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# **State/Territory Name: Alabama**

# State Plan Amendment (SPA) #: 17-0007

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES Centers for Medicare & Medicaid Services Atlanta Regional Office 61 Forsyth Street, Suite 4T20 Atlanta, Georgia 30303



### DIVISION OF MEDICAID & CHILDREN'S HEALTH OPERATIONS

December 20, 2017

Ms. Stephanie Azar, Commissioner Alabama Medicaid Agency 501 Dexter Avenue Post Office Box 5624 Montgomery, Alabama 36103-5624

Re: Title XIX State Plan Amendment, AL #17-0007

Dear Ms. Azar:

Enclosed is an approved copy of Alabama's State Plan Amendment (SPA) 17-0007, received November 1, 2017. This SPA provides for an exception to 42 CFR 455.502(b), while the state procures a new Recovery Audit Contractor (RAC) vendor. The approval for the exception to the RAC requirements due to procurement is effective December 1, 2017 and expires on November 30, 2020. This SPA was approved on December 20, 2017.

If you have any questions regarding this SPA, please contact Alice Hogan at 404-562-7432 or <u>Alice.Hogan@cms.hhs.gov</u>.

Sincerely,

//s//

Charles Friedrich Acting Associate Regional Administrator Division of Medicaid & Children's Health Operations

Enclosures

DEPARTMENT OF HEALTH AND HUMAN SERVICES HEALTH CARE FINANCING ADMINISTRATION		FORM APPROVED OMB NO. 0938-0193
TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: AL-17-0007	2. STATE Alabama
FOR: HEALTH CARE FINANCING ADMINISTRATION	3. PROGRAM IDENTIFICATION: TIT SOCIAL SECURITY ACT (MEDICA	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE November 1, 2017	
5. TYPE OF PLAN MATERIAL (Check One):		
	CONSIDERED AS NEW PLAN	AMENDMENT
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AME		amendment)
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT:	
42 CFR §455.12	a. FFY 2017 0	
	b. FFY 2018 0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERSI	
Section 4.5 Deces 26.1 and 26.2	OR ATTACHMENT (If Applicable):	
Section 4.5, Pages 36.1 and 36.2	Section 4.5 Decay 26.1 and 26.2	
	Section 4.5, Pages 36.1 and 36.2	
10. SUBJECT OF AMENDMENT:		
The primary purpose for this amendment is to seek an exception to 42 CF	r §455.502(b), the Medicaid Recovery A	udit Contractor (RAC)
program.		
11. GOVERNOR'S REVIEW (Check One):		
GOVERNOR'S OFFICE REPORTED NO COMMENT	OTHER, AS SPEC	IFIED:
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED	Governor's designe	
NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	via letter with CM	S

COMMENTS OF OOVERNOK S OFFICE ENCLOSED
NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL:	
//s//	

13. TYPED NAME:

Stephanie McGee Azar

14. TITLE:

Commissioner

15. DATE SUBMITTED: 11/01/17

#### 16. RETURN TO: Stephanie McGee Azar Commissioner Alabama Medicaid Agency 501 Dexter Avenue Post Office Box 5624 Montgomery, Alabama 36103-5624

FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED:11/01/2017	18. DATE APPROVED: 12/20/17		
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL:	20. SIGNATURE OF REGIONAL OFFICIAL:		
11/01/17	//s//		
21. TYPED NAME:	22. TITLE: Acting Associate Regional Administrator		
Charles Friedrich	Division of Medicaid & Children's Health Operations		
23. REMARKS:			

### State: ALABAMA

## **PROPOSED SECTION 4 - GENERAL PROGRAM ADMINISTRATION**

### 4.5 Medicaid Recovery Audit Contractor Program

<u>Citation</u>	
Section 1902(a)(42)(B)(i) of the Social Security Act	X The State has established a program under which it will contract with one or more recovery audit contractors (RACs) for the purpose of identifying underpayments and overpayments of Medicaid claims under the State plan and under any waiver of the State plan.
	X The State is seeking an exception to establishing such program for the following reasons:
	The State is seeking a three-year exception to 42 CFR §455.502(b), the Medicaid Recovery Audit Contractor (RAC) program, in order to procure a RAC vendor. The State did not receive any proposals in response to the Medicaid Recovery Audit Contractor (RAC) Services Request for Proposals issued on June 1, 2017. The Agency's Program Integrity Division (PID) is responsible for detecting fraud and/or abuse. PID staff conducts post-payment reviews using medical records and claims data, initiates recoupments, works with investigators and/or Attorney General's office on open cases, and coordinates with program staff to identify opportunities to correct or improve billing policies and system problems to avoid misspent dollars. Provider self-audits are also required following a desk review in which billing errors were identified.
Section 1902(a)(42)(B)(ii)(I) of the Act	<u>N/A</u> The State/Medicaid agency has contracts of the type(s) listed in section 1902(a)(42)(B)(ii)(I) of the Act. All contracts meet the requirements of the statute. RACs are consistent with the statute.
Section 1902 (a)(42)(B)(ii)(II)(aa) of the Act	Place a check mark to provide assurance of the following:
	<u>N/A</u> The State will make payments to the RAC(s) only from amounts recovered.
	<u>N/A</u> The State will make payments to the RAC(s) on a contingent basis for collecting overpayments.
	The following payment methodology shall be used to determine

State payments to Medicaid RACs for recovered overpayments (e the percentage of the contingency fee):	∍.g.,
N/A The State attests that if the contingency fee rate paid to the Medicaid RAC will exceed the highest rate paid to Medicare RAC as published in the Federal Register, the State will only submit for FFP up to the amount equivalent to that published rate.	
<u>N/A</u> The following payment methodology shall be used to determine State payments to Medicaid RACs for underpaymen	ıts:
N/A The State will submit a justification seeking to pay the Medicaid RAC(s) a contingency fee higher than the highest contingency fer rate paid to Medicare RACs as published in the Federal Register	ee
N/A The State has an adequate appeal process in place for entities to appeal any adverse determination made by the Medicaid RAC(s	
N/A The State assures that the amounts expended by the State to ca out the program will be amounts expended as necessary for the proper and efficient administration of the State plan or a waived the plan.	e
N/A The State assures that the recovered amounts will be subject to State's quarterly expenditure estimates and funding of the State share.	
N/A Efforts of the Medicaid RAC(s) will be coordinated with other contractors or entities performing audits of entities receiving payments under the State plan or waiver in the State, and/or St and Federal law enforcement entities and the CMS Medicaid Integrity Program.	ate
<u>1</u>	<ul> <li>the percentage of the contingency fee):</li> <li>N/A The State attests that if the contingency fee rate paid to the Medicaid RAC will exceed the highest rate paid to Medicare RAC as published in the Federal Register, the State will only submit for FFP up to the amount equivalent to that published rate.</li> <li>N/A The following payment methodology shall be used to determine State payments to Medicaid RACs for underpayment</li> <li>N/A The State will submit a justification seeking to pay the Medicaid RAC(s) a contingency fee higher than the highest contingency fer rate paid to Medicare RACs as published in the Federal Register</li> <li>N/A The State has an adequate appeal process in place for entities to appeal any adverse determination made by the Medicaid RAC(s)</li> <li>N/A The State assures that the amounts expended by the State to ca out the program will be amounts expended as necessary for the proper and efficient administration of the State plan or a waive the plan.</li> <li>N/A The State assures that the recovered amounts will be subject to State's quarterly expenditure estimates and funding of the State share.</li> <li>N/A Efforts of the Medicaid RAC(s) will be coordinated with other contractors or entities performing audits of entities receiving payments under the State plan or waiver in the State, and/or St and Federal law enforcement entities and the CMS Medicaid</li> </ul>