

Department of Health & Human Services
Centers for Medicare & Medicaid Services
61 Forsyth St., Suite 4120
Atlanta, Georgia 30303-8909



March 28, 2011

Dr. Jerry Dubberly, Chief
Georgia Department of Community Health
Medicaid Division
2 Peachtree Street, NW, 40th Floor
Atlanta, Georgia 30303

Re: Georgia Medicaid Recovery Audit Contractor Program, Transmittal # 10-019

Dear Dr. Dubberly:

We have reviewed the proposed amendment to the Georgia Medicaid State Plan that was submitted under transmittal number 10-019 and received in the Regional Office on December 28, 2010. This amendment allows the Georgia Medicaid program to establish programs to contract with one or more Medicaid RACs for the purpose of identifying underpayments and overpayments and recouping overpayments under the State Plan and under any waiver of the State Plan with respect to all services. All Medicaid RACs must be paid on a contingent basis for collecting overpayments.

Based on the information provided, the Medicaid State Plan Amendment GA 10-019 was approved on March 24, 2011. The effective date of this SPA is January 1, 2012. The signed HCFA-179 and the approved plan pages are enclosed.

If you have any questions regarding this amendment, please contact Carolyn Brown at (404) 562-7421.

Sincerely,

A handwritten signature in cursive script that reads "Jackie L. Glaze".

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

Enclosures

RECEIVED

APR 01 2011

Chief's Office
Medical Assistance Plans

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: 10-019	2. STATE Georgia
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID) XIX	
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE July 1, 2011	

5. TYPE OF PLAN MATERIAL (Check One):

NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN 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: a) FFY 2011 \$ 0 b) FFY 2012 \$ 0
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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): None, This is NEW


10. SUBJECT OF AMENDMENT:
Recovery Audit Contractors (RACs) for Medicaid

11. GOVERNOR'S REVIEW (Check One):

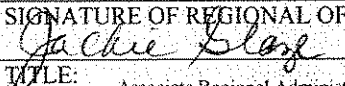
GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED:

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 Medicaid Division 2 Peachtree Street, N.W. Atlanta, Georgia 30303-3159
13. TYPED NAME: Jerry DUBBERLY	
14. TITLE: CHIEF, Medicaid Division	
15. DATE SUBMITTED: 3/28/11	

FOR REGIONAL OFFICE USE ONLY	
17. DATE RECEIVED: 12/28/10	18. DATE APPROVED: 03/24/11

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's Health Opns

23. REMARKS:

Approved with the following changes as authorized by State Agency on emails dated 03/23/11 and 02/18/11:

Block # 4 Changed to read: January 1, 2012; **Block #8** Changed to read: preprint 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>_____ 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>Please see attached proposed legislation</p>

TN No.: 10-019

Supersedes:

Approval Date: 03-24-11Effective Date: 01-01-12TN No.: NEW

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>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>_XXX_ 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>_XXX_ 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>

David A. Cook, Commissioner

Nathan Deal, Governor

January 28, 2010

Ms. Jackie Glaze
Associate Regional Administrator
Division of Medicaid and Medicare Services
Atlanta Federal Center
61 Forsyth Street, SW
Atlanta, Georgia 30303

RE: State Plan Amendment 10-019

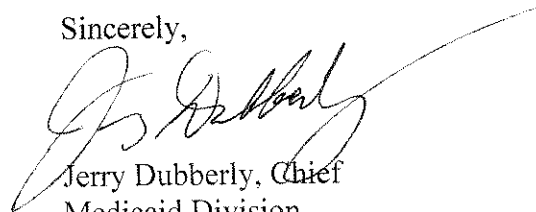
Dear Ms. Glaze:

The Georgia Department of Community Health, Division of Medicaid, submits amended documents which will add the Recovery Audit Contractors to the State Plan.

The amendment specifically adds Medicaid Recovery Audit Contractors Section 1902 (a) (42) of the Act, with an effective start date of July 1, 2011. The Request for Proposal is currently in process with a bidder's deadline tentatively set for March 15, 2011.

If you should have questions or need additional information, please contact Ms. Gia Compton at 404-657-1502, or via email at gcompton@dch.ga.gov.

Sincerely,



Jerry Dubberly, Chief
Medicaid Division

JD:jl

**GEORGIA
STATE PLAN AMENDMENT REVIEW SHEET**

TRANSMITTAL: 10-019 DATE ASSIGNED: 12-28-10 RO LEAD: Carolyn Brown
 COVERAGE COORD: TBD ELIGIBILITY COORD: Rita Nimmons
 STATE COORD: Carolyn Brown FIN ANALYST: Charlie Arnold
 IT ANALYST: David Hinson RO FUNDING SPEC: Amr Ali
 RO FUNDING SPEC: _____ RO NIRT ANALYST: Stanley Fields
 NIRT ANALYST: Venesa Day CO FUNDING SPEC: Robert Lane
 PHARMT ANALYST: Bernadette Leeds NIPT ANALYST: Sheri Gaskins/Yvette Moore

TITLE/SUBJECT:

Recovery Audit Contractors (RAC) for Medicaid (preprint)

DATE FORWARDED TO:

NIRT: N/A NIPT: N/A PHARMT: N/A CMS SPA: 12-28-10
 MCO

<u>TYPE OF TRANSMITTAL</u>		<u>ACTION DATES</u>	
<input checked="" type="checkbox"/> New Plan Amendment	<input type="checkbox"/> Revised Pages	Date Rec'd in CMS	<u>12-28-10</u>
<input type="checkbox"/> Comments From CO	<input type="checkbox"/> Withdrawal/RAI	15-Day Status	_____
<input type="checkbox"/> Response From State	<input type="checkbox"/> Withdrawal/SPA	76 th Day Alert	<u>03-14-11</u>
<input type="checkbox"/> Other	_____	90 th Day	<u>03-28-11</u>
		RO NIPT Overview	Due 20 days after receipt of SPA
		Tool Due Date	<u>N/A</u>

REVIEWER'S RECOMMENDATION

Draft Letter to CO Partial Disapproval Recommending Disapproval
 Official Letter to SA Partial Approval Recommending Approval

COMMENTS AND/OR INSTRUCTIONS

15-Day Status: _____

PRIMARY REVIEWER/DATE _____

CONCURRENCES

SIGNATURE/TITLE/DATE _____

SIGNATURE/TITLE/DATE _____

SIGNATURE/TITLE/DATE _____

Holly, Mary V. (CMS/CMCHO)

From: CMS SPA_Waivers_Atlanta_R04 [SPA_Waivers_Atlanta_R04@cms.hhs.gov]
Sent: Tuesday, December 28, 2010 11:18 AM
To: Holly, Mary V. (CMS/CMCHO); Noonan, Darlene F. (CMS/SC); Gilbert, Rosario G. (CMS/SC)
Subject: FW: GA 10-019
Attachments: Di4701012271743.TIF; spa 10-019.doc

From: Gia Compton[SMTP:GCOMPTON@DCH.GA.GOV]
Sent: Tuesday, December 28, 2010 11:18:08 AM
To: CMS SPA_Waivers_Atlanta_R04
Subject: FW: GA 10-019
Auto forwarded by a Rule



OFFICE OF PLANNING AND BUDGET

Sonny Perdue
Governor

Debbie Dlugolenski
Director

GEORGIA STATE CLEARINGHOUSE MEMORANDUM EXECUTIVE ORDER 12372 REVIEW PROCESS

TO: Erika Perry
Georgia Dept. of Community Health
2 Peachtree St., 40th Floor
Atlanta, GA 30303

FROM: Barbara Jackson
Georgia State Clearinghouse

DATE: 12/22/2010

PROJECT: SPA 10-019: RAC for Medicaid

STATE ID: GA101222002

The State level review of the above referenced proposal has been completed. This proposal has been found to be consistent with those state or regional goals, policies, plans, fiscal resources, criteria for Developments of Regional Impact (DRI), environmental impacts, federal executive orders, acts and/or rules and regulations with which the state is concerned. **THIS MEMORANDUM AND ITS ENCLOSURES (IF ANY) MUST BE FORWARDED BY YOU TO THE FEDERAL FUNDING AGENCY.** Be sure to retain a copy for your files. Thank you.

Additional Comments: No enclosures.

/bj
cc: Gia Compton, DCH
Paula Brown, OPB

Form SC-4
Oct. 2008

STATE PLAN MATERIAL

TO: Scott Frederking
OPB

FROM: Toni Prine/Rob Finla
UNIT: OIG
PHONE: 404-463-7487

DATE: 12-21-10

Subject of Amendment: ACA's Medicaid Recovery Audit Contractor

Proposed Effective Date: 7-1-2011

FEDERAL BUDGET IMPACT

Budget Staff: [Signature]

Date: 12/21/10

FFY 11 \$ 0
FFY 11 \$ 0

STATE BUDGET IMPACT

Budget Staff: [Signature]

Date: 12/21/10

FFY 11 \$ 0
FFY 12 \$ 0

Federal Regulation Citation(s) or Reference(s):

1902 (a) (42) (B) (i)

Reviewed and Approved:

[Signature]
Coordinator or Manager

12/21/10
Date

[Signature]
Division or Office Director

12/21/10
Date

Contents: (check only those applicable)

Cover Letter to HCFA
 Proposed Plan Pages
 Newspaper Tear Sheet
of Public Notice

Backup Material
 Other: _____

CORRESPONDENCE REVIEW FOR CHIEF'S SIGNATURE

Current Date: 1/20/2010 Date Due: _____ Tracking # (if applicable) 10-019

TO: Jerry Dubberly, Chief

FROM: E. Perry Division/Unit Medical Policy

SUBJECT: Recovery Audit Contractors

Staff	Initial	Date	Notes
Anderson, Charles			
Anderson, Jon			
Butler, Marvis			
Carson, Janice			
Collins, Sherri			
✓ Compton, Gia			TO GC 1-26/10
✓ Dubberly, Jerry	<i>[Signature]</i>	2/11	TO JD 1-27/10
Heyward, Edwinlyn			
Ivy, Catherine			
Maddox, Kevin			
Mayfield, Leticia			
McMillion, Lorraine			
Preston, Margie			
ERICA DIMES	<i>[Signature]</i>	1/26/11	
Russell, Argartha			
Washington, Adrian			
Rob Enlayson	<i>[Signature]</i>	1/2/11	<i>[Signature]</i>

Comments: _____

Please Return To: Erika Perry 1-31-10 to EP to find for signature
 Telephone # 407-657-9181
 Document Saved As: _____ Drive: _____