

# Wisconsin CARES Guide

## Section 1 – Common Functions & Eligibility Processing

### Chapter 09, Version 2– Benefit Recovery (BV)

---

#### 9.0.0 BENEFIT RECOVERY INTRODUCTION

Use the Benefit Recovery (BV) subsystem to:

1. Determine if there is a Potential Overpayment, a Benefit Recovery Referral.
2. Make a referral for a Fraud Investigation or Fraud Prevention Verification, also known as Front-end Verification (FEV).
3. Track fraud investigation and FEV activities from agency's decision to pursue an investigation through post investigation activities.
4. Use Simulation to calculate the overpayment amounts.
5. Open a Benefit Recovery claim.
6. Open a Job Access Loan.
7. Open a Learnfare Penalty for Trial Job participants.
8. Enter repayment agreements on existing Benefit Recovery Claims.
9. Enter repayments on existing Benefit Recovery Claims.

#### FACTS ABOUT BENEFIT RECOVERY:

- Benefit Recovery may be used to set up a referral for any suspected overpayment, suspected fraud or fraud prevention activity.
- Benefit Recovery referrals for claims are created for each program in which a suspected overpayment may exist. The overpayment could be the result of non-client error, client error, or intentional program violation (IPV or fraud).
- Fraud prevention and fraud investigation activities are created per case or per provider number.
- Job Access Loans are loans created for each individual who is responsible to repay the loan.
- Learnfare penalties are created per case for each participation period the case is not in compliance with program policies.
- Collection fees are established by the state collection unit when a fee is incurred for establishing a levy or docketing a warrant for the collection of an AFDC, CC, or W2 claim. The client is responsible for all fees associated with a levy or warrant. The collection fees must be paid in full before any collected revenue posts to the debt. CARES will automatically post to all CF claims before any AFDC, CC, or W2 claim.

# Wisconsin CARES Guide

## Section 1 – Common Functions & Eligibility Processing

### Chapter 09, Version 2– Benefit Recovery (BV)

---

- There is no driver flow for benefit recovery.  
Workers are required to use the screens in a variety of sequences and over a period of time. The Benefit Recovery Screen Flow (1.0.1) shows the minimal screens to set a new claim. However, this flow does not relate to Job Access Loans (JAL) or Learnfare penalties.

#### OVERPAYMENT DETERMINATION/CLAIMS

The first step is to determine if an overpayment exists.

If a referral is opened and it is determined there is not an overpayment, simply change the status on BVRF to “C” for closed.

If an overpayment exists, determine the amount of the overpayment and the type.

For **FoodShare**, use Simulation to calculate the overpayment amount by entering the corrected data and checking the results.

For **W-2**, the worksheet is accessed through BVRF. If an overpayment exists, go to BVCL to begin the recovery and create the Notification of Overpayment. This ensures the worksheet is created and sent with the notice.

For **Medical Assistance** and **SeniorCare** claims, manual notice and a worksheet need to be sent.

For **Child Care** claims, a manual worksheet must be completed. **Notices must state the reason for the overpayment and it must be typed in free format text on the notice.** Go to CNIN to add free format text to the letter, informing the client why there is an overpayment.

A client is assessed all **Collection Fees** associated with establishing a levy or docketing a warrant. **These fees may only be assessed and recorded in CARES by the state collection unit.**

CARES processes the claim, identifies the liable persons, and generates the appropriate notices and worksheets, if applicable.

The claim follows the person who is liable for the overpayment. If s/he moves to another case, the liability for that overpayment follows all liable persons. When the person liable for the overpayment is no longer on an open case, CARES will send him/her a repayment agreement. Record the completed and signed agreement on BVPA within five days of receipt. Record payments in CARES within five days of receipt.

CARES does the following:

- Tracks the issuance of notices of nonpayment
- Closes the claim when the balance is paid
- Refers delinquent claims for further collection action, as authorized by law, to the Central Recoveries Enhanced System (CRES) which is monitored and maintained by the state collection unit

# Wisconsin CARES Guide

## Section 1 – Common Functions & Eligibility Processing

### Chapter 09, Version 2– Benefit Recovery (BV)

---

- Identifies and tracks refunds

#### RECOUPMENT

The FoodShare overpayment can be recouped from an open FoodShare case. The W-2 overpayment can be recouped from an open W-2 case.

The worker may override the recoupment on BVRI, by individual, if it is greater than the predetermined recoupment. CARES will not recoup below this amount. Workers may stop the recoupment because of bankruptcy, and state workers may stop recoupment for fair hearings by using stop recovery. Stop recovery may also stop additional collection actions from being invoked.

#### 9.0.1 Benefit Recovery Screen Flow

The following screen flow identifies the minimal screens required to enter a claim.

<b>BVRF – Fraud or Client or Non-client Error Per Program of Assistance</b>
<ul style="list-style-type: none"> <li>• ACSM – Simulation – For FoodShare</li> <li>• BVBD – For FoodShare</li> <li>• BVWW – For W-2 only</li> </ul>
<b>BVCL – Set Notice and Establish Claim</b>
<ul style="list-style-type: none"> <li>• CNIN to add Overpayment Reasons using CNAT</li> <li>• BVCC to Document Overpayment Reasons in Claim Comments</li> </ul>

FOR FRAUD PREVENTION VERIFICATIONS:

<b>BVIR – Refer Case or Provider for Potential Fraud Prevention</b>
<ul style="list-style-type: none"> <li>• BVIT – Investigation tracking/findings</li> <li>• BVPI – Record AG Outcome</li> <li>• BVCC – Document Fraud Prevention Verification Activities in Claim Comments</li> </ul>

FOR POTENTIAL FRAUD CLAIMS:

<b>BVIR – Refer Case or Provider for Potential Fraud Investigation</b>
<ul style="list-style-type: none"> <li>• BVRF Per AG</li> <li>• BVIT – Investigation tracking/findings</li> <li>• BVCL – Set notice and establish claim</li> <li>• CNIN to add Overpayment Reason using CNAT</li> <li>• BVPI – Record AG Outcome</li> <li>• BVCC – Document Fraud Investigation and Overpayment Activities in Claim Comments</li> <li>• Initiate IPV Sanction per AG</li> </ul>

# Wisconsin CARES Guide

## Section 1 – Common Functions & Eligibility Processing

### Chapter 09, Version 2– Benefit Recovery (BV)

#### 9.1.0 ENTERING A REFERRAL

To enter a new claim to CARES, begin with the referral for an overpayment. Depending on the agency's setup, the worker can make the referral to a claims coordinator, a claims specialist, or themselves. Use BVERF to create the referral.

BVERF	BENEFIT RECOVERY REFERRAL	02/14/05 13:46
REFERRAL: 9100005719	REFERRAL OFFICE: _____	XCTA13 N MEIER
UPDATED DATE:		
CASE: _____	CAT: _____	SEQ: _____
CURRENT AG STATUS:		
PRIMARY PERSON:		
ADDRESS:		
SOURCE: _____	REFERRAL DATE: 02 14 05	ASSIGNED TO: _____
REFERRAL PERIOD: ____ ____ THRU ____ ____	REFERRAL STS: 0	STATUS DT:
INVESTIGATION REFERRAL: _____	IR COMMENTS:	
COMPLETE W2 WORKSHEET (Y/N) : _		
DC: ____	COMMENTS: _____	
	_____	
	_____	
	_____	
	ENTERED DATE:	ENTERED BY:
PFKEYS: 13=DISPLAY PP & ADDRESS	22=BVCC	
NEXT TRAN: _____	PARMS: 9100005719	_____

- Step 1: Key in BVERF in the NEXT TRAN field and press <ENTER>. Referral Number. CARES generates the referral number when a claim is being set up. Note this number on paper because it is used to access some of the other screens in the benefit recovery subsystem. If the screen is accessed using a referral number for a claim already set up, the previously entered referral information will display.
- Step 2: Enter data for the following fields.
1. REFERRAL OFFICE – Key in the office number where the claim is originating.
  2. CASE – Key in the case number of the household suspected of receiving excess benefits.
  3. CAT – Key in the category of assistance of the assistance group (AG) to whom the excess benefits are suspected of being generated.
  4. SEQ – Key in the sequence number of the AG within the case. Note that the sequence number of the AG may change when the primary person is changed to an individual who was not previously a member of the household.

# Wisconsin CARES Guide

## Section 1 – Common Functions & Eligibility Processing

### Chapter 09, Version 2– Benefit Recovery (BV)

---

- Step 3: CURRENT AG STATUS: Displays the most current eligibility status of the AG. This field will only display when the screen is accessed after initial data entry.
- Step 4: PRIMARY PERSON & ADDRESS fields: Press PF13. CARES automatically fills these fields when the CASE, CAT, SEQ are keyed in and PF13 is pressed.
- Step 5:
1. SOURCE – Enter the code identifying how the discrepancy was discovered or reported. This is a required entry field and should agree with the source on BVIR.
  2. REFERRAL DATE – This date defaults to the current date. Key in the date in mmddyy format on which the possible discrepancy was reported or discovered. This field is a required entry. When the referral is the result of a data exchange, key in the match date.
  3. ASSIGNED TO – If a BV Coordinator is listed for the county on Reference Table TCRD, this field defaults to that person's user id. If there is no BV Coordinator, the individual doing the data entry must assign the referral. This could be the Benefit Recovery Worker, Claims Coordinator, or one's self.
  4. REFERRAL PERIOD – Enter the begin and end dates over which the discrepancy is suspected to have occurred. The referral must be for a time when the case was on CARES. Any referrals prior to CARES must be established on BVPC. If the suspected overpayments overlap pre-CARES and CARES eligibility, two claims must be entered.
  5. REFERRAL STATUS – This field displays the status of the claim. All referrals are assigned by the system an open (O) status. Workers can close the referral if a claim is not established. The referral will also close when the claim is paid in full.
  6. STATUS DATE – This field displays the date the referral opens or closes.
  7. INVESTIGATION REFERRAL – The fraud investigation or FEV referral number that is linked to this claim, if one exists.
  8. IR COMMENTS – If there are comments associated with the fraud investigation or FEV, they will display here.
  9. COMPLETE W2 WORKSHEET – Yes/No switch. If this is a W-2 claim and the W2 Worksheet has been completed, key in a "Y" (yes). If the worksheet has not been completed, key in an "N" (no).
  10. DELETE CODE (DC)

**Wisconsin CARES Guide**  
**Section 1 – Common Functions & Eligibility Processing**  
**Chapter 09, Version 2– Benefit Recovery (BV)**

---

11. COMMENTS. This is a free format area. Use it to document specifics about the referral. Also use this area to enter any appropriate claim adjustment comments. These comments will be viewable on BVCC when the claim is set up with the referral/claim number.
12. ENTERED DATE – Displays the date the last set of comments were entered.
13. ENTERED BY – Displays the worker id of the individual who entered the comments being viewed.

# Wisconsin CARES Guide

## Section 1 – Common Functions & Eligibility Processing

### Chapter 09, Version 2– Benefit Recovery (BV)

---

#### **9.2.0 FRAUD INVESTIGATION TRACKING SCREENS (FITS)**

Fraud reporting includes recording data relating to fraud investigation and fraud prevention activities on the Fraud Investigation Tracking Screens (FITS) located in the Benefit Recovery Subsystem of CARES.

Three screens in the Benefit Recovery Subsystem are used exclusively for fraud program reporting. These screens include BVIR, BVIT, and BVPI. In addition, the BVCC screen, which is used to record worker comments for all Benefit Recovery screens, is used in conjunction with each of the fraud reporting screens. The three fraud reporting screens and their related BVCC comment screens are collectively referred to as the Fraud Investigation Tracking Screens (FITS).

#### **9.2.1 Making a Referral for Investigation**

There are two types of investigations: fraud prevention verifications, also known as front-end verification (FEV) and fraud investigations (FRD). Front-end verification is an intense scrutiny of specific elements of a case that meets criteria established in an error prone profile before any benefits are issued. The purpose is to prevent incorrect benefits from being issued. A fraud investigation is generally performed after a benefit overpayment has occurred or is suspected to determine if a recipient actually received a benefit overpayment and if he/she intended to defraud the agency (SEE IMM Chapter 3 for policy guidelines on fraud prevention activities and fraud investigations).

To initiate a FEV or fraud investigation, the worker must make a referral to the agency gatekeeper. The agency gatekeeper must review each type of referral to make sure it meets the criteria to be referred for an investigation. The gatekeeper may be a lead worker, a supervisor, or another agency employee designated by the agency director to review, track, and approve all FEV and fraud investigation referrals with the agency.

Screen BVIR is designed for workers to make referrals for fraud investigation or fraud prevention activities. Screens BVIT and BVPI should be reserved for the agency gatekeeper to accept or reject referrals for investigation, to accept the investigation findings, to record investigation costs and, then, on BVPI to record post investigation activities.

# Wisconsin CARES Guide

## Section 1 – Common Functions & Eligibility Processing

### Chapter 09, Version 2– Benefit Recovery (BV)

#### BVIR - Investigation Referral

BVIR	INVESTIGATION/VERIFICATION REFERRAL	05/20/05 07:33
IR NUM:	CREATION DT:	XCTA13 N MEIER
UPDATED DATE:	ORIG OFFICE: _____	
WORKER ID:	COMMENT:	
DC: ____	IR TYPE: ____	IR SOURCE: ____
	CASE: _____	PROVIDER NUM: _____
ERROR PRONE REASONS: ____ ____ ____		PROVIDER FEIN/SSN: _____
PRIMARY PERSON:		
PIN:	SSN:	
PROVIDER NAME:		
PGM OF ASSIST		
(CATEGORY)	PERIOD UNDER INVEST/VERIF	EST OVERPAY/SAVINGS
____	____ _	_____
____	____ _	_____
____	____ _	_____
____	____ _	_____
____	____ _	_____
____	____ _	_____
PFKEYS: 13=PP/PROV INFO	14=AQCS	15=AQCM 16=ACCH 17=CCPD 21=BVIC 22=BVCC
NEXT TRAN: _____	PARMS: _____	

The Investigation/Verification Referral (BVIR) screen is used to issue a formal request for a fraud investigation because of a suspected intentional program violation of Medicaid, FoodShare, W-2, and/or Child Care benefits OR a prevention (commonly known as front end verification) activity to prevent issuing incorrect benefits. It is the beginning point when suspecting that a violation in the economic support programs or W-2 programs may have occurred.

An initial referral for an investigation is made on BVIR by:

- Step 1: Completing the fields and pressing <ENTER>. This also creates the BVIT and BVPI screens.
- Step 2: The IR TYPE field should be completed with “FRD” for a fraud investigation referral or “FEV” for a front-end referral.

The IR SOURCE field requires a code indicating how the case information discrepancy was discovered or reported. Reference Table TSRC provides the values for this field. This source should be the same source that is entered for any related claim referrals and is the reason the claim may be investigated.

The ERROR PRONE REASONS field is important because it identifies those characteristics determined by the agency as most common to error cases. Reference Table TERP provides the values for this field. These fields are only used for FEV referrals. A worker may enter up to 3 error prone reasons for an investigation. For FRD referrals, these fields are blank.

# Wisconsin CARES Guide

## Section 1 – Common Functions & Eligibility Processing

### Chapter 09, Version 2– Benefit Recovery (BV)

---

The EST OVERPAY/SAVINGS field provides information for both fraud and front-end referrals.

The EST OVERPAY refers to an estimate of the overpayment associated with the fraud for the period of time.

The SAVINGS refers to the estimate of potential savings due to the front-end investigation that is attributed to that case for a one-month period of time. In each of these situations, simply make an estimate; there is no verification of actual dollar amounts at this point. The Period Under Invest/Verif fields are used only for FRD referrals. Each category of assistance group, i.e., ADC, WW, FS, MA, CC, that is open for the case during the investigation period or has been applied for in an FEV referral must be listed with appropriate corresponding fields completed.

The PF keys on BVIR provide a shortcut to various other CARES screens that give information on household members and other investigation referrals.

The creation of a referral on BVIR leads to the assignment of an Investigation Referral number that appears in the IR NUM field on BVIT.

#### 9.2.2 Reporting Investigation Results

Findings of the investigation are reported on CARES on the Investigation/Verification Tracking and Findings (BVIT) screen. The primary purpose of a fraud investigation is to determine the correctness of an allegation that a recipient of a public assistance benefit **intended** to misrepresent his or her eligibility criteria or committed any act that constitutes an intentional program violation (IPV) (See IMM Chapter 3.3). An FEV referral is used to verify specific error prone factors relating to program applications or changes in circumstances (See IMM Chapter 3.2). Initially, the gatekeeper for the agency (i.e., person receiving the referral) determines whether an investigation will take place.

BVIT allows the agency gatekeeper to enter data and track the potential information concerning the investigation and claims activity. This screen is also used to track the resolution of suspected discrepancies after a FEV or fraud investigation referral is entered on BVIR.

# Wisconsin CARES Guide

## Section 1 – Common Functions & Eligibility Processing

### Chapter 09, Version 2– Benefit Recovery (BV)

#### BVIT – Investigation/Verification Tracking & Findings

BVIT INVESTIGATION/VERIFICATION TRACKING & FINDINGS		07/22/05 10:37	
IR NUM: 9300000159	CREATION DT: 07 22 05	XCT355 P RUBY	
UPDATED DATE: 07 22 05	ORIG OFFICE: 5040 MILW CO DSS		
WORKER ID: XCT355	CASE: 5700311950	PROVIDER:	COMMENT: N
PRIMARY PERSON: JIM	J SIMPSON		
PIN: 5100642611	SSN : 396827985		
PROVIDER NAME:			
REFERRED FOR INVEST/VERIF (Y/N): _ INVS/VERIF START (DECISION) DATE:			
REFERRED TO:	FRAUD/FEV WORKER: _____	OUTSIDE AGENCY: _____	
--DATA IN ERROR--	INVOICING	ENTERED	WORKER
CAT	SUS	FND	ID
---	---	---	---
---	---	---	---
---	---	---	---
---	---	---	---
---	---	---	---
---	---	---	---
---	---	---	---
---	---	---	---
INVEST/VERIF COMPLETION DATE: ____		EXTENSION DUE DATE: ____	
REASON FOR NOT GENERATING CLAIM(S): ____		POST OUTCOME INFORMATION (Y/N) : _	
PFKEYS: 21=BVIC 22=BVCC			

The investigation number (“IR NUM”), assigned by the system on BVIR, is used in the PARMS to access this screen.

The REFERRED FOR INVEST/VERIF field will indicate the gatekeeper’s decision as to whether or not the case will be investigated. The gatekeeper should have reviewed the referral to see if it meets the criteria listed to refer for a fraud investigation or a prevention activity. The investigation decision date is the date that the agency’s gatekeeper accepts or rejects the investigation referral.

The REFERRED TO: FRAUD/FEV WORKER or OUTSIDE AGENCY fields indicate who will conduct the fraud investigation or fraud prevention activity. If an agency worker conducts the investigation, that worker’s CARES ID is entered in the FRAUD/FEV WORKER field. If an outside agency, (i.e., the county sheriff, a private investigating agency, or the state’s fraud investigation provider), conducts the investigation, that party’s code from Reference Table TOAC is entered. The agency must ensure the investigating agency has a code for the county in table TOAC.

The codes for the DATA IN ERROR CAT fields come from the broad categories or error codes listed in Reference Table TIEC. Some examples are HH for Household Composition and EI for Earned Income.

The gatekeeper initially enters the CAT code with a “Y” for Suspected. Once the investigation is complete, the gatekeeper enters “Y” or “N” in the FND field, depending upon if the investigation finds that the error type occurred. . If additional errors were found that were not originally expected, the “CAT” field is completed with an “N” in the suspected (“SUS”) field and a “Y” in the FND field.

# Wisconsin CARES Guide

## Section 1 – Common Functions & Eligibility Processing

### Chapter 09, Version 2– Benefit Recovery (BV)

---

The POST OUTCOME INFORMATION field is used to create BVPI screens for FEV investigation referrals that are accepted or rejected or for FRD investigation referrals that are rejected by the gatekeeper. This field defaults to “N”. The system requires the gatekeeper to enter “Y” in this field for accepted fraud investigation referrals. Generally, there is no post investigation activity for front end verifications or for fraud investigations that are rejected for investigation. Occasionally, a worker may have a case where a referral for investigation would normally be justified, but the facts of the case that support fraud determination and overpayment claims are acquired by the worker without a formal investigation. The worker can make a referral for investigation, recommend that the gatekeeper deny the referral but create the BVPI screens to document fraud or IPV determination and overpayment claim determination.

For example, a worker receives a SWICA match indicating that a client has \$3,000 in unreported wages for his open FoodShare case. Usually the worker refers such a case to the agency’s fraud investigator, but in this case the worker quickly receives documentation of the client’s wages from the employer and full disclosure from the client supporting an IPV determination and a \$600 overpayment claim for fraud. The worker wants to document her fraud prevention activities, but she does not want to order a fraud investigation from the agency’s private investigator at a cost of \$500.00. Instead, she makes the fraud investigation referral on BVIR and notes on the BVCC comment screen that the facts of the investigation are known and that the BVPI screen should be created. The gatekeeper denies the investigation referral on screen BVIT, but indicates “Y” in the POST OUTCOME INFORMATION field to generate the BVPI screen for the FoodShare case. Subsequently, the worker obtains a waiver of Administrative Disqualification Hearing agreement from the client for the overpayment. The gatekeeper can then enter the ADH waiver and the overpayment claim information on the BVPI screen and close the referral on CARES.

The cost fields on BVIT are used only for fraud investigation referrals that are accepted for investigation. These fields are used by DHFS as the basis for reimbursing actual costs of fraud investigations to the counties and tribes. When the agency gatekeeper enters a date in the INVEST/VERIF COMPLETION DATE field for a Fraud Investigation, the gatekeeper should enter the actual costs reported by the agency’s fraud investigator.

# Wisconsin CARES Guide

## Section 1 – Common Functions & Eligibility Processing

### Chapter 09, Version 2– Benefit Recovery (BV)

#### 9.2.3 BVPI – Post Investigation Outcome

The agency decision in response to the investigator’s findings is reported on CARES via screen BVPI.

#### BVPI – Post Investigation Outcomes

BVPI POST OUTCOME INFORMATION FOR INVEST/VERIFICATION		07/22/05 10:38
IR NUM: 9300000159	CREATION DATE: 07 22 05	XCT355 P RUBY
UPDATED DATE: 07 22 05	ORIG OFFICE: 5040 MILW CO DSS	
WORKER ID: XCT355	COMMENT: N	COMPLETION DATE:
CASE: 5700311950	PROVIDER:	
PRIMARY PERSON: JIM	J SIMPSON	
PIN: 5100642611	SSN: 396827985	
PROVIDER NAME:		
CATEGORY CODE: FS		
NOT REFERRED TO DA/ADH RSN: ___		
DATE TO DISTRICT ATTORNEY: ___ ___ ___	PROSECUTION SUMMARY CODE: ___	
DA DECISION DATE: ___ ___ ___	NON-PROSECUTION CODE: ___	
DATE TO ADMIN DISQ HEARING: ___ ___ ___	ADMIN DISQ HEARING CODE: ___	
ADH DECISION DATE: ___ ___ ___	DATE ADH WAIVER SIGNED: ___ ___ ___	
TOTAL OVERPAYMENT AMOUNT: _____		
TOTAL CONVICTION AMOUNT: _____	CATEGORY COMPLETION DATE: ___ ___ ___	
FUTURE SAVINGS AMOUNT: _____	REASON: _	EFFECTIVE DATE: ___ ___

This screen is used to enter information about the investigation finding of fraud by the District Attorney (DA) or Administrative Disqualification Hearing (ADH). If the gatekeeper determines the investigation should not be sent to the DA or ADH, a code should be entered in the “NOT REFERRED TO DA/ADH RSN” (Reference Table TNRC) field. An example of why it is not referred may be that the participant has set up a voluntary repayment with the agency (“VO”). Otherwise, fields associated with a referral to the DA or the fields associated with a referral to the ADH need to be completed.

If an IPV is determined for a FoodShare case, the IPV must be entered on screen AIIP (See IMM Chapter 3.3.10.10).

For the FUTURE SAVINGS AMOUNT field, enter the amount of future savings based on the actions taken against the assistance group in error. This should be a single monthly amount, based on a closure, denial or reduction in benefits. Savings must be entered for FEV and Fraud Investigations. Unless additional activity was found in an investigation, only the FUTURE SAVINGS AMOUNT and REASON fields need to be completed for FEV.

In the REASON field, use the following codes:

- Enter a “C” if the future savings are based on a case closure,
- Enter a “D” if the future savings are based on a denial of assistance, or
- Enter an “R” if the future savings are based on a reduction of benefits.
- Enter an “N” if there is no savings. Also, enter the effective date of the case closure, denial or reduction of benefits.

# Wisconsin CARES Guide

## Section 1 – Common Functions & Eligibility Processing

### Chapter 09, Version 2– Benefit Recovery (BV)

#### 9.2.4 BVCC – Comments Screen for Fits Functions

Agency comments regarding fraud reporting activities and investigations are entered on screen BVCC.

#### BVCC – Benefit Recovery Comments

BVCC	BENEFIT RECOVERY COMMENTS	05/03/04 15:42
REF/CLM: 1111111111	TYPE: NC NON-CLIENT ERROR	DWD460 P RUBY
UPDATED DATE: 04 28 04		CLAIM STATUS: 0
OPEN		
<p>DC: ___ TRAN: BVRF *** THIRD PORTION OF QC CLAIM*** _____            PER STATE QA, RENT WAS NOT REDUCED BY THE AMOUNT THE _____            INELIGIBLE STUDENT CONTRIBUTES TOWARDS IT. CROSS _____            REFERENCE WITH # 7900121627 AND # 8900121628. _____            ENTERED DATE: 10 16 03 ENTERED BY: XBR413</p>		
<p>DC: ___ TRAN: BVRI BEGAN RECOVERY; PER FAIR HEARING DECISION PETITIONER FAILED            TO APPEAR WITHOUT PROVIDING GOOD CAUSE FOR NON            APPEARANCE THEREFORE AN ABANDONED ORDER HAS BEEN ISSUED            _____            ENTERED DATE: 04 28 04 ENTERED BY: DWD358</p>		
<p>DC: ___ TRAN: _____            _____            _____            _____            ENTERED DATE: _____ ENTERED BY: _____</p>		
<p>PFKEYS: 13=BVRF 14=BVCL 15=BVCD 16=BVRI 17=BVCR 18=BVPD            NEXT TRAN: _____ PARS: 1111111111 _____</p>		

The BVCC screen is used to record comments relating to a particular referral or claim. The comments are related back to specific transactions for further clarification. These comments may be viewed in whole, by date, and/or history by using a date in the PARMS.

#### **IMPORTANT INFORMATION:**

**Enter information on BVCC throughout the investigation process (as screens BVIR, BVIT and BVPI are completed) because the comments can provide the gatekeeper pertinent information needed to decide whether or not a case should be referred to the DA or ADH. Also, as noted above, use the BVCC comments to advise the gatekeeper to deny an investigation but to order BVPI screens or to approve an FEV referral with an order to produce BVPI screens.**

# Wisconsin CARES Guide

## Section 1 – Common Functions & Eligibility Processing

### Chapter 09, Version 2– Benefit Recovery (BV)

---

#### 9.3.0 CREATING A CLAIM

Once you've determined that an overpayment occurred, calculate the amount of the overpayment. For MA, SC and CC, a manual worksheet needs to be done. For W-2, navigate to BVWW from BVRF to complete a worksheet. For FS and AFDC, a worksheet can be completed in Simulation. The case must be in ongoing mode in order to get into Simulation. Where necessary, make the changes in production before completing Simulation.

#### 9.3.1 Simulation

To enter Simulation:

- Step 1: Key in ACSM on the NEXT TRAN line.
- Step 2: Key in the case number on the PARMS line
- Step 3: Press <ENTER>.

Once in Simulation:

- Step 1: Change the data in the case to reflect the actual income or assets that was received in each month of the overpayment. If income was unreported or underreported, enter an "F" in the EMPLOYMENT TYPE field on AFEI.
- Step 2: Run SFED using the overpayment begin and end dates as the Parms. CARES determines the correct benefit.
- Step 3: Terminate Simulation without delete. This stores the benefit calculations through the end of the calendar week. CARES brings these calculations over to BVBD.
- Step 4: Enter a "Y" in the CALCULATE field on BVBD and press ENTER. CARES then displays the benefit issuance from the BI payment history and the most current simulation determined benefit issuance amount for the referral period. You may recalculate the simulation determined amount for the months of the referral period at any time. Any recalculation deletes any of the current worksheet overrides.

After running simulation and calculating the overpayment/ underpayment, CARES displays by payment month:

- 1: The total actual benefit received. Be aware, supplements do not appear and simulation doesn't detect a supplement amount.
- 2: The calculated total benefit for that month is determined by the eligibility run in simulation.

The unreimbursed AFDC is the calculated benefit issuance, less any state retained CS income for the collection month. The Discrepancy Amount displayed is the difference between the benefit amount received minus the calculated correct amount from simulation for the collection month.

After the initial calculation, the total overpaid/underpaid referral or claim amount displays in the OVERPAYMENT AMT/UNDERPAYMENT AMT field. The over/under paid amount is calculated by

# Wisconsin CARES Guide

## Section 1 – Common Functions & Eligibility Processing

### Chapter 09, Version 2– Benefit Recovery (BV)

---

using the BI issued amounts for the referral period, and subtracting the correct amount determined in simulation. All overpayment or underpayment discrepancies are added together and totaled for all referral months. You can see the worksheets by keying an “X” in the Select field and pressing PF23 to see the AFDC Worksheet (BVAW) or PF24 to see the FS Worksheet (BVFW).

Key a “Y” in the UPDATE field on BVBD when these calculations are finalized and ready to send the overpayment notice with the worksheet.

The following circumstances are covered by this procedure.

1. Unreported or underreported income should not receive the FS earned income deduction. Code the portion of income that does not get the earned income deduction with an Employment Type “F” on AFEI.
2. Including CS payments retained by the state. CS payments retained are used to determine unreimbursed assistance in the AFDC overpayment worksheet. Code this unearned income “CSSU”. Use an effective date of two months less than the month being calculated. For example if SFED is being run for 10-01, CARES looks for unreimbursed CS, which is effective 08-01.

CARES automatically updates this type of income through the CS interface. However, there may be instances when it is necessary to enter this data manually to correctly calculate the overpayment. In those cases enter the amount on AFUI and code it as “CS”.

3. Modifying the FS unearned income counted in the FS budget. In certain circumstances, Simulation does not accurately calculate the AFDC benefit to be included in the FS calculation.

An example of this is when the original benefit was reduced by recoupment. During the Simulation run, CARES will not try to calculate a recoupment since the current outstanding balance does not reflect the balance for the point in time being run.

The easiest way to increase unearned income counted in FS is to add a new unearned income type “OTFS”. This is counted only for FS and not for AFDC.

#### 9.3.2 The W-2 Worksheet (BVWW)

Complete CARES screen BVRF (Benefit Recovery Referral). In addition to filling this screen out completely, key a “Y” in the “**Complete W-2 Worksheet**” field. Press <ENTER>.

# Wisconsin CARES Guide

## Section 1 – Common Functions & Eligibility Processing

### Chapter 09, Version 2– Benefit Recovery (BV)

BVWW	W-2 OVERISSUANCE WORKSHEET	07/22/05 10:27
REF/CLM: 2100005752	ERROR TYPE:	XCT355 P RUBY
LAST UPDATED: 2005-07-22	AGENCY: 5605	CLAIM STATUS:
CASE : 5700311950	CASE NAME : SIMPSON, JIM J	
REFERRAL PERIOD : 2003-01-01 THRU 2003-01-31	PAYMENT MONTH : 0103	
PARTICIPATION PERIOD: 9999-12-31 THRU 9999-12-31	CHECK DATE: 9999-12-31	
	PREVIOUS      CURRENT	PREVIOUS      CURRENT
1 GRP SIZE :	05            05	12 LNFR PENALTY :-      .00      .00
2 VEH AST :	.00            .00	13 MISSED HOURS :-      .00      .00
3 OTH AST :+	.00            .00	14 TOTAL PENALTY :-      .00      .00
4 TOT AST :=	.00            .00	15 CORRECT W2 AMT :=      .00      .00
5 AST LIM :	2500.00      2500.00	16 ACTUAL PMT ISS :      .00      .00
6 ERN INC :	.00            .00	17 PRIOR MTH RCPM :+      .00      .00
7 UE INC :+	.00            .00	18 TOT BENEFIT AMT:=      .00      .00
8 TOT GI :=	.00            .00	19 W2 OVERPAID :      .00      .00
9 GI LIM :	2030.00      2030.00	20 W2 UNDERPAID :      .00      .00
10 W2 EM PMT:	.00            .00	21 CS RETAINED :      .00      .00
11 DRG FLN :-	.00            .00	22 UNREIMBURSED W2:      .00      .00
		23 W2 OVERPAYMENT :      .00      .00
TOTAL ALL LINE 23 AMOUNTS \$	.00	- TOTAL ALL LINE 20 AMOUNTS \$      .00
EQUALS TOTAL AMOUNT W-2 TO BE RECOVERED :		\$      .00
PFKEYS:      23=SAVE & EXIT 24=SAVE & BVCL		
NEXT TRAN: _____	PARMS: 2100005752	

1. On CARES screen BVWW (W-2 Overissuance Worksheet), complete a W-2 Overissuance Worksheet for **each** month of the overpayment period. The most recent month of the overpayment period will be displayed first. The other month's worksheets are accessible using the PF8 and PF7 keys. When the worksheet for each month is complete, press PF24 to save the worksheets and go to screen BVCL.
2. CARES screen BVCL (Benefit Recovery Claim) will be complete except for the "Overpayment Reason" and "Error Type" fields. **These fields must be completed.** The "Send Notice?" field will default to "Y". Pressing <ENTER> on this screen will generate the W-2 Overpayment Notice and the W-2 Overissuance Worksheet and both will be sent together that evening.

**Note:** Once BVCL is complete, the worksheets cannot be modified; therefore, care must be taken in completing the worksheets and verifying that the "Claim Amount" on BVCL is correct before pressing <ENTER>.

#### 9.3.3 Creating a Claim and Updating Recovery

Go to BVCL with the referral number to establish the claim once you've confirmed the discrepancy and determined that an overpayment has occurred. Use BVCL to set up a claim for AFDC, MA, SC, CC, W-2 or FS.



# Wisconsin CARES Guide

## Section 1 – Common Functions & Eligibility Processing

### Chapter 09, Version 2– Benefit Recovery (BV)

---

To do a delete:

Step 1: Type a “D” in the DC (delete code) field on BVCL.

Step 2: Enter the reason in the reason code field.

Step 3: Press <ENTER>.

Anyone from the claim may be deleted as long as at least one person remains to keep the claim open. CARES will automatically send the appropriate notices to the liable individuals.

Adjustments to claims can be made up to 60 days after the original claim notice was generated. After 60 days, the claim may only be adjusted by the state collection unit.

To adjust a claim:

Step 1: Manually, or using simulation, recalculate the claim. Key the corrected amount over the amount in the AMOUNT field.

Step 2: Key a “Y” in the GENERATE NOTICE field. This sends a corrected notice to all liable individuals.

Step 3: Press <ENTER> to process.

Step 4: Note why the adjustment on BVCC was made.

Submit any claim that needs to be adjusted after 60 days to the state collection unit in writing. The write-off form can be found in Ops Memo 99-59 or online it is form DWSD-11439-E. The adjusted amount can be viewed on BVCD (claim detail).

If a new simulation worksheet is calculated or the details of an existing worksheet are changed, generate a new notice from BVCL. Once changes are made to BVFW, BVAW, or BVBD, the GENERATE NOTICE field is unprotected and a “Y” can be entered to generate a new notice. A manual notice may also be sent if necessary.

See the program policy manuals for policy directions for recouping for a specific program.

#### 9.3.4 Recovery Overrides

Use BVRI to establish a different recoupment amount for an open AG.

# Wisconsin CARES Guide

## Section 1 – Common Functions & Eligibility Processing

### Chapter 09, Version 2– Benefit Recovery (BV)

To access BVRI:

Step 1: Key "BVRI" on the NEXT TRAN line.

Step 2: Key in the claim number on the PARMS line.

Step 3: Press <ENTER>.

BVRI	RECOVERY INFORMATION & OVERRIDE	08/10/05 10:53
CLAIM: 2100005752	ERROR TYPE: CE CLIENT ERROR	XCTA13 N MEIER
UPDATED DATE: 07 22 05	CLAIM STATUS: O	
ORIGINATING COUNTY: 40 MILWAUKEE COUNTY	CREATION DATE: 07 22 05	CASE: 5700311950 CAT: WW C SEQ: 1
ADJ CLAIM AMOUNT: 90.00	FAIR HEARING DCSN (STATE): _	
RECOVERED AMOUNT: 0.00	DECISION DATE: _ _ _	
OUTSTANDING BALANCE: 90.00		
	STOP RECOVERY: N	
OVERPAYMENT PERIOD: 02 01 03 THRU 02 28 03	STOP RECOVERY RSN CD: ____	
NOTIFICATION DATE: 07 22 05	STOP RECOVERY DATE:	
DELINQUENCY DATE:	STOP RECOV WORKER ID:	
		RECOUP
DC NAME	PIN	OVR AMT RSN ALL UPDATED DT
_ HOMER	J SIMP 5100642611	_____ _ _ _
_ MARGE	I SIMP 5100642629	_____ _ _ _
PFKEYS:14=BVCI 15=BVCD 16=BVCL 17=BVPA 18=BVPH 19=BVRH 20=BVCH 21=BVCP 22=BVCC		
NEXT TRAN: _____ PARMS: 2100005752_____		

BVRI provides detail on the recoupment being done by CARES, by person. Also use BVRI to stop the recoupment when necessary. Do this only when a client has filed:

- (1) a fair hearing request,
- (2) for bankruptcy.

The state collection unit monitors all Fair hearings and will stop recovery when necessary for this reason.

To stop CARES from recovering:

Step 1: Key a "Y" in the STOP RECOVERY field.

Step 2: Key a reason code in the STOP RECOVERY RSN CD field.

When a recoupment is stopped, document the reason why on BVCC. Stopping recovery will also stop certain collection actions in the Central Recoveries Enhanced System (CRES).

# Wisconsin CARES Guide

## Section 1 – Common Functions & Eligibility Processing

### Chapter 09, Version 2– Benefit Recovery (BV)

BVRI		RECOVERY INFORMATION & OVERRIDE		08/09/05 13:39	
CLAIM: 6100005726		ERROR TYPE: CE CLIENT ERROR		XCTA13 N MEIER	
UPDATED DATE: 05 01 05		CLAIM STATUS: O			
ORIGINATING COUNTY: 40 MILWAUKEE COUNTY					
CREATION DATE: 04 15 05		CASE: 5700311950 CAT: WW C SEQ: 1			
ADJ CLAIM AMOUNT: 1000.00		FAIR HEARING DCSN (STATE): _			
RECOVERED AMOUNT: 50.00		DECISION DATE: _ _ _			
OUTSTANDING BALANCE: 950.00					
STOP RECOVERY: N					
OVERPAYMENT PERIOD: 01 01 03 THRU 01 31 03		STOP RECOVERY RSN CD: _ _ _			
NOTIFICATION DATE: 04 15 05		STOP RECOVERY DATE: _ _ _			
DELINQUENCY DATE: _ _ _		STOP RECOV WORKER ID: _ _ _			
RECOUP					
DC NAME	PIN	OVR AMT	RSN	ALL	UPDATED DT
_ HOMER	J SIMP 5100642611	_____	_____	-	
_ MARGE	I SIMP 5100642629	_____	_____	-	
PFKEYS:14=BVCI 15=BVCD 16=BVCL 17=BVPA 18=BVPH 19=BVRH 20=BVCH 21=BVCP 22=BVCC					
NEXT TRAN: _____		PARMS: 6100005726_____			

BVRI shows the amount of the claim, the amount recovered, and the remaining balance as well as overpayment period, notification date and delinquency date.

Override recoupment rates when a person has agreed to have a higher amount recouped other than the standard allotment reduction.

Recoupment overrides are designated by individual PIN. Enter amounts by individual because it affects **all** claims by the individual. All individuals associated with a particular claim appear on BVRI. Enter the override amount only for the person who is authorizing the override.

# Wisconsin CARES Guide

## Section 1 – Common Functions & Eligibility Processing

### Chapter 09, Version 2– Benefit Recovery (BV)

---

#### 9.4.0 REPAYMENTS

CARES automatically recoups from FoodShare and W-2 benefits that are issued as a part of the normal monthly processing cycle after the claim for these programs has been established. Record cash repayments the liable person may make that are in addition to the regular recoupment taken by CARES, or when the person is no longer eligible for benefits.

Note: Child Care recoupment from W-2 benefits ceased as of November, 2004.

To enter a repayment both of the following are needed:

1. The PIN of the person liable for the overpayment.
2. The program of assistance.

#### 9.4.1 Recording a Payment

Whenever a cash payment is received for a person, it may be necessary to determine how to apply the payment toward multiple claims.

If the person's SSN is not available, go to AQIN to get the person's SSN. Then go to BVCI. BVCI identifies all outstanding claims for a liable person.

If a person has only one claim, apply the entire amount to the claim. However, if s/he has claims for multiple programs of assistance, check for existing repayment agreements and split the payment accordingly. If no repayment agreement exists, enter the repayment on BVCP and do not select a claim. CARES will post the repayment to the oldest claim in that program. If there are claims for more than one program, choose the oldest claim to post the repayment to, unless otherwise specified by the debtor.

Use BVCP or BVMP to record the payments. Use BVCP to record a single payment for a particular claim.

Payment offices have been added for those agencies that have several locations. The payment office is the 4-digit identifier for the county, tribe or W-2 agency. ES agencies that are also the W-2 agency must be consistent and use one office number. The preferred office number would be the county office number. Where an ES agency is not the W-2 office, use the specific office identifier issued to that office.

Enter the following on BVCP for each PIN:

# Wisconsin CARES Guide

## Section 1 – Common Functions & Eligibility Processing

### Chapter 09, Version 2– Benefit Recovery (BV)

BVCP	POST CLAIM PAYMENT	07/22/05 10:22						
		XCT355 P RUBY						
PIN: 5100642611	NAME: JIM	J SIMPSON						
		SSN: 396827985						
PAYMENT OFFICE: _____								
PAYMT TYPE: CA SOURCE: _____ AMT: _____ IN-KND HRS: _____ ADJT DT: _____								
	CLM	JAL	REPAYMENT	REMAINING				
SEL	CLAIM	TYP	TYP	AMOUNT	BALANCE	CASE	CAT	SEQ
_	6100005726	CE		50.00	950.00	5700311950	WW C	01

- Step 1: Key in the payment office in the PAYMENT OFFICE field.
- Step 2: Key in the payment type in the PAYMT TYPE field. Payment type designates the reimbursement type, how the payment is made. The payment type may be cash, coupons, or inkind services. A check is designated as cash.
- Step 3: Key in the source of the payment in the SOURCE field. The payment source describes the collection method for the payment.
- Step 4: Key in the dollar amount of the payment in the AMT field.
- Step 5: Inkind hours (IN-KND HRS field) are completed only for job access loans.  
  
No dollar amount needs to be entered when recording community service hours completed. Key in the number of hours rounded to the nearest half-hour. The dollar amount will be automatically calculated. The job access loan will be split for inkind hours due and cash due. The claim must be selected to apply inkind hours.
- Step 6: Adjustment date (ADJT DT field) is not used for the original payment entry. It is used only when a repayment is reversed and reapplied.

Record multiple payments on BVMP. BVMP allows a clerk to record many payments from different liable persons for the same program.

- Step 1: Key BVMP in the NEXT TRAN field.
- Step 2: Key the “program code” in the PARMS field.
- Step 3: Press <ENTER>.

# Wisconsin CARES Guide

## Section 1 – Common Functions & Eligibility Processing

### Chapter 09, Version 2– Benefit Recovery (BV)

---

BVMP	POST MULTIPLE REPAYMENTS	07/22/05 10:23 XCT355 P RUBY
PROGRAM TYPE: CC (AFDC/FS/MA/WW/JAL/LF/CC/CF/SC) PAYMENT OFFICE: _____		
PIN	NAME	PAYMENT AMOUNT
IN-KIND HOURS	PAYMENT TYPE	PAYMENT SRC
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- Step 4: Key in payment office in the PAYMENT OFFICE field.
- Step 5: Key in PIN of liable individual that made the payment.
- Step 6: Key in amount of the payment (PAYMENT AMOUNT field).
- Step 7: Key in the source of the payment (PAYMENT SRC field). The payment source describes the collection method for the claim.
- Step 8: Inkind hours are completed only for job access loans.

**Note: All payments posted to AFDC, CC or W-2 will post to any outstanding CF claim first.**

A payment that was incorrectly recorded for a particular case can also be reversed. Payments can always be reversed. There are no time limitations.

- Step 1: Key in "BVRP" in the NEXT TRAN field.
- Step 2: Key in the "claim number" in the PARMS field.
- Step 3: Press <ENTER>.

# Wisconsin CARES Guide

## Section 1 – Common Functions & Eligibility Processing

### Chapter 09, Version 2– Benefit Recovery (BV)

```

BVRP                                REVERSE PAYMENTS                                07/22/05 10:24
CLAIM: 0100005550   TYPE: JL JOB ACCESS LOAN                                XCT355 P RUBY
UPDATED DATE: 07 01 05                                CLAIM STATUS: O OPEN
CASE: 5700311950   CAT: WW C   SEQ: 01  ORIGINATING OFFICE: 5605 MILWAUKEE W2 RE
                                CASH                                IN-KIND
ORIG CLAIM AMOUNT:                250.00                250.00   PERIOD:                THRU
TOTAL RECOUPMENTS: -                0.00                                CREATION DATE: 09 24 03
TOTAL PAYMENTS: -                385.00                51.50   NOTIFICATION DATE: 09 24 03
TOTAL ADJUSTMENTS:                .00                                REVERSAL REASON: ____
OUTSTNDG BALANCE: =                0.00                163.50

R
E  POSTED   PAYMENT   PMT  PMT  PMT
V  DATE     AMOUNT     TYP  SRC  OFF  PIN      * * * * NAME * * * * *
_ 05 01 05      51.50   IN  JAL  5605  5100642611  JIM  SIMPSON
_ 05 01 05      35.00   CA  JAL  5605  5100642611  JIM  SIMPSON
_ 06 24 04      50.00   CA  JAL  5605  5100642611  JIM  SIMPSON
_ 06 24 04     300.00   CA  JAL  5605  5100642611  JIM  SIMPSON

```

- Step 4: Key in the reason for reversing the payment in the REVERSAL REASON field.
- Step 5: Key an "X" in the REV field of the payment to be reversed (REV field)
- Step 6: Press <ENTER>.

# Wisconsin CARES Guide

## Section 1 – Common Functions & Eligibility Processing

### Chapter 09, Version 2– Benefit Recovery (BV)

---

#### 9.5.0 DETERMINING DELINQUENCY

Determining delinquency means CARES sends three dunning notices to the client before referring him/her to CRES for further collection action. These can occur over the life of the debt.

At the end of the first business day of the month, CARES does a batch run that looks at the prior month's claims created, repayment agreements and payments made.

CARES first evaluates all of the valid claims and all of the newly created claims. CARES looks for PINs not receiving benefits for the current month, and then looks to see if the next installment date is prior to the current date to see if a payment was due the previous month. If the PIN is not receiving benefits and the next installment date is prior to the current date, CARES looks for the entry of the repayment agreement on BVPA and if the installment was received. If either or both are missing, CARES increases the dunning number by one and generates a dunning notice.

For one month there is a maximum of one dunning number per program for a particular PIN. If the repayment agreement has not been entered on BVPA, a dunning notice will be generated regardless of payment. The system views the claim as delinquent when an RPA is not entered even if payments are being made.

If the repayment agreement has already been entered, CARES looks for payments made the previous month. All payment amounts for a given program must total at least the installment amount on BVPA. If all payments for the previous month do not add up to at least the total installment amount, CARES increases the dunning number by one and generates a dunning notice.

CARES generates a repayment summary notice to all PINs that have made a payment the previous month that met at least the installment amount.

#### 9.5.1 Repayment Agreements

Use BVPA to record the repayment agreement.

Step 1: Key "BVPA" in the NEXT TRAN field.

Step 2: Key in the "PIN/cat" on the PARMS line. If this is an MA overpayment, enter MA as the category rather than the type of MA, such as NHSC (Note: SeniorCare is not handled under MA, it is its own program type SC). All CF claims will appear under the ADC or WW repayment agreements.

Step 3: Press <ENTER>.

Apply the repayment according to any repayment agreements. RPAs are not established though BVPA for job access loans. Repayment arrangements of job access loans are recorded on BVJL.

Use BVPA to record any repayment agreement that has been set up. CARES tracks the repayments and sends the dunning notices when payments are missed.

# Wisconsin CARES Guide

## Section 1 – Common Functions & Eligibility Processing

### Chapter 09, Version 2– Benefit Recovery (BV)

---

BVPA	REPAYMENT AGREEMENT	08/09/05 14:45
UPDATED DATE: 08 01 05	UPDATED BY:	XCTA13 N MEIER
PROGRAM CODE: WW	CURRENTLY RECOUPING: N	
DC : __ DUNNING NUMBER: 2	NOTIFIED CASE: 5700311950	
PIN: 5100642611	NAME: HOMER	J SIMPSON SSN: 396827985
DELINQUENCY DATE:	REFERRED TO CRES DATE:	
SENT DATE : 08 01 2005	RECEIVED DATE: __ __ ____	END DATE:
PAY METHOD: __	INSTALLMENT AMT: _____	NEXT INST DATE: 08 25 2005
AFDC RECOUP FROM W2: _ AFDC RECOUP FROM W2 UPDATED DATE/BY:		
CLAIM NUM ERR RA	CLAIM NUM ERR RA	CLAIM NUM ERR RA CLAIM NUM ERR RA
2100005752 CE Y	6100005726 CE Y	7100005757 WT Y
PFKEYS: 18=BVCI 19=BVAI 20=BVCP 23=CNHS 24=PROCESS		
NEXT TRAN: _____ PARMS: 5100642611/WW_____		
RETURN FROM HELP FUNCTION		

Enter the following on BVPA:

- Step 1: Key in the date the repayment agreement was received in the office in the RECEIVED DATE field.
  
- Step 2: Key in "IN" for installment or "LS" for lump sum payment in the PAY METHOD field.
  
- Step 3: Key in the installment amount the individual has agreed to repay monthly in the INSTALLMENT AMT field. The monthly installment must be acceptable and fit the agency standards.
  
- Step 4: If the repayment agreement is for AFDC, an "N" must be keyed in the AFDC RECOUP FROM W-2 field. This field is only used if a client agrees to have their W-2 benefits recouped for AFDC claims. This field is not updateable for any other program.
  
- Step 5: Dunning notice numbers may be reduced for persons by a worker with a supervisory level of 50 or above. Dunning notices cannot be increased. Note in BVCC why the dunning number was reduced. If the person has already been referred to CRES for further collection action, the individual will continue to be delinquent even if the dunning numbers are reduced.

# Wisconsin CARES Guide

## Section 1 – Common Functions & Eligibility Processing

### Chapter 09, Version 2– Benefit Recovery (BV)

- The RPA on BVPA will have a “Y” in the currently recouping field when recoupment is taking place. Clients occasionally wish to make payments in addition to recoupment. Workers are able to record these RPAs even when the case is open and recoupment is occurring.
- The latest repayment agreement address is stored on BVAI. This address will originally come from ACCH or ACMA, but can be updated by entering “BVAI” in the NEXT TRAN line with the “PIN” on the PARMS line.

#### 9.5.2 BVPA – Repayment Agreement

This transaction is used to record all returned repayment agreements. BVPA stores the repayment information for all claims an individual is liable for in one program of assistance.

Repayment agreements can be renegotiated at any time. Renegotiating a repayment agreement may not stop further collection action if the RPA is already considered delinquent. Repayment agreements are automatically re-issued when a case closes for a program of assistance for which a current claim exists. For individuals selecting the recoupment option for AFDC overpayments from W-2 cash payments, the worker must indicate this selection on BVPA. Workers must record the repayment options properly on BVPA. Failure to make the appropriate entries on BVPA may result in incorrect collection action for the participant.

BVPA	REPAYMENT AGREEMENT	05/22/00 08:0																		
UPDATED DATE: 05 01 01	UPDATED BY:	XCT112 N KONRATH																		
<table style="width: 100%; border: none;"> <tr> <td style="width: 30%;">PROGRAM CODE: ADC</td> <td style="width: 30%; text-align: center;"><b>CURRENTLY RECOUPING: N</b></td> <td style="width: 40%;"></td> </tr> <tr> <td>DC : __ DUNNING NUMBER: 3</td> <td>NOTIFIED CASE: 2700195922</td> <td></td> </tr> <tr> <td>PIN: 2100418670</td> <td>NAME: MAGGIE MARSH</td> <td>SSN: 576132131</td> </tr> </table>			PROGRAM CODE: ADC	<b>CURRENTLY RECOUPING: N</b>		DC : __ DUNNING NUMBER: 3	NOTIFIED CASE: 2700195922		PIN: 2100418670	NAME: MAGGIE MARSH	SSN: 576132131									
PROGRAM CODE: ADC	<b>CURRENTLY RECOUPING: N</b>																			
DC : __ DUNNING NUMBER: 3	NOTIFIED CASE: 2700195922																			
PIN: 2100418670	NAME: MAGGIE MARSH	SSN: 576132131																		
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">DELINQUENCY DATE: 04 01 2001</td> <td style="width: 50%;">REFERRED TO CRES DATE: 04 01 2001</td> </tr> <tr> <td>SENT DATE : 12 01 2000</td> <td>RECEIVED DATE: __ __ ____</td> </tr> <tr> <td>PAY METHOD: __</td> <td>INSTALLMENT AMT: _____</td> </tr> <tr> <td></td> <td>NEXT INST DATE: 05 25 2001</td> </tr> </table>			DELINQUENCY DATE: 04 01 2001	REFERRED TO CRES DATE: 04 01 2001	SENT DATE : 12 01 2000	RECEIVED DATE: __ __ ____	PAY METHOD: __	INSTALLMENT AMT: _____		NEXT INST DATE: 05 25 2001										
DELINQUENCY DATE: 04 01 2001	REFERRED TO CRES DATE: 04 01 2001																			
SENT DATE : 12 01 2000	RECEIVED DATE: __ __ ____																			
PAY METHOD: __	INSTALLMENT AMT: _____																			
	NEXT INST DATE: 05 25 2001																			
<b>AFDC RECOUP FROM W-2: __ AFDC RECOUP FROM W-2 UPDATED DATE/BY:</b>																				
<table style="width: 100%; border: none;"> <thead> <tr> <th style="width: 25%;">CLAIM NUM</th> <th style="width: 10%;">ERR</th> <th style="width: 10%;">RA</th> <th style="width: 25%;">CLAIM NUM</th> <th style="width: 10%;">ERR</th> <th style="width: 10%;">RA</th> <th style="width: 25%;">CLAIM NUM</th> <th style="width: 10%;">ERR</th> <th style="width: 10%;">RA</th> </tr> </thead> <tbody> <tr> <td>4100004614</td> <td>CE</td> <td>Y</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>			CLAIM NUM	ERR	RA	CLAIM NUM	ERR	RA	CLAIM NUM	ERR	RA	4100004614	CE	Y						
CLAIM NUM	ERR	RA	CLAIM NUM	ERR	RA	CLAIM NUM	ERR	RA												
4100004614	CE	Y																		
<table style="width: 100%; border: none;"> <tr> <td style="width: 15%;">PFKEYS:</td> <td>18=BVCI 19=BVAI 20=BVCP 23=CNHS 24=PROCESS</td> </tr> <tr> <td>NEXT TRAN: _____</td> <td>PARMS: 2100418670/ADC_____</td> </tr> </table>			PFKEYS:	18=BVCI 19=BVAI 20=BVCP 23=CNHS 24=PROCESS	NEXT TRAN: _____	PARMS: 2100418670/ADC_____														
PFKEYS:	18=BVCI 19=BVAI 20=BVCP 23=CNHS 24=PROCESS																			
NEXT TRAN: _____	PARMS: 2100418670/ADC_____																			

#### CURRENTLY RECOUPING: N/Y:

No entry is required. This field is CARES-generated and is an informational field only. If the program of assistance is open for FS or W-2 as of the current date, the switch is set to “Y” for RPAs of those programs.

# Wisconsin CARES Guide

## Section 1 – Common Functions & Eligibility Processing

### Chapter 09, Version 2– Benefit Recovery (BV)

---

#### AFDC RECOUP FROM W-2:

An “N” or “Y” entry is required for AFDC repayment agreements. This field must be completed for all returned repayment agreements for AFDC overpayments. This field will be protected for non-AFDC repayment agreements. If “Y” is selected, the payment method and installment amount are optional fields.

#### UPDATED DATE/BY:

This field is populated by CARES when the “AFDC Recoup from W-2” field is completed.

DELINQUENCY DATE and REFERRED TO CRES DATE refer to the date an RPA was determined delinquent by CARES and sent to CRES (Central Recoveries Enhanced System) for additional collection action. Both of these fields are system generated and cannot be overridden.

#### **9.5.3 BVSL – Benefit Recovery Standard Letter (standard repayment agreement)**

Manual repayment agreements are issued through BVSL. BVSL requires the office of the worker initiating the repayment agreement to be listed in the PARMS. This allows the issuance of the agreement under the correct worker and office regardless of where the individual is now located (i.e., NEXT TRAN: BVSL PARMS: 2100418670/ADC/5006 [i.e., Pin/Program/Office]).

Fill in the PIN, NAME, balance owed and date of first payment due, which is always the 25<sup>th</sup> of the month. If you are creating the RPA prior to the 15<sup>th</sup> of the month, the due date is the 25<sup>th</sup> of the current month. An RPA created the 15<sup>th</sup> of the month or after is due the 25<sup>th</sup> of the following month. Free text can be added for additional comments.

Generating a new repayment agreement clears out all fields on BVPA. Since deleting repayment agreements is not allowed, creating a new repayment agreement using BVSL is the way to clear all fields on BVPA and re-enter them if necessary. Creating a new manual RPA does not affect the claim(s) in any way.

#### **9.5.4 BVAI – Repayment Agreement Addresses (for an individual)**

BVAI is a screen accessed by PIN to maintain the address for repayment agreements, dunning notices, and repayment summaries. When the initial RPA is sent, the address will first pull from ACMA if present, otherwise it will be ACCH. BVAI will be available after the beginning of the month (BOM) cycle with that address. Any changes to ACMA or ACCH will update BVAI through the BOM cycle. Workers can also update BVAI.

Once a BVAI screen is created, additional RPAs, dunning notices, or repayment summaries are sent to the most recently updated address from ACMA, ACCH, or BVAI (this is determined by the “Updated Date” field on these screens.)

Once a case is closed, BV workers can use BVAI to update the address in order to send the BV notices to the correct address.

# Wisconsin CARES Guide

## Section 1 – Common Functions & Eligibility Processing

### Chapter 09, Version 2– Benefit Recovery (BV)

---

BVAI	BENEFIT RECOVERY REPAYMENT ADDRESS	05/22/00 07:38																								
UPDATED DATE: 12 01 00	UPDATED BY:	XCT112 N KONRATH																								
PIN: 2100418670	NAME: MAGGIE MARSH	SSN: 576132131																								
<table style="width: 100%; border: none;"> <tr> <td style="width: 20%;">NUMBER</td> <td style="width: 10%;">UNIT</td> <td style="width: 10%;">DIR</td> <td style="width: 20%;">ST/RURAL</td> <td style="width: 10%;">RT/BOX#</td> <td style="width: 10%;">SUF</td> <td style="width: 10%;">QUAD</td> <td style="width: 10%;">APT</td> </tr> <tr> <td colspan="8">ADDRESS: 777_____ E_ WISCONSIN_____ AVE_ _____</td> </tr> <tr> <td colspan="8">CITY: MILWAUKEE_____ STATE: WI ZIP: 53202_____</td> </tr> </table>			NUMBER	UNIT	DIR	ST/RURAL	RT/BOX#	SUF	QUAD	APT	ADDRESS: 777_____ E_ WISCONSIN_____ AVE_ _____								CITY: MILWAUKEE_____ STATE: WI ZIP: 53202_____							
NUMBER	UNIT	DIR	ST/RURAL	RT/BOX#	SUF	QUAD	APT																			
ADDRESS: 777_____ E_ WISCONSIN_____ AVE_ _____																										
CITY: MILWAUKEE_____ STATE: WI ZIP: 53202_____																										
PFKEYS:	18=BVCI	19=BVAD																								
NEXT TRAN: _____	PARMS: 2100418670_____																									

#### 9.5.5 Repayment Summary Notices

Repayment summary notices are generated by program to individuals making monthly payments to reduce their outstanding debts. Individuals will receive a repayment summary notice for all payments recorded in the benefit recovery subsystem. If an individual makes a partial payment not equaling their monthly installment amount for the program, s/he will receive a dunning notice. Keep in mind that after three dunning notices, individuals are referred to the CRES collection system for additional collection action. This referral is noted on BVPA as "Referred to CRES".

# Wisconsin CARES Guide

## Section 1 – Common Functions & Eligibility Processing

### Chapter 09, Version 2– Benefit Recovery (BV)

#### 9.6.0 PRECARES CLAIMS

Some new claims may be based on overpayments made prior to CARES. Use Pre-CARES for overpayments that occurred from assistance received from CRN. In this situation, enter the CRN (Pre CARES) overpayment data on CARES. Use BVPC to enter this data. Use this screen only to enter overpayment data that occurred before the case opened on CARES. If there is an overlap with part of the repayment through CRN and part through CARES, do a separate claim for each part.

To get to BVPC:

- Step 1: Type "BVPC" on the NEXT TRAN line.
- Step 2: Enter "case number/cat/seq" in the PARMs field.
- Step 3: Press <ENTER>.

BVPC	BV PRE-CARES CLAIMS	07/22/05 10:43						
		XCT355 P RUBY						
CASE: 0700700900	CAT: ADCR SEQ: 01							
PRIMARY PERSON: 0502186991	BILL M SMITH							
REFERRAL OFFICE: _____	OVERPAYMENT REASON : _____							
PROGRAM	ERROR TYPE	CLAIM AMOUNT	STOP RCVY	OVERPAYMENT BEGIN DT	END DT	CLAIM STS	CLAIM/ REFERRAL	ASSIGNED TO
ADC	___	_____	N	___	___	___	O	_____

CARES fills in the following data elements.

1. Case number.
2. Category of assistance.
3. Sequence number.
4. PIN of the primary person.
5. Name of the primary person.

Enter the following data for the claim.

1. Referral Office.
2. Overpayment reason.
3. Error type.
4. Claim amount.
5. Overpayment begin and end dates.
6. Worker number claim is assigned.

# Wisconsin CARES Guide

## Section 1 – Common Functions & Eligibility Processing

### Chapter 09, Version 2– Benefit Recovery (BV)

---

A CLAIM STATUS cannot be entered. This is a default field that is completed by CARES. The STOP RCVY field defaults to recover the overpayment.

#### 9.6.1 Claims from a Closed Case

Use this procedure when someone is applying for benefits and there is an existing overpayment on a CRN case.

Make sure these claims have not already been converted. Go to BVCI using the person's SSN as a PARM to see if the claim has been converted. If the claim is already on CARES, the claim is associated with the person in the new case who is liable for the overpayment. Only the Primary Person is associated with Pre-CARES claims.

If the claims don't exist, they must be created. If the RFA has not yet been entered into CARES, do a closed case conversion. Invoke CVCR first and then go to ASBC. This does not work if the RFA has been entered. Completing the closed case conversion establishes any AFDC claims but not a FS claim.

Create all FS claims and those AFDC claims that were not converted using this special function. Use BVPC with a special parameter to establish these claims. On the PARMS line key in "case/cat/seq/cnv" and press <ENTER>. This alerts CARES to the fact that the claim is an existing balance of a previously created claim. CARES then sets all NOTIFICATION DATES in the past so that claims are immediately available for recoupment. Go to BVRI and enter correct NOTICE for the claim.

Only the accurate remaining balance must be carried over to CARES. Do this for all claims entered on BVPC.



**Wisconsin CARES Guide**  
**Section 1 – Common Functions & Eligibility Processing**  
**Chapter 09, Version 2– Benefit Recovery (BV)**

---

Per Wisconsin statutes, refunds under \$2 do not need to be issued unless the client has requested so in writing but should be taken into consideration for reconciliation purposes and entered on BVCR.

**Agencies should not refund a client by auxiliary benefits per policy.**

# Wisconsin CARES Guide

## Section 1 – Common Functions & Eligibility Processing

### Chapter 09, Version 2– Benefit Recovery (BV)

---

#### 9.8.0 JOB ACCESS LOANS

Job Access Loans (JAL) are also tracked through Benefit Recovery on CARES. It is up to the FEP to manually determine need for and terms of the loan, but once the loan is made by the agency, it must be tracked through CARES.

#### Approved JAL Date:

JALs approved during a calendar month must be entered in the same month on CARES screen BVJL.

#### Repayment Due:

The first JAL loan repayment is due the 25th of the following month. Subsequent payments are due on the 25th of subsequent months.

Enter repayment into CARES the same as an overpayment claim on BVCP. The W-2 agency has until the final day of the month to enter repayment activity into CARES.

The purpose of BVJL is to collect information regarding the terms of the job access loan. BVJL sets up the recovery and sends individuals dunning notices and repayment summary notices. There can be only one liable individual on a JAL and CARES will only associate that individual to the approved JAL.

Dunning notices will be sent to individuals who have missed either cash or in-kind payments or where payments have been received and are below the agreed upon payment amount. After three dunning notices, the JAL will become delinquent and be referred to CRES. When a JAL becomes delinquent, all agreed upon in-kind repayment amounts will revert to cash and be collected as such.

The status for a JAL is critical to adjust, recover, and decline a JAL. A JAL should always be entered in an applied status, (“A”) and not opened (“O”) until a check has been issued. Once a JAL is open, loan amounts may not be adjusted. If a JAL is not granted, the status should be changed from “A” (applied) to “D” (denied). Follow the same procedures for requesting JALs to be written off as you would for normal claims over 60 days old.

Job Access Loan Codes		
Code	Description	Additional Information
A	Applied	
O	Open	
D	Denied	Used when a JAL is not granted.
C	Closed	Done by the system when a JAL is zeroed out.
H	Hold	Works like a stop recovery for JALs
W	Written Off	Used to write off JALs and must be done at the state level because only state workers can write off JALs at any time.

# Wisconsin CARES Guide

## Section 1 – Common Functions & Eligibility Processing

### Chapter 09, Version 2– Benefit Recovery (BV)

To establish a JAL tran to BVJL with nothing entered in the Parm. This allows you to enter the necessary information to establish the loan. For an existing JAL, CARES displays:

- 1: The case number, category and sequence.
- 2: The status of the loan request.
- 3: The date the next payment is due.

Enter the following fields for new JALs:

BVJL	JOB ACCESS LOAN INFORMATION	07/22/05 10:14
CLM: 1100005751		XCT355 P RUBY
UPDATED DATE:	UPDATE USER ID:	
CASE: _____	CAT: _____	SEQ: _____
	STATUS: _____	ORIG OFFICE: _____
LIABLE INDV PIN : _____	SSN : _____	GRANTING WORKER: _____
APPLICATION AMT: _____	REPAYMENT PERIOD: 08 01 05	THRU _____
LOAN AMOUNT: _____	MONTHLY CASH REPAYMENT AMOUNT:	_____
CASH: _____	MONTHLY IN-KIND REPAYMENT AMOUNT:	_____
IN-KIND: _____	MONTHLY IN-KIND HOURS:	_____
IN-KIND HOURS: _____	NEXT INSTALLMENT DUE DT:	08 25 05
DUNNING NOTICE NUM: _____	0	DELINQUENCY DT: _____
		REFERRED TO CRES DT: _____
REASONS FOR APPLYING JAL:		
<input type="checkbox"/> CAR PURCHASE	<input type="checkbox"/> CAR REPAIR	<input type="checkbox"/> MOVING
<input type="checkbox"/> CHILD CARE	<input type="checkbox"/> WORK EQUIPMENT	<input type="checkbox"/> CLOTHING
<input type="checkbox"/> SELF EMPLOYMENT	<input type="checkbox"/> VOCATIONAL TRAINING	<input type="checkbox"/> MEDICAL
<input type="checkbox"/> RENT	<input type="checkbox"/> SECURITY DEPOSIT	<input type="checkbox"/> MORTGAGE
<input type="checkbox"/> OTHER _____		
PFKEYS: 22=BVCC		
NEXT TRAN: _____	PARMS: 1100005751	_____

1. The case number, category and sequence number of the person requesting the loan, and originating office in the CASE, CAT, SEQ fields respectively.
2. The status of the loan. Valid values are found in Reference Table TVJL.
3. The logon ID of the granting worker, the worker that reviewed and approved the loan application in the GRANTING WORKER field.
4. The PIN of the person liable for loan repayment, the person requesting the loan in the LIABLE INDV PIN field.
5. The total amount applied for in the APPLICATION AMT field.
6. The total amount of the requested loan that is granted in the LOAN AMOUNT field.
7. The total amount to be paid back in cash in the CASH field.
8. The total amount to be paid back in in-kind services in the IN-KIND field.

**Wisconsin CARES Guide**  
**Section 1 – Common Functions & Eligibility Processing**  
**Chapter 09, Version 2– Benefit Recovery (BV)**

---

9. CARES displays the in-kind hours, the total number of hours to be worked to pay back the total amount allowed in in-kind payment.
10. The repayment period, the period in which the loan will be repaid, is clarified in the administrative rule. “The participant shall repay a Job access Loan within a 12-month period except that the repayment period may be extended to a maximum of 24 months if the participant requests an extension and the W-2 agency determines that it is appropriate.” The first date (REPAYMENT PERIOD field) cannot be greater than today’s date and the THRU date field must be the last day of the month.
11. The amount to be paid back monthly in cash in the MONTHLY CASE REPAYMENT AMOUNT field.
12. The amount to be paid back monthly in in-kind services in the MONTHLY IN-KIND REPAYMENT AMOUNT field.
13. The purposes for the loan in the REASONS FOR APPLYING JAL.  
A = Applied  
OR  
G = Granted (if the check has been issued).

Use PF22 to record benefit recovery comments.

# Wisconsin CARES Guide

## Section 1 – Common Functions & Eligibility Processing

### Chapter 09, Version 2– Benefit Recovery (BV)

#### 9.9.0 LEARNFARE

To establish a Learnfare penalty use BVLF.

Go to BVLF to establish a Learnfare penalty for persons participating in W-2 trial jobs. Leave the Parms blank to create a Learnfare penalty. Learnfare penalties can be established for one person's non-participation in an approved school activity, or up to three persons. However, BVLF records all non-participating persons if more than three children are not participating in approved school activities. BVLF sets up the recovery and sends the client a penalty notice.

#### 9.9.1 How to Enter a Penalty

```

BVLF                                ESTABLISH LEARNFARE PENALTY      07/22/05 10:12
CLM: 0100005750                    XCT355 P RUBY
UPDATED DATE:                       UPDATE USER ID:
NON-PARTICIPATION PERIOD : 07 16 05   THRU 08 15 05
CASE: _____ CAT: WW C SEQ: ___   ORIG OFFICE:
                                     STATUS: O WDR RSN: ___   ORIGINATING WORKER: _____
LIABLE INDIVIDUAL PIN: _____
                                     SSN:
                                     ISSUANCE MONTH (MMCCYY): 092005
PENALTY AMOUNT: _____           PENALTY CREATION DATE: 07 22 05
DUNNING NUMBER: _____          PENALTY PAYMENT DUE DATE: 09 25 05
NOTICE DATE: 08 25 05
* * * * * NON-PARTICIPATION INDIVIDUALS * * * * *
DC RSN  PIN      NAME                SSN      NONPAR-RSN
- _____
- _____
- _____
- _____
- _____
PFKEYS: 22=BVCC
NEXT TRAN: _____ PARS: 0100005750_____

```

To create a penalty, enter the following:

- Step 1: The case number, category and sequence number of the liable person in the CASE, CAT, SEQ fields respectively. This is the parent responsible for the child's school attendance.
- Step 2: The worker ID of the worker establishing the penalty in the ORIGINATING WORKER field.
- Step 3: The PIN of the person liable for payment of the penalty in the LIABLE INDIVIDUAL PIN field.
- Step 4: The total amount of the penalty in the PENALTY AMOUNT field.

# Wisconsin CARES Guide

## Section 1 – Common Functions & Eligibility Processing

### Chapter 09, Version 2– Benefit Recovery (BV)

---

Step 5: The PIN numbers of all children subject to a Learnfare sanction for this period (PIN field in the NON-PARTICIPATION INDIVIDUALS section of the screen) and the non-participation code in the NONPART-RSN field in the same section of the screen.

CARES displays the following:

1. Status of the case (STATUS field) Valid values (found in Reference Table TJVL) are C = Closed, O = Open, W = Write-off.
2. Non-participation month (ISSUANCE MONTH field).
3. Penalty creation date, the date of entry (PENALTY CREATION DATE field).
4. Penalty due date, the date payment is due (PENALTY PAYMENT DUE DATE field).

FEPs must use BVLFF to recover Learnfare financial penalties in W-2 cases where the participant is in a Trial Job, and therefore the penalty cannot be recouped from a W-2 payment.

Workers must enter:

1. Their identification number
2. The PIN of the W-2 participant
3. The total amount of the penalty
4. The PIN numbers of all children subject to a Learnfare penalty for the period
5. The non-participation code

Review ANSE and AILW to ensure that the correct PINs and non-participation codes are entered on BVLFF. If the child does not have a penalty code on AILW for the participation period on BVLFF, do not enter a penalty code on BVLFF. CARES will not prevent workers from entering a penalty for a child that contradicts the information on ANSE or AILW; this will be a worker responsibility.

Penalty codes are in Reference Table TLFC	
CM	Failure to comply with case management
NE	Not enrolled in school
Note: Penalty code LS, "Penalty entered late-not deducted from payment", cannot be used on BVLFF	

Only a child between the ages of 6 and 17 years old, whose parent is in a W-2 employment position, and who is not enrolled in school is subject to a Learnfare financial penalty, for either failing to enroll or not cooperating with case management. Other categories of students, habitual truants, minor parents, and returning dropouts, are mandatory for Learnfare case management, but no financial penalty is imposed if the student fails to participate.

Workers must also review the case to ensure that no more than one Learnfare penalty is imposed for each issuance month. CARES will not prevent more than one penalty notice being issued in one month.

BVLFF is programmed to send a notice that payment is due at the same time that the W-2 check is issued. The penalty payment due date is 25 days after the date the notice is issued if the notice is

# Wisconsin CARES Guide

## Section 1 – Common Functions & Eligibility Processing

### Chapter 09, Version 2– Benefit Recovery (BV)

---

issued in the first 15 days of the month. If the notice is created on the 15<sup>th</sup> day of the month or later the due date is the 25<sup>th</sup> of the following month. This will allow sufficient time for the W-2 participant to request a Fact Finding on the Learnfare penalty. If a Fact Finding is requested on the Learnfare penalty, do not seek to recover the penalty using BVLF until after the Fact Finding is decided, if it is decided in favor of the W-2 agency. Workers may AE delete the child's PIN and reduce the penalty before the notice is issued. If the last child's PIN is removed, the claim must be withdrawn.

When a repayment is received from a client, workers must apply the payment to the correct claim using BVCP or BVMP.

#### **9.9.2 To Withdraw a Penalty**

In order to with a LearnFare penalty, change the STATUS to "W" (Write Off) and enter a reason in the WDR RSN field. Valid values come from Reference Table TVWD (JAL/LF Penalty Withdrawn Reason Code).

Note: After the penalty is entered on BVLF the status reason is updateable.

# Wisconsin CARES Guide

## Section 1 – Common Functions & Eligibility Processing

### Chapter 09, Version 2– Benefit Recovery (BV)

#### 9.10.0 INQUIRY SCREENS

The Benefit Recovery subsystem has its own set of inquiry screens that provide data on entered claims.

#### 9.10.1 Individual Claims

BVCI provides data on all claims for a particular person.

##### 9.10.1.1 How to Access BVCI

- Step 1: Key in “BVCI” on the NEXT TRAN line.
- Step 2: Key in either the “PIN or SSN” in the PARMS.
- Step 3: Press <ENTER>.

BVCI displays all claims associated with the person’s PIN or SSN.

BVCI		CLAIMS FOR AN INDIVIDUAL				04/28/04 10:55				
PIN: 8888888888						DWD460 P RUBY				
NAME: AMBER		L ROAD				SSN: 333774444				
SEL				CASE		T Y		S T O		ADJ
CLAIM OUTSTANDING								F		NOTICE
DET	CLAIM	CASE	CAT/SEQ	S	P	F	DATE	AMOUNT	BALANCE	
_	1911111111	4545454545	FS 01	O	NC	5005 04 28 04		185.00	145.00	
_	7977777777	4545454545	FS 01	O	NC	5005 04 28 04		342.00	342.00	
_	8888888828	4545454545	FS 01	O	NC	5005 04 28 04		353.00	353.00	
PFKEYS:		15=BVCD	19=BVPA	20=BVCP	22=BVCC					
NEXT TRAN:		PARMS: 8888888888_____								

#### 9.10.2 AG Claims

The BV subsystem has three screens that provide information by Assistance Group.

1. **BVRA** provides information on **referrals** by AG.
2. **BVCA** lists all **claims** associated with an AG.
3. **BVIC** lists all **investigation referrals** by AG

# Wisconsin CARES Guide

## Section 1 – Common Functions & Eligibility Processing

### Chapter 09, Version 2– Benefit Recovery (BV)

#### 9.10.3 Claim Detail

BVCD provides claim detail.

##### 9.10.3.1 How to Access BVCD

- Step 1: Key in “BVCD” on the NEXT TRAN line.
- Step 2: Key in the “Claim Number” on the PARMS line.
- Step 3: Press <ENTER>.

Note the PIN, Claim Number and the notice date from BVCA. Use these as PARMS to access some of the repayment screens.

```

BVCD                                CLAIM DETAIL
      04/28/04 11:29
CLAIM: 1111111111 TYPE: NC NON-CLIENT ERROR          DWD460 P RUBY
UPDATED DATE: 04 28 04                                CLAIM STATUS: O OPEN

ORIGINATING OFFICE: 5005 BROWN CO HSD                COMMENT: Y
CASE: 4545454545  CAT: FS      SEQ: 01                PERIOD: 08 01 03 THRU 09 30 03
                                                CASH          IN-KIND
  ORIG CLM AMT:          185.00          0.00          CREATION DT: 10 16 03
  TOT ADJ AMT:
  ADJ CLM AMT: =
TOTAL PAYMNT: -          -
TOTAL RECOUP: -          40.00
OUTSTAND BAL: =          145.00          0.00          REFUND AMT:
                                                REF ISS DATE:
                                                LAST RECOV DATE: 03 18 04

* * * * * LIABLE  INDIVIDUALS * * * * *      * * * CURRENT PARTICIPATION * *
S NAME                                PIN          CASE          CAT  SEQ  ST  OV  AGMT
_ AMBER                                8484848484  4111111115    FS   01   O   N   Y

PFKEYS:  17=BVRI  18=BVCI  19=BVPA  20=BVCP  22=BVCC
NEXT TRAN: _____  PARMS: 1900121631_____
  
```

#### 9.10.4 History Inquiries

**BVRH** allows you to view the **claim recoupment** history.

**BVPH** displays a **payment** history for a particular claim.

**BVCH** displays the history of **a particular claim**.

# Wisconsin CARES Guide

## Section 1 – Common Functions & Eligibility Processing

### Chapter 09, Version 2– Benefit Recovery (BV)

---

#### 9.10.5 Investigation Queries

BVIC displays all investigations for a given AG.

BVIX displays all claims for an investigation.

#### 9.10.6 Other Benefit Recovery Screens

Other benefit recovery screens include BVRI, BVPA, and BVCC.

##### 9.10.6.1 Recovery Information and Override

BVRI displays various information about the claim. This screen allows a worker to override a recoupment amount and delete an existing override. Also, a stop recovery is initiated on this screen. There is a Fair Hearing Decision field (state win/loss) and a Fair Hearing Decision date field. When a Fair Hearing request is filed, a “P” (for pending) will be put in the Fair Hearing Decision field and a “Y” in the Stop Recovery field, which will stop collection actions on this claim. These fields will be updated by state staff on a claim-by-claim basis once the Fair Hearing information is available from DHA. Only state workers have access to these fields.

BVRI		RECOVERY INFORMATION & OVERRIDE		04/28/04 13:13	
CLAIM: 1111111111		ERROR TYPE: NC NON-CLIENT ERROR		DWD460 P RUBY	
UPDATED DATE: 04 28 04		CLAIM STATUS: O			
ORIGINATING COUNTY: 05 BROWN COUNTY					
CREATION DATE: 10 16 03		CASE: 4545454545		CAT: FS	SEQ: 1
ADJ CLAIM AMOUNT:	185.00	FAIR HEARING DCSN (STATE):		W	
RECOVERED AMOUNT:	40.00	DECISION DATE: 04 28 04			
OUTSTANDING BALANCE:	145.00				
		STOP RECOVERY: N			
OVERPAYMENT PERIOD:	08 01 03 THRU 09 30 03	STOP RECOVERY RSN CD: _____			
NOTIFICATION DATE:	04 28 04	STOP RECOVERY DATE: _____			
DELINQUENCY DATE:		STOP RECOV WORKER ID: _____			
		RECOUP			
DC NAME	PIN	OVR AMT	RSN	ALL	UPDATED DT
_ AMBER	L ROAD 888888886	_____	_____	_____	
PFKEYS:14=BVCI 15=BVCD 16=BVCL 17=BVPA 18=BVPH 19=BVRH 20=BVCH 21=BVCP 22=BVCC					
NEXT TRAN: _____ PARMS: 1111111111_____					

# Wisconsin CARES Guide

## Section 1 – Common Functions & Eligibility Processing

### Chapter 09, Version 2– Benefit Recovery (BV)

#### 9.10.6.2 Repayment Agreement

BVPA displays repayment agreement information. Enter signed repayment agreements on this screen, and look for information on BVPA when coding checks received from clients. BVPA is done by program. This allows for one agreement for multiple claims of a common program.

If the CURRENTLY RECOUPING field is a “Y”, it means the person is currently in an open AG and is recouped. When a case closes, this field is an “N” and a new RPA is sent to the client by CARES.

The DUNNING NUMBER refers to the number of dunning notices a client has received. When the number increments to three, the claim is referred for further collection action. If BVPA has a DELINQUENCY DATE and a REFERRED TO CRES DATE, the claim has been referred for further collection action.

The SENT DATE field is updated by CARES and is populated with the sent date of the latest RPA generated. RECEIVED DATE, PAY METHOD and INSTALLMENT DATE need to be filled in if the client returns the RPA. NEXT INSTALLMENT DATE is updated by CARES and is always the 25<sup>th</sup> of the month.

The AFDC RECOUP FROM W-2 field is only updateable if this is an AFDC RPA. If the client wishes to have an AFDC claim recouped from current W-2 benefits and indicates this on an RPA, fill in a “Y” in this field. If you are entering an AFDC RPA, fill in an “N” in this field. CARES will fill in the UPDATED DATE/BY field after this is filled in.

The claims included in the RPA are listed at the bottom of this screen. The claim number and error type are listed. The RA column lists whether the claim is in stop recovery or not. An “N” means it is not in stop recovery, and a “Y” means it is in stop recovery status.

BVPA		REPAYMENT AGREEMENT		04/28/04 14:35	
UPDATED DATE: 04 01 04				UPDATED BY: DWD460 P RUBY	
PROGRAM CODE: FS		CURRENTLY RECOUPING: Y			
DC : __		DUNNING NUMBER: 2		NOTIFIED CASE: 4545454545	
PIN: 8888888888		NAME: AMBER		L SWAER	
				SSN: 333774444	
DELINQUENCY DATE:		REFERRED TO CRES DATE:			
SENT DATE : 02 02 2004		RECEIVED DATE: __ __ __		END DATE:	
PAY METHOD: __		INSTALLMENT AMT: _____		NEXT INST DATE: 04 25 2004	
AFDC RECOUP FROM W-2: _ AFDC RECOUP FROM W-2 UPDATED DATE/BY:					
CLAIM NUM	ERR RA	CLAIM NUM	ERR RA	CLAIM NUM	ERR RA
1111111111	NC N	7777777777	NC N	5555555555	NC N
PFKEYS: 18=BVCI 19=BVAI 20=BVCP 23=CNHS 24=PROCESS					
NEXT TRAN: _____		PARMS: 8888888888/FS_____			

# Wisconsin CARES Guide

## Section 1 – Common Functions & Eligibility Processing

### Chapter 09, Version 2– Benefit Recovery (BV)

#### 9.10.6.3 Claim Comments

BVCC is used to list comments on a specific claim. Make comments for all changes that affect the claim on BVCC.

A TRAN code must be listed on BVCC in order to enter a comment. Choose a TRAN code relevant to action that occurred that has not already been used for a comment. Enter the comment in the space provided. CARES will automatically update the ENTERED DATE and ENTERED BY fields.

BVCC	BENEFIT RECOVERY COMMENTS	05/03/04 15:42
REF/CLM: 1111111111	TYPE: NC NON-CLIENT ERROR	DWD460 P RUBY
UPDATED DATE: 04 28 04		CLAIM STATUS: 0
OPEN		
DC: ___	TRAN: BVRF	*** THIRD PORTION OF QC CLAIM***
		PER STATE QA, RENT WAS NOT REDUCED BY THE AMOUNT THE _____
		INELIGIBLE STUDENT CONTRIBUTES TOWARDS IT. CROSS _____
		REFERENCE WITH # 7900121627 AND # 8900121628. _____
		ENTERED DATE: 10 16 03 ENTERED BY: XBR413
DC: ___	TRAN: BVRI	BEGAN RECOVERY; PER FAIR HEARING DECISION PETITIONER FAILED
		TO APPEAR WITHOUT PROVIDING GOOD CAUSE FOR NON
		APPEARANCE THEREFORE AN ABANDONED ORDER HAS BEEN ISSUED
		_____
		ENTERED DATE: 04 28 04 ENTERED BY: DWD358
DC: ___	TRAN: _____	_____
		_____
		_____
		ENTERED DATE: _____ ENTERED BY: _____
PFKEYS: 13=BVRF	14=BVCL	15=BVCD
	16=BVRI	17=BVCR
	18=BVPD	
NEXT TRAN: _____	PARMS: 1111111111	_____

**Wisconsin CARES Guide**  
**Section 1 – Common Functions & Eligibility Processing**  
**Chapter 09, Version 2– Benefit Recovery (BV)**

**9.11.0 BENEFIT RECOVERY REPORTS**

The following are BV reports that may be viewed in EOS (please see the Benefit Recovery Reports manual for more information on EOS Reports):

Form Number	Name	Run Frequency	Description
<b>C101</b>	Summary Report of Receivables	Monthly	This report is used only by State staff.
<b>C102</b>	Individual Summary Report of Receivables	Monthly	This report is used only by State staff.
<b>C103</b>	Payment Source Code	Monthly	<p>This report will contain all cash payments by collection source. It will include:</p> <ul style="list-style-type: none"> <li>• payment source,</li> <li>• payment amount,</li> <li>• claim number and</li> <li>• payee number.</li> </ul> <p>It will be sorted by agency, program type and error type.</p>
<b>C104</b>	Individuals with Dunning Notices Sent	Beginning of Month	<p>This report provides a listing of all liable individuals who received a past due notice. A past due notice is sent when an individual has not met their monthly obligation or a signed RPA was not returned and entered into CARES. No dunning notice for FS and W-2 RPAs is generated for open assistance groups of FS and W-2. The report contains:</p> <ul style="list-style-type: none"> <li>• name,</li> <li>• PIN,</li> <li>• SSN,</li> <li>• installment amount,</li> <li>• number of dunning notices sent (strikes),</li> <li>• claim numbers associated with the current obligations,</li> <li>• outstanding balance, and</li> <li>• assigned worker.</li> </ul> <p>This report is broken down by program and sorted by agency.</p>

**Wisconsin CARES Guide**  
**Section 1 – Common Functions & Eligibility Processing**  
**Chapter 09, Version 2– Benefit Recovery (BV)**

Form Number	Name	Run Frequency	Description
C105	Individuals with 3 Past Due Notices	Beginning of Month	<p>This report provides a list of all liable individuals who received three past due notices and are targeted for additional collection action. Individuals on this report are referred for additional collection action if their obligation is not met within thirty days from their last dunning notice. No dunning notice for FS and W-2 RPAs is generated for open assistance groups of FS and W-2 and these individuals will not be referred for additional collection action unless they leave the current assistance group or the current assistance group's case closes. The report contains:</p> <ul style="list-style-type: none"> <li>• name,</li> <li>• PIN,</li> <li>• SSN,</li> <li>• days delinquent,</li> <li>• date of third dunning notice,</li> <li>• claim numbers associated with the current obligations,</li> <li>• notification dates of claims and</li> <li>• outstanding balance.</li> </ul> <p>This report is broken down by program and error type, and sorted by agency.</p>
C113	FNS209 Status of Claims Monthly Summary	Monthly	This contains information such as the amount of closed, terminated, and comprised claims as well as the amount of collections received by cash, FoodShare, and recoupment.
C114	FNS209 Status of Claims Other Summary	Quarterly	Same as C113.

**Wisconsin CARES Guide**  
**Section 1 – Common Functions & Eligibility Processing**  
**Chapter 09, Version 2– Benefit Recovery (BV)**

Form Number	Name	Run Frequency	Description
<b>C115</b>	AFDC Claim Activity Monthly Summary	Monthly	<p>This report contains:</p> <ul style="list-style-type: none"> <li>• beginning balances,</li> <li>• balance adjustments,</li> <li>• newly established claims,</li> <li>• claim balance transfers,</li> <li>• cash refunds,</li> <li>• non-cash refunds,</li> <li>• closed claims,</li> <li>• terminated claims,</li> <li>• ending balance,</li> <li>• cash collection,</li> <li>• recoupment,</li> <li>• offsets,</li> <li>• cash adjustment, and</li> <li>• non-cash adjustment.</li> </ul> <p>It also contains retention amounts from collections.</p>
<b>C116</b>	AFDC Claim activity Quarterly Summary	Quarterly	Same as C115.
<b>C117</b>	AFDC/FS Claim Activity Detail by Original Agency	Monthly	<p>This report supports the claim activity summary totals of the FoodShare and AFDC summary reports. This report will calculate claim activity totals for each county. Within each county the totals will be calculated for each of the three error types – fraud/IPV, Inadvertent Household Error/IHE, and Non-client error/NCE.</p>
<b>C118</b>	AFDC/FS Other Claim Activity Detail/Agency	Quarterly	Same as C117
<b>C119</b>	Outstanding Claim Summary	Monthly	<p>This is a report of outstanding claims. It displays for each agency the number and dollar amount of outstanding claims by program of assistance and error type. Open and suspended claims are also included.</p>

**Wisconsin CARES Guide**  
**Section 1 – Common Functions & Eligibility Processing**  
**Chapter 09, Version 2– Benefit Recovery (BV)**

Form Number	Name	Run Frequency	Description
C123	Claims w/o Recovery Activity/Closed Case	Monthly	<p>This monthly report indicates active claims with no recoveries or no recent recoveries. A claim is selected for this report if there is no recovery activity for three months. This report identifies delinquent claims for further collection activity. The report contains:</p> <ul style="list-style-type: none"> <li>• claim number,</li> <li>• error type,</li> <li>• claim amount,</li> <li>• total recovered,</li> <li>• outstanding balance,</li> <li>• last recovery date,</li> <li>• stop recovery,</li> <li>• claim delinquency date and</li> <li>• PIN, name and address of the liable individual who is the primary person.</li> </ul> <p>This report is in agency order broken down by program.</p>
C136	4972 Supporting Information	Quarterly	This report is used only by State staff.
C137	Claims with Refund Due	Weekly	<p>This report provides a list of claims that have a refund due from over-collection of a claim. The report will contain all claims for all program types that have a refund greater than zero and have not been issued. A refund is considered issued by CARES when BVCR has been completed. A check must be generated by the agency where the refund appears. This report is in agency order and contains:</p> <ul style="list-style-type: none"> <li>• worker ID,</li> <li>• claim number,</li> <li>• program,</li> <li>• last recovery date,</li> <li>• refund amount,</li> <li>• last payee PIN and name.</li> </ul>

**Wisconsin CARES Guide**  
**Section 1 – Common Functions & Eligibility Processing**  
**Chapter 09, Version 2– Benefit Recovery (BV)**

Form Number	Name	Run Frequency	Description
C138	Report of Active Claims	Monthly	<p>This report contains all claims by agency, sorted by program and error type that have received a notice of overissuance. It contains: the primary person's name,</p> <ul style="list-style-type: none"> <li>• claim number,</li> <li>• claim status,</li> <li>• notice date,</li> <li>• last payment date,</li> <li>• claim amount,</li> <li>• outstanding balance,</li> <li>• original case number, category and sequence.</li> </ul>
C139	Overpayment Collections by Agency – Monthly	Monthly	<p>This report includes all cash and FoodShare collected from each agency. This report contains information for each cash and non-cash collection made for each agency by program. It contains:</p> <ul style="list-style-type: none"> <li>• date,</li> <li>• claim number,</li> <li>• error type,</li> <li>• payment amount,</li> <li>• payment type,</li> <li>• payment source,</li> <li>• PIN,</li> <li>• name and</li> <li>• originating county.</li> </ul> <p>Totals are calculated for each agency, and the entire state based on program and error type.</p>
C140	Overpayment Collections by Agency – WKX	Weekly	Same as C139.

**Wisconsin CARES Guide**  
**Section 1 – Common Functions & Eligibility Processing**  
**Chapter 09, Version 2– Benefit Recovery (BV)**

Form Number	Name	Run Frequency	Description
<b>C141</b>	State Overpayment Collections by Originating Agency	Monthly	<p>This report will include all cash and FoodShare collected by the state PACU listed by originating agency. This report contains information for each cash and non-cash collection made by the state PACU for each agency by program. It will contain:</p> <ul style="list-style-type: none"> <li>• payment date,</li> <li>• claim number,</li> <li>• error type,</li> <li>• payment amount,</li> <li>• payment type,</li> <li>• payment source,</li> <li>• PIN, name and</li> <li>• originating agency.</li> </ul> <p>Totals are calculated for each agency, and the entire state, based on program and error type.</p>
<b>C142</b>	JAL Collections by Agency	Monthly	<p>This report contains information for each cash and in-kind collection made for each agency for JALs. It contains:</p> <ul style="list-style-type: none"> <li>• date,</li> <li>• claim number,</li> <li>• payment amount,</li> <li>• payment type,</li> <li>• payment source,</li> <li>• PIN, name and</li> <li>• originating county.</li> </ul> <p>Totals are calculated for each agency as well as the entire state. This report is used to assist in monthly cash reconciliation for an agency.</p>
<b>C143</b>	State JAL Collections by Originating Agency	Monthly	<p>This report will include all cash and in-kind collection made by the state PACU for each agency by program. It will contain:</p> <ul style="list-style-type: none"> <li>• payment date,</li> <li>• claim number,</li> <li>• payment amount,</li> <li>• payment type,</li> <li>• payment source,</li> <li>• PIN, name and</li> <li>• originating agency.</li> </ul> <p>Totals are calculated for each agency as well as the entire state. This report is used to assist in monthly cash reconciliation for an agency.</p>

**Wisconsin CARES Guide**  
**Section 1 – Common Functions & Eligibility Processing**  
**Chapter 09, Version 2– Benefit Recovery (BV)**

Form Number	Name	Run Frequency	Description
C144	Job Access Loans Claims	Monthly	<p>This report provides a list of all individuals who have applied for a job access loan. This report is in agency order and sorted by JAL status. The report contains:</p> <ul style="list-style-type: none"> <li>• primary person,</li> <li>• claim number,</li> <li>• case number,</li> <li>• creation date,</li> <li>• application amount,</li> <li>• claim amounts,</li> <li>• outstanding amounts and</li> <li>• the worker ID.</li> </ul> <p>The report summarizes loan statuses with cash balances and in-kind balances by office.</p>
C145	Recoupment/Offset Activity	Monthly	<p>This report provides recoupment and offset activity history. It has detailed information for recoupment and offset activities for FoodShare, AFDC and W-2. It includes:</p> <ul style="list-style-type: none"> <li>• claim number,</li> <li>• posted date,</li> <li>• recoupment amount,</li> <li>• recoupment type,</li> <li>• case, category, sequence, and</li> <li>• primary person name.</li> </ul> <p>It is in agency order, divided by program and error type with totals for each program by error type.</p>
C146	FITS Cost Reports Data Extract	Monthly	<p>This report is used only by State staff.</p>
C147	FITS Cost Report by Agency	Monthly	<p>This report includes all investigations for the reporting month which have initial or additional costs associated with a completed fraud investigation. The report includes:</p> <ul style="list-style-type: none"> <li>• case number,</li> <li>• investigation number,</li> <li>• outside agency,</li> <li>• investigation costs,</li> <li>• maximum allowable costs, payment amount,</li> <li>• program of assistance and</li> <li>• category cost breakdown.</li> </ul>

**Wisconsin CARES Guide**  
**Section 1 – Common Functions & Eligibility Processing**  
**Chapter 09, Version 2– Benefit Recovery (BV)**

Form Number	Name	Run Frequency	Description
<b>C148</b>	FITS Cost Overmatch by Agency	Monthly	<p>This report includes all investigations for the reporting month which have initial or additional costs associated with a completed fraud investigation over the maximum allowable reimbursement rate. This report includes: case number,</p> <ul style="list-style-type: none"> <li>• investigation number,</li> <li>• investigation costs,</li> <li>• maximum allowable costs,</li> <li>• cost overmatch,</li> <li>• programs of assistance and</li> <li>• category cost breakdown.</li> </ul> <p>This report is used to claim additional federal matching dollars spent on programs funded at the federal level.</p>
<b>C156</b>	Intercept Posting Exceptions	With Tax Intercept	This report is used only by State staff.
<b>C157</b>	Reformat Tax Intercept Address	With Tax Intercept	This report is used only by State staff.
<b>C158</b>	Update Tax Intercept address Errors	With Tax Intercept	This report is used only by State staff.
<b>C159</b>	Update Tax Intercept Address Summary	With Tax Intercept	This report is used only by State staff.
<b>C160</b>	BI vs. BV Recoupment Discrepancy	On Request	This report is used only by State staff.
<b>C161</b>	BV vs. BI Recoupment Discrepancy	On Request	This report is used only by State staff.

**Wisconsin CARES Guide**  
**Section 1 – Common Functions & Eligibility Processing**  
**Chapter 09, Version 2– Benefit Recovery (BV)**

Form Number	Name	Run Frequency	Description
C162	Open Fraud Investigation by Agency	Monthly	<p>This report provides a list of all outstanding investigation referrals by agency/office and is sorted by investigation type. It contains:</p> <ul style="list-style-type: none"> <li>• investigation number,</li> <li>• case number,</li> <li>• provider number,</li> <li>• type of investigation, source,</li> <li>• investigation start date,</li> <li>• investigation due date,</li> <li>• extension due date,</li> <li>• number of elapsed days since the investigation start date and</li> <li>• program of assistance.</li> </ul> <p>The report provides a summary of average days of an investigation and number of investigations.</p>
C163	Fraud Investigation Referrals not Referred for Investigation	Monthly	<p>This report contains all cases referred for investigation but did not meet the criteria for a fraud or front-end investigation. This report is in agency order and includes:</p> <ul style="list-style-type: none"> <li>• investigation referral number,</li> <li>• case number,</li> <li>• provider number,</li> <li>• type of investigation,</li> <li>• source,</li> <li>• investigation decision date not to refer,</li> <li>• program of assistance.</li> </ul>
C164	Timeliness for Completion of Fraud Investigation Referrals	Monthly	<p>This report lists all investigations that have been completed in the reporting month. It contains the cost and length of the investigations for the reporting month with totals and averages for each agency. The report includes:</p> <ul style="list-style-type: none"> <li>• investigation referral number,</li> <li>• case number,</li> <li>• provider number,</li> <li>• type of investigation,</li> <li>• source,</li> <li>• investigation start date,</li> <li>• due date,</li> <li>• extension due date,</li> <li>• completion date and</li> <li>• number of days for the investigation.</li> </ul> <p>The report is in agency order and sorted by type and referral number.</p>

**Wisconsin CARES Guide**  
**Section 1 – Common Functions & Eligibility Processing**  
**Chapter 09, Version 2– Benefit Recovery (BV)**

Form Number	Name	Run Frequency	Description
<b>C165</b>	Open Claim Referrals w/o Claims	Monthly	This report lists all open claim referrals that have no claims established. The report is in county/tribe order, sorted by the referral worker. It contains: <ul style="list-style-type: none"> <li>• referral number,</li> <li>• date of referral,</li> <li>• case number,</li> <li>• overpayment period,</li> <li>• investigation number,</li> <li>• category,</li> <li>• case worker ID, and</li> <li>• referral worker ID.</li> </ul>
<b>C166</b>	Fraud Investigation & prosecutions FS Activity Statement	Annually	This report is used only by State staff.
<b>C167</b>	Fraud Investigation Tracking Referrals by Agency	Monthly	This report lists pending investigations for the reporting month in agency order, sorted by worker. It includes: <ul style="list-style-type: none"> <li>• worker ID,</li> <li>• investigation referral number,</li> <li>• case number,</li> <li>• provider number,</li> <li>• type code,</li> <li>• source code,</li> <li>• referred for investigation,</li> <li>• investigation start and due date,</li> <li>• creation date and</li> <li>• category code.</li> </ul> <p>There are county/tribe totals on the end of each county/tribe and state totals on the last page separated by program and investigation type.</p>
<b>C168</b>	Program Integrity Allocations	Monthly	This report is used only by State staff.

**Wisconsin CARES Guide**  
**Section 1 – Common Functions & Eligibility Processing**  
**Chapter 09, Version 2– Benefit Recovery (BV)**

Form Number	Name	Run Frequency	Description
C169	Refund Issuance Report by Agency	Monthly	<p>This report shows all refunds issued during the previous month. The purpose of the report is to display all refunds where an agency had issued a check to the client. This report should allow an agency to reconcile all checks they have issued for the over-collection of claims. This report includes:</p> <ul style="list-style-type: none"> <li>• the worker who issued the check,</li> <li>• claim number,</li> <li>• SSN, refund date,</li> <li>• refund amount,</li> <li>• refund type,</li> <li>• PIN and name of payee.</li> </ul> <p>The last page will have state totals.</p>
C170	Front End Verification/Fraud Referrals Overpayment Savings	Monthly	<p>This report displays all referrals where the referral has been completed for all categories. The purpose of this report is to display the savings each investigation provides for reducing the benefit, closing the case or denying the eligibility. This report includes:</p> <ul style="list-style-type: none"> <li>• the initial estimated savings/overpayment,</li> <li>• overpayment amount,</li> <li>• the future savings amount and</li> <li>• the month the savings were effective.</li> </ul> <p>It is in agency order.</p>
C171	Final Outcomes for Fraud Investigation Referrals	Monthly	<p>This report shows the final outcomes for all investigation referrals by agency. The investigation outcome has been completed for all categories referred on the BVIR screen. In addition to referral number, completion date and category, it includes the outcome: not referred to the District Attorney, prosecution summary, non-prosecution summary or administrative disqualification information. This report also includes overpayment amounts, conviction amounts and category completion dates.</p>

**Wisconsin CARES Guide**  
**Section 1 – Common Functions & Eligibility Processing**  
**Chapter 09, Version 2– Benefit Recovery (BV)**

Form Number	Name	Run Frequency	Description
<b>C173</b>	Providers w/Dunning Notices Sent	Beginning of Month	<p>This report lists all child care providers that had a dunning notice sent in the reporting month. The report is in county/tribe order and shows:</p> <ul style="list-style-type: none"> <li>• provider name,</li> <li>• provider number,</li> <li>• installment amount,</li> <li>• number of dunning notices, claim number,</li> <li>• payment amount,</li> <li>• outstanding amount and</li> <li>• assigned worker.</li> </ul> <p>There are county/tribe totals at the bottom of each page and a state totals page at the end showing total claims and total outstanding amount.</p>
<b>C174</b>	Providers w/3 Past Due Notices	Beginning of Month	<p>This report lists all child care providers that had a third dunning notice sent in the reporting month. The report is in county/tribe order and shows:</p> <ul style="list-style-type: none"> <li>• provider name,</li> <li>• provider number,</li> <li>• days delinquent,</li> <li>• date of third dunning notice,</li> <li>• claim number,</li> <li>• notification date and</li> <li>• outstanding amount.</li> </ul> <p>There are county/tribe totals at the bottom of each page and a state totals page at the end showing total claims and total outstanding amount.</p>
<b>C175</b>	Report of Active Claims w/o Notice Date	Monthly	<p>This report contains all claims by agency, sorted by program and error type that have not received a notice of overissuance. It contains:</p> <ul style="list-style-type: none"> <li>• the primary person's name,</li> <li>• claim number,</li> <li>• claim status,</li> <li>• notice date,</li> <li>• last payment date,</li> <li>• claim amount,</li> <li>• outstanding balance,</li> <li>• original case number, category and sequence.</li> </ul>
<b>C178</b>	BV Recovery Reconciliation Report	Monthly	This report is used only by State staff.

**Wisconsin CARES Guide**  
**Section 1 – Common Functions & Eligibility Processing**  
**Chapter 09, Version 2– Benefit Recovery (BV)**

Form Number	Name	Run Frequency	Description
<b>C179</b>	Intercept Detail Posting Report	With Tax Intercept	This report is used only by State staff.
<b>C180</b>	Stop Recovery Claim Report	Monthly	This monthly report shows claims that have a stop recovery on them in CARES. It includes: <ul style="list-style-type: none"> <li>• PIN,</li> <li>• claim number,</li> <li>• program,</li> <li>• reason,</li> <li>• stop recovery date,</li> <li>• last recovery date,</li> <li>• claim amount,</li> <li>• outstanding balance,</li> <li>• name and</li> <li>• worker Id that put the stop recovery on the claim.</li> </ul> It is sorted by agency.
<b>C181</b>	Milwaukee Claims Detail Report	Monthly	This report is used only by State staff.
<b>C182</b>	LAB Receivables Report	Annually	This report is used only by State staff.
<b>C183</b>	CARES Data Extract for Tax Intercept Exception Report	With Tax Intercept	This report is used only by State staff.
<b>C184</b>	Adjusted Cost Allocation Fraud Data	Monthly	This report is used only by State staff.
<b>C185</b>	Completed Fraud Investigation Data	Monthly	This report is used only by State staff.

**Wisconsin CARES Guide**  
**Section 1 – Common Functions & Eligibility Processing**  
**Chapter 09, Version 2– Benefit Recovery (BV)**

Form Number	Name	Run Frequency	Description
C186	FITs Cost Report IRC Agency	Weekly	<ul style="list-style-type: none"> <li>• This report includes investigations for the reporting week which have initial or additional costs associated with a completed fraud investigation. Only investigations with the outside agency IRC (Interstate Reporting Company) are selected for this report. The report includes:</li> <li>• case number,</li> <li>• investigation number,</li> <li>• outside agency,</li> <li>• investigation costs,</li> <li>• maximum allowable costs, payment amount,</li> <li>• program of assistance and</li> <li>• category cost breakdown.</li> </ul>
C187	Adjusted Claims Report	Monthly	<p>This report documents adjustments made on claims. It lists:</p> <ul style="list-style-type: none"> <li>• claim number,</li> <li>• program,</li> <li>• error type,</li> <li>• PIN,</li> <li>• adjustment amount,</li> <li>• date of adjustment,</li> <li>• reason,</li> <li>• write-off reason,</li> <li>• client name and</li> <li>• worker ID.</li> </ul> <p>This report is in agency order with totals for each agency broken down by program and error type. State totals are at the end of this report.</p>
C188	AFDC Collections and Recoupments Report	Quarterly	This report is used only by State staff.
C190	Newly Established Claim Summary	Monthly	This report shows a summary of the claims established and the dollar amount of the claims established in the reporting month. Claims are in agency order and broken down by error type and program. A county/tribe total is found on each page and a state totals page can be found at the end.

**Wisconsin CARES Guide**  
**Section 1 – Common Functions & Eligibility Processing**  
**Chapter 09, Version 2– Benefit Recovery (BV)**

---

Form Number	Name	Run Frequency	Description
C191	Newly Established Claim Summary	Quarterly	Same as C190. Numbers done quarterly are year to date figures. The first full year of data is for 2004 as the report was created 7/03.
C192	Manual Update Report	Daily	This report is used only by State staff.
C193	Payment Posted Report	Daily	This report lists all ePayments that posted to BV the previous night. The report lists PIN, Name, Program, Claim Posted to, Payment Source Code(ACH) and Amount

For additional Questions on Benefit Recovery, please contact the state collection unit.