Washington State Department of Social & Health Services

Transforming lives

SSPS Client / Provider Overpayment Computation Sheet

1. REPORTING UNIT / ORG INDEX	2. DATE (MM/DD/YYYY)	3. PAYMENT SYSTEM **SSPS**

Do not check both Client and Vendor.

☐ 4. CLIENT OVERPAYMENT	☐ 7. VENDOR / PROVIDER OVERPAYMENT
5. CLIENT ID NUMBER **CR**	8. PROVIDER ID NUMBER **VR**
6. CLIENT NAME (IF CHECKED ABOVE)	9. VENDOR / PROVIDER NAME (IF CHECKED ABOVE)

10. MONTH	11. YEAR	12. PAYMENT		13. SERVICE RECIPIENT NAME	14. SERVICE DESCRIPTION	15. SSPS CODES			16. AUTHORIZATION			17. PROVIDER NUMBER	18. AMOUNT
		A. NUMBER	B. DATE			A. SSPS CODE	B. SOURCE CODE	C. REASON CODE	A. AUTHORIZATION CODE	B. LINE	C. SUFFIX		

19. WORKER'S PRINTED NAME	20. Total Amount 0.00

DSHS 18-399 (REV. 06/2017)

Instructions for completing the SSPS Client / Vendor / Provider Overpayment Computation, DSHS 18-399

The SSPS Client / Vendor / Provider Overpayment Computation, DSHS 18-399, is used to compute the incorrect payment for the manually referred SSPS overpayments to OFR. The DSHS 18-399 is attached to either the Client Overpayment Notice (DSHS 18-398) or to the Vendor Overpayment Notice (DSHS 18-398A). Both forms are used to notify either the client or the vendor and the Office of Financial Recovery (OFR), of either a Client overpayment or a Vendor / Provider overpayment.

NOTE:
The preferred input method for all SSPS Vendor / Provider Overpayments is the OFR Overpayment Web application: http://issdapps.dshs.wa.lcl/ofroverpaymentapp/

If you have any questions or need any other assistance, send an email to: vendorop@dshs.wa.gov

1. REPORTING UNIT or ORG INDEX: Enter the reporting unit or the AFRS Organization Index of the office that authorized the payment.

2. DATE: Enter the date the DSHS 18-399 is prepared.

3. PAYMENT SYSTEM: This field is hardcoded for SSPS only.

4. CLIENT OVERPAYMENT: Indicate if this is a client overpayment.

    NOTE: Only the Client or the Vendor checkbox should be checked, not both.

5. CLIENT ID NUMBER: If this is a client overpayment, enter the Client's ID number from the appropriate payment system followed by the suffix "CR" (for Client Recovery) if the Client Overpayment in #4 is checked.

6. CLIENT NAME: Enter the name of the client if this is a Client Overpayment if the Client Overpayment in #4 is checked.

7. VENDOR / PROVIDER OVERPAYMENT: Indicate if this is a vendor / provider overpayment.

    NOTE: 1) Only the Client or the Vendor checkbox should be checked, not both.
         2) The preferred input method for all SSPS Vendor / Provider Overpayments is the OFR Overpayment Web application: http://fsa.dshs.wa.gov/SSPSVIPEROverpayments/

8. VENDOR / PROVIDER ID NUMBER: If this is a vendor / provider overpayment, enter the Provider's ID number from the appropriate payment system followed by the suffix "VR" (for Vendor Recovery) if the Vendor/Provider Overpayment in #7 is checked.

9. VENDOR NAME / PROVIDER NAME: Enter the name of the vendor / provider for a vendor / provider overpayment if the Vendor / Provider Overpayment in #7 is checked.

10. MONTH - Enter the month of service

11. YEAR - Enter the year of service

12. PAYMENT INFORMATION:
    a. Payment Number: Enter the number on the Warrant, EFT, or Check for the overpayment.
    b. Payment Date: Enter the date of the payment (mm/dd/yyyy).

13. SERVICE RECIPIENT NAME: Enter the name of each person receiving service.

14. SERVICE DESCRIPTION: Enter the type of service that was received or provided; for example, Caregiver Services, In Home Personal Care, Non- Medical Supplies, etc.

15. SSPS CODES
    a. SERVICE CODE: Item 36 from the DSHS 14-154 or DSHS 14-159 for the service that was overpaid.
    b. SOURSE CODE: Item 31 from the DSHS 14-154 or DSHS 14-159 for the service that was overpaid. Enter 'NONE" if item 31 is blank.
    c. REASON CODE: Item 37 from the DSHS 14-154 or DSHS 14-159 for the service that was overpaid. Enter 'NONE" if item 37 is blank.

16. AUTHORIZATION INFORMATION:
    a. AUTHORIZATION CODE - Enter the Authorization Number that authorized the overpayment
    b. LINE - Enter the Line Number of the authorization
    c. SUFFIX - Enter the Suffix of the authorization

17. PROVIDER NUMBER: If this is a Client Overpayment enter the vendor/provider number for each provider involved in the Client's overpayment you are reporting.

18. AMOUNT: Enter the overpayment amount for each type of service and payment number.

19. WORKER'S PRINTED NAME: Print the name of the worker here.

17. TOTAL AMOUNT: Enter the total of the amounts in the column above. NOTE: System should auto sum.