How to Create & Submit Service Delivered Entries for SINGLE DATE – MULTIPLE CLIENT/SERVICES
(Agency Providers - updated 11/30/15)

eXPRS Plan of Care (POC) is system structure for the service authorization and billing of services to individuals with I/DD living who in their own or family homes (non-residential care settings). This includes services provided by Agency Providers. With the implementation of POC, a new system structure and term was introduced – SERVICE DELIVERED (SD) entries. These SERVICE DELIVERED entries are the preliminary billing data component needed for POC claims processing. The SD billing data entries are added to the system by the Agency Providers to document the date and the start/end times a POC service was delivered to an individual. That SD billing data when submitted is processed and aggregated into claims for payment back to the provider.

eXPRS Plan of Care has enabled several different methods for Agency Providers to enter their SD billing data. This “How To …” guide will cover method for SINGLE DATE and MULTIPLE CLIENTS/SERVICES manual entry method. The other methods will be covered in their own “How To…” guides.

Agency provider users must have one of the following permissions to do this work:

• Provider Agency Claims Preparer – can create/save draft SERVICE DELIVERED entries.

• Provider Agency Claims Manager – can create/edit/submit all SERVICE DELIVERED entries.
To create/submit Service Delivered entries for a SINGLE DATE and MULTIPLE CLIENTS/SERVICES, follow the instructions on the next pages.

1. Login to eXPRS.

2. From the left-hand, yellow navigation menu, click on Claims ➔ Create POC Daily Service Delivered.
3. You will now be on the **Daily Service Delivered** search page. This page will allow you to search for “accepted” service authorizations for **ALL CLIENTS** with your provider agency for a specific date. It is from these service authorizations that you will be able to enter **SERVICE DELIVERED** data for that specific date. At least one piece of search criteria is required to successfully search.

The search criteria fields are defined as below:

- **Client Prime** = the prime number for a specific client.
- **Service Location/PSW SPD Provider ID** = the SPD provider ID number assigned to the agency provider’s service location record that was used in the service authorization.
- **Service Element** = the service element that the client services are authorized under. Select from the drop down menu:
  - **Procedure Code** = the service procedure code for a specific service authorized.
  - **Svc Modifier Cd** = the specific service modifier code that corresponds to and further defines a service procedure code.
  - **DHS Contract Num** = the contract number for the CDDP or Brokerage that has authorized the services for a client.
- **Service Date** = the specific date that you are wishing to submit **SERVICE DELIVERED** entries for; will return all service authorizations that are active on this date. **This is a required field.**
With the search criteria entered you wish to search by, click **Find** to return your search results.

The results list layout is designed for ease of use.

- The results will show the clients you have “**accepted**” authorizations for in alphabetical order, regardless of authorizing CM entity.

- The results list columns are sort-able, so users can change the results list sort order, as needed. Just click on the **RED** column header to change the sort order.

- The data entry fields are open to accept the applicable data elements for that authorization procedure code.

- There is a data field **Direct Support Time** for procedure codes **OR401-W5** and **OR401-W6**. You will need to enter the data for Direct Support Time provided during the corresponding SD billing entries for these services procedure codes, per ODDS Policy guidance.

![Image showing data entry fields and column headers]

4. For each applicable client/service procedure code you wish to bill for on that **SINGLE DATE** (this example, the date is 12/1/15), enter the data needed in the corresponding fields to create that SD billing entry.
The data field will show with **RED** text if information is entered incorrectly. Correct/acceptable data will show as **BLACK** text.

- Click **Save All** to save the data information entered.
- Click **Add** to add a new blank row of data fields for a specific service, if additional SD billing entries are needed for that same date.

5. The start/end time fields do not require the colon, spaces or the full “AM” or “PM” when keying in your time data. Users can simply enter the numeric time data and “a” or “p” without spaces, and the system will auto-format that entry to the correct time format needed.

**Examples:**
- “8a” will be auto-formatted to be “8:00 AM”
- “917p” will be auto-formatted to be “9:17 PM”

** Time data entered without the “p” added will be auto-formatted as “AM” hours.
- “10” will be auto-formatted to be “10:00 AM”
5. **NEW DATA FORMAT FEATURES as of the Dec 2015 system update:**

For **Hourly services:**

- The system will now accept *exact time* entries, and will no longer auto-round to the nearest quarter-hour. To support this exact time entry change:
  - Billings with a *0 – 15 minute overlap with OTHER PROVIDER* billings *will be allowed* to facilitate transition time between providers.
  - Billings that *overlap 16 minutes or more will continue to suspend as suspected duplicate* services to the client.

For **Mileage:**

- The system will now accept mileage entries to the one-tenth of a mile (00.0) and will no longer auto-round to the nearest quarter-mile.

For **Direct Support Time** for code **OR401:**

- The data entered in this field must be formatted to reflect the **TOTAL time of Direct Support** for that SD billing entry. *Decimal values will no longer be accepted.* Direct Support time data entered must be formatted in one of 2 ways:
  - Using the *hh:mm* format to reflect the total direct support time in total hours/minutes (ex: “2:30” = 2 hours, 30 minutes of direct support time); **OR**
  - Whole *number integers only* to reflect total MINUTES of direct support time (ex: “57” = 57 minutes; “103” = 103 minutes). These data entries will be auto-converted to the applicable *hh:mm* equivalent by the system (ex: “57” will auto format to = 0:57; “103” will auto format to = 1:43).

6. With the **SERVICE DELIVERED** billing data entered and saved as “draft” SD entries, users can close the page.
7. With the SD billing data saved and the entries created in "draft" status, users can repeat steps #3 – 6, to create new DAILY SERVICE DELIVERED entries for other another service date.

**IMPORTANT:** Users are no longer able to submit the “draft” SD billing entries created from Daily Service Delivered page.

- **Users can easily submit “draft” SD billing entries from the VIEW SERVICES DELIVERED page, just follow the next steps below.**

**To submit “draft” Service Delivered entries:**

8. From the left-hand, yellow menu click on Plan of Care ➔ Service Delivered ➔ View Service Delivered Entries.

9. In the View Service Delivered page, search by the Status = “draft” to get the SD billing entries in “draft” status you wish to submit for claims/payment processing. You may enter other search criteria to narrow your list of “draft” entries returned, but you must search using the Status = “draft” to enable the submit permissions from this page.
10. From the results list, check the box to the far left of the entries you wish to submit. With the SD billing entries selected, click **Submit** at the bottom of the page.

Actions available by searching for “**draft**” SD billing entries:
- **Submit** = will submit the draft entries checked for payment processing.
- **Delete** = will delete (remove completely from the system) the draft entries.
11. Once the action is taken and the submit process completed, users will be taken to Service Delivered Results confirmation page showing the results of the submit action for each of the entries submitted.

![Service Delivered Results Table]

12. SERVICE DELIVERED entries submitted for claims/payment processing and are in “approved” status will be aggregated into claims at 3:30 AM every business day. Any claims created will be processed for payment at approximately 5:30 PM the business day of or following the aggregation cycle. Entries submitted after the claims aggregation and payment processes have run will be included in the next business day’s cycle.