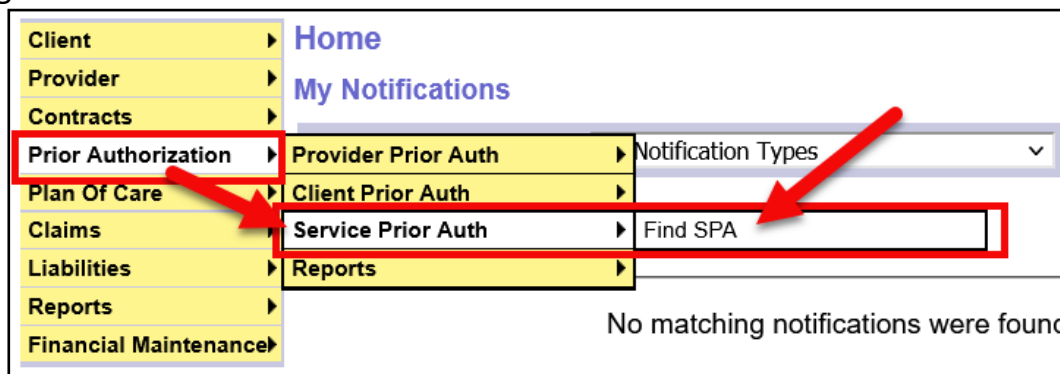


How to Find Service Prior Authorizations – Agency Providers

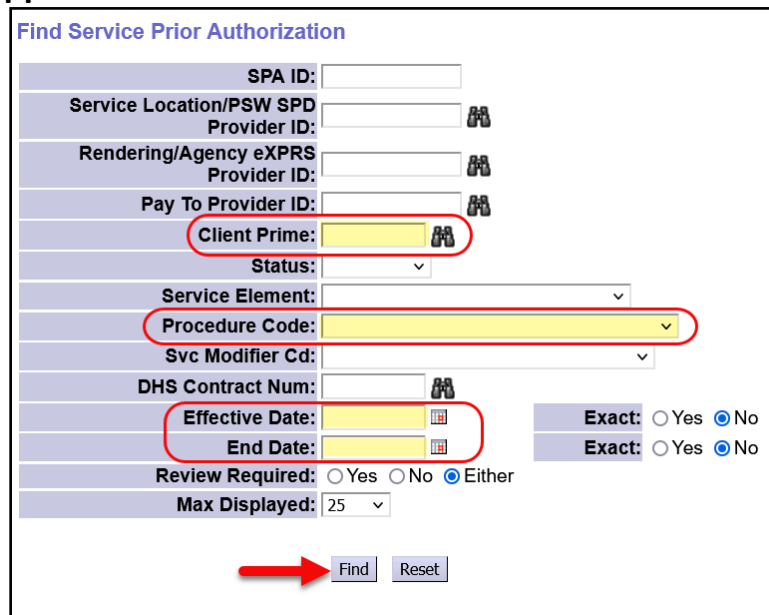
Agency Providers can search eXPRS to find their Service Prior Authorizations (SPAs). This allows the provider to find and verify what services have been authorized by service code or specific individuals without searching through the billing pages.

How to Search for Provider SPAs:

- 1) Log in to eXPRS and select **Prior Authorization > Service Prior Auth > Find SPA**.



- 2) On the **Find Service Prior Authorization** page, enter search criteria (e.g. prime number, date range, service code, etc.) and select **Find**. The search criteria are defined in **Appendix A**.



- 3) Review the result set and export (if needed). Select a SPA ID Hyperlink to open the **View Service Prior Authorization** page and review SPA details.

Effective Date: 7/1/2022
 End Date: 6/30/2023
 Required: Yes No Edit
 Displayed: All

Click on the SPA ID number to open the SPA & view its details.

Export the results list by using one of these options.

Export options: CSV | Excel | PDF | RTF

SPA ID	Client Prime	Client Name	Service Element	Proc Code	Svc Modifier Cd	Service Location	Rate	Amount	Review Required	Status
			149	OR526	NA		NA	N/A	No	Accepted
			151	OR526	NA		NA	N/A	No	Accepted
			151	OR526	NA		NA	N/A	No	Accepted

- Expand the **Rates** section to view the rate history for the SPA.

View Service Prior Authorization

Please consult your Service Agreements for specific authorized UNIT amount details.

Service Prior Authorization: Status: Accepted

Client Prime: Client Name:

Service: Rendering Provider: Service Location: Pay To Provider: DHS Contract Num: Effective Date: End Date: Rate: Fixed

Units: Amount: N/A

SPA Created By: SPA Created Date: 05/02/2022 04:52 PM PDT

SPA Updated By: SPA Updated Date: 06/09/2022 02:44 PM PDT

Plan Line Created By: Plan Line Created Date: 03/30/2022 07:04 AM PDT

Plan Line Updated By: Plan Line Updated Date: 03/30/2022 07:04 AM PDT

Notes: 05/02/2022: Created for Transition to Fixed Rates

Rates

Start Date	End Date	Service Group	Licensed Bed/s	Provider Specialty	Fixed Rate	Add On Rate	Total Rate	Error Message
07/01/2022	07/09/2022	3		87-732,87-733,87-735,87-738	\$25.31		\$25.31	
07/10/2022	12/31/2022	3		87-732,87-733,87-735,87-738	\$25.31		\$25.31	
01/01/2023	03/31/2023	3		87-732,87-733,87-735,87-738	\$24.10		\$24.10	

- Expand the **Service Delivered** section to view any Service Delivered billing entries that have been submitted against the SPA.

Start Date	End Date	Service Group	Licensed Bed/s	Fixed Rate	Add On Rate	Total Rate	Error Message
07/01/2022	05/31/2023			\$41.13		\$41.13	

Service Delivered

Export options: CSV | Excel | PDF | RTF

SPA ID	Service Begin	Service End	Units	Amount	Status	Claim ICN
07/01/2022	03:02 PM PDT	07/01/2022 08:59 PM PDT	5:57	\$0.00	Approved	
07/03/2022	02:00 PM PDT	07/03/2022 09:00 PM PDT	7:00	\$0.00	Approved	
07/06/2022	10:00 AM PDT	07/06/2022 04:00 PM PDT	6:00	\$0.00	Approved	
07/08/2022	03:03 PM PDT	07/08/2022 08:55 PM PDT	5:52	\$0.00	Approved	
07/11/2022	09:03 AM PDT	07/11/2022 05:01 PM PDT	7:58	\$0.00	Approved	
07/13/2022	09:01 AM PDT	07/13/2022 03:58 PM PDT	6:57	\$0.00	Approved	
07/15/2022	03:01 PM PDT	07/15/2022 08:33 PM PDT	5:32	\$0.00	Approved	

APPENDIX A: SPA Search Criteria Definitions

Find Service Prior Authorization

A	SPA ID:	<input type="text"/>	
B	Service Location/PSW SPD Provider ID:	<input type="text"/>	
C	Rendering/Agency eXPRS Provider ID:	<input type="text"/>	
D	Pay To Provider ID:	<input type="text"/>	
E	Client Prime:	<input type="text"/>	
F	Status:	<input type="text" value="v"/>	
G	Service Element:	<input type="text" value="v"/>	
H	Procedure Code:	<input type="text" value="v"/>	
I	Svc Modifier Cd:	<input type="text" value="v"/>	
J	DHS Contract Num:	<input type="text"/>	
K	Effective Date:	<input type="text"/>	
L	End Date:	<input type="text"/>	
M	Review Required:	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Either	
N	Max Displayed:	<input type="text" value="25"/>	<input type="text" value="v"/>

Exact: Yes No

Exact: Yes No

- A. SPA ID** = the system assigned number for the service prior authorization; you may not know what this number is initially.
- B. Service Location/PSW SPD Provider ID** = the SPD provider ID assigned to the Agency provider's service location record **OR** the PSW provider's record; you may not know this number.
- C. Rendering/Agency Provider eXPRS Provider ID** = the Agency's main eXPRS provider ID number.
- D. Pay to Provider ID** = the eXPRS ID number for the provider authorized to receive payment; will likely be the same as the rendering provider for Agency providers.
- E. Client Prime** = the prime number assigned to the individual receiving services; you may not know this number initially.
- F. Status** = the status of the service prior authorization (SPA); select from the dropdown, or leave blank to get all statuses.
 - Accepted** = the SPA has been successfully submitted and is active to have services provided and billed.

- **Draft** = the SPA has been created and saved, but not submitted; it is not yet active.
 - **Pending** = the SPA has been created and submitted, but requires a higher level of approval from ODDS; it is not yet active.
 - **Withdrawn** = the SPA has been withdrawn by the CDDP or Brokerage; it is not active.
 - **Void** = the SPA has been voided; it is not active.
- G. Service Element** = the service funding package or grouping that the service is authorized under.
- H. Procedure Code** = the specific code assigned to identify the service authorized; select from the dropdown or leave blank.
- I. Svc Modifier Cd** = the specific modifier code assigned to service procedure code to further identify the service authorized.
- J. DHS Contract Num** = the number for the funding contract for the CDDP or Brokerage that the service is authorized under.
- K. Effective Date** = the first service date the authorization is effective and active for.
- L. End Date** = the last service date the authorization is effective and active for.
- M. Review Required** = the designation on the SPA that determines if billings submitted for this service must be reviewed by the authorizing CME prior to claims aggregation and payment.
- **Y = YES**, review of submitted billings is required; billings will “pend” for CME review.
 - **N = NO**, review of submitted billings is not required; billings will process through system validations edits without pending for approval.
 - **Either** = *results will return all authorizations*
- N. Max Displayed** = the number of authorization results displayed on the page.