

Provider Recoupments

Updated Tip Sheet 03/2016

Provider claims are established due to an overpayment and are entered in the Claim Management System (CMS). KICCS interfaces with CMS to allow providers to submit a portion of their child care payment towards their claim amount. Providers designate the amount to apply towards a claim via the DCC-97 Supplement A – Voluntary Payment Reduction. This may be submitted hard-copy or electronically through the Provider Portal. Recoupments are deducted from the provider’s monthly subsidy payment and are reflected on the DCC-97 Remittance.

DCC-97 Supplement A - Voluntary Payment Reduction

CMS sends information to KICCS on the 25th of each month for active provider claims. This information becomes available to fiscal workers and providers after the Open Payment Period process on the last day of the month.

Providers who receive paper PBFs will be sent the DCC-97 Supplement A – Voluntary Payment Reduction as part of the monthly PBF batch reports. Providers with multiple claims will receive an individual letter per claim number.

Example:

- Provider has 3 separate claims
- CMS sends 3 claim #'s to KICCS
- 3 DCC-97 Supplement A's will generate with the provider's batch PBF

Providers who wish to submit a recoup complete the DCC-97(s) with the amount they would like deducted and return the form to fiscal staff to enter into KICCS.

DCC-97 Supplement A (11/09)
922KAR2:020

COMMONWEALTH OF KENTUCKY
Cabinet for Health and Family Services
Department for Community Based Services
Division of Child Care

Voluntary Payment Reductions

CP CASES ONLY

CASE NAME:
CLAIM NUMBER:
DATE:

Provider Name
Address Line 1
Address Line 2
City, State Zip

As you are presently receiving monthly payments from the Division of Child Care you may choose to have your payment reduced by 10% or higher to be applied toward the outstanding balance.

If you would like to have your monthly payment reduced please complete the item below, sign, date and attach this form to the Provider Billing Form.

I understand that I received payments through the Child Care Assistance Program that I was not entitled to receive. To make restitution on the overpayment, I am requesting that \$ _____ be withheld for the month of January 2016.

Signature _____ Date _____

Business Name _____

Address _____

Provider Portal users will receive an electronic version of the DCC-97 Supplement A – Voluntary Payment Reduction. The Recoupment Notice link displays in the Provider Information panel on the View/Process PBF screen and recoups can be submitted online.

Process PBFs					
Provider Information			CLR: C54969 Type: CERTIFIED		
Provider Name: CAN Test Cissell Address: 1 Main St Louisville, KY 40000			Recoupment Notice		
PBFs to be processed					
<input checked="" type="radio"/> PBFs to be processed <input type="radio"/> Search					
PBF Results					
Select	Child Name	Payment Period	PBF Status	Locked	PBF Status Date
<input type="checkbox"/>	Ciss-5-7-12_Carl	Mar 2015	NewPBF	No	4/22/2015

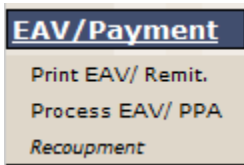
Provider Recoupments

Updated Tip Sheet 03/2016

KICCS Main

Fiscal workers enter recoupments based upon receipt of one or more DCC-97 Supplement A - Voluntary Payment Reduction letters. Recoupments submitted from the Provider Portal can be viewed and are available for edits until payment is processed. A history of recoupments may also be reviewed.

1. Click EAV/Payment in the left navigation menu to expand the submenu
2. Click Recoupment
3. Search for the provider



4. Click on the Provider's name in the Search Results
 - **No Information Found** displays if no claims exist in KICCS
 - Past and current claims display in a grid
 - Claims will be listed by Year, Month, and Claim Number
 - Separate rows display for each claim#

NOTE: Claims entered in CMS after the data is sent to KICCS will not be available

Provider	CLR	COUNTY
Cissell - Coo 1	L370056	JEFFERSON
No Information Found		

Year	Month	Claim Number	Recoupment Amount	Amount Recouped	Last Updated User
2016	January	1000001667			
2015	November	1000001530	298.99	246.00	SysPaymentRun
2015	October	1000000500	55.12	55.12	SysPaymentRun

Claim numbers for previous months will be disabled

5. Click on the link for the Claim Number listed on the DCC-97 Supplement A to view the Recoupment Details
6. Enter a Recoupment Amount that is equal to or less than the Claim Balance and click Save
 - Recoupment Amount displays in the grid and the Last Updated User column updates with the fiscal worker's name

Year	Month	Claim Number	Recoupment Amount	Amount Recouped	Last Updated User
2016	January	1000001518	300.00		fiscal.worker
2016	January	1000001530	250.00		fiscal.worker

7. Repeat for any additional claims
 - Recoupment Amounts may be submitted for all, some, or none of the claims
 - Claim Number links for the current month remain enabled and the Recoupment Amount is editable
 - Once the payment process has recouped funds for one claim#, all claim# links will be disabled

Provider Recoupments

Updated Tip Sheet 03/2016

Fiscal workers can also edit Recoupment Amounts submitted via the Provider Portal and/or add additional amounts in KICCS Main prior to the payment run.

1. Click on the Claim Number link

Year	Month	Claim Number	Recoupment Amount	Amount Recouped	Last Updated User
2016	January	1000001518	300.00		fiscal.worker
2016	January	1000001530	299.99		portal.user ←
2016	January	1000001547			

2. Edit/Enter the Recoupment Amount and click Save

- Amount must be equal to or less than the Claim Balance
- Recoupment Amount displays in the grid and the Last Updated User column updates with the fiscal worker's name

Recoupment Details

Year: 2016
 Claim Number: 1000001530
 Claim Balance: \$ 300.00

Recoupment Month: January
 Recoupment Amount: ←

Year	Month	Claim Number	Recoupment Amount	Amount Recouped	Last Updated User
2016	January	1000001518	300.00		fiscal.worker
2016	January	1000001530	250.00 ←		fiscal.worker ←

Provider Portal

Provider Portal users may submit a recoupment online by completing the electronic version of the DCC-97 Supplement A - Voluntary Payment Reduction.

1. Select the Provider Name with a claim on the Home screen
2. Click View/Process PBFs in the left navigation menu

Assigned Providers			
Provider Name	CLR	Address	Type
Cissell - 5.0 - Public	L369522	123 Main St New Street 2 Louisville, Ky 10000-2222	Licensed Type I
Cissell - Update	L369528	1 Chg Address Chg Chg, Ky 10000	Licensed Type I

Home

[View/Process PBFs](#)

[Print PBFs](#)

3. Click the Recoupment Notice link in the Provider Information panel

- Claims for the current month display in a grid
- Claims will be listed by Year, Month, and Claim Number
- Separate rows display for each claim#

Process PBFs

Provider Information

Provider Name: Cissell - Update
 Address: 1 Chg Address Chg Chg, KY 10000

CLR: L369528
 Type: LICENSED

[Recoupment Notice](#) ←

PBFs to be processed

Recoupment Notice					
Year	Month	Claim Number	Recoupment Amount	Amount Recouped	Last Updated User
2016	March	C54969 01CP			
2016	March	C54969 02CP			
2016	March	C54969 03CP			
2016	March	C54969 04CP			

NOTE: Claims entered in CMS after the data is sent to KICCS will not be available

Recoupments

Updated Tip Sheet 03/2016

4. Click on a Claim Number link to view the DCC-97 Supplement A
5. Enter a Recoupment Amount that is equal to or less than the Claim Balance
6. Re-enter the Recoupment Amount
7. Select the checkbox to indicate an electronic signature
 - The Send button will be disabled until this checkbox is selected
8. Click Send
 - Recoupment Amount displays in the grid and the Last Updated User column updates with the provider's KOG user name
 - The corresponding Claim Number link is disabled after clicking Send and the amount cannot be edited

Recoupment
Voluntary Payment Reduction

Case Name: Business Name
Date: 3/23/2016
Claim Number: C54969 01CP
Claim Balance: \$ 100.00

As you are presently receiving monthly payments from the Division of Child Care you may choose to have your payment reduced by 10% or higher to be applied toward the outstanding balance. If you would like to have your monthly payment reduced please complete the item below.

Recoupment Year: 2016
Recoupment Amount: \$10.00
Recoupment Month: March
Re-Enter Recoupment Amount: \$10.00

I certify that all entries have been made by me or reviewed by me for accuracy and are complete and true to the best of my knowledge. I give my consent to the Department for Community Based Services or its designee to make any necessary contact to verify my statements or gain additional information.

Send Clear Cancel

Recoupment Notice					
Year	Month	Claim Number	Recoupment Amount	Amount Recouped	Last Updated User
2016	March	C54969 01CP			
2016	March	C54969 02CP	5.00		portal.user
2016	March	C54969 03CP			
2016	March	C54969 04CP	199.99		portal.user

NOTE: Fiscal workers can edit sent Recoupment Amounts or add additional amounts in KICCS Main prior to the payment run

9. Repeat for any additional claims
 - Recoupment Amounts may be submitted for all, some, or none of the claims
 - Once the payment process has recouped funds for one claim#, all claim# links will be disabled

Payment Process

The payment process will deduct the entered Recoupment Amount(s) from the provider's total payment. If the Recoupment Amount(s) exceeds the payment amount, the entire provider payment will be absorbed except for \$1. The Recoupment Amount will be adjusted to the difference between the two amounts. The actual amount deducted displays in the Amount Recouped field in KICCS Main and the Provider Portal.

Example:

- A recoupment amount of 100.00 is entered
- A submitted PBF results in a total payment of 90.00
- The entire provider payment is applied towards the claim except for \$1
- The recoupment is adjusted to 89.00

Year	Month	Claim Number	Recoupment Amount	Amount Recouped	Last Updated User
2016	March	R76463 01CP	100.00	89.00	SysPaymentRun

The payment process will continue to attempt to collect the remaining Recoupment Amount(s) throughout the current expenditure month. The Amount Recouped field will update to reflect the updated total. Any remaining balance at the end of the month will not carry over to the next month. A new file will be received from CMS and new recoupment amount(s) may be entered after the Open Payment Period process at the end of the month.

Recoupments

Updated Tip Sheet 03/2016

DCC-97 and DCC-97B Remittance Report

The DCC-97 Remittance displays the total payable amount, the amount recouped, and the total net payment along with the payment details per child.

PAYMENT DETAILS							
Payment Period	Pay Date	Care	Days	Rate	Co pay	Rate Type	Amount
03/01-03/31/2015	04/27/2015	PS-2	22 FD	\$19.00	\$0.00	State Max	\$418.00
01/01-01/31/2015	04/27/2015	PS-2	20 FD	\$19.00	\$0.00	State Max	\$380.00
03/01-03/31/2015	04/27/2015	PS-2	22 FD	\$19.00	\$0.00	State Max	\$418.00
03/01-03/31/2015	04/27/2015	TD-1	5 PD	\$17.00	\$0.00	State Max	\$85.00
Total Amount Payable							\$1,301.00
Amount Recouped							-\$1,255.00
Total Net Payment							\$46.00

The DCC-97B is included if an amount is recouped. This section details the amounts recouped per Claim Number.

DCC-97B (R. 04/15)		COMMONWEALTH OF KENTUCKY Cabinet for Health and Family Services Department for Community Based Services Division of Child Care	
Recoupment Claims			
Claim Number		Amount Recouped	
CP C54969 1		700.00	
CP C54969 2		525.00	
CP C54969 3		30.00	

NOTE: If a Remittance is printed for a time period prior to Release 5.29, and that Remittance includes a recoupment, the DCC-97B will be included. The claim numbers will not display.

Weekly File to CMS

KICCS will send a file to CMS every Friday after payment run that includes the amounts recouped per claim number during that week. CMS is responsible for updating the claim balance.