PI – Unified Program Integrity Contractor (UPIC) Investigation Collaboration

Purpose:

1. To partner with the Centers for Medicare and Medicaid Services (CMS) to identify potential fraud, waste and abuse across the Medicaid and Medicare programs through collaboration and information sharing. This is a joint operating effort between CMS, CMS contracted entities, Iowa Medicaid Program Integrity (PI) Unit, Managed Care Plans (under contract to Iowa Medicaid) and law enforcement.

Identification of Roles:

RACI Definitions	
RACI - RACI charts are a type of responsibility assignment matrices in project management. These simple spreadsheets or tables highlight the different states of responsibility a stakeholder has over a particular task or deliverable and denotes it with the letters R, A, C, or I.	
(R)	Responsible
(A)	Accountable
(C)	Consulted
(I)	Informed

Centers for Medicare and Medicaid Services (CMS) – Provides findings, conducts outreach to Iowa Medicaid to assess PI needs, facilitates information/document sharing, and provides data support. **(A)**

Unified Program Integrity Contractor (UPIC) - CMS contracted entity completes and submits to the Iowa Medicaid an Investigation Plan (IP/Vetting Form) including Provider Information/Background, Allegation/Scheme, Iowa Medicaid Policy Citations, Sampling Plan,

Detailed Investigation Strategy, Documents to be Requested and any associated attachments. Works jointly on Iowa Medicaid approved FFS and MCP investigations. **(A)**

Iowa Medicaid PI Audits & Investigations – PI Audits & Investigations Manager or designee provides claims data, checks provider background (prior history/education), clarifies Policy, follows established PI Standard Operating Procedures for FFS investigations/appeals/grievances, and works jointly on investigations with MCPs, CMS and the UPIC. The PI Audits & Investigations team will pursue recoveries when appropriate. **(R)**

Iowa Medicaid PI Director – Provides oversight of FFS and MCP investigations/appeals/grievances and works jointly with the Iowa Medicaid PI Unit, MCPs, CMS and the UPIC. **(C, I)**

Managed Care Plan (MCP) - Provides claims data, clarifies Policy, follows established PI investigations/appeals/grievance processes, and works jointly on investigations with Iowa Medicaid, CMS and the UPIC. The MCP will pursue recovery from their provider network when appropriate. **(A)**

Performance Standards:

Iowa Medicaid PI will maintain timeframes for established PI Standard Operating Procedure: ***PI - Vetting of Tips and Referrals*** – initiated within 2 business days of receipt (of IP determination) and completed within 10 business days with a decision whether or not a full investigation will be opened (IP approval).

Review of UPIC Findings – completed within 30 days of receipt.

Submission of the UPIC Findings Review Outcome Form – completed within 60 days of receipt of UPIC Findings

Path of Business Procedure:

UPIC IP Vetting – Follow the established Standard Operating Procedure PI - Vetting of Tips and Referrals when the completed UPIC IP Vetting Form is received by Iowa Medicaid PI. The information will be logged into iSight, the case management system, and updated as needed for tracking purposed. Refer the IP to MCPs if there is managed care exposure.

1) Medicaid Policy Citation Verification –State Policy reviews and verifies FFS Policy included in the IP and MCPs review and verify MCP Policy for accuracy. If clarifications are required,

they are brought for discussion by Iowa Medicaid PI to the Iowa MPIC Call scheduled every other month.

2) State Iowa Medicaid PI approves, signs and returns the IP when agreement is reached that the IP will be moved forward by the UPIC. Discussion occurs in the MPIC Calls to resolve issues or concerns related to the IP.

3) Claims Data – If supplemental data is required or if prior claims review has been completed, the UPIC will request this information. Iowa Medicaid PI will provide requested FFS claims data and the MCPs will provide requested encounter data. MCPs will also verify encounter data is consistent with claims data provided by the UPIC.

4) Review of the UPIC Findings – Upon completion of their investigation, the UPIC will forward their findings along with the medical records supporting their findings (FFS claims review findings to Iowa Medicaid-PI and MCP findings to the MCPs).

5) Dispute and Resolution of Overpayment Findings – Agreement or disagreement with UPIC findings will be communicated in writing back to the UPIC via the UPIC Findings Review Outcome Form. Findings rebuttals may be discussed as required in the MPIC Call.

6) Referral to MFCU – Follow the established Standard Operating Procedure *PI – Full Review/Investigation Process 4.-5.*

7) Return Overpayments to CMS - Follow the established Standard Operating Procedure *PI – Overpayment Recoveries, Tracking 3.b.*

8) Pursuit of Provider Recoveries – Follow the established Standard Operating Procedures *PI – Full Review/Investigation Process 1.-3., 6* and *PI – Overpayment Recoveries, Tracking 3.* (Refer also to Desk Guide for Letter Routing). The MCP is responsible to recover from their network provider. Iowa Medicaid PI will receive and return the federal share of the recovery to CMS.

9) Provider Appeal/Grievance Process – Follow Appeal rights and procedures set forth in Iowa Code Chapter 17A, Section 12 and 441 Iowa Administrative Code Chapter 7. Provider

appeals must be received within 90 calendar days of the Findings and Order for Repayment (FOR) Letter. The UPIC will provide appeal support as required.

Forms/Reports:

Iowa Synchronized Audit (ISAP) Process
Investigation Plan (UPIC IP/Vetting Form)
Initial Findings Report (RFP) – UPIC form
Final Findings Report (FFR) – UPIC form

Interfaces:

Iowa Medicaid
CMS
UPIC
MCPs
MFCU
iSight

Attachments:

Iowa Synchronized Audit (ISAP) Process

Iowa Synchronized Audit(ISAP) Process.pc