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?

<table>
<thead>
<tr>
<th>Features</th>
<th>Benefits</th>
</tr>
</thead>
<tbody>
<tr>
<td>✔ One System</td>
<td>Everything in one, convenient location. Log on to create review requests, run reports, update users, access online helpline, etc.</td>
</tr>
<tr>
<td>✔ New Web Portal</td>
<td>No application to install. Log in to portal from our secure Web site.</td>
</tr>
<tr>
<td>✔ Easy Accessibility</td>
<td>Same 24/7 access from Website home page. No changes to existing eQHealth user names and passwords.</td>
</tr>
<tr>
<td>✔ Intuitive Review</td>
<td>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.</td>
</tr>
</tbody>
</table>
| ✔ Added Features | • 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.
Data Entry into eQSuite™ Web System

The user will access the eQSuite Web system through our Web site homepage at il.eqhs.org. Once they click on the eQSuite link, they will enter their unique login which is linked to their Provider ID to access the Web system.

At User Login, enter your assigned eQHealth User Name and password and click Login. Each user is responsible for the security of their user name and password. IMPORTANT: If you feel your log in information has been compromised, immediately ask your hospital-assigned eQHealth Web Administrator to change this information.

Remember that your log in ID is directly linked with your Provider ID. If you conduct reviews for different facilities, you must use the correct log in for that facility.

Forgot your password? Click on the link and your password will be emailed to the address that is included in your User Profile.

Once the system has been accessed, the Provider Reports menu will always appear first on your screen, as shown below. All other applications will be displayed across the top of the page and on the Menu tab on the left of the screen. This Web User manual will give you instructions to use each of these applications in the order they appear.

To create a new review request (both admission and concurrent review) select “Create New Review” from either the Menu button on left side of screen or at the top of screen.
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.

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
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.

<table>
<thead>
<tr>
<th>Type</th>
<th>Medicaid ID</th>
<th>Name</th>
<th>Phone #</th>
<th>Phone on File Correct?</th>
<th>Updated Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attending</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Treating</td>
<td></td>
<td></td>
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</tr>
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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.

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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.

NOTICE: 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).

❖ 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.

- **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.**

**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.
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**

<table>
<thead>
<tr>
<th>DX Code</th>
<th>Description</th>
<th>Code Identified Date</th>
<th>Principal</th>
</tr>
</thead>
<tbody>
<tr>
<td>43810</td>
<td>EXTR ASTH/MY STATUS ASTH</td>
<td>09/08/2010</td>
<td>Y</td>
</tr>
</tbody>
</table>

- 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**
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.

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

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

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).

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 short clinical summary or anything that was NOT addressed in the review. A summary is not required, but helpful for review.

**Click Submit for Nurse Review.**

Once the case has been submitted, you will be taken back to the main page and 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 given in old review system.
Example 2: Psychiatric Review Request

- 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 at top of 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 known)
- Click Continue button on bottom of screen
- The Symptoms tab will appear

  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 on bottom of screen**

- **Skills Tab** – captures information regarding the beneficiary's ability to perform each task as documented in the record. **Click Continue at bottom of screen**

- **Treatment Tab** – psychiatric treatment history within the last year. **Click Continue.**
When all information has been entered and the “Continue” button clicked on each previous tab, the user can enter medication information and any additional information pertinent to the review on the Summary tab (Go to pages 12 and 13 for details to complete a review). **A summary is not required, but helpful for 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 Submit for Nurse Review 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.
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 Add'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.

- **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

Search 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