eXPRS Terms, Acronyms & Definitions

(v18; 8/17/2018)

ACA — ***Affordable Care Act*;** the federal legislation *(also referred to as "Obama Care")* that expands Federal Medicaid funded services. Providers who receive payment for Medicaid qualifying services *(such as care to individuals with I/DD)*, must first meet ACA standards as a valid Medicaid services provider.

Allotment — a service payment type in eXPRS where a monthly grant of funds is awarded to a contractor without a specific authorization for an I/DD individual and the provider/contractor having to submit claims for payment.

ANA — ***Adult Needs Assessment*;** an annual assessment used to determine an adult individual with I/DD's functional service needs related to their ADL, IADL and other health related support needs. It is a tool used to determine the amount of services or number of monthly service hours an individual is eligible to receive. The ANA will be discontinued when the Oregon Needs Assessment *(ONA)* is fully implemented.

"Approved to work" — a provider status definition used to indicate that a provider has completed their provider registration enrollment and has passed all the credentialing and ACA validation criteria to work as a Medicaid services provided.

BA Line — a ***Budget Allocation*** line in eXPRS; a feature that is the initial point to add or remove funding for services in eXPRS. BA lines are collected and assigned to a SEPA, which then establishes the funding limitation for a service within a contract.

Brokerage — an agency operated under contract with DHS/ODDS to provide case management services to adults living in their own or family home. A Brokerage is a CME.

CPAU the ***Contracts & Provider Administration Unit***; a work unit within ODDS that manages all contracts, funding adjustments for the State's IGAs and direct contracts for I/DD services, as well as provider record management & updates.

CDDP ***Community Developmental Disability Program****;* a program or agency operated by a local County Mental Health authority or operated under sub-contract by the County with a private agency. A CDDP is a CME and serves as the centralized hub of Developmental Disability services in the local community. The CDDP has the responsibility to coordinate local DD services for individuals with I/DD within the specific CDDP's geographic area(s) in the State of Oregon. In most cases, work completed in eXPRS uses CDDP, Local Authority and "County" interchangeably.

CEP ***Client Employed Provider*** payment system; a DHS mainframe payment system used to issue payments to providers.

CHC ***Criminal History Check*****;** may also be referred to as a Criminal Background check. It is the process of reviewing a person's criminal history to determine if they are fit to provide services to individuals with I/DD. A CHC is often approved for a limited period of time *(for example, 2 years)*. An individual or provider must have their CHC renewed before the specified time of approval has expired to continue to qualify as a provider.

CFC ***Community First Choice*****;** a service option that is part of Oregon's Medicaid State Plan, also known as the "**K-Plan Option**". It provides for the delivery of ADL, IADL, and other health related supports to eligible individuals served by DHS *(both APD and ODDS)*.

CI the ***Client Index*** system; a DHS mainframe database system that utilizes individual demographic and identifying information, and assigns an individual's unique prime number.

CLA ***Client Liability Account***; a record in eXPRS that lists the amount an individual receiving I/DD residential placement services must pay in contribution towards the cost of their care for the month specified within the account record. It is also known or referred to as the individual's "service contribution" or "offset".

Claim a record created in eXPRS to generate payment to a provider for authorized services delivered to an individual. The claim certifies:

- the authorized service was delivered;
- by the provider;
- to the identified individual;
- during the time period specified within the claim.

Claim Aggregation

a system process in eXPRS that collects the Plan of Care *(POC)* Service Delivered *(SD)* billing entries that are in ***approved*** status and puts them into a claim for payment processing to the provider for services delivered.

Claim Modifier

a code that is used by a DD provider when submitting claims in eXPRS for 24-hour residential care to identify the type of claim; either a regular claim *(individual received the service)* or an absence claim *(individual was absent and did not receive service, but payment is still allowed to the provider as defined by ODDS)*.

CLE ***Common Law Employer*;** formerly referred to as the "employer of record" or "EOR". This is the person who is employing a PSW to deliver an array of services to support an individual with I/DD. Most often the CLE is simply referred to as the "employer". In some cases, the individual with I/DD themselves will serve as their own CLE. The CLE establishes the type of service they wish the PSW to deliver, when and where. They also maintain hire/fire authority and directs the care the individual with I/DD receives. In addition, the CLE must sign off on any services delivered reports, time sheets or invoices verifying that the time worked as reported by the PSW was for the authorized services and was actually received by the individual with I/DD.

CM ***Case Management*;** a more global term used to describe DD service coordination services provided by CDDP or Brokerage. It also may

also be included in other acronyms to more clearly indentify the specific type of case management service provided to an individual with I/DD.

CME **Case Management Entity**; a general term used to describe an agency that provides case management or service coordination services to individuals with I/DD; such as a CDDP, Brokerage or the CIIS Program.

CMS [1] the ***Client Maintenance System***; a DHS mainframe database system that houses an individual's case information, including service and financial eligibility. eXPRS interfaces with this system to obtain the individual's eligibility and financial information necessary to support the correct authorization and billing/payment of services.

CMS [2] the ***Centers for Medicare & Medicaid Services***; is a federal agency that administers Medicare & Medicaid programs and works in partnership with state governments to administer local Medicaid services.

CNA ***Children's Needs Assessment;*** an annual assessment used to determine a child's functional service needs related to their ADL, IADL and other health related support needs. It is a tool used to determine the amount of services or number of monthly service hours an I/DD eligible child may receive. The CNA will be discontinued when the Oregon Needs Assessment *(ONA)* is fully implemented.

CPA ***Client Prior Authorization***; a service authorization feature within eXPRS that authorizes the payment of a single service for an individual. The CPA designates the type of service to be provided, the provider of service, the service rate, and the dates of service. A CPA in ***accepted*** status is required before a provider can submit claims for payment for services delivered.

DD Waiver a common term used to refer to one or more of the federal Medicaid TXIX Home & Community Based Services *(HCBS)* waivers for I/DD services.

DHS the State of Oregon's ***Department of Human Services***.

DHS-0337 the ***DD Eligibility/Enrollment/Update Form*** number. This is the paper form that was used to notify ODDS of demographic, service eligibility, service enrollment information and changes for individuals with I/DD. This paper form is no longer used by ODDS.

Direct Contract

a legal agreement between DHS and another entity, usually a provider agency, organization or individual, for the delivery of direct services to an individual with I/DD, or other types of goods or services.

eXPRS the ***Express Payment and Reporting System***; the DHS web-based, electronic service authorization & payment management system, designed for the authorization, payment and reporting of services provided to individuals with I/DD in Oregon.

eXPRS Provider ID

a multi-digit number assigned to a provider record by eXPRS when the record is initially created using the eXPRS system. It is different from the ***SPD provider ID number*** in that it is not specifically tied to completing the provider credential process, but is often used as the identifier to track service authorizations and payments for services from Agency providers.

FF ***Federal Funds***; used to describe service funding that is provided by the Federal Government. Also known as "TXIX matching funds."

FFS ***Fee-for-Service***; the payment structure in eXPRS used for the majority of direct individual services where an authorized service is delivered by a provider, and then *(after delivery)* the provider submits a billing or claim in eXPRS for payment *(ie: submits a "fee" for the "service" delivered)*.

FMAS ***Financial Management Agent Service*;** formerly known as "FI" for "Fiscal Intermediary". This is the ODDS contracted entity that processes payroll and issues payments to DD PSWs on behalf of the I/DD individual's employer for services provided/work performed.

GF State ***General Funds***; used to describe service funding that is provided by the State of Oregon.

HCBS Waiver or **"DD Waiver"**

a Medicaid ***Home & Community Based Services Waiver*** which outlines specific DD services for which the State is able to receive federal funding reimbursement. It "waives" or moves federal funds previously available for institutional care and services to be used for individuals living in non-institutional *(ie: community)* settings.

I/DD acronym used for ***Intellectual and/or Developmental Disability***.

IGA ***Inter-Governmental Agreement***; a legal agreement between DHS and a local governmental agency, primarily a CDDP, for the provision of developmental disability services.

K-Plan a common term used to describe the ***Community First Choice, Option K*** of the Oregon Medicaid State Plan. It is a variety of services available to individuals who are eligible for TXIX Medicaid medical assistance under the State's Medicaid State Plan. The services under this plan option include residential care, in-home attendant care, transportation, and other supportive medical services.

LAB ***Legislatively Approved Budget;*** a high level monetary limit within eXPRS that establishes the overall, statewide service budget for ALL I/DD services managed in eXPRS.

LOC ***Level of Care***; individual service level need evaluation and determination against ICF/IDD *(fka: ICF/MR)* institutional admission criteria to determine an individual with I/DD's eligibility for DD TXIX Medicaid Waiver or K-Plan services.

Local Authority or **LA**

term used for a County operated, a local governmental sub-contracted, or a direct contracted CDDP. In eXPRS, the Local Authority is a CME who authorizes services against funding limitations for individual services paid via eXPRS.

ODDS ***Office of Developmental Disability Services***; a program unit of DHS that manages/administers/oversees/regulates all of DHS' services to individuals with I/DD in the state.

OHA ***Oregon Health Authority***; a state agency created as a result of Oregon Legislative HB2009 which combines the more health-related programs in the State into one department; OHA is Oregon's Medicaid Authority agency.

ONA ***Oregon Needs Assessment*****;** a single needs assessment tool used for individuals with I/DD to determine their level of service and support need. The ONA will replace the ANA and CNA assessments when the vetting & pilot of the assessment is complete.

OPAR ***Office of Payment Accuracy & Recovery***; a DHS department responsible for the identification, investigation, and recovery of improper payments for DHS programs, including Medicaid, TANF, Food Stamps, and Child Care.

ORBCM a service procedure code for ***Oregon Brokerage Case Management*** services used on CM CPAs for I/DD individuals receiving CM services from a Brokerage. When billed, it will be funded at a TXIX Medicaid match rate based on the individual's TXIX eligibility for the date of service.

ORCCM a service procedure code for ***Oregon CDDP Case Management*** services used on CM CPAs for I/DD individuals receiving CM services from a CDDP. When billed, it will be funded at a TXIX Medicaid match rate based on the individual's TXIX eligibility for the date of service.

ORSCM a service procedure code for ***Oregon State Case Management*** services used on CM CPAs for I/DD individuals receiving CM services from the State. When billed, it will be funded at a TXIX Medicaid match rate based on the individual's TXIX eligibility for the date of service.

PA ***Personal Agent***; a staff person at a Brokerage who is assigned a caseload of individuals with I/DD and works with them and their families to establish & manage the individual's in-home & community support services, plans and resources.

PAL ***Program Area Limitation***; the maximum total funding limitation that may be established for a Contractor in eXPRS. The collective sum of

all lower level funding limitations *(such as SEPAs, PPAs, CPAs & SPAs)* cannot not exceed the total PAL for that contract.

Pay Period a period of time within a calendar month used to define a date range of time worked for payment to a PSW provider for services delivered to individuals with I/DD. There are 2 established pay periods in a calendar month: the 1st through the 15th, and the 16th through the last day of the month.

PEAA ***Provider Enrollment Application & Agreement*;** a document that a provider signs as part of the provider qualification process with DHS/ODDS. The PEAA outlines the terms, conditions, requirements, and performance expectations required to be a DHS/ODDS Medicaid provider. The PEAA is valid for a limited time *(2 to 5 yrs, depending on type of provider)* and must be reviewed & resigned upon expiration to continue as a qualified provider.

PLA ***Provider Liability Account***; a record within eXPRS that tracks and manages provider payment liabilities *(ie: money owed back to the State from the provider)*. When an approved & paid claim has been corrected, voided or reversed, a PLA is created in the amount of the original claim *(ie: the amount now overpaid to the provider)*. Future claims processed for the provider will be adjusted against the PLA, reducing the payment until the provider's PLA balance is zero.

Plan Line a system feature within eXPRS Plan of Care that identifies a service to be provided to an individual with I/DD, the total amount of that service *(number of units)* authorized for the individual, and the dates the service can be provided. The plan line is the first part of the POC service authorization structure.

POC ***Plan of Care***; module in eXPRS that is a collection of different, discrete service authorizations for an individual with I/DD in a single annual plan. It is unlike a CPA, in that a CPA is a single service authorization. A POC is a collection of multiple service authorizations.

PPA ***Provider Prior Authorization***; a provider specific authorization level in eXPRS. The PPA serves multiple functions:
For allotment services:

- establishes & generates the monthly allotment payment amount for the specific allotment service.

For Rationed Fee-for-Service CM services:

- establishes the monthly rationed payment amount cap that RFFS claims can pay up to in the RFFS payment cycle.

For CPA Fee-for-Service services:

1. establishes the contractual link between the Local Authority and the provider for that specific service. This activates the provider to be available for service authorization in the CPA; and
2. can be used to establish the funding limitation for a specific service with a provider. Fee-for-service PPAs are most often selected as "optional" which uses a $0 amount. This still allows the PPA to meet the PPA function above which is required by the system, but allows management of provider allocations to be handled outside eXPRS.

Prime Number

a unique, alpha-numeric number assigned by DHS' Client Index mainframe system to all individuals receiving DHS services. This number serves as the individual's unique identifier for all DHS service related activity.

Provider a person or agency who meets the appropriate license, certification, or other specific credential qualifications, and who is authorized or contracted to delivers an authorized I/DD service(s).

PSW ***Personal Support Worker;*** a type of individual *(non-agency)* provider that is employed to provide services to an individual with I/DD living in their own or family home. The specific services provided fall within the guidelines of "personal support worker" qualifying services as defined by ***HB3618***. PSW providers are part of the HCW-PSW-SEIU Collective Bargaining Agreement.

RA ***Remittance Advice***; a report available in eXPRS that details the claims processed for payment to the provider. The RA also contains information regarding the impact of any client or provider liability on the provider payment.

ReBAR ***Restructuring Budgets, Assessments & Rates***; a former DHS/ODDS project that has developed a standardized support needs assessment

for individuals with I/DD receiving comprehensive services, and establishing a new service rate structure based on support needs assessments.

RFFS ***Rationed Fee-for-Service*;** a type of fee-for-service process that rations the amount available to be paid for a service over time, and sets a maximum monthly payment cap for that service. Currently this model is used for DD Case Management Services *(CDDP, Brokerage and State)*.

SACU ***Stabilization and Crisis Unit*;** formerly known as State Operated Community Programs *(SOCP)*; 24-hour residential group homes for individuals with I/DD that are operated directly by the State of Oregon.

SD ***Service Delivered*** billing entry; a data component within eXPRS POC that represents the date and the start & end times a POC authorized service was provided to an individual with I/DD by a provider. This is the preliminary "timesheet" or billing data entered in eXPRS for POC services, and is used by eXPRS to create claims for payment back to the provider for POC authorized services.

SE ***Service Element***; a specific type or grouping of DD services authorized via eXPRS. The code **SE** is followed by a number to designate the specific service category group. See the ***Service Element Code*** list for codes & definitions.

SEPA ***Service Element Prior Authorization***; the mechanism in eXPRS that establishes and adjusts the funding limitations for a specific type or grouping of service, for a specific contract that is then authorized and paid through eXPRS.

Service Category Code or **Service Eligibility Code**

a three-character code used to identify which service benefit package an individual with I/DD is eligible to receive. These codes are required by eXPRS before a service authorization *(CPA or POC service prior authorization)* can be submitted successfully, and provider billings & claims can be processed for payment. It may also be called a "waiver code," but codes are used to show non-waiver service eligibility as well.

Service **Modifier Code** or **Mod Cd**

a 2-digit alpha/numeric code used by eXPRS, in conjunction with a service procedure code to further define the service authorized or provide additional information on the service authorized. See the eXPRS Procedure Code list for more information.

Service **Procedure Code** or **Proc Cd**

a 5-digit alpha/numeric code used by eXPRS to identify & define the service authorized for an individual with I/DD. See the eXPRS Procedure Code list for more information.

Service Prior Authorization (SPA)

a system feature within eXPRS Plan of Care which is the second level of Plan of Care service authorization *(the POC Plan Line is the first level)*. The SPA authorizes a provider to deliver a specific service under a POC Plan line, the amount of service *(number of units)* available from that provider, the rate & the dates the service can be provided by that provider.

SFMA ***Statewide Financial Management Application***; a data interface program that processes claim information daily from eXPRS to DAS to generate payments to providers.

SIS ***Supports Intensity Scale***; the support needs assessment used to determine an adult individual's support need tier *(primarily for residential group home services)*. An individual's tier, along with other information, helps to establish the individual's service rate for 24-hour residential services.

SNAP ***Support Needs Assessment Profile***; the support needs assessment used to determine an individual's support need and rate for DD Non-Relative Foster Care services.

SPD Provider ID

a 6-digit number assigned to a provider record once the provider has passed all credential criteria for that provider type. This number is often used as the identifier for the provider to track their service authorizations & payments for services.

SPPC ***State Plan Personal Care*;** formerly known as Personal Care - 20 Hours *(PC20)*; a Medicaid State Plan service that provides an individual who is eligible for TXIX Medicaid, personal care assistance.

TXIX ***Medicaid Title XIX*** (19); used to identify Medicaid funds received from the federal government for individuals or services eligible for participation in the Medicaid match funding programs. It also may refer to the portion of funding provided by the federal government for an individual's services if they are Medicaid TXIX eligible.