Pre-Admission Screening
Resident Review
Agenda

- Objectives
- Overview
- Roles and Responsibilities
- Eligibility Process
- Billing Procedures
- Top Denial Reasons
- Helpful Checklist
- Helpful Tools
- Questions
Objectives

At the end of this session, providers will:

- Have a better understanding of how the Pre-Admission Screening Resident Review (PASRR) program works
- Be able to distinguish the roles and responsibilities of the agencies involved
- Know the appropriate forms to use and how to obtain the forms
- Understand the PASRR billing process and successfully submit claims
Overview

Pre-Admission Screening Resident Review (PASRR)

– The nursing facility PASRR was federally mandated under the 1987 nursing facility reform

– Residents who reside in an IHCP-certified nursing facility (NF) are subject to the PASRR process if they have a MI and/or I/DD diagnoses.

– PASRR is a two-part program:
  
  • Pre-Admission Screening (PAS) refers to the assessment and determination of member eligibility for a nursing facility placement and NF level of care
  
  • Resident Review (RR) refers to the evaluation used to determine the necessary services to meet the mental illness (MI) and/or intellectual (I) developmentally disabled (DD) condition
PASRR

– PAS Level I

• All individuals, regardless of payer source, applying for admission to a nursing facility (NF) must be given the opportunity to go through the PAS process to determine NF Level of Care

➤ All individuals entering a licensed Medicaid-certified nursing facility are given the option to participate in PAS. Medicaid does not reimburse the NF for services furnished to members who opt out of the PAS process for up to one year after admission to the NF

Note: A PAS Level 1 may trigger a Level II at this point the member cannot opt out

• The form entitled, Level I Identification Screen, Form 450B, Section IV must be completed for each applicant by the appropriate entity as stated on the Level I at the time of pre-admission screening.

– Resident Review Level II (RR)

• An assessment is conducted by a community mental health center (CMHC) or an assigned hospital for nursing facility residents who may be MI

• For those individuals who are diagnosed MI/I/DD and/or I/DD, the assessment is conducted by the Diagnostic and Evaluation (D&E) team
Define
Roles and Responsibilities
Area Agency on Aging Responsibilities

- Perform State-required PAS
- Ensure that Level I is completed for all Medicaid NF applicants and for all nursing facilities that are certified as Medicaid regardless of client’s Medicaid status
- Determine if Level II review is required
- When review is needed, notify applicant and refer to appropriate agency:
  - Community mental health center (CMHC) for MI
  - Diagnostic and Evaluation (D&E) team for I/DD and MI/I/DD
  - Send referrals for Level II assessments to the Bureau of Developmental Disabilities Services (BDDS)
- Review evaluation information and determine if the NF applicant is:
  - Appropriate for NF admission
  - In need of specialized services
Area Agency on Aging Responsibilities

- Issue and send the Form 4B, Level II evaluation, certification, and related paperwork to NF
  - A 4B must be completed even when a person is discharged, dies, or is not admitted
- Enter information into the PAS database
- PASRR forms may be printed on demand by accessing [in.gov/icpr](http://in.gov/icpr)
CMHC Responsibilities

Level II

Level II Responsibilities: PASRR

- After receiving the Area Agency on Aging (AAA) referral, the PASRR Level II assessment is conducted by a community mental health center (CMHC) for nursing facility residents who have an MI diagnosis or MI episode as identified on the level I

- The CMHC sends the completed Level II documentation to the AAA

- Based on the Level II documentation, the AAA will issue the certification and 4B
CMHC Responsibilities

Level II Responsibilities: Resident Review

- CMHC performs Resident Reviews (RRs) as needed and enters the information on the Web, which is sent to the Division of Aging (DA) [https://ddrsprovider.fssa.in.gov/bdds/](https://ddrsprovider.fssa.in.gov/bdds/)

- CMHC provides applicable cover letter, final certification, and copy of Level II assessment to the NF
CMHC Responsibilities

– Yearly Resident Review (RR)
  • Determine if yearly RRs are necessary
  • Conduct tracking and scheduling of the yearly review
  • Perform yearly reassessment (if needed) in same calendar quarter

– Significant Change RR
  • Nursing facility or other institution initiates a referral to the CMHC
    ➢ Occurs upon observation of a significant change of mental health status
  • A significant change indicates the need for a new RR

– Missed RR
  • When the RR yearly and/or significant change RR was not completed in the scheduled/required timeframe, then the CMHC completes a missed RR assessment
D&E Team Responsibilities

- A PASRR Level II assessment is conducted by the Diagnostic and Evaluation (D&E) team for nursing facility residents who may be I/DD, and/or MI/I/DD

- Perform Resident Reviews (RRs) as needed
  - Complete paperwork and transmit assessment data to Local Bureau of Developmental Disabilities Services (BDDS) office
  - BDDS issues the final certification and forwards to the AAA to complete the 4B form

- Determine if future Level II yearly assessments are required
Nursing Facility Responsibilities

– Comply with federal Centers of Medicare & Medicaid Services (CMS) and PASRR requirements
  
  • Ensure a Level I assessment was completed and is maintained in every resident file
  • Develop and implement new plan of care
  • Based on the above activities, determine if new Level II review is needed
  • Notify CMHC or BDDS in writing if new review is needed

– Promptly notify CMHC or BDDS if client triggers a significant change – Level II
Nursing Facility Responsibilities

- Ensure a copy of most recent Level II is maintained in the resident’s file
- Provide a list of identified MI and I/DD residents to HP
- Comply with PAS, PASRR, and RR recommendations
HP Responsibilities

- Enroll providers into the Indiana Health Coverage Programs (IHCP)
- Process all PASRR Level II claims regardless of payer source
- Long Term Care Unit identifies any missed Resident Reviews during the NF audits
- Maintain the MI and I/DD list that is provided by the nursing facility
Describe Processes and Procedures
Initial PASRR Process

Initial referrals

The following steps must be completed to ensure the eligibility file for an initial referral is loaded into IndianaAIM:

1. CMHC must complete an assessment and send to the AAA (NF maintains information in resident’s plan of care)
2. AAA completes the certification in the PAS database housed within the case management system
3. AAA completes a 4B on all Level II referrals to the CMHC and exports the data to the Division of Aging
4. HP receives the eligibility segment for the member based on the data entered in the PAS database housed within the case management system
PASRR Process for Subsequent RR

The following steps must be completed to ensure the eligibility file for nursing facility referrals is loaded into IndianaAIM:

- Nursing facility initiates referral to the CMHC
- CMHC enters data in the PAS database housed within the case management system
- HP receives the updated eligibility based on the data entered on the Roeing website

Note: Please allow two weeks for the eligibility process to be completed
Billing Procedures

- Level II claims must use the PASRR member’s ID that consists of **800** plus the individual’s Social Security number 800 999 99 9999 (800 + Social Security number)
  - If the resident is a Medicaid member, the PASRR ID number will still remain 800 plus the Social Security number
  - Do not use the member’s Medicaid ID for PASRR claims
- Submit Level II claims via the CMS-1500 claim form, Web interChange, or the 837P transaction, within one year from the date of service
Billing Procedures

- The usual and customary charges, appropriate procedure code, and all approved modifiers must be billed on the claim.
- Level II services cannot be combined with a claim for any other Medicaid services.
- Claims that encounter an edit or an audit for any missing or invalid information will deny.
Procedure Codes
PAS I/DD Level II

- T2011 U1 UA
  - **T2011**: Pre-Admission Screening Resident Review (PASRR) Level II Evaluation, per Evaluation
  - **U1**: PAS (Pre-Admission Screening)
  - **UA**: I/DD

- T2011 U1 UA H1 – (psych exam)
  - **T2011**: Pre-Admission Screening Resident Review (PASRR) Level II Evaluation, per Evaluation
  - **U1**: PAS (Pre-Admission Screening)
  - **UA**: I/DD
  - **H1**: Integrated MI/I/DD Program
Procedure Codes

PAS I/DD Level II

- T2011 U2 UA
  - T2011: Pre-Admission Screening Resident Review (PASRR) Level II Evaluation, per Evaluation
  - U2: RR (Resident Review)
  - UA: I/DD

- T2011 U2 UA H1 – (psych exam)
  - T2011: Pre-Admission Screening Resident Review (PASRR) Level II Evaluation, per Evaluation
  - U2: RR (Resident Review)
  - UA: I/DD
  - H1: Integrated MI/I/DD program
Procedure Codes

PAS MI Level II

- T2011 U1 UB – (initial)
  - **T2011**: Pre-Admission Screening Resident Review (PASRR) Level II Evaluation, per Evaluation
  - **U1**: PAS (Pre-Admission Screening)
  - **UB**: Mental Illness

- T2011 U1 UB TS – (follow-up)
  - **T2011**: Pre-Admission Screening Resident Review (PASRR) Level II Evaluation, per Evaluation
  - **U1**: PAS (Pre-Admission Screening)
  - **UB**: Mental Illness
  - **TS**: Follow-up service
Procedure Codes
PAS MI Level II

- T2011 U2 UB
  - **T2011**: Pre-Admission Screening Resident Review (PASRR) Level II Evaluation, per Evaluation
  - **U2**: RR (Resident Review)
  - **UB**: Mental Illness
Resolve
Top Denial Reasons
Edit 2037

Member Not on File for Non-IHCP Program

– Cause

• Member does not have a PASRR eligibility segment in the payer processing system

– Resolution

• Verify the PASRR number that was submitted on the claim

• Verify that the CMHC has completed the certification online through the PAS database housed within the case management system

• Verify the AAA has entered the information into the PAS database housed within the case management system
Edit 2029

Non-IHCP member ineligible for dates of service

– Cause

  • Member does not have a PASRR eligibility segment for the dates of service billed in the payer processing system

– Resolution

  • Verify the PASRR number that was submitted on the claim
  • Verify the dates of service that was submitted on the claim are in line with the dates of service submitted on the Roeing website
  • Verify the AAA has submitted the correct information in the case management system
Recipient Name and Number Disagree

- **Cause**
  - The first three characters of the last name and the first character of the first name do not match the recipient’s number on the recipient database

- **Resolution**
  - Verify recipient number and name spelling are correct and resubmit claim
  - Verify the number is submitted with the first three digits **800** and the Social Security number of the member
  - Verify the Social Security number of the member with their local Area Agency on Aging
Check
Helpful Checklist
Helpful Checklist

- Applicants do not have to be enrolled Medicaid members for this program
- All member IDs must begin with 800 followed by the member’s Social Security number
- All CMHCs and D&Es teams must be enrolled with HP and have a contract with the Division of Mental Health and Addiction or the Division of Disability and Rehabilitative Services to submit PASRR claims
- Only approved Healthcare Common Procedure Coding System (HCPCS) codes and modifiers will be accepted on claims
Helpful Checklist

- All individuals entering a licensed Medicaid-certified nursing facility are given the option to participate in PAS. However, if a Level II is triggered the individual DOES NOT have an option. They MUST participate in the PASRR program.

- A Level II must be completed for any resident with a major mental illness diagnosis or intellectual developmental disability as identified in the Level I for PASRR claims to pay.

- The CMHCs and the D&E team must have the 4B form prior to billing for PASRR claims.
Resources

- IHCP website
  - indianamedicaid.com

- Customer Assistance
  - 1-800-577-1278, or
  - (317) 655-3240 in the Indianapolis local area

- HP Provider Written Correspondence
  - P.O. Box 7263
    Indianapolis, IN 46207-7263

- Locate area consultant map on:
  - indianamedicaid.com (provider homepage> Contact Us> Provider Relations Field Consultants)
  - Web interChange > Help > Contact Us

- Division of Aging
  - in.gov/fssa/2329.htm

- Area Agencies on Aging (AAAs)
  - iaaaa.org/members/aaalist.asp

- Resident Review on the Web
  - 1-888-787-5402
  - http://www.roeing.com/Pages/Support.aspx

- Contact the INsite Help Desk with problems or questions on the RR-on-the-Web application
  - Email InsiteHelpDesk@fssa.in.gov or call (317) 232-7858
Q&A