

# Overview of Service Delivered Billing Entries and the Claims Aggregation Process

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## General Overview

eXPRS uses two unique features to create and process claims for Service Prior Authorizations (SPAs) that are entered into an individual's Plan of Care (POC).

- **Service Delivered (SD) Billing Entry:**

The Service Delivered Billing Entry is the preliminary billing data entered by the user in eXPRS to create claims for payment to the provider of the POC Services. It is sometimes referred to as a "timesheet entry" or "timesheet data". An SD billing entry is not a claim.

- **The Claim Aggregation Cycle:**

An automatic process in eXPRS that collects **Approved** SDs, validates them again, and then groups (aggregates) those SD entries into a claim.

## The Claims Aggregations Process

1. A user creates SD Billing Entries to document that a service was provided to a client, and then submits them.
2. The SDs are processed through system edits (and an external review process when needed). Once cleared, the SDs move to **Approved** status.
  - An SD billing entry might not pass a validation and instead move to a status other than Accepted, such as:
    - **Draft** = Saved but not yet submitted.
    - **Pending** = Passed all validations and is waiting for review or approval.
    - **Suspended** = Cannot pass a validation. The SD will not move forward until the issue is resolved (e.g. Client Eligibility).
    - **Denied** = Cannot pass a validation. The SD will not be processed further, regardless of any changes made (e.g. A duplicate entry SD).

3. The Claims Aggregation process groups **Approved** SDs together into a claim. The claims created consists of the SDs with the:
  - Same Service Element/Procedure Code/Modifier Code
  - Same client
  - Same provider
4. The claim date or date range is based on the dates of the SDs in the claim.
5. The units and claim amount are based on the SDs in that claim.
  - Claims can have overlapping dates as long as none of the SDs within those claims overlap or are duplicates of other SDs for the same client/service/provider combination.

## The Claims Aggregation Schedule and SFMA Interface

The Claims Aggregation process:

1. Runs at 3:30 AM on Monday, Wednesday and Friday for **Agencies and Independent Vendors**
2. Runs at 3:30AM on the dates outlined in the PSW collective bargaining agreement (approximately the 8<sup>th</sup>–10<sup>th</sup> and approximately the 23<sup>rd</sup>–25<sup>th</sup> of each calendar month) for **DD PSW Providers**.

The claims that are created are then processed through system validations. Each business day at 5:30PM, claims in **Approved** status are sent to the **State Financial Management Application (SFMA)** for payment. The **Department of Administrative Services (DAS)** issues payment to the provider, normally on the following business day.

1. For **Agencies and Independent Vendors**, it may take up to five days for a provider to receive payment from DAS/SFMA depending on how they receive payment (e.g. direct deposit vs. paper check).
2. For **DD PSW Providers**, payment information is first transmitted to ODDS' designated **Financial Management Agent Service (FMAS)** after it is processed by SFMA. The FMAS processes payroll for PSWs per the timelines established by the PSW collective bargaining agreement. Depending on how they receive payment (e.g. direct deposit vs. paper check), it may take up to five days from the date the information was sent to the FMAS for a PSW to receive payment from eXPRS/DAS.

For Case Management Rationed Fee-For-Service Claims, see the document: **Overview of Rationed Fee-For-Service (RFFS) Claims**.

## Submitting or Correcting SDs

PSWs cannot void SDs, so they must work with the authorizing CME to void any SDs when corrections are needed. Once voided, the PSW can create and submit new SDs if needed. Agency Providers can void their paid SDs as needed to make corrections or replace the SDs.

When a paid SD is voided, eXPRS will automatically:

1. Void the claims that contain the voided SDs
2. Create a PLA for the full paid claim amount.
3. Release any other SDs from the claim that are in **Approved** status
4. Aggregate the released SDs and any replacement SDs into a new claim
5. Process the new claim for payment, applying the amount to any PLA the provider owes.

Generally, if the new claim amount is greater than the PLA amount they owe, the provider will be paid the difference. If the new claim amount is less than the PLA amount they owe, the PLA balance will be reduced and any remaining balance will be recovered from future provider payments.

Users can submit additional SDs for dates that are already covered by a paid claim. The new SDs are then aggregated into a new claim with overlapping dates.