## DEPARTMENT OF HEALTH & HUMAN SERVICES Centers for Medicare & Medicaid Services 7500 Security Boulevard, Mail Stop S2-01-16



**State Demonstrations Group** 

Baltimore, Maryland 21244-1850

October 22, 2015

Susan Mosier, M.D. Medicaid Director Kansas Department of Health and Environment 900 SW Jackson Ave., Suite 900 Topeka, KS 66612

Dear Dr. Mosier:

The Centers for Medicare & Medicaid Services (CMS) is pleased to inform you that Kansas' semi-annual payment recommendations for the Delivery System Reform Incentive Payment (DSRIP) for demonstration year 3, for Kansas' Medicaid section 1115 demonstration, KanCare (Project No. 11-W-00283/7) has been approved in the amount of \$3,020,859.38. CMS reviewed the hospital progress reports and the state's payment recommendations and find them consistent with the procedures outlined in the Special Terms and Conditions for the demonstration and the DSRIP Funding and Mechanics Protocol (Attachment G to the demonstration). Attachment A to this letter sets out the approved amounts by hospital.

If you have any questions, please contact your project officer, Ms. Dina Payne. Ms. Payne can be reached at (410) 786-3574, or by email at <a href="mailto:Dina.Payne1@cms.hhs.gov">Dina.Payne1@cms.hhs.gov</a>. We look forward to continuing to work with you and your staff.

Sincerely,

/s/

Angela D. Garner Director Division of System Reform Demonstrations

Enclosure: Attachment A

cc: James Scott, ARA Region VII, Samantha Fenwick, Michael Randol

## ATTACHMENT A

## Amounts Approved by CMS for Demonstration Year 3 Hospital DSRIP Payments October 14, 2015

| Project  | DY3 - ESTIMATED  CATEGORY 1  OUTCOMES PAYMENT | DY3 - ESTIMATED CATEGORY 2 OUTCOMES PAYMENT | DY3 - ESTIMATED CATEGORY 3 OUTCOMES PAYMENT | DY3 - ESTIMATED CATEGORY 4 OUTCOMES PAYMENT | ESTIMATED PARTNER<br>SECONDARY VALUE<br>PAYMENT | ESTIMATED TRAILBLAZER<br>SECONDARY VALUE<br>PAYMENT | Project Semi- Annual<br>Total |
|--|---|---|---|---|---|---|-------------------------------|
| Sepsis Estimated Semi-Annual reporting payment | \$208,828.13                                  | \$0   | \$140,625                                   | \$140,625                                   |   |   | \$490,078.13                  |
| SPARCC Estimated Semi-Annual reporting payment | \$632,812.50                                  | \$210,937.50                                | \$140,625                                   | \$140,625                                   |   |   | \$1,125,000.00                |
| Secondary Valuation Payment                    |   |   |   |   | \$562,500                                       | \$0   | \$562,500.00                  |
| Total TUKH Semi-Annual payment                 |   |   |   |   |   |   | \$2,177,578.13                |
| Complex Care Estimated Semi-Annual             |   |   |   |   |   |   |                               |
| reporting payment                              | \$210,937.50                                  | \$46,406.25                                 | \$46,875                                    | \$46,875                                    |   |   | \$351,093.75                  |
| PCMH Estimated Semi-Annual                     |   |   |   |   |   |   |                               |
| reporting payment                              | \$210,938                                     | \$0   | \$46,875                                    | \$46,875                                    |   |   | \$304,688                     |
| Secondary Valuation Payment                    |   |   |   |   | \$187,500                                       | \$0   | \$187,500                     |
| Total CMH Semi-Annual payment                  |   |   |   |   |   |   | \$843,281.25                  |
| DSRIP Total Estimated Semi-Annual              |   |   |   |   |   |   |                               |
| payment  |   |   |   |   |   |   | \$3,020,859.38                |