WISCONSIN DEPARTMENT OF HEALTH SERVICES
Division of Medicaid Services
F-10093 (09/2019)
Wisconsin Stat. § 49.46

OP

WISCONSIN MEDICAID AND BADGERCARE PLUS OVERPAYMENT NOTICE

INSTRUCTIONS: To be completed by an Income Maintenance worker at the local agency and mailed to the member. Retain a copy for the case file.

Under Wis. Stat. § 49.45(4), personally identifiable information provided is used directly for Medicaid and BadgerCare Plus program administration.

Member Name (Last, First, MI)

Member Address – Street	City	State	Zip Code

Overpayments occur when Medicaid and BadgerCare Plus benefits are paid for someone who was not eligible for them, or when Medicaid/BadgerCare Plus payments are made in an incorrect amount. The amount of recovery may not exceed the amount of the Medicaid/BadgerCare Plus benefits incorrectly provided.

You received more Medicaid/BadgerCare Plus benefits than you were eligible for. The amount of your overpayment is $_____ in this time period _____(date) to _____ (date).

By law you must repay the overpayment resulting from the type of error checked below. A Medicaid/ BadgerCare Plus Repayment Agreement will be sent to you that explains how you can repay this overpayment.

Reason for Overpayment

☐ Member Error

Member error is when a member, or any other person responsible for giving information on the member's behalf, unintentionally misstated the facts. Member error includes:

- Misstatement or omission of facts by a member or any other person responsible for giving information on the member's behalf at a Medicaid/BadgerCare Plus application or review.
- Failure on the part of the member or any person responsible for giving information on the member's behalf, to report changes within 10 days.

☐ Fraud

Fraud occurs when a member intentionally omits or provides erroneous information at the time of application or review.

Explanation of Error:

Right to a Hearing

You have the right to request a fair hearing if you believe the agency's decision that you received a Medicaid/BadgerCare Plus overpayment is wrong or if you disagree with the amount of the overpayment. You will get an Enrollment Letter that explains your hearing rights and how to appeal. The letter will explain that you may request a hearing orally or in writing, within 45 days of the date of the letter. You may be represented at a hearing by anyone you choose.

SIGNATURE – Income Maintenance Worker	Date Signed
County Agency Name	Case Number

Reset Form