Plan of Care/Service Prior Authorization (SPA) Problem-solving Matrix
(updated 10/17/2018)

In eXPRS/POC, services for a provider are set up in **Service Prior Authorization** (SPA), which identifies the individual being served, the service, the provider, the number of units, the rate and the applicable date range for that service being authorized.

Service Prior Authorizations (SPAs) are initially created & saved in *draft* status. The SPA must be submitted by the authorizing **Case Management Entity** (CME) such as a CDDP, Brokerage or CIIS Program, to activate it. When submitted, SPAs process through various system validation edits to ensure that the authorization can be successfully activated for service delivery to the individual. An SPA in *accepted* status has cleared all system validation edits & is active for service delivery & billing. Only SPAs in *accepted* status will appear on the Service Delivered billing pages. There are times an SPA may fail a validation edit, and thus will prevent it from moving to *accepted* status; meaning the SPA remains in *draft* status or becomes *suspended*. Below are some of the more common validation error messages that users may see if an SPA fails a validation edit when submitted.

For more information on the various system statuses used in eXPRS & POC, please see the user assistance guide **eXPRS Status Definitions**.

ERROR MESSAGE:	WHAT IT MEANS:	HOW TO FIX IT:
Your request could not be completed because: Service Exclusion rule fail: Existing Authorization with excluded Service for overlapping period.	The SPA you are attempting to submit or update overlaps another authorization (either in the POC or in a CPA) that it is not allowed to overlap. *Example*: an individual cannot have 2 different residential services authorized for the same dates; they cannot have a Foster Care SPA + a residential CPA (SE50) or POC	Edits to the individual's POC, SPAs and/or CPAs must be made to remove the overlap between the excluded services. *Example*: this may involve ending a CPA before authorizing POC services, or ending a POC before authorizing new residential services in a CPA that are excluded in a POC.

In-Home services (SE49) at the same time.
OR

The individual cannot have Brokerage services (SE149) authorized for the same dates as CDDP services (CPAs or POC).

ERROR MESSAGE:	WHAT IT MEANS:	HOW TO FIX IT:
Client Prior Auth Submit failed: CPA would exceed provider's licensed capacity (x). ***X= the licensed capacity for site***	You will see this for POC services if you are trying to submit more SPAs for a FC site with overlapping dates. The number of overlapping SPAs exceeds the FC site's capacity. **For example**: if a FC home is licensed for 5 people, if you attempt to submit SPA #6 for that site with dates that overlap the other SPAs (the limit is 5), you'll get this error message.	Make sure that you have selected the correct FC home site for the individual(s) on the SPA. Correct any SPAs as needed. If someone has moved or left the FC site, be sure to end their SPA before you enter the new person's SPA for that FC home. The dates of the old & new SPAs **CANNOT** overlap. Be sure that if there are any licensing capacity changes needed, they have taken effect before submitting the SPA.

ERROR MESSAGE:	WHAT IT MEANS:	HOW TO FIX IT:
Your request could not be completed because: Authorization Effective Date range is not within the Provider Service Date range	This means that the SPA you are trying to authorize is for a provider with a record type/specialty that is not allowed for that specific service procedure code for some or all of the dates in the SPA. ***For example***: IC PSW provider type is not allowed to be authorized for services in eXPRS for service dates past 3/31/16.	Adjust the SPA date range to fall within the dates allowed for that specific provider type. If the specific provider has transitioned to a different provider type (ex: from IC to DE PSW), authorize services for them under their new provider record for the new provider type.

ERROR MESSAGE:	WHAT IT MEANS:	HOW TO FIX IT:
Your request could not be completed because: There is	Before an SPA can be moved to ***accepted*** status (become active) for PSWs, eXPRS must validate that we have received confirmation	Ensure that the PSW and the individual's employer have completed & returned their FMAS vendor enrollment packet paperwork.

not an EOR in place for the client provider relationship	from the FMAS payroll vendor that there is a completed employment relationship association established between the individual & the PSW. That relationship is established when both the provider **AND** the individual's employer have completed & submitted all necessary payroll enrollment forms to the FMAS payroll vendor. If there is no relationship established, then the FMAS vendor cannot pay the PSW for delivering services to the individual.	If that has been confirmed, re-submit the SPA. When eXPRS has received confirmation that the relationship association has been established, the SPA will process through the other submission validation edits.
ERROR MESSAGE:	**WHAT IT MEANS:**	**HOW TO FIX IT:**
*Your request could not be completed because: No positive ranked continuous rate for service element [xxx] procedure code [OR***] modifier code [W*] between [mm/dd/yyyy and mm/dd/yyyy]*	The NTE rate table entry for the POC SPA for that SE/procedure/modifier code combination has a date break that falls within the date range of the SPA created. Since there is no continuous applicable NTE rate table entry for that SE/procedure/modifier code combination, the SPA must be broken up into date ranges that align with the NTE rate table entry date ranges/breaks.	Adjust the SPA(s) date range(s) to align with the NTE rate table date ranges, and then use the rate that applies for each separate SPA date range.
ERROR MESSAGE:	**WHAT IT MEANS:**	**HOW TO FIX IT:**
Your request could not be completed because: Authorization Effective Date range is not within the Contract Date range. Please	Each CDDP/Brokerage has a contract with ODDS in eXPRS that establishes the funding amounts available for service authorizations in eXPRS. Those contracts are usually a 2-year period, the same as the biennial period.	Change the end date to the last date of the contract or biennium (such as to 6/30/yyyy). ODDS will run what is called a "roll over" process close to the end of the biennium & extend all SPAs that have an end date of 6/30/yyyy (the last day of

enter valid date for Contract [######]	While POCs & Plan Lines can have date ranges that cross over into the next contract/biennium period, ***all provider authorizations for direct client services*** (POC SPAs & CPAs) ***must have date ranges that fall within the contract date range***. This error occurs when the POC SPA you are trying to submit has an end date that is beyond the end date for the authorizing contract, meaning the end date is beyond June 30th for that biennial period.	the biennium/contract period) into the next contract/biennium
ERROR MESSAGE:	**WHAT IT MEANS:**	**HOW TO FIX IT:**
Your request could not be completed because: The provider service location [######] credential is invalid for Authorization time period [mm/dd/yyyy] to [mm/dd/yyyy] not covered by [mm/dd/yyyy] to [mm/dd/yyyy].	This means that the SPA you are trying to submit for this provider has a date range (dates shown in the error message in ==yellow==) that includes dates that are outside/exceed/are beyond the dates the provider has "***approved to work***" status (dates shown in the error message in <mark style="background:green">green</mark>).	To fix this you need to: • Click **EDIT** to open the SPA. • Change the SPA date range so that it falls within the dates the provider is "***approved to work***". • Most often this involves just changing the SPA end date (==yellow==) to be the same as, or before, the provider's "***approved to work***" end date (<mark style="background:green">green</mark>). • Click **SAVE** to save your changes. • Then click **SUBMIT** to submit the SPA again.
ERROR MESSAGE:	**WHAT IT MEANS:**	**HOW TO FIX IT:**
Your request could not be completed because: Maximum Benefit limit for plan exceeded.	For some POCs, there is a maximum financial limit applied for the total of all the services authorized in a POC. This error means that the SPA you are attempting to submit will exceed the financial plan maximum benefit	Adjust the SPA date range, number of units authorized or the rate to bring the SPA total down to an amount that is within the allowed benefit amount for the POC.

limit set for that POC.

The Maximum Benefit Limits in POC are:
- SE150 = $1,227.15/year (as of 4/1/18)
- SE151 = $12,270.15**/year for individuals that have service eligibility code = **FSL** (as of 4/1/18).

  ** *These benefit limits are prorated for POCs that have date ranges of less than a year.*

Review the individual's service eligibility coding and the specific service being authorized. It may be that updated service eligibility information is needed to update the individual's coding (for example, from FSL to DDK), which will then allow services to be authorized.

ERROR MESSAGE:	WHAT IT MEANS:	HOW TO FIX IT:
Your request could not be completed because: Client is not eligible for services [mm/dd/yyyy]. Please call or e-mail your DD TAU representative.	This means that the individual does not have the appropriate service eligibility and/or TXIX Medicaid eligibility for the service being authorized in the SPA as of the date [mm/dd/yyyy] shown in the error message. It could be that the system encountered an error in attempting to retrieve the eligibility information, or updated service/TXIX Medicaid eligibility information needs to be submitted to the ITBSU from the CDDP, Brokerage or CIIS Program.	• Attempt to resubmit the SPA. If the error message is received again. If yes, then, • Utilize the assistance guides on the eXPRS Help Menu to determine if the individual has the appropriate service eligibility and/or TXIX Medicaid eligibility for the service being authorized. • If the individual's eligibility information is not updated, send updated service eligibility information to the ITBSU via the DD Eligibility Enrollment process/pages in eXPRS. • If assistance is still needed, CDDPs, Brokerages or CIIS Program staff can use the **eXPRS Technical Assistance Request webform** to request assistance for this issue. Please include detailed information on the claim that is suspended, and the provider site information.

ERROR MESSAGE:	WHAT IT MEANS:	HOW TO FIX IT:
Your request could not be completed because: Insufficient funds [$000.00] on [mm/dd/yyyy] for Client Service.	You will get this error most often when you are trying to void a SPA, but there are still claims in **approved** status against the SPA. It's likely the SD billings entries have been voided, but the associated claim(s) still remain in **approved** status. Or, you're trying to change the end date for a SPA & there are still claims in **approved** status for dates out beyond the new end date you wish to use.	Please use the **eXPRS Technical Assistance Request webform** and submit a request to have the applicable claims voided. Please include the ICNs for the **approved** claims that need to be voided. Once voided, you can complete the ending or voiding of the SPA.

ERROR MESSAGE:	WHAT IT MEANS:	HOW TO FIX IT:
Your request could not be completed because: Plan lines for same service cannot overlap	This means that there is a service plan line for the same service procedure/modifier code combination with the same or overlapping dates as the one you attempting to create/save.	Edit the plan line to: • Select a different procedure/modifier code combination for the service, or • Edit the date range so it does not overlap the existing plan line(s) with the same procedure/modifier codes.

ERROR MESSAGE:	WHAT IT MEANS:	HOW TO FIX IT:
Your request could not be completed: No Authorizing Entity Provider found	This error is most often seen on SPAs for "generic" provider authorized services. Funds for "generic" authorized services are paid to the authorizing CDDP or Brokerage to then pass on to the rendering provider or vendor. This error occurs when a PPA for that CDDP/Brokerage's service element is not yet in **accepted** status for the date range that covers the "generic" service to facilitate that payment.	Use the **eXPRS Technical Assistance Request webform** to request assistance for this issue. Please include detailed information on the claim that is suspended, and the provider site information. Once resolved, you can re-submit the SPA.

ERROR MESSAGE:	WHAT IT MEANS:	HOW TO FIX IT:
Your request could not be completed because: Splitting of this Service Authorization requires Override permissions	This error will occur when retro "super user" edits are being attempted to Plan Lines or SPAs for the prior biennium after that biennium's contract has closed. **OR** The Plan Line/SPA had previously moved to pending status requiring ODDS to review/approve.	For the edit to be completed successfully, the edit must be made by someone from ODDS with the correct "over-ride "permissions. Follow the POC Retro Update Request process to request the edit/changes needed for the Plan Line or SPA(s).
ERROR MESSAGE:	**WHAT IT MEANS:**	**HOW TO FIX IT:**
Prime number is not permitted or does not exist.	This means that an update is needed to the eXPRS system ID number associated with that individual's prime number.	Submit an **eXPRS Technical Assistance Request webform** for this issue. and include detailed information of the situation & the error message received. Once the prime and ID information has been updated, resubmit the SPA.
ERROR MESSAGE:	**WHAT IT MEANS:**	**HOW TO FIX IT:**
No valid Case Management enrollment for this client found within this Authorization effective date range.	This means that one or more of the required CM authorizations (CPAs) are not in *accepted* status for the entire date range of the SPA you are attempting to submit. All POC services must be supported by CM services. • CDDP authorized POCs must have SE48 CM CPA(s) • Brokerage authorized POCs must have SE148 PA CM CPA(s) **AND** SE48 CM CPA(s) • CIIS authorized services must have a SE248 CM CPA(s), and for DD eligible children, also have a SE48 CM CPA(s).	Ensure that any CM CPA(s) needed from your program are in *accepted* status for dates that cover the SPA being authorized. If the CM CPA that is missing is with the individual's referring CDDP, coordinate with them to ensure that is completed. Once all the required CM CPA(s) needed are in *accepted* status, resubmit your SPA.

ERROR MESSAGE:	WHAT IT MEANS:	HOW TO FIX IT:
Your request could not be completed because: Plan Line Exceeds <mark>Weekly Employment Hours Limit for Plan.</mark> **OR** *Plan Line Exceeds <mark>Monthly Assessed Hours Limit for Plan.</mark>*	This error occurs when you are attempting to add a Plan Line with a unit amount that exceeds the POC limit that applies to that service.	Edit the Plan Line so the unit limit does not exceed the POC limit for that service. For attendant care services: • If the Plan Line frequency used is **WEEKLY**, then the weekly hours amount entered is multiplied by a factor of **4.43** to get the monthly hours equivalent. • If the Plan Line frequency used is **DAILY**, then the daily hours amount entered is multiplied by a factor of **31** to get the monthly hours equivalent.

ERROR MESSAGE:	WHAT IT MEANS:	HOW TO FIX IT:
Plan Line must be within a Weekly Employment Hours Approved by ISP Date Range	This error occurs when you are attempting to create a Plan Line for hourly employment services that has a date range that does not align with the **Weekly Employment Hours** limit date ranges.	Edit the Plan Line date ranges so it aligns or do not go beyond the Weekly Employment Hours limit date ranges.

ERROR MESSAGE:	WHAT IT MEANS:	HOW TO FIX IT:
Your request could not be completed because: Existing plan lines exceed new limit	This error occurs when you are attempting to adjust the **Monthly Assessed Attendant Care** hours limit or **Weekly Employment Hours** limit for the POC to a limit that is lower than what is already authorized on a Plan Line or SPA(s) in the POC.	Edits to the Plan Line/SPAs that exceed the new, lower limit you wish to add will be needed for this new limit to save successfully. These edits could include: • Ending the Plan Line/SPA as of the date of change, and then creating new auths within the lower limit from that date forward. • Adjusting the unit amount on the affected Plan • Line/SPA to be within the new, lower limit.

ERROR MESSAGE:	WHAT IT MEANS:	HOW TO FIX IT:
Your request could not be completed because: Date range may not crossover FMAS cutoff of 12/15/16. Split line at 12/15/16.	ODDS transitioned to using a new FMAS (fka: FI) vendor to process PSW payroll in eXPRS. This FMAS payroll vendor is listed as the "pay to" provider on PSW SPAs. The new vendor must be listed on all PSW SPAs as of 12/16/2016, therefor SPA date ranges for PSW authorizations must break/split between Dec 15th & Dec 16th.	Edit the SPA that has received this error to have an end date of 12/15/2016 or earlier. Then create a new SPA with a start date of 12/16/2016 or later, as needed for that PSW/client authorization. Resubmit any new/edited SPAs, as needed.

ERROR MESSAGE:	WHAT IT MEANS:	HOW TO FIX IT:
Your request could not be completed because: The EOR in place for the client provider relationship expired on [mm/dd/yyyy] *** Employment Relationship validation checks on SPA submissions was re-implemented in May 2017.**	This means that the established Employment Relationship for the PSW & individual being served has expired/ended. This could be due to the PSW no longer serving this individual, or the PSW was paid under the FMAS transition "contingency" period, and the employment relationship has yet to be fully completed.	• Make sure that SPAs being submitted aligns with the ER dates. You may have to edit the end date on the SPA(s) to align. • Make sure that all FMAS enrollment paperwork for both the PSW and Employer has been completed and submitted to the FMAS payroll vendor. • If the Employment Relationship is not established in eXPRS, and you believe it should be, contact **PPL Customer Service** at 1-888-419-7705 to confirm if they have received the confirmation back from eXPRS that the ER was received, and if there was possibly an error.