

REV – Provider Withholding Procedure

Purpose:

To provide assistance to the Department in the administration of federal income tax levies, child support recovery liens, income deduction amounts from Medicaid providers that owe the State of Iowa refunds and Sheriffs liens.

Identification of Roles:

For Income Withholds (liens) from Medicaid Providers:

Revenue Collections - Revenue Collections is responsible for the data entry of lien information appearing in Medicaid Management Information System (MMIS).

IME Provider Services- is responsible for providing Remittance Advice information to the providers.

EPOCH - Revenue Collections will receive notice from Epoch regarding provider information. Notification will be in the form of a document sent via US Mail. This document will include the provider's name, social security number or federal Tax Identification number.

For Child Support Recovery income withholds:

Receive a notice of an order to withhold income for child support from the child support recovery (CSR) contractor.

For IRS withholds:

Receive a notice of federal income tax levy from the Internal Revenue Service (IRS).

Performance Standards:

Revenue Collections will process the Child support lien or IRS Levy within 1 business day of receipt and validate the processing of liens within 1 business day after each payment cycle. This work is subject to Quality Analysis (QA) for timeliness and accuracy.

Path of Business Procedure:

Step 1: Receive a notice from Internal Revenue Service (IRS), Child Support Recovery Unit (CSRU), Sheriff's Department or Nursing Facilities of an order to withhold income for child support from the child support recovery (CSR) contractor.

Step 2: Verify provider status on MMIS-#9 Provider Subsystem.

- a) If active, print detail
- b) If inactive, return documentation noting no record

Step 3: Verify no other liens are being held for provider. If other liens exist, return Levy with notation indicating another lien is active and request the Levy to be returned to Iowa Medicaid Enterprise at a later date

Step 4: Setup a lien hold recovery provider number in MMIS beginning with "07". Per IME Provider Services all lien providers must be built using "07" series code.

- a) Access #9 Provider Subsystem
- b) Do search to determine if Lien Holder is in MMIS
- c) Enter Action Code "A" to add Lien Holder
- d) Type "07" and enter-system will generate next number sequence
 - 1) Use address listed on Levy as the Lien Holder address
 - 2) Use 999999999 as the Tax Identification number
 - 3) The Tax type is "E" for government
 - 4) Lien Holder type is "98"
 - 5) Application date is date of Levy
 - 6) Practice type is "05"
 - 7) Under enrollment-status is "1" for active
 - 8) Enter twice to add provider

Step 5: Enter lien information on the obligor's provider number in Medicaid Management Information System (MMIS).

Step 6: Setup a hold/review edit on the obligor's provider number with a hold type of "F". The begin date of the hold/review should be equal to the notice date.

Step 7: If the amount of withhold is more than 50% of monthly income, the amount needs to be changed in MMIS to equal 50%. Core will notify PCA when the withhold amount is more than 50% at time of claim adjudication.

Step 8: If the amount needs to be changed in MMIS, notify Core when this has been completed so the claim can be processed for payment.

Step 9: After each weekly pay cycle, review OnBase report IAMC7000-R002 to verify that the liens processed correctly for the week.

Step 10: If a Notice to Release a Levy is received after the funds have been recovered, gross adjustments can be generated to return the funds. If the provider is unable to wait, Fiscal Management can release a draft to pay the provider.

Step 11: Revenue Collections will process the IRS levy within 1 business day of receipt and validate the processing of liens within 1 business day after each payment cycle.

Step 12: Sheriff's liens are also received and the withholding information is based on pay scale. The judgment will clearly state the amount. The document must be signed and returned promptly. Unit Manager for Provider Service Unit is the representative authorized to sign sheriff's lien.

Step 13: CMP (Civil Monetary Penalty)Withholds:

These withholds are applied to nursing homes at the Medicare level. When Medicare is unable to collect they are sent to IME via IME Policy Unit in the form of a letter

requesting a monetary offset from future claims. Upon receipt of the request IME/Revenue Collections will accomplish the withhold using the steps noted above (adjustment reason 28). There is no limit to percentage taken so 100% will be applied to obtain as much of the CMP as possible. Each week an email will be sent to original requester to update the status of the withholding until complete.

Forms/Reports:

OnBase reporting for Edits

The screenshot shows the OnBase Client (OBProd) interface. The main window is titled "Document Retrieval" and contains the following sections:

- Document Type Groups:** A list box containing "CDLD Reports", "Core", "General", "Policy", "Provider Services", and "Revenue Collections".
- Document Types:** A list box containing various report types such as "CR Ad-Hoc Report", "CR AVRS", "CR Check Write", "CR Claims Process", "CR DJR", "CR EMC", "CR EPSDT", "CR General Online", "CR Managed Health Care", "CR MARS", "CR Med Needy", and "CR Prior Auth".
- Dates:** Fields for "From" and "To" dates, both currently set to "Today".
- Keywords:** Search criteria fields including:
 - Report ID: |IAMC6500-R017
 - Report Title: (empty)
 - Report Run Date: (empty)
 - Report As Of Date: |07/12/2010|

At the bottom of the window, there are buttons for "Find", "Text Search", "Note Search", "Clear Keywords", and "Clear All".

Aged Detail Suspense Report

IOWA DEPARTMENT OF HUMAN SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEM												PAGE 1
AGED DETAIL SUSPENSE REPORT												RUN DATE 07/12/10
THE FOLLOWING CLAIMS HAVE BEEN IN THE SYSTEM MORE THAN 0 DAYS												
CURRENT LOCATION 01 CLAIM TYPE HCFA 1500												
TRANSACTION CONTROL NUMBER	RECIPIENT ID	PROVIDER NUMBER	DATES OF SERVICE FROM	TO	LOC DAYS	CLAIM AGE	EXCEPTIONS					
0-10183-22-014-0839-00		1164629937	06/09/10	06/09/10	0	1	219-F 219-F 597-5 351-5 318-5 351-5 101-2 101-2 357-1					
0-10187-22-012-0029-00		1811914575	05/26/10	05/27/10	0	0	598-5 351-5 351-5 421-2 351-5 351-5 101-2 103-3 101-2 101-2 357-1 357-1 357-1					
0-10187-22-012-0030-00		1811914575	05/28/10	05/29/10	0	0	598-5 351-5 351-5 421-2 351-5 351-5 101-2 101-2 357-1 357-1 357-1					
3-10159-00-011-0105-00		1295715001	06/01/10	06/01/10	0	24	438-F 438-F 134-5 823-5 101-2 357-1 000					
3-10193-00-001-0863-00		1417905746	07/07/10	07/07/10	0	0	595-5 597-5 370-5 370-5 370-5 370-5 351-5 370-5 370-5 365-2 101-2 101-2 357-1 357-1					

IOWA DEPARTMENT OF HUMAN SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEM												PAGE 2
AGED DETAIL SUSPENSE REPORT												RUN DATE 07/12/10
THE FOLLOWING CLAIMS HAVE BEEN IN THE SYSTEM MORE THAN 0 DAYS												
CURRENT LOCATION 03 CLAIM TYPE HCFA 1500												
TRANSACTION CONTROL NUMBER	RECIPIENT ID	PROVIDER NUMBER	DATES OF SERVICE FROM	TO	LOC DAYS	CLAIM AGE	EXCEPTIONS					
0-10119-66-008-0002-00		1477532174	06/15/09	06/15/09	32	49	595-5 597-5 345-3 433-3 000 000 000					
0-10130-66-016-0136-00		1093786139	04/15/10	04/15/10	21	41	598-5 433-3 000 000 000 000 000					
0-10146-66-011-0288-00		1477554814	11/30/09	11/30/09	13	28	595-5 345-3 145-5 433-3 351-5 104-3 104-3 101-2					
0-10152-66-018-0146-00		1386718245	05/24/10	05/24/10	2	25	598-5 433-3 000 000 000 000 000					
0-10154-66-007-0021-00		1477554814	02/17/10	02/17/10	2	24	595-5 345-3 433-3 000 000 000 000					
0-10155-66-007-0125-00		1477532174	04/13/10	04/13/10	13	23	595-5 597-5 433-3 334-3 000 000 000					
0-10160-66-005-0041-00		1477554814	02/15/10	02/15/10	2	20	595-5 433-3 351-5 351-5 104-3 104-3 101-2					
0-10160-66-008-0100-00		1477532174	02/12/10	02/12/10	2	20	595-5 597-5 598-5 345-3 433-3 000 000					

RFP References: N/A

Interfaces: N/A

Attachments:
 N/A