



DRG-REIMBURSED ADMISSION REVIEW REQUEST eQSuite® User Guide

Introduction

This user guide is intended to provide guidance for submitting DRG-reimbursed admission and continued stay review requests through our web-based system, eQSuite®.

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 adding or inactivating 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 questions online
- » Electronic submission of additional information needed to complete a review

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.

» eQSuite® supports the two most current versions of these browsers:

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

Who Can Access eQSuite®?

» If you have an existing Web account

- ➡ Log into eQSuite® using your existing username and password.
 - Your username and password are unique (by Provider ID) .
 - If you conduct review for 2 hospitals or your Med/Surg and Psych departments have different HFS Provider IDs - *you need a different username for each*

» New Users: Register for a Web account

- ➡ Check with your Case Management department. The majority of hospitals already have an assigned eQHealth Web Administrator. This person is responsible for creating user IDs and assigning access for eQSuite.

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

Review Submission Timeframe

- » Admission requests must be submitted *within 24 hours after admission or shortly thereafter while the patient is in house.*
- » *Short stay admissions (weekend) of 3 days or less post-discharge must be submitted within 7 days of d/c date. This does NOT include Detoxification admissions.*
- » *DETOX admissions must be submitted within 24 hours of admission. Weekend detox admissions must be submitted to eQHealth by 12:00 noon, the next business day.*

Exceptions to Concurrent Review

- » A participant's Medicaid 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: <http://il.eqhs.org>
- » From the homepage, scroll down to the bottom right side of screen.
- » Click on the first eQSuite link located under eQHealth Web Systems (as shown).



User Log In

Enter the assigned eQHealth username and password and click login.

Username

Password

Login

[forgot password?](#)

Message Board:
Keep Providers Alert

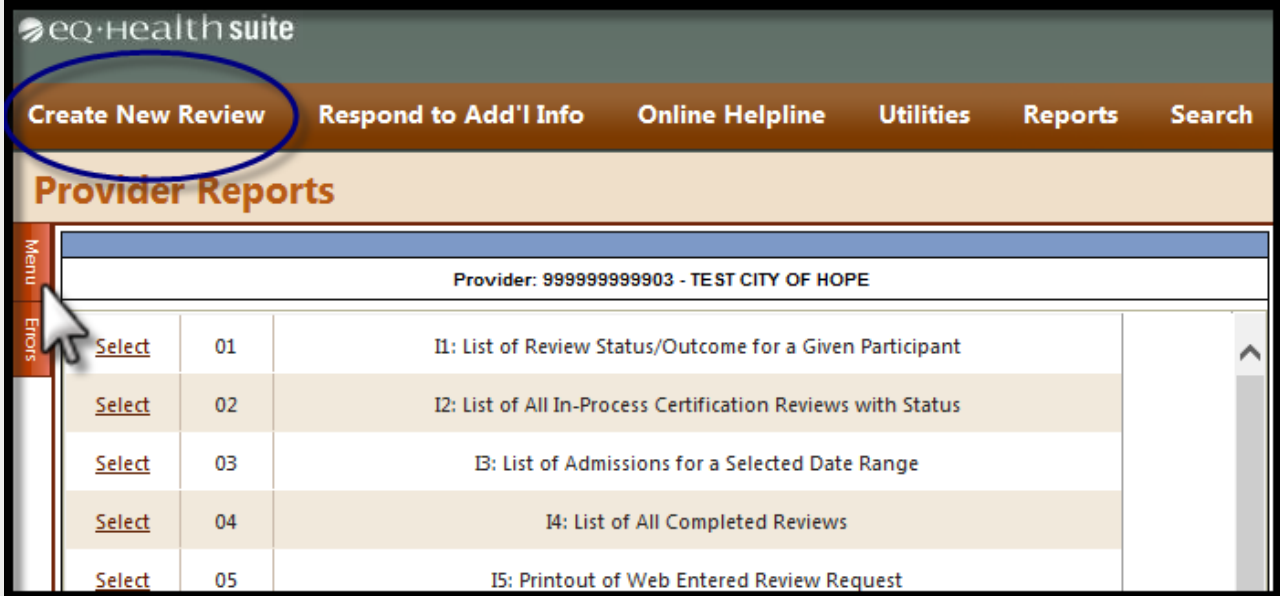
Forgot Password?

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

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, click **Create New Review** from either the menu bar or the sidebar located on the left side of the screen.



The screenshot displays the eQSuite homepage. At the top, the logo 'eQ·Healthsuite' is visible. Below it is a navigation bar with several options: 'Create New Review' (circled in blue), 'Respond to Add'l Info', 'Online Helpline', 'Utilities', 'Reports', and 'Search'. The main content area is titled 'Provider Reports' and shows a table of review options for a specific provider: '999999999903 - TEST CITY OF HOPE'. The table has five rows, each with a 'Select' link, a number (01-05), and a description of the report.

Provider: 999999999903 - TEST CITY OF HOPE		
Select	01	I1: List of Review Status/Outcome for a Given Participant
Select	02	I2: List of All In-Process Certification Reviews with Status
Select	03	I3: List of Admissions for a Selected Date Range
Select	04	I4: List of All Completed Reviews
Select	05	I5: Printout of Web Entered Review Request

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. **You need the following information:**
 - HFS Attachment Type (i.e. HFS Attach B or C)
 - Patient Medicaid ID (RIN/BENE)
 - Inpatient admission date
 - Admitting Dx ICD10 Code (**no decimal**)
 - Physician ID and contact information
 - TPL (Third Party Insurance)

Start Tab (continue)

Begin Review:

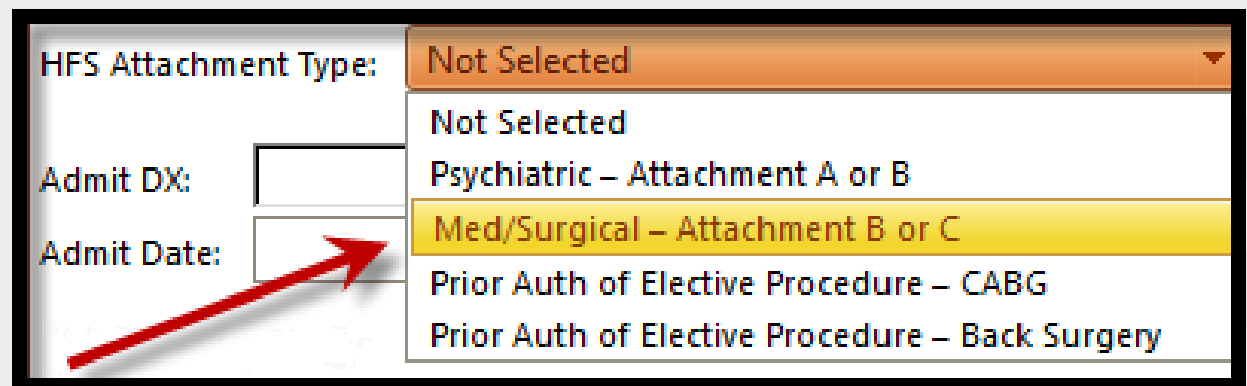
1. Provider ID and Name automatically populates according to the username entered.
2. Select setting: Med/Surg is pre-populated
3. Review Type: Admission is pre-populated
4. Skip *TAN*- only applicable for discharge (cont stay) review
5. Click **Retrieve Data** to proceed with the review request

The screenshot shows a web interface for starting a review. The title is 'Start'. Below it is a section titled 'Review Type and Settings'. The form contains the following elements:

- Provider ID: 12 Digit ID
- Provider Name: ABC Hospital
- Choose Setting: Med/Surg
- Review Type: Admission (dropdown menu)
- TAN: (empty text box)
- RETRIEVE DATA (button, circled in black with a red arrow pointing to it)

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 #:** Optional. If you have a hospital account number, enter it here.
- » **HFS Attachment Type : Select:** *Med/Surgical-Attachment B or C*, as shown below.



HFS Attachment Type:

Admit DX:

Admit Date:

Not Selected

Psychiatric – Attachment A or B

Med/Surgical – Attachment B or C

Prior Auth of Elective Procedure – CABG

Prior Auth of Elective Procedure – Back Surgery

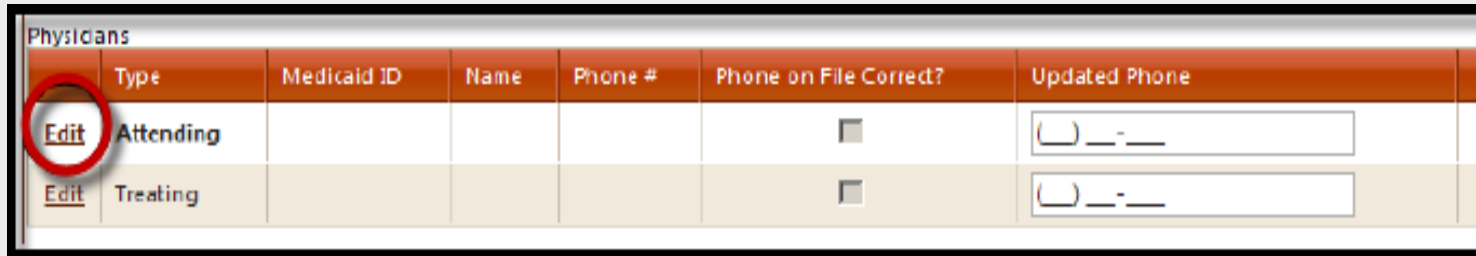
Start Tab (continue)

- » **Admit DX:** Enter the ICD-10-CM admitting diagnosis code (no decimal) and hit *tab* on your keyboard. Diagnosis descriptor will appear. Check this dx, **you cannot change after you leave this page.** *If incorrect, type in correct Adx and hit tab key.*
- » **Admit Date:** Enter the patient's *inpatient* admission date. The admit date *cannot* be a future date.
 - Enter date manually or by clicking on the calendar icon.
 - Double check this date, **you cannot change after you leave this page.**
- » **Category of Service: Billing COS** Select 20 Med/Surg
- » **3 Day Emergency Admin(Prov Type30):** **SKIP if not applicable**

Start Tab (continue)

Physician Contact Information

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



The screenshot shows a table titled "Physicians" with the following columns: Type, Medicaid ID, Name, Phone #, Phone on File Correct?, and Updated Phone. There are two rows. The first row is for an "Attending" physician, and the second row is for a "Treating" physician. In the first row, the "Edit" button is circled in red. The "Updated Phone" column contains a text input field with a placeholder "() _ - _".

Type	Medicaid ID	Name	Phone #	Phone on File Correct?	Updated Phone
Attending				<input type="checkbox"/>	() _ - _
Treating				<input type="checkbox"/>	() _ - _

2. Enter the physician's 9-digit license # and hit **tab** to auto-populate name and phone number **OR** click **search** to look up physician.



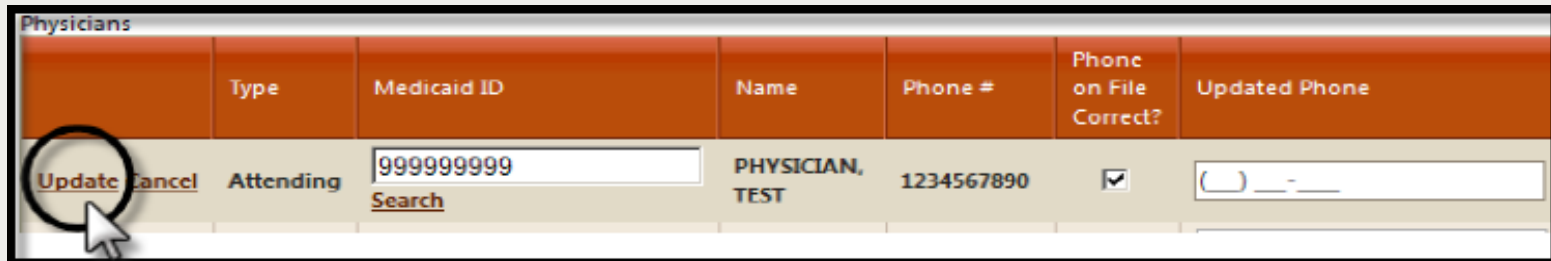
The screenshot shows the "Physicians" table with a form below it. The form has a "Type" dropdown set to "Attending", a "Medicaid ID" input field, a "Search" button circled in red, and a "Phone on File Correct?" checkbox. A black arrow points from the "Search" button to the "Medicaid ID" field. The "Updated Phone" column contains a text input field with a placeholder "() _ - _".

Type	Medicaid ID	Name	Phone #	Phone on File Correct?	Updated Phone
Attending				<input type="checkbox"/>	() _ - _

NOTE: If the physician is not listed, cancel the review and submit an online helpline ticket to request a temporary physician ID. Once you receive the TPxxxx number, you may use it as the Medicaid ID to submit web review.

Start Tab (continue)

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



The screenshot shows a table titled "Physicians" with the following columns: Type, Medicaid ID, Name, Phone #, Phone on File Correct?, and Updated Phone. The first row contains the following data: Type: Attending, Medicaid ID: 999999999, Name: PHYSICIAN, TEST, Phone #: 1234567890, Phone on File Correct?: , Updated Phone: () _-_. The "Update" button is circled in black, and a mouse cursor is pointing at it.




Type	Medicaid ID	Name	Phone #	Phone on File Correct?	Updated Phone
Attending	999999999	PHYSICIAN, TEST	1234567890	<input checked="" type="checkbox"/>	() _-__

- Click ***Update*** on left to store the attending physician's contact information into the grid.

IMPORTANT: If there is a treating physician covering for the attending the day you are submitting review, add their contact information as well. This is important for peer-to-peer conversation.

Start Tab (continue)

- » Enter **Actual Discharge Date (only when applicable)**
 - ➡ On short-stay admission of 3 days or less, post-discharge (*not for Detox*)
 - ➡ On a continued stay review (i.e. d/c review) for DRG hospitalizations
- » Enter the **# of Days Requested (for this request)**.
 - ➡ For DRG reimbursed hospital admissions, always enter in “1”.

Proposed D/C Date:	<input type="text"/>	
Actual D/C Date:	<input type="text"/>	
# Days Requested:	<input type="text" value="1"/>	

Start Tab (continue)

Quality Screening Questions

- » Answer YES or No for all quality screening questions. These questions are required.

Are home medications documented?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Are allergies documented?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Prior to admission, this patient resided at	Home <input type="button" value="v"/>
Did the patient require a higher level of care within 24 hours of admission?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Did patient receive outpatient or ER services prior to Admission?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Was the H&P completed within 24 hours of admission? If no, explain in clinical summary.	<input checked="" type="radio"/> Yes <input type="radio"/> No

Start Tab (continue)

**Psychiatric
pass days –skip
not applicable** →

Pass Days

Add

Start Date (MM/DD/YYYY)	End Date (MM/DD/YYYY)
No records to display.	

TPL: Yes No If yes, reason:

Insurance/Address:

Employer:

Policy#:

Group#:

Policy Holder:

Relationship:

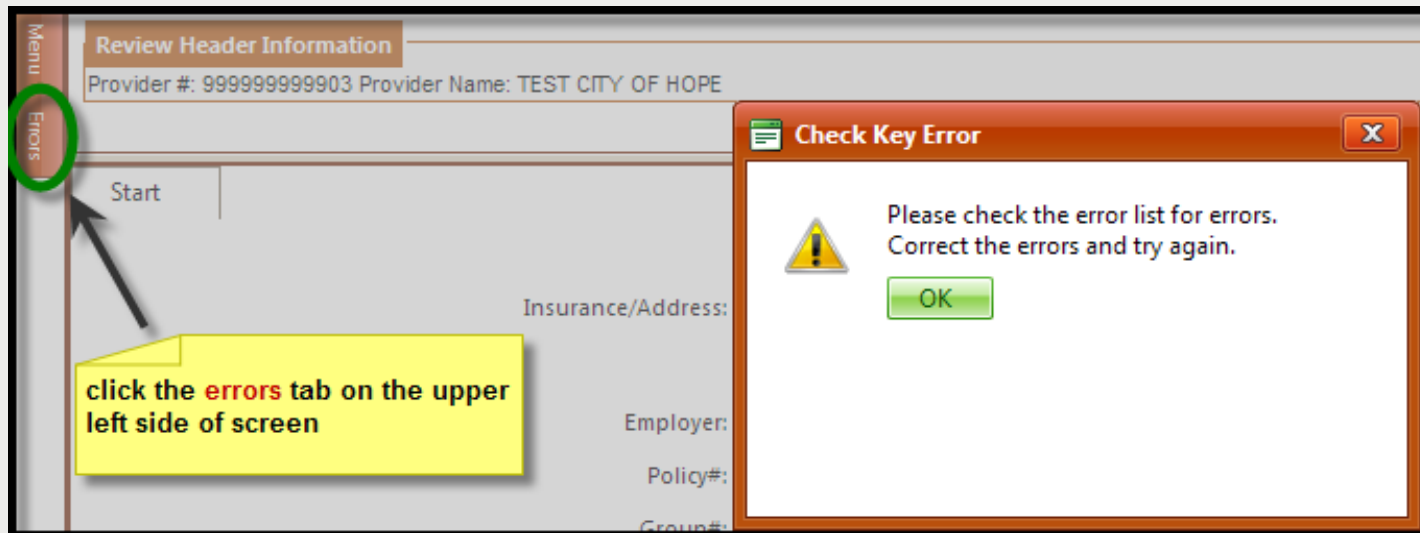
Other:

**If patient has other medical cover-
ENTER COVERAGE INFORMATION
HERE**

Not Selected
Not Selected
Fall
Private Insurance
Medicare Part A or Part B
Motor Vehicle Accident
Other
Workmans Compensation

Start Tab (continue)

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

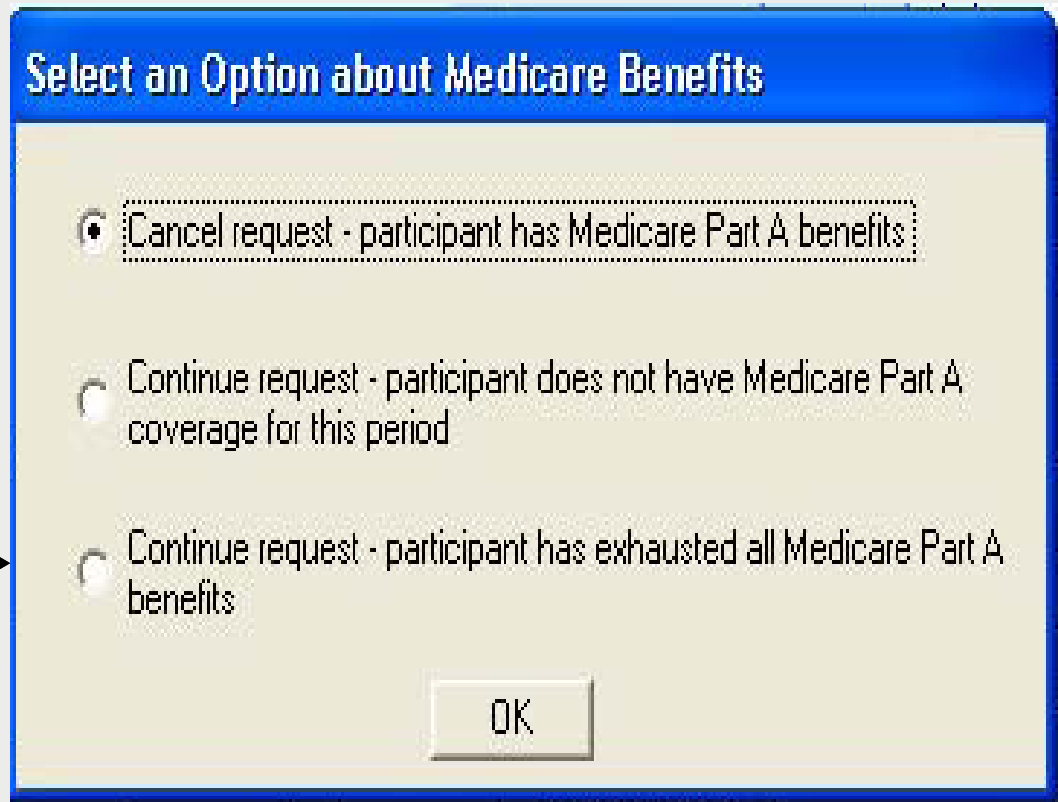


Start Tab (Medicare Part A)

If Patient has active Medicare Part A this box will appear. If Medicare Part A covers all days for this stay, *you do not need to request review.*

If you are uncertain of full Medicare A coverage, → continue with review by clicking this option.

Make selection and Click **OK.**



The image shows a software dialog box with a blue header and a light yellow background. The title is "Select an Option about Medicare Benefits". There are three radio button options:

- Cancel request - participant has Medicare Part A benefits
- Continue request - participant does not have Medicare Part A coverage for this period
- Continue request - participant has exhausted all Medicare Part A benefits

At the bottom right of the dialog box is an "OK" button.

DX/PROC Tab

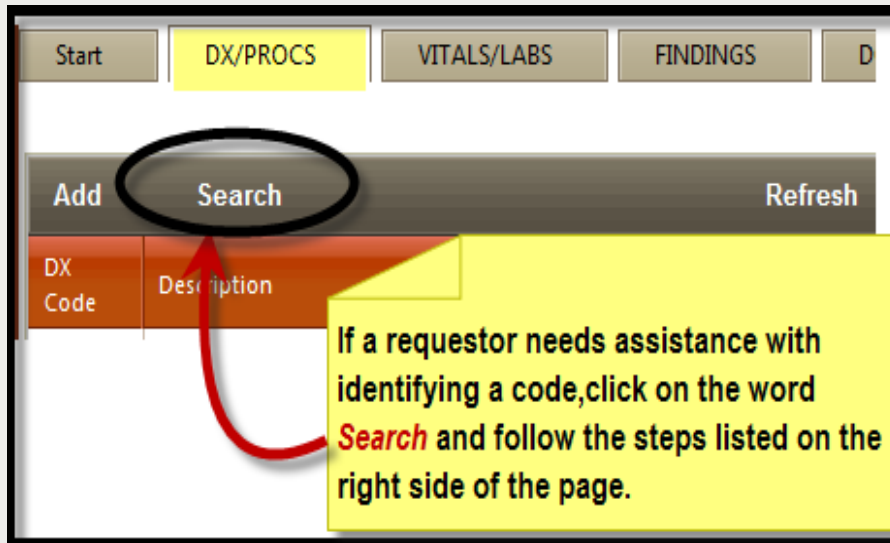
- » **Dx Code grid:** the admitting diagnosis code you entered on the start tab will be automatically stored inside the grid. No additional diagnoses codes needed.
- Note:** You may not edit or delete the **admitting diagnosis code**.
- » **Proc Code grid:** please ADD any planned procedure(s) on right. Use ICD10 procedure code and date. If there are no procedures skip to next review tab.

The screenshot shows a software interface with a top navigation bar containing tabs: Start, DX/PROCS (highlighted), VITALS/LABS, FINDINGS, DC PLAN, MEDS, and SUMMARY. Below the navigation bar are two data grids. The left grid is titled 'DX/PROC' and has columns for 'DX Code', 'Description', 'Code Identified Date', 'Principal', and 'Refresh'. It contains one record: DX Code 486, Description PNEUMONIA ORGANISM NOS, Code Identified Date 04/30/2014, and Principal Y. The right grid is titled 'PROC' and has columns for 'Proc Code', 'Description', 'Procedure Date', and 'Refresh'. It displays the message 'No records to display.'

Add		Search		Refresh	
DX Code	Description	Code Identified Date	Principal		
486	PNEUMONIA ORGANISM NOS	04/30/2014	Y		

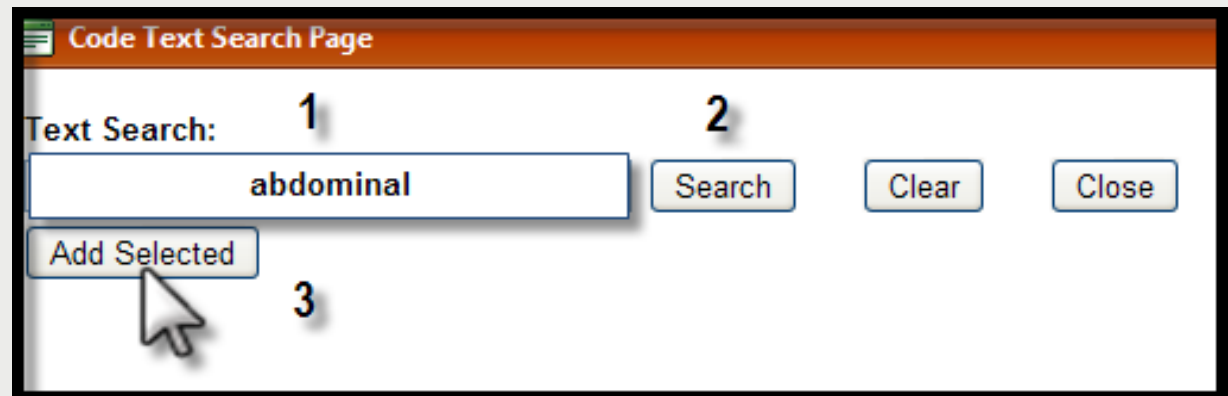
Add		Search		Refresh	
Proc Code	Description	Procedure Date			
No records to display.					

Search for ICD-10 CM Codes



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

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



Vitals/Labs Tab

- » Enter vital signs and include abnormal and positive labs or labs pertinent to this patient's current hospitalization.
- » *The vitals signs are required for med/surg-admission reviews.*
- » *Physical information is only needed when patient is female or height/weight for pediatrics.*

Start DX/PROCS **VITALS/LABS** FINDINGS DC PLAN MEDS SUMMARY

VITAL SIGNS

Temperature: °F Method: Pulse: Respiration: Blood Pressure: /

LAB RESULTS

Blood Work:

WBC: $10^3/mm^3$ RBC: $10^6/\mu L$ HCT: % Hgb: gm/dl Platelets: $\times 10^9/L$ PT: INR:

Blood Gas Tests:

Source: Not Selected Arterial Venous

O2 Saturation: % PH: pCO2: mmHg PO₂: mmHg SaO₂: % HCO₃: mEq/L

ELECTROLYTES

Potassium (K): mEq/L Sodium (Na): mEq/L Calcium (Ca): mg/dL mmol/L CO₂: mEq/L (arterial) mmHg (venous)

Chloride (Cl): mEq/L Magnesium (Mg): mEq/L

ENZYMES

CPK: units/L Troponin: ug/L Lipase: units/L Amylase: units/L

CHEMISTRIES

Blood Glucose: mg/dL Blood Ketones: Urine Ketones: Urine Specific Gravity: BUN: mg

Creatinine: mg/dL LDH: IU/L GGT: mg/dL Bilirubin (Total): mg/dL ALT (SGPT): units/L

AST (SGOT): units/L ALK PHOS: units/L Albumin: units/L Ammonia: ug/dl

BAC/BAL: mg/dl %

CIWA: UDS: If positive, name:
 Barbiturates
 Marijuana
 Cocaine

Urine C&S: If positive, name:

PHYSICAL

Height: inches Weight: lbs

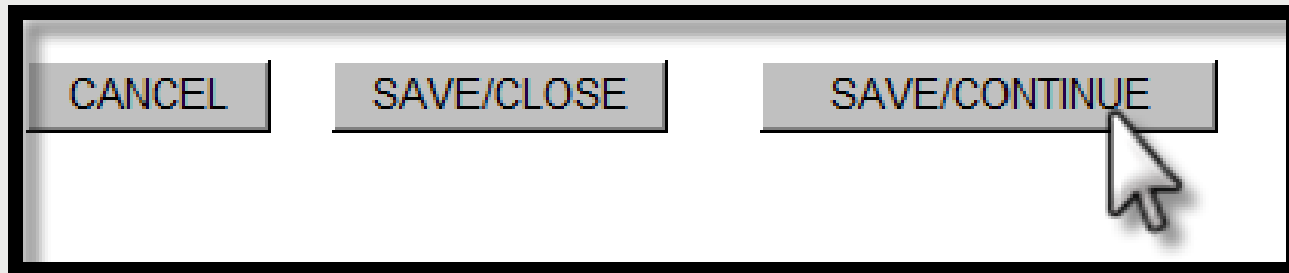
For Female admissions: Is recipient premenarchal? Yes No Unknown

gravida / para / abortus:

HCG/UCG: LMP: Post Menopausal: Yes No Unknown Sterilized: Yes No Unknown

If recipient is pregnant, enter completed weeks of gestation:

Vitals/Labs Tab (continue)



IMPORTANT: The *save/continue* button is used to save your work and to continue with the web review. Click the save/continue button on the bottom of each screen.

► If you want to partial save, click the *save/close* button to close the review and store it in your partial saved records.

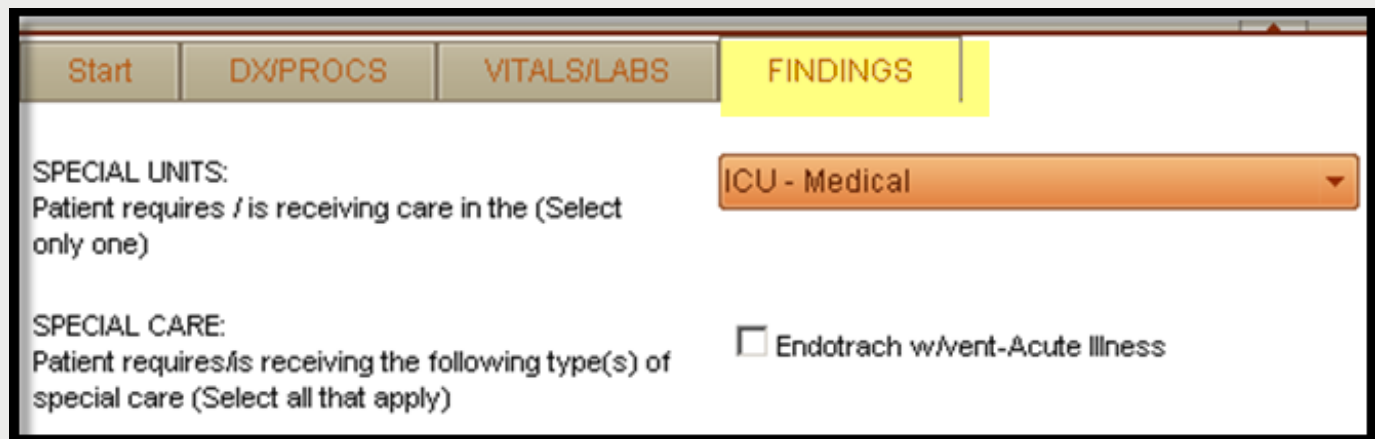
*Your review will be stored under the **Search** tab on the menu bar until the review is retrieved and submitted.*

Findings Tab

» Under the findings tab, the clinical indications, treatments, tests and imaging studies will vary depending on the admitting diagnosis and any additional diagnosis from the DX/PROCS tab.

► **If the patient is in Special Unit, select** from the dropdown menu which the patient is receiving care at time of review.

► Skip Special Care unless they require ventilator assistance.



The screenshot shows a software interface with a navigation bar at the top containing four tabs: 'Start', 'DX/PROCS', 'VITALS/LABS', and 'FINDINGS'. The 'FINDINGS' tab is highlighted in yellow. Below the tabs, there are two sections. The first section is titled 'SPECIAL UNITS:' and contains the text 'Patient requires / is receiving care in the (Select only one)'. To the right of this text is a dropdown menu with 'ICU - Medical' selected. The second section is titled 'SPECIAL CARE:' and contains the text 'Patient requires/is receiving the following type(s) of special care (Select all that apply)'. To the right of this text is a checkbox labeled 'Endotrach w/vent-Acute Illness', which is currently unchecked.

Findings Tab (continue)

Clinical Indications/Treatments/Diagnostics/Imaging

» Check and **enter only what applies to this specific hospitalization**. These fields are common findings related to the admitting diagnosis. Providing this information will give a good clinical picture for eQHealth to help certify the DRG-reimbursed admission .

Findings		Comments
> IV antibiotics required at least once every 24 hours	<input type="checkbox"/>	
> Transfusion within the last 48 hours	<input type="checkbox"/>	
> O2	<input checked="" type="checkbox"/>	O2 given on 5/1/13
> COPD	<input type="checkbox"/>	

NOTE: *If you check a box, please write a short comment. See example above for O2.*

DC Plan Tab

- » Select from drop-down menu *anticipated discharge to or discharge reason*.
- » Type in **Current DC Plan**.
- » Click **Save/Continue**.

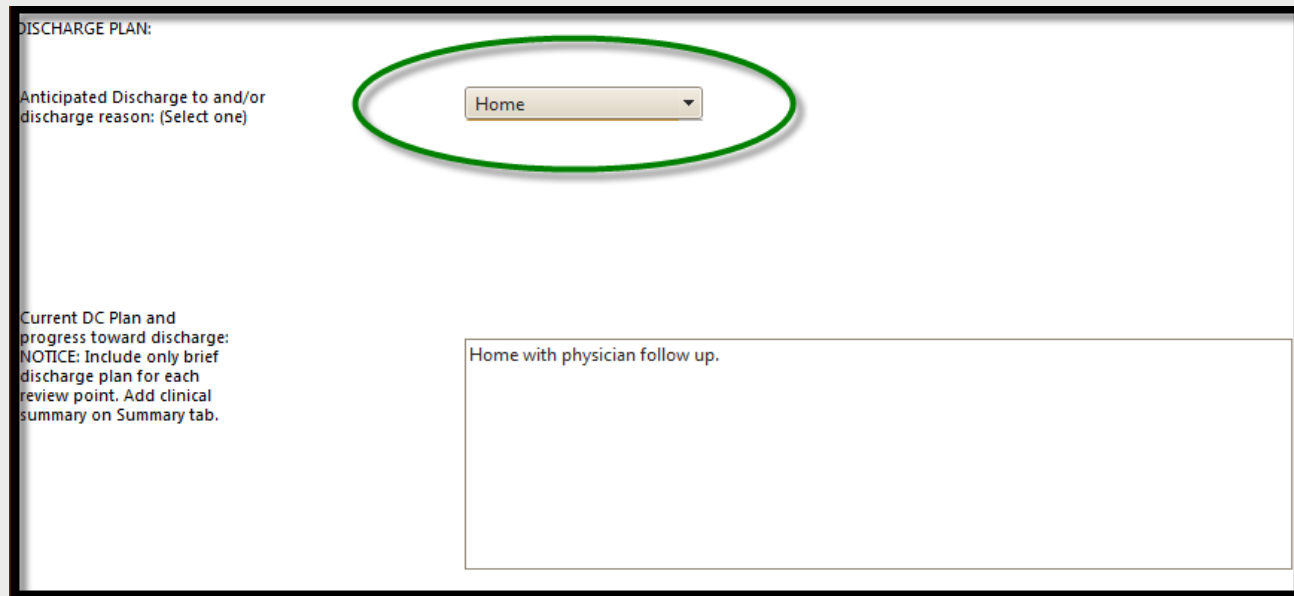
DISCHARGE PLAN:

Anticipated Discharge to and/or discharge reason: (Select one)

Home

Current DC Plan and progress toward discharge:
NOTICE: Include only brief discharge plan for each review point. Add clinical summary on Summary tab.

Home with physician follow up.



MEDS Tab

Click **Add** in the Medication Table. This will open the **Code Add/Edit Page**.

➡ Enter the inpatient Med name, route, frequency, dosage, start date and “new” med for admissions.

Helpful Tips:

- » Include all IV, SubQ ,IM medications and PO medications if being titrated.
- » For PRN medications, *include only the dosages the patient actually received in 24 hours.*
- » Include stop date if applicable.

Click **Add** . This will cause the medication to drop in the table. If you need to make corrections to a medication, use the edit or delete function for each medication listed in the Meds grid.



The screenshot shows a web browser window titled "Code Add/Edit Page". The form contains the following fields: "Med Name:" with a text input; "Route:" with a dropdown menu showing "Select Route"; "Frequency:" with a text input; "Dosage:" with a text input; "Start Date:" with a text input and a calendar icon; "Stop Date:" with a text input and a calendar icon; and "Meds Are:" with a dropdown menu showing "(None)". At the bottom of the form, there are two buttons: "Add" and "Close". A red arrow points to the "Add" button.

Summary Tab

- » **Enter a *short clinical summary*:** Why the patient is admitted to inpatient services, any signs/symptoms, brief medical history and progression of care.
- » **It is not necessary to repeat any information previously documented.**
- » Our system is Microsoft window-based therefore you can use the “copy/paste” function to insert data from your electronic medical records. Please keep in mind to:
 - Only include clinical information that is relevant to the patient’s condition.

Start | DX/PROCS | VITALS/LABS | FINDINGS | DC PLAN | MEDS | **SUMMARY**

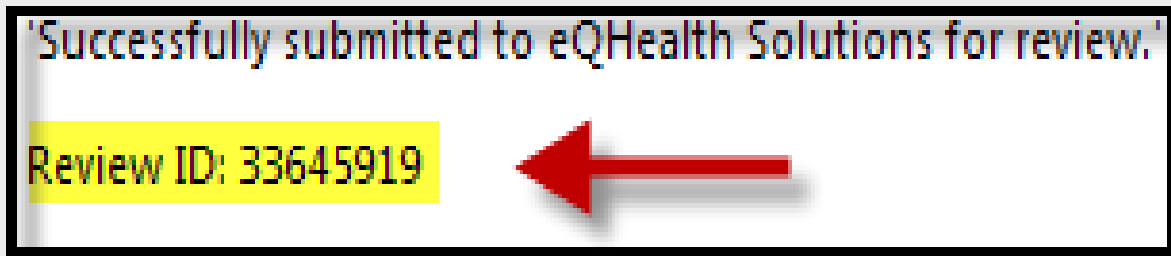
Please enter any additional information you feel is needed to complete utilization review here. Note: It is NOT necessary to repeat any information that was already indicated on previous tabs.
NOTICE: Include only short clinical summary/progress/history pertinent to this review point (200 word limit)

CANCEL | SAVE/CLOSE | SUBMIT FOR REVIEW

» Click **Submit for Review** at the bottom of the screen. Your request is sent to eQHealth only when you **submit for 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*.



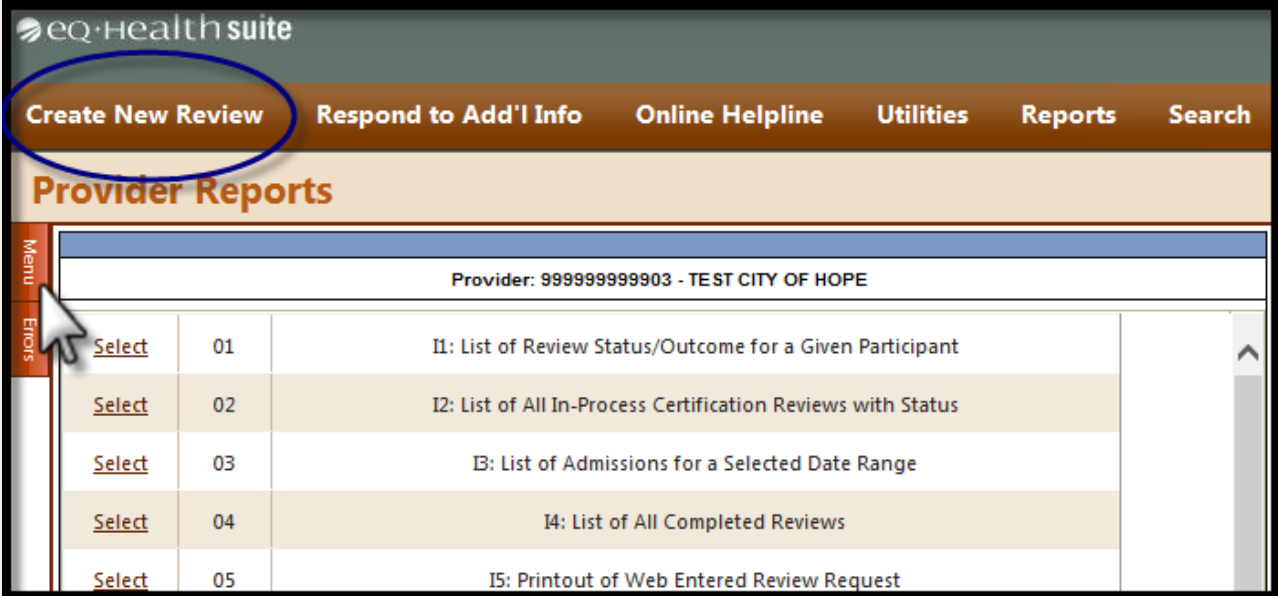
DRG-REIMBURSED CONTINUED STAY REVIEW REQUEST eQSuite® User Guide

Review Submission Timeframe

- » DRG-reimbursed hospitalizations require a quality of care screening at the time of discharge.
- » Once the admission is certified by eQHealth, the hospital may complete a continued stay review and submit the claim for payment within **HFS' 180 day claim submission timeframe.**

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, click **Create New Review** from either the menu bar or the sidebar located on the left side of the screen.



The screenshot displays the eQSuite homepage. At the top, the logo 'eQ·Healthsuite' is visible. Below it is a navigation bar with several buttons: 'Create New Review' (circled in blue), 'Respond to Add'l Info', 'Online Helpline', 'Utilities', 'Reports', and 'Search'. Below the navigation bar is a section titled 'Provider Reports'. On the left side of this section is a vertical sidebar with 'Menu' and 'Errors' buttons. A mouse cursor is pointing at the 'Menu' button. The main content area shows a table with the following data:

Provider: 999999999903 - TEST CITY OF HOPE			
Select	01	I1: List of Review Status/Outcome for a Given Participant	
Select	02	I2: List of All In-Process Certification Reviews with Status	
Select	03	I3: List of Admissions for a Selected Date Range	
Select	04	I4: List of All Completed Reviews	
Select	05	I5: Printout of Web Entered Review Request	

Start Tab

Begin Review:

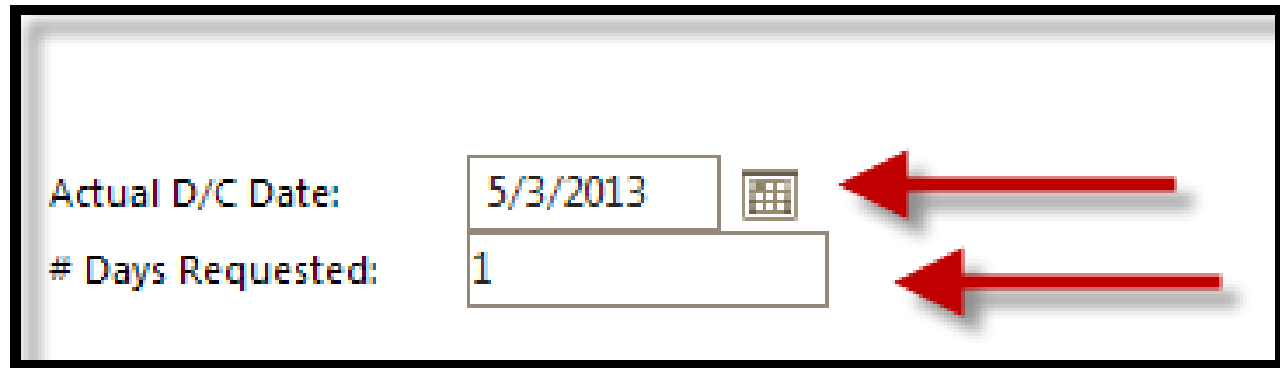
1. Provider ID and Name automatically populates according to the username entered.
2. Select setting: Med/Surg is pre-populated
3. Review Type: Select Cont Stay from drop-down menu
4. Enter TAN
5. Click **Retrieve Data** to proceed with the review request


The screenshot shows a web form titled 'Start' with a section 'Review Type and Settings'. The form contains the following fields and controls:

- Provider ID: 999999999903
- Provider Name: TEST CITY OF HOPE
- Choose Setting: Med/Surg Psych
- Review Type: Cont Stay (selected from a dropdown menu)
- TAN: 19000753
- A button labeled 'RETRIEVE DATA' with a red arrow pointing to it.

Start Tab (continue)

- » Scroll down and enter Actual D/C Date
- » Enter the **# of Days Requested (for this request)**.
- For DRG reimbursed hospital admissions and discharge reviews, always enter in “1”.



Actual D/C Date: 

Days Requested:

Start Tab (continue)

Quality Screening Questions

- » Answer YES or No for all quality screening questions. These questions are required.

Answer the following and explain on the Summary tab any NO answers:

Was the H&P completed within 24 hours of admission? Yes
 No

Were the patient's vital signs stable 24 hours prior to discharge? Yes
 No

Were all critical lab results addressed? Yes
 No

Were all critical X-rays and imaging studies addressed? Yes
 No

Were discharge or home health care needs addressed? Yes
 No

If the patient expired, was the death anticipated? Yes
 No

Answer the following and explain on the Summary tab any YES answers:

Did the patient develop Stage II or greater decubitus ulcers during hospitalization? Yes
 No

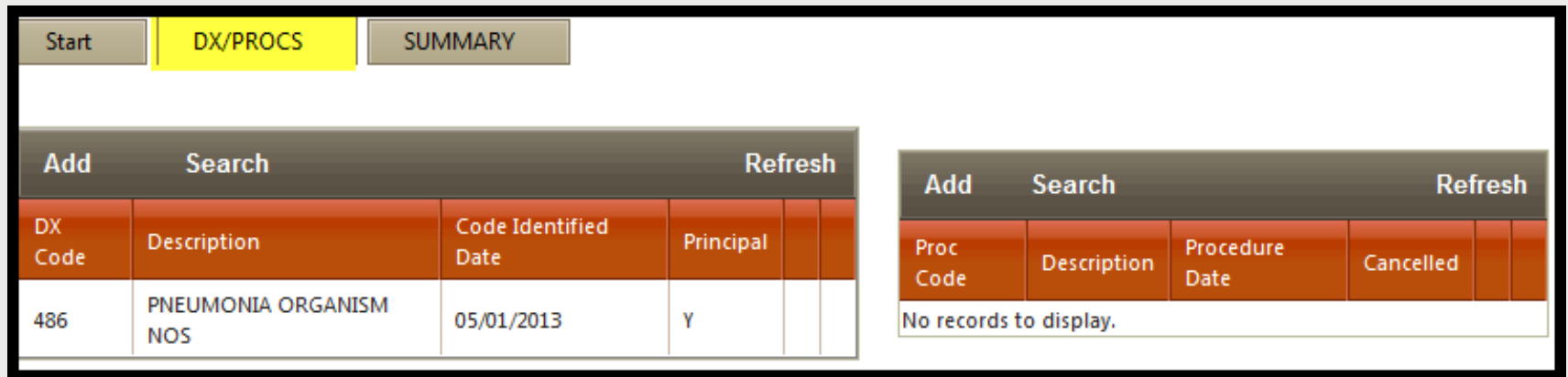
Were decubitus ulcers present upon discharge? Yes
 No

Did the patient develop any hospital acquired infections? Yes
 No

Did the patient incur a health care acquired condition or another preventable condition?
[HCAC/OPPC List & Code](#) Yes
 No

DX/PROC Tab

- » **Proc Code grid:** Add any procedures that have been performed since the last review point.
- » If there are no procedures skip to next review tab.



The screenshot displays the DX/PROC Tab interface. At the top, there are three tabs: 'Start', 'DX/PROCS' (highlighted in yellow), and 'SUMMARY'. Below the tabs, there are two data grids. The left grid has a header with 'Add', 'Search', and 'Refresh' buttons. The grid contains one record with the following data:

DX Code	Description	Code Identified Date	Principal		
486	PNEUMONIA ORGANISM NOS	05/01/2013	Y		

The right grid also has a header with 'Add', 'Search', and 'Refresh' buttons. It displays the message 'No records to display.' below the header.

Summary Tab

- » Provide a quick discharge summary of the 24-48 hours prior to discharge and enter a brief discharge plan, give pending lab results and report any HACs.
 - Only include clinical information that is relevant to the patient's condition.

Start DX/PROCS **SUMMARY**

Include a short discharge summary of the 24 to 48 hours prior to discharge, report resolution of signs and symptoms, pending lab results, and readiness for discharge.

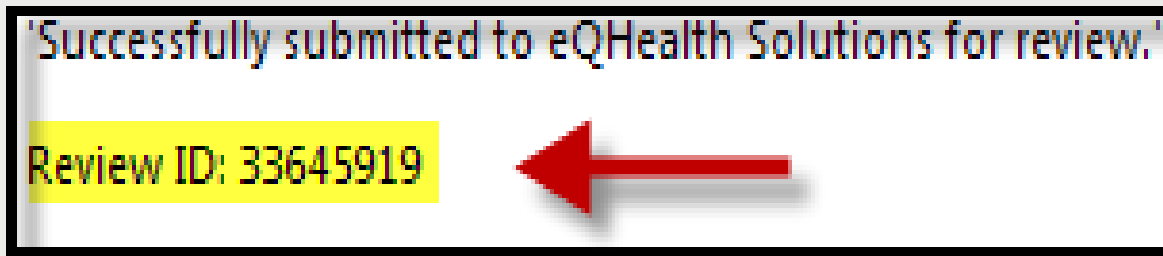
Home w phys follow up. sat 98% on ra. blood culture neg. home w 4l and o abx. (report and HACs)

EXAMPLE

» 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:



» Once the discharge review (cont stay) with the discharge date has been submitted to eQHealth, the utilization review for this hospitalization has now been completed.