

TPAES Training Manual



Department of Finance and Administration

Bureau of TennCare- Division of Long Term Care

310 Great Circle Road

Nashville, Tennessee 37243

Toll Free 1-877-224-3170

Table of Content

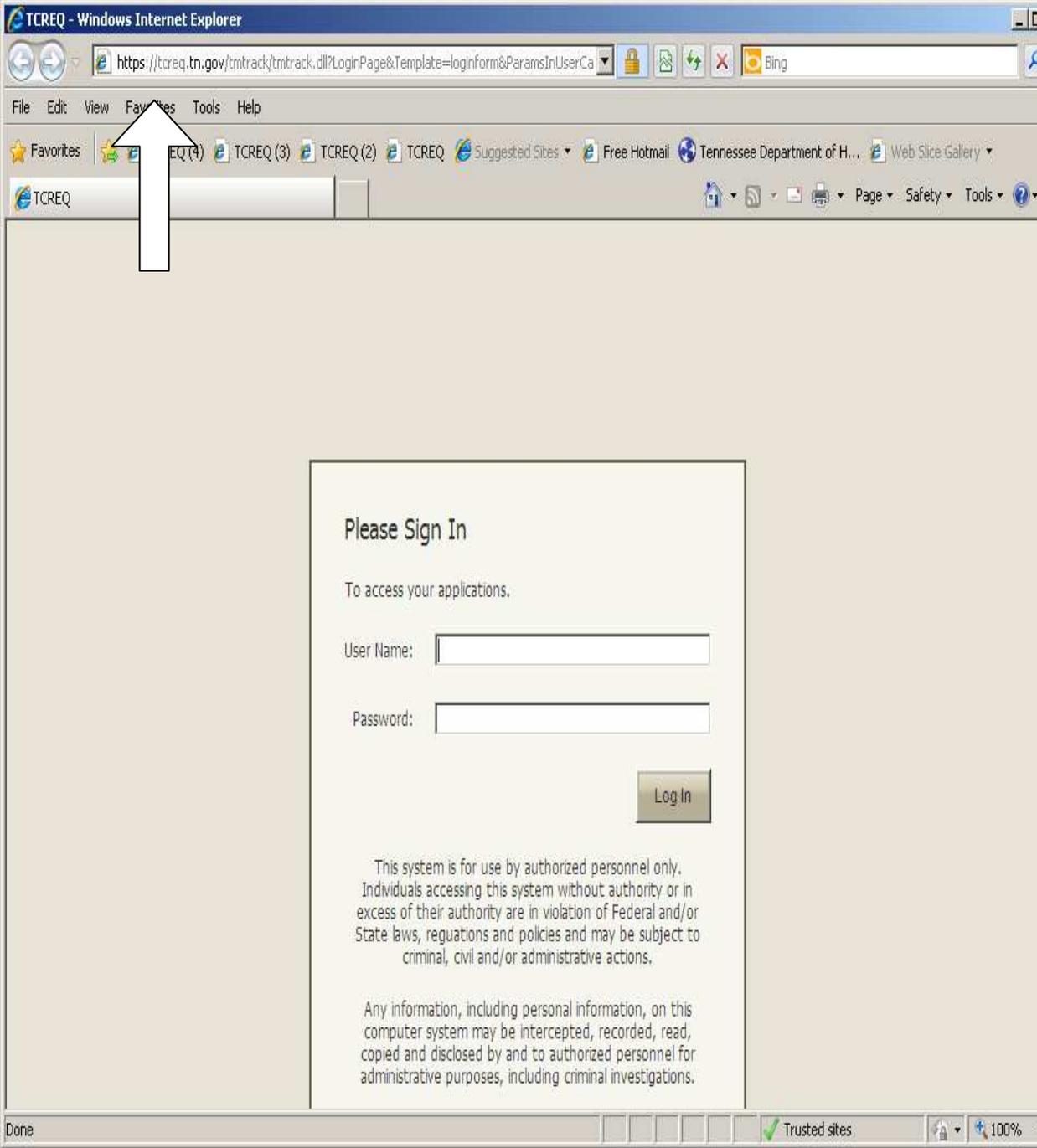
| | |
|---|----|
| Access into the TPAES System ----- | 1 |
| How to Submit a PASRR----- | 4 |
| How to Print a PASRR----- | 7 |
| Submit a New CHOICES Pre-Admission Evaluation (PAE) ----- | 10 |
| Pre-Admission Evaluation Denial Types----- | 15 |
| Revise A Pre-Admission Evaluation (PAE) ----- | 16 |
| Recertify a Pre-Admission Evaluation (PAE) ----- | 21 |
| How to Submit a Support Ticket----- | 24 |
| TCMIS Initiate New User Information----- | 26 |
| TCMIS User Removal Information----- | 29 |
| Additional License Purchase Information ----- | 31 |
| Frequently Asked Questions----- | 35 |

Additional Information

Cancel PAE Request
Medicaid Only Payer Date
Reimbursement Level Override
How to Submit a HCBS PAE

Access Into the TPAES System

Begin by logging into the TennCare Pre-Admission Evaluation System (TPAES). Enter the website: <https://tcreq.tn.gov>. The user will be prompted to enter a unique User Name and Password. The User Name will be a unique identifier that is issued by the State of Tennessee and relayed to the user after all security form processing has taken place.



Submitter Home Page View

All submissions can be viewed by clicking the Control Number/Item ID number located on the Submitter Home Page. There are four (4) sections on the Submitter Home Page: 1.) LTC TPAES Announcements; 2.) Submitter-Items Not Submitted; 3.) Submitter-Items Awaiting Determination; and 4.) Submitter- Status Report.

House Icon

This icon allows submitters to return to the Submitter Home Page after each PAE submission by left clicking on the “house” icon located in the white section on the upper right side of the page.

LTC TPAES Announcements

The first(1st) section shows important information posted by Long Term Care (LTC) regarding the TPAES system. Important messages are stored in this section for 30 days. Please ensure that all submitters read the important information in this section.

Submitter-Items Not Submitted The second (2nd) section views PAEs that have not yet been submitted.

TCREQ - Windows Internet Explorer
https://tcreq.tn.gov/tmtrack/tmtrack.dll?
Bing

File Edit View Favorites Tools Help

Favorites TCREQ (4) TCREQ (3) TCREQ (2) TCREQ Suggested Sites Free Hotmail Tennessee Department of H... Web Slice Gallery

TCREQ

House

PAE Image Docs Tech Support

Welcome, (as Tina Parsons) ID Search... Quick Links:

Submitter Home Page 03/02/2011 01:49:08 PM

LTC TPAES ANNOUNCEMENTS

| Announcement ID | Title | Description | Post Date |
|-----------------|-------|-------------|-----------|
|-----------------|-------|-------------|-----------|

Submitter - Items Not Submitted

Now showing 0 - 0 of 0

Sorry, no data was found meeting conditions of this report.

Done Trusted sites 100%

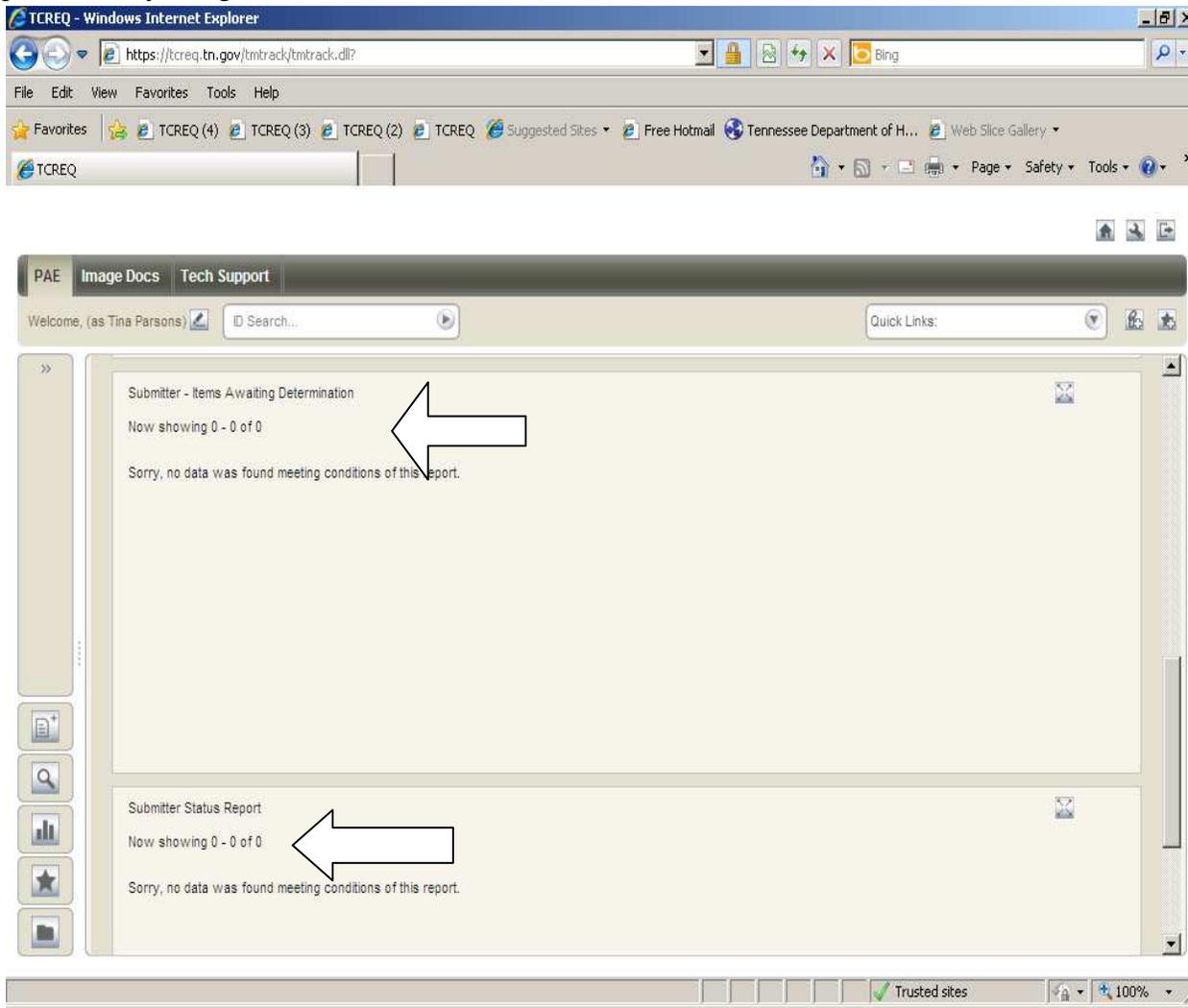
Submitter Home Page View

Submitter-Items Awaiting Determination 3rd Section

Once the PAE has successfully been submitted go back to the Submitter Home Page. The PAEs current status will show “In Process”.

Submitter Status Report 4th Section

The bottom section shows the status of the submitter’s PAEs that have been processed by Long Term Care with a a determination.



Level 1 PASRR

PAE Image Docs Tech Support

Welcome, DemoLTCProvider ID Search... Quick Links:

Submit

Basic Tasks:
Submit to my Preferred Projects

Advanced Tasks:
Browse and Submit to a Project
Find a Project to Submit into
Manage My Projects

Submit
Search
Reports
Favorites
Public Folders

My Projects

- Choices
- Level 1 PASRR

Level 1 PASRR

- Locate the Navigation Pane on the left side of the screen.
- Locate “Basic Task”.
- Click “Submit to My Preferred Project”.
- Click on the words- Level 1 PASRR.
- Patient/Provider Information tab: Complete all fields. Scroll over completely to right side of screen to ensure all information is entered.

PASRR Level 1 Assessment Tab:

- Select “Yes-No” from all drop down boxes.
- Complete PASRR Certifier (full name), PASRR Certifier Credentials and PASRR Certifier Date (use calendar icon on right side of box)
- Scroll down- select an Exemption (if applicable)
- Complete PASRR Physician Signature (full name) and PASRR Physician Signature Date (if a “Yes” selection is applicable)

Note: the TPAES system reads “Yes” selections made and auto assigns the PASRR as a Level 2 Positive PASRR. A current History and Physical and PASRR Physician Signature and Date are required and must be attached to the PASRR before the PASRR is submitted.

- Go to the **Actions** box and left click the drop down arrow
- Left click on “**Add File**” item
(this will generate an “Add File Attachment” window)
- Type patient’s last name in **Name** field
- Left click the “**Browse**” button (this will take you to Microsoft Word)
- Locate the MS Word file attachment that was scanned and saved to either “My Documents or Desktop or a created file
- Left click to only **highlight** the attachment(do not open attachment/s)

- Click the “**Open**” button on bottom right side of page (this will return the attachment to the **Path** field on the **Add File Attachment** window
- *Make sure box is checked “**On Success, Automatically Close This Window**”
- Click “**Upload and Attach File**” button
- Once attachments are made, click “**OK**” button top left side of page

Your PASRR has successfully been submitted. You can verify the submission of PASRR by returning to the Submitter Home Page

Printing PASRRS

Level 1 PASRR Long Term Care PAE - 04110: Level 1 PASRR SUNSHINE 999-99-9999 [11/30/2010 02:07:19 PM]

⚠ Actions:

PATIENT/PROVIDER INFO PASRR Level 1 Assessment PASRR LEVEL 2 DETERMINATION RELATED ITEMS

Scanned WorkCard Records
(None)

PASRR Information
Primary PASRR: (None)
PASRR History For Applicant: (None)

Related Records
(None)

Appeals
(None)

Generated Attachments

Printing a PASRR

- Click on Item ID number to open PASRR or you may search by entering Item ID Number in the “ID SEARCH” field located next to “Welcome Submitter Name”
- Locate the “**Related Items**” Tab
- Use scroll bar on the right to scroll down the page “
- Locate “GENERATED ATTACHMENTS (on left side of the page)
- Locate “**PASRR Report**”
- Left click on double red arrows (this will generate a pop up window)
- Scroll down to bottom of pop up window and locate “**PASRR Report**”
- Left click on the word “**PASRR Report**”
- Right click on the page to select a drop down menu
- Left click on “**Print**” (a pop up Printer Box will appear)
- CLICK “**Print**” button
- Return to “**Patient/Provider Information**” tab
- Locate and left click “**File**” on the Internet Tool bar
- Click “**Print Preview**”. This will show a view of the Patient/Provider Information page indicating “**PASRR Determination Completed**”
- Click printer icon (top left) to print the page

Note: If a DDM ASCEND Evaluation Report is attached, print the DDM ASCEND Evaluation Report

- Return to the “**Patient/Provider Information**” Tab
- Scroll down to bottom of the page to the **Attachment** Tab
- Left click on Patient’s name (this will open DDM ASCEND EVALUATION REPORT).
- Select “**PRINT**” at top right side of page

CHOICES PAE

The screenshot displays the CHOICES PAE web application interface. At the top, there is a navigation bar with tabs for "PAE", "Image Docs", and "Tech Support". Below the navigation bar, a welcome message "Welcome, DemoLTCProvider" is visible next to an "ID Search..." input field and a "Quick Links:" dropdown menu. The main content area is divided into two sections. On the left, a "Submit" sidebar contains a "Basic Tasks" section with the link "Submit to my Preferred Projects", an "Advanced Tasks" section with links "Browse and Submit to a Project", "Find a Project to Submit into", and "Manage My Projects", and a vertical menu with buttons for "Submit", "Search", "Reports", "Favorites", and "Public Folders". On the right, the "My Projects" section features a "Browse Submit Tree" button and a list of project categories: "Choices" and "Level 1 PASRR".

Submitted CHOICES PAE

The screenshot displays a web application interface for PAE. At the top, there are navigation tabs for 'PAE', 'Image Docs', and 'Tech Support'. Below the tabs is a header area with a 'Welcome, DemoLTCProvider' message, a search bar, and a 'Quick Links' section. The main content area is titled 'Submitted Home Page' and shows a 'Back to Results' link. The primary entry is 'Choices Long Term Care PAE - 04084; Choices sunshine 999-99-9999 [10/29/2010 02:15:25 PM]'. An 'Edit Admission Info' button is visible. To the right of the edit button is an 'Actions' dropdown menu with several icons. Below this is a section titled 'Applicant' containing the following details:

| | | | |
|--------------------------|-------------------------------|----------------------|----------------|
| Applicant Contact: | Sunshine, Rainbow D | Applicant Phone Num: | (615) 507-6000 |
| Applicant Address: | 310 Great Circle Road | | |
| Applicant City: | Nashville - Davidson (Middle) | | |
| Applicant Zip: | 37243 | | |
| Applicant Date of Birth: | 10/01/1901 | | |
| Applicant SSN: | 999-99-9999 | | |
| Applicant Medicaid Num: | 1234567891 | | |

On the left side of the main content area, there is a vertical sidebar with several icons: a double arrow, a document with a plus sign, a magnifying glass, a bar chart, and a star.

Submitting a PAE

Group and scan all attachments as one documents required for submission of the PAE before starting the process. Include page 5 of the paper PAE- Physician's Signature page with Physicians' signature. Save to Microsoft Word Files (My Documents, Desktop or create a file folder)

Step I - Select PAE Document

- Locate **Basic Tasks**: (in left-hand Navigation Pane column)
- Select "**Submit to my Preferred Projects.**"

Click the word- "**CHOICES**" to select the document

Application Section

- Complete Applicant full name, social security number and date of birth
Review data entered to ensure that all information is correct

Submission/Service Request Section

- Select Nursing Facility
- Applicant Currently Residing in NF (Yes or No)
- Reimbursement Level- Select: Lev 1, Lev 2, Chronic Ventilator, or Tracheal Suctioning
- Enter Admission Date
- Enter Discharge Expectation selection
- Provider Information-type Provider name in box marked "**enter value to find here**"
- Enter Provider Fax Number (**this is a required field**)

Details Section

Request Info Tab

- Enter PAE Request Date, DHS Add Date and DHS Eligibility Date
- Complete Designee Information (include complete mailing address)
- **Note:** If applicant does not have a designee, you must check the box indicating Designee Not Provided (if not, PAE will be **Denied**)

Functional Assessment Tab

- Complete all drop down selections

Nursing and Rehabilitation Services Tab- (for Level 2 Only)

Certification Tab

- Complete all fields. Do not enter medical coding as Diagnosis
- Click "**OK** button." (this will generate a Control/Item ID Number and save all data entered)

- **Finalize PAE** button- This opens the boxes to allow corrections or addition information. Review all entered data. If no corrections are needed
- Click “**OK**” button

STEP II Produce Printable Copy

- Click the **Related Item** Tab
Note: this tab stores all printable PAE paper copies of any patient related items i.e., Technical Requirement Not Met, Notice of Denial, CHOICES PAE Approval Letter
- Click **Generated Attachments** tab
- Select document type (PAE CHOICES, PAE Approval, Notice of Denial)
- Click box with double red arrows located at the end of the line

Note: 1st box that comes up after clicking double red arrows is the **LTC Generated Letter Image** box.

DO NOT PRINT THIS PAGE

- Scroll to the bottom of the pop up box
- On the left side of the page locate “**PAE Choices**”
- Left click on any word “**PAE Choices**” (this will generate the original CHOICES PAE)
- Right click on the page of the PAE
- A drop down menu will appear
- Select and click “Print”
- Exit PAE by clicking the “**X**” located at the upper right corner of the page
- Click “**Close**” at the right upper side of the next page to close the image box

STEP III Prepare to Submit PAE (Final Step)

*****Note:** this is when you must link your attachments

- Click the “**Submit PAE**” button
- Look to the right of the **Actions** box and locate the word “**File**” in red (this is notification that you need to attach your documents)
- Go to the **Actions** box and left click the drop down arrow
- Left click on “**Add File**” item (this will generate an “Add File Attachment” window)
- Type patient’s last name in **Name** field
- Left click the “**Browse**” button (this will take you to Microsoft Word)
- Locate the MS Word file attachment that was scanned and saved to either “My Documents, to Desktop or a File Name
- Left click to only **highlight** the attachment(do not open attachment/s)
- Click the “**Open**” button on bottom right side of page (this will return the attachment to the **Path** field on the **Add File Attachment** window
- *Make sure box is checked “**On Success, Automatically Close This Window**”
- Click “**Upload and Attach File**” button
- The **Add File Attachment** window will disappear. The word “**File**” that was in “red” should now turn “green” (repeat process if necessary)
- Once all attachments are made, click “**OK**” at the top of the screen

Remember: PAES have not been submitted via TPAES until you have attached your documents and clicked the “OK” button

Your PAE has successfully been submitted. You can verify the submission of PAEs by returning to the Submitter Home Page and view the “Submitter-Items Awaiting Determination” section. The current status of the PAE will be “In Process”.

P AE Denial Types

- **Criteria Denial:** A Criteria denial occurs when the PAE does not meet medical criteria. A Notice of Denial will be faxed over explaining the reason for denial. Any and all inquiries regarding a denial should be directed to the reviewer who denied the PAE.
- **Technical Denial:** A Technical Denial can occur if pertinent information is missing on the PAE. To be considered for review every PAE must meet certain Technical Requirements. The following requirements are required: Patient Information (full legal name), Social Security Number, Provider Number, and Designee information. If the patient does not have a Designee the box must be checked Designee Not Provided.

Revise PAE

PAE Image Docs Tech Support

Welcome, DemoLTCProvider 04125 Quick Links:

» Back to Results

Choices Long Term Care PAE - 04125: Choices Sunshine 999-99-9999 [01/25/2011 01:56:23 PM]

Revise Edit Admission Info Actions:

Applicant

Applicant Contact: Sunshine, Rainbow D Applicant Phone Num: (615) 507-6000

Applicant Address: 310 Great Circle Road

Applicant City: Nashville - Davidson (Middle)

Applicant Zip: 37243

Applicant Date of Birth: 10/01/1901

Applicant SSN: 999-99-9999

Applicant Medicaid Num: 1234567891

Details

Revise PAE (cont.)

TCREQ-UAT - Windows Internet Explorer

https://tcreq1.tn.gov/tmtrack/tmtrack.dll?

File Edit View Favorites Tools Help

TCREQ-UAT

PAE Image Docs Tech Support

Welcome, DemoLTCProvider 03981rev2 Quick Links:

Back to Results

Choices Long Term Care PAE - 03981REV2: Choices James 999-99-9999 [02/25/2011 11:36:37 AM]

Edit Re-Submit PAE Re-Submit Technical Denial Edit Admission Info Actions:

Applicant

Applicant Contact: James, Michael k Applicant Phone Num: (615) 507-6000

Applicant Address: 6812 County Rd 103West

Applicant City: Nashville - Davidson (Middle)

Applicant Zip: 372244

Applicant Date of Birth: 06/10/1909

Applicant SSN: 999-99-9999

Applicant Medicaid Num: 1111111111

Done Trusted sites 100%

Revise Denied PAE (Criteria Denial)

Criteria Denial: Criteria denial occurs when the PAE does not meet medical criteria. A Notice of Denial will be faxed over explaining the reason for denial.

- Click **Revise** button
- Click **Edit** button -this will open all fields to change pertinent information
- Link any attachments, if needed
- Click **OK** button
- Click **Re-Submit PAE** button

After clicking Re-Submit PAE go to the Submitter Home Page and view the PAE in the “Submitter- Items Awaiting Determination” (3rd section)

Revise a Technical Denial PAE

Technical Denial: Technical Denial can occur if pertinent information is missing on the PAE. To be considered for review every PAE must meet certain Technical Requirements. The following requirements are required: Patient Information (full legal name), Social Security Number, Provider Number, and Designee information. If the patient does not have a Designee the box must be checked Designee Not Provided.

- Click **Revise** button
- Click **Edit** button -this will open all fields to change pertinent information
- Click **OK** button
- Click **Re-Submit Technical Denial** button

After clicking Re-Submit Technical Denial button go to the Submitter Home Page and view the PAE in the “Submitter- Items Awaiting Determination” (3rd section)



STATE OF TENNESSEE
BUREAU OF TENNCARE
310 GREAT CIRCLE ROAD
NASHVILLE, TENNESSEE 37202-2630

03-03-2011

PAE Technical Requirements Not Met

A Pre-Admission Evaluation (PAE) for Janie Doe was received on 06/02/2009 01:09:30 PM.

To be considered for review, every PAE must meet certain technical requirements.

The following requirement(s) is not met: **Requires other**

Please see explanations below:

Patient Information - Information Received: Jane Doe
We must have the Applicant's full legal name.

Medicaid ID - Information Received:
Include the 11-digit Medicaid ID number for the Applicant if available.

Social Security Number - Information Received: 888-88-8888
We must have a valid 9-digit Social Security Number for the applicant.

Provider Number - Information Received: 7444444
We must have the appropriate Provider Number for the facility.

Designee Information - Information Received:
We must have information for the Applicant's Designee.

Other: 08/04/2010 12:29:13 PM – Demo Clerk: Must be resubmitted on the CHOICES PAE form. As of August 1st 2010 all PAES must be submitted on the CHOICES PAE.

Please resubmit the corrected PAE.

Toll-free Number: 1-877-224-0219 or in the Nashville area, (615) 507-6974.

Recertify Screen Shot

TCREQ-UAT - Windows Internet Explorer

https://tcreq1.tn.gov/tmtrack/tmtrack.dll?

File Edit View Favorites Tools Help

TCREQ (4) TCREQ (3) TCREQ (2) TCREQ Suggested Sites Free Hotmail Tennessee Department of H... Web Slice Gallery

TCREQ-UAT

PAE Image Docs Tech Support

Welcome, DemoLTCProvider 04086recert1 Search the current Application for an item ID Quick Links:

Search Results 03/28/2011 10:23:48 AM

Now showing items 1 - 1 of 1 Sorted by: Project (Hierarchy)

Long Term Care > Choices (PAE)

| Item Id | Project Applicant Last Name Applicant Soc. Sec. Number [PAE Creation Date] |
|--------------|--|
| 04086RECERT1 | Choices sunshine 999-99-9999 [02/24/2011 09:58:16 AM] |

Check All | Uncheck All | Requery

Create Link in -->

Trusted sites 100%

Recertifying PAE

PAE Image Docs Tech Support

Welcome, DemoLTCProvider 04086recert1 Quick Links:

» Back to Results

Choices Long Term Care PAE - 04086RECERT1: Choices sunshine 999-99-9999 [02/24/2011 09:58:16 AM]

Recertify Edit Admission Info Revise Cost Cap Actions:

Applicant

Applicant Contact: Sunshine, Rainbow D Applicant Phone Num: (615) 507-6000

Applicant Address: 310 Great Circle Road

Applicant City: Nashville - Davidson (Middle)

Applicant Zip: 37243

Applicant Date of Birth: 10/01/1901

Applicant SSN: 999-99-9999

Applicant Medicaid Num: 1234567891

Details

Recertifying PAES

- Click the **Control /Item ID Number**
- Click **Recertify** button
- Click **Start Recertification** button

Click Request Info Tab

- Enter the *Revised PAE Request Date (use calendar icon on right side of box)

Click Certification Tab

- Enter Revised Certifying Physician (full name)
- Enter Revised Certification Date (use calendar icon on right side of box)
- Click “**OK**” button
- Click **Recertifying PAE** button
- Add new attachments (see Add File Attachment process)
- Verify the dates entered are correct
- Click **OK** button

After clicking OK go to the Submitter Home Page and view the PAE in the “Submitter- Items Awaiting Determination” (3rd section)

Support Ticket

The screenshot shows a web application interface with a dark header bar containing navigation tabs: "PAE", "Image Docs", and "Tech Support". Below the header, a user greeting "Welcome, DemoLTCProvider" is displayed next to a search bar. To the right of the search bar is a "Quick Links" section with a dropdown arrow and two icons. The main content area is split into two columns. The left column is titled "Submit" and contains a "Basic Tasks" section with the link "Submit to my Preferred Projects", and an "Advanced Tasks" section with links "Browse and Submit to a Project", "Find a Project to Submit into", and "Manage My Projects". Below these tasks are five buttons: "Submit", "Search", "Reports", "Favorites", and "Public Folders". The right column displays the message "You have no Preferred Projects Defined." followed by a "Manage My Projects" link. Below this is a "Submit Tree" section with a "Save" button and a tree view containing "Support Request" and "LTC Application".

Support Ticket

- Click the **Tech Support Tab** at the top of TPAES screen
- Click the **Submit** icon located left side of page-(1st icon)
- **Submit Tree** will populate
- Click the + (plus sign) in front of “**Support Request**”
- Click on the words: **LTC Application**
- At top left will state “**Submit into: Support Request: LTC Application**”
- **Item Type:** (Problem Report is all ready selected).
- Locate **Request Title** (highlighted in red *)
- Enter subject matter
- **Priority:** Low (auto selected)
- Locate “**Request Description Journal**”
- Enter details about the request. Be as specific as possible. Please provide item number, applicant name, facility name. Also, include your full name and facility name
- **Level 1 Tech** may be left blank
- Click **OK**. Your ticket has been submitted. You will receive a BUG, ENH, or UNK number. Please write down the number so we may better research your problem

Please note: Deleting PAES/Canceling PAES is now done by clicking Cancel PAE Request button. Click Cancel PAE Request add a note and press OK

TCMIS Security User Access Forms

TCMIS Initiate New User Access for TPAES Submission

The Bureau of TennCare has purchased two (2) free licenses per facility/agency. Your facility/agency should be aware of the importance of delegating a primary submitter and a back-up submitter to avoid any interruptions of electronic submission into the TPAES system.

This process should be performed well in advanced (at least a two (2) week notice) prior to the submitter's departure as to avoid any inability to continue electronic submissions into the TPAES system.

Contact TPAES Customer Support Unit AT 1-877-224-3170 to receive all TCMIS security forms.

All security forms must be received and returned to TPAES Customer Support unit via electronic (e-mail) transmission process. Faxed and/or mailed documents will be rejected and will be returned to the facility.

Note: If additional submitters are needed, other than the two (2) free licenses purchased by the Bureau of TennCare, reference "How to Purchase Additional Licenses" policy located in the TPAES Training Manual.

TPAES Initial Set Up Instructions

- Open e-mail attachment and **File** "Save As" to save the TCMIS Security form, Acceptable User Policy (AUP) form as a MS Word document (please use MS Word 97-2003). Note: File name should be TCMIS (PAE) First-Last.doc. This process will allow you to type into the document.
- Enter Date of Request
- Request Type: Click < **Select** > (a drop down selection will appear)
- Select: Initiate New Access
- Complete additional information

PAE Security Role (required)

- User Role-Click on the word < **Select** >
- Select: Submitter
- Training Date: Enter N/A
- Go to: File-select "Save" to save the document

Acceptable Use Policy Form (AUP)

- Read all forms
- Print the 4th page
- Manually complete information as instructed
- Scan completed page

Facility Letter of Authorization Form

- Complete the form on facility letterhead for designated employees to use the system

Scan and Attach Process

- Scan AUP and Facility Letter Authorization forms and attach the (saved) TCMIS Word document to an e-mail
- Complete for Subject: Initiate Access for (person/s full name)
- Send all documents to: Kayla Bolerjack at: Kayla.Bolerjack@tn.gov

TCMIS User Removal for TPAES Submission

TPAES Submitter Revoke Instructions

If a submitter is no longer employed at your facility or has reassigned to other job functions and no longer needs TPAES Submitter access, you must contact the TPAES Customer Support Unit as soon as possible or at least a two (2) week notice to avoid any interruptions or inability to continue electronic submissions into the TPAES system .

Please complete one (1) single TCMIS form selecting **REVOKE** for the former submitter who has departed or has been reassigned to other job functions.

The **RACFID** is the same number as the submitter's **UserID**. You must supply the RACFID in order to process the form.

- Open e-mail attachment
- Go to: **File** "Save As" to save the TCMIS Security form as a MS Word document (please use MS Word 97-2003). Note: File name should be TCMIS (PAE) First-Last.doc. This process will allow you to type into the document.
- Enter Date of Request
- Request Type: Click < **Select**> (a drop down selection will appear)
- Select: Revoke Access
- Complete RACFID
- Complete additional information in 1st section.

PAE Security Role (required)

- User Role-Click on the word < **Select**>
- Training Date: Enter N/A
- Go to: File-select "Save" to save the document.
- Select: Submitter

Comments

- Complete Comment box- (briefly explain what additional information or exceptions)
- Go to: File-select "Save" to save the document

Scanning and Attachment Process

- Scan AUP and Facility Letter Authorization forms and attach the (saved) TCMIS Word document to an e-mail
- Complete for Subject: Revoke Access for (person/s full name)
- Send all documents to: Kayla Bolerjack at: Kayla.Bolerjack@tn.gov

TCMI S ACCESS REQUEST



User Information

Date of Request

Security Type Long Term Care (PAE) Serena User

Request Type <Select>

(Required: indicate Initiate/Modify/Revoke)

RACFID (RACFID required to modify/revoke existing access only)

First Name **MI** **Last Name**

Position Title

Entity Name

Company/Unit

Work Phone **Ext**

Primary Email

PAE Security Role (required)

User Role:

Training Date:

Approved by (required)

Full Name **Title**

Tel. Number **Email**

Comments

Briefly explain what additional information or exceptions below:

Additional License Purchase Information

How to Purchase Your *TennCare* - Serena Business Manager Licenses

Greetings –

Thank you for your interest in TennCare's Serena Business Manager (called "SBM") licenses.

I am Jonathan Logan your Regional Serena Software - TennCare team and I work directly with Mr. Gary Mendelson, Serena Major Accounts Manager, who worked directly with TennCare to negotiate some very deep discount pricing for your purchase of Serena's SBM licenses.

My role is to help you purchase your TennCare SBM license and this email will explain both:

- (A) How to purchase your licenses and (B) What information we need to complete your purchase, and (C) Will give you two TennCare contacts who you can contact if you have questions about which licenses you need, how to access the TennCare SBM system, or other

TennCare related questions.

- (A) **HOW TO PURCHASE.** Purchasing is easy and only takes a few minutes. Here's how it works:

- (1) You email me with the purchase and buyer information we need (details listed below in Section "B")

- (2) We email you a "Purchase Authorization Letter" or "PAL" detailing the license price, annual support fee, which you give to your Buyer (which may be you)

- (3) Once you receive the PAL from us, your Buyer can complete it and sign it, and email or fax it back to us

- (4) We email you with a Serena Support website link and log-in information (typically within 24-48 hours), where you will access your TennCare SBM licenses number

(5) You will contact Kayla Bolerjack at TennCare and give her your Serena License Serial Number. If you purchased a license for a new user then she will forward

you the forms required to be completed by the state. If you purchased a license to upgrade an existing user to a dual license then you will need to provide the TPAES User Names to be upgraded

(5) We send an invoice to your Buyer - who then has 30 days to pay us.

(B) **INFORMATION WE NEED.** In order to complete your purchase, we need three pieces of information from you: (1) your Buyer Contact Information, (2) what Type of License access you will need, and (3) How Many Licenses of each you want to purchase. Once you send me that information, I can send you an email with a purchase request document called a "Purchase Authorization Letter" or "PAL".

(1) Please email me your Buyer Contact Info:

- Full Name of the Authorized Buyer
- Buyer's Email Address
- Buyer's Phone Number
- Company or Organization Name

(2) Type of TennCare/Serena Business Manager license that you need:

- **PAE/PSARR (Dual License)** - Named Individual User/System Access - cost per person is: **\$475 (license cost) + \$200 (annual license support) = \$675 purchase price**
- **PASRR** - Named Individual Information Requestor/Submitter Access - cost per person is: **\$100 (license cost) + \$21 (annual license support) = \$121 purchase price**

(3) How Many Licenses You Need:

- Please let us know how many licenses of PAE and PASRR you need so we can provide you with an accurate PAL.

Remember, it is very important that you know which kind of license you need. if you need help in deciding what type of TennCare SBM license you need, please contact Carol Bene' or Kayla Bolerjack at TennCare. They are really nice and will help you figure out what you need.

(C) **TennCare CONTACTS.** If you have questions about how to access TennCare's SBM system for PAE or PASRR, have questions about which licenses you need - PAE or PASRR, or other TennCare related questions, you can contact:

- (1) Carole Bene' - (877) 224-3170 - Carole.Bene@tn.gov
- (2) Kayla Bolerjack - (615) 507-6699 - Kayla.Bolerjack@tn.gov

We hope that you find this helpful and we look forward to supporting your success!

All the best,

Jonathan

Jonathan W. Logan Gary D. Mendelson

Regional Account Manager Major Account Manager

Serena Software, Inc. Serena Software, Inc.

503-617-2472 (O) 770-642-9927 (O)

503-936-9989 (C) 770-815-0033 (C)

503-690-2257 (F) gmendelson@serena.com

JLogan@Serena.com Serena Software, Inc.

Serena Software, Inc. www.Serena.com

www.Serena.com

Frequently Asked Questions

Frequently Asked Questions (FAQ)

1. Why do I receive a technical denial for “missing Designee,” when the applicant does not have or want an identified Designee?

- If the applicant does not have a Designee, you must check the box “NO DESIGNEE PROVIDED.” If the applicant does have a designee you must supply a first and last name, complete mailing address including city, state and zip code.

2. Why is it when I get a technical denial and I hit revise, I am not allowed to resubmit?

- The reason why you are not able to submit is because you need to make sure you click Resubmit for Technical Denial. Please refer to page number 20 (Revise a Technical Denial PAE) of the TPAES Training Manual.

3. I received a denial but the attachment/ notice of denial is missing, how can I print one?

- You can print a Notice of Denial by following instructions of Step II (Produce Printable Copy) located in the TPAES Training Manual.

4. How can I get a copy of the 5 page PAE not an 8-10 page copy?

- To receive a copy of the 5 page PAE please following instructions of Step II (Produce Printable Copy) located in the TPAES Training Manual.

5. When do we attach the documents?

- Documents are not attached until after you click the “Submit PAE”. Please follow the instructions of Step III (Submitting a PAE) from the TPAES Training Manual.

6. Why is my password not working and what should I do?

- All submitters have 3 attempts to log into the TPAES system. If you are unable to log in after the third attempt, close your internet browser and wait for two minutes. If you are still not able to get logged in please call the Serena Tech Support Help desk to make sure you have the correct password and user id. The toll free number is 877-224-3170.

7. We have an employee leaves our office, when we replace her/him what do we need to do in-order to secure a password and log in for the new employee?

- You must complete a TCMIS Security Form selecting to revoke the former submitter immediately to ensure continuation of electronic submission to the TPAES system. The process should be performed well in advanced (at least a two (2) week notice). All security forms must be received and returned to TPAES Customer Support Help Desk via electronic (e-mail) transmission process. TPAES Security Forms can be obtained by contacting the TPAES Customer Support Help Desk. The toll free number is 1-877-224-3170. TPAES For more information please refer to page 25 “TCMIS Initiate New User Access for TPAES Submission” in the TPAES Training Manual.

8. How do we obtain additional licenses?

- Providers who would like to purchase additional licenses to access the online electronic TennCare Pre-Admission Evaluation System (TPAES) may do so for an additional cost. The Dual license allows users to submit both PAE and PASRR requests. The cost for this license will be a \$475 one-time cost plus a \$200 annual maintenance fee. This license is a fully functional license.
- There are licenses for online PASRR only submission. This license is a limited functionality license. Users of this license type can submit PASRR PAEs only. The cost for the Serena PASRR only license will be a \$100 one-time cost plus a \$21 annual maintenance fee. Please be aware of the limitations of this license.
- Providers who are interested in purchasing additional licenses to access the online electronic TPAES system may do so by contacting Jonathan Logan at the Serena Software Inc. The phone number is 503-617-2472 or you may send an e-mail to: JLogan@Serena.com. Additional information is available by referencing “How to Purchase Additional License” in the TPAES Training Manual.

9. When we receive a transferred applicant, how do we handle the applicant?

- All nursing facilities must complete a Nursing Facility Discharge/Transfer/Hospice Form. The Form must be faxed to the members managed care organization.

Nursing Facility Government Update December 2010

Cancel PAE Request

Handout # 3

CANCEL PAE REQUEST

PAE | Image Docs | Tech Support

Welcome, DemoLTCProvider Quick Links:

Search Results

Now showing Items 1 - 1 of 1 Sorted by: Project (Hierarchy)

Long Term Care > Choices (P11)

| Item Id | Project | [PAE Creation Date] |
|--------------------------------|---------|---------------------|
| <input type="checkbox"/> 04028 | | |

Check All | Uncheck All | Requery

Create Link in -->

>>

+

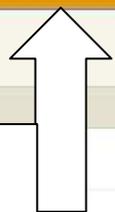
Type in the PAE item number; in the ID Search press enter. Click on the item ID number.

Back to Originating Report
Choices Long Term Care PAE - 04028: Choices James 999-99-9999 [09/28/2010 01:26:15 PM]

Submit PAE Produce Printable Copy **Cancel PAE Request** Actions: [dropdown]

Edit Admission Info

If you need to remove a PAE before you submit the PAE click Cancel PAE Request.



Applicant

Applicant Phone Num: (615) 507-6000

Applicant Zip: 372244

Applicant Date of Birth: 06/10/1909

Applicant SSN: 999-99-9999

Applicant Medicaid Num: 1111111111



Submitter Home Page

12/02/2010 03:28:31 PM

Cancel PAE Request Choices Long Term Care PAE - 04028: Choices James 999-99-9999 [09/28/2010 01:26:15 PM]

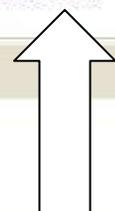
OK Cancel Reset Form

Actions: [dropdown] [envelope] [help]

*** New Note**
The PT has passed away, before PAE was needed.
I entered the wrong PT's information on this PAE.
Someone else in my NF has all ready submitted a PAE on this PT item number-00000

Attachments

[1]
james (5177856 bytes) by DemoLTCProvider (09/28/2010 01:32:29 PM) [envelope]



Before you can remove a PAE you must add a note as to why the PAE is being removed to see the examples in the above box. After note is added press Ok.

Submitter Home Page

12/02/2010 03:28:31 PM

Choices Long Term Care PAE - 04028: Choices James 999-99-9999 [09/28/2010 01:26:15 PM] (Inactive)

Re-Open Request

Edit Admission Info

Actions:

Applicant

After you have clicked Ok the PAE will show Inactive.
If you removed the wrong PAE by mistake click Re-Open Request

Phone Num: (615) 507-6000

Applicant City: Nashville - Davidson (Middle)

Applicant Zip: 372244

Applicant Date of Birth: 06/10/1909

Applicant SSN: 999-99-9999

Applicant Medicaid Num: 11111111111

Details



Submitter Home Page

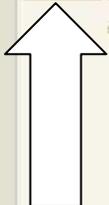
12/09/2010 08:55:10 AM

Cancel PAE Request Choices Long Term Care PAE - 04083: Choices sunshine 999-99-9999 [10/29/2010 02:15:24 PM]

OK Cancel Reset Form

Actions: [dropdown] [envelope icon] [help icon]

*** New Note** | still need this PAE.



After you have entered a note as to why the PAE was re-opened press Ok



Submitter Home Page

12/02/2010 03:28:31 PM

Choices Long Term Care PAE - 04028: Choices James 999-99-9999 [09/28/2010 01:26:15 PM]

Finalize PAE Cancel PAE Request Edit Admission Info

Actions:

App

Once the PAE is re-opened you are able to Finalize the PAE

Applicant Phone Num: (615) 507-6000

Applicant City: Nashville - Davidson (Middle)

Applicant Zip: 372244

Applicant Date of Birth: 06/10/1909

Applicant SSN: 999-99-9999

Applicant Medicaid Num: 11111111111

Details

Nursing Facility -Government Update December 2010

Medicaid Admit Date

Handout # 2

Medicaid Admit Date

Tech Support PAE Image Docs

Welcome, Carole Bene

65892

Search Results

11/18/2010 11:48:55 AM

Now showing items 1 - 1 of 1 Sorted by: Project (Hierarchy)

Long Term Care > Choices (PAE)

| Item Id | Project Applicant Last Name Applicant Soc. Sec. Number | [PAE Creation Date] |
|--------------------------------|--|--------------------------|
| <input type="checkbox"/> 65892 | Choices Boone 888-88-8888 | [09/13/2010 10:24:47 PM] |

Check All | Uncheck All | Requery

Create Link in -->

Trusted sites 100%



Back to Results

Choices Long Term Care PAE - 65892: Choices Boone 888-88-8888 [09/13/2010 10:24:47 PM]

Update Correct Link PASRR MCO Validation **Edit Admission Info** Actions: [dropdown] [refresh] [print] [mail] [trash] [help]

Revise Cost Cap [warning icon]

Applicant

Applicant Contact: Boone, Daniel [person icon]

Applicant Phone Num: (555) 555-5555

Applicant Address: 123

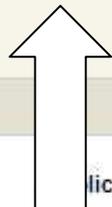
Applicant City: Nashville - Davidson (Middle) [location icon]

Applicant Zip: 37243

Applicant Date of Birth: 01/01/1936

Applicant SSN: 888-88-8888

Applicant Medicaid Num:



Click "Edit Admission Info" button

Edit Admission Info Choices Long Term Care PAE - 65892: Choices Boone 888-88-8888 [09/13/2010 10:24:47 PM]

OK Cancel Reset Form

Actions:

Standard Fields

Medicaid Only Payer Date:
mm/dd/yyyy

Patient Has Third Party Liability: NO

Insurance Company Name: ABC

Insurance Company Address: ABC

Insurance Company Phone Number: ABC

Policy Number: ABC

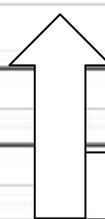
Group Number: ABC

Policy Holder Name: ABC

Relationship to Policyholder: ABC

Insurance Effective Date:
mm/dd/yyyy

Insurance Policy Coverages: Ambulance
 Home Health



Enter the Medicaid Only Payer Date:



Tech Support

PAE

Image Docs

Welcome, Carole Bene

65892

Quick Links:

Edit Admission Info Choices Long Term Care PAE - 65892: Choices Boone 888-88-8888 [09/13/2010 10:24:47 PM]

OK

Cancel

Reset Form

Actions:

Standard Fields

Medicaid Only Payer Date:



mm/dd/yyyy

Click Calendar to Select Medicaid Payer Date. The date must be MM/DD/YYYY.

Choose date

Insurance Company Name:

ABC ✓

Insurance Company Address:

ABC ✓

Insurance Company Phone Number:

ABC ✓

Policy Number:

ABC ✓

Group Number:

ABC ✓

Policy Holder Name:

ABC ✓

Relationship to Policyholder:

ABC ✓

Insurance Effective Date:



mm/dd/yyyy

Insurance Policy Coverages:

- Ambulance
- Home Health



Edit Admission Info Choices Long Term Care PAE - 65892: Choices Boone 888-88-8888 [09/13/2010 10:24:47 PM]

OK Cancel Reset Form

Actions: [Dropdown] [Print] [Email] [Help]

Standard Fields

Medicaid Only Payer Date: 11/18/2010
mm/dd/yyyy

Patient Has Third Party Liability: NO

Press "OK" after you enter the Edit Admission Info

Insurance Company Name: [Text Field] ABC

Insurance Company Address: [Text Field] ABC

Insurance Company Phone Number: [Text Field] ABC

Policy Number: [Text Field] ABC

Group Number: [Text Field] ABC

Policy Holder Name: [Text Field] ABC

Relationship to Policyholder: [Text Field] ABC

Insurance Effective Date: [Text Field]
mm/dd/yyyy

Insurance Policy Coverages:
 Ambulance
 Home Health

Back to Results

Choices Long Term Care PAE - 65892: Choices Boone 888-88-8888 [09/13/2010 10:24:47 PM]

Update Correct Link PASRR MCO Validation Edit Admission Info

Revise Cost Cap

Actions: [Dropdown] [Refresh] [Print] [Export] [Email] [Delete] [Help]

Details

- REQUEST INFO
- DHS - MEDICAID ELIGIBILITY
- FUNCTIONAL ASSESSMENT
- NURSING & REHABILITATIVE SERVICES
- COST NEUTRALITY

Admission Information Processing Required: (Checked)

Medicaid Only Payer Date: 11/18/2010

Insurance Company Name: _____

Insurance Company Address: _____

Policy Number: _____

Policy Holder Name: _____

Insurance Policy Coverages: (None)

Patient Has Third Party Liability: NO

Insurance Company Phone Number: _____

Group Number: _____

Relationship to Policyholder: _____

Insurance Effective Date: _____

Once you have pressed ok, the date will be saved on the Medicaid Only Payer Date.



Vertical sidebar with icons: Home, Search, Chart, Star, Folder

Nursing Facility Government Update December 2010

Reimbursement Level Override

Handout # 1

Reimbursement Level Override

PAE Image Docs Tech Support

Welcome, DemoClerk 04087 Quick Links:

Back to Results

Choices Long Term Care PAE - 04087:

Warning icon

yes

Document Status: (None)

Document Approval: (None)

Denial Reasons: (None)

Document Comments:

Document Requested: Nursing Facility

Requested Reimbursement Level: Tracheal Suctioning

Approved Reimbursement Level: (None)

Level 2 Approval Reason: (None)

Resides in NF: Yes

Admission Date: 12/03/2010

Discharge Expectation: Not expected

Provider: Demo LTC Provider

Provider Not Found: (Not Checked)

Actions:

If the attached document does not support the request, the nurse has the ability to override your request and approve a reimbursement level that is supported.



Back to Results
Choices Long Term Care PAE - 04087: Choices Sunshine 999-99-9999 [10/29/2010 02:15:30 PM]

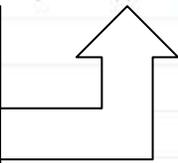
Recertify Edit Admission Info Revise Cost Cap

Actions:

DHS - MEDICAID ELIGIBILITY FUNCTIONAL ASSESSMENT NURSING & REHABILITATIVE SERVICES CERTIFICATION RELATED ITEMS Attachments

| | |
|--|--|
| Control Number: 2010337-04087 | State: Evaluation Complete - Approved |
| Current Status: Approved (with Override) | |
| PAE Type: Choices | |
| PAE Creation Date: 10/29/2010 02:15:30 PM | |
| LTC Decision Due Date: 12/15/2010 | LTC Decision Date: 12/03/2010 |
| PAE Request Date: 10/29/2010 | Revised PAE Request Date: |
| Approved Effective Date: 12/03/2010 | Approved End Date: 12/31/2299 |
| Clerical Staff Person: DemoClerk | Clerical Validation Complete Date: 12/03/2010 |
| RN: DemoLTCNurse | RN Review Start Date: 12/03/2010 |
| Appeal RN: (None) | |
| ADM Rep: (None) | |

Once a nurse has approved the PAE it will show you the current Status approved (with Override) also the State will show Evaluation Complete- Approved.





Back to Results

Choices Long Term Care PAE - 04087: Choices Sunshine 999-99-9999 [10/29/2010 02:15:30 PM]

Recertify Edit Admission Info Revise Cost Cap Actions:

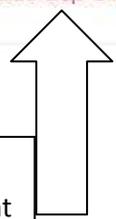
Choices Enrollment Effective Date:

Requested Reimbursement Level: Tracheal Suctioning (Requested Cap Overridden: Approved for [Level 1 - NF] - See Notes)

Approved Reimbursement Level: Level 1 - NF

Level 2 Approval Reason: (None)

If you scroll down to the Submission/Service Requested it shows in red Requested Reimbursement Level: Tracheal Suctioning (Requested Cap Overridden: Approved for [Level 1- NF]



>>

Back to Results

Choices Long Term Care PAE - 04087: Choices Sunshine 999-99-9999 [10/29/2010 02:15:30 PM]

Recertify

Edit Admission Info

Revise Cost Cap

Actions:

Authorization To Enroll in Choices

Choices Enrollment Status: (N)

Choices Enrollment Approval: (N)

Choices Enrollment Denial Reason: (N)

Choices Enrollment Effective D

To resubmit for the Tracheal Suctioning, click Revise Cost Cap. At this point you will need to attach your new documents.

Submit

Service/Reimbursement Requested: Nursing Facility

Requested Reimbursement Level: Tracheal Suction

Approved Reimbursement Level: Level 1 - NF

Level 2 Approval Reason: (None)

Applicant Currently Resides in NF: Yes

Admission Date: 12/03/2010

Discharge Expectation: Not expected

Provider

Provider: Demo LTC Provider

Provider Not Found: (Not



Back to Results
Choices Long Term Care PAE - 04087: Choices Sunshine 999-99-9999 [10/29/2010 02:15:30 PM]

Edit Admission Info

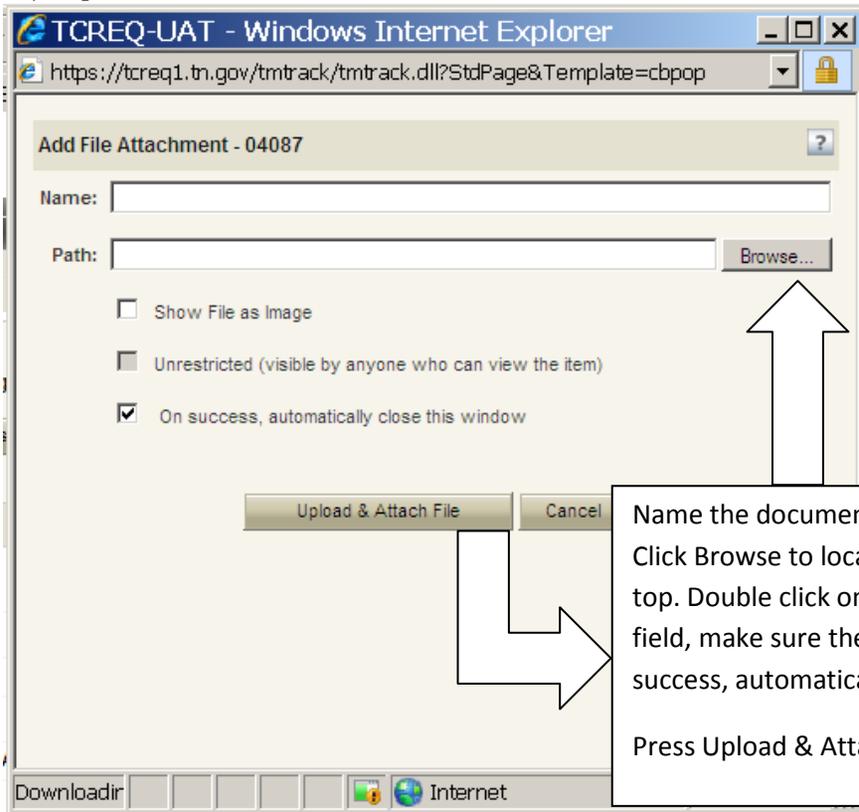
- Actions:
- Add URL
- Add File
- Add Item Link
- Add Item Notification

To add new documentation/attachments click the arrow next to the word actions and select add file.

Applicant

Applicant Contact: Sunsh : (615) 507-8000
Applicant Address: 310 Great Circle Road
Applicant City: Nashville - Davidson (Middle)
Applicant Zip: 37243
Applicant Date of Birth: 10/01/1901
Applicant SSN: 999-99-9999
Applicant Medicaid Num: 12345678910

Details



Name the document that you are going to be adding. Click Browse to locate the file you saved to your desk top. Double click on the file, after it shows in the Path field, make sure there is a check in the 3rd box on success, automatically close this window.

Press Upload & Attach File.

>>

Back to Results

Choices Long Term Care PAE - 04087: Choices Sunshine 999-99-9999 [10/29/2010 02:15:30 PM]

Edit Admission Info

Actions:

AID ELIGIBILITY

FUNCTIONAL ASSESSMENT

NURSING & REHABILITATIVE SERVICES

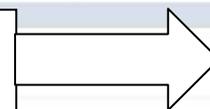
CERTIFICATION

RELATED ITEMS

Attachments

Control Number: 2010337-04087

After you have added your attachments the PAE should read State: Awaiting RN Evaluation.



State: Awaiting RN Evaluation

Current Status: Approved (with)

PAE Type: Choices

Program: Choices

Creation Date: 10/29/2010 02:15:30 PM

Submission Date: 12/03/2010 02:46:35 PM

Expiration Due Date: 12/15/2010

LTC Decision Date: 12/03/2010

Request Date: 10/29/2010

Revised PAE Request Date:

Effective Date: 12/03/2010

Approved End Date: 12/31/2299

Staff Person: DemoClerk

Clerical Validation Complete Date: 12/03/2010

RN: DemoLTCNurse

RN Review Start Date: 12/03/2010



Submitting a HCBS PAE via TPAES

- Scan all documents required for submission of the PAE before starting the process.
- Please group attachments and submit as one document rather than scanning individual pages.
- Please complete page 5 of the paper PAE- Physician's Signature page and use as an attachment.

To Begin:

I. Basic Tasks: (in left-hand column)

*Select "**Submit to my Preferred Projects.**" (This will select PAE document type)

*Select **CHOICES Document Type**

- **Complete Applicant Section**
 - **Submission/Service Requested:**
 - a) Service/Reimbursement Requested
 - b.) Select HCBS
 - c.) Select Target Group
 - d.) Select SSI Eligibility Request
 - e.) Select Request Neutrality Cap
 - f.) Provider Fax Number (required Field)
 - **Evaluation Details:**
 - **Request Info Tab**
 - a.) Enter PAE REQUEST DATE for Medicaid-reimbursed long-term care services
 - **Designee Information**
 - **NOTE:** If the applicant does not have a designee, the box indicating Designee Not Provided must be checked. Ex: Designee Not Provided:
 - **Functional Assessment Tab:**
 - *On Functional Assessment Tab: all questions must be answered except: Incontinent, Indwelling Catheter & Insulin (For Medication)
 - **Nursing and Rehab Services Tab: For Level 2 Only**
 - **Certification of Nursing Facility Care Tab.**
 - (Give full name of Certifier and Date, Diagnosis, full name of Dr. and Date)
- Click "OK."
- **Cost Neutrality Tab-** Select Requested Services.
 - **Note: If miscalculation occurs, recreate a new line segment click ok. Locate the line item that needs removal.**
 - **Click "REMOVE" to confirm the removal of the line item(s) Click Ok.**

- **Finalize PAE** Button- This opens the boxes on the document to allow corrections to be made, if needed. If corrections are made or if no corrections are needed,

Click “OK”.

II. Produce Printable Copy button:

A printable copy of the PAE may be found under the “Related Items”
Tab to the right of Certification tab.

Click the Related Item Tab. This tab houses all Printable PAE documents copies of any paper related items i.e., Technical Requirement Not Met, Notice of Denial, PAE Approval letter, etc.

Look to the left for “Generated Attachments”

Look for “PAE Choices”

Click on box with **double red arrows**. (Add File Attachment Pop up box will appear).

1st box that comes up after clicking the double red arrows is a Generated Letter Image box.

****DO NOT PRINT THIS****

Scroll to the bottom of the pop up box and you will see a Purple (1) on the left side.

Click on any word (PAE CHOICES) under that Purple one (1).

Right click on the new pop up box and click Print.

Click “Close” at the upper right side of the page to close the pop up window.

III. Prepare to Submit PAE(This is when you must link your attachments) :

Click “Submit PAE” button.

Look to the right of the Actions box

Look for the word “File” in red. This is when you need to attach your files.

Go to the Actions box with drop down arrow

Click “Add File”

This will generate an Add File Attachment box

Type in patient’s Last Name in name field

Click BROWSE to add file

Make sure box is checked “On Success, Automatically Close This Window”

Click “Upload and Attach File”

Box will disappear. The word “file” that was in “red” should now turn “green”

Then hit “OK” to submit your PAE.

Your PAE has successfully been submitted. You can verify the submission of PAEs/PASRRs by returning to the Submitter Home Page and view the Submitter-Items Awaiting Determination section. The PAE will be in the “In Process” status.