

Lilia Teninty

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Number: APD-AR-15-021

Issue date: 4/13/2015

Topic: Developmental Disabilities

Due date:

Subject: End of the Biennium Processes - DD Provider Agencies

Applies to (check all that apply):

- | | |
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| <input type="checkbox"/> All DHS employees | <input type="checkbox"/> County Mental Health Directors |
| <input type="checkbox"/> Area Agencies on Aging | <input type="checkbox"/> Health Services |
| <input type="checkbox"/> Aging and People with Disabilities | <input checked="" type="checkbox"/> Office of Developmental Disabilities Services(ODDS) |
| <input type="checkbox"/> Self Sufficiency Programs | <input checked="" type="checkbox"/> ODDS Children's Intensive In Home Services |
| <input checked="" type="checkbox"/> County DD Program Managers | <input type="checkbox"/> Stabilization and Crisis Unit (SACU) |
| <input type="checkbox"/> ODDS Children's Residential Services | <input checked="" type="checkbox"/> Other (please specify): DD Brokerages and DD Provider Agencies |
| <input type="checkbox"/> Child Welfare Programs | |

Action required:

The end of the 2013-2015 Biennium (BI) is quickly approaching. The Office of Developmental Disability Services (ODDS) would like to take this time to remind all Provider agencies of key practices that need to be completed in order for the biennial rollover to occur and to help alleviate settlement issues for the 2013-2015 BI.

eXPRS Client Prior Authorizations (CPA):

Review and verify all individuals your agency provided services to during the 2013-2015 BI have valid CPAs for the correct time periods and with the correct rate. If corrections are needed, work with the individual's CDDP. This will ensure all claims made by your agency are processed and paid correctly, and that correct information is rolled in to the 2015-2017 BI for the new CPAs.

Review all CPAs for your agency with an ongoing flag of "Y" (Yes) to make sure they are truly ongoing. Only CPAs with an ongoing flag of "Y" and an end date of June 30, 2015 will be rolled into the 2015-2017 BI.

Review all CPAs with an ongoing flag of “N” (No) to make sure they should not be rolled into the 2015-2017 BI.

eXPRS Plan of Care (POC):

For all plans in POC, your agency needs to review all lines in POC for your agency to ensure entries match the individual’s plan. Work with the CDDP or Brokerage to make corrections.

Outstanding Provider Claims for CPAs:

In eXPRS, review the **CPA Unclaimed Balance Report** for all applicable Services your agency provides.

After you log into eXPRS, go to the left-hand menu, click Reports-> CPA Unclaimed Balance, using the last day of the previous month as the end date. Enter report period and/or provider number.

If after running the **CPA Unclaimed Balances Report** you have unclaimed balances, please review your claims to identify why you have an unclaimed balance.

Possible reasons for a remaining balance –

- Missed submitting claims
- Claims have suspended due to eligibility or other reason
- CPA for services ended and needs to be closed by the CDDP, until this is done the system will reflect an unclaimed balance
- The individual was not provided a service on that day.

Contact the CDDP to assist with resolution if you are unable to submit the claims to clear up the Unclaimed Balances. The CDDP will work with you and the ODDS Provider Technical Assistance Unit to research actions needed to resolve. Please provide the reason you did not originally submit the claim prior to claiming solely based on this report.

Outstanding Provider Claims for POC:

Check for draft claims in POC. Determine if they need to be voided or pushed to pending.

For outstanding pending claims, contact the CDDP or Brokerage and ask them to approve.

eXPRS Provider Liability (PLA):

In eXPRS, review your agencies **Outstanding Provider Liability** report for all applicable Services Your agency provides.

After you log in to eXPRS, go to the left-hand menu; click Reports-> Outstanding Provider Liability. Enter report period and/or provider number.

If you have an outstanding liability as of June 30, 2015 for the 2013-2015 BI it will roll over into the 2015-2017 BI to be deducted from future payments.

eXPRS Provider Prior Authorizations (PPAs):

The PPAs will be rolled from 2013-2015 BI to 2015-2017 BI in Accepted Status for all "OPT Out" PPAs. Providers will not be required to accept the Opt Out PPA due to the Provider Enrollment Application covering both biennium's. If you no longer do business with ODDS or with a particular CDDP area, contact the person listed below to adjust the PPAs.

Reason for action:

To ensure all claims have been submitted and corrected, if necessary prior to the close of 2013-2015 BI. This will assist in assuring all claims are submitted and/or corrected within the Medicaid regulations.

To ensure all CPAs that should be rolled from 2013-2015 BI into the 2015-2017 are rolled and no break in funding authorization occurs in error.

To ensure Providers review any PLAs and address any issues in a timely manner to avoid under or over payment for authorized services.

Field/stakeholder review: Yes No

If yes, reviewed by: CDDP staff

If you have any questions about this action request, contact:

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