# Developmental Disabilities Worker's Guide

## Office of Developmental Disabilities Services

| Topic: | Agency/Independent Provider Invoice requirements for billing in Plan of Care |
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| | **Date Issued/Updated:** August 28, 2015 (Version 3) |

## Overview

**Description**: Agency and non-PSW Independent Providers are required to submit a completed and signed invoice to the Brokerage/CDDP in order to receive payment. This Worker Guide details

- Invoice format options
- Process for reviewing Service Deliveries entered into eXPRS Plan of Care
- Required actions for Service Deliveries entered in error
- Options for Service Delivery review settings in eXPRS Plan of Care

**Purpose/Rationale**: Invoices and timesheets are meant to assist the CDDP/Brokerage Staff in reviewing services provided and to ensure that those services are fulfilling the needs of the individual in line with their Individual Support Plan.

**Applicability:** CDDP/Brokerage staff who review services that have been provided by Agency and non-PSW Independent Providers billing in eXPRS Plan of Care

## Procedure(s) that apply:

1. **Invoice Format Options**:  Agency and non-PSW Independent Providers are required to submit a completed and signed invoice to the Brokerage/CDDP in order to receive payment. The invoices must include the following elements:
   - Name of individual to whom services were provided
   - Dates of services provided
   - A description of services provided
   - Signatures of the individual and/or their representative
   - Any additional documentation required by the CDDP or Brokerage for the purposes of monitoring and reviewing services delivered

   There are two format options for Provider and non-PSW Independent Agencies to submit these invoices:

   1. Plan of Care (POC) generated timesheets: Depending on the review settings in eXPRS, POC will generate one of two different timesheets:

      - If the CDDP or Brokerage have the Agency and non-PSW Independent Provider's authorizations set up with the "Review?" setting as "YES", then printing of the POC timesheet directly from eXPRS will include those

"pending" SD billing entries with all the required information. This setting triggers Service Delivered (SD) billing entries to "pend" for Brokerage/CDDP review when submitted.

- If the CDDP or Brokerage have the Agency and non-PSW Independent Provider's authorizations set up with the "Review?" setting as "NO", the timesheet will not include the required information. With this setting the providers' SD billings will not "pend" for Brokerage/CDDP review prior to submission.

  In this situation, providers will need to hand fill the [POC generated timesheet](#) OR use another invoice format option that contains all the required information listed above.  See the section "Options for Service Delivery review settings in eXPRS Plan of Care" in this Worker Guide for more information.

2. <u>Agency and non-PSW Independent Provider Designed Invoice:</u> Agencies and non-PSW Independent Providers choosing this format option must submit an invoice which includes the name of individual to whom services were provided, dates of services provided, description of services provided, signatures of the individual or their representative and any other information required by the CDDP/Brokerage.

2. **Process for reviewing Service Deliveries entered into eXPRS Plan of Care**: Once an invoice in one of the above formats is submitted, this invoice is reviewed by the CDDP/Brokerage for accuracy.  <u>It is the responsibility of the CDDP/Brokerage to ensure that all services that are being rendered are being done so in alignment with the individuals plan.</u>

3. **Required actions for Service Deliveries entered in error**: Any errors found on the invoice are to be referred back to the submitting Agency or non-PSW Independent Provider for correction.  CDDP/Brokerage staff should not make corrections or edits to these documents.  New, corrected documentation should be submitted to the CDDP/Brokerage for approval of services along with new authorizing signatures by the individual or their representative.  Verbal authorization of services or changes is not allowed.   All correspondence between the Agency or and non-PSW Independent Provider and CDDP/Brokerage related to rejected service delivered entries should be documented in progress notes.

   - If errors are found and the provider's service deliveries (SDs) are in "pending" status, those that are incorrect are to be rejected by the CDDP/Brokerage, and sent back to the provider for correction. Only correct SDs are to be processed.
   - If SDs are not in "pending" status, it is the responsibility of the CDDP/Brokerage to void those SDs that are incorrect and notify the Agency or non-PSW Independent Provider.  Please note, that voiding of SD entries that have been approved AND paid will create a claim correction and provider liability amount to be recovered.

4. **Options for Service Delivery review settings in eXPRS Plan of Care:**

   o For Agency and non-PSW Independent Providers Services authorized by a CDDP:
     - Brokerage Certified Services Agency Provider Organization (type 93-942) – eXPRS POC default setting is set to YES = Pend for Review
     - DD Employment Agency Providers – eXPRS POC default setting is set to NO = Do Not Pend for Review.
     - DD Comp Agency Providers billing for In-Home Services – eXPRS POC default setting is set to NO = Do Not Pend for Review.
     - Independent Providers — POC default setting is set to YES = Pend for Review.
   o For Agency and non-PSW Independent Services authorized by a Brokerage:
     - Brokerage Certified Services Agency Provider Organization (type 93-942) – eXPRS POC default setting is set to YES = Pend for Review
     - DD Employment Agency Providers – eXPRS POC default setting is set to YES = Pend for Review.
     - DD Comp Agency Providers billing for In-Home Services – eXPRS POC default setting is set to YES = Pend for Review.
     - Independent Providers — eXPRS POC default setting is set to YES = Pend for Review.

These settings can be changed manually when entering the Service Prior Authorization (SPA) line.

CDDPs/Brokerages may have their own policies on the setting of the Service Delivery review options.

Depending on the specific "Review?" setting on a provider's service authorizations, SDs for Agencies may or may not pend for review by the CDDP/Brokerage.  If the "Review" is set to "NO," the Service Deliveries will not pend and the timesheet printed from POC will be blank when it is printed and will have to be filled in by hand.
   - This setting will pay the SDs within the authorization without review and may result in erroneous payments and may lead to overpayments or the need to void and correct errors

If the "Review" is set to "YES," the Service Deliveries will pend for review by the CDDP/Brokerage and the printed timesheet will include all pending SD entry lines.
   - This setting requires review of the SD prior to the SD being paid to the Agency or non-PSW Independent Provider.

5. **Employment Agency Providers**

Agencies delivering employment related support must make available upon request of the Office of Developmental Disability Services (ODDS), Brokerage or CDDP, invoices which meet the criteria listed above. CDDPs and Brokerages must follow OAR requirements for record keeping of expenditures.

## Form(s) that apply:

Blank POC Timesheet: http://apps.state.or.us/exprsDocs/BlankServiceDeliveredForm.pdf

## Definition(s):

eXPRS: the Express Payment and Reporting System; the DHS web-based, electronic service authorization & payment management system, designed for the authorization, payment and reporting of services provided to individuals with I/DD in Oregon.

POC: Plan of Care; service authorization functionality in eXPRS that manages the authorization of a variety of different discrete services for an individual in a single annual plan. It is unlike a CPA, in that a CPA is a single service authorization. A POC is a collection of multiple service authorizations.

SD: Service Delivered entry; a data component within in eXPRS POC that represents the date and the start & end times a POC authorized service was provided to an individual with I/DD by a provider.  This is the preliminary "timesheet" data entered in eXPRS for POC services used to create claims for payment back to the provider.

Service Prior Authorization (SPA): a system feature within eXPRS Plan of Care which is the second level of Plan of Care service authorization (the POC Plan Line is the first level).  The SPA authorizes a provider to deliver a specific service under a POC Plan line to an individual with I/DD, the amount of service (number of units), the rate and the dates the service can be provided.

## Reference(s):

## Frequently Asked Questions:

## Contact(s):

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