DEPARTMENT OF HEALTH SERVICES
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Sacramento, CA 94234-7320
(916) 657-2941

April 4, 2000

TO: All County Welfare Directors
All County Administrative Officers
All County Medi-Cal Program Specialists/Liaisons
All County Public Health Directors
All County Mental Health Directors

Letter No.: 00-20

CAMERA-READY COPIES OF MEDI-CAL POTENTIAL OVERPAYMENT REPORTING WORK SHEETS

Ref.: All County Welfare Director Letter Nos. 80-25, 89-23, and 89-24

The Department of Health Services has revised several Medi-Cal overpayment reporting work sheets. The purpose of this letter is to provide counties with the following camera-ready copies of these new work sheets:

1. MC 224 A (10/99)
   Medi-Cal Potential Overpayment Reporting Work Sheet
   Income or Other Health Coverage

2. MC 224 B (10-99)
   Medi-Cal Potential Overpayment Reporting Work Sheet-Property
   Total Ineligibility or Ineligibility for a Specific Level of Services

3 MC 224 A-S Supplemental
   Medi-Cal Potential Overpayment Reporting Work Sheet
   Income or Other Health Coverage

4. MC 224 B-S Supplemental
   Medi-Cal Potential Overpayment Reporting Work Sheet-Property
   Total Ineligibility or Ineligibility for a Specific Level of Services

These forms have been revised to include additional space for county staff input and clarification of the information to be entered. These forms are to be used when reporting potential overpayments and are now available in the State of California forms warehouse.

If you have any questions regarding these forms, please call Vicki Partington of my staff, at (916) 654-5909.

Sincerely,

ORIGINAL SIGNED BY

Angeline Mrva, Chief
Medi-Cal Eligibility Branch

Enclosures

MEDI-CAL POTENTIAL OVERPAYMENT REPORTING WORK SHEET
INCOME OR OTHER HEALTH COVERAGE

Section I—Case Information

County ID	❒ IEVS ❒ Non-IEVS	Case status effective date(s) Active ____/____/____ Closed ____/____/____

RECIPIENTS INCLUDED IN POTENTIAL OVERPAYMENT (MFBU)

Name	Date of Birth	Social Security Number	Medi-Cal Eligibility Date	
			From	To

If additional space is needed, use the MC 224 A-S (Supplemental) and attach.

Section II—Possession of Other Health Coverage

Does recipient have other health coverage? ❒ Yes (check only if not reported) ❒ No

If yes, complete DHS 6155 and send separately to: Department of Health Services, Third Party Liability Branch, Health Insurance Section.

Is there also an income-related overpayment? ❒ Yes (complete Section III) ❒ No (go to Section IV)

Section III—Income Overpayment Computation

The share-of-cost should have increased for the period(s) _____

because _____

_____

and the county was not informed: (check all that apply)

❒ on the statement of facts ❒ within 10 days of change stated above ❒ On the status report

The overpayment is computed as follows: (County completes boxes 1–6.) (DHS Investigations Branch completes boxes 7 and 8.)
For additional months of overpayment computations, use the MC 224 A-S (Supplemental) and attach.

1 Month/Year	2 Correct Net Income	3 Correct Maintenance Need	4 Correct Share-of-Cost (2–3)	5 Original Share-of-Cost Met	6 Potential Overpayment (4–5)	7 Amount Paid by Medi-Cal	8 Overpayment (Lower of 6 or 7)
	$	$	$	$	$	$	$

Section IV—County Worker Comments *(If additional space is needed, attach a separate sheet of paper.)*

Section V—County Worker Completing Form

Name (print)	County		
Signature	Date	EW number	Telephone number ( )

GENERAL INSTRUCTIONS FOR COMPLETING FORM MC 224 A

If the potential overpayment for the entire period is less than $100, do not complete this form. The MC 224 A is completed in part by the county and in part by DHS Investigations Office.

Section I (Completed by the County)

County ID	Enter the MFBU/MBU case number.
IEVS/Non-IEVS	Check the IEVS box if potential overpayment is due to IEVS or the Non-IEVS box if due to other means.
Case Status	Active-effective date/closed effective date; indicate when the case was opened and/or closed.
Recipients Included in the Potential Overpayment MFBU	Enter name, date of birth, and Social Security number of each MFBU member in potential overpayment and the beginning and ending dates of their Medi-Cal eligibility.

Section II—Possession of Other Health Coverage

Complete this section if the potential overpayment is due to a change in other health coverage. ***Note: If there is NO income-related potential overpayment, do not complete Section III. Complete Sections IV and V, and send these cases directly to Third Party Liability Branch, Health Insurance Section (see address in Article 16 H–7).***

Section III—Income Overpayment Computation (County Completes Columns 1–6)

Enter the dates of the potential overpayment period and brief reason why the SOC should have increased. Check whether the person:

A. Failed to report the information on the statement of facts at the time of application, *or*

B. If already on Medi-Cal, failed to report within 10 days a change that would impact the SOC, *or*

C. Failed to report the correct income on the status report.

If different reasons apply to different periods, link each reason to its respective period.

Column 1	List in chronological order the consecutive months in which there was a potential overpayment. Use MC 224 A (Supplemental) if more space is needed.
Column 2	Enter the correct net income for each of the months listed in which there was a potential overpayment.
Column 3	Enter the correct maintenance need for each of the months listed in Column 1.
Column 4	Subtract the amount in Column 3 from the amount in Column 2. The remainder is the correct SOC to be entered in this column.
Column 5	Enter the original SOC the beneficiary met (paid or obligated) in each of the months listed in Column 1. This is needed to determine the difference between the original SOC and the newly calculated SOC.
Column 6	For each month in the overpayment period, subtract the amount in Column 5 from the amount in Column 4; this amount is the potential overpayment for that month which must be entered in this column.
Columns 7 and 8	DHS Investigations Office will complete.

Section IV—County Worker Comments

Include county worker comments pertaining to the Medi-Cal potential overpayment.

Section V—County Worker Completing the Form

Print your name, county name, EW number, telephone number, and date. Sign the form.

MEDI-CAL POTENTIAL OVERPAYMENT REPORTING WORK SHEET—PROPERTY TOTAL INELIGIBILITY OR INELIGIBILITY FOR A SPECIFIC LEVEL OF SERVICES

Section I (County complete for *all* ineligibility.)

County ID	☐ IEVS ☐ Non-IEVS	Case status effective date(s) Active ____/____/____ Closed ____/____/____

RECIPIENTS INCLUDED IN POTENTIAL OVERPAYMENT (MFBU)

Name	Date of Birth	Social Security Number	Medi-Cal Eligibility Date	
			From	To

If additional space is needed, use the MC 224 B-S (Supplemental).

Section II (County complete for all *potential* ineligibility.)

Recipient was potentially ineligible for Medi-Cal from _____ (month/year) to _____ (month/year) because:

☐ A. Property was above the allowable property limit.

☐ B. Recipient should have been ineligible for nursing facility level of care from _____ (month/year) to _____ (month/year) due to a disqualifying transfer of property.

☐ C. No eligibility existed due to _____

Section III (County worker complete *only for property* ineligibility.)

Overpayment is computed according to Title 22, California Code of Regulations, Sections 50786–50787. Use for any type of property, bank account, stocks, cash, etc. Provide bank or institution account number when available. Deduct regular income from the account to which it is regularly deposited. Use the **lowest** balance per month. For additional months of overpayment computations, use the MC 224 B-S (Supplemental).

Use the Lowest Balance Per Month.

1 Month/Year (One line per month)	2 Property (Describe)	3 Property (Describe)	4 Property (Describe)	5 Property (Describe)	6 Total Balance (Sum of 1–5)	7 Medi-Cal Property Limit	8 Excess Property Amount (6 minus 7)
	$	$	$	$	$	$	$

Section IV—Summary (County worker/DHS investigator complete where applicable.)

Potential overpayment: $ _____ (Highest amount of excess property in any one month of the overpayment period)

Medi-Cal usage for period: $ _____ (Computed by DHS)

Actual overpayment: $ _____ (Lesser of Medi-Cal usage or excess property, computed by DHS)

Section V — County Worker Comments (This space can be used to specify the circumstances of *ineligibility.) (If additional space is needed, attach a separate sheet of paper.)*

Section VI—County Worker Completing Form

Name (print)	County		
Signature	Date	EW number	Telephone number ( )

GENERAL INSTRUCTIONS FOR COMPLETING FORM MC 224 B

If the potential overpayment for the entire period is less than $100, do not complete this form. If a Medi-Cal Family Budget Unit (MFBU) has both a property-based overpayment and an income-based overpayment, use both the MC 224 B and the MC 224 A. Send the completed form with the completed MC 609, Medi-Cal Complaint Form, to the DHS Investigations Office.

Section I (Completed by the County for *All* Ineligibility)

County ID	Enter the MFBU/MBU case number.
IEVS/Non-IEVS	Check the IEVS box if potential overpayment is due to IEVS or the Non-IEVS box if due to other means.
Case Status	Active-effective date/closed effective date; indicate when the case was opened and/or closed.
Recipients Included in the Potential Overpayment MFBU	Enter name, date of birth, and Social Security number of each MFBU member in potential overpayment and the beginning and ending dates of their Medi-Cal eligibility.

Section II (County Complete for all *Potential* Ineligibility)

Enter the month and year that the MFBU should have been ineligible *(check the box(es) which apply)*.

A. **Property was above the allowable property limit.** Applies if the recipient held property over the Medi-Cal property limit during the potential overpayment period.

B. **Recipient should have been ineligible for nursing facility level of care from _____ through _____ due to a disqualifying transfer of property.** Applies only if the LTC recipient transfers or gives away property without adequate consideration during or after the 30-month "look-back" period and the transfer was considered to be a disqualifying transfer that resulted in a period of ineligibility, calculated on the MC 176 PI.

C. **No eligibility existed due to:** Provide reason for total ineligibility.

Section III (County Complete Only for *Property* Ineligibility)

Month/Year	Enter the consecutive month(s) and year(s) the recipient held the property.
Property	Columns can be used for any type of property, bank account, cash, etc. Provide account numbers when available. Use the lowest balance per month.
Total Balance	Enter the sum of the lowest value of all nonexempt property (across) for each month of the overpayment period.
Medi-Cal Property Limit	Enter the appropriate Medi-Cal property limit based on family size.
Excess Property Amount	Enter the amount of property held in excess of the Medi-Cal property limit.

Section IV—Summary (County Worker/DHS Investigator Complete Where Applicable)

Potential Overpayment	Enter the highest amount of excess property in any one month of a consecutive period of overpayment (after listing on a separate work sheet the lowest value of each item and computing the excess property in each month).
Medi-Cal Usage for Period	DHS Investigations Office computes this amount.
Actual Overpayment	DHS Investigations Office computes this amount which will be the ***lesser*** of the: a. Actual cost of services paid by DHS during the potential overpayment period in which there was excess property throughout each month, ***or*** b. Highest amount of excess property in a single month during the potential overpayment period.

Section V—County Worker Comments

This section can be used to clarify the entries of any other section (e.g., were some family members ineligible, while other family members had eligibility through Sneede, pregnancy, or a percent program or other means?).

Section VI—County Worker Completing the Form

Print your name, county name, EW number, telephone number, and date. Sign the form.

SUPPLEMENTAL
MEDI-CAL POTENTIAL OVERPAYMENT REPORTING WORK SHEET
INCOME OR OTHER HEALTH COVERAGE

Section I

County ID

Use this space for additional MFBU members, if needed. Attach to the MC 224 A.

RECIPIENTS INCLUDED IN POTENTIAL OVERPAYMENT (MFBU)

Name	Date of Birth	Social Security Number	Medi-Cal Eligibility Date	
			From	To

Section III—Income Overpayment Computation

Use this space for additional months of overpayment computations, if needed.

1 Month/Year	2 Correct Net Income	3 Correct Maintenance Need	4 Correct Share-of-Cost (2–3)	5 Original Share-of-Cost Met	6 Potential Overpayment (4–5)	7 Amount Paid by Medi-Cal	8 Overpayment (Lower of 6 or 7)
	$	$	$	$	$	$	$

Section IV—County Worker Comments *(If additional space is needed, attach a separate sheet of paper.)*

Section V—County Worker Completing Form

Name (print)	County		
Signature	Date	EW number	Telephone number ( )

White—DHS Investigations *Yellow—DHS Investigations* *Pink—County*

SUPPLEMENTAL
MEDI-CAL POTENTIAL OVERPAYMENT REPORTING WORK SHEET—PROPERTY
TOTAL INELIGIBILITY OR INELIGIBILITY FOR A SPECIFIC LEVEL OF SERVICES

Section I (County complete for *all* ineligibility.)

Use this space for additional MFBU members, if needed. Attach to the MC 224 B.

County ID

RECIPIENTS INCLUDED IN POTENTIAL OVERPAYMENT (MFBU)

Name	Date of Birth	Social Security Number	Medi-Cal Eligibility Date	
			From	To

Section III (County worker complete *only for property* ineligibility.)

Overpayment is computed according to Title 22, California Code of Regulations, Sections 50786–50787. Use for any type of property, bank account, stocks, cash, etc. Provide bank or institution account number when available. Deduct regular income from the account to which it is regularly deposited. Use the **lowest** balance per month.

Use the Lowest Balance Per Month.

1 Month/Year (One line per month)	2 Property (Describe)	3 Property (Describe)	4 Property (Describe)	5 Property (Describe)	6 Total Balance (Sum of 1–5)	7 Medi-Cal Property Limit	8 Excess Property Amount (6 minus 7)
	$	$	$	$	$	$	$

Section IV—Summary (County worker/DHS investigator complete where applicable.)

Potential overpayment: $ _____ (Highest amount of excess property in any one month of the overpayment period)

Medi-Cal usage for period: $ _____ (Computed by DHS)

Actual overpayment: $ _____ (Lesser of Medi-Cal usage or excess property, computed by DHS)

Section V — County Worker Comments **(This space can be used to specify the circumstances of ineligibility.)** ***(If additional space is needed, attach a separate sheet of paper.)***

Section VI—County Worker Completing Form

Name (print)	County		
Signature	Date	EW number	Telephone number ( )