



## PAR Submission Process and Instructions

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Purpose: PAR Submission Process, to define responsibilities and processing requirements

Date: April 12, 2004; Revised 8-12-04, **Revised 2-14-05**

Effective: Immediately

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Routing and responsibilities related to PAR processing shall occur as described below:

Responsible	Process
SEP	<ul style="list-style-type: none"> <li>• Complete ULTC 100.2.</li> <li>• If LTC is appropriate, SEP issues a start and end date and generates a confirmation number on page 11.</li> <li>• SEP sends the completed ULTC 100.2 to the receiving Nursing Facility (NF)</li> </ul>
NF	<ul style="list-style-type: none"> <li>• Upon resident's admission, NF reviews page 11 and verifies accuracy of the Provider Number and Start Date. If the Provider Number is incorrect, the NF can correct it and notify the SEP. If the Start Date appears to be incorrect, the NF should contact the SEP for a corrected Start Date. <b>The Start Date cannot be modified by the NF.</b></li> <li>• NF completes 5615 and forwards <b>both 5615 and page 11</b> to the County Medicaid office for approval.</li> </ul>
County Medicaid Office	<ul style="list-style-type: none"> <li>• County receives and processes the 5615 and a copy of page 11 (which constitute a PAR) and assigns an effective date.</li> <li>• Medicaid Office signs, dates, enter phone number and returns 5615 to the NF.</li> </ul>
NF	<ul style="list-style-type: none"> <li>• NF receives the PAR.</li> <li>• NF must confirm that the following information on the 5615 and page 11 are accurate before submitting the PAR to DDM:               <ul style="list-style-type: none"> <li>✓ Provider Number</li> <li>✓ Start Date</li> <li>✓ End Date</li> <li>✓ State ID</li> <li>✓ Admit Date</li> <li>✓ Demographics (i.e., Birth Date, Social Security, First/Last Name)</li> <li>✓ 5615 is signed and dated by the Medicaid County Office</li> </ul> </li> </ul> <p>Any inconsistencies will result in payment delays.</p> <ul style="list-style-type: none"> <li>• NF submits PAR to DDM (5615 and page 11 constitutes a PAR).</li> </ul>



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DDM	<ul style="list-style-type: none"> <li>• DDM verifies data is complete (no omissions) and accurate (data on 5615 and page 11 match). While <b>dates may not match</b>, all demographic and other client information <b>must be consistent</b> between both documents.               <ul style="list-style-type: none"> <li>✓ Errors or omissions result in a facsimile to the provider that the PAR cannot be processed and a corrected/completed 5615 and page 11 must be resubmitted together to DDM.</li> </ul> </li> <li>• DDM enters (correct/complete) PAR data into database within 10 business days from receipt.</li> <li>• DDM batches data to ACS daily.</li> <li>• DDM sends confirmation of data entry to NF (via <i>Certification Page</i>) by facsimile.</li> </ul>
NF	<ul style="list-style-type: none"> <li>• NF reviews <i>Certification Page</i>. Any errors must be noted directly on <i>Certification Page</i>, and that page should be faxed back to DDM for correction.</li> <li>• Once the facility has received a correct <i>Certification Page</i> from DDM, after 10 business days the PAR should be in the ACS MMIS system and claims submitted by the provider should be paid.</li> </ul>
ACS	<ul style="list-style-type: none"> <li>• ACS receives and processes electronically batched PAR(s).               <ul style="list-style-type: none"> <li>✓ Errors or omissions, such as data inconsistencies (e.g., name, birth date, etc.) will affect processing and payment of the PAR.</li> <li>✓ ACS issues notification of payment decision through the <i>Provider Claims Report</i>. (If claim is denied payment –AND– the PAR was correctly submitted, contact must be made with ACS. DDM cannot assist with payment issues).</li> </ul> </li> </ul>