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Revision: HCFA-PH-88-10 (BERC) SEPTEMBER 1988

State/Territory: Arizona

Citation 42 CFR 455.12 AT-78-90 48 FR 3742

52 PR 48817

4.5 <u>Medicaid Agency Fraud</u> <u>Program</u>

The Medicaid agency has established and will maintain methods, criteria, and procedures that meet all requirements of 42 CFR 455.13 through 455.21 and 455.23 for prevention and control of program fraud and abuse.

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455.13-

455.17- .21

on

IN No. $\underline{87-}$ Supersedes TN No. $\underline{83-6}$

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Approval Date FEB 1 0 1989 Effective Date OCT

HCFA ID: 1010P/0012P

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38-0193

New: HCFA-PM-9 (CMSO) June 1999

State: Arizona

Citation Section 1902(a)(64) of the Social Security Act P.L. 105-33

4.5a <u>Medicaid Agency Fraud Detection and Investigation</u> Program

The Medicaid agency has established a mechanism to receive reports from beneficiaries and others and compile data concerning alleged instances of waste, fraud, and abuse relating to the operation of this title. 36b

State: Arizona

Revision: **SECTION 4 – GENERAL PROGRAM ADMINISTRATION**

4.5b Medicaid Recovery Audit Contractor Program

Citation

Section 1902 (a)(42)(B)(i) of the Social Security Act

 \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.

The state is seeking an exception to establishing such program for the following reasons:,

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

✓ The State/Medicaid agency has contracts of the 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 Act

The following payment methodology shall be used to 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. 13-016 Supersedes TN No. 10-012

Approval Date: MAR 0 3 2014

Effective Date: January 1, 2014

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.

 \checkmark 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>13-016</u> Supersedes TN No. <u>10-012</u>

Approval Date: MAR 0 3 2014

Effective Date: January 1, 2014