# Instructions for Provider Recoupments

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

### Submitting a Recoupment via Provider Portal

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

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

Assigned Providers	Home			
Provider Name	CLR	Address	<u>Туре</u>	View/Process
Cissell - 5.0 - Public	L369522	123 Main St New Street 2 Louisville, Ky 10000-2222	Licensed Type I	PBFs
<u> Cissell - Update</u>	L369528	1 Chg Address Chg Chg, Ky 10000	Licensed Type I	Print PBFs

- 3. Click the Recoupment Notice link in the Provider Information panel.
  - Claims for the current month display in a grid.
  - Claims will be listed by Year, Month, and Claim Number.
  - Separate rows display for each claim#.

Proces	SS PBES
Provider Information	
Provider Name: Cissell - Update	CLR: L369528
Address: 1 Chg Address Chg	Type: LICENSED
Chg, KY 10000	_
	Recoupment Notice
PBEs to be processed	

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

- 4. Click on a Claim Number link to view the DCC-97 Supplement A.
- 5. Enter a Recoupment Amount that is equal to or less than the Claim Balance.
- 6. Re-enter the Recoupment Amount.
- 7. Select the checkbox to indicate an electronic signature.
  - The Send button will be disabled until this checkbox is selected.
- 8. Click Send.
  - Recoupment Amount displays in the grid and the Last Updated User column updates with the provider's KOG user name.
  - The corresponding Claim Number link is disabled after clicking Send and the amount cannot be edited.
    - Fiscal workers can edit sent Recoupment Amounts or add additional amounts in KICCS Main prior to the payment being processed. Contact DCC if a correction is needed.



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

9. Repeat for any additional claims.

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

#### **Payment Process**

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

Example:

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

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

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

### DCC-97 and DCC-97B Remittance Report

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

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

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

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