PRIOR AUTHORIZATION OF ELECTIVE PROCEDURE-CORONARY ARTERY BYPASS GRAFT(CABG)

eQSuite® User Guide

Introduction

This user guide is intended to provide guidance for submitting prior authorization review requests through our web-based system, eQSuite®.

The following will be explained in detail :

- **Overview of System Features**
- **System Requirements**
- **Who Can Access eQSuite®?**
- **Review Submission Timeframe**
- **Getting Started**
- **User Log In**
- **eQSuite® Homepage**
- **Start Tab**
- **Physician Contact Information**
- **DX/Proc Tab**
  - **Search Function (DX/Proc Tab)**
- **Findings Tab**
- **Summary Tab**

Overview of System Features

- 24/7 accessibility to submit review requests to eQHealth via Web.
- Secure transmission protocols that are HIPPA security compliant.
- Easy to follow data entry screens.
- System access control for changing or adding authorized users.
- A reporting module that allows hospitals to obtain real-time status of all reviews.
- Rules-driven functionality and system edits to assist Providers through immediate alerts such as when a review is not required or a field requires information.
- An helpline module for providers to submit queries.
- Electronic submission of additional information needed to complete a review request.

System Requirements

» To access eQSuite ®, the following hardware and software requirements must be met:

- ❖Computer with Intel Pentium 4 or higher CPU and monitor
- ❖Windows XP SP2 or higher
- ❖1 GB free hard drive space
- ❖512 MB memory
- ❖Broadband Internet connection

»eQSuite™ requires internet browsers that support HTML5 as well as the latest W3C standards.

»eQHealth supports the current version and the two prior major releases of any of the following browsers:

- ❑*Chrome*
- ❑ *Firefox*
- ❑*Internet Explorer*
- ❑ *Safari*

»The following browsers and their predecessors will no longer be supported: Firefox 3.5, Internet Explorer 7, and Safari 3

Who Can Access eQSuite®?

- Existing Web Account
  - Log into eQSuite® using your existing username and password.
- New Users: Register for a Web Account
  - Hospitals must elect a Web Administrator to have access to eQSuite®. This person will be responsible for creating user IDs and assigning access rights.

NOTE : If a hospital does not have a Web Administrator, a *Hospital Contact Form* will need to be completed.

Review Submission Timeframe

- Prior authorization review is required for elective procedures subject to review on HFS' Attachment F scheduled on and after April 1, 2014.
- A Request for prior authorization review must be submitted *a minimum of three business days up to a maximum of 30 calendar days* prior to the proposed date of the procedure.

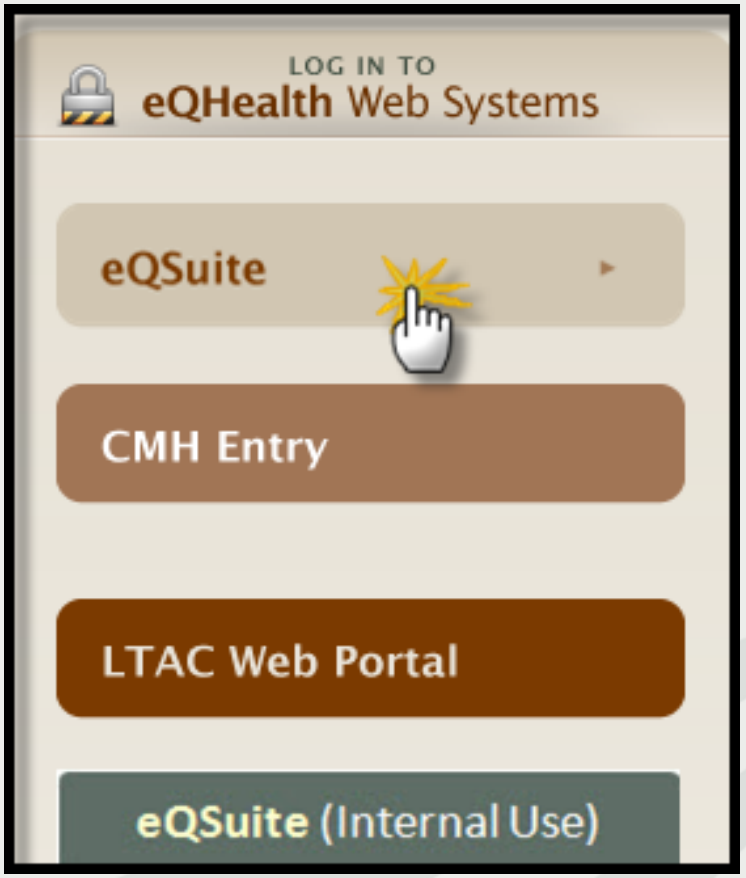
Exceptions to Prior Authorization Review

- A participant's eligibility was backdated to cover the hospitalization.
- Medicare Part A coverage exhausted while the patient was in the hospital, but the hospital was not aware that Part A exhausted.
- Discrepancies associated with the patient's Managed Care Organization (MCO) enrollment occurred at the time of admission.
- Other – the hospital must provide narrative description.

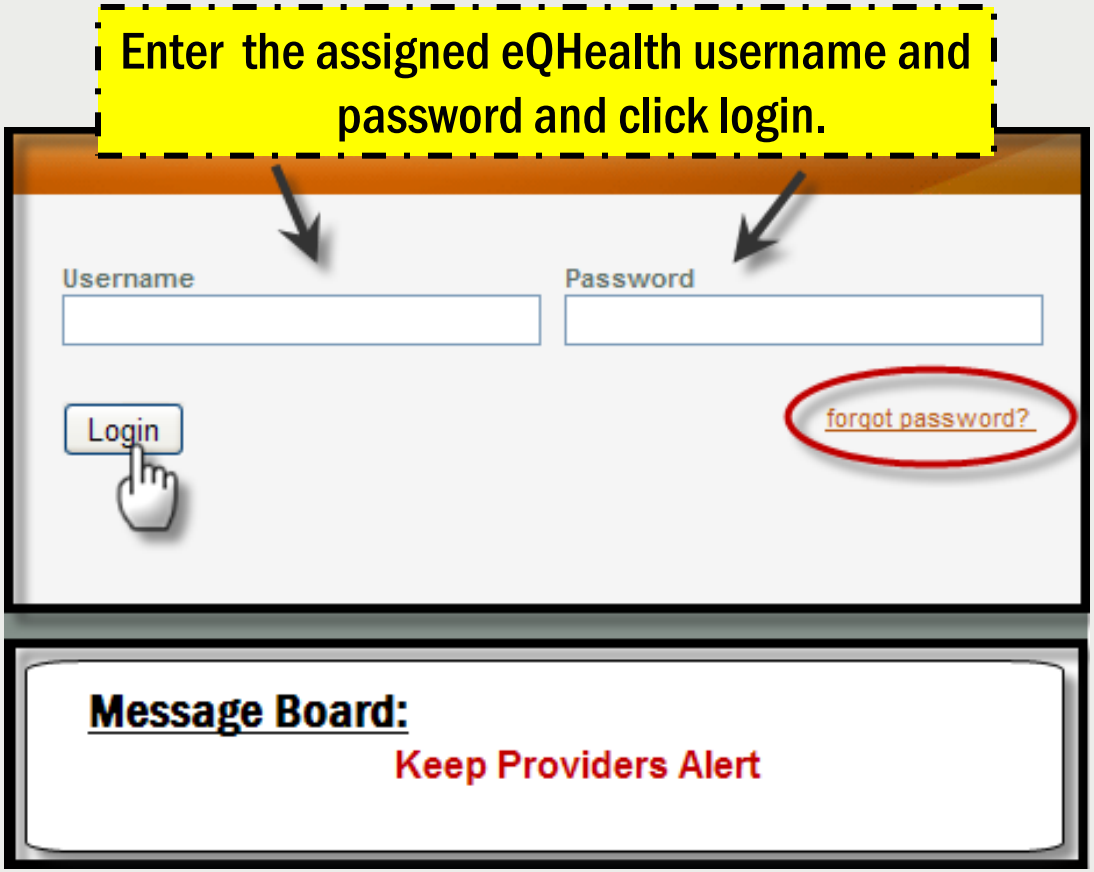
Getting Started

Access to eQSuite®

- eQSuite is accessed through our website: il.eqhs.org
- From the homepage, scroll down to the bottom right side of screen.
- Click on the first link located under eQHealth Web Systems (as shown).



User Log In



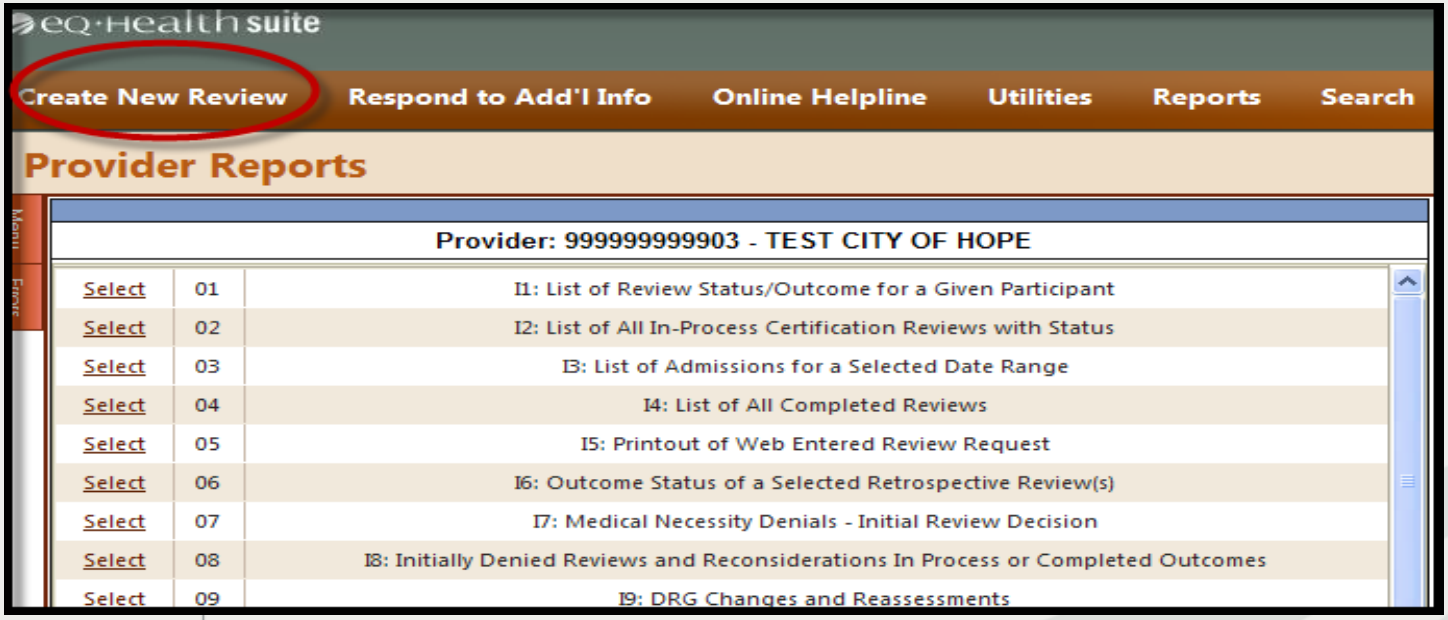
Forgot Password?

- Click on ***forgot password-*** you will be instructed to enter your username to receive a temporary password.
- Once logged in, follow directions to reset your password.

Message Board- check on the logon screen for important messages regarding the Web.

eQSuite® Homepage

- Once the system has been accessed, the Provider Reports menu will appear if you have been given authority by your Web Administrator to run reports.
- To begin the review process, click ***Create New Review*** from the menu bar.



Start Tab

- Once you click ***Create New Review*** , the start tab will appear first.
- All pertinent information to start the review process is entered on this screen. **This includes:**
  - Provider ID and Provider Name
  - HFS Attachment Type
  - Patient information
  - Physician contact information

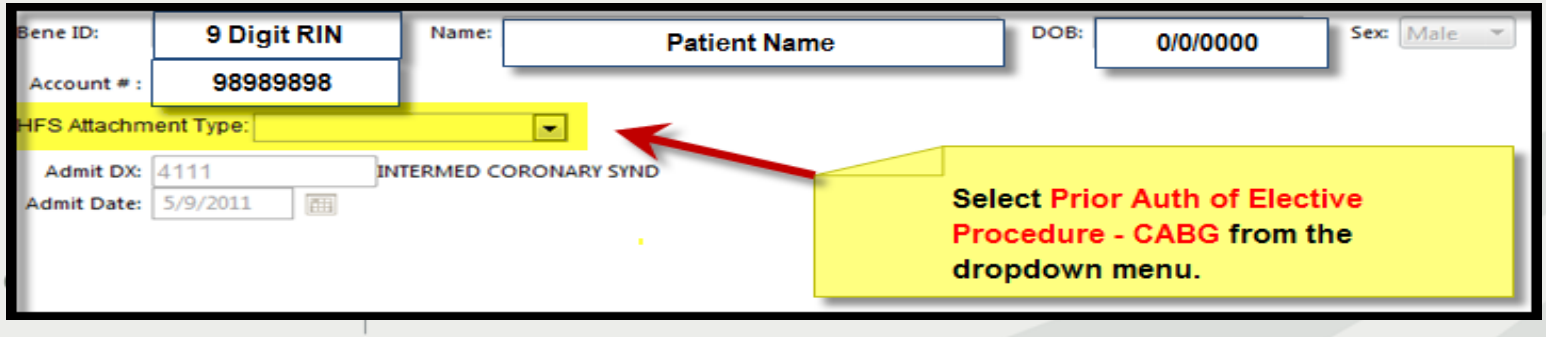
Start Tab (continue)

Begin Review:

1. Provider ID and Name automatically populates according to the username entered
2. Select setting: *Skip*-not applicable to prior authorization review
3. Review Type*: Skip*-not applicable to prior authorization review
4. Skip *TAN*-not applicable to prior authorization review
5. Click **Retrieve Data** to proceed with the review request

Start Tab (continue)

- **Bene ID** (also know as RIN)**:** Enter the 9 digit recipient identification number.
  - Hit *tab* on your keyboard to populate the name, DOB and sex . Verify the information is correct. If there is a discrepancy, cancel the review and call the Medicaid Eligibility Line.
- **Account #:** this is an optional field. If you have a hospital account number it may be entered for your convenience.
- **HFS: Attachment Type :** See below.
- **Admit DX:** Enter the ICD-9-CM admitting diagnosis code and hit *tab* on your keyboard.
  - Diagnosis descriptor will appear.
- **Admit Date:** Enter the patient's proposed admission date.
  - Enter date manually or by clicking on the calendar icon.



Start Tab (continue)

- **Category of Service:** Select 20 Med/Surg
- **3 Day Emergency Admin(Prov Type30):** SKIP- not applicable to prior authorization review

Start Tab (continue)

Physician Contact Information

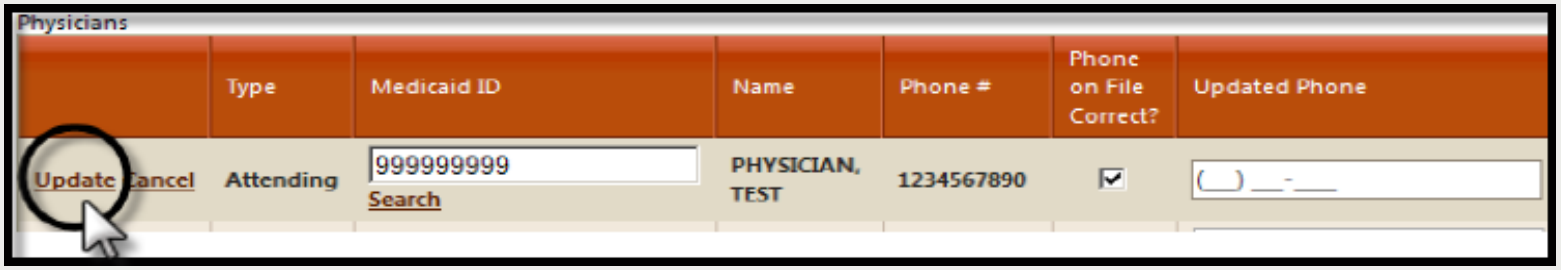
1. Click ***edit*** *to enter the attending physician's Illinois License Number.*

2. Enter the Physician's Medicaid # and hit ***tab*** to auto-populate name and phone number **or** click ***search*** to look up the physician.

NOTE: If the physician is not listed, cancel the review and call our certification line to request a temporary physician ID.

Start Tab (continue)

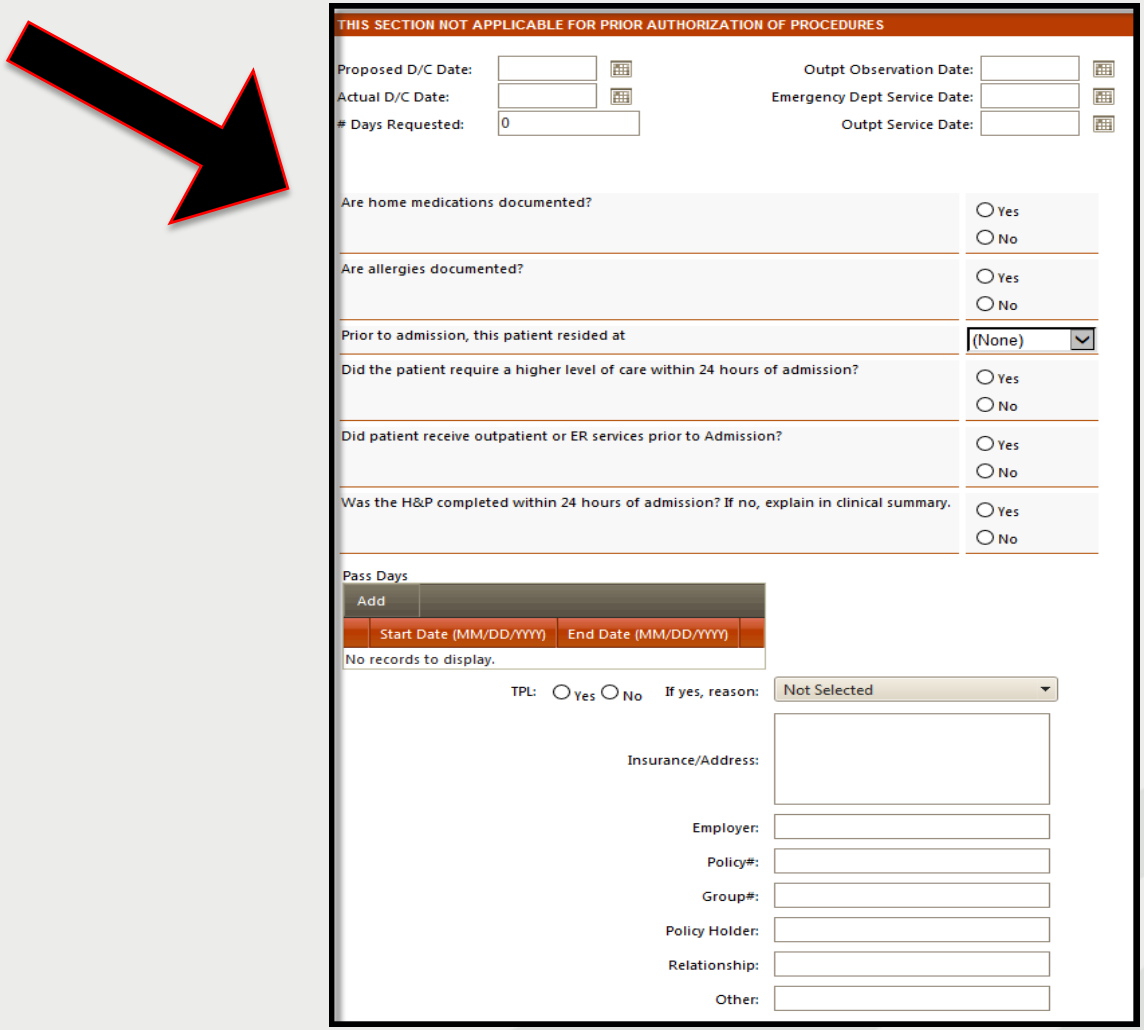
3. Use your mouse to check the **Phone on File Correct ?** box **or** fill in the ***Update Phone*** field with current number.



4. Click ***update*** to store the attending physician's contact information into the grid.

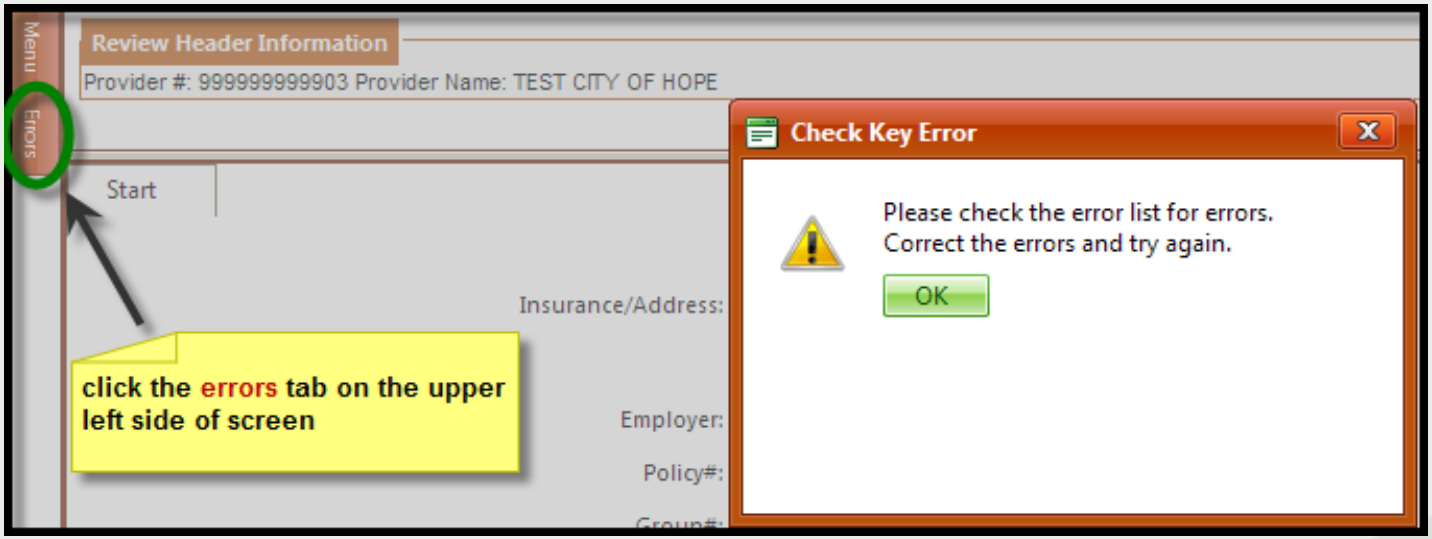
IMPORTANT: If there is a treating physician, add their contact information as well. This is important for peer-to-peer conversation.

This section is not applicable to prior authorization review, please SKIP. Click *Check Key* at the bottom of the screen to proceed.



Start Tab (continue)

- The check key performs an eligibility check, searches for duplicate entries and confirms the procedure code is subject to review.
- If the system detects an error, a message will appear.

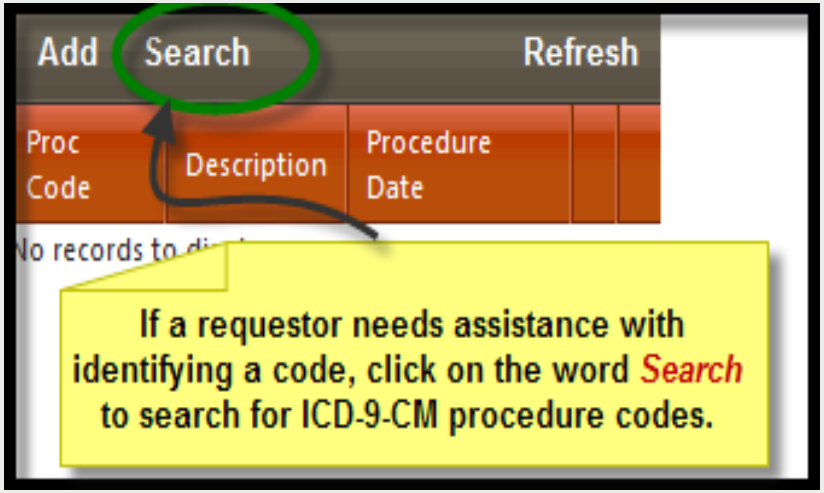


- Rectify errors and click ***CHECK KEY*** or ***CANCEL***.

DX/PROC Tab

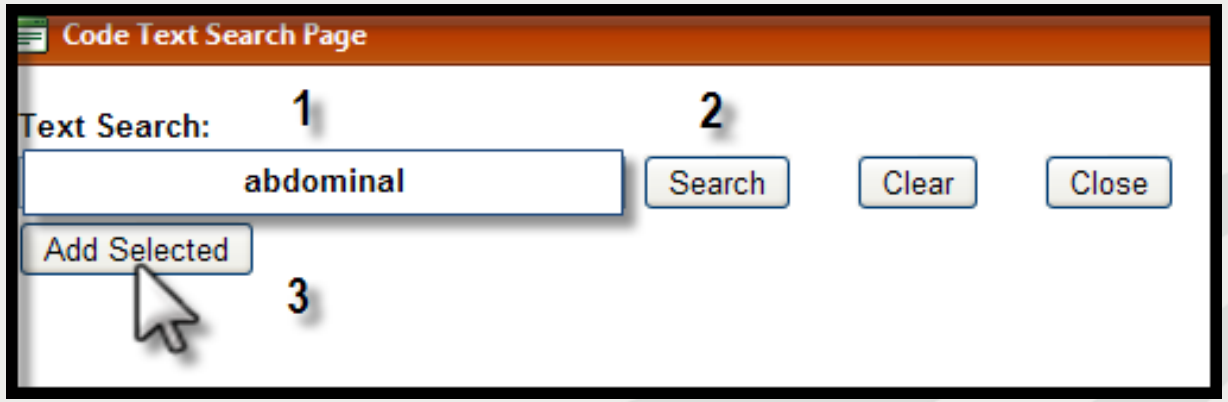
- **DX Code grid:** the admitting diagnosis code entered on the start tab will be automatically stored inside the grid.
- **Procs Code grid:** This information is required. Enter the ICD-9-CM procedure code(s) and the scheduled procedure date. The codes associated with CABG procedures must be listed on *HFS' Attachment F* list. Enter procedure code(s) by clicking on the word ***add***.

Search for ICD-9 CM Codes



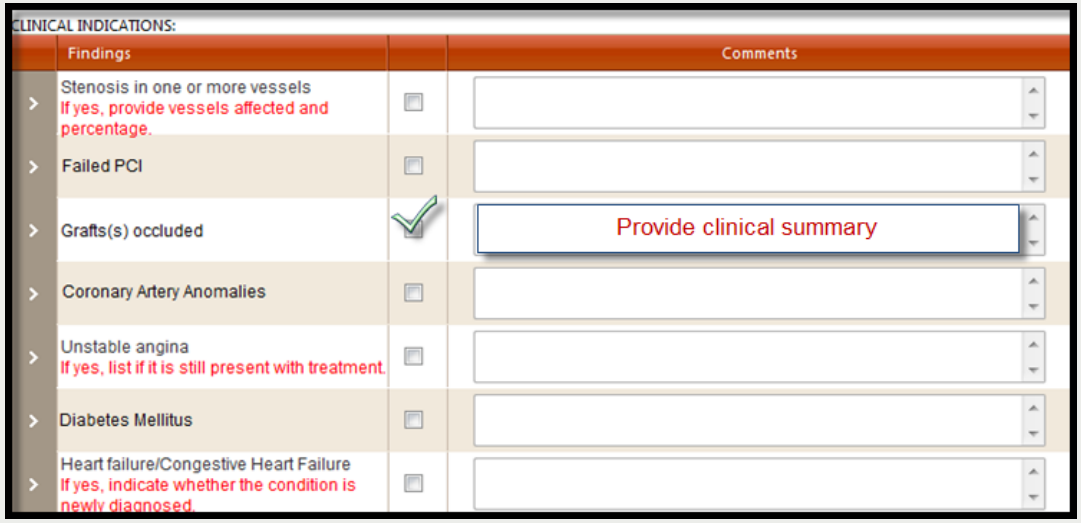
» The **Code Text Search Page** will appear (as shown below).

1. Type in a key word.
2. Click search. A list of procedure codes will appear. Find the code and click select.
3. Click ***Add Selected*** to insert the code inside the grid.



Findings Tab

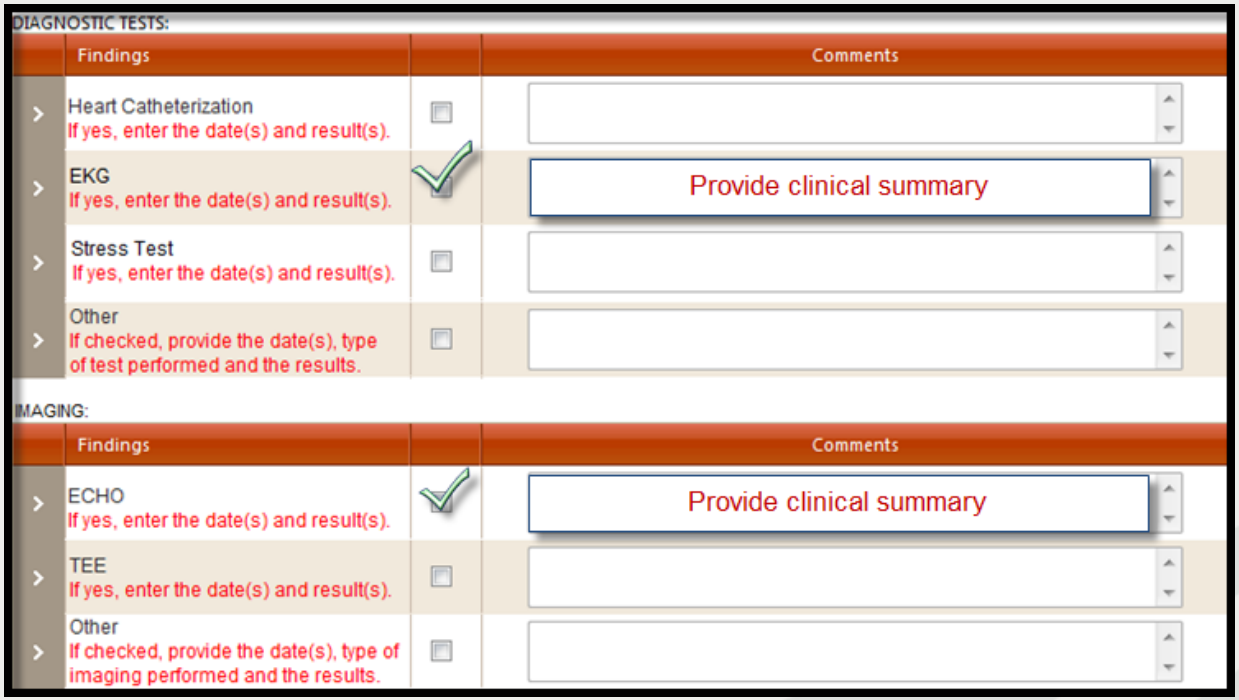
- **Clinical Indications-**Mark the appropriate clinical indications for the planned procedure.



- **Previous Treatments-** List results of any treatments not described in clinical indications section.

Findings Tab (continue)

» **Labs/Studies/Tests/X-Ray/Imaging-** Enter date and results of pertinent labs, studies, tests, x-rays and imaging that might be necessary to complete prior authorization review.

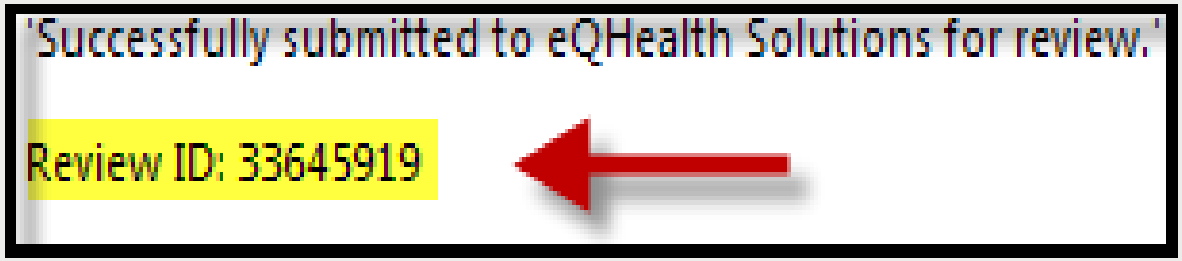


Summary Tab

- Provide additional information needed to complete prior authorization review.
- **It is not necessary to repeat any information previously documented**.
- Click ***Submit for Review*** at the bottom of the screen to submit review**.**

Completed Review

The following message will appear once the review has been submitted:



»A Review ID will be assigned; this is *not a certification (TAN). Record the number for tracking purposes and to run report17:Web Review Request Printout.*