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State/Territory Name: Kentucky

State Plan Amendment (SPA) #: 19-0006

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 61 Forsyth Street S.W. Suite 4T20 Atlanta, Georgia 30303



Atlanta Regional Operations Group

October 31, 2019

Carol H. Steckel, Commissioner Department for Medicaid Services 275 East Main Street, 6WA Frankfort, KY 40621-0001

Re: Kentucky State Plan Amendment 19-0006

Dear Ms. Steckel:

We have reviewed the proposed Kentucky state plan amendment, KY 19-0006, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on October 29, 2019. The purpose of the amendment is to request an exemption to the requirement to enter into a contract with a Recovery Audit Contractor (RAC) pursuant to Section 1902(a)(42)(B)(i) of the Social Security Act.

Based on the information provided, the Medicaid State Plan Amendment KY 19-0006 was approved on October 31, 2019. This amendment is effective for the two-year period of April 1, 2020 through April 1, 2022. We are enclosing the approved HCFA-179 and a copy of the new state plan pages.

If you have any additional questions or need further assistance, please contact Melanie Benning at (404) 562-7414 or Melanie.Benning@cms.hhs.gov.

Sincerely,

/s/

Davida R. Kimble
Acting Deputy Director
Division of Medicaid Field Operations South

Enclosures

CENTERS FOR MEDICARE & MEDICAID SERVICES		OIVID IVO. 0930-0193
TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER	2. STATE
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE	
5. TYPE OF PLAN MATERIAL (Check One)	•	
☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSI		AMENDMENT
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMEN	<u> </u>	amendment)
6. FEDERAL STATUTE/REGULATION CITATION	7. FEDERAL BUDGET IMPACT a. FFY\$ b. FFY\$_	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT	9. PAGE NUMBER OF THE SUPERS OR ATTACHMENT (If Applicable)	EDED PLAN SECTION
10. SUBJECT OF AMENDMENT		
11. GOVERNOR'S REVIEW (Check One) GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	OTHER, AS SPECIFIED	
12. SIGNATURE OF STATE AGENCY OFFICIAL	16. RETURN TO	
/s/		
13. TYPED NAME		
14. TITLE		
15. DATE SUBMITTED		
FOR REGIONAL OF	FICE USE ONLY	
17. DATE RECEIVED 10/29/19	8. DATE APPROVED 10/31/19	
PLAN APPROVED - ON		
19. EFFECTIVE DATE OF APPROVED MATERIAL 04/01/20	20. SIGNATURE OF REGIONAL OFFICI. /s/	AL
21 TYPED NAME	22. TITLE Acting Deputy Director	
Davida R. Kimble	Division of Medicaid Field Operations Se	outh
23. REMARKS		

4.5.1 Medicaid Recovery Audit Contractor Program

Citation

Section 1902(a)(42)(B)(i) Of the Social Security Act 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.

The State is seeking an exception to establishing such program for the following reasons:

On 8/16/19, the Commonwealth of Kentucky was informed by our current RAC, Optum that they will not be interested in contracting with the Commonwealth after the contract ends in 3/31/20. Optum has been our sole respondent to our last two (2) RFP postings RFP 758 1700000001 (current contractual agreement effective 4/4/17)) and RFP 758 1000000342 (prior contractual agreement effective 10/4/10).

After consulting with CMS and observing the trends in other states (and our experience with lack of responses in the bidding process), the Commonwealth does not believe it is practical to put out a proposal at this time. The Commonwealth also believes that by utilizing alternative resources that provider recovery will be more successful than our current Recovery Audit Contractor who has struggled with the implementation of the MCO recovery since 4/4/17. We believe our alternative resources will align with federal guidelines and program initiatives to detect and protect the State Medicaid Program from fraud and abuse by providers and recipients as applicable.

Our Alternative Resources are as follows:

The Commonwealth intends to continue the utilization of the Joint Operating Agreement with the CMS Unified Program Integrity Contractor (UPIC), AdvanceMed, to include audits of the providers that the Kentucky RAC previously conducted. We are also going to expand our Managed Care Organizations (MCO) audits with AdvanceMed to include data driven analytics (algorithms) to identify overpayments (and underpayments as applicable). The Commonwealth is also researching the possibility of contracting with a state university to identify possible overpayment (and underpayment if applicable) on both MCO encounters (and the actual claims if necessary) and Fee for Service (FFS) claims.

TN No. 19-006

Supersedes TN No.: 10-012 Approved Date: <u>10/31/19</u> Effective Date: <u>April 1, 2020</u>

4.5.1 Medicaid Recovery Audit Contractor Program (EXCEPTIONS) Citation Exception The State/Medicaid Agency has contract of the types(s) listed in Section 1902(a)(42)(B)(ii)(I) of the Act \Box Section 1902(a)(42)(B)(ii)(I) of the Act. All contracts meet the requirements of the statute. RACs are consistent with the statute. Place a check mark to provide assurance of the following: The State will make payments to the RAC(S) only from amounts recovered. 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 Section 1902(a)(42)(B)(ii)(II)(aa) of the Act payments to Medicaid RACs for identification and recovery of overpayments (e.g., the percentage of the contingency fee): The State attests that the contingency fee rate paid to the Medicaid RAC will not exceed the highest rate paid to Medicare RACs, as published in the Federal Register. The State attests that the contingency fee rate paid to the Medicaid RAC will exceed the highest rate paid to Medicare RACs, as published in the Federal Register. The State will only submit for FFP up to the amount equivalent to that published rate The contingency fee rate paid to the Medicaid RAC that will exceed the highest rate paid to Medicare RACs, as published in the Federal Register. The State will submit a justification for that rate and will submit for FFP for the full amount of the contingency fee. Section 1902 (a)(42)(B)(ii)(II)bb) of the Act The following payment methodology shall be used to determine State payments to Medicaid RACs for the identification of underpayments (e.g., amount of flat fee, the percentage of the contingency fee): Section 1902 (a)(42)(B)(ii(III) of the Act The State has an adequate appeal process in place for entities to appeal any adverse determination made by the Medicaid RAC(s).

TN No. <u>19-006</u>

Supersedes Approved Date: 10/31/19 Effective Date: April 1, 2020

TN No.: 10-012

4.5.1 <u>Medicaid Recovery Audit Contractor Pro</u>	gram (Exemptions)
Section 1902 (a)(42)(B)(ii)(IV)(aa) of the Act		The State assures that the amounts expended by the State to carry out the program will be amounts expended as necessary for the proper and efficient administration of the State Plan or a waiver of the Plan.
Section 1902 (a)(42)(B)(ii)(IV)(bb) of the Act		The State assures that the recovered amounts will be subject to a State's quarterly expenditure estimates and funding of the State's share.
Section 1902 (a)(42)(B)(ii)(IV)(cc) of the Act		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 State and Federal law enforcement entities and the CMS Medicaid Integrity Program

Approval Date: 10/31/19 Effective Date: April 1, 2020

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SECTION 4 – GENERAL PROGRAM ADMINISTRATION

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TN No. <u>19-006</u> Supersedes TN No. <u>12-003</u>

Approval Date: <u>10/31/19</u>

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TN No. 19-006

Supersedes TN No.: 12-003

Approved Date: 10/31/19 Effective Date: April 1, 2020