How to Create & Submit Service Delivered (SD) Billing Entries for Daily Relief Care-OR507 for Foster Care Providers
(v2; 6/29/2018)

For Foster Care providers who wish to provide Daily Respite/Relief Care (service code OR507) in their FC homes for other individuals, they must first have a provider record established as a FC Respite Provider (specialty 837). That FC Respite provider specialty could be included on their existing FC provider site record OR it could be a separate record on its own. Either way, the FC provider must have a Respite Services specialty on a record for them before they can be authorized to provide Daily Respite/Relief Care – OR507.

Once the Daily Relief Care-OR507 service is authorized & then provided, the FC provider must bill for service in eXPRS. The billing process for Daily Relief Care-OR507 is different than billing for regular FC services in eXPRS. Daily Relief Care-OR507 uses SERVICE DELIVERED (SD) billing entries, similar to billing for Mileage-OR004 or 2:1 supports-OR526/ZE in Plan of Care.

SERVICE DELIVERED (SD) billing entries are the preliminary billing data components needed for POC claims processing for this service. They document when/how much of the service was delivered to an individual. SD billing entry data when submitted, is processed to be placed into claims for payment back to the provider.

To create/submit Service Delivered entries for Daily Relief Care-OR507:

1. Login to eXPRS. If you have more than one record associated to your eXPRS user account, select the applicable record for the service to be billed as the Organization/Program Area. Then click SUBMIT to login.
2. From your **Home** page, click on the left-hand, yellow navigation menu options **Plan of Care ➔ Service Delivered ➔ Create Service Delivered Entries from Single Service Authorization**.

![Navigation Menu](image)

3. In the **Create Service Delivered from Single Service Authorization** search page, you will need to first search for **Daily Relief Care-OR507** authorizations that are active & ready to be billed. At least one piece of search criteria is required to successfully search. Using a service **date range** will likely be the easiest method to search.

![Search Page](image)

Click **Find** to return your search results.
If additional search criteria is needed, those criteria fields are defined as follows:

- **Client Prime** = the prime number for a specific I/DD individual receiving services.
- **Service Location/PSW SPD Provider ID** = the SPD provider ID number assigned to the Foster Care provider’s record that was used in the service authorization.
- **DHS Contract Num** = the contact number for the CDDP who authorized the Ancillary services for the individual.
- **Service Element** = the service category for the services authorized. You may select an option from the drop-down menu, if you wish.
- **Procedure Code** = the specific service procedure code assigned to a service authorized. You may select an option from the drop-down menu, if you wish.
- **Svc Modifier Cd** = the applicable service modifier code that works with a procedure code from the previous dropdown. You may select an option from the drop-down menu, if you wish. You may have no options in this menu, depending on what you selected in the Procedure Code dropdown.
- **Effective Date** = the first service date the authorization covers.
- **End Date** = the last service date the service authorization covers.

5. Any active authorizations that meet the search criteria entered will return in a results list below, grouped by individual.

6. To bill for services provided, start from the results list and click on the $ icon to the far right of the service you wish to bill.
   ➡️ **PRO TIP:** right-click on the $ icon to open the new page in a new tab or window. This will allow you to easily return to your original search results list.
7. In the Service Delivered by Service Authorization page, you can now add the billing data information for when Daily Relief Care-OR507 was provided.

Some things to note about billing for Daily Relief Care-OR507:

- The unit type for this service is **DAY**, meaning the provider is paid for a single unit (day) of service for the rate. The ODDS Policy expectation is this service is to be used in full day (24-hour) increments.

- The **DATE** entered on the billing entry is the date the service started for that single unit/day billed.  

- The **START TIME** entered is the actual time the service began on that date.

- The **END TIME** entered is the actual time the service ended for that unit/day of services.  

The billing can be for the full 24-hours (as shown in the example on the next page). **DO NOT** break the billings up at midnight, if the service billed covers overnight care/crosses midnight into the next day; the system will handle this.
• The data field will show with **RED text** if information is entered incorrectly. Corrected information will show as **BLACK text**.

• Click **Save All** after each entry to add a new row of blank fields for more data entry lines.

8. For entering **Start & End** times, the start/end time fields do not require the colon, spaces or the full “AM” or “PM” when keying in 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”

9. With the **SERVICE DELIVERED** billing entry data entered, check the left-hand box for the SD entries they wish to submit (or take other action). Or, users can simply close the page. The entries will be saved as “**draft**” & will be available to submit later.
Actions available:

- **Submit** = will submit the draft entries checked for payment processing.
- **Void** = will void the entries checked.
- **Delete** = will delete (remove completely from the system) the *draft* entries checked.

10. Once the action is taken, the status will change for the SD billing entries, showing the results of the action.

   If the **Review Req** field is listed as **YES** on the authorization (as shown in the next example), when submitted, SD billing entries will be moved to **pending** status for the authorizing CDDP or Brokerage to review for payment processing.
11. Users can now close the window/tab they were working in and return to the search results. From the results list, select another service to be billed by clicking the $ icon next to the service authorization line.

12. Repeat steps #8 – 12, to create new **SERVICE DELIVERED** billing entries for other individuals and/or services.

13. For SD billing entries that move to a status other than **pending** or **approved**, providers can use the **Service Delivered Problem Solving Matrix** on the eXPRS Help Menu to assist in troubleshooting.

14. In addition, FC providers can also view the authorization details if they’d like. From the authorization results list, click on the blue **SPA#** to the far left. This will open the authorization.

15. With the **View Service Prior Authorization** page open, the details of the authorization are shown, including:
   1. The service authorized,
   2. The service dates the authorization covers,
   3. The rate authorized for the service.