

# ePAS Demonstration

## ePAS a Tool for Pre-Admission Screenings (PAS)

VIRGINIA UNIFORM ASSESSMENT INSTRUMENT					
Dates	Screening:*	Assessment:*	Reassessment:*	Initial Request:*	
<b>I. IDENTIFICATION / BACKGROUND</b>					
Name & Vital Information <small>Entry is required</small>					
Member's Name: Last:*	First:*	MI:*	SSN:*		
Address: Street:*	City:*	State:*	Zip Code:*		
Phone Number:*	City/County Code:*				
Directions to House:*					
Pets?*					
<b>Demographics</b>					
Member's Date of Birth:*	Age:*	Sex:*	Hearing (impaired):*		
Marital Status:*	Race:*	(If Race - Unknown, enter Ethnic Origin):*			
Communication of Needs:*	Other Language, Specify:*				
Education:*	(If Education - Unknown, please Specify):*				
<b>Primary Caregiver</b>					
Caregiver's Name: Last:*	First:*	MI:*	Relationship:*		
Address: Street:*	City:*	State:*	Zip Code:*		
Phone Number (Home):*	(Work):*				
<b>Emergency Contact</b>					
Emergency Contact's Name: Last:*	First:*	MI:*	Relationship:*		
Address: Street:*	City:*	State:*	Zip Code:*		

### 1.2 Medicaid Web Portal – Provider Login Page

After selecting the 'Provider' role in the Web Portal Home Page, the provider and the supporting user community are directed to the Provider Login Page.

The Provider Login Page is reflected below:



June 12, 2015

Bill Edmunds, CHS Director of Process & Evaluation

# Today's Agenda:

Welcome & May 2015 PAS Results

Bill Edmunds

Paper UAI

Kathy Keller

Hot Spot

Esther Walker

Excel Template

Tricia Van Hoy & Kim Hale

Administrative Support for ePAS

Kim Owen

Common Issues with ePAS Denials

Lisa Park

Final Comments

Bill Edmunds



# Session Ground Rules

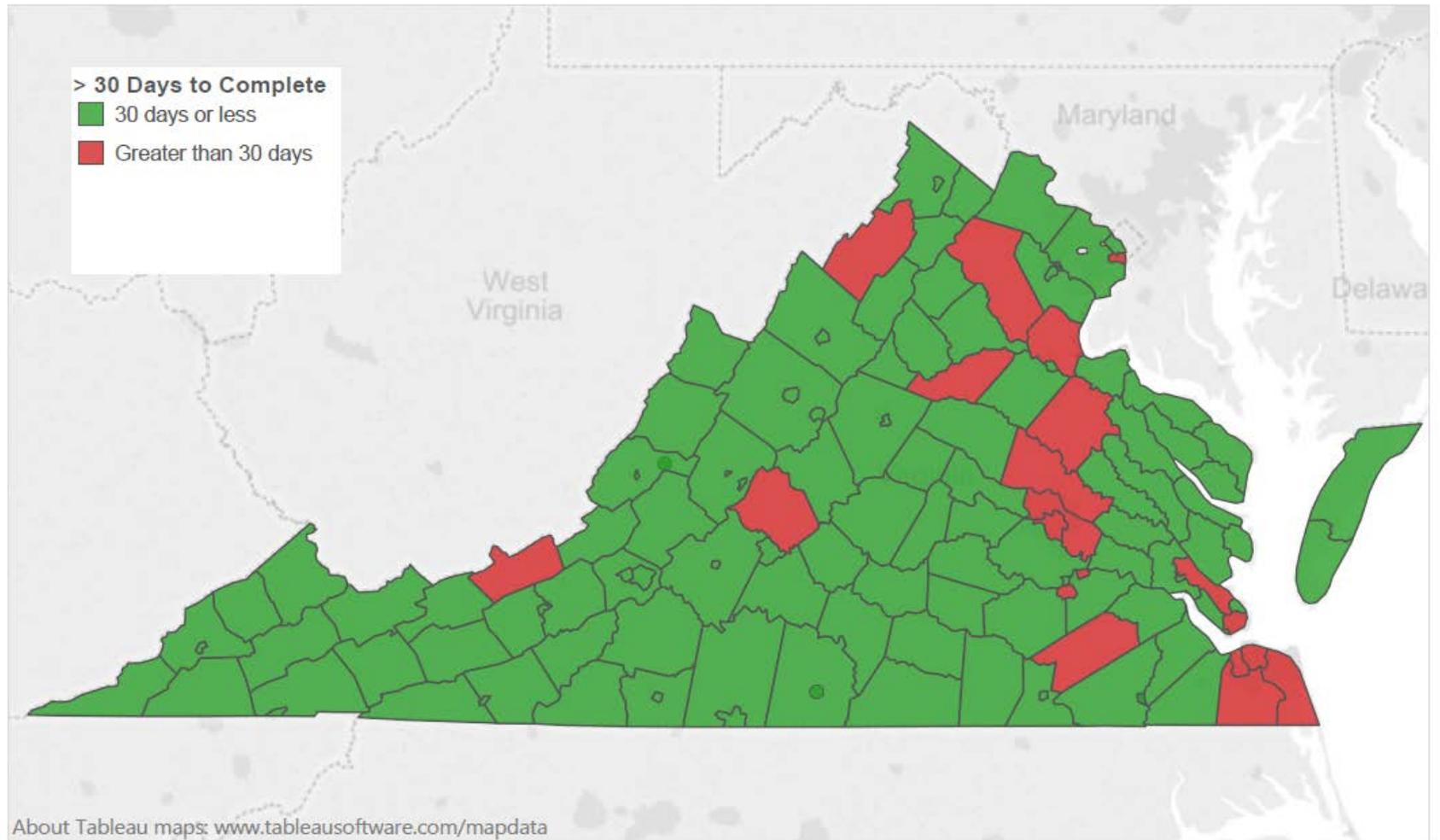
- All of Today's Presenters are ePAS Users & NOT Professional Trainers
- Each Segment is Limited to a Total of 25 Minutes (Including Q's at the end)
- Please Spend Time Reviewing the ePAS Manual & Using the Software (Our Presenters Did)
- Any Questions Not Answered Send to [william.edmunds@vdh.virginia.gov](mailto:william.edmunds@vdh.virginia.gov) & I will send out a FAQ
- Thanks for all of your efforts with ePAS



# Green/Red Dashboard

Thru 05/31/15

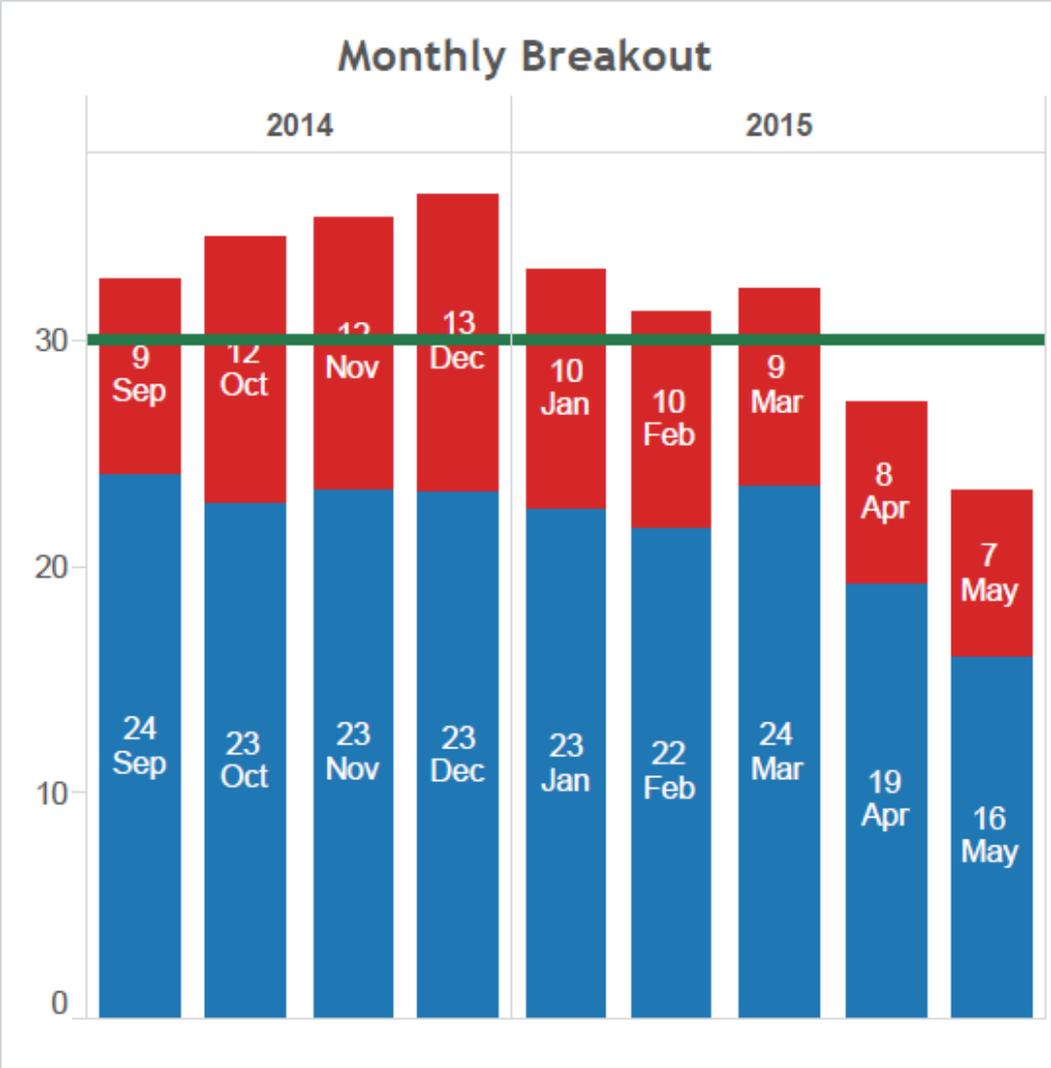
## Preadmission Screening: All



All Jurisdictions Reporting – NO Blue

# Statewide Average

Thru 05/31/15

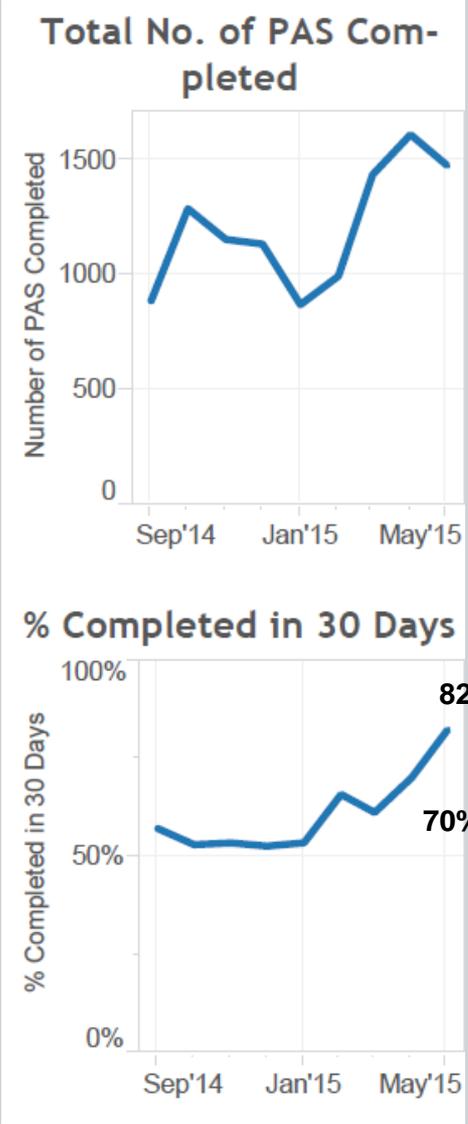


**Measure Names**

- Days: Visit to Complete
- Days: Request to Visit

# PAS Completed/% Completed 30 Days

Thru 05/31/15



# ePAS - Paper UAI



Kathy Keller RN, Gloucester County Health Department

**WDH**



**Three Rivers Health  
District**

# Paper UAI: How VDH - LDSS operated before ePAS

TRHD is made up of 10 counties: not all VDH/LDSS agencies operated the same.

## **Operation scenarios between agencies before ePAS: In all counties LDSS set up screening appointment**

LDSS completed pages 1-4 before screening, VDH/PHN completed pages 5-7 and reviewed info on pages 1-4 during the screening, LDSS completed pages 8-12 on the screening. VDH/PHN brought UAI, 95(if required), 96, 97 and signed consent back to LHD to complete case summary narrative and review entire packet. Once completed VDH/PHN had health director sign and date 96, send approval/denial letter to client, mail copy of UAI packet to LDSS and to Xerox, contact, fax and mail UAI packet to agency/provider selected.

LDSS completed pages 1-3 and VDH/PHN completed 4-12 in the home. LDSS made preliminary contact with the client to assess needs and advise family/client what will be needed upon arrival for the screening i.e. medications. VDH/PHN brought UAI, 95(if required), 96, 97 and signed consent back to LHD to complete case summary narrative and review entire packet. Once completed VDH/PHN had health director sign and date 96, send approval/denial letter to client, mail UAI packet to LDSS and to Xerox, contact, fax and mail UAI packet to agency/provider selected.

VDH/PHN completed all of the UAI pages 1-12 in the home, LDSS completed very little info on pages 1 and 2 prior to screening. VDH/PHN brought UAI, 95(if required), 96, 97 and signed consent back to LHD to complete case summary narrative and review entire packet. Once completed VDH/PHN had health director sign and date 96, send approval/denial letter to client, mail UAI packet to LDSS and to Xerox, contact, fax and mail UAI packet to agency/provider selected.

LDSS and VDH/PHN complete the screening very similar to how it is done using ePAS.

# Paper UAI: How VDH-LDSS operate now using ePAS

Reports from all 10 counties indicate that VDH/LDSS agencies are working together in ePAS following these guidelines:

1. LDSS login to ePAS and enters and SAVES required fields in UAI A (paper pages 1-4) before the screening and completes pages 1-4 on the paper UAI.
2. LDSS can open and complete UAI A while on the phone during conversation with the client/family to save time and then transfer it to the paper UAI pages 1-4.
3. LDSS emails VDH/PHN the ePAS ID Ref # prior to the screening date for VDH/PHN review.
4. On the PAS, LDSS reviews paper pages 1-4 (UAI A in ePAS) during the screening, in some counties VDH/PHN completes paper pages 5-7 and LDSS completes paper pages 8-12, and in other counties VDH/PHN reviews/completes paper pages 4-12.
5. After the PAS the VDH/PHN takes all pages 1-12 of the UAI, the signed 96 by VDH/PHN and LDSS, 97 and signed and dated, consent form, and 95 if needed.
6. VDH/PHN returns to LHD and enters information in ePAS: UAI A (if not completed before screening by LDSS or changes need to be made after screening), UAI B, 97 **THEN** the 96.
7. Once back to LHD, PHN scans 96 (either covering up the top portion due to HIPPA /confidentiality laws, or leaves it blank) and writes only the clients first and last initials and the ePAS ID ref # at the top. Once scanned the PHN adds it to the NT file and sends the HD an email indicating that both the 96 and ePAS are ready for signature , date and submission. TRHD Health Director wants only 1 email indicating both the 96 and ePAS are ready for signature , date and submission.
8. Once Health Director has completed signing/dating 96 on NT and in ePAS he replies to original email that it is submitted.
9. VDH/PHN then prints out scanned 96 with HD signature and can follow on ePAS under Tracking Summary the submission results. If Denied the VDH/PHN can open and determine what action is needed to correct and re submit.

# If I could change ePAS, I would...

- In all 10 counties of TRHD these are the common suggestions for change from VDH/PHN:
  1. ePAS needs a running timer/clock showing the count down from 30 minutes before it closes without warning and losing all information entered before it is saved.
  2. Possibly add an “auto save” button in or near the timer/clock at the top of the UAI A and UAI B instead of having to scroll all the way down to the bottom of the page to click the SAVE button.
  3. Increase the number of characters for field entries in areas of medications( frequency, dose), Medical/Nursing need summary, and Client Case Summary on page 12.
  4. Increase fields for entering more than 10 medications.
  5. Auto populate name and SSN to UAI B from entry on UAI A.
  6. Allow ability to move from UAI A to UAI B even if all required fields are not completed. PHN would like to enter information in UAI B but can not continue to UAI B until all required fields in UAI A are completed.
  7. Add a column for the date submission was either “Successfully Processed” or “Denied”.
  8. Only have 1 ID ref # for a case throughout the entire process from when it is originally opened until submitted in ePAS.
  9. Ensure that ePAS is set up to recognize all 3 eligibility criteria for NF Categories.

# Demo

# Questions?





# Fairfax County ePAS Process

Hot Spot Use

Esther Walker

Terri Morris

# Fairfax County ePAS Process

- Overview
  - Request for screening services goes to Aging, Caregiver, Disability and Resource (ADCR) Line
  - Adult and Aging Unit or Family Preservation Unit Social Worker assigned.
  - Social Worker (SW) contacts Health Department Central Scheduler and is provided with home visit (HV) date.
  - Joint SW and Public Health Nurse (PHN) HV completed.
  - ePAS system used on HV.
  - SW returns to office to upload or submit the online UAI screening packet for local QA review.
  - Health Department PHN reviews, completes QA process and submits final screening packet via ePAS to DMAS.



# Fairfax County Home Assessment with ePAS

- What happens in the home?
  - Preferred method is to do the UAI online using the Hot Spot
    - SW brings the laptop
    - PHN uses his/her cell phone to create a wireless connection (i.e.: hot spot).
  - If wireless does not work, back-up plan is to use the downloaded desktop version of the Excel screening packet.



# What is a Hot Spot?



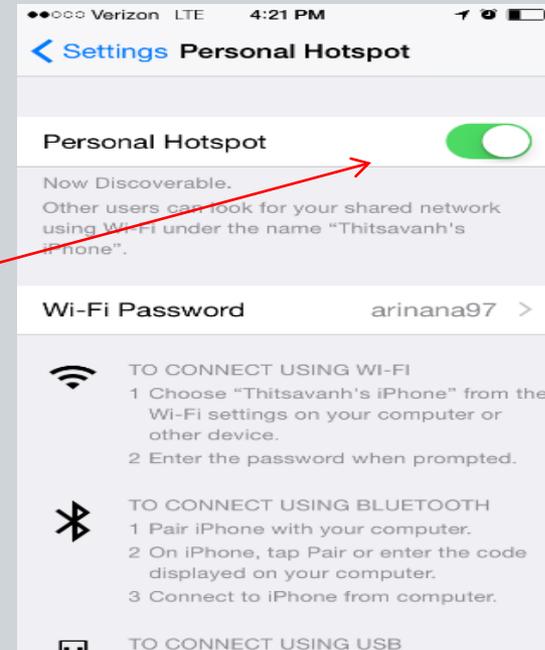
# Hot Spot

A hot spot is a wireless connection through a cellular phone



# Step 1

- On the phone with available personal hotspot service, go to the **settings app** and **turn on Personal Hotspot**.
- On the computer with WIFI capabilities, **Left click on the network icon** at bottom left of your screen



# Step 2

- The following screen will be displayed on your computer. Note: Depending on how many bars you have you may or may not be able to access the network per signal strength.
- Left click on the wireless network you would like to connect to.
- Check the “Connect automatically” box and click on the “Connect” button.



# Step 3

- Enter the WIFI password for the personal hotspot and press enter or click on OK. The WIFI password can be found on the iPhone > Settings > Personal Hotspot.
- A “connected” label will appear if the connection was successful, or you will receive a message indicating that the device was unable to connect.



# Step 4

- To see if you are connected you can left click on the network icon and it will tell you if you are connected



# Additional Information

- WiFi connection to iPhone's hotspot provides open internet access though through the iPhone carrier's data service.
- Turning on the iPhone's hotspot will significantly drain the battery life of the iPhone. You should have the iPhone charger available. If you do not have a power outlet, you can plug the iPhone into the computer's USB port to keep the iPhone powered and charged.
- Voice and data cannot be used simultaneously on some cellular provider services phone. The hotspot will turn off if you make calls or accept calls on your iPhone while using the hotspot.
- Keep your localities IT Support number handy.



# Fairfax County Lessons Learned to Date

- Our PHNs have both iPhones and Blackberries.
- 4G phones are more powerful than 3G phone.
  - 3G is slower to process and transfer data.
  - 3G battery may run down quicker.
- Because you may not have good cell access in some areas have a back-up plan for documentation (desktop version).
- Include training for staff as all may not be well versed in use of hot spot.



# Demo

# Questions?



# Thank you!

Questions:

[Terri.Morris@fairfaxcounty.gov](mailto:Terri.Morris@fairfaxcounty.gov)

[Esther.Walker@fairfaxcounty.gov](mailto:Esther.Walker@fairfaxcounty.gov)



**VDH** VIRGINIA  
DEPARTMENT  
OF HEALTH

# ePAS - Excel Template



Tricia VanHoy, RN & Kim Hale, RN  
Smyth County Health Department

## How Smyth County Health Department and LDSS Operated before ePAS:

- LHD receives requests from the community for screenings
- LHD initiates UAI and schedules appointment for home visit
- LHD contacts LDSS to coordinate and plan joint visits
- LHD and LDSS conduct home visit and complete screening
- PHN and LDSS complete documentation in the home, except the summary
- After returning to LHD, PHN completes summary and follow up
- PHN faxes UAI summary to physician for review and signature on DMAS 96
- Physician returns signed DMAS 96 to PHN
- PHN refers patient to facilitator or nursing home facility
- PHN gives UAI to OSS who copies and mails to LDSS, facilitator, and DMAS and enters patient information into WebVision and processes for billing
- PHN follows up on issues with referrals and corrects errors on screenings returned for errors

## How Smyth County Health Department and LDSS Operate Now:

- Effective June 24, 2015, LDSS receives requests from the community for screenings
- LDSS schedules appointment and coordinates with LHD
- LDSS fills in UAI A Excel Form, as much as available
- LDSS emails form via encrypted email to LHD
- LHD downloads form from email, removes encryption, and saves it under C:drive on the VDH laptop
- On the date of the screening, LDSS arrives at LHD to log onto the VDH laptop and the team jointly completes the home visit
- Signature page is completed at the time of visit and given to PHN
- PHN returns to LHD, completes and saves excel form; PHN uploads form to ePAS
- PHN forwards signature page to physician indicating screening is ready for review; items added to existing form are HD location and ID number
- Physician approves and submits ePAS
- OSS reviews Preadmission Screening tracking daily to determine denials or issues and notifies PHN

## If I Could Change ePAS, I would:

- Create a security feature that ensures the signatures on DMAS 96 are only possible by person that is logged in, to eliminate hard copy of signature forms
- Remove the correlation between the “Reassessment Date” with the “Reassessment Tab”
- Make the printed version easier to read by having the DMAS 96 print on a new page

# Demo

# Questions?



# Administrative Roles - Tracking ePAS



Kim Owen

Henrico County Health Department

# Office Staff Duties

- Updates client registration and enters encounter
- Updates NHS spreadsheet (screen shot to follow)
- Reviews UAI for completion
- Retrieves “Assessment Reference Number” from ePAS
- Emails physician and nurse with ARN stating UAI is ready for submission
- Physician will then send for approval
- Next business day, check status of UAI

Screen shot 1.xlsx - Microsoft Excel

Home Insert Page Layout Formulas Data Review View Add-Ins

Clipboard Font Alignment Number Styles Cells Editing

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
1	<u>Paid/Unpaid</u>	<u>Month</u>	<u>Last Name</u>	<u>First Name</u>	<u>WV ID#</u>	<u>Medicaid</u>	<u>Encounter Date</u>	<u>Initial Request Date</u>	<u>Date of Visit</u>	<u>Nurse</u>	<u>Date Rec'd from Nurse</u>	<u>SW</u>	<u>Date Rec'd from Social</u>	<u>Completion Date</u>	<u>Ma</u>
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Sheet1 Sheet2 Sheet3

Ready 100% 11:01 AM 6/10/2015

# Office Staff Duties cont'd...

- Status of UAI could be one of the following:
  - Denied
  - Incomplete
  - Submitted for Processing
  - Successfully Processed
- Be aware that if you click on the “Recall” button for any status other than “Incomplete” ePAS will generate a new ARN
- Once UAI is successfully processed, you may then print a copy for your records

# Status

- Incomplete – more than likely the nurse, caseworker or physician has not complete their section of the UAI
- Denied – part of UAI was not completed or done incorrectly
- Submitted for processing – all parts of UAI are complete and the physician has done the submission
- Successfully processed – the UAI has been approved.

# Status cont'd...

- Click on blue (underlined) hyperlink to print the “approval or denial screen
- Approval status – office staff prints the status screen and files in patient’s record
- Denial status – office staff prints the denial screen, which is then given to PHN and DSS to correct. (This is to be corrected within two business days.)
- A new ARN is generated at this point. Please make sure all parties know of the new number.



- Home
- Claims
- Payment History
- EHR Incentive Program
- RA Messages
- Provider Enrollment
- Level of Care Review
- Pre-Admission Screening

Pre-Admission Screening Status Summary

Virginia Pre-Admission Screening Status Tracking - Summary

Assessment Date	Initial Request Date	Assessment Ref #	Member's Medicaid ID	Member's SSN	User ID	Assessment Type	Status	Action
06/11/2015	05/26/2015	2015161002184		[REDACTED]	AdairGlenn	UAI - Part A (short)	Incomplete	<a href="#">Recall</a> <a href="#">Delete</a>
06/11/2015	05/28/2015	2015161002183		[REDACTED]	AdairGlenn	UAI - Part A (short)	Incomplete	<a href="#">Recall</a> <a href="#">Delete</a>
06/08/2015	05/21/2015	2015154001564		[REDACTED]	KimberlyOwen	UAI - Part B (long)	Incomplete	<a href="#">Recall</a> <a href="#">Delete</a>
06/08/2015	05/21/2015	2015154001563		[REDACTED]	KimberlyOwen	UAI - Part B (long)	Incomplete	<a href="#">Recall</a> <a href="#">Delete</a>
06/04/2015	05/14/2015	<a href="#">2015154001548</a>		[REDACTED]	StephenRichard	UAI - Part B (long)	Successfully Processed	<a href="#">Recall</a> <a href="#">Print</a>
06/04/2015	05/18/2015	2015152001233		[REDACTED]	KimberlyOwen	UAI - Part B (long)	Incomplete	<a href="#">Recall</a> <a href="#">Delete</a>
05/21/2015	05/06/2015	<a href="#">2015152001239</a>		[REDACTED]	KimberlyOwen	UAI - Part B (long)	Successfully Processed	<a href="#">Recall</a> <a href="#">Print</a>
05/21/2015	05/06/2015	<a href="#">2015147000933</a>	975 008393 908	[REDACTED]	StephenRichard	UAI - Part B (long)	Denied	<a href="#">Recall</a> <a href="#">Print</a>

Showing 1 - 8 of 8

Cancel

# ePAS monthly Tracking Report

- Tracking report is sent to Bill Edmunds by the 10<sup>th</sup> of every month
- Tracking report has four important dates:
  - Encounter date: the day the office staff enters the encounter (not the screening date)
  - Initial request date: the day that the individual makes contact with health department or DSS
  - Date of visit: the day the visit with client occurs
  - Date of completion: the day the physician submits the UAI

# ePAS Monthly Tracking Report

- On the 1<sup>st</sup> and 16<sup>th</sup> of every month send report to management (keeps them informed of the 30 day requirement)
- Working on this report twice a month will help make sure the report is sent to Bill Edmunds in a timely manner.

# Medical Records

- Office staff is to maintain UAI's for SIX calendar years
- Please retain the following:
  - Original paper submission of UAI
  - UAI's completed on paper and entered in ePAS (effective July 1, 2015)
  - Printed Approved UAI's
  - Copies of Assessment Approval Code statuses (Approved/Denied with error messages)
  - Original Signature forms
  - Copy of patient status letter

# Questions?



# Most Common e-PAS Denial Messages

Presented by: Lisa Park

Healthcare Reimbursement Manager

Virginia Department of Health



# Level 1 Provider is Invalid

**Error Messages:**

LEVEL 1 PROVIDER IS INVALID.

Cause – Level 1/ALF Screening Identification is checked 'NO'

Resolution – DMAS-96-check the 'YES' box

# Level 1 Provider is Invalid

Fix – found on the DMAS-96

Level I/ALF Screening Identification?: YES  
Name of Level I/ALF screener agency: ██████████  
Level I/ALF screener provider number: ██████████  
Name of Additional Level I/ALF screener agency: ██████████  
Additional Level I/ALF screener provider number: ██████████

Online DMAS-96

VIRGINIA UNIFORM ASSESSMENT INSTRUMENT  
Medicaid Funded Long-Term Care Service Authorization Form

ALF Provider Name: ██████████ ALF Provider Number: ██████████  
ALF Admit Date: ██████████

Level I/ALF Screening Identification:\*  Yes  No

Name of Level I/ALF Screener Agency: Timbuktu Health Department Level I/ALF Screener Provider Number: 1234567890  
Additional Level I/ALF Screener Agency: Timbuktu DSS Add'l Level I/ALF Screener Provider #: 0081234560

Level II Assessment Determination?:\* Note: For NF Authorizaiton Only; Does Not Apply to Waivers  Yes  No

Complete for the screener who completed the Level II for a diagnosis of MI, MR/ID, or RC:  
Name of Level II Screener: ██████████ Level II Screener Provider #: ██████████  
Level II Assesement: ██████████

Off line form  
DMAS-96

## Level 1 Provider Level II Screener Invalid Provider Type/Specialty

### Error Messages:

```
LEVEL 1 PROVIDER IS INVALID.INVALID LEVEL I SCREENER II PROVIDER.INVALID  
PROVIDER TYPE/SPECIALTY FOR LEVEL I SCREENER 2 PROVIDER.
```

Cause – Provider information reversed on the DMAS-96

Resolution – Health department provider info should be listed first – DSS listed as additional

## Level 1 Provider Level II Screener Invalid Provider Type/Specialty

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Level I/ALF Screening Identification?: YES

Name of Level I/ALF screener agency: [REDACTED] CO. DSS

Level I/ALF screener provider number: 008740 [REDACTED]

Name of Additional Level I/ALF screener agency: [REDACTED] CO. HEALTH DEPT.

Additional Level I/ALF screener provider number: 171094 [REDACTED]

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Level II Assessment Determination?: NO

Complete for the screener who completed the Level II for a diagnosis of MI, MR/ID, or RC:

This screening denied because the DSS office was listed first, and VDH office listed as additional. For community-based screenings, order should be VDH first, DSS additional

# Medicaid Auth Code Invalid

## Error Messages:

MEDICAID AUTHORIZATION CODE IS INVALID IN CROSS EDIT VALIDATION.

Cause – Auth code selected on the DMAS -96 (04 EDCD, 02 PACE, etc) does not match the responses on the UAI for functional status, medical/nursing needs, etc.

Resolution – Use the DMAS Worksheet to review these sections of the UAI and re-evaluate level of care selection

# Medicaid Auth Code Invalid

\*\*\*\*\*  
**Medicaid Funded Long-Term Care Service Authorization Form**  
\*\*\*\*\*

FORM ID: [REDACTED]

**1. Member Information**

Last Name: [REDACTED]	First Name: [REDACTED]	Birth Date: [REDACTED]
Social Security: [REDACTED]	Medicaid ID: [REDACTED]	Sex: Male

---

**2. Medicaid Eligibility Information**

Is Individual currently Medicaid eligible?: YES

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Is Individual currently Auxiliary Grant eligible?: YES/HAS APPLIED

Dept of Social Services:  
Eligibility Responsibility:  
Services Responsibility:

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**3. Pre-Admission Screening Information (to be completed only by Level I, Level II or ALF screeners)**

**Medicaid Authorization**

Medicaid Services Authorized? : YES  
Reason No Medicaid Services Authorized:

Level of Care: ELDERLY OR DISABLED W/CONSUMER DIRECTION (EDCD) WAIVER

**VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES (DMAS)**  
**WORKSHEET TO DETERMINE LONG-TERM CARE SERVICES**  
*(The use of this worksheet is optional.)*

Individual being assessed: \_\_\_\_\_ Date: \_\_\_\_\_

**STEP 1: Based on a completed Virginia Uniform Assessment Instrument (UAI), check how the individual scores in the following categories (based on definitions in the *User's Manual: Virginia UAI, revised 7/05*).**

ADLs	Check if Semi-Dependent (d)	Check if Dependent (D)	OTHER FUNCTIONS	Check if Semi-Dependent (d)	Check if Dependent (D)
Bathing			Medication Administration		
Dressing			Behavior Pattern & Orientation (combination variable)		
Toileting			Mobility		
Transferring			Joint Motion		
Eating/Feeding					
Bowel					
Bladder					

**STEP 2: Apply the above responses to the variables below.**

Number of ADL Dependencies: \_\_\_\_\_  
 Medication Administration: Check if Semi-dependent \_\_\_\_\_ or Dependent \_\_\_\_\_  
 Behavior Pattern & Orientation: Check if Semi-dependent \_\_\_\_\_ or Dependent \_\_\_\_\_  
 Mobility: Check if Semi-dependent \_\_\_\_\_ or Dependent \_\_\_\_\_  
 Joint Motion: Check if Semi-dependent \_\_\_\_\_ or Dependent \_\_\_\_\_

**STEP 3: Apply the responses in Step 2 to the criteria below.**

**CATEGORY 1: Individuals must meet items #1 and #2 in category 1; plus either item #3 or #4.**

- 1) Rated dependent in 2 to 4 ADLs: \_\_\_\_\_ YES; PLUS
- 2) Rated semi-dependent or dependent in behavior pattern and orientation: \_\_\_\_\_ YES; PLUS
- 3) Rated semi-dependent in joint motion: \_\_\_\_\_ YES; OR
- 4) Rated dependent in medication administration: \_\_\_\_\_ YES.

**CATEGORY 2: Individuals must meet all items in this category.**

- 1) Rated dependent in 5 to 7 ADLs: \_\_\_\_\_ YES; PLUS

# Questions?



# Thanks To All of Our Presenters!!



Bill Edmunds  
[william.edmunds@vdh.virginia.gov](mailto:william.edmunds@vdh.virginia.gov)  
(804) 864-7942