DEPARTMENT OF HEALTH & HUMAN SERVICES Centers for Medicare & Medicaid Services JFK Federal Building, Government Center Room 2275 Boston, Massachusetts 02203



Division of Medicaid and Children's Health Operations / Boston Regional Office

February 28, 2011

Nicholas A. Toumpas Commissioner Department of Health and Human Services 129 Pleasant Street Concord, NH 03301

Dear Mr. Toumpas:

We have reviewed New Hampshire's State Plan Amendment (SPA) No. 10-012, received in the Boston Regional Office on December 21, 2010. This amendment documents that New Hampshire has established a Medicaid Recovery Audit Contractor (RAC) program. Section 6411 of the Affordable Care Act amended section 1902(a)(42) of the Social Security Act to require States to establish programs to contract with RACs to audit payments to Medicaid providers.

Based on the information provided, we are pleased to inform you that New Hampshire SPA 10-012 is approved, effective December 21, 2010. Enclosed is a copy of the CMS-179 form, as well as the approved pages for incorporation in the New Hampshire Medicaid State Plan.

In the submittal of this SPA, you indicated that while the State has not yet entered into a RAC contract, the vendor has been selected, but the offer has not yet been made, nor has the payment methodology for underpayments been finalized. When the State does fully implement the RAC program, it will need to attest in the State Plan. This requirement is described in further detail in State Medicaid Director Letter No. 10-021, issued on October 1, 2010.

We also wish to remind you that on February 1, 2011, CMS issued an informational bulletin to States indicating that, "Out of consideration for State operational issues and to ensure States comply with the provisions of the Final Rule, we have determined that States will not be required to implement their RAC programs by the proposed implementation date of April 1, 2011. Instead, when the Final Rule is published, it will indicate the new implementation deadline."

Page 2 - Nicholas A. Toumpas, Commissioner

Therefore, New Hampshire SPA 10-012 will remain in effect until the State implements a RAC program in accordance with the forthcoming Final Rule.

If you have any questions, please contact Angel L. Miller of my staff. Angel Miller can be reached at (617) 565-1324 or by email at <u>Angel.Miller@cms.hhs.gov</u>.

Sincerely.

/s/

Richard R. McGreal Associate Regional Administrator

Enclosures

cc: Kathleen Dunn, Medicaid Director

Dawn Landry, State Plan Coordinator

Diane Peterson

DEPARTMENT OF HEALTH AND HUMAN SERVICES		FORM APPROVED OMB NO. 0938-0193
TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: 10-012	2. STATE NH
FOR: HEALTH CARE FINANCING ADMINISTRATION	3. PROGRAM IDENTIFICATION: TI SOCIAL SECURITY ACT (MEDIC	TLE XIX OF THE AID)
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE December 21, 2010	
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) of the Social Security Act	7. FEDERAL BUDGET IMPACT: a. FFY 2011 not known FFY 2012 not known	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Section 4.5.1, pages 36a, 36b, and 36c	9. PAGE NUMBER OF THE SUPERS OR ATTACHMENT (If Applicable) None	
10. SUBJECT OF AMENDMENT: Medicaid Recovery Audit Contractors	•	
11. GOVERNOR'S REVIEW (Check One): GOVERNOR'S OFFICE REPORTED NO COMMENT	☑ OTHER, AS SPEC will follow	CIFIED: comments, if any,
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		
12. SICE ANT ID BY OF ATE ACENICY CHECKAT	16. RETURN TO: Dawn Landry	
13. TYPED NAME: 13. TYPED NAME	Division of Family Assistance/Brown I Department of Health and Human Serv	
14. TITLE: Commissioner	129 Pleasant Street Concord, NH 03301	
15. DATE SUBMITTED: 12/21/10		ATTER NO STORAGE AND A STORAGE
17 DATE RECEIVED	TICE USE ONLY VILLE TO THE APPROVED.	
December 21, 2010	操然February 15, 2011	
19. BFRECTIVE DATE OF APPROVED MATERIAL	E COPY ACTACHED 422	MGALARY
December 21, 2010		
21 TYPED NAME Richard R. McGreal	ا المرزية Associate Regional Adm Division of Medicaid and Childre	ninsuator, en's Health Operations
23 REMARKS:		

Rev	ision:
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State/Territory:	New Hampshire	
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4.5.1 Medicaid Recovery Audit Contractor Program

Citation	RAC Program
Section 1902(a)(42)(B)(i) of the Social Security 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. The State is seeking an exception to establishing such
	program for the following reasons:
Section 1902(a)(42)(B)(ii)(I) of the Social Security 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. *Note: Contract arrangements are still in process. The vendor has been selected, but the offer has not yet been made. 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.

TN No: 10-012
Supersedes
TN No: N/A

Approval Date 02/15/11

Effective Date: 12/21/10

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State/Territory:	New Hampshire	
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4.5.1 (cont.) Medicaid Recovery Audit Contractor Program

Citation	RAC Program
Section 1902(a)(42)(B)(ii)(II)(aa) of the Social Security Act	The following payment methodology shall be used to determine State payments to Medicaid RAC's for identification and recovery of overpayments (e.g., the percentage of the contingency fee): X The State attests that the contingency fee paid to the Medicaid RAC will not exceed the highest rate paid to Medicaid RAC's, as published in the Federal Register. The State attests that the contingency fee paid to the Medicaid RAC will exceed the highest rate paid to Medicare RAC's, as published in the Federal Register. The State will only submit FFP up to the amount equivalent to that published rate. The contingency fee rate paid to the Medicaid RAC will exceed the highest rate paid to Medicare RAC's, as
Section 1902(a)(42)(B)(ii)(II)(bb) of the Social Security Act	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. * The following payment methodology shall be used to determine State payments to Medicaid RAC's for the identification of underpayments (e.g., amount of flat fee, the percentage of the contingency fee): *Note: Contract arrangements are still in process. The vendor has been selected, but the offer has not yet been made, nor has the payment methodology for underpayments
	been finalized.

TN No: <u>10-012</u> Supersedes TN No: <u>N/A</u>

Approval Date 02/15/11 Effective Date: 12/21/10

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State/Territory:	New Hampshire	
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4.5.1 (cont.) Medicaid Recovery Audit Contractor Program

Citation	RAC Program
Section 1902(a)(42)(B)(ii)(III) of the Social Security Act	X The State has an adequate appeal process in place for entities to appeal any adverse determination made by the Medicaid RAC(s).
Section 1902(a)(42)(B)(ii)(TV)(aa) of the Social Security Act	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.
Section 1902(a)(42)(B)(ii)(IV)(bb) of the Social Security Act	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.
Section 1902(a)(42)(B)(ii)(IV)(cc) of the Social Security Act	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: 10-012
Supersedes
TN No: N/A

Approval Date 02/15/11 Effective Date: 12/21/10