1900 – GLOSSARY
Change #1-2016
September 1, 2016

1ST PAYMENT DUE DATE. The client's first payment due date.

A

ACCEPTANCE DATE. The day **(MM/DD/CCYY)** the investigator accepts the referral.

ADDRESS TYPE. The type of address the client uses (e.g. Physical address). See Appendix A.

AGENCY ERROR. An overissuance made to a client caused by the County or State.

AGENCY ERROR TYPE. Defines the type of agency error as State, or County.
See Appendix B.

ALIAS NAMES. One or more alternate names for the client.

ALIAS SOCIAL SECURITY NUMBERS. One or more social security numbers used by the client.

ALLEGATIONS. A description of the alleged fraud.

ASSIGNMENT DATE. The day (MM/DD/CCYY) the referral was assigned to the investigator.

C

CASE ID. The Program Case ID associated with the referral.

CASEWORKER ID. A unique number that identifies the caseworker. Also known as the IMC ID number.

CASE REASSIGNMENT. The ability to reassign a case from one investigator to another.

CASELOAD REASSIGNMENT. The ability to reassign an entire caseload from one investigator to another.

CHECK NUMBER. The number of the check received from the payor.

CIVIL JUDGEMENT DATE. Date (MM/DD/CCYY) that indicates when a civil judgement was entered against the debtor.

CLAIM. Established overpayment subject to collection process.

CLAIM TYPE. The type of overpayment claim (Suspected Claim, Agency Error, Intentional Program Violation, etc.). See Appendix B.

CLIENT NAME. Name of the client who is Head of Household or Case Head Payee.

CLOSED. A "Y" or "N" value used to close a referral.

COLLECTION. A referral status indicating that payments can be applied to the claim.

COLLECTION FLAG. A "Y" or "N" value indicating whether a claim is currently being collected upon.

1900

COLLECTOR. The caseworker number of the person currently responsible for collecting the funds as a result of an overpayment.

COMMENTS. The text field used to record comments relating to the claim

CONTACT NAME. The first and last name of the authorized user designated to handle disqualification verifications for the specified county.

CONTACT TITLE. A text field containing the official job title of the authorized user.

COUNTY CASE NUMBER. The county case number associated with the referral.

COUNTY CODE. A code used to uniquely identify the county. See Appendix E.

COUNTY TRANSFER. The process of transferring ownership of established claims. Claims can be transferred to another county due to the relocation of the person on the referral/claim.

COUNTY WORKER NUMBER. The county worker IMC ID number

CRIMINAL JUDGEMENT DATE. Date (MM/DD/CCYY) that indicates when a criminal judgement was entered against the debtor.

CURRENT BALANCE. The current amount due on the claim.

D

DATE CLOSED. Day (MM/DD/CCYY) the referral was closed.

DATE OF BIRTH (DOB). The day (MM/DD/CCYY) the person was born.

DATE RECEIVED. Day (MM/DD/CCYY) the payment is received.

DATE SIGNED. (MM/DD/CCYY) the repayment agreement was signed by the debtor.

DEBTOR(S). Person(s) financially responsible for the repayment of a claim.

DISQUALIFICATION(S). A penalty(s) invoked for a person convicted of an Intentional Program Violation. The disqualification restricts a person from receiving benefits for a period of time as defined by program policy, depending upon the number of offenses recorded for the person in the past. Applies to WF and FNS only.

DISQUALIFICATION NUMBER. A number that identifies how many offenses an individual has had imposed. Applies to WF and FNS only. See Appendix D.

DISQUALIFICATION METHOD. The method by which the disqualification was established. Applies to WF and FNS only. See Appendix D.

DISQUALIFICATION PERIOD. A number of months identifying the length of the disqualification. Applies to WF and FNS only. See Appendix D.

DISQUALIFICATION DECISION DATE. Date (MM/DD/CCYY) a decision for the disqualification was made. Applies to WF and FNS only.

1900

DISQUALIFICATION START DATE.
Beginning date (MM/DD/CCYY) for the
disqualification. Applies to WF and FNS only.

DISQUALIFICATION END DATE. Ending
date (MM/DD/CCYY for the disqualification.
Applies to WF and FNS only.

E

EFFECTIVE DATE OF TRANSFER/ Date
(MM/DD/CCYY) the referral is to be effectively
assigned to the new investigator or county.

EIS/FNSIS ADDRESS. The client's
address that is posted in NCFAST.

END DATE. The end date (MM/DD/CCYY) of
the assignment to the county.

EPICS ADDRESS. An address that Program
Integrity uses that is different from the address
in EIS/FNSIS.

ESTABLISHMENT DATE. Date
(MM/DD/CCYY) the claim was originally
established

F

FAX NUMBER. The client's fax number.

FIRST NAME. The client's or debtor's first
name from Name Search (CNDS).

FREQUENCY. Defines how often the client is
expected to make payments. See Appendix
B.

FRONT-END REFERRAL. Code used for the
type of referral that resulted from an
application with questionable information.

I

INDIVIDUAL ID. The client's ID from which the
last activity occurred. Name Search (CNDS).

INITIAL BALANCE DUE. Total amount of the
established overpayment.

INADVERTENT HOUSEHOLD ERROR. A
claim type used by all Programs. Known to
Medicaid as a Client Error.

INTENTIONAL PROGRAM VIOLATION. A
claim type used by all Programs. Known to
Medicaid as Fraud.

INVESTIGATION. Process to determine the
validity of the allegations.

INVESTIGATOR ID. The ID of the investigator
currently assigned to the case.

L

LAST ACTIVITY. The activity code that was
last performed on the disqualification.

LAST ACTIVITY DATE. Date on which the last
activity occurred.

LAST NAME. The client or debtor's last name
from Name Search (CNDS).

M

METHOD OF COLLECTION. The means by
which the overpayment is collected. See
Appendix C.

3

MIDDLE INITIAL. The client's or debtor's middle initial of the full name.

N

NAME. The Last Name, First Name, Middle Initial of the client or debtor.

NATURE OF REFERRAL. Code used to designate the nature of suspected. See Appendix A.

NEW INVESTGIATOR. The investigator ID and full name of the new investigator being assigned to the specified cases.

NUMBER OF PAYMENTS. The total number of payments required by the debtor to pay off the balance of the claim.

O

OPEN DATE. Date (MM/DD/CCYY) the investigator opened the case.

ORIGINATING COUNTY. The ID for the county in which the suspected overpayment took place.

OTHER REFERRAL. A code used for Type of Referral.

OVERPAYMENT AMOUNT. The established amount due from the claim.

OVERPAYMENT BEGIN DATE. Start date of the overpayment.

OVERPAYMENT END DATE. End date of the overpayment.

OVERPAYMENT PERIOD. Actual beginning and ending date of the overpayment.

OVERPAYMENT/OVERISSUANCE PERIOD. Actual beginning and ending date of the overpayment overissuance.

OVERPAYMENT/OVERISSUANCE BALANCE. Current balance of the claim.

P

PAYMENT AMOUNT. The debtor's monthly payment.

PAYMENT METHOD. Method the debtor is expected to use to make payment. See Appendix B.

PAYOR NAME. The Last Name, First Name, and Middle Initial of the person making the payment.

PENDING. One of the codes used for Referral Status.

PHONE NUMBER. The client's or debtor's phone number.

PHONE TYPE. The type of phone number the client uses (e.g. home). See Appendix A.

PROGRAM CODE. The benefit program associated with the referral. See Appendix A.

PROJECT RECALL REFERRAL. A code used for the Type of Referral.

R

RACE. The race of the client or debtor. See Appendix B.

REASON CLOSED. The text field used to describe the reason the referral was closed.

1900

RECEIPT NUMBER. The payment receipt number.

REFERRAL. The origination point for a claim in EPICS.

REFERRAL DATE. The date (MM/DD/CCYY) the referral was initiated.

REFERRAL DETAIL. Screen used to display, update, or add referrals to the EPICS system.

REFERRAL ID. A system generated ID number that is assigned to a referral/claim throughout the EPICS process.

REFERRAL LIST. A list of referrals assigned to a specific investigator within a specific county, or unassigned within a specific county.

REFERRAL SOURCE. The two-digit code that represents the source of the violation. See Appendix A.

REFERRAL STATUS. Defines the current status of the referral. See Appendix A.

REFERRAL TYPE. Defines the type of referral a client has (Regular, Project Recall, Front-End, Other). See Appendix A.

REFERRING PERSON. Name of the person providing the investigator with the referral. NOTE: This person can be anonymous.

REFERRING PERSON PHONE. The referring person's phone number.

REGION. Code used to identify the region within the state where the county is located.

REGULAR REFERRAL. A code used for Type of Referral.

REPAYMENT AGREEMENT. A formal document signed by the debtor, indicating the method in which the overpayment amount will be repaid.

S

SERVICE CODE. Code identifying the type of Medicaid Services provided during the overpayment period. See Appendix B.

SEX. Code indicating the sex of the client or debtor. See Appendix B.

SOCIAL SECURITY NUMBER. The client's or debtor's social security number.

START DATE. Effective date (MM/DD/CCYY) a new user is assigned to an authorized user detail group.

SUBSTANTIATION METHOD. Method by which the allegation was substantiated as IPV. See Appendix B.

SUSPECTED AMOUNT. The suspected amount of money involved in the alleged overpayment/overissuance.

SUSPECTED OVERPAYMENT/ OVERISSUANCE PERIOD. The suspected beginning and ending date of the alleged overpayment/overissuance.

1900

T

TAX INTERCEPT COORDINATOR. The individual designated to coordinate tax intercept activities for a specified county.

TERMINATED. A claim that has been terminated.

TITLE. The title of the Notepad entry.

TRANSFERRED. The action taken to move a client's EPICS case from one county to another.

TRANSFER DATE. The date (MM/DD/CCYY) the claim was transferred from one county to another.

TYPE OF CLAIM. Identifies the type of overpayment claim. See Appendix

U

UNASSIGNED. One of the codes used for Referral Status.

USER ID. The RACF ID used to log into the Mainframe.