



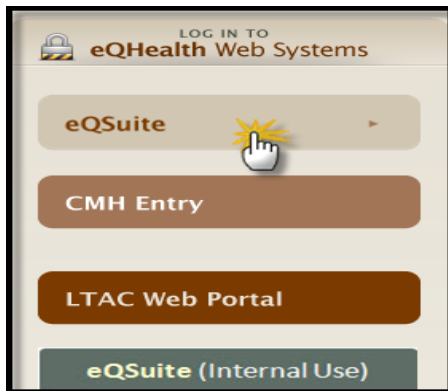
# Top 7 Provider Reports User Guide

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This user guide is intended to provide information pertaining to Concurrent Review Provider Reports in eQSuite®. All report data are facility specific, based on your username and password.

**Access Provider Reports - eQSuite®** 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)



- ▶ 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 and assign access to modules
  - All reports open in Adobe Acrobat PDF format

Click **Select** to open report

Provider Reports		
Provider: 99999999903 - 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 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**



**RPT: 01 Review Status/Outcome for a Given Participant (Most commonly used Report!)**

<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 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: 12 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 the **status** of your submission.

**Record Status** = Nurse Review, Pended (requires add'l info sent to eQHealth), Suspended (add'l info not given in 24 hours), Physician Review



### RPT: 03 List of Admissions for a Selected Date Range


eQHealth Solutions									
Assigned TANS in Admission Date Range									
RPT: I3									
Provider: 999999999903 TEST CITY OF HOPE , HI							Print Date: 2/10/2015		
Admit Dates: 12/01/2014 thru 01/30/2015 (60 day limit)							Print Time: 10:25 am		
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), the total days for a DRG review admission will always show "1".

**Total Days** = the *Total Days* field will show the days certified at Admission (if this is a DRG review it will always show "1")



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

 <b>Initially Denied Reviews and Reconsiderations In Process or Completed Outcomes</b> <i>(Administrative Denials Not Included)</i> Provider: Happy Hospital Reconsideration Request or Review Completion Date Range: 1/1/2015 - 1/31/2015														RPT: I8 Print Date: 02/10/2015 Print Time: 10:59 am Page 1 of 3	
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	

**Orig. Complete Date** = Date review completed (initial review determination made)

**Orig. Days Denied** = Shows if there were any days denied, if there are, check the Recon Request Date to see if a reconsideration was requested from your facility

**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** = If valid reconsideration request was received, this field will show the date the reconsideration completed and final eQHealth determination date



**RPT: 13 Reviews Pended for Additional Information**

eQHealth solutions		Reviews Pended for Additional Information								RPT: I13		
		Provider: 99999999903 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

*You can submit your answer online by using the "Respond to Add'l Info" tab on the menu bar*



**RPT: 17 Web Review Requests Printout (Concurrent Review Only)**

Report I17 eQHealth Solutions  
Printout of Web Review Request (Oct'10 and after)

Review ID: 33649955 Print Date/Time: 2/5/2015 9:32 AM

**CASE IDENTIFICATION:**

Recipient: 001200294 CRAWFORD, LATONYA	Provider: 99999999903
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:

**PHYSICIAN:**

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\*\*\*\*\*

**MEDS:**

Name	Dosage	Route Type	Frequency	Start Date	Stop Date	Med Status
Levoquin	750 MG	IV	BID	1/9/2015	1/9/2015	New

**THIRD PARTY LIABILITY:**  
 TPL: No

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





**RPT: 18 Medicaid Cases Due for Concurrent Review (Daily List)**

RPT: I18

eQHealth Solutions  
Medicaid Cases Due for Concurrent Review

Print Date: 09/24/2016

Provider: 999999999903

TEST CITY OF HOPE HONOLULU IL

Print Time: 09:48AM

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.

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	00120		6/12/2016		19001100	1	6/12/2016		D
JANE	DOE	200	987654	9/21/2016		18000981	5	9/25/2016	*	P
BIANCA	REESE	00400		9/23/2016		19000824	1	9/23/2016		D
JOHN	TEST	00112		9/23/2016		19000872	1	9/23/2016		D

\* 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.

**# of Days Certified** = This field will tally the current number of days certified. DRG Web reviews will always show “1” for certification of admission.

**PM (Payment Method)** = This field will display “D” for DRG and “P” for Per Diem type reviews, to distinguish the review type.

*NOTE: Entering in the discharge date or discharge review (DRG) completes the review process and removes the case from this list.*