

eXPRS Activity / User Role Matrix for Foster Care Providers

Who Am I?	What do I want to do?	The User Enrollment Form I need to complete:	The user role(s) I need to have (need at least one):
<i>Below is the role that a FOSTER CARE PROVIDER/OWNER MUST HAVE to do business in eXPRS:</i>			
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	<ul style="list-style-type: none"> • DD FC Provider Claims Manager
<i>Below are additional/optional roles a FOSTER CARE PROVIDER/OWNER can utilize to do business:</i>			
Foster Care Provider/ Owner	To create and save foster care claims &/or ancillary SD billing entries in DRAFT status, but <i>not</i> submit. <i>*a Claims Manager must submit the claims &/or POC-SD billing entries.</i>	Foster Care Provider User Enrollment Form	<ul style="list-style-type: none"> • DD FC Provider Claims Preparer
Foster Care Provider/ Owner	To view provider service authorizations, billings, claims and liability information ONLY .	Foster Care Provider User Enrollment Form	<ul style="list-style-type: none"> • DD FC Provider Claims Coordinator

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Who Am I?	What do I want to do?	The User Enrollment Form I need to complete:	The user role(s) I need to have (need at least one):
<p><i>Below are additional/optional roles a Foster Care Provider can utilize for their resident manager, staff or employees to do business in eXPRS on their behalf:</i></p>			
<p>Foster Care Resident Manager, Employee or Staff</p>	<p>Create, save, submit, edit, and/or void foster care service claims and/or ancillary Service Delivered (SD) billing entries on behalf of the FC provider I work for.</p>	<p>Foster Care Resident Mgr/Staff User Enrollment Form <i>*FC provider/owner must also sign form.</i></p>	<ul style="list-style-type: none"> • DD FC Provider Claims Manager
<p>Foster Care Resident Manager, Employee or Staff</p>	<p>To create and save foster care claims &/or ancillary SD billing entries in DRAFT status, but not submit on behalf of the FC provider. <i>*a Claims Manager must submit the claims &/or POC-SD billing entries.</i></p>	<p>Foster Care Resident Mgr/Staff User Enrollment Form <i>*FC provider/owner must also sign form.</i></p>	<ul style="list-style-type: none"> • DD FC Provider Claims Preparer
<p>Foster Care Resident Manager, Employee or Staff</p>	<p>To view provider service authorizations, billings, claims and liability information ONLY on behalf of the FC provider.</p>	<p>Foster Care Resident Mgr/Staff User Enrollment Form <i>*FC provider/owner must also sign form.</i></p>	<ul style="list-style-type: none"> • DD FC Provider Claims Coordinator