

eQSuite™ Web User Guide

Electronic Review Request for Short Term Acute Care Hospitalizations

OVERVIEW OF SYSTEM FEATURES

What Is It?

- A Web-based electronic review request submission system allows hospitals to submit admission and concurrent reviews, input discharge dates, and send additional information for previously submitted reviews.
- A reporting module allows hospitals to obtain the real time status of all reviews.
- An online helpline function

What Are the Key Features of the System?

Features	Benefits
✓ One System	Everything in one, convenient location. Log on to create review requests, run reports, update users, access online helpline, etc.
✓ New Web Portal	No application to install. Log in to portal from our secure Web site.
✓ Easy Accessibility	Same 24/7 access from Website home page. No changes to existing eQHealth user names and passwords.
✓ Intuitive Review	It's smart! The Web review is guided by the admitting diagnosis and category of service. The information entered on each review screen (tab), prompts the next screen.
✓ Added Features	<ul style="list-style-type: none">• Field added for updating physician contact information.• Copies medication table from the previous review request.

What Do Hospitals Need To Use the System?

Our Web system is a secure, HIPAA compliant, browser-based Microsoft ASP.NET application which can be accessed over the Internet. The following is a checklist of minimum hardware and software requirements to use the system:

- Computer with Intel Pentium 4 or higher CPU with monitor
- Windows XP SP2 or higher
- 1 GB free hard drive space
- 512 MB memory
- Internet Explorer 7 or higher / Mozilla Firefox 3 or higher / Safari 4 or higher
- Broadband internet connection

This completes the section for Overview of System Features.

ACCESSING THE SYSTEM

- For New Users Without a Web Account
 - You need to register with us if you do not already have a free Web Account. Fill out a Hospital Contact Form (available on our Website homepage) and assign a Web Administrator for your facility. Your hospital's eQHealth (Medicaid) Liaison must sign off on this assignment.
- For Facilities With a Web Account
 - If you've not already received a user ID and password to log on, your hospital-assigned eQHealth Web administrator will provide this log on information, unique to your provider Medicaid ID number. Each hospital-assigned eQHealth Web Administrator has privileges to grant access and create/maintain user IDs and passwords for each user at your facility.

IMPORTANT: *Each user is responsible for maintaining the confidentiality of their individual logon. If you believe the security of your logon has been compromised, notify your facility's eQHealth Web administrator and they can immediately change your password.*

Your User ID and password are linked with your hospital's Provider ID #. If you perform reviews for more than one type of hospital (i.e. children and general hospital), you need a separate log in ID for each facility. You are required to use the correct log in for the hospitalization.

Start Tab

Each time you click on “Create New Review”, the **Start** tab will appear first. All pertinent information is entered on the **Start** tab. This includes patient information, service type, physician information, service dates, TPL and quality screening.

Provider #: 100 Provider Name: Inpt Provider

Start

Provider ID: 100 Provider Name: Inpt Provider

Med/Surg Psych

Review Type: Admission TAN:

RETRIEVE DATA

The user must select either Med/Surge or Psych and the review type as admission or Continued Stay. Use **“continued stay”** also for discharge review. Click “Retrieve Data” to begin the review request.

- ➔ After you hit Retrieve Data, you will enter the patient’s Bene ID (RIN) and hit TAB
- ➔ Enter an **Account # (not required)** This is offered for your convenience. You may enter your unique Hospital Pt Acct # for your reference.
- ➔ Enter **Admit DX (numbers only, no decimal point)**. eQHealth is contracted by HFS to review only a subset of HFS eligibility admissions. This field will tell you if the admitting diagnosis code is reviewable. Although the patient may be otherwise diagnosed after admission, you must use the diagnoses given on the physician order for inpatient admission. Codes are ICD9-CM diagnosis codes.

NOTE: It is important to have a clear understanding of the physician’s admitting diagnosis before conducting review. We highly recommend that your facility use the Coding Job Aids available on our Web site home page for a list of all HFS’ admitting diagnoses subject to mandatory concurrent review. Visit il.eqhs.org

Review Entry

Provider # 000123410000 Provider Name Test Hospital

Start

Provider ID: 000123410000 Provider Name: Test Hospital Total Days Cert: 0

Choose Setting: Med/Surg Psych Last Day Cert:

Review Type: Admission TAN:

Bene ID: 001200781 Name: TATIANA WELLS DOB: 12/14/1992 Sex: Female

Account #:

Admit DX:

Type	Medicaid ID	Name	Phone #	Phone on File Correct?	Updated Phone
Attending				<input type="checkbox"/>	
Treating				<input type="checkbox"/>	

Review Entry

Provider # 000123410000 Provider Name Test Hospital

Start

Provider ID: 000123410000 Provider Name: Test Hospital Total Days Cert: 0
 Choose Setting: Med/Surg Psych Last Day Cert:
 Review Type: Admission TAN:

Bene ID: 001200781 Name: TATIANA WELLS DOB: 12/14/1992 Sex: Female
 Account #:
 Admit DX:

Type	Medicaid ID	Name	Phone #	Phone on File Correct?	Updated Phone
Edit Attending				<input type="checkbox"/>	<input type="text"/>
Edit Treating				<input type="checkbox"/>	<input type="text"/>

- ➡ Enter the **Medicaid # Assigned to the Physician. (This information is required).** First click Edit next to Attending. The attending physician is attached to the review and the appropriate review notifications will be sent to this physician.

Physicians

Type	Medicaid ID	Name	Phone #	Phone on File Correct?	Updated Phone
Update Cancel Attending	<input type="text"/>			<input type="checkbox"/>	<input type="text"/>
Edit Treating				<input type="checkbox"/>	<input type="text"/>

- ➡ After you click Edit, enter the Physician's Medicaid ID # in the white field and hit TAB to auto-populate **OR** you may search for the physician by clicking **Search**.
 - If you click **Search**, you will be prompted to enter the first or last name of physician. A list of physicians will appear. Verify physician and click **Select** at the left of the name. This physician's name and phone# fields will auto-populate into the physician grid.
- ➡ Next, check the physician phone #. Either check the **Phone on File correct?** box **OR** you can fill in the **Updated Phone** field with current phone number.

Physicians

Type	Medicaid ID	Name	Phone #	Phone on File Correct?	Updated Phone
Update Cancel Attending	<input type="text"/>			<input type="checkbox"/>	<input type="text"/>
Edit Treating				<input type="checkbox"/>	<input type="text"/>

- ➡ **IMPORTANT:** When you are through, you must click the **Update** link at left.

Is there a **treating physician** or covering physician different than the attending?

Use the same process to fill in the treating physician information. Note: If the treating/covering physician changes at next review point, you must edit or delete the treating physician information. If there is a treating physician number on review, this is the phone number our Physician Reviewer will try to contact if they need a peer-to-peer conversation.

Note: If you perform a search and your **physician is not in the system, you cannot perform a Web review. Cancel out of the Web review** and call the eQHealth certification line to give the physician name, address and phone # and give the admission review. eQHealth will issue a temporary physician ID (TP number) so that you may perform reviews.

➡ Enter **Admit Date** or use the calendar icon to auto-populate the field.

NOTE: Please submit reviews within 24 hours of admission, or shortly thereafter while patient is hospitalized. The admit date cannot be a future date.

➡ Enter Discharge Date (when applicable)

- For admission review for 3 days or less; post-discharge
- For a continued stay review (i.e. d/c review) for DRG hospitalizations.

➡ Enter the **# of Days Requested (for this request)**. This is for the patient's estimated length of stay. For DRG reimbursed hospital admissions and discharge reviews, always enter in the number 1.

➡ Select your **Category of Service** - 20 is for Medical/Surgical and 21 is for Psych
If applicable, fill in the appropriate yes or no for the three-day emergency psychiatric admission (for Provider Type 30 – General Hospital).

Start

Admit Date:

Proposed D/C Date:

Actual D/C Date:

Days Requested:

Output Observation Date:

Emergency Dept Service Date:

Output Service Date:

Category of Service: 20 21

3 Day Emergency Psych Admit(Prov Type 30): Yes No

TPL: Yes No If yes, reason:

Insurance/Address:

Pass Days	
Start Date (MM/DD/YYYY)	End Date (MM/DD/YYYY)
No records to display.	

➡ Move to the right of your screen. If applicable, fill in any other service dates or include any pass days outside of hospital (not required).

➔ **TPL (Yes or No is required)** – HFS requires this information to be entered if the patient has any other known medical coverage.

- If you **check yes**, use the pull-down menu to choose the TPL type. Fill in as much information as available in medical record.

➔ **On the left side of screen, answer required questions** for quality screening.

Are home medications documented? Yes No

Are allergies documented? Yes No

Prior to admission, this patient resided at (None) ▾

Did the patient require a higher level of care within 24 hours of admission? Yes No

Did patient receive outpatient or ER services prior to Admission? Yes No

➔ **Click Check Key button** on bottom right side of screen. The system will perform HFS eligibility check and search for duplicate entries. If no review is needed, a message box will be displayed and the user must cancel the review (hit Cancel button at bottom of screen) or a message will appear to check errors (see page 17).

- If the system check finds the participant has Medicare Part A, a pop-up box will appear and allow the requestor to choose the appropriate option regarding the participant's present Medicare Part A status. **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

NOTE: If hospital verifies that participant has exhausted or does not have Medicare Part A, a request must still be submitted.

- The system will display the participant's contact information. Please verify or add any current contact information from the medical record. **Click check box to verify and hit OK** to continue with review.

Verify Participant Address/Phone

Participant: 999999901 | DUCK, DONALD

Please verify the info displayed below. Enter the current info if there are any changes.

Address/Phone

Address: 10578 YANKEE RIDGE DR

City: FRANKFORT

State: IL | Zip Code: 60423-2222

Phone #: (123)456-7890 | Other Phone #: | | | |

Address/Phone Info Verified

Once the eligibility and other system checks clear, the **DX/PROCS** tab will appear next to the Start Tab at the top of the page.

Example 1: Medical/Surgical Review Request

DX/PROCS Tab

Review Entry

Provider #: _____ Provider Name: _____
 Bene ID:001200781 Bene Name:TATIANA WELLS Age:17 Current Age:17 Admit DT:9/28/2010 Review ID:33640678 Admit DX: 49301 EXTR ASTH W STATUS ASTH

Menu
Errors

Start DX/PROCS

Add Search Refresh				Add Search Refresh			
DX Code	Description	Code Identified Date	Principal	Proc Code	Description	Procedure Date	
49301	EXTR ASTH W STATUS ASTH	09/28/2010	Y	No records to display.			

CANCEL CONTINUE

- **The admitting diagnosis entered on the start tab will appear on this screen.**
- **For per-diem hospitalizations only, include any additional diagnoses:**
 - For admission requests, click **Add** at top of the Dx Code to submit any secondary established diagnosis that are known upon admission or determined following admission.
 - For continued stay requests, only enter diagnoses that have been added since last review. If there are no additional diagnoses, skip this section.

Note: You may edit or delete only additional diagnoses.

- **Procedures – Click Add atop the Proc Code.** Include actual or proposed date.
 - For continued stay requests, only enter procedures that have been done since the last review. If there are no additional procedures, skip this section.
- If this is a psych review, see instructions on psychiatric reviews (see page 14)
- **Click Continue button** on bottom of screen
- **The VITALS/LABS tab will appear**

Vitals/Labs Tab

- ➔ Next, enter vital signs and fill in any lab information that is pertinent to this patient's current hospitalization. The vital signs are required on this screen.

VITAL SIGNS
 Temperature: °F Method: Pulse: Respiration: Blood Pressure: /

LAB RESULTS

Blood Work:
 WBC: RBC: HCT: % Hgb: gm/dl Platelets: x10⁹/L

Blood Gas Tests:
 Source: Not Selected Arterial Venous
 O2 Saturation: % PH: pCO2: mmHg PO₂: mmHg Sa

Chemistries
 Blood Glucose: mg/dL Blood Ketones: Urine Ketones: Urine Specific Gravity:
 Creatinine: mg/dL LDH: IU/L GGT: mg/dL Bilirubin (Total): mg
 AST (SGOT): units/L ALK PHOS: units/L Albumin: units/L Ammonia: ug
 CMVA: UDS: If positive, name:
 Amphetamines
 Barbiturates
 Marijuana
 Urine C&S: If positive, name:

Electrolytes
 Potassium (K): mEq/L Sodium (Na): mEq/L Calcium (Ca): mg/dL mmol/L
 Chloride (Cl): mEq/L Magnesium (Mg): mEq/L

Enzymes
 CPK: units/L Troponin: ug/L Lipase: units/L Amylase: units/L

PHYSICAL
 Height: inches Weight: lbs
 For Female admissions: Is recipient premenarchal? Yes No Unknown
 # gravida / para / abortus:
 HCG/JCG: LMP: Post Menopausal: Yes No Unknown Sterilized: Yes
 If recipient is pregnant, enter completed weeks of gestation:

- ➔ Click the **Continue** button on the bottom of the screen.
IMPORTANT: Do not click Partial Save on any screen unless you want to exit the system and complete the review later. Hitting the Partial Save will store your incomplete review under the Search button at top of page
- ➔ The **FINDINGS** tab will appear. The clinical indications, treatments, tests and imaging studies will vary depending on the admitting diagnosis and any additional diagnoses enter on the DX/PROCS tab.

- ➔ **Select the Unit (required)** in which the patient is receiving care at time of review
- ➔ **Skip Special Care** unless they are a vent patient

➔ **Clinical Indications/Treatments/Diagnostic Tests/Imaging**

Check and enter all that apply to this specific hospitalization. These fields will help guide you through common findings related to the admitting diagnosis. The fields are not mandatory, but will give a good clinical picture for eQHealth to help certify the admission or length of stay. **NOTE:** If you check a box, please write a short comment.

Example: Imaging: Abnormal Chest X-ray is checked. User adds LLL Infiltrate (lower left lobe) in comment box.

IMPORTANT: Do not click *Partial Save* on any screen unless you want to exit the system and complete the review later. Hitting the *Partial Save* will store your incomplete review under the *Search* button at top of page. Click on the *Continue* button at bottom of screen.

- ➔ **Click Continue** button on bottom of screen after all findings are selected.

DC Plan tab will appear on top of page

Select anticipated discharge to and/or reason

Type in current DC Plan and progress toward discharge

Click Continue

- ➔ **MEDS tab** will appear at top of screen

MEDS Tab

- ➔ **For Admission Reviews Click Add in the Medication Table Header**

Provider #: 99999999901 Provider Name: TEST ST. ELSEWHERE HOSPITAL
 Bene ID:001200286 Bene Name:CHRISTIAN BRADLEY Age:15 Current Age:15 Admit DT:8/25/2010 Review ID:32629906 Admit DX: 49320 CHR OBSTR ASTHMA NO:

Start DX/PROCS VITALS/LABS FINDINGS DC PLAN **MEDS**

MEDICATIONS

Copy Meds from previous review

Add Refresh

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

CANCEL PARTIAL SAVE CONTINUE

- ➔ On the Code Add/Edit page, enter the Med name, route, frequency, dosage, start date and “new” med.

Code Add/Edit Page

Med Name:

Route:

Frequency:

Dosage:

Start Date:

Stop Date:

Meds Are:

(None)
New
Changed
Same

For PRN medications, include the number of dosages the patient received during the last 24 hours.

Click on **Save Changes** This will cause the medication to drop in the table. If you need to make corrections to a medication, use the edit or delete on each medication.

- ➔ **For Continued Stay Requests.** Click Copy Meds from previous review, this will populate the medications table with all medications from your last review point (either admission or last continued stay review).

Start DX/PROCS DC PLAN SYMPTOMS FUNCTIONING SKILLS
 TREATMENT GOALS RESOURCES **MEDS**

MEDICATIONS

Copy Meds from previous review

Add Refresh

Name	Route Type	Frequency	Dosage	Start Date	Stop Date		
Chlorpromazine	PO	bedtime	400 mg	02/02/2009		Edit	Delete
Loxapine	PO		60 mg	02/02/2009		Edit	Delete

- ➔ Click Edit to update any of the current Meds.
- ➔ On the Add/ Edit page, if the meds have *not* changed at all in dosage, frequency or route select “Same” and click Save Changes.

- If the meds changed: Click Edit and put in STOP DATE and click Save Changes.
 - a. At Medications Table, click **Add**. Add medication with new dosage, frequency or route, include start date and click “changed”. Click Save Changes.
- If the meds have stopped, put in STOP DATE, and click Save Changes.
- If you need to Add new medications, click **Add above the Medications table**
- Check all Medications in the Medications table and **click Continue**
- **The Summary Tab will appear**

Summary Tab

- **The Summary Tab displays a limited text field.**
Enter a clinical summary of where pt came from, short hx, progress notes, pending labs, or anything that was NOT addressed in the review.
- **Click Submit for Nurse Review.**

Once the case has been submitted, a message will appear that it has been successfully submitted for nurse review and will give a Review ID #, this is the same as the tracking number.

Example 2: Psychiatric Review Request

Provider #: 100 Provider Name: Inpt Provider
 Bene ID: 1 Bene Name: Test E Bene Admit DT: 2/2/2009

Start DX/PROCS

Add		Search		Refresh		Add		Search		Refresh	
Dx Code	Description	Code Identified Date	Principal			Proc Code	Description	Procedure Date			
2989	PSYCHOSIS NOS	02/02/2009	Y	Edit	Delete	No records to display.					
29690	EPISODIC MOOD DISORD NOS	02/02/2009		Edit	Delete						

Baseline GAF:

Current GAF:

- ➔ **The admitting diagnosis entered on the start tab will appear on this screen.**
- ➔ **For per-diem hospitalizations, include any additional diagnoses:**
 - For admission requests, click Add atop the Dx Code box to submit any secondary established diagnosis that are known upon admission or determined following admission.
 - For continued stay requests, only enter diagnoses that have been added since last review. If there are no additional diagnoses, skip this section.

You may edit or delete only the additional diagnoses.
- ➔ **Procedures – Click Add atop the Proc Code.** Include actual or proposed date.
 - For continued stay requests, only enter procedures that have been done since the last review. If there are no additional procedures, skip this section.

You may edit or delete any of the procedures you added to grid.
- ➔ **Enter Baseline GAF and Current GAF** (if applicable)
- ➔ **Click Continue button** on bottom of screen
- ➔ **The Symptoms tab will appear**

Provider #: 100 Provider Name: Inpt Provider
 Bene ID: 1 Bene Name: Test E Bene Admit DT: 2/2/2009

Start DX/PROCS DC PLAN SYMPTOMS FUNCTIONING SKILLS TREATMENT GOALS

RESOURCES

SCORE EACH BEHAVIOR FOR EVERY SYMPTOM

Current Symptoms/Behavior

	Unable to Assess	None	History (Now Stable)	Mild/Infrequent	Moderate/Frequent	Severe/Acute Crisis
Suicidal Thought/Behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Self-Injurious Behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Current plan to kill/injure self, requiring medical trmt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Homicidal Thought/Behavior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recent attempt to kill or seriously injure another person	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aggressiveness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uncontrolled impulsiveness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sexual Trauma Perpetrator	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Behavioral Evidence
 (Includes presence of ideations and/or intentions, previous attempts/gestures, presence of plan, access to and lethality of intended means, ability to contract for safety and other social supports such as family)

	Unable to Assess	None	History (Now Stable)	Mild / Infrequent	Moderate / Frequent	Severe / Acute Crisis

Symptoms Tab – captures the beneficiary's thoughts and behavior regarding danger to self and others, level of psychosis, mood, anxiety level, and behavior.

Click Continue

- Functioning Tab – information related to stressors and events and current functioning of the beneficiary and current drug use/abuse. **Click Continue**

Provider #: 100 Provider Name: Inpt Provider
 Bene ID: 1 Bene Name: Test E Bene Admit DT: 2/2/2009

Start | DX/PROCS | DC PLAN | SYMPTOMS | **FUNCTIONING** | SKILLS | TREATMENT | GOALS

RESOURCES

Work / School Problems Custody / Placement Financial Difficulties
 Change in Living Situation Current living arrangement is unstable Beneficiary is unable to return to current living arrangement
 Other (Describe):

Current Functioning

		Unable to Assess	None	History (Now Stable)	Mild/Infrequent	Moderate/Frequent	Severe/Acute Crisis
Physical/Cognitive	Change in Appetite	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Change in Energy Level	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Decreased Concentration	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Poor Self-Esteem	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Sleep Disturbance	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Verbal Interaction	Argumentative	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Rapid/Pressured Speech	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Slurred/Incoherent Speech	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Mute	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Skills Tab – captures information regarding the beneficiary’s ability to perform each task as documented in the record. **Click Continue**

Provider #: 100 Provider Name: Inpt Provider
 Bene ID: 1 Bene Name: Test E Bene Admit DT: 2/2/2009

Start | DX/PROCS | DC PLAN | SYMPTOMS | FUNCTIONING | **SKILLS** | TREATMENT | GOALS | RESOURCES

Skill/Ability Assessment

	Unable to Assess	Independent or N/A	Minimal Assistance	Moderate Assistance	Significant Assistance
Literacy/Basic Math	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Coping Skills/Emotional Mgmt.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Personal Safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Medical/Medication Mgmt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Social/Family Relations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Personal Hygiene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Childcare/Parenting	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooking/Nutrition	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Household Tasks/Chores	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical Mobility within Community	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leisure/Recreational	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Treatment Tab – psychiatric treatment history within the last year. **Click Continue.**

Provider #: 100 Provider Name: Inpt Provider
 Bene ID: 1 Bene Name: Test E Bene Admit DT: 2/2/2009

Start | DX/PROCS | DC PLAN | SYMPTOMS | FUNCTIONING | SKILLS | **TREATMENT** | GOALS

RESOURCES

Treatment History (Check all that apply within last year)

	None	1	2	3-5	6 or more	Latest Discharge date
# Psychiatric Inpatient Admits	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12/20/2008
Other care/Institution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Day Treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Case Management Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Psychosocial Rehab	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Medication management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Individual therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Group therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Family therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

When the all information has been entered and the “Continue” button selected on each tab, the user can then enter medication information, pending labs and any additional information pertinent to the review on the Summary tab (Go to pages 12 and 13 for details to complete a review). **We need a quick clinical summary where the patient came from, hx,**

MEDICATIONS

Copy Meds from previous review

Add Refresh

Name	Route Type	Frequency	Dosage	Start Date	Stop Date		
Chlorpromazine	PO	bedtime	400 mg	02/02/2009		Edit	Delete
Loxapine	PO		60 mg	02/02/2009		Edit	Delete

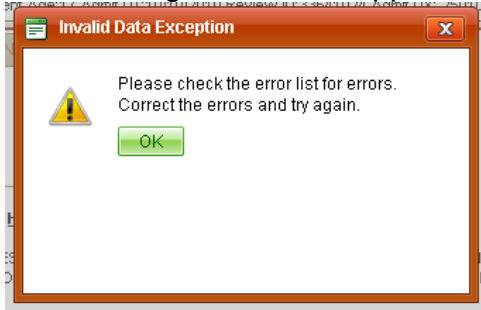
Please enter any additional information you feel is needed to complete utilization review here. Note: It is NOT necessary to repeat any information that was already indicated on previous tabs.

CANCEL PARTIAL SAVE SUBMIT FOR NURSE REVIEW

Errors Tab

When you are on the Start tab and hit the Check Key button; OR when you are the Summary tab and hit the Save/Submit button, the system may find an error that will not allow you to move forward until the errors are corrected.

The message below will appear. You will click OK and proceed to check your errors.



- ➔ The Errors tab is located on the left side of your screen (next to Menu). This will bring up a list of errors, as shown below. It will tell you which tab and the specific error to be fixed. The example below shows that on the DC tab, the user did not select the discharge plan type.

For this example:



- ➔ **1.** Go to the **DC Plan** tab and fill in the correct information AND **2.** To complete the review after correcting any errors, go to **Summary** tab and click the Submit for Nurse Review button.

Respond to Requests for Additional Information

If a nurse pends a review request seeking additional information to progress with the review, a notice will be sent to your hospital's eQHealth liaison. To answer the question(s) online, simply go to Respond to Add'l Info Tab on the top menu bar.

Provider: 001200286 - CHRISTIAN, BRADLEY

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

	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 list will appear with all records in process in which eQHealth has requested additional information.
 - a. **Choose the correct record** by clicking [Open](#) on the left side
 - b. **The record will show the question(s).** A white box will appear on bottom with date. Please enter the answers into the bottom box and click **Save Addt'l info button**.
 - c. You will get a pop-up stating that your information was successfully sent. That information will then be attached to your original review and a nurse will continue with the review process.

Entering Discharge Dates (Per Diem Reimbursed Hospitalizations)

Discharge dates should be entered for Per diem reimbursed hospitalizations after the patient's discharge. **Click on Utilities** on your Menu bar.

A user may search for open discharge dates by

- The patient's Bene ID or TAN #
- By a date range, last day certified OR admit date range
- ➔ A list will appear with all records in process in which eQHealth has not yet received a discharge date.

[Create New Review](#)
[Respond to Add'l Info](#)
[Online Helpline](#)
[Utilities](#)
[Reports](#)
[Search](#)
[Update My Profile](#)

Utilities

[Search By Last Day Certified](#)
[Search By Admit Date](#)
[Search By BeneID](#)
[Search By TAN](#)

Last Certified Date Range: (120 day limit)

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

- ➔ Once the appropriate patient is listed, **click in the discharge date field.**
 1. **Enter the discharge date.**
 2. **Press Enter** or use the arrow key to move to the next line.
 - Note: If the discharge date was already recorded, that participant's record will not show up.
 3. Click on **Save** when you are finished.

Search for Partially Saved Records or Previous Web Reviews

[Create New Review](#)
[Respond to Add'l Info](#)
[Online Helpline](#)
[Utilities](#)
[Reports](#)
[Search](#)
[Update My Profile](#)
[Logoff](#)

Search

[List Partial Records](#)
[Search By TAN](#)
[Search By Date](#)
[Search By Bene](#)
[Cases Needing Add'l Info.](#)

	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
Open	33641015	10/08/2010	trainweb03 trainweb03	999999907	MARCUS	WELBY	Admission	10/07/2010	999999999901	TEST ST. ELSEWHERE HOSPITAL

Search button on Menu bar. This will bring up the list of partial records, search by TAN, and search by date and search by Bene ID (RIN).

List Partial Records

- ➔ A list will appear with all partial records of Web reviews which have been started but have not been submitted to eQHealth for review.
- ➔ Click [Open](#) to the left of the correct review in process. Continue to complete the review information by following the review tabs, inputting the information and hitting Continue on each page. On Summary tab, click Submit for Nurse Review.

Search for Previous Web Reviews

- ➡ Search by TAN, date range or Bene ID (RIN#)
- ➡ A list will appear with all past Web reviews which have been submitted to eQHealth for review.

Click Open to the left of the review you want to open. You cannot change any fields; however, you will be able to see what information your facility entered and also you can copy and paste from the Summary screens.

Reports Button

Finding Status of Current Web Review Requests

- ➡ Reports 1 or 2 capture requests in process
- ➡ Report 3 shows list of admissions by date range
- ➡ Report 4 shows all completed -certified reviews (no denials)
- ➡ Reports 7 and 8 show if there are cases with medical necessity denials