



Oregon Department of Human Services
Express Payment & Reporting System (eXPRS)

DD Foster Care Provider Transition to eXPRS Overview

DHS Office of Developmental Disabilities Services
Nov 2017

What is eXPRS?

- eXPRS is an Internet-based, website used to manage authorization & payment of services for individuals with I/DD.
- It's usable from any device that can access the internet, such as a computer, laptop, iPad or tablet.
- Users who access eXPRS must request a user account & will receive a specific user login ID & password.



What does this mean for you?

The services provided as a Foster Care (FC) provider for individuals with I/DD will be authorized & billed using eXPRS for service dates starting Jan 1, 2018.

- ⇒ FC for Adults with I/DD will be authorized under codes **SE158/OR AFC**
- ⇒ FC for Children with I/DD will be authorized under codes **SE258/OR CFC**

January 2018

Sun	Mon	Tue	Wed	Thu	Fri	Sat
	1 ✓	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

What else do I need to know?

Community DD Program staff must first set up authorizations for FC services in eXPRS based on the individual's Foster Care SNAP Assessment.

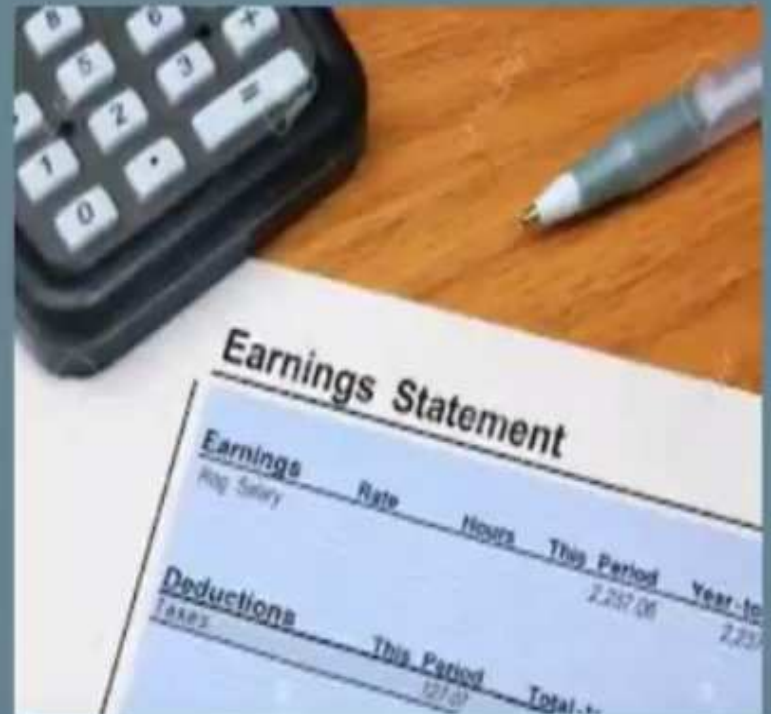
- ⇒ Each individual with I/DD will have their own authorization.
- ⇒ FC providers must bill separately for each I/DD individual living in their FC home(s).



What else do I need to know?

The FC payment amount authorized will be for the individual's monthly FC service payment ONLY.

- ⇒ **Other services** (such as funding for additional 2:1 staff or Behavior Consultation) Will no longer be included in the individual's monthly FC service payment.
- ⇒ Those additional services will be authorized & billed separately in eXPRS.



What else do I need to know?

After services are provided, FC providers must enter the billings or claims information in eXPRS for each I/DD individual served to generate payment.

- ⇒ For services provided **Jan 1, 2018 and after**, FC providers will no longer automatically receive a payment.
- ⇒ FC providers must actively submit billings or claims in eXPRS to be paid.



What else do I need to know?

FC providers may only bill or claim for dates/times the individual received overnight care from the provider.

- ⇒ ODDS explains that “**overnight**” should be generally interpreted to mean where the individual sleeps during a 24-hour period.
- ⇒ Monthly FC payments will be pro-rated to pay for the number of days/overnights the individual receives care in the month.



How do I get started?

FC providers must register as a user in eXPRS to do their billing/claims work.

⇒ Some FC providers may already have access to eXPRS, but will need to update their permissions.

⇒ FC providers must complete & return a User Enrollment Form before they are able to bill for any FC services in eXPRS.

⇒ User Enrollment forms must include a valid email address.



The form is titled "Foster Care (FC) Provider eXPRS User Access Enrollment Form" and includes the eXPRS logo. It contains several sections: a header with the logo and title, a "Provider Types" list, an "Indicate Action" section with checkboxes for New User, Modify User, Deactivate User, and Change of Info, a "User Name" field, a "Job Title" field with a dropdown menu, an "Organization Address" field, a "Phone Number" field, and an "E-mail Address" field. Below the form is an "INSTRUCTIONS" section and a table of "DD Foster Care Provider User Roles".

Indicate Action: New User Modify User Deactivate User Change of Info

User Name: (Last, First MI) (Print Name) Already have an eXPRS login name?

Job Title: SPD Provider # for each FC home you own:

Organization Address: (Mailing Address) City, State Zip:

Phone Number: E-mail Address:

INSTRUCTIONS: * indicates required fields.
Send completed form to info.exprs@state.or.us or fax to 503-947-9244

DD Foster Care Provider User Roles ([go to provider.org](#))

* Check the box for the role below for the level of access you need as a *

Add	Del	User Role/Description
<input type="checkbox"/>	<input type="checkbox"/>	DD FC Provider Claims Manager (highest level of access) able to view/refused claim information for authorized clients; able to view info authorizations & claims for provider; contributor/investigator of ED Foster Care applications related ED FC authorizations, claims & payment reports for provider
<input type="checkbox"/>	<input type="checkbox"/>	DD FC Provider Claims Preparer (mid-level/limited access) able to view/refused claim information for authorized clients; able to view info authorizations & claims for provider; able to ONLY create/submit/track claim (FC provider; able to view/submit related ED FC authorizations, claims & payment reports)

How do I get started?

FC providers are also strongly encouraged to enroll for Electronic Funds Transfer (ETF) / Direct Deposit as an eXPRS Provider, if not already.

⇒ The eXPRS EFT/Direct Deposit form is different from previous direct deposit forms providers may have already completed for past FC payments.



The image shows a form titled "EFT Enrollment Form for Providers, Vendors and Contractors" from the Oregon Department of Human Services (DHS) and Oregon Health Services. The form is divided into several sections:

- Section A - Provider's information:** Includes fields for Provider name, Provider number (if applicable), N/A - eXPRS Provider, Provider address (Street, City, State/province, ZIP code/postal code), Telephone number (if required), and Email address.
- Section B - Provider Identifier's information:** Includes fields for Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN) and National Provider Identifier (NPI).
- Section C - Financial institution information:** Includes fields for Financial institution name, Financial institution address (Street, City, State/province, ZIP code/postal code), Financial institution routing number, Type of account at financial institution (Checking, Savings, Other), Copy of preprinted voided check or bank verify, Provider's account number with financial institution, and Account number linkage to provider.
- Section D - Submission information:** Includes a field for Reason for submission and checkboxes for New enrollment (Start), Change enrollment, and Cancel.

The form also includes a section for "Location of account numbers are on bottom of your check" with a diagram showing the routing number and account number locations. The form is partially obscured by a blue corner graphic.

More information

Additional information regarding the transition of DD FC Providers to using the eXPRS system will be available at:

⇒ <http://www.oregon.gov/DHS/SENIORS-DISABILITIES/DD/PROVIDERS-PARTNERS/Pages/index.aspx>

FC Providers can visit this site anytime to keep up-to-date on this transition.

Oregon Department of Human Services / Seniors & People with Disabilities / Intellectual and Developmental Disabilities / Developmental Disabilities Provider and Partner Resources

Developmental Disabilities Provider and Partner Resources

- DD PROVIDER AND PARTNER RESOURCES
- DD FOSTER CARE PROVIDER RESOURCES
- DD FC
- DD FC CHANGES
- DD FC HEARINGS

ODDS HCBS Guidance

ODDS Residency Agreements

- [Residency Agreements Guidelines](#)

There are two versions of each document, a PDF that you fill in by hand, and a Word version that you can electronically fill in.

Agreements for Private-Pay Individuals

- [Adult Foster Care for Private-Pay Individuals](#)

Training Links

- [Senior Coordinator/Personal Support Conference](#)
- [SCIPN Training on L&I on authorized users a PDI may use per individual Support Plan Policy](#)
- [CAB Changes](#)

More Information

FC Providers are encouraged to view the additional training videos available on how to use the eXPRS system.

Video trainings available cover:

- How to login & general site navigation
- How to find authorizations & bill for services
- How to find claims & use payment reports



Thank you for watching this
presentation!

