State: Illinois

MEDICAL ASSISTANCE PROGRAM Citation Condition or Requirement 4.5 Medicaid Recover Audit Contractor Program The State has established a program under which it will contract Section 1902(a)(42)(B)(i) of the Social Security Act 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. \boxtimes The State is seeking an exception to establishing such program for the following reasons: Illinois is seeking an exception to the January 1, 2012 implementation date described in the Final Rule and to the July 1, 2012 extended date. No later than July 1, 2012 January 1, 2013, Illinois will have a RAC contract in place that will adhere to the attestations in this SPA. Section 1902(a)(42)(B)(ii)(I) 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 of the Act requirements of the statute. RACs are consistent with the statute. Place checkmark to provide assurance of the following: Ø The State will make payments to the RAC(s) only from amounts recovered. \boxtimes The State will make payments to the RAC(s) on a contingent basis for collecting overpayments. Section 1902(a)(42)(B)(ii)(II)(aa) The following payment methodology shall be used to determine State of the Act payments to Medicaid RACs for identification and recovery of overpayments (e.g., the percentage of the contingency fee): The State attest 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. 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 paid to Medicare RACs, as published in the Federal Register. The State will submit a justification for that

TN # 12-017 Supersedes TN # 11-12

Approval date: 11/14/12

contingency fee

rate and will submit for the FFP for the full amount of the

Effective date: 01/01/12

Page 36A

Effective date: 01/01/12

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Illinois

MEDICAL ASSISTANCE PROGRAM

Citation	Condition or Requirement	
	4.5	Medicaid Recovery Audit Contractor Program (Continued)
Section 1902 (a)(42)(B)(ii)(II)(bb) of the Act		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): <i>Payment will be based on a flat fee</i> .
Section 1902(a)(42)(B)(ii)(III) of the Act	\boxtimes	That State has an adequate appeal process in place for entities to appeal any adverse determination made by the Medicaid RACs.
Section 1902(a)(42)(B)(ii)(IV)(aa) of the Act		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.
Section 1902(a)(42)(B)(ii)(IV)(bb) of the Act	\boxtimes	The State assures that the recovered amounts will be subject to the State's quarterly expenditure estimates and funding of the State's share.
Section 1902(a)(42)(B)(ii)(IV)(cc) of the Act	\boxtimes	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 # 12-017 Supersedes TN # 11-12 Approval date: 11/14/12

Page 36B

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Illinois

MEDICAL ASSISTANCE PROGRAM

MEDICAL ASSISTANCE PROGRAM		
Citation	Condition or Requirement	
42 CFR 455.12 AT-78-90	4.5a Medicaid Agency Fraud Detection and Investigation Program	
48 FR 3742 52 FR 48817	The Medicaid agency has established and will maintain methods, criteria, and procedures that meet all requirements of 42 CFR 455.13 through 455.21 and 455.23 for prevention and control of program fraud and abuse.	

TN # 12-017 Supersedes TN # 10-09

Approval date: 11/14/12

Effective date: