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.

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

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

BUDGET FY	GENERAL ACC	DOCUMENT NUMBER	
ı	DATE	ACCTG PERIOD (MM/YY)	
2010	04/12/10		
VEND OR CODE		AGENCY NAME	
	00000041300	Department of Human Se	ervices
VE	ENDOR NAME AND ADDRESS	BILL TO ADDRESS (ORDERING AGENCY)	SHIP TO ADDRESS

Test City, State, Zipcode Des Moines, IA. 50319 ORDER APPROVE DE BY Deputy Medicaid Director Signature VENDOR'S INVOICE DATE VENDOR'S INVOICE NUMBER ORDER RECEIVED UNIT OF MEASURE DESCRIPTION UNIT PRICE TOTAL PRICE FOR Indicate - Carrier, Attorney or Provider Refund TYES NO
TERMS FOB ORDER APPROVE DO BY DEPUTY Medicaid Director Signature VENDOR'S INVOICE DATE VENDOR'S INVOICE DATE VENDOR'S INVOICE NUMBER ORDER RECEIVED UNIT OF MEASURE DESCRIPTION UNIT PRICE TOTAL
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RED Indicate - Carrier, Attorney or Provider Refund 500.00 Indicate - Carrier, Attorney or Provider Refund 500.00 EFT EFT
EFT E
YES NO
DOCUMENT TOTAL 500.00
CLAIMANTS CERTIFICATION AGENCY CERTIFICATION
I CERTIFY THAT THE ABOVE EXPENSES WERE INCURRED AND THE AMOUNTS
FOR STATE BUSINESS UNDER THE AUTHORITY OF THE LAW AND THAT THE ARE CORRECT AND SHOULD BE PAID FROM THE FUNDS APPROPRIATED BY:
CHARGES ARE REASONABLE, PROPER, AND CORRECT, AND THAT NO PART CODE OR CHAPTER SECTION(S)
OF THIS CLAIM HAS BEEN PAID
D A
D A TITL E E
A T TITL

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

	THE FOLLOWING FIELDS ARE FOR STATE ACCOUNTING USE ONLY																	
L I N E	FUND	AGCY	ORGN	SUB ORG N	AC TV	RSR C	SUB RSRC	FUN C	ОВЈТ	SUB OBJT	JOB NUM BER	REP CAT	QUANTITY / UNITS	I/D	DESCR IPTIO N	AMOUNT	I / D	P/F
	001	413	2086	12					2804							500.00		
									DOCUMEN T TOTAL				500.00					
A	G WARRANT # A X					AUDITED BY								PAID DATE				

ACRONYM:

GAX – General Accounting Expenditure