DEPARTMENT OF HEALTH & HUMAN SERVICES Centers for Medicare & Medicaid Services Atlanta Regional Office 61 Forsyth Street, Suite 4T20 Atlanta, Georgia 30303



DIVISION OF MEDICAID & CHILDREN'S HEALTH OPERATIONS

December 12, 2018

Mr. Joshua Baker Director SC Department of Health and Human Services Post Office Box 8206 Columbia, South Carolina 29202-8206 RECEIVED

UEC 142018

Department of Health & Human Services OFFICE OF THE DIRECTOR

Attention: Sheila Chavis

RE: Title XIX State Plan Amendment, SC 18-0009

Dear Mr. Baker:

We have reviewed the proposed State Plan Amendment, SC 18-0009, which was submitted to the Atlanta Regional Office on September 28, 2018. This amendment is a Recovery Audit Contractor (RAC) exemption request. The request is pursuant to 42 CFR § 455.516, were the South Carolina Department of Health and Human Services (SCDHHS) is seeking an exception to 42 CFR § 455.502(b), which requires the SCDHHS to contract with a RAC.

Based on the information provided, the Medicaid State Plan Amendment SC 18-0009 was approved on December 12, 2018. The SPA is approve for two years from the effective date of this amendment July 1, 2018 to June 30, 2020. We are enclosing the approved HCFA-179 and the plan pages.

If you have any additional questions or need further assistance, please contact Maria Drake at (404) 562-3697.

Sincerely,

Shantrina Roberts -S Digitally signed by Shantrina Roberts -S Date: 2018.12.12 11:07:02

Shantrina D. Roberts, MSN Associate Regional Administrator

Division of Medicaid & Children's Health Operations

Enclosures

22. TITLE: Associate Regional Administrator

Division of Medicaid & Children's Health Operations

23. REMARKS:

21. TYPED NAME: Shantrina D. Roberts

Revision:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

SECTION 4 - GENERAL PROGRAM ADMINISTRATION 4.5 Medicaid Recovery Audit Contractor Program

Citation	The State has established a program under which it will contract with
Citation	one or more recovery audit contractors (RACs) for the purpose of
Section 1902(a)(42)(B)(i	
of the Social Security	under the State plan and under any waiver of the State plan.
Act	X The State is seeking an exception to establishing such program for the
	following reasons:
Section	Tono wing Tonocho,
1902(a)(42)(B)(ii)(I)	SCDHHS had in place a contingency fee based RAC contract from
of the Act	February 5, 2013 to February 5, 2018;
	, 2010, 10 10 10 10 10 10 10 10 10 10 10 10 10
	SCDHHS' RAC recoveries have been trending downward over the
	course of the last contract period, as indicated by SCDHHS'
	payments to the RAC as follows:
	CY payments to RAC since 2013:
	CY 2013: \$272,462.48
	□ CY 2014: \$234,313.85
	□ CY 2015: \$155,151.64
	CY 2016: \$110,176.29
	CY 2017: \$ 26,425.16
	This decline in recoveries is in direct correlation to SCDHHS'
	decline in its fee-for-service population. The Medicaid program
	currently has approximately 80% of its full benefit members
	enrolled in Managed Care.
	SCDHHS issued a solicitation for a new contingency fee based RAC
	Contract which closed on February 2, 2018 and received no
	responses. 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 SCDHHS' non-managed care programs.
	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.
G (* 1000	Place a check mark to provide assurance of the following:
Section 1902	The Character and the second of the DACCO 1.0
(a)(42)(B)(ii)(II)(aa) of	The State will make payments to the RAC(s) only from amounts
the Act	recovered. The State will make payments to the PAC(s) on a continuous local side.
	The State will make payments to the RAC(s) on a contingent basis for collecting overpayments.
	concerning overpayments.

TN No. SC 18-0009

Supersedes

TN No: SC 13-011

Revision:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: South Carolina

	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):
=	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.
Section 1902 (a)(42)(B)(ii)(II)(bb) of the Act	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.
	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):
Section 1902 (a)(42)(B)(ii)(III) of the Act	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	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	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	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: SC 18-0009

Supersedes

TN No: SC 13-011

Approval Date: 12/12/18

Effective Date: 07/01/18