RFFS Claim Problem-Solving Matrix for CDDP & Brokerage Case Management Services

Case management services provided by CDDPs (SE48) and Brokerages (SE148) are billed via the Rationed Fee-for-Service (RFFS) claims process. This means that case management services are billed for services provided, up to one claim per client, per day. RFFS claims are processed for payment twice per month, and are paid up to a monthly capitated, rationed amount, per the CDDP or Brokerage's contract.

It is the CDDP's and Brokerage's responsibility to review all RFFS claims they have submitted to ensure that no further action is needed. When reviewing RFFS claims and it is found that some have not been approved and remain in "suspended" status, they may have one of the following suspense reasons:

Error/exception message	What it means	How to fix it
Fails higher level prior auth; Insufficient funds [$$ on mm/dd/yyyy] for provider. (9)	There is not enough funding remaining in a monthly payment cap to pay this RFFS claim, or it is new and has not been processed in a RFFS payment cycle yet.	No work needed. If there are funds available to pay the RFFS claim in a future processing cycle, the claim will be paid and the status changed to "approved." If not, the status will remain as "suspended" until there are funds available in a processing cycle to pay it.

CICS [service or DD or Medicaid] eligibility Web Service not available: [additional technical information]	eXPRS is having troubles connecting with the other DHS eligibility information systems via the Web Services interface. There is a problem with the interface process.	This is a systems issue not related to eXPRS, but part of the other systems that eXPRS connects with to retrieve client eligibility information. Please try again later to see if the interface issue has corrected itself or contact the **DHS Service Desk** at **503-945-5623** and report the problem.
Claim exceeds time limit for claims submission (204)	Medicaid regulations stipulate that all RFFS claims must be submitted within 365 days of the date of case management service. This RFFS claim was submitted more than 365 days from the RFFS claim date of service.	This error message is preventable, if RFFS claims are submitted in a timely manner. If there is delay in submitting RFFS claims and the time period for submission has expired, ODDS cannot guarantee payment for RFFS claims submitted outside the required timelines. However, if there was some reason that is **no fault** of the staff/agency submitting the RFFS claim, the CDDP/Brokerage can request the RFFS claim be reviewed by ODDS staff for a payment exception (only up to 18 months from date of service). Please contact the **DHS Service Desk** at **503-945-5623** to request an exception review. Please include detailed information for the encounter(s) in question.

Client ineligible for service; Client has not met the required service eligibility. Svc Cat: [APD, DDK, None, etc] *Title XIX Cd: [Y]* (26)	The client has not met the required service eligibility for the specific case management service being claimed (waiver or non-waiver). This means the service/waiver category code listed for the client for the RFFS claim date is not the service category code required for the specific case management service being claimed.	To check a client's service/waiver eligibility codes, please see the instructions in the **How to View Client Information in eXPRS** guide. If after reviewing that information, you believe there is an issue with the client's service/eligibility coding, confirm that the correct service/waiver eligibility information has been submitted to the ITBS TAU. If not, coordinate with the ITBS TAU to problem solve/resolve the eligibility issue.
Client awaiting service eligibility; Client Awaiting Eligibility (27)	The client is waiting on service eligibility. Meaning appropriate service/wavier category code and Medicaid eligibility code combination is in conflict for the date of the RFFS claim. **For example**: Client has a service/waiver category code of DDS, but Medicaid eligibility code of TXIX=No. Medicaid is required (=Yes) to in order for the encounter to process with DDS.	To check a client's service/waiver category codes and Medicaid eligibility (if you have the appropriate user permissions), please see the instructions in the **How to View Client Information in eXPRS** guide. If after reviewing that information, you believe there is an issue with the client's service/eligibility coding, confirm that the correct service/waiver eligibility information has been submitted to the ITBS TAU. If not, coordinate with the ITBS TAU to problem solve/resolve the eligibility issue.

Client not enrolled in Case Management (20)	There isn't a case management CPA from a CDDP (SE48) in accepted status that covers the date(s) for the RFFS claim being submitted.	Most often this occurs when a client has transferred their CDDP case management services to a new county, but has not changed service providers. Work with the respective CDDP as needed to get the SE48 CPA submitted to accepted status. Once the Case Management SE48 CPA is in place, the RFFS claim should approve during the next automatic reprocessing.
Processing aborted from step: load client waiver eligibility *OR* *Processing aborted from step: load client Title XIX eligibility*	There was a problem with the eligibility load.	Should be resolved with the next automatic reprocessing of encounters.
Processing aborted from step: Correct encounters that were replaced by higher level encounter (Reprocessing claim with ID: #### failed - root cause: Encounters for this service period can't be corrected.)	Encounters from the prior biennium are locked for settlement and cannot be updated.	Refer to the settlement documentation sent in December 2009.
Processing aborted from step: Determine PLA Totals for Claim Process	Encounters could not process because of a failed SFMA run.	Contact the **DHS Service Desk** at **503-945-5623** or via e-mail at dhs.servicedesk@state.or.us to report the error.

Processing aborted from step: load provider service information (Exception finding license for ProviderService: ####; nested exception is: gov.oregon.dhs.sql.Data

AccessException: DB2 SQL error)

The provider service record has an expired certification date.

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