

**2500 – APPENDIX F: REPORTS**  
**Change #1-2013**  
**April 1, 2013**

**APPENDIX F: REPORTS**

**100 REPORT SERIES CREATED DAILY**

**200 REPORT SERIES CREATED WEEKLY**

**400 REPORT SERIES CREATED MONTHLY (EXCEPT 428Q 428Y AND FRD 431)**

**500 REPORT SERIES CREATED QUARTERLY**

**FRD 431 IS CREATED BI-WEEKLY**

**A. FOOD AND NUTRITION SERVICES REPORTS**

<b>REPORT NUMBER</b>	<b>REPORT NAME</b>	<b>REPORT DESCRIPTION</b>	<b>FREQUENCY</b>
FRD108	FS LOI DATA	SHOWS LETTER OF OVERISSUANCE INFORMATION FOR FOOD AND NUTRITION SERVICES CLAIMS	DAILY 90 days
FRD221-1	TOP PRE-OFFSET ADDRESS UNPROCESSABLE	SHOWS FOOD AND NUTRITION SERVICES CLAIMS THAT WERE NOT PROCESSABLE BY TOP	WEEKLY 90 versions
FRD221-3	60 DAY NOTICE REPORT	LISTS THE CLAIM DEBTORS THAT WERE SENT THE 60 DAY NOTICE	WEEKLY 120 versions
FRD222-2	CLAIMS CERTIFIED FOR TOP OFFSET	LISTS CLAIMS CERTIFIED FOR TOP OFFSET	WEEKLY 156 versions
FRD406-2	CLAIMS SELECTED FOR TOP PRE-OFFSET ADDRESS REQUEST	LISTS THE CLAIM DEBTORS THAT WERE SELECTED FOR TOP PRE-OFFSET ADDRESS REQUEST	MONTHLY 15 versions
FRD406-3	CLAIMS EXEMPT FROM TOP PRE-OFFSET ADDRESS REQUEST	LISTS THE CLAIM DEBTORS THAT WERE EXEMPT FROM TOP PRE-OFFSET REQUEST	MONTHLY 15 versions
FRD410 MAILED	CLAIMS TRACKING AND EXCEPTIONS REPORT	SHOWS OVERCOLLECTED FOOD AND NUTRITION SERVICES CLAIMS	MONTHLY 36 versions
FRD416	CONSOLIDATED REPORT OF PAYMENTS	LISTS ALL FOOD AND NUTRITION SERVICES CLAIM COLLECTIONS	MONTHLY 36 versions
FRD452	CLAIMS EXEMPT FROM TOP	LISTS CLAIM DEBTORS THAT ARE EXEMPT FROM TOP	MONTHLY
FRD505	QUARTERLY STATUS OF CLAIMS	SHOWS THE STATUS OF ALL FOOD AND NUTRITION SERVICES CLAIMS	QUARTERLY

**B. FOOD AND NUTRITION SERVICES AND TANF REPORTS**

REPORT NUMBER	REPORT NAME	REPORT DESCRIPTION	FREQUENCY
FRD419	MONTHLY LISTING OF DISQUALIFIED RECIPIENT RECORDS	LISTS ALL IPV DISQUALIFICATIONS	MONTHLY
FRD422	INVESTIGATOR'S MAINTENANCE REPORT	LISTS IPV DISQUALIFICATIONS THAT END IN THE UPCOMING MONTH	MONTHLY
MAILED	DISQUALIFICATIONS ENDING		

**C. AFDC AND TANF REPORTS**

REPORT NUMBER	REPORT NAME	REPORT DESCRIPTION	FREQUENCY
FRD108W	WF LOI DATA	SHOWS LETTER OF OVERISSUANCE INFORMATION FOR WORK FIRST CLAIMS	MONTHLY
FRD401	*EIS RECOUPMENT ERROR REPORT	LISTS CLAIMS WITH RECOUPMENTS THAT DO NOT MATCH CLAIMS IN EPICS	MONTHLY
MAILED			
FRD401-2	ACTIVE WF CASES/ ACTIVE CLAIMS, NO EIS RECOUPMENT REPORT	IDENTIFIES WORK FIRST CASES THAT CONTAIN NO RECOUPMENT DATA AND THERE IS A RECOUPABLE CLAIM IN EPICS.	MONTHLY (LAST WORKNIGHT OF EACH MONTH)
FRD418	AFDC/TANF CROP REPORT	LISTS COUNTY RESPONSIBLE OVERPAYMENTS CLAIMS	MONTHLY
FRD506	4972 QUARTERLY REPORT OF OVERPAYMENTS IN AFDC/TANF	SHOWS AFDC AND TANF CLAIMS	QUARTERLY

**D.      MEDICAID REPORTS**

<b>REPORT NUMBER</b>	<b>REPORT NAME</b>	<b>REPORT DESCRIPTION</b>	<b>FREQUENCY</b>
FRD108M	MA LOI DATA	SHOWS LETTER OF OVERISSUANCE INFORMATION FOR MEDICAID CLAIMS	MONTHLY
FRD470	MEDICAID PROFILE FOLLOW-UP CASE MANAGEMENT REPORT	IDENTIFIES CLAIMS FOR WHICH A MEDICAID RECIPIENT PROFILE MUST BE REQUESTED.	MONTHLY (LAST WORKNIGHT OF EACH MONTH)

**E.      AFDC/TANF, FOOD AND NUTRITION SERVICES AND MEDICAID REPORTS**

<b>REPORT NUMBER</b>	<b>REPORT NAME</b>	<b>REPORT DESCRIPTION</b>	<b>FREQUENCY</b>
FRD104 MAILED	COUNTY REFUND REPORT	LISTS OVERCOLLECTIONS ON CLAIMS (EXCEPT TOP AND DOR)	DAILY
FRD105	TOP AND DOR REFUND REPORT	LISTS ALL OVERCOLLECTIONS ON CLAIMS FOR TOP AND DOR	DAILY
FRD106	NC DEBT EST RFD	LIST ALL ESTIMATED OVERCOLLECTION ON CLAIMS FOR DOR	DAILY
FRD160	O APPEAL IND	LIST CLAIMS THAT HAVE AN A O IN THE APPEAL FIELD FOR DOR CLAIMS	DAILY
FRD204	UNASSIGNED CASES REPORT	SHOWS CASES THAT HAVE NOT BEEN ASSIGNED TO AN INVESTIGATOR	WEEKLY
FRD206	OVERRIDE EXCEPTIONS REPORT	LISTS CASES WHERE THE OVERRIDE FEATURE WAS USED	WEEKLY
FRD213	CLAIMS SELECTED FOR NC DEBT SETOFF	LISTS CLAIM DEBTORS THAT HAVE BEEN SELECTED FOR NC DEBT SETOFF	WEEKLY
FRD214	DOR DUPLICATE SSN	LISTS DEBTORS PRESENT IN EPICS THAT CONTAIN DUPLICATE SSN'S/MULTIPLE INDIVIDUAL ID NUMERS	WEEKLY
FRD240	ZERO SSN REPT	LIST DEBTORS THAT HAVE ALL ZEROS FOR THE SSN	WEEKLY
FRD407	TIMELINESS RPT	DISPLAYS THE TOTAL NUMBER OF PENDING REFERRALS; AND THE CALCULATION OF TIMELINESS ON THE NUMBER OF PENDING REFERRALS AND THE NUMBER OF REFERRALS THAT ARE OLDER THAN 180 DAYS.	MONTHLY

**ENTERPRISE PROGRAM INTEGRITY CONTROL SYSTEM (EPICS)**

Change #2-2008

**APPENDIX F - REPORTS**

June 1, 2008

**E. AFDC/TANF, FOOD AND NUTRITION SERVICES AND MEDICAID REPORTS  
(Continued)**

<b>REPORT NUMBER</b>	<b>REPORT NAME</b>	<b>REPORT DESCRIPTION</b>	<b>FREQUENCY</b>
FRD408	REFERRALS/CLAIMS ESTABLISHMENT AND BACKLOG REPORT FOR MONTH CCYY	DISPLAYS STATISTICS OF REFERRALS CREATED WITH A DATE OF DISCOVERY IN THE REPORT MONTH AND STATISTICS OF REFERRALS PENDING, ESTABLISHED, U/P CLAIMS, UNSUB/CLOSED CLAIMS, AND DELETED REFERRALS IN THE REPORT MONTH	MONTHLY
FRD420	CASELOAD DETAILS BY INVESTIGATOR ID/COUNTY CODE	LISTS EPICS REFERRALS ASSIGNED TO AN INVESTIGATOR	MONTHLY
FRD421	CASELOAD STATISTICS BY INVESTIGATOR ID	DISPLAYS THE OVERALL CASELOAD INFORMATION BY INVESTIGATOR ID	MONTHLY
FRD425	INVESTIGATORS MAINTENANCE REPORT- DELINQUENCY	LISTS CLAIM DEBTORS THAT ARE DELINQUENT	MONTHLY
FRD428M FRD428Q FRD428Y	COUNTY COLECTIONS REPORT	LISTS COUNTY CLAIM COLLECTIONS AND INCENTIVES FOR THE APROPRIATE PROGRAMS AND LISTS FOOD AND NUTRITION SERVICES REVERSALS	MONTHLY QUARTERLY YEARLY
FRD429	NCDEBT EXEMPT	LIST CLAIMS THAT HAVE BEEN EXEMPT FROM DOR PROCESSING	WEEKLY
FRD431	NC DEBT SETOFF 30 DAY NOTICE REPORT	LISTS CLAIM DEBTORS THAT WERE SENT THE 30 DAY NOTICE	BI-WEEKLY
FRD433	LETTER OF OVERISSUANCE	LISTS ALL DEBTORS WHO HAVE BEEN SENT LOI'S	MONTHLY
FRD441	COLLECTIONS REPORT	SHOWS EPICS CLAIM PAYMENTS	MONTHLY
FRD490	U AND P CLAIMS REPORT	LIST ALL REFERRALS WITH A CLAIM TYPE OF U OR P	QUARTERLY
FRD501	LIST OF ACTIVE CLAIMS	LISTS ACTIVE CLAIMS	QUARTERLY
FRD503	CLAIMS BY SOURCE CODE	SHOWS THE TOTAL CLAIMS BY SOURCE CODE	QUARTERLY
FRD509 MAILED	CASES CLOSED TERMINATED, TRANSFERRED, AND DELETED	LISTS CLAIMS THAT HAVE BEEN CLOSED, TERMINATED, TRANSFERRED AND DELETED	QUARTERLY

REPORT NUMBER	REPORT NAME	REPORT DESCRIPTION	FREQUENCY
FRD751	AGED TRIAL BALANCE REPORT BY PAYMENT DATE	LIST LAST PAYMENT DATE OF ALL CLAIMS IN EPICS	QUARTERLY

**F. FOOD AND NUTRITION SERVICES REPORTS**

**1. FRD221-1: TOP PRE-OFFSET ADDRESS UNPROCESSABLE REPORT**

**REPORT PURPOSE:**

This report is used to show Food and Nutrition Services claims that were submitted for TOP for pre-offset address request, but were not processable by TOP.

**ACTION REQUIRED:**

TOP provides rejection codes for claim debtors that are on the "Pre-offset Address Unprocessable Report." The rejection codes with an explanation are 01-SSN Mismatch, 02-Name Mismatch, and 03-Unspecified. Codes 01 and 02 can be corrected. However code 03 cannot be corrected due to lack of information to determine what exactly is being rejected.

**REPORT SCHEDULE:**

Runs on a weekly basis.

**REPORT SECURITY LEVEL:**

This report is viewable at the owner county level.

**REPORT DISTRIBUTION:**

This report is available in NCXPTR.

**RETENTION PERIOD:**

Three Years

**FRD221-1 FIELD DESCRIPTIONS**

FIELD	DESCRIPTION
COUNTY NAME	Name of the county the report applies to
NAME	The full name of the debtor(Last Name, First Name)
SSN	The social security number of the debtor
INDIVIDUAL ID	The 10 character ID number of the debtor
REF ID	10 digit ID generated by the system upon creation of a referral.
PROGRAM CASE ID	Up to 9 characters – Identifies the Program Case ID associated with the claim
ERROR MESSAGE	The reason provided by TOP that the debtor is rejected for tax intercept.

**2. FRD221-3: 60-DAY NOTICE REPORT**

**REPORT PURPOSE:**

This report is used to show all Food and Nutrition Services claim debtors that were sent the 60-day notice. Five extra days are given for mailing purposes.

**ACTION REQUIRED:**

No action is required unless the debtor requests an appeal. The counties can use this report to calculate when the 65-day appeal period will end for the claim debtor. If the debtor requests an appeal during the notice period, the county should enter an "R" in the Federal Tax Appeal Indicator on the Debtor Detail Screen. For review purposes only.

**REPORT SCHEDULE:**

Runs on the first of the month.

**REPORT SECURITY LEVEL:**

This report is viewable at the owner county level.

**REPORT DISTRIBUTION:**

This report is only available in NCXPTR.

**RETENTION PERIOD:**

Three Years

**FRD221-3 FIELD DESCRIPTIONS**

<b>FIELD</b>	<b>DESCRIPTION</b>
OFFSET CYCLE NO.	The TOP cycle number (in century-year-week format) associated with the proposed certification.
COUNTY NAME	The name of the county the report applies to.
NAME	The full name of the debtor and the address of the debtor (Last Name, Middle Initial)
MULTI-COUNTY	Indicates the debtor has claims in other counties and has been sent 60-day notices there also
PROGRAM	Identifies the Program associated with the referral (always 'FS').
SSN	9 digit social security number for the debtor.
INDIVIDUAL	10 character number of the claim debtor.
REFERRAL	10 digit ID generated by the system upon creation of a referral
CASE ID	Program Case ID Number associated with the debtor
CLAIM BALANCE	The current balance due on the claim.
DATE SENT	The date the 60 day notice is mailed to the claim debtor.

**3. FRD222-2: CLAIMS CERTIFIED FOR TOP OFFSET**

**REPORT PURPOSE:**

This report lists claim debtors for all programs that have been selected for TOP Offset.

**ACTION REQUIRED:**

No action required unless the select status has changed. If the status changes, reset the TOP Offset Indicator flag on the Debtor Detail Screen.

**REPORT SCHEDULE:**

Run on a weekly basis.

**REPORT SECURITY LEVEL:**

This report is viewable at the owner county level.

**REPORT DISTRIBUTION:**

This report is available in NCXPTR.

**RETENTION PERIOD**

Three Years

**FRD222-2 FIELD DESCRIPTIONS**

<b>FIELD</b>	<b>DESCRIPTION</b>
OFFSET CYCLE NO.	The TOP cycle number (in century-year-week format) associated with the certification.
COUNTY NAME	The name of the county the report applies to.
NAME	The full name of the casehead on the referral (Last Name, First Name, Middle Initial).
PROGRAM	Identifies the Program associated with the referral (always 'FS').
SSN	9 digit social security number for the debtor.
INDIVIDUAL ID	10 character number of the claim debtor.
AMOUNT	The current balance due on the claim.
DATE	Date the certification occurred.

**4. FRD406-2: CLAIMS SELECTED FOR TOP PRE-OFFSET ADDRESS REQUEST**

**REPORT PURPOSE:**

This report shows all Food and Nutrition Services claim debtors that are selected for TOP Pre-Offset Address request.

**ACTION REQUIRED:**

No action is required unless the select status has changed. If the status changes while in Stage A, reset the Federal Tax Indicator flag on the Debtor Detail Screen should be set to the appropriate code: H, L, S, or X.

**REPORT SCHEDULE:**

Runs on the 2<sup>nd</sup> to the last Thursday of each month for the period February – November.

**REPORT SECURITY LEVEL:**

This report is viewable at the owner county level.

**REPORT DISTRIBUTION:**

This report is available in NCXPTR.

**RETENTION PERIOD:**

Three Years

**FRD406-2 FIELD DESCRIPTIONS**

<b>FIELD</b>	<b>DESCRIPTION</b>
COUNTY NAME	Name of the county
INVESTIGATOR ID	5 character ID of the investigator assigned to the claim
NAME	The full name of the claim debtor listed on the report (Last Name, First Name, Middle Initial)
PROGRAM	Identifies the Program associated with the referral
SSN	The social security number of the claim debtor
INDIVIDUAL	10 character number of the claim debtor
REFERRAL	10 digit ID generated by the system upon creation of a referral of the claim debtor
PROGRAM CASE ID	UP to 9 characters – Identifies the Program Case ID associated with the claim
CLAIM CAT.	Code that specifies the type of claim
FED. TAX INT	Code that indicates the stage of the Federal Tax intercept of a claim debtor
FED TAX APPEAL	The federal tax appeal indicator code for a claim debtor
CLAIM EST. DATE	The date the claim is established
CLAIM BALANCE	The current claim balance owed

**5. FRD406-3 CLAIMS EXEMPT FROM TOP PRE-OFFSET ADDRESS REQUEST**

**REPORT PURPOSE:**

This report shows all Food and Nutrition Services claim debtors exempt from the TOP Pre-Offset Address request with Federal Tax Indicators of H, L, X, S or with Federal Tax Appeal Indicators of R or Y.

**ACTION REQUIRED:**

No action is required unless the exempt status has changed. If the status changes, reset the Federal Tax Indicator flag on the Debtor Detail Screen. Example-the Federal Tax Indicator flag is set to X because of bankruptcy: then debtor comes out of bankruptcy, set Fed Tax Indicator to a space.



**REPORT SCHEDULE:**

Runs on the 2<sup>nd</sup> to the last Thursday of each month for the period February – November.

**REPORT SECURITY LEVEL:**

This report is viewable at the owner county level.

**REPORT DISTRIBUTION:**

This report is available in NCXPTR.

**RETENTION PERIOD:**

Three Years

**FRD406-3 FIELD DESCRIPTIONS**

FIELD	DESCRIPTION
COUNTY NAME	Name of the county
INVESTIGATOR ID	5 character ID of the investigator assigned to the claim
NAME	The full name of the claim debtor listed on the report (Last Name, First Name, Middle Initial)
PROGRAM	Identifies the Program associated with the referral
SSN	The social security number of the claim debtor
INDIVIDUAL	10 character number of the claim debtor
REFERRAL	10 digit ID generated by the system upon creation of a referral of the claim debtor
PROGRAM CASE ID	Up to 9 characters – Identifies the Program Case ID associated with the claim
CLAIM CAT.	Code that specifies the type of claim
FED TAX INT	Code that indicates the stage of the Federal Tax intercept of a claim debtor
FED TAX APPEAL	The federal tax appeal indicator code for a claim debtor
CLAIM EST. DATE	The date the claim is established
CLAIM BALANCE	The current claim balance owed

**6. FRD410: CLAIMS TRACKING AND EXCEPTIONS REPORT**

**REPORT PURPOSE:**

This report shows Food and Nutrition Services claims that have been overcollected (except for TOP and DOR).

**ACTION REQUIRED:**

For review purposes only.

**REPORT SCHEDULE**

Runs on the first of each month.

**REPORT SECURITY LEVEL:**  
This report is viewable at the Owner county level.

**REPORT DISTRIBUTION:**  
This report is mailed and is available in NCXPTR.

**RETENTION PERIOD:**  
Three years

**FRD410 FIELD DESCRIPTIONS**

<b>FIELD</b>	<b>DESCRIPTION</b>
COUNTY	Three character code uniquely identifying the county and its name
PROGRAM	The code that identifies that Food Stamps Program (FS)
PROGRAM CASE ID	Up to 9 characters – Identifies the Program Case ID associated with the overcollection
COUNTY CASE NO	7 character county case number
INDIVIDUAL ID	10 character number of the debtor provided by CNDS
NAME	The full name of the debtor (Last Name, First Name, Middle Initial)
OVERCOLLECTION AMOUNT	8 digit number identifying the current overcollection amount on the claim

**7. FRD 416: CONSOLIDATED REPORT OF PAYMENTS**

**REPORT PURPOSE:**  
This report shows Food and Nutrition Services monthly collections only. This report does not show TOP reversals and therefore should not be used for total Food and Nutrition Services collection amount (PLEASE USE THE FRD 441 FOR COLLECTION TOTALS) This report is used for the 209 report. The 209 Report is a federal report completed at the state level.

**ACTION REQUIRED:**  
For review purposes

**REPORT SCHEDULE:**  
Runs on a monthly basis

**REPORT SECURITY LEVEL:**  
This report is viewable at the owner county level.

**REPORT DISTRIBUTION:**  
This report is available in NCXPTR.

**RETENTION PERIOD**  
Three Years

**FRD416 FIELD DESCRIPTIONS**

<b>FIELD</b>	<b>DESCRIPTION</b>
COUNTY	Three character code uniquely identifying the county and its name
REFERRAL ID	10 digit ID generated by the system upon creation of a referral
COUNTY CASE ID	7 character county case number
INVESTIGATOR ID	5 character ID that corresponds to the investigator assigned to the claim
NAME	The full name of the debtor (Last Name, First Name, Middle Initial)
CAT	Code that specifies the type of overpayment claim
DATE ESTAB	The date the claim was established
BEG CLAIM AMOUNT	8 digit number identifying the amount of overpayments of benefits
PAYMENT DATE	The date the payment was actually entered in the system
PAY TYPE	The payment method type
CURRENT PAYMENTS	The amount of the current payment
TOTAL ALL PAYMENTS	The sum total of all payments made on the claim
BALANCE	8 digit field that identifies the current claim balance

**8. FRD 452: CLAIMS EXEMPT FROM TOP REPORT**

**REPORT PURPOSE:**

This report shows Food and Nutrition Services claims that are exempt from TOP process.

**ACTION REQUIRED:**

Review for accuracy. If Federal Tax Intercept Indicator or the Federal Tax Appeal Indicator is incorrect, then investigator should make appropriate changes to the field(s).

**REPORT SCHEDULE:**

Runs on a monthly basis

**REPORT SECURITY LEVEL:**

This report is viewable at the owner county level.

**REPORT DISTRIBUTION:**

This report is available in NCXPTR.

**RETENTION PERIOD**

Three Years

**FRD452 FIELD DESCRIPTIONS**

<b>FIELD</b>	<b>DESCRIPTION</b>
COUNTY NAME	Name of the county
INVESTIGATOR ID	5 character ID of the investigator assigned to the claim
NAME	The full name of the claim debtor listed on the report (Last Name, First Name, Middle Initial)
PROGRAM	Code that identifies the overpayment program
SSN	The social security number of the claim debtor
INDIVIDUAL	10 character number of the claim debtor
REFERRAL	10 digit ID generated by the system upon creation of a referral of the claim debtor
REFERRAL STATUS	2 letter code indicating the current status of the referral
PROGRAM CASE ID	Up to 9 characters – Identifies the Program case ID associated with the disqualification
FED. TAX INT	Code that indicates the stage of the Federal Tax intercept of a claim debtor
FED TAX APPEAL	The federal tax appeal indicator code for a claim debtor

**9. FRD 505: QUARTERLY STATUS OF CLAIMS**

**REPORT PURPOSE:**

This report shows the status of Food and Nutrition Services claims for a quarter.

**ACTION REQUIRED:**

For review and balancing purposes.

**REPORT SCHEDULE:**

Runs on a quarterly basis

**REPORT SECURITY LEVEL:**

This report is viewable at the owner county level.

**REPORT DISTRIBUTION:**

This report is available in NCXPTR.

**RETENTION PERIOD**

Administrative Value

**FRD505 FIELD DESCRIPTIONS**

<b>FIELD</b>	<b>DESCRIPTION</b>
COUNTY	Name of the county
FRAUD	Fraud misrepresentation (IPV)
NON-FRAUD	Household Error (IHE)
NON-FRAUD	Agency Error (AE)
TOTAL	Total dollar amount for collections (Line 7A thru Line 11)
LINE 1 BEGINNING BALANCE ACTIVE CLAIMS	This line is used to show the beginning balance and the total number of all active claims in the state/county for each heading, IPV Fraud, IHE Non-Fraud, AE Non-Fraud. These figures are calculated by using the ending balance of the prior quarter for each heading, IPV Fraud, IHE Non-Fraud, AE Non-Fraud.
LINE 2A TRANSFERS BETWEEN COUNTIES	This line is used to show the total dollar amount (Current Balance), at the time of the transfer, and the number of claims transferred between the counties for the given quarter for each heading, IPV Fraud, IHE Non-Fraud, AE Non-Fraud. This line should show the sum of Line 2Ai + 2Aii.
LINE 2AI TRANSFER OUT	This line is used to show the total dollar amount (Current Balance), at the time of the transfer, and the number of claims transferred out of the counties for the given quarter for each heading, IPV Fraud, IHE Non-Fraud, AE Non-Fraud.
LINE 2AII TRANSFER IN	This line is used to show the total dollar amount (Current Balance), at the time of the transfer, and the number of claims transferred into the counties for the given quarter for each heading, IPV Fraud, IHE Non-Fraud, AE Non-Fraud.
LINE 2B COMPROMISE	This line is used to show the total dollar amount of reduction and number of claims reduced by Compromise (judgment) for the given quarter for each heading, IPV Fraud, IHE Non-Fraud, AE Non-Fraud. Only AJCA coded entries are included. AJUC coded entries are NOT included.

**ENTERPRISE PROGRAM INTEGRITY CONTROL SYSTEM (EPICS)**

Change #2-2005

**APPENDIX F - REPORTS**

October 1, 2005

<b>FIELD</b>	<b>DESCRIPTION</b>
LINE 2C.1 AJCI	This line shows the dollar amount and the number of claims in which a Current Balance increase occurred.
LINE 2C.2 AJCD	This line shows the dollar amount and the number of claims in which a Current Balance decrease occurred.
LINE 2C.3 AJUC	This line shows the dollar amount and the number of claims in which an Uncompromise occurred.
LINE 2C.4 AJIT	This line shows the dollar amount and the number of claims that have been transferred into the state from another state. This is done by using the referral source code of OT.
LINE 2C.5 AJOT	This line shows the dollar amount and the number of claims transferred out of state. This can be done by changing the referral status from CO to OT.
LINE 2C.6 DELETED	This line shows the dollar amount (Current Balance) at the time of the delete and the number of deleted claims. All U and P claims that are deleted are included under the IHE column.
LINE 2C.7 AJUP	This is the dollar amount (Overpayment Amount) for all closed U and/or P claim.
LINE 2C.8 STATE OFFICE ADJUSTMENT	This line shows State Office Adjustments.
LINE 2C.9 PREVIOUSLY CLOSED CLAIMS REOPENED	This line shows the number of claims that have been reopened during the report quarter.
LINE 2D KEYING/ARITHMETIC ADJUSTMENT (2D INCLUDES 2C.1 THRU 2C.9)	This line is used to show the total dollar amount and number of corrections and adjustments made during the report quarter for each heading - IPV Fraud, IHE Non-Fraud and AE Non-Fraud. The number and/or dollar amount is derived from claims that have an AJCI, AJCD, AJUC or AJRO, claims with a referral status of OT, U and P claims that are closed out and deleted claims.

**ENTERPRISE PROGRAM INTEGRITY CONTROL SYSTEM (EPICS)**

Change #2-2005

**APPENDIX F - REPORTS**

October 1, 2005

FIELD	DESCRIPTION
LINE 2D (CONT'D) KEYING/ARITHMETIC ADJUSTMENT (2D INCLUDES 2C.1 THRU 2C.9)	This is the total of Lines 2C.1 through 2C.9.  Dollar Amount Formula: Line 2C.1 (AJCI) – Line 2C.2 (AJCD) + Line 2C.3 (AJUC) + Line 2C.4 (AJIT) – Line 2C.5 (AJOT) – Line 2C.6 (Deleted) – Line 2C.7 (AJUP)
	Number Formula: Line 2C.4 (AJIT) – Line 2C.5 (AJOT) – Line 2C.6 (Deleted) + Line 2C.9
	*Note: Line 2C.1 (AJCI), Line 2C.2 (AJCD), Line 2C.3 (AJUC) and Line 2C.7 (AJUP) do not increase/decrease the number of claims for a county unless the following happens:
	If the Current Balance for a claim is adjusted down (AJCD) to 0.00 and closes out OR a U or P claim is closed (AJUP) by the county, these claims will be included in the Number Amount on Line 17. This prevents counting the same claim twice.
	An AJCI and AJUC will increase the Current Balance amount for a claim, but not the number of claims.
LINE 2E EXPUNGEMENTS	This line is used to show the number and total dollar amount of expungements (EX payment code) that have occurred during the given quarter.
LINE 3 SUBTOTAL	This line is used to show the subtotal dollar amount and number of all active claims for the given quarter for each heading, IPV Fraud, IHE Non-Fraud, AE Non-Fraud.
	Dollar amount formula: Line 1 (Beg. Balance) + Line 2A (Transfers) – Line 2B (Compromise) + Line 2D (Keying Adjustments) – Line 2E Expungements
	Number formula: Line 1 (Beg. Balance) + Line 2A (Transfers) + Line 2D (Keying Adjustments)

**ENTERPRISE PROGRAM INTEGRITY CONTROL SYSTEM (EPICS)**

Change #2-2005

**APPENDIX F - REPORTS**

October 1, 2005

FIELD	DESCRIPTION
LINE 3 (CONT'D)	<b>Note: Line 2B (Compromise) and Line 2E (Expungements) do not increase/decrease the number of claims for a county unless the following happens:</b>
	If a claim is compromised to 0.00 and closes out OR a claim is paid out by an expungement, these claims are included in the Number Amount on Line 17. This will prohibit double counting
LINE 4 NEW CLAIMS ESTABLISHED	This line is used to show the total dollar amount and number of new claims established for the given quarter for each heading, IPV Fraud, IHE Non-Fraud, AE Non-Fraud. U and P claim types appear in the IHE Non Fraud column. For U and P claims we look at the U/P Creation Date. The dollar amount is captured from the overpayment amount for all newly established claims. These entries are identified with an AJNE code.
LINE 5 TRANSFERS BETWEEN A, B, C BALANCES	This line is used to show all claims that have been transferred from one category to another. This includes court ordered and non-court ordered category changes within the same quarter or a subsequent quarter.
	<b>*Note: A court order category change is a hearing or court determination claim for any U or P claim that has changed to another category <u>OR</u> any claim that is changed from one category to an IPV.</b>
	A non-court ordered category change is defined as IPV changing to any other category; IHE to SIE/AE, and SIE/AE to IHE.
LINE 6 SUBTOTAL	This line is used to show the total dollar amount and number of claims transferred between categories, IPV Fraud, IHE Non-Fraud, AE Non-Fraud during the given quarter. This number may reflect a positive or negative figure.



**ENTERPRISE PROGRAM INTEGRITY CONTROL SYSTEM (EPICS)**

Change #2-2005

**APPENDIX F - REPORTS**

October 1, 2005

FIELD	DESCRIPTION
LINE 6 (CONT'D)	Dollar Amount Formula: Line 3 (Active Claim Subtotal) + Line 4 (New Claims Established) + Line 5 (Category Transfers)
	Number Formula: Line 3 (Active Claim Subtotal) + Line 4 (New Claims Established) + Line 5 (Category Transfers)
LINE 7A CHECK, CASH, M.O.	This line is used to show all voluntary payments made in the form of cash, check, or money order for each heading IPV Fraud, IHE Non-Fraud, AE Non-Fraud made during the given quarter.
	Voluntary payments: C – Cash (This code would also be used for check or money order) FSC – Food Stamp Cash
LINE 7B TOP (PRE-OFFSET)	This line is used to show all voluntary payments made by the debtor during the 60-day notice period (Stage B) for the given quarter.
	This number is: All 'C' Payments that have occurred during the report quarter. The Claim Debtor related to the payment, if Federal Tax Intercept Notice date is prior to the payment, AND if the payment date is within 60 days of the notice date, this payment is considered a TOP Pre-Offset Payment.
	<b><i>These payments are included in Line 7a.</i></b>
7C TOP (INTERCEPT)	This line is used to show all TOP payments made for each heading IPV Fraud, IHE Non-Fraud, AE Non-Fraud during the given quarter.
	TOP payments: CT - TOP Payment Prior To June 1 T – TOP Payment

**ENTERPRISE PROGRAM INTEGRITY CONTROL SYSTEM (EPICS)**

Change #2-2005

**APPENDIX F - REPORTS**

October 1, 2005

FIELD	DESCRIPTION
LINE 7D DOR	This line is used to show all DOR payments made for each heading IPV Fraud and IHE Non-Fraud during the given quarter. AE/SIE Claims are not submitted for DOR.
	DOR payments: N – DOR payment
LINE 7E TOTAL CASH COLLECTED	This line is used to show the total amount of cash collected for each heading, IPV Fraud, IHE Non-Fraud, AE Non-Fraud during the given quarter.
	Dollar Amount Formula: Line 7a (Cash/Check/M.O.) + Line 7c (TOP Intercept) + Line 7d (DOR)
LINE 8 COUPONS	This line is used to show the total amount of coupons and EBT benefits collected for each heading, IPV Fraud, IHE Non-Fraud, AE Non-Fraud during the given quarter.  S = Stamps EB = EBT
LINE 9 RECOUPMENTS	This line is used to show all recoupments taken during the given quarter for each heading, IPV Fraud, IHE Non-Fraud, AE Non-Fraud.
	R = Regular recoupments LR = Local recoupments
LINE 10 OFFSETS	This line is used to show all offset amounts made during the given quarter for each heading IPV Fraud, IHE Non-Fraud, AE Non-Fraud.  O = Offset payments
LINE 11 TOTAL COLLECTED	This line is used to show the total dollar amount collected for each heading IPV Fraud, IHE Non-Fraud, AE Non-Fraud during the given quarter.
	Dollar Amount Formula: Line 7e (Total Cash Collected) + Line 8 (Coupons) + Line 9 (Recoupments) + Line 10 (Offsets)

**ENTERPRISE PROGRAM INTEGRITY CONTROL SYSTEM (EPICS)**

Change #1-2005

**APPENDIX F - REPORTS**

March 1, 2005

FIELD	DESCRIPTION
LINE 12 TERMINATED CLAIMS	This line is used to show all claims terminated during the given quarter for each heading IPV Fraud, IHE Non-Fraud, AE Non-Fraud. This line shows the number of claims and dollar amounts. The dollar amount reflects the current balance at the time the claim was terminated. These entries are identified by an AJTE code.
LINE 13 NON-CASH ADJUSTMENTS	This line is used to reflect amendments or corrections, which need to be made because of changed or incorrect entries related to food stamps, EBT, recoupment, or offset collections <b>from a previous quarterly report</b> for each heading IPV Fraud, IHE Non-Fraud, AE Non-Fraud. This includes reversals of a previous quarter S, EB, EX, R, LR, or O payments.
LINE 14 CASH ADJUSTMENTS	This line is used to reflect amendments or corrections, which need to be made because of changed or incorrect entries related to cash, check, or money orders collections <b>from a previous quarterly report</b> for each heading IPV Fraud, IHE Non-Fraud, AE Non-Fraud. This includes reversals of previous quarter C, FSC, CT, N, or T payments.
LINE 15 TRANSFERS BETWEEN A, B, C COLLECTIONS	This line is used to show any collections that have been collected from one category in a quarter and changed to another category within the subsequent quarter. This number may reflect a positive or negative figure. This line is not to be included in any formulas. It is for information purposes only.
LINE 16 SUBTOTAL	This line is used to show the subtotal of all collections during the given quarter for each heading IPV Fraud, IHE Non-Fraud, AE Non-Fraud.
	Dollar Amount Formula: Line 11 (Total Collected) + Line 12 (Terminated Claims) + Line 13 (Non-Cash Adjustments) + Line 14 (Cash Adjustments)
	Number Formula: Line 12 (Terminated Claims)

**ENTERPRISE PROGRAM INTEGRITY CONTROL SYSTEM (EPICS)**

Change #1-2005

**APPENDIX F - REPORTS**

March 1, 2005

FIELD	DESCRIPTION
LINE 16 (CONT'D)	<b>*Note: Line 11 (Total Collected), Line 13 (Non-Cash Adjustments), and Line 14 (Cash Adjustments) only have dollar amounts and therefore are not included in the Number formula for Line 16, but they are included in the Dollar Amount formula for Line 16.</b>
LINE 17 CLOSED CLAIMS	This line is used to show all claims closed during the given quarter for each heading, IPV Fraud, IHE Non-Fraud, AE Non-Fraud. Closed is defined as receiving payment in full or compromised amount down to zero only. Terminated claims are not included. The count for all U and P claims that are closed is included under the IHE column.
LINE 18 CLAIMS REACTIVATED	This line is used to show all claims that have been reactivated during the given quarter for each heading IPV Fraud, IHE Non-Fraud, AE Non-Fraud.
LINE 19 BALANCE FOR ACTIVE CLAIMS	This line is used to show the ending balance amount and number for active claims for a given quarter for each heading IPV Fraud, IHE Non-Fraud, AE Non-Fraud.
	Dollar Amount Formula: Line 3 (Active Claims Subtotal) + Line 4 (New Claims Est.) + Line 5 (Category Transfers) – Line 16 (Subtotal of Collections) + Line 18 (Claims Reactivated)
	<b>*Note: Line 17 (Closed Claims) is only a count and therefore is not included in the Dollar Amount formula for Line 19, but it is included in the Number formula for Line 19.</b>
	Number Formula: Line 3 (Active Claims Subtotal) + Line 4 (New Claims Est.) + Line 5 (Category Transfers) – Line 16 (Subtotal of Collections) – line 17 (Closed Claims) + Line 18 (Claims Reactivated)

<b>FIELD</b>	<b>DESCRIPTION</b>
LINE 20 SUBTOTAL	This line is used to show the number and dollar amount of all active and terminated claims for the given quarter for each heading IPV Fraud, IHE Non-Fraud, AE Non-Fraud.
	Dollar Amount Formula: Line 19 (Balance for Active Claims) + Line 12 (Terminated Claims)
	Number Formula: Line 19 (Balance for Active Claims) + Line 12 (Terminated Claims)

**G. REPORTS FOR FNS/TANF**

**1. FRD 419: MONTHLY LISTING OF DISQUALIFIED RECIPIENTS RECORDS**

**REPORT PURPOSE:**

This report is a cumulative list of all disqualified individuals in the county.

**ACTION REQUIRED:**

For review purposes only.

**REPORT SCHEDULE:**

Runs on a monthly basis (1<sup>st</sup> of each month).

**REPORT SECURITY LEVEL:**

This report is viewable at the owner county level.

**REPORT DISTRIBUTION:**

This report is available in NCXPTR.

**RETENTION PERIOD**

Three Years

**FRD419 FIELD DESCRIPTIONS**

<b>FIELD</b>	<b>DESCRIPTION</b>
COUNTY NAME	The name of the county the report applies to
COUNTY NBR	Three character code uniquely identifying the county
PRGM	Identifies the program the person has been disqualified from (FS or TANF)
NAME	The full name of the person being disqualified (Last Name, First Name)
SSN	9 digit Social Security Number of the person being disqualified
BIRTH DATE	The date the individual being disqualified was born (MM/DD/CCYY)
SEX	1 character code for the individual being disqualified (M or F)
DQ METHOD	1 character code identifying the method by which the disqualification was established.
DECISION DATE	The date (MM/DD/CCYY) the disqualification was decided
DQ NO.	The disqualification number of offense (1, 2 or 3)
START DATE	The date (MM/DD/YYYY) the disqualification will begin
PROGRAM CASE ID	Up to 9 characters – Identifies the Program Case ID associated with the disqualification
REFERRAL	10 digit ID generated by the system upon creation of a referral associated with the disqualification
ACT CODE	Code describing the last activity made to the Disqualification record (Add, Key, Change, Update, or Transfer)
ACT DATE	Date (MM/DD/YYYY) describing when the last activity to the Disqualification record was made

**2. FRD 422: INVESTIGATOR'S MAINTENANCE REPORT – DISQUALIFICATION ENDING**

**REPORT PURPOSE:**

This report reflects those disqualifications that end in the upcoming month.

**ACTION REQUIRED:**

Counties should review this report. Counties should use this report to remove the disqualification status on clients whose disqualification period ends during the report month and enter the correct status.

**REPORT SCHEDULE:**

Runs on a monthly basis (end of the month).

**REPORT SECURITY LEVEL:**

This report is viewable at the owner county level.

**REPORT DISTRIBUTION:**

This report is available in NCXPTR and is now 15 versions to the counties.

**RETENTION PERIOD**

Three Years

**FRD422 FIELD DESCRIPTIONS**

<b>FIELD</b>	<b>DESCRIPTION</b>
DQ COUNTY	Three character code and name uniquely identifying the county
PROGRAM	Identifies the program the person has been disqualified from (FS or TANF)
NAME	The full name of the person being disqualified (Last Name, First Name)
SSN	9 digit Social Security Number of the person being disqualified
PROGRAM CASE ID	Up to 9 characters – Identifies the Program Case ID associated with the disqualification
DQ PERIOD	The length of time the disqualification will be implied
DQ END DATE	The date (MM/DD/CCYY) the disqualification will end

**H. AFDC/TANF REPORTS****1. FRD 401: EIS RECOUPMENT ERROR REPORT****REPORT PURPOSE:**

This report shows all TANF/AFDC recoupments collected that do not have matching claims in EPICS to which the funds can be applied. When a recoupment is greater than \$99.00, the recoupment will also show on this report.

**ACTION REQUIRED:**

Determine which EPICS claim for which the funds were deducted, and apply the amount in EPICS to the correct claim using the payment code "LR". If recoupments were deducted in error, supplemental benefits should be issued to the debtor.

**REPORT SCHEDULE:**

Runs by the 15<sup>th</sup> of the month.

**REPORT SECURITY LEVEL:**

This report is viewable at the owner county level.

**REPORT DISTRIBUTION:**

This report is mailed and is available in NCXPTR.

**RETENTION PERIOD**

Three years





**FRD418 FIELD DESCRIPTIONS**

FIELD	DESCRIPTION
COUNTY	Number and name of the county
PROGRAM	Code that identifies the overpayment program
PROGRAM CASE ID	Up to 9 characters – Identifies the Program Case ID associated with the disqualification
COUNTY CASE NO.	7 character county case number
INVESTIGATOR ID	5 character ID of the investigator assigned to the claim
INDIVIDUAL ID	10 character number of the claim debtor
NAME	The full name of the claim debtor listed on the report (Last Name, First Name, Middle Initial)
OVERPAYMENT DATES	The dates the overpayment/overissuance occurred.
BEGINNING CLAIM BALANCE	The beginning dollar amount of the overpayment
CURRENT BALANCE	The current dollar amount owed on the overpayment
TOTAL FOR COUNTY	The total dollar amount for CROP claims

**3. FRD 506: QUARTERLY REPORT OF OVERPAYMENTS IN AFDC AND TANF**

**REPORT PURPOSE:**

This report shows the number of AFDC and TANF claims and the amount collected. It is divided into two sections: AFDC Claims with Overpayment Months prior to 1/1/97 and TANF Claims with Overpayment Months After 1/1/97. This report takes the place of the SSA-4972 report.

**ACTION REQUIRED:**

Review for accuracy. If there are discrepancies the appropriate State Office should be contacted.

**REPORT SCHEDULE:**

The report is scheduled to run in the first month of the quarter for the previous quarter.

**REPORT SECURITY LEVEL:**

This report is viewable at the owner county level.

**REPORT DISTRIBUTION:**

This report is available in NCXPTR.

**RETENTION PERIOD**

Three Years

**FRD506 FIELD DESCRIPTIONS**

<b>FIELD</b>	<b>DESCRIPTION</b>
COUNTY NAME	Name of the county
COUNTY CODE	Three character code identifying the county
CLAIMS WITH OVERPAYMENT MONTHS PRIOR TO 1/1/97 (AFDC)	Lists AFDC claims that have overpayments prior to 1/1/97
NUMBER OF CLAIMS EST	The total number of AFDC claims established (CO status)
DOLLAR AMOUNT OF CLAIMS EST	The current balance total for all AFDC claims established (CO)
TOTAL CLAIMS	The total number of AFDC claims existing for the county
RECOUPMENT COLLECTION AMOUNT	The total dollar amount of recoupments collected on AFDC claims for the quarter
CASH COLLECTION AMOUNT	The total dollar amount of cash collected on AFDC claims for the quarter
OUTSTANDING BALANCE	The total dollar amount owed on AFDC claims
CLAIMS WITH OVERPAYMENT MONTHS AFTER 1/1/97 (TANF)	Lists TANF claims that have overpayments after 1/1/97
NUMBER OF CLAIMS EST	The total number of TANF claims established (CO status)
DOLLAR AMOUNT OF CLAIMS EST	The current balance total for all TANF claims established (CO)
TOTAL CLAIMS	The total number of TANF claims existing for the county
RECOUPMENT COLLECTION AMOUNT	The total dollar amount of recoupments collected on TANF claims for the quarter
CASH COLLECTION AMOUNT	The total dollar amount of cash collected on TANF claims for the quarter
OUTSTANDING BALANCE	The total dollar amount owed on TANF claims

**I. REPORTS FOR MEDICAID**

**FRD 470: MEDICAID PROFILE FOLLOW-UP CASE MANAGEMENT REPORT**

**REPORT PURPOSE:**

The report identifies claims for which a Medicaid Recipient Profile must be requested.

**ACTION REQUIRED:**

Used as a management tool for Supervisory and Investigative staff.

The report should be used to order the follow up Medicaid Recipient Profile for claims that were established prior to the expiration of the 365 days medical claim filing period for the overpayment "to date."

**REPORT SCHEDULE:**

This report is run on a monthly basis (last work night of each month).

**REPORT SECURITY LEVEL:**

This report is viewable at the owner county level.

**REPORT DISTRIBUTION:**

This report is available in NCXPTR.

**RETENTION PERIOD**

Three Years

FIELD	DESCRIPTION
COUNTY NAME	Name of the county
INVESTIGATOR ID	5 character ID of the investigator assigned to the claim
CASEHEAD NAME	The full name of the casehead on the referral (Last Name, First Name, Middle Initial)
REFERRAL	10 digit ID generated by the system upon creation of a referral
PROGRAM CODE	Code that identifies the overpayment program
CASE ID	Up to 9 characters – Identifies the Program Case ID associated with the overpayment
OVERPAYMENT PERIOD	10 character date identifying the begin and ending dates of the overpayment <b>(MM/DD/CCYY)</b>
ORIGINAL CLAIM AMOUNT	The beginning overpayment amount due on the claim
CURRENT CLAIM BALANCE	The current claim balance owed

**J. REPORTS FOR ALL PROGRAMS**

**1. FRD 104: COUNTY REFUND REPORT**

**REPORT PURPOSE:**

This report shows overcollections on claims (with the exception of DOR and TOP). It includes potential payments from all programs to be refunded back to the client/debtor.

**ACTION REQUIRED:**

Review for accuracy and refund any amount over collected to the claim debtor. If the overcollection is due to recoupment, a supplement should be issued; if the overcollection is due to a cash payment, then a cash refund should be issued.

**REPORT SCHEDULE:**

Runs on a daily basis.

**REPORT SECURITY LEVEL:**

This report is viewable at the owner county level.

**REPORT DISTRIBUTION:**

This report is mailed and is available in NCXPTR.

**RETENTION PERIOD**

Three Years

**FRD104 FIELD DESCRIPTIONS**

<b>FIELD</b>	<b>DESCRIPTION</b>
COUNTY	The name of the county the report applies to
DEBTOR	The full name of the debtor the overcollection occurred on (Last, First, Middle Initial)
PROGRAM	Identifies the Program Type the debtor is due a refund in
CASE ID	Up to 9 characters – Identifies the Program Case ID associated with the error
INDIVIDUAL ID OF DEBTOR	10 character number of the debtor
SSN	9 digit social security number for the debtor
DATE OF COLLECTION	The date in which the payment was made.
METHOD OF COLLECTION	The method by which the payment was received (Cash, recoupment, etc.)
RECOUPMENT COLLECTION AMOUNT	The total dollar amount of recoupments collected on AFDC claims for the quarter
CASH COLLECTION AMOUNT	The total dollar amount of cash collected on AFDC claims for the quarter
OUTSTANDING BALANCE	The total dollar amount owed on AFDC claims
CLAIMS WITH OVERPAYMENT MONTHS AFTER 1/1/97 (TANF)	Lists TANF claims that have overpayments after 1/1/97



**3.      FRD 106: NC DEBT EST RFD**

**REPORT PURPOSE:**

This report shows all estimated overcollections on claims for DOR. The actual DOR refunds will be made by the State Controller's Office.

**ACTION REQUIRED:**

Review for accuracy. If the overcollected amount should not be refunded the appropriate State Office should be contacted immediately. This may happen if a cash payment was posted incorrectly in the county.

**REPORT SCHEDULE:**

The report is scheduled to run on a daily basis.

**REPORT SECURITY LEVEL:**

This report is viewable at the owner county level.

**REPORT DISTRIBUTION:**

This report is available in NCXPTR.

**RETENTION PERIOD**

Three Years

**FRD106 FIELD DESCRIPTIONS**

FIELD	DESCRIPTION
PROGRAM	The program associated with the overcollection
COUNTY NAME	The name of the county the report applies to
CLIENT	The full name of the debtor the overcollection occurred on (Last, First, Middle Initial)
INTEREST START DATE	The date interest began occurring on the money taken from the debtor
REFUND AMOUNT	The estimated amount to be refunded to the debtor
ESTIMATED INTEREST DUE	The estimated interest due back to the debtor
ESTIMATED TOTAL DUE	The estimated total amount the debtor will receive
COUNTY SUBTOTAL	The estimated amount (refund, interest, and total due) for the county

**4.      FRD 160: "O" APPEAL IND**

**REPORT PURPOSE:**

This report is to keep a history of all debtors who have had the NC Debt Setoff Appeal Indicator set to "O". At the end of each date, the Os should be captured as shown on the report as that 'as of' date.

**ACTION REQUIRED:**

Review this report for accuracy.

**REPORT SCHEDULE:**

Runs on a daily basis.

**REPORT SECURITY LEVEL:**

This report is viewable at the owner county level.

**REPORT DISTRIBUTION:**

This report is available in NCXPTR.

**RETENTION PERIOD**

Three Years

**FRD160 FIELD DESCRIPTIONS**

<b>FIELD</b>	<b>DESCRIPTION</b>
COUNTY NAME	The name of the county the report applies to
INVESTIGATOR ID	ID that corresponds to the investigator assigned to the referral
NAME	The full name of the casehead on the referral (Last Name, First Name, Middle Initial)
PROGRAM	Identifies the Program associated with the referral
SSN	9 digit social security number for the debtor
INDIVIDUAL ID	10 character number of the claim debtor
REF ID	10 digit ID generated by EPICS upon creation of a referral
PROGRAM CASE ID	Up to 9 characters – Identifies the Program Case ID associated with the referral
NC DEBT APPEAL INDICATOR	The value entered in the NC Debt Appeal Indicator field – this value will always equal "O".
CLAIM AMOUNT	The current balance of the claim
INTERCEPT AMOUNT	The amount that was intercepted from the debtor.

**5. FRD 204: "UNASSIGNED CASES REPORT"**

**REPORT PURPOSE:**

This report is a workload management tool for supervisors and managers to show all cases not yet assigned to an investigator.

**ACTION REQUIRED:**

Review this report and use it as a management tool for Supervisory and investigative staff.

**REPORT SCHEDULE:**

Runs on a weekly basis.

**REPORT SECURITY LEVEL:**

This report is viewable at the owner county level.

**REPORT DISTRIBUTION:**  
This report is available in NCXPTR.

**RETENTION PERIOD**  
Three Years

**FRD204 FIELD DESCRIPTIONS**

<b>FIELD</b>	<b>DESCRIPTION</b>
COUNTY	Three character code uniquely identifying the county and its name
PROGRAM	Identifies the Program associated with the referral
REF ID	10 digit ID generated by EPICS upon creation of a referral.
PROGRAM CASE ID	Up to 9 characters – Identifies the Program Case ID associated with the referral
NAME	The full name of the casehead on the referral (Last Name, First Name, Middle Initial)
DATE RECEIVED	Date the referral is keyed into EPICS
CASEWORKER NO.	A county assigned number of the caseworker assigned to the case
REFERRAL SOURCE	Code identifying the source of the overpayment/overissuance
REFERRAL TYPE	Code identifying the type of referral
NUMBER OF DAYS IN PENDING STATUS	The number of days that have elapsed before the claim reached CO status

**6. FRD 206: OVERRIDE EXCEPTIONS REPORT**

**REPORT PURPOSE:**  
This report was created for the State Controller’s Office. It is used by auditors to ensure that counties only use this override feature when they have sufficient documentation to substantiate the overpayment. This report is sorted by Program.

**ACTION REQUIRED:**  
No action required. Used for Audit and Management purposes.

**REPORT SCHEDULE:**  
Runs weekly on Tuesdays.

**REPORT SECURITY LEVEL:**  
This report is viewable at the owner county level.

**REPORT DISTRIBUTION:**  
This report is available in NCXPTR.

**RETENTION PERIOD**  
Three Years



**FRD206 FIELD DESCRIPTIONS**

<b>FIELD</b>	<b>DESCRIPTION</b>
PROGRAM	The program associated with the override
COUNTY	The name of the county the report applies to
CLIENT NAME	The full name of the casehead payee the referral applies to (Last Name, First Name, Middle Initial)
CASE ID	Up to 9 characters – Identifies the Program Case ID associated with the referral
OVERPAYMENT PERIOD	10 character date identifying the begin and ending dates of the overpayment (MM/DD/CCYY)
CLAIM AMOUNT	The current balance due on the claim
OPERATOR ID	RACF ID of the person implementing the override
DATE OVERRIDDEN	10-character date the override took place (MM/DD/CCYY)

**7. FRD 213: CLAIMS SELECTED FOR NC DEBT SETOFF**

**REPORT PURPOSE:**

This report list claim debtors for all programs that have been selected for NC Debt Setoff.

**ACTION REQUIRED:**

No action required unless the select status has changed. If the status changes, reset the NC Debt Setoff Indicator flag on the Debtor Detail Screen.

**REPORT SCHEDULE:**

Run on a weekly basis.

**REPORT SECURITY LEVEL:**

This report is viewable at the owner county level.

**REPORT DISTRIBUTION:**

This report is available in NCXPTR.

**RETENTION PERIOD**

Three Years



**REPORT SECURITY LEVEL:**

This report is viewable at the owner county level.

**REPORT DISTRIBUTION:**

This report is available in NCXPTR only under the name 'DHRFRD FRD214 DOR DUPLICATE SSN'.

**RETENTION PERIOD:**

Three years

**FRD214 FIELD DESCRIPTIONS**

<b>FIELD</b>	<b>DESCRIPTION</b>
COUNTY NAME	Name of the county the report applies to
INVESTIGATOR ID	The 5 character ID of the investigator assigned to the claim
CLIENT NAME	Debtor Name
SSN	The social security number(s) of the debtor
INDIVIDUAL ID	The individual ID number(s) of the debtor
PROGRAM	The program associated with the referral/claim
MULTI COUNTY	A 'Y' is displayed if the debtor has affected claims in multiple counties
CLAIM TYPE	The claim type associated with the claim
REFERRAL STATUS	The status of the referral/claim
CLAIM BALANCE	This is the claim balance for the claim not submitted to DOR. This includes those claims with a status of CL
SENT TO DOR?	A 'Y' is displayed when there is only one individual ID number present in EPICS with a duplicate SSN and the debtor was submitted to DOR.
COUNTY TOTAL PAGE	A total for the county by program of the possible interception amount if the debtor could have been sent to DOR or the status is CL
STATE ROLL-UP PAGE	A total of all counties by program of the possible interception amount if the debtor could have been selected and sent to DOR or the status is CL. State Level Access Only

**9. FRD 240: ZERO SSN REPORT**

**REPORT PURPOSE:**

This report is used to show all debtors that have an SSN of all zeros (000-00-0000).

**ACTION REQUIRED:**

Debtors SSNs that can be corrected via other legacy systems should be accomplished. Debtors who maintain an all zero SSN can not be processed for TOP or DOR.

**REPORT SCHEDULE:**

Runs on a weekly basis.

**REPORT SECURITY LEVEL:**

This report is viewable at the owner county level.

**REPORT DISTRIBUTION:**

This report is available in NCXPTR.

**RETENTION PERIOD**

Three Years

**FRD240 FIELD DESCRIPTIONS**

<b>FIELD</b>	<b>DESCRIPTION</b>
COUNTY NAME	The name identifying the county
PERSON	The full name of the client (Last Name, First Name, Middle Initial) and their Individual ID.
REFERRAL	10 digit ID generated by EPICS upon the creation of a referral and the status of the referral
CLAIM	The Program type of the claim (IHE, IPV, SIE, AE), the date the claim was established and the current balance of the claim.
FED TAX INFO	The current stage for TOP Processing and the date it began.
NC TAX INFO	The current stage for DOR Processing and the date it began.
PERSON LAST UPDATED	The RACF ID of the person who last changed the person information in CNDS, date the change was made, and the program that made the change.

**10. FRD 407: DATE OF DISCOVERY TIMELINESS REFERRAL REPORT**

**REPORT PURPOSE:**

This is a statistical report that displays a summary of all open/pending referrals. This report shows the calculation of timeliness on the number of pending referrals and the numbers of referrals that are older than 180 days.

**ACTION REQUIRED:**

Statistics

**REPORT SCHEDULE:**

The report runs the last workday of each month.

**REPORT SECURITY LEVEL:**

The report is county specific.

**REPORT DISTRIBUTION:**

The report is available in NCXPTR only under the name:  
DHRFRD FRD407 TIMELINESS RPT

**RETENTION PERIOD:**

Three years

**FRD407 FIELD DESCRIPTIONS**

FIELD	DESCRIPTION
COUNTY	Name of the county the report applies to.
NUMBER OF ALL OPEN REFERRALS	This is the total number of referrals/claims for each assistance program with a referral status code of AC, IN, PE, or UN that has not been deleted and contains a U/P Creation Date.
TIMELY REFERRALS	This category is broken down by timely U/P, UN, AC, IN, and PE claims for the report month.
U/P CLAIMS (DOD = OR < 180 DAYS)	U/P Claims – This is the number of referrals/claims in the report month with a Claim Category of U or P, a Creation Date is present, the status is UN, AC, PE, IN, or CO, no Establishment Date is present, and the U/P Creation Date is 180 days or less from the Date of Discovery.

**ENTERPRISE PROGRAM INTEGRITY CONTROL SYSTEM (EPICS)**

Change #1-2013

**APPENDIX F - REPORTS**

April 1, 2013

<b>FIELD</b>	<b>DESCRIPTION</b>
UN (ASSIGNED) CLAIMS	This is the total number of timely UNASSIGNED claims.
AC (ACCEPTED) CLAIMS	This is the total number of timely ACCEPTED claims.
IN (INVESTIGATION) CLAIMS	This is the total number of timely INVESTIGATION claims.
PE (PENDING) CLAIMS	This is the total number of timely PENDING claims.
TOTAL TIMELY	This is the total number of referrals/claims with a referral status code of AC, IN, PE, or UN with a date of discovery that is 180 days or less from the report run date. This includes referrals that have a U/P Creation Date that is less than or equal to 180 days from the date of discovery.
UNTIMELY REFERRALS	This category is broken down by untimely U/P, UN, AC, IN, and PE claims for the report month.
U/P (DOD >180 DAYS)	U/P Claims – This is the number of referrals/claims in the report month with a Claim Category of U or P, a Creation Date is present, the status is UN, AC, PE, IN, or CO, no Establishment Date is present, and the U/P Creation Date is greater than 180 days from the Date of Discovery.
UN (UNASSIGNED) CLAIMS	This is the total number of untimely UNASSIGNED claims.
AC (ACCEPTED) CLAIMS	This is the total number of untimely ACCEPTED claims.
IN (INVESTIGATION) CLAIMS	This is the total number of untimely INVESTIGATION claims.

FIELD	DESCRIPTION
PE (PENDING) CLAIMS	This is the total number of untimely PENDING claims.
TOTAL UNTIMELY	This is the total number of referrals/claims with a referral status of AC, IN, PE, or UN with a date of discovery that is 181 days or more from the report run date. This includes referrals that have a U/P Creation Date that is greater than 180 days from the date of discovery.
PERCENTAGE OF UNTIMELY REFERRALS/CLAIMS	This is the percentage of pending referrals/claims that are untimely for the report month. The TOTAL UNTIMELY number is divided by the NUMBER OF ALL OPEN REFERRALS for the report month.

**11. FRD408: REFERRALS/CLAIMS ESTABLISHMENT AND BACKLOG REPORT FOR MONTH CCYY**

**REPORT PURPOSE:**

This report is used to display statistics of Referrals created with a Date of Discovery in the report month and statistics of Referrals Pending, Established, U/P Claims, Unsub/Closed Claims, and Deleted Referrals in the report month.

**ACTION REQUIRED:**

No action required. Statistical report.

**REPORT SCHEDULE:**

Runs the end of the month.

**REPORT SECURITY LEVEL:**

This report is viewable at the owner county level.

**REPORT DISTRIBUTION:**

This report is available in NCXPTR. Two hardcopies of the report are created and provided to the Division of Medical Assistance and the Division of Social Services.

**RETENTION PERIOD**

Three Years.

**FRD408 FIELD DESCRIPTIONS**

<b>FIELD</b>	<b>DESCRIPTION</b>
COUNTY	COUNTY NAME
REFERRALS CREATED	NUMBER OF REFERRALS CREATED WITH A DATE OF DISCOVERY IN THE REPORT MONTH FOR AFDC, <b>FNS</b> , MEDICAID, TANF
PENDING REFERRALS	NUMBER AND PERCENTAGE OF PENDING REFERRALS AS OF THE LAST DAY OF THE REPORT MONTH
ESTABLISHED CLAIMS	NUMBER AND PERCENTAGE OF ESTABLISHED CLAIMS IN THE REPORT MONTH FOR AFDC, <b>FNS</b> , MEDICAID, TANF
DOLLAR AMT OF EST CLAIMS	TOTAL DOLLAR AMOUNT OF ALL ESTABLISHED CLAIMS IN THE REPORT MONTH FOR AFDC, <b>FNS</b> , MEDICAID, TANF
U/P CLAIMS	NUMBER AND PERCENTAGE OF U/P CLAIMS IN THE REPORT MONTH FOR AFDC, <b>FNS</b> , MEDICAID, TANF
DOLLAR AMT OF U/P CLAIMS	TOTAL DOLLAR AMOUNT OF ALL U/P CLAIMS IN THE REPORT MONTH FOR AFDC, <b>FNS</b> , MEDICAID, TANF
UNSUB/CLOSED CLAIMS	NUMBER AND PERCENTAGE OF UNSUB/CLOSED CLAIMS IN THE REPORT MONTH FOR AFDC, <b>FNS</b> , MEDICAID, TANF
DELETED REFERRALS	NUMBER AND PERCENTAGE OF DELETED REFERRALS IN THE REPORT MONTH
TOTAL	TOTAL NUMBER AND PERCENTAGE OF PENDING, ESTABLISHED CLAIMS, U/P CLAIMS, UNSUB/CLOSED CLAIMS, AND DELETED REFERRALS IN THE REPORT MONTH FOR AFDC, <b>FNS</b> MEDICAID, TANF

**12. FRD 420: CASELOAD DETAILS BY INVESTIGATOR ID/COUNTY CODE**

**REPORT PURPOSE:**

This report is used to show all referrals assigned to an investigator. It shows all referrals in Pending (PE), Accepted (AC), Investigation (IN), Collections (CO), and Terminated (TE) status.

Within this report is an Investigator and County Roll-Up Page of Pending Referrals. It displays the number of referrals still pending in each program: AFDC, FS, Medicaid, and TANF. Also, a State Roll-Up Page displaying referrals still pending and the number established in each program: AFDC, **FNS**, MEDICAID, and TANF.

**ACTION REQUIRED:**

A management tool for supervisory and investigative staff.



**REPORT SCHEDULE:**

Runs on the first of the month.

**REPORT SECURITY LEVEL:**

This report is viewable at the owner county level.

**REPORT DISTRIBUTION:**

This report is available in NCXPTR.

**RETENTION PERIOD**

Three Years

**FRD420 FIELD DESCRIPTIONS**

<b>FIELD</b>	<b>DESCRIPTION</b>
COUNTY	Three character code identifying the county
INVESTIGATOR	ID that corresponds to the investigator assigned to the referral.
REFERRAL ID	10 digit ID generated by EPICS upon the creation of a referral
REFERRAL STATUS	2 character code identifying the current status of the referral
PROGRAM	Identifies the Program associated with the referral
PROGRAM CASE ID	Up to 9 characters – Identifies the Program Case ID associated with the referral
CLIENT NAME	The full name of the client (Last Name, First Name, Middle Initial)
DATE OF DISCOVERY	This is the Date of Discovery that is displayed on the Referral Detail 1 screen
ASSIGNMENT DATE	10 character date (MM/DD/YYYY) the referral was assigned to the investigator
TYPE	1 character code identifying the type of referral
ESTABLISHED DATE	10 character date in which the claim was created in EPICS (system generated date)
DAYS IN PENDING STATUS	For those claims in 'CO' and 'OT' status, this is the number of days that pended from the Date of Discovery to the Establishment Date. Day one is the day after the Date of Discovery with the Establishment Date being the last day included.  For those claims in 'AC', 'PE', and 'IN', this is the number of days that pended from the Date of Discovery to the Run Date of the report. Day one is the day after the Date of Discovery with the Run Date being the last day included.
BEGINNING BALANCE	The beginning overpayment amount due on the claim.
AMOUNT DUE	Current balance due on the claim

**13. FRD 421: CASELOAD STATISTICS INVESTIGATOR ID**

**REPORT PURPOSE:**

This report shows the monthly summary caseload information sorted by the investigator ID.

**ACTION REQUIRED:**

Used as a management tool for Supervisory and Investigative staff.

**REPORT SCHEDULE:**

This report is scheduled to run on the first of the month.

**REPORT SECURITY LEVEL:**

This report is viewable at the owner county level.

**REPORT DISTRIBUTION:**

This report is available in NCXPTR.

**RETENTION PERIOD**

Three Years

**FRD421 FIELD DESCRIPTIONS**

<b>FIELD</b>	<b>DESCRIPTION</b>
COUNTY CODE	Three character code identifying the county
INVESTIGATOR ID	ID that corresponds to the investigator assigned to the referral.
NO. ASSIGNED CASES	The total number of referrals assigned (PE status) to the investigator during the month
NO. ACCEPTED CASES	The total number of referrals accepted (AC status) by the investigator during the month
NO. CASES UNDER INVESTIGATION	The total number of referrals under investigation (In status) by the investigator during the month
NO. CASES COMPLETED	The total number of referrals completed by the investigator during the month
NO. CASES IN COLLECTION	The total number of claims in collections (CO status) by the investigator during the month
TOTAL AMOUNT COLLECTED	The total dollar amount of funds collected by the investigator/collector for the month

**14. FRD 425: INVESTIGATOR'S MAINTENANCE REPORT - DELINQUENCY**

**REPORT PURPOSE:**

This report shows all claim debtors that are delinquent. Delinquency is defined, as a payment that has not been made within the last 60 calendar days. NOTE: AE and SIE errors are included in the Claim category "A".

**ACTION REQUIRED:**

Use this report to send additional demand letters to delinquent claim debtors.

**REPORT SCHEDULE:**

Runs on the first of the month.

**REPORT SECURITY LEVEL:**

This report is viewable at the owner county level.

**REPORT DISTRIBUTION:**

This report is available in NCXPTR.

**RETENTION PERIOD**

Three Years

**FRD425 FIELD DESCRIPTIONS**

<b>FIELD</b>	<b>DESCRIPTION</b>
COUNTY	Three character code identifying the county
INVESTIGATOR ID	ID that corresponds to the investigator assigned to the referral
REFERRAL ID	10 digit ID generated by EPICS upon the creation of a referral
PROGRAM	Identifies the Program associated with the referral
CLAIM CAT	Up to 3 characters – code that specifies the type of claim
DATE EST	Date the claim was established (CO status)
BEGINNING CLAIM AMT.	The original amount of the overpayment /over-issuance
LAST PMT DATE	The last date a payment was made
LAST PMT TYPE	Identifies the last type of payment made on the claim
LAST PMT AMT	The amount of the payment made that will be applied to the balance
TOTAL ALL PMTS	Total dollar amount of all payments made on the claim
BALANCE	Total dollar amount that is outstanding on the claim
NAME	The full name of the debtor owing the money (Last Name, First Name, Middle Initial)
ADDRESS	The complete address where the debtor currently resides.

**15. FRD 428. FRD 428Q AND FRD428Y: COUNTY COLLECTION REPORT**

**REPORT PURPOSE:**

**FRD428M:** This report shows monthly collection and incentive amounts

**FRD428Q:** This report shows quarterly collection and incentive amounts

**FRD428Y:** This report shows yearly collection and incentive amounts

**ACTION REQUIRED:**

Review for accuracy.

**REPORT SCHEDULE:**

This report is scheduled to run on the first of the month.

**REPORT SECURITY LEVEL:**

This report is viewable at the owner county level.

**REPORT DISTRIBUTION:**

This report is available in NCXPTR.

**RETENTION PERIOD**

Three Years

**FRD428 FIELD DESCRIPTIONS**

<b>FIELD</b>	<b>DESCRIPTION</b>
COUNTY NAME	The name of the county the report applies to
AFDC PROGRAM	
RECOUPMENTS	The gross, adjusted and net amount of recoupments collected on AFDC claims for the month, quarter and year. Also shows the incentive amount for the month, quarter and year.
CASH	The gross, adjusted and net amount of cash collected for AFDC claims for the month. Also shows the incentive amount for the month, quarter and year.
DOR	The gross, adjusted and net amount collected from NC Debt Setoff for the month, quarter and year. Also shows the incentive amount for the month, quarter and year.
CROPS	The gross, adjusted and net amount for AFDC CROPS collected from the county for the month, quarter and year.
TOTALS	The total dollar amount of funds collected for AFDC claims for the month, quarter and year.
TANF PROGRAM	
RECOUPMENTS	The gross, adjusted and net amount of recoupments collected on TANF claims for the month, quarter and year. Also shows the incentive amount for the month.
CASH	The gross, adjusted and net amount of cash collected for TANF claims for the month, quarter and year. Also shows the incentive amount for the month, quarter and year.
DOR	The gross, adjusted and net amount collected from NC Debt Setoff for the month, quarter and year. Also shows the incentive amount for the month, quarter and year.

**ENTERPRISE PROGRAM INTEGRITY CONTROL SYSTEM (EPICS)**

Change #1-2005

**APPENDIX F - REPORTS**

March 1, 2005

<b>FIELD</b>	<b>DESCRIPTION</b>
CROPS	The gross, adjusted and net amount for AFDC CROPS collected from the county for the month, quarter and year.
TOTALS	The total dollar amount of funds collected for TANF claims for the month quarter and year.
FOOD STAMP PAYMENTS	
RECOUPMENTS	The gross, adjusted and net amount of recoupments collected on Food and Nutrition Services IPV, IHE and AE claims for the month, quarter and year. Also shows the incentive amount for the month, quarter and year.
CASH	The gross, adjusted and net amount of cash collected for Food and Nutrition Services claims for the month, quarter and year. Also shows the incentive amount for the month, quarter and year.
DOR	The gross, adjusted and net amount collected from NC Debt Setoff for the month, quarter and year. Also shows the incentive amount for the month, quarter and year.
TOP OFFSET	The gross, adjusted and net amount collected from TOP OFFSET for the month, quarter and year. Also shows the incentive amount for the month, quarter and year.
FOOD STAMP COUPONS	The gross, net adjusted and net amount of Food and Nutrition Services Coupons collected for Food and Nutrition Services claims for the month, quarter and year. Also shows the incentive amount for the month, quarter and year.
OFFSET	The gross, adjusted and net amount of Food and Nutrition Services offsets collected for Food and Nutrition Services claims for the month, quarter and year. Also shows the incentive amount for the month, quarter and year.
EBT DEBITS	The gross, adjusted and net amount of Food and Nutrition Services EBT Debits collected for Food and Nutrition Services claims for the month, quarter and year. Also shows the incentive amount for the month, quarter and year.
FOOD STAMP REVERSALS	
RECOUPMENTS	The gross, adjusted and net amount of recoupments reversals on Food and Nutrition Services IPV, IHE and AE claims for the month, quarter and year. Also shows the reversal incentive amount for the month, quarter and year.
TOTALS	The total dollar amount of funds collected and reversed for Food and Nutrition Services claims for the month, quarter and year.

**16. FRD 429. NC DEBT EXEMPT**

**REPORT PURPOSE:**

This report is used to show all claim debtors that were exempt from DOR.

**ACTION REQUIRED:**

When the exemption code is no longer applicable, the county must change it. The county can only enter codes H, L, or S. State staff must enter the X code.

**REPORT SCHEDULE:**

Runs on a weekly basis.

**REPORT SECURITY LEVEL:**

This report is viewable at the owner county level.

**REPORT DISTRIBUTION:**

This report is only available in NCXPTR.

**RETENTION PERIOD**

Three Years

**FRD429 FIELD DESCRIPTIONS**

<b>FIELD</b>	<b>DESCRIPTION</b>
COUNTY NAME	Three character code identifying the county
INVESTIGATOR	ID that corresponds to the investigator assigned to the referral.
NAME	The full name of the debtor (Last Name, First Name, Middle Initial)
PROGRAM	Identifies the Program associated with the referral
SSN	The social security number of the debtor.
INDIVIDUAL ID	The 10 character number associated with the debtor
REFERRAL ID	10 digit ID generated by EPICS upon the creation of a referral
PGM CASE ID	Up to 9 characters – Identifies the Program Case ID associated with the claim
NC DEBT SETOFF	The code entered in for exemption
NC TAX APPEAL	If applicable, the code used for appealing the intercept.

**17. FRD 431. NC DEBT SETOFF 30 DAY NOTICE REPORT**

**REPORT PURPOSE:**

This report is used to show all claim debtors that were sent the 30-day notice. Five extra days are given for mailing purposes.

**ACTION REQUIRED:**

No action is required unless the debtor requests an appeal. If an appeal is requested within the notice period, the county should put in an "R" in the appeal indicator. The counties can use this report to calculate when the 35-day appeal period will end for the claim debtor for review purposes.

**REPORT SCHEDULE:**

Runs bi-weekly.

**REPORT SECURITY LEVEL:**

This report is viewable at the owner county level.

**REPORT DISTRIBUTION:**

This report is only available in NCXPTR.

**RETENTION PERIOD**

Three Years

**FRD431 FIELD DESCRIPTIONS**

<b>FIELD</b>	<b>DESCRIPTION</b>
COUNTY NAME	Name identifying the county
INVESTIGATOR ID	5 character ID that corresponds to the investigator assigned to the claim
NAME	The full name of the debtor (Last Name, First Name, Middle Initial)
PROGRAM	Identifies the Program associated with the referral
NOTICE BALANCE	The balance owed on the claim by the debtor at the time the notice is created
AMOUNT INTERCEPTED	The amount intercepted from NC Debt Setoff
MULTICOUNTY	Indicates the debtor has claims in other counties and has been sent 30-day notices there also.
ADDRESS USED FOR 30 DAY	The address used on the 30 day notice for the claim debtor
SSN	The social security number of the debtor
INDIVIDUAL ID	The 10 character number associated with the debtor

**18. FRD 433. LETTER OF OVERISSUANCE REPORT**

**REPORT PURPOSE:**

This report is used to show all debtors who have been sent a Letter of Overissuance (LOI) from a newly established claim. This report may be used to track when recoupments will begin on active claim debtors when all selection criteria are met, as well as other purposes as defined in this manual.

**ACTION REQUIRED:**

Counties should review this report. Counties may also use this report to determine when the appeal period expires.

**REPORT SCHEDULE:**

Runs on a daily basis.

**REPORT SECURITY LEVEL:**

This report is viewable at the owner county level.

**REPORT DISTRIBUTION:**  
This report is available in NCXPTR.

**RETENTION PERIOD**  
Three Years

**FRD433 FIELD DESCRIPTIONS**

<b>FIELD</b>	<b>DESCRIPTION</b>
COUNTY CODE	Three character code identifying the county
COUNTY NAME	The name of the county the report applies to
SSN	9 digit social security number for the debtor
NAME	The full name of the debtor (Last Name, First Name, Middle Initial)
PROGRAM	Identifies the Program associated with the referral
CLAIM OVERPAYMENT AMOUNT	The overpayment amount due on the claim at the time of establishment.
PRGM CASE ID	Up to 9 characters – Identifies the Program Case ID associated with the claim
REFERRAL ID	10 digit ID generated by EPICS upon creation of a referral
DATE SENT	The date the letter is sent to the claim debtor or to the county
FINAL HEARING	The date the appeal process expires

**19. FRD 441. COLLECTIONS REPORT**

**REPORT PURPOSE:**  
This report is used to show all payments received on referrals for the county. The report identifies total dollars received by program and a grand total for all programs.

**ACTION REQUIRED:**  
Review this report for accuracy. Contact appropriate State staff if there are discrepancies.

**REPORT SCHEDULE:**  
Runs on a monthly basis around the 5<sup>th</sup> calendar day of each month.

**REPORT SECURITY LEVEL:**  
This report is viewable at the owner county level.

**REPORT DISTRIBUTION:**  
This report is available in NCXPTR.

**RETENTION PERIOD**  
Three Years



**FRD441 FIELD DESCRIPTIONS**

<b>FIELD</b>	<b>DESCRIPTION</b>
COUNTY NAME	The name of the county the report applies to
REFERRAL ID	10 digit ID generated by EPICS upon creation of a referral
PROGRAM	Code that identifies the benefits program to which the payment applies
PAY RECEIPT	The receipt number for the payment entered in EPICS (this is a system generated number)
NAME	The full name of the debtor making the payment (Last Name, First Name, Middle Initial)
CLAIM CATEGORY	Up to 3 characters – code that specifies the type of claim
DATE ENTERED	The date the payment was actually created in EPICS (Note: This date may be different from the “Date Received” field in EPICS)
PAY RCV DATE	Date the county enters as being received – defaults to current date unless changed.
PAY TYPE	The method of collection for the payment made
PAY AMOUNT	The amount of the payment made that is applied to the balance.
CLAIM BALANCE	The current balance on the claim (after all payments have been subtracted)
TOTAL (BY PROGRAM)	The total amount of dollars received for the specified program
COUNTY TOTAL	The grand total of payments made for all programs

**20. FRD 490. U AND P CLAIMS REPORT**

**REPORT PURPOSE:**

This report shows all referrals with a claim type of U or P that do not contain a Referral Status of CL (Closed) or TE (Terminated).

**ACTION REQUIRED:**

Review for accuracy.

**REPORT SCHEDULE:**

Runs on a quarterly basis.

**REPORT SECURITY LEVEL:**

This report is viewable at the owner county level.

**REPORT DISTRIBUTION:**

This report is available in NCXPTR under the name DHRFRD FRD490 U AND P CLAIMS.

**RETENTION PERIOD**

Three Years

**FRD490 FIELD DESCRIPTIONS**

<b>FIELD</b>	<b>DESCRIPTION</b>
COUNTY CODE	Three character code identifying the county
COUNTY NAME	The name of the county the report applies to
INVESTIGATOR ID	5 character ID that corresponds to the investigator assigned to the claim
SSN	9 digit social security number for the debtor
REFERRAL ID	10 digit ID generated by EPICS upon creation of a referral
NAME	The full name of the debtor (Last Name, First Name, and Middle Initial)
CLAIM TYPE	Code that specifies the type of claim
REFERRAL STATUS	Specifies status of the claim
U/P CREATION DATE	Date claim was created
CLAIM OVERPAYMENT AMOUNT	The overpayment amount due on the claim at the time of establishment

**21. FRD 501. LIST OF ACTIVE CLAIMS**

**REPORT PURPOSE:**

This report shows all active claims in the county.

**ACTION REQUIRED:**

Review for accuracy.

**REPORT SCHEDULE:**

Runs quarterly on the first of the month in a quarter.

**REPORT SECURITY LEVEL:**

This report is viewable at the owner county level.

**REPORT DISTRIBUTION:**

This report is available in NCXPTR.

**RETENTION PERIOD**

Three Years

**FRD501 FIELD DESCRIPTIONS**

<b>FIELD</b>	<b>DESCRIPTION</b>
COUNTY CODE	Three character code identifying the county and its name
PROGRAM	Identifies the Program associated with the referral
CASEHEAD NAME	The full name of the case head listed on the referral (Last Name, First Name, Middle Initial)
PROGRAM CASE ID	Up to 9 characters – Identifies the Program Case ID associated with the claim
REF ID	10 digit ID generated by the system upon creation of a referral
CLAIM EST DATE	The date the claim was established (CO status)

FIELD	DESCRIPTION
ORIGINAL BALANCE	8 digit number identifying the amount of overpayment/overissuance
QTR BEG BALANCE	Current balance of the claim at the beginning of the quarter
PAYMENTS	The total dollar amount of payments that have been applied to the claim
REFUND	The amount that was overcollected on the claim
CURRENT BALANCE	The current balance due on the claim
CAT	Up to 3 characters – code that specifies the type of claim
COUNTY ROLL-UP	The county total of active claims per program and total for all programs.
STATE ROLL-UP	The state total of active claims per program and total for all programs.

**22. FRD 503. CLAIMS BY SOURCE CODE**

**REPORT PURPOSE:**

This report shows the total claims by source code for all IPV, IHE, and AE claims.

**ACTION REQUIRED:**

Evaluate the report data to determine trends in referral sources. Use the information to review problem areas in order to prevent errors and referrals.

**REPORT SCHEDULE:**

Runs quarterly on the first of the month of a quarter.

**REPORT SECURITY LEVEL:**

This report is viewable at the owner county level.

**REPORT DISTRIBUTION:**

This report is available in NCXPTR.

**RETENTION PERIOD**

Three Years

**FRD503 FIELD DESCRIPTIONS**

FIELD	DESCRIPTION
SRC	Code representing the source of the error
IPV – NUMBER	The total number of IPV claims entered for the quarter sorted by source code. Claims determined for the quarter are by the Referral Date
IPV – AMOUNT	The total dollar amount of IPV claims entered for the quarter sorted by source code
IPV – COLLECTION	The total dollar amount collected on IPV claims entered for the quarter sorted by source code

<b>FIELD</b>	<b>DESCRIPTION</b>
IHE – NUMBER	The total number of IHE claims entered for the quarter sorted by source code. Claims determined for the quarter are by the Referral Date.
IHE – AMOUNT	The total dollar amount of IHE claims entered for the quarter sorted by source code
IHE – COLLECTION	The total dollar amount collected on IHE claims entered for the quarter sorted by source code
AE - NUMBER	The total number of AE claims entered for the quarter sorted by source code. Claims determined for the quarter are by the Referral Date.
AE – AMOUNT	The total dollar overpayment amount of AE claims entered for the quarter sorted by source code
AE – COLLECTION	The total dollar amount collected on AE claims entered for the quarter sorted by source code
TOTAL BY SOURCE – NUMBER	The total number of claims entered for the quarter sorted by source code. Claims determined for the quarter are by the Referral Date.
TOTAL BY SOURCE – AMOUNT	The total dollar overpayment amount of claims entered for the quarter sorted by source code
TOTAL BY SOURCE - COLLECTION	The total dollar amount collected on claims entered for the quarter sorted by source code

**23. FRD 509. CASES CLOSED TERMINATED TRANSFERRED AND DELETED (QUARTERLY)**

**REPORT PURPOSE:**

This report shows all **FNS**, AFDC/TANF and Medicaid claims that have been closed (paid in full), terminated (closed with a balance), transferred, or deleted within the quarter. It is used by the 209 report. The 209 Report is a federal report completed at the state level.

The report is sorted by county, program (AFDC, **FNS**, MEDICAID, TANF), and in alphabetical order by client last name.

There is a County Summary page that summarizes the data for the county which includes the number for each closed, terminated, transferred, and deleted referral/claim during the quarter and the dollar amount.

There is a two part State Roll-Up page that displays the number for all counties and the total dollar amount for all counties.

**ACTION REQUIRED:**

For review purposes check the entries on this report against other records kept in the office. Look for cases transferred in that are still on the unassigned cases report and assign. Confirm that deletion requests pending have been processed.

**REPORT SCHEDULE:**

This report is scheduled to run on the first of the month of the quarter for the previous quarter.

**REPORT SECURITY LEVEL:**

This report is viewable at the owner county level.

**REPORT DISTRIBUTION:**

This report is mailed and is available in NCXPTR.

**RETENTION PERIOD**

Three Years

**FRD509 FIELD DESCRIPTIONS**

<b>FIELD</b>	<b>DESCRIPTION</b>
COUNTY NAME	The name of the county the report applies to
COUNTY CODE	Three character code identifying the county
CLIENT NAME	The full name of the case head payee (Last Name, First Name, Middle Initial)
INVESTIGATOR ID	5 character ID that corresponds to the investigator assigned to the claim
PROGRAM CASE ID	Up to 9 characters – Identifies the Program Case ID associated with the referral
REFERRAL ID	10 digit ID generated by the system upon creation of a referral
BALANCE	The balance at the time report is created
CATEGORY	Code that specifies the type of overpayment claim
DATE OF DISCOVERY	This is the Date of Discovery from the referral
ESTABLISHED DATE	This is the date the claim was established.
DAYS PENDING	<p>If the category is S, U, P, or US and closed or deleted, the Days Pending is the number of days from the Date of Discovery to the date that the referral was closed or deleted. Day one is the day after the Date of Discovery with the closed or deleted date being the last day included.</p> <p>If the category is AE (includes SIE), IPV, or IHE and closed, deleted, terminated, transferred in, or transferred out, the Days Pending is the number of days from the Date of Discovery to the Establishment Date. Day one is the day after the Date of Discovery with the Establishment Date being the last day included.</p>
STATUS	2 letter code indicating the current status of the referral
ACTION	This identifies if the referral is closed, terminated, a transfer in, a transfer out, or deleted.

**24. FRD 751. AGED TRIAL BALANCE BY PAYMENT DATE**

**REPORT PURPOSE:**

This report list the last payment date for all Food and Nutrition Services (FS), AFDC/TANF, and Medicaid claims.

The report is sorted by county name and number, program type, client name, referral ID, current balance, and date of last payment.

There is a County Summary page and State Roll-up page that totals the current balance for all Food and Nutrition Services (FS), AFDC/TANF, and Medicaid claims.

**ACTION REQUIRED:**

Review for accuracy.

**REPORT SCHEDULE:**

Runs on a quarterly basis.

**REPORT SECURITY LEVEL:**

This report is viewable at the owner county level.

**REPORT DISTRIBUTION:**

This report is available in NCXPTR under the name DHRFRD FRD751 ATB BY LST PAYMENT.

**RETENTION PERIOD**

Three Years

**FRD751 FIELD DESCRIPTIONS**

<b>FIELD</b>	<b>DESCRIPTION</b>
COUNTY CODE	Three character code identifying the county
COUNTY NAME	The name of the county the report applies to
INVESTIGATOR ID	5 character ID that corresponds to the investigator assigned to the claim
PROGRAM	Code that identifies the overpayment program
REFERRAL ID	10 digit ID generated by EPICS upon creation of a referral
NAME	The full name of the debtor (Last Name, First Name, and Middle Initial)
CLAIM TYPE	Code that specifies the type of claim
CURRENT BALANCE	The current balance due on the claim
DATE OF LAST PAYMENT	Date last payment/recoupment posted to claim