

IN FADS Systems User Guide Version 3.0

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General i-Sight Information

General i-Sight information

System Design

1. i-Sight allows users to capture data on current FADS contact and cases. The following case types are available for use in i-Sight:
 - a. **Contact Log** – the contact log form allows the user to capture information obtained from contact with various customers. The Contact Log can be closed upon completion of the customer contact, or sent to the PI Manager who will decide if the case should be promoted to a Preliminary Investigation for further follow-up. A new contact log should be completed for each new call received, and then linked to any other pertinent open cases. Only cases regarding providers should be promoted to preliminary investigations.
 - b. **Preliminary Investigation** – The Preliminary Investigation form allows the users to capture all information obtained during a preliminary investigation and credible allegation of fraud investigation. Depending upon the outcome of the investigation, the preliminary investigation can be closed upon completion or promoted to Project Case. If the investigation results in a payment suspension or MFCU hold, it should be promoted to a Project case before entering the payment suspension or MFCU hold information.
 - c. **Provider Case** – The provider case will no longer be used in i-Sight. Current provider cases will remain as provider cases until closed.
 - d. **Project Case** – The Project Case form allows the user to capture all information relevant to an audit, prepayment review or payment suspension case and the associated providers. The user is able to follow the progress of the case from its beginning to resolution.
 - e. **Provider Portal** - The Provider Portal is a secure website used to communicate with providers. This site allows providers to securely submit responses to self-audits and requests for medical records.
2. Cases in i-Sight using the following naming convention:
 - a. Contact Log – CON-YYYY-MM-000001
 - b. Preliminary Investigation – PRE-YYYY-MM-000001
 - c. Provider Case – PRV- YYYY-MM-000001 (The PRV case type will only be used for legacy cases.)
 - d. Project Case – PRJ-YYYY-MM-000001
 - e. Where the YYYY indicates year that the case was recorded, the MM indicates the month in which the case was recorded and the 000001 will increase incrementally as cases are added within that month.
3. Cases in i-Sight can have one of four main statuses:
 - a. Open – The case is open and is assigned to an owner who has accepted ownership for the case.
 - b. Pending – The case is open but ownership has not been assigned or accepted. When ownership is assigned, you must accept ownership of the case in order for the case status to be open. When you create a new case, ownership is automatically assigned to and accepted by the person who opened the case. When a case is promoted, it is automatically placed in pending status until an owner has been assigned to that case and the owner has

accepted ownership of the case. Whenever a case is promoted, the new case will be placed in pending status until a new owner has been assigned and that owner has accepted ownership of the case.

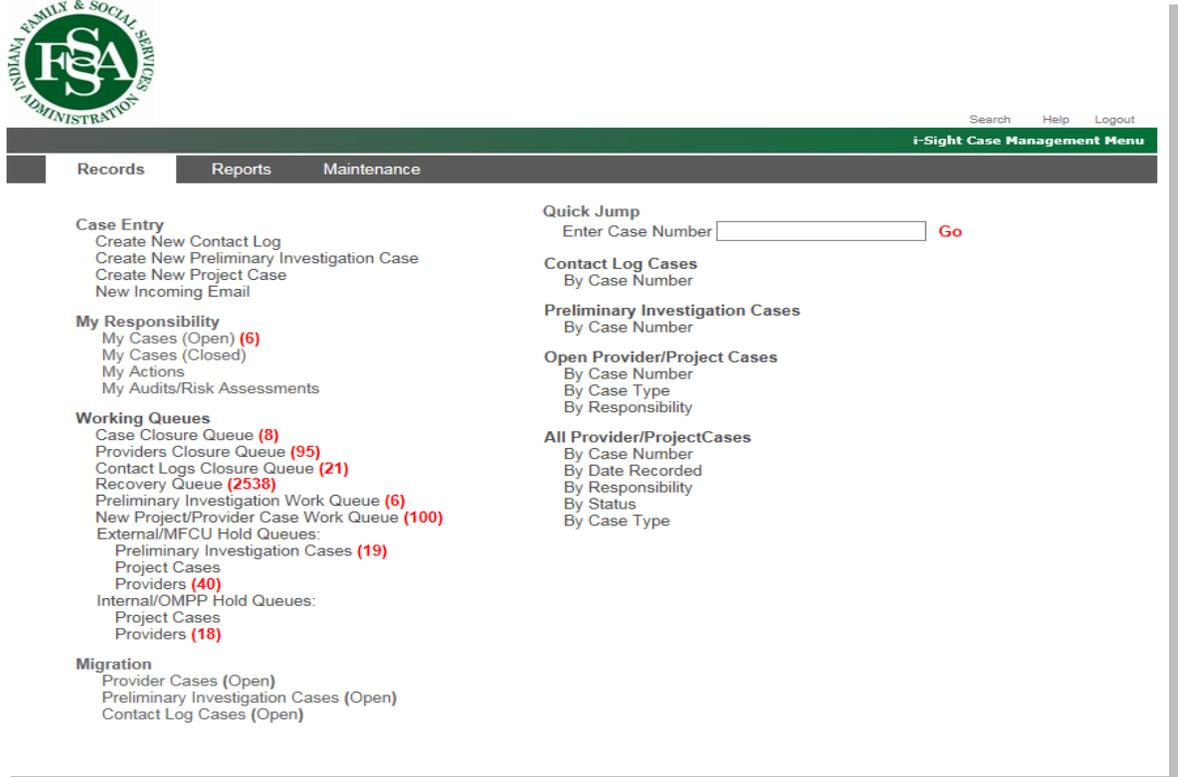
- c. Closed – The case is closed. To re-open a case, the user must contact a system administrator.
- d. Cancelled – The case was cancelled because it was opened in error or was a duplicate. Only a system administrator can cancel a case. Please contact a system administrator to request that a case be cancelled. Canceling a case will also exclude the case from most reports.

How do I log in to i-Sight

1. Open your internet browser.
2. In the address bar, type <https://infads.truvenhealth.com>

3. In the user ID field, type your user ID. This will generally consist of your first initial and last name. (Truven users will use their employee ID)
4. In the password field, type your PIN, immediately followed by the six digits shown on your RSA token. Press the Send button.
 - a. Note: You will create your PIN in a separate application before your initial log-in. For instructions on where and how to create your PIN, please contact the help desk at Healthcare-IndianaFADSHelpDesk@truvenhealth.com.

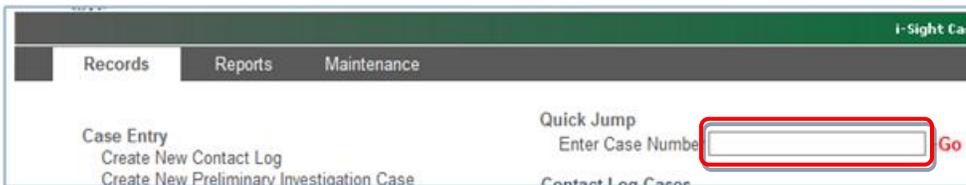
- When you have successfully logged in to i-Sight, you will see the main Records screen.



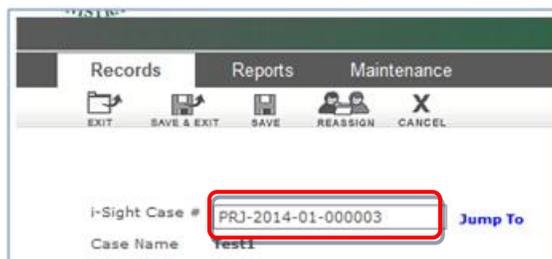
- If you are unable to access i-Sight, please contact the help desk at Healthcare-IndianaFADSHelpDesk@truvenhealth.com.

How do I find a case in i-Sight?

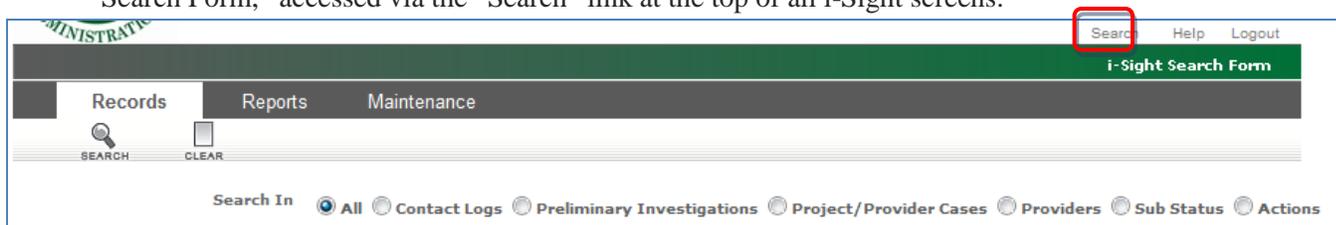
- The easiest way to find your desired case is to “Jump” to it. This feature is designed for when you already know the case number you are seeking.
 - Quick Jump:** The quick jump is available on the i-Sight home page. Enter or paste your desired case number and click the “Go” link.



- Jump To:** There is an additional jump feature available at the top of the *case* level on Project/Provider cases. Enter or paste your desired case number and click the “Jump To” link.



2. If you do not already know the case number you are seeking, you can find it with the “i-Sight Search Form,” accessed via the “Search” link at the top of all i-Sight screens.



3. Each option in the “Search In” row changes the fields available to search. It is important, however, to understand which *records* in the system are searched by each of these options:
 - a. **Contact Logs:** This option searches through the case-level fields of Contact Log (CON) cases.
 - b. **Preliminary Investigations:** This option searches through the case-level fields of Preliminary Investigations (PRE) cases.
 - c. **Project/Provider Cases:** This option searches through the case-level fields of Project/Provider (PRJ/PRV) cases.
 - i. It is important to note that this search option does NOT search through the subordinate Provider records.
 - d. **Providers:** This option searches through the Provider sub-records under Project/Provider cases.
 - e. **Sub Status:** This option searches through the Sub Status records under all case types AND under Provider sub-records.
 - f. **Actions:** This option searched through the Actions and Emails records under all case types.
 - g. **All:** This options searches through all searchable records, including all of the above.
 - h. Because the multiple results on this search are often confusing and difficult to manage, it is recommended that this option be used only if you are uncertain what type of data you are seeking.

How do I contact the Help Desk?

1. To contact the help desk, send an email to Healthcare-IndianaFADSHelpDesk@truvenhealth.com or call 317-554-4452.

Contact Log

Contact Log

How do I complete the Regarding Section of a Contact Log?

The regarding section must be completed in every Contact Log, as the case will use the information from this section in the Case Name.

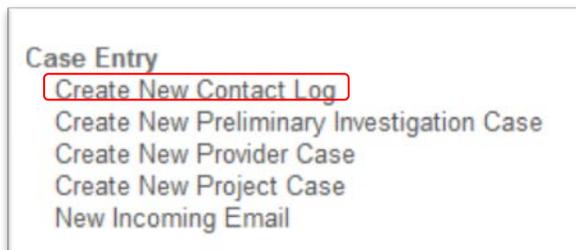
1. Choose the appropriate Regarding Type from the list provided.
2. Go to the LPI field. Enter the provider LPI (if known). Click on the magnifying glass beside the LPI field to activate the look-up function.
3. Choose the appropriate provider from the list generated by the look-up. All necessary fields in the Regarding Section will be populated.
4. Save the record.
5. If the LPI is not known, choose the Entity/Organization option and enter the first part of the provider’s name. Click on the magnifying glass beside the Entity/Organization field to activate the look-up function.
6. Choose the appropriate provider from the list generated by the look-up. Necessary fields in the Regarding Section will be populated.
7. If the contact log is regarding a member, choose Member as the Regarding Type.
8. Select Individual and enter the Member’s name in the fields provided.
9. Enter the Member RID in the RID/LPI field.
10. Complete the address and phone number information for the member.
11. Save the record.

The screenshot shows the 'Regarding Information' form with the following fields and options:

- Provider is On-Hold
- Regarding Type* (dropdown menu, highlighted with a red box)
- Entity/Organization Individual Both
- Regarding Location (text input)
- Provider Type (dropdown menu)
- Provider Specialty (Hold CTRL to select multiples): (010) Acute Care, (011) Psychiatric, (012) Rehabilitation, (013) Long-Term Acute Care, (020) Ambulatory Surgical Center (ASC), (030) Nursing Facility, (031) ICF/MR. Selected Values: (empty)
- Regarding RID/LPI No. (text input, highlighted with a red box)
- Regarding NPI No. (text input)
- Regarding Tax ID. (text input)
- Regarding Phone (text input)
- Ext. (text input)
- Regarding Email (text input)
- Regarding Address Type (dropdown menu)
- Preferred Address
- Regarding Address 1 (text input)
- Regarding Address 2 (text input)
- Regarding City (dropdown menu)
- Regarding State (dropdown menu)
- Regarding Zip (text input)
- Regarding County (text input)
- Amount Disputed 1 (text input)
- Date of Service 1 (text input)
- Amount Disputed 2 (text input)
- Date of Service 2 (text input)
- Amount Disputed 3 (text input)
- Date of Service 3 (text input)

How do I record an incoming referral?

1. Go to the main records screen in the i-Sight application.
2. Select Create a New Contact Log



3. Select the appropriate method of contact from the list provided.
4. Record the referring agency by selecting it from the list provided in the Contactor Type field.
5. Include any additional information about the person or agency referring the contact in the contact information fields.
6. Complete the information about the provider being referred by completing the Regarding Information

The screenshot shows the 'CON Data' form with the following fields and sections:

- CON Data** (checked)
- Contact Information**
 - Case Clearance and Vetting
 - Contact Received By* (Dropdown: Harker, Amy)
 - Date of Contact* (Text: 12/30/2013)
 - J-SURS Date (Dropdown: <select>)
 - Time Involved (Text: 00:00:00)
 - Time In (Text:)
 - Time Out (Text:)
 - Start (Button)
 - Method of Contact* (Dropdown: <select>)
 - Contactor Type* (Dropdown: <select>)
 - Provider Type (Dropdown: <select>)
 - Provider Specialty (List: (010) Acute Care, (011) Psychiatric, (012) Rehabilitation, (013) Long-Term Acute Care, (020) Ambulatory Surgical Center (ASC), (030) Nursing Facility, (031) ICF/MR)
 - Selected Values (List:)
- Contact Information Fields (highlighted with a red box):**
 - Contactor First Name (Text:)
 - Contactor Last Name (Text:)
 - Contactor Middle Initial (Text:)
 - Provider/Entity/Organization (Text:)
 - Calling on Behalf of (If different than contactor)
 - Contactor RID/LPI No. (Text:)
 - Contactor NPI No. (Text:)
 - Contactor Tax ID (Text:)
 - Contactor Phone (Text:)
 - Ext. (Text:)
 - Contactor Email Address (Text:)
 - Contactor Address 1 (Text:)
 - Contactor Address 2 (Text:)
 - Contactor City (Dropdown: <select>)
 - Contactor State (Dropdown: IN - Indiana)
 - Contactor Zip (Text:)
 - Contactor County (Text:)

- a. Select the appropriate regarding type from the list provided.
- b. Enter the provider LPI in the Regarding RID/LPI field and click on the magnifying glass beside the field.
- c. A window will pop up with the names of providers that match your search. Click on the correct provider and the provider's information will be entered into the appropriate fields.
- d. If you do not have the LPI, select entity/organization and search using the provider's name.

Regarding Information

Provider is On-Hold

Regarding Type*

Entity/Organization Individual Both

Regarding Location

Provider Type

Provider Specialty
 (Hold CTRL to select multiples)

(010) Acute Care
 (011) Psychiatric
 (012) Rehabilitation
 (013) Long-Term Acute Care
 (020) Ambulatory Surgical Center (ASC)
 (030) Nursing Facility
 (031) ICF/MR

Selected Values

Regarding RID/LPI No.

Regarding NPI No.

Regarding Tax ID.

Regarding Phone **Ext.** **Regarding Email**

Regarding Address Type
 Preferred Address

Regarding Address 1 **Regarding Address 2**

Regarding City **Regarding State** **Regarding Zip** **Regarding County**

Amount Disputed 1 **Date of Service 1**

Amount Disputed 2 **Date of Service 2**

Amount Disputed 3 **Date of Service 3**

7. Complete the reason and response section of the contact log.
 - a. Select the reason(s) that the case was referred from the contact reasons provided.
 - b. Enter a complete description of the reason that the provider was referred in the Reason for Contact Notes.
 - c. If the reason for contact included any allegations of physical abuse, the user will also need to contact Adult Protective Services at ###-###-#### or Child Protective Services at ###-###-####.
 - d. Choose the appropriate response(s) from the list in the Contact Response field.
 - e. Enter a complete explanation of the response in the Response to Contact Notes.
 - f. Save the record.

8. If the referral was received via written correspondence, attach scanned copies of the documentation as attachments to the contact log.
 - a. Press the Add New button under CON Attachments.

- b. Select and enter an Attachment Date

- c. Browse for and select the document to be attached.
- d. Enter any relevant notes about the document in the Attachment Notes field.
- e. Save and exit the record.

9. If the provider already has an open PRE or PRV/PRJ case in the system and this referral is relevant to that case, link the CON case to the open case.
 - a. Go to the CON Case Linking section.
 - b. Click on the Search for Cases/Providers to Link button

c. Search using the provider LPI

The screenshot shows the 'i-Sight Search' interface. At the top right, it says 'i-Sight Search'. Below this is a navigation bar with three buttons: 'EXIT', 'SEARCH', and 'CLEAR'. The 'SEARCH' button is highlighted with a red box. Below the navigation bar are three radio buttons: 'Contact Logs', 'Preliminary Investigations', and 'Cases'. The 'Providers' radio button is selected. Below this is a section titled 'Specific Text Field Search'. It contains several search filters, each with a text input field and a checkbox with an asterisk. The filters are: 'Case #' with a text field and a checkbox labeled '* Accept Partial Match'; 'Status' with a dropdown menu showing '<select>' and a checkbox; 'Case Name' with a text field and a checkbox; 'Provider Name' with a text field and a checkbox; 'LPI Number' with a text field and a checkbox, which is highlighted with a red box; 'Contactor Last Name' with a text field and a checkbox; 'Contactor First Name' with a text field and a checkbox; and three more filters, each with a dropdown menu showing '<select text field>' and a checkbox. At the bottom left, there is a URL: 'https://beta.i-sight.com/beta/TR-Indiana-v2.nsf/'.

d. Select the case that you wish to link.

62 documents found matching your search selection

Case/Provider #	Provider Status	Case Type	Case Name	Provider Name	Provider LPI
PRJ-2014-01-00002-001	Open	Project	RAC-CBA-Quarterly - Cycle 3	BAYSHORE COMM HOSP-NJ	200097160
PRJ-2013-09-00001-001	Open	Project	UAT Test Case K Goelz	DEVIANT DOCTOR	200200200
PRJ-2013-08-000043-010	Open	Project	QA Test Case - Z Charlson	1-70 MEDICAL CENTER	200887160
PRJ-2013-08-000043-002	Open	Project	QA Test Case - Z Charlson	KAISER HOME SUPPORT SERVICES INC	200108579
PRJ-2013-08-00016-003	Open	Project	QA Test Case - A Coleman	KAISER HOME SUPPORT SERVICES INC	200108579
PRJ-2013-08-00040-001	Open	Project	UAT Test Case - A Everhart	DEVIANT DOCTOR	200200200
PRJ-2013-08-00025-001	Open	Project	UAT Test Case - I March	DEVIANT DOCTOR	200200200

e. Click the Add Link button

CON Case Linking (0)

Case # (You must first search for case\provider to link)

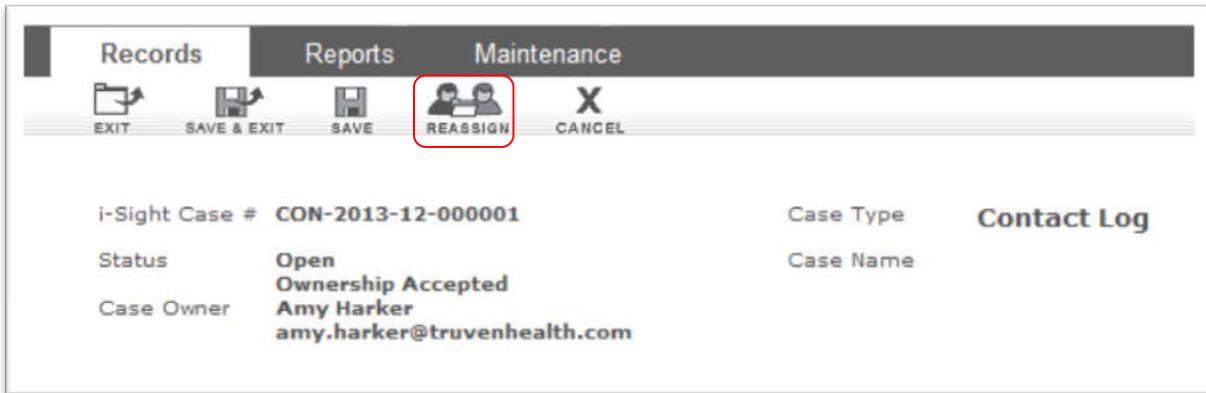
Reason For Link

Expand

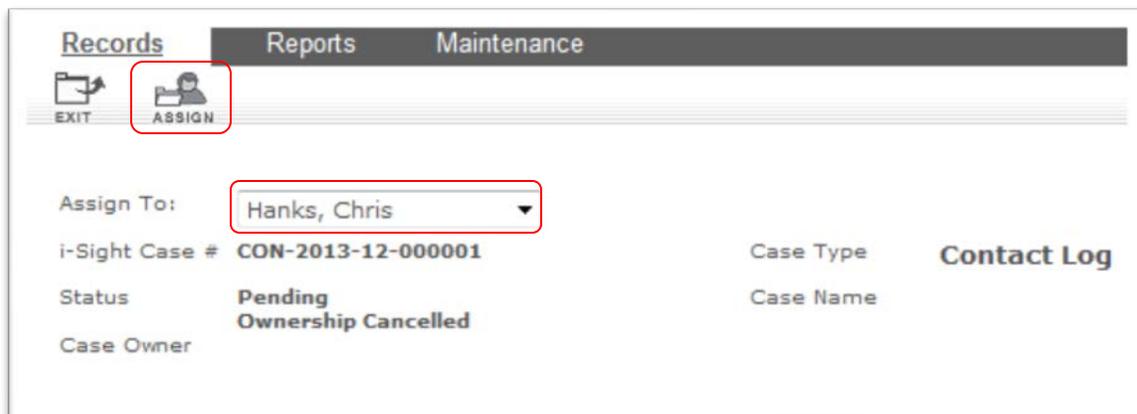
Select Link # Linked To Case\Provider # Reason for Link

f. Repeat the above steps to link the contact log to multiple cases.

10. If the user feels that further investigation is needed, reassign the case to the Investigation Manager to be considered for promotion to a PRE case.
 - a. Click on the Reassign button at the top of the contact log.



- b. Choose the Investigation Manager's name from the list provided.
 - c. Click Assign.



- d. The investigation manager will evaluate the case and decide what if any further action should be taken.
11. When appropriate, close the contact log.
 - a. Go to the CON Disposition and Closure section.
 - b. Select and enter the Close Date.
 - c. Select the appropriate Closure Reason from the list provided.
 - d. Add Closure notes if necessary.
 - e. Press the appropriate button based on the action being taken (ex: Close Contact Log to close the case, Promote to Preliminary Investigation to promote the case for further investigation. Only cases regarding providers should be considered for promotion to a preliminary investigation case. Cases regarding members should not be promoted to preliminary investigations. Only the Investigations Manager should be promoting contact logs to PRE cases.)

CON Disposition & Closure

Close Date* Close Reason* <select>

Closure Notes

Expand [Spell Check](#)

Send For Closure

Promote to Preliminary Investigation

Close Contact Log

How do I Refer a Contact Log to another person for follow-up?

To refer a contact log to another i-Sight user:

1. Open the contact log.
2. Press the Reassign button at the top of the record.

Records
Reports
Maintenance

EXIT

SAVE & EXIT

SAVE

REASSIGN

CANCEL

i-Sight Case # **CON-2013-12-000001** Case Type **Contact Log**

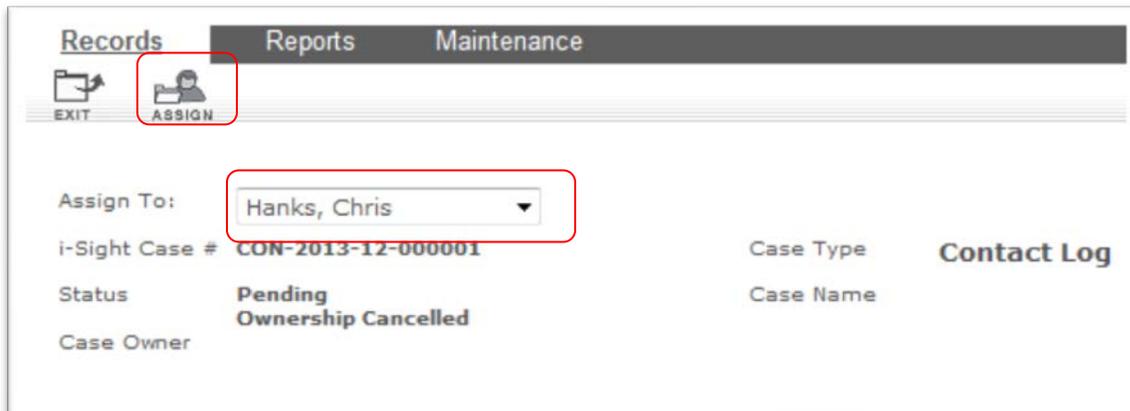
Status **Open** Case Name

Case Owner **Ownership Accepted**

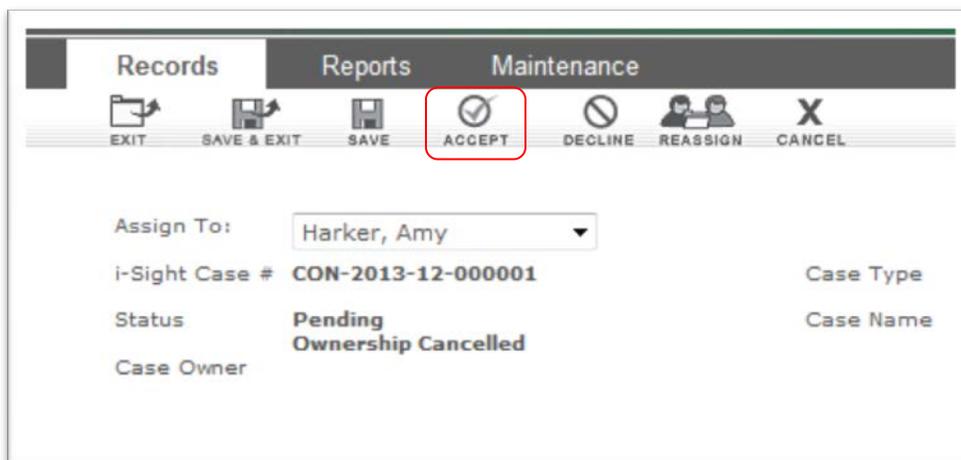
Amy Harker

amy.harker@truvenhealth.com

- In the Assign To field, choose the name of the user that you wish to assign the case to.
- Click the Assign button at the top of the record.



- The new owner will receive an email notifying him/her that the case has been reassigned.
- The new owner should open the case and press the accept button at the top of the record.



- Once the record has been reassigned and ownership accepted, the new owner will have the necessary access rights to follow-up with the provider and close the case when necessary.

How do I link a Contact Log to another case?

1. Go to the Case Linking section.
2. Press the Search for Cases/Providers to link.

CON Case Linking (0)

Case # (You must first search for case/provider to link)

Reason For Link

Expand

Select Link # Linked To Case\Provider # Reason for Link

2. Enter the search parameters. If known, search by LPI.

The screenshot shows the 'i-Sight Search' interface. At the top, there are three buttons: 'EXIT', 'SEARCH', and 'CLEAR'. Below these are three radio buttons: 'Contact Logs', 'Preliminary Investigations', and 'Cases', with 'Providers' selected. A section titled 'Specific Text Field Search' contains several search criteria, each with a text input field and a checkbox with an asterisk. The 'LPI Number' field is highlighted with a red rectangle. At the bottom, a URL is visible: 'https://beta.i-sight.com/beta/TR-Indiana-v2.nsf/'.

4. Click on the case you wish to link.

62 documents found matching your search selection

Case/Provider #	Provider Status	Case Type	Case Name	Provider Name	Provider LPI
PRJ-2014-01-100002-001	Open	Project	RAC-CBA-Quarterly - Cycle 3	BAYSHORE COMM HOSP-NJ	200097160
PRJ-2013-09-100001-001	Open	Project	UAT Test Case - K Goelz	DEVIANT DOCTOR	200200200
PRJ-2013-08-100043-010	Open	Project	QA Test Case - Z Charlson	1-70 MEDICAL CENTER	200887160
PRJ-2013-08-100043-002	Open	Project	QA Test Case - Z Charlson	KAISER HOME SUPPORT SERVICES INC	200108579
PRJ-2013-08-100016-003	Open	Project	QA Test Case - A Coleman	KAISER HOME SUPPORT SERVICES INC	200108579
PRJ-2013-08-100040-001	Open	Project	UAT Test Case - A Everhart	DEVIANT DOCTOR	200200200
PRJ-2013-08-100025-001	Open	Project	UAT Test Case - J Marsh	DEVIANT DOCTOR	200200200

5. Click the Add Link button.

CON Case Linking (0)

Case # (You must first search for case\provider to link)

Reason For Link

Expand

Select Link # Linked To Case\Provider # Reason for Link

6. Repeat these steps to add additional links.

How do I re-open a contact log?

Cases can only be re-opened by system administrators.

1. Enter a help-desk ticket using the IN FADS website.
 - a. Open the IN FADS website.
 - b. At the top of the site, click on the IN FADS Help Desk – submit a new issue or view your submitted issues link.
 - c. In the toolbar, choose Items.
 - d. Click on the New Item icon in the tool bar.
 - e. Enter your name in the Requester field.
 - f. Enter a title for the ticket. (i. e. Re-open Case)
 - g. Enter today's date in the Date Logged field.
 - h. Select the appropriate priority from the list provided.
 - i. In the category field, select i-Sight.
 - j. In the Long Description field, enter the case number that needs to be re-opened, along with the reason for re-opening.
 - k. Click Save in the top menu.
2. If you are unable to log a help desk ticket, you may request that a case be reopened by emailing the request, complete with case number and reason for reopening to Healthcare-IndianaFADSHelpDesk@truvenhealth.com.

Preliminary Investigations

Preliminary Investigation

How do I complete the Regarding Section of a Preliminary Investigation Case?

The regarding section must be completed in every Contact Log, as the case will use the information from this section in the Case Name.

1. Choose the appropriate Regarding Type from the list provided.
2. Go to the LPI field. Enter the provider LPI (if known). Click on the magnifying glass beside the LPI field to activate the look-up function.
3. Choose the appropriate provider from the list generated by the look-up. All necessary fields in the Regarding Section will be populated.
4. Save the record.
5. If the LPI is not known, choose the Entity/Organization option and enter the first part of the provider’s name. Click on the magnifying glass beside the Entity/Organization field to activate the look-up function.
6. Choose the appropriate provider from the list generated by the look-up. Necessary fields in the Regarding Section will be populated.
7. If the contact log is regarding a member, choose Member as the Regarding Type.
8. Select Individual and enter the Member’s name in the fields provided.
9. Enter the Member RID in the RID/LPI field.
10. Complete the address and phone number information for the member.
11. Save the record.

The screenshot shows the 'Regarding Information' form with the following fields and options:

- Provider is On-Hold
- Regarding Type* (dropdown menu, highlighted with a red box)
- Entity/Organization Individual Both
- Regarding Location (text field)
- Provider Type (dropdown menu)
- Provider Specialty (Hold CTRL to select multiples): (010) Acute Care, (011) Psychiatric, (012) Rehabilitation, (013) Long-Term Acute Care, (020) Ambulatory Surgical Center (ASC), (030) Nursing Facility, (031) ICF/MR. Selected Values: (empty)
- Regarding RID/LPI No. (text field with magnifying glass icon, highlighted with a red box)
- Regarding NPI No. (text field with magnifying glass icon)
- Regarding Tax ID. (text field)
- Regarding Phone (text field) Ext. (text field) Regarding Email (text field)
- Regarding Address Type (dropdown menu) Preferred Address
- Regarding Address 1 (text field) Regarding Address 2 (text field)
- Regarding City (dropdown menu) Regarding State (dropdown menu) Regarding Zip (text field) Regarding County (text field)
- Amount Disputed 1 (text field) Date of Service 1 (text field)
- Amount Disputed 2 (text field) Date of Service 2 (text field)
- Amount Disputed 3 (text field) Date of Service 3 (text field)

How do I record a PI Risk Assessment in i-Sight?

The PI Risk Assessment tool is no longer being utilized. Please do not complete this section.

How do I complete the CAF Section of the Preliminary Investigation Case?

1. Complete the CAF tool. After completing the CAF tool, use the information and scores to complete the relevant CAF information in the CAF section of the Preliminary Investigation screen in i-Sight:
 - a. Choose the yes button for PRE CAF?
 - b. Enter the CAF Assessment Date.
 - c. Enter a zero for the PRE CAF Assessment Score. (As of 3/19/2014, a CAF score will no longer be calculated.)
 - d. Enter the PRE CAF Recommendation Date.
 - e. Select who made the PRE CAF Recommendation from the list provided.
 - f. Choose the appropriate PRE CAF Recommendation Type from the list provided.
 - g. Enter any relevant notes about the outcome of the CAF in the PRE Recommendation Notes field.

PIRA? Yes No

PRE CAF? Yes No

PRE CAF Assessment Date*

PRE CAF Assessment Score*

PRE PIRA Recommendation Date

PRE PIRA Recommendation Type (Hold CTRL to select multiples)
Other

PRE PIRA Recommendation Made By
<select>

PRE CAF Recommendation Date	PRE CAF Recommendation Type (Hold CTRL to select multiples)
<input type="text"/>	No action recommended at this time Provider appears to be a candidate for full risk assessment Provider appears to be high risk. Refer for full risk assessment and pre-payment review. Appears to be Credible Evidence of Fraud for purposes of this investigation. Refer to appropriate authorities and take appropriate action Other

PRE Recommendation Notes

Expand [Spell Check](#)

- h. Choose the appropriate PRE CAF Recommendation Approval from the list provided.
- i. Select who approved the recommendation from the list provided.
- j. Enter the date that the recommendation was approved in the PRE CAF Date Recommendation Approved field.
- k. Click the “Save” icon to save the changes to the case.
- l. If the recommendation from the CAF was for a full risk assessment, payment suspension, or prepayment review, the PRE case will need to be promoted to a PRE case before recording any information regarding the risk assessment, payment suspension or prepayment review.
- m. If referring to the Audit Contractor for a full risk assessment, the PRJ case should then be reassigned to the Audit Contractor for completion of the risk assessment.

PRE PIRA Recommendation Approval
(Hold CTRL to select multiples)

May be candidate for completion of Credible Allegation of Fraud Analysis and/or additional action. Review Analyses and take appropriate action as approved
No action recommended at this time
Provider appears to be a candidate for a full risk assessment.
Provider appears to be high risk. Refer for full risk assessment and pre-payment review.
Other

PRE CAF Recommendation Approval
(Hold CTRL to select multiples)

Appears to be Credible Evidence of Fraud for purposes of this investigation. Refer to appropriate authorities and take appropriate action against provider (i.e.
No action recommended at this time
Provider appears to be a candidate for full risk assessment
Provider appears to be high risk. Refer for full risk assessment and pre-payment review.
Other

How do I complete the Preliminary Investigation Notification Form section of the Preliminary Investigation Case?

When referring a provider to MFCU, the Preliminary Investigation form should be completed and sent to MFCU. After completion of this form, the case should be promoted to a PRJ case and a referral record added to track the response from MFCU regarding the referral.

1. Go to the Preliminary Investigation Notification Form section of the Preliminary Investigation Screen. The information entered in this section will be used to create the MFCU referral form.
 - a. In the PRE Notification Form Referral Source field, enter the referral source.
 - b. Enter the date that the case was referred to the state in the PRE Date Report to State field.
 - c. Enter the statute in the PRE Specific Statute field.
 - d. Choose the PRE Specific Type from the list provided.
 - e. Choose the reason(s) for referral from the list provided.
 - f. Enter the appropriate dates in the PRE Notification Form Begin and End Dates.
 - g. Enter a brief description of the allegation in the PRE Notification form Specific Description field.
 - h. Enter a complete explanation of the allegation(s) in the PRE Explanation of Allegations field. To copy this from the Reason for Contact field in the Source Data, press the “Copy from Reason for Contact” button.

The screenshot shows the 'Preliminary Investigation Notification Form' interface. Red boxes highlight the following fields:

- PRE Notification Form Referral Source (text input)
- PRE Date Report to State (text input)
- PRE Specific Statute (text input)
- PRE Specific Type (dropdown menu)
- PRE Notification Form Reasons for Referral (checkbox list with 'Selected Values' column)
- PRE Notification Form Begin Date (text input)
- PRE Notification Form End Date (text input)
- PRE Notification Form Specific Description (text input)
- PRE Explanation of Allegations (text input)

- i. Enter the total amount paid to the provider for the period of the allegations in the PRE Amount Paid to Provider field.
- j. Enter the potential overpayment amount in the PRE Sample Exposed Amount field.
- k. Enter a detailed description of any communications that have transpired between the State and the Provider during the investigation.
- l. Enter any additional information that needs to be communicated about the case to MFCU in the PRE Notification Form Additional Information /Comments field.
- m. Click the “Save” icon to save the changes to the case.

The screenshot displays a web form with three main sections, each highlighted with a red rounded rectangle:

- Top Section:** Contains two input fields labeled "PRE Amount Paid to Provider" and "PRE Sample Exposed Amount".
- Middle Section:** A large text area titled "PRE Communications Between State and Provider". Below the text area are two links: "Expand" and "Spell Check".
- Bottom Section:** A large text area titled "PRE Notification Form Additional Information/Comments". Below the text area are two links: "Expand" and "Spell Check".

How do I record a payment suspension in i-Sight?

To record a payment suspension in i-Sight, ensure that the following steps have been completed:

1. Complete the CAF section of the Preliminary Investigation Screen, making sure to record the outcome and approval of any recommendations resulting from the CAF.
2. Complete the Preliminary Investigation Notification Form section of the Preliminary Investigation screen.
3. Generate the MFCU Notification Form using the PI Letters Screen, and attach the completed form to the PI Letter Record.
4. Add a Referred to record to show that the case was referred to MFCU due to a Credible Allegation of Fraud.
5. Using the closing checklist, ensure that all in the case is complete.
6. Go to the PRE Disposition & Closure section and complete the following:
 - a. Enter the current date in the Close Date field.
 - b. Choose Substantiated/Promoted to Project Case from the Closure Reason list provided.
 - c. Enter any relevant notes in the Closure Notes field.
 - d. Press the “Promote to Project Case” button.
 - e. The system will redirect you to the PRE Cases List.
 - f. If you are not redirected, check the error message that is displayed in the case to see what required information is missing in the case that must be completed before the case can be closed.
 - g. Complete any missing information and attempt to promote the case again.

The screenshot shows the 'PRE Disposition & Closure' form. It contains the following elements:

- Close Date***: A text input field.
- Closure Reason***: A dropdown menu with '<select>' as the current selection.
- Closure Notes**: A large text area for entering notes.
- Expand**: A checkbox.
- Spell Check**: A link.
- Buttons**: Three buttons at the bottom: 'Close Preliminary Investigation', 'Promote to Project Case' (highlighted with a red box), and 'Promote to Provider Case'.

7. Upon successful promotion of the case, find the case in the list of project cases and open the case.

Case #	Case Name	Status	Responsible	Case Type	Date Recorded
PRJ-2014-01-000002	RAC-CBA-Quarterly - Cycle 3	Open	Amy Harker	Project	01/09/2014
PRJ-2014-01-000001	RAC - CBA - Networks - Quarterly - Cycle 3	Open	Linda Ly	Project	01/09/2014
PRJ-2013-12-000002		Pending	Unassigned	Project	12/23/2013
PRV-2013-12-000001		Open	Daniel Lagasse	Provider	12/16/2013
PRJ-2013-11-000006	EHR MU SFY2014-YR01	Open	Kimberly Goelz	Project	11/20/2013
PRJ-2013-11-000005	Claim Adjustment Provider Portal Test Case	Open	Amy Harker	Project	11/19/2013
PRJ-2013-11-000004		Open	Darryl Hale	Project	11/08/2013
PRV-2013-11-000003		Open	Darryl Hale	Provider	11/08/2013
PRV-2013-11-000002		Open	Chris Hanks	Provider	11/08/2013
PRV-2013-11-000001		Open	Darryl Hale	Provider	11/05/2013
PRV-2013-10-000003	BLACK JOSEPH M	Pending	Unassigned	Provider	10/18/2013
PRV-2013-10-000002		Open	Daniel Lagasse	Provider	10/07/2013

- a. In the Project Case Details screen, enter the Provider's Name as it appears in the Master Provider Look-up in the Project Name field.
- b. Enter a brief case summary in the Issue Description/Case Summary field. The case summary should include the origins of the case, a brief summary of the resulting investigation, and the outcome of the investigation.
- c. Choose the Source from the list provided. If the case was referred from another agency, this agency should be listed as the source of the case.
- d. In the case category field, select documentation Payment Suspension. If the provider also qualifies for Prepayment Review according to the CAF tool, also choose Prepayment Review.

Case Details

Project Name*

Issue Description / Case Summary*

Expand [Spell Check](#)

SUR Tracking Number Legacy FADS Case Number

Source* <select>

Case Category*
 (Hold CTRL to select multiples)
 1A - Analytic Audit Without Medical Record Review
 1A - Data Analysis
 1A - Data Analysis - No Audit Findings
 1B - Audit Case
 1B - Provider Self-Reported Overpayment
 1B - Self-Audit
 1B - Special Study

Selected Values

8. Complete the Provider Information section.
 - a. Click on the 001 beside the provider's name in the Provider's Section of the case.

Providers (1) (MFCU Hold - 0) (OMPP Hold - 0)						
#	LPI	NPI	Provider Name	Provider Type	MFCU Hold	OMPP Hold
001	100140180		BLACK JOSEPH M	(31) Physician		

- b. Go to Provider Information
- c. Ensure that all provider information was copied correctly from the Preliminary Investigation case. If pertinent information is missing, compete it by looking up the provider in the Master Provider look-up and saving the information to the case.

Provider Info

Provider

Provider is On-Hold

LPI* NPI Tax ID Provider Location*

Entity/Organization Individual Both*

Name of Entity/Organization*

Provider Type

Provider Specialty (Hold CTRL to select multiples)

(010) Acute Care

(011) Psychiatric

(012) Rehabilitation

(013) Long-Term Acute Care

(020) Ambulatory Surgical Center (ASC)

(030) Nursing Facility

(031) ICF/MR

Selected Values

(316) Family Practitioner

(318) General Practitioner

Address(es)

#	Preferred Addr.	Address	Phone	Effective Date	Disabled
001		502 W 2ND ST SEYMOUR, IN, 47274, JACKSON	8125222020	10/18/2013	

- d. Complete the Credible Allegation of Fraud Section. Choose the answer “Yes” for the question ‘did the Preliminary Investigation result in a credible allegation of fraud?’
- e. Choose the answer “Yes” for the question “Suspend Payments?”
- f. Choose the appropriate answer for the question “Full or Partial Suspension?”

Credible Allegation of Fraud

Did the Preliminary Investigation result in a credible allegation of fraud? <input checked="" type="radio"/> Yes <input type="radio"/> No	Allegation Date 10/18/2013
Suspend Payments?* <input checked="" type="radio"/> Yes <input type="radio"/> No	
Full or Partial Suspension?* <input checked="" type="radio"/> Full <input type="radio"/> Partial	

- g. If suspending the payments in full, do not select a value in the Partial Suspension Good Cause Exception field. If partially suspending payments, you must select the appropriate reason(s) for the partial suspension in the Partial Suspension Good Cause Exception field and provide a complete explanation in the Partial Suspension Explanation field.

<div style="border: 1px solid gray; padding: 2px;"> Partial Suspension Good Cause Exceptions Hold CTRL to select multiples Law enforcement good cause-42 CFR 455.23(e)(1)requires renewal every 90 days) Other remedies more effective or quicker (e.g. termination, prepayment review) Adverse effect on beneficiary access to services Decision on submission of provider Single business unit or area within larger entity-partial withheld Withhold is not in best interest of program Other </div>	Selected Values
<div style="border: 1px solid gray; padding: 2px; min-height: 40px;"> Partial Suspension Explanation </div>	
<input type="checkbox"/> Expand Spell Check	

- h. Enter the begin date of the suspension in the Suspend Begin Date field.
- i. Enter the date that the case was referred to MFCU in the Date of MFCU Referral field.
- j. Enter the date that the provider was notified of the suspension in the Provider Notification Date field.
- k. Enter any notes pertinent to the CAF or payment suspension in the CAF Notes field.
- l. Press “Save” to save the information to the case.

The screenshot shows a form with the following fields and options:

- Suspend Begin Date***: 10/18/2013
- Suspend End Date**: (empty)
- Date of MFCU Referral***: 10/18/2013
- Is Delay Requested?**
 - Response 1
 - Response 2
 - Response 3
- Provider Notification Date***: 10/18/2013
- Date of Provider Appeal**: (empty)
- Provider Appeal Closed**: (empty)
- Appeal Outcome**: <select>
- CAF Notes**: (empty text area)
- Expand [Spell Check](#)

- m. Upload the CAF tool and any other pertinent documents to the CAF Attachments.

CAF Attachment(s)			
#	Date	Attachment Name	Notes
001	10/18/2013	User Role Re-Testing 2nd Results 10 17 2012.xls	

- o. Create and send the PI Payment Suspension Letter using the appropriate letter template, obtain approval for the letter and have it signed. Scan and save the signed copy of the letter. Send the letter to the provider using certified mail.
- p. Add a new letter record by pressing “Add New” under the Letters section of the Provider Screen.



- q. Select PI Payment Suspension as the letter type.
 - r. Select FSSA OPS for “Sent By”
 - s. Browse for and attach the scan of the final signed version of the letter.
 - t. Enter any pertinent notes the Letter Notes field.
 - u. Choose who approved the letter from the names listed in the Letter Approved By field.
 - v. Select and enter the date that the letter was approved.
 - w. Enter the date that the letter was sent to the provider.
 - x. Enter the certified mail tracking number in the Mail Tracking Number field.
 - y. Save and Exit the record.
 - z. When the proof of delivery is received, scan the card and save.
 - aa. Open the letter record and enter the date that the provider signed for the letter in the Mail Tracking Date Received field.
9. Upload the scan of the proof of delivery document to the Provider Response/Letter Attachments section.

Provider Name **BLACK JOSEPH M**

Letter Type*
 <select>

Sent By*
 <select>

Attach File...
 (You must save the document after selecting file, otherwise the selected document will not be saved. Click on the "Browse" button to select file.)
 Browse...

Letter Education Topics
 (Hold CTRL to select multiples)

Billing Practices
 Upcoding
 Downcoding
 Authentication of Records
 Charging IHCP Members for Covered Services
 Complete Date of Service
 Correction Fluid and Pencil

Selected Values

Letter Notes

Expand [Spell Check](#)

State Review & Approval

Letter Approved By <select> **Letter Approval Date**

Letter Review & Approval Notes

Expand [Spell Check](#)

Letter Sent

Date Letter Sent	Mail Tracking Number	Mail Tracking Date Received

10. When the Payment Suspension has been lifted, complete the following.
 - a. In the Credible Allegation of Fraud section, enter the Suspend End Date.

Credible Allegation of Fraud

Did the Preliminary Investigation result in a credible allegation of fraud? **Allegation Date**
 Yes No 10/18/2013

Suspend Payments?*
 Yes No

Full or Partial Suspension?*
 Full Partial

Partial Suspension Good Cause Exceptions **Selected Values**
 (Hold CTRL to select multiples)

Law enforcement good cause-42 CFR 455.23(e)(1)requires renewal every 90 days)
 Other remedies more effective or quicker (e.g. termination, prepayment review)
 Adverse effect on beneficiary access to services
 Decision on submission of provider
 Single business unit or area within larger entity-partial withheld
 Withhold is not in best interest of program
 Other

Partial Suspension Explanation

Expand [Spell Check](#)

Suspend Begin Date* 10/18/2013 **Suspend End Date**

Date of MFCU Referral* 10/18/2013

Is Delay Requested?

Response 1
 Response 2
 Response 3

- b. Enter any necessary notes in the notes field.
- c. If additional documentation was created, add it to the CAF Attachments section.

CAF Attachment(s)

#	Date	Attachment Name	Notes
001	10/18/2013	User Role Re-Testing 2nd Results 10 17 2012.xls	

- d. Save the record.
- e. Ensure that the CASE Payment Suspension sub-status now has an end date and is shown in light grey in the Provider Sub-Status section.

Provider Sub-Status

User Generated Sub-Statuses

Sub-Status*
 Begin Date of Sub-Status*
 End Date of Sub-Status

#	Sub-Status	Begin Date	End Date	Set By
System Generated Sub-Statuses				
#	Sub-Status	Begin Date	End Date	Set By
001	CASE Payment Suspension	10/18/2013	01/13/2014	Harker, Amy

- f. Create and send the PI Discontinuation of Payment Suspension letter using the appropriate letter template, obtain approval for the letter and have it signed. Scan and save the signed copy of the letter. Send the letter to the provider using certified mail.
- g. Add a new letter record by pressing “Add New” under the Letters section of the Provider Screen.

Letters (0)

#	Letter Type	Date Sent	Sent By	Letter Attachment
<input type="button" value="Add New"/>				

- a. Select PI Discontinuation of Payment Suspension as the letter type.
- b. Select FSSA OPS for “Sent By”
- c. Browse for and attach the scan of the final signed version of the letter.
- d. Enter any pertinent notes the Letter Notes field.

- e. Choose who approved the letter from the names listed in the Letter Approved By field.
- f. Select and enter the date that the letter was approved.
- g. Enter the date that the letter was sent to the provider.
- h. Enter the certified mail tracking number in the Mail Tracking Number field.
- i. Save and Exit the record.
- j. When the proof of delivery is received, scan the card and save.
- k. Open the letter record and enter the date that the provider signed for the letter in the Mail Tracking Date Received field.
- l. Upload the scan of the proof of delivery document to the Provider Response/Letter Attachments section.

Provider Name **BLACK JOSEPH M**

Letter Type*
<select>

Sent By*
<select>

Attach File...
(You must save the document after selecting file, otherwise the selected document will not be saved. Click on the "Browse" button to select file.)
Browse...

Letter Education Topics
(Hold CTRL to select multiples)

Letter Education Topics	Selected Values
Billing Practices	
Upcoding	
Downcoding	
Authentication of Records	
Charging IHCP Members for Covered Services	
Complete Date of Service	
Correction Fluid and Pencil	

Letter Notes

Expand [Spell Check](#)

State Review & Approval

Letter Approved By <select> **Letter Approval Date** []

Letter Review & Approval Notes

Expand [Spell Check](#)

Letter Sent

Date Letter Sent	Mail Tracking Number	Mail Tracking Date Received
[]	[]	[]

- m. If the provider appeals the payment suspension, complete the following
 1. Enter the date that the appeal was received in the Date of Provider Appeal field in the CAF section.

2. Add an Appeal record to the case.

Provider Notification Date*

Date of Provider Appeal **Provider Appeal Closed** **Appeal Outcome**

h. Under the appeal section, press “Add New.”

Appeals (0)

#	Appeal Received	Cause Number	Appeal Amount	Outcome	Due Date
<input type="button" value="Add New"/>					

- i. Enter the date that the appeal was received in the Begin Date of Appeal field.
- j. If the provider is being represented by counsel, complete the Provider’s General Counsel section of the record.
- k. Enter the reviewer assigned.
- l. In the Appeal Notes section of the record, note that this is an appeal for the Payment Suspension Only, and enter any other notes that pertain to the appeal.
- m. Attach the provider’s request for appeal to the attachment section.

EXIT SAVE & EXIT SAVE

This is a new record. please save to see other buttons.

Appeal # **PRV-2013-10-000003 - 001** Date Recorded **01/13/2014**
Case Name **BLACK JOSEPH M** Recorded By **Harker, Amy**
Provider Name **BLACK JOSEPH M**

Date Appeal Received* **Administrative Hearing Date**
Appeal Cause Number **ALJ Assigned** **ALJ Assigned Date**
Appeal Amount **Appeal Outcome**
Appeal Due Date

Provider's General Counsel **Effective Date of Counsel** **FSSA Legal Attorney**

Reviewer Assigned **Partial Amount** **S of I Completed** **Appeal Closed Date**

Appeal Notes

Expand [Spell Check](#)

Appeal Status Notes (0)
 Appeal Attachments (0)

- n. When the outcome of the appeal is known, go to the appeal record and choose the appropriate appeal outcome from the list provided.
- o. Enter the appeal close date in the Appeal Closed Date field.
- p. Upload any pertinent documents to the Attachments section.
- q. Save and Exit the record.
- r. In the CAF section, enter the appropriate date in the Provider Appeal Closed field.
- s.
- t. In the appeal record, choose the appropriate appeal outcome from the list provided.
- u. Enter the appeal close date in the Appeal Closed Date field.
- v. Upload any pertinent documents to the Attachments section.
- w. Save and Exit the record.

This is a new record. please save to see other buttons.

EXIT **SAVE & EXIT** **SAVE**

Appeal # **PRV-2013-10-000003 - 001** Date Recorded **01/13/2014**
 Case Name **BLACK JOSEPH M** Recorded By **Harker, Amy**
 Provider Name **BLACK JOSEPH M**

Date Appeal Received* Administrative Hearing Date

Appeal Cause Number ALJ Assigned ALJ Assigned Date
 <select>

Appeal Amount Appeal Outcome
 <select>

Appeal Due Date

Provider's General Counsel Effective Date of Counsel FSSA Legal Attorney
 <select>

Reviewer Assigned Partial Amount S of I Completed Appeal Closed Date
 <select>

Appeal Notes

Expand [Spell Check](#)

Appeal Status Notes (0)
 Appeal Attachments (0)

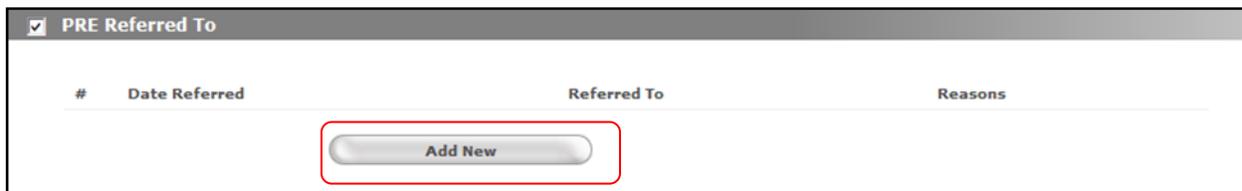
- x. In the CAF section, enter the appropriate date in the Provider Appeal Closed field.
- y. Choose the appropriate Appeal Outcome from the list provided.
- z. Save the record.

Provider Notification Date*

Date of Provider Appeal **Provider Appeal Closed** **Appeal Outcome**
 <select>

How do I record that a provider was referred to another agency?

1. In a PRE or PRV/PRJ case, add a new Referred To record. (Note: if the Provider is being referred to another agency, the user must first promote a CON case to a Preliminary Investigation in order to record the referral.)
 - a. Press the Add New button to add a new record.



- b. Select and enter the date that the provider was referred to another agency.
- c. Select the agency that the provider was referred to from the list in the Referred To field.
- d. Select the reason(s) that the provider was referred from the list provided.
- e. Save the record.
- f. Upload copies of any documentation sent to the other agency in the Referred to Attachments section.
 - i. Press the “Add New” button to add a new attachment.
 - ii. Enter the attachment date.
 - iii. Browse for and attach the document.
 - iv. Enter any notes about the attachment in the Attachment Notes field.
 - v. Save and exit the record.
- g. Save and exit the record.
- h. Update the status notes in the record as necessary.

The screenshot shows a web application interface with a top navigation bar containing 'Records', 'Reports', and 'Maintenance'. Below the navigation bar are icons for 'EXIT', 'SAVE & EXIT', and 'SAVE'. A red message states: 'This is a new record. please save to see other buttons.' The main content area displays record details: 'Referred To #' (PRE-2013-10-000001 - 001), 'Case Name' (BUTT REXALL DRUG INC), 'Date Recorded' (01/13/2014), and 'Recorded By' (Harker, Amy). There are three red boxes highlighting specific fields: 'PRE Referred To Date*' (a date input field), 'PRE Referred To*' (a dropdown menu showing '<select>'), and 'PRE Reason Referred To External Agency (Hold CTRL to select multiples)' (a multi-select list with 'Other' selected). Below these fields is a 'Selected Values' section. At the bottom, there are two expandable sections: 'PRE Referred To Status Notes (0)' and 'PRE Referred To Attachments (0)'.

How do I record Coordination with another agency or division?

1. In a PRE or PRV/PRJ Case, use a Coordination Record to record these activities.
 - a. Go to the Coordination Section and click the Add New button to add a new record.

The screenshot shows a form titled 'PRE Coordination'. At the top, there is a checked checkbox and the text 'PRE Coordination'. Below this is a field for 'MFCU Tracking Number' with the value 'PRE-2013-10-000001'. Underneath is a table header for 'PRE Coordinations' with columns: '#', 'Date Submitted', 'Coordinating Entity', 'Reason(s)', 'Response Date', and 'Response'. Below the table header is a red box containing an 'Add New' button.

- a. Select and enter the appropriate date in the Date Coordination Submitted field.
- b. Select the entity that is coordinating with FSSA from the list provided.
- c. Select the reason(s) for coordination from the list provided.
- d. Enter the contact person's Name, Title, Phone and email address in the fields provided.
- e. In the Coordination Notes field, enter a detailed description of the activities between the entities.
- f. If a response was given, select and enter the Coordination Response Date
- g. Select the appropriate coordination response from the list provided.
- h. Upload any pertinent documents to the Coordination Attachments Section.
 - i. Select Add New to add a new attachment.
 - ii. Browse for and select the document to be attached.
 - iii. Enter any notes relevant to the document in the Attachment Notes field.
 - iv. Save and exit the record.
 - v. Repeat these steps for each document.
- i. Save and Exit the record.

- j. Updates on the coordination effort can be recorded using the status notes section of the Coordination record.

This is a new record. please save to see other buttons.

Coordination # PRE-2013-10-000001 - 001 Date Recorded 01/13/2014
 Case Name BUTT REXALL DRUG INC Recorded By Harker, Amy

Date Coordination Submitted: Entity Coordinating with OMPP: <select>

Reason for Coordination (Hold CTRL to select multiples)
 Vetting for investigation coordination
 Other

Selected Values

Coordination Contact First Name: Coordination Contact Last Name: Coordination Contact Title:
 Coordination Contact Phone: Ext.: Coordination Contact Email:

Coordination Notes:

Expand [Spell Check](#)

Coordination Response Date: Coordination Response: <select>

Coordination Status Notes (0)
 Coordination Attachments (0)

How do I record a MFCU Hold?

1. Notify a manager that MFCU has requested a hold on the provider.
2. A manager will enter a hold in the Provider Master.
 - a. Go to the Maintenance Menu.



- b. Select Master Provider Records.

- RECOMMENDATION: Types of Approvals
- RECONSIDERATION: Reconsideration Outcomes
- Cancel Reasons
- Close Reasons
- Cities
- Counties - Zip Codes
- Global Contact List
- Master Provider Records**
- Ownership Decline Reasons
- Reopen Reasons
- Sub-Statuses

c. Enter the Provider LPI and Location in the search boxes at the top and press the Jump To button.

The screenshot shows a software interface with a navigation bar at the top containing 'Records', 'Reports', and 'Maintenance' tabs. Below the tabs is a toolbar with icons for 'EXIT', 'PREVIOUS', 'NEXT', 'EXPAND', 'COLLAPSE', and 'ADD NEW'. A search bar on the right contains the placeholder text 'Type in key word here'. Below the toolbar, there are two input fields: 'Provider RDI/LPI No.:' and 'Provider Location:'. Both input fields and the 'Jump To' button to their right are highlighted with red boxes.

- d. Click on the provider name to open the provider's record.

<u>Provider</u>	<u>LPI</u>	<u>Location</u>	<u>On-Hold</u>
OABIB MD V	100434730	A	
1-70 MEDICAL CENTER	200887160	A	
111 HOME PERSONAL CARE AGENCY	201043290	A	
180 MEDICAL INC	200505230	A	
1ST ADVANTAGE PHYSICAL THERAPY	200848730	A	
1ST ADVANTAGE PHYSICAL THERAPY	200848730	B	

- e. Check the box beside Provider is On-Hold at the top of the record.
 f. Save and exit the record.

EXIT SAVE & EXIT SAVE SAVE NEW COPY DELETE

Provider is On-Hold

Entity/Organization Individual Both*

Name of Entity/Organization*

Provider Location

Provider Type

Provider Specialty
(Hold CTRL to select multiples)

Selected Values

RID/LPI No.

NPI No.

Tax ID.

License Number

Phone

Ext.

Email

Address Type
 Preferred Address

Address 1

Address 2

City

State

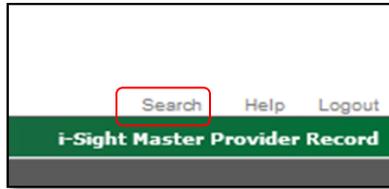
Zip

County

Address Effective As Of

Address Disabled As Of

- g. Search for all open cases regarding the provider and apply the hold to all open cases.
- h. Click on the Search button in the upper right section of the screen.



- i. Select the All button at the top of the search screen.
- j. Enter the provider LPI in the free text search box.
- k. Press the search button.

Records Reports Maintenance

SEARCH CLEAR

Search In All Contact Logs Preliminary Investigations Project/Provider Cases

Specific Text Field Search

Case # * Accept Partial Match

Case Type

Case Name *

*

*

*

Number Search

Equals To

Date Search

From To

Free Text Search

Search All Fields for

1. Open each applicable **case** and check the Provider is On-Hold box in the provider information section.

Case#	Document	Case Status	Responsible	Case Type	Case Name	Date Recorded
PRJ-2013-08-000016-002	Provider	Open	Amy Harker	Project	QA Test Case - A Coleman	08/26/2013
PRJ-2013-08-000022-002	Provider	Open	Amy Harker	Project	QA Test Case - C Shierant	08/26/2013
PRJ-2013-08-000043-001	Provider	Open	Amy Harker	Project	QA Test Case - Z Charlson	08/26/2013
PRJ-2013-08-000018-002	Provider	Open	Amy Harker	Project	QA Test Case - S Lewis	08/26/2013
PRJ-2013-08-000024-002	Provider	Open	Amy Harker	Project	QA Test Case - L Phelps	08/26/2013
PRJ-2013-08-000041-001	Provider	Open	Chris Hanks	Project	QA Test Project - C Hanks	08/24/2013
PRV-2013-08-000015-001	Provider	Open	Amy Harker	Provider		08/22/2013

Provider Info

Provider

Provider is On-Hold

LPI* NPI Tax ID Provider Location*

Entity/Organization Individual Both*

Provider Is On-Hold

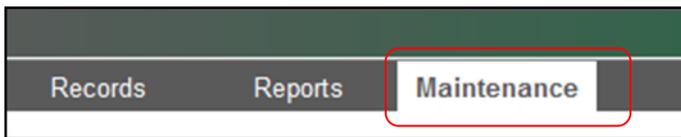
Name of Entity/Organization*

- m. Save and exit the case.
 - n. Repeat steps e and f for each open case.
3. In the case regarding the MFCU investigation, create a PRV MFCU Hold Record. Note: if the investigation case is a PRE case, the case should be completed and promoted to a PRJ case before entering the PRV MFCU Hold Record.
 - a. Open the PRJ case.
 - b. Navigate to the Provider record.
 - c. Navigate to the External/MFCU Hold section of the case.
 - d. Click Add New to create a new record.

External/MFCU Hold (0)

#	Tracking #	Agency	Begin Date	End Date
<div style="border: 1px solid gray; border-radius: 10px; padding: 5px 20px; display: inline-block;">Add New</div>				

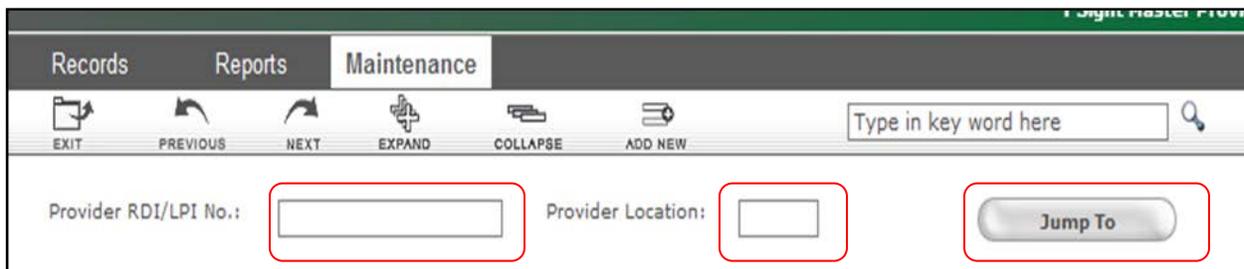
4. When notified that MFCU has lifted the provider hold the manager will do the following.
 - a. Go to the Maintenance Menu.



- b. Select Master Provider Records.



- c. Enter the Provider LPI and Location in the search boxes at the top and press the Jump To button.

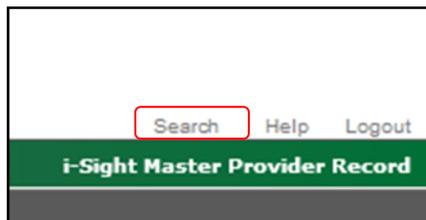


- d. Click on the provider name to open the provider's record.

<u>Provider</u>	<u>LPI</u>	<u>Location</u>	<u>On-Hold</u>
0ABIB MD V	100434730	A	
-70 MEDICAL CENTER	200887160	A	
111 HOME PERSONAL CARE AGENCY	201043290	A	
180 MEDICAL INC	200505230	A	
1ST ADVANTAGE PHYSICAL THERAPY	200848730	A	
1ST ADVANTAGE PHYSICAL THERAPY	200848730	B	

- e. Uncheck the box beside Provider is On-Hold at the top of the record.
- f. Save and exit the record.

- g. Search for all open cases regarding the provider and apply the hold to all open cases.
 - i. Click on the Search button in the upper right section of the screen.



- ii. Select the All button at the top of the search screen.
- iii. Enter the provider LPI in the free text search box.
- iv. Press the search button.

The screenshot displays the search interface for IN FADS Systems. At the top, there are tabs for 'Records', 'Reports', and 'Maintenance'. Below these are 'SEARCH' and 'CLEAR' buttons. The 'Search In' section has radio buttons for 'All', 'Contact Logs', 'Preliminary Investigations', and 'Project/Provider Cases', with 'All' selected and highlighted by a red box. The 'Specific Text Field Search' section includes fields for Case #, Case Type, Case Name, and three additional text fields, each with a search icon and an asterisk. The 'Number Search' section has a dropdown for number fields and an 'Equals To' field. The 'Date Search' section has a dropdown for date fields and 'From' and 'To' date input fields. The 'Free Text Search' section has a large text input field labeled 'Search All Fields for', which is highlighted by a red box.

- v. Open each applicable case and uncheck the Provider is On-Hold box in the provider information section.

Case#	Document	Case Status	Responsible	Case Type	Case Name	Date Recorded
PRJ-2013-08-000016-002	Provider	Open	Amy Harker	Project	QA Test Case - A Coleman	08/26/2013
PRJ-2013-08-000022-002	Provider	Open	Amy Harker	Project	QA Test Case - C Shierant	08/26/2013
PRJ-2013-08-000043-001	Provider	Open	Amy Harker	Project	QA Test Case - Z Charlson	08/26/2013
PRJ-2013-08-000018-002	Provider	Open	Amy Harker	Project	QA Test Case - S Lewis	08/26/2013
PRJ-2013-08-000024-002	Provider	Open	Amy Harker	Project	QA Test Case - L Phelps	08/26/2013
PRJ-2013-08-000041-001	Provider	Open	Chris Hanks	Project	QA Test Project - C Hanks	08/24/2013
PRV-2013-08-000015-001	Provider	Open	Amy Harker	Provider		08/22/2013

Provider Info

Provider

Provider is On-Hold

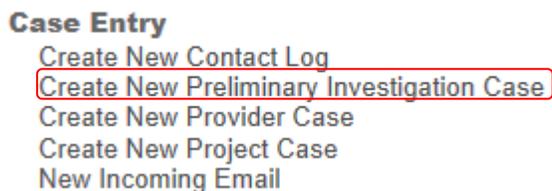
Entity/Organization
 Individual
 Both*
 Provider Is On-Hold

Name of Entity/Organization*

- vi. Save and exit the case.
- vii. Repeat steps v and vi for each open case.

How do I record an investigation resulting from a J-SURS Profile?

1. Open a new PRE case by clicking on the link in the records screen.



2. _____
3. Complete the PRE Source Data.
 - a. Enter name of the person who ran the J-SURS profile in the PRE Received by field.
 - b. Enter the date that the J-SURS profile was completed in the Date of PRE field.
 - c. In the J-SURS date field, choose the quarter in which the profile was run.
 - d. For the Method of Contact, choose Other.
 - e. For Contactor Type, choose J-SURS
 - f. Leave the remaining information in the Source Data section blank.

4. Complete the Regarding Data section.

The regarding section must be completed in every Contact Log, as the case will use the information from this section in the Case Name.

- a. Choose the appropriate Regarding Type from the list provided.
- b. Go to the LPI field. Enter the provider LPI (if known). Click on the magnifying glass beside the LPI field to activate the look-up function.
- c. Choose the appropriate provider from the list generated by the look-up. All necessary fields in the Regarding Section will be populated.
- d. Save the record.
- e. If the LPI is not known, choose the Entity/Organization option and enter the first part of the provider's name. Click on the magnifying glass beside the Entity/Organization field to activate the look-up function.
- f. Choose the appropriate provider from the list generated by the look-up. Necessary fields in the Regarding Section will be populated.
- g. If the contact log is regarding a member, choose Member as the Regarding Type.
- h. Select Individual and enter the Member's name in the fields provided.
- i. Enter the Member RID in the RID/LPI field.
- j. Complete the address and phone number information for the member.
- k. Save the record.

☑ PRE Source Data

Contact Information

PRE Received By* Harker, Amy ▼	Date of PRE* 08/25/2014	J-SURS Date <select> ▼
Method of Contact* <select> ▼	Contactor Type* <select> ▼	

Provider Type
<select> ▼

Provider Specialty
(Hold CTRL to select multiples)

(010) Acute Care (011) Psychiatric (012) Rehabilitation (013) Long-Term Acute Care (020) Ambulatory Surgical Center (ASC) (030) Nursing Facility (031) ICF/MR	Selected Values ▲ ▼
---	---------------------------

Contactor First Name	Contactor Last Name	Contactor Middle Initial	
Contactor/Entity/Organization			
<input type="checkbox"/> Calling on Behalf of (If different than contactor)			
Contactor RID/LPI Number	Contactor NPI Number	Contactor Tax ID	
Contactor Phone	Ext.	Contactor Email Address	
Contactor Address 1		Contactor Address 2	
Contactor City <select> ▼	Contactor State IN - Indiana ▼	Contactor Zip	Contactor County

- g. In the Reason & Response section, for Contact Reason choose J-SURS Exception Profile.
- h. Enter any applicable notes in the Reason for Contact – Notes field.
- i. In the Contact Response field, choose the appropriate action being taken.
- j. Enter any notes in the Response to Contact Notes field.
- k. Press Save.

Reason & Response

Contact Reason*
(Hold CTRL to select multiples)

HP Customer Services

Inquiry to Credit Balance Letter

Inquiry to File a Complaint

IQ Constituent Inquiry

J-SURS Exception Profile

MCE Concern

MCE Customer Service

Selected Values

Reason for Contact - Notes

Expand [Spell Check](#)

Contact Response
(Hold CTRL to select multiples)

Follow-up to MFCU Admin Release

Forwarded to Other OMPP Area for Assistance

HP Customer Service

Inquiry Answered

Inquiry Pending

MCO Customer Service

MFCU ONLY open inv - released

Selected Values

Response to Contact - Notes

Expand [Spell Check](#)

5. Depending on what action is being taken (Preliminary investigation or CAF) complete the Preliminary investigation section of the case.
6. Save your work.
7. Based on the outcome of the investigation, close or promote the case.
 - a. If the investigation shows that a Risk Assessment should be performed, promote to a PRJ case and assign to Meyers and Stauffer.
 - b. If the investigation shows that an Audit should be performed, promote to a PRJ case and assign to the appropriate auditor.
 - c. If the investigation shows that a Payment suspension should be instituted against the provider, follow the steps for a Payment Suspension above.
 - d. If the investigation shows that the provider should be placed on Prepayment Review, follow the steps to promote the case and assign to Prepayment Review.
 - e. If the investigation shows that no further actions needs to be taken, ensure that all documentation has been attached and close the case.

How do I re-open a preliminary investigation?

Cases can only be re-opened by system administrators.

8. Enter a help-desk ticket using the IN FADS website.

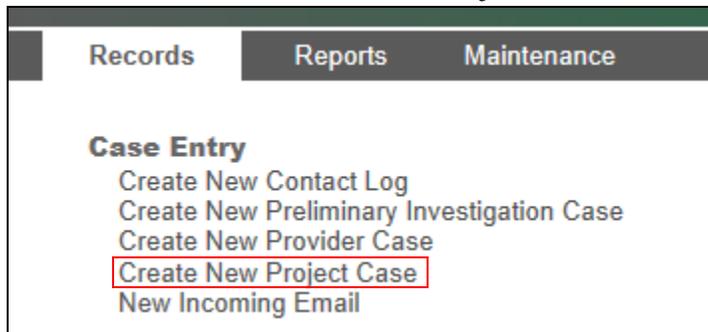
- a. Open the IN FADS website.
 - b. At the top of the site, click on the IN FADS Help Desk – submit a new issue or view your submitted issues link.
 - c. In the toolbar, choose Items.
 - d. Click on the New Item icon in the tool bar.
 - e. Enter your name in the Requester field.
 - f. Enter a title for the ticket. (i. e. Re-open Case)
 - g. Enter today’s date in the Date Logged field.
 - h. Select the appropriate priority from the list provided.
 - i. In the category field, select i-Sight.
 - j. In the Long Description field, enter the case number that needs to be re-opened, along with the reason for re-opening.
 - k. Click Save in the top menu.
9. If you are unable to log a help desk ticket, you may request that a case be reopened by emailing the request, complete with case number and reason for reopening to Healthcare-IndianaFADSHelpDesk@truvenhealth.com.

Provider and Project Cases

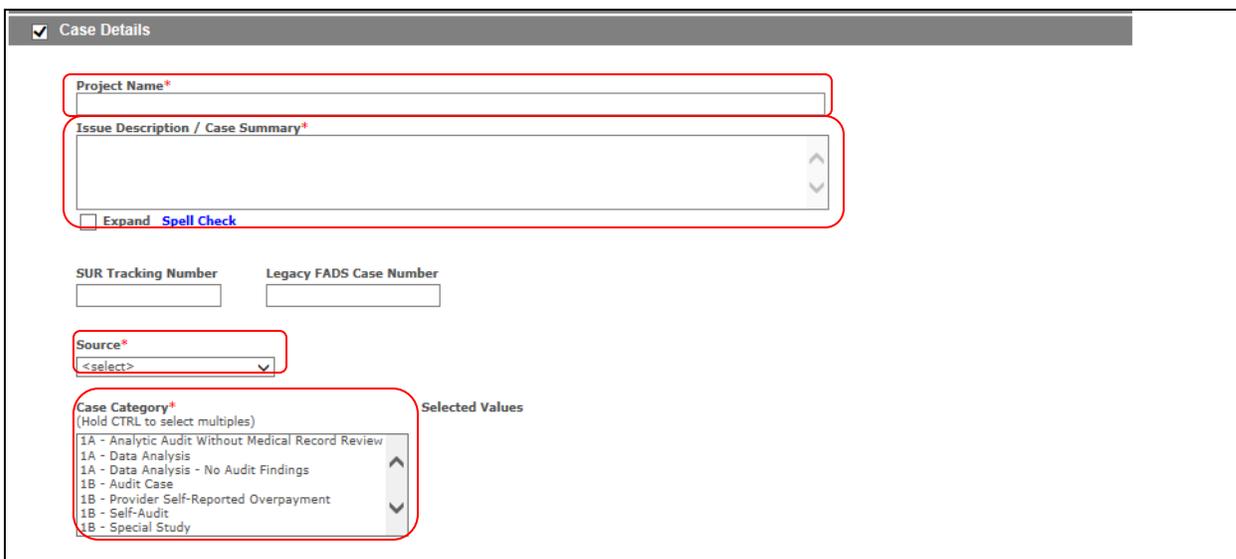
Provider and Project Cases

How do I open a new PRJ case?

1. From the main records screen, click on Create a New Project Case.



2. Go to the Case Details section.



- a. In the case name field, type in the name of the project. If the name of the project is the provider's name, make sure that the name is typed in exactly as it appears in the provider look-up.
- b. In the Issue Description/Case Summary field, enter a brief summary of the case, including the number of providers that are included in the Project.
- c. Choose the correct value from the Source drop down list to show where the case originated.

d. Choose the correct Case Category from the list provided to accurately describe the case.

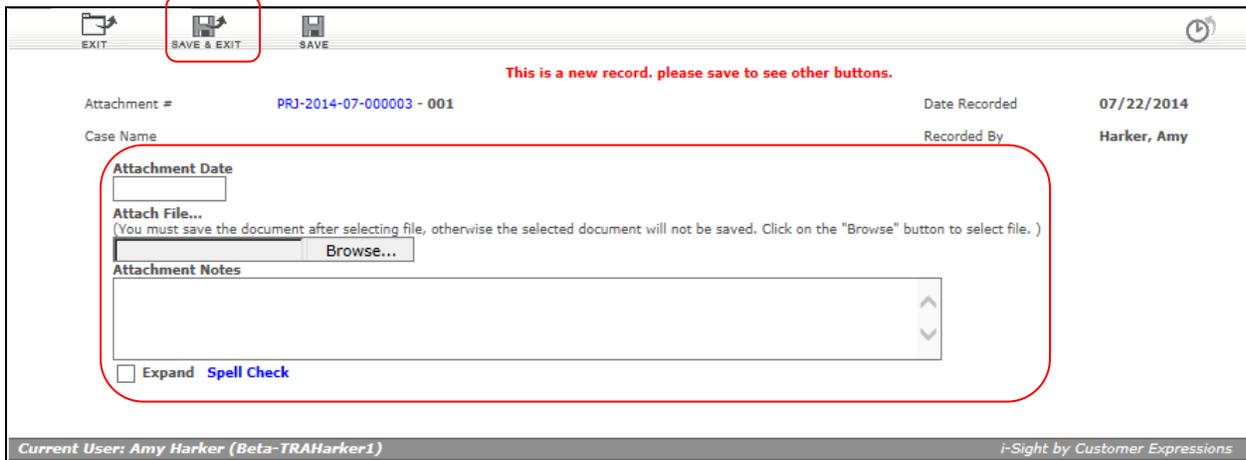
Case Category	When to use
SUR 1A – Data Analysis	Use for audits that are a result of data analysis where there are recoverable findings, unless the audit is a Self-Audit.
SUR 1A – Data Analysis – No Audit Findings	Use for audits that are a result of data analysis where there are no recoverable findings
SUR 1B – Audit Case	Use for audit cases (other than self-audits) that are not a result of data analysis. This includes Desk Audits, Medical Records Audits, and On-Site Audits, but excludes those audits that are MIC, OIG, PERM or RAC related.
SUR 1B – Provider Self-Disclosure	Use for those cases where the provider self-reports an overpayment.
SUR 1B – Self Audit	Use for all Self-Audits, even those resulting from data analysis.
RAC Audit Case	Use this category for all audits performed by the state’s recovery audit contractor. Do not choose any other categories if you choose this category.
MIC	Use this for MIC related audits
OIG	Use this for audits that are referred by the OIG
PERM	Use this for all PERM related audits
Risk Assessment	Use this when a Risk Assessment is being performed for the provider to determine if an audit is necessary.
Payment Suspension	Use this category to show that a Payment Suspension has been levied against the provider.
Prepayment Review	Use this category to show that the provider has been placed on Prepayment Review.
EHR	Use this category for all cases related to Electronic Health Records.
Test Case	This category should be used for cases that are for test purposes only. These cases are excluded from all report results.
Other	Do not use this option. If unsure which option to choose, please contact the help desk.

e. Press Save.

3. If the case resulted from Data Analytics, go to the PRJ Attachments section.
 - a. Attach copies of the Analytic write-up, the algorithm results and MFCU clearance.



- b. Click the Add New button.

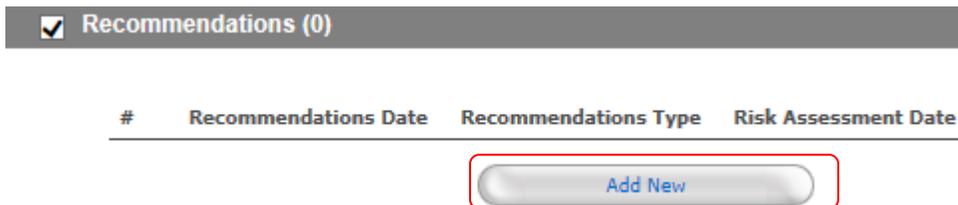


- c. Enter today's date in the Attachment Date field.
 - d. Browse for and select the file you wish to attach.
 - e. Add any applicable notes about the file you are attaching.
 - f. Press Save and Exit.
 - g. Repeat these steps for each file you wish to attach.
4. Go to the Provider's section.
 - a. To upload a provider information file, follow the steps below. To add providers individually, go to step XX.
 - b. Under the Provider & Claims Upload section, press the Add New button.
 - c. Browse for and select the source file that you wish to upload. All upload files should be in the format specified in Appendix B.
 - d. Click the Initiate Upload button.
 - e. A message will appear notifying you that it may take up to 30 minutes for the upload process to begin. Press OK. (Note: It may take up to 30 minutes for the upload to begin, but depending on the file size, it may take longer for the file to actually load.) When the file has been transferred to the server, the system will return you to the previous page. Do not press the exit button.
 - f. The system will send you an email notifying you when the upload is complete.

- g. Click on the 001 beside the upload file to check for any file upload errors in the Providers & Claims Upload Log.

How do I record a Risk Assessment?

1. Navigate to the Recommendations section of the Provider record.
2. Click Add New.



3. Enter the Recommendation Date
4. Under Type, choose Risk Assessment
5. Choose the appropriate value in the Recommendation Made By to show who recommended the provider for a risk assessment.
6. Under Risk Assessment, click Yes.
7. In the Risk Assessment Date field, enter the date that the Risk Assessment was completed.
8. In the Risk Rating Score, enter the score from the risk assessment.
9. Enter any notes pertaining to the risk assessment and resulting recommendation.
10. Browse for and attach an electronic copy of the Risk Assessment.
11. Click Save and Exit
12. Note: If the risk assessment resulted from an Analytic case, make sure that the Source for the case (in the Case Detail screen) is marked as Data Analysis.

EXIT
SAVE & EXIT
SAVE

🕒

This is a new record. please save to see other buttons.

Recommendation #	PRJ-2014-06-000004 - 001	Date Recorded	08/15/2014
Case Name	Training Project	Recorded By	Harker, Amy
Provider Name	ATKINS EDWARD M		

Recommendations

Recommendation Date*

Type

Recommendation Made By

Risk Assessment
 Yes No

Risk Assessment Date*

Risk Rating Score*

Recommendation Details \ Rational

Expand [Spell Check](#)

Attach Risk Assessment...
(You must save the document after selecting file, otherwise the selected document will not be saved. Click on the "Browse" button to select file.)

Approvals

Type Of Recommendation Approval	Recommendation Approver	Date Recommendation Approved
<input type="text" value="<select>"/>	<input type="text" value="<select>"/>	<input type="text"/>

■ Recommendation Status Notes (0)

13. When the Audit Committee has approved the Risk Assessment and recommendations, record the outcome under the approval section.
 - a. Select the appropriate Type of Recommendation Approval.
 - b. Select the appropriate Recommendation Approver
 - c. Enter the Date Recommendation Approved.
 - d. Click Save and Exit.

Approvals

Type Of Recommendation Approval	Recommendation Approver	Date Recommendation Approved
<input type="text" value="<select>"/>	<input type="text" value="<select>"/>	<input type="text"/>

■ Recommendation Status Notes (0)

How do I complete an Audit record?

1. Add a new Audit Record by pressing the “Add New” button in the PRV Audit section of the case

PRV Audit (0)

Exclude in Provider Portal Request

#	Audit Type	Audit City	Begin Date	End Date	Primary Auditor	Audit Tracking #	Audit Status
<div style="border: 2px solid red; display: inline-block; padding: 5px 20px; border-radius: 10px; background-color: #ccc; text-decoration: none; color: #000;">Add New</div>							

2. Select the appropriate Auditing Group from the list provided.
3. Select the Primary Auditor from the list provided.
4. If additional auditors will be assisting with the audit, select their name(s) from the list provided.
5. Select the Audit Type from the list provided.
6. Enter the Audit Begin Date.
 - a. For Analytic Audits, the audit begin date is the date that the case was recorded in i-Sight.
 - b. For Financial Audits, the audit begin date is the date that the Audit Notification Letter was sent to the provider.
 - c. For a Self-Audit, the audit begin date is the date that the case was recorded in i-Sight
 - d. For all other audit types, the audit begin date is the date that preparation began for the audit.
7. Choose the appropriate Audit Status from the list provided.
8. Save the record.

Auditors

Auditing Group
<select>

Primary Auditor
<select>

Additional Auditor(s)
(Hold CTRL to select multiples)

- Admin, Yulia
- Barr, Ashley
- Brewer, Kate
- Brooks, Angela
- Chandler, Sarah
- Charlson, Zachery
- Coffey, Judith

Selected Values

Audit

Audit Type*
<select>

Audit Tracking Number
[]

Audit City
<select>

Audit State
IN - Indiana

Audit Zip
[]

Audit Begin Date* [] **Audit End Date** []

Audit Priority
<select>

Next Audit Task Due Date [] **Date Audit Task Assigned** []

Audit Status
<select>

- If going on-site for an audit, check the On-Site Audit check box.
- Enter the date that MFCU cleared the provider for audit.
- Enter the dates that the auditor(s) will actually be on-site for the audit.
- Save the record.

On-Site Audit

Date MFCU Cleared Provider for Audit* []

Date On-Site From* [] **Date On-Site To*** []

- If sampling will be done for the audit, enter a new Audit Sampling record by clicking the “Add New” button in the Audit Sampling section of the Audit record.

Audit Sampling

#	Begin Date	End Date	Method	Universe
<input type="button" value="Add New"/>				

- Enter the Sample Begin Date
- Enter the Sample End Date
- Choose the appropriate Audit Sample Method from the list provided.

- 17. Enter the Universe
- 18. Enter the Sample Size
- 19. Enter the Confidence Level, Precision Levels.

EXIT
 SAVE & EXIT
 SAVE

This is a new record. please save to see other buttons.

Audit Sampling #	PRJ-2014-02-000002 - 001	Date Recorded	02/07/2014
Case Name	Self-Disclosure	Recorded By	Harker, Amy
Provider Name	ADOLESCENT GYN CLINIC		

Sample Begin Date*
Sample End Date

Audit Sample Method* Universe

<select>

Sample Size Sample Type

<select>

Confidence Level (%)	Precision Level Percentage (%)	Precision Level Dollars (\$)
95		

- 20. If medical records are received for the audit, record the date that the records were received.
- 21. When the review of the medical records is complete, enter the Review Completed Date.

Records Received Date

Review Completed Date

22. When the Draft Audit Findings letter is complete and approved, choose the appropriate Draft Audit Finding(s) from the list provided.
23. Select “Yes” for Draft Audit Findings Approved by FSSA OPS.
24. Enter the date that the letter was sent to the provider as the Draft Audit Findings Date.
25. Enter any necessary notes about the Draft Audit Findings in the notes area provided.
26. Change the Audit Status to Draft Audit Findings.
27. Save the record.

A screenshot of a web form element. It features a label 'Audit Status' in blue text above a dropdown menu. The dropdown menu is currently displaying '<select>' and has a small downward-pointing arrow on its right side. The entire element is enclosed in a thin red rectangular border.

28. When the Audit Findings are known and approved, and a Final Audit Findings or Final Calculation of Overpayment letter has been created and approved, change the audit status to Final Determination sent.
29. Save the record.

A screenshot of a web form element. It features a label 'Audit Status' in blue text above a dropdown menu. The dropdown menu is currently displaying '<select>' and has a small downward-pointing arrow on its right side. The entire element is enclosed in a thin red rectangular border.

30. When claims adjustments have been submitted to HP, change the audit status to Claim Adjustment in Progress.
31. Save the record

A screenshot of a web form element. It features a label 'Audit Status' in blue text above a dropdown menu. The dropdown menu is currently displaying '<select>' and has a small downward-pointing arrow on its right side. The entire element is enclosed in a thin red rectangular border.

32. If the provider requests an Administrative Reconsideration, change the audit status to Reconsideration Underway.
33. When the reconsideration is complete, change the status to Final Determination Sent.
34. Save the record

A screenshot of a web form element. It features a label 'Audit Status' in blue text above a dropdown menu. The dropdown menu is currently displaying '<select>' and has a small downward-pointing arrow on its right side. The entire element is enclosed in a thin red rectangular border.

35. If the provider appeals the Final Calculation of Overpayment, change the Audit Status to In Appeal.
36. Save the record.

A screenshot of a web form element. It features a label 'Audit Status' in blue text above a dropdown menu. The dropdown menu is currently displaying '<select>' and has a small downward-pointing arrow on its right side. The entire element is enclosed in a thin red rectangular border.

37. When the provider has agreed to pay the amount due, change the Audit Status to Closed
38. Enter the Audit End Date. The Audit End Date should be the date that the provider agreed to pay any outstanding overpayment or the date or the date that a decision was made on an appeal.

The screenshot shows a form with the following fields and their states:

- Audit Begin Date***: Text input field containing "02/07/2014".
- Audit End Date**: Text input field, currently empty, highlighted with a red box.
- Audit Priority**: Dropdown menu showing "<select>".
- Next Audit Task Due Date**: Text input field, currently empty.
- Date Audit Task Assigned**: Text input field, currently empty.
- Audit Status**: Dropdown menu showing "<select>", highlighted with a red box.

(Note: No audit record should be added for Provider Self-Disclosures, as no audit was conducted.)

How do I notify a provider about an upcoming audit or a Self-Audit?

1. Create and send the Audit Notification Letter or Self Audit Letter.
 - a. Using the appropriate letter template, create audit notification letter or Self Audit letter and obtain the necessary letter approvals and signatures.
 - b. Scan and save a copy of the signed letter.
 - c. Send the letter to the provider using certified mail and delivery confirmation.
 - d. Enter a new Letter Record in the Provider Screen.
 - i. Select Add New in the Letter Section.
 - ii. Choose the appropriate letter type.
 - iii. Choose the appropriate entity from the list provided in the Sent By field.
 - iv. Browse for and attach the scanned copy of the signed letter.
 - v. Add any necessary notes about the letter in the Letter Notes field.
 - vi. Select the name of the person who approved the letter from the list of names provided in the Letter Approved By field.
 - vii. Select and enter the date that the letter was approved in the Letter approval date field.
 - viii. Select and enter the date that the letter was mailed in the Date Letter Sent field.
 - ix. Enter the certified mail tracking number in the Mail Tracking Number field.
 - x. Save the record.

Records
Reports
Maintenance

EXIT
SAVE & EXIT
SAVE
🕒

Letter Type*

Sent By*

Attach File...
(You must save the document after selecting file, otherwise the selected document will not be saved. Click on the "Browse" button to select file.)

Letter Education Topics
(Hold CTRL to select multiples)

	Selected Values
Billing Practices	▲
Upcoding	■
Downcoding	▼
Authentication of Records	
Charging IHCP Members for Covered Services	
Complete Date of Service	
Correction Fluid and Pencil	

Letter Notes

Expand [Spell Check](#)

State Review & Approval

Letter Approved By

Letter Approval Date

Letter Review & Approval Notes

Expand [Spell Check](#)

Letter Sent

Date Letter Sent	Mail Tracking Number	Mail Tracking Date Received
<input type="text"/>	<input type="text"/>	<input type="text"/>

- xi. Upload any attachments sent with the letter to the Provider Response/Letter Attachments section.
 1. Press the “Add New” button to add a new attachment.
 2. Enter the attachment date.
 3. Browse for and attach the document.
 4. Enter any notes about the attachment in the Attachment Notes field.
 5. Save and exit the record.
- xii. Exit the record.

Provider Response / Letter Attachments (0)

#	Date	Attachment Name	Notes
<input type="button" value="Add New"/>			

i-Sight Attachment Record

Records
Reports
Maintenance

This is a new record. please save to see other buttons.

Attachment # Date Recorded 02/07/2014
 Case Name Recorded By Harker, Amy
 Provider Name KAISER HOME SUPPORT SERVICES INC

Attachment Date

Attach File...
(You must save the document after selecting file, otherwise the selected document will not be saved. Click on the "Browse" button to select file.)

Attachment Notes

Expand [Spell Check](#)

- xiii. When the proof of delivery is received, scan and save the proof of delivery document.
- xiv. Update the letter record with the date that the provider signed for the letter in the Mail Tracking Date Received field.

Expand [Spell Check](#)

Letter Sent

Date Letter Sent	Mail Tracking Number	Mail Tracking Date Received
<input type="text"/>	<input type="text"/>	<input type="text"/>

- xv. Upload the scanned delivery confirmation document to the Provider Response/Letter Attachments section.
 1. Press the “Add New” button to add a new attachment.
 2. Enter the attachment date.
 3. Browse for and attach the document.
 4. Enter any notes about the attachment in the Attachment Notes field.
 5. Save and exit the record.

Provider Response / Letter Attachments (0)

#	Date	Attachment Name	Notes
<input type="button" value="Add New"/>			

- e. To record the results of any interactions with the provider, add a Status Note to the Provider Screen.
 - i. Go to Status Notes and press the “Add New” button to add a new status note.
 - ii. Enter the information to be recorded in the Status Notes text field.
 - iii. Save and Exit the record.

- f. When the provider responds or sends medical records, record the response in the Letter record.

- i. Enter the date that the response was received in the Provider Letter Response Date Received field.
- ii. Choose the appropriate Provider Letter Response Type from the list provided.
- iii. Enter any appropriate notes.
- iv. Upload the response as an attachment to the Letter record.

Provider Response

Provider Letter Response Date Received

Provider Letter Response Type

Waived Appeal
 Yes No

Provider Letter Response Notes

Expand [Spell Check](#)

Status Notes (0)

Provider Response / Letter Attachments (0)

#	Date	Attachment Name	Notes
<input type="button" value="Add New"/>			

What steps do I follow to send a Draft Audit Findings Letter?

1. Create and send the Draft Audit Findings Letter.
 - a. Using the appropriate letter template, create Draft Audit Findings letter and obtain the necessary letter approvals and signatures.
 - b. Scan and save a copy of the signed letter.
 - c. Send the letter to the provider using certified mail and delivery confirmation.
 - d. Enter a new Letter Record in the Provider Screen.
 - i. Select Add New in the Letter Section.
 - ii. Choose Draft Audit Findings as the letter type.
 - iii. Choose the appropriate entity from the list provided in the Sent By field.
 - iv. Browse for and attach the scanned copy of the signed letter.
 - v. Add any necessary notes about the letter in the Letter Notes field.
 - vi. Select the name of the person who approved the letter from the list of names provided in the Letter Approved By field.
 - vii. Select and enter the date that the letter was approved in the Letter approval date field.
 - viii. Select and enter the date that the letter was mailed in the Date Letter Sent field.
 - ix. Enter the certified mail tracking number in the Mail Tracking Number field.
 - x. Save the record.

Records
Reports
Maintenance

EXIT
SAVE & EXIT
SAVE
🕒

Letter Type*

Sent By*

Attach File...
(You must save the document after selecting file, otherwise the selected document will not be saved. Click on the "Browse" button to select file.)

Browse...

Letter Education Topics
(Hold CTRL to select multiples)

	Selected Values
Billing Practices	
Upcoding	
Downcoding	
Authentication of Records	
Charging IHCP Members for Covered Services	
Complete Date of Service	
Correction Fluid and Pencil	

Letter Notes

Expand [Spell Check](#)

State Review & Approval

Letter Approved By	Letter Approval Date
<div style="border: 1px solid #ccc; padding: 2px;"></div>	<div style="border: 1px solid #ccc; padding: 2px;"><input style="width: 100%;" type="text"/></div>

Letter Review & Approval Notes

Expand [Spell Check](#)

Letter Sent

Date Letter Sent	Mail Tracking Number	Mail Tracking Date Received
<div style="border: 1px solid #ccc; padding: 2px;"><input style="width: 100%;" type="text"/></div>	<div style="border: 1px solid #ccc; padding: 2px;"><input style="width: 100%;" type="text"/></div>	<div style="border: 1px solid #ccc; padding: 2px;"><input style="width: 100%;" type="text"/></div>

- xi. Upload any attachments sent with the letter to the Provider Response/Letter Attachments section.
 1. Press the “Add New” button to add a new attachment.
 2. Enter the attachment date.
 3. Browse for and attach the document.
 4. Enter any notes about the attachment in the Attachment Notes field.
 5. Save and exit the record.
- xii. Exit the record.

☑ **Provider Response / Letter Attachments (0)**

#	Date	Attachment Name	Notes
<div style="border: 1px solid #ccc; padding: 5px; display: inline-block; background-color: #eee; border-radius: 10px;">Add New</div>			

i-Sight Attachment Record

Records
Reports
Maintenance

This is a new record. please save to see other buttons.

Attachment #	PRJ-2014-01-000007 - 001	Date Recorded	02/07/2014
Case Name	Split Provider Case Demonstration	Recorded By	Harker, Amy
Provider Name	KAISER HOME SUPPORT SERVICES INC		

Attachment Date

Attach File...
(You must save the document after selecting file, otherwise the selected document will not be saved. Click on the "Browse" button to select file.)

Attachment Notes

Expand [Spell Check](#)

- xiii. When the proof of delivery is received, scan and save the proof of delivery document.
- xiv. Update the letter record with the date that the provider signed for the letter in the Mail Tracking Date Received field.

Expand [Spell Check](#)

Letter Sent

Date Letter Sent	Mail Tracking Number	Mail Tracking Date Received
<input type="text"/>	<input type="text"/>	<input style="border: 1px solid red;" type="text"/>

- xv. Upload the scanned delivery confirmation document to the Provider Response/Letter Attachments section.
 1. Press the “Add New” button to add a new attachment.
 2. Enter the attachment date.
 3. Browse for and attach the document.
 4. Enter any notes about the attachment in the Attachment Notes field.
 5. Save and exit the record.

Provider Response / Letter Attachments (0)

#	Date	Attachment Name	Notes
<div style="border: 1px solid red; border-radius: 15px; padding: 5px 20px; display: inline-block; background-color: #ccc; color: #333; font-weight: bold;">Add New</div>			

i-Sight Attachment Record

Records Reports Maintenance

EXIT SAVE & EXIT SAVE

This is a new record. please save to see other buttons.

Attachment # **PRJ-2014-01-000007 - 001** Date Recorded **02/07/2014**
 Case Name **Split Provider Case Demonstration** Recorded By **Harker, Amy**
 Provider Name **KAISER HOME SUPPORT SERVICES INC**

Attachment Date

Attach File...
 (You must save the document after selecting file, otherwise the selected document will not be saved. Click on the "Browse" button to select file.)
 Browse...

Attachment Notes

Expand [Spell Check](#)

- e. To record the results of any interactions with the provider, add a Status Note to the Provider Screen.
 - i. Go to Status Notes and press the “Add New” button to add a new status note.
 - ii. Enter the information to be recorded in the Status Notes text field.
 - iii. Save and Exit the record.

Status Notes (0)

Add New

#	Date	Recorded By	Notes
<p>Status Notes Text*</p>			

Expand [Spell Check](#)

i-Sight Attachment Record

Records Reports Maintenance

EXIT SAVE & EXIT SAVE

This is a new record. please save to see other buttons.

Notes # **PRJ-2014-01-000007 - 001** Date Recorded **02/07/2014**
 Case Name **Split Provider Case Demonstration** Recorded By **Harker, Amy**
 Provider Name **KAISER HOME SUPPORT SERVICES INC**

- f. When the provider responds or sends medical records, record the response in the Letter record.

- i. Enter the date that the response was received in the Provider Letter Response Date Received field.
- ii. Choose the appropriate Provider Letter Response Type from the list provided.
- iii. If the Appeal Waiver indicates that the provider waived appeal, click the Yes button. If not, click the No button.
- iv. Enter any appropriate notes.
- v. Upload the response as an attachment to the Letter record.

Provider Response

Provider Letter Response Date Received

Provider Letter Response Type

Waived Appeal
 Yes No

Provider Letter Response Notes

Expand [Spell Check](#)

Status Notes (0)

Provider Response / Letter Attachments (0)

#	Date	Attachment Name	Notes
<input type="button" value="Add New"/>			

What do I do when a provider requests an Administrative Reconsideration?

1. When a provider requests an Administrative Reconsideration, record it under the Provider Response section of the Draft Audit Findings Record.
 - a. Enter the date that the response was received in the Provider Letter Response Date Received field.
 - b. Choose the appropriate Provider Letter Response Type from the list provided.
 - c. If the Appeal Waiver indicates that the provider waived appeal, click the Yes button. If not, click the No button.
 - d. Enter any appropriate notes.
 - e. Upload the response as an attachment to the Letter record.

2. Add a Reconsideration of Preliminary Findings record.
 - a. Press the Add New button to add a new record.
 - b. Enter the date that the request received in the Date Reconsideration Request Received field.
 - c. If the provider has obtained legal counsel, or there is another representative involved, check the Counsel or Representative Involved check box.
 - d. Enter the information for the representative or counsel.
 - e. Save the record.

This is a new record. please save to see other buttons.

Reconsideration # PRJ-2014-06-000004 - 001 Date Recorded 08/15/2014

Case Name Training Project Recorded By Harker, Amy

Provider Name ATKINS EDWARD M

Date Reconsideration Request Received* Date Reconsideration Response Due To Provider Date Reconsideration Response Sent To Provider

Reconsideration Outcome (Hold CTRL to select multiples) Selected Values

Upheld
 Partially Rescinded
 Fully Rescinded
 Other
 Other

Counsel or Representative Involved

Reconsideration Rep. First Name*	Reconsideration Rep. Last Name*	Reconsideration Rep. Law Firm/Agency Name	Reconsideration Rep. Phone*	Ext.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Reconsideration Status Notes (0)

Reconsideration Attachments (0)

3. When the request has been reviewed, along with all supporting records, and a decision has been made and approved, do the following:
 - a. Using the appropriate template, create letter and obtain the necessary letter approvals and signatures.
 - b. Scan and save a copy of the signed letter.
 - c. Send the letter to the provider using certified mail and delivery confirmation.
 - d. Enter a new Letter Record in the Provider Screen.
 - i. Select Add New in the Letter Section.
 - ii. Choose the appropriate letter type.
 - iii. Choose the appropriate entity from the list provided in the Sent By field.
 - iv. Browse for and attach the scanned copy of the signed letter.
 - v. Add any necessary notes about the letter in the Letter Notes field.
 - vi. Select the name of the person who approved the letter from the list of names provided in the Letter Approved By field.
 - vii. Select and enter the date that the letter was approved in the Letter approval date field.
 - viii. Select and enter the date that the letter was mailed in the Date Letter Sent field.
 - ix. Enter the certified mail tracking number in the Mail Tracking Number field.
 - x. Save the record.

Records
Reports
Maintenance

EXIT
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SAVE
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Letter Type*

Sent By*

Attach File...
(You must save the document after selecting file, otherwise the selected document will not be saved. Click on the "Browse" button to select file.)

Browse...

Letter Education Topics
(Hold CTRL to select multiples)

	Selected Values
Billing Practices	▲
Upcoding	■
Downcoding	■
Authentication of Records	■
Charging IHCP Members for Covered Services	■
Complete Date of Service	■
Correction Fluid and Pencil	▼

Letter Notes

Expand [Spell Check](#)

State Review & Approval

Letter Approved By	Letter Approval Date
	

Letter Review & Approval Notes

Expand [Spell Check](#)

Letter Sent

Date Letter Sent	Mail Tracking Number	Mail Tracking Date Received
		

- xi. Upload any attachments sent with the letter to the Provider Response/Letter Attachments section.
 1. Press the “Add New” button to add a new attachment.
 2. Enter the attachment date.
 3. Browse for and attach the document.
 4. Enter any notes about the attachment in the Attachment Notes field.
 5. Save and exit the record.
- xii. Exit the record.

☑ **Provider Response / Letter Attachments (0)**

#	Date	Attachment Name	Notes
<div style="border: 1px solid #ccc; border-radius: 10px; padding: 5px 20px; display: inline-block; background-color: #eee;">Add New</div>			

i-Sight Attachment Record

Records
Reports
Maintenance

This is a new record. please save to see other buttons.

Attachment # Date Recorded 02/07/2014
 Case Name Recorded By Harker, Amy
 Provider Name KAISER HOME SUPPORT SERVICES INC

Attachment Date

Attach File...
(You must save the document after selecting file, otherwise the selected document will not be saved. Click on the "Browse" button to select file.)

Attachment Notes

Expand [Spell Check](#)

- xiii. When the proof of delivery is received, scan and save the proof of delivery document.
- xiv. Update the letter record with the date that the provider signed for the letter in the Mail Tracking Date Received field.

Expand [Spell Check](#)

Letter Sent

Date Letter Sent	Mail Tracking Number	Mail Tracking Date Received
<input type="text"/>	<input type="text"/>	<input type="text"/>

- xv. Upload the scanned delivery confirmation document to the Provider Response/Letter Attachments section.
 1. Press the “Add New” button to add a new attachment.
 2. Enter the attachment date.
 3. Browse for and attach the document.
 4. Enter any notes about the attachment in the Attachment Notes field.
 5. Save and exit the record.

Provider Response / Letter Attachments (0)

#	Date	Attachment Name	Notes
<input type="button" value="Add New"/>			

i-Sight Attachment Record

Records
Reports
Maintenance

EXIT
SAVE & EXIT
SAVE
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This is a new record. please save to see other buttons.

Attachment #	PRJ-2014-01-000007 - 001	Date Recorded	02/07/2014
Case Name	Split Provider Case Demonstration	Recorded By	Harker, Amy
Provider Name	KAISER HOME SUPPORT SERVICES INC		

Attachment Date

Attach File...
(You must save the document after selecting file, otherwise the selected document will not be saved. Click on the "Browse" button to select file.)

Attachment Notes

[Spell Check](#)

- e. To record the results of any interactions with the provider, add a Status Note to the Provider Screen.
 - i. Go to Status Notes and press the “Add New” button to add a new status note.
 - ii. Enter the information to be recorded in the Status Notes text field.
 - iii. Save and Exit the record.

Status Notes (0)

#	Date	Recorded By	Notes
---	------	-------------	-------

- f. Update the Reconsideration of Preliminary Findings Record.
 - i. Enter the date that the letter was sent to the provider in the Date Reconsideration Response Sent to Provider field.
 - ii. Select the appropriate Reconsideration Outcome from the choices provided.
 - iii. Save and Exit the record.

This is a new record. please save to see other buttons.

Reconsideration #	PRJ-2014-06-000004 - 001	Date Recorded	08/15/2014
Case Name	Training Project	Recorded By	Harker, Amy
Provider Name	ATKINS EDWARD M		
Date Reconsideration Request Received*	Date Reconsideration Response Due To Provider	Date Reconsideration Response Sent To Provider	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Reconsideration Outcome (Hold CTRL to select multiples)	Selected Values		
<input type="checkbox"/> Upheld <input type="checkbox"/> Partially Rescinded <input type="checkbox"/> Fully Rescinded <input type="checkbox"/> Other <input type="checkbox"/> Other			
<input type="checkbox"/> Counsel or Representative Involved			

How do I know if I should send a Final Audit Findings letter or a Final Calculation of Overpayment letter?

1. If there is an amount owed by the provider, a Final Calculation of Overpayment letter should be sent to the provider.
2. If after, all records have been reviewed, there is no overpayment due from the provider, a Final Audit Findings letter should be sent to the provider.

What do I do when I am ready to send the FCO or Final Audit Findings Letter?

1. Create and send the FCO or Final Audit Findings Letter. To determine the type of letter to send, please see [How do I know if I should send a Final Audit Findings letter or a Final Calculation of Overpayment letter?](#)
 - a. Using the appropriate letter template, create letter and obtain the necessary letter approvals and signatures.
 - b. Scan and save a copy of the signed letter.
 - c. Send the letter to the provider using certified mail and delivery confirmation.
 - d. Enter a new Letter Record in the Provider Screen.
 - i. Select Add New in the Letter Section.
 - ii. Choose the appropriate letter type.
 - iii. Choose the appropriate entity from the list provided in the Sent By field.
 - iv. Browse for and attach the scanned copy of the signed letter.
 - v. Add any necessary notes about the letter in the Letter Notes field.
 - vi. Select the name of the person who approved the letter from the list of names provided in the Letter Approved By field.
 - vii. Select and enter the date that the letter was approved in the Letter approval date field.
 - viii. Select and enter the date that the letter was mailed in the Date Letter Sent field.
 - ix. Enter the certified mail tracking number in the Mail Tracking Number field.
 - x. Save the record.

Records
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Maintenance

EXIT
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SAVE
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Letter Type*

<select>

Sent By*

<select>

Attach File...
(You must save the document after selecting file, otherwise the selected document will not be saved. Click on the "Browse" button to select file.)

Letter Education Topics
(Hold CTRL to select multiples)

Billing Practices
 Upcoding
 Downcoding
 Authentication of Records
 Charging IHCP Members for Covered Services
 Complete Date of Service
 Correction Fluid and Pencil

Selected Values

Letter Notes

Expand [Spell Check](#)

State Review & Approval

Letter Approved By

<select>

Letter Approval Date

Letter Review & Approval Notes

Expand [Spell Check](#)

Letter Sent

Date Letter Sent

Mail Tracking Number

Mail Tracking Date Received

- xi. Upload any attachments sent with the letter to the Provider Response/Letter Attachments section.
 1. Press the “Add New” button to add a new attachment.
 2. Enter the attachment date.
 3. Browse for and attach the document.
 4. Enter any notes about the attachment in the Attachment Notes field.
 5. Save and exit the record.
- xii. Exit the record.

☑ **Provider Response / Letter Attachments (0)**

#	Date	Attachment Name	Notes
<div style="border: 1px solid #ccc; border-radius: 15px; display: inline-block; padding: 5px 20px; background-color: #eee;">Add New</div>			

i-Sight Attachment Record

Records
Reports
Maintenance

This is a new record. please save to see other buttons.

Attachment # Date Recorded 02/07/2014
 Case Name Recorded By Harker, Amy
 Provider Name KAISER HOME SUPPORT SERVICES INC

Attachment Date

Attach File...
 (You must save the document after selecting file, otherwise the selected document will not be saved. Click on the "Browse" button to select file.)

Attachment Notes

Expand [Spell Check](#)

- xiii. When the proof of delivery is received, scan and save the proof of delivery document.
- xiv. Update the letter record with the date that the provider signed for the letter in the Mail Tracking Date Received field.

Expand [Spell Check](#)

Letter Sent

Date Letter Sent	Mail Tracking Number	Mail Tracking Date Received
<input type="text"/>	<input type="text"/>	<input type="text"/>

- xv. Upload the scanned delivery confirmation document to the Provider Response/Letter Attachments section.
 1. Press the “Add New” button to add a new attachment.
 2. Enter the attachment date.
 3. Browse for and attach the document.
 4. Enter any notes about the attachment in the Attachment Notes field.
 5. Save and exit the record.

Provider Response / Letter Attachments (0)

#	Date	Attachment Name	Notes
<input type="button" value="Add New"/>			

i-Sight Attachment Record

Records
Reports
Maintenance

EXIT
 SAVE & EXIT
 SAVE

This is a new record. please save to see other buttons.

Attachment #	PRJ-2014-01-000007 - 001	Date Recorded	02/07/2014
Case Name	Split Provider Case Demonstration	Recorded By	Harker, Amy
Provider Name	KAISER HOME SUPPORT SERVICES INC		

Attachment Date

Attach File...
(You must save the document after selecting file, otherwise the selected document will not be saved. Click on the "Browse" button to select file.)

Attachment Notes

Expand [Spell Check](#)

- e. To record the results of any interactions with the provider, add a Status Note to the Provider Screen.
 - i. Go to Status Notes and press the “Add New” button to add a new status note.
 - ii. Enter the information to be recorded in the Status Notes text field.
 - iii. Save and Exit the record.

Status Notes (0)

Add New

#	Date	Recorded By	Notes
---	------	-------------	-------

EXIT
 SAVE & EXIT
 SAVE

This is a new record. please save to see other buttons.

Notes #	PRJ-2014-01-000007 - 001	Date Recorded	02/07/2014
Case Name	Split Provider Case Demonstration	Recorded By	Harker, Amy
Provider Name	KAISER HOME SUPPORT SERVICES INC		

Status Notes Text*

Expand [Spell Check](#)

- f. When the provider responds, record the response in the Letter record.
 - i. Enter the date that the response was received in the Provider Letter Response Date Received field.
 - ii. Choose the appropriate Provider Letter Response Type from the list provided.
 - iii. Indicate if the provider chose to waive appeal, based on the response indicated on the appeal waiver.
 - iv. Enter any appropriate notes.
 - v. Upload the response as an attachment to the Letter record.

Provider Response

Provider Letter Response Date Received

Provider Letter Response Type
<select> ▼

Waived Appeal
 Yes No

Provider Letter Response Notes

Expand [Spell Check](#)

Status Notes (0)

Provider Response / Letter Attachments (0)

#	Date	Attachment Name	Notes
<div style="border: 1px solid #ccc; border-radius: 10px; display: inline-block; padding: 5px 15px; background-color: #f0f0f0;">Add New</div>			

2. If the provider owes principal or interest to the state, fill out the following fields in the Recoupment and Recovery section.
 - a. Choose Open as the Recoupment Status
 - b. Enter the date of the FCO letter in the Final Calculation of Overpayment Date field.
 - c. Enter the amount of principal owed from the FCO letter into the Initial Principal field. (Note: the amount in this field cannot be changed after a ledger transaction has been entered. Please check to make sure that you entered the correct amount.)
 - d. Enter any interest owed from the FCO letter into the Initial Interest field. (Note: the amount in this field cannot be changed after a ledger transaction has been entered. Please check to make sure that you entered the correct amount.)
 - e. Choose the appropriate entity from the Recovered By field.
 - f. Click the Send for Recovery Button.
 - g. The system will compute the Initial Overpayment Total and the Outstanding Balances and an Add New button will appear to add ledger transactions.

Recoupment & Recovery

Recoupment Notes

Expand [Spell Check](#)

Recoupment Status
Final Calculation of Overpayment Date

<select>
<select>

Current Recoupment Action
Current Recoupment Action Date

<select>
<select>

Initial Principal

Initial Interest

Initial Overpayment Total

Extrapolated

Recovered to Date

Recovered By

Current Outstanding Principal

Current Outstanding Interest

Current Outstanding Balance

Interest End Date

What do I do if I need to re-mail a letter?

1. If a letter does not reach the provider due to an incorrect mailing address, or the letter needs to be re-mailed because the provider states that he/she did not receive it, follow these steps:
 - a. Using the appropriate letter template, re-create the appropriate letter and obtain the necessary letter approvals and signatures.
 - b. Scan and save a copy of the signed letter.
 - c. Send the letter to the provider using certified mail and delivery confirmation.
 - d. Enter a new Letter Record in the Provider Screen.
 - i. Select Add New in the Letter Section.
 - ii. Choose DAF Re-mail or FCO Re-mail as the letter type. (if it was not a DAF or FCO letter, choose an appropriate letter type)
 - iii. Choose the appropriate entity from the list provided in the Sent By field.
 - iv. Browse for and attach the scanned copy of the signed letter.
 - v. Add any necessary notes about the letter in the Letter Notes field.
 - vi. Select the name of the person who approved the letter from the list of names provided in the Letter Approved By field.
 - vii. Select and enter the date that the letter was approved in the Letter approval date field.
 - viii. Select and enter the date that the letter was mailed in the Date Letter Sent field.
 - ix. Enter the certified mail tracking number in the Mail Tracking Number field.
 - x. Save the record.

Records
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EXIT
SAVE & EXIT
SAVE
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Letter Type*

<select>

Sent By*

<select>

Attach File...
(You must save the document after selecting file, otherwise the selected document will not be saved. Click on the "Browse" button to select file.)

Letter Education Topics
(Hold CTRL to select multiples)

Billing Practices
 Upcoding
 Downcoding
 Authentication of Records
 Charging IHCP Members for Covered Services
 Complete Date of Service
 Correction Fluid and Pencil

Selected Values

Letter Notes

Expand [Spell Check](#)

State Review & Approval

Letter Approved By

<select>

Letter Approval Date

Letter Review & Approval Notes

Expand [Spell Check](#)

Letter Sent

Date Letter Sent

Mail Tracking Number

Mail Tracking Date Received

- xi. Upload any attachments sent with the letter to the Provider Response/Letter Attachments section.
 1. Press the “Add New” button to add a new attachment.
 2. Enter the attachment date.
 3. Browse for and attach the document.
 4. Enter any notes about the attachment in the Attachment Notes field.
 5. Save and exit the record.
- xii. Exit the record.

☑ **Provider Response / Letter Attachments (0)**

#	Date	Attachment Name	Notes
<div style="border: 1px solid #ccc; border-radius: 10px; display: inline-block; padding: 5px 20px; background-color: #eee;">Add New</div>			

i-Sight Attachment Record

Records
Reports
Maintenance

This is a new record. please save to see other buttons.

Attachment # Date Recorded 02/07/2014
 Case Name Recorded By Harker, Amy
 Provider Name KAISER HOME SUPPORT SERVICES INC

Attachment Date

Attach File...
(You must save the document after selecting file, otherwise the selected document will not be saved. Click on the "Browse" button to select file.)

Attachment Notes

Expand [Spell Check](#)

- xiii. When the proof of delivery is received, scan and save the proof of delivery document.
- xiv. Update the letter record with the date that the provider signed for the letter in the Mail Tracking Date Received field.

Expand [Spell Check](#)

Letter Sent

Date Letter Sent	Mail Tracking Number	Mail Tracking Date Received
<input type="text"/>	<input type="text"/>	<input type="text"/>

- xv. Upload the scanned delivery confirmation document to the Provider Response/Letter Attachments section.
 1. Press the “Add New” button to add a new attachment.
 2. Enter the attachment date.
 3. Browse for and attach the document.
 4. Enter any notes about the attachment in the Attachment Notes field.
 5. Save and exit the record.

Provider Response / Letter Attachments (0)

#	Date	Attachment Name	Notes
<input type="button" value="Add New"/>			

i-Sight Attachment Record

Records
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Maintenance

EXIT
SAVE & EXIT
SAVE
⌚

This is a new record. please save to see other buttons.

Attachment #	PRJ-2014-01-000007 - 001	Date Recorded	02/07/2014
Case Name	Split Provider Case Demonstration	Recorded By	Harker, Amy
Provider Name	KAISER HOME SUPPORT SERVICES INC		

Attachment Date

Attach File...
(You must save the document after selecting file, otherwise the selected document will not be saved. Click on the "Browse" button to select file.)

Attachment Notes

Expand [Spell Check](#)

- e. To record the results of any interactions with the provider, add a Status Note to the Provider Screen.
 - i. Go to Status Notes and press the “Add New” button to add a new status note.
 - ii. Enter the information to be recorded in the Status Notes text field.
 - iii. Save and Exit the record.

Status Notes (0)

Add New

#	Date	Recorded By	Notes

EXIT
SAVE & EXIT
SAVE
⌚

This is a new record. please save to see other buttons.

Notes #	PRJ-2014-01-000007 - 001	Date Recorded	02/07/2014
Case Name	Split Provider Case Demonstration	Recorded By	Harker, Amy
Provider Name	KAISER HOME SUPPORT SERVICES INC		

Status Notes Text*

Expand [Spell Check](#)

- f. When the provider responds or sends medical records, record the response in the Letter record.
 - i. Enter the date that the response was received in the Provider Letter Response Date Received field.
 - ii. Choose the appropriate Provider Letter Response Type from the list provided.
 - iii. If the Appeal Waiver indicates that the provider waived appeal, click the Yes button. If not, click the No button.
 - iv. Enter any appropriate notes.
 - v. Upload the response as an attachment to the Letter record.

Provider Response

Provider Letter Response Date Received

Provider Letter Response Type
<select> v

Waived Appeal
 Yes No

Provider Letter Response Notes

Expand
[Spell Check](#)

Status Notes (0)

Provider Response / Letter Attachments (0)

#	Date	Attachment Name	Notes
<div style="border: 1px solid #ccc; border-radius: 10px; display: inline-block; padding: 5px 15px; background-color: #f0f0f0;">Add New</div>			

2. If the re-mailed letter was an FCO, do not revise the FCO date in the Recoupment and Recovery section of the case. The FCO date remains the date that the Overpayment was initially identified.
3. If overpayment amounts need to be revised due to re-mailing and no transactions have been entered into the ledger, type the new amounts into the Initial Principal and Initial Interest fields and press Save. If transactions have been entered into the ledger, follow the steps to do that located in the [How do I change the amount that the provider owes?](#) section of this document.

What do I need to do when I send a Revised FCO?

1. When a revised FCO is sent, a new letter record with the Letter Type of Revised FCO should be created. The new letter and attachments should be attached to the letter record.
2. The original FCO Date should not be changed. We are only revising the amount of the overpayment that was identified. The date that the overpayment was identified remains the date that the original FCO was created.
3. If the overpayment amount changed in the new FCO, a ledger transaction may need to be made to change the overpayment amount.
 - a. If no ledger transactions have been entered, the initial overpayment amounts can be changed in the recoupment record and saved.
 - b. If a ledger transaction has been entered, a ledger transaction will need to be entered to correct the overpayment amounts due.

- i. If claims were rescinded, enter a rescind transaction for the amount of principal and interest that were rescinded.
- ii. If the amounts were corrected due to another error (i.e. interest calculated incorrectly), enter an Additional Overpayment Transaction to correct the Outstanding Principal and Interest amounts. To increase the amounts owed, enter a positive number. To decrease the amounts owed, enter a negative number.
- iii. If the amounts due have changed due to a Claim Adjustment or Void that was processed, enter a ledger transaction to record the amount that was collected via a Claim Adjustment or Void.

How do I record a Provider Appeal?

1. Upload the Appeal Request under the Provider Response/Attachment section of the FCO Letter record.
2. Record the date that the response was received in the letter record and note the Provider Response Type as Appeal.
3. Save and Exit the Letter Record.
4. Navigate to the Appeals section.
5. Press Add New to add a new Appeal Record.
6. Enter the Date Appeal Received. The Appeal Received date is the postmark date from the letter.
7. If a cause number has already been assigned, enter that number in the Appeal Cause Number field.
8. If an ALJ has been assigned, choose the name from the list provided and enter the date that the ALJ was assigned.
9. Enter the amount of the appeal. If the provider is only appealing part of the overpayment identified, enter the partial amount in the Partial Amount field.
10. Enter any necessary notes about the appeal.
11. Save and Exit the record.
12. Update the record during the process of the appeal.
13. When the outcome is known, enter the Appeal Outcome and Appeal Closed Date.
14. Save and Exit the record.

EXIT SAVE & EXIT SAVE DELETE

Appeal # PRJ-2014-06-000004 - 001

Case Name Training Project

Provider Name ATKINS EDWARD M

Date Appeal Received* 07/22/2014

Administrative Hearing Date

Appeal Cause Number

ALJ Assigned <select>

ALJ Assigned Date

Appeal Amount 1,000.00

Appeal Outcome <select>

Appeal Due Date

Provider's General Counsel

Effective Date of Counsel

FSSA Legal Attorney <select>

Reviewer Assigned <select>

Partial Amount 0.00

S of I Completed

Appeal Closed Date

Appeal Notes

Expand Spell Check

How do I record a Provider Self-Disclosure?

1. Enter a new PRJ case for the Provider.

Case Entry

- Create New Contact Log
- Create New Preliminary Investigation Case
- Create New Provider Case
- Create New Project Case
- New Incoming Email

2. In the Case Details section of the case
 - a. Enter the Provider Name as it appears in the Master Provider Look-Up in the Project Name field.
 - b. Enter a complete summary of the reason for the Provider Self-Reported Overpayment in the Issue Description/Case Summary field.
 - c. For Source, select Self-Report.
 - d. For Case Category, select SUR 1B – Provider Self-Disclosure.
 - e. Save the record
 - f. No audit record should be added for self-disclosure cases, as no audit was conducted for the provider.

Case Details

Project Name*

Issue Description / Case Summary*

Expand [Spell Check](#)

SUR Tracking Number **Legacy FADS Case Number**

Source*

<select>

Case Category*
(Hold CTRL to select multiples)

- 1A - Analytic Audit Without Medical Record Review
- 1A - Data Analysis
- 1A - Data Analysis - No Audit Findings
- 1B - Audit Case
- 1B - Provider Self-Reported Overpayment
- 1B - Self-Audit
- 1B - Special Study

Selected Values

3. In the Provider Section, add a new provider by clicking the Add New button.

Providers (0) (MFCU Hold - 0) (OMPP Hold - 0)

Add New

- a. Look-up the provider by entering the appropriate LPI and Location and press the magnifying glass next to the LPI field.
- b. Select the provider record from the pop-up screen.
- c. Save the record.
- d. Enter the Audit Contact Information if provided in the Self-Disclosure information.

✓ Provider Info

Provider

Provider is On-Hold

Entity/Organization
 Individual
 Both*

Provider Type

Provider Specialty
(Hold CTRL to select multiples)

(010) Acute Care
 (011) Psychiatric
 (012) Rehabilitation
 (013) Long-Term Acute Care
 (020) Ambulatory Surgical Center (ASC)
 (030) Nursing Facility
 (031) ICF/MR

Selected Values

Address(es)

#	Preferred Addr.	Address	Phone	Effective Date	Disabled
<div style="border: 1px solid red; padding: 5px;"> <div style="background-color: #cccccc; padding: 2px;">Audit Contact Information</div> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid gray; padding: 2px; width: 30%;"> Audit Contact First Name </div> <div style="border: 1px solid gray; padding: 2px; width: 30%;"> Audit Contact Last Name </div> <div style="border: 1px solid gray; padding: 2px; width: 30%;"> Audit Contact Title </div> </div> <div style="border: 1px solid gray; padding: 2px; margin-top: 5px;"> Audit Contact Provider/Entity/Organization </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid gray; padding: 2px; width: 20%;"> Audit Contact Phone </div> <div style="border: 1px solid gray; padding: 2px; width: 10%;"> Ext. </div> <div style="border: 1px solid gray; padding: 2px; width: 20%;"> Audit Contact Fax </div> <div style="border: 1px solid gray; padding: 2px; width: 10%;"> Ext. </div> <div style="border: 1px solid gray; padding: 2px; width: 30%;"> Audit Contact Email </div> </div> </div>					

4. Upload copies of all documentation received as attachments in the case.
 - a. Press the “Add New” button to add a new attachment.

✓ PRV Attachments (0)

#	Date	Attachment Name	Notes
<div style="border: 1px solid blue; padding: 5px; display: inline-block;"> Add New </div>			

- b. Enter the attachment date.
- c. Browse for and attach the document.
- d. Enter any notes about the attachment in the Attachment Notes field.
- e. Save and exit the record.

This is a new record, please save to see other buttons.

Attachment #	PRJ-2014-02-000002 - 001	Date Recorded	02/07/2014
Case Name	Self-Disclosure	Recorded By	Harker, Amy
Provider Name	ADOLESCENT GYN CLINIC		

Attachment Date

Attach File...
(You must save the document after selecting file, otherwise the selected document will not be saved. Click on the "Browse" button to select file.)

Browse...

Attachment Notes

Expand Spell Check

Current User: Amy Harker (Beta-TRAHarker1) i-Sight by Customer Expressions

How do I record a provider payment by check?

This procedure is designed to provide all the necessary steps in *IndianaAIM* and *i-Sight* that are necessary to process a provider's check payment received in response to an FSSA Program Integrity audit. This procedure assumes the following:

- The provider's check is already received and deposited into the FSSA Program Integrity Lockbox.
- The check amount includes both principal and interest portions.
 - If a check is received for only interest, the principal-related sections of this procedure should simply be excluded.
- The analyst may be entering multiple checks at one time.
- This process will not be executed on Fridays, in order to avoid conflicts with the *IndianaAIM* financial process.
- Users executing this process have determined the appropriate AR Reason from the reference table below.
 - NOTE: the **>= 1 Year** (greater than or equal to one year) codes should only be used when the overpayment has previously been reported as an Unrecovered Overpayment. Interest should always be reported in *Indiana AIM* as < 1 year.
 1. To determine if the overpayment has been reported to CMS, look in *i-Sight* at the Recoupment and Recovery section on the Provider level of a case.

2. In the bottom section, under the heading “CMS Reporting” is a field labeled “CMS Report Date”
3. IF the CMS report date is populated, the overpayment has been reported to CMS, and the ≥ 1 year code should be used.
4. If the CMS report date is not populated, the overpayment has not yet been reported to CMS and the < 1 year code should be used.

CMS Reporting

CMS Due Date
02/26/2017

Final Principal <input style="width: 90%;" type="text"/>	Final Interest <input style="width: 90%;" type="text"/>	Final Overpayment Amount <input style="width: 90%;" type="text"/>	<input type="checkbox"/> A/R Created CMS Report Date* <input style="width: 80%;" type="text"/>
---	--	--	--

- When selecting the AR Reason in IndianaAIM, ensure that the entity chosen matches i-Sight.
 1. To determine which entity should be selected for AR Reason, look in i-Sight at the Case Details section on the Project level of the case.
 2. Find the field labeled “Case Category.” The selected value(s) for this field are displayed to the right of the field.
 3. There should only be ONE selected value and it should clearly fall into one of the following categories: SUR, RAC, MIC, OIG, PERM. For more information on how to choose which value to use, see the table under [How Do I Open a New Project Case?](#)
 4. Select an AR Reason in IndianaAIM according to this category.
 5. If there are multiple selected values or the selected value does not make it clear which AR Reason should be used, contact the IN FADS Help Desk at Healthcare-IndianaFADSHelpDesk@truvenhealth.com

Case Details

Project Name*

RAC - CBA - Networks - Cycle 3 - Quarter 3 2015

Issue Description / Case Summary*

Cycle 3, Quarter 3 of Credit Balance Audits for RAC - Includes Network providers to be reviewed for the 3rd quarter for the third cycle.

Expand [Spell Check](#)

[Capture Image](#)

[Print Screen](#)

SUR Tracking Number

Legacy FADS Case Number

Source*

RAC

Case Category*

(Hold CTRL to select multiples)

SUR 1A - Data Analysis Audit
SUR 1A - Data Analysis - No Audit Findings
SUR 1B - Audit Case
SUR 1B - Provider Self-Disclosure
SUR 1B - Self-Audit
SUR 1C - Other Audit
RAC Audit Case

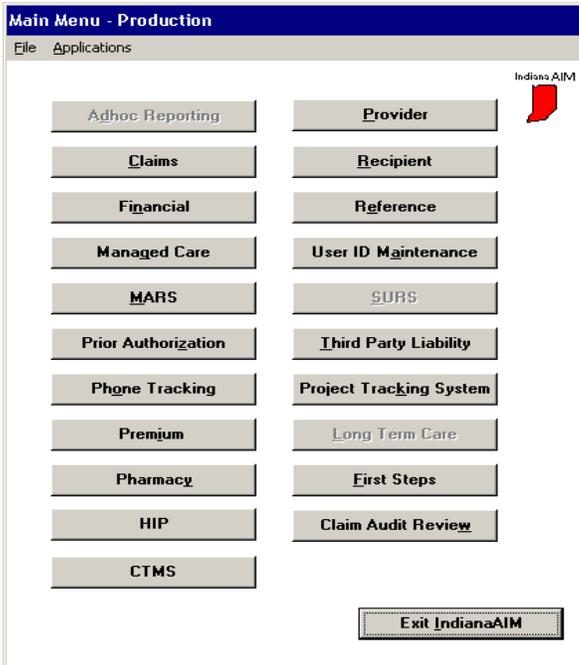
Selected Values

RAC Audit Case

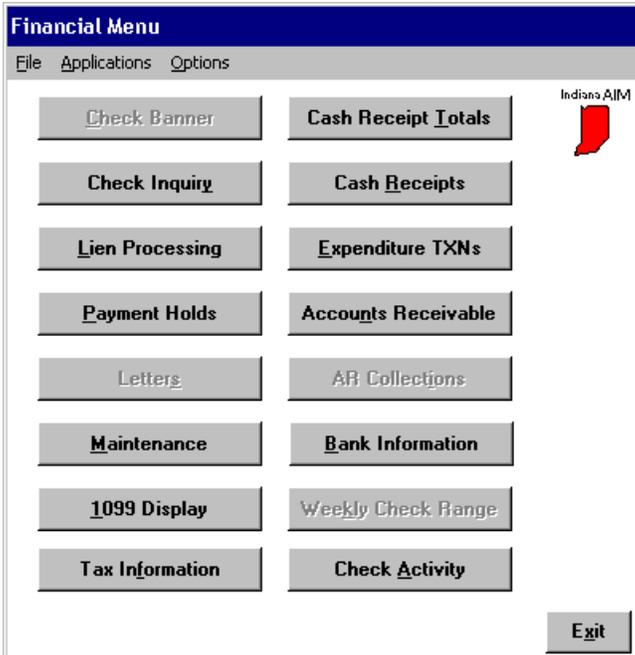
Reference

	CCN BATCH	AR BATCH	AR REASONS			
SUR	950	960	Principal	< 1 Year	8401	A/R – Manual Setup – (SUR Audit) < 1 year
				>= 1 Year	8575	A/R – Manual Setup – (SUR Audit) > 1 year
			Interest	< 1 Year	7410	A/R – Manual Setup – (SUR Audit Interest) < 1 year
				>= 1 Year	8576	A/R–Manual Setup (SURS Audit Int) > 1 year
RAC	805	964	Principal	< 1 Year	8491	A/R – Manual Setup – (RAC Audit) < 1 year
				>= 1 Year	8573	A/R – Manual Setup – (RAC Audit) > 1 year
			Interest	< 1 Year	8492	A/R – Manual Setup – (RAC Audit Interest) < 1 year
				>= 1 Year	8574	A/R–Manual Setup (RAC Audit Int) > 1 year
MIC	802	967	Principal	< 1 Year	8504	A/R – Manual Setup (MIC Audit) < 1 year
				>= 1 Year	8506	A/R – Manual Setup (MIC Audit) > 1 year
			Interest	< 1 Year	8505	A/R–Manual Setup (MIC Audit Int) < 1 year
				>= 1 Year	8507	A/R–Manual Setup (MIC Audit Int) > 1 year
OIG	803	968	Principal	< 1 Year	8508	A/R – Manual Setup (OIG Audit) < 1 year
				>= 1 Year	8567	A/R – Manual Setup (OIG Audit) > 1 year
			Interest	< 1 Year	8509	A/R–Manual Setup (OIG Audit Int) < 1 year
				>= 1 Year	8568	A/R–Manual Setup (OIG Audit Int) > 1 year
PERM	804	969	Principal	< 1 Year	8569	A/R – Manual Setup (PERM Audit) < 1 year
				>= 1 Year	8571	A/R – Manual Setup (PERM Audit) > 1 year
			Interest	< 1 Year	8570	A/R–Manual Setup (PERM Audit Int) < 1 year
				>= 1 Year	8572	A/R–Manual Setup (PERM Audit Int) > 1 year

1. Enter Your Cash Receipt Totals
 - a. On the *Main Menu – Production* window, click **Financial**.



- b. On the *Financial Menu* window, click **Cash Receipt Totals**.



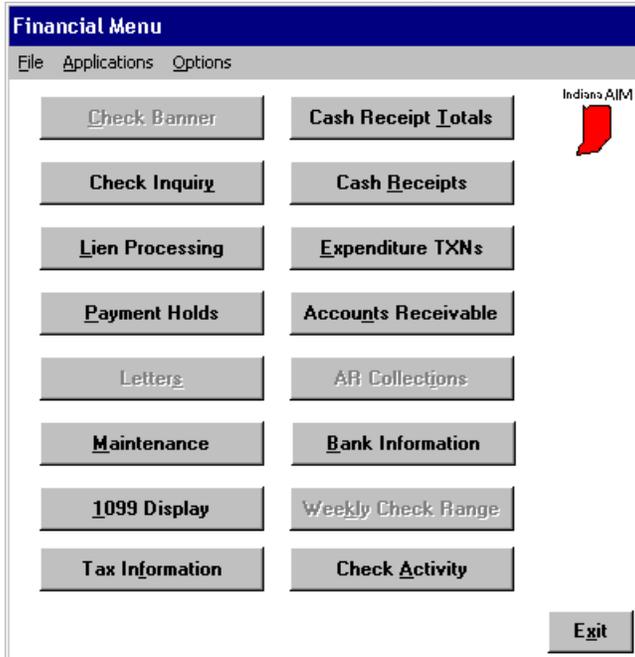
- c. On the *Daily Cash Receipt Totals* window, enter the **deposit date of the check** (in the format CCYYMMDD, as shown below) in the New Receipt Date field and then click **Inquire**.

- d. In the Audit Recoveries field, *add* the **number of checks** that you will be processing (for that receipt date) to the existing value, which may or may not be zero.
- a. Though unlikely, it is possible that a message will be displayed indicating “Receipt Date not on file.” In this case, you must create a new cast receipt totals record for the day as follows:
 - i. Click **New**.
 - ii. In the newly-created cash receipt totals record, enter the **deposit date of the check** in the Receipt Date field (in the format CCYYMMDD).
 - iii. In the Audit Recoveries field, enter the number of checks that you will be processing for that receipt date.
 - e. Click **Save**.
 - f. Repeat this process for each deposit/receipt date.
 - g. Click **Exit**.

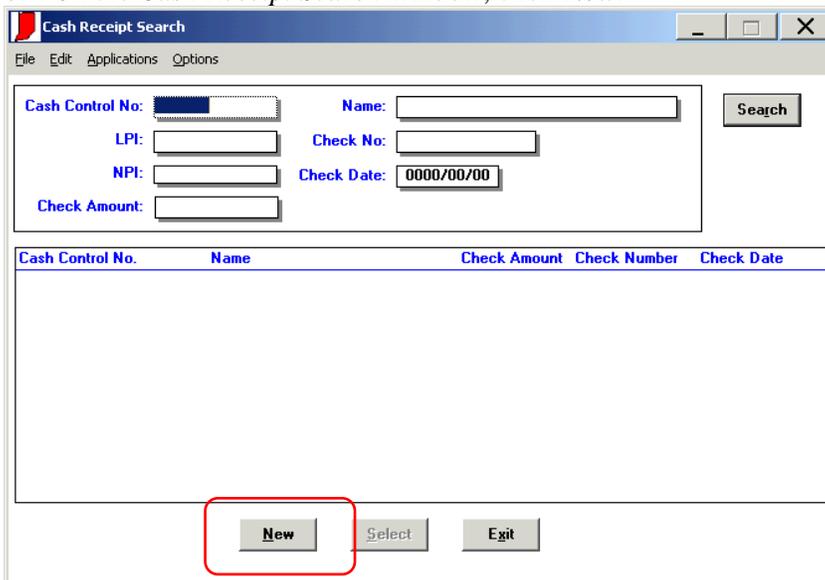
2. Create a Cash Receipt with Disposition Lines

For beginners, we recommended you complete the remainder of this document one Check at a time. Once comfortable, it may be more efficient to repeat this section for each Check you are processing.

a. On the *Financial Menu* window, click **Cash Receipts**.



b. On the *Cash Receipt Search* window, click **New**.



c. On the *Check Log* window, enter the following, allowing all other fields to auto-populate or remain blank:

- i. Cash Control Number:
YYJJBBSSS
 YY = current year
 JJJ = Julian date of deposit
 BBB = batch number
use CCN Batch from the Reference Table on page 1
 SSS = sequence num
- ii. Check Date:
 date on check
- iii. Check Number:
 number on check – may be necessary to eliminate leading zeroes to fit in field
- iv. Check Amount:
 total dollar amount of check, even if it will be applied to both principal and interest
- v. LPI/NPI:
 LPI and Service Loc

- d. Click **Save**.
- e. After saving the entry, click **Disposition**.
- f. On the *Cash Receipt Disposition* window, click **New**.
- g. Enter the following, allowing all other fields to auto-populate or remain blank:

- i. Cash Control Number:
YYJJBBSSS
 YY = current year
 JJJ = Julian date of deposit
 BBB = batch number
use CCN Batch from the Reference Table on page 1
 SSS = sequence num
- ii. Reason Code:
 select Accounts Receivable Decrease Cash Receipt Applied
- iii. Disposition Amount:
principal amount
- iv. LPI: Provider's LPI
- v. Loc: Provider's Service Location Code

- h. Click **Save**.
- i. After saving the entry, click **Exit**.

- j. Back on the *Check Log* window, click **Disposition** again.

- k. On the *Cash Receipt Disposition* window, click **New**.

- l. Enter the following, allowing all other fields to auto-populate or remain blank:

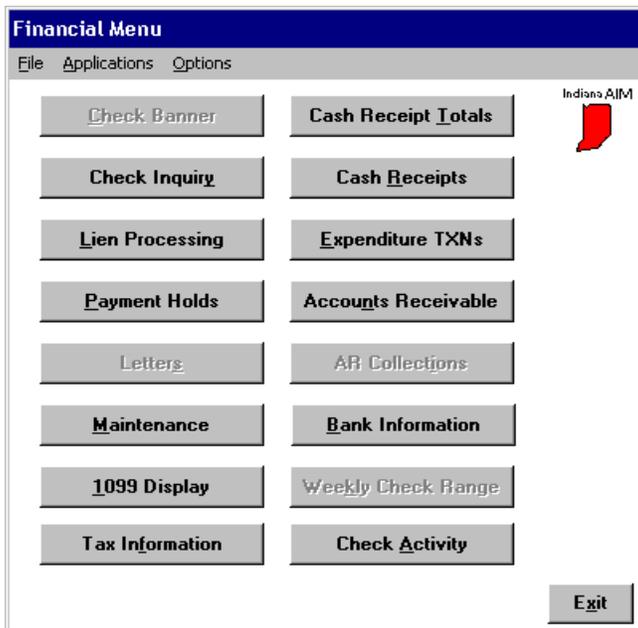
- i. Cash Control Number:
YYJJBBBSSS
YY = current year
JJJ = Julian date of deposit
BBB = batch number
use CCN Batch from the Reference Table on page 1
SSS = sequence num
- ii. Reason Code:
select **Accounts Receivable Decrease Cash Receipt Applied (interest)**
- iii. Disposition Amount:
interest amount
- iv. LPI: Provider's LPI
- v. Loc:
Provider's Service Location Code

- m. Click **Save**.
- n. After saving the entry, click **Exit**.

3. Create and Disposition Accounts Receivables

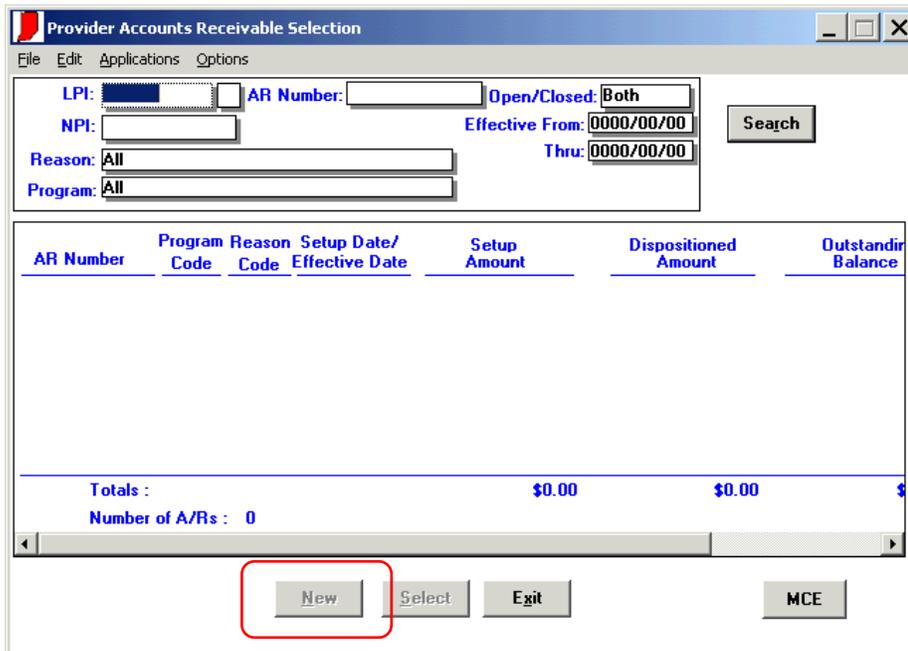
For beginners, we recommended you complete the document in sequence, one Check at a time. Once comfortable, it may be more efficient to repeat this section for each Check you are processing.

- a. On the *Financial Menu* window, click **Accounts Receivable**.



For Principal

- b. On the *Provider Accounts Receivable Selection* window, click **New**.



c. On the *Provider Accounts Receivable Setup/Maintenance* window, enter the following, allowing all other fields to auto-populate or remain blank:

- i. AR Number:
 RRYJJBBSSS
 RR = 60
 YY = current year
 JJ = Julian date
 BBB = batch
 use AR Batch from the Reference Table on page 1
 SSS = sequence num
- ii. Provider:
 LPI and Service Loc
- iii. Reason:
 select reason from dropdown list according to the table in the Reference section on page 1
- iv. Setup Amount:
 principal amount
- v. Recoup Percentage:
 enter 1

- d. Click **Save**.
- e. Click **Comments**.
- f. In the *Comments* window, enter a comment according to instructions from FSSA Controller, then click **Save**.
- g. Click **Dispositions**:
- h. On the *Provider Accounts Receivable Disposition History* window, click **New**.

- i. On the *Provider Accounts Receivable Disposition Maintenance* window, enter the following, allowing all other fields to auto-populate or remain blank:
 - i. Amount: **principal** amount
 - ii. Reason: **A/R decrease - cash receipt applied**
- j. Click **Save**.
- k. Click **Cash**.

- l. On the *Checks related to Provider Accounts Receivable Dispositions* window, enter the CCN in the Cash Control No. field and click **Search**.

CCN	Seq No.	Disp Amount	Reason Code	Select Available	Assoc With
98	0001	\$125.30	8436	Yes	

- m. The lower portion of the window populates with the Cash Receipt Disposition Lines created earlier in this process. Click the **principal** row then click **Select**.
- For Interest**
- n. On the *Provider Accounts Receivable Selection* window, click **New**.

AR Number	Program Code	Reason Code	Setup Date/Effective Date	Setup Amount	Dispositioned Amount	Outstanding Balance
Totals :				\$0.00	\$0.00	
Number of A/Rs : 0						

- o. On the *Provider Accounts Receivable Setup/Maintenance* window, enter the following, allowing all other fields to auto-populate or remain blank:

- i. AR Number:
 RRYJJBBSSS
 RR = 60
 YY = current year
 JJ = Julian date
 BBB = batch number
 use AR Batch from the Reference Table on page 1
 SSS = sequence num
- ii. Provider:
 LPI and Service Loc
- iii. Reason:
 select reason from dropdown list according to the table in the Reference section on page 1
- iv. Setup Amount:
 interest amount
- v. Recoup Percentage:
 enter 1

- p. Click **Save**.
- q. Click **Comments**.
- r. In the *Comments* window, enter a comment according to instructions from FSSA Controller, then click **Save**.
- s. Click **Dispositions**:
- t. On the *Provider Accounts Receivable Disposition History* window, click **New**.

- u. On the *Provider Accounts Receivable Disposition Maintenance* window, enter the following, allowing all other fields to auto-populate or remain blank, then click **Cash**:
 - i. Amount: **interest** amount
 - ii. Reason: **A/R decrease - cash receipt applied**
- v. Click **Save**.
- w. Click **Cash**.

- x. On the *Checks related to Provider Accounts Receivable Dispositions* window, enter the CCN in the Cash Control No. field and click **Search**.

- y. The lower portion of the window populates with the Cash Receipt Disposition Lines created earlier in this process. Click the **interest** row then click **Select**.

Entering Payments in i-Sight

For beginners, we recommended you complete the document in sequence, one Check/Provider at a time. Once comfortable, it may be more efficient to repeat this section for each Provider you are processing.

- d. In i-Sight, open the Provider record and the *Recoupment and Recovery* section.

Recoupment & Recovery

Recoupment Notes

Expand [Spell Check](#)

Recoupment Status: Closed Final Calculation of Overpayment Date: 05/15/2012

Current Recoupment Action: Dispositioned - Full Amount **Current Recoupment Action Date:** 06/23/2014

Initial Principal: 533.89 Initial Interest: 20.49 Initial Overpayment Total: 554.38

Extrapolated

Recovered to Date: 0.00 Recovered By: HMS Current Outstanding Principal: 0.00 Current Outstanding Interest: 0.00 Current Outstanding Balance: 0.00

Interest End Date:

Recoupment Amount Ledger								
#	Date	Net Amount Due	Transaction Type	Transaction Amount	Outstanding Principal	Outstanding Interest	State Interest	Outstanding Bal
002	07/06/2012	0.00	Settlement	0.00	0.00	0.00	0.00	
001	07/06/2012	554.38	Check	554.38	0.00	0.00	0.00	

[Add New](#)

- e. In the Current Recoupment Action field:
- If the full **principal** overpayment total has been processed within the current reporting quarter, even if there were multiple checks, select **Dispositioned – Full Principal < 1yr** or **Dispositioned – Full Principal > 1yr**. Choose the <1yr or >1yr option based on the information that you entered in IndianaAIM.
 - If the full **principal** overpayment total has NOT been processed within the current reporting quarter, even if you are currently processing the last payment to satisfy the full amount, select **Dispositioned – Partial Principal <1yr** or **Dispositioned – Partial Principal > 1yr**. Choose the <1yr or >1yr option based on the information that you entered in IndianaAIM.
- Example:** If it takes multiple payments to cover the entire principal amount, the first ones would be “Partial Principal” and the last payment would qualify as “Full Principal” if, and only if, all payments were dispositioned in the same quarter.
- c. In the Current Recoupment Action Date field, enter the Disposition Date listed in IndianaAIM, updating it each time you record a payment so that it always represents the latest disposition date.
- Please note that this is different than the date you entered the data into AIM or the date that the financial process ran.
 - To find the Disposition Date, you must open the Disposition screen in AIM.
- d. Click **Save** at the top of the window.

i-Sight Provider Record

Records **Reports** Maintenance

EXIT SAVE & EXIT **SAVE** [Icons]

Provider #: PU-2012-07-000001 - 015 Date Recorded: 03/20/2012

Case Name: RAC - Cycle 1 Credit Balance Audit Recorded By: Harker, Amy

Provider Name: Howard Regional Health Systems Copied from Case #: PRV-2012-03-000007

Provider Status: Open

Provider Info

- e. Add a Check transaction to the payment ledger.
 - a. Press the Add New button to add a ledger transaction
 - b. Enter the disposition date of the payment in this field.
 - c. Choose the Transaction Type of Check
 - d. Enter the amount of the check in the Check Amount field. This amount should be identical to the amount on the check.
 - e. Enter the amount of the check that should be applied toward principal in the Check Principal field.
 - f. Enter the amount of the check that should be applied toward interest in the Check Interest field.
 - g. Enter the check number in the Check Number field.
 - h. Enter the Cash Control Number in the CCN field.
 - i. Enter the Interest AR number in the comments field.
 - j. Press Save
 - k. Upload a copy of the check to the Attachments section.
 - l. Press Save and Exit.
 - m. In some situations, a provider payment includes excess reimbursement: they paid more than they owed. It is important that the excess/surplus amount be entered as part of the Interest payment, *not* Principal.
 - n.

EXIT
SAVE & EXIT
SAVE

This is a new record. please save to see other buttons.

Payment #	PRJ-2014-06-000004 - 006	Date F
Case Name	Training Project	Record
Provider Name	ATKINS EDWARD M	

Transaction Date*

Net Principal Due	Net Interest Due	Net Amount Due
900.00	100.00	1,000.00

Transaction Type*

Check
 Refund
 Additional Overpayment
 Write Off
 Correction
 Claim Adjustment
 Offset
 Rescind
 Interest Recalculation
 Settlement
 Voided Claim

Check Amount

Check Principal

Check Interest

Check Number

CCN Number

Check Total			
<input style="width: 100%;" type="text" value="0.00"/>			
Outstanding Principal	Outstanding Interest	Outstanding Balance	Recovered Amount
<input style="width: 95%;" type="text" value="900.00"/>	<input style="width: 95%;" type="text" value="100.00"/>	<input style="width: 95%;" type="text" value="1,000.00"/>	<input style="width: 95%;" type="text" value="0.00"/>

Comments

Expand [Spell Check](#)

How do I record a provider payment by offset?

This procedure is designed to provide all the necessary steps in *IndianaAIM* that are necessary to recover a provider’s overpayment via an “offset,” or withholding of payment from future billings. This procedure assumes the following:

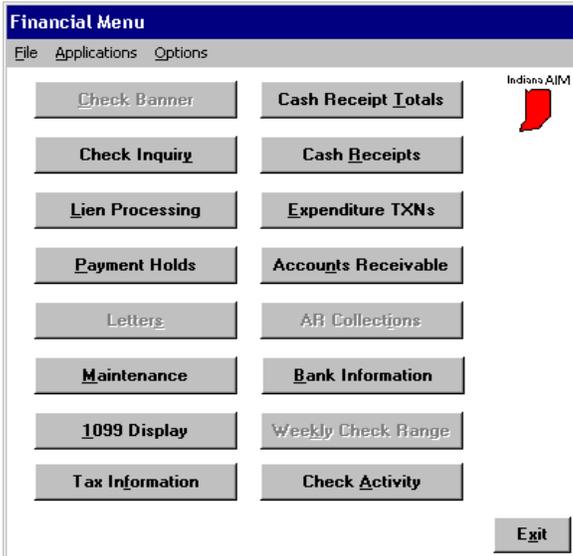
- The provider has not paid by check and has done one of the following:
 - Requested the recovery to be taken by offset, or
 - Failed to respond for 300 days, qualifying for forced recovery by offset.
- The overpayment amount to be offset includes both principal and interest portions.
- This process is executed in entirety for each provider offset.
- This process will not be executed on Fridays, in order to avoid conflicts with the *IndianaAIM* financial process.
- Users executing this process have determined the appropriate AR Reason from the reference table below.
 - NOTE: the determination of **< 1 Year** (less than one year) or **>= 1 Year** (greater than or equal to one year) should be made by comparing the Final Calculation of Overpayment (FCO) Date with the date that the process is being executed in *IndianaAIM*.

Reference

	CCN BATCH	AR BATCH	AR REASONS			
SUR	950	960	Principal	< 1 Year	8401	A/R – Manual Setup – (SUR Audit) < 1 year
				>= 1 Year	8575	A/R – Manual Setup – (SUR Audit) > 1 year
			Interest	< 1 Year	7410	A/R – Manual Setup – (SUR Audit Interest) < 1 year
				>= 1 Year	8576	A/R–Manual Setup (SURS Audit Int) > 1 year
RAC	805	964	Principal	< 1 Year	8491	A/R – Manual Setup – (RAC Audit) < 1 year
				>= 1 Year	8573	A/R – Manual Setup – (RAC Audit) > 1 year
			Interest	< 1 Year	8492	A/R – Manual Setup – (RAC Audit Interest) < 1 year
				>= 1 Year	8574	A/R–Manual Setup (RAC Audit Int) > 1 year
MIC	802	967	Principal	< 1 Year	8504	A/R – Manual Setup (MIC Audit) < 1 year
				>= 1 Year	8506	A/R – Manual Setup (MIC Audit) > 1 year
			Interest	< 1 Year	8505	A/R–Manual Setup (MIC Audit Int) < 1 year
				>= 1 Year	8507	A/R–Manual Setup (MIC Audit Int) > 1 year
OIG	803	968	Principal	< 1 Year	8508	A/R – Manual Setup (OIG Audit) < 1 year
				>= 1 Year	8567	A/R – Manual Setup (OIG Audit) > 1 year
			Interest	< 1 Year	8509	A/R–Manual Setup (OIG Audit Int) < 1 year
				>= 1 Year	8568	A/R–Manual Setup (OIG Audit Int) > 1 year
PERM	804	969	Principal	< 1 Year	8569	A/R – Manual Setup (PERM Audit) < 1 year
				>= 1 Year	8571	A/R – Manual Setup (PERM Audit) > 1 year
			Interest	< 1 Year	8570	A/R–Manual Setup (PERM Audit Int) < 1 year
				>= 1 Year	8572	A/R–Manual Setup (PERM Audit Int) > 1 year

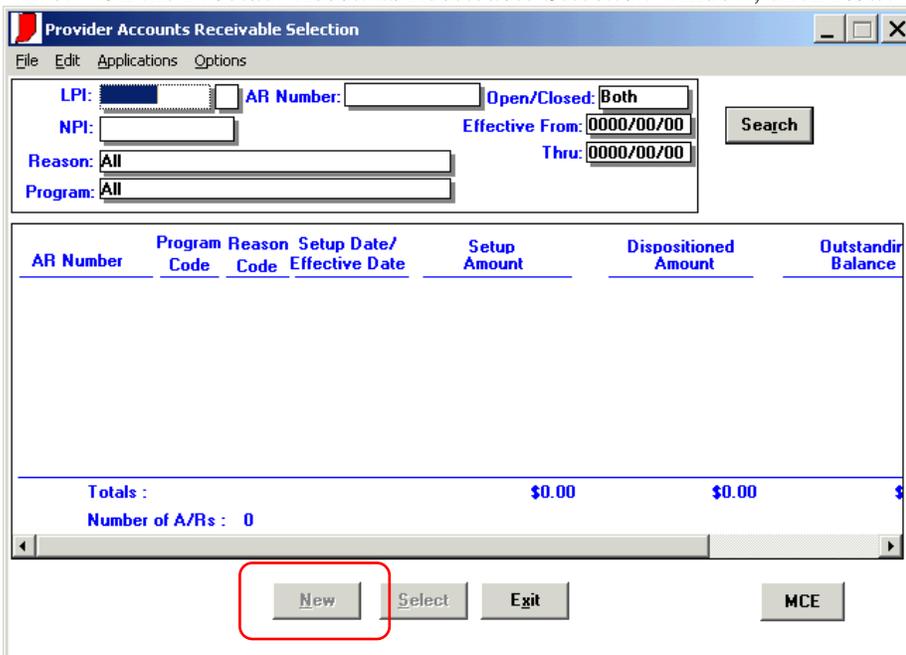
Create Accounts Receivables for Offset Recovery

a. On the *Financial Menu* window, click **Accounts Receivable**.



For Principal

b. On the *Provider Accounts Receivable Selection* window, click **New**.



- c. On the *Provider Accounts Receivable Setup/Maintenance* window, enter the following, allowing all other fields to auto-populate or remain blank:

- i. AR Number:

RRYYJJBBSSS

RR = 60

YY = current year

JJJ = Julian date

BBB = batch number

use **CCN Batch** from the Reference Table on page 1

SSS = sequence num

- ii. Provider:
LPI and Service Loc
- iii. Reason:
select reason from dropdown list according to the table in the Reference section on page 1
- iv. Setup Amount:
principal amount
- v. Recoup Percentage:
enter 1

- d. Click **Save**.
- e. Click **Comments**.
- f. In the *Comments* window, enter a comment according to instructions from FSSA Controller, then click **Save**.

For Interest

- g. On the *Provider Accounts Receivable Selection* window, click **New**.

- h. On the *Provider Accounts Receivable Setup/Maintenance* window, enter the following, allowing all other fields to auto-populate or remain blank:

- i. AR Number:
 RRYJJBBSSS
 RR = 60
 YY = current year
 JJJ = Julian date
 BBB = batch number
 use CCN Batch from the Reference Table on page 1
 SSS = sequence num
- ii. Provider:
 LPI and Service Loc
- iii. Reason:
 select reason from dropdown list according to the table in the Reference section on page 1
- iv. Setup Amount:
 interest amount
- v. Recoup Percentage:
 enter 1

- i. Click **Save**.
- j. Click **Comments**.
- k. In the *Comments* window, enter a comment according to instructions from FSSA Controller, then click **Save**.

- 2. Disposition the Provider in i-Sight
- f. At the time of setting up the A/R, **check** the A/R Created box in the *Recoupment and Recovery* section of the Provider in i-Sight, then click **Save** at the top of the window.

- g. Each time the A/R recoups a portion of the overpayment, do the following:

Recoupment & Recovery

Recoupment Notes

Expand [Spell Check](#)

Recoupment Status: Closed
Final Calculation of Overpayment Date: 05/15/2012

Current Recoupment Action: Dispositioned - Full Amount
Current Recoupment Action Date: 06/23/2014

Initial Principal: 533.89
Initial Interest: 20.49
Initial Overpayment Total: 554.38

Extrapolated

Recovered to Date: 0.00
Recovered By: HMS
Current Outstanding Principal: 0.00
Current Outstanding Interest: 0.00
Current Outstanding Balance: 0.00

Interest End Date:

Recoupment Amount Ledger									
#	Date	Net Amount Due	Transaction Type	Transaction Amount	Outstanding Principal	Outstanding Interest	State Interest	Outstanding Bal	
002	07/06/2012	0.00	Settlement	0.00	0.00	0.00	0.00		
001	07/06/2012	554.38	Check	554.38	0.00	0.00			

- a. In the Current Recoupment Action field:
 - 1. If the full **principal** overpayment total has been processed at once, even if there were multiple offsets, select **Dispositioned – Full Amount**.
 - 2. If the full **principal** overpayment total has NOT been processed at once, even if you are currently processing the last payment to satisfy the full amount, select **Dispositioned – Partial Amount**.
- b. In the Current Recoupment Action Date field, enter the date that the check was dispositioned in *IndianaAIM*.
- c. Click **Save** at the top of the window.

- d. Provider Info
- e. Enter an Offset transaction in the Recoupment Amount Ledger.
 - i. Press the Add New button to add a ledger transaction
 - ii. Enter the date that the Offset was dispositioned in AIM as the Transaction Date.

- iii. Choose the transaction type of Offset.
- iv. Enter the Offset Principal and Offset Interest amounts.
- v. Enter the Principal AR Number associated with the Offset transaction.
- vi. Enter the Interest AR for the offset in the Comments field.
- vii. Press Save and Exit.

This is a new record. please save to see other buttons.

Payment # PRJ-2014-06-000004 - 006 Date R

Case Name Training Project Record

Provider Name ATKINS EDWARD M

Transaction Date*

Net Principal Due	Net Interest Due	Net Amount Due
900.00	100.00	1,000.00

Transaction Type*

Check
 Refund
 Additional Overpayment
 Write Off
 Correction
 Claim Adjustment
 Offset
 Rescind
 Interest Recalculation
 Settlement
 Voided Claim

Offset Principal **Offset Interest** **Accounts Receivable Number** (One per line when entering multiples)

Offset Total

Outstanding Principal	Outstanding Interest	Outstanding Balance	Recovered Amount
900.00	100.00	1,000.00	0.00

Comments

Expand [Spell Check](#)

How do I record a provider payment by voided claim or claim adjustment?

1. Press the Add New button to add a ledger transaction.
2. Enter the date that the Claim Adjustment or Void was processed in the Transaction Date field.
3. Choose Claim Adjustment or Void for the Transaction Type.
4. Enter the Principal amount for the Claim Adjustment or Void.
5. Enter the ICN associated with the original audited claim(s) in the ICN field Do not enter the daughter ICN in this field.
6. Press Save and Exit.

EXIT
 SAVE & EXIT
 SAVE

This is a new record. please save to see other buttons.

Payment # C
 Case Name F
 Provider Name

PRJ-2014-06-000004 - 006
 Training Project
 ATKINS EDWARD M

Transaction Date*

Net Principal Due	Net Interest Due	Net Amount Due
900.00	100.00	1,000.00

Transaction Type*

Check
 Refund
 Additional Overpayment
 Write Off
 Correction
 Claim Adjustment

Offset
 Rescind
 Interest Recalculation
 Settlement
 Voided Claim

Adjustment Principal	Adjustment Total	ICN's (One per line when entering multiples)
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<div style="border: 1px solid gray; height: 40px; position: relative;"> <div style="position: absolute; top: -10px; right: -10px; border: 1px solid gray; padding: 2px;"> ^ v </div> </div>

Adjustment Total

Outstanding Principal	Outstanding Interest	Outstanding Balance	Recovered Amount
<input style="width: 100%; height: 20px;" type="text" value="900.00"/>	<input style="width: 100%; height: 20px;" type="text" value="100.00"/>	<input style="width: 100%; height: 20px;" type="text" value="1,000.00"/>	<input style="width: 100%; height: 20px;" type="text" value="0.00"/>

Comments

^
v

Expand [Spell Check](#)

How do I record a MRO Match?

For MROs, a portion of each payment received is refunded to DMHA per the MRO match agreement. In order for the entity to receive credit for identifying and recovering the full overpayment amount, the portion of the payment that was refunded to DMHA is included with the initial overpayment amount identified during the FCO process. However, as the provider will not be including this amount in the payment, the portion that was refunded to DMHA must be verified with DMHA and then entered with a payment type of MRO Match.

1. Verify with DMHA that the portion of the overpayment that was to be refunded to DMHA was actually refunded to DMHA.
2. Add a new payment transaction

Recoupment & Recovery

Recoupment Notes

Expand [Spell Check](#)

Recoupment Status: Final Calculation of Overpayment Date:

Current Recoupment Action: Current Recoupment Action Date:

Initial Principal: Initial Interest: Initial Overpayment Total:

Extrapolated

Recovered to Date: Recovered By: Current Outstanding Principal: Current Outstanding Interest: Current Outstanding Balance:

Interest End Date:

Recoupment Amount Ledger

#	Date	Net Amount Due	Transaction Type	Transaction Amount	Outstanding Principal	Outstanding Interest	State Interest	Outstanding Balance
<input type="button" value="Add New"/>								

3. Enter the transaction date.
4. Choose the transaction type of MRO Match.
5. Enter the portion of the principal that was a MRO match in the MRO Match principal field.
6. Press save and exit.

Records
Reports
Maintenance

EXIT
 SAVE & EXIT
 SAVE

This is a new record. please save to see other buttons.

Payment # Date Recorded
 Case Name Recorded By
 Provider Name JOHNSON MEMORIAL HOSPITAL

Transaction Date*

Net Principal Due: 100.00 Net Interest Due: 100.00 Net Amount Due: 200.00

Transaction Type*

Check
 Refund
 Additional Overpayment
 Write Off
 Voided Claim
 MRO Match
 Offset
 Rescind
 Interest Recalculation
 Settlement
 Claim Adjustment

MRO Match Principal

MRO Match Total:

Outstanding Principal: Outstanding Interest: Outstanding Balance: Recovered Amount:

Comments

Expand [Spell Check](#)

What transaction type should I use to record my recoupment transaction?

Transaction Type	Description	Impact on Outstanding Balance	Impact on Recovered To Date
Check	<p>-Used for entering checks received for principal, interest, or both.</p> <p>-"Check Amount" and "Check Total" should always match. Entire check amount must be applied in the combination of principal and interest, even if the provider paid more than they were supposed to.</p> <p>----The only exception to the above rule is when one check is applied across multiple provider cases. In this situation, the entire check amount should be entered in "Check Amount" field for each provider case, and the "Check Total" field for all the provider cases should sum to equal the "Check Amount".</p> <p>-If a correction needs to be made to a previously-entered Check transaction, another Check transaction should be entered to make the change desired. This second Check transaction should have the same Check Number and CCN Number as the original Check transaction, and should have a clear description of the reason for the additional transaction.</p>	Decreases	Increases
Correction	THIS TRANSACTION TYPE SHOULD NEVER BE USED		
Claim Adjustment	<p>-Used for recording a recovery due to a Claim Adjustment that is not an entirely Voided Claim.</p> <p>-The "Adjustment Principal" should be the difference between the initial (mother) claim and the adjusted (daughter) claim.</p> <p>-The ICN's entered should be the initial (mother) ICN's.</p> <p>---If the adjustment had to be forced by voiding the initial claims and submitting new claims, the old and new ICN's should be entered.</p> <p>-If a correction needs to be made to a previously-entered Claim Adjustment transaction, another Claim Adjustment transaction should be entered to make the change desired. This second Claim Adjustment transaction should have the same ICN's as the original Claim Adjustment transaction, and should have a clear description of the reason for the additional transaction.</p>	Decreases	Increases

Transaction Type	Description	Impact on Outstanding Balance	Impact on Recovered To Date
Voided Claim	<p>-Used for recording a recovery due to an entirely voided claim. -The "Adjustment Principal" should be the entire paid amount of the claim.-The ICN's entered should be the initial (mother) ICN's.-If a correction needs to be made to a previously-entered Voided Claim transaction, another Voided Claim transaction should be entered to make the change desired. This second Voided Claim transaction should have the same ICN's as the original Voided Claim transaction, and should have a clear description of the reason for the additional transaction.</p>	Decreases	Increases
Offset	<p>-Used for recording a recovery through an A/R Offset that is NOT tied to a claim adjustment or void and is, therefore, NOT dispositioned to the claim level. -If a correction needs to be made to a previously-entered Offset transaction, another Offset transaction should be entered to make the change desired. This second Offset transaction should have the same Accounts Receivable Number(s) as the original Offset transaction, and should have a clear description of the reason for the additional transaction.</p>	Decreases	Increases
Additional Overpayment	<p>-Used for adjusting the amount due by the provider, whether it be principal, interest, or both. -Could be caused by entry errors in the Initial Overpayment fields, or by appeals. -Should be used even if the Initial Overpayment fields need to be decreased. -If a correction needs to be made to a previously-entered Additional Payment transaction, another Additional Payment transaction should be entered to make the change desired. This second Additional Payment transaction needs to have a clear description of the reason for the additional transaction.</p>	Increases	No Impact
Interest Recalculation	<p>-Used for adjusting the interest due by the provider as a result of failure to pay. -Usually calculated at the time of sending a Demand Letter. -If a correction needs to be made to a previously-entered Interest Recalculation transaction, another Interest Recalculation transaction should be entered to make the change desired. This second Interest Recalculation needs</p>	Increases	No Impact

Transaction Type	Description	Impact on Outstanding Balance	Impact on Recovered To Date
	to have transaction have a clear description of the reason for the additional transaction.		
Rescind	-Used for reducing amount owed by the provider as a result of reconsideration or appeal.-If the provider has already paid, and a portion of the paid amount is rescinded, this transaction would need to be followed by an expenditure request and a Refund transaction.-If a correction needs to be made to a previously-entered Interest Rescind transaction, another Rescind transaction should be entered to make the change desired. This second Rescind transaction needs to have a clear description of the reason for the additional transaction.	Decreases	No Impact
Refund	-Used for paying money back to the provider that has already been collected. -This could be caused by a provider overpaying (they sent a check for \$155 when the total overpayment was only \$150) or the result of a Rescind. -If a correction needs to be made to a previously-entered Refund transaction, another Refund transaction should be entered to make the change desired. This second Refund transaction needs to have a clear description of the reason for the additional transaction.	Increases	Decreases
Write Off	-Used when the Provider has declared bankruptcy or some other legal action requires FSSA to give up on collecting the money. -Should only be used if a Write Off has been authorized by the FSSA Controller. -If a correction needs to be made to a previously-entered Write-Off transaction, another Write-Off transaction should be entered to make the change desired. This second Write-Off transaction needs to have a clear description of the reason for the additional transaction.	Decreases	No Impact

Transaction Type	Description	Impact on Outstanding Balance	Impact on Recovered To Date
Settlement	-Used when the provider appeals the case and the court proceedings result in a settlement. This causes the original amounts to be no longer relevant and they must be replaced by the settlement amounts. -Should only be used if a Settlement has been authorized by the FSSA Controller. -If a correction needs to be made to a previously-entered Settlement transaction, another Settlement transaction should be entered to make the change desired. This second Settlement transaction needs to have a clear description of the reason for the additional transaction.	Replaces	No Impact
MRO Match	-Used to record the amount that was refunded to DMHA due to the MRO Match program. Amount will not be recovered from provider but is recorded as a payment so that entity will receive credit for identifying and recovering the overpayment. Amount is not recovered from the provider because provider has already refunded the amount to DMHA as a part of the MRO match program.	Decreases	Increases

How do I record a partial payment?

1. If a provider pays only part of the amount owed via check and it is not specified what claims or amounts that the payment applies to, the case disposition specialist will need to contact the provider to determine how the payment should be applied.
2. If the partial payment is received via offset, the amounts should be applied toward principal until it is satisfied, and then toward interest until the overpayment has been satisfied.
3. The steps to disposition the payment should be followed, depending on the type of payment received.
3. To Disposition the Provider in i-Sight:
 - a. In the Current Recoupment Action field:
 - 3.If the full **principal** overpayment total has been processed at once, even if there were multiple offsets, select **Dispositioned – Full Amount**.
 - 4.If the full **principal** overpayment total has NOT been processed at once, even if you are currently processing the last payment to satisfy the full amount, select **Dispositioned – Partial Amount**.
 - b. In the Current Recoupment Action Date field, enter the date that the check or offset was dispositioned in *IndianaAIM*.
 - c. Click **Save** at the top of the window.



More Than Data. **Answers.**

Recoupment & Recovery

Recoupment Notes

 Expand [Spell Check](#)

Recoupment Status: Final Calculation of Overpayment Date:

Current Recoupment Action: **Current Recoupment Action Date**:

Initial Principal: Initial Interest: Initial Overpayment Total:

Extrapolated

Recovered to Date: Recovered By: Current Outstanding Principal: Current Outstanding Interest: Current Outstanding Balance:

Interest End Date:

Recoupment Amount Ledger								
#	Date	Net Amount Due	Transaction Type	Transaction Amount	Outstanding Principal	Outstanding Interest	State Interest	Outstanding Bal
002	07/06/2012	0.00	Settlement	0.00	0.00	0.00	0.00	(
001	07/06/2012	554.38	Check	554.38	0.00	0.00)

What if a provider pays for more than one location/audit with one check?

If a provider pays for more than one location or audit with one check, you will need to record a check transaction for each location/audit.

1. Add a Check transaction to the payment ledger.
 - a. Press the Add New button to add a ledger transaction
 - b. Enter the date that the check was received in the lockbox as the Transaction Date.
 - c. Choose the Transaction Type of Check
 - d. Enter the amount of the check in the Check Amount field. This amount should be identical to the amount on the check. This amount will be the same in each transaction that you enter.
 - e. Enter the amount of the check that should be applied toward principal in the Check Principal field. Enter only the amount that covers the principal for this provider/audit
 - f. Enter the amount of the check that should be applied toward interest in the Check Interest field. Enter only the amount that covers the interest for this provider/audit
 - g. Enter the check number in the Check Number field.
 - h. Enter the Cash Control Number in the CCN field.
 - i. Enter any pertinent notes in the comments field.
 - j. Press Save
 - k. Upload a copy of the check to the Attachments section.
 - l. Press Save and Exit.

EXIT SAVE & EXIT SAVE

This is a new record. please save to see other buttons.

Payment # PRJ-2014-06-000004 - 006 Date F
Case Name Training Project Record
Provider Name ATKINS EDWARD M

Transaction Date*

Net Principal Due	Net Interest Due	Net Amount Due
900.00	100.00	1,000.00

Transaction Type*

Check Refund Additional Overpayment Write Off Correction Claim Adjustment
 Offset Rescind Interest Recalculation Settlement Voided Claim

Check Amount	Check Principal	Check Interest	Check Number	CCN Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Check Total

Outstanding Principal	Outstanding Interest	Outstanding Balance	Recovered Amount
<input type="text" value="900.00"/>	<input type="text" value="100.00"/>	<input type="text" value="1,000.00"/>	<input type="text" value="0.00"/>

Comments

Expand [Spell Check](#)

What do I do if the provider underpays?

1. If the provider underpays principal, pursue the amount owed. If unable to collect the amount owed, consult with FSSA Finance.
2. If the provider underpays interest and it is less than \$5.00, enter a rescind transaction for the amount of interest owed. If the provider underpays interest and the amount is greater than \$5.00, pursue the amount owed. If unable to collect the amount owed, consult with FSSA Finance.

What do I do if a provider overpays?

1. If a provider remits more than what is due, record the entire amount of the payment in the case. This will result in a negative outstanding balance. The overage should be reported as Interest.
2. Follow the steps in [How do I refund an overpayment?](#) to process and record a refund for the overpayment amount.

What do I do if a provider pays before the FCO?

When a check is received from a provider prior to the FCO, please follow the following steps.

1. Go to the Recoupment and Recovery section.
 - a. Select the Recoupment Status of Open.
 - b. Do not enter a date in the Final Calculation of Overpayment Date field.
 - c. Select the appropriate Entity for Recovered by field.
 - d. Enter the amount of the check as the Initial Principal.
 - e. Press the Send for Recovery button

The screenshot shows the 'Recoupment & Recovery' form. Annotations include:

- a**: Points to the 'Recoupment Status' dropdown menu, which is currently set to 'Open'.
- b**: Points to the 'Final Calculation of Overpayment Date' text input field, which is empty.
- c**: Points to the 'Recovered By' dropdown menu, which is currently set to 'Truven'.
- d**: Points to the 'Initial Principal' text input field, which contains the value '0.00'.
- e**: Points to the 'Send for Recovery' button.

 Other visible fields include 'Current Recoupment Action' (set to '<select>'), 'Initial Interest' (0.00), 'Initial Overpayment Total' (0.00), 'Recovered to Date' (0.00), 'Current Outstanding Principal' (0.00), 'Current Outstanding Interest' (0.00), and 'Current Outstanding Balance' (0.00). There is also an 'Interest End Date' field.

2. Return to the Recoupment and Recovery section
 - a. Press Add New to add a new ledger transaction

- b. Enter the date that the check was received (in the lockbox) as the Transaction Date
- c. Choose Check as the Transaction Type
- d. Enter the amount of the check in the Check Amount field.
- e. Enter the amount of the check in the Check Principal field.
- f. Enter the check number in the Check Number field.
- g. Enter the CCN Number in the CCN Number field.
- h. Save the record.
- i. Add a copy of the check as an attachment to the record.

This is a new record. please save to see other buttons.

Payment # **PRJ-2013-06-000004 - 001** Date Recorded **08/07/2014**

Case Name **CO 2195 DMA UPLOAD TEST PROJECT** Recorded By **Harker, Amy**

Provider Name **SOUTHERN CARE INC**

b Transaction Date*

Net Principal Due **100.00** Net Interest Due **0.00** Net Amount Due **100.00**

c Transaction Type* Check Refund Additional Overpayment Write Off Correction Claim Adjustment Offset Rescind Interest Recalculation Settlement Voided Claim

d Check Amount **e** Check Principal **f** Check Interest **g** Check Number CCN Number

Check Total

Outstanding Principal Outstanding Interest Outstanding Balance Recovered Amount

Comments

Expand [Spell Check](#)

■ Status Notes (0)

■ Attachments (0)

3. When the final calculations for the case have been made and the FCO is ready to send, do the following.
 - a. Enter the FCO date in the Final Calculation of Overpayment Date field and press Save.



- b. Press Add New to add a new ledger transaction.
- c. Enter the FCO date as the Transaction Date
- d. Choose Additional Overpayment as the Transaction Type
- e. Enter the appropriate amount in the Additional Overpayment Principal field to correct the Initial Principal amount. (If the FCO principal is for more than the check, enter a positive amount. If the FCO principal is for less than the check, enter a negative amount.)
- f. Enter the interest assessed in the Additional Overpayment Interest field.
- g. Click Save and Exit.

I made a mistake in a recoupment transaction. How do I correct it?

1. To correct a CHECK transaction, enter a new CHECK transaction for the amount of the correction.
 - a. Enter the Transaction Date. The transaction date should be the same date as the transaction you are correcting.
 - b. Choose the Transaction Type of Check.
 - c. Enter the actual amount of the check in the Check Amount field.
 - d. To subtract from the original amount, enter a negative amount in the principal and interest fields. To increase the amount, add a positive amount in the principal and/or interest fields.
 - e. Enter the Check Number.
 - f. Include a complete explanation for the correction in the comments field and attach any necessary documentation.

EXIT
SAVE & EXIT
SAVE
🕒

This is a new record. please save to see other buttons.

Payment #	PRJ-2014-02-000002 - 001	Date Recorded	02/07/2014
Case Name	Self-Disclosure	Recorded By	Harker, Amy
Provider Name	ADOLESCENT GYN CLINIC		

Transaction Date*

Net Principal Due	Net Interest Due	Net Amount Due
150.00	15.00	165.00

Transaction Type*

 Check
 Refund
 Additional Overpayment
 Write Off
 Correction
 Claim Adjustment
 Offset
 Rescind
 Interest Recalculation
 Settlement
 Voided Claim

Check Amount	Check Principal	Check Interest	Check Number	CCN Number
--------------	-----------------	----------------	--------------	------------

Check Total

Outstanding Principal	Outstanding Interest	Outstanding Balance	Recovered Amount
150.00	15.00	165.00	0.00

Comments

Expand
 [Spell Check](#)

2. To correct a CLAIM ADJUSTMENT Transaction, enter a new CLAIM ADJUSTMENT transaction for the amount of the correction. Be sure to include the appropriate ICNs in the transaction
 - a. Enter the Transaction Date. The Transaction Date should be the same date as the date of the Transaction that you are correcting.
 - b. Choose the Transaction Type of Claim Adjustment
 - c. To subtract from the original amount, enter a negative amount in the Adjustment Principal field. To increase the amount, enter a positive amount in the Adjustment Principal field.
 - d. Include the appropriate ICNs in the transaction.
 - e. Include a complete explanation for the correction in the comments and attach any necessary documentation.

EXIT SAVE & EXIT SAVE

This is a new record. please save to see other buttons.

Payment # PRJ-2014-02-000002 - 001 Date Recorded 02/07/2014
Case Name Self-Disclosure Recorded By Harker, Amy
Provider Name ADOLESCENT GYN CLINIC

Transaction Date*

Net Principal Due	Net Interest Due	Net Amount Due
150.00	15.00	165.00

Transaction Type*
 Check Refund Additional Overpayment Write Off Correction Claim Adjustment
 Offset Rescind Interest Recalculation Settlement Voided Claim

Adjustment Principal	Adjustment Total	ICN's (One per line when entering multiples)
<input type="text"/>	<input type="text"/>	<input type="text"/>

Adjustment Total

Outstanding Principal	Outstanding Interest	Outstanding Balance	Recovered Amount
150.00	15.00	165.00	0.00

Comments

Expand [Spell Check](#)

3. To correct a VOIDED CLAIM Transaction, enter a new VOIDED CLAIM transaction for the amount of the correction.
 - a. Enter the Transaction Date. The Transaction Date should be the same date as the date of the Transaction that you are correcting.
 - b. Choose the Transaction Type of Voided Claim
 - c. To subtract from the original amount, enter a negative amount in the Voided Principal field. To increase the amount, enter a positive amount in the Voided Principal field.
 - d. Include the appropriate ICNs in the transaction.
 - e. Include a complete explanation for the correction in the comments and attach any necessary documentation.

This is a new record. please save to see other buttons.

Payment #	PRJ-2014-02-000002 - 001	Date Recorded	02/07/2014
Case Name	Self-Disclosure	Recorded By	Harker, Amy
Provider Name	ADOLESCENT GYN CLINIC		

Transaction Date*

Net Principal Due	Net Interest Due	Net Amount Due
150.00	15.00	165.00

Transaction Type*

Check
 Refund
 Additional Overpayment
 Write Off
 Correction
 Claim Adjustment
 Offset
 Rescind
 Interest Recalculation
 Settlement
 Voided Claim

Voided Principal	Voided Total	ICN's (One per line when entering multiples)
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<div style="border: 1px solid #ccc; height: 40px; width: 100%;"></div>

Void Total	<input style="width: 100%;" type="text" value="0.00"/>
-------------------	--

Outstanding Principal	Outstanding Interest	Outstanding Balance	Recovered Amount
<input style="width: 100%;" type="text" value="150.00"/>	<input style="width: 100%;" type="text" value="15.00"/>	<input style="width: 100%;" type="text" value="165.00"/>	<input style="width: 100%;" type="text" value="0.00"/>

Comments

[Expand](#) [Spell Check](#)

Status Notes (0)

4. To correct a REFUND Transaction, enter a new REFUND transaction for the amount of the correction.
 - a. Enter the Transaction Date. The Transaction Date should be the same date as the date of the Transaction that you are correcting.
 - b. Choose the Transaction Type of Refund
 - c. To subtract from the original amount, enter a negative amount in the Refund Principal and/or Refund Interest and/or State Interest fields. To increase the amount, enter a positive amount in the Refund Principal and/or Refund Interest and/or State Interest fields.
 - d. Include the appropriate Expenditure Payout Number in the transaction.
 - e. Include a complete explanation for the correction in the comments and attach any necessary documentation.

EXIT
SAVE & EXIT
SAVE
🕒

This is a new record. please save to see other buttons.

Payment #	PRJ-2014-02-000002 - 001	Date Recorded	02/07/2014
Case Name	Self-Disclosure	Recorded By	Harker, Amy
Provider Name	ADOLESCENT GYN CLINIC		

Transaction Date*

Net Principal Due	Net Interest Due	Net Amount Due
150.00	15.00	165.00

Transaction Type*
 Check Refund Additional Overpayment Write Off Correction Claim Adjustment
 Offset Rescind Interest Recalculation Settlement Voided Claim

Refund Principal	Refund Interest	State Interest	Expenditure Payout Number
<input style="width: 100%;" type="text"/>			

Refund Total

Outstanding Principal	Outstanding Interest	Outstanding Balance	Recovered Amount
150.00	15.00	165.00	0.00

Comments

Expand [Spell Check](#)

5. To correct an ADDITIONAL OVERPAYMENT Transaction, enter a new ADDITIONAL OVERPAYMENT transaction for the amount of the correction.
 - a. Enter the Transaction Date. The Transaction Date should be the same date as the date of the Transaction that you are correcting.
 - b. Choose the Transaction Type of Additional Overpayment.
 - c. To subtract from the original amount, enter a negative amount in the Additional Overpayment Principal and/or Additional Overpayment Interest fields. To increase the amount, enter a positive amount in the Additional Overpayment Principal and/or Additional Overpayment Interest fields.
 - d. Include a complete explanation for the correction in the comments and attach any necessary documentation.

EXIT
SAVE & EXIT
SAVE
🕒

This is a new record. please save to see other buttons.

Payment #	PRJ-2014-02-000002 - 001	Date Recorded	02/07/2014
Case Name	Self-Disclosure	Recorded By	Harker, Amy
Provider Name	ADOLESCENT GYN CLINIC		

Transaction Date*

Net Principal Due	Net Interest Due	Net Amount Due
150.00	15.00	165.00

Transaction Type*

Check
 Refund
 Additional Overpayment
 Write Off
 Correction
 Claim Adjustment
 Offset
 Rescind
 Interest Recalculation
 Settlement
 Voided Claim

Additional Overpayment Principal	Additional Overpayment Interest
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Additional Overpayment Total

Outstanding Principal	Outstanding Interest	Outstanding Balance	Recovered Amount
<input style="width: 95%;" type="text" value="150.00"/>	<input style="width: 95%;" type="text" value="15.00"/>	<input style="width: 95%;" type="text" value="165.00"/>	<input style="width: 95%;" type="text" value="0.00"/>

Comments

Expand [Spell Check](#)

6. To correct a WRITE-OFF Transaction, enter a new WRITE-OFF transaction for the amount of the correction.
 - a. Enter the Transaction Date. The Transaction Date should be the same date as the date of the Transaction that you are correcting.
 - b. Choose the Transaction Type of Write-off
 - c. To subtract from the original amount, enter a negative amount in the Write-off Principal and/or Write-off Interest fields. To increase the amount, enter a positive amount in the Write-off Principal and/or Write-off Interest fields.
 - d. Choose the appropriate Write-off reason from the list provided.
 - e. Include a complete explanation for the correction in the comments and attach any necessary documentation.

EXIT
SAVE & EXIT
SAVE
🕒

This is a new record. please save to see other buttons.

Payment #	PRJ-2014-02-000002 - 001	Date Recorded	02/07/2014
Case Name	Self-Disclosure	Recorded By	Harker, Amy
Provider Name	ADOLESCENT GYN CLINIC		

Transaction Date*

Net Principal Due	Net Interest Due	Net Amount Due
150.00	15.00	165.00

Transaction Type*

Check
 Refund
 Additional Overpayment
 Write Off
 Correction
 Claim Adjustment
 Offset
 Rescind
 Interest Recalculation
 Settlement
 Voided Claim

Write Off Principal	Write Off Interest	Write Off Reason
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<select>

Write Off Total

Outstanding Principal	Outstanding Interest	Outstanding Balance	Recovered Amount
150.00	15.00	165.00	0.00

Comments

Expand [Spell Check](#)

7. To correct an OFFSET Transaction, enter a new OFFSET transaction for the amount of the correction.
 - a. Enter the Transaction Date. The Transaction Date should be the same date as the date of the Transaction that you are correcting.
 - b. Choose the Transaction Type of Offset.
 - c. To subtract from the original amount, enter a negative amount in the Offset Principal and/or Offset Interest fields. To increase the amount, enter a positive amount in the Offset Principal and/or Offset Interest fields.
 - d. Include the appropriate Accounts Receivable Number in the transaction.
 - e. Include a complete explanation for the correction in the comments and attach any necessary documentation.

EXIT SAVE & EXIT SAVE 🕒

This is a new record. please save to see other buttons.

Payment #	PRJ-2014-02-000002 - 001	Date Recorded	02/07/2014
Case Name	Self-Disclosure	Recorded By	Harker, Amy
Provider Name	ADOLESCENT GYN CLINIC		

Transaction Date*

Net Principal Due	Net Interest Due	Net Amount Due
150.00	15.00	165.00

Transaction Type*

Check
 Refund
 Additional Overpayment
 Write Off
 Correction
 Claim Adjustment

Offset
 Rescind
 Interest Recalculation
 Settlement
 Voided Claim

Offset Principal

Offset Interest

Accounts Receivable Number
(One per line when entering multiples)

Offset Total

Outstanding Principal	Outstanding Interest	Outstanding Balance	Recovered Amount
150.00	15.00	165.00	0.00

Comments

Expand [Spell Check](#)

8. To correct a RESCIND transaction, enter a new RESCIND transaction for the amount of the correction.
 - a. Enter the Transaction Date. The Transaction Date should be the same date as the date of the Transaction that you are correcting.
 - b. Choose the Transaction Type of Rescind.
 - c. To subtract from the original amount, enter a negative amount in the Rescind Principal and/or Rescind Interest and/or Interest State fields. To increase the amount, enter a positive amount in the Rescind Principal and/or Rescind Interest and/or Interest State fields.
 - d. Include a complete explanation for the correction in the comments and attach any necessary documentation.

Records
Reports
Maintenance

EXIT
SAVE & EXIT
SAVE
🕒

This is a new record. please save to see other buttons.

Payment #	PRJ-2014-02-000002 - 001	Date Recorded	02/07/2014
Case Name	Self-Disclosure	Recorded By	Harker, Amy
Provider Name	ADOLESCENT GYN CLINIC		

Transaction Date*

Net Principal Due	Net Interest Due	Net Amount Due
150.00	15.00	165.00

Transaction Type*

Check
 Refund
 Additional Overpayment
 Write Off
 Correction
 Claim Adjustment
 Offset
 Rescind
 Interest Recalculation
 Settlement
 Voided Claim

Rescind Principal

Rescind Interest

Interest State

Rescind Total

0.00

Outstanding Principal	Outstanding Interest	Outstanding Balance	Recovered Amount
150.00	15.00	165.00	0.00

Comments

Expand [Spell Check](#)

9. To correct an INTERST RECALCULATION Transaction, enter a new INTEREST RECALCULATION transaction for the amount of the correction.
 - a. Enter the Transaction Date. The Transaction Date should be the same date as the date of the Transaction that you are correcting.
 - b. Choose the Transaction Type of Interest Recalculation.
 - c. To subtract from the original amount, enter a negative amount in the Additional Interest field. To increase the amount, enter a positive amount in the Additional Interest.
 - d. Include a complete explanation for the correction in the comments and attach any necessary documentation.

EXIT
SAVE & EXIT
SAVE
🔄

This is a new record. please save to see other buttons.

Payment #	PRJ-2014-02-000002 - 001	Date Recorded	02/07/2014
Case Name	Self-Disclosure	Recorded By	Harker, Amy
Provider Name	ADOLESCENT GYN CLINIC		

Transaction Date*

Net Principal Due	Net Interest Due	Net Amount Due
150.00	15.00	165.00

Transaction Type*

Check
 Refund
 Additional Overpayment
 Write Off
 Correction
 Claim Adjustment
 Offset
 Rescind
 Interest Recalculation
 Settlement
 Voided Claim

Additional Interest

Additional Interest Total

0.00

Outstanding Principal	Outstanding Interest	Outstanding Balance	Recovered Amount
150.00	15.00	165.00	0.00

Comments

Expand
Spell Check

e.

10. To correct a SETTLEMENT Transaction, enter a new SETTLEMENT transaction.
 - a. Enter the Transaction Date. The Transaction Date should be the same date as the date of the Transaction that you are correcting.
 - b. Choose the Transaction Type of Settlement.
 - c. The Settlement Transaction resets the Outstanding Principal and Outstanding Interest amounts. Enter the correct Outstanding Principal amount and the correct Outstanding Interest amount.
 - d. Include a complete explanation for the correction in the comments and attach any necessary documentation.

EXIT
SAVE & EXIT
SAVE
🕒

This is a new record. please save to see other buttons.

Payment #	PRJ-2014-02-000002 - 001	Date Recorded	02/07/2014
Case Name	Self-Disclosure	Recorded By	Harker, Amy
Provider Name	ADOLESCENT GYN CLINIC		

Transaction Date*

Net Principal Due	Net Interest Due	Net Amount Due
150.00	15.00	165.00

Transaction Type*

Check
 Refund
 Additional Overpayment
 Write Off
 Correction
 Claim Adjustment
 Offset
 Rescind
 Interest Recalculation
 Settlement
 Voided Claim

Settlement Principal	Settlement Interest	Net Effect of Settlement
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%; text-align: center;" type="text" value="0.00"/>

Settlement Total

Outstanding Principal	Outstanding Interest	Outstanding Balance	Recovered Amount
<input style="width: 100%;" type="text" value="150.00"/>	<input style="width: 100%;" type="text" value="15.00"/>	<input style="width: 100%;" type="text" value="165.00"/>	<input style="width: 100%; text-align: center;" type="text" value="0.00"/>

Comments

Expand [Spell Check](#)

How do I show that and Offset or A/R has been established for a case?

1. Open the appropriate provider record.

#	LPI	NPI	Provider Name	Provider Type	MFCU Hold	OMPP Hold
001	200099190		ADOLESCENT GYN CLINIC	(08) Clinic		

2. In the Recoupment and Recovery section of the Provider record, check the box next to A/R Created.

CMS Reporting

CMS Due Date

Final Principal

Final Interest

Final Overpayment Amount

FMAP

SMAP

A/R Created

CMS Report Date*

3. When funds are recovered from a future payment, enter a Payment Ledger record to record the recovery.
 - a. Press the Add New button in the recoupment and recovery section.
 - b. Select the correct transaction date.
 - c. For Transaction Type, choose Offset.
 - d. In the Offset Principal field, enter the amount of the payment to be applied toward outstanding principal.
 - e. In the Offset Interest field, enter the amount of the payment to be applied toward the outstanding interest.
 - f. Enter the corresponding Accounts Receivable Number(s) in the field provided.
 - g. In the comments field, add any relevant comments about the transaction.
 - h. Save the record.
 - i. Upload any documentation pertaining to the transaction as attachments.
 - i. Press the “Add New” button to add a new attachment.
 - ii. Enter the attachment date.
 - iii. Browse for and attach the document.
 - iv. Enter any notes about the attachment in the Attachment Notes field.
 - v. Save and exit the record.

EXIT
SAVE & EXIT
SAVE
🕒

This is a new record. please save to see other buttons.

Payment #	PRJ-2014-02-000002 - 001	Date Recorded	02/07/2014
Case Name	Self-Disclosure	Recorded By	Harker, Amy
Provider Name	ADOLESCENT GYN CLINIC		

Transaction Date*

Net Principal Due	Net Interest Due	Net Amount Due
150.00	15.00	165.00

Transaction Type*

Check
 Refund
 Additional Overpayment
 Write Off
 Correction
 Claim Adjustment
 Offset
 Rescind
 Interest Recalculation
 Settlement
 Voided Claim

Offset Principal

Offset Interest

Accounts Receivable Number
(One per line when entering multiples)

Offset Total

Outstanding Principal	Outstanding Interest	Outstanding Balance	Recovered Amount
<input style="width: 100%;" type="text" value="150.00"/>	<input style="width: 100%;" type="text" value="15.00"/>	<input style="width: 100%;" type="text" value="165.00"/>	<input style="width: 100%;" type="text" value="0.00"/>

Comments

Expand [Spell Check](#)

The provider has not paid. How do I add Additional Interest and send a Demand Letter?

1. Calculate the interest from the last interest date to the new interest date.
2. Create a Demand letter using the appropriate template and route for approval.
3. Send the letter to the provider.
4. Follow the steps to add a letter record and enter the appropriate information.
5. To add additional interest to the provider's account due to non-payment, add an Additional Interest transaction to the ledger.
 - a. Enter the date that the additional interest was calculated to into the Interest End Date field.

Recovered to Date	Recovered By	Current Outstanding Principal	Current Outstanding Interest	Current Outstanding Balance
<input style="width: 100%;" type="text" value="550.00"/>	<input style="width: 100%;" type="text" value="<select>"/>	<input style="width: 100%;" type="text" value="0.00"/>	<input style="width: 100%;" type="text" value="0.00"/>	<input style="width: 100%;" type="text" value="0.00"/>
Interest End Date				
<input style="width: 100%;" type="text"/>				

- b. Press Add New to add a new ledger transaction.

Recoupment Amount Ledger									
#	Date	Net Amount Due	Transaction Type	Transaction Amount	Outstanding Principal	Outstanding Interest	State Interest	Outstanding Balance	
002	07/02/2014	220.00	Check	220.00	0.00	0.00		0.00	
001	07/01/2014	550.00	Check	330.00	200.00	20.00		220.00	

- c. Enter the transaction date in the Transaction Date field. (If a demand letter is being sent, enter the date of the demand letter.)
- d. Choose Interest Recalculation as the Transaction Type.
- e. Enter the amount of interest being added to the account in the Additional Interest field.
- f. Enter any pertinent comments into the comments field.
- g. Press Save and Exit.

This is a new record. please save to see other buttons.

Payment #	PRJ-2014-06-000004 - 003	Date Recorded
Case Name	Training Project	Recorded By
Provider Name	Test provider #2	

Transaction Date*

Net Principal Due	Net Interest Due	Net Amount Due
0.00	0.00	0.00

Transaction Type*
 Check Refund Additional Overpayment Write Off Correction Claim Adjustment
 Offset Rescind Interest Recalculation Settlement Voided Claim

Additional Interest

Additional Interest Total

Outstanding Principal	Outstanding Interest	Outstanding Balance	Recovered Amount
0.00	0.00	0.00	0.00

Comments

Expand [Spell Check](#)

How do I change the amount that the provider owes?

6. To change the amount that the provider owes due to rescinding claims, enter a Rescind transaction into the ledger to decrease the amount owed.
 - a. Press the Add New button to add a new transaction

Recoupment Amount Ledger								
#	Date	Net Amount Due	Transaction Type	Transaction Amount	Outstanding Principal	Outstanding Interest	State Interest	Outstanding Balance
002	07/02/2014	220.00	Check	220.00	0.00	0.00		0.00
001	07/01/2014	550.00	Check	330.00	200.00	20.00		220.00

- b. Enter the date of the transaction in the Transaction Date field.
- c. Choose Rescind as the Transaction Type
- d. Enter the amount of principal and interest rescinded.
- e. If the amount was rescinded after the provider paid, and additional interest is due to the provider, enter that amount in the Interest State field.
- f. Enter any comments pertaining to the transaction.
- g. Press Save and Exit.

Records Reports Maintenance

EXIT **SAVE & EXIT** SAVE

This is a new record. please save to see other buttons.

Payment # PRJ-2014-06-000004 - 003 Date Recorded 08/18/2014

Case Name Training Project Recorded By Harker, Amy

Provider Name Test provider #2

Transaction Date

Net Principal Due Net Interest Due Net Amount Due
0.00 0.00 0.00

Transaction Type*

Check Refund Additional Overpayment Write Off Correction Claim Adjustment

Offset Rescind Interest Recalculation Settlement Voided Claim

Rescind Principal **Rescind Interest** **Interest State**

Rescind Total
0.00

Outstanding Principal Outstanding Interest Outstanding Balance Recovered Amount
0.00 0.00 0.00 0.00

Comments

Expand [Spell Check](#)

Status Notes (0)

7. To change the amount that the provider owes for another reason (e.g.: entry error when entering the initial amounts, provider paid before FCO was sent), add an Additional Overpayment transaction to the ledger.
 - a. Press the Add New button to add a new ledger transaction.

Recoupment Amount Ledger								
#	Date	Net Amount Due	Transaction Type	Transaction Amount	Outstanding Principal	Outstanding Interest	State Interest	Outstanding Balance
002	07/02/2014	220.00	Check	220.00	0.00	0.00		0.00
001	07/01/2014	550.00	Check	330.00	200.00	20.00		220.00

Add New

- b. Enter the date of the transaction in the Transaction Date field. If correcting the initial amounts due to an entry error or because the provider paid prior to the FCO, the Transaction Date should be the FCO date.
- c. Choose Additional Overpayment as the Transaction Type
- d. Enter the amount of Additional Overpayment Principal and Additional Overpayment Interest necessary to correct the Outstanding balances. (If the overpayment amounts need to be increased, enter a positive amount. If the overpayment amounts need to be decreased, enter a negative amount.)
- e. Enter comments to explain why you are entering the transaction.
- f. Press Save and Exit.

EXIT

SAVE

This is a new record. please save to see other buttons.

Payment #	PRJ-2014-06-000004 - 003	Date Recorded	08/18/2014
Case Name	Training Project	Recorded By	Harker, Amy
Provider Name	Test provider #2		

Transaction Date*

Net Principal Due	Net Interest Due	Net Amount Due
0.00	0.00	0.00

Transaction Type*

Check
 Refund
 Additional Overpayment
 Write Off
 Correction
 Claim Adjustment

Offset
 Rescind
 Interest Recalculation
 Settlement
 Voided Claim

Additional Overpayment Principal	Additional Overpayment Interest
----------------------------------	---------------------------------

Additional Overpayment Total

0.00

Outstanding Principal	Outstanding Interest	Outstanding Balance	Recovered Amount
0.00	0.00	0.00	0.00

Comments

Expand [Spell Check](#)

How do I refund an overpayment?

1. If the provider is due a refund for any reason, complete an expenditure request and send to SUR for approval.
2. Upon approval of the request, enter the expenditure request in *IndianaAIM*.
3. When the expenditure processes, enter a refund transaction in i-Sight. (There must be a negative outstanding balance before a Refund transaction is entered. (If the outstanding balance is not negative, you must first enter a transaction to change the outstanding balance to the amount that is due to the provider. If you have questions about how to do this, please contact the help desk at Healthcare-IndianaFADSHelpDesk@truvenhealth.com.)

- a. Press the Add New button to add a new ledger transaction.

Recoupment Amount Ledger								
#	Date	Net Amount Due	Transaction Type	Transaction Amount	Outstanding Principal	Outstanding Interest	State Interest	Outstanding Balance
002	07/02/2014	220.00	Check	220.00	0.00	0.00		0.00
001	07/01/2014	550.00	Check	330.00	200.00	20.00		220.00

- b. Enter the date that the transaction processed as the Transaction Date.
 c. Choose Refund as the Transaction Type.
 d. Enter the Refund Principal and Interest.
 e. If there is additional interest that is due to the provider on an amount that the provider paid at an earlier date, enter the additional interest amount in the State Interest field.
 f. Enter the Expenditure Payout Number in the field provided.
 g. Enter any pertinent comments in the comments field.
 h. Press Save.
 i. Upload a copy of the expenditure payout request to the Attachments section of the record.
 j. Press Save and Exit.

This is a new record. please save to see other buttons.

Payment # PRJ-2014-06-000004 - 003

Case Name Training Project

Provider Name Test provider #2

Transaction Date*

Net Principal Due
0.00

Net Interest Due
0.00

Net Amount Due
0.00

Transaction Type*

Check
 Refund
 Additional Overpayment
 Write Off
 Correction
 Claim Adjustment
 Offset
 Rescind
 Interest Recalculation
 Settlement
 Voided Claim

Refund Principal

Refund Interest

State Interest

Expenditure Payout Number

Refund Total

0.00

Outstanding Principal
0.00

Outstanding Interest
0.00

Outstanding Balance
0.00

Recovered Amount
0.00

Comments

Expand [Spell Check](#)

How do I record that the overpayment has been reported to CMS?

1. Once an overpayment has been reported to CMS, the CMS report date should be entered into the case.
 - a. Check to ensure that all claims have been uploaded to the case and that in the Recouped column shows Yes and that the Resolved column shows No.

Claims (1)

Open Claim by # (ICN) [Jump To](#)

[Add New Claim](#) [Export Claims](#) [Delete All Claims](#)

#	Member Name	RID Number	ICN	Detail Number	Recouped	Resolved
001	Member, New	9999999999	999999999999	1	Yes	No

- b. Go to the Recoupment and Recovery section.
- c. Enter the CMS Report Date into the CMS Report Date field. (The CMS report date will be the last date of the quarter, unless the amount was reported through the automated process.)
- d. Press the Save button at the top of the provider record.

CMS Reporting

CMS Due Date 06/14/2015

A/R Created

Final Principal Final Interest Final Overpayment Amount

FMAP SMAP

CMS Report Date*

[Calculate](#)

[Recovery Completed](#)

How and when do I close the recoupment?

1. To close the recoupment, you should ensure that the following criteria have been met.
 - a. Outstanding balance is equal to zero.
 - b. Principal has been marked as dispositioned.
 - c. Overpayments have been reported to CMS. (The CMS report date should be populated at the Provider and the Claim level.)
 - d. There are no open Appeals.
2. When the above criteria has been met, go to Recoupment and Recovery section and press the Recovery Completed button at the bottom of the section. The ledger will be closed.

CMS Reporting

CMS Due Date 06/14/2015

A/R Created

Final Principal Final Interest Final Overpayment Amount

FMAP SMAP

CMS Report Date*

[Calculate](#)

[Recovery Completed](#)

How do I populate the Claim Worksheet?

Timing and process for working and submitting claim files.

- Claim files only need to be worked and submitted for payments involving principal. Claim files are not necessary for payments that only cover interest.
- To avoid delays at the end of the quarter, users are asked to work and submit claim files as payments are received, rather than in batch mode at the end of the quarter.
 - An alternate option is to work and submit claim files on a monthly basis, by the 20th of the month. With this option, however, the user must work and submit claims separately for any payments received after the 20th of the third month in the quarter.
- If the payment received is not sufficient to cover the entire principal overpayment, only those claims covered by the payment should be included in the claim file.
 - If the partial payment does not divide equally into a subset of claim, leaving one claim only partially paid, the partially covered claim should be included in the next submission of claim or as an unrecovered overpayment if applicable. In this instance, the ICN will be recorded more than once, but the claim amounts from the two claim lines should equal the total for the claim.
- Near the end of the quarter, the Support Team will send you a report showing cases meeting the criteria for Unrecovered Overpayments. You will be asked to submit claim files for these cases by the claim entry deadline date for the quarter.

Locate the claim worksheet in i-Sight (Truven) or enter the claim information in the latest version of the Claim Worksheet Template which is available on the IN FADS SharePoint site.

1. For claims where there was an overpayment identified:
Locate and copy the records for the provider related to the check that you processed in *IndianaAIM*.
2. Make sure that each claim line for claims where an overpayment was identified contains the following information.
 - a. LPI (ensure that this value matches the provider record in i-Sight)
 - b. Location Code (ensure that this value matches the provider record in i-Sight)
 - c. Provider Name
 - d. Member First Name
 - e. Member Last Name
 - f. Member date of birth
 - g. Recipient ID
 - h. ICN
 - i. Detail Number - enter the appropriate detail or for header claims, enter 0
 - j. First date of service
 - i. For header rows, use header first date of service field.
 - ii. For detail rows, use detail first date of service field
 - k. Last date of service
 - i. For header rows, use header last date of service field.
 - ii. For detail rows, use detail last date of service field
 - l. Date Paid
 - m. Paid Amount

- i. For header rows, use header paid amount.
 - ii. For detail rows, use detail paid amount.
 - n. Claim Recoupment Reason
 - o. Provider Response
 - p. Auditor Response
 - q. Initial Amount
 - i. This field should be populated with the value Yes.
 - r. CMS Report Date
 - i. Claims for checks and offsets should be uploaded with CMS Report Date equal to the last calendar day of the quarter that the payment was received.
 - ii. Claims for voids and adjustments should be uploaded with CMS Report Date equal to the disposition date of the adjustment, making sure that it is NOT the last calendar day of the quarter.
 - iii. Claims for unrecovered overpayments should be uploaded with no CMS Report Date.
 - s. Claim Principal
 - t. Claim Interest – populate this field with a zero
 - u. Claim Overpayment – populate this field with a zero
 - v. Recouped
 - i. For recovered claims, this field should be populated with a Yes.
 - ii. For unrecovered claims, this field should be populated with a No.
 - w. Resolved
 - i. This field should be populated with a No.
 - x. Final Claim Status – choose the appropriate value from the list provided.
- 3. For claims where no overpayment was identified, ensure that the following fields are populated in the worksheet. (These claims should be loaded for tracking purposes to ensure that the same claim or claim detail is not audited twice):
 - a. LPI (ensure that this value matches the provider record in i-Sight)
 - b. Location Code (ensure that this value matches the provider record in i-Sight)\
 - c. Provider Name
 - d. Member First Name
 - e. Member Last Name
 - f. Member date of birth
 - g. Recipient ID
 - h. ICN
 - i. Detail Number
 - j. First date of service
 - i. For header rows, use header first date of service field.
 - ii. For detail rows, use detail first date of service field
 - k. Last date of service
 - i. For header rows, use header last date of service field.
 - ii. For detail rows, use detail last date of service field
 - l. Date Paid
 - m. Paid Amount
 - i. For header rows, use header paid amount.
 - ii. For detail rows, use detail paid amount.
 - n. Claim Recoupment Reason
 - o. Auditor Response

- p. Choose the value “No Overpayment Identified.”
 - q. Initial Amount - THIS FIELD SHOULD NOT BE POPULATED
 - y. CMS Report Date - THIS FIELD SHOULD NOT BE POPULATED
 - z. Claim Principal – THIS FIELD SHOULD NOT BE POPULATED
 - aa. Claim Interest – THIS FIELD SHOULD NOT BE POPULATED
 - bb. Claim Overpayment – THIS FIELD SHOULD NOT BE POPULATED
 - cc. Recouped - Populate this field with No.
 - dd. Resolved – Populate this field with a Yes.
 - ee. Final Claim Status – choose the value “No Overpayment Identified.”
4. Save the file as an excel document.
 5. Post the completed worksheet to the PRV or PRJ Attachments section in i-Sight.
 6. Send an email to the Support Team (Healthcare-IndianaFADSHelpDesk@truvenhealth.com) requesting a claim import.
 7. The Support Team will check the claims for errors and initiate an upload.

Note: If claims audited at the header level include details that were BIIP eligible, you must work the claims at the detail level so that BIIP federal share correctly. This does not apply to audits performed at the header level where the entire amount was recouped.

1. In order to calculate the BIPP Federal Share, BIPP-eligible claims must be recorded at the detail level even if the audit is performed at the header level.
2. Any claims meeting BOTH of the following criteria are BIPP-eligible and must be recorded at the detail level:
 - a. Original claim paid date between 10/1/12 and 9/30/15
 - i. Note that this is the *original* claim paid date, not the paid date of the audited claim

b. Category of Service (which is a detail-level field) of any one of the following:

Claim Category of Svc Code	Claim Category of Svc Description
1610	Line 12 – Home Health Services
3610	Line 19A – Home and Community-Based Services – Regular Payment (Waiver)
3615	Line 19A – Home and Community-Based Services – Regular Payment (Waiver)
3620	Line 19A – Home and Community-Based Services – Regular Payment (Waiver)
3625	Line 19A – Home and Community-Based Services – Regular Payment (Waiver)
3630	Line 19A – Home and Community-Based Services – Regular Payment (Waiver)
3635	Line 19A – Home and Community-Based Services – Regular Payment (Waiver)
3640	Line 19A – Home and Community-Based Services – Regular Payment (Waiver)
3645	Line 19A – Home and Community-Based Services – Regular Payment (Waiver)
3650	Line 19A – Home and Community-Based Services – Regular Payment (Waiver)
3611	Line 19A – Home and Community-Based Services – Regular Payment (Waiver)
3621	Line 19A – Home and Community-Based Services – Regular Payment (Waiver)
3631	Line 19A – Home and Community-Based Services – Regular Payment (Waiver)
3658	Line 19A – Home and Community-Based Services – Regular Payment (Waiver)
3659	Line 19A – Home and Community-Based Services – Regular Payment (Waiver)
3660	Line 19A – Home and Community-Based Services – Regular Payment (Waiver)
3910	Line 19B – Home and Community-Based Services – State Plan 1915i Only Payment
3915	Line 19B – Home and Community-Based Services – State Plan 1915i Only Payment
3920	Line 19B – Home and Community-Based Services – State Plan 1915i Only Payment
0510	Line 24A – Targeted Case Management Services – Community Case-Management
2510	Line 40 – Rehabilitative Services (non-school-based) - Mental Health and Substance Use

The amount owed for a claim changed upon appeal. How do I record that in the claim transaction?

1. If the amount owed for a claim changes upon appeal, a new claim amount record will need to be added to the claim record.
 - a. Open the claim record.

Claims (1)

Open Claim by # (ICN) [Jump To](#)

[Add New Claim](#) [Export Claims](#) [Delete All Claims](#)

#	Member Name	RID Number	ICN	Detail Number	Recouped	Resolved
<input type="text" value="001"/>	Member, New	9999999999	999999999999	1	Yes	No

- b. Press the button to add a new Claim Amount record.

Claim Amounts

#	Date	Claim Principal	Claim Interest	Claim Overpayment	Initial	Type of Revision	CMS Report date
001	08/18/2014	999.00	100.00	1,099.00	Yes		

[Add New](#)

- c. Select No for Are these the initial claim overpayment amounts?
 - d. Select the Type of Revision.
 - e. Select the Reason for Revision.
 - f. Enter the principal interest and claim overpayment amounts.
 - g. Press Save and Exit.

This is a new record

Claim Amount # **PRJ-2014-06-000004 - 002**

Case Name **Training Project**

Provider Name **ATKINS EDWARD M**

Are these the initial claim overpayment amounts?*

Yes No

Type of Revision Reason for Revision

Claim Principal* Claim Interest* Claim Overpayment*

CMS Report Date

How do I enter a Prepayment Review record?

4. If a provider is assigned to prepayment review, but it was not due to a preliminary investigation, a new PRJ case will need to be created for the provider using the following steps. If the case originated from a preliminary investigation go to step 11.
5. Click on the Create a new PRJ Case link
6. Go to the case details section.
7. Enter the provider name in the Project Name field exactly as it appears in the provider look-up,
8. Enter a brief summary of why the provider was put on prepayment review in the Case Description/Summary field.
9. Choose the correct value to show where the case originated from the Source drop down list.
10. Choose Prepayment Review in the Case Category field.
11. Under the Provider Section, select the Add New button
12. In the provider details screen, search for the provider using the provider look-up.
13. Proceed to step 13.
14. If the case was promoted from a Preliminary Investigation and assigned to Prepayment Review, find the case using the case number or by searching for the case.
15. Click the 001 next to the provider name in the Provider's section of the case to enter the Provider's Screen.

<input checked="" type="checkbox"/> Providers (9) (MFCU Hold - 0) (OMPP Hold - 0)						
<input type="button" value="Add New"/>						
#	LPI	NPI	Provider Name	Provider Type	MFCU Hold	OMPP Hold
009	100413680	1952353104	NURSE CARE INC	(32) Waiver Provider		
008	100268850	1568407310	WISHARD MEMORIAL HOSPITAL	(01) Hospital		
007	100268850	1568407310	WISHARD MEMORIAL HOSPITAL	(01) Hospital		
006	100188020	1972662112	OLDER AMERICANS SERVICE CORP (WVR)	(32) Waiver Provider		
005	100188020	1972662112	OLDER AMERICANS SERVICE CORP (WVR)	(32) Waiver Provider		
004	100120760	1568491835	PRN PHARMACEUTICAL SERVICES INC	(24) Pharmacy		
003	100110010	1871559443	ADDUS HEALTHCARE INC	(32) Waiver Provider		
002	100108570		KAISER HOME SUPPORT SERVICES INC	(32) Waiver Provider		
001	100108570		KAISER HOME SUPPORT SERVICES INC	(32) Waiver Provider		

16. Go to the Prepayment Review section of the case and click on the white box to open the section.
17. Enter the appropriate Prepayment Review Implementation date.
18. The Prepayment Review effective date will automatically populate with a date one year prior to the Implementation Date. If this is not the correct date, select the correct date.
19. Save the record.

Prepayment Review

#	Review Date	Completed By	Type Of Review	Recommendation	Claims Reviewed	Claims Denied	Claims Paid
<input type="button" value="Add New"/>							

20. Go to the Provider Sub-Status section of the Provider Screen and ensure that the sub-status of CASE Prepayment Review was added with the Implementation Date entered as the Begin Date of the sub-status.

Provider Sub-Status

User Generated Sub-Statuses

#	Sub-Status	Begin Date	End Date	Set By
System Generated Sub-Statuses				
#	Sub-Status	Begin Date	End Date	Set By
001	CASE Prepayment Review	02/07/2014		Harker, Amy

21. Create and send the Prepayment Review Notification Letter.
- a. Using the appropriate letter template, create the prepayment review notification letter and obtain the necessary letter approvals and signatures.
 - b. Scan and save a copy of the signed letter.
 - c. Send the letter to the provider using certified mail and delivery confirmation.
 - d. Enter a new Letter Record in the Provider Screen.
 - i. Select Add New in the Letter Section.
 - ii. Choose Prepayment Review Notification/Criteria as the letter type.
 - iii. Choose FSSA OPS from the list provided in the Sent By field.
 - iv. Browse for and attach the scanned copy of the signed letter.
 - v. Add any necessary notes about the letter in the Letter Notes field.
 - vi. Select the name of the person who approved the letter from the list of names provided in the Letter Approved By field.
 - vii. Select and enter the date that the letter was approved in the Letter approval date field.
 - viii. Select and enter the date that the letter was mailed in the Date Letter Sent field.
 - ix. Enter the certified mail tracking number in the Mail Tracking Number field.
 - x. Save the record.

Records
Reports
Maintenance

EXIT
SAVE & EXIT
SAVE
🕒

Letter Type*

Sent By*

Attach File...
(You must save the document after selecting file, otherwise the selected document will not be saved. Click on the "Browse" button to select file.)

Letter Education Topics
(Hold CTRL to select multiples)

Letter Education Topics	Selected Values
Billing Practices	
Upcoding	
Downcoding	
Authentication of Records	
Charging IHCP Members for Covered Services	
Complete Date of Service	
Correction Fluid and Pencil	

Letter Notes

Expand [Spell Check](#)

State Review & Approval

Letter Approved By

Letter Approval Date

Letter Review & Approval Notes

Expand [Spell Check](#)

Letter Sent

Date Letter Sent	Mail Tracking Number	Mail Tracking Date Received

- xi. Upload any attachments sent with the letter to the Provider Response/Letter Attachments section.
 1. Press the “Add New” button to add a new attachment.
 2. Enter the attachment date.
 3. Browse for and attach the document.
 4. Enter any notes about the attachment in the Attachment Notes field.
 5. Save and exit the record.
- xii. Exit the record.

☑ **Provider Response / Letter Attachments (0)**

#	Date	Attachment Name	Notes
<input type="button" value="Add New"/>			

i-Sight Attachment Record

Records
Reports
Maintenance

This is a new record. please save to see other buttons.

Attachment # Date Recorded 02/07/2014
 Case Name Recorded By Harker, Amy
 Provider Name KAISER HOME SUPPORT SERVICES INC

Attachment Date

Attach File...
(You must save the document after selecting file, otherwise the selected document will not be saved. Click on the "Browse" button to select file.)

Attachment Notes

Expand [Spell Check](#)

- xiii. When the proof of delivery is received, scan and save the proof of delivery document.
- xiv. Update the letter record with the date that the provider signed for the letter in the Mail Tracking Date Received field.

Expand [Spell Check](#)

Letter Sent

Date Letter Sent	Mail Tracking Number	Mail Tracking Date Received
<input type="text"/>	<input type="text"/>	<input type="text"/>

- xv. Upload the scanned delivery confirmation document to the Provider Response/Letter Attachments section.
 1. Press the “Add New” button to add a new attachment.
 2. Enter the attachment date.
 3. Browse for and attach the document.
 4. Enter any notes about the attachment in the Attachment Notes field.
 5. Save and exit the record.

Provider Response / Letter Attachments (0)

#	Date	Attachment Name	Notes
<input type="button" value="Add New"/>			

i-Sight Attachment Record

Records
Reports
Maintenance

EXIT
 SAVE & EXIT
 SAVE

This is a new record. please save to see other buttons.

Attachment #	PRJ-2014-01-000007 - 001	Date Recorded	02/07/2014
Case Name	Split Provider Case Demonstration	Recorded By	Harker, Amy
Provider Name	KAISER HOME SUPPORT SERVICES INC		

Attachment Date

Attach File...
(You must save the document after selecting file, otherwise the selected document will not be saved. Click on the "Browse" button to select file.)

Attachment Notes

Expand [Spell Check](#)

- e. To record the results of any interactions with the provider, add a Status Note to the Provider Screen.
 - i. Go to Status Notes and press the “Add New” button to add a new status note.
 - ii. Enter the information to be recorded in the Status Notes text field.
 - iii. Save and Exit the record.

Status Notes (0)

Add New

#	Date	Recorded By	Notes

EXIT
 SAVE & EXIT
 SAVE

This is a new record. please save to see other buttons.

Notes #	PRJ-2014-01-000007 - 001	Date Recorded	02/07/2014
Case Name	Split Provider Case Demonstration	Recorded By	Harker, Amy
Provider Name	KAISER HOME SUPPORT SERVICES INC		

Status Notes Text*

Expand [Spell Check](#)

How do I record the results of a Prepayment Review Periodic Review?

1. Go to the Prepayment Review Section of the Provider Screen.
2. Press the Add New button to add a new Compliance Review record.

Prepayment Review

Prepayment Review Implementation Date <input type="text" value="02/07/2014"/>	Prepayment Review Effective Date <input type="text" value="02/07/2013"/>	Prepayment Review End Date <input type="text"/>
---	--	---

#	Review Date	Completed By	Type Of Review	Recommendation	Claims Reviewed	Claims Denied	Claims Paid
<div style="border: 1px solid red; border-radius: 10px; display: inline-block; padding: 5px 20px; background-color: #cccccc;">Add New</div>							

3. Select and enter the date of the compliance review in the Date of Compliance Review field.
4. Choose the appropriate name from the list provided in the Compliance Review Completed By field.
5. Choose the appropriate Type of Compliance Review from the list provided.
6. Choose the appropriate PPR Recommendation from the list provided.
7. Enter the number of claims reviewed in the #Claims Reviewed Field.
8. Enter the number of claims that were denied in the #Claims Denied field.
9. Enter the number of claims that were paid in the #Claims Paid field.
10. Enter any notes pertinent to the compliance review in the Prepayment Review Notes field.
11. Save the record.

Records Reports Maintenance

EXIT SAVE & EXIT SAVE 🕒

This is a new record. please save to see other buttons.

Prepayment Review # PRJ-2014-01-000007 - 001	Date Recorded 02/07/2014
Case Name Split Provider Case Demonstration	Recorded By Harker, Amy
Provider Name KAISER HOME SUPPORT SERVICES INC	

Date of Compliance Review*	Compliance Review Completed By*
<input type="text"/>	<select>

Type of Compliance Review	<select>
----------------------------------	----------

PPR Recommendation	<select>
---------------------------	----------

# Claims Reviewed	# Claims Denied	# Claims Paid	Accuracy Rate	Denial Rate
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Prepayment Review Notes

Expand

Prepayment Review Attachments (0)

12. The Accuracy Rate and Denial Rate will be computed by the system upon save.

13. Attach any documentation relevant to the compliance review to the Prepayment Review Attachments.

- a. Press the “Add New” button to add a new attachment.

Prepayment Review Attachments (0)

#	Date	Attachment Name	Notes
<div style="border: 2px solid red; border-radius: 15px; display: inline-block; padding: 5px 20px; background-color: #ccc; margin: 0 auto;">Add New</div>			

- b. Enter the attachment date.
- c. Browse for and attach the document.
- d. Enter any notes about the attachment in the Attachment Notes field.
- e. Save and exit the record.

EXIT
SAVE & EXIT
SAVE
⌂

This is a new record. please save to see other buttons.

Attachment #	PRJ-2014-01-000007 - 001	Date Recorded	02/07/2014
Case Name	Split Provider Case Demonstration	Recorded By	Harker, Amy
Provider Name	KAISER HOME SUPPORT SERVICES INC		

Attachment Date

Attach File...
(You must save the document after selecting file, otherwise the selected document will not be saved. Click on the "Browse" button to select file.)

Attachment Notes

Expand [Spell Check](#)

14. Exit the record.

15. Create and send the compliance notification letter using the appropriate letter template. Obtain the necessary letter approvals and signatures.

16. Scan and save a copy of the signed letter.

17. Send the letter to the provider using certified mail and delivery confirmation.

18. Enter a new Letter Record in the Provider Screen.

- a. Select Add New in the Letter Section.
- b. Choose the appropriate compliance review letter type as the letter type.
- c. Choose FSSA OPS from the list provided in the Sent By field.
- d. Browse for and attach the scanned copy of the signed letter.
- e. Add any necessary notes about the letter in the Letter Notes field.
- f. Select the name of the person who approved the letter from the list of names provided in the Letter Approved By field.
- g. Select and enter the date that the letter was approved in the Letter approval date field.
- h. Select and enter the date that the letter was mailed in the Date Letter Sent field.
- i. Enter the certified mail tracking number in the Mail Tracking Number field.

j. Save the record.

- k. Upload any attachments sent with the letter to the Provider Response/Letter Attachments section.
 - i. Press the “Add New” button to add a new attachment.
 - ii. Enter the attachment date.
 - iii. Browse for and attach the document.
 - iv. Enter any notes about the attachment in the Attachment Notes field.
 - v. Save and exit the record.

i-Sight Attachment Record

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This is a new record. please save to see other buttons.

Attachment #	PRJ-2014-01-000007 - 001	Date Recorded	02/07/2014
Case Name	Split Provider Case Demonstration	Recorded By	Harker, Amy
Provider Name	KAISER HOME SUPPORT SERVICES INC		

Attachment Date

Attach File...
(You must save the document after selecting file, otherwise the selected document will not be saved. Click on the "Browse" button to select file.)

Attachment Notes

Expand
Spell Check

- l. Save and Exit the record.
- m. When the proof of delivery is received, scan and save the proof of delivery document.
- n. Update the letter record with the date that the provider signed for the letter in the Mail Tracking Date Received field.

Expand
Spell Check

Letter Sent

Date Letter Sent	Mail Tracking Number	Mail Tracking Date Received
<input type="text"/>	<input type="text"/>	<input type="text"/>

- o. Upload the scanned delivery confirmation document to the Provider Response/Letter Attachments section.
 - i. Press the "Add New" button to add a new attachment.
 - ii. Enter the attachment date.
 - iii. Browse for and attach the document.
 - iv. Enter any notes about the attachment in the Attachment Notes field.
 - v. Save and exit the record.

☑ **Provider Response / Letter Attachments (0)**

#	Date	Attachment Name	Notes
<div style="border: 1px solid red; border-radius: 15px; display: inline-block; padding: 5px 20px; background-color: #ccc; color: #333; font-weight: bold;">Add New</div>			

i-Sight Attachment Record

Records Reports Maintenance

EXIT SAVE & EXIT SAVE

This is a new record. please save to see other buttons.

Attachment # **PRJ-2014-01-000007 - 001** Date Recorded **02/07/2014**

Case Name **Split Provider Case Demonstration** Recorded By **Harker, Amy**

Provider Name **KAISER HOME SUPPORT SERVICES INC**

Attachment Date

Attach File...
(You must save the document after selecting file, otherwise the selected document will not be saved. Click on the "Browse" button to select file.)

Browse...

Attachment Notes

Expand Spell Check

How do I record that a provider has been recommended for termination?

1. In the Provider Sub-Status section of the provider record, add a new sub-status of Provider Termination Requested with the request date as the start date of the sub-status.

Provider Sub-Status

User Generated Sub-Statuses

Sub-Status* Begin Date of Sub-Status End Date of Sub-Status Add New

#	Sub-Status	Begin Date	End Date	Set By
001	Provider Termination Requested	04/16/2014		Harker, Amy

System Generated Sub-Statuses

#	Sub-Status	Begin Date	End Date	Set By
---	------------	------------	----------	--------

- a. Choose the sub-status of Provider Termination Requested.
- b. Enter the begin date.
- c. Press the Add New button.

How do I record that the OGC has approved that a provider be terminated?

1. If OGC approves the termination, end date the Provider Termination Requested sub-status with the date that the OGC approved the termination. Add a new sub-status of Provider Termination in Progress

Provider Sub-Status

User Generated Sub-Statuses

Sub-Status* Begin Date of Sub-Status* End Date of Sub-Status

#	Sub-Status	Begin Date	End Date	Set By
001	Provider Termination Requested	04/16/2014		Harker, Amy

System Generated Sub-Statuses

#	Sub-Status	Begin Date	End Date	Set By
---	------------	------------	----------	--------

- a. Open the sub-status record by clicking on the number beside the sub-status
 - b. Enter the end date
 - c. Save the record.
 - d. Choose the sub-status of Provider Termination in Progress.
 - e. Enter the date that OGC approved the termination as the begin date.
 - f. Press the Add New button.
2. Send the Provider Termination request to Provider Enrollment.
 3. When notified that the provider's enrollment from IHCP has been terminated, end date the sub-status of Provider Termination in Progress and add a new sub-status of Provider Terminated from IHCP.

Provider Sub-Status

User Generated Sub-Statuses

Sub-Status* Begin Date of Sub-Status* End Date of Sub-Status

#	Sub-Status	Begin Date	End Date	Set By
001	Provider Termination Requested	04/16/2014		Harker, Amy

System Generated Sub-Statuses

#	Sub-Status	Begin Date	End Date	Set By
---	------------	------------	----------	--------

- a. Open the sub-status record by clicking on the number beside the sub-status
 - b. Enter the end date
 - c. Save the record.
 - d. Choose the sub-status of Provider Terminated from IHCP.
 - e. Enter the date of the termination as the begin date and end date.
 - f. Press the Add New button.
4. If the provider was on prepayment review, enter the date of termination as the Prepayment Review end date.

Prepayment Review

Prepayment Review Implementation Date Prepayment Review Effective Date Prepayment Review End Date

#	Review Date	Completed By	Type Of Review	Recommendation	Claims Reviewed	Claims Denied	Claims Paid
---	-------------	--------------	----------------	----------------	-----------------	---------------	-------------

- a. Go to the Prepayment Review section of the provider record.
- b. Enter the date of termination in the Prepayment Review End Date field.
- c. Save the record.
5. Review the case to ensure that all documentation has been uploaded to the case.
6. Send the case for closure.

Provider Closure

Provider Closure Reason*
<select>

Provider Closure Notes

Expand [Spell Check](#)

Send For Closure

- a. Go to the provider closure section of the Provider Record.
- b. Select the provider closure reason of Provider Terminated from IHCP.
- c. Enter any notes.
- d. Press Send for Closure.

Case Closure

Case Closure Reason*
<select>

Case Closure Notes

Expand [Spell Check](#)

Send For Closure

- e. Go to the case closure section in the Project level of the case.
- f. Select the case closure reason of Provider Terminated from IHCP
- g. Enter any notes.
- h. Press Send for Closure.
- i. The appropriate manager will review the case before closing.

How do I record that the OGC denied the request that provider be terminated?

1. If the OGC Denies the termination request, end date the Provider Termination Requested sub-status and add a new sub-status of Provider Termination Rejected.

Provider Sub-Status

User Generated Sub-Statuses

#	Sub-Status	Begin Date	End Date	Set By
001	Provider Termination Requested	04/16/2014		Harker, Amy

System Generated Sub-Statuses

#	Sub-Status	Begin Date	End Date	Set By
---	------------	------------	----------	--------

- a. Open the sub-status record by clicking on the number beside the sub-status
- b. Enter the end date
- c. Save the record.
- d. Choose the sub-status of Provider Termination Rejected.
- e. Enter the date that OGC approved the termination as the begin date and end date.
- f. Press the Add New button.
- g. If the provider is on prepayment review, continue with the prepayment review process.

What do I do if a provider appeals termination from IHCP?

2. If a provider appeals termination from IHCP, enter an appeal record to record the appeal.
 - a. Go to the Appeals section of the Provider record.
 - b. Press Add New.

This is a new record. please save to see other buttons.

Appeal #	PRJ-2013-06-000004 - 001	Date Recorded	04/16/2014
Case Name	CO 2195 DMA UPLOAD TEST PROJECT	Recorded By	Harker, Amy
Provider Name			

Date Appeal Received* **Administrative Hearing Date**

Appeal Cause Number **ALJ Assigned** **ALJ Assigned Date**

Appeal Amount **Appeal Outcome**

Appeal Due Date

Provider's General Counsel **Effective Date of Counsel** **FSSA Legal Attorney**

Reviewer Assigned **Partial Amount** **S of I Completed** **Appeal Closed Date**

Appeal Notes

Expand [Spell Check](#)

Appeal Status Notes (0)

Appeal Attachments (0)

- c. In the appeal record, record the details of the appeal.
 - Enter the date that the appeal was received in the Date Appeal Received field.

- i. If a cause number has been assigned, enter it in the Appeal Cause Number field.
- ii. Enter the ALJ Assigned if known.
- iii. Enter the ALJ Assigned Date if known.
- iv. Enter information about the Provider's Counsel.
- v. In the Appeal Notes field, enter Provider Termination Appealed.
- vi. Upload any relevant documentation.
- vii. Save and Exit the record

Provider Sub-Status

User Generated Sub-Statuses

Sub-Status* <select>	Begin Date of Sub-Status*	End Date of Sub-Status	<input type="button" value="Add New"/>
-------------------------	---------------------------	------------------------	--

#	Sub-Status	Begin Date	End Date	Set By
001	Provider Termination Requested	04/16/2014		Harker, Amy

System Generated Sub-Statuses

#	Sub-Status	Begin Date	End Date	Set By

- d. End date the previous termination sub-status and add a new sub-status of Hearings and Appeals.
 - i. Open the sub-status record by clicking on the number beside the sub-status
 - ii. Enter the end date
 - iii. Save the record.
 - iv. Choose the sub-status of Hearings and Appeals.
 - v. Enter the date that the provider appeal was received as the begin date.
 - vi. If the provider is on prepayment review, continue with the prepayment review process.

EXIT
SAVE & EXIT
SAVE
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This is a new record. please save to see other buttons.

Appeal # **PRJ-2013-06-000004 - 001**

Case Name **CO 2195 DMA UPLOAD TEST PROJECT**

Provider Name

Date Recorded **04/16/2014**

Recorded By **Harker, Amy**

Date Appeal Received* **Administrative Hearing Date**

Appeal Cause Number **ALJ Assigned** **ALJ Assigned Date**

Appeal Amount **Appeal Outcome**

Appeal Due Date

Provider's General Counsel **Effective Date of Counsel** **FSSA Legal Attorney**

Reviewer Assigned **Partial Amount** **S of I Completed** **Appeal Closed Date**

Appeal Notes

Expand [Spell Check](#)

📄 Appeal Status Notes (0)

📄 Appeal Attachments (0)

- e. When notified of the outcome of the appeal, record the outcome in the appeal record.
 - i. Open the appeal record by clicking on the numbers beside the record.
 - ii. Choose the appropriate Appeal Outcome from the list provided.
 - iii. Enter the appeal closed date.
 - iv. Upload any relevant documentation.
 - v. Save and Exit the record.

Provider Sub-Status

User Generated Sub-Statuses

Sub-Status*

Begin Date of Sub-Status*

End Date of Sub-Status

Add New

#	Sub-Status	Begin Date	End Date	Set By
001	Provider Termination Requested	04/16/2014		Harker, Amy

System Generated Sub-Statuses

#	Sub-Status	Begin Date	End Date	Set By

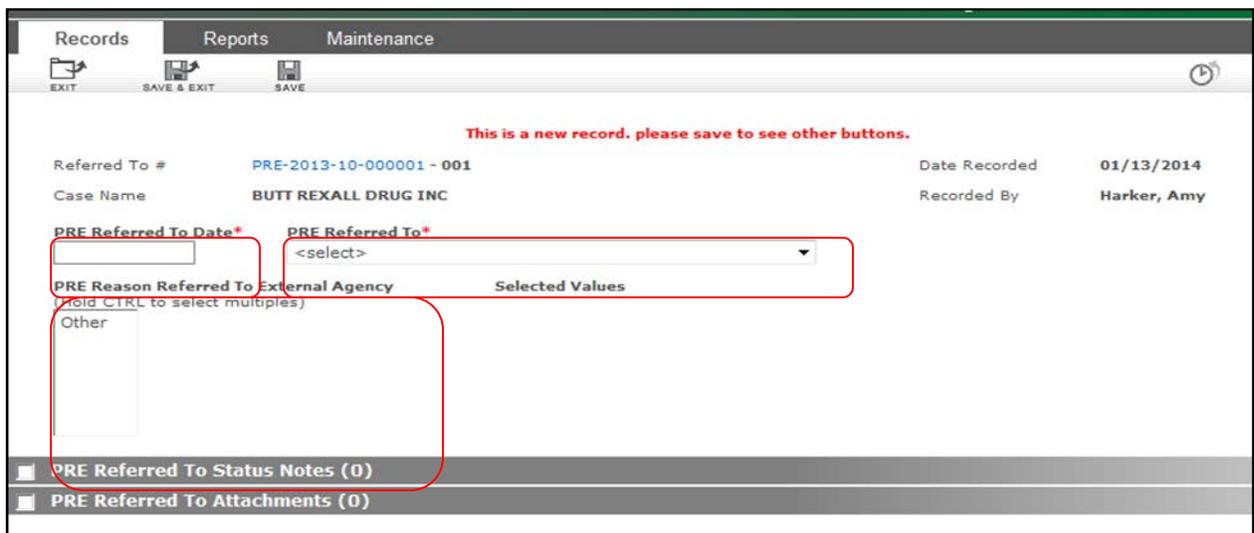
- f. End date the Hearings and Appeals sub-status.
 - i. Open the sub-status record by clicking on the number beside the sub-status
 - ii. Enter the end date
 - iii. Save the record.
- g. If the decision was to uphold the termination, proceed with the steps under provider termination.
- h. If the decision was to overturn the provider termination, proceed with the steps under Provider Termination Denied.

How do I record that a provider was referred to another agency?

39. In a PRE or PRV/PRJ case, add a new Referred To record. (Note: if the Provider is being referred to another agency, the user must first promote a CON case to a Preliminary Investigation in order to record the referral.)
 - e. Press the Add New button to add a new record.

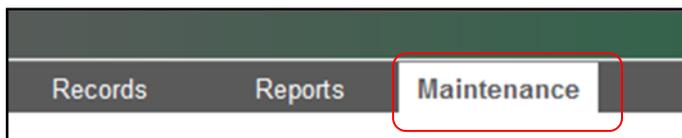


- f. Select and enter the date that the provider was referred to another agency.
- g. Select the agency that the provider was referred to from the list in the Referred To field.
- h. Select the reason(s) that the provider was referred from the list provided.
- i. Save the record.
- j. Upload copies of any documentation sent to the other agency in the Referred to Attachments section.
 - i. Press the “Add New” button to add a new attachment.
 - ii. Enter the attachment date.
 - iii. Browse for and attach the document.
 - iv. Enter any notes about the attachment in the Attachment Notes field.
 - v. Save and exit the record.
- k. Save and exit the record.
- l. Update the status notes in the record as necessary.



How do I record a MFCU Hold?

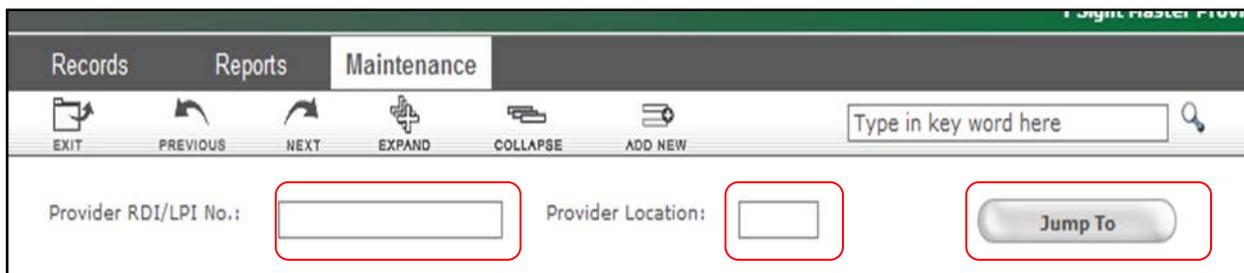
1. Notify a manager that MFCU has requested a hold on the provider.
2. A manager will enter a hold in the Provider Master.
 - a. Go to the Maintenance Menu.



- b. Select Master Provider Records.



- c. Enter the Provider LPI and Location in the search boxes at the top and press the Jump To button.



d. Click on the provider name to open the provider's record.

<u>Provider</u>	<u>LPI</u>	<u>Location</u>	<u>On-Hold</u>
OABIB MD V	100434730	A	
1-70 MEDICAL CENTER	200887160	A	
111 HOME PERSONAL CARE AGENCY	201043290	A	
180 MEDICAL INC	200505230	A	
1ST ADVANTAGE PHYSICAL THERAPY	200848730	A	
1ST ADVANTAGE PHYSICAL THERAPY	200848730	B	

e. Check the box beside Provider is On-Hold at the top of the record.

f. Save and exit the record.

EXIT SAVE & EXIT SAVE SAVE NEW COPY DELETE

Provider is On-Hold
 Entity/Organization Individual Both*

Name of Entity/Organization*

Provider Location

Provider Type

Provider Specialty
(Hold CTRL to select multiples)

Selected Values

RID/LPI No.

NPI No.

Tax ID.

License Number

Phone

Ext.

Email

Address Type
 Preferred Address

Address 1

Address 2

City

State

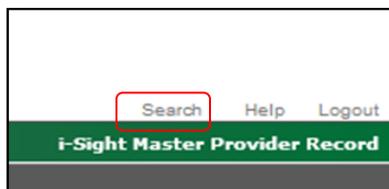
Zip

County

Address Effective As Of

Address Disabled As Of

- g. Search for all open cases regarding the provider and apply the hold to all open cases.
- h. Click on the Search button in the upper right section of the screen.



- i. Select the All button at the top of the search screen.
- j. Enter the provider LPI in the free text search box.
- k. Press the search button.

A screenshot of the search interface in the i-Sight Master Provider Record system. The interface is divided into several sections. At the top, there are tabs for 'Records', 'Reports', and 'Maintenance'. Below the tabs, there are 'SEARCH' and 'CLEAR' buttons. The 'Search In' section has radio buttons for 'All', 'Contact Logs', 'Preliminary Investigations', and 'Project/Provider Cases'. The 'All' radio button is selected and highlighted with a red box. Below this, there are sections for 'Specific Text Field Search', 'Number Search', 'Date Search', and 'Free Text Search'. The 'Free Text Search' section has a text input field with the label 'Search All Fields for' and a red box around it. The 'Specific Text Field Search' section has several text input fields and dropdown menus. The 'Number Search' section has a dropdown menu and an 'Equals To' text input field. The 'Date Search' section has a dropdown menu and 'From' and 'To' text input fields.

1. Open each applicable **case** and check the Provider is On-Hold box in the provider information section.

Case#	Document	Case Status	Responsible	Case Type	Case Name	Date Recorded
PRJ-2013-08-000016-002	Provider	Open	Amy Harker	Project	QA Test Case - A Coleman	08/26/2013
PRJ-2013-08-000022-002	Provider	Open	Amy Harker	Project	QA Test Case - C Shierant	08/26/2013
PRJ-2013-08-000043-001	Provider	Open	Amy Harker	Project	QA Test Case - Z Charlson	08/26/2013
PRJ-2013-08-000018-002	Provider	Open	Amy Harker	Project	QA Test Case - S Lewis	08/26/2013
PRJ-2013-08-000024-002	Provider	Open	Amy Harker	Project	QA Test Case - L Phelps	08/26/2013
PRJ-2013-08-000041-001	Provider	Open	Chris Hanks	Project	QA Test Project - C Hanks	08/24/2013
PRV-2013-08-000015-001	Provider	Open	Amy Harker	Provider		08/22/2013

Provider Info

Provider

Provider is On-Hold

Entity/Organization
 Individual
 Both*
 Provider Is On-Hold

Name of Entity/Organization*

- m. Save and exit the case.
 - n. Repeat steps e and f for each open case.
3. In the case regarding the MFCU investigation, create a PRV MFCU Hold Record. Note: if the investigation case is a PRE case, the case should be completed and promoted to a PRJ case before entering the PRV MFCU Hold Record.
 - a. Open the PRJ case.
 - b. Navigate to the Provider record.
 - c. Navigate to the External/MFCU Hold section of the case.
 - d. Click Add New to create a new record.

External/MFCU Hold (0)

#	Tracking #	Agency	Begin Date	End Date
<div style="border: 1px solid red; border-radius: 10px; display: inline-block; padding: 5px 20px; background-color: #ccc;">Add New</div>				

- e. Select MFCU for the Hold Agency.
- f. Enter the begin date of the MFCU Hold.
- g. Select the name of the appropriate investigator.
- h. Enter any notes related to the MFCU hold.
- i. Upload any attachments pertinent to the MFCU hold.
- j. Press Save and Exit.

Records	Reports	Maintenance
 EXIT	 SAVE & EXIT	 SAVE

This is a new record. please save to see othe

External/MFCU Case **PRJ-2013-06-000004 - 001**
 On Hold #
 Case Name **CO 2195 DMA UPLOAD TEST PROJECT**
 Provider Name **ST VINCENT HOSPITAL**

External Hold Tracking Number

Hold Agency* **Selected Values**
 (Hold CTRL to select multiples)

MFCU

OIG-HHS

DOJ

OMPP

Other

Begin Date of External Hold* **End Date of External Hold**

Investigator Name(s) **Selected Values**
 (Hold CTRL to select multiples)

Allen Pope

Amy Mattes

Amy Sellers

Damon Grove

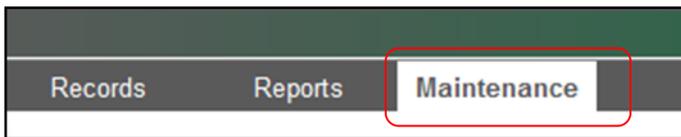
David Graves

David Meachum

David Richardson

 External Hold Status Notes (0)
 External Hold Attachments (0)

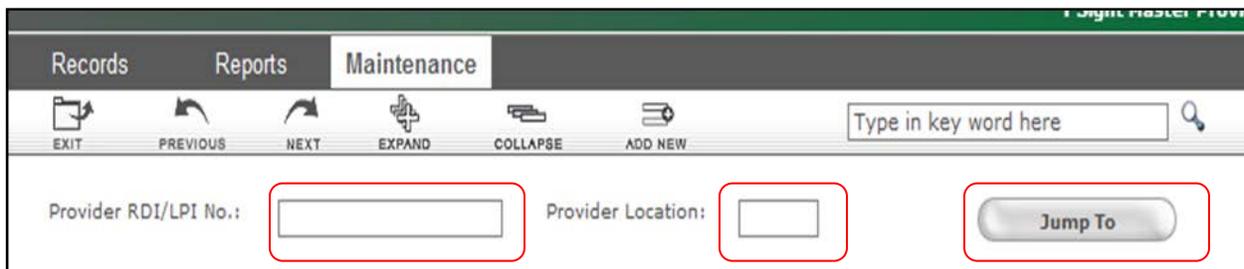
4. When notified that MFCU has lifted the provider hold the manager will do the following.
 - a. Go to the Maintenance Menu.



- b. Select Master Provider Records.



- c. Enter the Provider LPI and Location in the search boxes at the top and press the Jump To button.

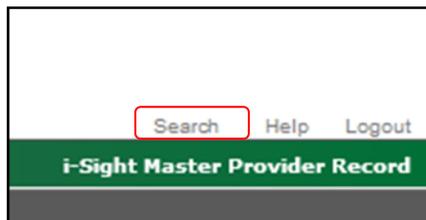


- d. Click on the provider name to open the provider's record.

<u>Provider</u>	<u>LPI</u>	<u>Location</u>	<u>On-Hold</u>
0ABIB MD V	100434730	A	
-70 MEDICAL CENTER	200887160	A	
111 HOME PERSONAL CARE AGENCY	201043290	A	
180 MEDICAL INC	200505230	A	
1ST ADVANTAGE PHYSICAL THERAPY	200848730	A	
1ST ADVANTAGE PHYSICAL THERAPY	200848730	B	

- e. Uncheck the box beside Provider is On-Hold at the top of the record.
- f. Save and exit the record.

- g. Search for all open cases regarding the provider and apply the hold to all open cases.
 - i. Click on the Search button in the upper right section of the screen.



- ii. Select the All button at the top of the search screen.
- iii. Enter the provider LPI in the free text search box.
- iv. Press the search button.

The screenshot displays the search interface for IN FADS Systems. At the top, there are tabs for 'Records', 'Reports', and 'Maintenance'. Below these are 'SEARCH' and 'CLEAR' buttons. The 'Search In' section has radio buttons for 'All', 'Contact Logs', 'Preliminary Investigations', and 'Project/Provider Cases', with 'All' selected and highlighted by a red box. The 'Specific Text Field Search' section includes fields for 'Case #', 'Case Type', 'Case Name', and three additional text fields, each with a search icon and an asterisk. The 'Number Search' section has a dropdown for '<select number field>' and an 'Equals To' field. The 'Date Search' section has a dropdown for '<select date field>' and 'From' and 'To' date fields. The 'Free Text Search' section has a label 'Search All Fields for' and a text input field, both highlighted by a red box.

- v. Open each applicable case and uncheck the Provider is On-Hold box in the provider information section.

Case#	Document	Case Status	Responsible	Case Type	Case Name	Date Recorded
PRJ-2013-08-000016-002	Provider	Open	Amy Harker	Project	QA Test Case - A Coleman	08/26/2013
PRJ-2013-08-000022-002	Provider	Open	Amy Harker	Project	QA Test Case - C Shierant	08/26/2013
PRJ-2013-08-000043-001	Provider	Open	Amy Harker	Project	QA Test Case - Z Charlson	08/26/2013
PRJ-2013-08-000018-002	Provider	Open	Amy Harker	Project	QA Test Case - S Lewis	08/26/2013
PRJ-2013-08-000024-002	Provider	Open	Amy Harker	Project	QA Test Case - L Phelps	08/26/2013
PRJ-2013-08-000041-001	Provider	Open	Chris Hanks	Project	QA Test Project - C Hanks	08/24/2013
PRV-2013-08-000015-001	Provider	Open	Amy Harker	Provider		08/22/2013

Provider Info

Provider

Provider is On-Hold

Entity/Organization
 Individual
 Both*
 Provider Is On-Hold

- vi. Save and exit the case.
- vii. Repeat steps v and vi for each open case.

How do I record Coordination with another agency or division?

5. In a PRE or PRV/PRJ Case, use a Coordination Record to record these activities.
 - a. Go to the Coordination Section and click the Add New button to add a new record.



- k. Select and enter the appropriate date in the Date Coordination Submitted field.
- l. Select the entity that is coordinating with FSSA from the list provided.
- m. Select the reason(s) for coordination from the list provided.
- n. Enter the contact person's Name, Title, Phone and email address in the fields provided.
- o. In the Coordination Notes field, enter a detailed description of the activities between the entities.
- p. If a response was given, select and enter the Coordination Response Date
- q. Select the appropriate coordination response from the list provided.
- r. Upload any pertinent documents to the Coordination Attachments Section.
 - i. Select Add New to add a new attachment.
 - ii. Browse for and select the document to be attached.
 - iii. Enter any notes relevant to the document in the Attachment Notes field.
 - iv. Save and exit the record.
 - v. Repeat these steps for each document.
- s. Save and Exit the record.
- t. Updates on the coordination effort can be recorded using the status notes section of the Coordination record.

What sub-status should I enter and when?

Sub-Status	When used	System Generated or Manually Entered?
Additional records requested from same/different provider	Use when awaiting medical records from provider	Manually Entered
Awaiting DAF response from provider (45 Days)	Use when DAF has been sent to/received by the provider until a response has been received from the provider or time has expired.	Manually Entered
Awaiting FCO Response from provider (60 Days)	Use when the FCO has been sent to/received by the provider until a response has been received or time has expired.	Manually Entered
Awaiting RAR response from provider (45 days)	Use when a Response to Reconsideration has been sent to/received by the provider until a response has been received or time has expired.	Manually Entered
Awaiting self-audit response from provider (30 days)	Use when a self-audit has been sent to/received by a provider until the response has been received or time has expired.	Manually Entered
Claim Adjustment in Progress	Use when a claim adjustment or void has been submitted to HP for processing. The sub-status	Manually Entered

	should end when the adjustment has processed.	
CASE: Hearings and Appeals	This sub-status is used when a request for appeal has been received. The begin and end dates are automatically populated by dates entered into the Appeal record.	System Generated
CASE: MFCU Hold	This sub-status indicates that there is a MFCU hold existing for this provider on this case. The begin and end dates of this sub-status are automatically populated based on dates entered into the External Hold record.	System Generated
CASE: Payment Suspension	This sub-status shows that a payment suspension has been levied against this provider due to a credible allegation of fraud. The begin and end dates of this sub-status are automatically populated using dates from the Credible Allegation of Fraud record.	System Generated.
Credit Balance Audit	Use when the audit type is Credit Balance Audit. The begin date of the sub-status should be the begin date of the audit. The end date of the sub-status should be the end date of the audit, or when the FCO has been sent to the provider.	Manually Entered
Desk Audit	Use when the audit type is Medical Record Review. The begin date of the sub-status should be the begin date of the audit. The end date of the sub-status should be the end date of the audit, or when the FCO has been sent to the provider.	Manually Entered
Education	Use when the provider has been provided education due to the audit.	Manually Entered
Follow-up with Referral		Manually Entered
In Process of Locating Provider	Use this sub-status if unable to contact a provider using the address(es) in AIM, while attempts are being made to locate the provider.	Manually Entered
MFCU		Manually Entered

OIG Exclusion Request/Excluded Provider	This sub-status is used to show that a request has been received to excluded this provider from IHCP	Manually Entered
On-Site Audit: Advance Notice	Use when the audit type is On-Site Audit where advance notice is given to the provider. The begin date of the sub-status should be the begin date of the audit. The end date of the sub-status should be the end date of the audit, or when the FCO has been sent to the provider.	Manually Entered
On-Site Audit: Door Knock	Use when the audit type is On-Site Audit, but no advance notice is given to the provider. The begin date of the sub-status should be the begin date of the audit. The end date of the sub-status should be the end date of the audit, or when the FCO has been sent to the provider.	Manually Entered
Overpayment Identification and Final Calculation in progress	This status is used when the provider has responded to the DAF letter or when no response has been received to the DAF letter and time has expired, while the overpayment and interest amounts are identified and approved by the state. This sub-status would end when the FCO letter is sent to the provider.	Manually Entered
Partial Provider payment received	This sub-status is used when the provider has submitted a payment for some, but not all of the outstanding balance.	Manually Entered
Payment Suspension – No Credible Allegation of Fraud	This sub-status is used when a payment suspension has been instituted against the provider for some reason other than a credible allegation of fraud.	Manually Entered
Potential referral to MFCU , MSLC, other		Manually Entered
Pre-Audit: Sampling, Program, Notice, etc.	This sub-status is used to denote that audit preparation is in progress. This sub-status would end when the Audit begins.	Manually Entered
Prov Enrollment Watch List	This sub-status is used to show that the provider has been added to the Provider Enrollment Watch List.	Manually Entered

Provider Inactive	This sub-status is used to show that a provider is not actively billing at this time.	Manually Entered
Provider Not Pursuable/Unrecoverable	This sub-status is used when all attempts to recover from a provider have been unsuccessful and it has been determined that no future recovery efforts will be undertaken.	Manually Entered
Provider Self-Disclosure	This sub-status is used when a provider self-reports and repays an overpayment.	Manually Entered
Provider Terminated	This sub-status is used when the provider has been terminated from the IHCP.	Manually Entered
Provider Termination Requested	This sub-status is used when provider termination has been requested, but it has not yet been confirmed that the provider has been terminated from the IHCP.	Manually Entered
Provider/Project Closure	This sub-status is used when the closure checklist has been completed and it has been determined that the provider/project meets all requirements to be sent for closure	Manually Entered
Reconsideration of Draft Audit Findings	This sub-status is used when a request for an Administrative Reconsideration has been received and the reconsideration is underway.	Manually Entered
Recoupment	This sub-status shows when the provider has been sent for recoupment. The begin date is the date that the Send for Recovery button is pressed and the end date is the date that the Recovery Completed button is pressed	System Generated
Recovered	This sub-status is used when the overpayment amount has been fully recovered.	Manually Entered
Response to Statement of Issues/Appeal	This sub-status is used when an appeal has been received and a response to the statement of issues is being created or has been sent to the provider.	Manually Entered
Reviewing Provider Response	This sub-status is used when a response has been received from a provider and further review is necessary (e.g.: reviewing medical	Manually Entered

	records) before the next action can be taken.	
Risk Assessment	This sub-status is used when a Risk Assessment is underway.	Manually Entered
Self-Audit	Use when the audit type is Self-Audit. The begin date of the sub-status should be the begin date of the audit. The end date of the sub-status should be the end date of the audit, or when the FCO has been sent to the provider.	Manually Entered
Settlement Underway		Manually Entered
Signed Provider Waiver Received	This sub-status is used to show that a signed appeal waiver has been received from the provider.	Manually Entered
Special Research Necessary/Underway		Manually Entered

How do I add a status note?

1. Status notes can be added in many different areas of a case. Please ensure that you add the status note in the most relevant location. If the status note refers to the entire project, enter the note in the PRJ Status Notes section. If the status note is a general note about one provider in a PRJ case, enter the note in the PRV Status Notes section. If the status note is about a specific letter, recommendation, reconsideration, or ledger transaction, enter the status note in the status notes section pertaining to that record.
 - a. Press the Add New Button in the Status Notes Section



- b. Enter the text of the Status Note in the Status Notes Text field.

This is a new record. please save to see other buttons.

Notes # PRJ-2014-06-000004 - 001 Date Recorded 08/15/2014

Case Name Training Project Recorded By Harker, Amy

Status Notes Text*

Expand [Spell Check](#)

- c. Press Save and exit.
- d. The system will automatically record the date that the note was added and the name of the user that added the note.

How do I upload an attachment?

1. Press the Add New button under the appropriate Attachments section. Please ensure that you are uploading the attachment in the most relevant location. If the attachment refers to the PRJ case as a whole, upload to the PRJ Attachments section. If the attachment is a general attachment referring to the provider, upload to the PRV attachments section.

#	Date	Attachment Name	Notes
<input type="button" value="Add New"/>			

2. Select and enter an Attachment Date
3. Browse for and select the document to be attached.
4. Enter any relevant notes about the document in the Attachment Notes field.
5. Save and exit the record.

How do I close a Provider record?

1. Using the QC Checklist shown in Appendix 2, ensure that the provider record contains all necessary information and meets all requirements.
 - a. If any information is missing or requirements are not met, contact the case owner so that the necessary information can be added to the record.
2. Upload a copy of the checklist to the PRV Attachments.
3. Navigate to the PRV Closure section of the provider record.
4. Choose the appropriate Provider Closure Reason from the list provided.
5. Enter any notes about the closure that the manager may need.
6. Press the Send for Closure button.
7. The provider will be sent to a Provider Closure Queue. A manager will need to review and approve or deny closure of the provider record.

How do I close a PRJ case?

1. Ensure that a QC checklist has been completed for each provider in the case, and that all providers have been closed. This means that the provider has been sent for closure AND that a manager has approved the closure.
2. Navigate to the Case Closure section.
3. Choose the appropriate Case Closure Reason from the selections provided.
4. Enter any pertinent notes that the manager may need to approve closure of the case.
5. Press the Send for Closure button. The case will be sent to a Project Closure Queue. A manager will need to review the case and approve or deny closure of the case.

Case Closure

Case Closure Reason*

<select> ▼

Case Closure Notes

Expand [Spell Check](#)

Send For Closure

How do I re-open a PRV or PRJ case?

Cases can only be re-opened by system administrators.

1. Enter a help-desk ticket using the IN FADS website.
 - a. Open the IN FADS website.
 - b. At the top of the site, click on the IN FADS Help Desk – submit a new issue or view your submitted issues link.
 - c. In the toolbar, choose Items.
 - d. Click on the New Item icon in the tool bar.
 - e. Enter your name in the Requester field.
 - f. Enter a title for the ticket. (i. e. Re-open Case)
 - g. Enter today’s date in the Date Logged field.
 - h. Select the appropriate priority from the list provided.
 - i. In the category field, select i-Sight.
 - j. In the Long Description field, enter the case number that needs to be re-opened, along with the reason for re-opening.
 - k. Click Save in the top menu.

If you are unable to log a help desk ticket, you may request that a case be reopened by emailing the request, complete with case number and reason for reopening to Healthcare-IndianaFADSHelpDesk@truvenhealth.com.

Reporting and Appendices

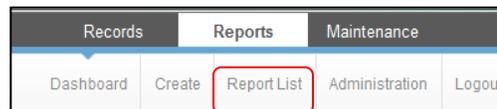
Reporting

How do I access the self-service report library?

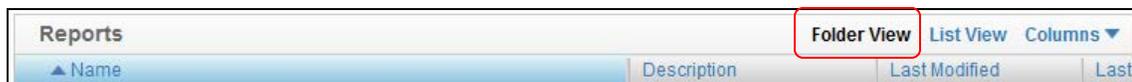
1. Click on the Reports tab on the top



2. The Reports sub-menu will appear. Click on the Reports List option.



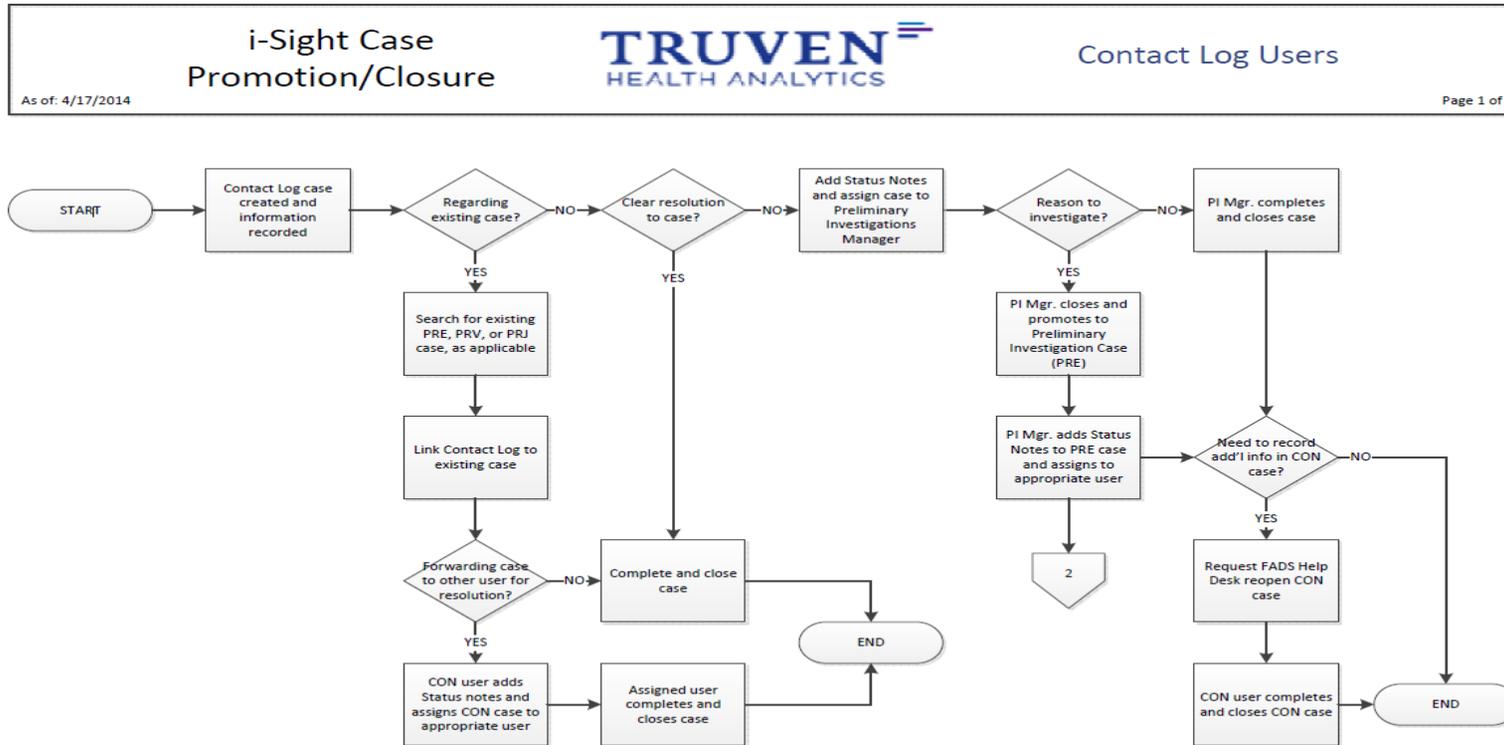
3. Ensure that the reports listing, in the center panel, is displayed to you in “Folder View,” showing only the PUBLIC folder.



4. If your screen is displaying “List View,” switch it to “Folder View” by clicking the link
5. Under the PUBLIC folder, you will be presented with subfolders to match your group and role.
6. If you have any questions about the i-Sight/Yellowfin Self-Serve Reports Library, please contact the help desk at Healthcare-IndianaFADSHelpDesk@truvenhealth.com.

Appendices

1. Case Flow Diagram



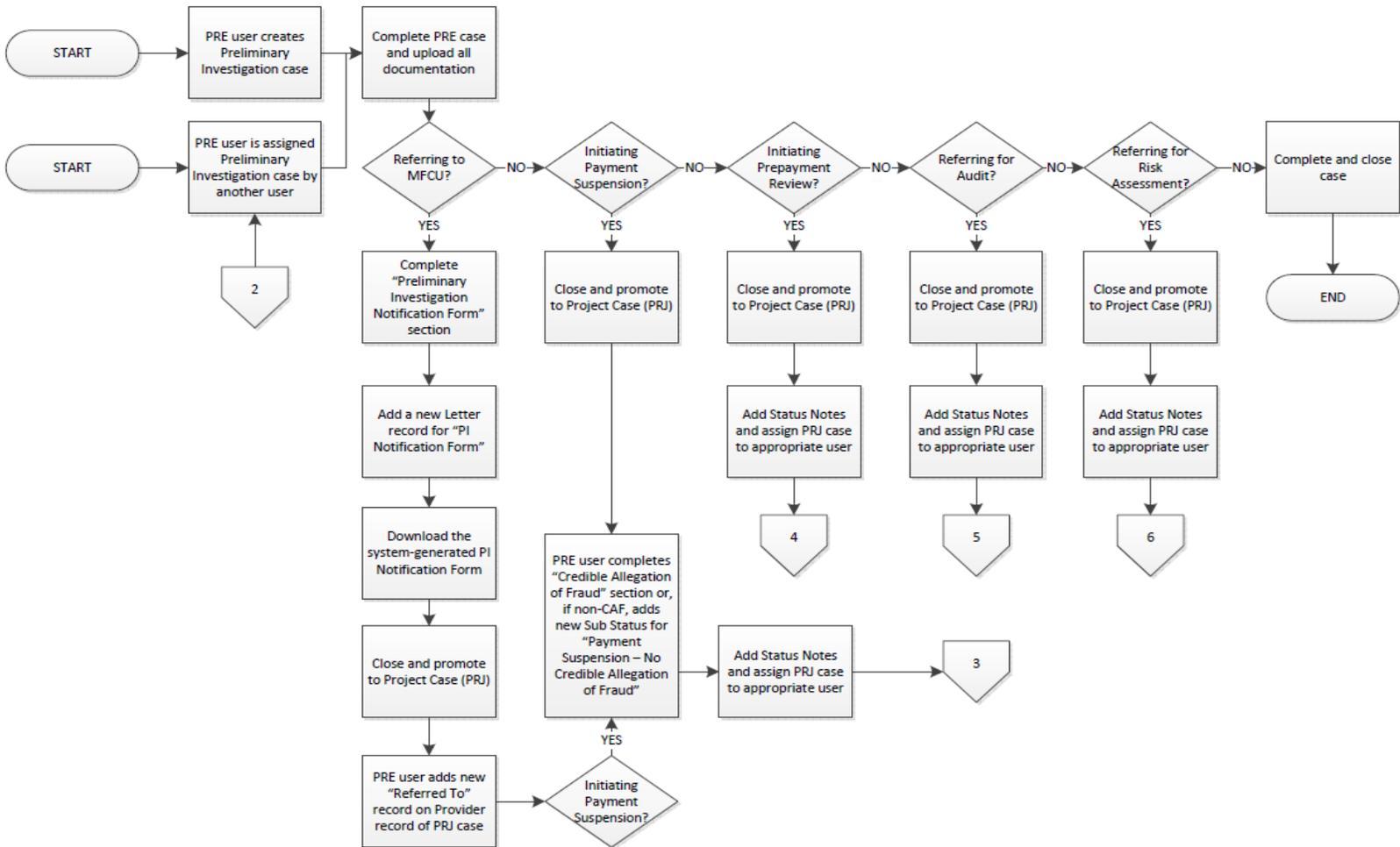
i-Sight Case Promotion/Closure

As of: 4/17/2014



Preliminary Investigation Users

Page 2 of 6

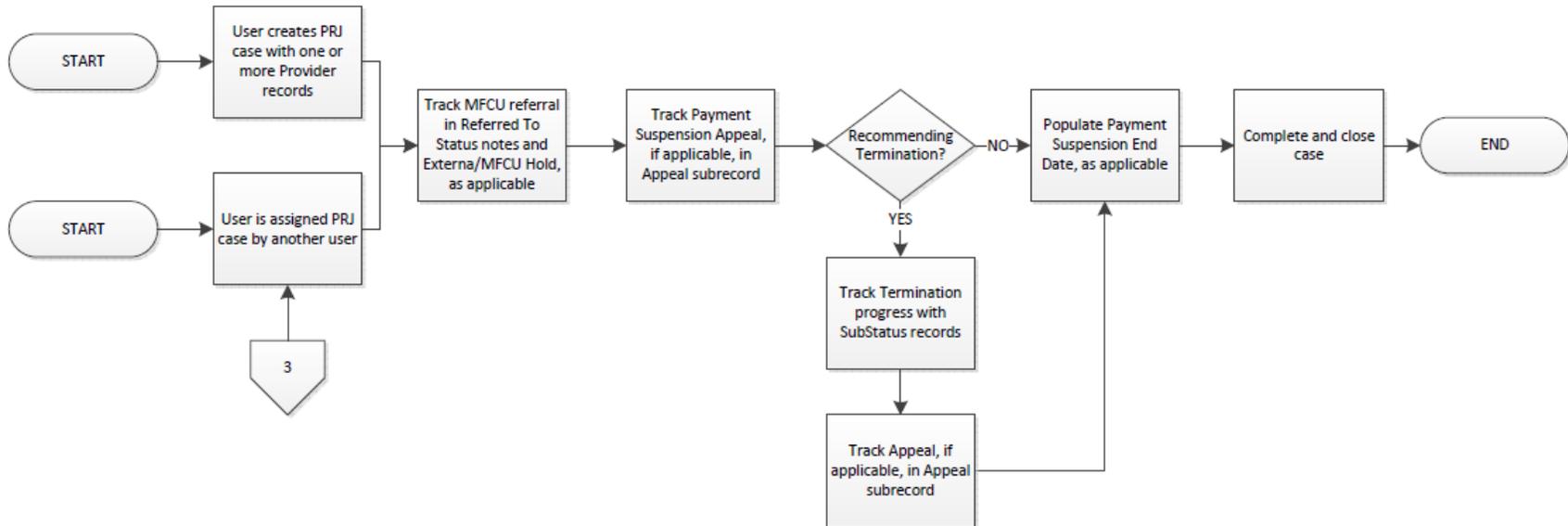


i-Sight Case Promotion/Closure

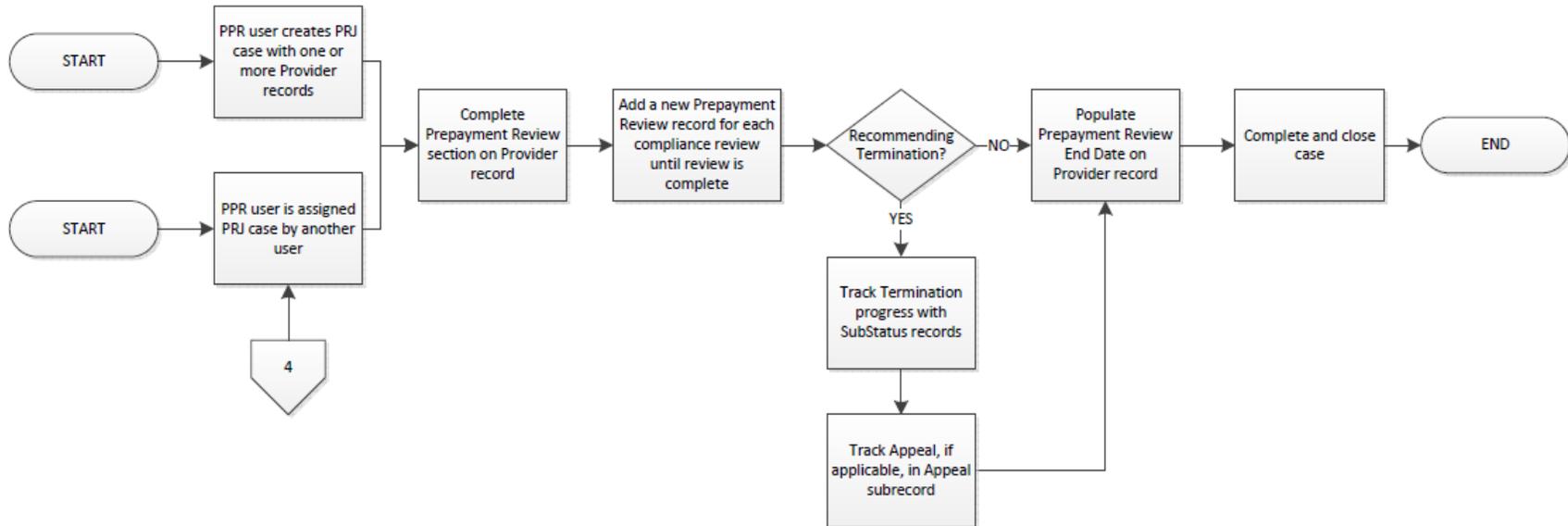
TRUVEN
HEALTH ANALYTICS

MFCU Referral / Payment Suspension Users

As of: 4/17/2014 Page 3 of 6



i-Sight Case Promotion/Closure **TRUVEN** HEALTH ANALYTICS Prepayment Review Users
As of: 4/17/2014 Page 4 of 6



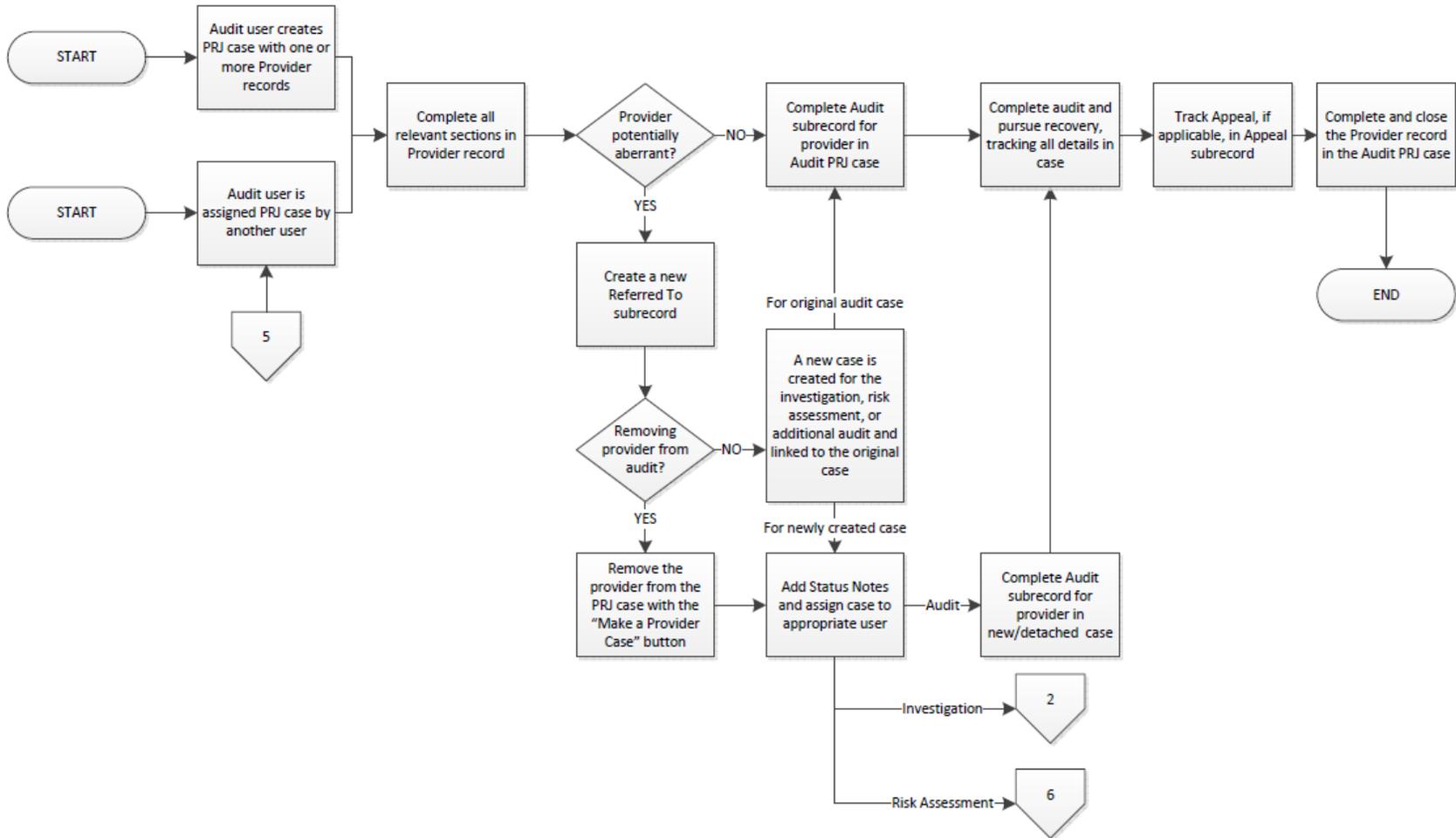
i-Sight Case
Promotion/Closure

As of: 4/17/2014



Audit Users

Page 5 of 6



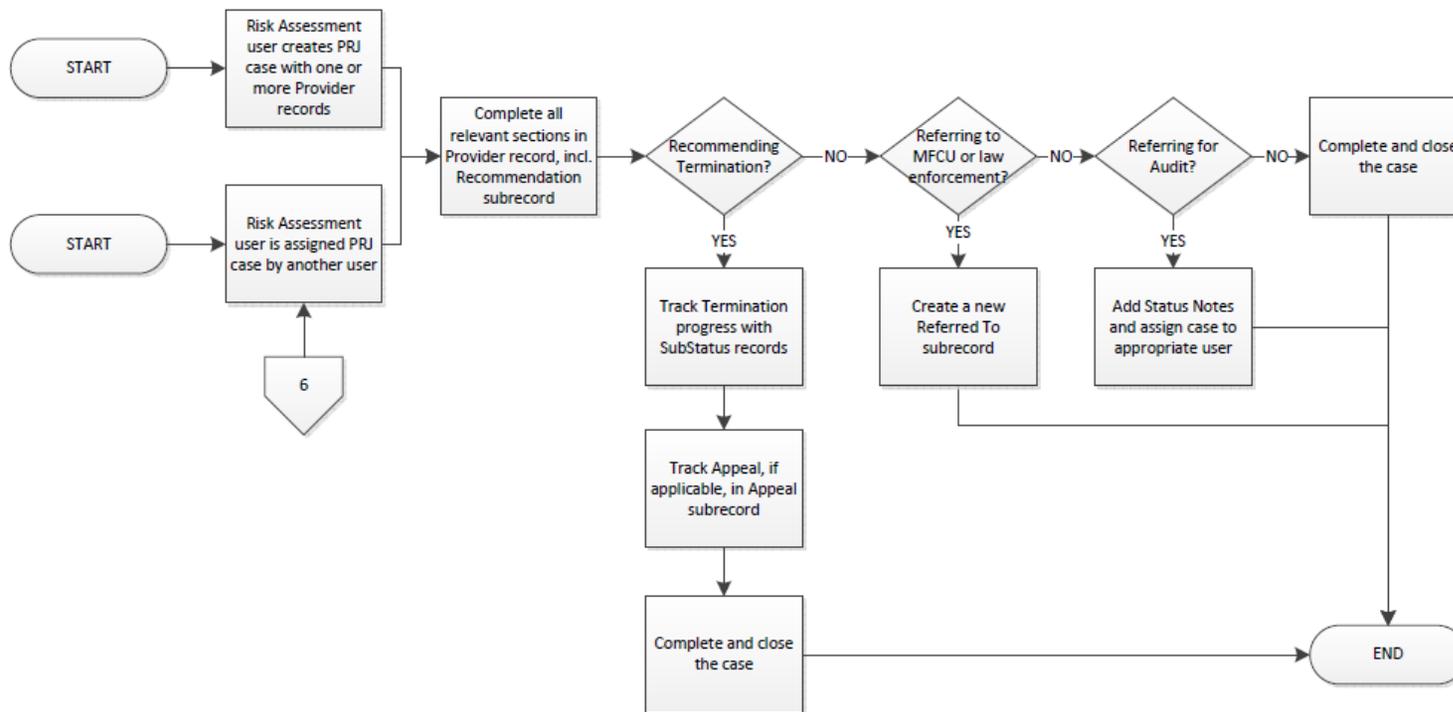
i-Sight Case Promotion/Closure



Risk Assessment Users

As of: 4/17/2014

Page 6 of 6



2. QC Checklist



**Indiana Fraud and Abuse Detection System (FADS)
Verification That Documentation Is
Complete in i-Sight**

Project Number _____

Checklist	i-Sight		Comments
	Yes	No	
Run a monthly report from i-Sight that provides a Recoupment & Recovery Current Outstanding Balance of \$0.00			
MFCU			
-Vetted email (Project Attachment)			
-Verify providers on list received letter			
Draft Audit Findings			
-Letter Correct Letter Type chosen Sent Date entered Mail Tracking Date Received entered Letter is attached Attachment A is attached Copy of green card attached Provider response attached (if applicable) Provider Response date completed (if applicable) Provider response recorded on letter record (if applicable)			
-Audit Record Correct Audit Type Chosen Auditing Group field complete and correct Audit Begin and End fields are complete			
Financial Calculation of Overpayment (FCO) or FCO-NR or Final Audit Findings			
-Letter Correct Letter Type chosen Sent Date entered Mail Tracking Date Received entered Letter is attached Attachment A is attached Copy of green card attached Provider response attached (if applicable) Provider Response date completed (if applicable) Provider response recorded on letter record (if applicable)			
-Provider Portal Session Session Closed?			
Recoupment/Recovery Ledger - \$0.00			
FCO Date complete			
-Outstanding Balance = \$0.00			
-Ledger Outstanding Balance = \$0.00			
-Checks are attached to ledger record(s) for check transactions			
ICNs are included for claim adjustment and voided claim transactions			
Expenditure requests are attached to Refund transactions			

5/13/2014

Page 1 of 2



More Than Data. **Answers.**

IN FADS Systems User Guide | Version 3.0



**Indiana Fraud and Abuse Detection System (FADS)
Verification That Documentation Is
Complete in i-Sight
Project Number _____**

Claims			
-Claims are in i-Sight			
-Claims have been resolved (no money owed)			
-Claims have been recouped (money owed)			
ICNs are formatted correctly			
Claims include CMS Report date (if FCOs sent over one (1) year ago)			
-Dummy claims/duplicate claims have been deleted			
Self-Audit			
-Letter Correct Letter Type chosen Sent Date entered Mail Tracking Date Received entered Letter is attached Attachment A is attached Copy of green card attached Provider response attached (if applicable) Provider Response date completed (if applicable) Provider response recorded on letter record (if applicable)			
-Audit Record Correct Audit Type Chosen (self-audit) Auditing Group field complete and correct Audit Begin and End fields are complete			
Peer Comparison			
-Letter Correct Letter Type chosen Sent Date entered Mail Tracking Date Received entered Letter is attached Attachment A is attached Copy of green card attached Provider response attached (optional) Provider response recorded on letter record (optional)			
Education			
-Letter Correct Letter Type chosen Sent Date entered Mail Tracking Date Received entered Letter is attached Attachment A is attached Copy of green card attached			

Name of Reviewer _____

Date Review Completed _____

5/13/2014

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