

**FORWARDHEALTH
REIMBURSEMENT REQUEST FOR A PASRR LEVEL I SCREEN**

Instructions: Type or print clearly. Before completing this form, refer to the Reimbursement Request for a PASRR Level I Screen Completion Instructions, F-01012A. **The use of this form is mandatory; use an exact copy of this form.**

The information on this reimbursement request is required to ensure that Medicaid-enrolled long-term care facilities, nursing facilities (NFs), are only paid for Level I Screens that are required under 42 C.F.R. § 483.104. On February 1, 1997, new reimbursement guidelines were implemented by Wisconsin Medicaid based on this federal regulation. Effective February 1, 1997, only Level I Screens performed on residents who meet the definition of a new admission¹ are reimbursable.

NFs are not required to perform a new Level I Screen on residents who are returning from a hospital stay, readmission², or interfacility transfer³. If an NF elects to perform a new Level I Screen for a readmission or interfacility transfer, the NF should not seek reimbursement for it.

Submit this completed form by mail to ForwardHealth, Claims and Adjustments, 313 Blettner Boulevard, Madison, WI 53784.

Name – NF (Practice Location Name, not Corporate Name)	POP ID (Required)	National Provider Identifier – NF
Last Name – Resident	First Name – Resident	Social Security Number – Resident
Screen Date / /	Admission Date / /	

Preadmission History – Where was this resident prior to his or her admission to this NF?
Check only one box. Multiple responses will result in a denial of the reimbursement request.

- ☐ A. A private residence
- ☐ B. Another Medicaid-certified NF
- ☐ C. Hospital – admitted to the hospital from a private residence¹
- ☐ D. Hospital – readmission²
- ☐ E. Hospital – interfacility transfer³

CERTIFICATION

This is to certify that the foregoing information is true, accurate, and complete. I understand that payment and satisfaction of this reimbursement request is from federal and state funds, and that any false claims, statements, documents, or concealment of material fact may be prosecuted under applicable federal or state laws.

Name and Telephone Number – NF Contact

SIGNATURE – Provider	Date Signed – Provider
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- ¹ New Admission – An individual is admitted to an NF from a private residence (e.g., private home, group home, or intermediate care facility-for individuals with intellectual disabilities [ICF-IID]) with or without an intervening hospital stay. If an individual transfers to an NF from a hospital, and his or her residence prior to the hospital stay was a private residence, a Level I Screen is required.
- ² Readmission – An individual is readmitted to an NF from a hospital to which the individual was transferred for the purpose of receiving care. If the transferring NF considered the resident discharged from the NF during the time the individual was in the hospital, it is still considered a readmission when that resident transfers back to the NF from the hospital. A new Level I Screen is not required.
- If the resident is discharged to a private residence from the hospital but needs to return to the NF at a later time, that would be a “new admission.” A new Level 1 Screen would be required.
- ³ Interfacility Transfer – An individual is transferred from one NF to another NF, with or without an intervening hospital stay. The admitting NF is not required to perform a new Level I Screen.

