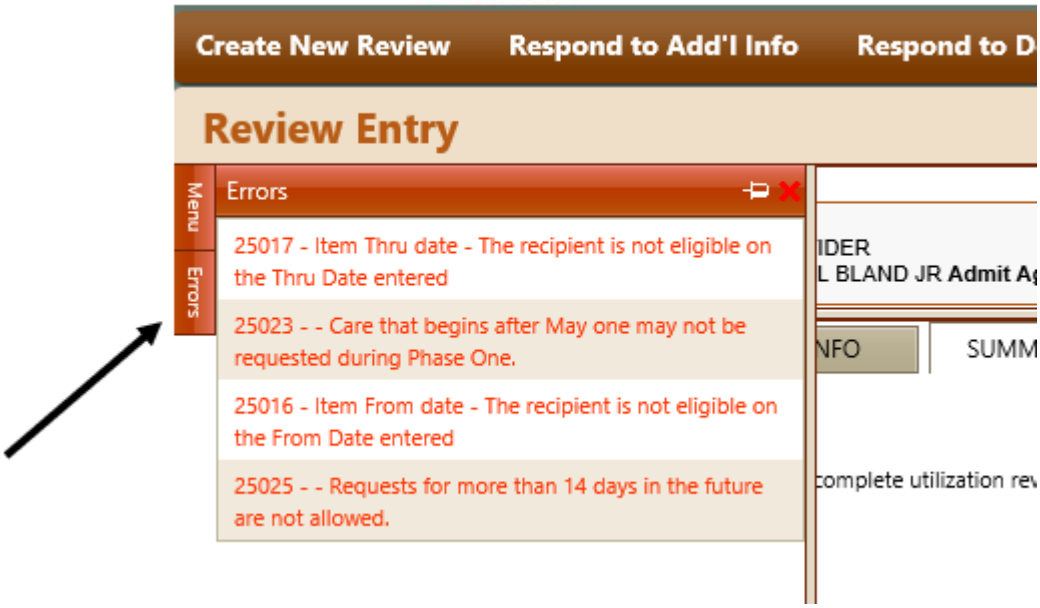
Buttons at the Bottom of the Tabs

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

Check Key

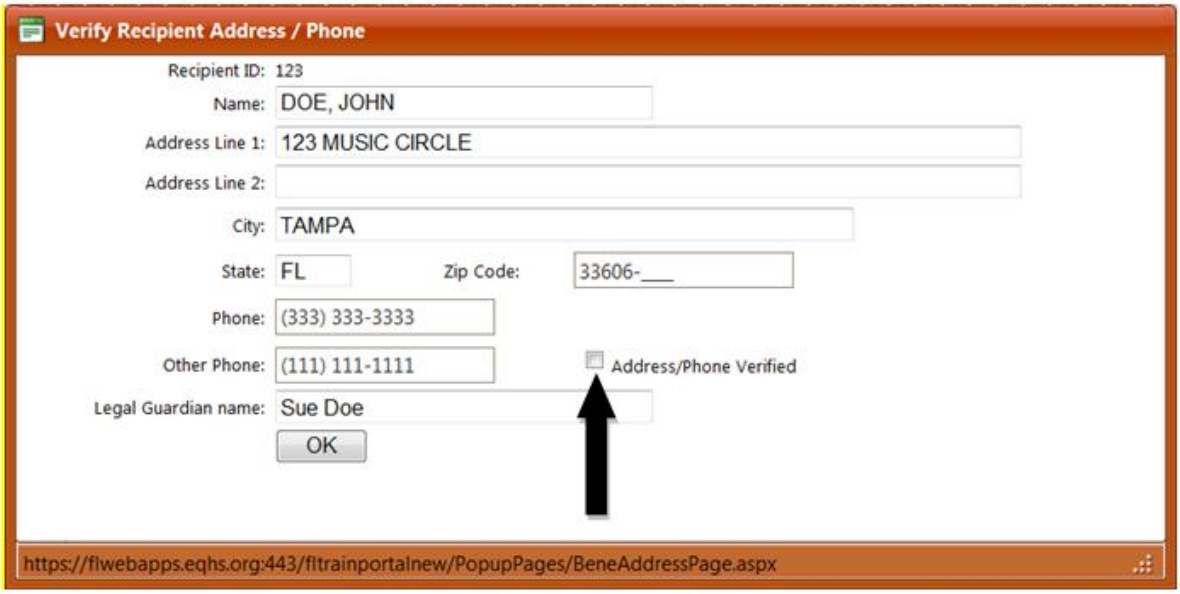
- On the **Start Tab**, the user continues the review request process by hitting the Check Key button. This will cause the system to run several checks on what has been entered then progress to the next tab.
- When the user clicks **"Check Key",** the system checks recipient and provider eligibility, duplicate reviews, and AHCA policy. If errors occur, a popup 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 you need 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 appears at the top and the user is allowed to proceed with entry.
- 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.

- It will prompt you to confirm the recipient's address and phone. Once you confirm the address and the phone number are correct, check the address/phone verified box. This popup prompt will look like this:



- Press OK to continue

Save/Close

- The user can save a record intermittently during entry. As you are entering data, you can hit the Save/Close at the bottom of each screen. This will save the data you have entered. This will prevent loss of data in case of a lost Internet connection or in case the user is Interrupted during entry.

Save/Continue

- After the **Start Tab**, the user continues to progress through the review process with the Save/Continue at the bottom of each screen. This will save the data you have entered and progress on to the next tab and reset the "clock" for an additional 20 minutes.

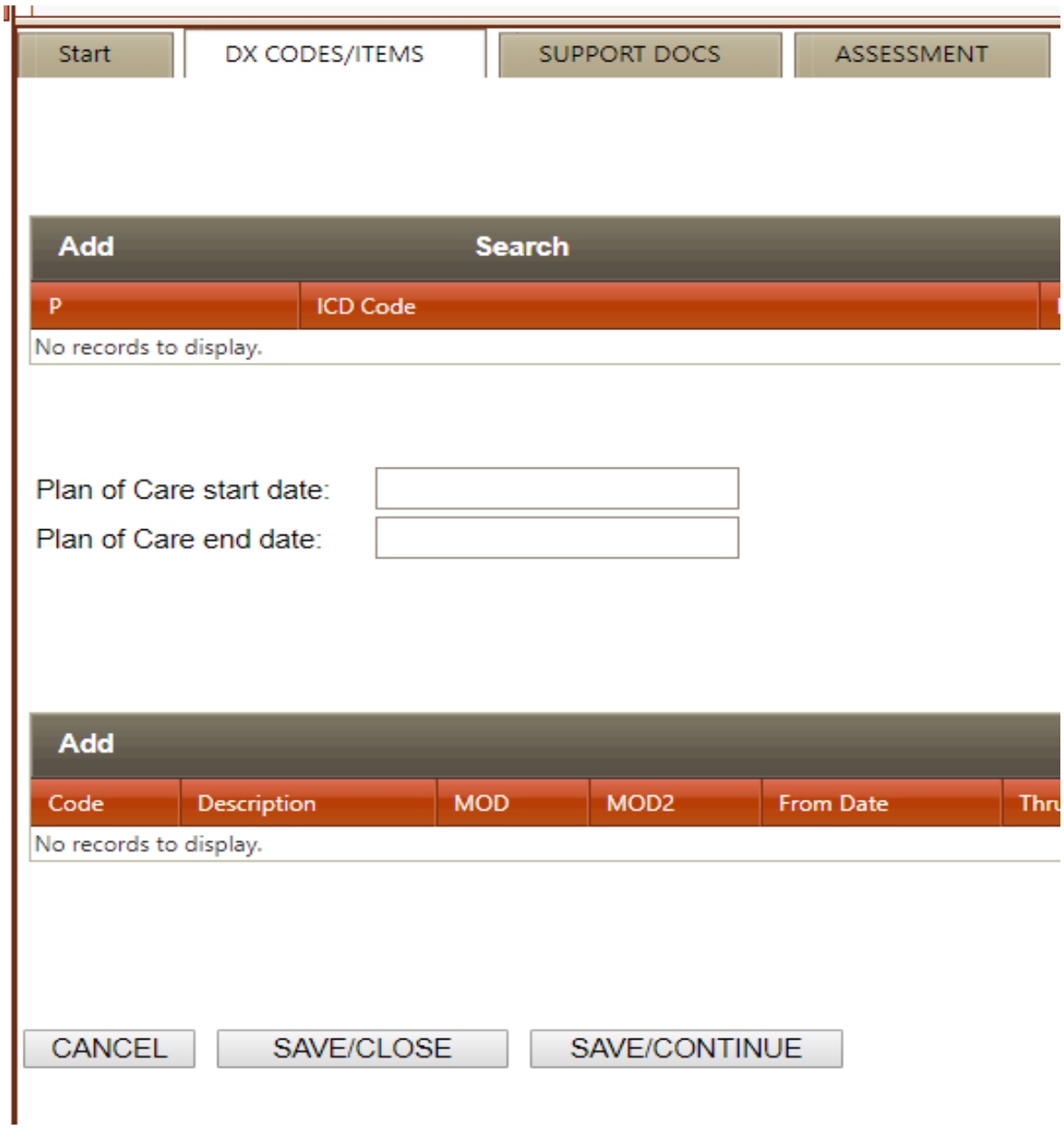
Cancel

- The user can cancel a record by clicking Cancel at the bottom of each screen. The user will be asked, "Do you want to partially save the record"? If the user does not choose to partially save, all information entered will be lost.

Cancel Alert!
Do you want to partially save the record?
Yes
No

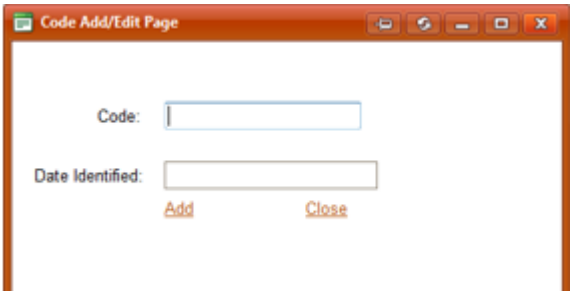
DX CODES/ITEMS Tab

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

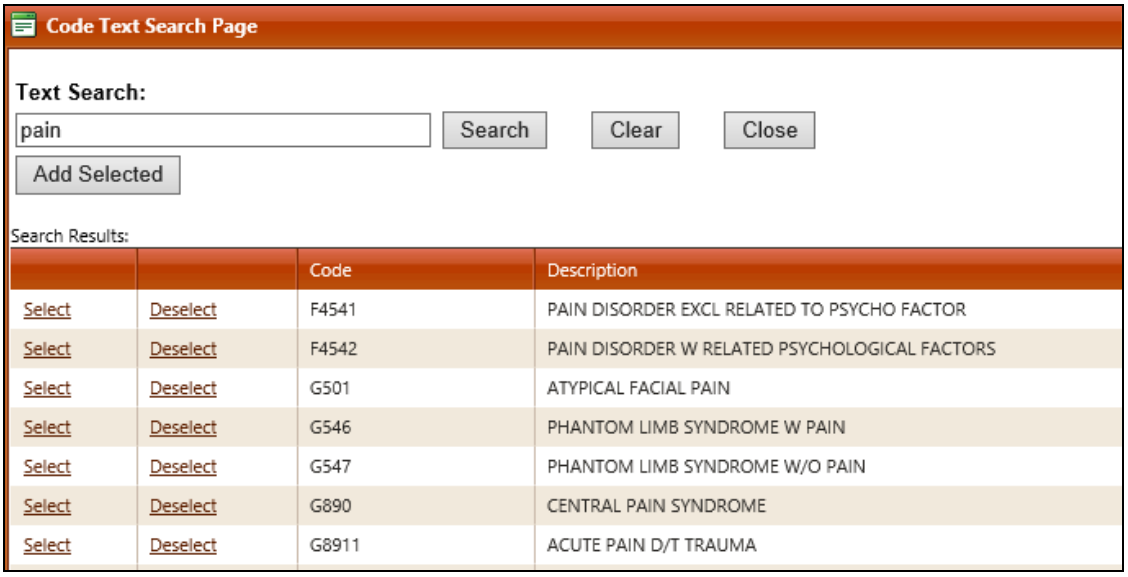


- Click **Add** to enter diagnosis following box will appear. Do not enter a decimal point when entering the DX Code.
- The date identified will default to the Start date of service.

- Click **Add** to close the window and the diagnosis/procedure codes will be displayed on the screen.
- Click **Close** to close the window without adding any diagnosis codes.



- To find a specific diagnosis code, click **Search** and enter the first 3-5 letters of the diagnosis. 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.



		Code	Description
Select	Deselect	F4541	PAIN DISORDER EXCL RELATED TO PSYCHO FACTOR
Select	Deselect	F4542	PAIN DISORDER W RELATED PSYCHOLOGICAL FACTORS
Select	Deselect	G501	ATYPICAL FACIAL PAIN
Select	Deselect	G546	PHANTOM LIMB SYNDROME W PAIN
Select	Deselect	G547	PHANTOM LIMB SYNDROME W/O PAIN
Select	Deselect	G890	CENTRAL PAIN SYNDROME
Select	Deselect	G8911	ACUTE PAIN D/T TRAUMA

- A Diagnostic procedure code may be edited or deleted by selecting the appropriate option at the end of the row. The user then clicks the **Submit** button.
- The PA # will be updated with the number provided by the fiscal agent. It will be avaliable the next day. if the review is not automatically certified, the user continues data entry on the Clinical Information screen. The user is also given the option to cancel or partially save the review.

Diagnosis Codes

- The International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-10-CM) 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 Identifid

- The date the diagnosis is identified. For admission review, this is filled in by the system with the admission date but may be changed as needed

Procedure Code Actual or Proposed Date

- An actual or proposed date must be entered for every procedure code entered. Enter the Actual Discharge date only if the patient has already been discharged. Otherwise, enter the proposed discharge date.

Item Codes

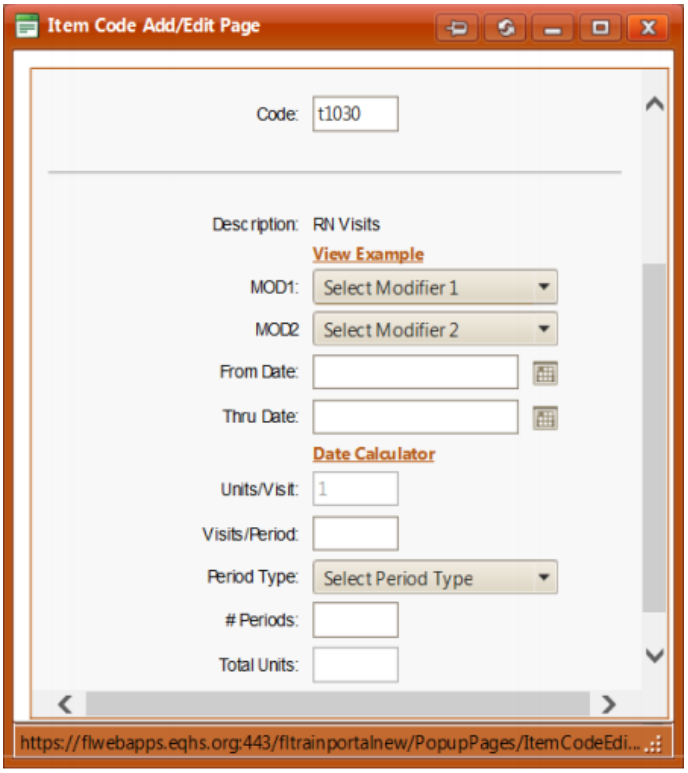
The HCPC code(s) for items.

- 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 that was previously scheduled was not performed.

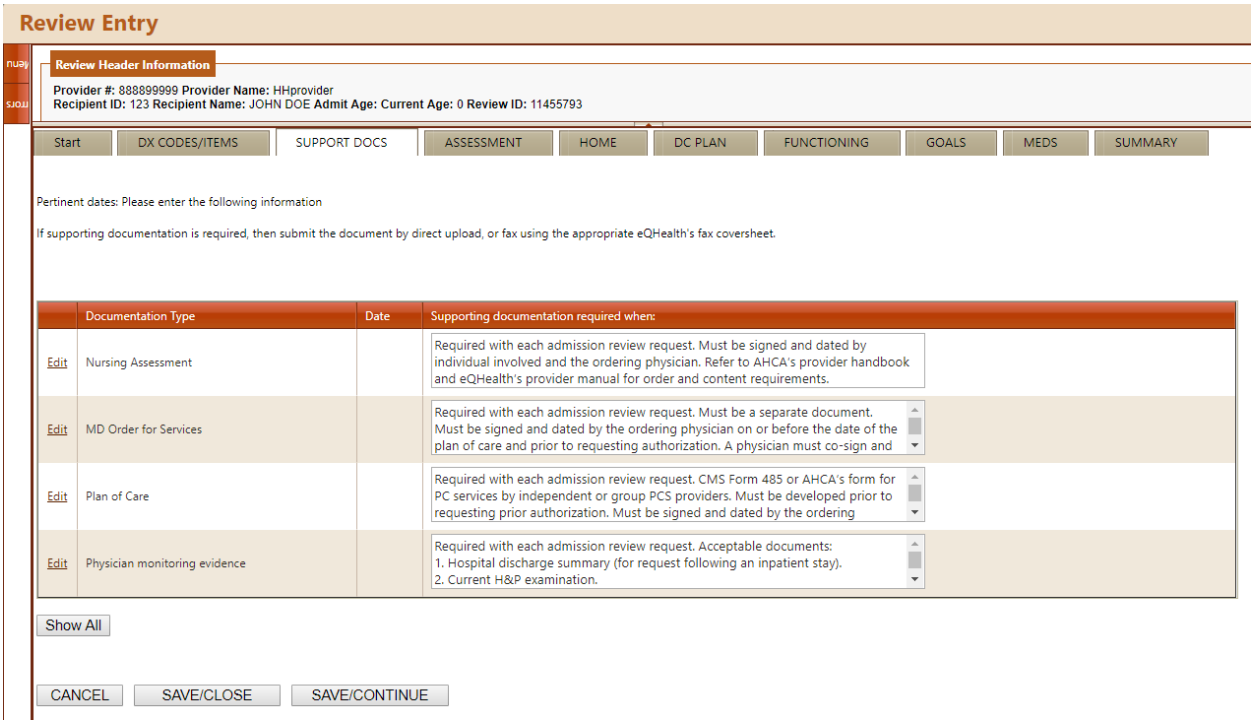
- Click “Add” to enter the Home Health Service code



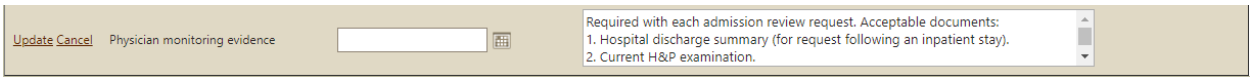
- *Code:* The HCPCS Code
- *Mod 1&2:* Enter the applicable modifiers
- *From/Thru Date*: Enter the requested date span
- *Units/Visits:* Defaulted to “1” you cannot change this.
- Visits/Period- How many Visits per week
- Period Type- Week
- # Periods- How many times within the from/thru date you entered.

Support Docs Tab

- This screen captures data about the supporting documentation regarding the required services.
- The last column gives circumstances where each type of documentation is required.



- Click **Edit** to enter the date the documentation was created.



- Once the information is entered, Use the **Update** button to save the information to the record. The documents should be linked as attachments; see the attachments section of this manual.

Documentation Type:

- The various documents that may be required such as Nursing Assessment, MD Order for Services, Plan of Care, and Physician monitoring evidence

Date

- Date the document was generated.

Signed by MD/Auth

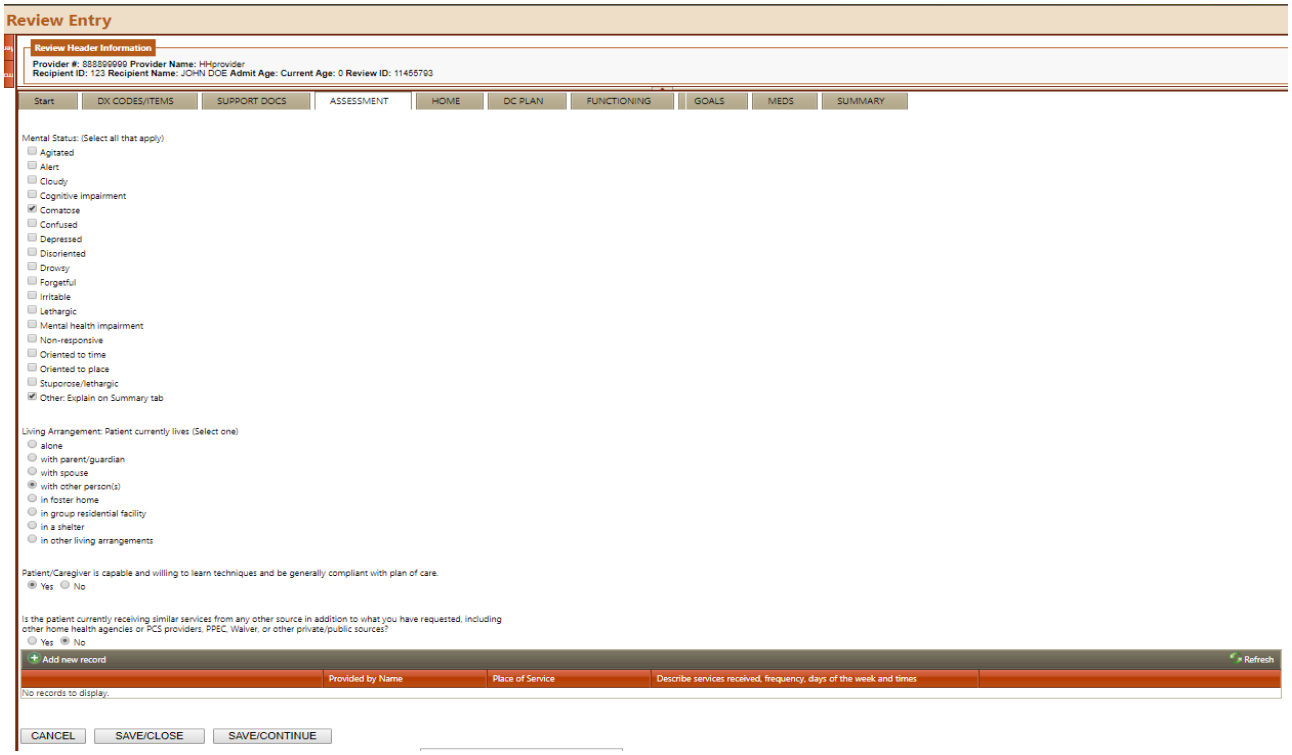
- Who signed the document. This information has to be entered in the grid.

Supporting documentation is required when

- The circumstances that require each piece of documentation.

ASSESSMENT TAB:

- This screen captures all data regarding the patient's assessment.



Mental Status: Select the checkbox beside each mental condition that applies.

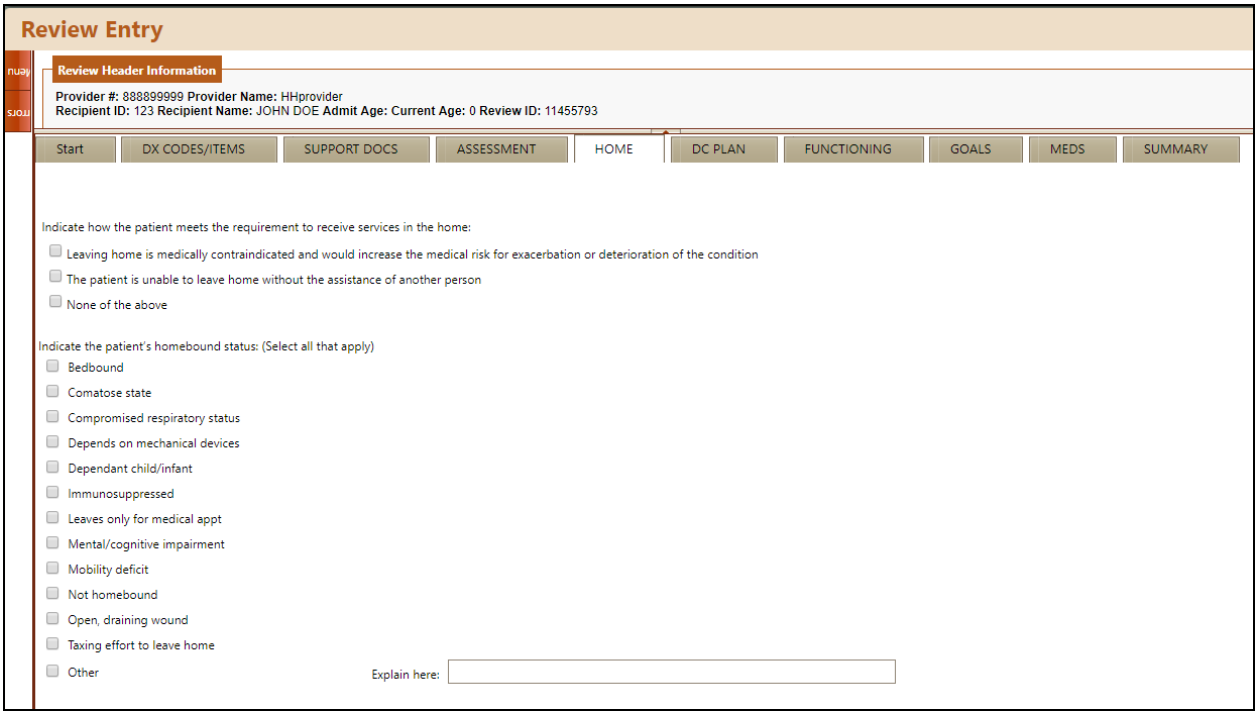
Living Arrangements: Select the best fit living arrangements that applies to the patients' current situation.

Patient/Caregiver is capable and willing to learn techniques and be generally compliant with plan of care: Click "Yes" or "No" to indicate whether the patient, or their caregiver, is able and willing to learn techniques and assist with the plan of care.

Is the patient receiving similar services form another source?

Click "Yes" or "No" to indicate whether the patient is receiving similar services from any other source in addition to what is requested, including other home health agencies or Personal Care Services (PCS) providers, Prescribed Pediatric Extended Care (PPEC), Waiver, or other private/public sources. If there are other providers, add records to the grid giving the name of the provider, where the services is performed, and details of the service. Once the details are provided, use the **Insert** link to add the provider to the record.

Home Tab: This Screen Captures all data regarding how suitable the patient's home is for providing the requested service.



Start | DX CODES/ITEMS | SUPPORT DOCS | ASSESSMENT | HOME | DC PLAN | FUNCTIONING | GOALS | MEDS | SUMMARY

Patient's home environment and safety measures: (Select all that apply)

- [ ] Accessible for patient
- [ ] Available transportation
- [ ] Can accommodate POC
- [ ] Electrical system does not support required equipment necessary for care
- [ ] Emergency power backup plan
- [ ] Lives alone or disabled caregiver
- [ ] Meets growth/development needs
- [ ] No air conditioning
- [ ] No electricity
- [ ] No emergency numbers available
- [ ] No heat
- [ ] No running water
- [ ] No toileting facilities
- [ ] No working home/cell phone, internet or satellite coverage
- [ ] Medications unclearly labeled and/or stored improperly
- [ ] Poor sanitation
- [ ] Rodent/insect infested
- [ ] Safe for patient
- [ ] Smoking in the home by patient
- [ ] Smoking in the home, not by patient
- [ ] Structural barriers
- [ ] Other

Explain here:

Medical equipment used by patient: (Select all that apply)

- [ ] None
- [ ] Ambu-bag
- [ ] Apnea monitor
- [ ] Bedside commode chair
- [ ] Billblanket/light
- [ ] Cane/crutches
- [ ] Compressor
- [ ] Concentrator
- [ ] Dialysis
- [ ] Feeding pump
- [ ] Glasses
- [ ] Glucometer
- [ ] Hearing aides
- [ ] Hospital bed
- [ ] Hoyer lift
- [ ] Humidifier
- [ ] IV pump/supplies
- [ ] Nasal cannula
- [ ] Nebulizer machine
- [ ] Oxygen
- [ ] Prosthesis
- [ ] Protective equipment
- [ ] Pulseoximeter
- [ ] Special support surface
- [ ] Splints (hand/DAFO/AFO's)
- [ ] Suction machines

Medical supplies used by patient: (Select all that apply)

- None
- Catheters
- Diabetic
- Enteral
- Feeding tubes
- Gastrostomy
- Incontinent
- IV
- Nasal cannula
- Nebulizer kits
- Ostomy
- Skin care
- Suction catheters
- Tracheostomy
- Venipuncture
- Wound Care
- Other

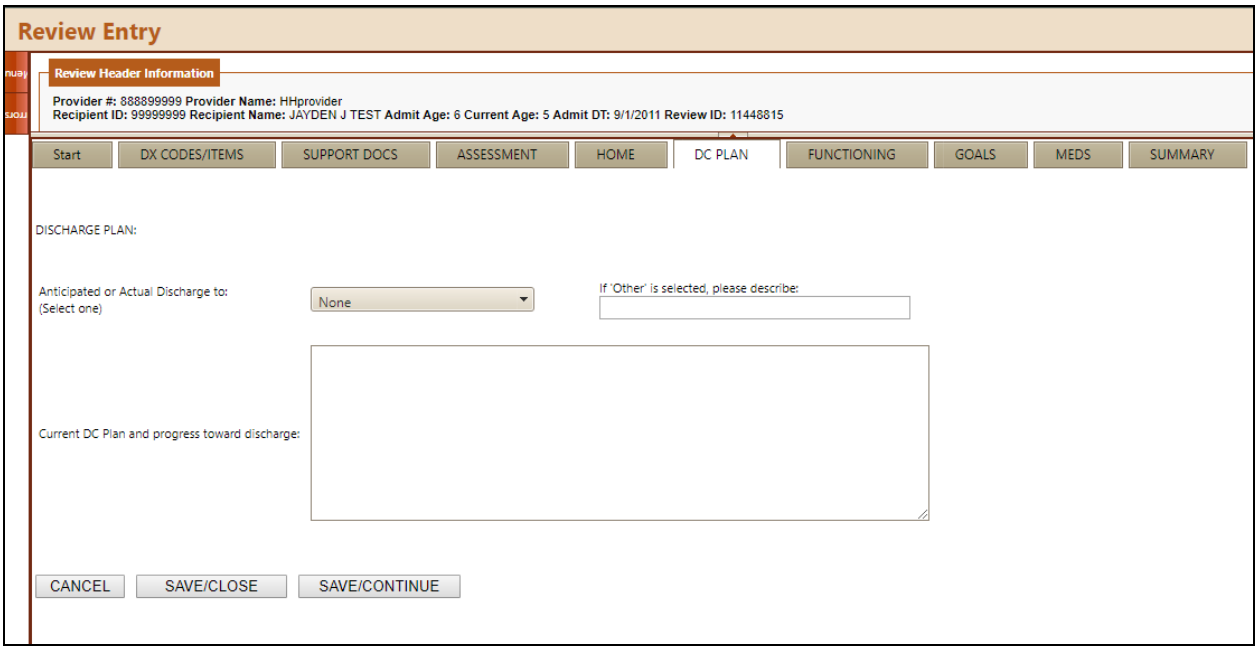
Explain here:

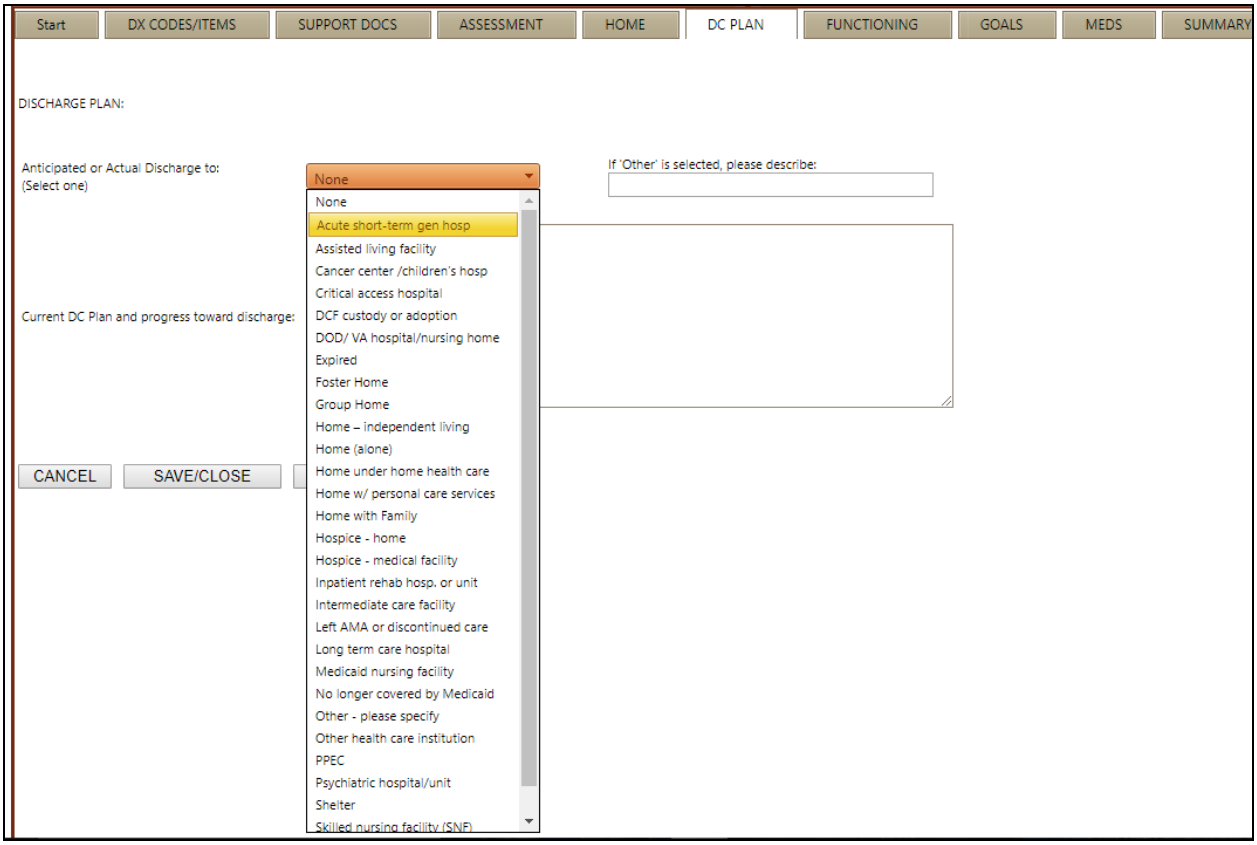
CANCEL | SAVE/CLOSE | SAVE/CONTINUE

Meet requirements to receive services	Select the checkbox that indicates how the patient meets the requirements to receive services in home.
Homebound Status	Select the checkbox(es) that indicate the patient's homebound status; more than one of these may apply. If "Other" is selected, further explanation must be provided in the associated text box.
Environment and safety measures	Select the checkbox(es) that indicate the patient's home environment and safety measures; more than one of these may apply and all applicable ones should be selected.
Medical Equipment	Select the checkbox(es) that apply that indicate the medical equipment used by the patient; more than one of these may apply and all applicable ones should be selected. If "Other is selected, further explanation must be

	provided in the associated box.
Medical Supplies	Select the checkbox(es) that indicate the medical supplies used by the patient; more than one of these may apply and all applicable ones should be selected. If “Other” is selected, further explanation must be provided in the associated text box.

DC Plan Tab





Anticipated Discharge	Select the anticipated place of discharge. This field is only applicable if there is no actual discharge date entered. If recipient is being transfered to accute care, enter facility name.
Current DC Plan and progress toward discharge.	Enter current plan details and progress on the plan in this text box.

FUNCTIONING TAB

Select the checkboxes for all functional limitations. In the adjacent text boxes, enter the onset date and the course of treatment including how it addresses that specific limitation.

Review Entry

Review Header Information

Provider #: 888899999 **Provider Name:** HHprovider
Recipient ID: 99999999 **Recipient Name:** JAYDEN J TEST **Admit Age:** 8 **Current Age:** 5 **Admit DT:** 9/1/2011 **Review ID:** 11448815

Start | DX CODES/ITEMS | SUPPORT DOCS | ASSESSMENT | HOME | DC PLAN | FUNCTIONING | GOALS | MEDS | SUMMARY

ServiceType	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.
Skilled	Complex wound and site care management required	☑	bbb
Skilled	Decubitus ulcer care required	☐	
Skilled	Knowledge deficit - needs teaching/training (Includes family/caregiver teaching/training needs.)	☐	
Skilled	Levine tube and gastrostomy feeding	☐	
Skilled	Limited endurance	☐	
Skilled	Limited range of motion/positioning	☐	
Skilled	Medication - administration by IV or injectable	☐	
Skilled	Mobility deficit - ambulation	☐	
Skilled	Other	☐	
Skilled	Paralysis/hemiparesis	☐	
Skilled	PEG tube (transitioning)	☐	

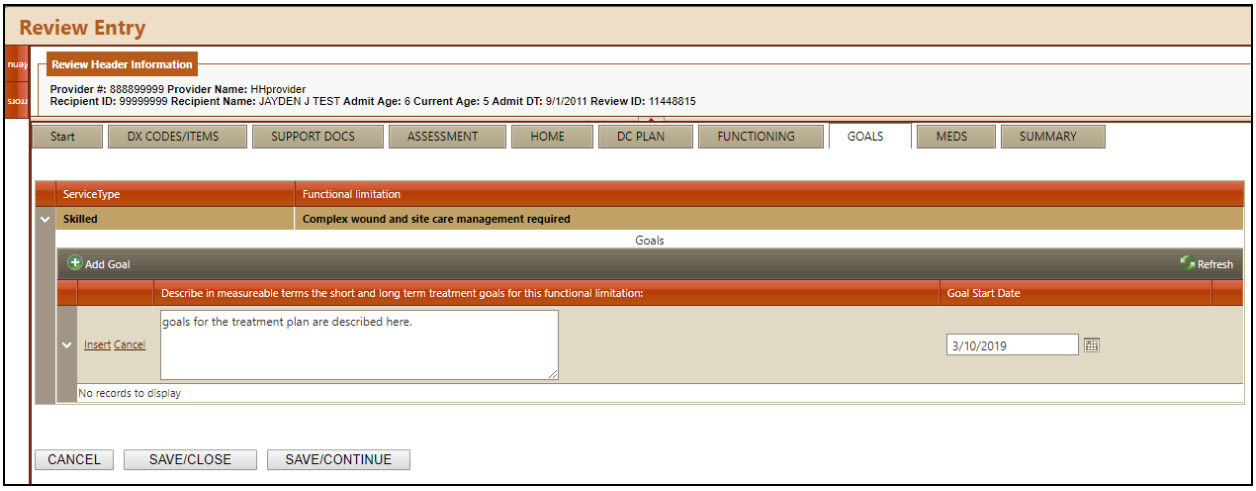
ADL	Cannot prepare or take medications alone	☐	
ADL	Colostomy bag-assistance required to change bag	☐	
ADL	Limited range of motion and positioning ability	☐	
ADL	Needs assistance with transfers or walking	☐	
ADL	Needs help w/ urine test for sugar/acetone/albumin	☐	
ADL	Other	☐	
ADL	Skin care assistance required	☐	
ADL	Unable to bathe and or groom self	☐	
ADL	Unable to dress without assistance	☐	
ADL	Unable to eat or drink without assistance	☐	
ADL	Unable to prepare special diet	☐	

CANCEL SAVE/CLOSE SAVE/CONTINUE

Goals Tab

For each functional limitation identified on the previous tab, the system will generate a grid for goals associated with that limitation.

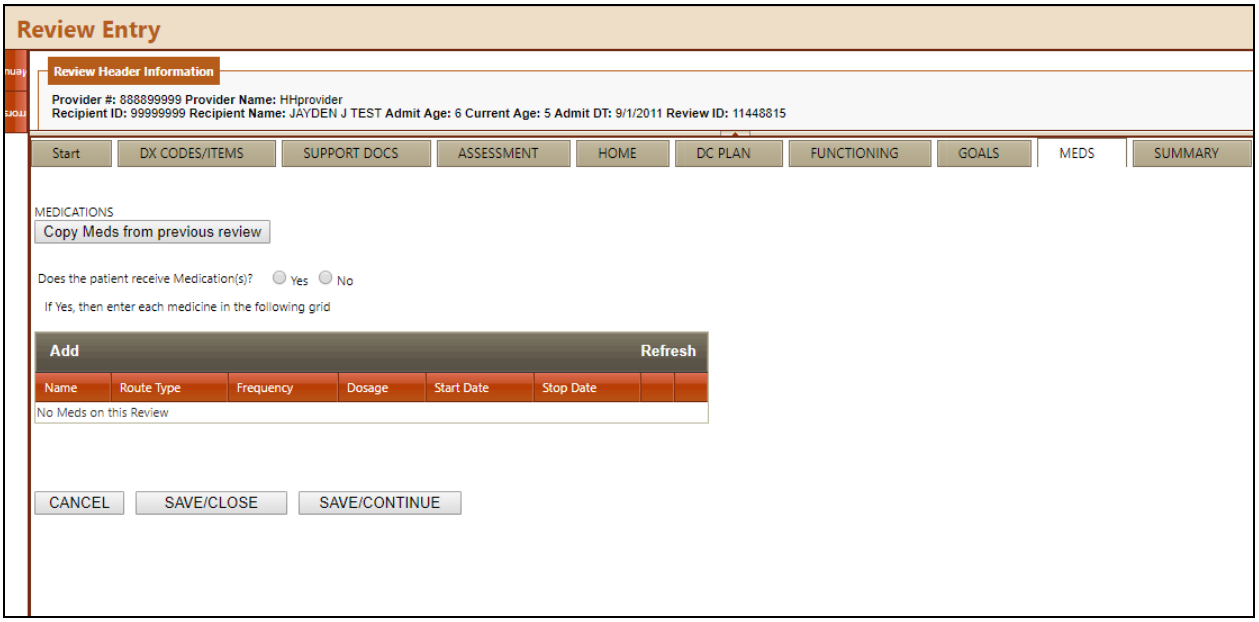
Click on the functional limitation row to list specific goals and when the patient should be starting on that goal.

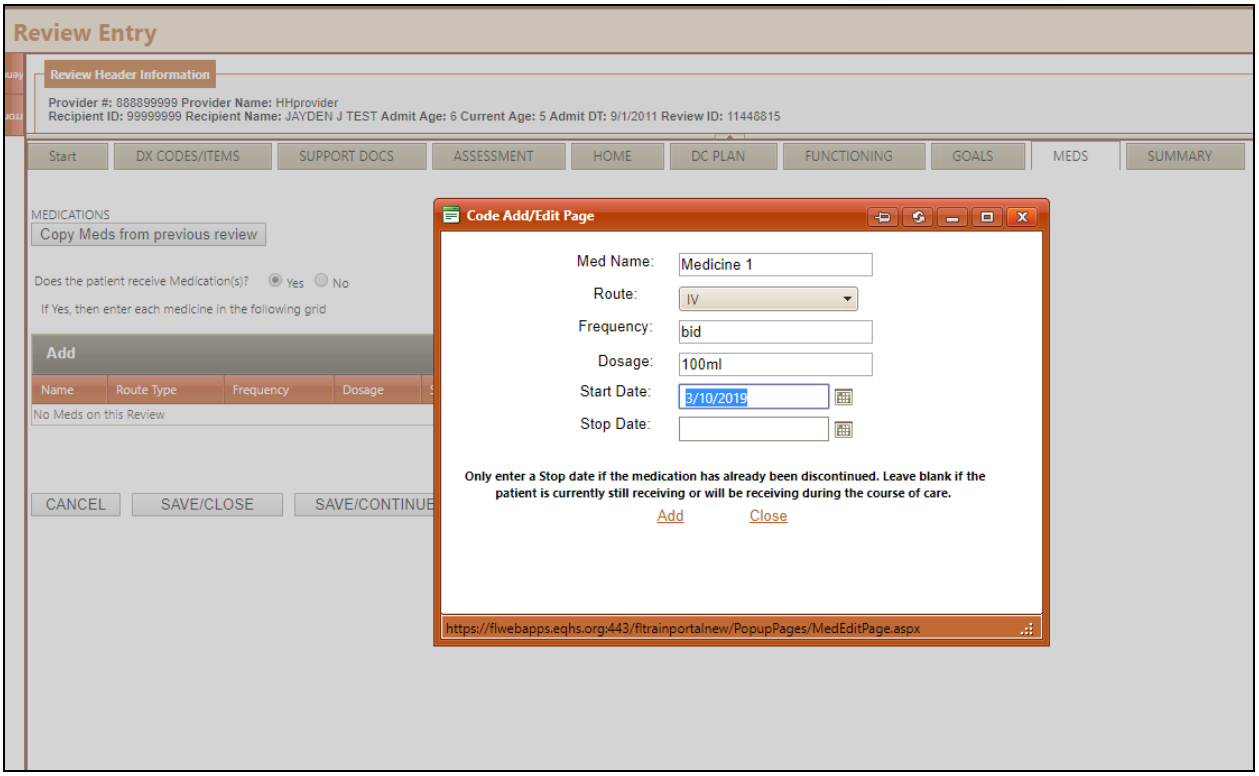


MEDS Tab

For an admission review, list the medications at admission.

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



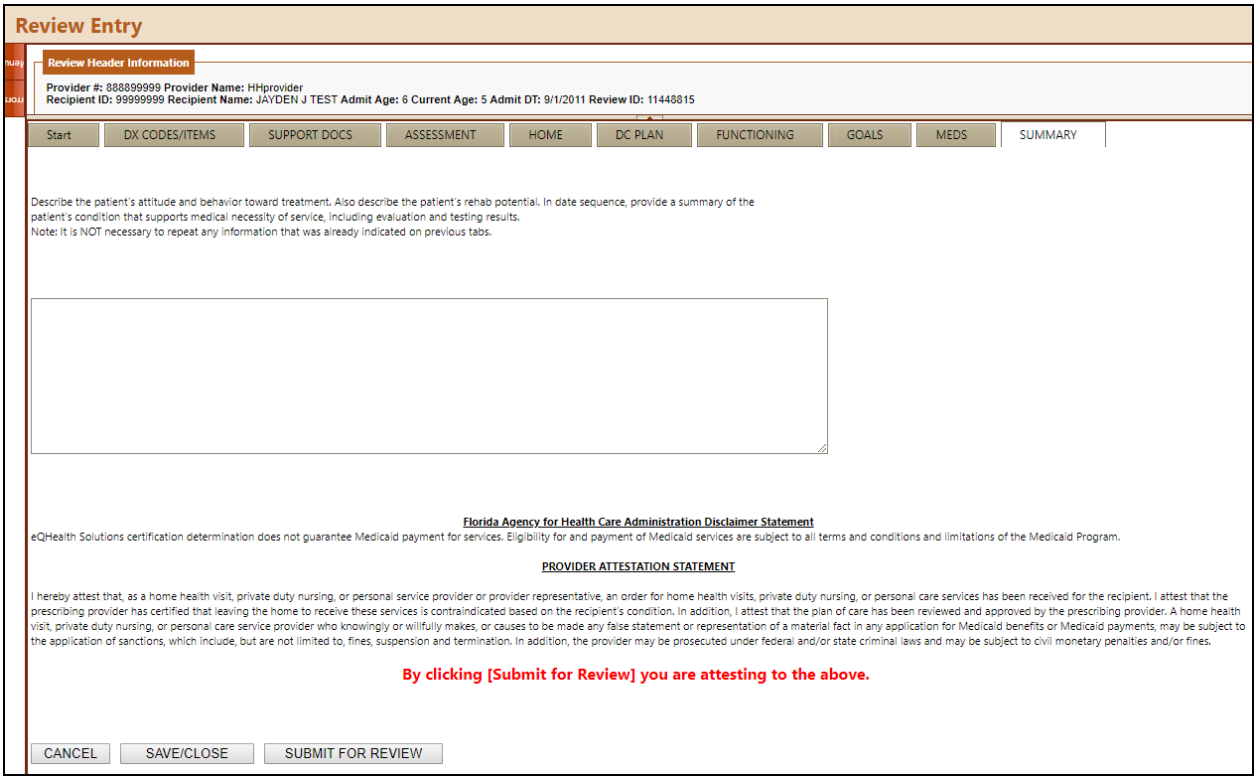


Medication, Dosage and Route	List the medications including the dosage, frequency and route (e.g., intravenous (IV)/ intramuscular (IM)/or subcutaneous (SQ). For each medication, enter the date ordered.
Frequency, Start and Stop Date	List oral (PO) medications given for stet purpose, newly ordered/adjust of cardiac/psychiatric medications. For concurrent reviews, list all current IV/IM/SQ medications. For as needed (PRN) medications, include number of dosages that the patient has received within last 24 hours. List PO medications given for stat purpose, newly ordered/adjustments of cardiac/psychiatric medications.

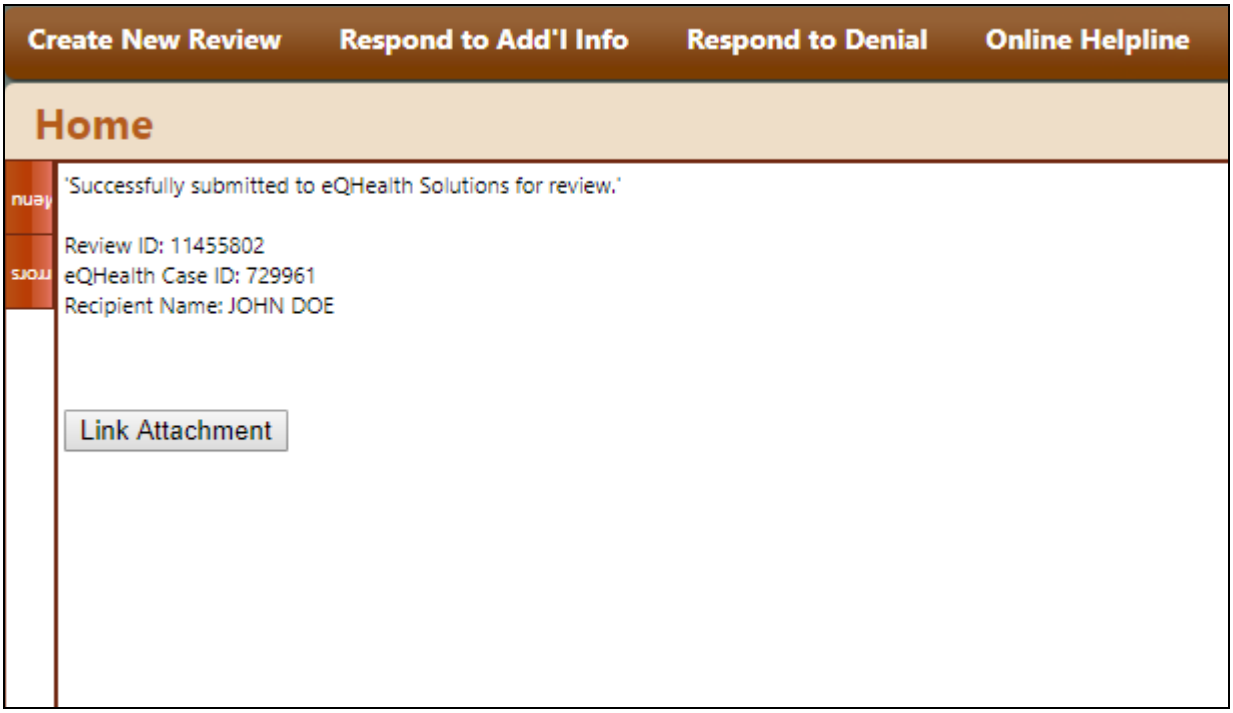
Summary Tab

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. This textbox is limited to 500 characters.

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.

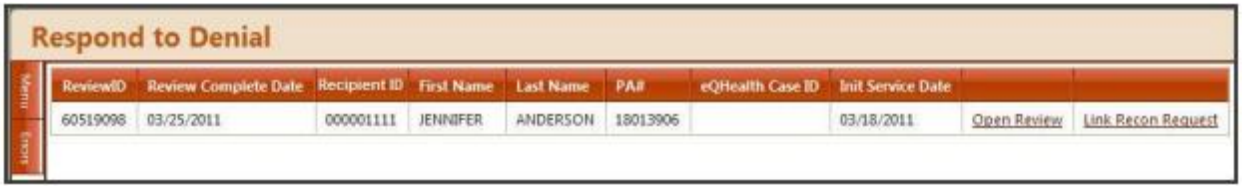
- The first box shows the question from eQHealth and is view only.
- You will respond to the question in one of three ways. You may type additional information into the text box labeled "Response", or you may link a document to the

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

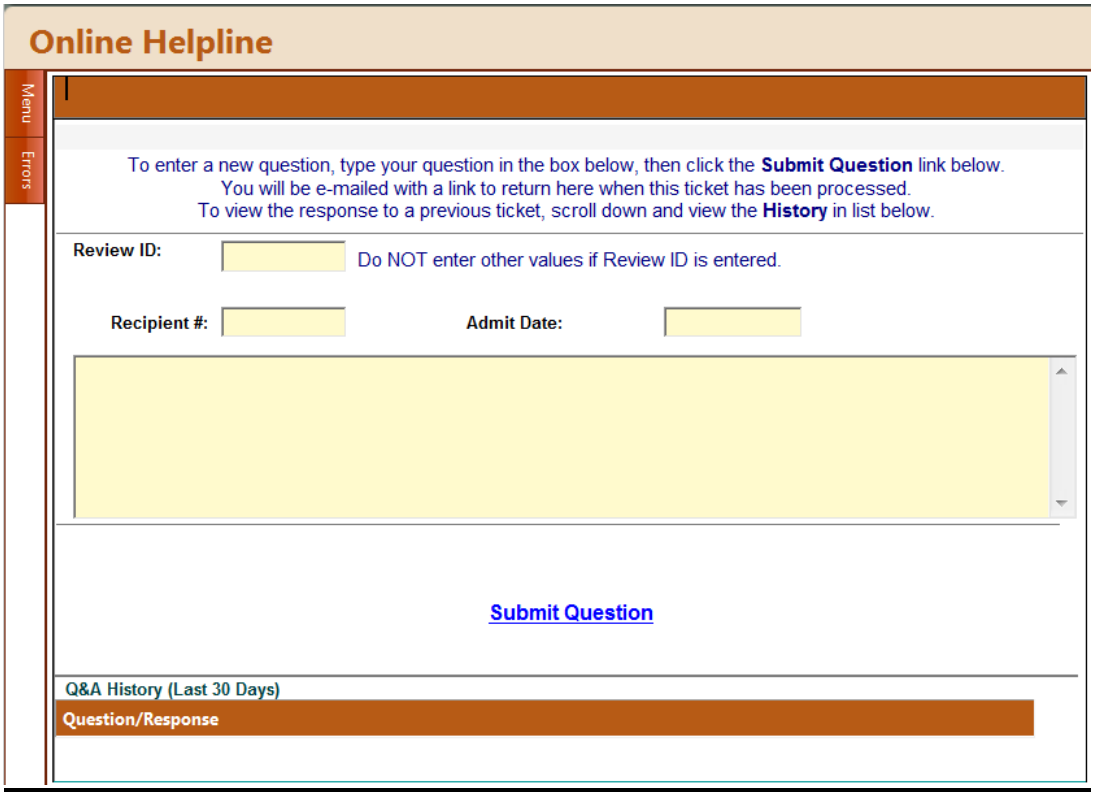
You can create a new request or view responses to previous requests from Online Helpline tool by selecting **Online Helpline** from the menu list.

- 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.

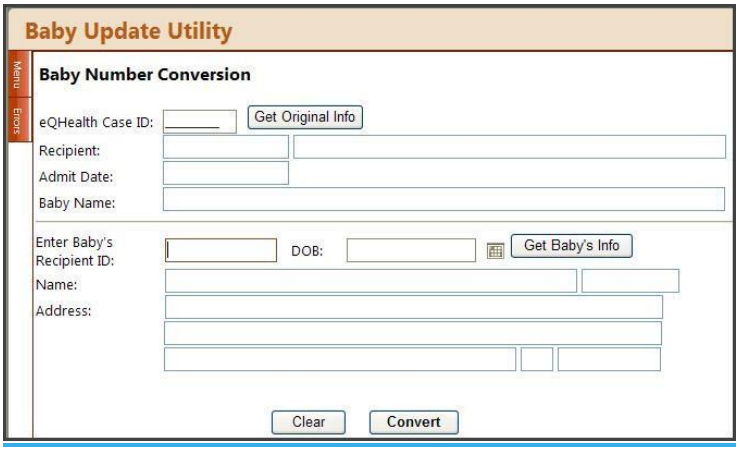
View Response to Previous Request

- 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.

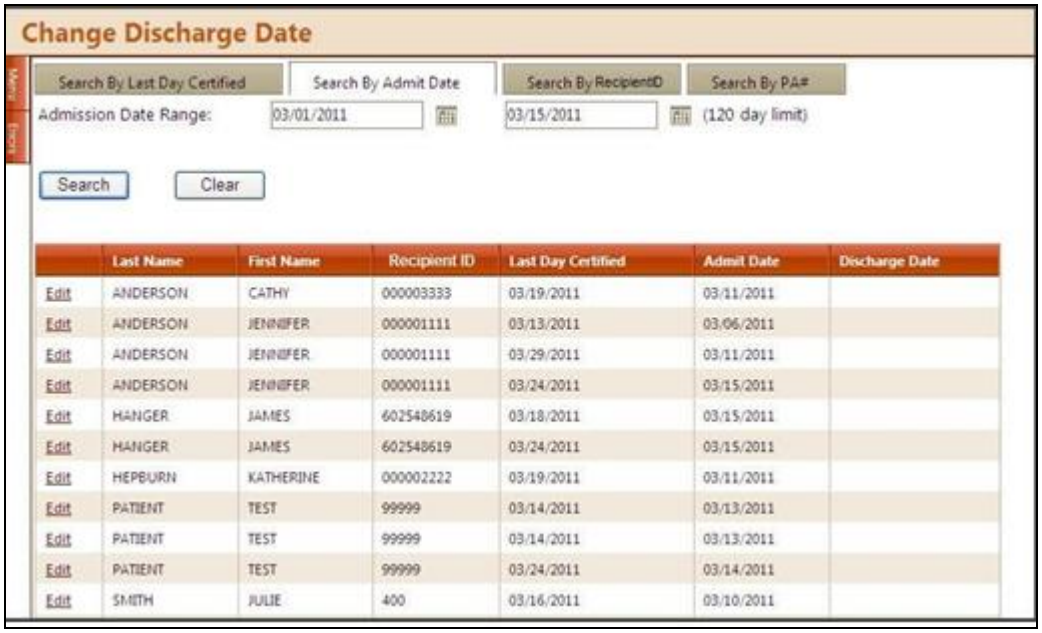
Once “Convert” button has been clicked the changes will be complete and the review is transmitted to the fiscal agent to receive the PA #

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.



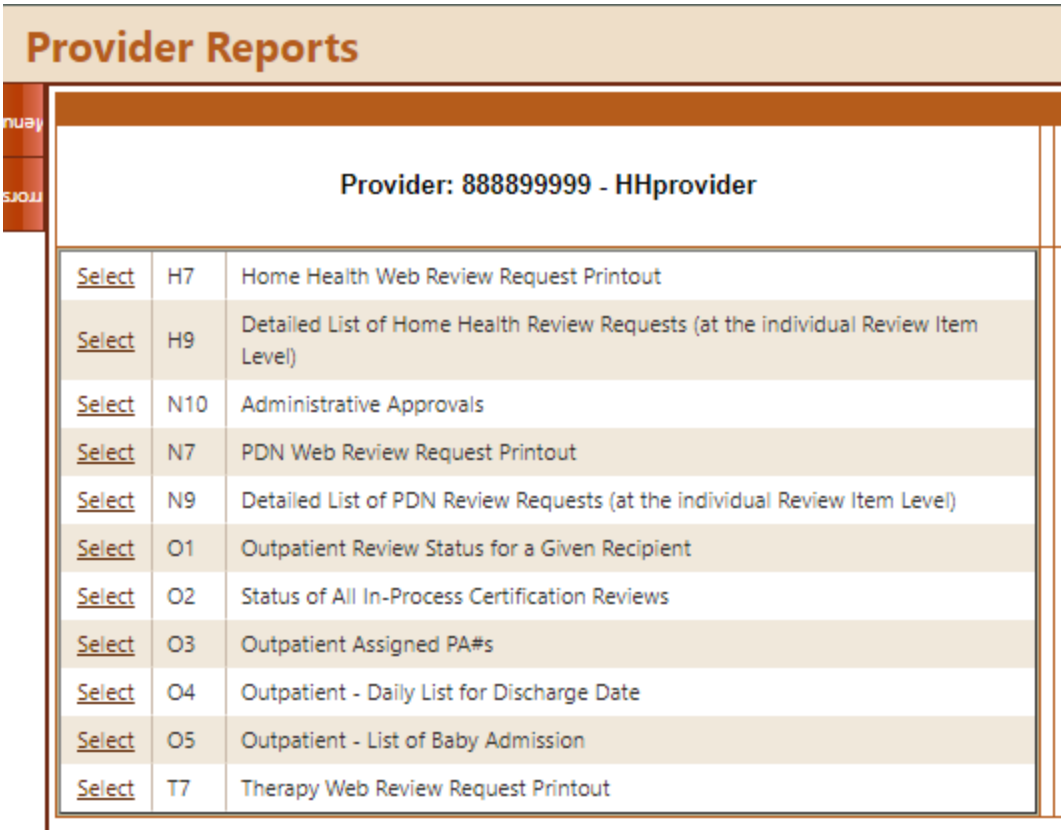
Change Admit Date

To retrieve the data field for Admit Date, **Select Change Admit Dates**

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.



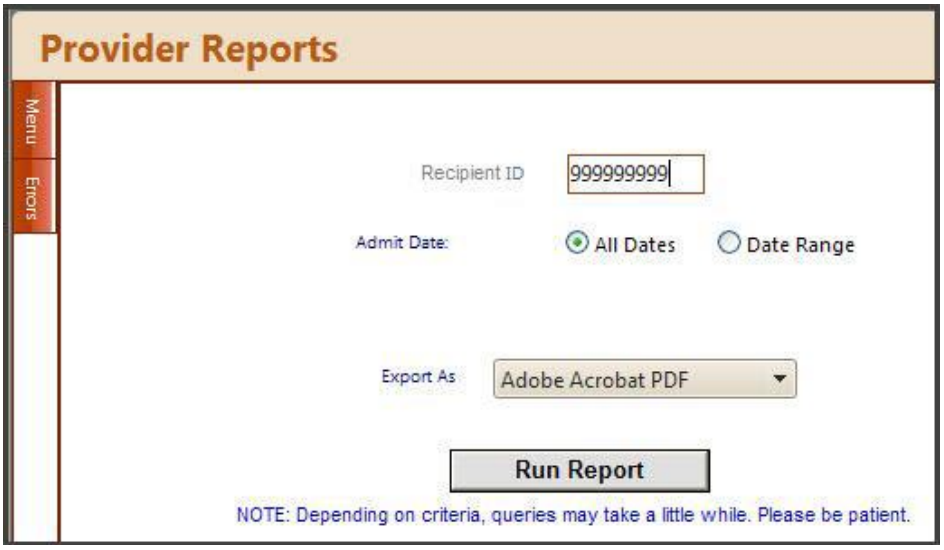
Provider Reports

Provider: 888899999 - HHprovider

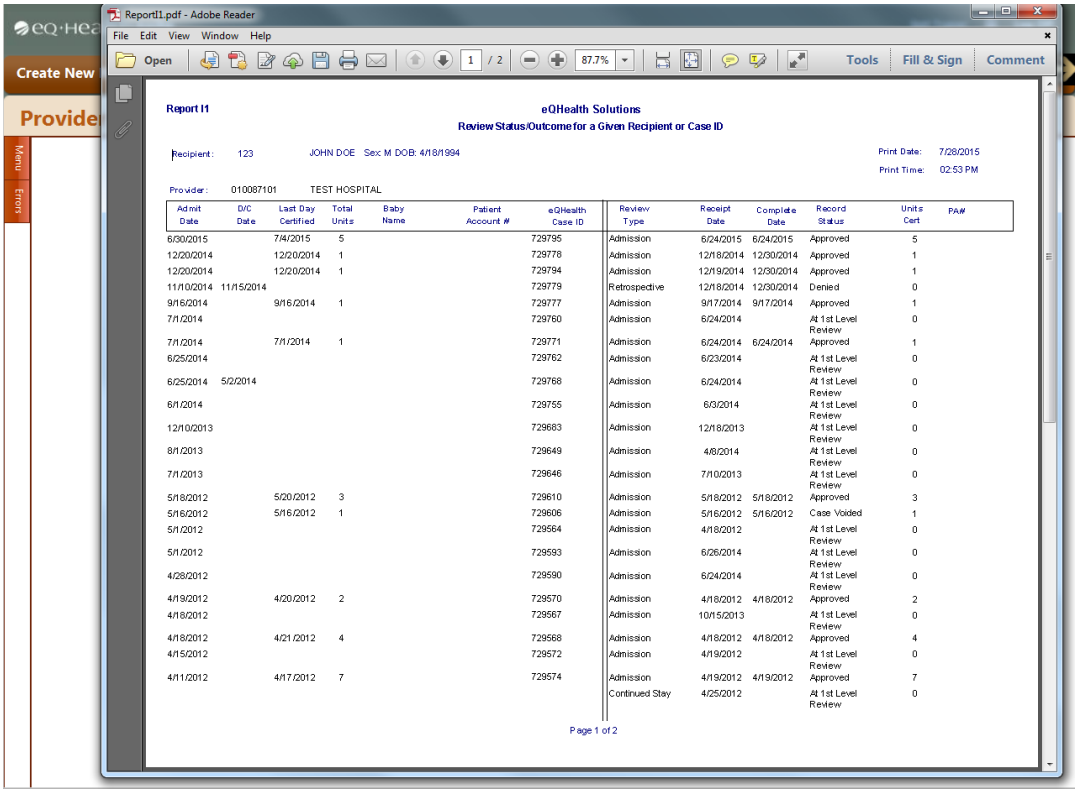
Select	H7	Home Health Web Review Request Printout
Select	H9	Detailed List of Home Health Review Requests (at the individual Review Item Level)
Select	N10	Administrative Approvals
Select	N7	PDN Web Review Request Printout
Select	N9	Detailed List of PDN Review Requests (at the individual Review Item Level)
Select	O1	Outpatient Review Status for a Given Recipient
Select	O2	Status of All In-Process Certification Reviews
Select	O3	Outpatient Assigned PA#s
Select	O4	Outpatient - Daily List for Discharge Date
Select	O5	Outpatient - List of Baby Admission
Select	T7	Therapy Web Review Request Printout

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



Admit Date	D/C Date	Last Day Certified	Total Units	Baby Name	Patient Account #	eQHealth Case ID	Review Type	Receipt Date	Complete Date	Record Status	Units Cert	PA#
6/30/2015		7/4/2015	5			729795	Admission	6/24/2015	6/24/2015	Approved	5	
12/20/2014		12/20/2014	1			729778	Admission	12/18/2014	12/30/2014	Approved	1	
12/20/2014		12/20/2014	1			729794	Admission	12/19/2014	12/30/2014	Approved	1	
11/10/2014	11/15/2014					729779	Retrospective	12/18/2014	12/30/2014	Denied	0	
9/16/2014		9/16/2014	1			729777	Admission	9/17/2014	9/17/2014	Approved	1	
7/1/2014						729760	Admission	6/24/2014		At 1st Level Review	0	
7/1/2014		7/1/2014	1			729771	Admission	6/24/2014	6/24/2014	Approved	1	
6/25/2014						729762	Admission	6/23/2014		At 1st Level Review	0	
6/25/2014	5/2/2014					729768	Admission	6/24/2014		At 1st Level Review	0	
6/1/2014						729755	Admission	6/3/2014		At 1st Level Review	0	
12/10/2013						729683	Admission	12/18/2013		At 1st Level Review	0	
8/1/2013						729649	Admission	4/8/2014		At 1st Level Review	0	
7/1/2013						729646	Admission	7/10/2013		At 1st Level Review	0	
5/18/2012		5/20/2012	3			729610	Admission	5/18/2012	5/18/2012	Approved	3	
5/16/2012		5/16/2012	1			729606	Admission	5/16/2012	5/16/2012	Case Voided	1	
5/1/2012						729564	Admission	4/18/2012		At 1st Level Review	0	
5/1/2012						729593	Admission	6/26/2014		At 1st Level Review	0	
4/28/2012						729590	Admission	6/24/2014		At 1st Level Review	0	
4/19/2012		4/20/2012	2			729570	Admission	4/18/2012	4/18/2012	Approved	2	
4/18/2012						729567	Admission	10/15/2013		At 1st Level Review	0	
4/18/2012		4/21/2012	4			729568	Admission	4/18/2012	4/18/2012	Approved	4	
4/15/2012						729572	Admission	4/19/2012		At 1st Level Review	0	
4/11/2012		4/17/2012	7			729574	Admission	4/19/2012	4/19/2012	Approved	7	
							Continued Stay	4/25/2012		At 1st Level Review	0	

- 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:

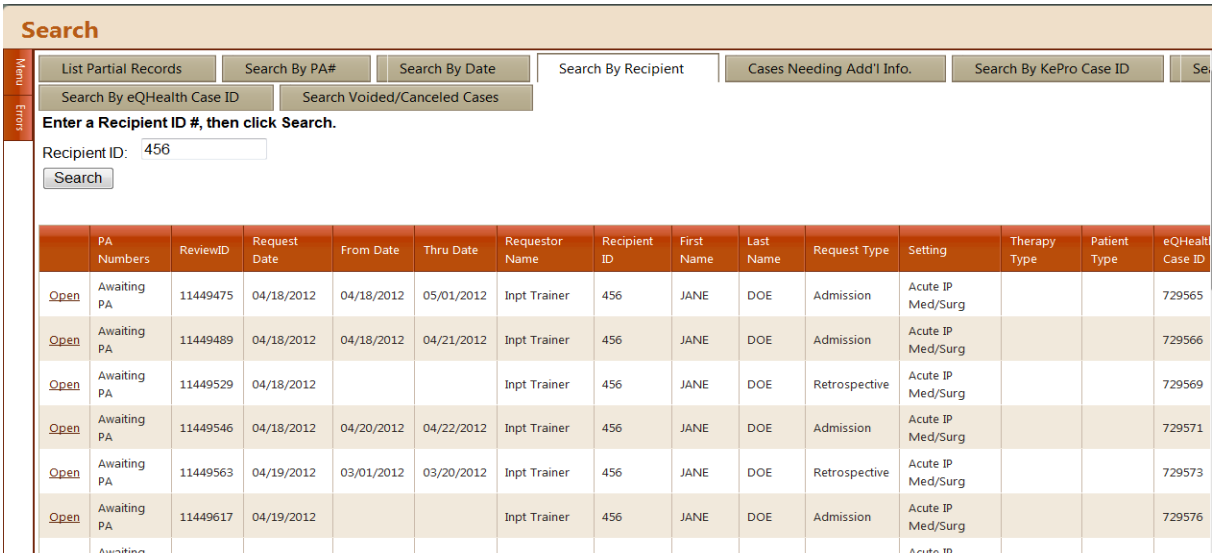
Partially saved records are not processed by eQHealth. The user is responsible for properly completing them and submitting them for review or deleting them as necessary.

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 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	eQHealth 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

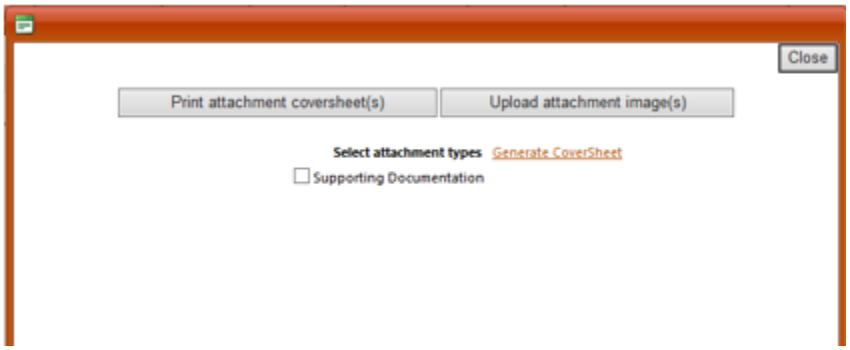
- b. You may create a bar-coded fax coversheet and fax the document.

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

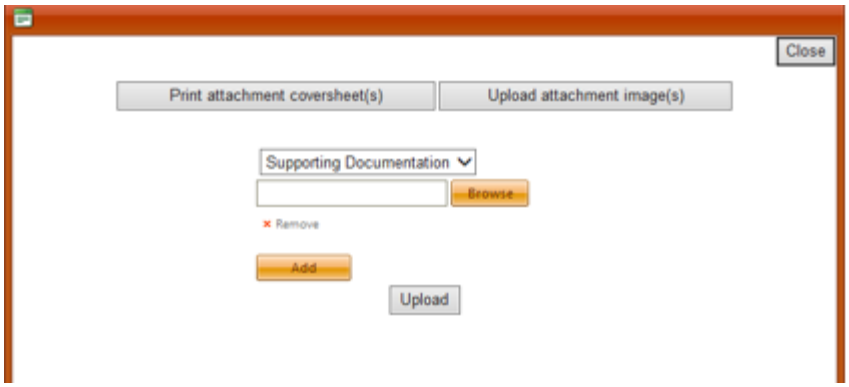
Order for study(s)

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.

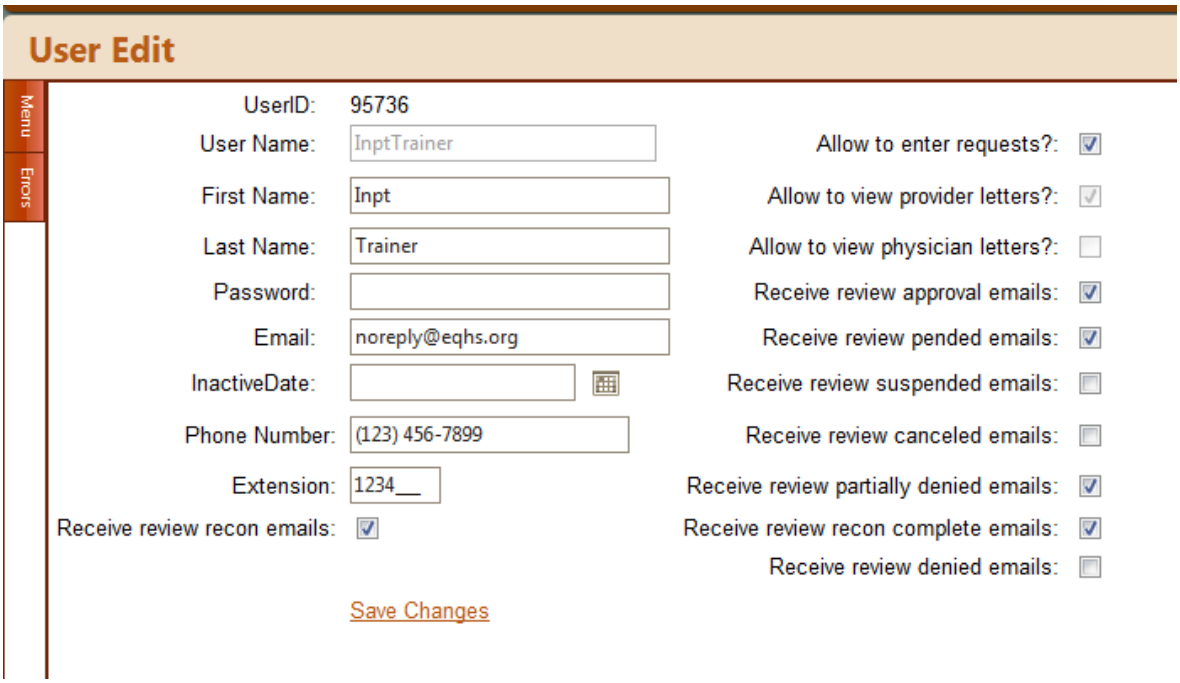
The resulting list will display all the available letters. You may open the review or view all letters for a review by clicking the **View Letter** option

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

Each facility will have 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.

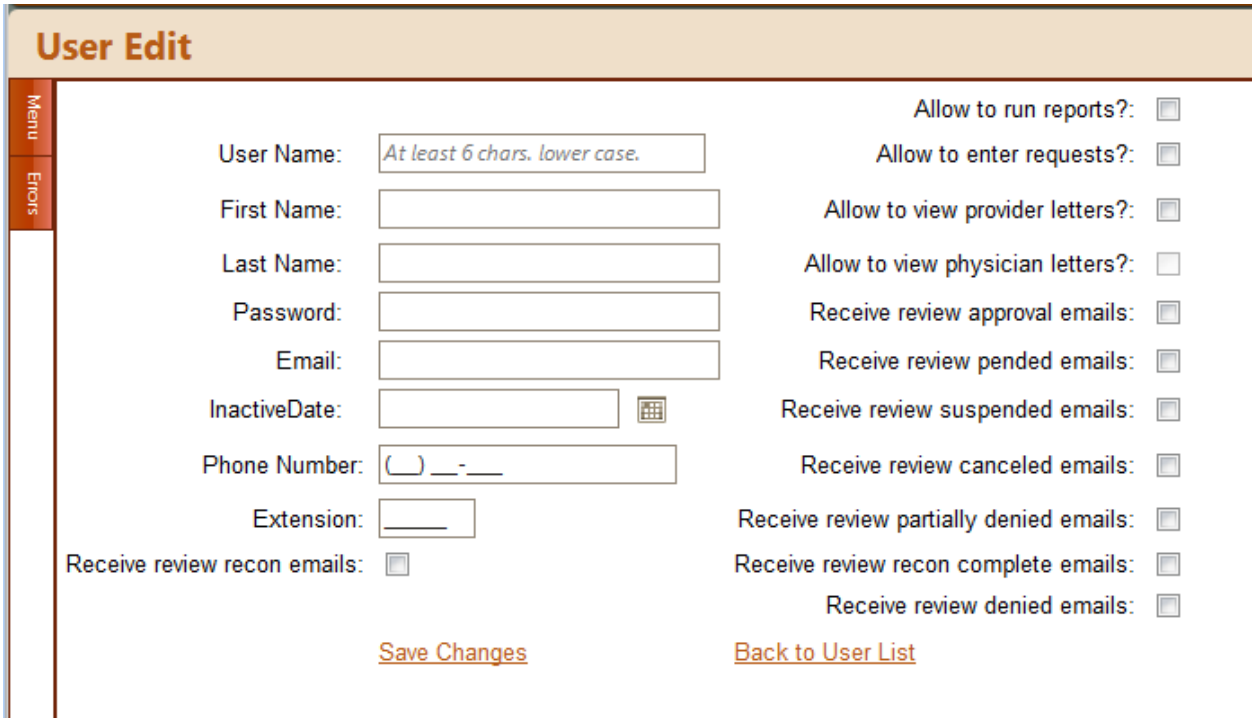
Enter your User Administrator ID and Password.

Click User Administration on the menu list.

A list of 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.

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.



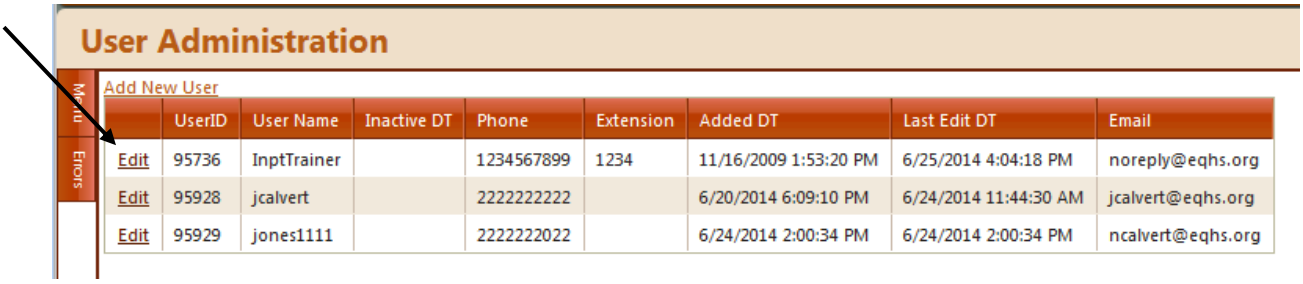
User Name	Unique user identifier. All alpha characters must be in lowercase. Examples: user's first name; user's first initial then last name Login ID must be unique across all users of eQHealth Web based system. If you enter a Login ID

	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.

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.



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Edit	95929	jones1111		2222222022		6/24/2014 2:00:34 PM	6/24/2014 2:00:34 PM	ncalvert@eqhs.org