eXPRS
Express Payment & Reporting System

# How to Find/View Plan of Care Service Claims
## (Foster Care Providers)
(updated 9/24/2018)

For SE158-Adult Foster Care, SE258-Children's Foster Care and SE257-Ancillary Services authorized and paid via eXPRS Plan of Care, Foster Care providers can find and view the claims processed for payments. The claim may be for a single date or a date range, depending on the dates of services billed within that claim.

To Find/View POC service claims:

1. Login to eXPRS. If you have more than one record associated to your eXPRS user account, select the applicable record for the service to be billed as the *Organization/Program Area*. Then click **SUBMIT** to login.
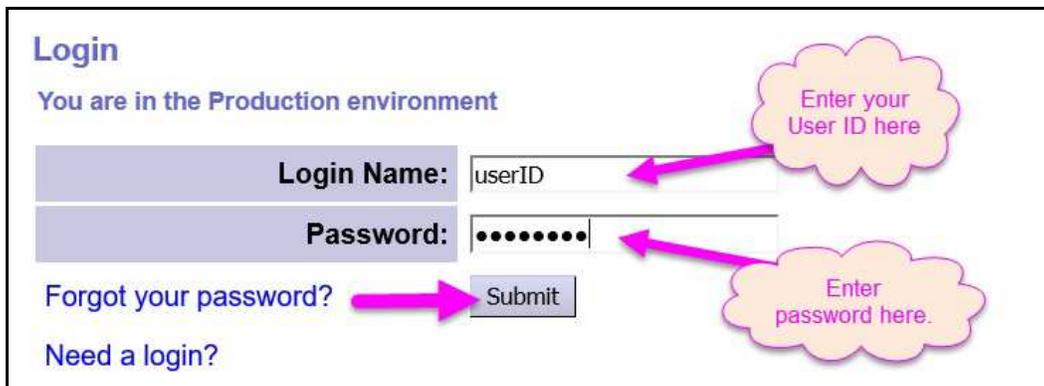
2. From the left-hand, yellow navigational menu, click on *Claims* ➔ *View Claims*. This will take you to the **Claims Search** page.
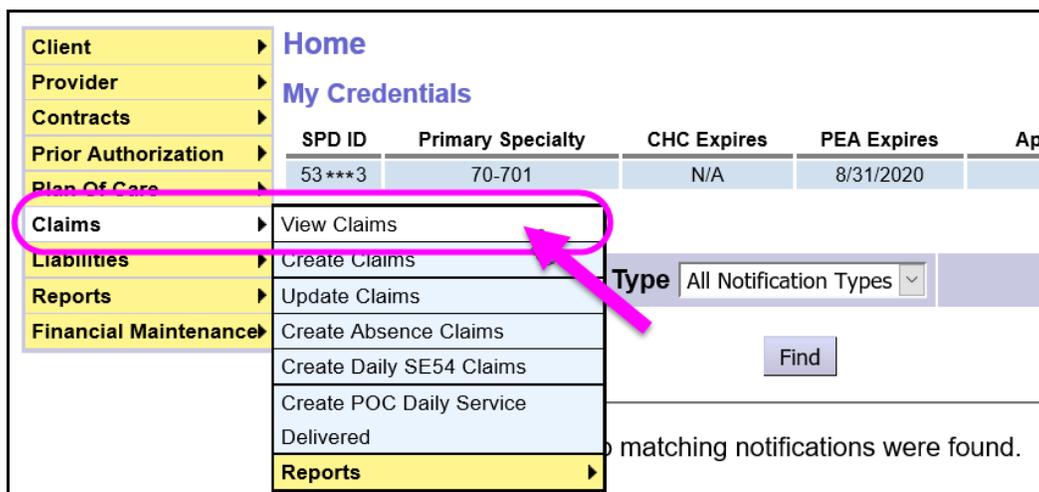
3. Once in the **Claims Search** page, enter the search criteria needed in the corresponding field to return a list of claims.

While there are many different search criteria options on this page, there are some key options that Foster Care providers may wish to use to assist in finding the claims they want. They are circled in the example on the previous page.

- **Status** = the status of the whole claim
  - Select (means blank; all statuses returned)
  - Approved
  - Denied
  - Draft
  - Submitted
  - Suspended
  - Void

- **Effective Date** = first date of service the claim covers.

- **End Date** = the last date of service the claim covers.

With the search criteria entered in the corresponding fields, click **Find** to get a list of claims.

4. Any claims in the system that meet the search criteria entered will be returned in a results list below the search criteria fields.

Find   Reset

Export options: CSV | Excel | PDF | RTF

Claim ICN	Client Prime	Client Name	Service Element	Procedure Code	Svc Modifier Cd	Claim Modifier Cd	Type	Provider	Effective Date	End Date	Billed Amount	Paid Amount	Status	Run ID	Paid Date
2017********1001	xyz0000a	Last, First	158	ORAFC	NA	REG	FFS	FC Provider	1/1/2018	1/11/2018	$2,005.92	$2,005.92	Approved	236276615	2/1/2018
2017********2001	xyz0000a	Last, First	158	ORAFC	NA	REG	FFS	FC Provider	1/14/2018	1/31/2018	$2,370.63	$2,370.63	Approved	236276615	2/1/2018

5. The results list's columns and data are defined as:

Find

Claim ICN	Client Prime	Client Name	Service Element	Procedure Code	Svc Modifier Cd	Claim Modifier Cd	Type	Pro
2017********1001	xyz0000a	Last, First	158	ORAFC	NA	REG	FFS	
2017********2001	xyz0000a	Last, First	158	ORAFC	NA	REG	FFS	P

- **Claim ICN** = the number assigned to that claim. It is a hyperlink that will take the user to **View Claim** page to view the details of that specific claim.

- **Client Prime** = the DHS assigned number for the individual for whom services are being paid.

- **Client Name** = the name of the individual for whom services are being paid.

- **Service Element** = the service category for the services paid in the claim.

- **Procedure Code** = the service procedure code for the service paid in the claim

- **Svc Modifier Cd** = the service modifier code for the service paid in the claim

- **Claim Modifier Cd** = the claim modifier code for the service paid in the claim

- **Type** = the type of claim being paid; FFS means "fee for services".

- **Provider** = the provider being paid for the services.

- **Effective Date** = the first date of service paid in the claim.

- **End Date** = the last date of service paid in the claim.

- **Billed Amount** = the gross amount the claim was billed.

- **Paid Amount** = the amount paid in the claim; this can be the same or lesser then the billed amount.

- **Status** = the status of the claim.

- **Run ID** = the SFMA run ID that the claim was included in for funds disbursement from DAS to the provider.

- **Payment Date** = the date funds dispersed from DAS.

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

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

Claim ICN	Client Prime	Client Name	Service Element	Procedure Code	Modif. Cd	Paid Amount	Status	Run ID	Paid Date
2017********1001	xyz0000a	Last, First	158	ORAFC	NA	$2,005.92	Approved	236276615	2/1/2018
2017********2001	xyz0000a	Last, First	158	ORAFC	NA	$2,370.63	Approved	236276615	2/1/2018

Export options: CSV | Excel | PDF | RTF

8. With the **Claim View** page open, you can see all the details of the specific claim. Providers can verify the amount paid in the claim in the **Net Payment** section.

Claim View

ICN:	2017*********1001	**Status:**	Approved	**Type:**	Fee For Service
Service Element:	158	**Proc Code:**	ORAFC	**Svc Modifier Cd:**	NA
Client Prime:	xyz0000a	**Client Name:**	First Last		
Provider ID:	22****9	**Provider:**	FC provider		
Service Location:	FC provider			**Claim Modifier Cd:**	REG
DHS Contract Num:	14***7	**Contractor Name:**	CDDP or Brokerage		
PA Adj #:	18*****70	**Effective Date:**	1/1/2018	**End Date:**	1/11/2018
Run ID:	236276615	**Billed Units:**	1.000	**Billed Amount:**	$2,005.92
Priced Amount:	$2,005.92	**Client Liab Deduct:**	$0.00	**Paid Amount:**	$2,005.92
Paid Date:	2/1/2018 11:54:33 AM	**Prov Liab Deduct:**	$0.00	**Net Payment:**	$2,005.92
Submitted:	2/1/2018 9:21:35 AM	**Processed:**	2/1/2018 9:21:49 AM	**Reversed:**	
Notes:					
Replaced Claim:					
Created By:		**Created Date:**	2/1/2018 9:21:16 AM		
Updated By:		**Updated Date:**	2/1/2018 9:21:49 AM PDT		

Update

➔ *IMPORTANT:* There are times when the **Billed Amount** and the **Net Payment** amounts of a claim will be different. There are 2 primary things that can adjust or reduce the Billed Amount of a claim.

- o Any **Provider Liability Amounts** (PLA) withheld from the claim.
    - ▪ **PLA** = an amount the provider owes back to the State when an approved and paid claim has been corrected, voided or reversed.

- o Any **Client Liability Amounts** (CLA) withheld from the claim.
    - ▪ **CLA** = the amount an individual must pay in contribution toward their cost of care; aka: an individual's "service contribution" or "offset" amount.

9. Only claims with a status of ***approved*** will be processed for payment to the provider. For claims that are in a status other than ***approved***, providers can use the Claims Problem Solving Matrix on the eXPRS Help Menu to assist in troubleshooting.