Florida Comprehensive Medicaid Utilization Management Program

Inpatient Services Presentation

April 2011

http://fl.eqhs.org
eQHealth Key Personnel

Chief Executive Officer – Gary Curtis, MSW

Chief Medical Officer – Ron Ritchey MD, MBA

Chief Operating Officer – Edie Castello

Executive Director – Cheryl Collins, BSN, MA, MBA

Medical Director – Marcia Gomez, M.D.

Associate Medical Director - Ian Nathanson, MD

Director of Operations – Ron Breitenbach, BHS

Director of Inpatient Reviews – Judyth Miranda, ARNP, MSN, RN

Director of Home Health - Melanie Clyatt, RN, BSN, MBA

Manager of Provider Education and Outreach – Nancy Calvert

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eQHealth Solutions, Inc.

- Founded in 1986 – Baton Rouge, LA
- 501 (c) (3) Non-profit organization
- Seven member Board of Directors
- Health care quality improvement, utilization management and health information technology organization
- Serving the Medicaid and Medicare population in Louisiana, Mississippi, Illinois and Florida
- 2000 Physician member and sponsored organization

http://fl.eqhs.org
Mission Statement:

“To Improve the Quality of Health and Health Care by Using Information and Collaborative Relationships to Enable Change”

Vision:

“To be an Effective Leader in Improving the Quality and Value of Health Care in Diverse and Global Markets”
Philosophy and Approach

- Client responsiveness
- Proper resource alignment
- Quality of deliverables
- Meet or exceed performance indicators
- Risk management and contingency planning
• As a non-profit – eQHealth reinvests in our programs and our local communities
• Stakeholder collaboration and satisfaction are key to operations
• In-house development of relevant and client specific information systems
• Knowledgeable and skilled healthcare analytics group
Partnership: AHCA and eQHealth

• Contract award - The Florida Agency for Health Care Administration awarded eQHealth Solutions the contract to provide comprehensive Medicaid utilization management services (CMUMP)

• Local office / operations in Tampa Bay area
  5802 Benjamin Center Drive, Suite 105
  Tampa, FL 33634

• Branch office in Miami/Dade area

• Approximately 135 FTE’s

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Partnership: AHCA and eQHealth

Effective dates:

- June 1, 2011
  - Home Health, Inpatient
- August 1, 2011
  - NICU Care Management Program
- November 1, 2011
  - Therapies, PPEC
MEDICAL NECESSITY
Chapter 59G-1.010 (166), Florida Administrative Code:

“Medically necessary” or “medical necessity” means that the medical or allied care, goods, or services furnished or ordered must meet the following conditions:

1. Be necessary to protect life, to prevent significant illness or significant disability, or to alleviate severe pain;
2. Be individualized, specific, and consistent with symptoms or confirmed diagnosis of the illness or injury under treatment, and not in excess of the patient’s needs;
3. Be consistent with generally accepted professional medical standards as determined by the Medicaid program, and not experimental or investigational;
4. Be reflective of the level of service that can be safely furnished, and for which no equally effective and more conservative or less costly treatment is available statewide; and
5. Be furnished in a manner not primarily intended for the convenience of the recipient, the recipient's caretaker, or the provider.
Medical Necessity

Medicaid reimburses services that do not duplicate another provider’s service and are medically necessary for the treatment of a specific documented medical disorder, disease or impairment.

The fact that a provider has prescribed, recommended, or approved medical or allied care, goods, or services does not, in itself, make such care, goods or services medically necessary or a covered Service.
Urgent is defined as those services needed to immediately relieve pain or distress for medical problems such as injuries, nausea, fever; and services needed to treat infectious diseases and other similar conditions.
A medical condition manifesting itself by acute symptoms of sufficient severity, which may include severe pain or other acute symptoms, such that the absence of immediate medical attention could reasonably be expected to result in serious jeopardy to the health of a patient, including a pregnant woman or a fetus; serious impairment to bodily functions; or serious dysfunction of any bodily organ or part.
Scope of Services

Therapy Services:
• Outpatient physical, occupational and speech/language pathology – under age 21

Annual Retrospective Review of Selected Medical Records
• Post Payment reviews
• Review of selected number of medical records for auditing purposes

Special Studies / Quality Improvement Projects
Inpatient Services:

- Inpatient hospital medical, surgical and rehabilitation services reviews
- Balanced Budget Act (1997) eligible recipient reviews
- Social Security Act, Section 1903(v) eligible recipient (emergency services to undocumented, noncitizens) reviews
- Review of Hospital Utilization Review Plans
- Neonatal Intensive Care Unit Care Management Program in five (5) hospitals
Inpatient Medical, Surgical and Rehabilitation Services Review Program
Inpatient Reconsideration Review Timeframes

- **Expedited reconsideration reviews**: Must be requested prior to admission or while the recipient is hospitalized.

- **Standard reconsideration reviews**: Must be requested within 30 days of the adverse determination.
What’s Different?

Inpatient Reconsideration Review Completion Timeframes:

- Expedited
  - Within 1 business day of receipt of complete request

- Standard
  - Within 20 calendar days of receipt of complete request
Inpatient Medical Surgical, Hospital Inpatient, Balanced Budget Act and Undocumented non-citizens:

• Proprietary rules-based review algorithms (Smart Review) are applied to each acute care medical/surgical inpatient review when the request is entered into eQSuite. (Excludes inpatient rehabilitation hospitalizations.)

• Information required is limited only to that necessary to meet the clinical rule.
Balanced Budget Act (BBA) of 1997:

- Prior authorization review is required for adults age 21 and older who incur in an emergency admission and have exhausted their 45-day inpatient hospital benefit.

- Applicable to:
  - Fee-for service recipients
  - MediPass recipients
  - Medicaid HMO recipients
Undocumented Non-citizen Reviews:

• Are retrospectively review once eligibility has been established (prepayment)

• Medical Necessity Decision:
  – Was the hospitalization due to an emergency?
  – The point at which the emergency has been alleviated?

• Medical Necessity Clinical Criteria apply:
  – eQHealth proprietary rules-based emergency clinical indicators
  – Physician reviewers determine the point at which the emergency is alleviated.
Recipients Category of Aid

- Fee for Service
- MediPass
- Recipients with third party insurance when the inpatient stay will not be covered
- Undocumented non-citizens
- HMO adults who have exhausted their 45 day fee-for-service inpatient stay limit
- Dual Eligible Medicare/Medicaid eligible recipients who have exhausted their Medicare inpatient benefit.
Reminder:

Always verify the recipient’s eligibility prior to submitting a review request to eQHealth.
Exempt from review:
- One day emergency stays for all recipients
- One day stays for recipients under age 21
- Death on the day of admission
- Psychiatric admissions
- Maternal addiction program
- Outpatient observation
- Hospice related care
- Admissions for recipients enrolled in certain Medicaid managed care plans when the benefit plan has not been exhausted
Exempt from review:

- Qualified Medicare Beneficiaries (QMB)
- Specified Low Income Medicare Beneficiaries (SLMB)
- Dually eligible Medicaid and Medicare recipients (excluding delivery services)
- Certain transplant procedures that are reimbursed under a global fee
- Individuals who are inmates of public institutions
Prior authorization of scheduled elective surgeries:

This is the pre-admission review request of an elective inpatient procedure. The review request must be submitted at least three days prior to the planned admission date.

Admission Review:

This is the admission review request that is submitted within twenty-four (24) hours after the recipient has been admitted to an acute inpatient facility, including transfers from one hospital to another.

Continued stay review:

This request is submitted when there has been an initial admission approval and continued stay beyond initial approval is medically necessary. Requests should be submitted prior to, or on, the last day of the current authorization.
Inpatient Review Types

Retrospective Review:

- Retrospective review is performed when Medicaid eligibility is determined retroactively and after discharge.

- The authorization must be submitted within 12 months of the FMMIS date of determination.
Authorization of scheduled elective surgeries prior to admission, and continuing stays, for adult recipients.

Recipients under age 21 are exempt from prior authorization of elective scheduled surgeries except for:

- Bariatric Surgery
- Hysterectomy
- Elective C-section
Cases Requiring Prior Authorization

Rehabilitation Hospitalizations

• Authorization prior to admission for acute inpatient rehabilitation admissions and transfer to Certificate of Need (CON) hospitals and CON units

• Continued stay reviews through discharge

• Admission and continued stay reviews for urgent admissions, including one day stays (for all recipients)
Cases Requiring Prior Authorization

Newborns

Temporary numbers will be assigned.

Authorization requirements for newborns have not changed.
Emergency/Trauma

Inpatient days due to an emergency admission may be eligible for payment beyond the 45-day limit, if the emergency criteria in the federal Balanced Budget Act of 1997 (BBA) are met.

When the 45-day inpatient benefit cap is exhausted for a recipient over age 21, submit a request for authorization to eQHealth via eQSuite.
Balanced Budget Act (BBA) Process

- Review Types:
  - Admission
  - Continued stay
  - Retrospective

- Medical Necessity Determinations:
  - Was the hospitalization due to an emergency?
  - What is/was the point of alleviation of the emergency?

- Medical Necessity Criteria apply:
  - eQHealth proprietary rules-based emergency clinical indicators
  - Physician reviewers determine the point at which the emergency is alleviated.
Undocumented Non-Citizens:

The Medicaid Hospital Services Program reimburses for emergency services provided to undocumented non-citizens who meet all Medicaid eligibility requirements except for citizenship or undocumented non-citizens status.

- Eligibility can be authorized only for the duration of the emergency. Medicaid will not pay for continuous or episodic services after the emergency has been alleviated.
- Authorization for services are submitted to eQHealth via eQSuite after eligibility has been determined.
MEDICAL REVIEW PROCESS
All requests for authorization, continued stay and retrospective review must be submitted via eQSuite.

- **Exception:** Physicians may submit authorization requests for elective procedures via eQSuite or fax.

Reconsiderations may be submitted via eQSuite.
“Smart Review” – Rules Based System:

- Clinical rules applied to every review request
- ICD-9-CM codes for diagnoses and procedures required.
- Immediate authorization results when clinical rules are met.
- Continuing review length of stay is assigned using:
  – Thomson norms
  – Agency approved proprietary criteria

Note: eQHealth will not authorize days beyond those requested by the provider.
First Level Review

When Smart Review rules are not met, the case will be reviewed by a nurse reviewer.

*Our 1st level reviewers are Florida licensed registered nurses who have at least two years inpatient hospital experience.*
First Level Review

First Level Reviewers (Nurse Reviewers):

When the first level reviewer is not able to approve the services on the basis of the complete information, (s)he **must** refer the request to a second level, physician peer reviewer.

Our first level reviewers do **not** render an adverse determination.
Clinical Decision Support Tools

<table>
<thead>
<tr>
<th>Service</th>
<th>Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Medical/surgical acute care inpatient:</strong></td>
<td>eQHealth’s Smart Review for specific diagnoses or clinical conditions (as approved by AHCA).</td>
</tr>
<tr>
<td>Authorizations and prior authorization of</td>
<td>InterQual® Level of Care Criteria, Acute and Pediatrics (Intensity of Service, Severity of Illness and Discharge Screens) for Acute Care</td>
</tr>
<tr>
<td>scheduled, elective surgeries (elective</td>
<td>eQHealth’s AHCA approved, proprietary criteria for prior authorization of a particular surgical procedure.</td>
</tr>
<tr>
<td>inpatient procedures.)</td>
<td>Length of Stay Assignment: Thomson norms (southern standard) for length of stay assignment, beginning with the 50\textsuperscript{th} percentile</td>
</tr>
<tr>
<td><strong>Review Type:</strong></td>
<td></td>
</tr>
<tr>
<td>Admission, concurrent and retrospective</td>
<td></td>
</tr>
<tr>
<td>review (including neonatal admissions not</td>
<td></td>
</tr>
<tr>
<td>included in the NICU Care Management Program)</td>
<td></td>
</tr>
<tr>
<td>Surgical procedure prior authorization (for</td>
<td></td>
</tr>
<tr>
<td>procedures for which prior authorization is</td>
<td></td>
</tr>
<tr>
<td>required.)</td>
<td></td>
</tr>
</tbody>
</table>

http://fl.eqhs.org
### First Level Review

## Clinical Decision Support Tools

<table>
<thead>
<tr>
<th>Service</th>
<th>Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Acute Inpatient Rehabilitation</strong></td>
<td>InterQual® Level of Care Criteria, Inpatient Rehabilitation.</td>
</tr>
<tr>
<td><strong>Review Type:</strong></td>
<td>Length of stay – admission review = up to 10 days. Continued stay review = up to 10 days</td>
</tr>
<tr>
<td>Admission, concurrent, and retrospective review</td>
<td></td>
</tr>
</tbody>
</table>

**Emergency Admission Review:**
Balanced Budget Act (1997) Inpatient review for FFS and HMO-enrolled adults whose 45-day inpatient benefit cap is exhausted.

Undocumented non-citizens.

**NICU Care Management Program**

Milliman Care Guideline®

http://fl.eqhs.org
First level determinations:

- **Pend** the request for additional or clarifying information from the provider.

- **Approval** of the medical necessity of the services as requested. The approval includes a particular number of days and duration of the service.

- **Referral** to a physician peer reviewer. This determination is rendered when:
  - The clinical reviewer’s criteria, guidelines and/or LOS policies are not satisfied.
  - Estimated LOS exceeds the number of days that may be certified at the first level review.
  - Prior authorization request may be experimental or investigational and reviewer cannot determine if the request meets this excluded category.

http://fl.eqhs.org
Types of pends:
- Administrative
- Clinical Pend

Notification method:
- If provider has eQSuite Logon:
  - Email notice that additional information is required
  - Access review in eQSuite to view the requested information

- Physicians without eQSuite logon:
  - Request is faxed to the physician.
Request for Additional Information

“Pend Process”

Timeframe for submission of additional information:

- One business day
- Review suspended if the information is not received as requested

Submission Method:

- Providers with eQSuite logon – direct upload into the review in eQSuite or fax with eQHealth bar-coded fax cover sheet
- Physicians without eQSuite logon - fax using the bar-coded fax sheet

http://fl.eqhs.org
Only a physician peer reviewer may render an adverse determination

Second Level Physician Peer Reviewers:

- Florida-licensed physicians of medicine, osteopathy or dentistry who are located in Florida and in active practice.
- Board certified in the specialty for the service they are asked to review.
- On staff at or have active admitting privileges in at least one Florida hospital.

Reviews are matched to second level review physicians based on specialty and geographic location.
Physician reviewers conduct reviews and render medical necessity determination with consideration for:

• generally accepted professional standards of medical care
• clinical experience and judgment.
• Peer to Peer consultation with the attending physician.
Our physician peer reviewers do not review cases for the following real or potential conflict of interest circumstances:

- For recipients for whom they have provided medical care or consultation services.
- For recipients who are relatives.
- For facilities or agencies in which they have admitting privileges or a financial interest.
- For any attending, admitting, treating, ordering, consultant, specialist physician involved in the care where the physician reviewer has a conflict of interest.
Second Level Review

Physician Reviewers may render an approval or an adverse determination:

- **Approval** – approval of some or all of the requested days.

- **Denial**: All services and the associated LOS are found not to be medically necessary.

- **Partial denial**: This determination is a finding that a portion of the services and/or LOS were not medically necessary. *This is applicable to retrospective reviews.*
Authorizations:

• Providers **with** eQSuite logons are notified electronically via an email notice to check eQSuite Status reports.

• Physicians **without** eQSuite logons are notified by fax.
Adverse Determinations:

- Providers with eQSuite logons:
  - Electronically, via an email notice, to check eQSuite.
    - The notice is posted to eQSuite, and
    - May be downloaded and printed.
- Physician and recipients/legal representatives receive **written, mailed** notifications.
Review Determination Notification

- Notifications include:
  - The dates of service and the services approved or denied
  - The approved number of days authorized
  - The reason for an adverse decision
  - The rights to reconsideration and how to request one
  - The recipient’s right to a fair hearing and how the recipient may request one.
## Timelines

<table>
<thead>
<tr>
<th>Review Type</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Elective admissions &amp; procedures (pre-admission) • Acute Rehabilitation • Admission Request • Continued Stay</td>
<td>1&lt;sup&gt;st&lt;/sup&gt; level reviewer determination: Within 4 hours of receipt of complete request. When referred to a physician reviewer: Within 1 &lt;strong&gt;business day&lt;/strong&gt; of receipt of complete request.</td>
</tr>
<tr>
<td>Balanced Budget Act Reviews</td>
<td>1&lt;sup&gt;st&lt;/sup&gt; level reviewer determination: Within 1 &lt;strong&gt;business day&lt;/strong&gt; of receipt of complete request. When referred to a physician reviewer: Within 2 &lt;strong&gt;business days&lt;/strong&gt; of receipt of complete request.</td>
</tr>
</tbody>
</table>
## Timelines

<table>
<thead>
<tr>
<th>Review Type</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Retrospective Review</td>
<td>Within 20 business days (includes all levels of care)</td>
</tr>
<tr>
<td>• Post discharge request</td>
<td></td>
</tr>
<tr>
<td>• Undocumented non-citizens</td>
<td></td>
</tr>
<tr>
<td>• Medically Needy recipients</td>
<td></td>
</tr>
<tr>
<td>• Retroactive Medicaid eligibility</td>
<td></td>
</tr>
<tr>
<td>Reconsideration review:</td>
<td></td>
</tr>
<tr>
<td>Expedited</td>
<td>1 business day</td>
</tr>
<tr>
<td>Standard</td>
<td>20 calendar days</td>
</tr>
</tbody>
</table>
Reconsideration Outcomes:
A physician, board certified in the same specialty as the attending physician and who was not involved in the original adverse determination will render one of the following determinations:

• Uphold the original adverse determination.
• Modify the original determination, approving a portion of the previously denied days
• Reverse the original determination, approving all the days requested.

Please Note: When requesting a reconsideration, new and/or additional clinical information must be submitted.
Recipients, or their legal representatives, whose services are denied, suspended, terminated or reduced may appeal the adverse decision, including eQHealth review decisions.

- Must be submitted to AHCA Medicaid Area Office or DCF
- Must be made within 90 calendar days of the date of the adverse determination notification mailing.

*eQHealth supports and participates in the Fair Hearing process.*
eQSUITE
eQSuite

Proprietary eQHealth web-based software:

• Secure HIPAA-compliant technology allowing providers to record and transmit the information necessary to obtain authorizations
• System access for adding, deleting or changing access for authorized users
• 24/7 access
• Rules driven functionality
• A reporting module that provides the real-time status of all review requests
• A helpline module through which providers may submit questions
• Users Guide available on http://fl.eqhs.org
Minimal System Requirements:

- Computer with Intel Pentium 4 or higher CPU and 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, or Safari 4 or higher
- Broadband internet connection
Functionality:

- Create new reviews
- Respond to requests for additional information
- View and print review determination notifications
- Reports
- Respond to adverse determination
- Search your requests
- Online helpline
- Utilities
eQSuite Capabilities

- Update My Profile
- User Administrator
  - only the designated System Administrator can view this option
Log on to eQSuite

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

Username

Password

Login

forgot password?
# Reports

## Provider Reports

**Provider: 00020149 - Inpatient Acute Care Hospital**

<table>
<thead>
<tr>
<th>Select</th>
<th>I1</th>
<th>Inpatient Review Status for a Given Beneficiary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Select</td>
<td>I2</td>
<td>Inpatient Status of In Process Reviews</td>
</tr>
<tr>
<td>Select</td>
<td>I3</td>
<td>Inpatient Assigned PA#s</td>
</tr>
<tr>
<td>Select</td>
<td>G1</td>
<td>Daily List</td>
</tr>
<tr>
<td>Select</td>
<td>G2</td>
<td>Temporary Baby ID List</td>
</tr>
<tr>
<td>Select</td>
<td>I7</td>
<td>MedSurg Web Review Request Printout</td>
</tr>
<tr>
<td>Select</td>
<td>R7</td>
<td>Rehab Web Review Request Printout</td>
</tr>
</tbody>
</table>
## Reports

**eQHealth Solutions**  
**Status of All In Process Certification Reviews**

**Provider:** 00020149 Inpatient Acute Care Hospital

<table>
<thead>
<tr>
<th>Type</th>
<th>Receipt Date</th>
<th>Bene Number</th>
<th>First Name</th>
<th>Last Name</th>
<th>Beneficiary Name</th>
<th>Admit Date</th>
<th>Record Status</th>
<th>Patient Account #</th>
<th>Review ID</th>
</tr>
</thead>
<tbody>
<tr>
<td>Retrospective</td>
<td>2/2/2010</td>
<td>2035</td>
<td>Test</td>
<td>Bene</td>
<td>Bene</td>
<td>2/8/2000</td>
<td>Pended</td>
<td></td>
<td>2194509</td>
</tr>
<tr>
<td>Continued Stay</td>
<td>3/2/2011</td>
<td>60206</td>
<td>Test</td>
<td>Bene 1</td>
<td>Bene 1</td>
<td>12/7/2004</td>
<td>Canceled</td>
<td></td>
<td>23263020</td>
</tr>
<tr>
<td>Admission</td>
<td>4/6/2011</td>
<td>306762</td>
<td>Test</td>
<td>Bene 4</td>
<td></td>
<td></td>
<td>At 1st Level Review</td>
<td></td>
<td>60383510</td>
</tr>
</tbody>
</table>

*Print Date: 3/30/2011  Print Time: 07:40 AM*
Create New Review

Review Type and Settings

Provider ID: 00020149
Provider Name: Inpatient Acute Care Hospital

Choose Setting: Med/Surg

Review Type:
- Admission
- Not Selected
- Admission
- Continued Stay
- Retrospective

TRIEVE DATA

http://fl.eqhs.org
If the patient is a baby and:
- Has a personal Medicaid number, then enter this number in the Recipient ID box above and leave the Baby Name and Birth date blank.
- Otherwise, if the mother has a Medicaid number, then enter the Mother’s number in the Recipient ID box above and enter the Baby Name and Birth date below. If the Mother does not have a Medicaid number, then click the [Create Temp Baby ID] button to create a temporary Medicaid number.

Create Temp Baby ID

Baby Name: [Enter name]
Baby’s Birth Date: [Enter birth date]
Account #: [Enter account number]

Physicians and Healthcare Practitioners

<table>
<thead>
<tr>
<th>Type</th>
<th>Medicaid #</th>
<th>Name</th>
<th>Phone #</th>
<th>Phone on File Correct?</th>
<th>Updated Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attending</td>
<td>999999999</td>
<td>Physician, Test</td>
<td>9876543210</td>
<td>✓</td>
<td></td>
</tr>
</tbody>
</table>

Instructions for BBA or Undocumented non-citizen
Admit Date: Enter the patient’s first date of coverage requested if different than the date of inpatient admission.
Actual D/C Date: If the patient has been discharged, enter the last date of coverage requested if different from the actual discharge date.
Proposed D/C Date: If the patient has not been discharged, enter the last date of coverage requested.

Admit Date: [Enter date]
Proposed D/C Date: [Enter date]
Actual D/C Date: [Enter date]
# Days Requested: 0
Outpatient Observation Date: [Enter date]
Emergency Dept Service Date: [Enter date]
Outpatient Service Date: [Enter date]
<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Type of Admission:</strong></td>
<td></td>
</tr>
<tr>
<td>The patient received related healthcare services prior to admission.</td>
<td>Yes, No, Unknown</td>
</tr>
<tr>
<td><strong>Did the patient expire on the date of admission?</strong></td>
<td>Yes, No</td>
</tr>
<tr>
<td><strong>If patient is awaiting Nursing Home placement then provide the Start date of the waiting period:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>If patient is on DCF hold then provide the hold start date:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>If patient went on a “pass”, then provide the pass date:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>If patient went on a “pass”, then did they return by midnight?</strong></td>
<td>Yes, No</td>
</tr>
<tr>
<td><strong>Hospice enrolled recipient:</strong></td>
<td></td>
</tr>
<tr>
<td>Are requested services related to the treatment of the terminal illness or associated condition?</td>
<td>Yes, No</td>
</tr>
<tr>
<td>If no is selected, then explain on the Summary tab.</td>
<td></td>
</tr>
<tr>
<td><strong>Is this admission related to a complication from the previous transplant?</strong></td>
<td>Yes, No</td>
</tr>
</tbody>
</table>
Automated Administrative Screening

When the review request is entered in our review system, eQSuite, the system applies a series of edits to ensure review is required and that all eligibility, coverage and administrative requirements are satisfied. When there is a failed administrative requirement, the review request is cancelled.

– The system prohibits further review processing.
– The requesting provider is notified electronically through eQSuite.
Examples of situations that would cause a review request to be cancelled are:

- The individual is not eligible for Medicaid benefits.
- The request is a duplicate request.
- The individual is in a category of Aid that is exempt from review.
- The adult recipient has exhausted their 45-day inpatient benefit cap and BBA coverage was not requested.
- The request is for a recipient who is enrolled in an HMO and the request is not for BBA coverage.
- The request is for a one day emergency stay.
Create New Review

Create Temp Recipient ID

Enter Mother's Recipient ID: [Field] OR [Checkbox] Mother does not have a Medicaid ID number

Baby First Name: [Field]  Mother First Name: [Field]
Baby Last Name: [Field]  Mother Last Name: [Field]
Baby Birth Date: [Field]  Mother Birth Date: [Field]

Save  Cancel

Create New Review

Select an Option about Medicare Benefits

- Cancel request - patient has Medicare benefits for this period that have not exhausted
- Continue request - patient does not have Medicare coverage for this period
- Continue request - Requested care is not covered by Medicare or Medicare benefits are exhausted

OK
<table>
<thead>
<tr>
<th>Select</th>
<th>Deselect</th>
<th>Code</th>
<th>Description</th>
<th>Subdivided</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>0020</td>
<td>TYPHOID FEVER</td>
<td></td>
</tr>
<tr>
<td>Select</td>
<td>Deselect</td>
<td>0021</td>
<td>PARATYPHOID FEVER A</td>
<td></td>
</tr>
<tr>
<td>Select</td>
<td>Deselect</td>
<td>0022</td>
<td>PARATYPHOID FEVER B</td>
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<td>0023</td>
<td>PARATYPHOID FEVER C</td>
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</tr>
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<td>Deselect</td>
<td>0029</td>
<td>PARATYPHOID FEVER NOS</td>
<td></td>
</tr>
<tr>
<td>Select</td>
<td>Deselect</td>
<td>026</td>
<td>RAT-BITE FEVER</td>
<td>@</td>
</tr>
<tr>
<td>Select</td>
<td>Deselect</td>
<td>0260</td>
<td>SPIRILLARY FEVER</td>
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<tr>
<td>Select</td>
<td>Deselect</td>
<td>0261</td>
<td>STREPTOBACILLARY FEVER</td>
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<td>Select</td>
<td>Deselect</td>
<td>0269</td>
<td>RAT-BITE FEVER NOS</td>
<td></td>
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<tr>
<td>Select</td>
<td>Deselect</td>
<td>0341</td>
<td>SCARLET FEVER</td>
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<tr>
<td>Select</td>
<td>Deselect</td>
<td>060</td>
<td>YELLOW FEVER</td>
<td>@</td>
</tr>
</tbody>
</table>
Create New Review

If birth admission, then:
  If the baby was placed in a nursery level other than “Well Baby” within the same hospital, then provide the date: ________
  If the mother has been discharged, then provide the mother’s discharge date: 3/29/2011

Was the mother electively induced?  
- [ ] Yes  
- [ ] No

Delivery Type:
- [ ] Vaginal  
- [ ] Caesarean

Gestational age at birth: 39
Gestational age at time of review: 39

Baby currently is in: (select one)
- [ ] Well baby: (healthy baby)
- [ ] Intermediate special care
- [ ] NICU
- [ ] Specialized NICU-most complex level
- [ ] Other

Please provide the gram weight at birth: 1253
Please provide the current gram weight: 1249

[Submit]  [Cancel]
Create New Review

Review ID: 60517636
Review Status: Approved
Review Completed: 3/18/2011
Days cert for this request: 2

PA#:
Billing Start Date:
Last Date Certified: 3/19/2011
Total Days Certified: 2

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If this is a retrospective review, supply clinical findings at admission.

**VITAL SIGNS**
- Temperature: 101.3°F
- Method: Oral
- Pulse: 40
- Respiration: 60
- Blood Pressure: 103/65
- Urine Output: ml/cc per day

**LAB RESULTS**

**Blood Work:**
- WBC: 35.0
- RBC:
- HCT:
- Hgb:
- gm/dl
- Platelets: 46 x10^9/L
- PT:

**Blood Gas Tests:**
- Source: Not Selected, Arterial, Venous
- O2 Saturation:
- %
- PH:
- pCO2:
- mmHg
- pO2:
- mmHg
- SaO2:
- %

**Chemistries**
- Blood Glucose:
- Blood Ketones: (None)
- Urine Ketones: (None)
- Creatinine:
- mg/dL
- LDH:
- IU/L
- ALK PHOS:
- units/L
- GGT:
- mg/dL
- Albumin:
- units/L
- Urine Specific Gravity:
- Bilirubin (Total):
- mg/dL
- Ammonia:
- ug/dL

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If this is a retrospective review, supply clinical findings at admission.

**SPECIAL UNITS:**
Patient requires/is receiving care in the (Select only one)

- [ ] Not Selected

**SPECIAL CARE:**
Patient requires/is receiving the following type(s) of special care (Select all that apply)

- [ ] Endotrach w/vent-Acute Illness

**CLINICAL INDICATIONS:**

<table>
<thead>
<tr>
<th>Indication</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hemodynamic compromise and Dyspnea</td>
<td>[ ] Enter the clinical details here.</td>
</tr>
<tr>
<td>Respiratory distress</td>
<td></td>
</tr>
<tr>
<td>Altered Mental Status</td>
<td></td>
</tr>
<tr>
<td>Inability to tolerate oral meds</td>
<td></td>
</tr>
<tr>
<td>Other (if checked comments are required)</td>
<td></td>
</tr>
</tbody>
</table>

**TREATMENTS:**

<table>
<thead>
<tr>
<th>Treatment</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transfusion within the last 48 hours</td>
<td></td>
</tr>
</tbody>
</table>
Describe patient’s onset of illness and current condition, including any recent surgical procedures and/or interventions. Also, describe the patient’s physical and mental capacity before onset of current event/illness:

Indicate whether the patient is currently medically stable and able to tolerate the rehabilitation program, e.g., at least 3 hours of therapy per week. Also indicate whether the patient can reasonably be expected to actively participate in and significantly benefit from the rehabilitation program.

Describe the patient’s current attitude and behavior towards the rehabilitation program and the therapy.

Describe the patient’s current family support systems.
Select the primary reason for inpatient acute rehabilitation services.

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>Date of onset of the impairment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Reason for Rehabilitation Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stroke/CVA</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Brain dysfunction/traumatic brain injury (TBI)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neurological conditions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spinal cord dysfunction/injury</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Amputation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inflammatory Arthritis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pain syndrome</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Orthopedic disorders</td>
<td></td>
<td></td>
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<tr>
<td>Cardiac</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pulmonary disorders</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Burns</td>
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<td></td>
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<tr>
<td>Congenital deformities/abnormalities</td>
<td></td>
<td></td>
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<tr>
<td>Other disabling impairments</td>
<td></td>
<td></td>
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<tr>
<td>Major multiple trauma</td>
<td></td>
<td></td>
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<tr>
<td>Developmental disability</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Debility</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medically complex</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Indicate the patient’s functional limitations</td>
<td>Check all that apply</td>
<td>In date sequence and for the entire requested timeframe, enter the start date and briefly describe the treatment and how it addresses the specific limitation.</td>
</tr>
<tr>
<td>---------------------------------------------</td>
<td>---------------------</td>
<td>----------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>ADLs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ambulation</td>
<td>✔</td>
<td>3/30/2011: the treatment plan for mobility issues is entered here.</td>
</tr>
<tr>
<td>Bladder management</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bowel management</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cognition</td>
<td></td>
<td>3/30/2011: the treatment plan for communication deficits are detailed here.</td>
</tr>
</tbody>
</table>
Create New Review

### Functional limitation

#### Communications

**Goals**

**Add Goal**

<table>
<thead>
<tr>
<th>Describe in measurable terms the short and long term treatment goals for this functional limitation:</th>
<th>Goal Start Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Goals are described here in measurable terms</td>
<td>03/30/2011</td>
</tr>
</tbody>
</table>

**The goal of treatment is to maintain the patient’s status:**

<table>
<thead>
<tr>
<th>Goal achieved? (Select one)</th>
<th>Measurement Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>% achieved or</td>
<td>03/30/2011</td>
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<tr>
<td>Deteriorated</td>
<td></td>
</tr>
<tr>
<td>No Progress</td>
<td></td>
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<tr>
<td>Discontinued</td>
<td></td>
</tr>
</tbody>
</table>

**Mobility and transfers**

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Create New Review

DISCHARGE PLAN:

Anticipated or Actual Discharge to: (Select one)

Home with Family

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

Enter the current plans for discharge and detail the progress here

CANCEL   SAVE/CLOSE   SAVE/CONTINUE
If this is a retrospective review, supply medication information at admission and pertinent changes or additions made during hospitalization that support the need for continued stay.

**MEDICATIONS**

Copy Meds from previous review

Does the patient receive Medication(s)?  
- [ ] Yes  
- [ ] No

If Yes, then enter each medicine in the following grid:

<table>
<thead>
<tr>
<th>Name</th>
<th>Route Type</th>
<th>Frequency</th>
<th>Dosage</th>
<th>Start Date</th>
<th>Stop Date</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicine</td>
<td>IV</td>
<td>qid</td>
<td>50 ml</td>
<td>03/29/2011</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

[CANCEL]  [SAVE/CLOSE]  [SAVE/CONTINUE]
If this is a retrospective review, supply clinical summary information in date sequence that support the medical necessity for hospitalization beyond the admission.

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

REQUESTING PROVIDER ATTESTATION STATEMENT

An inpatient 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 and/or state criminal laws and/or may be subject to civil monetary penalties and/or fines. I understand that services requested are subject to review and approval through the Comprehensive Utilization Management Program’s contracted quality review organization. I understand that any falsification, omission, or concealment of material prosecution.

By clicking [Submit for Review] you are attesting to the above.
You can submit additional information electronically for any review request that we made a formal request for additional information.

Click “Open” for the appropriate review and the system will display the additional information request.

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QUESTION:
please provide the lab results for >>>>>>

ADDITIONAL INFO:
Web submitted additional info 4/4/2011
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 Recipient # 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:
It is important to report the discharge (or transfer) date when service is completed to close the case. This will facilitate researching overlapping stays of more than one day.
### Change Discharge Date

**Search By**

- **Admit Date**
- **Recipient #**
- **PA#**

**Admission Date Range:**

<table>
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<th>Date Range</th>
<th>Start Date</th>
<th>End Date</th>
<th>Limit</th>
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<tr>
<td></td>
<td>03/01/2011</td>
<td>03/15/2011</td>
<td>120 day limit</td>
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**Search**

- Clear

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<th>First Name</th>
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<td>03/13/2011</td>
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</table>

**http://fl.eqhs.org**
Documents required or requested by eQHealth may be linked to a review request in one of two ways:

- Link a pdf, jpeg, tif, or bmp document directly to the review

  OR

- Print an eQHealth bar-coded fax coversheet and fax the document to us.
### Attachments

<table>
<thead>
<tr>
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<th>Recipient ID</th>
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<td>03/12/2011</td>
<td>Awaiting Supporting Documents</td>
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</table>

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Attachments

Print attachment coversheet(s)

Upload attachment images(s)

Select attachment types
- Order for Assessment
- Nursing Assessment
- MD Order for Services
- Plan of Care
- Physician monitoring evidence

Generate CoverSheet

http://fl.eqhs.org
eQHealth Solutions
Fax Cover Page

Provider ID: 500
Provider Name: TEST Provider
TAN:
Recipient ID: 9999999999
Recipient Name: BENE TEST
Admit Date: 06/25/2010
Review ID: 60497812

# 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
## Letters Search

### Admit

**Admit Date:**
- **Start Date:** 2/1/2011
- **End Date:** 4/1/2011

### Search

<table>
<thead>
<tr>
<th>Admit Date</th>
<th>Recip Last Name</th>
<th>Recip First Name</th>
<th>Recip ID</th>
<th>Review ID</th>
<th>PA #</th>
<th>Open Review</th>
<th>View Letter</th>
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<td>18013818</td>
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<td><a href="#">View Letter</a></td>
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# Notifications

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<td>10/12/2010</td>
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<tr>
<td>Initial Determination</td>
<td>10/12/2010</td>
<td>View</td>
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http://fl.eqhs.org
### Respond to Denial

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<th>Review Complete Date</th>
<th>Recip ID</th>
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<td>000001111</td>
<td>JENNIFER</td>
<td>ANDERSON</td>
<td>18013906</td>
<td>03/18/2011</td>
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</table>

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Respond to Denial

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

CANCEL  SUBMIT RECON INFO
Each provider/group will have at least one person designated to be the System Administrator, who is allowed to add new user logins, change passwords, and deactivate users who should no longer have access to the system.

When the System Administrator clicks “User Administration” on the menu list, a list of valid users will be displayed. The User Administrator can add a new user or change login information for an existing user from this user list.
## User Administration

### Add New User

<table>
<thead>
<tr>
<th>UserID</th>
<th>User Name</th>
<th>Inactive DT</th>
<th>Phone</th>
<th>Extension</th>
<th>Added DT</th>
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</table>
Obtain logons for eQSuite, the eQHealth proprietary web based utilization management application

- Complete the Provider Contact Form
- Attend an eQSuite webinar training
Complete the Provider Contact Form

- Mailed to facility CEO or Administrator.
  - One sent for each unique Medicaid Provider Number.
  - Medicaid number pre-printed on the form
- Download the form http://fl.eqhs.org
- Fax the completed form to 855-440-3747 or,
- Mail the completed form to:
  
  eQHealth Solutions – Florida Division
  5802 Benjamin Center Drive, Suite 105
  Tampa, FL 33634
Provider Contact Form

- “Assigned eQHealth Liaison”
  - The main contact for eQHealth
  - Receives Provider Alerts and other correspondence
- “System Administrator”
  - The person responsible for management of eQSuite user access for facility staff.
  - This person need **not** be an IT staff member

*The form must be signed by facility CEO or Administrator before returning it to eQHealth.*
Assign a “System Administrator”

The Administrator is responsible for:

• Assigning logons for staff members
• Granting levels of access for staff members based on their job responsibilities
• Training new staff members
• Terminating logons for staff members who leave employment with the facility or agency
Attend an eQSuite webinar

*Logons cannot be assigned until the Administrator has attended a webinar and attendance is validated.*

The training schedules and registration forms are available on [http://fl.eqhs.org](http://fl.eqhs.org)
4. Assign eQSuite Logons to facility staff

- The System Administrator assigns logons to existing and new staff.
- Levels of access are granted based on the staff members’ job responsibilities:
  - Authorization Requests
  - View Letters
  - View Reports
PROVIDER OUTREACH, EDUCATION AND TECHNICAL ASSISTANCE
"Our goal is to establish a relationship of trust, respect and cooperation with the provider community through consistent and timely communication, education, outreach and support."
Provider Education & Outreach Team

- Manager of provider outreach and education
- Four provider outreach & education representatives
- Six customer service representatives

*Two English-Spanish bilingual*
Provider Communications

- Blast Fax Provider Alerts
- Dedicated Florida website:  http://fl.eqhs.org
- Customer Service:
  - 855-444-3747
  - 8 a.m. – 5 p.m.
  - Monday – Friday (except Florida state holidays)
- Secure, **HIPAA compliant**, online inquiries via the eQSuite helpline module

*Please do not submit PHI via email to eQHealth*
Provider Communications

Dedicated Florida Provider Website

http://fl.eqhs.org

- Access to eQSuite
- Training and webinar schedules and registration
- Service Specific Provider Handbooks
- eQSuite Users Manual
- Frequently Asked Questions
- Important Announcements and Updates
- Downloadable forms
- Links to other pertinent websites
- Job postings
Implementation:

April 2011: 6 face to face trainings

May 2011: Webinar eQSuite trainings

• 9 acute inpatient
• 3 acute rehabilitation
• 3 physician
Ongoing:

• Three face-to-face trainings each year, in strategic geographical areas
• Quarterly webinars
• PowerPoint trainings, with audio, posted on website
Provider Education

Topics:

• Updates/changes in policies affecting providers
• Issues identified by the Provider Focus Groups
• Trends identified by the eQHealth staff
• eQSuite new user and “refresher” training

http://fl.eqhs.org
Provider Focus Groups

• Provider service type specific
• Combined face-to-face and webinar format to encourage participation
• Collaborative dialog soliciting provider input on an identified topic to identify challenges and improvement opportunities.
Attendance at Provider Association Meetings

• Upon request, provider outreach and education representatives will attend provider association meetings to provide updates and respond to provider questions and concerns,
Post-implementation, open, on-line
“Go-To” Meetings

• Begin June 2011
• Dial in “Go-to” meetings open to all participating providers
• Real-time responses to questions
TRANSITION
Authorization requests:

- 5:00 p.m., Friday, May 27, 2011 – cut off for submission of authorization requests to KePRO
- Review requests must be submitted in eQSuite May 28, 2011
- eQHealth begins reviews June 1, 2011

*We are working with AHCA to address authorizations not completed by KePRO prior to June 1, 2011*
KePRO data will be downloaded into eQSuite –

KePRO authorizations that “span” June 1, 2011 do not require any action by the provider until a continued stay review is required.

The request for a continued stay is requested via eQSuite

http://fl.eqhs.org
eQHealth accepts reconsideration requests received beginning May 28, 2011, regardless of when the original denial occurred.

Note: eQHealth will not reprocess reconsideration decisions made by KePRO.
eQHealth will support Fair Hearings scheduled beginning June 1, 2011.
QUESTIONS AND ANSWERS
Training Evaluation

Your feedback is important to us. Please complete the evaluation included in your packet.
A new day………

A new way………..

Thank you for your participation