

## **Table of Contents**

**State/Territory Name: Ohio**

**State Plan Amendment (SPA) #: 23-0045**

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

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January 17, 2024

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) Transmittal Number 23-0045

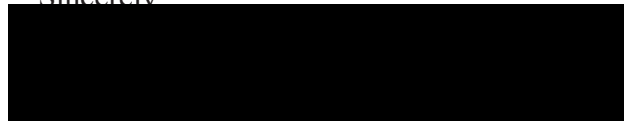
Dear Director Corcoran:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number 23-0045. The 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 is to inform you that Ohio Medicaid SPA 23-0045 was approved on January 16, 2024, with effective dates of January 1, 2024 through December 31, 2025.

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

Sincerely,



James G. Scott, Director  
Division of Program Operations

Enclosure

cc: Rebecca Jackson, ODM  
Gregory Niehoff, ODM  
Tamara Edwards, ODM  
Yolanda Morris, CMCS

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL  
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER <u>2</u> <u>3</u> — <u>0</u> <u>4</u> <u>5</u>	2. STATE <u>OH</u>
3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI	

TO: CENTER DIRECTOR  
CENTERS FOR MEDICAID & CHIP SERVICES  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE  
**January 1, 2024**

5. FEDERAL STATUTE/REGULATION CITATION  
**1902(a)(42)(B) of the Social Security Act**

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)  
a. FFY 2024 \$ 0  
b. FFY 2025 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  
  
**Sec. 4.5, page 36b**

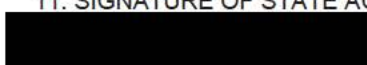
8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)  
  
**Sec. 4.5, page 36b (TN 21-031)**

9. SUBJECT OF AMENDMENT  
  
**Recovery Audit Contractor (RAC) Exception 2024**

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:  
**The State Medicaid Director is the Governor's designee**

11. SIGNATURE OF STATE AGENCY OFFICIAL  


12. TYPED NAME **MAUREEN M. CORCORAN**

13. TITLE **STATE MEDICAID DIRECTOR**


14. DATE SUBMITTED  
**December 13, 2023**

15. RETURN TO  
  
**Greg Niehoff  
Ohio Department of Medicaid  
P.O. BOX 182709  
Columbus, Ohio 43218**

**FOR CMS USE ONLY**

16. DATE RECEIVED <b>December 13, 2023</b>	17. DATE APPROVED <b>01/16/2024</b>
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**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL <b>January 1, 2024</b>	19. SIG 
20. TYPED NAME OF APPROVING OFFICIAL <b>James G. Scott</b>	21. TITL <b>Director, Division of Program Operations</b>

22. REMARKS

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 a two-year exception to establishing such program effective January 1, 2024 through December 31, 2025 for the following reasons:</p> <ul style="list-style-type: none"> <li>• The RAC is restricted to auditing Fee-For-Service (FFS) providers. In Ohio, 91.7% of Medicaid beneficiaries are enrolled in a Managed Care Plan (MCP) as of June 2023. The State projects 87.2% will be in a MCP in June 2024. Therefore, the State does not project any large recoveries in the future for the RAC.</li> <li>• 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"> <li>○ Individual Provider – Claim Analysis Reports;</li> <li>○ Surveillance and Utilization Review Systems with extended capabilities utilizing third party software applications;</li> <li>○ Letter of Arrangement with the Ohio Auditor of State to complete provider audits on Medicaid’s behalf;</li> <li>○ Advanced Program Integrity Data Analytics proven effective in identifying FWA;</li> <li>○ Federal Unified Program Integrity Contractor (Medi- Medi);</li> <li>○ Hospital Utilization Review Contractor with net recoveries &gt;\$20 million;</li> <li>○ Continued use of an Electronic Visit Verification program for providers of home and community-based services;</li> <li>○ Annual post-payment reviews of FFS payments to long-term care facilities; and</li> <li>○ Virtual and onsite reviews of high-risk providers.</li> </ul> </li> </ul> <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) (I) 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>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><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>