



Iowa Department of Health and Human Services  
**Report of Quality Control Review - Medicaid**

<b>A.</b> Case Name	Case No		QC Review No.
IM Worker Name/No. and Supervisor Name:	County Name/No.:	Service Area Name/No.:	Program:
QC Reviewer:	Sample Month:	Report Date:	Response Due Date:

**B. Case Review Outcome:** *(Any over/underissuance listed below is based on federal QC policies. When completing a claim, follow state manual/policy.)*

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> <b>Correct Case</b>  | <input type="checkbox"/> <b>Agency Error</b>      | <input type="checkbox"/> <b>Client Error</b> |
| <b>Negative</b>                               | <b>Active</b>                                     |  |
| <input type="checkbox"/> Improper Denial      | <input type="checkbox"/> Ineligible               | <input type="checkbox"/> SOC Overstated      |
| <input type="checkbox"/> Improper Termination | <input type="checkbox"/> Deficiency               | <input type="checkbox"/> SOC Understated     |
| <input type="checkbox"/> Deficiency           | <input type="checkbox"/> Incorrect Coverage Group |  |
| <input type="checkbox"/> Undetermined         | <input type="checkbox"/> Undetermined             |  |
| <input type="checkbox"/> New Information      | <input type="checkbox"/> New Information          |  |

Case Review Summary:

Manual/Reference:

**C. Field Response:**

**1. Corrective Action**

Corrected to QC Findings

Not Corrected to QC Findings

Claim Completed

Adjustment Completed

Date:

Date:

Total Amount:

Total Amount:

Time Period (to/from):

Time Period (to/from):

Potential SNAP IPV Referral

Potential SNAP IPV was not referred.

Date:

**2. Error Prevention**

**What do you think could help prevent this error(s) from occurring in the future (e.g. training, manual changes, improved technology, form updates)?**

Signature of IM Worker	Date
Signature of Service Area IM Supervisor	Date
Signature of ICRU Worker (if applicable)	Date
Signature of ICRU Supervisor (if applicable)	Date