

BRITS Phase 2

Updates and Changes

IMAC Presentation

11/21/2024



Wisconsin Department of Children and Families

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

Case Detail #0128416807



Case Information

Case Number 0128416807

Case Office 5040 - Milwaukee Enrollment Services

Primary Person GAYLENE-MSK MARTINEZ-MSK

Program Codes

Case Address 123 Masking 8
Case Copied On 2023-10-05
Madison WI 55555-5555

Individuals With
Liable Claims
0507902009 EARNEST-MSK MARTINEZ-MSK
0507902033 GAYLENE-MSK MARTINEZ-MSK (P)
0507902041 EARNEST-MSK MARTINEZ-MSK

Referral Information

All Referrals Open Referrals Closed Referrals

| Referral Number ↓ | Status | Type |
|-------------------|--------------------------------|---------------------|
| 9000229309 | Post Investigation In Progress | Claim Investigation |

Claim Information

All Claims Open Claims Closed Claims

Collection Fee (CF) claims are not displayed on Case Detail page. Please see Individual Detail page.

| Claim Number | Case Number | Program Code | Type | Status | Notice Date ↑ | OP From | OP To | Adj. Claim Amt. | Outstanding Bal. | Liable # |
|--------------|-------------|--------------|------|--------|---------------|------------|------------|-----------------|------------------|----------|
| 100000961 | 0128416807 | CC | NC | Open | 04/05/2024 | 09/03/2020 | 09/13/2020 | \$400.00 | \$300.00 | 2 |
| 3100009213 | 0128416807 | FS | CE | Open | 07/09/2024 | 08/01/2023 | 01/30/2024 | \$8,465.24 | \$8,395.24 | 3 |

| PIN | Name | DateOfBirth |
|------------|----------------------------|-------------|
| 0507902009 | EARNEST-MSK A MARTINEZ-MSK | 04/13/1959 |
| 0507902033 | GAYLENE-MSK E MARTINEZ-MSK | 11/13/1989 |



Individual Detail:

PIN Information, Mailing Address(es), Representatives

Individual Detail #0507902009     

PIN Information

| | | | |
|------------------------|--------------------------|---------------|------------|
| Full Name | EARNEST-MSK MARTINEZ-MSK | Date of Birth | 04/13/1959 |
| PIN Number | 0507902009 | Language | English |
| Social Security Number | XXX-XX-5982 | | |

Mailing Address(es)

| Address Source | 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 | | |
| BRITS Mailing Address | 123 Original Address 8, CASE COPIED ON 2023-10-05, MADISON, WI, 55555-5555 | 07/08/2024 | | | |
| BRITS Additional Notice Address  | 549 N Additional Address type 1 St SW 666, Pittsville, WI, 53481 | 07/08/2024 | | | |

Representative Information

Active Reps All Reps + Add BRITS Financial Representative

| Rep Type | Name ↑ | Address | Phone | Date Added ↓ | Date Auth. | Edit Rep | Invalid |
|----------|--------|---------|-------|--------------|------------|----------|---------|
|----------|--------|---------|-------|--------------|------------|----------|---------|

Representative Information 

Active Reps All Reps + Add BRITS Financial Representative

| Rep Type | Name ↑ | Address | Phone | Date Added ↓ | Date Auth. | Edit Rep | Invalid |
|--|----------------------|--|----------------|--------------|------------|----------|---------|
| Legal Guardian  | COFFEY-MSK GREER-MSK | 123 MASKING 8, APT. 8, MADISON, WI, 55555-5555 | (555)-555-5555 | 03/21/2016 | 03/21/2016 | | |



Individual Detail: Claim Summary

Claim Accounts

Claim Summary RPA Summary

| Account | Claim Count | Orig. Claim Amt. | Adj. Claim Amt. | Outstanding Bal. | Delinquency | Stop Status | Restart | Renotify | Recovery Action |
|--------------|-------------|-------------------|-------------------|------------------|-------------|-------------|---------|----------|-----------------|
| FS | 2 | \$1,011.00 | \$1,007.59 | \$965.47 | CRES | ✖ | | | |
| MA | 1 | \$627.67 | \$627.67 | \$0.00 | CRES | | | | |
| Total | 3 | \$1,638.67 | \$1,635.26 | \$965.47 | | | | | |

Stop/Pause Recovery
Reason: Under Review
Date Added: 10/30/2024
By User: AprilFersti TEST-STLMT



Individual Detail: RPA Summary

Claim Accounts

Claim Summary **RPA Summary**

| Account ↑ | Sent Date | Return Date | Install. Amt. | Recouping? | Dunnings | DELQ. Date | New RPA | 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**

| Account ↑ | Sent Date | Return Date | Install. Amt. | Recouping? | Dunnings | DELQ. Date | New RPA | RPA Reset |
|-----------|-----------|-------------|---------------|------------|----------|------------|---------|-----------|
| FS | 7/1/2024 | 7/17/2024 | \$20.00 | ✓ | 0 | | | |

Recouping Information

RCP Case No: 3151423132
Last RCP Date: 08/16/2024
Last RCP Amt. Pd.: \$30.00
Benefit Period Date: 07/01/2024

Recoupment Override

No Override Present



Individual Detail: Claim Information and Sanctions

Claim Information ^

All Claims Open Claims Closed Claims

| Claim Number | Case Number | Program Code | Type | Status | Notice Date ↑ | OP From | OP To | Adj. Claim Amt. | Outstanding Bal. | Liabe # | |
|----------------------------|----------------------------|--------------|------|--------|--|------------|------------|-----------------|------------------|---------|---|
| 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

| Comments | | | |
|---|----------------------------|------------|--|
| 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 | |
| Pause Recovery Entered - RHN - Claim 2000000702 - PIN 0585099731 - Petitioner's Re-hearing request on CCO-202324 (Ariel) has been | SheilaPostler Test-Coll... | 10/30/2023 | |

[+ Add Comment](#) [Refresh](#) [Export to PDF](#)

All Comments

reduced dunning to 1 *Created by DestineyBrown TEST-COLLMGR on 09/12/2024*

updated PO Box # *Created by DestineyBrown TEST-COLLMGR on 09/12/2024*

Claim 4100009204 - OP \$245 *Created by NengThor TEST-INTDUAL on 06/20/2024*







Claim 2100009132 - Test claim *Created by Gage M Winkelmann on 05/09/2024*

Pause Recovery Entered - RHN - Claim 2000000702 - PIN 0585099731 - Petitioner's Re-hearing request on CCO-202324 (Ariel) has been granted. *Created by SheilaPostler Test-CollectMgr on 10/30/2023*



Claim Detail: Claim Information, Liable Individuals

Claim Detail #1900277931

Claim Information

| | |
|-----------------------|--------------------------------------|
| Claim Number | 1900277931 |
| Program/SubProgram | FS - FOODSHARE |
| Error Type | CLIENT ERROR |
| Claim Source | PreBRITS |
| Overpayment Reason(s) | OTH - Other |
| Creation Date | 6/3/2008 |
| Original Notice Date | 6/3/2008 |
| Overpayment Period | 4/1/2007 - 3/31/2008 |
| Claim Office | 5040 - MILWAUKEE ENROLLMENT SERVICES |
| Case Number | 1102645788 |
| Referral Number | |

| | |
|-----------------------|------------|
| Initial Claim Amount | \$1,583.00 |
| Adjusted Amount | \$0.00 |
| Adjusted Claim Amount | \$1,583.00 |
| Total Cash Payment | \$80.00 |
| Total Recouped | \$1,583.00 |
| Total Collected | \$1,663.00 |
| Outstanding Balance | \$0.00 |
| Refunded Amount | \$0.00 |

[Write-off Request Form](https://dcf.wisconsin.gov/forms)

[*Worksheet](#)

Liable Individuals

All Individuals
Liable Individuals

[+ Add Liable Individual](#)
[- Remove Liable Individual](#)

| PIN | Name | Case Number | Case Open | RPA Returned | Stop Recovery | OP Notice Date | Liable | Last Recovery Date | DELQ. Date |
|------------|--------------------------|----------------------------|-----------|--------------|---------------|----------------|--------|--------------------|------------|
| 1505022649 | JESSIE-MSK SANCHEZ-MSK | 1102645788 | No | No | | 6/3/2008 | Y | 4/30/2018 | 12/1/2008 |
| 1505022614 | DOMINIQUE-MSK WALKER-MSK | 1102645788 | No | No | | 6/3/2008 | Y | | |



Claim Detail: Payments and Recoupments

| Payment History | | | | | | | | | |
|-----------------|---------|--------|------------|---------------------------|---------------|-----------|-------------|-------------|---------------|
| Posted Date ↓ | Amount | Source | PIN | Name | Worker | Adj. Date | Transaction | Action Date | Action 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 | | | | |

| Recoupment History | | | | | | |
|--------------------|---------------------|-------------------|------|----------|-------------|--------------------------|
| Posted Date ↓ | Benefit Period Date | Recoupment Amount | Type | Override | Case Number | Primary Person |
| 7/18/2011 | 8/1/2011 | \$1.00 | RCP | No | 1102645788 | DOMINIQUE-MSK WALKER-MSK |
| 6/16/2011 | 7/1/2011 | \$52.00 | RCP | No | 1102645788 | DOMINIQUE-MSK WALKER-MSK |
| 5/17/2011 | 6/1/2011 | \$52.00 | RCP | No | 1102645788 | DOMINIQUE-MSK WALKER-MSK |
| 4/15/2011 | 5/1/2011 | \$52.00 | RCP | No | 1102645788 | DOMINIQUE-MSK WALKER-MSK |

| All Payment History | | | | | | |
|---------------------|---------|--------|------------|------------------------|---------------|--|
| 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 | AprilFersti TEST-STLMT | 6508031066 | ARLYNE-MSK A LEWIS-MSK |

Comments

[+ Add Comment](#) [↻](#) [📄 Export 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 #3300001293

Claim Determination

| | | | |
|---------------------|---|-----------------|------------------------|
| Claim Needed? | Yes | Assignment Type | PACU |
| Date of Discovery ? | | *Assigned To | AprilFerstl TEST-STLMT |
| Assigned Date | 09/09/2024 | | |
| Claim Created | <input type="checkbox"/> + 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 #1300001291

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 | <input type="checkbox"/> ⊕ Create Claim |
| Claims Specialist | AprilFerstl TEST-STLMT | Void | <input type="checkbox"/> |



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

Claim Information

| | |
|----------------------|---|
| Claim Number | Unassigned |
| Case Number | 1151403016 |
| *Program/Subprogram | <input type="text"/> |
| *Overpayment Reason | <input type="text"/> |
| *AG Sequence Number | <input type="text"/> |
| Overpayment Period ? | *From <input type="text"/> <input type="text"/> |
| | *To <input type="text"/> <input type="text"/> |
| *Claim Office ? | <input type="text"/> |
| County of Residence | 40 - MILWAUKEE COUNTY |
| *Error Type | <input type="text"/> |
| *Claim Amount | <input type="text"/> |

Referral Information

| | |
|--------------------------|-----------------------|
| Referral Number | 3300001293 |
| Program | FS |
| Claim Referral Date | 09/09/2024 |
| Claim Determination User | AprilFerstlTEST-STLMT |

| | |
|-------------------------|---|
| Claim Creation Office ? | 5099 - PACU |
| Created By | AprilFerstl TEST-STLMT |
| Creation Date | 09/09/2024 |
| Void | <input type="checkbox"/> |
| *Worksheet | <input type="button" value="Upload Worksheet"/> |



Select Liable Individuals

Liabile Individuals

Select Liable Individual(s) Add Liable Individual

| PIN | Full Name ↑ | SSN | Date of Birth | Address | Confirm Adr. | Addtl. Adr. |
|-----|-------------|-----|---------------|---------|--------------|-------------|
|-----|-------------|-----|---------------|---------|--------------|-------------|

*Claim Office 5099 - PACU

Sample Worksheet (2)

Select Liable Individuals

Case Number: 1151403016

Program/Subprogram: FS-FOODSHARE

Overpayment Period: 02/01/2024-06/30/2024

| PIN | Full Name | SSN | Date of Birth | Rel. Code | Part. Code | Select |
|------------|-----------|-------------|---------------|-----------|------------|-------------------------------------|
| 1586074334 | FATHER T | XXX-XX-6328 | 01/01/1977 | PP | EA | <input checked="" type="checkbox"/> |

Update Cancel



Add Liabile Individuals

Liabile Individuals

Select Liabile Individual(s) Add Liabile Individual

| PIN | Full Name ↑ | SSN | Date of Birth | Address | Confirm Adr. | Addtl. Adr. |
|---|-------------|-----|---------------|---------|--------------|-------------|
| <div><h3>Add Liabile Individual</h3><p>*PIN <input type="text" value="5100706139"/> <input checked="" type="checkbox"/> Verify</p><p>Full Name <input type="text" value="MARGE SIMPSON"/></p><p>SSN <input type="text" value="XXX-XX-3494"/></p><p>Date of Birth <input type="text" value="01/01/1970"/></p><p><input checked="" type="checkbox"/> Update <input type="checkbox"/> Cancel</p></div> | | | | | | |



Verify Liable(s) and Confirm Address

Liabile Individuals

Select Liable Individual(s)

| PIN | Full Name ↑ | SSN | Date of Birth | Address | Confirm Adr. | Addtl. Adr. | |
|------------|---------------|-------------|---------------|---------|--------------------------|-------------|---|
| 1586074334 | FATHER T | XXX-XX-6328 | 01/01/1977 | | <input type="checkbox"/> | + | × |
| 5100706139 | MARGE SIMPSON | XXX-XX-3494 | 01/01/1970 | | | + | × |

Liabile Individuals

Select Liable Individual(s)



| PIN | Full Name ↑ | SSN | Address | Confirm Adr. | Addtl. Adr. | |
|------------|---------------|-----------|---------|--------------------------|-------------|---|
| 1586074334 | FATHER T | XXX-XX-63 | | <input type="checkbox"/> | + | × |
| 5100706139 | MARGE SIMPSON | XXX-XX-34 | | | + | × |





Notice Mailing Address
Updated: 03/09/2005
MARGE SIMPSON
1 W WILSON ST
PO BOX 7850
MADISON WI 53707-7850



Comment and Save the Claim

Comments






+ Add Comment   Export to PDF

| Comment Text | Created By | Created On | | | |
|---|------------------------|------------|---|---|---|
|  Comments Section is universal across the application. You can add comments, expand All comments and export them to a PDF if needed. | AprilFersti TEST-STLMT | 09/13/2024 |  |  |  |



Complete the Referral










Referral Detail #3300001293     

Investigation Complete 09/09/2024 - AprilFerstl TEST-STLMT

Post Investigation ^

FS

Claim Determination

| | | | |
|---|--|-----------------|---|
| Claim Needed? | Yes <input type="text"/>   | Assignment Type | PACU <input type="text"/>   |
| Date of Discovery  | <input type="text"/>  | *Assigned To | AprilFerstl TEST-STLMT <input type="text"/>   |
| Assigned Date | 09/09/2024 | | |
| Claim Created | <input checked="" type="checkbox"/>  Create FS Claim | | |



Case Detail

Case Detail #1151403016



Case Information

Case Number 1151403016

Primary Person FATHER T

Case Address 6055 N 64th Street
Milwaukee WI 53218-1547

Case Office 5040 - Milwaukee Enrollment Services

Program Codes ?

Individuals With Liable Claims [5100706139](#) MARGE SIMPSON
[1586074334](#) FATHER T (P)

Referral Information

All Referrals Open Referrals Closed Referrals

| Referral Number ↓ | Status | Type |
|----------------------------|--------------------------------|---------------------|
| 3300001293 | Post Investigation In Progress | Fraud Investigation |

Claim Information

All Claims Open Claims Closed Claims

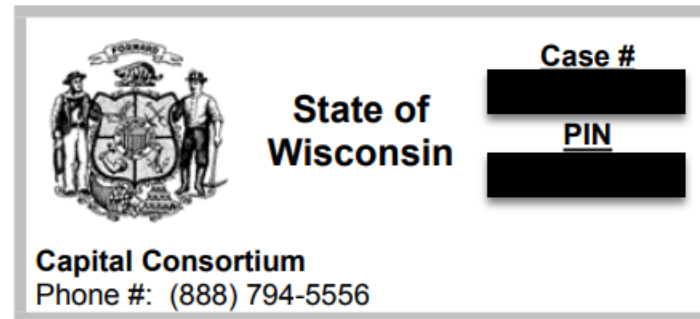
Collection Fee (CF) claims are not displayed on Case Detail page. Please see Individual Detail page.

| Claim Number | Case Number | Program Code | Type | Status | Notice Date ↑ | OP From | OP To | Adj. Claim Amt. | Outstanding Bal. | Liabe # |
|----------------------------|----------------------------|--------------|------|---------|---------------|------------|------------|-----------------|------------------|---------|
| 6100009366 | 1151403016 | FS | IV | Pending | | 02/01/2024 | 06/30/2024 | \$1,100.00 | \$1,100.00 | |




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)


Benefit Recovery Investigation Tracking System (BRITS)
Release Version: R1.22.03.04 Environment: UAT
Version: 1.6.1.2

[Web Reports & User Guide](#) | [CCOR](#) | [BRITS User Manual](#) | [Logout](#)
Logged in as AprilFersti TEST-STLMT
Last logged in on 09/11/2024 at 01:08 pm

Home | Advanced Search | Workload | Create Referral | Collections ▾

Referral ▾ | | 🔍

📄 Claim Detail #6100009366 | 🕒 | 🏠 | 🔄 | 🚩 | ⏪ | 🖨️

Claim Information ^

| | |
|-----------------------|---|
| Claim Number | 6100009366 |
| Program/SubProgram | FS - FOODSHARE |
| Error Type | INTENTIONAL PROGRAM VIOLATION |
| Claim Source | Case Review |
| Overpayment Reason(s) | FAI - Misrepresentation of or Failure to Provide Accura |
| Creation Date | 9/9/2024 |
| Original Notice Date | 9/10/2024 |
| Overpayment Period | 2/1/2024 - 6/30/2024 |
| Claim Office | 5099 - PUBLIC ASSISTANCE COLLECTION SECTIO |
| Case Number | 1151403016 |
| Referral Number | 3300001293 |

| | |
|-----------------------|------------|
| Initial Claim Amount | \$1,100.00 |
| Adjusted Amount | \$0.00 |
| Adjusted Claim Amount | \$1,100.00 |
| Total Cash Payment | \$0.00 |
| Total Recouped | \$0.00 |
| Total Collected | \$0.00 |
| Outstanding Balance | \$1,100.00 |
| Refunded Amount | \$0.00 |

[Write-off Request Form](https://dcf.wisconsin.gov/forms)
[*Worksheet](#) | [Sample Worksheet \(2\).pdf](#)

Modify Claim

Liabile Individuals ^

All Individuals | Liabile Individuals

+ Add Liabile Individual |
 - Remove Liabile Individual

| PIN | Name | Case Number | Case Open | RPA Returned | Stop Recovery | OP Notice Date | Liabile | Last Recovery Date | DELQ. Date |
|------------|---------------|-------------|-----------|--------------|---------------|----------------|---------|--------------------|------------|
| 1586074334 | FATHER T | 1151403016 | No | No | | 9/10/2024 | Y | | |
| 5100706139 | MARGE SIMPSON | 5700345854 | No | No | | 9/10/2024 | Y | | |



Modify Claim

Claim Detail #6100009366

Claim Information

| | | | |
|-----------------------|------------|----------------------|------------|
| Claim Number | 6100009366 | Initial Claim Amount | \$1,100.00 |
| Program/SubProgram | FS - FOC | | \$300.00 |
| Error Type | CLIENT E | | \$800.00 |
| Claim Source | Case Rev | | \$0.00 |
| Overpayment Reason(s) | FAI - Mis | | \$0.00 |
| Creation Date | 9/9/2024 | | \$0.00 |
| Original Notice Date | 9/10/2024 | | \$800.00 |
| Overpayment Period | 3/1/2024 | | \$0.00 |
| Claim Office | 5099 - PU | | |
| Case Number | 11514030 | | |
| Referral Number | 33000012 | | |

Modify Claim

Initial Claim Amount: \$1,100.00

Adjusted Claim Amount: \$800.00

Outstanding Balance: \$800.00

Error Type: CLIENT ERROR

Overpayment Begin Date: 3/1/2024

Overpayment End Date: 5/30/2024

New Adjusted Claim Amount: \$801.00

*Adjustment Reason:

- Bankruptcy
- Balance too Small
- Compromised Claim
- Deceased
- EBT Adjustment
- Error
- Fair Hearing
- Fiscal Review

Cancel

Liabile Individuals

All Individuals Liabile Individuals

| PIN | Name | Case Number | Case Open | R | Notice Date | Liabile | Last Recovery Date | DELQ. Date |
|------------|----------|-------------|-----------|---|-------------|---------|--------------------|------------|
| 1586074334 | FATHER T | 1151403016 | No | | 0/2024 | Y | | |



Modify Claim

Home Advanced Search Workload **Create Referral** Collections ▾ Referral ▾ Search 🔍

Claim Detail #6100009366 🕒 🏠 🔄 🚩 ⏪ 🖨️

Claim Information ^

◦ Error Type changed from INTENTIONAL PROGRAM VIOLATION to CLIENT ERROR.
◦ Overpayment Begin/End Dates for the claim has been modified to 3/1/2024 - 5/30/2024.
◦ Claim Amount adjusted from \$1,100.00 to \$800.00 due to New Information

| | |
|-----------------------|---|
| Claim Number | 6100009366 |
| Program/SubProgram | FS - FOODSHARE |
| Error Type | CLIENT ERROR |
| Claim Source | Case Review |
| Overpayment Reason(s) | FAI - Misrepresentation of or Failure to Provide Accura |
| Creation Date | 9/9/2024 |
| Original Notice Date | 9/10/2024 |
| Overpayment Period ? | 3/1/2024 - 5/30/2024 |
| Claim Office ? | 5099 - PUBLIC ASSISTANCE COLLECTION SECTIO |
| Case Number | 1151403016 |
| Referral Number | 3300001293 |

| | |
|-----------------------|------------|
| Initial Claim Amount | \$1,100.00 |
| Adjusted Amount | \$300.00 |
| Adjusted Claim Amount | \$800.00 |
| Total Cash Payment | \$0.00 |
| Total Recouped | \$0.00 |
| Total Collected | \$0.00 |
| Outstanding Balance | \$800.00 |
| Refunded Amount | \$0.00 |

Write-off Request Form <https://dcf.wisconsin.gov/forms>

*Worksheet [Sample Worksheet \(2\).pdf](#)

Modify Claim



Post 60-day Claim Modifications Must be done by PACS

Claim Detail #6100009366

Claim Information

| | |
|-----------------------|---|
| Claim Number | 6100009366 |
| Program/SubProgram | FS - FOODSHARE |
| Error Type | CLIENT ERROR |
| Claim Source | Case Review |
| Overpayment Reason(s) | FAI - Misrepresentation of or Failure to Provide Accura |
| Creation Date | 9/9/2024 |
| Original Notice Date | 9/10/2024 |
| Overpayment Period ? | 3/1/2024 - 5/30/2024 |
| Claim Office ? | 5099 - PUBLIC ASSISTANCE COLLECTION SECTIO |
| Case Number | 1151403016 |
| Referral Number | 3300001293 |

Modify Claim

| | |
|-----------------------|------------|
| Initial Claim Amount | \$1,100.00 |
| Adjusted Amount | \$300.00 |
| Adjusted Claim Amount | \$800.00 |
| Total Cash Payment | \$0.00 |
| Total Recouped | \$0.00 |
| Total Collected | \$0.00 |
| Outstanding Balance | \$800.00 |
| Refunded Amount | \$0.00 |

Write-off Request Form <https://dcf.wisconsin.gov/forms>

*Worksheet [Sample Worksheet \(2\).pdf](#)



Remove Liable Individuals

Claim Detail #6100009366

Claim Information

| | |
|-----------------------|---|
| Claim Number | 6100009366 |
| Program/SubProgram | FS - FOODSHARE |
| Error Type | CLIENT ERROR |
| Claim Source | Case Review |
| Overpayment Reason(s) | FAI - Misrepresentation of or Failure to Provide Accura |
| Creation Date | 9/9/2024 |
| Original Notice Date | 9/10/2024 |
| Overpayment Period | 3/1/2024 - 5/30/2024 |
| Claim Office | 5099 - PUBLIC ASSISTANCE COLLECTION SECTIO |
| Case Number | 1151403016 |
| Referral Number | 3300001293 |

Modify Claim

| | |
|-----------------------|------------|
| Initial Claim Amount | \$1,100.00 |
| Adjusted Amount | \$300.00 |
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| Total Cash Payment | \$0.00 |
| Total Recouped | \$0.00 |
| Total Collected | \$0.00 |
| Outstanding Balance | \$800.00 |
| Refunded Amount | \$0.00 |

Write-off Request Form <https://dcf.wisconsin.gov/forms>

*Worksheet [Sample Worksheet \(2\).pdf](#)

Liabile Individuals

All Individuals Liabile Individuals

| PIN | Name | Case Number | Case Open | RPA Returned | Stop Recovery | OP Notice Date | Liabile | Last Recovery Date | DELQ. Date |
|------------|---------------|-------------|-----------|--------------|---------------|----------------|---------|--------------------|------------|
| 1586074334 | FATHER T | 1151403016 | No | No | | 9/10/2024 | Y | | |
| 5100706139 | MARGE SIMPSON | 5700345854 | No | No | | 9/10/2024 | Y | | |



Remove Liable Individuals

Remove Liable Individual

| | PIN | Name | SSN | DOB |
|-------------------------------------|------------|---------------|-------------|-----------|
| <input type="checkbox"/> | 1586074334 | FATHER T | XXX-XX-6328 | 1/01/1977 |
| <input checked="" type="checkbox"/> | 5100706139 | MARGE SIMPSON | XXX-XX-3494 | 1/01/1970 |

*Removal Reason

- Bankruptcy
- Deceased
- System Error
- Fair Hearing Determination
- Agency Review

| Name | Case Open | RPA Returned | Stop Recovery | OP Notice Date | Liable | Last Recovery Date | DELQ. Date |
|---------------------|-----------|--------------|---------------|----------------|--------|--------------------|------------|
| 74334 FATHER T | No | No | | 9/10/2024 | Y | | |
| 06139 MARGE SIMPSON | No | No | | 9/10/2024 | Y | | |



Remove Liable Individuals

Claim Detail #6100009366
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Claim Information

- PIN - 5100706139 - MARGE SIMPSON was removed from being liable for claim due to reason Agency Review.

| | | | | | | | | | | | | | | | | | | |
|-----------------------|---|---|----------------------|------------|-----------------|----------|-----------------------|----------|--------------------|--------|----------------|--------|-----------------|--------|---------------------|----------|-----------------|--------|
| Claim Number | 6100009366 | <table style="width: 100%; border-collapse: collapse;"> <tr> <td>Initial Claim Amount</td> <td>\$1,100.00</td> </tr> <tr> <td>Adjusted Amount</td> <td>\$300.00</td> </tr> <tr> <td>Adjusted Claim Amount</td> <td>\$800.00</td> </tr> <tr> <td>Total Cash Payment</td> <td>\$0.00</td> </tr> <tr> <td>Total Recouped</td> <td>\$0.00</td> </tr> <tr> <td>Total Collected</td> <td>\$0.00</td> </tr> <tr> <td>Outstanding Balance</td> <td>\$800.00</td> </tr> <tr> <td>Refunded Amount</td> <td>\$0.00</td> </tr> </table> | Initial Claim Amount | \$1,100.00 | Adjusted Amount | \$300.00 | Adjusted Claim Amount | \$800.00 | Total Cash Payment | \$0.00 | Total Recouped | \$0.00 | Total Collected | \$0.00 | Outstanding Balance | \$800.00 | Refunded Amount | \$0.00 |
| Initial Claim Amount | \$1,100.00 | | | | | | | | | | | | | | | | | |
| Adjusted Amount | \$300.00 | | | | | | | | | | | | | | | | | |
| Adjusted Claim Amount | \$800.00 | | | | | | | | | | | | | | | | | |
| Total Cash Payment | \$0.00 | | | | | | | | | | | | | | | | | |
| Total Recouped | \$0.00 | | | | | | | | | | | | | | | | | |
| Total Collected | \$0.00 | | | | | | | | | | | | | | | | | |
| Outstanding Balance | \$800.00 | | | | | | | | | | | | | | | | | |
| Refunded Amount | \$0.00 | | | | | | | | | | | | | | | | | |
| Program/SubProgram | FS - FOODSHARE | | | | | | | | | | | | | | | | | |
| Error Type | CLIENT ERROR | | | | | | | | | | | | | | | | | |
| Claim Source | Case Review | | | | | | | | | | | | | | | | | |
| Overpayment Reason(s) | FAI - Misrepresentation of or Failure to Provide Accura | | | | | | | | | | | | | | | | | |
| Creation Date | 9/9/2024 | | | | | | | | | | | | | | | | | |
| Original Notice Date | 9/10/2024 | | | | | | | | | | | | | | | | | |
| Overpayment Period | 3/1/2024 - 5/30/2024 | | | | | | | | | | | | | | | | | |
| Claim Office | 5099 - PUBLIC ASSISTANCE COLLECTION SECTIO | Write-off Request Form | | | | | | | | | | | | | | | | |
| Case Number | 1151403016 | *Worksheet Sample Worksheet (2).pdf | | | | | | | | | | | | | | | | |
| Referral Number | 3300001293 | | | | | | | | | | | | | | | | | |

[Modify Claim](#)

Liable Individuals

All Individuals Liable Individuals

+ Add Liable Individual
- Remove Liable Individual

| PIN | Name | Case Number | Case Open | RPA Returned | Stop Recovery | OP Notice Date | Liable | Last Recovery Date | DELQ. Date |
|------------|---------------|-------------|-----------|--------------|---------------|----------------|--------|--------------------|------------|
| 1586074334 | FATHER T | 1151403016 | No | No | | 9/10/2024 | Y | | |
| 5100706139 | MARGE SIMPSON | 5700345854 | No | No | | 9/10/2024 | N | | |

Payment History



Claim History

Claim History #6100009366

Claim Information - Referral Claim

| | | | |
|----------------------|--|-----------------------|------------|
| Claim Number | 6100009366 | Initial Claim Amount | \$1,100.00 |
| Program/SubProgram | FS - FOODSHARE | Total Adjusted | \$300.00 |
| Error Type | CLIENT ERROR | Adjusted Claim Amount | \$800.00 |
| Overpayment Period | 03/01/2024 - 05/30/2024 | Total Collected | \$0.00 |
| Earliest Notice Date | 09/10/2024 | Outstanding Balance | \$800.00 |
| Case Number | 1151403016 | | |
| Claim Office Number | 5099 - Public Assistance Collection Sections | | |

Liable Individuals

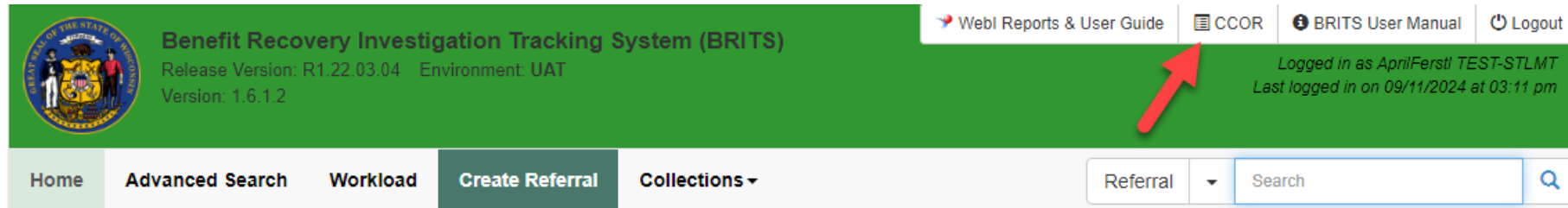
| PIN | Name |
|------------|----------|
| 1586074334 | FATHER T |

Claim History Activity

| Activity | Description | Action Date | Worker |
|--------------------|---|-------------|------------------------|
| Liability | PIN - 5100706139 - MARGE SIMPSON was removed from being liable for claim due to reason Agency Review. | 09/13/2024 | AprilFersti TEST-STLMT |
| Claim Adjustment | Claim Amount adjusted from \$1,100.00 to \$800.00 due to New Information | 09/11/2024 | AprilFersti TEST-STLMT |
| Overpayment Period | Overpayment End Date changed from 6/30/24 to 5/30/24 | 09/11/2024 | AprilFersti TEST-STLMT |
| Overpayment Period | Overpayment Begin Date changed from 2/1/24 to 3/1/24 | 09/11/2024 | AprilFersti TEST-STLMT |
| Error Type | Error Type changed from INTENTIONAL PROGRAM VIOLATION to CLIENT ERROR. | 09/11/2024 | AprilFersti TEST-STLMT |



Client Correspondence



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 auto-populate with Case Search Result

If accessed from the Individual Detail page, search results will auto-populate with PIN Search Result



Client Correspondence

Client Correspondence History

Refresh Flag Back

Search Criteria

Search By: Case Number
 PIN

Notice Address History

| Last Notice Date ↓ | Address | Address Source | Address Type | Updated Date | Updated By |
|--------------------|---------|----------------|--------------|--------------|------------|
|--------------------|---------|----------------|--------------|--------------|------------|

Search Results

| Notice Date ↓ | Created By | Notice Type | Name | PIN | Claim Account | Notice Address | Returned |
|---------------|------------|-------------|------|-----|---------------|----------------|----------|
|---------------|------------|-------------|------|-----|---------------|----------------|----------|



Client Correspondence

Client Correspondence is available for claim related notices only.

Client Correspondence History



Search Criteria

Search By: Case Number
 PIN

Search

Notice Address History

| Last Notice Date ↓ | Address | Address Source | Address Type | Updated Date | Updated By |
|--------------------|---|----------------------------------|---------------------------------|--------------|-----------------------------|
| 11/04/2024 | 549, N Additional Address type 1 ST SW 666 , Pittsville , WI , 53481 | PIN - 0507902009 | BRITS Additional Notice Address | 07/08/2024 | KentEllis TEST-IMINTINV |
| 10/04/2024 | 123, Original Address 8 CASE COPIED ON 2023-10-05 , MADISON , WI , 55555-5555 | PIN - 0507902009 | BRITS Mailing Address | 07/08/2024 | KentEllis TEST-IMINTINV |
| 10/02/2024 | 1009, Mountain BLF , Viroqua , WI , 53700-1009 | PIN - 0507902033 | BRITS Additional Notice Address | 04/04/2024 | AprilFerstl TEST- COLMOR |

Search Results

| Notice Date ↓ | Created By | Notice Type | Name | PIN | Claim Account | Notice Address | Returned |
|---------------|----------------|--------------------------------|--------------------------|----------------------------|---------------|----------------|----------|
| 11/04/2024 | System-Updated | Dunning Notice | EARNEST-MSK MARTINEZ-MSK | 0507902009 | CC | | |
| 11/04/2024 | System-Updated | Dunning Notice | EARNEST-MSK MARTINEZ-MSK | 0507902009 | CC | | |
| 10/04/2024 | System-Updated | RPA | EARNEST-MSK MARTINEZ-MSK | 0507902009 | CC | | |
| 10/04/2024 | System-Updated | RPA | EARNEST-MSK MARTINEZ-MSK | 0507902009 | CC | | |
| 10/02/2024 | System-Updated | Dunning Notice | GAYLENE-MSK MARTINEZ-MSK | 0507902033 | CC | | |
| 10/02/2024 | System-Updated | Dunning Notice | GAYLENE-MSK MARTINEZ-MSK | 0507902033 | CC | | |

Notice Address:

Type: CLOSED CASE ADDRESS

Source: CASE

Source No: 1151403016

Updated: 6/17/2024

Address:

6055 N 64TH STREET
MILWAUKEE WI 53218-1547



FoodShare Notice Changes: RPA

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

| FoodShare Repayment Agreement | |
|---|--|
| SECTION 1 | Payment Options |
| Option 1: Make Monthly Payments at the Recommended Amount | |
| I agree to make monthly payments at the recommended amount until my overpayment is paid in full. | Recommended Monthly Payment Amount: \$107.00 |
| Option 2: Make Monthly Payments at a Different Amount | |
| I 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 cannot pay less than \$20 per month. | |
| Option 3: Return 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 getting FoodShare benefits, and I agree to have more than the mandatory amount taken from my benefits monthly to pay this overpayment. | Total Monthly benefit allotment returned: \$ |



FoodShare Notice Changes:

Removal of Dunning, Addition of FS Delinquency Notice

No Dunning 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/XXXX>. 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/XXXX>>.

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



Questions ?

