eXPRS Plan of Care (POC) Claims Aggregation Process
(updated 10/11/16)

With the implementation of Plan of Care (POC) in eXPRS, there are new features to how eXPRS handles claims for services authorized via POC that are different than how claims are handled for services authorized in Client Prior Authorizations (CPAs).

With the standard CPA authorized services, users enter information into eXPRS to create claims for payment directly. There has been no change to this claims creation, validation or edit process for CPA services.

With POC services, there are 2 new features that are now utilized.

1. **Service Delivered** (SD) **billing entry:**
   The Service Delivered billing entry (or SD entry) is the date and start/end time data information that documents when a service authorized in POC was provided or delivered to an individual. It may also be referred to as a "timesheet entry", "timesheet data", "billing entry" or "billing data". It is this data information that is entered by the user into eXPRS for a POC authorized services. A SD billing entry is not a claim, but is the preliminary billing data that is used to create POC claims. When created and submitted, the SD entry is processed through system validation edits, and when successfully moved to *approved* status, is ready to be included in a POC claim.

2. **Claim Aggregation** or **Aggregated Claims**:
   This is a system process that collects the SD entries that are in *approved* status, validates them again through system edits, and then groups those SD entries (aggregates them) into a single claim.

How does the POC claims aggregation process work?
- The eXPRS user with the appropriate permissions enters the Service Delivered (SD) billing entry data for a service provided to a client from a provider.

- Those SD billing entries are processed through system edits and an external review process (when appropriate) and once cleared, move to a status of ***approved***.

  - If an SD billing entry cannot pass a system edit for some reason, it may be moved to a different status, depending on the edit reason it encountered. The status, if not ***approved***, could be:
    - ***Pending*** = passed all system edits and waiting for next level review/approval
    - ***Suspended*** = cannot pass a system edit, such as client eligibility, until the edit conflict issue is resolved
    - ***Denied*** = cannot pass a system edit, such as duplicate entry or exceeds authorized limit for service.
    - ***Draft*** = data has been saved, but has not yet been submitted for processing.

- Based on an established schedule for the specific provider type who delivered the services, eXPRS will collect and group those ***approved*** SD billing entries together and create a claim for them all. The claim consists of the SD billing entries that fall within these parameters:
  - Same Service Element
  - Same POC service procedure code/modifier
  - Same client
  - Same provider

- The system will then set the claim date(s) or date range based on the range of dates of the SD entries that are contained within that claim. The units and claim amount are totaled/derived from the individual SD billing entries in that claim.
  - There can be more than one claim that has the same date range, as long as none of the SD billing entries within those claims overlap or are duplicates of other SD billing entries for that same client/service/provider combination.

- The POC claims aggregation schedule:
  - For **Agencies** and direct-pay **Vendors** (eg: non-PSW providers):

- The claims aggregation process runs at 3:30 AM, Monday – Friday to collect and aggregate any *approved* SD entries that are ready for payment.

- Any claims aggregated/created are then validated through their own system edits, and if processed to *approved* status will be sent to SFMA for payment that same evening at 5:30 PM, Monday – Friday.

- Payments are usually issued from DAS the following business day. Depending on how a provider is set to receive payments (direct deposit or paper check), payments could be received anywhere from 1 – 5 business days from date of issue from DAS/SFMA.

- For **DD PSW** providers:
  - The claims aggregation process runs at 3:30 AM on the date scheduled to coincide with the PSW pay period/payroll schedule timelines outlined in the PSW collective bargaining agreement (approximately the 8th-10th and approximately the 23rd-25th of each calendar month) to collect and aggregate any *approved* SD entries that are ready for payment.

  - Any claims aggregated/created are then validated through their own system edits, and if processed to *approved* status will be sent to SFMA for processing, and then transmitted to the ODDS designated FMAS payroll vendor immediately following the aggregation cycle.

  - Payroll payments to PSW providers are then processed by the FMAS payroll vendor and issued per the timelines established by the PSW collective bargaining agreement for the established payroll/pay periods. Depending on how a provider is set to receive payments (direct deposit or paper check), payments could be received anywhere from 1 – 5 business days from date sent the information was sent to the FMAS payroll vendor from eXPRS/DAS.

What if I need to submit more/additional Service Delivered entries for dates that are already paid/processed into a claim?

- If a user needs to submit additional SD billing entries for dates that are already covered in a paid claim, they can do so. When those new SD billing entries are

aggregated into a claim, and any previous claim(s) that cover the dates of the new SD billing entries will be updated to include those new. Providers will then receive payment for the difference amount owed for the additional SD entries (minus any PLA recovery, if needed).

What if I need to correct an SD billing entry or claim?

- If a paid SD billing entry needs to be voided because it was submitted/approved and paid in error, or needs to be corrected/replaced by a new entry, those corrections can be made.
    - **Agency Providers** have permissions to void SD billing entries, as needed to make corrections. Any new or replacement SD billing entries can be added. The associated claims for voided SD billing entries will be triggered for reprocessing in the next aggregation cycle. See the assistance guide here for instructions: https://apps.dhs.state.or.us/exprsDocs/HowToVoidServiceDeliveredAgency.pdf

    - **PSW Providers** do not have void permissions, so if they have SD billing corrections needed, they must work with the authorizing CDDP or Brokerage to void any SD billing entries. Once completed, if needed, PSW providers can create/submit new or replacement SD billing entries. The associated claims for voided SD billing entries will be triggered for reprocessing in the next aggregation cycle.