

**03 – CLAIMS****Change #2-2016****December 1, 2016****I. THIS CHAPTER PROVIDES INSTRUCTIONS AND INFORMATION FOR:**

- The Claims Menu options;
- The Claims Menu function keys;
- The Claim Detail field descriptions;
- The Claim Detail function keys;
- Displaying and updating a claim;
- Deleting a claim (State Level access only);
- Reactivating a claim
- The Debtor Detail field descriptions;
- The Debtor Detail function keys;
- Adding a debtor to a claim;
- The Debtor Summary field descriptions;
- The Debtor Summary function keys;
- Displaying a list of debtors and view debtor details;
- Deleting a debtor (State Level access only);
- The TOP Process Overview;
- Setting or Updating a TOP Intercept Indicator flag;
- Setting or Updating a TOP Appeal flag;
- The DOR Process Overview;
- The Maintain Client field description;
- The Maintain Client function keys;
- Adding a client;
- Updating a client;
- The Repayment Approach field descriptions for FNS and Non FNS;



**Claim Menu Function Keys**

Function Key	Description
F1	To access EPICS on-line help
F3	To exit and return to the Main Menu

**III. CLAIM DETAIL**

When you create a new referral in EPICS, the “shell” of a claim is also created for the referral. The initial and required steps for recording claim information (e.g. claim type, Overpayment Payment/Over Issuance (OP/OI) periods, current balance and overpayment amount) are to update the *CLAIM DETAIL* screen.

**A. Claim Detail Field Descriptions**

Field	Description	Required	System Generated	Optional
<b>Referral ID</b>	10 digit number generated by the system	X		
<b>Referral Type</b>	Code that identifies the type of referral		X	
<b>Referral Status</b>	2 character code for the status of a referral		X	
<b>Name</b>	Last name, suffix, first name, and middle initial of the case head payee		X	
<b>Individual ID</b>	Unique ID associated with the case head payee supplied by CNDS		X	
<b>SSN</b>	Case head payee's social security number		X	
<b>DOB</b>	Case head payee's date of birth		X	
<b>Sex</b>	Case head payee's sex		X	
<b>County</b>	3 digit number from 000-100 representing the issuing county in which the overpayment took place		X	
<b>Program</b>	Code that identifies the benefits program to which the referral applies		X	

<b>Field</b>	<b>Description</b>	<b>Required</b>	<b>System Generated</b>	<b>Optional</b>
<b>Case ID</b>	Program Case ID associated with referral		X	
<b>County Case #</b>	County case number associated with the referral		X	
<b>Referral Date</b>	Date the referral was received		X	
<b>Frst Mth Benefit</b>	FNS-Positive Front End Referrals Only- Amount of first full month's benefit	X		
<b>Investigator ID</b>	ID of the investigator assigned to the referral		X	
<b>DA Accept Date</b>	Date case accepted by District Attorney's Office when Claim Type is "P"	X		
<b>ADH Hearing Date</b>	Date after the ADH is held but before the claim is established. Required when "IPV" and substantiation method is "H"	X		
<b>ADH Past Due</b>	Enter "Y" or "N" (Yes or No) when the ADH Hearing Date is entered. Required when "IPV" and substantiation method is "H"	X		
<b>Current Balance</b>	Up to 9 characters; Current amount due on the claim	X		

<b>Field</b>	<b>Description</b>	<b>Required</b>	<b>System Generated</b>	<b>Optional</b>
<b>Service code</b>	2 character code; Required when the program is Medicaid goes in CO status, indicating the type of medical services provided during the overpayment period	X		
<b>Claim Type</b>	Up to 3 characters; Code that specifies the type of overpayment claim	X		
<b>Agency Error Type</b>	1 character; Required if the claim type is AE, indicating if the error is State or County	X		
<b>Civil Judgement Date</b>	Date indicating if the claim was reduced to a civil judgement, providing an unlimited time in which the county can attempt to seek collection			X
<b>Criminal Judgement Date</b>	Date indicating if the claim was reduced to a criminal judgement, providing an unlimited time in which the county can attempt to seek collection			X
<b>OP/OI Begin Date (from)</b>	10 character date (MM/DD/CCYY) of the start date for the overpayment	X		
<b>OP/OI End Date (To)</b>	10 character date (MM/DD/CCYY) of the end date for the overpayment	X		

**ENTERPRISE PROGRAM INTEGRITY CONTROL SYSTEM (EPICS)**

Change #1-2008

CLAIMS

MARCH 1, 2008

Field	Description	Required	System Generated	Optional
<b>MED PROFILE IND</b>	This 1 character field indicates if a Medicaid Profile is needed.			X
<b>Overpayment amount</b>	Up to 9 characters; Amount due from the overpayment	X		
<b>Substantiation Method</b>	1 character code; Required if the claim type is set to IPV, indicating the method by which the claim is substantiated	X		
<b>Compromised Amount</b>	Up to 9 characters; Used when the overpayment amount is different from what was originally entered (FNS Only). This value must be entered from the Payments screen.			X
<b>Delete Reason</b>	1 character code required when a claim is being deleted – State Office Only	X		
<b>Establishment Date</b>	10 character date in which the claim goes into CO status, by entering the Claim Type as AE, SIE, IHE, or IPV		X	
<b>U/P Creation Date</b>	10 character date in which the claim type was entered as U or P		X	

**B. Claim Detail Function Keys**

Key	Description
F1	To access EPICS on-line help
F2	To clear the screen
F3	To exit and return to the Main Menu
F4	To display a list
F5	To display debtor information
F9	To update the claim information
F10	To delete a claim (State Level only)
F12	To cancel or return to the previous screen

1. To Display and Update a Claim
  - a. From the **MAIN MENU**, key the number 3 in the **ENTER OPTION** field and press **Enter**. The CLAIMS MENU displays.
  - b. From the **CLAIMS MENU**, key the number 3 in the **ENTER OPTION** field and press **Enter**. The CLAIM DETAIL screen displays.

FR29	NC DHHS - ENTERPRISE PROGRAM INTEGRITY CONTROL SYSTEM	07/03/2007
FRD0290	CLAIM DETAIL	08:26:16
REFERRAL ID: _____ + REFERRAL TYPE: _ REFERRAL STATUS: _		
NAME: _____		
INDIVIDUAL ID: _____ SSN: _____ DOB: _____ SEX: _____		
COUNTY: _ PROGRAM: _____ CASE ID: _____ COUNTY CASE #: _____		
REFERRAL DATE: _____ FRST MTH BENEFIT: _____		
INVESTIGATOR ID: _____ DA ACCEPT DATE: _____		
ADH HEARING DATE: _____ ADH PAST DUE: _____		
CURRENT BALANCE: _____ 0.00 SERVICE CODE: _ +		
CLAIM TYPE: _ + AGENCY ERROR TYPE: _ CIVIL JUDGEMENT DATE: _____		
CRIMINAL JUDGEMENT DATE: _____		
OP/OI PERIODS: FROM _____ TO _____ MED PROFILE IND _		
_____ MED PROFILE IND _		
_____ MED PROFILE IND _		
_____ MED PROFILE IND _		
OVERPAYMENT AMOUNT: _____ IPV SUB METHOD: _ +		
COMPROMISE AMOUNT: _____ DELETE REASON: _____ +		
ESTABLISHMENT DATE: _____ U/P CREATION DATE: _____		
F1=HELP	F2=CLEAR	F3=EXIT
F4=LIST	F5=DEBTOR	
F6=REF NOTEPAD	F9=UPDATE	F10=DELETE
F11=REACTIVATE	F12=CANCEL	

**NOTE:** If you do not know the code or value for a field, you can use the F4 function key, which displays a list of codes or values for selection. This field attribute is only available for those fields that contain a + (plus sign) to the right of the field. For additional information about claim codes, see Appendix B.

- c. In the **REFERRAL ID** field, key the referral ID number for the case head payee and press **Enter**. The referral information displays.

- d. For **Food and Nutrition Services and Front End Referrals (F) only**, in the **FRST MTH BENEFIT** (First Month Benefit) field, key the amount of the **first full month's benefit** that the Food and Nutrition Services Unit has been approved. First month benefits apply only to Front End Referrals. The "First Month's Benefit" field on the Claims Detail screen will not allow an amount greater than \$500.00 to be entered. This field is allowed for Front End Referrals (F) only. If the amount entered is greater than \$500.00, the system will display an error message, "FIRST MONTH BENEFIT CANNOT EXCEED \$500".

**NOTE:** Enter the amount when establishing a claim for a front end referral or closing a referral with the closure code "FO". You must enter the first month benefits before closing the referral with the code "FO" if a claim will not be established.

Enter the first month's benefits on the Claim Detail screen and press F9=UPDATE. From the Referral Detail 1 screen, close the referral with the Reason Closed code "FO".

- e. For **Food and Nutrition Services only**, in the **DA ACCEPT DATE** (accepted by the district attorney's office) field, enter the date the DA accepted the case when the claim type is changed to "P" (UNDETERMINED PENDING CRIMINAL COURT).
- f. For **Food and Nutrition Services only**, the **ADH HEARING DATE** (MM/DD/CCYY) field:
1. Must be keyed if the Claim Type is 'IPV' **and** the Substantiation Method is 'H'. A 'Y' or 'N' must also be entered in the ADH PAST DUE field.
  2. May be keyed when the Claim Type is 'AE', 'IHE', 'U', or 'US'.
  3. Is not allowed if the Claim Type is 'P', 'S', or 'IPV' with a Substantiation Method other than 'H'.
- g. For **Medicaid only**, in the **SERVICE CODE** field, key the service code. You may use the equal (=) key and F4 key to obtain the list of codes. From the list of codes, enter an 'S' under the SELECT column by the appropriate code. Press ENTER. The code selected is brought forward to the **SERVICE CODE** field.

Code	Value
01	Inpatient Hospital (Claim Types S, X)
02	Outpatient Hospital (Claim Types M, W)
03	Dental (Claim Type K)
04	Drugs (Claim Type D)
05	Physician (Claim Types J, L, O, P)
06	Home Health/Hospice/PCS (Claim Type Q)
09	Medicare Part A or Part B Premium
11	Nursing Home/PCS In ACH (Claim Type T)
67	NC Health Choice Premium
71	Medicaid Transportation

**NOTE:** SERVICE CODE 67 is **only** allowed for Program Codes MICA, MICJ, MICL, or MICS only. If another program classification is keyed, the following error message displays: 'FRDC0S SERVICE CODE 67 IS NOT ALLOWED FOR THIS PROGRAM CODE'.

h. In the **CLAIM TYPE** field, key the claim type.

You may use the equal (=) key and F4 key to obtain the list of codes. From the list of codes, enter an 'S' under the SELECT column by the appropriate code. Press ENTER. The code selected is brought forward to the **CLAIM TYPE** field.

Code	Value
AE	Agency Error
IHE	Inadvertent Household Error/Client Error
IPV	Intentional Program Violation/Fraud
P	Undetermined Pending Criminal Court
S	Suspected Claim
SIE	State Issuance Error (Food and Nutrition Services Only)
U	Undetermined Pending ADH
US	Unsubstantiated

(1) **Medicaid** – Do not enter Agency Error as a claim type. The system generates an error message if attempted.

(2) **Food and Nutrition Services and Workfirst**

If you select **AGENCY ERROR**, it is required that you enter the agency error type in the **AGENCY ERROR TYPE** field.

(a) **Food and Nutrition Services – Agency Error Code:**

The county can enter C (County) and S (State).

(b) **Work First – Agency Error Code**

The county can enter C (County).

State Staff can only enter S (State).

County level personnel should contact the DSS office for the S code type to be entered.

**NOTE:** If the Program Type is AFDC or TANF with a Claim Type 'AE' (Agency Error) and Agency Error Type code 'C' (CROP), after pressing the F9 UPDATE function key twice, EPICS automatically reduces the balance to zero and the claim status changes to 'CL' (Closed).

- i. In the **OP/OI PERIODS** fields, enter the OP/OI beginning and ending dates using the 10-character format MM/DD/YYYY.

**NOTE:** You can enter up to four OP/OI periods.

Program	OP / OI Criteria
<b>AFDC</b>	Beginning and end dates must be before January 1997.
<b>TANF</b>	Due to TANF program funding methods, claims must be divided into 2 periods: January 1997 through September 1997 and October 1997 through the present. If the beginning date period falls within the January 1997 though September 1997 time frame, then the ending date must also fall within that range. This enables EPICS to interface with the accounting systems based on the funding for each.
<b>MICK, MICJ</b>	Beginning and ending dates for NCHC must be on or after 10/1/98.

If you attempt to enter an overpayment period that is not included in these funding boundaries, a message displays when you press **F9** to update. The system guides you to the correct periods within the funding boundaries from one claim and creates a new referral for the other overpayment periods outside the first boundary.

- j. The **MEDICAID PROFILE INDICATOR** is used to request a follow-up Medicaid Recipient Profile 12 months after the TO Date of the OP/OI period. This field is an optional field and may be entered for all Medicaid claims except for those programs listed below. The valid values for this field are 'Y' (Yes), 'N' (No), or 'space'. If a 'Y' is entered, the claim appears on the Medicaid Profile Follow-up Case Management Report 12 months after the TO Date.
  - (1) The program code cannot be AFDC, FNS, TANF, MICJ, MICL, MICS, MQBB, or MQBE. If the indicator of 'Y' is entered with one of these program codes, the following error message is displayed: 'MEDICAID PROFILE INDICATOR NOT ALLOWED, INVALID PRORAM CODE'.
  - (2) The claim type must be IHE or IPV. If the indicator is entered and the claim type is not IHE or IPV, the following error message is displayed: 'MEDICAID PROFILE INDICATOR NOT ALLOWED, INVALID CLAIM TYPE'.
  - (3) A 'Y' is allowed for all OP/OI periods displayed on the claim if the calculated date has not expired and meets the above criteria. For example, the current date is 3/03/03. The TO Date of the OP/OI period is 03/31/02. The calculated date is 3/2003. The claim displays on the Medicaid Profile Follow-up Case Management Report created the last work night in March 2003.

- (4) The indicator is not allowed if the calculated date has expired. If the indicator is keyed and the calculated date has expired, the following error message is displayed: 'THE OP IS MORE THAN 12 MONTHS IN THE PAST ORDER A MEDICAID PROFILE NOW '. For example, the current date is 3/3/03. The TO Date of the OP/OI period is 2/28/2002. The calculated date is 2/28/2003 which has expired.
- (5) The indicator is not allowed when no overpayment period is displayed on the claim. If the indicator is keyed with no OP/OI displayed, the following error message is displayed: 'MEDICAID PROFILE INDICATOR NOT ALLOWED, NO OP/OI DISPLAYED'.
- (6) The indicator may be changed from 'Y' or 'N' or vice versa when the calculated date has not expired.
  - (a) The OP/OI period is 1/1/2002 – 06/30/2002. The current date is 3/3/03. The calculated date is 06/2003. The change from 'Y' to 'N' is allowed.
  - (b) The OP/OI period is 1/1/2002 – 06/30/2002. The current date is 3/3/03. The calculated date is 06/2003. The change from 'N' to 'Y' is allowed.
- (7) The Medicaid Profile Indicator is reset from 'Y' to space if the OP/OI TO Date is changed. The original calculated date is recalculated based on the new TO Date keyed. If the new calculated date has not expired, you may enter a 'Y' if a follow-up profile is needed. If the new calculated date has expired, you may not enter a 'Y'.
  - (a) The original TO Date was 5/31/02. The calculated date was 05/2003. A 'Y' had previously been keyed for the indicator. The TO Date is changed to 3/31/02. The indicator is reset to space. The new calculated date is 3/2003. The current date is 3/3/03. A 'Y' may be entered. The calculated date has not expired.
  - (b) The original TO Date was 5/31/02. The calculated date was 05/2003. A 'Y' had previously been keyed for the indicator. The TO Date is changed to 02/28/03. The indicator is reset to space. The new calculated date is 2/2003. The current date is 3/3/03. A 'Y' may not be entered. The calculated date has expired.
- k. In the **OVERPAYMENT AMOUNT** field, key the overpayment amount. The CURRENT BALANCE field is updated by EPICS with the amount keyed.

- (1) If the **OVERPAYMENT AMOUNT** must be changed after the claim was initially established, enter the corrected or revised amount in the **OVERPAYMENT AMOUNT** field.

Press F9 to update. EPICS populates the **CURRENT BALANCE** field with the increase or decreased amount.

The appropriate AJCI or AJCD entry is displayed on the payment history screens.

- (2) The **OVERPAYMENT AMOUNT** cannot be decreased to zero. If a zero amount is entered the following error message is displayed:

**'OVERPAYMENT AMOUNT MUST BE GREATER THAN \$0.00'**

- (3) If payments or adjustments have been posted and the difference between the existing **CURRENT BALANCE** and the initial overpayment is greater than the decrease to the overpayment amount, EPICS does not allow the change to the **OVERPAYMENT AMOUNT** field.

The following error message is displayed:

**'OVERPAYMT AMT LESS THAN COLLECTIONS. PAYMT CORRECTIONS MAY BE NECESSARY.'**

- (a) If the correct Overpayment Amount has been over-collected, reverse out the total amount of all payments that were collected in error by completing a payment correction.

**NOTE: EPICS DOES NOT ALLOW PAYMENT CORRECTIONS FOR AFDC CLAIMS OUTSIDE THE CURRENT MONTH.**

- (b) Payments collected via NC Debt Setoff (DOR) and the Treasury Offset Program (TOP) cannot be reversed nor refunded by county staff.

- 1) If an AFDC/Work First claim has been over-collected through DOR, contact the Economic and Family Services staff at

919-527-6300 before taking further action.

- 2) If a Food and Nutrition Services claim has been over-collected through either DOR or TOP, contact the Food and Nutrition Services & Energy Programs staff at 919-527-6300 before taking further action.

- 3) If a Medicaid claim has been overcollected via DOR, contact DMA Program Integrity Staff at 919-814-0000.

- (c) Once the over-collected payments have been reversed out, enter the correct **OVERPAYMENT AMOUNT**.
- (d) Re-key the payments that were reversed and refund any over-collections. Any resulting over-collection is reflected on the FRD104 Refund Report.

**EXAMPLE:** On 10/01/2015, a claim was showing an overpayment amount of \$400.00 and a current balance of \$200.00. A cash payment of \$200.00 had been posted in EPICS on 09/2015. The correct amount of the overpayment/overissuance is \$150.00. This is a decrease of \$250.00. Since the decrease to the overpayment amount is more than the difference between the existing overpayment amount and the existing current balance, once the F9 key is pressed the following error message is displayed:

**‘OVERPAYMT AMT LESS THAN COLLECTIONS. PAYMT CORRECTIONS MAY BE NECESSARY.’**

Reverse out the entire \$200.00 payment by completing a payment correction.

Key the correct amount of \$150.00 in the **OVERPAYMENT AMOUNT** field. This corrects the **CURRENT BALANCE** to \$150.00.

Re-key the payment of \$200.00 that was reversed out. This results in the claim being paid in full. The claim was over-collected and a refund of \$50.00 must be issued to the debtor.

**NOTE:** The overpayment field can never be less than the current balance field. If this occurs, you must adjust the overpayment field prior to adjusting the current balance field.

- I. If the **CLAIM TYPE** is IPV, the **SUBSTANTIATION METHOD** is required. You may use the equal (=) key and F4 key to obtain the list of codes. From the list of codes, enter an ‘S’ under the SELECT column by the appropriate code. Press ENTER. The code selected is brought forward to the **SUBSTANTIATION METHOD** field.

Code	Value
A	Court of Appeals
C	DQ Consent Agreement
D	District Court Action
H	Administrative Disqualification Hearing (ADH)
S	Superior Court Action
W	Waiver of ADH

- m. If applicable, enter data in the optional fields.
- n. Press the **F9** function key.

**When establishing a FS claim, the DATE OF DISCOVERY must be entered on the REFERRAL DETAIL 1 SCREEN.**

**If the DATE OF DISCOVERY field on the REFERRAL DETAIL 1 SCREEN is blank and the PROGRAM TYPE IS FS (Food and Nutrition Services), EPICS will display the message “DATE OF DISCOVERY REQUIRED ON REFERRAL DETAIL 1 SCREEN”.**

**If the DATE OF DISCOVERY field is blank and the message “DATE OF DISCOVERY, REQUIRED ON REFERRAL DETAIL 1 SCREEN is displayed, you must return to the REFERRAL DETAIL 1 SCREEN AND ENTER A VALID DATE OF DISCOVERY.**

**NOTE:** Validation is initiated against the benefit distribution/eligibility on the EIS Check History, EIS

Individual database and the FSIS Issuance System based on the program code. If the overpayment periods can not be validated against these systems for reasons other than OP / OI criteria described, EPICS prompts you to press F9 again to override these edits or press Enter to modify the OP / OI dates, as necessary. If the dates are correct and you choose to override the dates, you **must have the proper supporting documentation.** The **ESTABLISHMENT DATE** field is system generated with today’s date if the claim type entered is AE, SIE, IHE, or IPV. Once the information is validated, the referral status is updated to CO (collections).

**Exception:**

If the Claim Type is US or S it maintains the status of the referral status AND the Establishment date is not populated. If the Claim Type is U or P, it maintains the status of the referral and the U/P Creation date is populated; the Establishment Date is not populated at this time. Once the Claim Type is updated to IHE, IPV, AE, or SIE the status will change to “CO” and the





A claim is never completely deleted from EPICS. However, a function exists to disassociate the claim to the referral, performing a *soft delete*. If an invalid claim is entered in error, employees with **State Level access only** can perform a soft delete.

**Prior to soft deleting a claim, you should enter adjustments for payments received on the claim in order for the funds to be returned back to the debtor(s); similar to the procedures for making a refund. Lastly, all debtors assigned to the claim must be soft deleted from the claim.**

**NOTE: Payments** against AFDC claims can not be adjusted.

After you perform the soft delete for a claim, it can be retrieved from the database only for specific reporting functions. A deletion date is assigned to the claim, but does not display on the screen.

County level personnel should contact the DSS/DMA office for deletion of a claim.

- a. From the **MAIN MENU**, key the number 3 in the **ENTER OPTION** field and press Enter. The CLAIMS MENU displays.
- b. From the **CLAIMS MENU**, key the number 3 in the **ENTER OPTION** field and press **Enter**. The CLAIM DETAIL screen displays.
- c. In the **REFERRAL ID** field, key the referral ID and press **Enter**. The claim information displays.
- d. Press the **F10** function key.
- e. In the **DELETE REASON CODE** field, key the reason code that explains why the claim is being deleted.
- f. To delete the claim, press the **F10** function key again. The claim deletes and a deletion date is assigned to the claim, but does not display on the screen.
- g. To exit and return to the **MAIN MENU**, press the **F3** function key. The MAIN MENU displays.

3. To Reactivate a Claim

Claims that are in TE (Terminated) Status may be reactivated.

**NOTE:** The Claim Type must be IHE (Inadvertent Household Error/Client Error) or IPV (Intentional Program Violation/Fraud).

- a. From the **MAIN MENU**, key the number 3, Claims Menu, in the **ENTER OPTION** field. The CLAIMS MENU displays.
- b. From the **CLAIMS MENU**, key the number 3, Claim Detail, in the **ENTER OPTION**, field. The **CLAIM DETAIL** screen displays.

- c. Key the **REFERRAL ID** number and press **ENTER**. The terminated referral displays.
  
- d. Press the F11 key. The referral is redisplayed with the same information as at the time of termination; however, the following fields are unprotected and you may update.
  - Claim Type
  - Agency Error Type
  - OP/OI Periods
  - Overpayment Amount
  - Substantiation Method
  
- e. Press the F9 UPDATE key. The claim is reactivated and the status is changed from TE to CO (Collection).
  
- f. To exit and return to the **MAIN MENU**, press the F3 function key. The MAIN MENU displays

**IV. DEBTOR DETAIL**

All adults (debtors) in the case are equally and financially responsible for any/all claims. Consequently, it is required that the investigator records debtor details in EPICS for each claim.

If the courts have determined that an overpayment is to be divided among more than one debtor, they must have separate referrals. In that case, they would not be listed as debtors on each other's referral. They would be debtors on their separate referrals only.

**A. Debtor Detail Screen Field Descriptions**

<b>Field</b>	<b>Description</b>	<b>Required</b>	<b>System Generated</b>	<b>Optional</b>
<b>Referral ID</b>	10 digit number generated by the system upon creation of a referral		X	
<b>Referral Type</b>	1 character code that identifies the type of referral		X	
<b>Referral Status</b>	2 character code for the status of a referral		X	
<b>Name</b>	First name, middle initial, last name, and suffix of the case head payee		X	
<b>Ind. ID</b>	Unique ID associated with the case head payee supplied by CNDS		X	
<b>SSN</b>	Case head payee's social security		X	

**ENTERPRISE PROGRAM INTEGRITY CONTROL SYSTEM (EPICS)**

**Change #1-2008**

**CLAIMS**

**MARCH 1, 2008**

	number			
<b>DOB</b>	Case head payee's date of birth		X	
<b>Sex</b>	Case head payee's sex		X	

<b>Field</b>	<b>Description</b>	<b>Required</b>	<b>System Generated</b>	<b>Optional</b>
<b>County</b>	3 digit number with the values from 000-100, representing the issuing county in which the overpayment took place		X	
<b>Program</b>	Code that identifies the benefits program to which the referral applies		X	
<b>Case ID</b>	Program Case ID associated with referral		X	
<b>County Case #</b>	County case number associated with the referral		X	
<b>Referral Date</b>	Date the referral was received		X	
<b>Investigator ID</b>	ID number of the investigator assigned to the referral		X	
<b>LOI Date</b>	Date the Letter of Overissuance is sent to the debtor		X	
<b>60 DAY NOTICE</b>	This is the date the 60 Day Notice is sent for the DOR process.		X	
<b>POST HEARING NOTICE</b>	This is the date the investigator enters once the Post Hearing Demand Notice has been sent.		X	
<b>Debtor Individual ID</b>	Unique ID associated with the Debtor provided by CNDS	X		
<b>Debtor SSN</b>	Debtor's social security number		X	
<b>Debtor DOB</b>	Debtor's date of birth		X	

**ENTERPRISE PROGRAM INTEGRITY CONTROL SYSTEM (EPICS)**

**Change #1-2008**

**CLAIMS**

**MARCH 1, 2008**

<b>Debtor Sex</b>	Debtor's sex		X	
<b>Debtor Race</b>	Debtor's race may be up to 5 race codes		X	

<b>Field</b>	<b>Description</b>	<b>Required</b>	<b>System Generated</b>	<b>Optional</b>
<b>Ethnicity</b>	Debtor's Ethnicity		X	
<b>Language</b>	Debtor's Language Preference		X	
<b>Debtor Phone Number</b>	Debtor's phone number		X	
<b>Debtor Ext.</b>	Debtor's phone extension		X	
<b>Debtor Name</b>	Debtor's full name (first name, middle initial, last name, and suffix)		X	
<b>Debtor Address</b>	Debtor's address		X	
<b>NC Debt Setoff</b>	Code used to set individual up for NC Tax Intercept			X
<b>Delete Reason Code</b>	Code indicating the reason for deleting the debtor			X
<b>TOP Intercept Ind.</b>	Code used to set individual up for Federal Tax Intercept			X
<b>TOP Intercept Appeal Ind</b>	Set by the county when a debtor request an appeal that suspends tax intercept until the outcome of the hearing			X
<b>Address Req.</b>	Date Address request sent to TOP		X	
<b>FS Appeal Ind</b>	Set by the county to block an individual from being selected for FNS Recoupment on this particular referral			X

**B. Debtor Detail Function Keys**

Function Key	Description
F1	To access EPICS on-line help
F3	To exit and return to the Main Menu
F4	To display a list
F5	To display the Repayment Approach History FNS screen
F6	To add a debtor (save)
F9	To update debtor detail information
F10	To delete a debtor (State Level Only)
F11	To display the Maintain Client screen
F12	To cancel or return to the previous screen

**C. To Add A Debtor TO A Claim**

1. From the **MAIN MENU**, key the number 3 in the **ENTER OPTION** field and press **Enter**. The CLAIMS MENU displays.
2. From the **CLAIMS MENU**, key the number 3 in the **ENTER OPTION** field and press **Enter**. The CLAIM DETAIL screen displays.
3. In the **REFERRAL ID** field, key the referral ID and press **Enter**. The claim information displays.
4. Press the **F5** function key.

```

FR35  NC DHHS - ENTERPRISE PROGRAM INTEGRITY CONTROL SYSTEM  07/03/2007
FRD0350  DEBTOR DETAIL  12:38:40

REFERRAL ID: _____ REFERRAL TYPE: _ REFERRAL STATUS: __
NAME: _____
IND. ID: _____ SSN: _____ DOB: 00/00/0000 SEX: _
COUNTY: ___ PROGRAM: _____ CASE ID: 000000000 COUNTY CASE #: _____
REFERRAL DATE: 00/00/0000 INVESTIGATOR ID: _____ LOI DATE: 00/00/0000
60 DAY NOTICE: 00/00/0000
DEBTOR INFO: POST HEARING NOTICE: 00/00/0000
INDIVIDUAL ID: 000000000 _ + SSN: _____ SEX: _
DOB: _____ RACE: _____ ETHNICITY: _____ LANGUAGE:
PHONE NUMBER: _____ EXT: _____

NAME: _____
ADDRESS: _____
_____
_____

NC DEBT SETOFF: _ + DELETE REASON CODE: _____ +
TOP INTERCEPT IND: _ + TOP INTERCEPT APPEAL IND: _ +
ADDRESS REQ: 00/00/0000 FS APPEAL IND: _ +
F1=HELP F3=EXIT F4=LIST F5=REPAY F6=ADD F9=UPD F10=DELETE F11=CLIENT F12=CANCEL
FRDDD0S ACTION COMPLETED SUCCESSFULLY
    
```

**NOTE:** If no debtors have been previously added to the claim, the DEBTOR DETAIL screen displays.

If *one or more debtors* have been previously added to the claim, a list of debtors display on the **DEBTOR SUMMARY** screen. Press the **F9** function key from the Debtor Summary screen.

5. In the **INDIVIDUAL ID** field (under Debtor Info), key the individual ID of the person being added as a debtor and press **Enter**. The individual's demographic information displays.

If you do not know the debtor's ID, press the equal sign (=) and F4 key. The Name Search screen displays. You may search in one of four ways which is outlined on the screen. Press ENTER. The Name List screen displays.

FR78 NC DHHS - ENTERPRISE PROGRAM INTEGRITY CONTROL SYSTEM 08/24/2004  
FRD0750 Name Search 09:17:59

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_  
Sex Code: \_ Date Of Birth: \_\_\_\_\_  
SSN : \_\_\_\_\_ Individual ID: \_\_\_\_\_ Case ID: \_\_\_\_\_

To search, use either :-  
1. Last Name, First Name, Sex Code and Date of Birth only  
or, 2. SSN only  
or, 3. Individual ID only  
or, 4. Case ID only

F3=EXIT F4=CLEAR F12=CANCEL

FR78 NC DHHS - ENTERPRISE PROGRAM INTEGRITY CONTROL SYSTEM 08/24/2004  
FRD0770 NAME LIST 09:21:33

Results for: \_\_\_\_\_

Sel	SSN	Last Name	First Name	MI	DOB	Sex	Indiv ID
EIS Cnty	FSIS Cnty	Program	Case ID	Race	Ethnicity	Language	

F1=HELP F3=EXIT F7=PREV F8=NEXT F11=CLIENT F12=CANCEL

If the individual is displayed, enter an 'S' by the name under the Sel column. Press Enter. The Debtor Detail screen is displayed with individual ID and

demographic data for the ID selected. Press the F6 key to add the debtor. If the individual is not displayed and an individual ID number must be assigned, press the F11 key. The Maintain Client screen displays.

```

FR04   NC DHHS - ENTERPRISE PROGRAM INTEGRITY CONTROL SYSTEM   08/24/2004
FRD0350                                MAINTAIN CLIENT                09:28:38

INDIVIDUAL ID: 000000000 _

NAME: _____
SSN: _____
DOB: 00/00/0000 SEX: _ RACE: _____ + ETHNICITY: _ + LANGUAGE: __ +

MAIL ADDRESS:
_____ LAST UPDATE:
_____ LAST RACF ID:
_____ COUNTY CODE: ___ +

DOR INTERCEPT ADDRESS:
_____ LAST UPDATE:
_____ LAST RACF ID:
_____ COUNTY CODE: ___+

PHONE NUMBER:
_____ EXT: _____ TYPE: HOME_

F1=HELP F2=CLEAR F3=EXIT F6=ADD F9=UPDATE F12=CANCEL
    
```

From the Maintain Client screen, enter the Name, SSN (if no ssn enter zeroes), Sex, Race (you may enter up to 5 codes), Ethnicity, Language, Address, and County Code. Phone Number is optional. Press the F6 key.

The Maintain Client screen is redisplayed with the individual ID number assigned and the message:

*CCIPN65D Person and Address Created Successfully*

Press the F12 key. The Name List screen is redisplayed with the individual. Enter the 'S' by the individual under the Sel column and press ENTER. The Debtor Detail screen is displayed with the individual ID selected along with the debtor's demographic information. Press the F6 key to add the debtor.

6. To add the individual as a debtor, press the **F6** function key.
7. To exit and return to the **MAIN MENU**, press the **F3** function key. The MAIN MENU displays.

**or**

To add another debtor, press the **F12** function key. The DEBTOR SUMMARY screen displays. Press the **F9** function key. The DEBTOR





FR37 FRD0370	NC DHHS - ENTERPRISE PROGRAM INTEGRITY CONTROL SYSTEM DEBTOR SUMMARY	06/29/2004 11:51:44
REFERRAL ID: _____ + REFERRAL TYPE: _ REFERRAL STATUS: __		MORE:
NAME: _____		
INDIVIDUAL ID: _____ SSN: _____ DOB: _____ RACE: _ SEX: _		
COUNTY: _____ PROGRAM: _____ CASE ID: _____ COUNTY CASE #: _____		
REFERRAL DATE: _____ INVESTIGATOR ID: _____		
LIST OF DEBTORS:		
SSN	IND. ID	NAME
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
F1=HELP F3=EXIT F4=LIST F7=PREV F8=NEXT F9=DEBTOR DETAIL F12=CANCEL		

**NOTE:** If there are numerous debtors for this claim, press the **F8** function key to view the next screen of debtors. To go back to the previous screen of debtors, press the **F7** function key.

5. In the **List** column, key an s to the left of the debtor and press the **F9** function key or **Enter** to display the debtor's information. The DEBTOR DETAIL screen displays.
6. View the details.
7. To exit and return to the **MAIN MENU**, press the **F3** function key. The MAIN MENU displays.

**V. DEBTOR SUMMARY**

You can view a list of debtors associated with a specific referral from the *Debtor Summary* screen.

**A. Debtor Summary Screen Field Descriptions**

Field	Description	Required	System Generated	Optional
<b>Referral ID</b>	10 digit number generated by the system upon creation of a referral		X	
<b>Referral Type</b>	1 character code that identifies the type of referral		X	
<b>Referral Status</b>	2 character code for the status of a referral		X	

<b>Field</b>	<b>Description</b>	<b>Required</b>	<b>System Generated</b>	<b>Optional</b>
<b>Name</b>	First name, middle initial, last name, and suffix of the case head payee		X	
<b>Ind. ID</b>	Unique ID associated with the case head payee supplied by CNDS		X	
<b>SSN</b>	Case head payee's social security number		X	
<b>DOB</b>	Case head payee's date of birth		X	
<b>Sex</b>	Case head payee's sex		X	
<b>County</b>	3 digit number with the value from 000-100, representing the issuing county in which the overpayment took place		X	
<b>Program</b>	Code that identifies the benefits program to which the referral applies		X	
<b>Case ID</b>	Program Case ID associated with referral		X	
<b>County Case #</b>	County case number associated with the referral		X	
<b>Referral Date</b>	Date the referral was received		X	
<b>Investigator ID</b>	ID number of the investigator assigned to the referral		X	
<b>List of Debtors: SSN</b>	Debtor's social security number		X	
<b>List of Debtors: Ind. ID</b>	Unique ID associated with the Debtor, supplied by CNDS		X	
<b>List of Debtors: Name</b>	Debtor's full name (first name, middle initial, last name, and suffix)		X	

**B. Debtor Summary Function Keys**

Function Key	Description
F1	To access EPICS on-line help
F3	To exit and return to the Main Menu
F4	To display a list
F7	To display the previous screen (page up)
F8	To display the next screen (page down)
F9	To display the Debtor Detail screen
F12	To cancel or return to the previous screen

**VI. TOP PROCESS (FOOD AND NUTRITION SERVICES ONLY)**

- A. EPICS does not submit a debtor to TOP when a county approved repayment agreement is signed, dated, and the debtor is not delinquent.
1. The Repayment Approach FNS screen must display 'Y' (Yes) in the REPAYMENT AGREEMENT field and a date on the DATE SIGNED field.
  2. The PAYMENT METHOD field on the Repayment Approach FNS screen must be 'C' (Cash) or 'FSC' (Food Stamp Cash).
  3. Payments posted to the Repayment Approach History FNS screen are compared to the Repayment Agreement and the most recent payment is within the allotted frequency.

**NOTE:** Payments on Work First and Medicaid claims do not affect the repayment agreement of Food and Nutrition Services claims.

- B. EPICS does submit a debtor to TOP when a county approved repayment agreement is not signed, dated, and the debtor is delinquent.

**NOTE:** The Repayment Approach screen must display 'N' (No) in the REPAYMENT AGREEMENT field.

- C. EPICS creates the Letter of Overissuance to the debtor(s) for any Food and Nutrition Services claim(s) that has been substantiated and deemed that there is a balance owed back to the State. If the debtor makes payments as agreed upon or settles the account, no further action is taken. If the debtor does not make any payments or settles the account, the TOP process begins.

- D. EPICS creates a file to show all Food and Nutrition Services accounts that are eligible for intercept and submits them to TOP.

**NOTE:** If the county wishes to initially block an individual from being selected for intercept, they can set the TOP Intercept Ind field on the Debtor Detail screen to H, L, S, **(the X & F can only be entered by State Staff)**. Once this code has been removed, the debtor can be submitted for intercept if they meet the remaining requirements.

E. Eligibility Requirements

Must be a debtor on a claim.
TOP Intercept Ind field on the Debtor Detail screen is not currently set to H, L, S, X, or F.
Referral Status must be in CO (Collections) or TE (Terminated)
Claim Type must be IPV, IHE, or AE
Claim debtor's total for a claim must be a minimum of \$25.00
Debtor must be 60 days delinquent – Delinquency is defined as making a 10% or \$25.00 (whichever is greater) cash payment of the total TOP eligible claim balances within the last 60 days.
Debtor must not have a recoupment in the past 60 days
Claim can be greater than 10 years old (beginning from the date the Letter of Overissuance was issued) unless there is a Civil/Criminal Judgement date

F. Debtor's TOP Intercept Indicator field is set to an A and the ADDRESS REQ date is updated indicating the Pre-Offset Address Request was submitted. This is done by a nightly update job. At this point the certification process has begun. TOP receives the file and processes for Tax Refund job.

1. The ADDRESS REQ date field is updated with the date the TOP INTERCEPT IND is set to 'A'. This tracks the 181 days since the address request was submitted to TOP.
2. The ADDRESS REQ date is protected and is removed when the system changes the TOP INTERCEPT IND from 'A' to 'B'.
3. The date is removed if on the 181<sup>st</sup> day the TOP INTERCEPT IND is still 'A'. If all criteria are met, the system again requests an address. Once the address is requested from TOP, the ADDRESS REQ data is again populated and the TOP INTERCEPT IND is set from 'space' to 'A'.
4. The ADDRESS REQ date remains if the worker changes the TOP INTERCEPT IND from 'A' to 'H', 'S', 'L', or 'X'.
5. If the ADDRESS REQ date is present and the date is less than 181 days from the date the TOP INTERCEPT IND was set to 'A', and the TOP INTERCEPT IND is currently 'H', 'S', 'L', or 'X', you may only change the indicator back to 'A' or the following error message is displayed:  
  
**'TOP INTERCEPT IND MUST BE 'A''**
6. If the ADDRESS REQ date is present and the date is 181 days for greater from the date the TOP INTERCEPT IND was set to 'A', and the TOP INTERCEPT IND is currently 'H', 'S', 'L', or 'X', you may only change the indicator to 'space'. If an 'A' is entered, the following error message is displayed:  
  
**'TOP INTERCEPT IND 'A' NOT ALLOWED'**
7. If the criteria are met, the system must request an address again. Once the address is requested from TOP, the ADDRESS REQ date is again populated and the TOP INTERCEPT IND is set from 'space' to 'A'.



2. From the **CLAIMS MENU**, key the number 3 in the **ENTER OPTION** field and press **Enter**. The CLAIM DETAIL screen displays.
3. In the **REFERRAL ID** field, key the referral ID and press **Enter**. The claim information displays.
4. Press the F5 function The DEBTOR SUMMARY screen displays with a list of debtors.  
**NOTE:** If there are numerous debtors for this claim, press the F8 function key to view the next screen of debtors. To go back to the previous screen of debtors, press the F7 function key.
5. In the **List** column, key a s to the left of the debtor and press the **F9** function key or **Enter** to display the debtor's information. The DEBTOR DETAIL screen displays.
6. In the **TOP INTERCEPT IND** field, key the code that describes why the debtor should not be submitted for the initial processing of intercept.
7. To save and update the screen, press the **F9** function key.
8. To exit and return to the **MAIN MENU**, press the **F3** function key. The MAIN MENU displays.

P. SET OR UPDATE AN APPEAL FLAG

When a client requests an appeal within the 60-day period, you must set the appeal flag. Likewise, when the appeal status has changed, you must update the appeal field.

1. From the **MAIN MENU**, key the number 3 in the **Enter Option** field and press **Enter**. The CLAIMS MENU displays.
2. From the **CLAIMS MENU**, key the number 3 in the **ENTER OPTION** field and press **Enter**. The CLAIM DETAIL screen displays.
3. In the **REFERRAL ID** field, key the referral ID and press **Enter**. The claim information displays.
4. Press the F5 function The DEBTOR SUMMARY screen displays with a list of debtors.  
**NOTE:** If there are numerous debtors for this claim, press the F8 function key to view the next screen of debtors. To go back to the previous screen of debtors, press the F7 function key.
5. In the **List** column, key a 'S' to the left of the debtor and press the **F9** function key or **Enter** to display the debtor's information. The DEBTOR DETAIL screen displays.
6. In the **TOP INTERCEPT APPEAL IND** field, key the code for the type of appeal the debtor is requesting or the updated status of the appeal.
7. To save and update the screen, press the **F9** function key.

- 8. To exit and return to the **MAIN MENU**, press the **F3** function key. The MAIN MENU displays.

**VII. DOR Process (FOOD AND NUTRITION SERVICES, MEDICAID, AND WORK FIRST)**

- A. EPICS creates a file with the latest current balances that are eligible for intercept and submits them to DOR.

**NOTE:** If the NC Debt Setoff Indicator is space or 'Y' and the county wishes to initially block an individual from being selected for intercept, they can set the NC Debt Setoff field on the Debtor Detail screen to H, L, or S (the X & F code can only be entered by State Staff). Once this code has been removed, the debtor can be submitted for intercept if they meet the remaining requirements.

- B. Eligibility Requirements

Must be a debtor on a claim.
NC Debt SETOFF Ind field on the Debtor Detail screen is not currently set to H, L, S, or F.
Referral Status must be in CO (Collections) or TE (Terminated and FNS only)
Claim Type must be IPV or IHE
Claim Debtor must be delinquent
For FNS only – Delinquency is defined as making a 10% or Cash Payment amount totals \$25.00 (whichever is greater) of the total DOR eligible claim balances within the last 60 days.
Debtor must not have a recoupment in the past 60 days (TANF and FNS)
Claim Debtor's current balance for same program type must total a minimum for \$50.00

- C. Claim Debtor's NC Debt Setoff flag on the Debtor Detail screen is set to "Y" indicating that the individual was selected for setoff. This process is done automatically by a batch job.
- D. DOR receives the file and processes the Tax Refund job.
- E. DOR returns the results to EPICS by individual's SSN and the program(s) eligible for intercept.
- F. DHHS reconciles the funds and processes the eventual posting of payments.

**NOTE:** At this point, the debtor's money has been intercepted and is placed in a "holding place" until the process is complete. Any exemption codes entered will not stop the money from being taken, but will generate a refund once the process is complete.

- G. EPICS sends out a 30-day notice to the debtor. The debtor's NC Debt Setoff flag on the Debtor Detail screen is set to "D" indicating that the individual is in the 30-Day period process.
- H. All names that are in the 30-Day process appear on the NC Debt Setoff Pending Intercept (under Collections Menu).

**NOTE:** These names will remain on this list until the appeal complete, payment has been posted, or refund has been issued.

- I. The debtor now can waive the right to appeal or request an appeal.
  1. If the debtor waives the right to appeal, the payment is processed immediately.
  2. If the debtor requests an appeal, the county must set a flag to 'R', 'Y', or 'N' indicating the request. Once the county sets this flag, the payment process is on hold until a decision has been made. It is very important that the county remove this flag once the appeal is denied or ruled in favor of the debtor.

**NOTE:** If the debtor should not have been intercepted and is due a full refund (and a hearing is not warrant), the county can enter a code of 'D' or 'Y' to issue the refund (including interest and collection fees). This lets the system know to automatically issue a refund. For more specific details, please see procedures in the collections section.

3. If the debtor does not waive the right to appeal or request an appeal, payment is processed 35 days after the 30-Day Notice date.

**VIII. MAINTAIN CLIENT**

For a debtor that is not associated with a benefit case, EPICS provides a feature, *MAINTAIN CLIENT* that allows you to define a debtor to a claim who is not defined in CNDS. Likewise, you have the capability to maintain the demographic information for the debtor in EPICS. The client demographic information is transferred and stored in CNDS. You may access Maintain Client via Debtor Detail screen or Name List screen.

Once updated in CNDS, EPICS is not permitted to update their demographics. Such updates would have to be done through NCFAST; however, you may update the debtor's address and phone number. You may access Maintain Client via Debtor detail screen or name list screen.

**You cannot delete maintain client information. Only authorized personnel who have deletion rights may do so. Therefore, ensure accurate information is entered.**

**A. Maintain Client Field Descriptions**

Field	Description	Required	System Generated	Optional
<b>Individual ID</b>	Unique ID assigned by EPICS for the new individual. This information is transferred and stored in CNDS		X	
<b>Name</b>	Individual's name	X		
<b>SSN</b>	Individual's social security number, even if zeroes	X		
<b>DOB</b>	Individual's date of birth	X		

Field	Description	Required	System Generated	Optional
<b>Sex</b>	Individual's sex	X		
<b>Race</b>	Individual's race may be up to 5 codes	X		
<b>Ethnicity</b>	Debtor's Ethnicity	X		
<b>Language</b>	Debtor's Language Preference	X		
<b>Address</b>	Individual's address	X		
<b>Type</b>	Code indicating the individual's address type		X	
<b>County Code</b>	3 digit number with the values from 000-100, indicating which county the individual resides	X		
<b>Phone Number</b>	Individual's phone number			X
<b>Ext.</b>	Individual's phone extension			X
<b>Type</b>	Code indicating the individual's phone type		X	

**B. Maintain Client Function Keys**

Key	Description
F1	To access EPICS on-line help
F2	To clear the screen
F3	To exit and return to the Main Menu
F6	To add the maintain client information (save)
F9	To update the maintain client information
F12	To cancel or return to the previous screen

**C. Add New Client As A Debtor**

1. From the **MAIN MENU**, key the number 3 in the **ENTER OPTION** field and press **Enter**. The CLAIMS MENU displays.
2. From the **CLAIMS MENU**, key the number 3 in the **ENTER OPTION** field and press **Enter**. The CLAIM DETAIL screen displays.
3. In the **REFERRAL ID** field, key the referral ID and press **Enter**. The claim information displays.
4. Press the **F5** function key. The DEBTOR SUMMARY screen displays.
5. Press the **F9** function key. The DEBTOR DETAIL screen displays.
6. In the **INDIVIDUAL ID** field, key = and press **F4**. The NAME SEARCH screen displays.





**IX. REPAYMENT APPROACH**

Each debtor is responsible for repayment of the debt. It is the responsibility of the investigator to attempt and negotiate a repayment agreement with the debtor. It is required that the repayment agreement information (e.g. amount of each payment, frequency, first payment due and payment method) be recorded in EPICS via the *Repayment Approach Referral ID* screen. EPICS utilizes this information to identify those debtors who are delinquent.

If a debtor becomes delinquent (e.g. neglects to pay a scheduled payment) he/she is subject to tax intercept, unless the recoupment is made against his/her existing benefits. However, if the debtor realized he/she missed the payment and repaid the payment in the next scheduled installment, he/she is removed from the delinquency list and is not subject to tax intercept.

For Food and Nutrition Services and Work First, if a claim results in a criminal court hearing and the client is receiving benefits, recoupment cannot be automatically established unless the judge issues the court order for recoupment. This date should be entered in the Criminal Judgement Date field on the Claim Detail Screen. The investigator **must** set the Payment Method to "R" for EPICS to process the recoupment. If the Claim Type (located on the Debtor Detail screen) is set to IPV and the Substantiation Method is equal to S, A, or D, the investigator **must** set the Payment Method to "R" for EPICS to process the recoupment.

If the investigator is unsuccessful in obtaining a signed agreement with the debtor, the investigator can pursue involuntary means of obtaining the funds from the debtor. However, it is required to document the involuntary means in EPICS, as well, via the REPAYMENT APPROACH REFERRAL ID screen.

EPICS allows multiple debtors to be attached to a claim. A repayment approach agreement is **required for each Non FNS** debtor attached to a claim. For FNS claims, this agreement is not required.

**A. Repayment Approach Field Descriptions For Non FNS**

<b>Field</b>	<b>Description</b>	<b>Required</b>	<b>System Generated</b>	<b>Optional</b>
<b>Referral ID</b>	10 digit number generated by the system upon creation of a referral		X	
<b>Referral Type</b>	1 character code that identifies the type of referral		X	
<b>Referral Status</b>	Current status the referral is in		X	

**ENTERPRISE PROGRAM INTEGRITY CONTROL SYSTEM (EPICS)**

**Change #1-2017**

**CLAIMS**

**APRIL 1, 2017**

<b>Field</b>	<b>Description</b>	<b>Required</b>	<b>System Generated</b>	<b>Optional</b>
<b>Program</b>	Code that identifies the benefits program to which the referral applies		X	
<b>Case ID</b>	Program Case ID associated with referral		X	
<b>County Case #</b>	County case number associated with the referral		X	
<b>Referral Date</b>	Date the referral was received		X	
<b>Investigator ID</b>	ID of the investigator assigned to the referral		X	
<b>Overpayment Begin Date</b>	10 character date (MM/DD/YYYY) of the start date for the fraud	X		
<b>Overpayment End Date</b>	10 character date (MM/DD/YYYY) of the end date for the fraud	X		
<b>Initial Balance Due</b>	Up to 9 character amount of the overpayment		X	
<b>Date Entered</b>	10 character date the repayment agreement is entered in EPICS		X	
<b>Payment Amount</b>	Up to 9 characters; debtor's monthly payment	X		
<b>Frequency</b>	1 character code representing how often the debtor is expected to make payments		X	
<b># of Payments</b>	Up to 3 characters; represents the total number of payments required by the debtor to pay off the balance of the claim Defaults to 36 months for FNS claims	X		

	Up to 4 characters; method by which the debtor will use to make a payment	X		
<b>Date Signed</b>	10 character date (MM/DD/YYYY) required when the repayment agreement was signed (Defaults to current date)	X		

**B. Repayment Approach Function Keys for Non FNS**

Function Key	Description
F2	To clear the screen and the repayment agreement information
F3	To exit and return to the Main Menu
F4	To display a list
F5	To display all debtors in the claim
F9	To add/update a repayment agreement information
F10	To display the new repayment agreement History Screen
F11	To calculate the number of Payments
F12	To cancel or return to the previous screen

**C. Enter Repayment Approach Information For A Non FNS Debtor**

You can access the **REPAYMENT APPROACH** screen from the **CLAIMS MENU** or the **DEBTOR DETAIL** screen.

1. If you are entering from the **CLAIMS MENU**, key 4 in the Enter Option field and **key** the Referral ID in the Repayment Approach Referral ID field. **Press ENTER.**

**NOTE: If you do not key the Referral ID in the Repayment Approach Referral ID field, the system displays error message at the bottom of the screen: "REFERRAL ID MUST BE ENTERED FOR THIS OPTION"**

```

FR05    NC DHHS - ENTERPRISE PROGRAM INTEGRITY CONTROL SYSTEM
                                03/07/2016
FRDMC          CLAIMS MENU          12:41:11

      1. EPICS History by Case Head
      2. EPICS History by Debtor
      3. Claim Detail
      4. Repayment Approach Referral ID:

                                Enter Option: _

      F1=HELP  F3=EXIT
    
```

or

If you are entering from the **DEBTOR DETAIL** screen, press **F5**.

```

FR35    NC DHHS - ENTERPRISE PROGRAM INTEGRITY CONTROL SYSTEM  07/03/2007
FRD0350          DEBTOR DETAIL          12:38:40

REFERRAL ID: _____ REFERRAL TYPE: _ REFERRAL STATUS: __
NAME: _____
IND. ID: _____ SSN: _____ DOB: 00/00/0000 SEX: _
COUNTY: ___ PROGRAM: _____ CASE ID: 000000000 COUNTY CASE #: _____
REFERRAL DATE: 00/00/0000 INVESTIGATOR ID: _____ LOI DATE: 00/00/0000
                                60 DAY NOTICE: 00/00/0000
DEBTOR INFO:                      POST HEARING NOTICE: 00/00/0000
INDIVIDUAL ID: 000000000 _ + SSN: _____ SEX: _
      DOB: _____ RACE: _____ ETHNICITY: _____ LANGUAGE:
PHONE NUMBER: _____ EXT: _____

      NAME: _____
      ADDRESS: _____
      _____
      _____

NC DEBT SETOFF: _ +          DELETE REASON CODE: _____ +
TOP INTERCEPT IND: _ +          TOP INTERCEPT APPEAL IND: _ +
ADDRESS REQ: 00/00/0000          FS APPEAL IND: _ +
F1=HELP F3=EXIT F4=LIST F5=REPAY F6=ADD F9=UPD F10=DELETE F11=CLIENT F12=CANCEL
FRDDD0S ACTION COMPLETED SUCCESSFULLY
    
```

The REPAYMENT APPROACH screen displays.

FR31	NC DHHS - ENTERPRISE PROGRAM INTEGRITY CONTROL SYSTEM	08/24/2004
FRD0310	REPAYMENT APPROACH	11:22:31
REFERRAL ID: _____ REFERRAL TYPE: _ REFERRAL STATUS: __		
DEBTOR NAME: _____		
IND. ID: _____ SSN: _____ DOB: _____ SEX: _		
COUNTY: _____ PROGRAM: _____ CASE ID: _____ COUNTY CASE #: _____		
REFERRAL DATE: _____ INVESTIGATOR ID: _____		
OVERPAYMENT BEGIN DATE      OVERPAYMENT END DATE		
_____		
_____		
_____		
INITIAL BALANCE DUE: 0.00 _____		
DATE ENTERED: 08/24/2004		
PAYMENT AMOUNT: 0.00 _____ FREQUENCY: _ + NUMBER OF PAYMENTS: ____		
PAYMENT METHOD: _____ + 1ST PAYMENT DUE DATE: _____		
REPAYMENT AGREEMENT?: _ DATE SIGNED: _____		
F1=HELP F2=CLEAR F3=EXIT F4=LIST F9=UPDATE F10=CALC F12=CANCEL		

2. In the **REFERRAL ID** field, key the referral ID number of the individual that you need to add a repayment agreement. Press enter.

**NOTE:** If the Referral ID is not entered, the error message displays at the bottom of the screen: **REFERRAL ID OR PERSON INFO MUST BE ENTERED**

3. In the **INDIVIDUAL ID** field, key the ID of the debtor that you need to add a repayment agreement. Press enter.

**NOTE:** If you do not enter an IND ID, the error message displays at the bottom of the screen: **HIGHLIGHTED FIELDS MUST BE ENTERED.**

4. In the **PAYMENT AMOUNT** field, key the actual amount the debtor pays each time a payment is made.

5. In the **FREQUENCY** field, the system **automatically defaults** to MONTHLY. You cannot edit this field.

6. In the **PAYMENT METHOD** field, key a method by which the debtor pays.

**NOTE:** If you do not know the payment method code, key the equal sign (=) and press F4. A list of codes displays. Enter S beside the selected code. Press **ENTER**.

7. In the 1st **PAYMENT DUE DATE** field, key the date the debtor's first payment is due.

**NOTE:** If the date is less than current date, the system displays error message at the bottom of the screen: **"REPAYMENT DUE DATE CANNOT BE LESS THAN THE CURRENT DATE"**



**E. Repayment Approach Field Descriptions for FNS**

<b>Field</b>	<b>Description</b>	<b>Required</b>	<b>System Generated</b>	<b>Optional</b>
<b>Referral ID</b>	10 digit number generated by the system upon creation of a referral		X	
<b>Referral Type</b>	1 character code that identifies the type of referral		X	
<b>Referral Status</b>	Current status the referral is in		X	
<b>Program</b>	Code that identifies the benefits program to which the referral applies		X	
<b>Case ID</b>	Program Case ID associated with referral		X	
<b>County Case #</b>	County case number associated with the referral		X	
<b>Referral Date</b>	Date the referral was received		X	
<b>Investigator ID</b>	ID of the investigator assigned to the referral		X	
<b>Overpayment Begin Date</b>	10 character date (MM/DD/YYYY) of the start date for the fraud	X		
<b>Fed Tax Int Ind</b>	Federal Tax intercept indicator		X	
<b>NC Tax Int Ind</b>	NC Tax intercept indicator	X		
<b>Overpayment End Date</b>	10 character date (MM/DD/YYYY) of the end date for the fraud	X		
<b>Initial Balance Due</b>	Up to 9 character amount of the overpayment		X	
<b>New Agreement Balance</b>	Up to 9 characters amount of the balance minus any payments		X	

Field	Description	Required	System Generated	Optional
<b>Date Entered</b>	10 character date the repayment agreement is entered in EPICS		X	
<b>Payment Amount</b>	Up to 9 characters; debtor's monthly payment	X		
<b>Frequency</b>	1 character code representing how often the debtor is expected to make payments		X	
<b># of Payments</b>	Up to 3 characters; represents the total number of payments required by the debtor to pay off the balance of the claim Defaults to 36 months for FNS claims		X	
<b>Payment Method</b>	Up to 4 characters; method by which the debtor will use to make a payment	X		
<b>Due Date</b>	10 character date (mm/dd/yyyy) required when the repayment agreement was signed (Defaults to current date)	X		
<b>Date Signed</b>	10 character date (MM/DD/YYYY) required when the repayment agreement was signed (Defaults to current date)	X		
<b>Voided Date</b>	10 character date (MM/DD/YYYY) required when the repayment agreement is VOIDED	X		

**F. Repayment Approach Function Keys for FNS**

Function Key	Description
F2	To clear the screen and the repayment agreement information
F3	To exit and return to the Main Menu
F4	To display a list
F5	To display all debtors in the claim
F9	To add/update a repayment agreement information
F10	To display the new repayment agreement History Screen
F11	To calculate the number of Payments
F12	To cancel or return to the previous screen

**G. Enter Repayment Approach Information for FNS Debtor(s)**

1. You can access the **REPAYMENT APPROACH** screen from the **CLAIMS MENU** or the **DEBTOR DETAIL** screen.

```

FR05    NC DHHS - ENTERPRISE PROGRAM INTEGRITY
CONTROL SYSTEM
          03/07/2016
FRDMCC          CLAIMS MENU
12:41:11

          .
          1. EPICS History by Case Head
          2. EPICS History by Debtor
          3. Claim Detail
          4. Repayment Approach Referral ID:

Enter Option: _

F1=HELP F3=EXIT
    
```

- a. If you are entering from the CLAIMS MENU, key the number 4 in the ENTER OPTION field and **key** the Referral ID in the Repayment Approach Referral ID field. **Press ENTER.**

**NOTE: If you do not key the Referral ID in the Repayment Approach Referral ID field, the system displays error message at the bottom of the screen: "REFERRAL ID MUST BE ENTERED FOR THIS OPTION"**

- b. If the Referral ID in the Repayment Approach Referral ID field is a FNS claim type, **the DEBTORS ON CLAIM LIST FNS screen displays.**

```

FR92  NC DHHS - ENTERPRISE PROGRAM INTEGRITY CONTROL  SYSTEM
      03/07/2016
FRDRFC  DEBTORS ON CLAIM LIST FNS  13:13:48
REFERRAL ID: 000000000
NAME:
ID: XXXXXXXXXX L TIN: XXXXXXXXXX DOB: 00/00/00
NAME:
ID:      TIN:      DOB: 00/00/00
F3=EXIT
DEBTORS ON CLAIM, PRESS ENTER TO CONTINUE
    
```

- c. Press ENTER again. **The REPAYMENT APPROACH FNS screen displays.**

```

FR31  NC DHHS - ENTERPRISE PROGRAM INTEGRITY CONTROL SYSTEM  03/24/2016
FRDRAC  REPAYMENT APPROACH FNS  09:56:47

REFERRAL ID: 0000654321 CASE ID: 123456789 COUNTY CASE #: 000000_
REFERRAL TYPE: R REF STATUS: CO
COUNTY: 000 PROGRAM: FS
REFERRAL DATE: 11/04/2015 INVESTIGATOR: _____

OVERPAYMENT BEGIN DATE  OVERPAYMENT END DATE
03/01/2015                02/29/2016
_____                  _____
_____                  _____
_____                  _____

Repayment Agreement Info ----- FED TAX INT IND: _ NC TAX INT IND: _
INITIAL BALANCE: 636.00 DATE ENTERED: 03/24/2016
NEW AGREEMNT BAL: _____
PAYMENT AMOUNT: 26.00 # OF PAYMENTS: 25
PAYMENT METHOD: ___ + DUE DATE: 00/00/0000
VOIDED DATE:      FREQUENCY: MONTHLY
DATE SIGNED: 00/00/0000 (not valid until signed date entered)

F2=CLEAR F3=EXIT F4=LIST F5=DEBTORS F9=UPDATE F10=HISTORY F11=CALC F12=CANCEL
NO AGREEMENT EXIST VALUES LISTED ARE PAYMENT GUIDELINES ESTABLISHED BY POLICY
    
```

NOTE: If there is no existing payment agreement, the system displays error message at the bottom of the screen: **NO AGREEMENT EXIST VALUES LISTED ARE PAYMENT GUIDELINES ESTABLISHED BY POLICY.**

If a payment agreement exists, **the system displays error message at the bottom of the screen: FRDRAC AGREEMENT EXIST, PRESS F2 TO CLEAR AND ESTABLISH NEW AGREEMENT**







- c. The FREQUENCY field defaults to MONTHLY and cannot be changed.
- d. The # MONTH field defaults to 36 months and cannot be changed. This field can be changed to months greater than 36 by **State FNSEP**

**Program Integrity staff after receiving a fax request on county letterhead for change due to hardship.**

- e. The VOIDED DATE field is **automatically** populated and cannot be changed. This field **displays** the date a claim is voided; **displays in the repayment agreement field and displays the method of payment as void** on the history screen.
  - f. If the claim has been voided, **the system displays error message at the bottom of the screen: "FRDRAC RECORD HAS BEEN VOIDED, YOU MUST CLEAR SCREEN TO ADD A NEW AGREEMENT."**
  - g. The DATE ENTERED field defaults to the current date and cannot be changed.
8. **Press F12 to cancel** and display previous screens.
9. To exit and return to the **MAIN MENU press F3**. The MAIN MENU displays.

**If one debtor defaults on the signed agreement, all debtors on the claim may be subject to tax intercept. The system automatically sends the combined FNS debt to TOP instead of on each individual debtor. Once a repayment agreement is VOIDED or the debt is certified for TOP, a new repayment agreement cannot be entered into EPICS.**

**I. Repayment Approach History FNS Fields and Descriptions**

Field	Description	Required	System Generated	Optional
Referral Id	10 digit number generated by the system upon creation of a referral	X	X	
Date Entered	10 character date (MM/DD/YYYY) the repayment information is entered	X	X	
End Date	10 character date (MM/DD/YYYY) agreement will end.	X	X	
Amount	Monthly amount to be paid	X	X	

Field	Description	Required	System Generated	Optional
Num Pay	Total number of months calculated to pay the claim in full.	X	X	
Repay Mthd	Method by which monthly payment is made.	X	X	
Repay Date	10 character date (MM/DD/YYYY) when the payment was made	X	X	
Sign Date	10 character date (MM/DD/YYYY) when the debtor signed the agreement	X	X	

The REPAYMENT APPROACH HISTORY FNS screen displays current or past signed repayment agreements. This screen is 'READ ONLY' and is updated automatically when a repayment agreement is created or modified.

To display the REPAYMENT APPROACH HISTORY FNS screen, press **F10**. The screen displays.

FR95 NC DHHS - ENTERPRISE PROGRAM INTEGRITY CONTROL SYSTEM 03/07/2016							
FRDSHC		REPAYMENT APPROACH HISTORY FNS			15:59:48		
REFERRAL ID: 0000394863							
			NUM	REPAY			
DATE ENTERED	END DATE	AMOUNT	REPAY	MTHD	REPAY DATE	SIGN DATE	
02-03-2016 20:02:56	02-03-2016	50.00	300	VOID	12-01-2015	00-00-0000	
01-04-2016 00:00:01	02-03-2016	50.00	300	C	12-01-2015	00-00-0000	
08-21-2013 00:00:03	02-01-2016	25.00	300	C	12-01-2015	00-00-0000	
08-21-2013 00:00:02	02-01-2016	25.00	300	C	12-01-2015	00-00-0000	

**X. EPICS HISTORY BY CASE HEAD**

The *EPICS HISTORY by Case Head* feature provides you with a means of viewing all referrals associated with a specific individual ID for a particular Case Head. Utilizing this feature enables you to quickly access and verify an individual's list of referrals.

This screen is Read-Only.

**A. EPICS History By Case Head Field Descriptions**

Field	Description	Required	System Generated	Optional
<b>Individual ID</b>	Unique ID associated to the case head payee of the referral	X		
<b>Name</b>	Last name, suffix, first name, and middle initial of the case head payee		X	









**XII. UTILIZING F4**

If you do not know the code or value for a field, you can use the *F4* function key, which will display a list of codes or values for selection. This field attribute is only available for those fields that contain a + (plus sign) to the right of the field.

**To Enter Field Details Using F4**

- A. In the field that contains a + (plus sign) to the right of the field, key = (equal sign) and press the **F4** function key. The specific code list screen displays.
- B. To select a code or value, tab to the appropriate code/value in the **S** column and key s.
- C. Press **Enter**. The previous screen displays with the field populated with the selected code or value.
- D. Continue entering or updating the screen details.

**XIII. NAME SEARCH**

If you do not know the Individual ID of a person, you may use the Name Search feature

The Name Search feature is available on **any** screen where the Individual ID field has a plus sign to the right of it. Using this feature allows you to search for an individual when you only have a Social Security Number, Case ID, or Name, Sex, and DOB of a person.

**A. Name Search Function Key Descriptions**

Key	Description
F1	To access EPICS on-line help
F3	To exit and return to the Main Menu
F4	To clear the search criteria fields
F11	To display the Maintain Client screen
F12	To return to the previous screen

**B. Search An Individual ID Using The Name Search Function**

- 1. In the **INDIVIDUAL ID** field, key = and press **F4**. The NAME SEARCH screen displays.
- 2. Select a search method and key the appropriate information in the field(s).
- 3. To initiate the search, press **Enter**. The Name List screen displays with all records that match your search criteria.
- 4. In the **Sel** column, key an S in the field next to the appropriate individual and press **Enter**. The previous screen displays with the data from the search.
- 5. Continue entering or updating the screen details.