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| 19. WORKER'S PRINTED NAME |

| 20. Total Amount | 0.00 |

Do not check both Client and Vendor.
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. SOURCE 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.