

Web Review Request DME User Guide

Overview:

- ❑ eQHealth Solutions (eQHealth) developed a proprietary web-based electronic review request submission system for DME providers.
- ❑ The system allows providers to submit the following review types: admission, continued stay (for rental items) 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 DME 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 based Microsoft ASP.NET application which will be accessed over the Internet at "<http://fl.eqhs.org/>". To access the eQSuite system, the following minimum hardware and software requirements must be met:
 - 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 home page.

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

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



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.

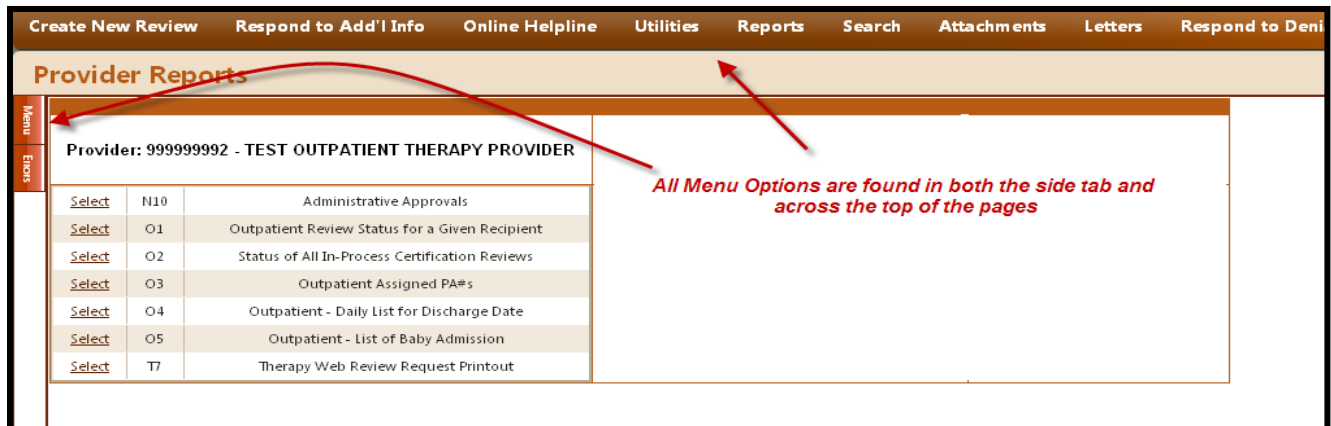
Your User Administrator must also create all new accounts. The User Administrator has access to many account maintenance options on the **User Administration** menu option.

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, and the system will not maintain an idle connection for more than 20 minutes. The user does not need to exit their Internet browser window or eQHealth Web home page. Simply log back on to the system with the secure password to enter another review request.

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

Menu Options in the System

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



1. Create New Review

2. Respond to Additional Info

3. Online Helpline

- ➔ Create a New Helpline Request
- ➔ View Response to Previous Request

4. Utilities

- ➔ Update Baby Info (when the baby's Medicaid number is assigned)
- ➔ Enter Discharge Dates (for rentals)
- ➔ A date calculator (to assist in determining request time spans)
- ➔ Cancel Case (to void a PA# assignment if the item is not provided)
- ➔ Resend Case (to resend the PA# to the fiscal intermediary when there is a change)

5. Reports (shown as default screen on main Menu)

- ➔ Outpatient Review Status for a Given Recipient
- ➔ Status of All In-Process Certification Reviews
- ➔ Outpatient Assigned PA #'s
- ➔ DME 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 logon. Proceed with entry.

Review Entry - Windows Internet Explorer

https://flwebapps.eqhs.org/fltrainportalnew/Pages/GenericEntry.aspx

GoToMeeting Corporate: ... Review Entry

eq-Health suite

DME Trainer Log Off
Timeout in: 19:55 mins

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

Review Entry

Review Header Information

Provider #: 000171400 Provider Name: DME Provider

Start

Review Type and Settings

Provider ID: 000171400 Provider Name: DME Provider

Is this a request to extend the dates for a previously approved rental? ☐ Yes ☐ No

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

Done Internet | Protected Mode: Off 125%

- Respond to the rental question: Yes or No.
- Select the appropriate type of review:
 - If this is a new, or first time request, select “Admission” and click **Retrieve Data**. This will open the rest of the tab.
 - If this is a request to add additional days to a previously authorized rental item, click “yes” to the question. The system will automatically populate the Review Type as “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 a portion of the existing information
 - If the item was provided prior to the recipient receiving retroactive Medicaid eligibility that covers the date the item was provided, select “Retrospective”.

Start Tab

<i>Field</i>	<i>Description</i>								
<i>Provider ID and Name</i>	The DME organization providing the item. This is a “view only” field – not a user entry field. The system will automatically fill in the Medicaid provider number and provider name based on the user login.								
<i>Review Type</i>	<p>A Request Type must be selected first so the system will know how to edit the information. Choose between the following:</p> <p><u>Admission</u>: The initial request for a purchase or rental item.</p> <p><u>Continued Stay</u>: The rental was previously approved by eQHealth and a continuation of the rental time span is being requested.</p> <p><u>Retrospective</u>: The item was provided without prior authorization from eQHealth and the recipient subsequently receives retroactive Medicaid eligibility.</p>								
<i>eQHealth Case ID/ PA #</i>	<p>A valid eQHealth Case ID or eQHealth Prior Authorization Number (PA #) must be entered for all (rental) continued stay requests. The system will verify that the PA # has been issued for the provider currently logged on.</p> <p>If the record has been “voided” by eQHealth for any reason, entry of a continued stay 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 colspan="2">Baby Name and Birth Date (if applicable)</td></tr><tr><td colspan="2">Ordering provider Information</td></tr></table>	Recipient Number	Recipient Name	Recipient Date of Birth	Recipient Sex	Baby Name and Birth Date (if applicable)		Ordering provider Information	
Recipient Number	Recipient Name								
Recipient Date of Birth	Recipient Sex								
Baby Name and Birth Date (if applicable)									
Ordering provider Information									
<i>Recipient ID</i>	<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 service.</p> <p>If the patient is a baby and:</p>								

Field	Description
	<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, click the [Create Temp Baby ID] button to create a temporary Medicaid number.

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	<p>The baby's first and last name must be entered if this is the first review request for a Baby admission.</p> <p>For a continued stay 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.</p>

Field	Description
Physician and other Healthcare practitioners	<p>The Florida Medicaid number of the provider rendering/requesting the service (DME provider)). This can be the license number, the NPI number or the Florida Medicaid provider number.</p> <p>If the user is unsure of the provider's Medicaid number, they can click Search under the entry box and search the eQHealth provider table by provider last name, License number, or NPI number.</p> <p>To enter the number into the grid, you must select the Edit link. If the number is unknown, press Search to find a valid Physician or Clinician Number.</p>

Physicians and Healthcare Practitioners							
	Type	Medicaid #	NPI #	License #	Name	Phone #	
Edit	Attending						

Medicaid #:

[Search](#)

Type:

Attending

Name:

Please update any incorrect information below:

Phone #:

Fax #:

Address 1:

Address 2:

City:

State:

Zip Code:

I have verified the above contact information is correct:

☐

[Cancel](#)

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

Field**Description**

Physician Search Page

Search:

Medicaid #:

NPI #:

License #:

Last Name:

First Name:

Middle Init:

Physician Search Page

Search:

Last Name:

First Name:

Middle Init:

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

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

Field	Description
<i>Enter the date the physician, ARNP, or PA signed the order</i>	<p>The actual date the order was signed</p> <p>The system will not allow a request to be entered if a “duplicate” is determined to already be in process at eQHealth. Duplication is determined if there is a review request already on file for the same Provider ID, Recipient ID and item.</p> <p>The “therapist/physiatrist” entry is required for wheelchair and POV requests.</p>
<i>Anticipated or actual delivery date:</i>	<p>Enter the proposed delivery date for preauthorization requests.</p> <p>A discharge date must be entered for all retrospective requests.</p>
<i>Has the item already been delivered?</i>	Check “yes” or “no” radio buttons.
<i>Where does the recipient reside?</i>	Check the correct option in the dropdown box.
<i>Is the requested equipment necessary for the recipient to transition to a residence that is not a hospital, intermediate care facility, or skilled nursing facility?</i>	Check “yes” or “no” radio buttons.

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 systems will confirm the recipient's Medicare eligibility. If there seems to be a mismatch between the system's records and the review request, the system gives the user the option of overriding the system. This is presented through the following popup window.



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

Verify Bene Address / Phone

Bene ID: 999999998

Name: TEST, BENE Adult

Address Line 1: 1234 ALPHABETIZE RD

Address Line 2:

City: PERFECTION

State: CA Zip Code: 90210-

Phone: () - -

Other Phone: () - -

☒ Address/Phone Verified

Legal Rep name:

OK

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

- Press the **OK** to continue.

Save/Close

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

Save/Continue

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

Submit for Review

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

Cancel Review Requests

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



DX CODES/ITEMS Tab

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

[Create New Review](#) [Respond to Add'l Info](#) [Online Helpline](#) [Utilities](#) [Rep](#)

Review Entry

Menu
Errors

Review Header Information

Provider #: 000171400 Provider Name: DME Provider
Recipient ID: 123 Recipient Name: JOHN DOE Admit Age: Current Age: 0

Start

DX CODES/ITEMS

AddSearchRefresh

P	ICD9 Code	Description		
No records to display.				

AddRefresh

Code	Modifier	Category	Description	From Date	Thru Date	Price	Total Units		
No records to display.									

- Click **Add** to enter diagnosis following boxe will appear.

Code Add/Edit Page

Code:

Date Identified:

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

- ❖ The date identified will default to the date the item was ordered.
- ❖ Click [Add](#) to close the window and the diagnosis/procedure codes will be displayed on the screen.
- ❖ Click [Close](#) to close the window without adding any 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:

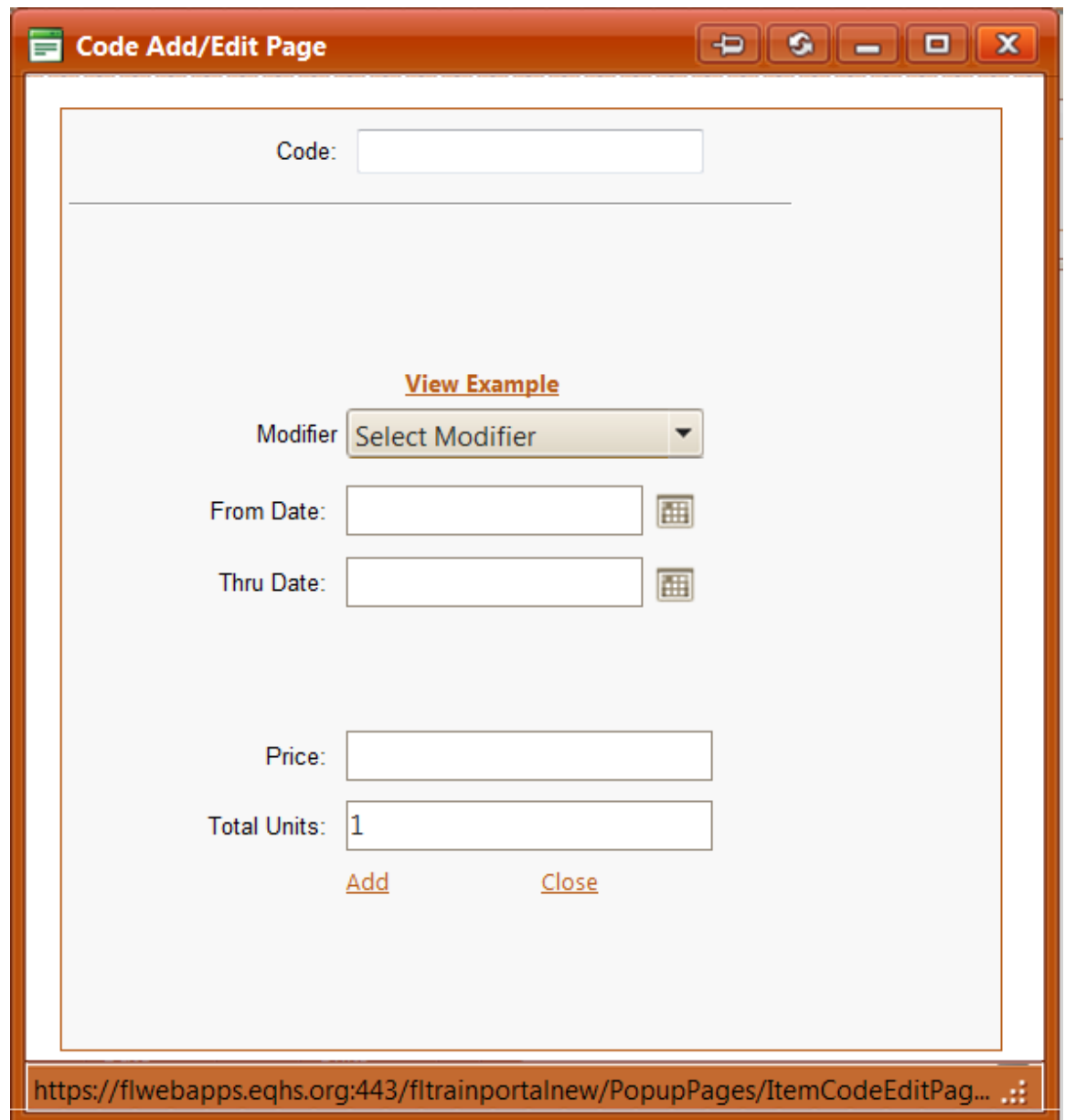
Search Results:

		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	2ND CARDIOMYOPATHY NOS	
Select	Deselect	4293	CARDIOMEGALY	
Select	Deselect	5300	ACHALASIA & CARDIOSPASM	
Select	Deselect	6745	PERIPARTUM CARDIOMYOP	@

1 2 Page 1 of 2, ite

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


➤ Click **Add** to enter item HCPCS codes and the following box will appear.




Code:

[View Example](#)

Modifier:

From Date: 

Thru Date: 

Price:

Total Units:

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

https://flwebapps.eqhs.org:443/fltrainportalnew/PopupPages/ItemCodeEditPag...

- 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>The ICD-9-CM code(s) for the primary diagnosis and secondary.</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>
Date Identified	<p>The date defaults to the date the order was written, but can be changed.</p>
Item HCPCS CODES Codes	<p>Enter the code(s) of the items for which authorization is requested.</p> <ul style="list-style-type: none"> ➤ Enter a separate authorization request for each <u>unlike</u> item. E.g. a wheelchair and a bed. ➤ Enter only one code for a custom item (e.g. wheelchair). Include the custom items on the invoice. ➤ For purchased items, the From/Thru dates will auto populate from the anticipated or actual delivery date entered on the previous screen + 120 days. ➤ For rental items, the From date will auto populate from the anticipated or actual delivery date entered on the previous screen and the provider must enter the Thru date (maximum 10 months). ➤ For items priced by Medicaid, a message will appear and the "Price" box cannot accept an entry. ➤ For items not priced by Medicaid, the user must enter an amount. ➤ Enter the number of units requested.

Clinical Tab

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

Start	DX CODES/ITEMS	CLINICAL INFO
-------	----------------	---------------

Question	Check all that apply
SERVICE CRITERIA	
The requested item(s) is/are for the exclusive use of the recipient	<input type="checkbox"/>
requested item(s) does not duplicate or perform the same function as other DME equipment currently in the recipient's possession	<input type="checkbox"/>

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

HOSPITAL BED AND RELATED ITEMS(E0250)	
E0250 Fixed Height Hospital Bed	
Recipient's head/upper body need to be elevated greater than 30 degrees when recumbent due to aspiration	<input type="checkbox"/>
Recipient's head/upper body needs to be elevated greater than 30 degrees when recumbent due to dyspnea	<input type="checkbox"/>
Recipient has a documented medical condition which requires positioning of the bed to alleviate pain.	<input type="checkbox"/>
Recipient has C1-C7 quadriplegia.	<input type="checkbox"/>
Recipient has a medical condition other than aspiration, dyspnea, pain or quadriplegia that requires special positioning	<input type="checkbox"/>
The recipient's positioning needs cannot be met with a standard bed, pillows, and wedges.	<input type="checkbox"/>
Recipient requires a hospital bed in order for caregiver to assist recipient with positioning	<input type="checkbox"/>
Recipient requires a hospital bed in order to transfer from a recumbent position to a sitting position.	<input type="checkbox"/>
Recipient requires a hospital bed in order for caregiver to assist recipient with transfers	<input type="checkbox"/>
Recipient requires a hospital bed in order for caregiver to assist recipient with ADL's	<input type="checkbox"/>
Recipient requires traction equipment which can only be attached to a hospital bed	<input type="checkbox"/>

SUMMARY Tab

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

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.

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 the Medicaid Program.

DURABLE MEDICAL EQUIPMENT AND MEDICAL SUPPLIES
REQUESTING PROVIDER ATTESTATION STATEMENT

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

II. Respond to Additional Information

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

- The system grid will display all records in process and currently awaiting requested additional information.

Additional Information																	
Menu Filter	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 clicks “Open” for the appropriate review and the system will display the additional information request.

Menu

Errors

Review Header Information

Provider #: 000171400 Provider Name: DME Provider
Recipient ID: 123 Recipient Name: JOHN DOE Admit Age: 18 Current Age: 18 Admit DT: 12/1/2012 Review ID: 11450204

Start

DX CODES/ITEMS

CLINICAL INFO

SUMMARY

ADDL INFO

	Question	Pended date	Response
▼	Please provide an updated M.D Order .	9/4/2012	
	<div>Response</div> <div> <div>Update Cancel</div> </div>		

Please do not click submit until you are ready to send documentation by either entering in the response box or linking an attachment.

CANCEL

SUBMIT INFO

- The first box shows the question from eQHealth and is view only.
- You will respond to the question in one of three ways. You may type additional information into the text box labeled “Response”, or you may link a document to the review, or you may do both. To do so, see the section entitled “Linking an attachment to the review”.
- After the additional information has been entered, click **Submit Info** button. The system will prompt you to link attachments and resubmit the review for processing.
- If during entry, you do not want to save the entry, click **Cancel**.
- You can select the other tabs to view previously submitted information.

III. Online Helpline

You can create a new request or view responses to previous requests from Online Helpline tool by selecting **Online Helpline** from the menu list.

➔ Create a New Helpline Request

- You may enter Review ID, PA #, Recipient #, or Admission date, along with your question. If you enter a Review ID, or a PA #, the remaining fields will be filled in by the system.
- Type your question or comment in the textbox and click **Submit Question**.
- A message stating that the response has been submitted will appear and a ticket number will be assigned.

- You will be e-mailed a link to return back to the Online Helpline when the ticket has been processed by the eQHealth staff and a response is available.

➔ View Response to Previous Request

- To view the response to a previous ticket, scroll down and view the History in list below.
- All responses for the last 30 days will be displayed. Responses will be displayed in ticket number order; the most recent being displayed first.
- The responses will include the receipt date and time of the request, the response date and time, PA # (if applicable), the question and the answer.

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

Update Baby Info

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

The screenshot shows a web application titled "Baby Update Utility". On the left is a vertical menu with "Menu" and "Errors" options. The main content area is titled "Baby Number Conversion". It contains two sections: "Original Info" and "Baby's Info". The "Original Info" section has a text input for "eQHealth Case ID:" followed by a "Get Original Info" button, and three more text input fields for "Recipient:", "Admit Date:", and "Baby Name:". The "Baby's Info" section has a text input for "Enter Baby's Recipient ID:" followed by a "DOB:" label, a date picker icon, and a "Get Baby's Info" button. Below these are three text input fields for "Name:", "Address:", and a third line for additional information. At the bottom of the form are "Clear" and "Convert" buttons.

- 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**.

Menu

Errors


Change Discharge Date

Search By Last Day Certified

Search By Admit Date

Search By RecipientID

Search By PA#

Admission Date Range:   (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.

Cancel Case

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

The screenshot shows a web browser window titled "Cancel Case Utility - Windows Internet Explorer". The address bar shows the URL: <https://flwebapps.eqhs.org/lltrainportalnew/Pages/CancelCase.aspx>. The page header includes the "eQHealth suite" logo and a navigation bar with links: "Create New Review", "Respond to Add'l Info", "Online Helpline", "Utilities", "Reports", "Search", "Attachments", "Letters", and "Respond to Denial". A user profile for "DME Trainer" is visible in the top right corner, showing a "Log Off" button and a "Timeout in: 19:39 mins" warning.

Cancel Case Utility

This Utility is to be used only for requests in which the patient was not admitted. Selecting cancel on a case will void the PA# at the fiscal agent. Cases that meet the criteria for provider cancellation are listed below. A case may not be cancelled if you have billed the PA#.

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

Enter up to 8 Encounter IDs, then click Search.

Search Clear

Internet | Protected Mode: Off 125%

Resend Case

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

The screenshot shows a web browser window titled "Resend Case - Windows Internet Explorer" with the URL <https://flwebapps.eqhs.org/fltrainportalnew/Pages/Retransmit.aspx>. The page header includes the "eQHealth suite" logo and a navigation bar with links: "Create New Review", "Respond to Add'l Info", "Online Helpline", "Utilities", "Reports", "Search", "Attachments", "Letters", and "Respond to Denial". A user profile for "DME Trainer" is visible with a "Log Off" button and a "Timeout in: 19:55 mins" indicator.

Resend Case

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.

Menu **Errors**

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

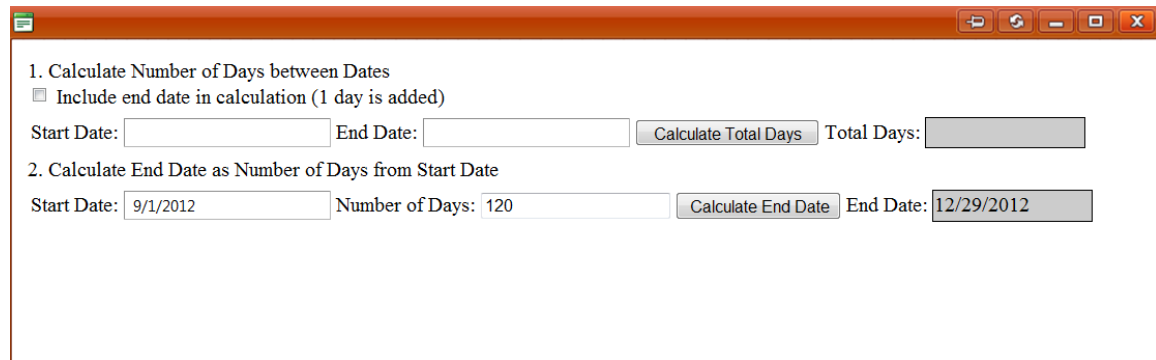
Enter up to 8 eQHealth Case IDs, then click Search.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Done Internet | Protected Mode: Off 125%

Date Calculations

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



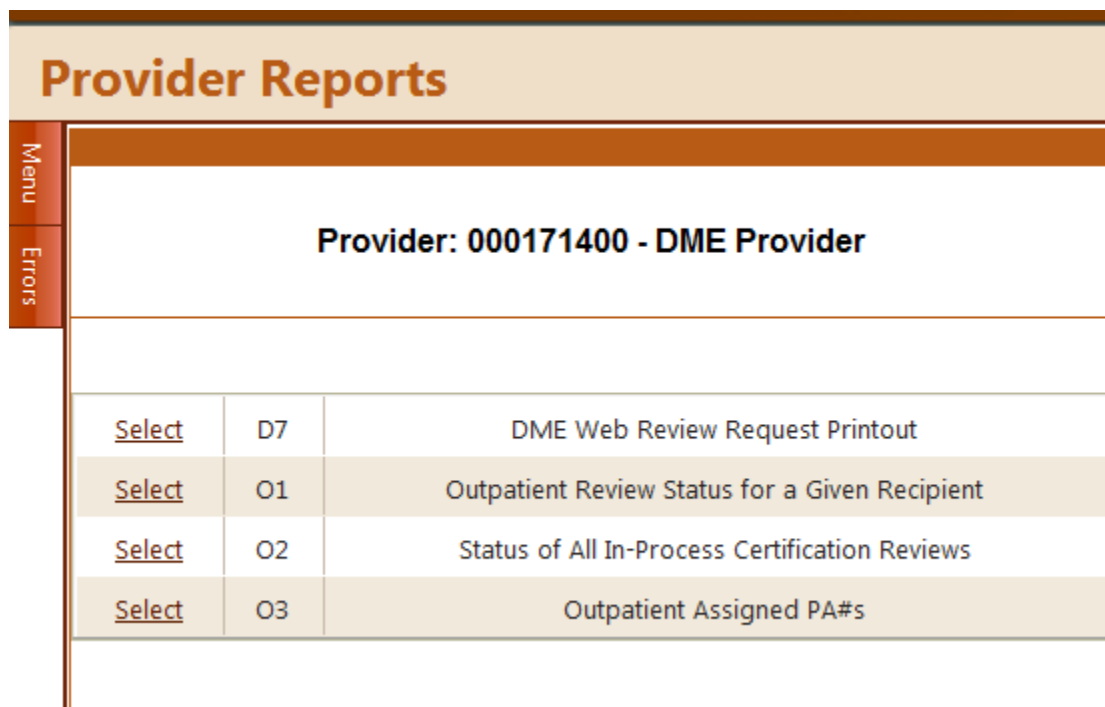
The screenshot shows a web-based utility window with a title bar and standard window controls. It contains two sections for date calculations:

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

2. Calculate End Date as Number of Days from Start Date
Start Date: Number of Days: Calculate End Date End Date:

V. Reports

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



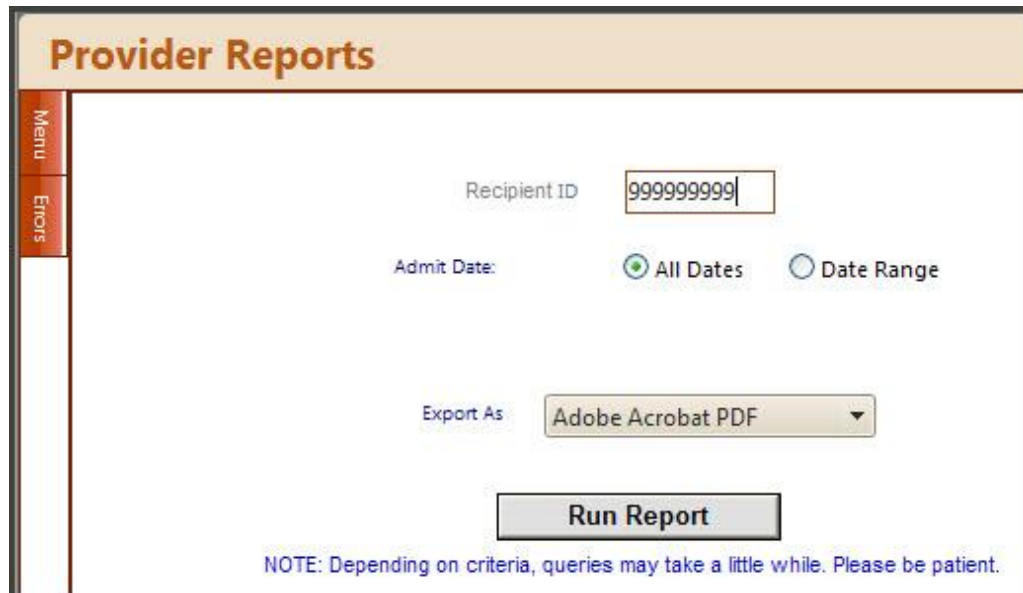
The screenshot shows a web application interface for "Provider Reports". It features a sidebar with "Menu" and "Errors" links. The main content area displays the provider information and a table of available reports.

Provider: 000171400 - DME Provider

Select	D7	DME Web Review Request Printout
Select	O1	Outpatient Review Status for a Given Recipient
Select	O2	Status of All In-Process Certification Reviews
Select	O3	Outpatient Assigned PA#s

- 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**.



Provider Reports

Menu
Errors

Recipient ID 999999999

Admit Date: ☒ All Dates ☐ Date Range

Export As Adobe Acrobat PDF ▼

Run Report

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

- 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 eQ5

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

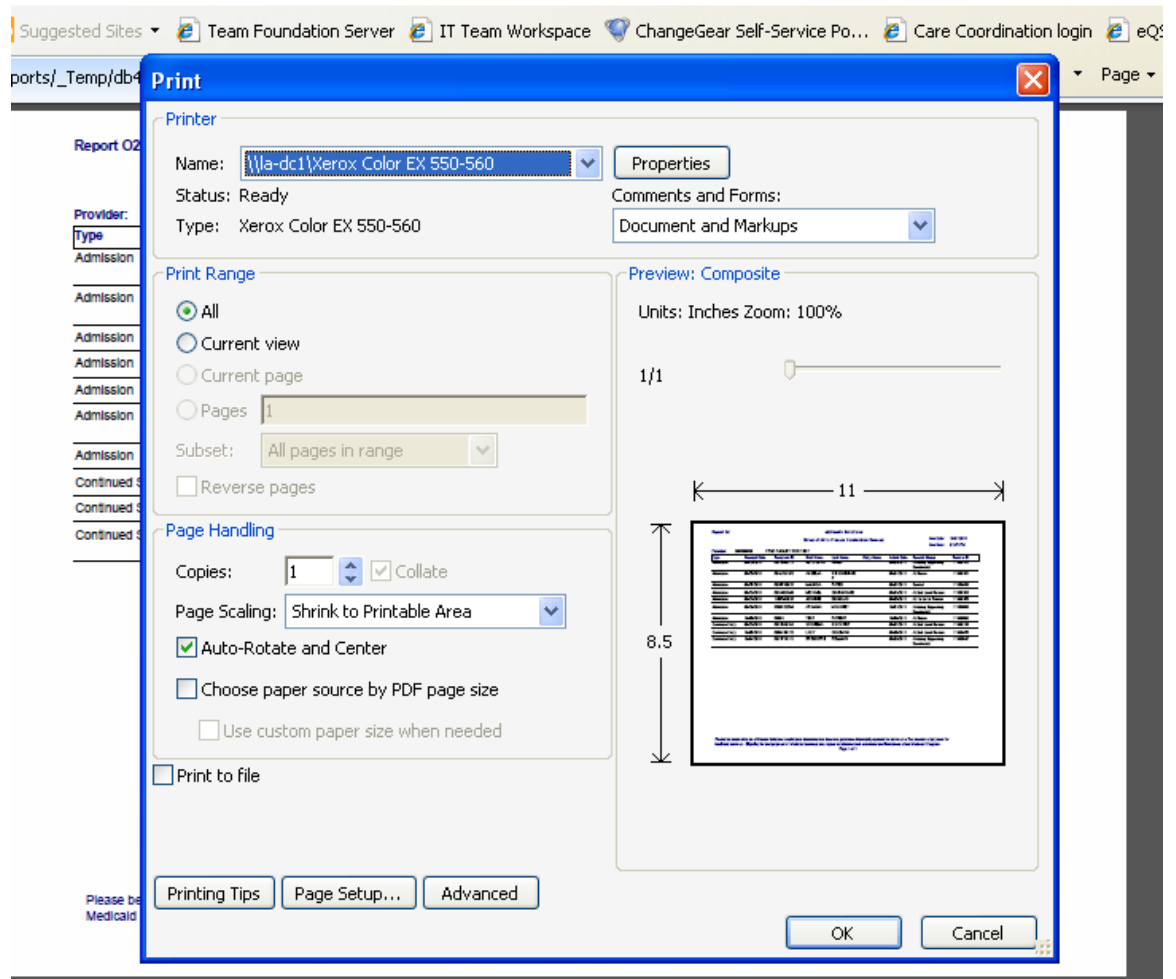
Provider: 999999998 PPEC FACILITY FOR TEST

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	11450453
Admission	09/25/2011	0042024102	ANGELIA	GIBSONBISHOP		09/24/2011	At Recon	11450351
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	11450365
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	11450802
Continued Stay	09/28/2011	0032240163	SAQUEDA	GILCHRIST		09/27/2011	At 2nd Level Review	11450215
Continued Stay	10/02/2011	0066196132	LACY	COLEMAN		09/26/2011	At 2nd Level Review	11450538
Continued Stay	10/04/2011	0034716131	BRIDGETTE	PELLMAN		09/25/2011	Awaiting Supporting Documents	11450657

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.



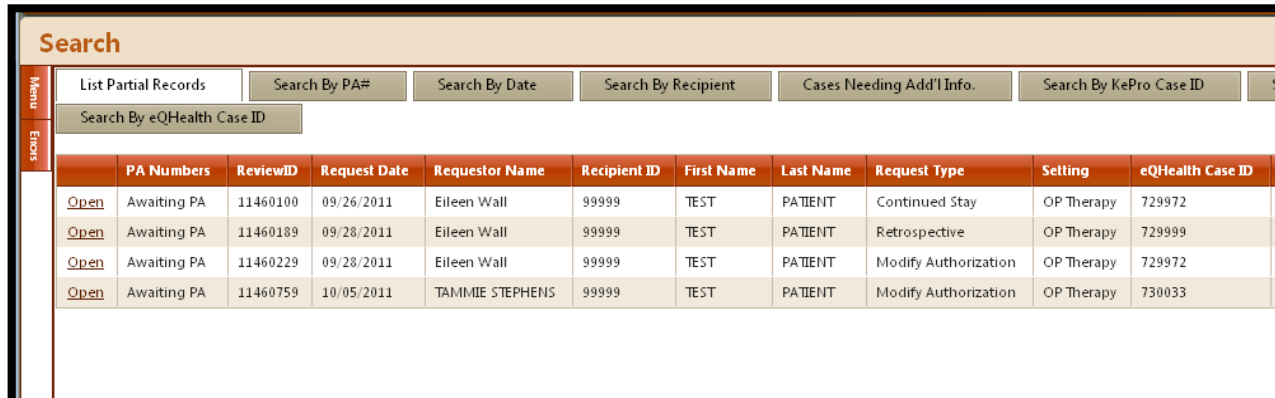
- Adobe Acrobat PDF will orient the report as needed. Click the **OK** button and retrieve the results from the printer.
- Reports can also be saved electronically,

VI. Search

View Partial Records

To retrieve and complete entry of a partially saved review request, select **Search** from the menu list.

- The list of all partially saved requests will be displayed as illustrated below.



The screenshot shows a web application interface titled "Search". On the left is a vertical menu with "Menu" and "Errors" options. The main area contains a search bar with "List Partial Records" selected, and several search criteria buttons: "Search By PA#", "Search By Date", "Search By Recipient", "Cases Needing Add'l Info.", and "Search By KePro Case ID". Below these is a table with the following data:

	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 discarded instead of completed then the user clicks **Delete** on the row.

Restrictions:

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

View Previously Submitted Review Requests

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

- The user may Search by PA#, Search by Admit Date, Search by Recipient ID, or Search by eQHealth Case ID.
- Review requests pending additional information can also be accessed from this tab.
- Key in the applicable request criteria.
- The system will display all electronically submitted requests that meet the criteria.
- To obtain a list of requests submitted by all users associated with the provider's 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.

Menu

Home

Search

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: 99999

Search

	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

Supporting documentation requirements are dictated by AHCA policy.

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

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

- a. You may link a pdf, jpeg, tif, or bmp document directly to the review
OR
- b. You may create a bar-coded fax coversheet and fax the document.
To access either option, click the [Link Attachments](#) hyperlink at the end of the review request line you are interested.

Providers can also view previously submitted documents on this tab.

Menu Error	In Process		Completed Outpatient										
	ReviewID	Recipient ID	First Name	Last Name	eQHealth Case ID	Admit Date	KBaby Name	Account Number	Receipt Date	Record Status			
	11450147	456	JANE	DOE	729620	09/15/2012			08/31/2012	Awaiting Supporting Documents	Open Review	Link Attachment	
	11450164	123	JOHN	DOE	729621	10/01/2012			08/31/2012	Awaiting Supporting Documents	Open Review	Link Attachment	
	11450178	456	JANE	DOE	729622	12/01/2012			08/31/2012	Awaiting Supporting Documents	Open Review	Link Attachment	Attachment(s)
	11450181	123	JOHN	DOE	729623	10/01/2012			08/31/2012	Awaiting Supporting Documents	Open Review	Link Attachment	

You will see the following options:



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

Close

Print attachment coversheet(s)
Upload attachment image(s)

INSTRUCTIONS: Required documentation must be uploaded or faxed with the appropriate eQHealth Solutions bar-coded fax cover sheet. Review will not proceed until all required documentation is submitted. Refer to the Florida Medicaid DME and Medical Supply Services Coverage and Limitations Handbook (http://portal.flmmis.com/FLPublic/Provider_ProviderSupport/Provider_ProviderSupport_ProviderHandbooks/tabId/42/Default.aspx) and eQHealth's DME Provider Manual (<http://fl.eqhs.org/>) for a complete list of documentation requirements.

The following attachments are required for **ALL** reviews:

1. **Prescription/Hospital Discharge Plan/CMN**
 ONE of the following must be submitted:
 - Prescription/Order, or
 - Hospital Discharge Plan (if discharged in the last 30 days), or
 - Certificate of Medical Necessity.
2. **Pricing Information/Invoice**
3. **Supporting Documentation:**
 All additional information required including, but not limited to:
 AAC devices and related items:
 - AAC Evaluation
 - AAC Conflict of Interest Statement
 - AAC School Concurrence Form (if recipient under 21 years old and enrolled in school or is home schooled)
 Home Health Providers include a Plan of Care (POC)
 Wheelchairs:
 - Wheelchair Evaluation


Select attachment types [Generate CoverSheet](#)

☐ Prescription/ Hospital Discharge Plan/CMN
☐ Pricing Information/ Invoice
☐ Supporting Documentation

<http://testweb.eqhs.org/flwebportal/PopupPages/LinkImagePage.aspx?LPID=2&ReviewID=11448744>

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.

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



R-11450147 I-116

Provider ID: 000171400
 Provider Name: DME Provider
 PA #:
 Recipient ID: 456
 Recipient Name: JANE DOE
 Admit Date: 09/15/2012
 Review ID: 11450147
 # 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

Prescription/Hospital Discharge Plan/CMN

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

VIII. Letters

All written correspondence from eQHealth Solutions will be available via our web system by accessing the **Letters** menu option. Letters are grouped into 3 categories as follows:

- In Process – letters generated prior to completion of an 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.

Letters Search

Menu
Errors

Completed In Process Reconsiderations

Please select the search criteria from the list below and click "Search"

Review ID [dropdown] [text input]

Search

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

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.

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 a Peer to Peer Reconsideration.

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

Please select the type of ID number you have and click "Search"

Review ID

Review ID

eQHealth Case ID

Kepro Case ID

- To request Reconsideration, click the [Link Recon Request](#).
- You may either agree with eQHealth physician reviewer's decision, or request a reconsideration review and enter additional supporting information in the available textbox for our physician peer reviewer to use when reevaluating the case. You may also attach additional documents to the review request by clicking on the [Link Attachment](#) button and following the instructions to either directly upload the document or create a bar-coded fax coversheet. See the section titled Attachments for further details.
- If you intend to link supporting documentation, please check the checkbox under the large text box. This will let us know to wait until the documents are linked before sending the review to our physicians.

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

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

User Edit

Menu Errors

UserID: 95925

User Name:

First Name:

Last Name:

Password:

Email:

InactiveDate:

Phone Number:

Extension:

Receive review recon emails: ☒

Allow to view provider letters?: ☒

Allow to view physician letters?: ☐

Receive review approval emails: ☒

Receive review pending emails: ☒

Receive review suspended emails: ☒

Receive review canceled emails: ☒

Receive review partially denied emails: ☒

Receive review recon complete emails: ☒

Receive review denied emails: ☒

[Save Changes](#)

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

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

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

<i>Field</i>	<i>Description</i>
<i>User Id</i>	<p>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>
<i>Password</i>	<p>Must be between 6 and 10 characters. All alpha characters must be in lowercase. Each user is responsible for keeping this password confidential.</p>
<i>Name</i>	<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.</p>
<i>Phone and Phone Extension</i>	<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>
<i>Inactivate Date</i>	<p>Once users are added by the User Administrator they cannot be deleted without contact with eQHealth staff. This is for tracking and audit trail purposes.</p> <p>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.</p>

Field	Description
Indicate if the user is granted access to view provider letters	<p>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.</p> <p>The user cannot change the levels of access stated above, but can change demographic information and email notification options.</p>
Indicate if the user is granted access to view physician letters	Physician letters are not applicable to DME providers and cannot be selected.

XI. User Administration

Each provider organization will have one person designated to be the User Administrator. They will be allowed to add new user logins, deactivate users who should no longer have access to the system, and assign and change levels of access to the system.

For security compliance, each individual user is responsible for keeping their login/password secure.

If, for any reason, the facility User Administrator is no longer with that facility or will no longer serve in this capacity, eQHealth must be contacted and the master files will be updated to grant administrative rights to another designated individual. A new contact form, signed by the owner or administrator must be submitted to add/change a system administrator.

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 eQSuite 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** levels of access for an existing user from this user list.

User Administration								
Menu Errors	Add New User							
		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.

User Edit	
Menu Errors	<div> <div> <div>User Name:</div> <div>At least 6 chars. lower case.</div> </div> <div> <div>First Name:</div> <div></div> </div> <div> <div>Last Name:</div> <div></div> </div> <div> <div>Password:</div> <div></div> </div> <div> <div>Email:</div> <div></div> </div> <div> <div>InactiveDate:</div> <div></div> </div> <div> <div>Phone Number:</div> <div>() - -</div> </div> <div> <div>Extension:</div> <div></div> </div> <div> <div>Receive review recon emails:</div> <div><input type="checkbox"/></div> </div> </div> <div> <div>Allow to run reports?:</div> <div><input type="checkbox"/></div> </div> <div> <div>Allow to enter requests?:</div> <div><input type="checkbox"/></div> </div> <div> <div>Allow to view provider letters?:</div> <div><input type="checkbox"/></div> </div> <div> <div>Allow to view physician letters?:</div> <div><input type="checkbox"/></div> </div> <div> <div>Receive review approval emails:</div> <div><input type="checkbox"/></div> </div> <div> <div>Receive review pending emails:</div> <div><input type="checkbox"/></div> </div> <div> <div>Receive review suspended emails:</div> <div><input type="checkbox"/></div> </div> <div> <div>Receive review canceled emails:</div> <div><input type="checkbox"/></div> </div> <div> <div>Receive review partially denied emails:</div> <div><input type="checkbox"/></div> </div> <div> <div>Receive review recon complete emails:</div> <div><input type="checkbox"/></div> </div> <div> <div>Receive review denied emails:</div> <div><input type="checkbox"/></div> </div>

Save Changes

Back to User List

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

- To **change** a user's login information, click **Edit** on the record needed.

Menu

Errors

UserID: 95736


User Name:

First Name:

Last Name:

Password:

Email:

InactiveDate: 

Phone Number:

Extension:

Receive review recon emails: ☒

Allow to view provider letters?: ☒

Allow to view physician letters?: ☐

Receive review approval emails: ☒

Receive review pending emails: ☒

Receive review suspended emails: ☒

Receive review canceled emails: ☒

Receive review partially denied emails: ☒

Receive review recon complete emails: ☒

Receive review denied emails: ☒

[Save Changes](#)

- 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.