STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT MEDICAL ASSISTANCE PROGRAM

State of Mississippi 4.5 Medicaid Recovery Audit Contractor Program	
<u>Citation</u> 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.
	\underline{X} The State is seeking an exception to establishing such program for the following reasons:
Section 1902 (a)(42)(B)(ii)(I) of the Act	Pursuant to 42 CFR § 455.516, the Division of Medicaid is seeking an exception to 42 CFR § 455.502(b), which requires contracting with a RAC. The Division of Medicaid's RAC contract expired in 2015, and the Division of Medicaid received no completely responsive proposals in response to two (2) separate procurements. The Division of Medicaid requests an exception to the RAC requirements for a period of one (1) year from the approval date of State Plan Amendment (SPA) 16-0015 in order to attempt to procure a RAC vendor. Additionally, the Division of Medicaid seeks to expand the duties of the current Medicaid Integrity Contractor to include audits that were previously performed by the RAC, including auditing inpatient All Patient Refined Diagnosis Related Groups (APR-DRG) validation billing in an effort to identify overpayments, during the one (1) year exception period.
	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.
	Place a check mark to provide assurance of the following:
	The State will make payments to RAC(s) only from amounts recovered.
	The State will make payments to the RAC(s) on a contingent basis for collecting over payments.
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 (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.
	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.

36c

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	The contingency fee rate paid to the Medicaid RAC that 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.
Section 1902(a)(42)(B)(ii)(II)(bb) of the Act	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): Flat fee established through procurement process.
Section 1902(a)(42)(B)(ii)(III) of the Act	The State has an adequate appeal process in place for entities to appeal any adverse determination made by the Medicaid RAC(s).
Section 1902(a)(42)(B)(ii)(IV)(aa) of the Act	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 waiver of the plan.
Section 1902(a)(42)(B)(ii)(IV)(bb) of the Act	The state assures that the recovered amounts will be subject to a State's quarterly expenditure estimates and funding of the State's share.
Section 1902(a)(42)(B)(ii)(N)(cc) of the Act	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.