103 – CLAIMS
Change #1-2009
September 1, 2009

I. THIS CHAPTER PROVIDES INSTRUCTIONS AND INFORMATION FOR:

- The Claims Menu options;
- The Claims Menu function keys;
- The Claim Detail field descriptions;
- The Claim Detail function keys;
- Displaying and updating a claim;
- Deleting a claim (State Level access only);
- Reactivating a claim
- The Debtor Detail field descriptions;
- The Debtor Detail function keys;
- Adding a debtor to a claim;
- The Debtor Summary field descriptions;
- The Debtor Summary function keys;
- Displaying a list of debtors and view debtor details;
- Deleting a debtor (State Level access only);
- The TOP Process Overview;
- Setting or Updating a TOP Intercept Indicator flag;
- Setting or Updating a TOP Appeal flag;
- The DOR Process Overview;
- The Maintain Client field description;
- The Maintain Client function keys;
- Adding a client;
- Updating a client;
- The Repayment Approach field descriptions;

- The Repayment Approach function keys;
- Adding Repayment Approach information;
- Updating Repayment Approach data;
- The EPICS History by Casehead field descriptions;
- The EPICS History by Casehead function keys;
- Viewing a list of referrals by individual ID for Casehead;
- The EPICS History by Debtor field descriptions;
- The EPICS History by Debtor function keys;
- Viewing a list of referrals by individual ID for Debtor;
- Entering field details using F4 key;
- Searching for an individual ID.

II. CLAIMS MENU

During the investigation of a referral, the investigator may determine that a client owes a substantiated debt. Once the investigation on a referral is complete and proved to warrant a *claim (*an established overpayment subject to collection process), it is necessary for specific information to be recorded in EPICS on the claim before collections is initiated. The claim is then used to track the debtor(s) and all payments made by the debtor(s) to repay the overpayment.

The **CLAIMS MENU** contains four options from which to choose:

Claims Menu Option	Description
1. EPICS History by Case Head	To view the history of referrals for a case head by individual ID
2. EPICS History by Debtor	To view the history of referrals for a debtor by individual ID
3. Claim Detail	To record required information about the claim in preparation for collections. It contains the following screens: Claim Detail, Debtor Summary, Debtor Detail, and Repayment Approach Summary.
4. Repayment Approach Referral ID	To display debtors on Claim List

Claim Menu Function Keys

Function Key	Description
F1	To access EPICS on-line help
F3	To exit and return to the Main Menu

III. CLAIM DETAIL

When you create a new referral in EPICS, the "shell" of a claim is also created for the referral. The initial and required steps for recording claim information (e.g. claim type, Overpayment Payment/Over Issuance (OP/OI) periods, current balance and overpayment amount) are to update the *CLAIM DETAIL* screen.

A. Claim Detail Field Descriptions

Field	Description	Required	System Generated	Optional
Referral ID	10 digit number generated by the system	X		
Referral Type	Code that identifies the type of referral		X	
Referral Status	2 character code for the status of a referral		X	
Name	Last name, suffix, first name, and middle initial of the case head payee		X	
Individual ID	Unique ID associated with the case head payee supplied by CNDS		X	
SSN	Case head payee's social security number		X	
DOB	Case head payee's date of birth		X	
Sex	Case head payee's sex		X	
County	3 digit number from 000-100 representing the issuing county in which the overpayment took place		X	
Program	Code that identifies the benefits program to which the referral applies		X	

Field	Description	Required	System Generated	Optional
Case ID	Program Case ID associated with referral		X	
County Case #	County case number associated with the referral		X	
Referral Date	Date the referral was received		X	
Frst Mth Benefit	FNS-Positive Front End Referrals Only-Amount of first full month's benefit	X		
Investigator ID	ID of the investigator assigned to the referral		X	
DA Accept Date	Date case accepted by District Attorney's Office when Claim Type is "P"	X		
ADH Hearing Date	Date after the ADH is held but before the claim is established. Required when "IPV" and substantiation method is "H"	X		
ADH Past Due	Enter "Y" or "N" (Yes or No) when the ADH Hearing Date is entered. Required when "IPV" and substantiation method is "H"	X		
Current Balance	Up to 9 characters; Current amount due on the claim	X		

Field	Description	Required	System Generated	Optional
Service code	2 character code; Required when the program is Medicaid goes in CO status, indicating the type of medical services provided during the overpayment period	X		
Claim Type	Up to 3 characters; Code that specifies the type of overpayment claim	X		
Agency Error Type	1 character; Required if the claim type is AE, indicating if the error is State or County	X		
Civil Judgement Date	Date indicating if the claim was reduced to a civil judgement, providing an unlimited time in which the county can attempt to seek collection			X
Criminal Judgement Date	Date indicating if the claim was reduced to a criminal judgement, providing an unlimited time in which the county can attempt to seek collection			X
OP/OI Begin Date (from)	10 character date (MM/DD/CCYY) of the start date for the overpayment	X		
OP/OI End Date (To)	10 character date (MM/DD/CCYY) of the end date for the overpayment	X		

Field	Description	Required	System Generated	Optional
MED PROFILE IND	This 1 character field indicates if a Medicaid Profile is needed.			X
Overpayment amount	Up to 9 characters; Amount due from the overpayment	X		
Substantiation Method	1 character code; Required if the claim type is set to IPV, indicating the method by which the claim is substantiated	X		
Compromised Amount	Up to 9 characters; Used when the overpayment amount is different from what was originally entered (FNS Only). This value must be entered from the Payments screen.			X
Delete Reason	1 character code required when a claim is being deleted – State Office Only	X		
Establishment Date	10 character date in which the claim goes into CO status, by entering the Claim Type as AE, SIE, IHE, or IPV		X	
U/P Creation Date	10 character date in which the claim type was entered as U or P		X	

B. Claim Detail Function Keys

Key	Description
F1	To access EPICS on-line help
F2	To clear the screen
F3	To exit and return to the Main Menu
F4	To display a list
F5	To display debtor information
F9	To update the claim information
F10	To delete a claim (State Level only)
F12	To cancel or return to the previous screen

1. To Display and Update a Claim

   a. From the **MAIN MENU**, key the number 3 in the **ENTER OPTION** field and press **Enter**. The CLAIMS MENU displays.

   b. From the **CLAIMS MENU**, key the number 3 in the **ENTER OPTION** field and press **Enter**. The CLAIM DETAIL screen displays.

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FR29        NC DHHS - ENTERPRISE PROGRAM INTEGRITY CONTROL SYSTEM   07/03/2007
FRD0290                          CLAIM DETAIL                       08:26:16

REFERRAL ID: __________ +    REFERRAL TYPE: _      REFERRAL STATUS: __
NAME: _____ _ ____________________________________________ __
INDIVIDUAL ID: __________ _      SSN: __________  DOB: ___________  SEX: ____

COUNTY: ___  PROGRAM: _________  CASE ID: __________  COUNTY CASE #: _______
REFERRAL DATE: ___________       FRST MTH BENEFIT: _____
INVESTIGATOR ID: _________       DA ACCEPT DATE: _________
                                 ADH HEARING DATE: ___________  ADH PAST DUE: _____
CURRENT BALANCE: ___________0.00  SERVICE CODE: __ +
CLAIM TYPE: ____ + AGENCY ERROR TYPE: _  CIVIL JUDGEMENT DATE:      ___________
                                         CRIMINAL JUDGEMENT DATE: ___________

 OP/OI PERIODS:  FROM  ___________ TO ___________  MED PROFILE IND  _
                       ___________    ___________  MED PROFILE IND  _
                       ___________    ___________  MED PROFILE IND  _
                       ___________    ___________  MED PROFILE IND  _
OVERPAYMENT AMOUNT: _______________  IPV SUB METHOD: ___ +
  COMPROMISE AMOUNT: _______________  DELETE REASON: _________ +
   ESTABLISHMENT DATE: ___________   U/P CREATION DATE: ___________
F1=HELP          F2=CLEAR        F3=EXIT         F4=LIST          F5=DEBTOR
F6=REF NOTEPAD   F9=UPDATE       F10=DELETE      F11=REACTIVATE   F12=CANCEL
```

NOTE: If you do not know the code or value for a field, you can use the F4 function key, which displays a list of codes or values for selection. This field attribute is only available for those fields that contain a + (plus sign) to the right of the field. For additional information about claim codes, see Appendix B.

   c. In the **REFERRAL ID** field, key the referral ID number for the case head payee and press **Enter**. The referral information displays.

d. For **Food and Nutrition Services and Front End Referrals (F) only**, in the **FRST MTH BENEFIT** (First Month Benefit) field, key the amount of the **first full month's benefit** that the Food and Nutrition Services Unit has been approved. First month benefits apply only to Front End Referrals. The "First Month's Benefit" field on the Claims Detail screen will not allow an amount greater than $500.00 to be entered. This field is allowed for Front End Referrals (F) only. If the amount entered is greater than $500.00, the system will display an error message, "FIRST MONTH BENEFIT CANNOT EXCEED $500".

NOTE: Enter the amount when establishing a claim for a front end referral or closing a referral with the closure code "FO". You must enter the first month benefits before closing the referral with the code "FO" if a claim will not be established.

Enter the first month's benefits on the Claim Detail screen and press F9=UPDATE. From the Referral Detail 1 screen, close the referral with the Reason Closed code "FO".

e. For **Food and Nutrition Services only**, in the **DA ACCEPT DATE** (accepted by the district attorney's office) field, enter the date the DA accepted the case when the claim type is changed to "P" (UNDETERMINED PENDING CRIMINAL COURT).

f. For **Food and Nutrition Services only,** the **ADH HEARING DATE** (MM/DD/CCYY) field:

1. Must be keyed if the Claim Type is 'IPV' **and** the Substantiation Method is 'H'. A 'Y' or 'N' must also be entered in the ADH PAST DUE field.
2. May be keyed when the Claim Type is 'AE', 'IHE', 'U', or 'US'.
3. Is not allowed if the Claim Type is 'P', 'S', or 'IPV' with a Substantiation Method other than 'H'.

g. For ***Medicaid only***, in the **SERVICE CODE** field, key the service code. You may use the equal (=) key and F4 key to obtain the list of codes. From the list of codes, enter an 'S' under the SELECT column by the appropriate code. Press ENTER. The code selected is brought forward to the **SERVICE CODE** field.

Code	Value
01	Inpatient Hospital (Claim Types S, X)
02	Outpatient Hospital (Claim Types M, W)
03	Dental (Claim Type K)
04	Drugs (Claim Type D)
05	Physician (Claim Types J, L, O, P)
06	Home Health/Hospice/PCS (Claim Type Q)
09	Medicare Part A or Part B Premium
11	Nursing Home/PCS In ACH (Claim Type T)
67	NC Health Choice Premium
71	Medicaid Transportation

NOTE: SERVICE CODE 67 is **only** allowed for Program Codes MICA, MICJ, MICL, or MICS only. If another program classification is keyed, the following error message displays: 'FRDC0S SERVICE CODE 67 IS NOT ALLOWED FOR THIS PROGRAM CODE'.

h. In the **CLAIM TYPE** field, key the claim type.

You may use the equal (=) key and F4 key to obtain the list of codes. From the list of codes, enter an 'S' under the SELECT column by the appropriate code. Press ENTER. The code selected is brought forward to the **CLAIM TYPE** field.

Code	Value
AE	Agency Error
IHE	Inadvertent Household Error/Client Error
IPV	Intentional Program Violation/Fraud
P	Undetermined Pending Criminal Court
S	Suspected Claim
SIE	State Issuance Error (Food and Nutrition Services Only)
U	Undetermined Pending ADH
US	Unsubstantiated

(1) **Medicaid** – Do not enter Agency Error as a claim type. The system generates an error message if attempted.

(2) **Food and Nutrition Services and Workfirst**

If you select **AGENCY ERROR**, it is required that you enter the agency error type in the **AGENCY ERROR TYPE** field.

(a) **Food and Nutrition Services – Agency Error Code:**

The county can enter C (County) and S (State).

(b) **Work First – Agency Error Code**

The county can enter C (County).

State Staff can only enter S (State).

County level personnel should contact the DSS office for the S code type to be entered.

NOTE: If the Program Type is AFDC or TANF with a Claim Type 'AE' (Agency Error) and Agency Error Type code 'C' (CROP), after pressing the F9 UPDATE function key twice, EPICS automatically reduces the balance to zero and the claim status changes to 'CL' (Closed).

i. In the **OP/OI PERIODS** fields, enter the OP/OI beginning and ending dates using the 10-character format MM/DD/YYYY.

NOTE: You can enter up to four OP/OI periods.

Program	OP / OI Criteria
AFDC	Beginning and end dates must be before January 1997.
TANF	Due to TANF program funding methods, claims must be divided into 2 periods: January 1997 through September 1997 and October 1997 through the present. If the beginning date period falls within the January 1997 though September 1997 time frame, then the ending date must also fall within that range. This enables EPICS to interface with the accounting systems based on the funding for each.
MICK, MICJ	Beginning and ending dates for NCHC must be on or after 10/1/98.

If you attempt to enter an overpayment period that is not included in these funding boundaries, a message displays when you press **F9** to update. The system guides you to the correct periods within the funding boundaries from one claim and creates a new referral for the other overpayment periods outside the first boundary.

j. The **MEDICAID PROFILE INDICATOR** is used to request a follow-up Medicaid Recipient Profile 12 months after the TO Date of the OP/OI period. This field is an optional field and may be entered for all Medicaid claims except for those programs listed below. The valid values for this field are ‘Y’ (Yes), ‘N’ (No), or ‘space’. If a ‘Y’ is entered, the claim appears on the Medicaid Profile Follow-up Case Management Report 12 months after the TO Date.

(1) The program code cannot be AFDC, FNS, TANF, MICJ, MICL, MICS, MQBB, or MQBE. If the indicator of ‘Y’ is entered with one of these program codes, the following error message is displayed: ‘MEDICAID PROFILE INDICATOR NOT ALLOWED, INVALID PRORAM CODE’.

(2) The claim type must be IHE or IPV. If the indicator is entered and the claim type is not IHE or IPV, the following error message is displayed: ‘MEDICAID PROFILE INDICATOR NOT ALLOWED, INVALID CLAIM TYPE’.

(3) A ‘Y’ is allowed for all OP/OI periods displayed on the claim if the calculated date has not expired and meets the above criteria. For example, the current date is 3/03/03. The TO Date of the OP/OI period is 03/31/02. The calculated date is 3/2003. The claim displays on the Medicaid Profile Follow-up Case Management Report created the last work night in March 2003.

(4) The indicator is not allowed if the calculated date has expired. If the indicator is keyed and the calculated date has expired, the following error message is displayed: 'THE OP IS MORE THAN 12 MONTHS IN THE PAST

ORDER A MEDICAID PROFILE NOW '. For example, the current date is 3/3/03. The TO Date of the OP/OI period is 2/28/2002. The calculated date is 2/28/2003 which has expired.

(5) The indicator is not allowed when no overpayment period is displayed on the claim. If the indicator is keyed with no OP/OI displayed, the following error message is displayed: 'MEDICAID PROFILE INDICATOR NOT ALLOWED, NO OP/OI DISPLAYED'.

(6) The indicator may be changed from 'Y' or 'N' or vice versa when the calculated date has not expired.

(a) The OP/OI period is 1/1/2002 – 06/30/2002. The current date is 3/3/03. The calculated date is 06/2003. The change from 'Y' to 'N' is allowed.

(b) The OP/OI period is 1/1/2002 – 06/30/2002. The current date is 3/3/03. The calculated date is 06/2003. The change from 'N' to 'Y' is allowed.

(7) The Medicaid Profile Indicator is reset from 'Y' to space if the OP/OI TO Date is changed. The original calculated date is recalculated based on the new TO Date keyed. If the new calculated date has not expired, you may enter a 'Y' if a follow-up profile is needed. If the new calculated date has expired, you may not enter a 'Y'.

(a) The original TO Date was 5/31/02. The calculated date was 05/2003. A 'Y' had previously been keyed for the indicator. The TO Date is changed to 3/31/02. The indicator is reset to space. The new calculated date is 3/2003. The current date is 3/3/03. A 'Y' may be entered. The calculated date has not expired.

(b) The original TO Date was 5/31/02. The calculated date was 05/2003. A 'Y' had previously been keyed for the indicator. The TO Date is changed to 02/28/03. The indicator is reset to space. The new calculated date is 2/2003. The current date is 3/3/03. A 'Y' may not be entered. The calculated date has expired.

k. In the **OVERPAYMENT AMOUNT** field, key the overpayment amount. The CURRENT BALANCE field is updated by EPICS with the amount keyed.

(1) If the **OVERPAYMENT AMOUNT** must be changed after the claim was initially established, enter the corrected or revised amount in the **OVERPAYMENT AMOUNT** field.

Press F9 to update. EPICS populates the **CURRENT BALANCE** field with the increase or decreased amount.

The appropriate AJCI or AJCD entry is displayed on the payment history screens.

(2) The **OVERPAYMENT AMOUNT** cannot be decreased to zero. If a zero amount is entered the following error message is displayed:

'OVERPAYMENT AMOUNT MUST BE GREATER THAN $0.00'

(3) If payments or adjustments have been posted and the difference between the existing **CURRENT BALANCE** and the initial overpayment is greater than the decrease to the overpayment amount, EPICS does not allow the change to the **OVERPAYMENT AMOUNT** field.
The following error message is displayed:

'OVERPAYMT AMT LESS THAN COLLECTIONS. PAYMT CORRECTIONS MAY BE NECESSARY.'

(a) If the correct Overpayment Amount has been over-collected, reverse out the total amount of all payments that were collected in error by completing a payment correction.

NOTE: EPICS DOES NOT ALLOW PAYMENT CORRECTIONS FOR AFDC CLAIMS OUTSIDE THE CURRENT MONTH.

(b) Payments collected via NC Debt Setoff (DOR) and the Treasury Offset Program (TOP) cannot be reversed nor refunded by county staff.

1) If an AFDC/Work First claim has been over-collected through DOR, contact the Economic and Family Services staff at

919-527-6300 before taking further action.

2) If a Food and Nutrition Services claim has been over-collected through either DOR or TOP, contact the Food and Nutrition Services & Energy Programs staff at 919-527-6300 before taking further action.

3) If a Medicaid claim has been overcollected via DOR, contact DMA Program Integrity Staff at 919-814-0000.

(c) Once the over-collected payments have been reversed out, enter the correct **OVERPAYMENT AMOUNT**.

(d) Re-key the payments that were reversed and refund any over-collections. Any resulting over-collection is reflected on the FRD104 Refund Report.

EXAMPLE: On 10/01/2015, a claim was showing an overpayment amount of $400.00 and a current balance of $200.00. A cash payment of $200.00 had been posted in EPICS on 09/2015. The correct amount of the overpayment/overissuance is $150.00. This is a decrease of $250.00. Since the decrease to the overpayment amount is more than the difference between the existing overpayment amount and the existing current balance, once the F9 key is pressed the following error message is displayed:

'OVERPAYMT AMT LESS THAN COLLECTIONS. PAYMT CORRECTIONS MAY BE NECESSARY.'

Reverse out the entire $200.00 payment by completing a payment correction.

Key the correct amount of $150.00 in the **OVERPAYMENT AMOUNT** field. This corrects the **CURRENT BALANCE** to $150.00.

Re-key the payment of $200.00 that was reversed out. This results in the claim being paid in full. The claim was over-collected and a refund of $50.00 must be issued to the debtor.

NOTE: The overpayment field can never be less than the current balance field. If this occurs, you must adjust the overpayment field prior to adjusting the current balance field.

l. If the **CLAIM TYPE** is IPV, the **SUBSTANTIATION METHOD** is required. You may use the equal (=) key and F4 key to obtain the list of codes. From the list of codes, enter an 'S' under the SELECT column by the appropriate code. Press ENTER. The code selected is brought forward to the **SUBSTANTIATION METHOD** field.

Code	Value
A	Court of Appeals
C	DQ Consent Agreement
D	District Court Action
H	Administrative Disqualification Hearing (ADH)
S	Superior Court Action
W	Waiver of ADH

m. If applicable, enter data in the optional fields.

n. Press the **F9** function key.

NOTE: Validation is initiated against the benefit distribution/eligibility on the EIS Check History, EIS

Individual database and the FSIS Issuance System based on the program code. If the overpayment periods can not be validated against these systems for reasons other than OP / OI criteria described, EPICS prompts you to press F9 again to override these edits or press Enter to modify the OP / OI dates, as necessary. If the dates are correct and you choose to override the dates, you **must have the proper supporting documentation.** The **ESTABLISHMENT DATE** field is system generated with today's date if the claim type entered is AE, SIE, IHE, or IPV. Once the information is validated, the referral status is updated to CO (collections).

Exception:

If the Claim Type is US or S it maintains the status of the referral status AND the Establishment date is not populated. If the Claim Type is U or P, it maintains the status of the referral and the U/P Creation date is populated; the Establishment Date is not populated at this time. Once the Claim Type is updated to IHE, IPV, AE, or SIE the status will change to "CO" and the Establishment date will be populated.

o. The **CURRENT BALANCE** field is populated by EPICS with the amount entered in the **OVERPAYMENT AMOUNT** field.

(1) A claim balance may require an adjustment when an incorrect entry was made to the balance prior to January 1, 2004, or when an invalid claim cannot be deleted due to previous adjustments. When such adjustments are needed, fax a request on county letterhead to the appropriate State DMA or DSS staff.

For Medicaid claims, fax requests to DMA Program Integrity staff at 919-814-0036.

For Food and Nutrition Services claims, fax requests to FNSEP Program Integrity staff at 919-334-1265.

For AFDC and Work First claims, fax requests to the Economic and Family Services section at 919-334-1265.

Include on the fax request:

a. Casehead Name
b. Referral ID
c. Debtor Individual ID
d. Reason for Adjustment
e. Correct Balance Amount
f. Signature of Supervisor

(2) If an AFDC or Work First claim cannot be collected because the debtor cannot be located or because the debtor is deceased, the balance of the claim must be adjusted to zero.

(a) Do not terminate the AFDC/Work First claim. Send a written request on county letterhead to the Economic and Family Services section at:

820 S. Boylan Ave.
2420 Mail Service Center
Raleigh, NC 27699-2420

(b) Include on the request:

Casehead Name
Referral ID
Program Case ID
Overpayment Period
Current Claim Balance
Reason For Claim Write Off

(c) These requests are sent to the State Controller's Office or the Attorney General's office for approval to write off the claims. Upon approval, State DSS staff adjusts the claim balance to zero to close the claim.

(3) If a Medicaid claim cannot be collected due to the death of the debtor and no collection from the estate is possible, the balance of the claim must be adjusted to zero.

(a) Do not terminate the Medicaid claim. Document the date of death and the reason the claim cannot be collected in the ALLEGATIONS field of the Referral Detail 2 screen.

(b) Send or fax a request on county letterhead to DMA Program Integrity staff to close the claim.

Fax number: 919-814-0036
Mailing Address:
DMA/Quality Assurance-18
MSC# 2501
Raleigh, NC 27699-2501

(c) Include on the request:

Casehead Name
Referral ID
Program Case ID
Reason Claim Uncollectible

(d) Upon approval of the request, State DMA PI staff adjusts the claim balance to zero to close the claim.

(4) If a Food and Nutrition Services claim cannot be collected due to the death of the only debtor, terminate the claim.

p. To save and update the **CLAIM DETAIL**, press the F9 function key.

NOTE: If the program type is SAAC, SAAQ, SADC, or SADQ, a warning message, **'IS THIS SA MEDICAID? PRESS F9 TO UPDATE, PRESS <ENTER> TO REKEY'**, will be displayed to ensure that only the Medicaid portion of the Special Assistance overpayment is entered.

q. To exit and return to the **MAIN MENU,** press the **F3** function key. The MAIN MENU displays.

or

To continue with debtor detail information, press the **F5** function key. The DEBTOR DETAIL screen displays.

2. To Delete a Claim (State Level access only)

A claim is never completely deleted from EPICS. However, a function exists to disassociate the claim to the referral, performing a *soft delete*. If an invalid claim is entered in error, employees with **State Level access only** can perform a soft delete.

Prior to soft deleting a claim, you should enter adjustments for payments received on the claim in order for the funds to be returned back to the debtor(s); similar to the procedures for making a refund. Lastly, all debtors assigned to the claim must be soft deleted from the claim.

NOTE: **Payments** against AFDC claims can not be adjusted.

After you perform the soft delete for a claim, it can be retrieved from the database only for specific reporting functions. A deletion date is assigned to the claim, but does not display on the screen.

County level personnel should contact the DSS/DMA office for deletion of a claim.

a. From the **MAIN MENU**, key the number 3 in the **ENTER OPTION** field and press Enter. The CLAIMS MENU displays.

b. From the **CLAIMS MENU**, key the number 3 in the **ENTER OPTION** field and press **Enter**. The CLAIM DETAIL screen displays.

c. In the **REFERRAL ID** field, key the referral ID and press **Enter**. The claim information displays.

d. Press the **F10** function key.

e. In the **DELETE REASON CODE** field, key the reason code that explains why the claim is being deleted.

f. To delete the claim, press the **F10** function key again. The claim deletes and a deletion date is assigned to the claim, but does not display on the screen.

g. To exit and return to the **MAIN MENU**, press the **F3** function key. The MAIN MENU displays.

3. To Reactivate a Claim

Claims that are in TE (Terminated) Status may be reactivated.

NOTE: The Claim Type must be IHE (Inadvertent Household Error/Client Error) or IPV (Intentional Program Violation/Fraud).

a. From the **MAIN MENU**, key the number 3, Claims Menu, in the **ENTER OPTION** field. The CLAIMS MENU displays.

b. From the **CLAIMS MENU**, key the number 3, Claim Detail, in the **ENTER OPTION**, field. The **CLAIM DETAIL** screen displays.

c. Key the **REFERRAL ID** number and press **ENTER**. The terminated referral displays.

d. Press the F11 key. The referral is redisplayed with the same information as at the time of termination; however, the following fields are unprotected and you may update.

Claim Type
Agency Error Type
OP/OI Periods
Overpayment Amount
Substantiation Method

e. Press the F9 UPDATE key. The claim is reactivated and the status is changed from TE to CO (Collection).

f. To exit and return to the **MAIN MENU**, press the F3 function key. The MAIN MENU displays

IV. DEBTOR DETAIL

All adults (debtors) in the case are equally and financially responsible for any/all claims. Consequently, it is required that the investigator records debtor details in EPICS for each claim.

If the courts have determined that an overpayment is to be divided among more than one debtor, they must have separate referrals. In that case, they would not be listed as debtors on each other's referral. They would be debtors on their separate referrals only.

A. Debtor Detail Screen Field Descriptions

Field	Description	Required	System Generated	Optional
Referral ID	10 digit number generated by the system upon creation of a referral		X	
Referral Type	1 character code that identifies the type of referral		X	
Referral Status	2 character code for the status of a referral		X	
Name	First name, middle initial, last name, and suffix of the case head payee		X	
Ind. ID	Unique ID associated with the case head payee supplied by CNDS		X	
SSN	Case head payee's social security number		X	
DOB	Case head payee's date of birth		X	
Sex	Case head payee's sex		X	

Field	Description	Required	System Generated	Optional
County	3 digit number with the values from 000-100, representing the issuing county in which the overpayment took place		X	
Program	Code that identifies the benefits program to which the referral applies		X	
Case ID	Program Case ID associated with referral		X	
County Case #	County case number associated with the referral		X	
Referral Date	Date the referral was received		X	
Investigator ID	ID number of the investigator assigned to the referral		X	
LOI Date	Date the Letter of Overissuance is sent to the debtor		X	
60 DAY NOTICE	This is the date the 60 Day Notice is sent for the DOR process.		X	
POST HEARING NOTICE	This is the date the investigator enters once the Post Hearing Demand Notice has been sent.		X	
Debtor Individual ID	Unique ID associated with the Debtor provided by CNDS	X		
Debtor SSN	Debtor's social security number		X	
Debtor DOB	Debtor's date of birth		X	
Debtor Sex	Debtor's sex		X	
Debtor Race	Debtor's race may be up to 5 race codes		X	

Field	Description	Required	System Generated	Optional
Ethnicity	Debtor's Ethnicity		X	
Language	Debtor's Language Preference		X	
Debtor Phone Number	Debtor's phone number		X	
Debtor Ext.	Debtor's phone extension		X	
Debtor Name	Debtor's full name (first name, middle initial, last name, and suffix)		X	
Debtor Address	Debtor's address		X	
NC Debt Setoff	Code used to set individual up for NC Tax Intercept			X
Delete Reason Code	Code indicating the reason for deleting the debtor			X
TOP Intercept Ind.	Code used to set individual up for Federal Tax Intercept			X
TOP Intercept Appeal Ind	Set by the county when a debtor request an appeal that suspends tax intercept until the outcome of the hearing			X
Address Req.	Date Address request sent to TOP		X	
FS Appeal Ind	Set by the county to block an individual from being selected for FNS Recoupment on this particular referral			X

B. Debtor Detail Function Keys

Function Key	Description
F1	To access EPICS on-line help
F3	To exit and return to the Main Menu
F4	To display a list
F5	To display the Repayment Approach History FNS screen
F6	To add a debtor (save)
F9	To update debtor detail information
F10	To delete a debtor (State Level Only)
F11	To display the Maintain Client screen
F12	To cancel or return to the previous screen

C. To Add A Debtor TO A Claim

1. From the **MAIN MENU**, key the number 3 in the **ENTER OPTION** field and press **Enter**. The CLAIMS MENU displays.

2. From the **CLAIMS MENU**, key the number 3 in the **ENTER OPTION** field and press **Enter**. The CLAIM DETAIL screen displays.

3. In the **REFERRAL ID** field, key the referral ID and press **Enter**. The claim information displays.

4. Press the **F5** function key.

```
FR35      NC DHHS - ENTERPRISE PROGRAM INTEGRITY CONTROL SYSTEM    07/03/2007
FRD0350                          DEBTOR DETAIL                     12:38:40

 REFERRAL ID: ___________    REFERRAL TYPE: _  REFERRAL STATUS: __
 NAME: _____________ _ ____________________________________________ ___
 IND. ID: __________ _  SSN: ___________  DOB: 00/00/0000  SEX: _
 COUNTY: ___    PROGRAM: _________  CASE ID: 000000000  COUNTY CASE #: _______
 REFERRAL DATE: 00/00/0000  INVESTIGATOR ID: _____     LOI DATE: 00/00/0000
                                                   60 DAY NOTICE: 00/00/0000
  DEBTOR INFO:                                POST HEARING NOTICE: 00/00/0000
  INDIVIDUAL ID: 000000000 _ +      SSN: __________  SEX: _
              DOB: ___________     RACE:            ETHNICITY:          LANGUAGE:
PHONE NUMBER: ___ ________        EXT: ____

           NAME: _____________ _ ____________________________________________ ___
       ADDRESS: ___________________________________
                ___________________________________
                ____________________

 NC DEBT SETOFF: _ +                    DELETE REASON CODE: ________ +
 TOP INTERCEPT IND: _ +             TOP INTERCEPT APPEAL IND: _ +
 ADDRESS REQ: 00/00/0000             FS APPEAL IND:  _ +
F1=HELP F3=EXIT F4=LIST F5=REPAY F6=ADD F9=UPD F10=DELETE F11=CLIENT F12=CANCEL
FRDDD0S ACTION COMPLETED SUCCESSFULLY
```

NOTE: If no debtors have been previously added to the claim, the DEBTOR DETAIL screen displays.

If *one or more debtors* have been previously added to the claim, a list of debtors display on the **DEBTOR SUMMARY** screen. Press the **F9** function key from the Debtor Summary screen.

5. In the **INDIVIDUAL ID** field (under Debtor Info), key the individual ID of the person being added as a debtor and press **Enter**. The individual's demographic information displays.

   If you do not know the debtor's ID, press the equal sign (=) and F4 key. The Name Search screen displays. You may search in one of four ways which is outlined on the screen. Press ENTER. The Name List screen displays.

```
FR78      NC DHHS - ENTERPRISE PROGRAM INTEGRITY CONTROL SYSTEM   08/24/2004
FRD0750                          Name Search                      09:17:59

 Last Name: _____________________ First Name: _____________ Middle Initial: _
 Sex Code: _ Date Of Birth: __________
 SSN : _________ Individual ID: _________ _  Case ID: _________


   To search, use either :-
       1. Last Name, First Name, Sex Code and Date of Birth only
     or, 2. SSN only
     or, 3. Individual ID only
     or, 4. Case ID only

F3=EXIT F4=CLEAR F12=CANCEL
```

```
FR78      NC DHHS - ENTERPRISE PROGRAM INTEGRITY CONTROL SYSTEM   08/24/2004
FRD0770                          NAME LIST                        09:21:33

Results for: ____________________________________________

Sel SSN      Last Name          First Name   MI  DOB          Sex   Indiv ID
    EIS Cnty  FSIS Cnty  Program   Case ID         Race     Ethnicity   Language









F1=HELP F3=EXIT F7=PREV F8=NEXT F11=CLIENT F12=CANCEL
```

If the individual is displayed, enter an 'S' by the name under the Sel column. Press Enter. The Debtor Detail screen is displayed with individual ID and

demographic data for the ID selected. Press the F6 key to add the debtor. If the individual is not displayed and an individual ID number must be assigned, press the F11 key. The Maintain Client screen displays.

```
FR04      NC DHHS - ENTERPRISE PROGRAM INTEGRITY CONTROL SYSTEM   08/24/2004
FRD0350                        MAINTAIN CLIENT                    09:28:38

  INDIVIDUAL ID: 000000000 _

  NAME: _____ _ _____________________________________ ___
  SSN: _________
  DOB: 00/00/0000 SEX: _ RACE: _ _ _ _ _ + ETHNICITY: _ + LANGUAGE: __ +

  MAIL ADDRESS:
  ____________________________________      LAST UPDATE:
  ____________________________________      LAST RACF ID:
  ____________________ __ _____ ____        COUNTY CODE: ___ +

  DOR INTERCEPT ADDRESS:
  ____________________________________      LAST UPDATE:
  ____________________________________      LAST RACF ID:
  ____________________ __ ____ ____        COUNTY CODE: ___+

PHONE NUMBER:
___ _______ EXT: ____          TYPE: HOME_


F1=HELP F2=CLEAR F3=EXIT F6=ADD F9=UPDATE F12=CANCEL
```

From the Maintain Client screen, enter the Name, SSN (if no ssn enter zeroes), Sex, Race (you may enter up to 5 codes), Ethnicity, Language, Address, and County Code. Phone Number is optional. Press the F6 key.

The Maintain Client screen is redisplayed with the individual ID number assigned and the message:

CCIPN65D Person and Address Created Successfully

Press the F12 key. The Name List screen is redisplayed with the individual. Enter the 'S' by the individual under the Sel column and press ENTER. The Debtor Detail screen is displayed with the individual ID selected along with the debtor's demographic information. Press the F6 key to add the debtor.

6. To add the individual as a debtor, press the **F6** function key.

7. To exit and return to the **MAIN MENU**, press the **F3** function key. The MAIN MENU displays.

   or

   To add another debtor, press the **F12** function key. The DEBTOR SUMMARY screen displays. Press the **F9** function key. The DEBTOR

DETAIL screen displays. Repeat steps 5-6.

D. Changes To A Debtor

There are few fields that can be updated on the Debtor Detail Screen. The debtor information is brought forward and is protected. Depending on the program, determines what fields are unprotected.

1. All Programs Except FNS

   The NC DEBT SETOFF field is the only field unprotected. This field is updated with a 'Y' by the system if the debtor has been selected for DOR. Exempt codes may be entered if the debtor should not be part of the DOR selection. For further instructions, please see the DOR process section.

2. FNS Program

   a. POST HEARING NOTICE

      The investigator stops the TOP Intercept Process by updating the TOP Intercept Indicator when the debtor has requested a hearing. When the hearing has been held and the decision is in favor of the county and the Post Hearing Demand Notice has been sent, the investigator enters the date the notice was sent to the debtor. EPICS tracks this date and restarts the TOP process.

      (1) This field is only allowed when the program is FNS.

      (2) The date must be in MM/DD/CCYY format.

      (3) The date may be prior to or equal to the current date. If the date entered is greater than the current date, the following error message is displayed:

      'DATE BE MUST LESS THAN OR EQUAL TO THE CURRENT DATE'

      (4) This date is used by EPICS to recalculate the 180 days before it sends the debtor to TOP to be certified. Day one of the 180 day calculation is the day after the Post Hearing Notice date. If the TOP Intercept Indicator for the debtor is either A or B at the time the Post Hearing Notice date is keyed, the system does not send the debtor back through the A or B stage.

   b. The NC DEBT SETOFF field, TOP INTERCEPT IND field, and the FS APPEAL IND field are all unprotected. For further instructions see the DOR process section, the TOP process section, and food stamp appeal section.

E. To Delete a Debtor (STATE LEVEL ACCESS ONLY)

If a debtor is added to a claim in error or is invalid, you can *soft delete* the debtor. However, a soft deletion delete does not actually remove the debtor from the claim, only disassociates the debtor(s) with the claim (in order to retain integrity of the database and to provide an audit history). Likewise, if you need to delete a

claim, you must soft delete the debtor(s) first.

If the specified debtor has already made payments on the claim, you should adjust/correct the payments and make certain the funds are returned to the debtor, as necessary. The adjustment/correction must also be processed through the accounting systems. Upon completion of the adjustment/correction, you can proceed with soft deleting the debtor in EPICS.

County level personnel should contact the DSS/DMA office for deletion of a debtor.

1. From the **MAIN MENU,** key the number 3 in the **ENTER OPTION** field and press **Enter**. The CLAIMS MENU displays.

2. From the **CLAIMS MENU**, key the number 3 in the **ENTER OPTION** field and press **Enter**. The CLAIM DETAIL screen displays.

3. In the **REFERRAL ID** field, key the referral ID and press **Enter**. The claim information displays.

4. Press the **F5** function key. The DEBTOR SUMMARY screen displays with a list of debtor(s).

5. In the **List** column, key **a** s to the left of the debtor and press **Enter**. The Debtor Detail screen displays.

6. Press the **F10** function key.

7. In the **DELETE REASON CODE** field, key the reason code that explains why the debtor is being deleted.

8. To delete the debtor, press the **F10** function key again. A date of the deletion will be assigned to the debtor, but will not display on the screen.

9. To exit and return to the **MAIN MENU**, press the **F3** function key. The MAIN MENU displays.

   or

   To return to the **DEBTOR SUMMARY** screen, press the **F12** function key.

F. Display List Of Debtors And View Debtor Details

1. From the **MAIN MENU**, key the number 3 in the **ENTER OPTION** field and press **Enter**. The CLAIMS MENU displays.

2. From the **CLAIMS MENU**, key the number 3 in the **ENTER OPTION** field and press **Enter**. The CLAIM DETAIL screen displays.

3. In the **REFERRAL ID** field, key the referral ID and press **Enter**. The claim information displays.

4. Press the **F5** function key. The DEBTOR SUMMARY screen displays with a list of debtors.

```
FR37          NC DHHS - ENTERPRISE PROGRAM INTEGRITY CONTROL SYSTEM      06/29/2004
FRD0370                      DEBTOR SUMMARY                              11:51:44

                                                                          MORE:
REFERRAL ID: __________ +  REFERRAL TYPE: _  REFERRAL STATUS: __
NAME: _____ _ ____________________________________ ____
INDIVIDUAL ID: _________ _  SSN: _________   DOB: __________ RACE: _  SEX: _
COUNTY: ___   PROGRAM: ________  CASE ID: _________  COUNTY CASE #: _______
REFERRAL DATE: __________  INVESTIGATOR ID: _____

LIST OF DEBTORS:

 SSN            IND. ID    NAME
 _ ___________        ____________ _ ____________________________________ ___
 _ ___________        ____________ _ ____________________________________ ___
 _ ___________        ____________ _ ____________________________________ ___
 _ ___________        ____________ _ ____________________________________ ___

F1=HELP  F3=EXIT  F4=LIST  F7=PREV  F8=NEXT  F9=DEBTOR DETAIL  F12=CANCEL
```

NOTE: If there are numerous debtors for this claim, press the **F8** function key to view the next screen of debtors. To go back to the previous screen of debtors, press the **F7** function key.

5. In the **List** column, key an s to the left of the debtor and press the **F9** function key or **Enter** to display the debtor's information. The DEBTOR DETAIL screen displays.

6. View the details.

7. To exit and return to the **MAIN MENU**, press the **F3** function key. The MAIN MENU displays.

V. DEBTOR SUMMARY

You can view a list of debtors associated with a specific referral from the *Debtor Summary* screen.

A. Debtor Summary Screen Field Descriptions

Field	Description	Required	System Generated	Optional
Referral ID	10 digit number generated by the system upon creation of a referral		X	
Referral Type	1 character code that identifies the type of referral		X	
Referral Status	2 character code for the status of a referral		X	

Field	Description	Required	System Generated	Optional
Name	First name, middle initial, last name, and suffix of the case head payee		X	
Ind. ID	Unique ID associated with the case head payee supplied by CNDS		X	
SSN	Case head payee's social security number		X	
DOB	Case head payee's date of birth		X	
Sex	Case head payee's sex		X	
County	3 digit number with the value from 000-100, representing the issuing county in which the overpayment took place		X	
Program	Code that identifies the benefits program to which the referral applies		X	
Case ID	Program Case ID associated with referral		X	
County Case #	County case number associated with the referral		X	
Referral Date	Date the referral was received		X	
Investigator ID	ID number of the investigator assigned to the referral		X	
List of Debtors: SSN	Debtor's social security number		X	
List of Debtors: Ind. ID	Unique ID associated with the Debtor, supplied by CNDS		X	
List of Debtors: Name	Debtor's full name (first name, middle initial, last name, and suffix)		X	

B. Debtor Summary Function Keys

Function Key	Description
F1	To access EPICS on-line help
F3	To exit and return to the Main Menu
F4	To display a list
F7	To display the previous screen (page up)
F8	To display the next screen (page down)
F9	To display the Debtor Detail screen
F12	To cancel or return to the previous screen

VI. TOP PROCESS (FOOD AND NUTRITION SERVICES ONLY)

A. EPICS does not submit a debtor to TOP when a county approved repayment agreement is signed, dated, and the debtor is not delinquent.

1. The Repayment Approach FNS screen must display 'Y' (Yes) in the REPAYMENT AGREEMENT field and a date on the DATE SIGNED field.

2. The PAYMENT METHOD field on the Repayment Approach FNS screen must be 'C' (Cash) or 'FSC' (Food Stamp Cash).

3. Payments posted to the Repayment Approach History FNS screen are compared to the Repayment Agreement and the most recent payment is within the allotted frequency.

NOTE: Payments on Work First and Medicaid claims do not affect the repayment agreement of Food and Nutrition Services claims.

B. EPICS does submit a debtor to TOP when a county approved repayment agreement is not signed, dated, and the debtor is delinquent.

NOTE: The Repayment Approach screen must display 'N' (No) in the REPAYMENT AGREEMENT field.

C. EPICS creates the Letter of Overissuance to the debtor(s) for any Food and Nutrition Services claim(s) that has been substantiated and deemed that there is a balance owed back to the State. If the debtor makes payments as agreed upon or settles the account, no further action is taken. If the debtor does not make any payments or settles the account, the TOP process begins.

D. EPICS creates a file to show all Food and Nutrition Services accounts that are eligible for intercept and submits them to TOP.

NOTE: If the county wishes to initially block an individual from being selected for intercept, they can set the TOP Intercept Ind field on the Debtor Detail screen to H, L, S, or X. Once this code has been removed, the debtor can be submitted for intercept if they meet the remaining requirements.

E. Eligibility Requirements

Must be a debtor on a claim.
TOP Intercept Ind field on the Debtor Detail screen is not currently set to H, L, S, or X by the county.
Referral Status must be in CO (Collections) or TE (Terminated)
Claim Type must be IPV, IHE, or AE
Claim debtor's total for a claim must be a minimum of $25.00
Debtor must be 60 days delinquent – Delinquency is defined as making a 10% or $25.00 (whichever is greater) cash payment of the total TOP eligible claim balances within the last 60 days.
Debtor must not have a recoupment in the past 60 days
Claim can be greater than 10 years old (beginning from the date the Letter of Overissuance was issued) unless there is a Civil/Criminal Judgement date

F. Debtor's TOP Intercept Indicator field is set to an A and the ADDRESS REQ date is updated indicating the Pre-Offset Address Request was submitted. This is done by a nightly update job. At this point the certification process has begun. TOP receives the file and processes for Tax Refund job.

1. The ADDRESS REQ date field is updated with the date the TOP INTERCEPT IND is set to 'A'. This tracks the 181 days since the address request was submitted to TOP.

2. The ADDRESS REQ date is protected and is removed when the system changes the TOP INTERCEPT IND from 'A' to 'B'.

3. The date is removed if on the 181st day the TOP INTERCEPT IND is still 'A'. If all criteria are met, the system again requests an address. Once the address is requested from TOP, the ADDRESS REQ data is again populated and the TOP INTERCEPT IND is set from 'space' to 'A'.

4. The ADDRESS REQ date remains if the worker changes the TOP INTERCEPT IND from 'A' to 'H', 'S', 'L', or 'X'.

5. If the ADDRESS REQ date is present and the date is less that 181 days from the date the TOP INTERCEPT IND was set to 'A', and the TOP INTERCEPT IND is currently 'H', 'S', 'L', or 'X', you may only change the indicator back to 'A' or the following error message is displayed:

   'TOP INTERCEPT IND MUST BE 'A'

6. If the ADDRESS REQ date is present and the date is 181 days for greater from the date the TOP INTERCEPT IND was set to 'A", and the TOP INTERCEPT IND is currently 'H', 'S', 'L', or 'X', you may only change the indicator to 'space'. If an 'A' is entered, the following error message is displayed:

   'TOP INTERCEPT IND 'A' NOT ALLOWED'

7. If the criteria are met, the system must request an address again. Once the address is requested from TOP, the ADDRESS REQ date is again populated and the TOP INTERCEPT IND is set from 'space' to 'A'.

G. TOP returns the results to EPICS.

H. EPICS sends a 60-Day Notice letter to the debtor(s). Debtor's TOP Intercept Indicator field is set to a B indicating the 60-Day Process has begun. This is done by a nightly update job. At this point H, L, S, or X **cannot** be entered by the county to block the intercept.

NOTE: The county may enter an E code to stop the certification process from continuing. If the debtor fails to make payments as agreed, the code should be set back to a B code to continue with the certification process. In this situation, the debtor will not receive another 60-day notice.

I. Debtor can request an appeal by entering the code R or waive the appeal by entering the code W. This value is entered in the TOP Intercept Appeal Ind field on the Debtor Detail screen.

J. If the debtor waives the right to appeal or does not respond to the 60-Day Notice, the debtor's TOP Intercept Indicator field is set to a C indicating the claim is eligible for certification, providing the other eligibility requirements still apply. This is done by a batch job.

K. If the debtor requests an appeal, certification processing is held until a decision has been made. It is very important that the county changes the code R once the appeal is ruled in favor of the county or the debtor and enters the correct code of Y or N. If the appeal is ruled in favor of the county, the debtor's Federal Tax Intercept Indicator field is set to a C indicating the claim is eligible for certification. This is done by a batch job.

L. Once the claim has been "certified" it remains on TOP files and can only be changed to an I or P value. An I value inactivates the claim on TOP files only – the claim is still active in EPICS unless closed or terminated. If necessary, the claim can be reactivated from this value.

M. A 'P' value permanently closes the offset request due to paid up balance or closed on TOP's files. If this value is entered, the claim can NEVER be reactivated with TOP. This value can only be entered by State level users.

N. After a debtor has reached Stage C Certification, Code D can be used to block a debtor from being intercepted if he has satisfied the 10% or $25.00 rule of all TOP eligible claims or if he has been recouped. Once the debtor no longer meets the 10% or $25.00 rule or recoupment status, the D automatically is reset to C by the system and the certification process continues.

O. SET OR UPDATE AN INTERCEPT INDICATOR FLAG

If a client should not be submitted for Federal Tax Intercept, due to a hearing or litigation status, the county can set a flag to block the initial processing of the intercept.

1. From the **MAIN MENU**, key the number 3 in the **Enter Option** field and press **Enter**. The CLAIMS MENU displays.

2. From the **CLAIMS MENU**, key the number 3 in the **ENTER OPTION** field and press **Enter**. The CLAIM DETAIL screen displays.

3. In the **REFERRAL ID** field, key the referral ID and press **Enter**. The claim information displays.

4. Press the F5 function The DEBTOR SUMMARY screen displays with a list of debtors.

   NOTE: If there are numerous debtors for this claim, press the F8 function key to view the next screen of debtors. To go back to the previous screen of debtors, press the F7 function key.

5. In the **List** column, key a s to the left of the debtor and press the **F9** function key or **Enter** to display the debtor's information. The DEBTOR DETAIL screen displays.

6. In the **TOP INTERCEPT IND** field, key the code that describes why the debtor should not be submitted for the initial processing of intercept.

7. To save and update the screen, press the **F9** function key.

8. To exit and return to the **MAIN MENU**, press the **F3** function key. The MAIN MENU displays.

P. SET OR UPDATE AN APPEAL FLAG

When a client requests an appeal within the 60-day period, you must set the appeal flag. Likewise, when the appeal status has changed, you must update the appeal field.

1. From the **MAIN MENU**, key the number 3 in the **Enter Option** field and press **Enter**. The CLAIMS MENU displays.

2. From the **CLAIMS MENU**, key the number 3 in the **ENTER OPTION** field and press **Enter**. The CLAIM DETAIL screen displays.

3. In the **REFERRAL ID** field, key the referral ID and press **Enter**. The claim information displays.

4. Press the F5 function The DEBTOR SUMMARY screen displays with a list of debtors.

   NOTE: If there are numerous debtors for this claim, press the F8 function key to view the next screen of debtors. To go back to the previous screen of debtors, press the F7 function key.

5. In the **List** column, key a 'S' to the left of the debtor and press the **F9** function key or **Enter** to display the debtor's information. The DEBTOR DETAIL screen displays.

6. In the **TOP INTERCEPT APPEAL IND** field, key the code for the type of appeal the debtor is requesting or the updated status of the appeal.

7. To save and update the screen, press the **F9** function key.

8. To exit and return to the **MAIN MENU**, press the **F3** function key. The MAIN MENU displays.

VII. DOR Process (FOOD AND NUTRITION SERVICES, MEDICAID, AND WORK FIRST)

A. EPICS creates a file with the latest current balances that are eligible for intercept and submits them to DOR.

NOTE: If the NC Debt Setoff Indicator is space or 'Y' and the county wishes to initially block an individual from being selected for intercept, they can set the NC Debt Setoff field on the Debtor Detail screen to H, L, or S (the X code can only be entered by State Staff). Once this code has been removed, the debtor can be submitted for intercept if they meet the remaining requirements.

B. Eligibility Requirements

Must be a debtor on a claim.
NC Debt SETOFF Ind field on the Debtor Detail screen is not currently set to H, L, S, or state staff by the county.
Referral Status must be in CO (Collections) or TE (Terminated and FNS only)
Claim Type must be IPV or IHE
Claim Debtor must be delinquent For FNS only – Delinquency is defined as making a 10% or Cash Payment amount totals $25.00 (whichever is greater) of the total DOR eligible claim balances within the last 60 days.
Debtor must not have a recoupment in the past 60 days (TANF and FNS)
Claim Debtor's current balance for same program type must total a minimum for $50.00

C. Claim Debtor's NC Debt Setoff flag on the Debtor Detail screen is set to "Y" indicating that the individual was selected for setoff. This process is done automatically by a batch job.

D. DOR receives the file and processes the Tax Refund job.

E. DOR returns the results to EPICS by individual's SSN and the program(s) eligible for intercept.

F. DHHS reconciles the funds and processes the eventual posting of payments.

NOTE: At this point, the debtor's money has been intercepted and is placed in a "holding place" until the process is complete. Any exemption codes entered will not stop the money from being taken, but will generate a refund once the process is complete.

G. EPICS sends out a 30-day notice to the debtor. The debtor's NC Debt Setoff flag on the Debtor Detail screen is set to "D" indicating that the individual is in the 30-Day period process.

H. All names that are in the 30-Day process appear on the NC Debt Setoff Pending Intercept (under Collections Menu).

NOTE: These names will remain on this list until the appeal complete, payment has been posted, or refund has been issued.

I. The debtor now can waive the right to appeal or request an appeal.

1. If the debtor waives the right to appeal, the payment is processed immediately.

2. If the debtor requests an appeal, the county must set a flag to 'R', 'Y', or 'N' indicating the request. Once the county sets this flag, the payment process is on hold until a decision has been made. It is very important that the county remove this flag once the appeal is denied or ruled in favor of the debtor.

   NOTE: If the debtor should not have been intercepted and is due a full refund (and a hearing is not warrant), the county can enter a code of 'D' or 'Y' to issue the refund (including interest and collection fees). This lets the system know to automatically issue a refund. For more specific details, please see procedures in the collections section.

3. If the debtor does not waive the right to appeal or request an appeal, payment is processed 35 days after the 30-Day Notice date.

VIII. MAINTAIN CLIENT

For a debtor that is not associated with a benefit case, EPICS provides a feature, *MAINTAIN CLIENT* that allows you to define a debtor to a claim who is not defined in CNDS. Likewise, you have the capability to maintain the demographic information for the debtor in EPICS. The client demographic information is transferred and stored in CNDS. You may access Maintain Client via Debtor Detail screen or Name List screen.

Once updated in CNDS, EPICS is not permitted to update their demographics. Such updates would have to be done through NCFAST; however, you may update the debtor's address and phone number. You may access Maintain Client via Debtor detail screen or name list screen.

You cannot delete maintain client information. Only authorized personnel who have deletion rights may do so. Therefore, ensure accurate information is entered.

A. Maintain Client Field Descriptions

Field	Description	Required	System Generated	Optional
Individual ID	Unique ID assigned by EPICS for the new individual. This information is transferred and stored in CNDS		X	
Name	Individual's name	X		
SSN	Individual's social security number, even if zeroes	X		
DOB	Individual's date of birth	X		

Field	Description	Required	System Generated	Optional
Sex	Individual's sex	X		
Race	Individual's race may be up to 5 codes	X		
Ethnicity	Debtor's Ethnicity	X		
Language	Debtor's Language Preference	X		
Address	Individual's address	X		
Type	Code indicating the individual's address type		X	
County Code	3 digit number with the values from 000-100, indicating which county the individual resides	X		
Phone Number	Individual's phone number			X
Ext.	Individual's phone extension			X
Type	Code indicating the individual's phone type		X	

B. Maintain Client Function Keys

Key	Description
F1	To access EPICS on-line help
F2	To clear the screen
F3	To exit and return to the Main Menu
F6	To add the maintain client information (save)
F9	To update the maintain client information
F12	To cancel or return to the previous screen

C. Add New Client As A Debtor

1. From the **MAIN MENU**, key the number 3 in the **ENTER OPTION** field and press **Enter**. The CLAIMS MENU displays.

2. From the **CLAIMS MENU**, key the number 3 in the **ENTER OPTION** field and press **Enter**. The CLAIM DETAIL screen displays.

3. In the **REFERRAL ID** field, key the referral ID and press **Enter**. The claim information displays.

4. Press the **F5** function key. The DEBTOR SUMMARY screen displays.

5. Press the **F9** function key. The DEBTOR DETAIL screen displays.

6. In the **INDIVIDUAL ID** field, key = and press **F4**. The NAME SEARCH screen displays.

NOTE: Initially, it is required for you to search for the individual via NAME SEARCH

7. Enter the client information and press **Enter**.

NOTE: The **NAME LIST** screen displays with a list of names matching the criteria entered. If you locate the individual in the NAME LIST, select the name and refer to procedures on adding an individual as a debtor.

8. Press the **F11** function key. The **MAINTAIN CLIENT** screen displays.

```
FR04      NC DHHS - ENTERPRISE PROGRAM INTEGRITY CONTROL SYSTEM   08/24/2004
FRD0350                          MAINTAIN CLIENT                  09:28:38

  INDIVIDUAL ID: 000000000 _

  NAME: ____________ _ ____________________________________________ ___
  SSN: _________
  DOB:  00/00/0000  SEX: _  RACE: _ _ _ _ _ +  ETHNICITY: _ +  LANGUAGE: __ +

  MAIL ADDRESS:
  ________________________________      LAST UPDATE:
  ________________________________      LAST RACF ID:
  ______________________ __ _____ ____  COUNTY CODE: ___ +

  DOR INTERCEPT ADDRESS:
  ________________________________      LAST UPDATE:
  ________________________________      LAST RACF ID:
  ______________________ __ ____ ____   COUNTY CODE: ___+

PHONE NUMBER:
___ _______  EXT: ____          TYPE: HOME_


 F1=HELP  F2=CLEAR  F3=EXIT  F6=ADD  F9=UPDATE  F12=CANCEL
```

9. In the NAME field, enter the individual's full name.

10. In the **SSN** field, enter the individual's social security number. If no SSN, enter zeroes.

11. In the **DOB, SEX**, **RACE** (up to 5 codes), **Ethnicity**, and **Language** fields, key the individual's appropriate information.

12. In the **ADDRESS** field, key the individual's address.

NOTE: If the address is unknown, enter the following for the client's address:

EPICS – as the street name

Unknown, NC 11111– as the City, State, and Zip Code

13. In the **COUNTY CODE** field, key the individual's county number.

14. In the **PHONE NUMBER** field, key the individual's phone number, if known.

15. Press the **F6** function key. EPICS assigns the new individual ID to the debtor and the number is subsequently stored in CNDS.

16. Press the F12 function key. The NAME LIST screen displays.

17. In the S column, select the individual from the list and press Enter. The DEBTOR DETAIL screen displays.

18. To add the individual as a debtor, press the F6 function key.

19. To exit and return to the MAIN MENU, press the F3 function key. The MAIN MENU displays.

D. Update/Maintain Client Information

1. From the **MAIN MENU**, key the number 3 in the **ENTER OPTION** field and press **Enter**. The CLAIMS MENU displays.

2. From the **CLAIMS MENU**, key the number 3 in the **ENTER OPTION** field and press **Enter**. The CLAIM DETAIL screen displays.

3. In the **REFERRAL ID** field, key the referral ID and press **Enter**. The claim information displays.

4. Press the **F5** function key. The DEBTOR SUMMARY screen displays.

5. Key an S in the selection field to the left of the debtor (that you need to update) and press the **F9** function key or **Enter**. The DEBTOR DETAIL screen displays.

6. Press the **F11** function key. The MAINTAIN CLIENT screen displays.

7. Update the **ADDRESS** or **PHONE NUMBER** fields.

8. To save the update, press the **F9** function key.

9. To exit and return to the **MAIN MENU**, press the **F3** function key. The MAIN MENU displays.

   or

   To return to the **DEBTOR DETAIL** screen, press the **F12** function key.

IX. REPAYMENT APPROACH

Each debtor is responsible for repayment of the debt. It is the responsibility of the investigator to attempt and negotiate a repayment agreement with the debtor. It is required that the repayment agreement information (e.g. amount of each payment, frequency, first payment due and payment method) be recorded in EPICS via the *Repayment Approach Referral ID* screen. EPICS utilizes this information to identify those debtors who are delinquent.

If a debtor becomes delinquent (e.g. neglects to pay a scheduled payment) he/she is subject to tax intercept, unless the recoupment is made against his/her existing benefits. However, if the debtor realized he/she missed the payment and repaid the payment in the next scheduled installment, he/she is removed from the delinquency list and is not subject to tax intercept.

For Food and Nutrition Services and Work First, if a claim results in a criminal court hearing and the client is receiving benefits, recoupment cannot be automatically established unless the judge issues the court order for recoupment. This date should be entered in the Criminal Judgement Date field on the Claim Detail Screen. The investigator **must** set the Payment Method to "R" for EPICS to process the recoupment. If the Claim Type (located on the Debtor Detail screen) is set to IPV and the Substantiation Method is equal to S, A, or D, the investigator **must** set the Payment Method to "R" for EPICS to process the recoupment.

If the investigator is unsuccessful in obtaining a signed agreement with the debtor, the investigator can pursue involuntary means of obtaining the funds from the debtor. However, it is required to document the involuntary means in EPICS, as well, via the REPAYMENT APPROACH REFERRAL ID screen.

EPICS allows multiple debtors to be attached to a claim. You must enter a repayment approach for each debtor attached to a claim.

A. Repayment Approach Field Descriptions

Field	Description	Required	System Generated	Optional
Referral ID	10 digit number generated by the system upon creation of a referral	X		
Referral Type	1 character code that identifies the type of referral		X	
Referral Status	Current status the referral is in			

Field	Description	Required	System Generated	Optional
Program	Code that identifies the benefits program to which the referral applies		X	
Case ID	Program Case ID associated with referral		X	
County Case #	County case number associated with the referral		X	
Referral Date	Date the referral was received		X	
Investigator ID	ID of the investigator assigned to the referral		X	
Overpayment Begin Date	10 character date (MM/DD/YYYY) of the start date for the fraud	X		
Fed Tax Int Ind	Federal Tax intercept indicator		X	
NC Tax Int Ind	NC Tax intercept indicator			
Overpayment End Date	10 character date (MM/DD/YYYY) of the end date for the fraud	X		
Initial Balance Due	Up to 9 character amount of the overpayment		X	
New Agreement Balance	Up to 9 characters amount of the balance minus any payments		X	
Date Entered	10 character date the repayment agreement is entered in EPICS		X	
Payment Amount	Up to 9 characters; debtor's monthly payment	X		

Field	Description	Required	System Generated	Optional
Frequency	**1 character code representing how often the debtor is expected to make payments**	**X**		
# of Payments	Up to 3 characters; represents the total number of payments required by the debtor to pay off the balance of the claim Defaults to 36 months for FNS claims	X		
Payment Method	Up to 4 characters; method by which the debtor will use to make a payment	X		
Due Date	10 character date (mm/dd/yyyy) required when the repayment agreement was signed (Defaults to current date)			
Date Signed	10 character date (MM/DD/YYYY) required when the repayment agreement was signed (Defaults to current date)	X		
Voided Date	10 character date (MM/DD/YYYY) required when the repayment agreement is VOIDED			

B. Repayment Approach Function Keys

Function Key	Description
F2	To clear the screen and the repayment agreement information
F3	To exit and return to the Main Menu
F4	To display a list
F5	To display all debtors in the claim
F9	To add/update a repayment agreement information
F10	To display the new repayment agreement History Screen
F11	To calculate the number of Payments
F12	To cancel or return to the previous screen

C. Enter Repayment Approach Information For A Debtor

You can access the **REPAYMENT APPROACH** screen from the **CLAIMS MENU** or the **DEBTOR DETAIL** screen.

1. If you are entering from the **CLAIMS MENU**, key the number 4 in the **ENTER OPTION** field and press **ENTER**. The Repayment Screen displays.

   or

   If you are entering from the **DEBTOR DETAIL** screen, press the **F5** function key. The REPAYMENT APPROACH screen displays.

```
FR05      NC DHHS - ENTERPRISE PROGRAM INTEGRITY CONTROL
SYSTEM                                                  03/07/2016
 FRDMC                        CLAIMS MENU              12:41:11

                 1. EPICS History by Case Head
                 2. EPICS History by Debtor
                 3. Claim Detail
                 4. Repayment Approach Referral ID:

                              Enter Option: _

      F1=HELP  F3=EXIT
```

   a. If you are entering from the CLAIMS MENU, key the number 4 in the ENTER OPTION FIELD AND THE Referal ID in the Repayment Approach Referral ID field and press ENTER

b. If the Referral ID entered in the Repayment Approach Referral ID field is a FNS claim type, the Debtors on a Claim List FNS screen is displayed.

NOTE if the Referral ID field is not entered in the Referral ID field, EPICS displays the message “REFERRAL ID MUST BE ENTERED FOR THIS OPTION

c. Pres ENTER again and the Repayment Approach FNS screen is displayed.

```
FR31          NC DHHS - ENTERPRISE PROGRAM INTEGRITY CONTROL SYSTEM   08/24/2004
FRD0310                        REPAYMENT APPROACH                     11:22:31

 REFERRAL ID: __________  REFERRAL TYPE: _   REFERRAL STATUS: __
 DEBTOR NAME: _____________ _ ____________________________________ ___
 IND. ID: _________ _ SSN: _________ DOB: __________ SEX: _

 COUNTY: ___   PROGRAM: ________    CASE ID: _________ COUNTY CASE #: _______
  REFERRAL DATE: __________        INVESTIGATOR ID: _____

        OVERPAYMENT BEGIN DATE      OVERPAYMENT END DATE
           __________              __________
           __________              __________
           __________              __________
           __________              __________
 INITIAL BALANCE DUE: 0.00_________
 DATE ENTERED: 08/24/2004

 PAYMENT AMOUNT: 0.00_________     FREQUENCY: _ +  NUMBER OF PAYMENTS: ___
 PAYMENT METHOD: ____ +          1ST PAYMENT DUE DATE: __________
 REPAYMENT AGREEMENT?: _          DATE SIGNED: __________

 F1=HELP  F2=CLEAR  F3=EXIT  F4=LIST  F9=UPDATE  F12=CANCEL
```

2. In the **REFERRAL ID** field, key the referral number of the individual you need to add a repayment and press the **Tab** key.

3. In **the INDIVIDUAL ID** field, key the ID of the debtor you need to add a repayment agreement against and press Enter.

4. In the **PAYMENT AMOUNT** field, key the amount the debtor will pay each time a payment is made.

5. In the **FREQUENCY** field, key a frequency code, indicating how often the debtor will make payments.

6. In the **PAYMENT METHOD** field, key a method by which the debtor will pay.

7. In the 1st **PAYMENT DUE DATE** field, key the date the debtor’s first payment is due.

8. In the **REPAYMENT AGREEMENT** field, key an Y (yes) or N (no), whether a Repayment Agreement has been signed with the debtor.

   NOTE: If the repayment agreement has been signed and you keyed Y in the REPAYMENT AGREEMENT field, key a date in the DATE SIGNED field, indicating when the debtor signed the actual repayment agreement.

9. To update the repayment agreement information, press the F9 function key.

   NOTE: The NUMBER OF PAYMENTS field is calculated automatically.

10. To exit and return to the MAIN MENU, press the F3 function key. The MAIN MENU displays.

D. Update Repayment Approach Information

1. If you are entering from the **CLAIMS MENU**, key the number 4 in the **ENTER OPTION** field and press **Enter.**

   or

   If you are entering from the **DEBTOR DETAIL** screen, press the **F5** function key. The REPAYMENT APPROACH screen displays along with the debtor's current repayment agreement.

2. In the REFERRAL ID field, key the referral number that is associated to the claim and press **Tab**.

   NOTE: If you do not know the code or value for a field, you can use the **F4** key, which will display a list of codes or values for selection. This field attribute is *not* available for all fields, but only those fields that contain a + (plus sign) to the right of the field. For claim code information, see **APPENDIX B**.

3. In the **INDIVIDUAL ID** field, key the debtor ID and press **Enter**. The repayment approach agreement information displays.

4. Make the necessary modifications.

5. To save the updates, press the **F9** function key.

6. To exit and return to the **MAIN MENU**, press the **F3** function key. The MAIN MENU displays.

X. EPICS HISTORY BY CASE HEAD

The *EPICS HISTORY by Case Head* feature provides you with a means of viewing all referrals associated with a specific individual ID for a particular Case Head. Utilizing this feature enables you to quickly access and verify an individual's list of referrals.

This screen is Read-Only.

A. EPICS History By Case Head Field Descriptions

Field	Description	Required	System Generated	Optional
Individual ID	Unique ID associated to the case head payee of the referral	X		
Name	Last name, suffix, first name, and middle initial of the case head payee		X	
SSN	Case head payee's social security number		X	
DOB	Case head payee's date of birth		X	
Sex	Case head payee's sex		X	
S	The selection field for viewing the details for a specified referral			X
Referral ID	10 digit number generated by the system upon creation of a referral		X	
ST	The current status of the referral		X	
Date	Date the referral was received		X	
Prog	Benefit program that the individual is currently receiving benefits		X	
OP Amount	Actual amount of overpayment against the claim		X	
Op Period from	Actual beginning date of the overpayment		X	
Op Period To	Actual ending date of the overpayment		X	
Balance	Current balance of the claim		X	
CAT	Code indicating the claim type		X	

B. EPICS History By Case Head Function Keys

Function Key	Description
F1	To access EPICS on-line help
F3	To exit and return to the Main Menu
F4	To display a list
F7	To display the previous screen (Page Down)
F8	To display the next screen (Page Up)
F12	To cancel or return to the previous screen

C. View List Of Referrals For A Case Head By Individual ID

1. From the **MAIN MENU**, key the number 3 in the **ENTER OPTION** field and press **Enter**. The CLAIMS MENU displays.

2. From the **CLAIMS MENU**, key the number 1 in the **ENTER OPTION** field and press **Enter**. The EPICS HISTORY by Case Head screen displays.

```
FR33          NC DHHS - ENTERPRISE PROGRAM INTEGRITY CONTROL SYSTEM   08/24/2004
FRD0330                          EPICS HISTORY                         11:24:53
                                 BY CASE HEAD
                                                                        More:
INDIVIDUAL ID _________ _ +
NAME: _____________________ _____ _____________ _
SSN: _________  DOB: __________ SEX: _


  REFERRAL                 OP    ----- OP PERIOD  -----
S   ID    ST   DATE    PROG  AMOUNT   FROM       TO     BALANCE   CAT
 _
_
_
_
_
_
_

F1=HELP  F3=EXIT  F4=LIST  F7=PREV  F8=NEXT  F12=CANCEL
```

3. In the Individual ID field, key the ID and press Enter. The referral information displays.

4. View the list of information.

   NOTE: You may need to view multiple screens of referral history. To view the next screen of referral history, press the **F8** function key. Press the **F7** function key to display the previous screen of referral history.

5. Key an **S** in the selection field to the left of the Referral ID to view the Claim Detail screen of a particular referral. Press the F12 function key to return back to the EPICS History by Debtor screen.

6. To exit and return to the **MAIN MENU**, press the **F3** function key. The MAIN MENU displays.

XI. EPICS HISTORY BY DEBTOR

The *EPICS HISTORY by Debtor* feature provides you with a means of viewing all referrals associated with a specific individual ID for a particular Debtor. Utilizing this feature enables you to quickly access and verify an individual's list of referrals.

This screen is Read-Only.

A. EPICS History By Debtor Field Descriptions

Field	Description	Required	System Generated	Optional
Individual ID	Unique ID associated to the debtor of the referral	X		
Name	Last name, suffix, first name, and middle initial of the debtor		X	
SSN	Debtor's social security number		X	
DOB	Debtor's date of birth		X	
Sex	Debtor's sex		X	
S	The selection field for viewing the details for a specified referral			X
Referral ID	10 digit number generated by the system upon creation of a referral		X	
ST	The current status of the referral		X	
Date	Date the referral was received		X	
Prog	Benefit program that the individual is currently receiving benefits		X	
OP Amount	Actual amount of overpayment against the claim		X	
Op Period from	Actual beginning date of the overpayment		X	
Op Period To	Actual ending date of the overpayment		X	
Balance	Current balance of the claim		X	
CAT	Code indicating the claim type		X	

B. History By Debtor Function Keys

Function Key	Description
F1	To access EPICS on-line help
F3	To exit and return to the Main Menu
F4	To display a list
F7	To display the previous screen (Page Down)
F8	To display the next screen (Page Up)
F12	To cancel or return to the previous screen

C. View List Of Referrals For A Debtor By Individual ID

1. From the **MAIN MENU**, key the number 3 in the **ENTER OPTION** field and press **Enter**. The CLAIMS MENU displays.

2. From the **CLAIMS MENU**, key the number 2 in the **ENTER OPTION** field and press **Enter**. The EPICS HISTORY by Debtor screen displays.

```
FR33                NC DHHS - ENTERPRISE PROGRAM INTEGRITY CONTROL SYSTEM   08/24/2004
FRD0330                              EPICS HISTORY                          11:27:10
                                       BY DEBTOR
                                                                            More:
INDIVIDUAL ID _________ _ +
NAME: _____________________ ____ _______________ _
SSN: _________  DOB: __________ SEX: _


  REFERRAL                    OP     ----- OP PERIOD  -----
S    ID    ST    DATE    PROG   AMOUNT    FROM        TO     BALANCE   CAT
_
_
_
_
_
_
_
_
_
_

F1=HELP  F3=EXIT  F4=LIST  F7=PREV  F8=NEXT  F12=CANCEL
```

3. In the **INDIVIDUAL ID** field, key the ID and press **Enter**. The referral information displays.

4. View the list of information.

   NOTE: You may need to view multiple screens of referral history. To view the next screen of referral history, press the **F8** function key. Press the **F7** function key to display the previous screen of referral history.

5. Key an **S** in the selection field to the left of the Referral ID to view the Claim Detail screen of a particular referral. Press the F12 function key to return back to the EPICS History by Debtor screen.

6. To exit and return to the **MAIN MENU**, press the **F3** function key. The MAIN MENU displays.

XII. UTILIZING F4

If you do not know the code or value for a field, you can use the *F4* function key, which will display a list of codes or values for selection. This field attribute is only available for those fields that contain a + (plus sign) to the right of the field.

To Enter Field Details Using F4

A. In the field that contains a + (plus sign) to the right of the field, key = (equal sign) and press the **F4** function key. The specific code list screen displays.

B. To select a code or value, tab to the appropriate code/value in the **S** column and key s.

C. Press **Enter**. The previous screen displays with the field populated with the selected code or value.

D. Continue entering or updating the screen details.

XIII. NAME SEARCH

If you do not know the Individual ID of a person, you may use the Name Search feature

The Name Search feature is available on **any** screen where the Individual ID field has a plus sign to the right of it. Using this feature allows you to search for an individual when you only have a Social Security Number, Case ID, or Name, Sex, and DOB of a person.

A. Name Search Function Key Descriptions

Key	Description
F1	To access EPICS on-line help
F3	To exit and return to the Main Menu
F4	To clear the search criteria fields
F11	To display the Maintain Client screen
F12	To return to the previous screen

B. Search An Individual ID Using The Name Search Function

1. In the **INDIVIDUAL ID** field, key = and press **F4**. The NAME SEARCH screen displays.

2. Select a search method and key the appropriate information in the field(s).

3. To initiate the search, press **Enter**. The Name List screen displays with all records that match your search criteria.

4. In the **Sel** column, key an S in the field next to the appropriate individual and press **Enter**. The previous screen displays with the data from the search.

5. Continue entering or updating the screen details.