DRG-REIMBURSED ADMISSION REVIEW REQUEST
eQSuite® User Guide

Introduction

This user guide is intended to provide guidance for submitting DRG-reimbursed 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**
- ► **D/C Plan**
- ► **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 are no longer 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.
    ○ Your username and password are unique to your hospital.
    ○ If you conduct review for 2 hospitals (i.e. children's and med/surge – *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 <u>creating user IDs and assigning access rights to eQSuite</u>.

  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.*

» *DETOX admissions must be submitted within 24 hours of admission (even on weekends).*

» *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.*

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).

LOG IN TO
eQHealth Web Systems

eQSuite ►

CMH Entry

LTAC Web Portal

eQSuite (Internal Use)
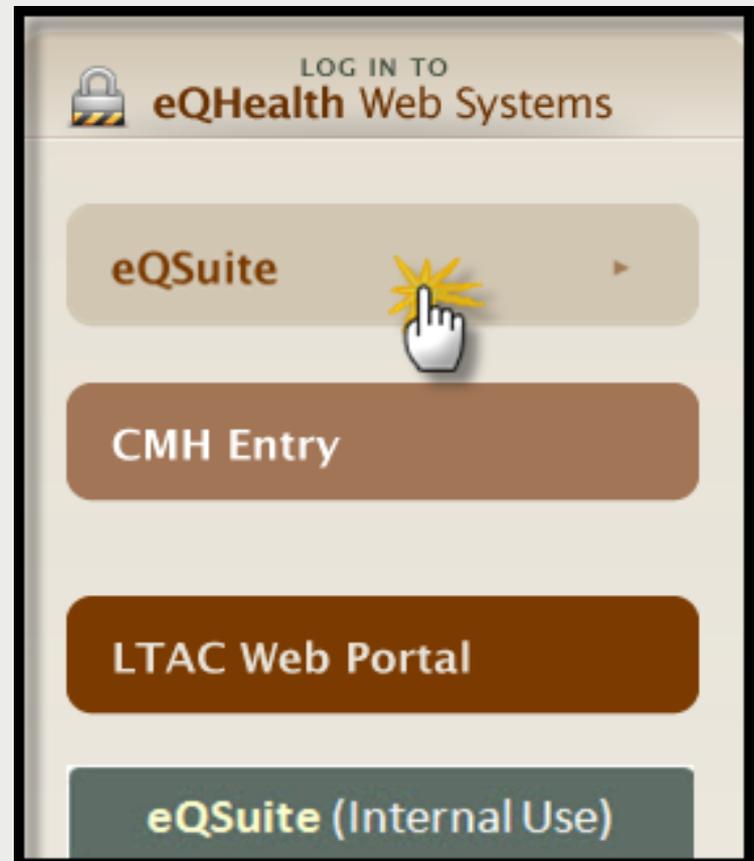
User Log In

Enter the assigned eQHealth username and password and click login.

Username

Password

Login

forgot password?

Message Board:

Keep Providers Alert

eQHealthsolutions.org

Forgot Password?
o Click on *forgot password-* you will be instructed to enter your username to receive a temporary password.
o 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.

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:**

- o HFS Attachment Type (i.e. HFS Attach B or C)
- o Patient Medicaid ID (RIN/BENE)
- o Inpatient admission date
- o Admitting Dx ICD9 Code (no decimal)
- o Physician ID and contact information
- o 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 cont stay review*
5. Click **Retrieve Data** to proceed with the review request

Start Tab (continue)

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

Start Tab (continue)

» **<u>Admit DX:</u>** Enter the ICD-9-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 dx and hit tab key*.

» **<u>Admit Date:</u>** Enter the patient's *inpatient* admission date. The admit date *cannot* be a future date.

   o Enter date manually or by clicking on the calendar icon.

   o Double check this date, **you cannot change after you leave this page.**

» **<u>Category of Service:</u>** 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.

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.

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)

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

4. 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**".

Start Tab (continue)

Quality Screening Questions

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

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:

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

Insurance/Address:

Employer:

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

Policy#:

Group#:

Policy Holder:

Relationship:

Other:

➡️At the bottom of the screen click *CHECK KEY*.

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.

» Rectify errors and click *CHECK KEY* or *CANCEL.*
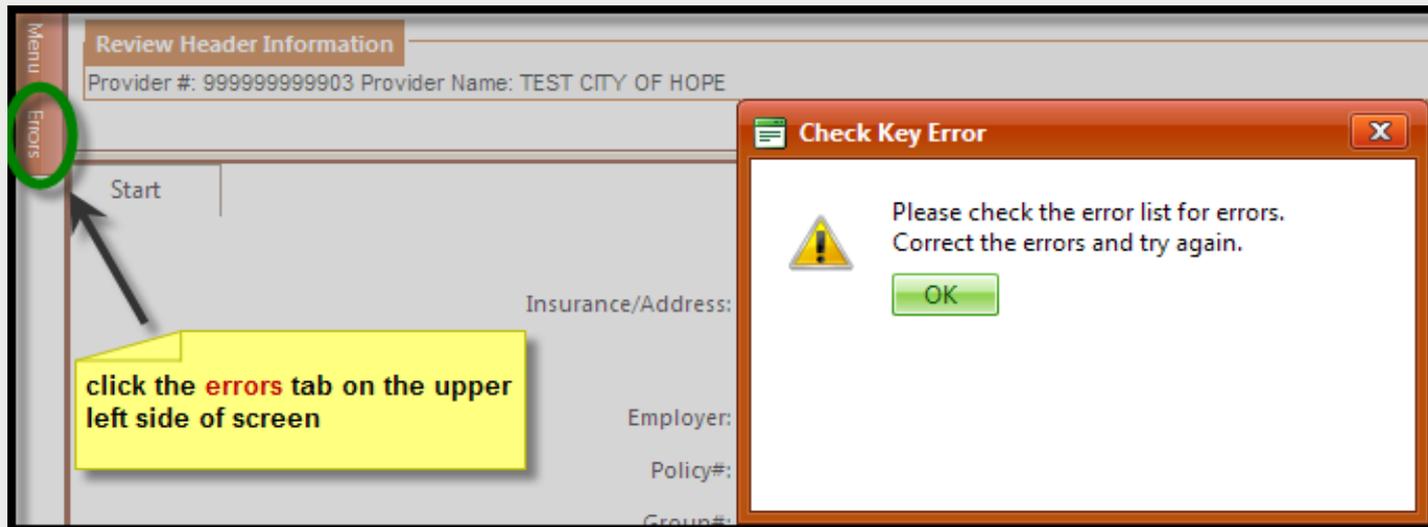
Start Tab (Medicare Part A)

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.*
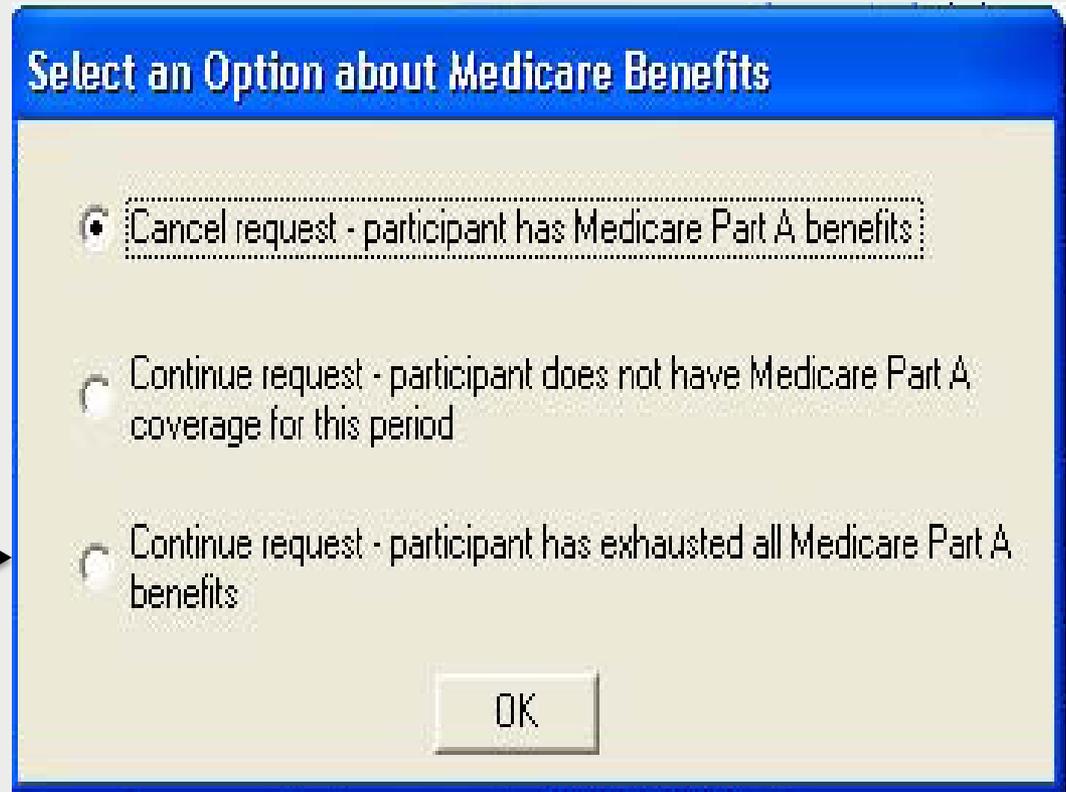
Select an Option about Medicare Benefits

- ○ 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

OK

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 ICD9 procedure code and date. If there are no procedures skip to next review tab.

Search for ICD-9 CM Codes

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

1. Type in a key word.
2. Click <u>search</u>. 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 vial 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.*

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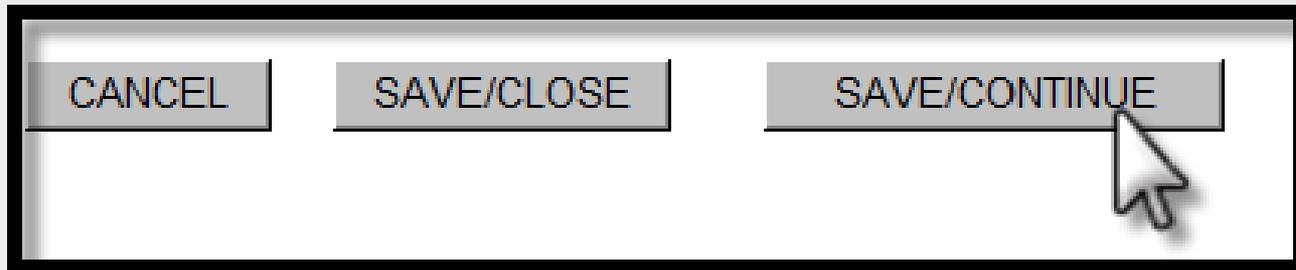
IMPORTANT: The *save/ continue* button is used to save your work and to continue with the web review. Click the save/continue button on the bottom of each screen.

➡️ If you want to partial save, click the *save/close* button to close the review and store it in your partial saved records.
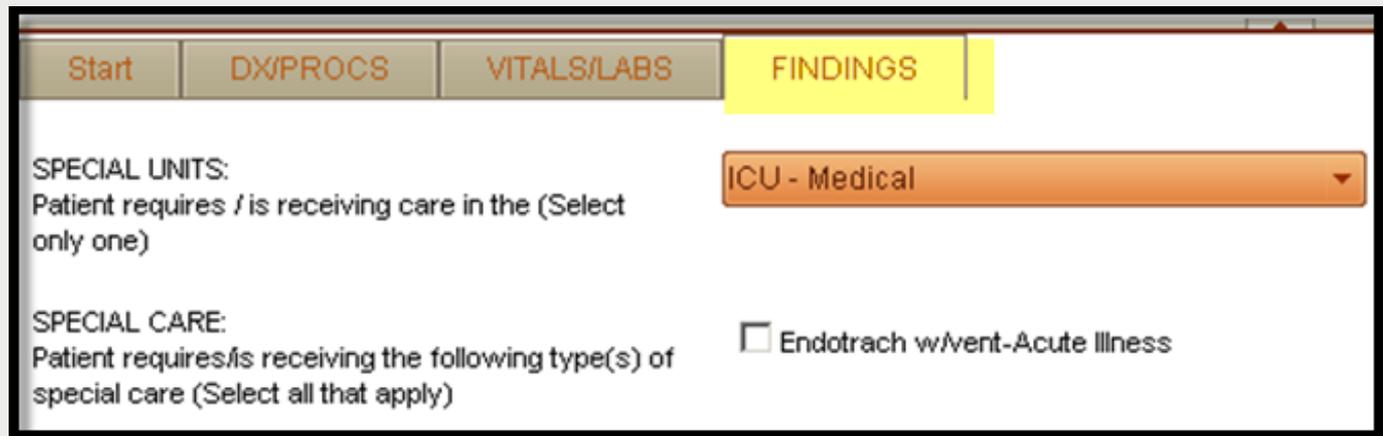
Your review will be stored under the Search tab on the menu bar until the review is retrieved and submitted.

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.

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 .

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

DC Plan Tab

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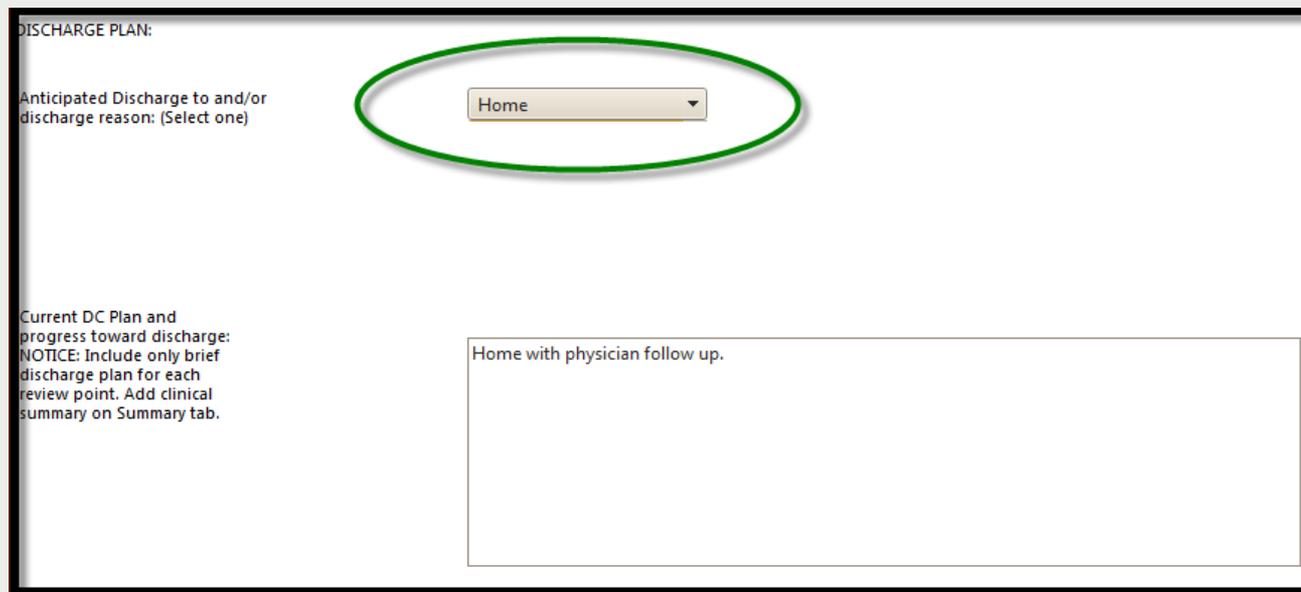»Type in **Current DC Plan***.*
»*Click* *Save/Continue*.

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.

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.

»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:

'Successfully submitted to eQHealth Solutions for review.'

Review ID: 33645919
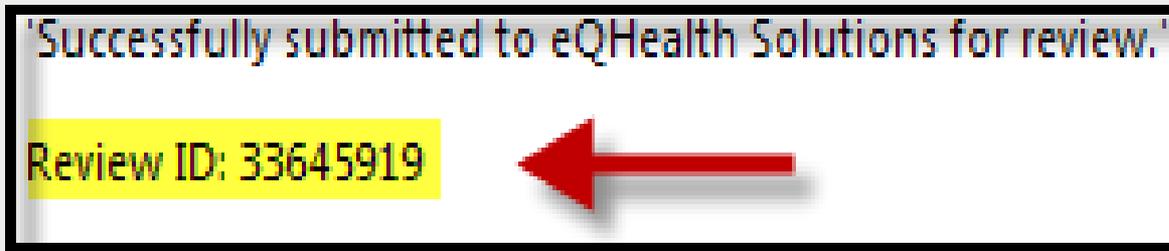
»A Review ID will be assigned; this is *not* a certification (TAN). Record the number for tracking purposes and to run report17:*Web Review Request Printout*.