



Social Service Providers/Vendors Frequently Asked Questions

Taxes

- 1. I am an AFH owner and I live in the same household as my client. Where can I find out more information about IRS Notice 2014-7, Difficulty of Care Payments Excludable from Income for Washington State?**
 - a. Please see the following [link](#).

Adjustments and Overpayments

- 1. How do I adjust my claims? How do I void my claims?**
 - a. Please see the tutorials describing how to adjust your claim located at the [ProviderOne for social services](#) page. For social services, the trainings are entitled [Adjust, Void, and Resubmit Claim](#) and [Adjusting Social Service Medical Claims](#). If you still need assistance, please submit a message via the [Contact Us web form](#), or call 1-800-562-3022 and follow the prompts for social service providers.
- 2. An overpayment was created, but I don't understand how it happened?**
 - a. On the overpayment letter, the reason code can help tell you how the overpayment was created. The reason code will identify if the provider or state adjusted your payments. If you initially were paid on one remittance advice (RA), a claim for a negative amount will be reflected on a future RA. If there is no new claim for a larger payment amount, this will result in an overpayment for difference.
- 3. I know I have been overpaid, what do I do?**
 - a. Please see the tutorials describing how to adjust your claim located at the [ProviderOne for social services](#) page. For social services, the trainings are entitled [Adjust, Void, and Resubmit Claim](#) and [Adjusting Social Service Medical Claims](#). If you still need assistance, please submit a message via the [Contact Us web form](#), or call 1-800-562-3022 and follow the prompts for social service providers.



4. If I was paid incorrectly and need to create an overpayment, what are my options? How do I avoid an overpayment from Office of Financial Recovery (OFR), but still give the money back (offset)?

- a. When you adjust a Transaction Control Number (TCN or claim), you have two choices in how to process an overpayment: an offset or a non-offset adjustment.

Non-offset – This is the option that you can do yourself. The debt (overpayment) is automatically sent to OFR. OFR then contacts you, the provider, to address the debt. You receive the letter from OFR because you did an adjustment on your claim, resulting in an overpayment.

Offset – For this option, you have to submit an e-mail or call (please see details below). In this option, the ProviderOne system will deduct the debt (overpayment) from all paid claims submitted until the debt is satisfied within a six month window. The deduction will be reflected in the summary on your Remittance Advice (RA). No letter is generated. After six months, if the debt is not satisfied, it will be sent to OFR for recovery.

Please Note: The claim can only be reprocessed as offset when the claim does not need to be “altered”, then it can be reprocessed as offset. If the client, the dates, procedure code, the units or rate needs to be changed, the provider must adjust the claim themselves. Examples of when offset is available: client responsibility was not correct, RAC changed, authorization changed by case manager.

If you want the debt to be deducted from paid claims as an offset, you can submit a message via [Contact Us web form](#) requesting that the adjustment be processed. Please provide the following information:

Provider Number
TCN #
P1 Client ID
Adjust as Offset
Description of what changes need to be made and why

For example:



Provider Number: 11XXXXX06

TCN #: 61xxxxxxxxxxxx000

P1 Client ID: 1XXXXXXXXWA

Adjust as Offset

Description: Client responsibility was not taken out of claim, although I received a letter stating that the client received client responsibility. Case manager verified client responsibility was correct in the system.

5. Who reprocessed or adjusted my claims?

- a. If an overpayment was created as non-offset, the letter sent by OFR will show the overpayment reason code. That will tell you if it was created by you or a state worker. Please see question title **“Why did I receive an overpayment letter from the Office of Financial Recovery? What does the reason code on my overpayment letter mean?”** for more information. If the overpayment was created as an offset and you did not adjust your claims, please submit a message via the [Contact Us web form](#).

6. They told me they fixed the claims; I don’t think I have an overpayment?

- a. If the claims were adjusted to decrease the amount of money that you should have been paid, it creates an overpayment. The claims were corrected or “fixed”, but a debt was created.

7. When were my claims reprocessed or adjusted? Which payment cycle will it hit? When is the overpayment going to get created?

- a. The adjusted or reprocessed claims generally show up in the adjustment section of your RA. The claims were adjusted during the week of that payment cycle. The method for determining the exact date can be found by using the TCN. For more information, please look in the Provider One Billing Resource Guide. Click on [Current Guide](#) and search for section entitled Reading the TCN. Claims can be adjusted months after the original claim was paid.

Once the claim is finalized, it will show up in that payment cycle. If the overpayment is offset, it will be included in that payment cycle. If non-offset, once Office of Financial Recovery receives the overpayment, you should receive a letter within a month. Regardless of offset or non-offset, you will notice on the right side of the summary page of your Remittance Advice.

8. Why do I owe money when my claims were reprocessed or adjusted?

- a. At least one of the following things were true when your claims were reprocessed:
 - Units were decreased



- The rate decreased
- The client was no longer eligible to receive that service
- You were no longer an eligible provider
- Client responsibility was not accurately deducted
- Your authorization was cancelled
- The start or end service dates were updated on your authorization
- You were double paid
- Another unexpected issue arose (e.g. defect)

9. A problem on my authorization created an overpayment for me. What do I do?

- Please contact the case manager associated with the authorization. The case manager will explain why the authorization changed to create the overpayment or will adjust the authorization if needed. If the case manager adjusts the authorization, you may then have to adjust the claim in order to receive the correct payment amount.

10. Why didn't my claims pay when they were reprocessed or adjusted?

- If a paid claim is adjusted, then a credit claim (negative amount) is created and a new paid claim (positive amount) is created for the adjusted amount. Please see example below:

	TCN	Client ID	Claim Type	From Date	To Date	Billed Amount	Claim Status	Processing Status	Paid Amount	Paid Date
ORIGINAL PAID CLAIM	71xxxxxxxxxxxx000	1XXXXXXXXXWA	01-ADSA-D	5/1/2015	5/31/2015	\$3,765.44	Adjusted	RA Generated	\$3,765.44	8/14/2015
CREDIT CLAIM	72xxxxxxxxxxxx000	1XXXXXXXXXWA	01-ADSA-D	5/1/2015	5/31/2015	(\$3,765.44)	Credit	RA Generated	(\$3,765.44)	10/29/2015
NEW PAID CLAIM	73xxxxxxxxxxxx000	1XXXXXXXXXWA	01-ADSA-D	5/1/2015	5/31/2015	\$3,543.15	Paid	RA Generated	\$3,543.15	10/29/2015
OVERPAYMENT AMOUNT									\$222.29	

If a paid claim is voided, then a credit claim (negative amount) is created. Please see example below:



	TCN	Client ID	Claim Type	From Date	To Date	Billed Amount	Claim Status	Processing Status	Paid Amount	Paid Date
ORIGINAL PAID CLAIM	61xxxxxxxxxxxx000	1XXXXXXXXXWA	01-ADSA-D	5/1/2015	5/31/2015	\$4,968.45	Void	RA Generated	\$4,968.45	8/14/2015
CREDIT CLAIM	62xxxxxxxxxxxx000	1XXXXXXXXXWA	01-ADSA-D	5/1/2015	5/31/2015	(\$4,968.45)	Credit	RA Generated	(\$4,968.45)	10/29/2015
OVERPAYMENT AMOUNT									\$4,968.45	

11. The wrong amount of client responsibility was applied to the claim. What should I do?

- a. Please try to adjust the claims yourself. Refer to the answer listed in **How do I adjust my claims? How do I void my claims?** If adjusting the claim yourself does not fix the problem, please submit a message via the [Contact Us web form](#).

12. Why did I receive an overpayment letter from the Office of Financial Recovery (OFR)? What does the reason code on my overpayment letter mean?

The reason code on your overpayment letter will provide some explanation as to why a claims adjustment resulted in an overpayment.

Below are the most common reason codes with a description.

- **AA-Audit.** An audit identified this payment as not being valid. A state worker adjusted the claim to create the overpayment.
- **P1 - Goods or services not provided.** A state worker initiated the claim to be adjusted because the goods or services were not provided.
- **P2 - Goods or services authorized in error.** A state worker initiated the claim to be adjusted because the goods or services were authorized in error.
- **P3 - Provider not eligible to provide goods or services.** A state worker initiated the claim to be adjusted because the client was not eligible to receive the service.
- **P4 - Client not eligible to receive goods or services.** A state worker initiated the claim to be adjusted because the goods or services were not provided.
- **P5 - Rate paid was incorrect.** A state worker initiated the claim to be adjusted because the rate paid was incorrect.



- **P6 - Multiple payments were made for the same goods or services.** A state worker initiated the claim to be adjusted because more than one payment was made for the same time period.
- **P7- Provider Initiated.** Provider initiated overpayment. This means that the provider adjusted their claim which resulted in an overpayment. For example, the provider may have removed a line on the claim or decreased the number of units. This change is processed in the ProviderOne system which generates an overpayment sent to OFR.

13. I received a letter from Office of Financial Recovery, but I don't think I owe the overpayment. What can I do? What is the process for an administrative hearing? What happens?

- a. On your overpayment letter, there are details regarding requesting an administrative hearing. If you are a provider, you must request an administrative hearing within 28 days of receiving the overpayment letter. You must send this to Office of Financial Recovery (OFR) via certified mail stating why you disagree with a copy of the overpayment letter.
- b. Once OFR receives the letter, then they send it to the Office of Administrative Hearings. The Office of Administrative Hearings will schedule a hearing and send you a notice of the hearing date. This will include instructions on how to appear. Some hearings are in person and some are over the phone. The hearing does not require attorney representation. After hearing the case, an administrative law judge will make a decision regarding the overpayment.

14. I received a letter from Office of Financial Recovery (OFR), can I request payment arrangements? Or may I be able to pay the funds?

- a. OFR will be able to discuss payment arrangements with you. Please call 360-664-5700 option 3, 1-800-562-6114, or TTY WA 1-800-833-6388.

15. I received a letter from Office of Financial Recovery, where should I send money?

- a. The address is listed on your overpayment letter. The funds should be mailed to PO Box 9501, Olympia, WA 98507-9501.

16. Could I get a new copy of the overpayment letter from Office of Financial Recovery (OFR)?

- a. Please call OFR at 360-664-5700, 1-800-562-6114, or TTY WA 1-800-833-6388.

17. I received a letter from Office of Financial Recovery (OFR), how much do I still owe from my overpayment?



- a. A monthly statement sent from OFR will display your current balance. If you believe that you have sent in funds, but it is not reflected on your statement, it may be due to payment processing time. If you do not see it on the next statement or are not receiving a monthly statement, please contact OFR.

18. I received a letter from Office of Financial Recovery (OFR), what happens if I don't pay my overpayment?

- a. Once you receive the letter, payment is due 20 days after the receipt of the notice. If the overpayment is not paid, then involuntary collection may be taken against you. OFR has the ability to collect an overpayment debt by: reducing your future P1 payments; liens; foreclosures; distraint or seizure and sales against your personal property; order to withhold and deliver, or any other collection action available to OFR to satisfy the overpayment debt (RCW 43.20B.675). OFR can also charge you interest and any costs associated with the collection of an overpayment (RCW 43.20B.695)

19. My overpayment was set up to go against my future claims, why am I still getting a statement?

- a. Office of Financial Recovery sends monthly statements so that you can see account payments and the balance. These are for your records so you may see when the debt is fulfilled.

20. What does CARS mean?

- a. CARS stands for Collections and Accounts Receivable System. It is the system Office of Financial Recovery uses to manage providers' debt.

21. What does NOC mean? I see this on my Remittance Advice (RA).

- a. NOC stands for Non-Offset to Collections and Accounts Receivable System (CARS), where CARS is the financial system that Office of Financial Recovery (OFR) uses to manage provider's debt. You will see NOC on your RA if a claim has been reprocessed or adjusted as non-offset. Non-offset is when the debt is automatically sent to OFR. OFR then contacts the provider to address the debt.

On your RA, you will see two lines for each TCN or claim number. The first line is titled NOC invoice. This is establishing the debt in ProviderOne. The second line is title NOC Referred to CARS. This shows that the remaining balance amount in ProviderOne was reduced to zero (\$0) because the debt was sent from ProviderOne to CARS. OFR will now be contacting you to collect the debt. The debt is not paid off until PFR's statements reflect \$0.



Adjustment Type	Previous Balance	Adjustment Amount	Remaining Balance Amount
NOC Invoice	\$ -	\$ -	\$ 2,164.68
NOC Referred to CARS	\$ 2,164.68	\$ 2,164.68	\$ -

22. On my RA, I see an adjustment labeled “DSHS Office of Financial Recovery”. What does that mean?

- a. If an overpayment is being paid off by withholding against your future ProviderOne payments, you will see this show up in the summary section of your RA and labeled as “DSHS Office of Financial Recovery” in Adjustment Type. You will also receive a letter notifying you that this withholding will begin being taken. If you have any questions regarding the withholding or would like it adjusted, please call OFR at 360-664-5700, 1-800-562-6114, or TTY WA 1-800-833-6388.

Billing Provider	Fin Invoice Number/Parent TCN	Source	Adjustment Type	Previous Balance	Adjustment Amount	Remaining Balance Amount
111XXXXXX01	APXXXXXXX	System Initiated	DSHS Office of Financial Recovery	\$500	\$500	\$0



23. My claim was adjusted and it offset, meaning it was taken back against my next payments; now I would like an administrative hearing? What do I do?

- a. On your Remittance Advice (RA), there is a box detailing how to dispute your overpayment. You must send a letter within 28 days of the RA date. An administrative hearing will be scheduled after Health Care Authority (HCA) receives the request. Please see details on your RA for more information.