

Revision: HCFA-AT-83-6 (BFP)  
04-83

State OHIO

Citation  
42 CFR 455.12  
AT-78-90  
48 FR 3742

4.5 Medicaid Agency Fraud Detection and Investigation Program

The Medicaid agency has established and will maintain methods, criteria, and procedures that meet all requirements of 42 CFR 455.13-455.21 for prevention and control of program fraud and abuse.

TN O 83-19  
Supersedes  
TN O 78-14

Approval Date 7-7-83

Effective Date 4-27-83  
7-31-83

36a

New: HCFA-PM-99-3 (CMSO)  
JUNE 1999

State: OHIO

Citation  
Section 1902(a)(64) of  
the Social Security Act  
P.L. 105-33

4.5a Medicaid Agency Fraud Detection and Investigation  
Program

The Medicaid agency has established a mechanism to receive reports from beneficiaries and others and compile data concerning alleged instances of waste, fraud, and abuse relating to the operation of this title.

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TN No. 03-004  
Supersedes 02-003 Approval Date 3/25/03 Effective Date JUNE 1999 retroactive  
TN No. NEW

Revision:

State: Ohio

## SECTION 4 - GENERAL PROGRAM ADMINISTRATION

## 4.5 Medicaid Recovery Audit Contractor Program

<p><u>Citation</u> Section 1902(a)(42)(B)(i) of the Social Security Act</p>	<p><input type="checkbox"/> 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.</p>
<p>Section 1902(a)(42)(B)(ii) (I) of the Act</p>	<p><input checked="" type="checkbox"/> The State is seeking an exception to establishing such program for the following reasons: In the spring of 2015, the State let a request for proposals (RFP) for a new RAC. The RFP was open for a total of eight weeks. During the question and answer time, there were no questions submitted by any vendor and by the close of the response time, the State had received no proposals.</p> <p>In Ohio, almost 84% of Medicaid beneficiaries are enrolled in a Managed Care Plan (MCP) as of June 2016. That percentage is projected to increase in the near future; the Breast and Cervical Cancer Program is slated to move to managed care on January 1, 2017, and behavioral health services will be carved into managed care beginning January 1, 2018.</p> <p>The State requests that it be granted an exception to the RAC requirements in order to expand utilization review work under the fixed-fee model.</p>
<p>Section 1902 (a)(42)(B)(ii)(II) (aa) of the Act</p>	<p><input type="checkbox"/> 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.</p> <p>Place a check mark to provide assurance of the following:</p> <p><input type="checkbox"/> The State will make payments to the RAC(s) only from amounts recovered.</p> <p><input type="checkbox"/> The State will make payments to the RAC(s) on a contingent basis for collecting overpayments.</p>
	<p>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):</p> <p><input type="checkbox"/> 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.</p> <p><input type="checkbox"/> 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.</p>

TN: 16-010

Supersedes:

TN: 12-009Approval Date: 10/28/16Effective Date: 01/01/2016

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Revision:

State: Ohio

SECTION 4 - GENERAL PROGRAM ADMINISTRATION

4.5 Medicaid Recovery Audit Contractor Program

<p>Section 1902 (a)(42)(B)(ii)(II)(bb) of the Act</p> <p>Section 1902 (a)(42)(B)(ii)(III) of the Act</p> <p>Section 1902 (a)(42)(B)(ii)(IV)(aa) of the Act</p> <p>Section 1902(a)(42)(B)(ii)(IV)(bb) of the Act</p> <p>Section 1902 (a)(42)(B)(ii)(IV)(cc) Of the Act</p>	<p>__ 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.</p> <p>The following payment methodology shall be used to determine State payments to Medicaid RACs for the identification of underpayments:</p> <p>Full contingency fee</p> <p>__The State has an adequate appeal process in place for entities to appeal any adverse determination made by the Medicaid RAC(s).</p> <p>__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.</p> <p>__The State assures that the recovered amounts will be subject to a State’s quarterly expenditure estimates and funding of the State’s share.</p> <p>__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.</p>
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TN: 16-010  
Supersedes:  
TN: 12-009

Approval Date: 10/28/16  
Effective Date: 01/01/2016