## **Table of Contents**

State/Territory Name: Michigan

State Plan Amendment (SPA) #: 25-0003

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 601 E. 12th St., Room 355 Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

March 6, 2025

Ms. Meghan E. Groen
Senior Deputy Director
Behavioral and Physical Health and Aging Services Administration
Michigan Department of Health and Human Services
400 S Pine Street, 7th Floor
Lansing, MI 48933-2250

Re: Michigan State Plan Amendment (SPA) 25-0003

Dear Ms. Groen:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 25-0003. This amendment proposes an exception to the Recovery Audit Contractor (RAC) Program.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations. This letter informs you that Michigan's Medicaid SPA TN 25-0003 was approved on March 5, 2025, effective April 1, 2025 through March 31, 2027.

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

If you have any questions, please contact Christine Davidson at (312) 886-3642 or via email at Christine.Davidson@cms.hhs.gov.

Sincerely.

James G. Scott, Director Division of Program Operations

## Enclosures

cc: Erin Black, MI DHHS Erin Emerson, MI DHHS Toree Harris-Turner, CMCS Keri Toback, CMCS

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	TRANSMITTAL NUMBER  25 — 0003  3. PROGRAM IDENTIFICATION: TITLE XIX SECURITY ACT	2. STATE  MI  OF THE SOCIAL			
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	3. PROPOSED EFFECTIVE DATE April 1, 2025	,			
5. FEDERAL STATUTE/REGULATION CITATION Section 1902 (a)(42)(B)(i) of the Social Security Act	6. FEDERAL BUDGET IMPACT (Amour a. FFY 2025 \$0 b. FFY 2026 \$0	nts in WHOLE dollars)			
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  General Program Administration, Page 36a of Section 4.5(a)(1)	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTIONOR ATTACHMENT (If Applicable) General Program Administration, Page 36a of Section 4.5(a)(1) (TN# 23-0004)				
<ol> <li>SUBJECT OF AMENDMENT         This SPA updates the time period for the existing exception to the Recovery Audit Contractor (RAC) requirements.     </li> </ol>					
10. 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:				
FICIAL 15	5. RETURN TO				
В	ehavioral and Physical Health and Agi	ng Services			
11 TYPED NAME	dministration				
Silving Half Gloen Silving Half Gloen	ffice of Strategic Partnerships & Medicaid Administrative ervices – Federal Liaison				
	apitol Commons Center – 7 <sup>th</sup> Floor 0 South Pine				
	nsing, Michigan 48933				
February 13, 2025  Attn: Erin Black					
FOR CMS USE ONLY					
February 13, 2025	7. DATE APPROVED March 5, 2025				
PLAN APPROVED - ONE COPY ATTACHED					
18. EFFECTIVE DATE OF APPROVED MATERIAL April 1, 2025					
20. TYPED NAME OF APPROVING OFFICIAL 21	I. TITLE OF APPROVING OFFICIAL				
James G. Scott	Director, Division of Program Op	erations			
22. REMARKS					

FORM CMS-179 (09/24)

Revision: HCFA-PM-88-10 SEPTEMBER 19		(BERC)
State:	,00	MICHIGAN
Citation		
4.5(a)(1)		Medicaid Recovery Audit Contractor Program
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 effective April 1, 2025, through March 31, 2027, for the following reasons:
		Due to program integrity policies and procedures now in place on the front end and the fact that the Michigan Medicaid population is predominately managed care, the existing Recovery Audit Contractor (RAC) indicated it was no interested in continuing. The State Of Michigan was unable to secure a new RAC who is interested and meets the minimum standards despite posting a request for proposal (RFP) multiple times in 2017.
		The State of Michigan has entered into a Joint Operating Agreement (JOA) with the CMS Unified Program Integrity Contractor to conduct audits on Michigan Medicaid providers The state requests that it be granted an exception to the RAC requirements to allow the State to expand utilization of this JOA to include RAC audits.
Section 1902(a)(42)(B)(ii)(I) of the Act		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.
		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.
Section 1902 (a)(42)(B)(ii)(II)(aa) of the Act		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.  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 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.

TN NO.: <u>25-0003</u> Approval Date: <u>03/05/2025</u> Effective Date: <u>04/01/2025</u>

Supersedes TN No.: 23-0004