EDS INDIANA HEALTH COVERAGE PROGRAMS

Finance Operating Procedures Manual

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Section 1: Organization and Staffing

Overview

The Finance Unit is structured under the management of the Finance director and is composed of five specific types of staff. The Finance director reports directly to the account manager.

Finance Director

The responsibilities of the Finance director are as follows:

- Oversee daily operation of the Finance Unit
- Serve as a liaison with the State
- Oversee area performance as it relates to contractual compliance
- Provide strategic enhancement of financial transaction processing activities
- Provide leadership and direction

Accountant

The responsibilities of the accountant are as follows:

- Use Huntington View to request program funding for Indiana Health Coverage Programs (IHCP) on a daily basis.
- Prepare monthly reconciliation for the controlled disbursement account (CDA).
- Prepare cost allocation reporting on a quarterly basis for Centers for Medicare & Medicaid Services (CMS) and Indiana Family and Social Services Administration (IFSSA).
- Verify financial balancing report (*FIN-005*) to various financial reports within Computer Report to Laser Disc (CRLD).
- Prepare weekly invoices for IHCP SB 175, ARCH, and 590 programs based on the FIN-8000 series that are delivered to the budget section at IFSSA.
- Assist with training new staff
- Problem resolution
- Perform quality control functions

Waiver/CMS-64 Analyst

The responsibilities of the waiver/CMS-64 analyst are as follows:

- Produce and submit the *Quarterly CMS-64 IHCP Expenditure* report to CMS and the Office of Medicaid Policy and Planning (OMPP)
- Produce, verify, and submit the annual waiver schedules and reports to the OMPP

- Submit the Quarterly Medicaid Statistical Information Systems (MSIS) Data to CMS
- Write and coordinate all Management and Administrative Reporting (MAR) Change System Requests (CSRs)
- Validate monthly MAR window data
- Maintain and update all MAR procedure manuals
- Other ad hoc reporting as assigned by manager or customer

Cash Control Clerk

The responsibilities of the cash control clerk are as follows:

- Sort and batch all copies of cash receipts received from the lockbox at Huntington National Bank (HNB)
- Assign unique cash control number (CCN) to each cash receipt
- Prepare deposit slips for *live* checks received by EDS
- Enter cash receipts in Indiana*AIM* within one business day
- Deliver cash receipt documentation to the appropriate departments for disposition
- Disposition provider cash receipts for accounts receivables
- Research cancelled checks as requested for documentation

Accounting Assistant

The responsibilities of the accounting assistant are as follows:

- Process returned remittance advice (RA) reports
- Deliver checks to the Operations Unit to print weekly cycle of checks and retrieve unused checks when the print job is complete
- Process stop payment requests
- Process voids
- Process liens
- Produce manual checks
- Issue replacement checks for ruined cycle checks, stop-pays, and failed electronic funds transfers (EFTs)

Financial Services Representative/Accounts Receivable Analyst

The responsibilities of the financial services representative are as follows:

- Review, research, and resolve aged accounts receivables
- Maintain detailed documentation of collection activity
- Contact providers by phone and written correspondence to resolve outstanding accounts receivable balances
- Develop and maintain all operational procedure manuals

- Use Indiana*AIM*, financial reports, and Decisions Support System (DSS) queries to identify providers with aged or high dollar outstanding accounts receivables
- Maintain status reports that report progress on collecting outstanding accounts receivables
- Update monthly intermediate care facility for the mentally retarded (ICF/MR) Tax Assessments
- Tax assessment reconciliation

General Finance Team Expectations

General expectations of all team members are as follows:

- Proactively initiating process and /or policy improvement ideas
- Being responsible for following all documented processes and procedures (manual, team meeting discussions, other, and so forth)
- Proactively asking for clarification about processes and procedures as needed
- Attending all team meetings unless prior excused by manager; responsible for reading, understanding, following all direction provided in team meeting minutes even if unable to attend a specific meeting
- Maintaining current operating procedures manual and process or procedure updates on desk at all times; refer to daily or as needed for clarification
- Maintaining professional demeanor at all times
- Avoiding negativity with customer, providers, team members
- Daily filing and desk maintenance

Section 2: Operating Procedures

Cash Receipts

Refund checks are submitted to the IHCP for various reasons. These include overpayment of a claim, payment from other insurance, refunds resulting from an audit, or payment for an outstanding accounts receivable. These checks come from different sources such as providers, insurance companies, members, or attorneys.

In addition to checks payable to the IHCP, EDS receives checks for provider manuals, max fee schedules, and RA copies. These checks are considered revenue for EDS services and are handled separately from IHCP checks.

Checks can be received through the HNB lockboxe s or directly by U.S. Mail at the EDS office.

Cash Receipts

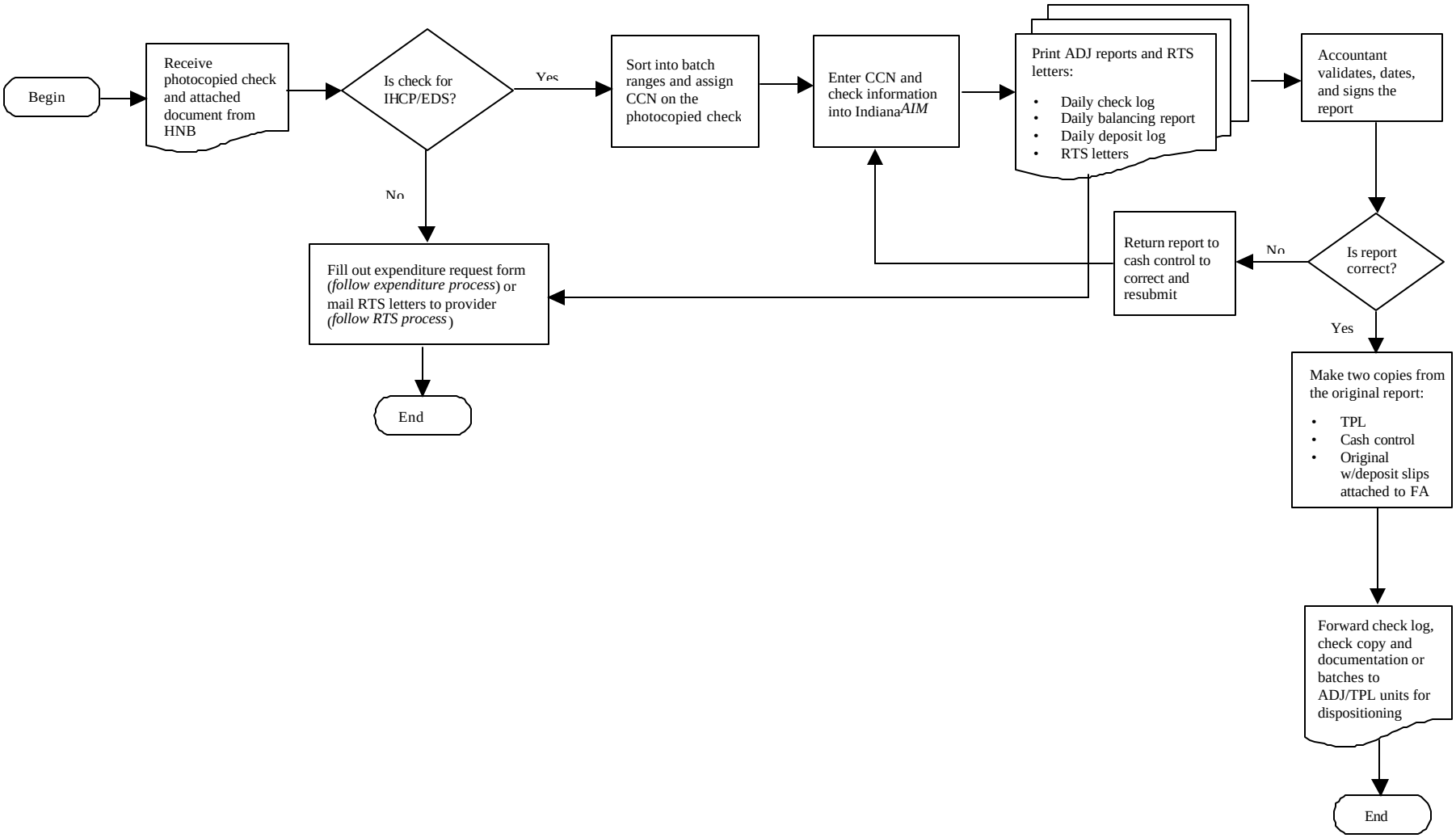


Figure 2.1 – Cash Receipts Flowchart

Lockbox Receipts

EDS maintains two lockboxes at HNB. All lockbox deposits are made directly to the CDA account at HNB on a daily basis. The bank is responsible for opening all envelopes, photocopying all checks, ensuring original documentation remains with the check copy, and depositing all appropriate checks. The purpose of each lockbox are explained below:

- Refund Checks - Department 104
  - EDS Provider Lockbox (LB104) receives checks to satisfy outstanding accounts receivable, to correct billing errors, and to settle casualty cases.
- Third Party Liability (TPL), Health Management Services (HMS) - Department 56
  - Healthcare Management Services has been subcontracted by EDS to handle all refund checks as a result of TPL billing to insurance companies.

All TPL checks are received at HNB in the HMS lockbox (LB56). Copies of the check and the original documentation are forwarded to the cash control clerk in the Finance Unit by courier on a daily basis for Lockbox 104. Photocopied checks and documentation are sent on a daily basis by Federal Express to HMS in New York City for Lockbox 56.

Non-Lockbox Receipts

Mailroom Receipts

Mailroom personnel open all envelopes addressed as payments for third party liability, adjustments, written inquiry, and finance. For all other envelopes that contain a check, the mailroom delivers the check with supporting documentation to the cash control clerk. All checks are individually logged in the receiving unit. Checks are delivered to the cash control clerk no later than Noon each day. The cash control clerk verifies the check information and initials the Mailroom Check Log to confirm receipt of the items. Any discrepancy in the check log is documented and maintained by the cash control clerk.

Other Cash Receipts

Checks received in other departments or by other contractors (such as ACS, HCE, and Myers and Stauffer, LC) are logged on their individual check logs. Checks received by EDS are returned in the original envelope and hand delivered to the cash control clerk, who verifies and initials the log. A copy of the department log is given to the cash control clerk when the checks are delivered. All checks must be received by 2 p.m. Checks received after 2 p.m. are kept in a secured location to be processed with receipts the next business day.

Other contractors who receive checks on behalf of the IHCP send the Finance Unit daily check logs, and are responsible for wiring monies received to the State's account at HNB. The daily check log total should match the daily wire transfer.

Processing Non-lockbox Receipts

The cash control clerk verifies that all non-lockbox receipts are payable to IHCP before forwarding them to the lockbox for deposit at HNB. If a check is sent to the EDS address in error and does not belong to the IHCP, it is returned to the sender.

Within 24 hours of receipt, the cash control clerk forwards the check, with the documentation stapled to the envelope, to the appropriate lockbox by mailroom courier for deposit at HNB. It is the responsibility of the mailroom courier to ensure these checks are hand delivered to HNB, 201 North Illinois Street, Indianapolis. As soon as the checks are received at HNB, the receipts are processed according to the lockbox procedures described above. Please note that HCE, ACS, or Myers and Stauffer, LC, checks are forwarded directly to those entities by the courier or US Mail. The section about other contractor coordination contains additional information.

Lockbox Preparation for Incoming Checks Received at EDS

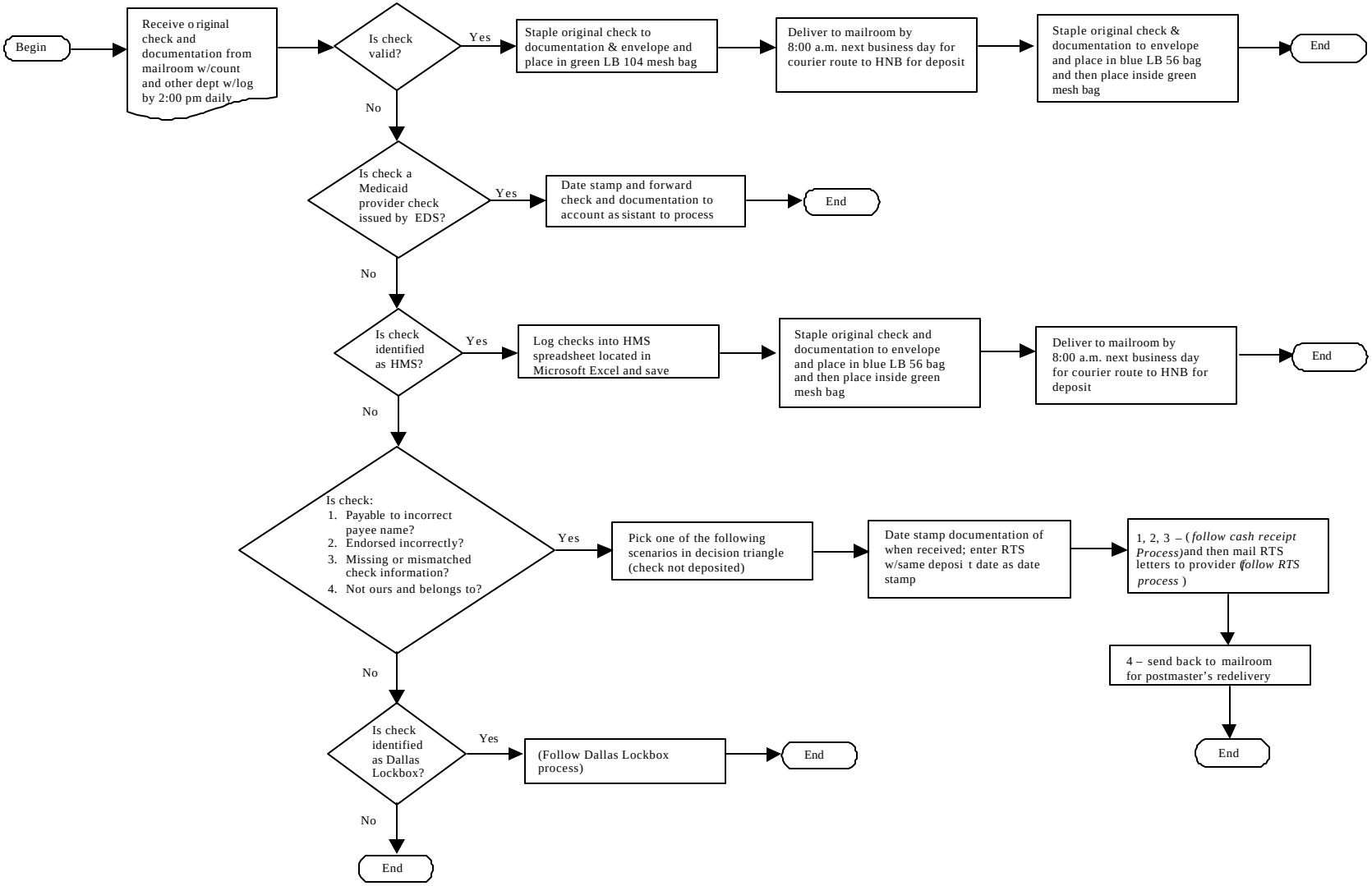


Figure 2.2 – Lockbox Preparation for Incoming Checks Received at EDS Flowchart

Sorting and Batch Assignment

After the check copies and documentation are received from HNB, the cash control clerk prepares the cash receipts by sorting them by cash receipt type.

Indiana*AIM* is capable of monitoring cash receipts from the date received to the date of final disposition. Each cash receipt is assigned a unique CCN that is written on the check. This CCN is maintained in the system to track each individual check from initial entry to final disposition. Each functional area, such as the TPL Unit and Adjustments Unit, is responsible for monitoring the disposition action of cash receipts related to that area. See *Section 5, Table 5.1* for cash receipt batch numbers and descriptions.

Checks Deposited in LB 104 or LB 91 in Error

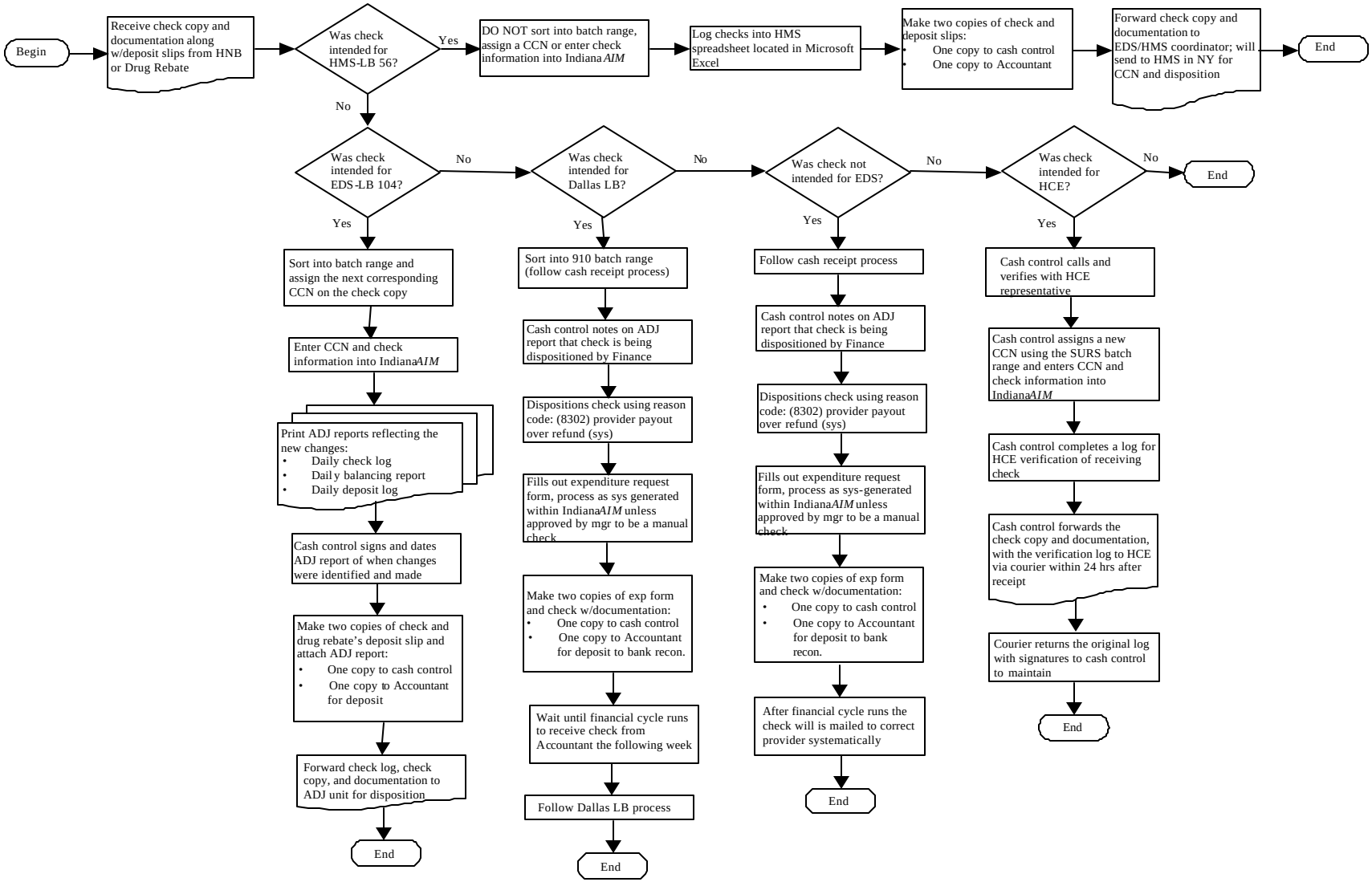


Figure 2.3 – Checks Deposited in LB 104 in Error

Cash Control Number Assignment

Each cash receipt is assigned a unique CCN at the time of receipt. This CCN number is used to monitor the cash receipt from entry to full disposition. The format of the CCN and description is listed below:

YYJJJ BBB SSS

- YY is the year of receipt
- JJJ is the Julian date of receipt
- BBB is the batch number. The listing of batch ranges and a description of when they are used is in *Section 5: Table 5.1*.
- SSS is the sequence number within the batch. When the cash control clerk receives the photocopied checks and documentation from the bank and assigns CCNs to each item, the checks are ready to be entered in Cash Receipts in Indiana*AIM*.

Enter Cash Receipts in Indiana*AIM*

This section of the manual provides step-by-step instructions for entering cash receipts in Indiana*AIM*.

To log in to Indiana*AIM*, double click the Indiana*AIM* icon.

At the *Indiana*AIM *Logon* window:

1. Type in **User ID**
2. Type in **Password**
3. Click **OK**. The *Indiana*AIM *Production Main* menu displays.
4. At the main menu, click **Financial**. To access the *Cash Receipts Search* window,
5. Click **Cash Receipts**.

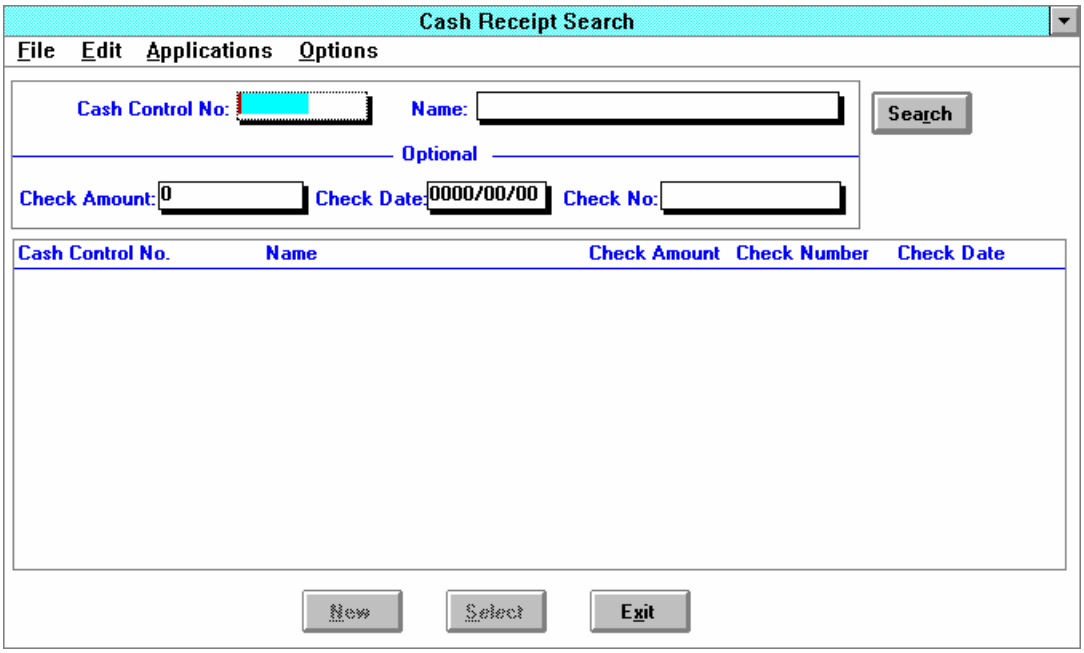


Figure 2.4 – Cash Receipt Search Window

6. To enter new checks in Indiana*AIM*, click **New**. The *Check Log* window displays. Tab to move between fields in the *Check Log* window.

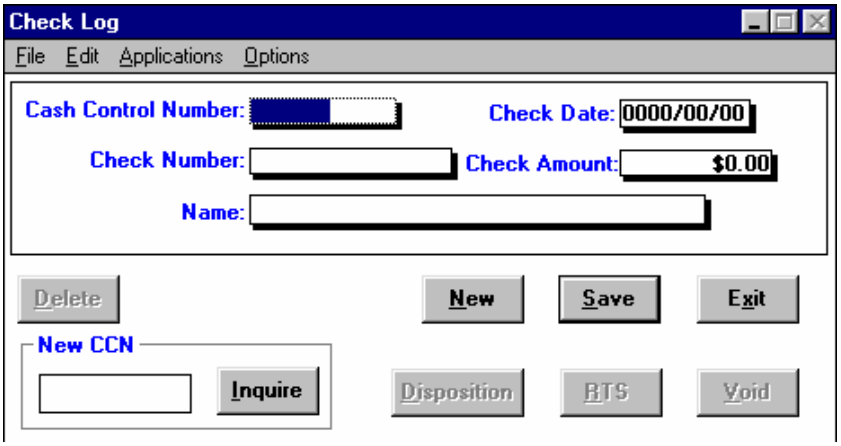


Figure 2.5 – Check Log Window

7. Type in **CCN** that is stamped on check.
8. Type in **Check Date (YYMMDD)**.
9. Type in **Check Number**.
10. Type in **Check Amount**. If the check amount is more than $1000, the system requires the amount to be typed twice to ensure accuracy. If an error does occur, the amount must be retyped until two consecutive matches are typed in.

11. Click **Save** or **Alt+S**.
12. Click **New** or **Alt+N** to type in another check. This process is repeated until all checks are in the system.
13. Click **Exit** to leave the *Check Log* window.
14. To leave the *Cash Receipt* window, click **Exit**.

Enter Daily Cash Receipt Totals

1. At the main menu, click **Financial**. The *Financial* menu displays.
2. Click **Cash Receipt Totals**. The *Daily Cash Receipt Totals* window displays.

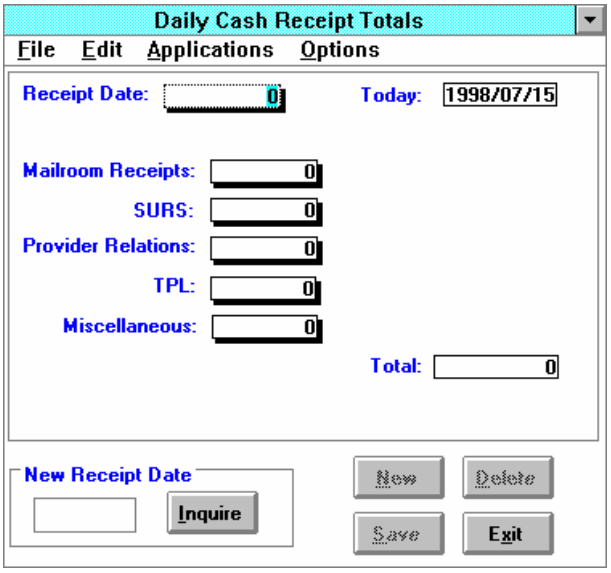


Figure 2.6 – Daily Cash Receipt Totals

3. Type in Date of receipt (Year-Month-Date).
4. Type in Total number of checks from each area. Mailroom receipts include the following:

- Data Prep
- SURS
- Provider Relations includes Drug Rebate*, Finance, and Written Inquiries

> *Note: As of January 1, 2003, EDS does not perform drug rebate functions.*

- TPL include TPL and Casualty
- Miscellaneous includes Adjustments

5. Click **Save**. Indiana*AIM* automatically totals the daily receipts. Verify the total is in agreement with the unit log. If the logs do not balance, correct and note any discrepancies.
6. Click **Exit**.

Daily Cash Reports

Cash reports are run and verified daily to ensure the accuracy of cash receipt entry.

Daily Check Log

The *Daily Check Log* lists each check in the daily deposit. The check number, payor name, check amount, and CCN associated with the check are listed on the log. This log is used for future reference and provides a detailed listing of all cash receipts entered for a particular day.

1. To generate the *Daily Check* log, at the main menu, click **Financial**.
2. Click **Cash Receipt Totals**. The date of inquiry is typed in a new receipt date field, if it is different from the current date.
3. If a new receipt date is used, click **Inquire** to access information for that date. The *Daily Cash Receipt Totals* window displays.

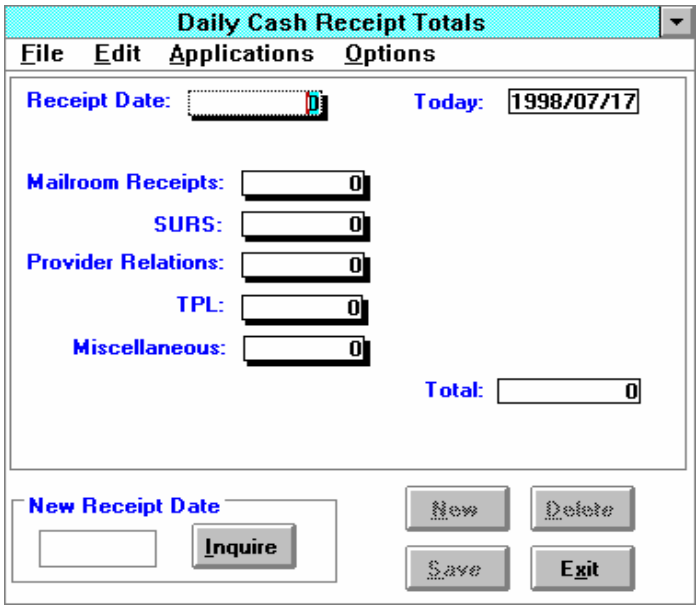


Figure 2.7 – Daily Cash Receipts Totals

4. Click **Options** from the tool bar.

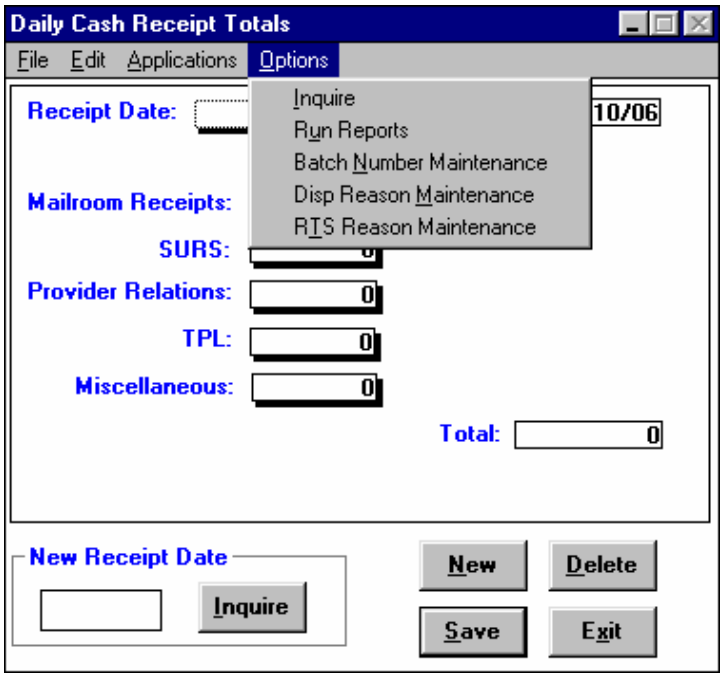


Figure 2.8 – Daily Cash Receipt Totals

5. Click **Run Reports**. The *Daily Cash Receipt Reports* window displays.

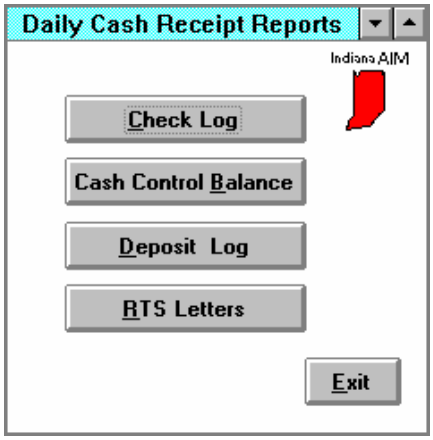


Figure 2.9– Daily Cash Receipt Reports Window

6. Click **Check Log** to generate the *Daily Check Log* report.
7. Click **Print**.
8. Click **Exit**.

Daily Deposit Log

The *Daily Deposit Log* shows the total number of checks in each batch range along with the total amount deposited that day for each batch.

1. To generate the *Daily Deposit Log*, at the main menu, click **Financial**.
2. Click **Cash Receipt Totals**. The *Daily Cash Receipt Totals* window displays.
3. To access information for the new cash receipt date, click **Inquire**.
4. Type in **date of inquiry** if different from current date in the *New Receipt Date* field.
5. From the tool bar, click **Options**.
6. Click **Run Reports**. The *Daily Cash Receipt Reports* menu displays.
7. Click **Deposit Log**.

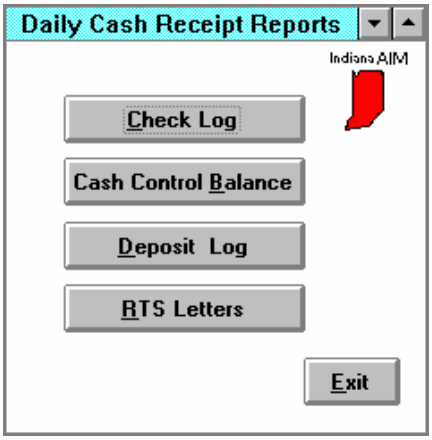


Figure 2.10 – Daily Cash Receipt Reports Window

8. Click **Print** to generate the *Daily Deposit Log*.
9. Click **Exit**.

Daily Balancing Report

The *Daily Balancing* report indicates the total number of checks received and entered and the total number of checks deposited for a given day. The variance between the two is calculated. A listing of each check entered but not deposited is generated with an explanation explaining why the check was not deposited, such as, return to sender, voided system check. This report is validated and initialed by the cash control clerk and accountant.

1. To generate the *Daily Balancing* report, at the main menu, click **Financial**.
2. Click **Cash Receipt Totals**.
3. Type in **date of inquiry**, if different from the current date, in the *New Receipt Date* field.
4. To access information for the new receipt date click **Inquire**.

5. Click **Options** from the tool bar.
6. Click **Run Reports**. The *Daily Cash Receipt Reports* window displays.

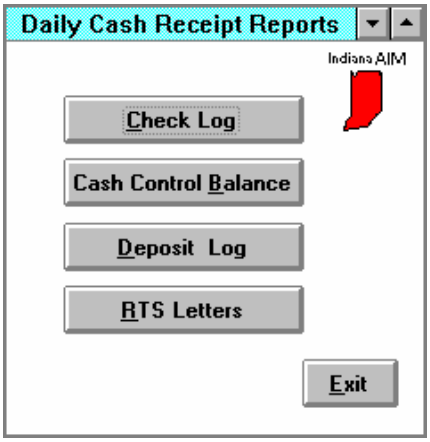


Figure 2.11 – Daily Cash Receipt Reports Window

7. Click **Cash Control Balance**.
8. Click **Print** to generate the *Daily Cash Control Balance* report.
9. Click **Exit**.

Note: Copies of all the logs and balancing reports are retained in a file in Julian date order for a minimum of seven years.

Daily Distribution Procedures

Copies of the *Deposit Log* are made, and batches of up to 15 items are bundled for distribution. The checks are batched for the other departments to disposition. The receiving department has several analysts who disposition the check, and by limiting the size of the batch, multiple analysts can post the cash receipts for one day's deposit.

A copy of the *Daily Check Log* is included with the appropriate folder, and the first and last numbers in the range are highlighted so the receiving department can easily locate the items that correspond to the batch sheets. Batches 940, 946, and 965 include a copy of the *Daily Deposit Log* as a permanent record.

An EDS batch sheet is completed and attached to the check copies and documentation. Batches 905, 906, 910, 920, 922, 924, and 940 must be placed in a manila folder with a tab that indicates the Julian date and range of CCNs contained in the folder, for example 98191905000-008. This indicates on July 13, 1998, for Batch 905, Provider Refund – TPL that there were nine checks to be dispositioned, 000-008 within the folder.

The batches are hand-delivered by the cash control clerk to the various departments for disposition.

One copy of the *Deposit Log* is made. The original log along with the deposit tickets are given to the accountant. The cash control clerk, to keep a permanent record of the transaction, retains the second copy.

EDS Revenue Payments

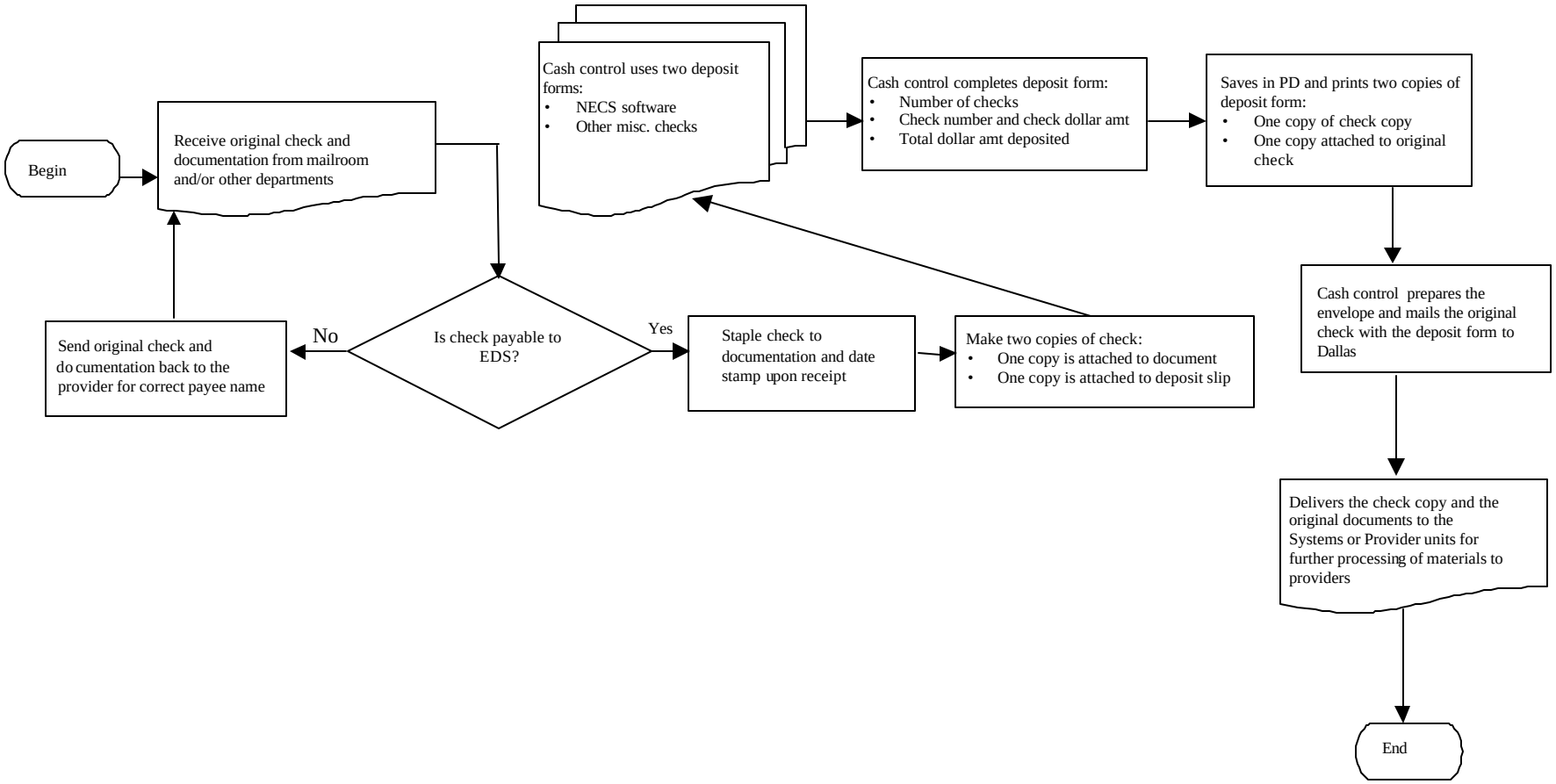


Figure 2.12 – EDS Revenue Payments

EDS Revenue Payments

The cash control clerk receives checks for Provider Electronic Solutions, OMNI devices, provider manuals, max fee schedules, RA copies, and other miscellaneous revenue from the mailroom or other departments that should have been sent to the EDS Dallas lockbox. These checks are EDS revenue, not funds due to IHCP; therefore, the procedures for depositing these checks are different from regular lockbox procedures. Dallas lockbox checks are received along with other ICHP refund payments. After sorting all the checks, the cash control clerk logs the Dallas lockbox checks in the *EDS Revenue Payments Dallas Lockbox Check Log*.

The cash control clerk stamps the check and documentation with the date it was received. Two copies of the check are made. One copy is attached to the documentation, and the other is attached to the deposit form copy. The cash control clerk files one copy by date for record keeping purposes.

The cash control clerk completes the deposit form, filling in the total number of checks, the dollar amount deposited, check numbers, and check amounts. If there is more than one check attached to a deposit form, the cash control clerk tallies the check amounts on calculator tape. The cash control clerk prepares the envelope and sends the original check with the deposit form and calculator tape to the Dallas lockbox address. The cash control clerk delivers copies of checks for Provider Electronic Solutions and OMNI devices to the Systems Unit for processing while the Client Services Unit receives check copies and documentation for processing all other requests.

Returned Bank Deposits

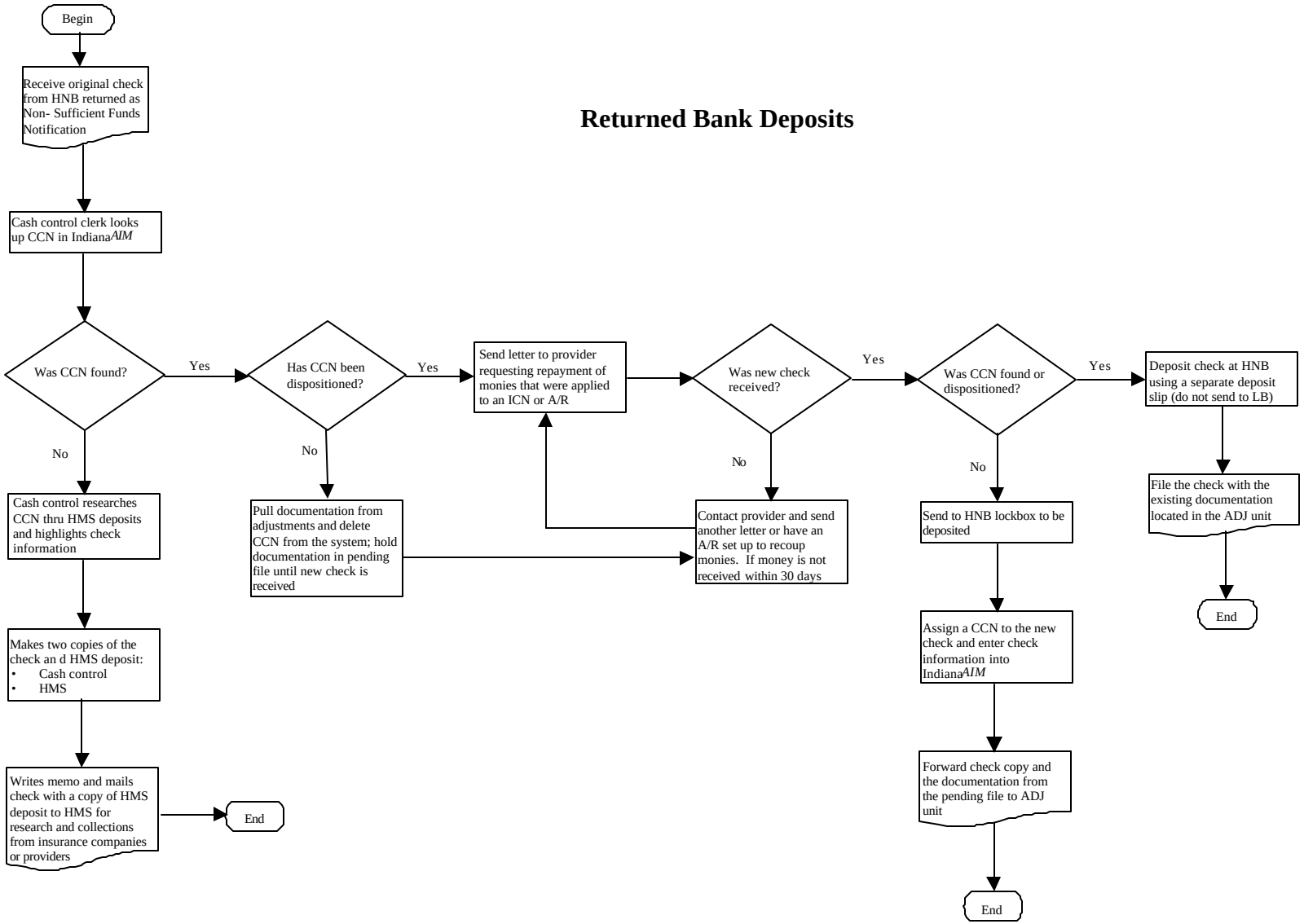


Figure 2.13 – Returned Bank Deposits

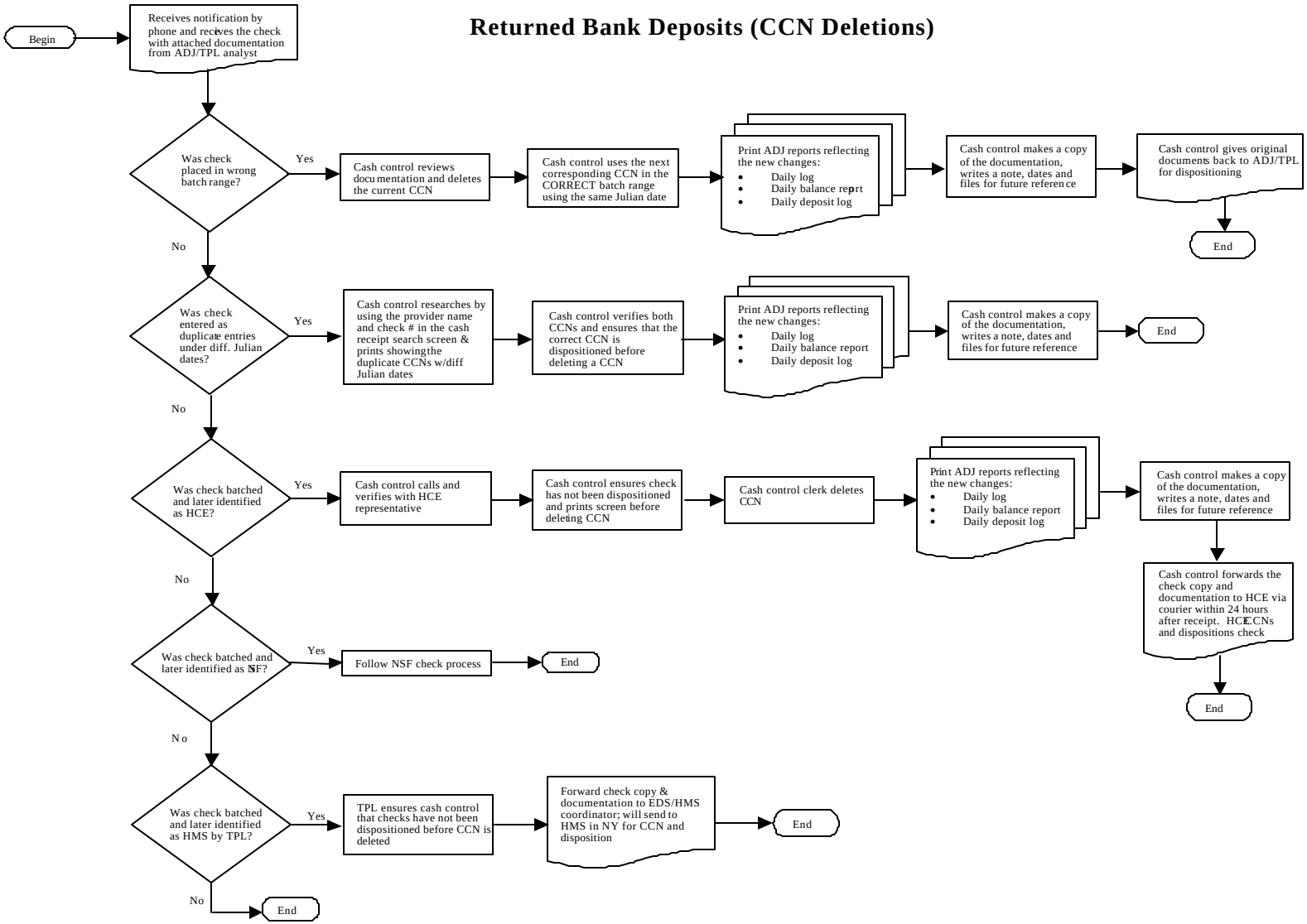


Figure 2.14 – Returned Bank Deposits (CCN Deletions)

Returned Bank Deposit Procedures

Refund checks can be returned from the bank for **stop payments, nonsufficient funds, closed account,** or **stale dates.** The cash control clerk receives the original check from HNB. The accountant retains a copy of the returned check for the bank reconciliation. Procedures for each situation are included in the following text.

Stop Payments, Nonsufficient Funds, Closed Accounts, and Stale Dates

When a check is returned for stop payments, nonsufficient funds (NSF), closed accounts, or stale dates, the cash control clerk receives the original check from HNB. The cash control clerk sends a form letter with a copy of the returned check to the provider requesting a replacement check. The cash control clerk checks Indiana*AIM* to determine if the check has been dispositioned or not.

- If the check has been dispositioned, the cash control clerk waits for a replacement check. When the replacement check is received, the cash control clerk deposits the replacement check without a CCN on a separate deposit slip. A new CCN is not assigned because a CCN was previously created for this check, and the original check has already been dispositioned.
- If the check has not been dispositioned, the cash control clerk deletes the original CCN from the system and pulls any related documentation from the files. When the replacement check is received, the cash control clerk will give the replacement check a new CCN.

For tracking, all returned deposits are recorded on a Microsoft Excel spreadsheet (*L:\\Finance\Cash Receipts\2003\2003 NSF Log.xls*) and receipt of a replacement check; a separate deposit slip is used for the daily deposit. Follow-up occurs for any check that has not been replaced within 30 days. Follow-up includes a phone call to the payer of the check. If the payer is unresponsive to the phone call and there is no indication of a replacement check being processed, an additional letter is sent.

Return to Sender Letter

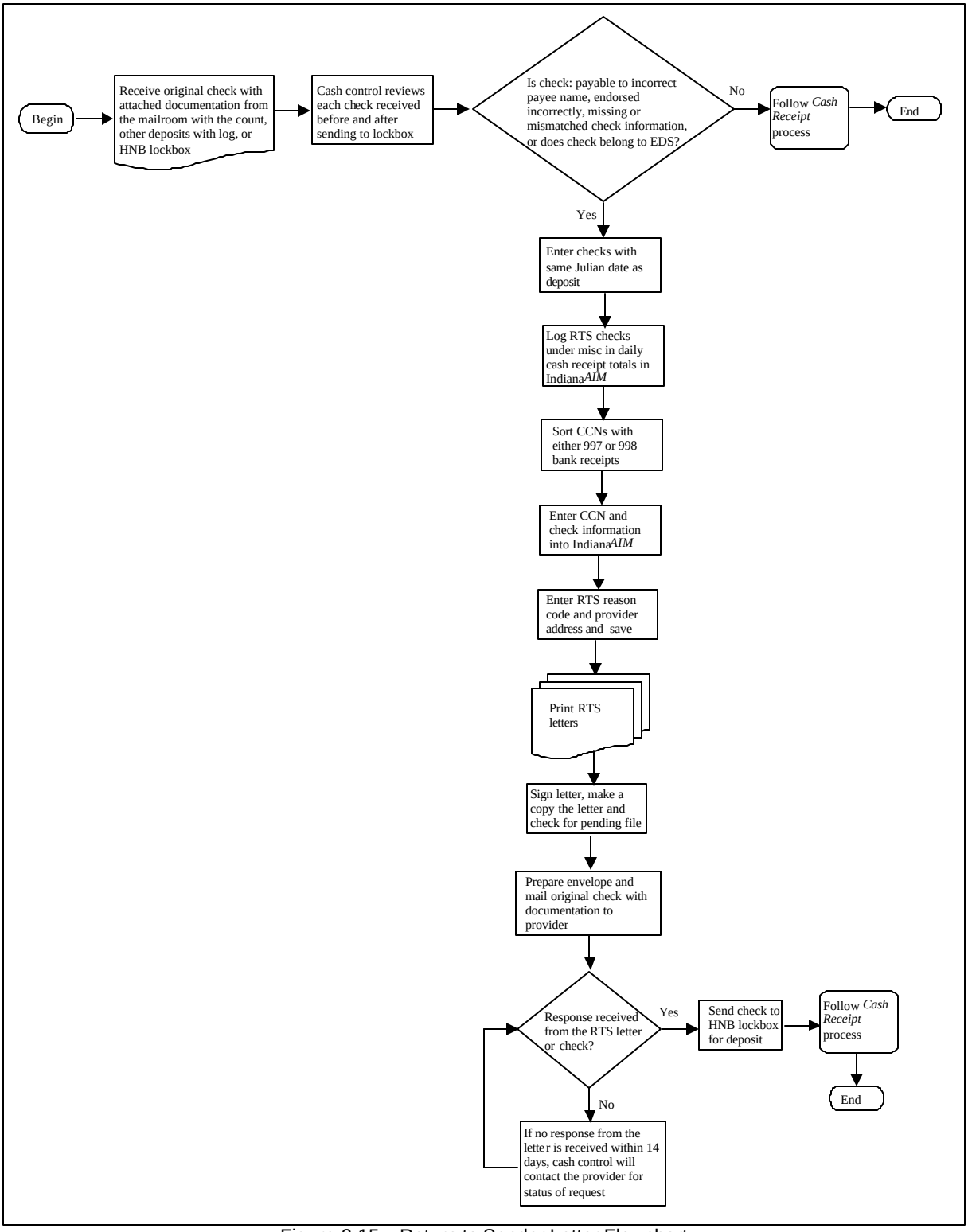


Figure 2.15 – Return to Sender Letter Flowchart

Return to Sender

There are numerous reasons for a check to be returned to the sender (RTS). The most common reasons are listed below:

- Checks are made payable to a payee other than EDS. The check and supporting documentation are returned to the payor with a letter explaining that the check needs to be made payable to The IHCP. See *Appendix B, Figure B.4, RTS #R02* for an example of this.
- Checks payable to an individual or requiring additional information are endorsement returned to EDS from the lockbox by a courier. A letter and the original check are sent to the payor asking for additional endorsement or information. EDS should be the final endorser. These checks are assigned a CCN, using batch range 997. A photocopy is retained in a pending file until the original is returned with the appropriate endorsements. It is the responsibility of the cash control clerk to track these checks to ensure timely endorsements. After the check is endorsed and returned, EDS signs as the final endorser. The check is then assigned a CCN in the appropriate batch range and delivered for disposition. See *Appendix B, Figure B.5, RTS #R04* for an example of this.
- Casualty checks made payable to multiple parties received from an insurance company or attorney with IHCP listed as *one* of the payees, must be endorsed by all other parties before depositing. **EDS should always be last endorsement--otherwise, the check must not be endorsed.** If any endorsements are missing, enter batch 997 and deliver an RTS letter with the original check to a casualty analyst in the TPL Unit. The casualty analyst obtains the missing endorsement. See *Appendix B, Figure B.6, RTS #R05* for an example of this.

  The only exception to this rule is if two checks are received. One contains multiple endorsements as described above, and the other is made payable to EDS for a lien satisfaction. In this case, the clerk must confirm with the TPL casualty analyst that the separate check satisfies the lien before approving the settlement check for EDS endorsement. The casualty analyst returns the other check that is received requiring multiple endorsements to the issuer.
- Checks improperly completed that do not have a signature or dollar amount are returned to payer with a letter explaining the problem. A copy of these checks is maintained in a file. The checks are matched with the file copy and deposited when returned. See *Appendix B, Figure B.5, RTS #R04* for an example of this.

If it is determined that a check needs to returned to the sender, it is entered with a batch number of 997, which requires follow-up, or 998, which does not need follow-up. Batch range 998 is used for checks that do not belong to the IHCP or EDS and were received in error from the post office.

Enter Sender Information

If the user enters a check with batch number 997 or 998, RTS information must be entered in Indiana*AIM* to generate a letter to accompany the returned documents.

1. To enter RTS information, at the main menu, click **Financial**.
2. Click **Cash Receipts**.
3. Click **New**.

4. Click **RTS**. The *Return to Sender* window displays.

- If the provider number is typed in the RTS window, the provider name and address automatically populates from the provider eligibility database. If the payer is not a provider, type in the name and address manually.
- Click the appropriate **Reason** from the dropdown list.

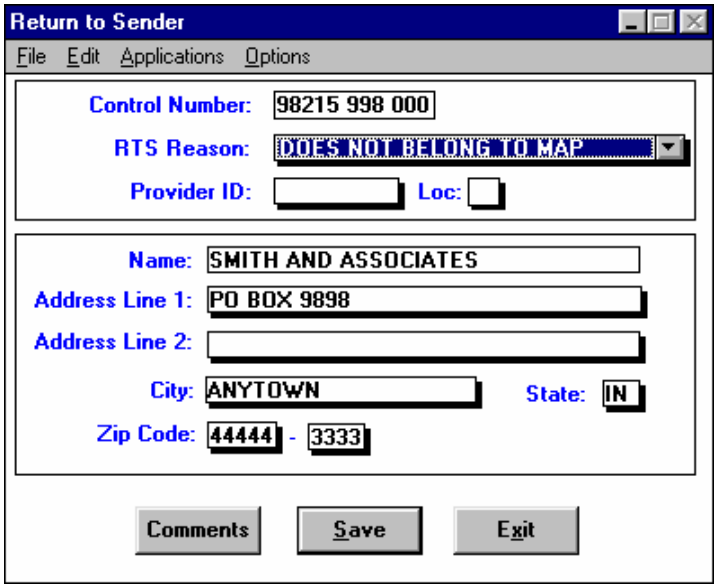


Figure 2.16 – Return to Sender Window

Note: If a miscellaneous or unspecified reason (R99) is selected for the RTS, then access the RTS comments window to enter specific information about the RTS. Data typed in the comment windows becomes the body of the letter. The user cannot save the RTS window until the Comments *window is completed.*

Print Return to Sender Letters

RTS letters are printed *daily*. To print an RTS letter, at the main menu:

1. Click **Financial**.
2. Click **Cash Receipt Totals**.
3. Type in **the date of inquiry** if the date differs from today's date. Type in the appropriate date in the *New Receipt Date* field.
4. To access information for the new cash receipt date, click **Inquire**.
5. Click **Options** from the tool bar.
6. Click **Run Reports**.
7. To access the *Print Letters* window, click **RTS Letters**.
8. Type in the date parameter for the letters desired. This window displays all letters initiated on the date parameter selected.
9. Click **Print**.

This function prints all letters that have not been printed. All letters that are printed are merged with the original check and associated documentation. The original letters are mailed daily. A copy of the letter is filed for future reference and posting in the cash control clerk's file cabinet. To reprint a letter, highlight the letter of interest.

Follow-up on Returned Checks 997

Checks returned for further clarification must be followed up with a letter 21 days from the date the check was initially returned. A copy of the original letter and check from the pending file is sent along with the request for update.

If there is no response to the follow-up letter within 14 days, the cash control clerk contacts the issuer of the check in an effort to determine the status of the request. All information about Return To Sender checks are logged in Microsoft Excel spreadsheet (*L:\\Finance\Cash Receipts\2003\2003 RTS Log.xls*) for tracking and review purposes.

Update/Add RTS Reason Code

Indiana*AIM* allows a user to update or add a RTS Reason Code without system engineers (SE) modifying the system. The following steps are used to add or update an RTS reason code.

1. At the main menu, click **Financial**.
2. Click **Cash Receipt Totals**.
3. From the tool bar, click **Options**.

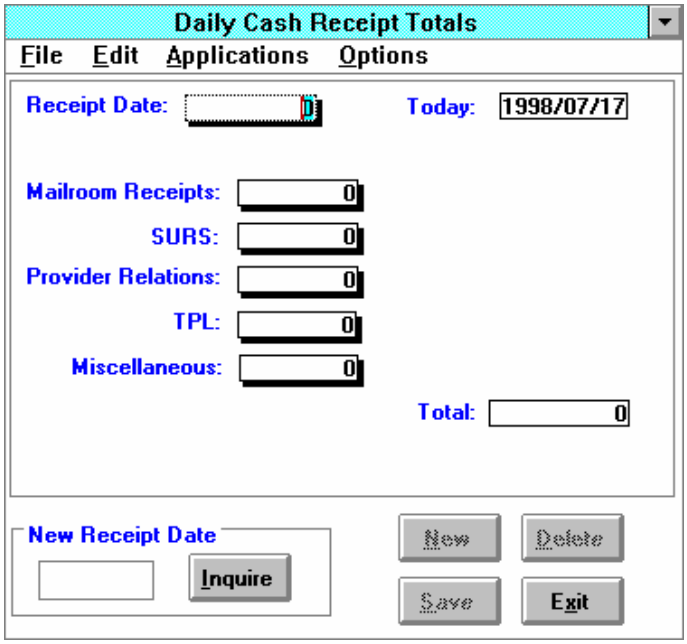


Figure 2.17 – Daily Cash Receipt Totals

4. Click **RTS Maintenance**.

5. At the *RTS Reason Code Maintenance* window, click **New** to type in an additional RTS code.

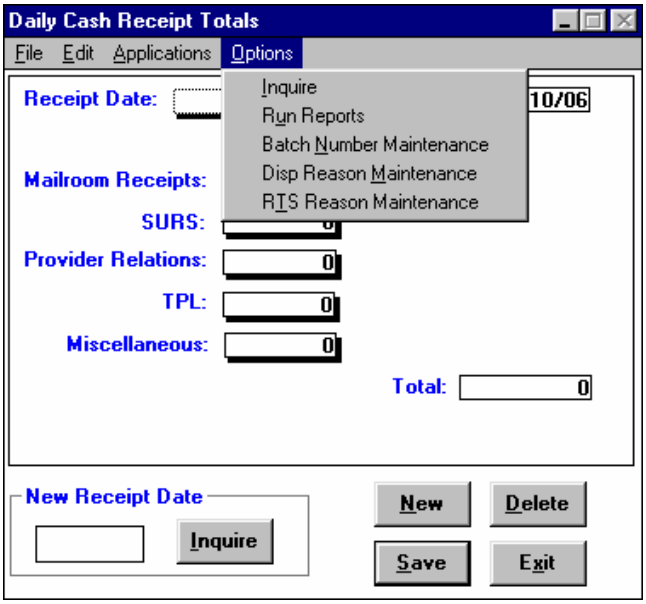


Figure 2.18 – Daily Cash Receipt Totals

6. Type the **Reason Code**.
7. Type a brief description of the new reason code.

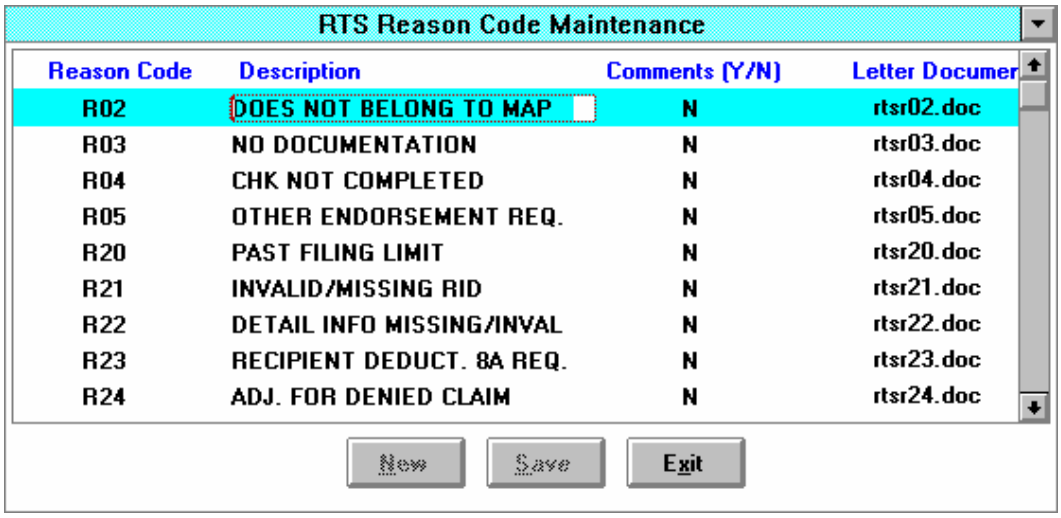


Figure 2.19 – RTS Reason Code Maintenance Window

8. Click **Comment Indicator**, **Y** or **N**. This identifies the reason codes that require comments.

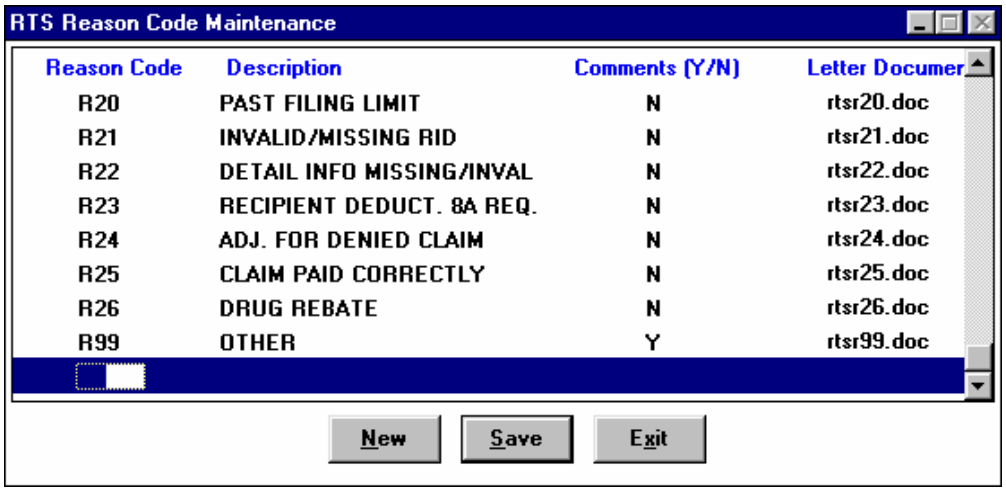


Figure 2.20 – RTS Reason Code Maintenance Window

9. Type the **Letter Document Number**. This indicates the Microsoft Word letter document that is printed for a particular reason code. A new reason code cannot be typed in without creating a new RTS letter. Refer to the RTS Letter Maintenance for additional information.
10. Click **Save**.
11. Click **Exit**.

> *Note: Updates can be made only to the description of existing RTS reason codes. When an RTS reason code is established, it cannot be deleted because checks may already be linked to that reason code. See* Appendix B, Figure B.13, R99 *for an example of this.*

RTS Letter Maintenance

Indiana*AIM* allows the user to create new RTS letters or update the existing letters without a major system change.

1. To create a new RTS letter, at the *Windows* menu, click the **Microsoft Word** icon.
2. At the tool bar, click **File**.
3. Click **New**.
   – Format the letter, inserting bookmarks for data that is system generated.

> *Note: Several bookmarks have been predefined in Indiana*AIM*. The user must use these bookmarks to create a new letter. If, for some reason, the bookmark required for the new letter does not already exist in Indiana*AIM*, it must be added before the letter can be created. When the letter is complete, the file must be saved.*

4. At the tool bar, click **File**.

5. Click **Save As**.

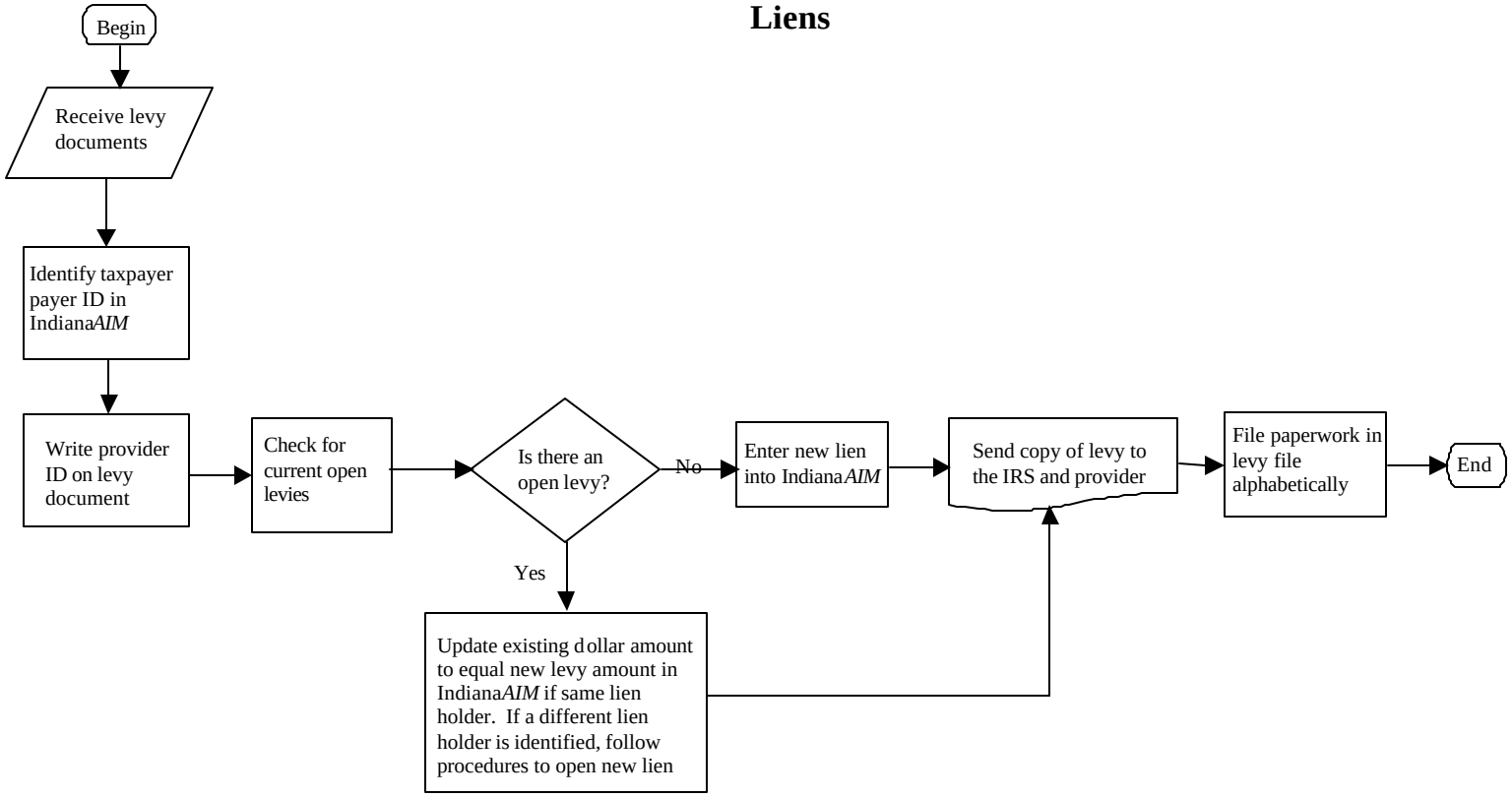
The system prompts the user for a file name. The letter must be saved using the file format, *rtsr99.doc*.

> *Note: New letters or changes to existing letters must be sent to the OMPP for approval prior to implementation of the letters.*

Provider Lien Assignment

Liens against providers are received from the IRS or from the courts in the form of a garnishment. EDS receives a Notice of Levy or garnishment order stating the payer name, address, tax identification number (TIN), and the amount of the levy. Any future provider payments are forwarded to the IRS, or designated garnishee plaintiff, until the lien is satisfied. When the total amount of the lien has been collected, Indiana*AIM* automatically closes the lien.

Liens



Volume – 2 months

Figure 2.22 – Liens Flowchart

Identify Affected Providers

To enter a lien, the taxpayer's provider identification number must be determined from Indiana*AIM*.

1. At the main menu, click **Provider**. The *Provider* menu displays.
2. Click **Maintenance**. The *Provider Search* window displays.
3. At the *Provider Search* window, type the **Tax ID number** indicated on the lien.

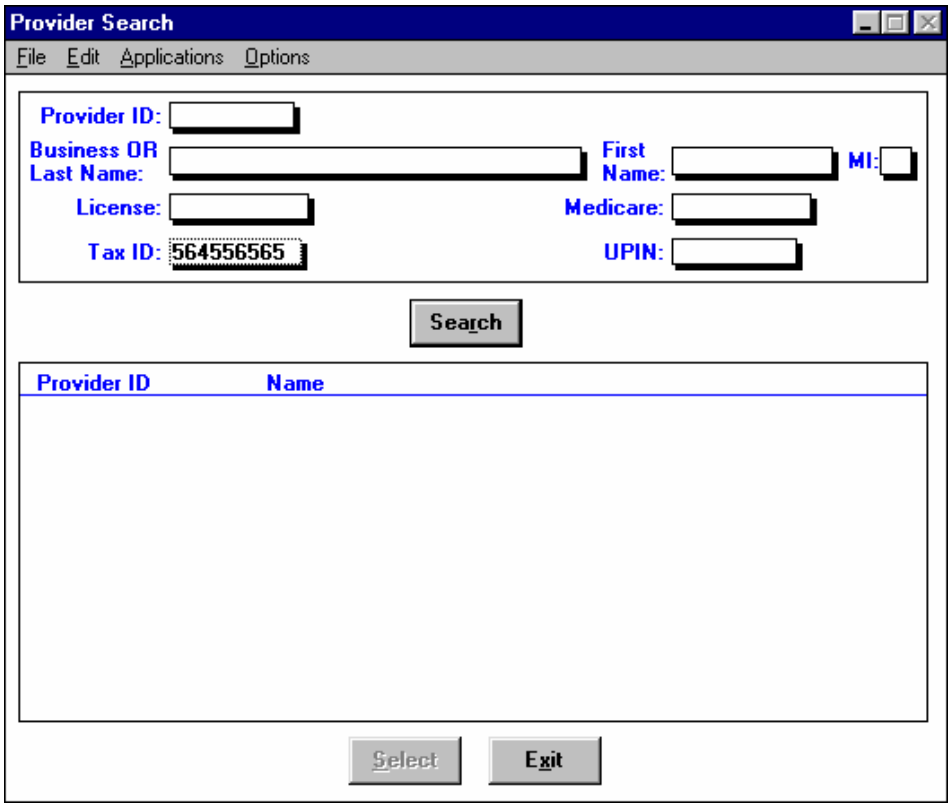


Figure 2.23 – Provider Search Window

4. Click **Search**. The provider name and identification populates. This information must be written on the levy document.
5. To return to the *Provider Search* window, click **Exit**.
6. To return to the *Provider* menu, click **Exit**.
7. To return to the main menu, click **Exit**.

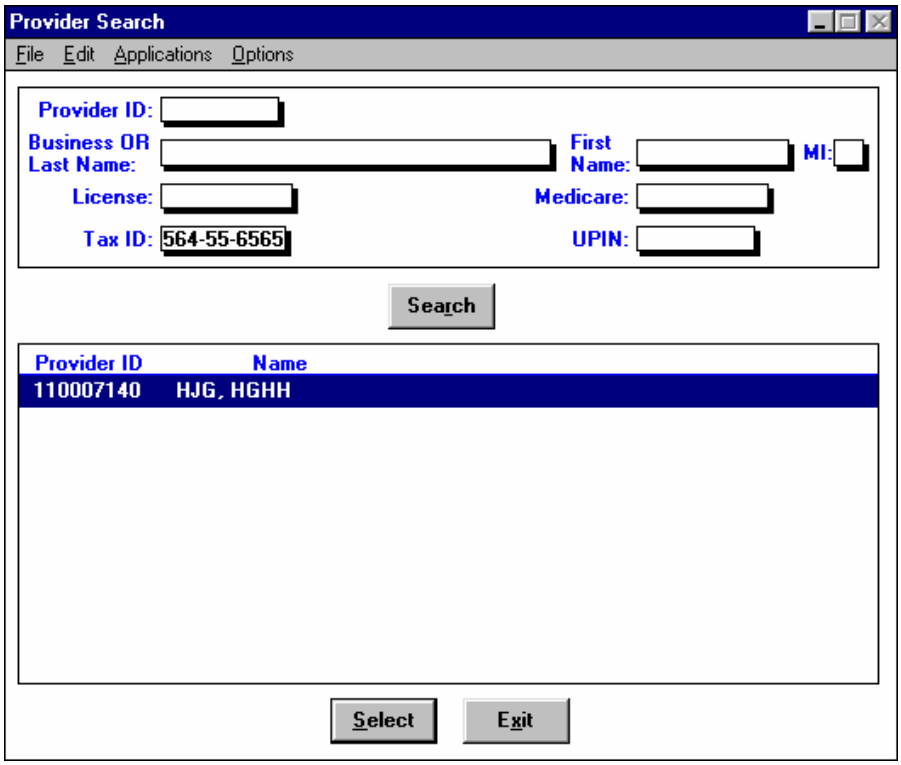


Figure 2.24 – Provider Search Window

If the search produces a provider number but a different name, contact the IRS agent or attorney listed on the levy to determine if a lien should be placed on other providers as well.

*Enter a Lien in Indiana*AIM

1. At the main menu, click **Financial**.
2. Click **Lien Processing**. The *Lien Selection* window displays.
3. To verify a levy is not already in place for this provider, click **Provider ID number**.
4. Click **Search**.
   – If entering an IRS lien, verify that there is no IRS liens currently open. If an IRS lien is currently open, close it before entering the new IRS lien. Refer to the section about closing a lien for additional information. If a lien does not exist, a new lien must be attached.

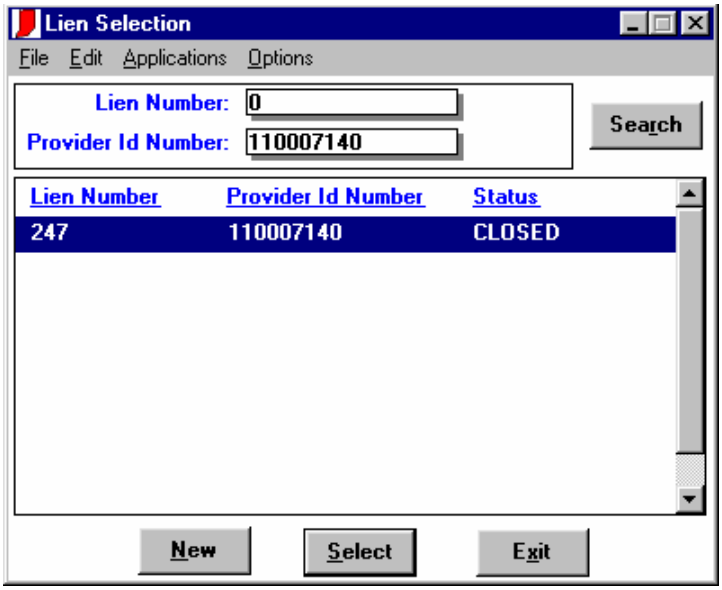


Figure 2.25 – Lien Selection Window

5. Click **New**. A subsystem menu displays the *Provider Selection* window.
6. At the *Provider Selection* menu, enter the **Provider ID number**.

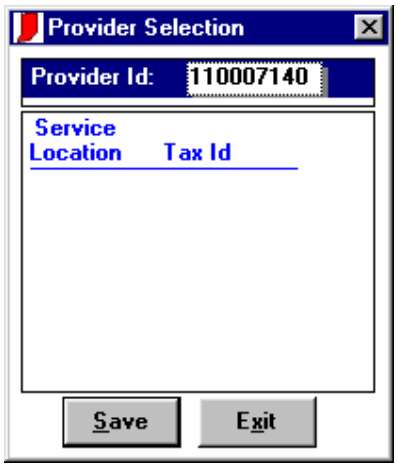


Figure 2.26 – Provider Selection Window

7. Click **Save**. An error message (91102) displays. The message box prompts with, `Please select a record`.
8. To continue, click **OK**. Highlight the appropriate tax ID number.

> *Note: If **Exit** is clicked at any time during the lien setup process, the lien segment is canceled. An on-line edit displays if **Exit** is clicked at any time except the final save on the lien.*

9. Click **Save**. After *Save* is chosen, a message displays stating, `Save Successful`.

10. To continue entering the lien information, click **OK**.

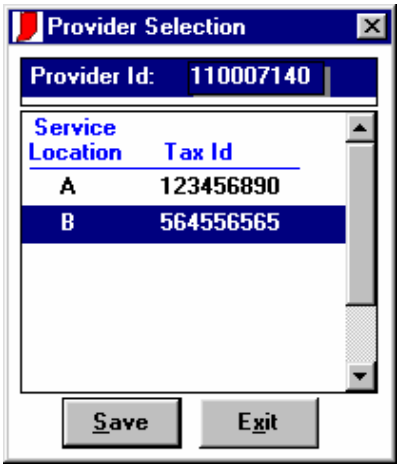


Figure 2.27 – Provider Selection Window

11. At the *Lien Holder Selection* window, scroll down with the arrows on the right-hand side of the window to search for the lien holder that matches the lien information located on the levy. If the lien hold and lien information cannot be located, a new levy must be entered.

12. To enter the new levy, click **New**.

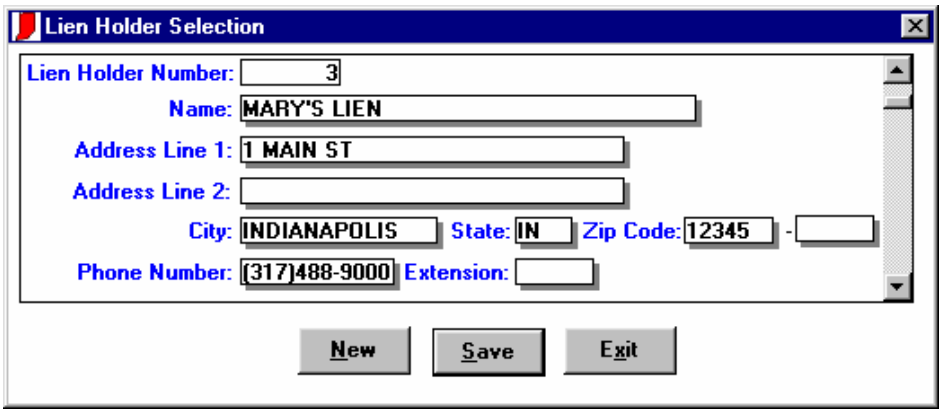


Figure 2.28 – Lien Holder Selection Window

13. Type in the **Taxpayer's TIN** and the **IRS agent's or Lien holder's name**, **address**, and **telephone number**. All of this information is located on the Notice of Levy supplied by the IRS or on the garnishment order from the court.

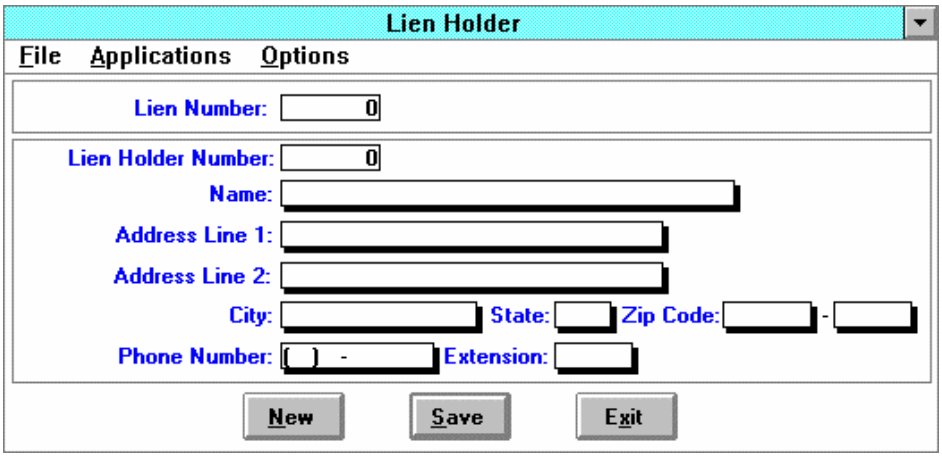


Figure 2.29 – Lien Holder Window

14. After all information has been entered, click **Save**. A message displays stating `Save Successful`.

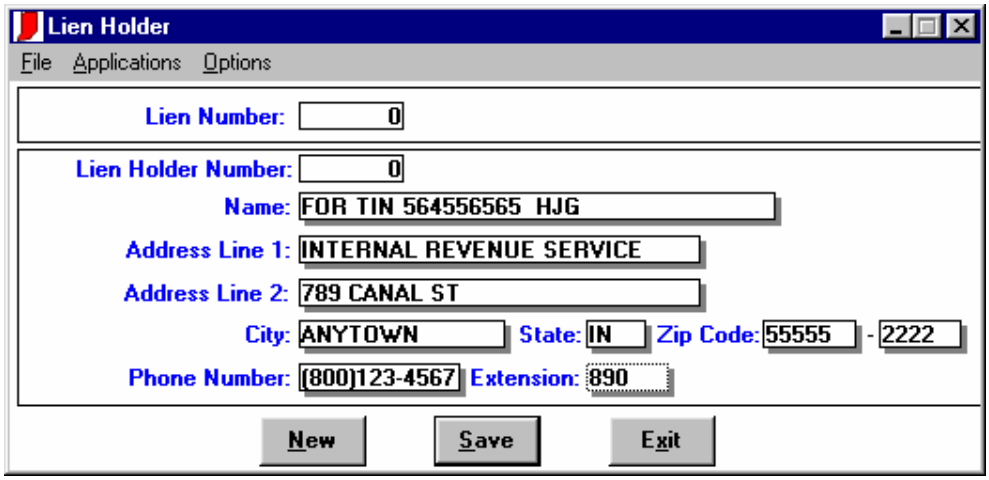


Figure 2.30 – Lien Holder Window

15. After saving the new record, a lien holder number is assigned for this address.
16. To return to the main menu, click **Exit**.
17. Write the lien holder number on the Notice of Levy for future reference.

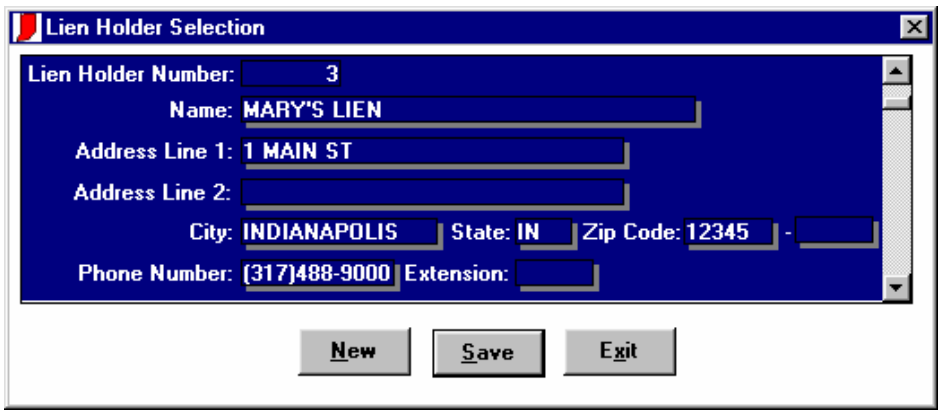


Figure 2.31 – Lien Holder Selection Window

18. After exiting the *Lien Holder* window, the *Lien Holder Selection* window displays. Use the arrows on the right-hand side of the window to scroll to the correct lien holder for the levy.

19. When the correct lien holder is located, click the **Lien holder information** box one time to ensure the correct lien holder receives the lien payment. If the intended lien holder is not highlighted, the lien payment is sent to the default lien holder or the first lien holder that displays on the lien holder selection window.

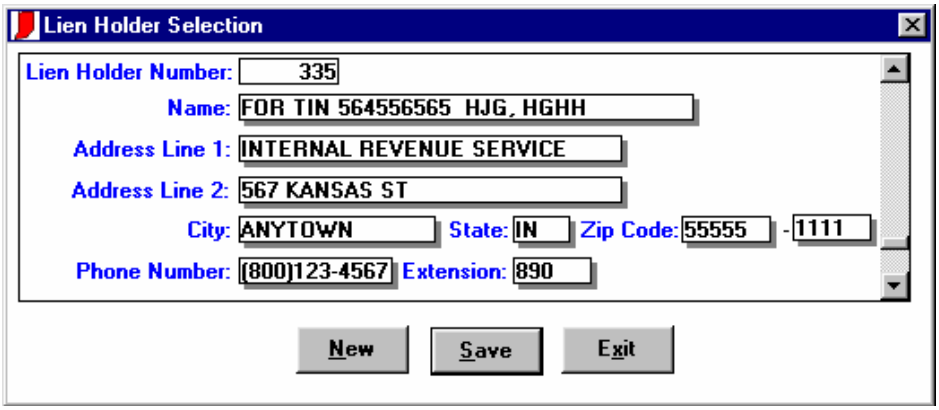


Figure 2.32 – Lien Holder Selection Window

20. After the correct information is highlighted, click **Save** .

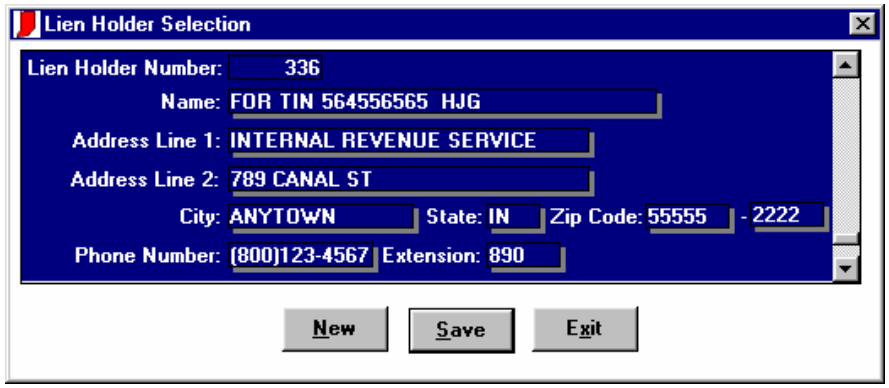


Figure 2.33 – Lien Holder Selection Window

21. The *Program Selection* menu displays. Highlight the program desired. If a program is not identified, highlight Medicaid.

22. When the correct program is highlighted, click **Select**. The program populates in the upper portion of the window.

23. If a program is selected in error, highlight the incorrect program in the upper portion of the window and click **Delete**. A warning displays to confirm the request to delete. At the delete successful window, click **OK**. This moves the program selection to the original area of the window.

24. With the correct program listed in the top portion of the window, click **Save**. The *Lien Information* window displays.

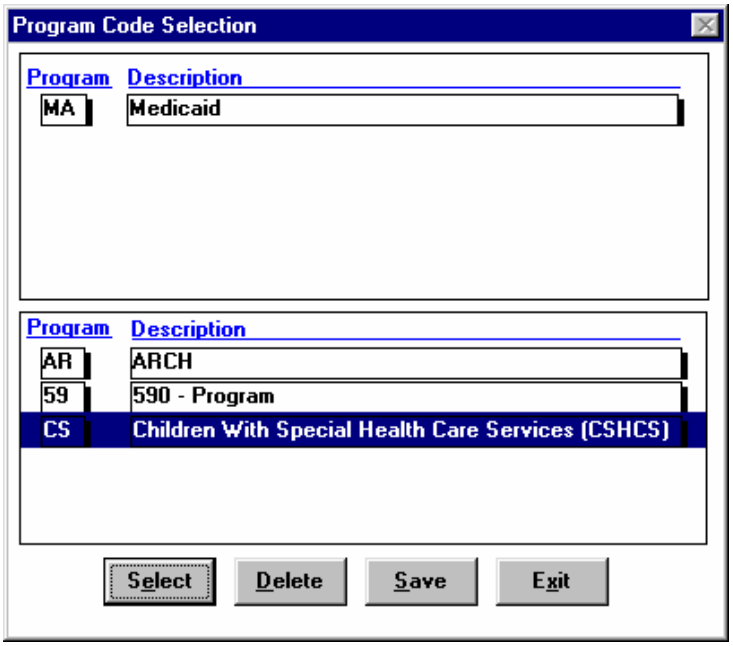


Figure 2.34 – Program Code Selection Window

25. To obtain the document number, type the **TIN and the last name** of the garnishee defendant or taxpayer. For the lien amount,

26. Type the **total amount** taken from the *Notice of Levy* or garnishment form.
27. From the *Reason* dropdown box, click **IRS Levy Est**.
28. For the payment percentage, type **1** to represent 100 percent, only if specifically instructed in the lien. Type in a maximum dollar amount under the payment rate to be recouped each cycle payments are available. The *Date of Service* field should remain blank unless the levy notice indicates otherwise.

> *Note: In some cases, garnishments or levies will be less than 100 percent withholding on a weekly basis. Enter the percentage to recoup per the court documents.*

29. Type the **Current date** in the *From* date field under the *Effective Date* field. This represents the date the levy was established.
30. In the comment field, type **New Levy** as well as the date received and entered in the system along with the initials of the person entering the levy.

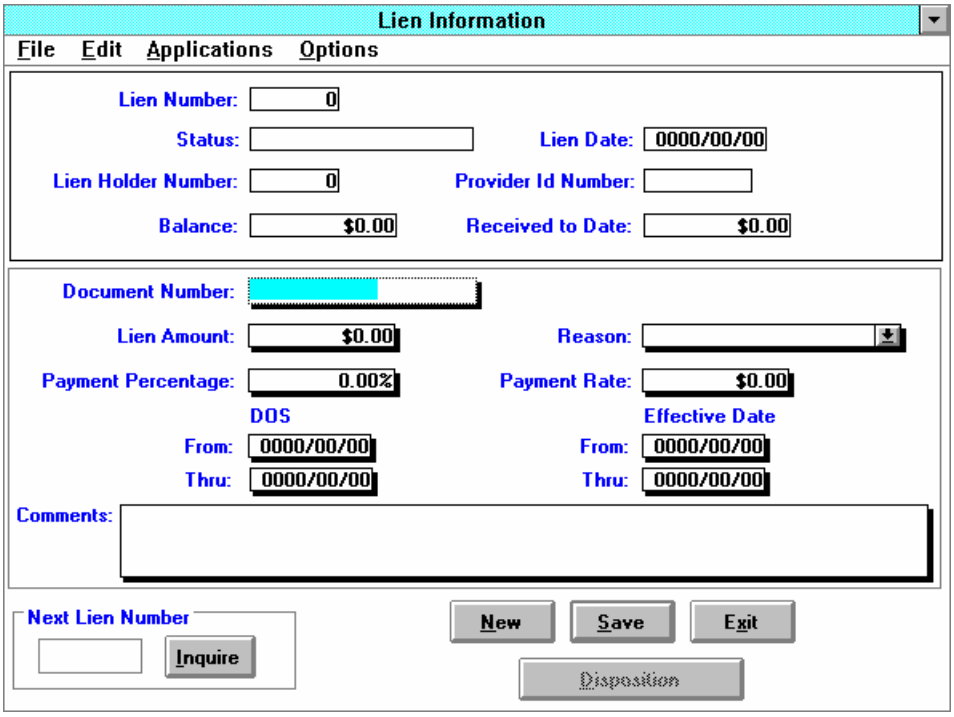


Figure 2.35 – Lien Information Window

31. After all the fields are current, to complete the lien entering process, click **Save** .

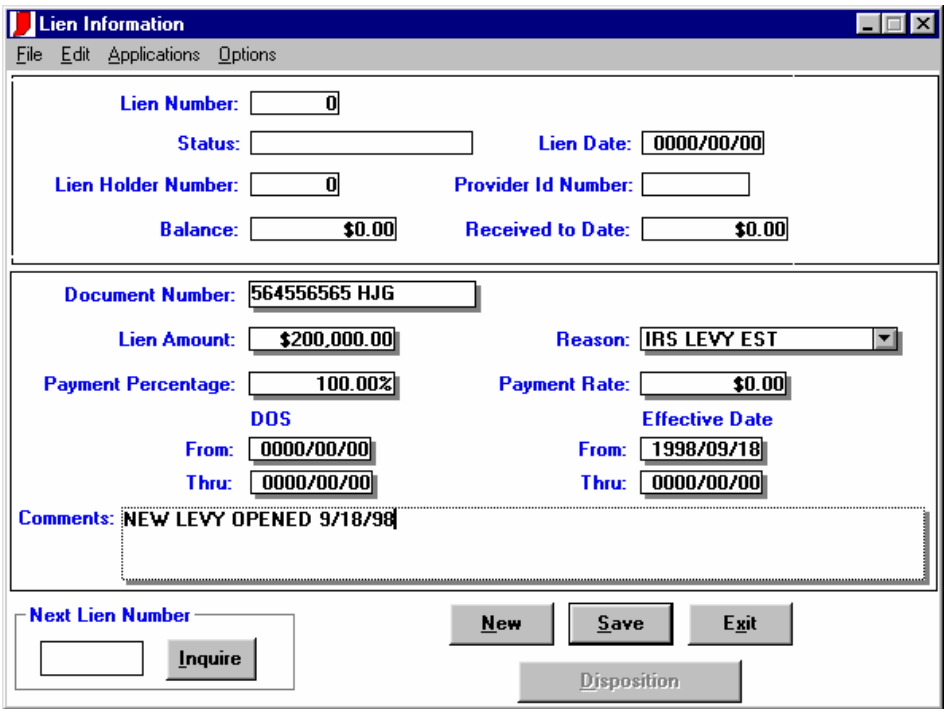


Figure 2.36 – Lien Information Window

32. After the lien has been saved, information populates in the top portion of the window for future reference.

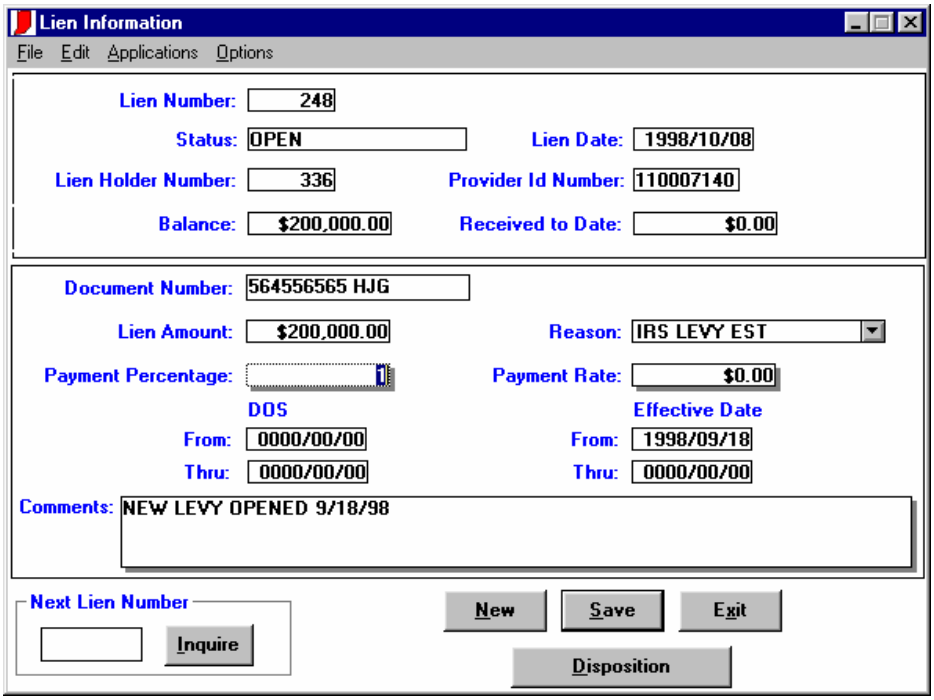


Figure 2.37 – Lien Information Window

Release of Levy

When the lien has been satisfied outside of Indiana*AIM*, the lien holder sends a *Release of Levy Notification* form to the Finance Unit. The lien is removed and future payments are again be made to the provider. When the levy is released, EDS may not have received any money from the provider to satisfy the lien. Rather, the levy was satisfied through other sources. In these instances, the lien must be manually closed.

1. After the release is received, at the main menu, click **Financial**. The *Financial* menu displays.
2. Click **Lien Processing**. The *Lien Selection* window displays.
3. At the *Lien Selection* window, type the **Provider ID Number**.
4. Click **Search**.
5. All lien numbers and the status can be viewed as either *Open* or *Closed* in the *Lien Selection* window. This allows the user to verify the lien to be closed and that the lien status is actually *Open*.
6. Click the **lien to be closed** for the provider.

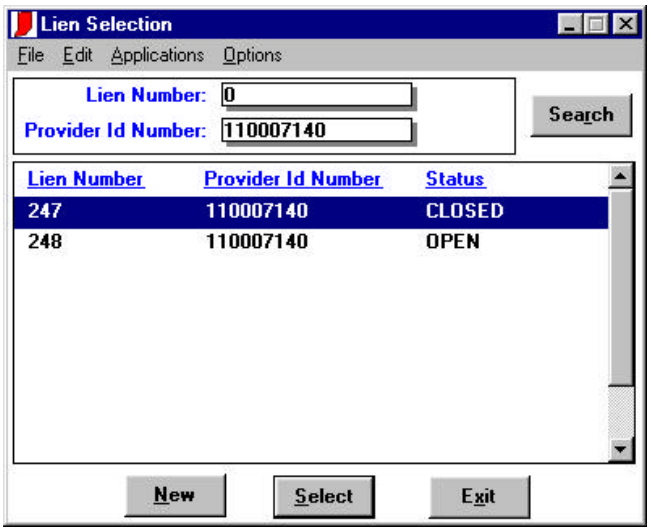


Figure 2.38 – Lien Selection Window

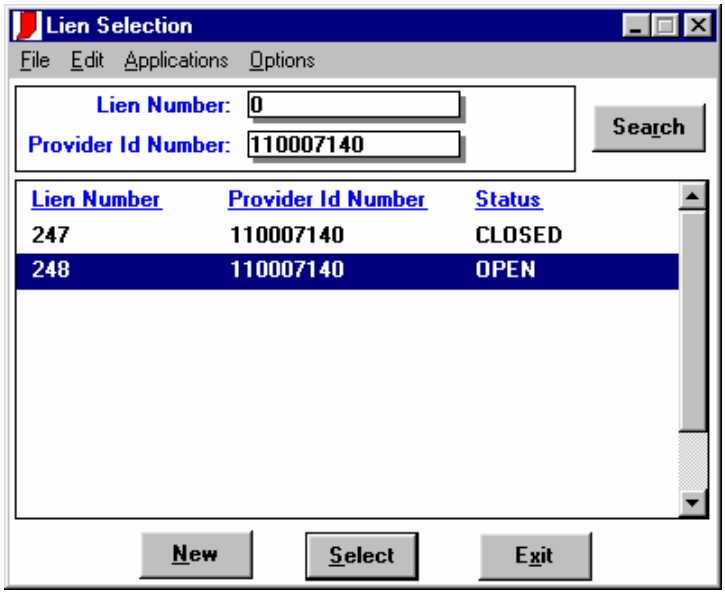


Figure 2.39 – Lien Selection Window

7. Click **Select**. The *Lien Information* window displays. All information must be verified for accuracy. If all information is correct, the lien is closed.
8. If the wrong lien is selected, click **Exit**. Repeat the previous instructions with the correct information.

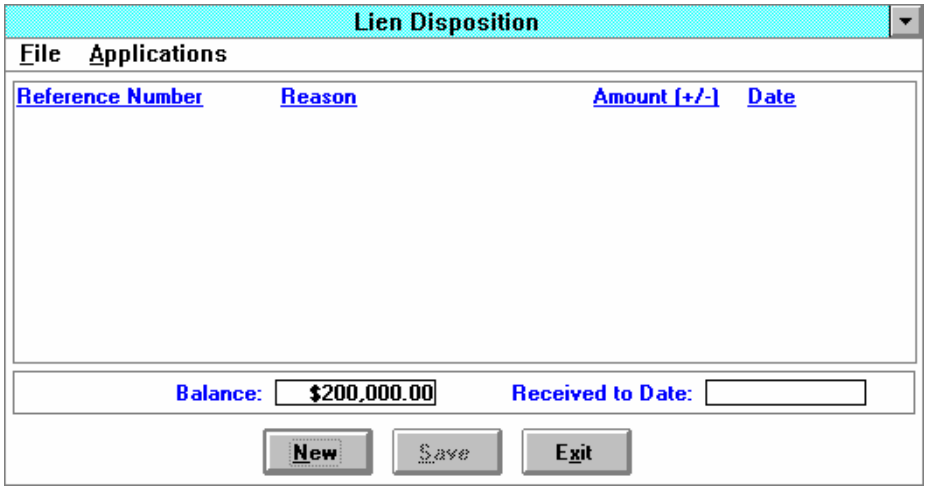


Figure 2.40 – Lien Disposition Window

9. To continue with removal of a levy, click **Disposition**. The *Lien Disposition* window displays.

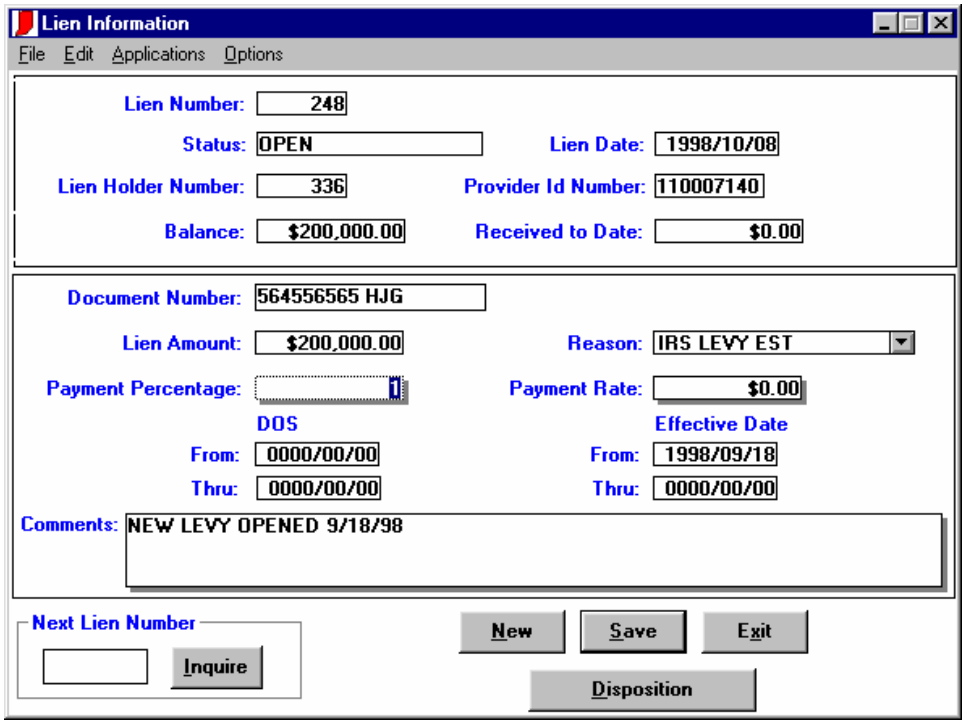


Figure 2.41 – Lien Information Window

10. At the *Lien Disposition* window, click **New**. This window shows any prior dispositions. If there have been any dispositions, the total equals the amount listed in the *Received to Date* field. The cursor displays inside the *Disposition* window. The *Tab* key allows the user to move between fields.

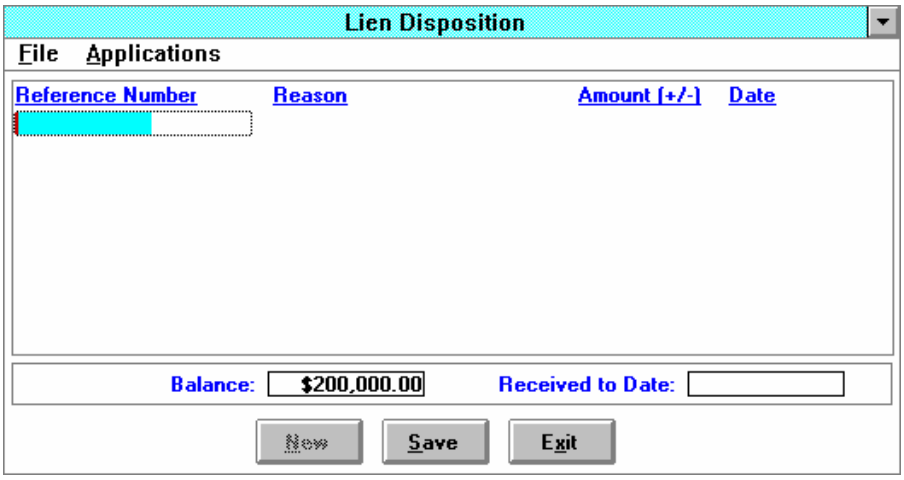


Figure 2.42 – Lien Disposition Window

11. Type the **first seven digits of the taxpayer's ID number** in the *Reference Number* field. Tab to the next field. The *Reason Code* field is highlighted.

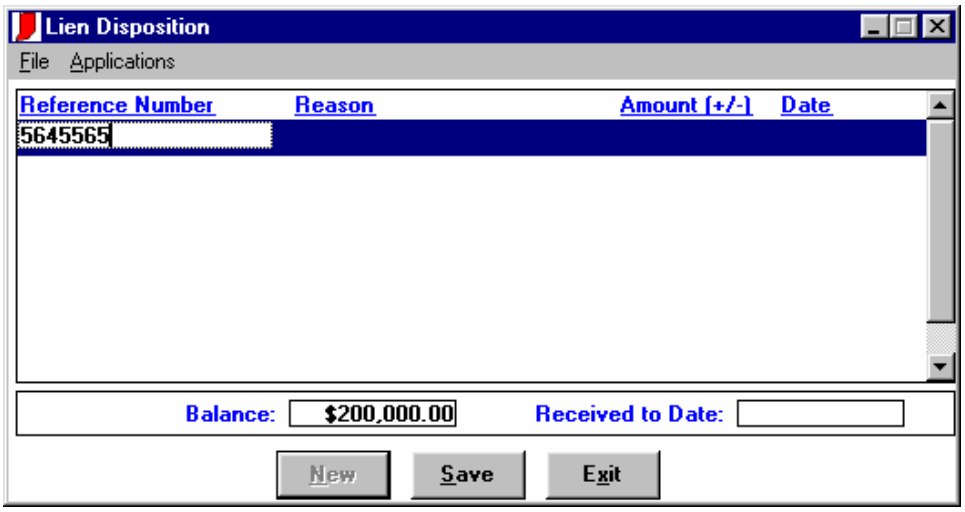


Figure 2.43 – Lien Disposition Window

12. Click the dropdown box.
13. Click **Release of Levy** and tab to the *Amount* field.

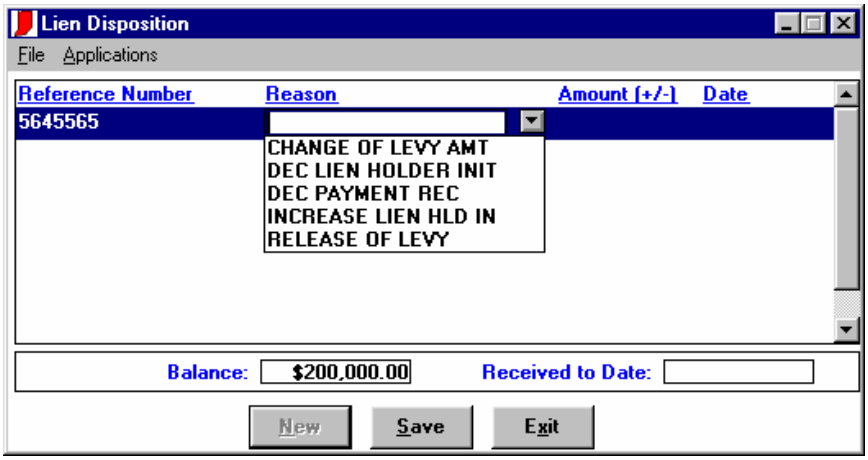


Figure 2.44 – Lien Disposition Window

14. At the amount field, type the **balance of the lien received** as a negative number so the balance is affected correctly. Tab to the *Date* field.

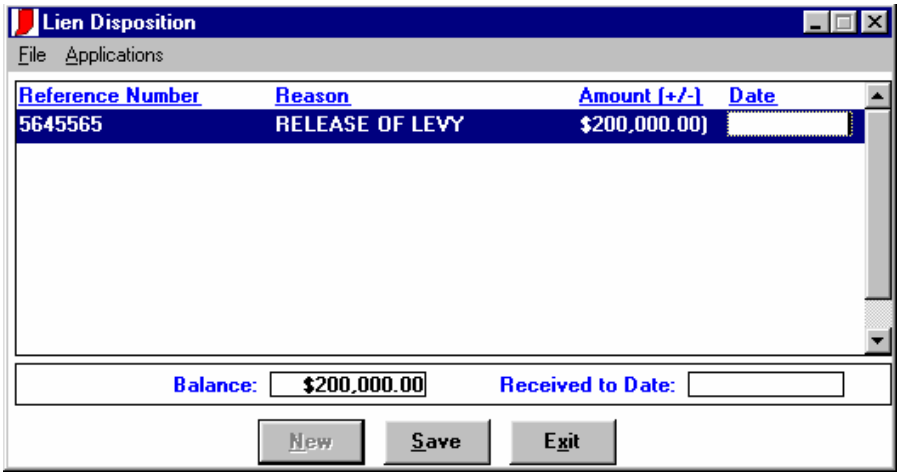


Figure 2.45 – Lien Disposition Window

15. At the date field, type the **current date as the closing date**.
16. Click **Save**. After the *Save Successful* message displays, to return to the updated lien information, click **OK**.

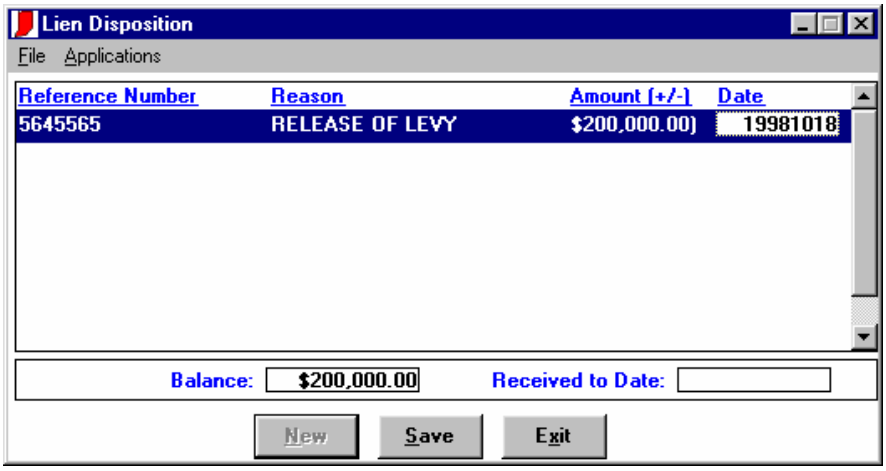


Figure 2.46 – Lien Disposition Window

17. After a lien has been fully dispositioned, the balance field is *0.00*, and the original lien amount populates in the *Received to Date* field.
18. Select **Exit**. The *Lien Information* window displays.

19. At the *Lien Information* window in the comments field, type the **date the levy was closed**. Date format is year, month, and day: YYYY/MM/DD.

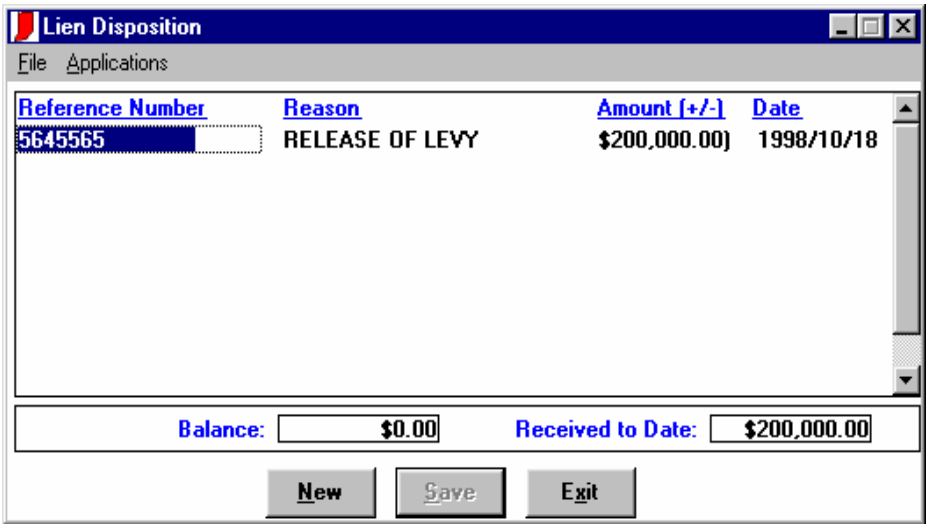


Figure 2.47 – Lien Disposition Window

20. Click **Save**. A message indicates the save was successful.
21. Click **OK**. The process for closing the lien is complete.
22. Click **Exit**.

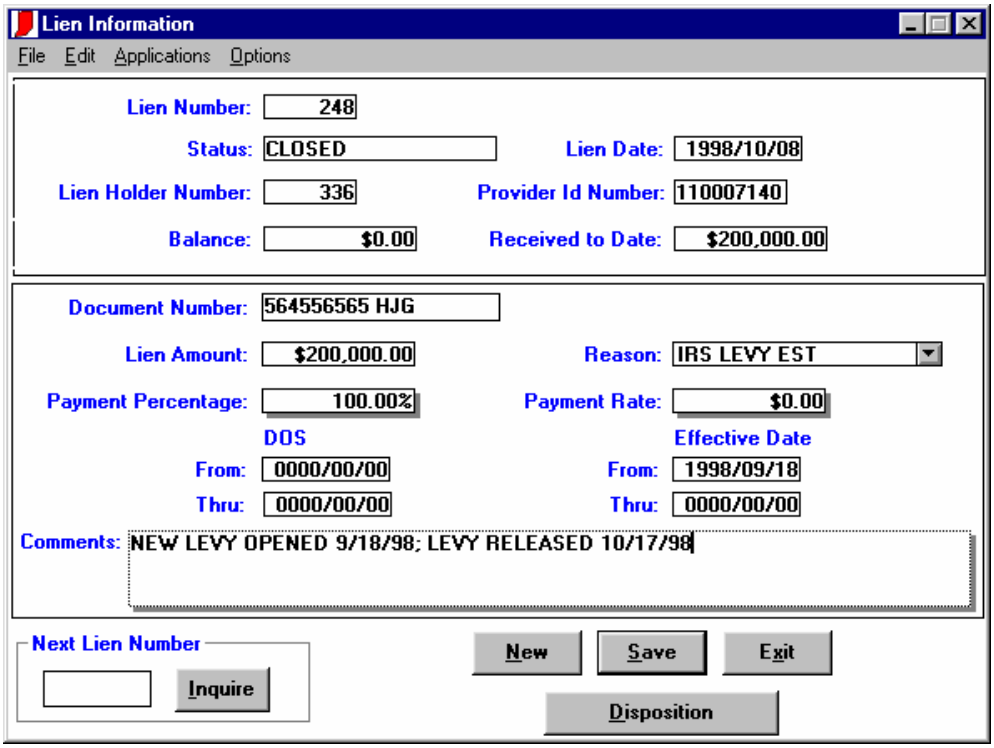


Figure 2.48 – Lien Information

23. ***The lien must be in closed status for the provider to receive payments again.*** The user must return to the *Lien Selection* window, and search for the appropriate lien to verify the status.
24. At the *Lien Selection* window, type the **Provider ID** or the lien number.
25. Click **Search**.

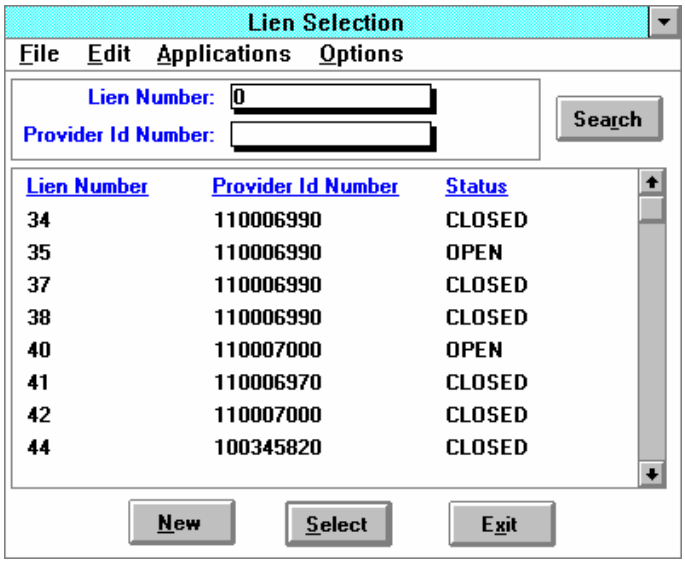


Figure 2.49 – Lien Selection Window

The system highlights the lien selection for the information entered. Verify the status field indicates closed. If the status does not reflect closed, the process must be repeated, and any errors corrected.

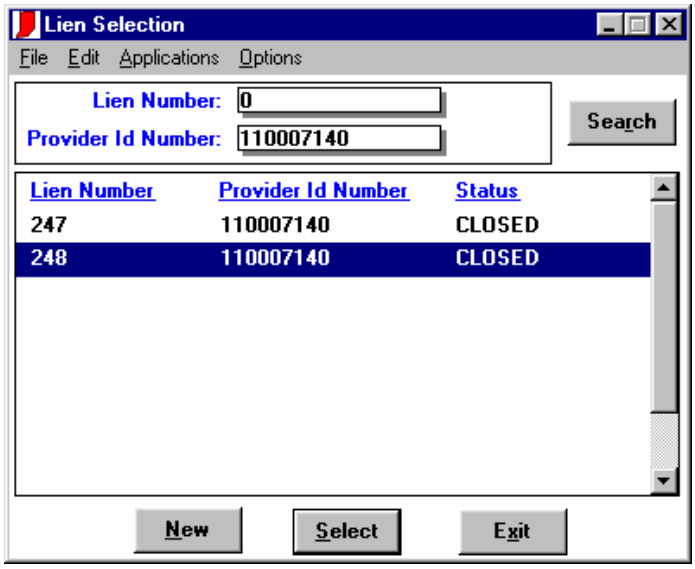


Figure 2.50 – Lien Selection Window

Lien Letters

Every week after the printing cycle is complete, the accounting assistant retrieves lien checks from the Operations Unit. When the checks are received, letters are printed by Indiana*AIM* to mail with the checks.

1. At the main menu, click **Financial**. The *Financial* menu displays.
2. Click **Letters**.
3. Click **Lien Letters**. The *Lien Letter Print* window displays.

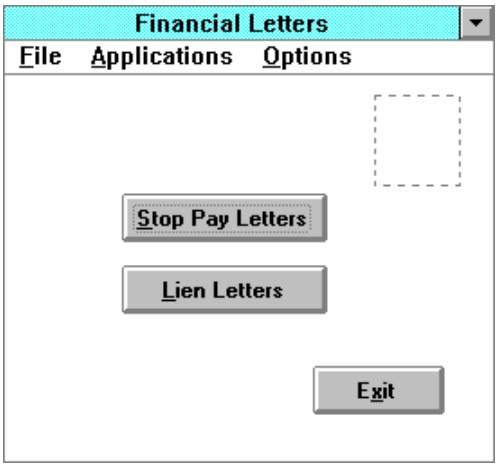


Figure 2.51 – Financial Letters Window

4. The cycle date is automatically populated.
5. Click **Print**.

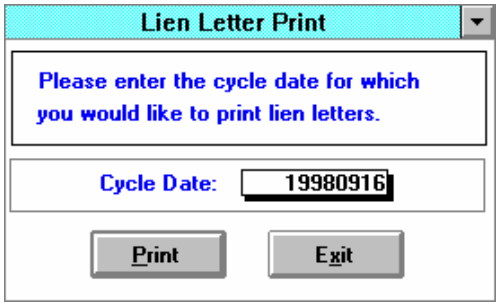


Figure 2.52 – Lien Letter Print Window

After the letters are printed, it is necessary to match the correct check with the appropriate letter. On the letter, verify the following information to ensure accuracy:

- Provider identification number
- Taxpayer's TIN
- Taxpayer's name

A copy of the check and lien letter is kept in the *Open Lien* file folder for each provider to keep all lien records up-to-date. The liens are filed in alphabetical order with the most recent letter and check copy being the first record in each file folder. All original checks and letters are placed in envelopes for mailing. See *Appendix B, Figure B.9* for an example of a lien letter.

Returned Lien Checks

Lien checks are sometimes returned by the lienholder to be made payable to the provider. This occurs if the lien is released by the lienholder due to another entity sending payment to the lienholder to satisfy the lien or if the lienholder is no longer pursuing payment. The following procedures are used to issue a check to the provider:

- Write *Void* on the check. Notify HNB by e-mail to void the check. The e-mail must include the check number and dollar amount of check.

  *Note: Lien checks cannot be voided within Indiana*AIM.

- Issue a replacement check. Refer to the section about issuing manual checks for additional information.
- After the check has been approved, file the voided check with other voids for the current month after it is approved.
- Mail the check to the provider.
- Place a copy of the new check with a copy of the letter to the lienholder in the corresponding lienholder's file.

Update or Add Lien Setup Reason Code Table

Lien Setup Reason Codes are used to indicate to the user and the provider the agency that initiated the lien assignment. It is retained in a user maintained table to provide maximum flexibility.

1. To add a new lien reason code at the main menu, click **Financial**.
2. At the *Financial* menu, click **Financial Maintenance**.
3. At the *Maintenance* menu, click **Lien Reason**.
4. Click **New**. Type the reason code and a brief description.
5. Click **Save**.
6. Click **Exit**.
   - To update an existing lien reason code, access the *Lien Reason Maintenance* window, using the previously defined steps and highlight the reason to update. Only the description of the lien reason may be altered. Update the date in the *Date* field.
7. Click **Save**.

Update or Add Lien Disposition Reason Code Table

Lien disposition reason codes are used to indicate to the user and provider what type of disposition transaction was performed. It is retained in a user maintained table to provide flexibility.

1. To add a new lien disposition reason code, at the main menu, click **Financial**.
2. At the *Financial* menu, click **Financial Maintenance**.
3. At the *Maintenance* window, click **Disposition**.
4. To access the lien *Disposition Reason Maintenance* window, click **New**.
5. Click the **Reason Code** and a type a brief description.
6. Click **Select User Indicator** to list yes and no with bullets. Key in *Y* for reason codes that indicate system activity or *N* for reason codes that indicate manual disposition.
7. Click **Save**.
8. Click **Exit**.
   – To update an existing Lien Disposition Reason Code, access the *Lien Disposition Reason Maintenance* window, following the previously defined steps and highlight the reason to update. Only the description of the lien reason may be altered. Update the date in the field.
9. Click **Save**.

Accounts Receivables

Provider A/Rs are automatically established in the Indiana*AIM* when the net reimbursement of an adjustment transaction is less than zero. In addition, an A/R can be manually established through the *Accounts Receivable Entry* window. A manual A/R is established for the following reasons:

- A partial payment is issued to a provider. The accounts receivable is established to offset the partial payment amount from future payments to the provider.
- A nonclaim specific offset is initiated through the SUR Department.
- A provider agreement with the OMPP on regular provider accounts receivables or tax assessment reconciliation.
- The State makes a request or a project
- OMPP-requested recoupment due to Civil Money Penalities, Banning of New Admissions, and overpayments identified by Clifton and Gunderson.

Setup and Maintenance

Access to setup and maintain provider A/Rs is limited to Finance Unit and Adjustment Unit personnel only. Other Indiana*AIM* users can inquire about provider accounts receivable information, but may not update any information. The user ID profile maintains security.

Manual Accounts Receivable Setup

An *Accounts Receivable* form must be completed for tracking and documentation before using this set up procedure. See *Appendix B, Figure B.10* for an example of this form.

1. To setup a manual A/R, at the main menu, click **Financial**.
2. At the *Financial* menu, click **Accounts Receivable**.
3. To access the *Provider Accounts Receivable Setup/Maintenance* window, click **New**.
4. Type in the following data on the *Accounts Receivable Setup/Maintenance* window:
   - A/R Number (RRYYYJJJBBBSSS)

RR	60 (Indicates manual set-up)
YY	Type the current year
JJJ	Type the Julian date
BBB	Type the batch range (See Table 5.2)
SSS	Type the sequence number (starting with 000)
   - **Effective Date –** The current date, or future date, if marked on the A/R request form. If nothing is typed, this defaults to the set up date. This is the date that the providers claim payment begins to be offset to satisfy the accounts receivable.
   - **Set Up Date –** This field system generates to the date of entry.
   - **Interest Accrual Date –** The interest date should be the same as the set up date unless otherwise directed on the form.
   - Provider number and service location
   - The **appropriate program code** is selected from the dropdown list.
   - The **appropriate reason code** is selected from the dropdown list. See Table 5.4 for the A/R reason codes.
   - **Setup Amount –** The amount of the accounts receivable.
   - **Recoupment Amount –** This is the dollar amount to be recouped from each claims payment cycle. If there is no set dollar amount, then leave blank and type in the recoupment percent.
   - **Recoupment Percent –** This is the percentage of each weekly checkwrite to be recouped from each payment cycle. The recoupment amount and recoupment percent fie lds are mutually exclusive. If there is no designated recoupment amount or recoupment percent, then type **100%** in the recoupment field.
   - **RID Number –** If the account receivable has been identified by the provider or other requesting entity and is associated with one member's account, type the **members ID** number in this field; otherwise, leave it blank.
   - After all information is entered, click **Save**.
5. Click **Exit**.
6. Click **Comments**.
7. At the *Provider Accounts Receivable Setup/Maintenance* window, type the **date of the comments** in CCYY/MM/DD format.
8. Type in any necessary comments. **Comments must be typed in for all manual accounts receivable.**

Comments must include the reason for establishment (repayment agreement, tax assessment, civil money penalty, and so forth), the provider contact name or OMPP contact name, date entered, analyst's initials, and analyst's department. For A/Rs related to claims older than three years, or 36 months, include the original or mother claim and the reason it could not be applied as a claim-specific transaction. The name and department of the person making the manual entries as well as the date must be included. **The OMPP monitors the comment windows for A/Rs so it is imperative that comments are always included, dated, and feature the analyst's initials.**

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A/R Manual Setup

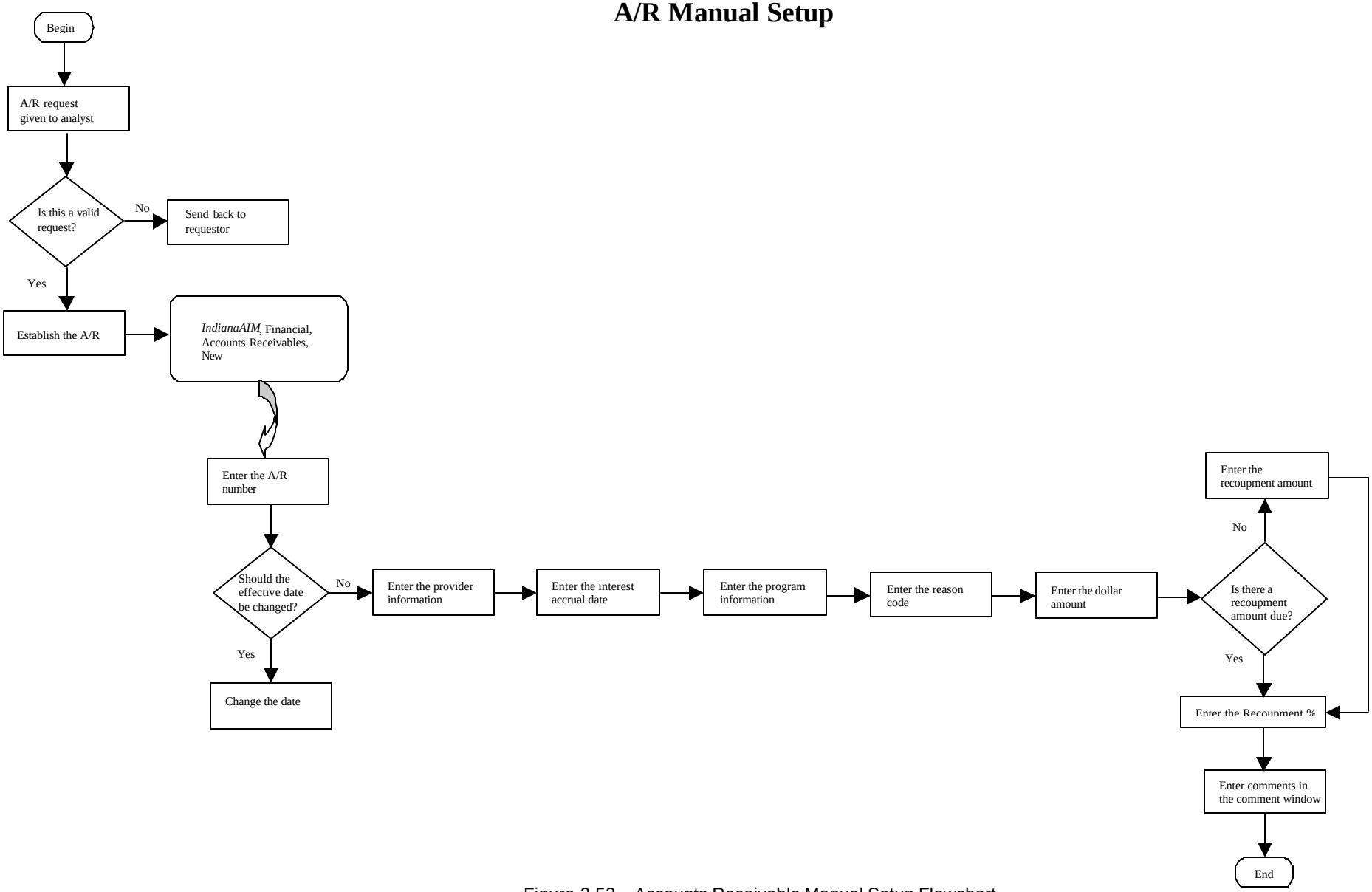


Figure 2.53 – Accounts Receivable Manual Setup Flowchart

Provider Accounts Receivable Update

Updates may be made to existing accounts receivable records by authorized users for A/R that have been made either manually or systematically set up. The following fields are the only fields that can be updated:

- Effective Date
- Recoupment Amount
- Recoupment Percentage
- Comment window

1. To update a *Provider Accounts Receivable* file, click **Financial** at the main menu.
2. Click **Accounts Receivable** at the *Financial* menu.
   - This opens the *Provider Accounts Receivable Selection* window. The following search criteria can be typed in this window to locate the provider accounts receivable of interest:
   - Provider number and location code. This pulls up the following:
     - Reason (optional if looking for certain type of A/R)
     - Program
     - Status
3. Type in one or more of the search criteria data elements and click **Search**.
   - A list of all accounts receivables matching the search criteria is displayed.
4. To open the *Provider Accounts Receivable Setup/Maintenance* window, highlight the A/R to be updated or viewed and click **A/R to be updated or viewed**. The original set-up information is displayed.
5. To update a field, highlight and make any changes necessary, click **Save**.
6. Click **Exit**.

Provider Accounts Receivable Manual Disposition Entry

Dispositions are systematically applied to an accounts receivable as the provider's claim payments are offset. In some instances, it can be required that a manual disposition, increase or decrease, be applied to the A/R file. This is done for the following reasons:

- State-directed increase
- SUR-directed increase
- State-directed decrease
- SUR-directed decrease
- Cash receipt applied to principle, decrease
- Cash receipt applied to interest, decrease
- Provider over refund applied, decrease
- A/R liquidation State-directed, decrease
- A/R write-off, State-directed decrease
- Interest applied to aging receivable SUR, increase

- A/R established for wrong provider
- Stop paid system check applied to aging A/R
- Transfer from one account to another

Enter Provider Accounts Receivable Manual Dispositions – Non-Cash Receipts

To enter a provider accounts receivable disposition transaction, access the *Provider Accounts Receivable Setup/Maintenance* window as explained in the previous section.

1. Click **Disposition.**
   – This accesses *the Provider Accounts Receivable Disposition History* window. This window displays a list of all dispositions that have been applied toward the accounts receivable to date and the balance remaining on the accounts receivable.
2. To access the *Provider Accounts Receivable Disposition Maintenance* window, click **New**.
   – The A/R number, setup date, and provider number populate from the *A/R Setup/Maintenance* window.

Type in the following data:

- **Disposition Date –** The date that is system generated to the current date.
- **Amount –** The amount to be dispositioned, either positive or negative.
- Set up the appropriate **Debit Indicator** from the dropdown list:
  – Yes – Decrease of negative amount
  – No – Increase or positive amount
- **Reason Code** – Click the appropriate reason from the dropdown list.
- **Comments** – Provide full details.

A/R Dispositions

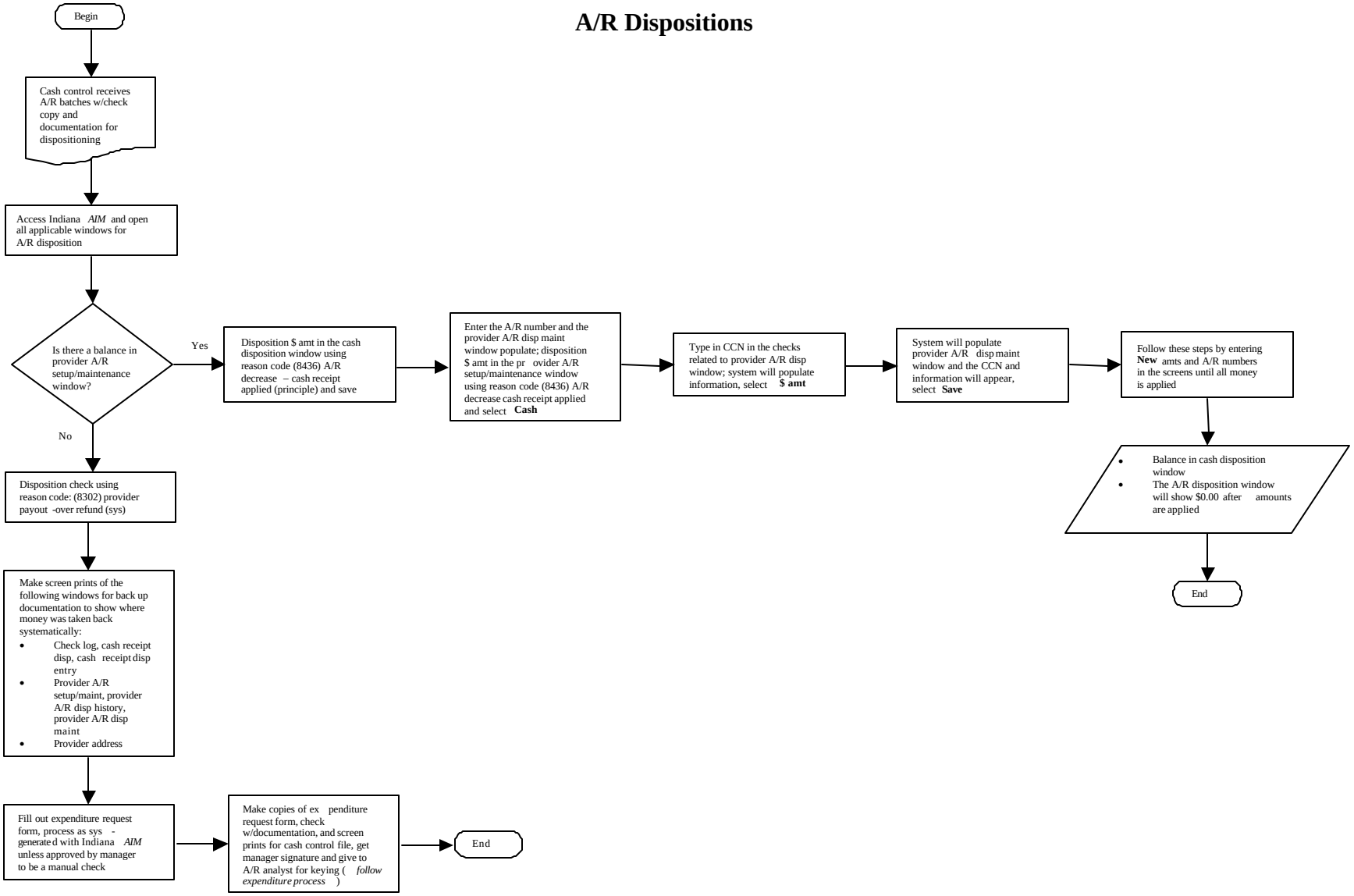


Figure 2.53 – Accounts Recievable Dispositions

Provider Accounts Receivable Manual Dispositions – Cash Receipts

The following steps are taken to apply a cash receipt to an outstanding accounts receivable.

1. Access Indiana*AIM* and at the main menu, click **Financial**.
2. Click **Cash Receipts**. The *Cash Receipt Search* window displays.
3. Click **New**. The Check Log displays. Type the **CCN** in the field provided.
4. Click **Inquire**. The window populates with information about the check to be dispositioned.

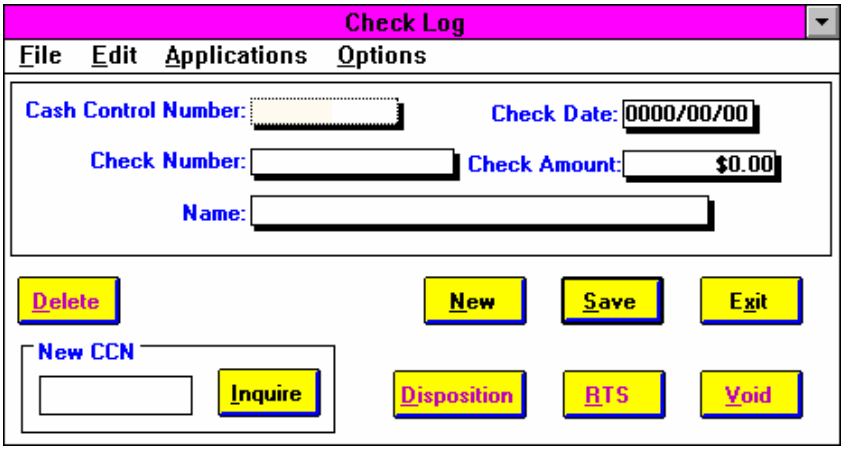


Figure 2.54 – Check Log Window

5. Click **Disposition**.
6. Click **New**.

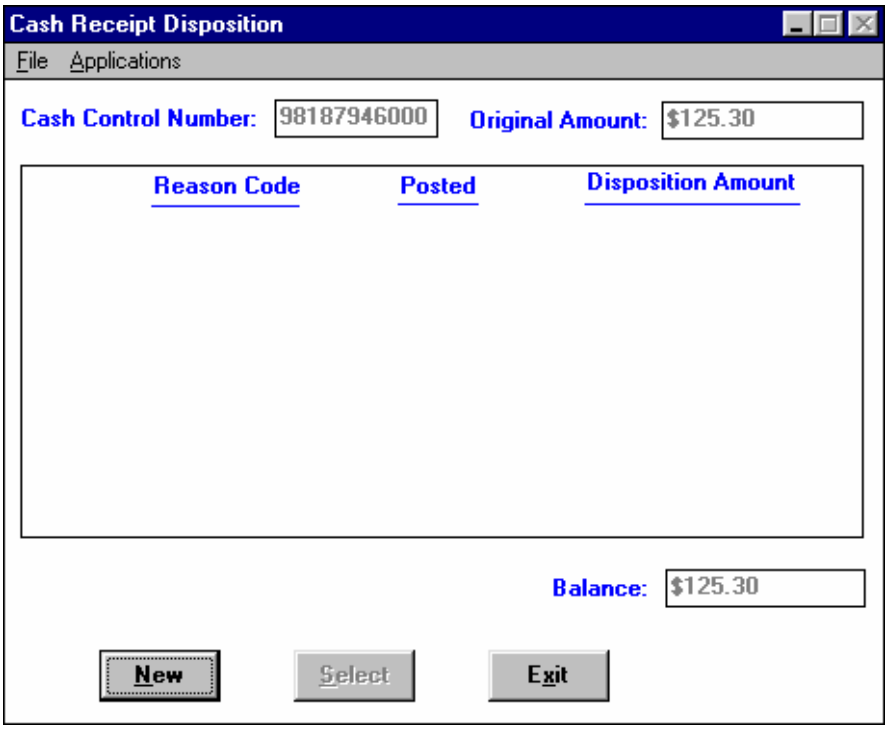


Figure 2.55 – Cash Receipt Disposition Window

The *Cash Receipt Disposition Entry* window opens and the total to be dispositioned must then be verified against the balance of the accounts receivable.

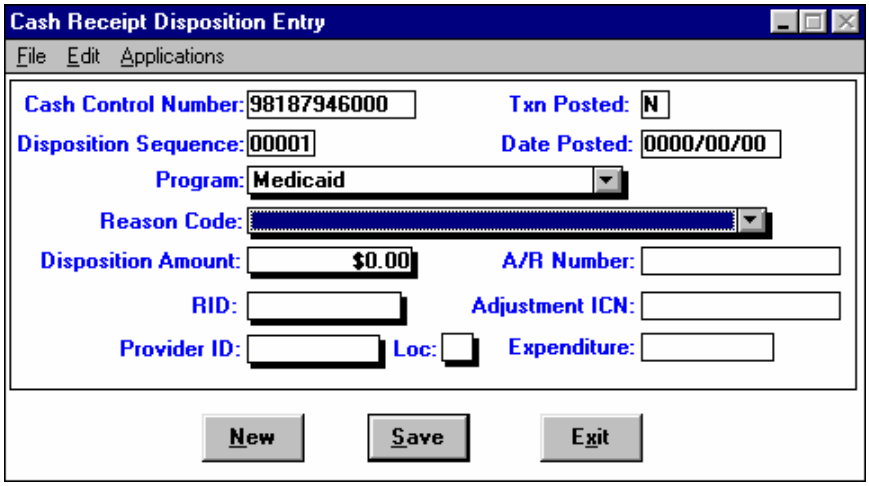


Figure 2.56 – Cash Receipt Disposition Entry Window

7. At the *Financial* menu, click **Accounts Receivable**. The *Provider Accounts Receivable Selection* window displays.

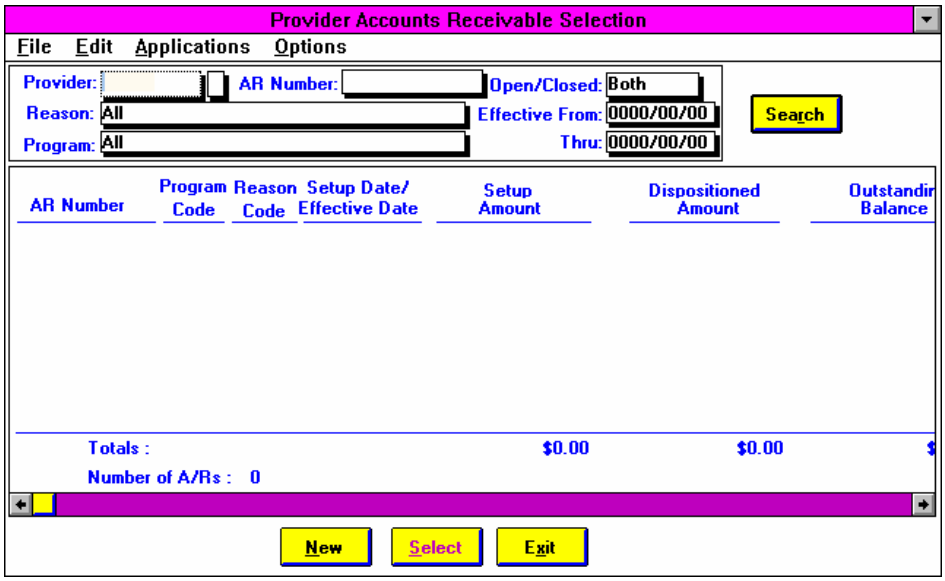


Figure 2.57 – Provider Accounts Receivable Selection Window

8. Type the **A/R number**.
9. Click **Search**.

The *Provider Accounts Receivable Setup/Maintenance* window is used to verify that the accounts receivable is the same as the amount to be dispositioned.

After the balance on the *Provider Accounts Receivable Setup/Maintenance* window has been verified to be the same as the amount to be dispositioned, the clerk returns to the *Cash Receipt Disposition Entry* window.

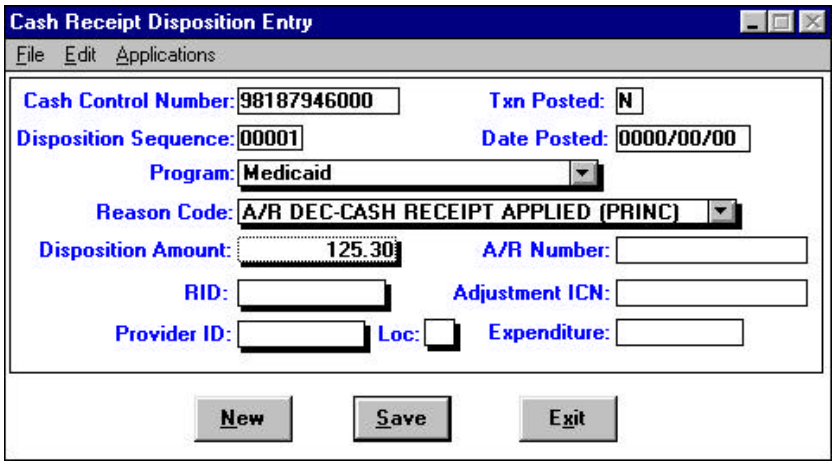


Figure 2.58 – Cash Receipt Disposition Entry Window

10. To select a reason code at the *Cash Receipt Disposition Entry* window, click the dropdown box in the reason code field. When applying accounts receivable amounts, the reason code is ***always*** **Accounts Receivable Decrease Cash Receipt Applied to Principal**.
11. Enter the amount to be dispositioned.
12. Click **Save** to return to the *Accounts Receivable* section to disposition additional amounts.
13. Click **Exit**.

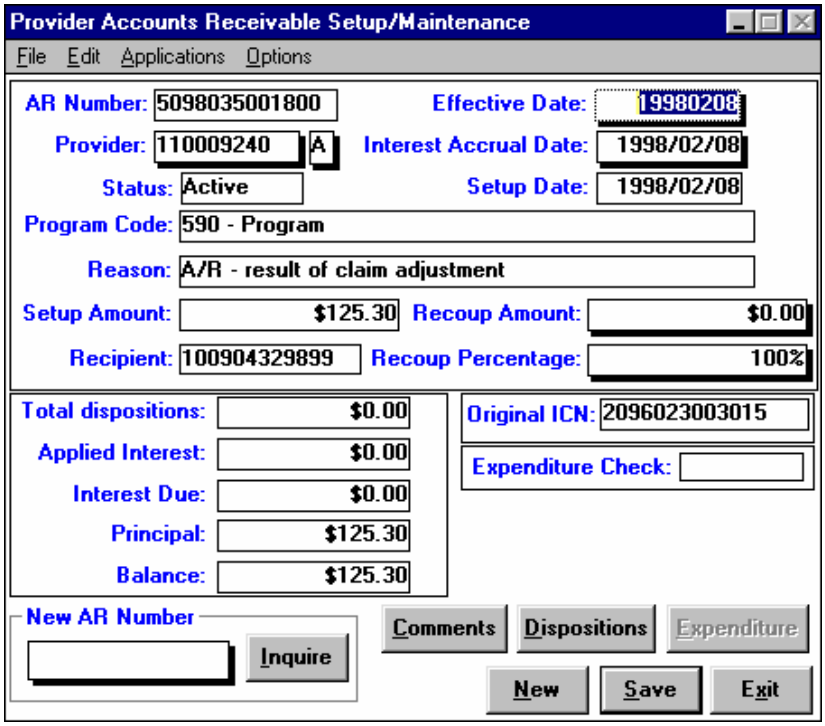


Figure 2.59 – Provider Accounts Receivable Setup/Maintenance Window

14. At the *Provider Accounts Receivable Setup/Maintenance* window, click **Dispositions**. The *Provider Accounts Receivable Disposition History* window displays.

15. At the *Provider Accounts Receivable Disposition History* window, click **New**. The *Provider Accounts Receivable Disposition Maintenance* window displays.

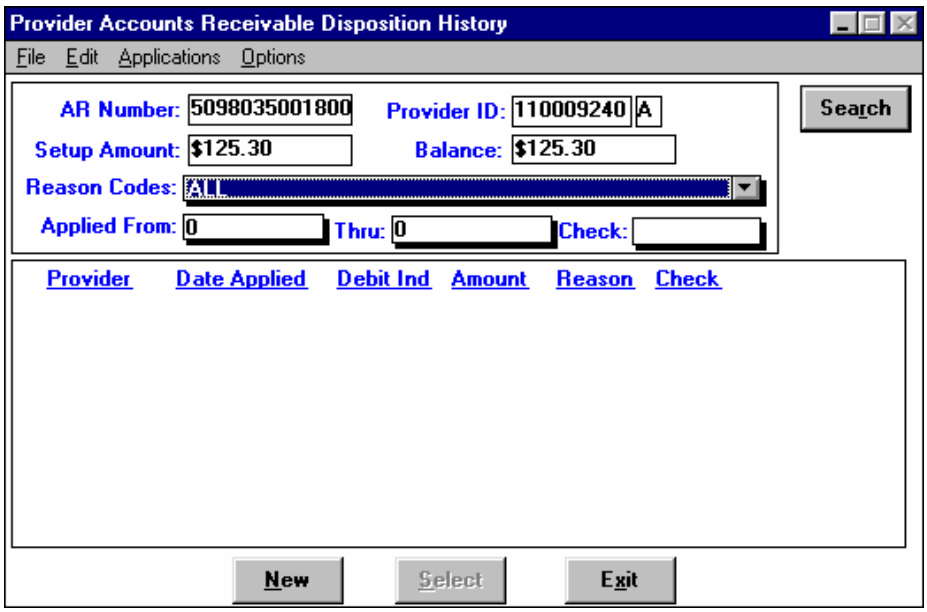


Figure 2.60– Providers Accounts Receivable Disposition History Window

16. At the *Provider Accounts Receivable Disposition Maintenance* window, type the **amount to be dispositioned**.

17. Click the **Reason Code**, ***Accounts Receivable Decrease Cash Receipt Applied***.

18. Click **Cash**. The checks related to *Provider Accounts Receivable Disposition* displays.

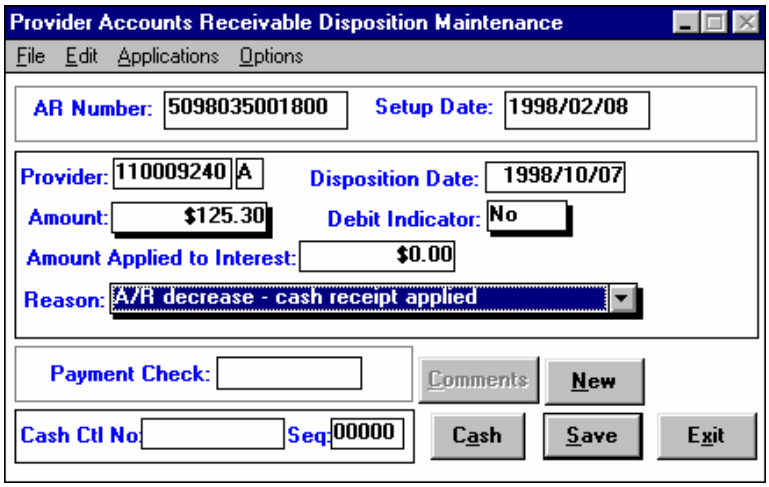


Figure 2.61 – Provider Accounts Receivable Disposition Maintenance Window

19. Enter the **CCN**.
20. Click **Search.**

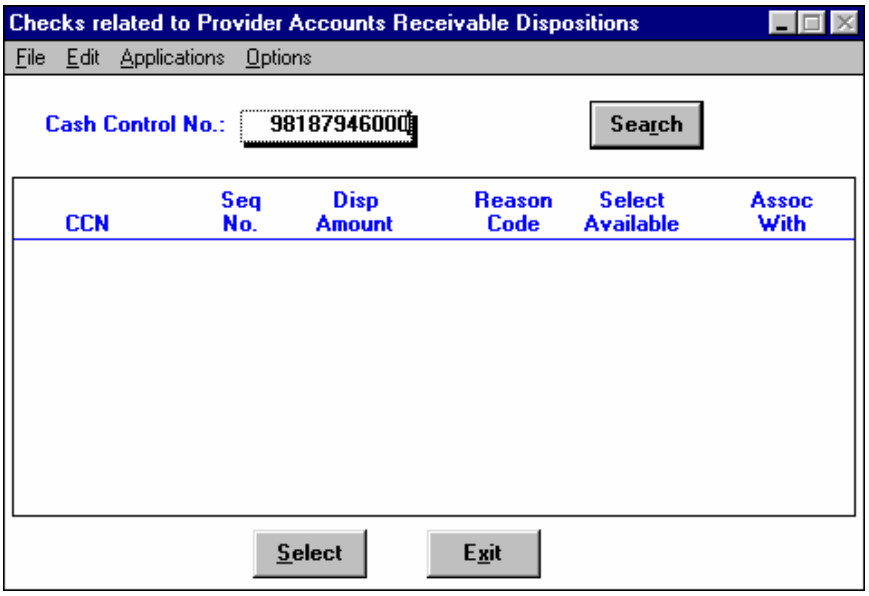


Figure 2.62 – Checks Related to Provider Accounts Receivable Dispositions Window

21. The system populates new information. When the new information displays, click **Select.**

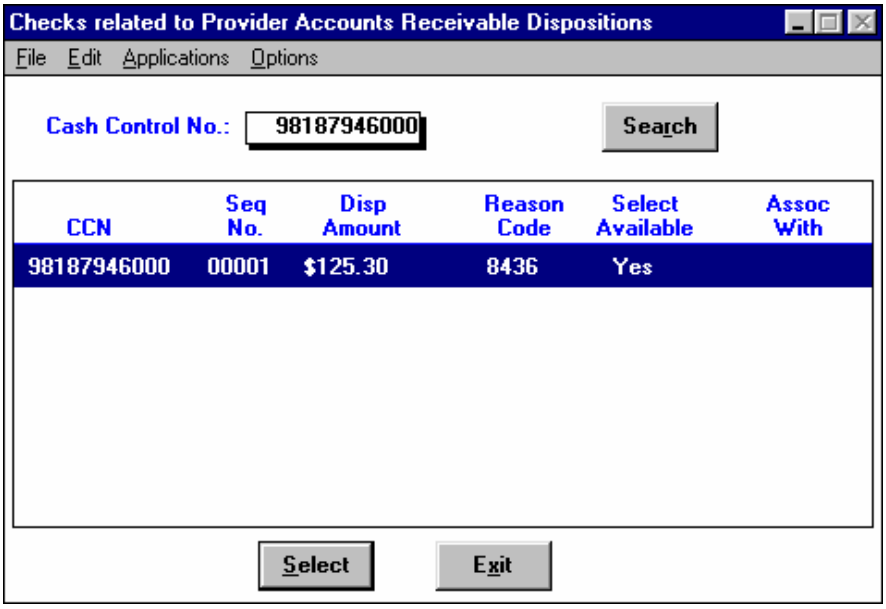


Figure 2.63 – Checks Related to Provider Accounts Receivable Dispositions Window

22. The *Provider Accounts Receivable Disposition Maintenance* window displays.
23. Click **Save**.

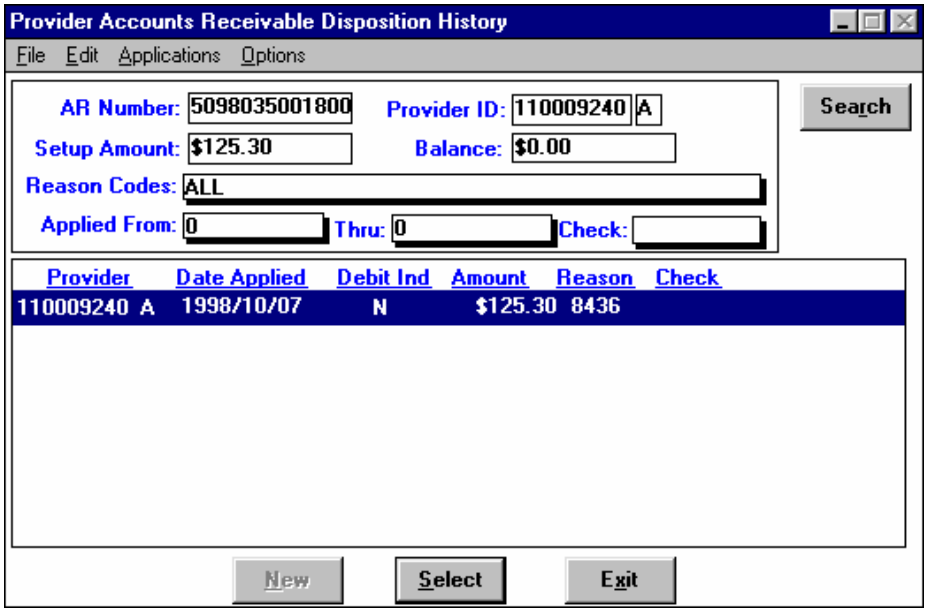


Figure 2.64 – Provider Accounts Receivable Disposition Maintenance Window

24. The *Provider Accounts Receivable Disposition History* window displays.
25. Click **Exit**.

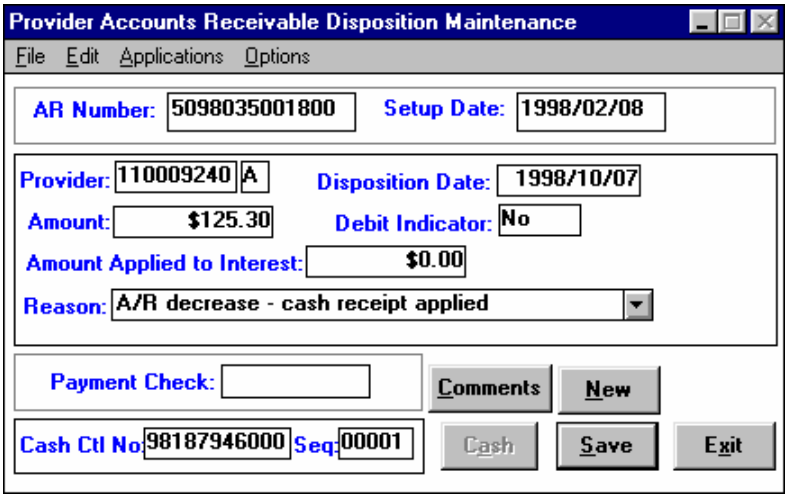


Figure 2.65 – Provider Accounts Receivable Disposition History Window

26. The *Provider Accounts Receivable Disposition Maintenance* window displays.
27. Click **Exit**.

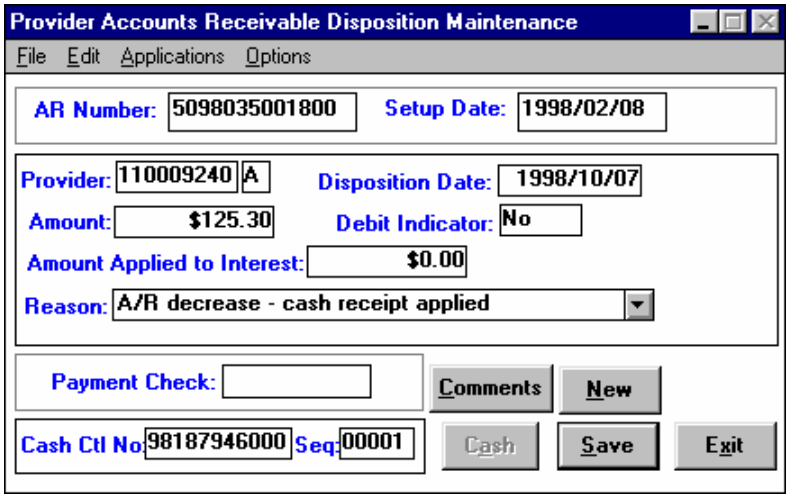


Figure 2.66 – Provider Accounts Receivable Disposition Maintenance Window

At the *Provider Accounts Receivable Disposition Maintenance* window, the user may continue to disposition additional accounts receivable by typing in a new A/R number. Follow the steps previously detailed. **Analysts must always put detailed comments in the comments window. This is a critical step and one that it monitored by the OMPP. Comments must be dated and initialed.**

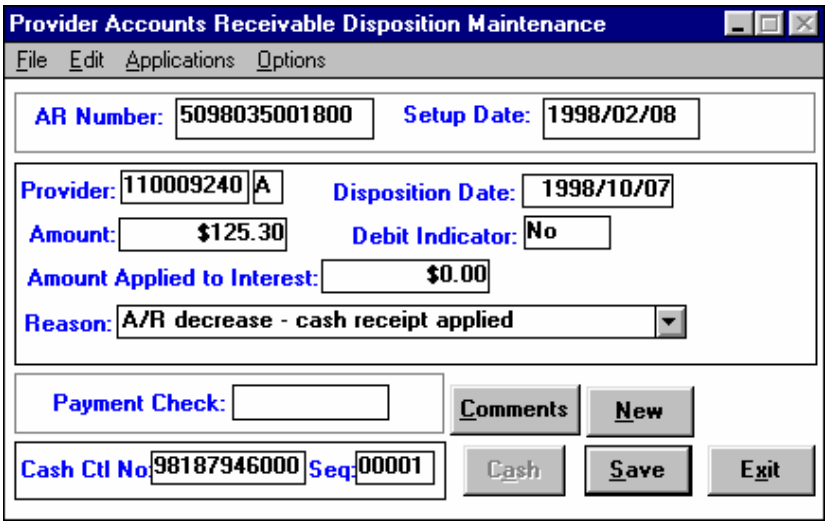


Figure 2.67 – Provider Accounts Receivable Disposition Maintenance Window

Cash Receipts for Accounts Receivable Received Without Documentation

If an accounts receivable check is received without attached documentation stating the A/R it affects, the cash control clerk must access the CO-MAND Retrieval Station to print a copy of the actual accounts receivable sent to the provider. Use the following steps to access the CO-MAND Retrieval Station.

To open CO-MAND Retrieval Station double-click the icon.

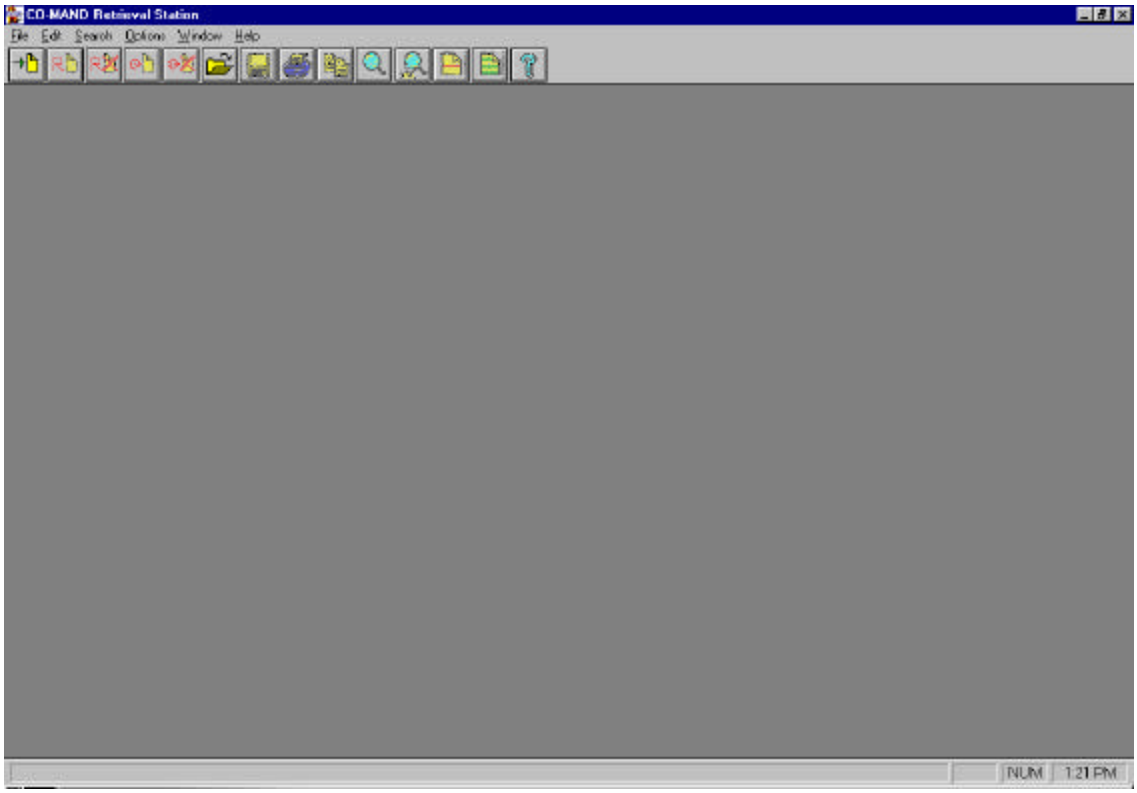


Figure 2.68 – CO-MAND Retrieval Station Screen

1. Click the **icon represented by an arrow and sheet of paper** to retrieve a file from the server. This icon is located on the far left of the tool bar. For the same results, the user can also click **File** from the tool bar and click **Retrieve**.
2. Type in **CLM 0109W0** as the **Report Name** at the *CO-MAND Request* window.
3. Type **The Start Date and End Date** in the field provided.
   - Begin the search for the accounts receivable documentation by using the prior Tuesday date. If the documentation is not located, continue by searching the previous Tuesday. Continue the process until the documentation is located.

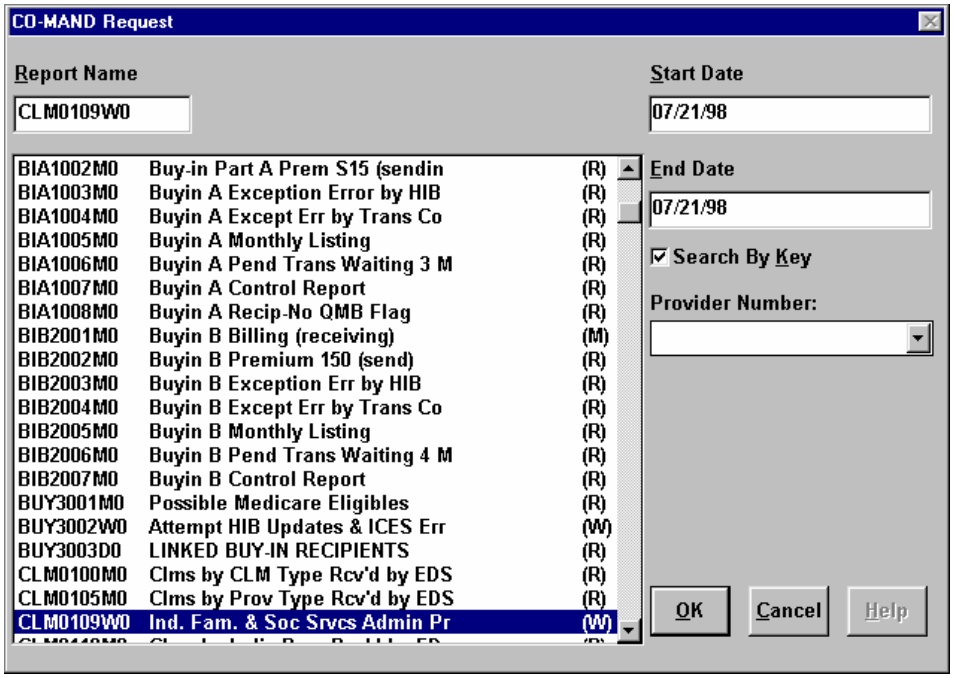


Figure 2.69 – CO-MAND Request Window

4. Type **Provider Number**.
   - If a letter follows the provider number, there must always be a space between the numbers and the letter. The letter symbolizes the provider's location and must always be capitalized. If the location is unknown, type an asterisk in place of the capitalized letter to view all locations.

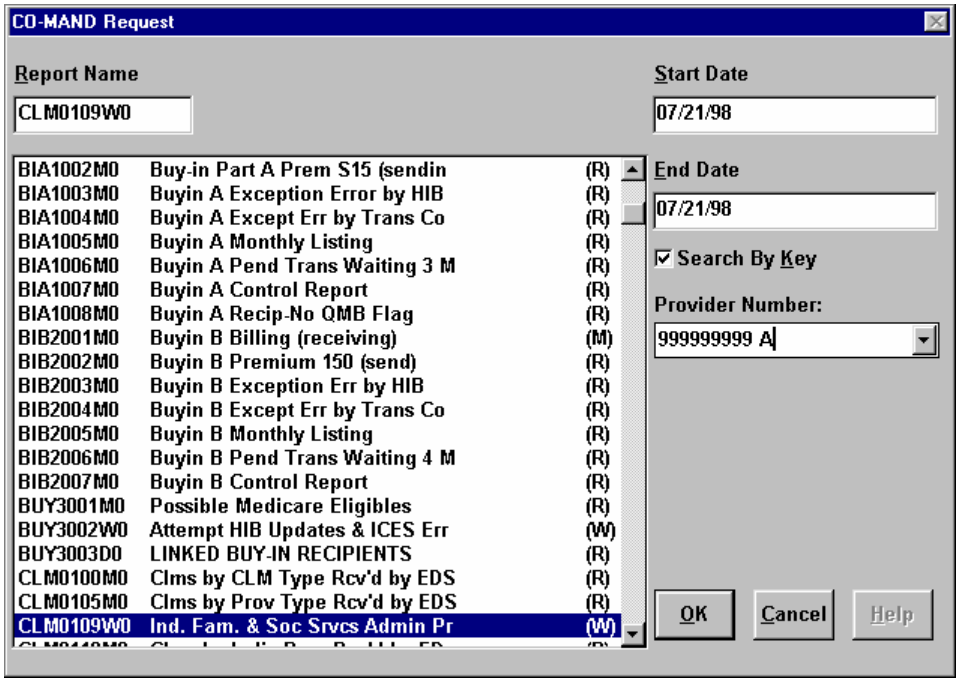


Figure 2.70 – CO-MAND Request Window

5. Click **OK**. The *Matching Records* window displays.
6. Click the item to be viewed from the options listed.
7. Click **View**. The accounts receivable information displays.
8. To print, click **File** from the toolbar.
9. Click **Print**.
10. Click **Exit**.

Update/Add Provider Accounts Receivable Batch Range Table

Provider Accounts Receivable Batch Ranges allow for easy identification of the different types of accounts receivables that have been established. Refer to Table 5.2 for a listing of Accounts Receivable Batch Ranges. To add a new accounts receivable batch number to the batch range table, at the main menu access the Provider Accounts Receivable.

1. At the *Financial* menu selection, click **Financial**
2. Click **Accounts Receivable**. To access the *Provider Accounts Receivable Setup/Maintenance* window, click **New**.
3. To access the *Accounts Receivable Batch Range* window under the Options toolbar, click **Batch Range**.
4. Click **New**. Type in the **Batch Number** and a **brief description**.
5. Click **Save**.
6. Click **Exit**.

To update, highlight the batch number to be updated and type in the new data. Only the description field can be updated.

Update Provider Accounts Receivable Setup Reason Code Table

Provider Accounts Receivable Setup Reason Codes indicate to the system how an accounts receivable was established – by the system or manually, and who was the initiating entity. In addition, it indicates to the system to print a corresponding Explanation of Benefits (EOB) message on the Provider's RA to notify the provider of the reason the account receivable was established. Refer to *Section 5, Table 5.4* for a listing of Accounts Receivable Setup Reason Codes.

1. To add a new Accounts Receivable Reason Code, at the main menu, click **Financial**.
2. To access the *Provider Accounts Receivable Selection* window, at the *Financial* menu, click **Accounts Receivable**.
3. Under the Options tool bar, to access the *Accounts Receivable Setup Reason Maintenance* window, click **Reason Codes.**
4. Click **New**. Type the **Reason Code**, a brief description of the reason code and the reason type.
5. Click **Save**
6. Click **Exit**.

To update, highlight the reason code to be updated and type the new data. Only the description field may be updated.

Update Provider Accounts Receivable Disposition Reason Code Table

The Provider Accounts Receivable Disposition Reason Codes Table indicates to the user the disposition action that has occurred and the source, system, or manual. Refer to Table 5.3 for a listing of Accounts Receivable Disposition Reason Codes.

1. To add a new accounts receivable disposition reason code at the main menu, click **Financial**.
2. At the *Financial* menu, click **Accounts Receivable**.
3. To access the *Provider Accounts Receivable Selection* window, access the *Accounts Receivable Disposition History* window for any receivable and click **Reasons** at the Options tool bar to access the *Accounts Receivable Disposition Reason Maintenance* window.
4. Click **New**. Type in the **Reason Code**, a brief description of the reason code, and type of reason.
5. Click **Save**.
6. Click **Exit**.

To update, highlight the reason code to be updated and type the new data. Only the description field can be updated.

Accounts Receivable Collections

The Finance Unit is responsible for generating notices to providers about outstanding accounts receivables, transferring accounts receivable, and documenting collection efforts. It is imperative that analysts create an A/R folder for every provider that is sent a demand or transfer letter or for whom EDS receive bankruptcy information. These folders must be kept up-to-date regarding all transactions or communications regarding the accounts receivable. Each folder must contain the A/R checklist, a copy of the letter mailed, the certified mail return receipt and other documentation as appropriate. Compliance with the procedures for A/R folders and A/R tracking are part of each analyst's annual objectives. The A/R checklist is located at *L:Finance/AR Reduction Project/AR Checklist Template/AR Checklist_2002*. Letter and phone logs must also be kept up-to-date to record each letter sent and each conversation with the provider about its outstanding A/R. The A/R checklist cheat sheet is also available online under Team Information. This cheat sheet was distributed to the Finance Unit on March 28, 2003.

Weekly Queries

Each week, the Decision Support System (DSS) generates a query that identifies accounts receivables that have aged 15 days and have not been fully collected. This query is the basis for generating collection letters. The following steps are used to run a query. When the letter process is automated, this weekly query will not be required. The letters will be automatically generated by the system and printed in the Operations Unit. However, the Finance Unit will still be responsible for researching and mailing the letters.

1. Click **DSS** icon from desktop.
2. Type the user name and password

3. Click **DSS Data Model**.
4. Located the Financial Section of Data Model.
   - Double click the **Accounts Receivable** box.
   - Highlight: SAK_ACCT_REC
   - NUM_CONTROL_AR
   - PROV_BILLING
   - CDE_SERVICE_LOC
   - SAK_PUB_HLTH
   - CDE_REASON_FOUR
   - DTE_EFFECTIVE
   - DTE_ADDED
   - AMT
5. Qualify 'IND_STATUS' to equal "A"
6. Click **Query** from the toolbar
7. Click **Submit Query to Table**
8. Type the name for the temporary table. This table reflects all accounts receivable setup amounts.
9. Click **OK**
10. Click **Query** from the tool bar.
11. Click **New Query** from the dropdown menu
    - Double-click the **Accounts Receivable** box.
    - Qualify 'IND_STATUS' to equal "A"
    - Double click the **A/R Disposition** box.
    - Highlight: SAK_ACCT_REC and AMT
    - Click **Sum** function for the Amount.
    - Click **Query** from the toolbar.
    - Click Submit Query to Table.
    - Type name for temporary table. This table reflects all dispositions for outstanding accounts receivables.
    - Click **OK.**
    - Click **Query** from the toolbar.
    - Click **New Query** from the dropdown menu.
12. Return to the User Work Area at the top of the window.
    - Click the first created table.
    - Hold the shift key and click on the second created table.
    - Click **Query** from the toolbar.
    - Select Relationship.
    - Change = Equal to 'Right Outer Join'.
    - Click **Add** button.
    - Click **OK.**
13. Double click the first created table. Drag away from the icons.
14. Highlight: SAK_ACCT_REC
15. NUM_CONTROL_AR
16. PROV_BILLING
17. CDE_SERVICE_LOC
18. SAK_PUB_HLTH

19. CDE_REASON_FOUR
20. DTE_EFFECTIVE
21. DTE_ADDED
22. AMT
23. Double-click the second created table.
24. Highlight: SUM_AMT
25. Click **Query** from the toolbar.
26. Click **Submit Query** to Table.
27. Type name for the temporary table. This joins the set-up and disposition amounts for outstanding accounts receivables.
28. Click **OK.**
29. Click **Query** from the tool bar.
30. Click **New Query** from the dropdown menu.
31. Click **Delete** in response to 'Save Dynamic Relationships Before Deleting Current Query.'
32. Double-click on the third created table.
33. Highlight: NUM_CONTROL_AR
34. PROV_BILLING
35. CDE_SERVICE_LOC
36. AMT
37. SUM AMT
38. Click **Count Distinct** function for NUM_CONTROL_AR.
39. Click **SUM** function for AMT and SUM AMT.
40. Qualify the DTE_EFFECTIVE to be between one business day and 10 business days prior to date of performing query (2002 Schedule is located in L:*\Finance\Accounts Receivable Queries\AR Letter Schedule.xls*
41. Click **Query** from the tool bar.
42. Select **Submit Query**.

> *Note: If the analyst is interested in reviewing number of providers with outstanding receivables, number of outstanding accounts receivables, or total dollars outstanding, the following steps can be used in this third table.*

43. Click the following attributes: **Num_Control_AR**, **Prov_Billing, Amt**, and **Sum_Amt**.
44. Click the *Function* column for the **Num_Control_AR** and **Click Count**.
45. Click the *Function* column for **Prov_Billing** and **Click Count Distinct**.
46. Click the *Function* column for **Amt** and **Click Sum**.
47. Click the *Function* column for **Sum Amt** and **Click Sum**.

48. Click **Submit Query** from tool bar.
The information received is interpreted as Num_Control_AR (number of outstanding accounts receivables), Prov_Billing (number of providers that have outstanding accounts receivables), Amt (AR Set-up Amkount), and Sum Amt (AR Disposition Amount). To obtain the outstanding accounts receivable balance, subtract the A/R Disposition Amount (Sum Amt) from the A/R Set-up Amount (Amt).
49. When query is completed, highlight results by clicking the upper left hand corner of the results window.
50. From the toolbar, click **Edit – Copy.**
51. Open Microsoft Excel.
52. From tool bar, click **File – New.**
53. From tool bar, click **Edit – Paste.**
54. Arrange and label columns in the following order: Provider Number, Location, Setup Amount, and Disposition Amount.
55. In column E, enter a formula to determine outstanding balance for provider number/location. For example: C2-D2, where 2 represent the line number.
56. Label Column E, **Outstanding**.
57. Sort data by Column E.
58. Delete all providers and locations with zero dollars.
59. Sort data by Column A, **Provider Number.**
60. Save File in *L:\ Finance\AR Collections*.
61. The file name should correspond to the week's date range. For example: A/R JAN0106 JAN0112 ~ Dates are listed by month, year, and day.

> *Note: To delete a temporary table within DSS, use the following procedures.*

62. Press **Ctrl+N** to ensure all queries are closed.
63. Left-click the **Design Mode** icon.
64. Right-click the temporary table that was created. The table will turn black.
65. From the pop-up menu, click **Delete User-Defined Objects**.
66. From the window that pops-up, left-click the name of each table to delete.
67. Left-click the **OK** button.
68. Left-click the **Design Mode** icon.
69. Save the data model.

> ******Save as Microsoft Excel Workbook*****

Collection Letters

Based on the query results, either a transfer letter or demand letter will be issued to the provider. All letters, both transfer and demand, are sent to providers by certified mail. All letters that are mailed regarding collections are recorded in *L:\Finance\AR Rreduction Project\Letter Log.xls*. The analyst responsible for letters records the provider name, provider number, provider location, date letter mailed, date certified receipt received from provider, and analyst initials for each letter

mailed. There is also a column for additional comments. **EDS does not send demand or transfer letters to providers that have A/Rs set up for SUR or Payment Integrity Program (PIP) reasons.** EDS may send demand or transfer letters to providers who have non-SUR or non-PIP related A/Rs if the provider has a combination of both. That is, if a provider has $10,000 in SUR A/Rs and $5,000 in non-SUR A/Rs, EDS may contact the provider about the $5,000 in non-SUR A/Rs. EDS also does not contact these providers by telephone unless it is to discuss the non-SUR and non-PIP A/Rs.

Transfers

If the provider has other active provider numbers with the same tax identification number, outstanding A/Rs are transferred to the active number to facilitate collection. This can also be done for when an owner has multiple facilities that do not share the same tax identification number if the owner provides written permission to transfer an A/R from one provider ID to another.

To determine if other provider numbers are active with the same tax identification number, perform a search on the tax identification number in the CO-MAND Retrieval System to find *Weekly Provider Tax ID Listing, FIN-2056*. For an example of this report, refer to Figure A.115. This step should always be completed before sending a demand letter.

This search can also be performed in Indiana*AIM* by the following steps:

- At the *Provider Search* window, type the **tax identification number of the provider** with the outstanding A/R. A list of all providers with the same tax identification number displays:
  - Look for a group name and number such as, Indianapolis Doctors Incorporated, to research.
  - If there is no group, select any provider number to begin research.
- Click the provider for research and verify the tax identification number is the same and effective for the same dates as the inactive provider.
  - If the tax identification numbers and effective dates match, research payment history in the *Check Inquiry* window under Financial.
  - If activity is sufficient to cover account receivable, perform remaining steps. If not, continue to search for others with same tax identification number.

A transfer letter is sent to the provider that has sufficient activity to cover the outstanding account receivable. If there is no response within seven days, the account receivable is automatically transferred to the active provider number by the accounts receivable analyst. No further phone calls or letters are required. A copy of the Transfer Letter is included in Figure B.11.

When the provider agrees to have the accounts receivable transferred, the analyst faxes *the Transfer Authorization* form located at *L:/Finance/Forms/AR Transfer letter*. When the provider completes, signs, and returns the form the analyst can initiate the transfer.

> *Note: EDS can transfer the A/R to a provider number that shares the same tax ID even without permission from the provider.*

Analysts must include a copy of the transfer letter and form in the provider's A/R folder. The analysts must also update the checklist in the provider's folder and update the letter log located on the L: drive whenever a letter is mailed. The A/R *Letter Log* is located at: *L/Finance/AR Letter Log/Letter Log*.

Transferring Accounts Receivables

When it has been determined that an accounts receivable should be transferred, proceed with the following steps:

1. Log into Indiana*AIM*.
2. Click **Financial.**
3. Select **Accounts Receivable** from the *Financial* menu.
4. From the tool bar, click **Options.**
5. Select **Mass Update.**
6. Type the provider number and location code of the provider who has the outstanding accounts receivable.
7. Click **Search.**
8. Type the provider number and location code of the active provider that has been selected to transfer the A/Rs to in the *Mass Update Entry* window.
9. In the *Mass Comment Entry* window, enter the comment to display. For example, *Provider did not respond to the transfer letter dated 1/16/02, Name, Department*.
10. Click **Select All/De-select All** and click **Enter.**
11. Click **Exit.**

If only a few A/Rs are to be transferred but not all, then select the A/Rs that are to be transferred only.

To review a provider's accounts receivable balance, enter Indiana*AIM* and click **Financial**. From the *Financial* menu, click **Accounts Receivable**. At the *Provider Accounts Receivable Selection* window, enter provider name and number. Click **Open** from the Open/Closed option box. Click **Search**.

Demand Letters

If it has been determined that a transfer letter cannot be sent, a demand letter is generated. A copy of the demand letter is in Figure B.12. All accounts receivable are tracked in *L:\FInance\AR Collections\AR Outstanding Balance.xls* log. This workbook has multiple tabs including *status legend codes*, *outstanding accounts receivables*, and *closed accounts receivables*. The accounts receivable analyst reviews the status of each provider's accounts receivables on a weekly basis in Indiana*AIM*. Updates are made to outstanding balances at this time. When the provider's balance reaches zero, the information about provider name, provider number and location, tax identification, and so forth, is transferred to the closed accounts receivable worksheet.

Analysts must include a copy of the demand letter and form in the provider's A/R folder. The analysts must also update the checklist in the provider's folder and update the letter log located on the L drive whenever a letter is mailed. The A/R Letter Log is located at: *L/Finance/AR Letter Log/Letter Log*.

Follow Up Activity

Phone Calls

If a response is not received to the certified letter within 15 days, the A/R collection analyst attempts to call the provider. The analyst calls the number listed in Indiana*AIM*. Listed below are examples of scripts for the analyst to use for the phone call. Two phone calls are required after the initial letter has been issued. These phone calls must be documented in the analyst's phone log as well as on the provider's A/R checklist in the A/R folder in the comment section.

The analyst contacts the provider using the following example:

"Hello. My name is _____ and I'm calling from EDS concerning outstanding account receivables due to the Indiana Health Coverage Programs. Could I please speak to the office manager or the manager of the billing department?

When the office manager or authorized employee is on the phone the analyst provides the following information:

Our records indicate that you have an outstanding balance of_____ that is due to cash advance(s) or adjustment(s) (the analyst will use one or both based on what is applicable). Our records also indicate that there has been little or no activity on these accounts receivable since _____. The original set-up dates for the outstanding receivables are _____. I would like to verify your pay-to address since these outstanding balances are reported weekly on your Remittance Advice. I am calling today to arrange repayment of these outstanding accounts receivable."

When the certified receipt is returned, the receipt must be placed in the provider's A/R folder and the A/R checklist in the folder must be updated to indicate the date the receipt was received. The analyst must also update the A/R letter log to indicate the date the certified receipt was received.

Transfer Letter Process

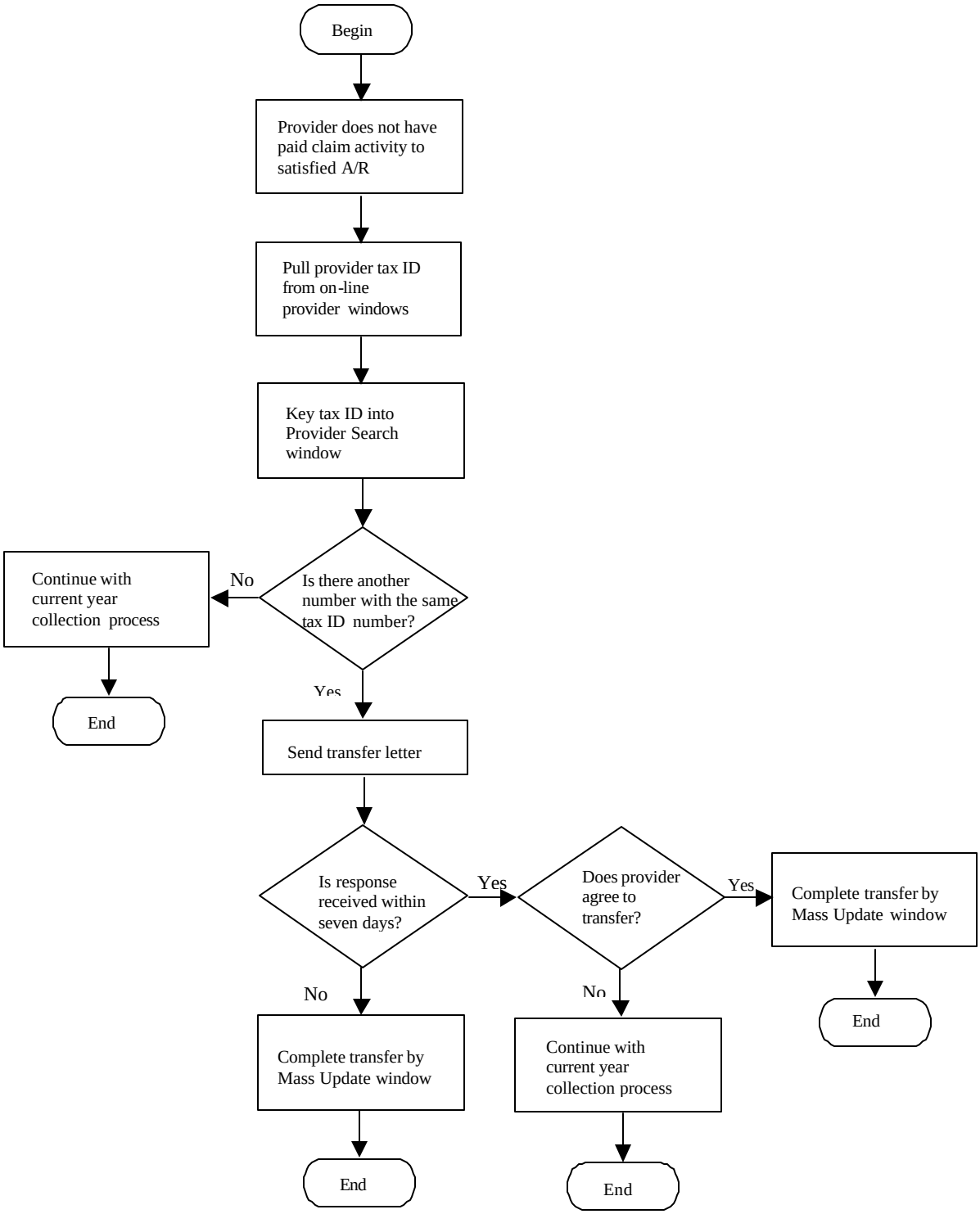


Figure 2.71 – Transfer Letter Process Flowchart

Results

Several actions can result from the letter or phone call. The actions include the following:

- If the provider is billing under the provider number that the account receivable was established under, but activity is slow, the analyst requests that the provider send a check to satisfy the outstanding account receivable balance.
- If the provider is no longer in the IHCP, the analyst requests that the provider send a check to satisfy the entire outstanding account receivable balance. The A/R analyst should notify the provider that if the balance is not paid, the case could be referred to the Attorney General's office. Document the contact in the A/R analyst folder, letter log, or phone log as appropriate.
- If the provider is a new owner and the outstanding accounts receivable was established prior to the buy-out, the analyst requests information and a phone number for the previous owner. The analyst contacts the previous owner and requests that the provider send a check to satisfy the entire outstanding balance or transfer the outstanding accounts receivable to another active provider number if applicable. It may be necessary to request a copy of the buyout agreement to determine who is responsible for the outstanding accounts receivable. Effective in the second quarter of 2003, new owners will be legally responsible for previous owner's debt. Therefore, for changes of ownership that occur after the effective date of the new legislation, the A/R analyst can transfer the balance from the old provider to the new provider without prior approval.
- If a provider states that it has already sent checks to EDS or the OMPP to satisfy an outstanding account receivable, the analyst requests the check number, the date of the check, and the date the check was mailed. The analyst then looks at the *Cash Receipts* window to see if a check has been received and entered in Indiana*AIM*. The analyst verifies whether the check has been dispositioned against the provider's outstanding account receivable. If EDS has not received the check, EDS contacts the provider to determine the status of the check.
- If the provider states that the original check was never cashed or it was returned, the analyst requests that the provider send by mail or fax any applicable documentation. The analyst works with the accounting assistant in the Finance Unit to determine if the check was voided or stop paid. If the analyst identifies either situation, the account receivable is decreased to a zero balance and an expenditure payout is made to the provider for any money collected.
- If the provider states, "Medicaid owes us money," the analyst inquires to see if the provider has spoken with Client Services or the field representative to get assistance with outstanding billing issues. The analyst informs the provider that regardless of the outstanding billing issues the outstanding A/R is still due to the OMPP. The analyst gives the provider the name and phone number of the field representative to contact for assistance with billing issues. The analyst must be professional and understanding to the provider issues but strive to get a commitment from the provider for repayment of the outstanding accounts receivable.
- If the provider acknowledges outstanding balances on an account receivable, but states that the business will suffer if 100 percent of the weekly claim payment is recouped against the outstanding account receivable balance, the analyst must try to determine what amount the provider needs in weekly claims payment to cover operating expenses. The analyst documents the conversation, researches year-to-date claim payment information, researches year-to-date recoupment amounts, and gives this information to the finance manager to review. The analyst uses the repayment schedule outlined in this manual for establishing an agreement.

Agreements for partial payments or repayment agreements, claim adjustments, or both can never be longer than six months per *405 IAC 1-1-5 (d)*.

- If the provider refuses to send a check or discuss the outstanding account receivable it must be noted on the *Accounts Receivable Outstanding* log (*L:\Finance\AR Collections\AR Outstanding Balance.xls*). The analyst notifies the appropriate field representative of the issues to initiate an on-site visit between EDS and the provider to discuss any billing issues. EDS forwards documentation of collection efforts to the designated OMPP staff for further action.
- All contact, whether by telephone or in writing, must be documented in the A/R folder, the A/R analyst's phone log, and the letter log. The A/R tracking log must also be updated as appropriate. Comment windows in Indiana*AIM* also must be updated as appropriate.

Bankruptcy Notification

The following steps describe bankruptcy procedures:

1. Bankruptcy papers are delivered by U.S. mail or by facsimile.
2. Date stamp the bankruptcy documents with the current day's date.
3. On the same day the information is received, fax the information to the OMPP, attention Wanda Williams at (317) 232-7382.
4. Within 24 hours of receipt, make a copy of the document and forward interoffice mail to the OMPP, attention Zachary Jackson at OMPP MS-07, W382.
5. Identify the provider numbers associated with the bankruptcy documents.
6. Review accounts receivables within Indiana*AIM* for the provider numbers to identify any outstanding accounts receivables.
7. If no accounts receivables are open for the provider number, list the provider name, provider number and location, and chapter of bankruptcy in Microsoft Excel at *L:\Finance\Bankruptcy\Bankruptcy Log est. August 2002.xls*.
   - Create a file folder for bankruptcy documentation; label with provider name. File documents alphabetically within the bankruptcy documentation drawer in the Finance Unit.
8. If there are accounts receivables associated with the provider number, list the provider name, provider number and location, chapter of bankruptcy, A/R numbers, and A/R amounts in Microsoft Excel at *L:\Finance\Bankruptcy\Bankruptcy Log est. August 2002.xls*.
   - The A/R analyst will close all outstanding A/Rs for the provider and the effective date will reflect the date that the A/R is closed. The set-up date for the A/R must remain unchanged so the OMPP can track when A/Rs were established for filing the 10B Proof of Claim form with the court system.
   - Comments must be added to every A/R that is closed due to bankruptcy. The notation must include the chapter of bankruptcy filed by provider, as well as the A/R analyst's initials and the date the comment was entered.
   - The A/R analyst will reopen the Microsoft Excel worksheet and log date A/Rs closed along with any comments.
   - Create a file folder for bankruptcy documentation and label with provider name. File documents alphabetically within bankruptcy documentation

drawer in the Finance Unit. Update the telephone or the letter log as appropriate.

9. The A/R can be re-opened at any time. On a monthly basis, the A/R analyst will use the listing of providers identified in the Microsoft Excel worksheet (*L:\Finance\Bankruptcy\Bankrupty Log est. August 2002*) to review online with WebPacer (available at www.pacer.psc.uscourts.gov/pacer manual.pdf) to ensure the bankruptcies are still valid and active. If the bankruptcy is dismissed or the provider removes provider status from bankruptcy, the A/Rs may need to be re-opened. All cases that are to be re-opened must be discussed with OMPP before changing the status within Indiana*AIM* to ensure EDS is within legal guidelines.
10. If unsure about the status of a bankruptcy or whether an A/R should be closed, please consult with the TPL attorney to discuss.

Closing Accounts Receivables

Perform the following steps to close and accounts receivable:

1. Access Indiana*AIM*
2. Click **Financial** at the from the main menu
3. Click **Accounts Receivable** from the *Financial* menu
4. At the *Provider Accounts Receivable Selection* window, enter the provider number and location
5. Change the **Open/Closed** box to open
6. Click **Search**
7. Highlight the accounts receivables to be closed
8. Click **Select**
9. At the *Provider Accounts Receivable Setup/Maintenance* window, select **Disposition**
10. At the *Provider Accounts Receivable Disposition History* window, select **New**
11. At the *Provider Accounts Receivable Disposition* window, enter the amount to be reduced
12. In the accounts receivable dropdown menu, select **A/R decrease miscellaneous**
13. Click **Save**
14. Click **Comments**
15. Enter comments in complete detail including name, department, and date. **A/R analysts must always update the comments as required and monitored by the OMPP. Include A/R analyst initials and comment date.**
16. Click **Save**
17. At the *Accounts Receivable Disposition* window, click **Exit**
18. At the *Provider Accounts Receivable Disposition History* window, click **Exit**
19. Click **Exit** at the *Accounts Receivable* window to return to the accounts receivable window

20. To close additional A/Rs, select another A/R and proceed with the steps 1 through 19.

Collection Process

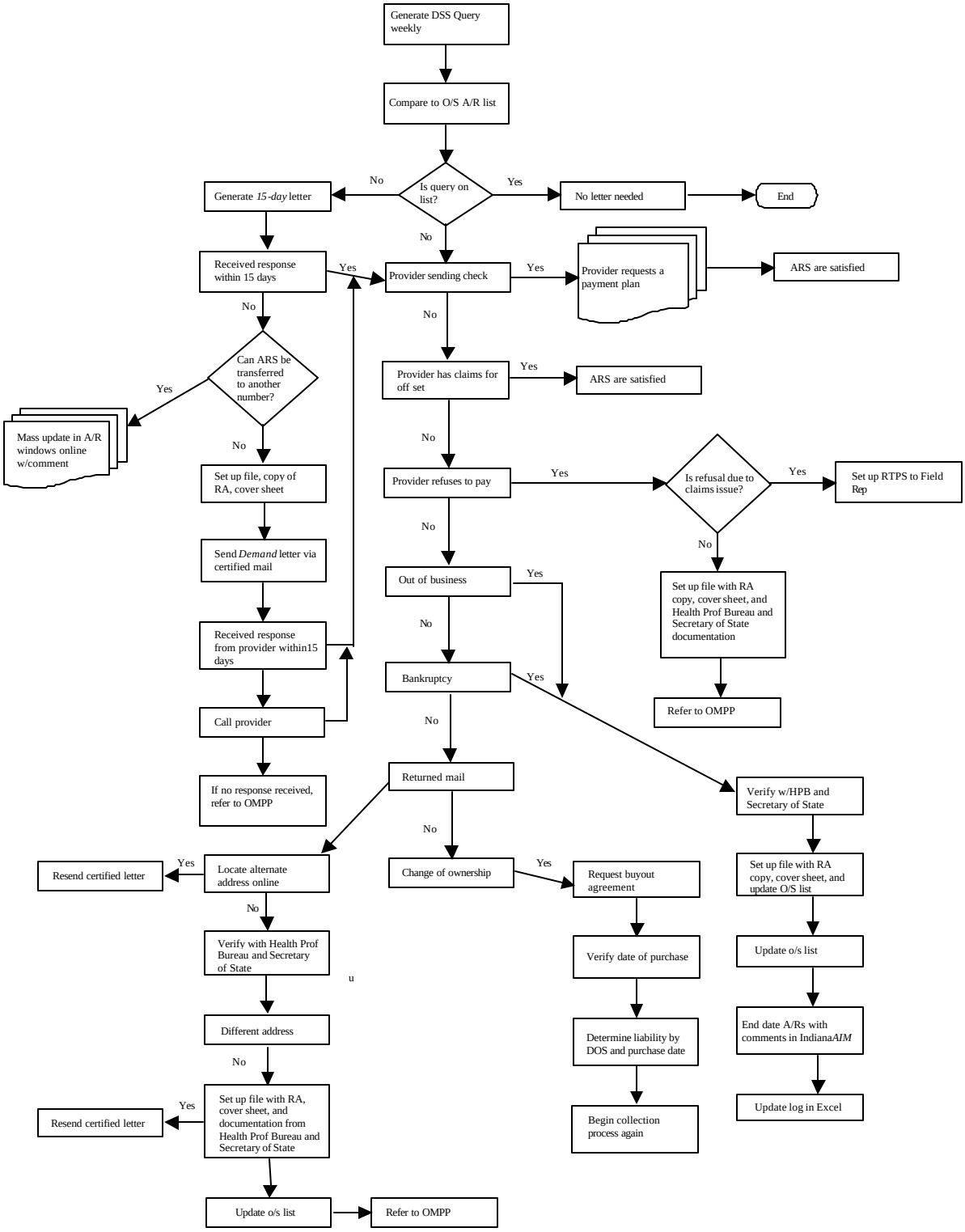


Figure 2.72 – Collection Process Flowchart

Provider Repayment Schedule

The *Provider Recoupment Agreement* is used to establish new repayment agreements to recoup partial payments and to formalize provider repayment of outstanding receivables. A partial payment is an expenditure issued to a provider to return part of the monies already recouped due to a large accounts receivable. These large accounts receivables typically result from mass adjustments or retro rate adjustments. Partial payments are made when the provider has suffered or will suffer severe financial hardship due to the collection of the accounts receivable.

The current partial payment procedures require a provider to sign a *Provider Repayment and Recoupment Agreement* prior to the advance payment being issued. Any provider with less than 100 percent of the weekly claim payment being recouped against outstanding receivables must have an agreement that states the terms the provider must use to repay the full outstanding A/R balance. The template for the agreement is located at *L:Finance/Repayment Agreement/Repayment Agreement Template*. According to *405 IAC 1-1-5 (d)*, no repayment agreement can be longer than six months.

Prior to creating a repayment agreement for six months, the A/R analyst should call the provider to try to get approval for a shorter time period if the A/R analyst documents the call in the A/R analyst's phone log.

This is a general repayment schedule that the A/R staff can use to determine percentage amounts for the provider.

Dollar Amount Range	Percentage of Balance per	Time Period
$0-$1,000	1/6 balance/2 weeks	1 month
$1,001.00-$3,000.00	1/6 balance/month	2 months
$3,001.00-$10,000.00	1/6 balance/month	3 months
$10,001.00-$50,000.00	1/6 balance/month	6 months
$50,001.00-$100,000.00	1/6 balance/month	6 months
$100,001.00 +	1/6 balance/month	6 months

For example: A $35,000 A/R is established for provider due to a mass adjustment. The provider has had $10,000 recouped from a previous financial cycle and has a balance of $25,000. The provider requests a partial payment on the monies previously recouped and a repayment agreement for balance.

- Issue an expenditure of five sixths of the amount already recouped ($8,333.34 in this example).
- Write a repayment agreement for $33,333.34 ($8,333.34 plus $25,000 balance).
- Set up six monthly A/Rs should be set up for $5,555.55.

Providers may request to make a payment arrangement to satisfy the outstanding account receivable due to financial hardship. Repayment can be set-up to recoup from claim activity or to be repaid by check in monthly installments. Refer to *Appendix B, Figure B.3* to view a copy of the *Provider Repayment Agreement*. The following steps are taken to document a provider repayment agreement.

Provider Repayment Agreements

- Providers must submit their requests for repayment agreements in writing on provider's letterhead. The request must contain the following: provider name and service location, provider's pay to address, provider contact name and phone number, reason why the repayment agreement is being requested detailing specific reasons for financial hardship, amount of repayment agreement, and time period requesting to repay monies (not to exceed six months). All requests should be faxed to (317) 488-5377 or mailed to the following address:

  Finance Director at EDS
  950 North Meridian Street, Suite 1150
  Indianapolis, IN 46204

- Determine type of repayment and time frame provider is requesting
  - Monthly checks to be sent in from one month to six months.
  - Set-up manual account receivable, if originals are to be closed or condensed, distributing the total monies due among the number of months for agreement. Effective dates vary according to provider cash cycles. Most common effective dates fall within the middle of the month. If the provider fails to send check, the A/R becomes effective and recoupment begins from claim activity.
  - If original account receivable is to be left open and used, update the effective date accordingly and the *Recoupment Amount* fields

- Claim activity at specified percentage per claim cycle, normal time frame is one month to six months
  - Set up manual A/R, if originals are to be closed or condensed, with the agreed upon percentages per A/R, use current date for effective dates.
  - Set up manual A/R with staggered monthly effective dates and a set amount of dollars to be recouped each month.

> *Note: The original A/R is closed or condensed to make sure that the A/R on file in Indiana* AIM *reflects the amounts be collected at set frequencies. In some instances, this can only be accomplished by closing the original A/R and establishing a new A/R.*

- Develop provider agreement and fax it to the OMPP for approval and signature.
- Receive faxed copy of agreement and forward a copy to provider representative for review and signature.
- After the OMPP grants approval, the A/R analyst and the Finance director review and sign the document. A hard copy is sent by U.S. mail to the provider for signature.
- The provider returns the completed hardcopy that should be filed with other A/R documentation.

> *Note: If the OMPP does not approve the agreement, the provider must then pay at the original terms of A/R. If the provider fails to meet the terms of agreement, the OMPP may forward to the attorney general for collection procedures.*

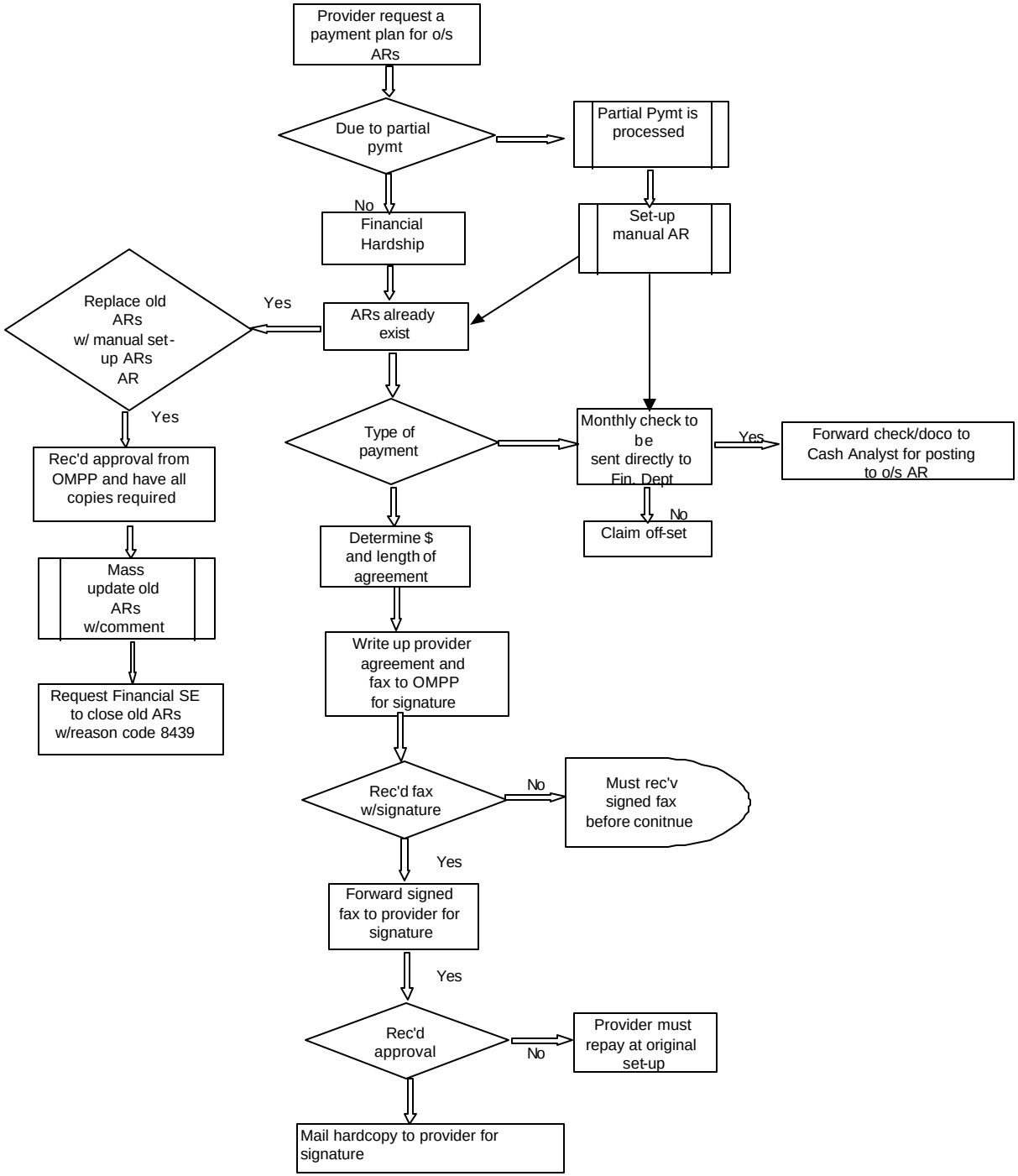


Figure 2.73 – Provider Agreement Flowchart

Tax Assessments

Tax assessments are the monthly amounts to be recovered from designated ICF/MR facilities. Myers and Stauffer, LC issues the assessment rates when the per diem rate is established. EDS collects the monies by systematically establishing A/Rs for monthly tax assessments using the most current rates established by Myers and Stauffer, LC. All rates for ICF/MR facilities can be accessed by performing the following steps:

1. Access IndianaAIM
2. Click the Financial menu
3. Click Accounts Receivable
4. Click Options
5. Click Tax Assessments

The user can enter any provider number to populate all the rates and time periods for a specific provider.

During the rate-setting process, Myers and Stauffer, LC, retroactively increases or decreases a per diem for a facility. Therefore, the amount of the tax assessment for that period must also be adjusted. EDS receives rate changes electronically from Myers and Stauffer, LC, daily. New rate charges must be reconciled monthly to determine if the provider or the OMPP is due additional monies. See the following sections titled *Daily Tax Assessment Procedures* and *Monthly Tax Assessment Procedures* for additional information about these topics.

Daily Tax Assessment Procedures

Daily tax assessment is performed as follows:

- Print e-mails labeled *LTC Tax Assessments Report* and *Tax Assessment Errors Report* received from Myers and Stauffer, LC.
- If the level of care (LOC) column is followed by *G**** or *M****, a rate change has occurred for the provider as shown in Figure 2.74.

Myers and Stauffer, LC Rate Update

9/27/2002

Provider Number	Effective Date	Rate	Rate2	Monthly Assessment	LOC
100272120	20020201	148.97	000.00	21415.04	M ***

*** Denotes Monthly Assessment Level Of Care Rate

Figure 2.74 - LTC Tax Assessment Report

- In Indiana*AIM*, verify the provider tax assessment rate and effective date. Perform the following steps to view tax assessment rates in Indiana*AIM:*
  - At the main menu, click **Financial**.
  - From the *Financial* menu, select **Accounts Receivables**.
  - At the *Provider Accounts Receivable Selection* window, click **Options** from the toolbar. Select **Tax Assessments**.
  - At the *Provider Tax Assessments Rate Maintenance* window, type the provider number.
  - Scroll through provider tax information to find the effective date for the new rate sent by Myers and Stauffer, LC.
  - Verify that the previous rate is end-dated.
  - Confirm the new rate and effective date. The most recent rate will have an end-date of 12/31/2299 until a new rate is received.
  - If the dollar amount or effective dates are incorrect, click the item that needs adjusted. Enter the correct date or dollar amount. Click **Save** to save the new data.
  - If a dollar amount or effective date do not correspond, e-mail Greg Cecil (Gcecil@mslc.com) and notify him that the rate was changed according to the file received. If there is any discrepancy, Myers and Stauffer, LC should contact EDS. Greg can be contacted by telephone at (317) 846-9521.
  - When rates are verified or corrected, notate a *C* by the *G**** or *M**** to indicate the information was verified.

- After rates are verified in Indiana*AIM*, open Microsoft Excel file *L:\Finance\Tax Assessments\ICFMR Monthly Rate ReconYear.xls*.
  - Click the current month tab in the workbook.
  - Type the provider number, location, new rate effective date, and new rate. Information into the worksheet in columns A-D, respectively.
  - Save the file.
  - Close the file until monthly reconciliations are completed.

> *Note: Effective April 2003, the reconciliation process was automated, and this step is no longer necessary unless manually calculating the difference between a provider's old assessment rate and new assessment rate.*

Monthly Tax Assessment Procedures

Monthly tax assessment is performed as follows:

- Weekly, the financial analyst opens the Microsoft Excel file labeled *L:\Finance\Tax Assessments\ICFMR Monthly Rate ReconYear.xls*.

- The financial analyst prints the report for the current month.

- The financial analyst enters Indiana*AIM* to obtain information about this month's providers tax assessments. The following steps allow the financial analyst to obtain all necessary information for reconciling a provider's rate change:
  - At the main menu, click **Financial.**
  - At the *Financial* menu, select **Accounts Receivables.**
  - At the *Provider Accounts Receivable Selection* window type the provider number and location.

> *Note: If the system was requested to retrieve information for the A location and generates an error message stating No match found, change the A location to B and click* ***search****. This means that there has been a change of ownership and the new owners are identified with a new location code.*

- At the *Reason* box, click **A/R Manual Set-up (Tax Assessment – Monthly) Reason code: 8405.**
- Click **Search.**
- Print by selecting **File** from the tool bar. Click **Print** and then click **Data Window**.
- Gather the printout from the printer.
- On the first page of the printout, write the provider number, location, effective date of rate change, and new rate.
- Enter *L:\Finance\Tax Assessment\ICFMR Month Rate Recon Year.xls*.
- Click current month tab.
- Locate provider number on the worksheet.
- Type the old assessment rate in column E.
- A formula to calculate the difference between the new rate and old rate should be entered in column F. The formula is D (line number)-E (line number).
- In column G, enter the number of months since the new rate effective date that the provider paid the old rate but should have been paying the new rate. If two different rates were charged to the provider, note the difference of the second rate change in column I along with the number of months amount paid in error.

> *Note: Provider tax assessments are established systematically every month based on the information located in the* ***Provider Tax Assessment Maintenance*** *windows. When reviewing the printouts to determine the number of months the rate was inaccurate, the A/R is always established during the last week of the month for* ***next*** *month's assessment. For example, the June 2002 tax assessment will have an A/R set-up date of May 24, 2002, the July 2002 set-up date will be June 21, 2002, and the August 2002 established date would be July 26,2002.*

- A formula to calculate amount due is located in column H. The formula is F (line number)*G (line number)
- Column J indicates all rate reconciliations plus any other adjustments noted during reconciling. The formula in column J is H (line number)+I (line number)
- Complete steps 7 though 16 for every provider listed on the *L:\Finance\Tax Assessment\ICFMR Month Rate ReconYear.xls* worksheet.
- On the last Friday of the month, gathers all rate printouts received from Myers and Stauffer, LC along with each reconciling worksheet completed.

- Open the Microsoft Excel worksheet at *L:\Finance\Tax Assessments\ICFMR Month Rate ReconYear.xls* to the current month tab.
- Sort the data by column J, **Balance Due**. This separates the expenditures (negative numbers) from the A/Rs (positive numbers).
- Insert multiple lines to separate the expenditures and receivables.
- Expenditures are sorted by provider number and location.
- A sum is added to column J for total expenditures issued.
- Label the sum **Total Expenditures Issued**
- A/Rs are sorted by provider number and location.
- Add the sum to column J to calculate total accounts receivables to be established.
- Label the sum **Total Accounts Receivables Established**
- Print two copies of *L:\Finance\Tax Assessment\ICFMR Month Rate ReconYear.xls*.
- Sort the hard copy reconciliations in provider number order. The analyst will have two sets of documentation, one for expenditures and one for A/Rs. Place a copy of *Monthly Rate Recon* with each set of documentation.
- Complete an expenditure form to issue monies. Place the form with the corresponding hardcopy documentation. Give the expenditure documentation to Finance director for approval.
- Complete an internal A/R set-up form to recoup monies. Place the form with the corresponding hard copy documentation.
- When the Finance director provides approval, make two copies of the expenditure documentation and the A/R documentation.
- Maintain the original set of documentation. Place the reconciliation in the Monthly Tax Assessment Rate Reconciliation Current Year binder by month.
- Forward a complete set (expenditures and A/R documentation) to the OMPP, LTC Reimbursement, Attn: Karen Filler, MS: OMPP-07, W382. Karen can be reached by telephone at (317) 232-4651.
- Forward the expenditure documentation to the cash control clerk for processing.
- Forward the A/R documentation to the A/R analyst for processing.

The Monthly Reconciliation Process for Tax Assessments was automated in February 1, 2003. Manual calculations do not occur unless the OMPP, Clifton and Gunderson, or the provider requests them. The reconciliations result in A/Rs or expenditures being issued for providers who receive rate changes in a particular month. The results of the financial cycle's processing are located in CRLD, *FIN-2057-M, Monthly Tax Assessment Reconciliation*. Any provider's that had rate changes that could not be reconciled will be listed on CRLD, *FIN-2059-M, Tax Assessments Not Reconciled*. The manual process listed above will need to be performed to reconcile the assessment rate update.

Note: Monthly, after the system automatically establishes the A/Rs due, an error report is generated for any provider that could not establish an A/R. Upon receipt of this report, the A/R analyst must research each provider number to determine if the provider terminated the program or needed to recertify. Provider enrollment status can affect A/Rs being set-up. After review, the A/R analyst will delete any prior A/Rs established in error due to provider terminating program or change the ending date for the tax assessment rate.

State Requested Tax Assessment Reconciliation Procedures

At times, Clifton and Gunderson, the OMPP (Karen Filler), or the provider requests that a tax assessment reconciliation be completed to verify what has been collected versus what is actually due. This section describes the steps necessary to complete these reconciliations.

All tax assessment reconciliations are located in *L:\Finance\Tax Assessments\Provider Number.xls*. The Microsoft Excel files are named by provider number minus the ending zero. For example, provider number 100272190 is saved as 10027219.

Ideally, each worksheet should consist of three tabs as follows:

- 1994-1998 tax assessment reconciliation
- To-date tax assessment reconciliation
- Audit

The tabs are labeled 1994-1998, Current, and Audit, respectively.

In 1998, EDS performed a similar reconciliation for all ICF/MR facilities. All 600 facilities had a reconciliation performed that identified all assessment rates by month, as well as collections by EDS by month for January 1994 through December 1998. No changes need to be made to this tab. This is for informational and historical purposes only.

The second tab should reflect the provider's collection history to-date. Updates will be performed on this form. Usually the 1994-1998 information is copied from the first tab, and additional lines are inserted to accommodate the additional month-year information. Lines must be inserted through current month. Update sum formulas in the *Amount of Assessment* and *Amount Collected* columns to include the inserted lines and data. Copy the formula in the *Cumulative Variance* column to the last inserted line, current month. Change the formula in the *Net Due Provider/Net Due OMPP* field to read the last number reported in the *Cumulative Variance* column. This figure is an absolute number so the formula will read ABS (H101). This figure is tied to the description of who is entitled to monies, the OMPP or the provider. The *Net Due Provider* and *Net Due OMPP* will change based on this absolute figure.

> *Note: Some provider worksheets have not been updated since the 1994-1998 tax assessment project; thus, it may be necessary to create a Current tab and Audit tab. If a tab needs to be created, copy the information from the 1994-1998 tab and follow the procedures above for inserting lines and changing formula references. Also the file may have tabs labeled A and B. This designates location codes. Update the most recent location (B). In these circumstances, it is likely that the new provider has assumed the facility but not the debt of the old provider. Add the Audit tab only.*

The audit tab is used when the OMPP or Clifton and Gunderson request to review a specific period of the ICF/MR tax assessment collections. Data is extracted from tab 2 and lines are deleted to show the period requested for review.

The provider's tax assessment rates can be viewed within Indiana*AIM* by using the following steps:

- At the main menu, click **Financial**.
- From the *Financial* menu, select **Accounts Receivables**.
- At the *Provider Accounts Receivable Selection* window, click **Options** from the tool bar. Select **Tax Assessments**.
- At the *Provider Tax Assessments Rate Maintenance* window, enter the provider number.
- Scroll through the information to find the effective date and rate information that is needed in the reconciliation.

A query has enabled the extraction of data from Indiana*AIM* about the provider's A/R dollars collected, and the date the A/Rs were closed. If multiple requests are submitted, this information can be received from the financial systems engineer. If information from only a few providers is requested, the analyst can perform the query in DSS (see *Query Procedures*). The provider numbers are in chronological order, and the date closed for each provider are listed in ascending order. In the second tab, enter and review the set-up amount in the **Amount Collected** column. Some months may have multiple collections while others will have zero dollars. Enter the set-up amount on the line that corresponds to the *Date Closed* in the *Amount Collected* column.

- Do not add dollars if *Open/Close* column indicates *Active* because these monies have not yet been collected.
- Do not add dollars if *Disposition Reason Code* equals 8439 because this means EDS set the A/R up in error and closed without recouping money from the provider.
- If the Disposition Reason Code equals 8434, additional research must be performed in Indiana*AIM*. Perform the following steps for research:
  - At the main menu, click **Financial**.
  - From the *Financial* menu, select **Accounts Receivables**.
  - At the Provider Accounts Receivable Selection window, enter A/R number.
  - Click **Search**.

- At the Provider Accounts Receivable Maintenance window, click **Disposition**.
- At the *Provider Accounts Disposition History* window, click **Reason Code All**.
- Click **Search**.
- This will identify the recoupments for the provider on specific accounts receivable. A reason code of 8434 indicates that the receivable has been decreased per the State's direction; therefore the monies have not been recouped. Do not include any credit to the provider for any 8434 dispositions. The other reason codes that may appear are *8439 (Internally Closed A/R*), *8436 (Cash Receipt to Pay A/R)*, and *8441 (System Offset for Collection*). Codes 8436 and 8441 are used for standard repayment.
- When an 8434 is identified, print the window from Indiana*AIM*.

To complete update, the expenditure payouts for each provider must be reviewed within Indiana*AIM*. Perform the following steps to access the expenditure data.

- At the main menu, click **Financial**.
- From the *Financial* menu, select **Expenditure TXN**.
- At the *Expenditure Search* window, enter the provider number and location.
- Click **Search**.
- Click any expenditure with an activation date of January 1998 or later.
- At the *Expenditure Maintenance* window, review the reason for payout. At times, the **Comments** button will provide additional detail. The reason codes to note are **TAXASS** (Tax Assessment Refund due to Prior Reconciliation) or **RECERR** (Recouping Error).
- Print these windows.
- Deduct the dollars refunded to the provider in the corresponding month and year of tax assessment reconciliation in the *Amount Collected* column because credit was already given to the provider.
- Save the file.

When notification is received by e-mail that a provider assessment was retroactively changed, it is necessary to reconcile the revised amount due to the amount actually collected. The financial analyst searches the Indiana*AIM* A/R tables to determine all the A/Rs affected by the rate change. For example, if the rate change was retroactive to October 1999 and was received in February 2000, all A/Rs established for October through January must be reconciled.

When the reconciliation is completed, create a file folder for each provider number. Label file with provider name. Print out reconciliation from tab 2. If relevant, include any printouts of A/R disposition history and/or expenditure history.

At times, it may be necessary to review a provider's eligibility status. Some providers terminate from the program or facilities may close. If during a tax assessment reconciliation, the assessments are being established for many months; however, no recoupments have been made. Check the provider's eligibility status because the A/Rs may have been established in error. To verify provider eligibility, perform the following steps:

- In Indiana*AIM*, click **Provider** from the main menu.

- At the *Provider* menu window, select **Maintenance**.
- At the *Provider Maintenance* window, enter the provider number.
- Click **Search**.
- Click **Select**.
- At the *Provider Base* window, click **Service Location**. (Select newest location.)
- At the *Provider Service Location* window, review **Service Location Eligibility End-date.**

To run a query procedure, perform the following steps:

- Enter the DSS.
- Go to the *Financial* subsystem.
- Click the **A/R** Table.
- Click the following attributes: **Num_Control_A/R**, **Prov_Billing**, **Cde_Service_Loc**, **Cde_Reason_Four**, **Amount, Ind_Status**, **Date_Effective**.
- Qualify the Cde_Reason_Four to equal 8404, 8405, 8406, 8421, and 8428.
- Qualify the Prov_Billing to equal provider numbers researching.
- Click **A/R Disposition Table**.
- Click **Dte_Generic**.
- Click **Maximum** for function.
- Click **Submit Query** from toolbar.

Manual - Tax Assessments Rate Reconciliation

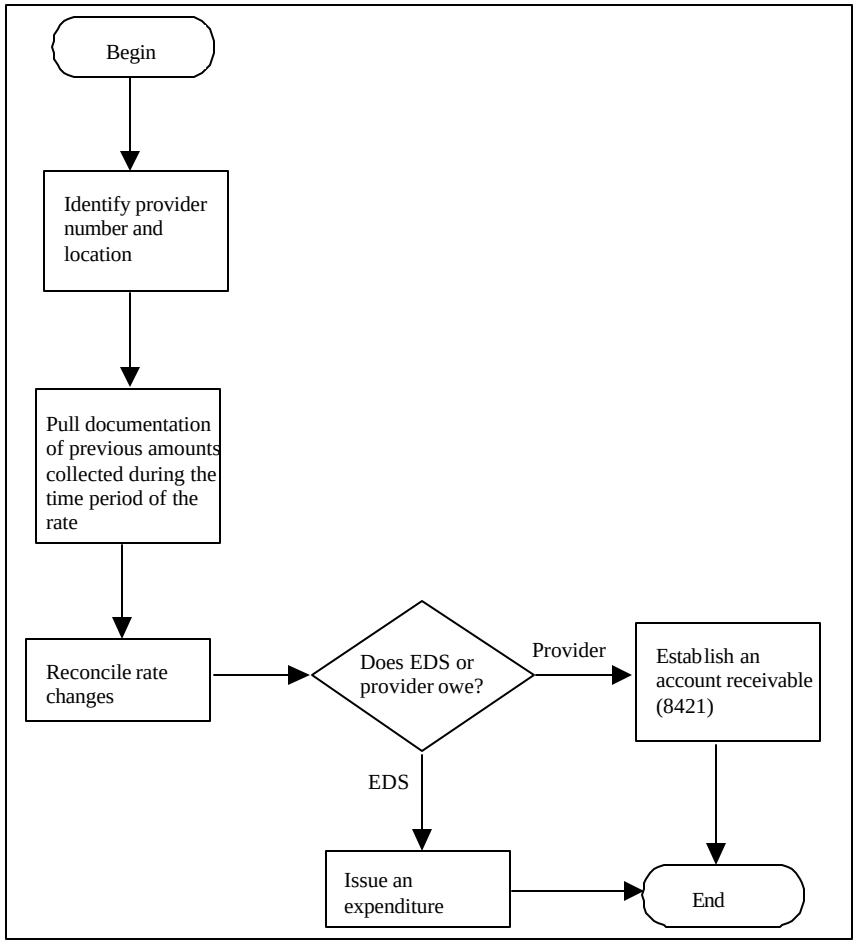


Figure 2.75 – Manual – Tax Assessments Rate Reconciliation Flowchart

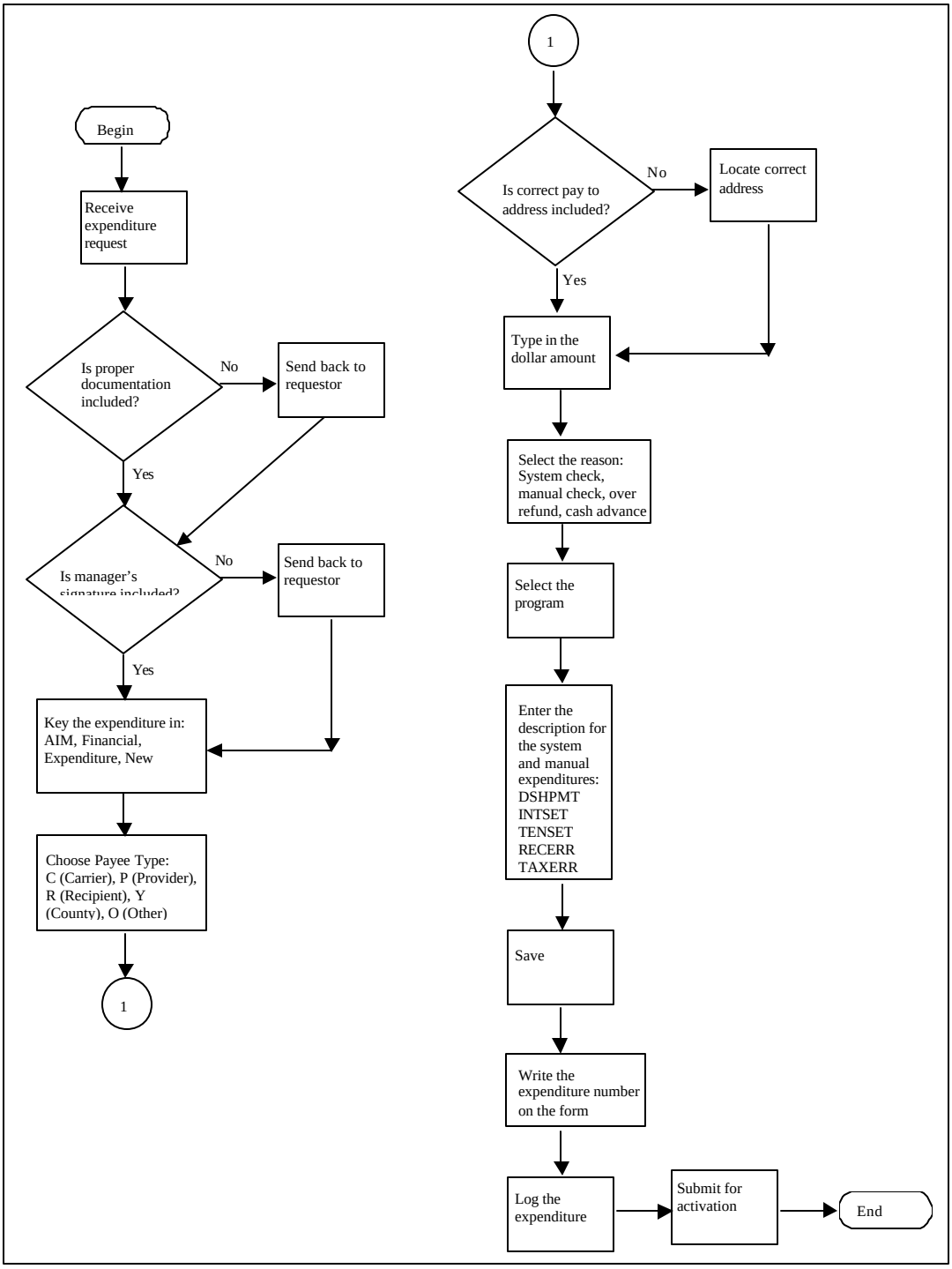
The rate change can result in either an A/R or an expenditure check. An A/R is established when a rate change has caused an increase and the provider owes additional assessment dollars for the period. Expenditures are issued when the rate change has caused a decrease and the provider owes less than was collected.

Expenditure Payout, System and Manual

Indiana*AIM* has the flexibility to issue a payment through the system and to track a manually issued check. Regardless of whether system or manually issued, all expenditure payout transactions are entered in Indiana*AIM*. Strict controls and procedures have been established for the processing of system and manual payouts. This is designed to ensure that every dollar disbursed by EDS on behalf of the IHCP is tracked.

Expenditure payout transactions can be initiated by various entities. However, activation and release of expenditure transactions can only be completed by the Finance Unit. Limited access ensures integrity of the funds that are disbursed. Expenditure transactions performed can be accessed by other users of Indiana*AIM* for inquiry only.

Expenditure/System Check Overall Process



2.76 – Expenditure/System Check Overall Process Flowchart

Authorization Control

Various EDS departments may initiate expenditure transactions. A copy of the *Expenditure Request* form is included in *Appendix B, Figure B.13*. To ensure accountability, a department manager signature is required before expenditures can be added to the system for processing and issuance. All appropriate documentation and forms must be completed before the Finance Unit will process. No manual checks are issued unless the OMPP authorizes a manual check or a lack of payment prior to the next financial cycle would cause provider hardship.

Partial Payments

Expenditure payouts for partial payments require the approval of the OMPP and the finance manager at EDS. Partial payments are made when processing errors have occurred and providers have not received payment or when a provider has had a large A/R recouped due to a mass adjustment or retro-rate adjustment, which causes financial hardship. The *Provider Repayment Agreement* must be completed and signed by the OMPP, a provider representative, the EDS A/R analyst, and the EDS Finance director prior a partial payment being issued. The provider must also submit a letter indicating why a partial payment is being requested. The letter must be submitted on the provider's letterhead detailing provider number and location, pay to address, provider contact name and telephone number, reasons requesting repayment, and time period for repayment. Accounts receivables must also be established as defined in the repayment agreement before the check is released to the provider. See the *Manual A/R Set-Up and Provider Repayment Agreement* in *Figures 2.53* and *2.71* respectively, for additional information.

The partial payment is now submitted for processing. The procedures used to issue a partial payment are identical to the procedures used to issue an expenditure. See the *Expenditure Payout Entry* sub-section for additional information

Expenditure Payout Entry

If an expenditure must be entered by the Finance Unit, that includes all expenditures outside of adjustments and Health Insurance Premium Payments (HIPP) from TPL Unit, perform the steps described below. The Finance Unit does not accept expenditure requests unless there is a manager's signature and supporting documentation from the originating department.

The cash control clerk in the Finance Unit enters all expenditures in Indiana*AIM*. After entry in Indiana*AIM*, the cash control clerk logs all expenditures on a Microsoft Excel worksheet at *L:\Finance\Expenditures\YR xxxx Log.xls*.

To add an expenditure perform the following steps:

- At the main menu, click *Financial* menu.
- At the *Financial* menu, click **Expenditure TXN**.
- Click **New**. This generates a *Payee Selection* window that is used to type in the identification, name, and address information. The system generates the appropriate payee window depending on the payee type chosen and the different types of expenditures. Type the following data for the payee type chosen:

- C - TPL Carrier or Third Party Insurance Carrier.
- **P - Provider** – Type the **provider number and location** and save. The system automatically populates the provider name and address information. Verify the address the system generates for any differences.
- R - Member – Type the member number, name, and address.
- Y - County – Type the county code, name, and address.
- O - Other – Type the provider name or company name, location, and tax I.D. number. The system automatically generates an account ID. Type the payee name and address.

- Type the **Carrier Number**.
- Click **Save**. The system automatically populates the carrier name and address information.

After the name and address information has been typed in, click **Save** . The *Expenditure Maintenance* window with the payee name and address populated from the previous window entries displays.

Type the following data in the *Expenditure Maintenance* window:

- **Expenditure ID –** System generated. This is the tracking number for the expenditure transaction and is used to track the expenditure through Indiana*AIM*.
- **Date Added –** System generated to the current date.
- **Amount Paid –** The amount to be issued to the payee located on the expenditure request form.
- **Reason** – Select the appropriate reason code from the dropdown list. The reason indicates whether the expenditure is to be generated as part of the next weekly check write or whether it is a manual check that has been issued outside the weekly check cycle. Although manual checks are issued outside Indiana*AIM*, they are still added to the system for expenditure tracking purposes and are posted to the provider's year-to-date 1099 earnings data, if the expenditure is to a provider. This allows Indiana*AIM* to maintain control and accountability over all disbursements.

> *Note: If check advance is selected for the reason code, the A/R window will automatically populate if a system generated check is selected to ensure monies are collected from providers. If a system check is to be generated, the user cannot save the expenditure until the A/R is established. Regardless of how the partial payment is issued, the financial analyst who obtains the signed repayment agreement is responsible for ensuring the A/R is established in Indiana*AIM. *See the A/R section of this manual for more information about establishing an A/R.*

- **Program** – Select the appropriate program from the dropdown list.
- **State Letter** – The appropriate State letter codes are located in *Table 5.13*.
- **Cash control number** – If the expenditure payout is the result of an over-refunded amount by the provider or an erroneous cash receipt, then type in the **CCN**.
- **SEQ –** If a CCN is entered, type in the disposition sequence number associated with the expenditure transaction. If a cash disposition for the expenditure

transaction has not been previously entered, return to the *Cash Receipt Disposition Maintenance* window and type the appropriate disposition before continuing with the expenditure payout transaction. Either the correspondence number or the CCN/SEQ number is required. These numbers are used to track expenditure transactions through Indiana*AIM*. Refer to the *Adjustments Operating Procedure Manual* for more information about posting cash receipts.

- **Comments** – The reason for the payout that is identified on thte *Expenditure Request* form must be included in the comments window in Indiana*AIM*. To do this, the cash control clerk clicks the **Comment** button and enters the appropriate information. When completed, the cash control clerk enters the initials, department, and date added to system and chooses **Save** to update the comments. The cash control clerk clicks **Save** at the *Expenditure Maintenance* window to update the expenditure.

If a manual check is chosen, forward the information to the accounting assistant for preparation of the manual check. The cash control clerk obtains the check number from the accounting assistant and completes entering the expenditure in Indiana*AIM*. If the check is system generated, skip steps 1-4 below and proceed to saving an expenditure transaction.

1. If the reason chosen indicates that a manual check was issued, at the options tool bar, click **Manual Check**. The *Manual Check* window displays.
2. Type the **Check Number** of the manually issued check.
3. Type the **Issue Date** of the manually issued check.
4. Click **Save**.
5. Click **Exit**. This returns to the *Expenditure Maintenance* window.
6. To save the expenditure transaction, click **Save** .
7. Click **Exit**. The expenditure transaction is not processed until it has been approved and activated by an authorized user.

Expenditure Activation

An A/R analyst reviews all paperwork to ensure appropriate documentation and signatures have been obtained before activating a payment to be released. If the documentation is not complete, the packet is returned to the originator and the cash control clerk is notified to delete the expenditure from Indiana*AIM*.

After the hardcopy documentation is reviewed, the A/R analyst must review the information online and complete the activation process as follows:

- Enter Indiana*AIM*.
- Click **Financial** from the main menu.
- Select **Expenditure TXN** from the *Financial* menu.
- From the tool bar, click **Options**, and then click **Expenditure**.
- Type the number of the expenditure to be activated. The number is located on the upper right-hand corner of the *Expenditure Request* form. This number is populated when the cash control clerk enters the transaction in Indiana*AIM*.
- Click **Search**.

- When the expenditure number and information is highlighted, click **Select**.
- Review the payee name, address, and dollar amount.
- If the this information does not match the *Expenditure Request* form, the documentation is returned to the cash control clerk to enter the appropriate documentation with the exception of address differences.

If the address on the *Expenditure Request* form does not match the address listed on the *Expenditure Maintenance* window, complete the following steps:

- From the main menu, click **Provider**.
- From the *Provider* menu, click **Maintenance**.
- Enter the provider number in the *Provider Search* window, and click **Search**.
- From these results, click the desired provider. From the *Provider Base* window, click the correct service location, and chose **Select Service Location**.
- At the *Service Location* window, select the **Name and Address** button.
- At the *Provider Address* window, print the addresses and compare to request form.
- If the home address is listed on the expenditure request form but the pay to address on the *Expenditure Maintenance* window matches the pay to address on the *Provider Address* window, then complete the activation because the incorrect address was entered on the *Expenditure Request* form.
- File the address copy with the expenditure. If the address is still incorrect, return it to the requester.

If everything is correct click **Options** from the tool bar and select **Activate**. To complete activation, click **Save** and then click **Exit**. The A/R analyst then files all expenditures in numerical order in the designated file cabinet.

Locating Expenditure Number

If the expenditure arrives at the A/R analyst's desk, but the *Expenditure Request* form does not have an expenditure number listed, perform the following steps to locate an expenditure number:

1. Enter Indiana*AIM*.
2. Click **Financial** from main menu.
3. Click **Expenditure TXN** from the *Financial* menu.
4. At the *Expenditure Search* window, select **Options**.
5. Click **Account**.
6. Type the name of the provider or payee of the expenditure.
7. If the name appears with an expenditure that matches the dollar amount of the request and needs to be activated, write the five-digit expenditure number on the activation form and complete the request as identified in the *Expenditure Activation* section of this manual.
8. If no information appears in Indiana*AIM*, return the request to the cash control specialist to ensure entry has occurred in Indiana*AIM*. The cash control clerk

will complete key expenditure and receive the five-digit number and the expenditure will be returned to the financial services representative for activation.

Unable to Activate Expenditure

If a manual check is used to make a payout to a nonprovider, the A/R analyst may receive an error message when trying to activate the expenditure. If this occurs, notify the financial SE by e-mail of the expenditure number, provider number, dollar amount, and manual check number to be activated. When this is completed, the SE will e-mail a notification stating the payout will be processed. This documentation must be included with the original expenditure request for record keeping purposes.

Mailing Expense Checks

After the weekly financial cycle has run, the accounting assistant will receive all expense checks from the Operations Unit. The accounting assistant will review the expenditure to determine the originator of the request. This can be accomplished by performing the following steps:

1. Enter Indiana*AIM*
2. From the main menu, click **Financial.**
3. From the *Financial* menu, click **Check Inquiry**.
4. Enter the check number in the appropriate field.
5. Click **Search**.
6. Click **Select**.
7. At the *Check Inquiry* window, select **Related Claims**.
8. Record the number of the expenditure payout.
9. Click **Exit** to return to the *Check Inquiry* window.
10. Click **Exit** to return to the *Check Search* window.
11. Click **Exit** to return to the *Financial* menu.
12. At the *Financial* menu, click **Expenditure TXN**.
13. From the *Expenditure Search* window, click **Options** from the toolbar.
14. Select **Expenditure**.
15. Key the expenditure number.
16. Click **Search**.
17. Click **Select**.
18. At the *Expenditure Maintenance* window, click **Comments**.
19. Review comments and determine which department to forward check to be mailed.

Deleting Expenditures

When it has been identified that an expenditure must be deleted, the cash control clerk performs following procedures to remove them from Indiana*AIM*:

1. Enter Indiana*AIM*.
2. From the main menu, click **Financial**.
3. From the *Financial* menu, click **Expenditure TXN**.
4. At the *Expenditure Search* window, click **Options** from the toolbar.
5. Select **Expenditure**.
6. Enter the expenditure number.
7. Click **Search**.
8. Highlight item and click **Select**.
9. At the *Expenditure Maintenance* window, select **Delete**.

Check Generation

System Check

When the expenditure transaction has been released for processing, the checks, not manually issued, systematically generate during the next weekly financial processing cycle and check write. If the expenditure payout transaction is for a provider, then the payout amount is printed on a RA along with the cycle activity. An RA is generated for the provider even if the only activity the provider has is the expenditure payout. If the expenditure payout is for an entity other than a provider, the system-generated checks are sorted to the top of the check write. The checks are pulled and forwarded to the Finance Unit for merging with any appropriate documentation such as, lien letters, and mailed the same day as all other RA payments are mailed.

Manual Check

The section about manual check preparation contains detailed information about manual check preparation.

Inactivated Expenditures

At the end of the month the cash control clerk performs a DSS query to locate any inactivated expenditures. This ensures that all expenditures are either activated or deleted if they were entered in error.

To run the query in DSS, at the Expenditure Table in DSS use the following instructions:

1. Click **Attributes** ‘sak_exp, amt_pd, and dte_added.
2. Click **Qualify for dte activation** and Type in **0000**.
3. Click **Query**.
4. Click **Submit query**.
5. Click **Results**.
6. To print out the query, click **Show as report**.
7. Click **BI/Query Standard**.

The financial analyst follows up with the originator of the expenditure to determine why it has not been activated. The expenditure is deleted or activated based on status of expenditure.

Information Reporting

Provider Enrollment Financial Analyst Functions

CP2100

Each year, the IRS compares the taxpayer identification number (TIN) and name supplied by EDS on the IHCP 1099 file to the IRS records. If the TIN and number combination do not match, the IRS notifies EDS with the *CP2100* report. The *CP2100* report lists the taxpayer information supplied by EDS. EDS must determine from the report which information is correct. It is a factor used to determine if the provider receives a B-Notice. B-Notices are mailed to the provider to request a W-9 form with the TIN and name combination that is registered with the IRS.

CP2100 reports are received through the corporate tax office in either the spring or fall. Each *CP2100* received indicates the date B-Notices must be mailed and when back-up withholding must begin. In order to research the *CP2100* report, the following steps must be followed:

1. Obtain the *CP2100* report and compliance spreadsheet from the EDS Corporate Tax Office between February and March or October and November.
2. Compare the TIN and name supplied on the *CP2100* against the provider file in *AIM* or run a query for the TIN and name combinations.
3. If the TIN or name combination ***do not match*** current files do the following:
   - Change or update what was received after the reporting was submitted to the IRS.
   - Type the current **TIN** and name information on the compliance spreadsheet.
   - No other actions need to be taken.
4. If the TIN and name combination match the current files B-Notices must be sent to providers within 15 business days of receiving the *CP2100*:
   - If this is the first time a TIN and name has been reported on the *CP2100* a first B-Notice letter must be sent, along with a blank W-9 form, and a self-addressed stamped envelope. An example of the B-Notice is located in *Appendix B, Figure B.1*. The provider must return the W-9 form on or before the date referenced on the B-Notice. If the TIN and name has been reported on the *CP2100* report for a second time within a three-year time frame, a second B-Notice is sent and the provider must supply a *Form SSA-7028* from the social security office, or *Form 147C* from the IRS. These are the only accepted forms of documentation.

B-Notices

A B-Notice results in either no response from the provider or the submission of a W-9. The following steps are taken depending upon the result:

- The W-9 form is received by the deadline:
  - Stamp the W-9 with the date received.

  - Note the TIN, name supplied, and the date the W-9 was received on the compliance spreadsheet located at *L:\Provider Enrollment\IRS\Compliance Year.xls*.
  - File the W-9 by date received.
- The W-9 is ***not*** received by the deadline:
  - Check for all provider numbers that are paid under the referenced TIN.
  - Set up a lien to withhold 31percent of all future payments made to those or all numbers attached to tax ID provider numbers. Refer to the section about lien assignments for instructions about entering new liens.
  - Create a spreadsheet with all lien numbers, provider numbers, and weekly totals. See *Figure A.107* for an example of this spreadsheet.

Locating Providers on Compliance Worksheet

Conduct a search by tax identification number to locate the information on the compliance spreadsheet. If unable to locate this or a copy of the B-Notice was not sent, perform the following steps to search:

1. Search by TIN from B-Notice.
2. Search by name on W-9 or 147-C.
3. Enter the TIN or name from the W-9 or 147-C into Indiana*AIM* to locate possible provider numbers.
4. Search by provider names in Indiana*AIM*.
5. Search by provider's old tax identification numbers.
6. Search the compliance spreadsheet by the old tax identification numbers.

If the provider cannot be located on the spreadsheet, the provider is sending in the update for record keeping purposes or the provider is new to IHCP programs. Therefore, the provider would be without a B-Notice to locate. If the provider is new, the withholdings will be taken from a payment cycle and the provider will need to contact EDS for assistance.

Backup Withholding

Backup withholding occurs when the provider does not respond to the B-Notice in a timely manner. In accordance with IRS regulations, EDS must withhold 31 percent of all payments from providers who do not respond to the B-Notice in the timeframes noted. These monies are collected weekly through the lien process and are forwarded directly to the IRS. Providers may include these monies as tax collected on tax returns. To report backup withholding, or money collected weekly from liens, each week to the IRS, the following steps are taken:

1. Print the *Provider Lien Activity Report, FIN-4000*, from CRLD. See *Figure A.108* to view an example of the report.
2. Backup Withholdings are identified with Reason Code number 8503. Highlight the provider number, location, lien number, and amount applied this week on the *FIN-4000*.
3. Open the compliance spreadsheet located in *L:\Provider Enrollment\IRS\Compliance Year.xls.* See *Figure A.105* to view the compliance spreadsheet.

4. Locate the lien number on the spreadsheet and record the current amount withheld.
5. Sum the *Amount Applied* column on the last page of the report.
6. Count number of providers who had withholding for the current week and enter that information on the last page of the spreadsheet.
7. Fax the spreadsheet to the corporate tax office so the deposit can be made to the IRS account. See *Figures A.107* and *A.108* respectively, for a sample of the fax worksheet and documentation. These files are located at *L:\Provider Enrollment\IRS\Wire Letter.doc* and *L:\Provider Enrollment\IRS\whrepyr.xls* respectively. This information must be faxed to corporate headquarters no later than Wednesday.
8. Give copies of the spreadsheet to the accountant to ensure all checks generated for backup withholding are voided. The A/R analyst requests the funding for the weekly withholding amounts from the OMPP. The A/R analyst sends a request to HNB to wire the weekly withholding funds to reimburse the EDS Corporate account for the deposit. The A/R analyst also prepares the wire transfer request worksheet and forwards it to the accountant. An example of this letter and worksheet is in *Appendix B, Figures B.14 and B.15*.

Ending Backup Withholding

When EDS begins backup withholding, it cannot be stopped until the provider submits the correct document action. Additional information about ending a lien, is located in the section about lien operating procedures in this manual. On receipt of the correct document, the following steps are taken:

1. Receive W-9 by fax or by U.S. mail
2. Locate the provider on the compliance worksheet located in *L:\Provider Enrollment\IRS\Compliance Year.xls.*
3. Update the following information on the worksheet
   - Type the date the W-9 or 147-C was received.
   - Type the date withholding stopped. This date is equivalent to the next check date.
   - Type a description of why the backup withholding stopped. Reasons include receipt of W-9 or 147-C.
   - Type the name and TIN number from the W-9 or C-147.
4. Enter the lien number from the spreadsheet on the right-hand corner of the W-9 or 147-C. This spreadsheet is located at *L:\Provider Enrollment\IRS\Compliance Year.xls*.
5. Release the lien. Monies withheld are reported on the 1099 as taxes withheld and are not refunded by EDS. For additional information about lien closure, see the *Lien* subsection of this manual.
6. Copy and file documentation by date received.

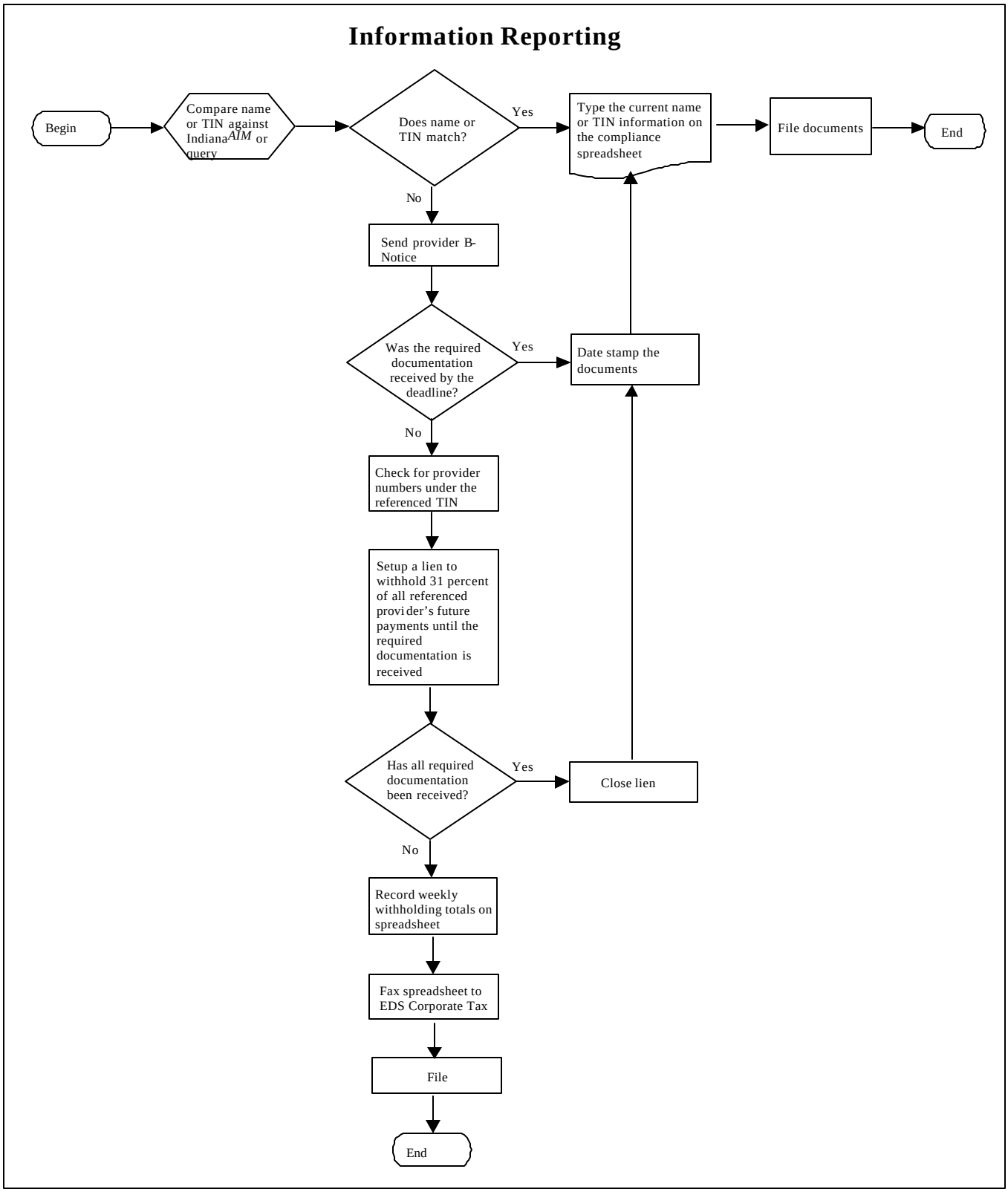


Figure 2.77 – Information Reporting Flowchart

Returned IHCP Payments

RAs and checks are returned to EDS for a variety of reasons, including lack of postage and incorrect address. Original IHCP checks and RAs can also be returned to EDS uncashed by the provider. This section details the steps taken with IHCP checks returned to EDS uncashed.

Mail received in the Finance Unit is sorted into two groups and assigned a CCN by the cash control clerk prior to being passed on to the accounting assistant for research. Please refer to the cash control procedures for more information about assigning CCNs. The first group of mail is mail returned by providers, and the second group is mail returned by the post office. Mail from providers usually contains items sent to the provider in error, CCN batch range 934. Mail returned from the post office is due to lack of postage, an unreadable address, or a change of the provider's address that has not been reported to EDS, CCN batch range 930.

Post Office Returns

The following steps are taken for items returned directly from the post office:

- Check for postage. If the item was not posted correctly, return to the mailroom for correct posting.
- Verify the address shows clearly through the window of the envelope. If the address was not visible, correct the position of the address in the window and return it to the mailroom.
- Verify that the address in Indiana*AIM* is the same as the address on the returned item. If the addresses are not the same, this indicates an update has been made since the RA was originally mailed. Create a new address sheet containing the address listed in Indiana*AIM* and resend the RA to the new address.
- If the returned item has a yellow forwarding order expired (FOE) sticker on the envelope, the item is resend to the address on the sticker and the new address information is forwarded to the Provider Enrollment Unit to be updated in Indiana*AIM*.
- Envelopes containing EFT notifications are forwarded to the Finance Unit. The provider has already received the payment; however, the RA was mailed to the incorrect address.

For all resend items, access the comments window on the *Check Log* and indicate the action taken with the check.

If the item has been returned as undeliverable by the post office and does not meet any of the above criteria, EDS attempts to locate the correct address for the billing provider. The following steps are taken to locate the correct address for the provider:

- Compare the address the check was mailed to for an individual provider against all pay-to addresses listed for groups the physician is associated with. If the pay-to address is identical to the groups pay-to address, the claim was billed by a rendering provider in error and the check is not voided. Refer to the section about voids for additional information. If this is not the case then proceed to the next step.

- Pull the claim associated with the check to verify the address. If the address on the claim copy is different from the pay-to address on the returned item refer the item to the Provider Enrollment Unit. The Provider Enrollment Unit contacts the provider and updates the address in Indiana*AIM*. The check is however forwarded to the address on the claim. If this is not the case then proceed to the next step.
- Perform additional research to locate the correct address.
  - Contact the provider by phone at the number listed in Indiana*AIM*.
  - Look up physicians, dentists, and chiropractors at http://www.findadoc.com/.
  - Look up dentists only at http://findadentist.dentistryonline.com/.
  - Look up nursing homes and all other provider types at http://www.state.in.us/isdh/regsvcs/providers.htm.
  - If none of these avenues locates the provider, mail the check to the new address and refer the provider to the Provider Enrollment Unit so that Indiana*AIM* can be updated.
- If the provider cannot be located through any of these avenues, refer the check to the Provider Enrollment Unit to be terminated from the IHCP. The check is voided in Indiana*AIM*.

Locating Provider Name and Address

The following procedures are used verify the provider's address:

1. At the main menu, click **Provider**.
2. Click **Maintenance**. The *Provider Search* window displays.

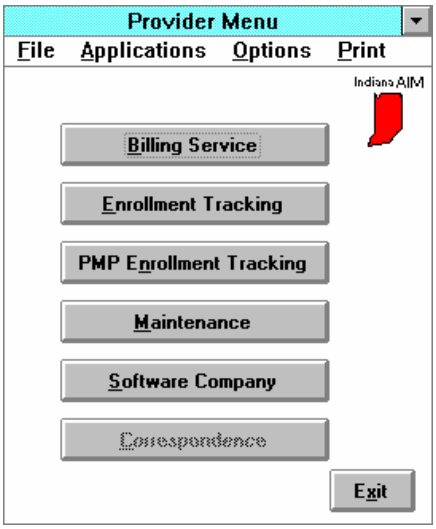


Figure 2.78 – Provider Menu Window

3. Type the provider number.
4. Click **Search**.

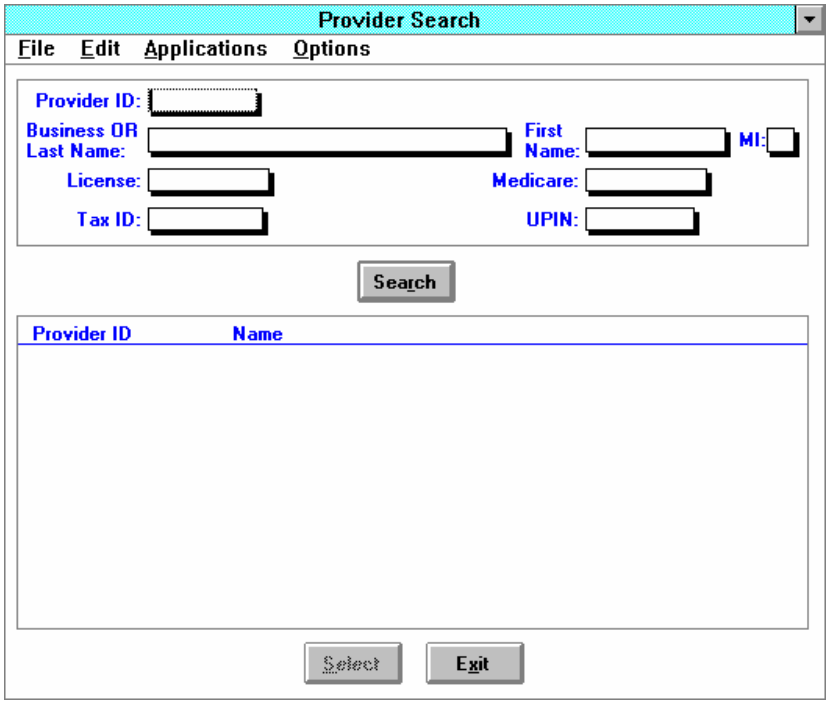


Figure 2.79 – Provider Search Window

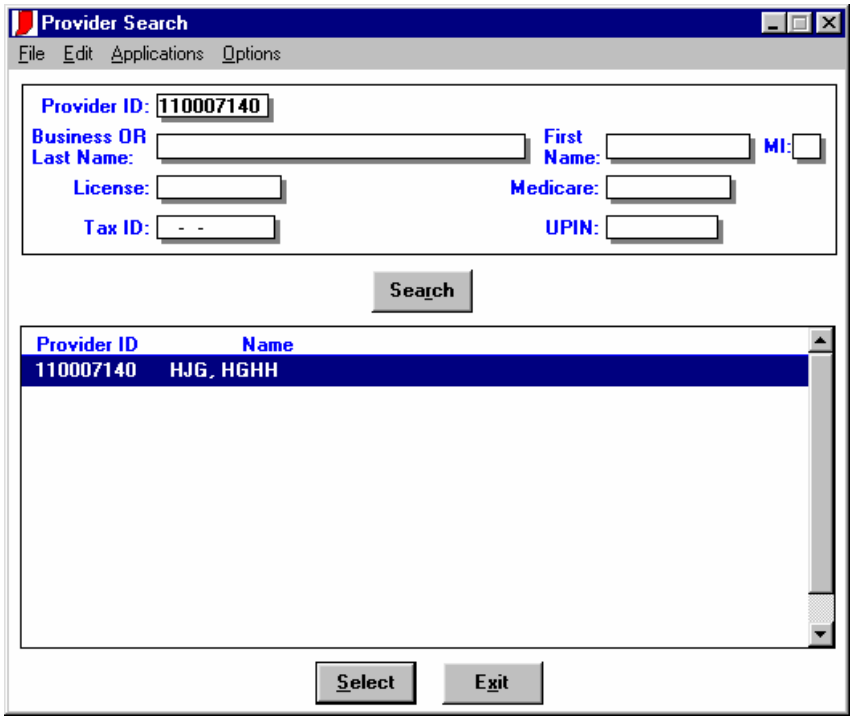


Figure 2.80 – Provider Search Window

The provider identification number and name populates.

5. Click **Search**.

The *Provider Base* menu displays. The menu allows the user to select the service location by highlighting the appropriate name in the location field.

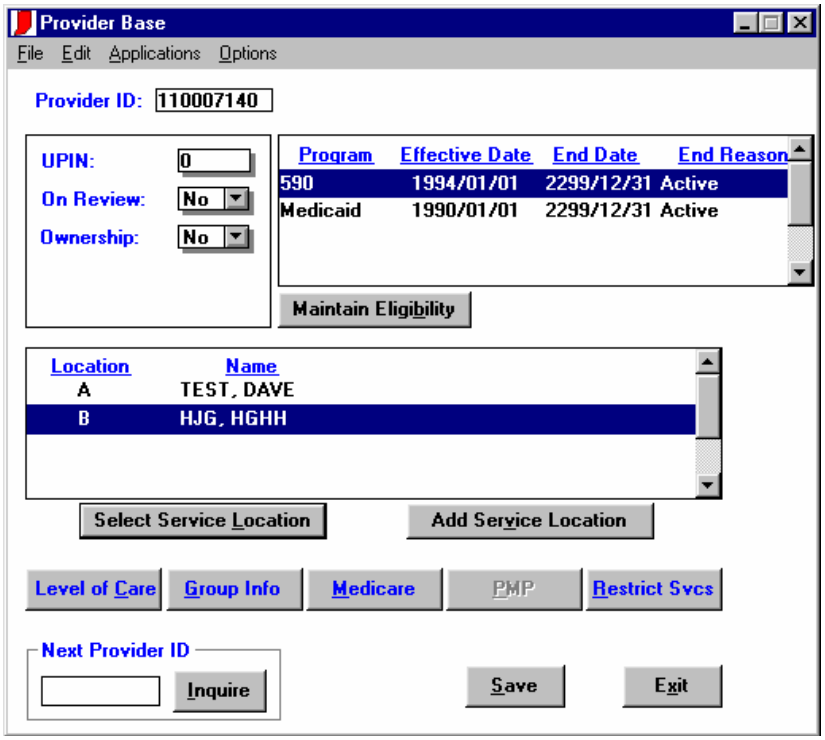


Figure 2.81 – Provider Base Window

After the name and location for inquiry is selected, click **Select Service Location**. The *Provider Service Location* window displays.

To locate the provider address at the *Provider Service Location* window, click **Name and Address**. The *Provider Address* window displays.

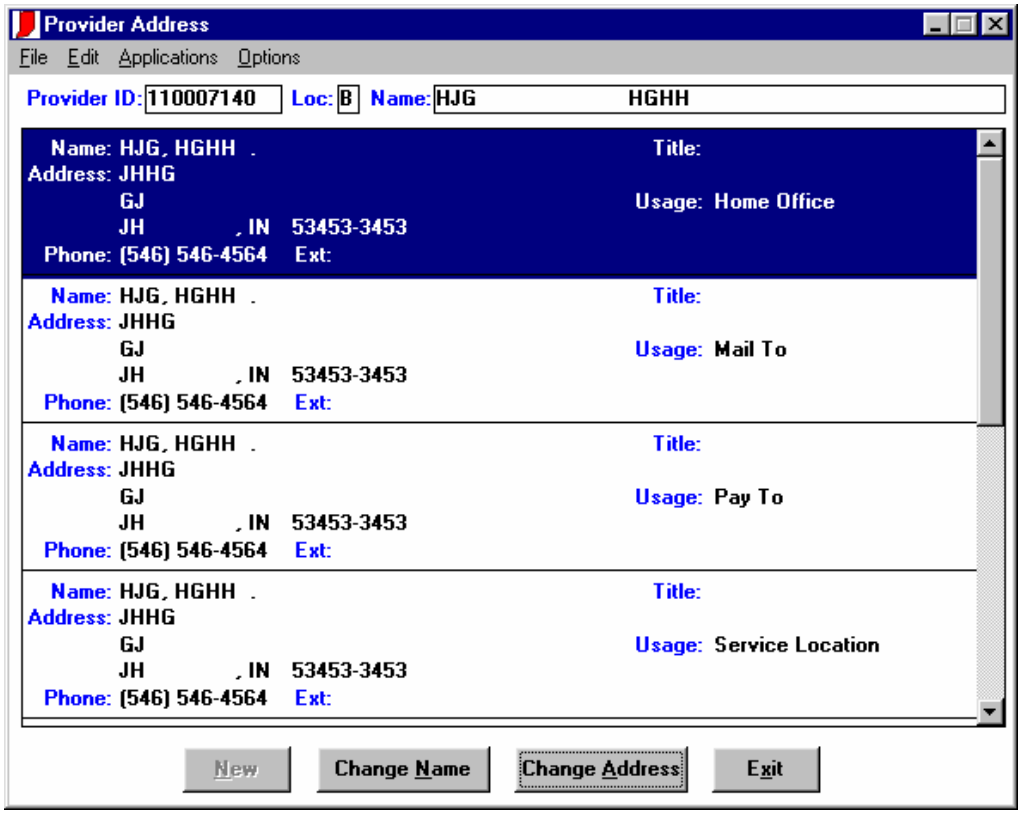


Figure 2.82– Provider Address Window

The *Provider Address* window provides different addresses depending on use. The *Pay To* address is the address used for mailing provider payments.

Provider Returns

See the section on voids about how to handle IHCP payments returned by providers.

Stop Pays

A provider can call customer assistance to indicate a check was not received and request a stop payment on the original check. This section provides the procedure to be followed for the stop payment and replacement of a check. A replacement check cannot be issued until the status of the original check has been verified.

Request Initiation

The client services representative completes a *Stop-Pay Request* form and attaches window print documentation to the form. A copy of the form is located in the *Figure B.16*. Weekly, the stop payments requests are forwarded to the accounting assistant in the Finance Unit.

Upon receipt of the forms from the Client Services Unit, the accounting assistant uses the following procedures to validate the request.

Stop-pay Validation

- Sort forms by check number order, removing duplicate requests.
- Remove any requests for stops on EFTs. The check number begins with 9. EFTs cannot be stopped. See the section about returned EFTs for additional information about EFT inquiries.
- Review attached documentation. All stop-pay requests must be accompanied by a window print of the address window and a window print of the check status. The check status must be *Issued*. Verify the check number and amount written on the *Stop-pay Request* form against the attached documentation and window prints. Return any stop-pay requests that are not complete or contain discrepancies to the Client Services Unit.
- Determine if the check is stale-dated more than 180 days. If the check is stale-dated, the provider must resubmit all claims associated with the payment in order to receive a new check. The documentation is returned to the Client Services Unit.
- Review current bank statement to determine if the check remains outstanding. Use the most current consolidated report from the bank statement. If the check number is not on the statement, the check has been voided or cashed. A voided check is identified with a code *2* on a prior month consolidated report. If the check is voided, the claim has been voided in Indiana*AIM*, and the provider must resubmit all claims in order to receive payment. The status is noted on the *Stop-pay Request* form, and the information is sent back to the Client Services Unit. An outstanding check lists an issue date but does not show a paid date. If the check is outstanding, O/S must be noted on the *Stop-pay Request* form. A cashed check has an issue date, a paid date, and there is not be a code in the left-hand column marked CD. If the check has been cashed, provide the date cashed and request a copy of the cancelled check.
  - If the correct provider endorsed the check. The check copy is forwarded to the Client Services Unit.
- If the check is cashed, request a check copy from the accounting assistant. Review the endorsement to determine if the wrong provider cashed the check. Contact the provider that cashed the check in error. Instruct the provider to send EDS or the correct provider the monies. If the incorrect provider chooses to forward the money directly to the correct provider, documentation must be sent to EDS for verification. The incorrect provider is given approximately one week to correct this transaction. If the wrong provider does not send payment to EDS or to the correct provider, an A/R is established against this provider and an expenditure form is completed and processed for the correct provider to receive payment. See the *Accounts Receivable* and *Expenditure* subsections of this manual for additional information about these processes.
- If the check is already stopped, note the information about the stopped check and replacement check number on the *Stop-pay Request* form and return form to the Client Services Unit.
- If the check is voided, determine why the check was voided.
- If the check is still outstanding per the bank statement, check Huntington View for up-to-date check status. See the steps below for using Huntington View.

Huntington View is checked to verify the check has been cashed since the last statement. If the check is stopped or voided, refer to the steps above. If the check is outstanding, request a system replacement check from Indiana*AIM*. See the reissued check section of this manual for more information.

- After completing the research, update the *Accounting Use Only* box on the *Stop-pay Request* form. Return the form with updated information to the Client Services Unit.

Stop Payments Huntington View Internet Procedures

The accounting assistant can use Huntington View Internet to process stop payment requests. The following steps are performed:

1. Sign on to the Internet.
2. Go to the Huntington Web site at www.huntington.com.
3. At the home page, click **Account Access**.
4. Select **Huntington View Internet**.
5. Type the customer ID and password. Both codes are 11978.
6. Type the user name and password.
7. Click **Stop Payments** from the dropdown menu in the *Service* field.
8. Select the **Stop Payment** tab.
9. Select the **Place Stop Payments** option button and click **Select**.
10. Use the dropdown arrow to select the account number.
11. Enter the check number for a single check or check numbers for the range of checks. The **Amount** and **Payee** fields are optional, but highly recommended to be entered.
12. Click a **Reason** for the stop payment from the dropdown list.
13. Select **Place Stop Payment**.
14. Print the confirmation report by selecting **Stop Payments** from the dropdown menu in the **Service** field.
15. Select the **Stop Payment** tab.
16. Select the **Confirmation Report** options button and click **Select**.
17. This report will display the activity for the day. Print one copy of the report.
18. The accounting assistant verifies that the stop payments entered are placed at HNB. The different status codes in HNB are as follows:
    - S (Successful)
    - R (Rejected)
    - E (Excepted)
    - T (Timeout). With the exception of S, all other codes indicate failure for incorrect information.
    - R (Resubmission needed)
    - E (Host system unable to accept T). The accounting assistant must correct and resubmit.

19. When all transactions are verified and correct, the accounting assistant forwards a copy of the report to the accountant for reconciliation.

Cancel a Stop payment with Huntington View Internet

At times it may be necessary to remove or delete a stop payment. The following steps are performed to do this in Huntington View Internet:

1. Click **Stop Payments** from the dropdown menu in the *Service* field.
2. Select the **Stop Payments** tab.
3. Select the **Cancel Stop Payment** button and click **Select**.
4. Click the account of the stop to cancel from the dropdown list in the *Account* field.
5. Type the check number for a single check or check numbers for a range of checks. Another option is to enter the amount of the check in the *Amount* field and the name to whom the check was written in the *Payee* field.
6. Click **Cancel Stop Payment**. The stop payment report page is displayed with the status of the check and any relevant messages.
7. Refer to *Stop Payments Huntington View Internet Procedures* for printing and verifying the confirmation report procedures.

Stoppays

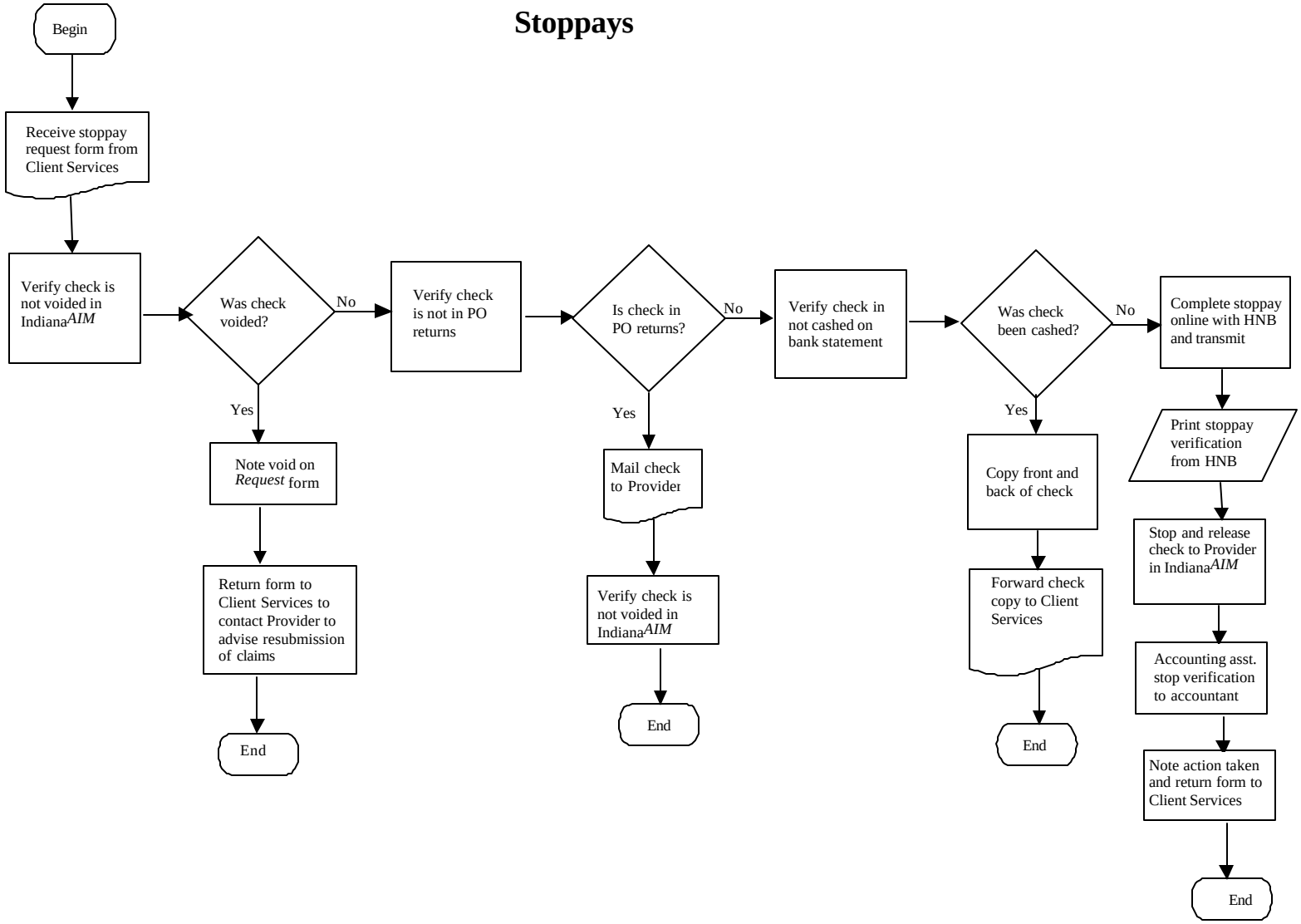


Figure 2.83 – Stop-pays Flowchart

Stop Payment Reissue Processing

After the stop payment has been confirmed at HNB, the check must be stopped and reissued in Indiana*AIM*. The steps required for stopping a check in Indiana*AIM* are as follows:

1. Click **Financial**.
2. Click **Check Inquiry**.
3. Type the check number.
4. Click **Reissue**.
5. Click **Stop Pay**.
6. Click **Reason Code** from the reason code dropdown menu. See *Table 5.12* for a listing of reissue reason codes.
7. Click the appropriate check type, which is System or Manual check. This indicates a check is being reissued as a system or manual check. If a manual check is selected, the system prompts the accounting assistant to type in the manual check number.
8. Click **Save**.

Rejected EFTs

HNB notifies EDS through Huntington View Internet each morning if the receiving bank has rejected any EFTs. EFTs are rejected when accounts are closed or changed. When rejected, the EFT must be issued to the provider as a check. See the section about void reissue processing in this manual for more information about replacing an EFT with a check.

Void Reissue Processing

Void reissue processing is used to replace mutilated checks and failed EFTs. When the mutilated check or failed EFT notification is received by the accounting assistant, the following procedures are followed to reissue the monies to the provider:

1. Click **Financial**.
2. Click **Check Inquiry**.
3. Type the check number.
4. Click **Reissue**.
5. Click **Void**
6. Click **Reason Code** from the dropdown menu. See *Table 5.12* for a listing of reissue reason codes.
7. Click the appropriate check type, which is System or Manual check. This indicates how the monies will be reissued. If a manual check is selected, the system prompts the accounting assistant to type in the manual check number.
8. Click **Save**.

Mailing Replacement Checks

The financial cycle runs every Friday evening. On each Monday, the accountant assistant receives all replacement checks from the Operations Unit by performing the following steps:

1. The accounting assistant prints a copy of the *Reissued Check Report, FIN-6007*, for the current week from CRLD.
2. All replacement checks are verified for accuracy with the information identified on the *Reissued Check* report. If any discrepancies occur, the item must be reissued again.
3. The accounting assistant prints all remittance advices in *CLM-0109* for original checks.
4. If the check was reissued due to stop payment or failed EFT, the accounting assistant attaches a copy of the appropriate reissue letter with the payout. See *Appendix B, Figures B.4 – B.7* and *Figure B.17*.
5. The accounting assistant mails the check, letter, and remittance advice to the provider's address listed on the reissued check.

Voids

A provider can return a check for numerous reasons. The following reasons may require the check to be voided:

- *Overpayment* – A provider was overpaid for a claim.
- *Underpayment* – A provider was not reimbursed the correct amount.
- *Not our patient* – The individual receiving treatment listed on the RA is not a patient of the provider that received this payment.
- *Duplicate payment* – A claim was paid to the provider twice.
- *Doctor not with group* – Either the provider does not belong to a group, or at one time the provider practiced with this group. If a provider is no longer practicing with a particular group, note the date of service. The check belongs to the group if the physician was associated with the group on the date of service.
- *Paid wrong location code* – The payment was inappropriately made payable to the wrong location and provider ID number.
- *Stale-dated check* – The check is older than six months from date of issue. The check cannot be cashed so it must be voided. For the provider to receive payment, claims associated with the payment must be resubmitted.
- *Tax identification number (TIN) change* – If a provider joins a group or becomes affiliated with another company, the provider may be required to change TINs in order to properly report earnings to the IRS.
- *Wrong procedure code* – The RA listed the wrong procedure for billing. The provider cannot accept payment for a procedure that was not performed, and the check is returned.
- Provider cannot be located.

After a check is voided in Indiana*AIM*, any claims associated with the check are deleted as well. These checks cannot be stopped or replaced; the check and claims are permanently removed from Indiana*AIM*. In order to receive payment, the provider must resubmit all claims.

Void Transaction Entry

Before a void transaction can be completed in Indiana*AIM*, it is important for the user to verify that the check has not already been voided, stopped, and reissued. The user can verify this in Indiana*AIM* by looking at the *Check Inquiry* window. If the check is in any status other than *I*, it cannot be voided. To initiate a void transaction, perform the following steps:

1. At the main menu, click **Financial**.
2. Click **Check Inquiry**.
3. Type the check number or provider number.
4. Click **Search**. The system brings up the check information.
5. To access the *Check* window, click **Select**.
6. To access the *Void System Check* window, click **Void**.
7. Click **Reason Code** from the dropdown menu. See *Table 5.14* for a complete listing of void reason codes.
8. Click **OK**.

Each void transaction processes during the next weekly financial cycle. The accounting assistant verifies the voids processed each week on the *FIN-1005* report. All checks are stamped **VOID** and filed in numeric order with the attached documentation.

Voids

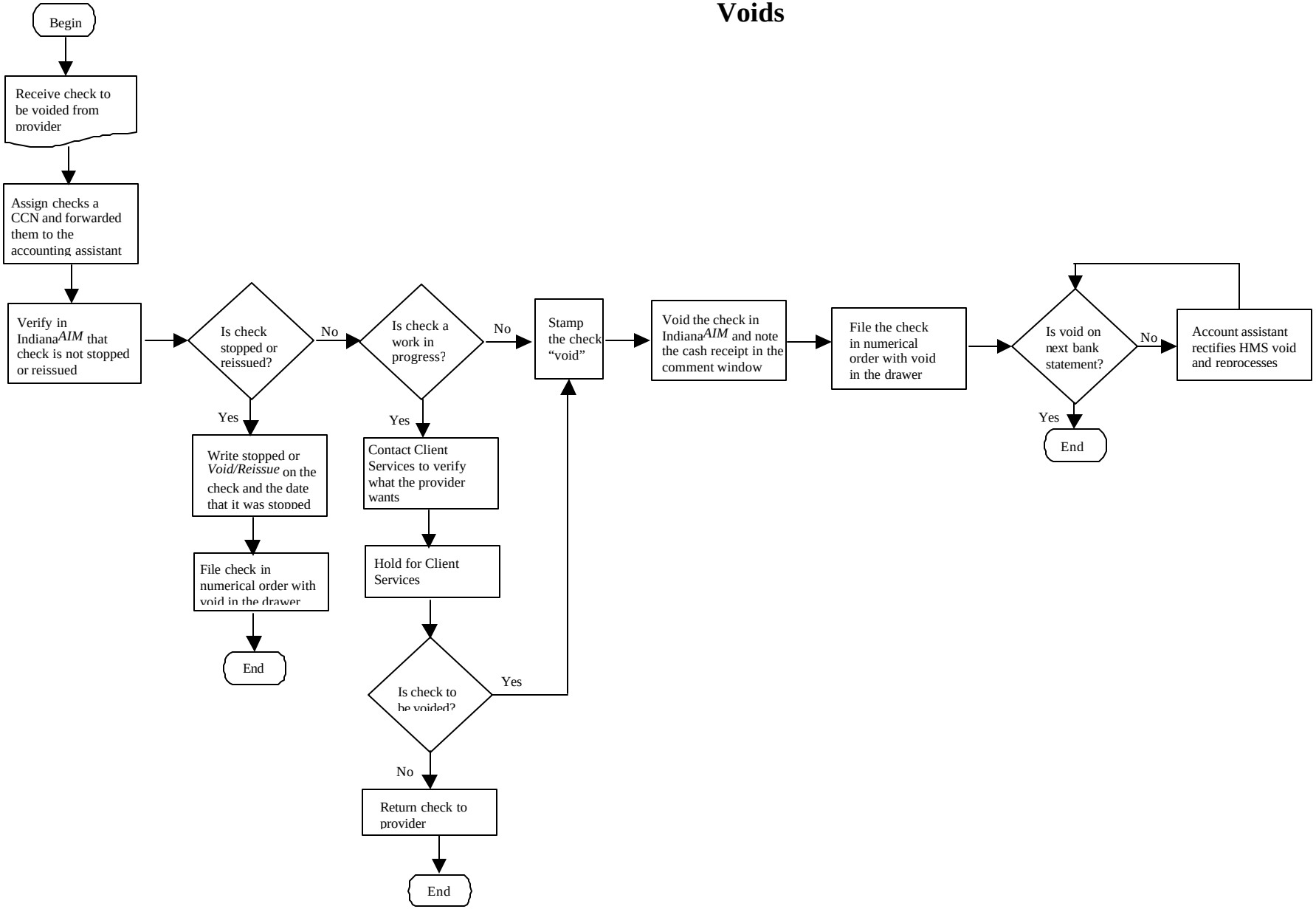


Figure 2.84 – Voids Flowchart

Stale-Dated Checks

Checks are valid for payment up to six months from the date of issue. After six months, HNB no longer honors the check for payment.

When a provider returns a stale-dated check, the accounting assistant verifies that the check has not been stopped or reissued. If the check has not been reissued, the corresponding check number is voided in Indiana*AIM* and voided by the bank because EDS has possession of the check. See the section about voiding checks in this manual for additional information. All claims associated with the check are voided when the check is voided in Indiana*AIM*. To receive payment for the claims, the provider must resubmit the claims. A stale-dated check cannot be replaced. The provider must resubmit all the claims.

Stale-Dated Check Review

The accounting assistant performs a query quarterly to find all checks that are 200 days old but remain outstanding in Indiana*AIM*. This review process allows EDS to remove all stale-dated items from HNB and EDS records. Perform the following steps for this review process:

1. In DSS, locate the *Financial* section.
2. Double-click the **Check** icon.
3. Click the following attributes: **Num_check**; **Total_amt_paid**; **Dte_issue**; **Cde_status1**; **Cde_payee_type**
4. Qualify the attributes:
   - Num_check
   - Greater than or equal to (>=) 005000000
   - Less than or equal to (<=) 009000000 (excludes EFTs)
   - Dte_issue
   - Less than or equal to (<=) 20020201 (200 days from date of query)
   - Cde_status1
   - Equals I (Signifies check is in Issued status in Indiana*AIM*)
   - Code_payee_type
   - Does not equal L (Designates Lien checks that are not to be voided in Indiana*AIM*)
6. Submit the query.
7. Copy the results to a Microsoft Excel file.
8. Format the worksheet with following columns:
   - A = Check Number
   - B = Dollar Amount
   - C = Check Issue Date
   - D = Check Status
   - E = Check Type (P=Provider, C=Carrier, R=Member, O=Other)
   - F = Status at HNB
   - G = Date Voided in Indiana*AIM*

Column F must be researched using the most recent consolidated bank statement. When the item is confirmed to be outstanding at HNB, the check can be voided in Indiana*AIM*. Enter the date voided within the system in Column G.

9. To format columns:
   - Highlight Column A, click Format, Cells, General, 0 decimals.
   - Highlight Column B, click Format, Cells, Currency, $1,234.56.
   - Highlight Column C, click Data, Text to Columns, Fixed Width, Next, Column Date Format = YMD, Finish, click Format, Cells, Date, MDY.
   - Highlight Column D, click Edit, Replace, Find = I, Replace = Issued, Replace All.
   - Highlight Column E and replace all codes (**P, C, R, O**) with the appropriate wording: Provider, Carrier, Member, and Other, respectively.
   - Highlight all columns and center results.
10. Save results in *L:\Finance\Year Reconciliation\Stale Dated Checks\QTR Reviewing.xls*.
11. Begin review for Column F (HNB Status) and voiding for Column G (Void Date in Indiana*AIM*).
12. Update the spreadsheet based on the review until it is completed. The project should be completed no later than four weeks after quarter end.

Manual Check Log

The following procedures are used to print and issue a manual check:

1. The recorded check number must be in the manual check log. The manual check log file for the current year is stored at *L:\Finance\Manual Checks\Year Manual Check Log.xls*.
2. Type the following information in the worksheet:
   - Date the check is printed
   - Check number. (Verify the sequence of the next check number).
   - Provider name
   - Provider number
   - Reason, for example, a partial payment
   - Funding or replacement. A partial payment would be an example of a funding item while a failed EFT would be a replacement item.
   - Initials of the person issuing check.
3. Save the file.

Manual Check Cover page

The manual check cover page is located at *L:\Finance\Forms\Manual Check Issuance.doc*. Type the check issuance date, the check number, payee, dollar amount, and reason for issuance, and then print the worksheet. Obain appropriate signatures before the manual check is released. The expenditure entry and activation is to be completed if the request is a result of an expenditure. The A/R section must be completed if A/Rs are to be extablished to recoup monies paid. Signatures of the manual check preparer and the Finance director must be obtained before the check is released.

Printing Manual Checks

To print checks, open the check template at
L:\Finance\Manual Checks\Manual Check Templates.doc.

Type the check date; check number, provider number, provider name and address, and dollar amount in the fields provided.

> *Note: Before typing the dollar amount, type three asterisks before the amount. The asterisks prevent the dollar amount from being altered at a later time. When typing the dollar amount, commas must be entered manually.*

The template allows for 12 checks to be typed in at one time so all can be printed at when. Place check stock in the printer tray face up and top head up. Pull out the other paper tray so checks do not print on blank paper. With the correct information and the printer prepared, complete the following at the tool bar:

1. Click **File**.
2. Click **Print**.
3. To close Microsoft Word, at the toolbar, click **File**.
4. Click **Exit**. A prompt displays asking if changes should be saved.
5. Click **No**. **Never save the template itself**. The file does *not* need to be saved for reference after the checks are printed.

Releasing Manual Checks

When approved and signed, the checks are returned to the accounting assistant to be mailed, released to an internal customer, or released to an external customer. If the check is to be mailed, the accounting assistant forwards any pertinent information about the check's issuance to the provider. If the check is released internally or externally, the EDS employee or provider must acknowledge receipt of the check by signing a manual check release form. This form is located in *L:\Finance\Forms\Manual Check Release.doc*. For an example of these forms, see *Appendix B, Figures B.18* and *B.95*. The complete packet of the manual check issuance is given to the accountant for reconciliation.

Manual Checks

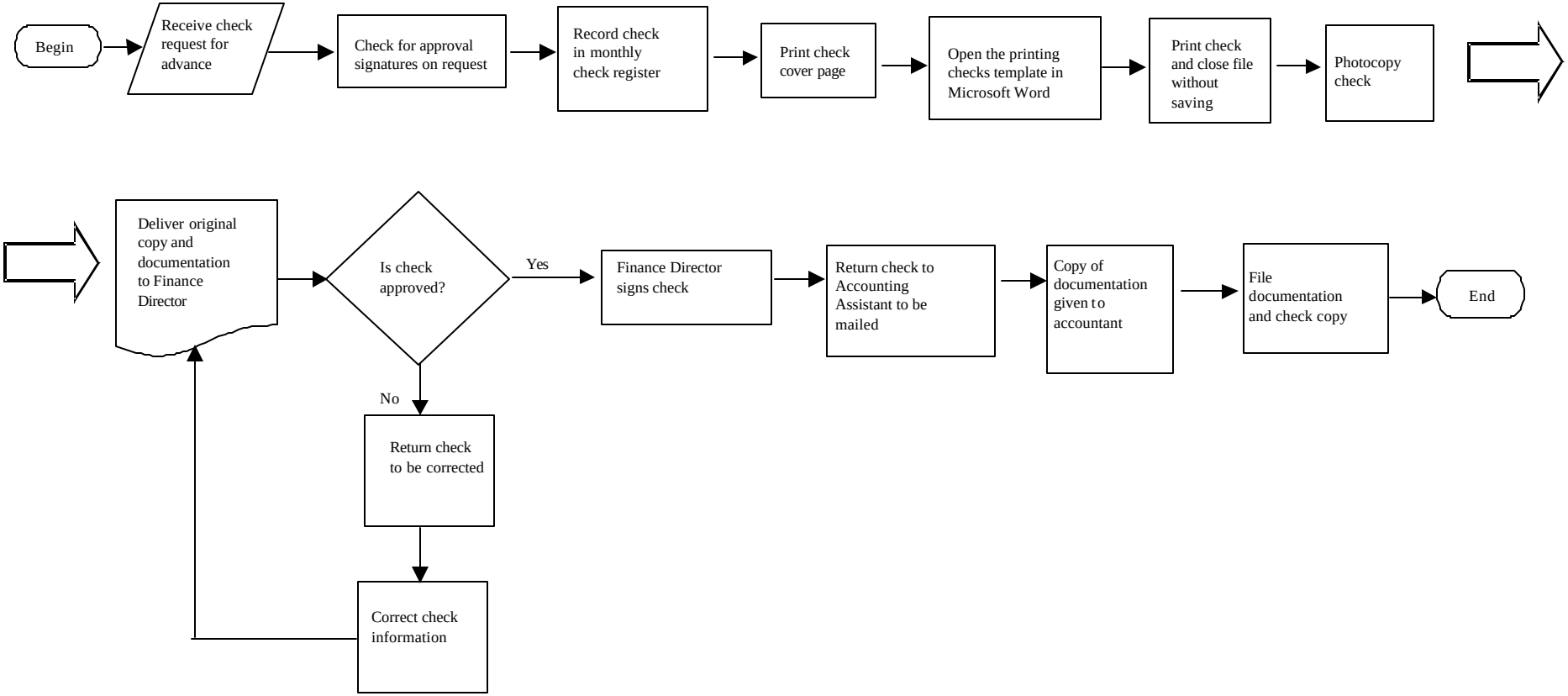


Figure 2.85 – Manual Checks Flowchart

Cashed Checks Copy Research

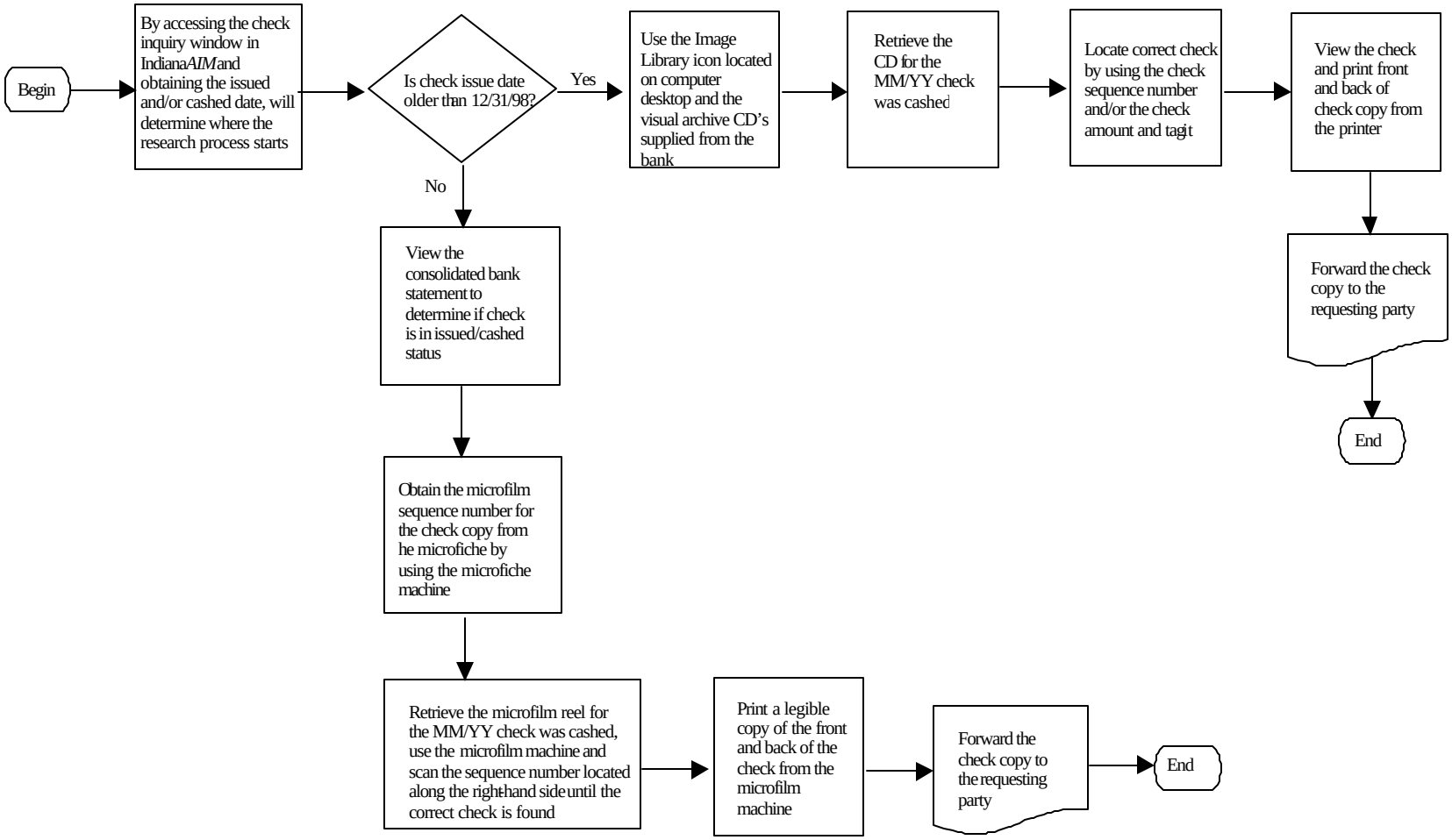


Figure 2.86 – Cashed Checks Copy Research Flowchart

Cancelled Check Copies

Cancelled check copies can be obtained by using Visual Archive from HNB. The accounting assistant is responsible for researching and retrieving check copies for the Finance Unit. Monthly, EDS receives CDs from HNB containing check copy images. To view a canceled check, the user perform the following procedures:

1. Identify when the check was cleared in Indiana*AIM* by performing the following steps:
   - Click **Financial** from the main menu.
   - Click Check Inquiry.
2. Retrieve the CD from HNB for the month the check cleared.
3. Insert the CD into the drive.
4. Click the **Visual Archive** icon on the desktop.
5. Click **Search** (identified by binoculars).
6. Type the amount, check number (serial number), or date the check cleared (posted).
7. Click **OK**.
8. Click the item to view.
9. Print the item (designated by printer with paper).

Weekly Check Printing Logs

Every Friday at 8:30 a.m. the accounting assistant meets a team member from the Operations Unit on the 11th floor at the vault. The operator determines how many boxes of checks are needed for the weekend cycle check printing. The accounting assistant notes the beginning cycle check number and the last check number on the check log. Both the accounting assistant and the operator initial the log to confirm the stock for the weekend's print cycle. The accounting assistant accompanies the operator to Operations and ensures the check stock is stored in a locked cabinet.

Every Friday, an individual from Systems calls the accounting assistant to verify the check number that begins the cycle. This information is found on the weekly check stock log, beginning check number. The check number can be validated by reviewing the prior week's *Check Register, FIN-6005*, and locating the last check number. By adding one to this number, the current week's beginning check number is computed. This number must agree with the check stock log record maintained by the accounting assistant.

Each Monday at 8:30 a.m., the accounting assistant goes to the Operations Unit to verify the check information for the weekly print cycle. The accounting assistant and an operator verify the first check number and the last check number in the remaining check stock. Any misprinted or damaged checks are listed. The accounting assistant replaces these ruined cycle checks. Refer to the section about reissue of this manual for more information about replacing ruined cycle checks. The *Check Log* is initialed to indicate approval of the checks being returned. The checks being returned to the vault are secured and returned to the vault; the accounting

assistant accompanies the operator to the vault to ensure the remaining stock is replaced securely. Every Monday, the accounting assistant views the first and last check number on *CRLD FIN-6005* to verify the beginning check number printed, delivered Friday to Operations, and ending check number returned to the vault on Monday. The template for check stock is at *L:\Forms\Check Stock Log.xls*. The accounting assistant updates the check logs electronically each week for record-keeping purposes.

Home Health Penalty Procedures

In accordance with OMPP guidelines, EDS is withholding 100 percent of provider payments for providers or facilities that do not submit their cost reports to Myers and Stauffer, LC, for review in a timely manner. At the time the cost report is received by Myers and Stauffer LC, EDS returns 90 percent of the withheld funds to the providers or facilities while maintaining 10 percent of the penalty to be returned to the program.

To ensure the penalty is established and released effectively, the following two procedures must be completed:

1. The *Home Health Status* report will be submitted from Myers and Stauffer LC to EDS' accountant and accounting assistant monthly. This report identifies any providers and facilities that are subject to penalty, as well as, those who are released from penalty. These providers and facilities must be put under penalty within three business days of receipt of the *Home Health Status* report. The report indicates the necessary actions for EDS to pursue. EDS processes the report as follows:
   - The accountant reviews the document first upon receipt. The current *Home Health Status* report is compared to the prior month's report. This is to ensure that all liens and payment holds are released; otherwise, the provider remains on the current month's report. If a provider appeared on a prior month's report but there is no information pertaining to the provider in the current month, contact Myers and Stauffer, LC, for further clarification.
   - The accountant establishes a payment hold for every provider who has a current date for penalty in the Penalty Effective Date column. For example, on the January 2003 Report, a date of January 1, 2003, would indicate that a payment hold must be established. When the payment hold is established within Indiana*AIM*, the accountant updates the Microsoft Excel document to list the payment hold number and date entered for the appropriate provider. Refer to Item 2.
   - After processing the new payment holds, the accountant releases any payment holds based on the information in the Restoration Effective Date column and Recission Data column. Upon completion, the accountant updates the Microsoft Excel document to list the payment hold release date entered for the appropriate provider. Refer to Item 4.
   - Next, the accounting assistant establishes a 10 percent lien for every provider that has a current date in the Penalty Effective Date column. The accounting assistant then closes any liens that have current dates in the Recession Date column because these liens or payment holds were established in error. The accounting assistant updates the Microsoft Excel document to list the new lien numbers and date lien established or released. Refer to Items 3 for establishing liens and Item 4 for releasing liens.

2. To withhold provider payments, the accountant at EDS uses the Payment Hold function in Indiana*AIM* as follows:
   - Log into Indiana*AIM*.
   - Click **Financial** from the main menu.
   - Click **Payment Hold** from the *Financial* menu.
   - Click **New** from the Payment Holds History Selection window.
   - Type the control number for the new payment hold at the *Payment Holds Setup/Maintenance* window. This number consists of of eight digits.
     - For example ~ 01219000
     - **01**219000 = Year
     - 01**219**000 = Julian Date
     - 01170**000** = Sequence Number of Payment Hold
   - Click IFSSA Medicaid Authorized from the Reason Code dropdown menu.
   - Type the **Effective Date** for the **Payment Hold**. The **Begin Date** will be the date that the **Payment Hold** is entered. The **End Date** will be systematically generated after saving the new **Payment Hold**.

     *Note: For the delete button to work, the **Effective Date From** must be greater than the date the payment hold is entered. If the **Effective Date From** is less than or equal to the date of entry, the button will be grayed and the user will not be able to delete the pay hold in the future.*
   - Type the time period in the **Claim Date of Service Dates** for the **Payment Hold** to be consistent with the month and days that the provider or facility are under penalty as indicated by Myers and Stauffer, LC. The **Claim Date of Service** field must be used instead of the **Effective Date** fields to ensure that a provider or facility cannot withhold claims processing until the effective **End Date** and that all claims for dates of service within the designated time frame are withheld.
   - Click **Save** from the Payment Holds Setup/Maintenance window.
   - If needed, various include or exclude indicators can be used to specifically withhold payments to providers or facilities. Normally, these functions are not used.
   - Highlight the included or excluded functions under the appropriate indicator type or types. To select an item to designate to include or exclude, highlight the item and click **Select**. If a property has been selected in error, highlight the item in the **Select** box and click **Delete**. When all properties have been selected for an indicator type, click **Save**. Click **Exit** to return to the *Payment Holds Setup/Maintenance* window. Click on the next indicator type to limit or click **Save** to complete.

     *Note: When entering providers to include on a payment hold, enter the provider number and location. Click **New**, and then click **Save**.*
   - The following items can be included or excluded:
     - Claim Types
     - Provider
     - Provider Type
     - Program
   - For Home Health Penalties, the accountant utilizes the provider include.
     - Click **Provider**.
     - Type the provider number and location.
     - Click **New**.

- Select **Save**.
  This allows the user to designate a particular provider to withhold monies until information is received from Myers and Stauffer, LC, to release the provider from penalty.
- Click **Save** when finished setting up any additional criteria. This completes the setup for establishing home health penalty withholding.

3. To recoup a 10 percent penalty from the provider, the accounting assistant must establish a lien. To establish a lien, perform the following steps:
   - Click **Financial** from the main menu.
   - Click **Lien Processing** from the *Financial* menu.
   - Click **New**. A subsystem menu will display the *Provider Selection* window.
   - Type the provider ID number..
   - Click **Save** at the *Provider Selection* menu. Error message *91102* will appear after **Save** is selected. The message box will state *Please select a record*.
   - Click **OK**. Highlight the appropriate tax ID number.

> *Note: If the **Exit** button is selected at any time during the lien setup process, the lien segment will be canceled. An online edit will appear if **Exit** is chosen at any time except the final save on the lien*

   - Click **Save**. After **Save** is selected, a message will display stating, *Save Successful*.
   - Click **OK** to continue entering the lien information.
   - After exiting the *Lien Holder* window, the *Lien Holder Selection* window displays. Use the arrows on the right-hand side of the window to scroll to the correct lien holder for the levy.
   - When the correct lien holder is located, click **Lien holder information** box when to ensure the correct lien holder receives the lien payment. If the intended lien holder is not highlighted, the lien payment will be sent to the default lien holder or the first lien holder that appears on the *Lien Holder Selection* window.
   - After the correct information is highlighted, click **Save.**
   - The *Program Selection* menu will appear. Highlight the desired program. If a program is not identified, highlight **Medicaid.**
   - When the correct program is highlighted, click **Select**. The program will populate in the upper portion of the window. If a program is selected in error, highlight the incorrect program in the upper portion of the window.
   - Click **Delete**. A warning will display to confirm the request to delete.
   - Click **OK** at the *Delete Successful* window. This will move the program selection to its original area of the window.
   - With the correct program listed in the top portion of the window, click **Save**. The *Lien Information* window will display.
   - To obtain the document number, type in the TIN and the last name of the garnishee defendant or taxpayer.

> *Note: To identify the total amount of money withheld on a provider, the accounting assistant must use CO-MAND.*

   - From the **Reason** dropdown box, click **Other Legal Entity**.
   - For the payment percentage type **.10** to represent 10 percent, but only if specifically instructed in the lien. Type a maximum dollar amount under the payment rate that will be recouped each cycle payments are available. The **Date of Service** field should remain blank.

- Type the current date in the *From* date field under the *Effective Date* field. This represents the date the levy was established.
- In the *Comment* field, type **New Levy**, the date received and entered into the system, reason for the penalty, and the initials of the person entering the levy.
- Select **Save** after all the fields are current to complete the lien entering process. After the lien has been saved, the information will populate in the top portion of the window for future reference.
- Click **Exit** to return to the *Lien Selection* window.
- Click **Exit** to return to *Financial* menu window.
- Click **Exit** to return to the main menu.

4. When Myers and Stauffer, LC, notifies the EDS accounting assistant and accountant by the *Home Health Status* reports that the provider or facility has provided the appropriate documentation. EDS will release the payment hold and refund 90 percent of the monies to the provider or facility and give the OMPP 10 percent of the monies withheld as penalty for the provider or facility's untimely response. To release a Home Health Penalty, the EDS accountant updates the Payment Hold criteria and the accounting assistant updates the lien information in Indiana*AIM* as follows:
   - To release the provider from further obligation for payment, Myers and Stauffer, LC, forwards the monthly *Home Health Status* report to EDS notifying EDS that the penalty has been removed.
   - Log into Indiana*AIM*.
   - Click **Financial** from the main menu.
   - Click **Payment Hold** from the *Financial* menu.
   - Highlight the control number of the item the penalty is to be removed from and click **Select.**
   - At the *Payment Holds Setup/Maintenance* window, change the **Effective End Date** to the current date.
   - Click **Save** to update record.
   - Click **Exit** when completed

This completes releasing an established home health penalty withholding. This will allow all claims within this time-period to be processed during the next financial cycle. After the first financial cycle runs upon the payment hold being removed, the accounting assistant releases the lien on Monday morning. This ensures that the 10 percent penalty is only paid on the claims that were held during the penalty phase. The accounting assistance receives the lien checks processed for the provider's under penalty and voids these checks at HNB. These checks are not forwarded to the OMPP, rather the withholding of the monies from the provider's is a cost avoidance.

Lien Letters

Each week, after the printing cycle is complete, the accounting assistant retrieves lien checks from the Operations Unit. After the checks are received, lien letters are printed by Indiana*AIM* to mail with the checks. This process is as follows:

- Select **Financial** from the main menu in Indiana*AIM*.
- The *Financial* menu will display.
- Select **Letters** from the *Financial* menu.
- Select Lien Letters.
- The *Lien Letter Print* window will display and the cycle date will automatically populate.
- Select **Print.**
- Click **Exit** to return to the *Financial* menu.

- Click **Exit** to return to the main menu.
- Click **Exit** to end the Indiana*AIM* session.

After the letters are printed, it is necessary to match the correct check with the appropriate letter. On the letter, verify the following information to ensure accuracy:

- Provider identification number
- Tax identification number (TIN)
- Taxpayer's name

A copy of the lien check and lien letter are placed in the open levy file to keep all records for each provider up-to-date. The liens are filed in alphabetical order by provider name. The most recent lien letter and check copy are placed in the *Open Lien* file for a particular provider; the most recent documentation is placed as the first item in the file folder. All original checks and letters are placed in envelopes for mailing. The mail is hand-delivered to the mailroom.

Prepare Daily Medicaid Wire Transfer Request

The IHCP uses a Controlled Disbursement Account (CDA) to pay providers. The CDA account is funded each business day from the state of Indiana based on information from the Federal Reserve about checks that clear the bank that day.

The procedures vary slightly on Wednesdays, the day before a holiday, and the day after a holiday. Wednesday funding is unique because all electronic fund transfers occur on Wednesday. Holiday funding requires estimation of items that clear if the Federal Reserve is open and the State is closed. An example of the holiday schedule is located at *Figure A.1*. As a result, the day after a holiday requires reconciling the estimated funding from the prior business day to the actual funding. Refer to individual sections for details about funding for specific instances.

The daily *Medicaid Wire Transfer Request* form is completed in the EDS Finance Unit and e-mailed to the State by 10 a.m. Eastern Standard Time daily. An example of *the Medicaid Wire Transfer Request* form is located as *Figures A.2 – A.8*.

Daily Funding – Medicaid Wire Transfer Procedures

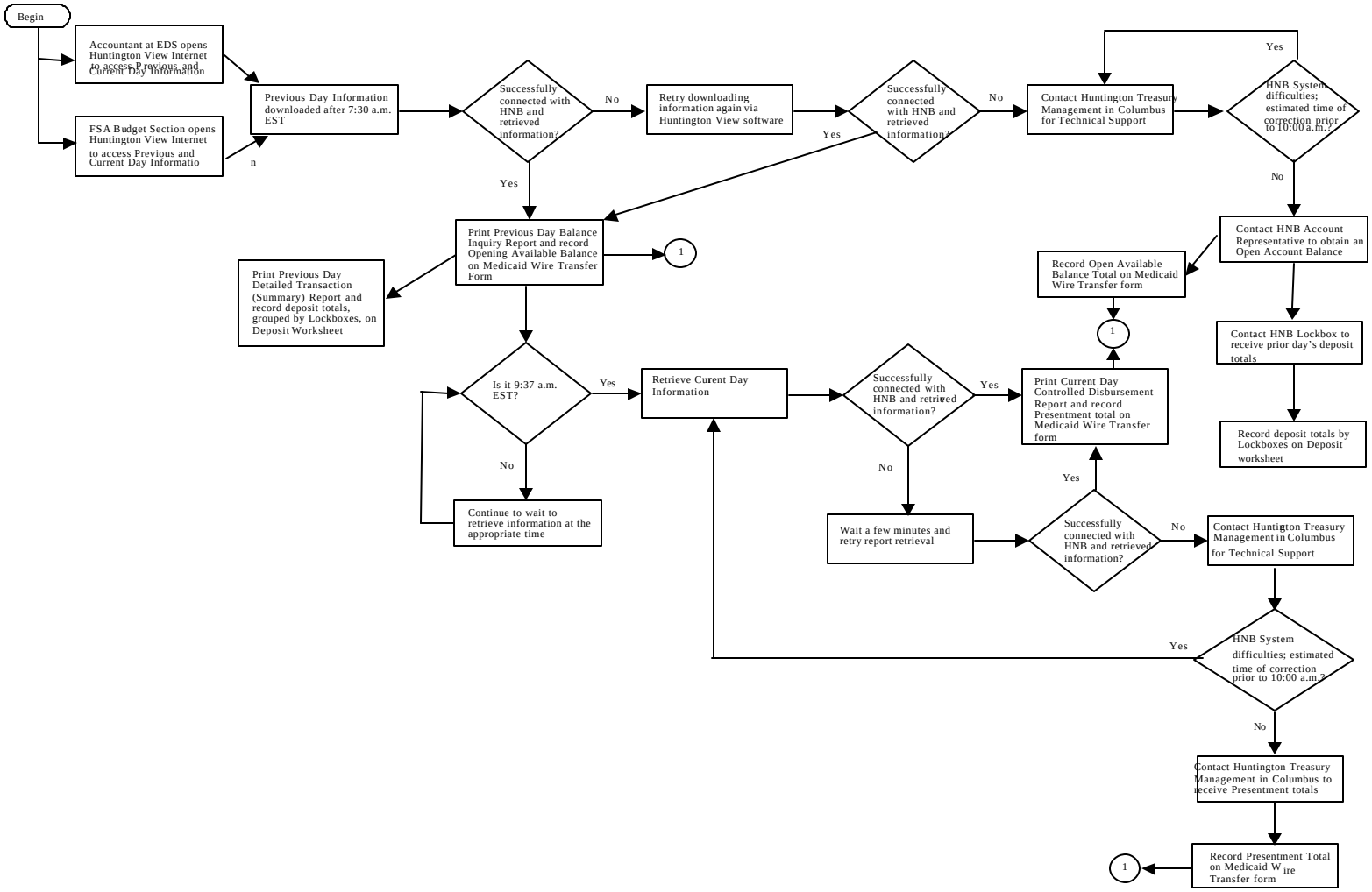


Figure 2.87 – Daily Funding – Medicaid Wire Transfer Procedures Flowchart (1 of 2)

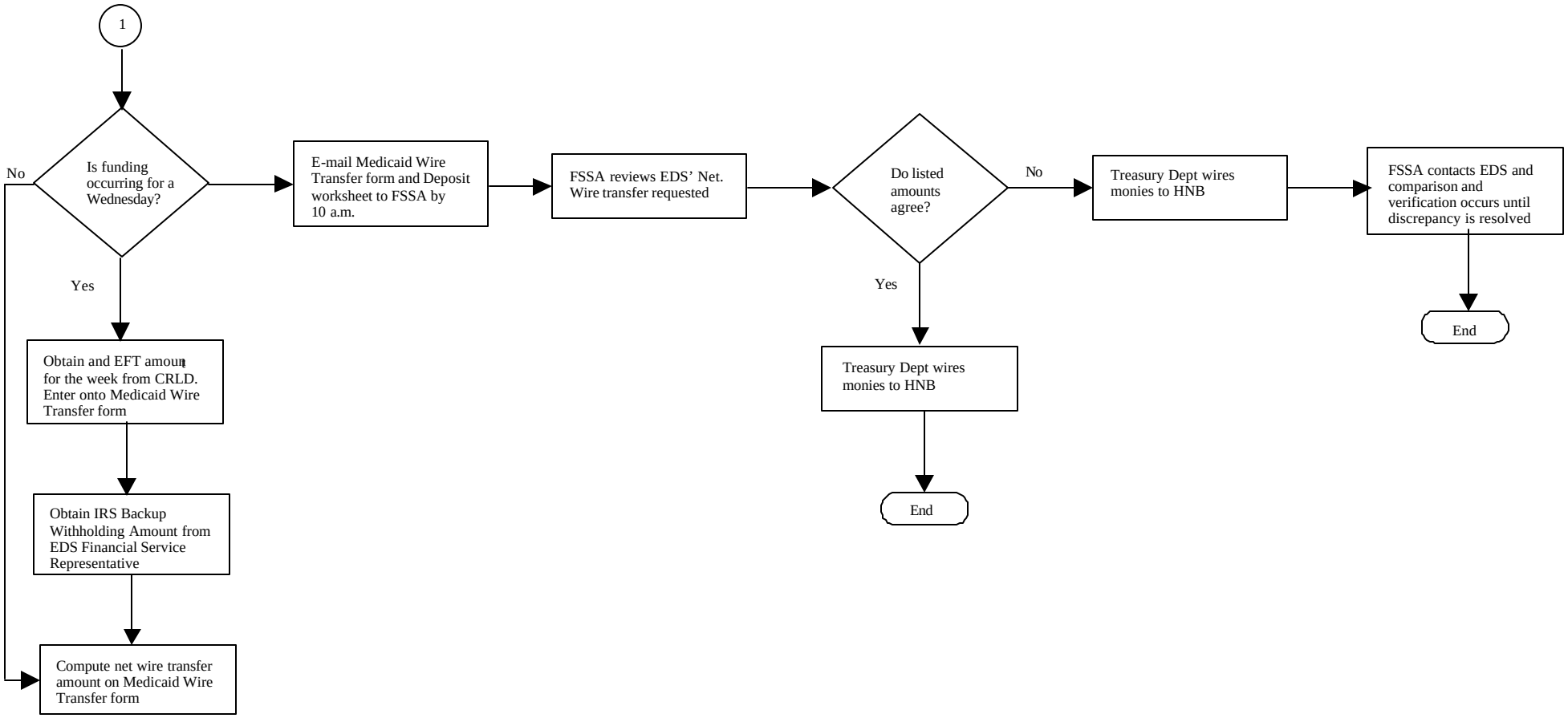


Figure 2.88 – Daily Funding – Medicaid Wire Transfer Procedures Flowchart (2 of 2)

The following procedures are used to determine the funds to request each day:

- Using Huntington View, print the *Controlled Disbursement* report from the *Current Day* reports. An example of this report is located in *Appendix A, Figure A.4*. The report is available at 9:37 a.m. Refer to the section about procedures for Huntington View for additional information.

If Huntington View cannot be accessed, call the account representative at HNB. The phone number is 1-800-480-4862 for the cash management product specialist assigned to the account for this information.

- Using Huntington View, print the *Previous Day Detail Transaction* report summary to obtain EDS lockbox deposits, HCE wire transfers, HMS lockbox deposits, ACS wire transfers, Myers and Stauffer, LC, wire transfers and any adjustments from the previous day. An example of this report is located in *Appendix A, Figure A.8*.
- Using Huntington View, print the *Previous Day Balance Inquiry* report to obtain the open available balance for the day. An example of this report is located in *Appendix A, Figure A.7*.

> *Note: Wednesday is the only day that the account is funded for EFT transactions. On Thursday, the EFT amount for the prior day is verified on Huntington View by looking at the* Previous Day Balance Inquiry *report for ACH Debits. The EFT amount should equal the amount funded on the Wednesday request. An example of this report is located in Appendix A, Figure A.2.*

- Prepare *Lockbox Deposits and Wire Transfer* schedule to detail all cash receipts received by EDS, HMS, and HCE. An example of this report is located in *Appendix A, Figure A.3*.
- Type the controlled disbursement figures with the current balance from the *Previous Day Balance Inquiry* report on the *Medicaid Wire Transfer Request* form. Net these figures to obtain the *Net Wire Transfer Requested* amount. An example of this report is located in *Appendix A, Figure A.2*.
- The FSSA Budget Section receives the *Medicaid Wire Transfer* request daily. The amount is approved and forwarded to financial management.
- Financial management prepares a claim voucher to be delivered to the auditor's office by 1 p.m.
- The FSSA Financial Management Section prepares a Report of Collection (ROC) for the Federal share and hand carries the *Wire Transfer Request* form to the treasurer.
- The treasurer wires the money to the account by 2 p.m.

Funding EFT Transactions

On Wednesday, daily funding includes any EFT transactions that are listed on the *FIN-6006* report, *Electronic Funds Transfer Activity* report for the current week. An example of this report is located in *Appendix A, Figure A.6*. This report can be printed on Monday morning in order to minimize delay in retrieving information on

Wednesday morning. The daily funding amount can be retrieved from the CO-MAND Retrieval Station by using the following procedures:

1. In Windows, open CO-MAND Retrieval Station.
2. To search for a specific report, click the **CO-MAND Retrieval Station** icon.
3. At the tool bar, click **File**
4. Click **Retrieve** .

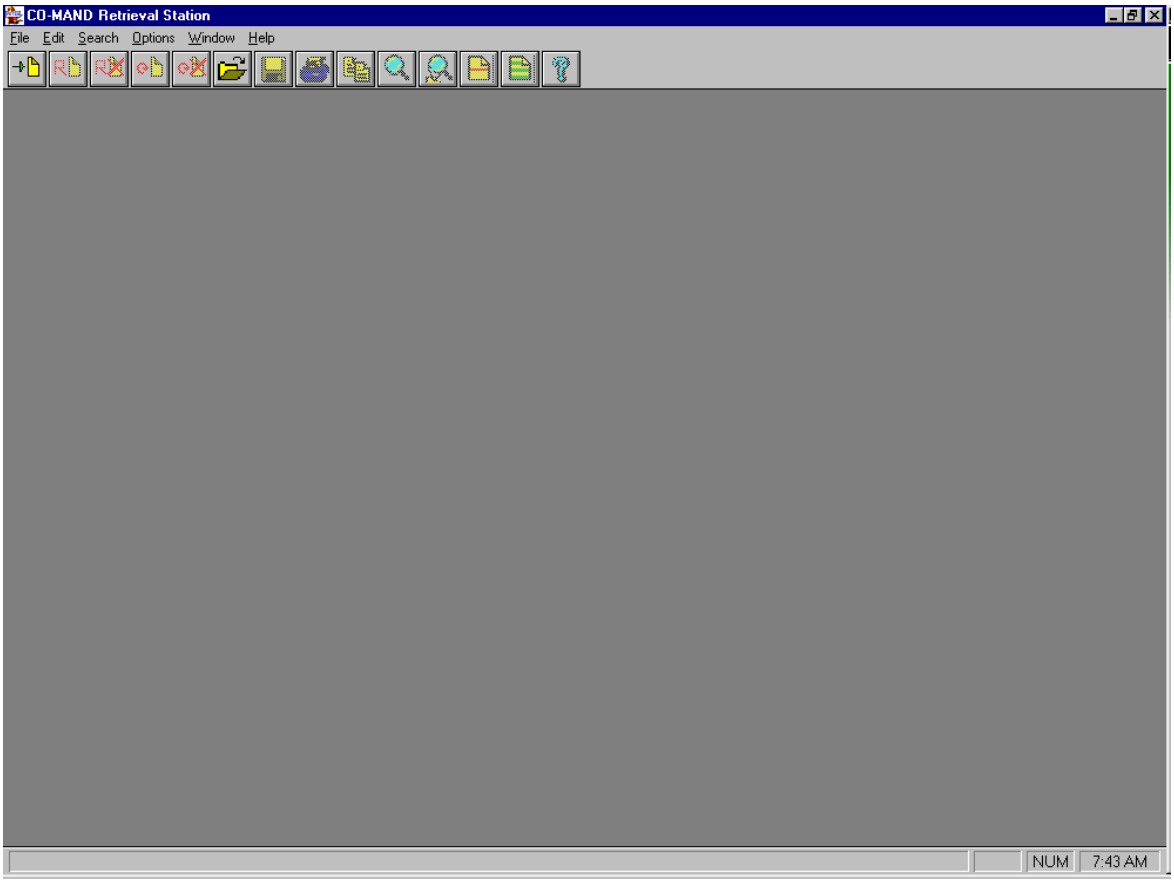


Figure 2.89 – CO-MAND Retrieval Station

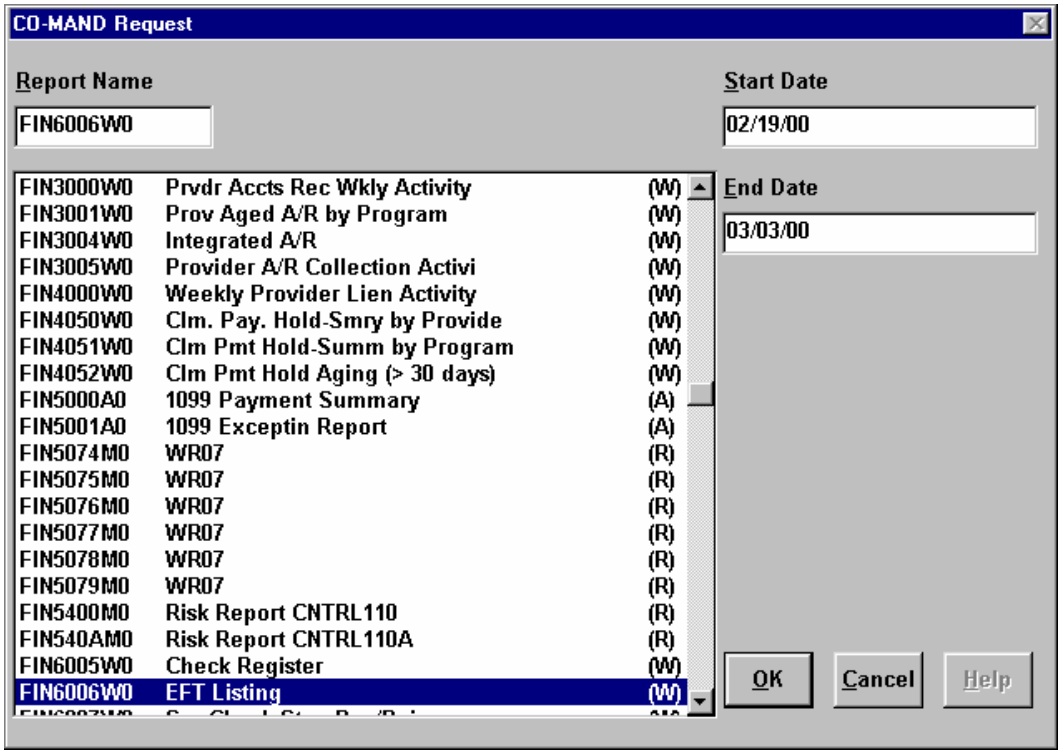


Figure 2.90 – CO-MAND Request Window

6. At the *CO-MAND Request* window, type **FIN-6006W0** as the Report Name. This locates the *FIN-6006* report.

7. To inquire about a range of dates, type the Start Date and End Date in the field provided. If necessary, the user can select a range of dates to span the entire month. After the dates are typed in,

8. Click **OK.** The *Matching Records* window displays.

9. At the *Matching Fixed Length Segments* window, click the last segment. This identifies the total dollar amount for the week.

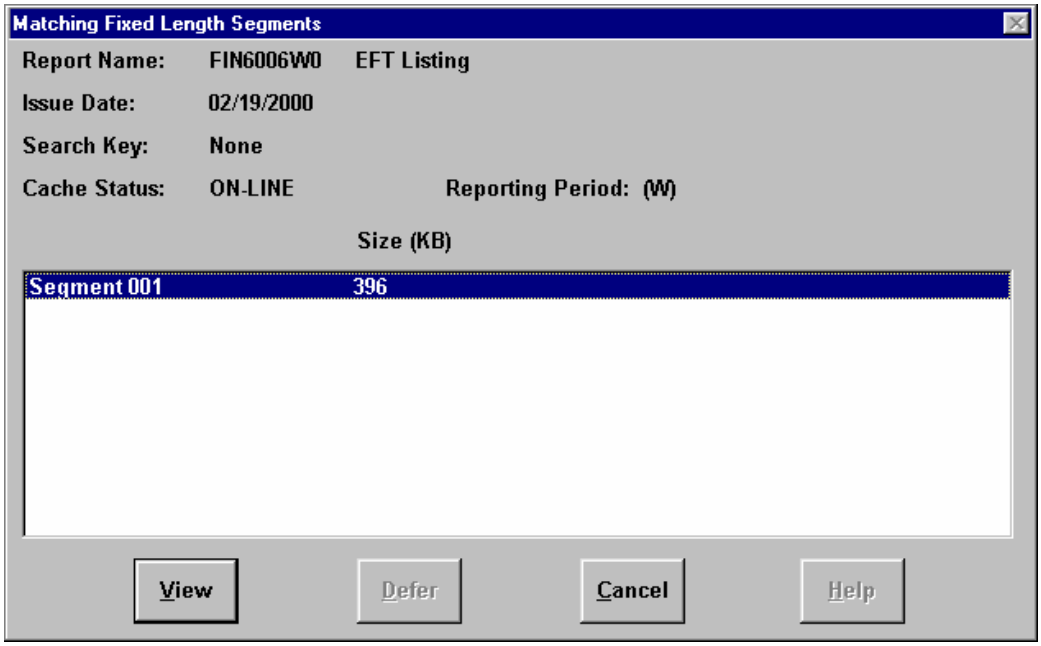


Figure 2.91 – Matching Fixed Length Segments Window

10. To see the *Report On* window, click **View**.
11. When the report displays, verify that, the date range is correct for the current week. If not, repeat the steps outlined above until the correct week is identified.
12. To view the total dollar amount located on the last page, at the tool bar, click **Search.**
13. At the dropdown menu, click **End of Report**. The last page of the *FIN-6006* report should be printed and filed with the *Medicaid Wire Transfer Request* for auditing purposes.
14. To print the last two pages of the report, that includes the EFT total, at the tool bar, click **File**.
15. Click **Print**.

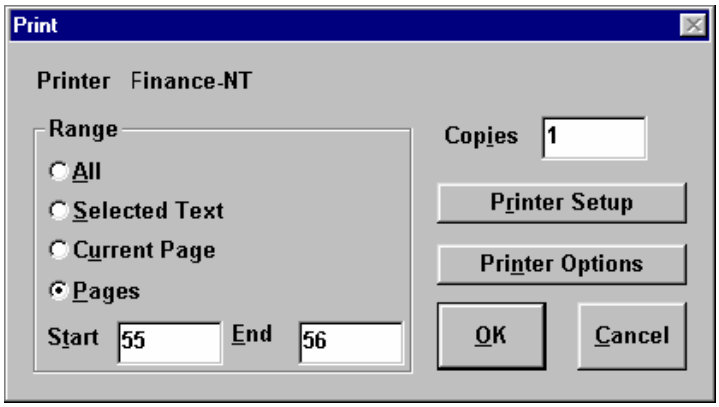


Figure 2.92 – Print Window

16. Click **Pages**. This indicates the *Range* in the *Print* window.
17. Type in one number less than the last page number for the *Start* number. The *End* number remains unchanged. Changing the numbers prints only the last two pages of the report.
18. Click **OK**.
19. After the report is printed, at the tool bar, click **File**.
20. From the dropdown menu, click **Close**.

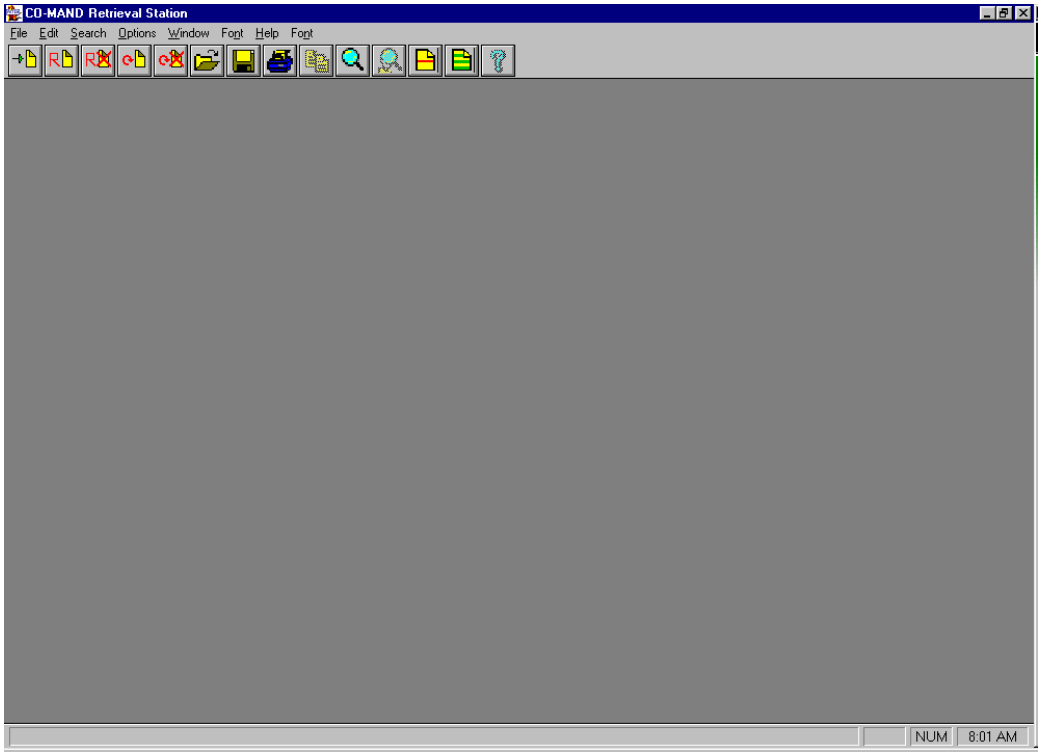


Figure 2.93– CO-MAND Retrieval Station Window

21. To exit CO-MAND Retrieval Station, at the tool bar, click **File**.
22. Click **Exit Retrieval System**.

> *Note: Any failed EFT transactions appear as electronic deposits on the bank statement. Notification is received daily. See* Huntington View Internet Procedures *for additional information about retrieval of failed EFTs. See* Appendix A, Figures A.9 *and A.*10 *for EFT totals and confirmations.*

Clears Pattern Query Procedures

Twice a year, the accountant determines the average percentage of checks clearing by day of the week. This function is performed at the end of the second and fourth quarter of every calendar year. The following steps describe the Clears Pattern Percentage Calculation procedures:

1. Enter the DSS.
2. Proceed to the *Financial* section.
3. Open the **Check** box:
   - Tag the *Date Issue* field.
   - Tag the Total Amount Paid field.
   - Qualify the Date Issue field to be greater than or equal to 19990101.
   - Qualify the Check Number field to does not begin with 9.
   - Select the **Sum** function for the *Total Amount Paid* field.
   - Perform a **Query.**
   - Save the results.
4. Select **Query** from the tool bar.
5. Select **New Query.**
6. Open the **Check** box:
   - Qualify the Date Issue field to greater than or equal to 19990101.
   - Qualify the Check Number field to does not begin with 9.
   - Qualify the *Code Status* field as *equal to C*.
   - Tag the *Issue Date* field.
   - Tag the Total Amount of *Check* field.
   - Select the **Sum** function for the *Total Amount of Check* field.
   - Open the **Check Clear** box.
   - Tag the *Date Cleared* field.
   - Perform a **Query.**
   - Save the results.
7. Open Microsoft Excel.
   - Select **File** and **Open** from the tool bar.
   - At the *Open* menu, type ***.qrd*** in the *Type of File* field
   - Select the first saved results (**Paid Check File**)
   - It is necessary to import this text. To do this, perform the following steps:
     - Select Delimited.
     - Click **Next.**
     - At step 3, Dates, select **General**.
   - Delete all rows between the normal 7 day cycle dates.
   - Format the date column with the toolbar. Select **Number** (for example, *19990105*)
     - From the toolbar, click **Data.**
     - Select **Text to Column**.
     - Select **Fixed Width**
     - Click **After Century Number**.
     - Select **Do Not Import.**
     - Change date to YMD format.
   - From the tool bar, select **Date** from the *Format Date* column.
   - Save as an Excel file.

- Open the second saved results file (**Issue Date File**)
- Sort the data by date order
- Delete all rows between the normal seven day cycle dates.
- Format the date column with the toolbar. Select **Number** (for example *19990105*).
  - From the tool bar, click **Data**.
  - Select **Text to Column**.
  - Select **Fixed Width.**
  - Click **After Century Number**.
  - Select **Do Not Import.**
  - Change date to YMD format.
- From the tool bar, select **Date** from the *Format Date* column.
- Save as an Excel file.

5. In column D of the second file, enter the sum of the first file with corresponding dates.
   - Copy the information from the first file (**Total Paid**) to match the issue date.

6. Format of the file will is the following:
   - Column A = **Issue Date**
   - Column B = **Clear Date**
   - Column C = Amount Cleared
   - Column D = **Total Paid**
   - Column E = **Days to Clear** (Format Cell – Number with zero decimals)
   - Column F = **Percent to Clear** (Format Cell – Percentage)

7. Delete everything greater than 180 days old. These items are now stale-dated.

8. Sort by **Issue Date**.

9. From the toolbar, click **Data – Pivot Table Report**.
   - Select all of the data.
   - Select Row – Days to Clear.
   - Select Data – Percentage to Clear.
   - Format results by double clicking on **Percentage to Clear** box.
   - Select **Average.**
   - Select the **Number** box.
   - Select **Percentage**.
   - Click **OK.**
   - Click **OK.**
   - Select **Finish.**
   - Save as a new worksheet.

1. Percentages are identified by days from issue with corresponding percentages.
   - **Monday Estimates** use percentages from days 6, 13, 20, 27, and 34
   - **Tuesday Estimates** use percentages from days 7, 14, 21, 28, and 35
   - **Wednesday Estimates** use percentages from days 1, 8, 15, 22, and 29
   - **Thursday Estimates** use data from percentages 2, 9, 16, 23, and 30
   - **Friday Estimates** use data from percentages 3, 10, 17, 24, and 31

Preparing Medicaid Wire Transfer Request the Day Before a Holiday

On the morning **before** a holiday that the State is closed and the Federal Reserve is open, an estimate must be made of cleared items for the holiday. The day **after** the

holiday, the estimate can be revised based on transactions from the holiday, to confirm the Open Available Balance for the current day.

To estimate the holiday transfer amount, two pieces of information must be obtained. First, every quarter the Finance Unit performs queries to determine the average percentage of cleared checks per each weekday. Refer to the *Check Clearing Pattern* query to determine how the percentage of checks clear by day is determined. An example of the query results is located in *Appendix A: Figure A.11*. These percentages indicate the average length of time it takes a provider to cash checks. By using this data, the financial analyst is able to predict the percentage of checks that clear based on historical data from the financial cycles. The queries are performed quarterly to ensure the most accurate percentages are used in preparing the holiday estimate. It is important that the percentages are categorized by days of the week because certain days have a higher volume for paying items. Second, the Financial analyst must obtain the last five *Medicaid Check Registers, FIN-6005*, from the CO-MAND Retrieval System. An example of the check register is located in *Appendix A, Figures A.12, A.13, A.14, A.15*, and *A.16*.

Prepare the *Holiday Estimate – Medicaid Wire Transfer* request by using the percentage of cleared checks by day and the *FIN-6005* reports. The percentages of cleared checks are multiplied by the appropriate *FIN-6005* report. These five calculations are summed to obtain the *Holiday Estimate – Medicaid Wire Transfer Request*. An example of this report is located in *Appendix A, Figure A.17*.

The estimated *Medicaid Wire Transfer* request is prepared in the same manner as the normal daily request; however, amounts are estimated based on the following criteria:

- Manual partial payment checks issued in the past week that are unknown to the bank and that could be outstanding
- Nursing home payments issued the first full week of each month that should be included
- Past clearing patterns for each business day. For example, fewer checks clear on Tuesday than any other day of the week.
- Amount of issuances, system and manual checks, for the past five weeks prior to the holiday. The figures are obtained from the CO-MAND Retrieval System, *Medicaid Check Register – FIN-6005*.

On the morning before a holiday, the current day *Medicaid Wire Transfer Request* must be prepared as usual. See the procedures for preparing *Daily Medicaid Wire Transfer Request* for additional information. After calculating the estimate and using the holiday wire request form, the accountant enters the current day presentment total on the appropriate line and creates an additional line for the holiday-estimate to add the figure to the form. This is performed by adding together the current day total presentations, the backup withholding (if any), the EFT amount (if any), and the holiday estimate, and then subtracting the open amount available. The result of this calculation is the net wire transfer requested amount.

Preparing Medicaid Wire Transfer Request the Day After a Holiday

On the **morning after the holiday**, the opening available balance from the bank includes current day information, as well as, the net difference between the estimated amount funded the day before the holiday and the actual activity for the holiday. The Open Available balance may be positive or negative for the current day, depending on whether the amount estimated for holiday funding was more or less than the actual activity for the holiday. For example, if funding was overestimated on the day prior to the holiday, the full amount of the current day's activity does not need to be funded because there are excess funds in the account from the prior day.

Verify holiday funding while preparing the current day *Medicaid Wire Transfer Request*. This is verified by printing the normal daily information for both the holiday and the current day. Review the *Controlled Disbursement* report, *Previous Day Balance Inquiry* report, and *Previous Day Detail Transaction Report* summary. Draft what the *Medicaid Wire Transfer Request* would have been if no estimation was necessary. This enables the accountant to validate the flow of monies and transactions for every business day of the month even though an estimation process was used to fund for one or two days.

If the opening available balance for the current day is positive, no additional steps are necessary. A positive balance reveals that the monies for the estimate were sufficient and the previous day's deposits enabled the account to be funding appropriately.

If the opening available balance for the current day is negative, the account has been overdrawn. See Figure 7 for an example of this report. The accountant must review the *Previous Day Balance Inquiry* report for the current day. To calculate the actual opening available balance, the accountant must add the NSF amount to the negative opening available balance. The sum represents the total amount the account is overdrawn. In order to fund the account properly, the adjusted opening available balance must be used.

There are no special funding procedures other than adjusting the opening available balance. See *Procedures for Preparing Daily Medicaid Wire Transfer Request* for additional information.

Huntington View Procedures

The following steps are necessary to access Huntington View:

1. Double-click the **Internet Explorer** icon on the desktop.
2. Type www.huntington.com in the address field and click **Enter**.
3. Type in username and password at the *Network Password* window and click **OK**.
4. Click **Account Access** at the Huntington home page.
5. Select **Huntington View Internet** from the dropdown menu.
6. Click **OK** at the *Security Alert* window. This message provides notification of entering a secure Web site.

7. Click **OK** at the *Microsoft Internet Explorer* window. This message instructs the user to use the windows buttons rather than the keyboard or mouse for completing requests.

8. Insert the *Huntington View Internet Security* diskette into the disk drive.

9. Type the customer ID number *11978* at the *Web Cash Management Logon* window. This number is the same for all users.

– Type the password 11978. This number is the same for all users.
– Enter operator ID. This was assigned by HNB.
– Enter password: The password was selected at initial logon.

> *Note: The operator ID and password **are not** case sensitive.*

– From the dropdown menu for **Desired Services**, click **Broadcast Messages**.
– Click **Logon**.
– If a message appears, print it for the funding files. This area may report crucial information for funding such as *2nd Presentments are delayed from Federal Reserve* or *Lockbox processing is delayed due to technical problems at HNB.*
– If no message appears, go to the dropdown menu in the upper right hand corner.

10. Select **Balance Reporting** from the dropdown menu and click **Go**

11. Select the **Custom Report** tab to retrieve *Previous Day* reports,

– Select **Previous Day Summary** at the **Report Type** dropdown menu to retrieve the **Opening Available Balance** on the CDA account for the day.
– Select the day prior to the present day t the **Date** dropdown menu, or if funding on a Monday select the prior Friday date.

> *Note: Huntington View Internet specifies the current and previous days in parenthesis behind the corresponding dates for ease of use.*

- Click **Show Report.**
- Select **File** from the tool bar.
- Select **Print** (one copy) and click **OK.**
- Click the **Back** button at the toolbar to return to the *Balance Reporting* window.

– Select **Previous Day Detail** at the *Report Type* dropdown menu, to retrieve the lockbox deposit totals and any HCE wire transfers that were deposited into the account.
– Select the day prior to the present day, at the **Date** dropdown menu, or if funding on a Monday select the prior Friday date.

> *Note: Huntington View Internet specifies the current and previous days in parenthesis behind the corresponding dates for ease **of use.***

- **Click Show Report.**
- Select **File** from the toolbar.
- Click **Print** (one copy) and click **OK.**
- Click the **Back** button at the toolbar to return to the *Balance Reporting* window.

> *Note: A large wire transfer credit will appear every day in the* Credit Section. *HNB will transmit the amount the State wired the previous day so that the amount deposited in the account can be verified daily, rather than, monthly. This figure* ***does not*** *need to go into the* Lockbox Deposit *and* Wire Transfer *worksheets submitted to the State. This is for record keeping purposes only.*

12. Select the Custom Report tab to retrieve the Current Day reports
    - Select *Controlled Disbursement* summary at the **Report Type** dropdown menu. This report shows the breakdown of the first Presentment, second Presentment, and Direct Presentment to the CDA account.

      > *Note: As long as the* ***Total Presentment*** *figure for the day is calculated by HNB, all presentments are accounted for, even if one of the three types is missing from the listing.*

    - Select the current date at the **Date** dropdown menu

      > *Note: Huntington View Internet specifies the current and previous days in parenthesis behind the corresponding dates for ease of use.*

      - Click **Show Report.**
      - Select **File** from the tool bar.
      - Click **Print** (one copy) and click **OK.**
      - Click the **Back** button at the tool bar to return to the *Balance Reporting* window.
    - Select the **Special Report** tab to retrieve the *Failed EFT* reports.
    - Select **ACH Return Items Report** at the *Report Type* dropdown menu.
    - Select the current date at the **Date** dropdown menu.

      > *Note: Huntington View Internet specifies the current and previous days in parenthesis behind the corresponding dates for ease of use.*

    - Click Show Report.

      > ***Note:*** *Scroll thru the report. If dollars appear, print four copies of the report. Deliver two copies to the accountant, one copy to the accounting assistant, and one copy to the Provider Enrollment Unit. If no monies appear, print* ***two*** *copies. Deliver one copy to the accountant and one copy to the Provider Enrollment supervisor.*

    - Select **File** from the tool bar.
    - Click **Print** and select the number of copies.
    - Click **OK.**
    - Click the **Back** button at the toolbar to return to the *Balance Reporting* window.

13. Click **Exit** from the upper right hand corner of the Web page when completed and ready to exit the Huntington home page
    - Click **OK** at the *Microsoft Internet Explorer* window. This message is to instruct the user to use the buttons located on the windows rather than the *Enter* key on the keyboard to complete the requests.
    - Select **File** from the tool bar.

– Click **Close** to exit the Internet connection.

14. Remove the *Huntington View Internet Security* diskette from disk drive.

Financial Balancing Procedures – Monday Only

Each Monday, the financial cycle is balanced. Balancing ensures that all monies reported on the Financial Series of reports are accurate and that the payments produced on the *Medicaid Check Register, FIN-6005,* and the *Electronic Funds Transfer Activity* report, *FIN-6006,* are linked to a program code such as Medicaid, Children with Special Health Care Services (CSHCS), ARCH, Package C, or 590. Verification is necessary because the Medicaid Weekly Invoicing is based on the FIN-8000 series.

Discrepancies discovered during reconciliation must be resolved. If the totals do not balance, verify the data that was entered on the *Financial Cycle Reconciliation* form. If this does not resolve the discrepancy, contact the financial SE to investigate and resolve the issue. When the revised reports or figures are received from the SE, update the spreadsheet. If the reports still do not balance, contact the SE again. This process must be continued until all outstanding issues are resolved.

> *Note: Any time there is a reported difference for the financial cycle, identified on the* FIN-0005*, contact the financial SE immediately. Do not proceed with the reconciliation process until the error has been identified and resolved.*

In CO-MAND, print the following reports:

- *FIN-0005 – Financial Balancing Report*
- *FIN-3000 – Provider Accounts Receivable**
- *FIN-6005 – Medicaid Check Register**
- *FIN-6006 – Electronic Funds Transfer Activity Report**
- *FIN-6007 – Stop-pay/Void Reissue Detail*
- *FIN-8000 – Financial Control Summary – Medicaid*
- *FIN-8001 – Financial Control Summary – CSHCS*
- *FIN-8002 – Financial Control Summary – ARCH*
- *FIN-8003 – Financial Control Summary – Package C*
- *FIN-8004 – Financial Control Summary – 590*
- *FIN-8006 – Financial Control Summary Totals*

**Print only the last page of these reports.*

1. In Microsoft Excel, access *L:\Finance\Year Reconciliation\Recon Fin 8000\Recon FIN 8000 Template.xls*. This will open the *Financial Cycle Reconciliation* form to be used during financial balancing. The worksheet is preformatted and allows for easy comparison between FIN-8000 series and the *FIN-0005*.
2. Collect all FIN-8000 series reports.

3. Review the *FIN-8000-FIN-8004* reports. If no dollar amounts appear, set the report aside. Any report without financial data does not affect the overall reconciliation.

4. By using the categories of the *FIN-8000-8004* report, begin typing in the data in the *Financial Cycle Reconciliation* form.
   – Type the system claim payments for the *FIN-8000-FIN-8001-FIN-8002-FIN-8003-FIN-8004*. The total automatically populates. Verify the figure against the *FIN-8006*, which is a compilation of all programs. If the calculated figure equals the *FIN-8006, System Claim Payments*, type in an **x** in column labeled Ref (1). If the figures do not match, contact the financial SE to investigate and resolve the reporting problem.

Next, add the ***Original Claims and Paid Adjustments*** for Pharmacy, CMS-1500, Dental, and UB-92 from the *FIN-0005*. Compare the total to the calculated system claim from the FIN-8000 series. These figures must match. If there is a discrepancy between the totals, contact the financial SE to resolve the reporting problem. When the SE supplies the correct figures, update the *Financial Cycle Reconciliation* form. When the calculated System Claims Payments equals the total of the claims and adjustments on the *FIN-0005*, type an **x** in the column labeled Ref (2). The *x* indicates that the figures have been verified.

- Add the system payout items for Provider, Health, and Attorney Fees on the *FIN-8000, FIN-8001, FIN-8002, FIN-8003, and FIN-8004*. Type in the payout totals in the *Financial Cycle Reconciliation* form. A grand total automatically populates. Verify the figure against the sum of system payout items for Provider, Health, and Attorney Fees for *FIN-8006*, which is the compilation of all programs. If the calculated grand total equals the *FIN-8006, System Payout Items*, type an **x** in column labeled Ref (1). If the figures do not match, contact the financial SE to investigate and resolve reporting problem. When the SE supplies the correct figures, update the *Financial Cycle Reconciliation* form.

- Next, type the system insurance premium payouts for the *FIN-8000, FIN-8001, FIN-8002, FIN-8003, and FIN-8004*. A total automatically populates. Verify this figure against the *FIN-8006*, which is a compilation of all programs. If the calculated figure equals the *FIN-8006, System Insurance Premium Payouts*, type an **x** in column labeled Ref (1). If the figures do not match, contact the financial SE to investigate and resolve reporting problem. When the SE supplies the correct figures, update the *Financial Cycle Reconciliation* form.

- Type the QI2 buy-in payment for the *FIN-8000, FIN-8001, FIN-8002, FIN-8003*, and *FIN-8004*. A total automatically populates. Verify the figure against the *FIN-8006*, which is a compilation of all programs. If the calculated figure equals the *FIN-8006, QI2 Buy-In Payment*, type an **x** in column labeled Ref (1). If the figures do not match, contact the Financial SE to investigate and resolve reporting problem.

Add the system payout items total, systems insurance premiumtotal, and QI2 total based on the FIN-8000 series calculation. Compare the figure to the *System Expenditures Extracted* from the *FIN-0005*. The figures must match. If there is a discrepancy between the totals, there is a problem with the FIN-8000 series. Contact the financial SE to resolve the reporting problem. When the SE supplies the correct figures, update the *Financial Cycle Reconciliation* form. When the total of the system payout items and system insurance premium payouts equals the system expenditures extracted on the *FIN-0005*, type an **x** in the column labeled Ref (2). This indicates the figures have been verified.

- Type the administration fee payment (PCCM**)** for the *FIN-8000, FIN-8001, FIN-8002, FIN-8003,* and *FIN-8004*. A total automatically populates. Verify the figure against the *FIN-8006*, which is a compilation of all programs. If the calculated figure equals the *FIN-8006, Administration Fee Payment (PCCM)*, type an **x** in column labeled Ref (1). If the figures do not match, contact the financial SE to investigate and resolve reporting problem. When the SE supplies the correct figures, update the *Financial Cycle Reconciliation* form.

Next, compare the calculated *FIN-8000 Administrative Fee Payment* total to *the FIN-0005 Administrative Fee Payment* total. These figures must match. If there is a discrepancy between the totals, there is a problem with the *FIN-8000* series. Contact the financial SE to resolve the reporting problem. When the SE supplies the correct figures, update the *Financial Cycle Reconciliation* form. When the Administrative Fee Payment equals the ***Administrative Fee Payment*** on the *FIN-0005*, type an **x** in the column labeled Ref (2). This indicates that the figures have been verified.

- Type in the *Capitation Payment (MCO)* for the *FIN-8000, FIN-8001, FIN-8002, FIN-8003, and FIN-8004*. A total automatically populates. Verify this figure against the *FIN-8006*, which is a compilation of all programs. If the calculated figure equals the *FIN-8006 Capitation Payment (MCO)*, type an **x** in column labeled Ref (1). If the figures do not match, contact the financial SE to investigate and resolve reporting problem. When the SE supplies the correct figures, update the *Financial Cycle Reconciliation* form.

Compare the calculated *FIN-8000 Capitation Payment (MCO)* total to the *FIN-0005 Capitation Payment* total. These figures must match. If there is a discrepancy between the totals, there is a problem with the *FIN-8000* series. Contact the financial SE to resolve the reporting problem. When the SE supplies the correct figures, update the *Financial Cycle Reconciliation* form. When the calculated capitation payment total equals the capitation payment on the *FIN-0005*, type an **x** in the column labeled Ref (2). This indicates that the figures have been verified.

- Type in the claims interest payment for the *FIN-8000, FIN-8001, FIN-8002, FIN-8003, and FIN-8004*. A total automatically populates. Verify this figure against the *FIN-8006*, which is a compilation of all programs. If the calculated figure equals the *FIN-8006, Claims Interest Payment*, type an **x** in column labeled Ref (1). If the figures do not match, contact the financial SE to investigate and resolve reporting problem. When the SE supplies the correct figures, update the *Financial Cycle Reconciliation* form.

Add the *Paid Interest* for Pharmacy, HCFA-1500, Dental, and UB-92 on the *FIN-0005*. Compare the calculated *FIN-8000, Claims Interest Payment* total to the sum of the claim interest *on FIN-0005*. These figures must match. If there is a discrepancy between the totals, there is a problem with the *FIN-8000* series. Contact the financial SE to resolve the reporting problem. When the SE supplies the correct figures, update the *Financial Cycle Reconciliation Form*. When the calculated claims interest equals the summation of claim interest on the *FIN-0005*, type an **x** in the column labeled Ref (2). This indicates that the figures have been verified

- Type the manual payout items for *the FIN-8000, FIN-8001, FIN-8002, FIN-8003, and FIN-8004*. The total automatically populates. Verify the figure against the *FIN-8006*, which is a compilation of all programs. If the calculated figure equals the *FIN-8006, Manual Payout Items*, type an **x** in the column labeled Ref (1). If the figures do not match, contact the financial SE to investigate and resolve the reporting problem. When the SE supplies the correct figures, update the *Financial Cycle Reconciliation* form.

Next, compare the calculated *FIN-800, Manual Payout Items,* total to the *FIN-0005, Manual Expenditure Extracted,* total. These figures must match. If there is a discrepancy between the totals, there is a problem with the *FIN-8000* series. Contact the financial SE to resolve the reporting problem. When the SE supplies the correct figures, update the *Financial Cycle Reconciliation* form. When the calculated manual payout items equals the total of the claims and adjustments on the *FIN-0005*, type an **x** in the column labeled Ref (2). This indicates that the figures have been verified.

- Using the *FIN-6005* and *FIN-6006,* type the total system checks, manual checks, and electronic fund transfers to be written and sent this week in the *Financial Cycle Reconciliation* form. Verify the figures to the *FIN-0005 Payments: System Checks Issued, Manual Checks Issued/Reissued, and EFT's Transmitted*. *If FIN-6005* and *FIN-6006* totals match *FIN-0005* totals, type an **x** in the column labeled Ref (2) indicating that the figures have been verified and vouched. If there is a discrepancy, contact the financial SE to resolve difference.
- Type the system offsets from the *FIN-8000, FIN-8001, FIN-8002, FIN-8003,* and *FIN-8004* in the *Financial Cycle Reconciliation* form. The subtotal should equal the total system offsets on the *FIN-8006*. If so, place an **x** in the column labeled Ref (1) indicating that the calculated total was verified against the FIN-8006 report. If the total does not match, contact the financial SE to rectify the discrepancy. At times, there are offsets reported on the *FIN-3000* that do not appear on the *FIN-8006*. This occurs due to an item not posting with a program code, such as Medicaid, CSHCS, ARCH, Package C, or 590. This is referred to as *Program Zero* errors. Note the difference between the *FIN-8006* and *FIN-3000* offsets on the *Program Funding Reconciliation* form.
- Type the backup withholding recoupments from the *FIN-8000, FIN-8001, FIN-8002, FIN-8003, and FIN-8004* in the *Financial Cycle Reconciliation* form. The subtotal should equal the total *Backup Withholding Recoupments* on the *FIN-8006*. If so, place an **x** in the column labeled Ref (1) indicating that the calculated total was verified against the *FIN-8006* report. If the total does not match, contact the financial SE to rectify the discrepancy. Next, verify the backup withholding recoupments to the *FIN-0005* report. If the total backup withholding recoupments are equal, place an **x** in the column labeled Ref (2). If the figures do not match, contact the financial SE for an explanation.
- Total the *FIN-6007*. Type the amount in the *Financial Cycle Reconciliation* form under *Check Reissues* heading. Compare this amount to the cash receipt disposition reissue figure located on the *FIN-0005*. These amounts must match. The total represents the dollar amount for reissued checks for the past financial cycle. This total cannot be found on the *FIN-8000* because the checks are simply replacements or reissues for items that were previously reported on the *FIN-8000*. Reporting the reissues again would cause duplication. When the *FIN-0005* and *FIN-6007* reissues have been verified, type an **x** in Ref (2) indicating the amount was verified and vouched.
- Type the claims interest payment in the *Financial Cycle Reconciliation* form.
- The net amount of the *Financial Cycle Reconciliation* form equals the net system payment total. The calculated net system payment is compared to the *FIN-8006 Net System Payment* and the *FIN-0005 Total Payments Due*. It is necessary to adjust the *FIN-0005 Total Payments Due* to accurately represent items below reported on the *FIN-8000*:
  - Subtract any reissued checks because items were previously reported on a different financial cycle.

- Subtract any claim interest because EDS is responsible for this liability due to untimely claim payment.
- Add or subtract the difference between the *FIN-3000* and *FIN-8000 Offsets* as a result of *Program Zero*.

The adjusted total payments due must equal the net system payment on the *FIN-8006* and the *Financial Cycle Reconciliation* form.

5. Save the *Financial Cycle Reconciliation* form in *L:\Finance\Year Reconciliation\Recon FIN 8000\Month\Recon of FIN-8000 month_date_year.xls*. An example file name is *Recon of FIN-8000 03_24_2000*.
6. Print two copies of the *Financial Cycle Reconciliation* form.
7. Photocopy the documentation.
8. Place original documentation and reconciliation form in current month's reconciliation.
9. Keep copied documentation and reconciliation form to be filed with the *Weekly Medicaid Invoice* for current week.

Weekly Medicaid Invoicing Procedures – Monday Only

Although funding for the *Control Disbursement Account* occurs daily by the *Medicaid Wire Transfer Request*, it is still necessary to prepare weekly Medicaid invoices for each program. These invoices represent the total of system payments from the financial series for the current week and identify any recoupments received by ACS for Drug Rebate recoveries.

Weekly Invoice Procedures

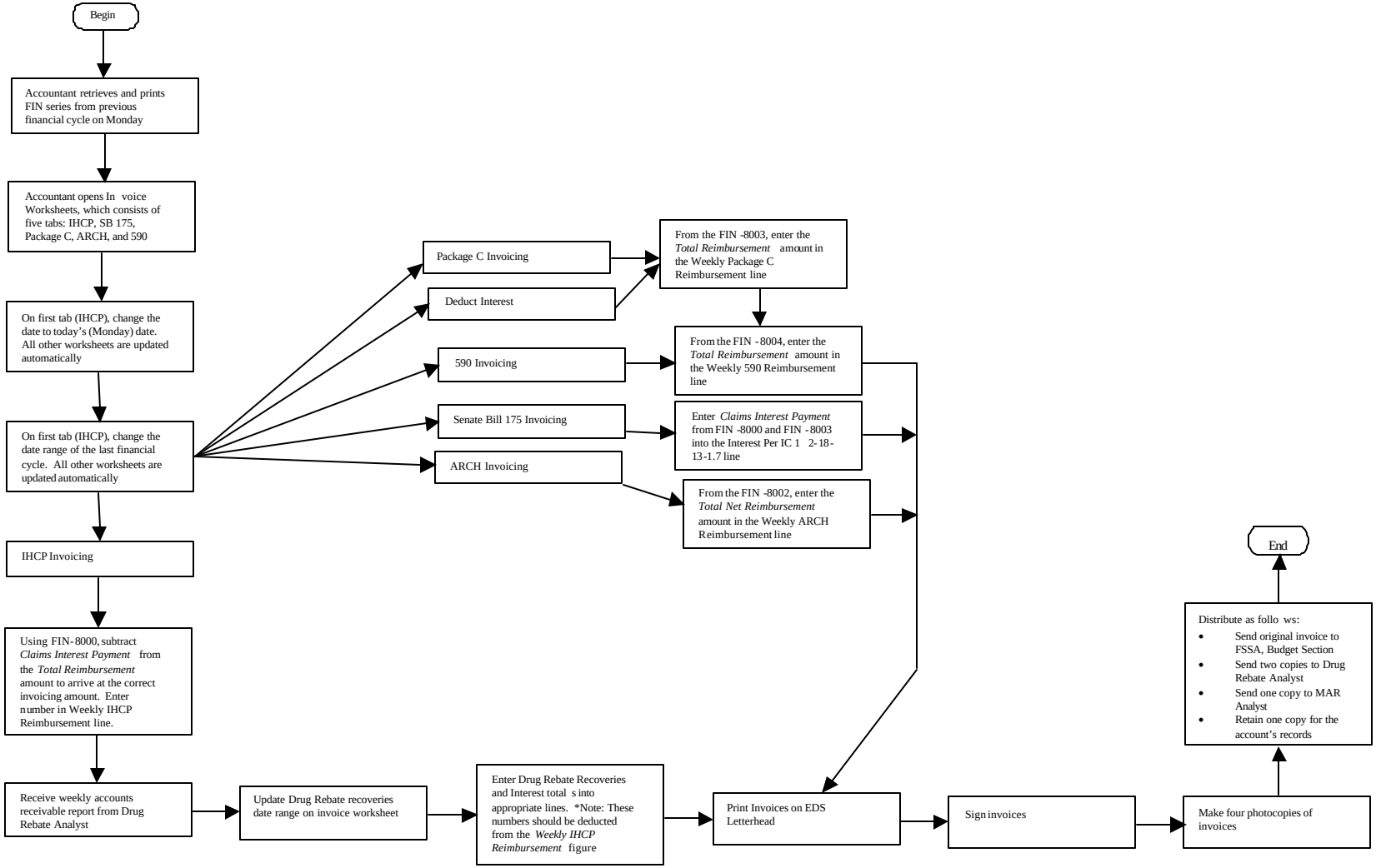


Figure 2.94 – Weekly Invoice Procedures Flowchart

1. Using CO-MAND, print one copy of the following reports unless specified otherwise:
   - *FIN-8000 – Financial Control Summary – Medicaid* (two copies)
   - *FIN-8002 – Financial Control Summary – ARCH*
   - *FIN-8003 – Financial Control Summary – Package C* (two copies)
   - *FIN-8004 – Financial Control Summary – 590*

   For procedures about how to access and print reports in CO-MAND, refer to *Funding EFT Transactions on Wednesday*.
2. In Microsoft Excel, access *L:\Finance\Year Reconciliation\Weekly Invoices\Weekly Medicaid Invoices Template.xls*. This will open the weekly invoicing forms to be used.
3. At the Medicaid tab, change the invoice date to the current Monday date. The *Due Date* automatically populates. The date is updated on the other four worksheets automatically.
4. Next to each description is a date range. Beside the *Weekly Medicaid Reimbursement* title, type in the range of the last financial cycle, the dates and data used for invoicing. The dates automatically update in the other four worksheets.
5. Using the *FIN-8000* report, subtract the claims interest payment from the total reimbursement to arrive at the correct invoicing amount for the IHCP. The interest payment is deducted because this is a liability for EDS caused by late payment of claims. An example of this report is located in *Appendix A, Figure A.19*.
6. Type the adjusted figure on the *Weekly Medicaid Reimbursement* line. An example of this report is located in *Appendix A, Figure A.20.*
7. ACS provides a daily check log indicating all monies received for Drug Rebate Recoveries. Sum the total dollars received on the check logs for the previous week. Type this figure in the *ACS Drug Rebate Recoveries* line. The amounts are deducted because these are recoveries made but not listed on the *FIN-8000* report. Therefore, the remit amount is the net of monies already recouped.
8. On the *SB Interest* tab, type in the amount of *Claim Interest* payment as per the sum of interest on *FIN-8000* and *FIN-8003* in the *Interest Per IC 12-15-13-1.7* line. An adjustment must be made for claims interest paid as a result of a payment hold. The amount must be deducted from the invoice and monies will be recouped from the provider who was paid in error. An example of this report is located in *Appendix A, Figures A.21* and *A.22*.

   > *Note: EDS does not pay claims interest accumulated due to payment holds that are a result of a Home Health Penalty. Every Monday, the accountant retrieves a copy of the most current* Home Health Status *report (*L:\\Finance\Home Health Penalties\Year\Month.xls*) and retrieves the* Claims Interest Paid to Providers, FIN-8028, *report in CRLD.*

   – If a provider is released from payment hold as indicated by the *Home Health Status* report, the accountant notes the dollar amount for both paper and electronic claims interest for each provider. The accountant then retrieves a copy of the provider's current week remittance advice from *CLM-0109*, and prints the last page indicating the total amount of interest paid to the provider.

The total interest on the remittance advice will equal the sum of the interest for delayed paper claims and electronic claims.

- The accountant establishes an A/R to recoup the monies paid in error to the provider because the provider was under penalty. Refer to establishing a manual A/R. A letter is sent to the provider indicating that the interest was paid in error, and the monies will be recouped on the next remittance advice. A copy of this letter is retained in the *Payment Hold* binder maintained by the accountant.

9. On the *Assistance to Residence in County Home* tab, type the *Total Net Reimbursement* amount as per the *FIN-8002* in the *Weekly ARCH Reimbursement* line. An example of this report is located in *Appendix A,, Figures A.23* and *A.24*.

10. On the *Package C* tab, subtract the claims interest from the total reimbursement on *FIN-8003*. Enter the adjusted figure in the *Weekly Package C Reimbursement* line. An example of this report is located in *Appendix A, Figures A.25* and *A.26*.

11. On the *590* tab, type in the *Total Net Reimbursement* amount as per the *FIN-8004* in the *Weekly 590 Reimbursement* line. An example of this report is located in *Appendix A, Figures A.27* and *A.28*.

12. Print the invoices on letterhead.

13. Sign each invoice.

14. Organize the invoice and backup documentation in this order:
    - IHCP invoice
    - FIN-8000
    - ACS Check Logs
    - SB interest invoice
    - FIN-8000
    - FIN-8003
    - Copies of letters to providers who received claim interest in error
    - ARCH invoice
    - FIN-8002
    - Package C invoice
    - FIN-8003
    - 590 invoice
    - FIN-8004

15. Photocopy the invoice. Make the following number of copies:

- Make two complete copies of the items in number 14. One set is retained for the accountant's bank reconciliation, and the other is filed in the *Program Funding* file folder for the corresponding year and quarter.
- Make one copy of the IHCP invoice, ACS Check Logs, SB Interest invoice, Package C invoice, ARCH invoice, and 590 invoice for the MAR analyst.
- Make two copies of SB interest invoice with the *FIN-8000, FIN-8003*, and provider interest letters. One copy is filed in the *Interest* file folder for the year, notating the date the invoice was forwarded for processing. Weekly, the accountant forwards the *Interest Invoice* to the administrative team for processing, attention to Marla Isaacs. An example of the interest invoice is located in *Appendix A, Figures A.21, and A.22*.

16. Send the original invoice to Family and Social Service Administration, Budget Section, by 1 p.m. Monday.

Bank Reconciliation Process

The following flow chart represents the process for completing the monthly bank reconciliation for the IHCP Control Disbursement Account. The monthly reconciliation includes the following:

- Data collection and entry in *Indiana*AIM *Bank Reconciliation* windows
- Report generation
- Research and resolution of any differences

The accountant, based on information provided from Indiana*AIM* and HNB, performs a monthly reconciliation. On the last day of the reconciling period, the financial analyst prints all reports and backup documentation to be used during the reconciling process.

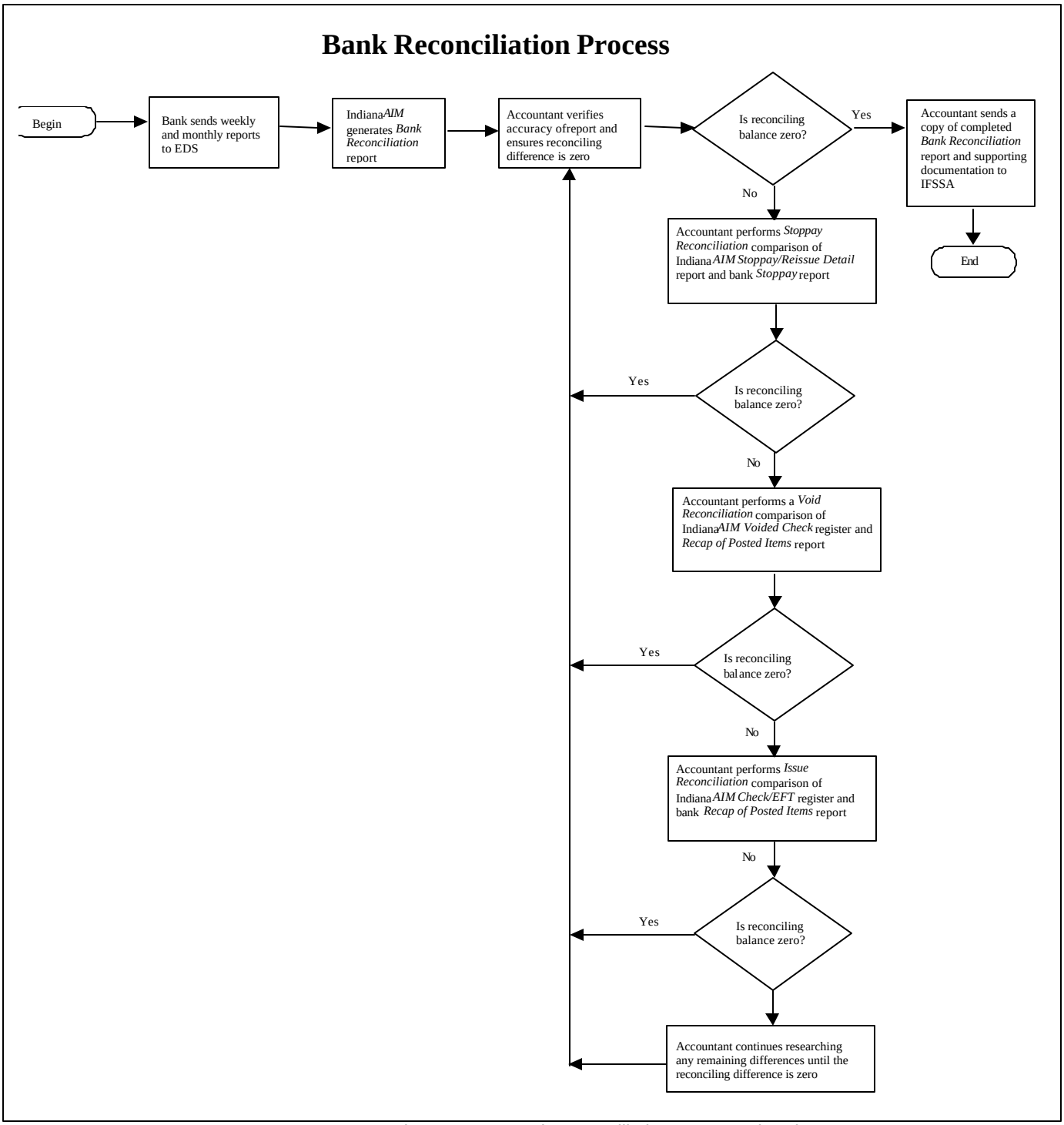


Figure 2.95 – Bank Reconciliation Process Flowchart

Access Automated Bank Reconciliation Reports in Indiana*AIM*

To access the *Automated Bank Reconciliation* reports in Indiana*AIM*, complete the following steps:

1. At the main menu, to access the *Financial* menu, click **Financial**. The *Financial* menu displays.

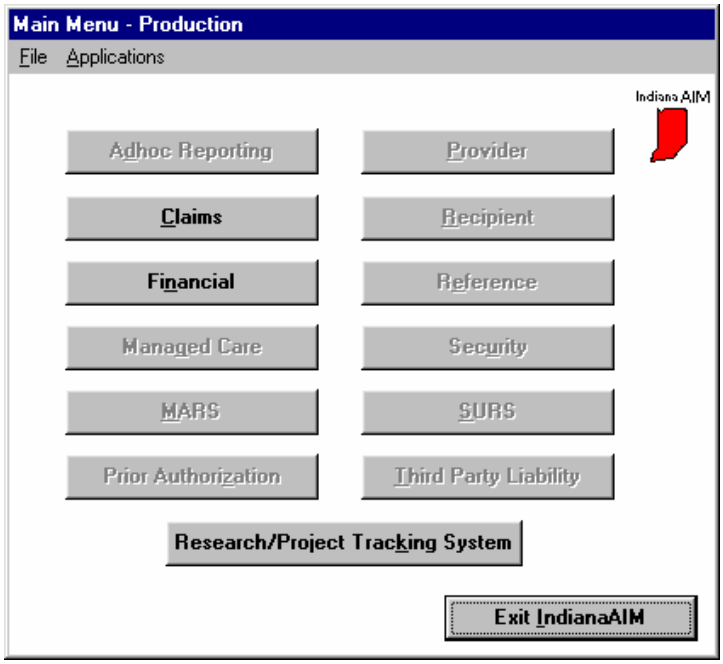


Figure 2.96 – Main Menu – Production Window

2. At the *Financial* menu, click **Bank Information**. The *Bank Information* menu displays.

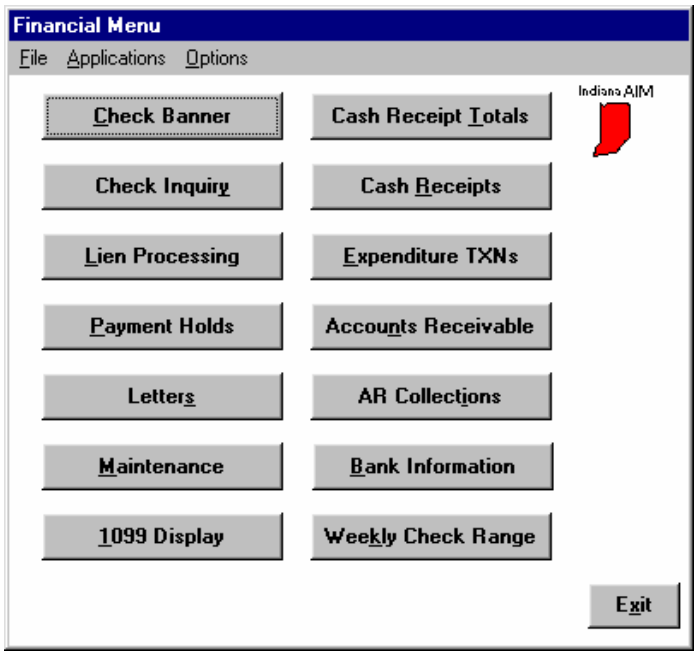


Figure 2.97 – Financial Menu Window

3. At the *Bank Information* menu, click **Bank Recon Reports.** The *Bank Reconciliation Date Setup* window displays.

Figure 2.98 – Bank Information Menu Window

4. At the *Bank Reconciliation Date Setup* window, click the **Month** and **Year** to review from the dropdown menus.

5. To access the *ABR General Ledger* window, click **Summary**.

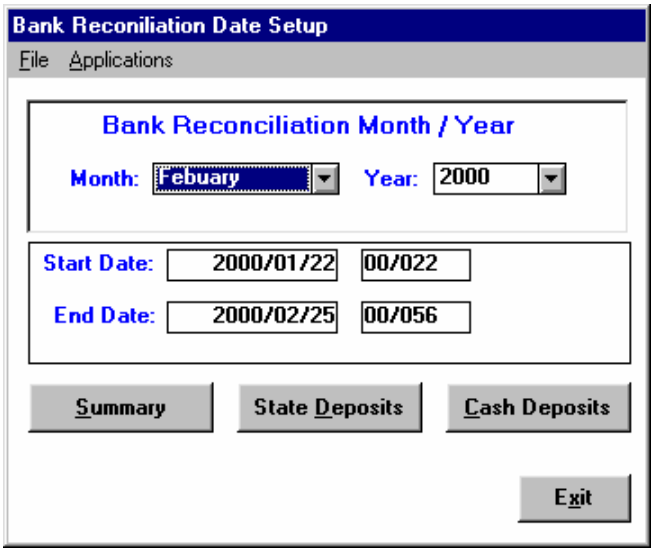


Figure 2.99 – Bank Reconciliation Date Setup Window

6. The *Bank Reconciliation General Ledger* window displays.
7. To obtain a copy of the general ledger for the period, click **Print**.

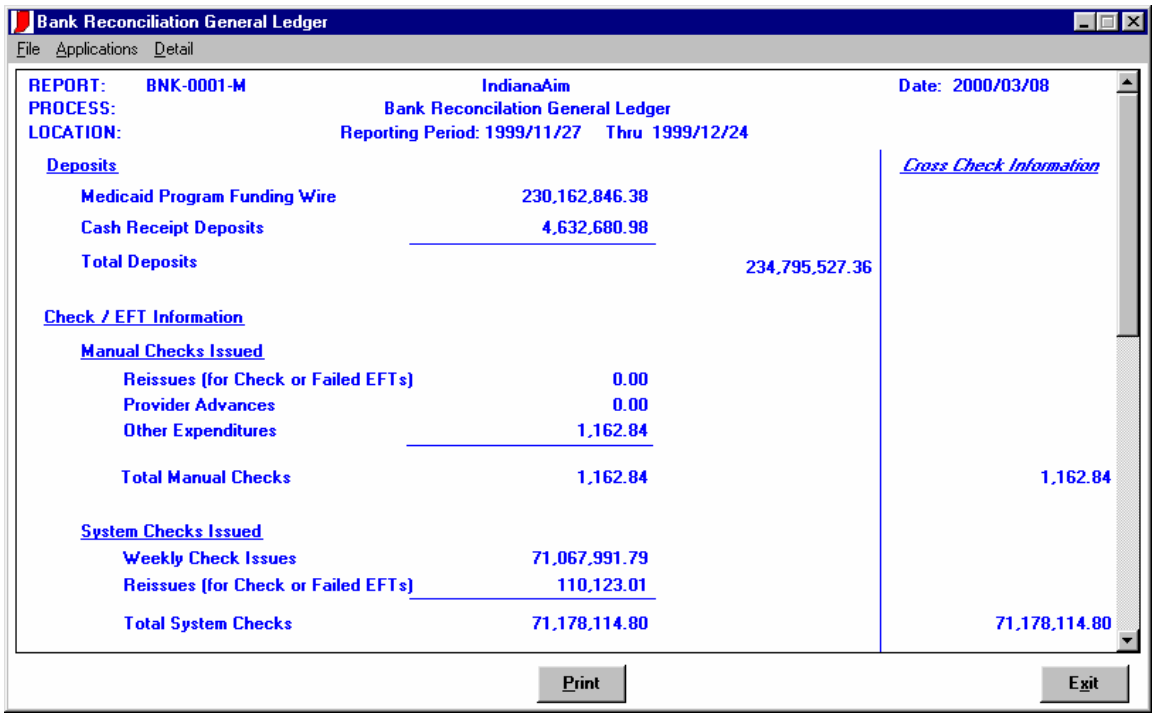


Figure 2.100 – Bank Reconciliation General Ledger Window

8. To access the detail for each category, at the tool bar, click **Detail**.

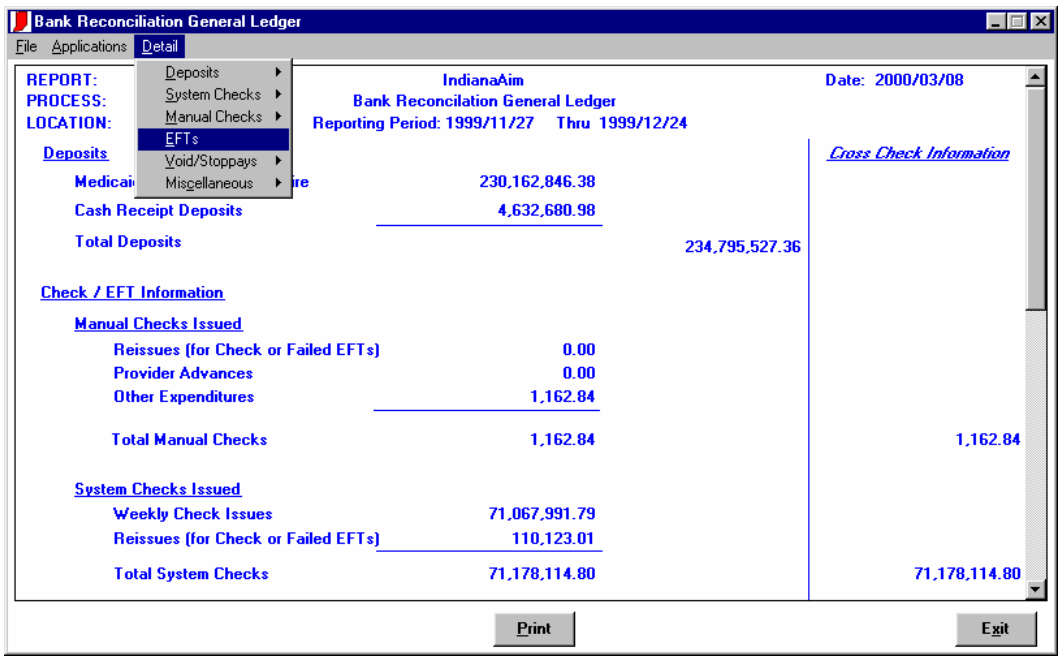


Figure 2.101 – Bank Reconciliation General Ledger Window

9. Select the type of information to review.

The level of detail includes the following:

Deposits	Report Numbers
IHCP Funding	BNK-0002-M
Cash Receipt Deposit	BNK-0003-M

System Checks	Report Numbers
System Reissues	BNK-0115-M
System Checks	BNK-0114-M

Manual Checks	Report Numbers
Manual Reissues	BNK-0111-M
Provider Advances	BNK-0112-M
Other Expenditures	BNK-0113-M

EFTs	Report Number
EFTs Issued	BNK-0116-M

Voids/Stop-pays	Report Numbers
Checks Voided with Reissue	BNK-0106-M
Checks Voided without Reissue	BNK-0107-M
Checks Stopped	BNK-0108-M
EFTs Voided with Reissue	BNK-0109-M
EFTs Voided without Reissue	BNK-0110-M

Miscellaneous	Report Numbers
Outstanding Checks	BNK-0104-M
Outstanding EFTs	BNK-0105-M
Encoding Errors	BNK-0100-M
Bank Paid/No Issue	BNK-0101-M
(Timing) Void in Period/Reissue Not	BNK-0102-M
(Timing) Reissue in Period/Void Not	BNK-0103-M

Note: The ABR General Ledger and all supporting backup information must be printed on the statement month-end so comparison between ABR and HNB is for the same point in time.

Printing Supporting Documentation

To print documentation, complete the following steps

1. From the *Bank Reconciliation General Ledger* window, click **Detail**
2. Click **Category** to review.
3. Click **Print** to obtain a copy of the Bank Reconciliation Manual Check Other Expenditures Detail.
4. To return to the *Bank Reconciliation General Ledger* window, click **Exit.**

Note: Use this process to print all backup documentation.

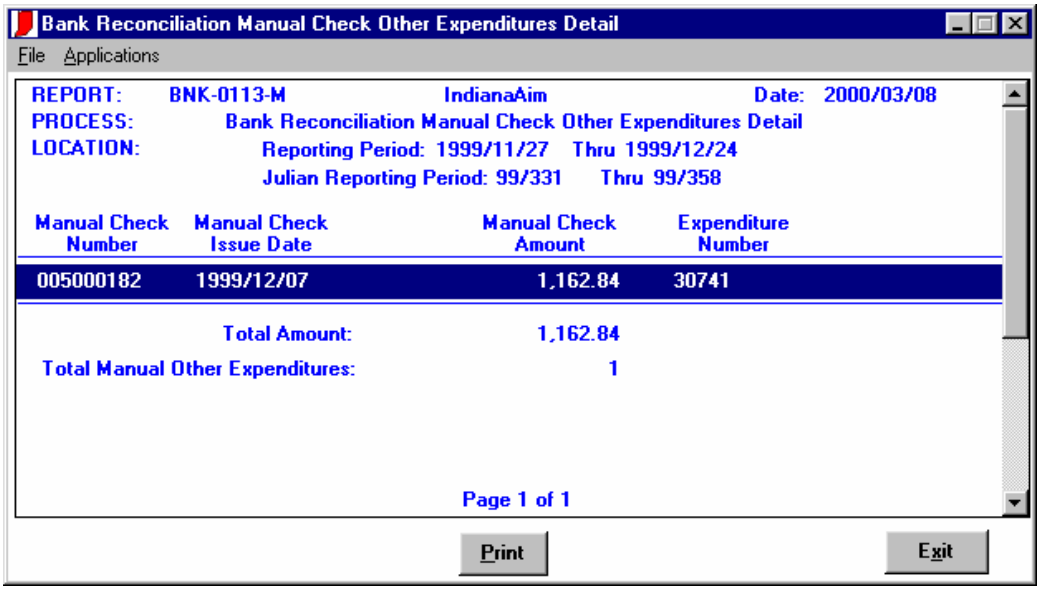


Figure 2.102 – Bank Reconciliation Manual Check Other Expenditures Detail Window

Printing Cash Receipt Backup Documentation

To print documentation for Cash Receipt Backup, complete the following steps:

23. At the *Bank Reconciliation Date Setup* window, click the **Month** and **Year** to review, using the dropdown menus.

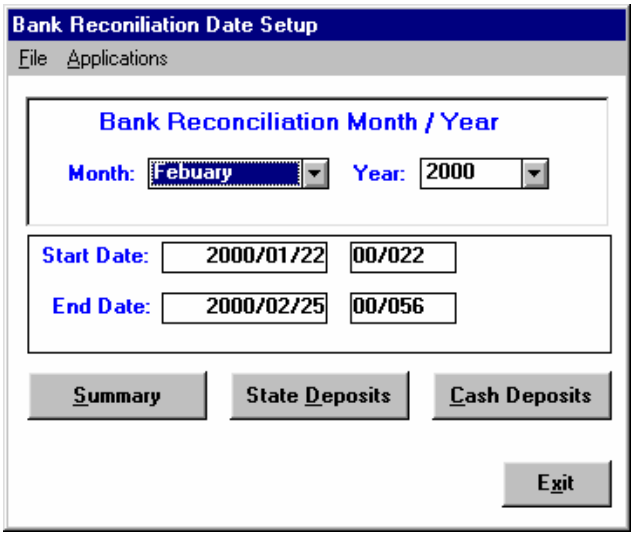


Figure 2.103 – Bank Reconciliation Date Setup

24. Click **Cash Deposits**. The *Bank Reconciliation Summary Cash Deposit Log* displays.

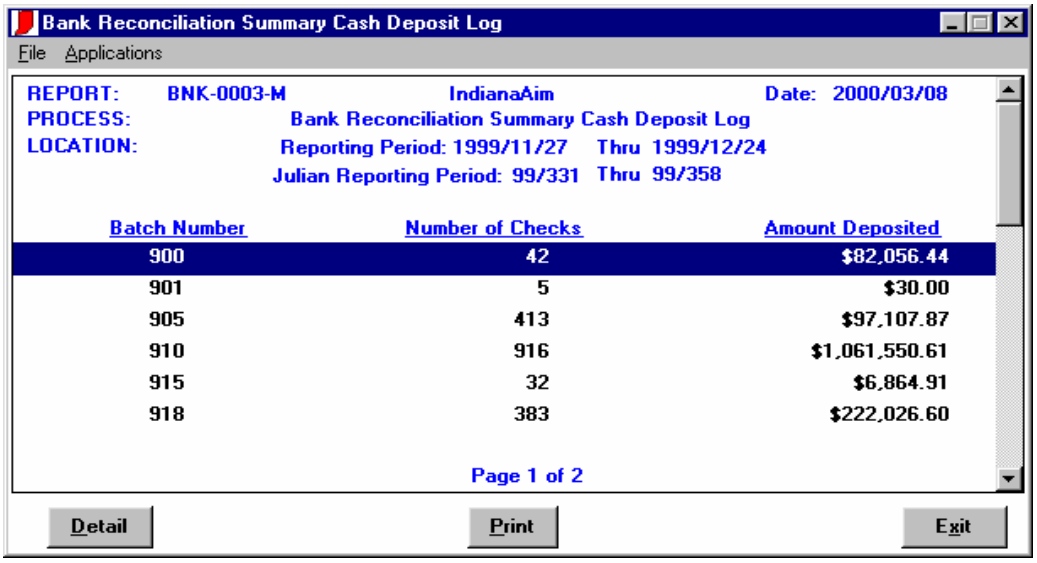


Figure 2.104 – Bank Reconciliation Summary Cash Deposit Log

25. To obtain a copy of the log for the current month, click **Print**.
26. To obtain detail of every CCN entered for the month for a specific batch, highlight the batch range and click **Detail.**
27. To return to the *Bank Reconciliation Date Setup* window, click **Exit**.

Printing State Deposit Documentation

To obtain information about the *Medicaid Wire Transfer* requests for the current month, complete the following steps:

1. At the *Bank Reconciliation Date Setup window*, click the **Month** and **Year** to review using the dropdown menus.

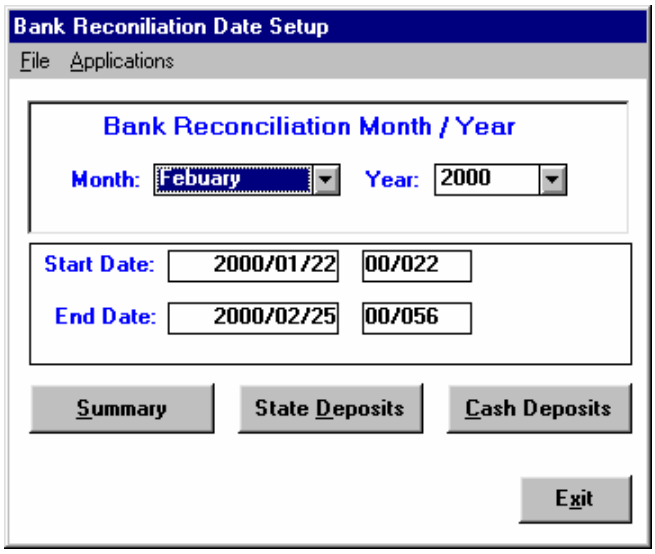


Figure 2.105 – Bank Reconciliation Date Setup

2. Click **State Deposit**.
3. To obtain a copy of each day's *New Wire Transfer* request for the current month, at the *Bank Reconciliation Summary State Wire Deposit Log* window, click **Print**.

4. To obtain detail for that day's transfer, click **Detail** and highlight the transfer date.

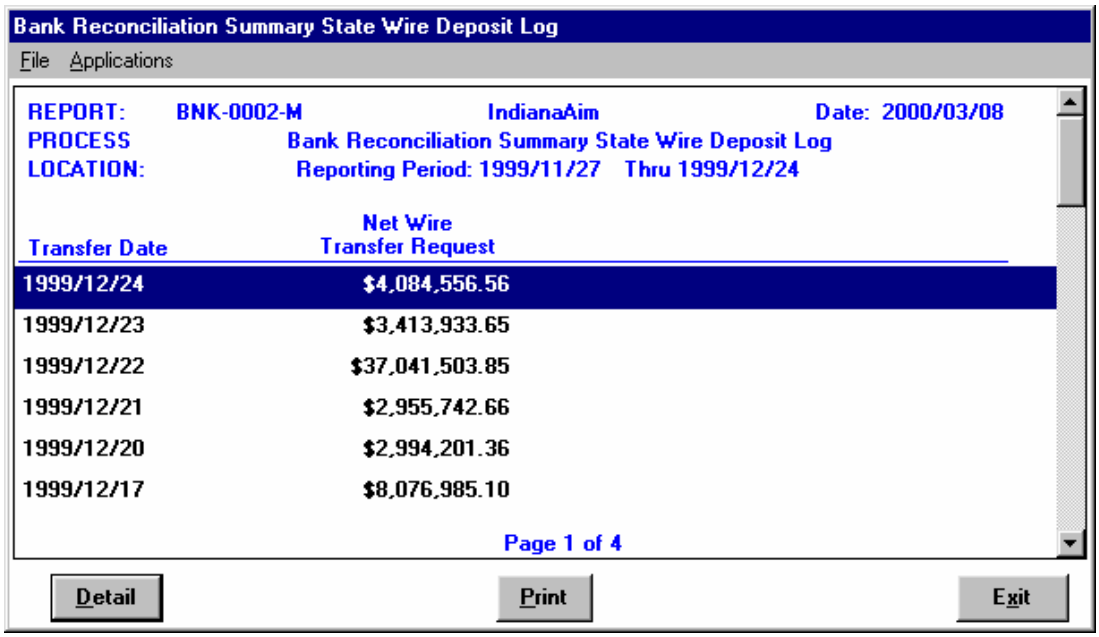


Figure 2.106 – Bank Reconciliation Summary State Wire Deposit Log

5. To return to the *Bank Reconciliation Date Setup* window, click **Exit**.

Bank Reconciliation Procedures

Beginning Book Balance

On January 1, 1999, the CDA was created, and the beginning balance for the account was zero for the first reconciliation. For all subsequent months, the last month's ending account balance for the previous month becomes the beginning balance for the current month.

Deposits

Bank deposits come from the five different sources listed below:

- EDS Provider Lockbox (LB104)
- EDS Drug Rebate Lockbox (LB91)*, which was end-dated in December 2002
- HMS Lockbox (LB56)
- HCE Wire Transfer Receipts for Surveillance Utilization Review Audits
- ACS Wire Transfer Receipts for Drug Rebate
- Myers and Stauffer Wire Transfer Receipts for Payment Integrity Program
- Medicaid Program Funding Wires

- Lockbox Deposit Information

Lockbox Deposits

All lockbox deposits are made directly to the CDA account at HNB daily. The bank is responsible for opening all envelopes, photocopying all checks, ensuring original documentation remains with the check copy, and depositing all appropriate checks.

- EDS Lockbox – EDS Provider Lockbox (LB104) receives checks to satisfy outstanding A/Rs, correct billing errors, and settle casualty cases.
- HMS Lockbox – HMS has been subcontracted by EDS to handle all refund checks as a result of third party liability billing to insurance companies. All checks are received at HNB in the HMS Lockbox (LB56).
- Wire Transfers for HCE, ACS, and Myers and Stauffer – A check log is forwarded to EDS detailing checks received for each day of the week; this log is e-mailed to EDS' accountant daily. When the monies become available in the other contractor's bank account, the monies are wired to EDS where a comparison between check logs and wires is confirmed. Any discrepancies are noted and the EDS account notifies the appropriate contractor.
- Medicaid Program Funding Wires – Medicaid Program Funding Wires are requested daily by an accountant at EDS. A window has been developed within Indiana*AIM* for use as a *Medicaid Wire Transfer Request* form. An example of the form is located in *Appendix A, Figure A.2*. This online form provides a permanent record of approved requests and transfers to the Medicaid account. Additional information about funding can be found in section about program funding in this manual.
- Deposit Summary – The *Bank Reconciliation General Ledger Report (BNK-0001-M)* summarizes the deposit activity reflected in Indiana*AIM* for the current month. All cash receipts received by EDS, HCE, and HMS are separated by batch numbers that identify the different types of checks received each day. An example is located in *Appendix A*. The *Cash Receipt Deposit Log (BNK-0003-M)* and the *Bank Reconciliation Detail Cash Deposit Log (BNK-0004-M),* list each batch range and each cash receipt received for the batch range during the period, and is obtained from Indiana*AIM*. The batch ranges allow Indiana*AIM* to separate cash receipts based on check type.

Deposit Reconciliation Procedures

The deposit reconciliation consists of two parts:

- Reconciliation of lockbox deposits received by HNB to cash receipts reported in ABR
- Reconciliation of *Medicaid Wire Transfer Requests* to actual wires received from HNB.

Before the reconciliation process can begin, it is necessary to gather the appropriate documentation. Examples of the appropriate documentation are located in *Appendix A*. The documentation must include the following:

- *Medicaid Wire Transfer Requests* for the current month. An example of this is located in *Appendix A, Figures A.2 – A.8*.
- *HMS Deposit Logs*. An example of this is located in *Appendix A, Figure A.29 and A.30*.

- *Wire Transfer Daily Check Reconciliation* forms for HCE, ACS, and Myers & Stauffer. An example of this is located in *Appendix A, Figure A.31*.
- *Deposit Logs (ADJ-0002-D)* generated from Indiana*AIM* for each deposit day during period. An example of this report is located in *Appendix A, Figure A.32*.
- *Cash Receipt Deposit Log (BNK-0003-M)* from ABR. An example of this report is located in *Appendix A, Figure A.33.*
- *Cash Receipt Detailed Deposit Log (BNK-0004-M)* for each batch range from ABR. An example of this report is located in *Appendix A, Figure A.34.*
- *Huntington National Bank Wire Confirmations.* An example of this report is located in *Appendix A, Figure A.35.*
- See *Appendix A, Figure A.36* for example of *Deposit Reconciliation* worksheet

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Lockbox and Wire Transfer Reconciliation Procedures

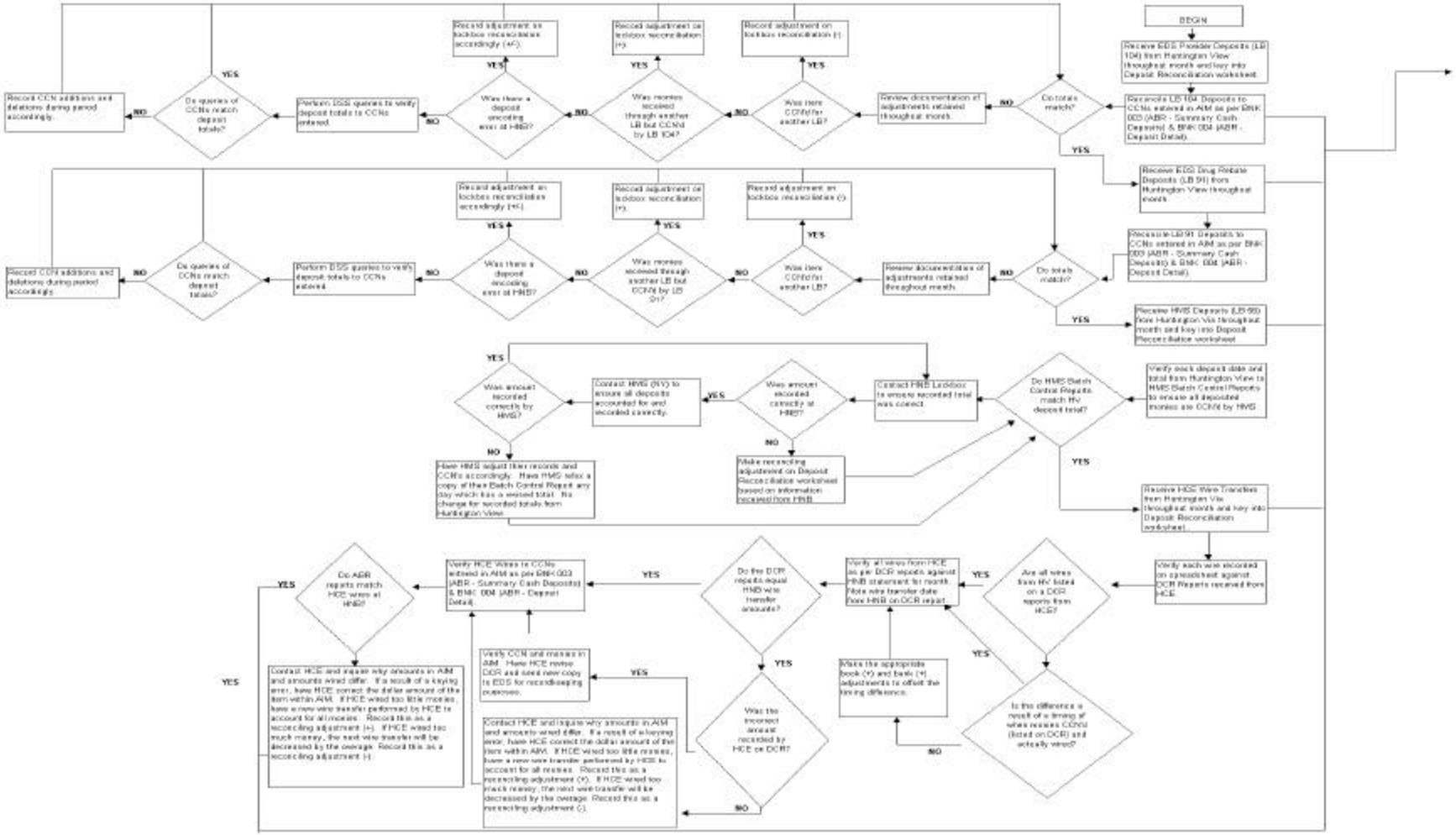


Figure 2.107 – Lockbox and Wire Transfer Reconciliation Procedures Flowchart

When the information is compiled, the deposit reconciliation process can be completed using the following procedures:

- Attached to each *Medicaid Wire Transfer Request* form is a deposit schedule that totals all cash receipts or wires received that day per Huntington View. Type all deposits for EDS provider, ACS, HMS, Myers and Stauffer, LC, and HCE in the appropriate dates and categories. An example of this is located *in Appendix A, Figure A.3*. An example of the *Medicaid Wire Transfer Request* is located *Appendix A, Figure A.2*.
- After the deposit information from Huntington View is typed on the deposit reconciliation schedule, each lockbox total (EDS Provider, ACS Drug Rebate, and HMS) and wire totals (HCE, ACS, and Myers and Stauffer, LC) must be reconciled.

1. To reconcile EDS Provider Deposits (LB104)**,** it is necessary to have the *Summary of Cash Deposits (BNK-0003-M)* in ABR and the *Detail of Cash Deposits (BNK-0004-M)* in ABR for the following batch ranges: 900, 901, 905, 910, 915, 920, 940, 946, and 965.
2. Create a mini-reconciliation that compares ABR batch range totals to the total deposits received through EDS Provider Lockbox (LB104*)*. An example of the mini reconciliation is located in *Appendix A, Figure A.37*.
3. If totals are equal, no further action is necessary. If the totals do not match, take the following steps:
   - Identify if any monies received through EDS Provider Lockbox (LB104) were intended for another lockbox and given CCNs with that batch range creating negative lockbox adjustment.
   - Identify if monies were received through another lockbox were intended for EDS Provider Lockbox (LB104) and given CCNs with an EDS Provider Lockbox (LB104) batch range creating a positive lockbox adjustment.
   - Determine if there were any encoding errors performed at HNB during deposit. Review the HNB statement and deposits for LB104 to reveal any discrepancies. Record lockbox adjustment accordingly, either negative or positive, depending upon the situation.
   - Perform DSS queries to verify deposit totals to CCNs entered in Indiana*AIM*. Record any CCN additions or deletions for the period in the section about lockbox adjustment.
4. To reconcile HMS Lockbox (LB56), it is necessary to have the *HMS Batch Control* reports for the current period.
5. Compare each deposit date and total from Huntington View to the *HMS Batch Control* reports to ensure all deposited monies are given CCNs by HMS.
6. If totals match, no further action is necessary. If totals do not match perform the following:
   - Contact the HNB Lockbox to ensure recorded total at the bank was correct. If a difference is discovered at HNB, record this amount as a reconciling adjustment on the *Deposit Reconciliation* worksheet. **Adjustments are posted during current period of discovery.**
   - Contact HMS in New York to ensure all deposits were accounted for and recorded correctly on the *Batch Control Reports*. If a difference is located, have HMS adjust records and CCNs accordingly. Have HMS fax a copy of the revised *Batch Control Report* for any day with a total that needs to be adjusted. In this case, no change to recorded totals at HNB is necessary.

7. To reconcile HCE Wires, it is necessary to have to have the *Summary of Cash Deposits (BNK-0003-M)* in ABR and the *Detail of Cash Deposits (BNK-0004-M)* in ABR for batch range 950 as well as the *Daily Check Reconciliation* forms from HCE for the month.

8. For wire transfers received from ACS, HCE, and Myers and Stauffer, LC, verify each wire recorded on the *Deposit Reconciliation* worksheet against the *Daily Check Reconciliation (DCR)* forms received from HCE, ACS, and Myers and Stauffer, LC, throughout month. If amounts equal, proceed to Step 11. If there is a difference determined if the difference is the result of a timing error and the monies were given a CCN and listed on the DCR one month but wired to EDS in the previous or the future month. Make the appropriate adjustments to offset the timing difference.

9. Verify that the DCR forms match the HNB wire transfer amounts listed on the statement. If the amounts are equal, proceed to Step 12. If there is a difference, determine if the correct amount was listed on the DCR. If not, contact the appropriate State contractor and inquire why the amounts are different. If the error is the result of a typing error, the contractor must correct the dollar amount on the DCR and send a revised copy to EDS. If the contractor did not wire enough money, a new wire transfer must be sent by the contractor to account for the difference. Record this as a positive reconciling adjustment. If the contractor wired too much money, the next wire transfer is decreased by the overage. Record this as a negative reconciling adjustment.

10. Verify HCE wires to CCNs entered in Indiana*AIM* as per *ABR – Summary of Cash Deposits (BNK-0003-M)* and *Deposit Detail (BNK-0004-M*). If the amounts match, no further action is necessary. If the amounts differ, contact HCE to determine why CCNs in Indiana*AIM* and wire amounts are not the same. If the error is a result of a typing error, have HCE correct the dollar amount on the DCR and send a revised copy to EDS. If HCE did not wire enough money, HCE must send a new wire transfer account for all the money. Record this as a positive reconciling adjustment. If HCE wired too much money, the next wire transfer is decreased by the overage. Record this as a negative reconciling adjustment.

Procedures for Reconciling Deposits in Indiana *AIM* to Cash Receipts Received at HNB

Reconciliation of Program Funding Wire Requests to Wires Received from HNB

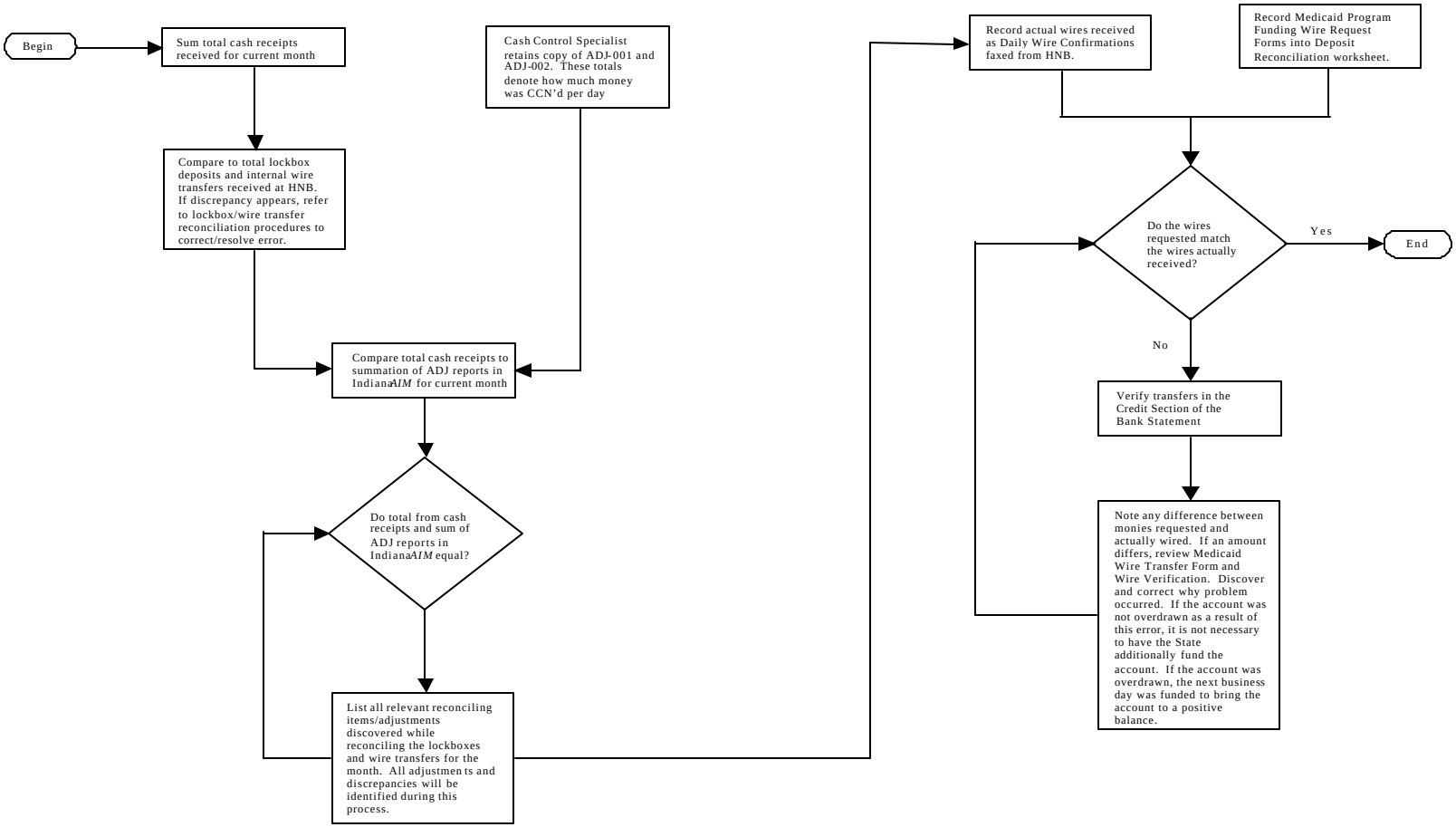


Figure 2.108 – HNB Reconciliation Flowchart

11. Reconcile the deposits in Indiana*AIM* to the cash receipts received at HNB.
    - Add the cash receipts received to obtain the total for the current month.
    - Compare the total lockbox deposits and internal wire transfers received at HNB. If a discrepancy appears, refer to the lockbox and wire transfer reconciliation procedures to resolve the error.
    - Record all deposit logs, *ADJ-0002-D* for the month in fields for the corresponding days. The totals represent how much money was given a CCN each day.
    - Compare total cash receipts to the summation of the daily deposit logs. If the totals equal, proceed to Step 4. If there is a discrepancy in the totals, refer to lockbox and wire transfer reconciliation, located in the *Deposit Reconciliation Procedures*, Step 2. List all reconciling items and adjustments, with the exception of CCN additions and deletions that were discovered while reconciling the lockboxes and wire transfers for the month in the *Program Funding Refund Reconciliation* and in the *Book Adjustment Description* in the *Total Book Deposit* column. All adjustments and discrepancies are identified during this process.
12. Reconcile *Medicaid Program Funding Wire Requests to Wires* received at HNB.
    - Record Medicaid Program Funding Wire Request forms on the Deposit Reconciliation worksheet.
    - Record actual wires received per the wire confirmation faxes received from HNB daily.
    - Compare the wire requests to actual wires received. If the totals match, proceed to step 13.
    - If the totals do not match, review the Credit Section of HNB statement and verify day-by-day wire credits received from the State. Note any difference.
    - Note any difference between money requested and money actually wired in *Total Bank Deposit* column. If an amount differs, review the *Medicaid Wire Transfer Request* form and *HNB Wire Confirmations.* Discover and correct why the problem occurred. If the account was not overdrawn as a result of this error, it is not necessary to have the OMPP provide additional funds. If the account was overdrawn, the OMPP provided additional funds the next business day to bring the account to a positive balance.
13. Record lockbox deposits, regular deposits, and wire transfers from HNB statement in *Total Bank Deposit* column.
14. Complete Steps 1 through 3 until the reconciling difference is zero. An example is located in *Appendix A, Figures A.39 and A.40.*

Checkwrite and Electronic Fund Transfer Issues

The provider has two primary methods of receiving payment from the IHCP, a system-generated check or an EFT. A system-generated check is produced weekly following the completion of the weekly financial cycle, which occurs on Friday evenings. Checks are printed along with RAs for each provider weekly. The provider check is attached to the correct RA and mailed by Tuesday of the following week. Many providers use EFT payments as a much more efficient payment option. Instead of receiving a physical check, the funds are deposited directly into the bank account of the provider every Wednesday. There is no time delay for mail delivery. An RA is printed for each provider and mailed to the practice to verify the accuracy of billing and payment for each facility.

System Checks and Claim Payments

Every system check generated is listed on the *FIN-6005, Medicaid Check Register Report*. An example of this report is located in *Appendix A, Figure A.41*. The reports are separated by weekly financial cycles and provides the check number, check date, provider number, provider name, and check amount for each payment. The bottom of the report lists the total dollar amount for system-generated checks printed during a particular week.

Electronic Funds Transfers

All EFTs sent to providers for claim payments are listed on the *FIN- 6006, Electronic Funds Transfer Activity Report*. An example of this report is located in *Appendix A, Figure A.42*. Like the *FIN-6005*, the EFT reports are separated by weekly financial cycles. The report includes the account identification number, account name, bank routing and transit numbers, account number, EFT transaction number, and EFT amount. The total dollar amount is on the last page of the report.

Manual Checks

A less common method for providers to receive payment is with the issuance of a manual check. A provider sometimes requests a partial payment and repayment agreement from IHCP to meet various business expenses. After providing the appropriate documentation, the OMPP approves the partial payment and a manual check is prepared for the provider. An A/R is established in order to recoup the partial payment. All partial payments are recorded on the *FIN-6005, Medicaid Check Register* report. In addition, system generated checks are sometimes destroyed or mutilated during the printing and are replaced with a manual check if the provider cannot wait until the processing of the next financial cycle. This expedites payments that are not received when expected that may impair the financial operation of a provider or facility. All manual checks are recorded on the *FIN-6005, Medicaid Check Register* report. An example of this is located in *Appendix A, Figure A.41*.

Check/EFT Issue Summary

All the methods for distributing payments are described in this section. All manual checks, system checks, and failed EFT replacement checks are detailed and subtotaled on the *FIN-6005, Medicaid Check Register*. An example of this is located in *Appendix A, Figure A.41*. EFT payments are totaled on the *FIN-6006, Electronic Funds Transfer Activity* report. An example of this is located in *Appendix A, Figure A.42*. Checks that were stopped and reissued are detailed and totaled on the *FIN-6007, Stop-pay Reissue Detail Report*; however, the actual check reissuance appears on the *Medicaid Check Register (FIN-6005)*. An example of this is located in *Appendix A, Figure A.43*. Refer to the void and stop-pay reissue procedures for further information. An example of all reports is located in *Appendix A*.

Checkwrite Issues Reconciliation Procedures

Before the checkwrite issues reconciliation process can begin, it is necessary to gather the appropriate documentation. Examples of all reports are located in *Appendix A*. The documentation includes the following:

- *Medicaid Check Registers (FIN-6005)* for the current month. An example of this is located in *Appendix A, Figure A.41*.
- *Manual Check Log* for current month. An example of this is located in *Appendix A, Figure A.44*
- Recap of Posted Items Report from HNB. An example of this is located in *Appendix A, Figure A.45*.
- Refer to *Appendix A, Figure A.46* for an example of the *Issues Reconciliation* worksheet.

Checkwrite Issues Reconciliation Procedures

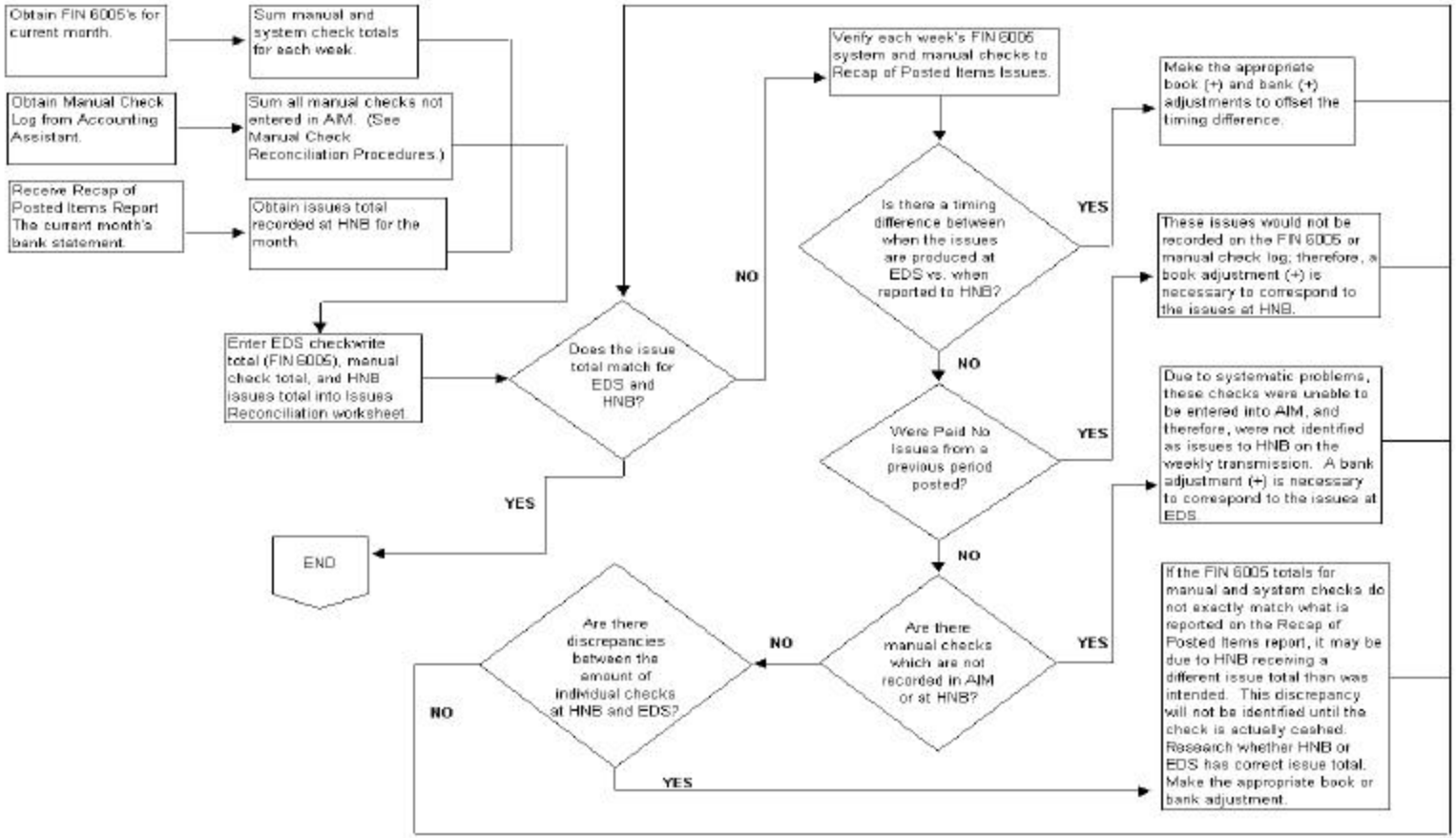


Figure 2.109 – Checkwrite Issues Reconciliation Procedures Flowchart

After the documentation is compiled, the checkwrite reconciliation process can be completed using the following procedure:

1. For every week, add the manual and system checks on the *Medicaid Check Registers (FIN-6005)*. Type the **weekly total** in the *Check Register* column in the *Issues Reconciliation* worksheet.
2. Verify all the manual checks on the *Manual Check Log* are entered in Indiana*AIM*. If any checks are listed on the *Manual Check Log* but are not entered in Indiana*AIM*, type these items in the *Manual Check Log* column on the *Issues Reconciliation* worksheet. Research the reason any manual check was not entered in Indiana*AIM*. If all checks are listed on the *Manual Check Log* and are entered in Indiana*AIM*, no action is necessary.
3. The column labeled *Total Checks Issued* sums the manual and system check issues from the *Medicaid Check Register (FIN-6005)* and the check issues not entered in Indiana*AIM* from the *Manual Check Log*.
4. Enter the total amount of check issues received at HNB in the *Recap of Posted Items* column in the *Issues Reconciliation* worksheet. This number is obtained from the *Recap of Posted Items Report, Issues* column.
5. Compare the total checks issued from EDS to total issues received by HNB. If the totals match, the reconciliation is complete. If there is a difference, compare each week's *FIN-6005* manual and system check totals to each line item on the *Recap of Posted Items* report. This comparison reveals all adjustments. The following lists each adjustment.
   - A timing difference between when issues were produced at EDS and transmitted to HNB. The appropriate positive book and positive bank adjustments would be recorded to offset the timing difference.
   - Items that were Paid No Issues in a previous month may have issues posted during the current period and is a reconciling adjustment. These issues would not be recorded on the *Medicaid Check Register (FIN-6005)* or the manual check log; therefore, a book adjustment is necessary to correspond to the issues at HNB.
   - Sometimes manual checks recorded on the *Manual Check Log* are not recorded in Indiana*AIM* or at HNB. Due to systematic problems, these checks not entered in Indiana*AIM* and therefore, are not identified as issues to HNB on the weekly issue transmission. A positive bank adjustment is necessary to correspond to the issues at EDS.
   - Discrepancies between the dollar amount of a check at EDS and HNB are revealed. If the *Medicaid Check Register (FIN-6005)* totals for manual and system checks do not exactly match what is reported on the *Recap of Posted Items* report, it may be due to HNB receiving a different issue total than was intended. This discrepancy is not identified until the check is actually cashed. Determine whether HNB or EDS has the correct issue total. Make the appropriate book or balance adjustment.

Continue the process identified in Step 5 until all reconciling differences have been adjusted and a zero difference balance is achieved.

Electronic Fund Transfer Issues Reconciliation Procedures

Before the EFT issues reconciliation process can begin, it is necessary to gather the appropriate documentation. An example of all documentation is located in *Appendix A*. The documentation includes the following:

- *Electronic Funds Transfer Activity Report (FIN-6006)* for current month. An example of this is located in *Appendix A, Figure A.42*.
- HNB Statement. An example of this is located in *Appendix A, Figure A.47*
- Refer to *Appendix A, Figure A.46* for example of the *Issues Reconciliation* worksheet.

EFT Issues Reconciliation Procedures

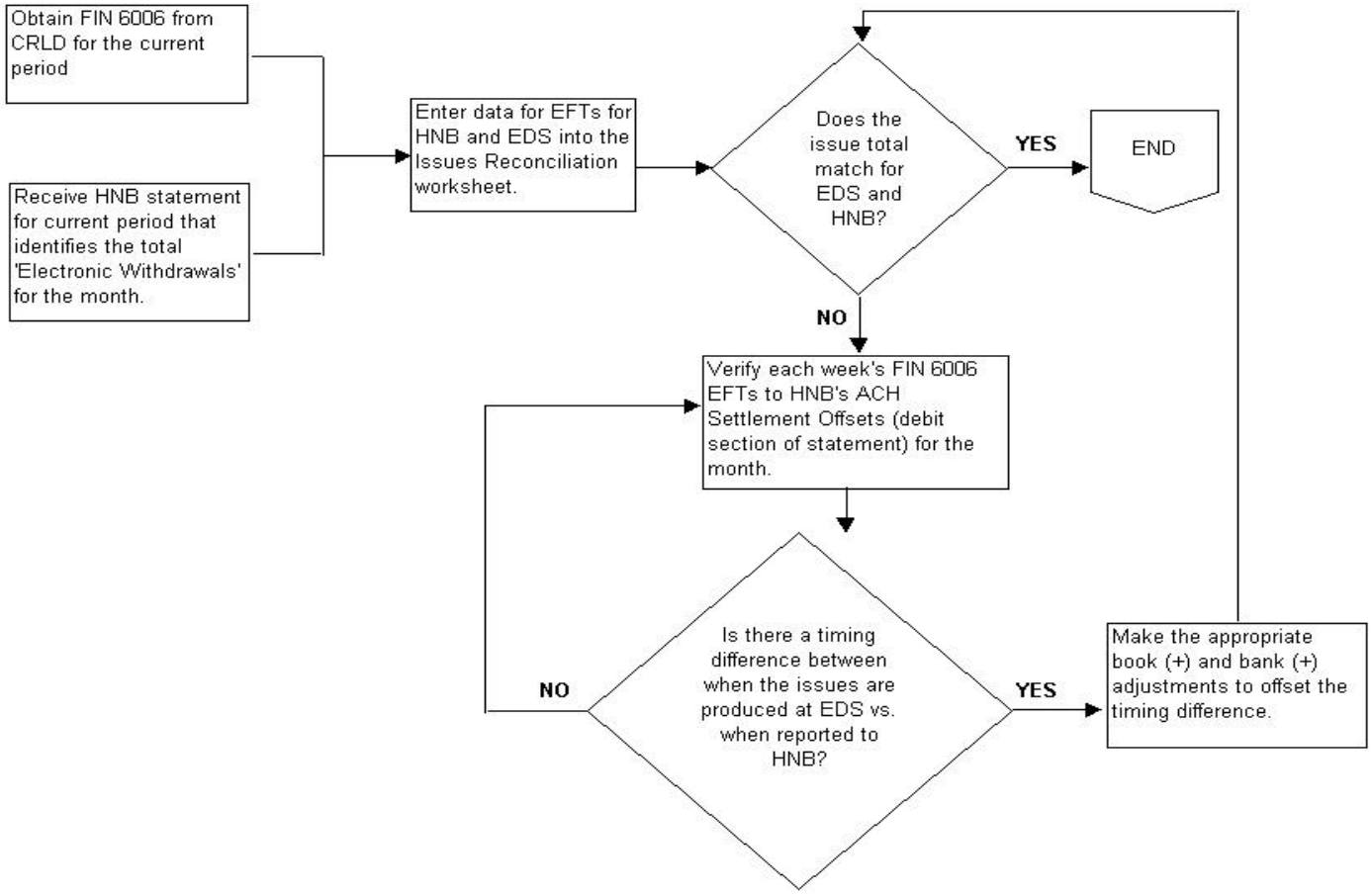


Figure 2.110 – EFT Issues Reconciliation Procedures Flowchart

When the information is compiled, the EFT reconciliation process can be completed using the following procedures:

1. For every week, type the total EFTs issued by EDS in the *EFT Activity Report* column in the *Issues Reconciliation* worksheet.
2. Type the total electronic withdrawals from the HNB statement in the *Bank Account Summary Electronic Withdrawals* column on the *Issues Reconciliation* worksheet.
3. Compare the total EFT issues recorded at EDS to the total EFT issues received and processed by HNB. If the totals match, the reconciliation is complete. If there is a difference, verify each week's *FIN-6006* EFT totals to the HNB ACH Settlement Offsets listed in the debit section of the statement, for the month. This comparison reveals all adjustments. The following list describes each adjustment:
   - A timing difference between when EFT issues were produced at EDS and transmitted to HNB. The appropriate positive book and positive bank adjustments would be recorded to offset the timing difference.
   - Incorrect file totals sent to HNB. Contact the financial SE to investigate the discrepancy. Make the appropriate book and bank adjustment to correct the discrepancy.

Continue the process identified in Step 3 until all reconciling differences have been adjusted and a zero difference balance is achieved.

Total Issues per the Book versus Total Issues per the Bank Reconciliation

1. Carry forward all checkwrite issue book adjustments to the *Total Issues per the Book* column.
2. Carry forward all checkwrite is sue bank adjustments to *the Total Issues per the Bank* column.
3. Carry forward all EFT issue book adjustments to the *Total Issues per the Book column*.
4. Carry forward all EFT issue bank adjustments to the *Total Issues per the Bank* column.

The reconciliation should be complete at this point. *The Total Issues per the Book* should equal the *Total Issues per the Bank* because the checkwrite and EFT transactions were previously reconciled.

Manual Check Internal Control Reconciliation Procedures

The purpose of this reconciliation is to ensure all manual checks are entered in Indiana*AIM* and subsequently reported to HNB on the *Medicaid Check Register (FIN-6005)* through the weekly issues transmissions.

Before the checkwrite issues reconciliation process can begin, it is necessary to gather the appropriate documentation. An example of all documentation is located in *Appendix A*. The documentation includes the following:

- *Medicaid Check Registers (FIN-6005)* for current month. An example of this is located in *Appendix A, Figure A.41*.

- *Manual Check Log* for current month. An example of this is located in *Appendix A, Figure A.44*.
- *ABR – Manual Check Reissues Detail (BNK-0111-M)*. An example of this is located in *Appendix A, Figure A.48*.
- *ABR – Manual Check Provider Advance Detail (BNK-0112-M)*. An example of this is located in *Appendix A, Figure A.49*.
- *ABR – Manual Check Other Expenditure Detail (BNK-0113-M*). An example of this is located in *Appendix A, Figure A.50*.

Manual Check Internal Control Reconciliation Procedures

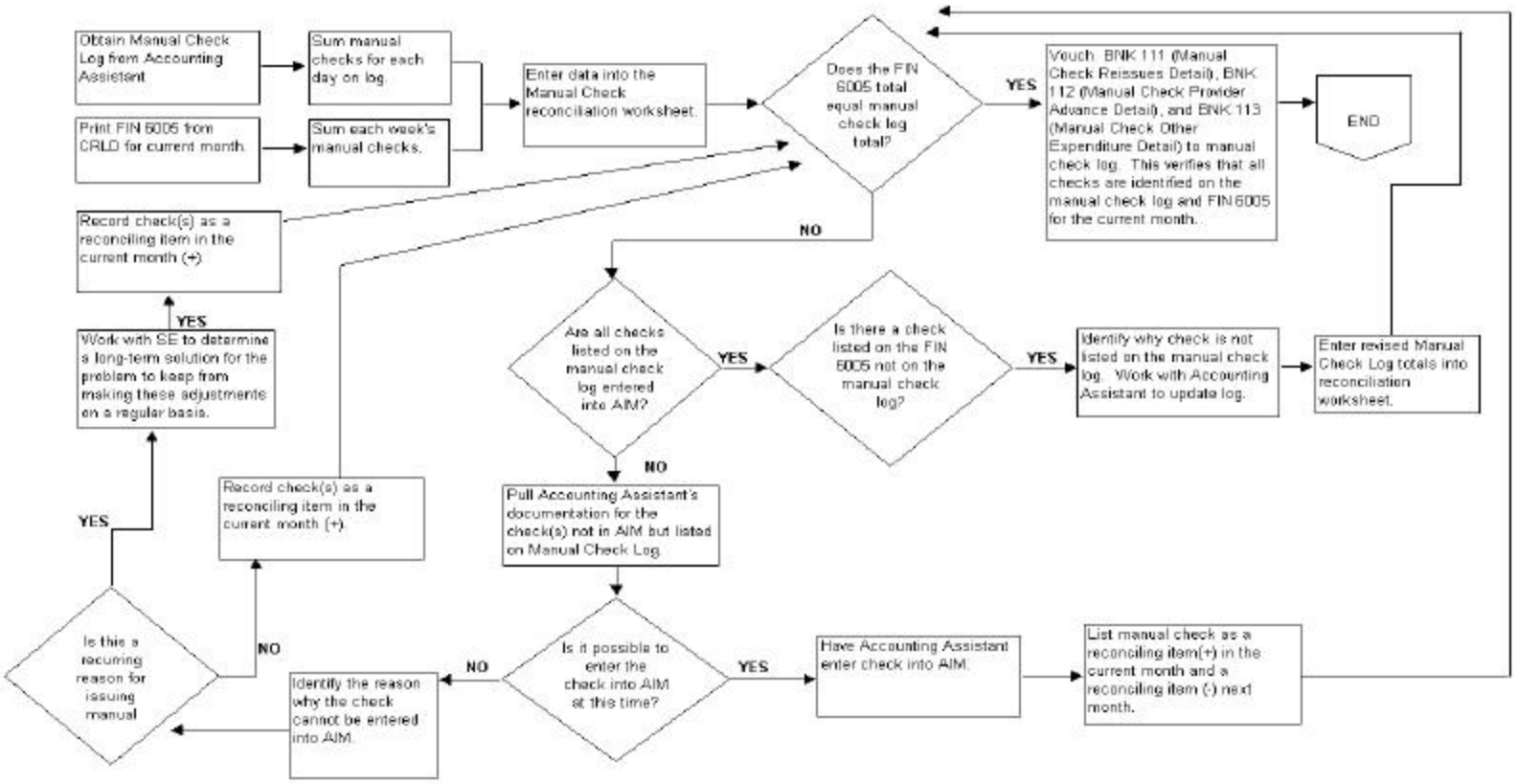


Figure 2.111 – Manual Check Internal Control Reconciliation Procedures Flowchart

When the information is compiled, the manual check reconciliation can be performed using the following procedures:

1. Sum the manual checks for each day on the *Manual Check Log*. Type the total for each day in the corresponding row, categorized by date, in the *Manual Check* column.
2. From the *Medicaid Check Register (FIN-6005)*, enter the total manual checks in the manual checks per the *Medicaid Check Register* column.
3. Compare the *FIN-6005* grand total to the *Manual Check Log* grand total. If total matches, proceed to Step 4. If a discrepancy occurs, the difference may be the result of one of the following errors:
   - Identify if all checks listed on the *Manual Check Log* are present in Indiana*AIM*. Verify if the check is listed on the *FIN-6005*. If check appears on the *FIN-6005*, proceed to Step 4. If all checks are not listed on the *FIN-6005*, work with the accounting assistant to determine the reason for the discrepancy. With the aid of the accounting assistant, enter the check in Indiana*AIM* and revise the *Manual Check Log* to reflect the changes. Revise the *Manual Check* column in the reconciliation worksheet to display the changes. If all checks on the *Manual Check Log* are not in Indiana*AIM*, proceed to the next step.
   - When it has been determined that all items listed on the *Manual Check Log* are not entered in Indiana*AIM*, pull accounting assistant's documentation for the checks not in Indiana*AIM*. Determine if it is possible to enter the check in Indiana*AIM*. If the check can be entered in Indiana*AIM*, have the accounting assistant record the check in the system. List the manual check as a positive reconciling item in the current month and a negative reconciling item in the next month. Proceed to Step 4. If the check cannot be entered in Indiana*AIM*, identify the specific systematic problem. If it is a recurring problem, work with a financial SE to determine a long-term solution for the problem so that manual adjustments are not necessary on a regular basis. For the current month, record the check as a reconciling item in the current month. If the problem is coincidental and not recurring, record the check as a positive reconciling item in the current month (+).
4. The *Manual Check Reissues Detail (BNK-0111-M)*, *Manual Check Provider Advance Detail (BNK-0112-M)*, and the *Manual Check Other Expenditure Detail (BNK-0113-M)* from the Automated Bank Reconciliation within Indiana*AIM* to the *Manual Check Log*. This verifies that all checks are identified on the Manual Check Log and *Medicaid Check Register (FIN-6005)* for the current month with the exception of the adjustments. Refer to *Appendix A*, *Figure A.51* for an example of the *Manual Check Internal Control* worksheet.

Stop Payments and Voids

Stops occur when a provider indicates a check was not received. If the provider has not received a check, a stop payment request is necessary so that a replacement check can be issued. If EDS has incorrectly issued a check, the stop payment request is necessary to keep the funds from being disbursed in error.

A provider can call the Provider Relations Unit to request a stop payment be placed on a check that was not received through the mail. For a payment to be reissued, the original check must be stopped in Indiana*AIM* by the accounting assistant, who then issues the provider a system generated replacement check. The check is produced after the next financial cycle is completed. The Finance Unit will not process a stop

payment if the requested mailing address is different from the *Pay To* address listed in *AIM*.

All checks are detailed on the *FIN-6007, Stop-pay Reissue Detail report*. An example of this report is located in *Appendix A, Figure A.43*. This report lists the original check number, original check date, reissue check number, reissue check date, payee identification number, payee name, check amount, reason code, and the date the action occurred.

Stop Reconciliation Procedures

Before the stop-pay reconciliation process can begin, it is necessary to gather the appropriate documentation. The documentation includes the following:

- Recap of Posted Items Report from HNB. An example of this is located in *Appendix A, Figure A.43*.
- *ABR – Stop Reissue Detail (BNK-0108-M)*. An example of this is located in *Appendix A, Figure A.52*.
- *Huntington View Stop Confirmation* reports for the current month. An example of this is located in *Appendix A, Figure A.53*.
- *Void and Stop-Pay Reconciliation* worksheet. Refer to *Appendix A, Figure A.54* for an example.

Stop Reconciliation Procedures

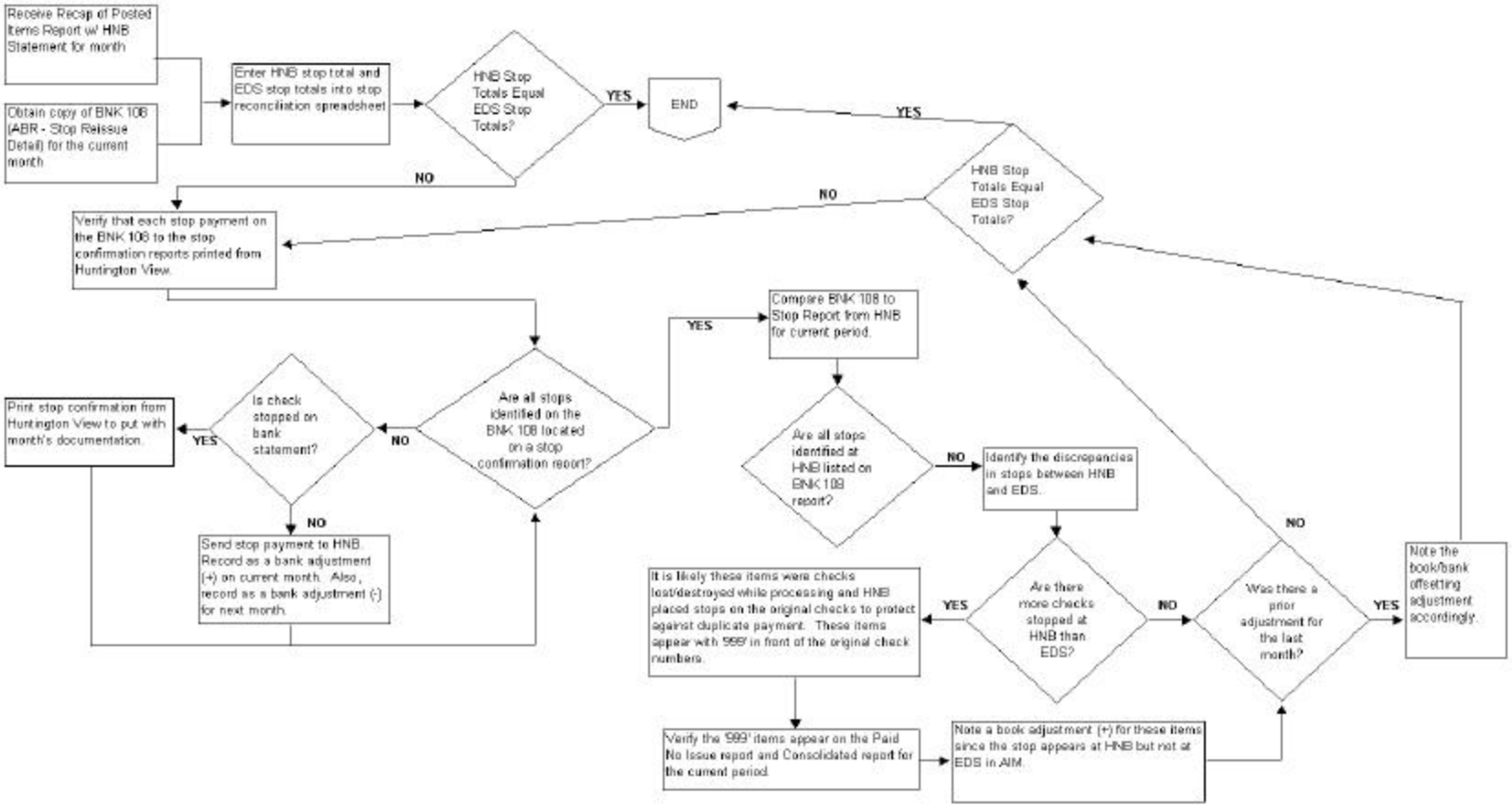


Figure 2.112 – Stop Reconciliation Procedures Flowchart

After all the documentation has been obtained, the stop reconciliation process can be completed using the following procedures:

1. Separate the stop payments from the *BNK-0108-M* report to reflect the same time period as the financial cycle. Subtotal each week's stop payments. Type the totals in the appropriate week in the *ABR Stop Detail* column in the *Void and Stop Reconciliation* worksheet.
2. Type the total stop payments from the *Recap of Posted Items* report in the *Bank Recap of Posted Items Report* column in the *Void and Stop Reconciliation* worksheet.
3. Compare HNB's stop payment total, *Recap of Posted Items* report to the EDS *Stop Total (BNK-0108-M)*. If totals match, the stop reconciliation is complete. If there is a discrepancy in the totals, the following verification must be made:
   - Verify that each stop payment on the *BNK-0108-M* is listed on the stop confirmation reports printed from Huntington View. If all stops are not found on the stop confirmation report, determine if the check was stopped at HNB. If the item has been previously stopped, print a stop confirmation report from Huntington View to keep with the month's reconciliation documentation. Make the appropriate book and bank adjustment and determine if stop totals agree. If the check was not stopped at HNB but stopped in Indiana*AIM* as per the *BNK-0108-M* report, send a stop payment to HNB. Record this correction as a positive bank adjustment on the current month and as a negative bank adjustment on the next month.
   - Compare the *BNK-0108-M* to the *Stop Report* from HNB for the current month. If all stop payments from the HNB Stop Report match the *ARB BNK-0108-M* report, determine if book and bank stop totals agree. If a difference appears, identify the discrepancies in stops between HNB and EDS. If there are more checks stopped at HNB than at EDS, it is likely these items are checks that were lost or destroyed during processing and HNB placed a stop on the original check to protect against duplicate payment. These items appear with a *999* in front of the original check number. Verify that the *999* items appear on the *Paid No Issue* report and consolidated statement for the current period. Record *999* items as positive book adjustments.
   - Determine if there was an adjustment for stop payments during the last reconciliation period. If there were no prior adjustments, determine if the total number of stop payments at HNB and stop payments recorded at EDS are equal. If there is a prior period adjustment, note the appropriate book or bank offsetting adjustment accordingly. Proceed to step 3 to determine if the HNB stop total and the EDS stop total are equal.
   - Complete the process in step 3 until reconciling differences between book and bank stop payment totals are zero.

Stop Payment Expiration Research

Monthly, HNB forwards a 30-day *Stop Payment Expiration Notice* and a 60-day *Stop Payment Expiration Notice*. These notices are forwarded to inform EDS that a stop payment has been placed on an item two years ago, and unless directed from EDS, the stop payment and the issue for the checks listed will be removed from the bank's record and statement.

Normal policy is to allow the stop payments and issues to expire and be removed from the statement. The physical checks stale-dated in 180 days from issue so a

financial institution should not honor the check if it is presented for payment. An exception to this standard would be if the dollar amount were greater than $500,000. Then, the accounting assistant would renew the *Stop Payment* using Huntington View Internet.

Monthly, the accounting assistant performs the stop payment expiration review and updates EDS records accordingly. See detailed procedures below.

To review *Stop Payment Expiration Notices* received from HNB perform the following procedures:

1. Date stamp 30-day and 60-day *Stop Payment Expiration Notice* received from HNB.
2. File 30-day notice in current reconciliation's *Stop Payment* tab.
3. Open *L:\Finance\YearReconciliation\StopPays\2002 StopPayment Expiration Research.xls*.
4. From the *60-day Stop Payment Expiration Notice*, type the check number, dollar amount, and stop payment expiration date.
5. Sort the data. A first criterion is *Expiration Date – Ascending*; and the second criterion is *Check Number – Ascending*.
6. In the *Reconciliation to Review* column, enter the reconciliation for the month after the Stop payment expiration date. The reconciliation month should be 45 days from the stop payment expiration date. For example, if the stop payment expiration date was March 15, 2002, the reconciliation to review would be May 2002.
7. At the beginning of every month, review the *Stop Payment Expiration Log*, and determine which data needs to be reviewed for the current month based on the reconciliation to review date.
8. When the current month's data is located, verify the check status at HNB by reviewing the Consolidated Bank Statement. This can be obtained from the accountant. Per the HNB *Stop Payment Expiration Notification*, the stop payment and issue should be removed. Note *Issue* and *Stop Dropped in Status* at HNB column if check number and dollar amount do not appear. If the stop payment and issue remain, determine if the accounting assistant or accountant renewed the stop payment.
9. Verify the status in Indiana*AIM* by performing the following steps:
   - At the main menu, click **Financial**.
   - At the *Financial* menu, click **Check Inquiry**.
   - Type the check number and press **Enter**.
   - Select the check number.
   - If check was reissued, verify the check has been paid or reissued/paid with another check number.
   - Note findings in *Status in AIM* column.

Note: Status codes are I (Issued), C (Cleared), R (Reissued), and V (Void).

6. Next, notate if Reissue Stop Payment occurred at HNB. Two reasons determine why a reissue would occur:
   - The check is outstanding in Indiana*AIM*.
   - The check is for an amount greater than $500,000.

7. Save the file.
8. Repeat these procedures monthly.

Voids

There are types of voids that can occur in Indiana*AIM*. The first type, a *straight void*, occurs for any of the following reasons:

- A provider was overpaid for a claim.
- A provider was not reimbursed for the correct amount.
- The individual receiving treatment, listed on the RA, is not a patient of the doctor who received the check.
- A payment was received by the wrong provider, and the check is returned to EDS with *void* or *not ours* written on the face of the check.
- A claim was paid to the provider twice.
- A check was paid to a provider who does not belong to the group or has left the group.
- The payment was inappropriately made payable to the wrong location or provider identification number.
- The check is older than six months from the date of issue and is stale-dated.
- The provider changed the TIN.
- The RA listed the wrong procedure code and the provider cannot accept payment for a procedure that was not performed.

In this situation, the checks are voided in Indiana*AIM* and all claims associated with the dollars identified to this check are removed from the system. For a provider to receive payment, it is necessary for the provider resubmit claims to Indiana*AIM*. Straight voids are reported on the *FIN-1005, Voided Checks by External Number Report*. An example of this is located in *Appendix A, Figure A.55*. This report lists the payee identification number, external check number, check date, CCN, and check amount. The report also lists total voided dollars and the total number of checks.

The second type of voided check is referred to as a void/reissue. These items are reported on the *FIN-6007, Void and Stop-pay Reissue Detail* report. An example of this report is located in *Appendix A, Figure A.42*. This report lists the original check number, original check date, reissue check number, reissue check date, payee identification number, payee name, check amount, reason code, and the date the action occurred. Void/reissue items are a result of a check being mutilated or destroyed during the system-generated print cycle.

Void Reconciliation Procedures

After the completion of the stop reconciliation, the void reconciliation can be completed after the appropriate documentation is gathered. An example of this is located in *Appendix A, Figure A.43*. The reports include the following:

- *Recap of Posted Items* report from HNB. An example of this is located in *Appendix A, Figure A.45*.

- *Medicaid Check Registers (FIN-6005)* for the current period. An example of this is located in *Appendix A, Figure A.41*.
- *Void and Stop Reissue Detail Report (FIN-6007)* for the current period. An example of this is located in *Appendix A, Figure A.43*.
- *Voided Checks by External Number Report (FIN-1005)* for the current period. An example of this is located in *Appendix A, Figure A.55*.
- *ABR – Void No Reissue (BNK-0107-M)*. An example of this is located in *Appendix A, Figure A.56*
- *ABR – Voided With Reissues (BNK-0106-M)*. An example of this is located in *Appendix A, Figure A.57*.
- Void requests e-mailed to HNB throughout current period.
- Refer to *Appendix A, Figure A.54* for an example of a *Void and Stop-Pay Reconciliation* worksheet.

Void Reconciliation Procedures

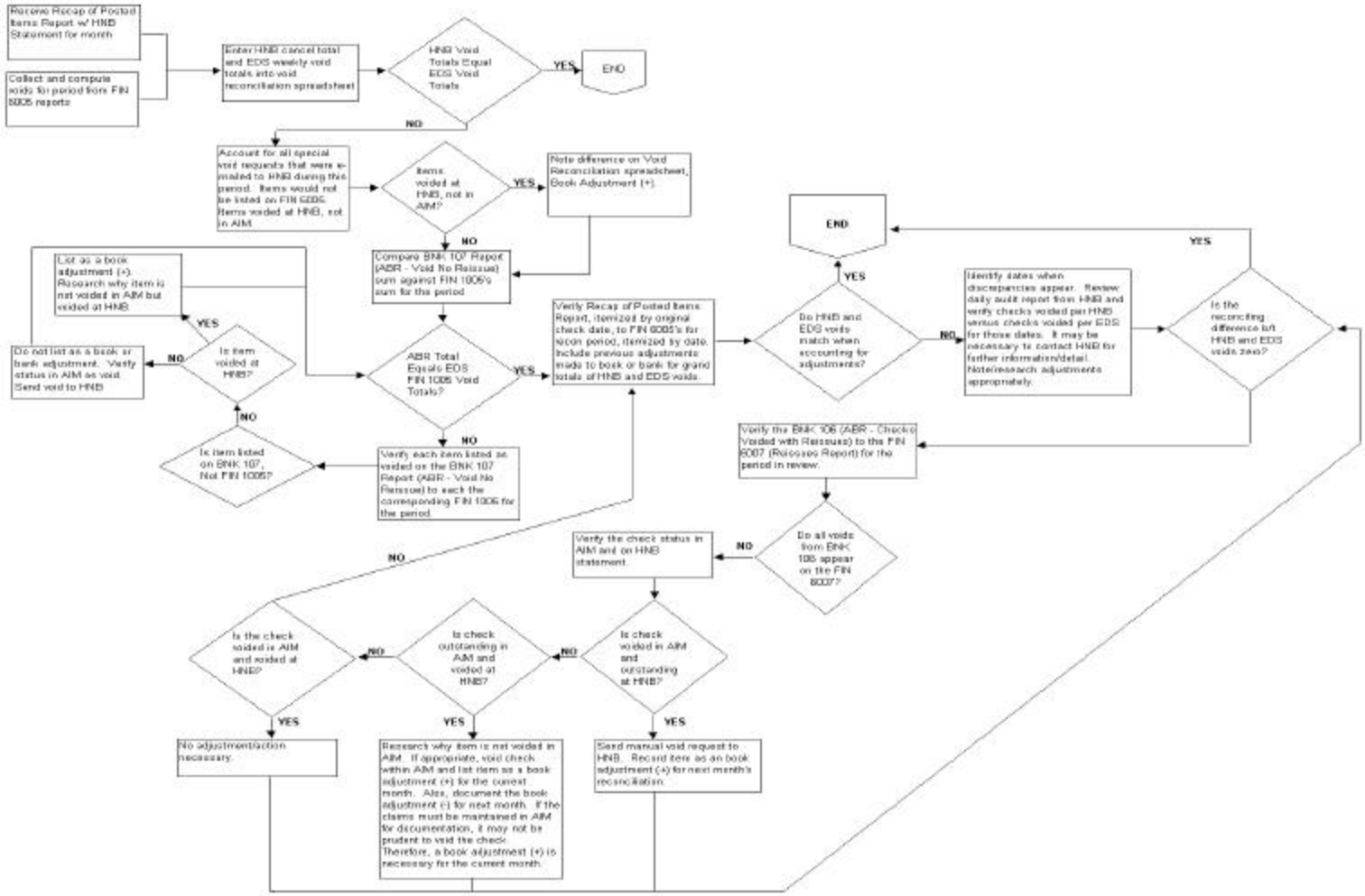


Figure 2.113 – Void Reconciliation Procedures Flowchart

When all the void documentation is gathered, the void reconciliation process can be completed using the following procedures:

1. Add the total number of voids from the *FIN-6005* report for the CDA account, check number greater than 5000000, for each week of the reconciling period. Type in the totals in the corresponding weeks in the *Voids* column of the *Void and Stop Reconciliation* worksheet.

2. From the *Recap of Posted Items* report, obtain the total number of voids placed for the current month. Add this figure to the total stops per the recap of posted items already listed in the *Recap of Posted Items* column. The new figure in the *Recap of Posted Items* column reflects the total number of stops and voids processed by HNB for the month.

3. Compare the HNB void total to the EDS void total. If the figures match, the reconciliation is completed. If the totals differ, the following process must be used:
   - Account for all special void requests that were sent to HNB during the month. These items would not be listed on the *FIN-6005* because the items are voided at HNB but not in Indiana*AIM*. Therefore, if the checks are voided at HNB but not in Indiana*AIM*, note the difference on the *Void and Stop Reconciliation* worksheet. Record as a positive book adjustment. If the items are not voided at HNB but voided in Indiana*AIM*, further comparison between the book and the bank are necessary.
   - Compare the *Void No Reissue Report, BNK-0107-M,* to the summation of the *Voided Checks by External Number Reports (FIN-1005)* for the current period. If the totals are equal, proceed to item (c). If the totals differ, verify each line item listed as void on the *BNK-0107-M* report to each line item on the corresponding *FIN-1005* reports. Identify the discrepancy. If an item is listed on the *BNK-0107-M* report but not on the *FIN-1005*, identify if the check is voided at HNB. If yes, list the check as a positive reconciling book adjustment. Research the reason the check was not entered in Indiana*AIM*. Compare HNB void total to the EDS void total. If figures agree proceed to item (c). If items do not agree, continue the process until the *FIN-1005* total matches the *BNK-0107-M* report total.
   - Verify the *Recap of Posted Items* report. This is accomplished by creating a separate worksheet to itemize the recap of posted items voids by date and each *FIN-6005*'s report voids by date. An example of the *Void Breakdown* worksheet is located in *Appendix A, Figure A.48*. Include all previous book and bank adjustments. Verify if the total of EDS voids equals the total of HNB voids. If yes, proceed to the next step. If not, identify the dates when the discrepancies appear. Review the *Daily Audit* reports from HNB and verify checks voided per HNB versus checks voided per EDS for those dates. At this point, it may be necessary to contact HNB for further information. Note and research all adjustments. If the reconciling difference for the EDS voids and HNB voids is zero, proceed to the next step.
   - Verify the *Checks Voided with Reissues (BNK-0106-M)* to the *Stop and Void Reissues Detail Report (FIN-6007)*. If all voids from the *BNK-0106-M* are listed on the *FIN-6007*, proceed to the next step. If the voids on the *BNK-0106-M* do not match the voids on the *FIN-6007*, verify each check status in Indiana*AIM* and on the HNB statement. There are three situations that can occur.

4. If the check is voided in Indiana*AIM* but outstanding at HNB, send a manual void request to HNB. Record this check as a positive book adjustment for the next month's reconciliation.

5. If the check is outstanding in Indiana*AIM* and voided at HNB, determine why the item is not voided in Indiana*AIM*. If appropriate, void the check in Indiana*AIM* and list the item as a positive book adjustment for the current month. Also, document the negative book adjustment for the next month. If the claims must be maintained in Indiana*AIM* for documentation, it may not be appropriate to void the check. Therefore, a positive book adjustment is necessary for the current month.
6. If the check was voided in Indiana*AIM* and voided at HNB, no adjustment or action is necessary.
   – Determine if the reconciling difference between the voids recorded at HNB and the voids recorded at EDS is zero. If yes, the reconciliation is complete. If not, review and rework step 3 until a zero difference is achieved.

Paid No Issue Procedures

Paid No Issue (PNI) items result from the following:

- Manual checks not entered in Indiana*AIM* due to systematic difficulties
- Checks lost during processing at HNB or 999 items

Each month it is necessary to review the *Paid No Issue* report received from HNB. Items must be reviewed and appropriate action taken to resolve the outstanding *Paid No Issue*.

Paid No Issues Procedures

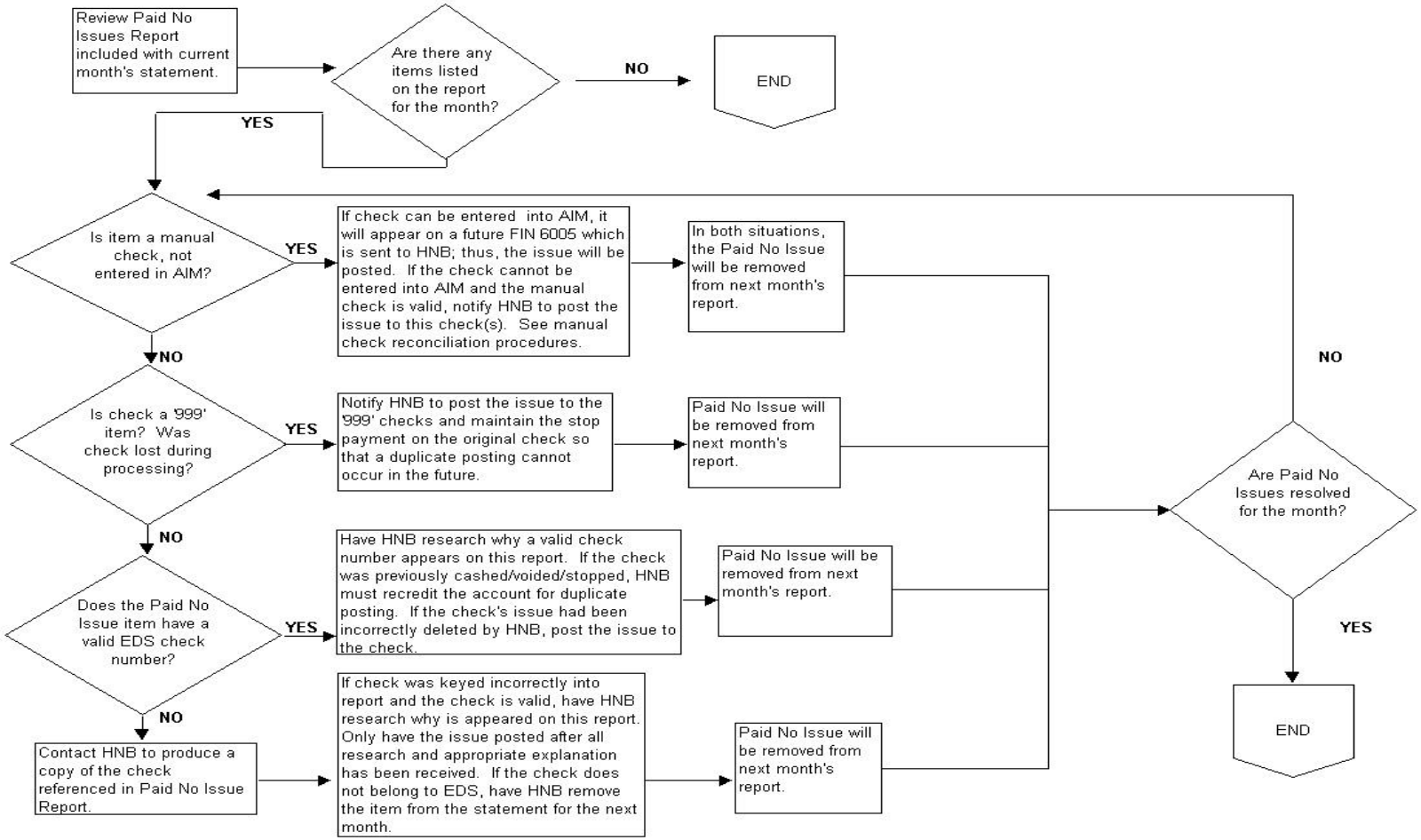


Figure 2.114 – Paid No Issues Procedures Flowchart

When the statement for the current month is received, retrieve the *Paid No Issues* report. An example of this report is located in *Appendix A, Figure A.58*. Review if there are any items listed on the report. If there are no Paid No Issues items, no action is necessary and this procedure is complete. If Paid No Issue items appear, follow the steps listed below to correct the items.

1. Determine if the PNI is a manual check that was not entered in Indiana*AIM*. At this time, if the check can be entered in Indiana*AIM*, have the accounting assistant correct the error. The issue for this manual check then appears on a future *Medicaid Check Register, FIN-6005*, which is sent to HNB weekly; thus, the issue for the PNI is posted systematically. If the check cannot be entered in Indiana*AIM*, notify HNB to post the issue to the check. This involves providing the account representative at HNB with the original issue date from the *Manual Check Log*. Whether the issue is sent manually or systematically, the PNI is removed from the next month's *Paid No Issue* report.

2. Determine if the check was lost during processing. This is indicated by *999* in front of a valid check number. In this situation, the check numbers and dollar amounts can be verified in Indiana*AIM*. If the check numbers and dollar amounts are valid, notify HNB to post the issue to the *999* checks and maintain stop payments on the original checks so that a duplicate posting does not occur in the future. As a result, next month's *Paid No Issue* report does not include these items because the discrepancy was resolved. If the check numbers and dollar amounts cannot be verified in Indiana*AIM*, contact HNB to determine why the figures are different.

3. Determine if the *Paid No Issue* item has a valid EDS check number. If the check number appears in Indiana*AIM*, inquire at HNB why a valid check number appears on this report. If the check was previously cashed, stopped, or voided, HNB must credit the account for the duplicate posting of an item. If the check issue has been incorrectly deleted by HNB, have HNB post the issue to the check. The original issue date from Indiana*AIM* must be supplied to the account representative at HNB. As a result, the PNI items are removed from the *Paid No Issue* reports next month. If the check number is not valid, contact HNB to produce a copy of the check referenced on the *Paid No Issue* report. On receipt, if the check was typed in the report incorrectly and the check is valid, have HNB research the reason the item appears on the report. Have the issue posted at HNB after all research and an appropriate explanation has been received. If the check does not belong to EDS, have HNB remove the item from the statement for the next month. By sending the issues to HNB, all PNI items are removed from next month's report.

By completing Steps 1 through 3, all *Paid No Issue* items are resolved and do not appear on the *Paid No Issue* report next month. If any unusual situation appears, contact HNB immediately. This ensures that items that do not belong to the IHCP are not posted to the account.

Miscellaneous Debit Credit Verification Procedures

Every month, miscellaneous transactions, both debit and credit, appear on Huntington View and the statement at month-end. Comparison between these two sources is vital to ensure the CDA account has been credited and debited for valid reasons. An example of all reports and worksheets is located in *Appendix A*.

Miscellaneous Debits and Miscellaneous Credits Verification Procedures

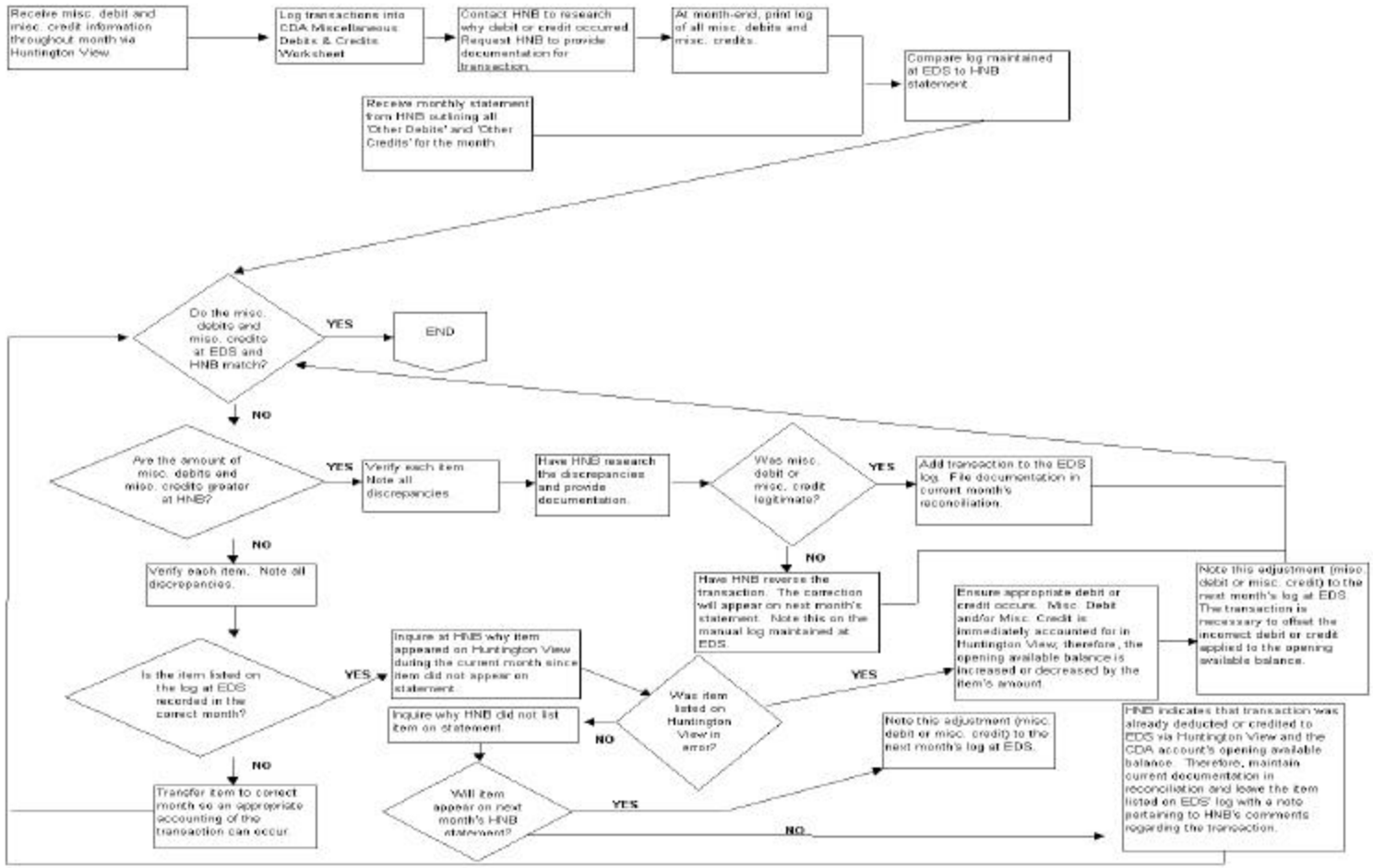


Figure 2.115 – Miscellaneous Debits & Miscellaneous Credits Verification Procedures Flowchart

1. Various miscellaneous debits and credits appear on the *Previous Day Detail* report throughout the month. An example of this is located in *Appendix A, Figure A.61*. When these items appear, log the transactions in the *CDA Miscellaneous Debit and Credit* worksheet and contact HNB to research the reason the debit or credit occurred. Request that HNB provide documentation for each transaction. At month-end, print the log of miscellaneous debits and credits for the month.
2. Receive monthly statement from HNB outlining all *Other Debits* and *Other Credits* for the month. An example of this is located in *Appendix A, Figure A.47*.
3. Compare the *Miscellaneous Log* maintained at EDS to the statement received by HNB. If the two reports match, no action is necessary and this procedure is complete. If the totals do not match, follow the procedures listed below to reconcile the difference:
   - Determine if the amount of miscellaneous debit or credit is greater than recorded at HNB. If amount is higher on the EDS *Miscellaneous Log*, verify each item and note all discrepancies. HNB must also research the discrepancies and provide documentation for transactions, as well as, determine why adjustment as miscellaneous debit or credit did not appear on the statement. If the transaction was legitimate, have HNB debit or credit the statement for next month to adjust for the difference. If the item is not legitimate, have HNB investigate why the item appeared on the *Previous Day Detail* report in Huntington View. Ensure that the item did not post to the CDA account. If the item was posted, have HNB offset the transaction with the appropriate debit or credit. Indicate this action on the *Miscellaneous Log* for next month because it is a reconciling item.
   - Determine if the amount of miscellaneous debits or credits is less than recorded at HNB. This situation indicates that the *Miscellaneous Log* maintained by EDS is lacking transactions and documentation. If the amount is less on the EDS *Miscellaneous Log*, inquire at HNB why items did not appear on the *Previous Day* report in Huntington View and request backup documentation.
   - Determine if the item listed on the EDS *Miscellaneous Log* was recorded in the correct month. If a miscellaneous debit or credit was recorded in the wrong month, transfer the item to the correct month so an appropriate accounting of the transaction can occur. If the item is recorded during the correct month, contact HNB to determine why an item appeared on the *Huntington View Previous Day* report during the month but not on the statement. If the item was listed on Huntington View in error, ensure the appropriate debit or credit occurs to offset the original transaction. Miscellaneous debits and credits are immediately accounted for in Huntington View; therefore, the open available balance is increased or decreased by the amount of the item. Indicate this adjustment on the *Miscellaneous Log* for the next month. If the item was not listed in Huntington View contact HNB to determine why the item was not listed on the current month statement and determine if the transaction should appear on the next statement. If yes, note this adjustment, miscellaneous debit or credit on the next month's *Miscellaneous Log* at EDS. On the other hand, HNB may indicate that the transaction was already deducted or credited to

EDS by Huntington View and the CDA account's opening available balance. Therefore, maintain the current documentation in reconciling and leave the item listed on the EDS *Miscellaneous Log* with a note pertaining to the HNB comments about the transaction.

Repeat Step 3, Items A through C, until all miscellaneous debits and miscellaneous credits are verified. Any inconsistent or unidentified transactions must be reported to HNB immediately for research and resolution.

Electronic Fund Transfer Internal Control Reconciliation Procedures

An electronic fund transfer fails if the electronic funds could not be deposited in the account listed by the provider. This occurs if a provider neglects to notify EDS of changes related to bank information. Examples include the provider moving or closing the current bank account, supplying an incorrect account, or routing number. When an EFT fails, the financial analyst receives notification from HNB by Huntington View. This documentation is then distributed to the accounting assistant and the provider enrollment representative. The accounting assistant voids the original EFT transaction in Indiana*AIM* and reissues the provider a system-generated or manual check when the next financial cycle is run. The reissued items are tracked on *the FIN-6007, Stop-pay and Void Reissue Detail* report, and *FIN-6005, Medicaid Check Register* report. Examples of these reports are located in *Appendix A, Figures A.41 and A.43* respectively. The provider enrollment representative is contacted and notified that system-generated checks instead of an EFT, must be sent for all future payments until the provider corrects the bank information.

The purpose of this reconciliation is to ensure that all failed EFTs listed on the HNB statement were voided and reissued in Indiana*AIM* and subsequently reported to HNB as issues on the *Medicaid Check Register, FIN-6005* by the weekly issues transmissions.

Before the EFT reconciliation process can begin, it is necessary to gather the appropriate documentation. An example of all reports is located in *Appendix A*. The documentation includes the following:

- *Medicaid Check Registers, FIN-6005,* for current month. An example of this is located in *Appendix A, Figure A.41.*
- *Stop-pay and Void Reissues Detail Reports, FIN-6007,* for current month. An example of this is located in *Appendix A, Figure A.43.*
- HNB Statement. An example of this is located in *Appendix A, Figure A.47.*
- HNB Failed EFT Notifications. An example of this is located in *Appendix A, Figure A.62.*
- *ABR – EFTs Voided with Reissue, BNK-0109-M.* An example of this is located in *Appendix A, Figure A.63.*
- *ABR – EFTs Voided without Reissue, BNK-0110-M.* An example of this is located in *Appendix A, Figure A.64.*
- *EFT Internal Control Reconciliation* worksheet. Refer to *Appendix A, Figure A.65* for an example.

When the information is compiled, the EFT reconciliation can be completed.

1. Use the *FIN-6007* reports for the current period, add the entire failed and reissued EFTs for each week. Type the sum for each week in the *Failed EFT* column in the *EFT Reconciliation* worksheet. This total is automatically carried over to the *EFT Check Reissues* per *FIN-6007* column.
2. Add each day's failed EFT activity from the HNB Failed EFT Notifications. Type the failed total for each day in the *Failed EFTs per HNB ACH Returned Items Report* column in the *EFT Reconciliation* worksheet.
3. Compare EFT reissues on the *FIN-6007* reports to the EFT failures recorded at HNB. If the totals match, proceed to Step 4. If the totals are not equal, determine if the reissued item failed during the current month. If yes, proceed to Step 4. If not, record the item as a negative reconciling adjustment for the current month.
4. Verify that the EFT failures with those listed in the *Failed EFTs per HNB ACH Returned Items* report column. If the totals are equal, proceed to Step 5. If the totals are not equal, match each failed EFT listed on the bank statement to a failed EFT notification received during the month. Identify the discrepancies. In this situation, the amount for failed EFT reports should always be smaller than the electronic deposit information from the current statement. Request backup documentation from HNB for any failed items. Record failed items in the *Failed EFTs per HNB ACH Returned Items Report* column. Also, list each item as a positive reconciling adjustment for the current month, and identify the failed item as a negative reconciling adjustment for the next month.
5. Verify each week's *Stop-pay and Void Reissues Reports, FIN-6007* to the *ABR – EFTs Voided with Reissue Detail Report, BNK-0109-M*. This ensures that all reissues are accounted for within ABR, as well as, identified and sent to HNB by the *Medicaid Check Register, FIN-6005*.

> *Note: There should not be any EFTs listed on the* ABR – EFTs Voided without Reissue, BNK-0110-M. *This report is used to ensure that all failed EFTs are replaced with a physical check. If an EFT is voided, it is necessary to contact the provider to have the claims resubmitted for payment because all the original claims are removed from Indiana* AIM *when the checks are voided.*

Controlled Disbursement Account Float Flow Procedures

The purpose of this worksheet is to verify the amount of deposits that are available for immediate withdrawal and calculate the CDA account balance for every day of the reconciling period. An example of this is located in *Appendix A, Figure A.66*. This allows the accountant to validate that the deposit information retrieved using Huntington View is accurate because each daily balance can be compared to the *HNB statement, Balance Summary* section.

To complete this worksheet, the accountant gathers all *Medicaid Wire Transfer Request* forms for the month. Each day contains all reports printed in Huntington View that were used for funding that day. These reports include *Controlled Disbursement* report, *Previous Day Balance Inquiry* report, and *Previous Day Detail Transaction Report – Summary*. Example are located in *Appendix A, Figures A.2, A.3, A.7,* and *A.8* respectively.

1. In the *Wire Transfer Date* column, type the actual transfer date of the *Medicaid Wire Transfer Request.*
2. In the *Actual Deposit Date* column, type the date the money was deposited in the CDA account. This information is obtained from the *Previous Day Detail Transaction Report – Summary*. This information is always received a day before the actual *Medicaid Wire Transfer Request* form identified in Item 1.
3. In the *Deposit Amount* column, type in the sum of the deposits from the *Previous Day Detail Transaction Report – Summary*.
4. The Cumulative Deposit Amount is calculated by totaling the current day deposits with the previous day deposits. At the end of the month, the total on the spreadsheet provides the accountant with the total number of deposits received during the current month.
5. Type the open available balance in the *Open Available Balance* column. This figure is obtained from the *Previous Day Balance Inquiry* report.
6. The cumulative deposit amount minus the open available balance is obtained by subtracting the open available balance, Item 5, from the cumulative deposit amount, Item 4.
7. The one-day float figure is obtained from the *Previous Day Balance Inquiry* report. Type this amount in the *One-Day Float* column.
8. The two-day float figure is obtained from the *Previous Day Balance Inquiry* report. Enter this amount in the *Two-Day Float* column.
9. The *Current Deposits Readily Available* column identifies the amount of money from the initial deposit that can be used to pay presentments. This is calculated by subtracting the two-day float, Item 8, from the deposit amount Item 3.
10. The *Float Total* column adds the total one-day float, Item 7, and two-day float, Item 8, for each day of the reconciling period.
11. The *Open Available Balance* less the *One-Day Float* column identifies the daily account balance prior to crediting for current day deposits ready for immediate withdrawal. This gives the financial analyst an overall picture of how often and how much the account is overfunded or underfunded on any day.
12. The *Open Available Balance* less the *Two-Day Float* column identifies the daily ending account balance including one-day float, or the current day deposits ready for immediate withdrawal.
13. Compare the *Open Available Balance* less the two-day float, Item 12, to the *Balance Summary* section of the HNB statement for the current month. The totals for each day should match. If there is a discrepancy, begin verifying deposit total information, Item 3, for each day to the daily lockbox totals per the *Other Credit* section of the HNB statement. When the difference is identified, contact HNB to review the records and deposit tickets to determine whether HNB statement or deposits from Huntington View are correct. The worksheet is adjusted according to the research results. After corrections are performed, the *Open Available Balance* less the two-day float, Item 12, must equal the *Balance Summary* section or the adjusted figure per the HNB correction. Continue this process until all discrepancies are identified and resolved.

CDA Open Available Balance Calculation Procedures

Using the reports retrieved from Huntington View for the current day (*Controlled Disbursement* report) and previous day (*Previous Day Balance Inquiry* report and *Previous Day Detail Transaction Report – Summary*), the accountant can calculate the open available balance for each funding date. This ensures that all deposit credits, presentments, EFT debits, and account adjustments are recorded correctly at HNB.

To complete the *Open Available Balance*, the accountant must compile the following information:

- HNB statement and full account reconciliation – An example of this is located in *Appendix A, Figures A.47 and A.68 – A.71*.
- HNB Failed EFT Notifications – An example of this is located in *Appendix A, Figure A.62*.
- *HNB Recap of Posted Items Report* – An example of this is located in *Appendix A, Figure A.45*.
- *EDS Miscellaneous Debit and Credit Log* – An example of this is located in *Appendix A, Figure A.62*.
- *Medicaid Wire Transfer Request* forms for current month –An example of this is located in *Appendix A, Figure A.2*.
- *IRS Backup Withholding Wire Transfer Request* forms – An example of this is located in *Appendix A, Figure A.5*.
- *Electronic Funds Transfer Activity Report, FIN-6006*, for the current period. An example of this is located in *Appendix A, Figure A.42*.

See *Appendix A, Figure A.67* for an example of the open available balance calculation.

Follow the steps listed below to calculate the open available balance for each day:

1. At the *Controlled Disbursement* report, type the total number of positive presentments paid.
2. From the *Electronic Funds Transfer Activity Report, FIN-6006*, type the total number of EFTs issued for payment. **EFTs are only issued on Wednesdays**. All other weekdays have a zero figure.
3. From the *IRS Backup Withholding Wire Transfer Request*, obtained from A/R analyst, type the amount of backup withholdings for the current week. The *IRS Backup Withholding Wire Transfers* only occur on Wednesdays.
4. From the *Previous Day Detail Transaction Report – Summary*, type in the total EDS Provider Lockbox Refunds, LB104, the total Drug Rebate Lockbox Deposits, LB91, the total HMS Lockbox Deposits, LB56, and total wire transfers received from HCE in the *Open Available Balance* worksheet. The deposits must be typed as a negative number because the monies are credits to the account.
5. Using the *Previous Day Balance Inquiry* report, type in the Current 2+ Day Float figure (+).
6. Type in the prior day's Current 2+ Float as the Previous 2+ Day Float (-).

7. Miscellaneous adjustments may be necessary due to various debits and credits posting to the account, which change the opening available balance. These adjustments include the following:

- Failed EFTs (-)
- Encoding errors (+/-)
- Returned deposits/non-sufficient funds (+)
- Refund for a returned EDS check (-)
- Adjustment for prior incorrect deposit credit (+)
- Late presentments posting (+)
- Difference between reported presentments (Huntington View) and actual presentments (*HNB Recap of Posted Items* report) (+/-)

8. The open available balance is calculated by subtracting the current 2+ day float, the previous 2+ float, and any miscellaneous adjustment, items 5 through 7, from the total refunds and wires received, item 4. If the open available balance calculated matches the open available balance identified by HNB on the *Previous Day Balance Inquiry* report, the verification is complete. If the totals do not match, verify the numbers used for the calculation. If all numbers are correct, refer to item 7 for additional adjustments. Continue to identify any miscellaneous debits and credits. The HNB statement can aid in the process, as well as, the EDS *Miscellaneous Debit and Credit Log*. Record all adjustments and continue until the open available balance calculated, matches the open available balance, reported on the *Previous Day Balance Inquiry* report.

Entry of Medicaid Wire Transfer Request Forms in Indiana*AIM*

When the open available calculation and verification is completed, the accountant types the daily *Medicaid Wire Transfer Request* form in Indiana*AIM*. This information is displayed on the *ABR Bank Reconciliation Summary State Wire Deposit Log (BNK-0102-M)*, used during the deposit reconciliation for the CDA account. An example of this is located in *Appendix A, Figure A.72*. The grand total of the *Medicaid Wire Transfer Request* form is reported on the ABR *Bank Reconciliation General Ledger, BNK-0001-M*, used to calculate the monthly total of transactions for the current month in Indiana*AIM*. An example of this is located *in Appendix A, Figure A.73*.

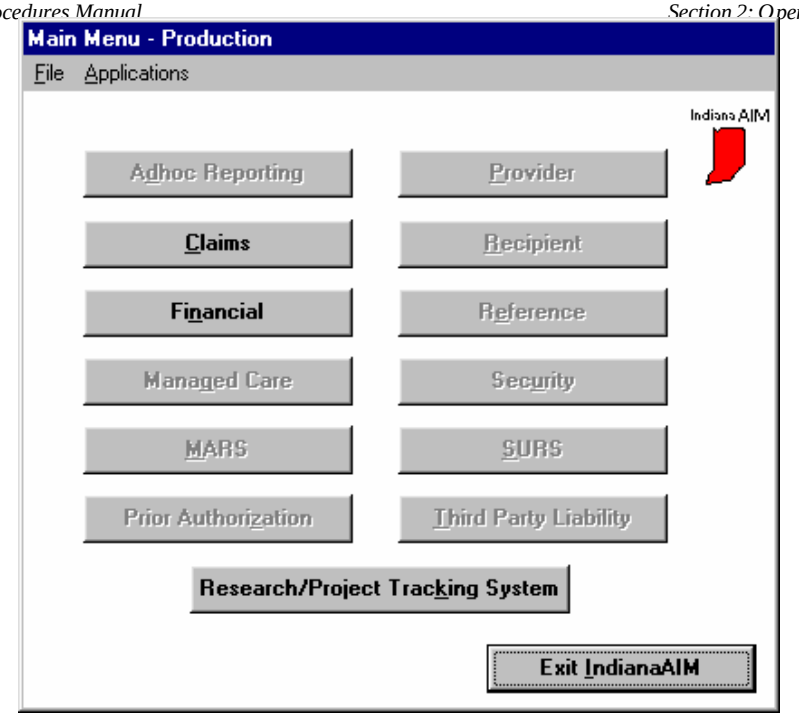


Figure 2.116 – Main Menu – Production Window

1. To access the *Financia*l menu, at the main menu, click **Financial**.
2. The *Financial* window displays.
3. To access the ABR System, click **Bank Information**. The *Bank Information* menu displays.

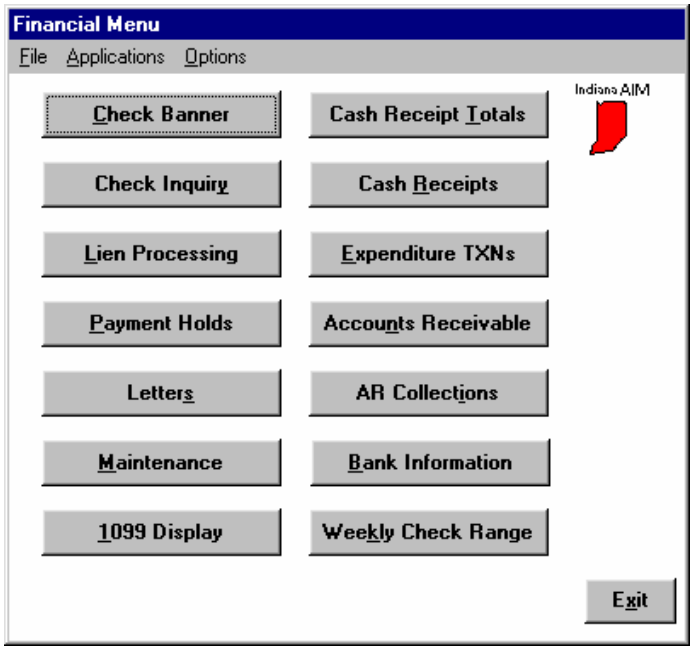
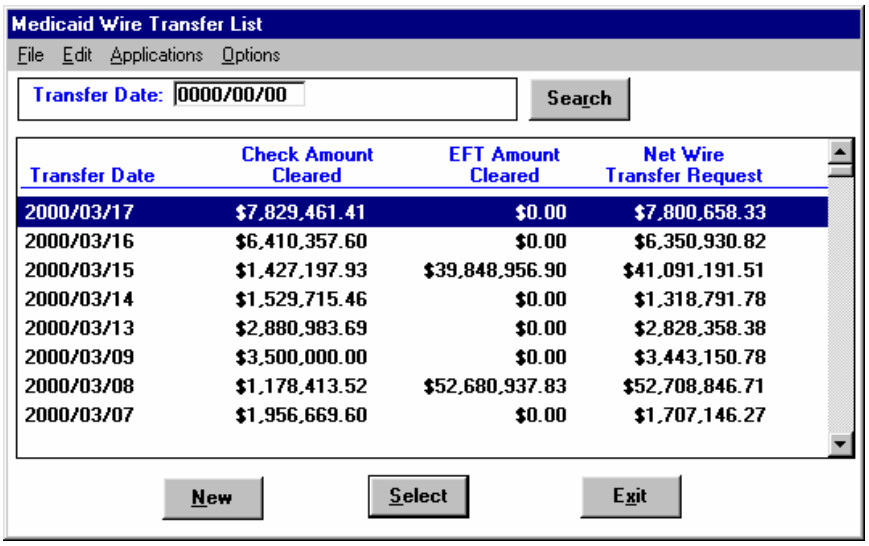


Figure 2.117 – Financial Menu Window

4. To access *Medicaid Wire Transfer* forms in the ABR System, click **Daily Wire Transfers**. The *Medicaid Wire Transfer List* window displays.

Figure 2.118 – Bank Information Menu Window

5. Click the **specific date** to amend.
6. Click **Select**. To access the *Daily Medicaid Wire Maintenance* window to type new *Medicaid Wire Transfer* form information in the ABR System and click **New.** The *Open Available Balance* worksheet displays.



Transfer Date	Check Amount Cleared	EFT Amount Cleared	Net Wire Transfer Request
2000/03/17	$7,829,461.41	$0.00	$7,800,658.33
2000/03/16	$6,410,357.60	$0.00	$6,350,930.82
2000/03/15	$1,427,197.93	$39,848,956.90	$41,091,191.51
2000/03/14	$1,529,715.46	$0.00	$1,318,791.78
2000/03/13	$2,880,983.69	$0.00	$2,828,358.38
2000/03/09	$3,500,000.00	$0.00	$3,443,150.78
2000/03/08	$1,178,413.52	$52,680,937.83	$52,708,846.71
2000/03/07	$1,956,669.60	$0.00	$1,707,146.27

Figure 2.119 – Medicaid Wire Transfer List Window

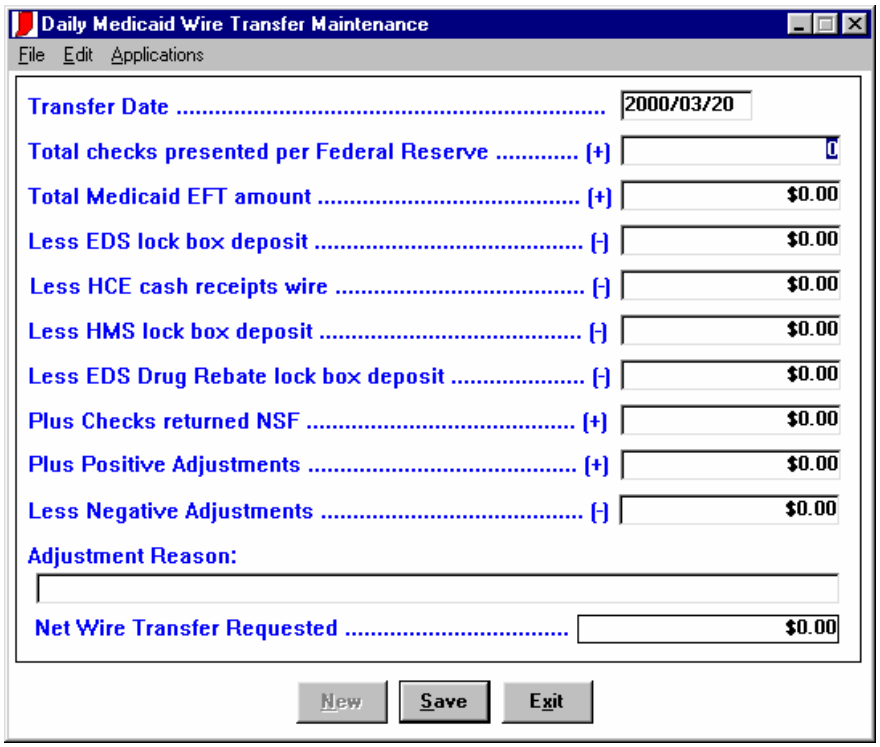
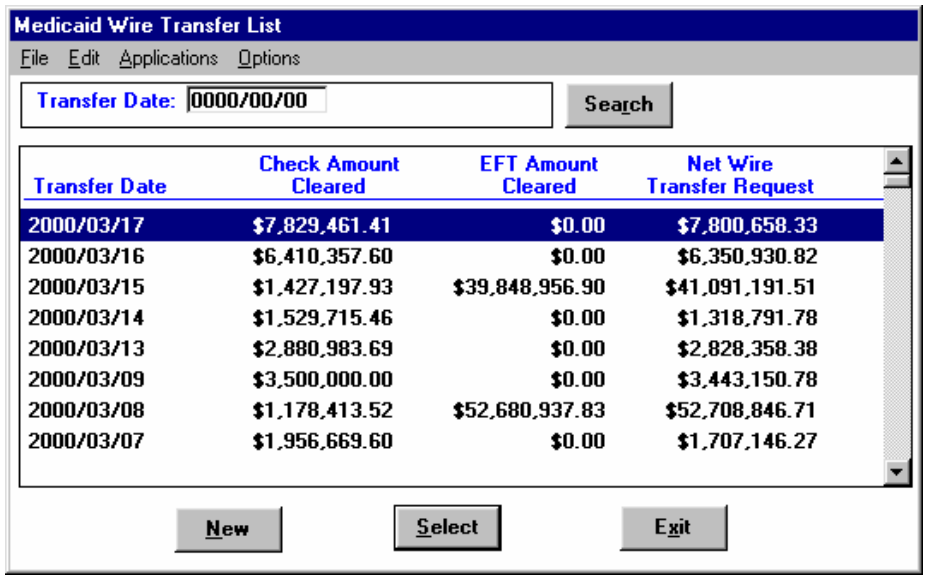


Figure 2.120 – Daily Medicaid Wire Transfer Maintenance Window

- When the worksheet displays, type in transfer dates, check presentments, EFT issues, deposits, wire transfers from HCE, NSF checks, and any positive or negative adjustments.
- Type in notes about the positive and negative adjustments. Please note that the line currently titled "Less EDS Drug Rebate lock box deposits" will be changed in the window to "Less Drug Rebate wire transfers." Wire transfers from M&S for the Payment Integrity Program will appear in the "Less Negative adjustments" line.
- When the *Net Wire Transfer Requested* field equals the net wire transfer requested amount on the *Medicaid Wire Transfer* form the entry is complete.
- If the amounts do not equal, continue comparison of items in the *Daily Medicaid Wire Transfer Maintenance* window with *Open Available Balance Calculation* worksheet. The discrepancy is usually a typing error because the open available balance figures were previously verified against the actual *Medicaid Wire Transfer Request* forms. Continue review and correction until the *Net Wire Transfer Requested* figures in Indiana*AIM* and on *Medicaid Wire Transfer Request* form are equal.

7. To record the daily *Medicaid Wire Request* within the Automated Bank Reconciliation in Indiana*AIM*, click **Save**.

8. Click **Exit.** The *Medicaid Wire Transfer* window displays.



Transfer Date	Check Amount Cleared	EFT Amount Cleared	Net Wire Transfer Request
2000/03/17	$7,829,461.41	$0.00	$7,800,658.33
2000/03/16	$6,410,357.60	$0.00	$6,350,930.82
2000/03/15	$1,427,197.93	$39,848,956.90	$41,091,191.51
2000/03/14	$1,529,715.46	$0.00	$1,318,791.78
2000/03/13	$2,880,983.69	$0.00	$2,828,358.38
2000/03/09	$3,500,000.00	$0.00	$3,443,150.78
2000/03/08	$1,178,413.52	$52,680,937.83	$52,708,846.71
2000/03/07	$1,956,669.60	$0.00	$1,707,146.27

Figure 2.121 – Medicaid Wire Transfer List Window

9. To return to the *Bank Information* menu, click **Exit**.
10. The *Bank Information* window displays.
11. To return to the *Financial* window, click **Exit.**
12. The *Financial* window displays.
13. To return to the main menu, click **Exit**.

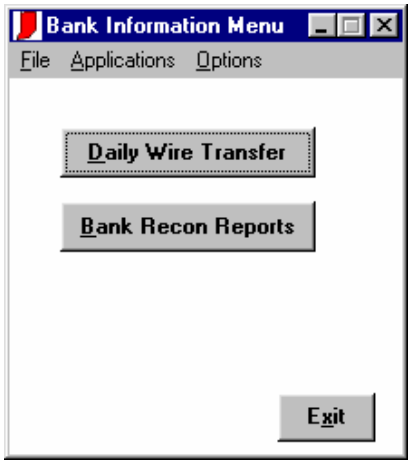


Figure 2.122 – Bank Information Menu

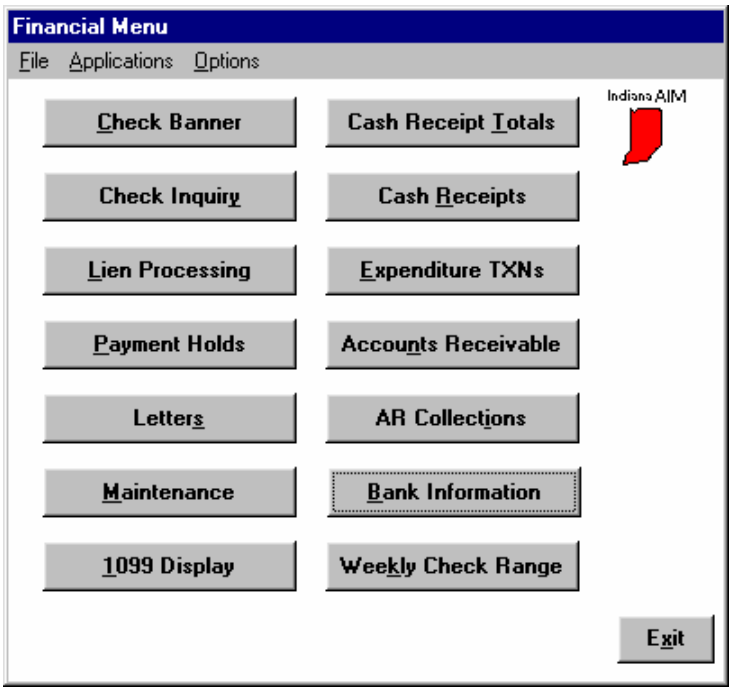


Figure 2.123 – Financial Menu Window

14. The main menu displays.
15. To exit Indiana*AIM*, click **Exit**.

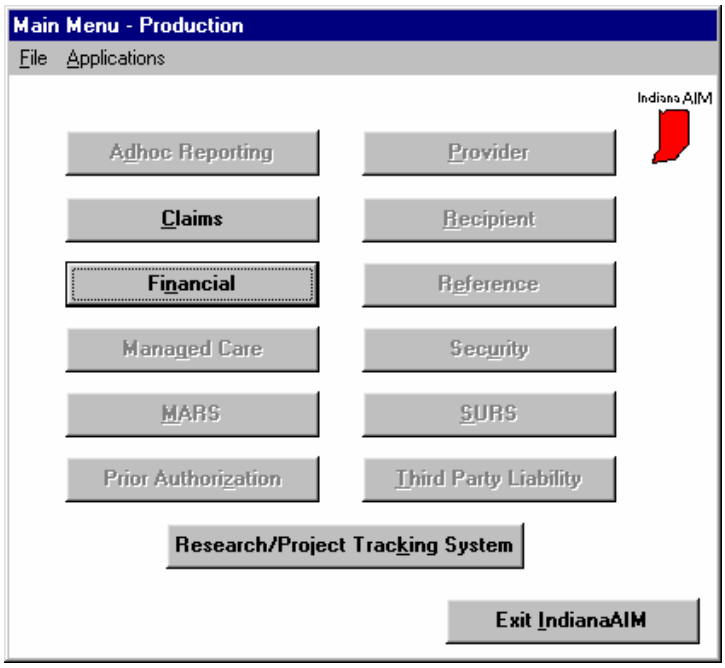


Figure 2.124 – Main Menu Production Window

Program Funding Wire Reconciliation Procedures

The *Program Funding Wire Reconciliation* allows the accountant to complete the following:

- Reconcile EDS Outstanding Book Balance to the HNB Outstanding Bank Balance
- Compare the amount of checks issued on the FIN-8000 series to the amount of funds wired to the CDA account. An example of this is located in *Appendix A, Figures A.74 – A.78*.

EDS Payables

To begin the reconciliation, the accountant verifies the amount of EDS payables. This report is a cumulative report from year to year; therefore, the data continues to build every month. The accountant must obtain the *Medicaid Check Registers, FIN-6005*, the *FIN-8000* series, financial balancing worksheets, and clears transmission data received from HNB to update the worksheet monthly.

1. Add the total amount of system and manual checks issued from the *Medicaid Check Registers, FIN-6005*. Type the data in the Issues column of Item A in the *Program Funding Wire Reconciliation* worksheet.
2. Every week the clears transmissions are sent from HNB to offset checks that EDS has issued to providers. Therefore, the outstanding balance in Indiana*AIM* is updated weekly to correspond to HNB's outstanding balance. Type the weekly totals of clears processed from HNB in the *Paid* column of Item A.
3. Using the information obtained and totaled in Steps 1 and 2, it is possible to calculate the outstanding checks per the book, *Expected FIN-8000 Series Issues YTD*. Adding issues for each week to the outstanding balance and subtracting the paid items obtains the new outstanding balance. An example of this is located in *Appendix A, Figure A.75*.
4. The *Actual FIN-8000 Issues YTD* are calculated next. Each week verification and reconciliation of the financial cycle is performed. For specific details, refer to the financial balancing procedures. This ensures that all payments and offsets are recorded appropriately in Indiana*AIM*. Therefore, by using the reconciliation of the FIN-8000 series documentation, the *Actual FIN-8000 Issues YTD* can be calculated. The net system payment total from the weekly reconciliation of the FIN-8000 series is typed in the *Net System Payment Per Recon of FIN-8000* in Item 3. In the column labeled *EFT Issues Per FIN-6006*, type all EFTs sent for the corresponding week. The information is also located on the reconciliation of the FIN-8000 worksheet. The difference between the net system payment and EFT issues equal the total checks issued for each week.
5. The difference between *Expected FIN-8000 Issues YTD* (step 3) versus *Actual FIN-8000 Issues YTD* (Step 4). If there is not a difference identified, the EDS payable reconciliation is completed. If a difference occurs, proceed to Step 6 to resolve discrepancy.
6. Reconciling items include the following:

- Claims Interest Payments – Claims interest is an EDS liability. Due to *Senate Bill 175*, EDS must pay interest to providers when claim processing is delayed. Paper claims must be processed within 30 days while electronic claims must be processed within 21 days. Record this as a negative adjustment.

- Difference in System Offsets – There is a difference between offsets reported on the *Weekly Accounts Receivable Report (FIN-3000)* and the offsets listed on the *Financial Summary Report (FIN-8006)*. This difference occurs when claims are not linked to a specific program. The discrepancy is referred to as Program Zero. The offset amount listed on the *Weekly Account Receivable Report, FIN-3000,* is accurate because it includes program zero offsets. This can be verified by comparing the offset from the *FIN-3000* to the offset amount on the *FIN-0005*. Record this as a positive adjustment.
- Stop-pay/Void Reissue Checks – Checks for stop-pay or void reissue must be deducted from the payables section. Stop-pay/reissue and void/reissue checks have been previously accounted for on the FIN-8000 series. Because the stop-pay or voided check was not cashed, it is unnecessary to account for these items as new issues. Record these totals as a negative adjustment.

EDS Receivables

The EDS Receivable section of the *Program Funding Wire Reconciliation* worksheet is also a cumulative report from year to year; therefore, the data continues to build every month. An example of all the reports is located in *Appendix A*. Examples of these documents are located in *Appendix A, Figures A.80 – A.90*. The accountant must obtain the following information:

- *Medicaid Check Registers (FIN-6005)* – An example of this report is located in *Appendix A, Figure A.41*
- *Stop-pay/Void Reissue Detail Reports (FIN-6007)* – An example of this report is located in *Appendix A, Figure A.43.*
- *Voided Checks by External Number Reports (FIN-1005)* – An example of this report is located in *Appendix A, Figure A.55.*
- Clears transmission data received from HNB
- *Issues Reconciliation* – An example of this report is located in *Appendix A, Figure A.46.*
- *Void and Stop Reconciliation* – An example of this report is located in *Appendix A, Figure A.54.*
- *IRS Backup Withholding Documentation and Wire Transfer Requests* – An example of this report is located *in Appendix A, Figure A.5*.
- *HNB – Outstanding Settlement* report – An example of this report is located in *Appendix A, Figure A.79*.
- HNB – Statement – An example of this report is located in *Appendix A, Figure A.47*.
- *HNB – Recap of Posted Items* report – An example of this report is located in *Appendix A, Figure A.45*.

1. From the EDS Payable reconciliation, carry forward the *Expected FIN-8000 Issues YTD* total to *Issues YTD* column in the EDS receivable section.
2. Carry forward the paid check total from the EDS payable reconciliation section to the *Paid Checks YTD* column in the EDS receivable section.
3. Using the *Stop-pay/Void Reissue Detail Reports, FIN-6007,* and *Void by External Check Number Reports, FIN-1005*, update the *Void and Stop YTD* worksheet. On

the *Straight Void* tab, type the total of all voided checks from the *FIN-1005* in the corresponding week. An example of this report is located in *Appendix A, Figure A.38.* At the *Stop and Void* tab, add all the voids except EFTs from the *FIN-6007* and type in figure in the *Void* column. An example of this report is located in *Appendix A, Figure A.43.* Add all the stop-pays from the *FIN-6007* and type the figure in the *Stop* column. Note the new straight void, void, and stop-pay totals. Type these figures in the *Straight Voids YTD, Voids YTD,* and *Stops YTD columns*, respectively.

4. The outstanding book balance is calculated by adding Items 1 through 3.
5. The outstanding bank balance is obtained from the *Outstanding Settlement* report received from HNB.
6. If there is no difference between the outstanding book balance and outstanding bank balance, the program funding wire reconciliation is complete. If a difference appears, proceed to Item 7 for possible book reconciling adjustments and Item 8 for possible bank reconciling adjustments.
7. Possible Book Adjustments:

   An example of all reports is listed in *Appendix A*.

   – Clears Transmission – Due to timing differences, the clears transmission corresponding to the last week of the current month's reconciliation is delayed until the first week of the next month's reconciliation. Therefore, it is necessary to subtract the amount of paid items for this week from the *Book Outstanding Balance* because the *Bank Outstanding Total* already is adjusted for the paid items.
   – YTD Clears Variance – When the clears transmissions received from HNB are compared to the paid items listed on the monthly *Recap of Posted Items* report, discrepancies sometimes appear. This is due to some checks being cleared but not listed on the clears transmission properly due to incorrect check numbers. The accountant manually clears the additional checks in Indiana*AIM*.
   – YTD IRS Backup Withholding Checks – IRS backup withholding checks are voided at HNB but remain outstanding in Indiana*AIM*. It is necessary to perform backup withholding on some providers who have provided incorrect W-9 information or who have not amended the W-9 to reflect accurate information. Therefore, a percentage of the claim payments for each week are withheld from the provider. The checks are voided at HNB to ensure that the check cannot be cashed, but the checks remain outstanding in Indiana*AIM* to maintain claim history about the checks and the funds that were withheld.
   – YTD Paid No Issues – Paid No Issues occur if checks are not entered in Indiana*AIM* and recorded on the *Medicaid Check Register, FIN-6005,* which is sent to HNB to record all outstanding check issues. At times due to systematic problems or oversights, some manual checks may not be entered in Indiana*AIM*. When the check presents for payment, there is no corresponding issue to match the paid item. The book balance must be adjusted positively to reflect the additional issues that were paid at HNB.
   – YTD Issues for *999* Paid No Issue Checks – *999* items occur due to the original checks being lost during processing and the checks are paid from a photocopy. HNB differentiates the original check from the photocopied check by preceding the actual check number with *999*. HNB places a stop payment on the original check and cashes the *999* item, which does not have an issue, listed at HNB. It is necessary for the accountant to validate the check number and amount and request that HNB post the issue for the item. As described in the Paid No Issue adjustment, these checks are not entered in Indiana*AIM* and

subsequently are not recorded on the *Medicaid Check Register, FIN-6005,* so it is necessary to positively adjust the book balance to reflect the additional issues that were paid at HNB.

- YTD Adjustments for Paid Checks – If a variance between the amount a check paid at HNB and what was recorded on the checkwrite *FIN-6005,* it is necessary to adjust the Book Balance accordingly (+/-). If the amount printed on the check is less than the amount indicated on the checkwrite, *FIN-6005*, HNB must honor what is printed on the actual check. Therefore, HNB deletes the original issue, and the check is reentered with the correct information. The book balance is affected negatively and must be adjusted. The opposite is true if the check were greater than what is listed on the checkwrite, *FIN-6005,* the adjustment would be positive for the book balance.
- Voids Processed During Wrong Period – Due to statement cut-off periods and the *Medicaid Check Register* transmissions to HNB, it is possible that the first financial cycle voids for the next month appear on the reconciliation for the current month. Therefore, the bank's outstanding balance reflects a greater number of voids, if the book's outstanding balance is adjusted. This issue would be discovered during the *Void and Stop Reconciliation* performed for the current month.

8. Possible Bank Adjustments:
   - Timing Difference for Check Issues (+) – The last financial cycle of the current month records checks within Indiana*AIM*; however, the actual issues are not transmitted to HNB until the following week. Because the issues are already recorded on the book, it is necessary to positively adjust the bank outstanding balance to reflect the issues that have not yet been received. This difference is identified in the issues reconciliation for the current month.
   - Remove Issues for Current Month's *999* Paid No Issue Items (-) – When a *999* item is identified as a valid payment, the financial analyst sends a memo to the HNB account representative to pay/post the item. As a result, the outstanding Paid No Issue item is removed from the outstanding balance. Therefore, it is necessary to deduct the *999* checks when the issues are posted.
   - Adjustments to *HNB Outstanding Settlement* report (+/-) – At times, the *Outstanding Settlement* report may not report the actual dollars of activity such as, voids, stops, and paid checks, for the current month due to a processing problem. It is necessary to adjust the corresponding activity to reflect the actual monies processed. This adjustment must carry forward every month in order to accurately portray the outstanding bank balance.
   - YTD Stop-pay Adjustments (+/-) – Stop-pay adjustments are identified in the Void and Stop Reconciliation. These differences occur because EDS and HNB process checks differently. Some of the reasons for adjustments are listed below:

     (1) Check stopped in Indiana*AIM* but remains outstanding at HNB (+)

     (2) Check is in issued status in Indiana*AIM* but stopped at HNB (-)

     (3) Check cleared in Indiana*AIM* but stopped at HNB (-)

     (4) Check stopped in Indiana*AIM* but paid at HNB (+). The accountant works with the accounting assistant to resolve any discrepancies between book and bank stop-pay totals.
   - YTD Void Adjustments (+/-) – Like stop-pay adjustments, void adjustments are identified during the *Void and Stop Reconciliation*. These differences occur because items are not reported on the *Medicaid Check Register, FIN-6005,* voids sent to HNB but not recorded in Indiana*AIM*. Adjustment include the following:

(1) Check voided and reissued in Indiana*AIM* but paid at HNB (+)

(2) Check straight voided in Indiana*AIM* but paid at HNB (+)

(3) Check not entered in Indiana*AIM* but voided at HNB (-)

(4) Check in issued status in Indiana*AIM* but voided at HNB (-)

(5) Check voided as per ABR reports but not identified on *Medicaid Check Registers, FIN-6005* that were sent to HNB; however, check is voided at HNB due to a special request (-)

– Previous Cancel; Issue Received (+) – This is a reconciling adjustment due to voids that were sent to HNB on a prior month before the issue file containing the check was sent. HNB is notified to cancel a check prior to its issuance. The following month an adjustment is necessary to correctly match the voids with the respective issues to correct the records.

Overview Reconciliation Procedures

The overview worksheet is designed to compare the ABR information to the internal book figures, as well as compare EDS internal book information to the bank information for the current month. An example of this worksheet is located in *Appendix A, Figure 57*. These two mini reconciliations discover any high-level account discrepancies so investigation and resolution can be completed.

- Data *Input for Automated Bank Reconciliation* volume. An example of this report is located in *Appendix A, Figure A.73.*
  - Lockbox Deposits – This information is obtained from the *ABR General Ledger, BNK-0001-M* report. The category is Cash Receipt Deposits.
  - Electronic Deposits – Electronic Deposits are obtained from the *ABR General Ledger, BNK-0001-M* report. The total is labeled *EFTs Voided with Reissue.*
  - Wire Transfer Credits – Total of funding credits for the month can be located on the *ABR General Ledger, BNK-0001-M* report. The category is identified as *Medicaid Program Funding Wire* on this report.
  - Service Charge Credit – Service charges are not to be incurred and recorded on the IHCP books. They are applied to the EDS corporate account. Any time a charge is incurred by this account it must be recredited to the State and charged to EDS corporate. This field never contains a figure because the OMPP does not recognize service charge fees.
  - Other Credits – Other credits indicate encoding errors or miscellaneous reimbursements for the month. These are not listed as a separate line item within ABR. The items are identified by Huntington View miscellaneous credits or by the full account reconciliation performed by HNB. This reconciliation is included with the monthly statement. A total should not be typed in this field for ABR.
  - ARP Check Listing Paid – ARP check listing paid is not a separate line item on ABR, although the checks can be calculated by subtracting the outstanding checks from total checks issued, and no total should be typed in this field. For the calculation to be applicable, the *Bank Reconciliation General Ledger, BNK-0001-M,* report needs to be printed on the bank statement cut-off date. The exact print date is necessary because this is an on-going query calculation within ABR.
  - Electronic Withdrawals – Electronic withdrawals refer to the total EFT payments processed by the financial cycle for the current month. This

information can be obtained from the *ABR General Ledger, BNK-0001-M* report under the category of Weekly EFT Issues.

- Wire Transfers Out – This is not a separate line item in ABR. This field is not applicable to ABR.
- Other Debits – ABR does not capture encoding errors or miscellaneous debits that occur at HNB. These differences are noted on the *Clears Variance Report, BNK-0100-W,* that is printed each week after the clears transmission is received from HNB. This is not a separate line item in ABR. This field is not applicable to ABR.
- Returned Deposited Items – Returned deposit non-sufficient fund (NSF) items do not appear as a separate line item in ABR. No figure should be typed in this field. Deposited items returned as NSF are reflected in the *Cash Receipt Deposits* total listed on the *ABR General Ledger, BNK-0001-M,* report through processing this CCN. All NSF items are listed on the *Clears Variance Report, BNK-0100-W,* that is printed each week after the clears transmission is received from HNB. A copy of the *BNK-0100-W* report is found in *Appendix A, Figure A.92*.
- Service Charge Debit – Service charges are not to be incurred and recorded on the IHCP books. The service charges are to be applied to the EDS corporate account. No figure should display in this field because Indiana*AIM* does not affect by EDS corporate expenses.

- Data Input for Internal Book Column
  - Lockbox Deposits – The total is obtained from the *Deposit Reconciliation* worksheet. An example of this report is located in *Appendix A, Figure A.40*. The total of CCNs entered for the current month represents the internal book lockbox deposits.
  - Electronic Deposits – The figure is found on the *EFT Internal Control Reconciliation* worksheet for the current month. An example of this report is located in *Appendix A, Figure A.65*. The total of Failed EFTs, *FIN-6007*, is used for the internal book electronic deposit total.
  - Wire Transfer Credits – The total is obtained from the *Deposit Reconciliation* worksheet for the current month. An example of this report is located in *Appendix A, Figure A39*. The total for *Program Funding Per Wire Form* column is used to represent the internal book wire transfer credits.
  - Service Charge Credit – Refer to the *Data Input for Automated Bank Reconciliation* column, Service Charge Credit.
  - Other Credits – Refer to the *Data Input for Automated Bank Reconciliation* column, Other Credits.
  - ARP Check Listing Paid – The total is obtained from the financial SE who queries Indiana*AIM* for the month's reconciling period to obtain the amount of checks that cleared through the HNB clears transmissions for the month.
  - Wire Transfers Out – No figure is required in this field. All outgoing wires are detected on the *Clears Variance Report, BNK-0100-W*. An example of this report is located in *Appendix A, Figure A.73*. When the clears transmission is received from HNB, this variance report is printed to note any difference between recorded activity at HNB and EDS. Because the wire transfer does not have a corresponding transaction in Indiana*AIM* to clear, the dollar amount is noted on the *BNK-0100-W* report.
  - Other Debits – Refer to the *Data Input for Automated Bank Reconciliation* column, Other Debits.
  - Returned Deposited Items (NSF) – Refer to the *Data Input for Automated Bank Reconciliation* column, Returned Deposited Items (NSF).
  - Service Charge Debit – Refer to the *Data Input for Automated Bank Reconciliation* column, Service Charge.

- Data Input for Bank Column – All column headings, lockbox deposits, electronic deposits, wire transfer credits, service charge credit, other credits, ARP check listing paid, electronic withdrawals, wire transfers out, other debits, returned deposit items, and service charge debits directly correspond to the HNB statement. Input all information in the appropriate fields.

  Verify the current month's statement beginning balance against last month's ending balance. If the totals agree, type this figure in the *Prior Ending Statement Balance* field. If the amounts differ, contact HNB to resolve the discrepancies.

  Verify the bank total credits minus bank total debits plus prior ending statement balance equals the current month's statement balance. If the balance calculated does not equal the statement balance, verify the entry of information and formulas for statement debits and credits separately. If a discrepancy is not revealed, contact HNB to resolve the discrepancy.

- Comparison between Automated Bank Reconciliation and Internal Book:
  - Lockbox Deposits – Refer to the *Deposit Reconciliation* worksheet to identify the discrepancies between the total lockbox deposits for ABR and the internal book. An example of this report is located in *Appendix A, Figure A.39.*
  - Electronic Deposits – Refer to the *EFT Internal Control Reconciliation* worksheet to identify any discrepancies between the total electronic deposits for ABR and the internal book. An example of this report is located in *Appendix A, Figure A.65.*
  - Wire Transfer Credits – Refer to the *Deposit Reconciliation* worksheet to identify the discrepancies between the wire transfer credits for ABR and the internal book. An example of this report is located in *Appendix A, Figure A.39.*
  - Service Charge Credit – No comparison can be calculated because the figures are not entered in the ABR and internal book.
  - Other Credits – No comparison can be calculated because figures are not entered in the ABR and internal book.
  - ARP Check Listing Paid – No comparison can be completed because ABR figures are not entered in the ARP check listing paid amount.
  - Electronic Withdrawal – Comparison between the ABR and Internal Book Electronic Withdrawals occur due to a timing difference. ABR searches the database based on the issue date while the financial cycles end on Fridays. Because the financial cycle ends on Friday, the next issuance of EFTs may appear on the following month's bank reconciliation. Therefore, this adjustment must be noted.
  - Wire Transfers Out – No comparison can be calculated because figures are not entered in the ABR and internal book.
  - Other Debits – No comparison can be calculated because figures are not entered in the ABR and internal book.
  - Returned Deposited Items (NSF) – No comparison can be calculated because figures are not entered in the ABR and internal book.
  - Service Charge Debits – No comparison can be calculated because figures are not entered in the ABR and internal book.

- Comparison between Internal Book and Bank
  - Lockbox Deposits – Refer to the *Deposit Reconciliation* worksheet to create a mini reconciliation between the lockbox deposits recorded in the *Internal Book vs. the Bank*. An example of this report is located in *Appendix A, Figure A.39.* The difference occurs due to one of the following:

1. HMS deposits received at HNB but not yet recorded in Indiana*AIM* because of a timing difference (Positive Book Adjustment)
2. HCE wires received and assigned a CCN at EDS but recorded at HNB as a wire transfer credit (negative Book adjustment)
3. Money received by EDS Provider Lockbox (LB104) but intended for HMS Lockbox (LB56). Due to a time delay, the money is not yet assigned a CCN in Indiana*AIM* (positive Book adjustment).

– Electronic Deposits – Refer to the *EFT Internal Control Reconciliation* worksheet to create a mini reconciliation between the electronic deposits recorded in the Internal Book instead of the bank. An example of this report is located in *Appendix A, Figure A.65*. The difference occurs due to ACHs failing in a prior period but not reissued until the current period (negative Book adjustment).
– Wire Transfer Credits – Refer to the *Deposit Reconciliation* worksheet. This difference occurs due to the bank recording HCE wires as wire transfer credits and EDS recording HCE wires as lockbox deposits because the money has not been assigned a CCN in Indiana*AIM*.
– Service Charge Credit – Refer to the *Miscellaneous Debit and Miscellaneous Credit* worksheet to detail all service charge credits for the month; however, a direct comparison between the internal book and bank cannot be completed because the internal book does not record service charge credits.
– Other Credits – Refer to the *Miscellaneous Debit and Miscellaneous Credit* worksheet to detail all other credits for the month; however, a direct comparison between the internal book and bank cannot be completed because the internal book does not record other credits. An example of this report is located in *Appendix A, Figure A.60.*
– ARP Check Listing Paid – A difference between the *Internal Book ARP Check Listing Paid* and *Bank ARP Check Listing Paid* occurs due to one of the following reasons:

1. Checks actually paid at HNB but not included on clears transmissions from HNB (positive Book adjustment)
2. Encoding errors (positive/negative Book adjustment)

The differences are researched and documented on the *Overview* worksheet.

– Electronic Withdrawals – Refer to the comparison between ABR and internal book electronic withdrawals for more information.
– Wire Transfers Out – Refer to the comparison between ABR and internal book wire transfer out to detail all outgoing wires for the month. However, a direct comparison between the Internal Book and Bank cannot be completed because the internal book does not record wire transfers out.
– Other Debits – Refer to the *Miscellaneous Debit and Miscellaneous Credit* worksheet to detail all other debits for the month; however, a direct comparison between the internal book and bank cannot be completed because the internal book does not record other debits. An example of this report is located *in Appendix A, Figure A.60.*
– Returned Deposited Items (NSF) – No comparison can be calculated due to inability to input figures in the *ABR* and Internal Book. Supporting documentation pertaining to NSF items that are received throughout the month should be verified against the HNB statement.
– Service Charge Debit – Refer to the *Miscellaneous Debit and Miscellaneous Credit* worksheet to detail all service charge debits for the month; however, a direct comparison between the internal book and bank cannot be completed

because the internal book does not record service charge debits. An example of this report is located in *Appendix A, Figure A.60.*

Section 3: Centers for Medicare and Medicaid Services (CMS-64)

Overview

The quarterly Indiana*AIM*/CMS-64 processing requirements consist of several tasks that collectively result in the generation of the required data for Medicaid, Package A, and Package C federal reporting. Each task builds or modifies from the preceding task data but encompasses separate balancing and reconciliation methodologies. A detailed description of each task is provided in Table 3.1:

Table 3.1 – Processing Task List for Medicaid and Package A

Task	Description	Due Date
Data gathering	1. Create worksheets and forms 2. CMS-64 reports from CRLD 3. Weekly and monthly CRLD reports	Following last financial cycle of the month
Step I – Claim specific data assimilation and balancing	1. Claim specific data 2. Waiver services 3. Initial worksheets	10 business days following month end
Step II – Nonclaim specific data assimilation and balancing	1. FIN-8000 and FIN-0005	10 business days following month end
Step III – Invoices, Drug Rebate and TPL data assimilation and balancing	1. Invoice worksheets 2. TPL 3. Drug rebate	10 business days following month end
Step IV – FSSA data assimilation and balancing	1. Fssaadj worksheet procedures	Two days following written receipt of FSSA data
Step V – Apply FSSA/CMS adjustments and balancing	1. FSSA/CMS adjustment procedures	Two days following written receipt of FSSA/CMS data, but the report is due on the last day of the month following quarter end

Table 3.2 – Processing Task List for Package C

Task	Description	Due Date
Data Gathering	1. Create worksheets and forms 2. CMS-64 reports from CRLD 3. Weekly and monthly CRLD reports	Following last financial cycle of the month
Step I – Claim specific data assimilation and balancing	1. Claim specific data 2. Initial worksheets	10 business days following month end
Step II – Nonclaim specific data assimilation and balancing	1. FIN-8003	10 business days following month end
Step III – Invoice assimilation and balancing	1. Invoice worksheets	10 business days following month end

Federal Medical Assistance Percentage Rates

The quarterly Indiana*AIM* CMS-64 and CMS21 reports are based on payments for a specific federal fiscal year (FFY), with each FFY having its own federal medical assistance percentage (FMAP) assigned by CMS. Recent FMAP rates for Indiana*AIM* are outlined below.

Table 3.3 – Federal Medical Assistance Percentage Rates

FFY	Dates	Regular FMAP	CHIPS FMAP
1997	October 1996 - September 1997	61.58%	N/A
1998	October 1997 - September 1998	61.41%	72.99%
1999	October 1998 - September 1999	61.01%	72.71%
2000	October 1998 - September 1999	61.74%	73.22%
2001	October 1999 - September 2000	62.04%	73.43%
2002	October 2000 - September 2001	62.04%	73.43%

Gathering Data for Worksheets and CRLD Reports

Worksheet templates are located in the document management system (DMS) as a Microsoft Excel file. Worksheets are copied to a new file with the corresponding month and quarter being prepared. For example, the end of the fourth quarter 1997 would be H641297. The user must copy each template file into a new quarterly file.

When a user creates a new template spreadsheet or modifies a current one, the new or modified template **MUST** replace the current template.

The DMS contains the following templates:

- H64a template
- H64(1)
- H64(2)

- H64(3)
- H64(4**)**
- H64(5)
- H64 Fin8
- H64 Fssaadj template
- H64 Invoice template
- H6421 template
- H64 Tplmcare template

> *Note: The following files are monthly reports located in the CO-MAND Retrieval Station: HCF6401Q0, HCF6402Q0, HCF6403Q0, HCF6404Q0, HCF6404Q0, HCF6406Q0, HCF6407Q0 and HCF6407Q0. All other reports must be completed by the MAR analyst.*

Print the following reports from CO-MAND and MAR windows for the applicable quarter.

Table 3.4 – CO-MAND and MAR Reports

Report / Window	Location	Definition
HCF6401Q0	CRLD	Non-CHIP Medicaid information to be entered in the H64mmyya 64.9 worksheet for Step I
HCF6402Q0	CRLD	Package A Medicaid information to be entered in the H64mmyyb 64.21U worksheet for Step I
HCF6403Q0	CRLD	Package C Medicaid information to be entered in the H64mmyyb 21 worksheet for Step II
HCF6404Q0	CRLD	Non-CHIP Medicaid information to be entered in the H64mmyyb 64.9 worksheet for Step II
CMS-6405Q0	CRLD	Package A Medicaid information to be entered in the H64mmyyb 64.21U worksheet for Step II
CMS-6406Q0	CRLD	Package C Medicaid information to be entered in the H64mmyyb 21 worksheet for Step II
HCF6407Q0	CRLD	FIN 8 balancing worksheet to be reconciled to the H64mmyyb line 6 for Step II
CMS-6408Q0	CRLD	FIN 8 balancing worksheet to be reconciled to the H21mmyyb CMS21sum line 1 for Step II.
FIN-0005W	CRLD	*Weekly Financial Balancing* report
FIN-8000W	CRLD	*Weekly Financial Control Summary – Medicaid*
FIN-8003W	CRLD	*Weekly Financial Control Summary – Package C*
MAR9001W	LAN	*Weekly MAR To Financial Balance Report* (Weekly) Microsoft Word file *I:\mar\dms\wkbal directory.rpt*
Medicare Part A	MAR	Medicare Participation: Part A (WM48-05R) MAR Window (Monthly)
Medicare Part B	MAR	Medicare Participation: Part B (WM48-05R) MAR Window (Monthly)

Other Information

Collect program-funding invoices from the accountant, as well as, data assimilation and balancing information from ACS, the TPL Unit, Drug Rebate Unit, and the FSSA. The information is needed to complete the CMS-64.

Table 3.5 – Miscellaneous Data and Sources

Description	Data Source
Drug Rebate Totals	ACS
TPL Collections	TPL Unit
Program Funding Invoice	Finance Unit
FSSA Provided Data	FSSA

Worksheet Use

The following list provides a brief description and purpose for each worksheet produced by the MAR analyst.

Table 3.6 – Worksheets and Use

Step	Worksheet	Description
III	Invoice	Worksheet used to balance the CMS-64 and the FIN8 worksheet to the weekly financial invoices.
	TPLMCARE	Worksheet used to add TPL and Medicare cost avoidance dollars to the CMS-64 and CMS-64.9A.
IV	FSSAADJ	Worksheet used to add FSSA provided dollars to the CMS-64 and CMS-64.9 worksheets.
Workbooks		
(Individual worksheet names are at the bottom of each workbook.)	H64MMYYA	Workbook used to report *all* IHCP expenditures.
	H64MMYY (1)	Workbook used to report Aged and Disabled Waiver expenditures.
	H64MMYY (2)	Workbook used to report Autism Waiver expenditures.
	64MMYY (3)	Workbook used to report ICF/MR Waiver expenditures.
	64MMYY (4)	Workbook used to report MFC Waiver expenditures.
	64MMYY (5).xls	Workbook used to report MCO and PCCM expenditures.

Note: In steps I-IV, it is imperative to save new versions of each workbook using naming extension such as A, B, or C when completing subsequent steps.

Table 3.7 – PACKAGE C Worksheets and Use

Step	Worksheet	Description
III	Invoice	Worksheet used to balance the CMS21 and the FIN8 worksheet to the weekly financial invoices.
		Worksheet used to add TPL and Medicare cost avoidance dollars to the CMS-64 and CMS-64.9A.
Workbooks (Individual worksheet names are at the bottom of each workbook.)	H21MMYYA	Workbook used to report *all* Package C IHCP expenditures.

Balance Package C – Claim Specific

The following procedures are used for balancing claim specific data for Package C.

Step I – Claim Specific Data Assimilation and Balancing for Package C

1. Format and print the HCF6403Q0 worksheet from CRLD.
2. Ensure that Systems has updated the FMAP percentage in the calculated columns for each FFY.
3. Type **Claim Specific Dollars** from the HCF6403Q0 worksheet in CMS21 worksheet. The total computable field on the CMS21 worksheet populates automatically and should match back to the total of the HCF6403Q0.
4. Print the CMS21 total and the CMS21 worksheets.

Step II – Nonclaim Specific Data Assimilation and Balancing for Package C

1. Format and print the HCF6406Q0 worksheet.
2. Ensure that the FIN8 balancing worksheet shows a difference of zero before proceeding to Step III. If there is a difference, contact the appropriate Systems personnel to research and resolve. After the difference has been researched, Systems will need to rerun the report or provide supporting documentation for any differences that exist.
3. The new CMS21 Total Computable sum should match the FIN8 worksheet totals before proceeding.
4. Forward the CMS21sum and the CMS21 worksheets to the appropriate OMPP and CMS personnel.

Step III – Finance Invoices Assimilation and Balancing for Package C

1. Gather the weekly financial invoices from the Finance Unit to complete Step III.

2. Complete the Invoice worksheet (Exhibit 82). Extract any dollars not accounted for on the *FIN-8003-W, Medicaid Financial Control Summary* report. Claims interest should not be included on Line 1 on the CMS21.
3. Forward the following copies to the appropriate OMPP and CMS personnel by e-mail:

- CMS21sum
- CMS21 worksheets (Exhibits 83 and 83A).
  Electronic copies of Steps I through III should be sent to the OMPP. The MAR analyst should keep all printed copies in the EDS folder for references.

> *Note: OMPP or CMS may request any additional documentation at any time.*

Balance Regular Medicaid and Package A – Claim Specific

The following procedures are used for balancing claim specific data for regular Medicaid and Package A.

Step I – Claim Specific Data Assimilation and Balancing for Regular Medicaid and Package A

1. Format and print the CMS-6401Q0 and CMS-6402Q0 worksheets from CLRD. An example of the worksheets is located in *Appendix A, Figures A.99* and *A.100*.
2. Ensure that Systems has updated the FMAP percentage in the calculated columns for each FFY. The FMAP percentage for Family Planning presently is locked at 90 percent.
3. Enter Claim Specific Dollars from the HCF6401Q0 and the CMS-6402Q0 worksheets into CMS-64.9 and CMS-64.21U, respectively. The total computable field on the CMS-64 worksheet populates automatically and should match the total of the CMS-6401Q0, CMS-6402Q0 and the Family Planning Services columns.
4. Transfer corresponding FMAP percentage dollars at the bottom of the HCF6401Q0 to line 19 of each corresponding waiver worksheet. The summation of the four waiver worksheets *must* equal line 19 of the primary CMS-64.9 worksheet. There should never be any Package A and Package C waiver dollars. All waiver dollars should be reported on the CMS-64.9
5. Print the CMS-64, 64.9, 64.21U, HCF6401Q0, and the HCF6402Q.

Step II – Nonclaim Specific Data Assimilation and Balancing for Regular Medicaid and Package A

1. Format and print the HCF6404Q0, HCF6405Q0 and the HCF6407Q0 worksheets from CLRD. An example of these documents is located in *Appendix A, Figures A.101 – A.103*.
2. Ensure that the FIN8 balancing worksheet shows a difference of zero before proceeding to Step III. An example of this document is located in *Appendix A, Figure A.103*. If there is a difference, contact the appropriate systems personnel

to research and resolve. After the difference has been researched, Systems will need to rerun the report or provide supporting documentation for imbalances that exist.

3. Type in the new calculated figures from the HCF6404Q0, HCF6405Q0, and the HCF6407Q0 worksheets to a new version of the CMS-64.9 and the CMS-64.21U respectively. Transfer corresponding FMAP percentage dollars from the HCF6404Q0 to line 19 of each corresponding waiver worksheet. The summation of the four waiver worksheets *must* equal line 19 or the primary CMS-64.9 worksheet.
4. The new CMS-64 Total Computable total should match the FIN8 worksheet totals before proceeding.
5. Forward the CMS-64, 64.9, 64.21U, HCF6405Q0, and the CMS-6407Q0 to the appropriate OMPP and CMS personnel.

Step III – Finance Invoice, Drug Rebate, TPL Assimilation & Balancing for Regular Medicaid and Package A

1. Gather the following data to complete Step III.
   - Drug Rebate totals from ACS
   - TPL collections from TPL Unit
   - Program Funding Invoices from Finance Unit
   - MAR9001W from the MAR analyst or I:MAR/DMS/wkbal
   - Medicare Participation data from MAR windows
   - Medicaid participation data from MAR windows
   - TPL0033M from CO-MAND Retrieval Station or TPL supervisor
2. Complete the invoice worksheet. An example of the worksheet is located in *Appendix A*. Extract any dollars not accounted for on the *FIN-8000-W, Medicaid Financial Control Summary Report*. Claims interest should not be included on line five on the *CMS-64*.
3. Retrieve drug rebate dollars from the Drug Rebate Unit and enter the dollars in the *CMS-64.9R* worksheet of the H64mmyyc workbook.
4. Populate the *HCF64.9A* with data provided by the TPL Unit.
5. Complete the *Tplmcare* worksheet. An example of this worksheet is located in *Appendix A*. The Third Party/Cost Avoidance dollars are provided by the TPL Unit supervisor. Type the figures for each month in the Health Insurance, DFC Collections, 1.(b).(2)., Medicare Payment – Part A, Medicare Payment – Part B, and 2. Health Insurance fields.
   - Medicare Cost Avoidance figures are provided by the MAR Medicare Participation Part A and Medicare Participation Part B windows for each month of the quarter. The *Tplmcare* worksheet calculates the total Medicare Payments in order to obtain the Total Computable figure, the Federal Share percentage, and the 1. MEDICARE TITLE XVIIII figure.
   - Using the *Tplmcare* worksheet, type the Federal Share amounts in the CMS-64.9A worksheet. Federal share figures should match dollars provided by the TPL Unit.
6. Type the federal share figures from *Tplmcare* worksheet to a new version of the CMS-64.9A.

7. Calculate FMAP percentage for CMS-64.9, line 7A, by using CMS-64.9R, line 5, total and multiplying by the current FMAP percentage. This field currently populates automatically.
8. Invoice worksheet must balance to line six on the CMS-64 before proceeding.
9. The tax assessment fee for the CMS-64.11 worksheet is typed in line eight. A copy of all queries used prior to automation appears in *Appendix A, Figure A.104*, and currently resides on the MAR Analyst's PC in DSS. Query numbers do not correspond to the query numbers used in the automation process to produce the reports in CO-MAND.
10. Forward the CMS-64, 64.9, 64.9R, 64.11, 64.21U, *Invoice* and *Tplmcare* worksheets to the appropriate OMPP and CMS personnel. Examples of these documents are located in *Appendix A, Figures A.104 – A.111*.
11. Electronic copies of Steps I through III should be sent to the OMPP.

The MAR analyst should keep all printed copies in the EDS folder for reference.

> *Note: The OMPP or CMS can request additional documentation at any time.*

Step IV – FSSA/CMS Data Assimilation and Balancing

1. Gather the following data to complete Step IV:
   - FSR – FSSA
   - STACSHR3-C (STA-C) – FSSA
2. Complete the *Fssaadj* worksheet by using the *FSR* and the STA-C reports. There may not be dollars present for month of the STACSHR3-C report, but all items listed below are possible and should be checked. *Do not add figures if the Federal Share column for that item is blank or zero.*
   - 601 Common Audit (Line 9D - CMS-64)
   - 602 Common Audit Interest (Line 5 - CMS-64)
   - 605 Miscellaneous Medicaid Repayments (Line 9D - CMS-64)
   - 606 Third Party Liability (Line 1.A.1 - CMS-64.9A)
   - 608 Estates (Line 9B - CMS-64)
   - 609 Fraud - Attorney General Collection (Line 9C - CMS-64)
   - 610 Program Integrity Audits (Line 9D - CMS-64)
   - 611 Refund of Medical Overpayments (Line 10C - CMS-64)
   - 903 EDS Drug Rebate Interest (Line 5 - CMS-64)
3. Item 606 Third Party Liability does not need to be entered on the *fssaadj* worksheet. It should have been included in Step III with TPL figures.

   <u>FSR Report</u> – There may not be dollars for month of the FSR report, but all listed below are possible and should be verified. *Do not add figures if the Federal Share column for that item is blank or zero.*
   - Other Checks Voided (Per FSSA)
   - HIPP Member Premium (Line 17 D – CMS-64.9)
   - Judgment and Fees (Per FSSA)
   - Other Disp. Share Claims (Line 2B – CMS-64.9)
   - Other Shadow Claim (Line 5 - CMS-64.9)
   - Common Audit (Line 1A – CMS-64.9)
   - Part A Buy-in (Line 17A – CMS-64.9)
   - Part B Buy-in (Line 17B – CMS-64.9)

- Buy-In Adjustment (Line 17B – CMS-64.9P Line 7)
- Medical Overpayment (Per FSSA – CMS-64.9O)
- Disallow OIGOA CIN (Per FSSA)
- Medicaid Indigent (Per FSSA)

4. Generally, the Buy-in Adjustment and Medical Overpayment has a dollar figure that is negative in the Federal Share column, and the Total is zero. Calculate the total using the current FMAP, for example Federal Share / .6257 = Total, and input the total as a positive number on the appropriate form. The totals appear on the CMS-64 form as a positive but the macro subtracts this amount.

5. Items to add from the *General Ledger* are drawn from the Summary Sheet. Percentages should be calculated from the amounts given on this sheet. All figures populate the CMS-64.10 or CMS-64.10P. If an item notes *-pr. Yr*, then the amount is input onto the CMS-64.10P; otherwise, use the CMS-64.10. Using the columns on the right side of the page, note that the prior year dollars are typed on different CMS-64.10P, line 7, line 8, line 10A or line 10B. Verify figures and balancing to this summary sheet. Note that all amounts entered in the CMS-64.10/P worksheet should be positive numbers and are carried forward by the macro to the CMS-64 under Medicaid administrative costs.

6. Forward the CMS-64, 64.9, 64.9A, 64.9R, 64.11, 64.21, *Fssaadj* worksheet to the appropriate OMPP and CMS personnel. An example of these documents is located in *Appendix A*.

7. Electronic copies of Steps I through III should be sent to the OMPP.

The MAR analyst should keep all printed copies in the EDS folder for reference.

Section 4: Coordination Other Contractors

Overview

There are four other entities with whom EDS must coordinate to ensure financial records are properly maintained and updated and also to ensure financial balancing. These entities are: Health Management Services (HMS), which is under contract with EDS to perform TPL recovery; Health Care Excel (HCE), which has been contracted by the state of Indiana to handle the Surveillance Utilization Review (SUR) Department; ACS, who has contracted with the State to perform pharmacy claim processing and drug rebate functions; Myers & Stauffer (M&S), which id contracted with the State to implement the Payment Integrity Program.

Note: See cash receipts for more information about HMS.

Health Care Excel

SUR refunds are located in batch range 950 and IHCP fraud payments are found in batch range 955.

HCE has designated one individual at HCE who is responsible for receiving checks, assigning a CCN to each check received, establishing accounts receivable, and dispositioning cash receipts against accounts receivable. HCE uses Indiana*AIM* to accomplish the outlined tasks. HCE follows the same process as the cash control clerk at EDS.

HCE has established an account with HNB. This account holds all SUR cash receipts that HCE receives. A deposit for cash receipts is made by 3 p.m. daily. Every morning, a wire transfer is initiated by authorized personnel at HCE to the EDS account at HNB. Because funds are being wired to the EDS account daily, HCE must provide documentation of the daily deposits for reconciling purposes. This is crucial to calculate daily funding for the Controlled Disbursement Account.

Any checks returned for nonsufficient funds effect the HCE account balance because the check is deposited directly to the HCE account.

Because HCE and EDS both process cash receipts, checks may inadvertently be misrouted. Any HCE check received by EDS or at the EDS lockbox is forwarded by courier to HCE within 24 hours of receipt. Checks received by HCE for EDS are forwarded to the EDS lockbox. The lockbox address is listed below:

EDS
Dept. 104
PO Box 1937
Indianapolis, IN 46206

ACS

ACS receives drug rebate monies from labelers and providers. ACS sends a check log daily to the Finance Unit and wires the monies daily to the State's account. The amount on the daily check log from ACS should match the amount wired that day.

ACS also is responsible for providing EDS quarterly drug rebate recovery for inclusion in the CMS 64 report.

M&S

In 2003, M&S began recovering providers' money through the Payment Integrity Program. M&S follows the same process and procedures as HCE for SUR recovery.

Section 5: Tables

Overview

This section lists in detail the various code tables referred to in this manual.

Cash Receipt Batch Numbers and Descriptions

Listed below are the batch numbers and the type of cash receipt to be used when sorting cash receipts.

Table 5.1 – Batch Number Definitions

Batch Number	Cash Receipt Type
900-904	Casualty
901	Birth Expenditures
905-909	Provider Refunds (TPL)
906	TPL Provider Requested Letters
910-914	Provider Refunds (NON TPL)
913	Hospice Recoupment
915-917	Insurance Company Recoveries (NON HMS)
918	HMS Recoveries
919	Insurance Company Recoveries (NON HMS)
920-921	590 Program Refunds
922-923	CSHCS Program Refunds
924-925	ARCH Program Refunds
930	System Check – Post Office Returns
934	System Check – Provider Returns
939	System Check – Voids
940-949	Credit Balance Projects
946	A/R payments
950	SURS Refunds (under HCE)
955	Indiana Health Coverage Programs Fraud (HCE)
960	Drug Rebate – Manufacturer Payments *End-dated at EDS 12/31/2002.
964	Drug Rebate – Credits *End-dated at EDS 12/31/2002.
965	Drug Rebate – Provider Refunds *End-dated at EDS 12/31/2002.
997	RTS – Follow up Required
998	RTS
999	Non Specific

Description of Cash Receipt Batch Numbers and Types

- 900-904 – Attorney/Casualty Checks

  The checks are received directly from an attorney, usually in settlement of a court case. Some insurance checks may fall in this batch range if the check is for settlement of a casualty claim. The entire CCN must be written on any check copies received for this batch. After entry in Indiana*AIM* a copy of the check are forwarded to the TPL Unit for disposition.

- 901 – Birth Expenditures

  These checks are the result of court expenditure repayments. Any child support check is entered in this range. After entry in Indiana*AIM*, the documentation and a copy of the check are forwarded to the TPL Unit for disposition.

- 905-909 – Provider Refunds TPL Related

  These checks are received from providers, such as hospitals, physicians, transportation providers, medical specialty clinics, or other providers of medical services, to refund overpayment of claims that involve a commercial or employment health insurance payment on the same claim. If Medicare is listed as a secondary insurance, the claim is also TPL related. After entry in Indiana*AIM*, the documentation and a copy of the check are forwarded to the Adjustments Unit for disposition.

- 906 – TPL Request Letters

  These checks are received in response to letters from TPL to providers, such as hospitals, doctors, transportation providers, medical specialty clinics, or other providers of medical services, requesting refund of overpayments. After entry in Indiana*AIM*, the documentation and a copy of the check are forwarded to the Adjustments Unit for disposition.

- 910-914 – Provider Refunds Non-TPL

  These checks are received from providers, such as hospitals, physicians, transportation providers, medical specialty clinics, or other providers of medical services, to refund overpayment of claims paid in error. Examples of claims paid in error include wrong procedure codes, duplicate payment, incorrect provider, or no documentation. After entry in Indiana*AIM*, the documentation and a copy of the check are forwarded to the Adjustments Unit for disposition.

- 915-919 – Insurance Refunds

  These checks are received from insurance companies after a request for refund is sent from the TPL Unit. HMS is responsible for entry, deposit, and the disposition of all refunds from insurance companies. Daily deposit totals are provided to the supervisor in the TPL Unit.

- 920-921 – 590 Program Refunds

  These checks are refunds from providers and apply only to 590 Program members. If the check is determined to be 590 related, the cash receipt is assigned this batch range. After entry in Indiana*AIM*, the documentation and check copy are forwarded to the Adjustments Unit for disposition.

- 922-923 – Children with Special Health Care Needs (CSHCS) Program Refunds

These checks are refunds from providers and apply to the CSHCS program. If the check is determined to be CSHCS related, the cash receipt is assigned this batch range. After entry in Indiana*AIM*, the documentation and check copy are forwarded to the Adjustments Unit for disposition.

- 924-925 – ARCH Program Refunds

  These checks are refunds from providers that are applicable to the ARCH Program. If the check is determined to be ARCH related, the cash receipt is assigned this batch range. After entry in Indiana*AIM*, the documentation and check copy are forwarded to the Adjustments Unit for disposition.

- 930 – IHCP Payment Checks Returned by the Post Office

  IHCP Payment checks are assigned a batch range of 930 when returned by the post office as undeliverable. After entry in Indiana*AIM*, the check and documentation are retained in the Finance Unit for research.

- 934 – IHCP Payment Checks Returned by Provider

  IHCP Payment checks are assigned a batch range of 934 when returned by the provider. After entry in Indiana*AIM*, the check and documentation are retained in the Finance Unit for research.

- 939 – System Voids

  The accounting assistant receives all system-generated checks for the cash control clerk. When a check must be voided, the documentation and check are forwarded to the Finance Unit where an accounting assistant voids the check in Indiana*AIM*. In the process, the claims associated with the check are voided too. When the void process is initiated, Indiana*AIM* creates a cash receipt entry and assigns a CCN to the voided check using this batch range.

- 940-945 – TPL Credit Balance Projects

  These checks are received as a result of TPL Unit credit balance projects. Periodically, these projects require providers to return overpayments to the IHCP. These checks are identified by the letter that accompanies the refund check. After entry in Indiana*AIM*, the check copies and documentation are forwarded to the Adjustments Unit for disposition.

- 946-949 – Provider A/R Payments

  These checks are received to satisfy an outstanding A/R or interest associated with an accounts receivable. After entry in Indiana*AIM*, the check copy and documentation are retained in the *Finance Unit* for disposition.

- 950 – Surveillance Utilization Review Refunds

  These checks are received due to a Surveillance Utilization Review (SUR) audit. Checks are usually received from the provider, such as hospitals, doctors, transportation providers, medical specialty clinics, or other providers of medical services, but occasionally may come from other sources. The SUR demand letter identifies these checks. HCE is responsible for the deposit and disposition of all SUR checks.

- 955 – Medical Fraud

These checks are the result of fraud cases or are received from the Office of Financial Enhancement (OFE). After entry in Indiana*AIM*, check copy and documentation are forwarded to the SURS Unit at HCE, if fraud related, or to the OFE, if OFE related, for disposition.

- 960-964 – Drug Rebate-Manufacturer Payments

  These checks are payments received as a result of the EDS initiated quarterly invoices. The check copy and documentation are forwarded to the Drug Rebate Unit. The cash control specialist in the Drug Rebate Unit is responsible for cash receipt entry of manufacturer payments. EDS discontinued processing Drug Rebate dollars on December 31, 2002.

- 965 – Drug Rebate-Provider Refunds

  The Drug Rebate Unit requests refunds from providers as a result of manufacturer dispute resolution. These refunds are due to obvious billing errors by the provider. After entry in Indiana*AIM*, the check copy and documentation are forwarded to the Drug Rebate Unit for disposition. EDS discontinued processing Drug Rebate dollars on December 31, 2002.

- 997 – Return to Sender/Requires Follow-up or Further Endorsement

  These checks have been returned for additional check information or endorsement by other parties. After entry in Indiana*AIM*, the check copy and documentation are retained in the Finance Unit for follow-up activity.

- 998 – Return to Sender

  These checks were received in error or cannot be processed as received. These checks are not deposited. If necessary, a letter is generated and returned to the sender along with the check. After entry in Indiana*AIM*, the check copy and documentation are retained in the Finance Unit for follow-up activity.

- 999 – Non Specific

  These are miscellaneous checks for provider manuals, duplicate RA requests, maximum fee listing requests, and so forth. For additional information, see Dallas Lockbox Procedures.

Accounts Receivable Batch Ranges

Table 5.2 – Accounts Receivable Batch Ranges

Number	Description
950 – 952	A/R – manual setup (Misc.)
953	A/R – manual setup (Tax Assessment)
954	A/R – manual setup (Misc.)
960 – 964	A/R – manual setup (SURS)
970 – 974	A/R – manual setup (Fraud)
980 – 984	A/R – manual setup (OFE)
990 – 994	A/R – manual setup (Check Advance)

Accounts Receivable Disposition Reason Codes

Table 5.3 – Disposition Reason Codes

Code	Description
8430	A/R increase-State directed
8431	A/R increase-interest applied
8432	A/R increase-SURS directed
8433	A/R increase-misc.
8434	A/R decrease-State directed
8435	A/R decrease-SURS directed
8436	A/R decrease-cash receipt applied (principle)
8437	A/R decrease-provider over refund applied
8438	A/R decrease-liquidating A/R
8439	A/R decrease-misc.
8440	A/R write-off
8441	A/R decrease-claim offset applied
8443	A/R increase-TPL directed
8444	A/R decrease-TPL directed
8445	A/R decrease-established for wrong provider
8446	A/R decrease-stop paid system check applied
8447	A/R increase-Drug Rebate directed
8448	A/R decrease-Drug Rebate directed
8450	A/R re-establishment-Voided System Check

Accounts Receivable Setup Reason Codes

Table 5.4 – Accounts Receivable Setup Reason Codes

Code	Description
8400	A/R-result of claim adjustment
8401	A/R-manual setup (SURS)
8402	A/R-manual setup (Fraud)
8403	A/R-manual setup (OFE)
8404	A/R-manual setup (IFSSA)
8405	A/R-manual setup (Tax Assessments -Monthly)
8406	A/R-manual setup (unspecified)
8407	A/R-manual setup (Converted A/R Non-Risk)
8408	A/R-manual setup (TPL Special Project)

(Continued)

Table 5.4 – Accounts Receivable Setup Reason Codes

Code	Description
8409	A/R-manual setup (Drug Rebate)
8410	A/R-manual setup (SURS interest)
8411	A/R-manual setup (Claims older than 3 years)
8412	A/R-manual setup (Check Advance)
8413	A/R-manual setup (Check Advance-Risk Related)
8414	A/R-manual setup (Returned Meds from NF)
8415	A/R-manual setup (ISDH Civil Penalties)
8419	A/R-manual setup (Transfer of account)
8420	A/R-result of claim adjustment (Risk)
8421	A/R-manual setup (Tax Assessment Rate Increase)
8424	A/R-manual setup (IFSSA, Risk Related)
8427	A/R-manual setup (Converted A/R Risk)
8428	A/R-manual setup (1994-1998 Tax Assessment Rate)
8429	A/R-manual setup (Monthly Tax Assessment Rate Recon)

Check Status

Table 5.5 – Check Status Codes

Code	Status
C	Cleared Bank
S	Stop-pay
I	Issued
R	Reissue

Expenditure Setup Reason Codes

Table 5.6 – Expenditure Setup Reason Codes

Code	Description
8300	Provider Payout – System Generated
8301	Provider Payout – Manual Check
8302	Provider Payout – Over Refund (System)
8303	Provider Payout – Over Refund (Manual)
8304	Provider Payout – Advance (System)
8305	Provider Payout – Check Advance

(Continued)

Table 5.6 – Expenditure Setup Reason Codes

Code	Description
8306	Check for Previous Adjustment
8307	Stop-pay apl A/R
8319	QI2 Buy In Payment
8321	HIPP System
8322	HIPP Manual
8323	TPL Health System
8324	TPL Health Manual
8325	TPL Casualty System
8326	TPL Casualty Manual
8327	TPL/H OREF System
8328	TPL/H OREF Manual
8329	TPL/C OREF System
8330	TPL/C OREF Manual
8331	Outside AIM Manual
8332	Outside AIM System
8335	Conventional Administrative Fee Manual
8336	Interest Before 2/14
8510	Cycle Activity

Expenditure Payee Types

Table 5.7 – Expenditure Payee Types

Code	Payee Types
C	TPL Carrier
O	Other
P	Provider
R	Member
Y	County

Lien Disposition Reason Codes

Table 5.8 – Lien Disposition Reason Codes

Code	Description
8511	Decrease To Original Lien Amount Received By Lien Holder

(Continued)

Table 5.8 – Lien Disposition Reason Codes

Code	Description
8512	Decrease To Original Lien Amount – Payment Received
8513	Increase To Original Lien Amount Received By Lien Holder
8514	Release Of Lien Received By Lien Holder

Lien Setup Reason Codes

Table 5.9 – Lien Setup Reason Codes

Code	Description
8500	Court Ordered Lien Established
8501	IRS Levy Established
8502	Other Legal Entity Lien Established
8503	Back Up Withholding

Nonclaim Provider Refund Reason Codes

Table 5.10 – Nonclaim Provider Refund Reason Codes

Code	Description
8220	Nonclaim Specific – TPL Related (Other Health Insurance)
8221	Nonclaim Specific – TPL (Medicare Related)
8222	Nonclaim Specific – TPL (Special Projects)
8223	Nonclaim Specific – SURS Audit
8224	Nonclaim Specific – SURS Interest
8225	Nonclaim Specific – Returned Medication
8229	Nonclaim Specific – Misc. Provider

Return to Sender Reason Codes

Table 5.11 – Return to Sender Reason Codes

Code	Description
R02	Does Not Belong To Medical Assistance Program
R03	No Documentation
R04	Check Not Filled Out Completely
R05	Further Endorsement By Another Party Is Required
R20	Adjustment Past Filing Limit

(Continued)

Table 5.11 – Return to Sender Reason Codes

Code	Description
R21	Invalid/Missing RID No.
R22	Detail Info. Missing/Invalid
R23	Spenddown Deductible Form (8A) Is Missing
R24	Adjustment Submitted For Denied Claim
R25	Claim Paid Appropriately
R99	Misc./Unspecified

Reissue Reason Codes

Table 5.12 – Reissue Reason Codes

Description
Check outstanding
Check voided
Stop/Check Presented
Stop Check Not Presented
Mutilated Check
Void/Incorrect Payment
Void/Wrong Provider

Void Reason Codes

Table 5.13 – Void Reason Codes

Description
Void/Incorrect Payment
Void/Wrong Provider
Void/Duplicate Payment
Void/Wrong Location
Void/Wrong Provider ID
Void/Check Stale-Dates
Void/New Tax ID Number
Void/Wrong Procedure Code

Section 6: Status Report Preparation

Overview

Each week, the Finance Unit prepares the Finance section of the weekly status report. This section of the operating procedure outlines what is included in the status report, the source documents for the information and instructions about gathering the A/R information that is included in the weekly status report. All financial reports used to compile the weekly status report must be printed and retained with one copy of the finished report for documentation purposes. The accountant maintains the finalized weekly status report for one year for team reference purposes. The Finance weekly status report must be updated by 3 p.m. Monday to ensure the Publications Unit has time to review and incorporate into master report.

Table 6.1

The information on this table comes from the *FIN-005, Financial Balancing* report in CRLD. An example of this report is located in *Appendix A, Figure A.99*.

- Checkwrite – TOTAL PAYMENTS ISSUED from the *FIN-005* report
- System Payout – SYSTEM plus MANUAL EXPENDITURES from the *FIN-005* report. The analyst must print a copy of the expenditure detail log located in *FIN-2050-W* to include with the weekly status report documentation. See *Appendix A, Figure 62* for an example of the *FIN-2050-W* report.
- Partial Payments – Check with the A/R analysts to determine any partial payments were paid for the week.
- A/R Recoupments – OFFSETS APPLIED IN CURRENT CYCLE from *FIN-005* report.
- A/R Balance – ACCOUNTS RECEIVABLE BALANCE STATISTICS from *FIN-2058-W* report. Any significant increases in the A/R outstanding dollars must be explained by a notation to the reader. See *Query Instructions*. Balance reported must matched total in Table 5.3.

Table 6.2 – Accounts Receivable Balance Statistics

This information is a breakdown of the A/R balance by region code type. This allows the OMPP to monitor the specific types of A/Rs that are increasing and decreasing. This information is located in the *FIN-2058-W* report - *ACCOUNTS RECEIVABLE BALANCE STATISTICS*.

> *Note: There are two listings for manually created A/Rs, one without repayment agreements and one with repayment agreements. Additionally any accounts receivables created by HCE for SUR are a separate line item on the report because EDS cannot pursue collections on these receivables.*

Table 6.3 – Aged Accounts Receivables

This chart summarizes the *Accounts Receivable Aged Report, FIN-3001*, in CRLD. The *FIN-3001* notes each provider by the specific aging categories. The A/Rs for each provider and location are notated on this report.

> *Note: The outstanding balance in* Table 6.1 *does not equal what is reported in Table 6.3 due to A/Rs with future effective dates (12/31/2299). These items are not yet aged and cannot be reported. An example of this report is located in* Appendix A, Figure 63.

The summary information for the aged A/R is located on the *FIN-2058-W* report AGED ACCOUNTS RECEIVABLES.

Table 6.4 – Accounts Receivables Greater Than 120 Days

This chart summarizes the totals dollars of A/Rs greater than 120 days by region code. This information is located on the FIN-2058 under A/R GREATER THAN 120 DAYS. This information is entered into the Current Week's A/R Total and Amount columns. The A/R count from the previous week is transferred to the Previous Week's A/R Total column.

> *Note: The heading for* Table 6.4 *states the following:* Table 6.4 is a breakdown of the X A/Rs aged greater than 120 days. *The X designates the total number of A/Rs for the current week aged greater than 120 days.*

Table 6.5 – Paid Accounts Receivables

This table represents all checks received by the Finance Unit for payment towards accounts receivables. Each A/R analyst who receives a check photocopies the check and indicates on the copy the provider name and number. The check copy is forwarded to the analyst updating the weekly status report.

Table 6.6 – Check Presentments and EFTs

This information represent the total dollars requested from the OMPP to fund check presentments and EFTs for the past week to pay providers. This information is

obtained from the accountant who retrieves information from the *Daily Medicaid Wire Request* forms for the prior week.

Section 7: QM/CM Operational Definitions

Overview

This section of the manual outlines the requirements being reported for the Finance Unit each month in the QM/CM report. The RFP requirement and operational definition of the requirement are included for reference. The Microsoft Word file is located in *I:\repository\MSTRQMCM\CMFinance.doc*. The Finance Unit reports on all requirements with the exception of FMC-22 and FMC-23, which are tracked by the Adjustments Unit, and MAC-8, MAC-10, MAC-15, MAC-16, MAC-21, MAC-22, and MAC-23, which are reported by the MAR analyst in the Systems Unit. The OMPP and EDS agreed in December 2002 that certain data that was formerly reported in the Weekly Status Report would begin to be featured in the monthly report. These items include repayment agreement detail, total payments issued, and the top 10 providers with outstanding accounts receivable.

GRC-14

Requirement

Conduct bank account balancing activities. On a monthly basis, the Contractor shall provide a bank account balance that is reconciled by the 15th of the month. The Contractor shall maintain proper accounting records, as required by the State, to assist in managing the account. As part of its bank account balancing and reporting to the State, the Contractor shall document for the reporting period the dollar amount in the account, checks written, checks that cleared, deposits made, and canceled and voided checks.

Operational Definition

On receipt of the Huntington National Bank statement and documentation, the accountant has 15 business days to complete the CDA bank reconciliation. The accountant verifies deposits, wire transfers, check issues, EFTs, voids, and stop payments for the IHCP. The accountant sends complete reports to the FSSA. Originals are kept on site for six months and then moved to an off-site warehouse and kept for seven years. If the bank reconciliation is not completed within the 15-business day requirement, it is considered untimely.

FMC-8

Requirement

Deposit checks in the contractor's bank account within 24 hours of receipt or the next business day.

Operational Definition

The cash control clerk ensures that all incoming checks received in the office are deposited in the contractor's bank account within 24 hours of receipt. The checks are received at the cash control clerk's desk by 2 p.m. each business day and are batched with coversheets to be deposited in the appropriate lock-box. They are given to the courier by 8 a.m. the next business day for delivery to HNB.

FMC-9

Requirement

Log and enter check information on the check disposition window for assignment of a CCN.

Operational Definition

Lockbox checks are received daily from the courier delivery. The cash control clerk is responsible for sorting the checks by cash receipt type, assigning a CCN, entering check information in Indiana*AIM*, preparing batches, and distributing documentation to the appropriate units for disposition.

FMC-10

Requirement

Disposition checks against accounts receivable, and update accounts accordingly within 60 days of receipt.

Operational Definition

The cash control clerk checks the *FIN-1004-W* reports and dispositions checks relating to an outstanding account receivable.

FMC-11

Requirement

Review the *FIN-1004-W* report on a daily basis and perform research and resolution activities for non-dispositioned checks that are the responsibility of the contractor. Correct disposition of the check after completion of research.

Operational Definition

The cash control clerk reviews the *FIN-1004-W* report to ensure that all checks relating to an account receivable, Hoosier Healthwise payment, or special batch is researched and resolved in a timely manner for all dispositioned checks.

FMC-14

Requirement

Perform at least one payment cycle weekly on a schedule approved by the State.

Operational Definition

This requirement is measured by verifying that the financial reports *FIN-6005-W, FIN-6006-W, FIN-8000-W, FIN-8002-W, FIN-8003-W, FIN-8004-W,* and *FIN-8006-W* are created during the weekly financial cycle. The **Run Date** on each report is monitored to determine if the report was created during the last payment cycle.

FMC-16

Requirement

Send signed, original claim vouchers and invoices for each program, Medicaid, 590, and ARCH, after completion of the financial cycle.

Operational Definition

Every Monday, the accountant sends a copy of signed invoices to the OMPP with a copy of financial reports *FIN-8000, FIN-8002, FIN-8004*, and any collections that were made by the ACS for Drug Rebate. A Package C invoice is also sent with a copy of the *FIN-8003* report. The originals are kept on site for one year and then moved to an off-site warehouse and kept for seven years.

FMC-17

Requirement

Provide and maintain cash management techniques such as, zero-balance bank accounts and produce reports, that meet the requirements of the *Cash Management Improvement Act of 1990*. The contractor shall maintain a zero-balance bank account.

Operational Definition

Every day the accountant dials into the Huntington View database to determine what will be presented through the bank account that day. The accountant prepares a *Daily Wire Transfer Request* worksheet and e-mails the completed form to the OMPP by 10 a.m. The OMPP has access to the Huntington View database that is

used to verify the data on the e-mailed *Daily Wire Transfer Request* worksheet. If errors are found, the OMPP contacts the accountant, who is responsible for correcting and explaining any discrepancies. Every Wednesday, funding for EFT payments are included on the *Daily Wire Transfer Request* worksheet. This figure is obtained from the *FIN-6006* report and can be verified by the OMPP through CRLD.

FMC-18

Requirement

Produce reports necessary for the State to monitor the daily balances of the contractor's provider payment account.

Operational Definition

Monthly, the accountant sends a copy of the *Open Available Balance Calculation* worksheet to the OMPP to demonstrate that the daily balances maintained in the CDA account are accurate with the monies requested to pay presentments and EFTs.

FMC-22

Requirement

Execute and perform mass adjustment processing within 10 days of receipt of the request or on the schedule agreed to by the State.

Operational Definition

The OMPP developed separate guidelines specifying required time frames for mass adjustment processing. The guidelines state that time frames for processing mass adjustments differ according to provider payment consequence. Incorrect claim denials or underpayment of claims are to be completed within 10 business days, and incorrect overpayment of claims must be corrected within 30 business days.

The analyst calculates the number of business days between the **Completion Date** and the **Date of Receipt** entered by the Systems claims consultant and saves the information in the Microsoft Access Reprocessing/Mass Adjustment Tracker file. Reprocessing completed after the requirement limit is out of compliance. This includes all mass adjustments completed or pending completion at the end of the month.

FMC-23

Requirement

Execute and perform retroactive adjustment processing within 10 business days of receipt of the request from the rate setting contractor or LTC rate change notice.

Operational Definition

The retroactive adjustment process is initiated daily for requests as received. Claims affected by retroactive adjustments are adjudicated to completion through the normal claim cycle of edits and audits. The initiation of the retroactive adjustment process is routinely accomplished within the 10-day time frame. The Account Services claims analyst currently tracks compliance manually by completing the adjustments daily and logging the date of completion. A process for tracking retro rate adjustments is being researched.

FMC-27

Requirement

Maintain a system of security and monitoring for the location and disposition status of provider-returned checks and provider checks.

Operational Definition

All provider-returned checks are delivered from the mailroom to the accounting assistant who locks the checks in a cabinet. The accounting assistant completes

appropriate research to determine the course of action for each check and documents the action taken.

Provider checks are locked in a room that is accessed by two people simultaneously. One person has a key to the deadbolt lock, and the other person has a security code to the keypad on the door.

Two staff members verify the number of checks to be distributed to the Operations Unit for use during the financial cycle. Both staff members initial the check log. At the end of the financial cycle, unused checks are verified, documented on the check log, and returned to the locked room by the two employees having appropriate access.

FMC-29

Requirement

Develop, implement, follow, and update internal A/R collection procedures approved by the State, which includes, but is not limited to, the following: Identify the A/R by: Description of overpayment, such as claims adjustment, SUR, and so forth
• Reason code, such as 8400, 8401, and so forth • Provider name and number • Number of outstanding accounts receivable • Set-up amount • Amount of disposition; and outstanding balance • Where applicable, assess interest on overpayments • Designate mode of notice and collection of outstanding accounts receivable • Transfer of provider number calls or letters • A/R collection letters • Telephone calls • Remittance advice • Provider repayment letters and agreements

Operational Definition

The A/R analyst runs a query to identify an A/R with an outstanding dollar amount. This query is run after each weekly financial cycle. Collection letters are mailed to providers as they are identified by the query. The A/R analyst tracks the completion date of the query and the date the letters are mailed on an Excel spreadsheet. The repayment agreement detail, total payments issued, and the top 10 providers with outstanding accounts receivable, will reported under this requirement in the monthly Contract Monitoring report.

FMC-30

Requirement

Monitor the status of each account receivable and report monthly to the State in aggregate or individual accounts, as required, both on paper and on-line.

Operational Definition

The status of account receivables is reported on the *Operations Weekly Status* report in aggregate by the Finance Unit. This information is gathered from the *FIN-0005-W* report that includes financial counts and dollar totals that have been processed in the weekly financial cycle. The information also comes from the *FIN-2050-W* that reports system generated and manual payout transactions entered in Indiana*AIM* and from running a Decision Support System (DSS) query to determine the A/R totals for the week.

FMC-31

Requirement

Produce provider payment A/R balance reports after each weekly financial cycle and submit to the State.

Operational Definition

A copy of the *FIN-3004-W* report is placed on the CRLD. This report is used to determine the A/R information from each functional area. The report is sorted by program and functional area and then summarized by program in total. Weekly, the accountant verifies that the report was created during the financial cycle by checking the *Run Date* of the report.

FMC-33

Requirement

Assess and collect interest on select A/R in the time frame specified by the State.

Operational Definition

The Finance Unit assesses and collects interest as directed by the OMPP. All findings and results are forwarded to the OMPP.

MAC-8

Requirement

Process MAR file updates at least monthly at the end of the monthly financial reporting period. This shall be a complete update process, including both fee-for-service and shadow claims.

Operational Definition

The MAR monthly update process is executed after the last monthly financial cycle. The MAR analyst ensures that the MAR file updates occurred by verifying the MAR results by the tenth business day of the following month.

MAC-10

Requirement

Deliver to the State a hard copy and diskette copy of monthly 2082 reports.

Operational Definition

The satisfying requirements for the CMS mandated Medicaid Statistical Information System (MSIS) process support the report. The MAR analyst submits these files within 45 days from the end of the quarter in accordance with CMS directives.

MAC-15

Requirement

Respond to State requests for information about MAR reports no later than three business days after the request. At a minimum, the contractor shall provide an initial response within three business days.

Operational Definition

The MAR analyst responds to all official written correspondence and tracks it daily by logging it in an Excel tracking sheet. Any written correspondence or RPTS request that has not received an initial response within three business days is considered untimely.

MAC-16

Requirement

When a problem has been identified about a MAR report, prepare and submit to the State a corrective action plan or detailed information explaining the nature of the problem, how the problem is resolved, who is responsible for resolving the problem, and when the problem is fixed. This information is delivered to the State within 10 business days.

Operational Definition

The MAR analyst responds to all official written maintenance correspondence and all maintenance problems submitted through the RPTS system. The written correspondence is tracked by the MAR analyst daily and logged in an Excel tracking sheet. Any written correspondence or RPTS request that does not have a corrective action plan or detailed explanation of the problem completed within 10 business days is considered untimely.

MAC-21, MAC-22

Requirement

MAC-21 – Produce, verify, and submit to the State and CMS, including, but not limited to, the CMS-64 and CMS-37 reports, all MAR reports and other outputs within required time frames and according to the State and Federal specifications. Balance MAR reports against reports generated from other components of the system such as, selected claims and financial reports.

MAC-22 – Balance MAR window and report data to comparable data from other MAR windows and reports to ensure internal validity and to non-MAR windows and reports to ensure external validity. Provide an audit trail of the balancing process. Deliver the balancing report to the State with each MAR production run.

Operational Definition

The MAR analyst reconciles the paid claim dollar amounts between the MAR subsystem and the financial subsystem weekly and monthly. The MAR analyst also verifies MAR windows and reports to determine validity and consistency of the MAR output. The reconciliation and verification results are maintained on the monthly reconciliation and verification spreadsheets that are accessible to all Indiana*AIM* Title XIX users. The quality analyst compares the results of this reconciliation process and reports the results.

MAC-23

Requirement

Report to the State any imbalances existing in the MAR windows and reports, including the reason for the imbalance.

Operational Definition

The MAR analyst notes reasons for imbalances in the MAR windows and reports them on the monthly reconciliation and verification spreadsheets.

Appendix A: Bank Reconciliation Exhibits

Table A.1 - Holiday Schedule

Holiday	EDS	State	Federal Reserve	HNB
New Year's Day	Closed	Closed	Closed	Closed
Martin Luther King Day	Closed	Closed	Closed	Closed
President's Day	Open	Open	Closed	Closed*
Good Friday	Closed	Closed	Open	Open
Memorial Day	Closed	Closed	Closed	Closed
Primary Election Day	Open	Closed	Open	Open
Fourth of July	Closed	Closed	Closed	Closed
Labor Day	Closed	Closed	Closed	Closed
Columbus Day	Open	Closed	Closed	Open *
General Election Day	Open	Closed	Open	Open
Veteran's Day	Open	Closed	Closed	Open
Thanksgiving Day	Closed	Closed	Closed	Closed
Day After Thanksgiving	Closed	Closed	Open	Open
Christmas Day	Closed	Closed	Closed	Closed
Day After Christmas	Closed	Closed	Open	Open
Indicates Holiday Estimate Required for Funding				
*Federal Reserve closed; no funding necessary on these days.				

Medicaid Wire Transfer Request

MEDICAID WIRE TRANSFER REQUEST

Date: 2 February 2000

FROM:	Accountant	EDS	Phone #:	317-xxx-xxxx
			Fax #:	317-xxx-xxxx
TO:	Indiana Family & Social Services Admin.		Phone #:	317-xxx-xxxx
	Budget Section		Fax #:	317-xxx-xxxx
			Alt. Phone #:	317-xxx-xxxx
			Alt. Fax #:	317-xxx-xxxx

Total checks presented per Federal Reserve	+	$	1,929,144.76	(current day)
Total Backup Withholdings for IRS (Wednesday)	+	$	1,202.42	
Total Medicaid EFT amount (Wednesday)	+	$	24,842,380.89	(CO-MAND)
Less Open Available Balance	-	$	298,067.49	(previous day)

Net Wire Transfer Requested **$ 26,474,660.58**

FSSA Approved By _____

FOR STATE OF INDIANA USE ONLY

Bank: Huntington National Bank
Account Name: EDS
Account Number: xxxxxxxxxx
ABA Transit Routing Number for FED Wire Transfer: xxxxxxxxx
Wire Transfer Completed by:

Treasurer of State Date

Federal Share _____
State Share

3530/443000/185600

Figure A.1 – Medicaid Wire Transfer Request

Lockbox Deposits & Wire Transfers

		Date: 1-Feb-00
EDS Lockbox Deposit (Provider Refunds) *Lockbox 104*	5,260.36	
ACS Wire Transfer	6,973.62	
HMS Lockbox Deposit (TPL) *Lockbox 56*	11,938.51	
Myers & Stauffer Wire Transfer		
HCE Wire Transfer		
Total Deposits		24,172.49

Figure A.2 - Lockbox Deposits & Wire Transfers

HUNTINGTON VIEW

CONTROLLED DISBURSEMENT REPORT PAGE 1

PRINTED 12JUL00 AT 08:47:42

FOR AS OF DATE 02FEB00

==========

BANK: HNB

ACCOUNT:

ACCOUNT NAME:

LATEST UPDATE: 12JUL00 AT 09:37:25

CURRENCY: USD

1ST FED PRESENTMENT	119,328.90
2ND FED PRESENTMENT	1,505,181.95
DIRECT PRESENTMENT	304,633.91
TOTAL PRESENTMENT	1,929,144.76

----------END OF ACCOUNT ----------

Figure A.3 – Controlled Disbursement Report

TO: HUNTINGTON NATIONAL BANK

FROM: Accountant, EDS

DATE: February 1, 2000

CC: Indiana Family & Social Services Administration

SUBJECT: Wire of funds to EDS Corporate for backup withholding week: FEBRUARY 1, 2000

Per our conversation, please process the following wire from our acct # xxxxxxxxxx:

PAYEE: EDS CORP

BANK: xxxxxxxxxx xxxx

ABA#: xxxxxxxxx

ACCOUNT: xxxxxxxxx

AMOUNT: $1,202.42

The above amount consists of 6 providers for the week of February 1, 2000.

PLEASE NOTE:
Please put "Backup Withholding" in the notification trailer.

Please contact me at (317) xxx-xxxx or Financial services representative at (317) xxx-xxxx if you have any questions.

THANK YOU FOR YOUR HELP.

Figure A.4 – Wire Notification Letter

Report:	FIN-6006-W	Indiana*AIM*	Run Date: 01/29/2000
Process:	FINJW200	Electronic Funds Transfer Activity Report	Run Time: 05:11:04
Location:	FNI03030	Period: 01/22/2000 – 01/28/2000	Page:

EFT NUMBER	EFT AMOUNT
900760692	3,908.90
900760693	1,668.20
900760694	3,028.70
	$24,842,380.89

Figure A.5 – Electronic Funds Transfer Activity Report

Huntington View

Previous Day Balance Inquiry Report PAGE 1

Printed: 12JUL00 AT 08:53:11

As of: 01FEB00

HNB - Huntington Bank

CURRENCY - USD DOLLAR

Opening Ledger	541,964.53
Closing Ledger	320,572.49
NSF Amount	0.00
Opening Available	298,067.49
One Day Float	298,069.00
Two Or More Days Float	22,505.00
Total Credits	2,270,240.24
Wire Transfer Credits	2,246,067.75
Total Debits	2,491,632.28
ACH Debits	0.00

Figure A.6 – Previous Day Balance Inquiry Report

HUNTINGTON VIEW
PREVIOUS DAY DETAIL TRANSACTION REPORT – SUMMARY PAGE 1
Reported as of: 01FEB00
Printed: 12JUL00 at 08:53:46

HNB - Huntington Bank
CURRENCY USD DOLLAR

--- CREDITS ---

2,185.94	Lockbox Credit	
	REF1:	104
3,074.42	Lockbox Credit	
	REF1:	104
11,938.51	Lockbox Credit	
	REF1:	56
6,973.62	Wire Transfer	
	REF1:	1
24,172.49	4 CREDITS PRINTED	

Figure A.7 – Previous Day Detail Transaction Report-Summary

HUNTINGTON VIEW
PREVIOUS DAY BALANCE INQUIRY REPORT PAGE 1
PRINTED: 12JUL00 AT 08:12:04
As of: 15MAR00

HNB - Huntington Bank

CURRENCY - USD DOLLAR

Opening Ledger	189,385.50
Closing Ledger	82,224.78
NSF Amount	0.00
Opening Available	59,426.78
One Day Float	45,260.00
Two or More Days Float	22,798.00
Total Credits	41,169,022.11
Wire Transfer Credits	41,091,191.51
Total Debits	41,276,182.83
ACH Debits	39,848,956.90

Figure A.8 – Previous Day Balance Inquiry Report

Report: FIN-6006-W
Process: FINJW200
Location: FINI03030

Indiana*AIM*
Electronic Funds Transfer Activity Report
Period: 03/04/2000 - 03/10/2000

Run Date: 03/11/2000
Run Time: 03:03:47
Page:

EFT NUMBER	EFT AMOUNT
900778108	9,327.72
900778109	284.67
900778110	130.67
900778111	70.28
900778112	2,063.52
900778113	24,465.98
900778114	43,738.02
900778115	431.30
900778116	15,438.70
900778117	6,186.10
900778118	22,485.45
900778119	2,854.80
900778120	303,003.39
900778121	6,210.56
900778122	42.00
900778123	44,981.96
900778124	2,865.82
900778125	512.12
900778126	20,848.76
900778127	70,015.68
900778128	7,208.05
900778129	12,825.18
900778130	20,686.84
900778131	390.09
900778132	5,058.22
900778133	1,306.54
900778134	541.42
	$39,848,956.90

Figure A.9 – Electronice Funds Transfer Activity Report

Percentage of Checkwrite Cleared by Day

Monday	Tuesday	Wednesday	Thursday	Friday		
		3.93%	18.26%	26.01%		
17.73%	10.19%	7.16%	3.72%	2.42%		
1.26%	0.97%	0.88%	0.53%	0.42%		
0.29%	0.16%	0.16%	0.41%	0.13%		
0.11%	0.08%	0.10%	0.07%	0.05%		
0.05%	0.04%					
					95.13%	Percentage of checks cleared by day 34

Figure A.10 – Percentage of Checkwrite Cleared Daily

Report: FIN-6005-W
Process: FINJW300
Location: FINI04010

Indiana*AIM*
Indiana Health Coverage Programs Check Register
Period: 12/18/1999 - 12/24/1999

Run Date: 12/25/1999
Run Time: 02:57:53
Page:

CHECK NO	CHECK DATE	PROVIDER NUMBER	PROVIDER NAME	CHECK AMOUNT
005307667	12/28/99			6,925.08
005307668	12/28/99			2,836.29
005307669	12/28/99			8,851.72
005307670	12/28/99			2,142.97
005307671	12/28/99			8.57
005307672	12/28/99			95.65
005307673	12/28/99			10.50
005307674	12/28/99			92.23
005307675	12/28/99			82.99
005307676	12/28/99			42.43
005307677	12/28/99			38.61
005307678	12/28/99			92.36
005307679	12/28/99			10,977.37
005307680	12/28/99			976.88
005307681	12/28/99			2.29
005307682	12/28/99			1,821.02
005307683	12/28/99			90.52
005307684	12/28/99			24.04
005307685	12/28/99			220.10
005307686	12/28/99			5.64
005307687	12/28/99			77.07
005307688	12/28/99			15.00
005307689	12/28/99			40.00
	MANUAL CHECK COUNT:	0	MANUAL CHECK TOTAL:	0.00
	VOID CHECK COUNT:	1	VOID CHECK TOTAL:	(294.66)
	SYSTEM CHECK COUNT:	6131	SYSTEM CHECK TOTAL:	11,725,605.82

END OF REPORT

Figure A.11 – Indiana Health Coverage Programs Check Register

Report: FIN-6005-W
Process: FINJW300
Location: FINI04010

Indiana*AIM*
Indiana Health Coverage Programs Check Register
Period: 12/11/1999 - 12/17/1999

Run Date: 12/18/1999
Run Time: 06:51:58
Page:

CHECK NO	CHECK DATE	PROVIDER NUMBER	PROVIDER NAME	CHECK AMOUNT
005301568	12/21/99			382.20
005301569	12/21/99			1,112.00
005301570	12/21/99			166.78
005301571	12/21/99			124.62
005301572	12/21/99			82.08
005301573	12/21/99			87.41
005301574	12/21/99			8.89
005301575	12/21/99			5.89
005301576	12/21/99			25.06
005301577	12/21/99			79.31
005301578	12/21/99			403.11
005301579	12/21/99			2,237.09
005301580	12/21/99			3.72
005301581	12/21/99			25.21
005301582	12/21/99			195.00
005301583	12/21/99			150.00
	MANUAL CHECK COUNT:	0	MANUAL CHECK TOTAL:	0.00
	VOID CHECK COUNT:	0	VOID CHECK TOTAL:	0.00
	SYSTEM CHECK COUNT:	5632	SYSTEM CHECK TOTAL:	13,162,787.37

END OF REPORT

Figure A12 – IHCP Check Register (Continued)

Report: FIN-6005-W
Process: FINJW300
Location: FINI04010

Indiana*AIM*
Indiana Health Coverage Programs Check Register
Period: 12/04/1999 - 12/10/1999

Run Date: 12/11/1999
Run Time: 02:55:04
Page:

CHECK NO	CHECK DATE	PROVIDER NUMBER	PROVIDER NAME	CHECK AMOUNT
005295938	12/14/99			698.37
005295939	12/14/99			11.84
005295940	12/14/99			4,468.50
005295941	12/14/99			896.00
005295942	12/14/99			2,200.26
005295943	12/14/99			406.77
005295944	12/14/99			5,543.08
005295945	12/14/99			1,458.00
005295946	12/14/99			5,363.05
005295947	12/14/99			7.87
005301548	12/14/99			100.20
005301549	12/14/99			5,360.50
005301550	12/14/99			6,350.57
005301551	12/14/99			14,006.20
	MANUAL CHECK COUNT:	1	MANUAL CHECK TOTAL:	1,162.84
	VOID CHECK COUNT:	84	VOID CHECK TOTAL:	(38,644.22)
	SYSTEM CHECK COUNT:	8821	SYSTEM CHECK TOTAL:	22,191,279.10

END OF REPORT

Figure A.13 – IHCP Check Register (Continued)

Report: FIN-6005-W
Process: FINJW300
Location: FINI04010

Indiana*AIM*
Indiana Health Coverage Programs Check Register
Period: 11/27/1999 - 12/03/1999

Run Date: 12/04/1999
Run Time: 02:46:30
Page:

CHECK NO	CHECK DATE	PROVIDER NUMBER	PROVIDER NAME	CHECK AMOUNT
005287086	12/07/99			6,660.69
005287087	12/07/99			39.29
005287088	12/07/99			158.75
005287089	12/07/99			41.66
005287090	12/07/99			585.31
005287091	12/07/99			2,627.67
005287092	12/07/99			2.85
005287093	12/07/99			9.36
005287094	12/07/99			20.83
005287095	12/07/99			49.41
005287096	12/07/99			628.69
005287097	12/07/99			12.24
005287098	12/07/99			54.00
005287099	12/07/99			75.00
005287100	12/07/99			255.00
005287101	12/07/99			85.20
005287102	12/07/99			71.84
005287103	12/07/99			15.00
005287104	12/07/99			40.00
005287105	12/07/99			236.50
005287106	12/07/99			54.00
005287107	12/07/99			105.64
005287108	12/07/99			160.32

MANUAL CHECK COUNT:	0	MANUAL CHECK TOTAL:	0.00
VOID CHECK COUNT:	88	VOID CHECK TOTAL:	(23,168.93)
SYSTEM CHECK COUNT:	6405	SYSTEM CHECK TOTAL:	24,556,243.14

END OF REPORT

Figure A.14 – IHCP Check Register (Continued)

Report: FIN-6005-W
Process: FINJW300
Location: FINI04010

Indiana*AIM*
Indiana Health Coverage Programs Check Register
Period: 11/20/1999 - 11/26/1999

Run Date: 11/27/1999
Run Time: 05:01:02
Page:

CHECK NO	CHECK DATE	PROVIDER NUMBER	PROVIDER NAME	CHECK AMOUNT
005280686	11/30/99			31.93
005280687	11/30/99			10,962.13
005280688	11/30/99			22,157.08
005280689	11/30/99			8,692.72
005280690	11/30/99			324.22
005280691	11/30/99			3,213.15
005280692	11/30/99			1,112.00
005280693	11/30/99			574.52
005280694	11/30/99			34.37
005280695	11/30/99			14.80
005280696	11/30/99			2.44
005280697	11/30/99			7.90
005280698	11/30/99			17.59
005280699	11/30/99			23.08
005280700	11/30/99			1,026.02
005280701	11/30/99			2,048.97
005280702	11/30/99			1,071.98
005280703	11/30/99			8.74
005280704	11/30/99			82.49
005280705	11/30/99			2,948.47
005280706	11/30/99			348.94
005280707	11/30/99			2,849.78
005280708	11/30/99			548.76

MANUAL CHECK COUNT:	0	MANUAL CHECK TOTAL:	0.00
VOID CHECK COUNT:	5	VOID CHECK TOTAL:	(11,105.13)
SYSTEM CHECK COUNT:	5131	SYSTEM CHECK TOTAL:	11,267,805.19

END OF REPORT

Figure A.15 – IHCP Check Register (Continued)

Holiday Estimate for December 31, 1999

12/31/99	Friday	26.01%	12/24/99	11,725,605.82	3,049,830.07
		2.42%	12/17/99	13,162,787.37	318,539.45
		0.42%	12/10/99	22,192,441.94	93,208.26
		0.13%	12/3/99	24,556,243.14	31,923.12
		0.05%	11/26/99	11,267,805.19	5,633.90
					3,499,134.80

**Check total includes all manual and system checks identified on the FIN-6005.

Figure A.16 - Holiday Estimate for December 31, 1999

HUNTINGTON VIEW
PREVIOUS DAY BALANCE INQUIRY REPORT PAGE 1
PRINTED 12JUL00 AT 09:40:25
AS OF: 21MAR00

HNB – Huntington Bank

CURRENCY – USD DOLLAR

Opening Ledger	166,095.90
Closing Ledger	-498.95
NSF Amount	260,962.47
Opening Available	-680,745.95
One Day Float	95,088.00
Two Or More Days Float	680,247.00
Total Credits	2,275,174.60
Wire Transfer Credits	1,566,428.35
Total Debits	2,441,769.45
ACH Debits	0.00

Figure A.17 – Previous Day Balance Inquiry Report

Report: FIN-8000-W	Indiana*AIM*		Run Date: 03/25/2000
Process: FINJW213	Financial Control Summary - Medicaid		Run Time: 02:20:23
Location: FINC5001	Period: 03/18/2000 – 03/24/2000		Page:

	NUMBER		AMOUNT
SYSTEM CLAIM PAYMENT	447,633	$	43,648,232.81
+SYSTEM PAYOUT ITEMS (PROVIDER)	23	$	9,427.22
+SYSTEM PAYOUT ITEMS (HEALTH)	0	$	0.00
+MANUAL PAYMENT ITEMS	0	$	0.00
+SYSTEM INSURANCE PREMIUM PAYOUTS	0	$	0.00
+QI2 BUY-IN PAYMENT	0	$	0.00
+ADMINISTRATION FEE PAYMENT (PCCM)	0	$	0.00
+CAPITATION PAYMENT (MCO)	0	$	0.00
-SYSTEM OFFSET ITEMS	22,855	$	1,637,770.59
=NET SYSTEM PAYMENT		$	42,019,889.44
-REFUNDS PROCESSED (PROVIDER REFUND)	321	$	60,689.05
-REFUNDS PROCESSED (PROVIDER TPL)	329	$	32,344.20
-REFUNDS PROCESSED (PROVIDER AR)	66	$	708,050.56
-REFUNDS PROCESSED (TPL HEALTH)	0	$	0.00
-REFUNDS PROCESSED (TPL CASUALTY)	10	$	4,418.41
-REFUNDS PROCESSED (PROVIDER PAYOUT)	19	$	7,001.50
+/- VOIDS PROCESSED	5	$	142.06
-DRUG REBATE AMOUNTS APPLIED*	0	$	0.00
=NET REIMBURSEMENT		$	41,207,243.66
+CLAIM INTEREST PAYMENT	15	$	3.44
+SYSTEM PAYOUT (ATTORNEY FEES)	1	$	1,610.67
-INTEREST COLLECTIONS	0	$	0.00
-REFUNDS PROCESSED (PROVIDER INTEREST)	0	$	0.00
=TOTAL REIMBURSEMENT		$	41,208,857.77
		$	(3.44)
		$	41,208,854.33
*DRUG REBATE INTEREST IS INCLUDED IN THE DRUG REBATE AMOUNTS APPLIED LINE		$	11,729.11

Figure A.18 – Financial Control Summary

CUSTOMER#: xxxxxxxxxxx

PLEASE REMIT TO:

IFSSA
ROOM W382
402 W. WASHINGTON ST.
INDIANAPOLIS, IN 46204

EDS
950 NORTH MERIDIAN
9TH FLOOR
INDIANAPOLIS, IN 46204

DATE: 3/27/00 TERMS: DUE: 3/28/00

Description		Charges
Weekly Medicaid Reimbursement	(3/18/2000-3/24/2000)	$41,208,854.33
Less: ACS Drug Rebate Recoveries	(3/20/2000-3/24/2000)	-($150,000.00)

AMOUNT DUE: **$41,058,854.33**

THANK YOU FOR YOUR BUSINESS

Accountant
Finance

Figure A.19 – Customer Invoice

Report: FIN-8000-W
Process: FINJW213
Location: FINC5001

Indiana*AIM*
Financial Control Summary - Medicaid
Period: 03/18/2000 – 03/24/2000

Run Date: 03/25/2000
Run Time: 02:20:23
Page:

	NUMBER		AMOUNT
SYSTEM CLAIM PAYMENT	447,633	$	43,648,232.81
+SYSTEM PAYOUT ITEMS (PROVIDER)	23	$	9,427.22
+SYSTEM PAYOUT ITEMS (HEALTH)	0	$	0.00
+MANUAL PAYMENT ITEMS	0	$	0.00
+SYSTEM INSURANCE PREMIUM PAYOUTS	0	$	0.00
+QI2 BUY-IN PAYMENT	0	$	0.00
+ADMINISTRATION FEE PAYMENT (PCCM)	0	$	0.00
+CAPITATION PAYMENT (MCO)	0	$	0.00
-SYSTEM OFFSET ITEMS	22,855	$	1,637,770.59
=NET SYSTEM PAYMENT		$	42,019,889.44
-REFUNDS PROCESSED (PROVIDER REFUND)	321	$	60,689.05
-REFUNDS PROCESSED (PROVIDER TPL)	329	$	32,344.20
-REFUNDS PROCESSED (PROVIDER AR)	66	$	708,050.56
-REFUNDS PROCESSED (TPL HEALTH)	0	$	0.00
-REFUNDS PROCESSED (TPL CASUALTY)	10	$	4,418.41
-REFUNDS PROCESSED (PROVIDER PAYOUT)	19	$	7,001.50
+/-VOIDS PROCESSED	5	$	142.06
-DRUG REBATE AMOUNTS APPLIED*	0	$	0.00
=NET REIMBURSEMENT		$	41,207,243.66
+CLAIM INTEREST PAYMENT	15	$	3.44
+SYSTEM PAYOUT (ATTORNEY FEES)	1	$	1,610.67
-INTEREST COLLECTIONS	0	$	0.00
-REFUNDS PROCESSED (PROVIDER INTEREST)	0	$	0.00
=TOTAL REIMBURSEMENT		$	41,208,857.77
		$	
*DRUG REBATE INTEREST IS INCLUDED IN THE DRUG REBATE AMOUNTS APPLIED LINE		$	11,729.11

Figure A.20 – Package C Fin 8003

CUSTOMER#:xxxxxxxxxxx

PLEASE REMIT TO:

IFSSA
ROOM W382
402 W. WASHINGTON ST.
INDIANAPOLIS, IN 46204

EDS
950 NORTH MERIDIAN
9TH FLOOR
INDIANAPOLIS, IN 46204

DATE: 3/27/00 TERMS: DUE: 3/28/00

DESCRIPTION		CHARGES
INTEREST PER IC 12-15-13-1.7	(3/18/2000-3/24/2000)	$5.44

AMOUNT DUE: **$5.44**

THANK YOU FOR YOUR BUSINESS

_____

Accountant
Finance

Figure A.21 – Customer Invoice

Report:	FIN-8002-W	Indiana*AIM*	Run Date: 03/25/2000
Process:	FINJW213	Financial Control Summary - ARCH	Run Time: 02:24:00
Location:	FINC5001	Period: 03/18/2000 – 03/24/2000	Page:

	TOTAL NUMBER	TOTAL AMOUNT
SYSTEM CLAIM PAYMENT	1,264	$ 89,377.06
+SYSTEM PAYOUT ITEMS	0	$ 0.00
+MANUAL PAYMENT ITEMS	0	$ 0.00
+SYSTEM INSURANCE PREMIUM PAYOUTS		$ 0.00
+ADMINISTRATION FEE PAYMENT (PCCM)		$ 0.00
+CAPITATION PAYMENT (MCO)		$ 0.00
+CLAIM INTEREST PAYMENT		$ 0.00
-SYSTEM OFFSET ITEMS	17	$ 1,984.04
=NET SYSTEM PAYMENT		$ 87,393.02
-REFUNDS PROCESSED	0	$ 0.00
-VOIDS PROCESSED	0	$ 0.00
=NET REIMBURSEMENT		$ 87,393.02

Figure A.22 - Financial Control Summary

CUSTOMER#:xxxxxxxxxxx

IFSSA
ROOM W382
402 W. WASHINGTON ST.
INDIANAPOLIS, IN 46204

PLEASE REMIT TO:

EDS
950 NORTH MERIDIAN
9TH FLOOR
INDIANAPOLIS, IN
46204

DATE: 3/27/00 TERMS: DUE: 3/28/00

DESCRIPTION		CHARGES
WEEKLY ARCH REIMBURSEMENT	(3/18/2000-3/24/2000)	$87,393.44

AMOUNT DUE: **$87,393.44**

THANK YOU FOR YOUR BUSINESS

Accountant
Finance

Figure A.23 –Customer Invoice

Report: FIN-8003-W
Process: FINJW213
Location: FINC5001

Indiana*AIM*
Financial Control Summary - Package C
Period: 03/18/2000 – 03/24/2000

Run Date: 03/25/2000
Run Time: 02:22:17
Page: 1

	NUMBER		AMOUNT
SYSTEM CLAIM PAYMENT	339	$	20,170.78
+SYSTEM PAYOUT ITEMS (PROVIDER)	0	$	0.00
+SYSTEM PAYOUT ITEMS (HEALTH)	0	$	0.00
+MANUAL PAYMENT ITEMS	0	$	0.00
+SYSTEM INSURANCE PREMIUM PAYOUTS	0	$	0.00
+QI2 BUY-IN PAYM ENT	0	$	0.00
+ADMINISTRATION FEE PAYMENT (PCCM)	0	$	0.00
+CAPITATION PAYMENT (MCO)	0	$	0.00
-SYSTEM OFFSET ITEMS	0	$	0.00
=NET SYSTEM PAYMENT		$	20,170.78
-REFUNDS PROCESSED (PROVIDER REFUND)	0	$	0.00
-REFUNDS PROCESSED (PROVIDER TPL)	0	$	0.00
-REFUNDS PROCESSED (PROVIDER AR)	0	$	0.00
-REFUNDS PROCESSED (TPL HEALTH)	0	$	0.00
-REFUNDS PROCESSED (TPL CASUALTY)	0	$	0.00
-REFUNDS PROCESSED (PROVIDER PAYOUT)	0	$	0.00
+/-VOIDS PROCESSED	0	$	0.00
-DRUG REBATE AMOUNTS APPLIED*	0	$	0.00
=NET REIMBURSEMENT		$	20,170.78
+CLAIM INTEREST PAYMENT	0	$	2.00
+SYSTEM PAYOUT (ATTORNEY FEES)	0	$	0.00
-INTEREST COLLECTIONS	0	$	0.00
-REFUNDS PROCESSED (PROVIDER INTEREST)	0	$	0.00
=TOTAL REIMBURSEMENT		$	20,172.78
		$	
*DRUG REBATE INTEREST IS INCLUDED IN THE DRUG REBATE AMOUNTS APPLIED LINE		$	0.00

Figure A.24 – Financial Control Summary –Package C

CUSTOMER#: xxxxxxxxxxx

PLEASE REMIT TO:

IFSSA
ROOM W382
402 W. WASHINGTON ST.
INDIANAPOLIS, IN 46204

EDS
950 NORTH MERIDIAN
9TH FLOOR
INDIANAPOLIS, IN 46204

DATE: 3/27/00 TERMS: DUE: 3/28/00

DESCRIPTION		CHARGES
WEEKLY PACKAGE C REIMBURSEMENT	(3/18/2000-3/24/2000)	$20,170.78

AMOUNT DUE: **$20,170.78**

THANK YOU FOR YOUR BUSINESS

Accountant
Finance

Figure A.25 – Package C Customer Invoice

Report: FIN-8004-W
Process: FINJW213
Location: FINC5001

Indiana*AIM*
Financial Control Summary - ARCH
Period: 03/18/2000 – 03/24/2000

Run Date: 03/25/2000
Run Time: 02:25:12
Page: 1

	NUMBER		AMOUNT
SYSTEM CLAIM PAYMENT	104	$	17,865.29
+SYSTEM PAYOUT ITEMS (PROVIDER)	0	$	0.00
+SYSTEM PAYOUT ITEMS (HEALTH)	0	$	0.00
+MANUAL PAYMENT ITEMS	0	$	0.00
+SYSTEM INSURANCE PREMIUM PAYOUTS	0	$	0.00
+QI2 BUY-IN PAYMENT	0	$	0.00
+ADMINISTRATION FEE PAYMENT (PCCM)	0	$	0.00
+CAPITATION PAYMENT (MCO)	0	$	0.00
-SYSTEM OFFSET ITEMS	0	$	0.00
=NET SYSTEM PAYMENT		$	17,865.29
-REFUNDS PROCESSED (PROVIDER REFUND)	0	$	0.00
-REFUNDS PROCESSED (PROVIDER TPL)	0	$	0.00
-REFUNDS PROCESSED (PROVIDER AR)	0	$	0.00
-REFUNDS PROCESSED (TPL HEALTH)	0	$	0.00
-REFUNDS PROCESSED (TPL CASUALTY)	0	$	0.00
-REFUNDS PROCESSED (PROVIDER PAYOUT)	0	$	0.00
+/-VOIDS PROCESSED	0	$	0.00
-DRUG REBATE AMOUNTS APPLIED*	0	$	0.00
=NET REIMBURSEMENT		$	17,865.29
+CLAIM INTEREST PAYMENT	0	$	0.00
+SYSTEM PAYOUT (ATTORNEY FEES)	0	$	0.00
-INTEREST COLLECTIONS	0	$	0.00
-REFUNDS PROCESSED (PROVIDER INTEREST)	0	$	0.00
=TOTAL REIMBURSEMENT		$	17,865.29
		$	
*DRUG REBATE INTEREST IS INCLUDED IN THE DRUG REBATE AMOUNTS APPLIED LINE		$	0.00

Figure A.26 – Financial Control Summary - ARCH

CUSTOMER#: xxxxxxxxxxx

PLEASE REMIT TO:

IFSSA
ROOM W 382
402 W. WASHINGTON ST.
INDIANAPOLIS, IN 46204

EDS
950 NORTH MERIDIAN
9TH FLOOR
INDIANAPOLIS, IN 46204

DATE: 3/27/00 TERMS: DUE: 3/28/00

DESCRIPTION		CHARGES
WEEKLY 590 REIMBURSEMENT	(3/18/2000-3/24/2000)	$17,865.29

AMOUNT DUE: **$17,865.29**

THANK YOU FOR YOUR BUSINESS

Accountant
Finance

Figure A.27 – 590 Customer Invoice

HMS

Health Management Systems , Inc.
Corporate Offices
401 Park Avenue South
New York, New York 10016
(212) 685-4545

Facsimile Cover Sheet
HMS FAX Number (212) 857-5009
9th Floor

Date: MMDDCCYY

TO: _____
Name of Addressee

EDS
Company

Fax Telephone Number (317) - _____

From: _____ Phone: _____

Number of Pages (including cover sheet): ***Week: 1/24 - 1/28***

Special Instructions: _____

If you do not receive all of the pages transmitted, or if their quality is unsatisfactory, call the sender at the number indicated above.

Thank you.

Figure A.28 – Health Management Systems Facsimile Cover Sheet

Page: 1 Document Name: Axd

ETPL AR BCF Quick Adds (5/2/97 JAK) sssN

e	Command ==.>					e
e						e
e	Contract	Deposit Date	Open/Close	Batch Total	To Print, Enter P and	e
e	321	01/26/00	0	$3,083.93	Press F10 ---------> _	e
e						e
e	Carr	Check No	Remit Dt		Check Amt$ e	
e						e
e	_ BATCH				3,083.93	e
e	_ MCA	54980	01/20/00		24.49	e
e	_ RSC	101810	01/24/00		436.62	e
e	_ RSC	576538	01/19/00		23.84	e
e	_ RSC	576541	01/19/00		58.10	e
e	_ BC	29454131	01/21/00		63.33	e
e	_ BC	29454132	01/21/00		1,216.58	e
e	_ BC	29487342	01/21/00		240.73	e
e	_ CHAMP	60345563	01/17/00		215.35	e
e	_ BC	69092606	01/21/00		34.16	e
e	_ AETNA	655013862	01/20/00		439.01	e
e	_ STATE	664723331	12/30/99		148.00	e
e	_ BC	9080410972	01/24/00		60.20	e
e	_ BC	9080410973	01/24/00		123.52	e
D	ssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssssss					M

Date: 3/7/ 00 Time: 08:12:31 a.m.

Figure A.29 – Quick Adds Window

DAILY CHECK RECONCILIATION FORM

DATE 3/2/2000

Provider #	Provider Name	Date Received	Check #	Date of Check	Amount	SUR Sec. Initial	Recoup Spec Initial	CCN	Supervisor Initial
999999999		3-2-00	58281	2-29-00	$66,296350			00062950000	

Daily Total $66,296.50

Figure A.30 – Daily Check Reconciliation Form

REPORT: ADJ-0002-D **Indiana*AIM*** **Date: 2000/02/18**

PROCESS: **Daily Deposit Log**

LOCATION:

Batch Number	Number of Checks	Amount Deposited
900	1	$19.36
905	37	$9,181.48
910	72	$17,481.69
918	93	$38,980.30
960	1	$3,196.17
TOTA L	204	$68,859.00

Figure A.31 – Daily Deposit Log

REPORT: BNK-0003-M **Indiana*AIM*** **Date: 2000/07/12**

PROCESS: **Bank Reconciliation Summary Cash Deposit Log**

LOCATION: **Reporting Period: 2000/01/22 – 2000/02/25**

Julian Reporting Period: 00/022 – 00/055

Batch Number	Number of Checks	Amount Deposited
900	50	$67,571.87
901	4	$20.00
905	698	$145,513.52
910	1,634	$426,794.94
915	28	$10,131.22
918	1,952	$1,226,376.91
922	1	$1,366.80
946	29	$1,333,039.13
950	4	$43,009.40
960	79	$4,701,771.85
TOTAL	4479	$7,955,595.64

Figure A.32 – Bank Reconciliation Summary Cash Deposit Log

REPORT: BNK-0004-M **Indiana*AIM*** **Date: 2000/07/12**

PROCESS: **Bank Reconciliation Summary Cash Deposit Log**

LOCATION: **Reporting Period: 2000/01/22 – 2000/02/25**

Julian Reporting Period: 00/022 – 00/056

CCN	CCN Name	CCN Amount	Check Number	Check Date
		$135.00	12458	2000/01/14
		$1,036.56	5413	2000/01/18
		$3,688.49	2530	2000/01/18
		$239.89	5313	2000/01/05
		$3,469.53	1170	2000/01/13
		$7,386.83	5464	2000/01/24
		$5,223.88	60709230	2000/01/05
		$285.04	2840	2000/01/10
		$50.00	12553	2000/01/28
		$1,629.39	997005294	2000/01/26
		$127.11	8038	2000/01/28
		$486.89	1539	2000/01/31
		$30.00	614474738	2000/02/02
		$942.00	9623	2000/01/31
		$500.00	12788	2000/02/02
		$659.10	12809	2000/01/06
		$267.21	6139182	2000/02/02
		$1,024.68	1109	2000/02/03
		$1,331.83	334920	2000/02/03
		$243.63	334921	2000/01/27
		$901.19	18132	2000/01/31
		$2,500.00	12787	2000/01/21
		$17.32	12891	2000/01/21
		$764.43	4935	2000/02/04
		$611.87	4825	2000/02/05
		$1,932.59	3551205	2000/02/05
		$665.04	1524	2000/02/03

Total for Batch Number (900): $67,571.87 Total # of Checks: 50

Figure A.32 – Bank Reconciliation Summary Cash Deposit Log

HUNTINGTON BANCSHARES INC
P.O. BOX 1558 – OP47
COLUMBUS, OHIO 43216

EDS CORPORATION
ATTN
950 N MERIDIAN ST 9TH FLOOR **JANUARY 25,2000**
INDIANAPOLIS, IN 46204-1077 **PAGE 001**

REFERENCE	DEBITS	CREDITS
IBT TRN 000125-000442 DBT: HEALTH CARE EXCEL, INC., 2901 OHIO BOULEVARD		$3,070.16
FWI TRN 000125-000836 0125G1QG850C00015401251025FT01 ORG: INDIANA TREASURER OF STATE 242 STATE HOUSE INDIANAPOLIS, IN 46204		$2,160,836.20

FROM: NATIONAL CITY BANK INDIANA ABA/074000065

BNFACCT:

BNF: EDS

RFB:

********* SUMMARY TOTALS *********		
DEBITS	0	$.00
CREDITS	2	$2,163,906.36
TOTAL	2	

Figure A.33 – Account Summary Sheet

Deposit Reconciliation
For: Feb-00
(month)
The purpose of the Deposits Reconciliation is to compare the daily deposits received at the bank to the actual amount of cash receipts entered in Indiana*AIM*.
The CDA account will receive three general types of deposits. One, lockbox deposits. Two, HCE Wires, which are lock box deposits received at
Their own lockbox and then wire to EDS' account. Three, program-funded wires to cover issues from the account.

Note: Lockbox deposits and HCE wires are netted against paid checks presented to the bank for program funding purposes. This is done to maintain a zero balance account.

Program Funding Refund Reconciliation

	Refunds Lockbox deposits	Drug Rebate Lockbox deposits	HMS Lockbox deposits	Total Lockbox deposits	HCE Wires	Total Cash Receipts	CCN Entered (ADJ 0002)	Program Funding Per Wire Form	Program Funding Per HNB (HV)	Total Book Deposits	Total Bank Deposits
1/22/00											
1/23/00											
1/24/00				0.00		0.00				0.00	0.00
1/25/00				0.00		0.00				0.00	0.00
1/26/00				0.00		0.00				0.00	0.00
1/27/00				0.00		0.00				0.00	0.00
1/28/00				0.00		0.00				0.00	0.00
1/29/00											
1/30/00											
1/31/00				0.00		0.00				0.00	0.00
2/1/00				0.00		0.00				0.00	0.00
2/2/00				0.00		0.00				0.00	0.00
2/3/00				0.00		0.00				0.00	0.00
2/4/00				0.00		0.00				0.00	
2/5/00											
2/6/00											
2/7/00				0.00		0.00				0.00	0.00

(Continued)

Figure A.34 – Deposit Reconciliation (1 of 2)

2/8/00				0.00		0.00					0.00		0.00
2/9/00				0.00		0.00					0.00		0.00
2/10/00				0.00		0.00					0.00		0.00
2/11/00				0.00		0.00					0.00		0.00
2/12/00													
2/13/00													
2/14/00				0.00		0.00					0.00		0.00
2/15/00				0.00		0.00					0.00		0.00
2/16/00				0.00		0.00					0.00		0.00
2/17/00				0.00		0.00					0.00		0.00
2/18/00				0.00		0.00					0.00		0.00
2/19/00													
2/20/00													
2/21/00				0.00		0.00					0.00		0.00
2/22/00				0.00		0.00					0.00		0.00
2/23/00				0.00		0.00					0.00		0.00
2/24/00				0.00		0.00					0.00		0.00
2/25/00				0.00		0.00					0.00		0.00
	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	(E)	$0.00	$0.00		$0.00

HMS Lockbox Deposits	$0.00	HMS Transmissions in AIM		$0.00	$0.00
Difference……..	0.00	Difference……....	$0.00		
		Book Adjustment Description			Book Adjustment Description
Holidays:				$0.00	$0.00
	$0.00				Lockbox Deposits per Stmt
Legend: HCE Wires Deducted					Wire Transfer Credits per Stmt 0.00

Figure A.34 – Deposit Reconciliation (2 of 2)

EDS Provider Lockbox Reconciliation

Reconciliation of EDS Lockbox Deposits to ABR CCN total for EDS Provider Batch Ranges (900, 901, 905, 910, 913, 915, 920, 922, 940, 946, 965).

EDS Lockbox Deposit Total as per HNB	$2,010,586.19	**Automated Bank Reconciliation Data for February 2000**		
			Batch Range	*Total*
Deposits Rec'd at Lock box 104; Intended			900	67,571.87
for Lockbox 56, HMS			901	20.00
Deposit Date			905	145,513.52
2/16/00	(40.00)		910	426,794.94
2/16/00	(80.96)		915	35,242.38
2/22/00	(40.00)		920	-
2/24/00	(730.07)		922	1,366.80
2/24/00	(40.50)		940	-
			946	1,333,039.13
Deposits Returned; Stop Payment	(106.02)		965	-
		Total CCNs Entered for Feb-00 Recon		2,009,548.64
Total Deposits for EDS Lockbox CCN'd for Feb-00	2,009,548.644			

Figure A.35 – EDS Provider Lockbox Reconciliation

Deposit Reconciliation
For Feb-00
(month)

The purpose of the Deposits Reconciliation is to compare the daily deposits received at the bank to the actual amount of cash receipts entered in AIM.

The CDA account will receive three general types of deposits. One, lockbox deposits. Two, HCE Wires, which are lock box deposits received at

Their own lockbox and then wire to EDS' account. Three, program funding wires to cover issues from the account. Note lockbox deposits and

HCE wires are netted against paid checks presented to the bank for program funding purposes. This is done to maintain a zero balance account.

Program Funding Refund Reconciliation

	Refunds Lockbox deposits	Drug Rebate Lockbox deposits	HMS Lockbox deposits	Total Lockbox deposits	HCE Wires		Total Cash Receipts	CCN Entered (ADJ 0002)	Program Funding Per Wire Form	Program Funding Per HNB (HV)	Total Book Deposits	Total Bank Deposits
1/22/00												
1/23/00												
1/24/00	22,397.96	2,789,893.76	97,257.69	2,909,549.41	0.00		2,909,549.41	2,815,361.88	1,918,231.18	8,471,606.40	4,733,593.06	11,381,155.81
1/25/00	8,450.15	87,513.04	14,024.04	109,987.23	3,070.16	(F)	113,057.39	95,963.19	2,160,836.20	1,918,231.18	2,256,799.39	2,031,288.57
1/26/00	68,464.07	31,029.20	3,083.93	102,577.20	0.00		102,577.20	99,493.27	35,245,139.98	2,160,836.20	35,344,633.25	2,263,413.40
1/27/00	23,540.43	664,055.31	7,945.29	695,541.03	0.00		695,541.03	687,595.74	1,791,381.25	35,245,139.98	2,478,976.99	35,940,681.01
1/28/00	88,197.16	5,888.86	19,877.07	113,963.09	0.00		113,963.09	94,086.02	4,533,860.06	1,791 ,381.25	4,627,946.08	1,905,344.34
1/29/00												
1/30/00												
1/31/00	199,268.41	256,018.77	63,341.35	518,628.53	0.00		518,628.53	455,287.18	2,299,815.89	4,533,860.06	2,755,103.07	5,052,488.59
2/1/00	5,260.36	6,973.62	11,938.51	24,172.49	0.00		24,172.49	12,233.98	2,246,067.75	2,299,815.89	2,258,301.73	2,323,988.38
2/2/00	39,572.53	1,123.69	2,369.20	43,065.42	0.00		43,065.42	40,696.22	26,474,660.58	2,246,067.75	26,515,356.80	2,289,133.17
2/3/00	340,328.44	24.52	116,770.89	457,123.85	0.00		457,123.85	340,352.96	3,477,245.10	26,474,660.58	3,817,598.06	26,931,784.43
2/4/00	25,074.05	36,310.27	17,593.26	78,977.58	0.00		78,977.58	81,395.43	2,723,375.68	3,477,245.10	2,804,771.11	3,556,222.68
2/5/00												
2/6/00												
2/7/00	88,797.16	35,440.55	89,744.80	213,982.51	0.00		213,982.51	124,237.71	2,715,801.33	2,723,375.68	2,840,039.04	2,937,358.19
2/8/00	18,892.62	207,559.56	11,189.48	237,641.66	20,011.11	(G)	257,652.77	226,452.18	1,019,779.01	2,715,801.33	1,246,231.19	2,973,454.10
2/9/00	117,438.37	0.00	9,038.95	126,477.32	0.00		126,477.32	117,438.37	58,937,483.94	1,019,779.01	59,054,922.31	1,146,256.33
2/10/00	81,649.77	346,081.54	15,894.03	443,625.34	0.00		443,625.34	427,731.31	6,788,840.25	58,937,483.94	7,216,571.56	59,381,109.28
2/11/00	42,460.86	1,478.25	77,735.78	121,674.89	0.00		121,674.89	43,939.11	4,370,264.91	6,788,840.25	4,414,204,.02	6,910,515.14
2/12/00												
2/13/00												
2/14/00	57,998.68	56,418.51	129,965.30	244,382.49	0.00		244,382.49	114,417.19	3,076,464.92	4,370,264.91	3,190,882.11	4,614,647.40
2/15/00	214,481.02	0.00	47,978.08	262,459.10	0.00		262,459.10	214,481.02	1,026,856.93	3,076,464.92	1,241,337.95	3,338,924.02
2/16/00	39,355.61	69,073.62	19,385.19	127,814.42	0.00		127,814.42	108,308.27	39,510,323.81	1,026,856.93	39,618,632.08	1,154,671.35
2/17/00	106,282.78	51,861.52	99,410.55	257,554.85	0.00		257,554.85	158,144.30	4,587,333.51	39,510,323.81	4,745,477.81	39,767,878.66
2/18/00	26,682.53	3,196.17	39,980.30	68,859.00	0.00		68,859.00	29,878.70	9,339,624.45	4,587,333.51	9,369,503.15	4,656,192.51
2/19/00												
2/20/00												
2/21/00	0.00	0.00	0.00	0.00	0.00		0.00	0.00	0.00	0.00	0.00	0.00
2/22/00	65,668.90	51,390.17	206,852.60	323,911.67	0.00		323,911.67	117,019.07	4,124,923.13	9,339,624.45	4,241,942.20	9,663,536.12
2/23/00	31,398.28	0.00	18,283.26	49,681.54	0.00		49,681.54	31,398.28	45,571,848.33	4,124,923.13	45,603,246.61	4,174,604.67

2/24/00	16,805.88		440.92		46,978.59	64,225.39		0.00		64,225.39	36,404.36	4,326,443.42		45,571,848.33	4,362,847.78		45,636,073.72
2/25/00	282,120.17		0.00		60,738.77	342,858.94		0.00		342,858.94	282,120.17	4,303,638.09		4,326,443.42	4,585,758.26		4,669,302.36
	$2,010,586.19	(A)	$4,701,771.85	(B)	$1,226,376.91	$7,938,734.95	(D)	$23,081.27	(C)(E	$7,961,816.22	$6,754,435.91	$272,570,239.70	(E)	$276,738,208.01	$279,324,675.61		$284,700,024.23

								HMS Lockbox Deposits			$1,226,376.91		HMS Transmissions in AIM		$0.00		
								Differen ce……...			(18,996360)		Difference……...	$-4,167,968.31			
													Book Adjustment Description:				
									Incorrect Lockbox dep. 2/16/00			(A)	Incorrect lockbox deop.2/16/00				
									Rec'd LB 104; S/B LB 56		40.00		Rec'd LB 104; S/B LB 56		40.00	Book Adjustment Description:	
Holidays:									Incorrect Lockbox dep. 2/16/00			(A)	Incorrect lockbox deop.2/16/00			Program Funding 1/21/00	(8,471,606.40)
									Rec'd LB 104; S/B LB 56		80.96		Rec'd LB 104; S/B LB 56		80.96	Program Funding 2/25/00	4,303,638.09
Lincoln's Birthday	11-Feb HNB, Federal Reserve, EDS & State Open								Incorrect Lockbox dep. 2/16/00			(A)	Incorrect lockbox deop.2/16/00				
President's Day	21-Feb HNB & Federal Reserve Closed; EDS & State Open								Rec'd LB 104; S/B LB 56		40.00		Rec'd LB 104; S/B LB 56		40.00		
									Incorrect Lockbox dep. 2/16/00			(A)	Incorrect lockbox deop.2/16/00				
									Rec'd LB 104; S/B LB 56		730.07		Rec'd LB 104; S/B LB 56		730.07		
									Incorrect Lockbox dep. 2/16/00			(A)	Incorrect lockbox deop.2/16/00				
									Rec'd LB 104; S/B LB 56		40.50	(C)	Rec'd LB 104; S/B LB 56		40.50		
									HCE Dep.2/24/00, wired 2/28/00		(19,928.13)		HCE Dep. 2/24/00, wired 2/28/00		(19,928.13)		
													HMS Deposits Not Entered in AIM		1,226,376.91		
																	$280,532,055.92
											($0.00)					Lockbox Deposits per Stmt	7,938,734.95
Legend:	HCE Wires Deducted														**$280,532,055.92**	Wire Transfer Credits per Stmt	$272,593,320.97
																	$0.00

Figure A.36 – Program Funding Refund Reconciliation

(A) Reconciliation of EDS Lockbox Deposits to ABR CCN total for EDS Provider Batch Ranges (900, 901, 905, 910, 913, 915, 920, 922, 940, 946, 965).

EDS Lockbox Deposit Total as per HNB	$2,010,586.19	Automated Bank Reconciliation Data for February 2000		
			Batch Range	*Total*
Deposits Rec'd at Lock box 104; Intended for Lockbox 56, HMS			900	67,571.87
			901	20.00
Deposit Date			905	145,513.52
2/16/00	(40.00)		910	426,794.94
2/16/00	(80.96)		915	35,242.38
2/22/00	(40.00)		920	-
2/24/00	(730.07)		922	1,366.80
2/24/00	(40.50)		940	-
			946	1,333,039.13
Deposits Returned; Stop Payment	(106.02)		965	-
			Total CCNs Entered for Feb-00 Recon	2,009,548.64
Total Deposits for EDS Lockbox CCN'd for Feb-00	2,009,548.64			

(B) Reconciliation of Drug Rebate Lockbox Deposits to ABR CCN total for Drug Rebate Batch Range 960.

Drug Rebate Lockbox Deposit Total as per HNB	$4,701,771.85		**Automated Bank Reconciliation Data for February 2000**
			Total
		960	4,701,771.85
Total Deposits for Drug Rebate Lockbox CCN'd for Feb-00	$4,701,771.85	**Total CCNs Entered for Feb-00 Recon**	4,701,771.85

(C) Reconciliation of CE Deposits into ABR CCN total to HCE Batch Range 950.

HCE Wire total as per HNB	$23,081.27		**Automated Bank Reconciliation Data for February 2000**
			Total
Checks rec'd and CCN'd at HCE 2/24/2000; wired to EDS 2/28/2000 (Mar Recon)	19,928,.13	950	43,009.40
Total Deposits for HCE Lockbox CCN'd for Feb-00	$43,009.40	**Total CCNs Entered for Feb-00 Recon**	43,0009.40

(D) Verified against HNB Lockbox Deposit Total and Regular Deposit Total for the month of February 2000, date range 1/24/00 -2/25/00.

(E) HCE Wires and Program Funding Per Wire Transfer Request Form totals $272,593,320.97. This amount is the sum that was wired into the EDS Medicaid account.

This figure was verified against the HNB Wire Transfer Credits Total for the month of February 2000, date range 1/22/00-2/25/00

(F) Deposit detail for 1/25/00 HCE wire:

CCN	**Amount**
00024950000	3,070.16
	3,070.16

(G) Deposit detail for 2/8/00 HCE wire:

CCN	**Amount**
00035950000	12,943.32
00035950001	7,067.79
	20,011.11

Figure A.37 – EDS Lockbox Deposit Total as per HNB

Report: FIN-6005-W
Process: FINJW300
Location: FINI04010

Indiana*AIM*
Indiana Health Coverage Programs Check Register
Period: 02/12/2000 – 02/18/2000

Run Date: 02/19/2000
Run Time: 03:42:24
Page: 124

CHECK NO	CHECK DATE	PROVIDER NUMBER	PROVIDER NAME	CHECK AMOUNT
005357084	02/22/00			370.95
005357085	02/22/00			71.69
005357086	02/22/00			0.93
005357087	02/22/00			57.96
005357088	02/22/00			138.26
005357089	02/22/00			25.06
005357090	02/22/00			9.80
005357091	02/22/00			1,002.33
005357092	02/22/00			152.36
005357093	02/22/00			657.63
005357094	02/22/00			62.46

MANUAL CHECK COUNT:	0	MANUAL CHECK TOTAL:	0.00
VOID CHECK COUNT:	45	VOID CHECK TOTAL:	(3,136.86)
SYSTEM CHECK COUNT:	6,362	SYSTEM CHECK TOTAL:	14,040,600.52

END OF REPORT

Figure A.38 – IHCP Check Register

Report: FIN-6006-W
Process: FINJW200
Location: FINI03030

Indiana*AIM*
Electronic Funds Transfer Activity Report
Period: 03/18/2000 – 03/24/2000

Run Date: 03/25/2000
Run Time: 03:57:14
Page:

ACCT ID	ACCOUNT	BANK	ACCT NUMBER	EFT NUMBER	EFT AMOUNT
				900783980	295.35
				900783981	6,432.19
				900783982	2,676.24
				900783983	969.28
				900783984	1,679.76
				900783985	1,356.68
				900783986	1,650.06
				900783987	138.10
				900783988	4,715.10
				900783989	12,558.20
				900783990	3,086.22
				900783991	46.95
				900783992	5,968.59
				900783993	16,265.03
				900783994	8,665.13
				900783995	46,252.71
				900783996	45,770.82
				900783997	24,440.45
				900783998	57.52
				900783999	223.51
				900784000	45,947.93
				900784001	12,746.78
				900784002	295.10
				900784003	10,587.60
				900784004	13,175.92
				900784005	16,627.10
				900784006	367,991.48
				900784007	9,188.16
				900784008	7,191.28
				900784009	2,416.75
				900784010	51,645.18
				900784011	24,644.99
				900784012	22,146.78
				900784013	71.50
				900784014	16,568.50
				900784015	8,359.97
				900784016	21,063.47
				900784017	393.94
				900784018	4,038.30
				900784019	1,530.71
	Total				$28,911,074.07

Figure A.39 – Electronic Funds Transfer Activity Report

Report: FIN-6007-W
Process: FINJW220
Location: FIN6007W

Indiana*AIM*
Stop-pay/Void Reissue Detail
Period: 02/12/2000 – 02/18/2000

Run Date: 02
Run Time: 03
Page:

Reason: 0 VOID/FAILED EFT

Original Check Number	Original Check Date	Reissue Check Number	Reissue Check Date	Payee Id #	Payee name	Check Amount	Reason Code	Date Action Occurred
900763800	02/16/2000	005357094	02/22/2000			62.46	0	2/18/2000
900762812	02/09/2000	005357093	02/22/2000			657.63	0	2/15/2000

Reason: 0 VOID/FAILED EFT

Original Check Number	Original Check Date	Reissue Check Number	Reissue Check Date	Payee Id #	Payee name	Check Amount	Reason Code	Date Action Occurred

**** END OF REPORT ****

Figure A.40 – Stop-pay/Void Reissue Detail

February 2000 Manual Checks

MANUAL CHECK #	CHECK DATE	CHECK AMOUNT	PROVIDER NUMBER	PROVIDER NAME	MANUAL CHECK REASON	SYSTEM CHECK #	REQUESTER
5000235	2/3/00	35,774.16	XXXXXXXX	XXXXXXX	F: 1996-stop loss reisurance payment		rs
5000236	2/10/00	37,676.00	XXXXXXXX	XXXXXXXXXX	F: Early recoupment of A/Rs		rs
		73,450.16					

Figure A.41 – Manual Check Log

CRP92005-32 PAGE: 1

Bank No. 03 Team No. 095 RECAP OF POSTED ITEMS REPORT DATE: 03/07/00

Account No. EDS As of: 02-25-00

Date	Paid Checks		Issues		Stops Placed		Stops Removed		Cancelled	
	Items	Amount	Items	Amount	Items	Amount	Items	Amount	Items	Amount
Prior		.00		.00		.00		.00	79	69,549.23
10-05-99		.00		.00		.00		.00	5	565.43
10-12-00		.00		.00		.00		.00	13	11,548.67
10-19-99		.00		.00		.00		.00	18	1,450.28
10-26-99		.00		.00		.00		.00	18	1,138.50
11-02-99		.00		.00		.00		.00	9	629.51
11-09-99		.00		.00		.00		.00	4	625.05
11-16-99		.00		.00		.00		.00	6	790.35
11-23-99		.00		.00		.00		.00	6	1,137.25
11-30-99		.00		.00		.00		.00	17	3,663.59
12-07-99		.00		.00		.00		.00	10	2,355.09
12-14-99		.00		.00		.00		.00	10	3,753.19
12-21-99		.00		.00		.00		.00	14	693.62
12-28-99		.00		.00		.00		.00	28	9,263.96
01-04-00		.00		.00		.00		.00	17	3,285.61
01-11-00		.00		.00		.00		.00	16	1,440.19
01-18-00		.00		.00		.00		.00	17	266,971.61
01-24-00	1,823	3,523,333.26		.00	2	5,957.00		.00		.00
01-25-00	996	4,198,196.60	6,328	14,784,443.20		.00	.	.00	5	2,239.01
01-26-00	757	1,174,658.04		.00		.00		.00		.00
01-27-00	578	1,949,761.94		.00		.00		.00		.00
01-28-00	1,343	4,584,262.60		.00	32	27,971.20		.00		.00
01-31-00	2,019	3,075,659.74		.00		.00		.00		.00
02-01-00	1,185	2,491,631.27	5,857	10,785,550.30		.00		.00	12	1,743.42
02-02-00	1,216	1,929,144.76		.00		.00		.00		.00
02-03-00	1,437	3,514,600.66		.00	26	24,687.91		.00		.00
02-04-00	1,525	3,093,424.53		.00	1	558.75		.00		.00
02-07-00	1,988	2,862,869.84		.00		.00		.00		.00
02-08-00	511	1,186,134.52	6,630	22,904,628.19		.00		.00	6	1,202.42
02-09-00	800	5,162,673.07	1	35,774		.00		.00	12	1,238.78
02-24-00	1,591	4,569,421.03		.00		.00		.00		.00
02-25-00	1,538	4,375,349.67		.00	21	28,863.15		.00	12	.00
Totals	30,917	86,568,201.58	30,927	84,067,644.78	82	88,038.01		.00	355	390,303.64

Figure A.42 – Recap of Posted Items Report

ISSUES Reconciliation

Date	Check Register (FIN 6005)	Manual Check Log	Total Checks Issued	Bank Recap Of Posted Items	Difference	EFT Activity Report (Fin 6006)	Bank Acct Summary Electronic Withdrawals	Difference	Total Issues Per Book	Total Issues Per Bank	Difference
Financial Cycle											
End Date:											
1/28/00			-						-		
2/4/00			-						-		
2/11/00			-						-		
2/18/00			-						-		
2/25/00			-						-	-	
Totals	-	-	-	-	-	-	-	-	-	-	-

Book Adjustment Description:

Book Adjustment Description:

Book Adjustment Description:

Bank Adjustment Description:

Bank Adjustment Description:

Bank Adjustment Description:

		-	-	-	-	-	-	

Figure A.43 – Issues Reconciliation

Huntington

BUSINESS CHECKING ACCOUNT

BALANCE LAST STATEMENT	1,847,685.09		
CREDIT SUMMARY FOR THE PERIOD		DEBIT SUMMARY FOR THE PERIOD	
LOCK BOX DEPOSITS	7,938,734.95	ARP CHECK LISTING PAID	86,568,232.17
ELECTRONIC DEPOSITS	42,891.61	ELECTRONIC WITHDRAWALS	195,455,308.42
WIRE TRANSFER CREDITS	272,593,320.97	WIRE TRANSFER DEBITS	4,730.62
OTHER CREDITS	2,303.03	OTHER DEBITS	2,568.00
		RETURNED DEPOSITED ITEMS	924.97
TOTAL CREDITS	280,577,250.56	TOTAL DEBITS	282,031,764.18
BALANCE THIS STATEMENT	393,171.47	ITEMS ENCLOSED	25

OTHER CREDITS

DATE	AMOUNT	DESCRIPTION	REFERENCE
01/24	1,918,231.18	WIRE TRANSFER CREDIT	00888800599
01/24	2,787,242.90	WHOLESALE LOCK BOX CREDIT	00071134000
01/24	49,018.12	WHOLESALE LOCK BOX CREDIT	00071133997
01/25	2,160,836.20	WIRE TRANSFER CREDIT	00888800836

OTHER DEBITS

DATE	AMOUNT	DESCRIPTION	REFERENCE
01/24	28.00	STOP PAYMENT FEE VIA HUNTINGTON	12400082130
01/24	28.00	STOP PAYMENT FEE VIA HUNTINGTON	12400142840
01/24	3,523,33.27	LIST OF CHECKS: 1823 ITEMS	
01/25	756.70	RETURNED DEPOSITED ITEM	00891300023

BALANCE SUMMARY

DATE	BALANCE	DATE	BALANCE	DATE	BALANCE
01/21	1,847,685.09	02/03	485,304.85	02/16	169,176.42
01/24	3,152,132.41	02/04	194,267.54	02/17	353,467.85
01/25	1,227,073.76	02/07	261,181.51	02/18	143,271.46
01/26	195,299.69	02/08	352,478.77	02/22	364,735.67
01/27	735,614.54	02/09	357,830.15	02/23	267,179.59
01/28	799,179.77	02/10	473,370.56	02/24	95,700.65
01/31	541,964.53	02/11	174,725.89	02/25	393,171.47
02/01	320,572.49	02/14	278,523.49		
02/02	65,570.42	02/15	385,973.41		

Figure A.44 – Huntington Statement (1 of 2)

Huntington

BUSINESS CHECKING ACCOUNT

BALANCE LAST STATEMENT	1,847,685.09		
CREDIT SUMMARY FOR THE PERIOD		DEBIT SUMMARY FOR THE PERIOD	
LOCK BOX DEPOSITS	7,938,734.95	ARP CHECK LISTING PAID	86,568,232.17
ELECTRONIC DEPOSITS	42,891.61	ELECTRONIC WITHDRAWALS	195,455,308.42
WIRE TRANSFER CREDITS	272,593,320.97	WIRE TRANSFER DEBITS	4,730.62
OTHER CREDITS	2,303.03	OTHER DEBITS	2,568.00
		RETURNED DEPOSITED ITEMS	924.97
TOTAL CREDITS	280,577,250.56	TOTAL DEBITS	282,031,764.18
BALANCE THIS STATEMENT	393,171.47	ITEMS ENCLOSED	25

OTHER CREDITS

DATE	AMOUNT	DESCRIPTION	REFERENCE
01/24	1,918,231.18	WIRE TRANSFER CREDIT	00888800599
01/24	2,787,242.90	WHOLESALE LOCK BOX CREDIT	00071134000
01/24	49,018.12	WHOLESALE LOCK BOX CREDIT	00071133997
01/25	2,160,836.20	WIRE TRANSFER CREDIT	00888800836

OTHER DEBITS

DATE	AMOUNT	DESCRIPTION	REFERENCE
01/24	28.00	STOP PAYMENT FEE VIA HUNTINGTON	12400082130
01/24	28.00	STOP PAYMENT FEE VIA HUNTINGTON	12400142840
01/24	3,523,33.27	LIST OF CHECKS: 1823 ITEMS	
01/25	756.70	RETURNED DEPOSITED ITEM	00891300023

BALANCE SUMMARY

DATE	BALANCE	DATE	BALANCE	DATE	BALANCE
01/21	1,847,685.09	02/03	485,304.85	02/16	169,176.42
01/24	3,152,132.41	02/04	194,267.54	02/17	353,467.85
01/25	1,227,073.76	02/07	261,181.51	02/18	143,271.46
01/26	195,299.69	02/08	352,478.77	02/22	364,735.67
01/27	735,614.54	02/09	357,830.15	02/23	267,179.59
01/28	799,179.77	02/10	473,370.56	02/24	95,700.65
01/31	541,964.53	02/11	174,725.89	02/25	393,171.47
02/01	320,572.49	02/14	278,523.49		
02/02	65,570.42	02/15	385,973.41		

Figure A.45 – Huntington Statement (2 of 2)

REPORT: BNK-0111-M Indiana*AIM* Date: 2000/07/12

PROCESS: Bank Reconciliation Manual Check Reissues Detail

LOCATION: Reporting Period: 2000/01/22 – 2000/02/25

Julian Reporting Period: 00/022 – 00/056

Manual Check Number	Manual Check Issue Date	Manual Check Amount

Figure A.45 – Bank Reconciliation Manual Check Reissue Detail

REPORT: BNK-0112-M Indiana*AIM* Date: 2000/07/12

PROCESS: Bank Reconciliation Manual Check Provider Advances Detail

LOCATION: Reporting Period: 2000/01/22 – 2000/02/25

Julian Reporting Period: 00/022 – 00/056

Manual Check Number	Manual Check Issue Date	Manual Check Amount	Expenditure Number

Figure A.46 – Bank Reconciliation Manual Provider Advances Detail

REPORT: BNK-0113-M Indiana*AIM* Date: 2000/07/12

PROCESS: Bank Reconciliation Manual Check Provider Advances Detail

LOCATION: Reporting Period: 2000/01/22 – 2000/02/25

Julian Reporting Period: 00/022 – 00/056

Manual Check Number	Manual Check Issue Date	Manual Check Amount	Expenditure Number
	2000/02/09	35,774.16	
	2000/02/11	37,676.00	
	Total Amount:	73,450.16	
	Total Manual Other Expenditures:	2	

Figure A.47 - Bank Reconciliation Manual Check Other Expenditures Detail

Reconciliation of FIN 6005 Manual Checks to Manual Check Log

Purpose: To ensure all manual checks were have been entered in Indiana *AIM* and reported to the bank via the FIN 6005.

	Manual Check Per Register (FIN 6005)	Manual Check Log	Difference
1/22/00			-
1/23/00			-
1/24/00			-
1/25/00			-
1/26/00			-
1/27/00			-
1/28/00			-
1/29/00			-
1/30/00			-
1/31/00			-
2/1/00			-
2/2/00			-
2/3/00			-
2/4/00			-
2/5/00			-
2/6/00			-
2/7/00			-
2/8/00			-
2/9/00			-
2/10/00			-
2/11/00			-
2/12/00			-
2/13/00			-
2/14/00			-
2/15/00			-
2/16/00			-
2/17/00			-
2/18/00			-
2/19/00			-
2/20/00			-
2/21/00			-
2/22/00			-
2/23/00			-
2/24/00			-
2/25/00			-
TOTALS	-	-	-

Reconciling items:

Figure A.48 – Reconciliation of FIN 6005 Manual Checks to Manual Check Log

The EDS Systems area has designed a *Clears Variance* report. After the weekly clears transmission was received by the EDS Systems Unit, the weekly *Clears Variance* report is run. This report compares the Indiana *AIM* check issuance amount to the bank clears amount to determine if any encoding errors or paid-no issues have occurred at the bank. Therefore, the *Clears Variance* report will assist the Financial analyst in determining the reconciling items on this worksheet.

Note: Paid-no issues are checks paid by the bank but not reported on the FIN 6005.

REPORT: BNK-0108-M
PROCESS:
LOCATION:

Indiana*AIM*
Bank Reconciliation Check Stopped Detail
Reporting Period: 2000/01/22 – 2000/02/25
Julian Reporting Period: 00/022 – 00/056

Date: 2000/07/12

Stopped Check Number	Stop Date	Stopped Check Issue Date	Stopped Check Amount
005033084	2000/02/25	1999/02/09	1,699.85
005075920	2000/02/25	1999/04/06	310.94
005105611	2000/01/28	1999/05/11	129.46
005142651	2000/01/28	1999/06/22	58.37
005148769	2000/02/25	1999/06/29	785.28
005153346	2000/01/28	1999/07/06	458.75
005157531	2000/02/25	1999/07/13	85.45
005159689	2000/01/28	1999/07/13	1,246.32
005160841	2000/02/03	1999/07/13	21.66
005163251	2000/02/25	1999/07/20	231.86
005167299	2000/02/25	1999/07/20	7,021.77
005167466	2000/01/28	1999/07/20	122.00
005174061	2000/02/03	1999/07/27	376.67
005182073	2000/01/28	1999/08/10	181.90
005186503	2000/01/28	1999/08/17	2,634.44
005197740	2000/02/03	1999/08/24	1,395.00
005197766	2000/02/03	1999/08/24	46.78
005198995	2000/01/28	1999/08/31	18.20
005201979	2000/01/28	1999/08/31	12.41
005203252	2000/01/28	1999/08/31	70.63
005204223	2000/02/03	1999/09/07	52.75
005207459	2000/02/03	1999/09/07	603.11
005212274	2000/01/28	1999/09/14	92.39
005214205	2000/01/28	1999/09/14	115.31
		Total Amount:	92,766.84

Total Stop-pays: 82

Figure A.49 – Bank Reconciliation Check Stopped Detail

HUNTINGTON VIEW
ACTIVE INSTRUCTIONS REPORT PAGE 1
PRINTED 28JAN00 AT 16:21:40

TRANSACTION TYPE:	SINGLE TOP	
BANK:	Huntington Bank	
ACCOUNT NUMBER:		
ACCOUNT NAME:		
CURRENCY:	USD	
CHECK NUMBER:	5105611	
AMOUNT:	129.46	
REASON:	1-OTHER	
ISSUE DATE:	11MAY99	
PAYEE:		
EXPIRATION DATE:		
STATUS:	CONFIRMED	
PC CONTROL NUMBER:	378	
HOST CONTROL NUMBER:	280065	
USER AUDIT:	ENTERED BY:	ON 28JAN00 AT 14:38:21
	RELEASED BY:	ON 28JAN00 AT 14:38:21
	TRANSMITTED BY:	ON 28JAN00 AT 16:14:43
	CONFIRMED BY HOST	ON 28JAN00 AT 16:14:55
HOST MESSAGE:		
STOPED PLACED		

Figure A.50 – Active Instructions Report

Voids & Stoppay Reconciliation

Financial Cycle End Date:	Voids (FIN6005)	ABR Stop Detail (BNK-108-M)	Total Voids & Stops		Bank Recap of Posted Items Rpt	DIFFERENCE
1/28/00			-			
2/4/00			-			
2/11/00			-			
2/19/00			-			
2/25/00			-			
TOTALS	-	-	-		-	-

Book Adjustment Description:		**Bank Adjustment Description:**		
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
	-		-	-

Figure A.51 – Voids and Stop-pay Reconciliation

Report: FIN-1005-W
Process: FNIO0510
Location:

Indiana*AIM*
Voided Checks by External Number
Period: 02/12/2000 – 02/18/2000

Date: 02/19/2000
Time: 00:32:32
Page:

PAYEE ID	EXTERNAL CHECK #	CHECK DATE	CCN	CHECK AMOUNT
	005078439	04/06/99		45.59
	005198031	08/31/99		104.11
	005198128	08/31/99		86.95
	005208305	09/07/99		60.99
	005208815	09/07/99		14.46
	005228107	10/05/99		23.74
	005228154	10/05/99		417.15
	005228169	10/05/99		60.92
	005233027	10/12/99		101.08
	005233549	10/12/99		9.06
	005233693	10/12/99		31.11
	005233726	10/12/99		71.25
	005233729	10/12/99		104.22
	005233732	10/12/99		12.55
	005233733	10/12/99		23.73
	005233734	10/12/99		59.22
	005233735	10/12/99		88.49

TOTAL # OF VOIDS:
TOTAL VOIDED DOLLARS:

END OF REPORT

Figure A.52 – Voided Checks by External Number Summary

REPORT: BNK-0107-M
PROCESS:
LOCATION:

Indiana*AIM*
Bank Reconciliation Check Voided with No Reissues Detail
Reporting Period: 2000/01/22 – 2000/02/25
Julian Reporting Period: 00/022 – 00/056

Date: 2000/07/12

Voided Check Number	Void Date	Voided Check Issue Date	Voided Check Amount
005078439	2000/02/16	1999/04/06	45.59
005080472	2000/02/11	1999/04/06	7.87
005080573	2000/01/28	1999/04/06	59.94
005098302	2000/02/25	1999/04/27	44.90
005098424	2000/02/25	1999/05/04	40.43
005100433	2000/02/04	1999/05/04	1,315.67
005110957	2000/02/03	1999/05/18	293.00
005115886	2000/02/25	1999/05/18	12.06
005121292	2000/02/25	1999/05/25	37.23
005121851	2000/02/25	1999/05/25	1,786.77
005122232	2000/02/25	1999/06/01	14.34
005127965	2000/02/04	1999/0601	113.83
005128053	2000/02/25	1999/06/01	86.93
005128263	2000/02/25	1999/06/08	6,100.27
005128265	2000/02/22	1999/06/08	120.92
005129221	2000/02/25	1999/06/08	142.73
005129222	2000/02/25	1999/06/08	28.35
005129384	2000/02/25	1999/06/08	501.00
005132745	2000/02/25	1999/06/08	40.43
005133286	2000/02/25	1999/06/08	43.02
005133489	2000/02/25	1999/06/15	132.11
005135806	2000/02/03	1999/06/15	1,246.07
005136764	2000/02/25	1999/06/15	78.50
005142940	2000/02/25	1999/06/22	65.50
005144803	2000/02/04	1999/06/22	228.48
005145132	2000/02/03	1999/06/22	127.34
005145681	2000/02/04	1999/06/29	16.86
		Total Amount:	12,730.14
		Total Check Count:	27

Figure A.53 - Bank Reconciliation Check Voided with No Reissues Detail

REPORT: BNK-0106-M Indiana*AIM* Date: 2000/07/12
PROCESS: Bank Reconciliation Check Voided With Reissues Detail
LOCATION: Reporting Period: 2000/01/22 – 2000/02/25
Julian Reporting Period: 00/022 – 00/056

Voided Check Number	Void Date	Voided Check Issue Date	Voided Check Amount
005356873	2000/02/23	2000/02/22	36.58
005356972	2000/02/23	2000/02/22	1,011.83
005357059	2000/02/23	2000/02/22	123.32
		Total Amount:	1,171.73
		Total Check Count:	3

Figure A.54 - Bank Reconciliation Check Voided With Reissues Detail

Void Breakdown Worksheet

Date	Cancelled per Recap	FIN 1/28	FIN 2/4	FIN 2/11	FIN 2/18	FIN 2/25	FIN 3/3	IRS Backup W/H	Misc.	Difference
Prior	69,549.23	84.92	3,413.71	1,870.87	312.10	19,643.67	44,308.88			(84.92)
10/5/99	565.43				501.81	63.62				(0.00)
10/12/99	11,548.67				500.71	11,047.96				0.00
10/19/99	1,450.28				484.18	966.10				(0.00)
10/26/99	1,138.50			12.06	937.05	189.39				0.00
11/2/99	629.51				250.64	378.87				-
11/9/99	625.05			72.39		552.66				(0.00)
11/16/99	790.35		367.75	71.24	109.20	242.16				0.00
11/23/99	1,137.25	60.22	210.92	629.61		228.72	68.00			(60.22)
11/30/99	3,663.59		1,633.22	2,030.37						(0.00)
12/7/99	2,355.09		2,293.97	61.12						(0.00)
12/14/99	3,753.19	921.38	1,527.54	2,225.65						(921.38)
12/21/99	693.62	917.55	255.24	438.38						(917.55)
12/28/99	9,263.96	26.31	384.06	8,879.9						(26.31)
1/4/00	3,285.61	21.38	1,229.18	2,056.43						(21.38)
1/11/00	1,440.19	289.94	1,201.34	238.85						(289.94)
1/18/00	266,971.61	1,360.84	266,720.67	250.94						(1,360.84)
1/25/00	2,239.01		143.10	2,095.91						0.00
2/1/00	1,743.42		140.00	1,562.25	41.17					0.00
2/8/00	1,202.42							1,202.42		-
2/9/00	1,238.78							1,238.78		-
2/15/00	2,108.56					29.70	2,078.86			-
2/16/00	951.82							951.82		-
2/22/00	1,171.73					1,171.73				-
2/23/00	786.77							786.77	(3,682.54)	3,682.54)
	390,303.61	3,682.54	279,520.70	22,495.97	3,136.86	34,514.58	46,455.74	3,393.02	-	(0.00)

Figure A.55 – Void Breakdown Worksheet

TYPE OF REPORT	REGION NO.	ACCOUNT NO	CUSTOMER NAME	DATE	PAGE NO.
PD NO ISSUE	03		EDS 950 NORTH MERIDIAN	02-25/00	1

CD	SERIAL NUMBER	CHECK AMOUNT PAID	O/S	DATE PAID	DATE ISSUED	SEQUENCE NUMBER	PAYEE IDENTIFICATION	CD	SERIAL NUMBER	CHECK AMOUNT PAID	O/S	DATE PAID	DATE ISSUED	SEQUENCE NUMBER	PAYEE IDENTIFICATION
3	5068464			12 20 99		0040075953									
1	9995221773	558.75		02 03 00		0034012688									
P	REV	92.27	1G	T C URR		558.75	1GT								

Figure A.56 – Summary Report

Miscellaneous Debits and Miscellaneous Credits

See the Deposit Report Reconciliation worksheet for deposit encoding errors.

See the weekly Clears Variance Report for the paid issues encoding errors.

See the Program Funding Wire Reconciliation worksheet for outstanding issue encoding errors.

See Open Available Balance worksheet for detail on how adjustments affect recordkeeping at HNB.

Date	Misc. Debit	Misc. Credit	No. Items	Amt per Item	Description
	-	-	FEBRUARY 2000 TOTALS		

Figure A.57 – Miscellaneous Debits and Miscellaneous Credits

HUNTINGTON VIEW
PREVIOUS DAY DETAIL TRANSACTION REPORT – SUMMARY PAGE 1
REPORTED AS OF 21MAR00
PRINTED 12JUL00 AT 12:45:31

HNB **Huntington Bank**
CURRENCY USD DOLLAR

ACCT

--- CREDITS ---

4,080.50	LOCKBOX CREDIT REF1: 91
1,937.37	LOCKBOX CREDIT REF1: 104
689,580.38	LOCKBOX CREDIT REF1: 104
13,120.00	LOCKBOX CREDIT REF1: 56
28.00	MISC CREDIT
708,746.25	5 CREDITS PRINTED

--- DEBITS ---

28.00	MISC DEBIT
28.00	1 DEBITS PRINTED

Figure A.58 – Previous Day Detail Transaction Report - Summary

EDS CORPORATION
HUNTINGTON NATIONAL BANK
ACH RETURNED ITEMS REPORT
REPORTED AS OF 26JAN00
PRINTED ON 26JAN00 08: 12 EST
ACH RETURN ITEMS REPORT

PREAUTHORIZED RETURN ENTRY – CREDIT

EFFECTIVE ENTRY DATE: 00/01/26
DATE OF RETURN: 00/01/26
AMOUNT: $296.49

ORIGINATED BY:

COMPANY NAME: EDS CORPORATION
COMPANY ID: 1751093604
DESCRIPTIVE DATE: 000126

ACCOUNT INFORMATION:

INDIVIDUAL ID:
INDIVIDUAL NAME:
INDIVIDUAL ACCOUNT #:
RETURN REASON CODE: R28 T/R CHECK DIGIT ERROR

RETURNED BY:

ROUTING TRANSIT NUMBER:

TRACE NUMBER: 044000020001175 EDS CORP
PAR NUMBER: 026 0000008 EDS CORP

Figure A.59 – Ach Returned Items Report

REPORT: BNK-0109-M Indiana*AIM* Date: 2000/07/12
PROCESS: Bank Reconciliation EFTs Voided with Reissues Detail
LOCATION: Reporting Period: 2000/01/22 – 2000/02/25
Julian Reporting Period: 00/022 – 00/056

Voided Check Number	Void Date	Voided Check Issue Date	Voided Check Amount
900743298	2000/01/25	1999/12/22	3.06
900744743	2000/02/23	1999/12/29	482.72
900746089	2000/02/23	1999/12/29	7.87
900755817	2000/01/28	2000/01/26	3,154.51
900756768	2000/01/26	2000/01/26	296.49
900756852	2000/01/28	2000/01/26	4.68
900762812	2000/02/15	2000/02/09	657.63
900763800	2000/02/18	2000/02/16	62.46
900766329	2000/02/25	2000/02/23	26,323.53
900766450	2000/02/25	2000/02/23	5,045.02
900766485	2000/02/25	2000/02/23	2,228.24
900766573	2000/02/23	2000/02/23	5,119.05
		Total Amount:	43,385.25
		Total Check Count:	12

Figure A.60 – Bank Reconciliation EFTs Voided With Reissues Detail

REPORT: BNK-0110-M Indiana*AIM* Date: 2000/07/12
PROCESS: Bank Reconciliation EFTs Voided With No Reissues Detail
LOCATION: Reporting Period: 2000/01/22 – 2000/02/25
Julian Reporting Period: 00/022 – 00/056

Voided Check Number	Void Date	Voided Check Issue Date	Voided Check Amount

Total Amount:

Total Check Count:

Figure A.61 – Bank Reconciliation EFTs Voided With No Reissues Detail

EFT Internal Control Reconciliations

Purpose: To ensure failed EFTs have been voided in Indiana*AIM*, a replacement check has been issued, and the bank has been notified of the replacement check issuance.

	Failed EFTs (FIN 6007)	Failed EFTs Per HNB ACH Returned Items Report	Difference	EFT Check Reissues Per FIN 6007	EFT Check Reissues (FIN 6005)	Difference
1/22/00						
1/23/00						
1/24/00			-			
1/25/00			-			
1/26/00			-			
1/27/00			-			
1/28/00			-	-		-
1/29/00						
1/30/00						
1/31/00			-			-
2/1/00			-			-
2/2/00			-			-
2/3/00			-			-
2/4/00			-	-		-
2/5/00						
2/6/00						
2/7/00			-			-
2/8/00			-			-
2/9/00			-			-
2/10/00			-			-
2/11/00			-	-		-
2/12/00						
2/13/00						
2/14/00			-			-
2/15/00			-			-
2/16/00			-			-
2/17/00			-			-
2/18/00			-	-		-
2/19/00						
2/20/00						
2/21/00			-			-
2/22/00			-			-
2/23/00			-			-
2/24/00			-			-
2/25/00			-	-		-
Total	-	-	-			-
Reconcilling items:				Reconciling items:		
			-			-
			-			-
			-			-
			-			-
			-			
	-	-	-	-	-	-

Figure A.62 – EFT Internal Control Reconciliations

Float Flow Verification Spreadsheet

Wire Trans Date	Actual Deposit Date	Deposit Amount	Cumulative Deposit Amt	Cum. Depos. Less: Open Available	1 Day Float	Current Depos. Readily Available	2+ Day Float	Float Total	Open Avail Less: 1 Day Float	Open Avail Less: 2 Day Float
24-Jan	21-Jan	1,001,682.35	1,605,102.09	(603,419.74)	1,428,269.00	759,099.35	242,583.00	1,670,852.00	176,833.09	1,847,685.09
25-Jan	24-Jan	2,909,549.41	3,911,231.76	1,873,871.35	2,037,361.00	1,794,777.41	1,114,772.00	3,152,133.00	(0.59)	3,152,132.41
26-Jan	25-Jan	113,057.39	4,024,289.15	2,889,641.39	1,132,333.00	20,631.39	92,426.00	1,224,759.00	2,314.76	1,227,073.76
27-Jan	26-Jan	102,577.20	4,126,866.35	3,968,485.66	158,084.00	65,658.20	36,919.00	195,003.00	296.69	195,299.69
28-Jan	27-Jan	695,541.03	4,822,407.38	4,772,004.84	47,247.00	10,329.03	685,212.00	732,459.00	3,155.54	735,614.54
31-Jan	28-Jan	113,963.09	4,936,370.47	4,160,526.70	775,839.00	90,627.09	23,336.00	799,175.00	4.77	799,179.77
1-Feb	31-Jan	518,628.53	5,454,999.00	5,209,434.47	244,736.00	222,228.53	296,400.00	541,136.00	828.53	541,964.53
2-Feb	1-Feb	24,172.49	5,479,171.49	5,181,104.00	298,069.00	1,667.49	22,505.00	320,574.00	(1.51)	320,572.49
3-Feb	2-Feb	43,065.42	5,522,236.91	5,484,847.49	36,332.00	14,884.42	28,181.00	64,513.00	1,057.42	65,570.42
4-Feb	3-Feb	457,123.85	5,979,360.76	5,609,311.91	370,049.00	341,867.85	115,256.00	458,305.00	(0.15)	485,304.85
7-Feb	4-Feb	78,977.58	6,058,338.34	5,911,269.80	147,033.00	31,778.58	47,199.00	194,232.00	35.54	194,267.54
8-Feb	7-Feb	213,982.51	6,272,320.85	6,105,965.34	166,353.00	119,156.51	94,826.00	261,179.00	2.51	261,181.51
9-Feb	8-Feb	257,652.77	6,529,973.62	6,407,767.85	102,195.00	27,379.77	230,273.00	332,468.00	20,010.77	352,478.77
10-Feb	19-Feb	126,477.32	6,656,450.94	6,329,604.79	325,765.00	95,493.32	30,984.00	356,749.00	1,081.15	357,830.15
11-Feb	10-Feb	443,625.34	7,100,076.28	6,679,756.72	421,558.00	390,574.34	53,051.00	474,609.00	(1,238.44)	473,370.56
14-Feb	11-Feb	121,674.89	7,221,751.17	7,081,166.28	140,585.00	87,533.89	34,141.00	174,726.00	(0.11)	174,725.89
15-Feb	14-Feb	244,382.49	7,466,133.66	7,310,476.17	155,543.00	121,516.49	122,866.00	278,409.00	114.49	278,523.49
16-Feb	15-Feb	262,459.10	7,728,592.76	7,383,981.35	343,963.00	221,097.10	41,362.00	385,325.00	648.41	385,973.41
17-Feb	16-Feb	127,814.42	7,856,407.18	7,779,336.76	77,072.00	35,708.42	92,106.00	169,178.00	(1.58)	169,176.42
18-Feb	17-Feb	257,554.85	8,113,962.03	7,834,844.18	275,311.00	183,204.85	74,350.00	349,661.00	3,806.85	353,973.41
22-Feb	18-Feb	68,859.00	8,182,821.03	8,080,373.57	102,327.00	28,035.00	40,824.00	143,151.00	120.46	143,271.46
23-Feb	22-Feb	323,911.67	8,506,732.70	8,354,676.03	152,055.00	111,232.67	212,679.00	364,734.00	1.67	364,735.67
24-Feb	23-Feb	49,681.54	8,556,414.24	8,313,436.65	238,159.00	25,479.54	24,202.00	262,361.00	4,818.59	267,179.59
25-Feb	24-Feb	64,225.39	8,620,639.63	8,548,927.98	64,437.00	40,236.39	23,989.00	88,426.00	7,274.65	95,700.65

Figure A.63 – Float Flow Verification Spreadsheet

	January 24th		January 25th		January 26th		January 27th		January 28th	
Presentments……	3,523,333.27	(C)	4,198,196.61		1,174,657.94		1,949,761.94		4,584,262.60	
EFTs……	-	(D)	-		35,204,020.59		-		-	
IRS Backup Withholding……	-	(E)	-		1,109.21		-		-	
Deposit……	(38,616.73)	(F)	(22,397.96)		(8,450.15)		(68,464.07)		(23,540.43)	
Deposit……	(776,976.74)	(G)	(2,789,893.76)		(87,513.04)		(31,029.20)		(664,055.31)	
Deposit……	(9,381.64)	(H)	(97,257.69)		(14,024.04)		(3,083.93)		(7,945.29)	
Deposit……	(176,707.24)	(I)	-		(3,070.16)		-		-	
Current 2+ Day Float……	242,583.00	(J)	1,114,772.00		92,426.00		36,919.00		685,212.00	
Previous Day 2+ Day Float……	(845,878.00)	(K)	(242,583.00)	(B)	(1,114,772.00)	(P)	(92,426.00)	(L)	(36,919.00)	(N)
Misc. Adjustments……	(124.74)	(A)			(1.07)	(Q)	(296.49)	(M)	(3,154.51)	(O)
Misc. Adjustments……					756.70	(R)				
Misc. Adjustments……										
Misc. Adjustments……										
	1,918,231.18		2,160,836.20		35,245,139.98		1,791,381.25		4,533,860.06	
Current Open Avail.	**1,605,102.09**		**2,037,360.41**		**1,134,647.76**		**158,380.69**		**50,402.54**	

(A) Failed EFT for Rehabilitation Associates.
(B) 1/24/00 Two Plus Day Float Utilized 1/25/00
(C) Daily presentment totals retrieved from Huntington View.
(D) Electronic fund transfer payments to providers.
(E) IRS Backup Withholding due to incorrect W-9s submitted to IRS by providers.
(F) EDS Lockbox Deposits (Lockbox 104)
(G) EDS Drug Rebate Lockbox Deposits (Lockbox 91)
(H) HMS Lockbox Deposits (Lockbox 56)
(I) HCE Wire Transfers
(J) Current Two Plus Day Float
(K) 1/21/00 Two Plus Day Float Utilized 1/24/00
(L) 1/26/00 Two Plus Day Float Utilized 1/27/00
(M) Failed EFT for Scott Blickensderfer
(N) 1/27/00 Two Plus Day Float Utilized 1/28/00
(O) Failed EFT for CVS Pharmacy #4482
(P) 1/25/00 Two Plus Day Float Utilized 1/26/00
(Q) Encoding errors for January 2000.
(R) Returned Deposit from Alcoa Employees Benefits Plan due to 'Payment Stopped.'

Figure A.64 – Account Summary

7 – 28 – 00

EDS
950 N. Meridian
9th Floor
Indianapolis, IN 46204

Ref: xxxxxxxxxxx 6/24/00 / 7/21/00

PAIDS

Bank Statement	Disc	Difference
65,358,270.23	65,3651,273.91	3003.68
Electronic Withdrawal		
Encoding Errors		3003.68
Credit - Items Posted Twice		
Credit - Items Posted in Error		
Credit – Blank on Film		
Credit – Stop		
Debits to replace checks		
Photocopy Paid As Misc. Debit		

CREDITS

Items Posted Twice

Figure A.65 – Account Summary

ENCODING ERRORS – CREDITS +

PAID DATE	CHECK NUMBER	PAID AS	SHOULD BE	CORRECTED
6 – 29	5457343	1636.22	1635.22	+1.00
6 – 26	5457475	771.98	771.96	+.02
7 – 7	5462819	719.67	719.57	+.10
7 – 11	5467991	32.78	32.76	+.02
7 – 17	5476475	65.79	65.76	+.03

Figure A.66 – Encoding Errors - Credit Summary

ENCODING ERRORS – DEBITS -

PAID DATE	CHECK NUMBER	PAID AS	SHOULD BE	CORRECTED
7 – 3	5444256	25.00	25.98	-.98
7 – 3	5461809	725.61	725.67	-.06
7 – 3	5464720	2837.59	2837.68	-.09
7 – 3	5465983	115.16	115.18	-.02
7 – 3	5464826	3878.87	6878.87	-3000.00
7 – 5	5465566	267.45	267.46	-.01
7 – 21	5482788	2321.00	2321.07	-.07
7 – 10	5467234	38.30	38.31	-.01
7 – 11	5470864	855.63	856.63	-1.00
7 – 14	5476351	391.22	391.23	-.01
7 – 17	5476988	2475.83	2477.83	-2.00
7 – 18	5475663	40.13	40.43	-.30
7 – 18	5475675	40.13	40.43	-.30

Figure A.67 – Encoding Errors - Debit Summary

ISSUES

Manual	62,616.97		
Tape	66,875,672.03	Disc	Difference
	66,938,289.00	66,938,289.00	

CANCELS

Manual			
Tape		Disc	Difference
		134,471.79	

If you have any questions concerning this please feel free to contact me at (xxx) xxx-xxx.

Sincerely,

Huntington National Bank

Figure A.68 – HNB Issues/Cancels Summary Form

REPORT: BNK-0102-M
PROCESS:
LOCATION:

Indiana*AIM*
Bank Reconciliation Void within Period / Reissue Not Detail
Reporting Period: 2000/01/22 – 2000/02/25
Julian Reporting Period: 00/022 – 00/056

Date: 2000/07/12

Void Check Number	Void Date	Voided Check Amount	Reissue Check Number	Reissue Date	Reissue Check Amount
900766573	2000/02/23	5,119.05	005363438	2000/02/29	5,119.05
005357059	2000/02/23	123.32	005363441	2000/02/29	123.32
005356972	2000/02/23	1,011.83	005363440	2000/02/29	1,011.83
900744743	2000/02/23	482.72	005363428	2000/02/29	482.72
900746089	2000/02/23	7.87	005363430	2000/02/29	7.87
900766450	2000/02/25	5,045.02	005363436	2000/02/29	5,045.02
900766485	2000/02/25	2,228.24	005363437	2000/02/29	2,228.24
005033084	2000/02/25	1,699.85	005363410	2000/02/29	1,699.85
005075920	2000/02/25	310.94	005363411	2000/02/29	310.94
005148769	2000/02/25	785.28	005363412	2000/02/29	785.28
005157531	2000/02/25	85.45	005363413	2000/02/29	85.45
005163251	2000/02/25	231.86	005363414	2000/02/29	231.86
005167299	2000/02/25	7,021.17	005363415	2000/02/29	7,021.17
005232606	2000/02/25	143.34	005363416	2000/02/29	143.34
005232899	2000/02/25	96.82	005363417	2000/02/29	96.82
005244004	2000/02/25	1,855.00	005363418	2000/02/29	1,855.00
005247639	2000/02/25	633.99	005363419	2000/02/29	633.99
005257123	2000/02/25	566.89	005363420	2000/02/29	566.89
005257424	2000/02/25	2,243.40	005363421	2000/02/29	2,243.40
005262098	2000/02/25	2,257.90	005363422	2000/02/29	2,257.90
005262664	2000/02/25	66.41	005363423	2000/02/29	66.41
005263350	2000/02/25	942.93	005363424	2000/02/29	942.93
005297539	2000/02/25	19.06	005363425	2000/02/29	19.06
005297540	2000/02/25	124.05	005363426	2000/02/29	124.05
005297543	2000/02/25	372.86	005363427	2000/02/29	342.86
005301703	2000/02/25	7,735.35	005363429	2000/02/29	7,735.35
Total Void Timing Adjustment:		76,328.89			

Figure A.69 – Bank Reconciliation Void within Period / Reissue Not Detail

REPORT: BNK-0001-M Indiana*AIM* Date: 2000/07/12
PROCESS: Bank Reconciliation General Ledger
LOCATION: Reporting Period: 2000/01/22 – 2000/02/25

			Cross Check Information
Deposits			
Medicaid Program Funding Wire	272,570,239.70		
Cash Receipt Deposits	7,955,595.64		
Total Deposits		280,525,835.34	
Check / EFT Information			
Manual Checks Issued			
Reissues (for Check or failed EFTs)	0.00		
Provider Advances	0.00		
Other Expenditures	73,450.16		
Total Manual Checks	73,450.16		73,450.16
System Check Issues			
Weekly Check Issues	84,943,650.10		
Reissues (for Check or Failed EFTs)	172,528.47		
Total System Checks	85,116,178.57		85,116,178.57
Total System and Manual Checks		(85,189,628.73)	
EFTs Issued			
Weekly EFT Issues		(195,455,308.42)	
Void / Stop-pays			
Checks Voided with Reissue	1,171.73		
Checks Voided without Reissue	342,178.92		
Checks Stopped (all Reissue)	92,766.84		
EFTs Voided with Reissue	43,385.26		
EFTs Voided without Reissue	0.00		
Total Void / Stop-pay		479,502.75	479,502.75
Monthly Total		360,400.94	
Miscellaneous			
Outstanding Checks (after 1/1/1999)	1,876,943.27		
Outstanding EFTs (after 1/1/1999)	0.00		
Encoding Errors for this period	0.00		
Bank Paid / No issue	47,053.71		
(Timing) Void in period / Reissue not	76,328.89		
(Timing) Reissue in period / Void not	111,533.53		

Figure A.70 – Bank Reconciliation General Ledger

Figure A.71 – Program Funding Wires Reconciliation

(A) & (B): The following chart depicts all issued and paid checks year-to-date. This information can be used to calculate the total outstanding checks year-to-date. The issue totals are taken from each week's FIN-6005 (Check Register); the total includes all system and manual checks. The paid items are identified by the weekly clears transmission sent by HNB weekly.

(A) The total paid items year-to-date. This total was verified against the bank's paid check total.

(B) The total outstanding checks was calculated using the information from the issues and paid check columns.

Financial Cycle Dates	Issues	Paid		O/S YTD	
1999 Carry Forward Balance	895,896,816.68	866,985,704.65		28,911,112.03	
12/25/99 thru 12/31/99	12,746,710.67	11,760,981.32		29,896,841.38	
1/1/00 thru 1/7/00	29,486,100.52	16,580,694.64		42,802,247.26	
1/8/00 thru 1/14/00	20,839,123.76	23,934,204.20		39,707,166.82	
1/15/00 thru 1/21/00	15,229,985.84	20,590,205.76		34,346,946.90	
1/22/00 thru 1/28/00	11,907,543.17	15,430,032.51		30,824,457.56	
1/29/00 thru 2/4/00	22,904,628.19	14,103,824.99		39,625,260.76	
2/5/00 thru 2/11/00	21,552,413.65	21,077,164.62		40,100,509.79	
2/12/00 thru 2/18/00	14,040,600.52	20,201,925.72		33,939,184.59	
2/19/00 thru 2/25/00	11,950,665.35			45,889,849.94	(B)
	1,056,554,588.35	1,010,664,738.41	(A)		

Figure A.72 – Year-to-Date Checks Issued or Paid Chart

(C): The Actual FIN-8000 Issues YTD was calculated by using the following chart. The Net System Payment total is taken from each week's reconciliation of the FIN-8000; this reconciliation balances the financial series each week. The EFT issues are located on the FIN-6006 report for each week of the financial cycle. The difference between the net system payment and EFT issues equal the total checks issued for each week.

Financial Cycle Date	Net System Payment Per FIN-8000	EFT Issues Per FIN-6006	Difference Equals Check Issues	
1999 Carry Forward Balance	2,901,441,199.31	2,009,289,780.23	892,151,419.08	
12/25/99 thru 12/31/99	38,147,998.28	25,443,178.51	12,704,819.77	
1/1/00 thru 1/7/00	93,867,790.39	64,387,336.13	29,480,454.26	
1/8/00 thru 1/14/00	47,838,549.05	27,070,403.30	20,768,145.75	
1/15/00 thru 1/21/00	49,902,689.18	35,204,020.59	14,698,668.59	
1/22/00 thru 1/28/00	36,715,287.06	24,842,380.89	11,872,906.17	
1/29/00 thru 2/4/00	76,775,732.14	53,895,778.47	22,879,953.67	
2/5/00 thru 2/11/00	59,876,474.93	38,323,923.52	21,552,551.41	
2/12/00 thru 2/18/00	57,233,371.63	43,189,204.95	14,044,166.68	
2/19/00 thru 2/25/00	40,696,546.95	28,821,558.05	11,874,988.90	
Total	3,402,495,638.92	2,350,467,564.64	1,052,028,074.28	(C)

Figure A.73 – FIN-8000 Issues YTD Calculation Chart (1 of 3)

(D): Claims interest payment must be deducted from issues YTD since this is an EDS expense.

Financial Cycle Date	Amount	
1999 Carry Forward Balance	6,785.94	
12/25/99 thru 12/31/99	13.43	
1/1/00 thru 1/7/00	4.18	
1/8/00 thru 1/14/00	45.96	
1/15/00 thru 1/21/00	20.50	
1/22/00 thru 1/28/00	4.56	
1/29/00 thru 2/4/00	7.35	
2/5/00 thru 2/11/00	47.08	
2/12/00 thru 2/18/00	-	
2/19/00 thru 2/25/00	4.18	
	6,933.18	**Total**

(E): At times, there are discrepancies between the system offsets reported on the FIN-8006 and FIN-0005. These differences are detected by the weekly reconciliation of the FIN 8000. This difference is a result of the Program 0 problem. The FIN 8006 is program specific while the FIN 0005 is concerned with the total system offsets regardless of program. The FIN 0005 system offset total is verified against the FIN-3000, Accounts Receivable Weekly Activity Report.

Financial Cycle Date	Amount	
1999 Carry Forward Balance	21,963.56	
12/25/99 thru 12/31/99	136.56	
1/1/00 thru 1/7/00	23.88	
1/8/00 thru 1/14/00	-	
1/15/00 thru 1/21/00	97.58	
1/22/00 thru 1/28/00	954.50	
1/29/00 thru 2/4/00	20.74	
2/5/00 thru 2/11/00	184.84	
2/12/00 thru 2/18/00	4,286.25	
2/19/00 thru 2/25/00	656.62	
	28,324.53	**Total**

Figure A.74 – FIN-8000 Issues YTD Calculation Chart (2 of 3)

(F): YTD Stop-pay/Void Reissue identified on the FIN-6007 and FIN-0005. This item is not located on the FIN-8006 because it is a replacement check.

Financial Cycle Date	Check Number	Amount	
1999 Carry Forward Balance	N/A	3,760,575.22	
12/25/99 thru 12/31/99	5313426-5313442	42,014.03	
1/1/00 thru 1/7/00	5000183-5000230, 5319980-5319990	5,665.96	
1/8/00 thru 1/14/00	5000231-5000232, 5325974	70,932.05	
1/15/00 thru 1/21/00	5000233, 5332292-5332302	531,394.33	
1/22/00 thru 1/28/00	5338319-5338355	35,586.94	
1/29/00 thru 2/4/00	5344960-5344985	24,687.91	
2/5/00 thru 2/11/00	N/A	-	
2/12/00 thru 2/18/00	5357093-5357094	720.09	
2/19/00 thru 2/25/00	5363410-5363441	76,328.89	
		4,547,905.42	**Total**

Figure A.75 – FIN-8000 Issues YTD Calculation Chart (3 of 3)

CRP92005-32			PAGE	1
BANK NO.: 03 TEAM NO: 095		**OUTSTANDING SETTLEMENT REPORT**	DATE	03/07/00
ACCOUNT NO. EDS			AS OF	02-25-00
PREVIOIUS OUTSTANDING	14,078,970.28			
+ NEW ISSUES	84,067,644.78			
+ PAID-NO-ISSUES	558.75			
+ STOPS REMOVED	.00			
- STOP PAYMENTS	88,038.01			
- CANCELLATIONS	390,303.64			
- PREV PNI ISSUE RECVD	8.92			
- PREV STOP ISSUE RECVD	.00			
- PREV CANCEL ISSUE RECVD	1,109.21			
- PAID CHECKS	86,568,201.58			
- PREV O/S DELETED	.00			
NEW OUTSTANDING	11,099,512.45			

Figure A.76 – Outstanding Settlement Report

CRP92003-15 PAGE 1

BANK NO. 03 TEAM NO. 095 **DAILY CHANGE LISTING** DATE 02/04/00

	ISSUED		PAID		RECONCILED		STOPPED	
	ITEMS	**AMOUNT**	**ITEMS**	**AMOUNT**	**ITEMS**	**AMOUNT**	**ITEMS**	**AMOUNT**
ACCOUNT NO. EDS								
BEGIN	5,768	4,600,200.52	1,031	3,359,509.15	10,325	23,081,494.77	436	6,196,610.05
DIFFERENCE		.00		.00		.00		.00
TODAY	6,053	11,907,543.17	1,524	3,094,286.16			1	558.75
RECONCILED	2,551	6,453,101.41	2,551	6,453,101.41	2,551	6,453,101.41		
CANCEL/STP	1	558.75						
PAID IN ERROR	1	558.75	1-	33.96-	1-	558.750-		.00
DELETED		.00		.00	.	.00		.00
STP/CNCL RMVD		.00						.00
DROPPED RECDS		.00		.00		.00		.00
FORCED PAID						.00		
BALANCE	9,270	10,054,642.28	3	659.94	12,875	29,534,037.43	437	6,197,168.80

MISCELLANEOUS		CREDITS		DEBITS
BEGIN	64	85,128,373.15	5	60,049,469.81
TODAY	6	2,802,353.26		.00
DROPPED RECDS		.00		.00
BALANCE	70	87,930,726.41	5	60,049,469.81

Figure A.77 –Daily Change Listing

EDS Receivable					
Issues YTD (Per FIN-6005)	1,056,554,588.35				
Less: Paid Checks YTD (Per Clears Transmission)	(1,010,664,738.41)	(A)			
Less: Voids YTD (Per FIN-6007s) Excluding EFT Reissues (CDA Account Only)	(-1,886,607.55)	(G)			
Less: Straight Voids YTD (Per FIN-1005) (CDA Account Only)	(1,683,032.98	(H)			
Less: Stops YTD (Per FIN-6007s) (CDA Account Only)	(6,181,590.60)	(I)			
O/S YTD Per Book	38,025,226.36		**O/S YTD Per Bank**	11,099,512.45	
Reconciling Items:					
Clears Transmission rec'd 1/25/00 for week of 1/17/00 thru 1/21/00	(15,687,932.66	(J)			
System Checks Issued 2/25/00 – Not yet rec'd at bank				11,950,665.65	(I
YTD Clears Variance b/t Bank & Clears Transmission	(974,628.97)	(L)			
YTD IRS Backup Withholding Checks – Voided at bank but not in Indiana*AIM*	(910,932.75)	(M)			
YTD Paid No Issues at HNB	4,536,277.39	(N)			
Issues for '999' Paid No Issue Checks (1999)	31,129.24	(Q)			
Issues for '999' Paid No Issue Checks (2000)	8.92	(V)			
Remove Issues for '999' Paid No Issue Checks (Feb 2000)				(558.75)	
1999 Outstanding Settlement Adjustments				(10,539.62)	(I
2000 Outstanding Settlement Adjustments				-	(
YTD Stop-pay Adjustments				44,441.35	(I
YTD Void Adjustments				1,453.00	(
YTD Adjustment for Paid Checks	(1.25)	(O)			
Previous Cancel; Issue Received				1,109.21	(
Voids from FIN Cycle 3/3/2000; Processed on February 2000 s/b March 2000	(46,455.74)				
	24,972,690.54			**23,086,082.99**	
Difference between Book and Bank O/S Balance	**0**				

Figure A.79 – EDS Issues Summary Sheet

(G): Voids YTD per the FIN-6007, Void/Stop-pay Reissue Report Detail, excluding EFTs.

Financial Cycle Date	Amount	
1999 Carry Forward Balance	1,434,814.33	
12/31/1999	28,467.12	
01/07/2000	825.10	
01/14/2000	-	
01/21/2000	421,329.27	
01/28/2000	-	
02/04/2000	-	
02/11/2000	-	
02/18/2000	-	
02/25/2000	1,171.73	
	1,886,607.55	**Total**

Figure A.80 – Voids Year to Date Summary Sheet

(H) YTD Straight Void Totals for the CDA account as per the FIN-1005.

Financial Cycle Date	CDA Account Only	
1999 Carry Forward Balance	1,286,403.53	
12/31/1999	-	
01/07/2000	35,760.61	
01/14/2000	17,706.91	
01/21/2000	983.01	
01/28/2000	3,682.54	
02/04/2000	279,520.70	
02/11/2000	22,495.97	
02/18/2000	3,136.86	
02/25/2000	33,342.85	
	1,683,032.98	**Total**

Figure A.81 – Year to Date Straight Void Totals Summary Sheet

(I) Stop-pays YTD per the FIN-6007, Void/Stop-pay Reissue Report Detail.

Financial Cycle Date	Amount	
1999 Carry Forward Balance	5,895,902.22	
12/31/1999	13,546.91	
01/07/2000	-	
01/14/2000	70,922.69	
01/21/2000	108,451.94	
01/28/2000	32,128.20	
02/04/2000	24,687.91	
02/11/2000	-	
02/18/2000	-	
02/25/2000	35,950.73	
	6,181,590.60	**Total**

Figure A.82 – Year to Date Stop-pays

(J) Due to timing differences, the clears transmission from HNB for the week of February 21, 2000, was not received until 2/25/00. These items in the clears transmission already show as cleared; thus, it is necessary to include these totals for reconciling the bank o/s balance to the book o/s balance.

Clear Date	Dollar Amount	
02/21/2000	-	
02/22/2000	4,227,370.21	
02/23/2000	2,533,846.88	
02/24/2000	4,569,421.03	
02/25/2000	4,357,294.54	
	15,687,932.66	**Total**

Figure A.83 – Clear Transmissions Summary

(K) See Issues Reconciliation.

(L) When comparing the clears transmission to the Recap of Posted Items report from HNB, discrepancies appeared on various days. By investigating this matter further, it is found that some items that were cleared were not on the clears transmission. These items have subsequently been cleared in Indiana*AIM* by Systems.

Reconciling Period	Amount	
1999 Carry Forward Balance	(792,127.84)	
Jan-00	(115,180.05)	
Feb-00	(67,321.08)	
	(974,628.97)	**Total**

Figure A.84 – Summary of Items Cleared by Systems

(M) IRS Backup Withholding Checks – Voided at bank but not in Indiana*AIM*

Financial Cycle Date	Amount	
1999 Carry Forward Balance	(901,888.93)	
29-Dec-99	(1,652.26)	
05-Jan-00	(859.24)	
12-Jan-00	(1,395.52)	
19-Jan-00	(957.01)	
26-Jan-00	-	March Recon
02-Feb-00	(1,202.42)	
09-Feb-00	(1,238.78)	
16-Feb-00	(951.82)	
23-Feb-00	(786.77)	
	(910,932.75)	**Total**

Fiugre A.85 – IRS Backup Withholding Checks Summary

(N) YTD Paid-No-Issues at HNB

Month PNI Appeared at HNB	Check Number	Dollar Amount		Reason
1999 Paid No Issues	N/A	4,536,277.39		
		4,536,277.39	**Total**	

Figure A.86 – Year to Date Issues at HNB

(O) Variance between amount paid at HNB and amount printed on physical check. As per HNB review, the physical check amount indicated the paid amount to be $40.43; however, the checkwrite indicated that this amount should have been $41.68. HNB paid check #5063896 for $40.43, using the amount printed on the check. The original issue was deleted, and this check was paid as a reentered item. Thus, the net difference affecting the Issues recorded at EDS is ($1.25).

(P) Paid-No-Issues posted for the following checks in July and August 1999 reconciliations. HNB must remove one set of postings to correct their outstanding balance. For additional detail, please refer to the August 1999 CDA Issues Reconciliation.

Adjustment Reason	Check Number	Bank Correction
Duplicate postings for PNI Item (Listed on 7/99 & 8/99)	5000123	(5,963.75)
Duplicate postings for PNI Item (Listed on 7/99 & 8/99)	5000124	(2,500.00)
Duplicate postings for PNI Item (Listed on 7/99 & 8/99)	5000125	(2,243.00)
Previous Outstanding Deleted Item	5118772	312.92
Incorrectly Purged Check (7/99)	5118727	79.21
Void not listed on Recap of Posted Items but voided at HNB (7/99)	5000127	(225.00)
		(10,539.62)

Figure A.87 – Paid No Issues Summary

(Q) Original checks lost during processing. HNB placed a stop on the original check number and paid the item with a '999' listed in front of the original check number. The '999' paid items were removed since the corresponding issues were sent to HNB in a later month.

Check Number	Amount
9995010434	222.59
9995143717	102.77
9995147575	19,650.22
9995077532	568.34
9995149391	25.00
9995215151	8,107.20
9995156665	262.33
9995158104	122.00
9995160930	232.18
9995161301	19.40
9995161369	8.00
9995161590	298.00
9995162411	245.50
9995162420	335.61
9995162440	105.97
9995162449	162.51
9995162460	66.88
9995162494	133.81
9995162508	51.96
9995162509	124.07
9995162523	47.03
9995162567	14.00
9995162583	80.25
9995162590	26.15
9995162605	25.20
5068464	92.27
	31,129.24

Figure A.88 – Lost Checks/Stop-pays Summary

(R) Stop-pay Adjustments due to comparison between bank and book stop-pay totals.

Check Number	Amount	Status in AIM	Status at HNB	Reason
1999 Carry Forward -- Stops placed by HNB; Photocopies paid in lieu of original checks	(49,845.92)	Issued	Stopped	
5081894	4,140.25	Stopped	Paid 4/15/99	(aa)
5093828	(10,706.75)	Issued	Stopped 4/29/99	(bb)
5081919	4,919.16	Stopped	Outstanding	(cc)
5192411	532.00	Stopped	Paid 10/4/99	(dd)
5294749	(8.92)	Cleared	Stopped 1/4/00	(ee)
5262664	66.41	Stopped	Paid 2/23/00	(ff)
5221773	(558.75)	Issued	Stopped 2/4/00	(gg)
5167299	7,021.17	Stopped	Outstanding	(hh)
	(44,441.35)			

(aa) Check #5081894 was paid at HNB on 4/15/99. This check was Stopped and Reissued within Indiana*AIM*; however, the Stop-pay status at HNB is not guaranteed until 24 hours after the request is made. Therefore, the provider was able to have this item cashed at HNB. The reissued check was voided within Indiana*AIM* to prevent duplicate payment.

(bb) Check number 5093828 for $10,706.75 was stopped at HNB. This check was separated into three smaller checks. Indiana*AIM* does not allow for more than one replacement check; thus, multiple paid-no-issues at HNB occurred.

(cc) Item appears as stopped with Indiana*AIM*, but check remains outstanding at HNB. Stop sent to HNB 11/10/99.

(dd) Check #5192411 stopped and reissued within Indiana*AIM*. Item paid at HNB on 10/4/99. Accounting assistant is researching if the replacement check was paid also. If so, duplicate payment must be recouped from the provider. If not, the reissued check will be voided at HNB, but not in Indiana*AIM* in order to maintain claim history.

(ee) Check #5294749 was stopped at HNB on 1/4/2000 but cleared Indiana*AIM* on 1/3/2000. Due to a systematic error, this stop did not reject when original placed. Accounting assistant will contact HNB to have stop-pay removed and post a clear date of 1/3/2000, for the aforementioned check.

(ff) Check #5262664 for $66.41 was paid at HNB on 2/23/2000; however, the check was reissued within Indiana*AIM* (check #5363423). The reissued check remains in an Issued Status within Indiana*AIM*. Upon review, the Accounting assistant contacted the provider who did not cash the duplicate (reissued) check. The reissued check is being sent back from the provider to EDS. Upon receipt, EDS will void this item at HNB only.

(gg) Check #5221773 was stopped at HNB due to the original check being lost during processing. Item was paid from a photocopy at HNB.

(hh) Check #5167299 was stopped within Indiana*AIM*, but the stop-pay was never sent to HNB via Huntington View. The Accounting assistant will send the stop to HNB to resolve the discrepancy.

Figure A.89 – Stop-pay Adjustments Summary

(S) Void Adjustments due to comparison between bank and book stop-pay totals.

Check Number	**Amount**	**Status in Indiana*AIM***	**Status at HNB**
5186188	371.25	Voided & Reissued	Paid 8/16/99
5012744	(61.00)	Not on FIN-6005 as Void; Identified via ABR	Voided
5061121	2.39	Straight Void	Paid 10/14/99
5228406	1,834.30	Voided & Reissued	Paid 11/12/99
5098298	(25.22)	Not on FIN-6005 as Void; Identified via ABR	Voided
5180642	1,570.75	Not on FIN-6005 as Void; Identified via ABR	Voided
5000179	(1,834.30)	Not entered in Indiana*AIM*	Voided
5041239	(169.67)	Issued	Voided
	(1,453.00)		

Figure A.90 – Void Adjustments Summary

(T) Items voided within February 2000 reconciliation; however, issues for checks not received at HNB until March 2000. Thus, a timing difference occurs for these items.

Check Number	Amount
5332271	16.05
5332272	121.83
533276	3.84
5332277	109.69
5332278	7.04
5332279	699.64
5332281	0.93
5332282	9.36
5332283	20.83
5332284	102.17
5332285	3.34
5332286	14.49
	1,109.21

Figure A.91 – Voided Items Adjustment Summary

(V) Original checks lost during processing. HNB placed a stop on the original check number and paid the item with a '999' listed in front of the original check number. The '999' paid items were removed since the corresponding issues were sent to HNB in a later month.

Check Number	Amount
9995294749	8.92
	8.92

Figure A.92 – Lost Checks Summary

(W) 2000 Outstanding Settlement Report Adjustments

Adjustment Period	Reason	Amount
Jan-00	System Checks Issued 1/28/00; Recorded on January 2000 Recon	
	Checks s/b issued and recorded on February 2000 Recon	(11,907,543.17)
Feb-00	Processing difficulties with issues transmission file for 1/28/00	
	File recorded checks as issued with 1999 dates; HNB removed original file ($11,907,543.17) to correct the error. Corrected file with proper issue dates and entered in HNB system	10,785,550.30
Feb-00	Difference between original issues file for 1/28/00 ($11,907,543.17) and reentered file by HNB ($10,907,543.17). This difference occurred since some checks actually paid while the file was being revised; therefore, some checks actually paid while the file was being revised; therefore, the paid items matched with issues with a 1999 date but cleared properly. Thus, there is no difference between original issue file and reentered issue file.	1,121,992.87
		-

Figure A.93 – Outstanding Settlement Report Adjustments

Feb-00

Clear Date	Check Amount	Bank Paid Amount	Difference	Reference Letter
1/24/00	3,523,333.26	3,523,333.26	-	
1/28/00	4,584,082.67	4,584,262.60	(179.93)	(A)
2/3/00	3,514,041.91	3,514,600.66	(558.75)	(B)
2/4/00	3,093,347.31	3,093,424.53	(77.22)	(C)
2/10/00	7,115,347.95	7,115,687.43	(339.48)	(D)
2/11/00	4,750,139.24	4,790,584.47	(40,445.23)	(E)
2/16/00	1,527,579.38	1,530,618.26	(3,038.88)	(F)
2/18/00	9,614,182.25	9,618,742.30	(4,560.05)	(G)
2/22/00	4,227,370.21	4,227,370.21	-	
2/23/00	2,533,846.88	2,533,913.29	(66.41)	(H)
2/24/00	4,569,421.03	4,569,421.03	-	
2/25/00	4,357,294.54	4,375,349.67	(18,055.13)	(I)
Total	86,500,880.50	86,568,201.58	(67,321.13)	

Note: All differences noted by reference letters were discrepancies between the clears transmission received by Electronic Data Systems and the actual paid amount from the Recap of Posted Items Report. The following chart identifies each difference.

Check Date	Check Number	Amount	Paid Date	Difference Identified on:	Ref. Ltr.
1/18/00	5320214	179.93	1/28/00	List Post Report	(A)
9/28/99	5221773	558.75	2/4/00	List Post Report	(B)
2/1/00	5337147	1.76	2/4/00	List Post Report	(C)
1/4/00	5311250	25.98	2/4/00	List Post Report	(C)
1/25/00	5331291	49.48	2/4/00	List Post Report	(C)
2/1/00	5333547	339.48	2/10/00	List Post Report	(D)
2/8/00	5340408	25.98	2/11/00	List Post Report	(E)
1/25/00	5328519	627.10	2/11/00	List Post Report	(E)
2/8/00	5338678	39,792.15	2/11/00	List Post Report	(E)
2/1/00	5332322	3,038.88	2/16/00	List Post Report	(F)
12/14/99	5290653	159.39	2/18/00	List Post Report	(G)
2/15/00	5348871	916.66	2/18/00	List Post Report	(G)
2/15/00	5345728	3,484.00	2/18/00	List Post Report	(G)
11/9/99	5262664	66.41	2/23/00	Check Clearing Error Report 2/28/00	(H)
2/8/00	5339377	168.75	2/25/00	List Post Report	(I)
2/22/00	5351832	1,468.23	2/25/00	List Post Report	(I)
2/8/00	5340436	6,592.32	2/25/00	List Post Report	(I)
2/22/00	5354345	9,825.83	2/25/00	List Post Report	(I)
		67,321.08			

Figure A.94 – Clear Transmissions Summary

2000 Year – To – Date Issues, Stops, and Voids as per the Financial Cycle

Cycle Ending Date	System Issues	Manual issues	Total Check Issues	Stops Per FIN-6007	Voids w/o EFTs Per FIN-6007
12/31/99	12,746,710.67	-	12,746,710.67	13,546.91	28,467.12
1/7/00	29,485,389.15	711.37	29,486,100.52	-	825.10
1/14/00	20,768,201.07	70,922.69	20,839,123.76	70,922.69	-
1/21/00	14,787,443.20	445,5432.64	15,229,985.84	108,451.94	421,329.27
1/28/00	11,907,543.17	-	11,907,543.17	32,128.20	-
2/4/00	22,904,628.19	-	22,904,628.19	24,687.91	-
2/11/00	21,478,963.49	73,450.16	21,552,413.65	-	-
2/18/00	14,040,600.52	-	14,040,600.52	-	-
2/25/00	11,950,665.35	-	11,950,665.35	35,950.73	1,171.73
Year-To-Date Totals	160,067,144.81	590,626.86	160,657,771.67	285,688.38	451,793.22

Figure A.95 – 2000 Year-to-Date Issues, Stops, and Voids per the Financial Cycle

March 2000 CDA Bank Account Overview Worksheet

Total Credits

	Automated Bank Recon.	Internal Report - Book	ABR vs. Internal Reports Difference	Ref.	Bank		Book vs. Bank Difference	Ref.
Lockbox Deposits	2,197,205.03	2,197,355.73	(150.70)	(P)	3,230,257.21		(1,032,901.48)	(C)
Electronic Deposits (Failed EFTs)	34,217.80	34,217.80	-		42,420.82		(8,203.02)	(D)
Wire Transfer Credits	226,338,675.14	226,338,675.14	-		226,483,971.24		(145,296.10)	(E)
Prog. Fund Wires $226,338,675.14								
HCE Wires $ 145,296.10								
Service Charge (Recredited to Acct)	(A)	See (A)	N/A		See (F)		-	
Other Credits	(B)	See (B)	N/A		50,246.86	(F)	-	
Total Credits	228,570,097.97	$228,570,248.67	(150.70)		229,806,896.13		(1,186,400.60)	

Total Debits

	Automated Bank Recon.	Internal Report - Book	ABR vs. Internal Reports Difference		Bank		Book vs. Bank Difference	
ARP Check Listing Paid	(G)	67,018,402.42	N/A		67,044,357.06		(25,954.64)	(H)
Electronic Withdrawals	162,916,068.42	163,005,584.44	(89,516.02)	(I)	162,916,068.42		89,516.02	(I)
Wire Transfers Out (IRS Withholding)	N/A	(J)	N/A		4,797.29	(J)	-	
Other Debits	(K)	N/A	N/A		1,955.37	(L)	-	
Returned Deposited Items (NSF)	(M)	See (M)	N/A		31.00	(O)	-	
Service Charge	(N)	See (N)	N/A		49,028.00	(L)	-	
Total Debits	162,916,068.42	230,023,986.86			230,016,237.14		63,561.38	
Ending Statement Balance 2/25/2000					**393,171.47**			
Statement Balance	65,654,029.55	(1,453,738.19)			**183,830.46**			

(A) Service Charges are not to be incurred and recorded on Indiana Medicaid books, rather, applied to the EDS Corporate account. Thus, any time a charge is incurred by this account it must be recredited to the State and charged to EDS Corporate.

(B) Other credits denote any encoding errors or miscellaneous reimbursements for the month. These are not listed as a separate line item in ABR, rather, these items are identified via Huntington View miscellaneous credits or thru the full account reconciliation performed by HNB. This reconciliation is included with the monthly statement.

(C) See below chart for reconciliation of the Book Deposit Total to the Bank Deposit Total. For further detail, refer to Deposit Reconciliation Spreadsheet.

Book Deposit Total	2,197,355.73	**Bank Deposit Total**	3,230,257.21
Plus HMS Lockbox Deposits for 3/2000	1,151,730.93		
Minus HCE Wires for 3/2000	(145,296.10)		
Plus HCE Dep. 2/24/00, wired 2/28/00	19,928.13		
Plus Incorrect lockbox dep. Rec'd LB 104; S/B LB 56	6,538.52		
Plus Incorrect lockbox dep. Rec'd LB 91; S/B LB 104	14.34		
Plus Incorrect lockbox dep. Rec'd LB 91; S/B LB 104	124.81		
Total Book Deposit Total for Mar-00	**3,230,396.36**	**Total Bank Deposits for Mar-00**	**3,230,257.21**

Figure A.96 – March 2000 CDA Bank Account Overview Worksheet (1 of 5)

(D) See below chart for reconciliation of the Book Electronic Deposit Total to the Bank Electronic Deposit Total.

Book Electronic Deposit Total	34,217.80	**Bank Electronic Deposit Total**	42,420.82
Plus EFTs failed 3/22/00; reissued 4/13/00	8,203.02		
Total Failed EFTs on Book for Mar-00	**42,420.82**	**Total Failed EFTs at Bank for Mar-00**	**42,420.82**

(E) See Deposit Reconciliation -- HCE Wire Transfers.

(F) See below chart for miscellaneous credits to CDA account for March 2000.

Date	Amount	# Items	Reason
3/2/00	7.27	1	As per Kelly Zehr on 3/3/00, this credit is for a refused ACH payment on 1/26/00 from Pediatrics.
3/3/00	896.00	32 items @ $28 each	Credit account for incorrect stop payment service charge fee.
3/7/00	259.59	1	On 3/7/2000, the photocopy for ck #5236076 was returned due to the original check being presented and previously paid.
3/10/00	34,328.00	1,226 items @ $28 each	Credit for NSF charges on overdrawn account. S/B charged to the account analysis statement. As per Greg Blausey on 3/16/00, there were a total of 1,241 NSF items. However, only 1,226 items were identified (debit/credit) on 3/2000 statement.
3/10/00	28.00	1	Credit account for incorrect stop payment service charge fee.
3/15/00	28.00	1	Credit account for incorrect stop payment service charge fee.
3/22/00	14,700.00	525 items @ $28 each	Credit for NSF charges on overdrawn account. S/B charged to the account analysis statement. As per Greg Blausey on 3/22/00, there were a total of 540 NSF items. However, only 525 items were identified (debit/credit) on 3/2000 statement.
	50,246.86	**Total Misc. Credits**	

(G) ARP Check Listing Paid is not a separate line item on ABR. Although the checks can be calculated by subtracting O/S Checks from Total Checks issued. However, for this calculation to be applicable, the Bank Reconciliation General Ledger will need to be printed on the bank cut-off date. This exact print date is necessary since this is an on-going query calculation within ABR.

(H) See the schedule listed below for reconciliation of the difference between the Bank ARP Check Listing Paid and the Book Clears Transmissions Rec'd.

Bank Statement ARP Check Listing Paid	64,086,316.37
Plus Regular Checks Paid from Bank Statement	2,958,040.69
Minus Checks Paid from Recap of Posted Items Report	(67,045,097.44)
Difference -- Paid Items	(740.38)

**Refer to Full Reconciliation performed by HNB itemizing the difference for March 2000.

Total Checks Paid as per the Clears Transmission rec'd from HNB	67,018,402.42
Minus Checks Paid from Recap of Posted Items Report	(67,045,097.44)
Difference Due to Checks Paid but not on Transmission*	(26,695.02)

*See below for detail regarding the discrepancy of items received via the clears transmission and items actually paid as per the Recap of Posted Items Report.

Total Checks Paid as per the Clears Transmission should have been	67,045,097.44	*Paid Difference per HNB Bank Balance*	*(740.38)*
Minus Actual Cleared Checks per the Recap of Posted Items Report	(67,045,097.44)	*Minus Checks Paid but Not on Clears Transmission*	*26,695.02*
Difference	-	***Difference***	*25,954.64*

Figure A.97 – March 2000 CDA Bank Account Overview Worksheet (2 of 5)

Mar-00

Clear Date	Check Amount	Bank Paid Amount	Difference	Ref. Ltr.
2/28/00	3,583,722.73	3,583,722.73	-	
2/29/00	1,586,535.50	1,586,535.50	-	
3/1/00	2,527,519.05	2,527,519.05	-	
3/2/00	3,259,383.89	3,259,383.89	-	
3/3/00	3,015,944.95	3,017,048.61	(1,103.66)	(A)
3/6/00	2,448,552.93	2,448,552.93	-	
3/7/00	911,675.02	911,675.02	-	
3/8/00	1,178,413.52	1,178,413.52	-	
3/9/00	3,604,838.54	3,604,838.54	-	
3/10/00	7,727,511.45	7,733,209.48	(5,698.03)	(B)
3/13/00	2,880,983.70	2,880,983.70	-	
3/14/00	1,529,715.16	1,529,715.16	-	
3/15/00	1,427,197.96	1,427,197.96	-	
3/16/00	6,410,357.70	6,410,357.70	-	
3/17/00	7,826,822.99	7,829,461.96	(2,638.97)	(C)
3/20/00	3,823,652.93	3,823,652.93	-	
3/21/00	2,441,741.35	2,441,741.35	-	
3/22/00	3,522,709.14	3,522,709.14	-	
3/23/00	3,965,767.01	3,965,767.01	-	
3/24/00	3,345,356.90	3,362,611.26	(17,254.36)	(D)
Total	67,018,402.42	67,045,097.44	(26,695.02)	

Check Date	Check Number	Amount	Paid Date	Difference Identified on:	Ref. Ltr.
2/22/00	5351561	25.98	3/3/00	List Post Report	(A)
2/22/00	5351592	25.98	3/3/00	List Post Report	(A)
2/22/00	5351560	40.43	3/3/00	List Post Report	(A)
2/29/00	5362365	172.31	3/3/00	List Post Report	(A)
2/29/00	5362080	248.70	3/3/00	List Post Report	(A)
2/8/00	5339383	590.26	3/3/00	List Post Report	(A)
2/22/00	5353570	6.00	3/10/00	List Post Report	(B)
2/29/00	5359909	179.90	3/10/00	List Post Report	(B)
3/7/00	5364604	432.09	3/10/00	List Post Report	(B)
2/29/00	5362228	1,622.76	3/10/00	List Post Report	(B)
3/7/00	5364929	3,457.28	3/10/00	List Post Report	(B)
3/7/00	5364483	60.00	3/17/00	List Post Report	(C)
3/7/00	5364190	66.41	3/17/00	List Post Report	(C)
3/14/00	5370003	112.54	3/17/00	List Post Report	(C)
3/14/00	5372448	226.66	3/17/00	List Post Report	(C)
3/7/00	5364613	956.04	3/17/00	List Post Report	(C)
2/29/00	5357576	1,217.32	3/17/00	List Post Report	(C)
3/21/00	5376462	43.82	3/24/00	List Post Report	(D)
3/21/00	5380448	101.00	3/24/00	List Post Report	(D)
3/21/00	5377997	636.76	3/24/00	List Post Report	(D)
3/14/00	5371863	16,472.78	3/24/00	List Post Report	(D)
		26,695.02			

Figure A.98 – March 2000 CDA Bank Account Overview Worksheet (3 of 5)

(I) This variance is due to a timing difference. The ABR searches based on the issue date while the financial series cut-off is on Fridays. Since the financial cycle ends on Fridays, the next issuance of EFTs may appear on the following month's bank reconciliation.

Automated Bank Reconciliation

Financial Cycle Cut-Off Dates	Actual EFT Issue Dates	Total Dollar Amount	Recorded at HNB
2/25/00	3/1/00	28,821,558.05	February Recon
3/3/00	3/8/00	52,680,937.83	February Recon
3/10/00	3/15/00	39,848,956.90	February Recon
3/17/00	3/22/00	41,564,615.64	February Recon
		162,916,068.42	

Internal Book -- Per FIN 6006

Financial Cycle Cut-Off Dates	Actual EFT Issue Dates	Total Dollar Amount	Recorded at HNB
3/3/00	3/8/00	52,680,937.83	March Recon
3/10/00	3/15/00	39,848,956.90	March Recon
3/17/00	3/22/00	41,564,615.64	March Recon
3/24/00	3/29/00	28,911,074.07	April Recon
		163,005,584.44	

Difference Between Automated Bank Recon & Internal Book (89,516.02)

Note: When comparing the ABR manual and system check total to the total system and manual checks issued on the FIN6005 for the same time period, a variance appears. *See schedule below.* This variance is due to a timing difference in reporting. The ABR searches based on issue date while the financial series cut-off is on Fridays. Since the financial cycle ends on Fridays, the next check issuance appears on the following month's bank reconciliation. *For more information on issues, see the Issues Reconciliation Worksheet.*

Automated Bank Reconciliation -- System Issues/Reissues Only

Financial Cycle Cut-Off Dates	Actual Check Issue Dates	Total Dollar Amount	Recorded at HNB
2/25/00	3/1/00	11,950,665.35	March Recon
3/3/00	3/8/00	17,584,684.99	March Recon
3/10/00	3/15/00	23,573,303.07	March Recon
3/17/00	3/22/00	13,679,440.03	March Recon
		66,788,093.44	

Internal Book -- Per FIN 6005 -- System Issues/Reissues Only

Financial Cycle Cut-Off Dates	Actual Check Issue Dates	Total Dollar Amount	Recorded at HNB
3/3/00	3/8/00	17,584,684.99	March Recon
3/10/00	3/15/00	23,573,303.07	March Recon
3/17/00	3/22/00	13,679,440.03	March Recon
3/24/00	3/29/00	13,238,585.92	April Recon
		68,076,014.01	

Difference Between Automated Bank Recon & Internal Book (1,287,920.57)

(J) All outgoing wires are detected on the clears Variance Report, BANK-100. When the clears transmission is received from HNB, this variance report is printed to note any difference between recorded activity at HNB and EDS. Since the wire transfer does not have one corresponding transaction within AIM to clear, this dollar amount is noted on the BANK-100 report.

Clears Variance Report Date	
3/6/00	964.95
3/13/00	731.67
3/20/00	2,763.18
3/27/00	337.49
	4,797.29

(K) ABR is not capturing the encoding errors, miscellaneous debits/credits which occur at HNB. However, these differences are noted on the Clears Variance Report, BNK100 Report, which is print each week after the clears transmission is received.

Figure A.99 – March 2000 CDA Bank Account Overview Worksheet (4 of 5)

(L) See below chart for miscellaneous debits to CDA account for March 2000.

Date	Amount	# Items	Reason
2/29/00	3.37	1	As per Kelly Zehr on 3/2/00, this debit is for net encoding errors for February 2000.
3/3/00	896.00	32 items @ $28 each	Stop payment service charge fee.
3/10/00	34,328.00	1,226 items @ $28 each	Non-sufficient funds service charge fee.
3/10/00	28.00	1 item @ $28	Stop payment service charge fee.
3/15/00	28.00	1 item @ $28	Stop payment service charge fee.
3/22/00	14,700.00	525 items @ $28 each	Non-sufficient funds service charge fee.
3/23/00	1,000.00	1	As per Freda Qurshi at HNB on 3/21/00, this is a debit for an encoding error (check #5373897). Paid on 3/20/00 as $27,403.67; should have been $28,403.67.
	50,983.37		

(M) Deposit items returned NSF are reflected in the Cash Receipts Deposits through processing of the CCN. This is not a separate line item within ABR. However, these items are identified on the BANK-100 Clears Variance Report.

(N) Service Charges are not to be incurred and recorded on the Indiana Medicaid books, rather, these charges are to be applied to the EDS Corporate account.

(O) See below chart for returned deposits for March 2000.

Date	Amount	Payor	Reason
2/29/00	31.00	Rotech Medical Corporation	Payment Stopped
	31.00		

(P) See below chart for reconciliation of the Automated Bank Reconciliation Deposit Total to the Internal Book Deposit Total. For further detail, refer to Deposit Reconciliation Spreadsheet.

Automated Bank Reconciliation Deposit Total	2,197,205.03	**Book Deposit Total**	2,197,355.73
		Plus Drug Rebate LB 56 Deposit 3/10/00; Intended for EDS Provider LB 104	14.34
		Plus Drug Rebate LB 56 Deposit 3/17/00; Intended for EDS Provider LB 104	124.81
		Minus 3/23/00 Deposit; rec'd EDS Provider LB 104; CCN'd but later identified as not belonging to EDS (CCN deleted)	(150.70)
Total ABR Deposit Total for Mar-00	**2,197,205.03**	**Total Internal Book Deposits for Mar-00**	**2,197,344.18**

Prepared By: _____ ***Date:*** _____
Joni Fleck, Financial Analyst

Reviewed By: _____ ***Date:*** _____
Trish Hunter, Finance Director

Figure A.100 – March 2000 CDA Bank Account Overview Worksheet (5 of 5)

Report: BNK-100-W
Process: FINJW402
Location:

Indiana*AIM*
CHECK CLEARING ERRORS

Date: 02/2//20(
Run Time: 23:02:(
Page:

Error Description	Check Number	Issued By EDS	Paid Amount	EDS Status	Cleared By Bank	Bank Amount
Check not issued	000000000				02/23/2000	300.00(I
Check not issued	000000000				02/23/2000	43,189,204.95(I
Check not issued	000000000				02/23/2000	786.77((
EDS unable to clear	005262664	11/09/1999	66.41	S	02/23/2000	66.41(I

* * * END OF REPORT * * *

Report Date 2/28/20(

Ref. **Description**

(A) LB #56 (HMS): Incorrect deposit for $300 item on 1/19/2000. This is a correction debit as per Verna Krenshaw, HNB LB, 1/23/2000.

(B) EFTs for February 23,2000. FIN Cycle 2/18/00.

(C) IRS Backup Withholding for February 23, 2000.

(D) Check #5262664 for $66.41 was paid at HNB on 2/23/2000; however, the check was reissued within AIM (check #5363423. The reissued Check remains in an Issued Status within AIM. Upon review, the Accounting Assistant contacted the provider who did not cash the duplicate (reissued) check. The reissued check is being sent ba from the provider to EDS. Upon receipt, EDS will void this item at HNB only.

Figure A.101 – Check Clearing Errors

CMS-6401Q Worksheet

End Date 04/26/2002
Initial for Medicaid

HCFA9 lines	All COS except FP	0.6204 FMAP	Family Planning	0.90 FP
Inpatient Hospital Services - Regular	$98,094,295.10	$60,857,700.68	$1,787,133.98	$1,608,420.58
Inpatient Hospital Services - DSH	$0.00	$0.00	$0.00	$0.00
Mental Health Facility Services - Regular	$48,991,526.80	$30,394,343.23	$0.00	$0.00
Mental Health Facility Services - DSH	$0.00	$0.00	$0.00	$0.00
Nursing Facility Services	$228,320,576.50	$141,650,085.66	$0.00	$0.00
Intermediate Care - MR Public Provider	$13,439,836.42	$8,338,074.51	$0.00	$0.00
Intermediate Care - MR Private Provider	$73,058,459.50	$45,325,468.27	$0.00	$0.00
Physician's Services	$38,888,270.02	$24,126,282.72	$0.00	$0.00
Outpatient Hospital Services	$41,732,079.50	$25,890,582.12	$186,008.68	$167,407.81
Prescribed Drugs	$162,299,887.40	$100,690,850.14	$811,413.92	$730,272.53
Drug Rebate Offset National	$0.00	$0.00	$0.00	$0.00
Drug Rebate Offset State Sidebar	$0.00	$0.00	$0.00	$0.00
Dental Services	$29,559,368.47	$18,338,632.20	$0.00	$0.00
Other Practitioner's Services	$26,655,170.03	$16,536,867.49	$7,922.56	$7,130.30
Clinical Services	$11,701,507.51	$7,259,615.26	$0.00	$0.00
Laboratory and Radiological Services	$7,345,860.00	$4,557,371.54	$0.00	$0.00
Home Health Services	$13,469,818.52	$8,356,675.41	$0.00	$0.00
Sterilizations	$317,339.89	$196,877.67	$280,592.78	$252,533.50
Abortions	$0.00	$0.00	$0.00	$0.00
EPSDT Screening Services	$2,527,059.88	$1,567,787.95	$0.00	$0.00
Rural Health Clinic	$1,501,738.09	$931,678.31	$0.00	$0.00
MCARE Health Insur Paym. Part A Premiums	$0.00	$0.00	$0.00	$0.00
Part B Premiums	$0.00	$0.00	$0.00	$0.00
Qual. Indiv. 120%-135% of poverty	$0.00	$0.00	$0.00	$0.00
Qual. Indiv. 135%-175% of poverty	$0.00	$0.00	$0.00	$0.00
Co-Insurance and Deductibles	$0.00	$0.00	$0.00	$0.00
Medicaid Health Insurance Payments MCOs	$0.00	$0.00	$0.00	$0.00
Prepaid Health Plans(PHPs)	$0.00	$0.00	$0.00	$0.00
Group Health Plans	$0.00	$0.00	$0.00	$0.00
Co-Insurance and Deductibles	$0.00	$0.00	$0.00	$0.00
Other Mcaid HI Payments	$0.00	$0.00	$0.00	$0.00
Home and Community Based Services	$46,626,535.96	$28,927,102.91	$0.00	$0.00
H&CB Care for Functionally Disabled Elderly	$0.00	$0.00	$0.00	$0.00
Community Supported Living Arrangements	$0.00	$0.00	$0.00	$0.00
Programs of All-Inclusive Care Elderly (PACE)	$0.00	$0.00	$0.00	$0.00
Personal Care Services	$896.39	$556.12	$0.00	$0.00
Targeted Case Management Services	$219,234.90	$136,013.33	$0.00	$0.00
Primary Care Case Management	$0.00	$0.00	$0.00	$0.00
Hospice Benefits	$4,639,400.09	$2,878,283.82	$0.00	$0.00
Emergency Services - Undocumented Aliens	$0.00	$0.00	$0.00	$0.00
Federally - Qualified Health Center	$1,641,910.02	$1,018,640.98	$0.00	$0.00
Other Care Services	$40,774,040.20	$25,296,214.54	$85,277.98	$76,750.18
Totals	$891,804,811.19	$553,275,704.86	$3,158,349.90	$2,842,514.91
Total of All COS	$894,963,161.09			
Aged & Disabled	$5,517,285.46	$3,422,923.90		
Autism	$2,009,599.70	$1,246,755.65		
ICF/MR	$37,968,447.96	$23,555,625.11		
MFC	$456,563.90	$283,252.24		
TBI	$674,638.94	$418,546.00		
Assisted Living	$0.00	$0.00		
Totals	$46,626,535.96	$28,927,102.91		

Figure A.102 – CMS-6401Q Worksheet

CMS-6402Q Worksheet

End Date 04/26/2002
Initial for Chips

HCFA21 lines	All COS except FP	0.7343 FMAP	Family Planning	0.90 FP
Premiums for PH Insur Cov. A. Gross	$0.00	$0.00	$0.00	$0.00
B. Cost Sharing Offsets	$0.00	$0.00	$0.00	$0.00
C. Gross Premiums Paid	$0.00	$0.00	$0.00	$0.00
D. Cost Sharing Offsets	$0.00	$0.00	$0.00	$0.00
Inpatient Hospital - Regular	$1,239,748.35	$910,347.21	$0.00	$0.00
Inpatient Hospital - DSH	$0.00	$0.00	$0.00	$0.00
Inpatient Mental Health Fac. - Regular	$449,012.87	$329,710.15	$0.00	$0.00
Inpatient Mental Health Fac. - DSH	$0.00	$0.00	$0.00	$0.00
Nursing Care Services	$1,483,671.38	$1,089,459.89	$0.00	$0.00
Physician and Surgical Services	$1,012,967.91	$743,822.34	$0.00	$0.00
Outpatient Hosptial Services	$1,131,866.18	$831,129.34	$0.00	$0.00
Outpatient Mental Hosptial Services	$1,718,933.59	$1,262,212.94	$0.00	$0.00
Prescribed Drugs	$2,371,447.08	$1,741,353.59	$0.00	$0.00
Drug Rebate - National Agreement	$0.00	$0.00	$0.00	$0.00
Drug Rebate - State Sidebar Agreement	$0.00	$0.00	$0.00	$0.00
Dental Services	$2,082,217.95	$1,528,972.64	$0.00	$0.00
Vision Services	$230,489.28	$169,248.28	$0.00	$0.00
Other Practioner's Services	$46,484.89	$34,133.85	$0.00	$0.00
Clinic Services	$460,345.49	$338,031.69	$0.00	$0.00
Therapy Services	$189,067.30	$138,832.12	$0.00	$0.00
Lab and Radiological Services	$185,303.72	$136,068.52	$0.00	$0.00
Durable and Disposal Medical Equip.	$165,477.55	$121,510.16	$0.00	$0.00
Family Planning	$447.36	$328.50	$0.00	$0.00
Abortions	$0.00	$0.00	$0.00	$0.00
Screening Services	$64,334.80	$47,241.04	$0.00	$0.00
Home Health	$200,491.97	$147,221.25	$0.00	$0.00
Reserved	$0.00	$0.00	$0.00	$0.00
Home and Comm Based Services	$0.00	$0.00	$0.00	$0.00
Hospice	$0.00	$0.00	$0.00	$0.00
Medical transportation	$86,803.81	$63,740.04	$0.00	$0.00
Case Management	$3,672.58	$2,696.78	$0.00	$0.00
Other Services	$392,508.92	$288,219.30	$0.00	$0.00
Totals	$13,515,292.98	$9,924,279.64	$0.00	$0.00
Total of All COS	$13,515,292.98			
Aged & Disabled	$0.00	$0.00		
Autism	$0.00	$0.00		
ICF/MR	$0.00	$0.00		
MFC	$0.00	$0.00		
TBI	$0.00	$0.00		
Assisted Living	$0.00	$0.00		
Totals	$0.00	$0.00		

Figure A.103 – CMS-6402Q Worksheet

HCF6404Q Worksheet

End Date 04/26/2002
COSWKSHT for Medicaid

HCFA9 lines	Expenditures	Cash Receipts	Offsets	Admin/Cap	Subtotal	0.6204 FMAP	Initial.xls FMAP	Total	
Inpatient Hospital Services - Regular	$403,260.68	$916,580.30	$4,126,938.21	$0.00	-$4,640,257.83	-$2,878,815.96	$60,857,700.68	$57,978,884.72	
Inpatient Hospital Services - DSH	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	
Mental Health Facility Services - Regular	$80,048.00	$0.00	$623,064.16	$0.00	-$543,016.16	-$336,887.23	$30,394,343.22	$30,057,455.99	
Mental Health Facility Services - DSH	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	
Nursing Facility Services	$113,988.35	$105,333.73	$15,264,549.25	$0.00	-$15,255,894.63	-$9,464,757.03	$141,650,085.66	$132,185,328.63	
Intermediate Care - MR Public Provider	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$8,338,074.51	$8,338,074.51	
Intermediate Care - MR Private Provider	$30,748.86	$8,204.14	$5,081,096.73	$0.00	-$5,058,552.01	-$3,138,325.67	$45,325,468.27	$42,187,142.60	
Physician's Services	$39,280.71	$65,387.25	$224,024.17	$0.00	-$250,130.71	-$155,181.09	$24,126,282.71	$23,971,101.62	
Outpatient Hospital Services	$1,980.92	$455,786.47	$167,615.81	$0.00	-$621,421.36	-$385,529.81	$25,890,582.12	$25,505,052.31	
Prescribed Drugs	$9,801.66	$543,427.70	$3,330,438.84	$0.00	-$3,864,064.88	-$2,397,265.85	$100,690,850.15	$98,293,584.30	
Drug Rebate Offset National	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	
Drug Rebate Offset State Sidebar	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	
Dental Services	$2,273.30	$21,652.53	$132,310.22	$0.00	-$151,689.45	-$94,108.13	$18,338,632.20	$18,244,524.07	
Other Practitioner's Services	$146,960.14	$542,039.55	$473,418.01	$0.00	-$868,497.42	-$538,815.80	$16,536,867.48	$15,998,051.68	
Clinical Services	$2,619.39	$237,951.82	$43,412.80	$0.00	-$278,745.23	-$172,933.54	$7,259,615.26	$7,086,681.72	
Laboratory and Radiological Services	$44.45	$44.45	$42,273.86	$0.00	-$42,273.86	-$26,226.70	$4,557,371.54	$4,531,144.84	
Home Health Services	$9,249.14	$678,179.26	$171,988.85	$0.00	-$840,918.97	-$521,706.13	$8,356,675.41	$7,834,969.28	
Sterilizations	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$196,877.66	$196,877.66	
Abortions	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	
EPSDT Screening Services	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$1,567,787.95	$1,567,787.95	
Rural Health Clinic	$0.00	$281.80	$16,434.36	$0.00	-$16,716.16	-$10,370.71	$931,678.31	$921,307.60	
MCARE Health Insur Paym. Part A Premiums	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	
Part B Premiums	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	
Qual. Indiv. 120%-135% of poverty	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	
Qual. Indiv. 135%-175% of poverty	$3,704.91	$0.00	$0.00	$0.00	$3,704.91	$2,298.53	$0.00	$2,298.53	
Co-Insurance and Deductibles	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	
Medicaid Health Insurance Payments MCOs	$0.00	$0.00	$0.00	$69,981,208.40	$69,981,208.40	$43,416,341.69	$0.00	$43,416,341.69	
Prepaid Health Plans(PHPs)	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	
Group Health Plans	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	
Co-Insurance and Deductibles	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	
Other Mcaid HI Payments	$3,531.11	$0.00	$0.00	$0.00	$3,531.11	$2,190.70	$0.00	$2,190.70	
Home and Community Based Services	$4,611.66	$3,220.66	$261,236.48	$0.00	-$259,845.48	-$161,208.14	$28,927,102.91	$28,765,894.77	
H&CB Care for Functionally Disabled Elderly	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	
Community Supported Living Arrangements	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	
Programs of All-Inclusive Care Elderly (PACE)	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	
Personal Care Services	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$556.12	$556.12	
Targeted Case Management Services	$0.00	$0.00	$75.20	$0.00	-$75.20	-$46.65	$136,013.33	$135,966.68	
Primary Care Case Management	$0.00	$0.00	$0.00	$2,209,581.00	$2,209,581.00	$1,370,824.05	$0.00	$1,370,824.05	
Hospice Benefits	$0.00	$90.22	$95,769.18	$0.00	-$95,859.40	-$59,471.17	$2,878,283.82	$2,818,812.65	
Emergency Services - Undocumented Aliens	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	
Federally - Qualified Health Center	$147,465.36	$33,919.36	$9,233.13	$0.00	$104,312.87	$64,715.70	$1,018,640.97	$1,083,356.67	
Other Care Services	$21,025.32	$42,739.90	$69,066.25	$0.00	-$90,780.83	-$56,320.43	$25,296,214.53	$25,239,894.10	
Pre-Total (provider dollars only)	$1,020,593.96	$3,654,839.14	$30,132,945.51	$72,190,789.40	$39,423,598.71	$24,458,400.64	$553,275,704.81	$577,734,105.45	
Providerless Dollars	$50,463.77	$319,025.62							
(FIN5 Difference)		$0.00							
MAR's Difference		$808,914.08							
Voids Not Finalized		$84,076.81							
New Other Care Services	$71,489.09	$1,254,756.41	$69,066.25	$0.00	-$1,252,333.57	-$776,947.75	$25,296,214.53	$24,519,266.78	
Totals	$1,071,057.73	$4,866,855.65	$30,132,945.51	$72,190,789.40	$38,262,045.97	$23,737,773.32	$553,275,704.81	$577,013,478.13	$930,066,857.
Waivers									$930,110,263.
Aged & Disabled	$3,103.06	$3,220.66	$130,915.00	$0.00	-$131,032.60	-$81,292.63	$0.00	-$81,292.63	-$43,406.
Autism	$1,508.60	$0.00	$41,750.98	$0.00	-$40,242.38	-$24,966.37	$0.00	-$24,966.37	
ICF/MR	$0.00	$0.00	$88,570.50	$0.00	-$88,570.50	-$54,949.14	$0.00	-$54,949.14	
MFC	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	
TBI	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	
Assisted Living	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	

Figure A.104 – HCF6404Q Worksheet

HCF6405Q Worksheet

End Date 04/26/2002
COSWKSHT for Chips

HCFA21 lines	Expenditures	Cash Receipts	Offsets	Admin/Cap	Subtotal	0.7343 FMAP	Initial.xls FMAP	Total
Premiums for PH Insur Cov. A. Gross	$0.00	$0.00	$0.00	$2,978,498.77	$2,978,498.77	$2,187,111.65	$0.00	$2,187,111.
B. Cost Sharing Offsets	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.
C. Gross Premiums Paid	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.
D. Cost Sharing Offsets	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.
Inpatient Hospital - Regular	$0.00	$0.00	$11,362.77	$0.00	-$11,362.77	-$8,343.68	$910,347.21	$902,003.
Inpatient Hospital - DSH	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.
Inpatient Mental Health Fac. - Regular	$0.00	$0.00	$1,307.23	$0.00	-$1,307.23	-$959.90	$329,710.15	$328,750.
Inpatient Mental Health Fac. - DSH	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.
Nursing Care Services	$0.00	$0.00	$479.36	$0.00	-$479.36	-$351.99	$1,089,459.89	$1,089,107.
Physician and Surgical Services	$0.00	$61.00	$4,706.57	$0.00	-$4,767.57	-$3,500.83	$743,822.34	$740,321.
Outpatient Hosptial Services	$0.00	$0.00	$1,752.90	$0.00	-$1,752.90	-$1,287.15	$831,129.34	$829,842.
Outpatient Mental Hosptial Services	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$1,262,212.93	$1,262,212.
Prescribed Drugs	$0.00	$19.01	$102,401.55	$0.00	-$102,420.56	-$75,207.42	$1,741,353.59	$1,666,146.
Drug Rebate - National Agreement	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.
Drug Rebate - State Sidebar Agreement	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.
Dental Services	$0.00	$0.00	$14,089.98	$0.00	-$14,089.98	-$10,346.27	$1,528,972.65	$1,518,626.
Vision Services	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$169,248.28	$169,248.
Other Practioner's Services	$0.00	$83.25	$6,782.57	$0.00	-$6,865.82	-$5,041.57	$34,133.86	$29,092.
Clinic Services	$0.00	$93.19	$1,442.36	$0.00	-$1,535.55	-$1,127.55	$338,031.69	$336,904.
Therapy Services	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$138,832.12	$138,832.
Lab and Radiological Services	$0.00	$0.00	$1,319.10	$0.00	-$1,319.10	-$968.62	$136,068.52	$135,099.
Durable and Disposal Medical Equip.	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$121,510.17	$121,510.
Family Planning	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$328.50	$328.
Abortions	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.
Screening Services	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$47,241.04	$47,241.
Home Health	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$147,221.26	$147,221.
Reserved	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.
Home and Comm Based Services	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.
Hospice	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.
Medical transportation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$63,740.03	$63,740.
Case Management	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$2,696.78	$2,696.
Other Services	$0.00	$0.00	$371.25	$191,802.00	$191,430.75	$140,567.60	$288,219.30	$428,786.
Pre-Total (provider dollars only)	$0.00	$256.45	$146,015.64	$3,170,300.77	$3,024,028.68	$2,220,544.26	$9,924,279.65	$12,144,823.
Providerless Dollars	$0.00	$0.00						
(FIN5 Difference)		$0.00						
MAR's Difference		$0.00						
Voids Not Finalized		$0.00						
New Other Services	$0.00	$0.00	$371.25	$191,802.00	$191,430.75	$140,567.60	$288,219.30	$428,786.
Totals	$0.00	$256.45	$146,015.64	$3,170,300.77	$3,024,028.68	$2,220,544.26	$9,924,279.65	$12,144,823.
Waivers								
Aged & Disabled	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.
Autism	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.
ICF/MR	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.
MFC	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.
TBI	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.
Assisted Living	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.

Figure A.105 – HCF6405Q Worksheet

HCFA6407Q Worksheet

End Date 04/26/2002

FIN-8000's

Week	Claim Payments	Interest	Subtotal	Voids	Refunds	Payout Items	System Offsets	Admin Fee	Cap	Line Total
3/23/2002 to 3/29/2002	$51,433,999.09	$11.25	$51,434,010.34	$11,047.13	$685,203.23	$10,635.51	$1,043,023.39	$0.00	$0.00	$49,705,372.
3/30/2002 to 4/5/2002	$109,531,432.20	$5.19	$109,531,437.39	$12,384.29	$282,921.90	$7,643.88	$2,370,459.18	$0.00	$0.00	$106,873,315.
4/6/2002 to 4/12/2002	$65,550,014.12	$5.27	$65,550,019.39	$1,667.66	$1,558,465.86	$254,939.69	$1,017,346.83	$0.00	$0.00	$63,227,478.
4/13/2002 to 4/19/2002	$59,006,483.16	$4.21	$59,006,487.37	$17,221.95	$281,918.59	$105,311.22	$856,152.36	$818,631.00	$22,947,172.07	$81,722,308.
4/20/2002 to 4/26/2002	$48,677,629.15	$5.61	$48,677,634.76	$48,603.95	$613,905.21	$8,317.66	$757,083.63	$0.00	$0.00	$47,266,359.
4/27/2002 to 5/3/2002	$100,958,819.30	$98.25	$100,958,917.55	$10,032.33	$704,843.21	$106,313.63	$1,666,892.59	$0.00	$0.00	$98,683,463.
5/4/2002 to 5/10/2002	$70,420,384.64	$0.02	$70,420,384.66	$75,392.25	$232,052.50	$85,102.88	$3,568,935.53	$0.00	$0.00	$66,629,107.
5/11/2002 to 5/17/2002	$63,786,988.79	$14.79	$63,787,003.58	$0.00	$261,604.11	$226,427.67	$3,323,717.86	$793,053.00	$24,373,439.93	$85,594,602.
5/18/2002 to 5/24/2002	$55,101,295.97	$8.06	$55,101,304.03	$106,802.23	$724,982.58	$46,746.66	$3,934,844.15	$0.00	$0.00	$50,381,421.
5/25/2002 to 5/31/2002	$54,505,718.06	$0.57	$54,505,718.63	$9,634.70	$267,500.00	$118,400.19	$2,413,740.82	$0.00	$0.00	$51,933,243.
6/1/2002 to 6/7/2002	$106,418,731.17	$1.85	$106,418,733.02	$101,464.44	$197,552.05	$43,156.88	$5,942,843.61	$0.00	$0.00	$100,220,029.
6/8/2002 to 6/14/2002	$69,665,045.81	$2.81	$69,665,048.62	$87,998.43	$771,214.65	$12,515.45	$2,314,720.45	$0.00	$0.00	$66,503,630.
6/15/2002 to 6/21/2002	$55,643,397.77	$21.80	$55,643,419.57	$6,567.18	$156,754.48	$45,546.41	$937,832.76	$790,710.00	$25,681,490.75	$81,060,012.
Totals	$910,699,939.23	$179.68	$910,700,118.91	$488,816.54	$6,738,918.37	$1,071,057.73	$30,147,593.16	$2,402,394.00	$73,002,102.75	$949,800,345.

Grand Total	$949,800,345.
Less Interest	$179.
Net Total	$949,800,165.
Programless	$7,769.
Adj. Total	$949,807,935.

FIN-0005's

Week	Admin	Cap	Line Total	Difference
03/23/2002 to 03/29/2002	$0.00	$0.00	$0.00	$0.00
03/30/2002 to 04/05/2002	$0.00	$0.00	$0.00	$0.00
04/06/2002 to 04/12/2002	$0.00	$0.00	$0.00	$0.00
04/13/2002 to 04/19/2002	$835,227.00	$23,161,061.14	$23,996,288.14	$0.00
04/20/2002 to 04/26/2002	$0.00	$0.00	$0.00	$0.00
04/27/2002 to 05/03/2002	$0.00	$0.00	$0.00	$0.00
05/04/2002 to 05/10/2002	$0.00	$0.00	$0.00	$0.00
05/11/2002 to 05/17/2002	$809,859.00	$24,615,243.40	$25,425,102.40	$0.00
05/18/2002 to 05/24/2002	$0.00	$0.00	$0.00	$0.00
05/25/2002 to 05/31/2002	$0.00	$0.00	$0.00	$0.00
06/01/2002 to 06/07/2002	$0.00	$0.00	$0.00	$0.00
06/08/2002 to 06/14/2002	$0.00	$0.00	$0.00	$0.00
06/15/2002 to 06/21/2002	$807,372.00	$25,933,193.03	$26,740,565.03	$0.00
Totals	$2,452,458.00	$73,709,497.57	$76,161,955.57	$0.00

MAR Total (Q2+Q3)	Final Voids (Q13)	CCR (Q12)	NCR (Q9)	Payouts (Q4)	Offsets (Q15)	Admin (Q17)	Cap (Q18)
$908,478,454.07	$404,739.73	$2,625,659.51	$3,974,121.21	$1,071,057.73	$30,278,961.15	$2,402,394.00	$73,002,102.75

Fin-8000 Refunds	CCR + NCR	Difference			
$6,738,918.37	$6,599,780.72	$139,137.65	-$1,011.00	-$42,395.58	-$43,406.58
Fin-8000 Voids	**Finalized Voids**	**Difference**			
$488,816.54	$404,739.73	$84,076.81			
MAR Total	**Claims - CCR - FVoids**	**Difference**			
$908,478,454.07	$907,669,539.99	$808,914.08			

Name	Source	Total	Difference
MAR	Q2+Q3	$908,478,454.07	$808,914.08
(Non-Claim Cash Recp)	Q9	-$3,974,121.21	$139,137.65
(Voids Not Finalized)	FIN8000 Voids - Q13	-$84,076.81	
Payouts	Q4	$1,071,057.73	$0.00
(A/R Recoup)	Q15	-$30,278,961.15	-$131,367.99
Admin	Q17	$2,402,394.00	$0.00
Cap	Q18	$73,002,102.75	$0.00
Total		$950,616,849.38	$816,683.74
Difference from Fin-8000		$816,683.74	

Figure A.106 – HCFA6407Q Worksheet

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

OMB NO.

PROVIDER - RELATED DONATIONS AND HEALTH CARE RELATED TAXES, FEES, AND ASSESSMENTS RECEIVED UNDER PUBLIC LAW 102 - 234	STATE	IN
	AGENCY	FSSA
	QUARTER ENDING	

SUMMARY TOTAL OF RECEIPTS FROM FORM CMS 64.11a

CATEGORY (a)	TOTAL RECEIPTS (b)
DONATIONS	
1. PERMISSIBLE (BONA FIDE)	
2. IMPERMISSIBLE	
3. OUTSTATIONED ELIGIBILITY WORKERS	
TAXES	
4. PERMISSIBLE	
5. IMPERMISSIBLE	
FEES	
6. PERMISSIBLE	
7. IMPERMISSIBLE	
ASSESSMENTS	
8. PERMISSIBLE	$0.00
9. IMPERMISSIBLE	
TOTAL PERMISSIBLE TAXES, FEES, AND ASSESSMENTS (LINE 4+ 6+ 8)	
TOTAL IMPERMISSIBLE TAXES, FEES, AND ASSESSMENTS (LINE 5+ 7+ 9)	

FORM HCFA-64.11

Figure A.107 – Summary Total of Receipts from Form CMS 64.11a

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

QUARTERLY MEDICAID STATEMENT OF EXPENDITURES FOR THE MEDICAL ASSISTANCE PROGRAM SUMMARY SHEET		6/30/2002	STATE AGENCY	IN
			QUARTER ENDING	6/30/2002
SECTION A QUARTERLY STATUS OF FUNDING	MEDICAL ASSISTANCE PAYMENTS			
	TOTAL COMPUTABLE	FEDERAL SHARE	TOTAL COMPUTABLE	FEDERAL SHARE
	(a)	(b)	(a)	(b)
1. AWARDS RECEIVED DURING THE QUARTER FOR THE QUARTER BEING REPORTED AND PRIOR QUARTERS				
2. AWARDS RECEIVED DURING THE QUARTER FOR SUBSEQUENT QUARTERS				
3. INTEREST: A. RECEIVED ON MEDICAID RECOVERIES				
B. ASSESSED ON DISALLOWANCES				
4. MEDICARE OVERPAYMENT COLLECTION UNDER SEC. 1914 AND 42 CFR 447.30				
5 COMMON AUDIT INTEREST\DRUG REBATE INTEREST	$0	$0		
SECTION B EXPENDITURES REPORTED FOR PERIOD				
6. EXPENDITURES IN THIS QUARTER (ATTACH 64.9 AND/OR 64.10)	$0	$0	$0	$0
7. ADJUSTMENTS INCREASING CLAIMS FOR PRIOR QUARTERS (ATTACH 64.9p AND/OR 64.10p)	$0	$0	$0	$0
8. OTHER EXPENDITURES (ATTACH 64.9p AND/OR 64.10p)	$0	$0	$0	$0
9. COLLECTIONS: A. THIRD PARTY LIABILITY COLLECTIONS (ATTACH 64.9a)	$0	$0		
B. PROBATE COLLECTIONS	$0	$0		
C. COLLECTIONS IDENTIFIED THROUGH FRAUD AND ABUSE EFFORT	$0	$0		
D. OTHER NOT IDENTIFIED AND ADJUSTMENTS	$0	$0		
E.				
10. ADJUSTMENTS DECREASING CLAIMS FOR PRIOR QUARTERS A. FEDERAL AUDIT (ATTACH 64.9p AND/OR 64.10p)	$0	$0	$0	$0
B. OTHER (ATTACH 64.9p AND/OR 64.10p)	$0	$0	$0	$0
C. OVERPAYMENT ADJUSTMENTS (ATTACH 64.9o)	$0	$0	$0	
11. NET EXPENDITURES REPORTED IN THIS PERIOD (SUM OF ITEMS 6, 7, AND 8 LESS 9 AND 10)	$0	$0	$0	$0

FORM CMS 64

Figure A.108 – Quarterly Medicaid Statement of Expenditures Summary Sheet

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

MEDICAL ASSISTANCE EXPENDITURES BY THE TYPE OF SERVICE FOR THE MEDICAL ASSISTANCE PROGRAM EXPENDITURES THIS QUARTER	STATE	IN
	AGENCY	FSSA
	QUARTER ENDING	6/30/200

MEDICAL ASSISTANCE SERVICES TYPE OF WAIVER Non Waiver WAIVER NUMBER 0	TOTAL COMPUTABLE	FEDERAL SHARE					TOTAL FEDERAL SHARE
		FMAP #####	I.H.S. FACILITY SERVICES 100%	FAMILY PLANNING SERVICES 90%	OPTIONAL BREAST OR CERV. CANCER SERVICES 73.43%	FEDERAL SHARE	
	(a)	(b)	(c)	(d)	(e)	(f)	(g)
1. INPATIENT HOSPITAL SERVICES							
A. Regular Payments	$0	$0	$0	$0	$0	$0	$0
B. DSH Adjustment Payments	$0	$0	$0	$0	$0	$0	$0
2. MENTAL HEALTH FACILITY SERVICES							
A. Regular Payments	$0	$0	$0	$0	$0	$0	$0
B. DSH Adjustment Payments	$0	$0	$0	$0	$0	$0	$0
3. NURSING FACILITY SERVICES	$0	$0	$0	$0	$0	$0	$0
4. INTERMEDIATE CARE FACILITY SERVICES MENTALLY RETARDED: A. PUBLIC PROVIDERS	$0	$0	$0	$0	$0	$0	$0
B. PRIVATE PROVIDERS	$0	$0	$0	$0	$0	$0	$0
5. PHYSICIAN'S SERVICES	$0	$0	$0	$0	$0	$0	$0
6. OUTPATIENT HOSPITAL SERVICES	$0	$0	$0	$0	$0	$0	$0
7. PRESCRIBED DRUGS	$0	$0	$0	$0	$0	$0	$0
7A.DRUG REBATE OFFSET 1. NATIONAL AGREEMENT	$0	$0	$0	$0	$0	$0	$0
2. STATE SIDEBAR AGREEMENT	$0	$0	$0	$0	$0	$0	$0
8. DENTAL SERVICES	$0	$0	$0	$0	$0	$0	$0
9. OTHER PRACTITIONER'S SERVICES	$0	$0	$0	$0	$0	$0	$0
10. CLINIC SERVICES	$0	$0	$0	$0	$0	$0	$0
11. LABORATORY AND RADIOLOGICAL SERVICES	$0	$0	$0	$0	$0	$0	$0
12. HOME HEALTH SERVICES	$0	$0	$0	$0	$0	$0	$0
13. STERILIZATIONS	$0	$0	$0	$0	$0	$0	$0

Figure A.109 – Medical Assistance Expenditures by the Type of Service Expenditures Fom

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED
OMB NO. 0938-0067

MEDICAID DRUG REBATE SCHEDULE

STATE	IN
AGENCY	FSSA
QUARTER ENDING	

DRUG REBATE	TOTAL COMPUTABLE					
	QTR ENDING 1Q98 (a)	QTR ENDING 4Q97 (b)	QTR ENDING 3Q97 (c)	QTR ENDING 2Q97 (d)	QTR ENDING 1Q97 (e)	TOTAL (f)
1. BALANCE AS OF THE BEGINNING OF THE QUARTER		0	0	0	0	
2. ADJUSTMENTS TO PREVIOUSLY REPORTED REBATES FROM LABELERS INCLUDED IN LINE 1		0	0	0	0	
3. REBATES INVOICED IN THIS QUARTER	0					
4. SUBTOTAL (LINE 1. PLUS LINE 2. AND 3.)	0	0	0	0	0	
5. REBATES REPORTED ON THIS EXPENDITURE REPORT (HCFA-64.9 AND/OR CMS 64-9p, Line 7.A.)	0	0	0	0	0	
6. BALANCE AS OF THE END OF THE QUARTER (LINE 4. LESS LINES 5.)	0	0	0	0	0	

PAGE 1 OF

Figure A.110 – Medicaid Drug Rebate Schedule (1 of 2)

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED
OMB NO. 0938-0067

MEDICAID DRUG REBATE SCHEDULE

STATE	IN
AGENCY	FSSA
QUARTER ENDING	

FORM HCFA-64.9r(1-93)

PAGE 2 OF

Figure A.111 – Medicaid Drug Rebate Schedule (2 of 2)

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

QUARTERLY MEDICAL ASSISTANCE EXPENDITURES BY CHILD HEALTH INSURANCE PROGRAM EXPENDITURES CATEGORIES	STATE	IN
	AGENCY	FSSA
	QUARTER END	6/30/2002

TYPE OF ELIGIBLE BOTH (INDICATE U2, U3, OR BOTH) WAIVER NAME_____ WAIVER TYPE_____	TOTAL COMPUTABLE	FMAP 73.43%	ENHANCED FMAP _____%	TOTAL FEDERAL SHARE
	(a)	(b)		(f)
15. DURABLE AND DISPOSABLE MEDICAL EQUIPMENT	$0	$0	$0	$0
16. FAMILY PLANNING	$0	$0	$0	$0
17. ABORTIONS NO._____	$0	$0	$0	$0
18. SCREENING SERVICES	$0	$0	$0	$0
19. HOME HEALTH	$0	$0	$0	$0
20. MEDICARE PAYMENTS	$0	$0	$0	$0
21. HOME AND COMMUNITY-BASED SERVICES	$0	$0	$0	$0
22. HOSPICE	$0	$0	$0	$0
23. MEDICAL TRANSPORTATION	$0	$0	$0	$0
24. CASE MANAGEMENT	$0	$0	$0	$0
25. OTHER SERVICES	$0	$0	$0	$0
26. TOTAL	$0	$0	$0	$0

Figure A.112 – Quarterly Medical Assistance Expenditures by Child Health Insurance Program Expenditures Categories

FINANCIAL INVOICE DATE	WEEKLY MEDICAID REIMBURSEMENT	DRUG REBATE RECOVERIES	DRUG REBATE CORRECTIONS	NET DRUG REBATE AMOUNT	NET MEDICAID & REBATE AMOUNT	*CLAIM INTEREST	DRUG REBAT INTEREST
4/1/2002	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.0
4/8/2002	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.0
4/15/2002	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.0
4/22/2002	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.0
4/29/2002	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.0
5/6/2002	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.0
5/13/2002	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.0
5/20/2002	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.0
5/28/2002	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.0
6/3/2002	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.0
6/10/2002	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.0
6/17/2002	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.0
6/24/2002	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.0
TOTAL	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.0

FIN8.xls - NET TOTAL	$0.00
***Manual Checks	$0.00
HCFA 64.9r	$0.00
TOTAL	$0.00
DIFFERENCE	$0.00

*Claims interest should not be included on Line 5 on HCFA 64

Figure A.113 – Finance Summary Sheet

A. THIRD PARTY LIABILITY COLLECTIONS	April	May	June	TOTAL COMPUTABLE	FEDERAL SHARE 62.04%
Health Insurance	$0.00	$0.00	$0.00	$0.00	$0.00
*DFC Collections	$0.00	$0.00	$0.00	$0.00	$0.00
HMS	$0.00	$0.00	$0.00	$0.00	$0.00
1.(B).(1) Health Insurance	$0.00	$0.00	$0.00	**$0.00**	**$0.00**
1.(B) (2). Casualty Insurance	$0.00	$0.00	$0.00	**$0.00**	**$0.00**

The Third Party Liability Collections is provided by TPL unit.

	April	May	June	TOTAL COMPUTABLE	FEDERAL SHARE 62.04%
Medicaid Payment - Part A	$0.00	$0.00	$0.00	$0.00	$0.00
Medicaid Payment - Part B	$0.00	$0.00	$0.00	$0.00	$0.00
1. MEDICAID TITLE XVIII	$0.00	$0.00	$0.00	**$0.00**	**$0.00**

COST AVOIDANCE	April	May	June	TOTAL COMPUTABLE	FEDERAL SHARE 62.04%
Medicare Payment - Part A	$0.00	$0.00	$0.00	$0.00	$0.00
Medicare Payment - Part B	$0.00	$0.00	$0.00	$0.00	$0.00
1. MEDICARE TITLE XVIII	$0.00	$0.00	$0.00	**$0.00**	**$0.00**

The Cost Avoidance Medicare Title XVIII is provided by MAR Medicare Participation Windows.

COST AVOIDANCE	April	May	June	TOTAL COMPUTABLE	FEDERAL SHARE 62.04%
2. HEALTH INSURANCE	$0.00	0.00	0.00	**0.00**	**$0.00**

The Cost Avoidance Health Insurance is provided by TPL unit.

Enter Federal Share Amounts into HCFA64.9a

Figure A.114 – Federal Share Amounts in HCFA-64.9a

Report: FIN-2056-W	Indiana*AIM*	Run Date:	02/01/2003
Process: FINJW227	Weekly Provider Tax ID Listing	Run Time:	03:09:25
Location: FIN2056W	Period: 01/25/2003 - 01/31/2003	Page:	8

TAX ID: 010580000

PROVIDER NUMBER	LOCATION	PROGRAM	DATE END	TERMINATED LOCATION
100300000	A	K2	22991231	
100300000	A	MA	22991231	

TAX ID: 010580001

PROVIDER NUMBER	LOCATION	PROGRAM	DATE END	TERMINATED LOCATION
100300001	A	K2	20001124	X
100300001	B	MA	20001124	X

TAX ID: 010580002

PROVIDER NUMBER	LOCATION	PROGRAM	DATE END	TERMINATED LOCATION
100300002	A	K2	22991231	
100300002	B	MA	22991231	

TAX ID: 010580003

PROVIDER NUMBER	LOCATION	PROGRAM	DATE END	TERMINATED LOCATION
100300003	A	K2	22991231	
100300003	B	MA	22991231	

Figure A.115 – Weekly Provider Tax ID Listing

Appendix B: Forms

First B-Notice

IMPORTANT TAX NOTICE ACTION IS REQUIRED

Backup Withholding Warning!

WE NEED A FORM W – 9 FROM YOU BEFORE THE DATE SHOWN BELOW

Date: (**30 business days from date of the CP2100**) Otherwise, backup withholding will begin.

Account Number: {**Provider Number**}

Current Name on Account: {**Name of Provider**}

Current TIN on Account: {**Tax Identification Number**}

The Internal Revenue Service (IRS) has notified us that the taxpayer identification number (TIN) on your account with us does not match their records. The IRS considers a TIN as incorrect if either the name or number shown on an account does not match a name and number combination in their files or the files of the Social Security Administration (SSA). If you do not take appropriate action to help us correct this problem before the date shown above, the law requires us to withhold 31% of the interest, dividends, and certain other payments that we make to your account. This is called backup withholding.

In addition to backup withholding, you may be subject to a $50 penalty by the IRS for failing to give us your correct name/TIN combination.

This notice tells you how to help us make your account records accurate and how to avoid backup withholding and the penalty.

Compare the name/TIN combination on this notice, if this is incorrect please send a signed W-9 form (enclosed) with the corrected information in the enclosed envelope before the date at the top of this letter. If the information on this notice **IS CORRECT** you **MUST** still send a signed W – 9 in the enclosed envelope before the date of this letter.

A signed W-9 form received before the date referenced on this notice is the only way to avoid or stop backup withholding.

PLEASE ATTACH A COPY OF THIS NOTICE ALONG WITH YOUR W-9 FORM TO ENSURE ACCURATE POSTING TO YOUR ACCOUNT.

Figure B.1 – First B-Notice Letter

Second B-Notice

IMPORTANT TAX NOTICE ACTION IS REQUIRED

Second Backup Withholding Warning!

YOU MUST HAVE THE IRS OR SSA VALIDATE YOUR TAXPAYER IDENTIFICATION NUMBER

AND RETURN IT TO US BEFORE THE DATE SHOWN BELOW

Date: **{30 business days from date of CP2100}** otherwise, backup withholding will begin.

Account Number: **{Provider Number}**

Current Name on Account: **{Provider Name}**

Current TIN on Account: **{Tax Identification Number}**

We have received notice from the Internal Revenue Service (IRS) twice within 3 years stating that the combination of the name and taxpayer identification number (name/TIN combination) on your account with us is incorrect. (Your account number, current name on the account, and current taxpayer identification number (TIN) on the account are shown above.) A name/TIN combination is incorrect if it does not match a name/TIN combination shown on the records of the Social Security Administration (SSA) or the IRS.

You should follow the instructions below to correct this problem and send the corrected information to us before the date shown above. If we do not have the correct information before that date, the law requires us to withhold 31% of the interest, dividends, and certain other payments that we make to your account

Section 3406 of the Internal Revenue Code requires that we withhold 31% in tax, called backup withholding, when you do not give us your correct name/TIN combination. Because of the notices we received from the IRS, we are now required to disregard any future name/TIN combinations you furnish us for your account (whether or not you certify your TIN under penalties of perjury) unless SSA (or, in the case of an incorrect employer identification number, the IRS) validates you name/TIN combination. Also, the IRS may charge you a $50 penalty for failing to provide us with your correct name/TIN combination.

WHAT YOU NEED TO DO

Follow the instructions below to correct your account record to avoid backup withholding on your account (or to stop it once it has begun) and to avoid the penalty.

INDIVIDUALS/ Instructions for Incorrect Social Security Numbers

If the incorrect TIN you furnished us is a social security number, you must:

Contact your local SSA office by telephone and ask what you need to do to correct the problem for backup withholding tax purposes;

Give a copy of this notice to the SSA; and

Request and authorize the SSA to send Form SSA –7028, Notice to Third Party of Social Security Number Assignment, **directly to us with a copy of this notice attached. This is the only documentation that we will be able to accept in order to stop backup withholding**

Figure B.2 – Second B-Notice Letter

Backup Withholding Wire Request

TO: HUNTINGTON NATIONAL BANK

FROM:

DATE:

CC: DAVID NELSON

SUBJECT: **WIRE OF FUNDS TO EDS CORPORATE FOR BACKUP WITHHOLDING WEEK OF (Current Week)**

Per our conversation, please process the following wire from our acct # 01407602110:

PAYEE: EDS CORP

BANK: CHASE MANHATTAN

ABA #: 021000021

ACCOUNT #: 321029461

AMOUNT: $

The above amount consists of ***{# of }*** providers for the week of {Current Week}

PLEASE NOTE:

PLEASE PUT "BACKUP WITHHOLDING" IN THE NOTIFICATION TRAILER.

Please contact me at (555) 555-5555 or the financial analyst at (555) 555-5555 if you have any questions.

THANKS FOR YOUR HELP!

I:finance/WIREletr

Figure B.3 – Backup Withholding Wire Request

RTS Letter # R02 – Check Does Not Belong to IHCP or State

(**Today's Date**)

(**Sender Name**)

(**Address 1**)

(**Address 2**)

(**City, State, ZIP Code**)

Dear (**Sender Name**):

We have received your check dated (**Check Date**) in the amount of ($ **Check Amount**). EDS may accept checks on behalf of the following agencies or state programs: Indiana Health Coverage Programs, Indiana 590 Program, Children's Special Health Care Services, and Assistance to Residents in County Homes. Based on the information given, it appears that the check received does not belong to any of these agencies. Please review your records and send the check to the appropriate address and agency.

If the check does not belong to one of the agencies listed above, please return the check and any supporting documentation to the following address:

EDS – Finance Department

950 N. Meridian Street, 10th Floor

Indianapolis, IN 46204

Thank you for your attention to this matter.

Sincerely,

Cash Control Clerk

Finance Department

Enclosure

Figure B.4 – Return to Sender Letter #R02 – Check Does Not Belong to IHCP or State

RTS Letter # R04 – Information Missing on Check

(**Today's Date**)

(**Sender Name**)

(**Address 1**)

(Address 2)

(**City, State, ZIP Code**)

Dear (**Sender Name**):

We have received your check dated (**Check Date**) in the amount of (**$ Check Amount**). It is being returned because all the required components of the check have not been completed. In order to process this check, the following items must be completed: payee, check date, check amount, and payer's signature.

Please complete all the required information and return to the following address:

EDS – Finance Department

950 N. Meridian Street, 10th Floor

Indianapolis, IN 46204

Thank you for your cooperation and prompt attention to this matter.

Sincerely,

Cash Control Clerk

Finance Department

Enclosure

Figure B.5 – Return to Sender Letter #R04 – Information Missing on Check

RTS Letter # R05 – Further Endorsement Required

(**Today's Date**)

(**Sender Name**)

(**Address 1**)

(**Address 2**)

(**City, State, ZIP Code**)

RE: **Cash Control Number (CCN)**

Dear (**Sender Name**):

The enclosed check dated (**Check Date**) in the amount of (**$ Check Amount**) requires further endorsement before it may be deposited by this office. Please endorse the check payable to: (**Program**) and return both the endorsed check and a copy of this letter to the following address:

EDS – Finance Department

950 N. Meridian Street, 10th Floor

Indianapolis, IN 46204

Thank you for your cooperation and prompt attention to this matter. If you have any questions regarding this matter, please contact the cash control unit at (317) 488-5125.

Sincerely,

Cash Control Clerk

Finance Department

Enclosure

Figure B.6 – Return to Sender Letter #R05 – Further Endorsement Required

RTS Letter # R99 – Miscellaneous/Unspecified

(**Today's Date**)

(**Sender Name**)

(**Address 1**)

(**Address 2**)

(**City, State, ZIP Code**)

RE: Cash Control Number/Internal Control Number (CCN/ICN)

Dear (**Sender Name**):

(Body of letter to be written in this section)

Sincerely,

Cash Control Clerk

Finance Department

Enclosure

Figure B.7 – Return to Sender Letter #R99 – Miscellaneous/Unspecified

EDS Batch Sheet

EDS BATCH SHEET

Julian Date	**Total Count**
Start Seq.	**Ending Seq.**
Batch Number	

	Action	Date of Action		Action	Date of Action
0			1		
1			2		
2			3		
3			4		
4			5		
5			6		
6			7		
7			8		
8			9		
9			0		
0			1		
1			2		
2			3		
3			4		
4			5		
5			6		
6			7		
7			8		
8			9		
9			0		
0			1		
1			2		
2			3		
3			4		
4			5		
5			6		
6			7		
7			8		
8			9		
9			0		

Figure B.8 – EDS Batch Sheet

August 5, 2002

LIENHOLDER NAME
STREET ADDRESS
CITY, STATE ZIP CODE

RE: Lien Document Number

Dear

This letter is to notify you that we have received and processed your notice of levy/lien against payments or money owed to tax identification, lien order, or court order number _____. Enclosed is a check in the amount of $_____, which accounts for all payments or money owed to this provider of service for the current week.

In addition, we have set up a levy/lien against this provider's payments in our system in the amount of $_____. We will continue to assess this levy/lien order against this provider's payments until further notification is received or until the original lien amount has been satisfied. Any increases or decreases to the original levy/lien amount should be sent to the following address:

EDS- Finance Department
950 N. Meridian Street, Suite 1150
Indianapolis, IN 46204-4288

Sincerely,

EDS

Adjustments/Finance Unit

Enclosure

Figure B.9 – Lein Letter

INTERNAL PROVIDER ACCOUNTS RECEIVABLE FORM

Submitted by: _____ Date: _____

Payee number: _____ Name: _____

Effective date: _____ Interest accrual date: _____

Program Code (circle one): Medicaid 590 ARCH CSHCS

Justification (attach all supporting documentation): _____

_____

_____

_____

Setup amount: _____ Rid no: _____

Recoupment amount: _____ Recoupment %: _____

Disposition/update request

Effective date: _____ Interest accrual date: _____

Disposition amount: _____ Increase Decrease

Recoupment amount: _____ Recoupment %: _____

Finance Use Only/To be filled out by the A/R Analyst

Date entered: _____

A/R number assigned: _____

Reason code assigned: _____

Figure B.10 – Accounts Recievable Form

Date

Provider Name
Provider Address
City, State Zip

Provider Number(s): XXXXXXXXXA

RE: Outstanding Account Receivable(s)

Dear Provider:

Our records indicate that your **Tax Identification Number** **xx-xxxxxxx** has an outstanding accounts receivables under **Provider Number** **xxxxxxxxxA**. While these receivables were established under different provider number, your tax entity remains responsible for this repayment.

EDS is prepared to transfer this **A/R amount of $xx.xx** to your **provider number** **xxxxxxxxxA**. Please contact our office to discuss this matter and its resolution. If our office does not hear from you within **7 calendar days** from the date of this letter, the transfer will occur automatically on Month DD/CCYY. Once this transfer occurs, the amount of this A/R will be deducted from future remittance advices until the A/R is fully satisfied.

Your assistance in resolving this matter is appreciated. Please contact Analyst Name at (317) XXX-XXXX, should you have any questions regarding this letter.

Sincerely,

Analyst Name

Finance Department

T0000

Figure B.11 – Transfer Letter

{Certified No. Z XXX-XXX-XXX}

Date

Provider number(s):

Provider Name
Provider Address
State, City Zip

Dear Provider:

This letter is a follow-up to a previous remittance advice sent regarding the outstanding account receivable(s) under provider **Provider #**. This account receivable could have been set up because of tax assessment, mass adjustment, an adjustment you sent in or another reason. If you bill on a regular basis, the money will be recouped from your future pays until satisfied. You are receiving this letter because there has been insufficient submission of claims at this time. The full amount of the outstanding account receivable(s) still outstanding is for $**O/S amount.**

If you do not bill regularly, and the repayment activity has not occurred on this accounts receivable within the required period, you need to send a check to the address below. This letter serves as an official request for the repayment of the outstanding balance of your account receivable. Please remit payment for $**O/S amount** along with a copy of this letter, to the following address:
Electronic Data Systems
950 North Meridian Street
Suite 1150
Indianapolis, IN 46204-4288
Attn: Financial Analyst/Finance Department

Responses should be postmarked no later than date (**15 days from date of ltr)**, on which date your complete provider file and enrollment packet will be prepared for transfer to the Office of Medicaid Policy and Planning (OMPP) within 3 business days. It is the intent of OMPP to use the documentation to make a referral to the Office the Indiana Attorney General for collection. Any documentation that will conclusively refute the amount owed must be submitted prior to the date above.

Your assistance in resolving this matter is appreciated. Please contact Judy Green at (317) 488-5366, should you have any questions regarding this letter.

Sincerely,

Financial Analyst
Finance Department
D (identify #)

Figure B.12 – Demand Letter

EXPENDITURE PAYOUT REQUEST

Expenditure number: _____

Submitted by: _____ Date: _____

Payee number: _____ Name: _____

Address: _____

City/State/Zip: _____ Payout amount: _____

CCN: _____ Check #: _____ Check amount: _____

Circle one: Manual check System check

Program code: Medicaid 590 ARCH CSHCS

Justification (attach all supporting documentation): _____

_____

_____

_____

Approval signature: _____ Date: _____

Disapproval reason: _____

_____

_____

_____

Finance Use Only

Keyed by: _____ Date keyed: _____

Activated by: _____ Date activated: _____

Manual check number: _____ Manual check issue date: _____

Account receivable number _____

Figure B.13 – Expenditure Request Form

TO: **HUNTINGTON NATIONAL BANK**

FROM: Employee Name, EDS

DATE: Month DD, CCYY

CC: Huntington Representive

SUBJECT: **WIRE OF FUNDS TO EDS CORPORATE FOR BACKUP WITHHOLDING WEEK OF Month DD,CCYY.**

Per our conversation, please process the following wire from our acct # XXXXXXXXXXX:

PAYEE: EDS CORP

BANK: Bank Name

ABA #: XXXXXXXX

ACCOUNT #: XXXXXXXX

AMOUNT: $ 000.00

The above amount consists of # providers for the week of Month DD, CCYY.

PLEASE NOTE:

PLEASE PUT "BACKUP WITHHOLDING" IN THE NOTIFICATION TRAILER.

Please contact Employee Name @ (317) XXX-XXXX or Employee Name @ (317) XXX-XXXX if you have any questions.

THANKS FOR YOUR HELP!

I:finance/WIREletr

Figure B.14 – Wire Transfer Request Letter

Back-up Withholding for Check Date: 13 MAY 2003

Opened Lien	Provider Number	Tax Id.#	Lien Number	Current Week's Total ($)	YTD Total ($)	**Closed Lien**	Lien Amt. Due
012699	200000001A	000000001	318	$100.00	$200.00	**12/3/01**	
012699	200000002A	000000002	749	$100.00	$400.00	**12/3/01**	
012699	200000003A	000000003	320	$100.00	$600.00		
012699	200000004A	000000004	322	$100.00	$800.00	**02/22/02**	
012699	100000001A	000000005	323	$100.00	$1,000.00	**02/21/02**	
012699	100000002A	000000006	324	$100.00	$1,200.00	**01/16/01**	
012699	100000003A	000000007	342	$100.00	$1,400.00		
012699	200000005A	000000008	343	$100.00	$1,600.00		
012699	100000004A	000000009	344	$100.00	$1,800.00		
012699	100000005A	000000010	345	$100.00	$2,000.00		
012699	200000006A	000000011	346	$100.00	$400.00		
012699	100000006A	000000012	349	$100.00	300		
012699	200000007A	000000013	354	$100.00	$600.00		
012699	200000008A	000000014	357	$100.00	$500.00		
012699	200000009A	000000015	359	$100.00	$700.00		
012699	100000007A	000000016	362	$100.00	$900.00	**12/10/02**	
012699	100000008A	000000017	370	$100.00	$250.00		
012699	100000009A	000000018	755	$100.00	$360.00		2,012.41
012699	200000010A	000000019	373	$100.00	$560.00		
012699	200000011A	000000020	374	$100.00	$460.00		
012699	100000010A	000000021	377	$100.00	$660.00		
012699	200000007A	000000022	380	$100.00	$466.00		
012699	200000012A	000000023	381	$100.00	$666.00		
012699	200000013A	000000024	756	$100.00	$644.00		578.23
012699	100000011A	000000025	382	$100.00	$844.00		
012699	100000012A	000000026	383	$100.00	$644.99	**02/21/01**	
012699	200000014A	000000027	384	$100.00	$200.00		
012699	200000015A	000000028	388	$100.00	$600.00		
012699	200000016A	000000029	389	$100.00	$800.00		

Figure B.15 – Wire Transfer Worksheet

STOP PAY REQUEST

TO: Finance

FROM: _____

DATE: _____

SUBJECT: Stop Payment Request - Medicaid Check

NOTE: Stop Payment **will not** be processed until 7 working days after the check issue date.

REASON FOR STOP PAY: (check all that apply)

Staledated check needs to be void

Provider lost check

Provider didn't receive check/RA

Copy of front and back _____ Date cashed _____

Check destroyed / mutilated

Other (Explain) _____

Check is in house: **SEE ATTACHED**

*******PRINT CASH RECEIPT WINDOW IF CHECK IS IN HOUSE*******

CHECK INFORMATION:

Provider number: _____ **(verify # and location)**

Provider name: _____

Check amount: _____

Check date: _____

Check number: _____

PLEASE VERIFY if address information in Indiana*AIM* is correct. If there is a discrepancy, request that the provider complete a billing provider update form and send to Provider Enrollment. The provider or the provider's authorized representative must request all address changes in writing.

Verify correct provider address: Yes No

Accounting Use Only:

Check Indiana*AIM*

Check Huntington View

Voided

Stopped in Indiana*AIM* Stopped @ Bank

Manual Replacement CK #

System Replacement CK ***to be issued in next FIN cycle***

EFF 10/04/02

Figure B.16 – Stop Pay Request Form

March 7, 2002

Company Name
Address
City, State Zip Code

To Whom It May Concern:

EDS is in receipt of check number XXXX in the amount of $XXX.XX. Per our bank, this check has had a stop payment placed on this item per your request. Our records indicate that your account has received credit for these monies, and we request that you submit a check in the amount of $XXX.XX and forward to:

EDS Finance
Attn: Employee Name
950 North Meridian Street, Suite 1150
Indianapolis, IN 46204-4288

When remitting this payment, please include a copy of this letter. If you have any questions, please feel free to contact me at (317) XXX-XXXX.

Thank you.

Employee Name
Cash Control Specialist

Figure B.17 – Returned Bank Deposit Letter

MANUAL CHECK RELEASE

TO: _____

FROM: _____

Enclosed you will find a check or checks, made payable to your company. Please verify and acknowledge receipt of the check number or numbers below.

CHECK NUMBER	PROVIDER NUMBER	AMOUNT

COMPANY REPRESENTATIVE _____ **TITLE** _____

PRINTED NAME _____ DATE OF RECEIPT _____

IDENTIFICATION _____

Please return this signed receipt to the address listed below; to confirm that the above listed check/checks were received.

EDS
Finance Department
950 North Meridian Street
Indianapolis, IN 46204

Figure B.18 – External Manual Check Release Form

MANUAL CHECK RELEASE

TO: _____ DEPT: _____

FROM: _____ DEPT: _____

Enclosed you will find a check or checks, made payable to your company. Please verify and acknowledge receipt of the check number or numbers below.

CHECK NUMBER	PROVIDER NUMBER	AMOUNT

_____ _____

DEPARTMENT REPRESENTATIVE **TITLE**

_____ _____

PRINTED NAME DATE OF RECEIPT

_____

IDENTIFICATION

Please return this signed receipt to the Accounting Assistant in the Finance Department, to confirm that the above listed check/checks were received.

Figure B.19 – Internal Manual Check Release Form

Glossary

1115(a)	Section of the Social Security Act that allows states to waive provisions of Medicaid law to test new concepts that are congruent with the goals of the IHCP. Radical, system-wide changes are possible under this provision. Waivers must be approved by CMS. See also *Health Care Financing Administration, PACE, Waiver*.
11971	State form 11971; see *8A*.
1500	This is a claim form used by participating IHCP providers to bill medical and medically related services.
590 Program	A program for institutionalized persons under the jurisdiction of the Department of Corrections, Division of Mental Health, and Department of Health.
7748	State Form 7748, Medicaid Financial Report.
8A	DPW Form 8A State Form 11971, *Notice to Provider of Member Deductible*. Used to relay member spenddown information to providers.
AAA	Area Agency on Aging. This agency is a significant element in Home and Community-Based Services Waiver Programs.
ABA	American Banking Association.
access	Term used to describe the action of entering and utilizing a computer application.
accommodation charge	A charge used only in institutional claims for bed, board, and nursing care.
accretion	An addition to a file or list. For example: the monthly additions to the Medicare Buy-In List.
adjudicate (claim, credit, adjustment)	To process a claim to pay or deny.
adjustment	(1) A transaction that adjusts and reprocesses a previously processed claim; (2) the contractor adjusts a provider's account by debiting underpayments or crediting overpayments on claims.
adjustment recoupments	Recoupments set up by the adjustments staff on recoup and reprocess transactions. A record of these recoupments is maintained by the Cash Control System until zero balanced.
AFDC	Aid to Families with Dependent Children (AFDC) is replaced with Temporary Assistance for Needy Families (TANF).
AG	Attorney General.
Aged and Medicare-Related Coverage Group	Needy individuals who have been designated by Department of Human Services (DHS) as medical assistance members, who are 65 years old or older, or members under any other category who are entitled to benefits under Medicare.

aid category	A designation within the State Social Services Department under which a person may be eligible for public assistance and/or medical assistance.
Aid to Families with Dependent Children (AFDC)	Needy families with dependent children eligible for benefits under the Medicaid Program, Title IV-A, Social Security Act.
Aid to the Blind (AB)	A classification or category of members eligible for benefits under the Medicaid Program.
AIM	Advanced Information Management.
allowed amount	Either the amount billed by a provider for a medical service, the Department's established fee, or the reasonable charge, whichever is the lesser figure.
alpha	A field of only alphabetical letters.
alphanumeric	A field of numbers and letters.
amount, duration, and scope	How an IHCP benefit is defined and limited in a state's Medicaid plan. Each state defines these parameters, thus state Medicaid plans vary in what is actually covered.
ancillary charge	A charge, used only in institutional claims, for any item except accommodation fees. Examples include drug, laboratory and x-ray charges.
Area Prevailing Charge	Under Medicare Part B, the charge level that on the basis of statistical data would cover the customary charges made for similar services in the same locality.
AT	Action Team.
auto assignment	Indiana*AIM* process that automatically assigns a managed care member to a managed care provider if the member does not select a provider within a specified time frame.
Automated Voice Response (AVR)	Computerized voice response system that helps providers obtain pertinent information concerning member eligibility, benefit limitation, check information, and prior authorization (PA) for those participating in the IHCP.
Average Wholesale Price; used in reference to drug pricing.	Indiana*AIM* process that automatically assigns a managed care member to a managed care provider if the member does not s elect a provider within a specified time frame.
AVR	Automated voice-response system used by providers to obtain pertinent information concerning member eligibility, benefit limitation, check information, and PA for IHCP participants.
AWP	Average wholesale price used for drug pricing.
banner page	Brief messages sent to providers with the weekly remittance advices (RAs).
BENDEX	Beneficiary Data Exchange. A file containing data from CMS regarding persons receiving Medicaid benefits from the Social Security Administration.

Beneficiary One who benefits from program such as the IHCP. Most commonly used to refer to people enrolled in the Medicare program.

benefit A schedule of health care service coverage that an eligible participant in the IHCP receives for the treatment of illness, injury, or other conditions allowed by the State.

benefit level Limit or degree of services a person is entitled to receive based on his or her contract with a health plan or insurer.

bill Refers to a bill for medical services, the submitted claim document, or the electronic media claims (EMC) record. A bill may request payment for one or more performed services.

billed amount The amount of money requested for payment by a provider for a particular service rendered.

billing provider The party responsible for submitting to the department the bills for services rendered to an IHCP member.

billing service An entity under contract with a provider who prepares billings on behalf of the provider for submission to payers.

block Specific area on a claim or worksheet containing claim information.

Blue Book The *American Druggist Blue Book*, used as a reference in pricing drug products.

Boren Amendment An amendment to *OBRA 80 (P.O. 96-499)*, which repealed the requirement that states follow Medicare principles in reimbursing hospitals, nursing facilities (NF) and intermediate care facility for the mentally retarded (ICF/MR) under the IHCP. The amendment substituted language that required states to develop payment rates that were "reasonable and adequate" to meet the costs of "efficiently and economically operated" providers. Boren was intended to give states new flexibility but it has increased successful lawsuits by providers and thus has contributed to the rising cost of Medicaid-funded institutional care.

budgeted amount The planned expenditures for a given time period.

bulletins Informational directives sent to providers of IHCP services containing information on regulations, billing procedures, benefits, processing, or changes in existing benefits/procedures.

buy-in A procedure whereby the State pays a monthly premium to the Social Security Administration on behalf of eligible IHCP members, enrolling them in Medicare Part A or Part B or both programs.

C519 Authorization for Member Liability Deviation, generated by the IHCP member's county caseworker. Applies only to nursing residents.

cap A finite limit on the number of certain services for which the department will pay for a given member per calendar year.

capitation A prospective payment method that pays the provider of service a uniform amount for each person served usually on a monthly basis. Capitation is used in managed care alternatives such as HMOs.

carrier An organization processing Medicare claims on behalf of the federal government.

carve out A decision to purchase separately a service that is typically a part of an indemnity (a HMO plan). (For example, the behavioral health benefit might be carved out to a specialized vendor to supply these services as stand-alone.)

case management A process whereby covered persons with specific health care needs are identified and a plan which efficiently uses health care resources is formulated and implemented to achieve the optimum outcome in the most cost-effective manner.

case manager An experienced professional (for example, nurse, doctor or social worker) who works with clients, providers, and insurers to coordinate all necessary services to provide the client with a plan of medically necessary and appropriate health care.

Cash Control Number (CCN) Financial control number assigned to uniquely identify all refunds or repayments prior to their setup within the cash control system. The batch range within the CCN identifies the type of refund or repayment.

cash control system Process whereby the case unit creates and maintains the records for accounts receivable, recoupments, and payouts.

categorically needy All individuals receiving financial assistance under the State's approved plan under Titles I, IV-A, X, XIV, and XVI of the Social Security Act or who are in need under the State's standards for financial eligibility in such plan.

category code A designation indicating the type of benefits for which an IHCP member is eligible.

category of service A designation of the nature of the service rendered (for example, hospital outpatient, pharmacy, physician).

CCF Claim correction form. A CCF is generated by Indiana*AIM* and sent to the provider who submitted the claim. The CCF requests the provider to correct selected information and return the CCF with the additional or corrected information.

CCN Cash control number. A financial control number assigned to identify individual transactions.

CEO Chief Executive Officer.

certification A review of CMS of an operational MMIS in response to a state's request for 75 percent FFP, to ensure that all legal and operational requirements are met by the system; also, the ensuing certification resulting from a favorable review.

certification code A code PCCM PMPs use to authorize PCCM members to seek services from speciality providers.

CFR Code of Federal Regulations. Federal regulations that implement and define federal Medicaid law and regulations.

charge center A provider accounting unit within an institution used to accumulate specific cost data related to medical and health services rendered (for example, laboratory tests, emergency room service, and so forth.).

Children's Special Health Care Services(CSHCS)	State program that provides assistance for children with chronic health problems who are not necessarily eligible for the IHCP.
CI	Continual improvement.
claim	A provider's request for reimbursement of IHCP-covered services. Claims are submitted to the State's claims processing contractor using standardized claim forms: HCFA-1500, UB-92, ADA Dental Form, and State-approved pharmacy claim forms.
Claim Correction Form (CCF)	Automatically generated for certain claim errors and sent to providers with the weekly RA. Allows providers the opportunity to correct specified errors detected on the claim during the processing cycle.
claim transaction	Any one of the records processed through the Claims Processing Subsystem. Examples are: (1) Claims (2) Credits (3) Adjustments.
claim type	Three-digit numeric code that refers to the different billing forms used by the program.
claims history file	Computer file of all claims, including crossovers and all subsequent adjustments that have been adjudicated by the MMIS.
claims processing agency	Agency that performs the claims processing function for IHCPclaims. The agency may be a department of the single state agency responsible for Title XIX or a contractor of the agency, such as a fiscal agent.
clean claim	Claim that can be processed without obtaining additional information from the provider or from a third party.
client	A person enrolled in the IHCP and thus eligible to receive services funded through the IHCP. See also *Member*.
CMS	Centers for Medicare & Medicaid Services. Effective August 2001, this is the new name of the federal agency in the Department of Health and Human Services that oversees the Medicaid and Medicare programs. It was formerly known as the Health Care Financing Administration or HCFA.
co-insurance	The portion of Medicare-determined allowed charge that a Medicare member is required to pay for a covered medical service after his/her deductible has been met. The co-insurance or a percentage amount is paid by the IHCP if the member is eligible for the IHCP. See also *Cost Sharing*.
Commerce Clearing House Guide	A publication containing Medicaid and Medicare regulations.
Computer-Output Microfilm (COM)	The product of a device that converts computer data directly to formatted microfilm images bypassing the normal print of output on paper.
concurrent care	Multiple services rendered to the same patient during the same time period.

contract amendment Any written alteration in the specifications, delivery point, rate of delivery, contract period, price, quantity, or other contract provisions of any existing contract, whether accomplished by unilateral action in accordance with a contract provision, or by mutual action of the parties to the contract. It includes bilateral actions, such as change orders, administrative changes, notices of termination, and notices of the exercise of a contract option.

contractor, contractors, or the contractor Refers to all successful bidders for the services defined in any contract.

conversion factor Number that when multiplied by a particular procedure code's relative value units would yield a substitute prevailing charge that could be used when an actual prevailing charge does not exist.

co-payment or co-pay A cost-sharing arrangement that requires a covered person to pay a specified charge for a specified service, such as $10 for an office visit. The covered person is usually responsible for payment at the time the health care is rendered. See also *Cost Sharing*.

core contractor Vendor that successfully bids *on Service Package #1: Claims Processing and Related Services*.

core services Refers to *Service Package #1: Claims Processing and Related Services*.

cost settlement Process by which claims payments to institutional providers are adjusted yearly to reflect actual costs incurred.

cost sharing The generic term that includes co-payments, coinsurance, and deductibles. Co-payments are flat fees, typically modest, that insured persons must pay for a particular unit of service, such as an office visit, emergency room visit, or the filling of a drug prescription. Coinsurance is a percentage share of medical bills (for example, 20 percent) that an insured person must pay out-of-pocket. Deductibles are specified caps on out-of-pocket spending that an individual or a family must incur before insurance begins to make payments.

county office County offices of the Division of Family and Children. Offices responsible for determining eligibility for IHCP using the Indiana Client Eligibility System (ICES).

covered service Mandatory medical services required by CMS and optional medical services approved by the State. Enrolled providers are reimbursed for these services provided to eligible IHCP members.

CPT Codes (Current Procedural Terminology) Unique coding structure scheme of all medical procedures approved and published by the American Medical Association.

credit A claim transaction that has the effect of reversing a previously processed claim transaction.

crossover claim A claim for services, rendered to a patient eligible for benefits under both the IHCP and Medicare Programs, Titles XVIII and XIX, potentially liable for payment of qualified medical services. (Medicare benefits must be processed prior to IHCP benefits).

CRT Terminal (Cathode-Ray Tube Terminal) A type of input/output device that may be programmed for file access capabilities, data entry capabilities or both.

CSHCS Children's Special Health Care Services. A state-funded program providing assistance to children with chronic health problems. CSHCS members do not have to be IHCP-eligible. If they are also eligible for IHCP, children can be enrolled in both programs.

CSR Customer Service Request.

customer Individuals or entities that receive services or interact with the contractor supporting the IHCP, including state staff, members, and IHCP providers (managed care PMPs, managed care organizations, and waiver providers).

data element A specific unit of information having a unique meaning.

deductible Fixed amount that a Medicare member must pay for medical services before Medicare coverage begins. The deductible must be paid annually before Part B medical coverage begins; and it must be paid for each benefit period before Part A coverage begins.

DESI Drug determined to be less than effective (LTE); not covered by the IHCP.

designee Duly authorized representative of a person holding a superior position.

detail Information on a claim that denotes a specific procedure or category of certain services and the total charge billed for the procedure(s) involved. Also used to describe lines within a window segment; for example, those listed to describe periods of eligibility.

development disability Mental retardation of a related condition. A severe, chronic disability manifested during the developmental period that results in impaired intellectual functioning or deficiencies in essential skills. See also *Mental Retardation, Related Condition*.

DHHS U.S. Department of Health and Human Services. DHHS is responsible for the administration of Medicaid at the federal level through the CMS.

DHS Department of Health Services.

diagnosis The classification of a disease or condition. (1) The art of distinguishing one disease from another. (2) Determination of the nature of a cause of a disease. (3) A concise technical description of the cause, nature, or manifestations of a condition, situation, or problem. (4) A code for the above. See also *ICD-9-CM, DRG*.

digit Any symbol expresses an idea or information, such as letters, numbers, and punctuation.

direct price Price the pharmacist pays for a drug purchased from a drug manufacturer.

disallow To determine that a billed service(s) is not covered by the IHCP and will not be paid.

disposition Application of a cash refund to a previously finalized claim. Also used in processing claims to identify claim finalization?payment or denial.

DME Durable medical equipment. Examples include wheelchairs, hospital beds, and other nondisposable, medically necessary equipment.

DOS Date of service; the specific day services were rendered.

down Term used to describe the inactivity of the computer due to power shortages or equipment problems. Entries on a terminal are not accepted during down time.

DPW Department of Public Welfare, the previous name of the Office of Medicaid Policy and Planning.

DPW Form 8A See *8A*.

DRG Diagnosis-related grouping. Used as the basis for reimbursement of inpatient hospital services.

drug code Code established to identify a particular drug covered by the IHCP..

Drug Efficacy Study Implementation (DESI) Listed drugs considered to be less than effective by the U.S. Food and Drug Administration. See also *Notice of Opportunity for Hearing (NOOH)*.

drug formulary List of drugs covered by the IHCP, which includes the drug code, description, strength and manufacturer.

DSH Disproportionate share hospital. A category defined by the State identifying hospitals that serve a disproportionately higher number of indigent patients.

DSS Decision Support System. A data extraction tool used to evaluate IHCP data, trends, and so forth, for the purpose of making programmatic decisions.

dual eligible A person enrolled in Medicare and the IHCP

duplicate claim A claim that is either totally or partially a duplicate of services previously paid.

DUR Drug Utilization Review. A federally mandated, IHCP-specific prospective and retrospective drug utilization review system and all related services, equipment, and activities necessary to meet all applicable federal DUR requirements.

EAC Estimated acquisition cost of drugs. Federal pricing requirements for drugs.

ECC Electronic claims capture. Refers to the direct transmission of electronic claims over phones lines to Indiana*AIM*. ECC uses point-of-sale devices and PCs for eligibility verification, claims capture, application of Pro-DUR, prepayment editing, and response to and acceptance of claims submitted on-line. Also known as ECS and EMC.

ECM Electronic claims management. Claims submitted in electronic format rather than paper. See *ECC*, *EMC*.

ECS	Electronic claims submittal. Claims submitted in electronic format rather than paper. See ***ECC, EMC***.
EDI	Electronic data interchange.
EDP	Electronic data processing.
EFT	Electronic funds transfer. Paying providers for approved claims by electronic transfer of funds from the State directly to the provider's account.
eligibility file	File containing individual records for all persons who are eligible or have been eligible for the IHCP.
eligible providers	Person, organization, or institution approved by the Single State Agency as eligible for participation in the IHCP.
eligible member	Person certified by the State as eligible for medical assistance in accordance with the State Plan(s) under Title XIX of the Social Security Act, Title V of the Refugee Education Assistance Act, or State law.
EMC	Electronic media claims. Claims submitted in electronic format rather than paper. See *ECC, ECS*.
EOB	Explanation of benefits. An explanation of claim denial or reduced payment included on the provider's RA.
EOP	Explanation of payment. Describes the reimbursement activity on the provider's RA.
error code	Code connected to a claim transaction indicating the nature of an error condition associated with that claim. An error code can become a rejection code if the error condition is such that the claim is rejected.
errors	Claims that are suspended prior to adjudication. Several classifications of errors could exist; for example claims with data discrepancies or claims held up for investigation of possible third party liability. Claims placed on suspense for investigatory action can be exc luded from classification as an error at the user's option during detail system design. See also *Rejected Claim.*
EST	Eastern Standard Time, which is also Indianapolis local time.
EVS	Eligibility Verification System. System used by providers to verify member eligibility using a point-of-sale device, online PC access, or an AVR system.
exclusions	Illnesses, injuries, or other conditions for which there are no benefits.
Exclusive Provider Organization (EPO)	Arrangement between a provider network and a health insurance carrier or self-insured employer that requires the beneficiary to use only designated providers or sacrifice reimbursement altogether. See also *Preferred Provider Organization.*
Explanation of benefits (EOB)	An explanation of claim denial or reduced payment included on the provider's RA.

Family Planning Service	Any medically approved diagnosis, treatment, counseling, drugs, supplies or devices prescribed or furnished by a physician to individuals of child-bearing age for purposes of enabling such individuals to determine the number and spacing of their children.
Fee-For-Service Reimbursement	The traditional health care payment system, under which physicians and other providers receive a payment for each unit of service they provide. See also *Indemnity Insurance*.
FEIN	Federal employer identification number. A number assigned to businesses by the federal government.
FFP	Federal financial participation. The federal government reimburses the State for a portion of the IHCP administrative costs and expenditures for covered medical services.
field audit	A provider's facilities, procedures, records and books are reviewed for conformance to IHCP standards. A field audit may be conducted regularly, routinely, or on a special basis to investigate suspected misutilization.
fiscal month	Monthly time interval in a fiscal year.
fiscal year	Twelve-month period between settlements of financial accounts.
fiscal year ? federal	October 1 - September 30.
fiscal year ? Indiana	July 1 - June 30.
flat rate	Reimbursement methodology in which all providers delivering the same service are paid at the same rate. Also known as a Uniform Rate.
FMAP	Federal Medical Assistance Percentage. The percentage of federal dollars available to a state to provide IHCP services. FMAP is calculated annually based on a formula designed to provide a higher federal matching rate to states with lower per capita income.
FPL	Federal poverty level. Income guidelines established annually by the federal government. Public assistance programs usually define income limits in relation to FPL.
freedom of choice	A State must ensure that IHCP beneficiaries are free to obtain services from any qualified provider. Exceptions are possible through waivers of the IHCP and special contract options.
front end	First process of claim cycle designed to create claim records, perform edits, and produce inventory reports.
front-end process	All claims system activity that occurs before auditing.
FSSA	Family and Social Services Administration. The Office of Medicaid Policy and Planning (OMPP) is a part of FSSA. FSSA is an umbrella agency responsible for administering most Indiana public assistance programs. However, the OMPP is designated as the single State agency responsible for administering the IHCP.

FUL	Federal upper limit, the pricing structure associated with maximum allowable cost (MAC) pricing.
generic drug	A chemically equivalent copy designed from a brand name whose patent has expired and is typically less expensive.
Group Model Health Maintenance Organization	A health care model involving contracts with physicians organized as a partnership, professional corporation, or other association. The health plan compensates the medical group for contracted services at a negotiated rate, and that group is responsible for compensating its physicians and contracting with hospitals for care of their patients.
group practice	A medical practice in which several physicians render and bill for services under a single billing provider number.
hard copy claim	A claim for services that was submitted on a paper claim form rather than by electronic means; also seen as “paper” and “manual”.
HCE	Health Care Excel.
HCFA	Health Care Financing Administration. This is the previous name of the federal agency in the Department of Health and Human Services that oversees the Medicaid and Medicare programs. Effective August 2001, it is called the Centers for Medicare & Medicaid Services.
HCFA-1500	CMS-approved standardized claim form used to bill professional services.
HCI	Hospital Care for the Indigent. A program that pays for emergency hospital care for needy persons who are not covered under any other medical assistance program.
HCPCS	CMS Common Procedure Coding System. A uniform health care procedural coding system approved for use by CMS. HCPCS includes all subsequent editions and revisions.
header	Identification and summary information at the head (top) of a claim form or report.
help	An online computer function designed to assist users when encountering difficulties entering a window.
HHS	Health and Human Services. U.S. Department of Health and Human Services. Umbrella agency for the Office of Family Assistance, the CMS, the Office of Refugee Resettlement (ORR), and other federal agencies serving health and human service needs.
HIC #	Health Insurance Carrier Number. Identification number for those patients with Medicare coverage. The HIC# is usually the patient’s Social Security number and an alphabetic suffix that denotes different types of benefits.
HIO	Health insuring organization.
HIPP	Health insurance premium payments.

HMO Health maintenance organization. Organization that delivers and manages health services under a risk-based arrangement. The HMO usually receives a monthly premium or capitation payment for each person enrolled, which is based on a projection of what the typical patient will cost. If enrollees cost more, the HMO suffers losses. If the enrollees cost less, the HMO profits. This gives the HMO incentive to control costs. See also *Sections 1903(m) and 1915 (b), PHP, PPO, Primary Care Case Management*.

HMS Health Management Services.

Hoosier Healthwise IHCP managed-care program. Hoosier Healthwise has three components including Primary Care Case Management (PCCM), Risk-Based Managed Care (RBMC), and Managed Care for Persons with Disabilities (MCPD).

IAC Indiana Administrative Code. State government agency administrative procedures.

IC Indiana code.

ICD-9-CM International Classification of Diseases, 9th Revision, Clinical Modification. ICD-9-CM codes are standardized diagnosis codes used on claims submitted by providers.

ICES Indiana Client Eligibility System. Caseworkers in the county offices of the Division of Family and Children use this system to help determine applicants' eligibility for medical assistance, food stamps, and Temporary Assistance for Needy Families (TANF).

ICN Internal control number. Number assigned to claims, attachments, or adjustments received in the fiscal agent contractor's mailroom.

IDOA Indiana Department of Administration. Conducts State financial operations including: purchasing, financial management, claims management, quality assurance, payroll for State staff, institutional finance, and general services such as leasing and human resources.

IFSSA Indiana Family and Social Services Administration.

IMF Indiana Medical Foundation. Non-profit organization contracted by the DHS for the daily review and correction of abstracts submitted by all IHCP hospitals in Indiana.

IMFCU Indiana Medicaid Fraud Control Unit.

indemnity insurance Insurance product in which beneficiaries are allowed total freedom to choose their health care providers. Those providers are reimbursed a set fee each time they deliver a service. See also *Fee-for-Service*.

Indiana*AIM* Indiana Advanced Information Management system. The State's current Medicaid Management Information System (MMIS).

inquiry Type of online window programmed to display rather than enter information. Used to research information about members, providers, claims adjustments and cash transactions.

institution	An entity that provides medical care and services other than that of a professional person. A business other than a private doctor or a pharmacy.
intensive care	Level of care rendered by the attending physician to a critically ill patient requiring additional time and study beyond regular medical care.
interim	A billing that is only for a portion of the patient's continuous complete stay in an inpatient setting.
intermediary	Private insurance organizations under contract with the government handling Medicare claims from hospitals, skilled nursing facilities, and home health agencies.
IRS	Identical, related, or similar drugs, in relation to less than effective (LTE) drugs.
ISBOH	Indiana State Board of Health. Currently known as the Indiana State Department of Health (ISDH).
ISDH	Indiana State Department of Health. Previously known as Indiana State Board of Health.
itemization of charges	A breakdown of services rendered that allows each service to be coded.
Julian Date	A method of identifying days of the year by assigning numbers from 1 to 365 (or 366 on leap years) instead of by month, week, and day. For example, January 10 has a Julian date of 10 and December 31 has a Julian date of 365. This date format is easier and quicker for computer processing.
LAN	Local area network.
limited license practitioner	LLP.
line item	A single procedure rendered to a member. A claim is made up for one or more line items for the same member.
LOA	Leave of absence.
location	Location of the claim in the processing cycle such as paid, suspended, or denied.
Lock-in	Restriction of a member to particular providers, determined as necessary by the State.
Lock-out	Restriction of providers, for a time period, from participating in a portion or all of the IHCP due to exceeding standards defined by the department.
LTC	Long term care. Facilities that supply long-term residential care to members.
LTE	Less than effective drugs.
M/M	Medicare/Medicaid.
MAC	Maximum allowable charge for drugs as specified by the federal government.

managed care System where the overall care of a patient is overseen by a single provider or organization. Many state Medicaid programs include managed care components as a method of ensuring quality in a cost efficient manner. See also *Section 1915(b), HMO, PPO, Primary Case Management.*

mandated or required services Services a state is required to offer to categorically needy clients under the IHCP. (Medically needy clients may be offered a more restrictive service package.) Mandated services include the following: Hospital (IP & OP), lab/X-ray, nursing facility care (21 and over), home health care, family planning, physician, nurse midwives, dental (medical/surgical), rural health clinic, certain nurse practitioners, federally qualified health centers, renal dialysis services, HealthWatch/EPSDT (under age 21), medical transportation.

manual claim Claim for services submitted on a paper claim form rather than by electronic means; also seen as *paper* and *hard copy*.

MARS Management and Administrative Reporting Subsystem. A federally mandated comprehensive reporting module of Indiana*AIM* that includes data and reports as specified by federal requirements.

MCO Managed Care Organization. Entity that provides or contracts for managed care. MCOs include entities such as HMOs and Prepaid Health Plans (PHPs). See also *HMO, Prepaid Health Plan*.

MDS Minimum data set.

Medicaid A joint federal-state entitlement program that pays for medical care on behalf of certain groups of low-income persons. The program was enacted in 1965 under Title XIX of the Social Security Act.

Medicaid certification The determination of a member's entitlement to IHCP benefits and notification of that eligibility to the agency responsible for IHCP claims processing.

Medicaid Financial Report State Form 7748, used for cost reporting.

Medicaid fiscal agent Contractor that provides the full range of services supporting the business functions included in the core and non-core service packages.

Medicaid plan See also *Medicaid State Plan, Single State Agency.*

Medicaid State plan See also *Single State Agency, Medicaid Plan.*

Medicaid-Medicare eligible Member who is eligible for benefits under both Medicaid and Medicare. Members in this category are *bought-in* for Part B coverage of the Medicare Program by the Medicaid Program.

medical emergency Defined by the American College of Emergency Physicians as a medical condition manifesting itself by symptoms of sufficient severity that the abscence of immediate medical attention could reasonable be expected to result in: (a) placing health in jeopardy; (b) serious impairment to bodily function; (c) serious dysfunction of any bodily organ or part; or (d) development or continuance of severe pain.

medical necessity The evaluation of health care services to determine if they are: medically appropriate and necessary to meet basic health needs; consistent with the diagnosis or condition and rendered in a cost-effective manner; and consistent with national medical practice guidelines regarding type, frequency and duration of treatment.

medical policy Portion of the claim processing system whereby claim information is compared to standards and policies set by the state for the IHCP.

medical policy contractor Successful bidder on *Service Package #2: Medical Policy and Review Services.*

medical supplies Supplies, appliances, and equipment.

medically needy Individuals whose income and resources equal or exceed the levels for assistance established under a state or federal plan, but are insufficient to meet their costs of health and medical services.

Medicare The federal medical assistance program described in Title XVIII of the Social Security Act for people over the age of 65, for persons eligible for Social Security disability payments and for certain workers or their dependents who require kidney dialysis or transplantation.

Medicare crossover Process allowing for payment of Medicare deductibles and/or coinsurance by the IHCP.

Medicare deductibles and co-insurance All charges classified as deductibles and/or coinsurance under Medicare Part A and/or Part B for services authorized by Medicare Part A and/or Part B.

mental disease Any condition classified as a neurosis, psychoneurosis, psychopathy, psychosis or personality disorder.

mental illness A single severe mental disorder, excluding mental retardation, or a combination of severe mental disorders as defined in the latest edition of the *American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders*.

mental retardation Significantly sub-average intellectual functioning existing concurrently with deficits in adaptive behavior and manifested during the developmental period.

menu Online window displaying a list of the available windows and codes needed to access the online system.

MFCU Medicaid Fraud Control Unit.

Microfiche Miniature copies of the RAs that can store approximately 200 pages of information on a plastic sheet about the size of an index card.

Microfilm Miniature copies of all claims received by the IHCP stored on film for permanent records-keeping and referral

misutilization Any usage of the IHCP by any of its providers or members not in conformance with both state and federal regulations, including both abuse and defects in level and quality of care.

MMDDYY Format for a date to be reflected as month, day, and year such as 091599.

MMIS	Medicaid Management Information System. Indiana's current MMIS is Indiana*AIM*.
MOC	Memoranda of Collaboration. For example, a Hoosier Healthwise document that provides a formal description of the terms of collaboration between a PMP and PHCSP, and serves as a tool for delineating responsibilities for referrals on a continuous basis. MOCs must be signed by both parties and are subject to OMPP approval.
module	A group of data processing and/or manual processes that work in conjunction with each other to accomplish a specific function.
MRO	Medicaid Rehabilitation Option. Special program restricted to community mental health centers for persons who are seriously mentally ill or seriously emotionally disturbed.
NCPDP	National Council for Prescription Drug Programs.
NDC	National Drug Code. A generally accepted system for the identification of prescription and non-prescription drugs available in the United States. NDC includes all subsequent editions, revisions, additions, and periodic updates.
NEC	Not elsewhere classified.
NECS	National Electronic Claims Submission is the proprietary software developed by EDS. NECS is installed on a provider's PCs and used to submit claims electronically. The software allows providers access to online, real-time eligibility information.
Network Model HMO	An HMO type in which the HMO contracts with more than one physician group, and may contract with single- and multi-specialty groups. The physician works out of his or her own office. The physician may share in utilization savings, but does not necessarily provide care exclusively for HMO members.
NOC	Not otherwise classified.
non-core contractors	Refers to the Medical Policy Contractor and the TPL/Drug Rebate Contractor.
non-core services	Refers to *Service Packages #2 and #3*.
nursing facilities	Facilities licensed by and approved by the state in which eligible individuals receive nursing care and appropriate rehabilitative and restorative services under the Title XIX (the IHCP) Long Term Care Program. See also *Long Term Care, TILE*.
nursing facility waiver (NF waiver)	A waiver of the Medicaid's state plan granted under Section 1915(c) of the Social Security Act that allows Indiana to provide community-based services to adults as an alternative to nursing facility care. See also *Nursing Facilities, 1915(c), Waiver*.
OMNI	Point-of-sale device used by providers to scan member ID cards to determine eligibility.
OMPP	Office of Medicaid Policy and Planning.

optional services or benefits	More than 30 different services that a state can elect to cover under a state Medicaid plan. Examples include personal care, rehabilitative services, prescribed drugs, therapies, diagnostic services, ICF-MR, targeted case managed, and so forth.
OTC	Over the counter (in reference to drugs).
Other insurance	Any health insurance benefits that a patient might possess in addition to the IHCP or Medicare.
other processing agency	Any organization or agency that performs IHCP functions under the direction of the single state agency. The single state agency may perform all IHCP functions itself or it may delegate certain functions to other processing agencies.
outcome measures	Assessments that gauge the effect or results of treatment for a particular disease or condition. Outcome measures include the patient's perception of restoration of function, quality of life and functional status, as well as objective measures of mortality, morbidity, and health status.
outcomes	Results achieved through a given health care service, prescription drug use, or medical procedure.
outcomes management	Systematically improving health care results, typically by modifying practices in response to data gleaned through outcomes measurement, then remeasuring and remodifying, often in a formal program of continuous quality improvement.
outcomes research	Studies aimed at measuring effect of a given product, procedure, or medical technology on health or costs.
outlier	An additional payment made to hospitals for certain clients under age 21 for exceptionally long or expensive hospital stays.
out-of-state	Billing for an IHCP member from a facility or physician outside Indiana or from a military facility.
outpatient services	Hospital services and supplies furnished in the hospital outpatient department or emergency room and billed by a hospital in connection with the care of a patient who is not a registered bed patient.
overpayment	An amount included in a payment to a provider for services provided to an IHCP member resulting from the failure of the contractor to use available information or to process correctly.
override	Forced bypassing of a claim due to error (or suspected error), edit, or audit failure during claims processing. Exempted from payment pending subsequent investigation not to be in error.
overutilization	Use of health or medical services beyond what is considered normal.
PA	Prior authorization. Some designated IHCP services require providers to request approval of certain types or amounts of services from the State before providing those services. The Medical Services Contractor and/or State medical consultants review PAs for medical necessity, reasonableness, and other criteria.
Paid amount	Net amount of money allowed by the IHCP.

Paid claim Claim that has had some dollar amount paid to the provider, but the amount may be less than the amount billed by the provider.

Paid claims history file History of all claims received by the IHCP that have been handled by the computer processing system through a terminal point. Besides keeping history information on paid claims, this file also has records of claims that were denied.

paper claim A claim for services that was submitted on a paper claim form rather than by electronic means; also seen as *hard copy* and *manual*.

paperless claims Claims sent by electronic means; equivalent to EMC, ECS, ECC, and similar terms denoting claim transmittal by electronic media.

parameter Factor that determines a range of variations.

Part A Medicare hospital insurance that helps pay for medically necessary inpatient hospital care, and after a hospital stay, for inpatient care in a skilled nursing facility, for home care by a home health agency or hospice care by a licensed and certified hospice agency. See also *Medicare, Beneficiary*.

Part B Medicare medical insurance that helps pay for medically necessary physician services, outpatient hospital services, outpatient physical therapy, and speech pathology services, and a number of other medical services and supplies that are not covered by the hospital insurance. Part B will pay for certain inpatient services if the beneficiary does not have Part A. See also *Medicare, SMIB, Buy-In*.

participant One who participates in the IHCP as either a provider or a member of services.

participating providers Providers who furnish Title XIX services during a specified period of time.

participating members Individuals who receive Title XIX services during a specified period of time.

participation agreement A contract between a provider of medical service and the state that specifies the conditions and the services the facility must provide to serve IHCP members and receive reimbursement for those services.

PAS Pre-admission windowing. A nursing home and community-based services program implemented on January 1, 1987, that is designed to window a member's potential for remaining in the community and receiving community-based services as an alternative to nursing home placement.

PASRR Pre-Admission Windowing and Resident Review. A set of federally required long-term-care resident windowing and evaluation services, payable by the IHCP, and authorized by the Omnibus Budget and Reconciliation Act of 1987.

payouts Generate payments to providers for monies owed to them that are not claim related. Payouts are done as the result of cost settlements or to return excess refunds to the provider.

PCCM	Primary care case management. One of three delivery systems within the Hoosier Healthwise managed care program. Providers in PCCM are reimbursed on a fee-for-service basis. Members are assigned to a primary medical provider (PMP) or group that is responsible for managing the care of the member and providing all primary care and authorizing specialty care for the member—24 hours a day, seven days a week.
PCN	Primary care network.
PCP	Primary care physician. A physician the majority of whose practice is devoted to internal medicine, family/general practice, and pediatrics. An obstetrician/gynecologist may be considered a primary care physician.
PDR	Provider Detail Report/Provider Desk Review.
peer	A person or committee in the same profession as the provider whose claim is being reviewed.
peer review	An activity by a group or groups of practitioners or other providers, by which the practices of their peers are reviewed for conformance to generally-accepted standards.
pending (claim)	Action of postponing adjudication of a claim until a later processing cycle.
per diem	Daily rate charged by institutional providers.
performing provider	Party who actually performs the service/provides treatment.
personal care	Optional IHCP benefit that allows a state to provide attendant services to assist functionally impaired individuals in performing the activities of daily living (for example, bathing, dressing, feeding, grooming). Indiana provides Primary Home Care Services under this option. See also *Primary Home Care*.
PHP	Prepaid health plan. A partially capitated managed care arrangement in which the managed care company is at risk for certain outpatient services. See also *VISTA*.
PIP	Payment Integrity Program. An auditing function performed by Myers & Stauffer.
physician hospital organization	An organization whose board is composed of physicians, but with a hospital member, formed for the purpose of negotiating contracts with insurance carriers and self-insured employers for the provision of health care services to enrollees by the hospital and participating members of the hospital's medical staff.
plan of care	A formal plan developed to address the specific needs of an individual; links clients with needed services.
PM/PM	Per member per month. Unit of measure related to each member for each month the member was enrolled in a managed care plan. The calculation is as follows: # of units/member months (MM).
PMP	Primary medical provider. A physician who approves and manages the care and medical services provided to IHCP members assigned to the PMP's care.

pool (risk pool) A defined account (for example, defined by size, geographic location, claim dollars that exceed **x** level per individual, and so forth) to which revenue and expenses are posted. A risk pool attempts to define expected claim liabilities of a given defined account as well as required funding to support the claim liability.

POS Place of service or point of sale, depending on the context.

PPO Preferred provider organization. An arrangement between a provider network and a health insurance carrier or a self-insured employer. Providers generally accept payments less than traditional fee-for-service payments in return for a potentially greater share of the patient market. PPO enrollees are not required to use the preferred providers, but are given strong financial incentives to do so, such as reduced coinsurance and deductibles. Providers do not accept financial risk for the management of care. See also *Exclusive Provider Organization (EPO)*.

PR Provider relations.

practitioner An individual provider. One who practices a health or medical service profession.

pre-payment review Provider claims suspended temporarily for dispositioning and manual review by the HCE SUR Unit.

prescription medication Drug approved by the FDA that can, under federal or state law, be dispensed only pursuant to a prescription order from a duly licensed physician.

preventive care Comprehensive care emphasizing priorities for prevention, early detection and early treatment of conditions, generally including routine physical examination, immunization, and well person care.

pricing Determination of the IHCP allowable.

primary care Basic or general health care traditionally provided by family practice, pediatrics, and internal medicine.

prime contractor Contractor who contracts directly with the State for performance of the work specified.

print-out Reports and information printed by the computer on data correlated in the computer's memory.

prior authorization An authorization from the IHCP for the delivery of certain services. It must be obtained prior to the service for benefits to be provided within a certain time period, except in certain allowed instances. Examples of such services are abortions, goal-directed therapy, and EPSDT dental services.

procedure Specific, singular medical service performed for the express purpose of identification or treatment of the patient's condition.

procedure code A specific identification of a specific service using the appropriate series of coding systems such as the CDT, CPT, HCPCS, or ICD-9-CM.

processed claim Claim where a determination of payment, nonpayment, or pending has been made. See also *Adjudicated Claim.*

Pro-DUR	Prospective Drug Utilization Review. The federally mandated, IHCP-specific prospective drug utilization review system and all related services and activities needed to meet all federal Pro-DUR requirements and all DUR requirements.
profile	Total view of an individual provider's charges or a total view of services rendered to a member.
program director	Person at the contractor's local office who is responsible for overseeing the administration, management, and daily operation of the MMIS contract.
provider	Person, group, agency, or other legal entity that provides a covered IHCP service to an IHCP member.
provider enrollment application	Required document for all providers who provide services to IHCP members.
provider manual	Primary source document for IHCP providers.
provider networks	Organizations of health care providers that service managed care plans. Network providers are selected with the expectation they deliver care inexpensively, and enrollees are channeled to network providers to control costs.
provider number	Unique individual or group number assigned to practitioners participating in the IHCP.
provider relations	Function or activity within that handles all relationships with providers of health care services.
provider type	Classification assigned to a provider such as hospital, doctor, dentist.
PSRO	Professional standards review organization.
purged	Claims are removed from history files according to specific criteria after 36 months from the claim's last financial date. Claims data is online for up to 36 months.
QDWI	Qualified disabled working individual. A federal category of IHCP eligibility for disabled individuals whose incomes are less than 200 percent of the federal poverty level. IHCP benefits cover payment of the Medicare Part A premium only.
QDWI	Qualified disabled working individual. A federal category of Medicaid eligibility for disabled individuals whose incomes are less than 200 percent of the federal poverty level. Medicaid benefits cover payment of the Medicare Part A premium only.
QMB	Qualified Medicare beneficiary. A federal category of Medicaid eligibility for aged, blind, or disabled individuals entitled to Medicare Part A whose incomes are less than 100 percent of the federal poverty level and assets less than twice the SSI asset limit. Medicaid benefits include payment of Medicare premiums, coinsurance, and deductibles only.
quality improvement	A continuous process that identifies problems in health care delivery, tests solutions to those problems, and constantly monitors the solutions for improvement.
QUCR	Quarterly Utilization Control Reports.

query An inquiry for specific information not supplied on standardized reports.

RA Remittance advice. A summary of payments produced by Indiana*AIM* explaining the provider reimbursement. RAs are sent to providers along with checks or EFT records.

RBMC Risk-based managed care. One of three delivery systems in the Hoosier Healthwise managed care program. In RBMC, a managed care organization is reimbursed on a per capita basis per month to manage the member's health care. The delivery system serves TANF members, pregnant women, and children.

RBRVS Resource-based relative value scale. A reimbursement method used to calculate payment for physician, dentists, and other practitioners.

reasonable charge Charge for health care services rendered that is consistent with efficiency, economy, and quality of the care provided, as determined by OMPP.

reasonable cost All costs found necessary in the efficient delivery of needed health services. Reasonable cost is the normal payment method for Medicare Part A.

recidivism The frequency of the same patient returning to a provider with the same presenting problems. Usually refers to inpatient hospital services.

member A person who receives a IHCP service while eligible for the IHCP. People may be IHCP-eligible without being IHCP members. These individuals are called enrollees or members when in the Hoosier Healthwise Progam. See also *Client, Eligible Member*. Also called member.

member relations The activity within the single state agency that handles all relationships between the IHCP and individual members.

member restriction A limitation or review status placed on a member that limits or controls access to the IHCP to a greater extent than for other nonrestricted members.

Red Book Listing of the average wholesale drug prices.

referring provider Provider who refers a member to another provider for treatment service.

regulation Federal or state agency rule of general applicability designed and adopted to implement or interpret law, policy, or procedure.

reinsurance Insurance purchased by an HMO, insurance company, or self-funded employer from another insurance company to protect itself against all or part of the losses that may be incurred in the process of honoring the claims of its participating providers, policy holders, or employees and covered dependents. See also *Stop-Loss Insurance*.

rejected claim Claim determined to be ineligible for payment to the provider, contains errors, such as claims for noncovered services, ineligible provider or patient, duplicate claims, or missing provider signature. Returned to the responsible provider for correction and resubmission prior to data entry into the system.

related condition Disability other than mental retardation which manifests during the developmental period (before age 22) and results in substantial functional limitations in three of six major life activities (for example, self-care, expressive/receptive language, learning, mobility, self-direction, and capacity for independent living). These disabilities, which may include cerebral palsy, epilepsy, spina bifida, head injuries, and a host of other diagnoses, are said to be related to mental retardation in their effect upon the individual's functioning.

remittance advice (RA) Comprehensive billing information concerning the member disposition of a provider's submitted IHCP claims.

Remittance and Status Report (R/A) A computer report generated weekly to a provider to inform the provider about the status of finalized and pending claims. The R/A includes EOB codes that describe the reasons for claim cutbacks, and denials. The provider receives a check enclosed in the R/A when claims are paid.

rendering provider A provider employed by a clinic or physician group that provides service as an employee. The employee is compensated by the group and therefore does not bill directly.

rep Provider relations representative.

repayment receivables Transaction established in the Cash Control System when a provider has received payment to which he was not entitled.

report item Any unit of information or data appearing on an output report.

required field Window field that must be filled to display or update desired information.

resolution Step taken to correct an action that caused a claim to suspend from the system.

resolutions The area within the processing department responsible for edit and audit correction.

Retro-DUR Restrospective Drug Utilization Review.

RID Member identification (ID) number; the unique number assigned to an individual who is eligible for Medical Assistance Programs services.

risk contract An agreement with an MCO to furnish services for enrollees for a determined, fixed payment. The MCO is then liable for services regardless of their extent, expense or degree. See also *MCO, Pool, Risk Pool.*

route Transfer of a claim to a certain area for special handling and review.

routine A condition that can wait for a scheduled appointment

rural health clinic Any agency or organization that is a rural health clinic certified and participating under Title XVIII of the Social Security Act and has been designated by DHS as a Title XIX rural health clinic.

RVS Relative value study. A procedure coding structure for all medical procedures, based on the most common procedure used, that assigns relative value units to medical procedures according to the degree of difficulty.

SBOH State Board of Health. Previous term for the State Department of Health.

SDA Standard dollar amount.

SDX State Data Exchange System. The Social Security Administration's method of transferring SSA entitlement information to the State.

selective contracting Option under Section *1915(b)* of the Social Security Act that allows a state to develop a competitive contracting system for services such as inpatient hospital care.

SEPG Software Engineering Process Group.

service date Actual date on which a service(s) was rendered to a particular member by a particular provider.

service limits Maximum number of service units to which a member is entitled, as established by the IHCP for a particular category of service. For example, the number of inpatient hospital days covered by the IHCP might be limited to no more than 30 days.

shadow claims Reports of individual patient encounters with an MCO's health care delivery system. Although MCOs are reimbursed on a per capita basis, these claims from MCOs contain fee-for-service equivalent detail regarding procedures, diagnoses, place of service, billed amounts, and the rendering or billing providers.

SLMB Specified low-income Medicare beneficiary. A federal category defining Medicaid eligibility for aged, blind, or disabled individuals with incomes between 100 percent and 120 percent of the federal poverty level and assets less than twice the SSI asset level. Medicaid benefits include payment of the Medicare Part B premium only.

SMI Supplemental medical insurance, Part B of Medicare.

special vendors Provide support to IHCP business functions but the vendors are not currently IHCP fiscal agents.

specialty Specialized practice area of a provider.

specialty certification Certification or approval by professional academy, association, or society that designates this provider has demonstrated a given level of training or competence and is a fellow or specialist.

specialty vendors Provide support to IHCP business functions but the vendors are not currently IHCP fiscal agents.

spenddown Process whereby IHCP eligibility may be established if an individual's income is more than that allowed under the State's income standards and incurred medical expenses are at least equal to the difference between the income and the medically needy income standard.

SSA Social Security Administration of the federal government.

SSCN Social security claim number. Account number used by SSA to identify the individual on whose earnings SSA benefits are being paid. It is a social security account number followed by a suffix, sometimes as many as three characters, designating the type of beneficiary (for example, wife, widow, child, and so forth). The SSCN is the number that must be used in the Buy-In program. A beneficiary can have his own SSN but be receiving benefits under a different claim number.

SSI Supplementary Security Income. A federal supplemental security program providing cash assistance to low-income aged, blind, and disabled persons.

SSN Social Security Account Number. The number used by SSA throughout a wage earner's lifetime to identify his or her earnings under the Social Security Program. This account number consists of nine figures generally divided into three hyphenated sets, such as 000-00-0000. The account number is commonly known as the Social Security Number. The number is not to be confused with Social Security Claim Number.

standard business Health care business within the private sector of the industry, such as Blue Cross and Blue Shield.

State The state of Indiana and any of its departments, agencies, and public agencies.

State fiscal year A 12-month period beginning July 1 and ending June 30.

State Medicaid Office Office of Medicaid Policy and Planning, within the Family and Social Services Administration, responsible for administering the IHCP.

State Plan The medical assistance plan of Indiana as approved by the Secretary of Health, Education and Welfare in accordance with provisions of Title XIX of the Social Security Act, as amended.

status Condition of a claim at a given time; such as paid, pended, denied, and so forth.

stop-loss insurance Insurance coverage taken out by a health plan or self-funded employer to provide protection from losses resulting from claims greater than a specific dollar amount per covered person per year (calendar year or illness-to-illness). Types of stop-loss insurance: (1) Specific or individual-reimbursement is given for claims on any covered individual which exceed a predetermined deductible, such as $25,000 or $50,000; (2) Aggregate-reimbursement is given for claims which in total exceed a predetermined level, such as 125% of the amount expected in an average year. See also *Reinsurance*.

subcontractor Any person or firm undertaking a part of the work defined under the terms of a contract, by virtue of an agreement with the prime contractor. Before the subcontractor begins, the prime contractor must receive the written consent and approval of the State.

submission The act of a provider sending billings to EDS for payment.

subsystem An IHCP term that refers to one of the following (I)HIS processing components: member's subsystem, provider subsystem, claims processing subsystem, reference file subsystem, surveillance and utilization review subsystem, and management and administrative reporting subsystem.

SUR Surveillance and Utilization Review. Refers to system functions and activities mandated by the CMS that are necessary to maintain complete and continuous compliance with CMS regulatory requirements for SUR including the following SPR requirements:

statistical analysis

exception processing

provider and member profiles

retrospective detection of claims processing edit/audit failures/errors

retrospective detection of payments and/or utilization inconsistent with State or federal program policies and/or medical necessity standards

retrospective detection of fraud and abuse by providers or members

sophisticated data and claim analysis including sampling and reporting

general access and processing features

general reports and output

suspended transaction A suspended transaction requires further action before it becomes a paid or denied transaction, usually because of the presence of error(s).

suspense file Computer file where various transactions are placed that cannot be processed completely, usually because of the presence of an error condition(s).

systems analyst/engineer Responsible for performing the following activities:

Detailed system/program design

System/program development

Maintenance and modification analysis/resolution

User needs analysis

User training support

Development of personal IHCP knowledge

TANF Temporary Assistance for Needy Families. A replacement program for Aid to Families with Dependent Children.

TEFRA Tax Equity and Fiscal Responsibility Act of 1982. The federal law which created the current risk and cost contract provisions under which health plans contract with CMS and which define the primary and secondary coverage responsibilities of the Medicare program.

TEFRA 134(a) Provision of the Tax Equity and Fiscal Responsibility Act of 1982 that allows states to extend Medicaid coverage to certain disabled children.

therapeutic classification	Code assigned to a group of drugs that possess similar therapeutic qualities.
third party	An individual, institution, corporation, or public or private agency that is liable to pay all or part of the medical cost of injury, disease, or disability of an applicant for, or member of, medical assistance under Title XIX.
third-party resource	A resource available, other than from the department, to an eligible member for payment of medical bills. Includes, but is not limited to, health insurance, workmen's compensation, liability, and so forth.
Title XIX	Provisions of Title 42, United States code Annotated Section 1396-1396g, including any amendments thereto.
Title XVIII	The Medicare Health Insurance program covering hospitalization (Part A) and medical insurance (Part B); the provisions of Title 42, United States Code Annotated, Section 1395, including any amendments thereto.
TPL	Third Party Liability. A client's medical payment resources, other than the IHCP, available for paying medical claims. These resources generally consist of public and private insurance carriers.
TPL/Drug Rebate Services	Refers to *Service Package #3: Third-Party Liability and Drug Rebate Services*.
TQM	Total Quality Management.
trend	Measure of the rate at which the magnitude of a particular item of date is changing.
UB-92	Standard claim form used to bill hospital inpatient and outpatient, nursing facility, intermediate care facility for the mentally retarded (ICF/MR), and hospice services.
UCC	Usual and customary charge.
UCR	Usual, customary, and reasonable charge by providers to their most frequently billed nongovernmental third party payer.
unit of service	Measurement divisions for a particular service, such as one hour, one-quarter hour, an assessment, a day, and so forth.
UPC	Universal product code. Codes contained on the first data bank tape update and/or applied to products such as drugs and other pharmaceutical products.
UPIN	Universal provider identification number.
UR	Utilization Review. A formal assessment of the medical necessity, efficiency, and/or appropriateness of health care services and treatment plans on a prospective, concurrent or retrospective basis.
urgent	Defined as a condition not likely to cause death or lasting harm, but for which treatment should not wait for the next day or a scheduled appointment.
user	Data processing system customer or client.

utilization	The extent to which the members of a covered group use a program or obtain a particular service, or category of procedures, over a given period of time. Usually expressed as the number of services used per year or per numbers of persons eligible for the services.
utilization management	Process of integrating review and case management of services in a cooperative effort with other parties, including patients, employers, providers, and payers.
VRS	Voice Response System, primarily seen as AVR, automated voice response system.
workmen's compensation	A type of third-party liability for medical services rendered as the result of an on-the-job accident or injury to an individual for which his employer's insurance company may be obligated under the Workman's Compensation Act.

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