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State/Territory Name: South Dakota

State Plan Amendment (SPA) #: SD-13-002

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 Pages

TN: SD-13-002 **Approval Date:** 11/25/2013 **Effective Date** 06/01/2013

DEPARTMENT OF HEALTH & HUMAN SERVICES Centers for Medicare & Medicaid Services 1600 Broadway, Suite 700 Denver, CO 80202-4967



Region VIII

November 25, 2013

Kirby Stone, Medicaid Director South Dakota Department of Social Services Richard F. Kneip Building 700 Governors Drive Pierre, SD 57501-2291

RE: South Dakota #13-002

Dear Ms. Stone:

We have reviewed the proposed State Plan Amendment (SPA) submitted under transmittal number (TN) 13-002. This SPA is concerning South Dakota's request for an exemption to the statutory requirement that the State implement a recovery audit contractors (RACs) program. This exemption is effective from June 1, 2013 through May 31, 2016.

We are enclosing the CMS-179 and the amended plan page(s).

If you have any questions concerning this amendment, please contact Laurie Jensen at (303) 844-7126 or Laurie.Jensen@cms.hhs.gov.

Sincerely,

/s/

Richard C. Allen Associate Regional Administrator Division for Medicaid & Children's Health Operations

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT MEDICAL ASSISTANCE PROGRAM State/Territory: SOUTH DAKOTA

SECTION 4. GENERAL PROGRAM ADMINISTRATION

<u>Citation</u>	4.5b Medica	aid Reco	overy Audit Contractor Program
Section 1902(a)(4 of the Social Sect			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.
		<u>X</u>	The State is seeking an exception to establishing such program for the following reasons:
		(1)	The State maintains a low rate of errors in Medicaid payments, as evidenced by the most recent PERM review; and
		(2)	The State's estimate of the potential amount of payment errors to be recovered is low based in part on relatively low Medicaid enrollment and associated expenditures such that there would not be enough revenue generated to fund an adequate enough contingency fee to attract sufficient bidding attention from vendors. In its fiscal year 2012 the State had total Medicaid expenditures of \$747,333,325 and 102,724 total Title XIX eligibles. CHIP expenditures in state fiscal year 2012 totaled \$7,228,259, with 13,007 total Title XXI eligibles.
			This State Plan Amendment (SPA) will be in effect until May 31 2016. Prior to that time, the State will analyze the 2014 PERM results and most timely Medicaid enrollment and associated Medicaid expenditures and, based on that analysis, submit to CMS either
			(1) A new request for an exception; or
			(2) A SPA establishing the State's RAC program.
			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.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT MEDICAL ASSISTANCE PROGRAM State/Territory: SOUTH DAKOTA

SECTION 4. GENERAL PROGRAM ADMINISTRATION

Citation 4.5b Medicaid Recovery Audit Contractor Program (continued) Place a check mark to provide assurance of the following: Section 1902(a)(42)(B) The State will make payments to the RAC(s) only from amounts (ii)(I) of the Act recovered. Section 1902(a)(42)(B) The State will make payments to the RAC(s) on a contingent (ii)(II)(aa) of the Act basis for collecting overpayments. The following payment methodology shall be used to determine State payments to Medicaid RACs for recovered overpayments (e.g., the percentage of the contingency fee): Section 1902(a)(42)(B) The State attests that if the contingency fee rate paid to the (ii)(II)(bb) of the Act 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 following payment methodology shall be used to determine State payments to Medicaid RACs for underpayments: The State will submit a justification seeking to pay the Medicaid RAC(s) a contingency fee higher than the highest contingency fee rate paid to Medicare RACs as published in the Federal Register. Section 1902(a)(42)(B) The State has an adequate appeal process in place for entities to (ii)(III) of the Act appeal any adverse determination made by the Medicaid RAC(s). Section 1902(a)(42)(B) The State assures that the amounts expended by the State to (ii)(IV)(aa) of the Act 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) The State assures that the recovered amounts will be subject to a (ii)(IV)(bb) of the Act State's guarterly expenditure estimates and funding of the State's share. Section 1902(a)(42)(B) Efforts of the Medicaid RAC(s) will be coordinated with other (ii)(IV)(cc) of the Act 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. <u>13-2</u> Approval Date 11/25/13 Supersedes Effective Date 06/01/13

TN No. 10-1