

How to Create & Submit Daily Claims for Children's Host Home Services in eXPRS

Agency Providers (updated 5/13/2022)

UPDATE: The steps in this guide cover submitting daily claims for service dates **prior to 5/1/2022**.

For instructions on how to bill for services for <u>dates 5/1/2022 and later</u>, please see the How to Enter SDs for Daily Residential Services – Single Client and/or the How to Enter SDs for Daily Residential Services – Multiple Clients guides.

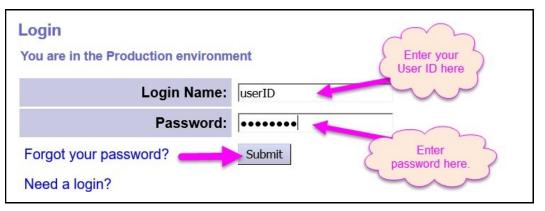
DD Children's Host Home services are now available to be authorized in eXPRS Plan of Care (POC). Host Homes are a Daily service, with daily rates being derived from the individual's Oregon Needs Assessment (ONA) Service Group (SG).

This guide will assist Agency Providers to create/submit claims Daily Children's Host Home services.

→ <u>Please note</u>: the change in the claiming process <u>will not</u> change the processes for providers to collect/receive Room & Board and/or Service Contribution (aka: "offset") amounts each month from the payees for the individuals they serve. The process for these payments has not changed.

To create/submit CLAIMS for Children's Host Home services:

1. Log in to eXPRS.



From the left-hand, yellow navigation menu, click on *Plan of Care* → *Service Delivered* → *Create Service Delivered Entries from* <u>Single</u> Service Authorization.

Client Provider Contracts)))	Home My Notifications	
Prior Authorization	•	Filtered By Type A	Notification Types
Plan Of Care	•	Service Delivered	View Service Delivered Entries
Ciaims	7		Create Service Delivered Entries
Liabilities	•		from <u>Single</u> Service
Reports	•		Authorization
Financial		N	Create Service Delivered Entries
Maintenance	1		from Multiple Service
			Authorizations
Oregon Department	of	Human Services	Create POC Daily Service
500 Summer St. NE			Delivered
Salem, OR · 97301			Service Delivered Batch Import

3. In the **Create Service Delivered from Single Service Authorization** search page, search for your **Children's Host Home** service authorizations that are active & ready to be claimed against.

To search, use the criteria:

- **Service Element** = 152 Children's Host Homes
- **Effective Date** = first service date you wish to claim
- End Date = the last service date you wish to claim

Click **Find** to search.

	Client Prime:	<i>#</i> 1			
Service Location/PSW	SPD Provider ID:	A			
DH	S Contract Num:				
(Service Element:	152 - Children's Host Homes	~)	
	Procedure Code:		~		
	Svc Modifier Cd:	Y			
	Effective Date:	4/1/2021		Exact:	⊖Yes ⊛No
	End Date:	4/30/2021		Exact:	⊖Yes ⊛No

5. Any active authorizations ready to bill that meet the search criteria entered will return in a results list below.

Solitian					100
Service Ele	ement: 152 - Children's Ho	st Homes 🗸			
Procedure	Code:	~			
Svc Modifi	ier Cd:	~			
Effective	Date: 4/1/2021		Exact:	⊙Yes ●	No
Enc	l Date: 4/30/2021		Exact:	⊙Yes ●	No
	Find Reset 🍓 Pri	nt			
Name	\$	Service Location/PSV	N		\$
THYME, JUSTIN - xyz0000a	Agency, Inc 1****8	3			
SPA# Proc Code	Modifier Rate	Units Unit Frequency	Begin	End	
42*****1 ORCHH - Children's Host Homes	NA - Not Applicable NA	1.00 Days Day	4/1/2021 6/	/30/2021 🍓	\$

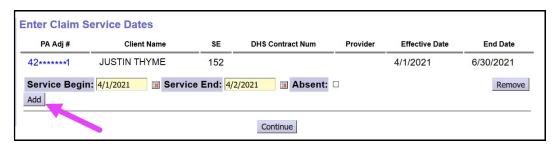
- 6. To bill for Daily **Children's Host Home** services provided, start from the results list and click on the dollar sign (\$) icon to the far right of the service you wish to bill.
 - → PRO TIP: right-click on the \$ icon to open the new page in a new tab or window. This will allow you to easily return to your original search results list.

	contrac				
	Service Elen	nent: 152 - Childr	ren's Host Homes	~	
	Procedure C	ode:		~	
	Svc Modifie	Cd:	~		
	Effective [Date: 4/1/2021		Exact	: OYes ⊛No
	End	Date: 4/30/2021		Exact	: ○Yes ●No
		Find Reset	🍓 Print		
	Name	÷	Service I	Location/PSW	¢
THYME, JUSTIN	- xyz0000a	Agency, Inc	:. - 1****8		
SPA#	Proc Code	Modifier	Rate Units Unit	Frequency Begin	End
42*****1 ORC	HH - Children's Host Homes	NA - Not Applicable	NA 1.00 Days I	Day 4/1/2021	6/30/2021

7. In the Enter Claim Service Dates page, you can now bill for the dates that you provided Children's Host Home services to the individual. Enter the dates or a date range that service was provided. eXPRS will break the dates billed into individual DAILY claims.

		SE	DHS Contract Num	Provider	Effective Date	End Date
42******	JUSTIN THYME	152			4/1/2021	6/30/2021
Service Begin	:: Serv	ice End:	🖩 Absent: 🛛			Remove

8. If additional rows of claim data are needed, click **Add** button. This will add another blank row of fields for more dates to be billed.



- 9. To report **dates** the individual was **absent** from services:
 - enter the absence dates in the Service Begin & Service End fields,
 - check the Absent box; this will activate a dropdown menu,
 - select the type of absence from the **Reason** menu.

Enter Claim Se	ervice Date	S								
PA Adj #	Client	Name	SE	DHS	Contr	act Num	Provider	Effective Date	En	d Date
42*****1	JUSTIN THY	'ME	152					4/1/2021	6/30/	2021
Service Begin:	4/1/2021	Service	End:	4/2/2021		Absent:	1			Remove
Service Begin:	4/3/2021	Service	End:	4/3/2021		Absent:	Reason:	Select	~	Remove
Add								Select		
-								Absent Without Leave		
				6		-		COVID Hospitalization		
					ontinu	e		Family Visit		
								Jail		
								Medical Hospitalization	ı	
								Nursing Facility		
								Psychiatric Hospitaliza	tion	
								Vacation		
								Psychiatric Hospitaliza	tion	

10. With the service dates to be claimed entered, click **Continue** to create *draft* claims.

0/2021
Remove
Remove
Remove

 Once processed, your *draft* claims will appear on a Claim Create Results page. You can leave the claims in *draft* to be submitted later if you wish. Or you can click the Submit button to submit them for payment processing.

Claim C	Claim Create Results									
PA Adj #	Status	SE	ICN	Service Begin	Service End	Claim Modifier Reason	Units	Billed Amount	Claim Type	
42****1	Draft	152	20******1001	4/1/2021	4/1/2021	Regular	1.000	<mark>\$177.48</mark>	Fee For Service	
42****1	Draft	152	20******2001	4/2/2021	4/2/2021	Regular	1.000	\$177.48	Fee For Service	
42****1	Draft	152	20*******3001	4/3/2021	4/3/2021	Family Visit	1.000	\$0.00	Absence Claim	
42****1	Draft	152	20******4001	4/4/2021	4/4/2021	Regular	1.000	\$177.48	Fee For Service	
42****1	Draft	152	20******5001	4/5/2021	4/5/2021	Regular	1.000	\$177.48	Fee For Service	
				Submi	it					
			5 claims, a	bout 1 m	inute to s	submit.				

12. If you submitted the claims, you'll be taken to **Claim Created** results page showing the results of the claim submission process. Claims showing as *approved* will be processed for payment the next business day.

ourreq	uest completed s	uccessful	ly.	01-1-1			
Status	ICN	Service Begin	Service End	Claim Modifier Reason	Billed Amount	Pymt Amt	Claim Type
Approved	20*******1001	4/1/2021	4/1/2021	Regular	\$177.48	\$177.48	Fee For Service
Approved	20*******2001	4/2/2021	4/2/2021	Regular	\$177.48	\$177.48	Fee For Service
Reported	20*******3001	4/3/2021	4/3/2021	Family Visit	\$0.00	\$0.00	Absence Claim
Approved	20*******4001	4/4/2021	4/4/2021	Regular	\$177.48	\$177.48	Fee For Service
Approved	20******5001	4/5/2021	4/5/2021	Regular	\$177.48	\$177.48	Fee For Service

- 13. Repeat steps #6 #12, to create new daily claims for Children's Host Home services for other individuals and/or dates.
- 14. For claims that move to a status other than *approved*, providers can use the <u>Claims Problem Solving Matrix</u> on the <u>eXPRS Help Menu</u> to assist in troubleshooting.