

How to Find and View Claims for Services Authorized with the "Generic Provider" Option in POC

(CMEs) (updated 5/17/2022)

For services authorized and paid via eXPRS/Plan of Care utilizing the "*generic provider*" option, CMEs may need to find those "*generic provider*" service claims to track when and how much they received to then pay the actual provider or vendor for the authorized service.

This guide will show how CME staff can search for those claims for "*generic provider*" authorized services.

→ PLEASE NOTE: this guide is addressing actual aggregated claims that generate payment, not Service Delivered billings. To view Service Delivered billings, please see instructions in the assistance guide How to Find-View Service Delivery Entries on the eXPRS Help Menu.

Users will need one of the below roles/permissions to view claims:

- Local Auth Claims Coordinator (for CDDP staff)
- Local Auth POC Claims Manager (for CDDP staff)
- Brokerage Claims Coordinator (for Brokerage staff)
- Brokerage POC Claims Manager (for Brokerage staff)

To Find/View POC "generic" service claims:

1. Log in in to eXPRS. If users have more than one organization login option, they will need to be logged in as shown below.

CDDPs use Local Authority

Login		
Login Name:	userID	
Password:	•••••	
Organization/Program Area:	CME County (Local Authority)	~
	Submit	

Brokerages use **Contractor**

Login Name:	userID
Password:	•••••
rganization/Program Area:	CME Brokerage (Contractor)

State Kids Services use State

Login	
Login Name:	userID
Password:	•••••
Organization/Program Area:	State Kids (State) V
	Submit

From the left-hand, yellow navigational menu, click on *Claims* →
 Search/Update Claims. This will take you to the Claims Search page.

Client	►	Home
Provider	•	My Notifications
Contracts	•	
Prior Authorization	•	Filtered By Type All Not
Plan Of Care	•	
Claims	•	Search/Update Claims
CM/PA TCM Billing	•	Create POC Daily Service
Liabilities	•	Delivered
Reports	•	Reports >

- Once in the Claims Search page, enter the number "2" in the Service Location field. The number "2" is the service location ID number assigned for the "generic provider" option.
 - You can also enter other search criteria, such as **Client Prime, Run ID**, **Effective Date**, etc. to further narrow the search results returned, if desired. Then select **FIND**.

Claim ICN:			Status:	Select 🗸	
Service Element:		~			
Procedure Code:		~]		
Svc Modifier Cd:		~			
Check Number:			Payment Status:	Select	~
Run ID:			Claim Modifier Reason:	Select	
DHS Contract Num:	<i>M</i>		Client Prime:		稱
Provider ID:			Pay To Provider ID:		88
Service Location:	2				
Effective Date:			End Date:		
Exact:	OYes ⊙No		Exact:	O Yes 💿 No	
Created From:			Created To:		
Submitted From:			Submitted To:		
Claim Type:	Select	~	Exclude SPA Absence Claim Type:	🔾 Yes 💿 No	
Exception Code:			Suspense Location:	Select	~
Exclude Exception Code:			Created By:		8
PA Adj #:			Show Exception Code Desc?:	🔾 Yes 💿 No	
Show Notes?:	O Yes 💿 No		Max Displayed:	25 🗸	
			Show Run ID/Date?	O Yes ○ No	

4. Any claims for "*generic provider*" authorized POC services in the system that meet the search criteria entered will be returned in a list below the search field section.

					<u>.</u>	Claim				
Claim ICN 🔶	Client Prime	Client Name 👙	Service Element	Procedure Code	Svc Modifier ‡ Cd	Modifier ¢ Reason	Type 🛊	Provider	Service Location 🗢	Effective Date
2021 4001		ZHCGLCD, DLCCX	49	OR501	NA	REG	FFS	49 Comp in Home Supp Services	Generic Provider	5/5/2021 5
2021 1001		BZECEV, BFPENJA	257	OR003	NA	REG	FFS	49 Comp in Home Supp Services	Generic Provider	1/31/2021
2021 7001		BZECEV, BFPENJA	257	OR003	NA	REG	FFS	49 Comp in Home Supp Services	Generic Provider	2/28/2021
2021 8001		BZECEV, BFPENJA	257	OR003	NA	REG	FFS	49 Comp in Home Supp Services	Generic Provider	3/31/2021

						Expo	ort options:		Excel 🔁	PDF 🛃 RTF
octive Date	End Date 🏺	Billed Amount 🍦	Client Liability [‡]	Paid Amount [‡]	Prov Liab ‡ Deduct	Net Payment [‡]	Status 🌲	Run ID 💠	Paid Date 🔶	Exception Code
	5/5/2021	\$1,500.00		\$1,500.00		\$1,500.00	Approved	44 14	7/20/2021	
721	1/31/2021	\$187.20		\$187.20		\$187.20	Approved	42 61	2/22/2021	
R/2021	2/28/2021	\$187.20		\$187.20		\$187.20	Approved	43 57	4/11/2021	
/2021	3/31/2021	\$280.00		\$280.00		\$280.00	Approved	44: 66	6/14/2021	

5. Users can export the list of claims using the export options to the upper right of the list if they wish.

						Expo	ort options: 🕢 CSV 🕱 Excel 🗟 PDF 🗟 RTF				
ate	End Date 🌻	Billed Amount	Client Liability [‡]	Paid Amount [⊕]	Prov Liab Der A	Net Payment [©]	Status 🌲	Run ID 🍦	Paid Date 🍦	Exception Code	
	5/5/2021	\$1,500.00		\$1,500.00		\$1,500.00	Approved	44 14	7/20/2021		
921	1/31/2021	\$187.20		\$187.20		\$187.20	Approved	42 61	2/22/2021		
R/2021	2/28/2021	\$187.20		\$187.20		\$187.20	Approved	43 57	4/11/2021		
/2021	3/31/2021	\$280.00		\$280.00		\$280.00	Approved	44: 66	6/14/2021		

6. By clicking on the blue ICN number in the far-left column, you can open a specific claim to view the claim details.

	Claim ICN 💠	Client Prime 🍦	Clie Name 🍦	Service Element [©]	Procedure Code	Svc Modifier ‡ Cd	Claim Modifier \$ Reason	Type 🛊	
(2021 4001		ZHCGLCD, DLCCX	49	OR501	NA	REG	FFS	Comp Horr Sr
	2021 1001		BZECEV, BFPENJA	257	OR003	NA	REG	FFS	Con Home Servi
	2021 7001		BZECEV, BFPENJA	257	OR003	NA	REG	FFS	Ht. Serv
	2021 8001		BZECEV, BFPENJA	257	OR003	NA	REG	FFS	2

7. With the Claim View open, you can see the details of the information entered on the SPA for the "generic" provider in the **Service Location** field. And you can view the SD billing entries paid in the claim by scrolling to the bottom and expanding the **Services Delivered** section.

Claim View									
ICN:	2021 4001		:	Status:	Approved		Ту	pe:	Fee For Service
Service Element:	49		Proc	Code:	OR501	Svc N	lodifier	Cd:	NA
Client Prime:		•	Client	Name:	SADDG IIRPARS				
Provider ID:			Pro	ovider:	Count Services	y 49 Co	mp in Ho	ome S	Supp
Service Location:	{Generic} Orkin Comme	ercial S	Service	es		Cla	im Modi Reas	ifier on:	Regular
DHS Contract Num:			Con	tractor Name:	Count	y			
PA Adj #:			Ef	fective Date:	5/5/2021		End Da	ate:	5/5/2021
Run ID:	44 14		Paie	d Date:	07/20/2021	05:30 PN	I PDT		
Billed Units:	1.000		Aı	Billed nount:	\$1,500.00				
Priced Amount:	\$1,500.00		Aı	Paid nount:	\$1,500.00				
Client Liab Deduct:	\$0.00		Pro D	ov Liab educt:	\$0.00	Ne	et Paymo	ent:	\$1,500.00
Original Submit Date:	07/20/2021 02:47 AM F	тот	Last	Submit	07/20/2021 (03:47 AM	U DDT		
 Segments 									
- Services Delivered	k								
Service Begin	Service End	Service Units	Billed Units	Group Setting	Created D	ate	Review Date	Statu	s ID
05/05/2021 12:00 AM PDT	05/06/2021 12:00 AM PDT 1	1	1	No	07/19/2021 08:2	7 AM PDT		Approv	red 44 78