eXPRS
Express Payment & Reporting System

How to Track Service Delivered Entries through the Submission/Approval process in eXPRS
## Detailed Guide
(updated 05/17/2022)

All authorized providers who have access to eXPRS to enter their own Service Delivered (SD) billing entries can track those SD billing entries to see when they were reviewed/approved for payment.

In order to receive timely payments for work completed, it is critical that providers make sure their SD billing entries are entered and submitted in eXPRS **AND** any required additional documentation is submitted to the appropriate Case Management Entity (CME) within the appropriate timelines.

- PSW providers paid via the FMAS payroll vendor - Please refer to the PSW Payroll Calendar on the eXPRS Help Menu for specific dates.

To track Service Delivered (SD) Entries in eXPRS:

1. Log in to eXPRS.
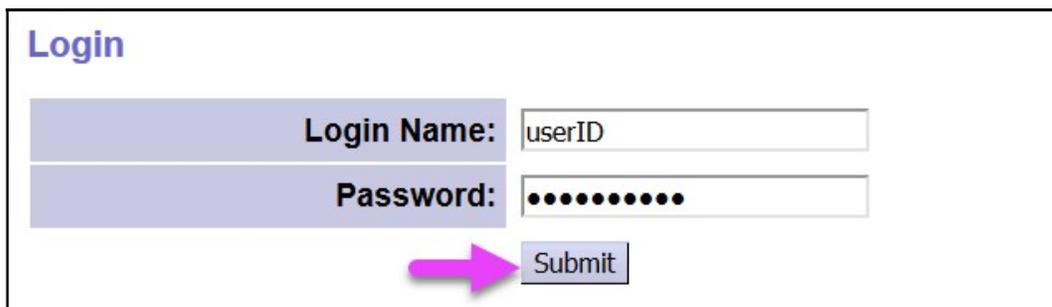
Login

Login Name:	userID
Password:	••••••••••
	→ Submit

2. From the left-hand, navigational menu, click on ***Plan of Care → Service Delivered → View Service Delivered Entries***. This will take you to the **View Service Delivered** page.

3. Once in the **View Service Delivered** page, enter the search criteria* needed in the corresponding fields to return a list of **Service Delivered** (SD) billing entries.

   *The search criteria options are defined in **Appendix A**, starting on page 9, at the end of this user guide.*

At least one piece of search criteria is required to successfully search. The more criteria you enter the more specific or narrow your search results will return.

With the search criteria entered, click **Find** to get a list of SD billing entries. See example on the next page.

4. Any SD billings that match the search criteria entered will return in a list below the search fields. The results list***** is exportable to another file format, if desired. Just select the export option at the far-right top of the results list.

*The results list data columns are defined in Appendix B, starting on page 15, at the end of this user guide.

5. To determine where billing entries are in the review process flow, look at the information in the columns labeled **SD Status** and **Claim ICN** on the far right of the results list. The information displayed in these 2 columns will give users information on the status of the corresponding SD billing entry and where it is in the processing flow.

- **Row #1:** SD billing entry has **SD Status** = **Approved** + has a blue number in the **Claim ICN** column.
  - This means the SD billing entry has been approved by the authorizing CME and has been aggregated into a claim for payment. This SD billing entry has been sent to the FMAS payroll vendor for payment processing.

- **Row #2:** SD billing entry has **SD Status** = **Approved**, but there is *NO* blue number in the **Claim ICN** column.
  - This means the billing entry has been approved by the authorizing CME *but has not yet been aggregated into a claim* for payment. It has not yet been sent to the FMAS payroll vendor for payment processing. It will be included in the next scheduled POC claims aggregation cycle.

- **Row #3:** SD billing entries have **SD Status** = **Pending.**
  - This means these billing entries have been submitted by the provider *but have not yet been reviewed by authorizing CME.* As explained on page 1, billing entries submitted by some providers (ex: PSWs) must be reviewed & moved from *pending* to *approved* status by the authorizing CME before they can be put into claims for payment. This billing will not be processed for payment until reviewed & moved to *approved* status.

- **Row #4:** SD billing has **SD Status** = **Draft.**
  - This means the billing entry has been *created & saved* but has not yet been submitted by the provider. Providers must submit their *draft* billings to put the SD billing through the payment process.

- **Row #5:** SD billing has **SD Status** = **Suspended.**
  - This means the billing entry has encountered an error during the validation process and has *suspended*; it is stopped and cannot finish the submission process in eXPRS. A suspended SD billing is in a type of holding pattern in eXPRS until the error triggering the suspension is resolved.

- **Row #6:** SD billing has **SD Status** = **Void.**
  - This means the billing entry has been voided. A *void* SD billing is longer active in the system; it cannot be altered or resubmitted. If the SD billing voided was previously paid to the provider, the amount paid on the SD billing entry will be recovered from future payments.

- **Row #7**: SD billing entry has **SD Status** = **Rejected.**
  - This means the billing entry has been reviewed by the authorizing CME and has been *rejected*. If users hover their mouse/cursor over the word "rejected" a pop-up will display the reason the billing was rejected. A *rejected* SD billing is longer active in the system; it cannot be altered or resubmitted, and it will not be processed for payment.

- **Row #8**: SD billing has **SD Status** = **Denied.**
  - This means the billing entry was denied by eXPRS in the validation process, as it encountered a validation error that will not allow the SD billing to be paid. A *denied* SD billing is longer active in the system; it cannot be altered or resubmitted.

6. To view a specific SD billing entry, for example, to see when it was approved by the authorizing CME, click on the blue number in the **SD ID** column. This will open that specific SD billing entry to view more information.

7. In the **Service Delivered Detail View** page, users can see SD billing details. entry was created and last updated, and who took those actions.

Service Delivered Detail View

ID:	48▓▓14	**Status:**	Approved
SPA ID:	43▓▓05		
Service Element:	149	**Modifier:**	NA
Procedure Code:	OR526		
Service Begin:	02/08/2022 02:05 PM PST	**Service End:**	02/08/2022 05:16 PM PST
Units:	3:11	**Billed Units:**	3:11
Rate:	$32.23	**Amount:**	$102.49
Review Date:		**Reject Reason:**	
Created Date:	2/16/2022	**Created By:**	▓▓▓▓▓
Updated Date:	2/17/2022	**Updated By:**	▓▓▓▓▓
Original Submit Date:	2/16/2022	**Submitted By:**	▓▓▓▓▓
Group Setting:	No	**Out of Cycle:**	No
Begin Location:	▓▓▓▓▓	**End Location:**	▓▓▓▓▓
Begin Time Change Reason:		**End Time Change Reason:**	
Direct Support Professional:	▓▓▓▓▓		

▸ Location Maps

Exceptions:

There have been no exceptions for this service delivery record

▸ Claim History

▸ Action Log Entries

[Previous]

8. The **Service Delivered Detail View** also has expandable sections to allow users to see even more details. Clicking on the section header will expand that section to see more information.

Service Delivered Detail View

ID:	48▓▓14	**Status:**	Approved
SPA ID:	43▓▓05		
Service Element:	149	**Modifier:**	NA
Procedure Code:	OR526		
Service Begin:	02/08/2022 02:05 PM PST	**Service End:**	02/08/2022 05:16 PM PST
Units:	3:11		3:11

Begin... | Change Reason:

| **Direct Support Professional:** | ▓▓▓▓▓ | | |

▸ Location Maps ⟸

Exceptions:

There have been no exceptions for this service delivery record

▸ Claim History

▸ Action Log Entries ⟸

- Expanding the **Location Maps** section will show Google Map snapshots for the **Begin Location** & **End Location** geo coordinates for EVV service billings.

- Expanding the **Action Log Entries** section will show specific details on the history of the SD billing, including details of when & what action was taken on the billing.

This section is especially useful to when reviewing SD billings, if there are questions. Users can see when a billing was submitted out of *draft* status, or when it was moved from *pending* to *approved* status. The date/time stamp of the action can be used to determine if that action occurred before or after the scheduled claims aggregation cycle process was run.

- The action log entry outlined in **red** shows the PSW provider submitted the SD billing entry to move it from *draft* to *pending* status on **2/9/2022** at **2:03:18 PM**.

- The action log entry outlined in **purple** shows the CME staff reviewed the SD billing entry and moved it from *pending* to *approved* status on **2/18/2022** at **1:54:35 AM** (9 days later).

- The action log entry at the very top, created by **eXPRS Scheduled System Process,** is the claims aggregation cycle that occurred on **2/24/2022** at **6:56:30 PM**. Since this billing entry was moved to *accepted* status prior to that aggregation cycle date/time, eXPRS included the SD billing in a claim to be sent to the FMAS vendor to pay the PSW provider.

Tracking the date/time stamps for when SD billings were moved from *pending* to *approved* against the claim aggregation/PSW payroll cycle schedule can tell users when SD billings were approved and in which aggregation cycle they can expect to have the billing processed for payment.

APPENDIX A:

View Service Delivered page search criteria fields defined.

A. **Client Prime** = the ODHS prime number assigned to a specific individual receiving services.

B. **Service Location/PSW SPD Provider ID** = the PSW's assigned **SPD Provider ID** number (or the SPD provider ID number assigned to the Agency provider's service location record) that was used on the service authorization.

C. **Rendering/Agency eXPRS Provider ID** = the **eXPRS Provider ID** number assigned to the Agency provider's primary or parent "pay to" record for the service authorized.

D. **DHS Contract Num** = the biennial contact number for the Case Management Entity (CME) who authorized the POC services for the individual.

E. **Service Prior Auth #** = the specific eXPRS number assigned to each individual Service Prior Authorization (SPA). You may not know this number.

F. **Service Delivered ID =** the specific eXPRS number assigned to each individual Service Delivered (SD) billing entry. You may not know this number.

G. **Service Element** = the service category *(or benefit group)* for the services authorized for the individual. You may select an option from the drop-down menu, if you wish. Some providers may only have one option in this menu.

H. **Procedure Code** = the specific service procedure code assigned to a service authorized. You may select an option from the drop-down menu, if you wish.

I. **Pay To Provider** = the **eXPRS Provider ID** number assigned to the "pay to" provider record listed on the SPA for the service authorized.

J. **Svc Modifier Cd** = the service modifier code that works with a procedure code from the previous drop-down. You may select an option from the drop-down menu, if you wish. You may have no options in this menu, depending on what you selected in the **Procedure Code** dropdown.

K. **SD Modifier Reason =** a dropdown of reasons used for Daily Residential SD billings. Some of the dropdown reasons list the absence reason for the Daily Residential SD billing that was reported.

L. **Show EVV =** a check box that activates additional search criteria options specific to EVV services.

   a. **Begin Time Change Reason** = drop-down list of the change reasons that may be used on an EVV SD if **manually entered** or the **Start** time was updated prior to submission.

   b. **End Time Change Reason** = drop-down list of the change reasons that may be used on an EVV SD if the **End** time was updated prior to submission.

   c. **Direct Support Professional** = enter the name of the Agency Direct Support Professional (DSP) listed on the EVV SD billing entry to search for billings from that specific DSP. First, Last or both names will work when searching.

   d. **Show Reviewed Date =** activates the results list column to show the date the SD billing was reviewed by the authorizing CME prior to approval.

M. **Show Group Only** = check this box if you wish the results to return only those Service Delivered (SD) billing entries that have been checked "YES" for group. ***The Group services check box applies to services provided by PSW providers only***.

N. **Show Auth Status** = activates the results column to show the status of the SPA the billing was processed against.

O. **Claim ICN** = the specific number assigned by eXPRS for the claim that the SD entry(ies) was/were aggregated into for payment.

P. **Status** = the status of the SD billing entry. You may select from the dropdown menu, if you wish. Selecting a specific status will trigger selectable check boxes to the far left of each SD billing & the action buttons, allowing users to take action on multiple SD billings at one time *(ex: submit or void)*.

P. Status:	Select... ⌄
	Select...
	Draft
	Pending
	Suspended
	Approved
	Rejected
	Denied
	Void
	Reported
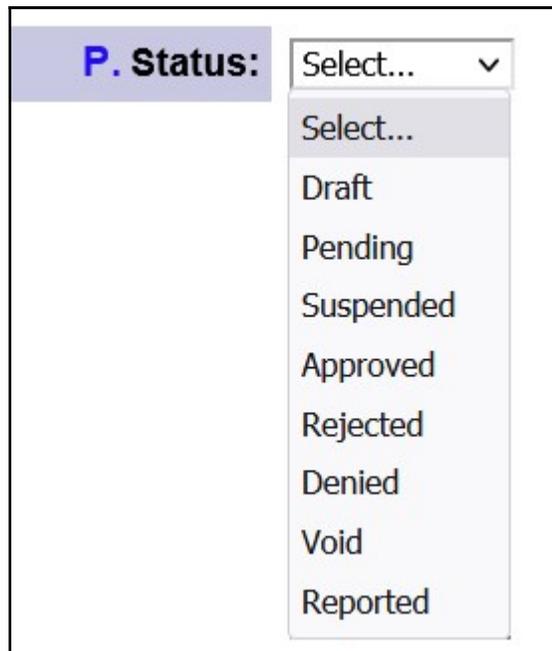
The SD billing status options are:
- ***Select*** = blank, no option selected; returns all statuses.

- ***Draft*** = the SD billing has been created & saved, but not yet submitted.

- ***Pending*** = SD billing has been submitted by the provider and is awaiting review/approval from the CME who authorized the service.

- ***Suspended*** = the SD billing was submitted, but failed a validation edit in the submission process. The validation error must be resolved before the SD billing can move forward to be paid.

- *Approved* = the SD billing has passed all edits and approvals and is ready to be aggregated into a claim for payment.

- *Rejected* = the SD billing was in *pending* status but was been rejected by the CME when reviewed. A reject reason will be listed on the SD billing. *Rejected SD billings are no longer active in the system; they cannot be edited, copied or resubmitted*.

- *Denied* = the SD billing was submitted but failed a key validation edit in the submission process and cannot be paid. *Denied SD billings are no longer active in the system; they cannot be edited, copied or resubmitted*.

- *Void* = the SD billing was submitted but later voided by the provider, CME or other user with void permissions. *Voided SD billings are no longer active in the system; they cannot be edited, copied or resubmitted*.

- *Reported* = an SD billing submitted for a Daily Residential service that reports the individual was absent from service on that date. *Reported SD billings are informational only & generate no payment to the provider.*

Q. **Show Aggregated** (into claim) = select from the options.
- **Both** = *default*; the results will include SD billing entries that are both aggregated & not aggregated into claims.

- **Aggregated** = if selected, your results will only show those SD billings that have been aggregated into claims for payment by eXPRS.

- **Not Aggregated** = if selected, your results will only show those SD billings that *have not* yet been aggregated into claims for payment by eXPRS.

R. **Begin Date** = the first *service date* in the date range being searched for SD billing entries. Defaults to the first day of the current month, but can be changed, as needed.

S. **End Date** = the last *service date* in the date range being searched for service SD billing entries. Defaults to the last day of the current month, but can be changed, as needed.

T. **Submitted From** = the first date in the date range being searched for when SD billing entries were *submitted*.

U. **Submitted To** = the last date in the date range being searched for when SD billing entries were *submitted*.

V. **Created From** = the first date in the date range being searched for when SD billing entries were first *created & saved* as a draft.

W. **Created To** = the last date in the date range being searched for when SD billing entries were first *created & saved* as a draft.

X. **Reviewed From** = the first date in the date range being searched for when SD billing entries were reviewed by the authorizing CME.

Y. **Reviewed To =** = the last date in the date range being searched for when SD billing entries were reviewed by the authorizing CME.

Z. **Suspense Location** = to search by a specific suspense exception reason for suspended SD billing entries.

AA. **Exception Code** = The numeric code assigned to the suspense exception reason for suspended SD billing entries.

BB. **Max Displayed** = the number of SD billings you wish the page to show in the results list returned. The Default is 25, but you can select a different option from the dropdown menu, if you wish.
- *PLEASE NOTE*: The system limit for SD billing entry results is a **maximum of 5,000 rows of data**. Searches that result in more than 5,000 rows may have truncated data. If that occurs, you may need to narrow your search criteria to return a smaller dataset.
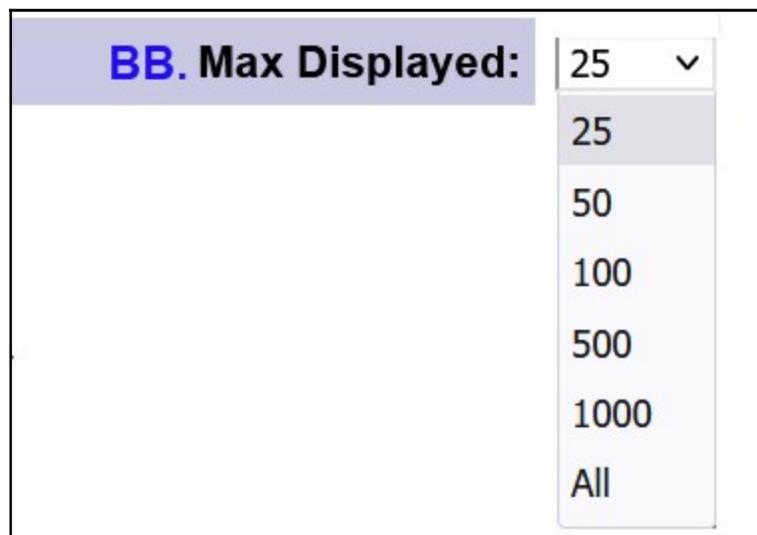
APPENDIX B:
View Service Delivered search results columns defined.

1. **SPA ID** = the eXPRS assigned number for the Service Prior Authorization (SPA) the SD entry is billed against. The number is a hyperlink that will take the user to the **Service Delivered by Service Authorization** billing page for that service in eXPRS.

2. **SD ID** = the unique identification number assigned to that specific SD billing entry by eXPRS. The number is a hyperlink that will take the user to view SD billing entry's details.

3. **Client Prime** = the ODHS assigned unique prime number for the individual the service was authorized for and delivered to; the prime number is a hyperlink that will take you to that individual's **View Client** profile page in eXPRS.

4. **Client Name** = the first and last name of the individual for whom the service was authorized and delivered.

5. **Provider** = the name of the Agency provider's service location record or the PSW provider who delivered the service billed.

6. **Direct Support Professional** = the name of the Agency DSP staff person who provided the EVV service on behalf of the Agency Provider who has billed for the EVV service provided.

7. **DHS Contract Num** = the biennial contact number for the Case Management Entity (CME) who authorized the POC services being billed for the individual.

8. **Contractor Name** = the name of the Case Management Entity (CME) who authorized the POC services being billed for the individual.

9 SE	10 Proc	11 Mod	12 SD Mod Reason	13 Service Begin	14 Service End	15 Group Setting	16 Service Hours/Units	17 Billed Units
149	OR526	NA		02/08/2022 02:05 PM PST	02/08/2022 05:16 PM PST	No	3:11	3:11
149	OR526	NA		02/09/2022 11:59 AM PST	02/09/2022 05:07 PM PST	No	5:08	5:08

9. **SE** = the **Service Element**; the service benefit category for the service authorized and billed.

10. **Proc** = the service **Procedure Code** for the service authorized and billed.

11. **Mod** = the service **Modifier Code**, if any, for the service authorized and billed.

12. **SD Mod Reason =** reason listed for Daily Residential SD billings, including the absence reason for the Daily Residential SD billing that was reported.

13. **Service Begin** = the service begin date & time for when the service was provided.

14. **Service End** = the service end date & time for when the service was provided.

15. **Group Setting** = Yes or No, indicating if that SD billing was billed for services provided in a "group" (more than one client during that time). *The "Group Setting" billing feature applies to DD PSW providers only*.

16. **Service Hours/Units** = the total number of units (ex: hours, days, miles) of the service that is being billed for the individual. The number in this column will vary, depending on the service unit type for the service billed.
    For example:
    - **Attendant Care, DSA, most Employment** = the service unit type is *HOUR*
    - **Relief Care (OR507)** = the service unit type is *DAY*
    - **Mileage transportation** = the service unit type is *MILE*

    This amount in this column *is the full amount of service received* by the individual as calculated by the Start & End times or number of units on the SD billing entry. It is also the amount that draws down on the Monthly Attendant Care or Weekly Employment hours limits for applicable services.

This amount may be different than the Billed Units, if the Group Setting is YES, indicating the billed amount paid to the PSW provider for this SD billing entry is pro-rated as the time billed is part of a group service provided by the PSW.

17. **Billed Units** = the number of units of the service **billed and paid** for the SD billing entry. This amount may be the same as the Service Units or a different, pro-rated amount if the "Group Setting" is YES, indicating the service was provided as part of a group service delivered by a PSW provider.

18 Total Direct Support Time	19 Rate	20 Amount	21 SD Status	22 Claim ICN	23 Begin Location	24 End Location
NA	$32.23	$102.49	Approved	2022 ___ 1		
NA	$32.23	$165.34	Approved	2022 ___ 1		

18. **Total Direct Support Time** = data in this column applies to services delivered under **Job Coaching-OR401/W4**, **W5** or **W6** delivered by Agency Providers only. If there is a value listed, it indicates the amount of time (*hh:mm*) the individual was seen face-to-face by the Agency provider during that Job Coaching service time billed.

19. **Rate** = the rate authorized for the service unit billed.

20. **Amount** = the total dollar amount billed for the service in the SD entry.

21. **SD Status** = the status of the SD billing entry.

22. **Claim ICN** = the unique number assigned to the aggregated claim that the SD entry is included within. If the field is blank, that indicates the SD billing entry is not included in a claim. If there is a number listed, that indicates the SD entry has been aggregated into a claim for payment. The ICN number is a hyperlink that will take the user to that specific **View Claim** page in eXPRS.

23. **Begin Location** = the GPS geo-location, latitude/longitude coordinates for when the EVV service billed **Began** (the EVV SD Start Time).

24. **End Location** = the GPS geo-location, latitude/longitude coordinates for when the EVV service billed **Ended** (the EVV SD End Time).