Web Review Request

Acute Med/Surg Inpatient 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:

– 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.

Provider Reports

Provider: 010087101 - TEST HOSPITAL

Select	I1	Inpatient Review Status for a Given Recipient or Case ID
Select	I10	Detailed List of Admissions (at the Case ID Level)
Select	I2	Inpatient Status of All In-Process Certification Reviews (including reconsiderations)
Select	I3	Inpatient Admissions with Completed Reviews
Select	I4	Daily List for Discharge Date
Select	I5	List of Baby Admission
Select	I7	Med/Surg Web Review Request Printout
Select	I8	Detailed List of Admissions (at the Case ID Level)
Select	I9	Detailed List of Review Requests (at the individual Review_Id Level)

1. MCG 17th (Milliman) edition, Ambulatory Guidelines in Therapy, 2013.
2. The Guide for Physical Therapy Practice, 2008.
3. The Reference Manual of the Official Documents of the American Occupational Therapy Association, Inc. 16th Edition by AOTA PRESS, 2011.
4. Speech-Language Pathology Medical Review Guidelines from the American Speech-Language-Hearing Association, 2011.
5. Preferred Practice Patterns for the Profession of Speech-Language Pathology, 2004.

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

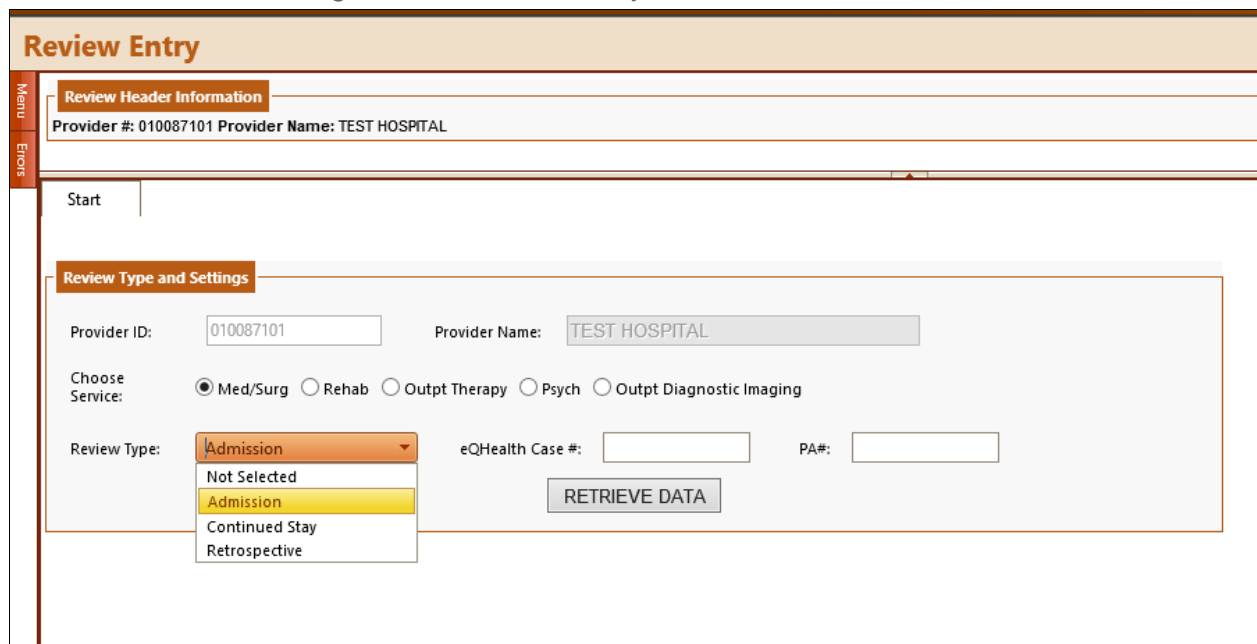   ➢ Reconsiderations

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.

Provider ID and Name

The provider who will render the services.

Start	

Review Type and Settings

Provider ID:	010087101	Provider Name:	TEST HOSPITAL	Total Days Cert:	0
				Last Day Cert:	
				Billing Start:	

Choose Service: ● Med/Surg ○ Rehab ○ Outpt Therapy ○ Psych ○ Outpt Diagnostic Imaging

Review Type: Admission ▼   eQHealth Case #: _____   PA#: _____

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?

○ BBA or HMO adult or HMO child   ○ Undocumented Non-Citizen   ● N/A

☐ Inpatient total days remaining of 45 day limit for **current** fiscal year for recipient based on the latest update from FMMIS

☐ Inpatient total days remaining of 45 day limit for **previous** fiscal year for recipient based on the latest update from FMMIS

Recipient ID: [   ]   Name: [   ]   DOB: [   ]   Sex: [▼]

If the patient is a baby and:

- Has a personal Medicaid number, then enter this number in the Recipient ID box above.
- Otherwise, click the [Create Temp Baby ID] button and create a temporary Medicaid number. The system will enter the baby's name and birth date below.

[Create Temp Baby ID]

Baby Name: [   ]   Baby's Birth Date: [   ]

Physicians and Healthcare Practitioners

	Type	Medicaid #	NPI #	License #	Name	Phone #	
Edit	**Attending**						

Account #: [   ]
Admit Date: [   ] ⓘ
Proposed D/C Date: [   ] 📅   Outpatient Observation Date: [   ]
Actual D/C Date: [   ]   Emergency Dept Service Date: [   ]
Days Requested: [0]   Outpatient Service Date: [   ]

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.

BBA Start Date: If the recipient does fall under the BBA for Adults provisions, select the start date.

BBA End Date: If the recipient does fall under the BBA for Adults provisions, select the end date.

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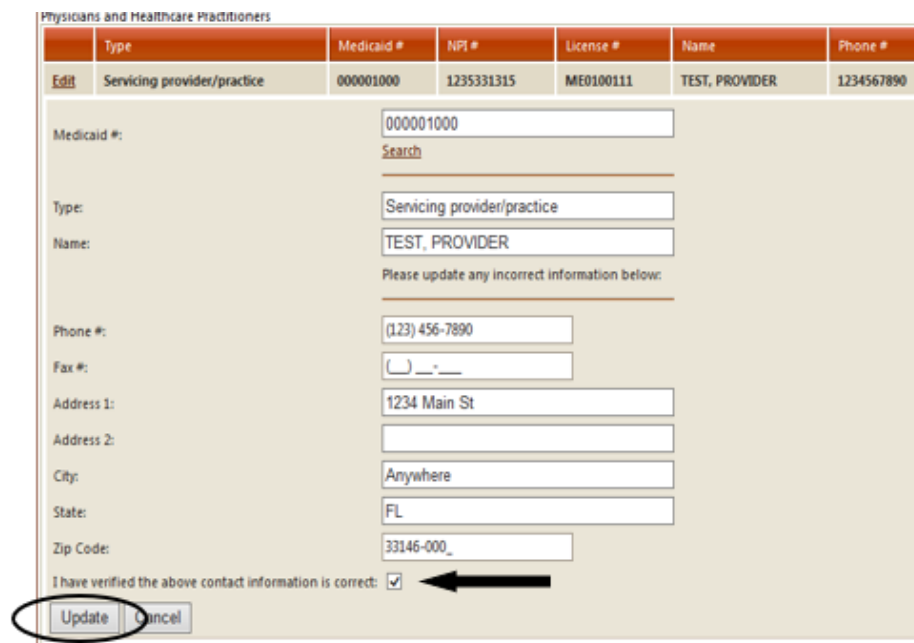
Based on the recipient number, the system will display the recipient's gender. This is a "view only" field-not user entry field.

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

Physician and other Healthcare Practitioners:

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.

Physician Search Page

Search:

Medicaid #:		
NPI #:		
License #:		
Last Name:		Search Clear Close
First Name:		
Middle Init:		

Physician Search Page

Search:

Last Name: smith   Search Clear Close

First Name:

Middle Init:

	Physician Id	Physician Name	Phone	Address	City	State	Spec Code
Select	03624392	SMITH JR, GEORGE	3342862842	P O BOX 11047	BIRMINGHAM	AL	
Select	07805302	SMITH JR, JAMES W	7068463151	P O BOX 3188	MANCHESTER	GA	Family F
Select	00119255	SMITH III, CECIL B	6012643937	1420 SOUTH 28TH AVENUE	HATTIESBURG	MS	Ophtha
Select	03282589	SMITH IV, HENRY S	2259282555	P O BOX 62600 DEPT. 3003	NEW ORLEANS	LA	Neonat. Medicin
Select	09701719	SMITH JR, GEORGE C	3342778330	400 TAYLOR ROAD	MONTGOMERY	AL	
Select	01459203	SMITH JR, STOVER L	6628462281	PO BOX 1380	CLEVELAND	MS	Radiolo
Select	06122826	SMITH JR, WILLIAM A	9012912400	P O BOX 342409	MEMPHIS	TN	General
Select	00124448	SMITH, ADAM B	6623283407	425 HOSPITAL DRIVE STE 6	COLUMBUS	MS	Internis

1 2 3 4 5 6 7   Page 1 of 7, items 1 to 20 of 138.

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.

Retrospective Requests: Enter the entire length of stay (not including day of discharge).

Outpt Observation Date: If the recipient was transferred as an inpatient from an observation unit, enter the beginning date that services where received in observation.

Emergency Dept Service Date: If the recipient was transferred as an inpatient from emergency department, enter the beginning date that services where received in the Emergency Department.

Outpt Service Date: If the recipient received outpatient treatment for the same diagnosis, enter the beginning date that services were received as an outpatient.

Note: The follow questions influence the rest of the review process.

Type of Admission: Select the admission type from the following list:

Emergency/Trauma

  Urgent

Baby Birth Admission

Baby Admitted Here Following Birth

Prior Authorization – Gastric Bypass

Prior Authorization – Elective C Section

Prior Prior Authorization –Hysterectomy

Prior Authorization – Other Elective Procedure.

Related Health Care Services Prior to Admission: Click "Yes" or "No" to indicate whether the patient received related health care services prior to admission. If there were related health services prior to admission, details can be entered on the **Summary** tab.

Patient Expiration: Click "Yes" or "No" to indicate whether the patient expired on the day

they were admitted.

Awaiting Nursing Home: is the patient waiting for a be to open up in a Nursing Home? if so, enter the expected date that he patient will move to the facility.

DCF Hold: If the patient is on DCF hold, enter the hold start date. **"Pass" Date** If the patient went on a "Pass", enter the start date of the "pass."   **"Pass" Return Click** "Yes" or "No" to indicate if the patient returned from a "pass" before midnight.

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

Transplant Issues: Click "Yes "or "No" to indicate whether this is an issue related to a previous transplant.

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

Start		
	○ No	
If patient is awaiting Nursing Home placement then provide the Start date of the waiting period:		☷
If patient is on DCF hold then provide the hold start date:		☷
If patient went on a "pass", then provide the pass date:		☷
If patient went on a "pass", then did they return by midnight?	○ Yes ○ No	
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	
Has a CMS Hospital Acquired Condition or wrong surgery/invasive procedure occured during this hospitalization?	○ Yes ○ No	
Is this an extended stay request for a baby born prior to 7/1/2013 where mom was discharged on or after 7/1/2013?	○ Yes ○ No	
Is this a continuation of a BBA admission that is crossing a fiscal year?	○ Yes ○ No	
Has the patient received hemodialysis/peritoneal dialysis during this admission?	○ Yes ○ No	

CHECK KEY   CANCEL

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:
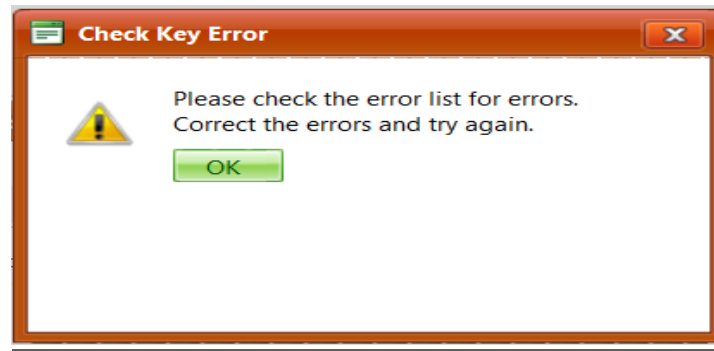
▶ Press the **OK** to continue. Click on the Errors Tab to review any errors. Make the appropriate changes to the review and press Check Key again until all errors have been resolved. If you need further explanation of the types of errors that can occur during the check key process, go to the Error Correction section in this document.
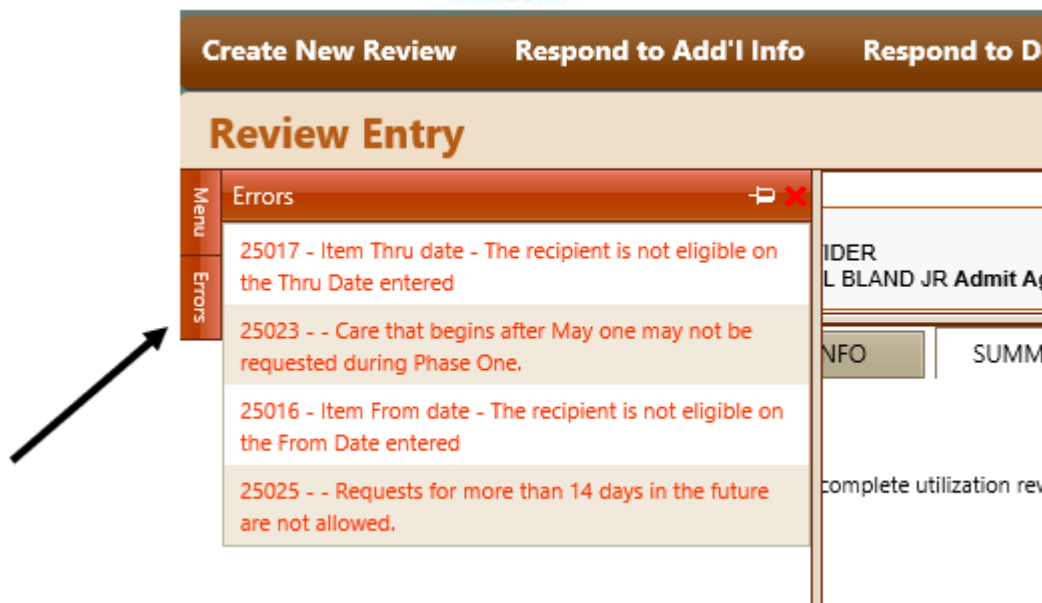
▶ If no errors are detected, the next available tab appears at the top and the user is allowed to proceed with entry.

▶ The system 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/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.

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.

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.
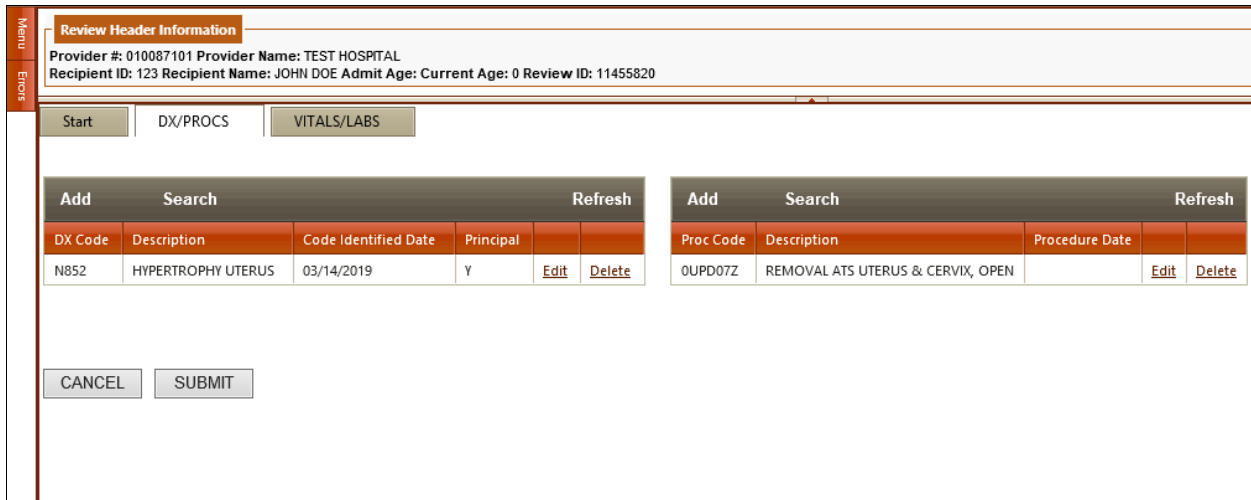
Cancel

▶ 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.
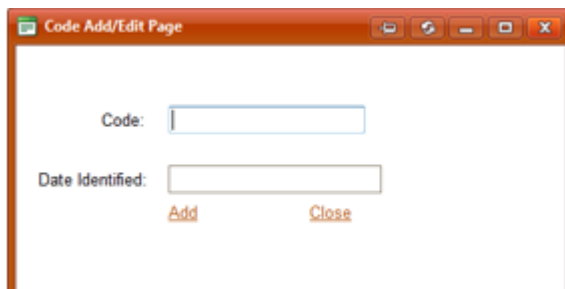
DX CODES/PROCS Tab

▸ This screen captures all data regarding the diagnosis (reason for hospitalization) and procedures performed. If the patient is part of BBA or Fee for Service, or if they are an undocumented non-citizen, there will be additional required questions under the diagnosis (DX) code grid. If a maternity, baby, asthma, or detoxification diagnosis code is entered, additional questions will appear below the grids to be answered.

▸ 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 admission date for admission review.
▸ 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 Text Search Page

Text Search:

| pain | [Search] [Clear] [Close] |

[Add Selected]

Search Results:

		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.

▸ Maternity admission for delivery, birth admission, alcohol withdrawal, asthma reviews, and reviews for BBA/Fee for service or Undocumented non-citizens require additional information to be completed on the review screen. See screenshots examples below:

▸ 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.

Review Entry

Provider #: 00020149 Provider Name: Inpatient Acute Care Hospital
Recipient ID:999999998 Recipient Name:BENE Adult L TEST Admit Age:29 Current Age:29 Admit DT:3/30/2011 Review ID:60519813

| Start | DX/PROCS | VITALS/LABS |

Add   Search   Refresh

DX Code	Description	Code Identified Date	Principal		
V3000	SINGLE LB-HOSP W/O CD	03/30/2011	Y	Edit	Delete

Add   Search   Refresh

Proc Code	Description	Procedure Date		
No records to display.				

IF BIRTH ADMISSION, THEN:

If the baby was placed in a nursery level other than "Well Baby" within the same hospital, then provide the date: _____

If the mother has been discharged, then provide the mother's discharge date: 3/29/2011

Was the mother electively induced?   ○ Yes ● No

Delivery Type: ● Vaginal ○ Caesarean

Gestational age at birth: 39

Gestational age at time of review: 39

Baby currently is in: (select one)
○ Well baby: (healthy baby)
○ Intermediate special care
● NICU
○ Specialized NICU-most complex level
○ Other

Please provide the gram weight at birth: 1253
Please provide the current gram weight: 1249

[CANCEL]   [SUBMIT]

Maternity Questions

Review Entry

Provider #: 00020149 Provider Name: Inpatient Acute Care Hospital
Recipient ID:999999999 Recipient Name:BENE TEST Admit Age:4 Current Age:5 Admit DT:4/2/2011 Review ID:60520175

Start | **DX/PROCS**

Add | Search | Refresh

DX Code	Description	Code Identified Date	Principal		
30390	ALC DEP NEC & NOS-UNSPEC	04/02/2011	Y	Edit	Delete

Add | Search | Refresh

Proc Code	Description	Procedure Date	
No records to display.			

Is the patient admitted for medical stabilization for alcohol withdrawal/alcohol withdrawal syndrome? ⊙ Yes ○ No ○ Unknown

If Yes, then answer the following:

Has the patient received detoxification within the last 30 days? ○ Yes ○ No ⊙ Unknown

Does the patient have a history of delirium tremors? ⊙ Yes ○ No ○ Unknown

Does the patient have a co-morbidity that increases the risk factors for delirium tremors? ○ Yes ○ No ⊙ Unknown

CANCEL | SUBMIT

Birth Questions

Review Entry

Start	DX/PROCS

Add	Search		Refresh	Add	Search		Refresh

DX Code	Description	Code Identified Date	Principal		Proc Code	Description	Procedure Date	
No records to display.					No records to display.			

EMERGENCY INPATIENT HOSPITALIZATION:

An emergency is defined as: a medical condition manifesting itself by acute symptoms of sufficient severity, which may include severe pain or other acute symptoms, such that the absences of medical attention could reasonably be expected to result in serious jeopardy to the health of a patient, including a pregnant woman or a fetus; serious impairment to bodily functions; or serious dysfunction or any bodily organ or part.

Select the criteria or indicator(s) below to indicate how the recipient's condition meets the emergency definition.One or more of the following may be selected to meet the definition of emergency

- ☐ Dialysis
- ☐ Delivery – active labor and delivery (2 days for the event)
- ☐ Active labor (2 days)
- ☐ Vital sign criteria: Rising arterial carbon dioxide tension with respiratory acidosis
- ☐ Stroke with Glasgow coma score of 8 or less
- ☐ Traumatic brain injury (head injury) with altered consciousness with Glasgow coma score of 8 or less
- ☐ Trauma with acute paralysis
- ☐ Crushed, degloved, or mangled extremity
- ☐ Amputation proximal to wrist or ankle
- ☐ Open or depressed skull fracture
- ☐ Fracture of proximal long bones (femur, humerus), pelvic fractures
- ☐ Open fracture
- ☐ Damage or threatened damage to internal organs
- ☐ Acute spinal cord injury
- ☐ Partial thickness burns over 10% of body, or burns of face, hands, feet, genitalia, perineum, or major joints
- ☐ Third degree burns
- ☐ Flail chest
- ☐ Sickle cell crisis with pain
- ☐ Status epilepticus
- ☐ Delirium tremens
- ☐ Medication induced coma
- ☐ Recent respiratory arrest within 48 hours
- ☐ Recent cardiac arrest within 48 hours
- ☐ Vital sign criteria: Respiratory rate > 40 mm or < 8/mm
- ☐ Vital sign criteria: Systolic blood pressure <90 or >200
- ☐ Vital sign criteria: O2sat >90% or <50%
- ☑ Behavioral Health: Safety is unmanageable at a lower level of care such as outpatient or Crisis/ER treatment or is not available. Score patient's behavior in the grid below

	Unable to Assess	None	History (Now Stable)	Mild/Infrequent	Moderate/Frequent	Severe/Acute Crisis	Last Date Of Occurrence	
Suicidal Thought/Behavior	☐	☐	☐	☐	☐	☐		
Self-Injurious Behavior	☐	☐	☐	☐	☐	☐		
Current plan to kill/injure self, requiring medical tmt	☐	☐	☐	☐	☐	☐		
Homicidal Thought/Behavior	☐	☐	☐	☐	☐	☐		
Recent attempt to kill or seriously injure another person	☐	☐	☐	☐	☐	☐		
Aggressiveness	☐	☐	☐	☐	☐	☐		
Uncontrolled impulsiveness	☐	☐	☐	☐	☐	☐		
Sexual Trauma Perpetrator	☐	☐	☐	☐	☐	☐		

CANCEL	SUBMIT

BBA Questions

The user then clicks the **Submit** button. If the review request can be certified via a Smart Review algorithm, a dialog box will appear giving the status of completed review, date of completion, number of days certified for this review, last day certified, and total days certified.

The PA # will be updated with the number provided by the fiscal agent. It will be available 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-9-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.

Procedure Codes

- The ICD-9-CM 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, no entry is required.

Check if procedure cancelled

- Indicate if a procedure that was previously scheduled was not performed.
-

Delivery Date/Time and Delivery Type

- For maternity admission for delivery, enter the baby's delivery date, time of delivery, whether the mother had a vaginal delivery or cesarean section.

Baby's Birth Date and Mother's DC date

- For birth admission, enter the baby's birth date and click "Yes" or "No" to indicate whether the baby was transferred within the hospital. Also, enter the mother's discharged date.

Transferred from another hospital

- Click "Yes" or "No" to indicate whether the baby was transferred from another hospital.

Level of Neonatal Care, Baby's gram weight at birth and Baby's current gram weight

- Indicate the level of nursery care the baby is receiving. Also, enter the baby's gram weight at birth and enter the baby's gram weight at the time of the review request.

Is patient admitted for stabilization

- For detoxification admission, click "Yes" or "No" to indicate if the patient is admitted for medical stabilization for alcohol withdrawal/alcohol withdrawal syndrome.

Has the patient received detox in last 30 days?

- If the patient was admitted for alcohol withdrawal/alcohol withdrawal syndrome stabilization, click "Yes" or "No" to indicate if the patient received detoxification in the last 30 days.

Does the patient has history of delirium and tremors?

- If the patient was admitted for alcohol withdrawal/alcohol withdrawal syndrome stabilization, click "Yes" or "No" to indicate if the patient has a history of delirium tremors.

Does patient have co-morbidities?

- If the patient was admitted for alcohol withdrawal/alcohol withdrawal syndrome stabilization, click "Yes" or "No" to indicate if the patient have co-morbidity that increases the risk factors for delirium tremors.
-

Emergency Inpatient Hospitalization

- If the patient falls under the Balanced Budget Act (BBA) or is an undocumented Non-Citizen, the nature of the emergency that led to this review request must be selected form the list presented.

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.

Review Entry

Provider #: 00020149 Provider Name: Inpatient Acute Care Hospital
Recipient ID:999999998 Recipient Name:BENE Adult L TEST Admit Age:29 Current Age:29 Admit DT:3/30/2011 Review ID:60519813

| Start | DX/PROCS | VITALS/LABS | FINDINGS |

If this is a retrospective review, supply clinical findings at admission.

SPECIAL UNITS:
Patient requires / is receiving care in the (Select only one)   Not Selected ▼

SPECIAL CARE:
Patient requires/is receiving the following type(s) of special care (Select all that apply)   ☐ Endotrach w/vent-Acute Illness

CLINICAL INDICATIONS:

		Comments
Hemodymanic compromise and Dyspnea	☑	Enter the clinical details here.
Respiratory distress	☐	
Altered Mental Status	☐	
Inability to tolerate oral meds	☐	
Other (if checked comments are required)	☐	

TREATMENTS:

		Comments
Transfusion within the last 48 hours	☐	
IV antibiotics	☐	
Other (if checked comments are required)	☐	

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.

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.

Review Entry

Review Header Information

Provider #: 888899999 Provider Name: HHprovider
Recipient ID: 99999999 Recipient Name: JAYDEN J TEST Admit Age: 6 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 |

Describe the patient's attitude and behavior toward treatment. Also describe the patient's rehab potential. In date sequence, provide a summary of the patient's condition that supports medical necessity of service, including evaluation and testing results.
Note: It is NOT necessary to repeat any information that was already indicated on previous tabs.

Florida Agency for Health Care Administration Disclaimer Statement

eQHealth Solutions certification determination does not guarantee Medicaid payment for services. Eligibility for and payment of Medicaid services are subject to all terms and conditions and limitations of the Medicaid Program.

PROVIDER ATTESTATION STATEMENT

I hereby attest that, as a home health visit, private duty nursing, or personal service provider or provider representative, an order for home health visits, private duty nursing, or personal care services has been received for the recipient. I attest that the prescribing provider has certified that leaving the home to receive these services is contraindicated based on the recipient's condition. In addition, I attest that the plan of care has been reviewed and approved by the prescribing provider. A home health visit, private duty nursing, or personal care service provider who knowingly or willfully makes, or causes to be made any false statement or representation of a material fact in any application for Medicaid benefits or Medicaid payments, may be subject to the application of sanctions, which include, but are not limited to, fines, suspension and termination. In addition, the provider may be prosecuted under federal and/or state criminal laws and may be subject to civil monetary penalties and/or fines.

By clicking [Submit for Review] you are attesting to the above.

| CANCEL | SAVE/CLOSE | SUBMIT FOR REVIEW |

Create New Review   **Respond to Add'l Info**   **Respond to Denial**   **Online Helpline**

Home

'Successfully submitted to eQHealth Solutions for review.'

Review ID: 11455802
eQHealth Case ID: 729961
Recipient Name: JOHN DOE

Link Attachment

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

Automatic Certification of Review (Smart Review)

- – When the **Submit** button is pressed, the review will be automatically certified (Smart Review) if the criteria for standards are met and an authorization is issued at the point of review. The criteria that drive the Smart review are proprietary and will not be generally available to the medical providers. The PA # will be posted the next day after the fiscal agent issues it.

- – The user will receive the following screen if the review record is certified by our Smart Review algorithms. The days authorized are based on Thompson-Reuters norms for the southern region.

```
Review ID: 60517636
Review Status: Approved
Review Completed: 3/18/2011
Days cert for this request: 2


PA#:
Billing Start Date:
Last Date Certified: 3/19/2011
Total Days Certified: 2
```

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.

Online Helpline

To enter a new question, type your question in the box below, then click the **Submit Question** link below.
You will be e-mailed with a link to return here when this ticket has been processed.
To view the response to a previous ticket, scroll down and view the **History** in list below.

Review ID: Do NOT enter other values if Review ID is entered.

Recipient #:   **Admit Date:**

Submit Question

Q&A History (Last 30 Days)
Question/Response

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.

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.

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

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.

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

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.com/.*

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.

User Administration

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