

### 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

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	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: S	4162.00
Error Source: 52 Agency Incorrectly Computed + Adjustments: S	<b>,</b>
Claim Type: A Agency Error Original Amt: Serror Source: 52 Agency Incorrectly Computed + Adjustments: Serror Fraud Action: Dt: Ref: Collections: Server Sources	1/19.00
Legal Action: Dt: Balance Due: \$	2443.00
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Mode: D Function: CCOL Case Nbr: Month: 09 19 Command:	
Claim Co: 90 Servicing Office: Name: YANG, ROSANA User:	
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O9/27/19 13:48:15 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:  Certified Mail (Y/N) _ TOP ADDR DT: MCE Referral:	File Edit Session Options Transfer View Script Help	
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e Edit Session Options Transfer View Script Help		
09/27/19 13:50:33	MAXIS	FMMCIAM1
·	yment Agreement (CL	
Claim: 40741 From: 02 15 Status: 2 Active 06 21 17 Rsn: 0	to 08 15 Program: 05 Type: A Agency Er	FS Established: 09 02 15 ror Err: 52 Agency: Issue
Person SSN: 333111761 Name: YAN Case ID: Name: GRH Vndr ID: Name:	-	ORIGINATING CASE/PERSON Case Prog Status: GRH Claim Resp: Code Date
Resp: 01 Coll: 01 Demand: 18  Certified Mail (Y/N) _ TOP Repayment Agreement Date:     Repayment Method:     Monthly Amount: \$  Lump Sum Amount: \$  Community Service Hours:	TOP Status: 03 ADDR DT: 02 13 18 Create Recoup	ollect Agency: Legal Action: MCE Referral: d:
Function: COL Case Nbr: Claim Co: 90 Claim PW: X162C60 Enter-PF1PF2PF3PF4PF5	Name: YANG, ROSANA	User: PWSMW34

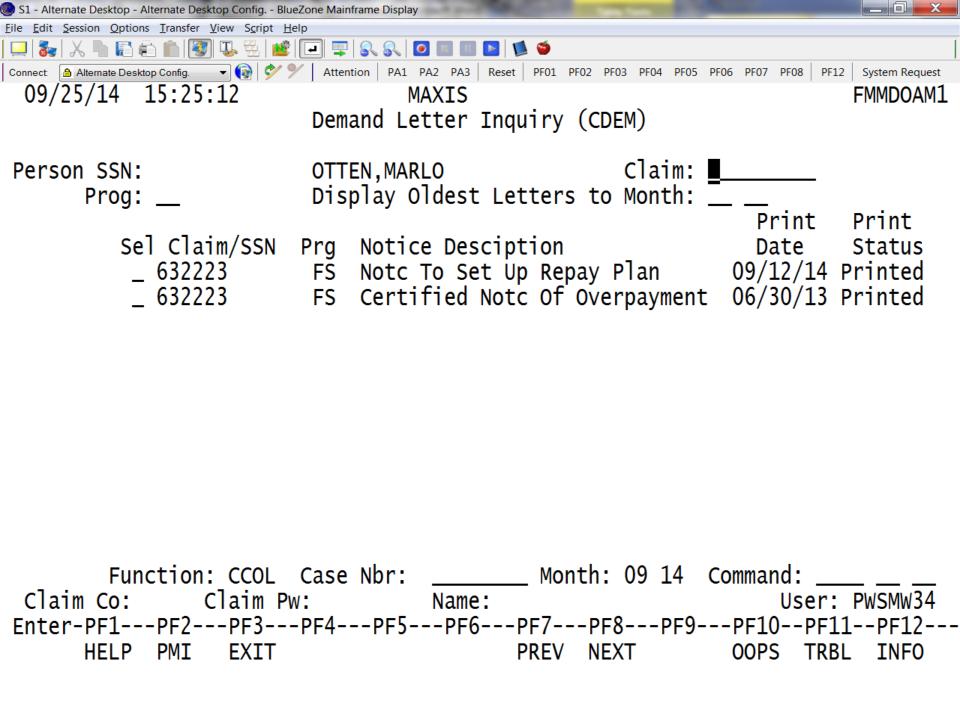
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09/27/19 13:50:33	MAXIS	FMMCIAM1
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Claim: 40741 From: 0	2 15 to 08 15 Progra	m: FS Established: 09 02 15
Status: 2 Active 06 21 17 R	sn: 05 Type: A Agency	Error Err: 52 Agency: Issue
Person SSN: 333111761 Name	: YANG ROSANA O	ORIGINATING CASE/PERSON
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GRH Vndr ID: Name	_	GRH Claim Resp:
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ile Edit Session Options Transfer View Script Help		
09/27/19 13:50:33 MAXIS		
Claim Repayment Agree	ment (CLRA)	01 Start Notice Of Overpayment
Claim: 40741 From: 02 15 to 08 15 P Status: 2 Active 06 21 17 Rsn: 05 Type: A A		02 Restart Notice Set Up Repay
		11 First Notice
	OR	Sent
Case ID: Name: GRH Vndr ID: Name:	Case	12 Second Notice Sent
GRAT VITAL IDT RAMET		13 Third Notice
Resp: 01 Coll: 01 Demand: 18 Bill: T	ax: Colle	Sent
	$\frac{1}{1}$ is: $\frac{1}{03}$ Leg	18 Initial Regd
Certified Mail (Y/N) _ TOP ADDR DT: 02	13 18 MCE	Notice Sent
Repayment Agreement Date:	Created:	
Repayment Method:	Recoup Bea	Code: 18 More:+
Repayment Method: Monthly Amount: \$	J	
Lump Sum Amount: \$		
Community Service Hours:	Changed: 0	
•	-	
Function: CCOL Case Nbr:		
Claim Co: 90 Claim PW: X162C60 Name: YAN	IG,ROSANA	User: PWSMW34
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HELP EXIT NOTES	EDI	T 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: \$  Lump Sum Amount: \$	Code: 18 More: -
Community Service Hours: Changed: 0	
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S1 Ready (1) 64.8.128.33 A03T#779 📤 15:25:49 9/25/2014 NUM 01:59:05 04, 060

# **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

File Edit Session Options Transfer View S	S <u>c</u> ript <u>H</u> elp		
Eile Edit Session Options Transfer View S	MAXIS Claims Person Address	CADR)	FMMMAAM1
Member SSN : <b>3</b> 33 01 4191	or PMI Nbr:		
Name : TUSA, VANITA			
Gender : F Date (	Of Birth : 05/15/89		
TRANSMIT FOR	R ADDR, PF3 TO EXIT OF	R PF10 FOR NEXT PERSON	
Mode: Function: CCOL Co: 90 PW: PWSMW34 SW:	Case Nbr: Mo	onth: 09 20 Command: User:	PWSMW34
Enter-PF1PF2PF3F HELP PMI EXIT	/+4YF)YF0YF/·	00PS TRB	

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S2 - Alternate laptop - Alternate Laptop Config. - Rocket BlueZone Mainframe Display

S2 - Alternate lap	otop - Alternate Lapto	pp Config Rocket BlueZone Mainframe Di	splay — □
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S2 - Alternate laptop - Alternate Laptop Config Rocket BlueZone Mainframe Display	_	
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CTATIIIS PETSOTI AUGITESS (CADA)		
Member SSN : 33 01 4271 or PMI Nbr:		
Name :		
Hume i		
Gender : Date Of Birth :		
dender. Date of Birth.		
Mode: Function: CCOL Case Nhr: Month: 00 20 Command:		
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	* City:	St:	
	* Zip:	Resi Co: Ve	r:
	• • • • • • • • • • • • • • • • • • •	Indian Reservation (Y/N)	
	* Living Situation:		
	* Mailing Address		
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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)	A Agency Error
	H Household
Claim: From: Thru: Program:	N Non-Collect
Status: _ Date: Rsn: _ D	Agency Error
	V GRH Vendor
Claim Case Claim	F Fraud
GRH Claim Vndr Nbr: GRH C	D Admit Fraud
Claim Type: (_) 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	
<del>-</del>	Code: _
People Case(s) Demand: Recoup: Bill:	
Old FS Claim Nbr:	
Model Functions CCOL Case Nhrs Months 00 10	Command
Mode: Function: CCOL Case Nbr: Month: 09 19 Claim Co: 98 Servicing Office: Name:	
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HELP

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# Thank you!