**Medicaid Investigations**

Basic guidelines:

* Enter narrative on Investigative case in NC FAST with each step
* Place all evidence and forms in OneNote as case progresses

Investigation:

* Gather all available evidence
* If further evidence is needed from client, schedule a PI appointment at least 10 days out
  1. Mail PI Appointment Letter to all financially responsible adults
  2. Mail PI Request for Information (addressed to the same)
* If allegations substantiated, proceed with eligibility determination
* If allegations unsubstantiated, close investigative case
* If overpayment would be agency error, close investigative case

Determine eligibility:

* Overpayment due to Unreported Income:
  1. If ineligible under the original program, determine if eligible under any other program – as if the information had been reported correctly and timely
  2. Evaluate for job bonus and transitional (if applicable)
  3. Use the verified base period income and project it over the remainder of the cert period
  4. If multiple changes occur in the cert period, re-budget each change in the order in which it occurred
  5. Use the appropriate income levels for the period of ineligibility
  6. Determine if there is a new or increased deductible
  7. Determine periods of potential overpayment
* Overpayment due to Excess Resources:
  1. Determine available resources at beginning of each month of the cert period
  2. Use the appropriate resource levels for the period of ineligibility
  3. Determine if reserve fell below the allowable limit and when
  4. Determine periods of overpayment and excess resource amount

Investigation completed:

* If eligible in another program and no overpayment found, close investigative case
* If overpayment exists, send email to Supervisor to notify case is ready for review

Caseapproved by Supervisor:

* Schedule PI appointment at least 10 days out.
* Mail PI Appointment letter - addressed to all financially responsible adults
* If a new/increased deductible or excess reserve exists, complete DSS-8110’s and cover letter prior to PI appointment (postdate 8110’s and cover letter with date of PI appointment). If client reschedules, mail on original date of PI appointment, and keep copies to review with client.

a. 8110’s should reflect any potential overpayment periods determined in investigation

* If client fails to appear for the scheduled appointment, mail 8110’s and cover letter that day
* Add reminder to Outlook calendar under client’s name on 11th workday from date mailed - that 8110’s have expired

Client interview:

* Inform client you are investigating for possible overpayments
* Ask if there is anything he wishes to report that has not previously been revealed to DSS
* Discuss the subject of fraud.
* Explain client’s rights and responsibilities to determine if the client understands the concept of fraud. Ask client to explain his rights and responsibilities in his own words.
* Review the case file with client. Cover the eligibility points in questions. Confirm that the client did in fact make the statements document (or withheld) on each signed form.
* Ask again if client wishes to change any statements made or if he has new information to report.
* If client continues to affirm that all his statements previously made are true, present the client with known facts as well as evidence gathered to substantiate them.
* If client admits wrongdoing and wishes to acknowledge the truth, take a written statement as to which statements are false and have client sign and date it. A witness should also sign if available.
* Review the DSS-8110’s, what the purpose is, and what we are asking for. Give cover letter and 8110’s to client at interview
* Discuss possible outcomes with client
* Add reminder to Outlook calendar under client’s name on 11th workday from date given to client - that 8110’s have expired

Request Medicaid profiles:

* Ensure that the 8110’s have expired
* Review any medical bills or information received from client as a result of the DSS-8110’s
* Determine if/when deductible was met/reduced and if/when resources were reduced
* Complete DMA-5036 to show medical bills provided and remaining deductible
* Determine **actual** overpayment periods
  1. If client provided unpaid medical expenses or medical expenses not covered by Medicaid for a specific period, that period’s deductible is reduced.
  2. If client provided proof that resources were reduced during a specific period, that overpayment period is adjusted.
* Request Medicaid profiles using the DMA-7063 (fax to NC DMA)
  1. Request profiles for the **actual** overpayment periods determined after all information reviewed – this may or may not be the entire cert period
  2. If the recipient was found eligible for FPW, check the FPW block and indicate the dates of eligibility on the profile.
* Add a reminder to the Outlook Calendar (Brandi’s and yours) to request follow-up profiles if the overpayment period ended within 1 year of the initial profile request. The reminder date will be one year and one day from the overpayment period end date. (ie. overpayment ended 12/31/18, so the reminder will be set for 1/1/20)
  1. If the overpayment period ended over a year prior to the profile request, no follow up is needed

Determine overpayment:

* Review Medicaid profiles to determine claims paid for each person during overpayment period. Use Medicaid Overpayment worksheet or other means to show comparison and calculations for the overpayment.
  1. If overpayment is due to unreported income:
* Compare claims paid to deductible for each period to determine the overpayment. The lesser of the two is the overpayment. Combine overpayments for each period to get total overpayment.
  1. If overpayment is due to unreported excess resources:
  + Compare the highest amount of excess resources for each cert period to the amount of claims paid. The lesser of the two amounts is the overpayment. Combine overpayments for each period to get the total overpayment

Complete/Submit Investigative Summary:

* Reason For Erroneous Payment
  1. Provide a synopsis of why there is an overpayment
* Summary of Investigation
  1. Provide a timeline of events that occurred to prove your reason listed above
  2. Be thorough and accurate
* Evidence Collected During Investigation
  1. List all evidence you are providing with this case
  2. List them as Exhibits A-Z (if proposing prosecution)
* Recommendation
  1. List how you would like to proceed and why
  2. Inadvertent Household Error
  3. Intentional Program Violation
* Action Taken
  1. Request claim be established when approved
  2. Request case to be submitted for prosecution

Schedule additional PI appointment:

* Scheduled PI appointment at least 10 days out
* Mail PI Appointment Letter to all financially responsible adults

Second PI appointment:

* Review the overpayment
* Review the action that will be taken
  1. Established as an IHE or
  2. Submitted for prosecution
* If IHE claim, discuss debtor rights and responsibilities and provide client with VRA
* If client fails to appear, proceed without this interview

If establishing and IHE:

* Enter IHE claim in NCFAST (include all financially responsible adults as debtors)

If proceeding with IPV:

* Create a New Folder (using client’s name) under - PI Task Force/FRAUD/RESOURCES/Cases for Prosecution
* Create a subfolder named Exhibits and place all pertinent documents and each piece of evidence in that folder as Exhibits (ie. Exhibit 1, Exhibit 2, etc)
* Complete an Exhibit Checklist that names what each exhibit is
* Complete an Investigator’s Statement to provide to the DA
* Send an email to Supervisor to notify that case is ready for referral to APD
* Supervisor then sends case file to APD

Outcome:

* If case is not accepted, it is returned and will be established as an IHE
* If case is accepted, add legal details in NCFAST to pend for prosecution

**I’M NOT SO SURE WE CAN INCLUDE MA PROFILES IN THE INFORMATION SUBMITTED TO APD DUE TO HIPPA. I KNOW WE DID IN THE PAST (DIDN’T KNOW NOT TO), BUT I’VE HEARD IT DISCUSSED AT QUARTERLYS SINCE THEN, WHERE IT’S BEEN SAID THAT WE CAN’T SUBMIT PROFILES DUE TO HIPPA. YOU MAY WANT TO CHECK WITH ANGELA TO SEE IF THAT IS AN ISSUE AND IF IT IS, ARE WE OK WITH PROSECUTING WITHOUT PROVIDING THOSE. THE TOTALS PAGE SHOULD BE SUFFICIENT ANYWAY, WITHOUT THE DETAIL.**

**\*\*\*Tim Rhodes will complete any local appeal hearing requested by client if applicable\*\*\*  
\*\*\*Subject to change at any time\*\*\***