PASRR Level 1 Desk Aid

Telligen May 2023



PASRR Level I

Contacts & Resources

State Contacts

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 Hours of Operation: 6 AM – 6 PM MST, Email 24 hours (do not include PHI)





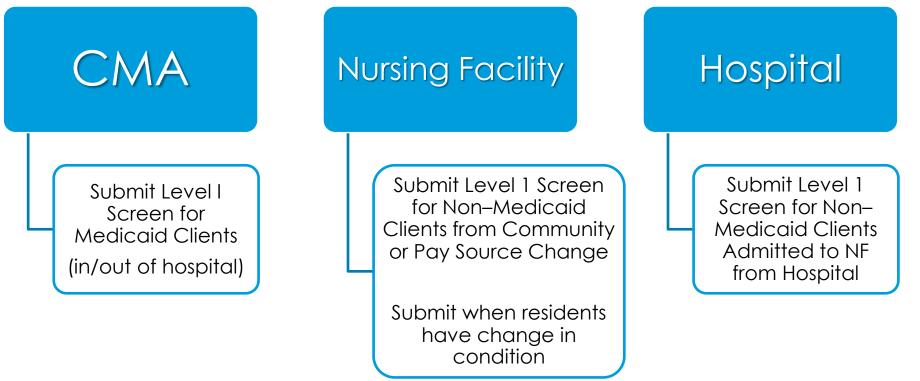
PASRR Roles & Responsibilities





Responsibilities for Level I Screen Submission

Level I Screen



PASRR Overview



Qualitrac Access Overview

The Telligen Provider Portal is a web application that allows healthcare providers to submit review requests.

The Registration Process starts with the identification of the key individuals in your organization: The **Provider Executive**, i.e., the duly authorized representative permitted to bind your organization, agrees to the terms and conditions of the Provider Portal Agreement.

The Provider Executive designates one or more Authorized Officials(AO) for your organization.

The AO is who will set up accounts. This role **DOES NOT** set up accounts.

The Authorized Official(s) (AO). This user is given the authority to grant access to others within your organization.

This user can add and deactivate users, reset passwords.

If more than one AO is designated, a separate online registration must be completed for each one. Organizations are limited to the number of AO's they can have.

The Provider Portal User (PPU). This person has access to the provider portal to submit requests.

PASRR Overview



Qualitrac-Provider Portal Security



The Provider Portal is a web application that allows health care providers to submit requests for authorization of services

The Provider Portal utilizes a delegated security model.

A delegated security model requires an organizational executive (Provider Executive) to "delegate" administrative rights to one or more individuals within their organization (Authorized Official).

There should be at least one Authorized Official (AO) per facility. The Authorized Official (AO) will:

Be the point of contact for the organization

Add, remove or edit Provider Users accounts

Reset Passwords, obtain forgotten user-names, and provide log in assistance

PLEASE NOTE - HIPAA compliance requires all staff entering reviews or accessing the portal MUST have their own log-in and password. Do not create generic log-ins.



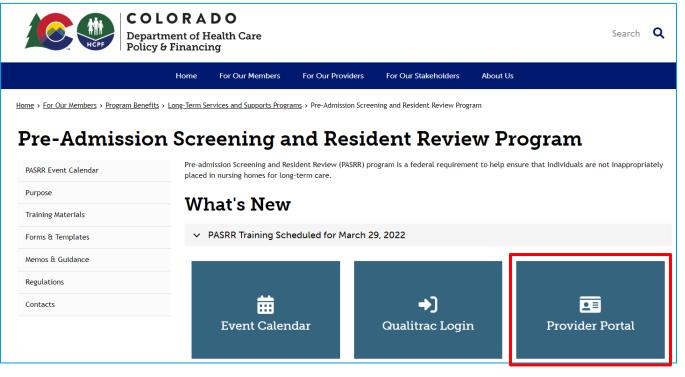
PASRR Overview





PLEASE NOTE: USE ONLY If you need to obtain access to Qualitrac and do not yet have an identified Authorized Official (or if you need to update the AO identified for your facility), there is a link on the main CO PASRR web page pictured here...

> https://hcpf.colorado.gov/pre -admission-screening-andresident-review-program



*Please note it takes 5-7 Business days to set up an account

Log-in (1 of 3)

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.

| Sign In Username hannearOM Password Remember me Sign In | Qu | alitrac | |
|---|----------------------|---------|--|
| hannearOM Password Remember me | | Sign In | |
| Password Remember me | Username | | |
| Remember me | hannearOM | | |
| Remember me | Password | | |
| | ••••• | | |
| Sign In | Remember me | | |
| | | Sign In | |
| Need help signing in? | Need help signing ir | n? | |





Log-in (2 of 3)

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.

| HCPF | Department of Health Ca Policy & Financing |
|-----------------------|---|
| Qualitrac | |
| Sign In | |
| Username hannearOM | |
| Password | |
| Remember me | |
| Sign In | |
| Need help signing in? | |



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Log-In (3 of 3)

The Reset Password screen will open and ask you to enter your 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.

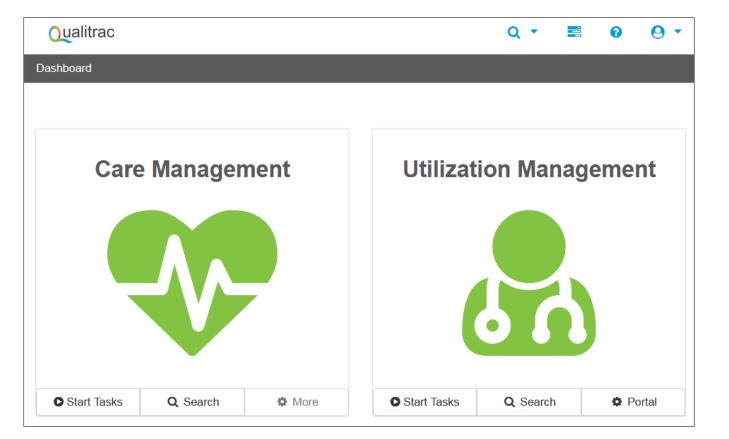
| | Qualitrac | |
|---------|-----------------|--|
| | Reset Password | |
| Userna | me | |
| swilso | n | |
| | Reset via Email | |
| Back to | Sign In | |







Qualitrac Landing Page







Navigation Tools

| Qualitrac | Q - 📰 🛛 🖓 - |
|------------|---|
| | e Provider Portal Menu Bar. This will remain available to you you are in the system. |
| Qualitrac | The Qualitrac logo will take you back to the landing page from wherever you are currently working in the system. |
| Q - | 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. |
| 0 | This icon will take you to the Knowledge Center. The Knowledge Center provides user guides, FAQs and Tip Sheets. |
| 0 • | Selecting this icon will allow you to view and manage your profile. Here you can make changes to your phone number, email address, etc. |



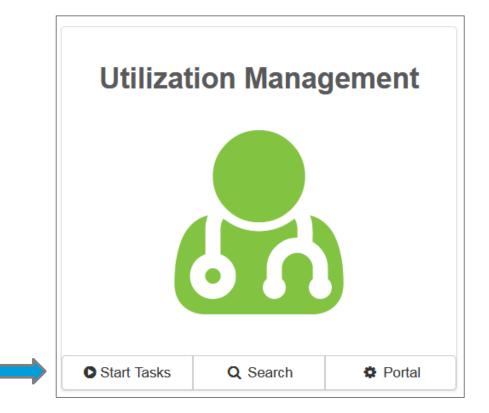




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Start Tasks will take you to the task queue to view tasks that have been assigned to you, such as requests for additional information.



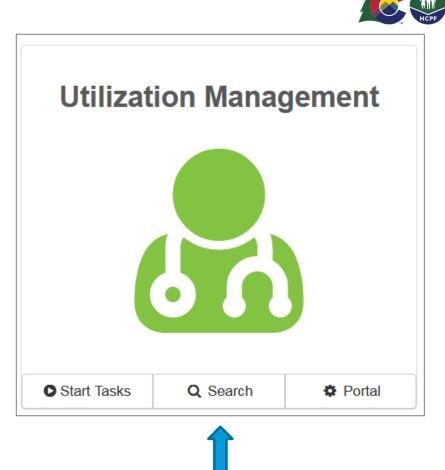




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Individual Search (1 of 4)

Search will allow you to search for a member or a case, just like the magnifying glass at the top of the page.





Individual Search (2 of 4)

There are two ways to find an individual in Qualitrac: Enter the **Member ID** and **Date Of Birth** Enter the **Member First Name**, **Last Name** and **Date of Birth**

| Scheduled Tasks Member Sea | rch Cases Case/Request/Claim Search | | | | | |
|----------------------------|-------------------------------------|------------------------------------|------------------------|-------------|-----------------|--------|
| | | Please search for the member by co | ompleting one of the f | following | | |
| Member ID * | Date Of Birth * | | First Name * | Last Name * | Date Of Birth * | |
| Member ID | MM/DD/YYYY | Search | First Name | Last Name | MM/DD/YYYY | Search |
| 1 | | © Copyright 2017, 2020 Telligen. | All Rights Reserved. | T | | |













Individual Search (3 of 4)

Enter the Member ID and Date Of Birth and then click Search.

The Member ID and the Date of Birth must match the member data in the system. If it does not match, please confirm the member information and try again.

| Date Of Birth * | |
|-----------------|------------|
| Date Of Birth | |
| 07/17/1991 | Search |
| | |
| | 07/17/1991 |







Individual Search (4 of 4)

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

| rst Name * | Last Name * | Date Of Birth * | |
|------------|-------------|-----------------|--------|
| Alex | Smith | þ7/17/1991 | Search |





Individual Selection

If the individual exists in the system, click on any of the data fields in blue to access the information or to start a new review.

| Dashboard / Task Que | eue | | | | | |
|----------------------|---------------|----------|---------------------------|-----------------------------|-----------------|-----------------|
| Scheduled Tasks | Member Search | Cases | Case/Request/Claim Search | | | |
| Member ID * | | | | | Date Of Birth * | Gender |
| 423076646 | La | ist Name | First Name | Middle Name | 07/17/1991 | |
| 423076646 | Sm | ith | Alex | | 07/17/1991 | Female |
| Show 10 🗸 ent | tries | | | Showing 1 to 2 of 2 entries | | Previous 1 Next |
| | | | | | | |







Adding an Individual (1 of 2)

If the individual 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 | |
|------------|------------------------|--|
| | Member Not Found. | |
| | Try searching again or | |
| | Add Member | |
| | | |
| | T | |





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PASRR Level I Qualitrac

Adding an Individual (2 of 2)

Fields without the red asterisk are optional.

When all required fields are complete, click **Submit.**

| | | | | Department of Health C |
|------------------------------|--------------|-------------|----------------|------------------------|
| Add Member | | | | × |
| Demographics | | | | |
| First Name * | Middle Name | | Last Name * | |
| Jane | | | Doe | |
| Client * | Birth Date * | | Gender * | |
| ~ | MM/DD/YYYY | # | | ~ |
| Identifiers | | | | |
| Social Security Number * | | Member Id * | | |
| 999-99-9999 | □ N/A * | | | □ N/A * |
| Relationship To Subscriber * | | | | |
| Self | ~ | | | |
| Contact Information | | | | |
| Address Line 1 * | | | Address Line 2 | |
| | | | | |
| City * | State * | | Zip * | |
| | | ~ | | |
| | | | | |
| | | | Close | Submit |
| | | | | |



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.

| ashboard / Task Queue / Member Hub | | | å <u>Alex S</u> | mith - 423076646 - 07/17/19 |
|--|---|---|--------------------------------|-----------------------------|
| Alex Smith | | | | View Member Details |
| • Member ID: 423076646 | ate of Birth: 07/17/1991 | C Phone Number: | Clien Pacific | t: Montana - Mountain c |
| Utilization Management | | | Viev | w Cases + Add |
| Hiding original requests for adjustments. Show | | | | |
| Show 10 v entries | | | Search: | |
| Status 🔶 Case ID 🔶 Request ID | 🔷 Review Type 🍦 Timing | Treating Treating Prov./Phys. Facility | Req. Start 🚽 Req. End 🍦 Outcom | ne 🍦 Action |
| Not Submitted 3543 3555 | Physician Administrative Retrospective Drug | | | |
| Showing 1 to 1 of 1 entries | | | Pr | revious 1 Next |



PASRR Level | Request





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 Case | es 🕇 Add |
|--|--|-------------------------|----------------------|----------------|--------------------|----------|
| Hiding original requests for adjustments. Show | | | | | | |
| Show 10 v 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 Retrospectiv Drug | e | | | | |
| Showing 1 to 1 of 1 entries | | | | | Previou | s 1 Next |



Request Details

The Authorization Request panel will be the first screen to be completed and results in an automatic time and date stamp from the system.

| Alex Smith | | Member ID: 423076646 | DOB: 07/17/1991 |
|---|--|----------------------|------------------------|
| C Phone Number: | Client: Montana - Mountain Pacific | | |
| Authorization Request | | | |
| Date Request Received * 06/12/2020 03:01 pm | Review Type * | Place of Service * | Type of Service * |
| Timing * | | | |
| - | | | Cancel Add New Request |
| | | | |

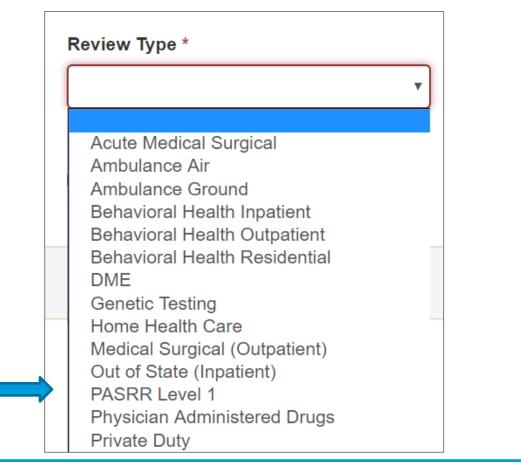
PASRR Level I Request

Review Type

Review Type: Select PASRR Level I.















Place and 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 | ~ |
| , ming * | ~ | ☐ Is this Request Urgent? | | | | | |
| | | | | | | Cancel | Add New Request |

Timing

Timing indicates when you are notifying us of the request.

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? | | |
| Prospective | | | Cancel Add New Request |
| | | | |





PASRR Level I Request

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Completing Authorization Request Panel

When all the selections are complete, click Add New Request.

You can select **Cancel** if the request has been made in error.

| 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 * | | | | | | | |
| Concurrent | ~ | ☐ Is this Request Urgent? | | | | | |
| | | | | | | | |
| | | | | | | Cancel 🖪 Add | New Request |
| | | | | | | | |



PASRR Level | 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 Disc | harge | | | |
|--------------------|-------|------------------|------------------|---|
| Admission Date * | | Admission Type * | Admission Source | |
| MM/DD/YYYY | 1 | | ~ | ~ |





PASRR Level I Request





Coverage Panel – Individual without Medicaid Telligen does not check insurance eligibility for PASRR.

There are two required fields on this screen. Leave the provided wording and add "NA" in the required **Eligibility Comments** field.

| Coverage | | | | |
|---|--|--|-------------------------------------|--|
| A Member Not Eligible This member appears to either no | t meet eligibility requirements or has multiple covera | ge plans. We cannot confirm eligibility for the entire s | span of care. Please provide ration | nale for continuing with this request. |
| Group | Section | Plan | Start Date | End Date |
| | | No Coverage F | Found | |
| Medicare Indicator * Not Supplied | Third Party Liabili | ity * ✔ | | |
| Eligibility Comment * | | | | |
| NA | | | | |
| | | | | |



Providers Panel (1 of 2)

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 (may be the same as Treating Facility).

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



PASRR Level I Request

Providers Panel (2 of 2)

Up to 5 additional providers can be added to the PASRR request.

SEP or CMA NPIs can be added here so they can be allowed visibility.

If there are multiple SNFs being targeted for placement from a hospital or community setting when submitting the Level I, they may all be entered (per authorized PHI releases).

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 | |







Provider Search (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.

HELPFUL TIP: entering just the NPI or Other ID renders the quickest results.

When you have entered the necessary information, click **Search** to locate the physician or facility.

| NPI Number 😧 | Other ID Number 💡 | | Organization Name | | |
|-------------------------|-------------------|----------|---------------------------------|-----------------|--|
| | | | billings | | |
| City | State | Zip Code | Taxonomy | | |
| | Montana 🗸 | | Nursing Facility/Intermediate C | Care Facility ~ | |
| Search using NPPES 👔 ON | | | | Q Search | |

Provider Search (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.

Be sure to select the correct listing, as some NPIs may have multiple listings

| Show 10 v entries | | | | | | | Search: | | | | | |
|-------------------|--------------------|-----|-----------|------------|----------------|------------|---------|--|----------------|-------------------------------|-----------------|----------|
| | Name | | Network 🔷 | NPI | Primary Number | Other ID 🝦 | Туре 🔶 | Primary Practice Address | Phone 🔶 | Primary Taxonomy | | Source 🔶 |
| + | BILLINGS CLI | NIC | | 1023222494 | 4 | | | 2800 10th Ave N Billings, MT, 591010703 | (406) 657-4000 | Nursing Facility/Intermediate | e Care Facility | NPPES |
| Sh ling | 1 to 1 of 1 entrie | S | | | | | | | | | Previous | 1 Next |





Provider Search (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.

| Туре | Name | NPI | Address | Phone | Primary Taxonomy | PPO Redirect Reason | Comments | Action |
|-------------------|--|------------|---|--------------------|---------------------|---------------------------|------------------------|-------------|
| reating Facility | BILLINGS CLINIC TCU, BILLINGS CLINIC TCU | 1023222494 | 2800 10th Ave North Billings, MT, 59101 | (406) 247- 6920 | | Member Declined | | â Remove |
| Ordering Provider | | | Not Sup | oplied | | | | + Add - |
| rovider Orga | nization Visibility 😯 | | | | | + Add New ⊉ Copy Treat | ing Facility to Orderi | ng Provider |



Provider Search (4 of 4)

Treating Provider and the Ordering Provider information is populated in the Providers panel.

Using the **Remove** button will delete the provider if chosen in error.

| Name | NPI | Address | Phone | Primary Taxonomy | PPO Redirect Reason | Comments | Action |
|--|--|--|---|---|--|---|---|
| BILLINGS CLINIC TCU, BILLINGS CLINIC CU | 1023222494 | 2800 10th Ave North Billings, MT, 59101 | (406) 247- 6920 | | Member Declined | | TRemove |
| BILLINGS CLINIC TCU, BILLINGS CLINIC TCU | 1023222494 | 2800 10th Ave North Billings, MT, 59101 | (406) 247- 6920 | | | | TRemove |
| ? |) BILLINGS CLINIC TCU, BILLINGS CLINIC CU) BILLINGS CLINIC TCU, BILLINGS CLINIC |) BILLINGS CLINIC TCU, BILLINGS CLINIC CU) BILLINGS CLINIC TCU, BILLINGS CLINIC 1023222494 | BILLINGS CLINIC TCU, BILLINGS CLINIC 1023222494 2800 10th Ave North Billings, MT, 59101 BILLINGS CLINIC TCU, BILLINGS CLINIC 1023222494 2800 10th Ave North North North | D BILLINGS CLINIC TCU, BILLINGS CLINIC 1023222494 2800 10th Ave North (406) 247- 6920 D BILLINGS CLINIC TCU, BILLINGS CLINIC 1023222494 2800 10th Ave North (406) 247- 6920 | NameNPIAddressPhoneTaxonomyD BILLINGS CLINIC TCU, BILLINGS CLINIC10232224942800 10th Ave North Billings, MT, 59101(406) 247- 6920D BILLINGS CLINIC TCU, BILLINGS CLINIC10232224942800 10th Ave North(406) 247- 6920 | Name NPI Address Phone Taxonomy Reason D BILLINGS CLINIC TCU, BILLINGS CLINIC CU 1023222494 2800 10th Ave North Billings, MT, 59101 (406) 247- 6920 Member Declined D BILLINGS CLINIC TCU, BILLINGS CLINIC CU 1023222494 2800 10th Ave North (406) 247- 6920 Member Declined | Name NPI Address Phone Taxonomy Reason D BILLINGS CLINIC TCU, BILLINGS CLINIC CU 1023222494 2800 10th Ave North Billings, MT, 59101 (406) 247- 6920 Member Declined D BILLINGS CLINIC TCU, BILLINGS CLINIC CU 1023222494 2800 10th Ave North (406) 247- 6920 |

PASRR Level I Request



Provider Organization Visibility

Select the organization or facility in this panel which will need access to this individual's case. This can be repeated for all providers needing access.

| Provider Organization Visibility 😮 | | | | | |
|------------------------------------|---|--|--|--|--|
| Wilson, Stephanie, User | | | | | |
| ST LUKE'S REGIONAL MEDICAL CENTER | • | | | | |
| | | | | | |



PASRR Level I Request

Diagnosis Panel (1 of 5)

Use the Add button to add a new diagnosis to the panel.

| Diagnosis | | | | | | + Add | |
|-----------------------|------|-------------|----------|-----|-----|--------|--|
| Seq. | Code | Description | Final Dx | POA | NOS | Action | |
| No Diagnoses Supplied | | | | | | | |









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 | |
| F32.9 | Q Search |
| | |



PASRR Level | Request



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.

| Method ● Search By Code Search By Code F32.9 Q. Search Show 10 v entries Search: ▲ Code Description ● F32.9 MAJOR DEPRESSIVE DISORDER SINGLE EPISODE UNS ● F32.9 MAJOR DEPRESSIVE DISORDER SINGLE EPISODE UNS ● F32.9 MAJOR DEPRESSIVE DISORDER SINGLE EPISODE UNS | |
|--|------|
| F32.9 Q Search Show 10 v entries Search: ^ Code Description • F32.9 MAJOR DEPRESSIVE DISORDER SINGLE EPISODE UNS | |
| Show 10 ✓ entries Search: ▲ Code Description ● F32.9 MAJOR DEPRESSIVE DISORDER SINGLE EPISODE UNS | |
| Code Description F32.9 MAJOR DEPRESSIVE DISORDER SINGLE EPISODE UNS | |
| F32.9 MAJOR DEPRESSIVE DISORDER SINGLE EPISODE UNS | |
| | |
| Previous 1 | |
| | Next |
| Cancel Submit and Add Another | |

PASRR Level | Request

Diagnosis Panel (4 of 5)

After selecting the diagnosis, choose:

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.

| Add Diagnosis | | |
|--|-------------------------|--------------------------------------|
| Method Search By Code Search By Term | | |
| Search By Code | | |
| F32.9 | | Q Search |
| Show 10 V entries | | Search: |
| Code | Description | |
| F32.9 | MAJOR DEPRESSIVE DISORD | ER SINGLE EPISODE UNS |
| 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, there is 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.

| Diagnos | is | | | | | + Add |
|---------|-------|--|----------|-----|-----|--------|
| Seq. | Code | Description | Final Dx | POA | NOS | Action |
| 1 | F06.4 | ANXIETY DISORDER DUE TO KNOWN PHYSIOLOGICAL COND | 0 | | | Û |
| 2 | F32.9 | MAJOR DEPRESSIVE DISORDER SINGLE EPISODE UNS | 0 | | | Û |
| | | | | | | |





Procedure Panel

The Procedures panel will default to PASRR Level I Screen which requires no further action.

| Seq. Code | Description | NOS | Mod. 1 | Mod. 2 | Qty. | Frequency | Cost | Action |
|-----------|---|-----|--------|--------|-----------|-----------|------|----------|
| 1 T2010 | PASRR LEVL I IDENTIFICATION SCREEN PER SCREEN | | | | 1 unit(s) | | | a |









Reason for PASRR 1 Submission

Each of the reasons may have additional specific boxes where further details can be added.

| Reason For PASRR 1 Submission |
|--|
| eporting status change/ Other reason for submitting level I * |
| Pre-admission |
| Admitted without PASRR |
| Missing documentation |
| Existing Level 2 no longer represents individual's current condition or new diagnosis/diagnoses found after admission |
| MH diagnosis clarification – (EXAMPLE: Conflicting diagnosis) |
| Recent in-patient psychiatric hospitalization, or emergency department evaluation (without admission) including suicidal/homicidal ideation or increase in psychotic behavior - within the last 3 months |
| Discovery of possible I/DD condition not previously known |
| Transfer from NF to NF |
| Other reason for submitting Level 1 |







BIMS & PHQ-9 Scores

These are considered optional but are helpful when reviewing cases which depression or dementia symptoms are being gauged. The Add button allows for additional scores.

| Enter Assessment Scores | | |
|---|---|--------------------|
| BIMS Scores (provide last 3 scores if available) | | |
| BIMS Assessment Date | | BIMS Summary Score |
| MM/DD/YYYY | | |
| + Add | | |
| PHQ-9 Scores (provide last 3 scores if available) | | |
| PHQ-9 Assessment Date | | PHQ-9 Total Score |
| MM/DD/YYYY | Ħ | |

**If the medical record indicates a neurocognitive disorder or depression, we will RFI for more information. Providing scores when submitting may save time and avoid RFIs.

Indicating "No" to any questions in this section will Section A: PASRR Condition indicators – Mental Illness result in no further details being requested. If selecting "Yes", additional information will be Does the individual have a known or suspected diagnosis of a major mental illness?* requested. If ICD-10 Code is unknown, please Yes indicate "unknown" in the text space. No Does the individual have any signs and/or symptoms of a major mental illness? * Add information about signs and O Yes symptoms in the box. No Add medications and related Is the individual on antipsychotic, mood stabilizing, or antidepressant medication? * diagnoses. Use the "Add" button to O Yes include additional medications. No

Section A Questions

PASRR Level I Screen



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Section A Questions Tips



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If the individual is on a 27-65 mental health hold, short term/long term certification or court order medication, this can be noted here.

| List all medications in these categories along | |
|--|--|
| with the corresponding diagnosis | |

| Does the in | dividual have any signs and/or symptoms of a major mental illness? * |
|-------------|--|
| Yes | |
| ⊖ No | |
| Describe of | ther symptoms * |
| | |
| L | |

| Is the individual on antipsychotic, mood stabilizing, or antidepressant medication? * |
|--|
| ⊖ Yes |

No



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Section B Questions

Indicating "Yes" in Section B may cause boxes to appear for additional information. NOTE: New questions have been added to this section. Please read carefully

| Section B: PASRR Condition Indicators – Intellectual or Developmental Disabilities, or Related Conditions |
|--|
| Does the individual have a documented or suspected Diagnosis of Intellectual or Developmental Disability? * |
| ⊖ Yes |
| ○ No |
| |
| Does the individual have a diagnosis of a neurological condition such as Cerebral Palsy, Autism, etc.? * |
| ⊖ Yes |
| ○ No |
| |
| Has the individual ever received services from, or been referred to, an agency serving persons with an intellectual or development disability? * |
| ⊖ Yes |
| ○ No |
| |
| Did the individual sustain a brain injury or receive a Seizure Disorder and/or Epilepsy Diagnosis prior to the age of 22? * |
| ⊖ Yes |
| ○ No |



Section B Tips

A seizure and/or epilepsy diagnoses prior to age 22 indicates a suspected IDD condition. If the seizure disorder or epilepsy diagnosis is after the age of 22, an IDD condition would not exist.

| Did the individual sustain | n a brain injury or receive a Seizure Disorder and/or Epilepsy Diagnosis prior to the age of 22? * |
|----------------------------|--|
| Yes | |
| ⊖ No | |
| | |
| Describe brain injury, Sei | izure Disorder and/or Epilepsy Diagnosis prior to age 22 * |
| Describe brain injury, Sei | izure Disorder and/or Epilepsy Diagnosis prior to age 22 * |



Section C Questions

Select the most appropriate response in Section C when there is a "Yes" answer in A or B.

| Section C: Provisional Admissions |
|---|
| 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? * Yes No |
| Emergency stays due to emergency evacuations or protective services placements not to exceed 14 days? * O Yes O 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? * Yes No |
| Respite stays of up to 30 consecutive days to provide respite to in-home caregivers? * O Yes O No |



Submission Tips – Respite

Section C – "Respite stays of up to 30 days to provide respite to in-home caregivers" Answer yes if:

Hospice - Up to a 5-day nursing facility admission as respite for in-home caregiver relief Medicare Hospice benefit

Qualifies under PASRR Categorical Determination/Provisional Admission for terminal illness

HCBS Respite – Up to 30 calendar days per Medicaid certification period as respite for inhome caregiver

Home and Community Based Services (HCBS) – CMA case manager will need to coordinate & verify respite benefit under the individual's specific waiver

Qualifies under PASRR Categorial Determination/Provisional Admission for HCBS respite and plan must be for individual to return to community/home following brief stay







Documents & Attestation



Acknowledge that submission of required documents by inserting your name.

Other useful documents that can be included: 27-65 paperwork, certification paperwork, court ordered medication paperwork, and/or pre-Telligen Level 2 evaluation and NOD.

Please submit all of the following:

- 1. The most recent History & Physical, or any medical documentation with a review of systems and vitals (actual vital data/ vital #'s are required), from within the last 6 months;
- 2. List of current medications
- 3. Comprehensive list of diagnosis (ex: SNF face sheet or hospital list)

As the PASRR Level 1 screener, I certify that I have attached the required documents.*



Contact for Level 2

This information will be used to contact the facility if a Level 2 Evaluation is needed.

**This may not be the person submitting the Level 1. Be sure to include all contact information to expending scheduling a Level 2 when needed.

| Please list the nar | ne and contact information for the person who will schedule the Level 2 with Telligen |
|---------------------|---|
| Name | |
| Email | |
| Phone Number | |
| (999) 999-9999 | |



Document Upload

Access the document section by clicking Add.

The screen (shown right) will pop up and you can add the documents, one at a time to the case.

Drag a document to the box or click the blue button to browse for your document.

Repeat this process to upload multiple documents.

| | | HCPF | COLORA Department of Policy & Finance | Health |
|---|---------------|------------------|--|--------|
| File Upload Restrictions Extensions: pdf, gif, jpg, jpeg csv Size: Less than or equal to 30 | | oc, docx, xls, : | xlsx, txt, xps, | |
| Drop a file here | or Click here | to Upload | | |
| File Name | | Size | Remove | |
| DUMMY DOCUMENT 4.2023.docx | | 12 KB | ۱ | |
| Name * | | | | |
| DUMMY DOCUMENT 4.2023 | | | | |
| Category * | | | | |
| Clinical | | | ~ | |
| Topic * | | | | |
| Medical & Treatment History | | | ~ | |
| For Internal Use Only | | | | |
| No | | | ~ | |
| Close Upload | | | | |
| | | | | |

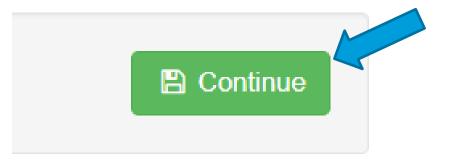


Completing the Request (1 of 2)





Once documents have been uploaded, choosing **Continue** will then take you to the attestation.









Completing the Request (2 of 2)

Completing the attestation with your username, clicking **Submit** as noted by the arrow and then choosing submit again when the notes pop up box will complete the Level 1 screen.

| | Submit Review X | |
|--|---------------------------|--|
| User Attestation | Comments | |
| A 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. | Comments Cancel Submit | |
| Enter username | Submit | |





MI, IDD/RC or "Dual"

Once a Level 1 has been determined to be referred for a Level II assessment, individuals will be assessed for MI and/or IDD PASRR conditions.

Some people will be assessed for MI and IDD/Related Conditions, referred to as "Dual" when there is information indicating that both conditions may exist.

Level II referrals confirmed as Duals are completed with an independently licensed MH clinician, along with a deep dive consult with one of Telligen's IDD assessors before the write-up and recommendations are finalized.

Completed evaluations should indicate the names of both professionals.

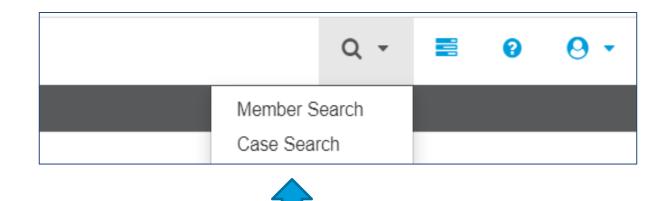
Recommendations may include both MI and IDD services warranted.





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 any blue link to be directed to that specific review.

| ▼ Client: | Method Search By Case ID Search By Authorization ID Search By Claim Number Search By Request ID | Case ID 24443 | | | Q Search |
|-------------------|---|------------------|-------------|---------------|-----------------------|
| Show 10 v entries | | | | | Search: |
| Case ID | Request ID | Review Type | • Timing | Case Status | Date Request Received |
| 24443 | 24455 | PASRR Level 1 | Prospective | Not Submitted | 03/21/2023 09:57 am |
| | | | | | |









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.
- Go to the Utilization Management Panel and find the case
- Click on the ellipsis (...) to the right of the request 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.

| Status | Case ID | Request ID | Review Type | 1 Timing | Treating Prov./Phys. | Treating Facility | Req. Re Start En | - Ultrome Action |
|------------------------|------------|---------------|---------------|-------------|----------------------|-----------------------------------|---------------------|--------------------------|
| Request Is Complete | 24445 | 24457 | PASRR Level 1 | Prospective | AZAR, COLLEEN | ORCHARD PARK HEALTH CARE CENTE | 03/31/2023 | Approved View Request |
| | | | | | | | | 1 |
| | | | | | | | | |

PASRR Level I Navigation





Viewing & Printing Documents

To view the assessments find the assessment panel and click on the **blue letter link** to open and print or view the assessment.

| Assessment | | | | | | | |
|-----------------------------|---|--|--|--|--|--|--|
| Show 10 v entries | | | | | | | |
| | | | | | | | |
| Name | | | | | | | |
| Name PASRR II Evaluation | ÷ | | | | | | |



PASRR Level I Navigation

Viewing & Printing Documents

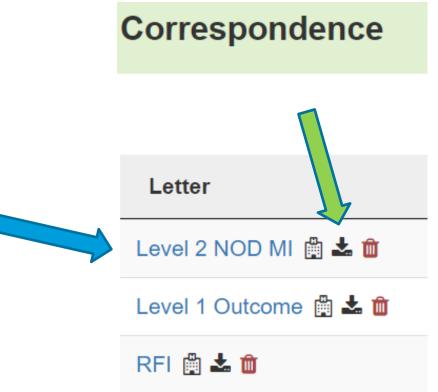
Scroll to the Correspondence Panel to view the outcome letter.

Click on the **blue letter link** to open it.

Clicking on the **box and arrow** icon will allow you to download and print the letter as well.

SNFs should have a complete PASRR packet BEFORE the individual is admitted to the facility.

A completed PASRR includes: PASRR Level 1 screen, PASRR Level 1 outcome letter and, if applicable, PASRR Level 2 NOD and PASRR Level 2 Assessment.





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Confirming Treating Facility

NOD will be issued to the Treating Facility – this should be the SNF accepting the individual.

Follow-up will go to the Treating Facility – need the accepting SNF (Treating Facility) to complete the follow-up to track services implemented.

When changing the Treating Facility, use the NPI number the facility used to register for Qualitrac.

If/when the SNF changes during or after the PASRR process: Access the case in Qualitrac. Use "Action" button and select "Edit" the case.

| Authorization | Request | | | | Actions 👻 |
|---|---------------------|--|------------------------------|--------------------------------------|---------------------|
| Case Id 24715 Timing Prospective | Request ID 24727 | Date Request Received 04/28/2023 03:46 pm | Review Type PASRR Level 1 | Place of Service Nursing Facility | Type Delete Edit |
| | | | | | |

PASRR Level I Navigation

Confirming Treating Facility

Remove the facility listed in the Treating Facility.

Add the new Treating Facility (accepting SNF).

**Use the NPI the SNF used when registering for Qualitrac when searching for the facility to add to Treating Facility

| Туре | Name | NPI | Address | Phone | Primary Taxon | iomy | PPO Redirect Reason | Comments | Action |
|-----------------------|--------------------------|------------|--|--------------------|-------------------------------|-----------------|---------------------------------|----------|--------|
| Treating Physician | A HUNTER, HEATHER | 1992325872 | 4141 E Dickenson Pl Denver, CO, 80222 | (303) 504- 6500 | Case Manager/C Coordinator | Care | | | |
| Treating Facility | SUNNY ACRES HEALTHCARE | 1164945010 | 2501 E 104th Ave Thornton, CO, 80233 | (303) 255- 4100 | Respite Care | | | | |
| Ordering Provider | SKY RIDGE MEDICAL CENTER | 1427250976 | 10101 Ridgegate Pkwy Lone Tree, CO, 80124 | (720) 225- 1981 | General Acute Care Hospital | | | û Delete | |
| | | | | | | Confirmation | n Needed | | |
| | | | | | | Are you sure yo | u want to delete this provider? | | |
| | | | | | | | | | No Yes |





PASRR Level I Navigation

Confirming Treating Facility

Attest and add comments, then Submit

User Attestation

A 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 *

pvalvanoppu



| | × | |
|--------|--------|--|
| | | |
| | | |
| | | |
| | | |
| | | |
| Cancel | Submit | |
| | Cancel | |





PASRR Overview





Connecting with HCPF

Please make sure you are on the distribution list for Tuesday Stakeholder Calls!

 <u>https://visitor.r20.constantcontact.com/manage/optin?v=001HfxrbpGNWZ0lZnPp6t3PG2s9XPNl8ZvgFdjsKv</u> <u>Snhly8z9JmHyp6DeoLJ3saT6x0SeqRR1ub149uoXxe1ok4jTzfMSQ0BN7S5vcLiRO7gdY%3D&,id=preview</u>



COLORADO Department of Health Care Policy & Financing

Sign Up For HCPF's Email Lists

Pre-Admission Screening and Resident Review (PASRR) Program Stakeholders



PASRR Overview

Additional Resources

Previous training and resources available on HCPF web site, PASRR page

https://hcpf.colorado.gov/preadmission-screening-and-residentreview-program

Forms & Templates

- PASRR Level II Serious Mental Illness Missing Docume
- <u>PASRR Quarterly Psych Census Template</u> Updated Septe
 <u>Note</u>: Ensure emails containing PHI or PII are sent encry
 - The PASRR quarterly psych census report is a requi than 16 beds that is primarily engaged in providing medical attention, nursing care, and related servic ensuring that they meet the assurance that their f minimum are at serious risk of losing Medicaid dol
 - Send reports by quarter. Reports
 - Quarter 1
 - Quarter 2
 - Quarter 3

Ouarter 4

Memos & Guidance

- Operational Memo OM 23-015 PASRR COVID-19 Update March 7, 2023
- Operational Memo OM 21-016 New PASRR Vendor February 2, 2021
- Operational Memo OM 20-043 PASRR COVID-19 Update 2.5 April 22, 2020
- Operational Memo OM 19-44 PASRR Updates September 26, 2019
- PASRR Contact Guide September 2019





Training Materials

PASRR Introduction Presentation - February 9, 2021

- PASRR Introduction Q&A February 9, 2021
- <u>PASRR Training Video Playlist</u>

PASSR Level 1 - Part 1 Presentation - February 16, 2021

- PASRR Level 1 Part 1 Q&A February 16, 2021
- PASRR Training Video Playlist

PASRR Level 1 - Part 2 Presentation - February 23, 2021

- PASRR Level 1 Part 2 Q&A February 23, 2021
- <u>PASRR Level 1 Screenshots</u> February 23, 2021
- <u>PASRR Training Video Playlist</u>