

REV – Credit Balance Procedure

Purpose:

The Credit Balance Recovery Process is designed to recover funds from active and inactive providers that have a credit balance with no attempt at repayment for greater than a sixty day (60) period. The Credit Balance recovery process takes place monthly on or about the 15th working day of the month. The overall process is to obtain a listing of these providers monthly from Computer Output to Laser Disk (COLD) report IASP5500-R029. The file for the providers in a credit balance with no activity for 60 days will be requested from Medicaid Management Information Systems (MMIS) Miscellaneous Transaction Key Panel (option 15). The report will be placed in COLD for importing to Excel and performing a mail merge. Once the credit balance review has been completed one of three things will occur:

- A. Move the credit balance to the “pay to” provider within the same tax identification number
- B. Send credit balance letter as warranted. *See procedure #5 below.*
- C. Submit credit balance to the Unit Manager for potential write off approval.

Identification of Roles:

IME Revenue Collections: Maintains a spreadsheet of providers in current credit balance status. The spreadsheet is updated daily and weekly as needed to reflect transfers, write-off and continue work on a per provider basis.

Performance Standards: Daily

Path of Business Procedure:

Step 1: Obtaining COLD Credit Balance Report

Each month Revenue Collections reviews the Credit Balance Cold Report from OnBase that show providers with a credit balance for greater than sixty (60) days. The data will be pulled from Report IASP5500-R029. All providers with a credit balance will be processed.

- a) Request the COLD Report through MMIS.
- b) The Credit Balance Report is created and extracted from OnBase Cold Reports. This report is downloaded into an Excel format. The report contains the provider number, name, address, and outstanding credit balance and telephone number.

- c) Revenue Collections will do a gross adjustment for those providers with a Credit Balance of less than \$10.00, and there is no active provider number to transfer the credit balance. This will be done the same month that the credit balance appears on the report.
- d) Provider Cost Audit (PCA) and Program Integrity (PI) will email requests to Revenue Collections to move a credit balance to our workload from their unit. When a credit balance is transferred to us from another unit and we add it to our A/R and start working it.
- e) Revenue Collections will notify PI or PCA via email once the provider's credit balance is listed on our cold report. Once we notify PCA or PI that the provider's credit balance has been identified on our Cold Report PCA or PI will remove the credit balance from their Accounts Receivable (AR), and we will add the provider to our AR along with the Referring Unit.
- f) Revenue Collections also consults with other units as necessary regarding provider credit balances for history of the provider and provider credit balance.

Step 2: Additional procedures in place effective 1/19/10:

- a) All provider credit balances under \$10.00 will be requested for write off within the next 5 business days.
- b) All old credit balances (those within three years old from the date of this notice) will be finalized and a write off requested.
- c) Other units are being consulted as necessary regarding provider credit balances for provider history.
- d) Guideline for reviewing credit balances are:
 - 1) Can the balance be transferred?
 - 2) If not, can the balance be written off?
 - 3) What are the commonalities? (i.e., same address, same provider type?)
 - 4) Is the provider's account still active?
 - 6) Work the new ones each month.

- e) Check hospitals to determine if any of the credit balances are due to the Disallowance Project.
- f) Nursing Facilities (NF's), Intermediate Care Facilities for Mentally Retarded (ICFs/MR) – Seek guidance from Provider Cost Audit (PCA – Pauline McGraw and Jhonna DeMarcky) and Lori Hilligoss at Department of Inspections and Audits (DIA).
- g) Residential Care Facilities (RCF's) – Not Medicaid providers. The outstanding amount more than likely has to do with a person moving to a different RCF.
- h) School Districts – Seek guidance from Program Integrity (PI) or Fiscal Mgmt. If neither has any info, check back with state Unit Lead.
- i) Individual providers, such as Consumer Directed Attendant Care (CDAC) (under Home and Community Based (HCBS) waivers) – work with PI for a DOC data match.
- j) Incorporate additional audit steps into the credit balance process to ensure the timely write off of provider credit balances. In addition we will be spot checking the provider's last claim date to ensure all proper steps have been taken during credit balance processing.

Step 3: Creating a Credit Balance Report in Excel

The following business day after Revenue Collections has requested the Credit Balance Report (COLD Report IASP5500-R029), the Operations Support Specialist pulls the report from OnBase and exports the data onto an Excel Spreadsheet.

- a) The Operations Support Specialist will ensure that the report is a continuous and saved document by naming file with current month.
- b) The Operations Support Specialist then creates another Excel spreadsheet titled with current month and "New Providers" column headings.
- c) Next, the Operations Support Specialist enters the new providers with credit balances. If the identification (ID) number under the Provider Number column is a National Practitioner Identifier (NPI), the Operations Support Specialist will research the corresponding Legacy number and add the number next to provider name. This is due to the fact that the Credit Balance/ Accounts Receivable (CB/AR) spreadsheet located in the RevColl (subfolder credit balance) may have previously listed the provider with the Legacy Number instead of the NPI. Provider name and number criteria are used to determine if duplicate provider entries exist from the previous month's CB/AR Spreadsheet. If there is a duplicate entry with duplicate dollar amount, the current month's entry is not added to the CB/AR Spreadsheet. If there appears to be a duplicate entry, but the dollar amount is different, the Operations Support Specialist will research MMIS for any claims adjustments that could affect the dollar amount.
- d) All checks must have been deposited prior to recording the monies on the AR.

Step 4: Notification to PI and PCA Units

The Operations Support Specialist will email the DIA department with a listing of providers with new credit balances. These Units will communicate to Revenue Collections any providers that should not be pursued by Revenue Collections and the Operations Support Specialist will not enter the provider on the CB/AR Spreadsheet.

Step 5: Review of Monthly Credit Balance Report:

Provider Credit Balance amounts not to be worked by Revenue Collections:

- a) **Bankrupt providers** – Once Revenue Collections receives a bankruptcy notice from a provider or from the United States Bankruptcy court all recovery activities will cease. Revenue Collections will work with the Attorney General's office to be listed as a creditor. If no recovery is possible a write-off will be recommended.
- b) If a letter is returned for bad address call and confirm that the provider entity is no longer in business.
- c) If no response to our initial credit balance notification at 3 weeks contact the provider entity to confirm whether or not the provider is in business.
- d) If the business is listed as a corporation look on state website <http://www.sos.state.ia.us/> to determine if the provider has voluntarily reported themselves as out of business.
- e) Check Iowa courts online <http://www.iowacourts.state.ia.us> for bankruptcy.
- f) Reminder: These steps do not apply to credit balance amounts that can be transferred.
- g) **Deceased providers**
 1. PI notifies Estate Recovery each month by email of any deceased providers for review and follow up.
 2. Estate Recovery will review the email from PI for each deceased provider and determine if they have an existing credit balance due.
 3. If it is determined that a credit balance is due Estate Recovery will email the Revenue Collections Unit a listing of deceased providers with credit balances, and Estate Recovery will advise Revenue Collections if action is being taken to recover the credit balance or if the amount of the credit balance is under the Estate Recovery Threshold.

4. Estate Recovery will handle all correspondence of Deceased Providers with credit balances unless the credit balance is under the Estate Recovery Threshold of \$100
5. If Estate Recovery cannot work the credit balance due to threshold then Revenue Collections will work the credit balance and review for possible transfer to an active provider number, letter to be sent, or a write off request to be submitted.
6. Estate Recovery will also send notice of any payments received on a deceased provider's account so that the credit balance amount can be updated.
7. When Estate Recovery receives a full refund for repayment of claims they will inform us so that we may apply funds.

Step 6: Identify credit balance based on the AR working the newest credit balance amounts. Sorted as follows:

- a) Newest providers listed in a credit balance – See step 2 bullet 2.
- b) Money Amount

Step 7: Selecting the provider:

- a) Select the Provider Subsystem (file # 9) in the MMIS
- b) Enter an "1" in the provider subsystem and the Provider# as listed on the cold report which contains the credit balance)
- c) Go to screen #3 in the MMIS Provider Subsystem called Provider Master Display Screen 3.
- d) Confirm the current Credit Balance amount on the COLD Report equals the initial credit balance amount and credit balance date listed in the provider subsystem, file 9, screen 3. See the screen shots below of the COLD report and Provider Master screen (note: if the credit balance amount does not balance see step 6).

ROW/NPI	PROVIDER NAME	PROV TYPE	CRD BAL AMOUNT	LST CLM DATE	ADDRESS	CITY	ST ZIP	PHONE NUMBER
	ORTHOPAEDIC & RHEUM ASSOC	03	185.59	04/14/03		BETTENDORF	IA 52722	

```
PROVIDER: ██████████ PROVIDER MASTER DISPLAY SCREEN 3 INQUIRY
NPI: ██████████ CURR-DATE: 09/24/08 TAXONOMY:
SPLIT-BILL: BILL-AGREEMENT:
CDAC-U-IND: PRINT-SUSP: N DO NOT PRT MCAR-PART-IND: N MCAID-PART-IND: Y
PAYMENT-METHOD: M MAIL CHECK YEAR-END-DATE: 1231 COST-RPT-DATE:
EFT-ROUTE-ID: EFT-ACCT-NBR: CHK/SAV:
EMC-MEDIA: N NOT ALLOWD RECORD-FORMAT: BPI: ELEC-TAD:
MPASS: N DATE: MAX: CURR: AGES: SEX: CURR/NEW:
MPASS-PHN: MPASS-FEE: N COUNTIES:
REMIT-MEDIA: H HARDCOPY REMIT-SEQ: 0 NAME FAX:
CORRES-MEDIA: H HARDCOPY TREAT-PROV-IND: Y PLAN-TYPE: VEND-ID:
THERA/OPTOM: N CRITICAL ACCESS: AUDIT: DATE:
SUR-CAT-SVC/CLASS-GROUP: EPSDT-IND: ER: N
CREDIT-BALANCE: AMT: 185.59 DATE: 041403 INIT-BAL-DTE: 033103
LIEN-HOLDER-PROVIDER: LIEN-DATE: LAST-WITHHELD:
LIEN-AMT-PAID: LIEN-BALANCE: LIEN-RSN:
LIEN-CHK-AMT: LIEN-CHK-PCT: UPIN: E51165
RECOUP-AMT: RSN: CHK-AMT: CHK-PCT:
ADDRESSES: REMIT: 2 CHECK: 2 CORRES: 1 CARE-COORD: N BEG: END:
----- PHYSICAL ADDRESS (1)----- E-MAIL ADDRESS -----
```

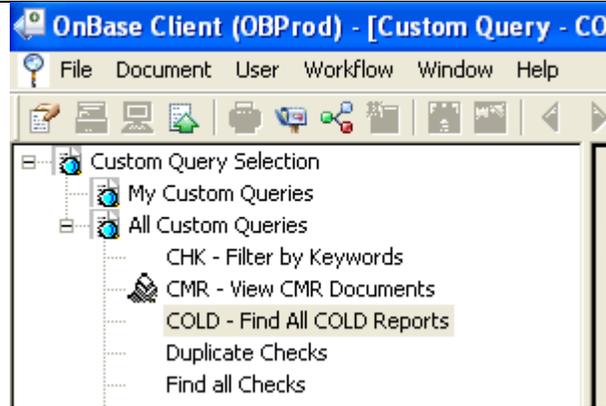
See line with the “credit-balance: Amt: 185.59 Date: 041403
This represents the credit balance last claim date and amount in the MMIS.

Step 8: Confirm the legacy ID or National Practitioner Identifier (NPI#) in the provider subsystem.

Step 9: In OnBase the Operations Support Specialist pulls up and prints out the corresponding Remittance Advice’s (R.A.’s) (see steps below to print out a copy of the R.A.) as documentation supporting the credit balance to attach to First or Second Credit Balance Notices, and to retain for the file. The R.A. corresponding to the date of the initial credit balance as listed on Provider Master Display Screen 3 is selected.

To print out copies of the provider R.A.’s, Operations Support Specialist follows the procedures below:

- a) Select COLD Reports and CR Claims Process from OnBase Document Retrieval
- b) Go to OnBase, Custom Query, Select; COLD- Find all Cold Reports



- c) Enter Report ID IAMC8000-R001 (Remittance Advice) and pull Report as of Date Range.

Search for: CR MARS, CR Prior Auth, CR Managed Health Care, CR Claims Process, CR EPSDT, CR Reference File, CR General Online, CR Ad-Hoc Report, CR Med Ne Provider, CR Recipient Eligibility, CR SURS, CR TPL, CR EMC, CR Pro-PC, CR AVRS, CR System Wide, CR Process Summary, CR Check Write, CR DUR, CR Revenue,

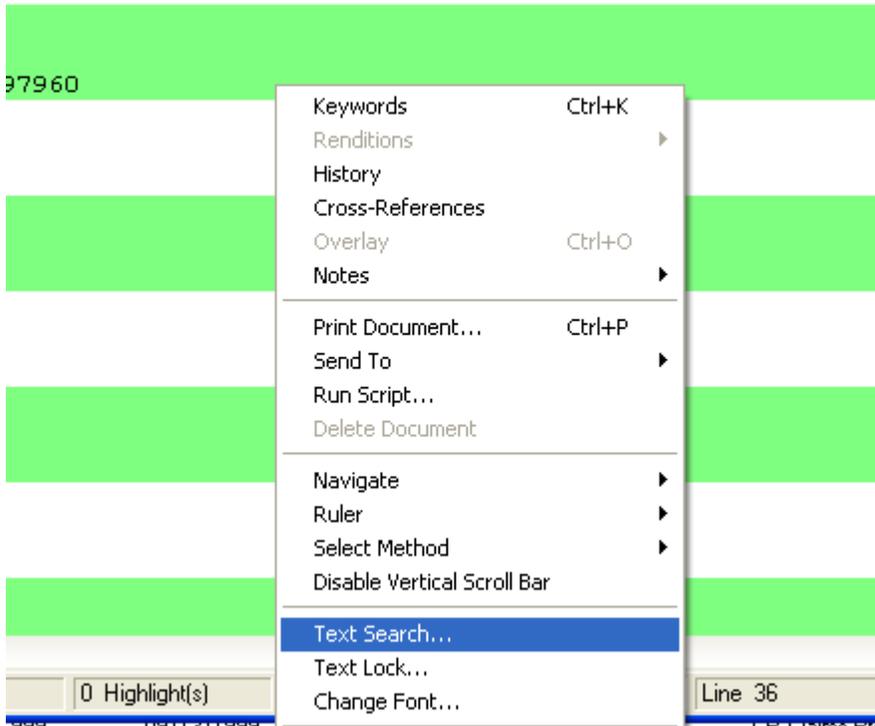
Keywords

Report ID = |IAMC8000-R001|

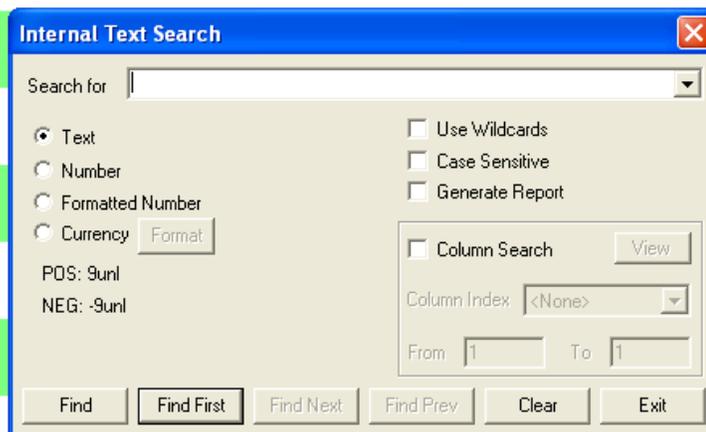
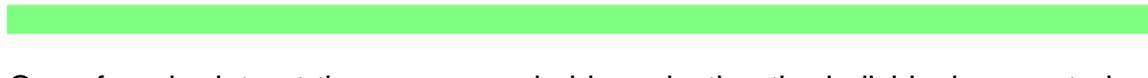
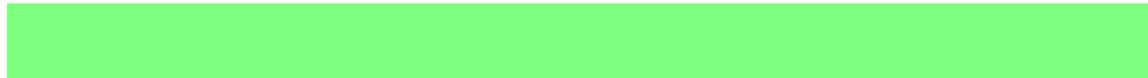
Report Run Date = | / /

Report As Of Date = | / /

- d) Once the report is displayed: Right click on the document, Select "Text Search"



Enter an item to search for such as: the dollar amount, provider number, R.A. number etc to quickly find the remittance advice information needed.



Once found print out the pages needed by selecting the individual pages to be printed as the file will be extremely large.

Step 10: Verify the current credit balance in the MMIS equals the credit balance on the printed RA:

- a) Provider credit balance amount created due to a stale dated check adjustment incorrectly performed by Provider Services will be e-mailed to Provider Services for correction. Below are the instructions and documentation to be included in the e-mail.

If a credit balance is due to an adjustment by Provider Services for a Stale Dated Check further communication will need to occur. When a credit balance has been identified of this nature Revenue Collections will email Provider Services. The email subject line should read:

Subject: Stale Dated Check Issue/(Provider Number)

Email will be sent to:

Karen C. Blomker

With a cc to: **Linda Huber (Provider Services)**

Sean Bagniewski (Provider Services)

Kelly Ritter (Revenue Collections)

Beth Sauter (Revenue Collections)

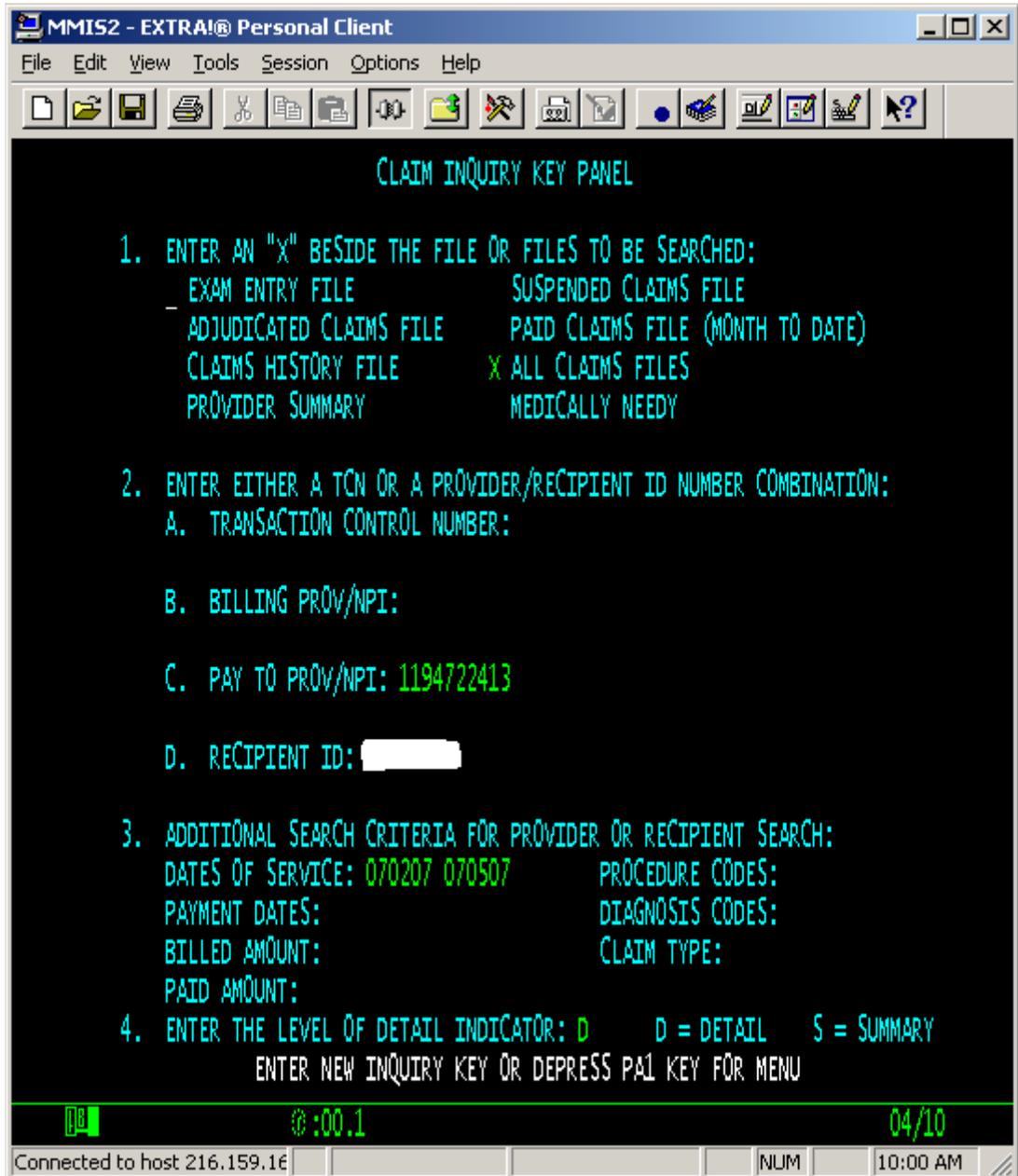
Detail in the body of the email the type of adjustment that needs to be done. Also request that a confirmation email be returned when completed.

Step 11: Non-balancing credit balance

Credit balance amounts that do not balance between the RA (initial credit balance date) and the MMIS. Research each claim for all adjustment types and transactions.

- a) The MMIS Claims History Screens are researched by selecting the payment date and/or date of service, provider number, and recipient ID, for each individual claim.
- b) Credit balance amount is higher or lower on the RA than the initial credit balance amount on the AR then review all claims/adjustments that are in a paid status. The paid status is listed in the second row upper right hand corner of the claims screen in MMIS. To view a claim's paid status go to application number 5 (claims inquiry) and this will take you to the Claim Inquiry Key Panel. Step 1 place an X by "All Claims Files". Step 2 enter the "Pay To Provider/NPI:" and "Recipient ID:" If

you have a date of service enter in step 3 "Dates of Service". These fields allow inputting a date of service from and through range in the format of month, day, year (mmddy) and then press enter to view the claims screen. *See the screen shots of the claims screen below.*



```

MMIS2 - EXTRA!@ Personal Client
File Edit View Tools Session Options Help
[Icons]
TCN: 3 07254 00 007 0900 00      HCFA 1500      LAST-CYCL: 092107  USER: 255
LOC/DT CUR: 93 092107  PRV: 87 091107  ACCT-CD: 0 NORM-PAY  STAT: N PAID
PAT-NAME: ██████████  AGE: 0  SEX: M
RECIP-ID: ██████████  EMPL-REL: N  AUTO-REL: 0  OTH-REL: 0  OTHER-INS: N
DATE-OF-ACCID: 000000  LAST-XRAY: 000000  REF-NPI:
REF-PHYS: 0000000  PREG-IND: N  DIAG: V31.01  PA: 0000000000
+ FROM TO PL PROC MODS  DIAG-REL SUB-CHRG UNITS EP FP ALLW-CHG/S
01 070207 070207 21 99436      1      250.00  1      0.00 K
  TPL-AMT: 0.00  COPAY: 0.00  PRV: 0239640  TYP/SPEC/COS: 02 37 35
  EOB: 007 000  OVR: 000  CBK:  NPI: ██████████  ZIP 511043734  NDC
02 070207 070207 21 99440      1      260.00  1      179.08 F
  TPL-AMT: 0.00  COPAY: 0.00  PRV: 0239640  TYP/SPEC/COS: 02 37 35
  EOB: 000 000  OVR: 000  CBK:  NPI: ██████████  ZIP 511043734  NDC
PAT-ACT: ██████████  TOT-CHG: 695.00  TPL-AMT: 0.00  SPEND: 0.00
NET-CHG: 695.00  PAY-TO-PROV: ██████████  PAY-NPI: ██████████  CARR-DENY: N
PROV-ID: ██████████  PROV-NPI: ██████████  TAXNMY:  SVC-ZIP: 511040000
EOB: 000 000  OVR-LOC/ERR: 00 000  ADJ-R: 20  TCN: 00727833521103700  DATE: 092407
ACN:  RA-NO: 3410975  CHK-NO: 0528660  REIMB: 281.03
LI ERR ST ID  LI ERR ST ID  LI ERR ST ID  LI ERR ST ID  LI ERR ST ID
01 007 D 255  01 033 F 255  02 033 F 255
007 THIS CHARGE IS FRAGMENTED WITH ANOTHER CHARGE OR THE SERVICE LIMIT
HAS BEEN EXCEEDED. 99436 - DENY IF C-SECTION OR ANY COMPLICATION NOT
SHOWN IN DIAGNOSIS OR BILLED WITH 99440.
[Icons]  @:00.1  04/12
Connected to host 216.159.16  NUM  8:51 AM

```

- a) Select the claims and/or adjustments that could be attributed to the credit balance amount. A copy of each should be printed.
- b) Verify that the transactions balance to the amount owed by adding and subtracting the amounts as necessary.
- c) At times, OnBase records may need to be reviewed to determine the origin of an adjustment if there is a discrepancy in the records.
- d) Retain copies for the file.

Any claims identified that have been negatively adjusted twice, hence creating a false credit balance, will be submitted to the manager for verification and approval to reverse one of the negatives to eliminate the credit balance.

If the credit balance amount cannot be balanced/researched within the MMIS (i.e. due to age and system availability of the older records) other departments are contacted for assistance in obtaining information as to the credit balance history. These departments include CORE, Provider Services, and Medical Services. If after thorough research the credit balance cannot be verified a write - off will be recommended, (see # 7 and # 8 below).

Step 12: Verify if provider is in an active status and determine if a credit balance transfer is possible.

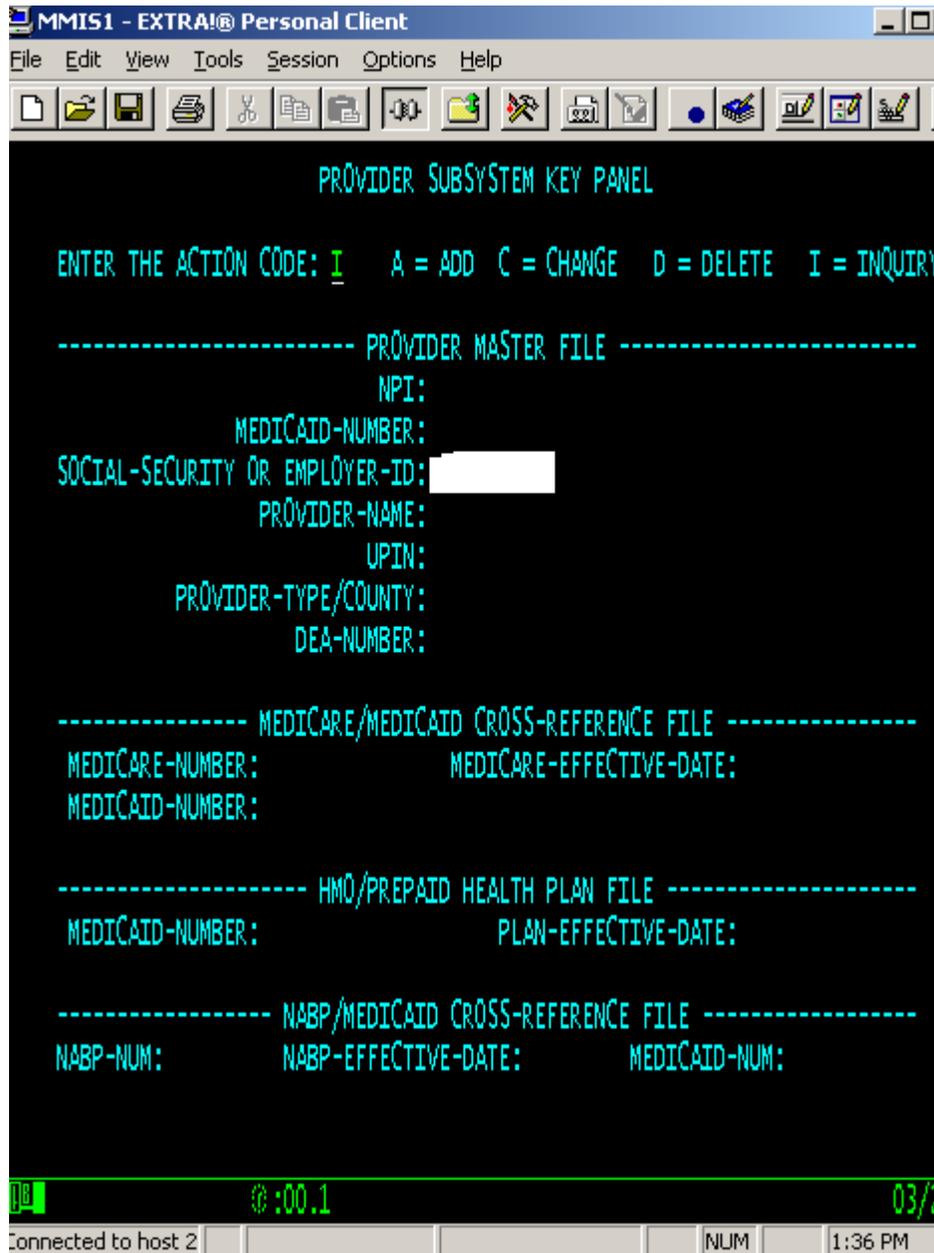
- a) Research the Tax ID number within MMIS and research all provider files under the same Tax ID number, verify and select the files that show enrollment status equal to #1 in MMIS, with an * as these are active provider accounts that can possibly accept the credit balance amount.
- b) If there is no provider accounts meeting this criteria a letter will be sent to the provider requesting a refund of the credit balance amount if \$10.00 or greater (see procedure #6 below).

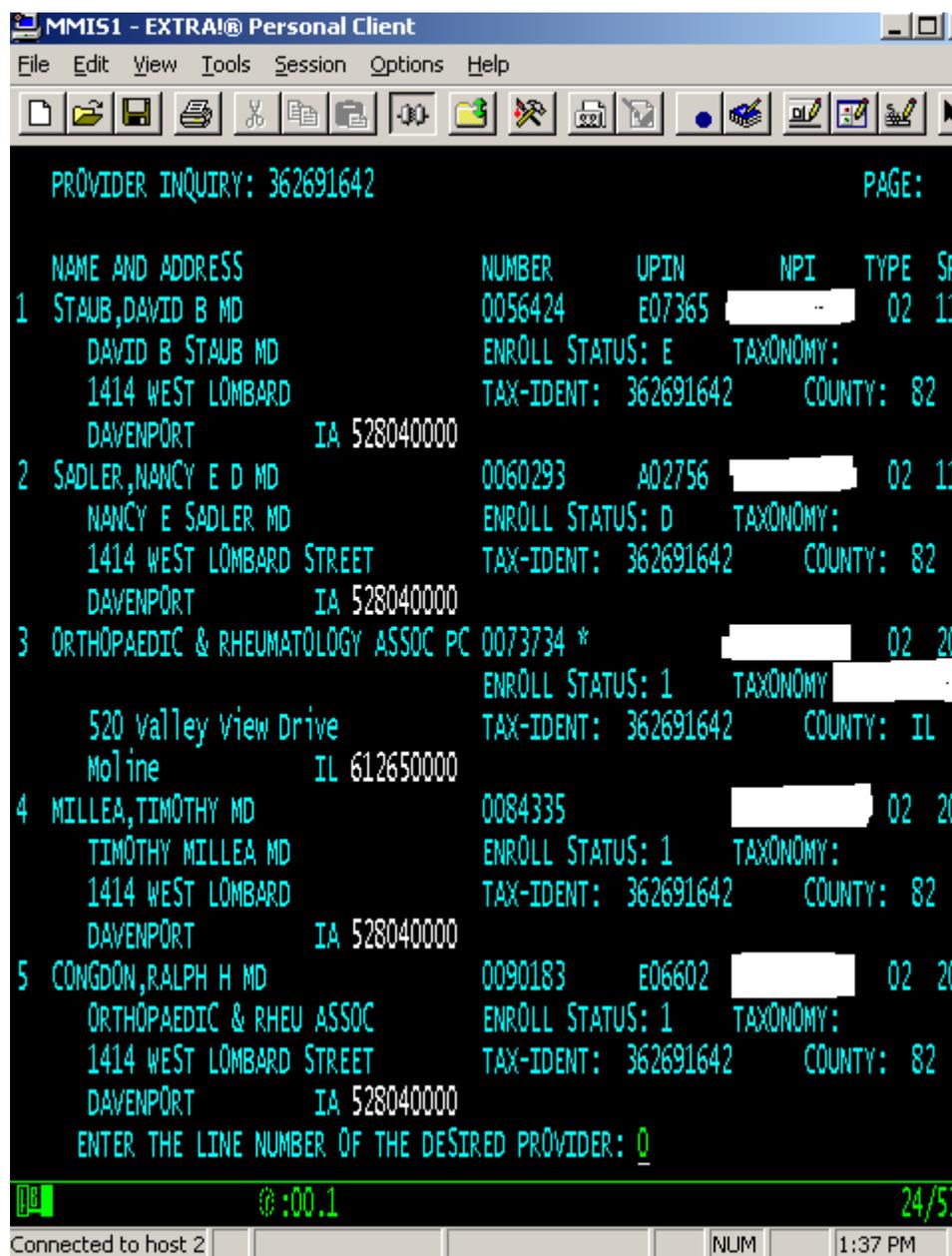
Step 13: Credit Balance Transfer to Active Provider Number

The credit balance transfer is intended to recoup funds from providers that have a credit balance from one provider number that is no longer billing, while another provider number with the same tax ID number is actively submitting claims.

Procedures:

- a) Review COLD Credit balance Report (IASP5500-R029) monthly:
- b) Research the provider tax identification number and note any alternate provider numbers that are actively billing, normally this is the “pay to” provider with an asterisk and a status of 1. The provider number will be found in MMIS provider screen 9. See screenshots of Provider Subsystem Key Panel and Provider Inquiry below:





- Verify the tax ID number is the same on any additional provider number.
- Verify that the alternate provider number (often the “pay to” provider with the asterisk) is actively submitting claims within the last sixty (60) days, and verify if the provider has an existing credit balance.
- Print the RA’s that corresponds to the provider credit balance.
- Transfer the credit balance from the provider number with no activity to the alternate provider number, with an asterisk.

- e) Send correspondence to the provider advising that the credit balance has been transferred. See sample letter on page 27.
- f) Scan in the documentation to the Credit Balance (CB) Project Research Workload type in OnBase so that Revenue Collections as well as Provider Services will have access to the supporting documentation.
- g) *Special note: Certain transfers require review and approval by the Iowa Assistant Attorney General prior to completion of this process. These situations are based upon a change in the provider's status (i.e., provider in MMIS is termed but another provider number exists with a different **Tax ID** to which the debt may be able to be transferred.*

Step 14: Sending Credit balance Letters

If no active provider number has been found for credit balance transfer then Revenue Collections will send correspondence to the provider in a credit balance as follows:

- a) Each month a First Credit balance Letter is sent to newly found Provider's whose credit balance is \$10 or more. See page 21 for credit balance letter #1.
- b) If no response from the provider after 30 days a Second Credit Balance Letter is sent to providers who did not respond to Letter #1, and whose credit balance is \$10 or more. See page 23 for credit balance letter #2.
- c) If no response from the provider after 30 days from second letter a Telephone Call will be placed to those providers whose credit balance is \$10 or more.
- d) Additional research steps used are as follows:
 - 1. White Pages
 - 2. Google
 - 3. 411.com
 - 4. Anywho
 - 5. Qwest Information (411)

Step 15: Repayment Plans

If the provider requests to set up a repayment plan, the request is sent to the Unit Manager for approval. Once approved, a repayment plan letter and confession of judgment is sent to the provider. The confession of judgment must be signed, notarized and returned to Iowa Medicaid before the repayment plan can go into effect.

If a provider defaults on a repayment plan, the confession of judgment is filed with the Court and the entire identified overpayment of Medicaid funds is due to Iowa Medicaid. A letter is sent to the provider notifying them that they defaulted on the repayment plan.

Step 16: Research steps prior to requesting a provider Credit Balance write-off:

- a) Research in the MMIS has been completed to ensure that the provider does not have an alternate active provider account.
- b) If the provider entity exists or is still in business from which recoveries may be affected, Revenue Collections will make direct contact with the party and list our results on the Credit Balance (CB) spreadsheet. Providers that request time to review the credit balance will receive a follow up call as agreed upon during the call.
- c) Revenue Collections will also utilize the following options to collect the credit balance
 1. Department of Administrative Services (Iowa) – lien on provider’s state income taxes, lottery proceeds, etc.
 2. Use of County Assessor’s website to complete property searches for address. Application of lien against eligible property.
 3. Department of Motor Vehicle (Iowa) – review of active driver’s license for address information and possible suspension of any future renewals of license.
 4. Iowa Centralized Employee Research website– used to locate the person in employment records.
 5. Iowa Workforce Development website – review of current employment or unemployment applications for current address information.
- d) **Revenue Collections determines that the credit balance will be uncollectible**

Criteria:

 1. Provider (debtor) cannot be found
 2. Provider or provider entity is no longer in business
 3. Provider (debtor) is bankrupt and the IME is not listed as a creditor
 4. Provider is deceased
- e) All efforts have been exhausted (including letters and telephone calls) without response from provider or the provider refuses to pay the credit balance.
- f) The provider credit balance is greater than \$10.00 and Revenue Collections cannot locate, either on microfiche or more recent documents, the remittance advice with the detail substantiating the provider credit balance.

- g) If the credit balance amount is under \$10.00 with no active provider number then the provider credit balance amount will be written off.

Step 17: Process for submitting a write-off request:

- a) A list of potential credit balance write-offs with supporting detail of attempts to recover the provider credit balance will be listed on the potential write – off spreadsheet. This is sent monthly to the Revenue Collections Account Manager to review.
- b) Once reviewed, the Account Manager will submit confirmed requests to the AG's office, Unit Lead and Joe Havig.
- c) If the provider credit balance amount for write-off is approved a gross adjustment request is performed when a credit balance needs to be written off. The adjustment reason codes that are utilized for the gross adjustments of a credit balance are 98 (which is a State funded write off request) or Reason code 99 (FFP) (for a Federal and State).

Step 18: Credit Balance Notices

The Credit Balance Notices are generated from the current month's new provider listing spreadsheet. If there is no response to the first Credit Balance Notice within thirty (30) days, Revenue Collections will send a second and final notice advising the provider that the balance is due immediately.

The second and final provider notice mailing is based on the original Excel Spreadsheet noting where a provider response has not been received and captured within the report. **(Do not create a new COLD Report and Excel Report for the second mailing.)** Only create a new COLD and Excel Report for initial mailings.

The Provider Services Unit will handle all communications that come in from providers regarding the details on the R.A.'s attached to the Credit Balance Notices. However, when a Notice is returned for a bad address, Revenue Collections will contact the provider and request that the provider send written notification of the correct address to Provider Services. Revenue Collections will re-mail the Notice to the corrected address.

Step 19: Provider Appeals to Credit Balance Notices

Credit Balance Appeals is a legal process used by a provider to disagree with a credit balance amount. Three main categories apply to appeals:

- a) Ownership change
- b) Requesting additional information or clarification
- c) Credit balance already paid

Appeals are received from the Department of Human Services (DHS) and forwarded to Revenue Collections via email. Appeals must be responded to within ten (10) calendar days of the appeal receipt. Appeal notifications are also stored electronically on the universal drive under dhsime\appeals. Appeal responses are currently sent to:

1. The DHS appeals section via fax or interoffice mail. The fax number is 725 – 9005.
2. Appellate Judge (if assigned)

Copies are sent to:

- A. The Appellant
- B. Provider Services Account Manager – Sean Bagniewski
- C. Assistant Attorney General – J. Bradley Horn

See pages 25-26 for samples of the appeal response letters.

Step 20: Research OnBase Queues for Credit Balance Payments

The Operations Support Specialist will research the following OnBase Queues for checks or documentation from providers related to credit balances: CHK01-Provider Overpayment Logging, CHK01-Misc. Check Logging, CHK01-Log Adjustment, CHK01-Complete Logged Checks, REV01 Provider Overpayment.

Procedure

The Revenue Collections Operations Support Specialist follows the procedures below on a **daily basis**:

- a) Access the Queue.
- b) Review check and documentation for a Credit Balance Notice.
- c) Post a note on the check or documentation image in OnBase that copies have been printed out. This notifies the Operations Support Specialist creating the adjustment request that a copy has already been printed out for Credit Balance reporting.
- d) Print out copy of check and documentation, which is given to the Operations Support Specialist working the Credit Report and is filed with payments for end of month accounting.

Step 21: Research MMIS to Compare Payments, Claims Offsets and Credit Balance Total

- a) The Operations Support Specialist researches MMIS System, Screen 9, Provider Subsystem to verify Credit Balance amount.
- b) Enter Application Number 9 on the MMIS main menu.
- c) Enter Action Code I in the Provider Subsystem Key Panel
- d) Enter Provider NPI or Medicaid Number
- e) In the Provider Master Display Screen, hit F3
- f) Verify Credit Balance amount on Screen 3 and note the last claim date and Initial Balance Date to request R.A.'s. *See screenshot on page 4.*

NOTE: If Revenue Collections receives a payment for two providers with the same Tax I.D. number, the payment is applied to the credit balance, even if one of the providers did not have a credit balance.

1. The Operations Support Specialist performs a search on the original claim in MMIS to ensure that the adjustment/credit has not already been performed on the claim. Revenue Collections currently performs this research for all checks by taking the following steps:
2. Open the MMIS system and select "5" Claims Inquiry Subsystem.
3. Look in system to find out if the adjustment has already been completed on the claim in MMIS. To perform this review access the claims system (file 5) and review both the positive and negative transactions that apply to each individual claim associated with the provider's credit balance.
4. Research provider that issued check to see if provider has a credit balance by selecting "9" Provider Subsystem in MMIS. If provider has a credit balance create a Gross Adjustment 2 and 7 to remove credit balance. If the provider does not have a credit balance, create a Gross Adjustment 2 to refund the provider.

Step 22: Adjustment Research in OnBase

The Revenue Collections Operations Support Specialist researches OnBase “Document Retrieval” to see if an adjustment has been incorrectly performed to the claim in MMIS. This is done to determine if a double reversal was done on a particular claim. (This research step is necessary if a possible error is found after review of the claims screen).

- a) A gross adjustment request would be completed to correct the error if one is found.

Step 23: Creating an Internal Gross Adjustment Request in OnBase

To create a gross adjustment request and credit/adjust a claim in MMIS.

- a) Create and submit an adjustment form in OnBase.
- b) From the OnBase System main toolbar, select File→Forms→Core Gross Adjustment Request.
- c) Refer to the check and accompanying documentation in OnBase and populate the Check e-Form.
- d) After submitting the adjustment requests for the claims associated with check, complete the check in OnBase and it will drop into the Completed Logged Checks Queue in OnBase.
- e) The Adjustment Reason Code for credit balance is 23.
- f) Category of Service Codes:
- g) For claims that are in the system adjustment requests should reflect the category of service listed on the claim.

For adjustment requests for claims no longer in the system, we need to use the category of service code that reflects the provider. Please see the below codes. These codes are also located in the Iowa Medicaid Guide.

- 1) 10 INPATIENT
- 2) 15 OUTPATIENT
- 3) 16 CHILD PART HOSPITAL
- 4) 17 CHILD DAY TREATMENT
- 5) 18 ADULT PART HOSPITAL
- 6) 19 ADULT DAY TREATMENT
- 7) 20 SKILLED NURSING FACILITY
- 8) 25 INTERMEDIATE CARE FACILITY
- 9) 26 ICF/ MR
- 10) 27 NURSING FACILITY FOR MENTALLY ILL
- 11) 30 HOME HEALTH
- 12) 31 LEAD INSPECTION
- 13) 35 PHYSICIAN
- 14) 40 CLINIC SERVICES
- 15) 45 LAB X-RAY

- 16) 46 HABILITATION SERVICES
- 17) 48 REMEDIAL SERVICES
- 18) 49 REHABILITATION
- 19) 50 AMBULANCE
- 20) 51 LOCAL EDUCATION AGENCY / LEA SERVICES
- 21) 52 EARLY ACCESS SERVICES
- 22) 55 PRESCRIBED DRUGS
- 23) 59 INDIAN HEALTH SERVICES
- 24) 60 FAMILY PLANNING SERVICES
- 25) 62 IOWA PLAN
- 26) 65 EPSDT SCREENING
- 27) 66 HMO SERVICES
- 28) 67 PACE
- 29) 68 PATIENT MANAGEMENT
- 30) 69 HEALTH INSURANCE PREMIUM PAYMENT
- 31) 70 MEDICAL SUPPLIES
- 32) 75 OTHER PRACTITIONER
- 33) 76 FAMILY CENTERED PROGRAM
- 34) 77 FAMILY PRESERVATION
- 35) 78 TREATMENT FOSTER FAMILY CARE
- 36) 79 GROUP TREATMENT THERAPY
- 37) 80 DENTAL
- 38) 82 OPTOMETRIST
- 39) 84 CHIROPRACTIC
- 40) 86 PODIATRIC
- 41) 88 PHYSICAL DISABILITY WAIVER
- 42) 89 BRAIN INJURY WAIVER SERVICES
- 43) 90 PSYCHIATRIC
- 44) 91 RESIDENTIAL CARE FACILITY
- 45) 92 MR WAIVER SERVICES
- 46) 93 CHILDRENS MENTAL HEALTH WAIVER
- 47) 94 AIDS WAIVER SERVICES
- 48) 95 ELDERLY WAIVER SERVICES
- 49) 96 ILL & HANDICAPPED WAIVER SERVICES
- 50) 98 MEP SERVICES
- 51) **99 UNASSIGNED**

Step 24: Posting Payments to the CB/AR Spreadsheet

Note the deposit date on the OnBase Check e-Form. From the Gross Adjustment Request Form, note the Request Date and the DCN Number and Amount Due. On the CB sheet, enter amount under the appropriate "Payment Received" column and the DCN Number in the next column. Under the "Status" column note whether payment is full or partial.

On the AR Sheet, enter the adjustment date from the Gross Adjustment Request; then enter the amount paid from the Gross Adjustment Request under the “Cash Payment” column.

Special handling for DIA Audit & Credit Balance checks:

When the DIA Unit receives a provider check pertaining to a DIA audit and provider credit balance the check amount will need reported in two ways.

- a) The check portion used to satisfy the DIA audit will be reported on the DIA AR.
- b) Any funds collected by the DIA regarding a provider credit balance will be listed as a separate exhibit by DIA and not counted on their monthly AR. Revenue Collections will account for the credit balance portion on our monthly AR.

Step 25: Completing Credit Balance Recovery Monthly Process

To complete the monthly process, the Operations Support Specialist prepares required Credit Balance and Accounts Receivable (AR) reports. The approved AR is sent to Fiscal Management.

Procedure

- a) Ensure provider payments or claims offsets have been noted on the AR/CB Spreadsheet.
- b) (Effective as of 4/17/09 Revenue Collections has added a column to our spreadsheet for the notation of “referral unit” to document transferred credit balance from either PI or PCA.) Data Warehouse has updated the monthly AR to accept the additional field from Revenue Collections. Once we finalized the accounts receivable spreadsheet Revenue Collections forwards to the Data Warehouse by 5th working day of the month. The spreadsheet is forwarded via email to Data Warehouse representative with a copy to the Revenue Collections Account Manager and State Unit Manager.
- c) Once the Data Warehouse sends out an email advising that CB/AR Spreadsheets have been reviewed, the Data Warehouse website is by accessed the Operations Support Specialist and the data loaded by Data Warehouse is verified for accuracy.
- d) Data warehouse will request final approval to release the AR to DHS Fiscal Management. The Operations Support Specialist Cwill provide this approval via e-mail to Data Warehouse representatives with a copy to the Account Manager.

- e) Please note that at anytime Data Warehouse requests an approval or correction Revenue Collections is to correct and or respond within one business day.
- f) Prepare monthly report for Revenue Collections Account Manager that includes the following formats as examples:

SUMMARY OF MONTH ENDING TOTALS

Month: July

Total Providers in Cr Bal Beginning	139	
Total Dollar Amount of Cr Bal Beginning	\$480,895.08	
New Providers in a Credit Balance	27	
New Providers in a Credit Balance Amt	\$7,248.92	
Other Positive Amount	\$0.00	
Total Credit Balance Transfer Letters	16	
Total Credit Balance Transfer Amount	\$1,691.11	
Total Credit Balance Paid	4	
Total Dollar Amount CB Paid/Claims Offset	\$319.67	
Count of Providers written off	0	
Total Dollar Amount of write offs	\$0.00	
Total Providers in Credit Balance End	146	THE TOTAL OF ALL YELLOW HIGHLIGHTED
Total Dollar Amt of Credit Balance End	\$486,133.22	THE TOTAL OF ALL GREEN HIGHLIGHTED

Totals Below are Monthly Letters Sent Not Dollars Received or Transferred

Total Credit Balance Notice Letters	7
Total Credit Balance Amt for Letters	\$5,497.25

Step 26: Quality Analysis (Q.A.) Process

The Revenue Collections Account Manager and Operations Manager perform an audit of the CB/AR spreadsheet prior to emailing to the Data Warehouse to ensure that data has been entered correctly and the amounts balance by reviewing the following:

- a) Current month's beginning balance equals previous month's ending balance;
- b) Beginning Balance **plus** New Invoice Amount **plus** Other Positive Adjustment Amount **minus** Cash Payment Amount **minus** Claims Offset Amount **minus** Other Reduction Amount **equals** End Balance.

Sample AR:

	H	I	J	K	L	M	N	O	P	Q	R	S	T
	Adjustment Date	Begin Balance	New Invoice Amount	Other Positive Adjustment Amount	Cash Payment Amount	Claims Offset Amount	Other Reduction Amount	End Balance	Deposit Date	Deposit Control Number	Notes	Referring Unit	
1													
2		\$12.45	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$12.45				PCA	
3		\$18.44	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$18.44				SURS	
4		\$20.54	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$20.54					
5	4/16/2009	\$20.90	\$0.00	\$0.00	\$0.00	\$0.00	\$20.90	\$0.00	51863421	1417912114	transferring to prov 0569004/		
6		\$27.19	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$27.19					
7		\$30.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$30.00					
8	4/10/2009	\$30.50	\$0.00	\$0.00	\$0.00	\$0.00	\$30.50	\$0.00	51863421	1417912114	transferred to prov 0569004/		
9													
10													
11													

Step 27: Transferred credit balance initiated from PCA or PI:

This spreadsheet contains the transfers from PCA or PI where Revenue Collections has applied the balance to another provider within the same tax identification number. We will continue to show the credit balance each month until the credit balance amount has been recouped. Once recouped Revenue Collections will remove this provider from the report one month after indicating the credit balance has been recouped.

Sample spreadsheet:

Provider Name (Transferring from)	Provider # (Transferring from)	Provider Name (Transferred to)	Provider # (Transferred to)	Transferred Amt (Credit Balance)	Transferred Prov Still in Credit Bal Y/N	Referring Unit
MERCY HOME CARE	0671339	Mercy East Family Practice	0041962/1215953856	\$5,857.63	N	PCA

Sample of PCA/ PI Notice for Credit Balance to Revenue Collections:

The screenshot shows an Excel spreadsheet titled "PCA_SURS Notice for Credit Balance 4.17.091 [Read-Only]". The spreadsheet has columns A through G. Row 1 is a header: "Notice for Credit Balance from Outside Unit". Row 2 is a sub-header: "Date of Referral", "Referring Unit", "Provider NPI Number", "Provider Legacy Number", "Provider Name", "Date arrived on Cold report (note that the referring unit is advised on this date)", and "Comments". Rows 3, 4, and 5 are empty.

1	Notice for Credit Balance from Outside Unit						
2	Date of Referral	Referring Unit	Provider NPI Number	Provider Legacy Number	Provider Name	Date arrived on Cold report (note that the referring unit is advised on this date)	Comments
3							
4							
5							

Step 28: Iowa Medicaid Enterprise (IME) Procedure for Request for Review of Appeal Proposed Decision

- a) Complete a Request for a Review of a Proposed Decision to the Appeals Advisory Committee on IME letterhead.

Include in this request:

1. The appeal number with the name of the appellant
2. A short introductory statement of what you believe should be changed or corrected.
3. The section of the Proposed Decision that needs to be changed or corrected i.e. the findings of fact, the conclusions of the law or the order. Include the Iowa Code (IAC) section that supports your position.
4. New information not in the appeal record may not be introduced at this time.
5. The applicable Iowa Administrative rule reference.

- b) **E-mail the Request for a Review of a Proposed Decision to Unit Lead by noon on Friday before the Monday meeting when the request will be reviewed.** The Friday timeframe is mandatory because the Request for

a Review of a Proposed Decision has to be e-mailed by the IME Representative to the Appeals Division before the Monday meeting. Sometimes more information is needed to augment the document so that the position of the writer is adequately represented. The IME Representative attends the meeting by phone on Mondays and everything must be completed for the telephone call.

- c) **Be available to the IME Representative to clarify/discuss any portion of the Request** for a Review of a Proposed Decision between the time it is e-mailed to the representative and End Of Day on Friday.

d) **Background**

1. 441 Iowa Administrative Code Chapter 7 governs Appeals.
2. Per IAC 441 chapter 7 “*Appeals Advisory Committee*” means a committee consisting of central office staff that represent the Department in the screening of proposed decisions for the Director. The Committee was established to act as intermediary between the Administrative Law Judge (ALJs) and the Department for Appeal decisions. The committee is comprised of all areas of the Department who have Appeals.
3. IME staff (or anyone) talking to an ALJ when the Appeal Decision is not final is “*ex parte communication*” and is **forbidden**. **You may talk with the DHS appeals office or contact the Unit Lead for help.**
4. Requests to change the Proposed Decision go before the Appeals Advisory Committee who votes on whether the request goes on to the Director. A majority of committee members decides the vote. **The IME representative for this Committee is the state Unit Lead.**

e) **Appeals Advisory Committee Process:**

1. The Appeals Advisory Committee meets on **Mondays at 1 pm** to handle communications and requests for review of Proposed Decisions.
2. The Appeals Advisory Committee must approve review of a Proposed Decision within **10 days** of the date of the Proposed Decision. The count for the 10 days begins the day after the signature date of the ALJ. If the 10th day falls on a weekend or holiday, the due date for the committee is the next Monday.
3. The Request for Review of the Proposed Decision must be in a format for two audiences.

- A. The first audience is the Appeals Advisory Committee who must agree whether or not the communication needs to go further.
- B. The second audience is the person in the Appeals Division who reads the letter and writes the Final Decision. They need an informative summary on which to base their decision.
- C. Sometimes, neither the committee nor the Appeals Division has expertise on the subject. The document should be written assuming that the reader needs to share their expertise on their subject.

Forms/Reports:
Sample Letter #1



Iowa Department of Human Services

Terry E. Branstad
Governor

Kim Reynolds
Lt. Governor

Charles M. Palmer
Director

Date

Provider Name

Address

City, State Zip

Re: Medicaid NPI – 1932285947

FIRST NOTICE - FINDING AND ORDER FOR RECOUPMENT

To whom it may concern,

The Revenue Collections Unit of the Iowa Medicaid Enterprise (IME) is notifying you that your provider account is in a credit balance as previously reported on your Medicaid remittance advice. A copy of the remittance advice has been provided for your reference. If you need the start date of the credit balance, please contact IME Provider services at **1-800-338-7909** or **locally at 515-256-4609** or by email at imeproviderservices@dhs.state.ia.us.

Recovery of Iowa Medicaid overpayments is based on state laws and regulations. According to Iowa Code section 249A.5 Recovery of Payment, medical assistance paid to a recipient or paid to a provider of services is recoverable when incorrectly paid. Further, Title 42 of the Code of Federal Regulations (42 CFR) Part 455 requires that each state Medicaid agency implement a process to ensure program integrity. This notice is in compliance with that requirement.

Please make payment payable to the Iowa Medicaid Enterprise for \$[CR BAL AMOUNT] within 30 days from the date of this notice and mail it to: Iowa Medicaid Enterprise, P.O. Box 310202, Des Moines, IA 50331-0202.

Please return a copy of this notice with your remittance. Note: If you have already paid the credit balance in full please remit a front and back copy of the cancelled check to the address above, with a copy of this letter. No further action will be required.

If after reviewing your records, you disagree with the credit balance amount, you have the right to appeal, only the dollar amount in question. Your appeal rights and procedures for hearings are explained in Iowa Code Chapter 17A, Section 12 and 441 Iowa Administrative Code (IAC) Chapter 7. Your appeal must be filed within 90 calendar days of the date of this notice. If filed within 90 days of this notice, collection action on the credit balance will be postponed until a final appeal decision has been issued. Please see the attached for the appeal process.

Thank you for your prompt attention to this matter.

Revenue Collections

Iowa Medicaid Enterprise

Second Credit Balance Notice to Provider



Iowa Department of Human Services

Date

Provider Name

Address

City, State Zip

Re: *Medicaid NPI –*

FINAL NOTICE

To whom it may concern,

On _____, the Revenue Collections Unit of the Iowa Medicaid Enterprise (IME) notified you that your provider account is in a credit balance. **Payment is due immediately.** Please make payment payable to the Iowa Medicaid Enterprise for \$[CR BAL AMOUNT] and mail it to the Iowa Medicaid Enterprise, P.O. Box 310202, Des Moines, IA 50331-0202.

Please return a copy of this notice with your remittance. If you fail to respond this account will be turned over to collections. Note: If you have already paid the credit balance in full please remit a front and back copy of the cancelled check to the address above, with a copy of this letter. No further action will be required.

For your reference a copy of the remittance advice has been provided. If you need the start date of the credit balance, please contact IME Provider Services at **1-800-338-7909** or locally at **515-256-4609** or by e-mail at: imeproviderservices@dhs.state.ia.us.

Thank you for your prompt attention to this matter.

Revenue Collections

Iowa Medicaid Enterprise

Response to Notice of Appeal



Iowa Department of Human Services

Terry E. Branstad
Governor

Kim Reynolds
Director

Charles M. Palmer Governor

Lt.

DATE: Date

TO: Department of Inspections and Appeals

Ronda Johnson (via EDI)
Department of Human Services
Office of Policy Analysis

FROM: John Davis – Account Manager
Revenue Collections

SUBJECT: Appeal XIX Appeal Number – Provider Name – NPI

Revenue Collections is in receipt of the above request for an appeal related to a Medicaid credit balance notice of \$Credit Balance Amount. The appeal submitted to the Department of Human Services indicates the provider feels they do not owe this credit balance.

Revenue Collections has reviewed the credit balance. **We have found that the initial submission of the claims contained billing errors. After the initial processing by Medicaid, these claims were subsequently reversed, thus causing a provider credit balance.

The claims have been corrected and resubmitted by the provider. The corrected claims have been repaid and the credit balance has been satisfied in full. There are no further actions to be taken at this time.** (This section would be changed to fit the situation.)

If you have any questions, please contact Kelly Ritter at 515-974-3175 or toll free at 888-543-6742.

CC: Appellant: Provider Name
Provider Address
Provider City, State Zip

Provider Services, Sean Bagniewski, (via EDI)
J. Bradley Horn, Assistant Attorney General (via EDI)

Notice of Transfer



Iowa Department of Human Services

Terry E. Branstad
Governor

Kim Reynolds
Lt. Governor

Charles M. Palmer
Director

DATE:

TO: «PROVIDER_NAME»
 «ADDRESS»
 «ADDRESS1»
 «CITY», «ST» «ZIP»
 «PHONE_NUMBER»
 «PROV_NUMBER»

FROM: Iowa Medicaid Enterprise
 Revenue Collection Unit

RE: **Federal Tax Identification Number – «FED_TAX_ID_NUMBER»**
 Notice of Credit Balance Transfer

The Revenue Collection Unit of Iowa Medicaid Enterprise (IME) has identified a credit balance due the Medicaid Program on one or more of the Provider Accounts listed under your Provider Tax Identification Number. This credit balance has been previously reported on a Medicaid remittance advice. The credit balance amount being transferred is «CRD_BAL_AMT».

In order to eliminate the amount due, the credit balance has been transferred to an actively billing provider account that shares the same Tax Identification Number with the account that held the credit balance.

Note: If you have already paid the credit balance in full please remit a front and back copy of the cancelled check to the address below, with a copy of this letter. No further action will be required.

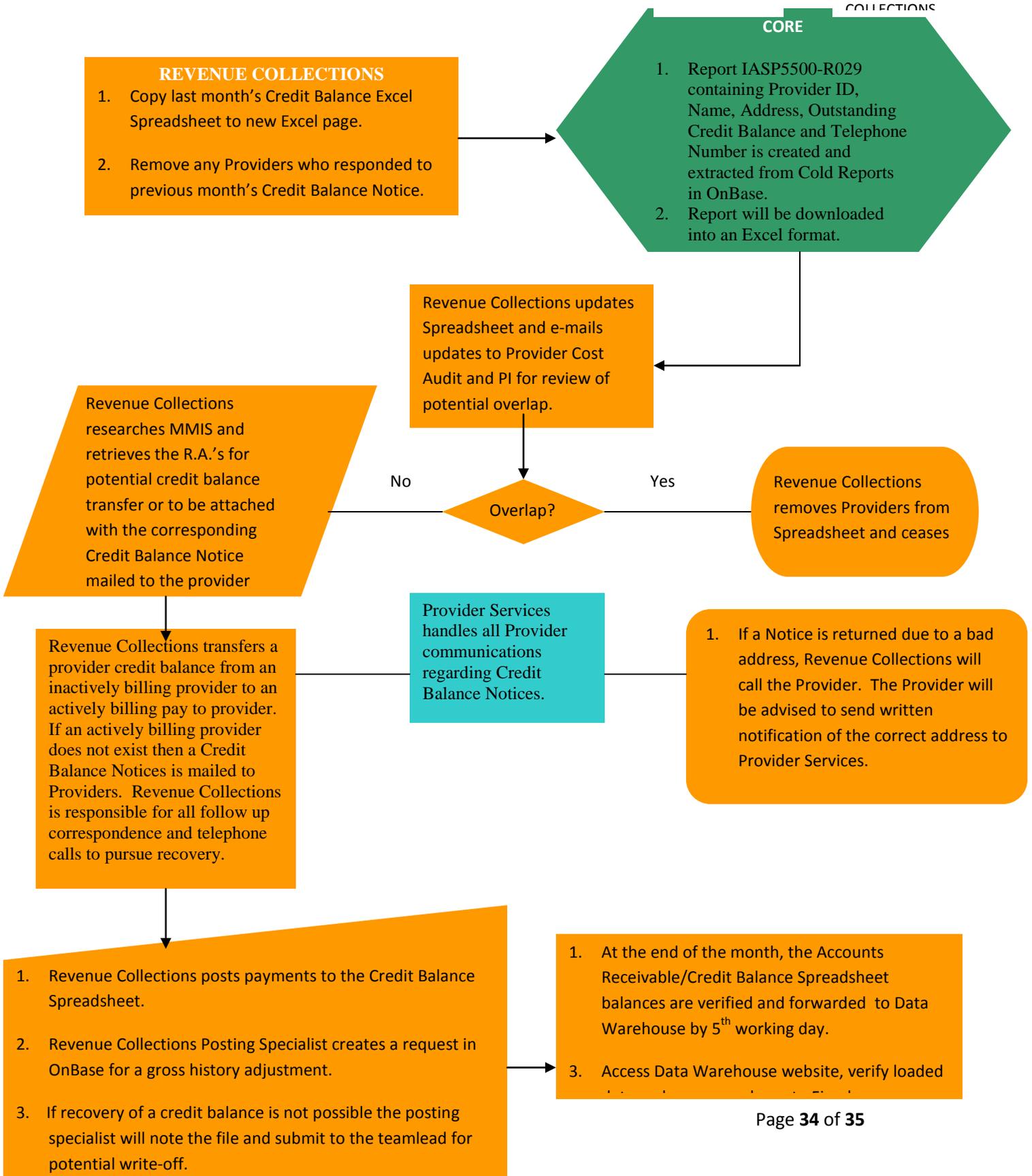
For your reference, a copy of the Remittance Advice, detailing the credit balance, has been provided. If you need additional information, please contact Beth Ginn 515-974-3166 or Kelly Ritter 515-974-3175, IME Revenue Collection Unit.

Thank you,

Revenue Collection Unit

Iowa Medicaid Enterprise

Credit Balance Recovery Flowchart



Interfaces: CORE, DIA

Attachments: N/A

Acronyms

DHS - Department of Human Services

TCN - Transaction Control Number

DCN - Document Control Number

CCN - Cash Control Number

DOS - Date of Service

MCD - Medicaid

RSN - Reason

MMIS - Medicaid Management Information System

CB - Credit Balance Spreadsheet

AR - Accounts Receivable Spreadsheet

PI - Surveillance Utilization Review Unit

DIA - Department for Internal Audit Unit

Legacy No. - Provider Medicaid ID Number

NPI - National Provider Identification Number

R.A.'S - Remittance Advice