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# PSYCH ADMISSION REVIEW REQUEST eQSuite™ User Guide 2014

# Introduction

This user guide is intended to provide guidance for submitting PSYCH admission 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 Codes/ Proc Items Tab**
- ▶ **Search Function (DX Codes/ Proc Items Tab)**
- ▶ **Vitals/Labs Tab**
- ▶ **D/C Plan**
- ▶ **Symptoms Tab**
- ▶ **Meds Tab**
- ▶ **Summary Tab**
- ▶ **Respond to Additional Information Tab**
- ▶ **Online Helpline Tab**
- ▶ **Search Tab**
- ▶ **Utility Tab**
- ▶ **Letters Tab**
- ▶ **Provider Reports Module**

# 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 user name 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 user name 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 rights to eQSuite.

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

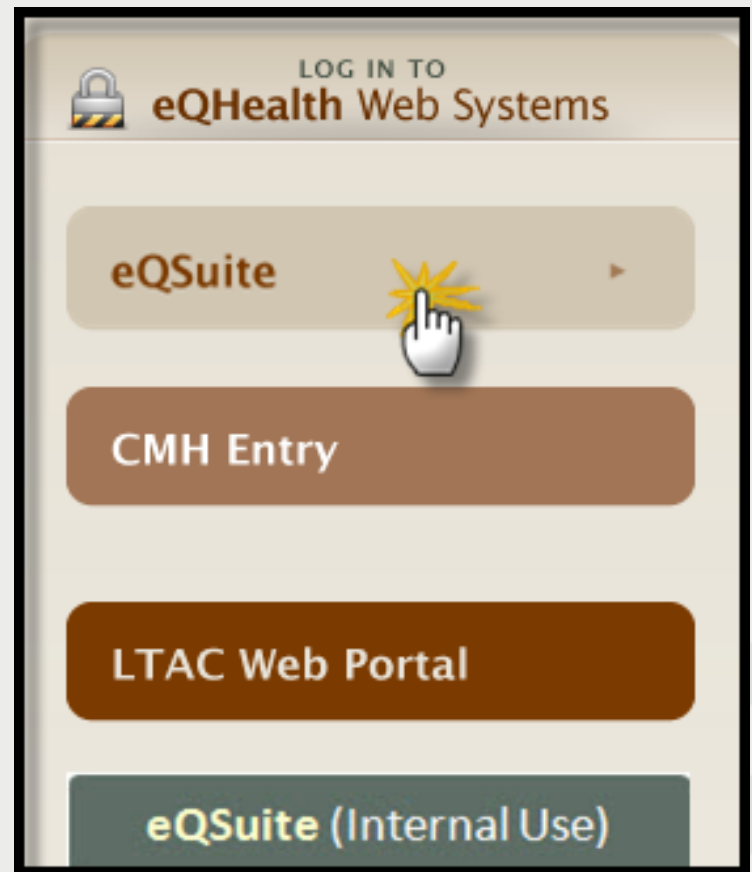
# Review Submission Timeframe

- » Admission requests must be submitted *within 24 hours after admission or shortly thereafter while the patient is still admitted to inpatient care.*

# 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?

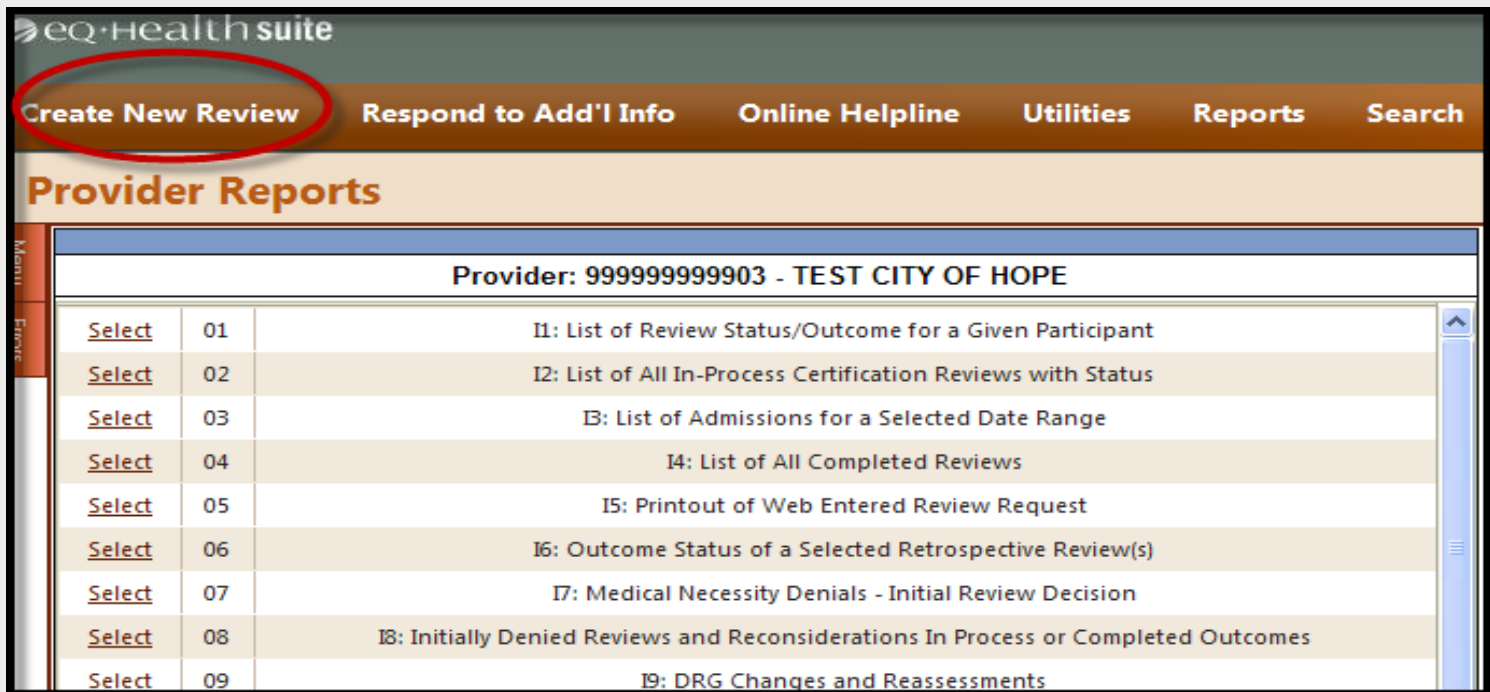
- Click on **forgot password**- you will be instructed to enter your username to receive a temporary password.
- Once logged in, copy new password and follow directions to reset.

**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 first on your screen.
- » To begin the review, click **Create New Review** from the menu bar.



The screenshot displays the eQSuite homepage. At the top left, the logo 'eQ·Health suite' is visible. Below it is a navigation bar with several menu items: 'Create New Review' (circled in red), 'Respond to Add'l Info', 'Online Helpline', 'Utilities', 'Reports', and 'Search'. Below the navigation bar is a section titled 'Provider Reports'. Under this section, there is a header for 'Provider: 999999999903 - TEST CITY OF HOPE'. Below the header is a table with 9 rows, each containing a 'Select' link, a number (01-09), and a description of the report.

Provider: 999999999903 - TEST CITY OF HOPE		
<a href="#">Select</a>	01	I1: List of Review Status/Outcome for a Given Participant
<a href="#">Select</a>	02	I2: List of All In-Process Certification Reviews with Status
<a href="#">Select</a>	03	I3: List of Admissions for a Selected Date Range
<a href="#">Select</a>	04	I4: List of All Completed Reviews
<a href="#">Select</a>	05	I5: Printout of Web Entered Review Request
<a href="#">Select</a>	06	I6: Outcome Status of a Selected Retrospective Review(s)
<a href="#">Select</a>	07	I7: Medical Necessity Denials - Initial Review Decision
<a href="#">Select</a>	08	I8: Initially Denied Reviews and Reconsiderations In Process or Completed Outcomes
<a href="#">Select</a>	09	I9: DRG Changes and Reassessments

# 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:**
  - Patient Medicaid ID (RIN/BENE)
  - Inpatient admission date
  - Admitting Dx ICD9 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: PSYCH (this must be selected)
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

The screenshot displays the 'Start' tab interface for a review process. The 'Review Type and Settings' section is highlighted with an orange border. It contains the following elements:

- Provider ID:** A text box containing '12 Digit ID'.
- Provider Name:** A text box containing 'ABC Hospital'.
- Choose Setting:** A radio button labeled 'Med/Surg'.
- Review Type:** A dropdown menu with 'Admission' selected.
- TAN:** A text box for entering a TAN, with a red arrow pointing to it.
- RETRIEVE DATA:** A 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.
- » **Admit DX:** 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.
- » **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.

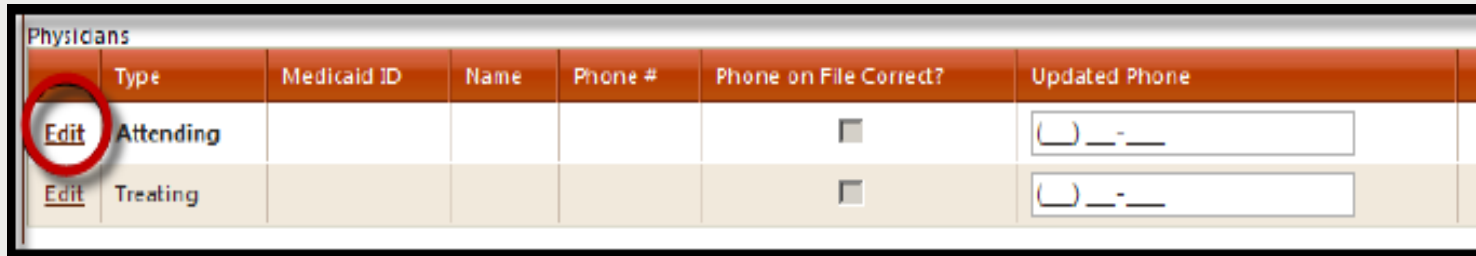
**Note:** Double check this date, you cannot change after you leave this page.

- » **Category of Service:** Select 21 Psych
- » **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 Medicaid #.



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 is "Attending" and the second is "Treating". The "Edit" button in the first row is circled in red.

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 Medicaid # and hit **tab** to auto-populate name and phone number **OR** click **search** to look up physician.



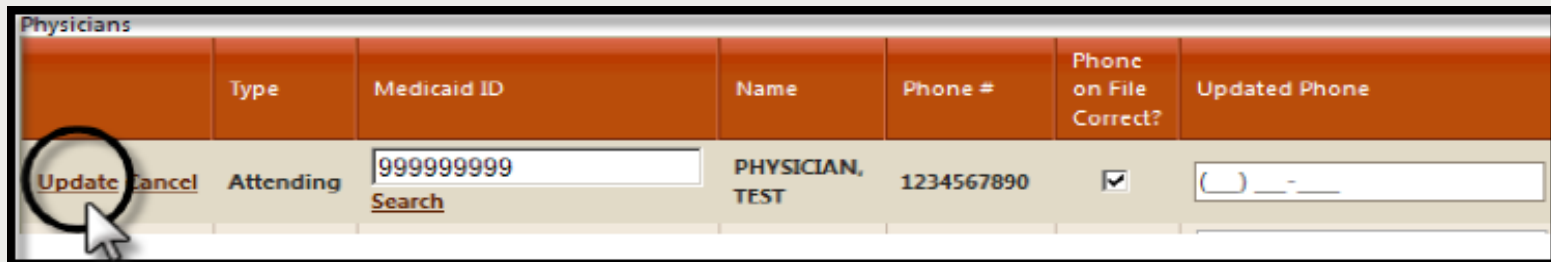
The screenshot shows the "Physicians" table with a search interface. The "Medicaid ID" field is empty, and a black arrow points to it from the "Search" button. The "Search" button is circled in red.

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 call our Helpline 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 to it.

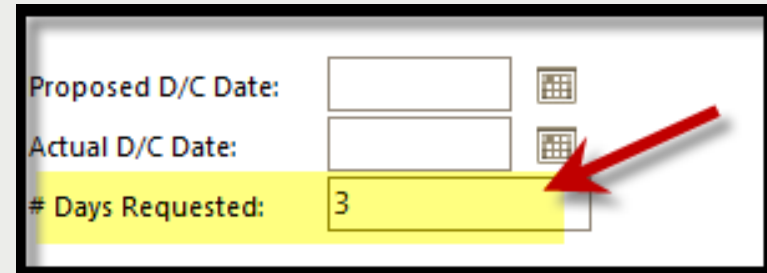
Type	Medicaid ID	Name	Phone #	Phone on File Correct?	Updated Phone
Attending	999999999	PHYSICIAN, TEST	1234567890	<input checked="" type="checkbox"/>	( ) _-__


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


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

# Start Tab (continue)

- » Skip Proposed Discharge Date
- » Skip **Actual Discharge Date**
- » Enter the **# of Days Requested**



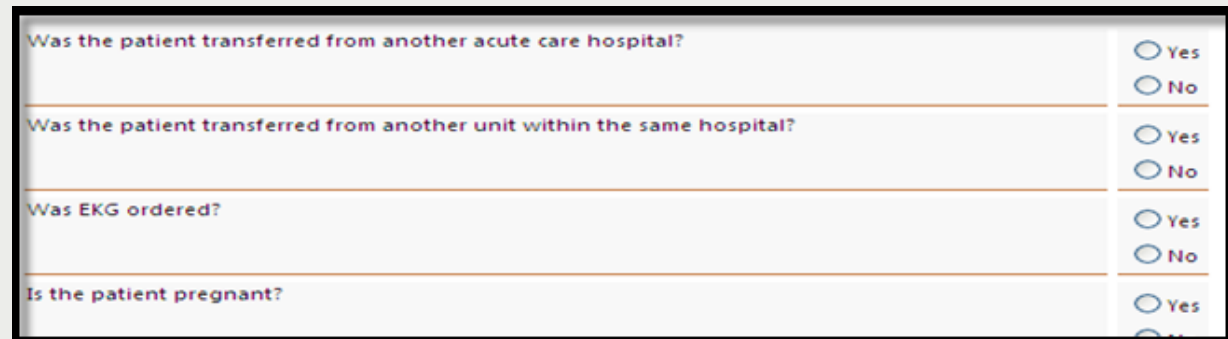
Proposed D/C Date:  

Actual D/C Date:  

# Days Requested:

## Quality Screening Questions

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



Was the patient transferred from another acute care hospital?  Yes  No

Was the patient transferred from another unit within the same hospital?  Yes  No

Was EKG ordered?  Yes  No

Is the patient pregnant?  Yes  No

# Start Tab (continue)

**Psychiatric  
pass days** - skip  
or include  
date(s) →

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:

**Not Selected**

**Not Selected**

Fall

Private Insurance

Medicare Part A or Part B

Motor Vehicle Accident

Other

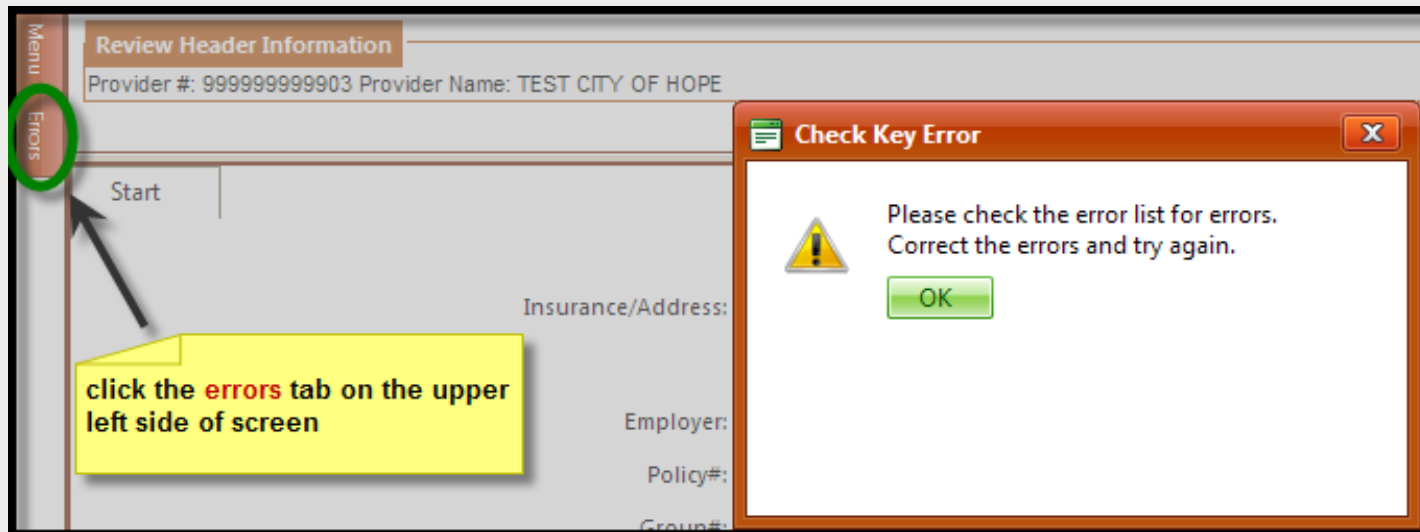
Workmans Compensation

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



# 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.

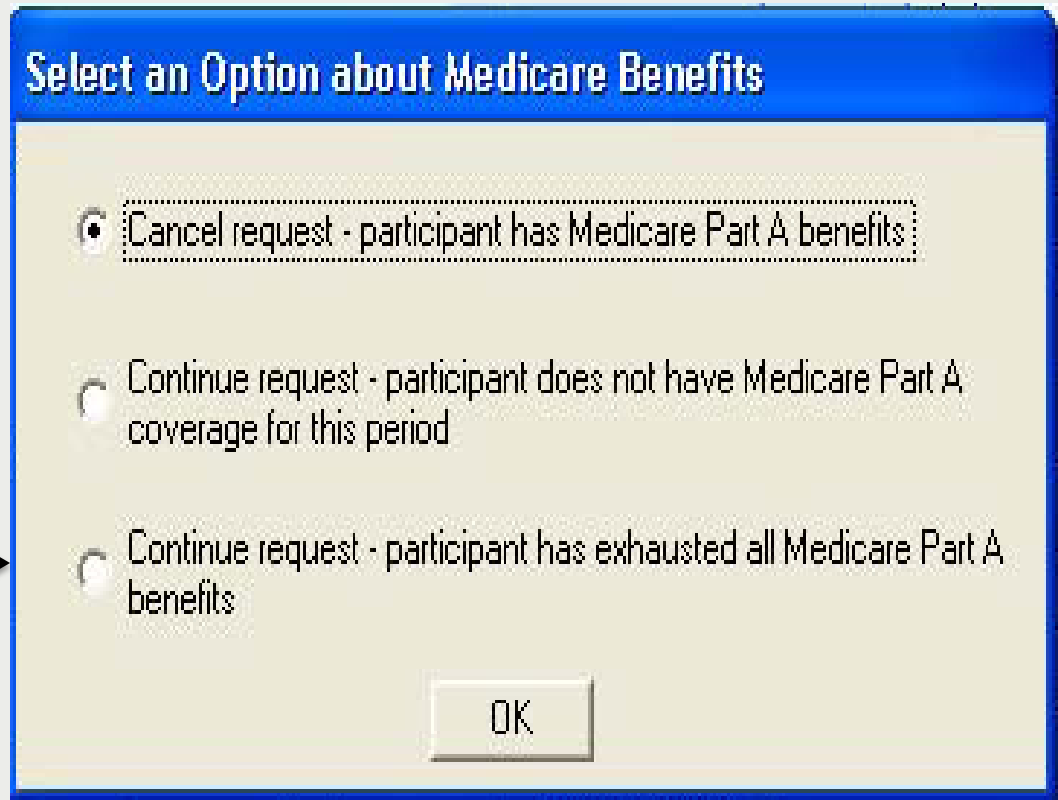


# Start Tab (Medicare Part A)

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.**



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 CODES/ITEMS Tab

- The admit diagnosis code entered on the start screen appears in the diagnosis grid. You cannot change this code.
- You will add additional diagnosis codes to help support the length of stay days

Start	<b>DX/PROCS</b>	VITALS/LABS	DC PLAN	SYMPTOMS	MEDS	SUMMARY
-------	-----------------	-------------	---------	----------	------	---------

Add		Search		Refresh	
DX Code	Description	Code Identified Date	Principal		
311	DEPRESSIVE DISORDER NEC	09/17/2014	Y		

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

CANCEL	SAVE/CONTINUE
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# DX CODES/ITEMS (continue)

- » Click **Add** to enter additional diagnosis codes
- » When applicable, also add any procedure codes (grid on right)

Start	<b>DX/PROCS</b>	VITALS/LABS	DC PLAN	SYMPTOMS	MEDS	SUMMARY
-------	-----------------	-------------	---------	----------	------	---------

Add		Search		Refresh	
DX Code	Description	Code Identified Date	Principal		
311	DEPRESSIVE DISORDER NEC	09/17/2014	Y		

**CANCEL**      **SAVE/CONTINUE**

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

# DX CODES/ITEMS (continue)

## The Code Add/Edit Page will appear.

- ▶ Type in the ICD-9-CM code and hit *tab*
- ▶ Type in the *date identified*
- ▶ Click on **Add** to insert code in the grid.



The screenshot shows a web browser window titled "Code Add/Edit Page". The page contains two input fields: "Code:" with the value "30500" and "Date Identified:" with the value "5/22/2013". Below the "Code:" field, the text "ALCOHOL ABUSE-UNSPEC" is displayed. At the bottom of the form, there are two buttons: "Add" and "Close". The browser's address bar at the bottom shows the URL: "https://ilwebapps.eqhs.org:443/iltrainportal/PopupPages/DxCodeEditPage.a...".

# Search for ICD-9 CM Codes

If a requestor needs assistance with identifying a code, click on the word **Search** and follow the steps listed on the right side of the page.

You may also SEARCH for the additional diagnoses. Click Search

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.

Code Text Search Page

Text Search: 1

Family

2

Search Clear Close

3

Add Selected

# Vitals/Labs Tab

- » **Chemistries** - Include abnormal and positive labs or labs pertinent to the patient's **current** inpatient hospitalization.
- » **Physical** – Enter inpatient admitting vital signs. *Pregnancy test information will appear for female patients.* Fill in BMI if pertinent to diagnosis.

The screenshot displays a web-based form for entering patient data, divided into two main sections: CHEMISTRIES and PHYSICAL.

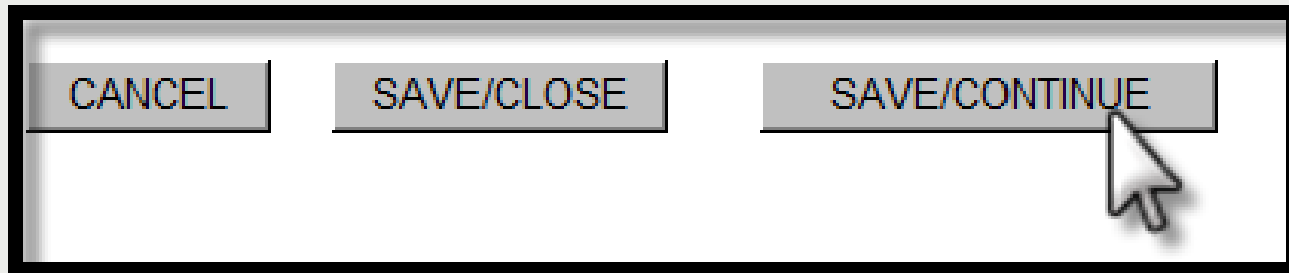
**CHEMISTRIES**

- BAC/BAL: Radio buttons for  mg/dL and  %, followed by a text input field.
- CIWA: A text input field.
- UDS: A dropdown menu currently showing "(None)".
- If positive, name: A list box containing  Amphetamines,  Barbiturates, and  Marijuana.

**PHYSICAL**

- Temperature: A text input field followed by "°F" and a "Method:" dropdown menu currently showing "(None)".
- Blood Pressure: Two text input fields separated by a "/" symbol.
- HCG/UCG: A dropdown menu currently showing "(None)".
- LMP: A text input field followed by a calendar icon.
- BMI: (if eating disorder) A text input field.

# 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.*



# DC Plan Tab

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.

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

# Symptoms TAB

» ***The questions on the symptoms tab are required.*** These questions help define symptoms, functioning and treatment of patient on admission.

Start	DX CODES/ITEMS	VITALS/LABS	DC PLAN	SYMPTOMS	MEDS	SUMMARY
Answer the following and explain on the Summary tab any YES answers						
					Yes	No
Did the patient have a suicide or homicide attempt as the cause for admission?					<input type="checkbox"/>	<input checked="" type="checkbox"/>
Was there suicidal or homicidal intent at admission?					<input type="checkbox"/>	<input checked="" type="checkbox"/>
If the patient had a suicidal or homicidal intent, was there a plan?					<input type="checkbox"/>	<input checked="" type="checkbox"/>
Is there a prior history of suicide or homicide attempt within the past twelve months?					<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the patient have command hallucinations at admission?					<input type="checkbox"/>	<input checked="" type="checkbox"/>
Does the patient have auditory or visual hallucinations?					<input type="checkbox"/>	<input checked="" type="checkbox"/>
Does the patient have a substance use disorder?					<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the patient on q15 minutes or higher level precautions?					<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Note:** If you answer **YES** to any of these questions, **you must provide a clinical scenario on the Summary tab**(You must describe actions, i.e. what is suicide plan, who patient is homicidal toward, what command is given in hallucinations, etc).

# MEDS Tab

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

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

## Helpful Tips:

» Include all psychotropic meds given by any route.

» For PRN medications, include only the dosages the patient actually received and how many in 24 hours.

➡ *Do not include non-psychotropic meds unless used for treating mental illness*

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 and controls:

- Med Name:
- Route:
- Frequency:
- Dosage:
- Start Date:
- Stop Date:
- Meds Are:
- At the bottom, there are two buttons: [Add](#) and [Close](#). A red arrow points to the [Add](#) button.

# MEDS Tab (continue)

» **If Meds are pending on admission**, fill in date and choose reason on bottom of screen, as shown below.

Review Header Information

Provider #: 999999999901 Provider Name: TEST ST. ELSEWHERE HOSPITAL  
Bene ID:001201029 Bene Name:ANDREW HILL Age:21 Current Age:21 Admit DT:5/2/2013 Review ID:33644913 Admit DX: 29690 EPISODIC MOOD DISORD NOS

Start DX CODES/ITEMS VITALS/LABS DC PLAN SYMPTOMS **MEDS** SUMMARY

MEDITATIONS

Copy Meds from previous review

Add Refresh


Name	Route Type	Frequency	Dosage	Start Date	Stop Date	Meds are:	Consent date
No Meds on this Review							

If Meds are pending, please indicate date and reason:

Date:  Reason:

# Summary Tab

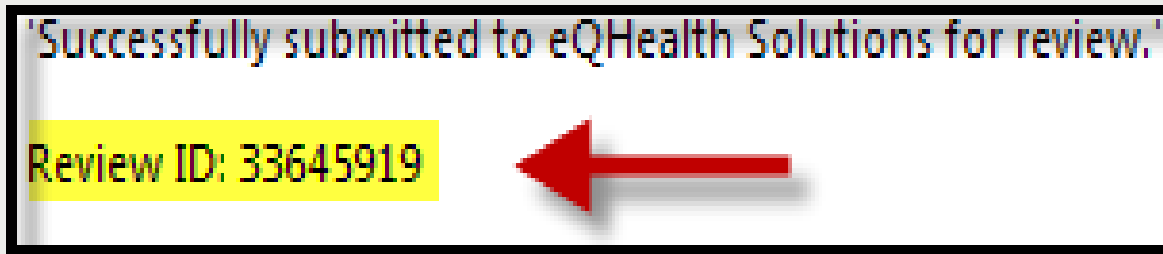
- » **Enter a *short clinical summary*:** It must include specifics about the patient's *signs and symptoms, actions* (i.e. what is suicide *plan, who* patient is homicidal toward, etc), *drug use hx* (when applicable), *DCFS notification* re: alleged abuse or lock out, and any *psychotropic drug levels* (ie: Lithium, Depakote, Tegretol) (Blood levels that are measured for these medications).
- » If any of the questions on the symptoms tabs were answered YES, **include a brief explanation.**
- » Click ***Submit for Review*** at the bottom of the screen to submit review.



The screenshot displays a software interface for a 'Summary Tab'. At the top, there is a horizontal navigation bar with tabs labeled 'Start', 'DX/PROCS', 'VITALS/LABS', 'FINDINGS', 'DC PLAN', 'MEDS', and 'SUMMARY'. The 'SUMMARY' tab is currently selected and highlighted in yellow. Below the navigation bar, a text area contains the following instructions: '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)'. A large, empty rectangular text input field is provided for the user to enter their summary. At the bottom of the interface, there are three buttons: 'CANCEL', 'SAVE/CLOSE', and 'SUBMIT FOR REVIEW'. A mouse cursor is pointing at the 'SUBMIT FOR REVIEW' button, which is highlighted with a yellow starburst effect.

# Completed Review

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



» A review ID number will be given; this is the same as the tracking number . **Record the number for tracking purposes.**

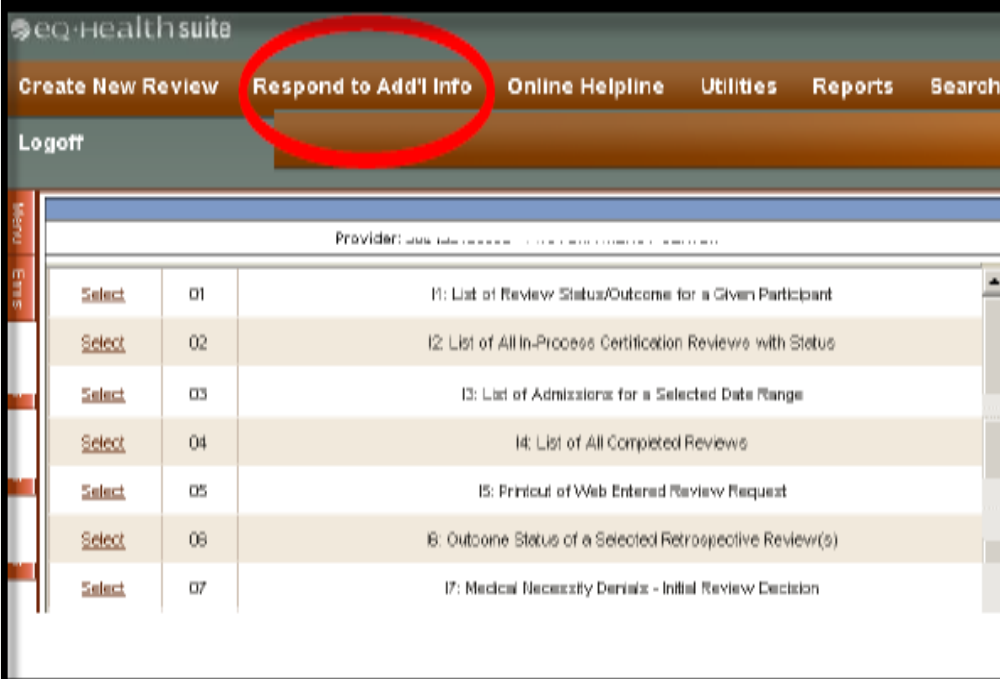
# eQSuite™

## MENU BAR

# Respond To Request for Additional Information

- » An eQHealth nurse may pend the request seeking additional information in order to proceed with the review process. The information must be submitted to eQHealth within *1 business day from the date of notice*.
- » To respond to a pending review, click **Respond to Add'l Info** tab on the menu bar.

Check this tab daily!



The screenshot shows the eQHealth suite interface. The top navigation bar includes the following tabs: Create New Review, Respond to Add'l Info (highlighted with a red circle), Online Helpline, Utilities, Reports, and Search. Below the navigation bar is a Logoff button. The main content area displays a table with the following data:

Provider: sus id=... ..		
Select	01	1: List of Review Status/Outcome for a Given Participant
Select	02	12: List of All In-Process Certification Reviews with Status
Select	03	13: List of Admissions for a Selected Date Range
Select	04	14: List of All Completed Reviews
Select	05	15: Printout of Web Entered Review Request
Select	06	16: Outcome Status of a Selected Retrospective Review(s)
Select	07	17: Medical Necessity Denials - Initial Review Decision



# Respond To Request for Additional Information

- » The system will display all records in process in which eQHealth has requested additional information.
- » Choose the correct record by clicking **open**.

	ReviewID	Request Date	Requestor Name	Bene ID	First Name	Last Name	Request Type	Admit Date	Provider ID	Provider Name
<a href="#">Open</a>	31629906	08/26/2010	Valencia Alexander	001200286	CHRISTIAN	BRADLEY	Admission	08/25/2010	999999999901	TEST ST. ELSEWHERE HOSPITAL

- » A tab 'Add'l Info' will open showing the question(s).
- » Please reply inside the text box labeled Additional Info.
- » Click **Submit Info** button.



Start DX CODES/ITEMS VITALS/LABS DC PLAN SYMPTOMS MEDS SUMMARY **ADDL INFO**

QUESTION:

ADDITIONAL INFO:  
Web submitted additional info 12/31/2013

Please do not click submit until you are ready to send documentation by either entering in the response box or linking an attachment.

CANCEL **SUBMIT INFO**

# Respond To Request for Additional Information

## Link Attachment

- » Additional information requested by a nurse may also be linked to a review by clicking on the **Attachments tab**.
- » The system will display a list of reviews in which additional information is needed.
- » Additional information may be linked to a review in on of two ways:
  - Print attachment coversheet(s) or Upload attachment image(s)

### 1. Print attachment coversheet



# Respond To Request for Additional Information


- » Upon clicking the **Print attachment coversheet(s)** button, the system will prompt the user to select attachment type.
- » Click **Generate CoverSheet**



# Respond To Request for Additional Information

- » The system will create the following fax coversheet.
- » Print coversheet and fax to eQHealth in order for the review to be completed.

eQHealth Solutions  
Fax Cover Page



R-33645936 I-50

Provider ID: 999999999903  
Provider Name: TEST CITY OF HOPE  
TAN:  
Bene ID: 001201136  
Bene Name: BIANCA REESE  
Admit Date: 10/01/2013  
Review ID: 33645936

# Pages (Including this one) \_\_\_\_\_

**Important**

**Only use coversheet once.  
Please do not modify or duplicate bar code or cover sheet in any way**

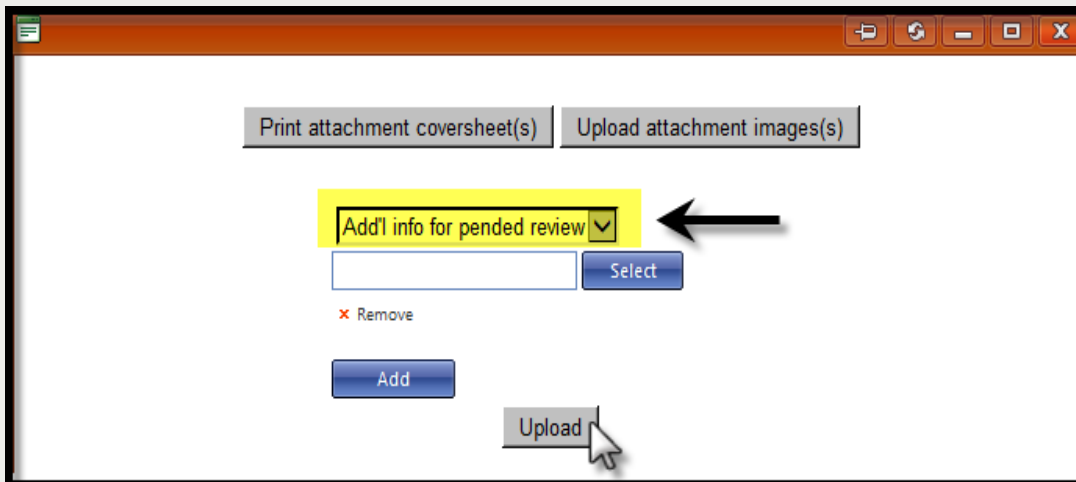
ADDITIONAL INFORMATION REQUESTED BY eQHealth Solutions

# Respond To Request for Additional Information

## 2. Upload attachment image(s)



» The attachment type will be preselected.



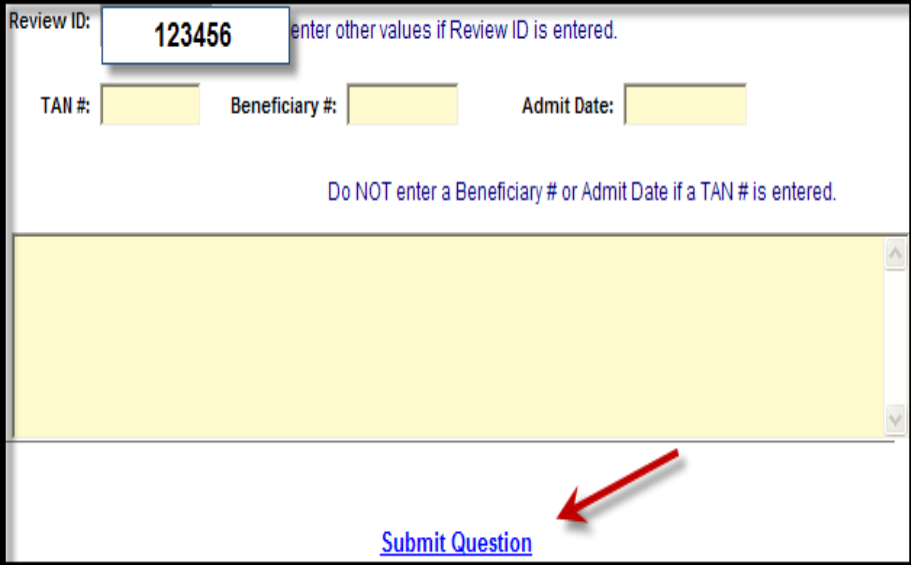
» Click **select** to search the user's local drive for the additional information document.

» Click **upload**

- A message will display to confirm the information has been successfully linked to the review.

# Online Helpline

- » Inquires may be submitted online by clicking the **Online Helpline** tab on the menu bar.
- » Type the question in the text box and click **Submit Question**.
- » A message will appear stating that the response has been submitted and a ticket number will be assigned .



Review ID:  enter other values if Review ID is entered.

TAN #:  Beneficiary #:  Admit Date:

Do NOT enter a Beneficiary # or Admit Date if a TAN # is entered.

[Submit Question](#)

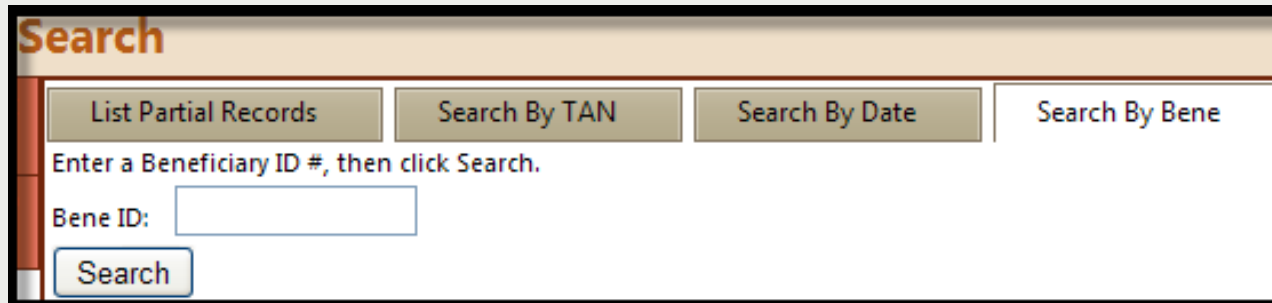
A red arrow points to the "Submit Question" link.

- » Once the ticket has been processed, a link will be emailed to return back to the Online Helpline.
- » To view the response to a previous ticket, scroll down and view the **history** section.

# Search

## View Previously Submitted Web Review Requests

- » Click **Search** on the menu bar.
- » Search by date or BENE (RIN).
- » A list will appear with all past Web reviews which have been submitted to eQHealth for review.
- » Click **open** to go into the Web review.



The screenshot shows a web interface titled "Search". At the top, there are four buttons: "List Partial Records", "Search By TAN", "Search By Date", and "Search By Bene". Below these buttons, there is a text prompt: "Enter a Beneficiary ID #, then click Search." Underneath the prompt is a text input field labeled "Bene ID:" and a "Search" button.

**NOTE:** You cannot change any fields; however, you will be able to see what information has been entered by the requestor.

# Search

## Search for Partially Saved Records

- » Click **Search** on the menu bar

	ReviewID	Request Date	Requestor Name	Bene ID	First Name	Last Name	Request Type	Admit Date	Provider ID	Provider Name
<a href="#">Open</a>	33645397	06/17/2013	trainweb01 trainweb01	001201136	BIANCA	REESE	Admission	06/02/2013	999999999903	TEST CITY OF HOPE

- » The *list of partial records* tab of Web reviews will appear displaying reviews that have **not** yet been submitted to eQHealth.
  - Check daily to ensure reviews are submitted timely.
- » Click **open** to go back into the Web review to complete the review request.
- » Click **Submit for Review**.



# Utility Tab

- » Enter discharge dates using the *discharge utility*

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

- ➔ *BENE*
- ➔ *TAN*

Discharge dates must be entered within **HFS' 180 day billing cycle**. The following message will display on screen if a request is beyond the allowable time:

- ➔ **Error Message-** *Updating discharge date for review older that one year is not allowed.*

# View Letters Online

All written correspondence from eQHealth regarding review determinations can be accessed by clicking the **Letters** tab on the menu bar. Letters are grouped into three categories:

- » **Completed:** All review determinations for a hospitalization.
- » **In Process:** Review pended for additional information or review sent for Physician referral.
- » **Reconsiderations:** All letters pertaining to your request for a reconsideration of denial or reassessment of DRG change.

# View Letters Online

**Example:** Search for a letter from a completed review.

1. Enter a date range in the *Admission Date* field and click **search**.
  - The system will display all reviews for the admit date range with a letter.
2. Click the **View Review Letter(s)** link to open letter.
3. Print or save letter(s) for your record.

Letters Search

Completed In Process Reconsiderations

Admit Date:

Start Date: 10/8/2013

End Date: 11/21/2013

Search

Admit Date	Recipient Last Name	Recipient First Name	Recipient ID	Review ID	eQHealth Case ID		
10/12/2013	ALLEN	GARY	7499889394	28078985	1684453	<a href="#">Open Review</a>	<a href="#">View Review Letter(s)</a>

# Provider Reports

- » There are 25 unique reports available through eQSuite™.
- » All report data is facility specific. All data transmitted via the internet is encrypted for security compliance.
- » A Provider Reports Guide is available on our website under the *Provider Resources* tab.
- » The following reports are the most frequently run reports in eQSuite™:
  - ❖ **RPT1: Review Status /Outcome for Given Participant**
  - ❖ **RPT2: Status of All In-Process Certification Reviews**
  - ❖ **RPT3: Assigned TANs in Admission Date Range**
  - ❖ **RPT4: All Completed Reports**
  - ❖ **RPT8: Initially Denied Reviews and Reconsideration in Process**
  - ❖ **RPT 13: Reviews Pended for Additional Information**
  - ❖ **RPT15:Unreviewable Reviews Requests**
  - ❖ **RPT 17: Web Review Request Printout**
  - ❖ **RPT41:Retro Prepay Correspondence**
  - ❖ **RPT42: Retro Postpay Correspondence**

# Provider Resources

## **eQHealth Provider Helpline**

- Monday through Friday, 8:00 a.m. to 5:00 p.m.
- Submit online inquiries via the eQSuite™ helpline module.

## **Website <http://il.eqhs.org>**

- The *eQSuite™ User Guide* (PowerPoint slides) can be found under the ProviderResources tab on our Website.

## **Web system – eQSuite™**

- Our secure, HIPPA compliant, Web-system offers Providers 24/7 accessibility.