PASRR Level 1 Desk Aid

Telligen April 2023



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	Qua	alitrac	
hannearOM Password ••••••••	S	Sign In	
Password Remember me	Username		
Remember me	hannearOM		
Remember me	Password		
	•••••		
Sign In	Remember me		
	5	Sign In	
Need help signing in?	Need help signing in?		





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?	



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.

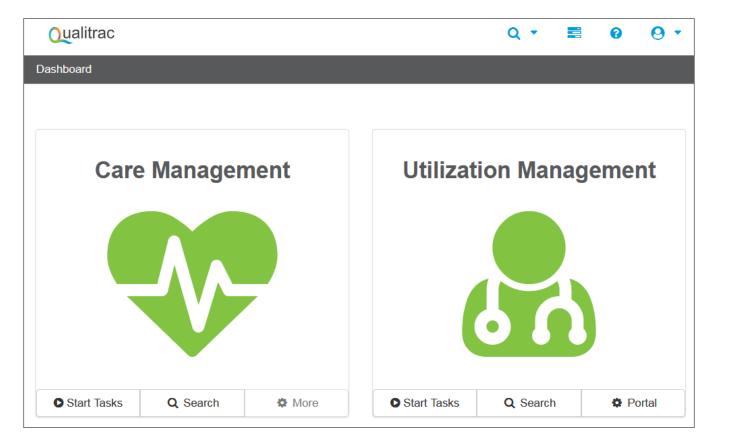
	Qualitrac	
	Reset Password	
Userna	ame	
swilse	on	
	Reset via Email	
Back to	Sign In	







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.



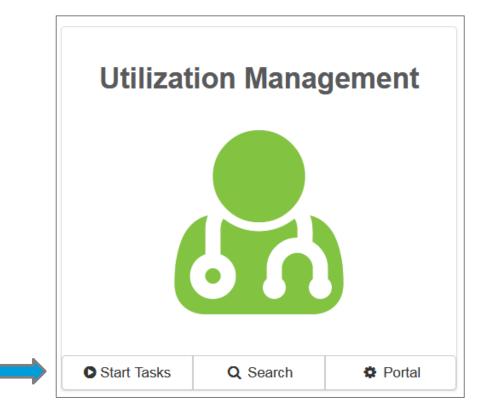




Department of Health Care



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



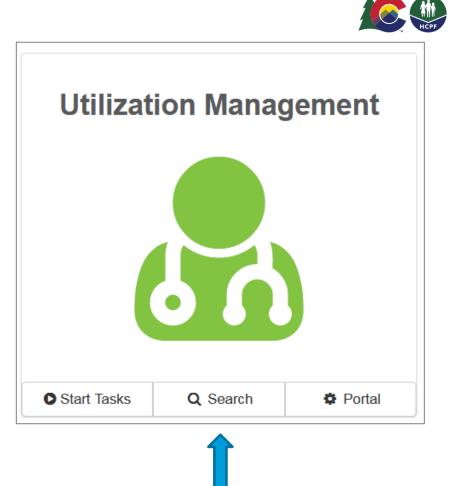




COLORADO Department of Health Care Policy & Financing

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.

st Name * Las	st Name *	Date Of Birth *	
Alex	Smith	þ7/17/1991	Search







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	ue					
Scheduled Tasks	Member Search	Cases	Case/Request/Claim Search			
Member ID *					Date Of Birth *	Gender
423076646	La	st Name	First Name	Middle Name	07/17/1991	
423076646	Smi	ith	Alex		07/17/1991	Female
Show 10 v ent	ries		Show	ring 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					





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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.**

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 *	
City *	State *	~	Zip *	
City *	State *	~	Zip *	



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			â <u>Alex Sm</u>	<u>ith - 423076646 - 07/17/199</u>
Alex Smith				View Member Details
• Member ID: 423076646	W Date of Birth: 07/17/1991	C Phone Number:	Client: Pacific	Montana - Mountain
Utilization Management			View	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 🍦 Outcome	e 🔶 Action
Not Submitted 3543 3555	Physician Administrative Retrospective Drug			
Showing 1 to 1 of 1 entries			Prev	vious 1 Next





PASRR Level I 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 Cases + Add
Hiding original requests for adjustments. Show					
Show 10 ✓ entries				Search:	
Status 🔶 Case ID 🔶 Request ID 👙	Review Type 🍦 🛛 Tim	ming Treating Prov./Phys.	Treating Facility	eq. Start 🚽 Req. End 🍦 C	Dutcome 🔶 Action
Not Submitted 3543 3555	Physician Administrative Retro Drug	rospective			
Showing 1 to 1 of 1 entries					Previous 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 Pacific	a - Mountain		
Authorization Request				
Date Request Received * 06/12/2020 03:01 pm	Review Type *	Place of Service *	Type of Service *	~
Timing *				
_			Cancel 🖺 Add New Req	uest

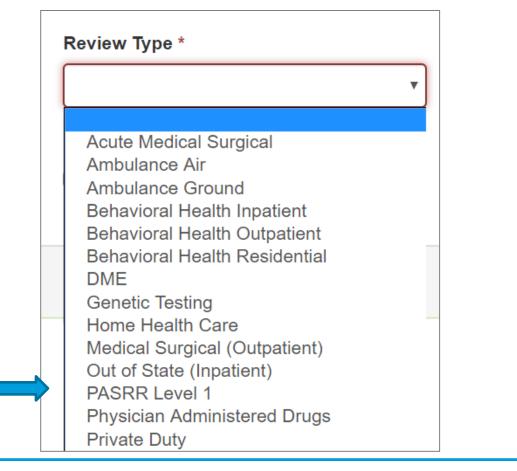
PASRR Level I Request

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	t						
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 *							
	~	☐ 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 Version of the service of	Type of Service *
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 *	Ad	mission Type *	A	dmission 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 not	meet eligibility requirements or has multiple covera	ge plans. We cannot confirm eligibility for the entire span	i of care. Please provide rationale for cor	tinuing with this request.
Group	Section	Plan	Start Date	End Date
		No Coverage Foun	nd	
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 | 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 0	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 1	0 ∽ ent	ries	Search:									
	Name		Network 🔶	NPI 🔶	Primary Number 🝦	Other ID 🔶	Туре	Primary Practice Address	Phone 🔶	Primary Taxonomy		Source 🔶
+	BILLIN	GS CLINIC		1023222494				2800 10th Ave N Billings, MT, 591010703	(406) 657-4000	Nursing Facility/Intermediate	Care Facility	NPPES
Sh ling		1 entries									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 ℰ Copy Treat	ing Facility to Order	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.

Туре	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				B Remove

PASRR Level | 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			

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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.

Add Diagnosis		
Method Search By Code Search By Term		
Search By Code		
F32.9		Q Search
Show 10 🗸 entries		Search:
 Code 	Description	
• F32.9	MAJOR DEPRESSIVE DISORE	DER SINGLE EPISODE UNS
wing 1 to 1 of 1 entries		Previous 1 Next
		Cancel Submit and Add Another Submit

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 DISORDER SINGLE EPISODE UN	S
Showing 1 to 1 of 1 entries		Previous 1 Next
	Cancel Submit a	nd 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.

Proced	ures								+ Add
Seq.	Code	Description	NOS	Mod. 1	Mod. 2	Qty.	Frequency	Cost	Action
1	T2010	PASRR LEVL I IDENTIFICATION SCREEN PER SCREEN				1 unit(s)			C 🛍





PASRR Level I Screen





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
Reporting status change/ Other reason for submitting level I *
Pre-admission
O Admitted without PASRR
O Missing documentation
O Existing Level 2 no longer represents individual's current condition or new diagnosis/diagnoses found after admission
O MH diagnosis clarification – (EXAMPLE: Conflicting diagnosis)
O 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
O Discovery of possible I/DD condition not previously known
○ Transfer from NF to NF
O Other reason for submitting Level 1



PASRR Level I Screen





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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PASRR Level I Screen

Section A Questions Tips



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 indi	vidual have any signs and/or symptoms of a major mental illness? *
Yes	
⊖ No	
Describe othe	er symptoms *

Is the individual on antipsychotic, mood stabilizing, or antidepressant medication? *

No





PASRR Level I Screen

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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 a brain injury or receive a Seizure Disorder and/or Epilepsy Diagnosis prior to the age of 22? *	
Yes	
) No	
Describe brain injury, Seizure Disorder and/or Epilepsy Diagnosis prior to age 22 *	
Describe brain injury, Seizure Disorder and/or Epilepsy Diagnosis prior to age 22 *	



PASRR Level | Screen

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? *
⊖ No

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PASRR Level I Screen

Documents & Attestation



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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.*



PASRR Level I Screen

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



PASRR Level 1 Screen

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 I Policy & Financ	Health
 File Upload Restrictions Extensions: pdf, gif, jpg, jpeg, csv Size: Less than or equal to 300 		docx, xls, x	lsx, txt, xps,	
Drop a file here o	or Click here to l	Jpload		
File Name		Size	Remove	
DUMMY DOCUMENT 4.2023.docx		12 KB	ŵ	
Name *				
DUMMY DOCUMENT 4.2023				
Category *				
Clinical			~	
Topic *				
Medical & Treatment History			~	
For Internal Use Only				
No			~	
Close Upload				

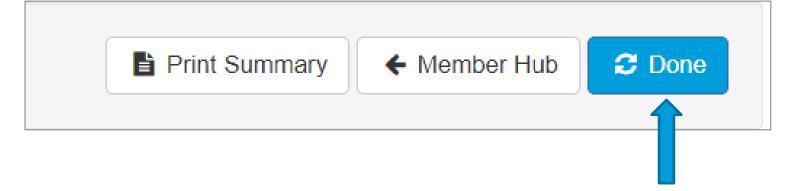


PASRR Level 1 Screen

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Completing the Request



Once documents have been uploaded, choosing **Done** will complete the request.

