Web Review Request

Multispecialty eQSuite® 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 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.com***. 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:

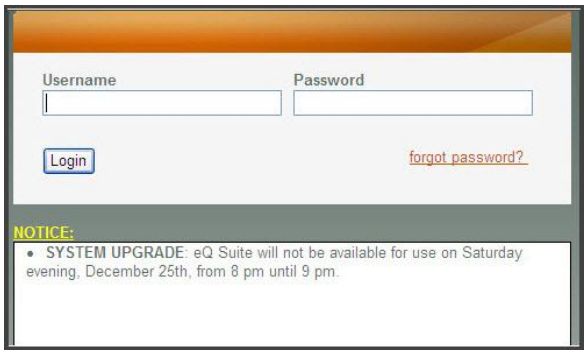
- Internet Explorer
- Google Chrome
- Mozilla Firefox
- Safari
- Broadband internet connection

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.com/***. 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.



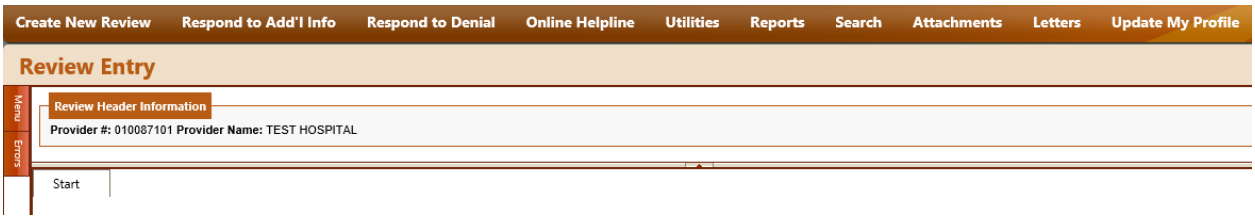
Your User Administrator must also create all new accounts. The User Administrator has access to many account maintenance options on the **User Administration** menu option.

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.



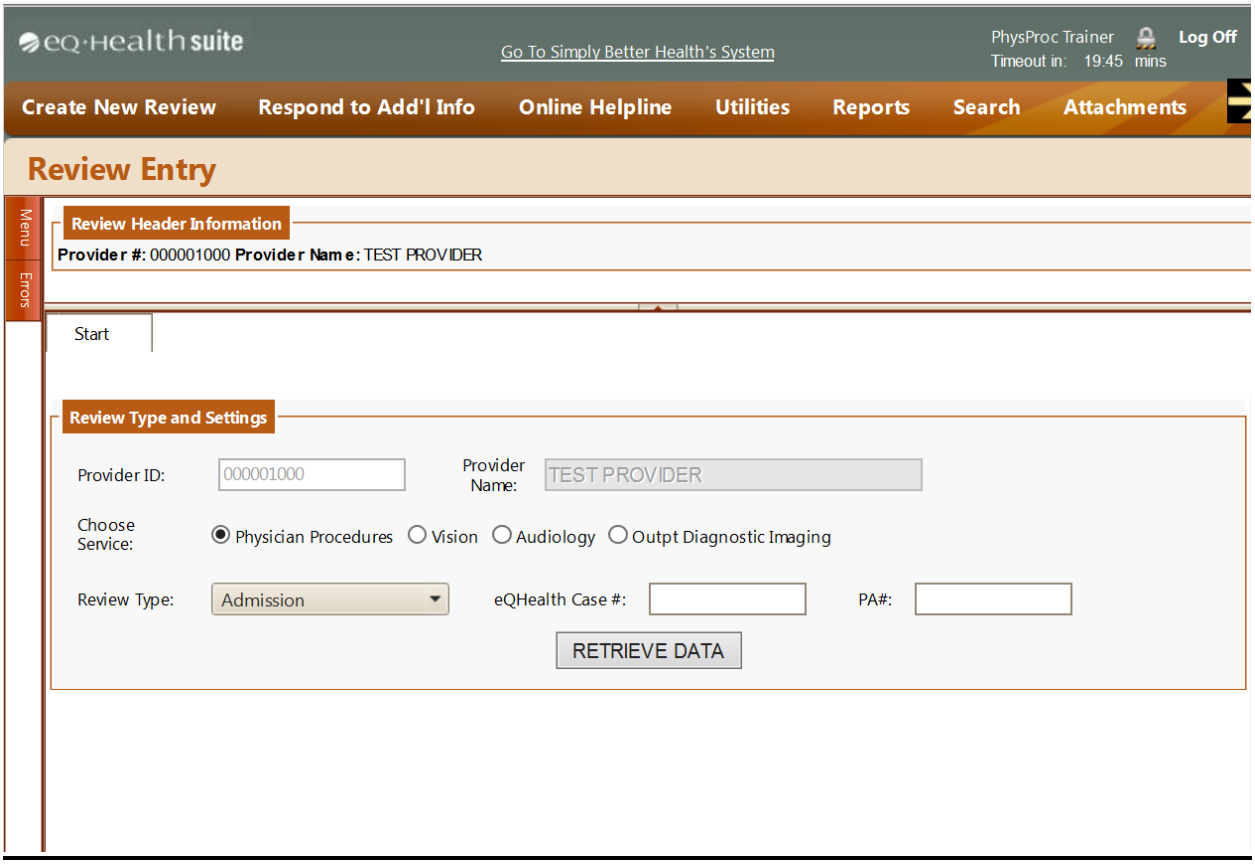
1. **Create New Review**
2. **Respond to Additional Info**
3. **Respond to Denial**
4. **Online Helpline**
   - Create a New Helpline Request
   - View Response to Previous Request
5. **Utilities**
   - Update Baby Info (When the baby's Medicaid # is assigned)
   - Enter Discharge dates (Not Applicable to ADI providers)
   - 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)

6. **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
7. **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

8. **Attachments**
9. **Letters**
   - Completed
   - In Process
   - Reconsiderations
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)**

Create New Review

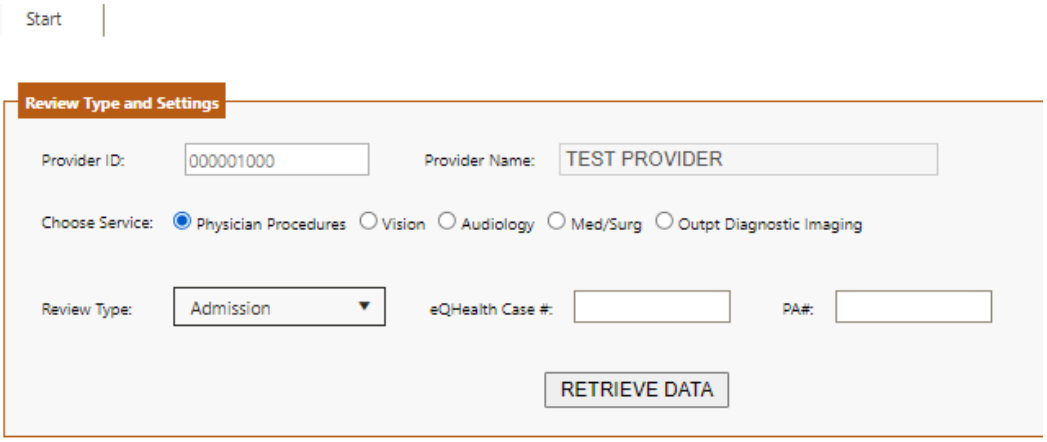
- Select **Create New Review** from the Menu list.
- The following screen will be displayed, The Provider ID should be the Medicaid ID number for the Physician.



- Select the appropriate type of review:
  - For Multispecialty Services Select **Physician Procedures**. Please note based on the provider type, you may have more than one service options.
  - If this is a new, or prior authorization, you must select “Admission” and click Retrieve Data.
  - If the service was provided prior to the recipient receiving retroactive Medicaid eligibility that covers the date the service was provided, select “Retrospective” and click Retrieve Data.

Provider ID and Provider Name

Enter the Medicaid ID# for the Physician. The system may automatically fill in the Medicaid Provider number and name based on your user login.

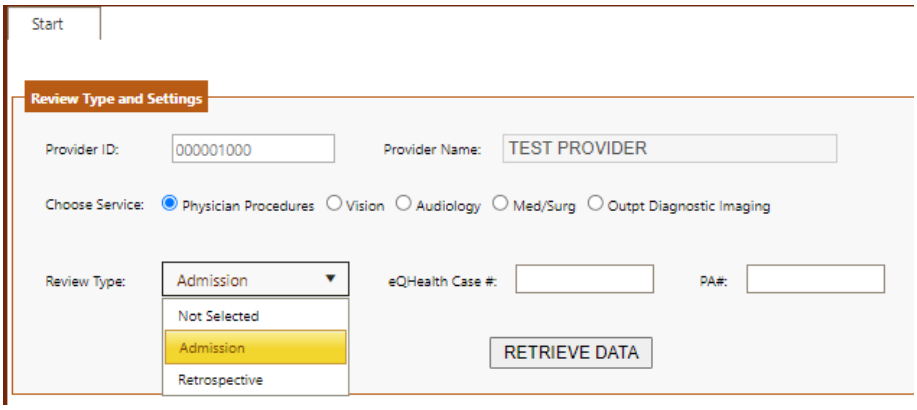


Review Type

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 the service.

Retrospective: The service was provided without prior authorization from eQHealth and the recipient subsequently received 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

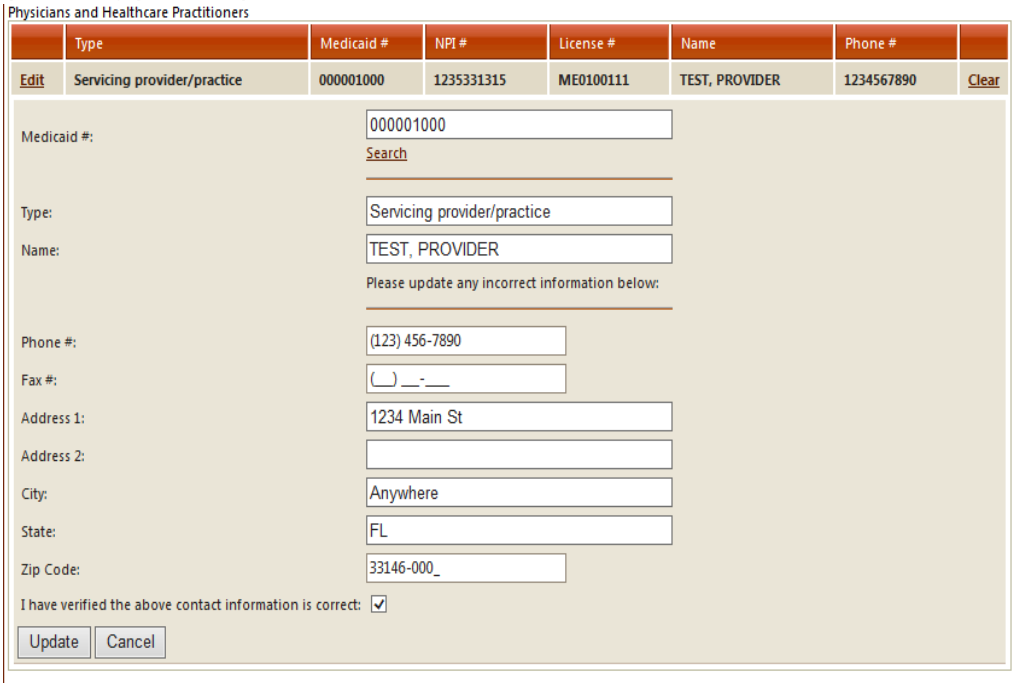
Based on the recipient number, the system will display the recipient's date of birth. This is a "view only" field – not a user entry field.

Sex

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

Physician and Other Healthcare practitioners

The Ordering Physician/ARNP/PA should be Florida Medicaid number of the ordering provider. (Ordering provider).



To enter the Medicaid number into the grid, you must select the **Edit** link. The Medicaid ID# is a 9-digit number. Make sure to select a physician with a valid ID.

Once you have entered the Medicaid ID# and verified the information is correct, make sure to check the box "I have verified the above contact information is correct" and click "Update".

If the number is unknown, press **Search** 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 based on the physician number. If you have more current information the demographic information can be updated by the user.

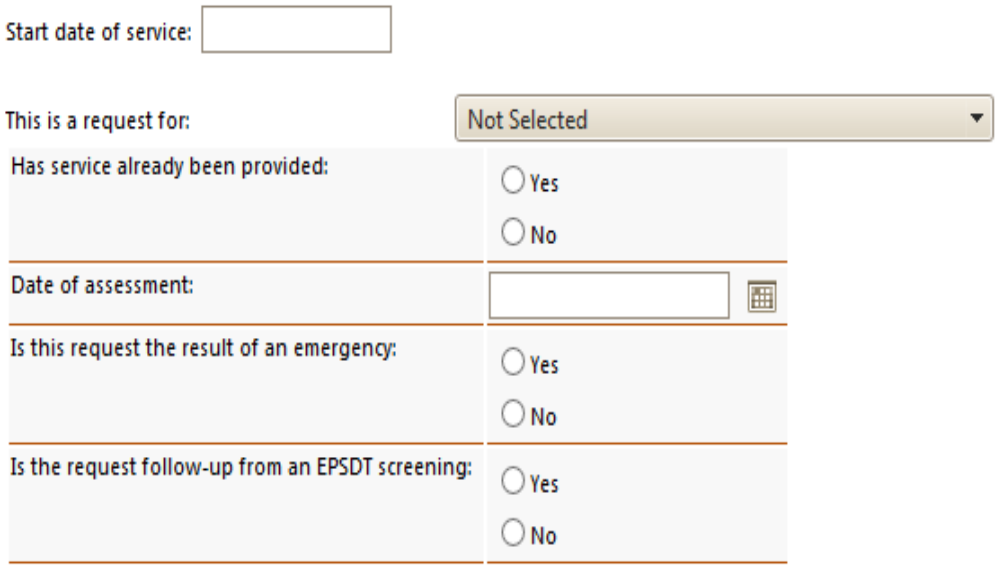
Start Date of Service:

Enter the scheduled date or the proposed scheduled date for the procedure.

This is a request for:

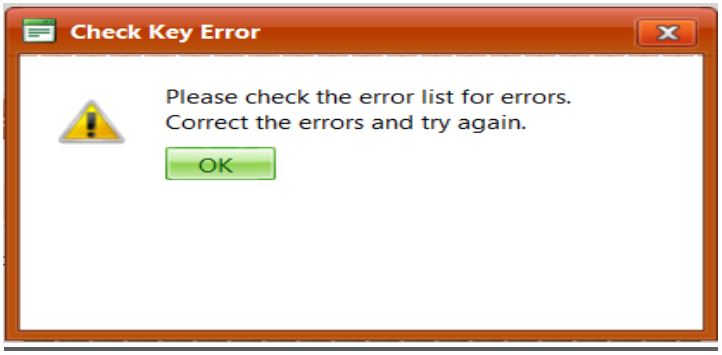
Select the appropriate service type.

Continue to check **Yes** or **No** for the following questions.

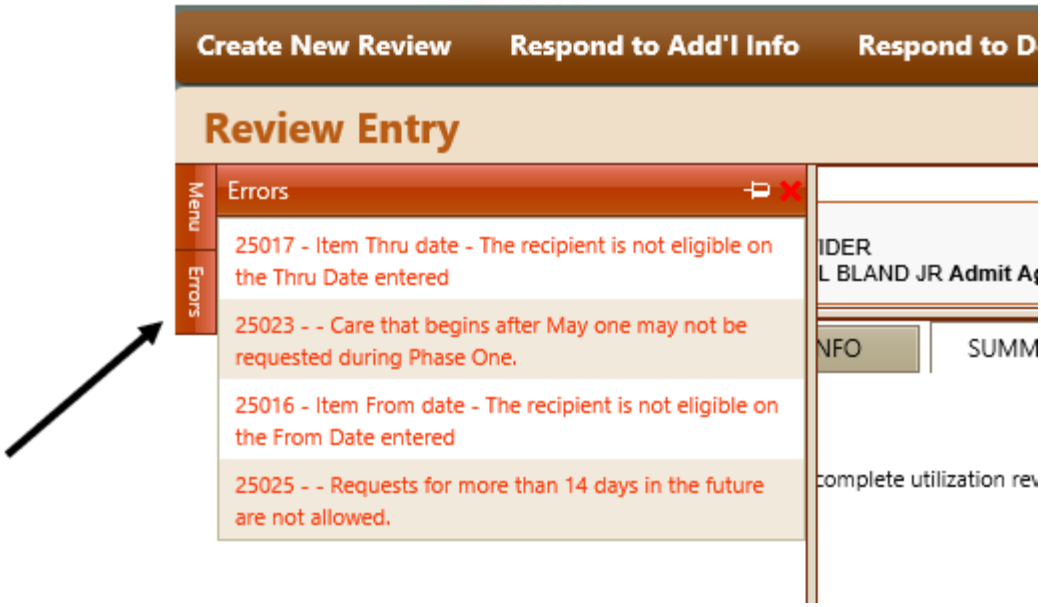


Check Key

- 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 policy. If errors occur, a popup will appear on the screen that says:

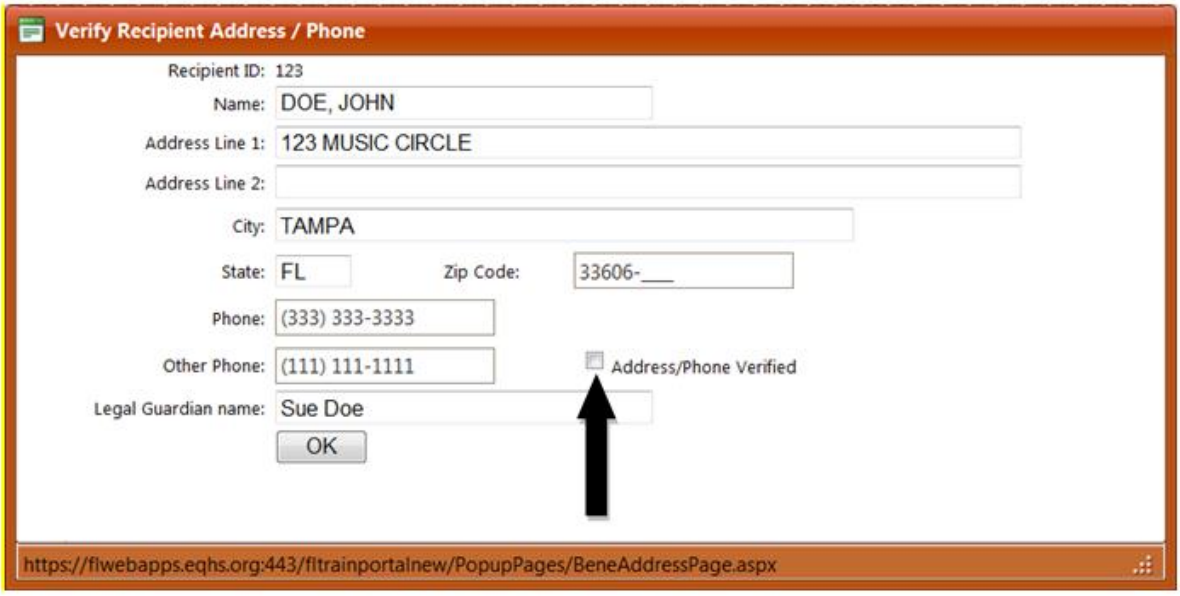


- Press the **OK** to continue. Click on the Errors Tab to review any errors. Make the appropriate changes to the review and press Check Key again until all errors have been resolved. If you need further explanation of the types of errors that can occur during the check key process, go to the Error Correction 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 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:



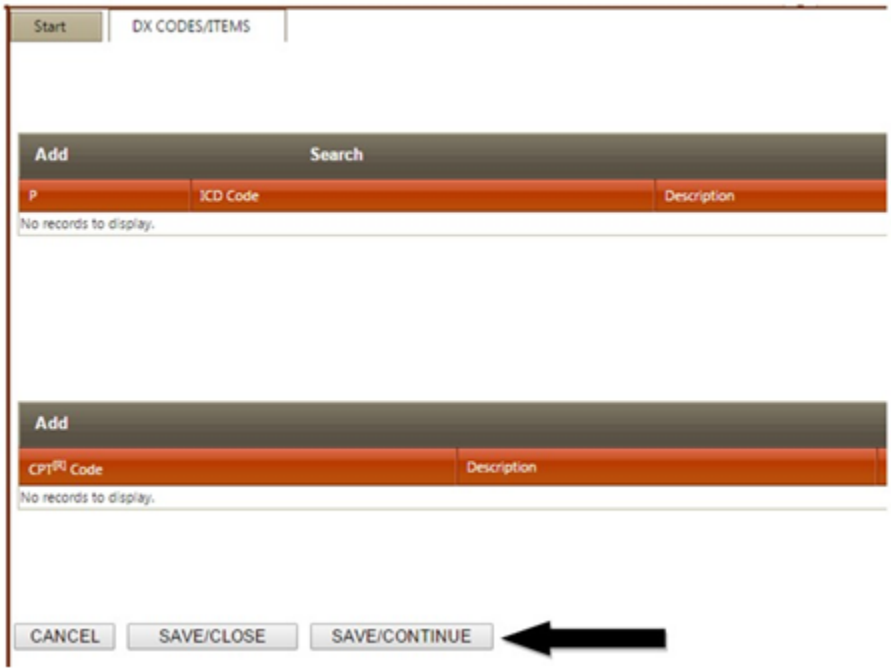
- Press OK to continue

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.

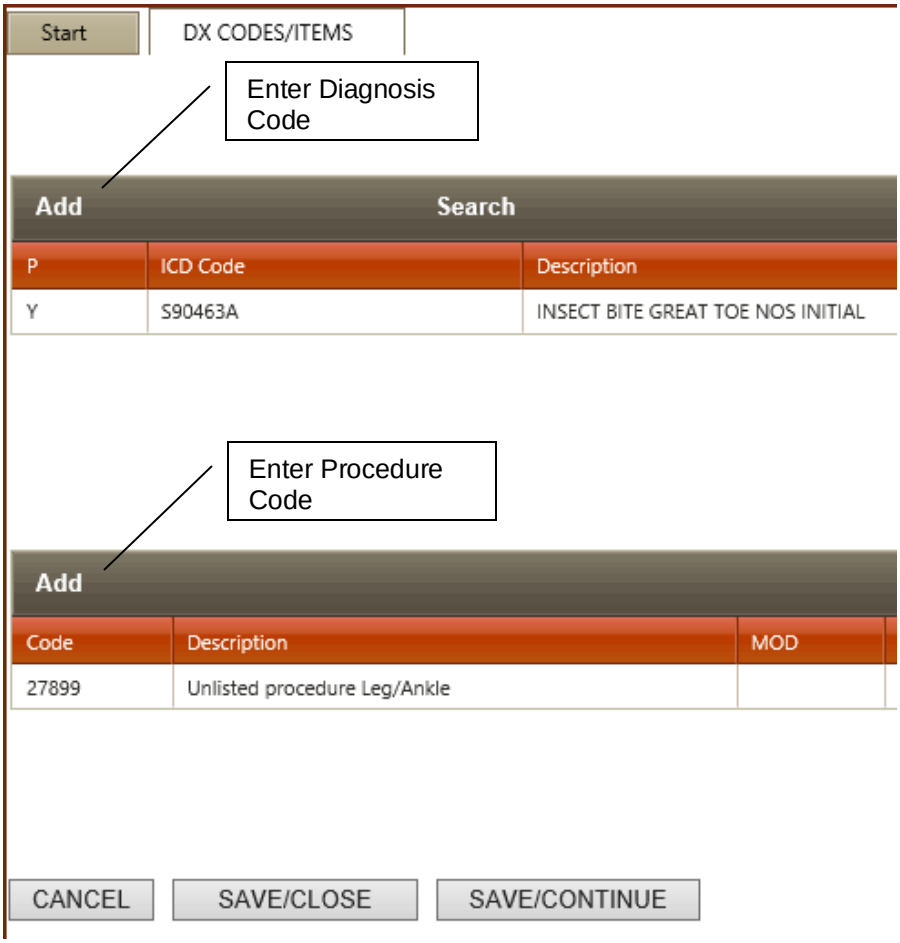


Cancel

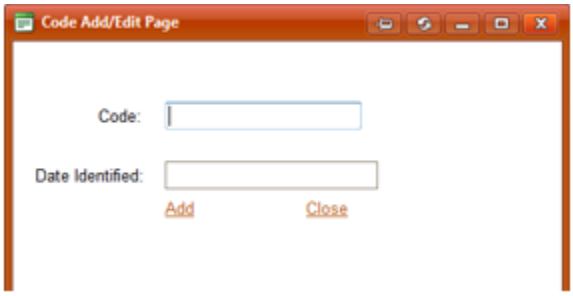
- The user can cancel a record by clicking Cancel at the bottom of each screen. The user will be asked, "Do you want to partially save the record"? If the user does not choose to partially save, all information entered will be lost.

DX CODES/ITEMS Tab

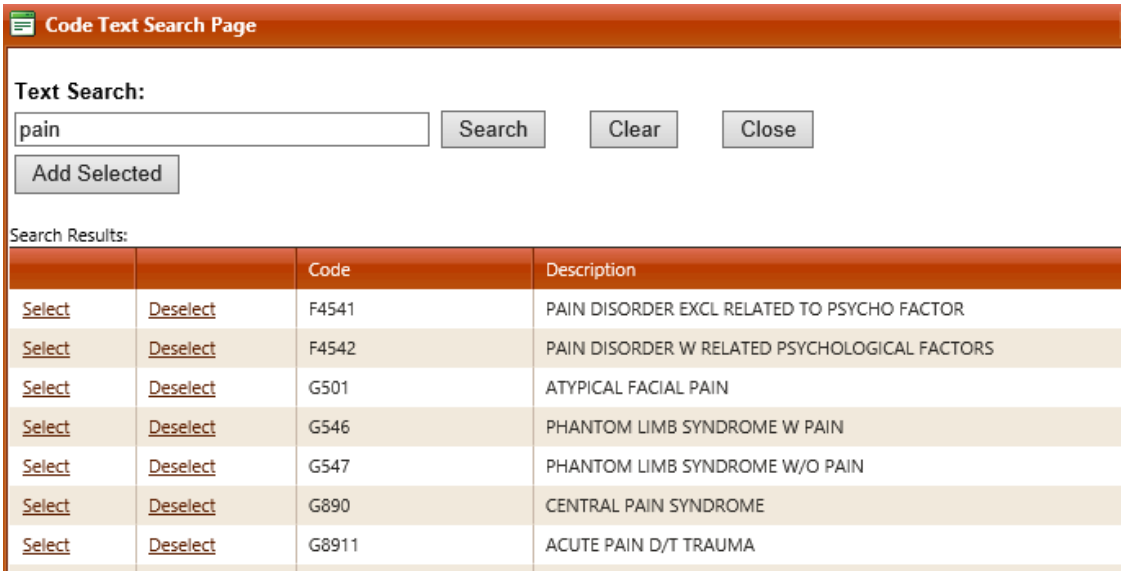
- This screen captures all data regarding the diagnosis and procedure being requested.



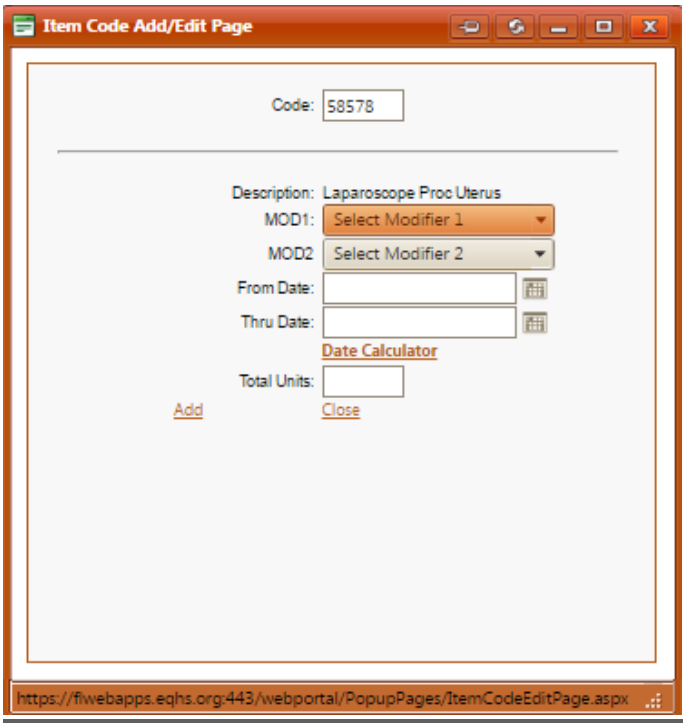
- Click **Add** to enter diagnosis following box will appear. Do not enter a decimal point when entering the DX Code.
- The date identified will default to the date the order was written, but it can be changed.
- Click **Add** to close the window and the diagnosis/procedure codes will be displayed on 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.



- Click "Add" to enter the CPT code, enter the appropriate modifier, if applicable. The From/Thru Date will reflect the authorization date span being requested. Enter the # of units for each CPT code being requested.



Clinical Tab

This screen captures the clinical information needed for the authorization determination and appears with every authorization request. Some questions may require answers.

Start | DX CODES/ITEMS | CLINICAL INFO

Question	Yes/No	Check all that apply
Physician Services		
My claim denied and stated that service limits have been exceeded		☐
Service was provided and visits were available on the date(s) of service but my claim denied		☐
Service was provided, beneficiary now retroactively eligible for Medicaid		☐
Service provided, but not as a result of retroactive Medicaid eligibility		☐
Is the reason for the request a new complex problem identified within the last six (6) months? (Must be identified as the primary diagnoses on the DX/Codes/Items tab)	○ YES ○ NO	
The beneficiary is experiencing an exacerbation in their chronic medical condition and has been unresponsive to treatment interventions.	○ YES ○ NO	
The beneficiary is experiencing an urgent episodic medical condition/event that could be managed in an outpatient physician's office. Interventions were attempted to prevent beneficiary from experiencing an exacerbation in their health condition or an unnecessary ER visit.	○ YES ○ NO	
Other situation: Please explain in the textbox	○ YES ○ NO	

Once you have completed the questions, click **"Save/Continue"**

Summary Tab

Enter any additional information relevant to the request but not captured on the previous screens. Do **NOT** copy and paste clinical notes in this area. You will be prompted to attach clinicals after you submit your review.

Click **"Submit for review"** 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.

Start | DX CODES/ITEMS | CLINICAL INFO | SUMMARY

Please enter any additional information you feel is needed to complete utilization review here. Note: it is NOT necessary to repeat any information that was already indicated on previous tabs.

Do NOT Copy and past clinical notes in this box

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.

PROVIDER ATTESTATION STATEMENT

A service provider who knowingly or willfully makes, or causes to be made any false statement or representation of a material fact in any application for Medicaid benefits or Medicaid payments, may be subject to the application of sanctions, which include, but are not limited to, fines, suspension and termination. In addition, the provider may be prosecuted under federal and/or state criminal laws and may be subject to civil monetary penalties and/or fines.

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

CANCEL | SAVE/CLOSE | SUBMIT FOR REVIEW

Once you click submit for review, the system will generate a message that your review was successfully submitted. It will generate a Review ID# and Case ID.

eQ·Health suite

Create New Review | Respond to Add'l Info | Respond to Denial

Home

Menu | Errors

Review ID: 11455612
eQHealth Case ID: 729955
Recipient Name: JOHN DOE
Review Status: Approved
Review Completed: 4/16/2018

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 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 you respond to the pend, click Submit Info button. The system will prompt you to link attachments, you will have the option to print a coversheet to send over the additional clinicals or you can upload them directly from your computer If during entry, you do not want to save the entry, click Cancel.

Respond to Denial

If there is an adverse determination for a review request, request a Reconsideration by a second physician not associated with the first decision. To do this, click Respond to Denial from the menu list. Any review requests with option for reconsideration will be displayed here.

- To request Reconsideration, click **Open** Review.
- The provider may either agree with eQHealth physician reviewer's decision, or request a reconsideration review and enter additional supporting information in the available textbox for our physician peer reviewer to use when reevaluating the case. You may also attach additional documents to the Reconsideration request by clicking on the Link Attachment button and following the instructions to either directly upload the document or create a barcoded fax coversheet. See the section titled Attachments for further details.
- If you intend to link supporting documentation, please select the checkbox under the additional information textbox. This will indicate that eQHealth should await the fax documents before forwarding for physician review.

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.

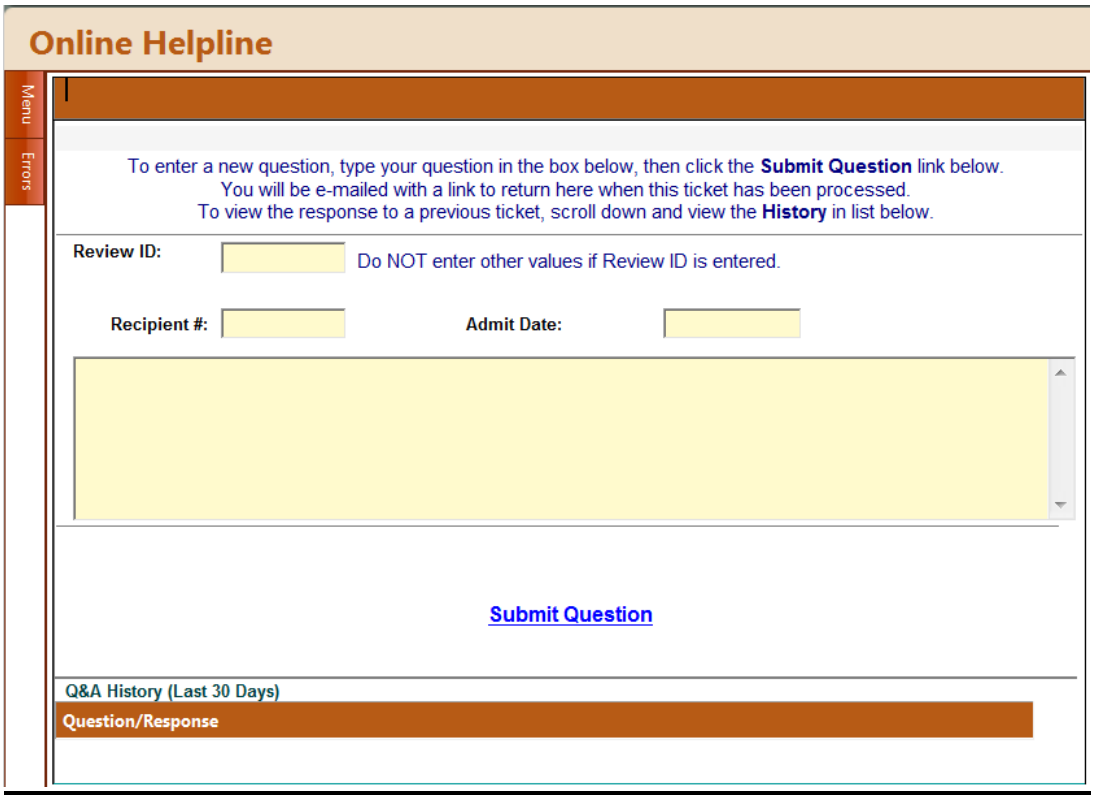
- Create a New Helpline Request

- 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.

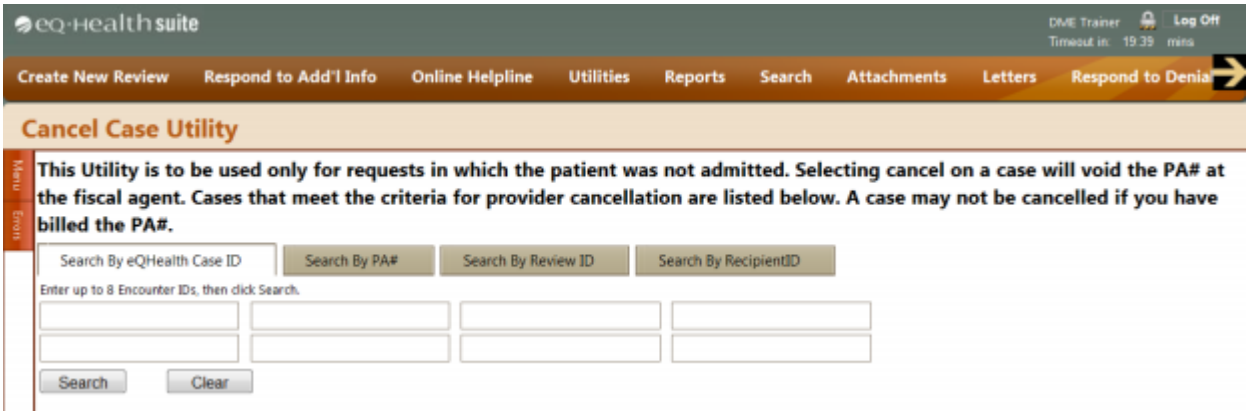


Utilities

Cancel Case, Resend Case, Extend PA, Date Calculations.

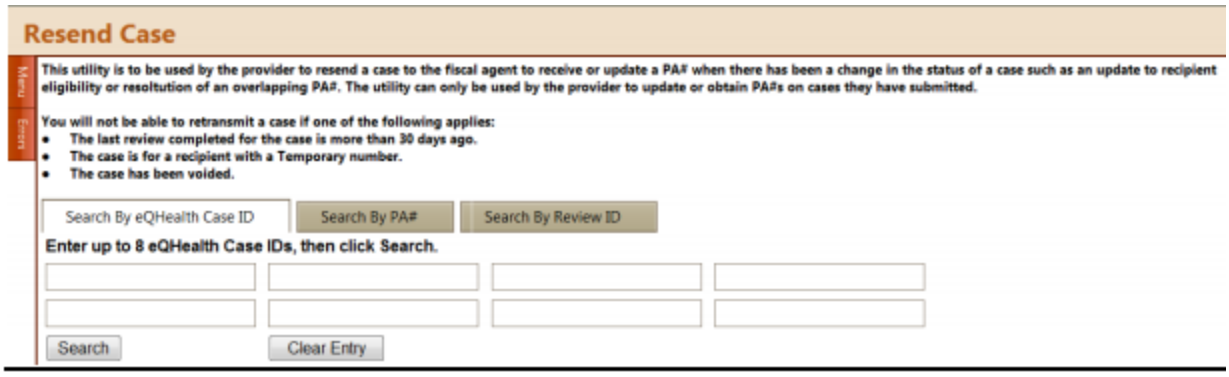
Cancel Case

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



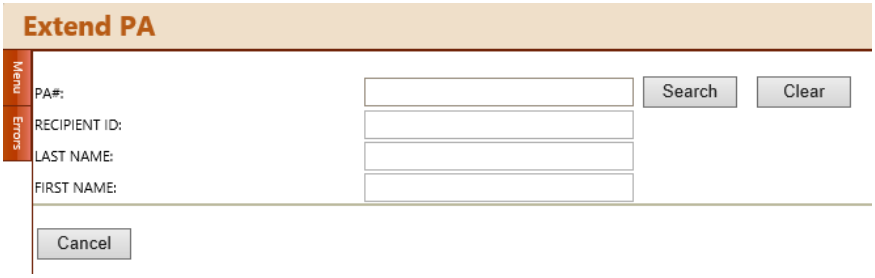
Resend Case

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



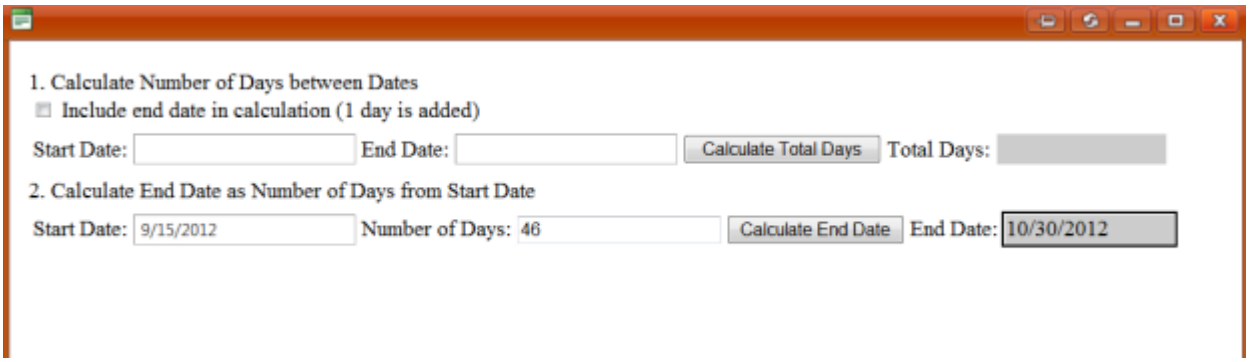
Extend PA

Enter the PA# and click Search, follow the prompts to cancel.



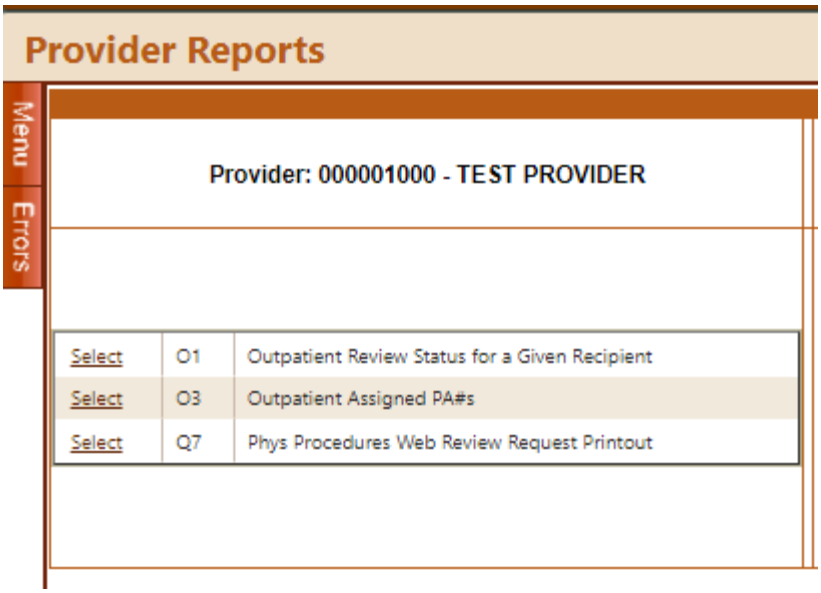
Date Calculations

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



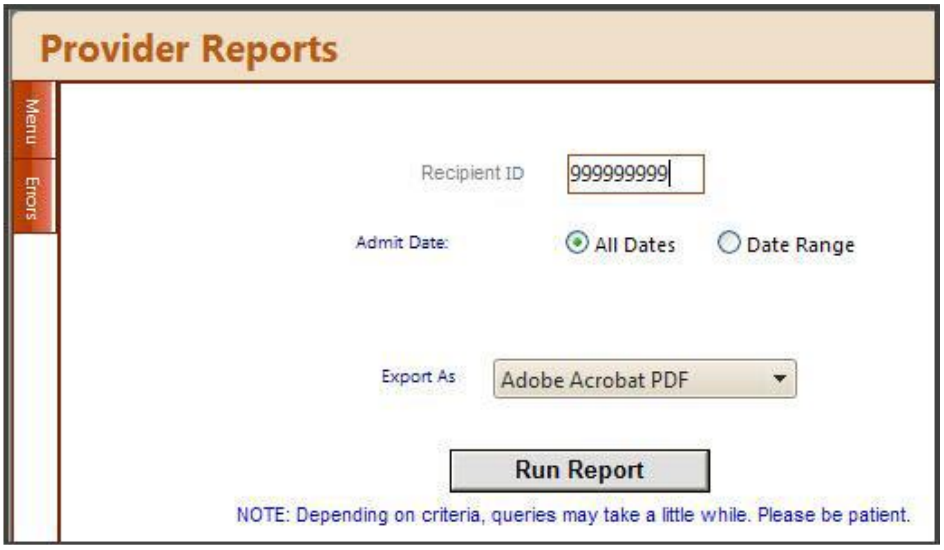
Reports

Click **Reports** on the menu list.

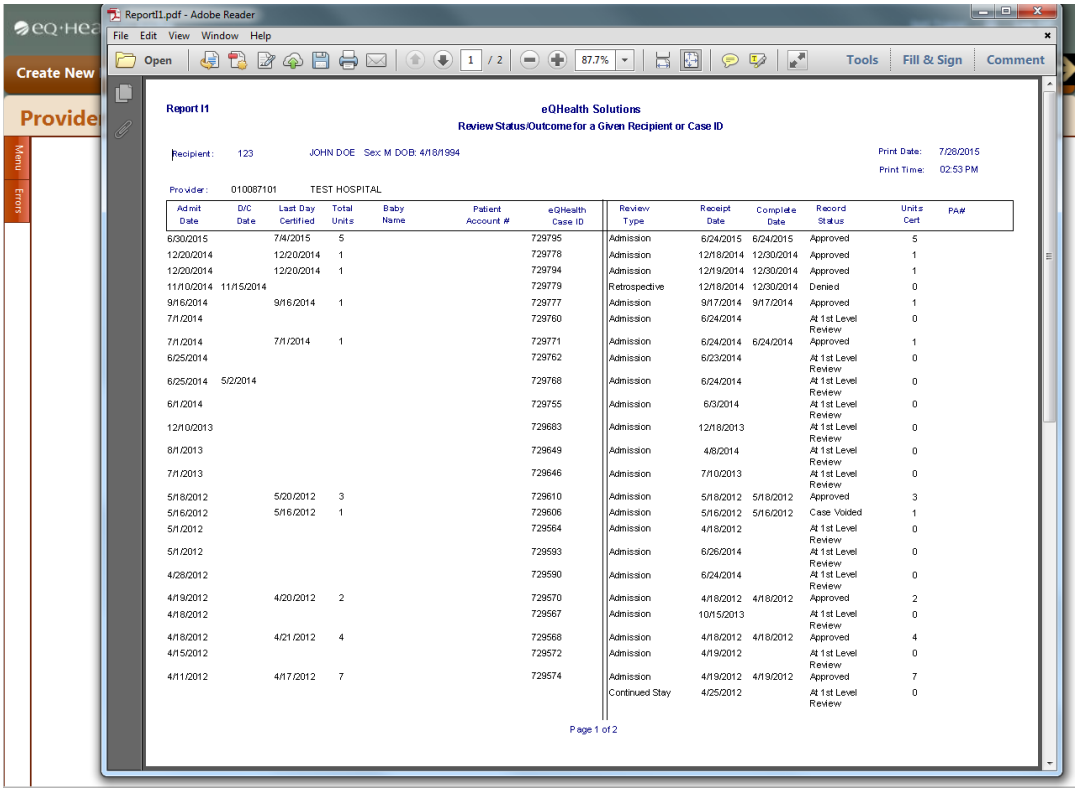


A menu of currently available reports will be listed for the user to choose from.

- 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**.



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



Admit Date	D/C Date	Last Day Certified	Total Units	Baby Name	Patient Account #	eQHealth Case ID	Review Type	Receipt Date	Complete Date	Record Status	Units Cert	PA#
6/30/2015		7/4/2015	5			729795	Admission	6/24/2015	6/24/2015	Approved	5	
12/20/2014		12/20/2014	1			729778	Admission	12/18/2014	12/30/2014	Approved	1	
12/20/2014		12/20/2014	1			729794	Admission	12/19/2014	12/30/2014	Approved	1	
11/10/2014	11/15/2014					729779	Retrospective	12/18/2014	12/30/2014	Denied	0	
9/16/2014		9/16/2014	1			729777	Admission	9/17/2014	9/17/2014	Approved	1	
7/1/2014						729760	Admission	6/24/2014		At 1st Level Review	0	
7/1/2014		7/1/2014	1			729771	Admission	6/24/2014	6/24/2014	Approved	1	
6/25/2014						729762	Admission	6/23/2014		At 1st Level Review	0	
6/25/2014	5/2/2014					729768	Admission	6/24/2014		At 1st Level Review	0	
6/1/2014						729755	Admission	6/3/2014		At 1st Level Review	0	
12/10/2013						729683	Admission	12/18/2013		At 1st Level Review	0	
8/1/2013						729649	Admission	4/8/2014		At 1st Level Review	0	
7/1/2013						729646	Admission	7/10/2013		At 1st Level Review	0	
5/18/2012		5/20/2012	3			729610	Admission	5/18/2012	5/18/2012	Approved	3	
5/16/2012		5/16/2012	1			729606	Admission	5/16/2012	5/16/2012	Case Voided	1	
5/1/2012						729564	Admission	4/18/2012		At 1st Level Review	0	
5/1/2012						729593	Admission	6/26/2014		At 1st Level Review	0	
4/28/2012						729590	Admission	6/24/2014		At 1st Level Review	0	
4/19/2012		4/20/2012	2			729570	Admission	4/18/2012	4/18/2012	Approved	2	
4/18/2012						729567	Admission	10/15/2013		At 1st Level Review	0	
4/18/2012		4/21/2012	4			729568	Admission	4/18/2012	4/18/2012	Approved	4	
4/15/2012						729572	Admission	4/19/2012		At 1st Level Review	0	
4/11/2012		4/17/2012	7			729574	Admission	4/19/2012	4/19/2012	Approved	7	
							Continued Stay	4/25/2012		At 1st Level Review	0	

- 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

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.
- If you have any partially saved reviews that are over 90 days, the system will prompt you delete those reviews before you can request further services.

Restrictions:

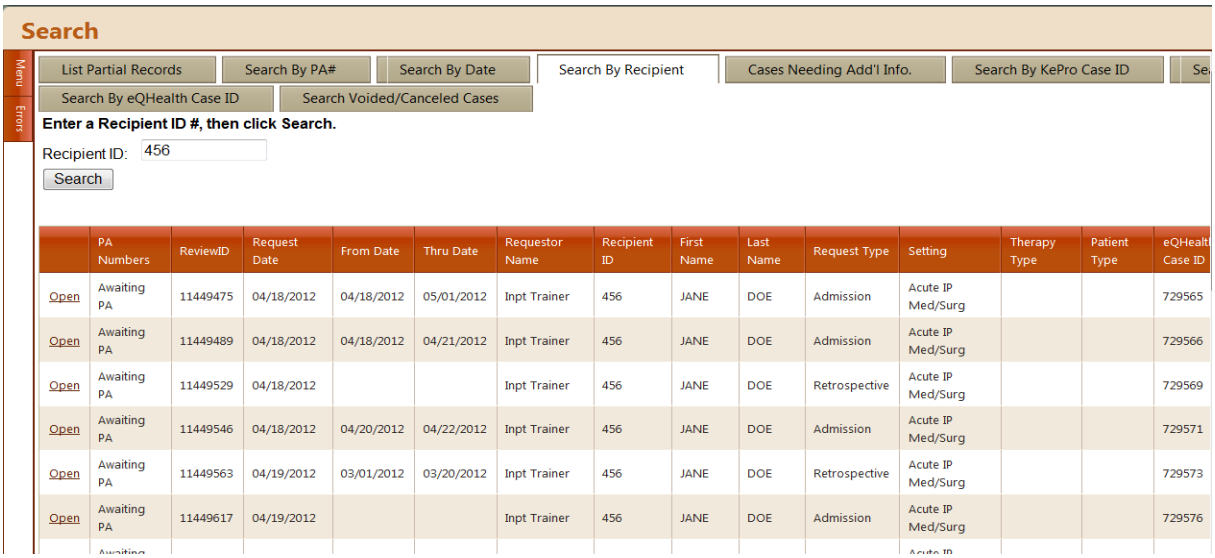
Partially saved records are not processed by eQHealth. The user is responsible for properly completing them and submitting them for review or deleting them as necessary.

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.



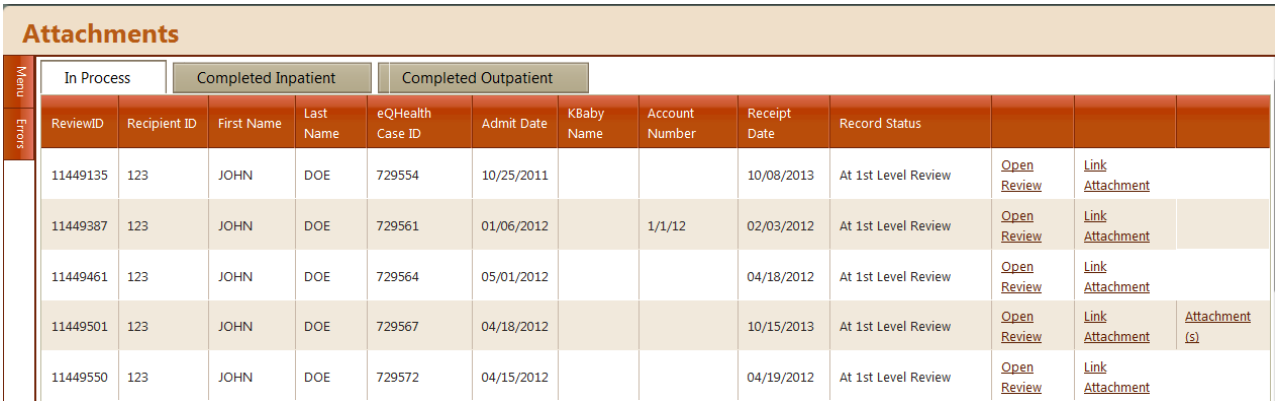
	PA Numbers	ReviewID	Request Date	From Date	Thru Date	Requestor Name	Recipient ID	First Name	Last Name	Request Type	Setting	Therapy Type	Patient Type	eQHealt Case ID
Open	Awaiting PA	11449475	04/18/2012	04/18/2012	05/01/2012	Inpt Trainer	456	JANE	DOE	Admission	Acute IP Med/Surg			729565
Open	Awaiting PA	11449489	04/18/2012	04/18/2012	04/21/2012	Inpt Trainer	456	JANE	DOE	Admission	Acute IP Med/Surg			729566
Open	Awaiting PA	11449529	04/18/2012			Inpt Trainer	456	JANE	DOE	Retrospective	Acute IP Med/Surg			729569
Open	Awaiting PA	11449546	04/18/2012	04/20/2012	04/22/2012	Inpt Trainer	456	JANE	DOE	Admission	Acute IP Med/Surg			729571
Open	Awaiting PA	11449563	04/19/2012	03/01/2012	03/20/2012	Inpt Trainer	456	JANE	DOE	Retrospective	Acute IP Med/Surg			729573
Open	Awaiting PA	11449617	04/19/2012			Inpt Trainer	456	JANE	DOE	Admission	Acute IP Med/Surg			729576

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



ReviewID	Recipient ID	First Name	Last Name	eQHealth Case ID	Admit Date	KBaby Name	Account Number	Receipt Date	Record Status			
11449135	123	JOHN	DOE	729554	10/25/2011			10/08/2013	At 1st Level Review	Open Review	Link Attachment	
11449387	123	JOHN	DOE	729561	01/06/2012		1/1/12	02/03/2012	At 1st Level Review	Open Review	Link Attachment	
11449461	123	JOHN	DOE	729564	05/01/2012			04/18/2012	At 1st Level Review	Open Review	Link Attachment	
11449501	123	JOHN	DOE	729567	04/18/2012			10/15/2013	At 1st Level Review	Open Review	Link Attachment	Attachment (s)
11449550	123	JOHN	DOE	729572	04/15/2012			04/19/2012	At 1st Level Review	Open Review	Link Attachment	

OR

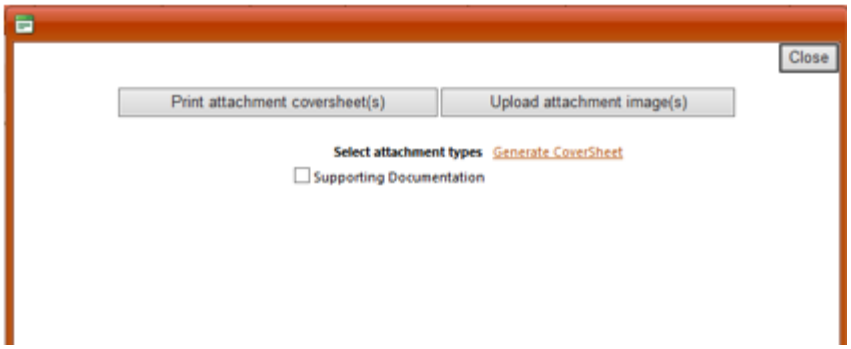
- b. You may create a bar-coded fax coversheet and fax the document.

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.

Fax option: Click on supporting documentation then Generate Coversheet.

Note: Make sure you do NOT have any pop-up blockers enabled on your computer or the coversheet will not generate.



Fax Cover Page

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

R-11454492 I-131

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

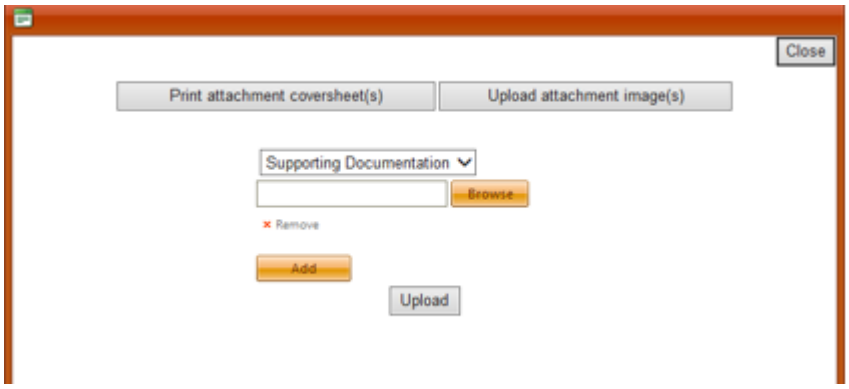
Order for study(s)

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

Upload option: 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: Once you have uploaded the image the system will let you know it's been successfully submitted.



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 initial review, including the pending and suspend letters.
- Completed: Initial review determination letters.
- Reconsideration: Reconsideration outcome letters.

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

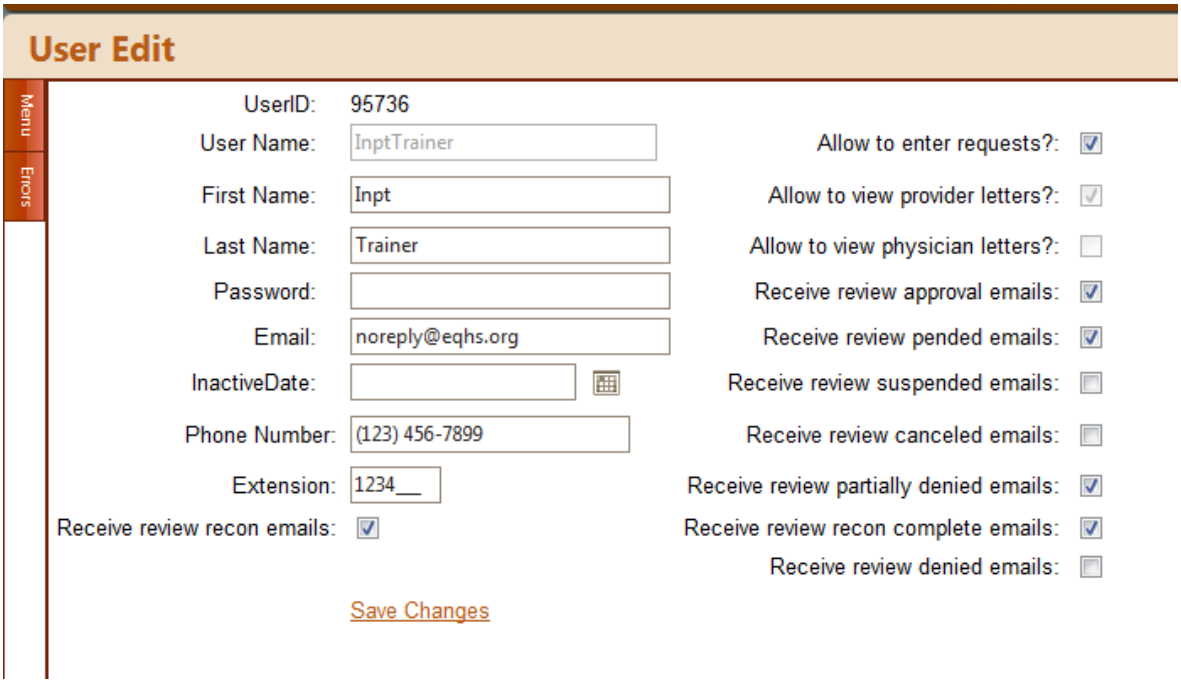
The resulting list will display all the available letters. You may open the review or view all letters for a review by clicking the **View Letter** option

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.

Update My Profile

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

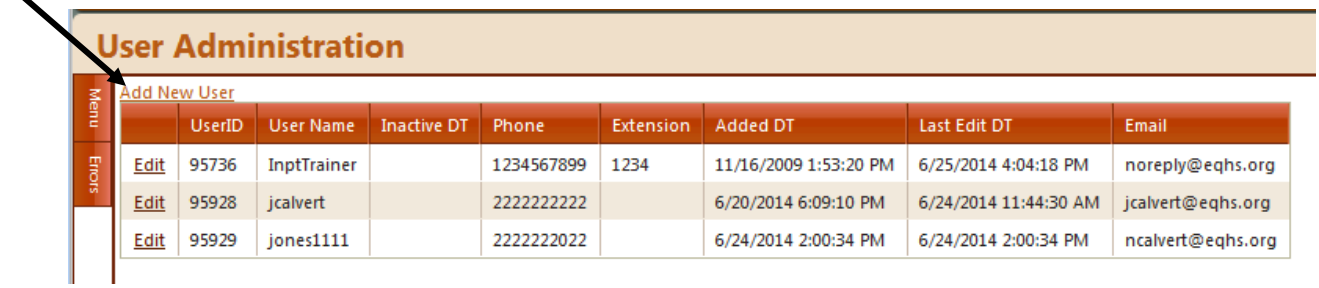


To save the login information, click the **Save Changes**.

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 log in information was successfully saved to eQHealth Solutions web login table.

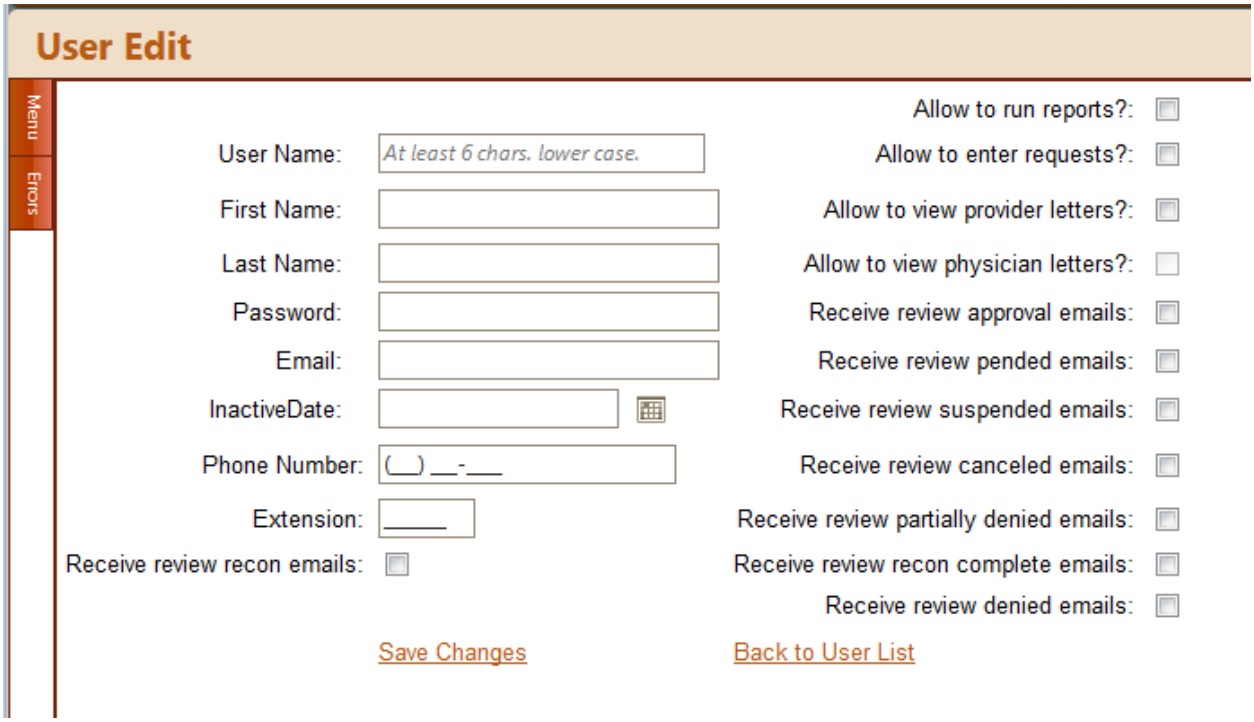
Add New User



	UserID	User Name	Inactive DT	Phone	Extension	Added DT	Last Edit DT	Email
Edit	95736	InptTrainer		1234567899	1234	11/16/2009 1:53:20 PM	6/25/2014 4:04:18 PM	noreply@eqhs.org
Edit	95928	jcalvert		2222222222		6/20/2014 6:09:10 PM	6/24/2014 11:44:30 AM	jcalvert@eqhs.org
Edit	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.

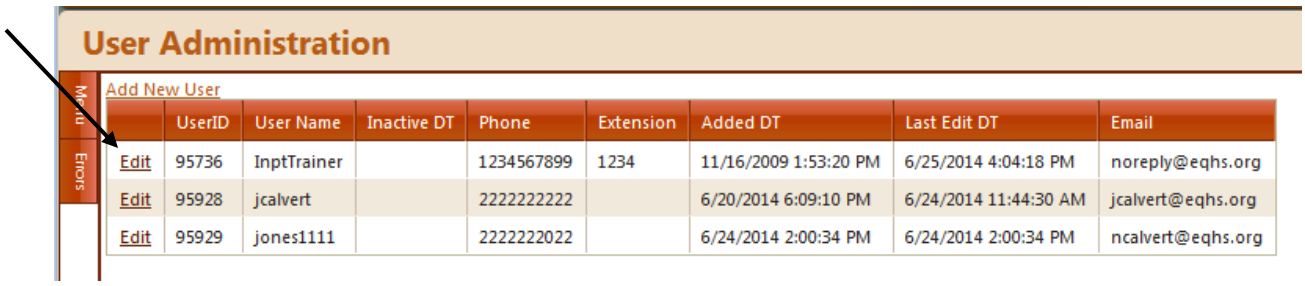


User Name	Unique user identifier. All alpha characters must be in lowercase. Examples: user's first name; user's first initial then last name Login ID must be unique across all users of eQHealth Web based system. If you enter a Login ID and the system responds that this ID is already on file, then you 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 jdoe1.
Password	Must be between 6 and 10 characters. All alpha characters must be in lowercase. Each user is responsible for keeping this password confidential.
First and Last 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 & 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.
Inactive Date	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 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.

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.



	UserID	User Name	Inactive DT	Phone	Extension	Added DT	Last Edit DT	Email
Edit	95736	InptTrainer		1234567899	1234	11/16/2009 1:53:20 PM	6/25/2014 4:04:18 PM	noreply@eqhs.org
Edit	95928	jcalvert		2222222222		6/20/2014 6:09:10 PM	6/24/2014 11:44:30 AM	jcalvert@eqhs.org
Edit	95929	jones1111		2222222022		6/24/2014 2:00:34 PM	6/24/2014 2:00:34 PM	ncalvert@eqhs.org