

WEB REVIEW REQUEST

THERAPY USER GUIDE

OVERVIEW:

- ▶ eQHealth Solutions (eQHealth) has developed a Web based electronic review request submission system for therapy providers.
- ▶ The system will allow you to submit the following review types: admission, concurrent (called “continued stay”), modification, 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 review status, PA # status, and paper copy generation of electronic reviews submitted to eQHealth via the reporting module.
- ▶ The system also maintains copies of all review letter documentation. These letters can be accessed or downloaded by any authorized provider staff.

KEY FEATURES:

- ▶ One of the key features of the system, is the ability to check the data entry directly against eQHealth’s live database. This feature, 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 provider contact person, (e.g., the User Administrator), will assign or inactivate privileges for new users or existing users of the system based on personnel changes as they arise. Software or data file maintenance is not required by the provider – all data is keyed directly into eQHealth’s data system.
- ▶ Secure transmission protocols via data encryption ensure that eQHealth and providers are current with required HIPAA security regulations.
- ▶ Providers 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 submitted for a recipient?
 - ◆ What is the Prior Authorization Number (PA #) and/or last date certified for a case(s)?
 - ◆ What are the current in-process reviews for my facility or practice.
 - ◆ What is the current list of authorizations for an admission date range.

- ◆ What are 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.
- ▶ The system is directly connected to eQHealth's eligibility files (FMMIS) for immediate verification of eligibility.
- ▶ Multiple requestors and simultaneous transmission from multiple PCs within a facility or practice are allowed (e.g., 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:

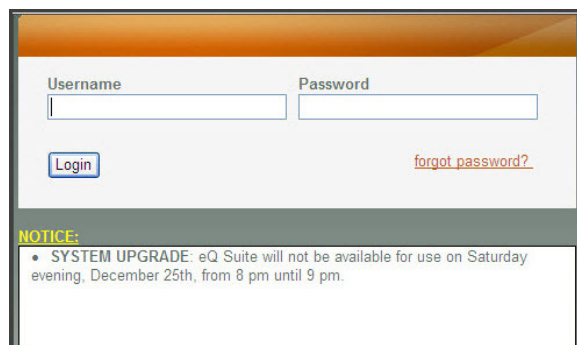
- ▶ Providers need Internet access for authorized personnel who submit review requests and access the reporting module.
- ▶ Our eQSuite system is a secure, HIPAA compliant, browser based Microsoft ASP.NET application which is accessed via the Internet at "<http://fl.eqhs.org/>". To access the eQSuite system, the following minimum hardware and software requirements must be met:
 - ◆ Computer with Intel Pentium 4 or newer CPU w/ 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 Web site's 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 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 Usernames and passwords. If you believe the security of your Username 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.

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. The system will not maintain an idle connection for more than 20 minutes. The user does not have to exit their Internet browser window or eQHealth's Web home page. They simply log back on to the system using 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 eQSuite. These messages are displayed in a notice box immediately below the login box. For example, notifications regarding system upgrades that may make the system temporarily unavailable, or, important notice of changes or modifications would be displayed in a notice box.

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
 - ▶ Enter Discharge Dates
 - ▶ Resend Case
 - ▶ Date Calculations
5. **Reports** (shown as default screen on main Menu)
 - ▶ Administrative Approvals
 - ▶ Outpatient Review Status for a Given Recipient
 - ▶ Status of All In-Process Certification Reviews
 - ▶ Outpatient Assigned PA #'s
 - ▶ Outpatient-Daily List for Discharge Date
 - ▶ Outpatient-List of Baby Admission
 - ▶ Therapy 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

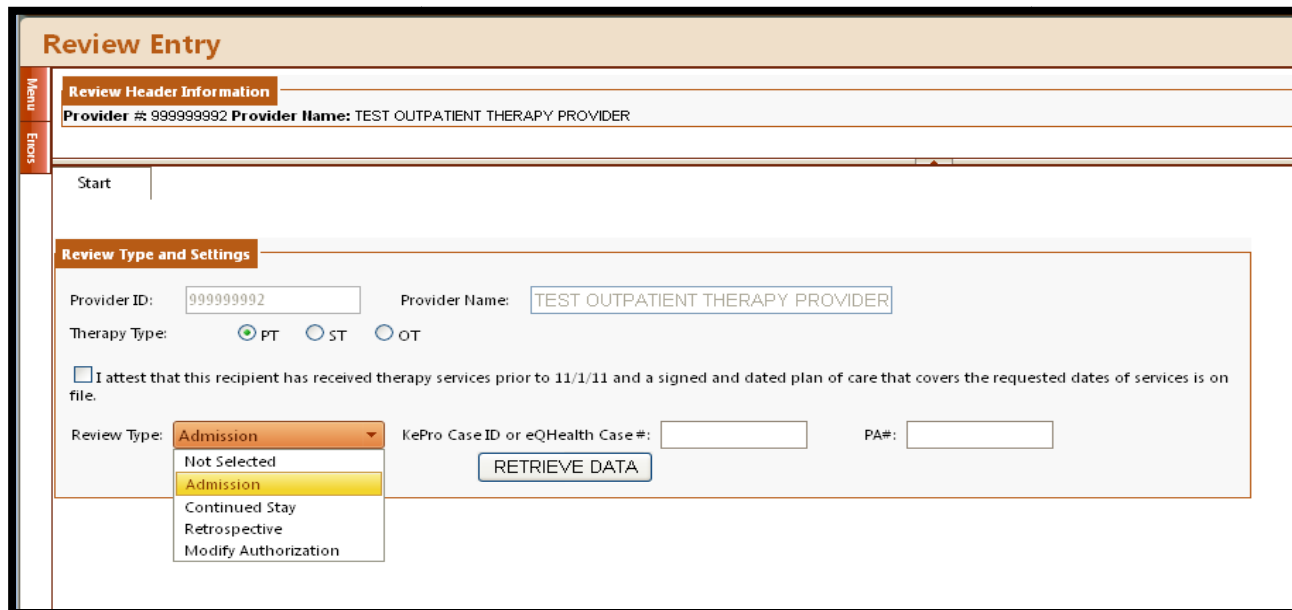
11. User Administrator (only the designated User Administrator can view this option, otherwise it's hidden from view)

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 be filled in based on the user login. Proceed with entry.
- ▶ Select the appropriate service that is being requested, Therapy services.
- ▶ Select the appropriate type of review:
 - ◆ If this is a prior authorization request, and the recipient is new to receiving services select, “Admission” and click **Retrieve Data**. This will open the rest of the tab.
 - ◆ If this is a request to add additional days to a previously authorized admission, then select “Continued stay”, enter the PA #, and click **Retrieve Data** button. This will open the rest of the tab and allow the system to pre-populate the existing information.
 - ◆ If this is a prior authorization request, and the recipient has already been discharged from care, then select “Retrospective” and click **Retrieve Data**. This will open the rest of the tab.
 - ◆ If the recipient’s clinical condition is changed requiring an increase in services, a modification to an existing authorization is needed. A modification request can include only those days that fall within the existing authorization.

Start Tab



Review Entry

Review Header Information

Provider #: 999999992 Provider Name: TEST OUTPATIENT THERAPY PROVIDER

Start

Review Type and Settings

Provider ID: 999999992 Provider Name: TEST OUTPATIENT THERAPY PROVIDER

Therapy Type: ☒ PT ☐ ST ☐ OT

☐ I attest that this recipient has received therapy services prior to 11/1/11 and a signed and dated plan of care that covers the requested dates of services is on file.

Review Type: Admission
Not Selected
Admission
Continued Stay
Retrospective
Modify Authorization

KePro Case ID or eQHealth Case #: PA#: RETRIEVE DATA

Menu
Errors

Review Entry

Review Header Information

Provider #: 999999992 Provider Name: TEST OUTPATIENT THERAPY PROVIDER

Start

Review Type: Admission KePro Case ID or eQHealth Case #: PA#:

Recipient ID: 99999 Name: TEST PATIENT DOB: 8/19/1983 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, click the [Create Temp Baby ID] button and create a temporary Medicaid number. The system will enter the baby's name and birth date in the above fields.

Create Temp Baby ID

Baby Name: Baby's Birth Date:

Physicians and Healthcare Practitioners

	Type	Medicaid #	NPI #	License #	Name	Phone #	
Edit	Therapist						
Edit	Ordering						

Case Supervisor: John Smith
CS Phone: (356) 879-9465
Admit Date: 11/1/2011
Proposed D/C Date: 12/15/2011
Actual D/C Date:
Place of Service: 12: Patient's Home

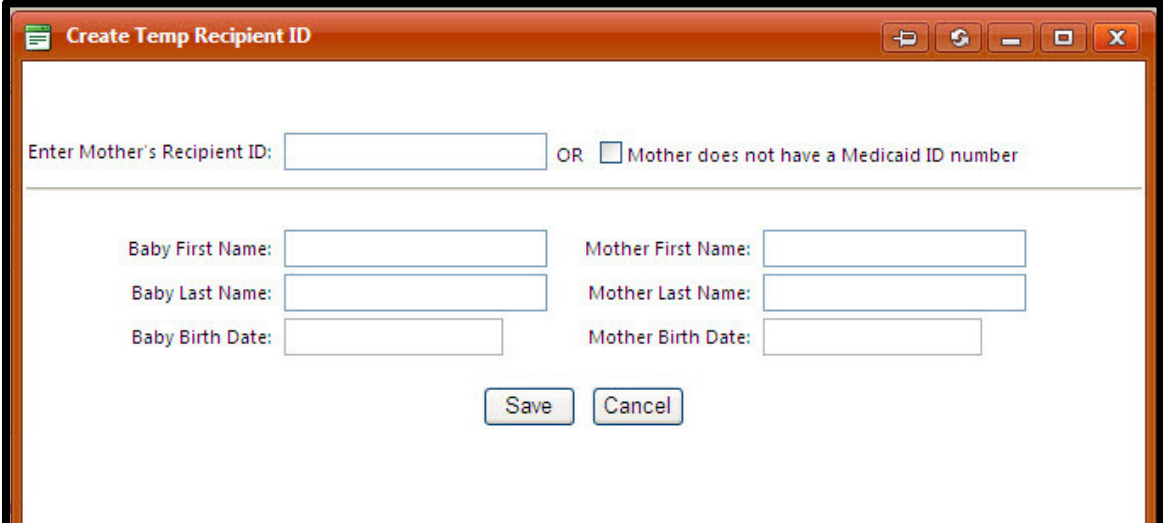
Date: January 15, 2012
Effective: January 15, 2012

Web Therapy Review
Page 7 of 46

The patient is retroactively eligible for Medicaid for part of the requested services:	<input type="radio"/> Yes
	<input type="radio"/> No
The patient is retroactively eligible for Medicaid for all of the requested services:	<input type="radio"/> Yes
	<input type="radio"/> No
Is the goal of treatment to maintain the patient's status?	<input type="radio"/> Yes
	<input type="radio"/> No

Field	Description
Provider ID and Name	The facility / practice 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.
Therapy Type	Select the appropriate type of therapy services being requested – physical therapy (PT), occupational therapy (OT), or speech-language pathology (SLP). A separate authorization is required for each type of therapy service.
Review Type	<p>A Review Type must be selected first so the system will know how to edit the information. Choose between the following:</p> <p><u>Admission</u>: Use this review type when the recipient has not yet been admitted to services, or the recipient has been admitted and is currently receiving care when authorization is being requested.</p> <p><u>Continued Stay</u>: Use this review type when, 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 covers the entire length of stay, then a continued stay review request will not be allowed. ▶ A continued stay request will not be allowed 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>: Use this review type when, the patient has been admitted and discharged, without prior authorization from eQHealth. Authorization</p>

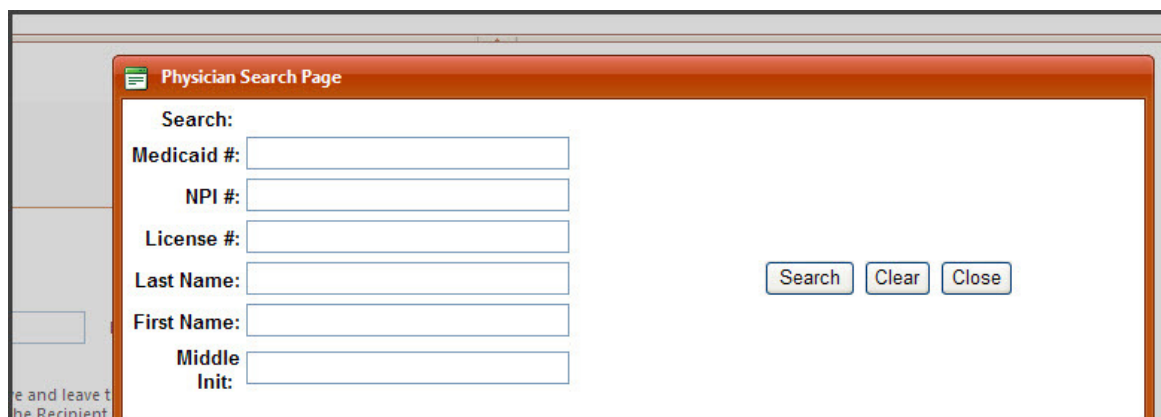
Field	Description								
	for the entire stay (depending on eligibility) is being requested. <u>Modify Authorization</u> : Change a previously authorized care plan. <u>NOTE</u> : The provider can enter only <u>one</u> request per workday for each patient admission.								
eQHealth Case ID/ PA #	<p>A valid eQHealth Case ID or eQHealth Prior Authorization Number (PA #) must be entered for all continued stay or modification 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 continued stay or modification 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 (if applicable)</td></tr> <tr> <td>Physician Information</td><td></td></tr> </table>	Recipient Number	Recipient Name	Recipient Date of Birth	Recipient Sex	Start of Care Date	Baby Name and Birth Date (if applicable)	Physician Information	
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Recipient ID	<p>Enter the recipient’s number that appears on the 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, 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. 								

Field	Description
	

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 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. 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. For a concurrent review request, the baby's name is not entered by the user. It is automatically transferred from the admission review and displayed on the screen. See the Recipient ID section for more details.
Physician and other Healthcare practitioners	Enter the Florida physician number of the physician rendering/requesting the service. Use the license number, the NPI number, or the Florida Medicaid physician number. Follow the same procedure for entering the treating therapist information. 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. The same search procedure can be followed for the therapy provider. 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.

Field	Description												
Physicians and Healthcare Practitioners													
Edit	<table border="1"> <thead> <tr> <th>Type</th> <th>Medicaid #</th> <th>NPI #</th> <th>License #</th> <th>Name</th> <th>Phone #</th> </tr> </thead> <tbody> <tr> <td>Attending</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Type	Medicaid #	NPI #	License #	Name	Phone #	Attending					
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Type:	<input type="text" value="Attending"/>												
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Phone #:	<input type="text" value="() - -"/>												
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Address 2:	<input type="text"/>												
City:	<input type="text"/>												
State:	<input type="text"/>												
Zip Code:	<input type="text" value="- -"/>												
I have verified the above contact information is correct: <input type="checkbox"/>													
Cancel													

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 (i.e. Clark). Click on **Select** on the record for the desired physician (*Number, Name and phone will be filled in based on physician number*)



Physician Search Page

Search:

Medicaid #:

NPI #:

License #:

Last Name:

First Name:

Middle Init:

Field	Description																																																																								
<div> <div>Physician Search Page</div> <div> <div>Search:</div> <div> <div>Last Name: smith</div> <div>First Name:</div> <div>Middle Init:</div> </div> <div> <div>Search</div> <div>Clear</div> <div>Close</div> </div> </div> </div>																																																																									
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Admit Date


Enter the actual admission date.

If the recipient is not eligible for the entire length of stay, the eligibility begin date must be entered.

If the patient is dually eligible for this stay, and Medicare is exhausted in the middle of the stay, enter the first date that you are requesting Medicaid to cover.

The system will not allow a request to be entered if a “duplicate” entry has already been submitted to eQHealth. A duplicate entry is defined by the presence of a review request already on file for the same Provider ID, Recipient ID, Admission date, and Baby Name (if applicable).

The system will check for previous admissions on file where discharge dates have not been submitted. A “Warning” will be displayed to the user when the dates of service appear to overlap with a previous admission.

Field	Description
<i>Proposed D/C Date</i>	Enter the proposed discharge date if the actual discharge date is unknown at the time of the review request.
<i>Actual D/C Date</i>	Enter the discharge date if the recipient has been discharged from service. The discharge date must be on or after the admission date and on or before Today's date. A discharge date must be entered for all retrospective requests.
<i>Place of Service</i>	Choose the place of service from the drop down list. 
<i>Retroactive Partial Medicaid Eligibility</i>	Click "Yes" or "No" to indicate whether the patient is retroactively eligible for Medicaid for part of the requested service.
<i>Retroactive Full Medicaid Eligibility</i>	Click "Yes" or "No" to indicate whether the patient is retroactively eligible for Medicaid for all of the requested service.
<i>Maintenance</i>	Click "Yes" or "No" to "Is the goal of treatment to maintain the patient's status?"

BUTTONS AT THE BOTTOM OF THE TABS

Check Key

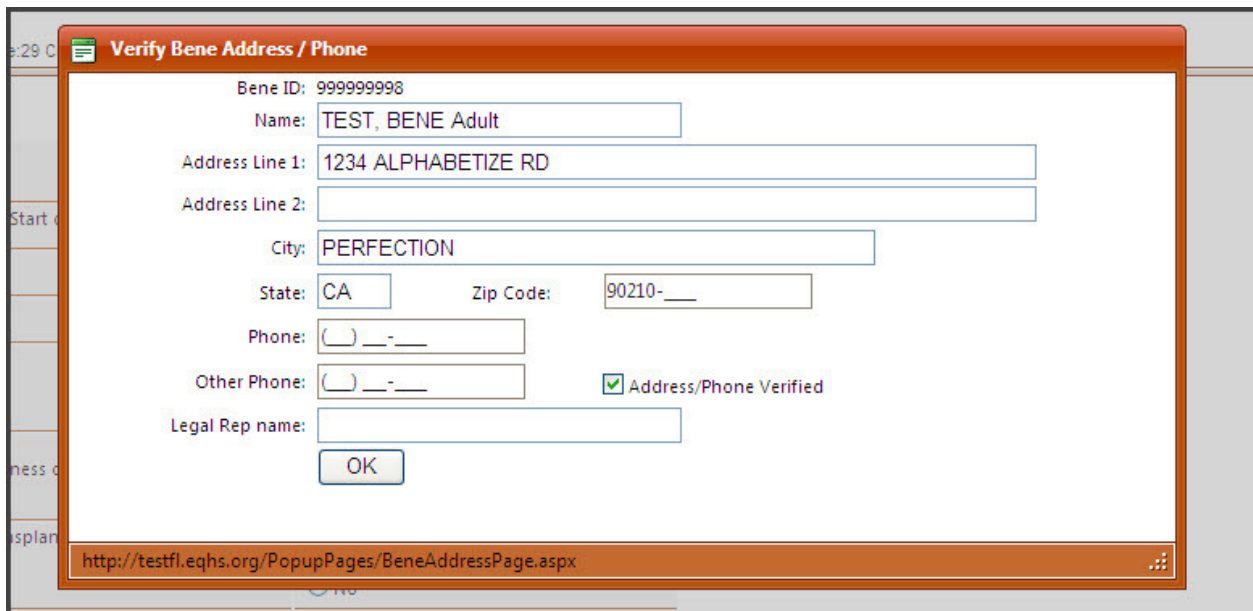
- ▶ On the **Start Tab**, the user continues the review request process by hitting the **Check Key** button. This will cause the system to run several checks on what has been entered then progress to the next tab.



- ▶ When the user clicks **Check Key**, the system checks recipient and provider eligibility, duplicate reviews, and AHCA 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 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 popup window.



- ▶ The system may 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: Please enter the child's legal representative, if blank, as this information is not transferred from FLMMIS



- ▶ 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 the case of Internet connection or user interruption 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 forward you to the next tab, resetting the count-down clock for 20 minutes.

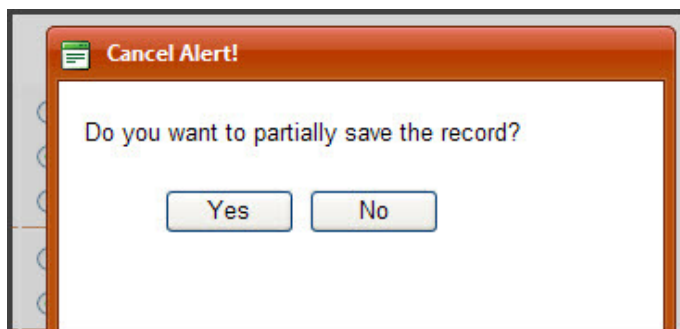
Note: smart review does not apply to therapies

Submit for Nurse 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 treatment) and services being requested.

Menu

Errors

Review Entry

Review Header Information

Provider #:

Provider Name: ABC THERAPY

Recipient ID:

Recipient Name:

Admit Age: 13 Current Age: 13 Admit DT: 12/1/2011 Review ID: 11449064

Start

DX CODES/ITEMS

HISTORY

FUNCTIONING

MEDS

SUMMARY

P	ICD9 Code	Description			ICD9 Code	Description		
Y	3344	CEREBELLAR ATAXIA IN DCE	Edit	Delete	No records to display.			

Plan of Care start date:

12/1/2011

Plan of Care end date:

6/1/2012

Add

Refresh

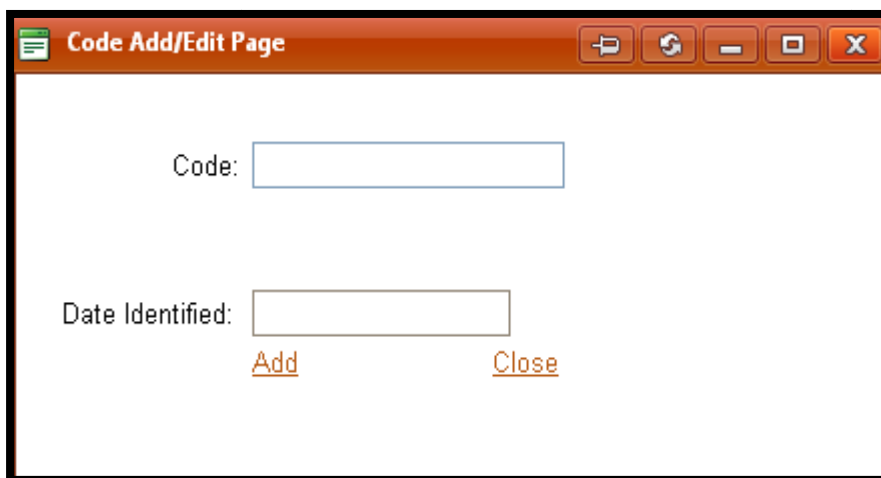
Code	Description	From Date	Thru Date	Total Units	Units/Visit	Visits/Period	Period Type	# Periods		
97110	PT Treatment	12/01/2011	06/01/2012	288	4	3	Week	24	Edit	Delete

CANCEL

SAVE/CLOSE

SAVE/CONTINUE

- ▶ Click **Add** to enter diagnosis codes and the following boxes will appear.



Code Add/Edit Page

Code:

Date Identified:

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

- ◆ Note: do not use decimals when entering an ICD-9 code.
 - ◆ The date identified will default to the admission date for admission review.
 - ◆ Click **Add** to close the window and the diagnosis/procedure codes will be displayed on the screen.
Click **Close** to close the window without adding any diagnoses.
 - ◆ To find a specific diagnosis code, click **Search** and enter the first 3-5 letters of the diagnosis. Click **Select** to highlight each desired DX code from the resulting list. When all the DX codes you need are highlighted, click **Add Selected** to add these DX codes to the review request.

Code Text Search Page

Text Search:

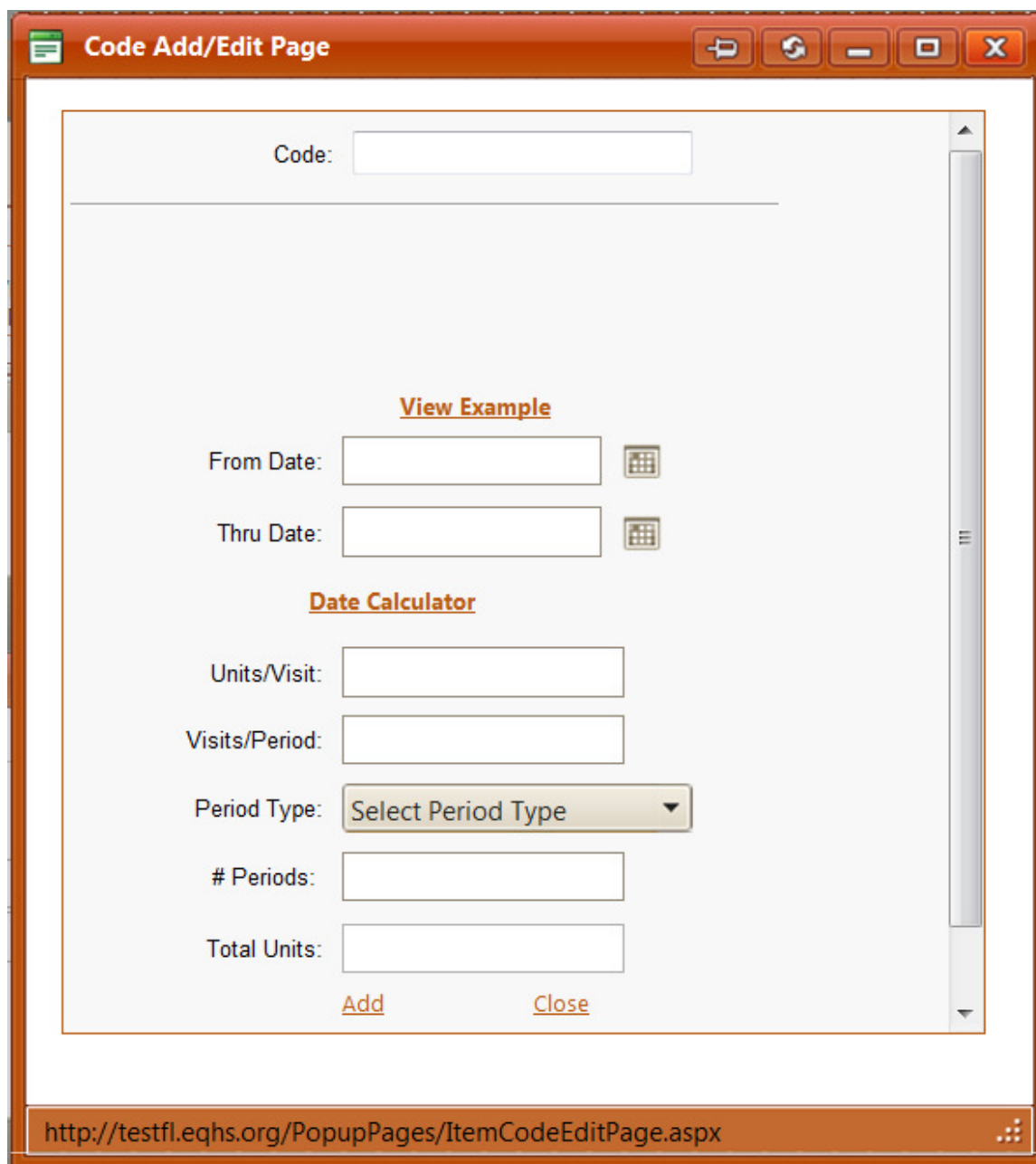
Search Results:

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

1 2 Page 1 of 2, iter

- ◆ A diagnosis or procedure code may be edited or deleted by selecting the appropriate option at the end of the row.
- ▶ Enter Plan of Care Start Date and End Date
- ▶ Note: Plans of Care cannot be more than 180 days in duration. Use the date calculator under the “utilities” tab to calculate 180 days.

- ▶ Click **Add** to enter therapy procedure codes and the following box will appear.



The screenshot shows a web browser window titled "Code Add/Edit Page". The window contains a form with the following fields and controls:

- Code:** A text input field.
- View Example:** A link.
- From Date:** A date input field with a calendar icon.
- Thru Date:** A date input field with a calendar icon.
- Date Calculator:** A section containing:
 - Units/Visit:** A text input field.
 - Visits/Period:** A text input field.
 - Period Type:** A dropdown menu with "Select Period Type" as the selected option.
 - # Periods:** A text input field.
 - Total Units:** A text input field.
- Add** and **Close** buttons at the bottom of the form.

The browser's address bar shows the URL: <http://testfl.eqhs.org/PopupPages/ItemCodeEditPage.aspx>.

- ◆ Once units requested are entered, the system will automatically calculate the total units associated with the items requested and populate the grid.
- ◆ The user is also given the option to cancel, partially save the review (save/close), or continue to the next tab.

Field	Description
Diagnosis Codes	<p>Enter the 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 illogical 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>Enter 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>
Therapy Procedure Codes	<p>97110 – Physical Therapy: Individual session by a PT</p> <p>97530 – Occupational Therapy: Individual session by OT</p> <p>92507 – Speech-Language Pathology: Individual session by SLP</p> <p>92508 - Speech-Language Pathology: Group session by SLP</p>
Date Calculator	<p>The date calculator can be used to calculate the number of days included in a given date range. It can also calculate an end date, if a start date and number of days is provided. For therapy, the end date should be included in calculations. It is accessible either from the link on the Items popup (e.g., where the text is entered) or from the utilities menu shown on page 31 of this User Guide.</p>

History Tab

- This screen captures medical history of evaluations and hospitalizations.

Create New Review
Respond to Add'l Info
Online Helpline
Utilities
Reports
Search
Attachments
Letters
Respond to Denial

Review Entry

Menu
Errors

Review Header Information

Provider #:
Provider Name: "SAY WHAT?" SPEECH THERAPY SERVICES
Recipient ID:
Recipient Name:
Admit Age: 65 Current Age: 65 Admit DT: 11/6/2011 Review ID:

Start
DX CODES/ITEMS
HISTORY
FUNCTIONING
MEDS
SUMMARY

Date of initial evaluation:
Date of most recent evaluation:
If the recipient was hospitalized within the past 6 months, enter the date of hospitalization.
Are services being requested as a result of the hospitalization? Yes No
If Yes, explain:
Is the patient receiving similar services from any other source, in addition to what you have requested? Yes No
Add new record Refresh

Provided by Name	Place of Service	Describe services received, frequency, days of the week and times. Also describe any coordination activities between providers
------------------	------------------	--


No records to display.


CANCEL
SAVE/CLOSE
SAVE/CONTINUE

Field	Description
Initial Evaluation	Enter the date of the patient's first evaluation.
Most Recent Evaluation	Enter the date of the patient's most recent evaluation.
Most Recent Hospitalization	Enter the date of the patient's most recent hospitalization.
Service request as Result of Hospitalization	Click "Yes" or "No" to indicate whether this request is a result of the hospitalization. If "Yes" is chosen, it must be explained in the text box.
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. If there are other providers, add records to the grid giving the name of the provider, where the service is performed, details of the service and coordination activities between the providers. Once the details are provided, use the Insert link to add the provider to the record.

Is the patient receiving similar services from any other source, in addition to what you have requested?

☐ Yes ☐ No

 Add new record

 Refresh

Provided by Name	Place of Service	Describe services received, frequency, days of the week and times. Also describe any coordination activities between providers
------------------	------------------	--

No records to display.

FUNCTIONING Tab

- ▶ Select the checkboxes for all functional limitations to be addressed during the requested authorization period. Check “other” if an applicable functional limitation is not included in the list.

Create New Review Respond to Add'l Info Online Helpline Utilities Reports Search Attachments Letters Respond to Denial

Review Entry

Review Header Information

Provider #: Provider Name: "SAY WHAT?" SPEECH THERAPY SERVICES
 Recipient ID: Recipient Name: Admit Age: 65 Current Age: 65 Admit DT: 11/6/2011 Review ID:

Start DX CODES/ITEMS HISTORY FUNCTIONING MEDS SUMMARY

Indicate the patient's functional limitations	Check all that apply
Balance Deficits	<input checked="" type="checkbox"/>
Breathing control deficit	<input type="checkbox"/>
Cognitive deficits/executive function deficits	<input type="checkbox"/>
Contracture(s)/or post-release	<input type="checkbox"/>
Coordination deficit	<input type="checkbox"/>
Decreased transfer abilities	<input type="checkbox"/>
Fine motor limitations - neurologically based	<input type="checkbox"/>
Fine motor limitations - orthopedic based	<input type="checkbox"/>
Fracture - Lower Extremity	<input type="checkbox"/>
Fracture - Other Site	<input type="checkbox"/>
Fracture - Upper Extremity	<input type="checkbox"/>
Gait Abnormality (unable, delayed, or impaired)	<input type="checkbox"/>
Gross motor skills deficit	<input type="checkbox"/>
Hypertonia (abnormal increase in muscle tone)	<input type="checkbox"/>
Hypotonia (low muscle tone)	<input type="checkbox"/>

MEDS Tab

- ▶ For an admission review, list the medications that are pertinent to the care of this recipient, or those medications that may affect the plan of care.
- ▶ For a continued stay, you may copy the medications entered on a previous review request by clicking the Copy Meds from previous review button, and then modify the medications in the grid to reflect the most current medication status at the time of the continued stay request.

Start DX CODES/ITEMS HISTORY FUNCTIONING MEDS SUMMARY

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	
No Meds on this Review						

CANCEL SAVE/CLOSE SAVE/CONTINUE

Start DX CODES/ITEMS HISTORY FUNCTIONING MEDS SUMMARY

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					
Name	Route Type	Frequency	Dosage	Start Date	Stop Date
No Meds on this Review					

CANCEL SAVE/CLOSE SAVE/CONTINUE

Code Add/Edit Page

Med Name:

Route:

Frequency:

Dosage:

Start Date:

Stop Date:

Only enter a Stop date if the medication has already been discontinued. Leave blank if the patient is currently still receiving or will be receiving during the course of care.

Add Close

http://testfl.eqhs.org/PopupPages/MedEditPage.aspx

Field	Description
Medication	List medications that are pertinent to the care of the recipient and or may affect the plan of care.

SUMMARY Tab

Create New Review Respond to Add'l Info Online Helpline Utilities Reports Search Attachments Letters Respond to Denial

Review Entry

Review Header Information

Provider #: Provider Name: "SAY WHAT?" SPEECH THERAPY SERVICES
 Recipient ID: Recipient Name: Admit Age: 65 Current Age: 65 Admit DT: 11/6/2011 Review ID:

Start DX CODES/ITEMS **HISTORY** FUNCTIONING MEDS SUMMARY

Select all that apply for this patient Explain your selection(s) here:

☐ Medically Complex
☐ Medically Fragile
☐ Technology dependent
☐ None of the above

OPTIONAL: Please use this textbox to provide any additional information you would like us to know to help establish medical necessity.

[Florida Agency for Health Care Administration Disclaimer Statement](#)

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

Field	Description
Medical Status	Select the checkbox beside each medical condition that applies. Use the text box to give details of any selections, if the information is not included in the plan of care.
Clinical Summary	Use the large text box to if you need to provide additional documentation pertinent to medical necessity not previously included 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.

Additional Information													
Menu Start	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

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

Start	DX/PROCS	VITALS/LABS	FINDINGS	DC PLAN	MEDS	SUMMARY	ADDL INFO
-------	----------	-------------	----------	---------	------	---------	-----------

QUESTION:

please provide the lab results for >>>>>

ADDITIONAL INFO:

Web submitted additional info 4/4/2011

- ◆ 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 “Additional Info”, 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. Note: If you intend to submit a document, please do not respond to the request for additional information until you are able to submit the document.

- ◆ 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 the 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.
 - ◆ To submit a general inquiry, not related to a review, you may leave the Review ID, PA#, Recipient # and Admission date blank.
 - ◆ Type your 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.
 - ◆ 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 -- 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.

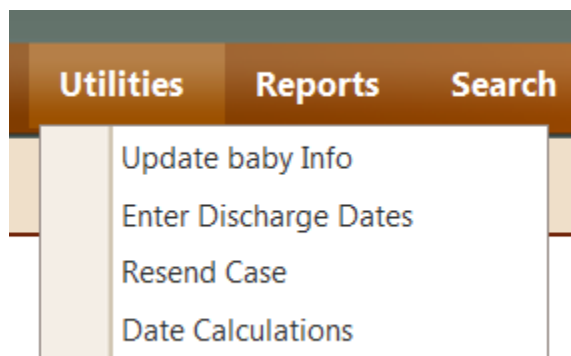
PA #: Recipient #: Admit Date:
Do NOT enter a Beneficiary # or Admit Date if a PA # is entered.

[Submit Question](#)

Q&A History (Last 30 Days)

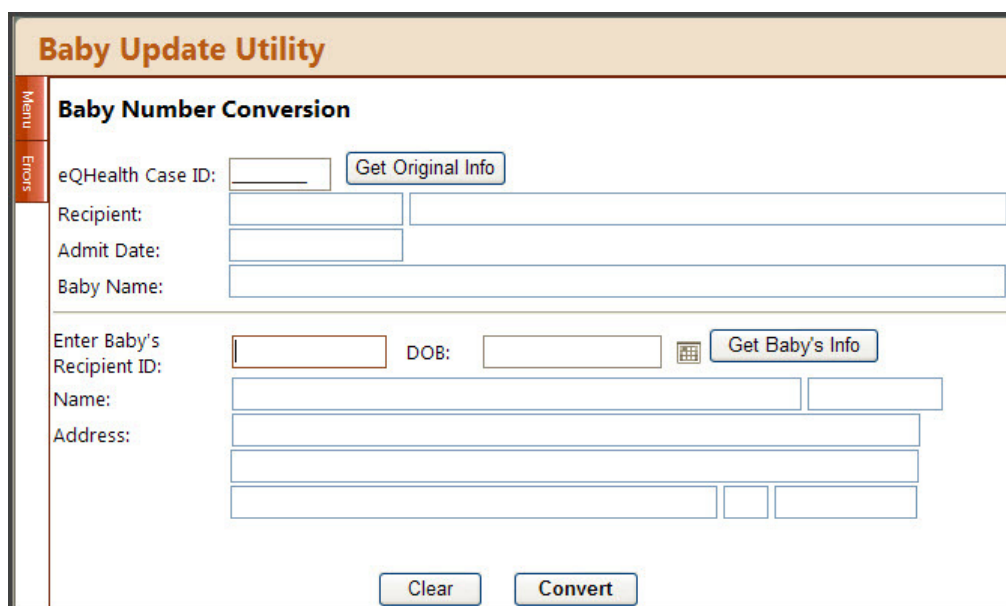
Question/Response		
Ticket # 600042	Receipt Date: 3/29/2011 10:19:54 AM	Response Date:
Pertaining to: Review ID: 60471214		
Question: testing		
Ticket # 600011	Receipt Date: 3/7/2011 2:07:32 PM	Response Date: 3/9/2011 12:00:00 AM

IV. UTILITIES



Update Baby Info

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

A screenshot of the 'Baby Update Utility' form. The form has a title bar 'Baby Update Utility' in orange. On the left side, there is a vertical menu with 'Menu' and 'Errors' options. The main content area is titled 'Baby Number Conversion'. It contains two main sections. The first section, 'Original Info', has a text input for 'eQHealth Case ID:' followed by a 'Get Original Info' button. Below this are three more text input fields labeled 'Recipient:', 'Admit Date:', and 'Baby Name:'. The second section, 'Baby's Info', has a text input for 'Enter Baby's Recipient ID:' followed by a 'DOB:' text input and a 'Get Baby's Info' button. Below these are three more text input fields labeled 'Name:', 'Address:', and another unlabeled field. At the bottom of the form are two buttons: 'Clear' and '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**.

Change Discharge Date

Menu Errors

Search By Last Day Certified Search By Admit Date Search By RecipientID Search By PA#

Admission Date Range: 03/01/2011 03/15/2011 (120 day limit)

Search Clear

	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	

- ▶ 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.

Resend Case

Create New Review Respond to Add'l Info Online Helpline Utilities Reports Search Attachments Letters Respond to Denial

Resend Case

Menu Errors

This utility is to be used by the provider to resend a case to the fiscal agent to receive or update a PA# when there has been a change in the status of a case such as an update to recipient eligibility or resolution of an overlapping PA#. The utility can only be used by the provider to update or obtain PA#s on cases they have submitted.

You will not be able to retransmit a case if one of the following applies:
The last review completed for the case is more than 30 days ago.
The case is for a recipient with a Temporary number.
The case has been voided.

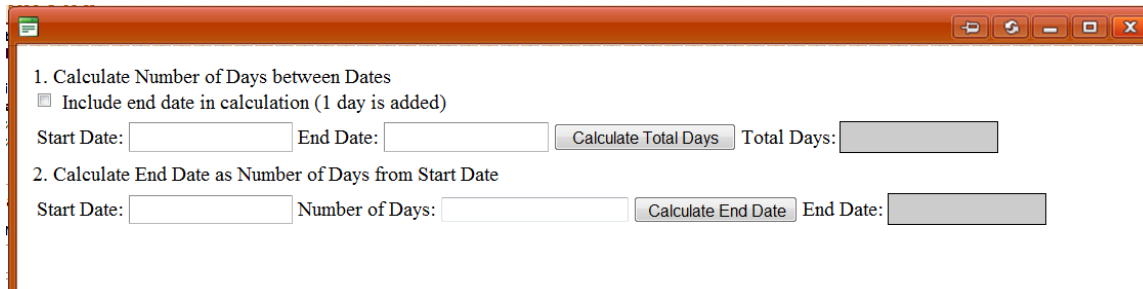
Search By eQHealth Case ID Search By PA# Search By Review ID

Enter up to 8 eQHealth Case IDs, then click Search.

Search Clear Entry

Date Calculations

Use the date calculator linked with eQSuite to calculate the correct authorization/plan of care duration.

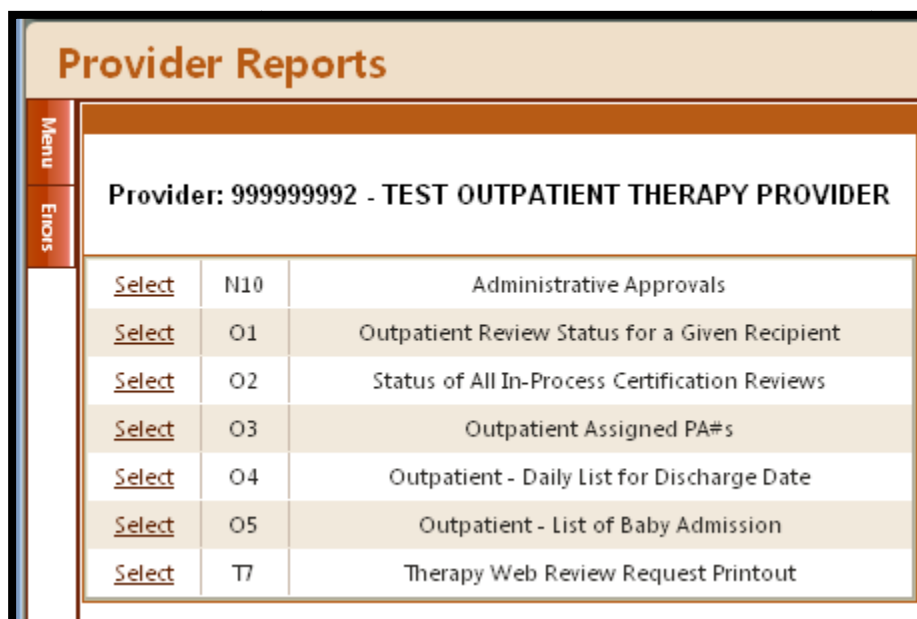


The screenshot shows a web-based date calculator interface. It has a title bar with standard window controls. The main content area contains two sections:

- 1. Calculate Number of Days between Dates**
 - ☐ Include end date in calculation (1 day is added)
 - Start Date: End Date: Total Days:
- 2. Calculate End Date as Number of Days from Start Date**
 - Start Date: Number of Days: End Date:

V. REPORTS

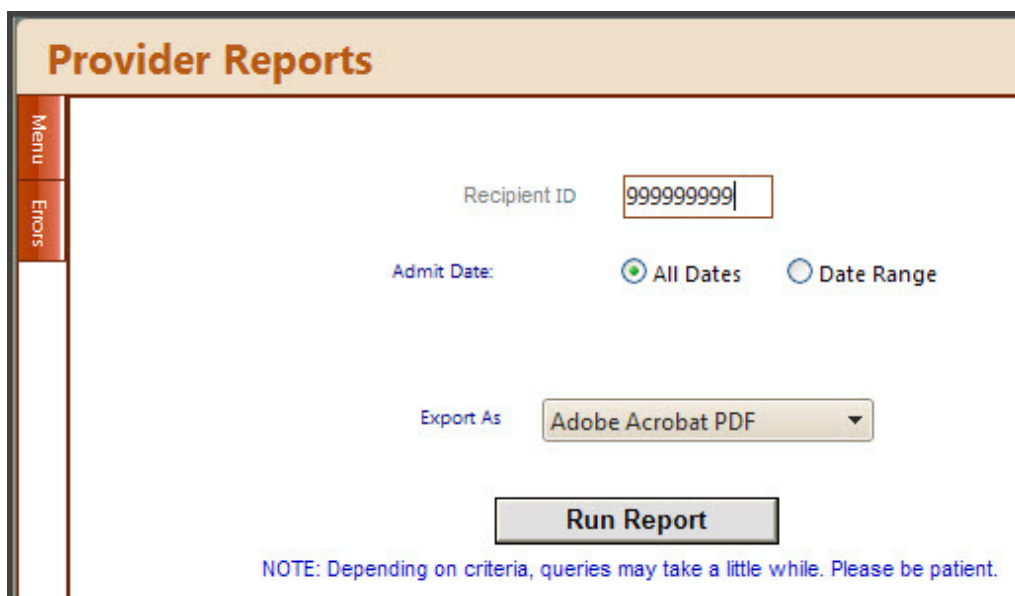
- ▶ Click **Reports** on the menu list.



The screenshot shows a web interface titled "Provider Reports". On the left is a vertical menu with "Menu" and "Errors" options. The main content area displays "Provider: 999999992 - TEST OUTPATIENT THERAPY PROVIDER". Below this is a table with report options.

Select	Code	Description
Select	N10	Administrative Approvals
Select	O1	Outpatient Review Status for a Given Recipient
Select	O2	Status of All In-Process Certification Reviews
Select	O3	Outpatient Assigned PA#s
Select	O4	Outpatient - Daily List for Discharge Date
Select	O5	Outpatient - List of Baby Admission
Select	T7	Therapy Web Review Request Printout

- ▶ The user may choose from a menu of currently available reports. With feedback from users, eQHealth will develop additional reports over time and place them on the menu for access.
- ▶ Click on the select report type. 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**.



The screenshot shows a web application titled "Provider Reports". On the left is a vertical navigation menu with "Menu" and "Errors" options. The main content area contains the following elements:

- Recipient ID:** A text input field containing "999999999".
- Admit Date:** Two radio button options: "All Dates" (which is selected) and "Date Range".
- Export As:** A dropdown menu currently showing "Adobe Acrobat PDF".
- Run Report:** A large rectangular button.
- NOTE:** A line of text at the bottom stating, "NOTE: Depending on criteria, queries may take a little while. Please be patient."

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

testfl.eqhs.org/Reports/_Temp/db43be67188143d4946aa7d7d82002d2Report02.pdf - Windows Internet Explorer

http://testfl.eqhs.org/Reports/_Temp/db43be67188143d4946aa7d7d82002d2Report02.pdf

Go To Favorites Help

Suggested Sites Team Foundation Server IT Team Workspace ChangeGear Self-Service Po... Care Coordination login eQSt

testfl.eqhs.org/Reports/_Temp/db43be671881...

Report 02

eQHealth Solutions
Status of All In Process Certification Reviews

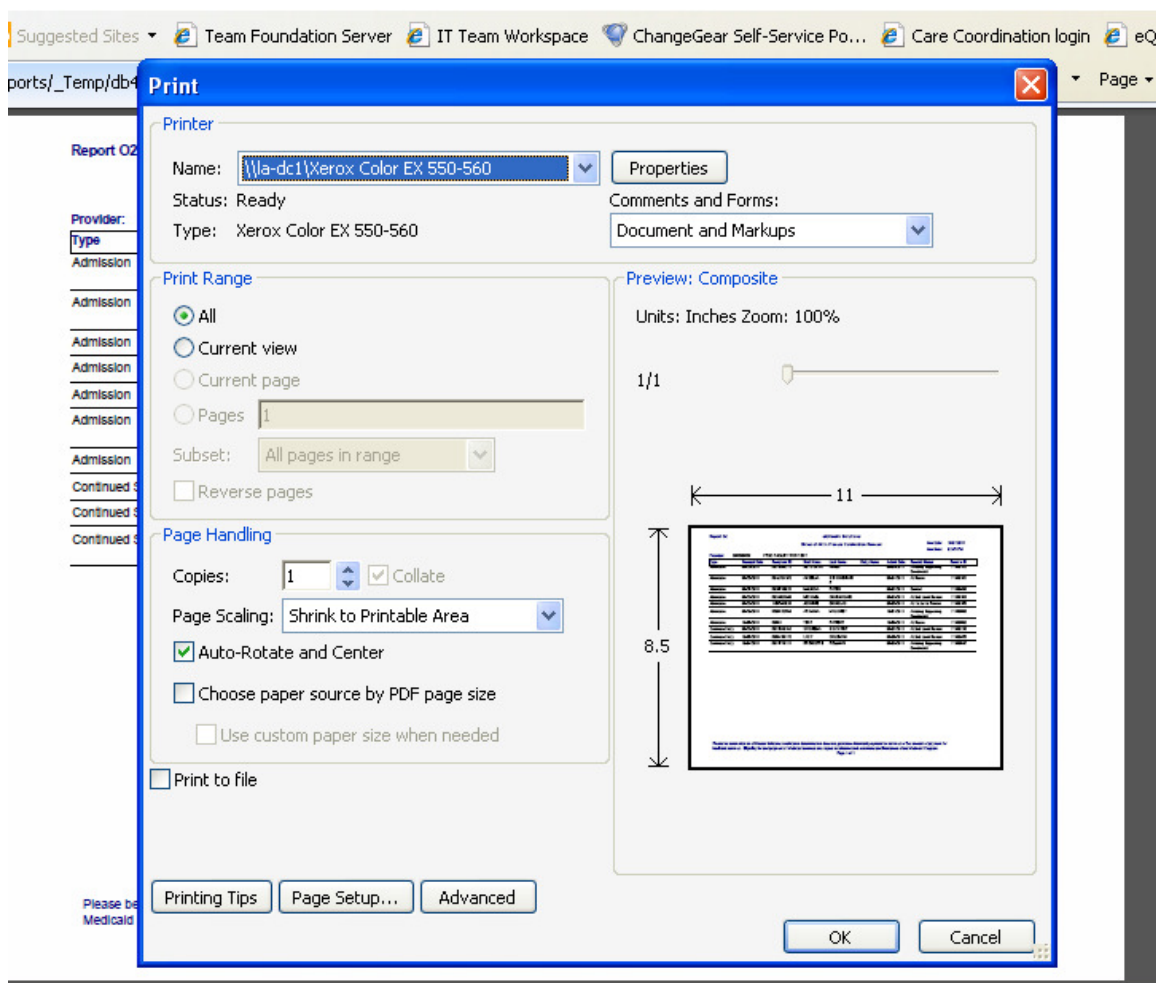
Print Date: 10/07/2011
Print Time: 02:49 PM

Provider: 999999998 PPEC FACILITY FOR TEST

Type	Receipt Date	Recipient ID	First Name	Last Name	Baby Name	Admit Date	Record Status	Review ID
Admission	09/25/2011	0034258213	KEYOUSH	HINES		09/25/2011	Awaiting Supporting Documents	11460453
Admission	09/25/2011	0042024102	ANGELIA	GIBSONBISHOP		09/24/2011	At Recon	11460351
Admission	09/27/2011	0039745023	MALISSA	PATES		09/27/2011	Denied	11459588
Admission	09/29/2011	0025423550	MICHAEL	CHAMPAGNE		09/23/2011	At 2nd Level Review	11459305
Admission	09/29/2011	1406643025	JOHNNIE	DOUGLAS		09/29/2011	At 1st Level Review	11460365
Admission	09/30/2011	9500152860	ARIANNA	MALONEY		10/01/2011	Awaiting Supporting Documents	11458888
Admission	10/05/2011	99999	TEST	PATIENT		10/05/2011	At Recon	11460802
Continued Stay	09/28/2011	0032240163	SAQUEDA	GILCHRIST		09/27/2011	At 2nd Level Review	11460215
Continued Stay	10/02/2011	0066196132	LACY	COLEMAN		09/26/2011	At 2nd Level Review	11460538
Continued Stay	10/04/2011	0034716131	BRIDGETTE	PELLMAN		09/25/2011	Awaiting Supporting Documents	11460657

Please be aware that an eQHealth Solutions certification determination does not guarantee Medicaid payment for services or the amount of payment for Medicaid services. Eligibility for and payment of Medicaid services are subject to all terms and conditions and limitations of the Medicaid Program.
Page 1 of 1

- 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.

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

MenuErrors

List Partial Records

Search By PA#

Search By Date

Search By Recipient

Cases Needing Add'l Info.

Search By KePro Case ID

Search By eQHealth Case ID

	PA Numbers	ReviewID	Request Date	Requestor Name	Recipient ID	First Name	Last Name	Request Type	Setting	eQHealth Case ID
Open	Awaiting PA	11460100	09/26/2011	Eileen Wall	99999	TEST	PATIENT	Continued Stay	OP Therapy	729972
Open	Awaiting PA	11460189	09/28/2011	Eileen Wall	99999	TEST	PATIENT	Retrospective	OP Therapy	729999
Open	Awaiting PA	11460229	09/28/2011	Eileen Wall	99999	TEST	PATIENT	Modify Authorization	OP Therapy	729972
Open	Awaiting PA	11460759	10/05/2011	TAMMIE STEPHENS	99999	TEST	PATIENT	Modify Authorization	OP Therapy	730033

- ▶ 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 deleted 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 records and submitting them for review or deleting them as necessary.
- ▶ The system will not allow the user to create a new record if there are 20 partially saved records on file. The user must address the partially saved records either by submitting the record for review or deleting.
- ▶ The system will not allow partially saved records to remain on file for more than 10 calendar days. The user must complete entry or delete the record.

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, Search by Review ID, or Search by eQHealth Case ID.
- ▶ Key in the applicable request criteria, (i.e., 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 obtain a list of requests submitted by the current user only, click to check mark the “Requests Submitted by Current User Only” box. The system will default to show requests entered by the current user.
- ▶ To obtain a list of requests submitted by all users at the facility, click the box to clear the check mark.
- ▶ To view the data entered in a review request, click the **Open** option 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.

Search

Menu
Errors

List Partial Records
Search By PA#
Search By Date
Search By Recipient
Cases Needing Add'l Info.
Search By KePro Case ID
Search By eQHealth Case ID

Enter a Recipient ID #, then click Search.

Recipient ID:

	PA Numbers	ReviewID	Request Date	Requestor Name	Recipient ID	First Name	Last Name	Request Type	Setting	eQHealth Case ID	Admit Date
Open	Awaiting PA	11460189	09/28/2011	Eileen Wall	99999	TEST	PATIENT	Retrospective	OP Therapy	729999	08/01/2011
Open	332255	11459733	09/25/2011	Eileen Wall	99999	TEST	PATIENT	Admission	OP Therapy	729972	09/01/2011
Open	Awaiting PA	11460100	09/26/2011	Eileen Wall	99999	TEST	PATIENT	Continued Stay	OP Therapy	729972	09/01/2011
Open	Awaiting PA	11460229	09/28/2011	Eileen Wall	99999	TEST	PATIENT	Modify Authorization	OP Therapy	729972	09/01/2011
Open	Awaiting PA	11460705	09/20/2011	TAMMIE STEPHENS	99999	TEST	PATIENT	Admission	OP Therapy	730033	09/20/2011
Open	Awaiting PA	11460759	10/05/2011	TAMMIE STEPHENS	99999	TEST	PATIENT	Modify Authorization	OP Therapy	730033	09/20/2011
Open	Awaiting PA	11460498	09/30/2011	Quinn Trabeau	99999	TEST	PATIENT	Admission	OP Therapy	730017	09/30/2011

VII. ATTACHMENTS

If additional AHCA policy required documents are requested by eQHealth Solutions, 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

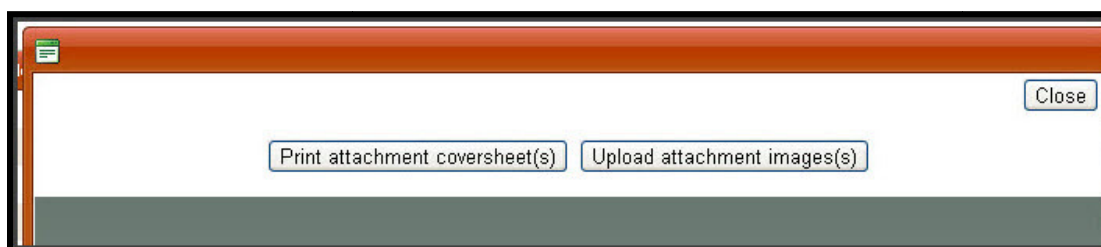
OR

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

To provide additional documents to us, simply click the [Link Attachments](#) hyperlink at the end of the review request line you are interested.

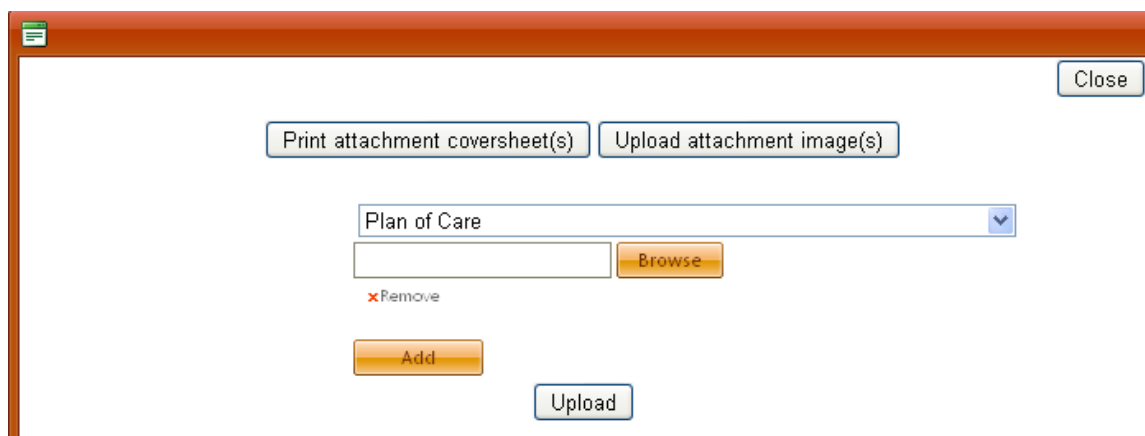
Attachments											
Menu Ends	In Process		Completed Outpatient								
	ReviewID	Recipient ID	First Name	Last Name	eQHealth Case ID	Admit Date	KBaby Name	Account Number	Receipt Date	Record Status	
	11460498	99999	TEST	PATIENT	730017	09/30/2011			09/30/2011	Awaiting Supporting Documents	Open Review Link Attachment

You will see the following options:



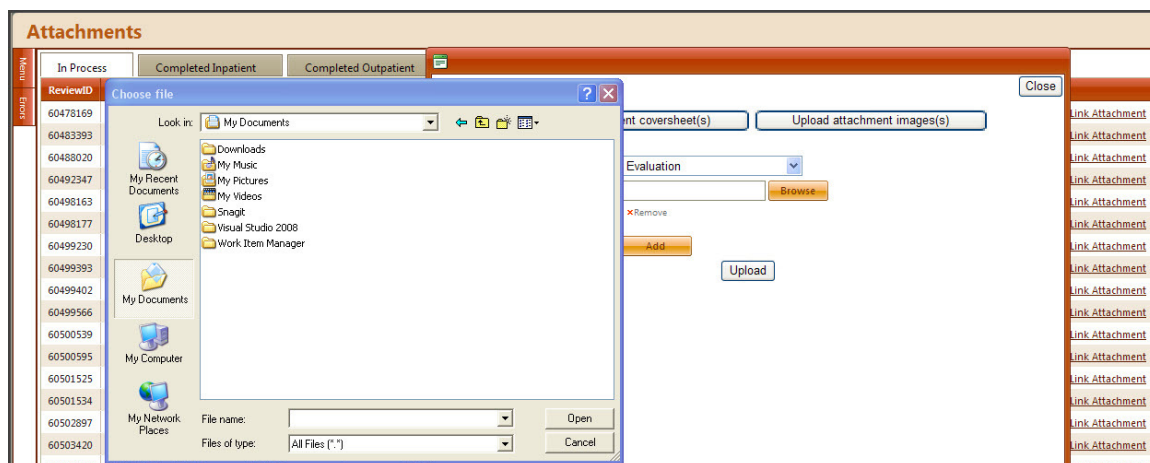
A screenshot of a web application window titled 'Attachments'. It features a 'Close' button in the top right corner. Below the title bar, there are two buttons: 'Print attachment coversheet(s)' and 'Upload attachment image(s)'. The background of the window is a light gray gradient.

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.

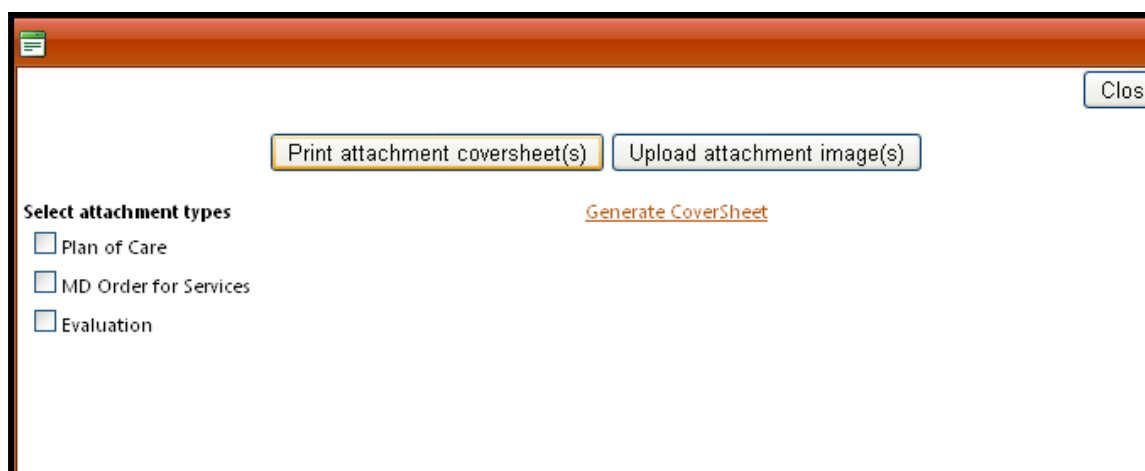


A screenshot of a web application window titled 'Attachments'. It features a 'Close' button in the top right corner. Below the title bar, there are two buttons: 'Print attachment coversheet(s)' and 'Upload attachment image(s)'. Below these buttons, there is a dropdown menu labeled 'Plan of Care' with a downward arrow. Below the dropdown menu, there is a text input field and a 'Browse' button. Below the text input field, there is a red 'x' icon and the word 'Remove'. Below the 'Remove' text, there is an 'Add' button. Below the 'Add' button, there is an 'Upload' button.

Click **Browse** to search your network for the document and after selecting the document, click **Open**. You will receive a validation message that the image has been successfully linked to the review.



You may also select **Print attachment coversheet(s)** to print a bar-coded fax coversheet or download the coversheet to your computer. You will see a checklist of all current available document options for the review. You may check as many types as you like at the same time.



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.

http://testfl.eqhs.org/Pages/FaxCoverPage.aspx?AID=360&RID=11460498 - Windows Internet Explorer


eq http://testfl.eqhs.org/Pages/FaxCoverPage.aspx?AID=360&RID=11460498

File Edit View Favorites Tools Help

Favorites Suggested Sites Team Foundation Server IT Team Workspace ChangeGear Self-Service Po... Care Coordination login eQSuite Login

eq http://testfl.eqhs.org/Pages/FaxCoverPage.aspx?AI...

eQHealth Solutions
Fax Cover Page
eQHealth Solutions Fax Numbers:
Home Health and PCS: 855-321-3747
Inpatient: 855-427-3747



R-11460498 I-67

Provider ID: 999999992
Provider Name: TEST OUTPATIENT THERAPY PROVIDER
PA #
Recipient ID: 99999
Recipient Name: TEST PATIENT
Admit Date: 09/30/2011
Review ID: 11460498
Pages (Including this one) _____

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

ATTACHMENT(S) FOR INITIAL REQUEST FOR REVIEW

Plan of Care

Done Internet 100%

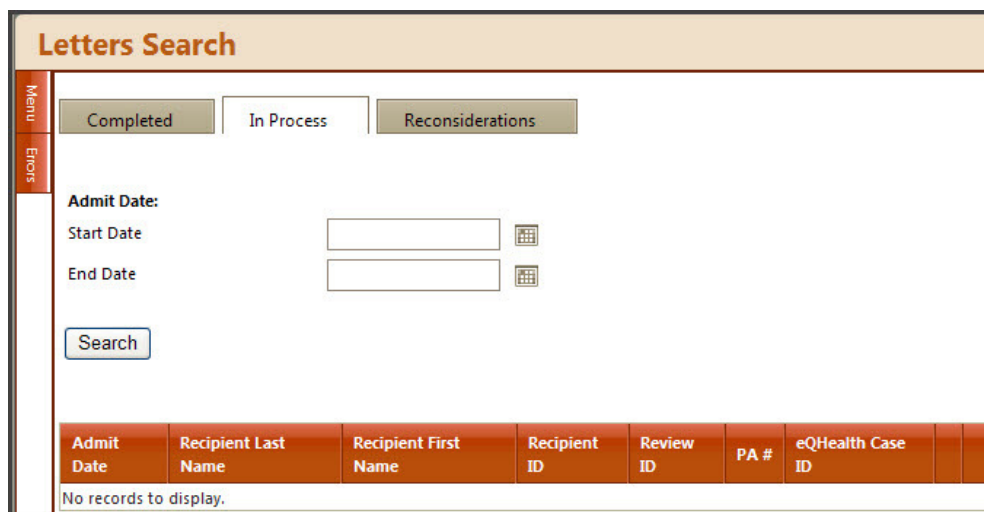
IMPORTANT NOTE: Do not reuse or modify the fax coversheets. Like the barcodes on the cereal you buy at the grocery store, our system needs the correct barcode for each document.

VIII. LETTERS

Using the **Letters** menu option will allow you to view all written correspondence from eQHealth Solutions via our web system. Letters are grouped into three categories as follows:

- ▶ In Process – letters generated prior to completion of an initial review, (e.g., pending and suspended 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

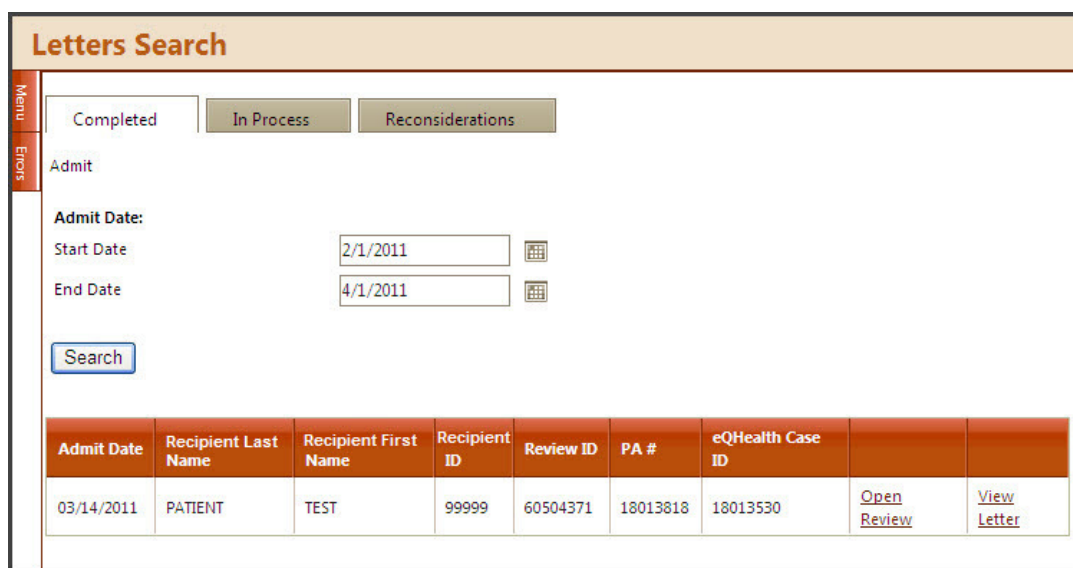
Admit Date:

Start Date 

End Date 

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

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 

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

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

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 Reconsideration.

To do this, click **Respond to Denial** from the menu list. Any review requests with option for reconsideration will be displayed here.

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

- ▶ To request Reconsideration, click the [Link Recon Request](#).
- ▶ You may either agree with eQHealth physician reviewer's decision, or request a reconsideration review. To enter a reconsideration review, submit additional supporting information in the available textbox for our physician reviewer to use when reevaluating the case. You may also attach additional documents to the review request by clicking on the [Link Attachment](#) button. Then, follow 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 notify our staff that additional documentation is being submitted for physician review.

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

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

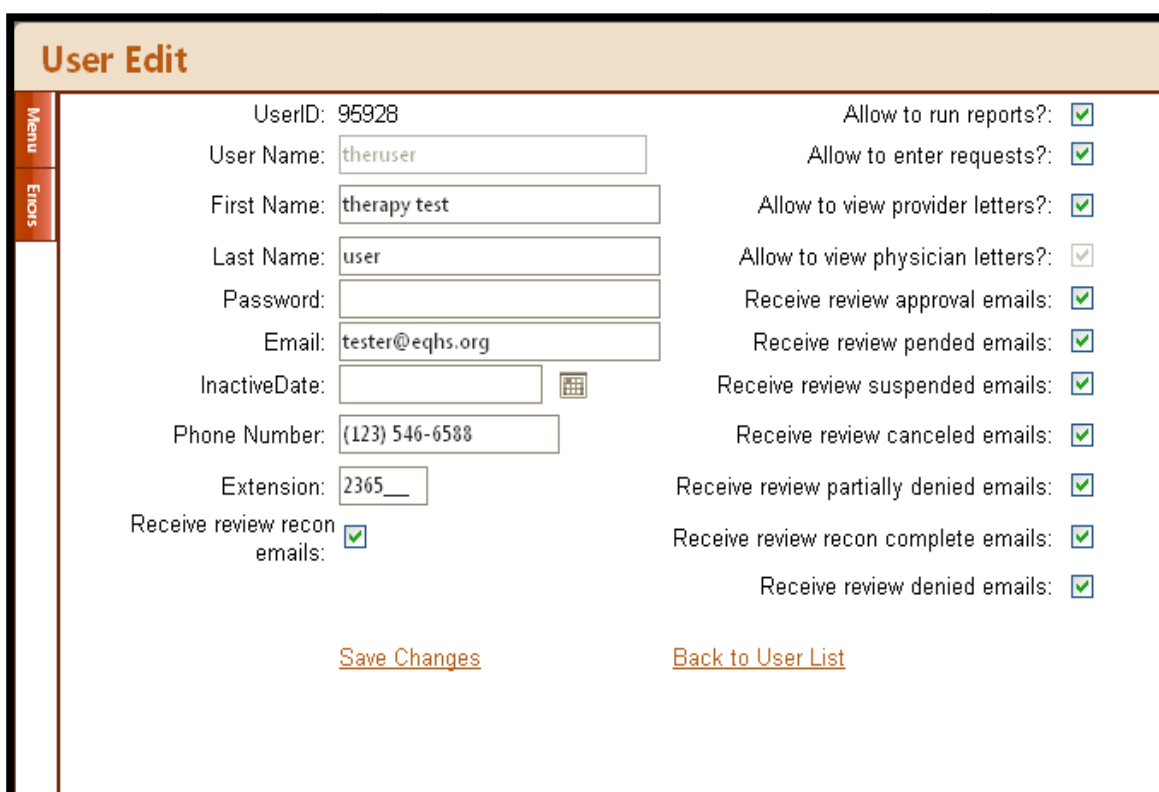
Enter any additional information to be considered with your request for reconsideration that justifies medical necessity of the previously denied or reduced level of services.

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

X. UPDATE MY PROFILE

Individual users may change or update certain information without system administrator intervention.

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



The screenshot shows the 'User Edit' form. On the left is a sidebar with 'Menu' and 'Errors' buttons. The form contains two columns of fields. The left column includes: UserID (95928), User Name (theruser), First Name (therapy test), Last Name (user), Password (empty), Email (tester@eqhs.org), InactiveDate (empty with a calendar icon), Phone Number ((123) 546-6588), Extension (2365), and a checkbox for 'Receive review recon emails' which is checked. The right column includes: 'Allow to run reports?' (checked), 'Allow to enter requests?' (checked), 'Allow to view provider letters?' (checked), 'Allow to view physician letters?' (unchecked), 'Receive review approval emails?' (checked), 'Receive review pending emails?' (checked), 'Receive review suspended emails?' (checked), 'Receive review canceled emails?' (checked), 'Receive review partially denied emails?' (checked), 'Receive review recon complete emails?' (checked), and 'Receive review denied emails?' (checked). At the bottom are two links: 'Save Changes' and 'Back to User List'.

- ▶ To save the login information, click **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 **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	<p>Users and/or system administrators cannot change/update this Unique user identifier. All alpha characters must be in lowercase. Examples: user's first name; user's first initial then last name</p> <p>Login ID must be unique across all users of eQHealth Web based system. If you enter a Login ID and the system responds that this ID is already on file, then you must use a different ID. A common solution to this situation is to append a numeric digit at the end of the last name. For example, user "Jane Doe" would be jdoe1.</p>
Password	<p>Must be between 6 and 10 characters. All alpha characters must be in lowercase. Each user is responsible for keeping this password confidential. Passwords will need to be changed over time. Instructions and /or reminders to do so will occur.</p>
Name	<p>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. It cannot be changed or updated.</p>
Phone and Phone Extension	<p>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.</p>
Inactivate Date	<p>Once users are added by the facility access User Administrator, they cannot be deleted without contact with eQHealth staff. This is for tracking and audit trail purposes.</p> <p>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. Simply key a date into this field, and the user login will be inactivated from the entered date forward.</p>
Indicate if the user is granted access to view provider letters	<p>The access User Administrator determines which users can view provider letters. The access User Administrator can at any time change the setting of this field thereby opening or closing access to this module.</p>
Indicate if the user is granted access to view physician letters	<p>The access User Administrator determines which users can view physician letters. The access User Administrator can at any time change the setting of this field thereby opening or closing access to this module.</p>

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.

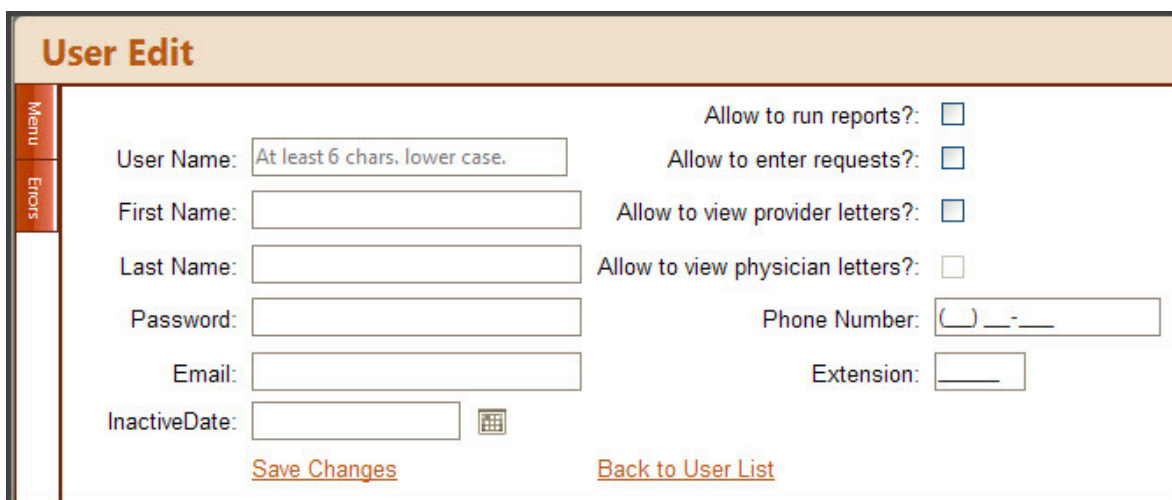
If for any reason the facility User Administrator needs to be changed, (e.g., is no longer with the facility or will no longer serve in this capacity), eQHealth should be contacted and the master files will be updated to grant administrative rights to another designated individual.

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

- ▶ Access the Internet with Internet Explorer and go <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							

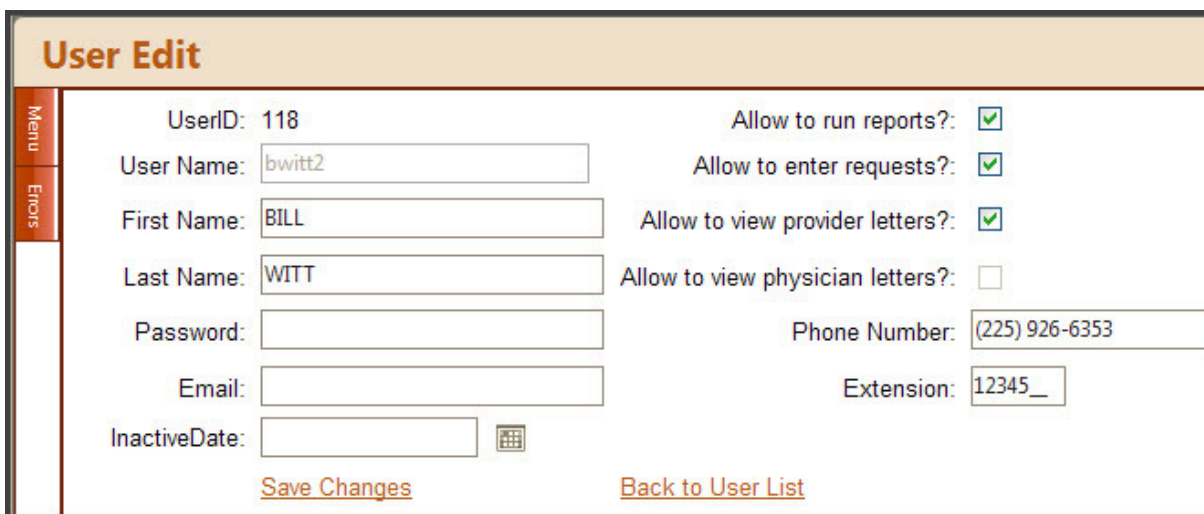
- ▶ Click on [Add New User](#) to enter login information for a **new** user. The following screen opens. Enter required information. When complete, press [Save Changes](#) to continue or press [Back to Users List](#) to return to the list of users.



The 'User Edit' form is a web interface for managing user profiles. It 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, there are checkboxes for 'Allow to run reports?', 'Allow to enter requests?', 'Allow to view provider letters?', and 'Allow to view physician letters?'. Below these are fields for 'Phone Number' and 'Extension'. At the bottom, there are two buttons: 'Save Changes' and 'Back to User List'.

NOTE: Every user's Login ID and Password is tied to a "unique" provider number. Hence, 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 record needed.



This is the 'User Edit' form with pre-filled data. The 'UserID' is 118. The 'User Name' is 'bwitt2'. The 'First Name' is 'BILL' and the 'Last Name' is 'WITT'. The 'Password' field is empty. The 'Email' field is empty. The 'InactiveDate' field has a calendar icon. The 'Allow to run reports?' checkbox is checked. The 'Allow to enter requests?' checkbox is checked. The 'Allow to view provider letters?' checkbox is checked. The 'Allow to view physician letters?' checkbox is unchecked. The 'Phone Number' is '(225) 926-6353' and the 'Extension' is '12345'. At the bottom, there are two buttons: 'Save Changes' and 'Back to User List'.

- ▶ 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.