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State/Territory Name: Rhode Island

State Plan Amendment (SPA) #: 24-0020

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

February 26, 2025

Richard Charest, R.Ph, MBA, Secretary Executive Office of Health and Human Services 3 West Road, Virks Building Cranston, RI 02920

Re: Rhode Island State Plan Amendment (SPA) 24-0020

Dear Mr. Charest:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 24-0020. This amendment proposes to extend the current exemption to the Recovery Audit Contractors (RACs) requirement to have a vendor that identifies and corrects improper Medicaid payments through the collection of overpayments and reimbursement of underpayments.

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 and 42 CFR § 430.20. This letter informs you that Rhode Island's Medicaid SPA TN 24-0020 was approved on February 26, 2025, and effective from August 5, 2024 to August 4, 2026.

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

If you have any questions, please contact Joyce Butterworth at (857) 357-6375 or via email at Joyce Butterworth@cms.hhs.gov.



James G. Scott, Director
Division of Program Operations

Enclosures

cc: Kristin Sousa, Interim Medicaid Program Director Kathryn Thomas, Senior Economic and Policy Analyst

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT XIX XXI
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE 08/05/2024 October 1, 2024
5. FEDERAL STATUTE/REGULATION CITATION 42 CFR § 455.516	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a FFY 2025 \$ 0 b. FFY 2026 \$ 0
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Section 4.5 page 36b	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Section 4.5 page 36b (TN 22-0016)
9. SUBJECT OF AMENDMENT RAC Exemption	I
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, ASSPECIFIED:
12 TYPED MAME	15. RETURN TO EOHHS 3 West Road
Richard Carest 13. TITLE Secretary, EOHHS 14. DATE SUBMITTED	Cranston, RI 02920
12/30/24 FOR CMS U	ISE ON! Y
16. DATE RECEIVED 12/30/2024	17. DATE APPROVED 02/26/2025
PLAN APPROVED - OF	
18. EFFECTIVE DATE OF APPROVED MATERIAL 08/05/2024	19. SIGN
20. TYPED NAME OF APPROVING OFFICIAL James G. Scott	21. TITLE OF APPROVING OFFICIAL Director, Division of Medicaid Operations
22. REMARKS 02/14/2025: The state authorized the followater Source of the state authorized the	

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory:	Rhode Island

4.5b Medicaid Recovery Audit Contractor Program

Citation	
Citation Section I 902(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. X The State is seeking an exception to establishing such program for the following reasons: The State has an approved RAC waiver effective August 5, 2022 to August 4, 2024. The last RAC contractor found few recoveries during two years of review. Based upon the small recovery, the contractor elected not to exercise the two option years under the contract The state's Managed Care population makes up approximately 90% of all Medicaid emollees,
	therefore it is not cost beneficial for auditing firms to submit bids. • E•HHS has pre- and post- payment automated
	review mechanisms and audit controls to prevent and detect improper payments.
	 Several federal and state agencies conduct periodic reviews of the Medicaid eligibility systems, the claims processing function, and the Program Integrity unit.
	 The state is requesting an extension of the exemption from establishing a Medicaid RAC program, effective August 5, 2024 through August 4, 2026.

TN No: 24-0020
Supersedes Approval Date: February 26, 2025 Effective Date: August 5, 2024

TN No: 22-0016