



DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services

Region 10
2201 Sixth Avenue, MS/RX 43
Seattle, Washington 98121

FEB 25 2011

William J. Streur, Commissioner
Department of Health and Social Services
Post Office Box 110601
Juneau, Alaska 99811-0601

RE: Alaska State Plan Amendment (SPA) Transmittal Number 11-001

Dear Mr. Streur:

The Centers for Medicare & Medicaid Services (CMS) Seattle Regional office has completed its review of State Plan Amendment (SPA) Transmittal Number 11-001. This amendment establishes the Medicaid Recovery Audit Contractor Program for Alaska. Alaska requested an extension of the implementation date to October 1, 2011, which is approved.

This SPA is approved effective October 1, 2011.

If you have any additional questions or require any further assistance, please contact me, or have your staff contact Erin Cassady at (206) 615-2739 or erin.cassady@cms.hhs.gov.

Sincerely,

Barbara K. Richards
Associate Regional Administrator
Division of Medicaid and Children's Health
Operations

cc:

Jon Sherwood, Senior Medicaid Policy Analyst for Health Care Services
Alice Rarig, State Plan Coordinator

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 11-001	2. STATE Alaska
FOR: HEALTH CARE FINANCING ADMINISTRATION		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE 1/1/2011 10/1/2011 (PFI)	
5. TYPE OF PLAN MATERIAL (Check One): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: Section 1902(a)(42)(B)(i) of the Social Security Act		7. FEDERAL BUDGET IMPACT: a. FFY 11 \$0 b. FFY 12 \$0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attached pages to Section 4.5 pages 36b-1 and 36b-2		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Not applicable	
10. SUBJECT OF AMENDMENT: Medicaid Recovery Audit Contractor Program			
11. GOVERNOR'S REVIEW (Check One): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: Governor does not wish to comment. <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL:		16. RETURN TO: Alaska Department of Health and Social Services Office of the Commissioner P.O. Box 110601 Juneau, Alaska 99811-0601	
13. TYPED NAME: Kimberli Poppe-Smart			
14. TITLE: Director, Section of Health Care Services			
15. DATE SUBMITTED: 1/31/2011			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: FEB 01 2011		18. DATE APPROVED: FEB 25 2011	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: OCT 1 2011		20. SIGNATURE OF REGIONAL OFFICIAL:	
21. TYPED NAME: Barbara K. Richards		22. TITLE: Associate Regional Administrator Division of Medicaid & Children's Health	
23. REMARKS: Pen and ink changes authorized by the state on 2/8/11.			

	<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>
Section 1902 (a)(42)(B)(ii)(III)(bb) of the Act	<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>_____ 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>
Section 1902 (a)(42)(B)(ii)(III) of the Act	<p>_____ The State has an adequate appeal process in place for entities to appeal any adverse determination made by the Medicaid RAC(s).</p>
Section 1902 (a)(42)(B)(ii)(IV)(aa) of the Act	<p>_____ 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>
Section 1902(a)(42)(B)(ii)(IV)(bb) of the Act	<p>_____ 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>
Section 1902 (a)(42)(B)(ii)(IV)(cc) Of the Act	<p>_____ 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>

TN No. 11-001
Supersedes
TN No. _____

FEB 25 2011

Approval Date: _____

OCT - 1 2011
Effective Date: _____