

John E. Littel Secretary of Health and Human Resources

July 8, 2022

Francis McCullough, Associate Regional Administrator Centers for Medicare & Medicaid Services 801 Market Street, Suite 9400 Philadelphia, PA 19107-3134

Dear Mr. McCullough:

Attached for your review and approval is amendment 22-019, entitled "Recovery Audit Contractor (RAC) - Exemption Request", to the Plan for Medical Assistance for the Commonwealth. I request that your office approve this change as quickly as possible.

ghn E. Littel

Attachment

cc: Cheryl J. Roberts, Acting Director, Department of Medical Assistance Services

## I. IDENTIFICATION INFORMATION

Title of Amendment: Recovery Audit Contractor (RAC) – Exemption Request

## II. SYNOPSIS

Basis and Authority: The Code of Virginia (1950) as amended, § 32.1-325, grants to the Board of Medical Assistance Services the authority to administer and amend the Plan for Medical Assistance. The Code of Virginia (1950) as amended, § 32.1-324, authorizes the Director of the Department of Medical Assistance Services (DMAS) to administer and amend the Plan for Medical Assistance according to the Board's requirements.

<u>Purpose</u>: DMAS is requesting an exemption from CMS mandated RAC requirements, as acquiring a new RAC vendor presents is not feasible.

<u>Substance and Analysis</u>: The section of the State Plan that is affected by this amendment is entitled Standards Established and Methods Used to Assure High Quality of Care.

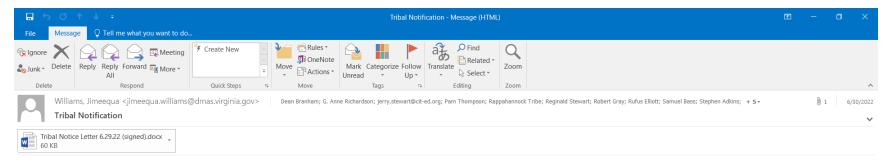
Section 1902(a)(42)(8) of the Social Security Act requires DMAS to have a Medicaid RAC program. However, 42 CFR §455.51 allows DMAS to file a request for an exemption to the RAC requirements, by submitting a written justification to CMS through the SPA process. In 2020, DMAS requested and received a temporary exemption from the RAC program, while research was conducted to procure a new RAC vendor. The current CMS RAC exemption expired on July 1, 2022, and DMAS needs to file a request for another exemption.

DMAS has transitioned to a 95% managed care program environment, such that the claimseligible RAC review was rendered largely obsolete. A search to secure a vendor to operate an efficient RAC program, in this new environment, proved unviable. A new vendor would entail additional state funding, in conjunction with the RAC contingency fee, and represents an impractical scenario for Virginia Medicaid.

Impact: None

Prior Public Notice: Not applicable.

Public Comments and Agency Analysis: Not applicable.



### Good afternoon.

Dear Tribal Leaders and Indian Health Programs:

Attached is a Tribal Notice letter from Virginia Medicaid's Acting Director Cheryl J. Roberts indicating that the Dept. of Medical Assistance Services (DMAS) plans to submit a State Plan Amendment (SPA) to the federal Centers for Medicare and Medicaid Services regarding Recovery Audit Contractor (RAC) requirements.

If you would like a copy of the SPA documents or proposed text changes, or if you have any questions, please let us know.

### Thank you.

-J. Williams

Jimeequa H. Williams, Regulatory Coordinator Policy, Regulation, and Member Engagement (PRME) Division Virginia Department of Medical Assistance Services 600 East Broad Street Richmond, VA 23219 Jimeequa. williams@dmens.virginia.gov (804) 225-3508 www.dmas.virginia.gov





COMMONWEALTH of VIRGINIA

CHERYL J. ROBERTS ACTING DIRECTOR

# Department of Medical Assistance Services

SUITE 1300 600 EAST BROAD STREET RICHMOND, VA 23219 804/786-7933 800/343-0634 (TDD) www.dmas.virginia.gov

June 29, 2022

SUBJECT: Notice of Opportunity for Tribal Comment – State Plan Amendment related to Recovery Audit Contractor (RAC) requirements.

Dear Tribal Leader and Indian Health Programs:

This letter is to notify you that the Department of Medical Assistance Services (DMAS) is planning to amend the Virginia State Plan for Medical Assistance with the Centers for Medicare and Medicaid Services (CMS). Specifically, DMAS is providing you notice about a State Plan Amendment (SPA) that the Agency will file with CMS in order to request another extension from the CMS mandated RAC requirements.

Section 1902(a)(42)(8) of the Social Security Act requires DMAS to have a Medicaid RAC program. However, 42 CFR §455.51 allows DMAS to file a request for an exemption to the RAC requirements, by submitting a written justification to CMS through the SPA process. In 2020, DMAS requested and received a temporary exemption from the RAC program, while research was conducted to procure a new RAC vendor. That exemption expires on July 1, 2022 so DMAS needs to file a request for another exemption.

DMAS has transitioned to a 95% managed care program environment, such that the claims-eligible RAC review was rendered largely obsolete. A search to secure a vendor to operate an efficient RAC program, in this new environment, proved unviable. A new vendor would entail additional state funding, in conjunction with the RAC contingency fee, and represents an impractical scenario for Virginia Medicaid.

The tribal comment period for this SPA is open through July 30, 2022. You may submityour comments directly to Jimeequa Williams, DMAS Policy, Regulation, and Member Engagement Division, by phone (804) 225-3508, or via email: Jimeequa.Williams@dmas.virginia.gov. Finally, if you prefer regular mail, you may send your comments or questions to:

Virginia Department of Medical Assistance Services

Attn: Jimeequa Williams 600 East Broad Street Richmond, VA 23219

Please forward this information to any interested party.

Sincerely,

Cheryl J. Roberts
Acting Director

# Page 36b STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT State of VIRGINIA

### Medicaid Recovery Audit Contractor Program 4.5b

Citation § 1902(a)(42)(B)(i) of the Social Security Act	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.
§ 1902(a)(42)(B)(ii)(I) of the Act	The State is seeking an exception to establishing such program for the following reasons: DMAS has transitioned to a 90% 95% managed care program environment, such that the claims-eligible RAC review has been rendered largely obsolete. Additionally, a search to secure a vendor to operate an efficient RAC program, in this new environment, proved unviable and cost inefficient for Virginia Medicaid.
	The State/Medicaid agency has contracts of the type(s) listed in § 1902(a)(42)(B)(ii)(I) of the Act. All contracts meet the requirements of the statute. RACs are consistent with the statute.
	Place a check mark to provide assurance of the following:
§ 1902(a)(42)(B)(ii)(II)(aa)	The State will make payments to the RAC(s) only from amounts recovered.
of the Act	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):
	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.

TN No.	22-0019	Approval Date Effective Date	10-1-2022
Supersedes			

20-003 TN No.

# Page 36b STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT State of VIRGINIA

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TN No.	22-0019	Approval Date	Effective Date	10-1-2022
Supersedes				

TN No. 20-003

	1. TRANSMITTAL NUMBER	2. STATE			
TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	<u>2 2 — 0 0 1 9</u>	<u>V</u> <u>A</u>			
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES		3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL			
	SECURITY ACT   XIX	◯ XXI			
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES	4. PROPOSED EFFECTIVE DATE				
DEPARTMENT OF HEALTH AND HUMAN SERVICES	10/1/2022	_			
5. FEDERAL STATUTE/REGULATION CITATION	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a FFY 2022 \$ 0				
42 CFR Part 455	b. FFY 2023 \$ 0				
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Pre-Print Page, Page 36b	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Same as box #8				
9. SUBJECT OF AMENDMENT					
Recovery Audit Contractor (RAC) - Exemption Request					
10. GOVERNOR'S REVIEW (Check One)					
GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	OTHER, AS SPECIFIED: Secretary of Health and Human	OTHER, AS SPECIFIED:     Secretary of Health and Human Resources			
		partment of Medical Assistance Services			
	600 East Broad Street, #1300 Richmond VA 23219				
13. TITLE Acting Director	TITLE Attn: Policy Regulations, and Manuals Supervisor				
14. DATE SUBMITTED 06-27-2022					
FOR CMS (					
16. DATE RECEIVED	17. DATE APPROVED				
PLAN APPROVED - O	NE COPY ATTACHED				
18. EFFECTIVE DATE OF APPROVED MATERIAL	. EFFECTIVE DATE OF APPROVED MATERIAL 19. SIGNATURE OF APPROVING OFFICIAL				
20. TYPED NAME OF APPROVING OFFICIAL	21. TITLE OF APPROVING OFFICIAL				
22. REMARKS					