



## Service Prior Authorization (SPA) Problem-solving Matrix

The majority of services for a provider are set up in the Plan of Care in **Service Prior Authorizations** (SPAs). These SPAs identify the individual being served, the service, the provider, the number of units, the rate and the applicable date range for that service authorized.

SPAs are initially created and saved in **Draft** status. The SPA must be submitted by the authorizing Case Management Entity (CME) to activate it. When submitted, SPAs process through various system checks edits to ensure it is valid. If successful, a SPA will move to **Accepted** status, and is available for a provider to bill against it.

A SPA may fail to move to **Accepted** status when submitted, and instead remain in **Draft** status. Below are some common error messages a user may see if a SPA fails a validation edit.<sup>1</sup>

Error message	What it means	How to fix it
<i>Your request could not be Completed because: Date Span has Fixed and NTE Rates</i>	Many services have transitioned from a Not-to-Exceed (NTE) Rate to a Fixed Rate since the implementation of the Compass Project on 7/1/2022. This error means the SPA is for a service that transitioned to a fixed rate, but the Begin and End dates cross the transition date.	Adjust the SPA date range to align with the dates that the service transitioned from NTE Rates to Fixed Rates (see <b>Appendix A</b> for specific date information).

<sup>1</sup> See the guide **eXPRS Status Definitions** for more information on the various statuses in eXPRS.

*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 submit. 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 Speciality	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: 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 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).

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.

---

*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 residential site with overlapping dates. The number of SPAs exceeds the provider 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 residential home site for the individual(s) on the SPA. Correct any SPAs as needed.

If someone has moved or left the residential site, be sure to end their SPA before you enter the new person's SPA for that site/home. The dates of the old and new SPAs **cannot** overlap.

Be sure that if there are any licensing capacity changes needed, they have taken effect before submitting the SPA.

---

*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 submit either has a dates in its date range that is outside the provider record's "**approved to work**" dates or the provider selected on the SPAs is no longer allowed to provide that service.

**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 and their "**approved to work**" dates.

If the specific provider has transitioned to a different provider type (ex: from IC to DD PSW), authorize services for them under their new provider record for the new provider type.

---

*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 eXPRS rate table has a date break that falls within the date range of the SPA you're attempting to submit. Since there is no continuous NTE rate table entry for that service, the SPA must be broken up into date ranges that align with the rate table date ranges/breaks.

Adjust the SPA(s) date range(s) to align with the rate table date ranges, and then use the rate that applies for each separate SPA date range.

---

*Your request could not be completed because: Missing continuous rate for service element [\*\*\*] procedure code [OR###] modifier code [\*\*] between [mm/dd/yyyy and mm/dd/yyyy].*

There are two reasons this could occur:

1. There is no NTE rate table entry because the SE/PROC/MOD code is not a valid service (such as SE149/OR570/NA).
2. The NTE rate table entry for that service has a date break that falls within the date range of the SPA being created, so there is no continuous applicable NTE rate for that service.

Take the following steps:

1. Confirm that you created the Plan Line for the correct service. If not, make the adjustment.
2. Once the service is correct, adjust the SPAs date range and rates so that they align with the NTE rate table.

---

*Your request could not be completed because: There is not an EOR in place for the client provider relationship*

Before an SPA can be moved to **accepted** status (become active) for PSWs, eXPRS must validate that we have received confirmation from the FMAS payroll vendor that there is a completed employment relationship association established between the individual and the PSW.

That relationship is established when both the provider **and** the individual's employer have completed and 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.

Ensure that the PSW **and** the individual's employer have completed and returned their FMAS vendor enrollment packet paperwork. 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.

---

*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 **green**).

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 (**green**).
- Click **SAVE** to save your changes.
- Then click **SUBMIT** to submit the SPA again.

---

*Your request could not be completed because: Authorization Effective Date range is not within the Contract Date range. Please enter valid date for Contract [#####]*

Each CDDP/Brokerage has a contract with ODDS in eXPRS that establishes the funding amounts available for service authorizations. Those contracts are usually a 2-year period, the same as the biennial period.

While POCs and Plan Lines can have date ranges that cross over into the next contract/biennium period, **all provider authorizations for direct client services** (POC SPAs and CPAs) **must have date ranges that fall within the CME's 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 30<sup>th</sup> for that 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 and extend all SPAs that have an end date of 6/30/yyyy (the last day of the biennium/contract period) into the next contract/biennium

---

*Your request could not be completed because: Maximum Benefit limit for plan exceeded.*

For SE150 POCs, there is a maximum financial limit applied for the total of all the services authorized in the POC. This error means that the SPA you are attempting to submit will exceed the financial plan maximum benefit limit set for that POC.

For the current SE150 POC Benefit Limit amount, please see the **ODDS Expenditure Guidelines**.

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.

---

*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 eXPRS Technical Assistance Unit (TAU) 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 TAU 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.

---

*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 and 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.

---

*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.

It is also possible that the duplicate Plan Line is not visible on the Plan of Care because there is not an active Case Management CPA as of the Plan Line's Start Date<sup>2</sup>. In the instance of a "Disappearing" Plan line, please submit a Technical Assistance Request to have the Plan Line deleted.

---

<sup>2</sup> See the **CME Pro-Tip – Disappearing Plan Lines/SPAs** for more information

---

*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 an optional 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.

---

*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).

---

*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 and the error message received.

Once the prime and ID information has been updated, resubmit the SPA.

---

*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.

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.

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).

Once all the required CM CPA(s) needed are in **accepted** status, resubmit your SPA.

---

*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.

---

*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 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 amount 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.

---

*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.

---

*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. 15<sup>th</sup> and Dec. 16<sup>th</sup>.

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.

---

*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 and 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.

---

*Your request could not be completed because: Service rates received same ranking: Service Rate [#] NTE: [SE/PROC/MOD]/Null/Null/Null/[PROVIDER TYPE & SPECIALTY [CREDENTIAL DATE] - Service Rate [#] NTE: [SE/PROC/MOD]/Null/Null/Null/[PROVIDER TYPE & SPECIALTY [CREDENTIAL DATE]*

There are two similar overlapping Provider Type & Specialties that are active for the date of the SPA. This prevents eXPRS from determining the correct rate to pay for the SPA.

Submit a **Technical Assistance Request** for assistance with the overlapping Provider Type & Specialties credential dates.

---

*Your user account has not been granted access to the requested data: Access denied to record [#####] because contract ids*

This can occur when a CME ends their Case Management CPA for an individual and then attempts to adjust their Plan of Care. Access to data in the Plan of Care and the ability to create or edit SPAs in a Plan of Care requires that the CME has an active CM CPA.

If appropriate, edit the End Date of the Case Management CPA so that you can work in the Plan of Care. If needed, submit a **Technical Assistance Request** to request assistance with the POC.

---

*Rate is below the minimum allowed rate of [#.##]*

The amount entered for the Rate on this NTE service is below the minimum allowed on the Rate Table.

Review the **Expenditure Guidelines** for the correct rate associated to this service, and update the amount entered.

## Appendix A: Not-to-Exceed and Fixed Rate Services

This chart shows all current NTE and Fixed Rate Services, as well as the date of the transition.

Authorized Provider Type	Service Type	Not-to-Exceed (NTE) Rate or Fixed Rate <sup>3</sup>
DD Agency Providers	• Adult and Kids Res GH	Fixed Rate (as of 7/1/2022)
	• Kids Res HH	
	• Hourly Employment services	
	• Day Support Activities	
	• On the Job Attendant Care	
	• <b>Agency To/From Work Mileage Transportation (OR005/WD)</b>	
	• In-Home Attendant Care	
	• In-Home Mileage transportation	
DD FC Providers (who also have Transportation Provider Records)	• <b>(OR004/WD &amp; WE)</b>	Fixed Rate (as of 7/1/2022)
	• Daily Relief Care	
DD Personal Support Workers	• Agency To/From Work Mileage Transportation (OR005/WD)	Fixed Rate (as of 7/1/2022)
DD Agency Providers and Other Independent Providers (Behavior Consultants; Discovery/Job Developers)	• In-Home mileage transportation (OR004/WD & WE)	Fixed Rate (as of 7/1/2022)
	• Professional Behavior Services <b>OR310</b>	Fixed Rate (as of 7/1/2022)
	• Employment Discovery (OR539 WA)	Fixed Rate
	• Employment Job Development (OR401/W3 & W9)	Fixed Rate (as of 1/1/2023)

<sup>3</sup> Users manually enter Not-to-Exceed Rates into the SPA based on the Expenditure Guidelines. Fixed Rates are auto-populated by eXPRS into the SPA based on various factors, such as an individual's Service Group, or Bed Capacity for residential placements.

<p>APD Assisted Living/Residential Care Facilities (ALF/RCF) Providers</p>	<ul style="list-style-type: none"> <li>• Adult Residential services in SE50 CPAs for individual is living in an APD ALF or RCF</li> </ul>	<p>Not-To-Exceed</p>
<p>DD Personal Support Workers</p>	<ul style="list-style-type: none"> <li>• In-Home Attendant Care</li> <li>• Employment Job Coaching (OR401)</li> <li>• Daily Relief Care</li> <li>• Hourly Relief Care</li> </ul>	<p>Not-To-Exceed</p>
<p>DD Agency Providers and Other Independent Providers</p>	<ul style="list-style-type: none"> <li>• Professional Behavior Services <b>OR570</b></li> </ul>	<p>Not-To-Exceed</p>
<p>Expenditures/purchases, including:</p>		
<p>'Generic' provider</p>	<ul style="list-style-type: none"> <li>• Assistive Technology</li> <li>• Home &amp; Enviro Modifications</li> <li>• Vehicle Modifications</li> <li>• Bus, Transit passes</li> <li>• Taxi services</li> </ul>	<p>Not-To-Exceed</p>