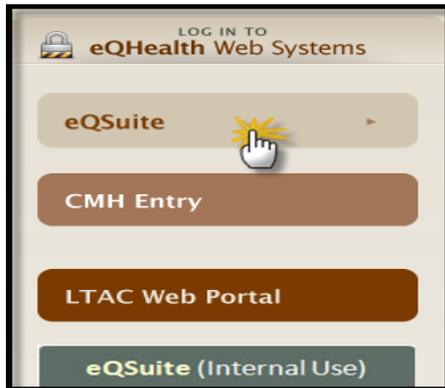


Prior Authorization Provider Reports User Guide

This user guide is intended to provide information pertaining to Prior Authorization Provider Reports 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 Reports		
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: Cancels - Charts Not Available for Review
Select	13	I13: Reviews Pending 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

RPT: 01 Review Status/Outcome for a Given Participant

<i>eQHealth Solutions</i>													
Review Status/Outcome for a Given Participant											Print Date: 2/10/2015		Print Time: 10:20AM
RPT: 01													
Provider: 99999999903 Test City Of Hope HI													
Recipient: 001200294 LATONYA CRAWFORD F 04/02/1987													
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	Review ID
5/7/2014						486	Admission	7/15/2014		At Nurse Review	0		33647588
5/7/2014	5/15/2014	5/7/2014	1	19000930		486	Admission	5/8/2014	5/16/2014	Completed	1		33647574
							Continued Stay	5/20/2014		At Nurse Review	0		33647795
4/14/2014		4/14/2014	1	19000943		486	Admission	4/15/2014	5/16/2014	Completed	1		33647490

Review Type = Admission, Continued Stay, Retrospective Prepay or Post-pay. This report captures all review data on a specific participant.
Record Status = Nurse Review, Pended (need addt'l info), Suspended (addt'l info not given in 24 hours), at PR (Physician Review), Completed
Total Days = Total number of days certified after discharge date is reported (admission + all continued stay days certified or days certified for Retro Prepay)
Note: Total days should reflect days certified and/or days denied

RPT: 02 List of All In-Process Certification Reviews

eQHealth Solutions								
RPT: I2		Status of All In-Process Certification Reviews					Print Date: 2/10/2015	
Provider: 99999999903 TEST CITY OF HOPE HI							Print Time: 10:22AM	
Type	Receipt Date	Recipient Number	First Name	Last Name	Admit Date	Record Status	Review ID	Patient Account #
Admission	1/13/2015	001200294	LATONYA	CRAWFORD	1/13/2014	At Nurse Review	33649986	
Continued Stay	3/20/2008	001208321	AARON	WILSON	1/28/2008	At Nurse Review	32614138	
Continued Stay	5/31/2013	001201011	AKIKI	SHANGO	5/1/2013	At Nurse Review	33645088	
Continued Stay	5/20/2014	001200294	LATONYA	CRAWFORD	5/7/2014	At Nurse Review	33647795	
Continued Stay	9/24/2014	001200294	LATONYA	CRAWFORD	9/21/2014	At Nurse Review	33649345	
Continued Stay	12/15/2014	001200294	LATONYA	CRAWFORD	12/8/2014	At Nurse Review	33649924	

Review Type = Admission, Continued Stay, Retrospective Prepay or Post-pay. This report provides 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 List of Admissions for a Selected Date Range

eQHealth Solutions									
RPT: I3		Assigned TANS in Admission Date Range						Print Date: 2/10/2015	
Provider: 99999999903 TEST CITY OF HOPE , HI								Print Time: 10:25 am	
Admit Dates: 12/01/2014 thru 01/30/2015 (60 day limit)									
Participant Number	First Name	Last Name	Admit Date	Discharge Date	Last Day Cert	Total Days	TAN	Admit DX	Patient Account #
1200294	LATONYA	CRAWFORD	12/08/2014		12/08/2014	1	19000991	486	
1200294	LATONYA	CRAWFORD	12/08/2014		12/08/2014	1	19001008	486	
1200294	LATONYA	CRAWFORD	01/09/2015		01/09/2015	1	19001042	486	

Review Type= Admission (once an admission review is certified, a TAN is generated)
Note: After the discharge date is reported, the *Total Days* field will have all days certified for this hospitalization.

RPT: 08 Initially Denied Reviews and Reconsiderations in Process and all Completed Outcomes

 Initially Denied Reviews and Reconsiderations In Process or Completed Outcomes <i>(Administrative Denials Not Included)</i> Provider: Happy Hospital Reconsideration Request or Review Completion Date Range: 1/1/2015 - 1/31/2015														
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
	Jones		01/28/15	02/03/15	Admission		Dr. Smith	2989	01/29/15					7
	Williams		01/20/15	01/26/15	Admission		Dr. Miller	31381	01/21/15					8
	Clark		01/27/15	02/02/15	Admission		Dr. Bruce	29633	01/27/15					8

RPT: I8

Print Date: 02/10/2015

Print Time: 10:59 am

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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: 13 Reviews Pended for Additional Information

eQHealth solutions		Reviews Pended for Additional Information								RPT: I13		
		Provider: 999999999903 TEST CITY OF HOPE								Print Date: 02/10/2015		
		Pended Date Range: 12/1/2014 - 1/30/2015								Print Time: 10:29 am		
										Page 1 of 1		
RIN	Last Name	Admit Date	ReviewID	Review Type	Request Method	Requestor Name	Review Start Date	Pended Date	Info Received	Suspended Date	Unsusended Date	Completion Date
001200294	CRAWFORD	11/5/14	33649717	Admission	Web	trainweb01 trainweb01	11/06/14	12/6/14	1/13/15			
Total Cases:		1										

Review Type= Admission and Continued Stay

Requestor Name= Hospital staff who submitted the initial review request

Pended Date = Date pended by eQHealth

Info Received= Receipt date of when additional information is submitted by hospital

Suspended Date= 24 hours after pended date if eQHealth has not received the additional information from hospital

Unsusended Date= Additional information is received from hospital, review is placed back into the nurse queue and processed

Completion Date= Review complete date

RPT: 15 Unreviewable Review Requests

eq·Health solutions		Unreviewable Review Requests <i>(Admission and Concurrent Requests Only)</i>					RPT: I15		
		Provider: Happy Hospital					Print Date: 03/18/2015		
		Completion Date Range: 12/1/2014 - 1/31/2015					Print Time: 10:05 am		
							Page 1 of 1		
RIN	Last Name	First Name	Admit Date	Request Type	Request Method	Receipt Date	Review ID	Reason	Data
	Cart	Bobby	01/13/15	Admission	Web	01/09/15		Incomplete information	
Total Cases for Reason:		Incomplete information						1	
Total Cases:								1	

Review Type= Admission and Continued Stay requests only

Request Type= Admission, Continued Stay

Request Method= Web or Phone

Reason= brief explanation to why a case was not reviewed by eQHealth

Total Cases= sum of all unreviewable review requests within a designated timeframe (*based on date range selected*)

RPT: 17 Web Review Requests Printout

Report I17	<i>eQHealth Solutions</i>					
	Printout of Web Review Request (Oct'10 and after)					
Review ID: 33649955		Print Date/Time: 2/5/2015 9:32 AM				
<u>CASE IDENTIFICATION:</u>						
Recipient: 001200294 CRAWFORD, LATONYA	Provider: 999999999903					
DOB: 4/2/1987 Age: 27 Sex: F	TEST CITY OF HOPE					
Admit/Dsch Dates: 1/9/2015	Setting: Med/Surg					
Admit DX: 486	TAN: 19001042					
Proposed D/C Date:	Review Type: Admission					
Observation Date:	Request Date: 1/12/2015					
Emergency Dept. Service Date:	Days Requested: 1					
Outpatient Service Date:	Requestor: Facility					
Category of Service: Med/Surg	trainweb01 trainweb01 225-926-6353					
3 Day Emergency Psych Admit:	Account #:					
DCFS Consent:	Pass Days Start/End Dates:					
<u>PHYSICIAN:</u>						
Attending: 036109356 MILLER, AARON						
1001 MORGAN STREET						
CARLINVILLE, IL 626261448						
Phone: (618) 439-3161 Phys Phone's Correct: Yes Updated Phone:						
*****End of submission*****						
TREATMENT PLAN - ***** Submitted by the provider*****						
O2: 3l on 1.9.15						
*****End of submission*****						
DISCHARGE PLAN - ***** Submitted by the provider*****						
DC plan: Home:						
home with DR follow up						
*****End of submission*****						
<u>MEDS:</u>						
Name	Dosage	Route Type	Frequency	Start Date	Stop Date	Med Status
Levoquin	750 MG	IV	BID	1/9/2015	1/9/2015	New
<u>THIRD PARTY LIABILITY:</u>						
TPL: No						

This report is generated by the Review ID (Tracking Number)
Review Type = Admission and Continued Stay. This report retrieves data from December 2010 to present

