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State Name: Delaware

State Plan Amendment (SPA) #18-004

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS-179
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES Centers for Medicare & Medicaid Services 801 N Market Street, Suite 9400 Philadelphia, Pennsylvania 19107-3134



Region III/Division of Medicaid and Children's Health Operations

SWIFT #100120184019

December 26, 2018

Mr. Stephen M. Groff, Director Division of Medicaid and Medical Assistance P.O. Box 906 New Castle, DE 19720-0906

Dear Mr. Groff:

We are pleased to inform you of the approval of Delaware State Plan Amendment (SPA) 18-004. This amendment modifies the State Plan to grant Delaware an exception to the Recovery Audit Contracting (RAC) requirements for a 2-year period ending June 30, 2020. If Delaware decides to request an extension beyond this 2-year approval period, a SPA will need to be submitted at that time that demonstrates the RAC requirements continue to be impractical and not cost effective. Enclosed is a copy of the approved SPA pages and the signed CMS-179 form. The effective date of this amendment is July 1, 2018.

If you have any questions, you may contact Michael Cleary at (215) 861-4282.

Sincerely,

Francis McCullough Associate Regional Administrator

Enclosures

HEALTH CARE FINANCING ADMINISTRATION		OMB NO. 0938-0193
TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL	2. STATE
STATE PLAN MATERIAL	NUMBER:	DELAWARE
	SPA #18-004	
FOR: HEALTH CARE FINANCING ADMINISTRATION	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DA	TE ,
HEALTH CARE FINANCING ADMINISTRATION	July 1, 2018	
DEPARTMENT OF HEALTH AND HUMAN SERVICES		
5. TYPE OF PLAN MATERIAL (Check One):		
NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW	PLAN XXX AMENDM	FNT
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separ		
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPAC	· · · · · · · · · · · · · · · · · · ·
The Patient Protection and Affordable Care Act, Public Law 111-148, Section	a. FFY 2018 \$ 0	
6411, Expansion of the Recovery Audit Contractor (RAC) program	b. FFY 2019 \$ 0	
 Section 1902(a)(42)(b) of the Social Security Act, requires States to establish 	·	
programs to contract with RACs to audit payments to Medicaid providers by		
December 31, 2010		
• 42 CFR 455 Subpart A, Medicaid Agency Fraud Detection and Investigation		
Program		
42 CFR 455 Subpart F, Medicaid Recovery Audit Contractors Program		
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SU	IDERSEDED DI ANI SECTIONI
6. FAGE NOMBER OF THE FEAR SECTION OR ATTACHMENT.	OR ATTACHMENT (If Applicable):	
	(1) / 10/11/12	
Section 4.5 General Program Administration Pages 36, 36a, and 36b	Section 4.5 General Program	m Administration Pages
	36, 36a, and 36b	
10. SUBJECT OF AMENDMENT:		
Medicaid Recovery Audit Contractors Program		
11. GOVERNOR'S REVIEW (Check One):		
	HER, AS SPECIFIED:	
	r's comments under separate	2
NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL correspon		
12. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO:	
	Stephen M. Groff	
	Director	
	Division of Medicaid and M	ledical Assistance
40 TV05D MAA45	P.O. Box 906	
13. TYPED NAME:	New Castle, Delaware 1972	!0-0906
Stephen M. Groff, Director, Division of Medicaid and Medical Assistance	-	
14. TITLE: Designee for Kara Odom Walker, MD, MPH, MSHS, Secretary, Delaware Health and Social Services		
15. DATE SUBMITTED:	-	
9/28/18		
FOR REGIONAL OFFICE USE ON	NLY	
17. DATE RECEIVED	18. DATE APPROVED:	
September 28, 2018	December 26, 2018	
PLAN APPROVED – ONE COPY ATT		
19. EFFECTIVE DATE OF APPROVED MATERIAL:	20. SIGNATURE OF REGIONA	AL OFFICIAL:
July 1, 2018		
21. TYPED NAME:	22. TITLE:	
Fran McCullough	Associate Regional Administ	trator
23. REMARKS:		

Revision: HCFA-PM-88-10 (BERC) OMB No: 0938-0193

September 1988 36

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE/TERRITORY: **DELAWARE**

Citation

§1902(a)(42)(B)

P.L. 111-148

§42 CFR 455 Subpart A §42 CFR 455 Subpart F 4.5 <u>Medicaid Agency Fraud Detection and Investigation Program</u>

The Medicaid agency has established and will maintain methods, criteria, and procedures for prevention and control

of program fraud and abuse, including methods for identification, investigation, and referral of suspected fraud

cases.

TN No. SPA# 18-004 Approval Date December 26, 2018

Supersedes HCFA ID: 1010P/0012P

TN No. SP# 268 Effective Date July 1, 2018

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT STATE/TERRITORY: **DELAWARE**

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.
Section 1902(a)(42)(B)(ii)(I) of the Act	The State is seeking an exception to establishing such program for the following reasons:
	Although the Delaware Division of Medicaid and Medical Assistance (DMMA) previously had a Recovery Audit Contract (RAC) vendor, that contract is no longer in place. DMMA posted a Request for Proposals (RFPs) in an attempt to attract a new RAC vendor, but received no bids. The majority of Delaware's Medicaid population is enrolled in managed care and the providers treating them are not subject to audit recovery contracting. There is not sufficient revenue generation to fund an adequate contingency fee
	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. Delaware RFP for RACs is completed.
	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):
	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

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TN No.	<u>10-005</u>	Effective Date July 1, 2018

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT STATE/TERRITORY: **DELAWARE**

4.5 Medicaid Recovery Audit Contractor Program Citation 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. Section 1902 The following payment methodology shall be used to determine State (a)(42)(B)(ii)(II)(bb) payments to Medicaid RACs for the identification of underpayments of the Act (e.g., amount of flat fee, the percentage of the contingency fee): The State has adequate appeal process in place for entitles to appeal Section 1902 (a)(42)(B)(ii)(III) of any adverse determination made by Medicaid RAC(s). the Act The State assures that the amounts expended by the State to carry out Section 1902(a)(42)(B)(ii) the program will be amounts expended as necessary for the proper (IV)(aa) of the Act and efficient administration of the State plan or waiver of the plan. The State assures that the recovered amounts will be subject to a Section1902(a)(42)(B)(ii)(IV)(bb) State's quarterly expenditure estimates and funding of the State's of the Act share. Efforts of the Medicaid RAC(s) will be coordinated with other Section 1902 contactors or entitles performing audits of entitles receiving payments (a)(42)(B)(ii)(IV)(cc) of the Act under the State plan or waiver in the State, and/or State and Federal

TN No. SPA#	18-004	Approval Date December 26, 2018
Supersedes		
TN No.	10-005	Effective Date <u>July 1, 2018</u>

law enforcement entitles and the CMS Medicaid Integrity Program.