

Web Review Request Multispecialty User Guide

Overview:

- □ eQHealth Solutions (eQHealth) developed a proprietary web-based electronic review request submission system for Multispecialty providers.
- □ The system allows providers to submit the following review types: admission and retrospective reviews.
- Providers can also electronically submit additional information for previously submitted reviews and respond to adverse determinations.
- Additionally, the system includes a reporting module that can be accessed to obtain real time status of reviews requests and PA #s, and print a paper copy of electronic reviews submitted to eQHealth via the reporting module.
- □ The system also maintains copies of notification letters related to reviews. These letters can easily be read or downloaded by any provider staff with access to the system.

Key Features:

- One of the key features of the system is the ability to check the data upon entry directly against eQHealth's live database. This immediately prevents excluded cases and duplicate records from entering the database.
- □ The user can partially save data, as it is entered, if the user is interrupted during entry or in case the internet connection is lost.
- □ If additional information is requested by eQHealth, it can be submitted electronically by the provider and the request is automatically "reactivated" for review completion.
- □ The key contact person, a User Administrator, at the provider level will assign or revoke privileges for new users or existing users of the system as personnel changes take place. Software or data file maintenance is not required by the provider all data is keyed directly into eQHealth's data system.
- Secure transmission protocols including the encryption of all data going over the Internet ensure that eQHealth is keeping current with required HIPAA security regulations.
- □ The provider can access the reporting module at any time to print a paper copy of electronic reviews submitted to eQHealth and obtain answers to the following types of questions:
 - What is the current status of a particular review at eQHealth?
 - What is the history of previous Multispecialty reviews for a recipient?
 - What is the Prior Authorization Number (PA #) and/or last date certified for a case(s)? OR
 - Obtain a list of all current in-process reviews for my organization
 - Obtain a list of all authorizations for an admission date range.



- Obtain a list of the detailed review outcomes for a date range.
- Obtain a printout of a specific request for a recipient.

Benefits for the Provider:

- □ The online entry screens provide an efficient transfer of information.
- □ There will be less paper handling on both ends, enabling a speedier review process.
- □ The system is directly connected to eQHealth's eligibility files for immediate verification of eligibility.
- □ Multiple requestors and simultaneous transmission from multiple PCs within a facility are allowed (each will be tracked via a separate login).
- □ The reporting module will provide real-time status of reviews.

What You Need To Use the System:

- □ A provider will need Internet access for the personnel who will be submitting certification requests and accessing the reporting module.
- Our eQSuite system is a secure HIPAA compliant browser application which will be accessed over the Internet at "http://fl.eqhs.org/". To access the eQSuite system, the following minimum hardware and software requirements must be met:

Minimal Computer System Requirements:

- Any of the two most recent versions of:
 - Internet Explorer
 - Google Chrome
 - Mozilla Firefox
 - Safari
- Broadband internet connection



Accessing the System

eQHealth's Web based entry and inquiry system is accessed from our Web site home page.

⇒ Access the Internet with your web browser and go to http://fl.eqhs.org/. From here you can follow the link to the eQSuite login.

The user must login to access the Review Request data entry system. This is an example of the login screen. Enter your User Id and Password here. The password must be entered for confidentiality, security and tracking purposes. Each user is responsible for maintaining the confidentiality of their individual logins and passwords. If you believe the security of your login or password has been compromised, change your password. You may adjust many other personal account settings from the **Update My Profile** menu option.



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

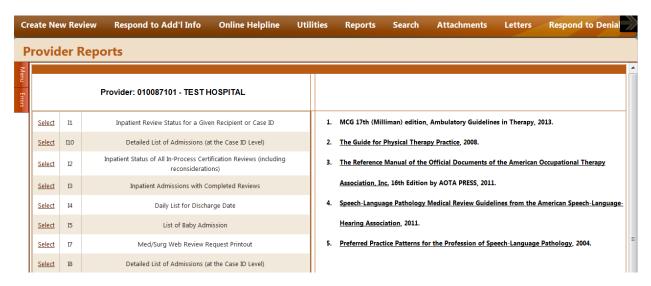
For security reasons, users can not stay logged on if they are not submitting reviews or running reports. The entry system is directly tied to eQHealth's database, and the system will not maintain an idle connection for more than 20 minutes. The user does not need to exit their Internet browser window or eQHealth Web home page. Simply log back on to the system with the secure password to enter another review request.

The login screen also displays system notices about events that may impact use of the eQSuite. These messages are displayed in a notice box immediately below the login box. For example, the date and time span for system upgrades, that may make the website temporarily unavailable while the work is being done, are posted in advance.



Menu Options in the System

After successfully logging onto the system, the user will be presented with the screen shown below. There are two locations for the menu items. They are shown across the top of the screen as well as being present on the menu tab to the left. From this initial screen the following menu options are available. Your User Administrator will determine which options are available to you.



- 1. Create New Review
- 2. Respond to Additional Info
- 3. Online Helpline
 - → Create a New Helpline Request
 - → View Response to Previous Request
- 4. Utilities
 - → Update Baby Info (when the baby's Medicaid number is assigned)
 - → Enter Discharge Dates (Not applicable to Multispecialty providers)
 - → A date calculator (to assist in determining request time spans)
 - → Cancel Case (to void a PA# assignment if the item is not provided)
 - Resend Case (to resend the PA# to the fiscal intermediary when there is a change)
- 5. Reports (shown as default screen on main Menu)
 - → Outpatient Review Status for a Given Recipient
 - → Status of All In-Process Certification Reviews
 - → Outpatient Assigned PA #'s
 - → Web Review Request Printout
- 6. Search
 - → View Partial Records

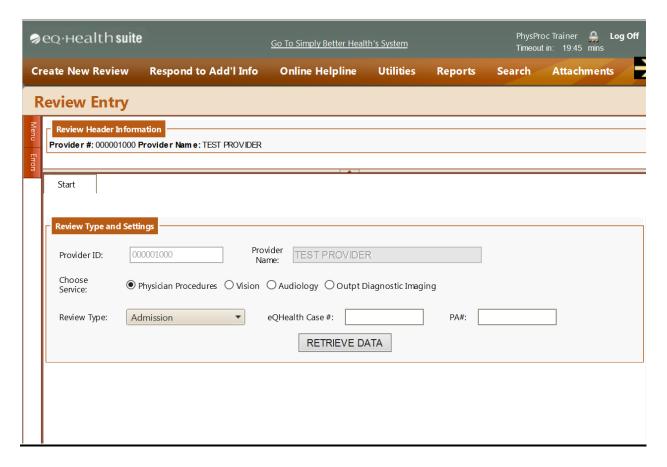


- → Search By PA#
- Search By Date
- → Search By Recipient
- → View Cases Needing Additional Info
- → Search By Review ID
- Search By eQHealth Case ID
- 7. Attachments
- 8. Letters
 - → Completed
 - → In Process
 - → Reconsiderations
- 9. Respond to Denial
- 10. Update My Profile
- **11. User Administrator** (only the designated User Administrator can view this option, otherwise it's hidden from view)
- 12. Logoff (exit the system)



I. Create New Review

- > Select Create New Review from the Menu list.
- The following screen will be displayed and Provider ID and Provider number will need to be filled in based on the user logon. Proceed with entry.



- Select the appropriate type of setting: Please note that some providers, based on their provider type, may have more than one option. For Multispecialty, choose Physician Procedures
- Select the appropriate type of review: If this is a new or first time request, select "Admission" and click Retrieve Data. This will open the rest of the tab.
- ➤ If the service was provided prior to the recipient receiving retroactive Medicaid eligibility that covers the date the item was provided, select "Retrospective" and click Retrieve Data. This will open the rest of the tab.



Field

Description

Provider ID and Name

The provider requesting the authorization. This is a "user entry" field. The user must enter in the correct rendering provider Medicaid number



Review Type

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

Admission: The initial request for a service or item.

<u>Retrospective</u>: The service was provided without prior authorization from eQHealth and the recipient subsequently receives retroactive Medicaid eligibility.



Recipient ID

Enter the recipient's number that appears on the Medicaid ID card.

If a recipient has been assigned multiple numbers and the number entered by the provider is not a current number, then the system will check the cross reference table and supply the new recipient number to be used along with an explanatory message.

The recipient must have Medicaid eligibility on file for the dates of service.

Recipient Name

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

DOB

Based on the recipient number, the system will display the recipient's

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Field Description

date of birth. This is a "view only" field - not a user entry field.

Sex

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

Physician and other Healthcare practitioners The Florida Medicaid number of the provider rendering/requesting the service (Ordering provider). This can be the license number, the NPI number or the Florida Medicaid provider number.

To enter the number into the grid, you must select the <u>Edit</u> link. If the number is unknown, press <u>Search</u> to find a valid Physician or Clinician Number.

You will get the following screen for search criteria to be entered. You may enter a full name or just an initial of the last name then press Enter. The list will show on the screen (e.g. Clark). Click on Select on the record for the desired physician The provider number, name and demographic information will be filled in based on physician number If you have more current information, the demographic information can Be updated by the user.



If the user is unsure of the provider's Medicaid number, they can click **Search** under the entry box and search the eQHealth provider table by



Field Description

provider last name, License number, or NPI number.



Start Date of Service:	S Start date of service:					
	R This is a request for:	Not Selected				
	Has service already been provided:	○Yes				
		○ No				
	Date of assessment:					
This is a Request for:	S Is this request the result of an emergency:	○Yes				
Has Service already	F	○No				
been provided:	Is the request follow-up from an EPSDT screening	Yes				
		○ No				
Date of Assessment	С					
Is this request the	Enter in the date the study was ordered					
result of an emergency?	What is the date the study was ordered?					
Is the request follow-						

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up from an EPSDT

screening:



BUTTONS AT THE BOTTOM OF THE TABS

Check Kev

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



- When the user clicks Check Key, the system checks recipient and provider eligibility, duplicate reviews, and AHCA review policy. If errors occur, a popup will appear on the screen that says:
- Press the OK to continue. Click on the Errors Tab to review any errors. Make the appropriate changes to the review and press Check Key again until all errors have been resolved. If you need further explanation of the types of errors that can occur during the check key process, go to the Error Correction section in this document.
- If no errors are detected, the next available tab appears at the top and the user is allowed to proceed with entry.
- ➤ The systems will confirm the recipient's Medicare eligibility. If there seems to be a mismatch between the system's records and the review request, the system gives the user the option of overriding the system. This is presented through the following popup window.





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



Press the OK to continue.

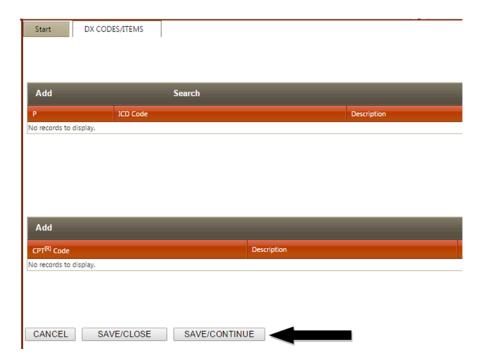


Save/Close

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

Save/Continue

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



Submit for Review

Once the user has entered all relevant information necessary to determine medical necessity; you can hit the Submit for Review at the bottom of the screen on the Summary tab. This will save the data you have entered and initiate the review process.

Cancel Review Requests

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



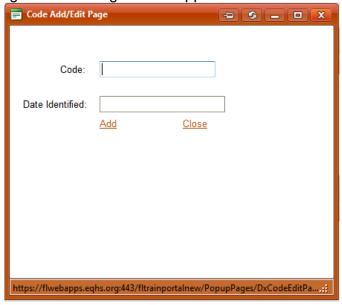


DX CODES/ITEMS Tab

> This screen captures all data regarding the diagnosis (reason for the need for the item) and item(s) being requested.

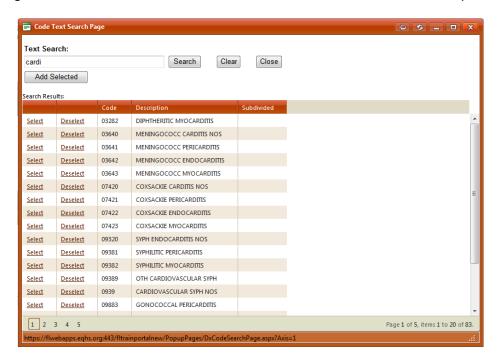


> Click **Add** to enter diagnosis following box will appear.





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



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



❖ Click **Add** to enter CPT codes and the following box will appear.



Diagnosis Codes

Select the ICD-10 code(s) for the primary diagnosis and secondary.

The system will display the corresponding description for each code entered and will check for illogical codes based on gender, age and, coding rules.

Date Identified

The date defaults to the date the order was written, but can be changed.

CPT Codes

Enter in the CPT Code(s) for Multispecialty Authorization.

Enter the From and Thru date

Enter in the number of units for each CPT Code requested

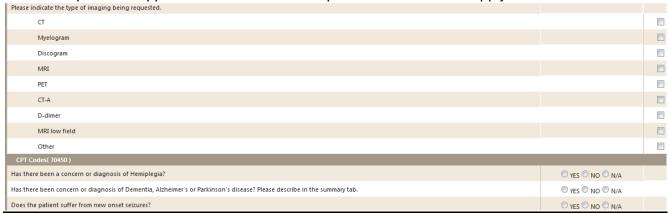


Clinical Tab

This screen captures the clinical information needed for the authorization determination, and appears with every authorization request.

Question	Yes/No/NA	Check all that apply
CPT Codes (ALL)		
Is this test being requested to rule out cancer? Please describe which type in the summary tab	○ YES ○ NO ○ N/A	
Has the patient ever been diagnosed with cancer? If yes list type and date of onset in summary tab.	○ YES ○ NO ○ N/A	
Has the patient had any imaging studies in the last 6 months. Please list studies in summary tab with date test performed and results.	○ YES ○ NO ○ N/A	
Does the patient have any contraindications to contrast or has the patient had a reaction to dyes?	○ YES ○ NO ○ N/A	
Has the patient had surgery in the last year? Describe surgery.	© YES [©] NO [©] N/A	
Has premanny heen ruled nut?	O VEC O NO O NA	

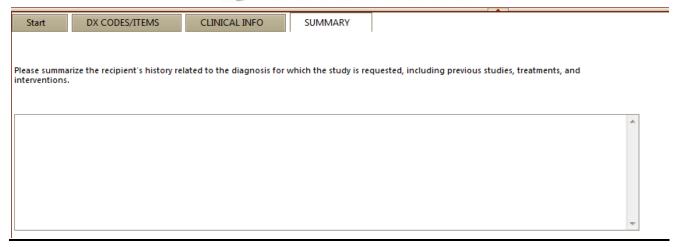
Additional questions appear based on the item requested: check all that apply:



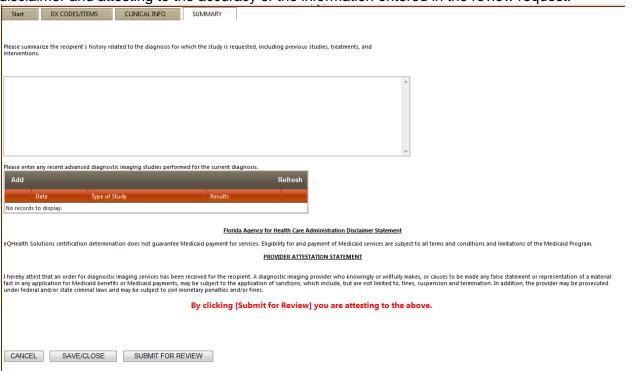
Summary Tab

Enter any additional information relevant to the request but not captured on the previous screens.





Click "Submit" to complete the review request. By clicking "Submit" you are acknowledging the disclaimer and attesting to the accuracy of the information entered in the review request.



II. Respond to Additional Information

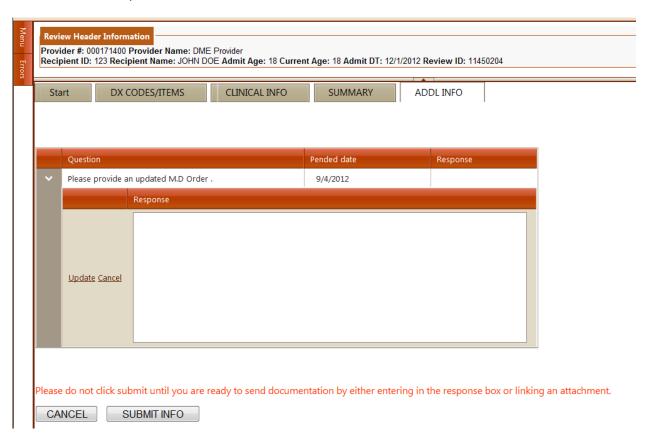


If a provider receives a request for additional information from eQHealth regarding a review request, then you will need to click on this menu to respond.

- The system grid will display all records in process and currently awaiting requested additional information.
- > The user clicks "Open" for the appropriate review and the system will display the additional information request.



> The user clicks "Open" for the appropriate review and the system will display the additional information request.



- The first box shows the question from eQHealth and is view only.
- You will respond to the question in one of three ways. You may type additional information into the text box labeled "Response", or you may link a document to the review, or you may do both. To do so, see the section entitled "Linking an attachment to the review".
- > After the additional information has been entered, click Submit Info button. The system will



prompt you to link attachments and resubmit the review for processing.

- If during entry, you do not want 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
- ➤ You may enter Review ID, PA #, Recipient #, or Admission date, along with your question. If you enter a Review ID, or a PA #, the remaining fields will be filled in by the system.
- > Type your question or comment in the textbox and click Submit Question.
- ➤ A message stating that the response has been submitted will appear and a ticket number will be assigned.
- ➤ You will be e-mailed a link to return back to the Online Helpline when the ticket has been processed by the eQHealth staff and a response is available.
- → View Response to Previous Request
- > To view the response to a previous ticket, scroll down and view the History in list below.
- ➤ All responses for the last 30 days will be displayed. Responses will be displayed in ticket number order; the most recent being displayed first.
- ➤ The responses will include the receipt date and time of the request, the response date and time, PA # (if applicable), the question and the answer.



To enter a new question, type your question in the box below, then click the Submit Question link below. You will be e-mailed with a link to return here when this ticket has been processed. To view the response to a previous ticket, scroll down and view the History in list below. Review ID: Do NOT enter other values if Review ID is entered. Recipient #: Admit Date: Submit Question Q&A History (Last 30 Days) Question/Response

IV. Utilities

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- ☐ Enter Discharge Dates
- □ Cancel Case
- □ Resend Case
- □ Date Calculations

Update Baby Info

When an Identification Number is assigned by Medicaid, retrieve the data field for entering the Baby Recipient Identification Number: Select **Update Baby Info**.



Baby Number Conversion eQHealth Case ID: Get Original Info Recipient: Admit Date: Baby Name: Enter Baby's Recipient ID: Name: Address: Clear Convert

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 Recipient Number. The date of birth (DOB), name, and address fields will be filled in by the system.

Verify that the information is correct before clicking the "Convert" button.

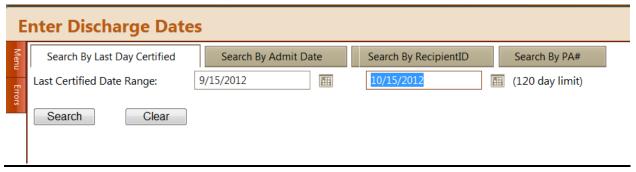
Once "Convert" has been clicked, the changes will be complete and the review is transmitted to the fiscal agent to receive the PA#.

Enter Discharge Dates

To retrieve the data field for Discharge Date, select Enter Discharge Dates.

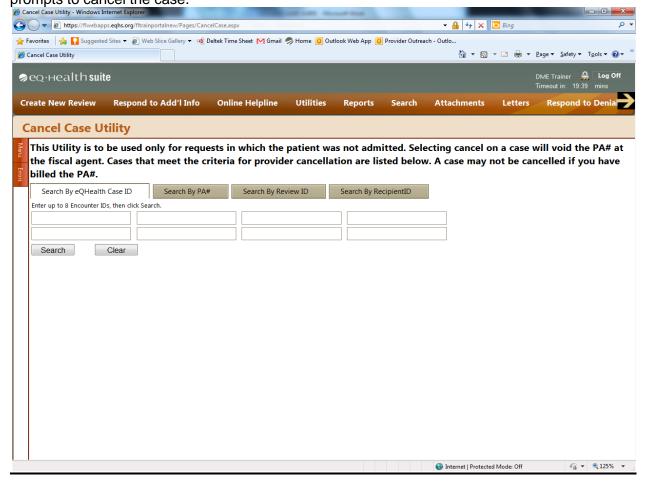
Make your selection by indicating the last-date-certified range, the admission date range, recipient number, or PA # and then click search.





Click Edit on each row of the grid that you wish to enter the discharge date and then click Update when you verified this information is correct.

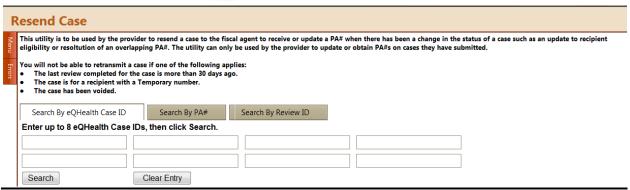
Cancel Case Choose the Case(s) to be cancelled, using one of the search options, and follow the prompts to cancel the case.



Resend Case

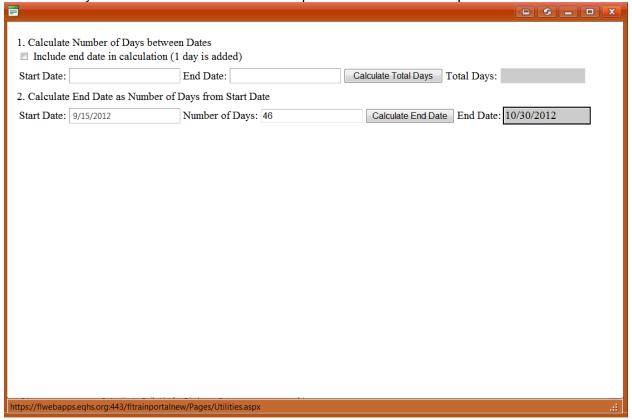
Choose the Case(s) to be resent, using one of the search options, and follow the prompts to cancel the case.





Date Calculations

Use this utility as an aid to calculate the time span for authorization requests.



V. Reports

Click Reports on the menu list.



Provider Reports Provider: 010087101 - TEST HOSPITAL Errors Select Ι1 Inpatient Review Status for a Given Recipient or Case ID I10 Detailed List of Admissions (at the Case ID Level) <u>Select</u> Inpatient Status of All In-Process Certification Reviews (including Select I2 reconsiderations) В Inpatient Admissions with Completed Reviews Select Ι4 Daily List for Discharge Date Select Select List of Baby Admission 15 Select 17 Med/Surg Web Review Request Printout Select 18 Detailed List of Admissions (at the Case ID Level) Select 19 Detailed List of Review Requests (at the individual Review_Id Level) N10 Select Administrative Approvals Select 01 Outpatient Review Status for a Given Recipient Status of All In-Process Certification Reviews Select 02 Select 03 Outpatient Assigned PA#s Outpatient - Daily List for Discharge Date

- A menu of currently available reports will be listed for the user to choose from.
- > Select a report. Report results may/may not be displayed on the screen based on selection criteria. All data listed on all reports are provider specific. All data transmitted via the Internet are encrypted for security compliance. A sample report result screen is shown below with no selection criteria. Press the Run Report.

Outpatient - List of Baby Admission

Rehab Web Review Request Printout

<u>Select</u>

<u>Select</u>

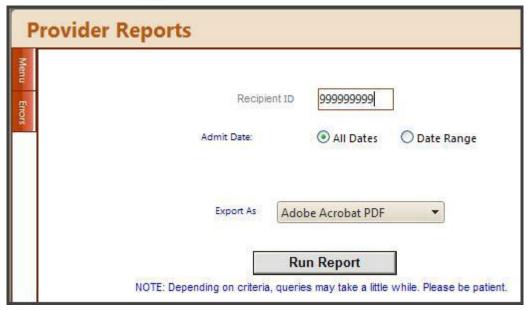
Select

04

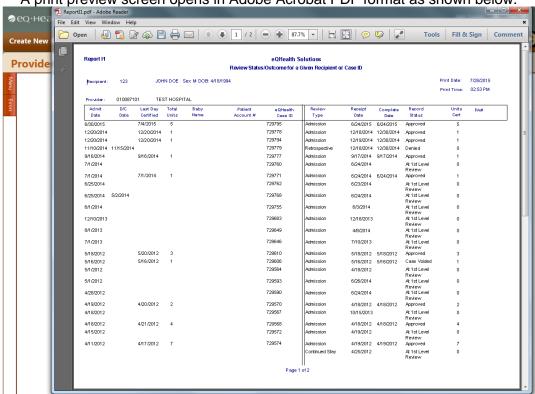
05

R7





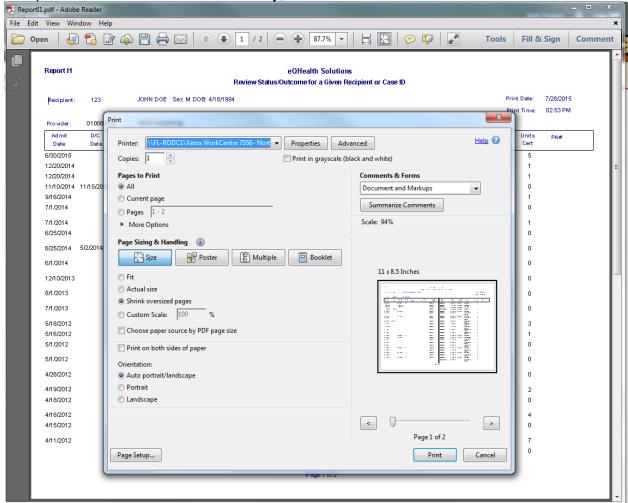
A print preview screen opens in Adobe Acrobat PDF format as shown below.



- ☐ To print the report, the user should click the printer button on the task bar. The Print property box opens.
- □ Adobe Acrobat PDF will orient the report as needed. Click the **OK** button and retrieve the results from the printer.



□ Reports can also be saved electronically,



- □ Adobe Acrobat PDF will orient the report as needed. Click the **OK** button and retrieve the results from the printer.
- ☐ Reports can also be saved electronically,



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.



- When a partial record is processed, the system puts the user back into the entry screens.
- > The user should then complete data entry process as discussed in Section I New Request.
- If it is determined that the partial request should be discarded instead of completed then the user clicks Delete on the row

Restrictions:

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

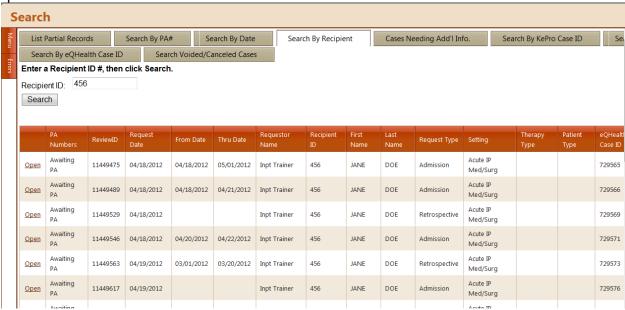
View Previously Submitted Review Requests

The user can view any previously submitted review requests. To retrieve a list of previously submitted requests, select **Search** from the menu list.

- ➤ The user may Search by PA#, Search by Admit Date, Search by Recipient ID, or Search by eQHealth Case ID.
- > Review requests pending additional information can also be accessed from this tab.
- Key in the applicable request criteria.
- The system will display all electronically submitted requests that meet the criteria.
- > To obtain a list of requests submitted by all users associated with the providers Medicaid number, click the box to clear the check mark.
- To view the data entered in a review request, click the **Open** next to the record needed. The completed entry screens will be displayed.



Below is an example of the data grid displayed for the View Previous Requests (Search by Recipient) option.



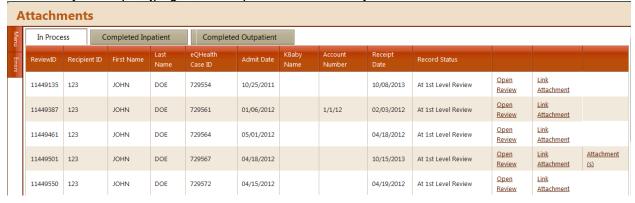
VII. Attachments

Supporting documentation requirements are dictated by AHCA policy.

Documents should be submitted at the time the authorization request is entered. However, for requests submitted without supporting documentation, the documents can be submitted after the request is submitted by accessing the review via the "Attachments" tab.

The documents may be linked to a review request in one of two ways:

a. You may link a pdf, jpeg, tif, or bmp document directly to the review



OR

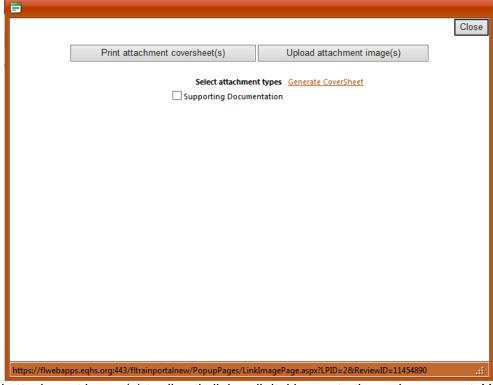
b. You may create a bar-coded fax coversheet and fax the document.

To access either option, click the **Link Attachments** hyperlink at the end of the review request line you are interested.

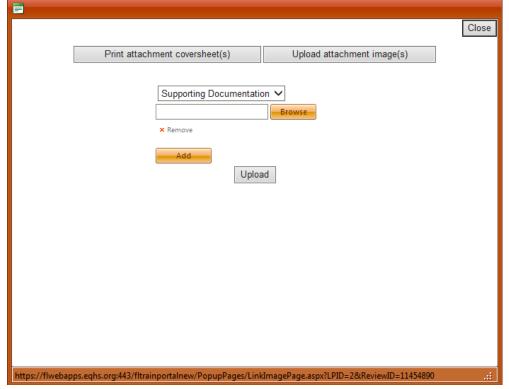
Providers can also view previously submitted documents on this tab.



You will see the following options:



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





NOTE: In order for your review to get to the nurse reviewer, you must label a fax cover sheet or label an upload "Supporting Documentation"

Fax Cover Page

eQHealth Solutions Fax Cover Page

eQHealth Solutions Fax Numbers: Home Health, Therapy and PCS: 855-321-3747 Inpatient: 855-427-3747



Provider ID: 010087101
Provider Name: TEST HOSPITAL
PA #:
Recipient ID: 456
Recipient Name: JANE DOE
Admit Date: 10/01/2015
Review ID: 11454492

Only use coversheet once. Please do not modify or duplicate bar code or cover sheet in any way.

Pages (Including this one)

ATTACHMENT(S) FOR INITIAL REQUEST FOR REVIEW

Order for study(s)

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

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

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 3 categories as follows:

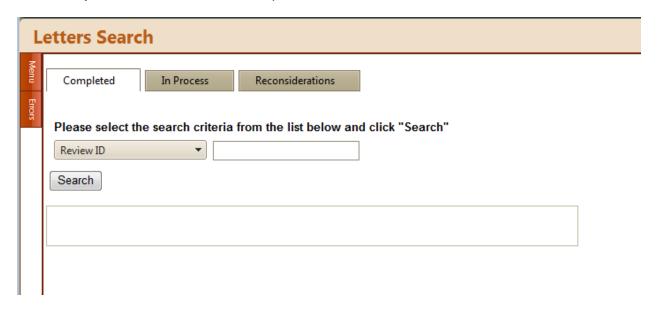
 □ In Process – letters generated prior to completion of an suspend letters. □ Completed – initial review determination letters. 	n initial review, including the pending and
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☐ Reconsideration – reconsideration outcome letters.

Click the tab of your choice and enter the required information.



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

To view the letter, click **View Letter**. This will result in a list of all letters pertaining to the review.

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

IX. Respond to Denial

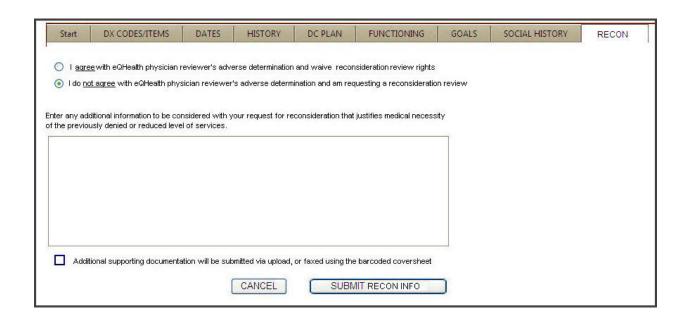
If there is an adverse determination for a review request, you have the option to request a Peer to Peer Reconsideration.

To do this, click **Respond to Denial** from the menu list. Select an option and enter the required information.



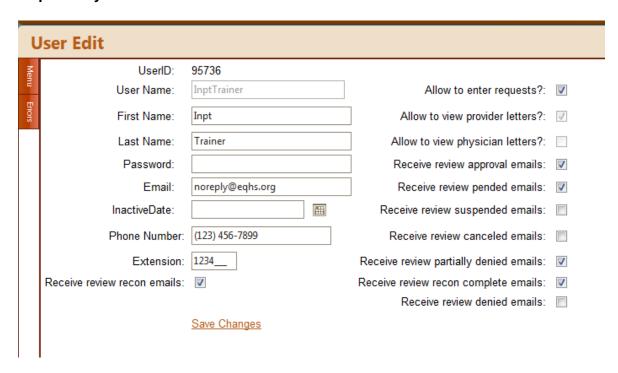
Please select the type of ID number you have and click "Search" Review ID Review ID eQHealth Case ID Kepro Case ID

- > To request Reconsideration, click the Link Recon Request.
- You 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 review request by clicking on the Link Attachment button and following the instructions to either directly upload the document or create a bar-coded fax coversheet. See the section titled Attachments for further details.
- ➤ If you intend to link supporting documentation, please check the checkbox under the large text box. This will let us know to wait until the documents are linked before sending the review to our physicians.





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



To save the login information, click the Save Changes.

NOTE: All required data fields must be entered before the system will save the information.

- The system will perform edit checks on the login information and display an error message above the save changes link.
- Correct edit errors, click the Save Changes.
- If the system does not detect any errors, the user will be given a message verifying that the user login information was successfully saved to eQHealth Solution's web login data table.

Field User Id

Description

Unique user identifier. All alpha characters must be in lowercase. Examples: user's first name; user's first initial then last name Login ID must be unique across all users of eQHealth Web based system. If you enter a Login ID and the system responds that this ID is already on file, then you must use a different ID. A common solution to this



situation is to append a numeric digit at the end of the last name. For example, user "Jane Doe" would be idoe1.

Password

Must be between 6 and 10 characters. All alpha 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 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 provider's confidential data, then the facility access User Administrator should immediately inactivate their login. Simply key a date into this field and the user login will be inactivated from the

Field

Description

entered date forward.

Indicate if the user is granted access to view provider letters

The User Administrator determines which users can view provider letters, run reports and/or create review requests. The User Administrator can at any time change the setting of this field thereby opening or closing access to this module.

The user cannot change the levels of access stated above, but can change demographic information and email notification options.



Indicate if the user is granted access to view physician letters

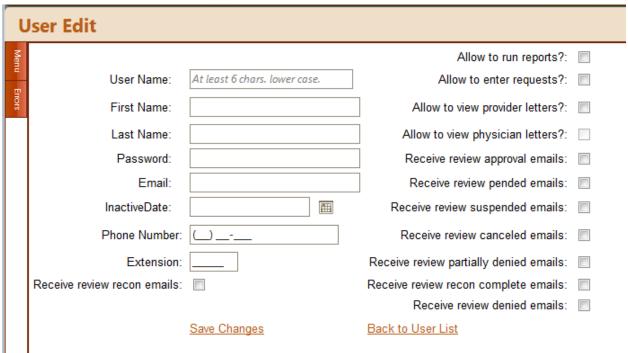
Physician letters are not applicable to DME providers and cannot be selected.

User Administration									
<u> </u>	Add Ne	Add New User							
Menu		UserID	User Name	Inactive DT	Phone	Extension	Added DT	Last Edit DT	Email
Errors	<u>Edit</u>	95736	InptTrainer		1234567899	1234	11/16/2009 1:53:20 PM	6/25/2014 4:04:18 PM	noreply@eqhs.org
IS	<u>Edit</u>	95928	jcalvert		222222222		6/20/2014 6:09:10 PM	6/24/2014 11:44:30 AM	jcalvert@eqhs.org
	<u>Edit</u>	95929	jones1111		2222222022		6/24/2014 2:00:34 PM	6/24/2014 2:00:34 PM	ncalvert@eqhs.org

□ Click on **Add New User** to enter login information for a **new** user. The following screen opens. Enter required information. When complete, press **Save Changes** to continue or press **Back to Users List** to return to the list of users.

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





- To change a user's login information, click Edit on the record needed.
- An edit screen opens with that user's current information.
- Type in correct information and press Save Changes or press Back to Users List to return to the list of users.



Jser Edit		
UserID:	95736	
User Name:	InptTrainer	Allow to enter requests?: ▼
First Name:	Inpt	Allow to view provider letters?:
Last Name:	Trainer	Allow to view physician letters?:
Password:		Receive review approval emails:
Email:	noreply@eqhs.org	Receive review pended emails:
InactiveDate:		Receive review suspended emails:
Phone Number:	(123) 456-7899	Receive review canceled emails:
Extension:	1234	Receive review partially denied emails:
Receive review recon emails:	▽	Receive review recon complete emails:
		Receive review denied emails:
	Save Changes	
	User Name: First Name: Last Name: Password: Email: InactiveDate: Phone Number: Extension:	UserID: 95736 User Name: InptTrainer First Name: Inpt Last Name: Trainer Password: Email: noreply@eqhs.org InactiveDate: InptTrainer Extension: InptTrainer Inpt I