

PI – Sending a Good Cause Exception (GCE) Request

Purpose:

- I. The purpose of this standard operating procedure (SOP) is to provide an outline for sending a GCE to the MCPs, state, and Medicaid Fraud Control Unit (MFCU). Since provider action may take place, these entities must be provided the opportunity to give feedback as to whether this will affect their business practices.

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

MCP Oversight Specialist - responsible for completing, saving, tracking and sending out GCE requests. **(R, A)**

Iowa Medicaid Program Integrity Unit - responsible for receiving and reviewing email notifications pertaining to GCE requests. **(C, I)**

Managed Care Reporting and Oversight Bureau – responsible for receiving and reviewing email notifications pertaining to GCE requests. **(C, I)**

Performance Standards:

Entities must provide a written response to the GCE if it is being requested within five (5) business days.

Path of Business Procedure:

- I. Once a provider notice is received, complete and credible, the following steps must occur to send out a GCE Request.

- a. Copy the GCE Form into the provider folder at Y:\PROGRAM INTEGRITY\Provider Master\2_PENDING REFERRAL TO MFCU\MFCU REFERRAL CASE REVIEW.
- b. Name the GCE Form as “GCE Request – Provider First and Last name/Name of Organization”
- c. Open the GCE Request and update the following information:
 - i. Date
 - ii. From
 - iii. Provider Name
 - iv. Provider Address
 - v. Provider NPI
- d. Save the updated GCE Request form.
- e. Send a secure email with the following format and verbiage listed below to all MCPs, dental plan, state, contract, and MFCU personnel designated with the GCE Request form as an attachment:

SUBJECT: GCE Network Impact Request - DUE BY (enter date 5 business days out) - INITIALS

The following provider is currently under review by IOWA MEDICAID and MFCU for Credible Allegation of Fraud payment suspension.

Provider Name:

Provider Address:

Provider NPI:

Iowa Medicaid is reaching out to allow an opportunity for you to review and consider the impact to your network. If it is determined that network adequacy will be compromised, you may request a Good Cause Exception (GCE) by completing the attached form.

Please clearly indicate the reasons for the exception request by marking an "X" next to the justification(s) that is applicable to the case for consideration.

Your response is required within five (5) business days to FWAreports@dhs.state.ia.us

If a response is not received by the due date, IOWA MEDICAID PI WILL ASSUME THERE IS NO GCE.

2. MCP Oversight Specialist will create a folder in the associated provider folder called “GCE Responses.” Any GCE responses received will be placed in this folder.

Forms/Reports:

Iowa GCE Request 2023

Each provider has a folder that contains all the provider notice documentation (including GCE Request information) prior to sending to MFCU, and can be found here:

<\\dhsime\IMEUNIVERSAL\1 - Bureau of Program Integrity and Compliance\PROGRAM INTEGRITY\Provider Master\2. PENDING REFERRAL TO MFCU>

Interfaces:

Microsoft Office

Attachments:



Iowa GCE Request
2023.docx