

WEB REVIEW REQUEST PDN/PCS 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 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 agency.
 - ◆ 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:

- ▶ 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 an agency 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:

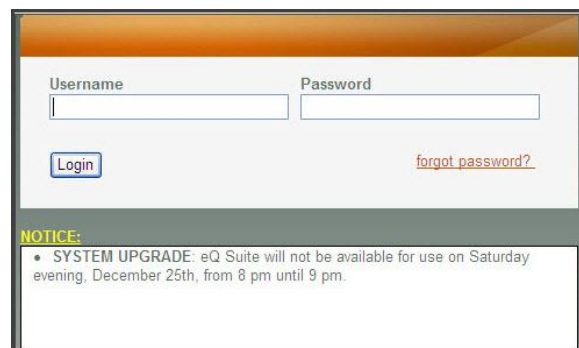
- ▶ A provider will need Internet access for the personnel who submit review requests and accessing the reporting module.
- ▶ Our eQSuite system is a secure HIPAA compliant browser based Microsoft ASP.NET application which is accessed over the Internet at "<http://fl.eqhs.org/>". To access the eQSuite 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, 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.



Username Password

[forgot password?](#)

NOTICE:

- **SYSTEM UPGRADE:** eQ Suite will not be available for use on Saturday evening, December 25th, from 8 pm until 9 pm.

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.



Provider Reports

Provider: 400 - PDN Provider

Select	N7	PDN Web Review Request Printout
Select	O1	Outpatient Review Status for a Given Recipient
Select	O3	Outpatient Assigned PA#s

All Menu Options are found in both the side tab and across the top of the pages.

Figure 2: Reports

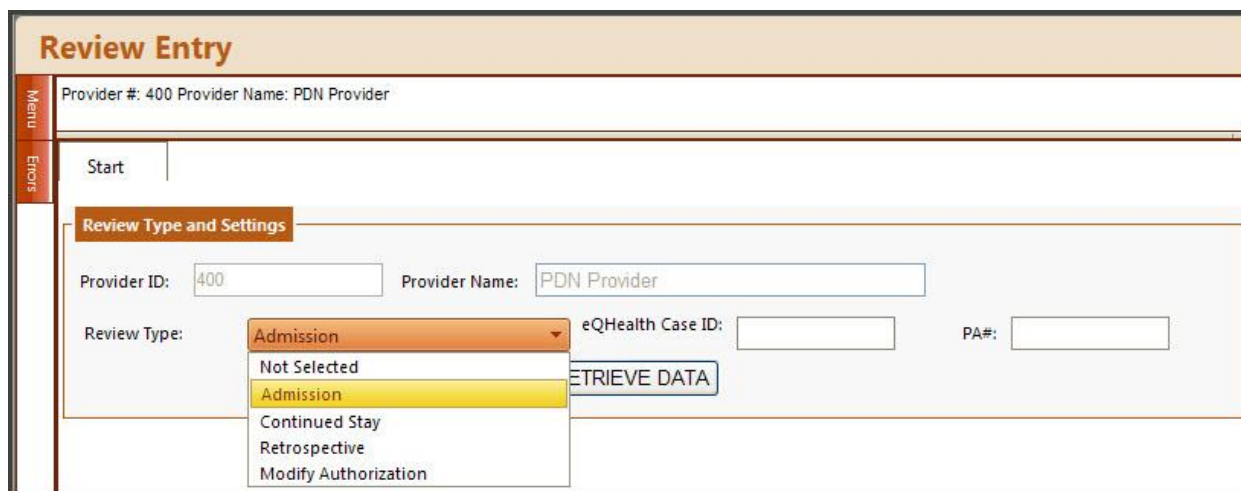
1. **Create New Review**
2. **Respond to Additional Info**
3. **Online Helpline**
 - ▶ Create a New Helpline Request
 - ▶ View Responses to Previous Requests
4. **Utilities**
 - ▶ Update Baby Info
 - ▶ Enter Discharge Dates
5. **Reports** (shown as the default screen on main Menu)
 - ▶ PDN Web Review Request Printout
 - ▶ Outpatient Review Status for a Given Recipient
 - ▶ Outpatient Assigned PA #'s
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 type of review:
 - If this is a prior authorization request and the patient either is currently in the hospital OR is scheduled for a future treatment program, then select "Admission" and click Retrieve Data. This will open the rest of the associated content.

- If this is a request to add additional days to a previously authorized treatment, then select “Continued stay” enter the PA #, and click **Retrieve Data** button. This will open the rest of the tab and allow the system to pre-populate the existing information.
- If this is a prior authorization request and the patient has already been discharged from care, then select “Retrospective” and click **Retrieve Data**. This will open the rest of the associated content.
- If this is an attempt to change a previously authorized treatment, then select “Modify Authorization”, enter the PA #, and click **Retrieve Data** button. This will reveal and pre-populate the existing information.

Start Tab



The screenshot shows the 'Review Entry' form with the 'Start' tab selected. The 'Review Type and Settings' section contains the following fields and options:

- Provider ID: 400
- Provider Name: PDN Provider
- Review Type: A dropdown menu with options: Admission (selected), Not Selected, Continued Stay, Retrospective, and Modify Authorization.
- eQHealth Case ID: [Empty field]
- PA#: [Empty field]
- RETRIEVE DATA** button

Figure 3: Create a new review.

Menu

Errors

Review Entry

Provider #: 400 Provider Name: PDN Provider

Start

Review Type and Settings

Provider ID: 400

Provider Name: PDN Provider

Review Type: Admission

eQHealth Case ID:

PA#:

Recipient ID: 999999999

Name: BENE TEST

DOB: 4/5/2006

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:

Physicians and Healthcare Practitioners

	Type	Medicaid #	NPI #	License #	Name	Phone #	
Edit	Ordering	99999999			Physician, Test	9876545555	Clear

Admit Date: 4/1/2011

Proposed D/C Date: 5/1/2011

Actual D/C Date:

Place of Service: 12: Patient's Home

Figure 4: Start tab top



If discharged within the last 30 days from an inpatient hospital, enter the discharge date:	4/1/2011 
Is the patient retroactively eligible for Medicaid for part of the requested services?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Is the patient retroactively eligible for Medicaid for all of the requested services?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Are the requested services experimental or investigational?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Are services available thru private or other public resources?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Can the patient be treated safely at home?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Are services medically necessary when the patient is outside the home?	<input type="radio"/> Yes <input checked="" type="radio"/> No
For Hospice enrolled patients: Are requested services related to the treatment of the terminal illness or associated condition? If no, then explain on the Summary tab.	<input type="radio"/> Yes <input checked="" type="radio"/> No
Are services necessary solely due to age?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Are services necessary solely due to environment?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Are services necessary solely due to convenience?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Are services necessary solely due to lack of transportation?	<input type="radio"/> Yes <input checked="" type="radio"/> No
The patient resides in a(n):	Home 
Is the caregiver a nurse from a Medicaid foster care provider?	<input type="radio"/> Yes <input checked="" type="radio"/> No
<input type="button" value="CHECK KEY"/> <input type="button" value="CANCEL"/>	

Figure 5: Start tab bottom

Field	Description
Provider ID and Name	The agency rendering treatment. 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.
Service	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

Field	Description								
	<p>edit the information. Choose between the following:</p> <p><u>Admission</u>: The patient has not yet been admitted to the treatment program or the patient has been admitted and is currently receiving care when 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 treatment program (depending on eligibility) is being requested.</p> <p><u>Modify Authorization</u>: Change a previously authorized care plan.</p> <p><u>NOTE</u>: 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 concurrent 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>Start of Care Date</td><td>Baby Name and Birth Date</td></tr> <tr> <td></td><td>(if applicable)</td></tr> </table> <p>Physician Information</p>	Recipient Number	Recipient Name	Recipient Date of Birth	Recipient Sex	Start of Care Date	Baby Name and Birth Date		(if applicable)
Recipient Number	Recipient Name								
Recipient Date of Birth	Recipient Sex								
Start of Care Date	Baby Name and Birth Date								
	(if applicable)								
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.</p> <p>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. 								

Field	Description
	<p>► 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.</p>



Figure 6: Create Temporary Recipient ID

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. 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." For a concurrent review request, the baby's name is not automatically transferred from the admission review and displayed on screen. 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
<i>Physician and other Healthcare practitioners</i>	<p>The Florida physician Medicaid number of the physician rendering the service must be entered here. This can be the license number, the NPI number or the Florida Medicaid physician number.</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> <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.</p>

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 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*)


Field	Description
 <p>The screenshot shows the 'Physician Search Page' with the following fields: Search:, Medicaid #:, NPI #:, License #:, Last Name: (with 'smith' entered), First Name:, Middle Init:, and buttons for Search, Clear, and Close.</p>	

Figure 8: Physician Search

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

Page 1 of 7, items 1 to 20 of 138.

Figure 9: Physician Search Results

Field	Description
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Place of Service

Choose the place of service from the drop down list.

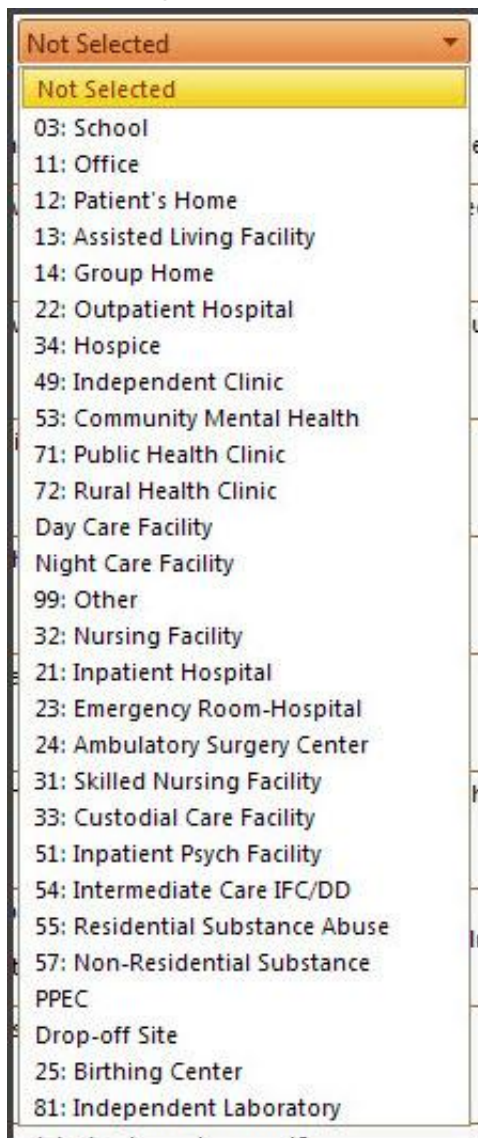


Figure 10: Place of Service

Previous Discharge

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

Retroactive Partial Medicaid Eligibility

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

Retroactive Full Medicaid Eligibility

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

Experimental or Investigational

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

Field	Description
Service Availability	Click “Yes” or “No” to indicate whether the services requested are available through private or other public resources.
Home Treatment	Click “Yes” or “No” to indicate if the patient can be safely treated at home.
Medically Necessary	Click “Yes” or “No” to indicate whether the services requested are medically necessary when the patient is outside the home.
Hospice Related Services	Click “Yes” or “No” to indicate whether the requested services are related to the treatment of the terminal illness or associated condition. If you select no, you must explain the need for the services on the summary tab. <u>Note</u> , this only applies to Hospice enrolled patients.
Age Related	Click “Yes” or “No” to indicate whether the services requested are necessary solely due to age.
Environment Related	Click “Yes” or “No” to indicate whether the services requested are necessary solely due to environment.
Convenience Related	Click “Yes” or “No” to indicate whether the services requested are necessary solely due to convenience of the caregiver, etc.
Transportation Related	Click “Yes” or “No” to indicate whether the services requested are necessary solely due to lack of transportation.
Patient Residence	Select the patient residence from the list.

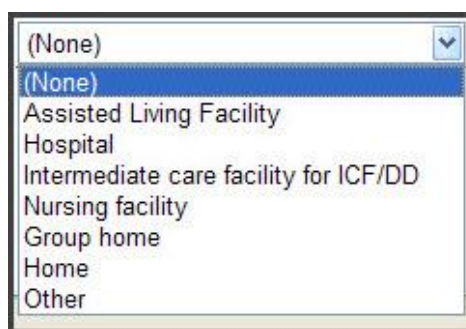


Figure 11: Patient Residence

**Nurse from a
Medicaid foster care
provider?**

Click “Yes” or “No” to indicate whether the caregiver is a nurse from a Medicaid foster care provider.

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.



Figure 12: Check Key Error

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



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

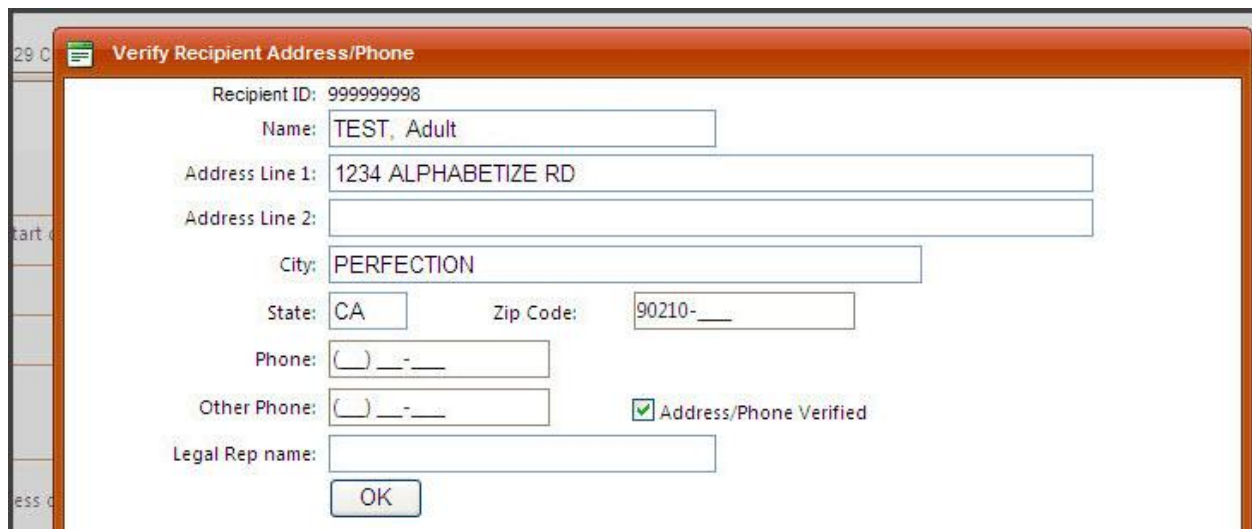
☐ Continue request - patient does not have Medicare coverage for this period

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

OK

Figure 13: 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:

Address Line 1:

Address Line 2:

City:

State: Zip Code:

Phone:

Other Phone:

☒ Address/Phone Verified

Legal Rep name:

OK

Figure 14: Verify Recipient Address and Phone

- ▶ Press the **OK** to continue.

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.

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.

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 15: Cancel Alert

DX CODES/ITEMS Tab

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

Review Entry

Provider #: 03070500 Provider Name: Home Health Provider
Recipient ID: 999999997 Recipient Name: BENE Child R TEST Admt Age: 11 Current Age: 11 Admt DT: 2/1/2011 Review ID: 60508974

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

Add Search Refresh

P	ICD9 Code	Description	Edit	Delete
Y	1550	PRIMARY LIVER CA	Edit	Delete
	486	PNEUMONIA ORGANISM NOS	Edit	Delete

Plan of Care start date: 2/1/2011
Plan of Care end date: 3/31/2011

Add Refresh

Code	MOD	MOD2	Description	From Date	Thru Date	Total Units	Units/Visit	Visits/Period	Period Type	# Periods	Service Performed by:	Edit	Delete
HHSK	(None)	(None)	HOME HEALTH SKILLED NURSE VISIT	02/01/2011	03/31/2011	24	1	0		0		Edit	Delete

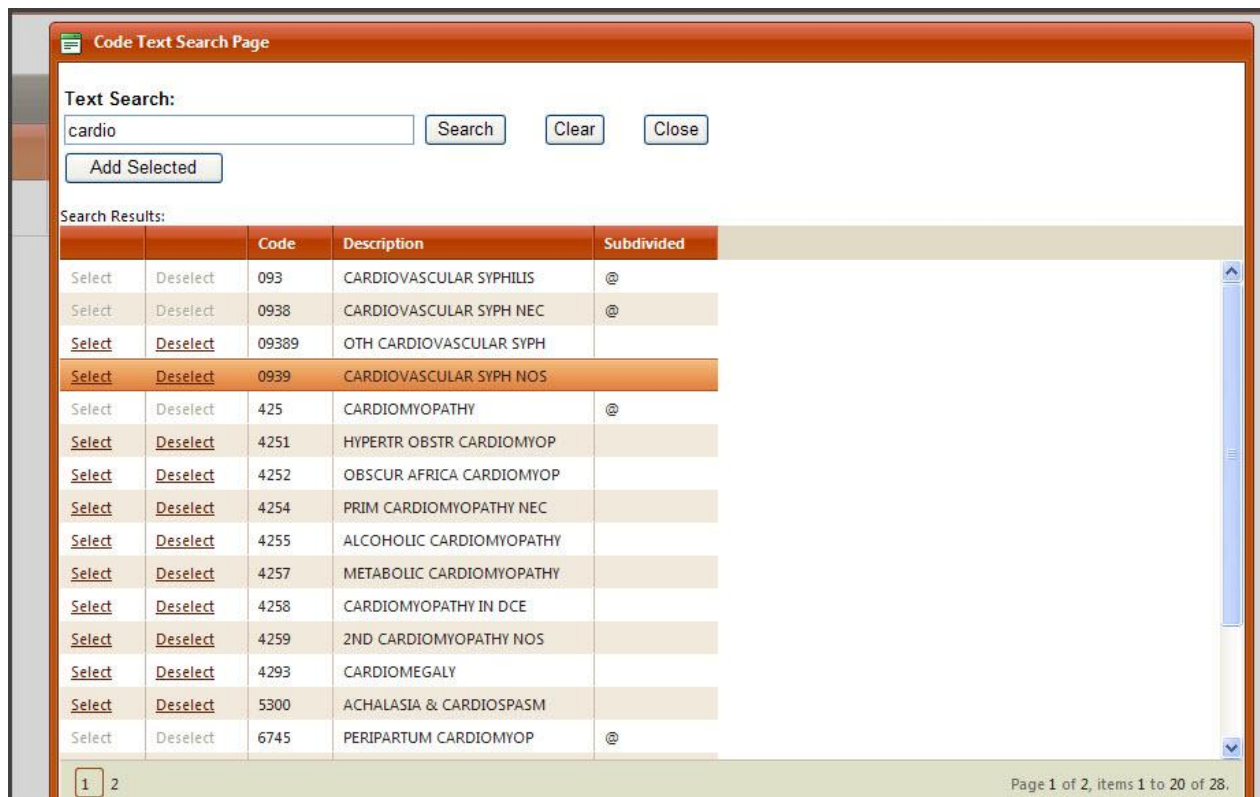
Figure 16: DX Code Tab

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

Figure 17: 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.
- ◆ Once a schedule is entered and added, the system will calculate the partial and full weeks associated with that schedule and populate the grid.
- ◆ Click **Close** to close the window without adding any diagnoses.

- ◆ To find a specific diagnosis (DX) code, click **Search** and enter the first 3-5 letters of the diagnosis. Click **Select** to highlight each desired DX code from the resulting list. When all the DX codes you need are highlighted, click **Add Selected** to add these DX codes to the review request.



The screenshot shows a web application window titled "Code Text Search Page". It features a "Text Search:" section with a text input field containing "cardio", and buttons for "Search", "Clear", and "Close". Below the search field is an "Add Selected" button. The "Search Results:" section displays a table with columns: "Code", "Description", and "Subdivided". Each row in the table has "Select" and "Deselect" links at the beginning. The table lists various cardiovascular codes and descriptions. At the bottom of the window, there is a pagination bar showing "1" of 2 pages and "Page 1 of 2, items 1 to 20 of 28".

		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	@

Figure 18: Code Search

- ◆ A diagnosis or procedure code may be edited or deleted by selecting the appropriate option at the end of the row.
- ▶ The user then clicks the **Submit** button.
- ▶ The PA # will be updated with the number provided by the fiscal agent. It will be 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	<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 but may be changed as needed.</p>
Procedure Code Actual or Proposed Date	<p>An actual or proposed date must be entered for every procedure code entered. Enter the Actual Discharge date only if the patient has already been discharged. Otherwise, enter the proposed discharge date.</p> <p>The date(s) must be within the timeframe of this admission.</p>
Item Codes	<p>The HCPC code(s) for items.</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>

SUPPORT DOCS Tab

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

Menu

Errors

Review Entry

Provider #: 00070500 Provider Name: Home Health Provider
Recipient ID:999999997 Recipient Name:BENE Child R TEST Admit Age:11 Current Age:11 Admit DT:2/1/2011 Review ID:60508974

Start

DX CODES/ITEMS

SUPPORT DOCS

ASSESSMENT

HOME

DC PLAN

FUNCTIONING

Pertinent dates: Please enter the following information

If supporting documentation is required, then submit the document by direct upload, or fax using the appropriate eQHealth's fax coversheet.

	Documentation Type	Date	Signed By MD/Auth person	Supporting documentation required when:
Edit	Nursing Assessment	01/28/2011		Required with each admission review request. Must be signed and dated by individual involved and the ordering physician. Refer to AHCA's provider handbook and eQHealth's provider
Edit	MD Order for Services	02/01/2011		Required with each admission review request. Must be a separate document. Must be signed and dated by the ordering physician on or before the date of the plan of care and prior to
Edit	Plan of Care	02/01/2011		Required with each admission review request. CMS Form 485 or AHCA's form for PC services by independent or group PCS providers. Must be developed prior to requesting prior
Edit	Physician monitoring evidence			Required with each admission review request. Acceptable documents: 1. Hospital discharge summary (for request following an

Show All

Figure 19: Support Docs

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

[Update](#)
[Cancel](#)

Nursing Assessment

1/28/2011

Required with each admission review request. Must be signed and dated by individual involved and the ordering physician. Refer to AHCA's provider handbook and eQHealth's provider

Figure 20: Update Doc Info

- Once the date information is entered, use the **Update** link to save the information to the record.
- The documents should be linked as attachments; see the Attachments section of this

Field	Description
Document Type	The various documents that may be required such as Nursing Assessment, MD Order for Services, Plan of Care, and Physician monitoring evidence.
Date	The date the document was generated.
Signed By MD/Auth person	Who signed the document. This information has to be entered in the grid.
Supporting documentation required when	The circumstances that require each piece of documentation.

ASSESSMENT Tab

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

Menu

Errors

Review Entry

Provider #: 400 Provider Name: PDN Provider

Recipient ID:200 Recipient Name:JANE DOE Admit Age:27 Current Age:27 Admit DT:1/19/2011 Review ID:60509705

Start

DX CODES/ITEMS

SUPPORT DOCS

ASSESSMENT

HOME

DC PLAN

FUNCTIONING

GOALS

Select all that apply for this patient

☒ Medically Complex

☒ Medically Fragile

☒ Technology dependent

☒ None of the above

Explain your selection(s) here:

Mental Status: (Select all that apply)

☐ Agitated

☐ Alert

☐ Cloudy

☐ Comatose

☐ Confused

☐ Depressed

☐ Disoriented

☐ Drowsy

☐ Forgetful

☐ Oriented to time

☐ Oriented to place

☐ Stuporose/lethargic

☐ Other: Explain on Summary tab

Living Arrangement: Patient currently lives (Select one)

☐ alone

☐ with parent/guardian

☐ with spouse

☐ with other person(s)

☐ in foster home

☐ in group residential facility

☐ in a shelter

☐ in other living arrangements

Is the patient currently receiving similar services from any other source in addition to what you have requested, including other home health agencies or PCS providers, PPEC, Waiver, or other private/public sources?

☐ Yes

☐ No

+ Add new record

Refresh

Provided by Name

Place of Service

Describe services received, frequency, days of the week and times

No records to display.

CANCEL

SAVE/CLOSE

SAVE/CONTINUE

Figure 21: Assessments

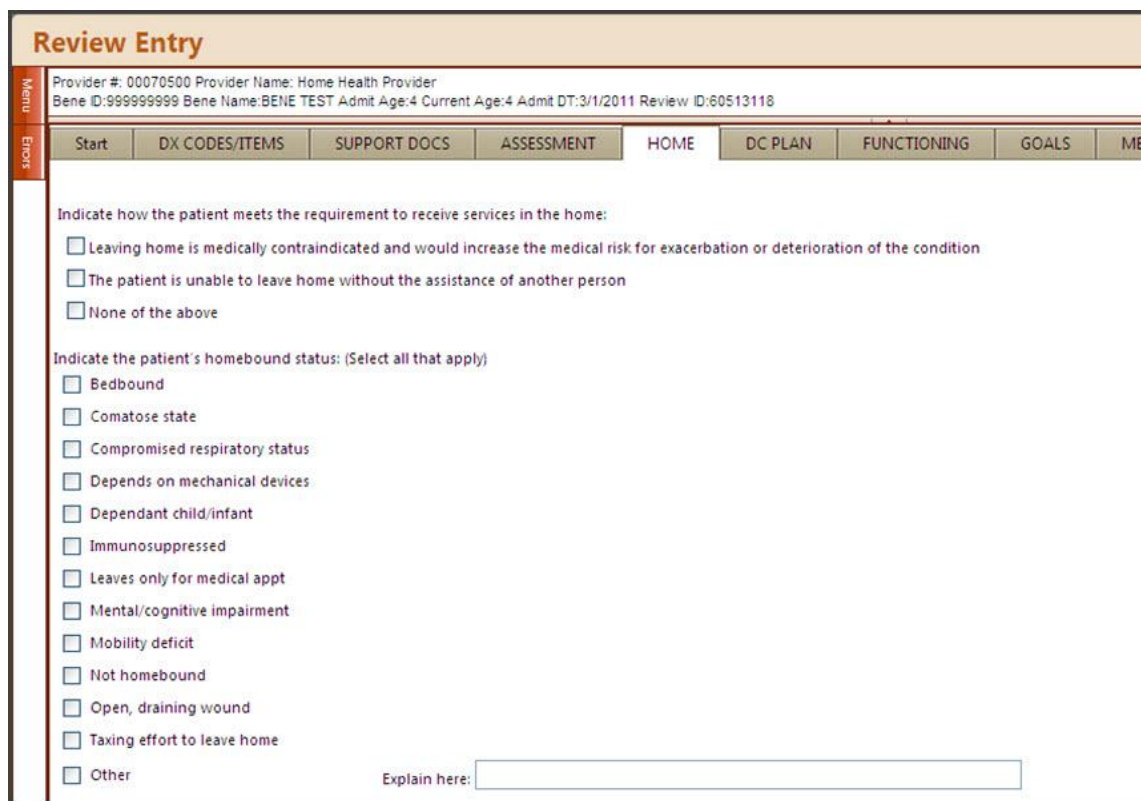
Field	Description
Medical Status	Select the checkbox beside each medical condition that applies. Use the text box to give details of any selections.
Mental Status	Select the checkbox beside each mental condition that applies.
Living Arrangements	Select the best fit living arrangement that applies to the patient's current situation.
Patient/Caregiver is capable and willing to learn techniques and be generally compliant with plan of care	Click "Yes" or "No" to indicate whether the patient, or their caregiver, is able and willing to learn techniques and assist with the plan of care.
Is the patient receiving similar services from another source	Click "Yes" or "No" to indicate whether the patient is receiving similar services from any other source in addition to what is requested, including other home health agencies or Personal Care Services (PCS) providers, Prescribed Pediatric Extended Care (PPEC), Waiver, or other private/public sources. If there are other providers, add records to the grid giving the name of the provider, where the service is performed, and details of the service. Once the details are provided, use the Insert link to add the provider to the record.



Figure 22: Add Other Provider

HOME Tab

- ▶ This screen captures all data regarding how suitable the patient's home is for providing the requested service.



Review Entry

Menu Errors

Provider #: 00070500 Provider Name: Home Health Provider
Bene ID:99999999 Bene Name:BENE TEST Admit Age:4 Current Age:4 Admit DT:3/1/2011 Review ID:60513118

Start DX CODES/ITEMS SUPPORT DOCS ASSESSMENT **HOME** DC PLAN FUNCTIONING GOALS ME

Indicate how the patient meets the requirement to receive services in the home:

- ☐ Leaving home is medically contraindicated and would increase the medical risk for exacerbation or deterioration of the condition
- ☐ The patient is unable to leave home without the assistance of another person
- ☐ None of the above

Indicate the patient's homebound status: (Select all that apply)

- ☐ Bedbound
- ☐ Comatose state
- ☐ Compromised respiratory status
- ☐ Depends on mechanical devices
- ☐ Dependant child/infant
- ☐ Immunosuppressed
- ☐ Leaves only for medical appt
- ☐ Mental/cognitive impairment
- ☐ Mobility deficit
- ☐ Not homebound
- ☐ Open, draining wound
- ☐ Taxing effort to leave home
- ☐ Other

Explain here:

Figure 23: Home Pt 1

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

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

Explain here:

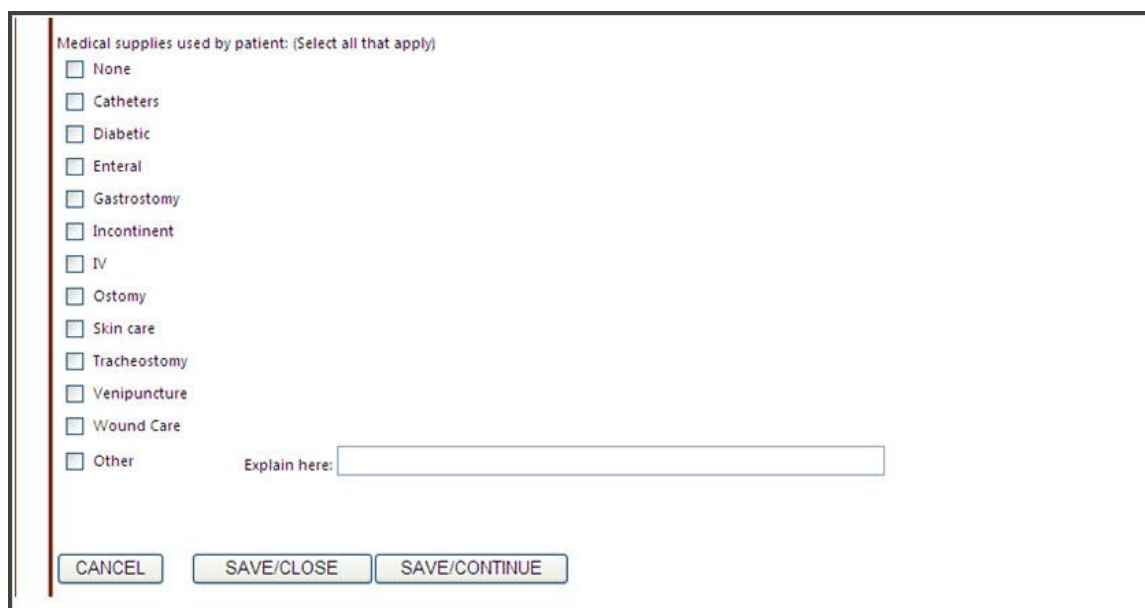
Figure 24: Home Pt 2

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

- ☐ None
- ☐ Apnea monitor
- ☐ Bedside commode chair
- ☐ Biliblanket/light
- ☐ Cane/crutches
- ☐ Dialysis
- ☐ Feeding pump
- ☐ Glucometer
- ☐ Hospital bed
- ☐ Hoyer lift
- ☐ IV pump/supplies
- ☐ Nebulizer
- ☐ Oxygen
- ☐ Special support surface
- ☐ Suction
- ☐ Ventilator
- ☐ Walker
- ☐ Wheelchair
- ☐ Other

Explain here:

Figure 25: Home Pt 3



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

☐ None

☐ Catheters

☐ Diabetic

☐ Enteral

☐ Gastrostomy

☐ Incontinent

☐ IV

☐ Ostomy

☐ Skin care

☐ Tracheostomy

☐ Venipuncture

☐ Wound Care

☐ Other

Explain here:

Figure 26: Home Pt 4

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

DC PLAN Tab

Review Entry

Menu
Errors

Provider #: 00070500 Provider Name: Home Health Provider
Bene ID:999999999 Bene Name:BENE TEST Admit Age:4 Current Age:4 Admit DT:3/1/2011 Review ID:60513118

Start	DX CODES/ITEMS	SUPPORT DOCS	ASSESSMENT	HOME	DC PLAN	FUNCTIONING	GOALS	
-------	----------------	--------------	------------	------	---------	-------------	-------	--

DISCHARGE PLAN:

Anticipated or Actual Discharge to: (Select one)

None

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

Current DC Plan and progress toward discharge:

CANCEL

SAVE/CLOSE

SAVE/CONTINUE

Figure 27: DC Plan

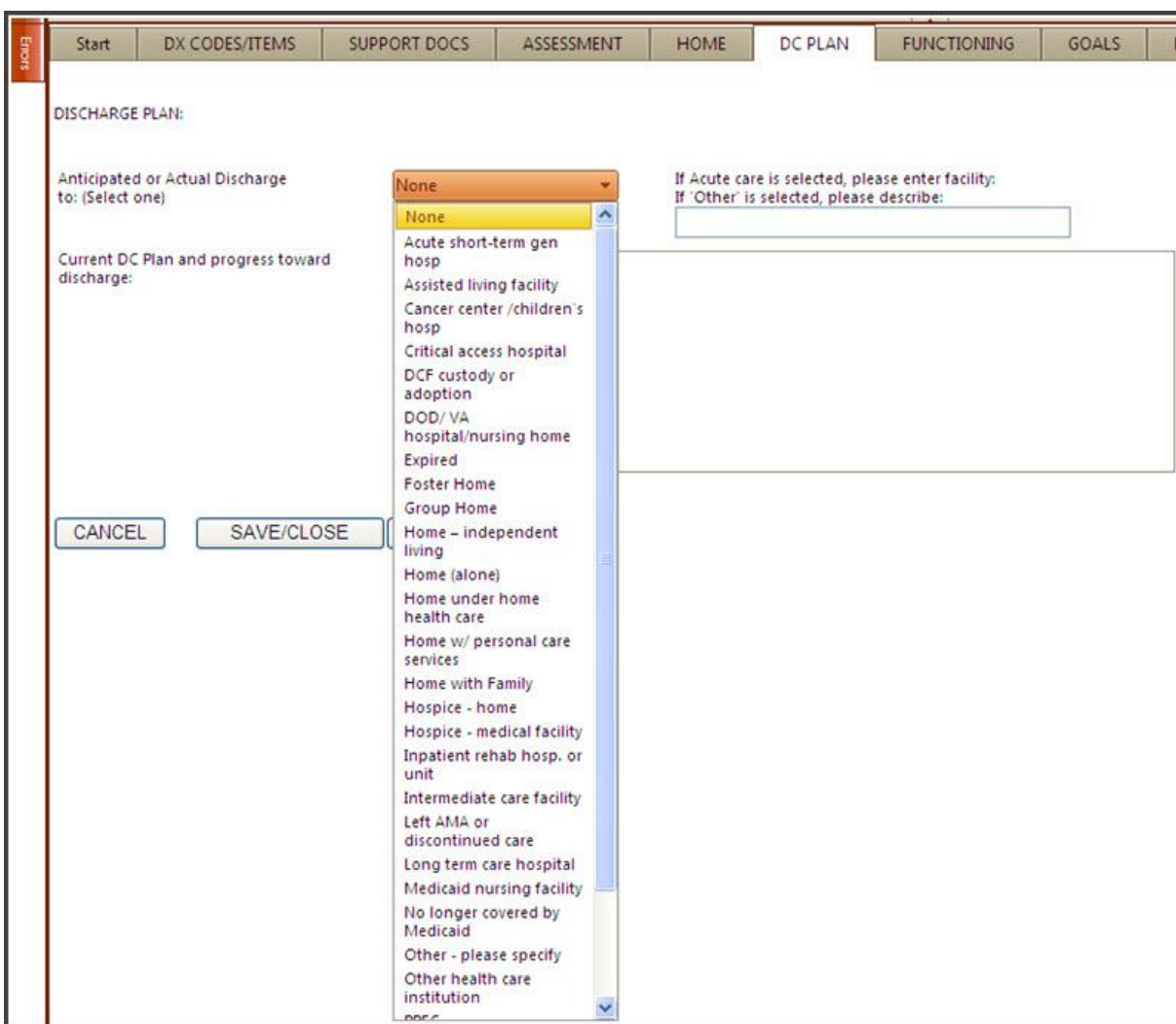


Figure 28 Discharge Location

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 acute care, enter facility name.
Current DC Plan and progress toward discharge	Enter current plan details and progress on the plan in this text box.
FUNCTIONING Tab	
<ul style="list-style-type: none"> ▶ Select the checkboxes for all functional limitations. In the adjacent text boxes, enter the onset date and the course of treatment including how it addresses that specific limitation. 	

Review Entry			
Menu Errors	Provider #: 400 Provider Name: PDN Provider Recipient ID:200 Recipient Name:JANE DOE Admit Age:27 Current Age:27 Admit DT:1/19/2011 Review ID:60509705		
	Start	DX CODES/ITEMS	SUPPORT DOCS
	ASSESSMENT	HOME	DC PLAN
	FUNCTIONING	GOALS	
ServiceType	Indicate the patient's functional limitations	Check all that apply	In date sequence and for the entire requested timeframe, Enter the start date and briefly describe the treatment and how it addresses the specific limitation.
Skilled	Complex wound and site care management required	<input type="checkbox"/>	
Skilled	Decubitus ulcer care required	<input type="checkbox"/>	
Skilled	Knowledge deficit - needs teaching/training	<input type="checkbox"/>	
Skilled	Levine tube and gastrostomy feeding	<input type="checkbox"/>	
Skilled	Limited endurance	<input type="checkbox"/>	
Skilled	Limited range of motion/positioning	<input type="checkbox"/>	
Skilled	Medication - administration by IV or injectable	<input type="checkbox"/>	
Skilled	Mobility deficit - ambulation	<input type="checkbox"/>	
Skilled	Other	<input type="checkbox"/>	
Skilled	Paralysis/hemiparesis	<input type="checkbox"/>	
Skilled	PEG tube (transitioning)	<input type="checkbox"/>	

Figure 29: Functioning Pt 1

Skilled	Requires catheter care	<input type="checkbox"/>	
Skilled	Respiratory therapy treatments and assessments	<input type="checkbox"/>	
Skilled	Seizure disorder	<input type="checkbox"/>	
Skilled	Skin disorder - widespread infected or draining	<input type="checkbox"/>	
Skilled	Speech/swallowing deficit	<input type="checkbox"/>	
Skilled	Trach in place - care and suctioning required	<input type="checkbox"/>	
Skilled	Ventilator dependent-care and management required	<input type="checkbox"/>	
ADL	Limited range of motion and positioning ability	<input type="checkbox"/>	
ADL	Needs assistance with oral hygiene	<input type="checkbox"/>	
ADL	Needs help with toileting and/or elimination	<input type="checkbox"/>	
ADL	Other	<input type="checkbox"/>	
ADL	Unable to bathe and or groom self	<input type="checkbox"/>	
ADL	Unable to eat or drink without assistance	<input type="checkbox"/>	

CANCEL SAVE/CLOSE SAVE/CONTINUE

Figure 30: Functioning Pt 2

GOALS Tab

- ▶ For each functional limitation identified on the previous tab, the system will generate a grid for goals associated with that limitation.
- ▶ Click on the functional limitation row to list specific goals and when the patient should be starting on that goal.

Review Entry

Menu

Errors

Provider #: 400 Provider Name: PDN Provider

Recipient ID:200 Recipient Name:JANE DOE Admit Age:27 Current Age:27 Admit DT:1/19/2011 Review ID:60509705

Start

DX CODES/ITEMS

SUPPORT DOCS

ASSESSMENT

HOME

DC PLAN

FUNCTIONING

GOALS

ServiceType

Functional limitation

Skilled

Speech/swallowing deficit

Goals

+ Add Goal

Refresh

	Describe in measureable terms the short and long term treatment goals for this functional limitation:	Goal Start Date	
<div>▼</div> <div>Edit</div>	Is kept fed and hydrated until the patient can have tubes removed.	04/10/2011	Delete
	<div>The goal of treatment is to maintain the patient's status:</div> <div> <input checked="" type="radio"/> Yes <input type="radio"/> No </div>	<div>Goal achieved? (Select one)</div> <div> <input type="text"/> % achieved or <div> <input type="radio"/> Deteriorated <input checked="" type="radio"/> No Progress <input type="radio"/> Discontinued </div> </div>	<div>Measurement Date</div> <div>04/15/2011</div> <div>Delete</div>

> Skilled

Requires catheter care

▼ Skilled

Medication - administration by IV or injectable

Goals

+ Add Goal

Refresh

	Describe in measureable terms the short and long term treatment goals for this functional limitation:	Goal Start Date	
<div>▼</div> <div>Edit</div>	Medication maintained at appropriate levels until wounds heal.	04/10/2011	Delete

+ Add Outcome

Refresh

	The goal of treatment is to maintain the patient's status:	Goal achieved? (Select one)	Measurement Date
No records to display			

CANCEL

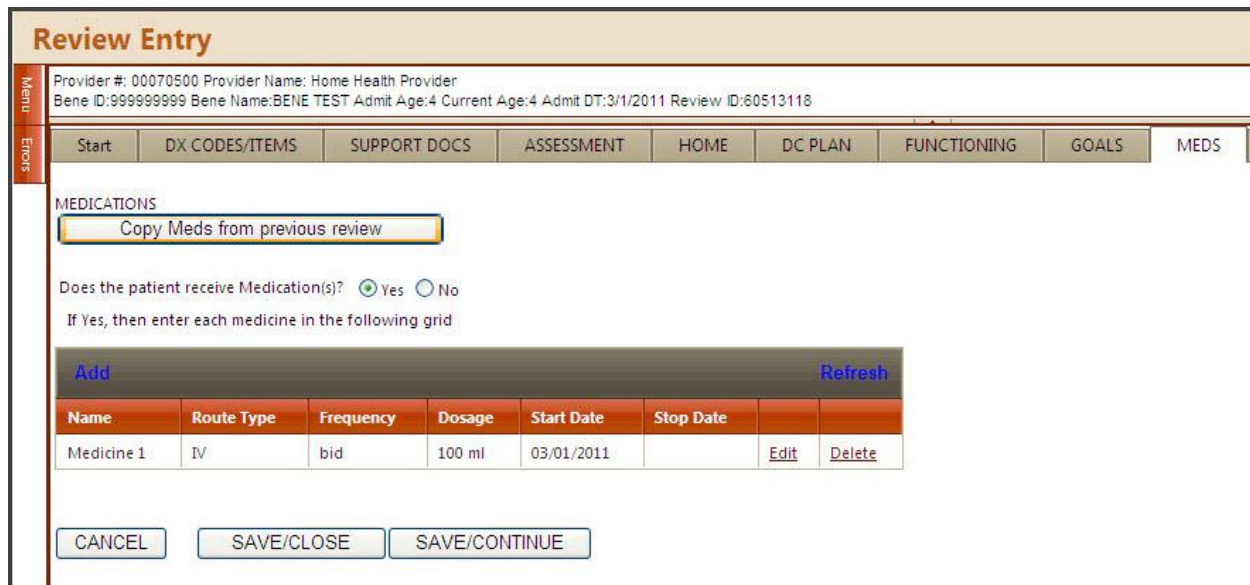
SAVE/CLOSE

SAVE/CONTINUE

Figure 31: Goals

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

Provider #: 00070500 Provider Name: Home Health Provider
Bene ID:999999999 Bene Name:BENE TEST Admit Age:4 Current Age:4 Admit DT:3/1/2011 Review ID:60513118

Menu Errors

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

MEDICATIONS

Copy Meds from previous review

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

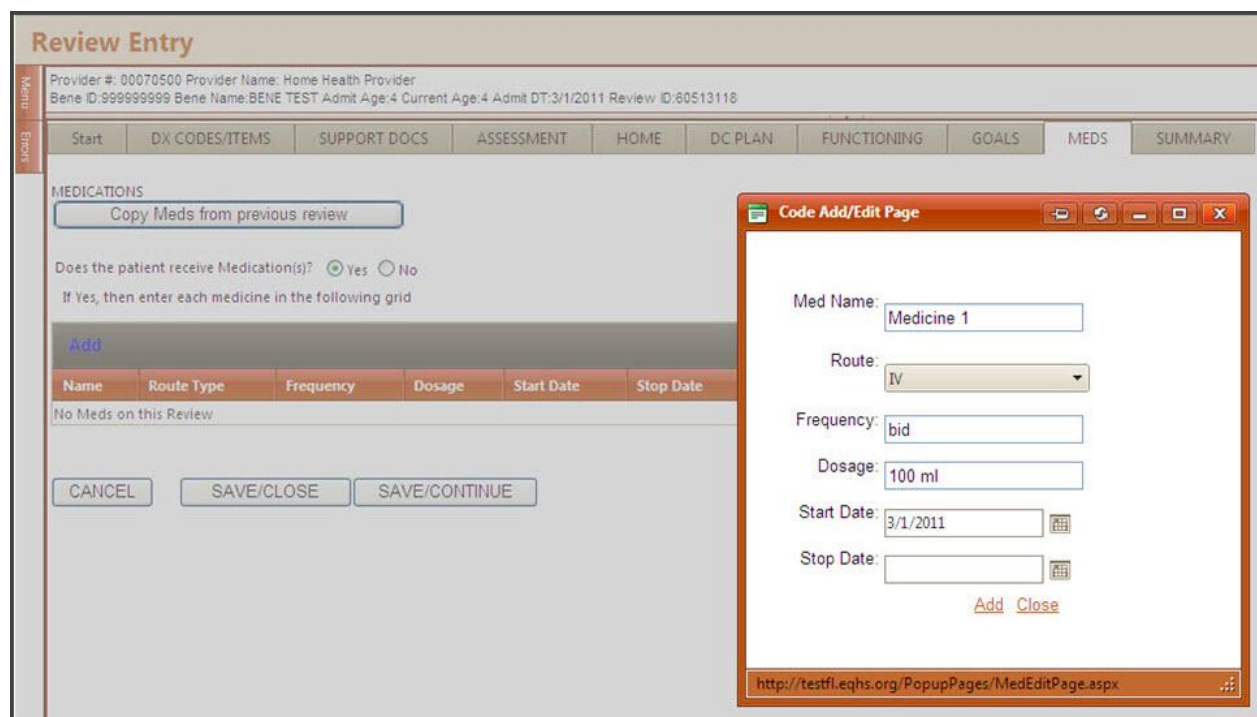
If Yes, then enter each medicine in the following grid

Add **Refresh**

Name	Route Type	Frequency	Dosage	Start Date	Stop Date		
Medicine 1	IV	bid	100 ml	03/01/2011		Edit	Delete

CANCEL **SAVE/CLOSE** **SAVE/CONTINUE**

Figure 32: Medications

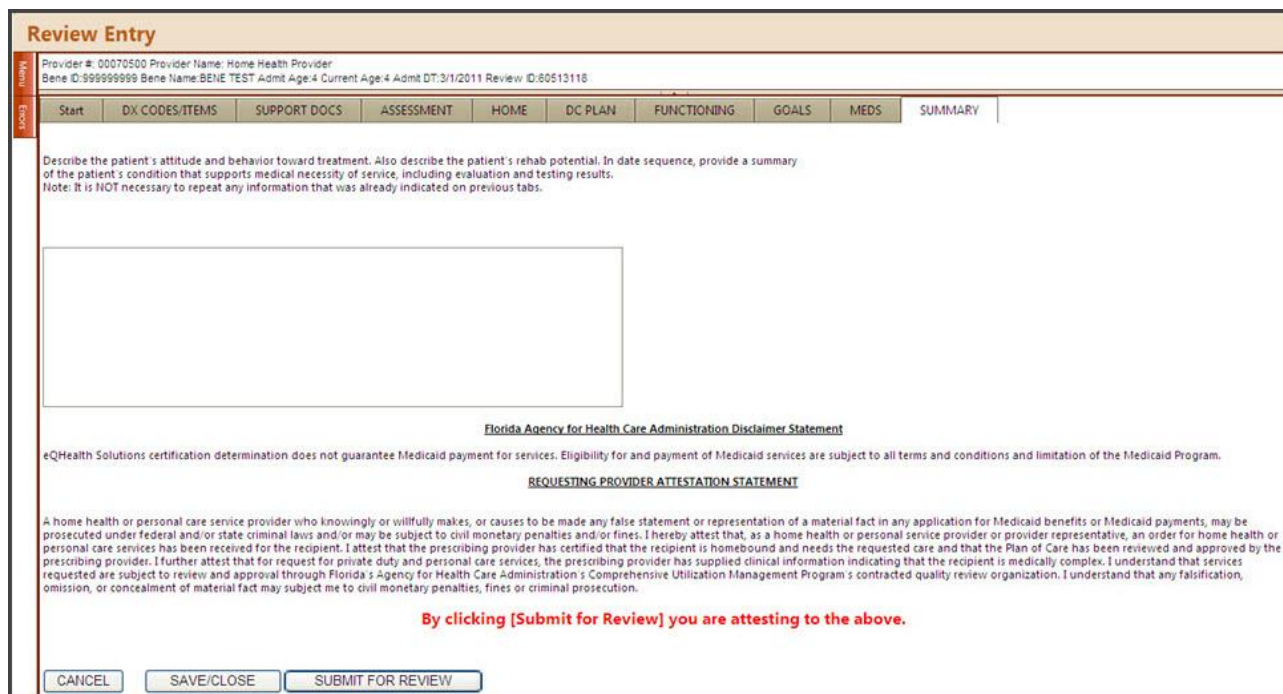


The screenshot shows the 'Review Entry' form. At the top, there is a header with patient information: Provider # 00070500, Provider Name: Home Health Provider, Bene ID: 999999999, Bene Name: BENE TEST, Admit Age: 4, Current Age: 4, Admit DT: 3/1/2011, Review ID: 60513118. Below this is a navigation bar with tabs: Start, DX CODES/ITEMS, SUPPORT DOCS, ASSESSMENT, HOME, DC PLAN, FUNCTIONING, GOALS, MEDS, and SUMMARY. The 'MEDS' tab is selected. The main area is titled 'MEDICATIONS' and contains a 'Copy Meds from previous review' button. Below this is a question: 'Does the patient receive Medication(s)?' with 'Yes' (selected) and 'No' radio buttons. A note says 'If Yes, then enter each medicine in the following grid'. There is an 'Add' button and a table with columns: Name, Route Type, Frequency, Dosage, Start Date, and Stop Date. The table currently shows 'No Meds on this Review'. At the bottom are buttons: CANCEL, SAVE/CLOSE, and SAVE/CONTINUE. A 'Code Add/Edit Page' popup is open, showing fields for: Med Name (Medicine 1), Route (IV), Frequency (bid), Dosage (100 ml), Start Date (3/1/2011), and Stop Date. It has 'Add' and 'Close' buttons at the bottom. The URL at the bottom of the popup is 'http://testfl.eqhs.org/PopupPages/MedEditPage.aspx'.

Figure 33: Add Medication

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 #: 00070500 Provider Name: Home Health Provider
Bene ID: 999999999 Bene Name: BENE TEST Admit Age: 4 Current Age: 4 Admit DT: 3/1/2011 Review ID: 60513118

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

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

Florida Agency for Health Care Administration Disclaimer Statement

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

REQUESTING PROVIDER ATTESTATION STATEMENT

A home health or personal care service provider who knowingly or willfully makes, or causes to be made any false statement or representation of a material fact in any application for Medicaid benefits or Medicaid payments, may be prosecuted under federal and/or state criminal laws and/or may be subject to civil monetary penalties and/or fines. I hereby attest that, as a home health or personal service provider or provider representative, an order for home health or personal care services has been received for the recipient. I attest that the prescribing provider has certified that the recipient is homebound and needs the requested care and that the Plan of Care has been reviewed and approved by the prescribing provider. I further attest that for request for private duty and personal care services, the prescribing provider has supplied clinical information indicating that the recipient is medically complex. 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.

Figure 34: 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 records in process and currently awaiting requested additional information.

Menu

Export

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 35: Additional Info Needed

- ▶ The user should click “Open” for the appropriate review and the system will display the additional information request.



Figure 36: Additional Info Request

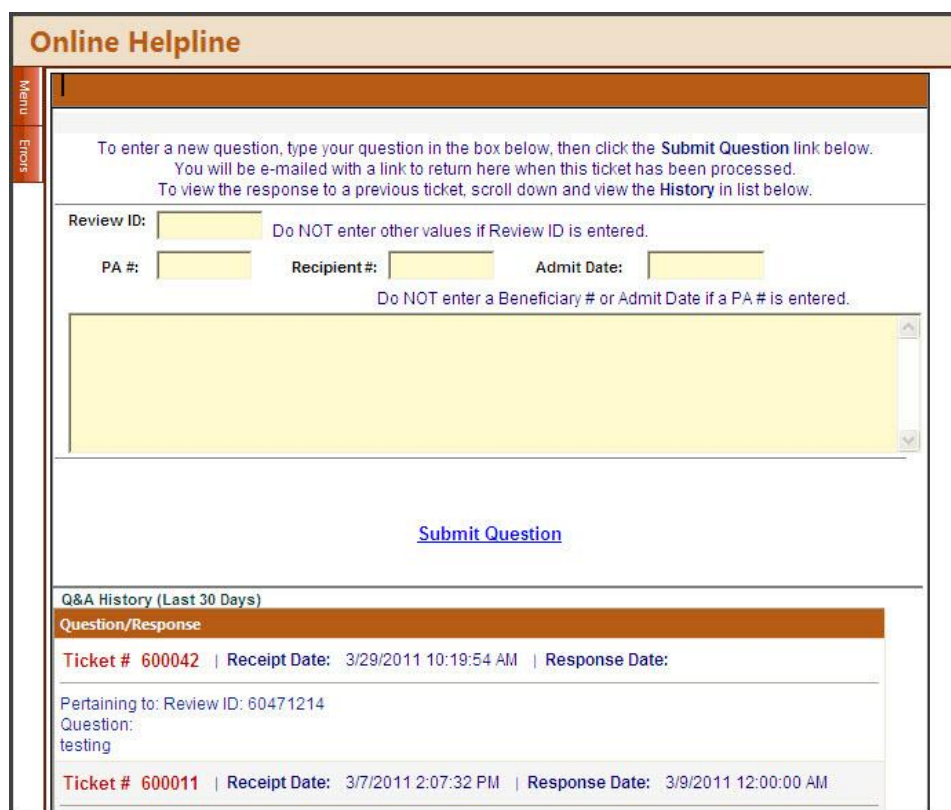
- ▶ The first text box shows the question from eQHealth and is view only.
- ▶ You will respond to the question in one of two ways: type additional information into the text box labeled “Additional Info”, link a document to the review, or both. To do so, see the section entitled “Linking an attachment 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 37: Helpline

IV. UTILITIES



Figure 38: Utilities Menu

Update Baby Info

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

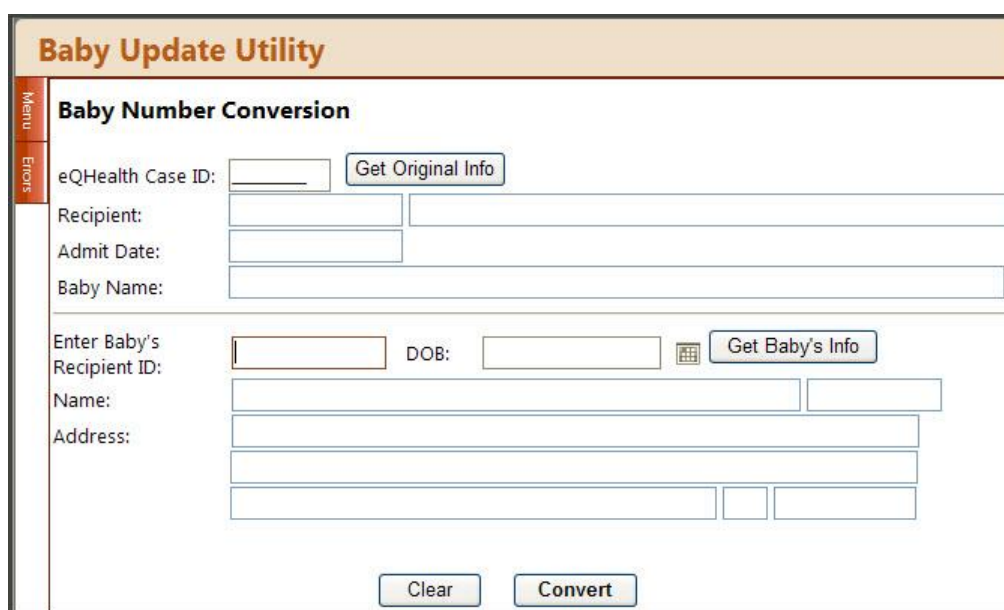


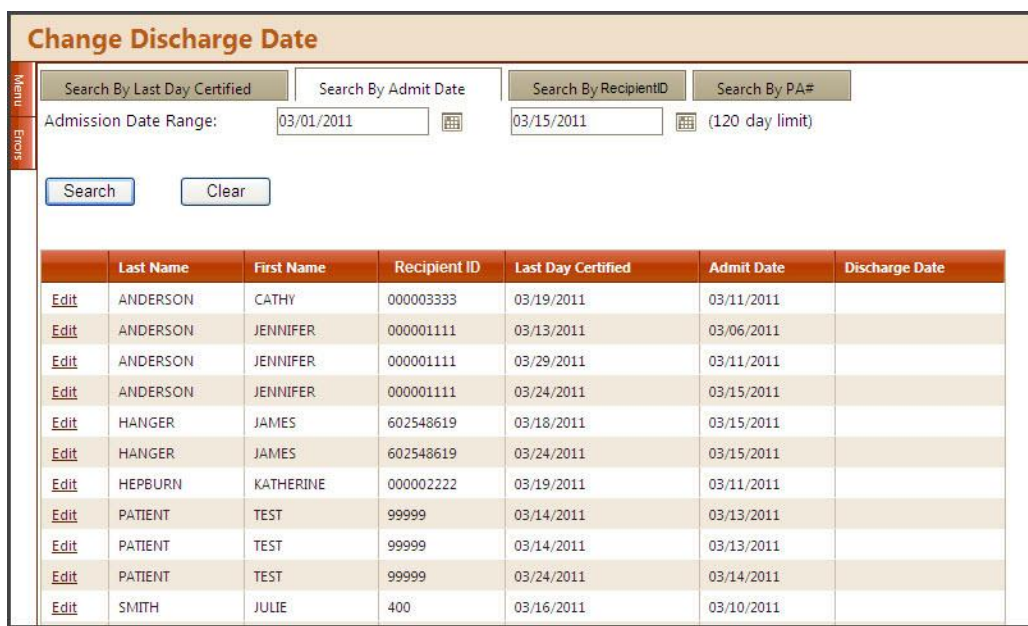
Figure 39: Baby Update Utility

- ▶ 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 complete and the review is transmitted to the fiscal agent to receive the PA#.

Enter Discharge Dates

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



	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 40: 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 41: 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.

V. REPORTS

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

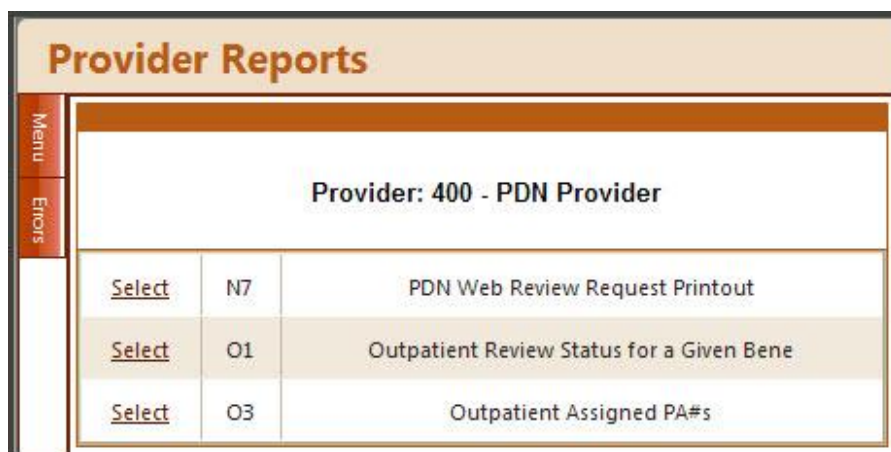


Figure 42: Reports

- ▶ 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**.



Provider Reports

Menu
Errors

Recipient ID 999999999

Admit Date: ☒ All Dates ☐ Date Range

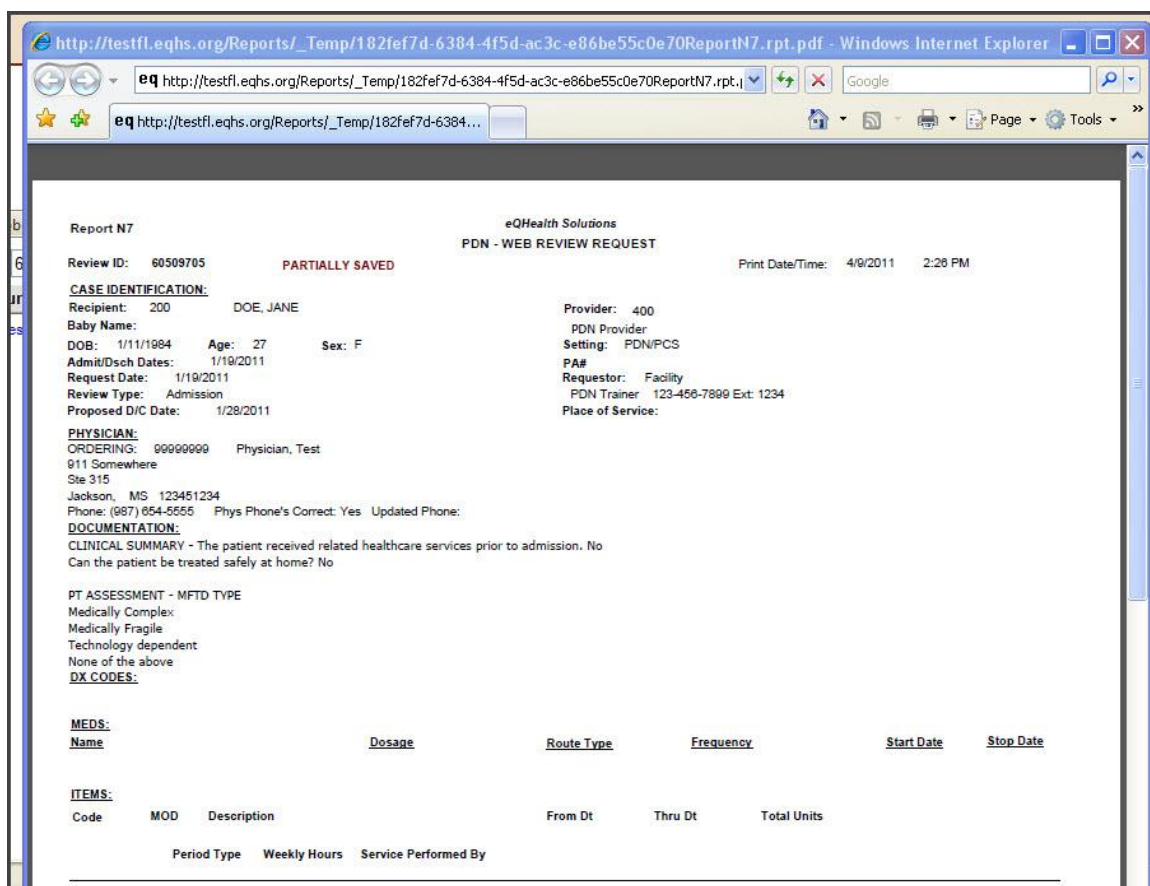
Export As Adobe Acrobat PDF ▼

Run Report

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

Figure 43: Generate Reports

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



Report N7

eQHealth Solutions
PDN - WEB REVIEW REQUEST

Review ID: 60509705 **PARTIALLY SAVED** Print Date/Time: 4/9/2011 2:28 PM

CASE IDENTIFICATION:
 Recipient: 200 DOE, JANE
 Baby Name:
 DOB: 1/11/1984 Age: 27 Sex: F
 Admit/Dsch Dates: 1/19/2011
 Request Date: 1/19/2011
 Review Type: Admission
 Proposed D/C Date: 1/28/2011

PHYSICIAN:
 ORDERING: 99999999 Physician, Test
 911 Somewhere
 Ste 315
 Jackson, MS 123451234
 Phone: (987) 654-5555 Phys Phone's Correct: Yes Updated Phone:

DOCUMENTATION:
 CLINICAL SUMMARY - The patient received related healthcare services prior to admission. No
 Can the patient be treated safely at home? No

PT ASSESSMENT - MFTD TYPE
 Medically Complex
 Medically Fragile
 Technology dependent
 None of the above

DX CODES:

MEDS:

Name	Dosage	Route Type	Frequency	Start Date	Stop Date

ITEMS:

Code	MOD	Description	From Dt	Thru Dt	Total Units

Period Type Weekly Hours Service Performed By

Figure 44: Report Preview

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

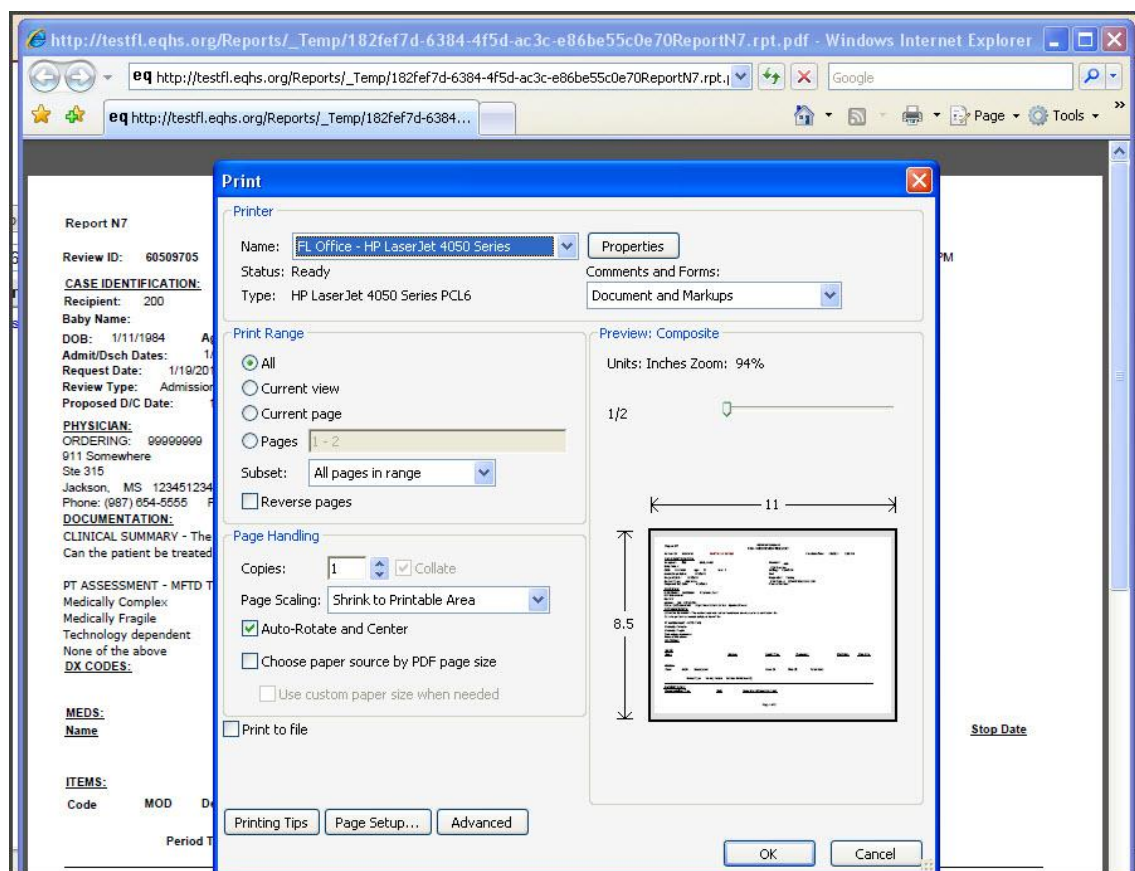


Figure 45: Print Report

- ▶ 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	List Partial Records														
	ReviewID	Request Date	Requestor Name	Recipient ID	First Name	Last Name	Request Type	Setting	PA #	eQHealth Case ID	Admit Date	Provider ID	Provider Name		
Errors	Open	60509705	01/19/2011	PDN Trainer	200	JANE DOE	Admission	PDN/PCS		1000108976	01/19/2011	400	PDN Provider	Delete	Print
	Open	60509793	01/19/2011	PDN Trainer	200	JANE DOE	Admission	PDN/PCS		1000108979	01/19/2011	400	PDN Provider	Delete	Print
	Open	60510010	01/21/2011	PDN Trainer	400	JULIE SMITH	Admission	PDN/PCS		1000108991	01/25/2011	400	PDN Provider	Delete	Print
	Open	60518795	03/24/2011	PDN Trainer	99999	TEST PATIENT	Admission	PDN/PCS		1000109489	03/24/2011	400	PDN Provider	Delete	Print
	Open	60518849	03/24/2011	PDN Trainer	99999	TEST PATIENT	Admission	PDN/PCS		1000109492	03/24/2011	400	PDN Provider	Delete	Print
	Open	60518870	03/24/2011	PDN Trainer	99999	TEST PATIENT	Admission	PDN/PCS		1000109495	03/24/2011	400	PDN Provider	Delete	Print
	Open	60518906	03/24/2011	PDN Trainer	99999	TEST PATIENT	Admission	PDN/PCS		1000109497	03/24/2011	400	PDN Provider	Delete	Print

Figure 46: 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 clicks **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:

Menu

Errors

Search

List Partial Records

Search By PA#

Search By Date

Search By Recipient

Cases Needing Add'l Info.

Enter a Beneficiary ID #, then click Search.

Recipient ID: 999999999

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	60495365	05/19/2010	PDN Trainer	999999999	BENE	TEST	Admission	PDN/PCS		1000108217	05/23/2010	400	PDN Provider	
Open	60498804	02/08/2011	PDN Trainer	999999999	BENE	TEST	Retrospective	PDN/PCS		1000108391	08/01/2010	400	PDN Provider	
Open	60509997	02/08/2011	PDN Trainer	999999999	BENE	TEST	Admission	PDN/PCS		1000108990	01/18/2011	400	PDN Provider	
Open	60516998	03/12/2011	PDN Trainer	999999999	BENE	TEST	Admission	PDN/PCS		1000109381	03/10/2011	400	PDN Provider	

Figure 47: 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	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 48: List Reviews

You will see the following options:



Figure 49: 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 50: 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.

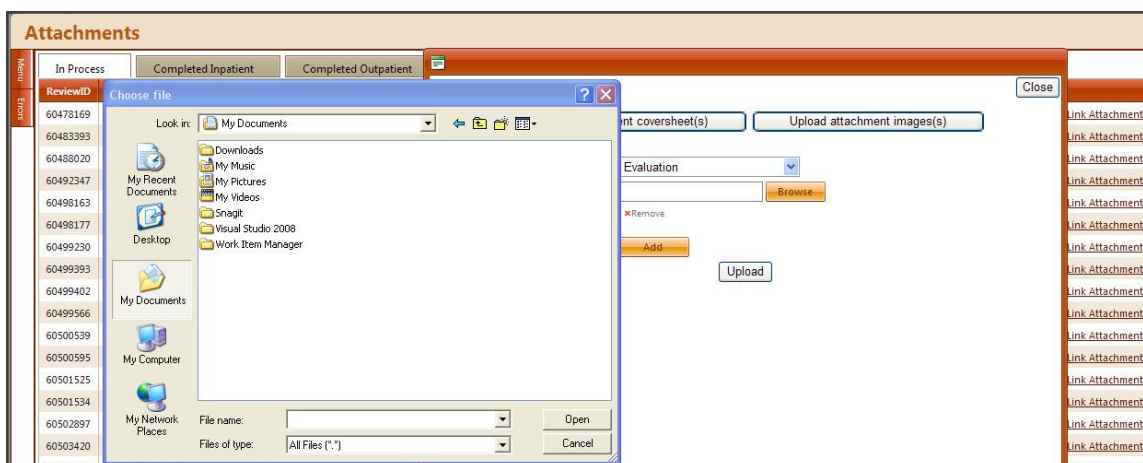


Figure 51: Find File to Attach

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 52: 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.

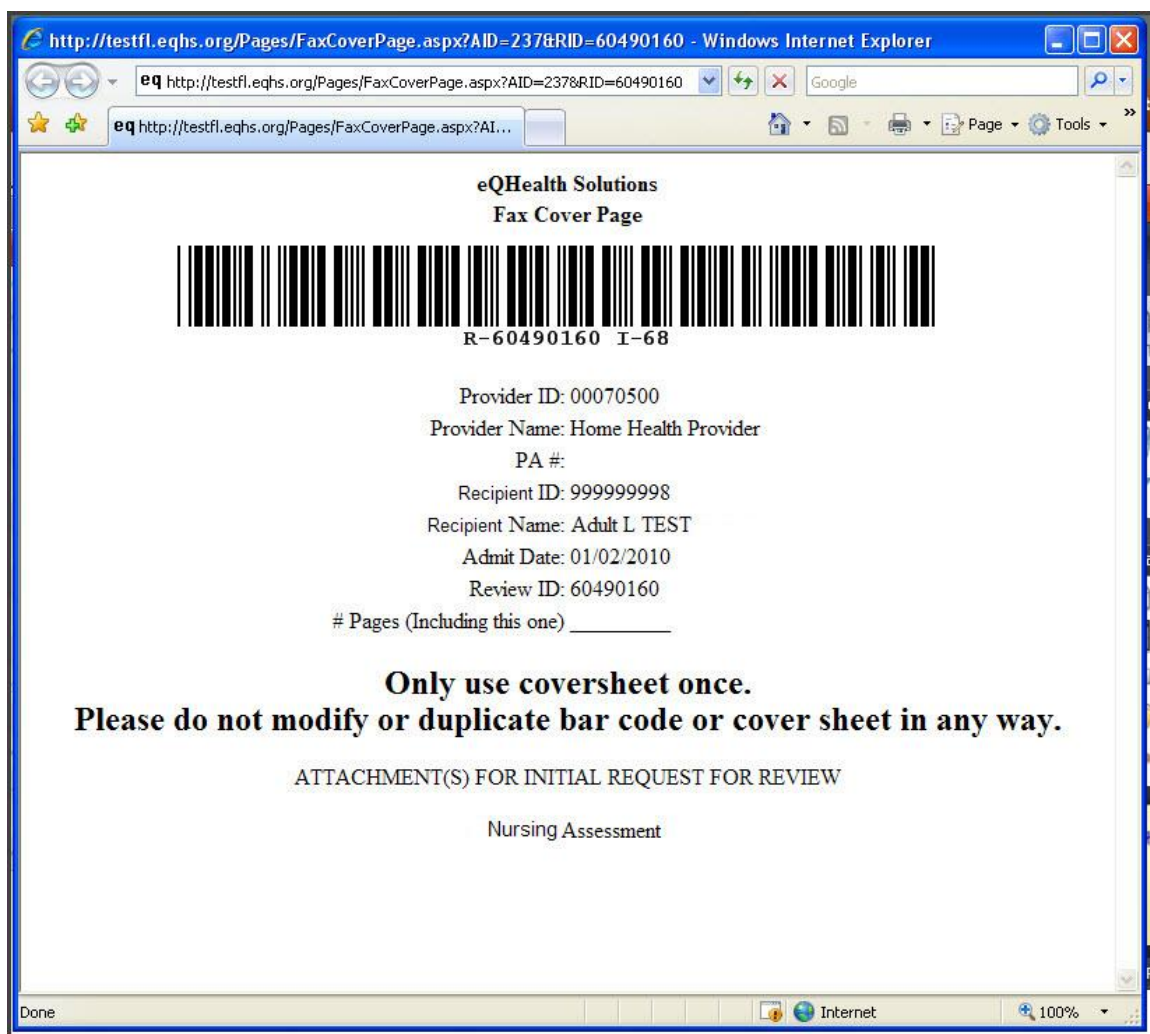


Figure 53: Sample Coversheet

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 pending and suspend letters.
- ▶ Completed – initial review determination letters.
- ▶ Reconsideration – reconsideration outcome letters.

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



Letters Search

Menu Errors

Completed In Process Reconsiderations

Admit Date:

Start Date 

End Date 

Search

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

Figure 54: 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.




Letters Search

Menu Errors

Completed In Process Reconsiderations

Admit

Admit Date:

Start Date 

End Date 

Search

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 55: 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	
OP Outcome	10/27/2010	View

Figure 56: 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.



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 57: 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 58: Adverse Determination Response

X. UPDATE MY PROFILE

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

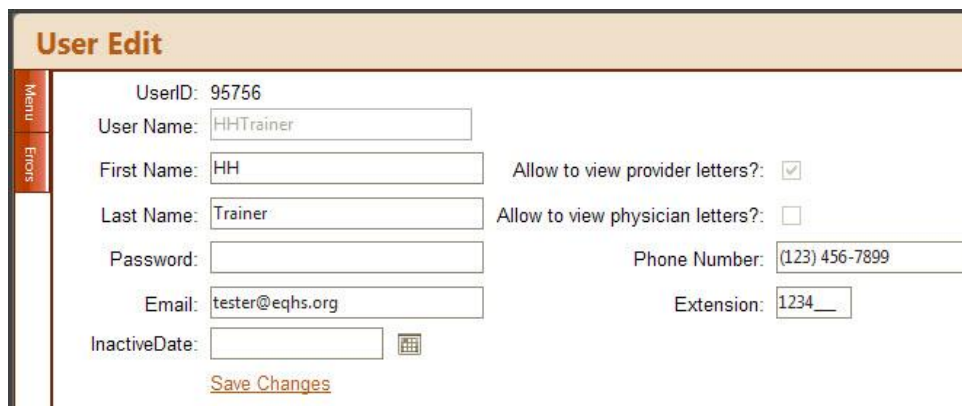


Figure 59: User Profile

- ▶ 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.

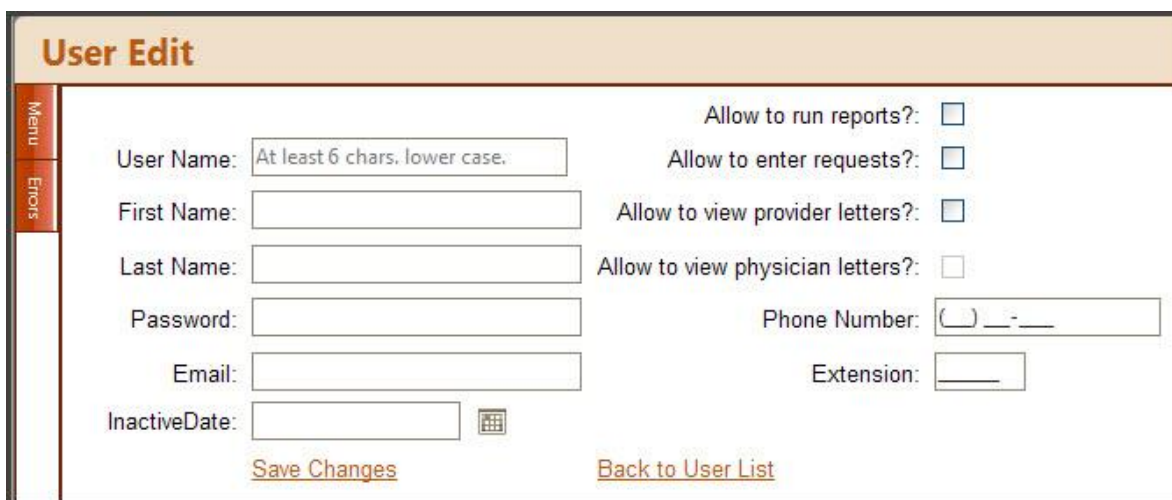
The User Administration module is accessed via eQHealth's Website home page.

- ▶ 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	UserID	User Name	Inactive DT	Phone	Extension	Added DT	Last Edit DT
	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 60: 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.

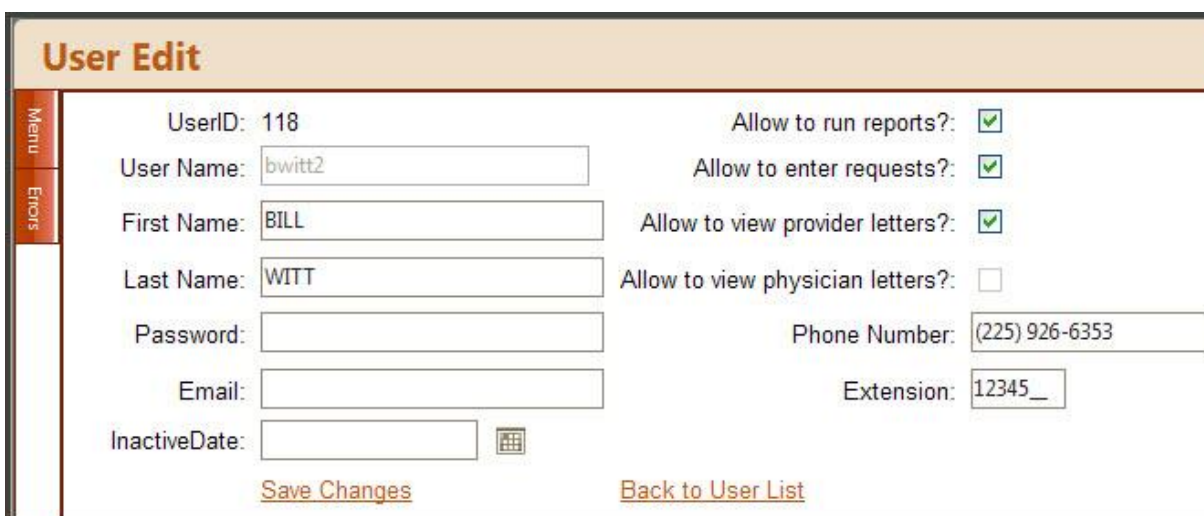


The 'User Edit' form for creating a new user features a sidebar with 'Menu' and 'Errors' links. The main area contains input fields for 'User Name' (with a hint 'At least 6 chars. lower case.'), 'First Name', 'Last Name', 'Password', 'Email', and 'InactiveDate' (with a calendar icon). To the right are checkboxes for permissions: 'Allow to run reports?', 'Allow to enter requests?', 'Allow to view provider letters?', and 'Allow to view physician letters?'. There are also fields for 'Phone Number' and 'Extension'. At the bottom are links for 'Save Changes' and 'Back to User List'.

Figure 61: 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.



The 'User Edit' form for editing an existing user shows the 'UserID' as 118. The input fields are pre-filled with 'bwitt2' for 'User Name', 'BILL' for 'First Name', 'WITT' for 'Last Name', and '(225) 926-6353' for 'Phone Number'. The 'Extension' field contains '12345_'. The permission checkboxes are all checked. The 'InactiveDate' field has a calendar icon. The 'Save Changes' and 'Back to User List' links are at the bottom.

Figure 62: 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.