

## How to Find and View Claims

The **Claims Search** page allows for CMEs and Providers to search for claims that are created directly or by the Claims Aggregation Cycle. Claims may be for a single date or a date range, depending on how it is billed.

Users will need one of the below roles/permissions to view claims:

- Claims Manager (for Agency or Foster Care Providers)
- Claims Coordinator (for Agency or Foster Care Providers)
- Local Auth Claims Coordinator (for CDDP staff)
- Brokerage Claims Coordinator (for Brokerage staff)

## How to Find and View Claims:

1) Log in to eXPRS and select **Claims > Search/Update Claims.** 

-		_		
	Prior Authorization	•	Filtered By Type All	Votincation
l	Plan Of Care	∢		
	Claims	►	Search/Update Claims	
ľ	Liabilities	►	Create CPA Claims	
l	Reports	►	Create CPA Absence Claims	
	Financial		Reports 🕨	o matchi

2) On the Claims Search, enter search criteria & select Find.

Claim ICN:				1		Statue	Approved	~
Service Element:		$\sim$	r			otatus.	Select	
		~	2	$\sim$			Approved	
Procedure Code:	0						Denied Draft	
Svc Modifier Cd:				$\sim$	_		Submitted	-
Check Number:					Paymen			
Run ID:					Claim Mod	Fier Cd:	Select V	
CHS Contract Num:		路			Clien	t Prime:		曲
Provider ID:		<i>8</i> 8			Pay To Prov	vider ID:		A
Sei . :e Location:		船						
								-
Effective Date:	1/1/2018	1			E	nd Date:	1/31/2018	
	1/1/2018 🔲 OYes  No				E		1/31/2018 OYes O	_
				_			⊖Yes ●	_
Exact:	OYes ●No	1			Cre	Exact:	OYes ●	No
Exact: Created From: Submitted From:	⊖Yes ●No	1	~		Cre	Exact: ated To: itted To:	OYes ●	No
Exact: Created From: Submitted From:	Yes No	1	>		Cre Subm Suspense L	Exact: ated To: itted To:	OYes ●	No
Exact: Created From: Submitted From: Type:	Yes No	1	>		Cre Subm Suspense L Cre	Exact: ated To: itted To: ocation:	○Yes ● Select	No

**TIP:** See Appendix A for a brief list of useful search criteria.

3) Any claim matching the criteria will return in the Results list.

Find     Reset											
Effective Billed Paid			Claim Modifier	Svc Modifier				Client 🝦			
Date End Date Amount Amount Statu		iype	Ca	Ca	Code	Element	Client Name 👳	Prime	Claim ICN 🔶		
1/1/2018 1/11/2018 \$2,005.92 \$2,005.92 Appro	FC Provider 1/1	FFS	REG	NA	ORAFC	158	Last, First	xyz0000a	2017******1001		
1/14/2018 1/31/2018 \$2,370.63 \$2,370.63 Appro	FC Provider 1/1	FFS	REG	NA	ORAFC	158	Last, First	xyz0000a	2017******2001		
Date         End Date         Amount         Amount         Statu           1/1/2018         1/11/2018         \$2,005.92         \$2,005.92         Approx	Provider FC Provider FC	Type FFS	Claim Modifier Cd REG	Modifier Cd	le T	ORAFC	Element   Cod     158   ORAFC	Client Name   Element Cod Last, First 158 ORAFC	Prime         Client Name         Element         Cod           xyz0000a         Last, First         158         ORAFC		

**TIP:** See Appendix B for definitions of the Results list.

4) From the Results list, you can export it as needed.

1	Reset											
	Export options: 🖉 CSV   🕱 Excel   🔁 PDF   🕁											
	Provider	Effective Date	End Date	Billed Amount	Paid Amount	Status 🗢	Run ID 💠	Paid Date				
s	FC Provider	1/1/2018	1/11/2018	\$2,005.92	\$2,005.92	Approved	236276615	2/1/2018				

5) Click the **Claim ICN** hyperlink to view the specific claim.

		/					Export options: 🕢 CSV   🕱 Excel   🔁 PDF   🔤 RTF					
		Client Prime 🌩	Client Name 💠	Service Element	Procedure Code	S Modin. Cd		Paid Amount	Status 🗢	Run ID 🍦	Paid Date	
(	2017*******1001	xyz0000a	Last, First	158	ORAFC	NA	5.92	\$2,005.92	Approved	236276615	2/1/2018	
	2017******2001	xyz0000a	Last, First	158	ORAFC	NA		\$2,370.63	Approved	236276615	2/1/2018	

Claim View					
ICN:	2017********1001	Status:	Approved	Туре:	Fee For Service
Service Element:	158	Froc Code:	ORAFC	Svc Modifier Cd:	NA
Client Prime:	xyz0000a	Client Name:	First Last		
Provider ID:	22****9	Provider:	FC provide	r	
Service Location:	FC provider			Claim Modifier Cd:	REG
DHS Contract Num:	14***7	Contractor Name:	CDDP or E	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:	1

**TIP:** There are times when the **Billed Amount** and **Net Payment** will be different. This often occurs because there is either a **Provider Liability** or **Client Liability Amount** which results in some funds being withheld.

6) At the bottom of the claim you can view more information, such as **Rate** or **Service Delivered** details (if applicable).

There are no historical exceptions for this claim														
Structure         Start Date       End Date       Service Group       Licensed Bed/s       Provider Specialty       Fixed Rate       Add On Rate       Total Rate       Error Message         12/01/2022       04/09/2023       4       5       89-825       \$443.47       \$443.47       \$443.47         04/10/2023       06/30/2023       4       5       \$9-825       \$443.47       \$443.47       \$443.47         Service Spelivered         Service Begin       Service End       Units       Units       Group       Created Date       Review Date       Japproved       6         02/01/2023       12:00 AM PST       02/02/2023       12:00 AM PST       02/02/2023       10:00 AM PST       1       1       No       02/16/2023       01:08 PM PST       Approved       6       6       1       6       1       6       1       6       1       6       1       6       1       6       1       7       7       7       7       7       7       7       7       7       7       7       7       7       7	Exception	S:												
Start Date End Date Service Group Licensed Bed/s Provider Specialty Fixed Rate Add On Rate Total Rate Error Message         Start Date       End Date Service Group Licensed Bed/s       Provider Specialty       Fixed Rate Add On Rate Add On Rate Total Rate Error Message       Error Message         12/01/2022       04/09/2023       4       5       89-825       \$443.47       \$443.47       Image: Service Service Service Service End       Service Billed Units       Starts       \$443.47       Image: Service Service Service Service End       Service Billed Units       Group Units       Created Date       Review Date       Startus       ID         O2/01/2023 12:00 AM PST       1       1       No       02/16/2023 01:08 PM PST       Approved       6       7         02/03/2023 12:00 AM PST       02/03/2023 12:00 AM PST       1       1       No       02/16/2023 01:08 PM PST       Approved       6       7         02/03/2023 12:00 AM PST       02/03/2023 12:00 AM PST       1       1       No       02/16/2023 01:08 PM PST       Approved       6       7         Provider Liability deductions for this claim	There are	no process	sing exceptior	ns for this	claim									
Start Date         End Date         Service Group         Licensed Bed/s         Provider Specialty         Fixed Rate         Add On Rate         Total Rate         Error Message           12/01/2022         04/09/2023         4         5         89-825         \$443.47         \$443.47         \$443.47           04/10/2023         06/30/2023         4         5         \$443.47         \$443.47         \$443.47         \$443.47           Segments         Service Begin         Service End         Service Billed Units         Group Units         Group Created Date         Review Date         Status         ID           02/01/2023         12:00 AM PST         02/02/2023         12:00 AM PST         02/03/2023         1         1         No         02/16/2023         01:08 PM PST         Approved         6         1         1         No         02/16/2023         01:08 PM PST         Approved         6         1         1         No         02/16/2023         01:08 PM PST         Approved         6         1         1         1         No         02/16/2023         01:08 PM PST         Approved         6         1         1         1         No         02/16/2023         01:08 PM PST         Approved         6         1         1         1 <td colspan="14">Exception history:</td>	Exception history:													
Start Date         End Date         Service Group         Licensed Bed/s         Provider Specialty         Fixed Rate         Add On Rate         Total Rate         Error Message           12/01/2022         04/09/2023         4         5         89-825         \$443.47	There are no historical exceptions for this claim													
12/01/2022       04/09/2023       4       5       89-825       \$443.47       \$443.47         04/10/2023       06/30/2023       4       5       5       5443.47       \$443.47         Segments         Services Delivered         Service Begin       Service End       Service Builed Units       Setting       Created Date       Pate       Status       ID         02/01/2023       12:00 AM PST       02/02/2023       12:00 AM PST       1       1       No       02/16/2023       01:08 PM PST       Approved       6       6       7         02/03/2023       12:00 AM PST       02/04/2023       1       1       No       02/16/2023       01:08 PM PST       Approved       6       7         02/03/2023       12:00 AM PST       02/04/2023       1       1       No       02/16/2023       01:08 PM PST       Approved       6       7         02/03/2023       12:00 AM PST       02/04/2023       1       1       No       02/16/2023       01:08 PM PST       Approved       6       7         Provider Liability deductions         There are no provider liability deductions for this claim	- Rates	1												
Out/10/2023       O6/30/2023       4       5       Seture       Statu       Statu       Statu       Statu       ID         Segments       Service       Begin       Service       Envice       Billed       Group       Created Date       Review       Status       ID         02/01/2023       12:00 AM PST       02/02/2023       12:00 AM PST       02/02/2023       1       1       No       02/16/2023       01:08 PM PST       Approved       6       1       1       No       02/16/2023       01:08 PM PST       Approved       6       1       1       No       02/16/2023       01:08 PM PST       Approved       6       1       1       No       02/16/2023       01:08 PM PST       Approved       6       1       1       No       02/16/2023       01:08 PM PST       Approved       6       1       1       No       02/16/2023       01:08 PM PST       Approved       6       1       1       1       No       02/16/2023       01:08 PM PST       Approved       6       1       1       1       No       02/16/2023       01:08 PM PST       Approved       6       1       1       1       No       02/16/2023       01:08 PM PST       Approved       6       1	Start Date	End Date	Service Group	Licensed	Bed/s	Provider	Specialty	Fixed Rate	Add On Rat	e Total	Rate Erro	r Mess	age	
Segments         Service Begin         Service End         Service Build         Visitis         Build         Group Units         Created Date         Review Date         Status         ID           02/01/2023 12:00 AM PST         02/02/2023 12:00 AM PST         1         1         No         02/16/2023 01:08 PM PST         Approved         6         1         1         No         02/16/2023 01:08 PM PST         Approved         6         1         1         No         02/16/2023 01:08 PM PST         Approved         6         1         1         1         No         02/16/2023 01:08 PM PST         Approved         6         1         1         1         No         02/16/2023 01:08 PM PST         Approved         6         1         1         1         No         02/16/2023 01:08 PM PST         Approved         6         1         1         1         No         02/16/2023 01:08 PM PST         Approved         6         1         1         1         No         02/16/2023 01:08 PM PST         Approved         6         1         1         1         No         02/16/2023 01:08 PM PST         Approved         6         1         1         1         No         02/16/2023 01:08 PM PST         Approved         6         1         1         1	12/01/2022	04/09/2023	4	5	1	89-825		\$443.47		\$443.	47			
Services Delivered       Service End       Billed Units       Group Units       Created Date       Review Date       Status       ID         02/01/2023 12:00 AM PST       02/02/2023 12:00 AM PST       1       1       No       02/16/2023 01:08 PM PST       Approved       6       1       1         02/02/2023 12:00 AM PST       02/03/2023 12:00 AM PST       1       1       No       02/16/2023 01:08 PM PST       Approved       6       1       1         02/03/2023 12:00 AM PST       02/04/2023 12:00 AM PST       1       1       No       02/16/2023 01:08 PM PST       Approved       6       1         02/03/2023 12:00 AM PST       02/04/2023 12:00 AM PST       1       1       No       02/16/2023 01:08 PM PST       Approved       6       1         02/03/2023 12:00 AM PST       02/04/2023 12:00 AM PST       1       1       No       02/16/2023 01:08 PM PST       Approved       6       1         Provider Liability deductions       for this claim	04/10/2023	06/30/2023	4	5				\$443.47		\$443.	47			
02/01/2023 12:00 AM PST       02/02/2023 12:00 AM PST       1       1       No       02/16/2023 01:08 PM PST       Approved       6       0         02/02/2023 12:00 AM PST       02/03/2023 12:00 AM PST       1       1       No       02/16/2023 01:08 PM PST       Approved       6       0         02/03/2023 12:00 AM PST       02/04/2023 12:00 AM PST       1       1       No       02/16/2023 01:08 PM PST       Approved       6       0         02/03/2023 12:00 AM PST       02/04/2023 12:00 AM PST       1       1       No       02/16/2023 01:08 PM PST       Approved       6       0         Provider Liability deductions         There are no provider liability deductions for this claim				End				Creater	Date		Statue	ID		
02/02/2023 12:00 AM PST       02/03/2023 12:00 AM PST       1       1       No       02/16/2023 01:08 PM PST       Approved       6       1         02/03/2023 12:00 AM PST       02/04/2023 12:00 AM PST       1       1       No       02/16/2023 01:08 PM PST       Approved       6       1         Provider Liability deductions         There are no provider liability deductions for this claim		-								Dute				
02/03/2023 12:00 AM PST       02/04/2023 12:00 AM PST       1       1       No       02/16/2023 01:08 PM PST       Approved       6         Provider Liability deductions         There are no provider liability deductions for this claim	02.0112020	2.000.000	02/02/2020 12:											
Provider Liability deductions There are no provider liability deductions for this claim														
There are no provider liability deductions for this claim	02/03/2023 1	2.00 AM FOT	02/04/2023 12.0		'	'	NO	02/10/2023 01	.00101101		Approved	0.		
	Provider L	iability de	ductions											
• Action Log Entries	There are	no provide	r liability dedu	uctions fo	r this c	laim								
	Action L	og Entries	5											

As a reminder, only Claims that reach **Approved** status will be processed for payment to the provider. Providers can use the **Claims Problem Solving Matrix** on the eXPRS Help Menu to troubleshoot issues with claims.

## Appendix A: Key Search Criteria

Users can enter any variety of search criteria when using the **Claims Search** page. However, some key fields to use are:

- **Status**<sup>1</sup>: The claim's status (not the SDs)
- Service Element: The claim's service element
- **DHS Contract Num**: The contract # for the CME authorizing the service.
- **Pay To Provider ID**: The eXPRS ID for the main Provider Agency who delivered the service
- Effective Date: Limits results to claims that begin on this date or later
- End Date: Limits results to claims that begin on this date or earlier

## Appendix B: Claims Search Result List Definitions

Claim ICN 💠	Client Prime 🌩	Client Name 💠	Service Element	Procedure Code	Svc Modifier Cd	Claim Modifier Cd	Туре	
2017******1001	xyz0000a	Last, First	158	ORAFC	NA	REG	FFS	

- **Claim ICN**: The system generated claim ID. Selecting the hyperlink will take the user to the **View Claim** page to view claim details.
- **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 Element for the services paid in the claim.
- **Procedure Code:** The Procedure Code for the service paid in the claim.
- Svc Modifier Cd: The 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-Service".

<sup>&</sup>lt;sup>1</sup> Selects a **Status** enables a user to take various action on the claims returned. See other How-To Guides on the Help Menu for assistance on taking specific actions (e.g. Voiding, Deleting, etc.)

Provider \$	Service Location <sup>♦</sup>	Effective Date	End Date  🗢	Service Group	Rate ≑	Billed Amount <sup>‡</sup>
		2/1/2023	2/15/2023	4	443.47	\$6,652.05

- **Provider**: The provider being paid for the services.
- Service Location: The provider's Service Location Record authorized on the Claim.
- **Effective Date**: The first date of service paid in the claim.
- End Date: The last date of service paid in the claim.
- Service Group: The individual's Service Group as determined by the Oregon Needs Assessment.
- **Rate:** The rate being paid for services associated with the Claim. This field will show N/A until the Claim reaches **Approved** or **Voided** status.

Billed Amount 🗢	Client Liability 🗘	Paid Amount <sup>‡</sup>	Net Payment <sup>‡</sup>	Status 💠	Run ID 💠	Paid Date ≑	Exception Code \$
\$6,652.05		\$6,652.05	\$6,652.05	Approved	631	2/17/2023	

- **Billed Amount**: The gross amount the claim was billed.
- **Client Liability:** The amount the claim payment was reduced due to the individual's Client Liability Account.
- **Paid Amount**: The amount paid in the claim. This can be the same or lesser then the Billed Amount.
- **Prov Liab Deduct:** The amount that the provider's **Paid Amount** is reduced as a result of a **Provider Liability Account.**

- **Net Payment:** The actual amount paid to the provider after all reductions due to Provider Liability or Client Liability Accounts.
- **Status**: The claim status.
- **Run ID**: The State Financial Management Application (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.
- **Exception Code:** The numeric Exception Code for the claim (if applicable).