

## **REV - Refund/Manual Check Request**

### **Purpose:**

Request a refund that cannot be processed in MMIS. Typically, these are for Attorneys, Representatives of Deceased Member's estates, banks, funeral homes, and care facilities. These refunds are issued to the requesting entity by Fiscal Management.

### **Identification of Roles:**

**IME Revenue Collection's Estate Recovery:** Estate Recovery receives a request that for a refund because a higher priority expense was not paid before sending the funds to Estate Recovery. A refund must be issued to the requesting entity. The refund request may come from the one of Revenue Collection's Estate Recovery Operation Manager or Probate Section Team Member and will be sent to Fiscal Management for issuing of a manual check.

**Performance Standards:** As needed

### **Path of Business Procedures:**

- Step 1:** Revenue Collection Estate Recovery identifies or receives a request for a refund and makes the initial determination that funds must be refunded. A manual check must be issued to reimburse the higher priority creditor.
- Step 2:** The Revenue Collection's Estate Recovery Operation Manager or Probate Section Team Member will complete the necessary General Accounting Expenditure (GAX) form and provide the form and documentation to the Unit Manager that supports the issuance of a refund. They will then notify the Account Manager, Operations Manager and appropriate Revenue Collections Estate Recovery Team Members of the GAX request.
- Step 3:** Upon approval by the Unit Manager, the request from the Revenue Collection's Estate Recovery Unit will forward the GAX form and supporting documentation to the Deputy Medicaid Director for final approval.
- Step 4:** Once the GAX form has been approved by the Deputy Medicaid Director, it will be returned to the requesting party where two copies will be created and sent to Fiscal Management. One copy must include the original approved GAX form.
- Step 5:** Fiscal Management will review and process the carrier refund through I/3. The refund will be sent to the requesting entity by Fiscal Management within approximately 45 days after approval.

**Forms/Reports:** N/A

Iowa Department of Human Services  
Iowa Medicaid Enterprise (IME)  
Revenue Collections Unit

**RFP References:** N/A

**Interfaces:** Fiscal Mangement

**Attachments:**  
**Sample GAX form listed below:**

Attach supporting documentation to the back of this form

STATE OF IOWA

GAX

<b>BUDGET FY</b>	<b>GENERAL ACCOUNTING EXPENDITURE</b>					<b>DOCUMENT NUMBER</b>
<b>2010</b>	DATE 04/12/10	ACCTG PERIOD (MM/YY)				
VEND OR CODE	00000041300		AGENCY NAME Department of Human Services			
VENDOR NAME AND ADDRESS Test Carrier Test Address Test City, State, Zipcode			BILL TO ADDRESS (ORDERING AGENCY) Department of Human Services 1305 East Walnut St. Des Moines, IA. 50319		SHIP TO ADDRESS	
TERMS	FOB	ORDER APPROVE D BY <b>Deputy Medicaid Director Signature</b>		DATE	GOODS RECEIVED/SERVICES PERFORMED INITI ALS	
QUAN TITY	VENDOR'S INVOICE DATE		VENDOR'S INVOICE NUMBER			
ORDE RED	RECEIVED	UNIT OF MEASURE	DESCRIPTION		UNIT PRICE	TOTAL PRICE
			Indicate - Carrier, Attorney or Provider Refund			500.00
	EFT					
	YES	NO				
<b>DOCUMENT TOTAL</b>					<b>500.00</b>	

<p><b>CLAIMANTS CERTIFICATION</b></p> <p>I CERTIFY THAT THE ITEMS FOR WHICH PAYMENT IS CLAIMED WERE FURNISHED FOR STATE BUSINESS UNDER THE AUTHORITY OF THE LAW AND THAT THE CHARGES ARE REASONABLE, PROPER, AND CORRECT, AND THAT NO PART OF THIS CLAIM HAS BEEN PAID</p> <p><b>D A T E</b></p> <p style="text-align: center;"><b>TITL E</b></p> <p>CLAIMANT'S SIGNATURE</p>	<p><b>AGENCY CERTIFICATION</b></p> <p>I CERTIFY THAT THE ABOVE EXPENSES WERE INCURRED AND THE AMOUNTS ARE CORRECT AND SHOULD BE PAID FROM THE FUNDS APPROPRIATED BY:</p> <p><b>CODE OR CHAPTER SECTION(S)</b></p>
---	---

THE FOLLOWING FIELDS ARE FOR STATE ACCOUNTING USE ONLY																		
L I N E	FUND	AGCY	ORGN	SUB ORGN	AC TV	RSR C	SUB RSRC	FUN C	OBJT	SUB OBJT	JOB NUM BER	REP CAT	QUANTITY / UNITS	I / D	DESCR IPTIO N	AMOUNT	I / D	P / F
	001	413	2086	12					2804							500.00		

