

PI – Updating the MFCU Referral Case Review Spreadsheet

Purpose:

1. The purpose of this standard operating procedure (SOP) is to outline the process followed when completing the MFCU Referral Case Review Spreadsheet. Keeping this spreadsheet up to date provides tracking of cases, as well as checks and balances for the MFCU referrals for the MCP monthly reports.

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 to receive and prepare the provider notices and update the MFCU Referral Case Review Spreadsheet with any applicable information about the referrals. **(R, A)**

Performance Standards:

N/A

Path of Business Procedure:

1. The referral comes in and is accepted.
2. The Provider's name (Column A), NPI # (Column B), Date of Notice (Column C), Referred By (Column D), Medical Records Received (Column F), Sample Exposed Dollar Amount (Column M) and Amount of Overpayment (Column N) can be filled out.
3. The Allegation (Column J) is added as a comment with the specific allegation and violation information or other relevant information.
4. The Referral Process Checklist is then sent to the appropriate parties to gather information within 5 business days.

5. After this information is provided back, the Previous Education or Review (Column E), Total FFS Universal Claims Paid (Column K), and Total Encounter Universal Claims Paid (Column L) will be updated.
6. Additionally, the GCE request will be sent out around this time and the MCPs will have 5 business days to respond. The date the GCE is sent out is Column G and the determination from each party is marked in Column H. Column I shows the type of GCE Requested.
7. Column O will be filled out on the date that the State Medicaid Agency reviews the referral.
8. Columns P and Q are to be filled out with the determination made from the State. Column P requires that you input the status of Accept or Reject and Column Q shows the CAF determination of credible or not credible.
9. Column R shows the review decision and documents the next steps. If the referral was accepted and credible, it would be referred to MFCU. If not, it would be returned to the MCP or referring party.
10. Iowa Medicaid will send a notification with the transmission of the referrals to MFCU which can be used to populate the Date Sent to MFCU (Column S) box.
11. MFCU responds to the FWA reports mailbox with the determination of the case. This will be used to update the Case Opened or Declined (Column T) box.
12. The date that the determination is sent back to the MCP is input into the “Referred for Administrative Action” field in Column U.
13. Column V is a field to update whether (or not) the MCP is attempting to recoup the funds from the provider. This field is only able to be updated when a determination at the MCP.

Forms/Reports:

MFCU Referral Case Review

Location of spreadsheet: [\\dhsime\IMEUNIVERSAL\1 - Bureau of Program Integrity and Compliance\PROGRAM INTEGRITY\Provider Master\2. PENDING REFERRAL TO MFCU](#)

Interfaces:

Microsoft Office

Attachments:



SFY 2023 MFCU
Referral Case Review.

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Version 3.0
May 19, 2023