

3. **Other actions:** Some actions taken on an SD that has been approved and paid (such as voiding) may also trigger an error message explaining why that action was not allowed.

The grids on the following pages show the most common “exception” or error messages for SDs, what the error message means, and tips on how to resolve the issue.

- Validation Error Messages that prevent an SD from saving – p. 3
- Service Delivered (SD) Suspended Error/Exception Messages – p. 4-8
- Service Delivered (SD) Denied Error/Exception Messages – p. 8-12
- Other Service Delivered Error messages – p. 12

Validation Error Messages that prevent an SD from Saving

These error messages appear at the top of the page. The SD is not actually saved to the database. Users can make edits to the data entered and click “Save All” again, or click “**Cancel Changes**” to remove the billing data from screen.

Error message	What it means	How to fix it
<i>Service Date/Time cannot be in the future.</i>	eXPRS is a real-time system. Billing entries for future dates or future times do not exist yet in real time, so the system will not allow their entry. Future dated or timed SDs will not even save as a draft until the date or start/end times to be entered have occurred.	Click “ Cancel Changes ” to remove the billing entry data from the page. Then wait until the date and/or start/end times that need billing has passed (are in the past), and then re-create & save the billing entry.
<i>The date of service [mm/dd/yyyy] must be within the SPA date range</i>	The dates of the SD billings created must fall with the dates (date range) of the SPA being billed against.	Verify that date of the SD billing falls within the date range of the SPA being billed against. Correct the SD billing date or search for the correct SPA for the dates needing to be billed.
<i>Service rates received same ranking: Service Rate [#] Fixed: [SE/PROC/MOD]/Null/Null/Null/[PROVIDER TYPE & SPECIALTY [CREDENTIAL DATE] - Service Rate [#] Fixed: [SE/PROC/MOD]/Null/Null/Null/[PROVIDER TYPE & SPECIALTY [CREDENTIAL DATE]</i>	There are two similar overlapping Provider Type & Specialties that are active for the date of the SD. This prevents eXPRS from determining the correct rate to pay for the SD.	Submit a Technical Assistance Request for assistance with the overlapping Provider Type and Specialties credential dates.

Service Delivered (SD) Suspended Error/Exception Messages

Suspense error/exception message	What it means	How to fix it
<p><i>Claim unit over limit</i></p> <p><i>Total ANA hours [xxx] exceeds Monthly Assessed Hours Limit: [xx:xx]. ODDS review Required.</i></p>	<p>This suspension reason is for PSW service billings only. The suspended billing entry puts the total billed for the individual over their monthly limit allowed for all attendant care services authorized for the individual in that month; it is over the monthly limit established by the individual's Needs Assessment (ANA or CNA).</p> <p>This situation most often occurs when an individual has their attendant care services authorized using multiple different attendant care service codes/ authorizations. The individual is limited in the amount of all attendant care service they can receive in a month by their monthly assessed hours total (from their Needs Assessment – ANA or CNA).</p>	<p>Error is overridable. The PSW must contact the authorizing CDDP or Brokerage and work with them to request an exception to have the suspended billing(s) approved by ODDS for payment.</p>
<p><i>Missing Employment Relationship between Client and Provider (47)</i></p> <p><i>There is a problem with Employment Relationship between [client] and [PSW]. No payments can be issued for this billing until the problem is resolved. Please contact PPL at 1-888-419-7705 for more information.</i></p>	<p>The Employment Relationship or “ER” is a link between the PSW and the employer for the client for purposes of payroll processing from the FMAS vendor.</p> <p>This error means that eXPRS has not received confirmation that the employment relationship has been established for the PSW to be paid for work done supporting the individual. The SD billings/claims cannot be processed for payment until this relationship is confirmed.</p>	<p>Error is not overridable.</p> <p>Confirm that the employer AND the PSWs have completed & submitted their paperwork to the FMAS payroll vendor. If not, assist as needed to facilitate that process to be completed.</p> <p>Once the ER confirmation has been received by eXPRS, the suspended SDs will be automatically resubmitted by the system. When the ER relationship is confirmed, the SDs will then continue to process for payment.</p>
<p><i>Billed units below allowed minimum. (46)</i></p> <p><i>Billing entry is for less than 16 hours; ODDS approval required</i></p>	<p>This suspense error message will be seen on billings for OR507 that are less than 16 hours (based on start/end times entered).</p>	<p>Error is overridable. Contact your authorizing CDDP or Brokerage, and ask that they request a state override to that suspended billing, so it may process for payment.</p>

Suspense error/exception message	What it means	How to fix it
	<p>As of 9/1/16, billings of less than 16 hours are now allowed for OR507, however, ODDS approval is required.</p>	<p>Additional information may be requested from you, to document the reasons the PSW was not able to complete the full 24-hours of authorized Daily Relief Care service.</p>
<p><i>Suspected duplicate. Date range or a portion of the date range overlaps an approved claim. (5)</i></p> <p><i>The hours in the Date Time Entry Line for [mm/dd/yyyy] have already been claimed by another Date Time Entry Line by another provider</i></p>	<p>In most situations, an individual can only receive one hourly service from 1 provider at any given time. This SD overlaps with another SD already submitted from another provider for the same or overlapping date/times. It is suspected to be a duplication of service, and that duplication must be resolved prior to allowing payment of the 2nd submitted billing.</p>	<p>Error is overridable.</p> <ul style="list-style-type: none"> • Providers can edit the suspended billing entry to change the date, the start and/or the end time (if an error was made), save & then resubmit the billing entry. • Providers may need to bill for this time under a different service auth set up with the appropriate modifier, if it is for allowed 2:1 services. • Contact the authorizing agency (the CDDP, Brokerage or CIIS) for assistance. In some scenarios, a request can be made for the suspension be “overridden” for payment.
<p><i>System error occurred during processing (109)</i></p> <p><i>Processing aborted from step: load client service eligibility (CICS Service Eligibility Service not available)</i></p>	<p>An individual must be determined to be eligible for the service(s) they are receiving. When billings are submitted, the system will validate an individual’s eligibility.</p> <p>This error is seen when the system encountered an error in attempting to retrieve the individual’s eligibility information from the other DHS systems that eXPRS communicates with (the mainframe, MMIS, etc) or access the system web service. The other system or web service may be unavailable at the time the billing was submitted, and eXPRS does not know how to handle the billing without the information it needs.</p>	<p>Error is not overridable.</p> <ul style="list-style-type: none"> • Wait a day or so (if possible) and then resubmit the suspended billing. If the other system issue has been resolved and eXPRS can successfully retrieve the individual’s eligibility information it needs, the billing should now process through. • If the billing is still suspended when resubmitted, then contact the service authorizing agency (the CDDP, Brokerage or CIIS) to assist in problem-solving the eligibility issue.

Suspense error/exception message	What it means	How to fix it
<p><i>Client Awaiting Service Eligibility (27)</i></p> <p><i>Client waiting on service eligibility. Svc Cat: [DDC] Title XIX Cd: [N]</i></p>	<p>An individual must be determined to be eligible for the service(s) they are receiving. This is managed in eXPRS by using various system codes.</p> <p>This suspense error may mean one of several things:</p> <ul style="list-style-type: none"> • It means the system has found service eligibility codes for the individual, but their code combination is in conflict for the date of the billing entry. For example, the individual has a service/waiver category code of DDC (meaning Waiver + KPlan), but Medicaid eligibility code of Title XIX Cd = N (meaning No). However, Medicaid is • required (Cd = Y for yes) for billings to process with a DDC code. • ODDS has set the billing to suspend for review, prior to paying the service with 100% GF funding. • Sometimes the TXIX Medicaid information isn't available for eXPRS due to a system issue, so eXPRS assumes TXIX = No when the individual really has TXIX. 	<p>Error is not overridable.</p> <ul style="list-style-type: none"> • Wait a day or so (if possible) and then resubmit the suspended billing. The issue causing the eligibility coding conflict may have resolved & the billing will process through. • If still suspended, contact the service authorizing agency (the CDDP, Brokerage or CIIS) to assist in problem solving the eligibility issue.
<p><i>System error occurred during processing (109)</i></p> <p><i>Processing aborted from step: Load client TXIX eligibility (string: null)</i></p>	<p>An individual must be determined to be eligible for the service(s) they are receiving. When billings are submitted, the system will validate an individual's eligibility.</p> <p>This error is seen when the system encountered an error in attempting to retrieve the individual's eligibility information from the other DHS systems that eXPRS communicates with (the mainframe, MMIS, etc). The other system may be unavailable at the time the billing was submitted, and eXPRS does not know how to handle the billing without the information it needs.</p>	<p>Error is not overridable.</p> <ul style="list-style-type: none"> • Wait a day or so (if possible) and then resubmit the suspended billing. If the other system issue has been resolved and eXPRS can successfully retrieve the individual's eligibility information it needs, the billing should now process through. • If the billing is still suspended when resubmitted, then contact the service authorizing agency (the CDDP, Brokerage or CIIS) to assist in problem solving the eligibility issue.

Suspense error/exception message	What it means	How to fix it
<p><i>Client not enrolled in Case Management (20)</i></p> <p><i>Client not enrolled in Case Management</i></p>	<p>All individuals who receive POC authorized services must be enrolled in the appropriate Case Management service first.</p> <p>This error message means the appropriate Case Mgmt service authorization to support the service being billed is missing in the system.</p>	<p>Error is overridable.</p> <p>Contact the service authorizing agency (the CDDP, Brokerage or CIIS) for assistance. They may need to complete some Case Management service authorization work in eXPRS.</p> <p>Once the Case Management service issue is resolved, you can resubmit your suspended billing entry.</p>
<p><i>Invalid Provider Service or License. (15)</i></p> <p><i>Provider credential dates not within the time period claimed.</i></p>	<p>Every provider of POC authorized services must be appropriately credentialed for the type of provider they are working as, and have "approved to work" status on their provider record for all the dates they are billing.</p> <p>This error message means that for the date of the billing, the provider's record does not have "approved to work" status. The provider's credentials may be pending or have expired.</p>	<p>Error is not overridable. Providers can contact either:</p> <ul style="list-style-type: none"> • The service authorizing agency (the CDDP, Brokerage or CIIS) for assistance in troubleshooting/ resolving their provider record credential issue. • Use the Contact Us information for PSWs in eXPRS for assistance in updating their credentials to have their "approved to work" date ranges updated. <p>Once the provider's credential/ "approved to work" status issue is resolved, the suspended billing can be resubmitted.</p>
<p><i>Invalid Provider Service or License. (207)</i></p> <p><i>Claim service dates not within the Provider Service Date range.</i></p>	<p>There is an issue with the date range being billed and the specific provider type/specialty on the provider's record.</p> <ul style="list-style-type: none"> • The provider's record specialty date range is outside of the specialty's credential "approved to work" date range(s) & the date range being billed. • The specific provider type/ specialty on that record is no longer allowed for that specific service procedure code for the service date(s) being billed. 	<p>Error is not overridable.</p> <ul style="list-style-type: none"> • Use the Contact Us information for PSWs in eXPRS for assistance to request that the specialty date range issue for the provider's record be corrected. Once corrected, the suspended SD billings can be resubmitted. • The provider may have transitioned to a different provider type (<i>ex: from IC to DE PSW</i>). Those service dates will now need to be authorized/billed using the correct record for the provider type/specialty allowed for the service.

Suspense error/exception message	What it means	How to fix it
<p><i>Provider is not active. (15)</i></p> <p><i>Provider is not an active Panel Member</i></p>	<p>There is an issue with the provider’s panel record entry on the authorizing CDDP/Brokerage or CIIS Program’s POC provider panel.</p> <p>Either the provider’s record has been removed in error, or the panel listing date ranges for the record do not cover the dates of service being billed.</p>	<p>Error is not overridable.</p> <p>Contact the authorizing CDDP, Brokerage or CIIS Program and have them correct the panel issue for the provider record (ex: add the record back to the panel, or edit/expand the date range for the record listing on the panel).</p> <p>When the issue is corrected, the suspended billings can be resubmitted.</p>
<p><i>System error occurred during processing (109)</i></p> <p><i>Processing aborted from step: check Plan Of Care Client for changes that trigger a review (com.ibm.db2.jcc.am.SqlException: DB2 SQL Error: SQLCODE=-438 ...)</i></p>	<p>Something happened within the system during the time the billing was being processed that stopped the billing from completing the submission process.</p>	<p>Error is not overridable.</p> <p>Providers can contact the eXPRS user support from the Contact Us page in eXPRS to assist in researching the system issue causing the suspension.</p>

Service Delivered (SD) Denied Error/Exception Messages

Denied error/exception message	What it means	How to fix it
<p><i>The hours in the Date Time Entry Line for [mm/dd/yyyy] have already been entered by another Date Time Entry Line by the same provider and is not in a group setting.</i></p>	<p>There are times when a single provider will work with multiple individuals at the same or overlapping times (for example, 1 provider serving a ‘group’ of individuals at one time).</p> <p>This error message means the system found other billings from that same provider that overlap the dates/times entered for this billing, but the “group” box is not checked.</p> <p>Billing entries for each individual in the group must be entered separately;</p>	<ul style="list-style-type: none"> • If the “group” box was not checked on the SD billing(s) that is denied, re-create the SD billing and check the “group” box, then click “Save All”. • If that does not resolve the issue, the PSW may need to confirm that any other overlapping SD billings for other clients also have the “group” box checked. • If not, the PSW can edit (if still in “draft”) or request that the other SDs that overlap be rejected/voided by

Denied error/exception message	What it means	How to fix it
	<p>and must list the actual start/end times for each individual to document the full time each individual was with the provider;</p> <p>and check the “group” box to indicate that during that time billed, the individual was part of a group of individuals served by the provider.</p>	<p>the CME. Then those billings can be re-created and check the “group” box on all necessary, then submit.</p>
<p><i>Duplicate claim - The Date Time Entry Line for [mm/dd/yyyy] overlaps another Date Time Entry Line</i></p>	<p>The denied billing overlaps completely with another billing for the individual from that same service.</p>	<p>The provider can create/submit a new SD billing entry(ies) for a different date or different start/end times and resubmit, if needed.</p>
<p><i>Total billed units for provider exceeds max allowed units for this service (37)</i></p> <p><i>Service units (##) exceed the amount allowed by the Service Prior Auth: ##</i></p>	<p>The denied billing entry puts the provider over the number of units that have been authorized for them in their provider service prior authorization.</p>	<p>The provider can create/submit a new SD billing entry(ies) for fewer units that may then fall within the service limit remaining that is authorized for the provider.</p>
<p><i>Total billed units for provider exceeds max allowed units for this service (37)</i></p> <p><i>Service units (##) exceed amount allowed by the plan line: ##</i></p>	<p>The denied billing entry puts the total billed for the individual’s service over the number of units that have been authorized for the individual in the POC service plan line.</p> <p>This situation most often occurs when an individual is served by multiple providers. The individual is limited in the amount of service they can receive by all providers by the limit in their plan line. This specific provider may still have units/hours available in their specific authorization, but between all the individual’s providers’ billings, the limit for the service to the individual set by the plan line has been met.</p>	<ul style="list-style-type: none"> • The provider can create/submit a new SD billing entry(ies) for fewer units that may then fall within the limit authorized in the plan line for the individual. • The provider can contact the CDDP, Brokerage or CIIS for the individual and request assistance in resolving how the service limit is shared between multiple providers working for the individual.
<p><i>Total billed units for provider exceeds max allowed units for this service.</i></p> <p><i>Total ANA hours (##) exceeds Monthly Assessed Hours Limit: ##</i></p>	<p>This denial reason applies to AGENCY providers only. The denied billing entry puts the total billed for the individual over the limit allowed for all attendant care services authorized for the individual in that month; it is over the monthly limit</p>	<ol style="list-style-type: none"> 1. The provider can create/submit a new SD billing entry(ies) for fewer units that may then fall within the limit authorized for all attendant care services each month for the individual.

Denied error/exception message	What it means	How to fix it
	<p>established by the individual's Needs Assessment (ANA or CNA).</p> <p>This situation most often occurs when an individual has their attendant care services authorized using multiple different attendant care service codes/ authorizations. The individual is limited in the amount of all attendant care service they can receive in a month by their monthly assessed hours total (from their Needs Assessment – ANA or CNA).</p>	<ol style="list-style-type: none"> <li data-bbox="1768 201 2564 272">2. The provider can contact the CDDP, Brokerage or CIIS for the individual and request assistance.
<p><i>Total billed units for provider exceeds max allowed units for this service</i></p> <p><i>Weekly Hourly Employment Total (##) exceeds amount allowed by the Weekly Employment Hours Approved per ISP: ##</i></p>	<p>The denied billing entry puts the total billed for the individual's hourly EMPLOYMENT service(s) over the weekly limit allowed for all their authorized EMPLOYMENT services.</p> <p>This situation most often occurs when an individual has their EMPLOYMENT services authorized using a variety of different service codes/authorizations and/or from multiple providers.</p> <p>The individual is limited in the amount of EMPLOYMENT service they can receive each week by their Weekly Employment Hours ISP Limit.</p> <p>This specific provider may still have units/hours available in their specific authorization, and there may be units still available in the specific service plan line, but between all billings from all providers, for all employment services, the individual's allowed weekly employment service limit has been met.</p>	<ol style="list-style-type: none"> <li data-bbox="1768 571 2564 721">1. The provider can create/submit a new SD billing entry(ies) for fewer units that may then fall within the limit authorized for all attendant care services each month for the individual. <li data-bbox="1768 743 2564 815">2. The provider can contact the CDDP, Brokerage or CIIS for the individual and request assistance.
<p><i>Total billed units for provider exceeds max allowed units for this service</i></p> <p><i>Hours (HH:MM) cannot exceed 24:00 for day: [DATE]</i></p>	<p>The denied billing entry puts the provider over the number of hours that can be billed for this service in a single day.</p> <p>This often occurs when a PSW or DSP forgets to clock out of their EVV shift when it is complete, and the SD is then submitted without being reviewed for accuracy.</p>	<p>The provider can create new SD billing entries for the correct dates & times and then submit them SD. Review the following Help Documents for further instructions:</p> <p>How to Correct or Add an EVV Shift in the eXPRS Desktop Site</p>

Denied error/exception message	What it means	How to fix it
<p><i>Duplicate claim</i></p> <p><i>The hours in the Date Time Entry Line for [mm/dd/yyyy] have already been claimed by another Date Time Entry Line by the same provider.</i></p>	<p>The denied billing overlaps completely with another billing for the individual for the same or different service from the same provider.</p>	<p>How to Correct or Add an EVV Shift – Agency Provider</p> <p>The provider can create/submit a new SD billing entry(ies) for a different date or different start/end times and resubmit, if needed.</p>
<p><i>SPA not effective during DOS.</i></p> <p><i>Service Delivered is outside date range of Service Authorization.</i></p>	<p>Every Service Prior Authorization (SPA) has an applicable date range for when that authorization is effective.</p> <p>The denied SD billing entry with this denial reason has a billing date that is outside of the date range for the authorization.</p>	<p>The provider can create/submit a new SD billing entry(ies) for a different date that falls within the date range of the authorization, if needed.</p> <p>Or create/submit the SD billing against the authorization with a date range that covers the date of the SD billing.</p>
<p><i>Client Ineligible for DD Services</i></p> <p><i>Client only has State Case Management but doesn't not have CII Qualifying Diagnosis Code</i></p>	<p>This denial reason applies to billings for CIIS individuals only.</p> <p>There are some CIIS individuals who are eligible for the CIIS program/services, but are not DD eligible and are not enrolled with a CDDP. Those individuals' eligibility coding should read "CII" as their qualifying diagnosis code.</p> <p>All other CIIS individuals should have a corresponding CDDP Case Management authorization to support their CIIS POC services.</p> <p>This denial reason will occur when there is no CDDP Case Management authorization found AND the individual does not have the CII code.</p>	<p>Use the Contact Us page in eXPRS to request assistance in researching/ resolving the Case Management or CII coding issue.</p> <p>Once resolved, the provider can create/submit new SD billings as replacements for any that were denied.</p>
<p><i>Client Ineligible for Service</i></p>	<p>An individual must be determined to be eligible for the service(s) they are receiving. This is managed in eXPRS by using various</p>	<p>Contact the service authorizing agency (the CDDP, Brokerage or CIIS) to assist in problem solving the service coding issue.</p>

Denied error/exception message	What it means	How to fix it
<p><i>Client has not met required service eligibility. Svc Cat: DDK Title XIX Cd: Y</i></p>	<p>system codes. This denial error means the system has found service eligibility codes for the individual, but their code combination does not apply for the service that is being billed.</p> <p>Example: individual has a service/waiver category code of DDK (meaning KPlan services only), but the service the denied SD billing entry is for is not a K Plan service. Perhaps it's a Waiver service, such as an employment service, which requires different service eligibility coding.</p>	<p>They may need to send updated service eligibility information to DHS/ITBS unit to have the individual's service coding updated to apply for the service being provided/billed.</p> <p>Once resolved, the provider can create/submit new SD billings as replacements for any that were denied.</p>
<p><i>Service Date is past the time allowed for submission (12 months/365 days)</i></p>	<p>The SD being submitted is for a date that is older than 12 months/365 days. Medicaid Rule states that a provider has 12 months from the date of service to bill, and SDs beyond that time will be denied.</p>	<p>SDs that are older than 12 months/365 days cannot be paid without an approved exception from ODDS.</p> <p>Submit a Technical Assistance Request and provide details about the SD. This will allow the Technical Assistance Unit to determine if the billing qualifies for an approved exception and payment using general funds.</p>

Other Service Delivered Error messages

Error message	What it means	How to fix it
<p><i>You are attempting to void a service delivery tied to a travel claim, please contact your FAC for assistance</i></p>	<p>The action you were attempting to take was to void an approved/paid SD billing that was used as a service "bookend" to validate a paid PSW Travel Time claim. Since it was used to validate the PSW Travel Time, the SD billing cannot be voided until the Travel Time claim it was used for is voided first.</p> <p>CDDP, Brokerage and CIIS program staff do not have permissions to void PSW Travel Time claims.</p>	<p>To complete this SD voiding action, the CDDP, Brokerage or CIIS staff must send the void request to the Funds Allocation Coordinator (FAC) with the ODDS Contracts Unit assigned to the CDDP, Brokerage or CIIS Program.</p>