



Nursing Facility Services



Presentation to: Nursing Facility Providers

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Mission

The Georgia Department of Community Health

We will provide Georgians with access to affordable, quality health care through effective planning, purchasing and oversight.

We are dedicated to A Healthy Georgia.

Agenda

- Prior Authorization (PA) Requirements
- PA Implementation Issues for Claims
- Policy Information and Updates
- Frequently asked Questions

PA Requirement Overview

- The link between PASRR and PA of services enables:
 - The Georgia Department of Community Health to be compliant with Federal PASRR regulations, which state that an applicant should not be admitted to a Nursing Facility for long-term care until the Level I or Level II has been approved
 - Assurance that applicants can be appropriately served in a nursing facility, especially with the presence of any significant mental health or disability condition
 - DCH to track compliance with PASRR
 - DCH to substantiate the integrity of a nursing facility claim

PA Requirement Overview

- **Prior Authorization**
 - Tied to the DMA-613/Pre-Admission Screening and Resident Review process (PASRR)
- **When a Level I or Level II is approved, a number is assigned**
 - Assigned number becomes the Prior Authorization (PA) number that will be used in MMIS

PA Requirement Overview

- PASRR applies to all Medicare/Medicaid (M/M) NF admissions regardless of insurer, benefit plan, or category of aid.
- Any applicant who seeks entry into a M/M NF cannot be admitted into the facility until Pre-Admission Screening (PAS) is complete.
- Specifically, admission is not allowed into a NF until the Level I (L1) or Level II (L2) has been approved.



PA Requirement -- Claim Submission

- **Make sure the PA on the claim matches the correct Level I/Level II PA for the dates of service being billed.**
- **Note: Multiple PAs in System**
 - Use correct PA for Dates of Service
 - Once a new Level I is submitted and results in a new Level I or Level II PA, the old PA will be closed as of the day before the new PA is active



Implementation Issues

- Claims Edits/Audits

- 3001: PA/PRECERT NOT ON FILE
- 3011: DOS NOT WITHIN PA/PRECERT EFFECTIVE DATES

*Edits to be
Turned on.*

*Edits still
active*

- 3042: MEMBER ID DOES NOT MATCH PA/PRECERT MEMBER ID
- 3024: CLAIM COS DOES NOT MATCH PA/PRECERT COS

- 3058: L1 PA CAN NOT BE USED IF L2 SAME DOS

*Edit to be
eliminated*



Implementation Issues

- Problems with reliability of PASRR Requests entered through public portal
 - Keying errors that keep the PA from matching a member record and crossing over to GAMMIS
- Design errors
 - Treatment of relationship between LI and LII
 - Prioritizing importance of LII over LI

Implementation Issues

- **3001** – If a service requires prior authorization and the prior authorization is not found for the member and date of service, the error code will post.
- **3011** – If the first day of service of the claim and the effective date of the PA mismatch, the error code will post. Or, if the last day of service of the claim and the end date of the PA mismatch, the error code will post.



Implementation Issues

An important message

Just because your claims are currently paying, doesn't mean they will as of 4/1/15.



Implementation Issues

A December 2014 DCH report
revealed that

335 out of 350

Nursing Facilities had claims that
regularly hit these edits

Reconciliation of PASRR PA Edits

Ongoing Reconciliation activities:

- Statewide Focus Groups (Late 2013)
- Stakeholder Workgroup (Fall 2014 thru current)
 - Workgroup created to ensure providers had an opportunity to inform proposed policy changes
 - Workgroup comprised of representation from around the state
 - Members are from Urban/Rural areas and Large and Small Nursing Facilities and includes non-GHCA members.
 - Feedback/Outcomes



Reconciliation of PASRR PA Edits

Stakeholder Workgroup Considerations and Outcomes

- Datafix – Pros and Cons > No
- Sufficient notice
- Thorough outreach
 - Letters to Administrators
 - Banner Message
 - GHCA Newsletter
 - Conference Calls/Webinars
 - Phone calls
 - Edit Logic
 - Technical changes to the PA functioning in MMIS to accommodate changes

Reconciliation of PASRR PA Edits

Current GAMMIS Logic:

- When a new L1 comes in and the member has a previous L1, the most recent L1 already in the system is end dated as of the day before the effective of the new L1;
- When a new L2 comes in and the member has a previous L2, the most recent L2 already in the system is end dated as of the day before the effective of the new L2.



Reconciliation of PASRR PA Edits

Initial Plan – Resequence PAs into Chronological Order

- Example before Data fix:
 - L1 10/15/2006 -- 7/05/2009
 - L2 1/20/2009 – 12/31/2299
 - L1 7/6/2009 -- 12/31/2299
- Example after Data fix (did not occur):
 - L1 10/15/2009 – 1/19/2009
 - L2 1/20/2009 – 7/05/2009
 - L1 7/06/2009 – 12/31/2299
- Did not occur due to potential for claims denials in mass adjustment



Reconciliation of PASRR PA Edits

New GMMIS Logic beginning 3/1/2015:

- When a new L1 comes in, the most recent L1 **or** L2 already in the system is end dated as of the day before the effective date of the new L1 and the L1 is accepted and results in no overlapping effective dates;
- When a new L2 comes in, the most recent L1 **or** L2 already in the system is end dated as of the day before the effective date of the new L2 and the L2 is accepted and results in no overlapping effective dates.

Correction Steps prior to 3/1/2015

- Please follow these instructions in the order provided to resolve any issue you are experiencing with a Level I PA. Resolution Options for Level I PAs (Please note, due to HIPAA, you can only do this if you are the one who entered the original request for the PA):
 - 1. Login into GAMMIS through secure portal, go to Provider Workspace (under Prior Authorization tab).

Correction Steps prior to 3/1/2015

- 2. If you are missing the PA number: Search for the Level I by member name and DOB or SS#. If a Level I is found, confirm all fields are correct. Note the Level is in approved status. If all these are validated, note the PA number for claims processing.
- 3. If you have a Level I PA number, but are still getting a claims error, go to Provider Workspace and make changes to Level I to correct the Social Security number or Medicaid ID number by submitting a Change Request.



Correction Steps prior to 3/1/2015

- 5. If you find the PA number in GAMMIS and it matches the one you are using on your claim and the PA issue cannot be corrected by changing the SS# or Medicaid ID #, call 1-800-766-4456, prompt #5 and follow the Action Steps for Phone Inquiries to reach Alliant/GMCF. You may also use the Contact Us feature in the Provider Workspace.



Correction Steps prior to 3/1/2015

- If you have a Level I PA number and have validated it to be correct based on a search in the Provider Workspace, but for some reason claims with the PA number are still hitting one of the edits, call Alliant/GMCF and suggest they resubmit it to GAMMIS again. (For some reason unbeknownst to us this sometimes works!)

Correction Steps prior to 3/1/2015

- 6. If Alliant/GMCF is not able to resolve the issue, they will ask you to submit a new Level I request. ***This should only be done as a last resort.***
- Please note that Alliant/GMCF cannot enter or modify a Level I if the member information in GAMMIS is different from what is on the provider's records. A mistake of this kind requires correcting through DFCS first and ultimately in GAMMIS. Only after the corrections have been made in GAMMIS, can the provider or Alliant/GMCF enter or modify a PASRR request.



Reconciliation of PASRR PA Edits

Level II

- If you are experiencing issues with a Level II PA, please contact APS Healthcare at pasrr@apshealthcare.com
- Note: A new vendor will be in place on 7/1/15
 - Beacon Health Options
 - More details will be provided on contact information closer to launch

Reconciliation of PASRR PA Edits

- **Effective Date**
 - GAMMIS implementation **04/01/2015**
 - Previously Pay and Report claims which hit edits 3001, 3011 will DENY

Frequently asked Questions:

1) How can I be sure my PA issues have been resolved?

Response: After you have worked to correct the issues, check your remittance advice to determine if any edits continue to hit prior to 4/1/15.

2) Once edits are turned back on will DCH be recouping payment by reprocessing claims that hit these edits in the past?

Response: No there are no mass adjustments scheduled.

Frequently asked Questions:

3) Once edits are turned back on will DCH override the edits to enable claims to pay on a case-by-case basis?

Response: No

4) Will DCH turn edits back off to give providers relief?

Response: No, once these edits are turned on, DCH will not turn them off.

Frequently asked Questions:

5) Will DCH continue to have multiple active PAs for the same end date of 2299?

Response: Because we are not performing a data fix, there will be overlap in history. Beginning 3/1/15, new PAs added to the system will not allow new overlaps to be created.

6) How can I ensure in the future that my PA is generated correctly?

Response: You can submit the PASRR Request through your secure login in the Provider Workspace – even if a discharging hospital has already submitted a PASRR Request.

Frequently asked Questions:

8) Is the 4/1/15 effective date for dates of service or dates of payment?

Response: The 4/1/15 PA enforcement is tied to both date of payment and service. A claim has to be submitted on or after 4/1/15 for dates of service on or after 4/1/15 for the edits to be effective. For example, claims submitted on 4/20/15 with retroactive eligibility back to February, will not hit the edit for claims with dates of service before 4/1/15.

Frequently asked Questions:

9) Is there a specific policy that you can direct me to for when a new PASRR needs to be obtained? (See next slide for answer.)

Is a new one required when someone revokes hospice services and reverts back to traditional Medicaid. (No) Is a new one needed if a resident does not discharge to the hospital, but rather elects to hold a bed privately? (No) Is a new PASRR needed when a transfer occurs from one SNF to another? (No)

Frequently asked Questions:

- Response: A Pre-Admission Screening (PAS) is required—
 - prior to the initial entry into the nursing facility including for Individuals discharged from a hospital directly to a nursing facility.
 - for current residents who present a condition or status change as identified by the MDS 3.0 A1500.
 - for re-entry of a resident that has a “break in service” due to discharge of resident out of the system to home and then seeks to return to a nursing facility.
- Please see the Nursing Facility Services Part II Policy Manual, specifically Section 801 and Appendix H, but not limited to, for PASRR-related policies.
- Also, a flow chart titled “Referral for PASRR Level Algorithm Final” available at www.dch.georgia.gov/long-term-care may be helpful.
Note: this is not a DCH publication



Frequently asked Questions:

10)The directions provided by DCH for submitting changes for data entry errors (i.e., date of birth or social security number) don't work unless we were the provider who initiated the original PASRR. Will we eventually be able to do this?

Response: You are correct. Changes can be made in the provider workspace only if the corrections are made by the one who submitted the request. This is a necessary limitation of the system to comply with HIPAA protocol. Otherwise, Alliant GMCF must be contacted to make the changes for you.

Frequently asked Questions:

11) You stated that a NF can submit a new Level I request before admission even if the referring hospital has already gotten an approval number. Would the facility then receive an approval number for that resident that is different from the original one the hospital received?

Response: If you choose to do that, yes the number would be different. DCH could establish policy requiring nursing facilities to make the request and relieving discharging hospitals of completing the PASRR request, but with 2/3 of nursing facilities who participated in focus groups saying they would not support that shift, we didn't feel it would be right to force it. So we are left with needing to allow for both. NFs' time may be better spent to review the hospital generated LI in the provider workspace just to make sure all fields are correct as soon as possible; and if a discrepancy is found, to contact Alliant GMCF to fix it.

Frequently asked Questions:

12) Are you suggesting that completing a Level I before admission using our provider number should become a routine practice for my nursing home even if our particular referring hospitals always complete the Level I before sending us the referral?

Response: This is a business decision for your Nursing Facility. DCH highly recommends it if you regularly encounter claims issues with the PA generated from the discharging hospital's requests.

Frequently asked Questions:

13) My issues with billing and being paid usually occur when we have admitted the patient with a Level I and then we become aware of symptoms of the mental health diagnosis we were not aware initially. We then have to complete a new Level I request including the existing mental health diagnosis, which results in a Level II, in order for the resident to receive the appropriate PASRR authorized specialized services. Will this procedure continue to be the only way to acquire the PASRR services for the resident?

Yes, the specialized services are tied to the Level II approval, so that is really the only procedure to get the services.

Contact

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