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State/Territory Name: Alaska

State Plan Amendment (SPA) #: 12-004

This file contains the following documents in the order listed:

1) Approval Letter

- 2) CMS 179 Form/Summary Form(with 179-like data)
- 3) Approved SPA



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

APR 1 9 2012

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 12-004

Dear Mr. Streur:

The Centers for Medicare & Medicaid Services (CMS) Seattle Regional office has completed its review of State Plan Amendment (SPA) Transmittal Number 12-004. This amendment requests an exception to the January 1, 2012, implementation date in regulation and requests a date of July 1, 2012, in order to allow time for the State to enter into a multi-state contract for selection of a Medicaid recovery audit contractor.

This SPA is approved effective January 1, 2012.

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,

Carol J.C. Peverly

Associate Regional Administrator
Division of Medicaid and Children's Health
Operations

cc:

Kimberli Poppe-Smart, Deputy Commissioner Jon Sherwood, Senior Medicaid Policy Analyst for Health Care Services

HEALTH CARE FINANCING ADMINISTRATION		OMB NO. 0938-0193			
TRANSMITTAL AND NOTICE OF APPROVAL OF	I. TRANSMITTAL NUMBER:	2. STATE			
STATE PLAN MATERIAL	12-004	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 January 1, 2012				
5. TYPE OF PLAN MATERIAL (Check One):					
	CONSIDERED AS NEW PLAN				
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AME	NDMENT (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 12 \$0 b. FFY 13 \$0				
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERS				
Page 36b-1	OR ATTACHMENT (If Applicable):				
-	Page 36b-1				
10. SUBJECT OF AMENDMENT: Extension of deadline for implementing RAC program					
11. GOVERNOR'S REVIEW (Check One): GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	☑ OTHER, AS SPI Does not wish to				
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Revision:				
State	Alaska			

PROPOSED SECTION 4 - GENERAL PROGRAM ADMINISTRATION

4.5 Medicaid Recovery Audit Contractor Program

Citation 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. _XThe State is seeking an exception to establishing such program for the following reasons: Alaska is seeking an exception to the January 1, 2012 implementation date described in the Final Rule. No later than July 1, 2012, Alaska will have a RAC contract in place that will adhere to the attestations in this SPA.
Section 1902(a)(42)(B)(ii)(I) of the Act	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 the RAC(s) only from amounts recovered.
	The State will make payments to the RAC(s) on a contingent Basis for collecting overpayments.
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):

APR 1 9 2012

TN No. <u>12-004</u> Supersedes TN No. <u>11-001</u> Approval Date: _____

Effective Date: 1-1-12