

## **Rationed Fee-for-Service (RFFS) Case Management Claims Frequently Asked Questions (FAQs)**

*(updated 10/24/18)*

**Q: *What does “RFFS” mean?***

A: RFFS is the acronym for “Rationed Fee-for-Service”. Rationed Fee-for-Service is the term used to describe a fee-for-service payment structure which utilizes a specified payment limit (or payment cap). The funds allocated for the service are “rationed” at a specific payment cap amount over a period of time, thus setting the maximum payment limit per month for that service.

**Q: *When did the change to RFFS for SE48 take effect?***

A: The change from submitting encounters for SE48 to submitting RFFS claims started on **Jan 1, 2013**.

The change from submitting encounters for SE148 to submitting RFFS claims started on **July 1, 2013**.

The implementation of RFFS for SE248-State CM started on **July 1, 2015**.

**Q: *What has changed?***

A: The major change with this transition is for CDDPs claims for SE48 and Brokerages claims for SE148 services. Previously, the claim type was an “encounter” where the CDDP or Brokerage received payment up front at the first of the month, and then reported services delivered to a client (via the “encounter”) after payment was received. The claim type is now “fee-for-service,” meaning that payment for SE48 or SE148 services will not be made until after the service is delivered and a RFFS claim is submitted for payment, and then after the payment process runs.

SE248-State CM Services was implemented as “rationed-fee-for-services”. SE248 was not in existence when “encounters” were used.

**Q: *Will users who submitted encounters need new permissions/access?***

A: No. Users who were able to submit SE48 or SE148 encounters will ALSO be able to submit SE48 or SE148 RFFS CM claims.

**Q: Will the SE48 or SE148 CPAs look or work differently?**

A: No. The CM CPAs will not change for users. The only way you will be able to tell the difference between a CPA for encounters and a CPA for RFFS claims is by the start date.

- CM CPAs for SE48 RFFS claims will have a start date of 1/1/2013 or later.
- CM CPAs for SE148 RFFS claims will have a start date of 7/1/13 or later.
- CM CPAs for SE248 RFFS claims will have a start date of 7/1/15 or later.

Creating/editing a CM CPA will not change. You will still be able to do that CPA work as you always have, including adding a Brokerage Request Date or creating a SE48 CM CPA that designates a Brokerage for the individual.

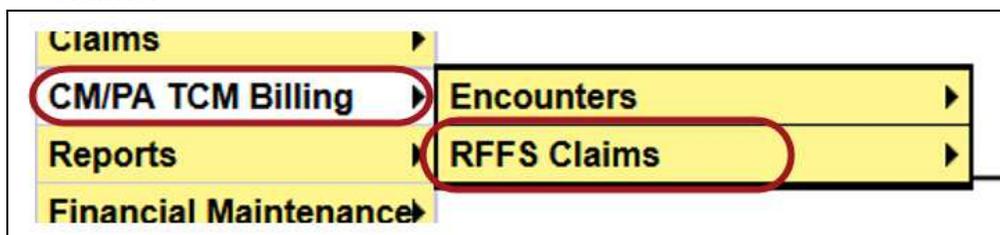
**Q: Will eXPRS look differently?**

A: Yes, but only a bit. There have been a few changes to the left-hand yellow menu to accommodate RFFS claims.

The option for “ENCOUNTER” for the left-hand menu has been changed. The menu now shows the item “**CM/PA TCM BILLING**”.

Under that menu item you will see two (2) more menu options:

- **Encounters** – this menu can only be used to view Encounter history.
- **RFFS Claims** – this will take you pages that will allow entry of RFFS claims.



**Q: Can I still submit encounters for service dates prior to the transition to RFFS?**

A: No, the Encounters submission functionality is no longer available.

**Q: Do Service Coordinators and Personal Agents still need to write case notes for the new RFFS claims submitted?**

A: Yes! There is no change in the documentation criteria or expectations around writing case notes or progress notes to support Case Management services provided. There must be a corresponding case note or progress note in the client’s record that documents that a qualifying CM service was provided for the date of the RFFS claim by the SC or PA listed on the claim.

**Q: *What does suspense status reason “Fails prior auth limit; insufficient funds [\$0.00 for mm/dd/yyyy] for rationed provider” mean?***

A: That means that an RFFS claim submitted has not been processed for payment. It is either a new claim that has not yet 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 essentially “**suspended**” due to insufficient funds.”

**Q: *What are the other RFFS claim statuses?***

A: The statuses that will apply to RFFS claims are below:

- Draft
- Approved (meaning it has been paid)
- Void
- Denied
- Suspended (the “exception reason” will tell you why it is **suspended**)
- Submitted

**Q: *When will the CDDP or Brokerage receive a payment for services once RFFS claims are submitted?***

A: All claims will be processed when they are submitted. If they pass all system validation edits, they will be held as **suspended** (for the “insufficient funds for rationed provider” reason explained above) until one of the scheduled RFFS claim processing cycles.

There are two system scheduled claim processing cycles scheduled each calendar month:

- The night of the 15<sup>th</sup> of the month
- The night of the last day of the month

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

**Q: *What happens to RFFS claims when they’re submitted?***

A: All RFFS claims will go through the standard system validation edits to validate the claim (eg: client eligibility, service eligibility, date, etc.). If a claim passes all those system edits, it will be held for the next payment processing cycle. If the claim fails one or more of established validation edits, it will suspend or deny for that/those specific reason(s) called “exceptions” (eg: client is not eligible for the service; duplicate claim, etc.).

The reason a claim has *suspended* or *denied* is explained in the “Suspended Due To” area of the RFFS claim.

There is a [RFFS Problem Solving](#) user guide on the [eXPRS Help Menu](#) that explains in detail the different exception reasons when an RFFS claim suspends or denies.

**Q:** *Is there an order or priority in how RFFS claims are processed?*

**A:** Yes. In order to maximize the TXIX Medicaid match funds to be claimed from CMS, the payment cycle processes RFFS claims in the following priority order:

○ **The FIRST monthly RFFS claims processing cycle on/about the 15<sup>th</sup> 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 the available monthly cap funding amount is not exhausted, then*

- Any TXIX claims that have NOT been paid (are *suspended* for “insufficient funds”) for the immediate previous month, working backward in time month-by-month until there are no more TXIX claims available to process for payment **OR** that month’s available payment cap funding amount is exhausted.
- **GF Only** claims submitted will be held until the 2<sup>nd</sup> monthly RFFS claims processing cycle.

○ **The second monthly RFFS claims processing cycle on the 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 the available monthly cap funding amount has still not been exhausted, then*

- Any TXIX claims that have NOT been paid (are *suspended* for “insufficient funds”) for the immediate previous month, working backward in time month-by-month (as above).

*If the available monthly cap funding amount has still not been exhausted, then*

- **Any GF Only** claims submitted in that calendar month.

**If the monthly payment cap has still not been exhausted, then**

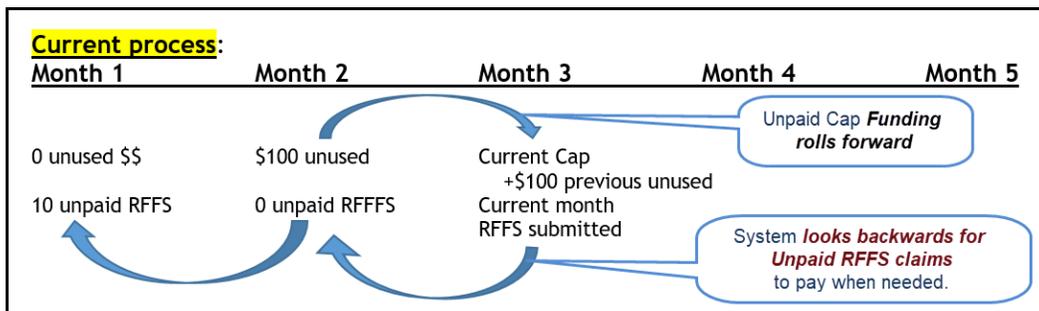
- **Any GF Only claims that have NOT been paid for the previous month(s), for the immediate previous month, working backward in time month-by-month (as above).**

**Q: What if our agency needs GF claims processed for payment before the end of the month (for example: for cash flow reasons)?**

A: Upon request to and approval from, the ODDS Contracts Administration Unit, we are able to manually initiate an RFFS claims process cycle to process GF RFFS claims prior to the last scheduled processing cycle of the month.

**Q: What if there are still funds available to claim against in a CDDP or Brokerage’s monthly payment cap amount and they have no more claims to process?**

A: Any balance of funds in a payment cap that has not been paid out will be added to the next month’s cap limit, making it eligible for processing against future claims.



**Q: Can past claims be processed against a CDDP or Brokerage’s monthly payment cap, if needed, to receive the maximum monthly payment?**

A: Yes. As explained above, the system will process current claims submitted, and, starting with the immediately preceding month & then look back in time, month-by-month within the contract period, for unpaid claims to ready & available to pay, to exhaust and maximize a monthly payment available.

**Q: How often are claims processed for payment?**

A: There are two (2) system scheduled claim processing cycles per month. Depending on CDDP or Brokerage’s claim submission pattern and volume, a CDDP or Brokerage would generally receive up to two payments for RFFS services a month.

The maximum available monthly amount of funds will be available for payment in the first RFFS processing cycle run for that month. It is possible, with enough claim volume, that a CDDP or Brokerage will receive their maximum monthly payment at that time, and not receive a payment with the 2<sup>nd</sup> processing cycle.

Other CDDPs or Brokerages may receive a partial payment of their monthly cap with the 1<sup>st</sup> payment cycle, and then up to the balance of their available funding amount with the 2<sup>nd</sup> payment cycle, resulting in two payments for RFFS services a month. Those two payments combined may be less than or equal to the maximum monthly cap payment amount (+ any unpaid funds from previous months rolled forward, if available).

It is possible for a CDDP or Brokerage to **not** receive their full maximum monthly payment amount, if they do not have sufficient claims submitted to generate that payment.

**Q: *What if a smaller CDDP does not have the client enrollment needed to allow for sufficient claim submission in order to receive their maximum monthly payment; how will they receive their funding?***

A: For those smaller CDDPs who have limits submitting sufficient claims due to size/low client enrollment, ODDS and the Contracts Administration Unit will work with them around strategies for receiving their maximum SE48 contracted funds.

**Q: *Can an RFFS CM claim that had been submitted be edited or voided if need?***

A: Yes, a CDDP, Brokerage or State staff can **void** RFFS claims, if needed.

If an **edit** to an RFFS claim is needed, such as to correct the service date or the SC or PA listed on the claim, you must first **void** the incorrect RFFS claim, and then create & submit a new RFFS claim with the correct information.

**Q: *What happens if I void a RFFS claim?***

A: When you void a RFFS claim that is in **approved** status & has been paid, , the system will create a Provider Liability Account/Amount (PLA) for that claim amount(s). As with any Provider Liability, payment for future RFFS claims will be processed against the PLA balance owing & reducing future payments until the liability amount is zero (\$0). Once the PLA balance is \$0, payment (up to the cap limit available) will resume.

When voiding claims that are in another status (such as **draft** or **suspended**), the system will simply void the claim. No PLA will be created in this instance as those claims have not been paid; there are no funds to recover for them from future claim payments.

**Q: *Can our CDDP do a Local Match project for SE48 under this new model?***

A: Yes. A local match project for SE48 can work under this new claim model. The process for SE48 Local Match projects for RFFS CM claims is a bit different than in the past for Encounters, more so around calculating available TXIX eligible claims available for LM & the timing of LM payment processing. A CDDP will need to work with the ODDS/Contracts Administration Unit regarding their potential for a local match project for SE48.

**Q: *Will there be new reports added for RFFS claims?***

A: Yes. There are three (3) new reports associated with the RFFS claims process.

- **RFFS Claims Summary report** – a report that gives a summary of the total claims paid (not amount) for a specific SERVICE month (not the month the claim was actually paid), and the total number of claims that are **suspended** due to insufficient funds for that SERVICE month.
- **RFFS Payment Detail report** – a report that acts as a summarized remittance advice for the RFFS payment cycle. The main report is the payment summary information, with sub-reports available to show the individual claims paid/included in that payment, and a sub-report showing Provider Liability claim recovery activity, if any for that payment.
- **RFFS Provider Payment Summary report** – a report of the payment cycle summary information without the Claims Detail or PLA Detail sub-reports.

**Q: *What about settlement? Will there be a process to allow overall biennial balance between months where encounters were used and months where RFFS claims were used for CDDPs funding for the entire contract/biennial period?***

A: Since the RFFS claims process is now fully implemented and encounters are no longer used, the settlement process for CM services will likely no longer be necessary.