

County of San Diego, Health and Human Services Agency (HHS)
Policy and Procedure Guide

**Medi-Cal Potential Overpayment Evaluations for Quality & Eligibility Support
Department (QESD) Staff Policy and Procedures**

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Revision Date:

10/13/2020

Background:

Overpayments occur when competent applicants or beneficiaries or their representatives provide incorrect information or fail to report new information timely that affects Medi-Cal eligibility or Share-of-Cost (SOC). QESD reviews Medi-Cal cases to determine if any potential overpayment exists. Requests may come from the Bureau of Public Assistance Investigations (BPAI) and the Department of Health Care Services (DHCS). Requests from BPAI may result in a prosecution or collection case. Prosecution cases will be identified as tag-a-long referrals to inform DHCS of BPAI involvement.

Purpose:

The purpose of this document is to define the policy and procedures for completing a potential overpayment evaluation on Medi-Cal cases. This material is being revised for the sunset review date and to align with current processes.

Policy:

QESD Human Services Specialists (HSSs) are required to identify and refer potential overpayments to DHCS by completing a review of the Medi-Cal case as outlined in Medi-Cal Program Guide (MPG) 16-02 and Overpayment Processing Guide 18.

Medi-Cal potential overpayment reviews must be completed when a request is received from DHCS, BPAI or when processing Integrated Fraud Detection (IFD) abstracts with an active Medi-Cal case when a potential prosecution referral to BPAI is being completed.

Procedures:

Medi-Cal overpayment evaluation requests from BPAI and DHCS are received through the generic email address. If it is determined that a potential Medi-Cal overpayment exists, staff must compute the potential overpayment for the period specified as outlined in the Medi-Cal Overpayment Processing Guide 18. A packet will be assembled as outlined in Section E of the Medi-Cal Overpayment Processing Guide 18. Prosecution cases must:

- Contain the tag-a-long version of the MC 609.
- Use the 07-38 to communicate to BPAI that there is a potential Medi-Cal overpayment.

All completed packets must include a copy of the IFD/BPAI/DHCS packet (when applicable) and will be submitted to the Supervising Human Services Specialist (SHSS) for review. SHSS will submit authorized packets for scanning and uploading into CERMS via email to [HHSA, EO QESDSupport](mailto:HHSA_EO_QESDSupport), stating in the subject line 'MC OP Computation'. Designated staff will forward Medi-Cal overpayment evaluation packets to DHCS via email to: Fraud@dhcs.ca.gov.

If it is determined that a potential Medi-Cal overpayment does not exist, the HSS must complete all steps mentioned above and use the 07-38 on all prosecution cases, to communicate to BPAI that there is no Medi-Cal overpayment.

References:

MPG 16-02

Overpayment Processing Guide 18

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Sunset Date:

This policy will be reviewed for continuance by 09/30/2023

Approval for Release:

Rick Wanne, 10-13-20

Rick Wanne, Director
Eligibility Operations