REV - Carrier Refund Request through Fiscal Management

Purpose:

Request a refund that cannot be processed in Medicaid Management Information System (MMIS). Typically, these are for Attorneys, Insurance Carrier's, Members and rarely Providers. These refunds are issued to the requesting entity by Fiscal Management.

Identification of Roles:

IME Revenue Collections: Identifies that a refund check was received for adjusting a claim(s), however, repayment was previously received for this claim(s) in another manner such as a check or adjustment. The end result is a refund to the requesting entity. The refund request may come from the Revenue Collections Team Lead, Provider Disallowance representative, Lien Recovery staff or Operation Manager and will be sent to Fiscal Management for issuing of a manual check.

Performance Standards:

Allow up to 45 days for refund from Fiscal Management.

Path of Business Procedure:

Step1. Revenue Collections identifies or receives a request that a check(s) and/or credit adjustment has been received and processed on a claim. The net result is a refund due. In some cases MMIS is unable to be used to refund the entity such as Attorneys, Insurance Carrier's, Members and rarely Providers. In these situations a manual check will need issued to rectify the overpayment.

Step 2.

Step 3. Upon approval by the Unit Manager, the requestor from the Revenue Collections Unit will forward the GAX form and supporting documentation to the Deputy Medicaid Director for final approval.

Step 4. Once the GAX form has been approved the Deputy Medicaid Director, it will be returned to the requesting party where two copies will be created and sent to Fiscal Management. One copy must include the original approved GAX form.

Step 5. Fiscal Management will review and process the carrier refund through I/3. The refund will be sent to the requesting entity by Fiscal Management within approximately 45 days after approval.

Forms/Reports: GAX-General Accounting Expenditure – Revenue Collections template

RFP References: N/A

Interfaces: Fiscal Management

Attachments: N/A

Attach supporting documentation
to the back of this form

STATE OF IOWA

GAX

BUDGET FY	**GENERAL ACCOUNTING EXPENDITURE**		DOCUMENT NUMBER
2011	DATE	ACCTG PERIOD (MM/YY)	

I/3 VENDOR CUSTOMER NUMBER	AGENCY NAME
00000041300	Department of Human Services

VENDOR NAME AND ADDRESS	BILL TO ADDRESS (ORDERING AGENCY)	SHIP TO ADDRESS
TEST	Department of Human Services	

TERMS	FOB	ORDER APPROVED BY	CLAIM PREPARED BY

QUANTITY	VENDOR'S INVOICE DATE	VENDOR'S INVOICE NUMBER

ORDERED	RECEIVED	UNIT OF MEASURE	DESCRIPTION	UNIT PRICE	TOTAL PRICE
			Refund		$0.00
EFT IND	YES ☐ NO ☐		Contract Number:		
				DOCUMENT TOTAL	

CLAIMANT'S CERTIFICATION

I CERTIFY THAT THE ITEMS FOR WHICH PAYMENT IS CLAIMED WERE FURNISHED FOR STATE BUSINESS UNDER THE AUTHORITY OF THE LAW AND THAT THE CHARGES ARE REASONABLE, PROPER, AND CORRECT, AND NO PART OF THIS CLAIM HAS BEEN PAID.

DATE **TITLE**

CLAIMANT'S SIGNATURE

AGENCY CERTIFICATION

I CERTIFY THAT THE ABOVE EXPENSES WERE INCURRED AND THE AMOUNTS ARE CORRECT AND SHOULD BE PAID FROM THE FUNDS APPROPRIATED BY:

CODE OR CHAPTER SECTION(S)

AUTHORIZED SIGNATURE

THE FOLLOWING FIELDS ARE FOR STATE ACCOUNTING USE ONLY

LINE	FUND	AGCY	UNIT	SUB UNIT	ACTV	RSRC	SUB RSRC	FUNC	OBJT	SUB OBJT	JOB NUMBER	REP CAT	QUANTITY / UNITS	I/D	DESCRIPTION	AMOUNT	I/D	P/F
01	0001	413	2086	12					2804						Refund	$0.00		

02																	
03																	
04																	
05																	
06																	
07																	
08																	
09																	
10																	
11																	
12																	
13																	
14																	

DOCUMENT TOTAL

GAX (Rev. 11/10) WARRANT # AUDITED BY PAID DATE