



PRIOR AUTHORIZATION OF ELECTIVE PROCEDURE-CORONARY ARTERY BYPASS GRAFT(CABG) eQSuite® User Guide

Introduction

This user guide is intended to provide guidance for submitting prior authorization 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/Proc Tab**
 - **Search Function (DX/Proc Tab)**
- ▶ **Findings Tab**
- ▶ **Summary Tab**

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 will no longer be 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.

» New Users: Register for a Web Account

- Hospitals must elect a Web Administrator to have access to eQSuite®. This person will be responsible for creating user IDs and assigning access rights.

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

Review Submission Timeframe

- » Prior authorization review is required for elective procedures subject to review on HFS' Attachment F scheduled on and after April 1, 2014.
- » A Request for prior authorization review must be submitted *a minimum of three business days up to a maximum of 30 calendar days* prior to the proposed date of the procedure.

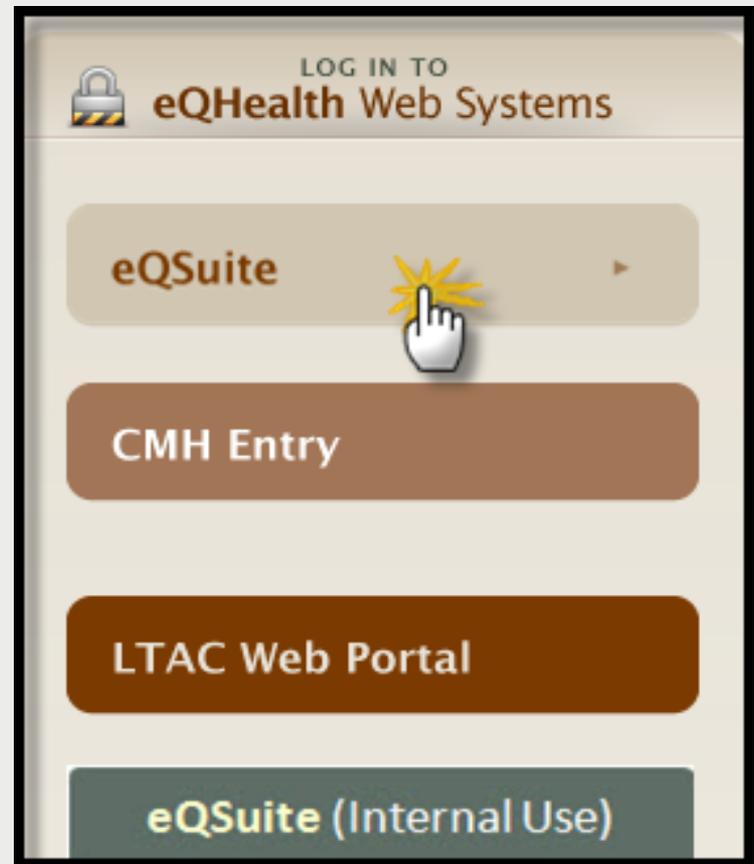
Exceptions to Prior Authorization Review

- » A participant's eligibility was backdated to cover the hospitalization.
- » Medicare Part A coverage exhausted while the patient was in the hospital, but the hospital was not aware that Part A exhausted.
- » Discrepancies associated with the patient's Managed Care Organization (MCO) enrollment occurred at the time of admission.
- » Other – the hospital must provide narrative description.

Getting Started

Access to eQSuite®

- » eQSuite is accessed through our website: il.eqhs.org
- » From the homepage, scroll down to the bottom right side of screen.
- » Click on the first link located under eQHealth Web Systems (as shown).



User Log In

Enter the assigned eQHealth username and password and click login.

Username

Password

Login

[forgot password?](#)

Message Board:
Keep Providers Alert

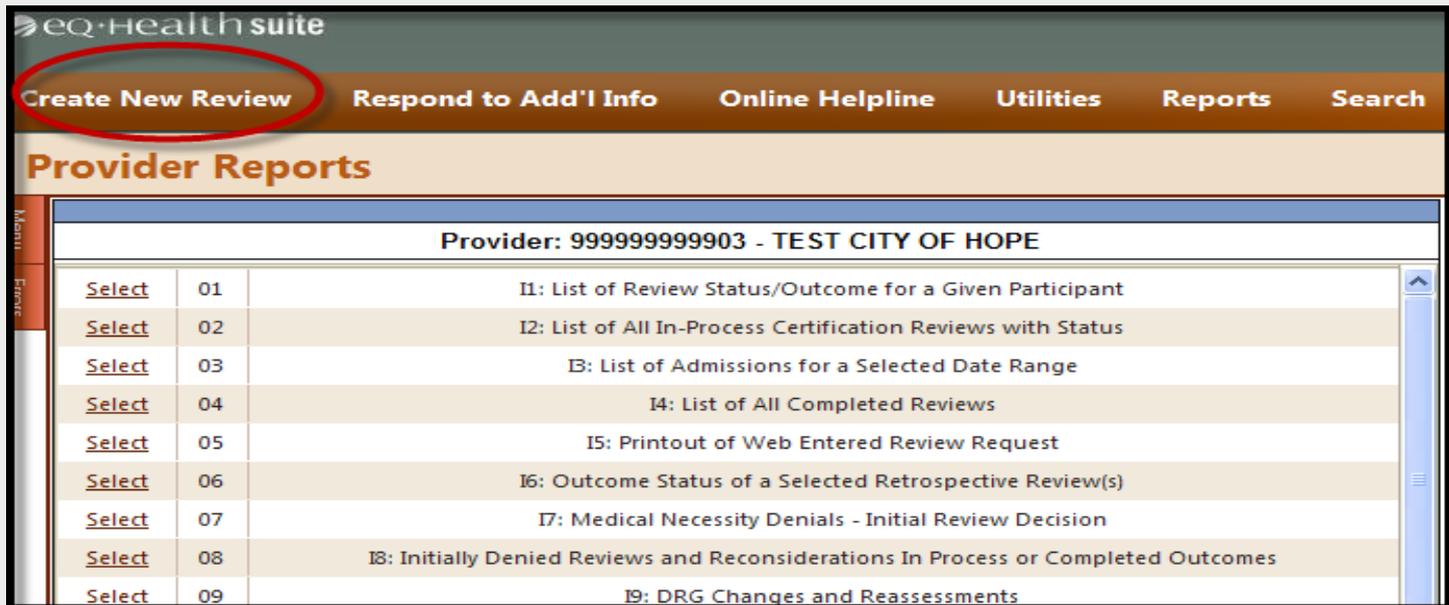
Forgot Password?

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

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 if you have been given authority by your Web Administrator to run reports.
- » To begin the review process, click **Create New Review** from the menu bar.



The screenshot displays the eQSuite homepage. At the top, the logo 'eQ-Health suite' is visible. Below it is a navigation bar with several menu items: 'Create New Review' (circled in red), 'Respond to Add'l Info', 'Online Helpline', 'Utilities', 'Reports', and 'Search'. Below the navigation bar is a section titled 'Provider Reports'. Under this section, there is a table listing various report options for a specific provider: '999999999903 - TEST CITY OF HOPE'. The table has three columns: a 'Select' link, a report ID, and a description of the 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

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. **This includes:**
 - Provider ID and Provider Name
 - HFS Attachment Type
 - Patient information
 - Physician contact information

Start Tab (continue)

Begin Review:

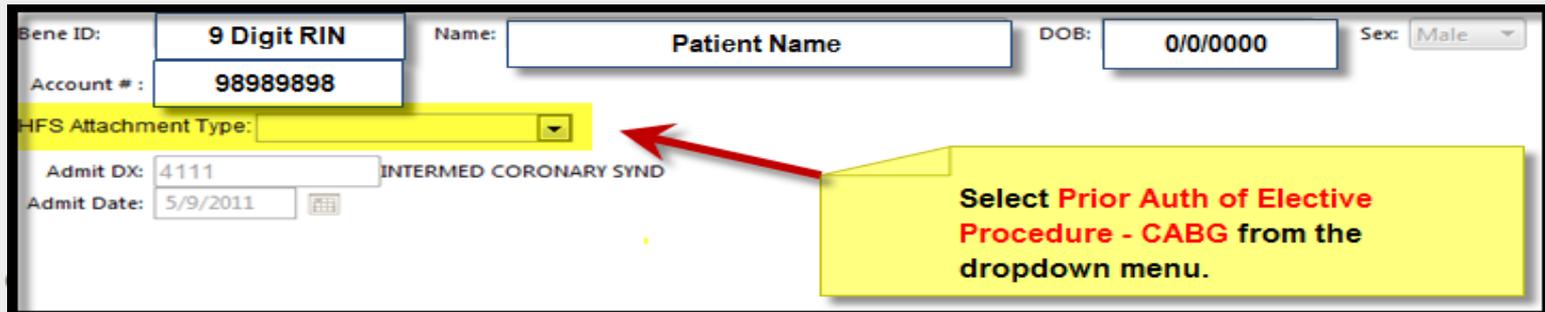
1. Provider ID and Name automatically populates according to the username entered
2. Select setting: *Skip*-not applicable to prior authorization review
3. Review Type: *Skip*-not applicable to prior authorization review
4. Skip *TAN*-not applicable to prior authorization review
5. Click **Retrieve Data** to proceed with the review request

The screenshot shows a web interface for a review process. At the top, there is a tab labeled 'Start'. Below it is a section titled 'Review Type and Settings'. This section contains several input fields and a button:

- Provider ID:** A text box containing '12 Digit ID'.
- Provider Name:** A text box containing 'ABC Hospital'.
- Choose Setting:** A radio button labeled 'Med/Surg'.
- Review Type:** A dropdown menu with 'Admission' selected.
- TAN:** An empty text box.
- RETRIEVE DATA:** A button located below the TAN field, circled in black, with a red arrow pointing to it.

Start Tab (continue)

- » **Bene ID** (also know as RIN): Enter the 9 digit recipient identification number.
 - Hit *tab* on your keyboard to populate the name, DOB and sex . Verify the information is correct. If there is a discrepancy, cancel the review and call the Medicaid Eligibility Line.
- » **Account #:** this is an optional field. If you have a hospital account number it may be entered for your convenience.
- » **HFS: Attachment Type :** See below.
- » **Admit DX:** Enter the ICD-9-CM admitting diagnosis code and hit *tab* on your keyboard.
 - Diagnosis descriptor will appear.
- » **Admit Date:** Enter the patient's proposed admission date.
 - Enter date manually or by clicking on the calendar icon.



The screenshot shows a web form with the following fields:

- Bene ID: 9 Digit RIN
- Account #: 98989898
- Name: Patient Name
- DOB: 0/0/0000
- Sex: Male
- HFS Attachment Type: (dropdown menu)
- Admit DX: 4111 INTERMED CORONARY SYND
- Admit Date: 5/9/2011

A red arrow points from a yellow callout box to the HFS Attachment Type dropdown menu. The callout box contains the text: **Select Prior Auth of Elective Procedure - CABG from the dropdown menu.**

Start Tab (continue)

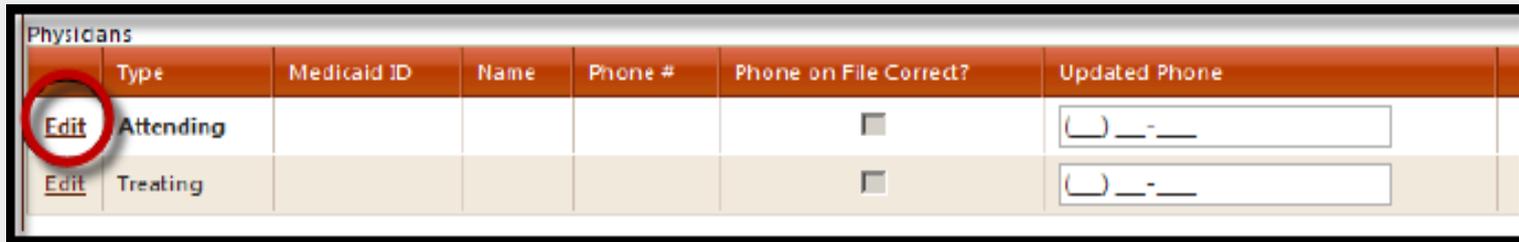
- » **Category of Service:** Select 20 Med/Surg
- » **3 Day Emergency Admin(Prov Type30):** **SKIP**- not applicable to prior authorization review

Category of Service:	<input checked="" type="radio"/> 20 Med/Surg
	<input type="radio"/> 21 Psych
<hr/>	
3 Day Emergency Psych Admit(Prov Type 30):	<input type="radio"/> Yes
	<input type="radio"/> No

Start Tab (continue)

Physician Contact Information

1. Click **edit** to enter the attending physician's Illinois License Number.



The screenshot shows a table titled "Physicians" with the following columns: Type, Medicaid ID, Name, Phone #, Phone on File Correct?, and Updated Phone. The first row is "Attending" and the second is "Treating". The "Edit" button in the first row is circled in red.

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

2. Enter the Physician's Medicaid # and hit **tab** to auto-populate name and phone number **or** click **search** to look up the physician.



The screenshot shows the "Physicians" table with a search bar in the "Medicaid ID" column. The "Search" button is circled in red, and a red arrow points to it. A black arrow points from the search bar to the "Name" column.

Type	Medicaid ID	Name	Phone #	Phone on File Correct?	Updated Phone
Attending	<input type="text"/>			<input type="checkbox"/>	() _ - _

NOTE: If the physician is not listed, cancel the review and call our certification line to request a temporary physician ID.

Start Tab (continue)

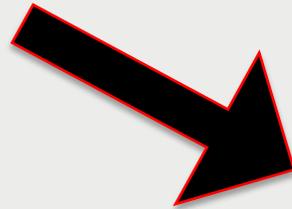
3. Use your mouse to check the **Phone on File Correct ?** box **or** fill in the ***Update Phone*** field with current number.

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

4. Click ***update*** to store the attending physician's contact information into the grid.

IMPORTANT: If there is a treating physician, add their contact information as well. This is important for peer-to-peer conversation.

This section is not applicable to prior authorization review, please **SKIP**. Click **Check Key** at the bottom of the screen to proceed.



THIS SECTION NOT APPLICABLE FOR PRIOR AUTHORIZATION OF PROCEDURES

Proposed D/C Date: Outpt Observation Date:
Actual D/C Date: Emergency Dept Service Date:
Days Requested: Outpt Service Date:

Are home medications documented? Yes No

Are allergies documented? Yes No

Prior to admission, this patient resided at

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

Was the H&P completed within 24 hours of admission? If no, explain in clinical summary. Yes No

Pass Days

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

TPL: Yes No If yes, reason:

Insurance/Address:

Employer:

Policy#:

Group#:

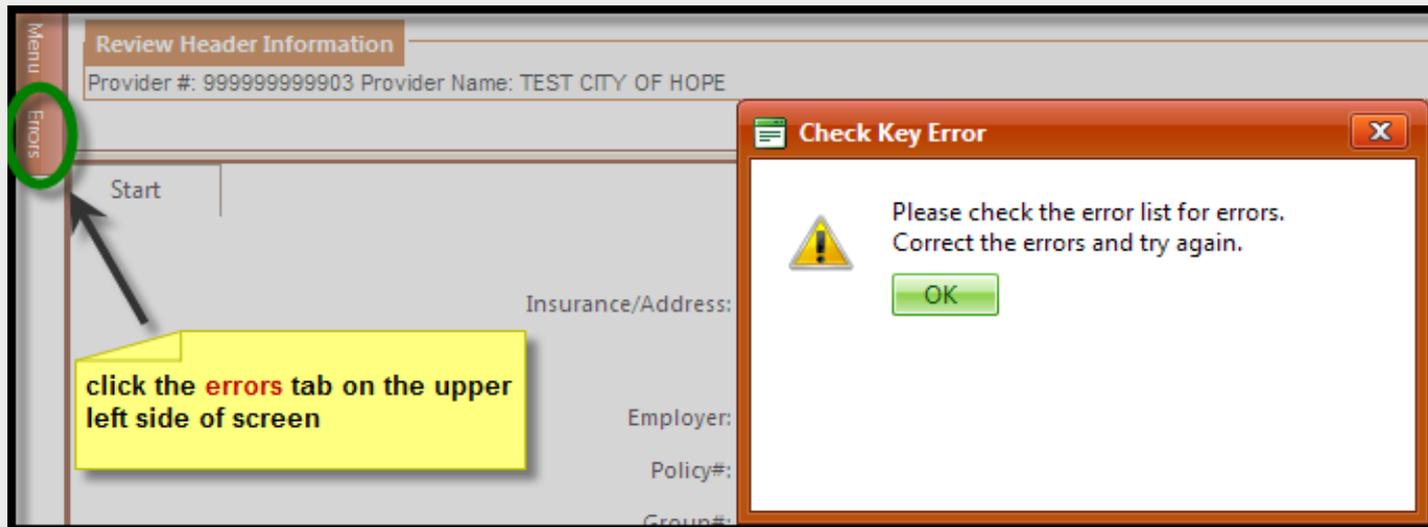
Policy Holder:

Relationship:

Other:

Start Tab (continue)

- » The check key performs an eligibility check, searches for duplicate entries and confirms the procedure code is subject to review.
- » If the system detects an error, a message will appear.



DX/PROC Tab

- » **DX Code grid**: the admitting diagnosis code entered on the start tab will be automatically stored inside the grid.
- » **Procs Code grid**: This information is **required**. Enter the ICD-9-CM procedure code(s) and the scheduled procedure date. The codes associated with CABG procedures must be listed on HFS' Attachment F list. Enter procedure code(s) by clicking on the word ***add***.

The screenshot displays the DX/PROC tab interface. At the top, there are four tabs: Start, DX/PROCS, FINDINGS, and SUMMARY. Below the tabs, there are two data grids. The left grid is titled 'DX Code grid' and has columns for DX Code, Description, Code Identified Date, and Principal. It contains one record with DX Code 4111, Description INTERMED CORONARY SYND, Code Identified Date 05/09/2011, and Principal Y. The right grid is titled 'Procs Code grid' and has columns for Proc Code, Description, and Procedure Date. It displays 'No records to display.' Below the grids are two buttons: CANCEL and SAVE/CONTINUE. A yellow callout box with an arrow pointing to the SAVE/CONTINUE button contains the text: 'Click **save/continue** at the bottom of every screen to save your information.'

DX Code	Description	Code Identified Date	Principal
4111	INTERMED CORONARY SYND	05/09/2011	Y

Proc Code	Description	Procedure Date
No records to display.		

Search for ICD-9 CM Codes

Add Search Refresh

Proc Code	Description	Procedure Date
No records to display		

If a requestor needs assistance with identifying a code, click on the word **Search** to search for ICD-9-CM procedure codes.

- » The **Code Text Search Page** will appear (as shown below).
1. Type in a key word.
 2. Click search. A list of procedure codes will appear. Find the code and click **select**.
 3. Click **Add Selected** to insert the code inside the grid.

Code Text Search Page

Text Search: 1

abdominal 2

Search Clear Close

Add Selected 3

Findings Tab

- » **Clinical Indications-**Mark the appropriate clinical indications for the planned procedure.

CLINICAL INDICATIONS:		
Findings		Comments
> Stenosis in one or more vessels If yes, provide vessels affected and percentage.	<input type="checkbox"/>	
> Failed PCI	<input type="checkbox"/>	
> Grafts(s) occluded	<input checked="" type="checkbox"/>	Provide clinical summary
> Coronary Artery Anomalies	<input type="checkbox"/>	
> Unstable angina If yes, list if it is still present with treatment.	<input type="checkbox"/>	
> Diabetes Mellitus	<input type="checkbox"/>	
> Heart failure/Congestive Heart Failure If yes, indicate whether the condition is newly diagnosed.	<input type="checkbox"/>	

- » **Previous Treatments-** List results of any treatments not described in clinical indications section.

TREATMENTS:		
		Comments
List results of any treatments not described in clinical indications section. Provide dates when known.	<input type="checkbox"/>	

Findings Tab (continue)

» **Labs/Studies/Tests/X-Ray/Imaging-** Enter date and results of pertinent labs, studies, tests, x-rays and imaging that might be necessary to complete prior authorization review.

DIAGNOSTIC TESTS:		
Findings		Comments
> Heart Catheterization If yes, enter the date(s) and result(s).	<input type="checkbox"/>	
> EKG If yes, enter the date(s) and result(s).	<input checked="" type="checkbox"/>	Provide clinical summary
> Stress Test If yes, enter the date(s) and result(s).	<input type="checkbox"/>	
> Other If checked, provide the date(s), type of test performed and the results.	<input type="checkbox"/>	
IMAGING:		
Findings		Comments
> ECHO If yes, enter the date(s) and result(s).	<input checked="" type="checkbox"/>	Provide clinical summary
> TEE If yes, enter the date(s) and result(s).	<input type="checkbox"/>	
> Other If checked, provide the date(s), type of imaging performed and the results.	<input type="checkbox"/>	

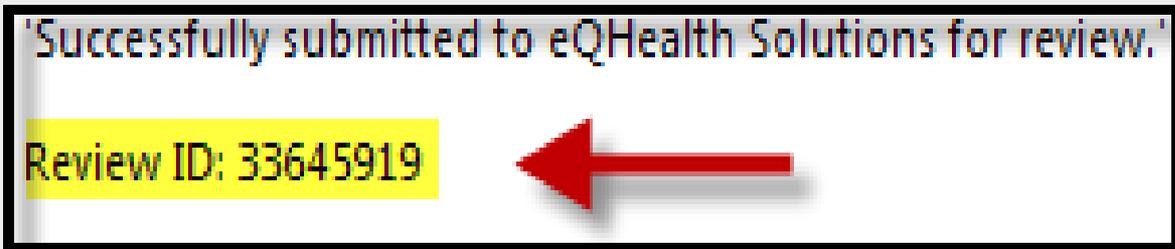
Summary Tab

- » Provide additional information needed to complete prior authorization review.
- » It is not necessary to repeat any information previously documented.
- » Click **Submit for Review** at the bottom of the screen to submit review.

The screenshot displays a web interface for a summary tab. At the top, there are four tabs: 'Start', 'DX/PROCS', 'FINDINGS', and 'SUMMARY', with 'SUMMARY' being the active tab. Below the tabs, a text area is provided for additional information, with a note: '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.' A notice below the text area states: 'NOTICE: Include only short clinical summary/progress/history pertinent to this review point (200 word limit)'. The text area contains the placeholder text 'Insert example'. Below the text area is a 'HEALTHCARE AND FAMILY SERVICES DISCLAIMER STATEMENT'. The disclaimer text reads: 'eQHEALTH SOLUTION'S CERTIFICATION DETERMINATION DOES NOT GUARANTEE MEDICAID PAYMENT FOR SERVICES OR THE AMOUNT OF PAYMENT FOR MEDICAID SERVICES. ELIGIBILITY FOR AND PAYMENT OF MEDICAID SERVICES ARE SUBJECT TO ALL TERMS AND CONDITIONS AND LIMITATIONS OF THE MEDICAID PROGRAM. As an authorized Medicaid provider, I certify that I have reviewed the information submitted for prior authorization. I certify that the information provided is true, accurate, and complete to the best of my knowledge. I understand that services requested herein are subject to review and approval through Healthcare and Family Services' Utilization Management and Quality Improvement Organization. I understand that any falsification, omission or concealment of material fact may subject me to civil monetary penalties, fines, or criminal prosecution, or may disqualify me as a provider of Medicaid services.' Below the disclaimer, a bolded instruction reads: 'By clicking [Submit for Review] you are attesting to the above.' At the bottom, there are three buttons: 'CANCEL', 'SAVE/CLOSE', and 'SUBMIT FOR REVIEW'. The 'SUBMIT FOR REVIEW' button is circled in red, and a black arrow points to it from the right.

Completed Review

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



»A Review ID will be assigned; this is *not a certification (TAN)*. Record the number for tracking purposes and to run report17:Web Review Request Printout.