

Pre-Admission Screening (PAS) Questions and Answers From 08/07/15 WebEx

1. **Question:** Because of character limitations in the summary sections are there specific key terms that DMAS reviewers will be looking for? If so, what are those specific phrases that are needed for pediatric UAI's or other specific areas?

Response: No, there are not any specific phrases or terms that the system is looking for. Please use those terms, phrases, or abbreviations that are generally recognized as appropriate in the healthcare community. Note: DMAS reviewers are not reviewing the ePAS submission. The ePAS system is reviewing the UAI to ensure the patient meets the appropriate functional dependency criteria combination and has a medical/nursing need and therefore qualifies for Medicaid funded long-term care services and supports.

2. **Question:** Concerns with the current system is the limitation of characters on the summary sections in the UAI which makes it difficult to discuss children and the family unit in need of additional services that I feel is not adequately justified by the check marks throughout the assessment. Will there be a change to allow unlimited characters?

Response: Yes, the system vendor is currently working on system changes that will increase the character limitations for a number of key ePAS fields.

3. **Question:** How do community physicians sign off on UAI's? For hospitals that could be hundreds of different MD's

Response: The physician may either log onto ePAS and "sign" (type their signature into) the ePAS DMAS 96 or type their signature onto the excel form. When the excel form is uploaded, the typed signature will appear in ePAS. The screener may also review the completed UAI with the appropriate MD, and upon verbal approval of the screening results, the MD may authorize the screener to type in their signature. We understand that MDs may not wish to log onto the system.

4. **Question:** If a patient presents to the ER for a legitimate medical condition for evaluation, can we do a screening? I know that they are not to come in just to have the screening, but do they have to actually have to stay as IP or obs for hospital team to do the eval vs community?

Response: Pursuant to the Medicaid Memo, "Pre-Admission Screening Guidance" dated October 25, 2013, "It is not appropriate to instruct individuals or their families or advocates to admit someone to the emergency room only for the specific purpose of facilitating the hospital to complete the pre-admission screening process. However, if the emergency room admission is appropriate, and it is determined that long term care services are necessary post discharge, the pre-admission screening may be completed by emergency room staff." Medicaid memos

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are available on the DMAS portal <https://www.viriniamedicaid.dmas.virginia.gov/wps/portal> under the "Provider Services" tab at the top of the page.

5. **Question:** If hospitals did every PAS requested we would need many more FTE's, some nursing facilities are asking for a full screening. We have always been told we do not get paid unless the person is approved for services. So my question is "Do we get paid for EVERY PAS done, no matter the outcome?" Many times the patient does not meet criteria for placement.

Response: Yes, hospitals are required to perform a PAS on every patient that requests one and yes, a hospital does get paid for every completed PAS regardless of the PAS outcome.

6. **Question:** We can use excel for DMAS 96 and have physician sign on paper and CM key in name?

Response: Yes, this is how many hospital ePAS users are operating.

7. **Question:** Can we do a UAI on E-Pas and DMAS 96 in excel?

Response: You must use one method or another. You cannot do part of a UAI in ePAS and the rest of it on the Excel form. If you do that, it will create a separate case record on the same patient when uploading the Excel form. However, you may start the UAI using excel forms, upload the forms, and complete the remaining areas in the ePAS case record that was created after the upload.

8. **Question:** Can Xerox have search by name function and tracking ID number added to search with the SSN and dates. West Virginia uses these on their online UAI system and its search function is much easier to use. It will also show all previous Screenings done on that patient. Any way to add these functions to VA ePAS?

Response: No the system does not currently have this functionality. We can consider these features in future releases of ePAS.

9. **Question:** Where can we access the excel templete?

Response: The ePAS manual (currently page 131) provides instructions on accessing the form and can also be found within ePAS as a drop down under Pre-Admission Screening.

10. **Question:** So how are you uploading the 96 with MD signature? Or getting verbal signature?

Response: You have a few choices regarding the physician signature. (1) The physician may log onto ePAS, review the UAI, and sign the DMAS-96; (2) the physician may review the UAI in the Excel format and sign (type his signature) on the excel DMAS-96; or (3) the discharge planner

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may discuss the UAI with the physician and if s/he is in agreement with the result, s/he can ask the discharge planner to attest to their signature. It would not be appropriate to type/sign the physician's name without his/her consent. However, if your physician approves reviewing the document or discussion with the discharge planner and permitting the discharge planner to type in their signature than that is acceptable.

11. Question: We are wondering if there will be a mechanism to enter information into e-discharge then have that populate into ePAS?

Response: Curaspan is currently working with the ePAS vendor Xerox to develop an electronic interface between eDischarge and MMIS, the DMAS claims system.

12. Question: If I send member information in an email - it needs to be secured to meet HIPAA regs, are you willing to sign up for every organizations secure log in access?

Response: No, HIPAA compliance is the responsibility of the hospital sending the e-mail.

13. Question: Can denials say due to "not meeting criteria" vs "error in documentation"

Response: Denials are caused by inconsistent information that is entered by the user into ePAS. The system provides feedback on the error via Error Messages so that it can be corrected and resubmitted.

14. Question: What do we do when we encounter a level 2 screening?

Response: You contact the Level II vendor and request the evaluation just as you have done in the past. The ePAS cannot be submitted until the Level II results are included. The Level II screeners do not have access to ePAS. Information they provide to the hospital screener will have to be entered into ePAS by the hospital screener.

15. Question: Are the UAIs kept in the system indefinitely? If a screening was done in the community and we (in the hospital) need to access it, how do we get to it?

Response: At this point all Denied and Successfully Processed ePAS remain in the system indefinitely. We are looking into means to "gray out" completed PAS. Unfortunately, each ePAS user can only access ePAS created in the user's NPI so Community Teams and hospitals cannot review each other's screenings.

16. Question: In a hospital setting, if we do not think someone meets criteria per your guidelines for a successful assessment, would a screening be appropriate?

Response: Hospitals, like Community-Based Teams are required to perform a PAS any time that a patient requests one.

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17. Question: We have nursing homes that ask for a completed UAI after the pt has been discharged from our acute care facility. Is it appropriate for case mgn to go back and complete one on a pt that we did not see the need for one to be done if already dc'd?

Response: Pursuant to the Medicaid Memo, "Pre-Admission Screening Guidance" dated October 25, 2013; Hospital pre-admission screenings must be completed prior to hospital discharge. This includes all required forms (UAI, DMAS-96, DMAS-95 MI/ID/RC – for nursing facility placements only, and the DMAS-97). **Question:** Can the local DSS go in the system and find a UAI that was done at the hospital?

Response: See response to Question 15.

18. Question: so if denial is due to patient not meeting criteria is there anything else that should be done or submitted?

Response: Hospital discharge planners should review a denied screening to ensure that the denial is not due to an error made by the screener. If a patient does not meet criteria, because he or she does not have enough functional dependencies or does not have a medical/nursing need, the screener must select "No" on the DMAS-96 for the question "Medicaid Services Authorized?" and select a response for "Reason No Medicaid Services Authorized."

19. Question: What if a family member requests a copy of the screening?

Response: We suggest you consult the appropriate hospital staff person for your hospital's procedure for responding to this type of request.

20. Question: Where is the reference that says the hospital cannot do screenings once the patient leaves the hospital? I would like to be able to show that to the SNFs.

Response: See response to Question 18. Medicaid memos are available on the DMAS portal <https://www.viriniamedicaid.dmas.virginia.gov/wps/portal> under the "Provider Services" tab at the top of the page.

21. Question: If patients request their completed UAIs we are encouraged to give them a copy.

Response: See response from Question 19.

22. Question: Does sending facility complete UAI?

Response: Yes, the hospital performs the PAS and sends it to the facility at which the patient will be residing.

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23. Question: Do we have to submit the UAI before the patient leaves the building?

Response: Yes or as soon as practical after discharge.

24. Question: I get a lot of requests for UAIs from the community for pts that went to the NF and the UAI was sent there. Should the community providers get the UAI from the NF or hospital?

Response: Assuming the patient originally went to a NF but is now transferring to community services, pursuant to the DMAS PAS Provider Manual,(Currently Chapter IV, page 12), it is the responsibility of the one provider (e.g. NF) to transfer all screening materials to the new provider (e.g. EDCD waiver provider). If the NF lost the UAI and the community provider contacts you it would be a professional courtesy for you would provide it.

25. Question: We are a CAH and participate with skilled swing bed services. Does the facility sending us the patient need to complete UAI?

Response: Yes

26. Question: What is the process for the client/ patient to sign the UAI 97 form?

Response: Have the patient sign a paper copy of the 97 and then attest the patient's name in ePAS. Maintain the original signed document in your patient file.

27. Question: How are level II's submitted?

Response: Level II's are entered into ePAS once the evaluation is received back from Ascend (the current Level II contractor). The Level II screeners do not have access to ePAS. Information they provide to the hospital screener will have to be entered into ePAS by the hospital screener.

28. Question: Can one staff member start the UAI and another staff member access it to complete it due to unexpected absence or vacation? Additionally, can there be an administrative user who can access the status of all of our staff members UAIs to check status?

Response: Yes, any staff member that has access to the hospital's ePAS system can start or complete an individual UAI. All ePAS users can access all UAIs for that hospital.

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29. Question: When completing a level II, how do we send the signed H&P and psych evaluation?

Response: The information is entered into ePAS using the hard copy received from Ascend as backup for the ePAS data entry. The Level II received from Ascend should be retained as part of the patient's ePAS file.

30. Question: What is the client appeal process if they do not meet the screening criteria?

Response: Screeners (or someone in the hospital) are supposed to provide the client with a decision letter. The decision letter contains the appeal rights. The DMAS PAS Provider Manual, (Currently Chapter IV, page 19) contains information about the responsibility of PAS teams to provide decision letters that contain appeals rights to patients who have been screened. DMAS should be contacted for additional questions related to appeals.

31. Question: Will there be a database that hospital case managers and community social workers, can access with limited information to see if a screening has been completed, or is pending?

Response: No, currently there is only one level of ePAS system access. Future enhancements may have more user defined roles.

32. Question: Will we need an assigned user ID and Password log-on into e-pas?

Response: Yes, each hospital has at least 1 OrgAdmin that can add users to ePAS.