

Summary Provider Web Reports

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

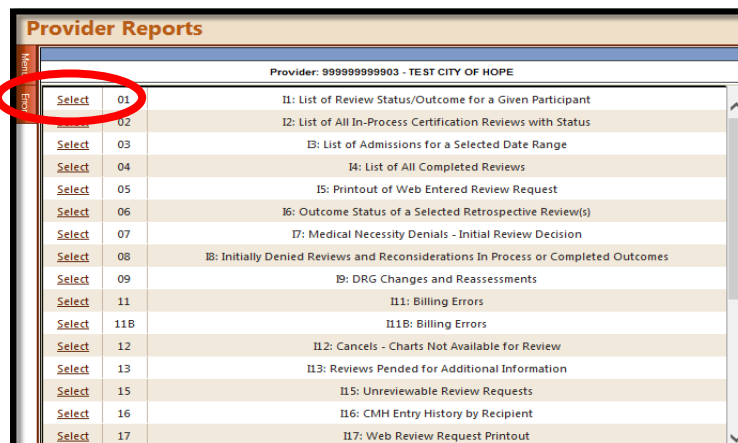
Access Provider Reports - eQSuite®

- ▶ 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 below)



- ▶ Upon logging in, the Provider Reports menu will appear 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: 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: Cancells - Charts Not Available for Review
Select	13	I13: Reviews Pended for Additional Information
Select	15	I15: Unreviewable Review Requests
Select	16	I16: CMH Entry History by Recipient
Select	17	I17: Web Review Request Printout

NOTE: The following reports contain artificial data



eQHealth Provider **General** Web Reports

RPT: 01

Review Status/Outcome for a Given Participant

Provider: 99999999901 **Behavioral Health Hospital** **Morton, IL** **Print Date: 99/99/9999**
Participant: 123456789 **Jane Doe** **Female** **DOB:3/15/98** **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), Completed

RPT: 02

Status of All In-Process Certification Reviews

Print Date: 11/01/2008

Provider: 99999999901 **Happy Hospital** **Chicago IL**

Print Time: 99:99

Review Type	Receipt Date	RIN Number	First Name	Last Name	Admit Date	Record Status	Tracking #	Patient Account #
Admission	11/01/08	123456778	Jane	Doe	10/31/08	At Physician Review	000000400	
Cont'd Stay	11/01/08	987654432	Donald	Duck	10/24/08	At Nurse Review	000000403	
Admission	11/01/08	000000000	Tweety	Bird	11/01/08	Pended	000000408	
Retro Prepay	10/29/08	000000001	GI	Joe	06/01/08	At Nurse Review	000000365	

Review Type = Admission, Continued Stay, Retrospective Prepay or Post-pay This is just for status of where your case is in the review process.
Record Status = Nurse Review, Pended (need add'l info), Suspended (add'l info not given in 24 hours), Physician Review



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 #	SASS Involved in D/C Plan Y or N

After the discharge date is reported, the Total Days field will have all days certified for this hospitalization.

RPT: 04

All Completed Reviews (with certification)

Provider: 99999999901 Happy Hospital Chicago IL

Print Date: 99/99/9999

Completion Date Range: _____ - _____ (60 day limit)

Print Time: 99:99

Participant Number	First Name	Last Name	Admit Date	Discharge Date	Last Day Cert	Total Days	TAN	Patient Account #	Admit DX	Review Type	Complete Date	Days Cert	Review ID
			--	--	--	--	--	--			--		
000000000	Minnie	Mouse	11/01/08	11/08/08	11/03/08	7	123456543		29500	Admission	11/01/08	3	000000402
000000000	Minnie	Mouse	11/01/08	11/08/08	11/08/08	7	123456543		29500	Cont. Stay	11/03/08	4	000000520
000000000	Mickey	Mouse	01/01/08	01/02/08	01/02/08	1	987654321		486	RetroPostpay	11/01/08	1	000000000

Total Days = Total number of days certified after discharge date is reported (admission + all continued stay days cert or days certified for Retro Prepay),

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

Days Cert = Days certified for each review type, admission and cont'd stay (concurrent). Admission only for short stay post discharge and Retro Prepay

DRG-reimbursed admissions will show "1" and a single, DRG-reimbursed cont stay (review at discharge) will show remainder days up to discharge date even though this is not a LOS review.

Per-Diem reimbursed admissions and each cont'd stay review will show the days certified for each review.



Report 05: Printout of Web review requests entered in old web system (2004-2010)

Electronic Review Request

Tracking #: 22686613
 Participant: 999999907 TEST BENEFICIARY
 Admit Date: 10/15/2007
 Provider: 99999999997 TEST HOSPITAL FOR WEB ENTRY TRAINI
 Requestor: JANE DOE (999)888-7777
 Submitted: 10/15/2007
 Ext: 1111

Print Date: 3/19/2009
 Print Time: 9:05 AM
 Page: 1

Participant: 999999907 TEST BENEFICIARY TAN:
 Admit Date: 10/15/2007 Admit DX: 4280 CHF NOS

Category of Service: 20
 3 Day Emergency Psych Admit: Pass Days Used -
 DCFS Consent or "No Consent Required " Form Obtained? -

Discharge Date: # Days Requested: 3 Patient Acct #:
 Physician: 99999999901 PETER FONDA
 CHICAGO, IL

TPL: No Reason:

Insurance/Address:
 Employer: Policy #:
 Group #: Policy Holder:
 Relationship: Other:
 If patient not discharged yet, have D/C plans started? No
 Did patient receive outpatient treatment prior to admit? No

Is patient being admitted for surgery? No

Diagnosis Codes:
 486 PNEUMONIA ORGANISM NOS
 49390 ASTHMA NOS

Procedure Codes:

For Psychiatric Requests Only:

Axis IV Stressors:
 Current GAF: Highest GAF In Past Year:

Clinical Signs and Symptoms:

ADMISSION: c/o SOB, weakness, cough ; noted with decreased breath sounds bilaterally and wheezes
 VITALS: 101.3, 125, 26, 128/72, sat 88 % on room air 5/23 temp max 102.0

Studies/Labs/X-Rays:

LABS/TESTS: cxr = + bilateral lower lobe infiltrates, wbc 11.4, blood and sputum culture = pending
 5/23 blood culture = gram + cocci

Treatment Plan:

In er: levoquin iv x1, o2 3l nc, albuterol and atrovent neb x 2; admit: o2 3l nc, pulse ox q 4h
 5/22 o2 3l nc, 5/23 o2 2l nc

Medications:

Date Ordered	Medication	Dosage	Frequency	Route
10/15/2007	solumedrol	60mg	q 6h	IV



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: 07

Medical Necessity Denials – Initial Review Decision

(Administrative Denials Not Included)

Provider: 99999999901

Happy Hospital

Chicago IL

Print Date: 99/99/9999

Completion Date Range: _____ - _____

Print Time: 99:99

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

Use Report 08 to see if a reconsideration was submitted by your facility = Recon Request Date

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: 9

DRG Changes and Reassessments

Provider: 99999999901 Happy Hospital Chicago IL

Print Date: 99/99/9999

Completion Date Range: _____ - _____

Print Time: 99:99

For DRG Reassessments use Reassessment Request Date + 90 days out

Recipient Name	RIN	Account Number	Admit Date		Diagnosis Codes	Procedure Codes	D/C Stat	DRG	Error Code	Review Start Date	Complete Date
DOE, JANE				Billed:							
				Revised:							
				Reassess:							

No Report #10

RPT: 11

Billing Errors

(Retrospective Prepayment Reviews Only)

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	Unsusended 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.

No Report 14



RPT: 15

Unreviewable Review Requests
(Admission and Concurrent Requests Only)

Provider: 99999999901 Happy Hospital Chicago IL
 Receipt Date Range: _____ - _____

Print Date: 99/99/9999
 Print Time: 99:99

RIN	Last Name	First Name	Admit Date	Request Type	Request Method	Receipt Date	eQHealth Tracking #	Reason

Request Method = Phone or Web Review

RPT: 16

CMH Entry History by Recipient
 Children's Mental Health

Provider: 99999999901 Happy Hospital Chicago IL
 RIN: _____ Name: _____, _____

Print Date: 99/99/9999
 Print Time: 99:99

Admit Date	Hospital Called CARES Date	SASS First Involvement Date N or Y	Cares Entry Date/Time	SASS Entry Date/Time	SASS Involved In D/C Planning	Initial SASS Provider	SASS Provider Case Transferred To	eQHealth Began Medical Review N or Y	Record Number

RPT: 17 Print out of Web review requests entered in new Web system (Winter 2010 - forward)

Report I17

eQHealth Solutions
WEB REVIEW REQUEST

Review ID: 32629906

Print Date/Time: 3/1/2011 7:56 AM

CASE IDENTIFICATION:

Recipient: 001200286 BRADLEY, CHRISTIAN
 DOB: 4/20/1995 Age: 15 Sex: M
 Admit/Dsch Dates: 8/25/2010
 Admit DX: 49320
 Proposed D/C Date: 10/20/2010
 Observation Date:
 Emergency Dept. Service Date:
 Outpatient Service Date:
 Category of Service: Med/Surg
 3 Day Emergency Psych Admit:
 DCFS Consent: N

Provider: 999999999901
 TEST ST. ELSEWHERE HOSPITAL
 Setting: Med/Surg
 TAN:
 Review Type: Admission
 Request Date: 8/25/2010
 Days Requested: 56
 Requestor:
 Valencia Alexander 225-926-6353
 Account #:
 Pass Days Start/End Dates:

PHYSICIAN:

Attending: 036120766 SMITH, AMY
 1300 FRANKLIN AVE
 SUITE 100
 NORMAL, IL 617613676
 Phone: (309) 268-3761 Phys Phone's Correct: Yes Updated Phone:

Treating: 036091686 SMITH, BONNIE
 115 E WALNUT ST
 FAIRBURY, IL 617391516
 Phone: (815) 692-2305 Phys Phone's Correct: Yes Updated Phone:

DX / PROCS:

PDX: 49320 CHR OBSTR ASTHMA NOS

DOCUMENTATION:

CLINICAL SUMMARY - Are home medications documented? Yes
 Are allergies documented? No
 Prior to admission, this patient resided at Home
 Did the patient require a higher level of care within 24 hours of admission? No
 Did patient receive outpatient or ER services prior to Admission? No
 Outpt treatment failed: N
 Compliant w/ meds: N
 Not compliant in the past three months

DISCHARGE PLAN - DC plan: Home:

RPT: 18 Medicaid Cases due for Concurrent Review

RPT: 118		eQHealth Solutions Medicaid Cases Due for Concurrent Review				Print Date: 02/10/2015				
Provider: 999999999903		TEST CITY OF HOPE HONOLULU HI		Print Time: 10:43AM						
<p>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.</p>										
Participant First Name	Participant Last Name	Recipient Identification #	Account Number	Actual Admit Date	Discharge Date	Treatment Authorization Number	# Days Certified	Last Date Certified	*	P M
LATONYA	CRAWFORD	001200294		4/14/2014		19000943	1	4/14/2014		D
LATONYA	CRAWFORD	001200294		9/21/2014		19000974	1	9/21/2014		D
LATONYA	CRAWFORD	001200294		11/5/2014		19000988	1	11/5/2014		D
LATONYA	CRAWFORD	001200294		11/5/2014		19001039	1	11/5/2014		D
LATONYA	CRAWFORD	001200294		12/8/2014		19000991	1	12/8/2014		D
LATONYA	CRAWFORD	001200294		12/8/2014		19001008	1	12/8/2014		D
LATONYA	CRAWFORD	001200294		1/9/2015		19001042	1	1/9/2015		D
JANE	DOE	200	987654	5/27/2008		18000981	4	5/30/2008	*	P
BIANCA	REESE	001201136		6/2/2013		19000824	1	6/2/2013		D
BIANCA	REESE	001201136		6/2/2013		19000872	1	6/2/2013		D
<p>* 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.</p>										

Discharge Date = This date can be recorded in eQSuite® through the *Utility* tab

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

Last Day Certified = Certified date on the admission review

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

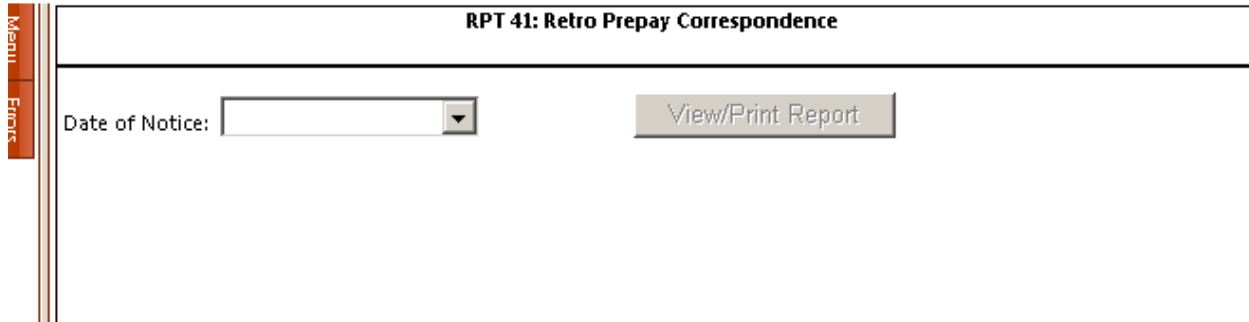
No Reports 19-40

RPT: 41 or 42

Copy of Retro Prepay Correspondence or Retro Postpay Correspondence

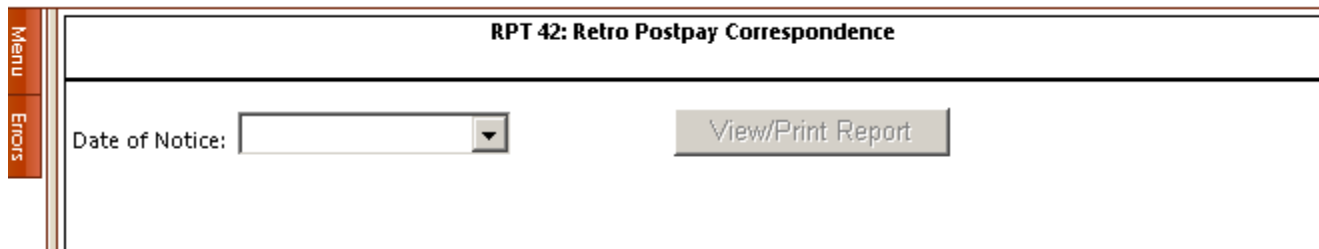
Notices for Offsite Review for Retrospective Prepayment reviews are sent on HFS selected cases each Friday.

The Date of Notice will be each Tuesday of the month. If a Date of Notice does not appear in the drop down menu, there were no records requested for prepayment review from your facility for that specific week.

A screenshot of a web application interface for "RPT 41: Retro Prepay Correspondence". On the left side, there is a vertical navigation menu with "Menu" and "Errors" buttons. The main content area has a title bar "RPT 41: Retro Prepay Correspondence" and a form below it. The form contains a label "Date of Notice:" followed by a dropdown menu and a "View/Print Report" button.

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 your facility for that specific month.

A screenshot of a web application interface for "RPT 42: Retro Postpay Correspondence". On the left side, there is a vertical navigation menu with "Menu" and "Errors" buttons. The main content area has a title bar "RPT 42: Retro Postpay Correspondence" and a form below it. The form contains a label "Date of Notice:" followed by a dropdown menu and a "View/Print Report" button.



eQHealth Provider Summary Reports

RPT: 50

Summary of Review Volume and Physician Referrals

Provider: 99999999901

Happy Hospital

Chicago IL

Print Date: 99/99/9999

Completion Date Time Period (s): _____ - _____

Print Time: 99:99

	Total Completed Reviews	URC Approved Reviews	% URC Approved of all Reviews	# Days Approved at URC	# Reviews Referred to PR	% PR Referred to Total Reviews	# Days Approved at PR	# Reviews with PR Denial	% w/ PR Denial of Total Referrals	# Days Initially Denied
	B	C	D	E	F	G	H	I	J	K
RETRO PREPAY REVIEWS										
Medical/Surgical	(1)		%			%			%	
Detoxification	(2)		%			%			%	
Psychiatric Adult	(3)		%			%			%	
Psychiatric Child	(4)		%			%			%	
RETRO PREPAY SUB-TOTAL			%			%			%	
ADMISSION REVIEWS										
Medical/Surgical	(5)		%			%			%	
Detoxification	(6)		%			%			%	
Psychiatric Adult	(7)		%			%			%	
Psychiatric Child	(8)		%			%			%	
ADMISSION SUB-TOTAL			%			%			%	
CONCURRENT REVIEWS										
Medical/Surgical	(9)		%			%			%	
Detoxification	(10)		%			%			%	
Psychiatric Adult	(11)		%			%			%	
Psychiatric Child	(12)		%			%			%	
CONCURRENT SUB-TOTAL			%			%			%	
TOTALS			%			%			%	





RPT: 51

Summary of Denials and Recon Outcomes

Provider: 99999999901 Happy Hospital Chicago IL

Print Date: 99/99/9999

Completion Date Time Period (s): _____ - _____

Print Time: 99:99

	# Reviews w/ Denials	Total # Days Denied	# Admit Denials	% Admit Denials of Total Denials	# LOS Denial	% LOS Denial to Total Denials	Completed Recons	% Recon to Denials	% Upheld	% Reverse	% Modify	# Days Approved at Recon
	B	C	D	E	F	G	H	I	J	K	L	M
RETRO PREPAY REVIEWS												
Medical/Surgical (1)				%		%		%	%	%	%	
Detoxification (2)				%		%		%	%	%	%	
Psychiatric Adult (3)				%		%		%	%	%	%	
Psychiatric Child (4)				%		%		%	%	%	%	
RETRO PREPAY SUB-TOTAL				%		%		%	%	%	%	
ADMISSION REVIEWS												
Medical/Surgical (5)				%		%		%	%	%	%	
Detoxification (6)				%		%		%	%	%	%	
Psychiatric Adult (7)				%		%		%	%	%	%	
Psychiatric Child (8)				%		%		%	%	%	%	
ADMISSION SUB-TOTAL				%		%		%	%	%	%	
CONCURRENT REVIEWS												
Medical/Surgical (9)				%		%		%	%	%	%	
Detoxification (10)				%		%		%	%	%	%	
Psychiatric Adult (11)				%		%		%	%	%	%	
Psychiatric Child (12)				%		%		%	%	%	%	
CONCURRENT SUB-TOTAL				%		%		%	%	%	%	
TOTALS				%		%		%	%	%	%	

RPT: 52

Summary of DRG Changes and Reassessment Outcomes

 Provider: 99999999901 Happy Hospital Chicago IL
 Completion Date Time Period(s): _____ - _____

 Print Date: 99/99/9999
 Print Time: 99:99

Initial DRG Change Outcomes

# DRG Reviews	# DRG Reviews Referred and Reviewed by PR for possible DRG Change	% DRG Referrals to DRG Reviews	# DRG Changes	% DRG Changes to Total DRG Reviews	% DRG Changes to Referrals	# Changed to Lower Weight	% Changed to Lower Weight to Total DRG Changes
		%		%	%		%
A	B	C	D	E	F	G	H

Reassessment Outcomes

# Reassess Completed	% Reassess to Total DRG Changes	# Upheld	# Reversed	# Modified	% Upheld	% Reversed	% Modified
	%				%	%	%
I	J	K	L	M	N	O	P

Final Cumulative Outcome

Final # of DRG Changes	% Final DRG Changes to DRG Reviews	% Final DRG Changes to DRG Referrals	# Changed to Lower Weight	% Changed to Lower Weight to Final DRG Changes
	%			%
Q	R	S	T	U



RPT: 53

Summary of Retrospective Prepayment Billing Errors and Cancels (chart not available)

Provider: 99999999901 Happy Hospital Chicago IL

Print Date: 99/99/9999

Completion Date Time Period (s): _____ - _____

Print Time: 99:99

Total Retros w/ Outcome	Bill Errors	% Bill Errors to Total Retros	% Bill Errors for DRG Cases	# Cancels (chart not available)	% Cancels to Total Retros	# URC Cancels	% URC Cancels to Total Cancels	# PR Refer Cancels	% PR Refer Cancels to Total Cancels
		%	%		%		%		%
A	B	C	D	E	F	G	H	I	J

Detailed Billing Error Reasons:

Reason Description	Count	% of all Bill Errors
Incorrect Admission Date Billed	(1)	%
Incorrect Discharge Status Billed	(2)	%
Incorrect Discharge Date Billed	(3)	%
Multiple COS Need To Be Billed	(4)	%
Hosp Has No Record of Admission	(5)	%
Procedure Done Prior to Admit Date	(6)	%
Incorrect COS Billed	(7)	%
Other	(8)	%
Total:		

Summary of Review Volume and Physician Referrals

Graphic Representation of Report 50

% Of Total Reviews Referred to Physician Reviewer

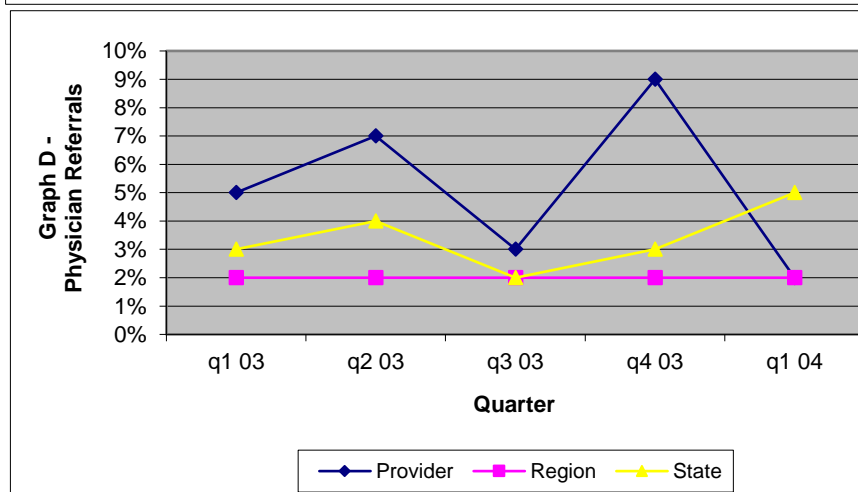
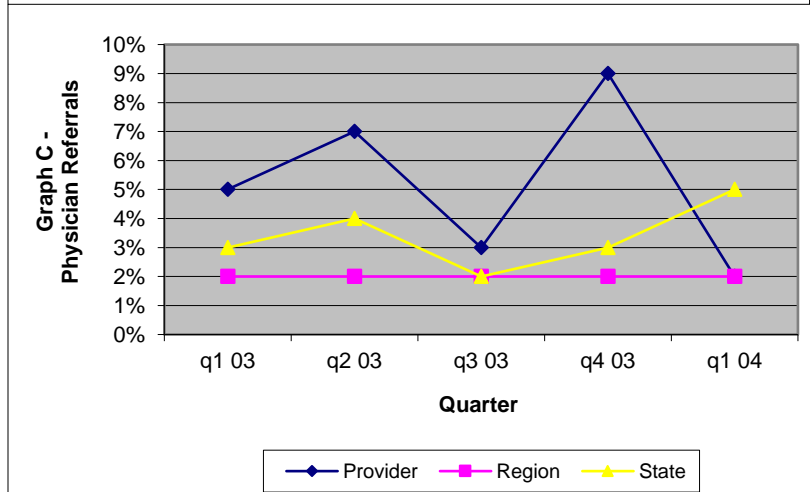
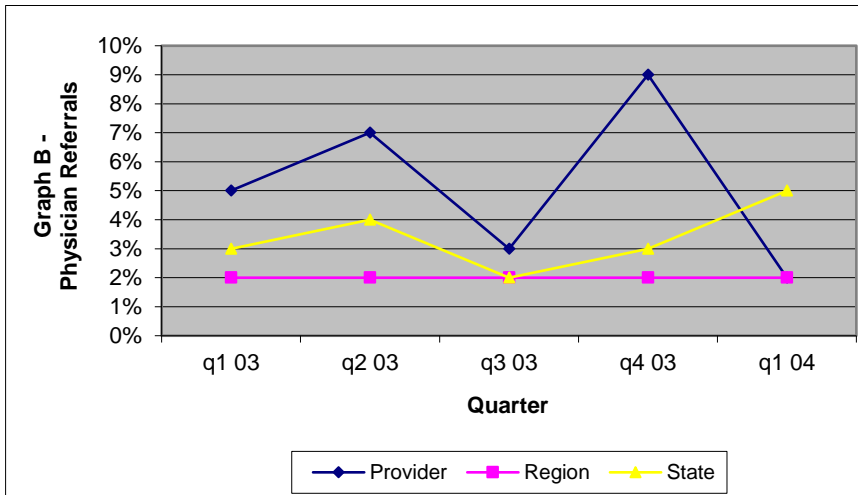
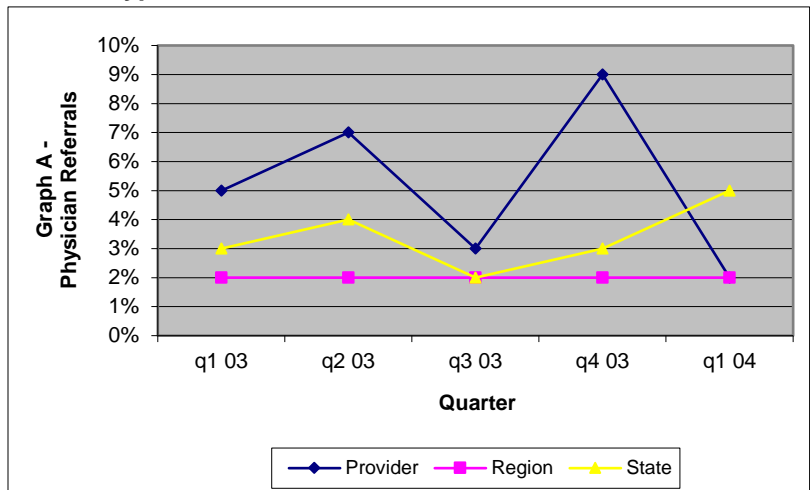
Provider: 99999999901 Happy Hospital Chicago IL

Print Date: 99/99/9999

Completion Date Time Period(s): _____ - _____

Print Time: 99:99

Review Type: _____



Explanation of RPT: 70

User must select a Time Period range based on valid quarter date ranges.

User must select a Review Type or Clinical Service. Review Types are: Admission, Concurrent, Retro Prepay, All. Clinical Services are: Med/Surg, Detox, Psych Adult, Psych Child.

For Review Types = Admission, Concurrent, or Retro Prepay,
Replace text as follows:

Graph A = Medical/Surgical
Graph B = Detoxification
Graph C = Psychiatric Adult
Graph D = Psychiatric Child

For Review Type = All

Graph A = Retro Prepay
Graph B = Admission
Graph C = Concurrent
Graph D = Total Reviews

For Clinical Service, the formula to replace text follows (SELECTION is the option selected by the User).

Graph A = SELECTION for Admission Reviews
Graph B = SELECTION for Concurrent Reviews
Graph C = SELECTION for Retro Prepay Reviews
Graph D = SELECTION for all Review Types

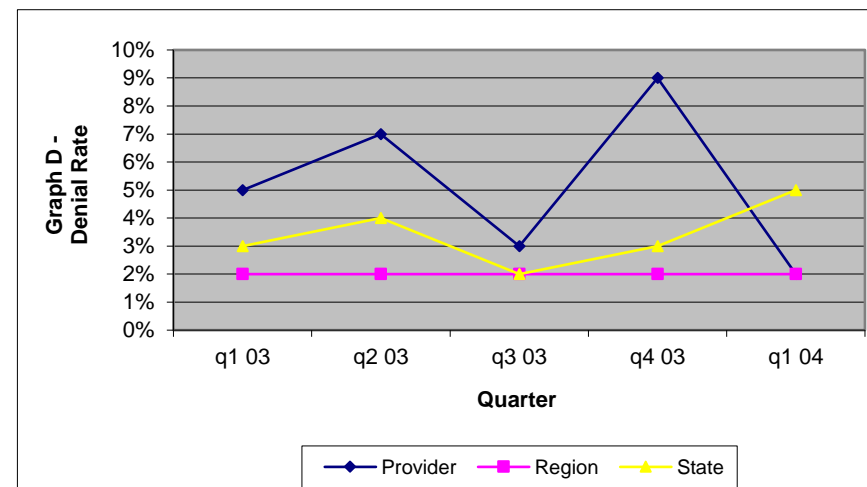
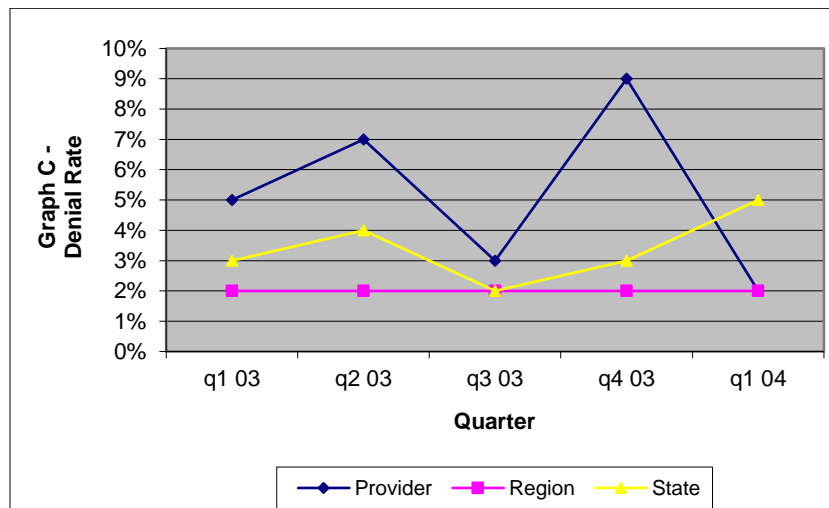
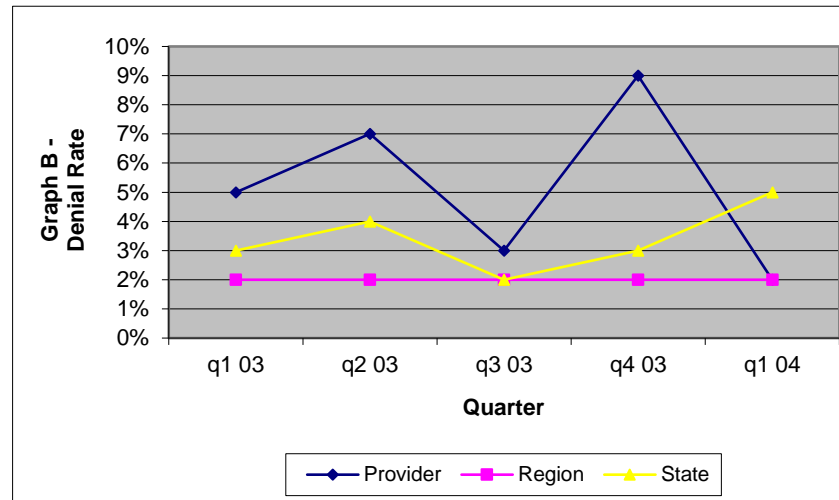
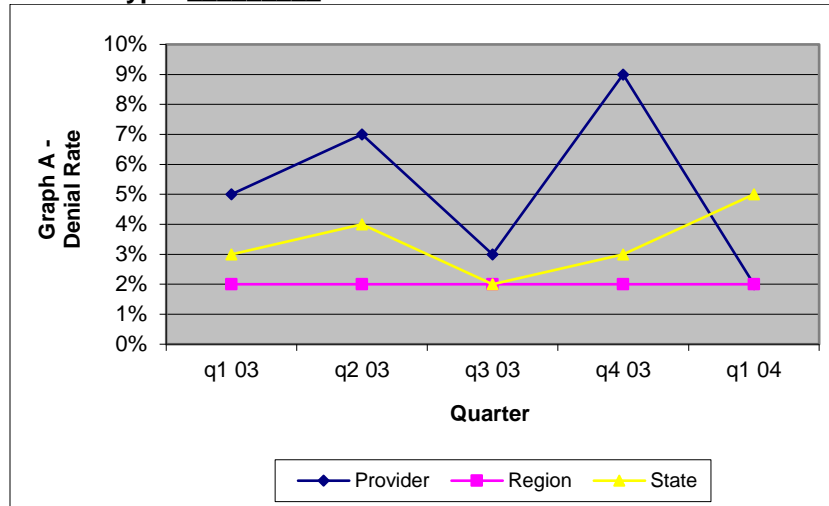
RPT: 71

Summary of Review Volume and Physician Referrals

% Of Total Referrals Denied by a Physician Reviewer Prior to Reconsideration

Provider: 99999999901 Happy Hospital Chicago IL
 Completion Date Time Period(s): _____ - _____
 Review Type: _____

Print Date: 99/99/9999
 Print Time: 99:99



Explanation of RPT: 71

User must select a Time Period range based on valid quarter date ranges.

User must select a Review Type or Clinical Service. Review Types are: Admission, Concurrent, Retro Prepay, All. Clinical Services are: Med/Surg, Detox, Psych Adult, Psych Child.

For Review Types = Admission, Concurrent, or Retro Prepay,
Replace text as follows:

Graph A = Medical/Surgical

Graph B = Detoxification

Graph C = Psychiatric Adult

Graph D = Psychiatric Child

For Review Type = All

Graph A = Retro Prepay

Graph B = Admission

Graph C = Concurrent

Graph D = Total Reviews

For Clinical Service, the formula to replace text follows (SELECTION is the option selected by the User).

Graph A = SELECTION for Admission Reviews

Graph B = SELECTION for Concurrent Reviews

Graph C = SELECTION for Retro Prepay Reviews

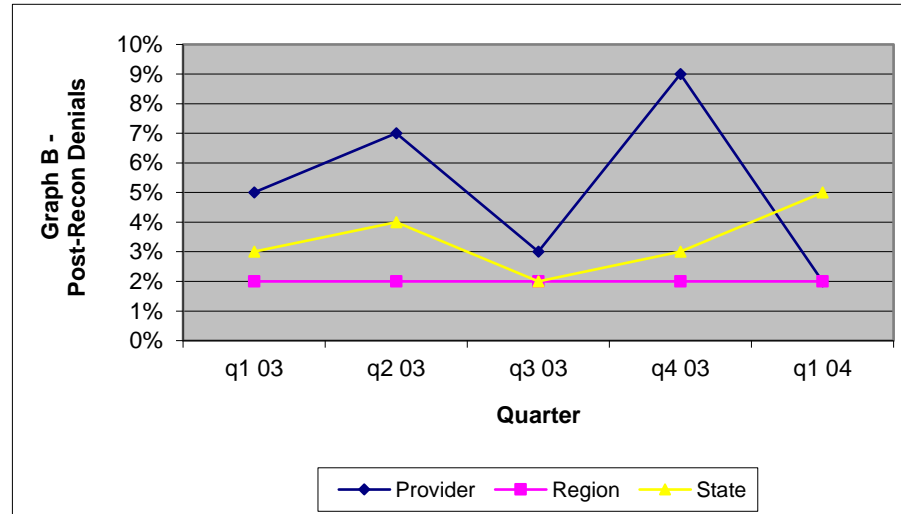
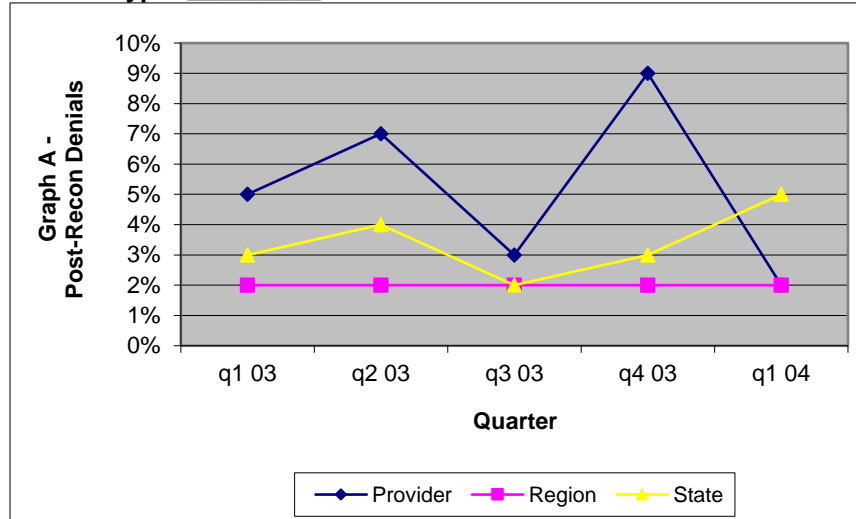
Graph D = SELECTION for all Review Types

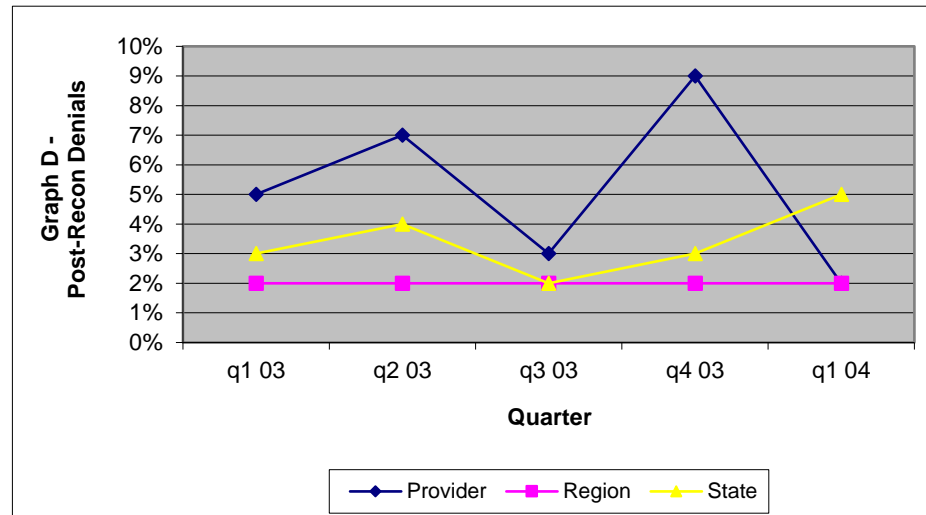
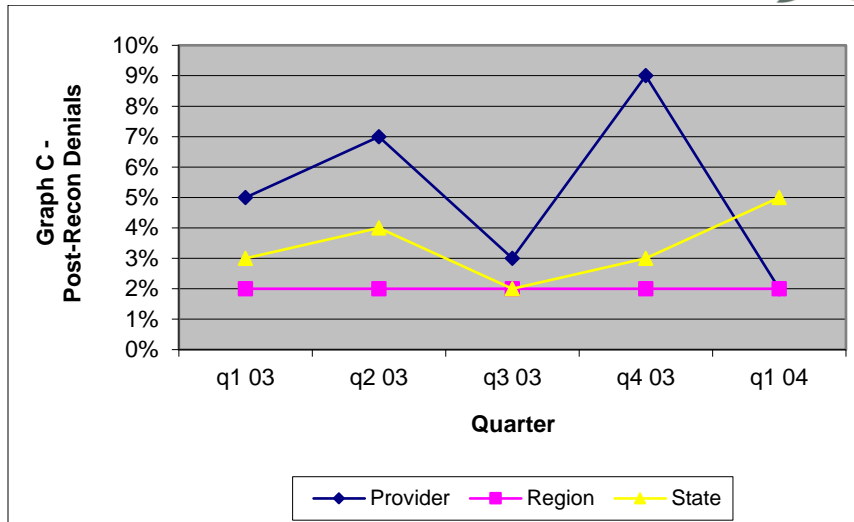
RPT: 72

Summary of Denials and Recon Outcomes
Graphic Representation of Report 51
% Of Total Number of Reviews Denied Post-Reconsideration

Provider: 99999999901 Happy Hospital Chicago IL
 Completion Date Time Period(s): _____ - _____
 Review Type: _____

Print Date: 99/99/9999
 Print Time: 99:99





Explanation of RPT: 72

User must select a Time Period range based on valid quarter date ranges.

User must select a Review Type or Clinical Service. Review Types are: Admission, Concurrent, Retro Prepay, All. Clinical Services are: Med/Surg, Detox, Psych Adult, Psych Child.

For Review Types = Admission, Concurrent, or Retro Prepay,
Replace text as follows:

Graph A = Medical/Surgical
Graph B = Detoxification
Graph C = Psychiatric Adult
Graph D = Psychiatric Child

For Review Type = All

Graph A = Retro Prepay
Graph B = Admission
Graph C = Concurrent
Graph D = Total Reviews

For Clinical Service, the formula to replace text follows (SELECTION is the option selected by the User).

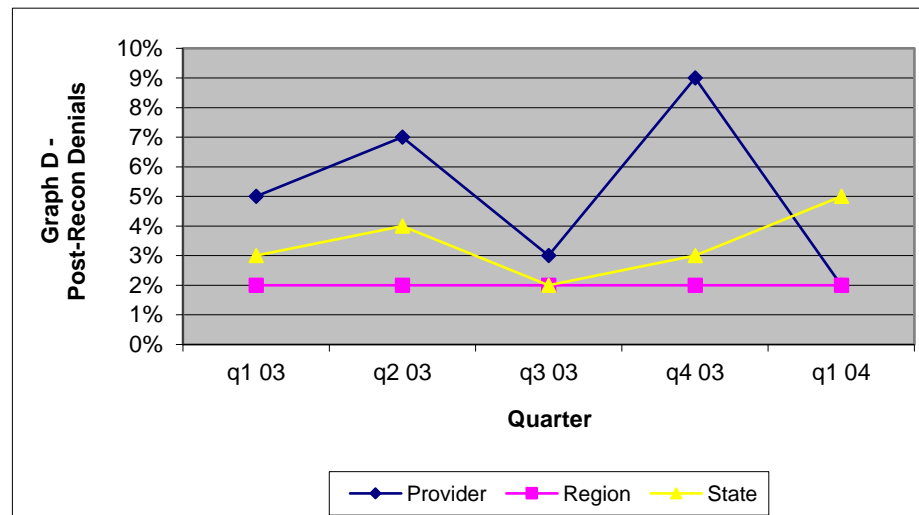
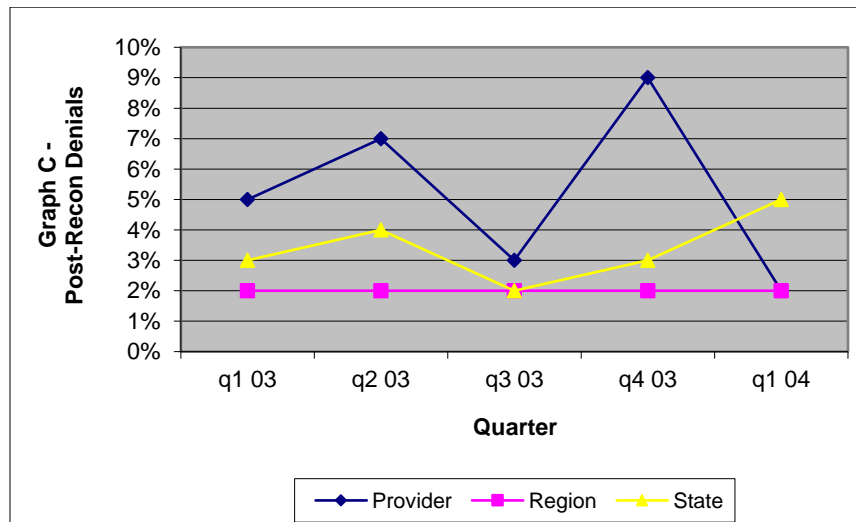
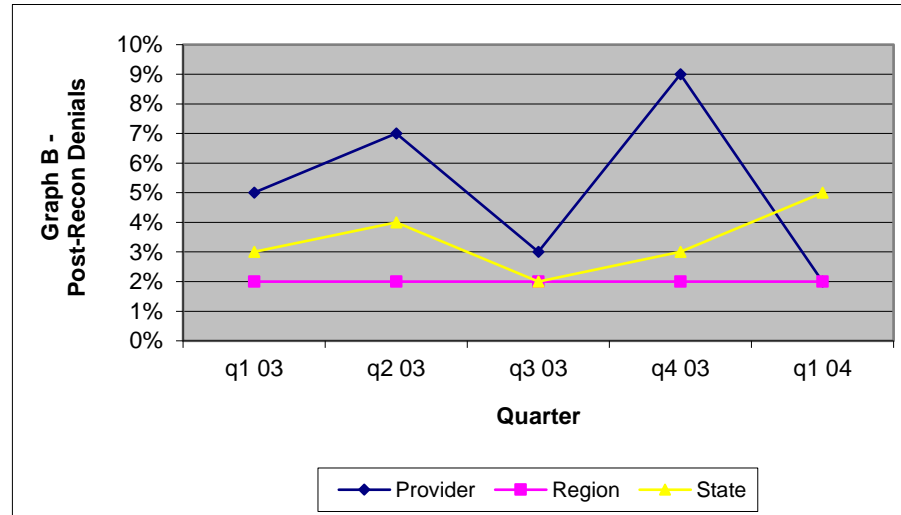
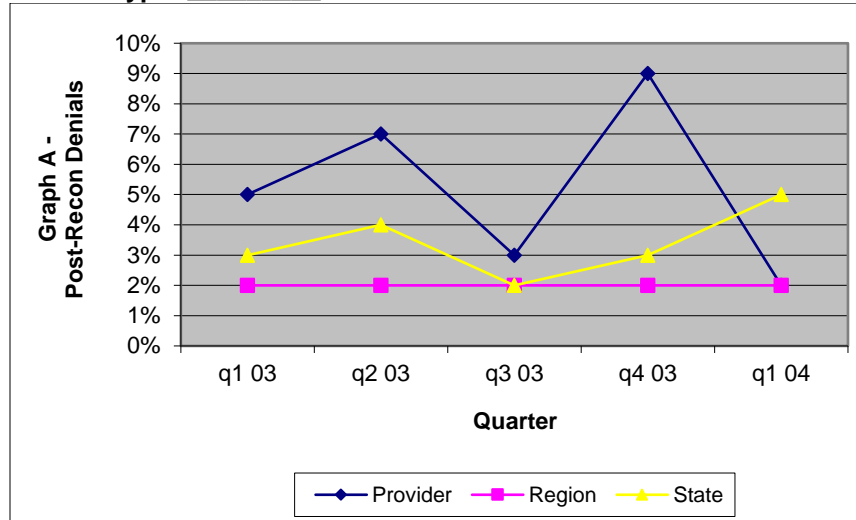
Graph A = SELECTION for Admission Reviews
Graph B = SELECTION for Concurrent Reviews
Graph C = SELECTION for Retro Prepay Reviews
Graph D = SELECTION for all Review Types

RPT: 73

Summary of Denials and Recon Outcomes
 % Of Total Physician Referrals that were Denied Post-Reconsideration

Provider: 99999999901 Happy Hospital Chicago IL
 Completion Date Time Period(s): _____ - _____
 Review Type: _____

Print Date: 99/99/9999
 Print Time: 99:99



Explanation of RPT: 73

User must select a Time Period range based on valid quarter date ranges.

User must select a Review Type or Clinical Service. Review Types are: Admission, Concurrent, Retro Prepay, All. Clinical Services are: Med/Surg, Detox, Psych Adult, Psych Child.

For Review Types = Admission, Concurrent, or Retro Prepay,
Replace text as follows:

Graph A = Medical/Surgical
Graph B = Detoxification
Graph C = Psychiatric Adult
Graph D = Psychiatric Child

For Review Type = All

Graph A = Retro Prepay
Graph B = Admission
Graph C = Concurrent
Graph D = Total Reviews

For Clinical Service, the formula to replace text follows (SELECTION is the option selected by the User).

Graph A = SELECTION for Admission Reviews
Graph B = SELECTION for Concurrent Reviews
Graph C = SELECTION for Retro Prepay Reviews
Graph D = SELECTION for all Review Types

RPT: 74

Summary of Retrospective Billing Errors and Cancellations (Chart Not Available)
Graphic Representation of Report 53
% Billing Errors to Total Retrospective Reviews

Provider: 99999999901 Happy Hospital Chicago IL
 Completion Date Time Period(s): _____ - _____

Print Date: 99/99/9999
 Print Time: 99:99

