

How to Create an SE56 Allotment Provider Prior Authorization (PPA) ODDS Staff

(updated 6/24/2022)

Allotment payments under SE56 are utilized to send DD Agency and Foster Care Providers additional funds for various reasons, such as grant awards, rent subsidy payments, or funding to cover exceptional service costs, etc.

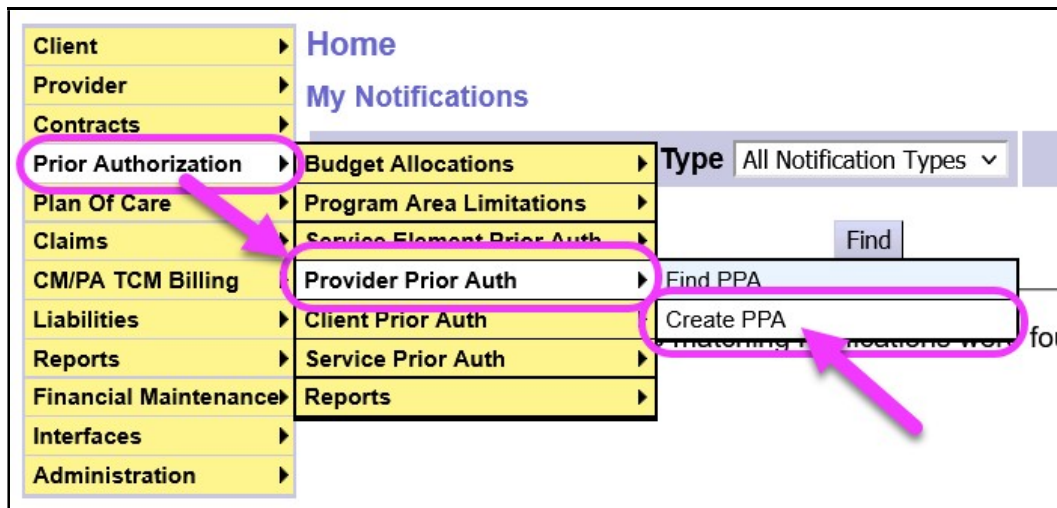
Before an allotment claim can be issued, the funds must first be authorized in an Allotment Provider Prior Authorization (PPA). This guide will review how to create & save a draft allotment PPA under SE56 for payments to DD Agency & Foster Care Providers.

ODDS staff will need one of the below user roles to do this work:

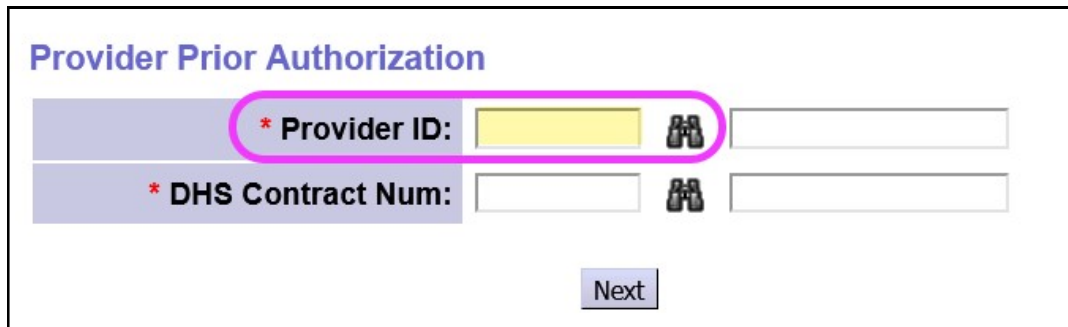
- **State Allotment PPA Preparer SE56 ONLY**
- **State Allotment PPA Manager**

To create a SE56 Allotment PPA:

1. From the left-hand navigation menu, select **Prior Authorization** → **Provider Prior Auth** → **Create PPA**.

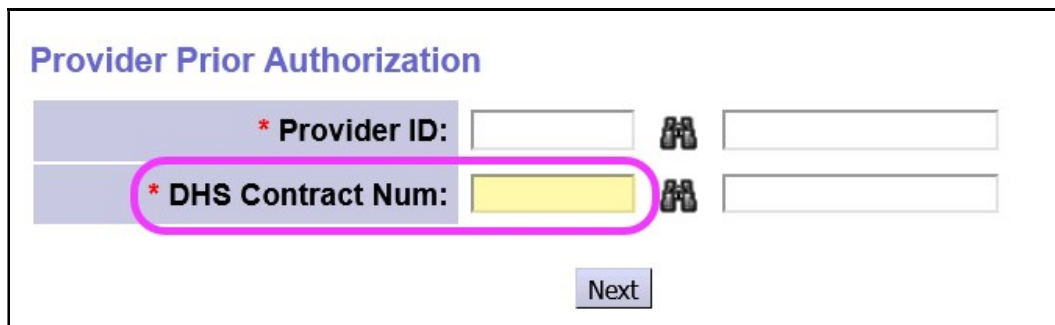


2. On the **Provider Prior Authorization** page, first enter the **eXPRS ID** number for the main agency or foster care provider you want to create a PPA for or use the binoculars to search for it.



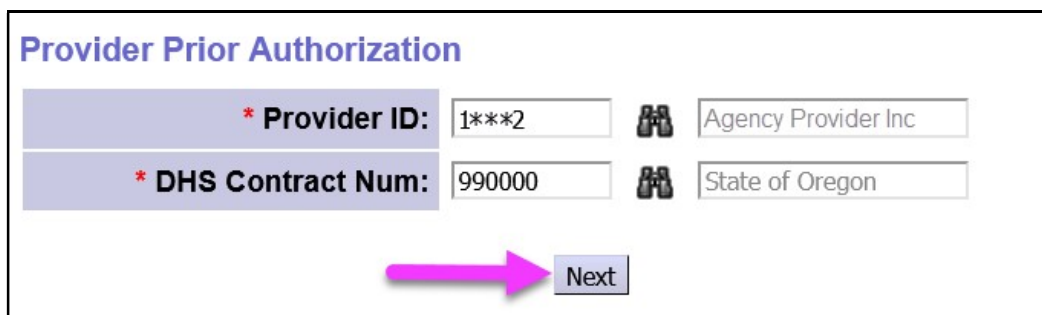
The screenshot shows the 'Provider Prior Authorization' form. The title is in blue. There are two rows of input fields. The first row is labeled '* Provider ID:' and has a yellow highlight around the input field and a binoculars icon to its right. The second row is labeled '* DHS Contract Num:' and has an empty input field and a binoculars icon to its right. A 'Next' button is centered below the fields.

3. Next enter the **DHS Contract Number** that the allotment PPA's claims will be paid under. In most cases for SE56 services, you will likely use the global contract number for ODDS = **990000**. However, this could be a CME Contract Number. ***This information should be provided to you by the ODDS Contracts Manager prior to setting up the PPA.***



The screenshot shows the 'Provider Prior Authorization' form. The title is in blue. There are two rows of input fields. The first row is labeled '* Provider ID:' and has an empty input field and a binoculars icon to its right. The second row is labeled '* DHS Contract Num:' and has a yellow highlight around the input field and a binoculars icon to its right. A 'Next' button is centered below the fields.

4. With both data elements added, click **Next** to continue.



The screenshot shows the 'Provider Prior Authorization' form. The title is in blue. There are two rows of input fields. The first row is labeled '* Provider ID:' and has the input field containing '1***2' and a dropdown menu showing 'Agency Provider Inc'. The second row is labeled '* DHS Contract Num:' and has the input field containing '990000' and a dropdown menu showing 'State of Oregon'. A pink arrow points to the 'Next' button centered below the fields.

5. In the **Provider Prior Authorization** page, confirm that you have the correct Provider and DHS Contract Number listed.

Provider Prior Authorization

Provider ID: 1***2	Provider: Agency Provider Inc
DHS Contract Num: 990000	Contractor Name: State of Oregon

Draft Provider Prior Auth Adjustments

PA Adj #	Service Element	Proc Code	Svc Modifier Cd	Effective Date	End Date	Amount
<input type="button" value="Add"/>						

6. If all is correct, click **Add** to continue. This will now display new fields required to complete the PPA.

Provider Prior Authorization

Provider ID: 1***2	Provider: Agency Provider Inc
DHS Contract Num: 990000	Contractor Name: State of Oregon

Draft Provider Prior Auth Adjustments

PA Adj #	Service Element	Proc Code	Svc Modifier Cd	Effective Date	End Date	Amount
<input type="button" value="Add"/>						

7. With the new fields open, complete the appropriate information for the PPA needed in each section. Any data item marked with a red asterisk (*) is required information.

Provider Prior Authorization

PPA Reference Number:	
PA Adj #: 0	PPA Optional: <input type="checkbox"/>
Provider: Agency Provider Inc	Provider ID: 1***2
DHS Contract Num: 990000	Contractor Name: State of Oregon

* Service Element: <input type="text"/>	
* Proc Code: <input type="text"/>	* Svc Modifier Cd: <input type="text"/>

* Effective Date: <input type="text"/>	* End Date: <input type="text"/>
Rate: <input type="text"/>	Rate Type: <input type="text"/>
Units: <input type="text"/>	Date Increment: Months_Prorated <input type="text"/>
* Amount: <input type="text"/>	Status: Draft
PPA Note: <input type="text"/>	* Ongoing: N <input type="text"/>
Created By: <input type="text"/>	Created Date: <input type="text"/>
Updated By: <input type="text"/>	Updated Date: <input type="text"/>

In the Middle Section

- From the ***Service Element** dropdown, select “56”. It may be your only option.

DHS Contract Num: 990000 Contractor Name: State of Oregon

* Service Element: 56

* Proc Code: 56

* Svc Modifier Cd: [dropdown]

* Effective Date: [calendar icon]

* End Date: [calendar icon]

Rate: [input] Rate Type: [input]

- From the ***Proc Code** dropdown, select the applicable code to be used for this specific allotment payment.
******For the provider **Compass Transition** payments, the proc code will be “All”.

DHS Contract Num: 990000 Contractor Name: State of Oregon

* Service Element: 56

* Proc Code: All

* Svc Modifier Cd: [dropdown]

* Effective Date: [calendar icon]

* End Date: [calendar icon]

Rate: [input] Rate Type: [input]

Units: [input] Date Increment: Months_Prorated

- From the ***Svc Modifier Cd** dropdown, select the applicable modifier to be used for this specific allotment payment.
******For the provider **Compass Transition** payments, the service modifier code will be “ZD”.

DHS Contract Num: 990000 Contractor Name: State of Oregon

* Service Element: 56

* Proc Code: All

* Svc Modifier Cd: ZD

* Effective Date: [calendar icon]

* End Date: [calendar icon]

Rate: [input] Rate Type: [input]

Units: [input] Date Increment: Months_Prorated

* Amount: [input]

PPA Note: [text area]

Status: Draft

* Ongoing: N

In the Bottom Section

- In the ***Effective Date** field, enter the first date that the allotment payment applies. This must be the first day of the month.

DHS Contract Num: 990000	Contractor Name: State of Oregon
* Service Element: 56	
* Proc Code: All	* Svc Modifier Cd: ZD
* Effective Date: 7/1/2022	* End Date:
Rate:	Rate Type:
Units:	Date Increment: Months_Prorated
* Amount:	Status: Draft
PPA Note:	* Ongoing: N
Created By:	Created Date:
Updated By:	Updated Date:

- In the ***End Date** field, enter the last date that the allotment payment applies. This must be the last day of the month.

******The date range for the PPA you are creating could be for a single month or multiple months. Please consult the information provided to you from the ODDS Contracts Unit for the specific dates that apply to the PPA you are creating.

DHS Contract Num: 990000	Contractor Name: State of Oregon
* Service Element: 56	
* Proc Code: All	* Svc Modifier Cd: ZD
* Effective Date: 7/1/2022	* End Date: 7/31/2022
Rate:	Rate Type:
Units:	Date Increment: Months_Prorated
* Amount:	Status: Draft
PPA Note:	* Ongoing: N
Created By:	Created Date:
Updated By:	Updated Date:

- In the **Rate** field, enter the monthly rate to be paid by this PPA. This field can be left blank.

******The amount you enter here, *if anything*, should be provided to you by the ODDS Contracts Unit for the specific PPA you are creating.

DHS Contract Num: 990000		Contractor Name: State of Oregon	
* Service Element: 56		* Svc Modifier Cd: ZD	
* Proc Code: All			
* Effective Date: 7/1/2022		* End Date: 7/31/2022	
Rate: <input type="text"/>		Rate Type:	
Units: <input type="text"/>		Date Increment: Months_Prorated	
* Amount: <input type="text"/>		Status: Draft	
PPA Note:		* Ongoing: N	
Created By:		Created Date:	
Updated By:		Updated Date:	

- The **Units** is only used on PPAs for multiple months with a **Rate** amount. In those situations the Units = 1, otherwise this field can be left blank.

DHS Contract Num: 990000		Contractor Name: State of Oregon	
* Service Element: 56		* Svc Modifier Cd: ZD	
* Proc Code: All			
* Effective Date: 7/1/2022		* End Date: 7/31/2022	
Rate: <input type="text"/>		Rate Type:	
Units: <input type="text"/>		Date Increment: Months_Prorated	
* Amount: <input type="text"/>		Status: Draft	
PPA Note:		* Ongoing: N	
Created By:		Created Date:	
Updated By:		Updated Date:	

- Leave the **Date Increment** dropdown as is, with its default selection "**Months_Prorated**".

DHS Contract Num: 990000		Contractor Name: State of Oregon	
* Service Element: 56 ▾		* Svc Modifier Cd: ZD ▾	
* Proc Code: All ▾			
* Effective Date: 7/1/2022 📅		* End Date: 7/31/2022 📅	
Rate: <input type="text"/>		Rate Type:	
Units: <input type="text"/>		Date Increment: Months_Prorated ▾	
* Amount: <input type="text"/> 📊		Status: Draft	
PPA Note: <input type="text"/>		* Ongoing: N ▾	
Created By:		Created Date:	
Updated By:		Updated Date:	

- In the *** Amount** field, enter the **total amount** to be paid by this PPA.
******The amount you enter here should be provided to you by the ODDS Contracts Unit for the specific PPA you are creating.

DHS Contract Num: 990000		Contractor Name: State of Oregon	
* Service Element: 56 ▾		* Svc Modifier Cd: ZD ▾	
* Proc Code: All ▾			
* Effective Date: 7/1/2022 📅		* End Date: 7/31/2022 📅	
Rate: <input type="text"/>		Rate Type:	
Units: <input type="text"/>		Date Increment: Months_Prorated ▾	
* Amount: 25000.00 📊		Status: Draft	
PPA Note: <input type="text"/>		* Ongoing: N ▾	
Created By:		Created Date:	
Updated By:		Updated Date:	

If the PPA is *for multiple months*, with a **Rate** and **Units**, simply click on the calculator button to have the system calculate the **total amount** of the PPA.

DHS Contract Num: 990000		Contractor Name: State of Oregon	
* Service Element: 56		* Svc Modifier Cd: ZD	
* Proc Code: All			
* Effective Date: 7/1/2022		* End Date: 9/30/2022	
Rate: 5000.00		Rate Type:	
Units: 1		Date Increment: Months_Prorated	
* Amount: <input type="text"/>		Status: Draft	
PPA Note: <input type="text"/>		* Ongoing: N	
Created By:		Created Date:	
Updated By:		Updated Date:	

- In the **PPA Note** field, add any notes, comments or additional information as needed regarding the PPA you are creating. You may be provided with a statement from the ODDS Contracts Unit to enter here.

DHS Contract Num: 990000		Contractor Name: State of Oregon	
* Service Element: 56		* Svc Modifier Cd: ZD	
* Proc Code: All			
* Effective Date: 7/1/2022		* End Date: 7/31/2022	
Rate: <input type="text"/>		Rate Type:	
Units: <input type="text"/>		Date Increment: Months_Prorated	
* Amount: 25000.00		Status: Draft	
PPA Note: Add any notes/comments here as needed regarding this PPA.		* Ongoing: N	
Created By:		Created Date:	
Updated By:		Updated Date:	

- The **Ongoing** dropdown can remain as is = “N”.

DHS Contract Num:	990000	Contractor Name:	State of Oregon
* Service Element:	56	* Proc Code:	All
		* Svc Modifier Cd:	ZD
* Effective Date:	7/1/2022	* End Date:	7/31/2022
Rate:		Rate Type:	
Units:		Date Increment:	Months_Prorated
* Amount:	25000.00	Status:	Draft
PPA Note:	Add any notes/comments here as needed regarding this PPA.		* Ongoing: N
Created By:		Created Date:	
Updated By:		Updated Date:	

8. With all your PPA data now entered, you can click **Save** at the bottom to save the *draft* PPA.

Provider Prior Authorization			
PPA Reference Number:		PPA Optional:	<input type="checkbox"/>
PA Adj #:	0	Provider ID:	1***2
Provider:	Agency Provider Inc	Contractor Name:	State of Oregon
DHS Contract Num:	990000		
* Service Element:	56	* Proc Code:	All
		* Svc Modifier Cd:	ZD
* Effective Date:	7/1/2022	* End Date:	7/31/2022
Rate:		Rate Type:	
Units:		Date Increment:	Months_Prorated
* Amount:	25000.00	Status:	Draft
PPA Note:	Add any notes/comments here as needed regarding this PPA.		* Ongoing: N
Created By:		Created Date:	
Updated By:		Updated Date:	
Save	Reset	Cancel	

9. Once saved, you will receive a confirmation message from eXPRS. The **draft** PPA is now ready for QA review & submission by the ODDS Contracts Unit.

Provider Prior Authorization

Provider Prior Authorization save succeeded.

Provider ID: 1***2 **Provider:** Agency Provider Inc
DHS Contract Num: 990000 **Contractor Name:** State of Oregon

Draft Provider Prior Auth Adjustments

PA Adj #	Service Element	Proc Code	Svc Modifier Cd	Effective Date	End Date	Amount
52206618	56	All	ZD	7/1/2022	7/31/2022	\$25,000.00

10. If you have more PPAs to create **for this same** Provider & Contract, click **Add**, and then follow steps #7 & #8 above.

Provider Prior Authorization

Provider Prior Authorization save succeeded.

Provider ID: 1***2 **Provider:** Agency Provider Inc
DHS Contract Num: 990000 **Contractor Name:** State of Oregon

Draft Provider Prior Auth Adjustments

PA Adj #	Service Element	Proc Code	Svc Modifier Cd	Effective Date	End Date	Amount
52206618	56	All	ZD	7/1/2022	7/31/2022	\$25,000.00

To create a new **draft** PPA **for a different Provider**, start again at step #1 above.

11. **POTENTIAL ERRORS** – If when you attempt to save a draft PPA you receive the error “**Provider Prior Authorization save failed: Provider does not provide service requested**” (like shown below) that means the Agency listed on the PPA does not have the needed service location provider record for SE56 allotment payments.

If you receive this error for an Agency, please do the following:

- Make note of the agency so you can return and create the PPA at a later time;
- Send an email to ODDS.ProviderEnrollment@dhsola.state.or.us and CC: Vanessa.richkind@dhsola.state.or.us letting them know that the agency

is missing the needed **provider service location record** for SE56 allotments (type/specialty 85-970 – DD Rent Subsidy/SE56).

Provider Prior Authorization

Provider Prior Authorization save failed: Provider does not provide service requested

PPA Reference Number:		PPA Optional:	<input type="checkbox"/>
PA Adj #:	0	Provider ID:	3 [redacted] 4
Provider:	[redacted]	Contractor Name:	State of Oregon
DHS Contract Num:	990000		

* Service Element:	56	* Svc Modifier Cd:	ZD
* Proc Code:	All		

* Effective Date:	7/1/2022	* End Date:	9/30/2022
Rate:		Rate Type:	

12. If you have any other questions about creating/saving draft SE56 PPAs, or the Provider Compass Transitional payments, please email your questions to:

- Heather Smith: heather.m.smith@dhsoha.state.or.us and
- Jennifer Zobrist: jennifer.zobrist@dhsoha.state.or.us