Commonwealth of Virginia
Fiscal Agent and Provider Enrollment Services
Financial Services Procedure Manual

April 29, 2016
Version 22

[redacted]

[redacted]

Version Number	Date	Description	Author
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1 Introduction

1.1 Purpose

This manual specifies the policies and procedures of Financial Services in its role to support the Commonwealth of Virginia's Medicaid program including the Virginia Medicaid Management System (VA MMIS). Each task is detailed to efficiently and securely handle the Virginia Medicaid payment processes. The duties performed by the Financial Services staff are vital to the operations as Fiscal Agent for the Virginia Medicaid Program. Accuracy and security are paramount in Financial Services.

1.2 Financial Services Department Overview

Financial Services performs a variety of functions all relating to the payment of provider payment requests. Financial Services maintains a close working relationship with the Department of Medical Assistance Services (DMAS) as well as the financial institution [redacted] These relationships are important for this department to successfully perform its daily activities. Functions performed by Financial Services include:

1. Overall management of the Virginia Medicaid [redacted] Account.
2. Maintain control over all payment processes associated with the weekly payment cycle to ensure accuracy and security.
3. Oversee the printing and mailing of system generated payment checks.
4. Reissue checks, either manually or systematically, under the direction of DMAS for the following:
    - Electronic Fund Transfer (EFT) rejects
    - Damaged system checks
    - Advance payments
    - Reissues for Forged or Improperly Endorsed checks
    - Reissues for Stop Payment checks
    - Reissues for Voided checks

- Reissues for miscellaneous refunds

5. Void or Stop checks
6. Maintain the MMIS Financial Subsystem.
7. Process miscellaneous provider written checks received for provider refunds.
8. Reconcile the Virginia Medicaid [redacted] Account on a monthly and annual basis.
9. Communicate closely with DMAS, the financial institution and other Fiscal Agent and Provider Enrollment departments to ensure the accurate exchange of information and reports.
10. Provide special mailing/handling services to providers in accordance with DMAS instructions.
11. Process the receipt and refunding of provider enrollment fees.

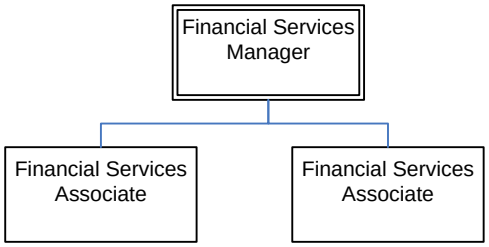
1.3 Staffing Overview

Two Financial Services Associates are responsible for the performance of the various departmental tasks. The Financial Services Associates report to the Financial Services Manager who reports to the Operations Manager.

[redacted]

[redacted]

Financial Services Organizational Structure



1.3.1 Job Descriptions

Each member of the Financial Services staff is assigned various responsibilities in such a manner that all departmental tasks can be performed efficiently on a daily basis. These responsibilities are also assigned to allow each staff member to complete their work accurately and with strict attention to security. [redacted]

1.3.1.1 Financial Services Manager

The Financial Services Manager is responsible for overseeing the daily operation of the Financial Services Department. The Financial Services Manager's most important function is to ensure the responsibilities of the department are successfully completed in an accurate and secure manner.

Responsibilities include:

- Supervising and monitoring all activities of the Financial Services department
- Managing the Virginia Medicaid Controlled Disbursement Account
- Ensuring the accurate and timely reconciliation of the Virginia Medicaid Controlled Disbursement Account
- Ensure the accurate processing and recording of provider application fees
- Ensuring operational and security procedure compliance
- Ensuring HIPAA compliance
- Reviewing and approving all processes relating to check issuances
- Interfacing with DMAS, the financial institution and other Fiscal Agent and Provider Enrollment departments as needed
- Reviewing and approving weekly time sheets
- Evaluating staff for optimal performance
- Overseeing continuing cross training of staff members
- Monitoring daily workflow
- Reviewing accuracy of daily tasks
- Training as needed, including for other departments
- Reviewing each manual check printed for accuracy, completeness, and appropriate documentation prior to final disposition
- Reviewing Funds Request letters prior to forwarding to DMAS
- Reviewing all checks stopped, voided or stale dated for completeness before scanning filing occurs
- Reviewing all logs for accuracy and completeness on a random basis
- Maintaining the VA MMIS Financial Services Subsystem
- Research as assigned
- Other duties as assigned

1.3.1.2 Financial Services Associates (2)

Responsibilities include:

- Printing manual checks under dual control
- Responding to DMAS inquiries
- Special handling of manual checks
- Processing overnight mail to providers
- Retrieving and handling incoming mail under dual control
- Preparing and issuing checks for the following:
    - Advance payments

    - Void reissues
    - EFT rejects
    - Forgeries and improper endorsements
- Stop payments
- Processing EFT rejects
- Processing and logging provider application fee payments and refunds
- Logging and processing undeliverable, returned checks
- Preparing and processing void logs for voided checks
- Preparing and processing provider refunds by check logs for forwarding to DMAS Fiscal Division
- Answering [redacted] tickets related to Financial Services
- Research as assigned
- Other duties as assigned

1.4 Service Level Agreements

Service Level Agreements - Financial Services	
Description	**Performance Target**
Submit weekly remittance information to DMAS Fiscal Unit for posting of data in agency financial system.	100% delivery of DMAS budget information to DMAS Budget Unit by 12:00 PM **Monday** following the weekly payment or approved schedule.
Execute Financial cycle, generate, mail and image weekly remittance advices and checks and deposit provider EFT payments.	100% mailing completion of RAs/Checks by 12:00 PM **Friday** following the weekly payment or approved schedule
Execute Financial cycle, generate, mail and image weekly remittance advices and checks and deposit provider EFT payments.	100% depositing EFT by 12:01 **Monday** following the weekly payment cycle or approved schedule.
Process manual check requests and all transactions in MMIS when manual checks, and/or EFT payments are issued outside of the normal payment cycle.	Complete task after receipt of request or manual check issuances and/or EFT payment submissions ≤ 24 hours.
Correct errors associated with EFT deposit and mailing of provider payments	≤24 hours.

Prepare and submit to DMAS a monthly reconciliation for MMIS bank accounts to include:	
a) End-of-month bank statement from banking institution;	a) ≤ 3 business days from receipt from bank;
b) Receiving and processing monthly bank reconciliation file of cleared and voided checks from the bank;	b) By the 10th of the month following the bank statement date;
c) Preparation and submission to DMAS monthly a full reconciliation and all supporting documentation, to include reporting of all outstanding checks based on the bank's account as of bank statement date, reporting of all voids and stop payments	c) By the end of the month following the bank statement date.
Initiate void transactions in MMIS for returned checks from PES that they were unable to be forwarded.	Respond ≤ 5 business days after receipt from PES
Closeout and prepare a final reconciliation of MMIS bank accounts.	By February 28 of the next State fiscal year.
Generate and mail annual 1099s.	No later than January 31 of each year.
Annual 1099 corrections.	Resolve annual 1099 discrepancies in ≤30 days notification of discrepancy from DMAS.
Process and resolve banking portion of Electronic Funds Transfer requests.	≤ 5 business days.
Maintain blank check inventory for use when issuing manual checks / system backup if manual checks are to be printed electronically.	Manage blank check stock inventory > 100 blank checks.

2 Procedures

2.1 Weekly Payment Cycle

Each week the VA MMIS pays providers for the claims they have submitted. Ensuring that accurate payments are sent to providers entails cooperation between DMAS, [redacted] Payments for vendors and participants in the Health Insurance Premium Payment Program (HIPP) are also included in the weekly payment cycle.

[redacted]

2.1.1 Balancing

Each week the payment cycle must be balanced to ensure the accuracy of the provider payments. The weekly payment cycle begins processing on Friday night and continues through Sunday. System generated reports are received by Financial Services by 8:00 am each Monday. The reports are as follows:

- **Disposition of Claims** (CP-O-006-01) (Fee-for-Service Claims) –This report displays totals by claim type.
- **Financial Control Summary** (FN-O-016C) – Reports the expenditures by Program, Subprogram, Object Code, Locality (if applicable), and Fund for a specific remittance cycle. It is used for Medicaid, Family Access to Medical Insurance Security Plan (FAMIS), and other Medicaid activities.
- **Weekly Check Register by Bank** (FN-O-029) – Lists all checks and voids produced during weekly remittance processing.
- **Weekly Check Register by Payee** (FN-O-036) – This report lists weekly checks written to payees.
- **Remittance Activity Control Totals** (FN-O-056) – Shows total disbursement for the current remittance cycle. It is used for Medicaid and FAMIS activities.

DMAS uses the **Weekly Comparison Report** (FN-O-016A)

See Appendix A, Section 3.1 for examples of the reports listed above.

2.1.2 Procedure:

1. Access the **VA MMIS Weekly Balancing** spreadsheet. See Appendix A, Section 3.2 - Forms, for an example.
2. Click **Save As** and save it with the remittance cycle date as the name.
3. For each report on the Balancing Worksheet, enter the fields in blue.
4. If the entered data results in a “false” on the balancing formulas, check the figures entered.
5. If the false condition persists, inform the Finance Manager regarding which condition did not balance. Await instructions.
6. If all the conditions are true, print a hard copy.

Attach the hard copy to the Funds Request Letter, discussed below. System generated reports are provided to DMAS by 8:00 a.m. each Monday**.** DMAS Budget uses these reports in their processes.

2.1.3 Request for Funds

Once the cycle balances, Financial Services prepares a Request for Medicaid Funds letter. This request is forwarded with a copy of the balancing report and a copy of FN–O-36 to the Executive Project Manager, Operations Manager, or Finance Manager for review and approval. Once it is approved, the request and backup is emailed to the following people as early as possible, preferably before 10:00 am.

Karen Stephenson, Director, (karen.stephenson@dmas.virginia.gov)

Mike Harlow, AP Manager (mike.harlow@dmas.virginia.gov)

Ron Marable, AP Supervisor (ronald.marable@dmas.virginia.gov)

Rudy Brown, CM Manager (rudy.brown@dmas.virginia.gov)

Robert D. Nesbitt, Grants Manager, (robert.nesbitt@dmas.virginia.gov)

Gerry Poire, (gerry.poire@dmas.virignia.gov)

Laverne Dawson (laverne.dawson@dmas.virginia.gov)

David Joyner, (david.joyner@dmas.virginia.gov)

The letter is also sent [redacted]

FUNDS REQUEST LETTER - [redacted]

(Date)
Mrs. Karen Stephenson
Director
DMAS Fiscal & Purchasing Division
600 East Broad Street, Suite 1300
Richmond, VA 23219-1856

SUBJECT:RA Date *(Date*)
Request for Virginia Medicaid Program Funds

Dear Mrs. Stephenson:
The undersigned certifies that those claims supported by the enclosed documentation dated *(Date of report)* for $_____ have been properly processed in accordance with the agreement between the Virginia Department of Medical Assistance Services and [redacted]

[redacted] requests the release of funds to be available to the Medicaid Controlled Balance Account in amount of $_____. Should you have any questions, please contact [redacted]

Sincerely,

[redacted]

Enclosure

cc: [redacted]
Mike Harlow, AP Manager
Rudy Brown, Contract Manager

2.1.4 Production of Payments

The VAMMIS system runs a payment cycle every weekend, beginning Friday evening. This cycle generates files for the printing and distributing of Remittance Advices (RAs), paper checks and EFT payments.

2.1.4.1 Procedures for Electronic Fund Transfer (EFT) payments

1. [redacted]After the payment file is generated during the payment cycle, two files are sent to [redacted]
2. The check and EFT files are sent to [redacted] on the Thursday morning after the weekend cycle.
3. One file contains Positive Pay information which the bank will load to compare checks presented for payment to reduce error and fraud. The bank will load the check file record into their system for Positive Pay.
4. The other file is the file containing the information for the EFT payments. This file is sent by [redacted] to the Federal Reserve for distribution to the Payee's accounts. The EFTs must be sent by 12:01 AM Monday in order to reach the Federal Automated Clearing House by Monday evening for overnight processing.
5. An email is received acknowledging that the files have been received. Please see below:

[redacted]

1

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

17. EFT transactions are transmitted by bank the next business day if scheduled Pay Date falls on a Federal Reserve holiday. [redacted] is unable to pay earlier unless DMAS changes the EFT payment date to business day prior to holiday.

In the event of special circumstances, DMAS will send formal written notice signed by Deputy Agency Director or Agency Director requesting check date change.

SLA (Service Level Agreement): EFT deposited by 12:01 AM Monday after checks are generated.

2.1.4.2 Procedures for Paper Check Payments

[redacted] facility will be used for printing and mailing payments and Remittance Advices. This facility uses proven print technology that includes [redacted]. In addition, there are established processes that are compliant with SAS 70 audits, HIPAA regulations, and United States Postal Service standards, including the National Change of Address (NCOA). Our [redacted] facility understands the importance of securing provider and recipient data. [redacted]

1. Payment files from MMIS are sent [redacted] as part of the weekly payment cycle. Systems will also produce reports so that the file can be confirmed as complete and correct. The printing and mailing of checks and remittance advices (RAs) will be performed by our [redacted] print facility.
2. [redacted] will print checks, EFT acknowledgements and RA's.
3. Any paper checks which DMAS does not wish to issue can be intercepted up until 12:00 noon on the Tuesday before the payments are mailed. Check Pull requests may be made after noon on Tuesday, but fulfillment is not guaranteed. Check pull requests are made via a form sent to the Finance Department The [redacted] Print and Mail facility will then use the provider name, provider NPI, zip code, check number and amount to identify and manually pull checks.
4. Once the check is pulled by the [redacted] facility, it is mailed to [redacted]'s Finance Department without modifications.
5. Once the check is received the Finance Department will wait for instructions from DMAS as to how the check is be dispositioned. The instructions may have been part of the original instructions to pull the check. In either case the instructions will be filled within 24 hours of receiving the check or the instructions, if the instructions come later.
6. A .pdf file of the RA and payment images is sent by FTP on Monday for loading in the ECM.

SLA (Service Level Agreement): Checks and RA's to be mailed by Thursday at 5:00 after payments are generated.

[redacted] Checks, EFT acknowledgements and RA's are required to be mailed by the Thursday at 5:00 pm following receipt of the original file. [redacted]

8. If a federal holiday is on Friday or Monday it does NOT affect paper checks since they are normally mailed on Thursday. If holiday falls on Thursday, checks are mailed Wednesday. Checks should always be dated Friday following transaction processing date unless there is a special circumstance. (Example: Holiday 12/25/09 = File Creation Date - Sat 12/19/09, Check Date - Fri 12/25/09 and Check Mail Date - Thurs 12/24/09). In the event of special circumstances, DMAS will send formal written notice signed by Deputy Agency Director or Agency Director requesting check date change.

[redacted] The [redacted] Print and Mail Facility is overseen by the Quality Assurance (QA) department. A QA associate will use the [redacted]

10. See Appendix A, Section 3.1 for an example of the Print and Mail Report from [redacted].

2.2 Issuing Replacement Checks

Replacement checks are checks issued to replace funds that were previously issued but the funds never paid. Replacement checks are issued for voided and reissued checks or EFT rejects. EFT Rejects are checked daily using [redacted] Once an EFT rejection is recovered from [redacted], the Financial Services Associate designated to coordinate EFT rejections, sends the filled out Check Request form (FN-I-005) to DMAS for approval. In the "Reason" space of the FN-I-005 form, type EFT Reject. Other types of replacement checks may only be requested by certain personnel.

DMAS submits a completed Check Request form to request issuance of a replacement check to a provider or vendor as part of the next scheduled adjudication cycle. The request is usually emailed or delivered to Finance. The FN-I-005 (Recoupment, Add Pay, and Recovery Financial Transaction Form) must be included in order for [redacted] to enter the data into the MMIS. A similar form (Replacement Check Request) is used by DMAS to request a replacement check (void/reissue) for a lost or stolen check previously issued by the system. See Appendix A, Section 3.2 - Forms, for examples.

All check requests received from DMAS are forwarded to Finance, who immediately begins processing the request.

The following people may request Replacement checks. In the event of their absence, their designee may make the request. If a particular person no longer fills a position, the person currently filling the position may make the request.

DMAS Personnel Able to Make Replacement Check Requests:

Providers - Cindy Cors, Director, POD

ADM Providers - Mike Harlow AP Manager (Mike.harlow@dmas.virginia.gov)

DMAS Personnel Able to Prepare Replacement Check Requests:

Toni Ricks, Fiscal-Cash Management (Toni.Ricks@dmas.virginia.gov)

Teresa Roberts, Fiscal-Cash Management (Teresa.Roberts@dmas.virginia.gov)

DMAS Personnel Able to Authorize Replacement Check Requests:

Rudy Brown, Manager Sr, Fiscal-Cash Management (Rudy.Brown@dmas.viriginia.gov)

Karen Stephenson, Director, Fiscal Division (Karen.Stephenson@dmas.virginia.gov)

[redacted] Personnel Able to Prepare Replacement Check Requests (EFTs and Replacement Check Voids):

[redacted]

[redacted]

Note: Once [redacted] personnel prepare a Replacement check request, it must be scanned and emailed or faxed to DMAS for authorization. Once authorization is obtained, the Replacement check process may continue.

[redacted]

2.2.1 Review

1. Review the Check Request for completeness, accuracy, and legibility.
2. Determine if requestor is authorized to request a Replacement check, and the authorizer is able to authorize a Replacement check.

2.2.2 Stop Payment (Check Cancel)

If a previously issued check is to be replaced, a stop payment must first be issued for the original check. This is accomplished through the [redacted] capability as outlined below. [redacted]

[redacted] Stop payments can be initiated only by Finance staff who have security clearance with the bank.

Any void, whether it is just a void or a void associated with the Stop/Reissue must be logged on the Void Log.

2.2.2.1 Procedure:

1. Access the [redacted] online banking through the web browser. Link [redacted] Refer to Appendix C, Section 3.3 for log in procedures.

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

2.2.2.2 Stop Payment Copy

A copy of the Stop Payment transaction may be requested from the Home screen of [redacted].

[redacted] Access the [redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

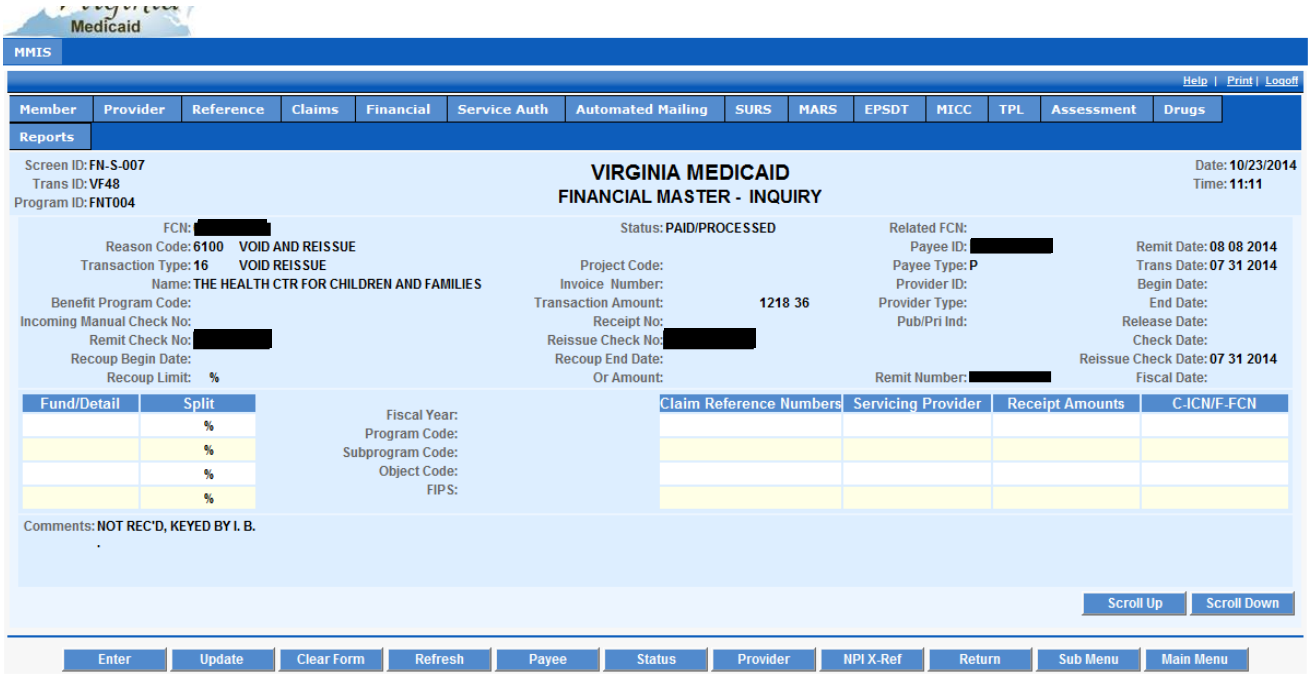
2.2.3 Update Financial Master Inquiry/Update Screen (FN–S-007)

Once the check is stopped at [redacted], the transaction is entered in the MMIS. Finance enters the information from the FN-I-005 form to the Financial Master screen (FN-S-007)

2.2.3.1 Procedure:

1. Enter information from FN-I-005 form Payee ID:, Payee Type:, Remit Number:, Remit Check No:, Reissue Check No:, Reissue Check Date:
2. Enter the Reason Code and click Enter. This will cause the fields that need information to be highlighted.
3. Refer to the VA MMIS Online Documentation under Financial/Screens on FN-S-007 (Financial Master Inquiry/Update) screen for explicit instructions for each field.
4. In the Comments field, enter the reason for the replacement check, along with the enterer's first initial, last name, and phone number, for easy reference if there is a question about the transaction.
5. Write the FCN on the finance form submitted by the requestor.

6. Have the Financial Services Manager sign the check form.
7. Scan and send the packet to the DMAS Fiscal Department.
8. The DMAS approver will go to screen FN-S-022 and verify the information was entered correctly before approving. If any data is incorrect, it is denied and reprocessed.



9. If a mistake is made by the [redacted] Financial Associates, DMAS can be notified to reject the entry so that the mistake can be corrected.

Reason Codes and Transaction Types for Replacement Checks

Reason Code	Transaction Type	A/V	Reason Code Description
6100	16	Reissue	Void and Manually Reissue Check
6101	16	Reissue	Void EFT and Manually Reissue Check
6600	16	Reissue	Void and Reissue Check through Weekly Payment Cycle
6601	16	Reissue	Void EFT and Reissue Check through Weekly Payment Cycle

2.2.4 Resolving EFT Rejects

EFT Rejects are transactions that are generated by our financial institution in reaction to Electronic Funds Transfers (EFTs) that are sent by [redacted]. EFT rejects occur when a) ACH transactions are not sent due to incorrect ABA or routing numbers or b) funds transferred to a Provider or Payee's bank account are returned to us.

The information we receive on the [redacted] Report from the [redacted] web site also let us know when the information we have on the Provider Enrollment file regarding the Provider or Payee's bank account is incorrect.

When a provider signs up to receive payments electronically, they provide an ABA or routing number which designates the financial institution where their account is, along with their account number. For two weeks or so, a transaction for $0 is sent to their account to ensure that the information is correct. This is called a pre-note. Prenotes can be rejected for the same reasons that EFT transactions with money can be rejected. The Prenote period allows a chance to update the Provider's file before transactions with money are sent. While the provider or payee is in the Pre-note period, their payments are sent using a paper check.

In addition to Prenotes or EFT rejects with funds, the third type of notice received on the [redacted] These are also sometimes referred to as COR (Corrections). These notices do not affect the Provider or Payee's ability to receive funds, but do indicate that a change on the Provider file is necessary. Some common reasons for an NOC include: the purchase or merger of a financial institution, necessitating a change in ABA or Routing number; a change in account number, either at the account holder's request or due to a change in account numbering throughout the institution; notification that an account is a saving account, rather than a checking account or vice versa.

2.2.4.1 Procedure:

[redacted]

[redacted]

[redacted]

7. Check Report FN-O-099 in the ECM for the correct NPI correlating to the Reject. Providers may have the same name but different bank accounts.

[redacted]

9. [redacted]

10. Once the FN-O-099 report is pulled (remember that the report is dated approximately 10 days before the EFT was settled at the provider's bank) use the button with the binoculars on it to search for the amount of the payment. The column headed PAYEE NUM is the Provider number. Make sure the Provider Name matches the EFT Reject from [redacted]. It is possible for two providers to receive the same amount in a particular week.

TIP: When searching the FN-O-099 report, use the last three digits in the dollar amount with a decimal and then the cents. For example if the amount is $12,345.67 search using 345.67. FN-O-099 doesn't handle commas for searching.

EXAMPLE OF FN-O-099:

[redacted] CDA MEDICAID

PAYEE NUM	CLASS/ TYPE	PAYEE NAME	INDIVIDUAL ID	ABA NUM	ACCT NUM	REMIT AMOUNT
[redacted]		[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]		[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]		[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]		[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]		[redacted]		[redacted]	[redacted]	[redacted]
[redacted]		[redacted]	[redacted]	[redacted]	[redacted]	[redacted]

11. Log into the ECM and check in the Provider folder for an EFT form. This may be in another document such as Maintenance or Application. Verify that the document and the routing number and account number on the Provider's file match. If they have been updated since the FN-O-099 report has been generated, an [redacted] and letter, as described below do not have to be sent. There may be a typographical error that will need to be corrected by PES by sending an [redacted] as detailed below.
12. Some providers will have no documents in the ECM. These are either HIPP participants' rejects, vendor rejects or program 10 providers' rejects. In all of these cases their information is updated by DMAS. The bank account information should be ended by PES, but no other updates should be made.
13. See Section 2.3.5 for instructions on HIPP checks. In the other cases send DMAS a scan of the EFT Rejects report addressed to Toni.Ricks@dmas.va.gov and Rudy.Brown@dmas.va.gov. If an update is needed they will update any information or route it to the person responsible for that type of Program 10 provider.

[redacted] Log into [redacted] and Log the Correspondence. [redacted]. If the Reject is with funds or a pre-note, call the provider. Let them know new EFT information will be

needed. If there are funds involved let them know their funds were not deposited, a paper check will be issued. Document the date when the provider was spoken to, who was spoken to, the phone number where reached, and anything else that might be relevant in [redacted]. [redacted]

[redacted] If the reject is with funds or a pre-note, [redacted]

[redacted]

[redacted]

Type of Reject	Reason	Phrase
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
	[redacted]	[redacted]

[redacted]		[redacted]
	[redacted]	[redacted]
	[redacted]	[redacted]

[redacted]

21. If there is no notice from PES that the EFTs changes have been completed, follow up to confirm. A delay could mean that the SLA was missed.

🕒SLA: EFT Rejects must be updated within 24 hours.

! All EFT Rejects must also be QA'd for accuracy by the Finance Manager or designee by Friday at 3:30.

22. If the Reject involves funds, fill out a Check Request Form, FN-I-005, and have it signed by the Manager. Scan it and the backup documentation, such as a copy of the [redacted] Report and screen shots of the Address and Financial Transactions screens. Email the form to Rob Nesbitt and Patricia Lara, with cc's to Toni Ricks and Rudy Brown. Await an approval email before printing the manual check according to procedures.

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

m. Email Rob Nesbitt (Robert.Nesbitt@dmas.virginia.gov), Patricia Lara (Patricia.Lara@dmas.virginia.gov) and Rudy Brown (Rudy.Brown@dmas.virginia.gov) that the funds have been transferred and the amount along with a copy of the backup packet.

[redacted]

2.3 Issuing Advance Payments

Occasionally DMAS issues a check called an Advance payment to a Provider, which is a payment paid against future claims. When the Advance is issued, a lien for the amount of the payment is placed on the provider's future payments, either for the next payment cycle, or according to a repayment agreement.

In these situations, a fast payment is necessary. Therefore issuing the payment doesn't wait until the next payment cycle.

2.3.1 Print Manual Check

Upon verification of the check request, a manual check is produced in the vault. The check stock is removed from the secure location, and the manual check is keyed, printed, and verified [redacted]

2.3.1.1 Printing Check

1. Under dual control, go to the check vault and sign out checkstock recording the control number on the stock and the predicted check number in the Check Register Log (See Appendix A, Section 3.2 - Forms). Two different people's review signified by their initials are required to sign out checks.
2. Turn on the vault computer and printer.

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

18. Make copies of the manual checks for the packets. Enter the number of the manual check on the Check Request Form.

2.3.2 Add Issue

Once a manual check is written, an add issue must be entered. This process tells the bank the amount of the manually issued check to help ensure it is cashed for the correct amount. [redacted]

2.3.2.1 Procedure:

[redacted] Access the [redacted] online banking from the web browser: [redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

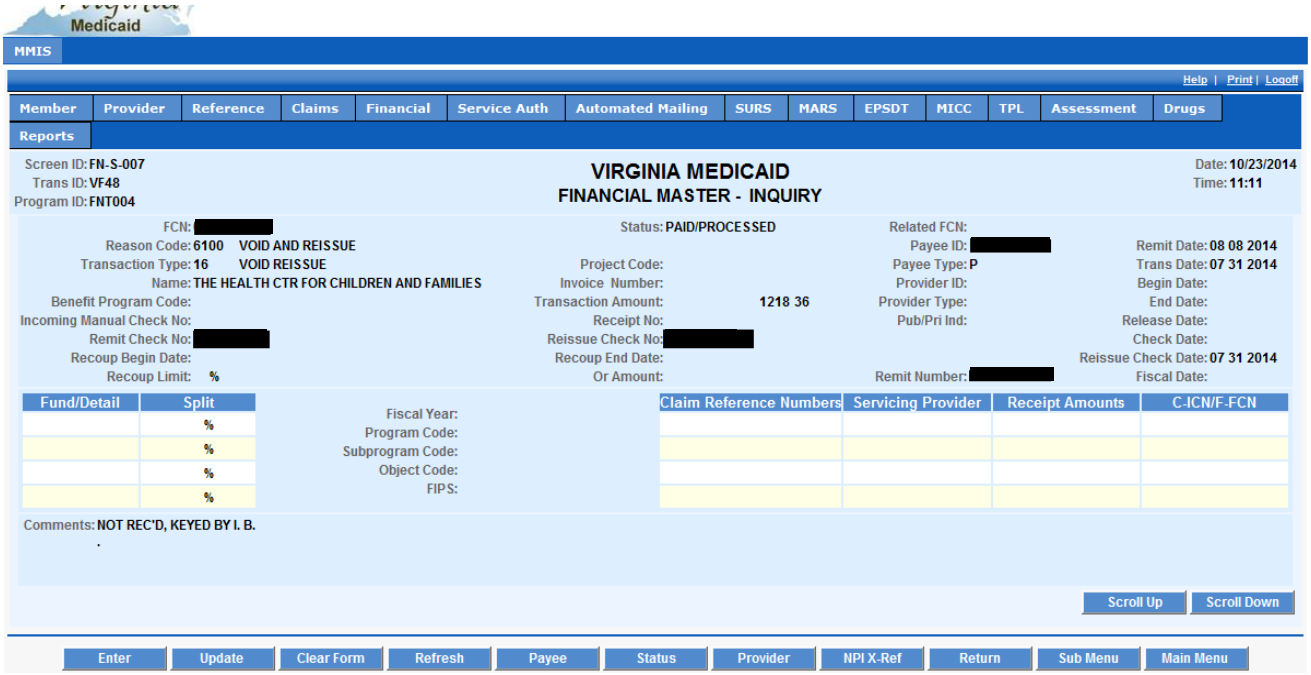
2.3.3 Update Financial Master Inquiry/Update Screen (FN–S-007)

Once the check is keyed, printed and verified, the transaction is entered in the MMIS. Finance must enter the information from the FN-I-005 form to the Financial Master screen (FN-S-007) before the new check disburses.

2.3.3.1 Procedure:

1. Enter information from FN-O-005 form Payee ID:, Payee Type:, Remit Number:, Remit Check No:, Reissue Check No:, Reissue Check Date:
2. Enter the Reason Code and click Enter. This will cause the fields that need information to be highlighted.
3. Refer to the VA MMIS Online Documentation under Financial/Screens on FN-S-007 (Financial Master Inquiry/Update) screen for explicit instructions for each field.
4. In the Comments field, enter the reason for the advance manual check, along with the enterer's first initial, last name, and phone number, for easy reference if there is a question about the transaction.
5. Write the FCN on the finance form submitted by the requestor.

6. Have the Financial Services Manager sign the check form.
7. Scan and send the packet to the DMAS Fiscal Department.
8. The DMAS approver will go to screen FN-S-022 and verify the information was entered correctly before approving. If any data is incorrect, it is denied and



reprocessed.

9. If a mistake is made by the [redacted] Financial Associates, DMAS can be notified to reject the entry so that the mistake can be corrected.

Reason Codes and Transaction Types for Manual Checks

New Code	ANSII	Trans Type	A/V	Reason Code Description
ADD-PAY – ADVANCE PAYMENT				
9300	AP	39	Adjustment	Provider Advance Payment
MANUAL CHECK - RECOUPMENT				
9500	AP	59	Adjustment	Manual Checks -- Recoupment

2.3.4 Distribution

Prepare each advance check for routing by courier, mail, or signed pick-up according to the instructions on the Check Request form.

Methods of distribution can include:

- [redacted]USPS - [redacted]
- [redacted]UPS – [redacted]

3. Provider pick-ups occur at DMAS, so the check is sent by courier in a locked bag labeled Attn: Toni Ricks, along with a DMAS custody receipt.

SLA: Check must be on the way to provider within 24 hours of receipt of check request, unless otherwise directed by DMAS.

2.3.5 Documenting Check Requests

2.3.5.1 Procedure:

1. Any void, whether it is just a void or a void associated with a Replacement check, must be logged on the Void Log.
2. If the check is an Advance, add information to Manual Check Log. See Appendix B, Section 3.2.

[redacted]

4. Bring to mailroom for scanning and pick the batch up when scanning is done.

[redacted]

6. Scan packet to email to the Requestor along with the Finance group.

2.4 Processing Incoming Payments

The Finance Unit receives, controls, and processes five categories of payments:

1. Undelivered Checks – Checks returned by the US Postal Service
2. Medicaid program checks returned by the provider
3. Personal checks submitted by providers to refund overpayments
4. Checks or credit card payments for screening providers
5. HIPP, FAMIS and vendor checks returned by the post office or the recipient.

2.4.1 Undeliverable Checks – Checks returned by the US Postal Service

Provider checks may be returned by the U.S. Postal Service due to an incorrect address.

[redacted]

2.4.1.1 Procedure:

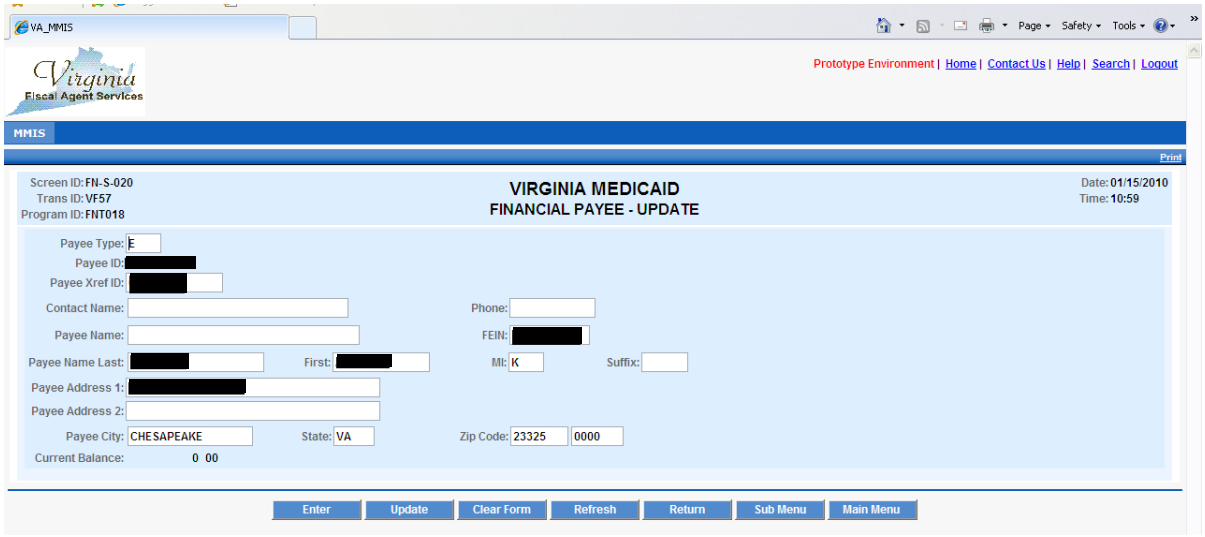
1. Mail is opened in Document Control. Checks and their accompanying documents are placed in a lockbox in the Document Control area, along with a report of the checks received for that day. Please see the Document Control Procedures Manual for detailed procedures.
2. Financial Services will retrieve the checks, documentation, and report under dual control. The report will be compared to the checks to ensure accuracy. Copies are taken of the checks. The checks will then be secured in the vault area.
3. The checks will be logged from the copies. A comparison of the log and the copies will be done to ensure accuracy. Please see Appendix B, Section 3.2 for an example of the Undeliverable Check Log.
4. The “Days Old” column is a formula that calculates how old a check is from today. If this number is over 180 days, the check may be or may about to be voided as stale. Do NOT remail this check. Treat this as a void and follow the Void procedures.
5. Look up the provider information in MMIS to see if there has been an update to the provider’s address.

6. If the address has not been updated, a copy of the check is delivered to the PES unit. They will return the copy with directions as to where the check is to be mailed, or to void the check. This copy with the PES directions will be scanned for inclusion in ECM.

7. If the NPI is less than eight digits (not including leading zeros), it is not a provider check, but a payee check. To confirm that this is a Payee ID and not a Provider ID:

   a) Go to VA MMIS, click on Financial.

   b) Select Financial Master Maintenance Menu | Check Inquiry, and press the Enter key.



   c) Select Financial Payee Inquiry/Update Screen | Check Inquiry. Select Payee ID, and type the vendor number as the payee ID, and press the Enter key.

   d) Refer to Section 2.3.5 – HIPP and Other Checks.

   e) Using PS-S-001-02, the Associate checks the Pay To address and the Update Date of that Address. If the provider number is valid and an address update has occurred since the date the check was originally mailed, the Financial Services Associate marks this on the log and remails the check to the updated address.

VA DMAS Prototype Portal

Virginia Fiscal Agent Services

Prototype Environment | Home | Contact Us | Help | Search | Logout

MMIS

Print

Screen ID: PS-S-001-02
Tran ID: VT02
Program ID: PST010

VIRGINIA MEDICAID
PROVIDER BILLING INFORMATION - UPDATE

Date: 11/13/2009
Time: 11:54
SCREEN2

Provider ID: [redacted]
Name:
Legacy ID: [redacted]
API Ind:
NPI Type: 2
Tracking ID:

Correspondence Address

Attn: [redacted]

Correspondance Phone Number

Office: [redacted] Ext: Fax: [redacted]
TDD: Ext:
Email: [redacted]
Update Date: User ID:

Pay To Address

Attn: BUSINESS OFFICE
Contact: [redacted]

Pay To Phone Number

Office: [redacted] Ext: Fax: [redacted]
TDD: Ext:
Email: [redacted]
Contact: Ext:
Update Date: User ID:

Remittance Advice Address

Attn:

Remittance Advice Phone Numbers

Office: Ext: Fax:
TDD: Ext:
Email: User ID:
Update Date:

RECORDS DISPLAYED.

Enter | Update | Clear Form | Refresh | Address | MC Enroll | Return | Sub Menu | Main Menu
Affiliation | Service Center | Financial | Restriction | Group | Ind Rates | Previous | Next

jsrportlet

Virginia Fiscal Agent Services

Prototype Environment | Home | Contact Us | Help | Search | Logout

MMIS

Print

Screen ID: PS-S-001-03
Tran ID: VT02
Program ID: PST003

VIRGINIA MEDICAID
PROVIDER LOCATION INFORMATION - REINSTATE

Date: 11/13/2009
Time: 15:19
Screen 03

Provider ID: [redacted]
Name:
Legacy ID: [redacted]
FIPS: 909
Tracking ID:
Group Count: 0
Status: ACTIVE
Type/Loc: 001 of 001

Service Address Information

Attn:
Address: [redacted]
Contact:
Office: [redacted] Ext
24 Hr: Ext
E-Mail:
Contact: Ext
Fax: - -
TDD: Ext
Site Ind: 01
Update Date: User ID:

Provider Program Information

Prog	Begin Date	End Date	Rsn	Fee Ind	Prog	Begin Date	End Date	Rsn	Fee Ind
					01		12/31/9999	000	
07	09/26/2001	12/31/9999	000		08	07/01/1998	12/31/9999	000	

Provider Type Information

Type	Begin Date	End Date	Rsn	License	Rev Ind	BD	ST	Begin Date	End Date	Rsn
001	01/01/1990	12/31/9999	000		M	07	DC	01/01/1990	09309999	000

Agreement Ind:
OED: 09/30/9999

Provider Specialty Information

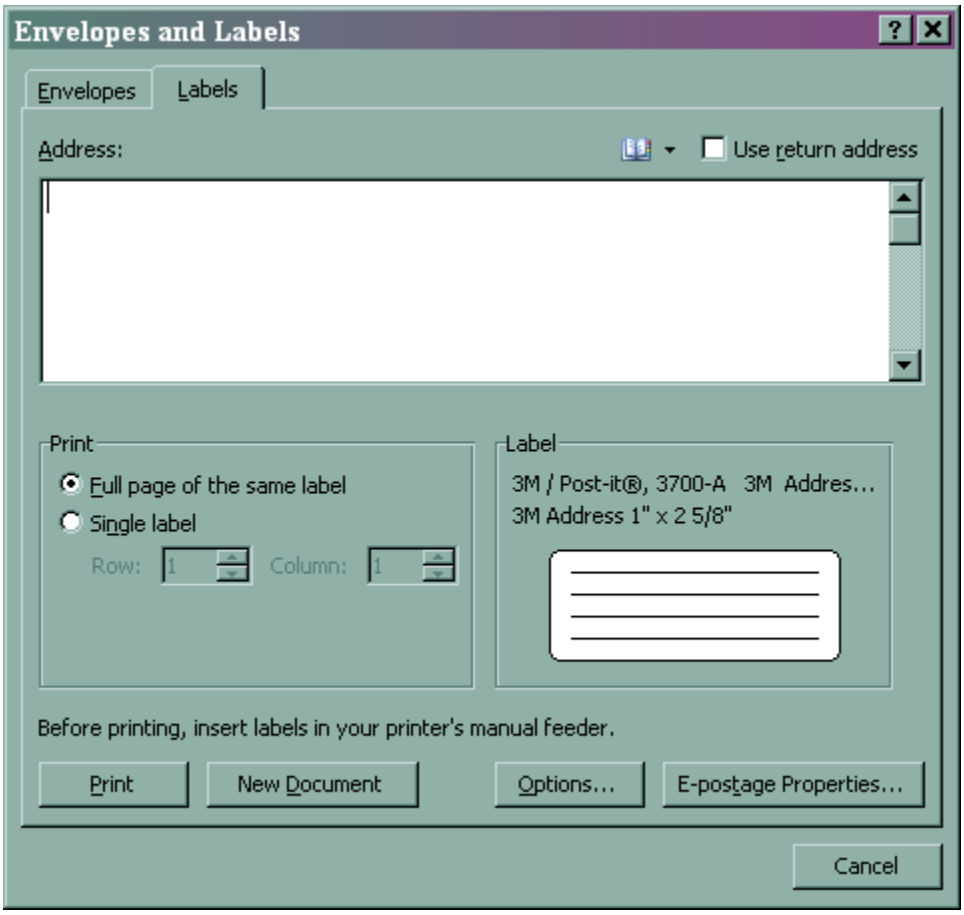
Spec	Begin Date	End Date	Rsn	Prmy	Spec	Begin Date	End Date	Rsn	Prmy
100	01/01/1990	12319999	000	N					

Scroll Up | Scroll Down

RECORDS DISPLAYED.

Enter | Update | Clear Form | Refresh | Prog Hist | Type Hist | Spec Hist | Return | Sub Menu | Main Menu
Address | MC Enroll | Affiliation | Service Center | Financial | Restrictions | Group | Ind Rates | Previous | Next

8. To remail the check, the Associate prints an envelope or a label. If the packet will not fit in a #10 envelope, a 9”x11” envelope is used.
9. To type the address in a Microsoft Word document:
    a. Click on the Mailings tab.



    b. Click on Envelopes or Labels depending on what is to be produced.
    c. Type the name and address as it should appear on the envelope or label in the box.
    d. Print the envelope or label.
    e. The printer will first print a cover sheet and then ask for the label sheet or envelope to be placed in the bypass tray. These are placed in the tray face down. Follow the directions on the printer screen to identify whether a label or envelope is being printed.
10. In the vault, one associate pulls the check or checks to be remailed and matches them to their respective envelopes. The other Associate in the vault checks that the proper check is matched to the correct envelope, stuffs the envelopes and seals them.

11. The Undeliverable log is updated appropriately as to the disposition of the undeliverable check.
12. Once all the checks on that particular day's log have been processed, the copies of checks are sent to Document Control to be scanned and indexed.

SLA: Provider Enrollment Services (PES) must receive the undeliverable check copies for research within 48 hours.

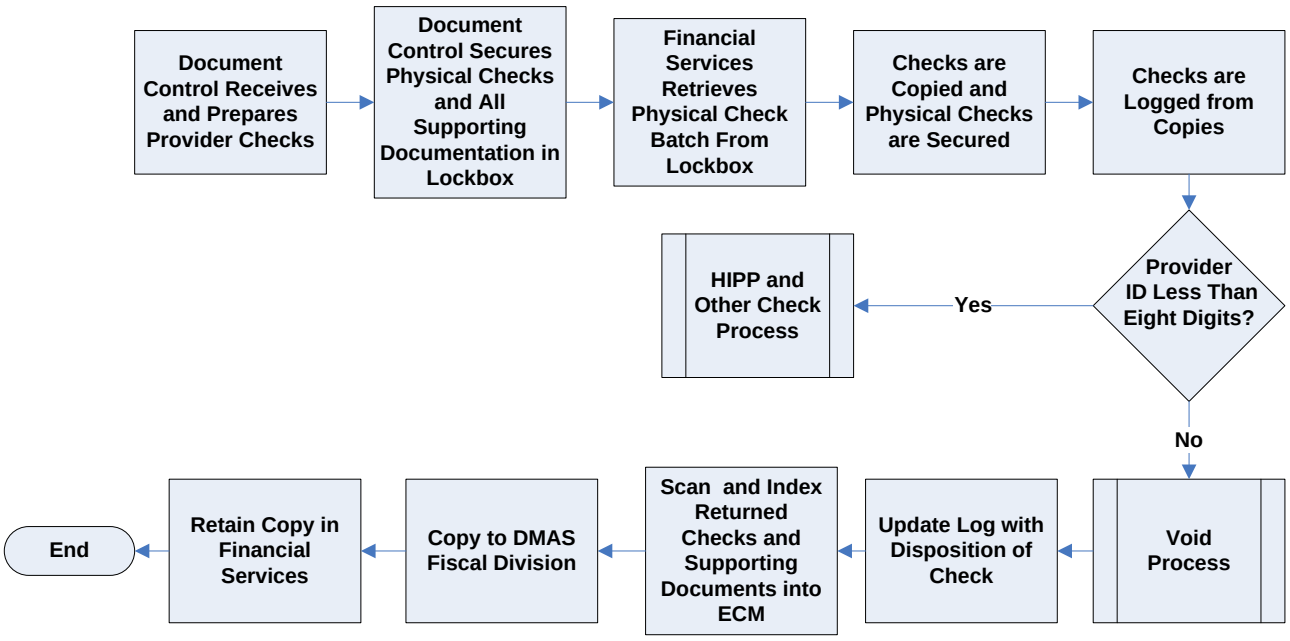
2.4.2 Checks Returned by Providers

Returned checks are Medicaid claim payments that have been refused by the provider for various reasons and returned to the Fiscal Agent. These checks must be processed within 48 hours of receipt.

NOTE: These are not checks returned by the post office as with Undeliverable checks.

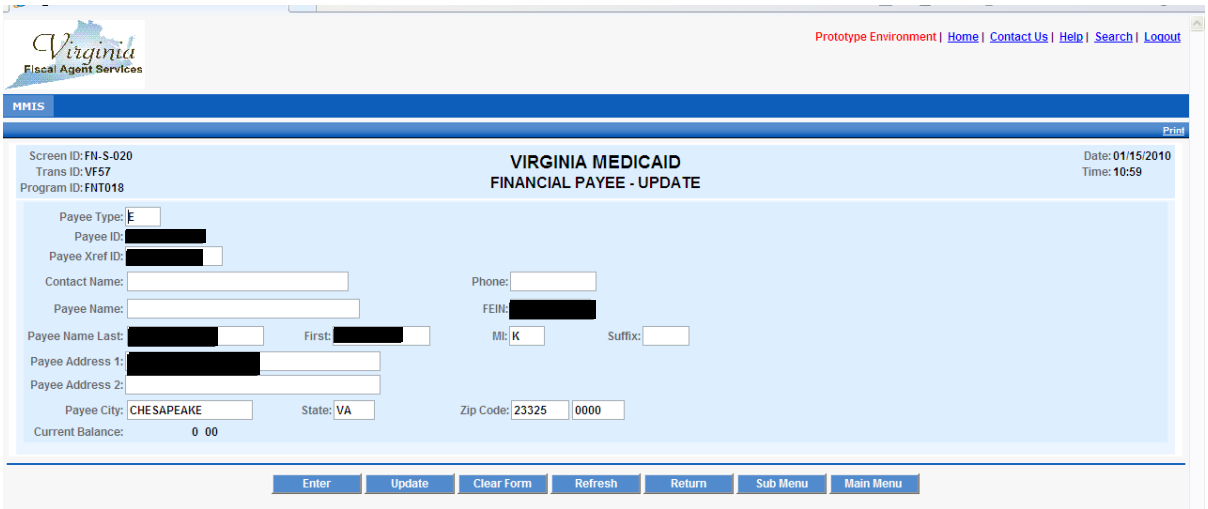
The following are reasons a check may be returned:

1. Services not rendered
2. Duplicate payment
3. Refusal to accept check
4. Other insurance coverage
5. Provider has left group



2.4.2.1 Procedure:

1. Mail will be opened in Document Control. Checks and their accompanying documents will be placed in a lockbox in the Document Control area, along with a report of the checks received for that day. Please see the Document Control Procedures Manual for detailed procedures and an example of the report.
2. Financial Services will retrieve the checks, documentation, and report under dual control. The report will be compared to the checks to ensure accuracy. Copies will be taken of the checks. The checks will then be secured in the vault area.
3. If the NPI is less than eight digits (not including leading zeros), it is not a provider check but a payee check. To confirm that this is a Payee ID and not a Provider ID:
    a. Go to VaMMIS, click on Financial.
    b. Select Financial Master Maintenance Menu | Check Inquiry, and press the Enter key.
    c. Select Financial Payee Inquiry/Update Screen | Check Inquiry. Select Payee ID, and type the vendor number as the payee ID, and press the Enter key.
    d. Refer to Section 2.7 - HIPP and Other Checks.

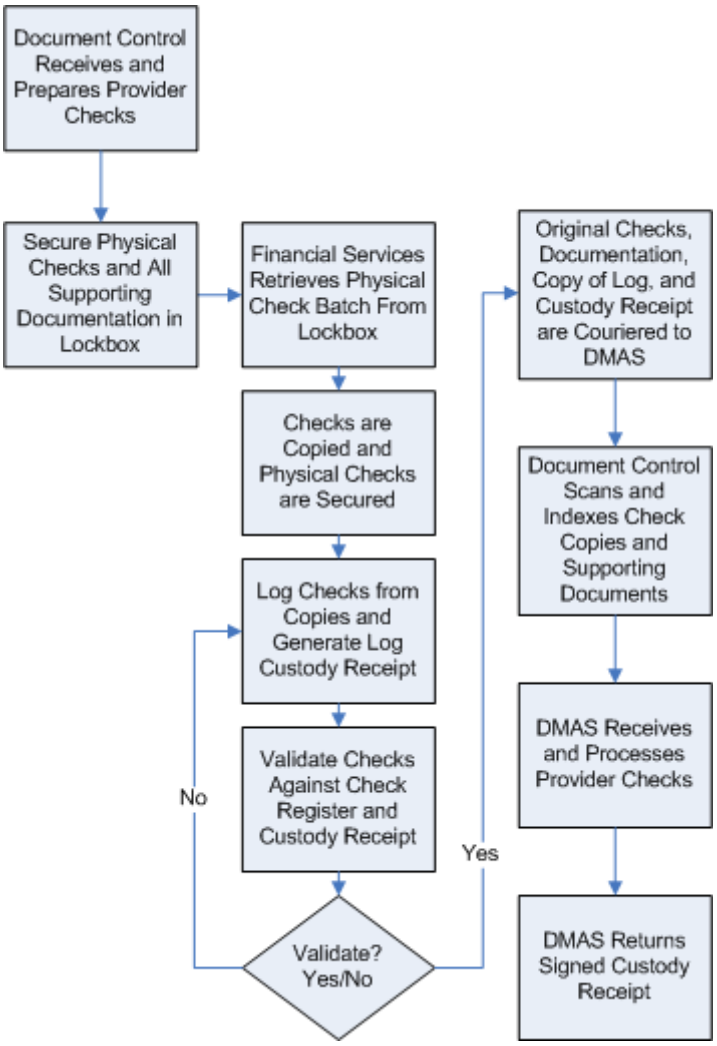


4. Void the physical check. See Section 2.8
5. Once all the checks on that particular day's Void log have been processed, copies of checks are brought to Document Control to be scanned and indexed.
6. Checks and backup material will be retained in Financial Services.

SLA: Copy of Documentation must go to DMAS Fiscal Division within 48 hours

2.4.3 Refund Checks Sent by Providers

Providers may elect to refund the Medicaid program by forwarding a check from their own bank account. After the checks are logged, they are routed to DMAS Fiscal Division for deposit, research, and posting to the MMIS Financial Subsystem.



2.4.3.1 Procedure:

1. Mail will be opened in Document Control. Checks and their accompanying documents will be placed in a lockbox in the Document Control area, along with a

report of the checks received for that day. Please see the Document Control Procedures Manual for detailed procedures.

2. Financial Services will retrieve the checks, documentation, and report daily under dual control. The report will be compared to the checks to ensure accuracy. Copies will be taken of the checks. The checks will then be secured in the vault area.

3. The checks will be logged from the copies. A comparison of the log and the copies will be done to ensure accuracy. Please see Appendix B, Section 3.2 for an example of the Provider Refund Check Log.

4. Once approved, the checks and attachments will be delivered in locked bags by courier to DMAS Accounting with a Custody Receipt and the log detailing the amount of each check, the number of checks and the total dollar amount. Once the checks are accepted by DMAS, the custody receipt will be signed and returned via the courier. Please see Appendix B, Section 3.2 for an example of the custody receipt.

5. Checks are sent by courier to Dept of Medical Assistance Services
   600 E. Broad Street
   Fiscal Division-Accounting Dept
   Richmond, VA 23219
   Attn: Rudy Brown

6. Provider Refunds must be sent to DMAS within 48 hours.

7. An electronic copy of each day's refund log is sent to:

   Rudy Brown: rudy.Brown@dmas.virginia.gov

   Rob Nesbitt: robert.nesbitt@dmas.virginia.gov

   Jonathan Dodd: jonathan.dodd@dmas.virginia.gov

   Ronald Marable: ronald.marable@dmas.virginia.gov

   Toni Ricks: toni.ricks@dmas.virginia.gov

   LaVerne Dawson: laverne.dawson@dmas.virginia.gov or their designees.

8. The copy of the checks and supporting documentation are sent to Document Control to be scanned and indexed.

9. A copy of the log and backup material will be retained in Financial Services in a secure location.

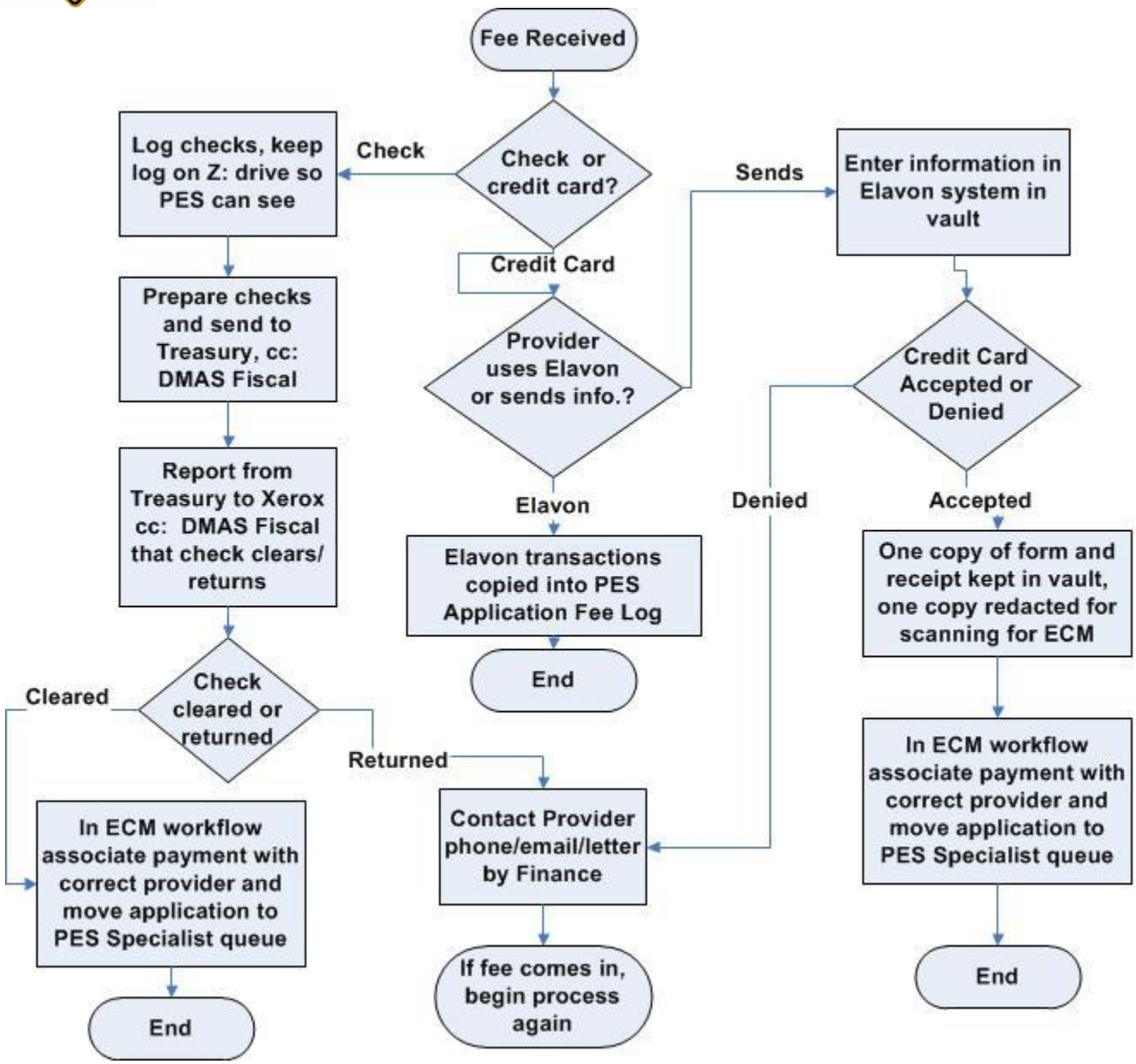
2.4.4 Payments Sent by Providers for Enrollment or Revalidation

As part of the Affordable Care Act providers are divided into risk categories. Some of these risk categories will require a fee to cover specific screening and possible site visits. The fee may be collected when a new provider enrolls or as part of the

revalidation of an existing provider. The fee currently is $554.00 and may be paid by credit card or check. The fee amount is determined by CMS (Centers for Medicare and Medicaid Services) and may change annually.

The fee may be paid online as part of an online enrollment application, using the Elavon secure credit card payment system. The online application will link to the Elavon system. Elavon will process the credit card payment and return a positive response if the credit card payment is accepted and a negative response if the credit card is rejected. The funds will be deposited into a Commonwealth of Virginia Treasury Account. The Finance department will maintain a log providing an accessible record of online payment.

Under Construction: Changes in process coming due to changes at CMS and in PES



Some providers may elect to send their fee in as a check. This should be sent in along with an Application Fee Submission Form, an example of which is shown below the workflow.

APPLICATION FEE SUBMISSION FORM

An application fee is required to enroll in the Virginia Medicaid Program for certain providers. To determine whether your applicant is required to submit a fee, refer to the last question in Section I.

The application fee is $553. This fee must be paid and clear our financial institution prior to the processing of your enrollment application.

Provider Name
_____**NPI**_____

- **Pay by Check:**

- Make the check out to **Department of Medical Assistance Services** or **DMAS**.
- The amount of the payment is **$554.00.**
- Write your NPI on the Memo line of the check to ensure it will be credited to your application.

- Write the check number here: _____.

- Include this form with the rest of the enrollment application and send to:

Provider Enrollment Fees
PO Box 26803
Richmond, VA 23261-6803

- **Pay by Credit Card:**

- Paying by credit card is quick and easy.
- Provide your credit card information below:
  - Mark the type of credit card you are paying with:

    Master Card ☐ Visa ☐ Discovery ☐ American Express ☐
  - Credit Card Number:
    _____ - _____ - _____ - _____
  - Card Expiration Date
    Month: _____ Year: _____
  - Security Code:_____
    - For Visa, Master Card and Discover, the three digit security code is found on the back as shown in the image on the left.
    - For American Express the four digit security code is found on the front as shown in the image on the right.

  - Name on the Credit Card: _____
  - Billing Address:

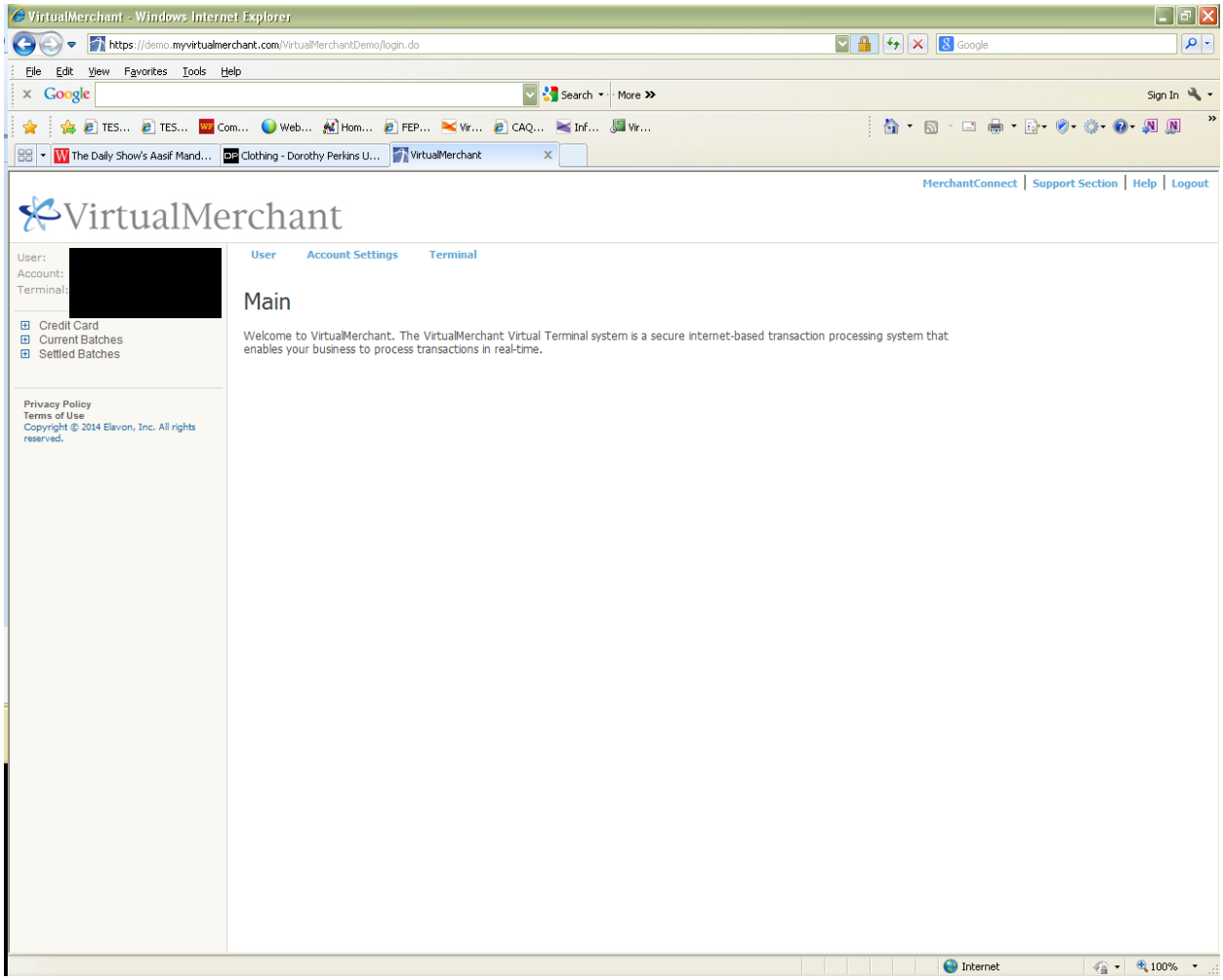
- Street_____
  Suite_____
- City _____ State _____
  Zip_____

Procedures to Process Fee Checks

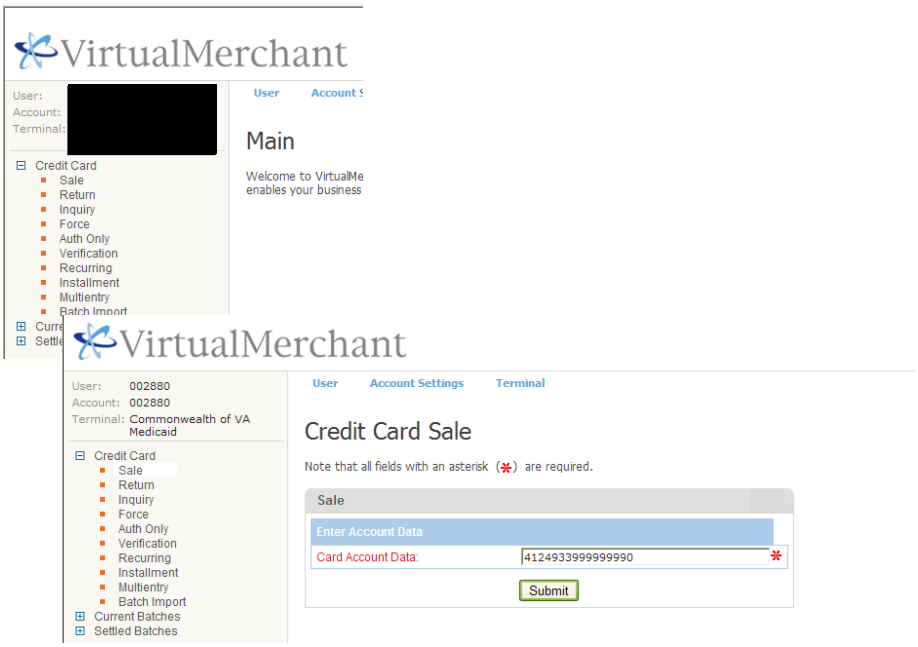
1. Mail will be opened in Document Control. Checks and their accompanying documents will be placed in a lockbox in the Document Control area, along with a report of the checks received for that day. Please see the Document Control Procedures Manual for detailed procedures.
2. Financial Services will retrieve the checks, documentation, and report daily under dual control. The Mailroom log report will be compared to the checks to ensure accuracy. Copies will be taken of the checks. The checks will then be secured in the vault area.
3. The checks will be logged from the copies in an Enrollment Fee log located on VAMMIS project's shared internal drive. This will allow PES personnel to access the check log if needed. A comparison of the log and the copies will be done to ensure accuracy.
4. Once compared, the checks and attachments will be delivered in locked bags by courier to DMAS with a Custody Receipt and each day's log detailing the amount of each check or credit card payment, the number of payments and the total dollar amount. Once the checks are accepted by the DMAS, the custody receipt will be signed and returned via the courier. Please see Section 3.2 for an example of a custody receipt.
5. Checks are sent by courier to Rudy Brown, DMAS Finance
6. An electronic copy of the enrollment fee log is sent on Friday to:
    a. **Rudy Brown:** rudy.brown@dmas.virginia.gov
    b. **Calsine Pitt:** calsine.pitt@dmas.virginia.govmailto: or their designees.
7. The copy of the checks and supporting documentation are sent to Document Control to be scanned and indexed.
8. Copies of the payments and backup material will be retained in Financial Services in a secure location.
9. Rudy Brown will notify that an enrollee or provider's check has cleared, returning the electronic log with the cleared information. Once this is confirmed, the payment will be confirmed in the Fee portion of the Provider Screening workflow, allowing the application to be placed in the Provider Specialist queue.

Procedures to Process Fee Credit Card Payments

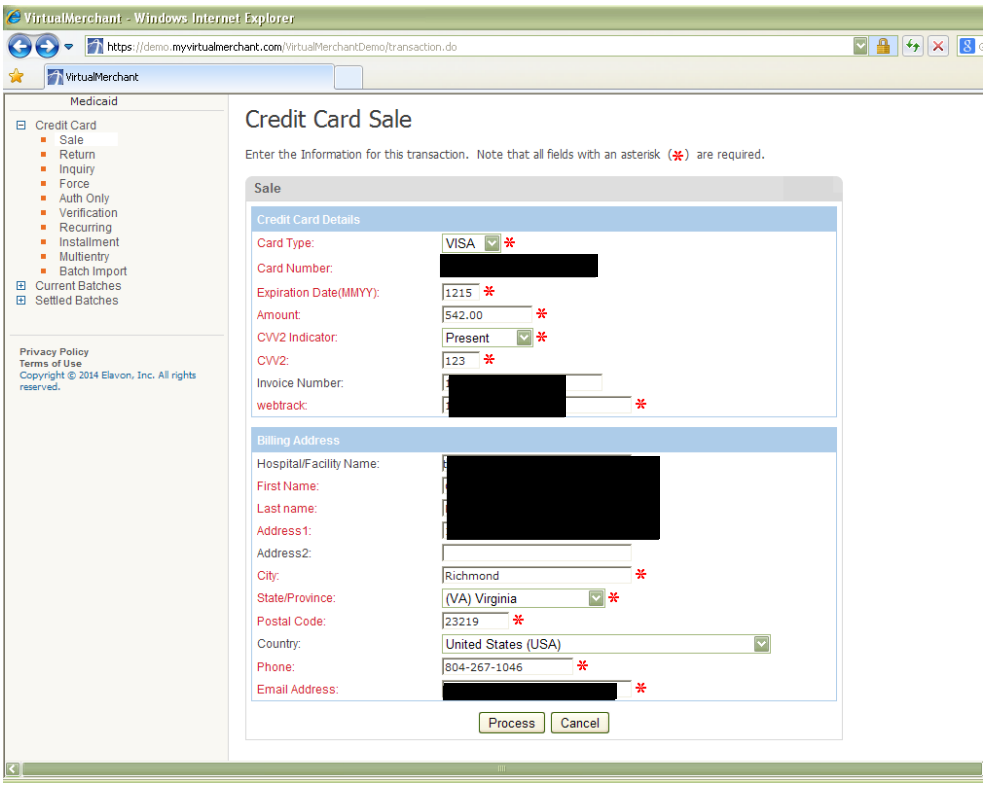
1. Mail will be opened in Document Control. All Application Fee forms are placed in a lockbox in the Document Control area, along with a report of the payments received for that day. Please see the Document Control Procedures Manual for detailed procedures.
2. Financial Services will retrieve the Application Fee forms and report daily under dual control. The Mailroom log report will be compared to the Application Fee forms to ensure accuracy. Copies will be taken of the Application forms. The original forms with credit card information will be secured in the vault area.
3. The credit card information is entered into the Elavon system in the vault, with two Finance personnel present.
4. Log onto the Elavon web site www.myvirtualmerchant.com.



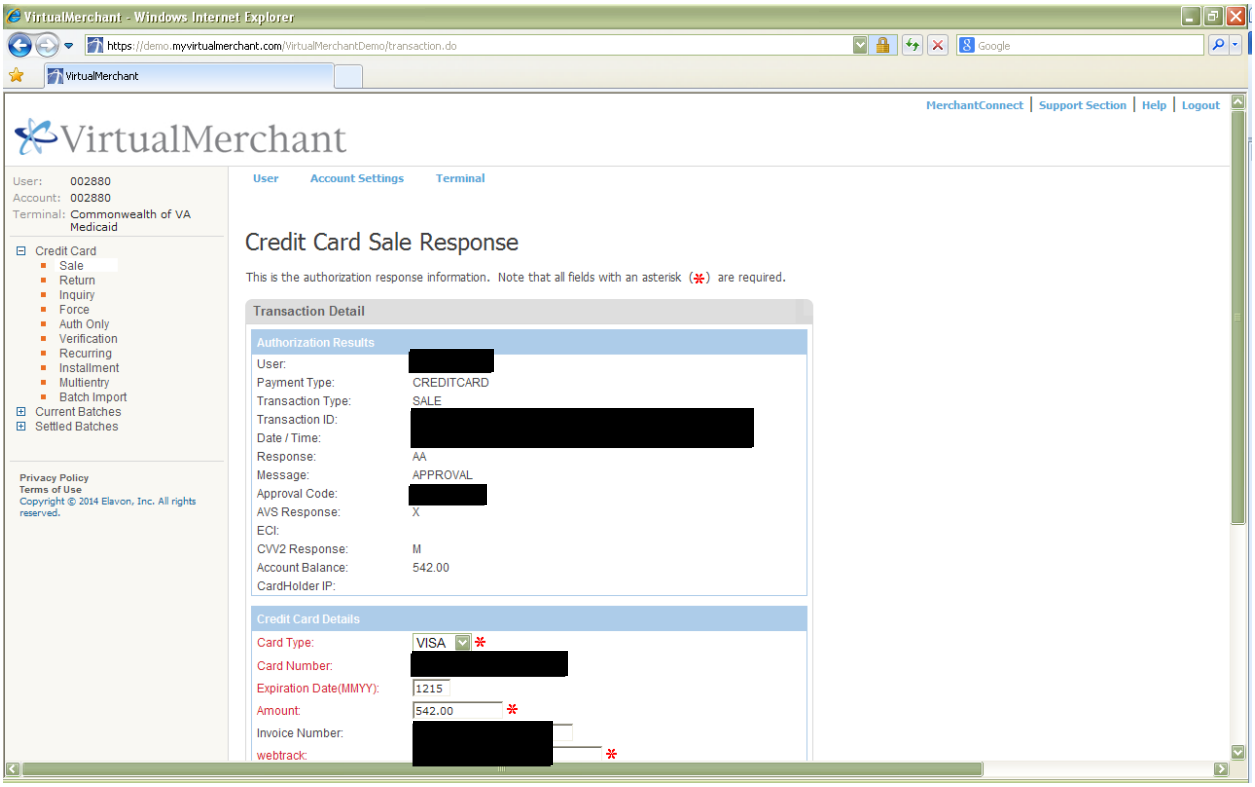
5. Under credit card on the left, choose Sale.



6. Enter the credit card number, then Submit

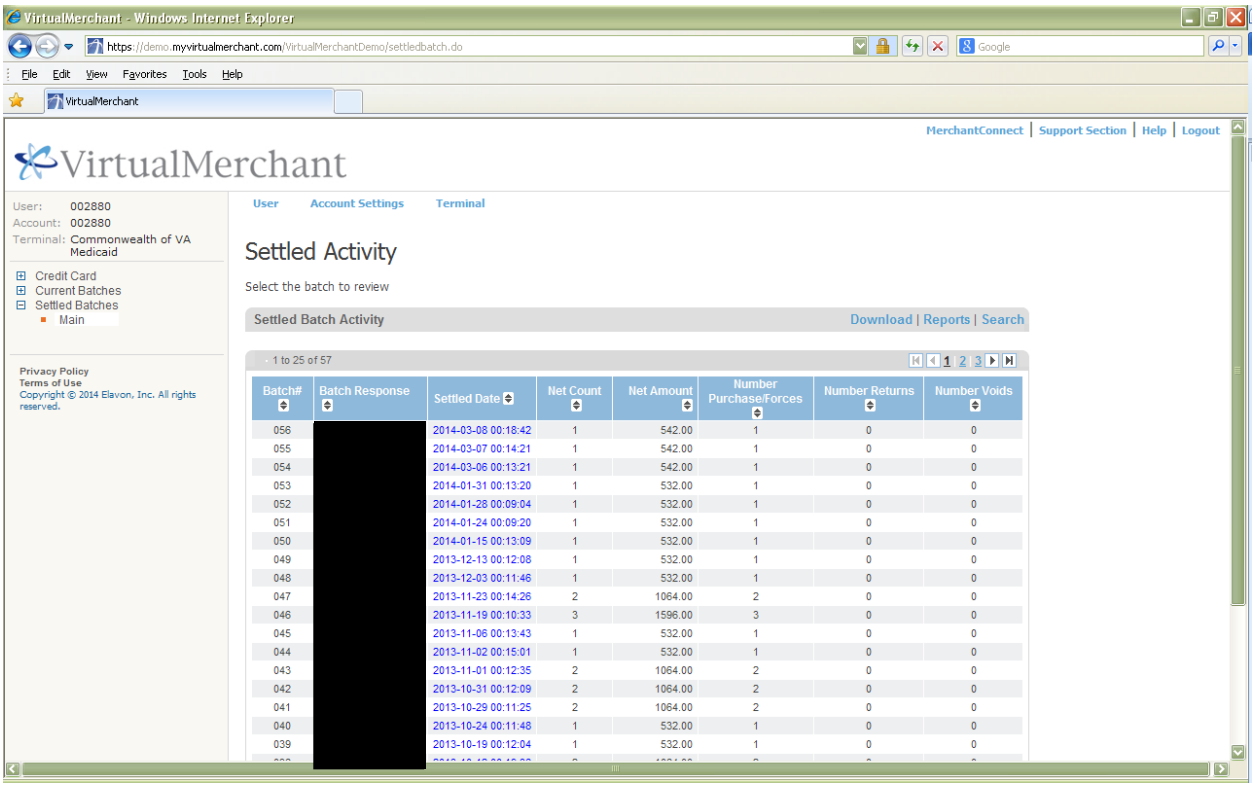


7. If available, enter the NPI as the invoice number.
8. Enter the rest of the information, then click on Process.



9. If the credit card is accepted, an approval appears on the screen. The screen can be printed using the browser. This approval can also be printed from the left hand menu: Current Batches, Main, Credit Card. Write the NPI on the top and send to back end scan, along with a copy of the Application Fee form redacted as to credit card information.

10. To access reports on submitted credit card payments, on the left hand side go to Settled Batches, Main. Then choose the day of the report.



11. When the credit card is accepted, the payment will be confirmed in the Fee portion of the Provider Screening workflow, allowing the application to be placed in the Provider Enrollment Verification queue.

12. If the credit card is denied, a finance associate will contact the provider by phone and record the details of the call in an [redacted]

    Use extreme care to ensure that any credit card numbers whether on originals, paper copies or electronic copies, are not available to individuals without a business need. If there is a business need, dual control must be maintained.

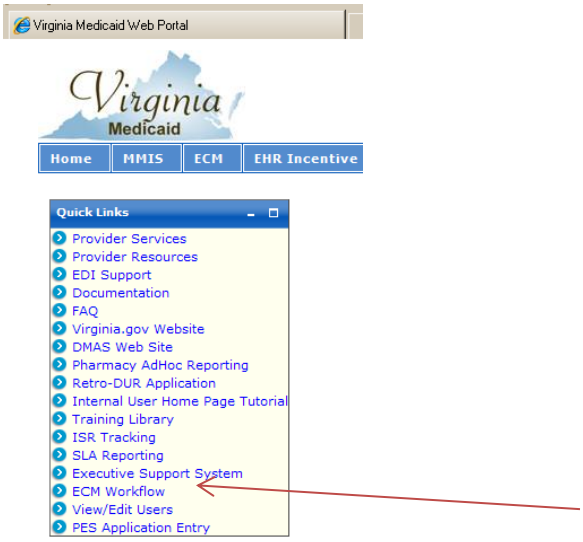
13. The copy of the redacted form and supporting documentation are used to enter the payments in the credit card tab of the PES Application Fee log and then sent to Document Control to be scanned and indexed.

14. Copies of the payments and backup material will be retained in Financial Services in a secure location.

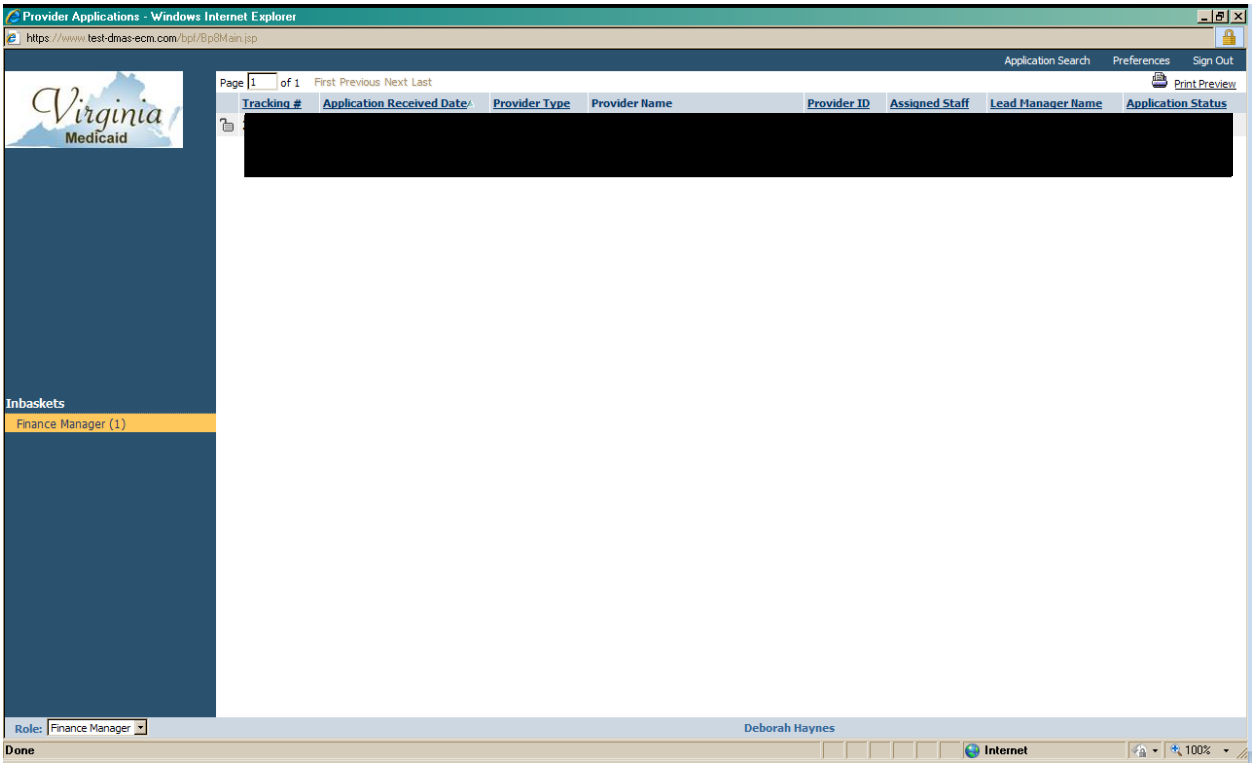
15. The original of the Application Fee Submission form is kept in the vault.

Procedures to Enter Fee Information into Workflow

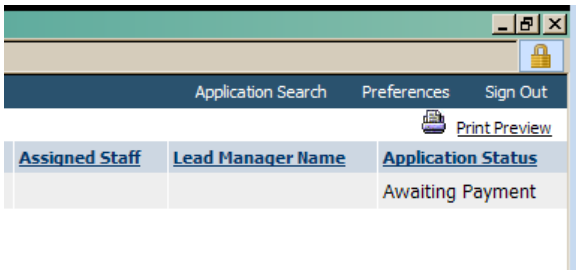
1. Log into the Virginia Web Portal as an Internal User
2. Chose the ECM Workflow option from the menu on the left side of the web page.



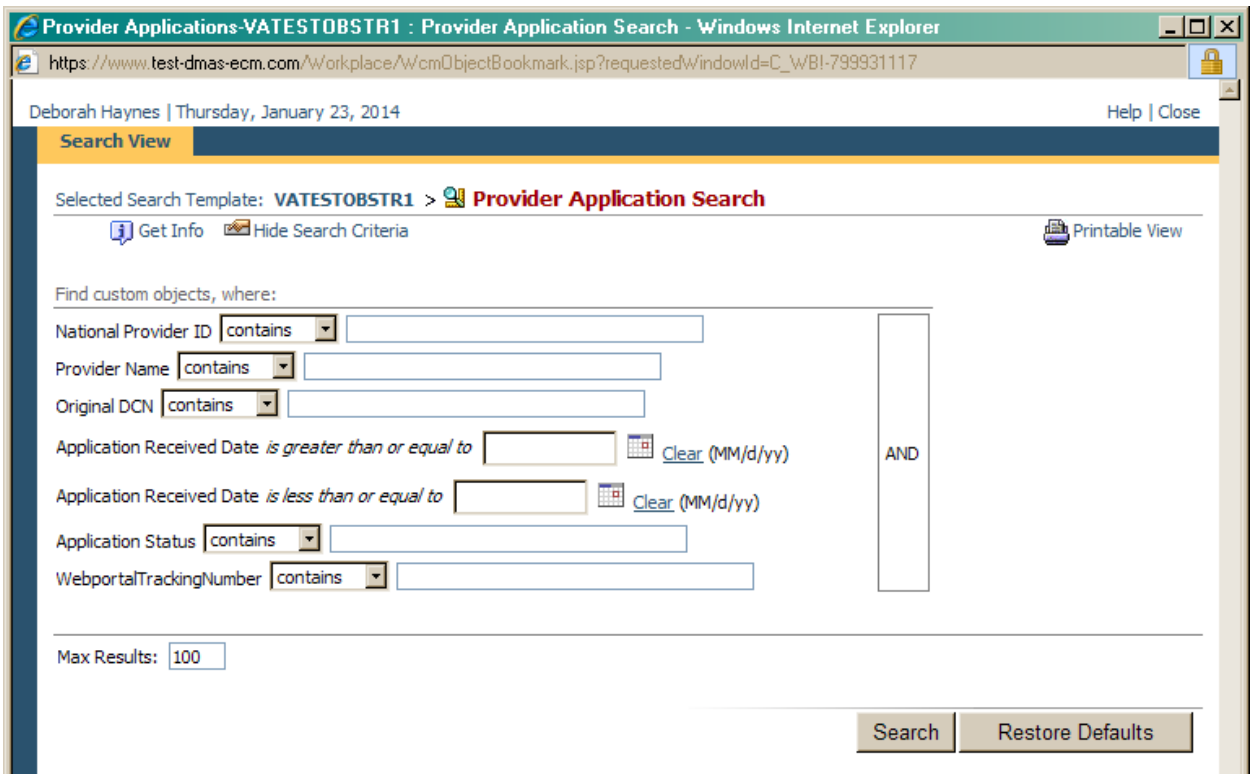
3. The Finance Manager Inbasket will appear on screen


Provider Applications - Windows Internet Explorer
https://www.test-dmas-ecm.com/bpf/Bp8Main.jsp
Application Search
Preferences
Sign Out
Virginia
Medicaid
Page 1 of 1
First Previous Next Last
Print Preview
Tracking #
Application Received Date
Provider Type
Provider Name
Provider ID
Assigned Staff
Lead Manager Name
Application Status
[redacted]
Inbaskets
Finance Manager (1)
Role: Finance Manager
Deborah Haynes
Done
Internet
100%

4. If the application does not appear use the Application Search feature accessible from the upper right hand corner.



5. Enter the criteria that are available to find the status of the application. Work with the PES unit to determine if the payment is needed and if so,



have them send the online application to the Finance Manager Inbasket.

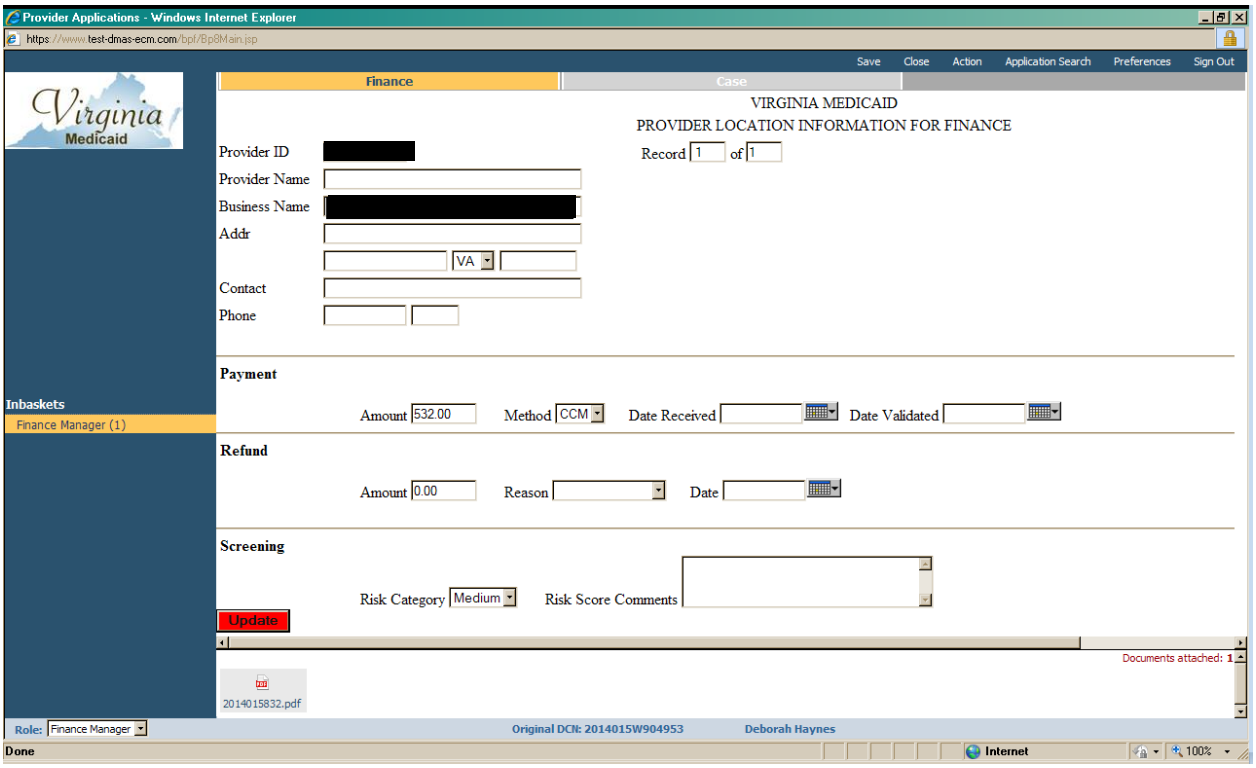
6. It is possible that the application has not been submitted but the check has arrived. Check the PES Application Fee Log against the workflow each day to see if the application is in the Inbasket. Check both the NPI and the ATN for every enrollment or revalidation listed in the queue.

7. Once the application is located in the Finance Manager Inbasket, click on the line showing the application to open the payment screen.

8. Enter the amount of the payment, method received (CKM, check manual), date received and if information that the check has cleared if available.

Note regarding Date fields: Dates may be entered using the calendar button, or may be typed into the field.

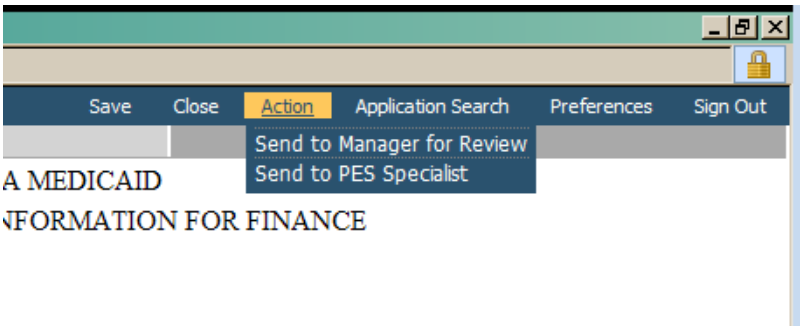
- Type the date in one of the following formats:
  mmddyyyy
  mm/dd/yyyy
  mm-dd-yyyy
  yyyy-mm-dd



- Use the TAB key to move to the next field. Do not use the mouse or ENTER key to move to the next field.

9. If a payment form with credit card information is submitted, follow the same procedure for processing the payment in the Finance Manager Inbasket, except use code CCM (credit card manual). The date the credit card information was received and validated should be the same date.

10. If the check has cleared or the credit card has been approved, go under Action in the upper right hand corner. Choose Send to PES Specialist. This sends the application to be processed by the PES unit.



11. If there is an issue with a payment, the application can be sent to the Manager for Review. Send applications over 30 days old to the Manager Inbasket if there does not appear to be a payment forthcoming.

12. In the event that a check does not clear the Treasury's account or a credit card is rejected, a finance associate will contact the provider by phone requesting the funds and document the call in [redacted]. See [redacted].

13. An [redacted] will be created documenting the effort to reach the provider.

Procedure for Refunding Providers

1. Refunds need to be issued if the provider is already active with CMS as a Medicare provider, or if they have paid another state to become active in their Medicaid program. There may also be other less common reasons such as the provider withdrawing their application.

2. Refunds are initiated by the PES Manager or Supervisor using an email in the following format:

<u>Refund Request</u>

Date Received:	09/23/2014 Check by Mail
NPI:	[redacted]
Provider name:	[redacted]
Servicing Address:	[redacted], VA 24603
Tracking:	[redacted]2
Reason:	Please refund, the provider was validated in PECOS. Please route to PES for approval once refund has been completed.

3. The Finance Associate then creates an FN-I-005 form requesting approval for the refund. Attached to the form is the email from the PES Manager or Supervisor and copies of the original payment, either a copy of the check or a copy of the receipt from the credit card sale.

4. The request packet is then sent to:

    a. Rudy Brown, rudy.brown@dmas.virginia.gov

    b. Calsine Pitt, calsine.pitt@dmas.virginia.gov

5. DMAS will send an approval email, which is printed and becomes part of the packet.

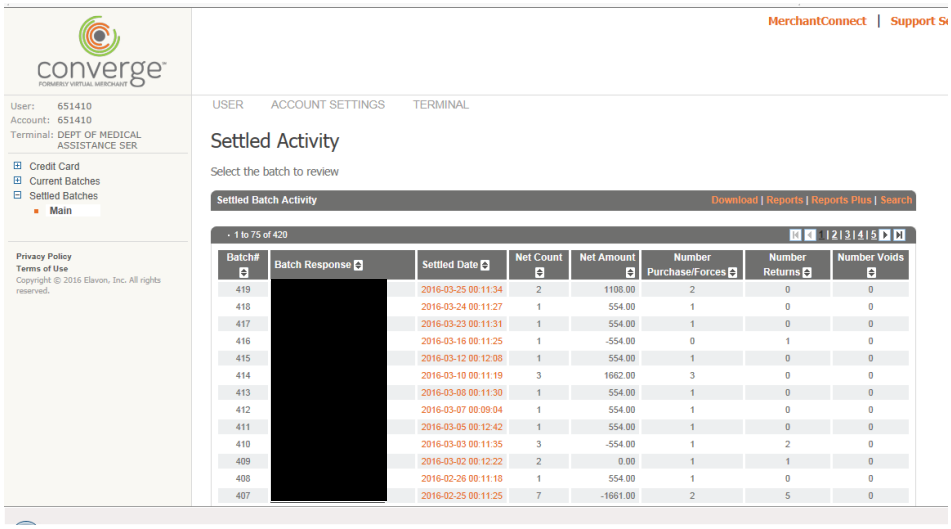
6. If the payment was originally a check, DMAS will have to request a check from the Virginia Treasury. In this case, there is an assumption that the check will be sent. The refund information is entered into the Fees tab in workflow and the application or revalidation is sent to the PES Specialist queue.

7. If the payment was originally a credit card payment, there will have to be a credit card return done by the Finance department.

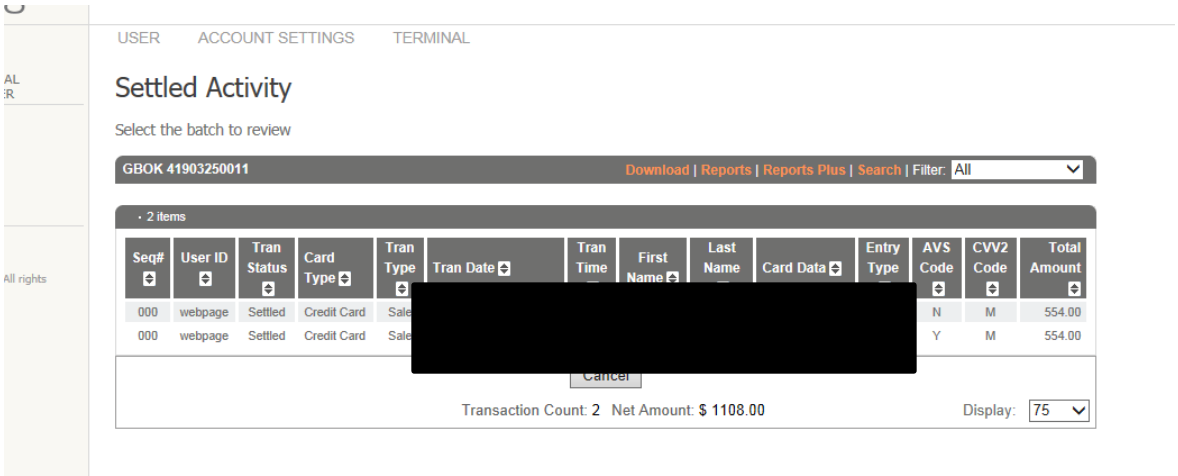
8. Credit card returns are entered into the Elavon system in the vault, with two Finance personnel present.

9. Log onto the Elavon web site www.myvirtualmerchant.com.

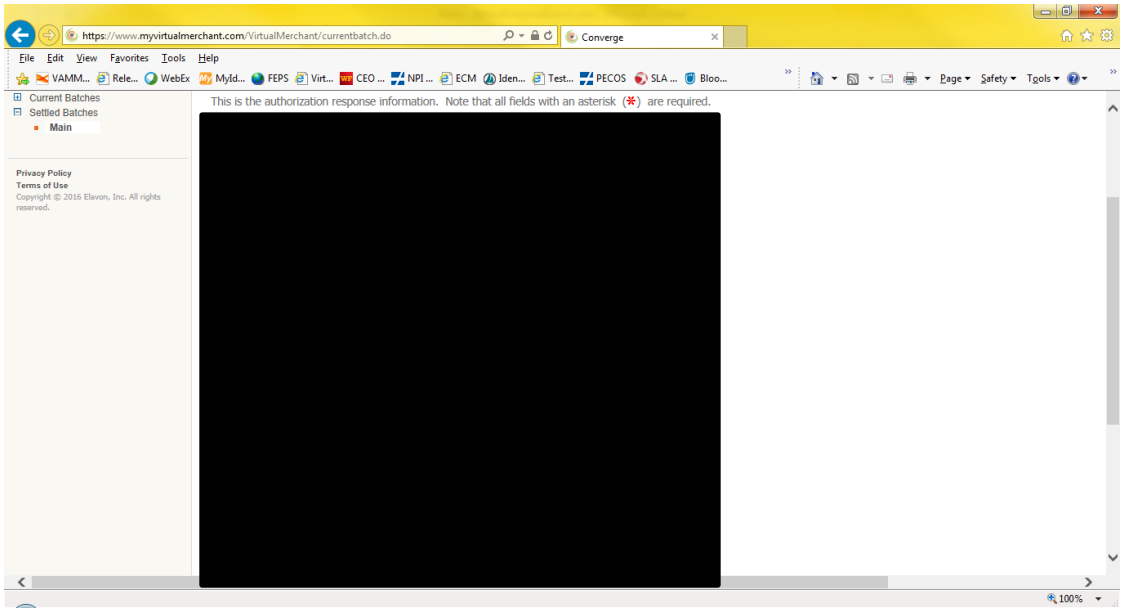
10. Under Settled Batches on the left, choose Main. A list of daily batches that are processed appears.



11. Choose the batch which contains the transaction to refund by clicking on the different colored type under Settled Date. The settled date is the day after the sale was entered.

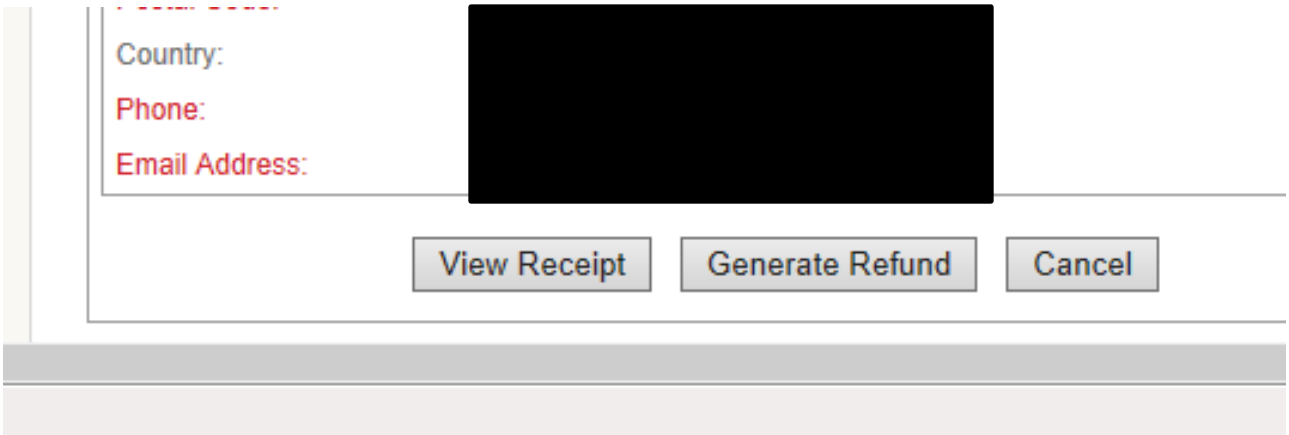


12. A list of the transactions that were settled that day appears. Under Card Data, click on the number corresponding to the transaction you wish to refund.

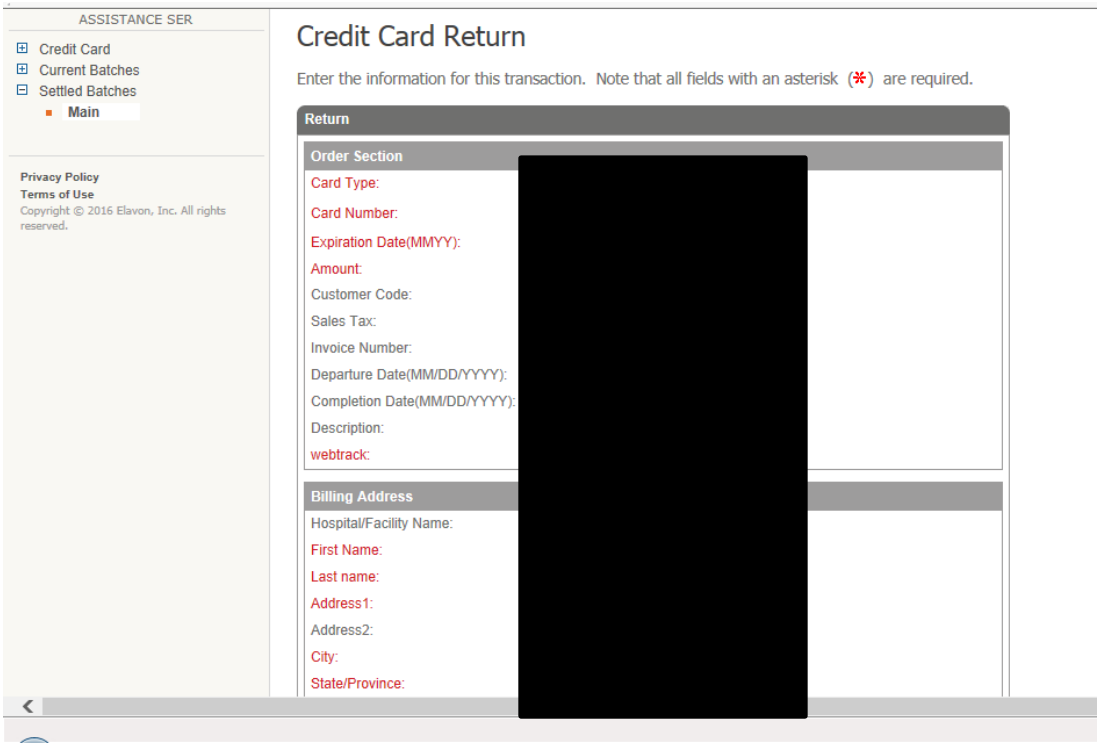


13. Double check that the Approval Code on the record corresponds with the Approval Code on the original sale. Several payments can be made using the same individual's card but are associated with different providers.

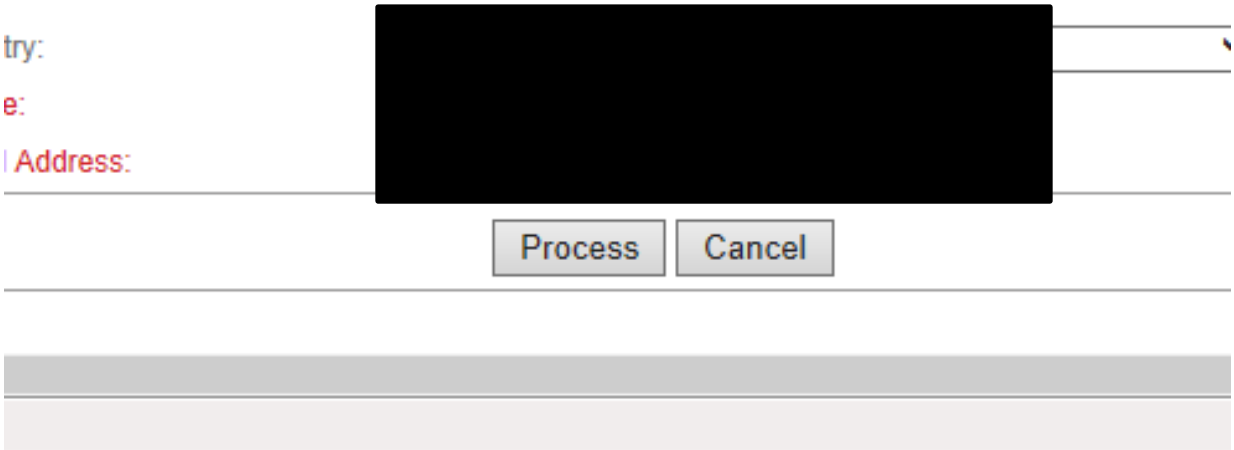
14. Scroll to the bottom of the screen. An option to Generate Refund button will appear. Click on the button.



15. A Credit Card Return screen appears.



16. Push the button at the bottom of the screen to Process the refund.



17. Push the button in the next screen that says Update

18. If the return is accepted, an approval appears on the screen. The screen can be printed using the browser. Add the print out to the relevant packet of papers and send to back end scan.

19. In ECM Workflow in the providers application or revalidation screen enter the amount of the refund, the reason for the refund and the refund date.

Note regarding Date fields: Dates may be entered using the calendar button, or may be typed into the field.

- Type the date in one of the following formats:
  mmddyyyy
  mm/dd/yyyy
  mm-dd-yyyy
  yyyy-mm-dd

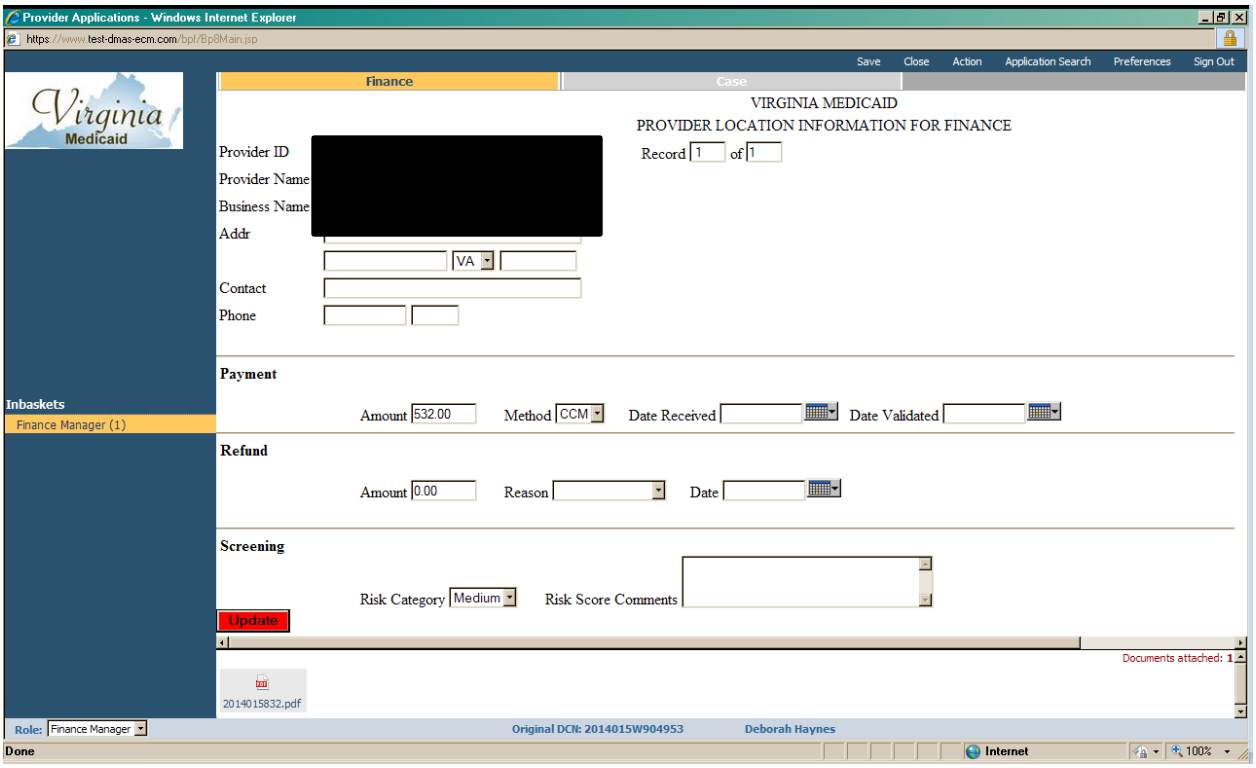
- Use the TAB key to move to the next field. Do not use the mouse or ENTER key to move to the next field.

20. Go under Action in the upper right hand corner. Choose Send to PES Specialist. This sends the application to be processed by the PES unit.

Use extreme care to ensure that any credit card numbers whether on originals, paper copies or electronic copies, are not available to individuals without a business need. If there is a business need, dual control must be maintained.

21. The refund's supporting documentation is sent to Document Control to be scanned and indexed.

22. A new line in the PES Application Fees Log under Checks or Credit Card tab is created with a negative amount and the Status of Refunded.



Procedures for Voiding a Payment

1. Payments are received, but not processed, awaiting the decision from the PES Department on whether a fee is required or not.
2. If no payment is required, the Case tab in the ECM Workflow will read either:
    a. “Provider found in PECOS, please void payment” with the PES Specialists initials who has researched the application or revalidation, and the date of the determination.
    b. “Provider paid another state’s Medicaid program, please void payment” with the PES Specialists initials who has researched the application or revalidation, and the date of the determination.
3. An email will also be sent by PES in the below format:

Void/Request

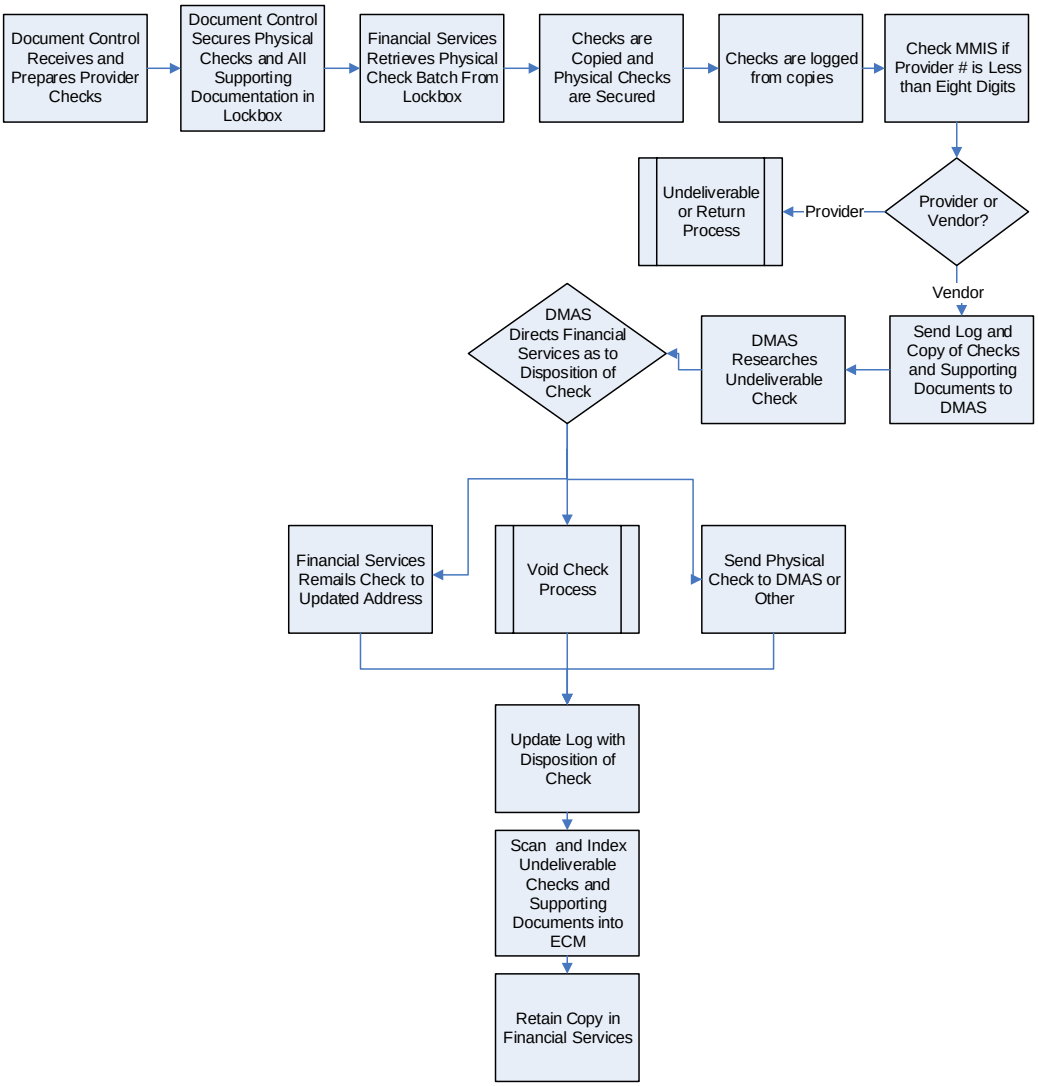
Date Received	09/23/2014	Check by Mail
NPI	[redacted]	
Provider name	[redacted]	
Servicing Address	[redacted]	
24603		
Tracking	2[redacted]	
Reason	[redacted] not process, the provider was validated in PECOS. Please update payment log to reflect the void.	

4. The Finance Associate will call the Provider and let them know that a payment is not necessary.
5. Their credit card will not be charged or their check will be voided.
6. If the payment is a check the Associate will ask if the provider would like the voided check sent back to them or have it remain here.
7. [redacted] is created in [redacted] to document the conversation.
8. A copy of the email from PES, and the [redacted] are back end scanned.
9. The status of the payment in the PES Application Fees log is changed to Voided Check or Not Processed if the payment is credit card information on a form.

10. If the provider paid online a refund will be required because the payment has already been processed.

2.4.5 HIPP and Other Checks

Periodically, the Post Office or recipients return HIPP program checks or other program checks.



2.4.5.1.1 Procedure:

1. Mail will be opened in Document Control. Checks and their accompanying documents will be placed in a lockbox in the Document Control area, along with a report of the checks received for that day. Please see the Document Control Procedures Manual for detailed procedures.

2. Financial Services will retrieve the checks, documentation, and report under dual control. The report will be compared to the checks to ensure accuracy. Copies will be taken of the checks to be scanned and emailed to DMAS. The checks will then be secured in the vault area.
3. The checks will be logged onto the HIPP and Other Checks Log from the copies. A comparison of the log and the copies will be done to ensure accuracy. Please see Appendix B, Section 3.2 for an example of the HIPP and Other Checks Log.
4. The “Days Old” column is a formula that calculates how old a check is from today. If this number is over 180 days, the check may be or may about to be voided as stale. Do NOT remail this check. Treat this as a void and follow the Void procedures.

5. The checks are scanned and sent via email to the following:

   [redacted].gov

6. The following personnel can direct the disposition of the checks; type of checks they are authorized to direct are noted in ( ):

   Tiaa Lewis, HIPP/Buy-In Supervisor (HIPP)

   Letitia Bracey, HIPP staff, HIPP Unit (HIPP)

   Carol Chiappa, HIPP Manager, HIPP Unit (HIPP)

   Nyeta Goodall, HIPP staff, HIPP Unit (HIPP)

   Robin Lee, HIPP Supervisor (HIPP)

   Melissa Goggins, Manager, FAMIS Unit (FAMIS)

   Mike Harlow, Accounting Manager, Fiscal Division (ADM-Provider 107)

   Donald Foreman, Supervisor, Fiscal Division-Cashiering Unit (HIPP & FAMIS Voids)

   Toni Ricks, Fiscal Technician Senior, Fiscal Division (All Types - Void Reissue, Bank Void & VaMMIS Void)

   Rudy Brown, Accounting Manager, Fiscal Division (All Types)

   Karen Stephenson, Director, Fiscal Division (All Types)

7. If directed by DMAS or the recipient, void the check. See Section 2.5

8. If directed by DMAS, send the original check to DMAS in a locked bag with a custody receipt for delivery by courier.

9. If directed by DMAS, remail the check. To remail the check, the Associate prints an envelope or a label for a #10 envelope or a label for a 9”x11” envelope if the material to be mailed is greater that fits in a #10 envelope.

10. Typing the address in a Microsoft Word document or copy from the DMAS email:

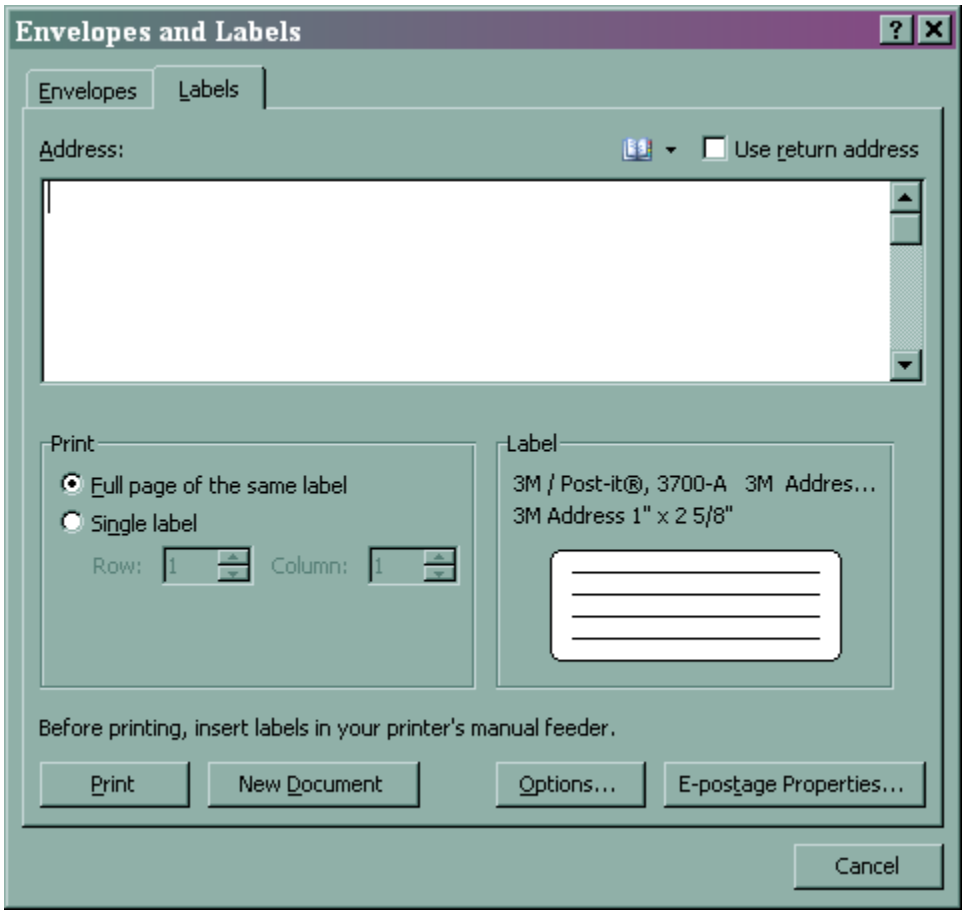
    a. Click on the Mailings tab.

    b. Click on Envelopes or Labels depending on what is to be produced.

    c. Type the name and address as it should appear on the envelope or label in the box.

    d. Print the envelope or label.

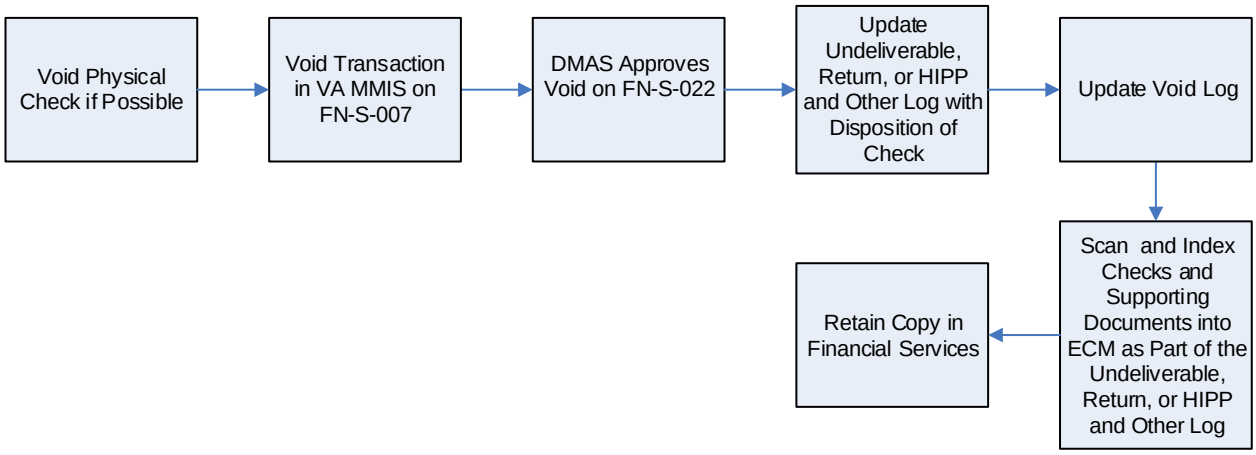
    e. The printer will first print a cover sheet and then ask for the label sheet or envelope to be placed in the bypass tray. These are placed in the tray face down. Follow the directions on the printer screen to identify whether a label or envelope is being printed.



11. In the vault, one associate pulls the check or checks to be remailed and matches them to their respective envelopes. The other Associate in the vault checks that the proper check is matched to the correct envelope, stuffs the envelopes and seals them.
12. The copy of the checks and supporting documentation are sent to Document Control to be scanned and indexed.

2.5 Voiding a Check

As described in the other sections of this chapter, there are several conditions which warrant the voiding of a check. Though the reasons may vary, the process is essentially the same.



Voids may occur when a provider returns a check that is clearly marked void across the face of the check or specifies the return of the funds to DMAS in accompanying documents.

Voids may occur when Provider Enrollment (PES) cancels a provider because they cannot find a current address for the provider. See the PES procedure manual for specifics on researching return mail.

Voids will also be requested by DMAS using the FN-I-005 Form in order for [redacted] to enter the data into the MMIS. All void requests received from DMAS are forwarded to Finance, who immediately begins processing the request.

Some requests from DMAS will not only include a void but the issue of a paper check as well. If the reissue is immediate, codes 6100 -- Void and Reissue and 6101 EFT Void and reissue are used. This type of manual check is covered under the Manual Issue section 2.2. If the reissue is not immediate, code 6600 (for checks) and 6601 (for EFTs) is used and will result in a new check being produced as part of the next weekly cycle. DMAS will specify which code is to be used on Form FN-I-005.

The following people may request voided checks. In the event of their absence, their designee may make the request. If a particular person no longer fills a position, the person currently filling the position may make the request.

DMAS Personnel Able to Authorize Voided Checks:

Tiaa Lewis, Buy-In Supervisor, HIPP Unit (HIPP) – Only typed approval required

Rudy Brown, Accounting Manager, Fiscal Division (All Types)

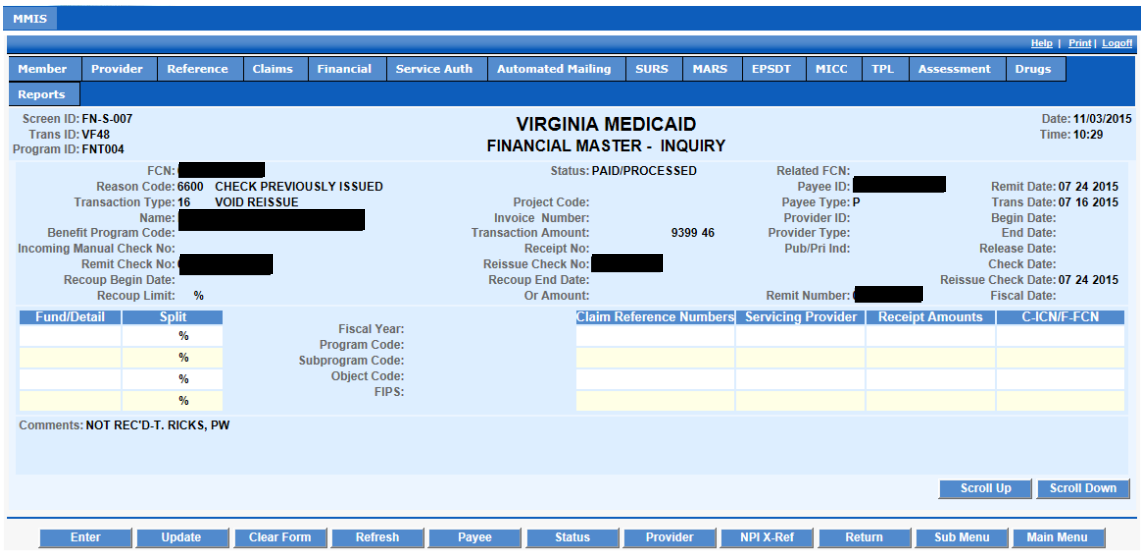
Karen Stephenson, Director, Fiscal Division (All Types)

2.5.1.1 Procedure for Voiding Check:

1. Stamp VOID on the original check if it is in the vault.
2. Key the Void Check transaction on the MMIS Financial Master Maintenance screen (FN S 007). Refer to the Financial User Manual for access and keying instructions, and field definitions.
3. In the Comments field, enter the reason for the voided check, along with the enterer's first initial, last name, and phone number, for easy reference if there is a question about the transaction.

Code	ANSII	Trans Type	A/V	User	Reason Code Description
STOP PAY REASON					
6000	NA	06	V	D	Missing Check
6001	NA	06	V	D	Possible Incorrect Payee
6002	NA	06	V	D	Possible Fraud
6003	NA	06	V	D	Other
6004	NA	06	V	D	Voided Over 180 Days
6005	NA	06	V	D	HIPP and Vender Voids
6600	NA	06	A	D	Check Previously Issued, will reissue with next cycle
6601	NA	06	A	D	EFT Previously Issued, will reissue with next cycle

4. Provider Undelivered checks are entered as 6001.
5. Returned Provider checks are entered as 6003.



6. HIPP and other non-provider checks are entered as 6005.
7. A provider check that is voided and will be reissued in a future pay cycle is entered as 6600.
8. An EFT amount that was rejected by the bank and will be reissued in a future pay cycle is entered as 6601.

9. If the Reason Code for the void is unclear on the paperwork sent from DMAS, tell the Finance Manager.
10. DMAS approves void using FN-S-022.
11. Note void on appropriate log (Undeliverable, Return, HIPP and Other).
12. Note void on Stop/Void log. See Example in Appendix B, Section 3.2.
13. A stop payment needs to be done on [redacted] as outlined in the next section.

2.5.1.2 Procedure for Stop Payment at [redacted]:

[redacted] Access the [redacted] online banking through the web browser. [redacted]

[redacted] Initiate Stop Payments [redacted]

3. Choose the account ending in 3053 in the drop down box labeled Accounts.
4. Enter the check number in the box labeled Check #. Then click the red Search button.
5. A screen will appear with the status of the check.
6. If the check has been paid, it cannot be stopped. Click on the small square next to the check number. A check mark will appear. Click on the red button Request Images.

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

2.6 Positive Pay

[redacted] uses [redacted]'s Positive Pay system as another layer of security against fraud. As checks are issued the number and amount of each check is

sent electronically to [redacted]. The weekly check run is sent as a file to [redacted]. Manual checks are entered into the [redacted] as part of the Manual check process. When a check is presented to [redacted], the number and amount are compared to the number and amount of checks in their system. If no match is found, a Positive Pay item is generated.

2.6.1 Procedures:

[redacted]

[redacted]

[redacted]

5. [redacted]

[redacted]

because the check has been voided, is over 180 days old and has staled, has already been paid or is being presented for the wrong amount. Print the VAMMIS screen showing the check for inclusion in the packet about the Positive Pay.

6. Look up the check number in ECM. Print the most relevant ECM information. This would be the image of the original check or the void paperwork. Include this information in the packet about the Positive Pay.
7. Search for the check on the [redacted] web site. If the web site shows the check paid, stopped or cancelled, print the screen or report that shows this and include it in the packet.
8. If unsure of whether to pay or not, check with the Finance Manager.

[redacted]

15. Once the packet is complete, it is backend scanned and filed in a secure location.

2.7 Federal Tax Notices

2.7.1 1099-MISC's

1099-MISC forms are income tax documents that are sent to all providers indicating their Medicaid health care income for the calendar year. See Appendix B, Section 3.2 for an example of a 1099-MISC.

[redacted]

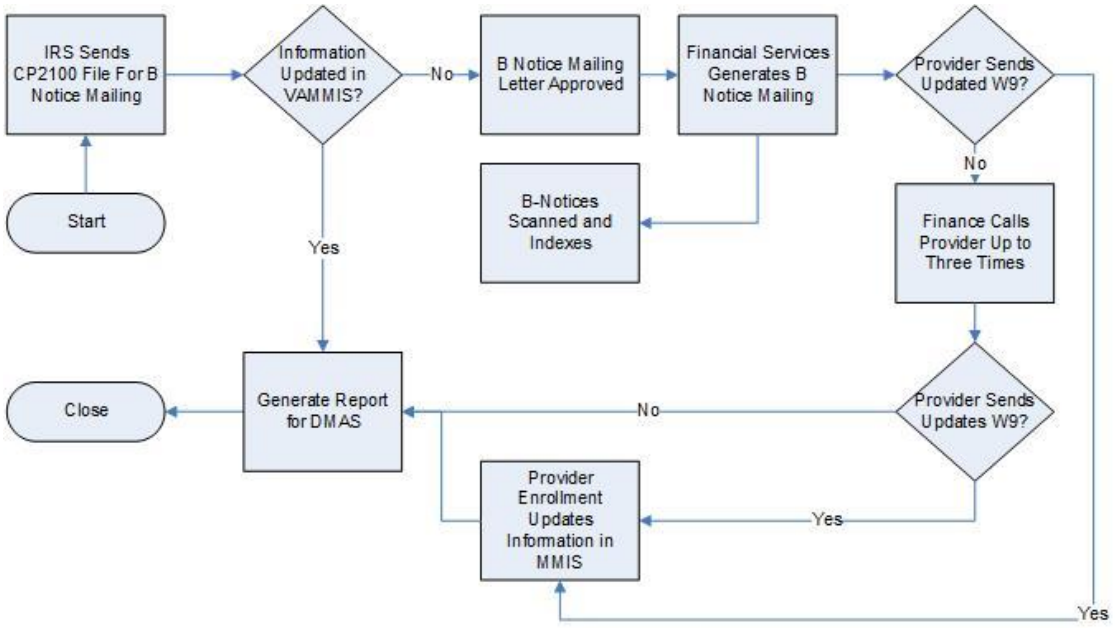
2.7.1.1 Procedure:

1. The amounts on the 1099s are generated from the MMIS system.
2. 1099s are produced for providers who were paid $600.00 or more for that tax year or according to IRS current regulations.
3. The file is audited by the Finance Services Unit and DMAS. Please see Appendix 3.1 for FN-O-021 1099 Providers Paid Report used for comparison.
4. Once approved, the file is sent to [redacted] for printing and mailing.

5. Self-seal perforated tab envelopes are the format for 1099s, subject to DMAS approval. An example of a past 1099-MISC is included in Appendix B, Section 3.2
6. 1099's must be postmarked by January 31 each year, or face possible penalties from the IRS. If January 31 falls on a Sunday, follow IRS guidelines for the postmark deadline.
7. Provider Enrollment is responsible for 1099's returned undeliverable and 1099 copy requests from providers. Refer to the Provider Enrollment Services Manual for detailed procedures.
8. Any provider questions regarding a discrepancy in the amount will be researched, referred to DMAS and any changes will be at their direction.
9. No 1099s will be issued for situations where a provider is asking that income be reallocated between two entities unless directed to by DMAS.
10. [redacted] will file copies of the 1099 forms sent to providers with the IRS electronically using the IRS's FIRE system, as proscribed by IRS regulations.
11. The Print and Mail facility, in addition to printing and mailing the 1099-MISC forms by January 31, will also provide an indexed electronic copy of the forms so that they may be loaded into the ECM.
12. . A checklist has been developed for the 1099 process, delineating tasks and responsibilities to ensure efficient production of the yearly 1099s. Please see the Appendix Section 3.2

2.7.2 B Notices

A B Notice is a notice from a payer to a payee telling the payee that the tax ID and name that they have on file with the payer do not agree with what the IRS has on file for the payee.



2.7.2.1 The CP2100 or CP2100A Notice

CP2100 and CP2100A notices are notices that inform DMAS that there is missing or potentially incorrect taxpayer identification numbers identified during the processing of Form 1099 information returns. It is accompanied by a listing of missing or incorrect payee TINs. Large volume filers (250 or more erroneous documents) receive the CP2100 electronic notice, while all other filers receive the CP2100A paper notice.

This notice is usually received by DMAS by in October. The file may be sent to [redacted] as the filer. If the file is received by [redacted] a copy of the file will be sent to DMAS.

2.7.2.1.1 "Incorrect" Taxpayer Identification Number

A taxpayer identification number is considered "incorrect" whenever the TIN is displayed in the proper format but (1) the Name/TIN combination does not match, or (2) the TIN cannot be found in the files of the IRS and/or the Social Security Administration.

2.7.2.1.2 "B" Notice

2.7.2.1.2.1 Procedure:

1. Create a spreadsheet listing the tax id, name, NPI, street address, city, state and zip.
2. Check for updates in the PES record in VAMMIS. Compare with the documents in ECM to check for typos.
3. [redacted] will submit to DMAS examples of B Notices before they are sent so that DMAS may approve in a timely fashion so that approval of the letter will occur in time for the IRS deadlines.

4. For those without updates, create first “B” Notice using the spreadsheet and Mail Merge.
5. [redacted] will mail “B Notices” as required by the IRS each year, currently within 15 days of receiving the CP2100 or CP2100A Notice. Also included is a Form W-9 and the envelope is marked “Important Tax Information Inside”.
6. A copy of the notices will be retained in the ECM system and indexed for retrieval.
7. Record date letter was mailed on the spreadsheet.
8. As W-9 forms are returned, update the spreadsheet, entering the date the W-9 was returned. Even if there are no changes, note the date that the form was received.
9. After ten days, call providers who have not responded to the mailing, using [redacted] to document calls.
10. Enter the [redacted] number into the spreadsheet.
11. At least 3 calls will be made to try to update the information.
12. Update the spreadsheet as needed, especially noting any providers who have been terminated or are not active.

Example of B Notice

August 3, 2015

First B Notice
IMPORTANT TAX NOTICE ACTION IS REQUIRED
Backup Withholding Warning!

WE NEED A FORM W-9 FROM YOU BEFORE: December 12, 2014. Otherwise backup withholding will begin on December 18, 2014.

Provider Identification Number: [redacted]
Current Name on Account: [redacted]
Current Taxpayer Identification Number on Account: [redacted]

Dear Provider:

The Internal Revenue Service (IRS) has notified us that the taxpayer identification number (TIN) on your account with us does not match their records. The IRS considers a TIN as incorrect if either the name or number shown on an account does not match a name and number combination in their files or the files of the Social Security Administration (SSA). If you do not take appropriate action to help us correct this problem before the date shown above, the law requires us to backup withhold on interest, dividends, and certain other payments that we make to your account. The backup withholding rate is 28% (twenty eight percent). In addition to backup withholding, you may be subject to a $50 (fifty dollars) penalty by the IRS for failing to give us your correct Name/TIN combination. This notice tells you how to help us make your account records accurate and how to avoid backup withholding and the penalty.

Why Your TIN May Be Considered As Incorrect.

An individual's TIN is his or her social security number (SSN). Often a TIN does not match IRS records because a name has changed through marriage, divorce, adoption, etc., and the change has not been reported to SSA, so it has not been recorded in SSA's files. Sometimes an account or transaction may not contain the correct SSN of the actual owner. For example, an account in a child's name may reflect a parent's SSN. (An account should be in the name and SSN of the actual owner.

What You Need to Do for Individuals

If you have never been assigned a social security number (or if you lost your social security card and do not know your SSN), call your local SSA office and find out how to obtain an original (or a replacement) social security card. Then apply for it. If you already have a social security number: Compare the name and SSN on your account with us (shown at the beginning of this

2. The SSN on your account is different from the SSN on your social security card, but the last name is the same	2. Put your name and SSN, as shown on your social security card, on the enclosed Form W-9, following the instructions on the form, sign it, and send it to us. Your do not need to contact SSA.
3. The last name on your account is different from the last name on your social security card, but the SSN is the same on both.	3. Take one of the following steps (but not both): (a) If the last name on your account is correct, contact SSA to correct the name on your social security card. Put your SSN and name shown on your account on the enclosed Form W-9 following the instructions on the form, sign it, and send it to us. However, if you are not able to contact SSA at this time, you can provide us with both last names. Put your SSN and the name shown on your social security card plus the last name shown on your account (in that order) on the enclosed Form W-9 following the instructions on the form, sign it, and return it to us. For example, if your social security card lists your maiden name, give us your SSN and your name in the following order: First/maiden/married name. Please note, however, that you should contact SSA as soon as possible so they can correct their records. (b) If the last name on your social security card is correct, put that name and your SSN on the enclosed Form W-9 following the instructions on the form. Sign it, and return it to us. You do not need to contact SSA.

4. Both the last name and SSN on your account are different from the last name and SSN on your social security card	4. (a) If the last name and SSN on your social security card are correct, put that name and SSN on the enclosed Form W-9 following the instructions on the form. Sign it, and send it to us. You do not need to contact SSA. (b) If the last name on your account and the SSN on your social security card are correct, follow the procedure in section 3(a) above. Be sure to put the name shown on your account and the name on your social security card on the Form W-9.

Once you have resolved what your correct name and TIN combination is, you must provide this information to us (and all your other payors) for all of your accounts to avoid a problem in the future. If you are required to visit an SSA office, take this notice, your social security card, and any other related documents with you. Information regarding what documentation is needed to update information with the Social Security Administration is available at ssa.gov.

Instructions for Non-individuals and Certain Sole Proprietors

For most non-individuals (such as trusts, estates, partnerships, and other similar entities), the TIN is the employer identification number (EIN). The EIN on your account may be incorrect because it does not contain the number of the actual owner of the account. For example, an account of an investment club or bowling league should reflect the organization's own EIN and name, rather than the SSN or name of a member. Please put the name and EIN on the enclosed Form W-9, sign it, and send it to us.

A sole proprietormust furnish his or her individual name and either his or her SSN or EIN for his or her sole proprietorship. In addition to his or her individual name, the sole proprietor may also furnish the business name for the sole proprietorship, provided his or her name is listed before the business name. A sole proprietor must not furnish only the business name. Please put the individual name and SSN or EIN on the Enclosed Form W-9, sign it and send it to us.

Important reminder!

You must send us a signed IRS form W-9 before the due date of this notice even if the name and number (SSN or EIN) on your account with us match the name and number (SSN or EIN) on your social security card or the document issuing you an EIN. If we do not receive your Form W-9, and any other documents that we need to change the name or TIN (or both) on your account before the deadline above, we are required by law to backup withhold on any reportable payment that we pay to your account until we receive the necessary documents. A Form W-9 is enclosed for your convenience as well as any additional documents allowing us to change the Name/TIN combination on your account.

Please mail or fax the applicable document(s) by the identified deadline above to:

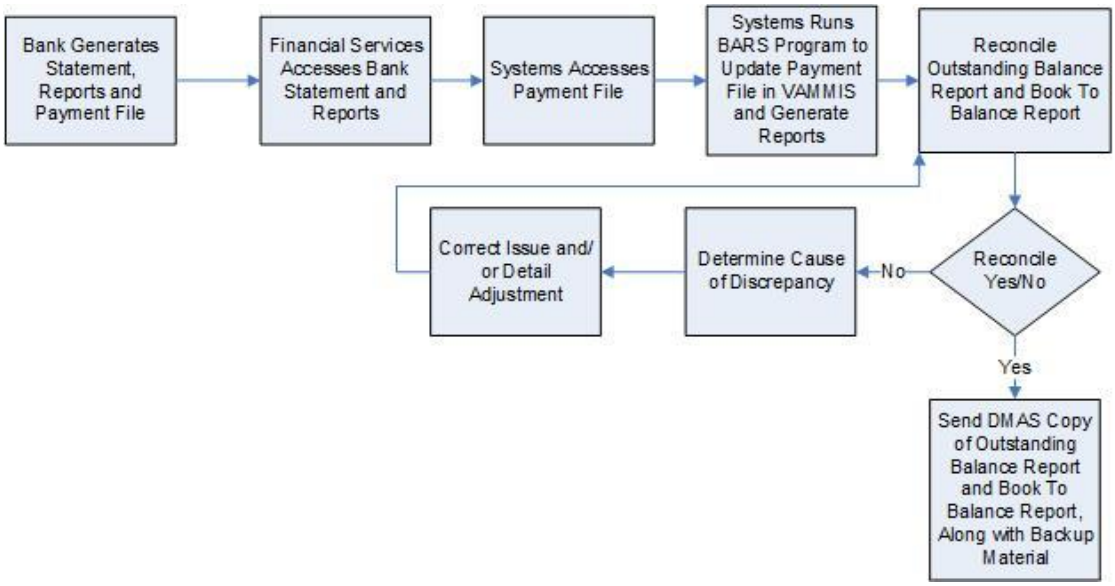
Xerox – Provider Enrollment Services
Post Office Box 26803
Richmond, Virginia 23261-6803
Fax: (888) 335-8476

If you have any questions on this letter, please contact Xerox Provider Enrollment Services at 888-829-5373. Thank you for your immediate attention to this important request. We appreciate your participation in the Virginia Medicaid Program and look forward to your response and continued support of the Program.

Sincerely,

Peter Lubinskas
Director
Division of Program Operations

2.8 Reconciliation



2.8.1 Monthly Reconciliation

A complete reconciliation package is forwarded to Contract Management each month for review. All supporting documentation and work papers are also available to the Agency upon request.

Procedure:

1. Around the fifth of the month, [redacted] posts reports listing unpaid, paid, combined and the float for the previous month for the Medicaid Controlled Disbursement Account on its secure website.

🕐 **SLA: Copy of the Bank Statements is accessible to DMAS Fiscal within three days of receipt.**

2. An ad hoc report called the Float Report is generated by the [redacted]. [redacted] sometime after the 5th and before the 10th. Open the file and check that the file looks correct (i.e. no missing columns or missing percentages) and send to Rob Nesbitt and Patricia Lara. If the file does not arrive, [redacted] See Appendix 3.1 for an example of the Float Report.

3. [redacted] also generates a file which is sent electronically to Systems by the tenth of the month following the close of the month for which the file is generated. This file updates the cleared, voided and outstanding

checks from the previous month. The Financial Services Manager will confirm receipt of the file and coordinate with [redacted] if there are any issues with the file.

4. On the evening of the tenth of the month the BARS program runs and incorporates these updates into the VA MMIS System.

SLA: Process Reconciliation file from the bank by the 10th of the month following the month the file contains.

5. The BARS program produces the following reports:
   a. FN-O-037 BARS Paid Check Report
   b. FN-O-039 BARS Cash Disbursements Journal Report
   c. FN-O-040 BARS Voids and Replacements Journal Report
   d. FN-O-043 BARS Error Report
   e. FN-O-044 BARS Reconciliation Process Summary Report

See Appendix A, Section 3.1 for Examples.

The monthly activity sheet provides the monthly total of all payments issued, voids, stops, stales, etc. See Appendix B, Section 3.2 for an example.

An Outstanding Balance report for the month is generated comparing the VAMMIS and the bank's figures. This report takes the previous month's outstanding balance, adds all system and manual checks issued, as well as bank credit memos for stale checks paid, reversals, any miscellaneous adjustments and subtracts current month's voids, stops, stales purged, checks paid and any bank debit memos, resulting in the new adjusted outstanding balance for the current month. This outstanding balance must match [redacted]'s outstanding balance for the reconciliation to be considered complete.

The BARS FN-O-043 report lists checks that have errored out of VAMMIS so their status has not been updated on the VAMMIS system. This usually happens when [redacted] accepts a check for payment for the wrong amount. The [redacted] system reverses the check, and then resubmits it.

This causes VAMMIS to think that the check is a duplicate and not allow it to post to VAMMIS as Paid.

After the BARS reports run, enter the checks that show as Duplicate Payments on a spreadsheet and send to Toni Ricks, (Toni.Ricks@dmas.virginia.gov), Rob Nesbit (robert.nesbitt@dmas.virginia.gov), Patricia Lara (Patricia.Lara@dmas.virginia.gov) and Elizabeth Adiele (Elizabeth.Adiele@dmas.virginia.gov). They will update the VAMMIS system to reflect these checks as paid.

SLA: Reconciliation to DMAS, Fiscal Division by end of month following the month the reconciliation is referring.

Please see Appendix B for an example.

NOTE: Each individual total is supported by a specific log, the VAMMIS System, BARS reports, the Monthly Activity Sheet, or the financial institution's reports and statements. Some totals will have multiple support documents.

The other monthly reconciliation report is the Book to Bank Balance Report. The report is divided into two parts.

The first part determines the Book Balance of the current month according to VAMMIS. Added are debits posted on the VAMMIS system for the current month: EFT Rejects, Voids, Stops, Stales and Forgeries/Improper Endorsements. Also included in debits is the amount of Checks Paid and EFTs Paid, since these payments trigger a deposit of the same amount in a zero balance account. Finally, the amount of checks outstanding is added, because these checks have not yet been presented as a credit to the account.

Next the balance of credits on the account is determined from information from VAMMIS. The credit figure is composed of the previous outstanding balance, system checks issued, manual checks issued, and EFTs issued.

For the Bank Balance the information comes from [redacted]'s reports. The total amount of transfer credits and any misc. credits are added. This is compared to the total of checks paid, EFTs sent, along with any misc. debits.

In almost all cases, the difference in the Bank's credits and debits will be $0.00, as it is a zero balance account. The difference between the Book's debits and credits should also be $0.00 as it should match the Bank balance.

In most cases, any discrepancy between the book balance and the bank balance are explained by timing. For instance, an EFT file is sent on the 31st of the month, but does not disburse from the bank until the Monday after the 31st, which would be the 4th of the next month. The payment file would be issued in the first month, but the drawdown from the [redacted] for the file would not be received until the next month.

Whatever the cause for any discrepancy, an explanation will be added to the appropriate reconciliation report, detailing the specific transactions involved.

Please see Appendix B for an example.

2.8.2 Annual Reconciliation

Annual reconciliations will follow the same format as the monthly reconciliations; however they will contain 12 months' worth of data.

SLA: Year-end reconciliation is to be done by February 28 following the accounting period preceding beginning July 1 and ending 12 months later.

2.9 [redacted]

Requests for information from DMAS or from the Call Center will be recorded using the communication tracking system called [redacted]. Also EFT Rejects will be recorded using the [redacted] system, so that communications with providers or other payees regarding their EFTs can be recorded and accessed by PES or another unit.

2.9.1 Accessing [redacted]

2.9.1.1 Procedure:

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]	
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

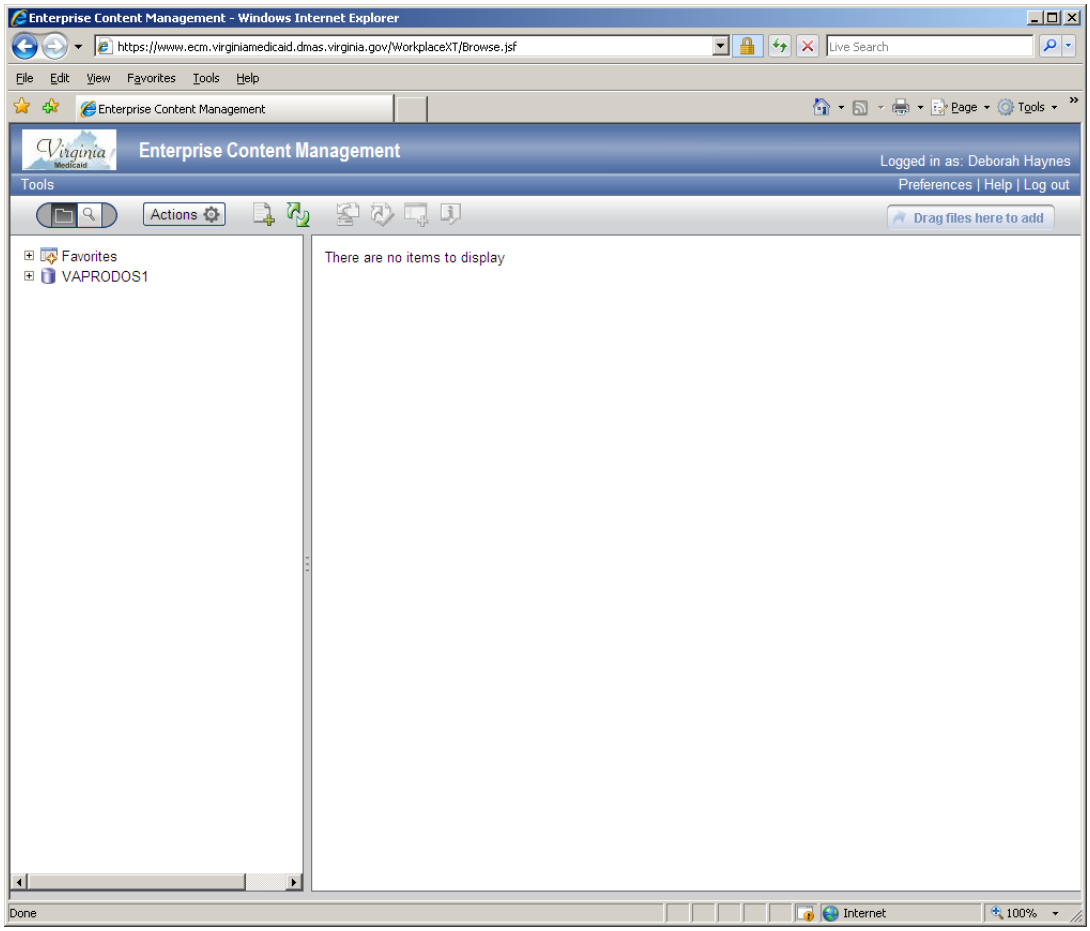
[redacted]

2.10 Indexing

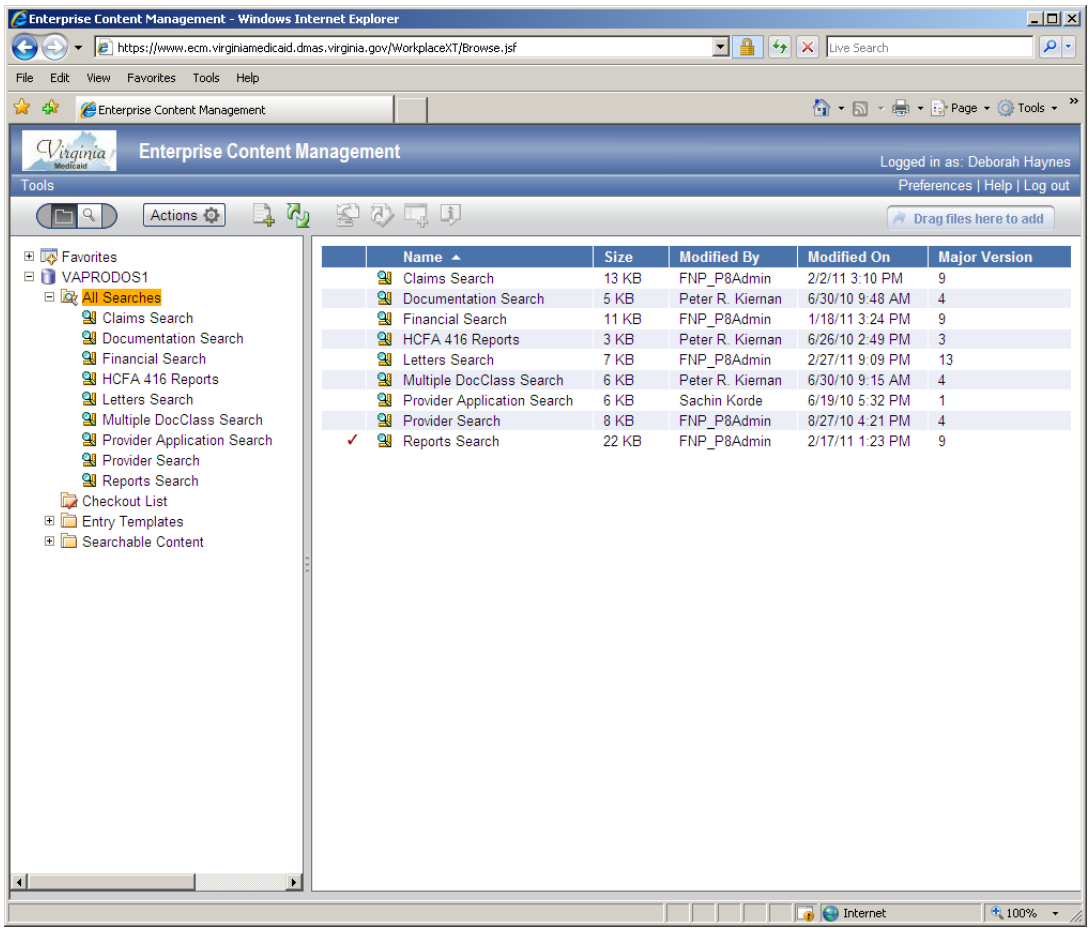
Documents that are scanned for the ECM are given a preliminary index by the indexers in the Claims department. However, further information which is useful when searching for items in the ECM in the future is added by the Finance department. The information added to each document is the information used to locate that document in the ECM, so accuracy is very important. If someone can't find the document, it doesn't matter if it is in the ECM or not.

2.10.1 Procedures:

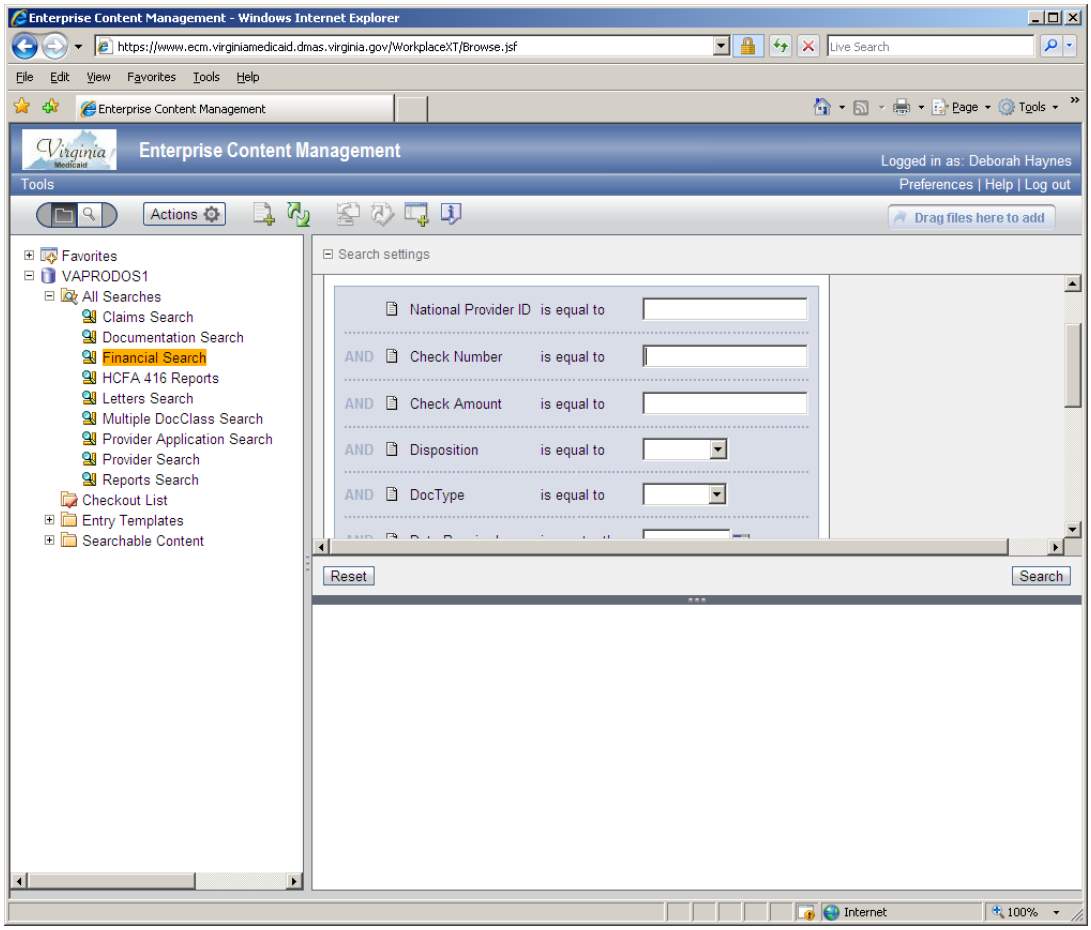
1. Log into ECM through the Virginia Medicaid Web Portal.



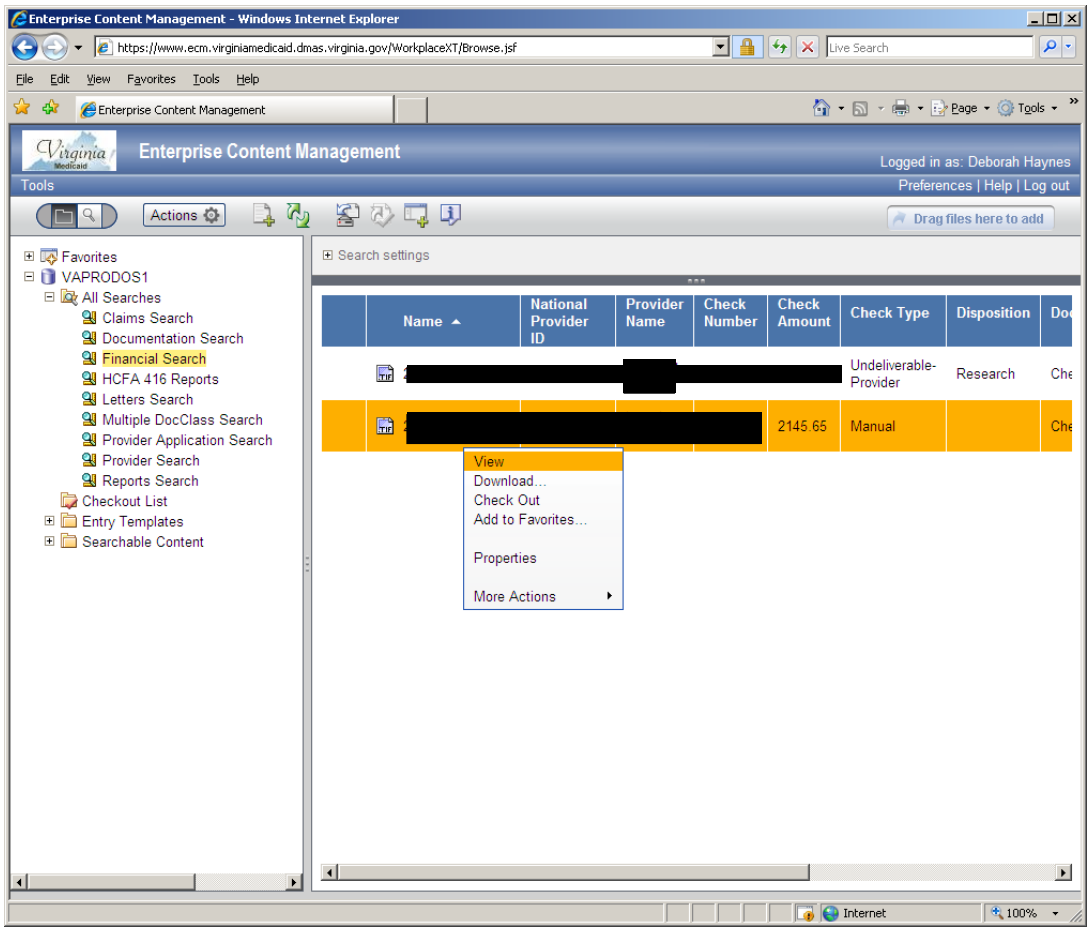
2. Click on VAPRODOS1.
3. Click on All Searches.
4. Click on Financial Search.



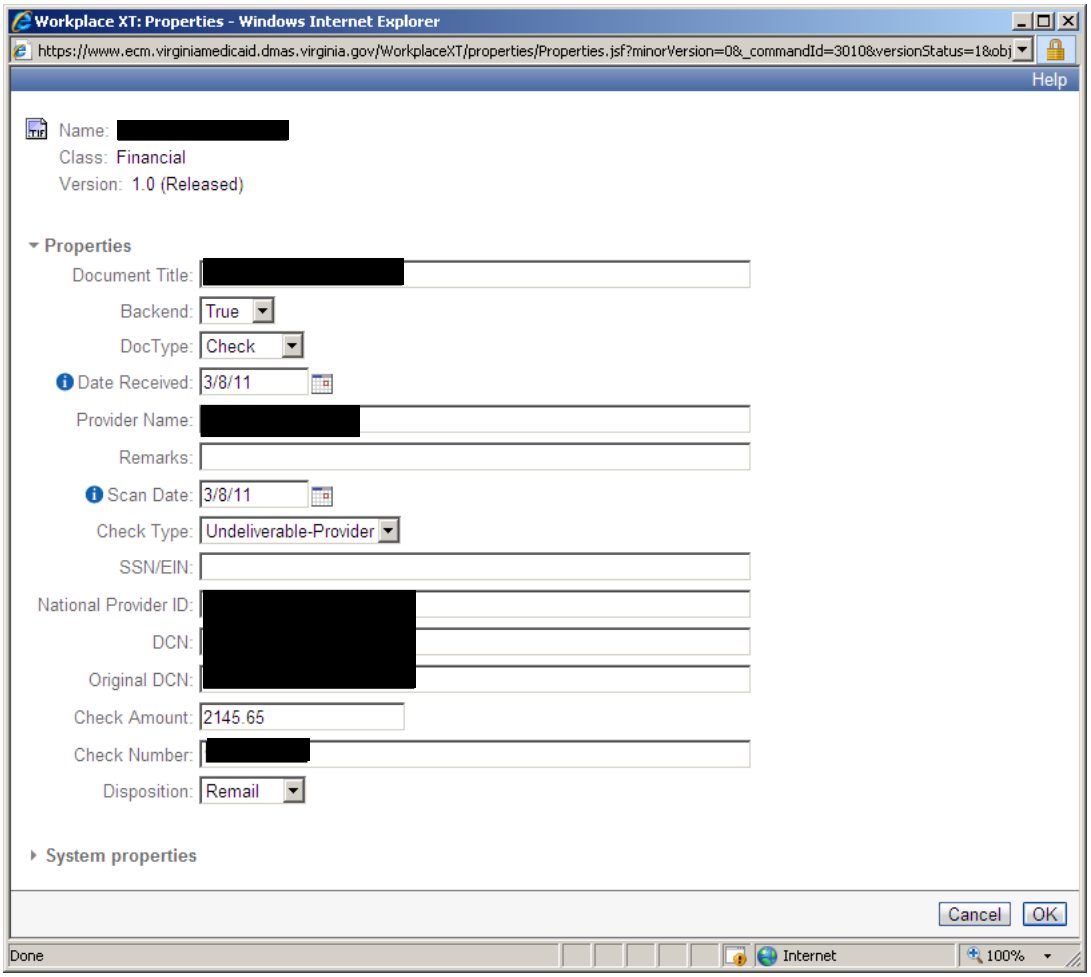
5. Using the information from the original scanned documents, enter the check number or check amount and hit the Search button.



6. Once the list of possible checks appears, right click on the check needed to index.
7. Click on Properties.



8. Enter all the information. The answer to Backend is always True.
9. Click OK.



10. The new information will appear in the list of possible checks.

2.11 Security

Financial Services regards security as one of the most important factors in the day-to-day operations of the department. Strong emphasis has been placed on ensuring every aspect of Financial Services will be protected against any and all improprieties. Dual control, supervisory approval of all processes and restricted access all play important roles and are used extensively throughout this procedure manual. This section will detail the specific security controls utilized in Financial Services.

2.11.1 Department Access

Financial Services is [redacted] within [redacted]'s secure office. [redacted]

[redacted]

[redacted]

2.11.2 Check Vault

[redacted]

[redacted]

2.11.3 Check Printing

Manual check printing is performed within the check vault. [redacted] A minimum of two people will perform the check printing process.

The check printing PC will automatically assign the next available check numbers, which are then logged and initialed by both staff members. The check stock control number is recorded on the same log. Upon printing completion, the printing software is closed, all equipment shut down and the check vault exited.

2.11.4 Mailing of Printed Checks

All printed checks are readied for mailing within the confines of the check processing room under dual control.

2.11.5 Checks received from other Departments

Checks are received in the Mailroom. Handling requirements for each type of check received can be found in the specific procedure section relating to that check. These checks are placed in a lock-box located in the Mailroom. On a regular basis, two Financial Services staff members will retrieve the checks from the lock-boxes and return to Financial Services for processing.

2.11.6 Computers – General Use

All computers used in the VA MMIS project are encrypted [redacted]

[redacted]

2.11.7 Check Printing Computer

[redacted]

2.11.8 VA MMIS

All Financial Services staff members are prohibited from posting to the VA MMIS and have view only access for research purposes with the exception of the VA MMIS Financial Subsystem, for the purpose of entering limited financial transactions. Each employee has their own password.

2.11.9 Review and Approval

All check-related processes performed within Financial Services are internally reviewed and approved to maintain the highest level of accuracy. In addition the VAMMIS QA Operations department reviews the logs and the accompanying paperwork for accuracy. See the QA procedures for additional information on QA procedures for Finance.

2.11.10 Disaster Recovery Plan for Financial Services

The Financial Services disaster recovery plan revolves primarily around the check printing process as DMAS requires manual checks to be printed within twenty-four hours of request. This plan allows the Financial Services department to be operational in regards to check printing within approximately 24 hours should a disaster occur.

1. In case of power failure, the check printing computer and printer are connected to a UPS system with generator backup.
2. All files and logs are backed-up nightly and data is stored offsite permitting recovery of files.

3 Appendices and Supporting Documents

3.1 Appendix A – Reports

Following are examples of reports used in the Financial Services Unit.

3.1.1 Balancing Report: CP-O-006-01, Disposition of Claims

SAMPLE

Disposition of Claims

Output Number
CP-O-006-01

```
CPR301                          VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                REPORT NO: CP-O-006-01
AS OF MM/DD/CCYY                                                                                   PAGE NO: 22,329
RUN DATE: MM/DD/CCYY HH:MM
(1)                                   DISPOSITION OF CLAIMS
                                      TOTALS BY CLAIM TYPE
TYPE   DESCRIPTION                (2)                          (3)  COUNT      (4)        CHARGES    (5)        PAYMENT
-----  ------------------------------------------------------  ---------------  ---------------------  ---------------------
XX     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                APPRVD ORIGINALS ==========  ==============.==  ==============.==
                                                               TRANS            ==========  ==============.==  ==============.==
                                                               DENIED           ==========  ==============.==  ==============.==
                                                               PENDED           ==========  ==============.==  ==============.==
                                                               APPRVD ADJ/VOIDS ==========  ==============.==  ==============.==
                                                               DENIED (30 DAYS) ==========  ==============.==  ==============.==
                                                               ---------------  ---------------------  ---------------------
                                                               TOTAL            ==========  ==============.==  ==============.==
                                                                                  (6)          (7)                (8)
XX     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                APPRVD ORIGINALS ==========  ==============.==  ==============.==
                                                               TRANS            ==========  ==============.==  ==============.==
                                                               DENIED           ==========  ==============.==  ==============.==
                                                               PENDED           ==========  ==============.==  ==============.==
                                                               APPRVD ADJ/VOIDS ==========  ==============.==  ==============.==
                                                               DENIED (30 DAYS) ==========  ==============.==  ==============.==
                                                               ---------------  ---------------------  ---------------------
                                                               TOTAL            ==========  ==============.==  ==============.==

XX     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                APPRVD ORIGINALS ==========  ==============.==  ==============.==
                                                               TRANS            ==========  ==============.==  ==============.==
                                                               DENIED           ==========  ==============.==  ==============.==
                                                               PENDED           ==========  ==============.==  ==============.==
                                                               APPRVD ADJ/VOIDS ==========  ==============.==  ==============.==
                                                               DENIED (30 DAYS) ==========  ==============.==  ==============.==
                                                               ---------------  ---------------------  ---------------------
                                                               TOTAL            ==========  ==============.==  ==============.==

XX     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                APPRVD ORIGINALS ==========  ==============.==  ==============.==
                                                               TRANS            ==========  ==============.==  ==============.==
                                                               DENIED           ==========  ==============.==  ==============.==
                                                               PENDED           ==========  ==============.==  ==============.==
                                                               APPRVD ADJ/VOIDS ==========  ==============.==  ==============.==
                                                               DENIED (30 DAYS) ==========  ==============.==  ==============.==
                                                               ---------------  ---------------------  ---------------------
                                                               TOTAL            ==========  ==============.==  ==============.==

XX     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                APPRVD ORIGINALS ==========  ==============.==  ==============.==
                                                               TRANS            ==========  ==============.==  ==============.==
                                                               DENIED           ==========  ==============.==  ==============.==
                                                               PENDED           ==========  ==============.==  ==============.==
                                                               APPRVD ADJ/VOIDS ==========  ==============.==  ==============.==
                                                               DENIED (30 DAYS) ==========  ==============.==  ==============.==
                                                               ---------------  ---------------------  ---------------------
                                                               TOTAL            ==========  ==============.==  ==============.==
                                                                                  (9)          (10)               (11)
                                                               ---------------  ---------------------  ---------------------
                                                               GRAND TOTAL      ==========  ==============.==  ==============.==

                                                                  ***** END OF REPORT *****
```

3.1.2 Balancing Report: FN – O-016, Weekly Balancing Report

Output Number
FN-O-016

SAMPLE

Weekly Balancing Report

FNW046
As of MM/DD/CCYY
Run Date: MM/DD/CCYY

Virginia Department of Medical Assistance Services
FINANCIAL CONTROL SUMMARY
Week of MM/DD/CCYY

REPORT NO: FN-O-016
PAGE: 999999

BANK: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

	Weekly Dollar Amount	Month to Date Dollar Amount	Current Quarter Dollar Amount	Year to Date Dollar Amount
Original Claims Payment				
Regular Claims	$$,999,999,999.99	$99,999,999,999.99	$99,999,999,999.99	$99,999,999,999.99
Medicare Crossover	$$,999,999,999.99	$99,999,999,999.99	$99,999,999,999.99	$99,999,999,999.99
Mass Adjustments				
Net Positive	$$,999,999,999.99	$99,999,999,999.99	$99,999,999,999.99	$99,999,999,999.99
Net Negative	$$,999,999,999.99CR	$99,999,999,999.99CR	$99,999,999,999.99CR	$99,999,999,999.99CR
Other Adjustments				
Net Positive	$$,999,999,999.99	$99,999,999,999.99	$99,999,999,999.99	$99,999,999,999.99
Net Negative	$$,999,999,999.99CR	$99,999,999,999.99CR	$99,999,999,999.99CR	$99,999,999,999.99CR
Claim Credit/Recoupment Reversals	$$,999,999,999.99	$99,999,999,999.99	$99,999,999,999.99	$99,999,999,999.99
Insurance Premium Payments	$$,999,999,999.99	$99,999,999,999.99	$99,999,999,999.99	$99,999,999,999.99
Capitation Payments	$$,999,999,999.99	$99,999,999,999.99	$99,999,999,999.99	$99,999,999,999.99
Management/Admin Fees	$$,999,999,999.99	$99,999,999,999.99	$99,999,999,999.99	$99,999,999,999.99
Enhanced DSH - Hospital	$$,999,999,999.99	$99,999,999,999.99	$99,999,999,999.99	$99,999,999,999.99
Add-Pays				
Cost Settlement	$$,999,999,999.99	$99,999,999,999.99	$99,999,999,999.99	$99,999,999,999.99
Other	$$,999,999,999.99	$99,999,999,999.99	$99,999,999,999.99	$99,999,999,999.99
Financial Credit Reversals	$$,999,999,999.99CR	$99,999,999,999.99CR	$99,999,999,999.99CR	$99,999,999,999.99CR
Financial Offsets	$$,999,999,999.99	$99,999,999,999.99	$99,999,999,999.99	$99,999,999,999.99
Recoupments	$$,999,999,999.99CR	$99,999,999,999.99CR	$99,999,999,999.99CR	$99,999,999,999.99CR
Net System Payout	$$,999,999,999.99	$99,999,999,999.99	$99,999,999,999.99	$99,999,999,999.99
Negative Balance Increase	$$,999,999,999.99	$99,999,999,999.99	$99,999,999,999.99	$99,999,999,999.99
Advanced Payments	$$,999,999,999.99	$99,999,999,999.99	$99,999,999,999.99	$99,999,999,999.99
Remittance Amount	$$,999,999,999.99	$99,999,999,999.99	$99,999,999,999.99	$99,999,999,999.99
Manual Issued Checks	$$,999,999,999.99	$$,999,999,999.99	$$,999,999,999.99	$$,999,999,999.99
Voids Processed	$$,999,999,999.99CR	$$,999,999,999.99CR	$$,999,999,999.99CR	$$,999,999,999.99CR
Net Expenditures (To CARS)	$$,999,999,999.99	$$,999,999,999.99	$$,999,999,999.99	$$,999,999,999.99
Cash Receipts	$$,999,999,999.99CR	$$,999,999,999.99CR	$$,999,999,999.99CR	$$,999,999,999.99CR
Net MMIS Expenditures	$$,999,999,999.99	$$,999,999,999.99CR	$$,999,999,999.99CR	$$,999,999,999.99CR
	Current Budget	$99,999,999,999.99	Percent	
	Budget Availability	$99,999,999,999.99	Budget Spent: ***********|	
Variance	$99.99	$99.99	$99.99	$99.99

3.1.3 Balancing Report: FN-O-029, Weekly Check Register by Bank Report

SAMPLE

Output Number
FN-O-029

Weekly Check Register by Bank Report

```
FNW071                          VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                REPORT NO:   FN-O-029
AS OF:     MM/DD/CCYY                  WEEKLY CHECK REGISTER BY BANK REPORT                       PAGE NUMBER: 999,999
RUN DATE:  MM/DD/CCYY  HH:MM            FOR REMITTTANCE ENDING MM/DD/CCYY

                (1)                          (2)
 ACCOUNT #:  99999999999999999     BANK NAME : XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

   (3)            (4)                          (5)                                        (6)                  (7)
 DISB NO        PAYEE ID                      PAYEE  NAME                                AMOUNT              DISB TYPE
999999999      1234567890        XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX          $99,999,999.99          X
999999999      1234567890        XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX          $99,999,999.99          X
999999999      1234567890        XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX          $99,999,999.99          X
999999999      1234567890        XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX          $99,999,999.99          X
999999999      1234567890        XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX          $99,999,999.99          X
999999999      1234567890        XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX          $99,999,999.99          X

                                                                  PAGE TOTALS:   $99,999,999.99 (8)
                                                        (9)
                     PROGRAM TOTALS:     NO. OF CHECKS  99999  CHECK AMOUNT   $99,999,999.99 (10)

FNW071                          VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                REPORT NO:   FN-O-029
AS OF:     MM/DD/CCYY                       CHECK BATCH CONTROL                                   PAGE NUMBER: 999,999
RUN DATE:  MM/DD/CCYY  HH:MM            FOR REMITTTANCE ENDING MM/DD/CCYY
                (11)
 ACCOUNT #:  99999999999999999     BANK NAME : XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

                          TYPE  EXPENSE                          AMOUNT

                     FIRST CHECK NO.    99999999   (12)

                     LAST CHECK NO.     99999999   (13)

                     PLUS REISSUES         99999   (14)

                     TOTAL CHECKS          99999   (15)          $99,999,999.99   (16)

                     NO. VOIDS             9999    (17)          $99,999,999.99   (18)

                          *** END OF REPORT ***
```

3.1.4 Balancing Report: FN-O-036, Weekly Check Register by Payee ID

SAMPLE

Weekly Check Register by Payee ID Report

Output Number
FN-O-036

```
FNW071                          VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                          REPORT NO:  FN-O-036
AS OF:     MM/DD/CCYY                WEEKLY CHECK REGISTER BY PAYEE ID REPORT                              PAGE:       999,999
RUN DATE:  MM/DD/CCYY  HH:MM

                (1)                                (2)
 ACCOUNT#:  99999999999999999   BANK NAME : XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
   (3)                          (4)                          (5)              (6)              (7)
  PAYEE ID.                    PAYEE  NAME                   DISB NO.        DISB AMOUNT      DISB TYPE
 (8)        (9)      (10)      (11)    (12/13)      (14)
BEN.PROG   PROG   SUB-PROG  OBJECT   FUND/       SHARE       FUND/       SHARE      FUND/       SHARE       FUND/       SHARE
                                     DETAIL      AMOUNT      DETAIL      AMOUNT     DETAIL      AMOUNT      DETAIL      AMOUNT
999999999999     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX    999999999       $99,999,999.99        X
   99      XXX     9999    XXXXXX    XX XX  $999,999,999.99  XX XX  $999,999,999.99  XX XX  $999,999,999.99  XX XX  $999,999,999.99

   99      XXX     9999    XXXXXX    XX XX  $999,999,999.99  XX XX  $999,999,999.99  XX XX  $999,999,999.99  XX XX  $999,999,999.99

   99      XXX     9999    XXXXXX    XX XX  $999,999,999.99  XX XX  $999,999,999.99  XX XX  $999,999,999.99  XX XX  $999,999,999.99

   99      XXX     9999    XXXXXX    XX XX  $999,999,999.99  XX XX  $999,999,999.99  XX XX  $999,999,999.99  XX XX  $999,999,999.99

999999999999     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX    999999999       $99,999,999.99        X
   99      XXX     9999    XXXXXX    XX XX  $999,999,999.99  XX XX  $999,999,999.99  XX XX  $999,999,999.99  XX XX  $999,999,999.99

   99      XXX     9999    XXXXXX    XX XX  $999,999,999.99  XX XX  $999,999,999.99  XX XX  $999,999,999.99  XX XX  $999,999,999.99

   99      XXX     9999    XXXXXX    XX XX  $999,999,999.99  XX XX  $999,999,999.99  XX XX  $999,999,999.99  XX XX  $999,999,999.99

999999999999     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX    999999999       $99,999,999.99        X
   99      XXX     9999    XXXXXX    XX XX  $999,999,999.99  XX XX  $999,999,999.99  XX XX  $999,999,999.99  XX XX  $999,999,999.99

   99      XXX     9999    XXXXXX    XX XX  $999,999,999.99  XX XX  $999,999,999.99  XX XX  $999,999,999.99  XX XX  $999,999,999.99

      (15) NO. OF DISB   ZZZZ9          (16)    TOTAL AMOUNT                  $99,999,999.99

                                                  ***  END OF REPORT  ***
```

3.1.5 Balancing Report: FN-O-056, Remittance Activity Control Totals Report

SAMPLE

Remittance Activity Control Totals Report

Output Number
FN-O-056

```
FNM042                                  VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    REPORT NO:  FN-O-056
AS OF:     MM/DD/CCYY                     REMITTANCE ACTIVITY CONTROL TOTALS REPORT                             PAGE:       999,999
RUN DATE:  MM/DD/CCYY  HH:MM

  (1)                        (2)          (3)          (4)          (5)          (6)          (7)          (8)          (9)
                           APPROVED     ORIGINAL     APPROVED    ADJUSTMENTS     NET          NET          DENIED       PENDED
CLAIM TYPE                 CLAIM LINES   AMOUNTS     CLAIM LINES   AMOUNT     CLAIM LINES   AMOUNT     CLAIM LINES  CLAIM LINES
XXXXXXXXXXXXXXXXXXXX       999,999    99,999,999.99   999,999   999,999,999.99  999,999   999,999,999.99  999,999      999,999
XXXXXXXXXXXXXXXXXXXX       999,999    99,999,999.99   999,999   999,999,999.99  999,999   999,999,999.99  999,999      999,999
XXXXXXXXXXXXXXXXXXXX       999,999    99,999,999.99   999,999   999,999,999.99  999,999   999,999,999.99  999,999      999,999
XXXXXXXXXXXXXXXXXXXX       999,999    99,999,999.99   999,999   999,999,999.99  999,999   999,999,999.99  999,999      999,999
XXXXXXXXXXXXXXXXXXXX       999,999    99,999,999.99   999,999   999,999,999.99  999,999   999,999,999.99  999,999      999,999
XXXXXXXXXXXXXXXXXXXX       999,999    99,999,999.99   999,999   999,999,999.99  999,999   999,999,999.99  999,999      999,999
XXXXXXXXXXXXXXXXXXXX       999,999    99,999,999.99   999,999   999,999,999.99  999,999   999,999,999.99  999,999      999,999
XXXXXXXXXXXXXXXXXXXX       999,999    99,999,999.99   999,999   999,999,999.99  999,999   999,999,999.99  999,999      999,999
XXXXXXXXXXXXXXXXXXXX       999,999    99,999,999.99   999,999   999,999,999.99  999,999   999,999,999.99  999,999      999,999
XXXXXXXXXXXXXXXXXXXX       999,999    99,999,999.99   999,999   999,999,999.99  999,999   999,999,999.99  999,999      999,999
XXXXXXXXXXXXXXXXXXXX       999,999    99,999,999.99   999,999   999,999,999.99  999,999   999,999,999.99  999,999      999,999
XXXXXXXXXXXXXXXXXXXX       999,999    99,999,999.99   999,999   999,999,999.99  999,999   999,999,999.99  999,999      999,999
XXXXXXXXXXXXXXXXXXXX       999,999    99,999,999.99   999,999   999,999,999.99  999,999   999,999,999.99  999,999      999,999
XXXXXXXXXXXXXXXXXXXX       999,999    99,999,999.99   999,999   999,999,999.99  999,999   999,999,999.99  999,999      999,999

(10)
SUBTOTALS:                 999,999   999,999,999.99   999,999   999,999,999.99  999,999   999,999,999.99  999,999      999,999

CREDIT REVERSALS    (11)                                                         999,999   999,999,999.99CR
DEBIT REVERSALS     (12)                                                         999,999   999,999,999.99
FINANCIAL OFFSETS   (13)                                                         999,999   999,999,999.99

PAYOUT FINANCIALS
  PREMIUM PAYMENTS  (15)                                                         999,999   999,999,999.99
  ENHANCED DEN      (16)                                                         999,999   999,999,999.99
  ADD-PAYS
  COST SETTLEMENTS  (17)                                                         999,999   999,999,999.99
  OTHERS            (18)                                                         999,999   999,999,999.99
  ADVANCE PAYMENT   (19)                                                         999,999   999,999,999.99
  MANUAL ISSUED CHECKS  (20)                                                     999,999   999,999,999.99
RECOUPMENTS             (21)                                                     999,999   999,999,999.99CR

SUBTOTALS  (22)                                                                  999,999   999,999,999.99

NEGATIVE BALANCE - INCREASE  (23)                                                999,999   999,999,999.99

VOIDS PROCESSED              (24)                                                999,999   999,999,999.99CR

CASH RECEIPTS                (25)                                                999,999   999,999,999.99CR

TOTALS:  (26)              999,999   999,999,999.99   999,999   999,999,999.99  999,999   999,999,999.99  999,999      999,999

*PENDED CAPITATION CLAIMS COUNTS ARE NOT INCLUDED ON THE REMITTANCE ADVICE

                                                        END OF REPORT
```

[redacted]

[redacted]

3.1.7 1099 Report: FN-O-021, 1099 Providers Paid Report

SAMPLE

1099 Providers Paid Report

Output Number
FN-O-021

```
FNA079                                  VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                REPORT NO:   FN-O-021
AS OF:    MM/DD/CCYY                                  1099 PROVIDERS PAID REPORT                          PAGE:         999,999
RUN DATE: MM/DD/CCYY  HH:MM

      (1)                        (2)                          (3)          (4)            (5)
IRS/SSN NUMBER             PROVIDER IRS NAME              TOTAL AMOUNT   BILLING ID INIDIVIDUAL AMOUNTS
XX-XXXXXXX      XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  $999,999,999.99  1234567890   $999,999,999.99
                                                                            1234567890   $999,999,999.99
                                                                            1234567890   $999,999,999.99
                                                                                     ----------------
                                                                                 SUM $999,999,999.99 (6)

XX-XXXXXXX      XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  $999,999,999.99  1234567890   $999,999,999.99
                                                                            1234567890   $999,999,999.99
                                                                            1234567890   $999,999,999.99
                                                                                     ----------------
                                                                                 SUM $999,999,999.99 (6)


     Total Number of IRS Numbers Equal To/Greater than $600.00              999999 $999,999,999,999.99
                                                                               (7)          (8)

                                                  *** END OF REPORT ***
```

3.1.8 Reconciling Report: FN-O-037, BARS Paid Check Report

SAMPLE

BARS Paid Check Report

Output Number
FN-O-037

```
FNM072                          VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    REPORT NO:  FN-O-037
AS OF:     MM/DD/CCYY                              PAID CHECK REPORT                                  PAGE:        999,999
RUN DATE:  MM/DD/CCYY  HH:MM

                        (1)                          (2)                                  (3)
              ACCOUNT:  99999999999999999          XXXXXXXXXXXXXXXXXXXXXXXXXXXXX        XXXXXXXXXXXXXXXXXXX
   (4)        (5)            (6)
  CHECK #   DATE PAID       AMOUNT              CHECK #   DATE PAID       AMOUNT              CHECK #   DATE PAID       AMOUNT
9999999999  99/99/9999  $999,999,999.99     9999999999  99/99/9999  $999,999,999.99     9999999999  99/99/9999  $999,999,999.99
9999999999  99/99/9999  $999,999,999.99     9999999999  99/99/9999  $999,999,999.99     9999999999  99/99/9999  $999,999,999.99
9999999999  99/99/9999  $999,999,999.99     9999999999  99/99/9999  $999,999,999.99     9999999999  99/99/9999  $999,999,999.99
9999999999  99/99/9999  $999,999,999.99     9999999999  99/99/9999  $999,999,999.99     9999999999  99/99/9999  $999,999,999.99
9999999999  99/99/9999  $999,999,999.99     9999999999  99/99/9999  $999,999,999.99     9999999999  99/99/9999  $999,999,999.99
9999999999  99/99/9999  $999,999,999.99     9999999999  99/99/9999  $999,999,999.99     9999999999  99/99/9999  $999,999,999.99
9999999999  99/99/9999  $999,999,999.99     9999999999  99/99/9999  $999,999,999.99     9999999999  99/99/9999  $999,999,999.99
9999999999  99/99/9999  $999,999,999.99     9999999999  99/99/9999  $999,999,999.99     9999999999  99/99/9999  $999,999,999.99
9999999999  99/99/9999  $999,999,999.99     9999999999  99/99/9999  $999,999,999.99     9999999999  99/99/9999  $999,999,999.99
9999999999  99/99/9999  $999,999,999.99     9999999999  99/99/9999  $999,999,999.99     9999999999  99/99/9999  $999,999,999.99
9999999999  99/99/9999  $999,999,999.99     9999999999  99/99/9999  $999,999,999.99     9999999999  99/99/9999  $999,999,999.99
9999999999  99/99/9999  $999,999,999.99     9999999999  99/99/9999  $999,999,999.99     9999999999  99/99/9999  $999,999,999.99
9999999999  99/99/9999  $999,999,999.99     9999999999  99/99/9999  $999,999,999.99     9999999999  99/99/9999  $999,999,999.99
9999999999  99/99/9999  $999,999,999.99     9999999999  99/99/9999  $999,999,999.99     9999999999  99/99/9999  $999,999,999.99
9999999999  99/99/9999  $999,999,999.99     9999999999  99/99/9999  $999,999,999.99     9999999999  99/99/9999  $999,999,999.99
9999999999  99/99/9999  $999,999,999.99     9999999999  99/99/9999  $999,999,999.99     9999999999  99/99/9999  $999,999,999.99
9999999999  99/99/9999  $999,999,999.99     9999999999  99/99/9999  $999,999,999.99     9999999999  99/99/9999  $999,999,999.99
9999999999  99/99/9999  $999,999,999.99     9999999999  99/99/9999  $999,999,999.99     9999999999  99/99/9999  $999,999,999.99
9999999999  99/99/9999  $999,999,999.99     9999999999  99/99/9999  $999,999,999.99     9999999999  99/99/9999  $999,999,999.99
9999999999  99/99/9999  $999,999,999.99     9999999999  99/99/9999  $999,999,999.99     9999999999  99/99/9999  $999,999,999.99
9999999999  99/99/9999  $999,999,999.99     9999999999  99/99/9999  $999,999,999.99     9999999999  99/99/9999  $999,999,999.99

                                                  (7)                                 (8)
                         ACCOUNT TOTALS     COUNT  99,999,999                AMOUNT  $999,999,999.99

                                                  (9)                                 (10)
                         BANK TOTALS        COUNT  99,999,999                AMOUNT  $999,999,999.99

                                                  (11)                                (12)
                         MEDICAID TOTALS    COUNT  99,999,999                AMOUNT  $999,999,999.99
```

SAMPLE

BARS Paid Check Report

Output Number
FN-O-037

```
FNM072                          VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    REPORT NO:  FN-O-037
AS OF:      MM/DD/CCYY                                PAID CHECK REPORT                                PAGE:         999,999
RUN DATE:   MM/DD/CCYY  HH:MM

                                                  (15)                        (16)
                    GRAND TOTALS          COUNT   99,999,999          AMOUNT $999,999,999.99

                                          ***  END OF REPORT  ***
```

3.1.9 Reconciling Report: FN-O-039, BARS Cash Disbursements Journal Report

SAMPLE

Output Number
FN-O-039

BARS Cash Disbursements Journal Report

```
FNM072                          VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    REPORT NO:  FN-O-039
AS OF:    MM/DD/CCYY                     CASH DISBURSEMENTS JOURNAL REPORT                            PAGE:       999,999
RUN DATE: MM/DD/CCYY  HH:MM

                                (1)                          (2)                                  (3)
                   ACCOUNT:  99999999999999999      XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX      XXXXXXXXXXXXXXXXXXXXXX
 (4)       (5)       (6)          (7)                          (8)                        (9)              (10)
CHECK                CHECK        CHECK                     PAYEE  NAME                   PAYEE            PAYMENT
TYPE                 NUMBER       DATE                                                    ID               AMOUNT
 X      EFT-->  9999999999   99/99/9999   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   XXXXXXXXXXXXXXXXXX   $999,999,999.99
 X              9999999999   99/99/9999   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   XXXXXXXXXXXXXXXXXX   $999,999,999.99
 X              9999999999   99/99/9999   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   XXXXXXXXXXXXXXXXXX   $999,999,999.99
 X              9999999999   99/99/9999   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   XXXXXXXXXXXXXXXXXX   $999,999,999.99
 X              9999999999   99/99/9999   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   XXXXXXXXXXXXXXXXXX   $999,999,999.99
 X              9999999999   99/99/9999   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   XXXXXXXXXXXXXXXXXX   $999,999,999.99
 X              9999999999   99/99/9999   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   XXXXXXXXXXXXXXXXXX   $999,999,999.99
 X              9999999999   99/99/9999   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   XXXXXXXXXXXXXXXXXX   $999,999,999.99
 X              9999999999   99/99/9999   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   XXXXXXXXXXXXXXXXXX   $999,999,999.99
 X      EFT-->  9999999999   99/99/9999   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   XXXXXXXXXXXXXXXXXX   $999,999,999.99
 X      EFT-->  9999999999   99/99/9999   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   XXXXXXXXXXXXXXXXXX   $999,999,999.99
 X              9999999999   99/99/9999   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   XXXXXXXXXXXXXXXXXX   $999,999,999.99
 X              9999999999   99/99/9999   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   XXXXXXXXXXXXXXXXXX   $999,999,999.99
 X              9999999999   99/99/9999   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   XXXXXXXXXXXXXXXXXX   $999,999,999.99
 X              9999999999   99/99/9999   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   XXXXXXXXXXXXXXXXXX   $999,999,999.99
 X              9999999999   99/99/9999   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   XXXXXXXXXXXXXXXXXX   $999,999,999.99
 X              9999999999   99/99/9999   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   XXXXXXXXXXXXXXXXXX   $999,999,999.99
 X              9999999999   99/99/9999   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   XXXXXXXXXXXXXXXXXX   $999,999,999.99
 X              9999999999   99/99/9999   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   XXXXXXXXXXXXXXXXXX   $999,999,999.99
 X              9999999999   99/99/9999   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   XXXXXXXXXXXXXXXXXX   $999,999,999.99
 X              9999999999   99/99/9999   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   XXXXXXXXXXXXXXXXXX   $999,999,999.99
 X              9999999999   99/99/9999   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   XXXXXXXXXXXXXXXXXX   $999,999,999.99
 X              9999999999   99/99/9999   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   XXXXXXXXXXXXXXXXXX   $999,999,999.99

                                                      (11)                                  (12)
                             ACCT TOTALS        COUNT  99,999,999                   AMOUNT $999,999,999.99

                                                      (13)                                  (14)
                             BANK TOTALS        COUNT  99,999,999                   AMOUNT $999,999,999.99
```

SAMPLE

BARS Cash Disbursements Journal Report

Output Number
FN-O-039

```
FNM072                    VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                REPORT NO:  FN-O-039
AS OF:    MM/DD/CCYY                  CASH DISBURSEMENTS JOURNAL REPORT                     PAGE:       999,999
RUN DATE: MM/DD/CCYY  HH:MM

                                        (15)                        (16)
                GRAND TOTALS          COUNT   99,999,999          AMOUNT $999,999,999.99

                                      ***  END OF REPORT  ***
```

3.1.10 Reconciling Report: FN-O-040, BARS Voids and Replacements Journal Report

SAMPLE

Output Number
FN-O-040

BARS Voids and Replacements Journal Report

```
FNM072                          VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                REPORT NO:  FN-O-040
AS OF:    MM/DD/CCYY                  VOIDS AND REPLACEMENTS JOURNAL REPORT                       PAGE:        999,999
RUN DATE: MM/DD/CCYY  HH:MM
```

	(1)		(2)		(3)
ACCOUNT:	99999999999999999		XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		XXXXXXXXXXXXXXXXXXXXX
(4) VOIDED CHECK NO.	(5) REISSUED CHECK NO.	(6) ISSUE DATE OF VOID	(7) PAYEE ID	(8) PAYEE NAME	(9) PAYMENT
99999999999999	9999999999999	99/99/9999	99999999999999999	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	$999,999,999.99
99999999999999	9999999999999	99/99/9999	99999999999999999	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	$999,999,999.99
99999999999999	9999999999999	99/99/9999	99999999999999999	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	$999,999,999.99
99999999999999	9999999999999	99/99/9999	99999999999999999	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	$999,999,999.99
99999999999999	9999999999999	99/99/9999	99999999999999999	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	$999,999,999.99
99999999999999	9999999999999	99/99/9999	99999999999999999	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	$999,999,999.99
99999999999999	9999999999999	99/99/9999	99999999999999999	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	$999,999,999.99
99999999999999	9999999999999	99/99/9999	99999999999999999	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	$999,999,999.99
99999999999999	9999999999999	99/99/9999	99999999999999999	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	$999,999,999.99
99999999999999	9999999999999	99/99/9999	99999999999999999	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	$999,999,999.99
99999999999999	9999999999999	99/99/9999	99999999999999999	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	$999,999,999.99
99999999999999	9999999999999	99/99/9999	99999999999999999	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	$999,999,999.99
99999999999999	9999999999999	99/99/9999	99999999999999999	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	$999,999,999.99
99999999999999	9999999999999	99/99/9999	99999999999999999	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	$999,999,999.99
99999999999999	9999999999999	99/99/9999	99999999999999999	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	$999,999,999.99
99999999999999	9999999999999	99/99/9999	99999999999999999	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	$999,999,999.99

SAMPLE

BARS Voids and Replacements Journal Report

Output Number
FN-O-040

```
FNM072                          VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    REPORT NO:  FN-O-040
AS OF:     MM/DD/CCYY                  VOIDS AND REPLACEMENTS JOURNAL REPORT                          PAGE:       999,999
RUN DATE:  MM/DD/CCYY  HH:MM

                         GRAND TOTALS

                                                                  (22)                          (23)
                         TOTAL VOIDED CHECKS WITH NEW CHECKS REISSUED     99,999,999     AMOUNT  $999,999,999,999.99

                                                                  (24)                          (25)
                         TOTAL VOIDED CHECKS WITH NO CHECK REISSUED       99,999,999     AMOUNT  $999,999,999,999.99

                                                                  (26)                          (27)
                         TOTAL VOIDED CHECKS                              99,999,999     AMOUNT  $999,999,999,999.99

                                   ***    END OF REPORT    ***
```

3.1.11 Reconciling Report: FN-O-043, BARS Error Report

SAMPLE

BARS Error Report

Output Number
FN-O-043

```
FNM072                          VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES          REPORT NO:  FN-O-043
AS OF:    MM/DD/CCYY                                ERROR REPORT                            PAGE:        99,999
RUN DATE: MM/DD/CCYY  HH:MM

                        (1)                          (2)                                  (3)
              ACCOUNT:  99999999999999999          XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX        XXXXXXXXXXXXXXXXXXXXX

 (4)          (5)          (6)          (7)                    (8)                      (9)          (10)
 CHECK        DATE         CHECK        PAYEE                                           CHECK
 NUMBER       ISSUED       AMOUNT       ID                   PAYEE NAME                 TYPE       ERROR DESCRIPTION

 9999999999  99/99/9999  $999,999,999.99  999999999999  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   X   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
 9999999999  99/99/9999  $999,999,999.99  999999999999  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   X   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
 9999999999  99/99/9999  $999,999,999.99  999999999999  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   X   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
 9999999999  99/99/9999  $999,999,999.99  999999999999  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   X   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
 9999999999  99/99/9999  $999,999,999.99  999999999999  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   X   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
 9999999999  99/99/9999  $999,999,999.99  999999999999  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   X   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
 9999999999  99/99/9999  $999,999,999.99  999999999999  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   X   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
 9999999999  99/99/9999  $999,999,999.99  999999999999  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   X   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
 9999999999  99/99/9999  $999,999,999.99  999999999999  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   X   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
 9999999999  99/99/9999  $999,999,999.99  999999999999  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   X   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
 9999999999  99/99/9999  $999,999,999.99  999999999999  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   X   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
```

SAMPLE

BARS Error Report

Output Number
FN-O-043

```
FNM072                          VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    FN-O-043
AS OF:    MM/DD/CCYY                                ERROR REPORT                                      PAGE: 999,999
RUN DATE: MM/DD/CCYY  HH:MM

        GRAND TOTALS

        TOTAL ERROR A (NO MATCH FOR BANK PAID CHECK)          (51)   99,999     AMOUNT     (52)   $999,999,999.99

        TOTAL ERROR B (DUPLICATE BANK PAID CHECK)             (53)   99,999     AMOUNT     (54)   $999,999,999.99

        TOTAL ERROR C (BANK AMOUNT DIFFERS FROM CHECK AMOUNT) (55)   99,999     AMOUNT     (56)   $999,999,999.99

        TOTAL ERROR D (VOIDED CHECK WAS PAID BY THE BANK)     (57)   99,999     AMOUNT     (58)   $999,999,999.99

        TOTAL ERRORS                                          (59)   99,999     AMOUNT     (60)   $999,999,999.99

                                    ***  END OF REPORT  ***
```

3.1.12 Reconciling Report: FN-O-044, Bars Reconciliation Process Summary Report

SAMPLE

BARS Reconciliation Process Summary Report

Output Number
FN-O-044

```
FNM072                          VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                REPORT NO:  FN-O-044
AS OF:    MM/DD/CCYY                 RECONCILIATION PROCESS SUMMARY REPORT                        PAGE:        999,999
RUN DATE: MM/DD/CCYY  HH:MM


        1.PAID CHECK FILE-MEDICAID:
           A.  TOTAL RECORDS READ                    (1)    999,999          AMOUNT (2)    999,999,999.99
           B.  RECORDS RECONCILED (PAID BY BANK)     (3)    999,999          AMOUNT (4)    999,999,999.99

        2.PAID CHECK FILE-FAMIS:
           A.  TOTAL RECORDS READ                    (5)    999,999          AMOUNT (6)    999,999,999.99
           B. RECORDS RECONCILED (PAID BY BANK)      (7)    999,999          AMOUNT (8)    999,999,999.99

        3. CHECK DISBURSEMENT TABLE:
           A.  TOTAL RECORDS READ                    (9)    999,999          AMOUNT (10)   999,999,999.99

        4. SUM OF RECORDS IN ERROR                   (11)   999,999          AMOUNT (12)   999,999,999.99

                                          ***  END OF REPORT  ***
```

3.1.13 Float Report Example:

[redacted]

3.2 Appendix B – Forms and Logs

3.2.1 Weekly Balancing Form

CYCLE DATE: 7/22/2009 **CHECK DATE:** 7/31/2009

TRUE	NET MARS EXPENDITURES (FN-O-016C) EQUALS NET AMOUNT TOTAL (FN-O-056)
FALSE	REMITTANCE AMOUNT PLUS MANUAL ISSSUED CHECK MINUS VOID (FN-O-016C) EQUALS NET AMT SUBTOTAL PLUS FINANCE SUBTOTAL PLUS NEGATIVE BALANCE INCREASE MINUS VOID PR(
TRUE	NET EXPENDITURES (FN-O-016C) EQUALS CHECK REGISTER (FN-O-029)
TRUE	APPROVED ORIGINALS (CP-O-006-01) EQUALS APPROVED CLAIM LINES (FN-O-056)
TRUE	TOTAL ACCOUNT OUTSTANDING (FN-O-036) EQUALS CHECK REGISTER (FN-O-029)

FN-O-016C

NET MARS EXPENDITURES	
$3,391.03	$0.00
TOTAL	**$3,391.03**
REMITTANCE AMOUNT	
$5,570.00	$0.00
MANUAL ISSUED CHECK	
$10,000.00	$0.00
VOID	
($12,178.97)	$0.00
NET EXPENDITURES	**$3,391.03**

CT	CP-O-006-01 APPR
01	-
02	-
03	-
04	-
05	3
06	-
08	-
09	-
10	-
11	-
13	-
15	-
16	4
17	6
96	-
	13

FN-

NET AMT TOTAL	
$3,391.03	

FN-

TOTAL GRA

	EFT
MEDICAID	$326.50
FAMIS	$0.00
VOIDS	-$9,316.65
ALL	**-$8,990.15**
TOTAL	

FN-O-056
RA CTRL TOTALS

NET AMT SUBTOTAL	$5,570.00
FIN SUBTOTAL	$10,000.00
NEG BAL INC	$0.00
VOIDS PROCESSED	($12,178.97)
	$3,391.03

FN-

CHECK

	EFT
Regular/Manual Issues	$326.50
REISSUES	$0.00
VOIDS	-$9,833.39
TOTAL	

3.2.2 Check Request Form

Check Request

Date: 1/11/2010

Authorized by DMAS: _____

Authorized by [redacted]: _____

Released by Fiscal: _____

Provider ID:

Provider Name:

Attn:

Addr:

Addr:

City: **State:** **Zip:** -

V/R	Bank Acct#	Check#	RA Date	Amount	Reason	Check# (Reissue)	Stop?
1=ReIssue	11111111						
1=ReIssue	11111111						
Add = Adv	11111111						
Add = Adv	11111111						

Manual Check to be Distributed Via:	
Method	**Requested Delivery/Pickup Date**
☐ Next Day	
☐ Standard Mail	
☐ Hold (Pick-up)	

Mailroom to Determine Most Cost-efficient Overnight Option			
Carrier	**Acct#**	**Acct Name**	**Confirmation#**
☐ Express Mail			
☐ FedEx			
☐ UPS	688135	Dept Medical Assistance Svcs	

Comments:

Initials: _____ **Date:** _____ **Time:** _____

3.2.3 Check Stock Issue Log

CHECK STOCK ISSUE LOG							
Date	**Reason Code**	**Beginning Check #**	**Ending Check #**	**Name & Initial**	**Name & Initial**	**Beginning Control Number**	**Ending Control Number**

3.2.4 Void Log

Void Log									
Date Received	Provider Number	Provider Name	Check Date	Check Number	Check Amt./Totals	Void Date	Reason for Void	Reissue?	Reissued Check #
03/27/09	123456789	Provider1	02/27/09	[redacted]	[redacted]		[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]		$701.32	04/18/09	Returned Check	N	
04/19/09	123456791	Provider3	03/15/09	9[redacted]4	$1,516.73	04/19/09	Undeliverable Check	N	
04/19/09	123456792	Provider4	02/06/09	9[redacted]	$189.92	04/19/09	Undeliverable Check	N	
05/02/09	123456793	Provider5	01/16/09	9[redacted]	$1,120.38	05/02/09	Void per DMAS	N	
05/23/09	123456794	Provider6	04/16/09	9[redacted]	$1,322.57	05/23/09	Void per DMAS	Y	954463
06/07/09	123456795	Provider7	02/13/09	9[redacted]	$145.22	06/07/09	Void per DMAS	N	
06/26/09	123456796	Provider8	03/16/09	9[redacted]	$835.39	06/26/09	Returned Check	N	
06/26/09	123456797	Provider9	03/15/09	9[redacted]	$314.68	06/26/09	Returned Check	N	
07/11/09	123456798	Provider10	05/28/09	9[redacted]	$73.73	07/11/09	Returned Check	N	
08/28/09	123456799	Provider11	07/15/09	[redacted]	$915.22	08/28/09	Undeliverable Check	N	

3.2.5 Manual Check Log

Manual Check Number	Voided Check Number	Reason	Provider Number	Provider Name	Check Amount	Issue Date	Requestor
[redacted]	[redacted]	Stop/Reissue	123456789	Provider 1	$78.45	4/25/2009	R. Starr
45688	[redacted]	Void/Reissue	123456790	Provider 2	$562.00	5/30/2009	A. Franklin
45689	NA	EFT Reject	123456791	Provider 3	$1,206.32	6/3/2009	D. Haynes
45690	NA	EFT Reject	123456792	Provider 4	$763.21	6/27/2009	D. Haynes
45691	[redacted]	Void/Reissue	123456793	Provider 5	$86.00	7/6/2009	B. Springteen
45692	[redacted]	Void/Reissue	123456794	Provider 6	$2.37	8/25/2009	A. Franklin
45693	NA	Advance Payment	123456795	Provider 7	$1,200.00	9/1/2009	J. Zee

3.2.6 Letter for EFT Rejects

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF MEDICAL ASSISTANCE SERVICES

EFT REJECT BY FINANCIAL INSTITUTION

April 14, 2016

,
Dear Provider:

Your recent request for Electronic Funds Transfer (EFT) of your Medicaid reimbursement payment for NPI number was processed. Your payment for the week of **03/08/10** was returned from the bank to us as a reject for the following reason:

☐ Invalid Bank ABA Number (Routing/Transit)
☐ Invalid / Incorrect Bank Account Number
☐ Account Closed
☒ No Account/Unable to Locate Account
☐ Unknown Reason
☐ Invalid ACH Routing Number

We have enclosed a check in the amount of $ **211.61** to reimburse you for your rejected EFT.

Enclosed please find a new EFT Agreement. A copy of the EFT Agreement can also be found online at www.virginiamedicaid.dmas.virginia.gov. Please update this agreement as soon as possible. Upon completion, please **mail** this form to:

[redacted] – Provider Enrollment
PO Box 26803
Richmond, VA 23261-6803

Or you may fax the form to: [redacted]

If you have any questions please contact Provider Inquiry at [redacted]

Sincerely,
Financial Services

3.2.7 Metered Mail Cover Sheet

[redacted]

3.2.8 Custody Receipt for Provider Pick-Up

(on [redacted] letterhead)

Provider Custody Receipt

Date

RE: Personal Pick-Up

Provider Name	NPI #	Check#	Check Amount
PROVIDER	**0000000000**	**961730**	**$500,000.00**

Attached is (1) check totaling $500,000.00. **Ms. Provider Representative of Provider, Inc** is authorized to pick up the above referenced check per DMAS Instructions. Please sign and return this form upon receipt. Should you have any questions, please contact me at (804) 267-1046.

Sincerely,

[redacted]

Received By _____ Date _____

3.2.9 Undeliverable Log

Date	NPI #	Provider Name	Check Date	Days Old	Check Number	Check Amount	Process Date	Contact Info
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]

3.2.10 Returned Check Log

Date	NPI	Provider Name	Check Date	Check Number	Check Amount	Process Date	Action Taken
07/15/08	1111111111	Provider 1	06/04/08	[redacted]	$483.21	07/15/08	Remailed with RV
07/15/08	1111111112	Provider 2	03/26/08	0[redacted]	$1,021.00	07/15/08	Remailed with RV
07/15/08	1111111113	Provider 3	03/19/08	[redacted]	$1,021.00	07/15/08	Void
07/15/08	1111111114	Provider 4	12/19/07	0[redacted]	$1,304.83	07/15/08	Stale
07/23/08	1111111115	Provider 5	04/02/08	0[redacted]2	$36.39	07/23/08	Remailed with RV
07/30/08	1111111116	Provider 6	05/23/07	0[redacted]	$38.21	07/30/08	Stale
07/30/08	1111111117	Provider 7	06/27/07	0[redacted]	$39.16	07/30/08	Stale
08/05/08	1111111118	Provider 8	06/11/08	0[redacted]	$216.82	08/05/08	Remailed with RV
08/05/08	1111111119	Provider 9	06/04/08	0[redacted]	$840.59	08/05/08	Remailed with RV
08/14/08	1111111120	Provider 10	05/14/08	[redacted]	$6.00	08/14/08	Remailed with RV
08/14/08	1111111121	Provider 11	02/20/08	0[redacted]	$10.12	08/14/08	Remailed with RV
08/14/08	1111111122	Provider 12	05/14/08	0[redacted]	$33.00	08/14/08	Remailed with RV
0814/08	1111111123	Provider 13	03/28/07	[redacted]	$49.00	08/14/08	Stale
08/14/08	1111111124	Provider 14	04/16/08	0[redacted]	$137.76	08/14/08	Void
08/14/08	1111111125	Provider 15	06/04/08	0[redacted]	$207.92	08/14/08	Remailed with RV
08/14/08	1111111126	Provider 16	06/11/08	0[redacted]	$257.40	08/14/08	Remailed with RV

3.2.11 Provider Refund Check Log

Received Check	Provider Name	Check Date	Check Amount	Check Number
11/25/2008	Provider 1	10/06/08	$329.58	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
2/17/2009	Provider 21	02/12/09	$338.99	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]

3.2.12 Custody Receipt for DMAS (on [redacted] letterhead)

[redacted]

3.2.13 HIPP and Other Checks Log

HIPP and Other Checks									
Date	Payee ID	Payee	Type	Check Date	Days Old	Check Number	Check Amount	Process Date	Action Taken
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]

Payee Type	Detail
A	Attorney
B	Child Support Absent Parent
C	Casualty Insurance Company
D	DMAS Employee
E	Employee
F	Federal Government Dept.
G	Consultant
H	HIPP
I	Health Insurance Company
J	Enrollee
K	HMO
L	Local Government Dept.
N	Non-VA State Government
O	Other Entity
R	Employer
S	VA State Government Dept.

3.2.14 1099 Form

ReturnName ReturnAddr1 ReturnAddr2		**2009**	**Miscellaneous Income**
		Form 1099-MISC	
		Copy B For Recipient	
EIN	TaxIndNum	1 $	2 $
TrayNum - SeqNum FileName - RecNum ReturnName ReturnAddr1 ReturnAddr2		3 $	4 $
		5 $	6 $ PayAmt6
		7 $	8 $
		9	10 $
		11	12
		13 $	14 $
1ba $	1bb $		16 $
ProvIDNum		17	18 $

Form 1099-MISC

Instructions to Recipient

Account number. May show an account or other unique number the payer assigned to distinguish your account.

Amounts shown may be subject to self-employment (SE) tax. If your net income from self-employment is $400 or more, you must file a return and compute your SE tax on **Schedule SE (Form 1040)**. See **Pub. 334**, Tax Guide for Small Business, for more information. If no income or social security and Medicare taxes were withheld and you are still receiving these payments, see **Form 1040-ES**, Estimated Tax for Individuals.

Individuals must report as explained below. Corporations, fiduciaries, or partnerships report it on the proper line of your tax return.

Boxes 1 and 2. Report rents from real estate on Schedule E (Form 1040). If you received significant services to the tenant, sold real estate as a business, or rented personal property as a business, report on Schedule C or C-EZ (Form 1040). For royalties on timber, coal, and iron ore, see **Pub. 544**, Sales and Other Dispositions of Assets.

Box 3. Generally, report this amount on the "Other income" line of Form 1040 and identify the payment. The amount shown may be payment received as the beneficiary of a deceased employee, prizes, awards, taxable damages, Indian gaming profits, or other taxable income. See **Pub. 525**, Taxable and Nontaxable Income. If it is trade or business income, report this amount on Schedule C, C-EZ, or F (Form 1040).

Box 4. Shows backup withholding or withholding on Indian gaming profits. Generally, a payer must backup withhold at a 28% rate if you did not furnish your taxpayer identification number. See **Form W-9**, Request for Taxpayer Identification Number and Certification, for more information. **Report this amount on your income tax return as tax withheld.**

Box 5. An amount in this box means the fishing boat operator considers you self-employed. Report this amount on Schedule C or C-EZ (Form 1040). See **Pub. 595**, Tax Highlights for Commercial Fishermen.

Box 6. For individuals, report on Schedule C or C-EZ (Form 1040).

Box 7. Shows nonemployee compensation. If you are in the trade or business of catching fish, box 7 may show cash you received for the sale of fish. If payments in this box are SE income, report this amount on Schedule C, C-EZ, or F (Form 1040), and complete Schedule SE (Form 1040). You received this form instead of Form W-2 because the payer did not consider you an employee and did not withhold income tax or social security and Medicare taxes. Contact the payer if you believe this form is incorrect or has been issued in error. If you believe you are an employee, report this amount on line 7 of Form 1040 and call the IRS for information on how to report any social security and Medicare taxes.

Box 8. Shows substitute payments in lieu of dividends or tax-exempt interest received by your broker on your behalf as a result of a loan of your securities. Report on line 8 "Other income" line of Form 1040.

Box 9. If checked, $5,000 or more of sales of consumer products was paid to you on a buy-sell, deposit-commission, or other basis. A dollar amount does not have to be shown. Generally, report any income from your sale of these products on Schedule C or C-EZ (Form 1040).

Box 10. Report this amount on line 8 of Schedule F (Form 1040).

Box 13. Shows your total compensation of excess golden parachute payments subject to a 20% excise tax. See the Form 1040 instructions for where to report.

Box 14. Shows gross proceeds paid to an attorney in connection with legal services. Report only the taxable portion of income on your return.

Box 15a. Shows current year deferrals as a nonemployee under a nonqualified deferred compensation (NQDC) plan that is subject to the requirements of section 409A. Any earnings on current and prior year deferrals are also reported.

Box 15b. Shows income as a nonemployee under a NQDC plan that does not meet the requirements of section 409A. This amount is also included in box 7 as nonemployee compensation. Any amount included in box 15a that is currently taxable is also included in this box. This income is also subject to a substantial additional tax to be reported on Form 1040. See "Total Tax" in the Form 1040 instructions.

Boxes 16-18. Shows state or local income tax withheld from the payments.

3.2.15 Checklist for Producing 1099s

Target Completion Date	Task	Done	Responsible
16-Dec	DMAS Provides [redacted] with execution date for 1099s		DMAS
28-Dec	[redacted] [redacted] completes development of self sealing 1099 form.		[redacted]- [redacted]
28-Dec	[redacted] [redacted] will e-mail PDF's of the completed form to [redacted]/DMAS for QA Review		[redacted]- [redacted]
30-Dec	[redacted]/DMAS completes internal QA of 1099 Form.		[redacted]-QA, Finance/DMAS
31-Dec	[redacted] executes 1099 job in a test mode against the production data after last VA MMIS payment cycle.		[redacted]- Systems
31-Dec	[redacted] reviews 1099 data/file contents and report outputs for accuracy.		[redacted]-QA, Finance
31-Dec	Migrate changes, if applicable (e.g. data correction, etc.) to production.		[redacted]- Systems
5-Jan	Execute 1099 job (VMPFA020) to create the 1099 file ([redacted]_1099ccyy) and IRS file.		[redacted]- Systems
7-Jan	[redacted] [redacted] completes print file programming		[redacted]- [redacted]
8-Jan	Validate 1099 file header and trailer information and record counts and compare counts to the prior year(s).		[redacted]-QA, Finance
8-Jan	Validate 1099 sample for accuracy via online VA MMIS screens and database.		[redacted]-QA, Finance
8-Jan	Review a sample of 1099 file data (e.g. payer name, zip code, etc.).		[redacted]-QA, Finance
11-Jan	Systems FTP's to [redacted] the production 1099 file to [redacted] for testing		[redacted]- Systems
11-Jan	[redacted] [redacted] sends confirmation of 1099 to distribution list to acknowledge receipt of 1099 file		[redacted]- [redacted]
11-Jan	[redacted] [redacted] processes the 1099 test file		[redacted]- [redacted]
11-Jan	Confirm that the number of 1099s that [redacted] received balances back to the FN-O-021 report		[redacted]- [redacted]

12-Jan	[redacted] [redacted] prints 1099 samples (1st 3 beginning of file, 3 from the middle of the file, last 3 in the file) on forms, stuffs and overnights to [redacted] Business QA Manager and sends the PDF of these samples to [redacted]/DMAS distribution list.		[redacted]- [redacted]
12-Jan	[redacted] [redacted] produces the PDF archive File - 1099 PDF file to same server used for letters. Indexed fields are: Provider/Payee ID (String max length 10), Payer FIN (Integer), Year (Integer), Account Number (String max length 10)		[redacted]- [redacted]
12-Jan	[redacted] [redacted] FTP's the PDF archive file to [redacted]		[redacted]- [redacted]
13-Jan	[redacted] uploads test archive file to ECM		[redacted]- Systems
13-Jan	Review 1099 samples and verify what was sent matches what was requested		[redacted]-QA, Finance/DMAS
15-Jan	Send approval to proceed with printing/mailing of production 1099 file.		DMAS
16-Jan	[redacted] [redacted] mails out 1099s. Sends report confirming the mailing.		[redacted]- [redacted]
16-Jan	Send IRS file through FIRE system to IRS		[redacted]- Systems
17-Jan	Send IRS confirmation of receipt to DMAS		[redacted]- Systems

3.2.16 Monthly Activity Log

Located on the SharePoint web site.

June-10	PAYMENTS PROCESSED										CHECKS PROCESSED							
	Weekly EFT		Weekly Checks		Manual		Voids/Stops		Total		Undeliverable		Return		Provider Refunds		Total	
Day	#	$	#	$	#	$	#	$	#	$	#	$	#	$	#	$	#	$
1									0	0								
2																		
3																		
4																		
5																		
6																		
7																		
8																		
9																		
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16																		
17																		
18																		
19																		
20																		
21																		
22															2	$154.08	2	$154.08
23															5	$313.94	5	$313.94
24															16	$536.09	16	$536.09
25											2	$295.66			24	$1,732.77	26	$2,028.43
26																	0	$0.00
27																	0	$0.00
28													2	$2,043.14	15	$2,607.21	17	$4,650.35
29															17	$7,987.86	17	$7,987.86
30															7	$6,184.19	7	$6,184.19
Total MTD	0	0	0	0	0	0	0	0	0	0	2	$295.66	2	$2,043.14	86	$19,516.14	90	$21,854.94
Total YTD											2	$295.66	2	$2,043.14	86	$19,516.14	90	$21,854.94

June 2010 / Oct 2010 / Sept 2010 / Aug 2010 / July 2010 / EFT SLA / Manual Check SLA

Ready

3.2.17 Outstanding Balance

VA MMIS Outstanding Balance Report - CDA
May 2013

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	VA MMIS	Wells Fargo
Wells Fargo Outstanding Balance as of April 30, 2013	[redacted]	
System Checks Issued in May		
Manual Checks Issued in May		
Checks Paid in May		
Checks Voided or Stopped in May		
Checks never issued, but in Wells Fargo voids		
Outstanding Balance as of May 31, 2013		
VAMMIS Adjustments:		
Checks not included in issued because later voided (see deta		
Check errors in VAMMIS, but paid at Wells Fargo (see detail)		
Checks voided at Wells Fargo, not in Void Logs (Stale Dated)		
Check 342786 Errored Out but Paid per BARS reports		
Check 805 Stale Dated and on VAMMIS Void Log		
Total VAMMIS Adjustments		
Wells Fargo Outstanding Balance as of May 31, 2013		

3.2.18 Book to Bank Balance

VA MMIIS Book to Bank Balance
May 2013

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Book Balance

[redacted]

Bank Balance

[redacted]

3.3 Appendix C – Other References

[redacted]

[redacted]

3.3.2 Common EFT Questions and Answers

Q: If a provider has multiple provider numbers, do they have to complete an individual EFT application for each provider number.

A: No. They can complete one application and enclose a separate document listing all provider numbers that need to be enrolled in the EFT program.

Q: What other documentation is submitted with the EFT application to verify their account information if a provider does not have checks for their account?

A: A provider may also submit an official letter from the financial institution stating the account's American Bankers Association (ABA) routing and account numbers.

Q: Will providers still receive their corresponding remittances as normal once enrolled in the EFT program?

A: Remittances are still received normally and include a deposit advice verifying the funds deposited into the provider's account.

Q: If a corporate entity would like to enroll multiple physicians in the EFT program, do the individual physicians have to sign the EFT Application?

A: No. A representative of the organization (e.g., Administrator, Financial Officer, etc.) may sign the application(s).