## Janice K. Brewer, Governor Thomas J. Betlach, Director

801 East Jefferson, Phoenix, AZ 85034 PO Box 25520, Phoenix, AZ 85002 Phone: 602-417-4000 www.azahcccs.gov



*Our first care is your health care* ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM

December 18, 2013

Cheryl Young Centers for Medicare and Medicaid Services San Francisco Regional Office 90 Seventh Street, Suite 5-300 (5W) San Francisco, CA 94103-6706

Dear Ms. Young:

Enclosed is Arizona State Plan Amendment (SPA) #13-016, effective January 1, 2014, which updates the State Plan to include underpayments for Recovery Audit Contractors.

If you have any questions about the enclosed SPA, please contact Christopher Vinyard at (602) 417-4034.

Sincerely,

Monica Coury Assistant Director Office of Intergovernmental Relations

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE AND MEDICAID SERVICES		FORM APPROVED OMB NO. 0938-0193
TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER:	2. STATE
STATE PLAN MATERIAL	13-016	Arizona
FOR: Centers for Medicare and Medicaid Services	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE	
CENTERS FOR MEDICARE AND MEDICAID SERVICES	January 1, 2014	
DEPARTMENT OF HEALTH AND HUMAN SERVICES 5. TYPE OF PLAN MATERIAL ( <i>Check One</i> ):		
5. THE OFFERN MATERIAL (CRECK ORE).		
□ NEW STATE PLAN □ AMENDMENT TO BE C	CONSIDERED AS NEW PLAN	AMENDMENT
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AME 6. FEDERAL STATUTE/REGULATION CITATION:	NDMENT (Separate Transmittal for each 7. FEDERAL BUDGET IMPACT:	amendment)
1902(a)(42)(B)(i) and 1902(a)(42)(B)(ii)	N/A	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT ( <i>If Applicable</i> ):	
Section 4.5b, pp. 36b, 36c	Same	
10. SUBJECT OF AMENDMENT:		
Updates the State Plan to include underpayments for Recovery Audit Contractors		
11. 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 SPEC	IFIED:
12. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO:	
1	N :	
Mais	Monica Coury 801 E. Jefferson, MD#4200	
13. TYPED NAME:	Phoenix, Arizona 85034	
Monica Coury		
14. TITLE:		
Assistant Director	-	
15. DATE SUBMITTED: 12-18-13		
FOR REGIONAL OFFICE USE ONLY		
17. DATE RECEIVED:	18. DATE APPROVED:	
PLAN APPROVED – ON		
19. EFFECTIVE DATE OF APPROVED MATERIAL:	20. SIGNATURE OF REGIONAL OFF	FICIAL:
21. TYPED NAME:	22. TITLE:	
23. REMARKS:		

36b

## State: Arizona SECTION 4 - GENERAL PROGRAM ADMINISTRATION

4.5b Medicaid Recovery Audit Contractor Program

Revision:

Citation  $\checkmark$  The state has established a program under which it will contract with one or more recover audit contractors (RACs) for the purpose of identifying overpayments and underpayments of Medicaid claims under the State plan and under any waiver of the State plan. Section 1902 (a)(42)(B)(i) of the Social Security Act  $\checkmark$  The state is seeking an exception to establishing such program for the following reasons: Arizona needs approximately 12 months to incorporate identification of under payments into the current RAC contract, which meets all other statute requirements. Incorporation of underpayment identification will take place April 1, 2012. By April 1, 2012, Arizona will submit to CMS a revised SPA which will include information on the payment methodology that will be used for underpayments. Section 1902 (a)(42)(B)(ii)(I) of the ✓ The State/Medicaid agency has contracts of the Act type(s) listed in section 1902(a)(42)(B)(ii)(I) of the Act. All contracts will meet the requirements of the statute by April 1, 2012. RACs are consistent with the statute. Place a check mark to provide assurance of the following:  $\checkmark$  The State will make payments to the RAC(s) only from amounts recovered.  $\checkmark$  The State will make payments to the RAC(s) on a contingent basis for collecting overpayments. Section 1902 (a)(42)(B)(ii)(II)(aa) of the The following payment methodology shall be used to Act determine State payments to Medicaid RACs for identification and recovery of overpayments  $\checkmark$  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. 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. TN No. 130-0162 Approval Date:\_\_\_\_\_

Supersedes 2010January 1, 2014 Effective Date: December 31,

## TN No. <u>10-012NA</u>

Section 1902 (a)(42)(B)(ii)(II)(bb) of the Act

Section 1902 (a)(42)(B)(ii)(III) of the Act

Section 1902 (a)(42)(B)(ii)(IV)(aa) of the Act

Section 1902 (a)(42)(B)(ii)(IV)(bb) of the Act

Section 1902 (a)(42)(B)(ii)(IV)(cc) of the Act

36c

\_\_\_\_\_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 submit a justification for that rate and will submit for FFP for the full amount of the contingency fee.

✓ 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). The RACs compensation for underpayments will be based on the amount of the actual underpayment amounts paid to providers identified from the improper payment recovery review process. The Contractor will be paid a contingency fee of 10.5% of the underpayments paid to providers. The contingency fee for underpayments will be paid for underpayments of \$250.00 or more on claims submitted on a UB04, and \$100.00 or more on claims submitted on CMS 1500 and ADA forms. The automated review process will identify a clearly improper payment and the complex review will include a medical documentation review to verify the claim payment which will also look at the proper coding on claims submitted.

 $\checkmark$  The State has an adequate appeal process in place for entities to appeal any adverse determination made by the Medicaid RAC(s).

 $\checkmark$  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.

 $\checkmark$  The State assures that the recovered amounts will be subject to a State's quarterly expenditure estimates and funding of the State's share.

✓ 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.

TN No. <u>130-0162</u> Supersedes <del>2010</del>January 1, 2014

Approval Date:\_\_\_\_\_

Effective Date: December 31,

TN No. <u>10-012<del>NA</del></u>