Table of Contents

State/Territory Name: Delaware

State Plan Amendment (SPA) #: 22-0015

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 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 17, 2023

Mr. Theodore G. Mermigos, Jr. Acting Division Director Division of Medicaid Medical Assistance P.O. Box 906 New Castle, DE, 19720

Re: Delaware (DE) State Plan Amendment (SPA) 22-0015

Dear Mr. Mermigos:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 22-0015. This amendment requests for an exception from the Medicaid Recovery Audit Contractor (RAC) requirements.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations. Section 1902(a)(42)(B) of the Social Security Act requires the Division of Medicaid Medical Assistance (DMMA) to have a RAC program, and 42 CFR 455.516 allows DMMA to be excepted from the RAC requirements by submitting to CMS a written justification for CMS to review and approve through the State Plan Amendment process. This letter is to inform you that the Delaware's Medicaid SPA Transmittal Number 22-0015 was approved on March 13, 2023, with an effective date of October 1, 2022 for a two-year period that expires on September 30, 2024.

If you have any questions, please contact Talbatha Myatt at 215-861-4259 or via email at Talbatha.Myatt@cms.hhs.gov.

Sincerely,

Ruth A. Hughes, Acting Director Division of Program Operations

CENTERS FOR MEDICARE & MEDICARD SERVICES		
TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER 2 2 0 0 1 5 DE 3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT XIX XXI	
TO: CENTER DIRECTOR	4. PROPOSED EFFECTIVE DATE	
CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	10/1/22	
5. FEDERAL STATUTE/REGULATION CITATION	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)	
1902 (a)(42)(b) of the SSA; 42 C.F.R. § 455 Subpart A/F	a FFY 2023 \$ 0 b. FFY 2024 \$ 0	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT	PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)	
Section 4.5 Page 36a	Section 4.5 Page 36a	
9. SUBJECT OF AMENDMENT		
Medicaid Recovery Audit Contractors Program		
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:	
11. SCHATTIBE OF STATE AGENCY OFFICIAL	15. RETURN TO	
12. TYPED NAME Stephen M. Groff	tephen M. Groff, Director, DMMA, P.O. Box 906 New Castle,	
13. TITLE Director	DE19720	
14. DATE SUBMITTED 0:35 AM EST		
FOR CMS	USE ONLY	
16. DATE RECEIVED 12/22/2022	17. DATE APPROVED 03/13/2023	
PLAN APPROVED - O	NE COPY ATTACHED	
18. EFFECTIVE DATE OF APPROVED MATERIAL 10/01/2022	19. SIGNATURE OF APPROVING OFFICIAL	
20. TYPED NAME OF APPROVING OFFICIAL Ruth A. Hughes	21. TITLE OF APPROVING OFFICIAL Acting Director, Division of Program Operations	
22. REMARKS		

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT STATE/TERRITORY: <u>DELAWARE</u>

4.5 Medicaid Recovery Audit Contractor Program

Citation		
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.
Section 1902(a)(42)(B)(ii)(I) of the Act	\boxtimes	The State is seeking an exception to establishing such program for the following reasons:
		Although the Delaware Division of Medicaid and Medical Assistance (DMMA) previously had a Recovery Audit Contract (RAC) vendor, that contract is no longer in place. DMMA posted a Request for Proposals (RFPs) in an attempt to attract a new RAC vendor, but received no bids. The majority of Delaware's Medicaid population is enrolled in managed care and the providers treating them are not subject to audit recovery contracting. There is not sufficient revenue generation to fund an adequate contingency fee. Program review and assessment indicate RAC requirements as impractical and not cost-effective for Delaware's Medicaid program.
		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. Delaware RFP for RACs is completed.
	Pla	ace a check mark to provide assurance of the following:
Section 1902 (a)(42)(B)(ii)(II)(aa) of the Act		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.
	pa	e following payment methodology shall be used to determine State yments to Medicaid RACs for identification and recovery of erpayments (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

TN No. SPA	# 22-0010	Approval Date <u>03/13/2023</u>
Supersedes TN No.		
TN No.	<u>18-004</u>	Effective Date October 1, 2022