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State/Territory Name: Ohio

State Plan Amendment (SPA) #: 21-0031

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 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

December 16, 2021

Maureen M. Corcoran, Director
Ohio Department of Medicaid
P.O. Box 182709
50 West Town Street, Suite 400
Columbus, Ohio 43218

Re: Ohio State Plan Amendment (SPA) 21-0031

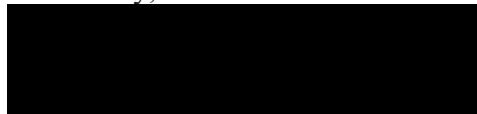
Dear Ms. Corcoran:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 21-0031. This amendment proposes to grant the Ohio Department of Medicaid (ODM) an exception to establishing a Recovery Audit Contractor (RAC) program for the two-year period beginning on January 1, 2022 through December 31, 2023.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations 42 CFR §455.516. This letter is to inform you that Ohio Medicaid SPA 21-0031 was approved on December 8, 2021, with an effective date of January 1, 2022. The RAC exception approved with this SPA will expire on January 1, 2024.


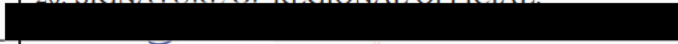
If you have any questions, please contact Christine Davidson at (312) 886-3642 or via email at christine.davidson@cms.hhs.gov.

Sincerely,



James G. Scott, Director
Division of Program Operations

cc: Carolyn Humphrey, ODM
Rebecca Jackson, ODM
Gregory Niehoff, ODM
Yolanda Morris, CMS/CPI

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: 21-031	2. STATE OHIO
FOR: CENTERS FOR MEDICARE AND 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 January 1, 2022	
5. TYPE OF PLAN MATERIAL (<i>Check One</i>):		
<input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT		
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (<i>Separate Transmittal for each amendment</i>)		
6. FEDERAL STATUTE/REGULATION CITATION: 1902(a)(42)(B) of the Social Security Act	7. FEDERAL BUDGET IMPACT: a. FFY 2022 \$0 b. FFY 2023 \$0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Sec. 4.5, page 36b	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): Sec. 4.5, page 36b (TN 19-026)	
10. SUBJECT OF AMENDMENT: Recovery Audit Contractor (RAC) Exception 2022		
11. GOVERNOR'S REVIEW (<i>Check One</i>):		
<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 State Medicaid Director is the Governor's designee
12. SIGNATURE OF STATE AGENCY OFFICIAL: 	16. RETURN TO: Carolyn Humphrey Ohio Department of Medicaid P.O. BOX 182709 Columbus, Ohio 43218	
13. TYPED NAME: MAUREEN M. CORCORAN		
14. TITLE: STATE MEDICAID DIRECTOR		
15. DATE SUBMITTED: November 18, 2021		
FOR REGIONAL OFFICE USE ONLY		
17. DATE RECEIVED: November 18, 2021	18. DATE APPROVED: December 8, 2021	
PLAN APPROVED – ONE COPY ATTACHED		
19. EFFECTIVE DATE OF APPROVED MATERIAL: January 1, 2022	20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: James G. Scott	22. TITLE: Director, Division of Program Operations	
23. REMARKS:		

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Medicaid State Plan Preprint Page

Revision:

State: Ohio

SECTION 4 - GENERAL PROGRAM ADMINISTRATION

4.5 Medicaid Recovery Audit Contractor Program

<p>Citation Section 1902 (a)(42)(B)(i) of the Social Security Act</p>	<p><input type="checkbox"/> 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><input checked="" type="checkbox"/> The State is seeking an exception to establishing such program for the following reasons:</p> <ul style="list-style-type: none"> • The RAC is restricted to auditing Fee-For-Service (FFS) providers. In Ohio, 92.5% of Medicaid beneficiaries are enrolled in a Managed Care Plan (MCP) as of July 2021. The State projects 91.9% will be in a MCP in June 2022. Therefore, the State does not project any large recoveries in the future for the RAC. <p>Note that we are higher due to COVID/MOE, which has led to higher enrollment in Group VIII and CFC, which are mandatory managed care populations. We project to go down slightly next year due to unwinding when the Public Health Emergency (PHE) is over.</p> <ul style="list-style-type: none"> • Ohio has robust and effective program integrity in place; therefore, a RAC is not effective in Ohio. Ohio has several program integrity initiatives in place to combat fraud, waste, and abuse (FWA) in our state's Medicaid program, including: <ul style="list-style-type: none"> ○ Individual Provider – Claim Analysis Reports; ○ Surveillance and Utilization Review Systems with extended capabilities utilizing third party software applications; ○ Letter of Arrangement with the Ohio Auditor of State to complete provider audits on Medicaid's behalf; ○ Advanced Program Integrity Data Analytics proven effective in identifying FWA; ○ Federal Unified Program Integrity Contractor (Medi- Medi); ○ Hospital Utilization Review Contractor with net recoveries >\$20 million; and ○ Continued use of an Electronic Visit Verification program utilizing geotracking for home health providers; ○ Annual post-payment reviews of FFS payments to long-term care facilities; ○ Virtual reviews of high-risk provider types (to return to onsite reviews following the PHE).
<p>Section 1902 (a)(42)(B)(ii) (I) of the Act</p>	<p><input type="checkbox"/> 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.</p>
<p>Section 1902 (a)(42)(B)(ii) (II)(aa) of the Act</p>	<p>Place a check mark to provide assurance of the following:</p> <p><input type="checkbox"/> The State will make payments to the RAC(s) only from amounts recovered.</p> <p><input type="checkbox"/> 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):</p> <p><input type="checkbox"/> 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><input type="checkbox"/> 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>

TN: 21-031

Supersedes:

TN: 19-026Approval Date: 12/8/2021Effective Date: 01/01/2022