



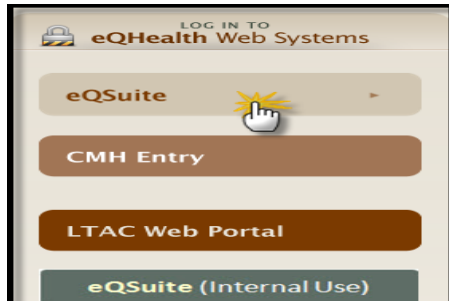
Health
S O L U T I O N S

Frequently Used Provider Web Reports

This user guide is intended to provide information relating to Provider reports available in eQSuite®. All report data are facility specific and secure, based on your unique username and password.

Access Provider Reports - eQSuite®

- ▶ eQSuite is accessed through our website: <http://il.eqhs.com>
 - 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 below)



- ▶ Log in with secure username and password. The Provider Reports menu will appear on the homepage if you have been given authority by your Web Administrator to run reports
 - The designated Web Administrator has the authority to create new users, update existing accounts and assign user rights
 - All reports open in Adobe Acrobat PDF format

Click **Select** to open report

Provider Reports		
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
Select	06	I6: Outcome Status of a Selected Retrospective Review(s)
Select	07	I7: Medical Necessity Denials - Initial Review Decision
Select	08	I8: Initially Denied Reviews and Reconsiderations In Process or Completed Outcomes
Select	09	I9: DRG Changes and Reassessments
Select	11	I11: Billing Errors
Select	11B	I11B: Billing Errors
Select	12	I12: Cancels - Charts Not Available for Review
Select	13	I13: Reviews Pending for Additional Information
Select	15	I15: Unreviewable Review Requests
Select	16	I16: CMH Entry History by Recipient
Select	17	I17: Web Review Request Printout



eQHealth Provider General Web Reports – FOR TRAINING PURPOSES ONLY

RPT: 01

Review Status/Outcome for a Given Participant

Provider: 99999999901

Provider Name

Town and State

Print Date: 99/99/9999

Participant:

Name Here

DOB: 0/0/0000

Print Time: 99:99

Date of Service Range: _____ - _____

Completed or In Process Reviews

Admit Date	Discharge Date	Last Day Cert	Total Days	TAN	Patient Account #	Admit DX	Review Type	Receipt Date	Complete Date	Record Status	Days Cert	Days Denied	Tracking #
10/25/07	10/27/07	10/27/07	3	123456778	--	0000	Admission	10/25/07	10/25/07	Completed	3		00000008
11/01/08						00000	Admission	11/02/08		At Nurse Review			00000405
								--	--				

Review Type = Admission, Continued Stay, Retrospective Prepay or Post-pay

Record Status = Nurse Review, Pended (need add'l info), Suspended (add'l info not given in 24 hours), at PR (Physician Review), or Completed

RPT: 03

Assigned TANs in Admission Date Range

Provider: 99999999901

Happy Hospital

Chicago IL

Print Date: 99/99/9999

Admit Date: _____ - _____ (60 day limit)

Print Time: 99:99

Participant Number	First Name	Last Name	Admit Date	Discharge Date	Last Day Cert	Total Days	TAN	Admit DX	Patient Account #

After the discharge date is reported for Psych cases or the Discharge review is completed for DRG cases, the Total Days field will show all days certified

eQHealth Solutions, Inc.



RPT: 06 Retrospective Prepayment Review Outcome Status

Select cases by entering:

- 1) Recipient Medicaid ID Number and Admit Date **OR**
- 2) HFS' Document Control Number (DCN) (the user can enter up to 20 at a time)

Run Date/Time: 99//99/2099 99:99

RIN: _____, _____
 Provider: _____
 Admit/Dsch: __/__/__ - __/__/__ From/Thru __/__/__ - __/__/__ Bill Type: ____

IDPA DCN: _____ eQHealthTracking #: _____ eQHealth Start Date: __/__/__

Reported Outcome to IDPA: __ override or reject Report to IDPA Date: __/__/__
 __ nurse or physician
 __ reject reason _____
 __ tracking status is bill error ____

Denial Activity:

Days Physician Reviewer Denied: ____ Reconsideration Receipt Dt: __/__/__
 Administrative Denial Days: N/A Complete Dt: __/__/__
 Outcome: _____

Recon Days Certified: ____

DRG Change Activity:

Billed DRG: ____ Reassessment Receipt Dt: __/__/__
 Changed DRG: ____ Reassessment Complete Dt: __/__/__
 Reassessed DRG: ____

Current:

Review Status: _____
 Total Days Certified: ____



RPT: 08

Initially Denied Reviews and Reconsiderations In Process and all Completed Outcomes

Provider: 99999999901 Happy Hospital Chicago IL Print Date: 99/99/9999
 Reconsideration Request or Completion Date Range: _____ - _____ Print Time: 99:99

For Reconsiderations use Reconsideration Request Date + 90 days out

RIN	Last Name	Account #	Admit Date	Dsch Date	Review Type	Phys Number	Phys Last Name	Admit DX	Orig Complete Date	Recon Request Date	Recon Complete Date	Orig Days Denied	Days Appr on Recon	Total Days Cert

Orig. Complete Date = Date review completed, initial review determination made
Orig. Days Denied = Shows if there were any days denied, if there are, check Recon Request Date to see if a reconsideration was requested
Recon Request Date = If the hospital/physician sent in a reconsideration of denied days, it will show a reconsideration request received date
Recon Complete Date = Date reconsideration completed, final eQHealth determination date

RPT: 11

Prepayment Billing Errors
(Retrospective Prepayment Reviews Cancellations)

Provider: 99999999901 Happy Hospital Chicago IL Print Date: 99/99/9999
 Review Date Range: _____ - _____ Print Time: 99:99

RIN	Last Name	Admit Date	Dsch Date	Medical Record #	Phys Number	IDPA DCN	Review Date	Bill Error Code	Error Specifics

IDPA DCN = HFS Document Control Number **Bill Error Code** = See Report 53 for detailed billing error code list



RPT: 12

Cancels - Charts Not Available for Review
(Retrospective Reviews Only)

Provider: 99999999901

Happy Hospital

Chicago IL

Print Date: 99/99/9999

Cancellation Date Range: _____ - _____

Print Time: 99:99

RIN	Last Name	First Name	Admit Date	Dsch Date	Medical Record #	Physician Number	IDPA DCN	Review Start Date	Cancel Date

IDPA DCN = Document Control Number

RPT: 13

Reviews Pended for Additional Information

Provider: 99999999901

Happy Hospital

Chicago IL

Print Date: 99/99/9999

Pended Date Range: _____ - _____

Print Time: 99:99

RIN	Last Name	Admit Date	Tracking #	Review Type	Request Method	Review Start Date	Pended Date	Info Received	Suspended Date	Unsuspected Date	Completion Date

Review Type = Admission, Continued Stay or Retro Prepay **Pended Date** = Date pended **Suspended Date** = 24 hours after pended date if we have not received the additional information from hospital.



RPT: 18

RPT: I18

eQHealth Solutions
Medicaid Cases Due for Concurrent Review

Print Date: 09/24/2016

Provider: 9999999999903

TEST CITY OF HOPE HONOLULU IL

Print Time: 09:48AM

This list contains Medicaid cases requiring concurrent review. Your current certification expires within one (1) day and recertification is necessary prior to expiration. Please verify the status of each Participant listed. Please record applicable Discharge Dates via eQSuite.

Participant First Name	Participant Last Name	Recipient Identification #	Account Number	Actual Admit Date	Discharge Date	Treatment Authorization Number	# Days Certified	Last Date Certified	*	PM
		00120		6/12/2016		19001100	1	6/12/2016		D
		200	987654	9/21/2016		18000981	5	9/25/2016	*	P
		00400		9/23/2016		19000824	1	9/23/2016		D
		00112		9/23/2016		19000872	1	9/23/2016		D

* This certification is over seven days past due for continued certification. Please submit a continued stay review with eQHealth Solutions for additional certification or to complete a DRG-Reimbursed discharge review or enter the discharge date electronically via eQSuite.

Discharge Date = This date can be recorded in eQSuite® through the *Utility* tab for PerDiem reviews and DRG 1 day stays. DRG Med/Surg cases greater than 1 day, the discharge is recorded as part of the discharge review.

Days Certified = Total number of days certified on the admission review. DRG admissions will show "1".

Last Day Certified = Last certified date on the admission review. Note the DRG admissions will show "1", as the admission was certified.

PM (Payment Method) = D (DRG), P (Per Diem). DRG requires a review at discharge and Per Diem requires continued stay review(s) and a d/c date.



RPT: 41 or 42

Copy of Retro Prepay Correspondence or Retro Postpay Correspondence

Notices for Offsite Review for Retrospective Prepayment reviews are sent on HFS selected cases each Friday.

The Date of Notice will be each Tuesday of the month. If a Date of Notice does not appear in the dropdown menu, there were no records requested for prepayment review from this specific facility (Provider ID) for that week.

Menu Errors	RPT 41: Retro Prepay Correspondence	
	Date of Notice: <input type="text"/>	<input type="button" value="View/Print Report"/>

Notices for Offsite Review for Retrospective Post-payment reviews are sent on selected cases each month.

The Date of Notice will be the last Tuesday of the month. If a Date of Notice does not appear in the drop down menu, there were no records requested for prepayment review from this specific facility (Provider ID) for that month.

Menu Errors	RPT 42: Retro Postpay Correspondence	
	Date of Notice: <input type="text"/>	<input type="button" value="View/Print Report"/>