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www.scdhhs.gov

June 29, 2018

PUBLIC NOTICE

Public Notice of Final Action for the Recovery Audit Contractor (RAC)

The South Carolina Department of Health and Human Services (SCDHHS) gives notice of the following actions regarding an exception to 42 CFR § 455.502(b), which requires SCDHHS to contract with a Medicaid Recovery Audit Contractor (RAC) under the State Plan under Title XIX of the Social Security Act Medical Assistance Program (Medicaid).

Effective on or after July 1, 2018, SCDHHS will amend the South Carolina Title XIX State Plan to seek an exception from some or all Medicaid recovery audit contracting requirements.

Under Section 1902(a)(42)(B)(i) of the Social Security Act, states and territories are required to establish programs to contract with one or more Medicaid RACs to identify and recoup overpayments made under the State Plan or state waiver programs. Federal rules also allow for state-specific exemptions and requirements that permit Centers for Medicare & Medicaid Services (CMS) to vary Medicaid RAC program requirements.

SCDHHS RAC program employs a contingency fee-based RAC contract that ties contractor payment to the performance of its recovery efforts. A recent effort to re-procure a RAC for a contract period beginning in 2018 yielded zero proposals in response to a solicitation that closed Feb. 2, 2018. The lack of interest in SCDHHS' recent solicitation is a strong indicator that it is not cost-beneficial for auditing firms to submit proposals due to the small number of enrollees and claims in our non-managed care programs. Other states with large managed care enrollments have also experienced this same issue and have sought and received such exception as SCDHHS is requesting.

Based on the action above, SCDHHS does not anticipate a budget impact. Since the vendor is paid on a contingency fee basis, they do not receive a payment unless they recover an overpayment.

Copies of this notice are available at each County Department of Health and Human Services Office and at www.scdhhs.gov for public review. Additional information regarding this action is available upon request at the address cited below.

Any written comments submitted may be reviewed by the public at the SCDHHS, Attn: Program Integrity, Jefferson Square Building, 1801 Main Street, Columbia, South Carolina, Monday through Friday between the hours of 9 a.m. – 5 p.m.

Joshua D. Baker
Director

South Carolina Department of Health and Human Services

Notice of Non-Discrimination

The South Carolina Department of Health and Human Services (SCDHHS) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. SCDHHS does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

SCDHHS provides free aids and services to people with disabilities, such as qualified sign language interpreters and written information in other formats (large print, braille, audio, accessible electronic formats, other formats). We provide free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these services, contact Janet Bell, ADA and Civil Rights Official, by mail at: PO Box 8206, Columbia, SC 29202-8206; by phone at: 1-888-549-0820 (TTY: 1-888-842-3620); or by email at: civilrights@scdhhs.gov.

If you believe that SCDHHS has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with the Civil Rights Official using the contact information provided above. You can file a grievance in person or by mail or email. If you need help filing a grievance, we are available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, D.C. 20201 or by phone at: 800-368- 1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>

Language Services

If your primary language is not English, language assistance services are available to you, free of charge. Call: 1-888-549-0820 (TTY: 1-888-842-3620).

si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-549-0820 (TTY: 1-888-842-3620).

إذا كانت لغتك الأساسية غير اللغة الانكليزية فان خدمات المساعدات اللغوية متوفرة لك مجاناً. اتصل على الرقم:

(رقم هاتف الصم والبكم 1-888-842-3620) 888-549-0280

Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-888-549-0820 (TTY: 1-888-842-3620).

Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-888-549-0820 (телетайп: 1-888-842-3620).

Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-888-549-0820 (TTY: 1-888-842-3620).

Se você fala português do Brasil, os serviços de assistência em sua lingua estão disponíveis para você de forma gratuita. Chame 1-888-549-0820 (TTY : 1-888-842-3620)

如果您使用繁體中文，您可以免費獲得語言援助服務。請致電1-888-549-0820 (TTY: 1-888-842-3620)

Falam tawng thiam tu na si le tawng let nak asi mi 1-888-549-0820 (TTY: 1-888-842-3620) ah tang ka pek tul lo in na ko thei.

धयद आप हदी बोलते ह तो आपके िलए मुफ्त म भाषा सहायता सेवाएं उपलब्ध ह। 1-888-549-0820 (TTY: 1-888-842- 3620) पर कॉल कर।

한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-888-549-0820 (TTY: 1-888-842-3620)번으로 전화해 주십시오.

Haka tawng thiam tu na si le tawng let asi mi 1-888-549-0820 (TTY: 1-888-842-3620) ah tang kapek tul lo in ko thei.

Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 888-549-0820 (ATS : 888-842-3620).

နမူနာကတိကညီ ကျိန်အလိ၊ နမူနာ ကျိန်အတိမာစာလီ တလက်ဘူင်လက်စွာ နိတမံဘာင်သ့န့င်လီ။ ကိ: 888-549-0820 (TTY: 888-842-3620)

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ፡ 1-888-549-0820 (መስማት ስተሳናቸው: 1-888-842-3620)

အကယ်၍ သင်သည် မြန်မာစကားကို ပြောပါက၊ ဘာသာစကား အကူအညီ၊ အခမဲ့၊ သင့် ၎င်းအတွက် စီစဉ်ဆောင်ရွက်ပေးပါမည်။ ဖုန်းနံပါတ် သို့ ခေါ်ဆိုပါ။