# eq·Health
### solutions

# 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.
    o Your user name and password are unique to your hospital.
    o 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 <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*.*

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# 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).
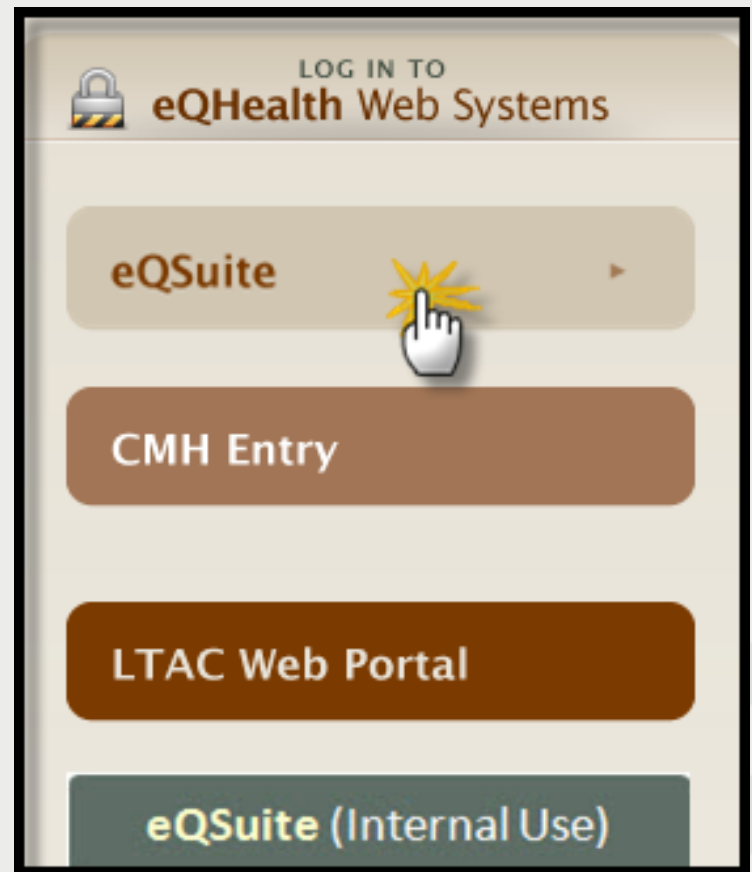
# User Log In

Enter the assigned eQHealth username and password and click login.

Username

Password

Login

forgot password?

Message Board:

Keep Providers Alert

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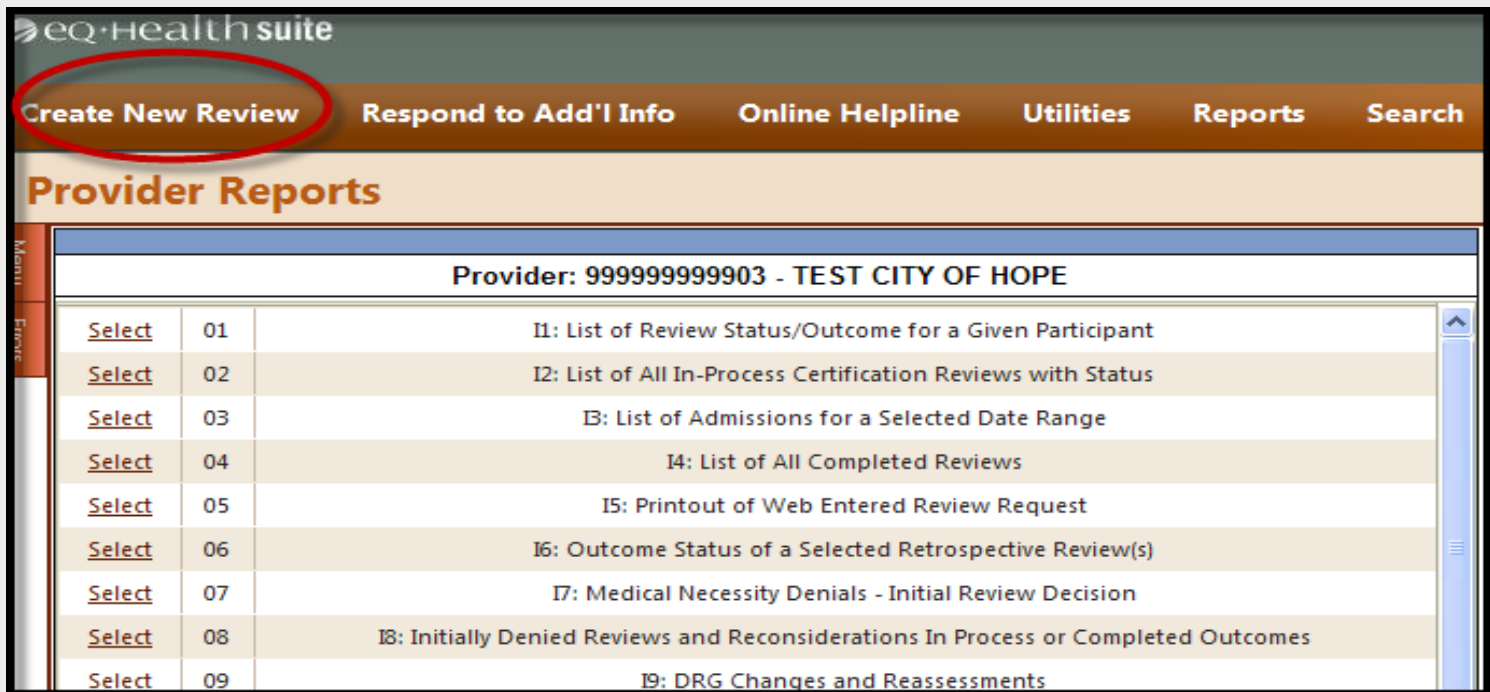
## Forgot Password?
o Click on *forgot password-* you will be instructed to enter your username to receive a temporary password.
o Once logged in, copy new password and follow directions to reset.

**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 first on your screen.

» To begin the review, 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. **You need the following information:**

   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: 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

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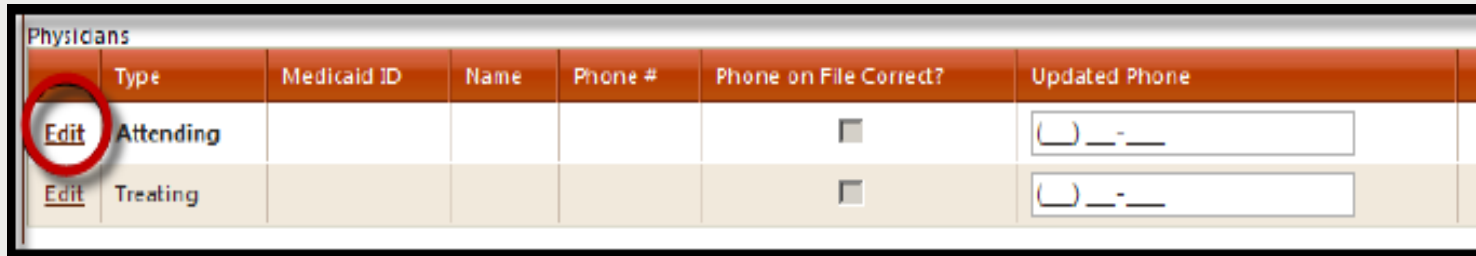
*Note:* Double check this date, you cannot change after you leave this page.

- » **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 #.

| Physicians | | | | | | |
|---|---|---|---|---|---|---|
| | **Type** | **Medicaid ID** | **Name** | **Phone #** | **Phone on File Correct?** | **Updated Phone** |
| Edit | Attending | | | | ☐ | (__) __-__ |
| Edit | Treating | | | | ☐ | (__) __-__ |

**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.
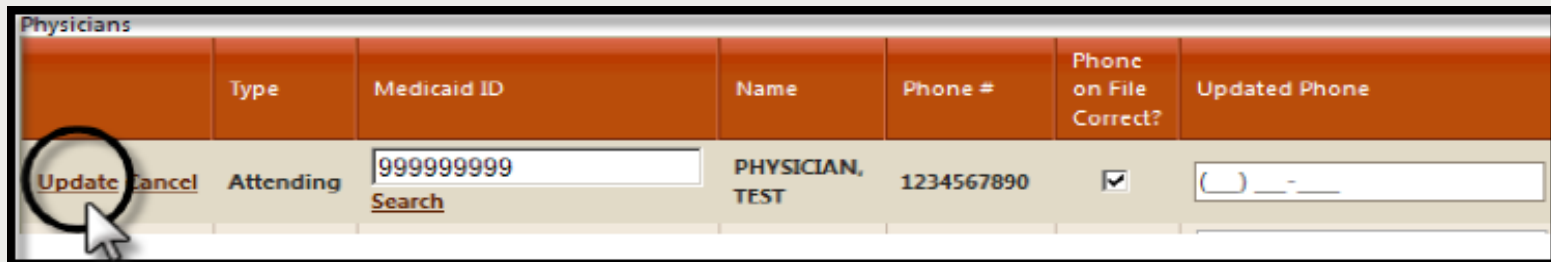
| Physicians | | | | | | |
|---|---|---|---|---|---|---|
| | **Type** | **Medicaid ID** | **Name** | **Phone #** | **Phone on File Correct?** | **Updated Phone** |
| Update Cancel | Attending | _____ Search | | | ☐ | (__) __-__ |

**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)

**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 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**



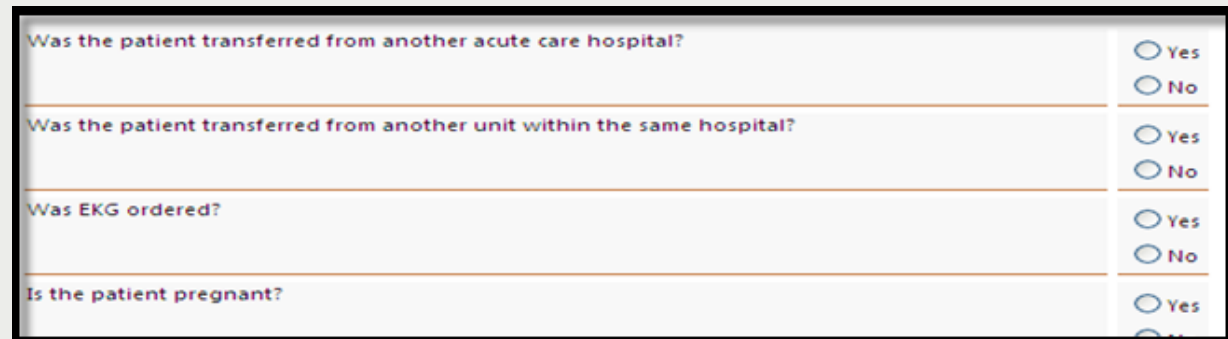## Quality Screening Questions

➡Answer Yes or No for all quality screening questions. **These questions are required.**

# Start Tab (continue)

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

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.

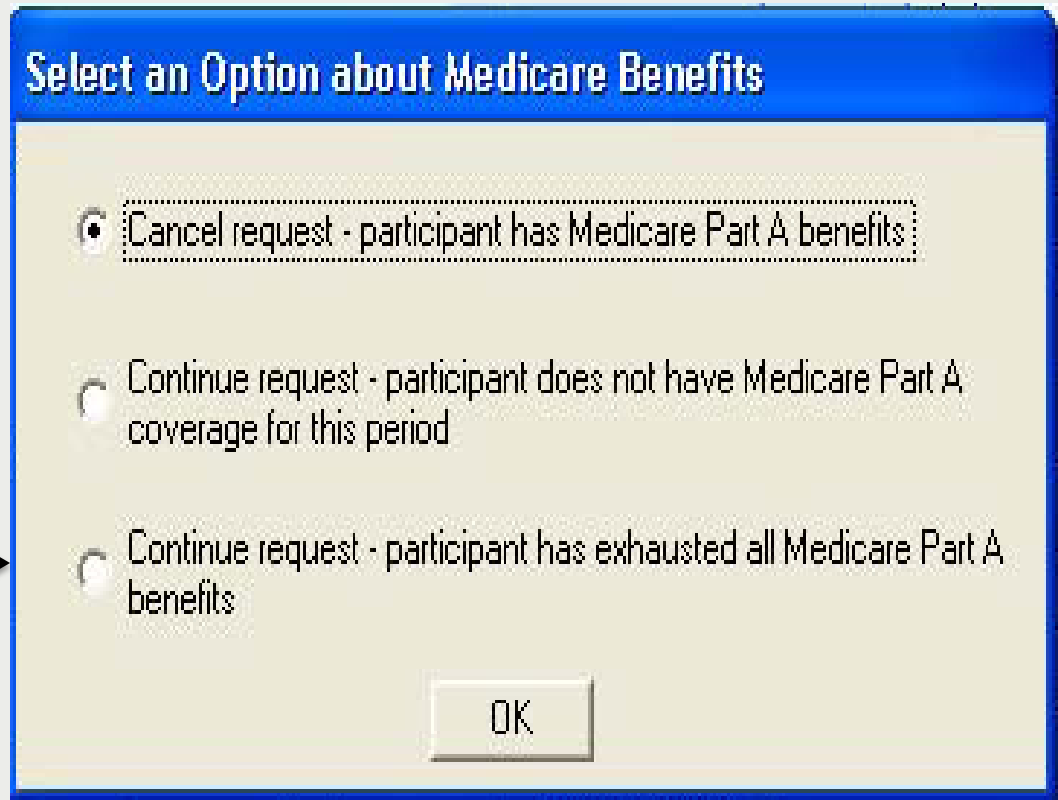» Rectify errors and click *CHECK KEY* or *CANCEL*.
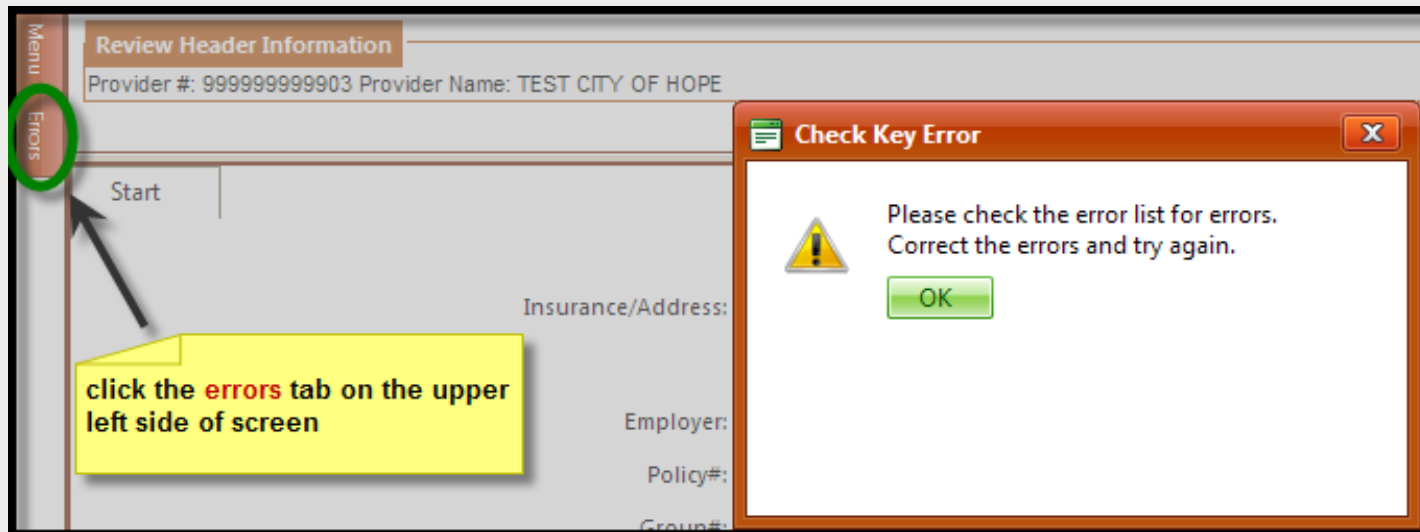
# Start Tab (Medicare Part A)

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 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



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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)



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# 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.

# Search for ICD-9 CM Codes



You may also SEARCH for the additional diagnoses. Click Search

1. Type in a key word.
2. Click <u>search</u>. A list of codes will appear. Find the code and click <span style="color:red">select</span>.
3. Click *Add Selected* to insert the code in the grid.

# 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.

# Vitals/Labs Tab (continue)
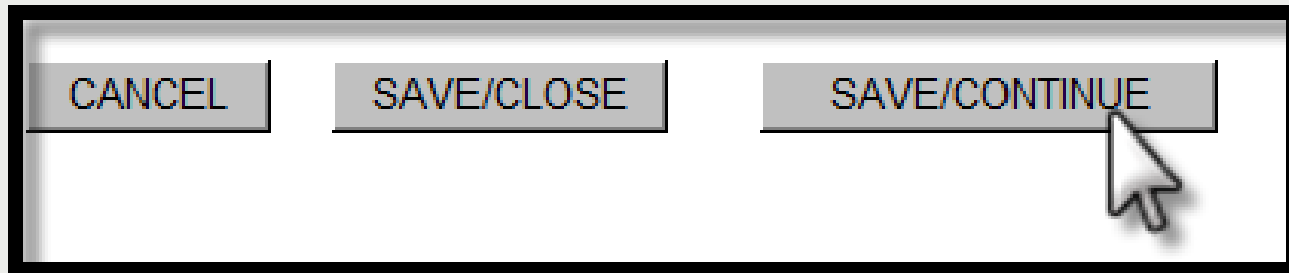


**IMPORTANT:** The *save/ continue* button is used to save your work and to continue with the Web review. Click the save/continue button on the bottom of each screen.

➡️ 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? | ☐ | ☑ |
| Was there suicidal or homicidal intent at admission? | ☐ | ☑ |
| If the patient had a suicidal or homicidal intent, was there a plan? | ☐ | ☑ |
| Is there a prior history of suicide or homicide attempt within the past twelve months? | ☑ | ☐ |
| Does the patient have command hallucinations at admission? | ☐ | ☑ |
| Does the patient have auditory or visual hallucinations? | ☐ | ☑ |
| Does the patient have a substance use disorder? | ☑ | ☐ |
| Is the patient on q15 minutes or higher level precautions? | ☐ | ☑ |

**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.

# MEDS Tab (continue)

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

# 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*.*

# Completed Review

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

'Successfully submitted to eQHealth Solutions for review.'

Review ID: 33645919
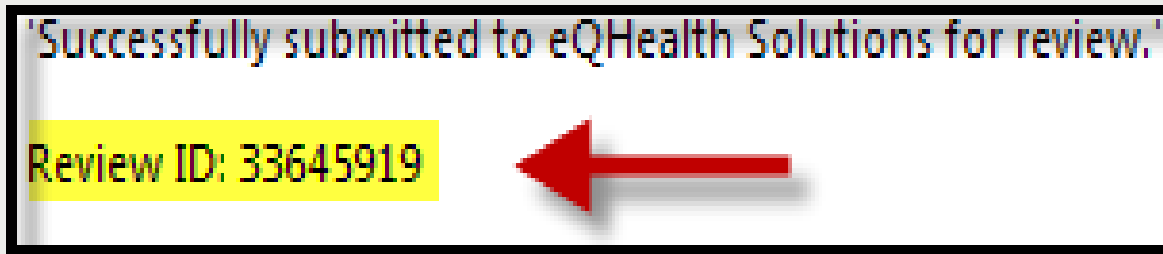
»A review ID number will be given; this is the same as the tracking number . **Record the number for tracking purposes**.
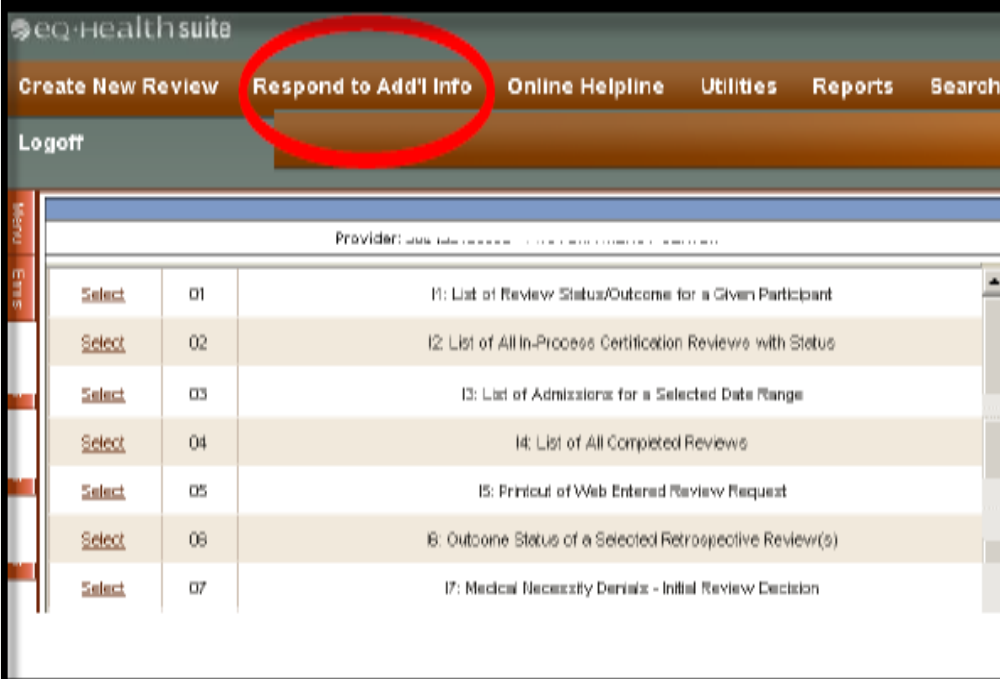
# eQSuite™
# MENU BAR

# 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 pended review, click *Respond to Add'l Info* tab on the menu bar.

Check this tab daily!

# 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 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | Open | 32629906 | 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



Print attachment coversheet(s)    Upload attachment images(s)

Click Print attachment coversheet(s) to print a bar-coded fax coversheet

# Respond To Request for Additional Information

» Upon clicking the **Print attachment coversheets(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.

# Respond To Request for Additional Information

2. **Upload attachment image(s)**



Click Upload attachment coversheet(s) to link the information directly to the review

» The attachment type will be preselected.
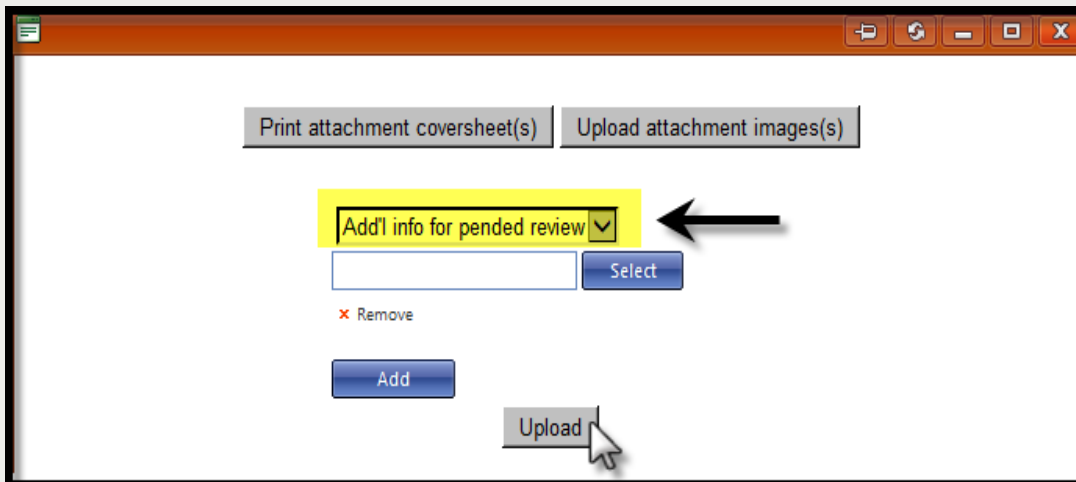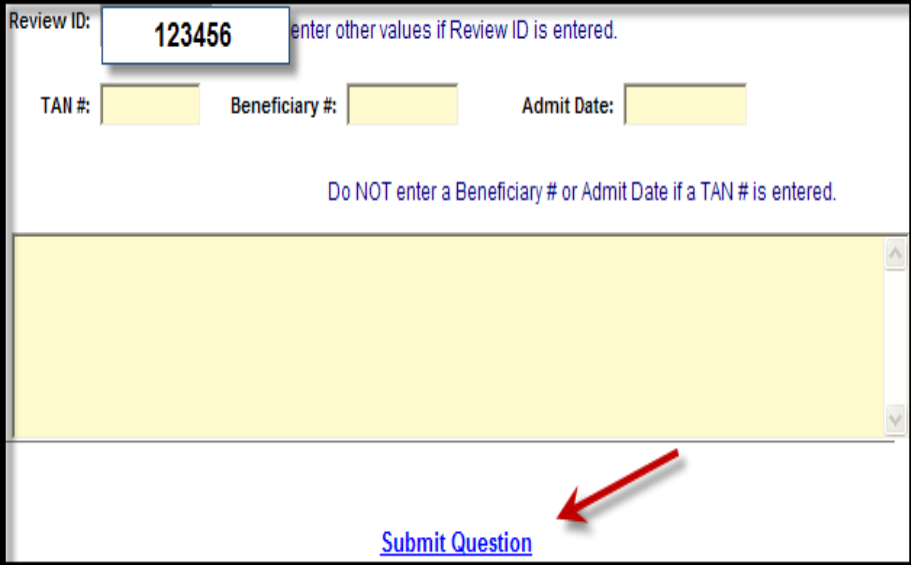


» Click **select** to search the user's local drive for the additional information document.

» Click **upload**

  o 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 .
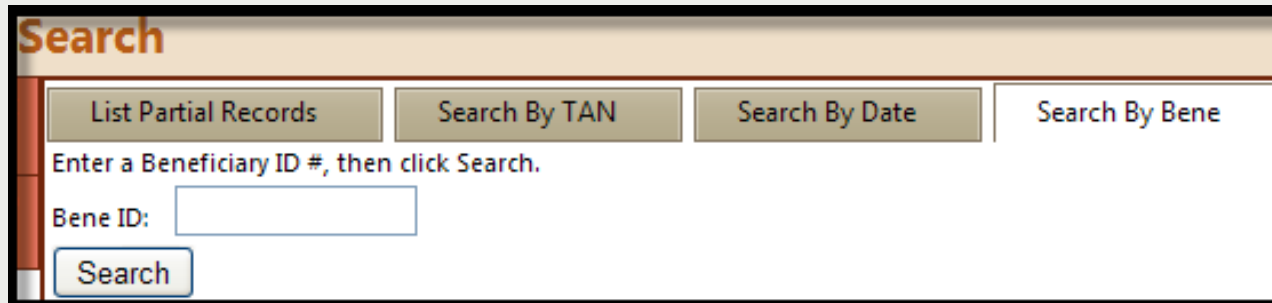


» Once the ticket has been processed, a link will be emailed to return back to the Online Helpline.

» 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.



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 |
|---|---|---|---|---|---|---|---|---|---|---|
| Open | 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*



- → *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**.
   - o 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.

# 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**

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# Provider Resources

**eQHealth Provider Helpline**

- Monday through Friday, 8:00 a.m. to 5:00 p.m.
- Submit online inquires 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.