

WEB REVIEW REQUEST ACUTE CARE REHABILITATION USER GUIDE

OVERVIEW:

- ▶ eQHealth Solutions (eQHealth) has developed a web based electronic review request submission system for inpatient providers.
- ▶ The system will allow you to submit the following review types: admission, concurrent (called “continued stay”), and retrospective reviews.
- ▶ You 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 at eQHealth, to obtain Prior Authorization Numbers (PA #), and to print a paper copy of reviews submitted to eQHealth.
- ▶ The system also maintains copies of all 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 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 User Administrator at the provider level will assign privileges for new or existing users of the system and revoke privileges as staff leave. Software or data file maintenance is not required by the provider – all data is entered directly into eQHealth’s data system.
- ▶ Secure transmission protocols including the encryption of all data going over the Internet ensure that eQHealth is 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 inpatient reviews for a recipient?
 - ◆ What is the PA # and/or last date certified for a case?
 - ◆ Obtain a list of all current in-process reviews by facility.
 - ◆ Obtain a list of all authorizations for an admission date range.

- ◆ Obtain a list of the detailed review outcomes for a date range.

BENEFITS FOR THE PROVIDER:

- ▶ New “smart review” process may provide an instant approval upon submission for a select number of requests.
- ▶ The online entry screens provide an efficient transfer of information.
- ▶ There is less paper handling on both ends, enabling a speedier review process and preventing loss of documents.
- ▶ The system is directly connected to FLMMIS 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 inquiry of reviews.

WHAT YOU NEED TO USE THE SYSTEM:

- ▶ A provider will need Internet access for the personnel who submit review requests and accessing the reporting module.
- ▶ Our eQSuite system is a secure HIPAA compliant browser based Microsoft ASP.NET application which is accessed over the Internet at “<http://fl.eqhs.org/>”. To access the eQSuite system, the following minimum hardware and software requirements must be met:
 - Computer with Intel Pentium 4 or newer CPU with monitor.
 - Windows XP SP2 or higher
 - 1 GB free hard drive space.
 - 512 MB memory.
 - Internet Explorer 7 or higher / Mozilla Firefox 3 or higher/ Safari 4 or higher.
 - Broadband internet connection.

ACCESSING THE SYSTEM

eQHealth's Web based entry and inquiry system is accessed from our website 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 Username 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, then notify your User Administrator and they can immediately change your password. You may adjust many personal account settings from the **Update My Profile** menu option.

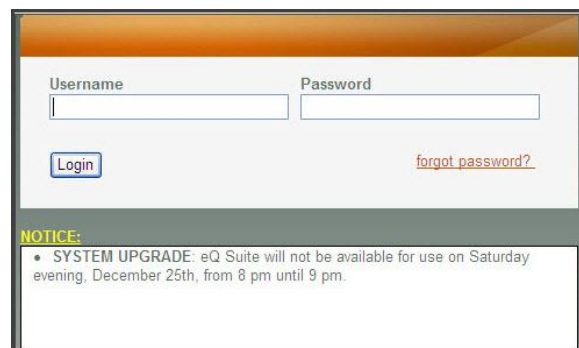


Figure 1: Login Screen

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 cannot 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 have to exit their Internet browser window or eQHealth's web home page. The user simply logs back on to the system with their secure password when they have another review request to enter.

The login screen also displays system notices about events that may impact your use of the eQSuite. These messages are displayed in a notice box immediately below the login box, for example, system upgrades that may make the website temporarily unavailable while the work is being performed.

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: 00020149 - Inpatient Acute Care Hospital		
Select	I1	Inpatient Review Status for a Given Bene
Select	I2	Inpatient Status of In Process Reviews
Select	I3	Inpatient Assigned PA#s
Select	I7	MedSurg Web Review Request Printout
Select	R7	Rehab Web Review Request Printout

Figure 2: Reports

1. **Create New Review**
2. **Respond to Additional Info**
3. **Online Helpline**
 - ▶ Create a New Helpline Request
 - ▶ View Responses to Previous Requests
4. **Utilities**
 - ▶ Update Baby Info
 - ▶ Enter Discharge Dates
 - ▶ Change Admit Date
5. **Reports** (shown as the default screen on main Menu)
 - ▶ Inpatient Review Status for a Given Recipient
 - ▶ Inpatient Status of In Process Reviews
 - ▶ Inpatient Assigned PA #'s
 - ▶ Inpatient Web Review Request Printout
 - ▶ Rehab Web Review Request Printout
6. **Search**
 - ▶ View Partial Records
 - ▶ View Previously Submitted Review Requests
 - ▶ View Cases Needing Additional Info
7. **Letters**
 - ▶ In Process
 - ▶ Completed Inpatient
 - ▶ Reconsiderations
8. **Respond to Denial**
9. **Update My Profile**
10. **User Administrator** (only the designated User Administrator can view this option, otherwise it is hidden from view)
11. **Logoff** (exit the system)

I. CREATE NEW REVIEW

- ▶ Select **Create New Review** from the menu.
- ▶ Figure 3 will be displayed and Provider ID and name will be populated based on the user login. Proceed with entry.

- ▶ 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 either is 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 an authorization request and the patient has already been discharged from care, then select “Retrospective” and click **Retrieve Data**. This will open the rest of the associated content.

Start Tab

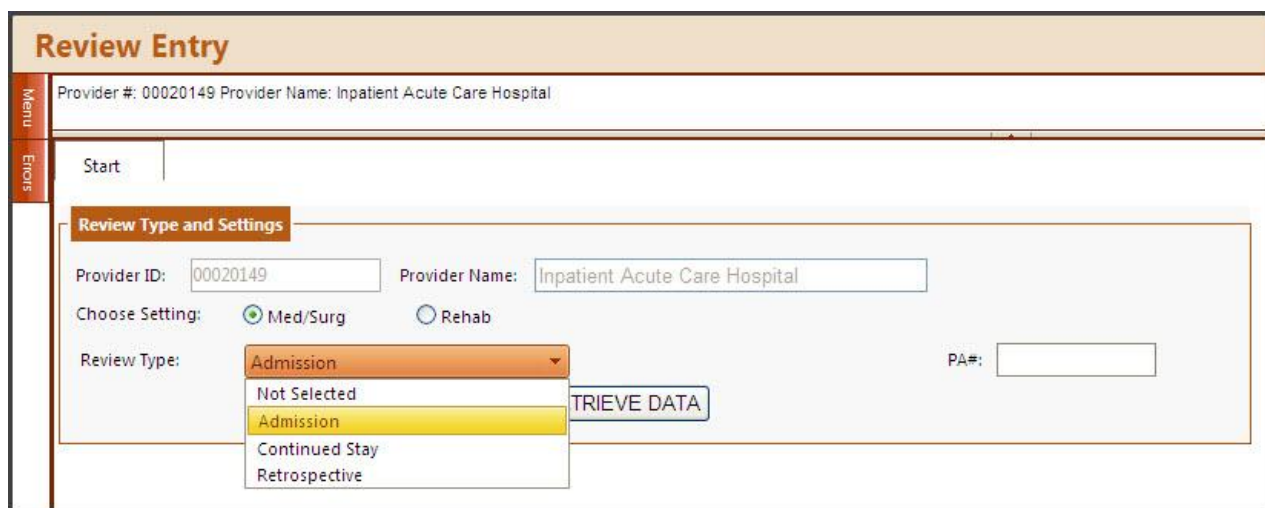


Figure 3: Create a new review.

Menu

Errors

Review Entry

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

Start

Review Type and Settings

Provider ID: 00020149
Provider Name: Inpatient Acute Care Hospital
Total Days Cert: 0
Last Day Cert:
Billing Start:
PA#:

Choose Setting:
☐ Med/Surg
☒ Rehab
Review Type: Admission

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

If the patient is a baby and:

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

Create Temp Baby ID

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

Physicians and Healthcare Practitioners

	Type	Medicaid #	Name	Phone #	Phone on File Correct?	Updated Phone	
Edit	Attending	99999999	Physician, Test	9876543210	<input checked="" type="checkbox"/>	() - -	Clear
Edit	Rehab	88888888	Therapist, Test	1234567890	<input type="checkbox"/>	(123) 456-7890	Clear
Edit	Attending				<input type="checkbox"/>	() - -	

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

Referral source:
Transfer from acute unit own facility

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

Is this admission related to a complication from the previous transplant?
☐ Yes
☒ No

Figure 4: Start tab

Field	Description												
Provider ID and Name	<p>The facility rendering treatment.</p> <p>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.</p> <p>For physician offices</p>												
Setting	Is the patient receiving Med/Surg or Rehab acute care?												
Review Type	<p>A Request Type must be selected first so the system will know how to edit the information. Choose between the following:</p> <p><u>Admission</u>: The patient has not yet been admitted to the hospital or the patient has been admitted and is currently receiving care when the initial authorization is being requested.</p> <p><u>Continued Stay</u>: The admission has been previously approved by eQHealth and a continuation of services is being requested.</p> <ul style="list-style-type: none"> ▶ If eQHealth has a discharge date on file for this stay and the total number of days currently authorized cover the entire length of stay, then a continued stay review request will be disallowed. ▶ A continued stay request will be disallowed if any previous requests for this stay have been formally denied by eQHealth and the decision has not been modified or reversed via reconsideration. <p><u>Retrospective</u>: The patient has been admitted and discharged, without prior authorization from eQHealth. Authorization for the entire stay (depending on eligibility) is being requested.</p> <p>NOTE: The provider can enter only <u>one</u> request per workday for each patient admission.</p>												
PA #	<p>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.</p> <p>If the admission record has been voided by eQHealth for any reason, entry of a concurrent request will not be allowed.</p> <p>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:</p> <table> <tr> <td>Recipient Number</td><td>Recipient Name</td></tr> <tr> <td>Recipient Date of Birth</td><td>Recipient Sex</td></tr> <tr> <td>Last Day Certified</td><td>Baby Name and Birth Date (if applicable)</td></tr> <tr> <td>Physician Information</td><td>Admit Date</td></tr> <tr> <td>Total Days Certified (to date)</td><td></td></tr> <tr> <td>Patient Account Number (if submitted by the provider)</td><td></td></tr> </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 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)													

Field	Description
Recipient Status	Does the recipient fall under the Balanced Budget Act (BBA) for Adults or undocumented Non-Citizen eligibility. If so select the appropriate radio button.
Last Day Cert	For continued stay review requests, the system will display the current last day that is certified for this admission. This is a “view only” field – not a user entry field.
Total Days Cert	For continued stay review requests, the system will display the current total days certified for this admission. This is a “view only” field – not a user entry field.
Billing Start Date	The first date services were rendered. If the recipient is admitted from observation, outpatient or through emergency department, this is a “view only” field – not a user entry field.
Recipient ID	<p>Enter the recipient’s identification number as it appears on their Medicaid ID card.</p> <p>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.</p> <p>The recipient must have Medicaid eligibility on file for the dates of stay. If the patient is a baby and:</p> <ul style="list-style-type: none"> ▶ 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 (DOB); this is a read-only field.
Sex	<p>Based on the recipient number, the system will display the recipient’s gender; this is a read-only field.</p> <p>If the request is for a Baby and the mother’s recipient number is entered, an edit error will occur if the corresponding sex on eQHealth’s recipient table is not “female.”</p>
Baby Name	<p>The baby’s first and last name must be entered if this is the first review request for a Baby admission. If the baby name has not been provided, enter Baby Girl/Boy 1 of “Mother’s name.”</p> <p>For a concurrent review request, the baby’s name is not automatically transferred from the admission review and displayed on screen.</p>

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



Figure 5: Create Temporary Recipient ID

Field	Description
Account #	Enter the recipient's hospital account /medical record number. This is an optional field for hospital use only.
Physician and other Healthcare practitioners	<p>The Florida Medicaid number of the physician rendering the service.</p> <p>If the user is unsure of the number, then they can click Search under the entry box and search the eQHealth physician table by physician last name, License number, or NPI number.</p>

To enter the 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.

Physicians and Healthcare Practitioners							
	Type	Medicaid #	NPI #	License #	Name	Phone #	
Edit	Attending						

Medicaid #:

[Search](#)

Type:

Name:

Please update any incorrect information below:

Phone #:

Fax #:

Address 1:

Address 2:

City:

State:

Zip Code:

I have verified the above contact information is correct: ☐

[Cancel](#)

Figure 6: Physician Details

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

Physician Search Page

Search:

Medicaid #:

NPI #:

License #:

Last Name:

First Name:

Middle Init:

Search

Clear

Close

Figure 7: Physician Search

Field	Description
Admit Date	<p>The actual admission date.</p> <p>If the recipient is ineligible for the entire length of stay, the eligibility begin date must be entered.</p> <p>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.</p> <p>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).</p> <p>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.</p>
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	<p>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.</p> <p>A discharge date must be entered for all retrospective requests.</p>
# Days Requested for this Request	<p><u>Admission Requests:</u> Enter the anticipated length of stay.</p> <p><u>Continued Stay Requests:</u> Enter the anticipated continued number of days needed.</p> <p><u>Retrospective Requests:</u> Enter the entire length of stay (not including day of discharge).</p>
Hospice Related Services	If the patient is enrolled in Hospice, click “Yes” or “No” to indicate whether these services are related to a terminal illness. If not, explain in the Summary tab. <u>Note:</u> This only applies to Hospice enrolled patients.
Transplant Issue	Click “Yes” or “No” to indicate whether this was an issue related to a previous transplant.

BUTTONS AT THE BOTTOM OF THE TABS

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

Check Key

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

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



Figure 8: Check Key Error

- ▶ Press the **OK** to continue. Click on the Errors Tab to review any errors. Make the appropriate changes to the review and press **Check Key** again until all errors have been resolved. If further explanation of the types of errors that can occur during the check key process, go to the **Error Correction** section in this document.
- ▶ If no errors are detected, the next available tab will appear and the may proceed.
- ▶ Note that if you choose to continue with the review request process, documented evidence of Medicare benefits must be submitted with the review.
- ▶ The systems will confirm the recipient's Medicare eligibility. If there seems to be a mismatch between the system's records and the review request, the system gives the user the option of overriding the system. This is presented through the following dialog box:



A dialog box titled "Select an Option about Medicare Benefits" with a red header bar. It contains three radio button options and an "OK" button at the bottom.

☐ Cancel request - patient has Medicare benefits for this period that have not exhausted

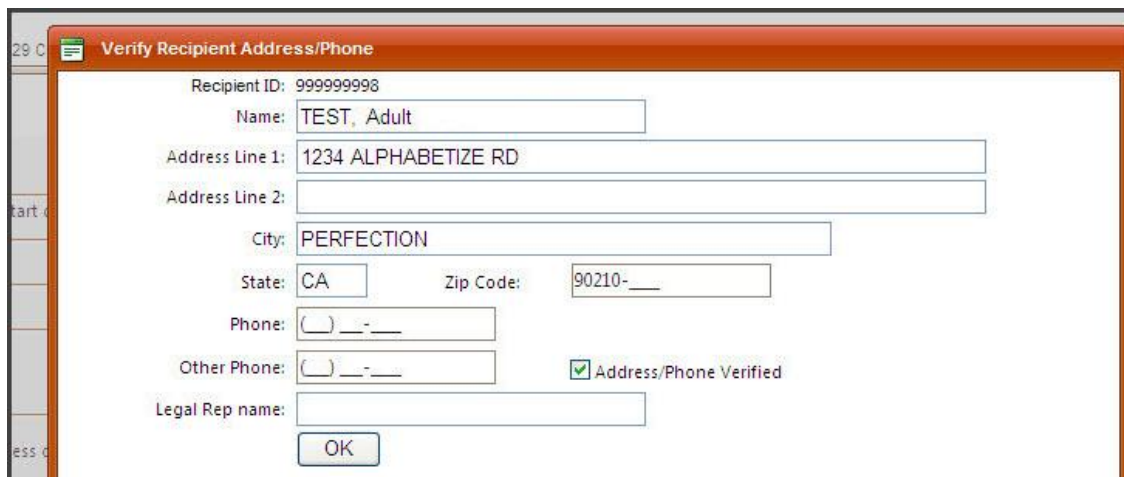
☐ Continue request - patient does not have Medicare coverage for this period

☐ Continue request - Requested care is not covered by Medicare or Medicare benefits are exhausted

OK

Figure 9: Medicare Benefits Not Exhausted

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



A dialog box titled "Verify Recipient Address/Phone" with a red header bar. It contains various input fields for recipient information and a checkbox for verification.

Recipient ID: 999999998

Name: TEST, Adult

Address Line 1: 1234 ALPHABETIZE RD

Address Line 2:

City: PERFECTION

State: CA Zip Code: 90210-__

Phone: () -__

Other Phone: () -__ ☒ Address/Phone Verified

Legal Rep name:

OK

Figure 10: Verify Recipient Address and Phone

- ▶ Press the **OK** to continue.

Save/Continue

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

Save/Close

- ▶ The user can save a record intermittently during entry with the **Save/Close** button at the bottom of each screen. 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 Review Requests

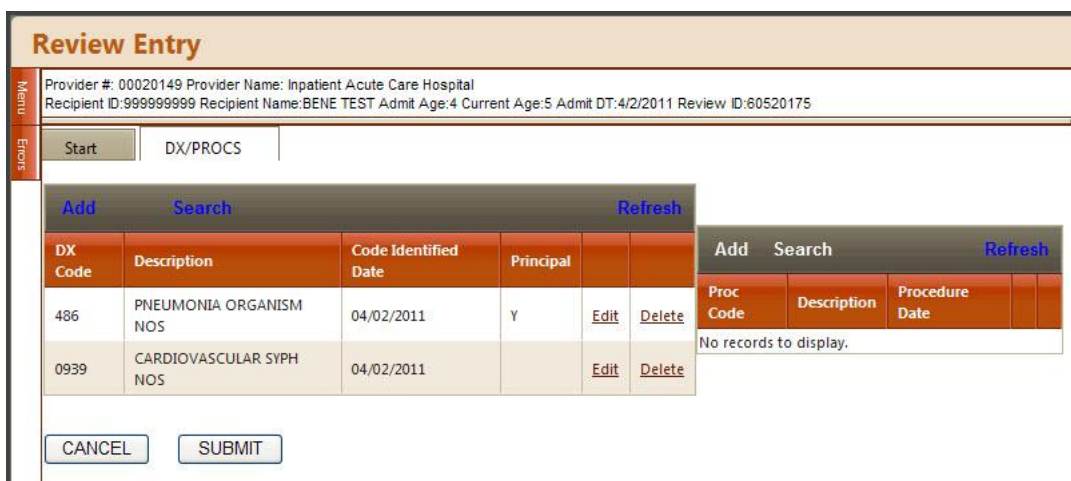
- ▶ The user may cancel a review by clicking **Cancel** at the bottom of each screen. The user will be prompted, “Do you want to partially save the record”? If the user does not choose to partially save, all information entered will be lost.



Figure 11: Cancel Alert

DX/PROCS Tab

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



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

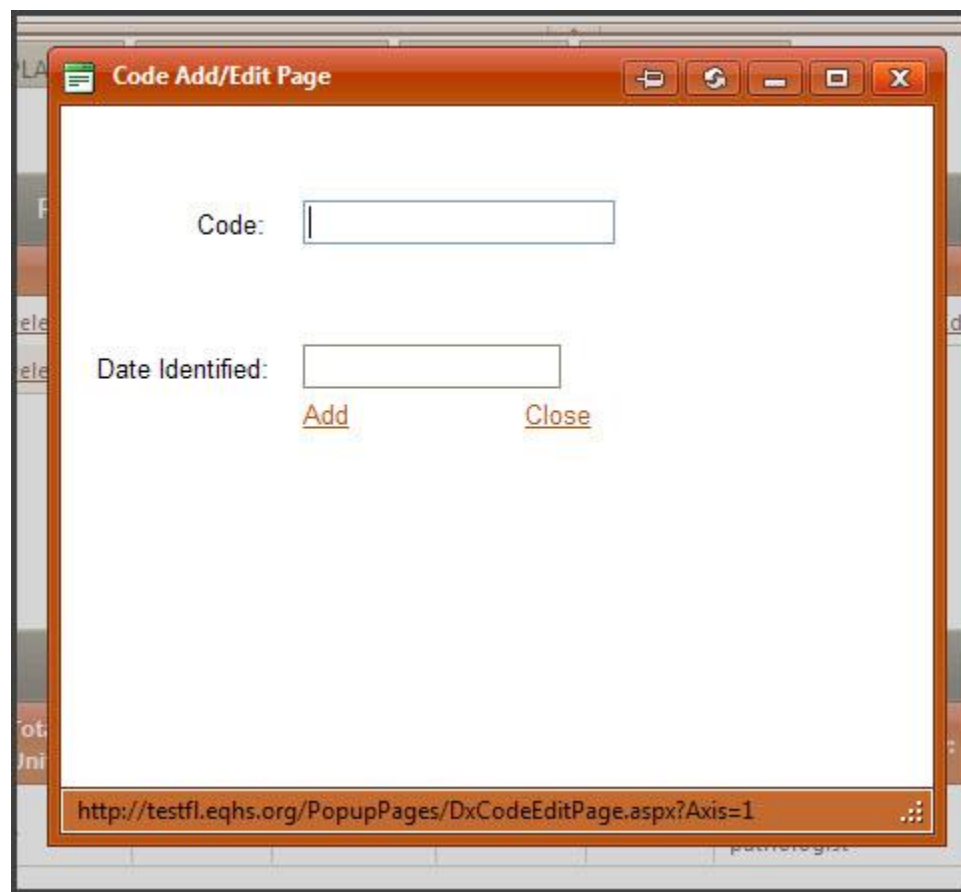
Add		Search		Refresh	
DX Code	Description	Code Identified Date	Principal		
486	PNEUMONIA ORGANISM NOS	04/02/2011	Y	Edit	Delete
0939	CARDIOVASCULAR SYPH NOS	04/02/2011		Edit	Delete

[CANCEL](#) [SUBMIT](#)

Add		Search		Refresh	
Proc Code	Description	Procedure Date			
No records to display.					

Figure 12: DX Code Tab

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



Code Add/Edit Page

Code:

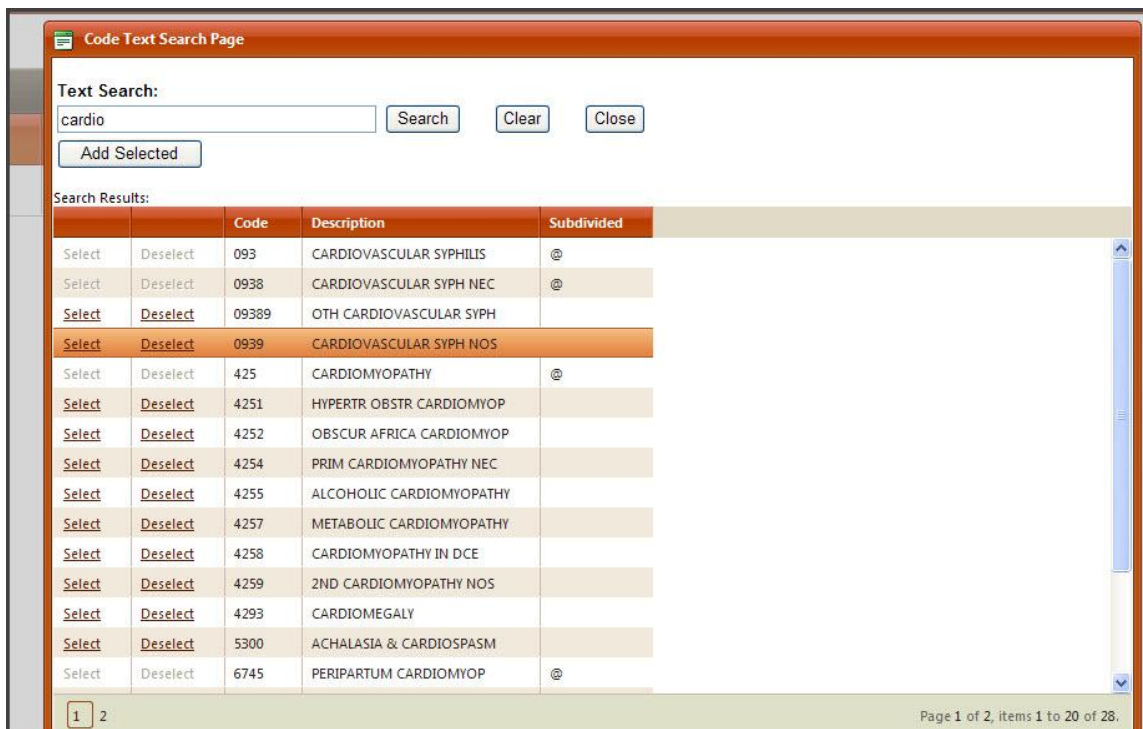
Date Identified:

[Add](#) [Close](#)

http://testfl.eqhs.org/PopupPages/DxCodeEditPage.aspx?Axis=1

Figure 13: Code Entry

- ◆ The date identified will default to the admission date for admission review.
- ◆ Click **Add** to close the window and the diagnosis will be displayed on the screen. Click **Close** to close the window without adding any diagnoses. To find a specific diagnosis (DX) or procedure code, click **Search** and enter the first 3-5 letters of the diagnosis/procedure. Click **Select** to highlight each desired DX code from the resulting list. When all the DX codes you need are highlighted, click **Add Selected** to add these DX codes to the review request.



Code Text Search Page

Text Search:

Search Results:

		Code	Description	Subdivided
Select	Deselect	093	CARDIOVASCULAR SYPHILIS	@
Select	Deselect	0938	CARDIOVASCULAR SYPH NEC	@
Select	Deselect	09389	OTH CARDIOVASCULAR SYPH	
Select	Deselect	0939	CARDIOVASCULAR SYPH NOS	
Select	Deselect	425	CARDIOMYOPATHY	@
Select	Deselect	4251	HYPERTR OBSTR CARDIOMYOP	
Select	Deselect	4252	OBSCUR AFRICA CARDIOMYOP	
Select	Deselect	4254	PRIM CARDIOMYOPATHY NEC	
Select	Deselect	4255	ALCOHOLIC CARDIOMYOPATHY	
Select	Deselect	4257	METABOLIC CARDIOMYOPATHY	
Select	Deselect	4258	CARDIOMYOPATHY IN DCE	
Select	Deselect	4259	2ND CARDIOMYOPATHY NOS	
Select	Deselect	4293	CARDIOMEGALY	
Select	Deselect	5300	ACHALASIA & CARDIOSPASM	
Select	Deselect	6745	PERIPARTUM CARDIOMYOP	@

1 2 Page 1 of 2, items 1 to 20 of 28.

Figure 14: Code Search

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

Field	Description
Diagnosis Codes	<p>The International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) code(s) for the primary diagnosis and secondary diagnoses (if applicable).</p> <p>The system will display the corresponding description for each code entered and will check for invalid codes based on gender, age and coding rules.</p> <p>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.</p>
Date Identified	<p>The date the diagnosis is identified. For admission review, this is filled in by the system with the admission date.</p>
Procedure Code Actual or Proposed Date	<p>An actual or proposed date must be entered for every procedure code entered.</p> <p>The date(s) must be within the timeframe of this admission.</p>
Procedure Codes	<p>The ICD-9-CM code(s) for completed and planned procedures.</p> <p>The system will display the corresponding description for each code entered and will check for invalid codes based on gender, age and coding rules.</p> <p>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.</p>
Check if procedure cancelled	<p>Indicate if a procedure was scheduled and not performed.</p>
VITALS/LABS Tab	
<ul style="list-style-type: none"> ▶ This tab summarizes the vital signs and lab work for the patient. For admission and retrospective reviews enter results at the time of admission. For continuing stays, enter the latest results at the time of review. ▶ Temperature, method, pulse, respiration, and blood pressure are required fields. ▶ Enter other items as needed to determine medical necessity. 	

Review Entry

Menu

Print

Provider #: 00020149 Provider Name: Inpatient Acute Care Hospital

Recipient ID: 999999999 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

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

VITAL SIGNS

Temperature: 101.3 °F Method: Oral Pulse: 40 Respiration: 60 Blood Pressure: 103 / 65

Urine Output: ml/cc per day

LAB RESULTS

Blood Work:

WBC: 35.0 RBC: HCT: % Hgb: gm/dl Platelets: 46 x10⁹/L PT: INR:

Blood Gas Tests:

Source: ☐ Not Selected ☐ Arterial ☐ Venous

O2 Saturation: % PH: pCO₂: mmHg pO₂: mmHg SaO₂: % HCO₃: mEq/L

Chemistries

Blood Glucose: mg/dl

Blood Ketones: (None)

Urine Ketones: (None)

Urine Specific Gravity:

BUN: mg/dl

Creatinine: mg/dl LDH: IU/L GGT: mg/dl Bilirubin (Total): mg/dl ALT (SGPT): units/L

AST (SGOT): units/L ALK PHOS: units/L Albumin: units/L Ammonia: ug/dl BAC/BAL: ☐ mg/dl ☐ %

CD4: cells/mm2 HIV viral load: copies/mL PreAlbumin: units/L Ejection fraction: %

CIWA: UDS: (None)

If positive UDS, name:

Amphetamines Barbiturates Cannabis

Urine C&S: (None) If positive, name organism: (None)

Electrolytes

Potassium (K): mEq/L Sodium (Na): mEq/L Calcium (Ca): ☐ mEq/L ☐ mmol/L

CO₂: ☐ mEq/L (arterial) ☐ mmHg (venous)

Chloride (Cl): mEq/L Magnesium (Mg): mEq/L

Enzymes

CPK: units/L Troponin: ug/L Lipase: units/L Amylase: units/L BNP: pg/mL

PHYSICAL

Height: 64 inches Weight: 120 lbs BMI: kg/m² Mid Arm Circumference: cm Abdominal girth: cm

For Female admissions: Is recipient premenarchal? ☐ Yes ☐ No ☐ Unknown

* gravida / para / abortus:

HCG/UCG: (None) LMP: Post Menopausal: ☐ Yes ☐ No ☐ Unknown Sterilized: ☐ Yes ☐ No ☐ Unknown

If recipient is pregnant, enter completed weeks of gestation:

CANCEL

SAVE/CLOSE

SAVE/CONTINUE

Figure 15: Vitals

Date: May, 2011
Effective: June 1, 2011

Web Acute Care Rehabilitation
Page 18 of 43

FINDINGS Tab

Review Entry

Menu

Errors

Provider #: 00020149 Provider Name: Inpatient Acute Care Hospital

Recipient ID:500 Recipient Name:JOHN DOE Admit Age:48 Current Age:48 Admit DT:2/1/2011 Review ID:60512801

Start

DX/PROCS

VITALS/LABS

FINDINGS

REHAB

DC PLAN

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

CLINICAL INDICATIONS:

		Comments
Preadmit eval: date, clinical hx, findings, results	<input type="checkbox"/>	
Post-admit eval: date, relevant changes, results	<input type="checkbox"/>	
Describe the patient's current respiratory status, if applicable	<input type="checkbox"/>	
Describe the patient's current cognitive and mental statuses	<input type="checkbox"/>	
Describe the patient's current nutritional status (i.e. dietary considerations)	<input type="checkbox"/>	
Describe the current need for special equipment/services used to care for the patient	<input type="checkbox"/>	

LABS:

		Comments
Enter the date and results of pertinent labs	<input type="checkbox"/>	

STUDIES/TESTS:

		Comments
Enter the date and results of pertinent studies and tests	<input type="checkbox"/>	

IMAGING/RADIOLOGY:

		Comments
Enter the date and results of pertinent imaging and radiology findings	<input type="checkbox"/>	

CANCEL

SAVE/CLOSE

SAVE/CONTINUE

Figure 16: Findings

- ▶ 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.

Rehab Tab

Home

Start

DX/PROCS

VITALS/LABS

FINDINGS

REHAB

DC PLAN


















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

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

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

Describe the patient's current family support systems.

Select the primary reason for inpatient acute rehabilitation services.

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

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

CANCEL


SAVE/CLOSE

SAVE/CONTINUE

Figure 17: Rehab

- ▶ In the appropriate text boxes enter the details of the onset of the patient's condition, whether they are stable and able to enter the rehab program, their current attitude and behavior towards therapy, and their current family support system.
- ▶ Select the checkbox for the primary reason they need inpatient acute rehabilitation services. In the adjacent date field, enter the date of onset of the impairment.
- ▶ Provide and additional information for medical necessity in the bottom text box.

DC PLAN Tab



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 **DC PLAN** MEDS SUMMARY

DISCHARGE PLAN:

Anticipated or Actual Discharge to: (Select one) Home with Family

If Acute care is selected, please enter facility:
If 'Other' is selected, please describe:

Enter the current plans for discharge and detail the progress here

Current DC Plan and progress toward discharge:

CANCEL SAVE/CLOSE SAVE/CONTINUE

Figure 18: DC Plan

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

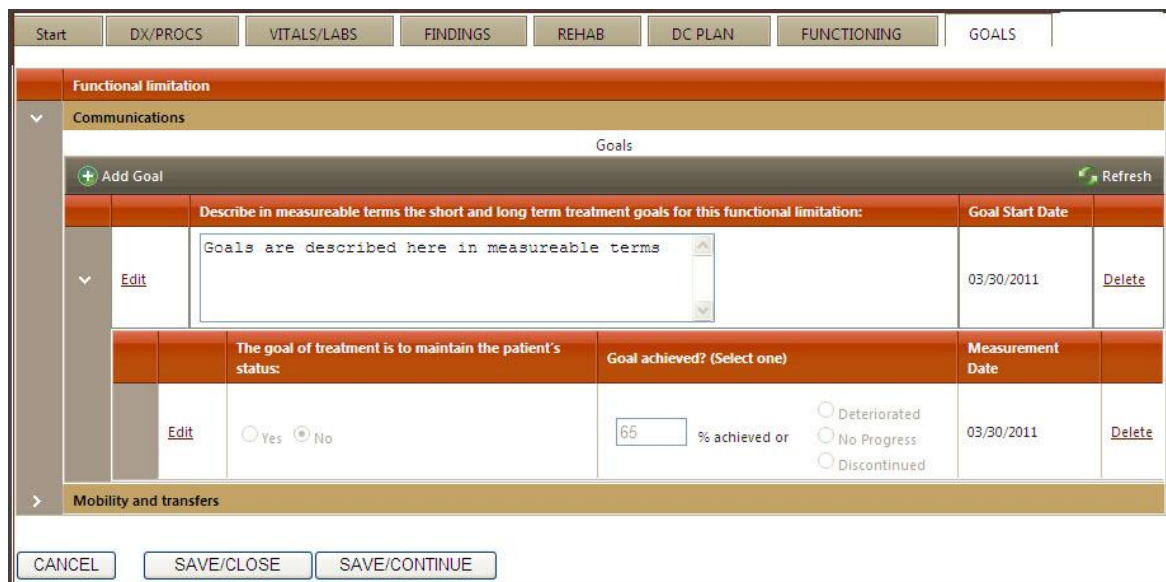
Functioning Tab

Start	DX/PROCS	VITALS/LABS	FINDINGS	REHAB	DC PLAN	FUNCTIONING
Indicate the patient's functional limitations		Check all that apply	In date sequence and for the entire requested timeframe, Enter the start date and briefly describe the treatment and how it addresses the specific limitation.			
ADLs		<input type="checkbox"/>				
Ambulation		<input type="checkbox"/>				
Bladder management		<input type="checkbox"/>				
Bowel management		<input type="checkbox"/>				
Cognition		<input type="checkbox"/>				
Communications		<input checked="" type="checkbox"/>	3/30/2011: the treatment plan for communication deficits are detailed here			
Feeding		<input type="checkbox"/>				
Mobility and transfers		<input checked="" type="checkbox"/>	3/30/2011: the treatment plan for mobility issues is entered here			
Other: explain		<input type="checkbox"/>				
Patient/caregiver education		<input type="checkbox"/>				
Safety		<input type="checkbox"/>				

Figure 19: Functioning Pt 1

- ▶ Select the checkboxes for all functional limitations the patient is suffering. In the adjacent text boxes, and for the entire date range, enter the start date and briefly explain the treatment and how it will address the specific limitation.

Goals Tab



Functional limitation				
Communications				
Goals				
Describe in measureable terms the short and long term treatment goals for this functional limitation:			Goal Start Date	
▼	Edit	Goals are described here in measureable terms	03/30/2011	Delete
▼	Edit	The goal of treatment is to maintain the patient's status:	Goal achieved? (Select one)	Measurement Date
		<input type="radio"/> Yes <input checked="" type="radio"/> No	65 % achieved or <input type="radio"/> Deteriorated <input checked="" type="radio"/> No Progress <input type="radio"/> Discontinued	03/30/2011
				Delete

CANCEL SAVE/CLOSE SAVE/CONTINUE

Figure 20: Goals

- ▶ For each functional limitation, add short and long term treatment goals. In the adjacent date field, enter the start date for the goal.
- ▶ You may have multiple goals entered for each limitation, but each limitation should have at least one goal.
- ▶ New goals may be added during continuing stays as well as initially. You will not be able to remove previous goals, this provides a record of the treatment progress over time.

MEDS Tab

- ▶ For an admission review, list the medication 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.

Review Entry

Menu
Errors

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
DC PLAN
MEDS

If this is a retrospective review, supply medication information at admission and pertinent changes or additions made during hospitalization that support the need for continued stay.

MEDICATIONS

Copy Meds from previous review

Does the patient receive Medication(s)? ☒ Yes ☐ No

If Yes, then enter each medicine in the following grid

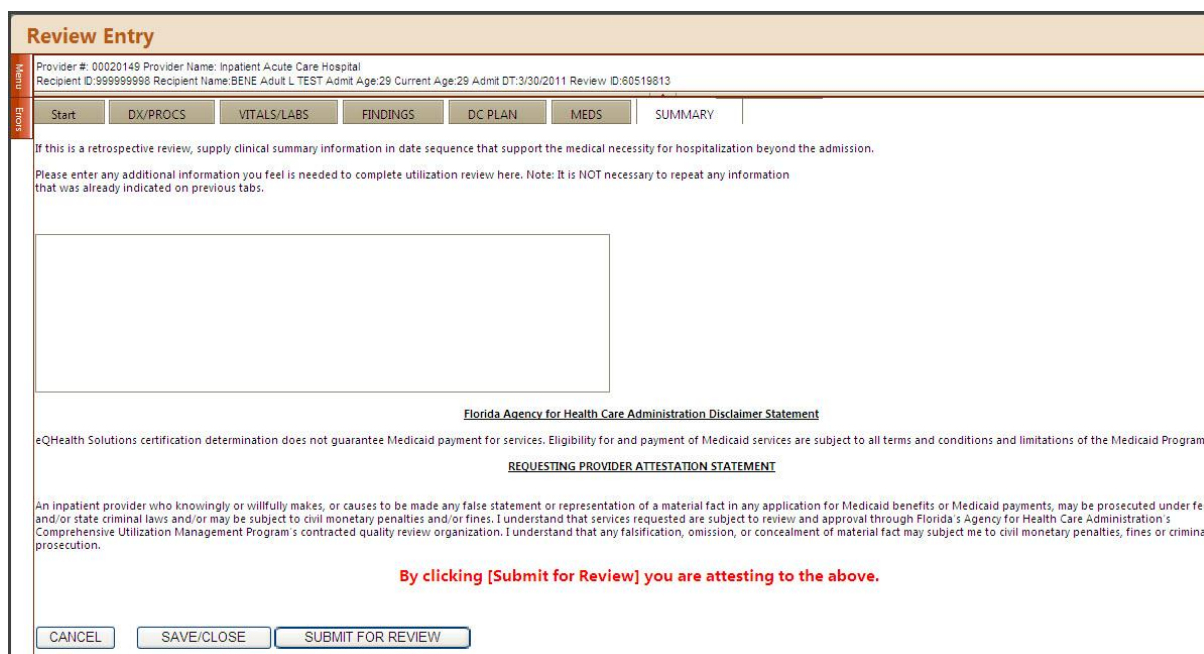
Add						Refresh	
Name	Route Type	Frequency	Dosage	Start Date	Stop Date		
Medicine	IV	qid	50 ml	03/29/2011		Edit	Delete

CANCEL
SAVE/CLOSE
SAVE/CONTINUE

Figure 21: Medications

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



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 DC PLAN MEDS SUMMARY

If this is a retrospective review, supply clinical summary information in date sequence that support the medical necessity for hospitalization beyond the admission.
Please enter any additional information you feel is needed to complete utilization review here. 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.
REQUESTING PROVIDER ATTESTATION STATEMENT
An inpatient 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 prosecuted under federal and/or state criminal laws and/or may be subject to civil monetary penalties and/or fines. I understand that services requested are subject to review and approval through Florida's Agency for Health Care Administration's Comprehensive Utilization Management Program's contracted quality review organization. I understand that any falsification, omission, or concealment of material fact may subject me to civil monetary penalties, fines or criminal prosecution.

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

CANCEL SAVE/CLOSE SUBMIT FOR REVIEW

Figure 22: Clinical Summary

Field	Description
Clinical Summary	If there is additional information that is pertinent to showing medical necessity and that has not been addressed on any other tab, it may be entered in the large text box on this tab. This textbox is limited to 500 characters.

II. RESPOND TO ADDITIONAL INFORMATION

If a provider receives a request for additional information from eQHealth regarding a review request, then the user will launch this menu to respond.

- ▶ The system grid will display all requests that are currently awaiting requested additional information.

Menu

Errors

Additional Information

Cases Needing Add'l Info.

	ReviewID	Request Date	Requestor Name	RecipientID	First Name	Last Name	Request Type	Setting	PA #	eQHealth Case ID	Admit Date	Provider ID	Provider Name			
Open	60516295	03/14/2011	Inpt Trainer	999999999	BENE	TEST	Admission	Acute IP Med/Surg		1000109335	03/11/2011	00020149	Inpatient Acute Care Hospital			

Figure 23: Additional Info Needed

- ▶ The user should click "Open" for the appropriate review and the system will display the following tab.



Figure 24: Additional Info Request

- ▶ The first text box shows the question from eQHealth and is view only.
- ▶ You will respond to the question in one of two ways: type additional information into the text box labeled “Additional Info”, link a document to the review, or both. To do so, see the section entitled “Linking an attachment to the review.”
- ▶ After the additional information has been entered, click **Submit Info** button. The system will prompt the user to link attachments and resubmit the review for processing.
- ▶ If during entry, the user decides not to save the entry, click **Cancel**.
- ▶ You can select the other tabs to view previously submitted information.

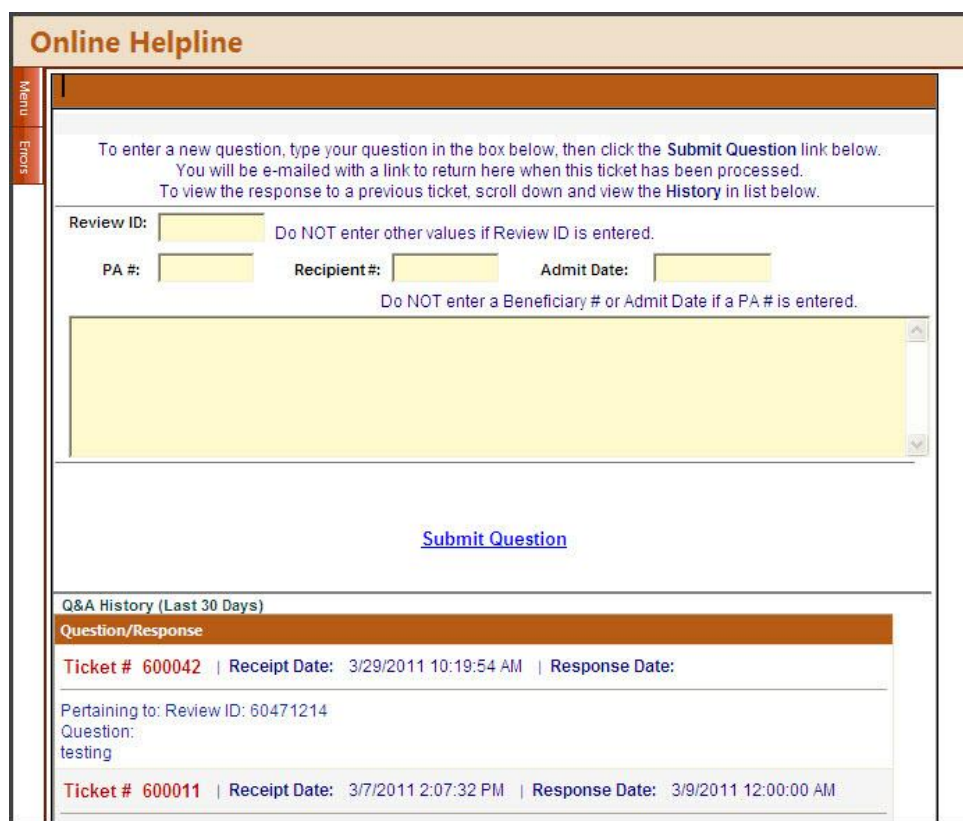
III. ONLINE HELPLINE

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
 - ◆ Enter ReviewID, PA #, Recipient #, or Admission Date along with your question. If you enter a ReviewID, or a PA #, the remaining fields will be populated by the system.
 - ◆ Type the question or comment in the textbox and click **Submit Question**.
 - ◆ A message stating that the response has been submitted and a ticket number will be assigned.
 - ◆ The user 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 the grid below.
- ◆ All responses for the last 30 days will be displayed. Responses will be displayed in ticket number order -- 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

Menu Errors

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.

PA #: Recipient #: Admit Date:
Do NOT enter a Beneficiary # or Admit Date if a PA # is entered.

[Submit Question](#)

Q&A History (Last 30 Days)

Question/Response		
Ticket # 600042	Receipt Date: 3/29/2011 10:19:54 AM	Response Date:
Pertaining to: Review ID: 60471214		
Question: testing		
Ticket # 600011	Receipt Date: 3/7/2011 2:07:32 PM	Response Date: 3/9/2011 12:00:00 AM

Figure 25: Helpline

IV. UTILITIES



Figure 26: Utilities Menu

Enter Baby Recipient ID

To retrieve the data field for entering Baby Recipient Identification Numbers, select **Enter Baby Recipient ID**.

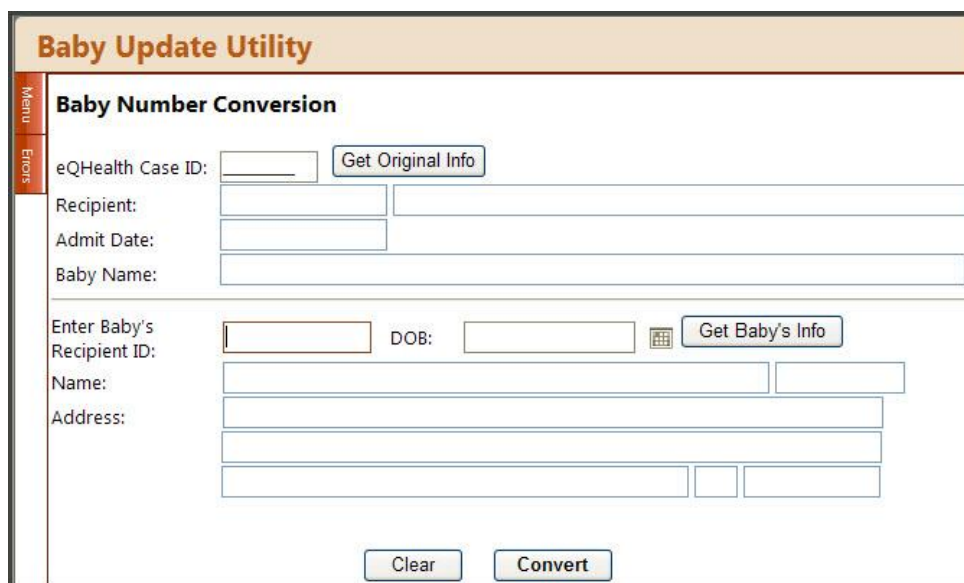


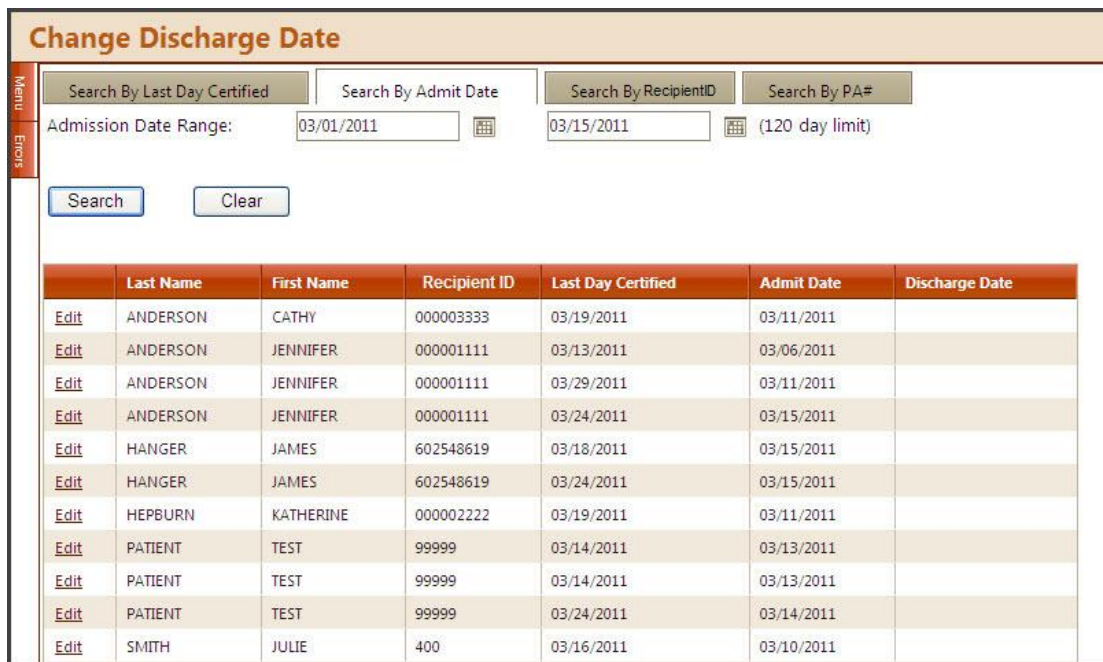
Figure 27: Baby Update Utility

- ▶ Under “Original Info,” enter the Prior Authorization Number (PA #). The other data fields in this section will be populated by the system.

- ▶ Under “Baby’s Info,” enter the Baby’s Medicaid Recipient Number. The date of birth (DOB), name, and address fields will be filled in by the system.
- ▶ Verify that the information is correct before clicking the “Convert” button.
- ▶ Once “Convert” has been clicked, the changes will be complete and a letter is transmitted to the fiscal agent, the facility, and the physician.

Enter Discharge Dates

To retrieve the data field for Discharge Date, select [Enter Discharge Dates](#).



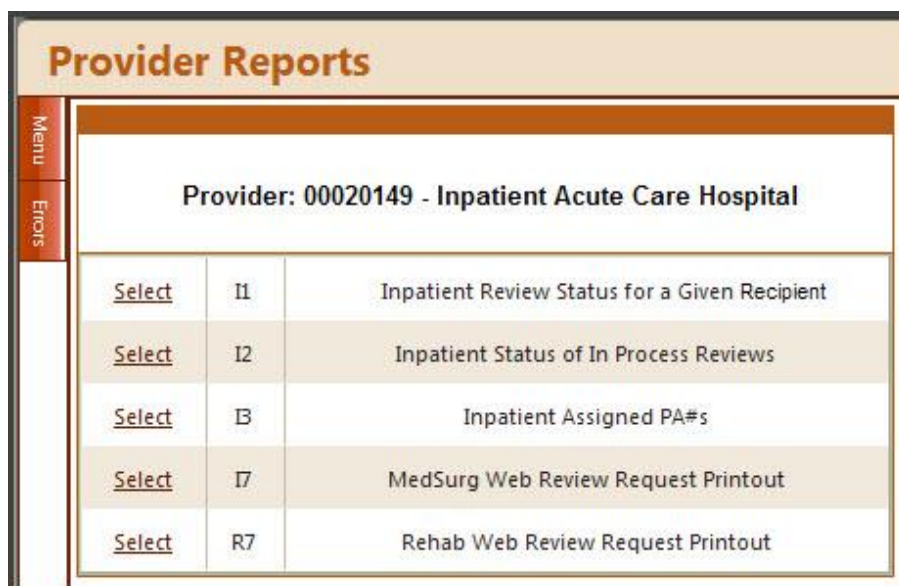
	Last Name	First Name	Recipient ID	Last Day Certified	Admit Date	Discharge Date
Edit	ANDERSON	CATHY	000003333	03/19/2011	03/11/2011	
Edit	ANDERSON	JENNIFER	000001111	03/13/2011	03/06/2011	
Edit	ANDERSON	JENNIFER	000001111	03/29/2011	03/11/2011	
Edit	ANDERSON	JENNIFER	000001111	03/24/2011	03/15/2011	
Edit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

Figure 28: Enter Discharge Date Utility

- ▶ 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](#) link.

V. REPORTS

- ▶ Click **Reports** on the menu list.



Select		
Select	I1	Inpatient Review Status for a Given Recipient
Select	I2	Inpatient Status of In Process Reviews
Select	I3	Inpatient Assigned PA#s
Select	I7	MedSurg Web Review Request Printout
Select	R7	Rehab Web Review Request Printout

Figure 29: Reports

- ▶ A menu of available reports will be listed for. With feedback from users, eQHealth will develop additional reports and make them available for consumption.
- ▶ Select a report. Report results may/may not be displayed on the screen based on selection criteria. All data listed on all reports are facility 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**.



Recipient ID:

Admit Date: ☒ All Dates ☐ Date Range

Export As:

Run Report

NOTE: Depending on criteria, queries may take a little while. Please be patient.

Figure 30: Generate Reports

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

eQHealth Solutions									
Status of All In Process Certification Reviews									
Provider: 00020149 Inpatient Acute Care Hospital									
Print Date: 3/30/2011 Print Time: 07:40 AM									
Type	Receipt Date	Recipient Number	First Name	Last Name	K Baby Name	Admit Date	Record Status	Patient Account #	HSM Review ID
Admission	2/2/2000	203513453	PERRYEA	WILLIAMS		2/8/2000	Pended		2194509
Admission	12/8/2004	602068811	ANTHONY	HUNT		12/7/2004	Canceled		23263020
Admission	3/21/2006	100262827	MINNIE	MURRY		3/21/2006	Approved		60149295
Admission	5/4/2006	1	Test	Bene	JONATHAN	5/4/2006	Approved	9876543210	60310778
Admission	5/17/2006	306762079	LISA	WRIGHT			At 1st Level Review		60383510
Admission	5/17/2006	306762079	LISA	WRIGHT		5/12/2006	At 1st Level Review		60383554

Figure 31: Report Preview

- ▶ To print the report, the user should click the printer button on the task bar. The **Print** property box opens.

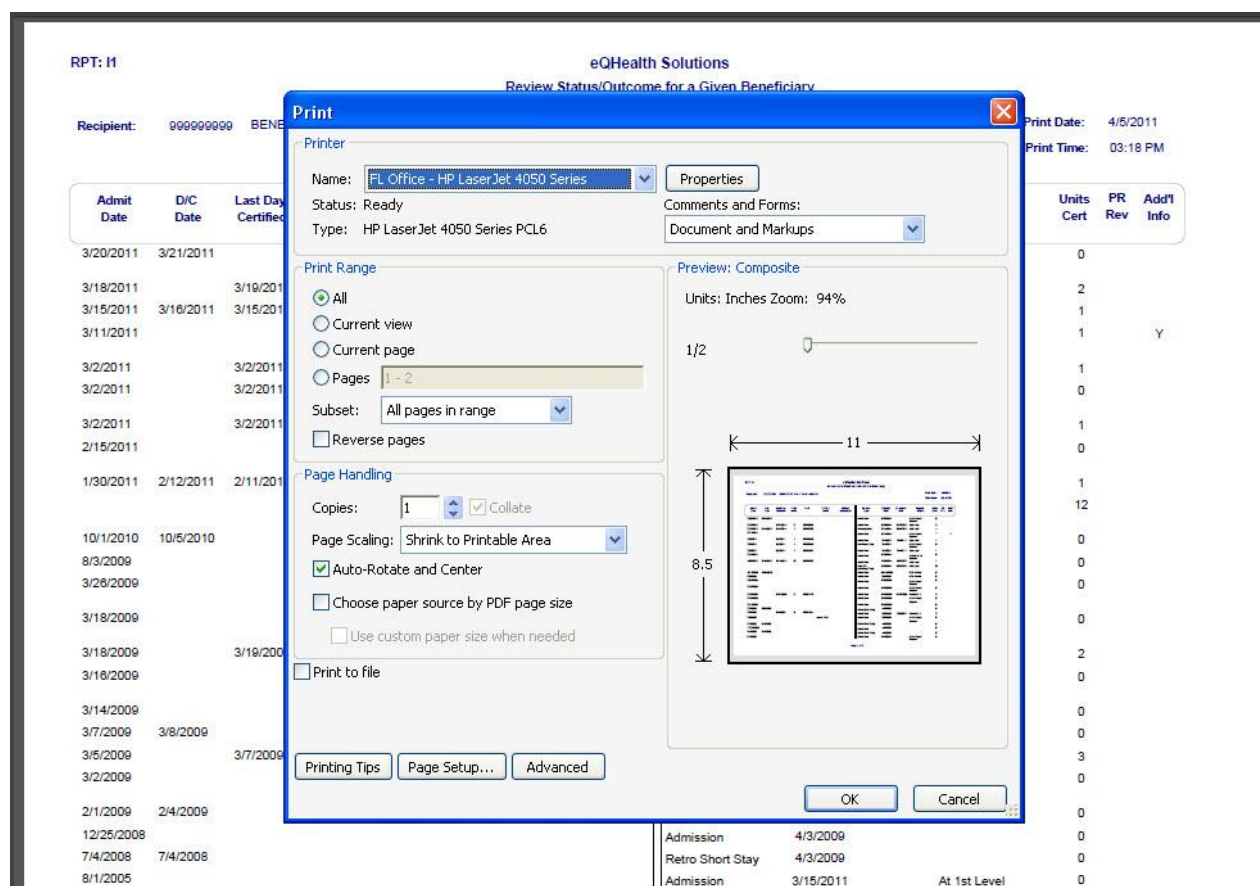


Figure 32: Print Report

- ▶ Adobe Acrobat PDF will orient the report as needed. Click the **OK** button to print.

VI. 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.

Search													
Menu	Search												
	List Partial Records	Search By PA#	Search By Date	Search By Recipient		Cases Needing Add'l Info.							
	ReviewID	Request Date	Requestor Name	Recipient ID	First Name	Last Name	Request Type	Setting	PA #	eQHealth Case ID	Admit Date	Provider ID	Provider Name
Open	60507735	01/05/2011	Pravin Bhosale	999999999999	Test Bene	Review	Admission	OP Therapy		1000108928	01/01/2006	00020149	Inpatient Acute Care Hospital
Open	60507792	01/05/2011	Kishore Gunturu	400	JULIE	SMITH	Modify Authorization	OP Therapy		1000108931	11/01/2010	00020149	Inpatient Acute Care Hospital
Open	60507903	01/06/2011	Assad Siddiqui	200	JANE	DOE	Retrospective	OP Therapy		1000108937	12/27/2010	00020149	Inpatient Acute Care Hospital
Open	60509396	01/13/2011	Tammie	100	SYDNEY	SMITH	Admission	Acute IP Med/Surg		1000108968	01/10/2011	00020149	Inpatient Acute Care Hospital
Open	60511085	01/28/2011	TAMMIE STEPHENS	500	JOHN	DOE	Admission	Acute IP Med/Surg		1000109046	01/21/2011	00020149	Inpatient Acute Care Hospital
Open	60511179	01/31/2011	VALENCIA ALEXANDER	315054621	ELISHA	ALLISON	Retrospective	Acute IP Med/Surg		1000109051	01/15/2011	00020149	Inpatient Acute Care Hospital
Open	60511219	02/01/2011	Raymond Merkel	1000	SALLY	SMITH	Admission	Acute IP Med/Surg		1000109055	01/17/2011	00020149	Inpatient Acute Care Hospital
Open	60511845	02/03/2011	TAMMIE STEPHENS	500	JOHN	DOE	Retrospective	Acute IP Med/Surg		1000109072	01/17/2011	00020149	Inpatient Acute Care Hospital
Open	60512316	02/07/2011	Brad Littlefield	380829266	WILLIAM	BRADFORD	Continued Stay	Acute IP Rehab	18013061	1000109092	02/07/2011	00020149	Inpatient Acute Care Hospital
Open	60512347	02/07/2011	Brad Littlefield	99999	TEST	PATIENT	Retrospective	Acute IP Med/Surg	18013530	1000109394	02/05/2011	00020149	Inpatient Acute Care Hospital
Open	60512608	02/08/2011	Kishore Gunturu	200	JANE	DOE	Admission	Acute IP Med/Surg		1000109105	02/09/2011	00020149	Inpatient Acute Care Hospital
Open	60511885	02/03/2011	TAMMIE STEPHENS	500	JOHN	DOE	Retrospective	Acute IP Med/Surg		1000109075	01/10/2011	00020149	Inpatient Acute Care Hospital
Open	60512259	02/04/2011	Kishore Gunturu	200	JANE	DOE	Admission	Acute IP Med/Surg		1000109091	02/05/2011	00020149	Inpatient Acute Care Hospital

Figure 33: List Partial Reviews

- ▶ 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 the Create New Review section.
- ▶ If it is determined that the partial request should be discarded instead of completed then the user may click **Delete** on the appropriate row.

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.
- ▶ The system will disallow the user to create a new record if there are 20 partially saved records on file; the user must finalize some of the partial reviews on the list first.
- ▶ The system will disallow partially saved records to remain on file for more than 10 calendar days. The user must complete entry of them or delete them.

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 #, by Date, or by Recipient ID.
- ▶ Enter the applicable request criteria. (e.g. recipient number, tracking number, request date range, or proposed date of service range)
- ▶ The system will display all electronically submitted requests that meet the criteria. The option to display the list of only those requests submitted by the current user is available when searching by Request Date or Proposed Date of Service.
- ▶ To view, click the **Open** link next to the record; the completed entry screens will be displayed.
- ▶ An example of the data grid displayed for the View Previous Requests (Search by Recipient) option follows:

Search													
Menu New Edit Delete	<input type="button" value="List Partial Records"/> <input type="button" value="Search By PA#"/> <input type="button" value="Search By Date"/> <input type="button" value="Search By Recipient"/> <input type="button" value="Cases Needing Add'l Info."/>												
	Enter a Recipient ID #, then click Search.												
	RecipID: <input type="text" value="999999999"/> <input type="button" value="Search"/>												
ReviewID	Request Date	Requestor Name	Recipient ID	First Name	Last Name	Request Type	Setting	PA #	eQHealth Case ID	Admit Date	Provider ID	Provider Name	
Open	60516587	03/15/2011	Inpt Trainer	999999999	BENE	TEST	Admission	Acute IP Med/Surg		1000109352	08/01/2005	00020149	Inpatient Acute Care Hospital
Open	60473011	04/03/2009	PAM RIDDLE	999999999	BENE	TEST	Admission	Acute IP Med/Surg		1000106663	07/04/2008	00020149	Inpatient Acute Care Hospital
Open	60471205	03/06/2009	Pam	999999999	BENE	TEST	Maternity Delivery	Acute IP Med/Surg	18004277	1000106517	03/01/2009	00020149	Inpatient Acute Care Hospital
Open	60471214	03/06/2009	Pam	999999999	BENE	TEST	Admission	Acute IP Med/Surg		1000106518	03/02/2009	00020149	Inpatient Acute Care Hospital
Open	60472991	04/03/2009	PAM RIDDLE	999999999	BENE	TEST	Retro Short Stay	Acute IP Med/Surg		1000106661	02/01/2009	00020149	Inpatient Acute Care Hospital
Open	60473025	04/03/2009	PAM RIDDLE	999999999	BENE	TEST	Admission	Acute IP Med/Surg		1000106664	12/25/2008	00020149	Inpatient Acute Care Hospital
Open	60471259	03/06/2009	Pam	999999999	BENE	TEST	Admission	Acute IP Med/Surg	18004294	1000106521	03/05/2009	00020149	Inpatient Acute Care Hospital
Open	60472104	03/18/2009	Pam	999999999	BENE	TEST	Admission	Acute IP Med/Surg		1000106598	03/18/2009	00020149	Inpatient Acute Care Hospital
Open	60472118	03/18/2009	Pam	999999999	BENE	TEST	Admission	IP Psych		1000106599	03/14/2009	00020149	Inpatient Acute Care Hospital
Open	60472121	03/19/2009	Pam	999999999	BENE	TEST	Admission	Acute IP Med/Surg		1000106600	03/16/2009	00020149	Inpatient Acute Care Hospital
Open	60472135	03/19/2009	Pam	999999999	BENE	TEST	Admission	IP Psych	18004776	1000106601	03/18/2009	00020149	Inpatient Acute Care Hospital

Figure 34: Previously Submitted Reviews

VII. ATTACHMENTS

If additional documents are required or requested by eQHealth Solutions or AHCA policy, the documents may be linked to a review request in one of two ways:

- ▶ Link a PDF, JPEG, TIF, or BMP document directly to the review
- OR
- ▶ Create a bar-coded fax coversheet and fax the document to eQHealth. To provide additional documents, simply click the **Link Attachments** at the end of the appropriate review request line.

Attachments												
Menu Errors	In Process		Completed Outpatient									
	ReviewID	Recipient ID	First Name	Last Name	PA #	eQHealth Case ID	Admit Date	Baby Name	Account Number	Receipt Date	Record Status	
	60490160	999999998	BENE Adult	TEST			01/02/2010			01/05/2010	At 2nd Level Review	Open Review Link Attachment
	60503668	999999998	BENE Adult	TEST			10/10/2010			10/29/2010	Web Partial	Open Review Link Attachment
	60508957	999999999	BENE	TEST			01/20/2011			01/12/2011	At 2nd Level Review	Open Review Link Attachment
	60519380	000001111	JENNIFER	ANDERSON			03/20/2011			03/29/2011	At 2nd Level Review	Open Review Link Attachment
	60511032	1000	SALLY	SMITH			01/17/2011			01/28/2011	Awaiting Supporting Documents	Open Review Link Attachment
	60512072	99999	TEST	PATIENT			01/25/2011			02/03/2011	Awaiting Supporting Documents	Open Review Link Attachment
	60514025	1000	SALLY	SMITH			02/07/2011			03/01/2011	Awaiting Supporting Documents	Open Review Link Attachment
	60514966	99999	TEST	PATIENT			03/02/2011			03/04/2011	Awaiting Supporting Documents	Open Review Link Attachment
	60514997	200	JANE	DOE	18013764		03/05/2011			03/14/2011	Awaiting Supporting Documents	Open Review Link Attachment
	60516525	000001111	JENNIFER	ANDERSON	18013455	18013455	03/11/2011			03/14/2011	Web Partial	Open Review Link Attachment
	60516539	99999	TEST	PATIENT			03/12/2011			03/14/2011	Awaiting Supporting Documents	Open Review Link Attachment
	60516879	000001111	JENNIFER	ANDERSON			03/11/2011			03/15/2011	Awaiting Supporting Documents	Open Review Link Attachment
	60516905	000002222	KATHERINE	HEPBURN			03/15/2011			03/14/2011	Awaiting Supporting Documents	Open Review Link Attachment
	60516953	99999	TEST	PATIENT			03/14/2011			03/16/2011	Awaiting Supporting Documents	Open Review Link Attachment
	60517021	999999999	BENE	TEST			03/10/2011			03/12/2011	Awaiting Supporting Documents	Open Review Link Attachment
	60519376	315793165	DAVID	WALL			03/01/2011			03/29/2011	Awaiting Supporting Documents	Open Review Link Attachment
	60519481	000001111	JENNIFER	ANDERSON	18013945		03/20/2011			03/29/2011	Awaiting Supporting Documents	Open Review Link Attachment
	60519504	999999999	BENE	TEST			03/31/2011			03/29/2011	Awaiting Supporting Documents	Open Review Link Attachment

Figure 35: List Reviews

You will see the following options:



Figure 36: Attachment Method

Click [Upload attachment image\(s\)](#) to directly link a digital image to the review request. You will see a dialog box with a list of all current available document options for the review.



Figure 37: Select Document

Click **Browse** to search the user's local drive and network for the document. After selecting the document, click the **Open** link. A validation message will be displayed when the image has been successfully linked to the review.

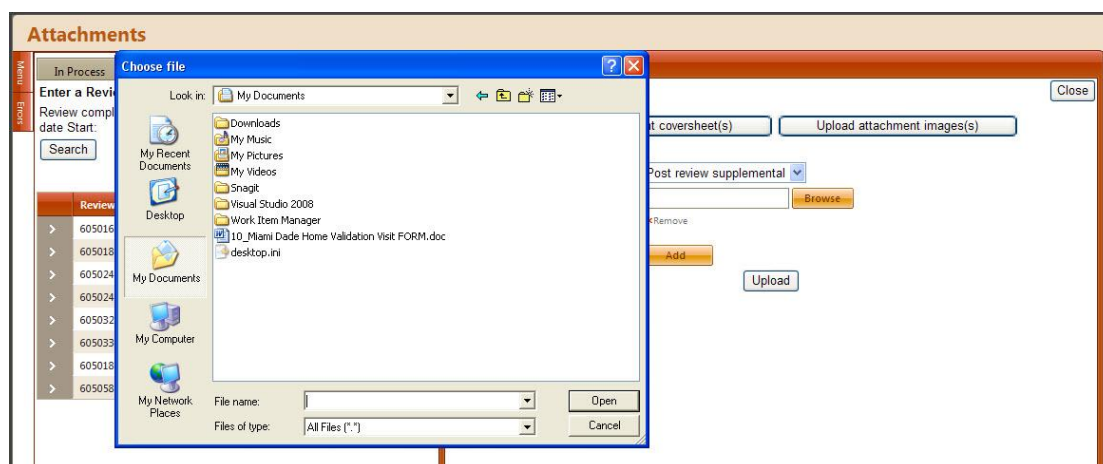


Figure 38: Find File to Attach

Select **Print attachment coversheet(s)** to print a bar-coded fax coversheet or download the coversheet to the user's local drive or network. A checklist of all available document options for the review will be displayed. Check as many types as desired.

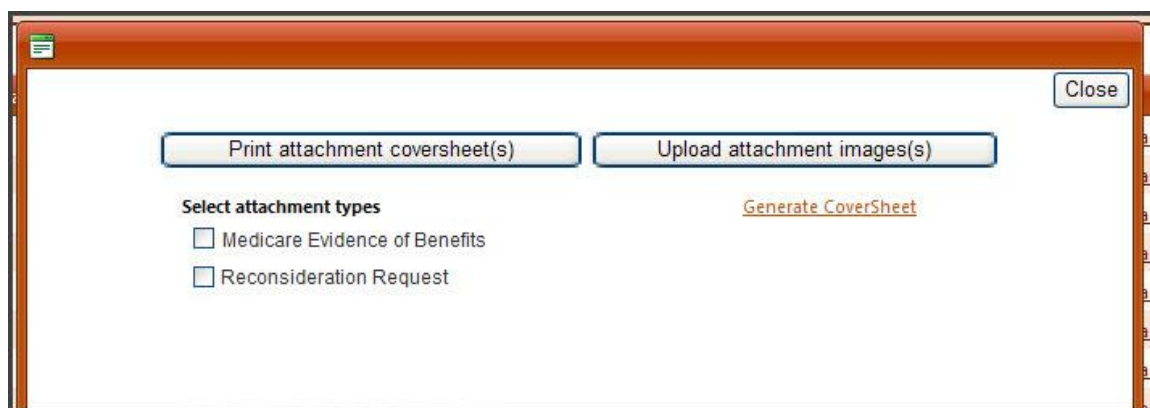


Figure 39: Select Coversheet(s) to Print

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

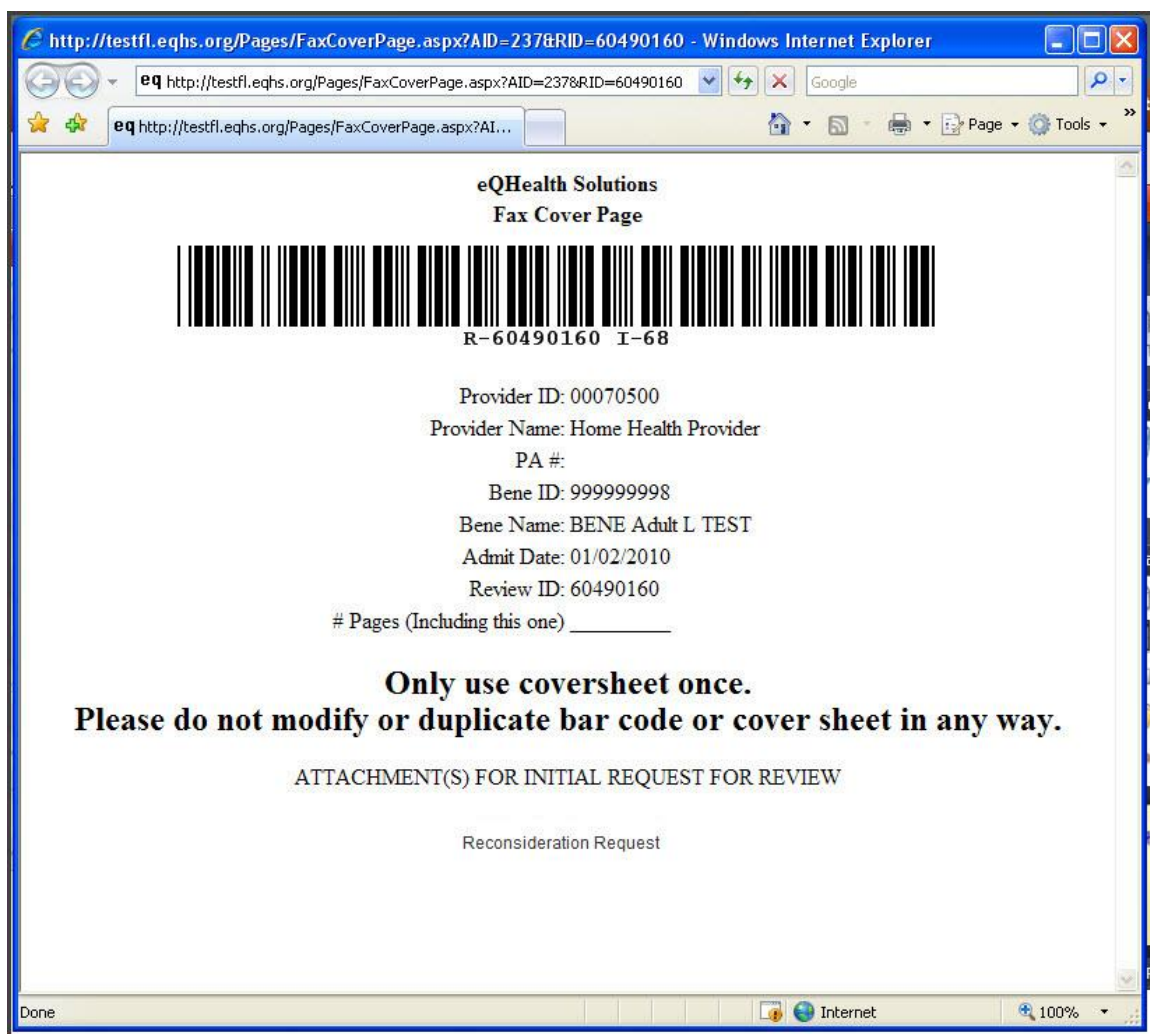


Figure 40: Sample Coversheet

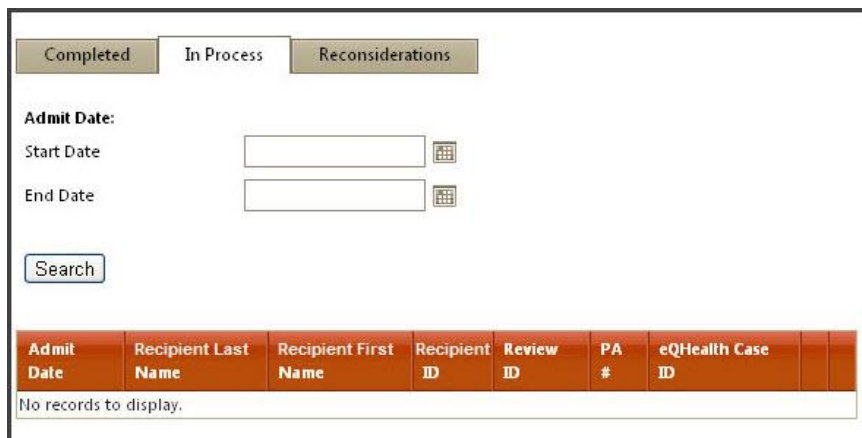
IMPORTANT NOTE: Do not reuse or modify the faxesheets. Like the barcodes on the cereal you buy at the grocery store, our system needs the correct barcode for each document

VIII. LETTERS

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


- ▶ In Process – letters generated prior to completion of an initial review, including the pend and suspend letters.
- ▶ Completed – initial review determination letters.
- ▶ Reconsideration – reconsideration outcome letters.


Click the tab of your choice and enter an Admission Date range.



Completed In Process Reconsiderations

Admit Date:

Start Date 

End Date 

Admit Date	Recipient Last Name	Recipient First Name	Recipient ID	Review ID	PA #	eQHealth Case ID		
No records to display.								

Figure 41: Find Letter for In Process Reviews

The resulting list will display all reviews for the Admit date with a letter. You may open the review or view all letters for a review by clicking the [View Letter](#) option.



Letters Search

Menu Errors

Completed In Process Reconsiderations

Admit

Admit Date:

Start Date 

End Date 

Admit Date	Recipient Last Name	Recipient First Name	Recipient ID	Review ID	PA #	eQHealth Case ID		
03/14/2011	PATIENT	TEST	99999	60504371	18013818	18013530	Open Review	View Letter

Figure 42: Find Letter for Completed Reviews

To view the letter, click [View Letter](#). This will result in a list of all letters pertaining to the review.



Letter Type	Letter Date	
Admin info requested	10/07/2010	View
Review Suspended	10/21/2010	View

Figure 43: View Letter

Select the letter you want to see by clicking [View](#). You may print the letter or save it to your computer.

IX. 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.



Respond to Denial									
ReviewID	Review Complete Date	Recipient ID	First Name	Last Name	PA#	eQHealth Case ID	Init Service Date		
60519098	03/25/2011	000001111	JENNIFER	ANDERSON	18013906		03/18/2011	Open Review	Link Recon Request

Figure 44: List Denied Reviews

- ▶ 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.

Start	DX CODES/ITEMS	DATES	HISTORY	DC PLAN	FUNCTIONING	GOALS	SOCIAL HISTORY	RECON
-------	----------------	-------	---------	---------	-------------	-------	----------------	-------

☐ I agree with eQHealth physician reviewer's adverse determination and waive reconsideration review rights
☒ I do not agree with eQHealth physician reviewer's adverse determination and am requesting a reconsideration review

Enter any additional information to be considered with your request for reconsideration that justifies medical necessity of the previously denied or reduced level of services.

☐ Additional supporting documentation will be submitted via upload, or faxed using the barcoded coversheet

Figure 45: Adverse Determination Response

X. UPDATE MY PROFILE

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

User Edit

Menu
Errors

UserID: 95736

User Name:

First Name: Allow to view provider letters?: ☒

Last Name: Allow to view physician letters?: ☐

Password: Phone Number:

Email: Extension:

InactiveDate: 

[Save Changes](#)

Figure 46: User Profile

- ▶ 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 login information was successfully saved to eQHealth's web login data table.

Field	Description
User Id	Unique user identifier. All alphabetic characters must be in lowercase. Example: user's first initial and 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" could be jdoe1.
Password	Must be between six and ten characters. All alphabetic characters must be in lowercase. Each user is responsible for keeping this password confidential.
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 and 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.
Inactivate Date	Once users are added by the facility User Administrator they cannot be deleted without contact with eQHealth staff. This is for tracking and audit trail purposes. If a user is no longer with the facility or is no longer authorized to access the facility's confidential data, then the facility access User Administrator should immediately inactivate their login. Enter a date into this field, and the user login will be inactivated from that date forward.
Indicate if the user is granted access to view provider letters	The User Administrator determines which users can view provider letters. The User Administrator can at any time change the setting of this field thereby allowing or denying access to this module.
Indicate if the user is granted access to view physician letters	The User Administrator determines which users can view physician letters. The User Administrator can at any time change the setting of this field thereby allowing or denying access to this module.

XI. USER ADMINISTRATION

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 eQ Suite 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.

User Administration								
Menu Errors	Add New User							
	Edit	118	bwitt2		2259266353	12345	6/19/2007 9:58:13 AM	3/1/2011 2:02:37 PM
	Edit	95631	testhha		2259266353		7/2/2007 12:00:00 AM	10/19/2010 10:56:22 AM
	Edit	95726	yyangwebt		2259266353		6/18/1997 4:19:19 PM	10/21/2009 4:33:01 PM
	Edit	95747	tstephens-hha		2252487026	3226	6/18/1997 4:19:19 PM	12/21/2009 8:47:39 AM
	Edit	95755	ewallhh		9999999999		12/30/2009 9:01:51 AM	12/30/2009 9:02:44 AM
	Edit	95756	HHTrainer		1234567899	1234	11/16/2009 1:53:20 PM	1/5/2010 9:38:21 AM
	Edit	95757	ecwhha				1/5/2010 12:19:22 PM	6/2/2010 3:49:12 PM
	Edit	95759	wallhh				1/5/2010 12:31:38 PM	1/5/2010 2:07:18 PM
	Edit	95791	jdoe12345	6/1/2010 12:00:00 AM	2259266353	2222222	4/13/2010 2:31:50 PM	4/13/2010 2:33:07 PM
	Edit	95814	testkishore-hha		4546547575	4534534	10/4/2010 5:02:40 PM	10/5/2010 10:56:17 AM
	K < 1 2 > X Page size: 10 13 items in 2 pages							

Figure 47: User List

- ▶ Click on [Add New User](#) to enter login information for a **new** user and the following screen will be displayed. Enter required information. When complete, press [Save Changes](#) to continue or press [Back to Users List](#) to return to the list of users.

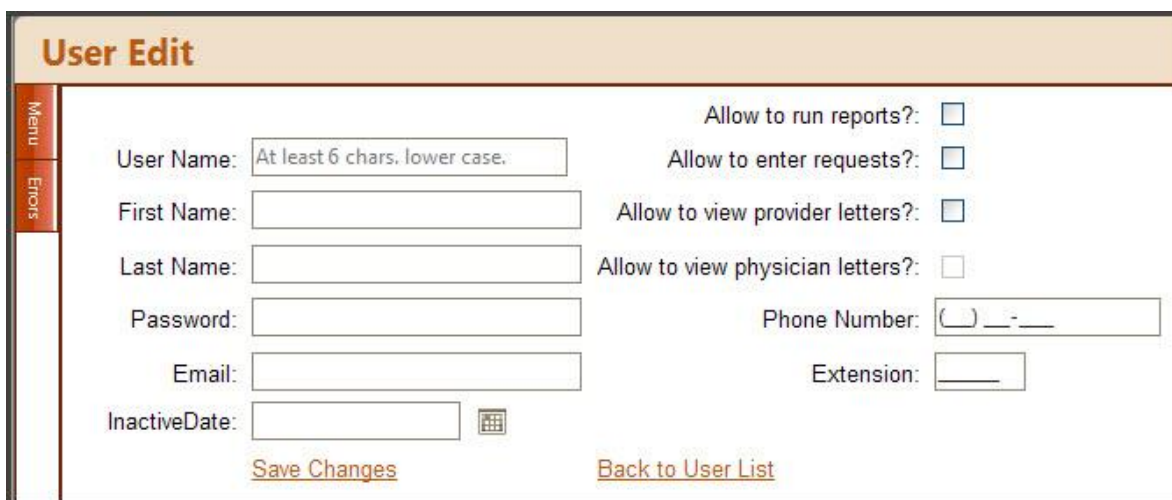


Figure 48: Create New User

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

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

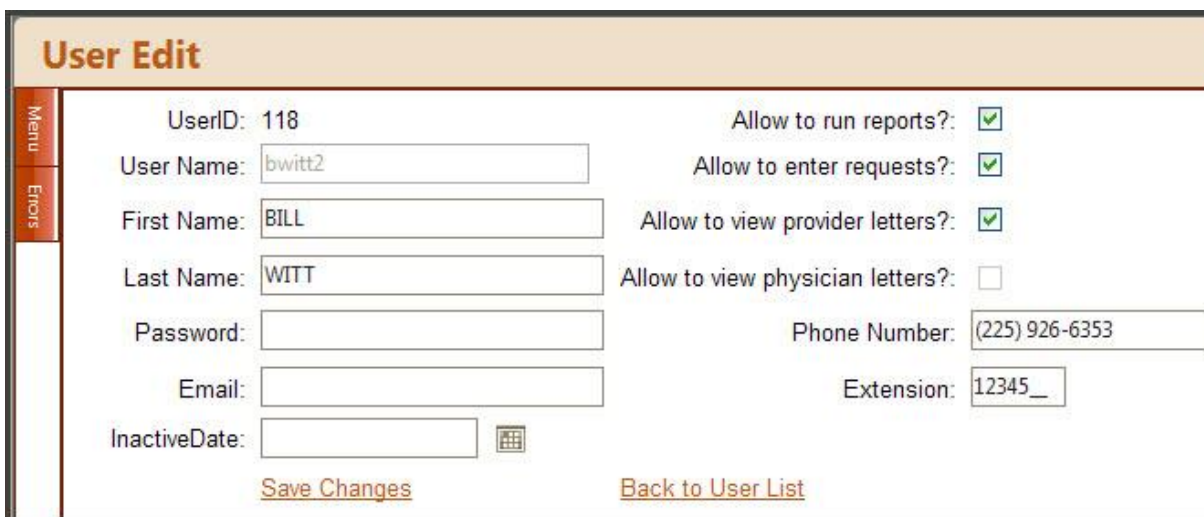


Figure 49: Edit User Information

- ▶ 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.