



POC Super User Retroactive Updates Problem-solving Matrix

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.

At times, retroactive authorization updates are needed. A POC Super User has permission in eXPRS to make those retroactive POC updates.

- SPAs in **draft** status do not need special permissions to update as they are draft/not active.
- SPAs in **pending** or **accepted** status can have some data points edited.
 - Future dated edits can be made by a POC Manager.
 - Retroactive edits must be completed by a POC Super User.

When completing retroactive POC edits, some errors may occur. This guide will assist in understanding those errors and how to remedy them.

Error message	What it means	How to fix it
<i>Validation Error! You must correct the following error(s) before proceeding:</i> <i>Units must be between [###] and [###].</i>	The new unit value entered on the Plan Line is lower than what is authorized in the SPAs beneath it.	If needing to reduce the units on a Plan Line, you will need to confirm that the new unit value is not lower than units the SPA(s) beneath. If a new lower unit value is needed on the Plan Line, you may need to first reduce the units on the SPAs.

Your request could not be completed because: Existing Service Delivered units (####) exceeds new service units (###).

The new, lower unit amount entered on the SPA exceeds what has already been billed in SDs for the SPA.

You may need to evaluate the number of units that are billed against the SPA, and then enter a unit value that is not less than the maximum amount billed for the frequency. If the lower value that triggered the error is truly what is needed, you will need to determine which of the paid SDs should be voided in order to support the new, lower unit value.

When voiding SDs, **please proceed with caution!**

Your request could not be completed because: active claims overlap the proposed split date; try splitting on the first day of a month or payment cycle

When you are attempting to split a Plan Line or SPA and there are approved/paid claims that cross that new split date entered.

Is there an alternate split date that can be used, such as the end of a month?

If not, submit a request to ODDS to remove the claim in question. This will release the SDs to move to be under the appropriate SPA when the split is completed. **Voiding of SDs is not needed.**

Your request could not be completed because: Splitting of this Service Authorization requires Override permissions

This error will occur when retroactive 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 **Pended** for ODDS to review/approve.

For the update to be completed successfully, the update 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).

Plan Line must be within a Weekly Employment Hours Approved by ISP Date Range

This error occurs when you are attempting to split a Plan Line for hourly employment services so that the new authorizations have date ranges that does not align with the **Weekly Employment Hours** limit date ranges (Sun – Sat).

Split your Plan Line with a date that ends on a Saturday, so it & the new SPA created will align with the Weekly Employment Hours limit date ranges.

Your request could not be completed because: Plan Line Exceeds Weekly Employment Hours Limit for Plan.

OR

Plan Line Exceeds Monthly Assessed Hours Limit for Plan.

This error occurs when you are attempting to update 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/DSA 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.

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 update for this provider has a date range that includes dates that exceed the dates the provider's "**approved to work**" status on their provider record.

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 to be the same as, or before, the provider's "**approved to work**" end date.

Click **SAVE** to save your changes.

Then proceed with the other SPA updates needed.

Your request could not be completed because: Service Auth (#####) Issue: Provider is not an active Panel Member

This error is telling you that the provider record listed on the SPA you're trying to submit is not active on your CME's POC Provider Panel for the date range of the SPA.

That likely means the provider is not listed on your POC Panel at all and needs to be added, **OR** the date range for the provider record entry on your CME's POC Panel does not cover the service date range on the SPA you're trying to submit.

Best Practice: a provider record entry on your CME POC Provider Panel should have an End Date of **12/31/9999** unless you are no longer using that specific provider record for ANY client POCs with your CME.

Add the missing provider to your POC Panel.

If the provider is already listed on your panel, find their provider record entry and verify the panel Start Date and/or End Date for their record covers the date range of the SPA you're trying to update. Edit the panel Start/End dates for that record, as needed, to cover the date range of the SPA.

SPD ID	eXPRS ID	Provider	Provider Specialty	Start Date	End Date
1****7	1*****9	DD Agency Provider CLS	DD Community Living Supports	2/1/2020	6/7/2021
8****5	1*****6	PSW, Samantha	DD Personal Support Worker	7/23/2019	12/31/9999

Your request could not be completed because: No positive ranked continuous rate for service element [xxx] procedure code [OR***] modifier code [**] 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.

No valid Case Management enrollment for this client found within this Authorization effective date range.

This means that the required CM authorizations (CPAs) are not in **accepted** status for the entire date range of the SPA you are attempting to update.

All POC services must be supported by CM services.

Ensure that any CM CPA(s) needed from your CME are in **accepted** status for dates that cover the SPA being updated.

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, attempt your SPA updates again.

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 updated 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 TAU from the CME.

Attempt to update the Plan Line or SPA again. If the error message is received again, 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 updated.

If the individual's eligibility information is not updated, send updated service eligibility information to the TAU via the DD Eligibility Enrollment process/pages in eXPRS. Once updated, try your SPA update again.

If assistance is still needed, CME 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.

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.