

Nevada Medicaid Nursing Facility and ICF/IID Tracking Process Training





Objectives



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By the end of this session you will be able to:

- Describe the current process and understand the new process when submitting tracking forms
- Differentiate between PASRR and Level of Care
- Demonstrate how to enroll in EVS and access the PASRR Portal
- Identify and resolve potential validation errors
- Navigate and submit an online form
- Identify resources to help with the new process



Nursing Facility Tracking Form



Nursing Facility Tracking Form

Nursing facilities must submit the Nursing Facility Tracking Form to Nevada Medicaid in order to bill. This form is required for all of the following:

- Admissions
- Discharges
 - **Note: Failure to immediately report discharge information may prevent the recipient from receiving other necessary services and/or prevent other providers from receiving payment.**
- Deaths
- Hospice enrollments or dis-enrollments
- Level of Care changes
- Medicaid Managed Care dis-enrollments
- New or retro eligibility determinations
- Payment continuations



ICF/IID Tracking Form

The facility must submit an ICF/IID Tracking Form within 72 hours of an admission, readmission, discharge, Medicaid eligibility determination or annual continued stay review.

Note: Failure to submit the Tracking Form may result in a delay or denial of payment.

The New ICF/IID & Nursing Facility Tracking Form Process

Current Process

- Forms are currently being sent directly to DHCFP
- Forms will no longer be submitted to DHCFP effective **July 1, 2016**

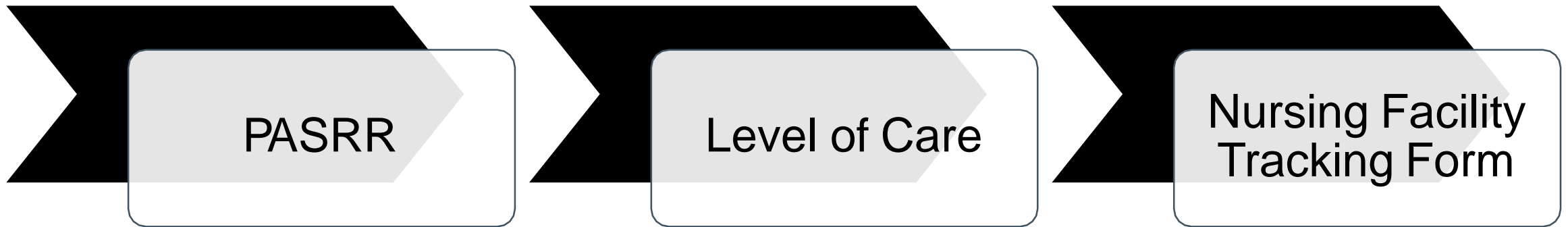
New Process

- Beginning July 1, 2016, forms will now be submitted online and fields will be validated for accuracy
- Forms will be transmitted online directly to Nevada Medicaid via the Long Term Care/PASRR Portal



PASRR and Level of Care (LOC)

Nursing Facility Tracking Form





What is PASRR?

PASRR stands for **P**re **A**dmission **S**creening And **R**esident **R**eview:

- Federally mandated program
- Required prior to admission to a nursing home
- Required regardless of insurance
- Screening tool for evidence of mental illness, intellectual disability and/or related condition

Types of PASRRs

Level I

- No time limit
- No mental illness, intellectual disability or related condition that meets criteria for Level II PASRR

Note: Level IA cannot be admitted to a nursing facility until Level II is completed

Level II

- There is either a mental illness, intellectual disability or related condition that meets criteria for Level II PASRR
- Has Specialized Services to manage the mental illness, intellectual disability or related condition
- Within the Level II there are special categories that may be time limited

Note: Level IIA cannot be admitted to a nursing facility



What is a LOC?

LOC stands for **Level of Care**

- This is a determination that is required for Nevada Medicaid recipients who are admitted to a nursing facility
- If someone who is admitted to a nursing facility becomes approved for Medicaid after they are admitted, a LOC determination is required before the nursing home can bill Medicaid
- Must be completed prior to obtaining a billing authorization for reimbursement
- 4 LOC Categories and 4 Service Levels



LOC Screening Types & Service Levels

LOC Screening Types

- Initial Placement
- Retro-Eligibility
- Service Level Change
- Time Limited

LOC Service Levels

- NF Standard
- NF Ventilator Dependent
- Pediatric Specialty Care I & II



Getting Started on EVS

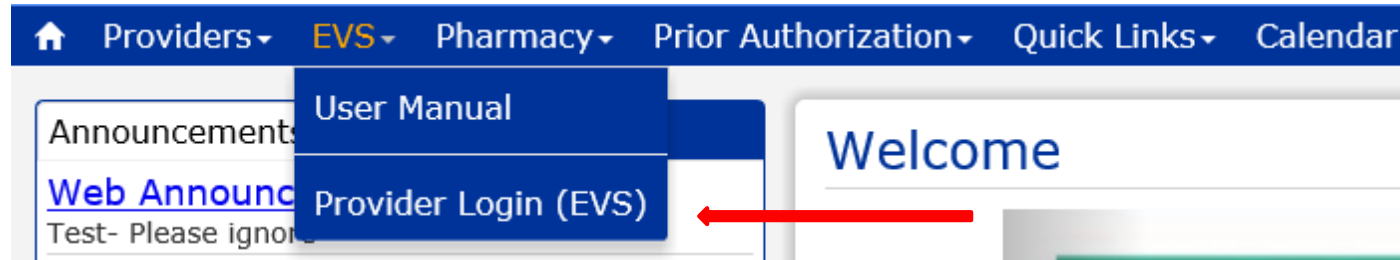


Nursing Tracking Form Submission

- Nursing Tracking Forms are submitted via the PASRR Portal
- To access the PASRR Portal, providers must be enrolled in the Electronic Verification System (EVS)
- EVS will provide you with benefit line updates

****Note**** Effective July 1, 2016, providers will be required to submit Level of Care (LOC) and Pre Admission Screening and Resident Review (PASRR) screenings through the Long Term Care (LTC)/PASRR online system.

Enrolling for EVS

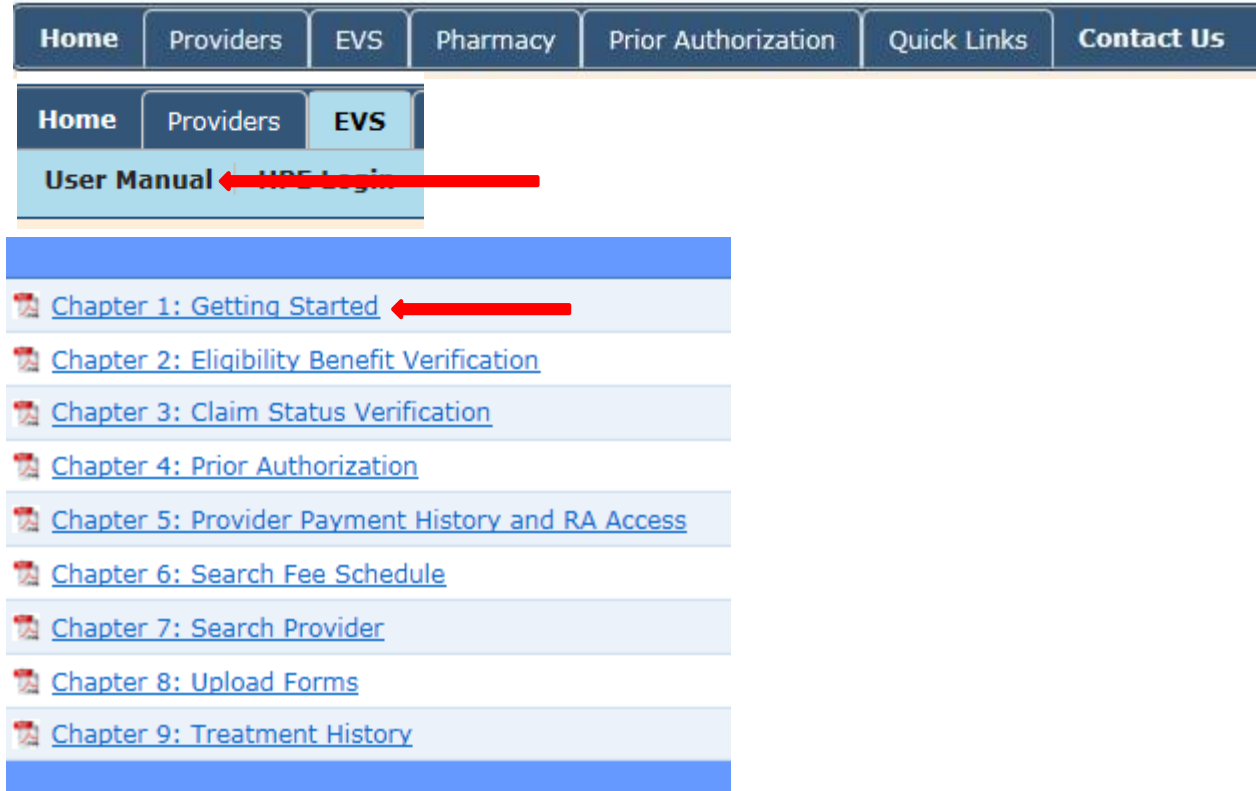


To register for EVS:

1. Go to www.medicaid.nv.gov
2. Click on the “EVS” tab
 - a. Click on the “Provider Login (EVS)” tab
 - b. Click on “Register Now”

A screenshot of the 'Provider Login' form. The form has a dark blue header with the text 'Provider Login' and a help icon. Below the header, there is a field for '*User ID' with a red asterisk. A blue 'Log In' button is below the field. Below the button, there are three links: 'Forgot User ID?', 'Register Now', and 'Where do I enter my password?'. A red arrow points to the 'Register Now' link.

Enrolling for EVS



For assistance with registering for the EVS:

1. Click on the “EVS” tab
2. Click on “User Manual”
3. Click on “Chapter 1: Getting Started”

Access to PASRR from EVS

Provider Services

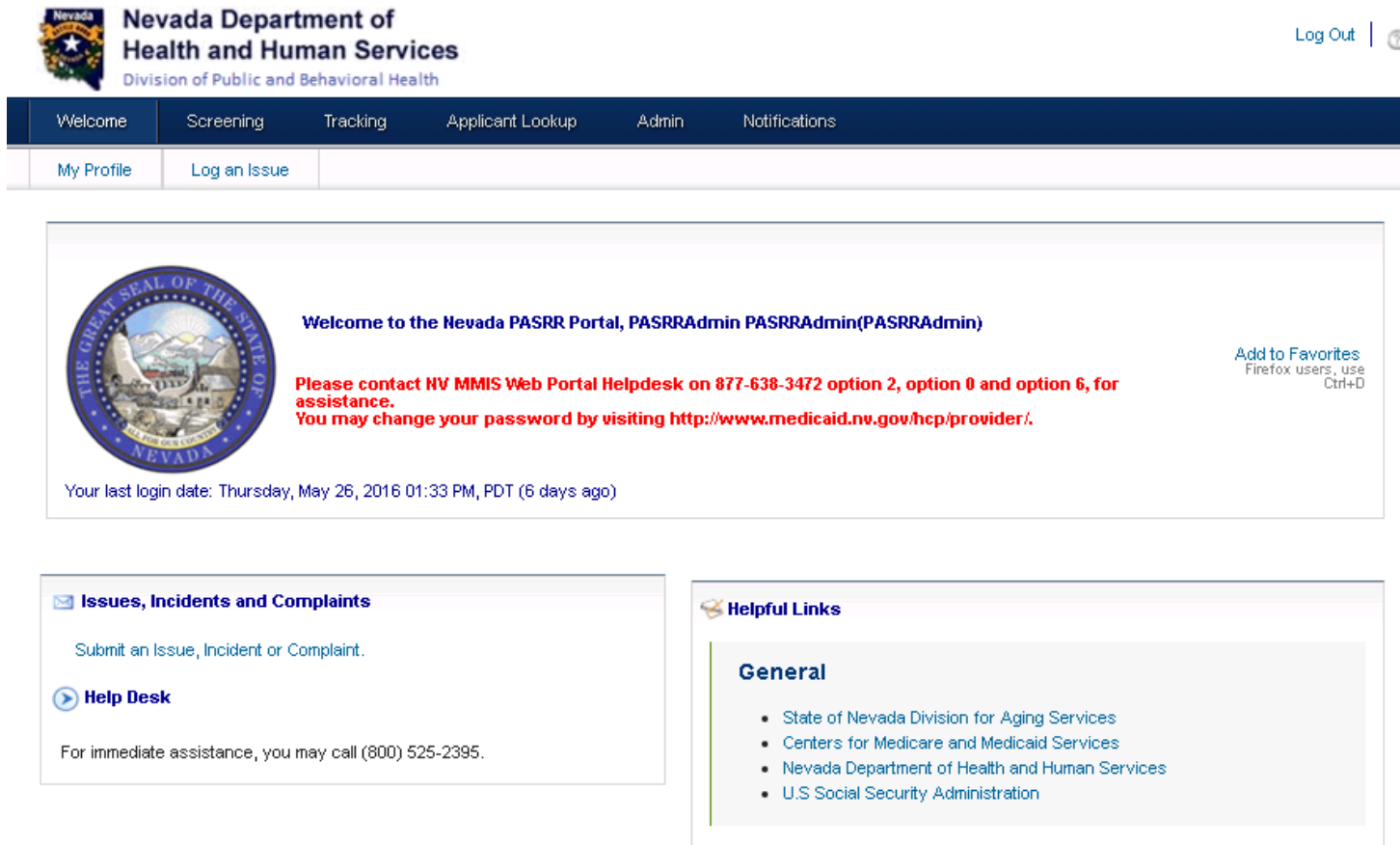
- ▶ [Member Focused Viewing](#)
- ▶ [Search Payment History](#)
- ▶ [Revalidate-Update Provider](#)
- ▶ [PASRR](#) ←
- ▶ [EHR Incentive Program](#)
- ▶ [EPSDT](#)
- ▶ [Presumptive Eligibility](#)

Access the PASRR Portal from the home screen after logging into EVS



Navigating the Online Submission

Welcome Page



The screenshot shows the Nevada Department of Health and Human Services logo at the top left, with the text "Nevada Department of Health and Human Services" and "Division of Public and Behavioral Health". A "Log Out" link is visible at the top right. Below the logo is a navigation bar with links for "Welcome", "Screening", "Tracking", "Applicant Lookup", "Admin", and "Notifications". Underneath, there are links for "My Profile" and "Log an Issue". The main content area features the Nevada State Seal on the left and a welcome message: "Welcome to the Nevada PASRR Portal, PASRRAdmin PASRRAdmin(PASRRAdmin)". A red notice states: "Please contact NV MMIS Web Portal Helpdesk on 877-638-3472 option 2, option 0 and option 6, for assistance. You may change your password by visiting http://www.medicaid.nv.gov/hcp/provider/.". An "Add to Favorites" link is also present. Below the main message, it says "Your last login date: Thursday, May 26, 2016 01:33 PM, PDT (6 days ago)". On the left side, there are two boxes: "Issues, Incidents and Complaints" with a "Submit an Issue, Incident or Complaint." link, and "Help Desk" with a "For immediate assistance, you may call (800) 525-2395." link. On the right side, there is a "Helpful Links" section with a "General" sub-section containing a list of links: "State of Nevada Division for Aging Services", "Centers for Medicare and Medicaid Services", "Nevada Department of Health and Human Services", and "U.S Social Security Administration".

When you have successfully signed in to the PASRR Portal:

1. The Welcome Homepage is displayed
2. You will see a note that says: **Welcome to the Nevada PASRR Portal, your name (user ID)**
3. You will also be able to see your last login date and time

Applicant Lookup

Welcome | Screening | Tracking | Applicant Lookup | Admin | Notifications

Current Organization details and User roles: [Click Here](#) to expand/collapse

Enter your search criteria:

[show search criteria](#)

Name (Last , First)*		SSN** (999999999):	Date of Birth (mm/dd/yyyy):
<input type="text"/>	<input type="text"/>	<input type="text"/> Undocumented Resident: <input type="checkbox"/>	<input type="text"/>
Screening ID (99999999):	Medicaid ID:	PASRR Number:	NVP ID (999999):
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Your search criteria must contain a combination of 3 unique values or the Screening ID along with one other value.
* The first and last name count as one value.
** If Applicant/Patient doesn't have an SSN, check 'Undocumented Resident'.

Always start with performing an applicant lookup as there may be an existing PASRR and/or LOC on file.

- Must use **three** identifiers:
 - Last name, first name (and)
 - DOB (and)
 - SSN
- Enter criteria and click on search

Applicant Lookup: Verify PASRR and LOC Information

▶ **LOC History**

History ID	Screening ID	LOC #	Start Date	End Date	Outcome	Screening Reason	Service Level	Cancel Reason	Attachment
5606	46778	2015344504	12/10/2015		Approved by Manual Reivew Nurse	Service Level Change	Ventilator Dependent		
5605	46777	2015344503	12/10/2015	12/10/2015	Approved by Manual Reivew Nurse	Time Limitation	Pediatric Specialty Care II		

After selecting the recipient's last name, if a PASRR exists it will be displayed under "Screening History" and/or "PASRR History"

▶ **PASRR History**

History ID	Screening ID	PASRR #	Start Date	End Date	Went To Level II	Level II Diag. Type	isCategorical B	Certification	Delete
223932	55976	2014085135IC	03/26/2014		No		No	-	<input type="checkbox"/>

▶ **Screening History**

MUST ID	Status	Screening Type	Submission Date	Completed Date	Screeener Organization	Screeener Name
122439	PASRR Manual Review	Change in Condition Review (PASARR Only)	10/28/2010	10/28/2010		Helpdesk, USP
122434	PASRR Manual Review	Change in Condition Review (PASARR Only)	10/08/2010	10/08/2010		Helpdesk, USP
122415	Completed	PASRR	10/08/2010	10/08/2010		Helpdesk, USP

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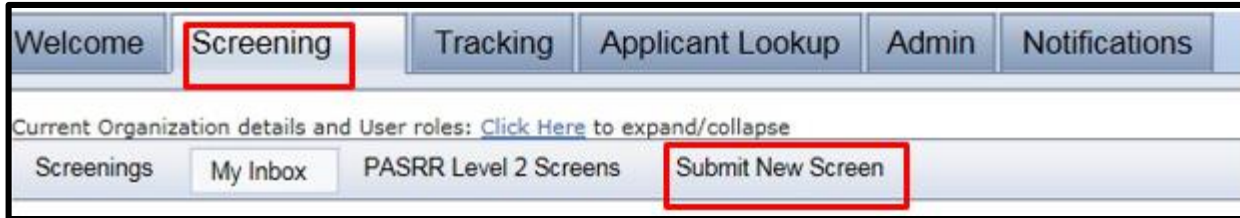
Screen Submission & Possible Outcomes



Tracking Screen Submission Process Overview

- Select “**Submit New Screen**” and enter information
- At submission if there is information missing or information does not match, you may receive validation error
- Once screen is successfully submitted, the system will automatically check eligibility and other criteria
- Possible outcomes of submission are:
 - Pended for additional information
 - Completed and approved
 - Completed and rejected

Submit New Screen



1. Click on the “Screening” tab
2. Click on the “Submit New Screen” tab

Submit New Screen: Verify Contact Information, Enter Applicant Information and Select Screening Type

Screenings My Inbox PASRR Level 2 Screens Submit New Screen

Submit New Screen

Step 1. Verify Your Contact Information

Screener Name:	Organization:	Organization Id:	
Address:	Telephone:	Fax:	Email:

Step 2. Enter Applicant Information

Last Name:	First Name:	Middle Name:
SSN (999999999):	NVP ID:	Date of Birth (mm/dd/yyyy):
Check box if recipient is Medicaid eligible <input type="checkbox"/>		
Medicaid ID:		

Step 3. Enter Screening Type

Screening Type:

Select appropriate Screening Type based on the screening to be created. The Screening Type can NOT be changed after you start filling the form.

Continue

1. Verify your contact information
2. Enter applicant information:
 - Last Name
 - First Name
 - SSN
 - DOB
 - a. Click the box next to “Check box if recipient is Medicaid eligible”
 - b. Enter 11-digit Medicaid ID
3. Select “Screening Type”


Select Screening Type

Step 3. Enter Screening Type

Screening Type:

Select appropriate Screening Type based on the screening to be created. The Screening Type can NOT be changed after you start filling the form.


Service Level:

Request Payment Date: 

1. Select “NF Tracking” from the “Screening Type” drop-down box
2. Select the “Service Level”
 - Standard
 - Pediatric Specialty Care I
 - Pediatric Specialty Care II
 - Ventilator Dependent
3. Enter the request payment date
4. Select “Continue”

Note: If information does not match, validation errors will occur.

Example of Validation Error Prior to Submission

 Submit New Screen

Validation Messages/Errors:

- The service level requested does not match the LOC for this member.
- The LOC start date is after the NF admit date. Please check your dates.

To resolve, please check the LOC Service Level and start date

Request a new LOC if needed or change tracking request to match

Select Screening Type: ICF/IID Tracking Form

Step 3. Enter Screening Type

Screening Type: ICF/IID Tracking

Select appropriate Screening Type based on the screening to be created. The Screening Type can NOT be changed you start filling the form.

Request Payment Date: 02/01/2016

Continue

1. Select “ICF/IID Tracking” from the “Screening Type” drop-down menu
2. Enter the payment date
3. Select “Continue”

Note: If information does not match, validation errors will occur:

- The information entered does not match our records

Select Type of Request: NF Tracking & ICF/IID Tracking Form

The screenshot shows a web form with the following elements:

- Screening Type ?**: The title of the form section.
- Screening Type**: A dropdown menu with the value **NF Tracking** selected.
- Screening Date**: A text input field containing the value **2016-06-01T10:02:51.065**.
- Type of Request**: A dropdown menu with the following options:
 - Select --
 - Admit
 - Readmit
 - Change of Payment Source
 - Change of Payment Level (LOC Service Level Change)
 - Discharge

- Select the type of request from the drop-down box
- Additional fields will become required depending on the type of request selected


Enter Provider NV Medicaid ID & Date of Admission

Input the Provider NV Medicaid ID

Requesting Facility or Provider Information ?		
Screener Last Name Fraga	Screener First Name Thea	Provider NV Medicaid ID 00000000
<p><u>Input the Date of Admission or Discharge Date</u></p>		
Admission Information		
Requested Medicaid Payment Start Date 02/01/2016	LOC Service Level Category Requesting Standard	Date of Admission 02/01/2016
LOC Start Date 02/01/2016	LOC End Date 01/31/2017	

Enter Date of Discharge and Reason

Select discharge reason from drop-down options and input discharge date

Discharge Information	
Discharge Reason Transfer to Another ICF - ▼	Other Discharge Reason <input type="text"/>
Discharge Date 10/25/2014 	
Additional Information ?	
Comments: <input type="text"/>	

Validate and Submit



1. Validate responses and correct errors
2. Click on “Submit” to successfully transmit the tracking form

Eligibility Verification Error

Tracking Form Review: +

Manual Review:

Screening auto rejected by system.

Message:

The member is not eligible for Medicaid on the date(s) of service requested.

If the recipient is not eligible, this message will display when recipient detail is accessed

Pended for Additional Information/Physician's Certificate

Attachments and Messages:

Attachments

Screening Form: UniformScreening.pdf

All Attachments

File Name	Size (bytes)	Description	Attached By	Date	Action ID
There are no attachments for this screen					

Add Attachment

Attachment Path:

Attachment Description:

Attachment Path:

Attachment Description:

Attachment Tips:

- Allowed file extensions: jpg, pdf, txt, rtf, doc, gif, tif, rar, zip
- Allowed maximum size per attachment is 4000000 bytes (~4 Mega Bytes)
- Bundle multiple attachments into a zip file using tools like WinZip
- When scanning document, scan into PDF, gif, tif file formats
- Do not do compressed zip when zipping

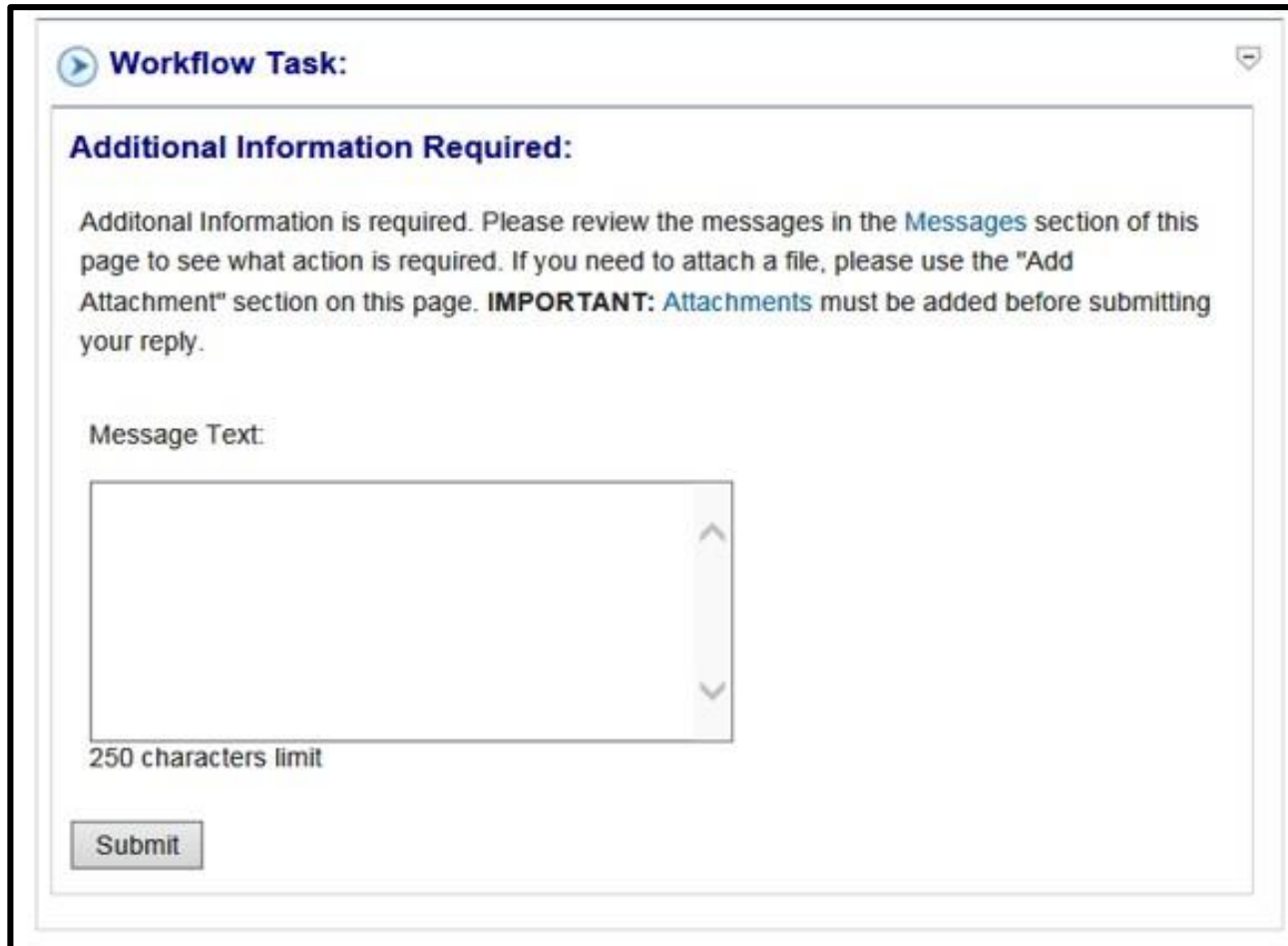
Messages:

Date	Author	Message
05/20/2016 17:04	User.HelpDesk	Please provide Physician's certification by uploading document.

How to add attachments:

1. Access screening list
2. Select screening ID
3. Click on "Add Attachment" (Browse)
4. Browse for attachment
5. Click "Upload"

Pended for Additional Information



The screenshot shows a web interface for a 'Workflow Task'. At the top left, there is a blue play button icon followed by the text 'Workflow Task:'. Below this is a section titled 'Additional Information Required:'. The text in this section reads: 'Additional Information is required. Please review the messages in the [Messages](#) section of this page to see what action is required. If you need to attach a file, please use the "Add Attachment" section on this page. **IMPORTANT:** [Attachments](#) must be added before submitting your reply.' Below the text is a label 'Message Text:' followed by a large, empty text input area with a vertical scrollbar on the right side. Underneath the text box, it says '250 characters limit'. At the bottom left of the form is a 'Submit' button.

ICF/IID tracking requests for admits will be pended back for attachment of physician certification and resubmission.

Required: Complete a message in the text box and click submit

Successful Transmission

Screening has been submitted and your Screening ID for reference is **47026**.

Screening ID	Current status of your Screening	PASRR #	Description
47026	Completed		

After successful transmission, refer to the PASRR Portal. Click on “Screening ID” from “Screening List” to view the screening outcome.

Reminder: “Completed” can mean approved or rejected

Verify Screening Outcome

Welcome | **Screening** | Tracking | Applicant Lookup | Admin | Notifications

Current Organization details and User roles: [Click Here](#) to expand/collapse

Screenings | My Inbox | PASRR Level 2 Screens | Submit New Screen | LOC Screens | Tracking Form Screens

Screening Filter

Screening List

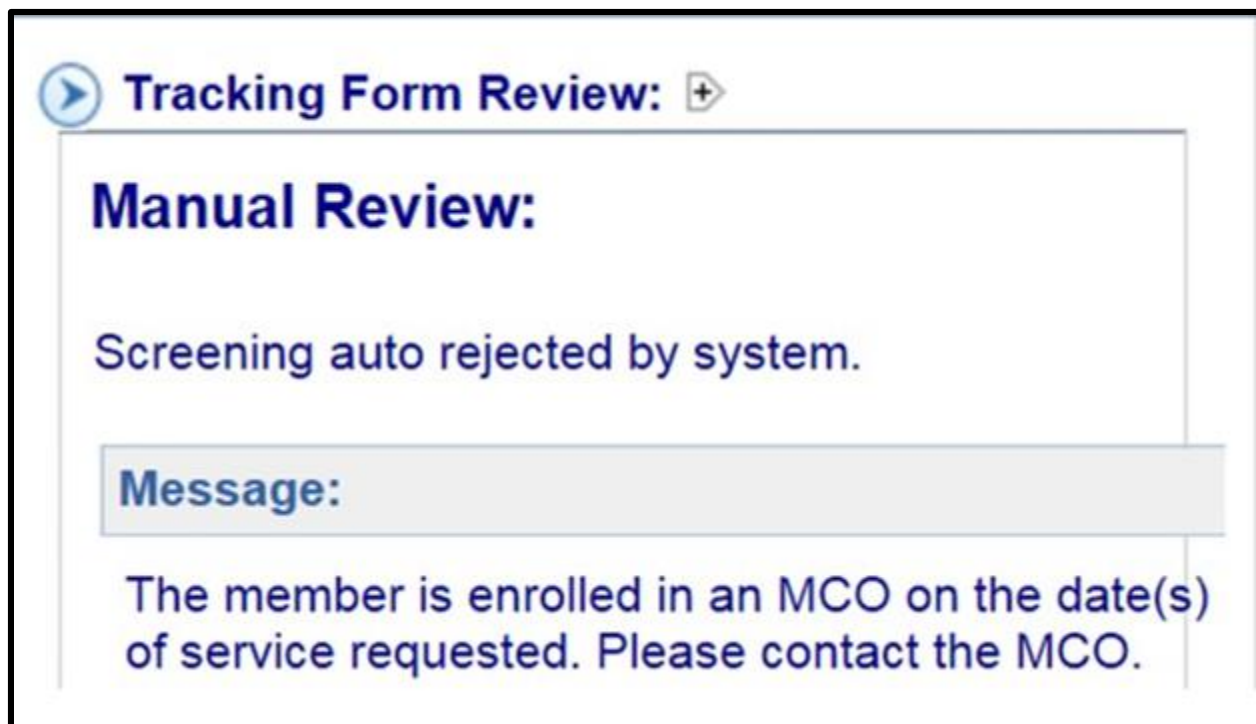
[Show Archived Screen]

1 >> Last Results Per Page: 25 Displaying: 1-25 c

Screening ID	Applicant Name	NVP ID	Status	Submission Date	Completed Date	Screener Name	
47076	[REDACTED]	[REDACTED]	LOC Manual Review	05/31/2016		User, HelpDesk	more..
47075	[REDACTED]	[REDACTED]	Completed	05/25/2016	05/31/2016	Robinson, Christi	more..

Click on “Screening ID” to verify outcome in Screening Detail screen.

Example of a Screening Rejection Disposition Message



Tracking Form Review: ➔

Manual Review:

Screening auto rejected by system.

Message:

The member is enrolled in an MCO on the date(s) of service requested. Please contact the MCO.

When validation errors occur, refer to the validation error guides for resolution.

1. Click on “Screening” tab
2. Review the screening list

PASRR/LOC Contact Information



Nevada Department of Health and Human Services

**Division of Health Care Financing
and Policy**

**State of Nevada Division of Health Care Financing
and Policy Long Term Services and Supports
Facilities Unit:**

775-684-3619

**Nevada Medicaid NV MMIS PASRR/LOC
Customer Service: 1-800-525-2395**