

### Potential Overpayment Referral

Today's Date \_\_\_\_\_

Mail Drop \_\_\_\_\_

Client Caused Overpayment

Agency Caused Overpayment

#### Section I - Completed by Case Specialist

1. Client Name \_\_\_\_\_ 2. Soc. Sec. No. \_\_\_\_\_ 3. Client ID No. \_\_\_\_\_

4. Method Discovered (*Check all that apply*)

Change Report      Case Specialist Routine      Case Read      Office of Inspector General Report

Fair Hearing      Other (*specify*): \_\_\_\_\_

5. Approximate Timeframe of Overpayment      Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

6. Did case specialist request verification for the potential overpayment period?      Yes      No

Was the information received?      Yes      No

7. Summary of Overpayment (*Explain in detail cause of Overpayment*)

8. Was Office of the Inspector General Investigation Conducted      Yes      No

9. If yes, is Office of Inspector General report attached      Yes      No

10. Case Specialist's Name \_\_\_\_\_ Phone Number \_\_\_\_\_ Date \_\_\_\_\_

#### Section II - Completed by Supervisor

1. Case File(s) and Summary Reviewed with Staff      Supervisor's Initials \_\_\_\_\_

2. A Working File has been Created to Keep at the Local Office      Supervisor's Initials \_\_\_\_\_

3. Date Sent to Quality Assurance Unit      Date \_\_\_\_\_

Emailed form to QA Overpayment Process [ccaeligibilityoverpayments@azdes.gov](mailto:ccaeligibilityoverpayments@azdes.gov)

Sent File to Quality Assurance Unit Mail Drop 83A1, 1789 W. Jefferson St. Phoenix, AZ 85007

4. Supervisor's Signature \_\_\_\_\_ Date \_\_\_\_\_

#### Section III - Completed by QA Auditor

1. Date Received by QA Unit \_\_\_\_\_

2. QA Auditor Name \_\_\_\_\_ Date Assigned \_\_\_\_\_

3. Overpayment Amount \$ \_\_\_\_\_ Date OP Completed \_\_\_\_\_ 4. Date Sent to OARC \_\_\_\_\_

5. QA Auditor Signature \_\_\_\_\_ Phone Number \_\_\_\_\_ Date \_\_\_\_\_