

**States Medicaid RAC Programs
Exemptions, Alterations and Alternatives**

IN-18-0006	12/13/18-07/01/20	Exemption and Alternative: FSSA-OMPP utilizes the Fraud and Abuse Detection System (FADS) contract under the FFSA Program Integrity to monitor the IN healthcare coverage programs for fwa as well as identify underpayments and overpayment of Medicaid claims under the State Plan and any waiver. Adequate appeals processes.
DE-18-0004	12/26/18-06/30/20	Exemption: Although the Delaware Division of Medicaid and Medical Assistance (DMMA) previously had a Recovery Audit Contract (RAC) vendor, that contract is no longer in place. DMMA posted a Request for Proposals (RFPs) in an attempt to attract a new RAC vendor, but received no bids. The majority of Delaware’s Medicaid population is enrolled in managed care and the providers treating them are not subject to audit recovery contracting. There is not sufficient revenue generation to fund an adequate contingency fee Alternative The Medicaid agency has established and will maintain methods, criteria, and procedures for prevention and control of program fraud and abuse, including methods for identification, investigation, and referral of suspected fraud cases.
SC-18-0009	12/12/18-06/30/20	Exemption: SCDHHS’ RAC recoveries have been trending downward over the course of the last contract period from \$272k in CY2013 to \$26k in CY2017. 80 enrolled in managed care. issued a solicitation for a new contingency fee based RAC Contract which closed on February 2, 2018 and received no responses.
ID-18-0009	11/19/18-07/01/20	Exemption: the numbers of enrolled participants and Medicaid spending does not rise to levels which attract vendors to work for a contingency fee. Idaho received no response to three RFPs, despite offers of incentives, such as extending the three-year look-back period. Alternative Idaho recently awarded a data analytics contract to IBM-Watson. This data mining software will help identify fraud and abuse not easily identified through other means. Through proven fraud and abuse metrics and algorithms, the state will be able to increase its identification of overpayments due to fraud, waste or abuse. Also, Qlarant is our Unified Program Integrity Contractor (UPIC) and will review overpayments and credit balance issues such as the following examples. (1) Duplicate payments by different insurers; (2) Billings for services that were planned but not performed (3) Billing for non-covered services; (4) Errors in calculating

		deductible or co-insurance amounts; (5) Billing for outpatient services that were included in inpatient billings
TX-18-0017	09/13/18-08/15/20	Alteration: allow the State's RAC to maintain and utilize a panel of physicians with a variety of specialties, including a contracted physician with a Texas license, in lieu of hiring a minimum of 1.0 full-time equivalent Medical Director who is licensed to practice in the State. The panel approach allows reviews to be conducted by the physicians with medical specialties that align with the specialty under review. The State is also requesting an exemption to allow the State's RAC to review claims that are up to five years old
MO-18-0006	08/09/18-01/01/20	Exemption: State received no responses to a RAC RFP. Incumbent Cognosante did not intend to bid during the response period because the RAC area of business was not cost beneficial for their company. Alternative: Missouri holds a contract with HMS, in part to provide Credit Balance Audits to recover credit balances on patient accounts. Missouri has strong and effective controls to minimize the risk of improper payments, including recoveries from provider audits, special projects, investigations, and cost avoidance measures. Missouri works closely with the Medicaid Fraud Control Unit.
OK-18-0011	07/20/18-01/01/20	Exemption and Alternative: The State is seeking to discontinue its RAC program because Oklahoma has robust and effective program integrity procedures in place to combat fraud, waste, and abuse (FWA) for the state's Medicaid program, including: (1) Individual provider – claim analysis reports; (2) Individual provider – prepayment review capabilities; (3) Clinical provider audits – medical record review audits (21 person unit consisting of Registered Nurses, Certified Professional Coders, and a Dental Hygienist); (4) Clinical provider audits with extended capabilities utilizing third party software applications;(5) Behavioral health audits – record review audits (unit consists of Licensed Professional Counselors and Licensed Marital and Family Therapists); (6) Advanced program integrity data analytics proven effective in identifying FWA; (7) Federal Unified Program Integrity Contractor (UPIC). The Payment Error Rate Measurement (PERM) program has shown that Oklahoma's Medicaid program error rate has been far less than the national average.
IA-18-0011		Exemption: Approx. 95% of IA Medicaid members were enrolled in managed care. There isn't sufficient volume to attract a RAC vendor.

MI -17-0013	03/14/18-04/01/19	Exemption and Alternative: Exemption in order to expand utilization review work under its Joint Operating Agreement with the CMS UPIC.
MN-18-0004	1/1/18-12/31/19	Exemption: Received no proposals, high utilization of managed care in MN (80%) Alternative: the Department will utilize its unified program integrity contractor and medical necessity review contractor to identify and audit aberrant claims. This work is in addition to the ongoing monitoring performed by the Surveillance and Integrity Review Section (SIRS) investigation teams
OH-17-046	02/01/18-01/01/20	Exemption: In Ohio, 87.1 % of Medicaid beneficiaries are enrolled in a Managed Care Plan (MCP) as of July 2017. That percentage is projected to increase in the near future with the implementation of Managed Long - Term Services and Supports (MLTSS) . The State projects 87.47% will be in a MCP in June 2018. Therefore, the State does not project any large recoveries in the future for the RAC. Alternative: Ohio has several program integrity initiatives in place to combat fraud, waste, and abuse (FWA) in our state 's Medicaid program , including: (1)Individual Provider - Claim Analysis Reports ; (2) Surveillance and Utilization Review System s with extended capabilities utilizing third party software applications ; (3) Advanced Program Integrity Data Analytics proven effective in identifying FWA ; (4) Federal Unified Program Integrity Contractor (Medi - Medi) ; (5) Access to the One Program Integrity (PI) data repository ; (6) Hospital Utilization Review Contractor with net recoveries >\$20 million ; and (7) Implementation of an Electronic Visit Verification program utilizing geotracking for home health providers in January 2018.
AL-17-0007	12/20/17-11/30/20	Exemption: The State did not receive any proposals in response to the Medicaid Recovery Audit Contractor (RAC) Services Request for Proposals issued on June 1, 2017. Alternative: The Agency's Program Integrity Division (PID) is responsible for detecting fraud and/or abuse. PID staff conducts post-payment reviews using medical records and claims data initiates recoupments works with investigators and/or Attorney General's office on open cases and coordinates with program staff to identify opportunities to correct or improve billing policies and system problems to avoid misspent dollars. Provider self-audits are also required following a desk review in which billing errors were identified.

NE-17-0019	12/15/17-12/01/19	Exemption: State law excluded managed care claims from the scope of the RAC. Leaves few claims for review or recovery from fee-for-service program.
MD-17-0010	11/08/17-07/01/19	Exemption: Predominately managed are delivery system Alternative: managed care audits, MD's Utilization Control Agent for hospitals and long term care service's' claims, MD OIG's outlier claims analysis, MD Administrative Services Organization's audit requires for mental and substance abuse disorders, Independent Review Organization responsible for reviewing claims where medical necessity at issue, and Medicaid Integrity Program for dual eligibles
LA-17-0007	11/02/17-08/05/19	Exemption: Medicaid managed are excluded from RAC's scope, majority are managed care. State law limits potential recoveries, difficult to attract vendors Alternative: Surveillance Utilization Review unit, Managed Care Special Investigation units and the CMS Medicaid Integrity Contractor
MT-17-0017	10/25/17-8/7/19	Exemption: Received no bids, law limits large scale audits
ME-17-008	10/20/17-6/1/19	Exemption: previously granted an exception through June 2017, objectives of the RAC program are efficiently achieved through current program integrity efforts
WY-17-0003	10/31/17-6/30/19	Exemption: Due to leadership turnover, a new RAC contract/procurement had not been secured prior to the previous contract period expiring. Has had problems in the past procuring a RAC vendor due to the unique size and nature of the Wyoming Medicaid program. Wyoming is seeking an extension to attempt procuring a new RAC vendor.
ND-17-0012	9/20/17-4/1/19	Exemption: vendor quit, State had a large influx of RAC appeals and requested the auditing stop so the areas of concern brought up during the appeals could be addressed, no proposals from new RAC vendors
CA-16-043	08/31/17-2/1/20	Exemption: RAC agreement is set to expire and RAC has recouped zero dollars since the execution of the agreement and failed to identify any overpayments or underpayments, State is 77% managed care as compared to 23% for FFS Alternative: Random Claim Review, Individual Provider- Claim Analysis Report, Surveillance Utilization Review System, Medi-Cal Program Integrity Data Analytics, Medi-Cal Payment Error Study, Federal Medicaid Integrity Contractor, Pre-Check Reviews

TN-17-0001	05/10/17-	Exemption: all of the state's Medicaid population is in managed care, when the State did retain a RAC there was not sufficient revenue generated under the contract to fund an adequate contingency fee, and the vendor requested that the contract be terminated, other vendors declined to bid
VT-17-0003	05/02/17-12/31/21	Exemption: operates a managed care-like model under the 1115 Global Commitment to Health waiver, shall comply with federal program integrity and audit requirements for services and populations covered under the demonstration in accordance with the waiver's Special Terms and Conditions
WA-16-0029	04/17/17-07/16/18	Exemption: need time to re-procure a RAC, previous contractor was terminated in 2014, did not receive any bids from vendors after
KS-17-001	04/13/17-01/01/19	Exemption: not sufficient fee-for-service claims volume to attract RAC contractor Alternative: Credit Balance Audit, Managed Care Organizations, Hewlett-Packard Enterprise Survey Utilization Review Subsystem, Unified Program Integrity Contractor, evaluating accessing the Healthcare Fraud Prevention Partner (HFPP)
FL-16-019	08/29/16-06/30/18	Exemption: managed care enrollment has increased, and number of fee-for-service claims are continuing to decline, Florida's Office of Medicaid Program Integrity will continue to perform audits, As an adjunct to the audits performed by Florida's Office of Medicaid Program Integrity, the Office of Medicaid Program Integrity coordinates audits with a vendor that performs audits on providers furnishing services under a fee-for-service delivery system.
MS-16-0015	07/18/16-04/01/17	Exemption: received no completely responsive proposals
HI-13-002	05/20/14-01/01/15	Exemption: the state is asking for an approximated .10 FTE Medical Director or Medical Professional. The vendor will establish a network of licensed medical professionals to perform Medical Director duties as defined in this regulation. The exception to the Medical Director will allow the contingency fee to remain below the highest rate paid to Medicare RACS.
SD-13-002	11/25/13-05/31/16	Exemption: The State maintains a low rate of errors in Medicaid payments, as evidenced by the most recent PERM review, and the State's estimate of the potential amount of payment errors to be recovered is low based in part on relatively low Medicaid enrollment and associated expenditures such that there would not be enough fee to attract sufficient bidding attention from vendors.

AS-10-001	02/10/11-02/10/13	Exemption: Under 1902 (j) Waiver, American Samoa is not required to do enrollment of eligible people in its Medicaid Program. No Medicaid cards are issued. They don't bill or get billed. Medicaid funds come in a form of annual capped block grant. There is only one hospital in the Territory and is government-owned, financed, and operated. Health care is predominantly provided by the government. Procuring a Recovery Audit Contract is not a feasible option for American Samoa.
MP-11-001	02/10/11-02/10/13	Exemption: Because CNMI's Medicaid funds come in the form of an annual capped block grant, and because health care on the island is predominantly provided by the government, procuring a Recovery Audit Contractor is not a feasible option for CNMI.
WY- 19-0016	7/1/19-6/30/21	Exemption: RFP received no bids; potential to incur significant financial losses.
SD-19-0008	6/1/19-6/1/21	Exemption: Low PERM error rate and low expenditures due to low enrollment Alternative: Prior to the expiration of the exception, the State will analyze the most recent PERM results and most timely Medicaid enrollment and associated Medicaid expenditures
RI-	7/1/20-6/30/22	Exemption: Low PERM error rate, few recoveries in 2 years of review,, small number of claims in non-managed program. Alternative: robust pre-and post -payment automated review mechanism, numerous audit controls. Contractual relationship with PBM to ensure to ensure that through robust claims processing controls, concurrent and retrospective review of claims, and referrals to Program Integrity as needed, our beneficiaries receive medically necessary medications in the most cost-effective manner. Works with MFCU
MO-20-0007	4/1/20-3/31/22	Exemption: received no responses to request for proposals, Missouri's managed care penetration is 80%. Alternative: HMS provides Credit Balance Audits, recoveries from provider audits, special projects, investigations, and cost avoidance measures; works with MFCU
IA-20-0005	7/1/20-6/30/22	Exemption: unlikely to find a vendor; FFS is 5-10% of Medicaid
VA-20-0003	7/1/20-6/30/22	Exemption: 90% managed care, unviable and cost inefficient

OK-20-0019	4/1/20-3/31/22	Exemption: Low PERM error rate Alternative: Claims analysis reports, prepayment review capabilities, medical review audits, UPIC, advanced program integrity data analytics
MN-19-0009	Reinstate	Reinstates RAC Program: Minnesota requests 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. Minnesota's RAC will employ a .5 FTE medical director to support Minnesota's RAC work. The medical director is a physician licensed in good standing in several states, and will seek licensure in Minnesota. Minnesota requests an exception to the current three year claims look back period. Minnesota seeks to examine claims for up to five years from the date of the claim in accordance with current State post-payment review and recovery practices. Had exemption: through 12/31/19
RI-20-0010	7/1/20-6/30/22	Exemption: Overall PERM of 3.81; last RAC found few recoveries; not cost-beneficial for audit firms to submit bids due to small number of non-managed care enrollees. Alternative: Work with MFCU; federal and state agencies conduct periodic reviews of the Medicaid eligibility systems, the claims processing function, and the Program Integrity unit
NJ-20-0002	1/1/2020-12/31/2022	Exemption: 93.5% managed care; Alternative: RAC projects transferred to state TPL vendor and hospital audit vendor; State has robust Audit, Investigation and Data Mining Units that seek recoveries based on fraud, waste or abuse in both the Fee-for-service and Medicaid Managed Care
AL-20-0010	11/30/20-11/30/22	Exemption: did not procure a vendor in response to RFP issued 6/17 or 8/19 not specified in this SPA. See AL-17-0007 above
SC-21-0005 Active RAC	1/1/21	State hired HMS to service as SC's RAC (rec'd 2 proposals). Contingency fee of 14% for all recovered overpayments and 15% for all underpayments identified. Exemption: State requires RAC to hire no less than 0.1 FTE as medical director
PA-21-0010	8/1/21-5/31/23	Exemption: Pennsylvania's RAC contract with HMS expired on May 31, 2019. No proposals were received no responses to new RFP Alternative: PI activities executed in FFS and MC environments by the Bureau of Program Integrity. Joint Operating Agreement (Feb 17) with NE UPIC (safeguard svcs) routinely conduct

		audits of PA's MA providers including data analyses, and development of methodology for review of various provider types and scenarios.
WV- 21-0003	1/1/21-12/31/22	Prior to and since August 2019, the State has taken steps toward procuring a RAC by including the request for a RAC vendor in the State's ongoing TPL vendor procurement. The State subsequently awarded the contract on April 1, 2021 and is scheduled to begin implementation of RAC services by July 1, 2021. However, CMS granted state an exemption through 2022 – just in case.
NH-21-0026	1/1/21-1/1/23	Exemption: previously had a RAC contract with GOOLD Health Services (now Emdeon) with no managed care. Now 98.3% MCO. Alternative: external quality review organization, Health Services Advisory Group (HSAG), performs this function in NH, Dept. PI unit has strong oversight, monthly PI/MCO meetings, referral program, pharmacy encounter data added to PI reporting system, MCO providers must be enrolled in NH Medicaid.
WI-21-0014	11/21/21-11/31/23	Exemption: WI's contract with the current RAC vendor is for 11/1/2016 through 10/31/2021. One response to RFP and it was insufficient. 68% managed care. Litigation limits(?). Alternative: UPIC, state OIG for FFS audits and ACA provider screening, external quality review organaiztion (MetaStar)
CT-12-030	12/1/2012	Exception to rule requiring state's RAC To have 1.0 FTE Medical director
UT-21-0001	2/1/21-1-31/23	Exemption: 80% managed care; Alternative: pre-adjudication contractor that tests claims for program integrity issues. Additionally, the OIG office of Medicaid Services, for many years, has had a statutory mandate to "investigate and identify potential or actual f,w,a
ND-21-0003	4/1/21-4/1/23	Exemption: mostly managed care, no proposals received Alternative: State Program Integrity Unit. The PIU recently contracted with a vendor to explore auditing opportunities within long term care
HI- 19-004	7/1/19	exception to allow a higher contingency fee, .10 FTE for medical director, using network of medical professionals
KS-21-0001	1/31/21-12/31/22	Exemption: predominately managed care Alternative: Gainwell Technologies Survey Utilization Review Subsystem

		(SURS): FFS provider reviews. UPIC, HFPP
LA-21-0018	8/2021-8/2023	The majority of LA's Medicaid claims are processed or paid through capitated managed care. State law limits the potential recoveries, making it difficult to attract potential eveners. And the Department has deterred that there are adequate auditing process through the Surveillance Utilization Review unit , the Managed Care Special Investigation units and the CMS UPIC.
NJ-22-0003	1/22-1/24	Exemption: 97% managed care, Alternative: Two of the larger RAC projects previously performed as RAC projects were removed from the RAC purview and delegated to two other RFPs: (a) the State's TPL vendor, managed by Medicaid Fraud Division (MFD), assumed responsibility for seeking recoveries based on Long Term Care patient liability and credit balance claims; and (b) DMAHS' hospital audit vendor assumed responsibility to perform utilization reviews for inpatient hospital claims; MFD has robust Audit, Investigation and Data Mining Units that seek recoveries based on fraud, waste or abuse in both the Fee-for-service and Medicaid Managed Care areas. From these efforts, MFD recovered \$26,364,537 during SFY 2020 through SFY 2021.
NE-21-0016	12/21-12/23	Exemption: 99% managed care, state law excludes managed care from RACs Alternative: none given
KY-20-0001	4/1/2022 thru 3/31/2024	Exemption: Optum not interested in renewing contract. Alternative: UPIC, using data driven analytics (algorithms) to identify overpayments (and underpayments as applicable). added resources to Audits and Compliance branch in the Division of Program Integrity; researching the possibility of contracting with a state university to identify possible overpayments (and underpayments if applicable) on both MCO encounters (and the actual claims if necessary) and Fee for Service (FFS) claims.
OK-22-0024	4/1/2022-3/31/2024	Exemption: Low error rate Alternative: same as OK-18-0011 above
VA-22-019	7/1/22-7/1/24	Exemption: 95% managed care, RAC reviews obsolete; Vendor search unviable and cost inefficient
IA-22-0009	7/1/22-6/30/24	Exemption: unlikely to procure a RAC vendor ee-for-service delivery system is typically between 5-10%
VT-22-0015	6/30/2024	Exemption: State operates a managed care-like model under the 1115 Global Commitment to Health waiver with federal program integrity and audit requirements

AK-22-0006	7/1/22- 7/1/24	Exemption: contingency fee arrangement was not viable for contractors. Alternative: state must audit 50 providers annually; Medicaid providers must self audit every other year; State works with UPIC, Medi-Medi
RI-22-0016	8/5/22-- 8/4/24	Exemption: low error rate; last RAC found few recoveries. Alternative: state will analyze PERM results; state has robust pre- and post - payment automated review mechanisms and numerous additional audit controls to prevent and detect improper payments, implemented in collaboration with the agency 's fiscal agent; MFCU, state, federal reviews of eligibility systems
KS-23-0001	1/31/23- 12/31/24	Exemption: not sufficient fee-for-service claims volume to attract an RAC contractor Alternative: Credit Balance Audit: Managed Care Organizations audit; Managed Care Organizations: Special Investigation Units - managed care provider; Gainwell Technologies Survey Utilization Review Subsystem: FFS provider reviews.
AL-22-0010	10/1/22- 9/30-24	Exemption: State did not procure a vendor from RFP posted May 6, 2022. Alabama believes that potential bidders are not bidding on the Request for Proposal because RACs are paid on a contingency fee basis, and it does not appear to be enough of an incentive to take on the RAC contract
MS-22-0024	7/1/22- 6/30/2023	Exemption: the Division of Medicaid's RAC contract expired on March 31, 2021. Prior to approval of a contract extension, a merger was completed creating a new entity, that cannot execute a new contract for RAC services for another year. State attempted to procure but neither of the 2 bids received met the minimum costs or federal/state requirements to be a RAC
IL-22-0029 Active RAC	7/1/22- 6/30/24	Exemption the requirement that the RAC must hire a minimum of 1.0 FTE Contractor Medical Director. The State shall require the RAC to maintain and utilize a panel of physicians with a variety of specialties, including a contracted physician with an Illinois license. The panel consists of approximately 400 physicians representing over 100 specialties.
NH-22-0027*	1/1/23- 12/31/25	Exemption: 8.33% (237,643) of the total Medicaid recipients (24 1,661) were enroll ed in managed care. average RAC yearly recovery amount of \$3,2 14 fo r the remaining FFS Medi ca id population (4,018). Alternative: external quality review organization, Health Services Advisory Group (HSAG),

		performs this function in NH. The most recent audit covers SFY 2021, and it demonstrated an average of 98.6% compliance with required elements. Department's PI Unit has a strong program integrity oversight of the three MCO plans; MMIS claims are closely monitored.
SD-22-0015	Until 5/31/2025	Low error rate; Low enrollment and expenditures FY22 expenditures of \$1.3m million., most in PCCM or Health Home program.
DE-22-0015	10/1/22- 9/30/24	No bids on RFP for RAC vendor; most of population is in managed care.
PA-23-0007	6/1/23- 5/31/25	No bids on RFP. State has conducted reviews on FFS short stay inpatient hospital services. Claims to have well-defined oversight and monitoring process for MCOs program integrity responsibilities. Works with UPIC including various scenarios for data analyses and development of methodology for review of various provider types and scenarios.
WY-23-0002	7/1/23- 7/1/25	State Program Integrity Section maintains and operates a dedicated FWA technical solution. The contractor does report generation and data analysis activities. Works with UPIC
MT-23-0002	4/1/23- 3/31/25	State law only allows requests for up to 6 months of records for review; no responses to RAC RFI
MI-23-0004	4/1/23- 4/1/25	Unable to secure a new RAC; State has Joint Operating Agreement with UPIC.
ND-23-0009	4/1/23- 4/1/25	No response to 2017 RFP; state Medicaid program integrity unit, contracted vendor for long term care audits, and UPIC
DC-23-0006	6/1/23- 5/31/25	"DC believes that the objectives of the RAC program are efficiently achieved through current program integrity efforts."
LA-23-0026	8/1/23- 8/1/25	Exemption: Medicaid managed care excluded from RAC's scope, majority are managed care. State law limits potential recoveries, difficult to attract vendors Alternative: Surveillance Utilization Review unit, Managed Care Special Investigation units and the CMS Medicaid Integrity Contractor

* from 22 SPA New Hampshire previously had a RAC contract with GOOLD Health Services (now Emdeon). At the time of the RAC reviews, there were no managed care organizations (MCOs) as part of NH Medicaid,

and the RAC could review 100% of the Medicaid population. During the time that the RAC did complete reviews, the total amount of recoveries averaged \$130,000/year. On December 1, 2013, NH implemented its managed care program

HMS

1. New York: <https://omig.ny.gov/audit/medicaid-recovery-audit-contractor>
2. Illinois: <https://www2.illinois.gov/hfs/oig/Pages/RAC-HMS.aspx>
3. North Carolina: <https://medicaid.ncdhhs.gov/blog/2019/05/01/recovery-audit-contractor>
4. New Mexico – part of QA module to MMIS project <https://www.globenewswire.com/news-release/2020/02/11/1983124/37709/en/New-Mexico-Selects-HMS-to-Manage-Quality-Assurance-Module-for-its-Medicaid-Modernization-Effort.html>
5. South Carolina <https://www.scdhhs.gov/press-release/south-carolina-recovery-audit-contractor-0>
6. Connecticut: <https://portal.ct.gov/-/media/Departments-and-Agencies/DSS/Quality-Assurance/DSS-PRI-Legislative-Report-2021---FINAL.pdf>
7. Colorado: <https://hcpf.colorado.gov/recovery-audit-contractor-rac-program>

BerryDunn

1. West Virginia – part of TPL contract
http://www.state.wv.us/admin/purchase/Awards/Documents/2021/Q2/A_0511_CDO_BMS210000028.pdf

Myers and Stauffer

- Minnesota:
<https://www.mslc.com/uploadedFiles/Minnesota/RAC/Minnesota%20Provider%20Introduction%20to%20Medicaid%20RAC.pdf>
- Georgia: <https://www.mslc.com/uploadedFiles/Georgia/MSLC%20GA%20RAC%20-%20Audit%20Agenda%20for%20Q2%20of%20SFY2021.pdf>

LaunchPoint Ventures dba Discovery Health Partners

- Mississippi: <https://medicaid.ms.gov/providers/recovery-auditor-contractors/>

Unclear:

- Hawaii : Solicitation No.: MQD-2020-002
have used HMS, Myers and Stauffer in the past