

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-01-16
Baltimore, Maryland 21244-1850



State Demonstrations Group

OCT 31 2016

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' Delivery System Reform Incentive Payment (DSRIP) semi-annual payment recommendations for demonstration year 4, of the KanCare section 1115 demonstration (Project No. 11-W-00283/7) have been approved in the amount of \$8,171,875 (total computable). 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. Linda Macdonald. Ms. Macdonald can be reached at (410) 786-3872, or by email at Linda.Macdonald@cms.hhs.gov. We look forward to continuing to work with you and your staff.

Sincerely,



Kim Howell
Director
Division of State Demonstration and Waivers

Enclosure: Attachment A

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

ATTACHMENT A
Amounts Approved by CMS for Demonstration Year 4 Hospital DSRIP Payments
October 31, 2016

Project	DY4 -	DY4 -	DY4 -	DY4 -	ESTIMATED PARTNER SECONDARY VALUE ANNUAL PAYMENT	ESTIMATED TRAILBLAZER SECONDARY VALUE SEMI-ANNUAL PAYMENT	PROJECT ESTIMATED SEMI-ANNUAL PAYMENT TOTAL
	ESTIMATED CATEGORY 1 OUTCOMES SEMI-ANNUAL PAYMENT	ESTIMATED CATEGORY 2 OUTCOMES SEMI-ANNUAL PAYMENT	ESTIMATED CATEGORY 3 OUTCOMES SEMI-ANNUAL PAYMENT	ESTIMATED CATEGORY 4 OUTCOMES SEMI-ANNUAL PAYMENT			
Sepsis Estimated Semi-Annual reporting payment	\$703,125.00	\$703,125.00	\$984,375.00	\$0.00	\$562,500.00	\$375,000.00	\$3,328,125.00
SPARCC Estimated Semi-Annual reporting payment	\$703,125.00	\$703,125.00	\$281,250.00	\$0.00	\$562,500.00	\$375,000.00	\$2,625,000.00
Total TUKH Est. Annual payment							\$5,953,125.00
Complex Care Estimated Semi-Annual reporting payment	\$234,375.00	\$234,375.00	\$328,125.00	\$0.00	\$187,500.00	\$125,000.00	\$1,109,375.00
PCMH Estimated Semi-Annual reporting payment	\$234,375.00	\$234,375.00	\$328,125.00	\$0.00	\$187,500.00	\$125,000.00	\$1,109,375.00
Secondary Valuation Payment							
Total CMH Estimated Semi-Annual payment							\$2,218,750.00
DSRIP Total Estimated Semi-Annual payment							\$8,171,875.00