



Florida Comprehensive Medicaid Utilization Management Program

**PPEC Presentation
September 2011**

INTRODUCTION

eQHealth Key Personnel

Chief Executive Officer - Gary Curtis, MSW

Chief Operating Officer - Edie Castello

Chief Medical Officer - Ron Ritchey MD, MBA

Medical Director - Marcia Gomez, MD

Associate Medical Director - Ian Nathanson, MD

Executive Director - Cheryl Collins, BSN, MA, MBA

Director of Operations - Ron Breitenbach, BHS

Manager of Provider Education and Outreach - Nancy Calvert, BS

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

Director of Home Health - Sherri Dunn, RN, BSN, MPH-C

Director of Therapies - Ana Miers, MSPT, PhD

eQHealth Mission and Vision

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”

Partnership: Agency of Health Care Administration and eQHealth

- Contract award - The Agency for Health Care Administration awarded eQHealth Solutions the contract to provide Comprehensive Medicaid Utilization Management Services for the Florida Medicaid program.
- Local office / operations in Tampa Bay area
5802 Benjamin Center Drive, Suite 105
Tampa, FL 33634
- Branch office in Miami/Dade area

Partnership: AHCA and eQHealth

Effective dates:

- June 1, 2011 - Home Health, Inpatient
- August 1, 2011 - Neonatal Intensive Care Unit (NICU) Care Management Program
- **November 1, 2011 -**
 - Therapies
 - Prescribed Pediatric Extended Care (PPEC)
 - Care Coordination for PPEC Services

SCOPE OF SERVICES

Scope of Services

- Acute Inpatient Medical/Surgical and Acute Inpatient Rehabilitation Services authorization
- Prior authorization of Home Health services, including:
 - Home health visits (skilled nursing and home aide services);
 - Private duty nursing (PDN) services; and
 - Personal care services (PCS) provided by home health agencies or independent or group personal care service providers.

Scope of Services

- Prior authorization reviews for the following therapy services:
 - Physical Therapy (PT)
 - Occupational Therapy (OT)
 - Speech-language Pathology (SLP) Therapy
- Prior-authorization of PPEC services
- Care coordination for children who qualify for PPEC services

Scope of Services

- 24-hour access for authorization requests and online helpline inquiries
- Provider Communication and Support
 - Customer Service toll free telephone number
 - Dedicated website
 - Blast faxes and emails

Contact ncalvert@eqhs.org to be added to distribution list

- Provider Outreach, Education, and Technical Assistance

PRESCRIBED PEDIATRIC EXTENDED CARE CENTERS

Resources

Medicaid PPEC Services Coverage and Limitations Handbook

http://portal.flmmis.com/FLPublic/Portals/0/StaticContent/Public/HANDBOOKS/CL_07_070201_PPEC_ver1.1.pdf

eQHealth Provider Manuals eQSuite User Guide

<http://fl.eqhs.org>

PPEC - Purpose

- Enables children with medically complex conditions to receive medical care at a non-residential pediatric center that meets the child's medical, developmental, physiological, nutritional, psychosocial needs, and provides family training
- Reduces the isolation that homebound children may experience
- Provides physician ordered services in accordance with the plan of care to meet the child's care needs

PPEC

Service Requirements

Prior authorization required for children enrolled in:

- MediPass
- Fee for Service
- Children's Medical Services (CMS) Network
- Medicaid HMOs
- Medicaid PSNs

Prior authorization not required for children enrolled in:

- CMS/PSNs in reform counties

PPEC

Service Requirements

Children must be:

- Enrolled in a Medicaid benefit program that covers the services;
- Eligible at the time services are rendered;
- Under age 21;
- Medically complex, according to Medicaid definition;
- Medically stable;
- Free of a communicable disease or illness; and
- In need of short, long-term or intermittent, continuous, therapeutic interventions or skilled nursing supervision due to a medically-complex condition.

PPEC

Service Requirements

- A PPEC center must be available within a reasonable travel time.
- The Medicaid definition of medical necessity must be met.
- Services must be:
 - Ordered by the child's attending physician;
 - Outlined in the individualized plan of care that is written by the PPEC staff and signed by the PPEC RN and attending physician; and
 - Authorized by eQHealth Solutions.

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 medical necessity or a covered service.

Medically Complex

Per 59G-1.010, F.A.C.

An individual is medically complex if he or she has chronic debilitating disease or conditions of one or more physiological or organ systems that make the person dependent upon 24-hour per day medical, nursing, health supervision or intervention.

PPEC Codes

Subject to Prior Authorization

Code	Description
T1025	Full-day PPEC Services (over four hours and up to 12 hours per day)
T1026	Hourly PPEC Services (four hours or less per day, billed in units of one hour). A minimum of 15 minutes is required to bill up to a full hour after the first hour.

PPEC Codes

Subject to Prior Authorization

When requesting medically necessary PPEC services both codes (full day - T1025, and hourly - T1026) will be authorized to account for a child's changing medical needs or the family's changing situation.

Types of Review Requests

- Admission review (Initial)
- Continued stay review (Reauthorization)
- Modification review
- Retrospective review
- Reconsideration review (New!)

Request Submission & Review Completion Timeframes for PPEC Services

Initial Request	Submission	Review Completion Timeframes
Admission (initial authorization)	Authorization required within 5 business days of initiation of services	Timeframe begins upon receipt of all required documentation Approved at first level (nurse) review - within 1 business day
Continued stay	Within 10 business days, but no more than 15 business days, prior to the end of the current certification period. <i>Requests submitted after the end of the current certification period will not be backdated.</i>	Referral to second level review - within 3 business days
Modification	Immediately upon identification of the need for a modification	

Request Submission & Review Completion Timeframes for PPEC Services

Initial Request	Submission	Review Completion Timeframes
Reconsideration review	Within 10 business days of the denial notification	Within 3 business days of receipt of the request
Retrospective review	Within one year of the retroactive eligibility determination	Within 20 business days of receipt of the request

First Level Review Screening

Verification that there are no review exclusions for which system edits cannot be applied:

- Child is not eligible for part of the requested timeframe; or
- Duplication of service

Assessment of the submitted supporting documentation is done to ensure it is *complete*, *legible* and *conforms* to all Medicaid policy requirements.

First Level Review Clinical

The clinical reviewer performs the review by applying:

- Definition of medical necessity as stated in Chapter 59G-1.010 (166), Florida Administrative Code (F.A.C.);
- General coverage requirements for PPEC, including those specified in the Florida Medicaid Prescribed Pediatric Extended Care Coverage and Limitations Handbook; and
- Agency-approved clinical criteria or guidelines.

First Level Review Determinations

First Level Reviewers may:

- ***Approve*** the services as requested;
- ***Pend*** the request for additional information from the provider;
- ***Refer*** the request to a physician peer reviewer for review and determination; or
- ***Cancel*** or issue a technical denial of the request if appropriate, e.g.:
 - Duplicative service; or
 - Noncompliance with Medicaid policy.

Second Level Review

- Physician peer reviewers base their determination on generally accepted professional standards of care, on their clinical experience and judgment and peer to peer consultation with the ordering physician.
- Physician reviewers may render an approval or an adverse determination.
- An adverse determination may be a full denial of the requested services or a reduction in services.

Review Determination Notification

- Determination notifications are issued to the requesting provider within one business day of the determination.
 - An electronic advisory message is immediately issued to the requesting provider.
 - A written notification is posted on eQSuite for the provider within one business day of the determination.
 - The determination includes the approved number of units and the duration of services.
 - The notification may be downloaded and printed.
- The parent or legal guardian receives written, mailed notifications.
- The ordering physician receives written notification of adverse and reconsideration determinations.

Review Determination Notification

Notifications include:

- Dates of service and the services approved or denied;
- Approved number of units and the duration of services;
- Reason for an adverse decision;
- Rights to a reconsideration and how to request one;
- Recipient's right to a fair hearing and how the parent or legal guardian may request one.

Reconsiderations

Any party may request a reconsideration of an adverse determination

The request may be submitted by:

- eQSuite (electronic)
- Phone
- Mail
- Fax

Reconsiderations

A physician reviewer 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 service as requested.
- Reverse the original determination, approving services as requested.

Reconsideration reviews are completed within three business days of receipt of a complete and valid request.

Note: When requesting a reconsideration, new and/or additional clinical information should be submitted.

Fair Hearings

The child's parent(s) or legal guardian(s) may appeal the adverse decision by requesting a fair hearing.

- The request for fair hearing must be submitted, via a written statement, to the Department of Children and Families or to the Medicaid Area Office; and
- The request must be submitted within **90 calendar days** of the date of the adverse determination notification mailing.
- If the request is made within **10 calendar days** of the adverse determination notification mailing, AHCA may authorize services to continue at the current level until eQHealth receives written notification of the final order.

Submitting Supporting Documentation

Refer to Handout

Submitting Supporting Documentation

Supporting documentation is determined by Medicaid policy and is required to substantiate the necessity of services.

All supporting documentation must be submitted electronically, via eQSuite

1. Upload and directly link the information to the eQSuite review record.
2. Download eQHealth bar coded fax covered sheet(s) from <http://fl.eqhs.org> and submit the information using 24-hour/7 days a week toll-free fax line 855-440-3747.

Submitting Supporting Documentation

- Each fax cover sheet includes a bar code that is specific to the particular recipient and the type of required information.
- The review specific cover sheets are available for downloading and printing as soon as the review request is completed and entered into eQSuite.
- You must use only the assigned fax cover sheet for the specific type of supporting documentation.

Do not copy or reuse fax cover sheets!

CARE COORDINATION

Authorization Request for PDN Services Received from Home Health Agency

The 1st Level Nurse Reviewer determines whether:

- The child is medically complex;
- The service is medically necessary; and
- The child's needs can be safely and appropriately met through a PPEC center:
 - Medically stable?
 - No communicable disease or illness?
 - A diagnosis that would not result in immune-suppression?
 - Able to tolerate travel to and from the PPEC?

PPEC Center Availability Confirmation

Is there a PPEC center within an average of two hours travel time from the child's residence?

If travel requirements are satisfied, the nurse reviewer contacts each PPEC center identified to confirm that:

- Space is available;
- The center can accept the child based on the child's age and clinical condition; and
- The center is open during the hours services are needed.

Care Coordination

PDN Service Approval for PPEC-eligible children:
If all the medical need indicators and driving time requirements are met:

- The nurse reviewer approves medically necessary PDN services for 30 calendar days.
- During this time, the parent or guardian selects an available PPEC center.

Initial Interaction with Parent or Legal Guardian

- Provide education about the services provided by PPEC centers and the benefits of those services;
- Verify that the child:
 - Is medically stable;
 - Has no communicable disease or illness;
 - Is not immune-suppressed; and
 - Is able to travel.
- Discuss whether the parent/guardian can provide transportation; if not, refer to the PPEC center or the transportation coordinator in the Medicaid office;
- Discuss work and/or school schedules, parent/guardian limitations and potential hours for which PPEC will be used; and
- Provide a list of available PPEC centers and contact information.

Initial Interaction with Parent or Legal Guardian

Instruct the parent/guardian about his/her responsibility for:

- Contacting the child’s physician to obtain an order for PPEC;
- Selecting a PPEC center;
- Contacting the PPEC center to obtain an assessment of the child and to have the PPEC initiate a prior authorization request; and
- Informing the eQHealth nurse reviewer of the selected PPEC center.

Care Coordination: Follow-up Interaction with Parent or Legal Guardian

If the PDN authorization is scheduled to expire within the next 10 calendar days, and the parent/guardian has not confirmed the selected PPEC center, the eQHealth nurse reviewer:

- Obtains a status of the arrangements made to date;
- Provides additional education as needed and assistance as requested; and
- Reminds the parent or guardian that prior to expiration of the authorization a PPEC center needs to be selected.

Care Coordination: Nurse Review

The eQHealth nurse reviewer will review and evaluate all the information submitted by the PPEC center and the PDN provider and authorize:

- PPEC services for medically necessary hours; and
- Medically necessary “wraparound” PDN services, if appropriate.

eQSuite

<http://fl.eqhs.org>

eQSuite

- Proprietary, internally developed, eQHealth web-based software
- Secure HIPAA-compliant technology allowing providers to record and transmit the information necessary to obtain authorizations
- 24/7 access
- Rules driven functionality

All authorization requests must be submitted via eQSuite.

eQSuite

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

eQSuite Functions

- **Create New Reviews**
- **Respond to Requests for Additional Information**
- **Request a reconsideration of a denied request for authorization**
- **Online Helpline**
 - Create a New Helpline Request
 - View Response to Previous Request
- **Utilities**
 - Enter Discharge Dates
- **View and Print Reports**

eQSuite Functions

- **User Administrator**
 - only the designated System Administrator can view this option
- **Update My Profile**

Log on to eQSuite

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.

eQSuite Functions

Create New Review Respond to Add'l Info Online Helpline Utilities Reports Search Attachments Letters Respond to Denial Update My Profile User Administration Logoff

Provider Reports

Provider: 00020149 - Inpt Hospital

Select	I1	Inpatient Review Status for a Given Bene
Select	I2	Inpatient Status of In Process Reviews
Select	I3	Inpatient Assigned PAs
Select	I6	Non-Compliant Case List
Select	I7	Inpatient Web Review Request Printout
Select	M7	Outpatient Mental Health Web Review Request Printout
Select	O1	Outpatient Review Status for a Given Bene
Select	O3	Outpatient Assigned PAs
Select	T7	Therapy Web Review Request Printout

All Menu Options are found in both the side tab and across the top of the pages.

Create New Review

Select “Create New Review”

Start

Provider ID: Provider Name: Total Days Cert:
Last Day Cert:
Billing Start:

Choose Setting: Med/Surg Rehab

Review Type: PA#:

BBA adult HMO or Fee for Service Undocumented Non-Citizen N/A

Bene ID: Name: DOB: Sex:

Baby name: Baby's birth date:

Account #:

Physicians and Healthcare Practitioners

	Type	NPI #	Name	Phone #	Phone on File Correct?	Updated Phone
Edit	Attending				<input type="checkbox"/>	<input type="text" value="() - -"/>

Automated Administrative Screening

When the review request is entered in eQSuite, the system applies a series of edits to ensure that 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.

Automated Administrative Screening

Examples of situations that would cause a review request to be cancelled are:

- The individual is not eligible for Medicaid benefits.
- The recipient is over age 21 and the prior authorization request is for PPEC services.
- The request is a duplicate request.
- A prior authorization number has already been issued for the same request.

Submitting Service Information

- Submit a separate line item for each PPEC services HCPCS code.
- For the service requested, the *frequency* (days of the week) and the *duration* (number of weeks/months) must be provided.
- The frequency and duration of each service for which authorization is requested should not exceed 180 calendar days, the maximum allowable per Medicaid certification period.

Submitting Service Information

- When submitting clinical information, provide all information necessary to substantiate the medical necessity of PPEC services.
- eQHealth approves only services that are medically necessary.
- Only one prior authorization number (PA #) is issued per request.

Submitting Additional Information

Additional information may be submitted to eQHealth Solutions electronically for any review request that was originally submitted electronically and eQHealth made a formal request for additional information.

Cases Needing Add'l Info.																
	ReviewID	Request Date	Requestor Name	Bene ID	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			03/11/2011	00020149	Inpt Hospital			

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

Online Helpline

You can create a new request or view responses to previous requests from Online Helpline tool.

Online Helpline

MEMBERS

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 #: **Beneficiary #:** **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 # 600011 Receipt Date: 3/7/2011 2:07:32 PM Response Date: 3/9/2011 12:00:00 AM Pertaining to: Bene ID: 999999999 Admit Date: 3/3/2011 Question: InptTrainer - Bene and Admit Date 3/3/2011
Ticket # 600010 Receipt Date: 3/7/2011 2:04:39 PM Response Date: 3/9/2011 12:00:00 AM Pertaining to: Bene ID: 99999 Question:

Utilities

Enter the discharge date when service is completed.

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

Last Certified Date Range:   (120 day limit)

Last Name	First Name	Bene ID	Last Day Certified	Admit Date	Discharge Date
No records to display.					

Reports

A menu of currently available reports will be listed from which the user can choose.



The screenshot displays a web application interface. At the top, a dark brown navigation bar contains the following links: Create New Review, Respond to Add'l Info, Online Helpline, Utilities, Reports, Search, Attachments, Letters, Respond to Denial, Update My Profile, User Administration, and Logoff. Below this bar, a light brown header section is titled "Provider Reports". On the left side, there is a vertical sidebar with the word "MENU" written vertically. The main content area shows a white box with the text "Provider: 00020149 - Inpt Hospital". Below this text is a table with a light brown background and a white border. The table has three columns: a "Select" column with a small icon, a column with a number, and a column with a report title. The table contains the following rows:

Select	11	Inpatient Review Status for a Given Bene
Select	12	Inpatient Status of In Process Reviews
Select	13	Inpatient Assigned PAs
Select	16	Non-Compliant Case List
Select	17	Inpatient Web Review Request Printout
Select	M7	Outpatient Mental Health Web Review Request Printout
Select	01	Outpatient Review Status for a Given Bene
Select	03	Outpatient Assigned PAs
Select	T7	Therapy Web Review Request Printout

Reports

A print preview screen opens in Adobe Acrobat PDF

RPT: I2 Health Systems of Mississippi
Status of All In Process Certification Reviews

Print Date: 4/30/2009
Print Time: 02:52 PM

Provider: 00020149 STATE OF MISSISSIPPI-UNIVERSIT JACKSON, MS

Type	Receipt Date	Bene Number	First Name	Last Name	K Baby Name	Admit Date	Record Status	Patient Account #	HSM Tracking #
Admission	2/2/2000	203513453	PERRYEA	WILLIAMS		2/8/2000	Suspended		2194509
Admission	12/9/2004	602068811	ANTHONY	HUNT		12/7/2004	Cancelled		23293020
Admission	3/21/2006	100282827	MINNIE	MURRY		3/21/2006	At Intake		60149296
Admission	3/29/2006	1	Test	Bene			At Quality Review		60313615
Admission	4/4/2006	1	Test	Bene			Pended for Info		60338056
Admission	5/4/2006	1	Test	Bene	JONATHAN	5/4/2006	At Intake	9876543210	60310778
Admission	5/17/2006	306762079	LISA	INPATIENT			At Nurse Review		60383510
Admission	5/17/2006	306762079	LISA	INPATIENT		5/12/2006	At Nurse Review		60383554
Admission	5/19/2006	203947429	SHAMIA	ROBINSON			At Intake		60383885
Admission	6/19/2006	306031686	DENISE	WHITNEY			At Intake		60386306
Admission	6/30/2006	307092581	SHARRONDA	NEWMAN		6/28/2006	At Intake		24123972
Admission	6/30/2006	307088061	ISOLAR	ROGERS		6/27/2006	At Intake		24123981
Admission	7/3/2006	306031686	DENISE	WHITNEY			At Nurse Review		60394296
Admission	7/3/2006	306626833	SARAH	LANE		7/3/2006	At Intake		60394384
Admission	8/9/2006	116202794	RONALD	SHANNON		8/9/2006	At Intake		60383333
Admission	8/9/2006	116202794	RONALD	SHANNON		8/9/2006	At Intake		60309117
Admission	8/9/2006	116202794	RONALD	SHANNON		8/9/2006	At Intake		60441329
Admission	8/9/2006	720201089	GARY	GOLLOTT		8/9/2006	At Intake		60442894
Admission	8/18/2006	116597067	MARK	PEEPLES		8/21/2006	At Intake		60443292
Admission	8/22/2006	306762079	LISA	INPATIENT		8/22/2006	Pended for Info		60444639
Admission	8/30/2006	306762079	LISA	INPATIENT		8/31/2006	At Intake		60445744
Admission	9/9/2006	306762079	LISA	INPATIENT		9/6/2006	At Intake		60445683
Admission	10/9/2006	306762079	LISA	INPATIENT		10/10/2006	Pended for Info	1234567890123456	60451339
Admission	10/9/2006	306762079	LISA	INPATIENT		10/10/2006	At Intake		60451356
Admission	10/12/2006	309628202	SABRINA	EMFINGER		10/13/2006	At Intake		60451237
Admission	10/13/2006	309628202	SABRINA	EMFINGER		10/18/2006	At Intake		60451121
Admission	10/18/2006	309628202	SABRINA	EMFINGER		10/18/2006	Pended for Info		60451149
Admission	10/19/2006	309628202	SABRINA	EMFINGER	JOHNNY	10/19/2006	At Intake		60451529
Admission	10/19/2006	309628202	SABRINA	EMFINGER	MARIAN	10/19/2006	At Intake		60451546
Admission	10/24/2006	306762079	LISA	INPATIENT		10/25/2006	At Intake		60452780
Admission	10/25/2006	100	SYDNEY	SMITH		10/28/2006	At Intake		60453119
Admission	10/26/2006	306762079	LISA	INPATIENT		10/28/2006			60454202

Page 1 of 10

To print the report, click “print”.

<http://fl.eqhs.org>

Search

Click on “List” to view Partial Records - requests saved, but not yet submitted.

List Partial Records		Search By PA#	Search By Date	Search By Bene	Cases Needing Add'l Info.										
	ReviewID	Request Date	Requestor Name	Bene ID	First Name	Last Name	Request Type	Setting	PA #	eQHealth Case ID	Admit Date	Provider ID	Provider Name		
Open	60507735	01/05/2011	Pravin Bhosale	9999999999	Test Bene	Review	Admission	OP Therapy			01/01/2006	00020149	Inpt Hospital	Delete	Print
Open	60507792	01/05/2011	Kishore Gunturu	400	JULIE	SMITH	Modify Authorization	OP Therapy			11/01/2010	00020149	Inpt Hospital	Delete	Print
Open	60507903	01/06/2011	Assad Siddiqui	200	JANE	DOE	Retrospective	OP Therapy			12/27/2010	00020149	Inpt Hospital	Delete	Print
Open	60509396	01/13/2011	Tammie	100	SYDNEY	SMITH	Admission	Acute IP Med/Surg			01/10/2011	00020149	Inpt Hospital	Delete	Print
Open	60511085	01/28/2011	TAMMIE STEPHENS	500	JOHN	DOE	Admission	Acute IP Med/Surg			01/21/2011	00020149	Inpt Hospital	Delete	Print
Open	60511179	01/31/2011	VALENCIA ALEXANDER	315054621	ELISHA	ALLISON	Retrospective	Acute IP Med/Surg			01/15/2011	00020149	Inpt Hospital	Delete	Print
Open	60511219	02/01/2011	Raymond Merkel	1000	SALLY	SMITH	Admission	Acute IP Med/Surg			01/17/2011	00020149	Inpt Hospital	Delete	Print
Open	60511845	02/03/2011	TAMMIE STEPHENS	500	JOHN	DOE	Retrospective	Acute IP Med/Surg			01/17/2011	00020149	Inpt Hospital	Delete	Print
Open	60512188	02/02/2011	Marcus Welby	1000	SALLY	SMITH	Continued Stay	Acute IP Med/Surg	18013058		02/01/2011	00020149	Inpt Hospital	Delete	Print
Open	60512316	02/07/2011	Brad Littlefield	380829266	WILLIAM	BRADFORD	Continued Stay	Acute IP Rehab	18013061		02/07/2011	00020149	Inpt Hospital	Delete	Print
Open	60512347	02/07/2011	Brad Littlefield	380775883	ISAAC	BOLTON	Retrospective	Acute IP Med/Surg			02/05/2011	00020149	Inpt Hospital	Delete	Print
Open	60511165	01/31/2011	VALENCIA ALEXANDER	602548619	JAMES	HANGER	Continued Stay	Acute IP Med/Surg	18012976		01/30/2011	00020149	Inpt Hospital	Delete	Print
Open	60511205	02/01/2011	TAMMIE STEPHENS	1000	SALLY	SMITH	Admission	Acute IP Med/Surg			01/30/2011	00020149	Inpt Hospital	Delete	Print
Open	60511885	02/03/2011	TAMMIE STEPHENS	500	JOHN	DOE	Retrospective	Acute IP Med/Surg			01/10/2011	00020149	Inpt Hospital	Delete	Print

Search

Click on **“Search”** to view previously submitted review requests.

List Partial Records		Search By PA#		Search By Date		Search By Bene		Cases Needing Add'l Info.							
Enter a Beneficiary ID #, then click Search.															
Bene ID:		<input type="text" value="999999999"/>													
<input type="button" value="Search"/>															
	ReviewID	Request Date	Requestor Name	Bene ID	First Name	Last Name	Request Type	Setting	PA #	eQHealth Case ID	Admit Date	Provider ID	Provider Name		
Open	60516587	03/15/2011	Inpt Trainer	999999999	BENE	TEST	Admission	Acute IP Med/Surg			08/01/2005	00020149	Inpt Hospital		
Open	60473011	04/03/2009	PAM RIDDLE	999999999	BENE	TEST	Admission	Acute IP Med/Surg			07/04/2008	00020149	Inpt Hospital		
Open	60471205	03/06/2009	Pam	999999999	BENE	TEST	Maternity Delivery	Acute IP Med/Surg	18004277		03/01/2009	00020149	Inpt Hospital		
Open	60471214	03/06/2009	Pam	999999999	BENE	TEST	Admission	Acute IP Med/Surg			03/02/2009	00020149	Inpt Hospital		
Open	60472991	04/03/2009	PAM RIDDLE	999999999	BENE	TEST	Retro Short Stay	Acute IP Med/Surg			02/01/2009	00020149	Inpt Hospital		
Open	60473025	04/03/2009	PAM RIDDLE	999999999	BENE	TEST	Admission	Acute IP Med/Surg			12/25/2008	00020149	Inpt Hospital		
Open	60471259	03/06/2009	Pam	999999999	BENE	TEST	Admission	Acute IP Med/Surg	18004294		03/05/2009	00020149	Inpt Hospital		
Open	60472104	03/18/2009	Pam	999999999	BENE	TEST	Admission	Acute IP Med/Surg			03/18/2009	00020149	Inpt Hospital		
Open	60472118	03/18/2009	Pam	999999999	BENE	TEST	Admission	IP Psych			03/14/2009	00020149	Inpt Hospital		
Open	60472121	03/19/2009	Pam	999999999	BENE	TEST	Admission	Acute IP Med/Surg			03/16/2009	00020149	Inpt Hospital		
Open	60472135	03/19/2009	Pam	999999999	BENE	TEST	Admission	IP Psych	18004776		03/18/2009	00020149	Inpt Hospital		
Open	60472206	03/25/2009	PAM RIDDLE	999999999	BENE	TEST	Admission	OP Mental Health			03/21/2009	00020149	Inpt Hospital		

Attachments

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
- Create a barcoded fax cover sheet and fax the document to eQHealth.

Attachments

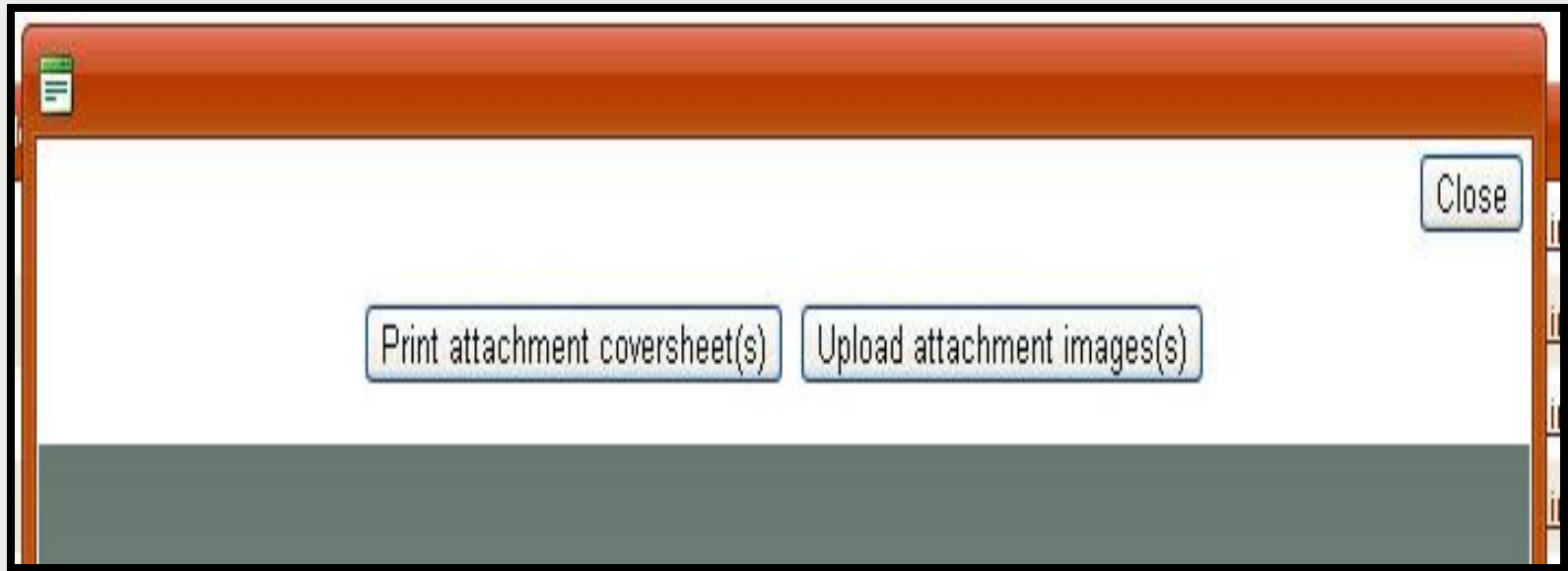
Click “**Link Attachments**” at the end of the review request line.

ReviewID	Bene ID	First Name	Last Name	Admit Date	TAN	KBaby Name	Account Number	Receipt Date	Record Status		
60487846	999999999	BENE	TEST	11/13/2009				06/23/2010	Awaiting Required Attachments	Open Review	Link Attachment
60490765	999999999	BENE	TEST	01/15/2010				06/23/2010	Awaiting Required Attachments	Open Review	Link Attachment
60497812	999999999	BENE	TEST	06/25/2010				06/23/2010	Awaiting Required Attachments	Open Review	Link Attachment

Documents may be uploaded after review submission by clicking here

Attachments

The following options will be displayed.



Click **“Upload attachment image(s)”** to directly link a digital image to the review request.

Attachments

Or, select “Print attachment coversheet(s)” to print or download the a barcoded fax coversheet.

The screenshot shows the eQHealth Solutions Attachments page. The main window displays a table of attachments with columns for ReviewID, Bene ID, First Name, and Last Name. A button labeled "Print attachment coversheet(s)" is visible. A pop-up window titled "eQHealth Solutions Fax Cover Page" is overlaid on the right side of the browser. The pop-up contains a barcode with the text "R-60497812 I-63" below it. Below the barcode, the following information is displayed:

Provider ID: 500
Provider Name: Home Health Provider
TAN:
Bene ID: 999999999
Bene Name: BENE Child R 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

All written correspondence from eQHealth will be available on the “**Letters**” menu option. Letters are grouped into three categories:

- In Process - letters generated prior to completion of an initial review, including the pend and suspend letters.
- Completed - initial review determination letters.
- Reconsideration - reconsideration outcome letters.

The screenshot shows a web interface for viewing letters. At the top, there are three tabs: "Completed", "In Process", and "Reconsiderations". Below the tabs, there are two date input fields labeled "Start Date" and "End Date", each with a calendar icon. A "Search" button is located below the date fields. At the bottom, there is a table with the following columns: "Admit Date", "Bene Last Name", "Bene First Name", "Bene ID", "Review ID", "PA #", and "eQHealth Case ID". The table currently displays the message "No records to display."

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

Letters

A list will display all reviews with a letter. Open the review or view all letters for a review by clicking on “View Letter”.

Completed **In Process** **Reconsiderations**

Admit Date:
Start Date: 
End Date: 

Admit Date	Bene Last Name	Bene First Name	Bene ID	Review ID	PA #	eQHealth Case ID		
10/07/2010	DOE	JANE	200	60501415			Open Review	View Letter
10/05/2010	WRIGHT	LISA	306762079	60501401			Open Review	View Letter
10/06/2010	WRIGHT	LISA	306762079	60501724	18010913		Open Review	View Letter

Letters

Click **“View Letter”** to see a list of all letters pertaining to the review.



The screenshot shows a window titled "Review Letter" with a table containing two rows of data. The table has three columns: "Letter Type", "Letter Date", and "View".

Letter Type	Letter Date	
Admin info requested	10/07/2010	View
Review Suspended	10/21/2010	View

Select the letter you want to see by clicking **“View”**. You can print the letter or save it to your computer.

Respond to Denial

If there is an adverse determination for a review request, you can request a Peer to Peer Reconsideration by clicking on **“Respond to Denial”**.

ReviewID	Review Complete Date	Bene ID	First Name	Last Name	PA#	eQHealth Case ID	Init Service Date		
60513152	02/15/2011	200	JANE	DOE			02/16/2011	Open Review	Link Recon Request
60513413	02/15/2011	200	JANE	DOE			02/01/2011	Open Review	Link Recon Request

Respond to Denial

Start	DX CODES/ITEMS	DATES	HISTORY	DC PLAN	FUNCTIONING	GOALS
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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

Update My Profile

Change your password or update your contact information by selecting **“Update My Profile”**.

UserID: 95736	
User Name:	<input type="text" value="InptTrainer"/>
First Name:	<input type="text" value="Your Name"/> Allow to view provider letters?: <input checked="" type="checkbox"/>
Last Name:	<input type="text" value="Your Name"/> Allow to view physician letters?: <input type="checkbox"/>
Password:	<input type="password" value="*****"/> Phone Number: <input type="text" value="(123) 456-7899"/>
Email:	<input type="text" value="your_email@Your_office"/> Extension: <input type="text" value="1234__"/>
InactiveDate:	<input type="text"/> 
Save Changes	

User Administration

Each provider/group will have 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

Example:


Add New User

	UserID	User Name	Inactive DT	Phone	Extension	Added DT	Last Edit DT	Email
Edit	106	ewall		2259266353	123456	6/18/1997 4:19:09 PM	9/21/2010 3:40:10 PM	ewall@lhcr.org
Edit	107	tstephens		2252487026	3226	6/18/1997 4:19:19 PM	2/23/2011 12:24:14 PM	tstephens@lhcr.org
Edit	110	valexander2		2259266353		7/3/2007 11:17:51 AM	11/29/2010 3:08:16 PM	valexander@lhcr.org
Edit	333	testI				6/29/2007 9:54:31 AM	10/31/2008 9:37:42 AM	sfu@lhcr.org
Edit	90004	yyang2	1/10/2009 12:00:00 AM	6013604942		6/18/1997 4:19:34 PM	12/22/2008 8:42:19 AM	yyang@lhcr.org
Edit	94821	xmainhosp	7/2/2009 12:00:00 AM	6013604942		6/19/2007 9:28:05 AM	7/1/2009 11:33:23 AM	janedoe@state of mississippi
Edit	94822	xsbullo		6018153079		8/6/2002 9:10:22 AM	3/1/2007 1:47:23 PM	
Edit	94823	xshowar		6013604942	4942	7/17/2001 10:28:30 AM	7/1/2009 11:26:07 AM	bpolkhsomorg
Edit	94849	xxmelindaw		6013604942		11/29/2001 11:23:17 AM	12/22/2008 7:39:03 PM	bpolk@hsom.org
Edit	94861	xxtester901		2259266353	1234	2/23/2005 2:09:35 PM	11/9/2009 9:51:08 AM	yyang@lhcr.org

K < 1 2 3 4 5 6 7 8 9 10 ... > > Page size: 10 127 items in 13 pages


User Administration

Click on “add new user” to add a user and/or assign access.

User Name:	<input type="text" value="At least 6 chars. lower case."/>	Allow to run reports?:	<input type="checkbox"/>
First Name:	<input type="text"/>	Allow to enter requests?:	<input type="checkbox"/>
Last Name:	<input type="text"/>	Allow to view provider letters?:	<input type="checkbox"/>
Password:	<input type="password"/>	Allow to view physician letters?:	<input type="checkbox"/>
Email:	<input type="text"/>	Phone Number:	<input type="text" value="() _- _"/>
InactiveDate:	<input type="text"/> 	Extension:	<input type="text"/>
Save Changes		Back to User List	

User Administration

Click **“Edit”** on the record to change a user’s information or access.

User Name:	<input type="text" value="At least 6 chars. lower case."/>	Allow to run reports?:	<input type="checkbox"/>
First Name:	<input type="text"/>	Allow to enter requests?:	<input type="checkbox"/>
Last Name:	<input type="text"/>	Allow to view provider letters?:	<input type="checkbox"/>
Password:	<input type="password"/>	Allow to view physician letters?:	<input type="checkbox"/>
Email:	<input type="text"/>	Phone Number:	<input type="text" value="() -"/>
InactiveDate:	<input type="text"/> 	Extension:	<input type="text"/>
Save Changes		Back to User List	

Getting Started

Obtain logons for eQSuite, the eQHealth proprietary web based utilization management application.

1. Complete the Provider Contact Form:
 - Assign an “Assigned eQHealth Liaison” and “System Administrator” for your facility.
2. Attend an eQSuite webinar training.
3. Assign logons to staff.

Getting Started

1. Complete the Provider Contact Form:

- Download the form at <http://fl.eqhs.org>
- “Assigned eQHealth Liaison”
 - Main contact for eQHealth
 - Receives provider alerts and other correspondence
- “System Administrator”
 - Person responsible for management of eQSuite user access for facility staff
 - This person need not be an IT staff member
 - The system administrator will receive e-mail notification of the user ID and password

The form must be signed by the CEO or Administrator before returning it to eQHealth.

Return the Completed form to eQHealth:

- *Fax* the completed form to, 855-440-3747 or,
- *Scan* and email the completed form to pr@eqhs.org

Getting Started

2. Attend an eQSuite Webinar

- Webinars are scheduled for the month of October 2011.
- The training schedules and registration forms are available on <http://fl.eqhs.org>.

3. Assign logons to staff

PROVIDER OUTREACH, EDUCATION AND TECHNICAL ASSISTANCE

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 Outreach & Education Team

- Manager of Provider Outreach & Education
- Four Provider Outreach & Education Representatives
- Customer Service Representatives

Bilingual in English-Spanish

Provider Communications

- Blast Fax Provider Alerts
Contact ncalvert@eqhs.org to be added to distribution list
- Dedicated Florida website: <http://fl.eqhs.org>
- Customer Service:
 - 855-444-3747
 - 8:00 a.m. to 5:00 p.m. ET, Monday - Friday
(except State observed holidays)
- Secure, HIPAA compliant, online inquiries via the eQSuite helpline module

NOTE: 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
- Training and webinar registration
- Service specific provider handbooks
- eQSuite user manuals
- Frequently asked questions
- Important announcements and updates
- Downloadable forms
- Links to other pertinent websites

Provider Outreach & Support

Telephonic and On-site Technical Assistance

- Customer Service toll-free number
- eQSuite helpline module
- Individualized assistance provided by regionally assigned Provider Outreach and Education Representatives

Authorization Transition

- Medicaid Service Authorization (SA) Nurses will continue to authorize all new services for requests received prior to COB 10/31/11.
- eQHealth will process all new and continued stay requests beginning 11/1/11.
- Any continued stay requests with a begin date of 10/15/11 through 10/31/11 will be administratively approved at the same level by the SA nurses for 30 days for transitional purposes.

eQsuite is available to PPEC providers on 10/21/11.

QUESTIONS AND ANSWERS

TRAINING EVALUATION

*Your feedback is important to us.
Please complete the evaluation
included in your packet.*