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

## JAN 25 2011

Susan Dreyfus, Secretary
Department of Social and Health Services
Post Office Box 45010
Olympia, Washington 98504-5010

RE: Washington State Plan Amendment (SPA) Transmittal Number 10-022

Dear Ms. Dreyfus:

The Centers for Medicare & Medicaid Services (CMS) Seattle Regional office has completed its review of State Plan Amendment (SPA) Transmittal Number 10-022. This amendment establishes the Medicaid Recovery Audit Contractor Program for Washington State.

This SPA is approved effective January 1, 2011.

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 <a href="mailto:erin.cassady@cms.hhs.gov">erin.cassady@cms.hhs.gov</a>.

Sincerely,

Barbara K. Richards Associate Regional Administrator Division of Medicaid and Children's Health Operations

cc:

Douglas Porter, Assistant Secretary, Medicaid Purchasing Administration MaryAnne Lindeblad, Assistant Secretary, Aging and Disability Services Administration Ann Meyers, State Plan Coordinator, Department of Social and Health Services

| TRANSMITTAL AND NOTICE OF APPROVAL OF  | 1. TRANSMITTAL NUMBER:                         | 2. STATE   |  |  |
|--|--|--|--|--|
| STATE PLAN MATERIAL  | 10-022   | Washington   |  |  |
|  |  |  |  |  |
| FOR: HEALTH CARE FINANCING ADMINISTRATION  |  | 3. PROGRAM IDENTIFICATION: TITLE XIX OF THE  |  |  |
|  | SOCIAL SECURITY ACT (MEDICA                    | AID)   |  |  |
| TO: REGIONAL ADMINISTRATOR   | 4. PROPOSED EFFECTIVE DATE                     |  |  |  |
| HEALTH CARE FINANCING ADMINISTRATION   | January 1, 2011                                |  |  |  |
| DEPARTMENT OF HEALTH AND HUMAN SERVICES  |  |  |  |  |
| 5. TYPE OF PLAN MATERIAL (Check One):  | A  | and the state of t |  |  |
|  |  |  |  |  |
| ☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☐ AMENDMEN   |  |  |  |  |
| COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AME  | NDMENT (Separate Transmittal for each          | amendment)   |  |  |
| 6. FEDERAL STATUTE/REGULATION CITATION:  | 7. FEDERAL BUDGET IMPACT:                      |  |  |  |
|  | a. FFY 2010 \$0                                | ,  |  |  |
|  | b. FFY 2011 \$0                                |  |  |  |
| 8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  | 9. PAGE NUMBER OF THE SUPERS                   |  |  |  |
| At a total and a t | OR ATTACHMENT (If Applicable):                 |  |  |  |
| Numbered pages 36b and 36c   |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  | <u> </u>   |  |  |
| 10. SUBJECT OF AMENDMENT:  |  |  |  |  |
| Panayamy Audit Contractors (PAC)   |  |  |  |  |
| Recovery Audit Contractors (RAC)   |  |  |  |  |
| 11. GOVERNOR'S REVIEW (Check One):   | -  | The state of the s |  |  |
| GOVERNOR'S OFFICE REPORTED NO COMMENT  | ☑ OTHER, AS SPEC                               | IFIED: Exempt  |  |  |
| COMMENTS OF GOVERNOR'S OFFICE ENCLOSED   |  |  |  |  |
| ☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL  |  |  |  |  |
| TO AVAILABLE AND A CONTROL OF THE AVAILABLE AND A CONTROL OF T |  |  |  |  |
| 12. SIGNATURE OF STATE AGENCY OFFICIAL:  | 16. RETURN TO:                                 |  |  |  |
|  | Ann Myers                                      |  |  |  |
| 13. TYPED NAME: //1  | Department of Social and Health Services       |  |  |  |
| Susan N. Dreyfus   | Medicaid Purchasing Administration             |  |  |  |
| 14. TITLE:   | 626 8 <sup>th</sup> Ave SE MS: 45504           |  |  |  |
| Secretary  | POB 5504                                       |  |  |  |
| 15. DATE SUBMITTED:  | Olympia, WA 98504-5504                         |  |  |  |
| 12-17-10   | AANAB AAAAA AAAAA AAAAA AAAAA AAAAA AAAAA AAAA |  |  |  |
| FOR REGIONAL OFFICE USE ONLY   |  |  |  |  |
| 17. DATE RECEIVED: DEC 1 7 2010  | 18. DATE APPROVED: JAN 2                       | 5 2011   |  |  |
| PLAN APPROVED – ONE COPY ATTACHED  |  |  |  |  |
| 10 EFFECTIVE DATE OF APPROVED MATERIAL.  | 20.ANGNATURE OF REGIONALIOF                    | TZTAY A Y .  |  |  |
| 19. EFFECTIVE DATE OF APPROVED MATERIAL:   | 20. BIGINAL ORE OF REGIONALIOF                 | TCIAL:   |  |  |
| 21. TYPED NAME:  | 44. 111LE: A                                   |  |  |  |
| Barbara K. Richards  | Associate Regional                             | Administrator  |  |  |
| 23. REMARKS:   | Division of Me                                 | edicald &  |  |  |
|  |  |  |  |  |
| Children's Health  |  |  |  |  |
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## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

|   | State | WASHINGTON  | ·  |  |  |  |  |
|---|-------|---|--|--|--|--|--|
| 4.5b Medicaid Recovery Audit Contractor Program     |       |   |  |  |  |  |  |
| Citation  |       |   |  |  |  |  |  |
| Section 1902(a)(42)(B)(i) of the Social Security Ac |       |   | 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(2)(42)(B)(ii)(I) of the Act            | i)(I) |   | X 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: The State is preparing an RFP to seek bids for a Medicaid RAC and expects to enter into a contract before April 1, 2011.   |  |  |  |  |
|   |       | Place a check mark to provide assurance of the following:   |  |  |  |  |  |
|   |       | X The State will make payments to the RAC(s) only from amounts recovered  |  |  |  |  |  |
| Section 1902 (a)(42)(B)(ii)(II)(aa) of the Act      |       |   | X The State will make payments to the RAC(s) on a contingent basis for collecting overpayments.  |  |  |  |  |
|   |       | 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): |  |  |  |  |  |
|   |       | X 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.                    |  |  |  |  |  |
|   |       |   | 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.  |  |  |  |  |
|   |       |   |  |  |  |  |  |

## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

|  | State            | WASHINGTON  |   |
|--|------------------|---|---|
|  | 4.5b Medica      | aid Recovery Audit C  | ontractor Program (cont)  |
|  |                  |   | 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 (a)(42)(B)(ii)(II)(bb) of the Act |                  | X 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): |   |
|  |                  |   | Washington has not yet determined the percentage of the contingency fee for the identification of underpayments. Washington expects to determine this information prior to April 1, 2011, as part of the RFP process.   |
| Section 1902 (a)(42)(B of the Act              | )(ii)(III)       |   | 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 of the Act              | )(ii)(IV)(aa)    |   | 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 t | he 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) Ot | f the 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. |
|  |                  |   |   |