

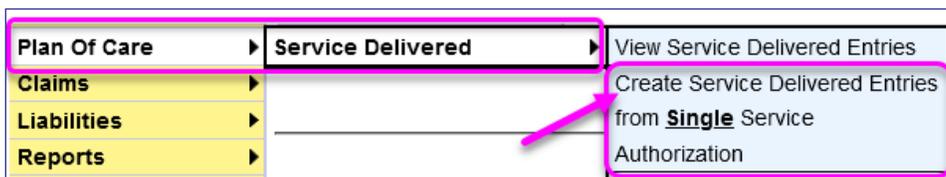
# Creating and Submitting Claims for Foster Care Services

(updated 1/2/2026)

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**.



The screenshot shows the 'Create Service Delivered Entries from Single Service Authorization' form. The form has the following fields: Client Prime, Service Location/PSW SPD Provider ID, DHS Contract Num, Service Element, Procedure Code, Svc Modifier Cd, Effective Date, End Date, and Exact. The Effective Date and End Date fields are highlighted with a pink box and contain the values 1/1/2018 and 1/31/2018 respectively. A pink arrow points to the Find button.

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

- 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       | \$5,653.04 | 1.00   | Months | ProratedMonth | 10/1/2017 | 9/30/2018 |
| 18****76                            | OR526 - Attendant Care, home or comm | ZE - 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.

- 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       | \$5,653.04 | 1.00   | Months | ProratedMonth | 10/1/2017 | 9/30/2018 |
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| 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.

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

| PA Adj # | Client Name             | SE  | DHS Contract Num | Provider | Effective Date | End Date  |
|----------|-------------------------|-----|------------------|----------|----------------|-----------|
| 18****70 | First name<br>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.

- 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<br>Last name | 158                           | 14****7          | 22****9  | 10/1/2017      | 9/30/2018 |
| <b>Service Begin:</b> 1/1/2018 |                         | <b>Service End:</b> 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 12<sup>th</sup> and 13<sup>th</sup>.

### Enter Claim Service Dates

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

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

|                                 |                               |        |
|---------------------------------|-------------------------------|--------|
| <b>Service Begin:</b> 1/1/2018  | <b>Service End:</b> 1/11/2018 | Remove |
| <b>Service Begin:</b> 1/14/2018 | <b>Service End:</b> 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.