

How to Review RFFS Claims

As a provider of services managed and paid via eXPRS, it is your responsibility to review your RFFS claims on a regular basis to determine if there are RFFS claims that have suspended for a reason that requires your attention as a provider to resolve.

Almost all RFFS claims will suspend upon submission for the suspense reason ***“Fails higher level prior auth; Insufficient funds [\$0.00 on mm/dd/yyyy] for provider.”*** What this means is the RFFS claim has been submitted and is waiting to be processed in the scheduled payment cycle process. There aren't any funds to pay this claim (thus the insufficient funds reason) until the process cycle runs. Nothing needs to be done with these claims. The system will handle them when the time comes.

But, some RFFS claims may suspend for other reasons, such as client eligibility issues. These other suspended claims may require action from the CDDP or Brokerages to resolve.

To determine if a CDDP or Brokerage has RFFS Claims that have suspended for reasons other than “insufficient funds”, use of the **SUSPENDED CLAIM** report to find them is an easy way to do this.

To access the **SUSPENDED CLAIM** report:

1. Login to eXPRS.
2. From the **yellow** left-hand navigation menu, click on **REPORTS → SUSPENDED CLAIM**.

The screenshot shows the eXPRS - Home page of the Oregon Department of Human Services. The top navigation bar includes links for Home, My Account, Change Password, Help, Log Out, and a dropdown for All my Organizations and Program Areas. The left sidebar has a tree view with categories like Client, Provider, Contracts, Prior Authorization, Claims, CM/PA TCM Billing, Reports, Financial Maintenance, and Oregon Department of. Under 'Oregon Department of', the 'Suspended Claim' link is highlighted with a red circle. The main content area shows a search interface with 'Filtered By Type' set to 'All Notification Types' and an unchecked 'Include Removed' checkbox. Below this is a table with columns for notification type and details. The first row in the table is 'CM/PA Enrollment'. The second row, which is circled, is 'CM/PA Provider Financial Statement'. The third row is 'RFFS Provider Financial Statement'. A message below the table states 'No matching notifications were found.' To the right of the table, contact information for the DHS Service Desk is provided: Phone: (503) 945-5623, TTY: (503) 947-5330, and Email: dhs.servicedesk@state.or.us.

This will take you to the **Suspended Claim Report Criteria** page.

3. Once in the **Suspended Claim Report Criteria** page, enter the criteria in the fields to bring back your search results. Please note, that the results returned are limited to 20,000 rows of information. To search for RFFS claims, your criteria would be:

- **Start Date** = 1/1/2013 (*required field*)
- **End Date** = 6/30/2013 (*required field*)
- **Service Element** = 48-Case Management or 148-Personal Agent Services (*one of the required fields*)

→ Please note that the first date that RFFS claims were implemented for:
SE48 services is 1/1/2013
SE148 services is 7/1/2013.

Narrowing your Start date to be on or after these dates for the applicable service will help in narrowing your report results.

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

eXPRS
 Express Payment & Reporting System

Home My Account Change Password Help ▾ Log Out
 Logged in as - All my Organizations and Program Areas

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:	1/1/2013
End Date:	06/30/2013
DHS Contract Num:	<input type="text"/>
Provider ID:	<input type="text"/>
Service Element:	48 - Case Management
Format:	HTML

With criteria entered, click **SUBMIT**.

Submit **Close**

Click **SUBMIT**.

4. This will now open the Suspended Claim report showing information about your RFFS suspended claims. If there are any suspended RFFS claims, the report will tell you what the Rule Description is (the reason) for the suspense.

Oregon Department of Human Services
Express Payment & Reporting System

eXPRS
 Express Payment & Reporting System

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

"Fails higher level prior auth" is the insufficient funds suspense reason.

SE	Rule ID	Rule Description	Claims
48	9	Fails higher level prior auth	4569
48	109	System error occurred during processing	98
48	27	Client Awaiting Service Eligibility	8

Other suspense reasons will be listed here as well. Click the link to view the suspended claims.

Each blue row of data is a hyper link to the specific individual claims that have suspended for that reason. Click on the link to view the specific claims. You will see the claim details, including more information on what caused the claim to suspend in the Exception column.

You can use this claim detail information (using the client prime number, service date and claim status) to look up the claim and take any action needed. Use the ***“How to Find RFFS Claims”*** help guide, if you need assistance.

5. There are a variety of reasons a RFFS claim may suspend. Below is listed a few of the more common suspense rules and their explanation.

Suspense Rule Description	What it really means
<i>Fails higher level prior auth; Insufficient funds</i> [\$0.00 on mm/dd/yyyy] <i>for provider.</i>	This rule means the RFFS claim submitted has passed all edits and is waiting to be processed in the next scheduled payment cycle process. There aren't any funds to pay this claim (thus the insufficient funds reason) until the process cycle runs, because it's either new and is waiting for the next cycle, or the CDDP has been paid the maximum allowed for that month (met their payment cap). Nothing needs to be done with these claims. The system will handle them when the time comes.

<i>Client Awaiting Service Eligibility</i>	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 RFFS claim, it will suspend. An individual must have TXIX eligibility (code is "Y", for yes) to be enrolled to a waiver (ex: 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, and will suspend it until the coding is adjusted to a combination that will allow approval.
<i>System error occurred during processing.</i>	There was a system error or processing interruption that occurred and prevented the RFFS claim from successfully completing the submission process. (For example: there was an interruption in the eligibility file download to eXPRS, and the eligibility information for this claim wasn't available). The system will attempt to reprocess these claims automatically. Or you can find the claim and resubmit it manually, if you wish. There may be some cases where DHS may need to resubmit the claim manually on your behalf to be picked up in the cycle processing.

6. The ***ENCOUNTER PROBLEM SOLVING MATRIX*** (which includes information for RFFS Claims) on the **HELP** menu under "**Troubleshooting,**" may be of assistance in problem solving suspended claims or encounters. Please see those documents for more information.

7. For RFFS claims corrections, you will need to void the original claim that is wrong, and re-enter a new claim with the correct information (eg: new date or Service Coordinator name). Please see the "***How to VOID RFFS Claims***" guide for assistance.

NOTE: Remember, at this time RFFS claim corrections (which are manual voids of incorrect and submission of new/correct SE48 RFFS claims) are seen as new claims to the system. Therefore those

"corrections" must be completed with in 12 months from the correct date of service.