

### WEB USER GUIDE SUBMITTING MEDICAL RECORDS FOR RETROSPECTIVE PRE- AND POST-PAYMENT REVIEW

### **OVERVIEW**

### Web-based submission of medical records:

- All Illinois hospitals and its' contiguous counties must participate (limited exceptions).
- Providers will check weekly for selected cases and submit medical record documents online via eQSuite<sup>®</sup>.
- Effective with Notice of Selection of Medical Records for Offsite Review with a date of notice April 11, 2017.



## WEB-BASED PROVIDER UTILIZATION REVIEW SYSTEM

## User Log In



Procedure and DRG codes subject to Utilization Review HFS Attachments A-F 10.1.16 - Click to download HFS Attachments

- → Top 7 Provider Web Reports 2016/2017
- Frequently Asked Questions Updated version coming soon!
- Hospital Contact Form (Updated February 2017)
- How to Create an Electronic Signature (Instructions)
- Web Administrator Guide
- ➔ Quick Guide for Reconsiderations
- ➔ Reconsideration Request Form

#### Contact us at (800) 418-4045

#### Use the eQSuite® Online Helpline for:

- » Utilization and quality review process
- » Review requirements and timeframes
- » Reconsideration process
- » Creating temporary Physician IDs
- » MCO or other eligibility verification questions

#### Hospital Adminstrators:

- Whoever is assigned as the Web Administrator will need to create new user log ins for staff who need to submit requests to eQHealth under that new Provider ID.
- New admissions will need to be submitted using the NEW provider ID (new log in).
- If hospitals have different Provider IDs for Psych and MedSurg, the requestor must use the correct log in to submit review requests for each service.

#### Certification Requests. Review Status. Discharges. Work On Line - Anytime

To access eQSuite®: Assign a Web Administrator for your facility, fill out a Hospital Contact Form and fax it to us. An eQHealth representative will contact you.



eQSuite

## User Log In

## Enter the assigned eQHealth username and password and click login.

Username	Password forqot password?
Message Board: Keep P	roviders Alert

### Forgot Password?

Click on forgot passwordyou will be instructed to enter your username to receive a temporary password.

Copy temporary password to use as your "old" password; follow directions to reset.

**Message Board:** Check the logon screen for important messages regarding the Web.

## eQSuite<sup>®</sup> Main Page

# Upon logging in you will see Provider Reports and can confirm which hospital you are logged in as.

	Dom			
JVIGEI	кер	Provider: 999999999903 - TE ST CITY OF HOPE		
<u>Select</u>	01	I1: List of Review Status/Outcome for a Given Participant	^	
Select	02	12: List of All In-Process Certification Reviews with Status		
Select	03	I3: List of Admissions for a Selected Date Range		
<u>Select</u>	04	I4: List of All Completed Reviews		
<u>Select</u>	05	I5: Printout of Web Entered Review Request		
<u>Select</u>	06	I6: Outcome Status of a Selected Retrospective Review(s)		
<u>Select</u>	07	17: Medical Necessity Denials - Initial Review Decision		
<u>Select</u>	08	18: Initially Denied Reviews and Reconsiderations In Process or Completed Outcomes		
<u>Select</u>	09	I9: DRG Changes and Reassessments		
<u>Select</u>	11	I11: Billing Errors		
Select	11B	I11B: Billing Errors		

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## **Retro Chart Requests Tab**

#### Click the Retro Chart Requests tab on the menu bar.

Cr	eate New Re	view Re	espond to Add	'l Info	letro Charl	Request	Online H	elpline (	Jtilities	Reports	Search Attachments	Letters Update My Profile User
Ment	Instructions											
i Eriors	Chart Due DT	Notice DT	Account Number	RIN	First Name	Last Name	Admit DT	Discharge DT	Setting	Review Type	Attach documentation to case	Click when the entire medical record has been linked or faxed
	4/24/2017	4/11/2017		001201086	ASHEENA	BROWN	07/26/2016	07/31/2016	Psych	Retro Postpay	Link Attachment	Complete Submission
	4/24/2017	4/11/2017		111111111	JOHN	SMITH	08/22/2016	09/27/2016	Med/Surg	Retro Postpay	Link Attachment	Complete Submission
	4/24/2017	4/11/2017		001201326	IESHA	BAKER	08/31/2016	10/21/2016	Med/Surg	Retro Postpay	Link Attachment	Complete Submission
	4/24/2017	4/11/2017		001201326	IESHA	BAKER	11/13/2016	11/29/2016	Psych	Retro Prepay	Link Attachment	Complete Submission
	4/24/2017	4/11/2017		001200294	LATONYA	CRAWFORD	10/26/2016	11/30/2016	Med/Surg	Retro Prepay	Link Attachment	Complete Submission
	4/24/2017	4/11/2017		001201326	IESHA	BAKER	12/06/2016	12/11/2016	Med/Surg	Retro Prepay	Link Attachment	Complete Submission

## **Instructions for Users**



**INSTRUCTIONS:** All required medical record documents must be received by eQHealth Solutions within 14 calendar days from the notice date. The following condensed medical record documentation must be submitted:

- · History and Physical Examination Records
- ER/ED Records
- All physician Order Sheets
- All Physician and Nurse Progress Notes\*
- Discharge Summary

\*DO NOT SUBMIT nursing notes with daily vitals, weights, I/O, dressing changes, consents, discharge instructions, care plans, daily assessments or flow sheets.

<u>Have your file(s) ready to upload</u> – the fax option may be used only if uploading is not viable. Medical record documents are uploaded as an image file (pdf format works best). Records larger than 400 pages should be uploaded as multiple files. If the total file size exceeds 5GB and cannot be uploaded, please follow the exception process.

To begin, click <u>Link Attachment</u> for that case. You must click "Complete Submission" <u>after</u> you have uploaded or faxed the required documentation (files) for each case.

## **Attaching Documents to Case**

### Follow two commands to link/upload file(s):

### 1) Link Attachment and 2) Complete Submission

Create New Review Respond t		spond to Add	'l Info F	Retro Chart	Chart Requests Onlin		elpline	Utilities	Reports	Search Attachn	ments Letters	Update My Profile	User	
Menu	Instructions										1)		2)	
Enors	Chart Due DT	Notice DT	Account Number	RIN	First Name	Last Name	Admit DT	Discharge DT	Setting	Review Type	Attach documentation case	to Click when th faxed	e entire medical record has be	en linked
	08/09/2016	07/26/2016		001201086	ASHEENA	BROWN	07/26/2016		Psych	Retro Postpay		Complete Sub	mission	
	09/06/2016	08/23/2016		111111111	JOHN	SMITH	08/22/2016		Med/Surg	Retro Postpay	Link Attachment	Complete Sub	mission	
	09/14/2016	08/31/2016		001201326	IESHA	BAKER	08/31/2016		Med/Surg	Retro Postpay	Link Attachment	Complete Sub	mission	
	10/27/2016	10/13/2016		001201326	IESHA	BAKER	11/13/2016		Psych	Retro Prepay	Link Attachment	Complete Sub	mission	
	11/09/2016	10/26/2016		001200294	LATONYA	CRAWFORD	10/26/2016		Med/Surg	Retro Prepay	Link Attachment	Complete Sub	mission	
	03/16/2017	03/02/2017		001201326	IESHA	BAKER	12/06/2016		Med/Surg	Retro Prepay	Link Attachment	Complete Sub	mission	

## **Attaching Documents to Case**

# Follow first command to <u>Link Attachment</u>, then select Upload Attachment Images(s).

Print attachment coversheet(s) Upload attachment images(s)	

## **Attaching Documents to Case**

### **Uploading medical record file(s):**

Must be an image file format (PDF, tif, jpg, bmp)

							*
Print attachm	ent coversheet(s)	Upload	attachment ir	mages(s)			
	Enter a title for	your doc	ument:				
Previously Submitted Documents:	Agenda Ten	nplate					
Terrously Submitted Documents.			Select ×	lemove			
	Add Upload						
	Some of your fi Allowed file ex Maximum file s	les could tensions: ize: 2048	not be uplo .tifpdfjpg 8000000 byt	aded 2bmp es			
	File name: Age File extension: File size: 18423	nda Temj .docx 5 bytes	olate.docx				
			6				

## **Uploading File**

- Enter title for your document.
- Select/browse for the file and click to Upload.

<b>-</b>		- S - D X
Print a Previously Submitted Docum	ttachment coversheet(Copload attachmen	nt images(s)
	Enter a title for your document:	
	eQdbradley12.14.11	
	eQdbradley12.14.11 Select	× Remove
	Add Upload	
еонealthsolutions org		

## **Backup Method**

## Follow first command to <u>Link Attachment</u>, then select the Print attachment coversheet(s) button



## **Backup Method**

Under "Select attachment types", check Medical Record.

Click <u>Generate Coversheet</u>; it will appear as a PDF.



## **Backup Method**

# **Use only once!** Submit the coversheet with correct documents by FAX to (800) 418-4039



Provider ID: 999999999903 Provider Name: TEST CITY OF HOPE TAN: Bene ID: 001201326 Bene Name: IESHA BAKER Admit Date: 08/31/2016 Review ID: 33651145 # Pages (Including this one)

Only use coversheet once. Please do not modify or duplicate bar code or cover sheet in any way.

MEDICAL RECORD

## **To Complete Submission**

## Go to Retro Chart Requests tab and follow second command to link and send file(s):

2) Click Complete Submission

Cr	eate New Re	view Re	spond to Add	l Info R	letro Chart	Requests	Online H	elpline	Utilities	Reports	Search Attachments	s Letters Update My Profile User			
Menu	Instructions 2)														
Errors	Chart Due DT	Notice DT	Account Number	RIN	First Name	Last Name	Admit DT	Discharge DT	Setting	Review Type	Attach documentation to case	Click when the entire medical record has been linked faxed			
	08/09/2016	07/26/2016		001201086	ASHEENA	BROWN	07/26/2016		Psych	Retro Postpay	Link Attachment	Complete Submission			
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	11/09/2016	10/26/2016		001200294	LATONYA	CRAWFORD	10/26/2016		Med/Surg	Retro Prepay	Link Attachment	Complete Submission			
	03/16/2017	03/02/2017		001201326	IESHA	BAKER	12/06/2016		Med/Surg	Retro Prepay	Link Attachment	Complete Submission			

## **To Complete Submission**

- A pop up will appear to ensure you want to complete submission.
  <u>Click OK.</u>
- Clicking "cancel" means you are not ready to submit.

9	eq+Health suite Web Trainer 🔒 Log Off Timeout in: 19:57 mins														
Create New Review Respond to Add'l Info Retro Chart Requests								lelpline (	Jtilities	Reports	Sear	h Attachments	Letters	Update My Profile	User
Menu	Instructions														
Errors	Chart Due DT											n documentation to	Click when the faxed	entire medical record has be	en linked or
	08/09/2016	07/26/2016		001201086	ASHEENA	BROWN	07/26/2016		Psych	Retro Postpay	Link /	<u>ttachment</u>	Complete Subn	nission	
	09/06/2016	08/23/2016		111111111	JOHN	SMITH	08/22/2016		Med/Surg	Retro Postpay	Link /	<u>ttachment</u>	Complete Subn	nission	
	09/14/2016	08/31/2016		001201326	IESHA	BAKER	08/31/2016		Med/Surg	Retro Postpay	Link /	<u>ttachment</u>	Complete Subn	nission	
	10/27/2016	10/13/2016		001201326	IESHA	BAKER	=			x pag	Link /	ttachment	Complete Subn	nission	
	11/09/2016	10/26/2016		001200294	LATONYA	CRAWFORD				paj	Link /	<u>ttachment</u>	Complete Subn	nission	
	03/16/2017	03/02/2017		001201326	IESHA	BAKER	$\bigcirc$	Are you sure yo	ou want to	paj	Link /	<u>ttachment</u>	Complete Subn	nission	
							U	ок	Cancel						

## **Completed Submission**

# NOTE: After clicking <u>**OK**</u>, the case is automatically sent to eQHealth for review and will no longer show in the table:

Cr	eate New Rev	view Re	spond to Add	'i Info	Retro Chart	Request	Online H	elpline	Utilities	Reports	Search Attachments	Letters Update My Profile User	
Menu	Instructions												
Enors	Chart Due DT	Notice DT	Account Number	RIN	First Name	Last Name	Admit DT	Discharge DT	Setting	Review Type	Attach documentation to case	Click when the entire medical record has been linked or faxed	
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	4/24/2017	4/11/2017		001201326	IESHA	BAKER	12/06/2016	12/11/2016	Med/Surg	Retro Prepay	Link Attachment	Complete Submission	

## **Online Helpline**

- Enter Inquires may be submitted online by clicking the Online Helpline tab on the menu bar.
- <u>either</u> a Review ID <u>or</u> Bene ID (RIN) and admit date.
- Type a detailed question in the text box and click Submit Question.
- A message will appear stating the response has been submitted and a ticket number will be assigned.



- The ticket will be processed within one business day.
- To view the response, click the Online Helpline. Scroll down and view the History section. The answer will appear next to your question and will remain for 30 days.

## **Provider Resources**

### Website http://il.eqhs.org

- Provider Resources for Forms (Hospital Contact Form), Presentations, Web User Guides, etc.
- Access to Web-based review system: eQSuite<sup>®</sup>

### eQHealth Provider Helpline

Monday through Friday, 8:30 am to 5:00 pm

- Use Online Helpline for all inquiries.
- If Web Administrator is unavailable:
  - Call toll-free 800-418-4045 for assistance in resetting passwords/unlock Web account.