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State/Territory: COLORADO

Citation
42 CFR 455.12
AT-78-90
48 FR 3742
52 FR 48817

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 through 455.21 and 455.23 for prevention and control of program fraud and abuse.

TR No. 89-06
Supersedes
TR No. 83-18

Approval Date 3/1/89

Effective Date 10/1/88

HCFA ID: 1010P/0012P

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

State: Colorado

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.

Revision:

State Colorado

PROPOSED SECTION 4 - GENERAL PROGRAM ADMINISTRATION

4.5 Medicaid Recovery Audit Contractor Program

<p><u>Citation</u></p> <p>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><input checked="" type="checkbox"/> The State is seeking an exception to establishing such program for the following reasons:</p> <p>The State has sought an extension to an existing exception from Medicaid recovery audit contract requirements. The original extension was to allow the State to pursue a formal, competitive re-procurement of a new contract for recovery audit services that would be in line with Section 1902(a)(42) of the Social Security Act. However, the State did not receive any bids when it asked for solicitations in early 2014. The State is exempt from July 1, 2014 through December 31, 2015 to cover the lapse until a RAC is re-procured and a formal contract has been executed. During this time, the State will consult with CMS and seek other interim solutions of conducting post-payment compliance reviews and audits on Medicaid providers.</p> <p>The State is seeking additional exceptions while it is in the process of re-procuring a RAC during the approved exemption period:</p> <ul style="list-style-type: none">• an exception to the requirement that the RAC must hire a minimum of 1.0 FTE medical director in good standing with the State licensing authorities. The State shall require the RAC to hire a .10 FTE medical director who is a physician licensed in good standing in any state in the U.S.• an exception to the current three year claims look back period. The State seeks to examine claims for up to seven years from the paid date of the claim.• an exception to the underpayment identification requirement. State law does not authorize a contingency payment for recovery of underpayments nor does it authorize a non-contingent payment methodology. The procurement will allow the RAC to identify underpayments but will not pay the RAC for doing so. Providers will need to submit a claim for previously underpaid services
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No. 15-0008
Supersedes
No. 14-033

Approval Date: 9/30/15 Effective Date: 7/1/2015

<p>Section 1902 (a)(42)(B)(ii)(III) of the Act</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>Section 1902 (a)(42)(B)(ii)(IV)(aa) of the Act</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>Section 1902 (a)(42)(B)(ii)(IV)(bb) of the Act</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>Section 1902 (a)(42)(B)(ii)(IV)(cc) of the Act</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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