# WEB ACUTE MED/SURG REVIEW REQUEST 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.

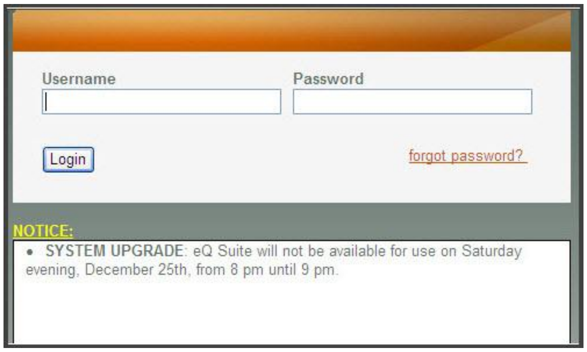



*Figure 1: Login Screen*

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 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.

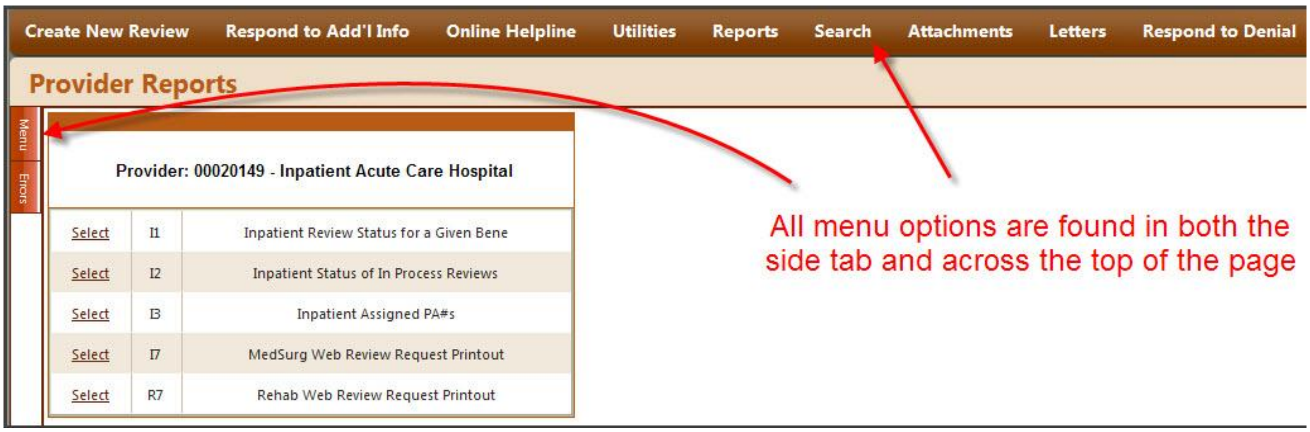



*Figure 2: Reports*

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 a prior 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**

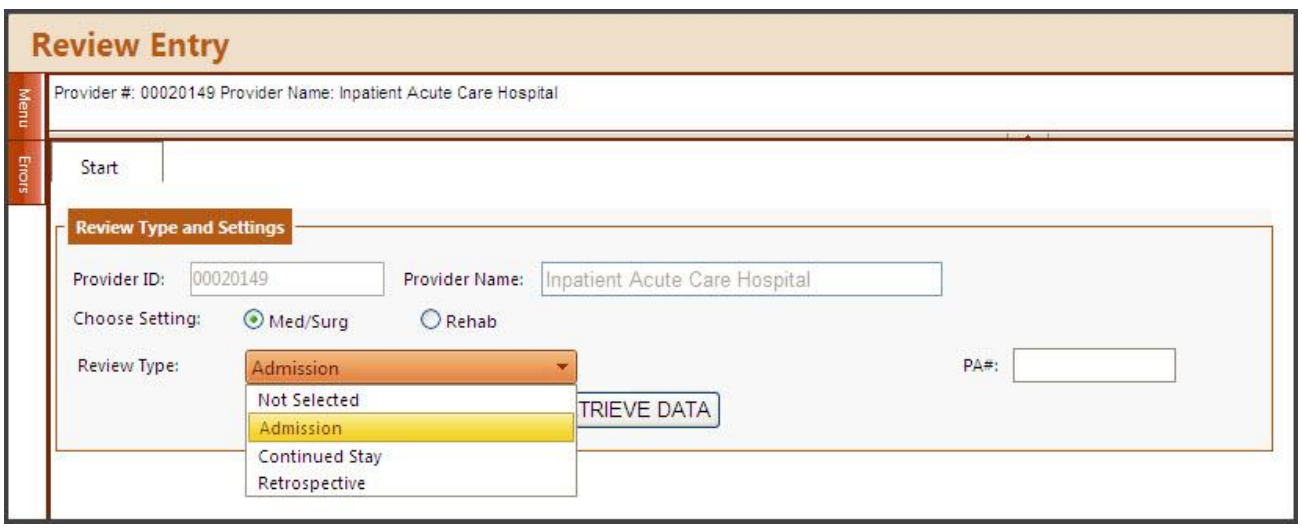



*Figure 3: Create a new review.*

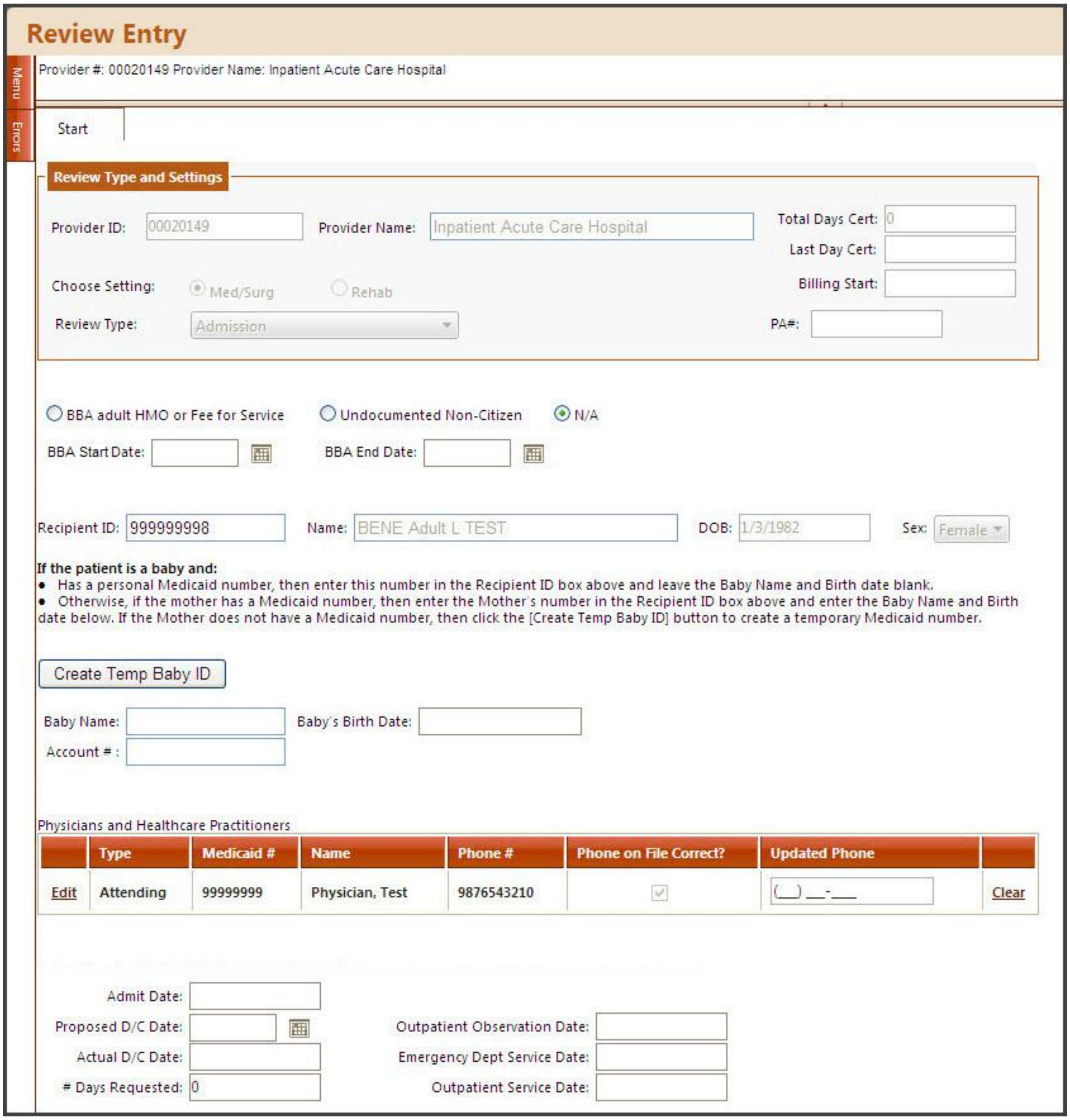



*Figure 4: Start tab top*

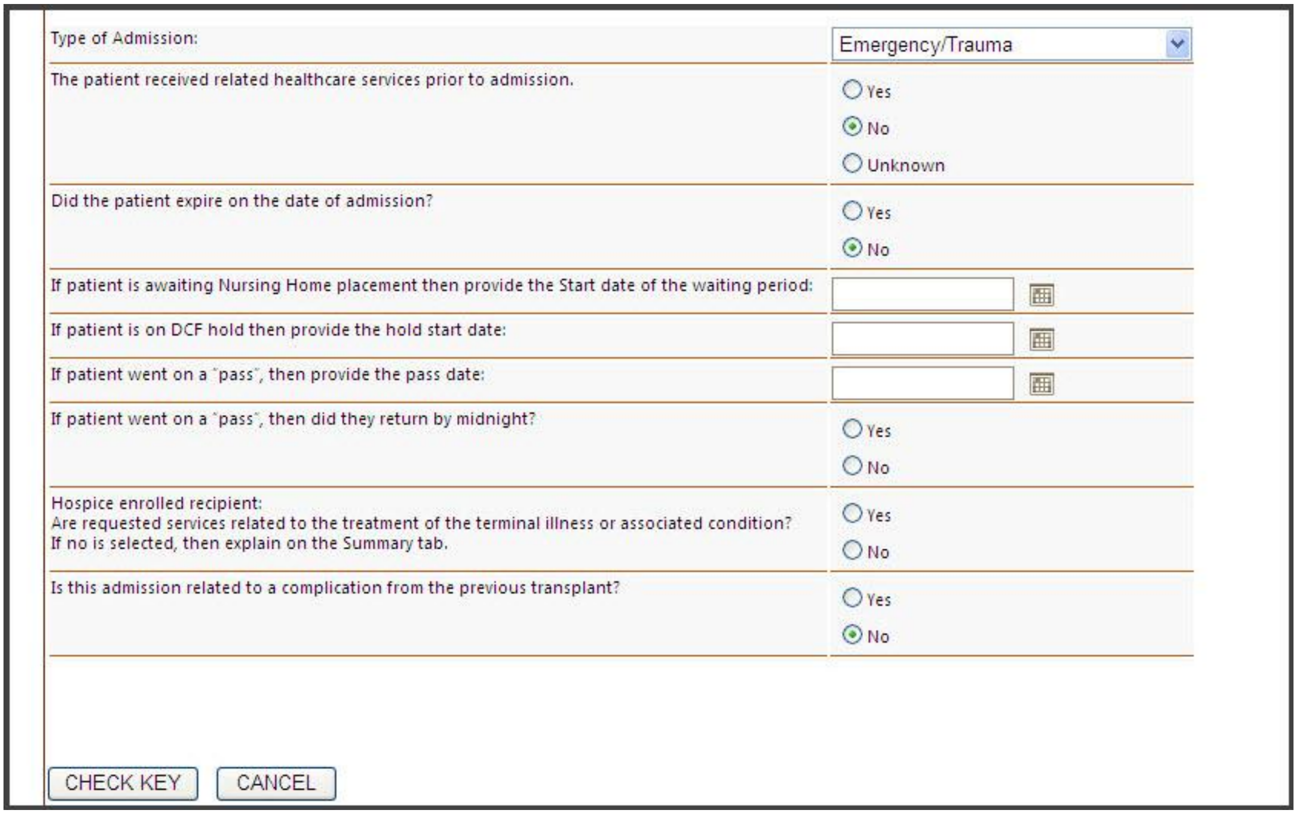

Type of Admission: Emergency/Trauma
The patient received related healthcare services prior to admission. Yes / No / Unknown
Did the patient expire on the date of admission? Yes / No
If patient is awaiting Nursing Home placement then provide the Start date of the waiting period:
If patient is on DCF hold 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
CHECK KEY CANCEL

*Figure 5: Start tab bottom*

| Field | Description |
|---|---|
| ***Provider ID and Name*** | The facility rendering treatment.<br>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.<br>For physician offices |
| ***Setting*** | Is the patient receiving Med/Surg or Rehab acute care? |
| ***Review Type*** | A Request Type must be selected first so the system will know how to edit the information. Choose between the following:<br>Admission: The patient has not yet been admitted to the hospital or the patient has been admitted and is currently receiving care when the initial authorization is being requested.<br>Continued Stay: The admission has been previously approved by eQHealth and a continuation of services is being requested.<br>▸ 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.<br>▸ A continued stay request will be disallowed if any previous requests |

| Field | Description |
|---|---|
| | for this stay have been formally denied by eQHealth and the decision has not been modified or reversed via reconsideration.<br>Retrospective: The patient has been admitted and discharged, without prior authorization from eQHealth. Authorization for the entire stay (depending on eligibility) is being requested.<br>NOTE: The provider can enter only one request per workday for each patient admission. |
| ***PA #*** | 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.<br>If the admission record has been voided by eQHealth for any reason, entry of a concurrent request will not be allowed.<br>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:<br>Recipient Number — Recipient Name<br>Recipient Date of Birth — Recipient Sex<br>Last Day Certified — Baby Name and Birth Date (if applicable)<br>Physician Information — Admit Date<br>Total Days Certified (to date)<br>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. |

| Field | Description |
|---|---|
| ***Recipient ID*** | Enter the recipient's identification number as it appears on their Medicaid ID card.<br>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.<br>The recipient must have Medicaid eligibility on file for the dates of stay.<br>If the patient is a baby and:<br>▸ Has a personal Medicaid number. Enter this number in the Recipient ID box above and leave the Baby Name and Birth date blank.<br>▸ 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*** | Based on the recipient number, the system will display the recipient's gender; this is a read-only field.<br><br>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." |
| ***Baby Name*** | The baby's first and last name must be entered if this is the first review request for a Baby admission. If the baby name has not been provided, enter Baby Girl/Boy 1 of "Mother's name."<br>For a concurrent review request, the baby's name is not automatically transferred from the admission review and displayed on screen.<br>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. |
| ***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. |

| Field | Description |
|---|---|

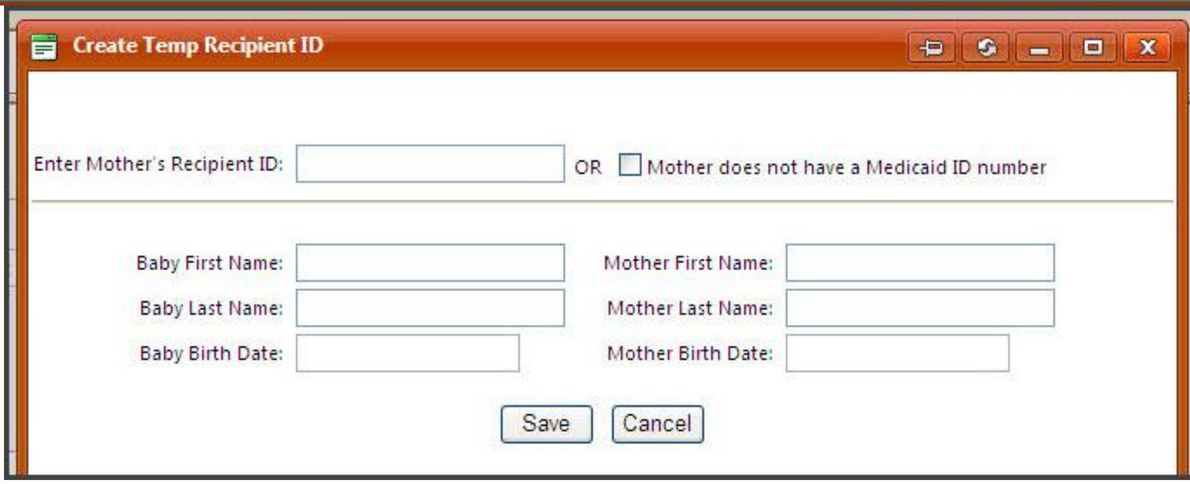



***Figure 6: Create Temporary Recipient ID***

| | |
|---|---|
| ***Account #*** | Enter the recipient's hospital account /medical record number. This is an optional field for hospital use only. |
| ***Physician and other Healthcare practitioners*** | The Florida Medicaid number of the physician rendering the service.<br><br>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. |

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.


*Figure 7: 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*)


*Figure 8: Physician Search*

| Field | Description |
|---|---|
| ***Admit Date*** | The actual admission date.<br>If the recipient is ineligible for the entire length of stay, the eligibility begin date must be entered.<br>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.<br>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).<br>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.<br>A discharge date must be entered for all retrospective requests. |
| ***# Days Requested for this Request*** | <u>Admission Requests:</u> Enter the anticipated length of stay.<br><u>Continued Stay Requests:</u> Enter the anticipated continued number of days needed.<br><u>Retrospective Requests:</u> 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. |

*The following questions influence the rest of the review process*.

| | |
|---|---|
| ***Type of Admission*** | Select the admission type from the following list:<br>▸ Emergency/Trauma<br>▸ Urgent<br>▸ Baby Birth Admission<br>▸ Baby Admitted Here Following Birth<br>▸ Prior Authorization – Gastric Bypass<br>▸ Prior Authorization – Elective C Section |

| Field | Description |
|---|---|
| | ‣ Prior Authorization –Hysterectomy<br>‣ 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 is waiting for a bed to open up in a Nursing Home? If so, enter the expected date that the 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 a terminal illness. If not, explain in the Summary tab. Note: This only applies to Hospice enrolled patients. |
| ***Transplant Issue*** | Click "Yes" or "No" to indicate whether this was an issue related to a previous transplant. |

## BUTTONS AT THE BOTTOM OF THE TABS

Using any of these buttons, as well as changing, tabs will reset the 20 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 9: 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:

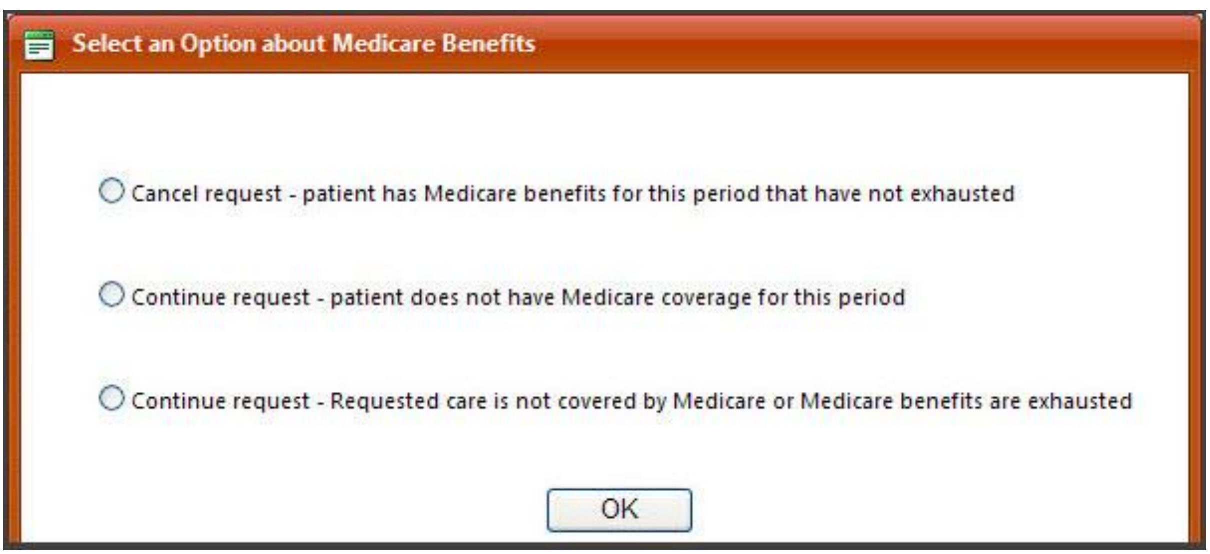



*Figure 10: Medicare Benefits Not Exhausted*

- 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:


*Figure 11: 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 to 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 12: Cancel Alert*

## *DX/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.

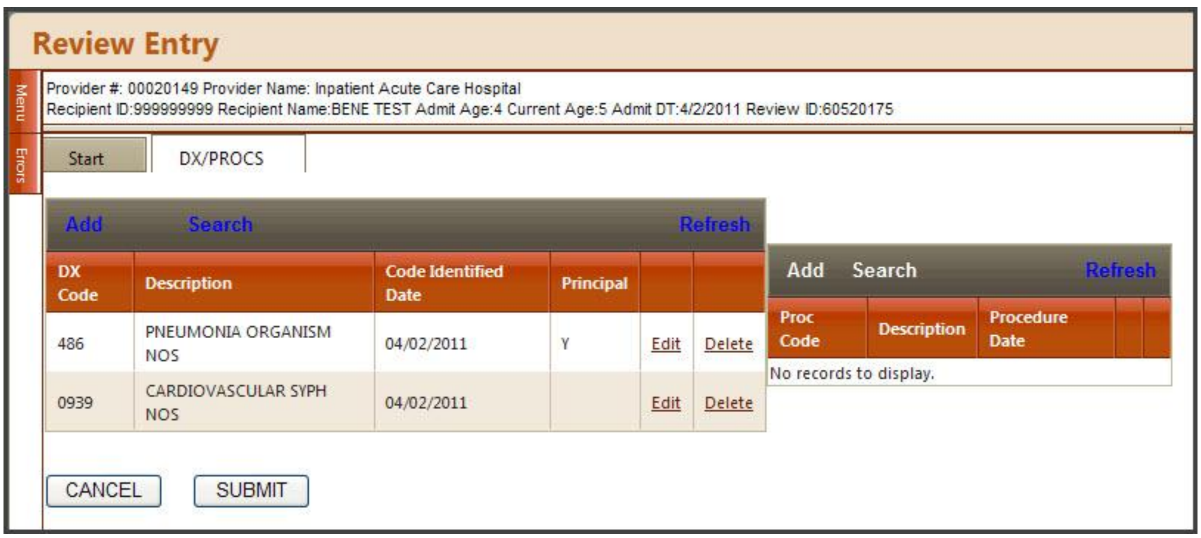



*Figure 13: DX Code Tab*

- Click **Add** to enter diagnosis and procedure codes and the following window will appear:

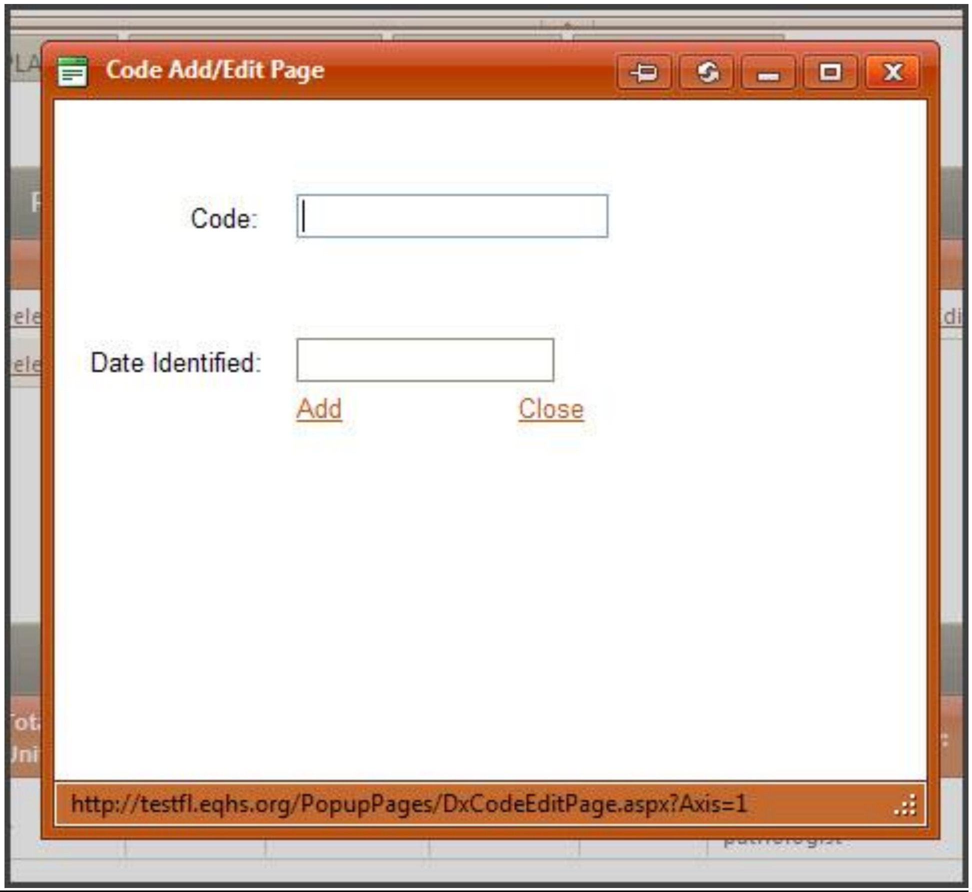



*Figure 14: Code Entry*

- 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.

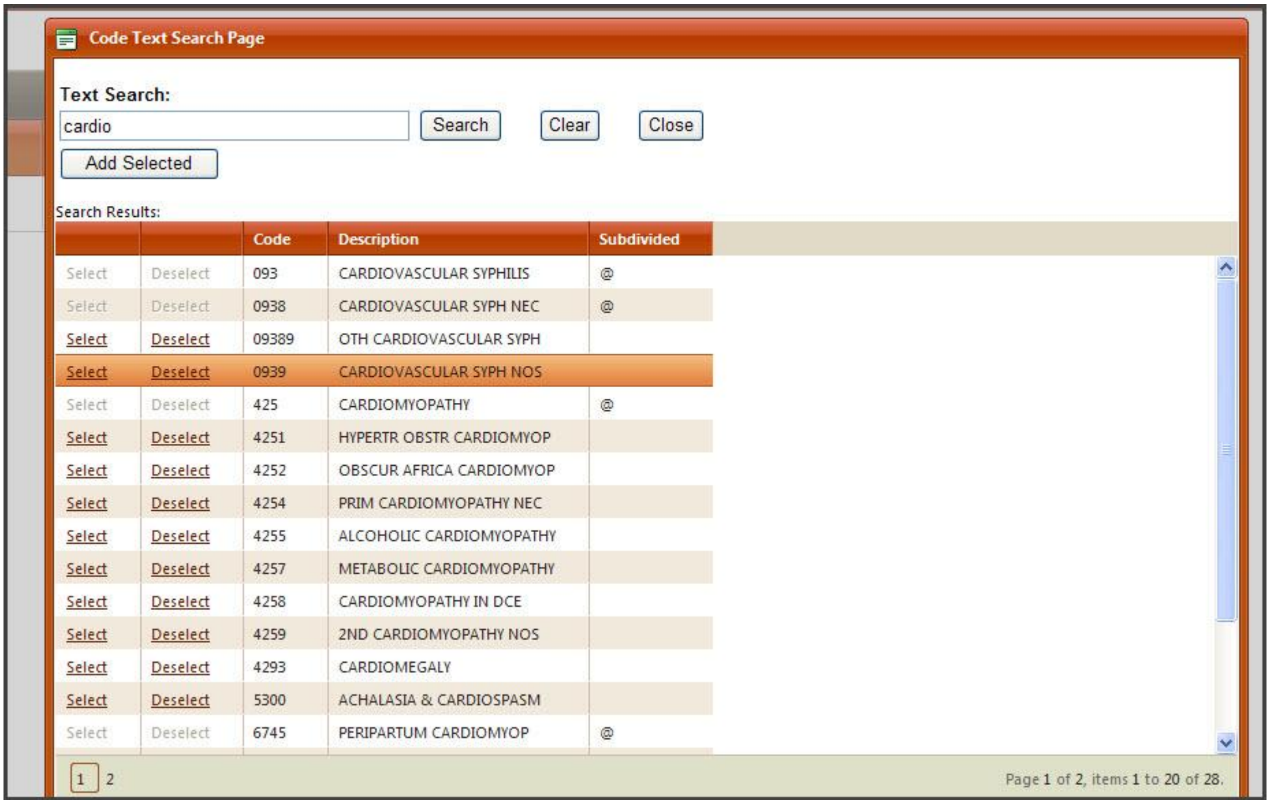
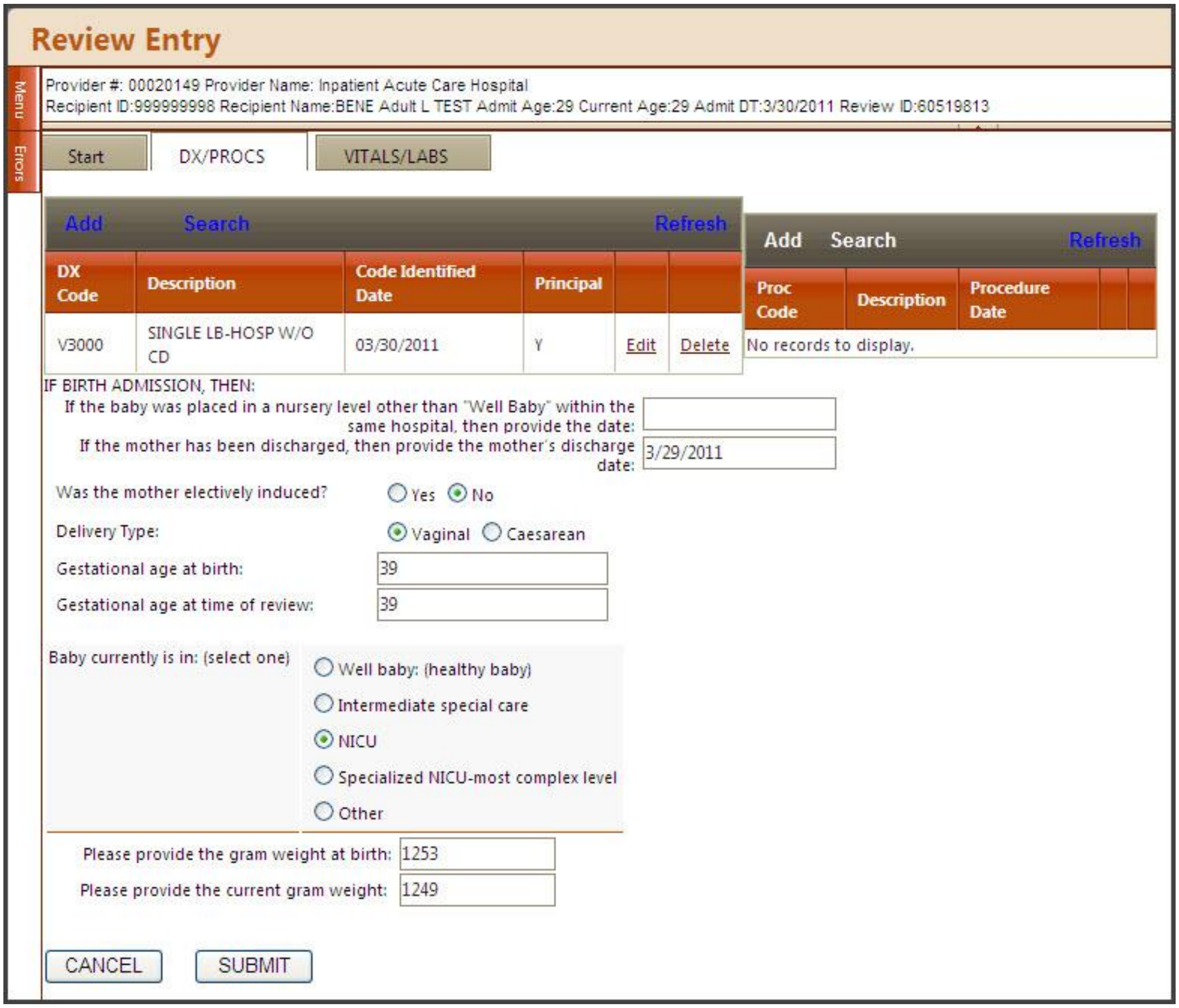



*Figure 15: Code Search*

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



## 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

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

*Figure 16: Maternity Questions*

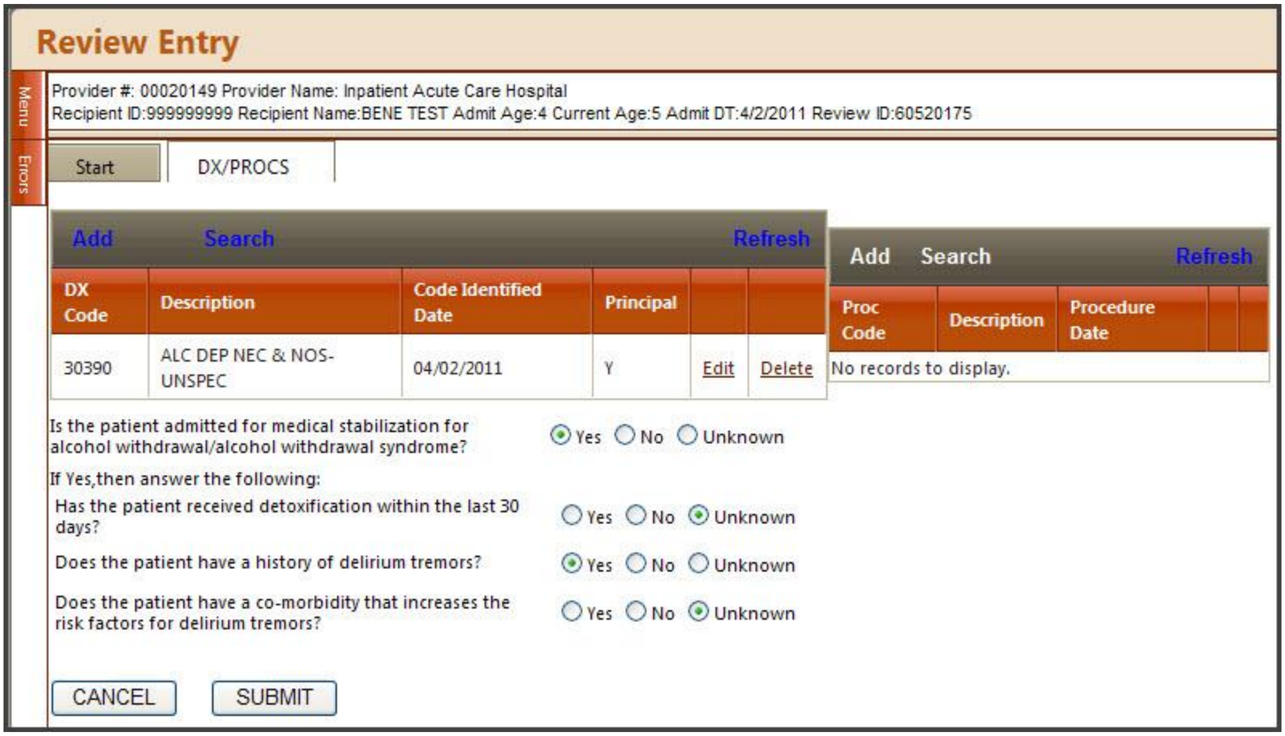



*Figure 17: Alcohol Questions*

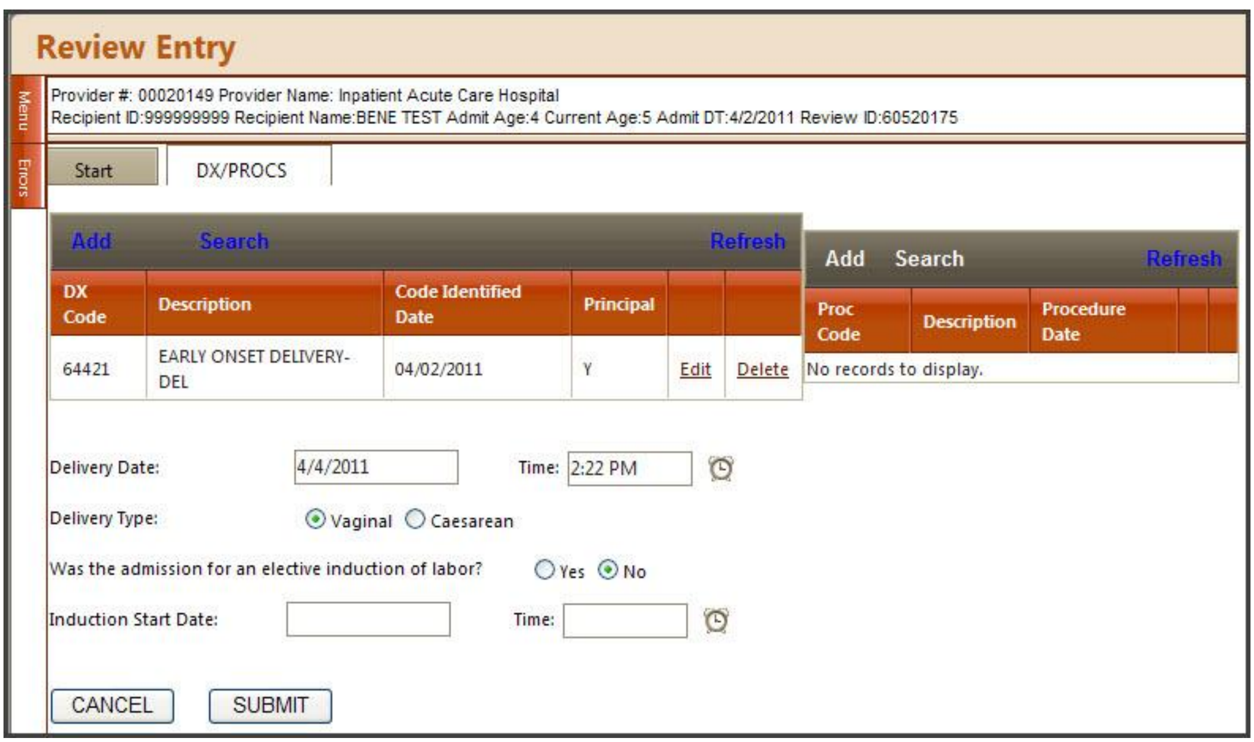
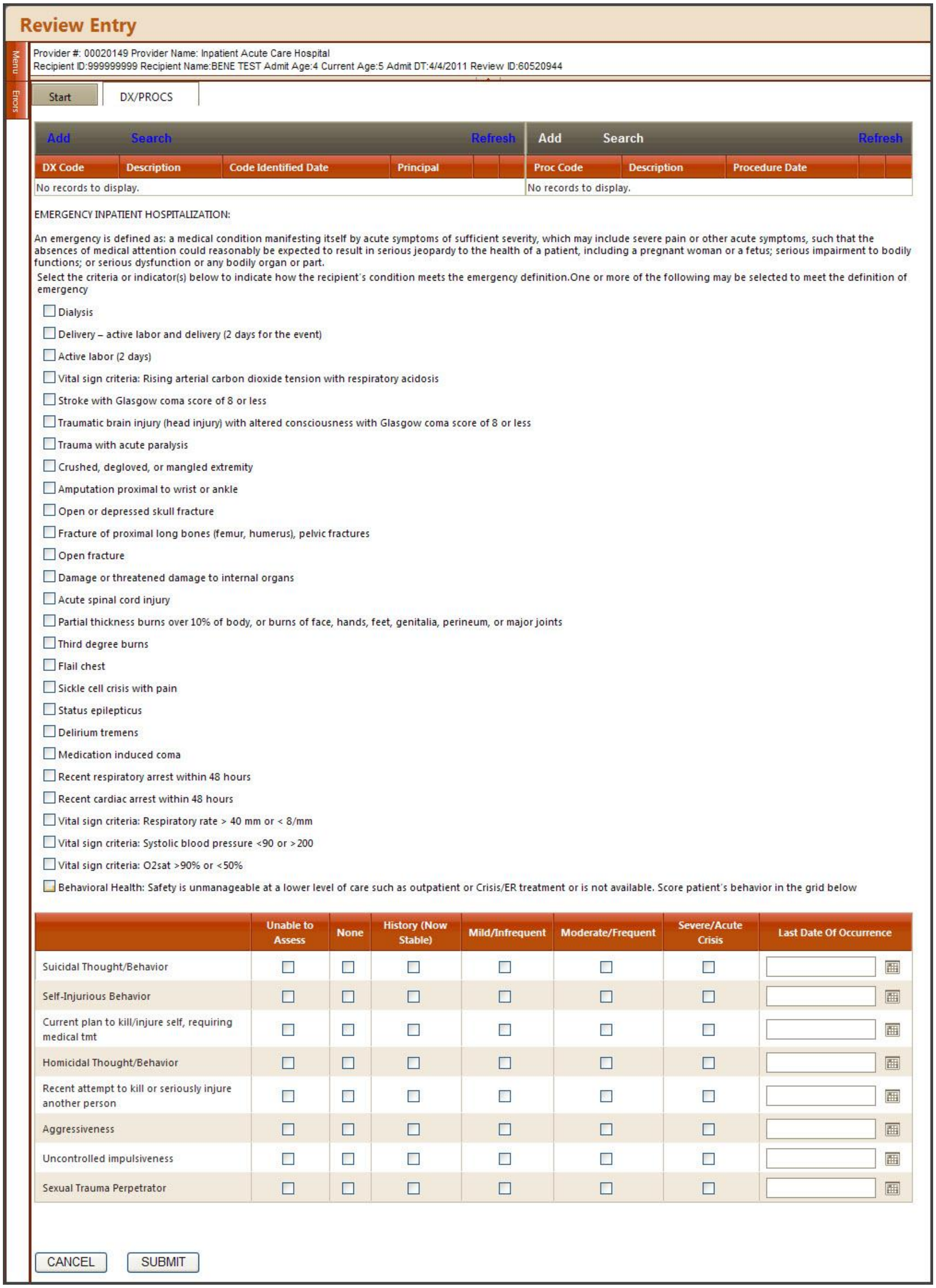



*Figure 18: Birth Questions*



Review Entry

Menu
Errors

Provider #: 00020149 Provider Name: Inpatient Acute Care Hospital
Recipient ID:999999999 Recipient Name:BENE TEST Admit Age:4 Current Age:5 Admit DT:4/4/2011 Review ID:60520944

Start | DX/PROCS

| Add | Search | | Refresh | |
|---|---|---|---|---|
| DX Code | Description | Code Identified Date | Principal | |
| No records to display. | | | | |

| Add | Search | Refresh |
|---|---|---|
| Proc Code | Description | Procedure Date |
| 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

*Figure 19: 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.

| Field | Description |
|---|---|
| ***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).<br>The system will display the corresponding description for each code entered and will check for invalid codes based on gender, age and coding rules.<br>For concurrent reviews only, enter any new diagnosis codes not submitted on previous requests. If there is no change in diagnosis, no entry is required. |
| ***Date Identified*** | 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 Date*** | The date of the procedure must be entered for every procedure code entered.<br>The date(s) must be within the timeframe of this admission. |
| ***Procedure Codes*** | The ICD-9-CM code(s) for completed and planned procedures.<br>The system will display the corresponding description for each code entered and will check for invalid codes based on gender, age and coding rules.<br>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 admissions 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. |

| Field | Description |
|---|---|
| ***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 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 patient has history of delirium 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 from the list presented. |

### *VITALS/LABS Tab*

- 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.

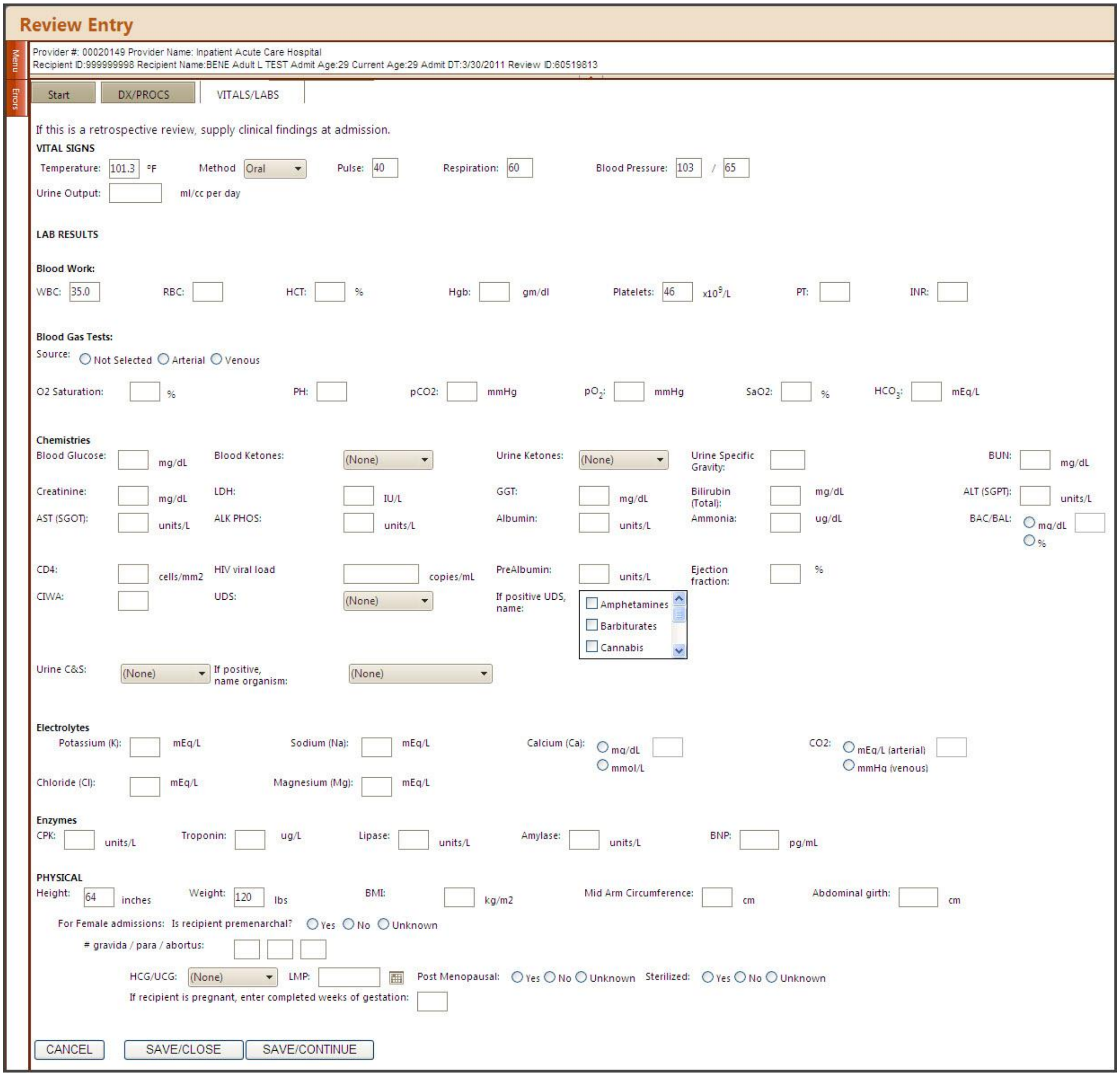



***Figure 20: Vitals***

## *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.

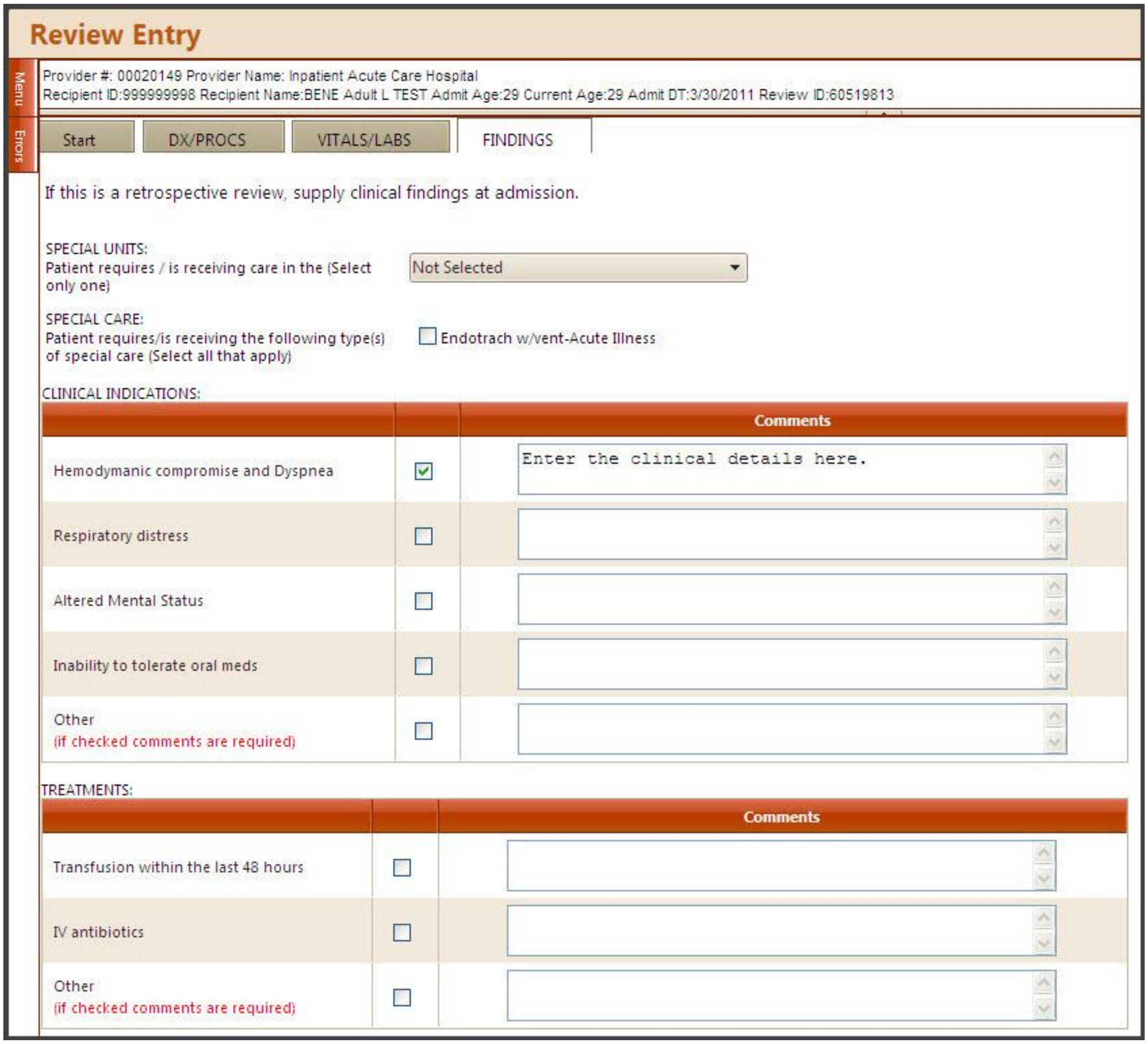
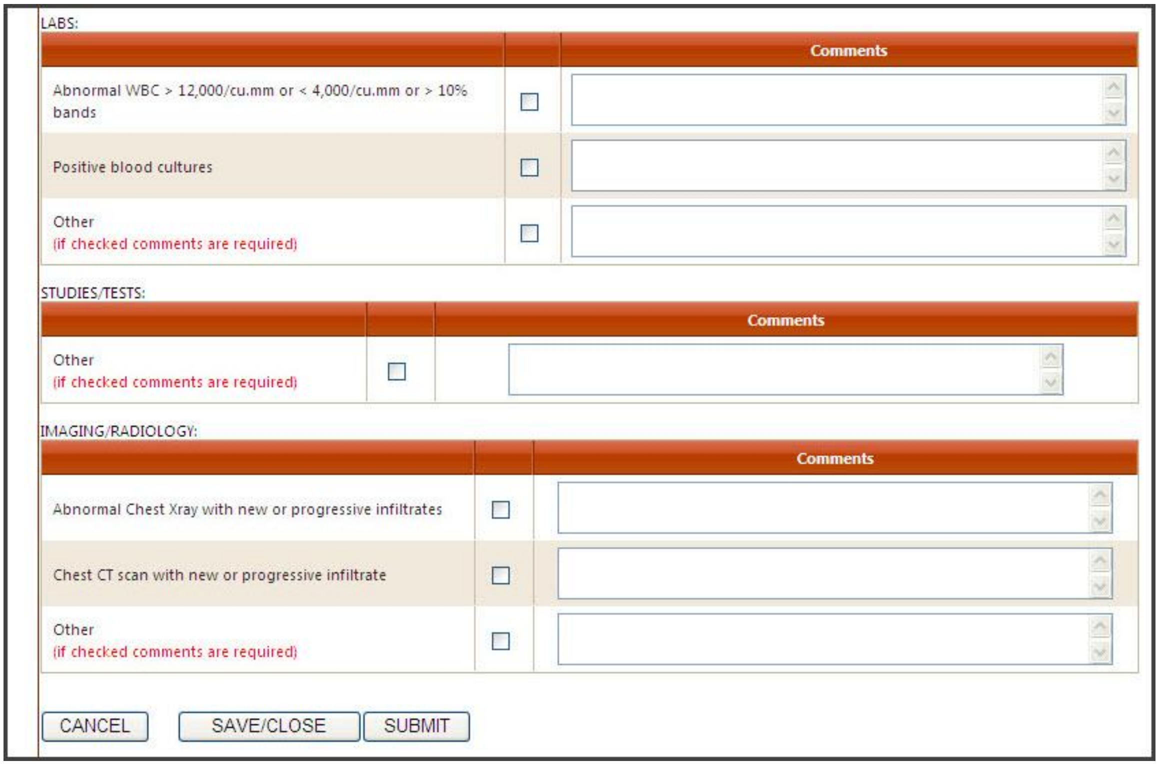



*Figure 21: Findings Pt 1*



LABS:

| | | Comments |
|---|---|---|
| Abnormal WBC > 12,000/cu.mm or < 4,000/cu.mm or > 10% bands | ☐ | |
| Positive blood cultures | ☐ | |
| Other (if checked comments are required) | ☐ | |

STUDIES/TESTS:

| | | Comments |
|---|---|---|
| Other (if checked comments are required) | ☐ | |

IMAGING/RADIOLOGY:

| | | Comments |
|---|---|---|
| Abnormal Chest Xray with new or progressive infiltrates | ☐ | |
| Chest CT scan with new or progressive infiltrate | ☐ | |
| Other (if checked comments are required) | ☐ | |

CANCEL SAVE/CLOSE SUBMIT

*Figure 22: Findings Pt 2*

### *DC PLAN Tab*

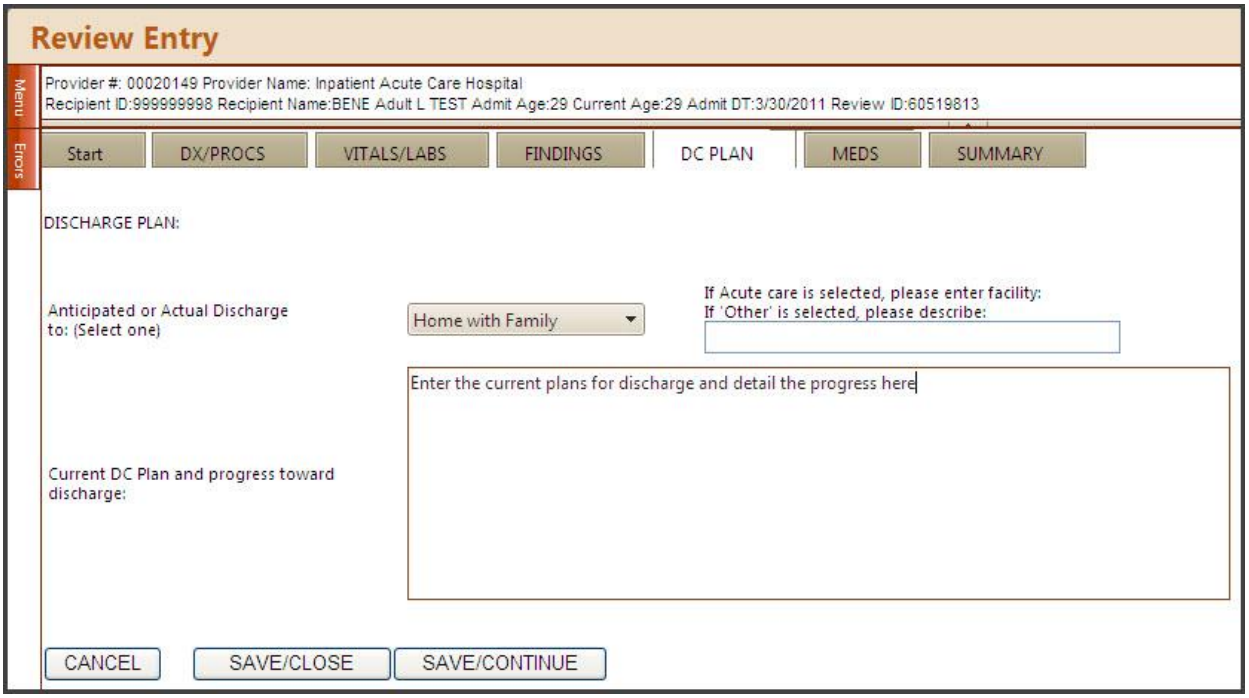



*Figure 23: DC Plan*

| Field | Description |
|---|---|
| ***Anticipated Discharge to*** | Select the anticipated place of discharge. This field is only applicable if there is no actual discharge date entered.<br>If recipient is being transferred to another acute care facility, enter the facility name. |
| ***Current DC Plan and progress toward discharge*** | Enter 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.

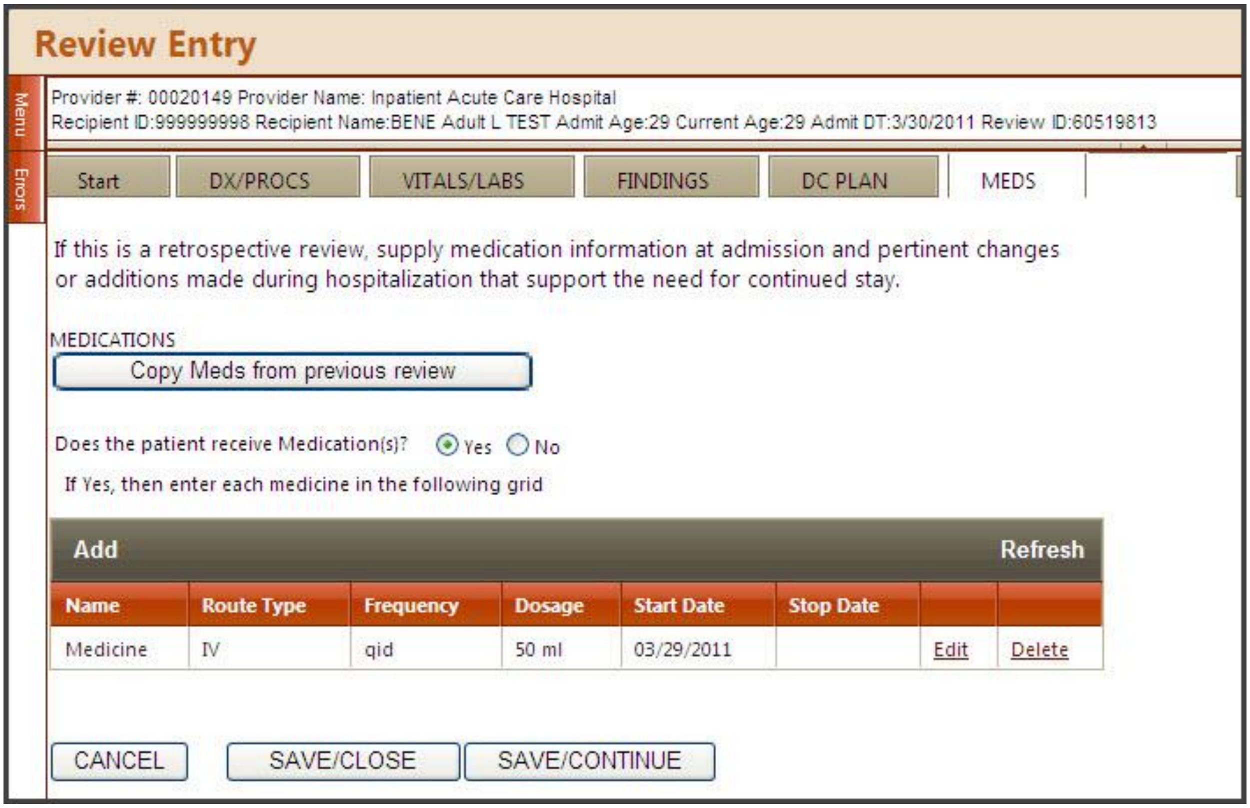



*Figure 24: Medications*

| Field | Description |
|---|---|
| ***Medication, Dosage Route Frequency, Start & Stop Date*** | List medications including the dosage, frequency, and route (e.g., intravenous (IV)/ intramuscular (IM)/ or subcutaneous (SQ)). For each medication, enter the date ordered.<br>List oral (PO) medications given for stet purpose, newly ordered/adjustments of cardiac/psychiatric medications.<br>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*

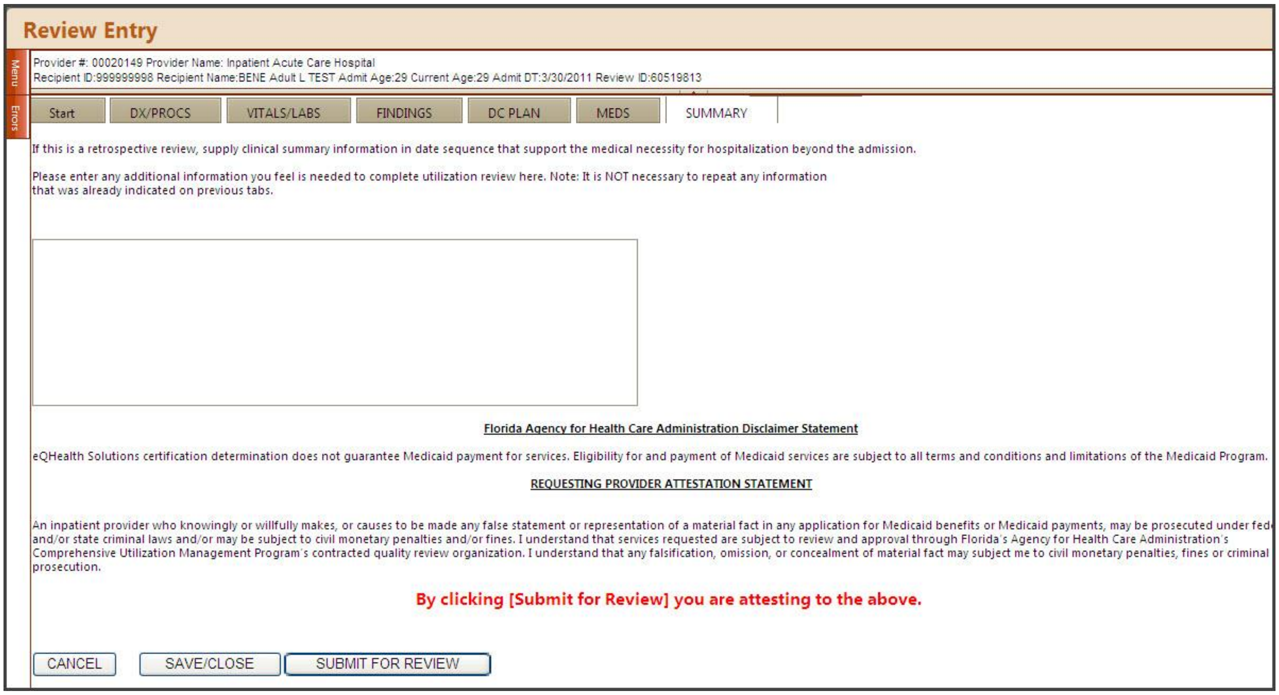



*Figure 25: Clinical Summary*

| 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. AUTOMATIC CERTIFICATION OF REVIEW (SMART REVIEW)

When the Submit button is pressed, the review will be automatically certified (Smart Review) if all criteria for standards are met and an authorization is issued at that point of the review. The criteria that drive the Smart Review are proprietary and will not be generally available to 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

*Figure 26: Smart Review Certified*

## III. 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.

**Additional Information**

Menu | Errors

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 27: Additional Info Needed*

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


*Figure 28: 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.

## IV. 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.

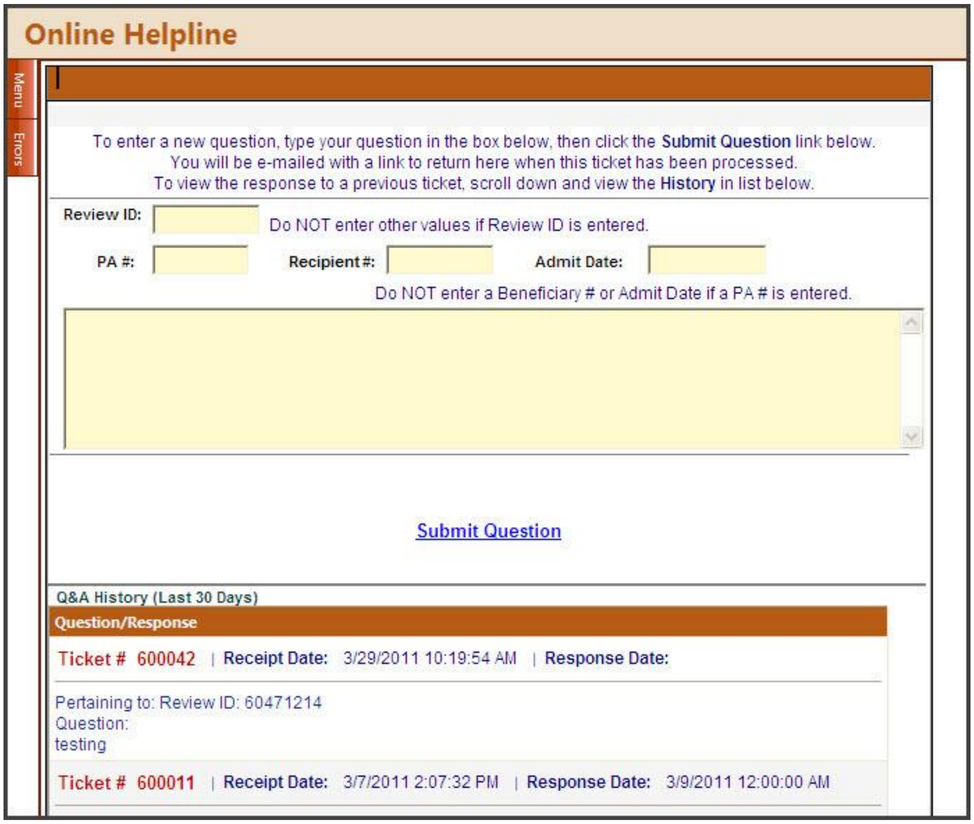



***Figure 29: Helpline***

# V. UTILITIES


*Figure 30: Utilities Menu*

## Update Baby Info

To retrieve the data field for entering Baby Recipient Identification, select **Update Baby Info**.

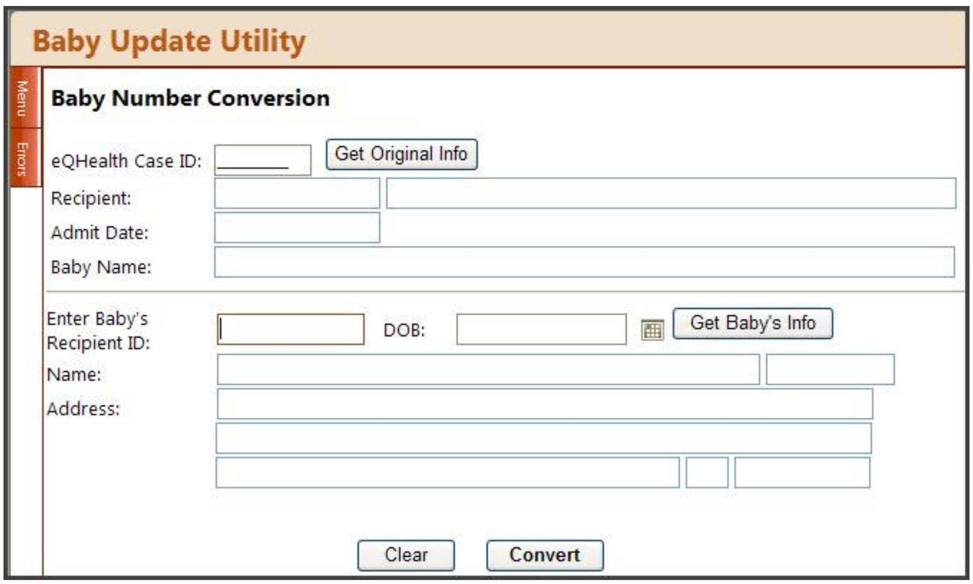


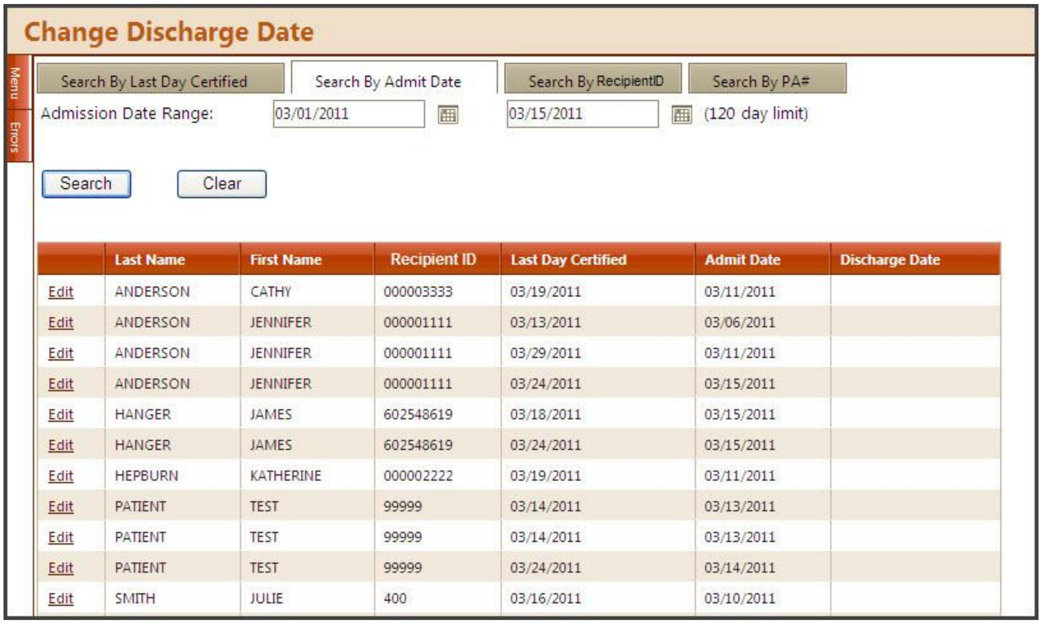

*Figure 31: Baby Update Utility*

- Under "Original Info," enter the eQHealth Case ID. The other data fields in this section will be filled in 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 populated by the system.

- Verify that the information is correct before clicking the "Convert" button.
- Once "Convert" has been clicked, the changes will be saved and the review will be transmitted to the fiscal agent to receive the PA#.

### 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 32: 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.

### Change Admit Dates

To retrieve the data field for Admit Date, select Change Admit Dates.


| | Last Name | First Name | Recipient ID | Last Day Certified | Admit Date | Discharge Date |
|---|---|---|---|---|---|---|
| Edit | TEST | BENE | 999999999 | 04/05/2022 | 04/01/2011 | |
| Edit | TEST | BENE | 999999999 | 05/05/2011 | 05/01/2011 | |
| Edit | TEST | BENE | 999999999 | 06/05/2011 | 06/01/2011 | |

*Figure 33: Change Admit Date Utility*

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

## VI. REPORTS

Click **Reports** on the menu list.

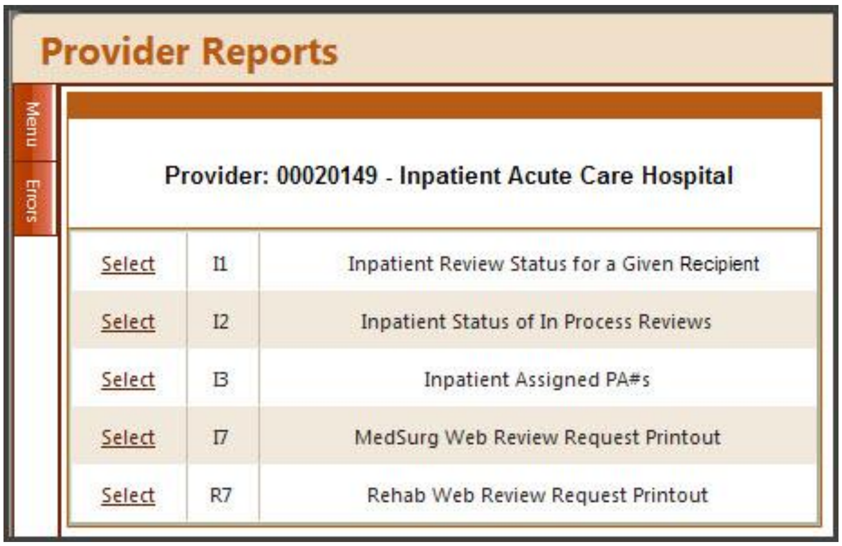



*Figure 34: Reports*

- 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**.

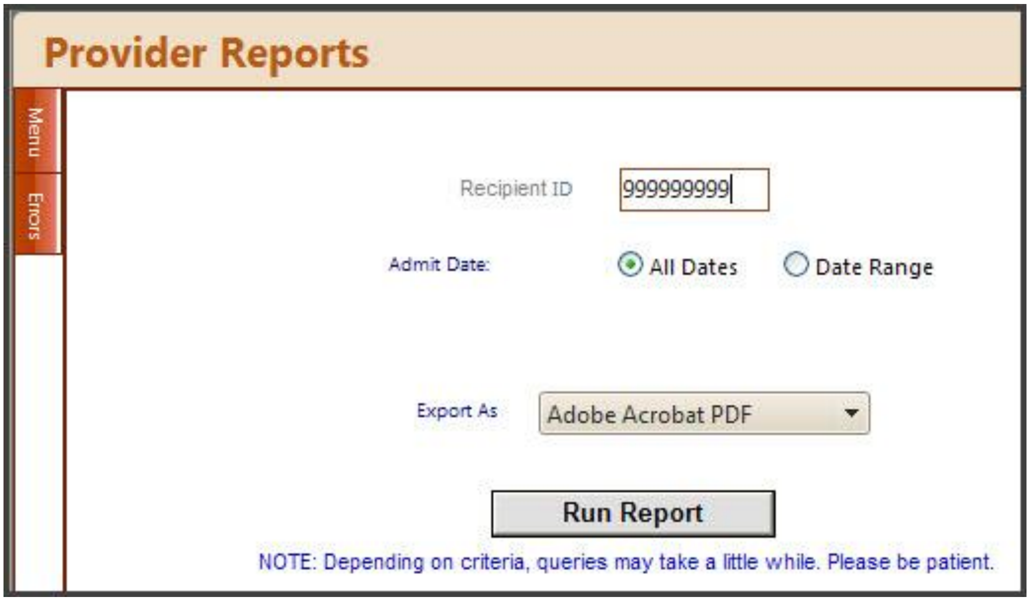
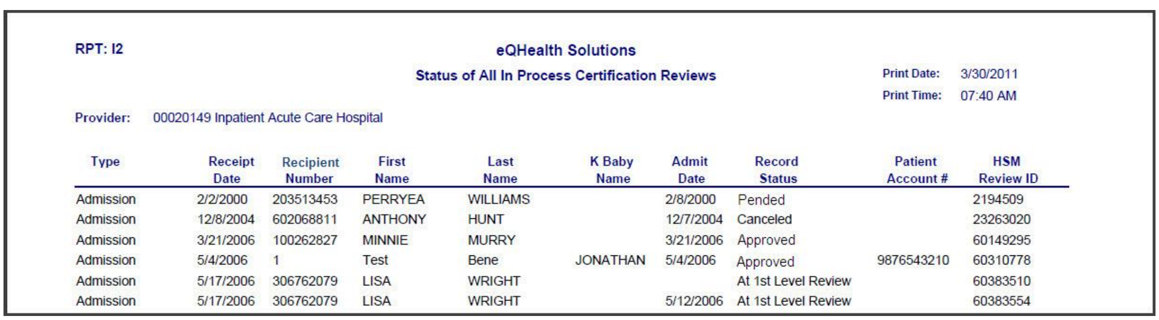



*Figure 35: Generate Reports*

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



RPT: I2

eQHealth Solutions

Status of All In Process Certification Reviews

Print Date: 3/30/2011
Print Time: 07:40 AM

Provider: 00020149 Inpatient Acute Care Hospital

| 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 36: Report Preview*

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

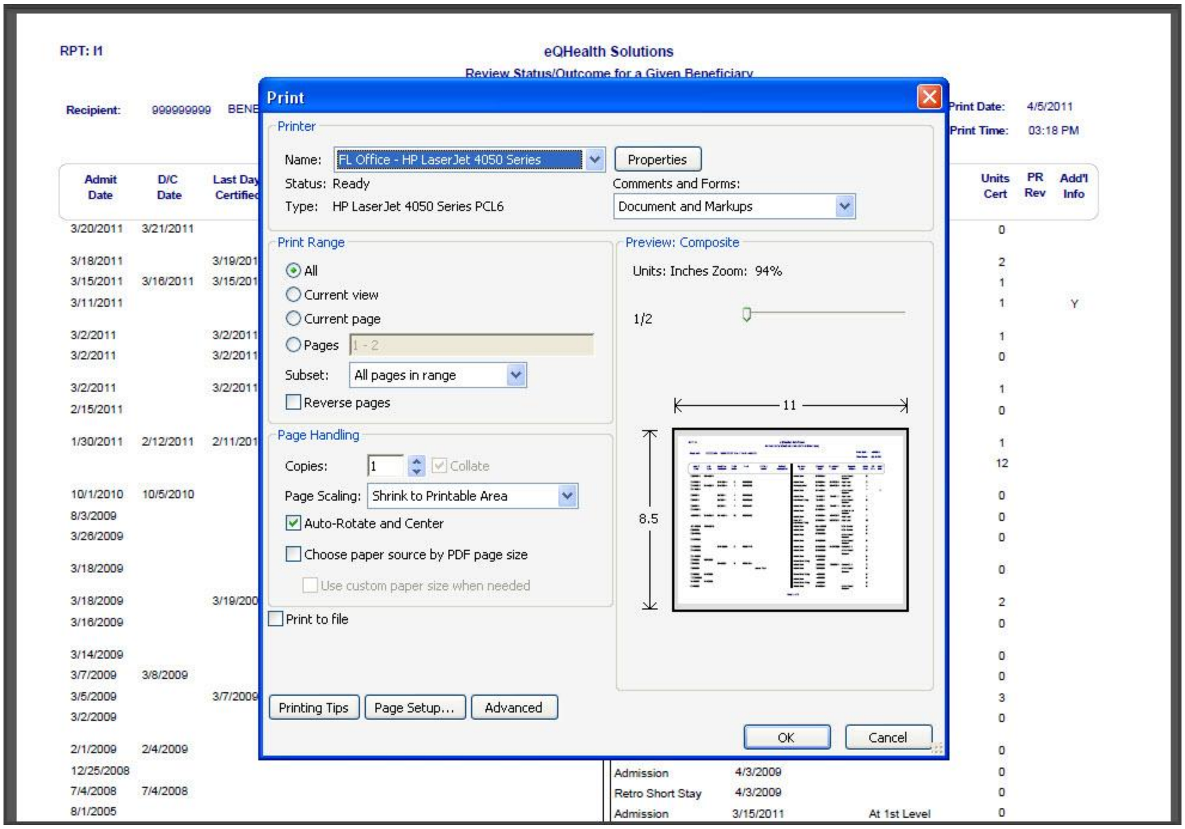



*Figure 37: Print Report*

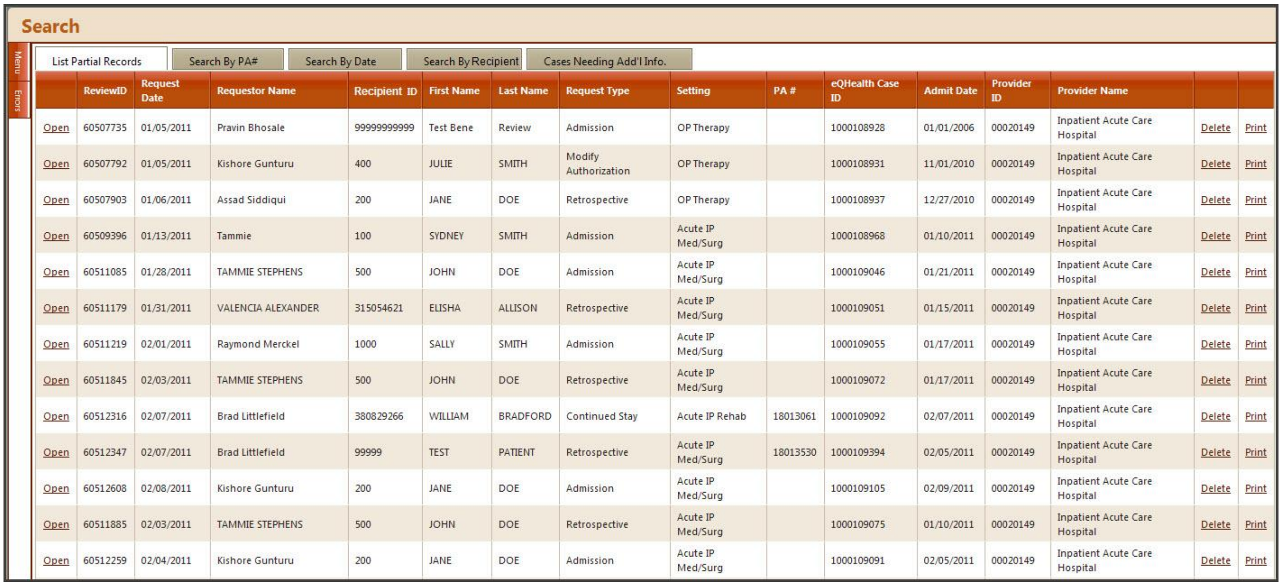
- Adobe Acrobat PDF will orient the report as needed. Click the **OK** button to print.

# VII. 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

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 | 99999999999 | Test Bene | Review | Admission | OP Therapy | | 1000108928 | 01/01/2006 | 00020149 | Inpatient Acute Care Hospital | Delete | Print |
| Open | 60507792 | 01/05/2011 | Kishore Gunturu | 400 | JULIE | SMITH | Modify Authorization | OP Therapy | | 1000108931 | 11/01/2010 | 00020149 | Inpatient Acute Care Hospital | Delete | Print |
| Open | 60507903 | 01/06/2011 | Assad Siddiqui | 200 | JANE | DOE | Retrospective | OP Therapy | | 1000108937 | 12/27/2010 | 00020149 | Inpatient Acute Care Hospital | Delete | Print |
| Open | 60509396 | 01/13/2011 | Tammie | 100 | SYDNEY | SMITH | Admission | Acute IP Med/Surg | | 1000108968 | 01/10/2011 | 00020149 | Inpatient Acute Care Hospital | Delete | Print |
| Open | 60511085 | 01/28/2011 | TAMMIE STEPHENS | 500 | JOHN | DOE | Admission | Acute IP Med/Surg | | 1000109046 | 01/21/2011 | 00020149 | Inpatient Acute Care Hospital | Delete | Print |
| Open | 60511179 | 01/31/2011 | VALENCIA ALEXANDER | 315054621 | ELISHA | ALLISON | Retrospective | Acute IP Med/Surg | | 1000109051 | 01/15/2011 | 00020149 | Inpatient Acute Care Hospital | Delete | Print |
| Open | 60511219 | 02/01/2011 | Raymond Merckel | 1000 | SALLY | SMITH | Admission | Acute IP Med/Surg | | 1000109055 | 01/17/2011 | 00020149 | Inpatient Acute Care Hospital | Delete | Print |
| Open | 60511845 | 02/03/2011 | TAMMIE STEPHENS | 500 | JOHN | DOE | Retrospective | Acute IP Med/Surg | | 1000109072 | 01/17/2011 | 00020149 | Inpatient Acute Care Hospital | Delete | Print |
| 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 | Delete | Print |
| 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 | Delete | Print |
| Open | 60512608 | 02/08/2011 | Kishore Gunturu | 200 | JANE | DOE | Admission | Acute IP Med/Surg | | 1000109105 | 02/09/2011 | 00020149 | Inpatient Acute Care Hospital | Delete | Print |
| Open | 60511885 | 02/03/2011 | TAMMIE STEPHENS | 500 | JOHN | DOE | Retrospective | Acute IP Med/Surg | | 1000109075 | 01/10/2011 | 00020149 | Inpatient Acute Care Hospital | Delete | Print |
| Open | 60512259 | 02/04/2011 | Kishore Gunturu | 200 | JANE | DOE | Admission | Acute IP Med/Surg | | 1000109091 | 02/05/2011 | 00020149 | Inpatient Acute Care Hospital | Delete | Print |

*Figure 38: 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.

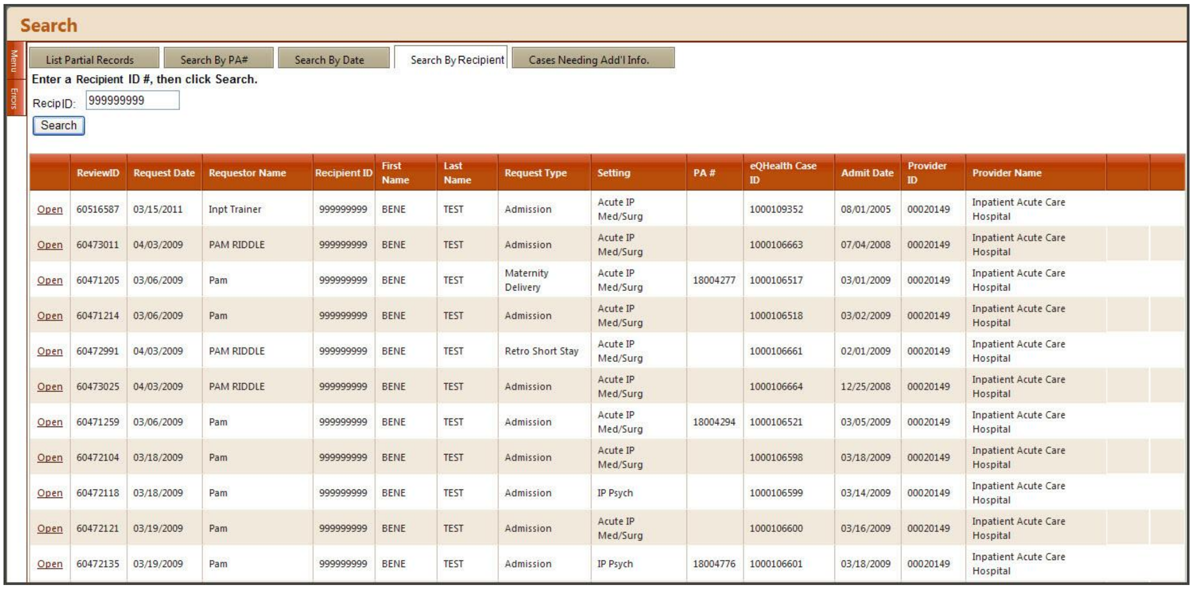
### View Previously Submitted Review Requests

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:




| | 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 39: Previously Submitted Reviews*

# VIII. 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

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 40: List Reviews*

You will see the following options:


*Figure 41: 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 42: 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.

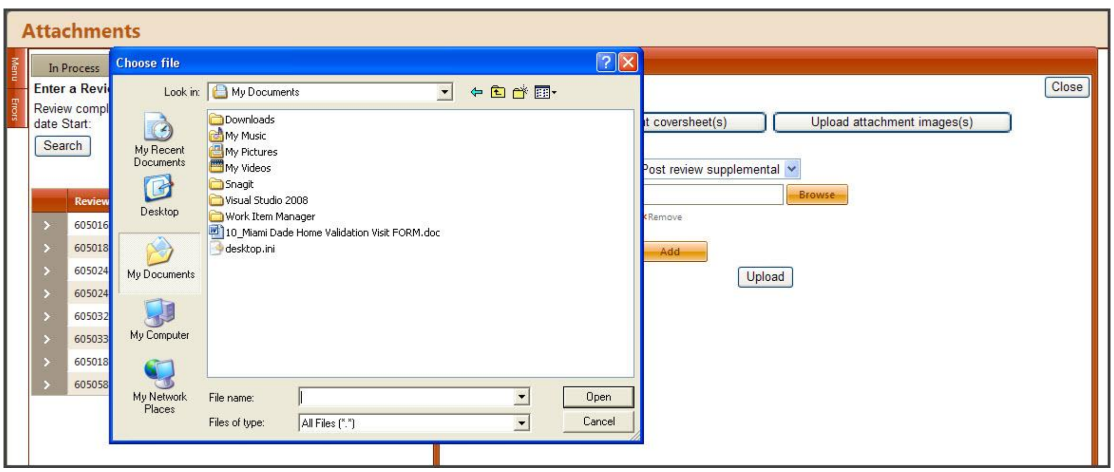



*Figure 43: Find File to Attach*

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 44: 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.

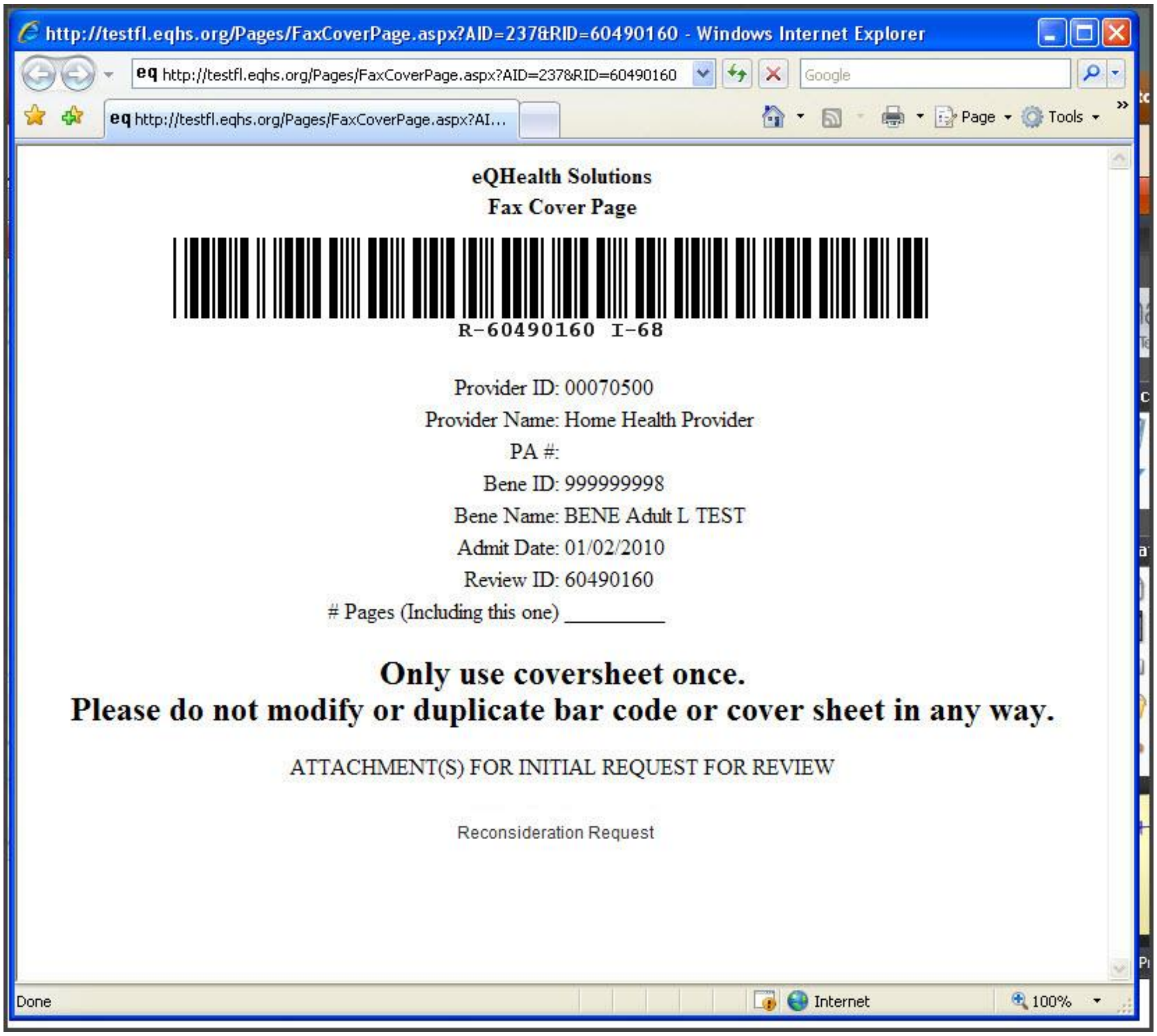



*Figure 45: Sample Coversheet*

***<u>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</u>***

## IX. LETTERS

All written correspondence from eQHealth Solutions regarding review decisions 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.

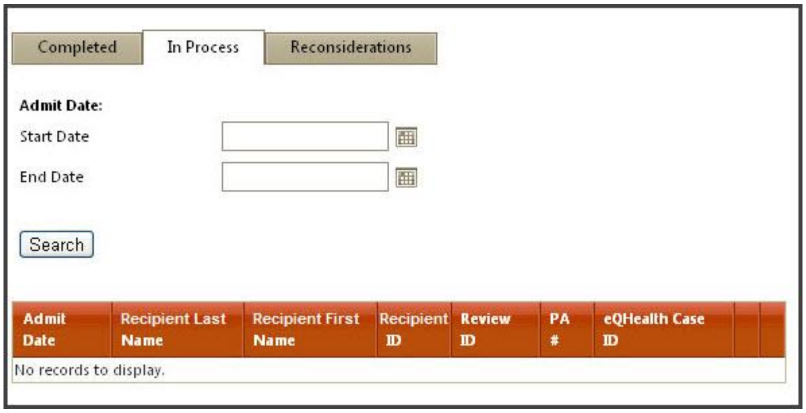



*Figure 46: Find Letter for In Process Reviews*

The resulting list will display all reviews for the Admit date range with a letter. You may open the review or view all letters for a review by clicking the **View Letter** option.


*Figure 47: 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.


*Figure 48: View Letter*

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

## X. 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.


*Figure 49: 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.

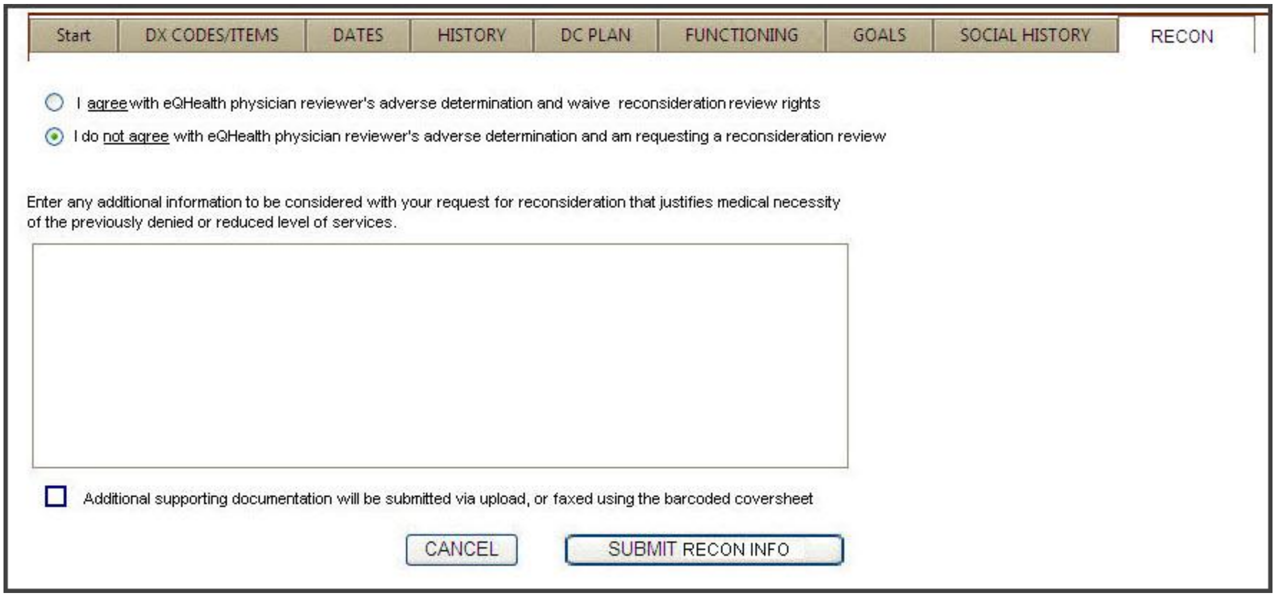



*Figure 50: Adverse Determination Response*

## XI. Update My Profile

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


*Figure 51: 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<br>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. |
| | Unique user identifier. All alphabetic characters must be in lowercase. Example: user's first initial and last name<br>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. |
| **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**<br>**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.<br>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. |

| Field | Description |
|---|---|
| **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. |

## XII. User Administration

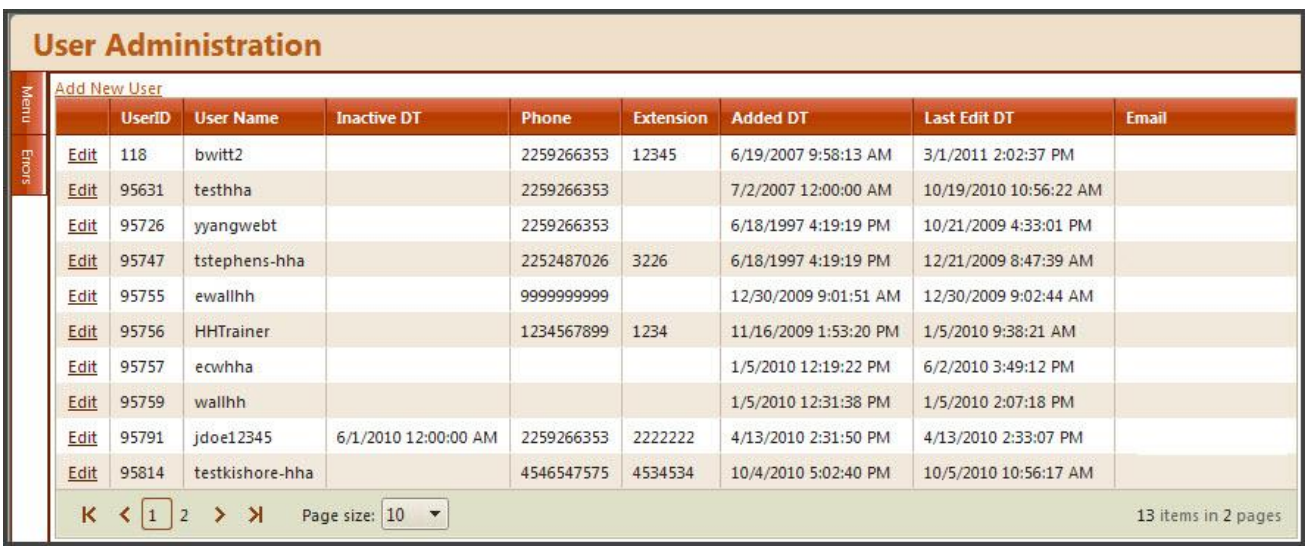
Each facility will need to have at least one person designated to be the User Administrator. They will be allowed to add new user logins, change passwords, and deactivate users who should no longer have access to the system.

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

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

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

- Launch the web browser (e.g. Internet Explorer) and navigate to **http://fl.eqhs.org/**. From here you can follow the link to the eQ Suite 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.



User Administration

Add New User

| | UserID | User Name | Inactive DT | Phone | Extension | Added DT | Last Edit DT | Email |
|---|---|---|---|---|---|---|---|---|
| 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 | |

1 2 Page size: 10 13 items in 2 pages

*Figure 52: 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.

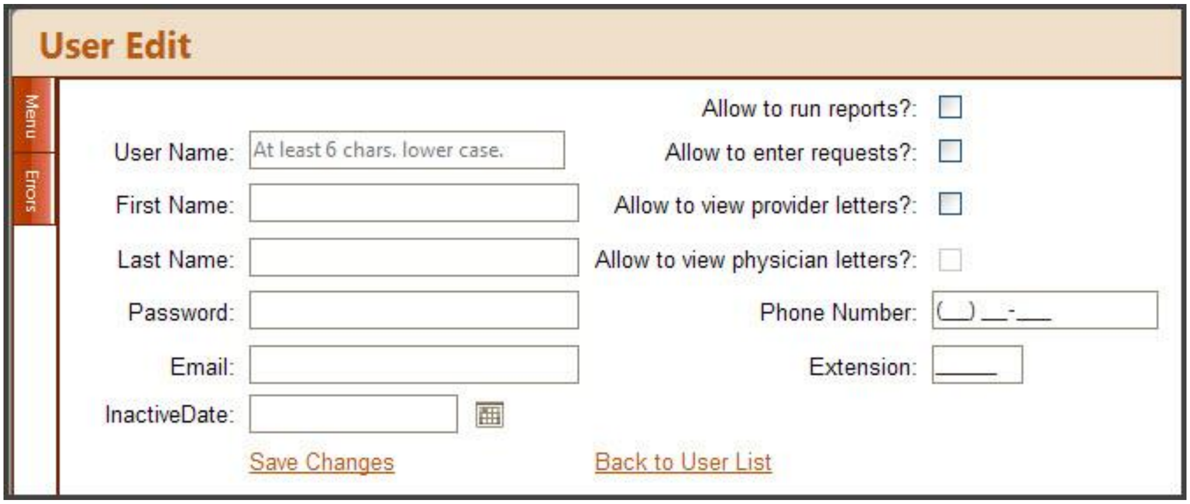



*Figure 53: Create New User*

<u>NOTE</u>: **Every user's Login ID and Password is tied to a unique provider number.** Users at multiple campuses <u>CANNOT</u> 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 54: 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.