## **Table of Contents**

**State/Territory Name: South Carolina** 

State Plan Amendment (SPA) #: 21-0005

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Summary Form (with 179-like data)
- 3) Approved SPA Pages

## DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services 601 E. 12th St., Room 355 Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

June 4, 2021

Robert M. Kerr Director South Carolina Department of Health and Human Services Post Office Box 8206 Columbia, SC 29202-8206

Re: South Carolina State Plan Amendment 21-0005

Dear Mr. Kerr:

We reviewed your proposed Medicaid State Plan Amendment, SC 21-0005, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on March 12, 2021. This amendment proposes an exception to 42 CFR §455.508(b), the requirement that the Medicaid Recovery Audit Contractor (RAC) program must hire a minimum of 1.0 FTE Contractor Medical Director.

Based upon the information provided by the State, we have approved the amendment with an effective date of January 1, 2021. We are enclosing the approved CMS-179 and a copy of the new state plan pages.

If you have any questions regarding this amendment, please contact William Pak at (404) 562-7407 or via email at William.Pak@cms.hhs.gov.

Sincerely,

James G. Scott, Director Division of Program Operations Medicaid and CHIP Operations Group

TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER:	2. STATE
STATE PLAN MATERIAL	21-0005	SC
	2 PROCEDANCEDENTALIZATION TO	DI E VIIV OF THE
FOR: HEALTH CARE FINANCING ADMINISTRATION	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
	<u> </u>	)
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE	
HEALTH CARE FINANCING ADMINISTRATION	January 1, 2021	
DEPARTMENT OF HEALTH AND HUMAN SERVICES  5. TYPE OF PLAN MATERIAL (Check One):		
5. THE OFFICAN MATERIAL (Check One).		
☐ NEW STATE PLAN ☐ AMENDMENT TO BE (	CONSIDERED AS NEW PLAN	<b>AMENDMENT</b>
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AME	NDMENT (Separate Transmittal for each	amendment)
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT:	
42 CFR §455.508(b)	a. FFY 2021 \$ (120,000)	
42 CFR §455.516  8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	b. FFY 2022 \$ (155,000)  9. PAGE NUMBER OF THE SUPERS	EDED DI AN SECTION
6. FAGE NOWIDER OF THE FLAN SECTION OR ATTACHMENT.	OR ATTACHMENT (If Applicable):	
Basic Index pages 36a & 36b	Basic Index pages 36a & 36b	
10 CUDIECT OF AMENDMENT. The maintenant symmetry of this plan are	and mont is to each an exception to 42 CFF	0 CAEE E00/b) +b a
10. SUBJECT OF AMENDMENT: The primary purpose of this plan amerequirement that the Medicaid Recovery Audit Contractor (RAC) program		
The State is requesting the RAC to hire no less than 0.1 FTE named and a		
standing with the relevant State licensing authorities.		10
11. GOVERNOR'S REVIEW (Check One):  GOVERNOR'S OFFICE REPORTED NO COMMENT	MOTHER AS SPECI	IEIED.
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED	OTHER, AS SPEC Mr. Phillip was designa	
NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	to review and approval	
ICIAL:	16. RETURN TO:	
		1 N
13. TYPED NAME:		
T. Clark Phillip 14. TITLE:		
Acting Director		
15. DATE SUBMITTED:		
March 12, 2021		
	FOR REGIONAL OFFICE USE ONLY	
17. DATE RECEIVED: March 12, 2021	18. DATE APPROVED: June 3, 2021	
PLAN APPROVED – ONE	E COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: January 1, 2021	20. SIGNATURE OF REGIONAL OFF	ICIAL:
21. TYPED NAME: James G. Scott	22. TITLE: DPO Division Director	
23. REMARKS:		
25, REMARKS.		

Revision:

Citation

### STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

South Carolina State:

## SECTION 4 - GENERAL PROGRAM ADMINISTRATION

# 4.5 Medicaid Recovery Audit Contractor Program

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

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

X 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.

X The State is seeking an exception to establishing such program for the following reasons:

The State is seeking an exception to 42 CFR §455.508(b), the requirement that the RAC must hire a minimum of 1.0 full-time equivalent (FTE) Contractor Medical Director. The State shall require the RAC to hire no less than 0.1 FTE named and available medical director who is a Doctor of Medicine in good standing with the relevant State licensing authorities.

X 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.

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

\*On December 12, 2018 CMS approved State Plan Amendment SC 18-0009, granting a Recovery Audit Contractor (RAC) exemption request for the period from July 1, 2018, through June 30, 2020. In June 2020, SCDHHS posted a request for proposal for a RAC. We obtained two proposals and through evaluation, selected and engaged HMS to serve as SCDHHS' RAC.

Place a check mark to provide assurance of the following:

- X The State will make payments to the RAC(s) only from amounts recovered.
- X The State will make payments to the RAC(s) on a contingent basis for collecting overpayments.

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):

X 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.

Effective Date: 01/01/21

TN No. SC 21-0005 Supersedes

TN No: SC 18-0009

## Revision:

## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: South Carolina

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.  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.  X 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): A contingency fee payment of 14% for all recovered overpayments and a contingency fee of 5% for all underpayments identified.  X The State has an adequate appeal process in place for entities to appeal any adverse determination made by the Medicaid RAC(s).  X 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.  X The State assures that the recovered amounts will be subject to a State's quarterly expenditure estimates and funding of the State's share.  X 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: SC 21-0005

Supersedes

TN No: <u>SC 18-0009</u>

Approval Date: 06/03/21 Effective Date: 01/01/21