#### BRITS Phase 2 Updates and Changes

IMAC Presentation 11/21/2024



# Background

- Benefit Recovery Investigation Tracking System
- Redesign of Investigation, Fraud Determination, Overpayment Claim Management and Collections for:
  - Child Care
  - FoodShare
  - Medical Assistance
    - Ongoing referrals
    - Legacy Claim Information Only
  - Wisconsin Works (W-2)
  - Job Access Loans
- Over 1,700 active users
- Over 300k referrals created since Phase 1 release (2016)



# **Phases of BRITS**

#### Phase 1(2016)

Referral Creation Investigation Lifecycle Workflow Management

#### Phase 2 (2024)

Claim Creation Notice Redesign and Storage Claim Management Individual Detail Claim Detail Case Detail Recoupment Write-off/Adjustments Stop Recovery **Flex Notice Payment Posting** Epayment posting



# What is changing?

BRITS Phase II *replaces* Benefit Recovery functionality in CARES Mainframe with the goal to improve overpayment claim creation, claim management and collections.

All Benefit Recovery screens will become read-only and only reflect data effective of the migration date \*\*Historical data only – will not be updated with BRITS data\*\*

What's changing for agency staff: Updated Case, Claim and Individual Detail pages Claims will be created in BRITS Notice Changes 60-day claim Management



#### **Case Detail**

CC

FS

0128416807

0128416807

1000000961

3100009213

NC

CE

Open

Open

Case Detail #01	2841680	)7							l ƙ		<b>(</b>
Case Information											^
Case Nur	mber	0128416807				Case O	ffice	5040 - Milwaukee Enrollm	nent Services		
Primary Pe	erson	GAYLENE-MSK M	IARTINE	Z-MSK		Program Co	odes 😮				
Case Add	lress	123 Masking 8 Case Copied On 2 Madison WI 5555	2023-10-0 5-5555	15		Individuals Liable Cl	With aims	0507902009         EARNEST-           0507902033         GAYLENE-           0507902041         EARNEST-	MSK MARTINEZ-MSI MSK MARTINEZ-MSI MSK MARTINEZ-MSI	< < (Р) К	
Referral Information											^
All Referrals 💿 Open Re	eferrals ()	Closed Referrals	0								
Referral Number ↓				Status			Тур	be			
9000229309				Post Investigation In F	Progress		Cla	aim Investigation			•
Claim Information											P
All Claims 💿 Open Clain	ms 🔿 Clos	sed Claims ()									05 05
Collection Fee (CF) claims	s are not di	splayed on Case	Detail pa	age. Please see Individua	al Detail page.						
Claim Number Case	e Number	Program Code	Туре	Status	Notice Date ↑	OP From	OP To	Adj. Claim Amt.	Outstanding Bal.	Liable #	

04/05/2024

07/09/2024

09/13/2020

01/30/2024

09/03/2020

08/01/2023

\$400.00

\$8,465.24

\$300.00

\$8,395.24

2

3

.....

NNameDateOfBirth507902009EARNEST-MSK A MARTINEZ-MSK04/13/1959507902033GAYLENE-MSK E MARTINEZ-MSK11/13/1989

#### **Individual Detail:**

#### **PIN Information, Mailing Address(es), Representatives**

PIN Number       ARNEST-MSK MARTINEZ-MSK       Date of Birn       of 31/19/5         DIN Number       0507902009       Language       English         Social Security Number       XXXX-5982       English         Matters Source       Address       Date of Birn       01/17/202       Case Source       Addredit Address       Invalid         Closed Case Address       23       MASKING 8, CASE COPIED ON 2023-10-05, MADISON, WI, 55555       01/17/202       01/28/16807       01/28/16/20/20/20/20/20/20/20/20/20/20/20/20/20/	S 🏲 📀	<b>-</b>   C	H						2009	#0507902	dividual Detai
Full Name       EARNEST-MSK MARTINEZ-MSK       Date of Birth       04/13/1959         PIN Number       0507902009       Language       English         Social Security Number       XXX-XX-5982       English         Matting Address(es)       Date Changed       Case Source       Add/Edit Address       Invalid         Closed Case Address       123 MASKING 8, CASE COPIED ON 2023-10-05, MADISON, WI, 5555-       Date Changed       Case Source       Add/Edit Address       Invalid         BitTS Mailing Address       123 Original Address 8, CASE COPIED ON 2023-10-05, MADISON, WI, 5555-       10/17/2024       0128416807       Invalid         BitTS Mailing Address       123 Original Address 8, CASE COPIED ON 2023-10-05, MADISON, WI, 503481       07/08/2024       0128416807       Invalid         Representative Information       Case Source       Address       Phone       Date Added 1       Date Auth.       Edit Rep Invalid         Rep Type       Name †       Address       Phone       Date Added 1       Date Added 1       Date Added 1       Date Added 1       Date											formation
PIN Number       0507902009       Language       English         Social Security Number       XXX-X5982         Maling Address(es)       Address       Date Changed       Case Source       AddrEdit Address       Invalid         Closed Case Address       123 MASKING 8, CASE COPIED ON 2023-10-05, MADISON, WI, 55555-       10/17/2024       0128416807       Image: Case Source       AddrEdit Address       Invalid         Closed Case Address       123 Original Address 8, CASE COPIED ON 2023-10-05, MADISON, WI, 55555-       10/17/2024       0128416807       Image: Case Case Address       Image: Case Case Case Address       Image: Case Case Case Case Case Case Case Case					04/13/1959	ate of Birth	D	MARTINEZ-MSK	EARNEST-MSK	Full Name	
Social Security Number       XXX-XX-5982         Matting Address(es)       Address       Date Changed       Case Source       Add/Edit Address       Invalid         Closed Case Address       123 MASKING 8, CASE COPIED ON 2023-10-05, MADISON, WI, 55555- 5555       10/17/2024       0128416807       Invalid         BRITS Mailing Address       123 Oniginal Address 8, CASE COPIED ON 2023-10-05, MADISON, WI, 55555- 549 N Additional Address 8, CASE COPIED ON 2023-10-05, MADISON, WI, 55555- BRITS Maling Address       07/08/2024       Invalid       Invalid         Representative Information       Comparison       Phone       Date Added ↓       Date Auth.       Edit Rep       Invalid         Rep Type       Name ↑       Address       Phone       Date Added ↓					English	Language			0507902009	PIN Number	
Mailing Address(es)         Address Source       Address       Date Changed       Case Source       Add/Edit Address       Invalid         Closed Case Address       Image: Close Ad									XXX-XX-5982	rity Number	Social Sec
Address       Date Changed       Case Source       Add/Edit Address       Invalid         Closed Case Address       123 MASKING 8, CASE COPIED ON 2023-10-05, MADISON, WI, 55555-       10/17/2024       0128416807       0128416807       0											ing Address(es)
Closed Case Address       123 MASKING 8, CASE COPIED ON 2023-10-05, MADISON, WI, 55555- 5555       10/17/2024       0128416807         BRITS Mailing Address       123 Original Address 8, CASE COPIED ON 2023-10-05, MADISON, WI, 5555-555       07/08/2024       0128416807         BRITS Mailing Address       549 N Additional Address type 1 St SW 666, Pittsville, WI, 53481       07/08/2024       0128416807         Representative Information <ul> <li>Address</li> <li>Phone</li> <li>Date Added ↓</li> <li>Date Added ↓</li></ul>	Address Invalid	Edit Address	Add/Ed	Case Source	ged	Date Chan			ddress	A	ess Source
BRITS Mailing Address       123 Original Address 8, CASE COPIED ON 2023-10-05, MADISON, WI, 5555-5555       07/08/2024       07/08/2024         BRITS Additional Notice Address       549 N Additional Address type 1 St SW 666, Pittsville, WI, 53481       07/08/2024       07/08/2024         Representative Information         Active Reps ● All Reps ○				0128416807	ŀ	10/17/2024	5, MADISON, WI, 55555-	SE COPIED ON 2023-10-0	23 MASKING 8, CA 555	× 1 5	ed Case Address
BRITS Additional Notice Address       549 N Additional Address type 1 St SW 666, Pittsville, WI, 53481       07/08/2024         Representative Information					Ļ	07/08/2024	3-10-05, MADISON, WI,	8, CASE COPIED ON 202	23 Original Address 5555-5555	1	S Mailing Address
Active Reps All Reps     Active Reps All Reps     Rep Type Name ↑     Address Phone     Date Added ↓     Date Added ↓     Date Added ↓     Control     Control     Active Reps     All Reps     Address     Phone   Date Added ↓   Date Added ↓   Date Added ↓   Date Added ↓     Da					ŀ	07/08/2024	sville, WI, 53481	ress type 1 St SW 666, Pitt	49 N Additional Add	ldress 💌 🏾 5	S Additional Notice
Active Reps       All Reps       Add BRITS Financial Representation         Rep Type       Name ↑       Address       Phone       Date Added ↓       Date Auth.       Edit Rep       Invalid         Representative Information       Active Reps       All Reps       Invalid       Invalid       Invalid         Active Reps       All Reps       Invalid       Invalid       Invalid       Invalid       Invalid         Rep Type       Name ↑       Address       Phone       Date Added ↓       Date Added ↓       Date Added ↓										I	sentative Information
Rep Type       Name ↑       Address       Phone       Date Added ↓       Date Auth.       Edit Rep       Invalid         Representative Information         Active Reps ●       All Reps ○         Rep Type       Name ↑       Address       Phone       Date Added ↓       Date Added ↓       Date Added ↓	TS Financial Representative	BRITS Finan	🕀 Add BF							0	ve Reps 🔍 🛛 All Rep
Representative Information         Active Reps I All Reps O         Rep Type       Name ↑         Address       Phone         Date Added ↓       Date Added ↓	Edit Rep Invalid	th. Edit	Date Auth	ate Added 👃	ie [	Phor		Address		Name 🕇	Туре
Representative Information         Active Reps I All Reps I All Reps I All Reps I All Reps I Address       Image: Colspan="2">Image: Colspan="2" Address         Rep Type       Name ↑       Address       Phone       Date Added ↓       Date Added ↓											
Active Reps         All Reps         All Reps         Address         Phone         Date Added									ative Information	Represent	
Rep Type Name  Address Phone Date Added  Date Added  Date Added  Date Added	() Add B							)	eps 🔍 All Reps 🔾	Active R	
	Date Added \downarrow Date Aut	Date Add	е	Phone			Address	Name 🕇	e N	Rep Type	
Legal Guardian 🕢 COFFEY-MSK GREER-MSK 123 MASKING 8, APT. 8, MADISON, WI, 55555-5555 (555)-555-5555 03/21/2016 03/21	03/21/2016 03/21/20	03/21/20	-555-5555	5555 (555)-	ON, WI, 55555-	PT. 8, MADIS	C 123 MASKING 8, A	COFFEY-MSK GREER-MS	ardian 🚷 🛛 🤇	Legal Gu	

#### Individual Detail: Claim Summary

aim Summary	RPA Summary								
								Recovery Action	n
Account	Claim Count	Orig. Claim Amt.	Adj. Claim Amt.	Outstanding Bal.	Delinquency	Stop Status	Restart	Renotice	
FS	2	\$1,011.00	\$1,007.59	\$965.47	CRES	8			-
MA	1	\$627.67	\$627.67	\$0.00	CRES	Stop/Paus	e Recovery		
						Reason: Date Adde By User:	Under Review d: 10/30/2024 AprilFerstl TE	v ST-STLMT	
Total	3	\$1,638,67	\$1,635,26	\$965.47					



#### Individual Detail: RPA Summary

Accounts										
laim Summary	RPA Summary									
Account ↑	Sent Date	Return Date	Install. Amt.	Recouping?	Dunnings	DELQ. Date	New RP4	A RPA	Reset	
ADC	8/1/1997		\$0.00		0					•
FS	8/3/2020	7/17/2024	\$20.00		2					
MA	8/3/2020		\$0.00		3	12/1/2020				
	Claim Accounts Claim Summary	RPA Summary								
	Claim Accounts Claim Summary Account	RPA Summary Sent Date	Return Date	Install. Amt.	Recouping?	Dunnings	DELQ. Date	New RPA	RPA Reset	
	Claim Accounts Claim Summary Account ↑ FS	7 RPA Summary Sent Date 7/1/2024	Return Date 7/17/2024	Install. Amt. \$20.00	Recouping?	Dunnings 0	DELQ. Date	New RPA	RPA Reset	



#### Individual Detail: Claim Information and Sanctions

#### **Claim Information**

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All Claims Open Claims O Closed Claims O

Claim Number	Case Number	Program Code	Туре	Status	Notice Date 🕇	OP From	OP To	Adj. Claim Amt.	Outstanding Bal.	Liable #	
3100007653	0150893604	FS	CE	Closed	02/07/2017	02/03/2017	02/28/2017	\$80.00	\$0.00		
8100007688	0150893604	W-2	CE	Open	04/09/2018	04/06/2018	04/30/2018	\$600.00	\$517.22		
2100007772	0150893604	W-2	NC	Open	12/28/2018	01/31/2017	06/30/2017	\$1,959.00	\$1,959.00		
2100009132	0150893604	W-2	CE	Open	05/10/2024	06/01/2017	06/30/2017	\$100.00	\$80.00		
4100009204	0150893604	W-2	IV	Open	06/21/2024	01/31/2017	02/23/2017	\$245.00	\$245.00		
											•

IPV Sanctions										
	Sanction Number	Program	Occurrence	Sanction/Penalty Period	Begin Date ↓	End Date	Delete Code			
	1288	W-2	1	6	03/01/2017	08/31/2017				



#### Individual Detail: Comments

omments							
		+ Add Con	nment 🔀	A Export to PDF			
Comment Text		Created By	Created On				
reduced dunning to 1		DestineyBrown TEST	09/12/2024				
updated PO Box #		DestineyBrown TEST	09/12/2024				
Claim 4100009204 - OP \$245		NengThor TEST-INTD	06/20/2024				
Claim 2100009132 - Test claim		Gage M Winkelmann	05/09/2024				
Q Pause Recovery Entered - RHN - Claim 2000000702 - PIN 0585099	9731 - Petitioner's Re-hearing request on CCO-202324 (Ariel) has beer	SheilaPostler Test-Coll	. 10/30/2023				
	All Comments			n x			
	Created by DestineyBrown TEST-COLLMGR on 09/12/						
	updated PO Box #	Created by D	DestineyBrown TEST-C	OLLMGR on 09/12/2024			
	Claim 4100009204 - OP \$245	Create	ed by NengThor TEST-	INTDUAL on 06/20/2024			
	3 Claim 2100009132 - Test claim	c	Created by Gage M Wi	nkeimann on 05/09/2024			
	Pause Recovery Entered - RHN - Claim 2000000702 - PIN 0585099731 - granted.	Created L Petitioner's Re-hearing reque	by SheilaPostler Test-C st on CCO-202324 (	ollectMgr on 10/30/2023 Ariel) has been			

#### Claim Detail: Claim Information, Liable Individuals

#### Claim Detail #1900277931

Claim Information

#### © 💾 📿 🏴 **🕤**

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	Claim Number	1900277931				Initial Claim	Amount	\$	\$1,583.00	
Progra	am/SubProgram	FS - FOODSHARE				Adjusted	Amount		\$0.00	
-	Error Type	CLIENT ERROR				Adjusted Claim	Amount	4	\$1,583.00	
	Claim Source	PreBRITS				Total Cash I	Payment		\$80.00	
Overpayı	ment Reason(s)	OTH - Other				Total Re	ecouped	\$	\$1,583.00	
	Creation Date	6/3/2008				Total C	ollected	9	\$1,663.00	
Origi	inal Notice Date	6/3/2008				Outstanding	Balance		\$0.00	
Over	payment Period <table-cell></table-cell>	4/1/2007 - 3/31/2008				Refunded	Amount		\$0.00	
	Claim Office 😧	5040 - MILWAUKEE ENRO	ULLMENT SERVIO	CES		Write-off Reque	est Form https://	/dcf.wisco	nsin.gov/forms	
	Case Number	1102645788				*Workshee	et			
F	Referral Number									
le Individua	als									
All Individuals	C Liable Individua	Is 🔍					Lpp4	iable Indiv		ia
1	Name		Case Number	Case Open	RPA Returned	Stop Recovery	OP Notice Date	Liable	Last Recovery Date	
505022649	JESSIE-MSK SANC	HEZ-MSK	1102645788	No	No		6/3/2008	Y	4/30/2018	T
5022614	DOMINIQUE-MSK	WALKER-MSK	1102645788	No	No		6/3/2008	Y		

No



#### **Claim Detail:** Payments and Recoupments

Payment History											^
									2	Post Manual Pays	ment
Posted Date 👃	Amount	Source	PIN	Name		Worker	Adj. Date	Transaction	Action Date	Action Worker	
4/30/2018	\$20.00	RST	1505022649	022649 JESSIE-MSK SANCHEZ-MSK		Migrated-User					
4/30/2018	\$20.00	RST	1505022649	JESSIE-MSK SANCHEZ-MS	ĸ	Migrated-User					
Recoupment Hist	orv										^
	,										8
Posted Date ↓	Benefit Pe	Benefit Period Date Recoupment Amount		Туре	Override	Case Number	Primary Pe	rson	L		
7/18/2011	8/1/2011	8/1/2011 \$1.00		RCP	No	1102645788	DOMINIQU	JE-MSK WALKER-	MSK		
6/16/2011	7/1/2011		\$52.00		RCP	No	1102645788	DOMINIQU	JE-MSK WALKER-	MSK	
5/17/2011	6/1/2011		\$52.00		RCP	No	1102645788	DOMINIQU	JE-MSK WALKER-	MSK	
4/15/2011	5/1/2011		\$52.00		RCP	No	1102645788	DOMINIQU	JE-MSK WALKER-	MSK	-

All Payment Hi	istory				
Posted Date	Amount	Source	PIN	Name	Worker
4/30/2018	\$20.00	RST	1505022649	JESSIE-MSK SANCHEZ-MSK	Migrated-User
4/30/2018	\$20.00	RST	1505022649	JESSIE-MSK SANCHEZ-MSK	Migrated-User
4/12/2018	\$20.00	RST	1505022649	JESSIE-MSK SANCHEZ-MSK	Migrated-User
4/12/2018	\$20.00	RST	1505022649	JESSIE-MSK SANCHEZ-MSK	Migrated-User



#### Claim Detail: Refund Information and Comments

Refund Information									~
Refund Created Date 👃	Refund Amount	Refund Issued Date	Refund Type	Worker	PIN	Name			
10/31/2024	\$42.50								
8/28/2024	\$13.73	9/10/2024	Cash Refund	AprilFerstl TEST-STLMT	6508031066	ARLYNE-M	ISK A LEWIS	-MSK	
									-
Comments									~
Commonto									
						+ Add Comm	ient 💱	🔎 Expo	ort to PDF
Comment Text					Created By		Created On		
									-



# **Creating a Claim**

When an overpayment has been identified and entered into the BRITS referral, you can use the Create Claim button to begin establishing the claim.

The placement of the Create Claim button varies depending on the referral type.

For both Fraud and Client Error claims, the Create Claim button can be found in the Claim Determination section of the Post Investigation Tab.

Referral Detail #3300001	Referral Detail #3300001293										
Claim Determination											
Claim Needed?	Yes X 🔻	Assignment Type	PACU	×( •	)						
Date of Discovery 🕢		*Assigned To	AprilFerstl TEST-STLMT	×(•	)						
Assigned Date	09/09/2024										
Claim Created	Create FS Claim										



# **Creating a Claim**

For Administrative/Agency Error claims, the button can be found directly in the Referral Information section of the BRITS referral.

Referral Detail #13000	01291			H	$S \mid$	n li	<b>🗢</b>
Referral Information							^
Referral Number	1300001291	Status	Assigned				
Referral Type 🕢	Agency Error Claim	Created By	AprilFerstl TEST-STLMT				
Referral Source 🚱	Case Review	Created On	09/09/2024				
From Date 🚱		Referral Creation Office 🕢	5099 - PACU				
To Date 🚱							
Investigation Reasons 🚱	Agency Error						
External Programs 😮	Select External Programs						
Program Area	FS	Claim Created	Create Claim				
Claims Specialist	AprilFerstl TEST-STLMT × ( •	Void					

## **Creating a Claim**

Clicking the Create Claim button will open the Create Claim page. This page is where you can record claim-specific details and attach the Overpayment Worksheet.

Create Claim					ន 🛛	•	
Claim Information						 	^
Claim Number	Unassigned		Referral Information				
Case Number	1151403016		Referral Number Program	33000	01293 FS		
*Program/Subprogram		( •	Claim Referral Date	09/09	9/2024		
*Overpayment Reason			Claim Determination User	AprilFerstITEST-S	TLMT		
*AG Sequence Number		•	Claim Creation Office 🚱	5099 - PACU			
Overpayment Period 🕢	*From		Created By	AprilFerstl TEST-STLMT			
	*То	Ĵ	Creation Date	09/09/2024			
*Claim Office 🕢		( •	Void				
County of Residence	40 - MILWAUKEE COUNTY		*Worksheet	▲ Upload Worksheet			
*Error Type							
*Claim Amount							

#### **Select Liable Individuals**

Individuals								
					Select Liable	Individual(s)	Add Liab	le Individ
	Full Name ↑		SSN	Date of Birth	Address	Confirm Adr.	Addtl. Adr.	
*Claim C	Office 🕜 5099 - PACU	× [ •		Sa	mple Worksheet (2)	) ×		
Select Liable	e Individuals						□ ×	
	Case Number	1151403016						
	Program/Subprogram	FS-FOODSHARE						
	Overpayment Period	02/01/2024-06/30/2024						
PIN	Full Name	SSN	Date of Birth	Rel. Cod	e Part. Code		Select	vidual
1586074334	FATHER T	XXX-XX-6328	01/01/1977	PP	EA			
						O Update	O Cancel	

#### Add Liable Individuals

						Select Liable	lndividual(s)	🕀 Add Liab	e Individua
	Full Name ↑		SSN	Date	of Birth	Address	Confirm Adr.	Addtl. Adr.	
Add	Liable Individual							□ ×	
	*PIN	5100706139		Verify					
	Full Name	MARGE SIMPSON							
	SSN	XXX-XX-3494							vic
	Date of Birth	01/01/1970							
									- 6



# Verify Liable(s) and Confirm Address

Liable Individuals								^
		Select Liable	Individual(s)	Add Liable In	dividual			
PIN	Full Name ↑	SSN	Date of Birth	Address	Confirm Adr.	Addtl. Adr.		
1586074334	FATHER T	XXX-XX-6328	01/01/1977	i 🧪		+	×	•
5100706139	MARGE SIMPSON	XXX-XX-3494	01/01/1970	í		+	×	
								Ŧ

Liable Individuals										^
			$\odot$	Selec	Add Liable Ir	ndividual				
PIN	Full Name ↑	SSN	Notice Mailing Address		Add	ress	Confirm Adr.	Addtl. Adr.		
1586074334	FATHER T	XXX-XX-63	Updated: 03/09/2005		í	1		+	×	-
5100706139	MARGE SIMPSON	XXX-XX-34	MARGE SIMPSON	•	í			+	×	
			1 W WILSON ST PO BOX 7850 MADISON WI 53707-7850							-



#### **Comment and Save the Claim**

Comments					^
	+ Add Comm	nent 🔀	Expor	t to PDF	-
Comment Text	Created By	Created On			
Q Comments Section is universal across the application. You can add comments, expand All comments and export them to a PDF if needed.	AprilFerstl TEST-STLMT	09/13/2024	Î	×	-
					Ψ.





### **Complete the Referral**

Referral Detail #3300001	293			H.	$\boldsymbol{\mathcal{S}}$	.lt	0
Investigation Complete	09/09/2024 - AprilFerstl TEST-STLMT						
Post Investigation							^
FS							
Claim Determination							
Claim Needed?	Yes X ( •	Assignment Type	PACU	×(•			
Date of Discovery 🕢		*Assigned To	AprilFerstl TEST-STLMT	<b>×</b> ( <b>v</b> )			
Assigned Date	09/09/2024						
Claim Created	✓ ① Create FS Claim						



#### **Case Detail**

Case Detail	#11514030	16								۳ (	•
Case Information											^
Ca	se Number	1151403016				Case Of	ffice	5040 - Milwaukee Enrollment Serv	vices		
Prima	ary Person	FATHER T				Program Co	odes 😧				
Cas	se Address	6055 N 64Th Stree Milwaukee WI 532	055 N 64Th Street lilwaukee WI 53218-1547			Individuals \ Liable Cla	With aims	5100706139 MARGE SIMPSON 1586074334 FATHER T (P)			
Referral Information	o pen Referrals ◯	Closed Referrals	0								^
							_				
Referral Number	•			Status Post Investigation In P	ragrass		Type				
											~
Claim Information											^
All Claims  Oper Collection Fee (CF)	n Claims OClo claims are not d	osed Claims ()	Detail pag	ge. Please see Individua	l Detail page.						
Claim Number	Case Number	Program Code	Туре	Status	Notice Date ↑	OP From	OP To	Adj. Claim Amt. Outsta	anding Bal.	Liable #	
6100009366	1151403016	FS	IV	Pending		02/01/2024	06/30/202	4 \$1,100.00 \$1,100	0.00		



# **Overpayment Notice**

- Uploaded Worksheet will be attached in automated process to overpayment notice
  - Important to upload correct documents
- Agency Information will appear as Claim Creation Office or Consortia
  - Provided by DHS Policy Staff





#### Modify Claim (60 days)

Son THE STAT	Benefit Reco	verv Investig	nation Tracking S	TS)	✓ Webl Reports & User Guide				CCOR BRITS User Manu					
	Release Version: Version: 1.6.1.2	R1.22.03.04 Er	ivironment: UAT						Las	Logged ir st logged i	n as AprilF in on 09/11	Ferstl TES 1/2024 at	ST-STLI 01:08	MT om
Home	Advanced Search	Workload	Create Referral	Collections	•		Ref	erral	Sea	arch				٩
E Claim	) Detail #6100009	366							©	H	<b>S</b>		•	
Claim Infor	mation													^
	Claim Number	6100009366				Initial Claim	n Amount		\$1,10	00.00				
Pr	ogram/SubProgram	FS - FOODSHAF	RE			Adjusted	d Amount		\$	60.00				
	Error Type	INTENTIONAL P	ROGRAM VIOLATION			Adjusted Claim	n Amount		\$1,10	00.00				
	Claim Source	Case Review				Total Cash	Payment		\$	60.00				
Over	rnavment Reason(s)		Total R	Recouped		\$	60.00							
Over		9/9/2024				Total (	Collected		\$	60.00				
	Creation Date	5/5/2024				Outstanding	Balance		\$1.10	00.00				
(	Original Notice Date	9/10/2024				Refunded	d Amount		\$1,10	60.00				
c	Overpayment Period 📀	2/1/2024 - 6/30/2	024											
	Claim Office 😮	5099 - PUBLIC A	SSISTANCE COLLECTI	ON SECTIO		Write-off Requ	lest Form Int	ps://act.w	sconsin.(	gov/torms				
	Case Number	1151403016				*Workshe	eet San	ple Work	sheet (2).	.pdf				
	Referral Number	3300001293												
				Modify Claim										
Liable Indiv	viduals													^
All Individ	tuals O Liable Individua	ls 🔍					( A	dd Liable	ndividua	Θ	Remove L	iable Ind	lividual	
PIN	Name		Case Numbe	r Case Open	RPA Returned	Stop Recovery	OP Notice D	ate Liab	le La	st Recove	ery Date	DELQ	. Date	
15860743	AND STATES T		1151403016	No	No		9/10/2024	Y						-
51007061	39 MARGE SIMPSON		5700345854	NO	NO		9/10/2024	Y						



# **Modify Claim**

	^
	•
ndividual	
Q. Date	
	ndividual _Q. Date

# **Modify Claim**

Home	Advanced Search	Workload	Create Referral	Collections +		Referral	• s	earch			۹
🔚 Claim	Detail #6100009	366					G	H.	S	•	
Claim Infor	mation									 	^
0 E 0 ( 0 (	Error Type changed from IN Overpayment Begin/End D Claim Amount adjusted from	NTENTIONAL PRO ates for the claim I m \$1,100.00 to \$80	OGRAM VIOLATION to C has been modified to 3/1/ 00.00 due to New Informa	LIENT ERROR. 2024 - 5/30/2024. tion							
	Claim Number	6100009366			Initial Claim Amount	:	\$1, <sup>-</sup>	100.00			
Pr	ogram/SubProgram	FS - FOODSHAF	RE		Adjusted Amount		\$:	300.00			
	Error Type	CLIENT ERROR			Adjusted Claim Amount		\$8	300.00			
	Claim Source	Case Review			Total Cash Payment			\$0.00			
Over	payment Reason(s)	FAI - Misreprese	ntation of or Failure to Pro	ovide Accura	Total Recouped			\$0.00			
	Creation Date	9/9/2024			Total Collected			\$0.00			
	Original Notice Date	9/10/2024			Outstanding Balance		\$1	300.00			
	original Notice Date	5/10/2024			Refunded Amount			\$0.00			
C	verpayment Period 🚷	3/1/2024 - 5/30/2	2024					15			
	Claim Office 🚱	5099 - PUBLIC A	SSISTANCE COLLECTI	ON SECTIO	Write-off Request Form	nttps://dci	r.wisconsii	1.gov/torn	IS		
	Case Number	1151403016			*Worksheet	Sample Wo	orksheet (2	2).pdf			
	Referral Number	3300001293									
				Modify Claim							

#### Post 60-day Claim Modifications Must be done by PACS

im Detail #610000	9366		© 💾
Information			
Claim Number	6100009366	Initial Claim Amount	\$1,100.00
Program/SubProgram	FS - FOODSHARE	Adjusted Amount	\$300.00
Error Type	CLIENT ERROR	Adjusted Claim Amount	\$800.00
Claim Source	Case Review	Total Cash Payment	\$0.00
	FAI - Misrepresentation of or Failure to Provide Accura	Total Recouped	\$0.00
Overpayment Reason(s)	0/0/0024	Total Collected	\$0.00
Creation Date	9/9/2024	Outstanding Palance	*000 00
Original Notice Date	9/10/2024		\$80.00
Overpayment Period 🕢	3/1/2024 - 5/30/2024	Refutitued Attrouted	\$0.00
Claim Office 🔞	5099 - PUBLIC ASSISTANCE COLLECTION SECTIO	Write-off Request Form	https://dcf.wisconsin.gov/forms
Case Number	1151403016	*Worksheet	Sample Worksheet (2).pdf
Referral Number	3300001293		

Modify Claim

#### **Remove Liable Individuals**

#### Claim Detail #6100009366

Claim Informat	ion									
	Claim Number	6100009366				Initial Claim	Amount	\$	1,100.00	
Progr	am/SubProgram	FS - FOODSHARE				Adjusted	l Amount		\$300.00	
Progra		CLIENT ERROR		Adjusted Claim	Amount		\$800.00			
	Error lype	Ocean Deview		Total Cash	Payment		\$0.00			
	Claim Source	Case Review		Total R	ecouped		\$0.00			
Overpay	ment Reason(s)	FAI - Misrepresentation of	or Failure to Provi	de Accura		Total (	Collected		\$0.00	
	Creation Date	9/9/2024								
Orig	inal Notice Date	9/10/2024				Outstanding	Balance		\$800.00	
Over	navment Period	3/1/2024 - 5/30/2024				Refunded	l Amount		\$0.00	
Over	payment Period 😈					Write-off Requ	est Form https://	dcf.wiscon	nsin.gov/fo	orms
	Claim Office 🕢	5099 - PUBLIC ASSISTAN	ICE COLLECTION	SECHO		*Workshe	et Sample	Worksheet	t (2) ndf	
	Case Number	1151403016				Workshe	et oumpio	Tononeer	r (2).pui	
F	Referral Number	3300001293								
				Modify Claim						
Liable Individu	als								_	
All Individuals	SO Liable Individua	als 🔍					🕀 Add L	iable Indivi	idual	Remove L
PIN	Name		Case Number	Case Open	RPA Returned	Stop Recovery	OP Notice Date	Liable	Last Re	ecovery Date
1586074334	FATHER T		1151403016	No	No		9/10/2024	Y		
			E70024E0E4	No	No		0/10/2024	V V		

 $\boldsymbol{c}$ 

#### **Remove Liable Individuals**

Re	emove Liable Indivi	dual					×				
	F	PIN	Name				SS	N	D	ОВ	
	1	1586074334	FATHER T				XXX-XX	(-6328	1/01	/1977	-
	<b>2</b> 5	5100706139	MARGE SIMPSON				XXX-XX	(-3494	1/01	/1970	
*R	emoval Reason	Bankruptcy	•	]							•
		Deceased System Error							✓ Update	O Cano	:el
	Name	Fair Hearing Deter	mination	Case Open	RPA Returned	Stop Recovery	OP Notice Date	Liable	Last Recove	ery Date	DELQ.
34	FATHER T	Agency Review		No	No		9/10/2024	Y			
39	MARGE SIMPSON		0700340804	No	No		9/10/2024	Y			



#### **Remove Liable Individuals**

Claim De	etail #6100009	366						<u> </u>	)	$S_{}$		•	L,
aim Informati	ion												
∘ PIN -	5100706139 - MARG	GE SIMPSON was removed	from being liable fo	or claim due to r	eason Agency Rev	iew.							
	Claim Number	6100009366				Initial Claim	Amount	\$1	,100.00				
Progra	am/SubProgram	FS - FOODSHARE				Adjusted	Amount		\$300.00				
-	Error Type	CLIENT ERROR				Adjusted Claim	Amount		\$800.00				
	Claim Source	Case Review				Total Cash	Payment		\$0.00				
Overpavi	ment Reason(s)	FAI - Misrepresentation of	or Failure to Provi	de Accura		Total R	ecouped		\$0.00				
	Creation Date	9/9/2024				Total (	Collected		\$0.00				
Origi	inal Notice Date	9/10/2024				Outstanding	Balance		\$800.00				
Over	navment Period	3/1/2024 - 5/30/2024				Refunded	Amount		\$0.00				
Over		5099 - PUBLIC ASSISTAN		SECTIO		Write-off Requ	est Form https:/	/dcf.wiscons	sin.gov/form	ns			
		1151403016				*Workshe	et Sample	Worksheet	(2).pdf				
	Case Number	1101400010											
R	Referral Number	3300001293											
				Modify Claim									
ble Individua	als												
II Individuals	Liable Individua	als O					🕀 Add L	iable Indivi	iual	Remove	e Liable	Individu	al
IN	Name		Case Number	Case Open	RPA Returned	Stop Recovery	OP Notice Date	Liable	Last Reco	overy Date	e DE	ELQ. Dat	е
586074334	FATHER T		1151403016	No	No		9/10/2024	Y					ī
100706139	MARGE SIMPSON		5700345854	No	No		9/10/2024	Ν					

# **Claim I**

				Home	Advanced Search	Workload	Create Referral	Collections +			R	eferral 👻 Sea	rch
am			lory	Clair	m Detail #61000093	366						C	H S
				Claim Info	ormation							De	tail/History
Claim History #	6100	009366							G	C		🗢 🚔	
aim Information - Refe	rral Cla	im										^	
	Claim I	Number	6100009366			Initial Cla	im Amount	\$1,100.00					
Program	n/SubP	rogram	FS - FOODSHARE			Tot	al Adjusted	\$300.00					
	Err	or Type	CLIENT ERROR		A	djusted Cla	im Amount	\$800.00					
Overpa	ayment	Period	03/01/2024 - 05/30/2024			Tota	I Collected	\$0.00					
Earlie	st Noti	ce Date 🚱	09/10/2024			Outstandi	ng Balance	\$800.00					
	Case I	Number	1151403016										
Claim (	Office I	Number 📀	5099 - Public Assistance Collection Sections										
able Individuals													
PIN	Name												
1586074334 F	FATHER	RT		\$									
aim History Activity												^	
Activity	T	Description					T Action	Date \downarrow 📍 🕇	Worker			T	
iability		PIN - 51007 Review.	706139 - MARGE SIMPSON was removed from	peing liat	ble for claim due to	reason Age	ncy 09/13/2	2024	AprilFerstl	TEST-ST	LMT		
laim Adjustment		Claim Amou	unt adjusted from \$1,100.00 to \$800.00 due to N	ew Inform	nation		09/11/2	2024	AprilFerstl	TEST-ST	LMT		
overpayment Period		Overpayme	nt End Date changed from 6/30/24 to 5/30/24				09/11/2	2024	AprilFerstl	TEST-ST	LMT		
Overpayment Period		Overpayme	ent Begin Date changed from 2/1/24 to 3/1/24				09/11/2	2024	AprilFerstl	TEST-ST	LMT		
Error Type		Error Type	changed from INTENTIONAL PROGRAM VIOLA	TION to	CLIENT ERROR.		09/11/2	2024	AprilFerstl	TEST-ST	LMT	-	

## **Client Correspondence**

OF THE STAL	Benefit Reco	verv Investiv	nation Tracking S	System (BRITS)	🌱 Webl Reports & User	Guide	CCOR	BRITS User Manual	😃 Logout
	Release Version: I Version: 1.6.1.2	Logged in as AprilFerstI TEST-STLI Last logged in on 09/11/2024 at 03:11 p							
Home	Advanced Search	Workload	Create Referral	Collections -	R	eferral	- Se	arch	٩

Accessible from any page in BRITS, with ability to search for *Claim related notices only* by PIN or Case.

If accessed from the Case Detail page, search results will autopopulate with Case Search Result

If accessed from the Individual Detail page, search results will autopopulate with PIN Search Result



### **Client Correspondence**

🔠 Client Corr	espondence Histor	у								$\boldsymbol{\mathcal{S}}$		ᢒ
Search Criteria												^
	Search By:	Case Number										
										$\odot$	Search	
Notice Address Hi	story											^
Last Notice Date	↓ Address				Address Source	Address Type		Updated Da	te Updated By			
												-
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Search Results												^
Notice Date 👃	Created By		Notice Type	Name	е		PIN	Claim Account	Notice Address	Ret	urned	
							1					-
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#### **Client Correspondence**

Client Correspondence is available for claim related notices only.												
Client Correspondence History												
Search Criteria										^		
	Search By:	Case Number	128416807									
									Search	1		
Notice Address History												
Last Notice Date	↓ Address			Address Source	Address Type		Updated Da	te Updated By	ed By			
11/04/2024	549, N Additional Addre 53481	ss type 1 ST SW 666,Pit	ttsville, WI,	PIN - 0507902009	BRITS Additio	onal Notice Address	07/08/2024	KentEllis TE	ST-IMINTINV			
10/04/2024	123, Original Address 8 , WI , 55555-5555	CASE COPIED ON 2023-	-10-05, MADIS(	DN PIN - 0507902009	BRITS Mailing	g Address	07/08/2024	KentEllis TE	ST-IMINTINV			
10/02/2024	1009, Mountain BLF ,	/iroqua, WI, 53700-1009	9	PIN - 0507902033	BRITS Additio	onal Notice Address	6 04/04/2024	AprilFerstl TE	EST-	•		
Search Results	Search Results											
Notice Date 👃	Created By	Notice	Туре М	Name PIN C			Claim Account	Notice Address	Returned			
11/04/2024	System-Updated	Dunnin	g Notice E	EARNEST-MSK MARTINEZ-MSK 0507902		0507902009	CC	í				
11/04/2024	System-Updated	Dunnin	g Notice E	EARNEST-MSK MARTINEZ-	TINEZ-MSK 0507902009 CC		<u>(i)</u>		_			
10/04/2024	System-Updated	RPA	E	EARNEST-MSK MARTINEZ-	MSK	0507902009	CC	Notion Adda	2001			
10/04/2024	System-Updated	RPA	E	EARNEST-MSK MARTINEZ-	MSK	0507902009	CC	Notice Address:				
10/02/2024	System-Updated	Dunnin	g Notice C	GAYLENE-MSK MARTINEZ-	MSK	0507902033	CC	Type: CLOS	ED CASE ADDRE	SS		
10/02/2024	System-Updated	Dunnin	g Notice	GAYLENE-MSK MARTINEZ-	MSK	0507902033	CC	Source: CASE				



Source No: 1151403016 Updated: 6/17/2024 Address: 6055 N 64TH STREET MILWAUKEE WI 53218-1547

## **FoodShare Notice Changes: RPA**

#### FoodShare Repayment Agreement

#### Recommended Amount Calculated at 3% of Outstanding Balance or \$20.00, which ever is greater

#### **Due Date** = Last BUSINESS DAY of the Month the notice is sent

SECTION 1	Payment Options									
Option 1: Make Monthly Payments at the Recommended Amount										
I agree to mak until my overpay	e monthly payments at the recommended amount ment is paid in full.	Recommended Monthly Payment Amount: \$107.00								
Option 2: Make Monthly Payments at a Different Amount										
l agree to make monthly payments of another amount until my overpayment is paid in full. Monthly Payment Amount: \$										
You must pay at	least \$20 per month per responsible individual. You	u cannot pay less than \$20 per month.								
Option 3: Retu	rn of Funds from your EBT Card									
I agree to a one-time voluntary return of FoodShare benefits. (You must make a second selection if this amount is less than the claim amount.) Amount of benefits to be returned:										
Option 4: Increase monthly Benefit Reduction (FoodShare Case Must be Open)										
I am currently more than the m pay this overpay	getting FoodShare benefits, and I agree to have andatory amount taken from my benefits monthly to ment.	Total Monthly benefit allotment returned: \$								



#### **FoodShare Notice Changes:** Removal of Dunning, Addition of FS Delinquency Notice

No Dunnings will be issued for FoodShare.

If any one payment is missed at any point, the claim will become delinquent, and a Delinquency Notice is mailed.

Provides member one last opportunity to contact us prior to tax intercept certification.

#### Your FoodShare Repayment Is Late

You were sent a notice and a repayment agreement telling you to repay FoodShare benefits you should not have gotten (this is called an overpayment). You did not pay the amount due and/or return your repayment agreement by <Delinquency Date: XX/XX/XXX>. You owe <\$>.

Since you did not pay back the FoodShare benefits you were not supposed to get, we will refer this debt to the Department of Revenue (DOR). This means that the amount you owe may be taken or deducted from any State income tax refund and credits. We also may refer your debt to the United States Treasury. This means the amount you owe may be taken or deducted from any federal refunds and credits you have in the future.

You may still have an opportunity to avoid these deductions. If your FoodShare case is open or reopens, your benefits will be reduced the next month you get benefits. If you remain on FoodShare, your benefits will be reduced until you have paid back the full amount owed. If your FoodShare benefits end, the amount you owe may be deducted from your State and/or Federal tax refunds and credits. If you have questions about your participation in FoodShare, please contact your agency.

Please contact the Public Assistance Collection Section (PACS) at 1-800-943-9499 to discuss your payment options or any other questions regarding this notice.



# **FoodShare Notice Changes:**

**Benefits Closed - Payment Reminder** 

#### Only sent for FS when:

- 1. RPA was returned
- 2. Benefits Reopen
- 3. Benefits Close
- 4. Claim/s is Not Delinquent
- 5. RPA is required to resume

#### **Benefits Closed – Payment Required**

You are no longer receiving <<program type>> benefits, therefore we are not able to recoup from your benefits as payment towards your outstanding overpayment claim.

You are now responsible to resume payments of \$<XXX.XX>> as agreed upon in the repayment agreement you signed and returned to our office on <<XX/XX/XXX>>.

Your next payment of at least <<\$XXX.XX>> is due by xx/xx/xxxx.



#### **Questions ?**

