

ePAS Demonstration

ePAS a Tool for Pre-Admission Screenings (PAS)

Session II

VIRGINIA UNIFORM ASSESSMENT INSTRUMENT					
Dates	Screening:*	Assessment:*	Reassessment:*	Initial Request:*	
I. IDENTIFICATION/ BACKGROUND					
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?*					
Demographics					
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):*				
Primary Caregiver					
Caregiver's Name: Last:*	First:*	MI:*	Relationship:*		
Address: Street:*	City:*	State:*	Zip Code:*		
Phone Number (Home):*	(Work):*				
Emergency Contact					
Emergency Contact's Name: Last:*	First:*	MI:*	Relationship:*		
Address: Street:*	City:*	State:*	Zip Code:*		

June 18, 2015

Bill Edmunds, CHS Director of Process & Evaluation

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:



Today's Agenda:

Welcome & May 2015 PAS Results

Bill Edmunds

Paper UAI

Erin Callas

Hot Spot

Sherry McDonald

Excel Template

Susan Strong

Administrative Support for ePAS

Kim Habel

Common Issues with ePAS Denials

Lisa Park

Final Comments

Bill Edmunds



Session Ground Rules

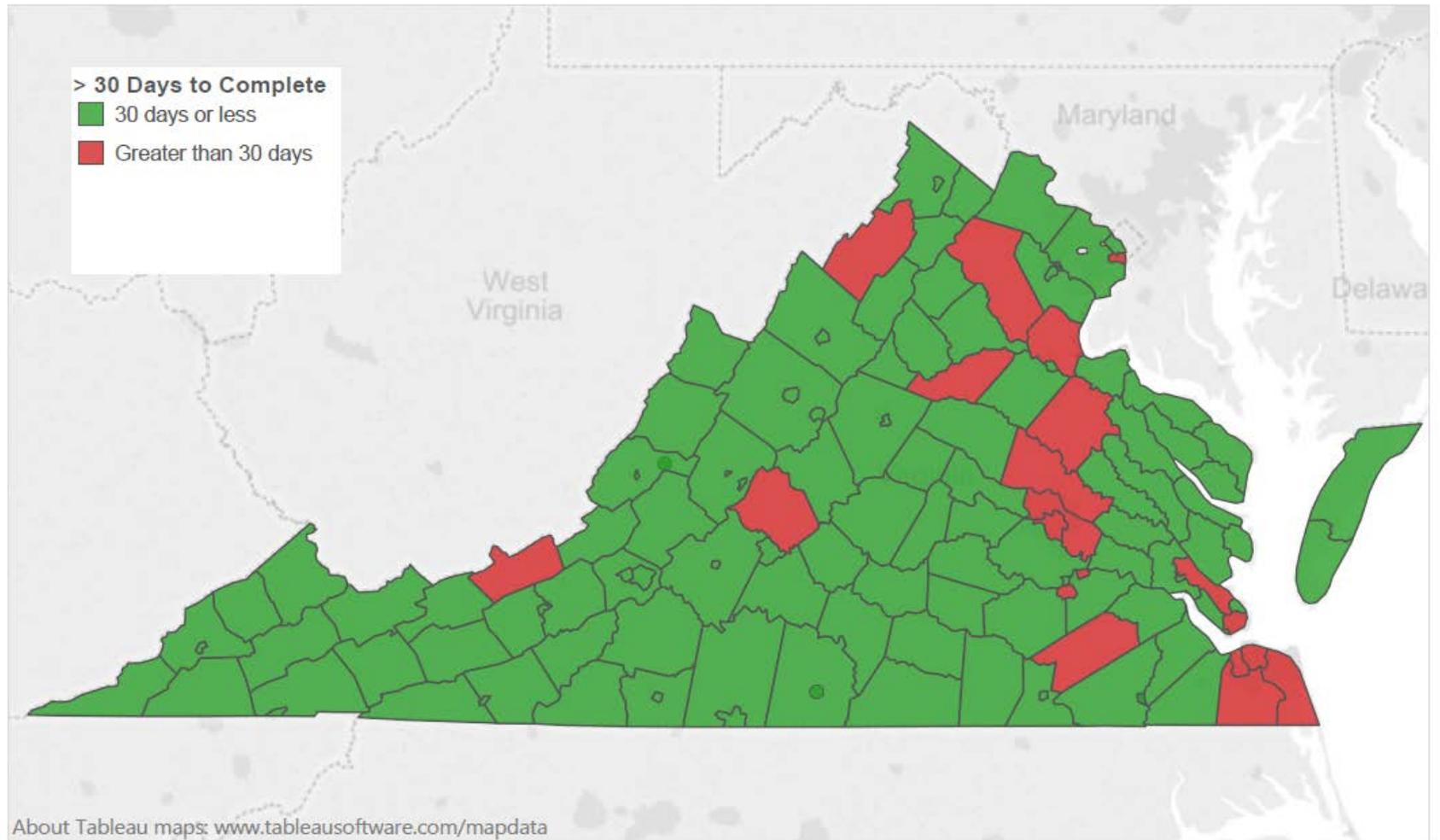
- All of Today's Presenters are ePAS Users & NOT Professional Trainers
- Each Segment is Limited to a Total of 25 Minutes (Including Q's at the end)
- Please Spend Time Reviewing the ePAS Manual & Using the Software (Our Presenters Did)
- Any Questions Not Answered Send to william.edmunds@vdh.virginia.gov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



Green/Red Dashboard

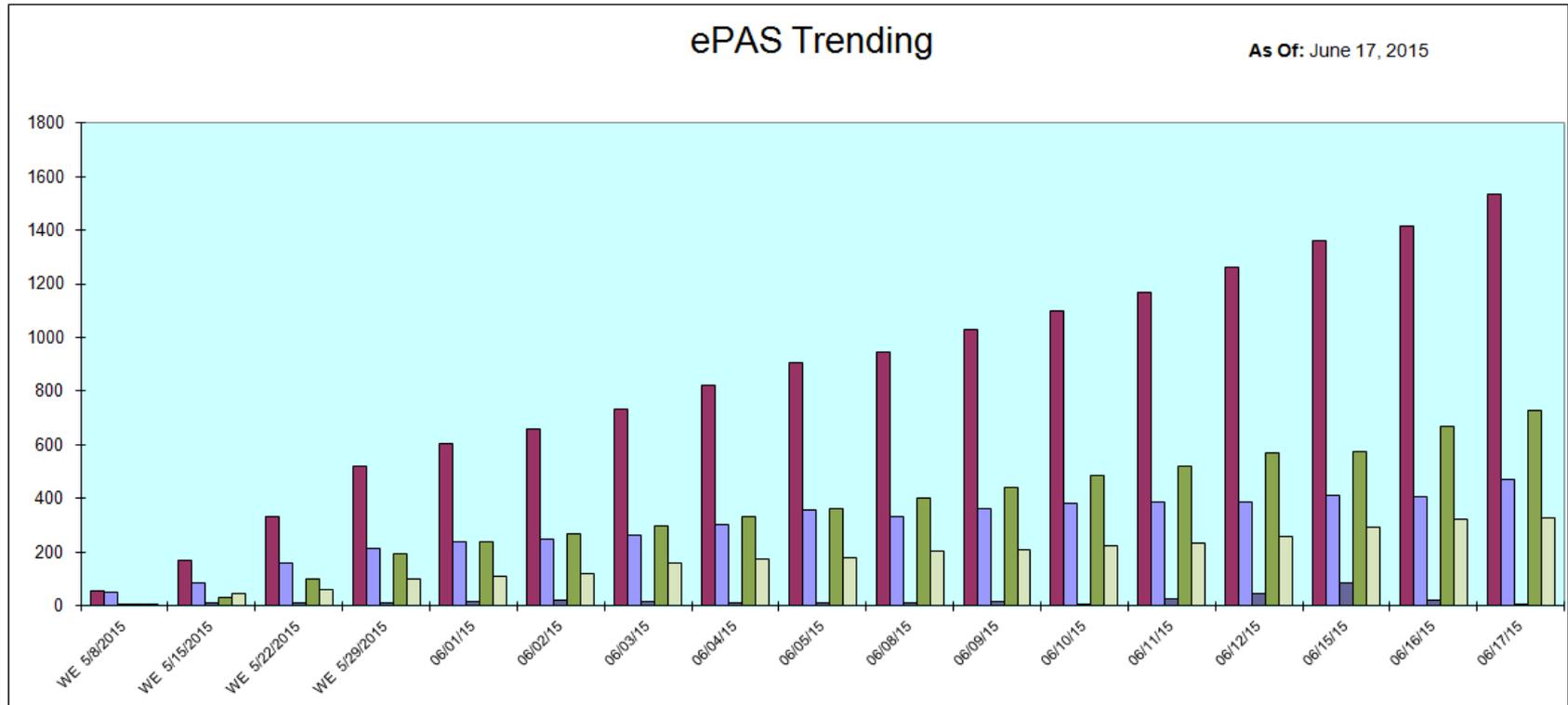
Thru 05/31/15

Preadmission Screening: All



All Jurisdictions Reporting – NO Blue

ePAS Continues to Grow!!

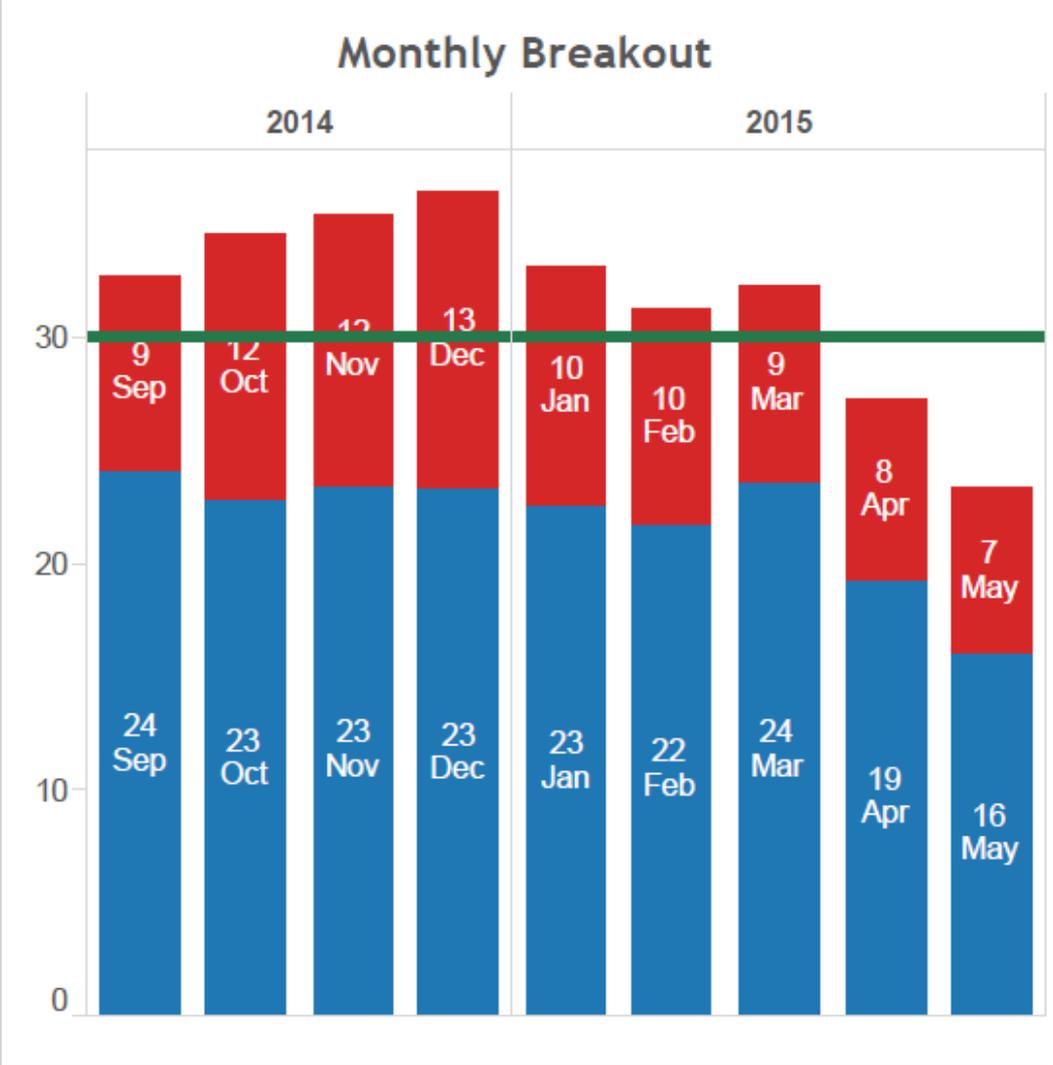


Legend:

Total Assessments	Total number of assessments in the portal
Incomplete	Total number of assessments saved and reflected as 'Incomplete'
Submitted	Total number of assessments submitted but not yet processed through the nightly MMIS batch cycle
Approved	Total number of assessments processed and reflecting 'Successfully Processed' status
Denied	Total number of assessments processed and reflecting 'Denied' status

Statewide Average

Thru 05/31/15

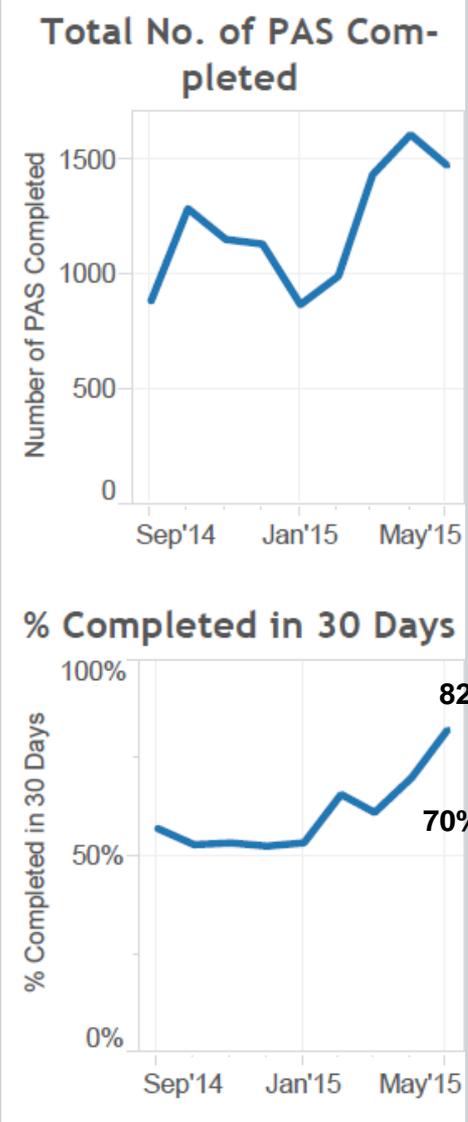


Measure Names

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

PAS Completed/% Completed 30 Days

Thru 05/31/15



ePAS – Success Factors

- Use the Product
- Find a “Power User”
- Ensure that your Physician is On-board
- LDSS
 - Make the Most of Intake
 - Set Date of Home Visit at Intake
 - Fill out UAI A Prior to Visit
 - Reset Initial Request Date - TA
- Administrative Support
- Promptly Clear up Denials

The screenshot displays the Virginia Medicaid ePAS system interface. At the top, there is a navigation bar with links for Home, Claims, Member, Service Authorizations, Payment History, ESR Incentive Program, Provider Relationship, Provider Enrollment, and SA Messages. Below this is a sub-navigation bar with links for Level of Care Review and Pre-Admission Screening. The main content area is titled "UAI A" and "Virginia Uniform Assessment Instrument Part A". It includes a link to the UAI User's Manual and a form with several date fields: Screen Date, Assessment Date, Re-Assessment Date, and Initial Request Date. Below these are sections for "Member Name & Vital Information" and "Identification/Background", each containing various text input fields for name, address, phone, and identification details. A character count shows 258 characters remaining in a text area.

ePAS - Paper UAI



Erin Callas RN, Charlottesville/Albemarle Health Dept.

PAS Checklist

Nursing Home Screening Checklist

PHN Responsibilities

The PHN will monitor the screening until it is “successfully processed” in the e-PAS system. Once “successfully processed” the PHN will take the client’s paper file with the following contents to OSS: *(please verify each item below and check off)*

- Client Assessment Reference number
- E-PAS signature sheet
- Consent to Exchange Information
- DMAS97
- Agency of Choice
- Approval / Denial Letter
- DMAS95 or 95b or 95 MR/MI/ID/RC
- Enter data in nursing home screening spreadsheet

OSS Responsibilities

OSS will login and print the “successfully processed” screening from the e-PAS system. OSS will then do the following: *(please verify each item below and check off)*

- Send one copy of the screening to the agency
- Place one copy of the screening in the client’s folder
- Create encounter in Webvision
- Enter data in nursing home screening spreadsheet
- Send approval / denial letter to the client & a copy of the documents signed by the client
- Place this checklist in the folder
- OSS will take the signature form and send it via interoffice mail to Dr. Bonds
- Once returned from Dr. Bonds, file in the client’s chart

How We Operate in ePAS

- Intake is done by LDSS and they put in pages 1 -4 (as much information as they can).
- PHN/LDSS prints out pages 1 -4 prior to home visit and take to visit. PHN/LDSS go out and use paper copy. After visit makes any corrections.
- LDSS do pages 8 – 10 & PHN do pages 4 – 7 and 11 – 12..
- PHN returns with completed UAI, ePAS signature sheet signed by PHN/LDSS which includes 96 & page 12; 97, consent form, 95 addendum/95B, Provider List and 95MI, MR if needed.
- PHN then enters information in ePAS. LDSS also enter their information in ePAS (UAI-A/UAI-B).
- Once LDSS has completed PHN completes 95, 97 and then 96.
- PHN then emails Health Director stating ePAS is completed and ready for her review/signature and submittal.
- Health Director replies to PHN's email that ePAS was submitted.
- PHN follow-up via ePAS using Tracking Summary to see if Successfully Processed. If denied, check to see why and then correct and email Health Director to re-submit.

ePAS TIDBITS:

To Get Started:

- Go into ePAS/DMAS Portal & Log-in with your Username/password: CAHD Nurses have 2, one for CITY/COUNTY.
- Once Logged in:
 - - Go to Preadmission Screening Tab
 - -Drop down to Preadmission Tracking & CLICK
 - -You will then see a list of ASSESSMENT/REF#
 - -Find ASSESSMENT/REF# assigned (DSS will send an email with the assess/ref# of client)
 - -CLICK on RECALL. This will open UAI that DSS has started.
- Always use your TAB key for each entry & to get to the next entry.
- Always keep your CAPS on.
- Some boxes are character sensitive. Theses boxes will give you the # of characters.

ePAS TIDBITS II:

- ALL * are required fields & have to be filled in, if not you cannot go to the next form(s).
- If dates for diagnoses/medical visits are estimated, this needs to be documented in the member/ medical summary.
- Enter all dates with back slashes with full - month/day/year (01/01/2015).
- Phone #, Medicare#, Medicaid# & SSN type only the numbers. Do not enter any dashes.
- The following is now required information:
 - Medical diagnoses with date of onset including - month/day/year (01/01/2015).
 - Sensory functions with date of onset & last exam including – month/day/year (01/01/2015).
 - Hospital & Facility admission dates with length of stay.
 - Physician visits including – month/day/year (01/01/2015).
- Medical diagnoses is a drop down that you can choose from. Limited to 5 only.

ePAS TIDBITS III:

- You can only enter 10 medications. Choose the ones to match active diagnoses & needs.
- Complete all the following forms in the order below before doing the DMAS-96:
 - UAI-A
 - UAI-B
 - DMAS-95 (If applicable)
 - DMAS-97
 - DMAS-96
- When completing the DMAS-96 at the bottom of the page where you see: **Forms need to be added/reviewed to complete this assessment & The assessment is ready for submission, no additional forms needed. DO NOT CLICK/CHECK ANY OF THESE BOXES.** If you check either of these boxes/circles the Health Director will be unable to submit the screening for processing.

Demo

Questions?





Virginia Beach Health Dept.

Hot Spot Use

Sherry McDonald, RN

VB Process Overview- Pre Visit

- Call received by LDSS - request for service
- Intake form completed by LDSS intake line

Personal Care/Nursing Home Screening

Date of referral: _____ Referring Agent: _____
Relationship: _____
Telephone #: _____

Customer name: _____
SSN: _____ Race: _____
DOB: _____

Customer Address: _____, Virginia Beach, VA Zip Code: _____

Phone: Home: _____ Cell: _____

Contact Person: Phone: home _____ work: _____ Relationship: _____
cell: _____

Request

Nursing Home Placement	<input type="checkbox"/>	Adult Day Care	<input type="checkbox"/>
Personal Care	<input type="checkbox"/>	Auxiliary Grant-ALF	<input type="checkbox"/>
Respite Care	<input type="checkbox"/>	EDCD waiver	<input type="checkbox"/>

Medical Coverage Medicaid number: Yes No Pending Monthly Income: _____
Medical diagnosis: _____

ADL Needs	Ambulating Help	Continence Help
Bathing <input type="checkbox"/>	Walking <input type="checkbox"/>	Bowel <input type="checkbox"/>
Dressing <input type="checkbox"/>	Cane <input type="checkbox"/>	Bladder <input type="checkbox"/>
Toileting <input type="checkbox"/>	Wheeling <input type="checkbox"/>	
Transferring <input type="checkbox"/>	Walker <input type="checkbox"/>	
Eating <input type="checkbox"/>		

Caregiver Information (required)
Name: _____ Phone Number: _____
Full Address (including zip code): _____

Emergency Contact (required)
Name: _____ Phone Number: _____
Full Address (including zip code): _____

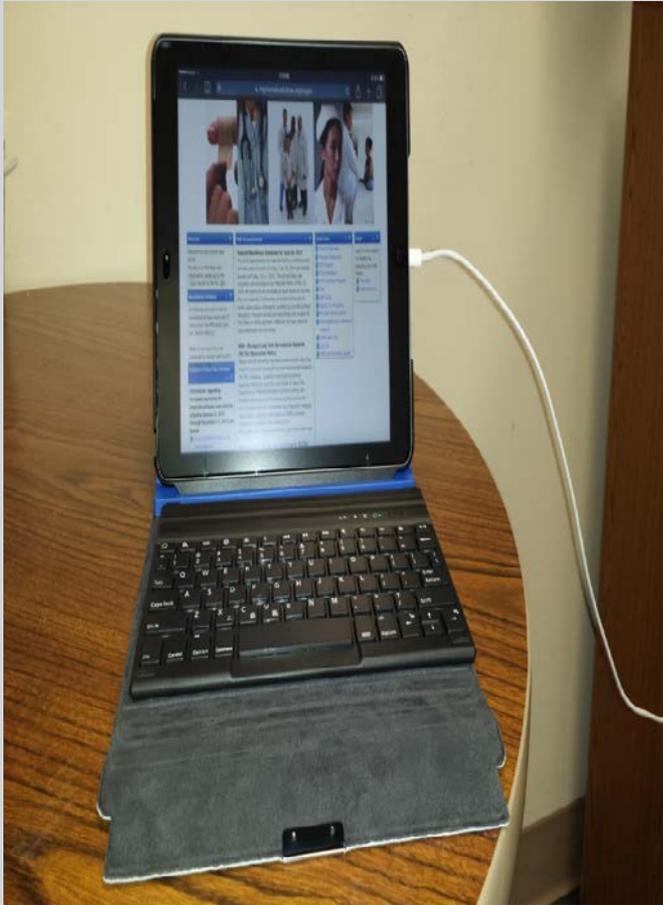
- Social Worker (SW) contacts client to schedule pre-admission screening appointment
- SW notifies Public Health Nurse (PHN) of appointment schedule
- SW and PHN conduct screening together

In the Home



- PHN brings iPad to the home (device has built in hotspot capability)
- PHN logs into ePAS and enters information as it is obtained
- During client interview with PHN, SW makes notes of overlapping information
- SW logs into ePAS and completes remaining information
- PHN collects all written notes, signature page and associated forms and brings them back to the HD

In the Home II



- PHN and SW return to the HD and enter information into ePAS if time allows
- PHN uses “AAA” as the placeholder in provider fields to move onward with completion of the UAI and DMAS 96
- Health Director removes the AAA and inputs their name before submission

Post Visit

- After completion of UAI in ePAS:
 - PHN adds the client reference number to the following: approval/denial letter, packet flow sheet, the DMAS 96, and the signature page
 - PHN sends email to Health Director, copying the supervisor and unit clerk, indicating the client reference number for the UAI that is ready for review
 - Packet flow sheet, Approval/Denial Letter, DMAS 96, and Signature form given to Supervisor for review, then to unit clerk for login and then to Health Director for signature
 - Data is entered into VBDPH's internal tracking log which tracks: date sent to the Director, date UAI entered into ePAS, date submitted to Xerox (Office Specialist (OS) documents this date)

Post Visit II

- Health Director submits for processing (if there are no questions)
- Health Director questions are sent via email to the whole screening team
- If revisions are needed, the changes are made and the reference number is rechecked, and the PHN sends an email to the Health Director
- Unit clerk checks the ePas status list twice daily (morning and afternoon)
- When the UAI has been successfully processed, the Unit Clerk makes copies following approval/denial guidelines.
- One copy of the UAI with all original forms is filed at VBPDH files
- Unit clerk sends copy of DMAS 96 to Medicaid long term care at DHS
- If client has been approved for services, a copy of the screening packet is sent to the designated agency

Demo

Questions?





Pulaski County Health Department

Susan Strong, RN PHN Senior

Amy Cavin, RN PHN, Scarlett Trueheart, OSS

Pulaski County Department of Social Services

Teresa Blankenbeckler, FSS & Marcy Wellman, FSS



The “Usual” ePAS Process in Pulaski using the Excel Template

- LDSS office handles intake of requests
- FSS contacts client to schedule appointment
- FSS starts the Excel Template, encrypts, sends it to PHN, who saves it to laptop
- PHN calls client to confirm appointment and provide an overview of what to expect
- Joint visit happens. PHN brings her laptop, FSS handles most of the other papers

After the Home Visit in Pulaski

- Team returns to LHD and “shuffles” paperwork.
- The PHN requests medical records as needed.
- PHN completes the Excel Template, uploads to Medicaid Portal, checks, saves, and emails the tracking number to the MD. The tracking number is noted on the bottom of the VDH signature sheet and in the ePAS tracking log maintained by the PHN.
- MD logs into the Medicaid Portal, reviews and signs, then emails PHN that it is done.
- PHN contacts the client with the final decision if needed.
- PHN rechecks Portal document and submits.

After ePAS Submission

- The PHN checks for status updates daily
- Corrections are made for any unsuccessfully processed cases.
- Once successfully processed, PHN prints the document, gives it to the OSS staff along with the VDH signature sheet (signed by the PHN and the FSS), the DMAS-20, the DMAS-97, the Exchange of Information, and a note of disposition

In the Hands of OSS

- The OSS sends the appropriate letter to the client, copies the document to send to providers as needed, and follows up with the MD for her signature on the VDH signature sheet.
- The OSS enters the encounter in WebVision and tracks for payment.
- The OSS maintains the filed documents.

Quirks

1. We had problems checking and submitting the uploaded screenings. This might be a system quirk that resolves. Our solution:
 - Once uploaded, go through Part A, Part B, DMAS 97, and lastly DMAS 96 – in that order. Assessment ready – SAVE – send to MD.
 - Recheck for dropped data after the MD signs.
 - Submit from the DMAS 97, not the DMAS 96.

Quirks, continued

2. With this new ePAS process, we had to develop new office processes.
 - PHN took the lead temporarily, since we had access before DSS, but FSS caught up
 - PHN and OSS are evaluating new processes
 - LHDs are working together to share successes and decide on a district wide process

Switch to Duck Case

- Excel Template
- Upload to Medicaid Portal



Demonstration Case

- Donald Duck, from a long-time family in Pulaski and a former farmer, is significantly deaf and has dementia. He recently suffered a stroke which left him daft and debilitated. His daughter, Daphne (formerly a Duck, but she married a Drake, another long-time local family) requested a screening from DSS. The screening team went out on a fresh, breezy morning in June, and the results of the screening are in the following demonstration.

Things That Work Well in Pulaski

Using the Template, completing it as much as possible before uploading it

Standardizing some parts:

- encryption
- methods of naming the template document
- regular screening days

More things that work well...

Teamwork



Flexibility



Thank you from the Public Health Team of New River Health District!



Questions?





Administrative Roles

Tracking ePAS

Kim Habel, OSS Supervisor

Central Shenandoah HD

Office Staff Duties

- Updates client registration and enters encounter
- Updates NHS spreadsheet (screen shot to follow)
- Retrieves “Assessment Reference Number” from ePAS
- Next business day, check status of UAI

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 has been approved by physician and submitted.
- 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			AdairGlenn	UAI - Part A (short)	Incomplete	Recall Delete
06/11/2015	05/28/2015	2015161002183			AdairGlenn	UAI - Part A (short)	Incomplete	Recall Delete
06/08/2015	05/21/2015	2015154001564			KimberlyOwen	UAI - Part B (long)	Incomplete	Recall Delete
06/08/2015	05/21/2015	2015154001563			KimberlyOwen	UAI - Part B (long)	Incomplete	Recall Delete
06/04/2015	05/14/2015	2015154001548			StephenRichard	UAI - Part B (long)	Successfully Processed	Recall Print
06/04/2015	05/18/2015	2015152001233			KimberlyOwen	UAI - Part B (long)	Incomplete	Recall Delete
05/21/2015	05/06/2015	2015152001239			KimberlyOwen	UAI - Part B (long)	Successfully Processed	Recall Print
05/21/2015	05/06/2015	2015147000933	975 008393 908		StephenRichard	UAI - Part B (long)	Denied	Recall Print

Showing 1 - 8 of 8

Cancel

ePAS monthly Tracking Report

- Tracking report is sent to Bill Edmunds by the 10th 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 1st and 16th of every month send report to ePAS coordinator/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.
- June 2015 (Due 07/10/15) FINAL Excel Report
- July 1, 2015 Track in ePAS

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
 - Signed DMAS-96 if physician is not approving in ePAS
 - 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

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]

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

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

Dept of Social Services:
Eligibility Responsibility:
Services Responsibility:

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!!



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