How to Track **Service Delivered** Entries through the Submission/Approval process in eXPRS

Detailed Guide

*(updated 10/11/16)*

All authorized providers who have access to eXPRS to enter their own Service Delivered (SD) billing entries are able to track those SD billing entries to see when they were reviewed/approved for payment.

In order to receive timely payments for work completed, it is critical providers to make sure that their SD billing entries are entered and submitted in eXPRS **AND** any required additional documentation is submitted to the appropriate CDDP/Brokerage or CIIS Program within the appropriate timelines.

- **PSW providers paid via the FMAS payroll vendor** - Please refer to the PSW Payroll Calendar on the eXPRS Help Menu for specific dates.

**To track and view Service Delivered (SD) Entries in eXPRS:**

1. Login in to eXPRS.

![Login](image)

2. From the left-hand, navigational menu, click on **Plan of Care → Service Delivered → View Service Delivered Entries.** This will take you to the **View Service Delivered** page.
3. Once in the **View Service Delivered** page, users can enter the search criteria needed in the corresponding fields to return a list of **Service Delivered** entries.

At least one piece of search criteria is required to successfully search. The more criteria you enter the more specific or narrow your search results will return.

With the search criteria entered or adjusted, click **Find** to get a list of service delivered entries. See example on the next page.
If use of additional search criteria is desired, the search criteria fields are defined as below:

- **Client Prime** = the prime number for a specific individual.
- **Service Location/PSW SPD Provider ID** = PSW’s SPD Provider ID number.
- **DHS Contract Num** = the biennial contact number for the CDDP, Brokerage or CIIS Program who authorized the POC services for the individual.
- **Service Prior Auth#** = the specific eXPRS number assigned to each service authorization. You may not know this number.
• **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 for the service that was billed. 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 service 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.

• **Show Group Only** = check this box to show only those service delivered (SD) entries that are checked as YES for “group” delivered services.

• **Claim ICN** = the specific number assigned by eXPRS for the claim that the service delivered entry(ies) was/were included in for payment.

• **Status** = the status of the service delivered entry. You may select from the dropdown menu, if you wish:
  - **Select** = blank, no option selected; returns all SD billing entries
  - **Draft** = the service delivered is created & saved, but not yet submitted
  - **Pending** = service delivered has been submitted, and is waiting review/approval from the CDDP or Brokerage who authorized the service
  - **Suspended** = the service delivered entry was submitted, but failed a validation edit in the submission process
  - **Approved** = service delivered entry has passed all edits and approvals, and is ready to be aggregated into a claim for payment
  - **Rejected** = service line has passed all edits and is active to claim against
  - **Denied** = service line has passed all edits and is active to claim against
  - **Void** = the service authorization was submitted, but voided by the CDDP or Brokerage; it is not active.

• **Show Aggregated** (into claim) – click the appropriate option
  - **Both** (default setting) = all SDs, either included in claims or not
  - **Aggregated** = only the SDs that have been put into claims for payment
  - **Not Aggregated** = only the SDs that have not yet been put into claims for payment.

• **Begin Date** = the first date in the date range of SD billing entries being searched.
• **End Date** = the last date in the date range of SD billing entries being searched.

• **Suspense Location** = the system rule used for suspended SD entries (usually used by State staff).

• **Exception Code** = the field to enter the numeric code for the SD suspense reason (usually used by State staff).

• **Max Displayed** = the number of items in the results list returned; select from the dropdown menu, if you wish.

4. The results list of any SD billing entries that match the search criteria will be returned below the search fields. The list is exportable to another file format, if desired.

The results list columns and associated data are defined below:

<table>
<thead>
<tr>
<th>SPA ID</th>
<th>Auth Status</th>
<th>Client Prime</th>
<th>Client Name</th>
<th>Provider</th>
<th>SP</th>
<th>Proc</th>
<th>Mod</th>
<th>Service Date</th>
<th>Begin Time</th>
<th>End Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>25</td>
<td>Accepted</td>
<td>878129112</td>
<td>Last, First</td>
<td>Sam</td>
<td>140</td>
<td>OR</td>
<td>100</td>
<td>07/23/2015</td>
<td>12:00 AM</td>
<td>12:00 PM</td>
</tr>
<tr>
<td>30</td>
<td>Accepted</td>
<td>878129113</td>
<td>Last, First</td>
<td>Sum</td>
<td>140</td>
<td>OR</td>
<td>100</td>
<td>07/25/2015</td>
<td>09:00 AM</td>
<td>04:30 PM</td>
</tr>
<tr>
<td>25</td>
<td>Accepted</td>
<td>878129115</td>
<td>Last, First</td>
<td>Sum</td>
<td>140</td>
<td>OR</td>
<td>100</td>
<td>07/27/2015</td>
<td>03:00 AM</td>
<td>11:30 AM</td>
</tr>
<tr>
<td>30</td>
<td>Accepted</td>
<td>878129116</td>
<td>Last, First</td>
<td>Sum</td>
<td>140</td>
<td>OR</td>
<td>100</td>
<td>08/03/2015</td>
<td>09:00 AM</td>
<td>11:00 AM</td>
</tr>
<tr>
<td>25</td>
<td>Accepted</td>
<td>878129117</td>
<td>Last, First</td>
<td>Sum</td>
<td>140</td>
<td>OR</td>
<td>100</td>
<td>08/03/2015</td>
<td>02:00 PM</td>
<td>04:00 PM</td>
</tr>
<tr>
<td>38</td>
<td>Accepted</td>
<td>878129118</td>
<td>Last, First</td>
<td>Sum</td>
<td>140</td>
<td>OR</td>
<td>100</td>
<td>08/07/2015</td>
<td>08:00 AM</td>
<td>10:00 AM</td>
</tr>
<tr>
<td>39</td>
<td>Accepted</td>
<td>878129119</td>
<td>Last, First</td>
<td>Sum</td>
<td>140</td>
<td>OR</td>
<td>100</td>
<td>08/07/2015</td>
<td>03:00 PM</td>
<td>08:00 AM</td>
</tr>
</tbody>
</table>

• **SPA ID** = the eXPRS assigned number for the service prior authorization the SD entry is billed against. The number is a hyperlink that will take the user to the Service Delivered by Service Authorization page for that service in eXPRS.

• **Auth Status** = the status of the service authorization that the SD entry is billed against.

• **Client Prime** = the prime number for the individual the service was authorized for and delivered to; the prime number is a hyperlink that will take users to that individual’s View Client eligibility page in eXPRS.
- **Client Name** = the first and last name of the individual for whom the service was authorized and delivered.

- **Provider** = the agency provider’s service location or the PSW/IC-PSW who delivered the service.

- **SE** = the service element; the service category for the service authorized and billed.

- **Proc** = the service procedure code for the service authorized and billed.

- **Mod** = the service modifier code, if any, for the service authorized and billed.

- **Service Date** = the date the service was delivered for the entry.

- **Begin Time** = the start or begin time the service was delivered for the entry.

- **End Time** = the end time for the service that was delivered for the entry.

<table>
<thead>
<tr>
<th>Group Setting</th>
<th>Service Hours/Units</th>
<th>Billed Units</th>
<th>Direct Support Hours/Unit</th>
<th>Rate</th>
<th>Amount</th>
<th>SD ID</th>
<th>SD Status</th>
<th>Claim ID</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>30.00</td>
<td>20.00</td>
<td>NA</td>
<td>50.48</td>
<td>$14.55</td>
<td>45</td>
<td>Approved</td>
<td>20152200040140001</td>
</tr>
<tr>
<td>No</td>
<td>7.00</td>
<td>7.00</td>
<td>NA</td>
<td>524.02</td>
<td>$78.14</td>
<td>42</td>
<td>Approved</td>
<td>20152200040141001</td>
</tr>
<tr>
<td>No</td>
<td>2.00</td>
<td>2.00</td>
<td>NA</td>
<td>24.07</td>
<td>$0.00</td>
<td>44</td>
<td>Approved</td>
<td>20152200040141001</td>
</tr>
<tr>
<td>No</td>
<td>2.00</td>
<td>2.00</td>
<td>NA</td>
<td>21.02</td>
<td>$18.04</td>
<td>36</td>
<td>Pending</td>
<td>20152200040141001</td>
</tr>
<tr>
<td>No</td>
<td>2.00</td>
<td>2.00</td>
<td>NA</td>
<td>21.02</td>
<td>$18.04</td>
<td>36</td>
<td>Pending</td>
<td>20152200040141001</td>
</tr>
<tr>
<td>No</td>
<td>1.00</td>
<td>1.00</td>
<td>NA</td>
<td>21.02</td>
<td>$21.02</td>
<td>38</td>
<td>Pending</td>
<td>20152200040141001</td>
</tr>
<tr>
<td>No</td>
<td>5.00</td>
<td>5.00</td>
<td>NA</td>
<td>24.02</td>
<td>$120.10</td>
<td>45</td>
<td>Pending</td>
<td>20152200040141001</td>
</tr>
</tbody>
</table>

- **Group Setting** = Yes or No, indicating if that SD billing was billed for services provided in a “group” (more than one individual during that time).

- **Service Hours/Units** = the total number of units or hours received by the individual as billed for the service in the SD entry. This amount is the full service time in the billing and is what draws down on the Monthly Attendant Care or Weekly Employment hours limits. This amount may be different than the Billed Units, if the Group Setting is YES, indicating the billed amount is pro-rated as being part of a group.
• **Billed Units** = the total number of units (hours) actually billed and paid for the SD billing entry. This amount may equal the Service Units if “Group Setting” is NO, meaning the service was received 1:1 (not in a group), or a different, pro-rated amount if the “Group Setting” is YES, indicating the service was provided as part of a group.

• **Total Direct Support Time** = this time number applies to code OR401/W5 or OR401/W6 delivered by Agency Providers only, and indicates the amount of time *(hh:mm)* the individual was seen face-to-face by the provider during that billing.

• **Rate** = the rate authorized for the service unit.

• **Amount** = the total amount billed for the service in the SD entry.

• **SD ID** = the unique identification number assigned to that specific SD billing entry by the system for tracking purposes. The number is a hyper-link and when clicked will take the user to view more details for that SD billing entry.

• **SD Status** = the status of the SD billing entry.

• **Claim ICN** = the unique identification number assigned to the aggregated claim that the SD entry is included; if there is an ICN listed, that indicates the SD entry has been aggregated into a claim for payment. The ICN number is a hyperlink that will take the user to that specific View Claim page in eXPRS.

5. To determine where billing entries are in the review process flow, look at the information in the far 2 right columns of the results list for the billings; the **SD Status** and **Claim ICN** columns. The information displayed in these columns will give users information on the status of the corresponding SD billing entry and where it is in the process flow.

See the following example:
• **Row #1**: SD billing entry has **SD Status = Approved** AND has a **blue number** in the **Claim ICN** column.
  - This means the billing entry has been approved by the CDDP/Brokerage/CIIS program and has been aggregated into a claim for payment. This billing entry has been sent to the FMAS payroll vendor for payment processing.

• **Row #2**: SD billing entry has **SD Status = Approved**, but there is **NO blue number** in the **Claim ICN** column.
  - This means the billing entry has been approved by the CDDP/Brokerage/CIIS program **but has not yet been aggregated into a claim** for payment, and has not yet been sent to the FMAS payroll vendor for payment processing. It will be included in the next scheduled claims aggregation cycle.

• **Rows #3 & #4**: SD billing entries have **SD Status = Pending**.
  - This means these billing entries have been submitted by the provider, **but have not yet been reviewed by the CDDP, Brokerage or CIIS Program**. As explained on page 1, billing entries submitted by providers must be reviewed & moved from **pending** to **approved** status by the CDDP/Brokerage or CIIS Program before they can be put into claims for payment. This billing will not be processed for payment until reviewed & moved to **approved** status.
• **Row #5:** SD billing has **SD Status = Draft.**  
  o This means the billing entry has been created & saved, *but has not yet been submitted by the provider.* Providers must first submit their draft billings to move them to pending status, and then submit a corresponding timesheet and progress notes documentation to the CDDP/Brokerage or CIIS Program for review.

• **Row #6:** SD billing entry has **SD Status = Rejected.**  
  o This means the billing entry has been reviewed by the CDDP/Brokerage/CIIS program and has been rejected. If users hover their mouse/cursor over the word “rejected” a pop-up will display the reason the billing was rejected. Rejected billings will not be processed for payment, however new billings can be created/submitted to replace rejected billings, if needed.

6. To view a specific SD billing entry, for example, to see when it was approved by the CDDP/Brokerage or CIIS Program, users can click on the blue number in the **SD ID** column. This will open that specific SD billing entry to view more information.

7. In the **Service Delivered Detail View** page, users can easily see when the SD billing entry was created and last updated, and who took those actions.
8. Users can also click on the **Action Log Entries** header to expand the action log, which will show more specific details on the history of this SD billing, including date/time stamps when action on the billing was taken.

This section is especially useful to see when a billing was moved from **pending** to **approved** status, and if that action occurred before or after the scheduled claims aggregation cycle process was run.

In the following example, the **Action Log Entries** section is expanded.
Users can see in the red circled log entry, the PSW provider submitted the SD billing entry to move it from draft to pending status at 12:49 pm on 8/17/15.

Users can also see in the purple circled log entry, the CDDP Service Coordinator reviewed the SD billing entry and moved it from pending to approved status at 2:59 pm on 8/19/15 (2 days later).

The next scheduled claims aggregation cycle occurred at 3:00 am on 8/22/15. Since this billing entry was moved to accepted status prior to that date/time, it was able to be included in that claims process cycle for payment to the PSW provider.

Tracking the date/time stamps for when SD billings were moved from pending to approved against the claims aggregation/PSW payroll cycle schedule can tell users when SD billings were approved and in which aggregation cycle they can expect to have the billing processed for payment.