

## PI – Vetting of Tips and Referrals

### Purpose:

Define the procedure whereby fraud, waste or abuse tips and referrals are processed within the Iowa Medicaid Program Integrity (PI) Unit.

### Identification of Roles:

<b>RACI Definitions</b>	
<b>RACI</b> - 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.	
<b>(R)</b>	Responsible
<b>(A)</b>	Accountable
<b>(C)</b>	Consulted
<b>(I)</b>	Informed

Iowa Medicaid PI A&I Manager - receives and assign tips and referrals received from both internal and external sources: **(A)**

- FWA Email
- Iowa Medicaid PI Fraud Hotline
- State Fraud Hotline/Council Bluffs Call Center
- Explanation of Medical Benefits (EOMBs)
- State Policy Staff and Leadership
- Medical Services
- Provider Cost Audit and Rate Setting
- Revenue Collections
- Provider Services
- Member Services
- CORE
- Managed Care Plans (MCPs)
- PI Tools – Algorithms, SURS Reports, Vulnerability Assessments etc.
- Other External – Medicaid Fraud Control Unit (MFCU), US Attorney’s Office, Unified Program Integrity Contactor (UPIC) etc.

Iowa Medicaid PI Investigator – conducts assessment/vetting of tips and referrals to determine whether a full investigation is warranted. **(R)**

## Performance Standards:

The tip/referral vetting process will be initiated within 2 business days of receipt and completed within 10 business days with a decision whether or not a full investigation will be opened.

## Path of Business Procedure:

- 1) The tip/referral is assigned, and the designated investigator documents the tip/referral and assesses credibility (Refer to *Vetting a Tip* and *i-Sight – Opening, Closing and Promoting a Tip to an Investigation (Direct Referrals)* desk guides).
- 2) At a minimum, the investigator will perform the following activities to successfully vet a tip or referral:
  - Contact the tip reporter to get details for a full understanding of the allegation.
  - Assess MMIS for information on provider type, enrollment status and appropriate NPI/provider numbers.
  - Obtain data to support the allegation if applicable.
  - Check social media sites, internet, Lexis Nexis etc. to find additional information.
  - View prior closed case files and databases to determine prior provider case history and/or education.
  - Review Provider Alert list and MFCU open case list
- 3) If initial vetting indicates credible allegation of fraud or abuse, the issue is discussed with Iowa Medicaid PI Audits and Investigations Manager(s) and/or the PI Account Manager. If it is determined that there is credible allegation, the vetting process is stopped, and the provider file is directly referred to MFCU for investigation. ***PI will not initiate a full review on any direct referrals unless the issue is declined by MFCU nor will PI open a new case on a provider for which MFCU has an existing open case.***
- 4) When the vetting process has been completed, the investigator will make a decision on whether or not the tip or referral will progress into a full investigation:
  - If a full investigation will be opened, proceed to the *Full Investigation – FFS* or the *Full Investigation – MCP SOP*.
  - If a full investigation will not be opened follow the applicable instructions in the desk guides *Vetting a Tip* and *i-Sight – Opening, Closing and Promoting a Tip to an Investigation (Direct Referrals)*.

## **Forms/Reports:**

Program Integrity Tip/Referral form

## **Interfaces:**

iSight  
Other Iowa Medicaid Units  
MFCU  
UPIC  
US Attorney's Office

## **Attachments:**

Iowa Medicaid Program Integrity Tip Form

