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Employees' Manual  
Title 14  
Chapter P(1)

# OVERPAYMENT RECOVERY DETAIL



Iowa Department  
of Human Services

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## Overpayment Recovery Detail Overview

The Overpayment Recovery Detail screen was created to give workers the ability to search for Medicaid expenses paid for members. This access is granted so workers can determine the amount of Medicaid public assistance debt when submitting a complete claim to the Department of Inspections and Appeals (DIA).

This new process allows workers to search by a member's state identification number for Medicaid paid amounts. A search for each person who is considered a member of the household during the overpayment period needs to be completed and then grouped together to determine the total debt amount.

Workers need to export a copy of the paid expenses as an Excel spreadsheet or PDF file then upload the document to the electronic case file (ECF) in the event of an appeal. The Excel spreadsheet or PDF document can also be sent electronically, if needed. These tasks are accomplished by using the Actions drop list on the Report Viewer taskbar shown below.



### Access to Overpayment Recovery Detail

Income maintenance (IM) workers, Health Insurance Premium Payment (HIPP) Program staff, *hawk-i* staff, Department of Human Services (DHS) policy staff, and DIA staff have access to the Overpayment Recovery Detail screen.

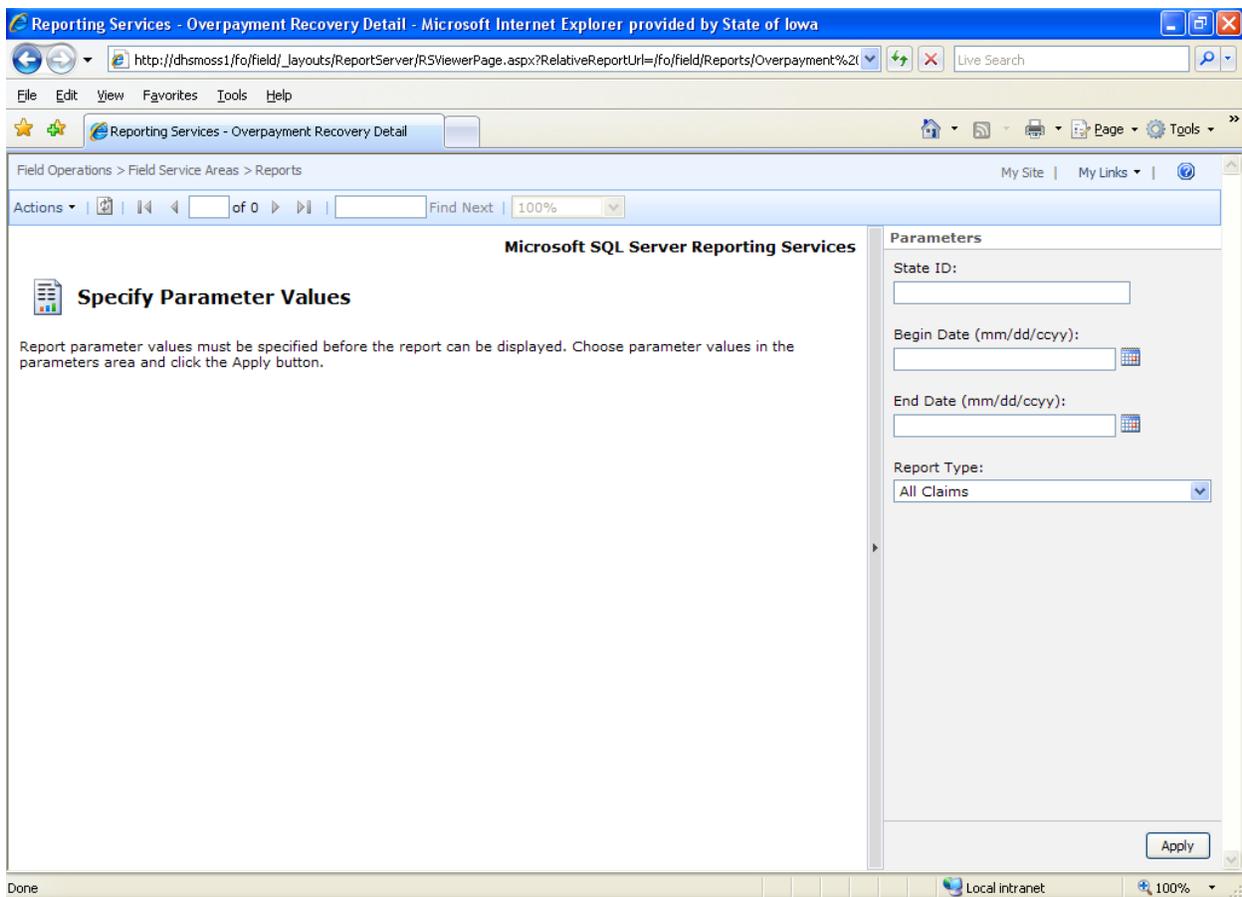
Depending on which computer settings are used, users may need to use the double set of scrollbars to navigate the screen.

Workers can access Overpayment Recovery Detail from the following SharePoint pages:

- ◆ Field Service Areas page located at: <http://dhs moss1/fo/field/default.aspx>. Click REPORTS under the Documents heading in the navigation bar on the left side of the screen. On the Reports page, click OVERPAYMENT RECOVERY DETAIL to view the search screen.
- ◆ Field IM Staff page located at: <http://dhs moss1/fo/field/IM/default.aspx>. Click the OVERPAYMENT RECOVERY DETAIL link.

## Search Screen

The Search screen is displayed by clicking the link. A sample of the search page is shown below.



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The parameters (search) section contains the following fields:

- ◆ **STATE ID:** Enter the member's state identification (ID) number.
- ◆ **BEGIN DATE (MM/DD/CCYY):** Enter the first day of the claim period to be searched or use the calendar icon to select the correct date.
- ◆ **END DATE (MM/DD/CCYY):** Enter the last day of the claim period to be searched or use the calendar icon to select the correct date.
- ◆ **REPORT TYPE:** Use the drop list arrow to display the different types of reports and select the correct one. Valid report types are:
  - **All Claims:** All paid Medicaid claims including the capitation fees. Use this option when the debt was due to a member error.
  - **All Claims Except Capitation:** All paid Medicaid claims; capitation fees are excluded. Use this option when the debt was an agency error.
  - **Eligible for QMB only:** Paid Medicaid claims except services that are Medicare deductibles or Medicare copayments. The member is not eligible for Medicaid, but continues to be eligible for QMB. If the member would have been eligible for Medically Needy with a spenddown and QMB-eligible, do not include Medicare copayments or deductibles in the debt when recouping up to the spenddown amount.
  - **Capitation:** Includes only the capitation fees.
  - **Waiver Claims Only:** Includes paid waiver services and targeted case maintenance (TCM) claims. Use this option when the member is not eligible for waiver services but continues to be eligible for Medicaid-covered services.
  - **Medicare Crossover Claims:** Includes only paid claims that are Medicare-covered services for which Medicaid paid the Medicare copayment or the Medicare deductible.
  - **Long Term Care Claims:** Includes only paid long term care claims. Use this option when the member is not eligible for long-term care but continues to be eligible for other Medicaid-covered services.
  - **Residential Care Facilities (RCF):** Includes only paid RCF claims. Use this option when the member is eligible for Medicaid but not for RCF care.
  - **All Claims Except Family Planning Waiver:** Includes all paid Medicaid claims except family planning services. Use this option when the member is not eligible for Medicaid but continues to be eligible for the family planning waiver.

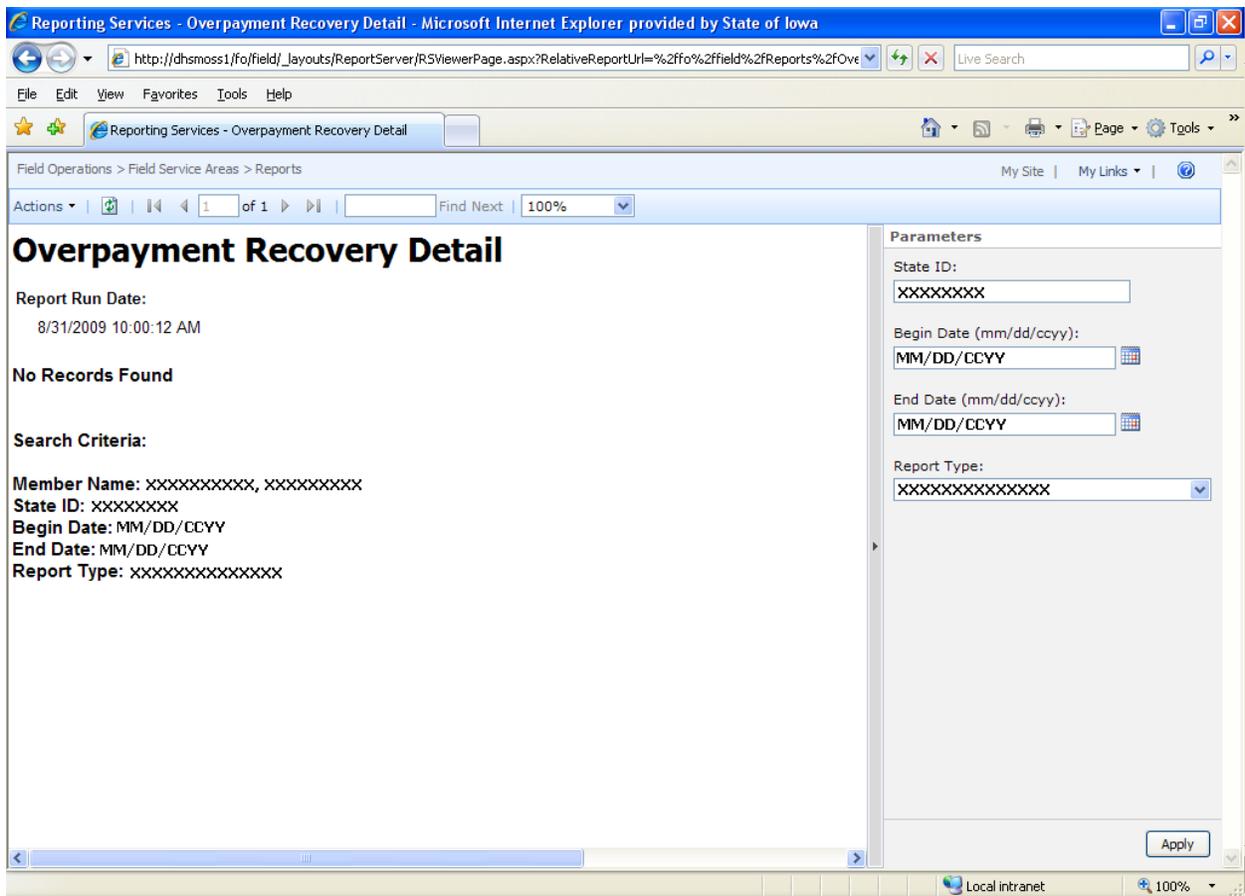
NOTE: The Parameters (search) section can be minimized or expanded by clicking the small black pointer located in the center of the gray bar on the left side of the Search section.

## Overpayment Recovery Detail Screen

The Overpayment Recovery Detail screen displays the results of the search. All searches will return a result of either:

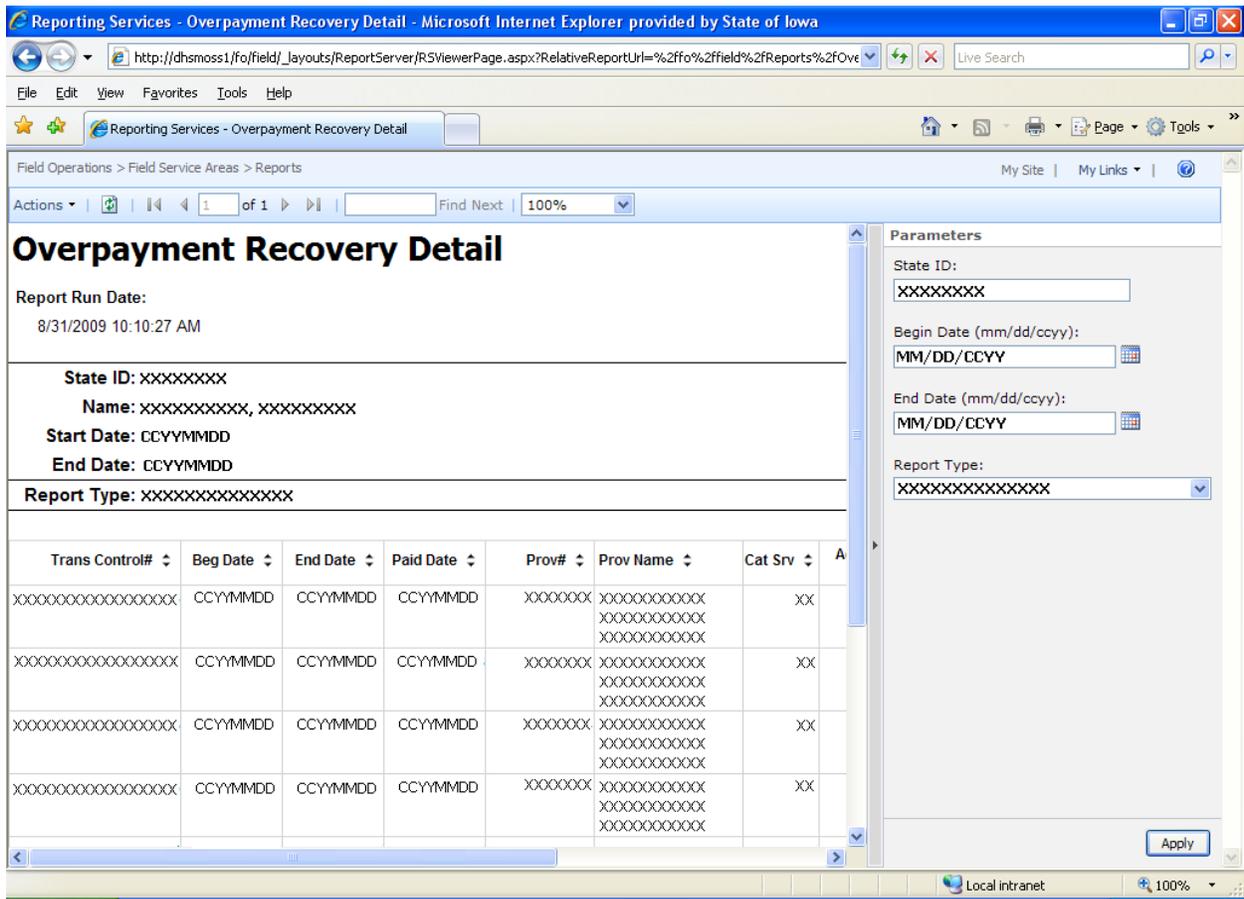
- ◆ No Records Found, or
- ◆ Results Found with a list of all Medicaid reimbursements paid during the search timeframe parameters.

If no records are found, the screen will display the following:



The Overpayment Recovery Detail report provides the search criteria used so workers can show documentation that they completed a search on all claim timeframes. This screen needs to be exported to an Excel spreadsheet or PDF file and uploaded to ECF. The Excel or PDF file can also be sent electronically to another worker, if needed.

When Medicaid reimbursements are found, the results screen will appear similar to the example shown below.



The report information can be sorted by any column heading by clicking the arrow next to the heading. Information can be sorted in ascending or descending order.

The Parameters (search) section can be minimized or expanded by clicking the small black pointer located in the center of the gray bar on the left side of the search section.

The Overpayment Recovery Detail screen with results displays information in the following fields:

- ◆ **STATE ID:** Displays the member's state identification number (ID) under which claims were searched.
- ◆ **NAME:** Displays the member's name in last name, first name format.
- ◆ **START DATE:** Displays the first day of the claim period searched in CCYY/MM/DD format.
- ◆ **END DATE:** Displays the last day of the claim period searched in CCYY/MM/DD format.

The screen also displays information on the paid Medicaid reimbursed claims under the following column headings:

- ◆ **TRANS CONTROL #:** Displays the transaction control number assigned by Iowa Medicaid Enterprise (IME) to this service claim.
- ◆ **BEG DATE:** Displays the first day the service was provided to the member.
- ◆ **END DATE:** Displays the last day the service was provided to the member.
- ◆ **PAID DATE:** Displays the date the payment was issued to the Medicaid provider.
- ◆ **PROV #:** Displays the provider's number.
- ◆ **PROV NAME:** Displays the provider's name.
- ◆ **CAT SRV:** Displays a code for the provider category of service. Valid codes are:
  - 10 Inpatient hospital care
  - 15 Outpatient hospital care
  - 16 Child partial hospitalization
  - 17 Child day treatment
  - 18 Adult partial hospitalization
  - 19 Adult day treatment
  - 20 Skilled nursing care
  - 25 Nursing home
  - 26 ICF/MR
  - 27 Nursing home/mentally ill
  - 30 Home health services
  - 31 Lead inspection
  - 35 Physician services
  - 40 Clinic services
  - 42 MEP case management
  - 45 Laboratory and X-ray
  - 46 Habilitation services

- 48 Remedial services
- 49 Rehabilitative support services
- 50 Ambulance
- 51 Local education agency services
- 52 Early access services
- 55 Prescribed drugs
- 57 Drug capitation
- 59 Indian health services
- 60 Family planning services
- 62 Iowa Plan
- 63 Managed substance abuse care
- 64 MH access plan
- 65 EPSDT screening (Care for Kids)
- 66 HMO services
- 67 PACE
- 68 Patient management
- 69 HIPP
- 70 Medical supplies
- 75 Other practitioner services
- 76 Family-centered services
- 77 Family preservation
- 78 Treatment foster family care
- 79 Group treatment therapy
- 80 Dental services
- 82 Optometrist services
- 84 Chiropractic services
- 86 Podiatric services
- 88 Physical disability waiver services
- 89 Brain injury waiver services
- 90 Psychiatric care
- 91 Residential care facility
- 92 Intellectual disabilities waiver services
- 93 Children's mental health waiver services
- 94 AIDS/HIV waiver services
- 95 Elderly waiver services
- 96 Ill & handicapped waiver services
- 97 County office reimbursement
- 98 MEP services
- 99 Unassigned

NOTE: Based on monitor settings, it may be necessary to minimize the Parameters section to view the following column headings:

◆ **ACCT CD:** Displays the accounting code associated with this service. Valid codes are:

- A Credit: claim adjustment
- B Credit: claim credit
- C Credit: mass adjustment
- D Credit: mass credit
- E Adjust: claim adjustment
- F Adjust: mass adjustment
- G History only: credit from adjustment
- H History only: credit from credit
- I History: credit from mass adjustment
- J History: credit from mass credit
- K History: adjustment from adjustment
- L History: adjustment from mass adjustment
- 0 Normal: pay provider
- 1 History only: no provider pay
- 2 Debit: gross adjustment
- 3 Credit: gross adjustment
- 6 History only: debit gross adjustment
- 7 History only: credit gross adjustment

◆ **CLM STAT:** Displays the payment status of the claim. Valid codes are:

- B In process (being keyed)
- C Suspended
- D Suspense ready to process
- E Suspense to be deleted
- H Held
- I To be paid
- K To be denied
- N Paid
- P Denied

◆ **CHARGED:** Displays the amount of charges submitted by the provider for the services provided to the member.

◆ **REIMBURSED:** Displays the amount of payment issued for the services submitted by the Medicaid provider.

- ◆ **CHARGED TOTAL:** Displays the total amount of charges submitted by all providers for the services provided to the member.
- ◆ **REIMBURSED TOTAL:** Displays the total amount of payments issued for the services submitted by all Medicaid providers. **Use this amount when determining the debt total.**

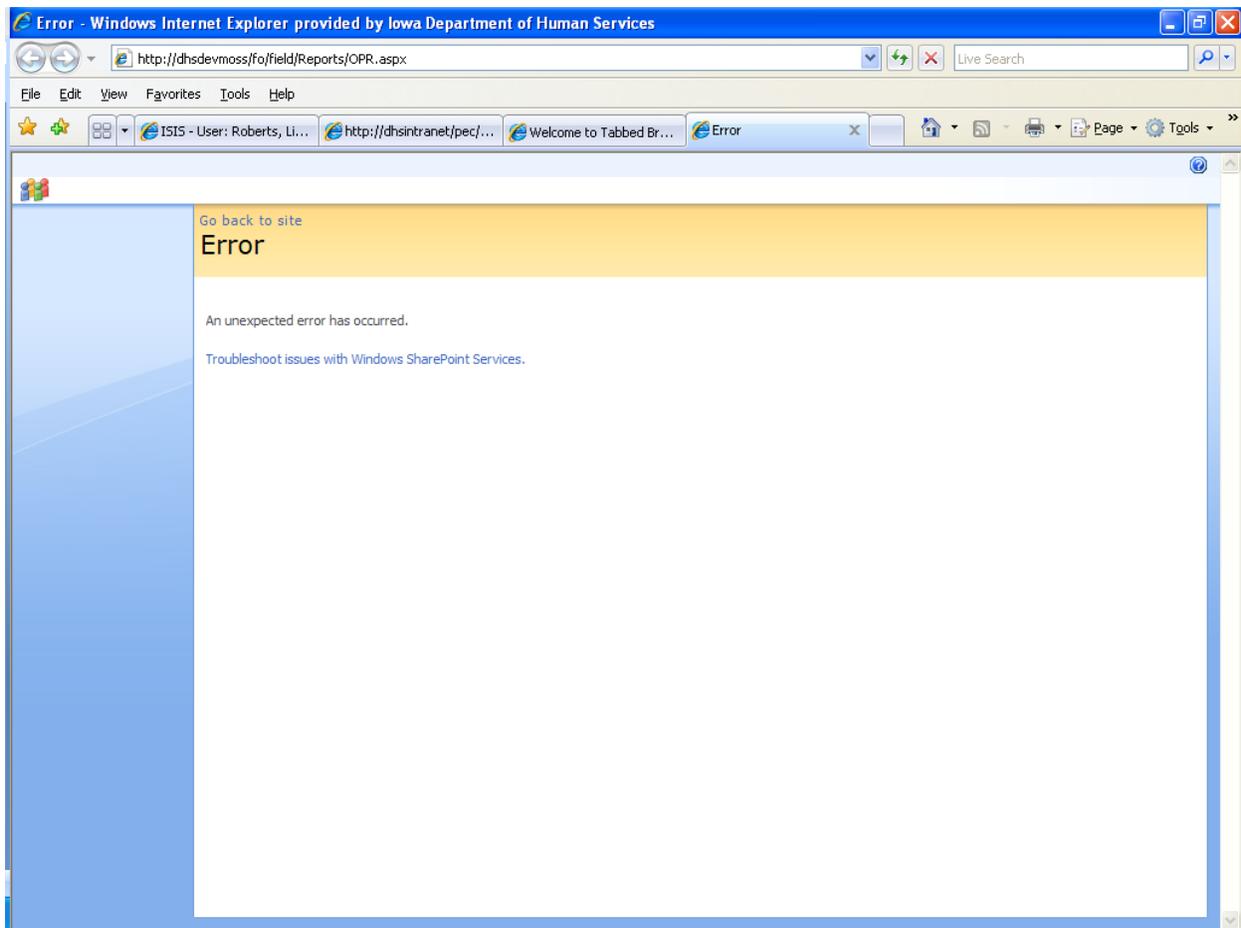
### Completing a Search

To complete a search for paid reimbursement claims, follow these steps:

Step	Action
1	<p>Access Overpayment Recovery Detail from the following SharePoint pages:</p> <ul style="list-style-type: none"> <li>◆ Field Service Areas page at: <a href="http://dhsmoss1/fo/field/default.aspx">http://dhsmoss1/fo/field/default.aspx</a>. Click REPORTS under the Documents heading in the navigation bar on the left side of the screen. On the Reports page, click OVERPAYMENT RECOVERY DETAIL to view the search screen.</li> <li>◆ Field IM Staff page at: <a href="http://dhsmoss1/fo/field/IM/default.aspx">http://dhsmoss1/fo/field/IM/default.aspx</a>. Click the OVERPAYMENT RECOVERY DETAIL link.</li> </ul>
2	<p>On the search page, locate the Parameters (Search) entry fields on the right side of the screen. Complete the following fields:</p> <ul style="list-style-type: none"> <li>◆ <b>STATE ID:</b> Enter the state identification number of the member for whom the claims search is being completed.</li> <li>◆ <b>BEGIN DATE:</b> Enter the first day of the claim period to be searched or use the calendar icon to select the correct date.</li> <li>◆ <b>END DATE:</b> Enter the last day of the claim period to be searched or use the calendar icon to select the correct date.</li> <li>◆ <b>REPORT TYPE:</b> Use the drop list arrow to display the different types of reports and select the correct one.</li> </ul> <p>Press ENTER or click on the APPLY button located in the bottom right hand corner to generate the Search Report.</p> <p>NOTE: For Medically Needy with a spenddown claim, ongoing certification periods can be for only one or two months and retroactive certification periods can be for no more than three months. A search needs to be completed for each certification period.</p>

Step	Action
3	Print or export the Search Report, then: <ul style="list-style-type: none"><li>◆ If additional searches need to be made, go to Step 2.</li><li>◆ If all searches are completed, close the browser window by clicking the 'X' in the upper right hand corner.</li></ul>

NOTE: If the report system is not used for an extended period, the session will close. Attempting to complete a new search will result in the following screen being displayed:



If this screen is displayed, close the browser window by clicking the 'X' in the upper right corner and re-enter Overpayment Recovery Detail through the SharePoint link.

## **Exporting Search Reports to Excel or Acrobat (PDF) File**

To export a Search Report to an Excel or Acrobat (PDF) file, follow these steps:

<b>Step</b>	<b>Action</b>
1	With the generated report showing, click the ACTIONS button and select EXPORT>EXCEL OR EXPORT>ACROBAT (PDF) file.
2	<p>A dialog box appears asking the user to open the document, save the document, or cancel the operation. If you click:</p> <ul style="list-style-type: none"><li>◆ OPEN,: This allows viewing the document in the selected format. You can save the file using normal procedures. Close document by clicking the 'X' in the upper right hand corner.</li><li>◆ SAVE,: This opens a file download and SAVE AS dialog box. Using the SAVE AS dialog box, select the folder where the document is to be saved and enter a new file name, if desired. Then click SAVE. Both dialog boxes will disappear when the download is complete.</li><li>◆ CANCEL,: This allows the user to cancel the export operation.</li></ul> <p>NOTE: Exported files need to be uploaded to the electronic case file (ECF) using the Document Upload feature.</p>
3	If additional searches are to be completed, repeat Steps 1 and 2 for each additional Search Report. When all searches are completed, close the Overpayment Recovery Detail screen by clicking the 'X' in the upper right hand corner.

## **Printing Search Results**

To print a Search Result screen, follow these steps:

<b>Step</b>	<b>Action</b>
1	With the generated report showing, click the ACTIONS buttons and select PRINT.

Step	Action
2	<p>If this is the first time you attempt to print a report, you should receive the following message:</p>  <p>Click the INSTALL button to install the software to print the reports. When finished installing, go to Step 3.</p> <p>NOTE: Failure to install the software will result in the inability to print any generated reports and results in the following message being displayed:</p> 
3	<p>In the Print dialog box, check the printer name and properties, then click OK to print the Search Report.</p> <p>NOTE: To have the entire report print on one page, change the printer properties to show "landscape" orientation on the Finishing tab.</p>
4	<p>If additional searches are to be completed, repeat Steps 1 and 3 for each additional Search Report. When all searches are completed, close the Overpayment Recovery Detail screen by clicking the 'X' in the upper right corner of the screen.</p>

### **Totaling Claims for OPR Entry**

To determine the total amount of the debt claim, users must combine the REIMBURSED TOTAL for each household member for the corresponding timeframes and enter the grand total on the OPR Medicaid Overpayment Calculation screen.

The B household consists of Mr. B, Mrs. B, and child B. The household was determined ineligible for all coverage groups except for Medically Needy with a spenddown for the months of January through April.

The worker determines the Medically Needy certification periods are January/February and March/April. The worker completes a claims search for each household member's state ID number for both of the certification periods (total of six searches).

After all searches are completed, the worker adds the REIMBURSED TOTAL from the January/February and the March/April reports to determine the debt claim amount for each of the respective certification periods. The worker enters the grand total for each certification period on the OPR Medicaid Overpayment Calculation screen.