

MFSRC 10-7-2019

Scott Wotzka | TOP Coordinator/Claims Specialist | EAESD

Topics

- Introduction
- MAXIS claims
- Claim file/Documentation
- Collecting the overpayment
- Claim reports/DAIL report

MAXIS Claims

- Claim must be valid to collect
- Responsible parties
- Notices
- Claim notes
- CLRA is used to manage claim
- Claim documentation

File Edit Session Options Transfer View Script Help	
09/27/19 13:22:16 MAXIS	FMMCGAM1
Claim Summary / Maintenance (CLSM)	
Claim: 40741 From: 02 15 Thru: 08 15 Program: FS Established	
Status: 2 Active Date: 06 21 17 Rsn: 05 System ac Discovery Date	
Wrkr: X162c6	0 MANUAL
Claim Case 286796 YANG,ROSANA Claim Review: Dt GRH Claim Vndr Nbr: GRH Claim Resp: _	::
GRH_Claim Vndr Nbr: GRH Claim Resp:	
Claim Type: A Agency Error Original Amt: \$	4162.00
Error Source: 52 Agency Incorrectly Computed + Adjustments: \$)
Claim Type: A Agency Error Original Amt: Serror Source: 52 Agency Incorrectly Computed + Adjustments: Serror Action: Dt: Ref: Collections: Server Adjustments: Server	1/19.00
Legal Action: Dt: Balance Due: \$	2443.00
Delinquent Dt: $\overline{10}$ $\overline{02}$ $\overline{15}$	
Sel Name/Vndr SSN/Vndr Case ID St Resp Col Let Bill Meth Amo	ount TOP
a XANG BOSANA 286796 2 01 01 21	0.3
YANG ROSANA O 333111761 2 01 01 18 3 People 1 Case(s) Demand: Y Recoup: Y Bill: Agency:	03
3 People I Case(s) Demand: Y Recoup: Y Bill: Agency:	lax:
MORE + AVAIL Old FS Claim Nbr: Seq Nb)r: _
Mada. D. Function. CCO. Casa Nhr. Month. 00 10 Command.	
Mode: D Function: CCOL Case Nbr: Month: 09 19 Command:	
Claim Co: 90 Servicing Office: Name: YANG, ROSANA User:	
Enter-PF1PF2PF3PF4PF5PF6PF7PF8PF9PF10PF1	
HELP EXIT NOTES BAL DEMND PREV NEXT EDIT OOPS TRE	L INFO
PRESS <pf3> TO LEAVE SCREEN</pf3>	

09/27/19 13:48:15	MAXIS Claim Repayment Ag	reement (CLRA)	FMMCIAM1
Claim: 40741 Status: 2 Active 06	From: 02 15 to 08 15 21 17 Rsn: 05 Type:	Program: FS A Agency Error	Established: 09 02 15 Err: 52 Agency: Issue
Person SSN: Case ID: 286796 GRH Vndr ID:	Name: YANG, ROSANA		GINATING CASE/PERSON Prog Status: -OTHER GRH Claim Resp: Code Date
Certified Mail (Y/N) Repayment Agreement Repayment Me Monthly Am	TOP Standard TOP Standard TOP ADDR DT: Date: thod: 21 Recoup % ount: \$	atus: Lega	t Agency:
Community Service H	ount: \$ ours:	Changed: 09	04 19 Wrkr: PWSMW34
Claim Co: 90 Claim		YANG,ROSANA	User: PWSMW34 PF10PF11PF12

File Edit Session Options Transfer View Script Help

e Edit Session Options Transfer View Script Help	
09/27/19 13:50:33 MAXIS	FMMCIAM1
Claim Repayment Ag	
Claim: 40741 From: 02 15 to 08 15 Status: 2 Active 06 21 17 Rsn: 05 Type: /	Program: FS Established: 09 02 15 A Agency Error Err: 52 Agency: Issue
Person SSN: 333111761 Name: YANG ROSANA Case ID: Name: GRH Vndr ID: Name:	•
Resp: 01 Coll: 01 Demand: 18 Bill: TOP State Certified Mail (Y/N) _ TOP ADDR DT: Repayment Agreement Date: Repayment Method: Monthly Amount: \$ Lump Sum Amount: \$ Community Service Hours:	Tax: Collect Agency: atus: 03 Legal Action:
Function: COL Case Nbr:COL Case Nbr:Claim Co: 90	YANG,ROSANA User: PWSMW34

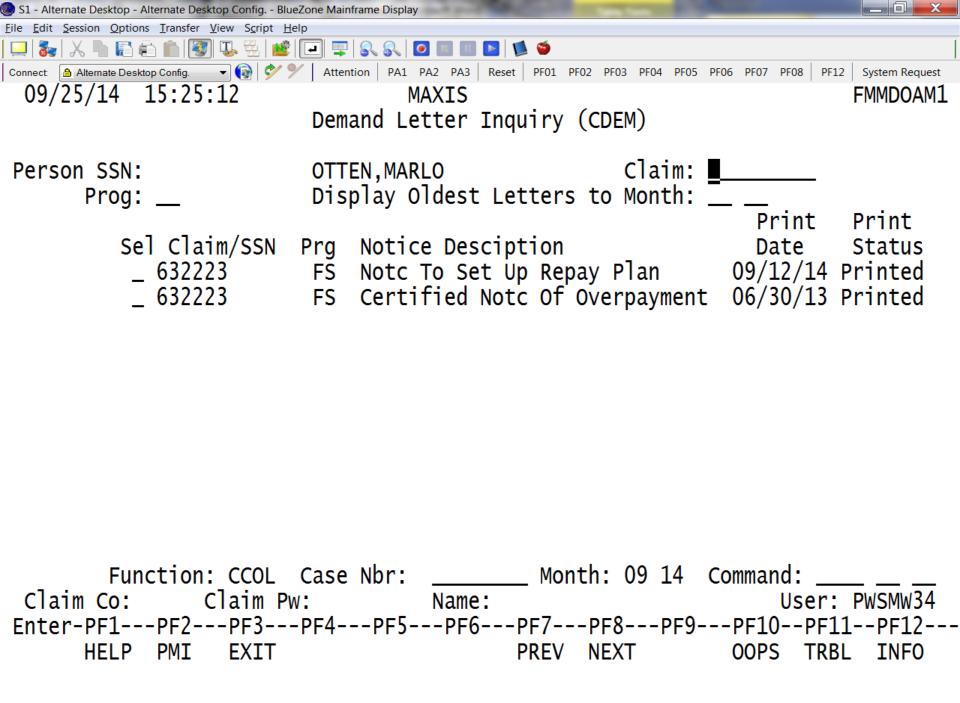
HELP EXIT NOTES

EDIT OOPS TRBL INFO

Edit Session Options Transfer View Script Help		
09/27/19 13:50:33	MAXIS	FMMCIAM1
Claim F	Repayment Agreement (CLRA)	
Claim: 40741 From: 02	15 to 08 15 Program: FS	Established: 09 02 15
Status: 2 Active 06 21 17 Rsr	n: 05 Type: A Agency Error	Err: 52 Agency: Issue
Person SSN: 333111761 Name:	YANG ROSANA O O	RIGINATING CASE/PERSON
Case ID: Name:		e Prog Status:
GRH Vndr ID: Name:		GRH Claim Resp:
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Page 01 Call 01 Page 1 1		Code Date
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	TOP Status : 03 Le	gal Action:
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Lump Sum Amount: \$ _		
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Community Service Hours: _	Changed:	09 04 19 Wrkr: PWSMW34
Function: CCOL Case N	Nbr: Month: 09 1	9 Command:
claim Co: 90 claim PW: X162	2C60 Name: YANG,ROSANA	User: PWSMW34
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HELP EXIT NOTES		DIT OOPS TRBL INFO

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09/27/19 13:50:33 MAXIS	
Claim Repayment Agreement (CLRA)	01 Start Notice Of Overpayment
Claim: 40741 From: 02 15 to 08 15 Program: FS Status: 2 Active 06 21 17 Rsn: 05 Type: A Agency Error	02 Restart Notice Set Up Repay
	11 First Notice
Person SSN: 333111761 Name: YANG ROSANA O OR	
Case ID: Name: Case GRH Vndr ID: Name:	12 Second Notice Sent
GRAT VIIGIT 101 RAMET	13 Third Notice
Resp: 01 Coll: 01 Demand: 18 Bill: Tax: Colle	
TOP Status: 03 Leg	
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Repayment Method: Recoup Beg	Code: 18 More:+
Repayment Method: Recoup Beg Monthly Amount: \$	
Lump Sum Amount: \$	
Community Service Hours: Changed: 0	
Function: CCOL Case Nbr: Month: 09 19	
Claim Co: 90 Claim PW: X162C60 Name: YANG, ROSANA	User: PWSMW34
Enter-PF1PF2PF3PF4PF5PF6PF7PF8PF	9PF10PF11PF12
HELP EXIT NOTES ED	IT OOPS TRBL INFO

File Edit Session Options Transfer View Script Help	
09/27/19 13:50:33 MAXIS	
Claim Repayment Agreement (CLRA)	19 Max Notice Sent
Claim: 40741 From: 02 15 to 08 15 Program: FS Status: 2 Active 06 21 17 Rsn: 05 Type: A Agency Error	21 Do Not Send For Good Cause
Person SSN: 333111761 Name: YANG ROSANA O OR Case ID: Name: Case GRH Vndr ID: Name:	23 Agreement Received
Resp: 01 Coll: 01 Demand: 18 Bill: Tax: Colle TOP Status: 03 Leg	
Certified Mail (Y/N) _ TOP ADDR DT: 02 13 18 MCE Repayment Agreement Date: Created:	
Repayment Method: Recoup Beg Monthly Amount: \$	Code: 18 More: -
Lump Sum Amount: \$ Community Service Hours: Changed: 0	
Function: CCOL Case Nbr: Month: 09 19 Claim Co: 90 Claim PW: X162C60 Name: YANG,ROSANA Enter-PF1PF2PF3PF4PF5PF6PF7PF8PF9 HELP EXIT NOTES EDIT	User: PWSMW34 PF10PF11PF12



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Notice of Overpayment and Recoupment

- CM 0026.39 Overpayment Notices
- DHS 2776 or 2776A must be sent to client within 7 days of the demand letter
- Must send a new demand letter if county wins a claim appeal
- Address on CCOL/CADR
- CLRA Enter 01 on person based demand field to send new notice

MAXIS

FMMMAAM1

Claims Person Address (CADR)

Member SSN : 333 11 1761 or PMI Nbr: _____

Name: YANG, ROSANA

Gender: F Date Of Birth: 01/16/68

TRANSMIT FOR ADDR, PF3 TO EXIT OR PF10 FOR NEXT PERSON

File Edit Session Options Transfer View	Script Help	
09/27/19 14:20:20	MAX	
	Address	(ADDR) 1 Of 1
Ref Last First M	* Address Eff Date:	03 01 19
	<pre>* Residence Address</pre>	FOR YANG, ROSANA
	* Street:	RESDC-ADDR1
	*	
		MAPLEWOOD St: MN
	* Zip:	55109 2648 Resi Co: 62 Ver: MO
	* Homeless (Y/N):	N Indian Reservation (Y/N): N
	* Living Situation:	01 Name of Reservation:
	* Mailing Address	
	* Street:	PROD 200619
	*	
	* City:	
	* St:	Zip:
	* Phone One:	() Type: C
	* Phone Two:	() Type: _
	Phone Three:	() Type: _
Mode: D Function: 0		Month: 09 19 Command: _
		Updated: 09 04 19 User: PWSMW34
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Edit Session Options Transfer View Script Help	
09/27/19 14:07:23 MAXIS F	MMCIAM1
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Claim: 40741 From: 02 15 to 08 15 Program: FS Established:	09 02 15
tatus: 2 Active 06 21 17 Rsn: 05 Type: A Agency Error Err: 52 Agency	: Issue
71 3 7	
Dancon CCN: 222111701 Nama: LINCOLN DAEANN A	
Person SSN: 333111781 Name: LINCOLN RAEANN A	
Case ID: Name: Case Prog Status:	
RH Vndr ID: Name: GRH Claim Re	sp:
	Date
Resp: 19 Coll: 99 Demand: Bill: Tax: Collect Agency:	54.00
TOP Status: 07 Legal Action:	
Certified Mail (Y/N) _ TOP ADDR DT: MCE Referral:	
Repayment Agreement Date: Created: Repayment Method: Recoup Begin Period: Monthly Amount: \$ Lump Sum Amount: \$	
Repayment Method: Recoup Begin Period:	
Monthly Amount: (
Montently Amounts &	
Community Service Hours: Changed: 09 04 19 Wrkr:	PWSMW34
Function: CCOL Case Nbr: Month: 09 19 Command:	
Claim Co: 90 Claim PW: X162C60 Name: YANG, ROSANA User: P	MSMM34
nter-PF1PF2PF3PF4PF5PF6PF7PF8PF9PF10PF11-	-PF17
HELP EXIT NOTES EDIT OOPS TRBL	INFO
AST MEMBER - PRESS <pf3> TO EXIT</pf3>	

Claim File

- Calculations
- Eligibility screens
- ADH documentation
- Verifications
- Requests for Verifications
- Must be kept for 4 years after the claim is \$0

Collecting/Billing in MAXIS

- Bills are started on the person based CLRA
- Bills are printed and sent around the 22nd of each month
- 4 bills with no payment posted stops billing process
- Billing with multiple claims
- Make sure CCOL/CADR is updated for each person billed

File Edit Session Options Transfer View Script Help	
09/27/19 14:09:44 MAXIS	FMMCIAM1
Claim Repayment Agreement (CLRA)	
CTATIII Repayment Agreement (CLRA)	
Claim: 40741 From: 02 15 to 08 15 Program: FS	Established: 09 02 15
Status: 2 Active 06 21 17 Rsn: 05 Type: A Agency Error	Err: 52 Agency: Issue
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Barraca CCN 2221117C1 Name VANC BOCANA O	TOTALATTAIC CASE /DEDCOM
Person SSN: 333111761 Name: YANG ROSANA O OR	•
Case ID: Name: Case	Prog Status:
GRH Vndr ID: Name:	GRH Claim Resp:
	Code Date
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Resp: 01 Coll: 01 Demand: 18 Bill: Tax: Colle	cr Agericy:
TOP Status : 03 Leg	al Action:
Certified Mail (Y/N) _ TOP ADDR DT: 02 13 18 MCE	Referral:
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Lump Sum Amount: \$	
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enanged: o	3 01 13 WIRT I WSP W31
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Function: CCOL Case Nbr: Month: 09 19	
Claim Co: 90 Claim PW: X162C60 Name: YANG,ROSANA	User: PWSMW34
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	Process		
	10 Billing Active	m: 02 15 to 08 15 Program: FS	Established: 09 02 15
	Paymenť Recvd	17 Rsn: 05 Type: A Agency Error	
	11 First Bill	in Kenn of Typer A Agency 2.1 of	ziii sz Ageneyi zasac
	No Payment	Name: YANG ROSANA O OR	IGINATING CASE/PERSON
	12 Second Bill		•
			Prog Status:
	No Payment	Name:	GRH Claim Resp:
	13 Third Bill	PF1	Code Date
	No Payment	and: 18 Bill: Tax: Colle	ct Agency:
	19 Max Billing	TOP Status: 03 Leg	al Action:
	Notice Sent	TOP ADDR DT: 02 13 18 MCE	
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		t: \$	0.04.40
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		PW: X162C60 Name: YANG, ROSANA	
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File Edit Session Options Transfer View Scrip	t Help	
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21 Do Not Send for Good Cause	laim Repayment Agreement (CLRA)	
Tor dood cause	m: 02 15 to 08 15 Program: FS	Established: 09 02 15
	17 Rsn: 05 Type: A Agency Error	
	Name: YANG ROSANA O ORI	•
	Name: Case	Prog Status:
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	and: 18 Bill: Tax: Collec	t Agency:
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	s: Changed: 09	04 19 Wrkr: PWSMW34
	00 10	•
	Case Nbr: Month: 09 19	
	PW: X162C60 Name: YANG,ROSANA	
Enter-PF1PF2PF3-	PF4PF5PF6PF7PF8PF9	PF10PF11PF12
HELP EXIT	NOTES EDI	T OOPS TRBL INFO

Collecting/Treasury Offset Program

- Federal recovery program
- Person based
- Criteria must be met before referral
- TOP county report
- TOP 60 day Notice

TOP Continued

- TOP repayment agreement
- TOP claim review requests
- Documentation
- Federal review requests

TOP Repayment Agreements

- Under \$500 Within 12 months
- \$500 \$1000 Within 24 months
- Over \$1000 Within 36 months
- Only one chance to set up a TOP RA

File Edit Session Options Transfer View Script He	lp	
09/27/19 14:24:12	MAXIS Claim TOP Status (CTOP)	FMMTOAM1
Person SSN: 33 11 1761 Estab Claim Prog Date Bal _ FS 09/02/15 2443.00 _ MF 09/02/15 1413.00		Cert Exl Updated Amt Rsn By 2443.00 _ FMMTFAP1 848.00 _ FMMTFAP1
	ount Certified for TOP: \$ 3291.0 Person Exclusion	
Claim Co: Claim Pw:	ase Nbr: Month: 09 19 Name: F4PF5PF6PF7PF8PF9 PREV NEXT EDI	User: PWSMW34)PF10PF11PF12

File Edit Session Options Transfer View Script Help	
	CGAM1
Claim Summary / Maintenance (CLSM)	
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Claim: 40741 From: 02 15 Thru: 08 15 Program: FS	02 15
Status: 2 Active Date: 06 21 17 Rsn: 05 System ac Discovery Date: 09	02 15
Status. 2 Active Date. 00 21 17 KSII. 03 System at Discovery Date. 03	OZ IJ
Wrkr: X162C60	MANUAL
Claim Case 286/96 YANG, ROSANA Claim Review: Dt:	
GRH_Claim Vndr Nbr: GRH_Claim Resp: _	
Claim Type: A Agency Error Original Amt: \$4:	162.00
Error Source: 52 Agency Incorrectly Computed + Adjustments: \$	
Claim Case 286796 YANG,ROSANA Claim Review: Dt: GRH Claim Vndr Nbr: GRH Claim Resp: _ Claim Type: A Agency Error Original Amt: \$4: Error Source: 52 Agency Incorrectly Computed	719.00
Legal Action: Dt:	443.00
Delinquent Dt: $10 \ 02 \ 15$	
Sel Name/Vndr SSN/Vndr Case ID St Resp Col Let Bill Meth Amount	TOP
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_ YANG,ROSANA	Λ2
_ YANG RUSANA U 333111/01	03
3 People 1 Case(s) Demand: Y Recoup: Y Bill: Agency: Tax MORE + AVAIL Old FS Claim Nbr: Seq Nbr: _	X:
MORE + AVAIL Old FS Claim Nbr: Seq Nbr: _	
Mode: D Function: CCOL Case Nbr: Month: 09 19 Command:	
Claim Co: 90 Servicing Office: Name: YANG, ROSANA User: PWSI Enter-PF1PF2PF3PF4PF5PF6PF7PF8PF9PF10PF11PI	чw34
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Collecting/Revenue Recapture

- Revenue Recapture is an administrative recovery action
- Department of Revenue manages this program
- Counties use the program
- Many times both RR and TOP are collected

Collection Time Limits

- No time limit for pursuing administrative recovery of established overpayments
- 6 year limit for initiating civil recovery
- 3 year limit for initiating criminal prosecution

Claim Reports/DAIL Report

- Check claim reports
- Will correct claim problems timely
- DAIL/DAIL messages

DAIL/DAIL Messages

- CCOL 01 16 XXX-XX-XXXX:CLIENT NAME REAPPLIED/ELIGIBLE REVIEW CLAIMS
- CCOL 01 16 CASE REMOVED FROM RECOUPMENT, NO CASE MEMBERS ARE RESPONSIBLE
- CCOL 01 16 CLAIM BALANCE IS LESS THAN 1.00 AND NO BILLING AGREEMENT EXISTS,
- CLAIM HAS BEEN CLOSED
- DMND 12 15 ENTER AN ADDRESS FOR XXX-XX-XXXX FOR CLAIM DEMAND LETTER
- DMND 11 15 MF DEMAND LETTER HAS STOPPED FOR CLAIM 000000 CLIENT NAME
- BILL 11 15 FS BILLING HAS STOPPED FOR THE CLAIM 000000 FOR CLIENT NAME



Thank you!