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State/Territory Name: Delaware

State Plan Amendment (SPA) #: 24-0016

This file contains the following documents in the order listed:

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

DEPARTMENT OF HEALTH & HUMAN SERVICES Centers for Medicare & Medicaid Services 601 E. 12th St., Room 355 Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

May 9, 2025

Andrew Wilson
Medicaid Director
Division of Medicaid and Medical Assistance
Delaware Health and Social Services
P.O. Box 906
New Castle, DE 19720-0906

Re: Delaware State Plan Amendment (SPA) 24-0016

Dear Mr. Wilson:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 24-0016. This amendment proposes to request an extension of the exception from participation in the Recovery Audit Contractor's (RAC) Program.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act. This letter informs you that Delaware's Medicaid SPA TN 24-0016 was approved on May 8, 2025, effective July 1, 2024.

Enclosed are copies of Form CMS-179 and the approved SPA page to be incorporated into the Delaware State Plan.

If you have any questions, please contact Talbatha Myatt at (215) 861-4259, or via email at Talbatha.Myatt@cms.hhs.gov.

Sincerely,

Ruth A. Hughes
On Behalf of Courtney Miller, MCOG Director

Enclosures

CENTERS FOR MEDICARE & MEDICAID SERVICES	OMB No. 093\$-0193
TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER 2. STATE
	2 4 — 0 0 1 6 DE
STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL
FOR, CENTERS FOR MEDICARE & MEDICARD SERVICES	SECURITY ACT () XIX () XXI
TO: CENTER DIRECTOR	4. PROPOSED EFFECTIVE DATE
CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES	7 4 2024
DEPARTMENT OF HEALTH AND HUMAN SERVICES	10 01-2024
5. FEDERAL STATUTE/REGULATION CITATION	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
§1902(a)(42)(b) of the Social Security Act, 42 CFR §455 Subpart	A & FFY 2024 \$ 0 b. FFY 2025 \$ 0
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)
General Program Administration and Table of Contents page 36a	
Contract Togram Administration and Table of Contents page 30a	General Program Administration and Table of Contents page 36a
9. SUBJECT OF AMENDMENT	<u>.</u>
Recovery Audit Contractor's Program	
10. GOVERNOR'S REVIEW (Check One)	
GOVERNOR'S OFFICE REPORTED NO COMMENT	OTHER, AS SPECIFIED:
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED	0 3771274776337 2317 1237
NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	
11 ENCY OFFICIAL	15. RETURN TO
ENCTORIONE	io. Neronicio
4.0 No. He-047C98C8H499	
	Andrew Wilson, Director, DMMA, P.O. Box 906 New Castle,
13. TITLE	DE19720
Director	
14. DATE SUBMITTED 11/26/2024 11:04 AM EST	
FOR CMS USE ONLY	
16. DATE RECEIVED	17. DATE APPROVED
11/26/2024	05/08/2025
PLAN APPROVED - ONE COPY ATTACHED 18. EFFECTIVE DATE OF APPROVED MATERIAL 19. SIGNATURE OF APPROVING OFFICIAL	
18. EFFECTIVE DATE OF APPROVED MATERIAL	19. SIGNATURE
07/01/2024	
20. TYPED NAME OF APPROVING OFFICIAL	21. TITLE OF APPROVING OFFICIAL
Ruth A. Hughes	On Behalf of Courtney Miller, MCOG Director
22. REMARKS	
2-17-25- The state requested a pen and ink to Box 4 to include effective date 7/1/2024.	
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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT STATE/TERRITORY: DELAWARE

4.5 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.
Section 1902(a)(42)(B)(ii)(I) of the Act	The State is seeking an exception to establishing such program for 2 years (7/1/24-6/30/26), for the following reasons:
	Although the Delaware Division of Medicaid and Medical Assistance (DMMA) previously had a Recovery Audit Contract (RAC) vendor, that contract is no longer in place. DMMA posted a Request for Proposals (RFPs) in an attempt to attract a new RAC vendor but received no bids. The majority of Delaware's Medicaid population is enrolled in managed care and the providers treating them are not subject to audit recovery contracting. There is not sufficient revenue generation to fund an adequate contingency fee. Program review and assessment indicate RAC requirements as impractical and not costeffective for Delaware's Medicaid program. The State does not use RAC program because Delaware has an agreement with the Unified Program Integrity Contractor (UPIC) to assist with auditing and collections of overpayments for the state's Medicaid program.
	☐ 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. Delaware RFP for RACs is completed.
	Place a check mark to provide assurance of the following:
Section 1902 (a)(42)(B)(ii)(II)(aa) of the Act	 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 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

TN No. SPA# 24-0016 Approval Date May 08, 2025
Supersedes
TN No.22-0015 Effective Date July 1, 2024