

## **REV - Refund/Manual Check Request**

### **Purpose:**

Request a refund that cannot be processed in MMIS. Typically, these are for Attorneys, Representatives of Deceased Member's estates, banks, funeral homes, and care facilities. These refunds are issued to the requesting entity by Fiscal Management.

### **Identification of Roles:**

**IME Revenue Collection's Estate Recovery:** Estate Recovery receives a request that for a refund because a higher priority expense was not paid before sending the funds to Estate Recovery. A refund must be issued to the requesting entity. The refund request may come from the one of Revenue Collection's Estate Recovery Operation Manager or Probate Section Team Member and will be sent to Fiscal Management for issuing of a manual check.

**Performance Standards:** As needed

### **Path of Business Procedure:**

**Step 1:** Revenue Collection Estate Recovery identifies or receives a request for a refund and makes the initial determination that funds must be refunded. A manual check must be issued to reimburse the higher priority creditor.

**Step 2:** The Revenue Collection's Estate Recovery Operation Manager or Probate Section Team Member will complete the necessary General Accounting Expenditure (GAX) form and provide the form and documentation to the Unit Manager that supports the issuance of a refund. They will then notify the Account Manager, Operations Manager and appropriate Revenue Collections Estate Recovery Team Members of the GAX request.

**Step 3:** Upon approval by the Unit Manager, the request from the Revenue Collection's Estate Recovery 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 by 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:** N/A

**RFP References:** N/A

**Interfaces:** Fiscal Management

**Attachments:**

**Sample GAX form listed below:**

Attach supporting documentation

to the back of this form

STATE OF IOWA

**GAX**

<b>BUDGET FY</b>	<b>GENERAL ACCOUNTING EXPENDITURE</b>		<b>DOCUMENT NUMBER</b>
	DATE	ACCTG PERIOD (MM/YY)	
<b>2010</b>	04/12/10		
VEND OR CODE	AGENCY NAME		
0000041300	Department of Human Services		
VENDOR NAME AND ADDRESS	BILL TO ADDRESS (ORDERING AGENCY)	SHIP TO ADDRESS	



Iowa Department of Human Services  
 Iowa Medicaid Enterprise (IME)  
 Revenue Collections

THE FOLLOWING FIELDS ARE FOR STATE ACCOUNTING USE ONLY																		
LINE	FUND	AGCY	ORGN	SUB ORGN	ACTV	RSRC	SUB RSRC	FUN C	OBJT	SUB OBJT	JOB NUMBER	REP CAT	QUANTITY / UNITS	I / D	DESCRIPTION	AMOUNT	I / D	P / F
	001	413	2086	12					2804							500.00		
															<b>500.00</b>			

**G  
A  
X**

WARRANT #

AUDITED BY

DOCUMENT TOTAL

PAID DATE

**ACRONYM:**

GAX – General Accounting Expenditure