

## Job Aid: Extend a Pre-admission Screening Request

This job aid describes how to extend a pre-admission screening (PAS) request using the MassHealth Provider Online Service Center (POSC). The extension of a PAS authorization (or Continued Stay Request) applies only to chronic disease and rehabilitation hospital (CDRH) stays.



1. Click the **Login** button on the POSC landing page.

2. In the **Provider Login** panel, enter your username and password. Click **Submit**.

Health and Hu	man Services	Mass. Gov
January 16, 2015	HOME CONSUMERS PROVIDERS RESEARCHERS GOVERN	1ENT
← <u>Collapse Services</u> →	Mass.Gov Home State Ag	encies
<ul> <li>Provider Services</li> <li>Home</li> <li>Manage Service Authorizations</li> <li>Pharmacy Prior Authorization</li> <li>Manage Correspondence and Reporting</li> <li>Manage Members</li> <li>Manage Claims and Payments</li> <li>Manage Provider Information</li> <li>Administer Account</li> <li>Reference Publications</li> <li>Set-up Security Access</li> <li>EHR Incentive Program</li> </ul>	Provider Login Portlet  Provider Login  Enter your Username and password, and click "Submit" to access services.  Username * Password *  Cancel Service  Submit	
		Information and Analysis
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3. Click on Manage Service Authorizations on the left section of the page.



4. Click on Inquire/Maintain PAS Request.



5. Enter the PAS number in the PAS field of the **PAS Search** panel.

Health and H	uman Services		Mass. gov
lay 25, 2016	HOME CONSUMERS PRO	OVIDERS RESEARCHERS GOVERNMEN	Logout
Collapse Services	Welcome spauldingrehab	Mass.Gov Home State Agenc	ies
Provider Services	MassHealth Provider Online Ser	vice Center	?
	PAS Search		
		OR	
	Facility		×
	Member ID	]	
	Status	•	
	Requesting Provider	Q×	
	Admission Date	0	Primary Diagnosis

6. Scroll to the bottom of the screen and click the **Search** button on the right.

Facility	I			
Admission Date		)	Primary Diagnosis	
Effective Date From			Effective Date To	
Clear			$\sim$	Search
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7. Click the desired PAS number in the left column of the **PAS Search Results** panel.

I	PAS Search	Results				
0	Click on the PAS	S# link to view the PAS Details.				
	PAS#	Facility	Member ID	Member Name	Admission Date	Effective Date From
<	<u>5161)</u>	HOSPITAL - BOSTON			12/23/2015	02/12/2016
	<u>5160</u> " _	HOSPITAL - BOSTON	in main	L	12/23/2015	01/07/2016
	<u>S160</u>	HOSPITAL - BOSTON		( <sup>-</sup> **".	12/23/2015	02/23/2016
	<u>S160</u>	HOSPITAL - BOSTON		-n -	12/23/2015	03/16/2016
	<u>S160</u>	HOSPITAL - BOSTON		· · ···	12/23/2015	01/07/2016
	<u>S16L</u>	HOSPITAL - BOSTON			12/23/2015	02/23/2016
	Close					

8. When the **Base Information** panel appears, click on the **Line Items** tab.

Health and Hun				Mass. Gov
ay 25, 2016	HOME CONSUMERS PRO	DVIDERS RESE	ARCHERS	T Logou
Collapse Services	Welcome 10 2 1 1	Mass.G	ov Home State Agend	cies State Online Service
Provider Services	Inquire/Maintain PAS Request	-		[
Home	PAS Information	Line Items	Extensions Atta	achments
Manage Service Authorizations	Base Information			
Pharmacy Prior Authorization Manage Correspondence and	PAS#	S16(	PAS Assignment	CHRONIC DISEASE/REHAB
Reporting Manage Members	Requesting NPI			
Manage Claims and Payments Manage Provider Information	Requesting Name		HOSPITAL - BOSTON	
Administer Account Reference Publications	Contact Name	C	<b>b</b>	
EHR Incentive Program	Contact Phone		Contact Fax	
News & Updates Related Links	Facility		HOCOTAL BOCTON	
	Facility NPI		HOSPITAL - BOSTON	
	Facility Contact Name			
		/a	Facility Contact Fac	
	Facility Contact Phone		Facility Contact Fax	
	Attending Physician			
	Attending NPI			
	Attention			
	Phone Number			
	Member ID		Patient Account #	
	Member Name			
	Date of Birth	· · · · · · · · · · · · · · · · · · ·	Gender	Male
	Accident Indicator	No	Accident Type	
	Admission Date	12/23/2015	Accident Date	
	Discharge Date		Length of Stay	124
			Delegte d Christian	
	Conversion Date		Rejected Claim ICN	

- 9. Click on the correct line item that you wish to extend.
  - **Note:** The "active" line item should be the line item with a current authorization end date. In the example below, the F line has the most current end date.

lay 25, 2016	HOME	CONSUMERS PROV	IDERS RESEARCHER	GOVERNMEN	ar 👘	Logo
Collapse Services	Welcome		Mass.Gov Home	e • State Agen	cies > State (	Online Servi
Provider Services	and the second s	laintain PAS Request		_		
Home	PAS	S Information L	ine Items Exten	sions Atta	achments	
Manage Service Authorizations Pharmacy Prior Authorization	List of Li	ne Items				
Manage Correspondence and Reporting Manage Members Manage Claims and Payments	Line		Authorized Care Level	Reg. Eff Date / Reg. End Date	Auth. Eff Date / Auth. End Date	Status
Manage Provider Information Administer Account Reference Publications EHR Incentive Program	۵	CHRONIC/REHAB - HOSPITAL LEVEL OF CARE		01/07/2016 - 02/12/2016		DENIED
News & Updates Related Links	B	CHRONIC/REHAB - ADMIN DAY LEVEL OF CARE	CHRONIC/REHAB - ADMIN DAY LEVEL OF CARE	01/07/2016 - 02/12/2016	01/07/2016 - 02/12/2016	APPROVE
	2	CHRONIC/REHAB - HOSPITAL LEVEL OF CARE	CHRONIC/REHAB - HOSPITAL LEVEL OF CARE	02/12/2016 - 02/22/2016	02/12/2016 - 02/22/2016	APPROVE
	٩	CHRONIC/REHAB - HOSPITAL LEVEL OF CARE		02/23/2016 - 03/01/2016	-	DENIED
	£	CHRONIC/REHAB - ADMIN DAY LEVEL OF CARE	CHRONIC/REHAB - ADMIN DAY LEVEL OF CARE	02/23/2016 - 03/04/2016	02/23/2016 - 03/14/2016	APPROVE
	E	CHRONIC/REHAB - ADMIN DAY LEVEL OF CARE	CHRONIC/REHAB - ADMIN DAY LEVEL OF CARE	03/16/2016 - 03/28/2016	03/16/2016 - 04/25/2016	APPROVE
						New Item
	Class	teturn to Search Result	1			

10. Once you have selected the specific line item, an arrow will appear to the left of the line item. This indicates where the line-item extension will be added.

st o	of Line	e Items				
	<u>Line</u> Item	Requested Care Level	Authorized Care Level	<u>Req. Eff Date /</u> <u>Req. End Date</u>	Auth. Eff Date / Auth. End Date	Status
	A	CHRONIC/REHAB - HOSPITAL LEVEL OF CARE		01/07/2016 - 02/12/2016	-	DENIED
	B	CHRONIC/REHAB - ADMIN DAY LEVEL OF CARE	CHRONIC/REHAB - ADMIN DAY LEVEL OF CARE	01/07/2016 - 02/12/2016	01/07/2016 - 02/12/2016	APPROV
	<u>C</u>	CHRONIC/REHAB - HOSPITAL LEVEL OF CARE	CHRONIC/REHAB - HOSPITAL LEVEL OF CARE	02/12/2016 - 02/22/2016	02/12/2016 - 02/22/2016	APPRON
1	D	CHRONIC/REHAB - HOSPITAL LEVEL OF CARE		02/23/2016 - 03/01/2016	-	DENIED
	E	CHRONIC/REHAB - ADMIN DAY LEVEL OF CARE	CHRONIC/REHAB - ADMIN DAY LEVEL OF CARE	02/23/2016 - 03/04/2016	02/23/2016 - 03/14/2016	APPROV
	E	CHRONIC/REHAB - ADMIN DAY LEVEL OF CARE	CHRONIC/REHAB - ADMIN DAY LEVEL OF CARE	03/16/2016 - 03/28/2016	03/16/2016 - 04/25/2016	APPRO

11. Once the correct line item has been selected, click the **Extensions** tab at the top of the page.

ist	of Lin	e Items				
	<u>Line</u> Item	Requested Care Level	Authorized Care Level	Reg. Eff Date / Reg. End Date	Auth. Eff Date / Auth. End Date	Status
	A	CHRONIC/REHAB - HOSPITAL LEVEL OF CARE		01/07/2016 - 02/12/2016	-	DENIED
	B	CHRONIC/REHAB - ADMIN DAY LEVEL OF CARE	CHRONIC/REHAB - ADMIN DAY LEVEL OF CARE	01/07/2016 - 02/12/2016	01/07/2016 - 02/12/2016	APPROVE
	<u>c</u>	CHRONIC/REHAB - HOSPITAL LEVEL OF CARE	CHRONIC/REHAB - HOSPITAL LEVEL OF CARE	02/12/2016 - 02/22/2016	02/12/2016 - 02/22/2016	APPROVE
	D	CHRONIC/REHAB - HOSPITAL LEVEL OF CARE		02/23/2016 - 03/01/2016	-	DENIED
	E	CHRONIC/REHAB - ADMIN DAY LEVEL OF CARE	CHRONIC/REHAB - ADMIN DAY LEVEL OF CARE	02/23/2016 - 03/04/2016	02/23/2016 - 03/14/2016	APPROVE
•	E	CHRONIC/REHAB - ADMIN DAY LEVEL OF CARE	CHRONIC/REHAB - ADMIN DAY LEVEL OF CARE	03/16/2016 - 03/28/2016	03/16/2016 - 04/25/2016	APPROVE

12. A panel will open at the bottom of the page with a complete list of extensions for the selected line item. Click the **New Item** button in the bottom right corner.

y 25, 2016	н	OME C	ONSUMERS PRO	VIDERS RESEARCHERS GOVE	RNMENT	Log
Collapse Services	Welco	me	·	Mass.Gov Home State	e Agencies + Sta	te Online Se
Provider Services	> Ing	uire/Main	tain PAS Request			
Home		PAS In	formation	Line Items Extensions	Attachments	
Manage Service Authorizations     Manage Service Authorization     Pharmacy Prior Authorization     Manage Correspondence and     Reporting     Manage Members	List	of Line	Items			
			Item	Status		
		A		DENED		
Manage Claims and Payments		в		APPROVED		
Manage Provider Information Administer Account		c		APPROVED		
Reference Publications EHR Incentive Program News & Updates Related Links		D		DENIED		
		E		APPROVED		
	->	E		APPROVED		
		-				
	Lis	t of Ext	ensions			
		Ext #	Date Received	Reg. Eff Date / Reg. End Date	Req. Days	Status
		00	03/16/2016	03/16/2016 - 03/28/2016	12	APPROVED
		01	03/28/2016	03/28/2016 - 04/04/2016	7	APPROVED
		02	04/04/2016	04/04/2016 - 04/11/2016	7	APPROVED
		03	04/14/2016	04/15/2016 - 04/25/2016	10	APPROVED
					(	New Item

- 13. When you click the New Item button, a new Extension Detail panel will open. Click the dropdown menu for Requested Admission Type. Choose either Medical or Rehab. The Requested Effective Date is auto populated with the end date of the previous approval date. (If the submission is late, you must notify MassHealth at (800) 554-5127.) Enter the number of additional days being requested for authorization in the Requested Days field.
  - Note: There are several yes/no fields that have been added to the Extension Detail panel that must be answered: Ventilator Dependent, TPN, Behavioral Health, Tracheotomy, SUD, TBI/ABI, and NIPPV. Not all are included in this screenshot but will be clearly visible when the provider fills out the required fields in the Extension Detail panel.

List of Extensions          Ext #       Date Received       Req. Eff Date / Req. End Date       Req. Days       Status         00       03/16/2016       03/16/2016       12       APPROVED         01       03/28/2016       03/28/2016       12       APPROVED         02       04/04/2016       04/04/2016       7       APPROVED         02       04/04/2016       04/04/2016       7       APPROVED         03       04/14/2016       04/04/2016       10       APPROVED         03       04/14/2016       04/15/2016       10       APPROVED         03       04/14/2016       04/15/2016       04/25/2016       10       APPROVED         Ext #       04         Status       N       PROCESS         Requested Admission Type       Traumatic Brain Injun         Ventilator Depender       Traumatic Brain Injun       Traumatic Brain Injun		E		APPROVED		
Ext #         Date Received         Req. Eff Date / Req. End Date         Req. Days         Status           90         03/16/2016         03/16/2016         03/28/2016         12         APPROVED           91         03/28/2016         03/28/2016         03/28/2016         7         APPROVED           92         04/04/2016         04/04/2016         04/04/2016         7         APPROVED           93         04/14/2016         04/04/2016         04/11/2016         10         APPROVED           93         04/14/2016         04/15/2016         04/25/2016         10         APPROVED           Itemsion Detail   Ext #           04         Status         N PROCESS   Requested Admission Type           Requested Effective Date         04/25/2016         Requested Date         Traumatic Brain Injun         Image: Cancel Item	→	E		APPROVED		
Ext #         Date Received         Req. Eff Date / Req. End Date         Req. Days         Status           90         03/16/2016         03/16/2016         03/28/2016         12         APPROVED           91         03/28/2016         03/28/2016         03/28/2016         7         APPROVED           92         04/04/2016         04/04/2016         04/04/2016         7         APPROVED           93         04/14/2016         04/04/2016         04/11/2016         10         APPROVED           93         04/14/2016         04/15/2016         04/25/2016         10         APPROVED           Itemsion Detail   Ext #           04         Status         N PROCESS   Requested Admission Type           Requested Effective Date         04/25/2016         Requested Date         Traumatic Brain Injun         Image: Cancel Item						
00       03/16/2016       03/16/2016       03/28/2016       12       APPROVED         01       03/28/2016       03/28/2016       04/04/2016       7       APPROVED         02       04/04/2016       04/04/2016       04/11/2016       7       APPROVED         03       04/14/2016       04/15/2016       04/25/2016       10       APPROVED         New Item         Ext # 04         Status IN PROCESS         Requested Admission Tyre * IF         Requested Effective Date 04/25/2016         Requested Effective Date       04/25/2016         Traumatic Brain Injurt       IF         Cancel Item	Lis	t of Ext	ensions			
01       03/28/2016       03/28/2016 - 04/04/2016       7       APPROVED         02       04/04/2016       04/04/2016 - 04/11/2016       7       APPROVED         03       04/14/2016       04/04/2016 - 04/25/2016       10       APPROVED         Levt # 04         Ext # 04         Status IN PROCESS         Requested Admission Type * Important         Requested Effective Date 04/25/2016         Requested Effective Date 04/25/2016         Requested Effective Date 04/25/2016         Requested Effective Date 04/25/2016         Traumatic Brain Injury         Ventilator Dependen         Tracheotom         Cancel Item		Ext #	Date Received	Req. Eff Date / Req. End Date	Req. Days	Status
92       04/04/2016       04/04/2016 - 04/11/2016       7       APPROVED         93       04/14/2016       04/15/2016 - 04/25/2016       10       APPROVED         Item term         Extension Detail         Ext # 04         Status IN PROCESS         Requested Admission Type • • • • •         Requested Effective Date 04/25/2016         Requested Effective Date 04/25/2016         Requested End Date         Ventilator Dependen         Tracheotoms         Tracheotoms         Cancel Item		00	03/16/2016	03/16/2016 - 03/28/2016	12	APPROVED
03 04/14/2016 04/15/2016 - 04/25/2016 10 APPROVED  New Item  Ext # 04 Status IN PROCESS  Requested Admission Type *  Requested Effective Date 04/25/2016 Requested Effective Date 04/25/2016 Requested End Date  Ventilator Dependen  Tracheotoms  Cancel Item		<u>01</u>	03/28/2016	03/28/2016 - 04/04/2016	7	APPROVED
Extension Detail   Ext # 04 Status IN PROCESS Requested Admission Type • • • • • • • • • • • • • • • • • • •		02	04/04/2016	04/04/2016 - 04/11/2016	7	APPROVED
Ext # 04 Status N PROCESS Requested Admission Tyle * Requested Effective Date 04/25/2016 Requested Effective Date 04/25/2016 Requested End Date Ventilator Dependen Tracheotom		03	04/14/2016	04/15/2016 - 04/25/2016	10	APPROVED
Ext # 04 Status IN PROCESS Requested Admission Type * Requested Effective Date 04/25/2016 Requested End Date Requested Dats * Ventilator Dependent Traumatic Brain Injury Tracheotomy Tracheotomy (Cancel Item (Add						New Item
Ext # 04 Status IN PROCESS Requested Admission Type * Requested Effective Date 04/25/2016 Requested End Date Requested Dats * Ventilator Dependent Traumatic Brain Injury Tracheotomy Tracheotomy (Cancel Item (Add						-
Ext # 04 Status IN PROCESS Requested Admission Type * Requested Effective Date 04/25/2016 Requested End Date Requested Dats * Ventilator Dependent Traumatic Brain Injury Tracheotomy Tracheotomy (Cancel Item (Add	E	xtensio	n Detail			
Requested Admission Type Requested Effective Date 04/25/2016 Requested End Date Requested Dats Ventilator Dependen Tracheotom Cancel Item				Ext # 04		
Requested Effective Date 04/25/2016 Requested End Date Requested Date Ventilator Dependen Tracheotoms Cancel Item Add			:	Status IN PROCESS		
Requested Effective Date 04/25/2016 Requested End Date Requested Date Ventilator Dependen Tracheotoms Cancel Item Add						
Requested Effective Date 04/25/2016 Requested End Date Requested Date Ventilator Dependen Tracheotoms Cancel Item Add						
Requested Effective Date 04/25/2016 Requested End Date Requested Date Ventilator Dependen Tracheotoms Cancel Item Add						
Requested End Date     Requested End Date     Ventilator Dependen   Tracheotoms     Tracheotoms     Addependent						
Ventilator Dependent Tracheotomy Cancel Item		F	Requested Effective	e Date 04/25/2016		
Tracheotoms Cancel Item			Requested End	d Date Red	quested Days *	
Tracheotoms Cancel Item						
Tracheotoms Cancel Item						
Tracheotoms Cancel Item						
Cancel Item			Ventilator Depe	nden. Tra	umatic Brain Injury	
			Tracheo	otomy		-
Close Return to Search Results	C	Cancel Ite	em			Add
Close Return to Search Results						
	Clos	e Retu	rn to Search Resul	Its		

14. Click the **Add** button in the bottom right corner of the panel. The new line-item extension will appear in the **List of Extensions** panel (see next step).

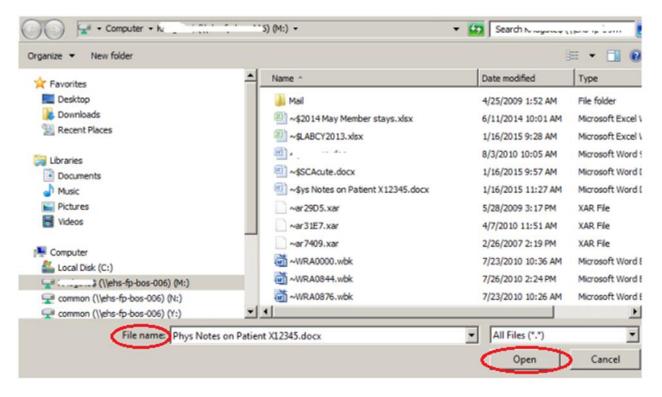
15. Click the **Attachments** tab in the top right. This is where you will attach the clinical data needed to support the requested authorization extension.

y 25, 2016	н	OME (	ONSUMERS PI	ROVIDERS RESEARCHERS GOVERN	MENT Log
Collapse Services	Welco	me		Mass.Gov Home State A	gencies   State Online Ser
Provider Services	> Inc	uire/Mair	tain PAS Request		
Home Manage Service Authorizations			nformatio <u>n</u> mation	Line_Items Extensions	Attachments
Pharmacy Prior Authorization Manage Correspondence and	List	of Line	Items		
Reporting Manage Members		Line	Item	Status	
Manage Claims and Payments		Δ		DENIED	
Manage Provider Information Administer Account		B		APPROVED	
Reference Publications EHR Incentive Program		C		APPROVED	
News & Updates		D		DENIED	
Related Links		E		APPROVED	
	+	E		APPROVED	
	Lis	t of Ex	tensions		
		Ext #	Date Received	Dag. Eff Date / Rog. End Date	Beg Days Status
		04		04/25/2016 - 04/26/2016	1 IN PROCESS
		00	03/10/2010	02/16/2016 02/28/2016	12 APPROVED
		01	03/28/2016	03/28/2016 - 04/04/2016	7 APPROVED
		02	04/04/2016	04/04/2016 - 04/11/2016	7 APPROVED
		03	04/14/2016	04/15/2016 - 04/25/2016	10 APPROVED
					New Item

16. When the List of Attachments panel opens, click the New Item button in the bottom right corner of the panel. This will open the Attachment Detail panel. Fill in the Report Type, Transmission Code (electronic only), and Description fields.

Health and Hum	nan Ser	vices				Mass.	Gor
May 25, 2016	HOME	CONSUMERS	PROVIDERS	RESEARCHERS	GOVERNMEN	т	Logout
Collapse Services     Provider Services	Welcome	taintain PAS Regu		lass.Gov Home	State Agend	cies • State	Online Services
<ul> <li>Home</li> <li>Manage Service Authorizations</li> <li>Pharmacy Prior Authorization</li> <li>Manage Correspondence and Reporting</li> <li>Manage Members</li> <li>Manage Claims and Payments</li> <li>Manage Provider Information</li> <li>Administer Account</li> <li>Reference Publications</li> <li>EHR Incentive Program</li> <li>News &amp; Updates</li> <li>Related Links</li> </ul>	Con List of At	S Information firmation tachments e Attached eturn to Search		ns <u>Extens</u>		escription	New Item
©2005 Commonwealth of M	assachusetts		Accessibility	Feedback Sit	te Policies Co	ntact Us He	lp <u>Site Map</u>

- 17. Click the **Browse** button to view your computer files. Select the file you want to attach to support the request for continued stay. Then click the **Open** button to upload the file to the POSC.
  - **Note:** When saving files to your PC, do not use special characters (\*, @, /, #, %) in the file name. Simply include the type of file and/or patient's name with an underscore (\_), followed by the date in the following format: MM.DD.YY.



18. Once the **File Name** field populates with the selected file, click the **Add/Upload** button in the bottom right of the panel.

y 25, 2016	HOME CONSUMERS P	ROVIDERS RESEARCHERS GOVERNMENT	Logout	
Collapse Services	Welcome	Mass.Gov Home State Agencies Sta	te Online Services	
Provider Services	houreMaintain PAS Request			
tome	PAS Information	Line Items Extensions Attachment	s <u>Confirmation</u>	
Ianage Service Authorizations Tharmacy Prior Authorization	List of Attachments			
lanage Correspondence and Reporting	Date Attached	Reference #	Description	
Ianage Members				New Iter
Ianage Claims and Payments Ianage Provider Information				new ner
dminister Account eference Publications	Attachments Detail			
IR Incentive Program ews & Updates				
Related Links	Report Type . CONTINUE	ED TREATMENT	Reference	
	Transmission ELECTRO	DNICALLY ONLY	Control #	
	rehab no	otes. MD progress notes. Medications		
	Description •			
	***********************************			
	File Name C:\Users\	Jocuments\Step By Step To Find Forms Use	ed For Reviews.docx	Browse_
	File Name C:\Users\ Cancel Item	locuments\Step By Step To Find Forms Use	ed For Reviews.docx	Browse Add / Upload
		Jocuments\Step By Step To Find Forms Use	ed For Reviews.docx	

19. Click the **Confirmation** tab at the top of the screen.

ay 25, 2016	HOME CONSU	MERS PROVIDERS	RESEARCHERS GOVERNME	NT Log
Collapse Services	Welcome	• 1	Mass.Gov Home > State Age	ncies   State Online Serv
Provider Services	> Inquire/Maintain PA	S Request		
Home Manage Service Authorizations Pharmacy Prior Authorization	PAS Inform Confirmatio		ns <u>Extensions</u> A	ttachments
Manage Correspondence and	List of Attachmer	its		
Reporting Manage Members	Date Attached	Reference #	Description	
Manage Claims and Payments	05/25/2016	107302890	rehab notes, MD progress not	es, Medications
Manage Provider Information Administer Account Reference Publications				New Item
HR Incentive Program lews & Updates Related Links	Close Return to	Search Results		

20. Click the **Submit** button in the bottom right of the **Confirmation** panel.

Health and Hum	an Services	Mass. Gov
ay 25, 2016	HOME CONSUMERS PROVIDERS RESEARCHERS COVER	NMENT
Collapse Services	Welcome > Mass.Gov Home > State .	Agencies   State Online Service
Provider Services	Inquire/Maintain PAS Request	?
Home Manage Service Authorizations	PAS Information Line Items Extensions Confirmation	Attachments
Manage Correspondence and Reporting     Manage Members     Manage Members     Manage Provider Information     Administer Account     Reference Publications     EHR Incentive Program     News & Updates     Related Links	Confirmation You are about to submit a Pre-Admission Screening request for Member: information below and then click "Submit". PAS Assignment CHRONIC DISEASE/REHAB # of Lines 1 Facility HOSPITAL - BOSTON	Please verify the
	Cancel Service	Submit
©2005 Commonwealth of M	ssachusetts <u>Accessibility</u> <u>Feedback</u> <u>Site Policies</u>	<u>Contact Us</u> <u>Helo</u> <u>Site map</u>

21. When you click **Submit**, the POSC edits and validates the data submitted. You may receive yellow edit boxes that need to be acknowledged to complete the submission. If you receive red edits, these indicate errors that need to be addressed. Once addressed, the **Pre-Admission Screening Response Page** will appear and confirm that your request has been successfully submitted.

Health and Human Services Mass						Mass.	Jor
February 4, 2015	HOME	CONSUMERS PR	OVIDERS	RESEARCHER			Logout
* Collapse Services	Welcome		▶ <u>M</u>	ass.Gov Home	State Agenc	es • <u>State O</u>	nline Services
Provider Services	the second s	in PAS Request n Screening Res	00000				∎?
<ul> <li>Home         <ul> <li>Manage Service Authorizations</li> <li>Pre-Admission Screening</li> <li>Enter PAS Request</li> <li>Inter PAS Request</li> <li>Request interviewith intain PAS Request</li> <li>Prior Authorization</li> <li>Referrals</li> <li>Request Transportation</li> <li>Transportation</li> <li>Batch Process Service Authorizations</li> </ul> </li> <li>Pharmacy Prior Authorization</li> <li>Manage Correspondence and Reporting</li> <li>Manage Members</li> <li>Manage Provider Information</li> <li>Administer Account</li> <li>Reference Publications</li> </ul> <li>Set-up Security Access</li> <li>EHR Incentive Program</li>	You have successfully submitted the Pre-Admission Screening request for U						
©2005 Commonwealth of	f Massachusetts	Acc	essibility I	Feedback <u>Sit</u>	e Policies Cont	act Us Help	Site Map

22. Call the CDRH dedicated line at (800) 554-5127. Leave a message with the following information: **member name**, **PAS #**, **your name**, and **contact number**.