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Title 22@ Social Security

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Division 3@ Health Care Services

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Subdivision 1@ California Medical Assistance Program

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Chapter 2@ Determination of Medi-Cal Eligibility and Share of Cost

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Article 16@ OVERPAYMENTS, FRAUD AND IMPROPER UTILIZATION

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Section 50781@ Potential Overpayments

50781 Potential Overpayments

(a)

A potential overpayment occurs when all of the following conditions exist, as limited by (b). (1) A beneficiary, or other person acting on the beneficiary's behalf, has been informed verbally and in writing on the MC 210 cover sheet (9/91), and the certification in the Statement of Facts (Medi-Cal), MC 210 (3/92), or on the cover sheet to and the Application for Cash Aid, Food Stamps, and/or Medical Assistance (SAWS 1) (9/90) CA 1/DFA 285-A1, or on the Important Information For Applicants and Recipients For Cash Aid, Food Stamps and Medical Assistance (SAWS 2A) (5/92) (Important Information) CA2/DFA 285-A2/MC 210, or on the Statement of Facts Cash and Food Stamps - (JA2) (4/90) CA2/DFA 285-A2 of his/her responsibility to report completely and accurately, facts required pursuant to Subdivision 1, Chapter 2, which would affect eligibility or share or cost, and to report any changes in those facts within 10 days. (2) A beneficiary or the person acting on the beneficiary's behalf has completed and signed the Medi-Cal Applicant/Beneficiary Understanding, MC 210 (9/91) cover sheet and the certification in the Statement of Facts (Medi-Cal) MC 210 (3/92), or the certification in the Statement of Facts Cash Aid and Food Stamps - (JA2) (4/90) CA2/DFA 285-A2, or the certification in the Application for Cash Aid, Food Stamps, and/or Medical Assistance (SAWS 1) (9/90) CA1/DFA 285-A1, or the certification in the Important Information For Applicants and Recipients For Cash Aid, Food Stamps

and Medical Assistance (SAWS 2A) (5/92) (Important Information) CA2/DFA 285-A2/MC 210 and has, within his/her competence, done any of the following: (A) Provided incorrect oral or written information. (B) Failed to provide information required pursuant to Subdivision 1, Chapter 2, which would affect the eligibility or share of cost determination. (C) Failed to report changes in circumstances regarding any information required pursuant to Subdivision 1, Chapter 2, which would affect eligibility or share of cost within 10 days of the change. (3) These facts, when considered in conjunction with other information available on the beneficiary's circumstances, would result in ineligibility or an increased share of cost.

(1)

A beneficiary, or other person acting on the beneficiary's behalf, has been informed verbally and in writing on the MC 210 cover sheet (9/91), and the certification in the Statement of Facts (Medi-Cal), MC 210 (3/92), or on the cover sheet to and the Application for Cash Aid, Food Stamps, and/or Medical Assistance (SAWS 1) (9/90) CA 1/DFA 285-A1, or on the Important Information For Applicants and Recipients For Cash Aid, Food Stamps and Medical Assistance (SAWS 2A) (5/92) (Important Information) CA2/DFA 285-A2/MC 210, or on the Statement of Facts Cash and Food Stamps - (JA2) (4/90) CA2/DFA 285-A2 of his/her responsibility to report completely and accurately, facts required pursuant to Subdivision 1, Chapter 2, which would affect eligibility or share or cost, and to report any changes in those facts within 10 days.

(2)

A beneficiary or the person acting on the beneficiary's behalf has completed and signed the Medi-Cal Applicant/Beneficiary Understanding, MC 210 (9/91) cover sheet and the certification in the Statement of Facts (Medi-Cal) MC 210 (3/92), or the certification in the Statement of Facts Cash Aid and Food Stamps - (JA2) (4/90) CA2/DFA

285-A2, or the certification in the Application for Cash Aid, Food Stamps, and/or Medical Assistance (SAWS 1) (9/90) CA1/DFA 285-A1, or the certification in the Important Information For Applicants and Recipients For Cash Aid, Food Stamps and Medical Assistance (SAWS 2A) (5/92) (Important Information) CA2/DFA 285-A2/MC 210 and has, within his/her competence, done any of the following: (A) Provided incorrect oral or written information. (B) Failed to provide information required pursuant to Subdivision 1, Chapter 2, which would affect the eligibility or share of cost determination. (C) Failed to report changes in circumstances regarding any information required pursuant to Subdivision 1, Chapter 2, which would affect eligibility or share of cost within 10 days of the change.

(A)

Provided incorrect oral or written information.

(B)

Failed to provide information required pursuant to Subdivision 1, Chapter 2, which would affect the eligibility or share of cost determination.

(C)

Failed to report changes in circumstances regarding any information required pursuant to Subdivision 1, Chapter 2, which would affect eligibility or share of cost within 10 days of the change.

(3)

These facts, when considered in conjunction with other information available on the beneficiary's circumstances, would result in ineligibility or an increased share of cost.

(b)

If an increase occurred in a person's income or assets and that increase would not have affected the person's eligibility or share of cost in the month in which there was an increase in income or assets or in the following month because of the

10-day notice requirements specified in Sections 50179, 50185 and 50653.5, no potential overpayment exists in either such month.

(c)

No potential overpayment exists if the beneficiary informed the county department of circumstances which would result in ineligibility or an increased share of cost, and the county department failed to act on the information.

(d)

No potential overpayment exists when there is a failure on the part of a beneficiary to perform an act which is a condition of eligibility if the failure is due to an error by the Department or the county department.

(e)

For purposes of this section, potential overpayments shall be determined by applying the laws in effect in the month or months for which the potential overpayment is being determined.