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State/Territory Name: Montana

State Plan Amendment (SPA) #: 21-0008

This file contains the following documents in the order listed:

- 1) Approval Letter
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- 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

April 28, 2021

Marie Matthews, Medicaid & CHIP Director
Montana Department of Public Health & Human Services
P.O. Box 4210
Helena, MT 59604

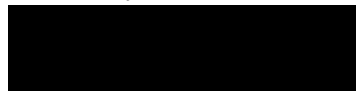
Dear Ms. Matthews:

We have completed our review of the enclosed State Plan Amendment (SPA) Transmittal Number MT-21-0008. This amendment implements a full two-year exception to the federal requirement for a Recovery Audit Contractor (RAC), which will expire on April 1, 2023.

Please be informed that this State Plan Amendment was approved on April 27, 2021 with an effective date of April 1, 2021. Enclosed is a copy of the CMS 179 summary page and the amended plan page(s).

If you have any questions or need further assistance, please contact Barbara Prehmus at (303) 844-7472 or barbara.prehmus@cms.hhs.gov.

Sincerely,



Digitally signed by James G.
Scott -S
Date: 2021.04.28 19:05:57 -05'00'

James G. Scott, Director
Division of Program Operations

Enclosures

cc: Adam Meier, Department Director
Mary Eve Kulawik

State/Territory: Montana

Citation 4.5

Medicaid Recovery Audit Contractor Program

<p>Section 1902(a) (42) (B) (i) of the Social Security Act</p>	<p>___ 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><u>X</u> Montana is seeking an exception extension from the Medicaid recovery audit contract requirement. The State attempted a formal procurement for recovery audit services that would be in line with Section 1902 (a) (42) of SSA. However, the State did not receive any bids when solicited. Additionally, MCA 53-6-1402, which went into effect July 1, 2017, places constraints on the Recovery Audit Contractor's (RAC) ability to perform large scale audits, therefore limiting the amount of potential income for their services. CMS granted the State a two-year exception. The State is requesting an additional two-year exception from the RAC requirement.</p>
<p>Section 1902(a) (42) (B) (ii) (I) of the Act</p>	<p>___ The State/Medicaid agency will have contracts of the type(s) listed in section 1902(a) (42) (B) (ii) (I) of the Act in place. 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>___ The State will make payments to the RAC(s) only from amounts recovered.</p> <p>___ The State will make payments to the RAC(s) on a contingent basis for collecting overpayments.</p>
<p>Section 1902(a) (42) (B) (ii) (II) (aa) of the Act</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):</p> <p>___ 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>___ 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> <p>___ 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.</p>

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Medicaid Recovery Audit Contractor Program

<p>Section 1902 (a) (42) (B) (ii) (II) (bb) of the Act</p>	<p>— 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):</p>
<p>Section 1902 (a) (42) (B) (ii) (III) of the Act</p>	<p>— Percentage of the contingency fee will be the payment methodology used to determine State payments to Medicaid RACs for identification and recovery of overpayments.</p>
<p>Section 1902 (a) (42) (B) (ii) (IV) (aa) of the Act</p>	<p>— The State has an adequate appeal process in place for entities to appeal any adverse determination made by the Medicaid RAC(s).</p>
<p>Section 1902 (a) (42) (B) (ii) (IV) (bb) of the Act</p>	<p>— 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.</p>
<p>Section 1902 (a) (42) (B) (ii) (IV) (cc) of the Act</p>	<p>— The State assures that the recovered amounts will be subject to a State's quarterly expenditure estimates and funding of the State's share.</p>
<p>Section 1902 (a) (42) (B) (ii) (IV) (cc) of the Act</p>	<p>— 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.</p>