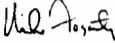
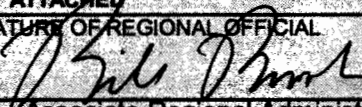


TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES		1. TRANSMITTAL NUMBER <div style="text-align: center; font-size: 1.2em;">1 2 - 0 9</div>	2. STATE <div style="text-align: center; font-size: 1.2em;">Oklahoma</div>
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
5. TYPE OF PLAN MATERIAL (Check One)		4. PROPOSED EFFECTIVE DATE <div style="text-align: center;">January 1, 2012</div>	
<input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS A NEW PLAN <input checked="" type="checkbox"/> AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION Section 6411 of the Affordable Care Act, 1902(a)(42) of the SSA	7. FEDERAL BUDGET IMPACT a. FFY <u>2010</u> \$0 b. FFY <u>2011</u> \$0		
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT <div style="text-align: center;">Attachment 4.5-A, Page 1</div>	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) <div style="text-align: center;">Same Page, New 02-09-11 TN# 10-37</div>		
10. SUBJECT OF AMENDMENT <div style="text-align: center;">State request exception as we are currently in the re-procurement process for a RAC contractor.</div>			
11. GOVERNOR'S REVIEW (Check One)			
<input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		<input checked="" type="checkbox"/> OTHER, AS SPECIFIED The Governor does not review State Plan material.	
12. SIGNATURE OF STATE AGENCY OFFICIAL 	16. RETURN TO Oklahoma Health Care Authority Attn: Cindy Roberts 2401 NW 23rd Street, Suite 1A Oklahoma City, OK 73107		
13. TYPED NAME Mike Fogarty			
14. TITLE Chief Executive Officer			
15. DATE SUBMITTED March 30, 2012			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED <div style="text-align: center;">30 March, 2012</div>	18. DATE APPROVED <div style="text-align: center;">26 April, 2012</div>		
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL <div style="text-align: center;">1 January, 2012</div>	20. SIGNATURE OF REGIONAL OFFICIAL 		
21. TYPED NAME Bill Brooks	22. TITLE Associate Regional Administrator Division of Medicaid & Children's Health		
23. REMARKS <div style="display: flex;"> <div style="flex: 1;"> c: Mike Fogarty Cindy Roberts Tywanda Cox Traylor Rains </div> <div style="flex: 2; font-family: cursive;"> Pen + Ink Change made per state's E-mail dated 30 April, 2012 changing the date of the RAC Contract from June 1, 2012 to August 1, 2012. </div> </div>			

State OKLAHOMA

STATE Oklahoma
DATE REC'D 3-30-12
DATE APP'VD 4-26-12
DATE EFF 1-1-12
NOFA 179 12-09

Attachment 4.5-A
Page 1

PROPOSED SECTION 4 - GENERAL PROGRAM ADMINISTRATION

4.5 Medicaid Recovery Audit Contractor Program

<p><u>Citation</u></p>	<p>Section 1902(a)(42)(B)(i) of the Social Security Act</p>	<p>Section 1902(a)(42)(B)(ii)(I) of the Act</p>	<p>Section 1902 (a)(42)(B)(ii)(II)(aa) of the Act</p>	<p><u>X</u> 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.</p> <p><u>X</u> The State is seeking an exception to establishing such program for the following reasons:</p> <p>The State is currently in the procurement process and expects to have a RAC contract in place no later than June 1, 2012. August</p> <p><u>X</u> The State/Medicaid agency will implement 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.</p> <p>Place a check mark to provide assurance of the following:</p> <p><u>X</u> The State will make payments to the RAC(s) only from amounts recovered.</p> <p><u>X</u> The State will make payments to the RAC(s) on a contingent basis for collecting overpayments.</p> <p>The following payment methodology shall be used to determine State payments to Medicaid RACs for identification and recovery of overpayments (e.g., the percentage of the contingency fee): The exact contingency fee percentage has not yet been determined for this contract.</p> <p><u>X</u> 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.</p> <p><u> </u> 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.</p>
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TN No. 12-09
Supersedes
TN No. 10-37

Approval Date: 4-26-12

Effective Date: 1-1-12

SUPERSEDES: TN- 10-37