

Overview of Rationed Fee-for-Service (RFFS) Case Management Claims

General RFFS Information

Rationed Fee-for-Service (RFFS) is the term used to describe a payment structure in which a Case Management Entity (CME) has a monthly specified payment cap for Case Management services. The allocated funds are made available at the start of each month, and RFFS claims are paid against the cap.

Prior to 2013, Case Management Services used the “Encounter” claim type, where a CME received payment up front on the first of the month, and then reported services delivered to a client (via the encounter). The “Fee-For-Service” claim type means that Case Management services must be delivered first, and then a claim is submitted for payment. eXPRS allows users to review Encounter history, but the Encounter submission functionality was replaced by the RFFS Claim Type.

RFFS Claims must meet ODDS’ documentation requirements (e.g. case notes or progress notes) showing that a qualifying Case Management service was provided for the date of the RFFS claim by the SC or PA.

CDDPs began submitting RFFS claims on Jan 1, 2013. Brokerages began submitting RFFS claims on July 1, 2013. The State Kids Program began submitting on July 1, 2015.

Claim Creation and Processing

When an RFFS claim is submitted, it is processed through system validations (e.g. client eligibility, service eligibility, date, etc.). If the claim fails one or more validations, it will suspend or deny for “exceptions”, which display on the **RFFS Claim Detail Page > Exceptions** section.

Often, when a claim successfully passes all validations, it moves to **Suspended** status for reason of “insufficient funds for rationed provider” until the next RFFS claim processing cycle. These cycles are scheduled each calendar month:

- On or about the 15th of the month
- On or about the last day of the month

During these RFFS Claims Processing Cycles, the claims are processed in a specific order to maximize Medicaid match funds claimed from the Centers for Medicare & Medicaid Services (CMS). The payment cycle processes RFFS claims in the following priority order:

1st Monthly RFFS Claims Processing Cycle (about the 15th of the month)

The full monthly payment cap is available for payment in the first RFFS processing cycle run of the month.

- All TXIX claims submitted up to that point since the previous processing cycle, regardless of service date on the RFFS claim.
- If there are still available funds, then any TXIX claims that have **NOT** been paid (e.g. suspended for “insufficient funds”) will be processed. The system will work backward month-by-month to pay claims until there are no more TXIX claims available **OR** that month’s available funds are exhausted.
 - GF Only claims submitted are held until the 2nd monthly RFFS claims processing cycle.

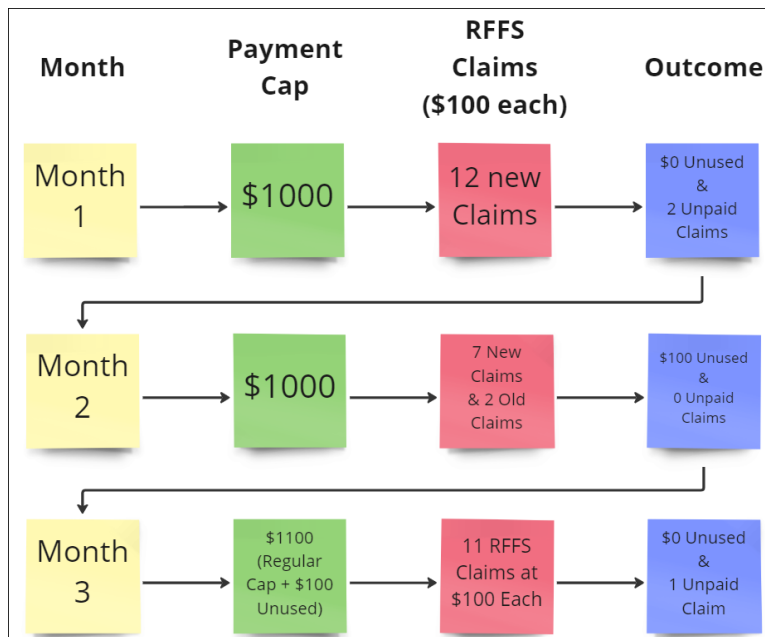
2nd monthly RFFS claims processing cycle (last day of the month)

If the available monthly cap funding amount was not exhausted by the first RFFS claims processing cycle in the month, the system will process:

- Any new TXIX Medicaid eligible RFFS claims submitted since the previous claim processing cycle, regardless of service date on the claim.
- If there are still available funds, then any TXIX claims that have **NOT** been paid will be processed (working backward month-by-month as described above).
- If there are still available funds, then any GF Only Claims submitted in that calendar month will be processed.
- If there are still available funds, then any GF Only claims that have NOT been paid will be processed (working backward month-by-month as described above).¹

If there are funds that were not paid out in a month, those funds will be added to the next month’s cap limit for future claims. For months that there are unpaid claims, those claims can possibly be paid in future RFFS payment processing cycles.

¹ In both RFFS Claims Processing cycles, eXPRS checks if there are any paid General Fund RFFS claims which could be replaced by a TXIX Eligible RFFS Claim. If found, the General Fund claim is voided automatically by the system, creating a Provider Liability Account. The system then replaces the voided claim with the TXIX Eligible RFFS Claim which resolves the Provider Liability Account. This process maximizes the use of Federal TXIX funding available to ODDS.



The example above shows this process using basic math where the CME Payment cap is \$1000 per month, and the RFFS Claims are \$100 each.

RFFS Claims Payment

Due to claim volume, some CMEs will receive their maximum monthly payment in the 1st cycle, and no payment is made on the 2nd cycle. Other CMEs may receive a partial payment of their monthly cap with the 1st cycle, and then receive another payment in the 2nd cycle, resulting in two payments for RFFS services a month. Those combined payments may be equal to or less than the maximum monthly cap amount (plus any unpaid funds from previous months rolled forward, if available).

Some CMEs may not receive their maximum monthly payment amount if they do not have sufficient claims submitted to generate that payment. If a CME does not have the client enrollment needed to allow for sufficient claim submission to receive their monthly specified payment cap for Case Management Services, the ODDS and Contracts Administration Unit will work with them to develop a plan for them to receive their maximum contracted funds.

The ODDS Contracts Administration Unit also reviews and approves requests to manually initiate an RFFS claims process cycle for GF RFFS, such as when an agency needs GF claims processed for cash flow reasons.

Funds for claims that are approved for payment in a processing cycle will be received by the CDDP or Brokerage 2-3 business days after the process cycle date.

Suspended RFFS Claims for Exception Code #9:

Many RFFS Claims suspend for the Exception Code #9 (screenshot below):

- *Fails prior auth limit > insufficient funds for rationed provider*

▼ Exceptions					
Overridable	Rule Description	Exception Text	Overridden	Exception Code	Suspense Location
	Fails higher level prior auth	Insufficient funds rationed for Provider	false	9	PriorAuth

This means that the RFFS claim has not been processed for payment. It is either a new claim that has not been through a payment processing cycle or it has been processed, but the payment cap has been met and no additional funds are available to pay the claim. It is suspended due to insufficient funds, but may be paid in future payment processing cycles.

Local Match Projects

CMEs will need to work with the ODDS Contracts Administrations Unit regarding Local Match projects.