



Submitting a PASRR Level 1 Screen

February 2021

Provider Portal (1 of 4)

- Beginning **Monday, March 1, 2021**, providers will submit PASRR I assessments using the Qualitrac system via a Provider Portal.
- Your Organization must first complete the online registration process and designate one or more individuals within your organization who will create user accounts for providers within your organization.
- Reminders for the instructions regarding the online registration process are provided later in this slide deck.
- Once registered, you will receive a username and instructions to create a unique password.
- You will access the Qualitrac Provider Portal at:
www.colorado.gov/hcpf/long-term-services-and-supports-training#Telligen



Provider Portal (2 of 4)



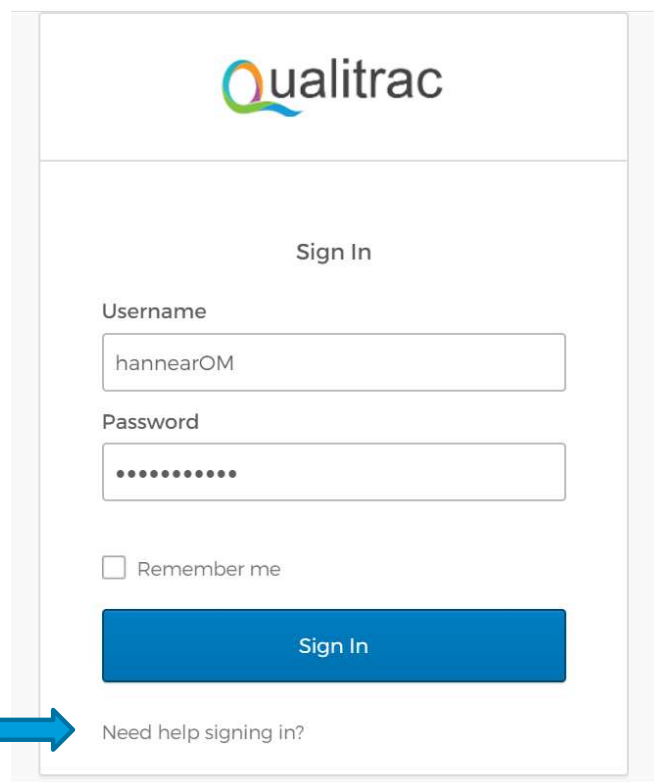
On the sign-in page:

1. Enter the username you were assigned.
2. Use the password you established.
3. Click **SIGN IN** to access the system.

A screenshot of the Qualitrac sign-in page. The page has a white background with a light gray border. At the top center is the Qualitrac logo, which consists of a colorful 'Q' followed by the word 'Qualitrac'. Below the logo is the text 'Sign In'. Underneath is a 'Username' label followed by a text input field containing 'hannearOM'. Below that is a 'Password' label followed by a password input field with ten dots. Under the password field is a checkbox labeled 'Remember me'. At the bottom is a large blue button with the text 'Sign In'. A blue arrow points to this button from the left. Below the button is the text 'Need help signing in?'.

Provider Portal (3 of 4)

- There is a blue “Need help signing in?” link below the sign-in button. This can be used to change/reset your password whenever needed.
- **Do not bookmark this page.**
The security around the log-in page will cause issues the next time you log in.

A screenshot of the Qualitrac Sign In page. The page has a white background with a light gray border. At the top, the Qualitrac logo is displayed. Below the logo, the text "Sign In" is centered. There are two input fields: "Username" with the text "hannearOM" and "Password" with masked characters ".....". Below the password field is a checkbox labeled "Remember me". A blue "Sign In" button is positioned below the checkbox. At the bottom of the form, there is a link that says "Need help signing in?". A blue arrow points to this link from the left.

Qualitrac

Sign In

Username
hannearOM

Password
.....


☐ Remember me

Sign In

Need help signing in?

Provider Portal (4 of 4)

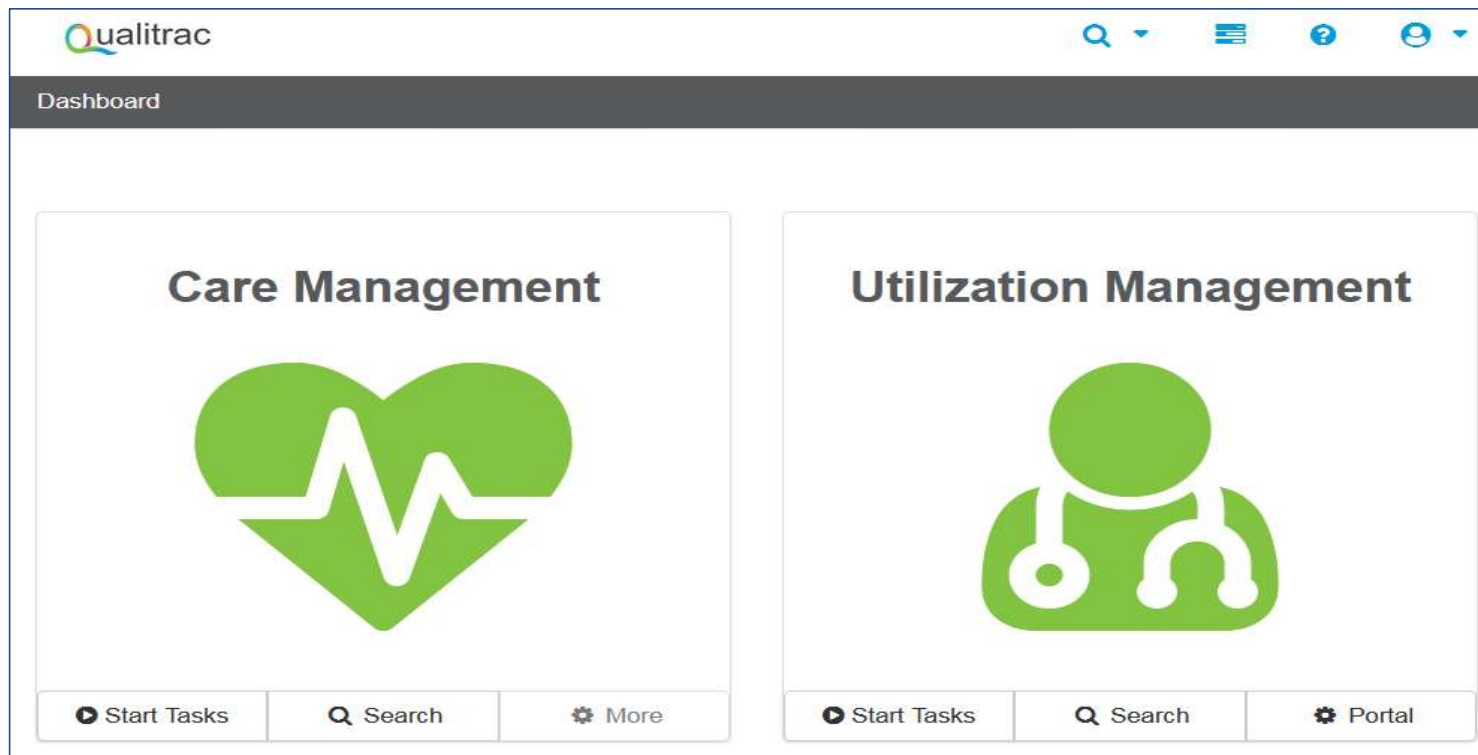
- The Reset Password modal will open and ask you to enter your username. Please enter the username you utilize to log in to the system. Do not enter your email address.
- The system will recognize your user id, find the email associated to your account and send you an email with a link to reset your password.



The image shows a screenshot of the Qualitrac 'Reset Password' modal. At the top is the Qualitrac logo. Below it, the title 'Reset Password' is centered. There is a text input field labeled 'Username' containing the text 'swilson'. Below the input field is a blue button labeled 'Reset via Email'. At the bottom left of the modal is a link that says 'Back to Sign In'.



Qualitrac Landing Page



Navigational Tools



This is the Provider Portal Menu Bar. This will remain available to you wherever you are in the system.



The Qualitrac logo will take you back to the landing page from wherever you are currently working in the system.



The “magnifying glass” will open search options for you to search for a specific case or a specific member.



This icon indicates the task queue. This is where you will go to complete any assigned tasks such as Requests for Information.



This icon will take you to the Knowledge Center. The Knowledge Center provides user guides, FAQs and Tip Sheets.

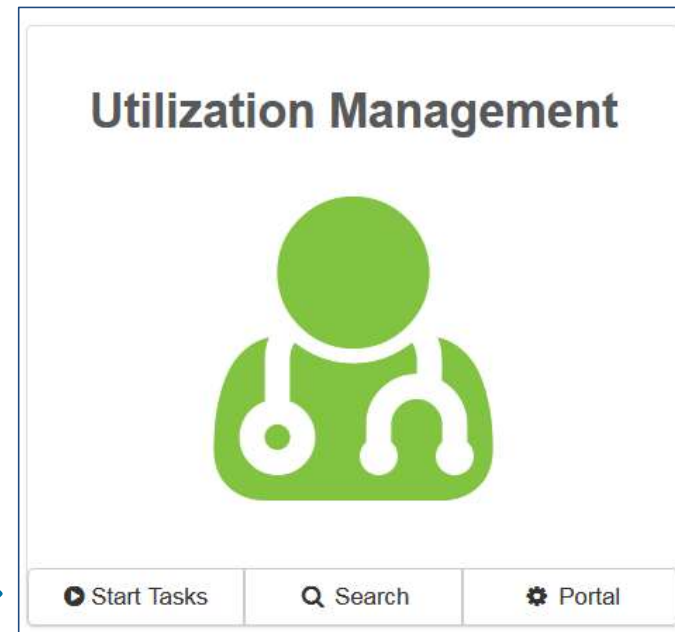


Selecting this icon will allow you to view and manage your profile. Here you can make changes to your phone number, email address, etc.



Utilization Management Module

- **Start Tasks** will take you to the task queue to view tasks that have been assigned to you, such as requests for additional information.
- **Search** will allow you to search for a member or a case, just like the magnifying glass at the top of the page.

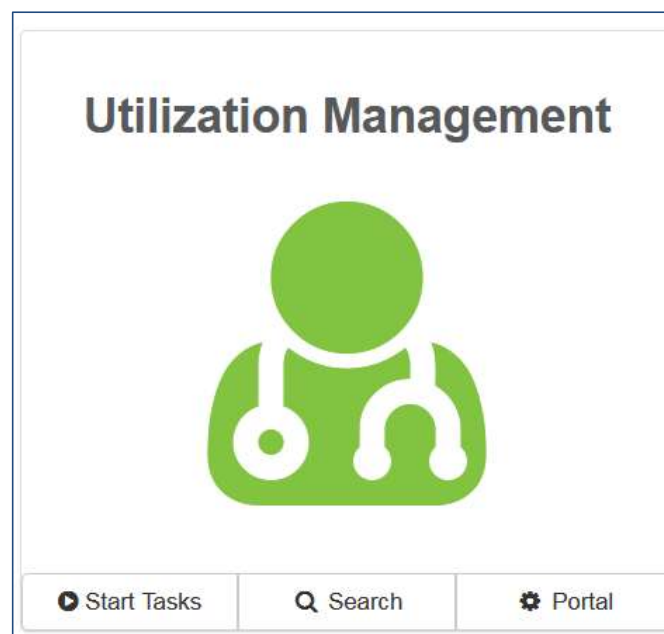




Find or Add a Member

Find a member

- Click on **Search** to find a member and start your PASRR request.



Find a member, cont.

- There are two ways to find the member in our system.
 - Enter the **Member ID** and **Date Of Birth**
 - Enter the **Member First Name, Last Name** and **Date of Birth**

Scheduled Tasks **Member Search** Cases Case/Request/Claim Search

Please search for the member by completing one of the following

Member ID *	Date Of Birth *	
<input type="text" value="Member ID"/>	<input type="text" value="MM/DD/YYYY"/>	<input type="button" value="Search"/>

OR

First Name *	Last Name *	Date Of Birth *	
<input type="text" value="First Name"/>	<input type="text" value="Last Name"/>	<input type="text" value="MM/DD/YYYY"/>	<input type="button" value="Search"/>

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Find a member – Member ID and DOB

1. Enter the **Member ID** and **Date Of Birth** and then click **Search**.
2. The Member ID and the Date of Birth must match the member data in our system. If it does not match, please confirm the member information and try again.

Member ID *

Date Of Birth *

Search





Find a member – Member Name and DOB



1. Enter the member's **First Name**, **Last Name** and **Date of Birth** and then click **Search**.
2. The information must match the member data in our system. If it does not match, please confirm and try again.
3. NOTE: Many first names have various versions i.e., James, Jim, Jimmy. Your entry must match our system data.

First Name *	Last Name *	Date Of Birth *	Search
<input type="text" value="Alex"/>	<input type="text" value="Smith"/>	<input type="text" value="07/17/1991"/>	



Select a member



- If the member exists in the system, the search results will be listed here. Click on any of the data fields in blue to access the member information or to start a new review for the member.

[Dashboard](#) / [Task Queue](#)

[Scheduled Tasks](#) **[Member Search](#)** [Cases](#) [Case/Request/Claim Search](#)

Member ID *	Last Name	First Name	Middle Name	Date Of Birth *	Gender
<input type="text" value="423076646"/>				<input type="text" value="07/17/1991"/>	
423076646	Smith	Alex		07/17/1991	Female

Show **entries**

Showing 1 to 2 of 2 entries


[Previous](#) [Next](#)




Add a member



- If the member does NOT exist in the system, the **Member Not Found** alert will appear and you will have the option to **Add Member**.

First Name	Middle Name
<p>Member Not Found.</p> <p>Try searching again or</p> <p></p>	

A blue arrow pointing upwards towards the 'Add Member' button.

Add a member, cont.



- Complete each of the required fields.
- Fields without the red asterisk are optional.
- When all required fields are complete, click **Submit**.

A screenshot of the 'Add Member' form. The form is titled 'Add Member' and has a close button (X) in the top right corner. It is divided into several sections: 'Demographics' with fields for First Name (Jane), Middle Name, Last Name (Doe), Client (dropdown), Birth Date (MM/DD/YYYY), and Gender (dropdown); 'Identifiers' with Social Security Number (999-99-9999) and Member Id (both with N/A checkboxes); 'Relationship To Subscriber' (Self); and 'Contact Information' with Address Line 1, Address Line 2, City, State (dropdown), and Zip. At the bottom right are 'Close' and 'Submit' buttons. A blue arrow points to the 'Submit' button.

Member Hub



- When the member has been found or created, you will be directed to the Member Hub.
- The Member Hub organizes the request workflow and the member information into several panels. Here you will be able to view information related to this member including his/her contact info and any review requests that have been previously submitted.

[Dashboard](#) / [Task Queue](#) / [Member Hub](#) Alex Smith - 423076646 - 07/17/1991

Alex Smith [View Member Details](#)

Member ID: 423076646

Date of Birth: 07/17/1991

Phone Number:

Client: Montana - Mountain Pacific

Utilization Management [View Cases](#) [Add](#)

Hiding original requests for adjustments. [Show](#)

Show 10 entries Search:

Status	Case ID	Request ID	Review Type	Timing	Treating Prov./Phys.	Treating Facility	Req. Start	Req. End	Outcome	Action
Not Submitted	3543	3555	Physician Administrative Drug	Retrospective						...

Showing 1 to 1 of 1 entries Previous 1 Next






Creating a Request

Utilization Management Panel

- The Utilization Management Panel will display information related to any UM review requests previously submitted for the member, including PASRR.
- Use the **Add** button to start a new request.



 Utilization Management

View Cases + Add

Hiding original requests for adjustments. [Show](#)

Show 10 entries Search:

Status	Case ID	Request ID	Review Type	Timing	Treating Prov./Phys.	Treating Facility	Req. Start	Req. End	Outcome	Action
Not Submitted	3543	3555	Physician Administrative Drug	Retrospective						...

Showing 1 to 1 of 1 entries Previous 1 Next

Add New Request



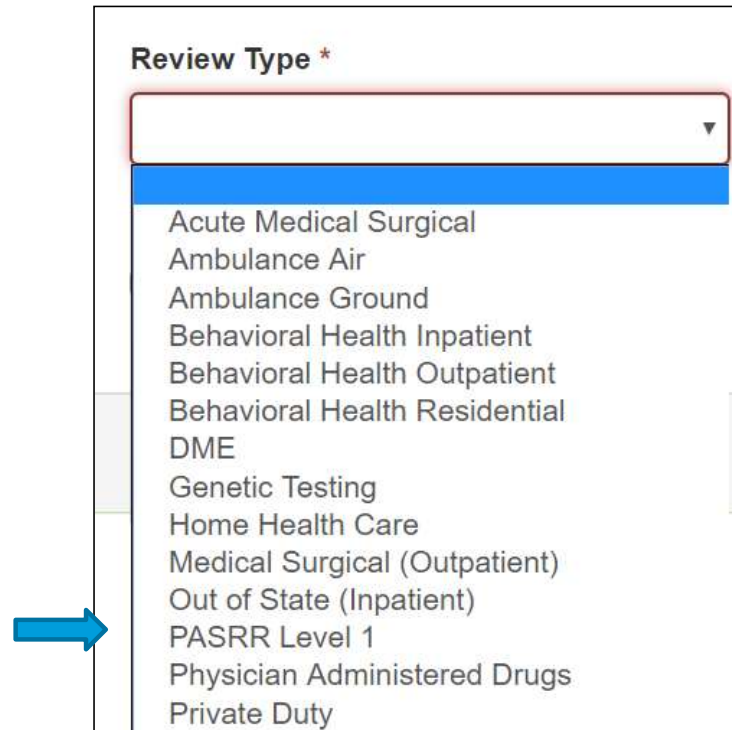
- To begin a new request, you will first fill in the Authorization Request panel. The date and time of your request is completed for you.

A screenshot of the 'Authorization Request' form in the Telligen system. The form is divided into several sections. At the top, a header bar contains the user's name 'Alex Smith', 'Member ID: 423076646', and 'DOB: 07/17/1991'. Below this, a section for 'Phone Number:' and 'Client: Montana - Mountain Pacific' is visible. The main section is titled 'Authorization Request' and contains four dropdown menus: 'Date Request Received *' (showing '06/12/2020 03:01 pm'), 'Review Type *', 'Place of Service *', and 'Type of Service *'. Below these is a 'Timing *' dropdown menu, which is highlighted by a large blue arrow. At the bottom right of the form are two buttons: 'Cancel' and 'Add New Request'.

Review Type



- **Review Type:** Select the type of review you are requesting.
- Select PASRR Level 1.








A screenshot of a web form titled "Review Type *". Below the title is a dropdown menu. The menu is open, showing a list of review types. A blue arrow points to the "PASRR Level 1" option in the list.

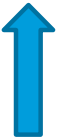

Review Type *
Acute Medical Surgical
Ambulance Air
Ambulance Ground
Behavioral Health Inpatient
Behavioral Health Outpatient
Behavioral Health Residential
DME
Genetic Testing
Home Health Care
Medical Surgical (Outpatient)
Out of State (Inpatient)
PASRR Level 1
Physician Administered Drugs
Private Duty

Place of Service & Type of Service

- **Place of Service** is where the care is provided. The Place of Service will default to Nursing Facility. Do not change the system defaults.
- **Type of Service** is what type of care is being provided. The Type of Service will default to Long Term Care. Do not change the system defaults.

Authorization Request

Date Request Received *	Review Type *	Place of Service *	Type of Service *
08/19/2020 04:38 pm 	PASRR Level 1 	Nursing Facility 	Long Term Care 
Timing *	<input type="checkbox"/> Is this Request Urgent?		
			



Cancel Add New Request



Timing

- **Timing** indicates when you are notifying us of the request.
- For PASRR, you will select either Concurrent or Prospective.
- **Concurrent** – The member is already admitted to the nursing facility.
- **Prospective** – The member has yet to admit to the nursing facility.

Authorization Request

Date Request Received * 08/19/2020 04:38 pm	Review Type * PASRR Level 1	Place of Service * Nursing Facility	Type of Service * Long Term Care
---	---------------------------------------	---	--

Timing * Timing is a required field

☐ Is this Request Urgent?

Concurrent
Prospective

Cancel Add New Request



Authorization Request Panel



- When all the selections are complete, you will select **Add New Request**.
- You can select **Cancel** if you've made the request in error.

Authorization Request

Date Request Received *
08/19/2020 04:38 pm

Review Type *
PASRR Level 1

Place of Service *
Nursing Facility

Type of Service *
Long Term Care

Timing *
Concurrent

☐ Is this Request Urgent?

Cancel

Add New Request




Admission and Discharge Panel



- Next, you will provide admission information. Indicate the:
 - Admission Date – for prospective timings, this will be the projected admission date.
 - Admission Type
 - Admission Source (not required)

Admission and Discharge

Admission Date *	Admission Type *	Admission Source
<input type="text" value="MM/DD/YYYY"/> 	<input type="text" value=""/>	<input type="text" value=""/>

Three blue arrows point upwards to the input fields for Admission Date, Admission Type, and Admission Source.



Coverage Panel – Member with Medicaid



- The Coverage Panel will display information about the member's Medicaid coverage and eligibility.
- The Medicare Indicator, Third-Party Liability and EPSDT Indicator will default to No/Not Supplied unless there is information in our system from the State eligibility file.

Coverage				
Group	Section	Plan	Start Date	End Date
Montana		Full Medicaid	09/01/2010	06/30/2020
Montana		Managed Care	10/01/2018	06/30/2020
Montana		Healthy Kids	05/01/2020	06/30/2020

Medicare Indicator *

Not Supplied

▼

Third Party Liability *

No

▼

EPSDT Indicator *

☐ Yes ☒ No



Coverage Panel – Member without Medicaid



- If the member has never been included in the state's eligibility file, then the Coverage Panel may indicate “Member Not Eligible”.
- As having Medicaid is not a requirement for the member with PASRR review requests, enter “NA” in the required **Eligibility Comments** field.

Coverage

State Law MatrixClient Profile

Member Not Eligible

This member appears to either not meet eligibility requirements or has multiple coverage plans. We cannot confirm eligibility for the entire span of care. Please provide rationale for continuing with this request.

Group	Section	Plan	Start Date	End Date
No Coverage Found				

Medicare Indicator *

Not Supplied

Third Party Liability *

No

EPSDT Indicator *

☐ Yes ☒ No

Eligibility Comment *

na



Providers Panel

- The next sections ask for information related to the Treating Provider and the Ordering Provider. You will click the **Add** button on each line to provide the necessary information.
- The **Treating Provider** is the entity that will be providing the nursing home care.
- The **Ordering Provider** is the provider that is referring the member.

Providers *								
Type	Name	NPI	Address	Phone	Primary Taxonomy	PPO Redirect Reason	Comments	Action
Treating Provider *					Not Supplied			+ Add
Ordering Provider *					Not Supplied			+ Add



Providers Panel cont.

- You may add up to 5 additional providers to the PASRR request.
- You may edit/remove/add providers at anytime during the review even after closure.

Additional Provider	Not Supplied	+ Add
Additional Provider	Not Supplied	+ Add
Additional Provider	Not Supplied	+ Add
Additional Provider	Not Supplied	+ Add
Additional Provider	Not Supplied	+ Add



Entering Provider Information (1 of 4)

- Clicking **Add** will open a search box. You can search for providers by entering an NPI or by filling in any of the information boxes provided.
 - Other ID Number** field can be used to search by Medicaid ID as opposed to NPI.
- When you have entered the necessary information, click **Search** to locate the physician or facility.
- HELPFUL TIP: entering just the NPI or Other ID renders the quickest results.

NPI Number ?	Other ID Number ?	Organization Name	
<input type="text"/>	<input type="text"/>	<input type="text" value="billings"/>	
City	State	Zip Code	Taxonomy
<input type="text"/>	<input type="text" value="Montana"/>	<input type="text"/>	<input type="text" value="Nursing Facility/Intermediate Care Facility"/>
Search using NPES ? <input checked="" type="checkbox"/>		<input type="button" value="Q Search"/>	





Entering Provider Information (2 of 4)



- Clicking **Search** will return any results that meet the criteria you entered.
- Use the green plus box to the left of the name to select the provider/facility you need for the review.

Show entries

Search:

Name	Network	NPI	Primary Number	Other ID	Type	Primary Practice Address	Phone	Primary Taxonomy	Source
 BILLINGS CLINIC		1023222494				2800 10th Ave N Billings, MT, 591010703	(406) 657-4000	Nursing Facility/Intermediate Care Facility	NPPES

Showing 1 to 1 of 1 entries




Previous Next



Entering Provider Information (3 of 4)


- If the Ordering Provider and the Treating Provider are the same, you can select **Copy Treating Provider to Ordering Provider** and the system will prepopulate the information for you.
 - This is helpful for PASRRs with Concurrent timing.

Providers *

Type	Name	NPI	Address	Phone	Primary Taxonomy	PPO Redirect Reason	Comments	Action
Treating Facility	 BILLINGS CLINIC TCU, BILLINGS CLINIC TCU	1023222494	2800 10th Ave North Billings, MT, 59101	(406) 247-6920		Member Declined		 Remove
Ordering Provider *			Not Supplied					 Add

Provider Organization Visibility ?

No organizations available

+ Add New
 Copy Treating Facility to Ordering Provider



Entering Provider Information (4 of 4)

- You will now see the Treating Provider and the Ordering Provider information populated in the Providers panel.
- You can select **Remove** if you've chosen in error.

Providers								
Type	Name	NPI	Address	Phone	Primary Taxonomy	PPO Redirect Reason	Comments	Action
Treating Facility	? BILLINGS CLINIC TCU, BILLINGS CLINIC TCU	1023222494	2800 10th Ave North Billings, MT, 59101	(406) 247-6920		Member Declined		 Remove
Ordering Provider	? BILLINGS CLINIC TCU, BILLINGS CLINIC TCU	1023222494	2800 10th Ave North Billings, MT, 59101	(406) 247-6920				 Remove



Provider Organization Visibility



- To ensure all applicable end users have access to the review in the Qualitrac system, please select the organization or facility in the Provider Organization Visibility panel.

Provider Organization Visibility ?

Wilson, Stephanie, User

ST LUKE'S REGIONAL MEDICAL CENTER

- Repeat this step for all providers entered into the Provider Panel.



Diagnosis Panel (1 of 5)



- The Diagnosis panel is where you enter the diagnosis information related to this review.
- Use the **Add** button to add a new diagnosis to the panel.

A large, empty rectangular box with a thin blue border, representing the diagnosis panel where information is entered.

Diagnosis Panel (2 of 5)



- You can search by Code or by Term. Searching by code will let you enter a code directly and search for it as shown in the example below.

Add Diagnosis

Method
☒ Search By Code
☐ Search By Term

Search By Code



Diagnosis Panel (3 of 5)

- The system will then provide a list of results to select from. Select the one you want added to the review by clicking on the radio button to the left of the code.

Search By Code

Q Search

Show 10 ▾ entries

Search:

Code	Description
<input checked="" type="radio"/> I63.9	CEREBRAL INFARCTION UNSPECIFIED

Showing 1 to 1 of 1 entries

Previous 1 Next

Cancel

Submit and Add Another

Submit



Diagnosis Panel (4 of 5)

- After selecting the diagnosis, you can select **Submit** or **Submit and Add Another**.
 - Submit** will add the diagnosis to the review.
 - Submit and Add Another** will allow you to submit the diagnosis to the review and re-open the window where you can repeat the process and search for another diagnosis.

Search By Code

Q Search

Show

10

 entries

Search:

Code	Description
<input checked="" type="radio"/> I63.9	CEREBRAL INFARCTION UNSPECIFIED

Showing 1 to 1 of 1 entries

Previous

1

Next

Cancel



Submit and Add Another

Submit



Diagnosis Panel (5 of 5)




- If more than one diagnosis is entered, you do have the ability to drag and drop to reorder them.
- You can use the trash can icon to the right of the diagnosis to delete anything entered incorrectly in this panel.

Diagnosis							+ Add
Seq.	Code	Description	Final Dx	POA	NOS	Action	
1	I63.9	CEREBRAL INFARCTION UNSPECIFIED	<input type="radio"/>	<input type="checkbox"/>			
2	I69.351	HEMIPLEGIA FLW CEREBRAL INFARCT AFF RT DOM SIDE	<input type="radio"/>	<input type="checkbox"/>			



Procedure Panel

- The Procedures panel will default to PASRR Level 1 Screen
- No additional action is needed

Procedures										 Add
Seq.	Code	Description	NOS	Mod. 1	Mod. 2	Qty.	Frequency	Cost	Action	
1	T2010	PASRR LEVEL I IDENTIFICATION SCREEN PER SCREEN				1 unit(s)			 	



Assessment Panel



- The next panel is the Assessment panel.
- This is where you will provide the PASRR Level 1 information.
- A free text field will appear and be required for all Yes responses.
- Section C will appear if there are any Yes answers in the preceding assessment sections.

Assessment	
Section A: PASRR Condition Indicators – Mental Illness	
Question	Answer
Does the individual have a known or suspected diagnosis of a major mental illness?	<input checked="" type="radio"/> Yes <input type="radio"/> No
<div></div>	
Does the individual have any indications of a major mental illness?	<input type="radio"/> Yes <input type="radio"/> No
Is the individual on antipsychotic, mood stabilizing, or antidepressant medication?	<input type="radio"/> Yes <input type="radio"/> No
Section B: PASRR Condition Indicators – Intellectual or Developmental Disabilities, or Related Conditions	
Question	Answer
Does the individual have a known or suspected diagnosis of intellectual or developmental disability?	<input type="radio"/> Yes <input type="radio"/> No
Does the individual have a diagnosis of a neurological condition such as Cerebral Palsy, autism, or seizures?	<input type="radio"/> Yes <input type="radio"/> No
Has the individual ever received services from, or been referred to, an agency serving persons with an intellectual or development disability?	<input type="radio"/> Yes <input type="radio"/> No
Did the individual sustain a brain injury prior to the age of 22?	<input type="radio"/> Yes <input type="radio"/> No
Section C: Provisional Admissions	
Question	Answer
Is the need for NH service regarding convalescent care due to discharge from an acute care hospital and likely will require fewer than 30 days of nursing services?	<input type="radio"/> Yes <input type="radio"/> No
Emergency stays due to emergency evacuations or protective services placements not to exceed 14 days	<input type="radio"/> Yes <input type="radio"/> No
Individuals with delirium where the delirium prevents an accurate diagnosis at the time of entry into the nursing home but is expected to clear within 14 days	<input type="radio"/> Yes <input type="radio"/> No
Respite stays of up to 30 consecutive days to provide respite to in-home caregivers	<input type="radio"/> Yes <input type="radio"/> No

Documentation Panel (1 of 5)

- The next panel is the Documentation Panel. This is where you will upload any related clinical documentation necessary for the review to be processed. At a minimum you are required to submit the:
 - History and Physical
 - Medications List
- To submit documentation, click **Add**.



Documentation

Add

Search:

Name	Category	Topic	Date Added	Uploaded By	Action
No data available in table					

Show 10 entries

Showing 0 to 0 of 0 entries

PreviousNext

Documentation Panel (2 of 5)



This will open a modal where you can drag and drop files or select [Click here](#) to open a Windows directory and find the necessary files on your system.

A screenshot of a 'File Upload' modal window. At the top, it says 'File Upload' with a close button. Below is a section titled 'File Upload Restrictions' with two bullet points: 'Extensions: .pdf, .doc, and .docx' and 'Size: Less than or equal to 300 MB'. In the center, there is a dashed box containing the text 'Drop a file here or' followed by a blue button labeled 'Click here' and then 'to Upload'. A large blue arrow points upwards from the 'Click here' button. Below this is a table with columns 'File Name', 'Size', and 'Remove'. The table is currently empty, showing 'No Files selected for upload'. At the bottom, there are two required fields: 'Name *' with a text input and 'Category *' with a dropdown menu. At the very bottom right are 'Close' and 'Submit' buttons.

File Name	Size	Remove
No Files selected for upload		



Documentation Panel (3 of 5)

Please note:

- Documents must be in PDF or Word format.
- The file name cannot contain special characters.
- The name of the document can be edited in the Name box as applicable.

File Upload

File Upload Restrictions

- Extensions: .pdf, .doc, and .docx
- Size: Less than or equal to 300 MB

Drop a file here or [Click here](#) to Upload

File Name	Size	Remove
No Files selected for upload		

Name *

Category *

Close

Submit



Documentation Panel (4 of 5)

- **Category** allows you to select the type of document you are attaching. This will most always be clinical.
- **Topic** further defines the type of clinical information you are attaching.
- Click **Upload** to attach the information to the review.
- This can be repeated as many times as necessary to attach all relevant documentation to your request.

File Upload Restrictions

- Extensions: pdf, gif, jpg, jpeg, png, bmp, rtf, doc, docx, xls, xlsx, txt, xps, csv
- Size: Less than or equal to 300 Mb

Drop a file here or [Click here](#) to Upload

File Name	Size	Remove
History and Physical.docx	12 KB	

Name *

Category *


Clinical

Topic *

Medical & Treatment History

Close

Upload





Documentation Panel (5 of 5)



When all the request steps have been completed, click **Continue** in the bottom right corner of the page.

Documentation + Add

Show 10 entries Search:

Name	Category	Topic	Date Added	Uploaded By	Action
A Smith Med List	Clinical	Medication History	08/19/2020	testppu	
A Smith History and Physical	Clinical	Medical & Treatment History	08/19/2020	testppu	

Showing 1 to 2 of 2 entries Previous 1 Next

Continue



Attestation



The last step in the submission process is to certify that all information is accurate and complete. After reading the certification statement, you will enter your username in the Acknowledging User section and click **Submit** to send the request for review.

User Attestation

⚠ I certify...

- that the submitted information is true, accurate and complete to the best of my knowledge.
- that the submitted information is supported within the patient's medical record.
- that I understand that any deliberate misrepresentation of any information in this medical review may subject me to liability under civil and criminal laws.
- that I understand an approval of a medical authorization request by Telligen does not guarantee payment for services.
- I agree to notify all involved parties of the outcome of this authorization request.

Acknowledging User *

Next

Submit



Comments



- After completing the attestation, users have the option to add a comment to the request if applicable.
- A comments modal will open, and the user can enter additional information related to the review.
- This is optional and not required to complete the review.
- Click **Submit**.

A screenshot of a 'Submit Review' modal window. The modal has a title bar with 'Submit Review' and a close button. Below the title bar is a section labeled 'Comments' containing a large text input area. At the bottom right of the modal are two buttons: 'Cancel' and 'Submit'. A blue arrow points to the 'Submit' button.

Automated Outcome Flag



- There will be instant notification if the answers selected in the Level 1 Screen are determined to be an automatic approval for one of the two Outcome reasons below.
 - 1. **No Level 2 Needed** = No indicators selected for a known or suspected PASRR condition.
 - 2. **Provisional Admission** = Indicators for a PASRR condition, but a Provisional Admission indicator.



Summary



- After submitting your review request, you will be routed back to the Summary page. Here you can review all the details regarding the request as you submitted it.

[Dashboard](#) / [Task Queue](#) / [Member Hub](#) / [Summary](#)

Alex Smith

Member ID: 423076646

DOB: 07/17/1991

Phone Number:

Client: Montana - Mountain Pacific

Authorization Request

Case Id 3993	Request ID 3905	Date Request Received 08/19/2020 05:53 pm	Review Type PASRR Level 1	Place of Service Nursing Facility	Type of Service Long Term Care
Timing Concurrent					

Admission and Discharge

Admission Date 08/18/2020	Admission Type Elective	Admission Source Transfer from a Hospital (Different Facility)
------------------------------	----------------------------	---

Coverage

Group	Section	Plan	Start Date	End Date
No Coverage Found				
Medicare Indicator Not Supplied	Third Party Liability No	EPSDT Indicator No	Eligibility Comment test	

Providers

Type	Name	NPI	Address	Phone	Primary Taxonomy	PPO Redirect Reason
Treating Facility	BILLINGS CLINIC TCU, BILLINGS CLINIC TCU	1023222494	2800 10th Ave North Billings, MT, 59101	(406) 247-6920		
Ordering Provider	BILLINGS CLINIC TCU, BILLINGS CLINIC TCU	1023222494	2800 10th Ave North Billings, MT, 59101	(406) 247-6920		

Provider Organization Visibility







View Request Status and Outcomes

Automated Outcome Review



- Scroll down the page to the Outcomes panel.
- The determination will be displayed on the right.
- Click on the dark brown section of the panel to expand and view the details.

Outcomes		Review Outcome: Auto Approved
(HCPCS) T2010 - PASRR LEVEL I IDENTIFICATION SCREEN PER SCREEN		
Requested	Final Recommendation	
Outcome	Outcome	Auto Approved (Provisional Admissi...)



View and Print PASRR 1

- At the Summary page, scroll to the Assessment Panel to see the PASRR Level 1 you just submitted. Click on the blue link to view.

Assessment + Add

Show 10 entries Search:

Name	Solution Type	Date	Completed By	Score	Action
CO PASRR 1		02/11/2021 01:38 pm	Nelson Rokke		



Showing 1 to 1 of 1 entries Previous 1 Next



View and Print PASRR 1, cont.



- To print the PASRR Level 1, Click [Print](#)

 **CO PASRR 1**  Print

Section A: PASRR Condition indicators – Mental Illness

Question	Answer
Does the individual have a known or suspected diagnosis of a major mental illness?	No
Does the individual have any indications of a major mental illness?	No
Is the individual on antipsychotic, mood stabilizing, or antidepressant medication?	No

Section B: PASRR Condition Indicators – Intellectual or Developmental Disabilities, or Related Conditions

Question	Answer
Does the individual have a known or suspected diagnosis of intellectual or developmental disability?	No



Automated Outcome Letter



- Scroll to the Correspondence Panel to view the outcome letter.
- Click on the blue letter link to open it.

Correspondence

Search:

Letter	Addressee	Date Sent
Level 1 Outcome  	Treating Facility: QL-UPTOWN HEALTH CARE CENTER, LLC NPI: 1275992794	02/26/2021 13:20:52
Level 1 Outcome  	Treating Facility: QL-UPTOWN HEALTH CARE CENTER, LLC NPI: 1275992794	02/26/2021 13:20:50

Show entries

Showing 1 to 2 of 2 entries

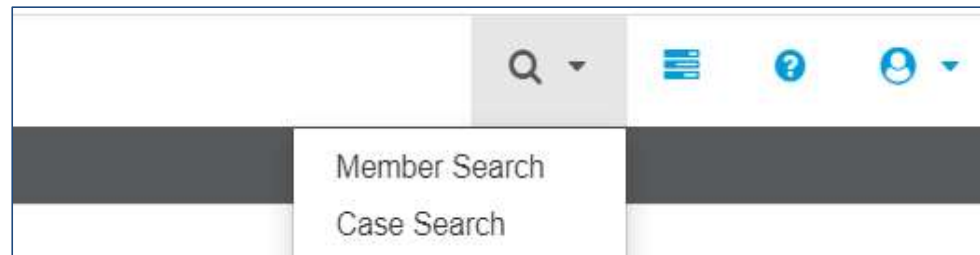
Previous Next



View Status and Outcomes (1 of 3)



- After a review has been submitted, you can find the review by clicking on the magnifying glass and completing either a Member Search or a Case Search.



View Status and Outcomes (2 of 3)



Case Search

- If you are searching by Case ID, simply enter the Case ID in the box and click **Search**.
- Click on the blue link to be directed to that specific review.

▼ Client:
Montana - Mou ▼

Method
☒ Search By Case ID
☐ Search By Authorization ID
☐ Search By Claim Number
☐ Search By Request ID

Case ID

Search

Show 10 ▼ entries

Search:

Case ID	Request ID	Review Type	Timing	Case Status	Date Request Received
3543	3555	Physician Administrative Drug	Retrospective	Case Creation	06/15/2020 09:04 am

Showing 1 to 1 of 1 entries

Previous 1 Next



View Status and Outcomes (3 of 3)



Member Search

- If searching by using the Member Search function, you will be directed to the Member Hub.
- Click on the ellipsis (...) to the right of the review you are searching for.
- Click on **View Request** to see the status and details of that review.
- If the request has not yet been reviewed by our clinical team, users also have the option to delete the request.

Show 10 entries Search:

Status	Case ID	Request ID	Review Type	Timing	Treating Prov./Phys.	Treating Facility	Req. Start	Req. End	Outcome	Action
Request Has Been Submitted	3543	3555	Physician Administrative Drug	Retrospective	WILSON & CHIZMAR PHYSICAL THERAPY ASSOCIATES PA		05/01/2020	05/31/2020		...

Showing 1 to 1 of 1 entries

View Request
Delete



View Outcome



- Scroll down the page to the Outcomes panel.
- The determination will be displayed on the right.
- Click on the dark brown section of the panel to expand and view the details.

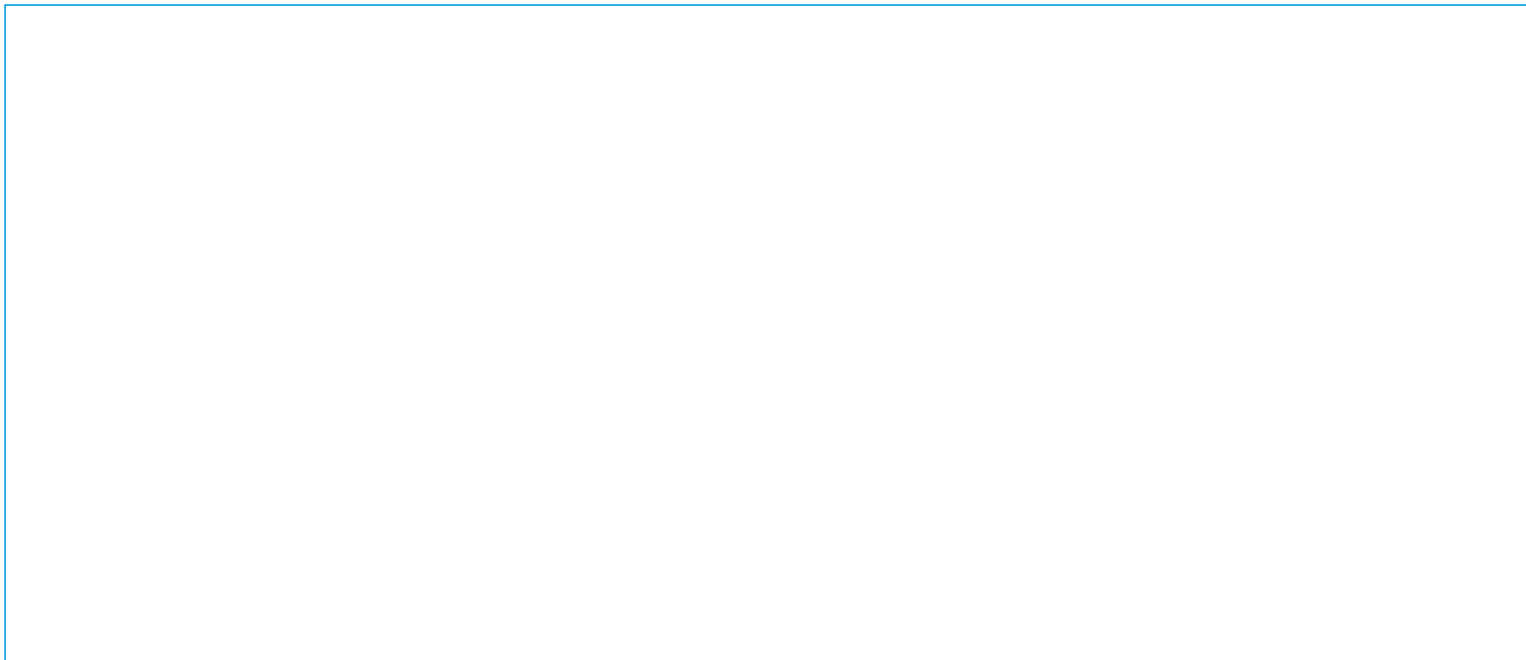
Outcomes	Review Status: Review Complete Review Outcome: Approved
(HCPCS) T2010 - PASRR LEVEL I IDENTIFICATION SCREEN PER SCREEN	Outcome: Approved



View Outcome, cont.



The Final Recommendation tab will display the determination.



View Level 1 Outcome Letter



- Scroll to the Correspondence Panel to view the outcome letter.
- Click on the blue letter link to open it.

Correspondence + Add

Search:

Letter	Addressee	Date Sent
Level 1 Outcome   	Treating Facility: QL-UPTOWN HEALTH CARE CENTER, LLC NPI: 1275992794	02/25/2021 21:36:54

 Show entries

Showing 1 to 1 of 1 entries

Previous Next

View Level 2 NOD Letter

- Scroll to the Correspondence Panel to view the outcome letter.
- Click on the blue letter link to open it.

Correspondence + Add

Search:

Letter	Addressee	Date Sent
Level 2 NOD MI   	Treating Facility: UPTOWN CARE CENTER LLC NPI: 1184163826	02/25/2021 21:24:39

Show 10 ▼ entriesShowing 1 to 1 of 1 entriesPrevious **1** Next





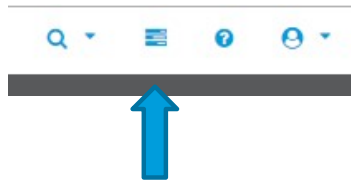
Request for Additional Information Task

Request for Information



- If our clinical team determines additional information is needed before proceeding with the review, the Provider will receive an email and a Request for Information task in the Scheduled Task queue.
- Users can access the Scheduled Task Queue two ways.

**From the top
navigation bar**



**Or from Start Tasks button
on the landing page**



Request for Information



- At the scheduled task queue, you will see all tasks currently assigned to you.
- **HELPFUL TIP:** If you click on the blue comment bubble to the left of the Request for Information task, a modal will open with a note from the reviewer indicating what information they are requesting.
- Click on the ellipsis to the left of the page, to start the task

Qualitrac

Dashboard / Task Queue

Scheduled Tasks

Member Search

Cases

Case/Request/Claim Search

View Calendar

9 Columns Selected

Task Type	Task Status	Member ID	Last Name	First Name	DOB	Review Type	Assignee	Task Scheduled Date
<div>Request For Information</div>	New	423076646	Smith	Alex	07/17/1991	Physician Administrative Drug	testppu	06/18/2020 09:43 am

Show 10 entries

Showing 1 to 1 of 1 entries

Previous1Next

Request for Information






- Scroll to the Correspondence Panel to view the Request for Information letter.
- Click on the blue letter link to open it and see what information is being requested.

Correspondence

+ Add

Search:

Letter	Addressee	Date Sent
Telligen Request for Information   	Ordering Provider	06/12/2020 16:22:37

now 10 entries

Showing 1 to 1 of 1 entries

Previous

1

Next



Request for Information



- To attach additional information to the request, scroll to the Documentation panel.
- Click on the **Add** button, as was demonstrated earlier in the presentation, to attach the additional clinical documentation.



Documentation + Add

Show entries Search:

Name	Category	Topic	Date Added	Uploaded By	Action
History and Physical	Clinical	Medical & Treatment History	06/15/2020	testppu	

Showing 1 to 1 of 1 entries Previous Next

Request for Information



- When you have added the necessary information, scroll to the bottom of the page and click the **Done** button. This will finalize the request and send it back to the clinical team to finish the review.
- When you click **Done**, the system will return you to the Scheduled tasks queue, and the task will no longer be visible.
- **Please do NOT start a new review request** when asked for additional clinical information. This will create a duplicate request and will delay the review process.



Contact Information



Training Website

www.colorado.gov/hcpf/pre-admission-screening-and-resident-review-program

Qualitrac Website

www.colorado.gov/hcpf/long-term-services-and-supports-training#Telligen

Help Desk

1-833-610-1052 or ColoradoSupport@telligen.com



PASRR Training





- Monitor this website for ongoing information pertaining to specifically to PASRR training.

www.colorado.gov/hcpf/pre-admission-screening-and-resident-review-program

A screenshot of the Colorado Department of Health Care Policy & Financing (HCPF) website. The page has a yellow header with the text 'Coronavirus Disease 2019 (COVID-19) in Colorado: State & National Resources'. Below this is a dark blue navigation bar with the Colorado state logo and 'COLORADO Official State Web Portal'. The main content area features the HCPF logo and the text 'COLORADO Department of Health Care Policy & Financing'. A navigation menu includes links for Home, For Our Members, For Our Providers, For Our Stakeholders, and About Us. The page is titled 'Pre-Admission Screening and Resident Review Program' and includes a section for the 'Purpose of the Pre-Admission Screening and Resident Review (PASRR) Program'. It states that the PASRR program requires pre-screening or reviewing of all clients who apply to or reside in a Medicaid certified nursing facility. The program consists of two elements: PASRR Level I Identification Screening and PASRR Level II Evaluation. The page also provides contact information for the State PASRR Administrator, Obi Agomoh, and Chellie Voss.

Coronavirus Disease 2019 (COVID-19) in Colorado: State & National Resources

COLORADO
Official State Web Portal

  **COLORADO**
Department of Health Care
Policy & Financing

Home For Our Members For Our Providers For Our Stakeholders About Us

For Our Providers > Provider Services > Provider Training > Long-Term Services and Supports Training > Pre-Admission Screening and Resident Review Program

Pre-Admission Screening and Resident Review Program

Purpose of the Pre-Admission Screening and Resident Review (PASRR) Program

The PASRR program requires pre-screening or reviewing of all clients who apply to or reside in a Medicaid certified nursing facility regardless of the source of payment for the nursing facility services or The individual's or resident's diagnosis. PASRR consists of two elements:

- PASRR Level I Identification Screening: The purpose of the PASRR Level I Identification screening is to identify for further review all those clients seeking nursing facility admission, for whom it appears a diagnosis of mental illness or intellectual or developmental disability is likely.
- PASRR Level II Evaluation: The purpose of the PASRR Level II evaluation is to evaluate and determine whether nursing facility services are needed, whether an individual has mental illness or intellectual or developmental disability and whether specialized mental health or intellectual or developmental disability services are needed. After admission to a nursing facility, Level II Evaluation is also required promptly following any significant change in the resident's condition.

Questions? Contact Obi Agomoh, State PASRR Administrator at 303-866-6873 or Obi.Agomoh@state.co.us, or Chellie Voss at the Colorado Department of Human Services, Office of Behavioral Health at 303-866-7707 or Michelle.Voss@state.co.us.