

Medicaid Provider Administrative Review Request

Purpose: Once a provider has exhausted ALL dispute options available with the Managed Care Plan (MCP), the provider may request the agency to review the post payment activity decision.

Instructions: Please complete this form and return it with the MCPs final written notice within ten (10) calendar days from written MCP final decision. The form must be sent to the Iowa Medicaid Program Integrity and Compliance Bureau via the Audits and Investigations mailbox, FWA_Audits@hhs.iowa.gov and copy the MCP representative and contact identified in the Audit Details below.

NOTE: If the required information requested is not included or the request is not filed in a timely manner, the request will be rejected and returned to the requestor. Additionally, MCP representative refers to the MCP's auditor, investigator and/or representative.

Disputes NOT Considered for Agency Review:

- Overpayments less than:
 - \$100,000 for provider agencies or organizations
 - \$50,000 for certified or licensed individual practitioners
 - \$10,000 for Home and Community Based Services (HCBS) individual providers
- Overpayments related to a failure to respond timely to the documentation requests to the MCP.
- Re-evaluation of medical necessity determinations.

Section 1: Provider Information

Provider Name:	
Provider NPI/ ID:	
Mailing Address:	
Phone Number:	
Email Address:	
Point of Contact for this Review:	

Section 2: Audit Details

Managed Care Plan (MCP):	
MCP Representative (cc):	
MCP Representative Email:	
Final Overpayment:	
Disputed Overpayment:	
Date of Notice:	

Section 3: Dispute for Agency Review:

Dispute	Error(s) or Citation(s)
Error in the Post Payment Review Process	
Disagreement in the Interpretation of: <input type="checkbox"/> Administrative Code(s) <input type="checkbox"/> Rule(s) <input type="checkbox"/> Provider Manual(s) <input type="checkbox"/> Policy <input type="checkbox"/> Billing Guidance	

Section 3.1: Overview of Dispute:

Provide an overview of your dispute including a detailed explanation outlining the basis of the issue(s) for administrative reconsideration. (Examples: policy references, claim number and rule citations)

Dispute	Overview
Error in Post Payment Review Process	
Disagreement in the Interpretation of:	
Administrative Code(s)	
Rule(s)	
Provider Manual(s)	
Policy	
Billing Guidance	

Section 4: Provider Acknowledgement

I acknowledge by requesting the administrative review, that the Agency will only review documentations previously submitted to the Managed Care Plan a part of the notice of finding(s) under dispute.

First & Last Name:	
Title:	
Date:	