

How to Access the Suspended Claim Report in eXPRS

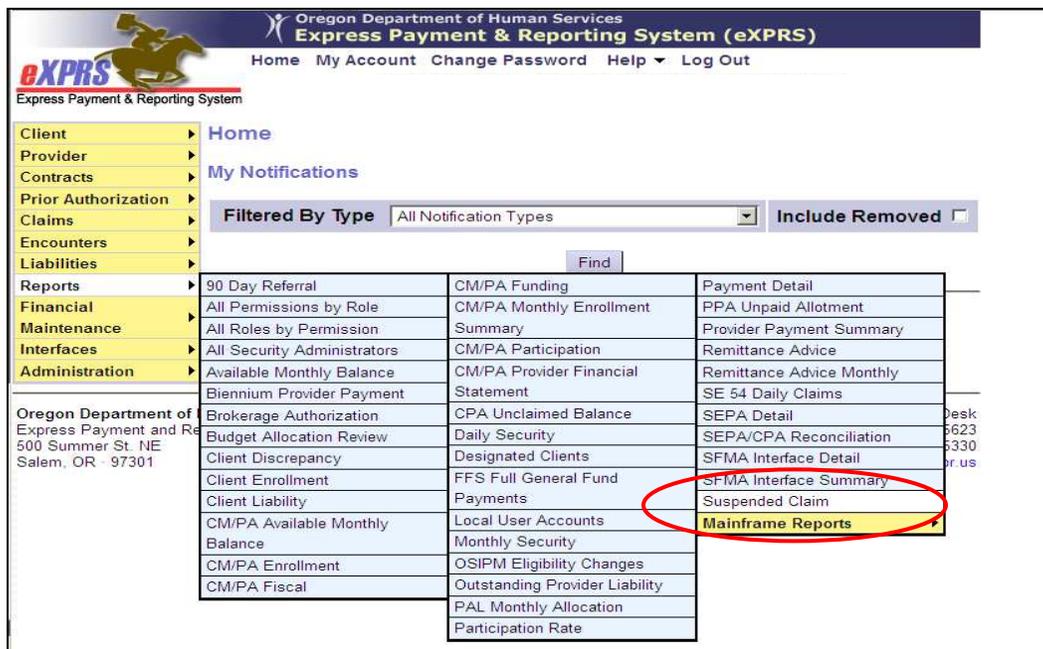
(updated 10/11/16)

There are many reasons why a claim may suspend in eXPRS, and often, it is when the claim suspends that the Provider, CDDP or Brokerage first discovers there is an issue or problem that needs resolution.

To help identify when claim suspensions occur and the reason for the suspension so Providers, CDDPs and/or Brokerages can begin problem-solving the issue, they can utilize the **SUSPENDED CLAIM** report in eXPRS to see what claims have suspended and for what reason.

To access the **SUSPENDED CLAIM** report in eXPRS:

1. Login to eXPRS.
2. From the left-hand yellow navigation menu select **Reports** → **Suspended Claims**. Your menu may not have as many reports listed as shown below, but the Suspended Claim report is always the last report on the menu.



The screenshot shows the eXPRS web application interface. The left-hand navigation menu is expanded to show 'Reports' and 'Mainframe Reports' is highlighted in yellow. A red circle highlights the 'Suspended Claim' report in the main content area.

Category	Report Name	Report Name	Report Name
Client	Home		
Provider	My Notifications		
Contracts			
Prior Authorization			
Claims	Filtered By Type: All Notification Types		Include Removed
Encounters			
Liabilities			
Reports	90 Day Referral	CM/PA Funding	Payment Detail
Financial	All Permissions by Role	CM/PA Monthly Enrollment	PPA Unpaid Allotment
Maintenance	All Roles by Permission	Summary	Provider Payment Summary
Interfaces	All Security Administrators	CM/PA Participation	Remittance Advice
Administration	Available Monthly Balance	CM/PA Provider Financial	Remittance Advice Monthly
	Biennium Provider Payment	Statement	SE 54 Daily Claims
	Brokerage Authorization	CPA Unclaimed Balance	SEPA Detail
	Budget Allocation Review	Daily Security	SEPA/CPA Reconciliation
	Client Discrepancy	Designated Clients	SFMA Interface Detail
	Client Enrollment	FFS Full General Fund	SFMA Interface Summary
	Client Liability	Payments	Suspended Claim
	CM/PA Available Monthly Balance	Local User Accounts	Mainframe Reports
	CM/PA Enrollment	Monthly Security	
	CM/PA Fiscal	OSIPM Eligibility Changes	
		Outstanding Provider Liability	
		PAL Monthly Allocation	
		Participation Rate	

- In the search criteria options available, enter the criteria you need to return a list of suspended claims. Red asterisk (*) indicates a required field.

Suspended Claim Report Criteria

For the criteria selected, will return a summary list of suspended claims by service element, and then suspense rule ID (suspense reason). If run as HTML, the summary list entries are hyperlinks that will take you to a sub-report showing the specific suspended claim or encounter information. Summary report is available in all formats, however only the HTML format will allow the user to access the sub-report of suspended claim details.

*	Start Date:	07/01/2015	📅
*	End Date:	06/30/2017	📅
	DHS Contract Num:	14***1	👁️👁️
*	Provider ID:		👁️👁️
	Service Element:	All ▼	
	Format:	HTML ▼	

- For the search criteria entered, if there are suspended claims in eXPRS, the report will return a summary list of those, by service element and suspense rule. Each blue entry is a hyperlink. If you click on the hyperlink for the entry you want, it will take you to a list of all the claims associated with that summary line. **Please note – that the hyperlinks and sub-report of claim or encounter details only works if the report is run in HTML.**

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

Suspended Claim

From 10/1/2015 to 6/30/2017

SE	Rule ID	Rule Description	Claims
48	9	Fails higher level prior auth	275
48	10	Funding formula for claim not found	13
48	27	Client Awaiting Service Eligibility	3
48	109	System error occurred during processing	13
50	5	Suspected duplicate. Date range or a portion of the date range overlaps an approved claim	163
50	13	CLA in Pending Status	3
50	27	Client Awaiting Service Eligibility	1
50	34	Claim Modifier consecutive days limit exceeded	1
149	10	Funding formula for claim not found	5
149	16	A payee has not been designated for:	5
149	20	Client not enrolled in Case Management	10
149	38	Awaiting payment cycle	8
149	109	System error occurred during processing	9
151	207	Invalid Provider Service or License	0

These are hyperlinks that will show the list of claims that are suspended for this reason, for the date range used for the report.

These are the same **Rule Descriptions** and **Exception text** that are found on the individual claim in the **Current Exceptions** section.

Claim View

ICN: 2015*****01	Status: Suspended	Type: Fee For Service
Service Element: 50	Proc Code: All	Svc Modifier Cd: All
Client Prime: BO****C	Client Name: M****D*****	
Provider ID: 8*****	Provider:	
Service Location:		Claim Modifier Cd: REG
Updated By: [Redacted] Interface Scheduled Process	Updated Date: 11/10/2015 1:07:07 PM PST	

Current Exceptions

Rule Description	Exception Text	Overridden	Exception Code	Suspense Location	Exception Date
Suspected duplicate. Date range or a portion of the date range overlaps an approved claim	[2015280108865001, 2015289168627001]	false	5	Duplicates	2015-11-16

Exception History

- In the sub-report, you can now see details for each claim (ICN, client prime, claim dates and exception reason). This information can be used to help identify which individuals may need assistance in resolving a Medicaid eligibility issue, or if you need to contact DHS for further assistance.

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

Suspended Claim
From 7/1/2011 to 6/30/2013

Express Payment & Reporting System

Rule Description: 27 Client Awaiting Service Eligibility
Service Element: 148

DHS Contract:
Provider:

Claim ICN	Client Prime	Claim Modifier	Service Begin	Service End	Claim Submit	Claim Create	Exception
01		REG	03/19/2012	03/19/2012	03/22/2012	03/22/2012	Client waiting on service eligibility. Svc Cat: DDS Title XIX Cd: N
01		REG	03/05/2012	03/05/2012	03/20/2012	03/20/2012	Client waiting on service eligibility. Svc Cat: DDS Title XIX Cd: N
01		REG	02/02/2012	02/02/2012	03/17/2012	02/13/2012	Client waiting on service eligibility. Svc Cat: DDS Title XIX Cd: N
01		REG	01/27/2012	01/27/2012	03/17/2012	02/10/2012	Client waiting on service eligibility. Svc Cat: DDS Title XIX Cd: N
01		REG	01/23/2012	01/23/2012	03/17/2012	02/10/2012	Client waiting on service eligibility. Svc Cat: DDS Title XIX Cd: N

The specifics on why the claim was suspended for the rule description.

6. There are a variety of reasons a claim may suspend. Below is listed a few of the more common suspense **Rule Descriptions** (reasons why a claim is suspended) and its explanation.

Suspense Rule Description	Exception (shown on claim details)	What it really means
<i>Fails higher level prior auth;</i>	<i>Insufficient funds [\$0.00 on mm/dd/yyyy] for provider</i>	This is the suspense rule that applies to CM RFFS claims only (for SE48/148/248), and means the claim is suspended because there is <i>“insufficient funds rationed for Provider.”</i> A RFFS claim with this suspense reason is waiting processing for payment in a scheduled RFFS processing cycle. The claim is suspended because funds to pay it have not been released yet, thus the reason <i>“insufficient funds.”</i>

<p><i>Awaiting payment cycle</i></p>		<p>This means the claim has been processed to approved, but is waiting for the scheduled payment cycle for the type of claim to be run to process for payment.</p>
<p><i>Client Awaiting Service Eligibility</i></p>	<p><i>Client waiting on service eligibility.</i> <i>Svc Cat:</i> [DDC] <i>Title XIX Cd:</i> [N]</p>	<p>This means there is a conflict between the individual’s service category (aka: waiver) code and their Medicaid eligibility code. For example: if an individual has a service category code of DDC (meaning they are enrolled to the DD comp waiver) and a TXIX eligibility code of “N” (meaning: no, not TXIX eligible) for the date of the claim/encounter, it will suspend. An individual must have TXIX eligibility (code is “Y”, for yes) to be enrolled to a waiver (have the waiver code of DDC). If it says “N” with a DDC, that is a coding conflict; the system doesn’t know how to process the claim or encounter, and will suspend it until the coding is adjusted to a combination that will allow approval.</p>
<p><i>Suspected Duplicate. Date range or portion of the date range overlaps an approved claim.</i></p>	<p>Will show the ICNs for the other claims that overlap.</p>	<p>Just as it states; there is one or more date(s) in the suspended claim that overlaps with another claim that has already been approved and paid. We can’t pay twice for the same day/dates of service, so the second claim will suspend as a suspected duplicate to avoid duplicate payment.</p>

<i>Funding formula for claim not found</i>	<i>Funding formula not found for:</i> [DDK Y M3 7/20/2015 to 7/31/2015]	Each claim must be paid according to a funding rule established for the specific service procedure code and client eligibility combination to ensure we are claiming the appropriate percentage of federal match funding. If this suspense reason is given, the system has not found an appropriate funding rule in the system to use to fund this claim.
<i>Provider is not active</i>	<i>Provider is not an active Panel Member</i>	All providers authorized and paid via POC authorized services must be listed on the authorizing CDDP or Brokerage's POC panel. This means the provider's record has been inadvertently removed from the authorizing CDDP/Brokerage's panel, and must be re-added for the claim to successfully process for payment.
<i>A payee has not been designated for:</i>	[Name of provider & SPD ID#]	Providers who are not paid via the FMAS payroll vendor (ie: PSWs), they must have a DHS payee record established to facilitate payment directly from eXPRS/DAS before the claim will successfully process for payment.
<i>Client not enrolled in Case Management</i>	<i>Client not enrolled in Case Management</i>	All I/DD clients must have an active authorization for CM services that covers the dates any other services authorized in eXPRS can be successfully authorized and paid.
<i>Invalid Provider Service or License</i>	<i>Provider credential dates not within the time period claimed.</i>	All providers must have an "approved to work" credential date range(s) that covers all the dates being claimed for payment.

<p><i>No approved claims for day prior to absence claim for same service.</i></p>		<p>An individual must have attended (been present and received) the claimed residential service before an absence payment for that same service can be approved. We will not pay an absence claim for the first day of actual service (not been in this service with any provider prior to the absence claim).</p>
<p><i>Claim Modifier consecutive days limit exceeded.</i></p>	<p><i>Consecutive day limit 45 exceeded for claim modifiers [MED, CRS, NFS, PSY] [client prime] MED</i></p>	<p>Absences from a 24-hour residential service that ODDS will pay absence claims for are limited (see the applicable Service Element Standards and Procedures for specific time limits for that service). eXPRS knows what each time-limit is, and if absence claims are submitted that exceed those limits, they will suspend. The individual must have returned to and received the service for at least one day for the absence claim time-limits to re-set.</p>
<p><i>System error occurred during processing.</i></p>	<p><i>Processing aborted ...</i></p>	<p>There was a system error or processing interruption that occurred and prevented the claim or encounter from successfully completing the submission process.</p>

The ***SERVICE DELIVERED PROBLEM SOLVING MATRIX, CLAIMS PROBLEM SOLVING MATRIX*** or the ***ENCOUNTER or RFFS PROBLEM SOLVING MATRIX***, available on the [eXPRS HELP](#) menu, may be of additional assistance in problem solving suspended claims or encounters. Please see those documents for more information.