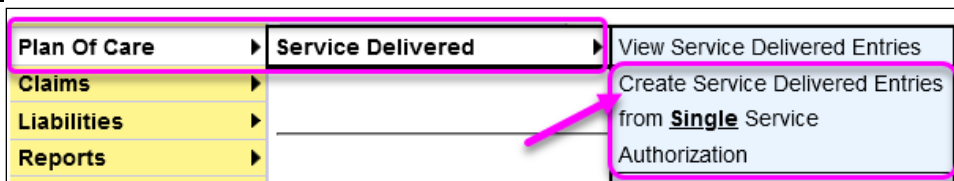


How to Create and Submit Claims for Foster Care Services

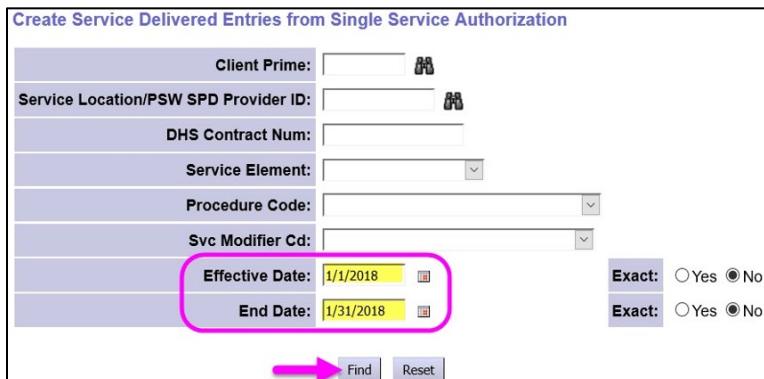
Foster Care providers must create and submit claims for service in eXPRS to receive payment. This billing does not affect the process for Foster Care providers to collect and receive **Room & Board** and/or **Service Contribution** (also known as the “Client Offset”) amounts each month from the individuals they serve.

How to Create and Submit Claims for Foster Care Services:

- 1) Login to eXPRS. If you have more than one record associated to your account, select your Foster Care services record under the **Organization/Program Area**.
- 2) Select **Plan of Care > Service Delivered > Create Service Delivered Entries from Single Service Authorization**.



- 3) On the **Create Service Delivered from Single Service Authorization** page, enter at least one search criteria to find your Foster Care authorizations to bill against and select **Find**.



Create Service Delivered Entries from Single Service Authorization

Client Prime:	<input type="text"/>	
Service Location/PSW SPD Provider ID:	<input type="text"/>	
DHS Contract Num:	<input type="text"/>	
Service Element:	<input type="text"/>	
Procedure Code:	<input type="text"/>	
Svc Modifier Cd:	<input type="text"/>	
Effective Date:	<input type="text" value="1/1/2018"/>	
End Date:	<input type="text" value="1/31/2018"/>	
Exact:	<input type="radio"/> Yes <input checked="" type="radio"/> No	
Exact:	<input type="radio"/> Yes <input checked="" type="radio"/> No	
<input type="button" value="Find"/> <input type="button" value="Reset"/>		

TIP: Using the Effective and End Date fields will likely be the easiest method to search. Additional search criteria are defined in **Appendix A**.

4) Review the Results list, which contains SPAs grouped by individual.

Name		Service Location/PSW						
Client 1 Last Name, First - xyz000a		FC Provider Name - #####						
SPA#	Proc Code	Modifier	Rate	Units	Unit	Frequency	Begin	End
18****70	ORAF - Adult FC services in SE158	NA - Not Applicable	\$5,653.041.00	Months	ProratedMonth		10/1/2017	9/30/2018
18****76	OR526 - Attendant Care, home or comm	2:1 staff authorized	\$24.00	8.00	Hours	Week	10/1/2017	9/30/2018
18****58	OR004 - Comm Transp, Mileage	WD - To/From Work	\$0.48	150.00	Miles	Month	10/1/2017	9/30/2018

TIP: You can open the SPA by selecting the **SPA #** hyperlink. This opens the **View Service Prior Authorization** page, where you can view the SPA details such as the service authorized, the service dates, and the rate.

5) Select the \$ icon for the service you want to bill for.

Name		Service Location/PSW						
Client 1 Last Name, First - xyz000a		FC Provider Name - #####						
SPA#	Proc Code	Modifier	Rate	Units	Unit	Frequency	Begin	End
18****70	ORAF - Adult FC services in SE158	NA - Not Applicable	\$5,653.041.00	Months	ProratedMonth		10/1/2017	9/30/2018
18****76	OR526 - Attendant Care, home or comm	2:1 staff authorized	\$24.00	8.00	Hours	Week	10/1/2017	9/30/2018
18****58	OR004 - Comm Transp, Mileage	WD - To/From Work	\$0.48	150.00	Miles	Month	10/1/2017	9/30/2018

TIP: You can right-click any links or the \$ icon to open the page in a new tab or window. This will allow you to easily return to your original search results list.

6) On the **Enter Claim Service Dates** page, enter the dates that Foster Care service was provided.

Enter Claim Service Dates

PA Adj #	Client Name	SE	DHS Contract Num	Provider	Effective Date	End Date
18****70	First name Last name	158	14****7	22****9	10/1/2017	9/30/2018

Service Begin: Service End:

TIP: You can only bill for those dates that you provided “overnight” care an individual, as defined in ODDS guidance.

7) To add another row of claim data fields for more dates, select the **Add** button.

Enter Claim Service Dates

PA Adj #	Client Name	SE	DHS Contract Num	Provider	Effective Date	End Date
18****70	First name Last name	158	14****7	22****9	10/1/2017	9/30/2018
Service Begin: 1/1/2018		Service End: 1/11/2018		Remove		
Add						
Continue						

TIP: Claim dates entered can be for a single day or for a date range, such as an entire week or month of service. Shown below, the claim dates entered have a gap in dates billed to reflect the dates the individual did not receive “overnight” care on January 12th & 13th.

Enter Claim Service Dates

PA Adj #	Client Name	SE	DHS Contract Num	Provider	Effective Date	End Date
18****70	First name Last name	158	14****7	22****9	10/1/2017	9/30/2018
Service Begin: 1/1/2018		Service End: 1/11/2018		Remove		
Service Begin: 1/14/2018		Service End: 1/31/2018		Remove		
Add						

8) Click **Continue** to create **Draft** claims.

Service Begin: 1/1/2018	Service End: 1/11/2018	Remove
Service Begin: 1/14/2018	Service End: 1/31/2018	Remove
Add		
Continue		

9) On the **Claim Create Results** page, submit the **Draft** claims by clicking **Submit**.

Claim Create Results

PA Adj #	Status	SE	ICN	Service Begin	Service End	Claim Modifier Cd	Units	Billed Amount
18****70	Draft	158	2017*****1001	1/1/2018	1/11/2018	REG	1.000	\$2,005.92
18****70	Draft	158	2017*****2001	1/14/2018	1/31/2018	REG	1.000	\$2,370.63

Submit

2 claims, about 1 minute to submit.

10) On the **Claim Created** page, review the results of the claim submission. Claims showing as **Approved** will be processed for payment the next business day.

Claim Created

Your request completed successfully.

Status	ICN	Service Begin	Service End	Claim Modifier Cd	Billed Amount	Pymt Amt
Approved	2017*****1001	1/1/2018	1/11/2018	REG	\$2,005.92	\$2,005.92
Approved	2017*****2001	1/14/2018	1/31/2018	REG	\$2,370.63	\$2,370.63

TIP: For claims that move to a status other than **Approved**, see the **Claims Problem Solving Matrix** on the eXPRS Help Menu.

Appendix A: Search Criteria Definitions

- **Client Prime** : The prime number for a specific I/DD individual receiving services.
- **Service Location/PSW SPD Provider ID**: The SPD provider ID number assigned to the Foster Care provider's record that was used in the service authorization.
- **DHS Contract Num**: The Contract number for the CDDP who authorized the services for the individual.
- **Service Element**: The service category for the services authorized. You may select an option from the drop-down menu, if you wish.
- **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.
- **Svc Modifier Cd**: The applicable service modifier code that works with a procedure code from the previous dropdown. 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.
- **Effective Date**: The first service date the authorization covers.
- **End Date**: The last service date the service authorization covers.