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State/Territory Name: Alabama

State Plan Amendment (SPA) #: 24-0005

This file contains the following documents in the order listed:

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

## DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services 601 E. 12th St., Room 355 Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

September 19, 2024

Stephanie Azar Commissioner Alabama Medicaid Agency 501 Dexter Avenue P.O. Box 5624 Montgomery, AL 36103

Re: Alabama State Plan Amendment (SPA) 24-0005

Dear Commissioner Azar:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 24-0005. This amendment proposes contracting with a Recovery Audit Contractor to identify underpayments and overpayments of Medicaid claims under the State Plan and any waiver of the State Plan.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulation 42 CFR 455.502(b). This letter informs you that Alabama's Medicaid SPA 24-0005 was approved on September 19, 2024, effective October 1, 2024.

Enclosed are copies of Form CMS-179 and approved SPA pages to be incorporated into the Alabama State Plan.

If you have any questions, please contact Kia Carter-Anderson at (404) 562-7431 or via email at <u>Kia.Carter-Anderson@cms.hhs.gov.</u>

Sincerely,

Ruth A. Hughes, Acting Director Division of Program Operations

**Enclosures** 

cc: Stephanie Lindsay Lauren Ray

CENTERS FOR MEDICARE & MEDICAID SERVICES	OME No. 0938-019
	1. TRANSMITTAL NUMBER 2. STATE
TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	$\frac{1}{2} \frac{4}{4} = 0 0 0 5 A L$
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL
TON. CENTERO FOR MEDIOPINE & MEDIOPINE CENTROL	SECURITY ACT XXI
TO: CENTER DIRECTOR	4. PROPOSED EFFECTIVE DATE
CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	October 1, 2024
5. FEDERAL STATUTE/REGULATION CITATION	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
42 CFR 455.502(b)	a FFY 2025 \$ 250,000 b. FFY 2026 \$ 250,000
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (# Applicable)
Section 4 Pages 36.1 and 36.2	Section 4 Pages 36.1 and 36.2
9. SUBJECT OF AMENDMENT	
The State will contract with a Recovery Audit Contractor for the p Medicaid claims under the State Plan and under any waiver of the	
10. GOVERNOR'S REVIEW (Check One)	
Q GOVERNOR'S OFFICE REPORTED NO COMMENT	OTHER, AS SPECIFIED: Governor's designee
O COMMENTS OF GOVERNOR'S OFFICE ENCLOSED	<ul> <li>file via letter with</li> </ul>
O NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	CMS
FICIAL	15. RETURN TO
	Stephanie McGee Azar
12. LIFEP NAME	Commissioner
Stephanie McGee Azar	Alabama Medicaid Agency 501 Dexter Avenue
13. TITLE	Post Office Box 5624
Commiss oner	Montgomery, Alabama 36103-5624
14. DATE SUBMITTED 9 3 24	
FOR CMS	USE ONLY
16. DATE RECEIVED September 3, 2024	17. DATE APPROVED September 19, 2024
	DNE COPY ATTACHED
18. EFFECTIVE DATE OF APPROVED MATERIAL	19. SIGNATURE OF APPROVING OFFICIAL
October 1, 2024	
20. TYPED NAME OF APPROVING OFFICIAL	21. TITLE OF APPROVING OFFICIAL
Ruth A. Hughes	Acting Director, Division of Program Operations

22. REMARKS

Effective Date: 10/01/24

State: ALABAMA

## **SECTION 4 - GENERAL PROGRAM ADMINISTRATION**

## 4.5 Medicaid Recovery Audit Contractor Program

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Citation		
Section 19•2(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 19\(\textstyle{0}2(a)(42)(B)(ii)(I)\) of the 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.	
Section 19 <b>0</b> 2 (a)(42)(B)(ii)(II)(aa) of the Act	(B)(ii)(II)(aa) Place a check mark to provide assurance of the following:	
of the Act	_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.	
	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): A contingency fee of 11.5% for overpayments collected.	
Section 19•2 (a)(42)(B)(ii)(II)(bb) of the Act	The State attests that if 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	

TN No. AL-24-0005 Supersedes

TN No. AL-22-0010

Effective Date: 10/01/24

Citation		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:
	<del></del>	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)(ii)(III) of the Act	<u>X</u>	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)(IV)(aa) of the Act	<u>X</u>	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	<u>X</u>	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 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.