

Department of Health & Human Services
Centers for Medicare & Medicaid Services
61 Forsyth Street, SW, Suite 4T20
Atlanta, Georgia 30303-8909

CC Rob Timkayson
Claudette Barde
File original
CMS
CENTERS for MEDICARE & MEDICAID SERVICES

March 27, 2012

Mr. Jerry Dubberly, PharmD.
Chief, Georgia Department of Community Health
Medicaid Division
2 Peachtree Street, NW
Atlanta, Georgia 30303-3159

RE: Georgia State Plan Amendment, Transmittal # 12-001

Dear Dr. Dubberly:

We have reviewed the proposed amendment to the Georgia Medicaid State Plan that was submitted under transmittal number 12-001 and received in the Regional Office January 18, 2012. This amendment allows the Georgia Medicaid program to implement the Georgia SPA 12-001, Recovery Audit Contractors on April 1, 2012 in order to secure Medicaid Recovery Audit Contractors by this date.

Based on the information provided, we are now ready to approve Georgia SPA 12-001 as of March 21, 2012. The effective date of this amendment is January 1, 2012. The signed HCFA-179 and the approved plan pages are enclosed.

If you have any questions or need any further assistance, please contact Carolyn Brown at (404) 562-7421.

Sincerely,



Jackie Glaze
Associate Regional Administrator
Division of Medicaid & Children's Health Operations

RECEIVED

MAR 29 2012

REGIONAL OFFICE
MEDICAID DIVISION

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: 12-001	2. STATE GEORGIA
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	

TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE AND MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE April 1, 2012
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5. TYPE OF PLAN MATERIAL (Check One):

NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN X AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION: 1902(a)(42)(B)(i)	7. FEDERAL BUDGET IMPACT: FFY 2011 \$0 FFY 2012 \$0
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.5, pp. 1-3	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 4.5, pp. 1-3
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10. SUBJECT OF AMENDMENT:
Recovery Audit Contractors (RACs) for Medicaid

11. GOVERNOR'S REVIEW (Check One):

GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED:

COMMENTS OF GOVERNOR'S OFFICE ENCLOSED


NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL: 	16. RETURN TO: Department of Community Health Division of Medicaid 2 Peachtree Street, NW, 36 th Floor Atlanta, Georgia 30303-3159
13. TYPED NAME: JERRY DUBBERLY	
14. TITLE: CHIEF, DIVISION OF MEDICAID	
15. DATE SUBMITTED:	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 01/18/12	18. DATE APPROVED: 03/21/12
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PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: 01/01/12	20. SIGNATURE OF REGIONAL OFFICIAL: 
21. TYPED NAME: Jackie Glaze	22. TITLE: Associate Regional Administrator Division of Medicaid & Children Health Opns

23. REMARKS:

Approved with the following changes to item 4 as authorized by State Agency on email dated 03/15 and 3/27/12:

Block# 4 changed to read: January 1, 2012.

Block #8 changed to read: Attachment 4.5 pages 36b, 36c and 36d

Block #9 changed to read: Attachment 4.5 pages 36b, 36c and 36d

GENERAL PROGRAM ADMINISTRATION**4.5 Medicaid Recovery Audit Contractor Program**

<p>Section 1902 (a)(42)(B)(ii)(II)(aa) of the Act</p>	<p>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):</p> <p><u>XX</u> 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.</p> <p>___ 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.</p> <p>___ 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.</p>
<p>Section 1902 (a)(42)(B)(ii)(II)(bb) of the Act</p>	<p>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):</p> <p><u>XX</u> The State attests that the contingency fee rate paid to the Medicaid RAC will not exceed the highest rate paid to Medicare RACs, as</p>

TN No.: 12-001

Supersedes:

TN No.: 10-019

Approval Date: 03-21-12Effective Date: 01-01-12

GENERAL PROGRAM ADMINISTRATION**4.5 Medicaid Recovery Audit Contractor Program**

<p>Section 1902 (a)(42)(B)(ii)(III) of the Act</p> <p>Section 1902 (a)(42)(B)(ii)(IV)(aa) of the Act</p>	<p>published in the Federal Register.</p> <p>XXX__ The State has an adequate appeal process in place for entities to appeal any adverse determination made by the Medicaid RAC(s).</p> <p><u>XXX</u>__ 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.</p>
<p>Section 1902(a)(42)(B)(ii)(IV)(bb) of the Act</p> <p>Section 1902 (a)(42)(B)(ii)(IV)(cc) Of the Act</p>	<p><u>XXX</u>__ The State assures that the recovered amounts will be subject to a State's quarterly expenditure estimates and funding of the State's share.</p> <p>XXX__ 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.</p> <p>§ 455.508(f), we prescribe a maximum look back period of 3 years from the date of the claim. The state is asking for an exception to this look back period, we would like for it to mirror our state policy of 5 year record retention.</p>

TN No.: 12-001

Supersedes:

TN No.: 10-019

Approval Date: 03-21-12Effective Date: 01-01-12