

Finding Generic Provider Claims

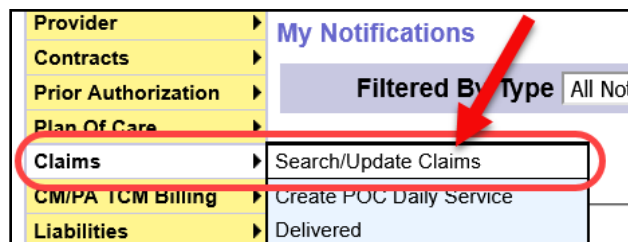
Case Management Entities may need to find “Generic” provider claims to track when and how much they received to then pay the actual provider or vendor for the authorized service. Note that this guide discusses aggregated claims that generate payment, not Service Delivered Billing Entries.

Users will need one of the following roles to view claims:

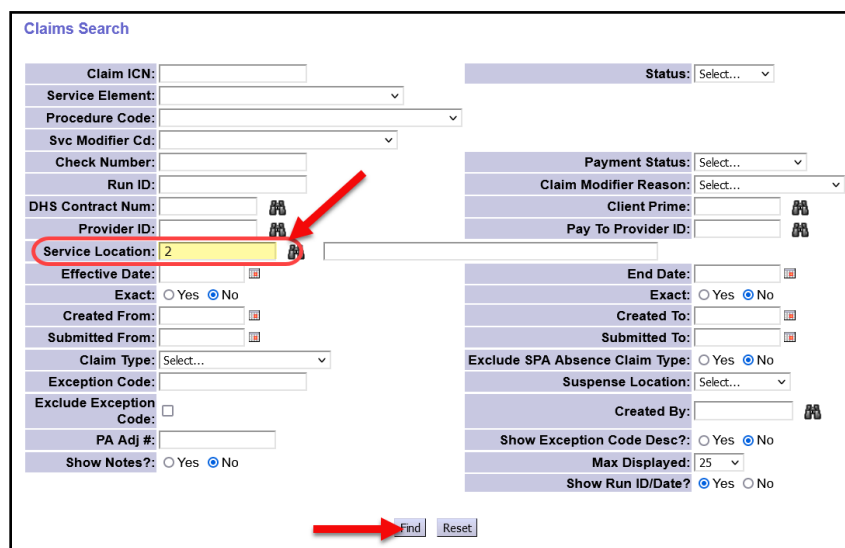
- Claims Coordinator
- POC Claims Manager

Finding “Generic” Provider Claims:

1. Login to eXPRS under the role that allows you to work in the Plan of Care, then select **Claims** > **Search/Update Claims**.



2. On the **Claims Search** page, enter search criteria and select **Find**.



Claims Search

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:		Client Prime:	
Provider ID:		Pay To Provider ID:	
Service Location:	2	End Date:	
Effective Date:		Exact:	<input type="radio"/> Yes <input checked="" type="radio"/> No
Created From:		Created To:	
Submitted From:		Submitted To:	
Claim Type:	Select...	Exclude SPA Absence Claim Type:	<input type="radio"/> Yes <input checked="" type="radio"/> No
Exception Code:		Suspense Location:	Select...
Exclude Exception Code:	<input type="checkbox"/>	Created By:	
PA Adj #:		Show Exception Code Desc?:	<input type="radio"/> Yes <input checked="" type="radio"/> No
Show Notes?:	<input type="radio"/> Yes <input checked="" type="radio"/> No	Max Displayed:	25
		Show Run ID/Date?:	<input checked="" type="radio"/> Yes <input type="radio"/> No

TIP: In the **Service Location** field, enter the number 2 as shown above. This is the service location ID number assigned for the “generic provider” option.

3. Claims for “generic provider” services in the system that meet the search criteria entered will be returned in a list below the search field section.

Claim ICN	Client Prime	Client Name	Service Element	Procedure Code	Svc Modifier Cd	Claim 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
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

4. Users can export the list of claims if needed.

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	
1/31/2021	\$187.20		\$187.20		\$187.20	Approved	42-61	2/22/2021	

Export options: [CSV](#) | [Excel](#) | [PDF](#) | [RTF](#)

5. Open a claim by clicking on **Claim ICN** hyperlink.

Claim ICN	Client Prime	Client Name	Service Element	Procedure Code	Svc Modifier Cd	Claim Modifier Reason	Type
2021-4001		ZHCGLCD, DLCCX	49	OR501	NA	REG	FFS
2021-1001		BZECEV, BFPENJA	257	OR003	NA	REG	FFS

6. With the Claim open, you can see the details of the information entered on the authorization for the “generic” provider in the **Service Location** field. And you can view the billings by scrolling to the bottom and expanding the **Services Delivered** section.

Claim View

ICN: 2021 [redacted] 4001	Status: Approved	Type: Fee For Service
Service Element: 49	Proc Code: OR501	Svc Modifier Cd: NA
Client Prime: [redacted]	Client Name: SADDG IIRPARS	
Provider ID: [redacted]	Provider: [redacted] County 49 Comp in Home Supp Services	
Service Location: {Generic} Orkin Commercial Services	Claim Modifier Reason: Regular	
DHS Contract Num: [redacted]	Contractor Name: [redacted] County	
PA Adj #: [redacted]	Effective Date: 5/5/2021	End Date: 5/5/2021
Run ID: 44 [redacted] 14	Paid Date: 07/20/2021 05:30 PM PDT	
Billed Units: 1.000	Billed Amount: \$1,500.00	
Priced Amount: \$1,500.00	Paid Amount: \$1,500.00	
Client Liab Deduct: \$0.00	Prov Liab Deduct: \$0.00	Net Payment: \$1,500.00
Original Submit Date: 07/20/2021 03:47 AM PDT	Last Submit 07/20/2021 03:47 AM PDT	

▶ **Segments**

▼ **Services Delivered**

Service Begin	Service End	Service Units	Billed Units	Group Setting	Created Date	Review Date	Status	ID
05/05/2021 12:00 AM PDT	05/06/2021 12:00 AM PDT	1	1	No	07/19/2021 08:27 AM PDT		Approved	44 78