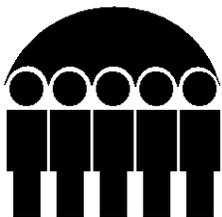


Revised July 20, 2007

Management Manual
Title 23
Chapter L Appendix

COUNTY BILLING AND OFFSET

APPENDIX



Iowa
Department
of
Human Services

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Community Based DHS MR Waiver County Billing, Report IAMM4700-R001

Purpose	Report IAMM4700-R001 is used to provide a computer-generated record of vendor charges for Medicaid home- and community-based (HCBS) mental retardation waiver services for which the county has responsibility for payment.
Source	The Medicaid Management Information System generates the report.
Completion	The report is issued monthly.
Distribution	The original report is attached to form 470-3601, <i>Medicaid County Billing Remittance</i> , for the respective county and is sent to the county CPC. The county CPC gives form 470-3601 to the county auditor.
Data	The report includes the following fields: <ul style="list-style-type: none">◆ As of: Last date included in the billing cycle◆ Run Date: Date the billing is generated◆ County: Name and number of the county to be billed◆ Invoice Number: Invoice number assigned to the transaction◆ Chart of Accounts: Diagnosis codes◆ Provider Number: Vendor's Medicaid provider number◆ Provider Name: Name of the service provider◆ Original Invoice: Invoice number assigned to the transaction◆ Recipient Name: Name of the client receiving services◆ State ID: State identification number assigned to the client◆ SSN: Social security number of the client

- ◆ Begin CLM Date: First date of service in the billing cycle
- ◆ End CLM Date: Last date of service in the billing cycle
- ◆ Units SVC: Number of units of services billed
- ◆ Proc Code: Procedure code
- ◆ TYP: Field displays a blank for original invoice, "CRT" for a credit, and "ADJ" for an adjustment
- ◆ Gross Due Total amount of services billed
- ◆ TPL/Copay Payment contribution from the client, insurance company, etc.
- ◆ Net Due: Total amount of services billed less the payment contributions
- ◆ County Share: Gross amount billed to the county (the non-federal share of the net amount due)

Community Based ICF-MR County Billing, Report IAMM3800-R002

Purpose	Report IAMM3800-R002 is used to provide a computer-generated record of Medicaid intermediate care facility for the mentally retarded (ICF/MR) vendor charges for which the county has responsibility for payment.
Source	The Medicaid Management Information System generates the report.
Completion	The report is issued monthly.
Distribution	<p>The original report IAMM3800-R002 is attached to form 470-3601, <i>Medicaid County Billing Remittance</i>, for the respective county and is sent to the county central point of coordination (CPC).</p> <p>The county CPC gives form 470-3601 to the county auditor.</p>
Data	<p>The report includes the following fields:</p> <ul style="list-style-type: none">◆ As of: Last date included in the billing cycle◆ Run Date: Date the billing is generated◆ County: Name and number of the county to be billed◆ Invoice Number: Invoice number assigned to this transaction◆ Chart of Accounts: Diagnosis codes◆ Provider Number: Facility's Medicaid provider number◆ Provider Name: Name of service provider◆ Recip SSN: Social security number of client◆ Recipient Name: Name of client receiving services◆ State ID: State identification number assigned to the client

- ◆ Begin Claim Date: First date of service in the billing cycle
- ◆ End Claim Date: Last date of service in the billing cycle
- ◆ Days of Care: Number of days of care billed
- ◆ Per Diem Rate: Allowable rate per unit of service
- ◆ Rate Diem Assess: Allowable rate per diagnosis
- ◆ Type Original Invoice: Reference to the original billed invoice number
- ◆ Gross Due: Total amount of charges billed
- ◆ Recipient Payment: Payment contribution from client
- ◆ Net Less: Total amount of services billed less the payment contribution from the client
- ◆ County Share: Gross amount billed to the county (the non-federal share of the charges)

Enhanced Services County Billing, Report IAMM4900-R001

Purpose	Report IAMM4900-R001 is used to provide a computer-generated record of enhanced services charges for Medicaid for which the county has responsibility for payment.
Source	The Medicaid Management Information System generates the report.
Completion	The report is issued monthly.
Distribution	The original report is attached to form 470-3601, <i>Medicaid County Billing Remittance</i> , for the respective county and is sent to the county CPC. The county CPC gives form 470-3601 to the county auditor.
Data	The report includes the following fields: <ul style="list-style-type: none">◆ As of: Last date included in the billing cycle◆ Run Date: Date the billing is generated◆ County: Name and number of the county to be billed◆ Invoice Number: Invoice number assigned to the transaction◆ Chart of Accounts: Diagnosis codes◆ BOR Service IND: Type of case management service◆ State ID: State identification number assigned to the client◆ Recip SSN: Social security number of the client◆ Recipient Name: Name of the client receiving services◆ Adj / CR: Adjustments or credits to billing◆ Provider Number: Vendor's Medicaid provider number◆ First DOS: First date of service in the billing cycle

- ◆ Last DOS: Last date of service in the billing cycle
- ◆ Original Invoice Date of the original charge
- ◆ Total Payment Total amount of services billed
- ◆ County Share Gross amount billed to the county (the non-federal share of the payment)

Habilitation Service County Billing, Report IAMM4750-R001

Purpose	Report IAMM4750-R001 is used to provide a computer-generated record of habilitation services vendor charges for Medicaid that the county has responsibility for payment.
Source	The Medicaid Management Information System generates the report.
Completion	The report is issued monthly.
Distribution	The original report IAMM4750-R001 is attached to form 470-3601, <i>Medicaid County Billing Remittance</i> , for the respective county and is sent to the county CPC. The county CPC gives form 470-3601 to the county auditor.
Data	The report includes the following fields: <ul style="list-style-type: none">◆ As of: Last date included in the billing cycle◆ Run Date: Date the billing is generated◆ County: Name and number of the county to be billed◆ Invoice Number: Invoice number assigned to the transaction◆ Chart of Accounts: Diagnosis codes◆ Provider Number: Vendor's Medicaid provider number◆ Provider Name Recip: Name of the service provider◆ Recipient Name: Name of the client receiving services◆ Recip SSN: Social security number of the client◆ State ID: State identification number assigned to the client◆ Begin Claim Date: First date of service in the billing cycle◆ End Claim Date: Last date of service in the billing cycle

- ◆ Units: Number of units of service billed
- ◆ Proc Code: Procedure code for the service
- ◆ Type: Field displays a blank for original invoice, "CRT" for a credit, and "ADJ" for an adjustment
- ◆ Original Bill Date: Date of the original invoice
- ◆ Gross Amt: Total amount of services billed
- ◆ Recipient Payment: Payment contribution from the client
- ◆ Net Amt: Total amount of services billed less the payment contribution from the client
- ◆ County Share: Gross amount billed to the county (the non-federal share of the net amount paid)

**ICF/MR Brain Injury Patients Waiver County Billing, Report
IAMM4700-R009**

Purpose	Report IAMM4700-R009 is used to provide a computer-generated record of vendor charges for Medicaid home- and community-based (HCBS) brain injury waiver services for which the county has responsibility for payment (clients at the ICF/MR level of care).
Source	The Medicaid Management Information System generates the report.
Completion	The report is issued monthly.
Distribution	The original report is attached to form 470-3601, <i>Medicaid County Billing Remittance</i> , for the respective county and is sent to the county CPC. The county CPC gives form 470-3601 to the county auditor.
Data	The report includes the following fields: <ul style="list-style-type: none">◆ As of: Last date included in the billing cycle◆ Run Date: Date the billing is generated◆ County: Name and number of the county to be billed◆ Invoice Number: Invoice number assigned to the transaction◆ Chart of Accounts: Diagnosis codes◆ Provider Number: Vendor's Medicaid provider number◆ Provider Name: Name of the service provider◆ Recipient Name: Name of the client receiving services◆ State ID: State identification number assigned to the client◆ Recipient SSN: Social security number of the client

- ◆ TCN: Transaction control number assigned to the claim by the Iowa Medicaid Enterprise
- ◆ Begin CLM Date: First date of service in the billing cycle
- ◆ End CLM Date: Last date of service in the billing cycle
- ◆ Original Invoice: Invoice number assigned to the transaction
- ◆ Units SVC: Number of units of services billed
- ◆ Proc Code: Procedure code for the service
- ◆ TYP: Field displays a blank for original invoice, "CRT" for a credit, and "ADJ" for an adjustment
- ◆ Gross Due Total amount of services billed
- ◆ TPL/Copay Payment contribution from the client, insurance company, etc.
- ◆ Net Due: Total amount of services billed less payment contributions
- ◆ County Share: Gross amount billed to the county (the non-federal share of the net amount due)

Medicaid County Billing Remittance, Form 470-3601

Purpose	From 470-3601 is provided to the county for use in reporting disputed billings to the Department. The county uses this form to report transactions from the billings that are disputed.
Source	This form is produced by the Department and provided to the county with the billing statements.
Completion	The form is created monthly or quarterly with the billing statements.
Distribution	The form is attached to the monthly or quarterly billing statements.
Data	<p>The Department provides the following data on the form:</p> <ul style="list-style-type: none">◆ Name of program: The Medicaid program (ICF/MR brain injury, ICF/MR, MR waiver, enhanced services, habilitation) being billed◆ County Name: Name of the county being billed◆ Invoice Number: The number assigned to the invoice◆ Billing Date: Date of the billing◆ Total Amount From Detail Billing: Total amount billed to the county <p>The county provides the following data on the form:</p> <ul style="list-style-type: none">◆ Contact Person: Name of county personnel to be contacted by the Department if there are questions◆ Phone Number: Phone number of the county contact person◆ Consumer Name: Name of the client whose charges are being disputed

- ◆ State ID #: State identification number of the client whose charges are being disputed
- ◆ Dates of Service: Dates of service for the charges being disputed
- ◆ Amount Billed: Total billed amount of the charges being disputed
- ◆ Amount Paid: The amount of the billed charges being paid when the county is remitting a partial payment
- ◆ Reason for Nonpayment: Explanation of the reason for disputing the charges

Notice of Held Warrant

Purpose	The <i>Notice of Held Warrant</i> is used to notify the Department and the county that a state warrant has been identified for potential offset.
Source	This form is produced by the Department of Administrative Services (DAS) and is distributed to the Department of Human Services.
Completion	DAS prepares a <i>Notice of Held Warrant</i> when a warrant has been issued to a vendor for whom the Department has submitted form, <i>Request to Include Debt on Offset Master Index File</i> .
Distribution	The Department's Division of Fiscal Management receives one copy of the form. The top portion of the form is mailed to the "vendor" (the county) as notice of a potential offset. The lower portion of the form is filed.
Data	The form identifies the warrant number and the amount of the warrant being held for potential offset and notifies the county of the amount that will be held for offset.

Notice of Intent to Offset, Form 470-2653

Purpose	The <i>Notice of Intent to Offset</i> informs the county of the county's unpaid liability and the Department's intention to request an income offset to collect the debt and explains the county's right to request a review of the county's liability.
Source	Form 470-2653 is available as a template that can be accessed by the Division of Fiscal Management staff. The form is kept in the Fiscal.772 share on Hoover3s2.
Completion	Staff in the Department's Division of Fiscal Management prepare the form when a debt is due and owing the Department and eligible for income offset.
Distribution	The form is mailed to the county CPC and a copy is mailed to the county auditor.
Data	The following information is entered on the notice: <ol style="list-style-type: none">(1) The date the notice is prepared(2) The name and address of the county CPC to whom the notice is sent(3) The name of the client whose services were billed to the county(4) The amount of debt eligible for income offset(5) The client's name(6) The dates when service was provided to the client(7) The original billing date(8) The name of the county responsible(9) The final date for the county to file a request for review of the county's liability(10) The name and address of the Division of Fiscal Management contact person(11) The name of the county auditor

Payment Held, Form 470-4478

Purpose	The <i>Payment Held</i> notice informs the county of a pending offset and the county's right to appeal the offset.
Source	Form 470-4478 is available as a template that can be accessed by the Division of Fiscal Management staff. The form is kept in the Fiscal.772 share on Hoover3s2.
Completion	Staff in the Department's Division of Fiscal Management prepare this form when the State Accounting Enterprise has identified a potential offset.
Distribution	Copies of the form are mailed to the county CPC and to the DAS State Accounting Enterprise. <ol style="list-style-type: none">(1) The date the notice is prepared(2) The name and address of the county CPC to whom the notice is to be sent(3) The name of the client whose services were billed to the county(4) The name of the county(5) The amount of debt eligible for income offset(6) The type of service provided to the client(7) The name of the client(8) The dates that service was provided to the client(9) The name of the county owing the debt(10) The original billing date(11) The amount of potential offset(12) The name of the county(13) The final date for the county to file an appeal request

[Request to Include Debt on Offset Master Index File](#)

Purpose	The <i>Request to Include Debt on Offset Master Index File</i> is used to request the Department of Administrative Services to offset payment to a vendor who owes the Department.
Source	Print this form from the sample at http://das.sae.iowa.gov/manuals_forms/forms.html (Choose Income Offset Change Form.)
Completion	Staff in the Department's Division of Fiscal Management prepare three copies of the form after form 470-2653, <i>Notice of Intent to Offset</i> , has been sent to the county and the Department has determined that the county remains liable for the amount. Instructions for completion are included on the form.
Distribution	The original is submitted to the Department of Administrative Services Accounting Bureau. One copy is maintained in the Department's Division of Fiscal Management.
Data	<p>The request includes the following fields:</p> <ul style="list-style-type: none">◆ Requesting Agency: The Department of Human Services◆ Contact Person: The name of the DHS contact person◆ Telephone No.: The telephone number of the DHS contact◆ Date Prepared: The date the form is prepared◆ Debtor's Social Security No. OR Debtor's Federal ID No. For county billing and offset, use only the county's federal tax identification number◆ Debtor's Name (Last Name, First) The name of the county to be listed for offset◆ Amount Owed to Agency The dollar amount of the debt submitted for offset

- ◆ Agency Identification The department number assigned to the Department of Human Services
- ◆ Agency Comments Department comments on the origin of the debt and the date that liability accrued to the state of Iowa



STATE OF IOWA

CHESTER J. CULVER, GOVERNOR
PATTY JUDGE, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
KEVIN W. CONCANNON, DIRECTOR

July 20, 2007

GENERAL LETTER NO. 23-L-AP-2

ISSUED BY: Bureau of Purchasing, Payments, and Receipts;
Division of Fiscal Management

SUBJECT: Management Manual, Title 23, Chapter L, Appendix, **COUNTY BILLING AND OFFSET APPENDIX**, Title page, revised; Contents (page 1), revised; pages 1 through 10, revised, pages 11 through 17, new; and the following forms:

IAMM4700-R001	<i>Community Based DHS MR Waiver County Billing</i> , new
IAMM3800-R002	<i>Community Based ICF-MR County Billing</i> , revised
IAMM4900-R001	<i>Enhanced Services County Billing</i> , revised
IAMM4750-R001	<i>Habilitation Service County Billing</i> , new
IAMM4700-R009	<i>ICF/MR Brain Injury Patients Waiver County Billing</i> , new
470-3601	<i>Medicaid County Billing Remittance</i> , new
Unnumbered	<i>Notice of Held Warrant</i> , new
470-2653	<i>Notice of Intent to Offset</i> , revised
470-4478	<i>Payment Held</i> , new
Unnumbered	<i>Request to Include Debt on Offset Master Index File</i> , revised

Summary

This appendix is revised to:

- ◆ Add samples and instructions for the following reports:
 - IAMM4700-R001, *Community Based DHS MR Waiver County Billing*
 - IAMM4750-R001, *Habilitation Service County Billing*
 - IAMM4700-R009, *ICF/MR Brain Injury Patients Waiver County Billing*
- ◆ Change the report number for *Community Based ICF-MR County Billing* from S474M467 to IAMM3800-R002 and update the sample.
- ◆ Change the report number for *Enhanced Services County Billing* from S474M478 to IAMM4900-R001 and update the sample.

- ◆ Update form 470-2653, *Notice to County Regarding Offset*, to reflect its division into two forms:
 - Revised form 470-2653, *Notice of Intent to Offset*, which is sent to a county when a debt is due and owing the Department and is eligible for collection by income offset.
 - New form 470-4478, *Payment Held*, which is sent to a county when the State Accounting Enterprise has identified potential offset.
- ◆ Update the sample of *Request to Include Debt on Offset Master Index File*. This was formerly known as 625-1372, but no longer has a form number associated with it. It is now unnumbered.
- ◆ Remove the following forms as they are obsolete and no longer in use:
 - Form 470-2651, *Medicaid Services County Statement*
 - Report S474M425, *Model Waiver County Billing*
 - Attachment A: Parts I and II
 - Attachment B: Parts I and II
 - Attachment C

Effective Date

Immediately.

Material Superseded

Remove the entire Chapter L, Appendix, from Management Manual, Title 23, and destroy it. This includes the following pages:

<u>Page</u>	<u>Date</u>
Title page	May 15, 1990
Contents	May 15, 1990
470-2651	5/90
1, 2	May 15, 1990
S474M467	None
3, 4	May 15, 1990
S474M748	None
S474M425	None
5, 6	May 15, 1990
470-2653	5/90
625-1372 Draft	2/90
7, 8	May 15, 1990
Attachment A, Part I and Part 2	None
Attachment B, Part I and Part 2	None
9, 10	May 15, 1990
Attachment C	None

Additional Information

Refer questions about this general letter to your service area manager.



STATE OF IOWA

CHESTER J. CULVER, GOVERNOR
PATTY JUDGE, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
EUGENE I. GESSOW, DIRECTOR

December 26, 2008

GENERAL LETTER NO. 23-L-AP-3

ISSUED BY: Bureau of Policy Analysis and Appeals

SUBJECT: Management Manual, Title 23, Chapter L, Appendix, **COUNTY BILLING AND OFFSET APPENDIX**, pages 14 and 15, revised; and the following forms:

470-2653 *Notice of Intent to Offset*, revised
470-4478 *Payment Held*, revised

Summary

This chapter is revised to:

- ◆ Update form 470-2653, *Notice of Intent to Offset*, to reflect the name of the current director of the Department. The source information on the instruction page is also updated to reflect the share name where the form is kept within the Division of Financial Management.
- ◆ Update form 470-4478, *Payment Held*, to reflect the name of the current director of the Department. The source information on the instruction page is also updated to reflect the share name where the form is kept within the Division of Financial Management.

Effective Date

Upon receipt.

Material Superseded

Remove the following forms from Management Manual, Title 23, Chapter L, Appendix, and destroy them:

<u>Page</u>	<u>Date</u>
14	July 20, 2007
470-2653	7/07
470-4478	7/07
15	July 20, 2007

Additional Information

Refer questions about this general letter to your service area manager.