



## eXPRS Activity / User Role Matrix for Foster Care Providers

Who am I?	What do I want to do?	The User Enrollment I need to complete	The user role(s) I need to have (need at least one)
Below is the role that a <b>Foster Care Provider/Owner must have</b> to do business in eXPRS:			
Foster Care Provider/ Owner	Create, save, submit, edit, and/or void foster care service claims and/or ancillary Service Delivered (SD) billing entries.	Foster Care Provider User Enrollment Form	DD FC Provider <b>Claims Manager</b>
Below are additional/optional roles a <b>Foster Care Provider/Owner can utilize</b> to do business:			
Foster Care Provider/ Owner	To create and save foster care claims &/or ancillary SD billing entries in <b>DRAFT</b> status, but <b>not</b> submit.  <b>*a Claims Manager must submit the claims &amp;/or POC-SD billing entries.</b>	Foster Care Provider User Enrollment Form	DD FC Provider <b>Claims Preparer</b>
Foster Care Provider/ Owner	To <b>view</b> provider service authorizations, billings, claims and liability information <b>only</b> .	Foster Care Provider User Enrollment Form	DD FC Provider <b>Claims Coordinator</b>

Who am I?	What do I want to do?	The User Enrollment I need to complete	The user role(s) I need to have (need at least one)
Below are additional/optional roles a <b>Foster Care Provider can utilize</b> for their <b>resident manager, staff or employees</b> to do business on their behalf:			
Foster Care <b>Resident Manager, Employee or Staff</b>	Create, save, submit, edit, and/or void foster care service claims and/or ancillary Service Delivered (SD) billing entries <b>on behalf of the FC provider I work for.</b>	Foster Care Resident Mgr/Staff User Enrollment Form <b>*FC provider/owner must also sign form.</b>	DD FC Provider <b>Claims Manager</b>
Foster Care <b>Resident Manager, Employee or Staff</b>	To create and save foster care claims &/or ancillary SD billing entries in <b>DRAFT</b> status, but <b>not</b> submit <b>on behalf of the FC provider.</b> <b>*a Claims Manager must submit the claims &amp;/or POC-SD billing entries.</b>	Foster Care Resident Mgr/Staff User Enrollment Form <b>*FC provider/owner must also sign form.</b>	DD FC Provider <b>Claims Preparer</b>
Foster Care <b>Resident Manager, Employee or Staff</b>	To <b>view</b> provider service authorizations, billings, claims and liability information <b>ONLY on behalf of the FC provider.</b>	Foster Care Resident Mgr/Staff User Enrollment Form <b>*FC provider/owner must also sign form.</b>	DD FC Provider <b>Claims Coordinator</b>