Article 11 Section 02 Fraud Policy

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11.02.01 Fraud Policy

11.02.01A General

CMS is a County program, which is not within the State Investigator's jurisdiction. However, DHCS and Public Assistance Fraud Division (PAFD) fraud investigation reports may be used to support a CMS eligibility determination.

A designated HCA worker has the responsibility of receiving CMS fraud referrals and investigating the situation to determine the facts.

Workers first use investigative interviewing techniques to resolve unclear, conflicting or inconsistent information.

If the worker…	Then…
is able to resolve issues,	eligibility is determined and no referral is necessary.
is unable to resolve issues and determine eligibility,	a referral to the CMS fraud worker is necessary.

On applications, the Fraud worker recommends what action the worker should take. On certifications, the Fraud worker determines if an overpayment has occurred and sets up a repayment plan as necessary.

CMSPG LTR #09 (02/12)