



MFSRC 10-2-23

Scott Wotzka | TOP Coordinator/Claims Specialist | EAESD

Topics

- Demand codes
- Duplicate PMI Numbers
- Demand letters to other HH members
- CCOL/CADR
- ADH process
- Claim type D vs F

09/27/19 13:22:16

MAXIS

FMMCGAM1

Claim Summary / Maintenance (CLSM)

Claim: 40741_____ From: 02 15 Thru: 08 15 Program: FS Established: 09 02 15
 Status: 2 Active Date: 06 21 17 Rsn: 05 System ac Discovery Date: 09 02 15
 Wrkr: X162C60 MANUAL

Claim Case 286796 YANG,ROSANA

Claim Review: __ Dt: __ __ __

GRH Claim Vndr Nbr: _____

GRH Claim Resp: _

Claim Type: A Agency Error
 Error Source: 52 Agency Incorrectly Computed

_ Original Amt: \$ __4162.00
 + Adjustments: \$
 - Collections: \$ 1719.00
 _ Balance Due: \$ 2443.00

Fraud Action: __ Dt: __ __ __ Ref: _____

Legal Action: __ Dt: __ __ __

Delinquent Dt: 10 02 15

sel	Name/Vndr	SSN/Vndr	Case ID	St	Resp	Col	Let	Bill	Meth	Amount	TOP
a	YANG ROSANA		286796	2	01	01			21		
	YANG ROSANA O	333111761		2	01	01	18				03

3 People 1 Case(s) Demand: Y Recoup: Y Bill: Agency: Tax:

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: PWSMW34

Enter-PF1---PF2---PF3---PF4---PF5---PF6---PF7---PF8---PF9---PF10--PF11--PF12---

HELP EXIT NOTES BAL DEMND PREV NEXT EDIT OOPS TRBL INFO

PRESS <PF3> TO LEAVE SCREEN

09/27/19 13:48:15

MAXIS

FMMCIAM1

Claim 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

Person SSN: _____ Name: _____ ORIGINATING CASE/PERSON
Case ID: 286796__ Name: YANG,ROSANA ← Case Prog Status: -OTHER
GRH Vndr ID: _____ Name: _____ GRH Claim Resp:
Code Date

Resp: 01 Coll: 01 Demand: __ Bill: __ Tax: __ Collect Agency: __ __ __ __
TOP Status : Legal Action: __ __ __ __
Certified Mail (Y/N) _ TOP ADDR DT: MCE Referral: __

Repayment Agreement Date: __ __ __ Created: MANUAL
Repayment Method: 21 Recoup % Recoup Begin Period: 10 01 15
Monthly Amount: \$ _____
Lump Sum Amount: \$ _____
Community Service Hours: _____ Changed: 09 04 19 wrkr: PWSMW34

Function: COL Case Nbr: _____ Month: 09 19 Command: _____
Claim Co: 90 Claim PW: X162C60 Name: YANG,ROSANA User: PWSMW34
Enter-PF1---PF2---PF3---PF4---PF5---PF6---PF7---PF8---PF9---PF10--PF11--PF12---
HELP EXIT NOTES EDIT OOPS TRBL INFO


09/27/19 13:50:33

MAXIS

FMMCIAM1

Claim 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

Person SSN: 333111761 Name: YANG ROSANA O  ORIGINATING CASE/PERSON
Case ID: _____ Name: _____ Case Prog Status: _____
GRH Vndr ID: _____ Name: _____ GRH Claim Resp: _____

Resp: 01 coll: 01 Demand: 18 Bill: __ Tax: __ Collect Agency: __ __ __ __
TOP Status : 03 Legal Action: __ __ __ __

Certified Mail (Y/N) _ TOP ADDR DT: 02 13 18 MCE Referral: __

Repayment Agreement Date: __ __ __ Created: _____
Repayment Method: __ Recoup Begin Period: _____
Monthly Amount: \$ _____
Lump Sum Amount: \$ _____
Community Service Hours: _____ Changed: 09 04 19 wrkr: PWSMW34

Function: COL Case Nbr: _____ Month: 09 19 Command: __ __ __
Claim Co: 90 Claim PW: X162C60 Name: YANG,ROSANA User: PWSMW34

Enter-PF1---PF2---PF3---PF4---PF5---PF6---PF7---PF8---PF9---PF10--PF11--PF12---
HELP EXIT NOTES EDIT OOPS TRBL INFO

09/27/19 13:50:33

MAXIS

FMMCIAM1

Claim 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

Person SSN: 333111761 Name: YANG ROSANA O ORIGINATING CASE/PERSON
Case ID: _____ Name: Case Prog Status:
GRH Vndr ID: _____ Name: GRH Claim Resp:



Resp: 01 coll: 01 Demand: 18 Bill: __ Tax: __ Collect Agency: __ __ __ __
TOP Status : 03 Legal Action: __ __ __ __

Certified Mail (Y/N) _ TOP ADDR DT: 02 13 18 MCE Referral: __

Repayment Agreement Date: __ __ __ Created:
Repayment Method: __ Recoup Begin Period:
Monthly Amount: \$ _____
Lump Sum Amount: \$ _____
Community Service Hours: _____ Changed: 09 04 19 wrkr: PWSMW34

Function: COL Case Nbr: _____ Month: 09 19 Command: __ __ __
Claim Co: 90 Claim PW: X162C60 Name: YANG,ROSANA User: PWSMW34

Enter-PF1---PF2---PF3---PF4---PF5---PF6---PF7---PF8---PF9---PF10--PF11--PF12---
HELP EXIT NOTES EDIT OOPS TRBL INFO

09/27/19 13:50:33

MAXIS

Claim Repayment Agreement (CLRA)

Claim: 40741____ From: 02 15 to 08 15 Program: FS
Status: 2 Active 06 21 17 Rsn: 05 Type: A Agency Error

Person SSN: 333111761 Name: YANG ROSANA O OR
Case ID: _____ Name: Case
GRH Vndr ID: _____ Name:

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: \$ _____

Lump Sum Amount: \$ _____

Community Service Hours: _____ Changed: 0

- 01 Start Notice Of Overpayment
- 02 Restart Notice Set Up Repay
- 11 First Notice Sent
- 12 Second Notice Sent
- 13 Third Notice Sent
- 18 Initial Req'd Notice Sent

Code: 18 More:+

Function: CCOL Case Nbr: _____ Month: 09 19 Command: _____

Claim Co: 90 Claim PW: X162C60 Name: YANG,ROSANA User: PWSMW34

Enter-PF1---PF2---PF3---PF4---PF5---PF6---PF7---PF8---PF9---PF10--PF11--PF12---

HELP EXIT NOTES EDIT OOPS TRBL INFO

09/27/19 13:50:33

MAXIS

Claim Repayment Agreement (CLRA)

Claim: 40741____ From: 02 15 to 08 15 Program: FS
Status: 2 Active 06 21 17 Rsn: 05 Type: A Agency Error

Person SSN: 333111761 Name: YANG ROSANA O OR
Case ID: _____ Name: Case
GRH Vndr ID: _____ Name:

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: \$ _____

Lump Sum Amount: \$ _____

Community Service Hours: _____ Changed: 0

Function: CCOL Case Nbr: _____ Month: 09 19 Command: _ _ _

Claim Co: 90 Claim PW: X162C60 Name: YANG,ROSANA User: PWSMW34

Enter-PF1---PF2---PF3---PF4---PF5---PF6---PF7---PF8---PF9---PF10--PF11--PF12---

HELP EXIT NOTES EDIT OOPS TRBL INFO

19 Max Notice Sent
21 Do Not Send For Good Cause
23 Agreement Received

Code: 18 More: -



09/25/14 15:25:12

MAXIS

FMMDOAM1

Demand Letter Inquiry (CDEM)

Person SSN: OTTEN, MARLO Claim:
 Prog: ___ Display Oldest Letters to Month: ___

sel	Claim/SSN	Prg	Notice Description	Print Date	Print Status
_	632223	FS	Notc To Set Up Repay Plan	09/12/14	Printed
_	632223	FS	Certified Notc Of Overpayment	06/30/13	Printed

Function: CCOL Case Nbr: _____ Month: 09 14 Command: _____
 Claim Co: _____ Claim Pw: _____ Name: _____ User: PWSMW34
 Enter-PF1---PF2---PF3---PF4---PF5---PF6---PF7---PF8---PF9---PF10--PF11--PF12---
 HELP PMI EXIT PREV NEXT OOPS TRBL INFO

Duplicate PMI Numbers

- CCOL/CLIP or CCOL/CRAA when posting by SSN
- No claims associated with this person
- May prevent demand notice from going out
- Must be fixed prior to demand coding
- Go to PERS to verify duplicate PMIs
- Email Scott Wotzka or Joann Parten at DHS or PF11 to get corrected

Notices to all Responsible People

- CM 0026.39 – Demand notice must go to responsible people
- Each person needs an address in CCOL/CADR
- Must send a new demand notice if county wins a claim appeal
- Must first enter address in CCOL/CADR – Other than first responsible person
- CLRA - Enter 01 on person based demand field to send new notice

CCOL/CADR

- This is the address where demand notices and bills are sent
- Can get into with SSN or PMI number
- Address carries over from case only for member 01
- If there is no address, no MAXIS notices or bills will go out
- If case is active, this is the current address used by the caseworker
- If the client tells you a different address, contact caseworker on active case
- After entering address, re-enter the code to start notices or bills

09/30/20 16:00:23

MAXIS

FMMMAAM1

Claims Person Address (CADR)

Member SSN : 333 01 4191 or PMI Nbr: _____

Name : TUSA,VANITA

Gender : F Date Of Birth : 05/15/89

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

Mode: Function: CCOL Case Nbr: _____ Month: 09 20 Command: _____

Co: 90 PW: PWSMW34 SW: Upd Date: User: PWSMW34

Enter-PF1---PF2---PF3---PF4---PF5---PF6---PF7---PF8---PF9---PF10--PF11--PF12---
HELP PMI EXIT OOPS TRBL INFO

09/30/20 16:01:14

MAXIS
Address (ADDR)

FMBDGAM7
1 of 1

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Ref Last First M * Address Eff Date: 09 23 15
                  * Residence Address FOR TUSA,VANITA
                  * Street: RESDC-ADDR1_____
                  *
                  * City: ALBERT LEA_____ St: MN
                  * Zip: 56007__ 3206 Resi Co: 24 Ver: OT
                  * Homeless (Y/N): N Indian Reservation (Y/N): N
                  * Living Situation: __ Name of Reservation: __
                  * Mailing Address
                  * Street: PROD 1516811_____
                  *
                  * City: _____
                  * St: __ Zip: _____
                  * Phone One: ( ____ ) ____ ____ Type: __
                  * Phone Two: ( ____ ) ____ ____ Type: __
                  * Phone Three: ( ____ ) ____ ____ Type: __

Mode: D Function: CCOL Case Nbr: _____ Month: 09 20 Command: _____
Sv: 90 PW: PWSMW34 SW: _____ Updated: 09 25 20 User: PWSMW34
Enter-PF1---PF2---PF3---PF4---PF5---PF6---PF7---PF8---PF9---PF10--PF11--PF12---
HELP PMI EXIT CNOTE PREV NEXT EDIT OOPS TRBL INFO

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09/30/20 16:02:50

MAXIS

FMMMAAM1

Claims Person Address (CADR)

Member SSN : 333 01 4271 or PMI Nbr: _____

Name :

Gender : Date Of Birth :

Mode: Function: CCOL Case Nbr: _____ Month: 09 20 Command: _____

Co: 90 PW: PWSMW34 SW: Upd Date: User: PWSMW34

Enter-PF1---PF2---PF3---PF4---PF5---PF6---PF7---PF8---PF9---PF10--PF11--PF12---
HELP PMI EXIT OOPS TRBL INFO

09/30/20 16:06:07

MAXIS
Address (ADDR)

FMBDGAM7
1 of 0

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Ref Last First M * Address Eff Date: █ _ _ _
* Residence Address FOR PRINTUP,ERROL
* Street: _____
* _____
* City: _____ St: _
* Zip: _____ Resi Co: _ Ver: _
* Homeless (Y/N): _ Indian Reservation (Y/N): _
* Living Situation: _ Name of Reservation: _
* Mailing Address
* Street: _____
* _____
* City: _____
* St: _ Zip: _____
* Phone One: ( ____ ) ____ ____ Type: _
* Phone Two: ( ____ ) ____ ____ Type: _
* Phone Three: ( ____ ) ____ ____ Type: _
Mode: A Function: CCOL Case Nbr: _____ Month: 09 20 Command: _____
Sv: 90 PW: PWSMW34 SW: _____ Updated: _____ User: PWSMW34
Enter-PF1---PF2---PF3---PF4---PF5---PF6---PF7---PF8---PF9---PF10---PF11---PF12---
HELP PMI EXIT CNOTE PREV NEXT EDIT OOPS TRBL INFO

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ADH Process

- An ADH should be pursued when sufficient evidence to hold a hearing
- Should not be used when only suspicion of guilt exists
- Initiate ADH process by sending IPV notice – Waiver of ADH
- Allow 10 days for client to return
- If not returned or returned with client opting for a hearing, a hearing must be scheduled
- If client waives hearing, impose disqualification

Claim Type Code D or F

- Claim type code D must be used for ADH hearing or waiver cases
- Claim type F should be used for court convicted fraud cases
- Both claim types are considered fraud
- Collection incentive codes are the same for both

09/09/19 10:06:52

MAXIS

Claim Summary / Maintenance (CLSM)

Claim: _____ From: __ __ Thru: __ __ Program: __
Status: _ Date: __ __ __ Rsn: __ D

Claim Case Claim
GRH Claim Vndr Nbr: _____ GRH C
Claim Type: 0 _ Or
Error Source: __ + A
Fraud Action: __ Dt: __ __ __ Ref: _____ - C
Legal Action: __ Dt: __ __ __ _ B
Delinquent Dt:

sel Name/Vndr SSN/Vndr Case ID St Resp Col Let B

-
-
People Case(s) Demand: Recoup: Bill:
Old FS Claim Nbr: _____

Mode: Function: CCOL Case Nbr: _____ Month: 09 19 Command: __ __ __

Claim Co: 98 Servicing Office: Name: User: PWSCSG0

Enter-PF1---PF2---PF3---PF4---PF5---PF6---PF7---PF8---PF9---PF10--PF11--PF12---
HELP EXIT NOTES BAL DEMND PREV NEXT EDIT OOPS TRBL INFO

- A Agency Error
- H Household
- N Non-Collect
- Agency Error
- V GRH Vendor
- F Fraud
- D Admit Fraud

Code: _



Who has
Questions?

Thank you!