

Preadmission Screening and Resident Review (PASRR)

LA Workflow

Messages and Detailed Instructions

The PASRR Redesign Project includes LA Workflow messages to assist LAs in managing PASRR Evaluation completion service authorization requests using the Long Term Care (LTC) Online Portal. The messages and detailed instructions in this document are intended to provide the LA with a better understanding of how to handle PASRR Transactions in the LA Workflow. This information is included in the Long Term Care Local Authorities Preadmission Screening and Resident Review (PASRR) Workshop User Guide.

General Instructions:

1. Review the Date of MI or IDD Assessment to ensure it is correct.
2. Review the individual's identifying information (First and Last Name, Medicaid No., Social Security No., Medicare No. and Birth Date) to ensure it is correct. Note: The Medicaid No. field on the PE is used to capture the unique identifier for the individual that is assigned by HHSC. These unique identifiers are assigned whether or not the individual has Medicaid eligibility.
3. Review the contract to determine if it is in effect on the Date of MI or IDD Assessment and authorizes the type of service submitted (MI or IDD PE Completion).
4. If the steps above do not identify the source of the error, continue on to the Specific Instructions section for the most recent Provider Message displayed in the History section of the Authorization tab for the IDD or MI PE Completion transaction containing the error. Use the Suggested Actions below to identify and resolve the error.

Specific Instructions

Provider Message (Displayed in History)	Form/Transaction	Suggested Action
<p>PS-0001: This authorization request cannot be processed because the submitted Medicaid No., Social Security No., or Medicare No. matches a different individual. Update the form or contact HHSC for assistance in determining the correct identifying information for this individual.</p>	<p>PE Completion</p>	<p>The individual's identifying information on the PE does not match the identifying information on file.</p> <ul style="list-style-type: none"> • If a Medicaid No. was submitted, it does not match the Last Name on file. Update the information as needed and resubmit. • If a Medicaid No. was not submitted but a Social Security No. was, the Social Security No. does not match the Last Name on file. Update the information as needed and resubmit. • If no Medicaid No. or Social Security No. was submitted, the Medicare No. submitted does not match the Last Name on file. Update the information as needed resubmit. • If the information submitted on the PE is correct for the applicable scenario above, contact HHSC at 211 to verify that the identifying information on PE matches the information on file at HHSC for this individual. <ul style="list-style-type: none"> – If the identifying information on the PE is incorrect, update it as needed and resubmit. – If the identifying information on file at HHSC is incorrect, contact the individual or their Legally Authorized Representative (LAR) and ask them to contact HHSC to request that the error be corrected in the system. Resubmit the PE after the individual or LAR has confirmed that the information has been corrected by HHSC.

Provider Message (Displayed in History)	Form/Transaction	Suggested Action
<p>PS-0002: This authorization request cannot be processed because the submitted Medicaid No. matches a different individual. Update the form or contact HHSC for assistance in determining the correct identifying information for this individual.</p>	<p>PE Completion</p>	<p>The individual’s identifying information on the PE does not match the identifying information on file for the submitted Medicaid No.</p> <ul style="list-style-type: none"> • If the Medicaid No. submitted does not match the First and Last Name on file, update the information as needed and resubmit. • If the Medicaid No. submitted matches the First and Last Name on file, but the Social Security No. submitted does not match the Social Security No. on file, update the information as needed and resubmit. • If the Medicaid No. submitted matches the First and Last Name on file, but the Medicare No. submitted does not match the Medicare No. on file, update the information as needed and resubmit. • If the Medicaid No. submitted matches the First and Last Name, and the Birth Date submitted does not match the Birth Date on file, update the information as needed and resubmit. • If the above information is all correct on the PE, contact HHSC at 211 to verify that the identifying information on PE matches the information on file at HHSC for this individual. <ul style="list-style-type: none"> – If the identifying information on the PE is incorrect, update it as needed and resubmit. – If the identifying information on file at HHSC is incorrect, contact the individual or their Legally Authorized Representative (LAR) and ask them to contact HHSC to request that the error be corrected in the system. Resubmit the PE after the individual or LAR has confirmed that the information has been corrected by HHSC.
<p>PS-0003: This authorization request cannot be processed because the submitted Social Security No. matches a different individual. Update the form or contact HHSC for assistance in determining the correct identifying information for this individual.</p>	<p>PE Completion</p>	<p>A Medicaid No. was not submitted and the individual’s Social Security No. on the PE matches more than one individual on file.</p> <ul style="list-style-type: none"> • If the Social Security No., First Name and/or Last Name are incorrect on the PE, update the information as needed and resubmit. • If the Social Security No., First Name and Last Name are correct on the PE, contact HHSC at 211 to verify that the identifying information on PE matches the information on file at HHSC for this individual. <ul style="list-style-type: none"> – If the identifying information on the PE is incorrect, update it as needed and resubmit. – If the identifying information on file at HHSC is incorrect, contact the individual or their Legally Authorized Representative (LAR) and ask them to contact HHSC to request that the error be corrected in the system. Resubmit the PE after the individual or LAR has confirmed that the information has been corrected by HHSC.

Provider Message (Displayed in History)	Form/Transaction	Suggested Action
<p>PS-0004: This authorization request cannot be processed because the submitted Medicare No. and Birth Date match a different individual. Update the form or contact HHSC for assistance in determining the correct identifying information for this individual.</p>	<p>PE Completion</p>	<p>A Medicaid No. or Social Security No. was not submitted and the individual’s Medicare No. on the PE matches more than one individual on file.</p> <ul style="list-style-type: none"> • If the Birth Date, Medicare No., First Name and/or Last Name are incorrect on the PE, update the information as needed and resubmit. • If the Birth Date, Medicare No., First Name and Last Name are correct on the PE, contact HHSC at 211 to verify that the identifying information on PE matches the information on file at HHSC for this individual. <ul style="list-style-type: none"> – If the identifying information on the PE is incorrect, update it as needed and resubmit. – If the identifying information on file at HHSC is incorrect, contact the individual or their Legally Authorized Representative (LAR) and ask them to contact HHSC to request that the error be corrected in the system. Resubmit the PE after the individual or LAR has confirmed that the information has been corrected by HHSC.
<p>PS-0005: This authorization request cannot be processed because the submitted Medicaid No. cannot be found. Update the form or contact HHSC for assistance in determining the correct identifying information for this individual.</p>	<p>PE Completion</p>	<p>The individual’s Medicaid No. on the PE is not on file.</p> <ul style="list-style-type: none"> • If the Medicaid No. is incorrect on the PE, update it and resubmit. • If the Medicaid No. is correct on the PE, contact HHSC at 211 to verify that the Medicaid No. on PE matches the Medicaid No. on file at HHSC for this individual. <ul style="list-style-type: none"> – If the identifying information on the PE is incorrect, update it as needed and resubmit. – If the identifying information on file at HHSC is incorrect, contact the individual or their Legally Authorized Representative (LAR) and ask them to contact HHSC to request that the error be corrected in the system. Resubmit the PE after the individual or LAR has confirmed that the information has been corrected by HHSC.

Provider Message (Displayed in History)	Form/Transaction	Suggested Action
PS-0006: This authorization request cannot be processed because a Medicaid No. cannot be identified by HHSC. Update the form or contact HHSC for assistance in determining the correct the identifying information for this individual.	PE Completion	<p>A Medicaid No. was not submitted and the individual's identifying information on the PE is not on file.</p> <ul style="list-style-type: none"> • If a Social Security No. was submitted: <ul style="list-style-type: none"> – There are multiple records on file for the Social Security No., First Name and Last Name submitted on the PE, but none match the Birth Date submitted. – If the Social Security No., Name and/or Birth Date on the PE are incorrect, update the information as needed and resubmit. • If a Medicare No. was submitted: <ul style="list-style-type: none"> – There are multiple records on file for the Medicare No., First Name, Last Name and Birth Date submitted on the PE. – If the Medicare No., Name and/or Birth Date on the PE are incorrect, update the information as needed and resubmit. • If the identifying information on the PE is correct, contact HHSC at 211 to verify that the identifying information on PE matches the information on file at HHSC for this individual. <ul style="list-style-type: none"> – If the identifying information on the PE is incorrect, update it as needed and resubmit. – If the identifying information on file at HHSC is incorrect, contact the individual or their Legally Authorized Representative (LAR) and ask them to contact HHSC to request that the error be corrected in the system. Resubmit the PE after the individual or LAR has confirmed that the information has been corrected by HHSC.
PS-1000: This authorization request cannot be processed because another LA has a PE Completion authorization for this individual and requested date. Contact State staff for assistance, if needed.	PE Completion	<p>There is already a Service Authorization on file for the individual, date and service, for a different provider.</p> <ul style="list-style-type: none"> • If the Date of MI or IDD Assessment on the PE is incorrect, update it and resubmit. • If the date is correct on the PE, contact DADS Provider Claims Services at 512-438-2200, Option 1, for assistance.
PS-1002: This authorization request modification cannot be processed because the individual's identifying information has been changed on the Portal since the authorization was created at DADS.	PE Completion Modification	<p>Modification of the individual's Medicaid No., Social Security No., Medicare No., Birth Date and/or Name is not allowed now that a Service Authorization has been created at DADS. Contact DADS Provider Claims Services at 512-438-2200, Option 1, for assistance.</p>
PS-1004: This authorization request modification cannot be processed because another LA has a PE Completion authorization for this individual and requested date. Contact State staff for assistance, if needed.	PE Completion Modification	<p>There is already a Service Authorization on file for the individual, requested date and service, for a different provider.</p> <ul style="list-style-type: none"> • If the requested Date of MI or IDD Assessment (for MI or IDD PE Completion) on the PE is incorrect, update it and resubmit. • If the date is correct on the PE, contact DADS Provider Claims Services at 512-438-2200, Option 1, for assistance.

Provider Message (Displayed in History)	Form/Transaction	Suggested Action
<p>PS-1005: This authorization request cannot be processed because the submitted Contract No. is not valid as of the Date of Assessment. Update the form or resubmit the transaction when the service becomes effective.</p>	<p>PE Completion, or PE Completion Modification</p>	<p>The provider’s contract is either not in effect as of the Date of MI or IDD Assessment, or the provider is not authorized to perform that service.</p> <ul style="list-style-type: none"> • Review the contract to determine if the service submitted is authorized for the requested date. <ul style="list-style-type: none"> – If the Date of MI or IDD Assessment on the PE is incorrect, update it and resubmit. – If the contract (or service) is not yet in effect, resubmit the rejected transaction once the service is effective in the system. • If the date and service are correct on the PE and covered by the contract, contact DADS Provider Claims Services at 512-438-2200, Option 1, for assistance.
<p>PS-1006: This authorization request cannot be processed because more than one transaction was submitted on the same day, with the same Date of Assessment, for the same service.</p>	<p>PE Completion, or PE Completion Modification</p>	<p>Two transactions for the same individual, provider, effective date and service attempted to process at DADS on the same day.</p> <ul style="list-style-type: none"> • Validate the effective date on the transactions submitted. • If the effective date is incorrect on one transaction, update the PE and resubmit. In addition, resubmit the other rejected transaction so that both will process. • If one of the transactions was submitted in error, resubmit the needed transaction only.
<p>PS-2000: This authorization request cannot be processed because the submitted Contract No. is not valid as of the Date of Assessment. Update the form or resubmit the transaction when the service becomes effective.</p>	<p>PE Completion, or PE Completion Modification</p>	<p>The provider’s contract is either not in effect as of the Date of MI or IDD Assessment, or the provider is not authorized to perform that service.</p> <ul style="list-style-type: none"> • Review the contract to determine if the service submitted is authorized for the requested date. <ul style="list-style-type: none"> ○ If the Date of MI or IDD Assessment on the PE is incorrect, update it and resubmit. ○ If the contract (or service) is not yet in effect, resubmit the rejected transaction once the service is effective in the system. • If the date and service are correct on the PE and covered by the contract, contact DADS Provider Claims Services at 512-438-2200, Option 1, for assistance.