Letter No.: 00-20

DEPARTMENT OF HEALTH SERVICES

714/744 P Street P.O. Box 942732 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

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:

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

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
Page 2

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 Inform	ation		······································				~		
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If addition	al space is needed	d, use the MC 224	A-S (Supplemental	i) and atta	ich.	-				
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			ly to: Department				Party Liabilit	_		
ls there a	lso an income-rela	ted overpayment?	T Yes (c	omplete S	Section III))		□ N	o (go to S	Section IV)
Section	III—Income Ove	erpayment Com	putation							
The chare	o-of-cost should ha	we increased for th	e period(s)							
_										
and the co	ounty was not info	rmed: (check all th	at apply)			- -				
on the	statement of facts		within 10 days of ch	hange sta	ted above	:		☐ On	the status	s report
The evern	avment is compute		nty completes boxes	_			ne Branch co	mnlatae ha	ves 7 and	187
			ity completes boxes ations, use the MC					ripietes bo	ACS / allu	, 0. <i>j</i>
			I .	 		<u> </u>	6	7		8
1	2	3 Correct	4 Correct		5 jinal		o Potential	Amoun		o Overpayment
Month/Year	Correct Net Income	Maintenance Need	Share-of-Cost (2-3)	Share-of-	Cost Met	Over	payment (4–5)	by Med	li-Cal	(Lower of 6 or 7)
	\$	\$	\$	\$		\$		\$		\$
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Section	IV—County Wo	rker Comments	(If additional space	e is needed	l, attach a	separ	ate sheet of p	aper.)		
Dag4!	V Count 18/	kor Completin	Form				<u> </u>	***		
		ker Completing	rom	County						
lame (print)				County						
Signature				Date			EW number		Telephone	number
Signature				Date					()
	M/bito DI	49 Investigations	Vallou	v DHS Inv	estigations	,	<u> </u>	Pink—C	ounty	

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 Enter name, date of birth, and Social Security number of each MFBU member in potential overpayment Potential Overpayment MFBU 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 (Cou	inty complete f	or <i>all</i> ineligibilit	ty.)				
County ID			☐ IEVS	Case status effective	date(s)		
			☐ Non-IEVS	Active/	/	Closed/_	
		RECIPIENTS I	NCLUDED IN POT	ENTIAL OVERPAYM	ENT (MFBU)		
						Medi-Cal Eliç	
	Name		Date of Birth	Social Secur	ity Number	From	То
***************************************						-	
-							
If additional spa	ce is needed, us	se the MC 224 E	3-S (Supplemen	ital).			
		or all <i>potential</i>					
Recipient was por	tentially ineligible	for Medi-Cal from	(month/ve	to	(month/year)	because:	
		able property limit		,	(menus year)		
☐ B. Recipient sl	hould have been i	neligible for nursin		care from		to	
due to a dis	qualifying transfer v existed due to	of property.			(month/year)	(mo	onth/year)
		mplete only for		aibility)			
Overpayment is caccount, stocks, o	computed according cash, etc. Provide	ng to Title 22, Calif e bank or institutio west balance per	fornia Code of Re n account number n month. For ad	egulations, Sections or when available. I Iditional months of alance Per Mont	Deduct regular ind overpayment cor	come from the ac	count to which it
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—Su Potential overpayi Medi-Cal usage fo Actual overpayme	ment: \$ _ or period: \$ _	y worker/DHS i	(Highest amo	mplete where ap unt of excess proper y DHS) edi-Cal usage or exc	erty in any one mo		ayment period)
		omments (This arate sheet of pape		d to specify the circ	umstances of <i>ineli</i>	gibility.) (If additio	onal space is
Section VI—Co	unty Worker Co	ompleting Form	1				
Name (print)				County			
Signature				Date	EW number	Telephone n	number
<u> </u>							
		<u> </u>				/	·

MC 224 B (10/99)

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

Use this space for additional MFBU members, if needed. Attach to the MC 224 A. RECIPIENTS INCLUDED IN POTENTIAL OVERPAYMENT (MFBU) Modi-Cal Eligibility Date. From To										
Use this space for additional MFBU members, if needed. Attach to the MC 224 A. RECIPIENTS INCLUDED IN POTENTAL OVERPAYMENT (MFBU) Name Date of Birth Social Security Number From To Section III—Income Overpayment Computation Use this space for additional months of overpayment computations; if needed. 1 2 3 4 Correct Share-of-Cost (2-3) Share-of-Cost Met Share-of-Cost (2-3) Share-of-Cost Met Share-of-Cost (2-3) Share-of-Cost Met Share-of-Cost (2-3) Share-of-Cost Met Shar	Section	ı								
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Section IV—County Worker Comments (# additional space is needed, attach a separate sheet of paper.) Section V—County Worker Completing Form Name (print) County		\$	\$			\$		\$		\$
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SUPPLEMENTAL MEDI-CAL POTENTIAL OVERPAYMENT REPORTING WORK SHEET—PROPERTY TOTAL INELIGIBILITY OR INELIGIBILITY FOR A SPECIFIC LEVEL OF SERVICES

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	Name		Date of Birt	h Social Secu	rity Number	From	То
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Section VI Co	unty Worker Co	moleting Form			·		
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