

Table of Contents

State/Territory Name: Kansas

State Plan Amendment (SPA) #: 21-0001

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved SPA Page

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services
601 E. 12th St., Room 355
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

March 1, 2021

Sarah Fertig, Medicaid Director
Kansas Department of Health and Environment
Division of Health Care Finance
Landon State Office Building
900 SW Jackson, Suite 900N
Topeka, KS 66612-1220

Re: Kansas State Plan Amendment (SPA) 21-0001

Dear Ms. Fertig:

We reviewed your proposed Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 21-0001. This amendment requests a 2-year exception from the Recovery Audit Contractor program.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations at 42 CFR § 455.516. This letter is to inform you that Kansas' Medicaid SPA Transmittal Number 21-0001 is approved effective January 1, 2021.

If you have any questions, please contact Michala Walker at 816-426-6503 or via email at Michala.Walker@cms.hhs.gov.

Sincerely,



Digitally signed by James G.
Scott -S
Date: 2021.03.01 16:33:49 -06'00'

James G. Scott, Director
Division of Program Operations

Enclosure

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER:
KS 21-0001

2. STATE
Kansas

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
CENTERS FOR MEDICARE & MEDICAID SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
January 1, 2021

5. TYPE OF PLAN MATERIAL (*Check One*)

NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (*Separate Transmittal for each amendment*)

6. FEDERAL STATUTE/REGULATION CITATION
Section 1902(a)(42)(B)(i) of the Social Security Act; 42 CFR §455.516

7. FEDERAL BUDGET IMPACT
a. FFY 2021 \$0
b. FFY 2022 \$0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

SECTION 4 - GENERAL PROGRAM ADMINISTRATION, 36b

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (*If Applicable*)

SECTION 4 - GENERAL PROGRAM ADMINISTRATION, 36b

10. SUBJECT OF AMENDMENT

Recovery Audit Contractor (RAC) Program – Two-Year Exemption Renewal, January 1, 2021 – December 31, 2022

11. GOVERNOR'S REVIEW (*Check One*)

GOVERNOR'S OFFICE REPORTED NO COMMENT
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED:
Sarah Fertig is the
Governor's Designee

12. SIGNATURE OF STATE AGENCY OFFICIAL

13. TYPED NAME
Sarah Fertig

14. TITLE
State Medicaid Director

15. DATE SUBMITTED
December 1, 2020

16. RETURN TO

Sarah Fertig, State Medicaid Director
KDHE, Division of Health Care Finance
Landon State Office Building
900 SW Jackson, Room 900-N
Topeka, KS 66612-1220

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED
December 1, 2020

18. DATE APPROVED
March 1, 2021

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL
January 1, 2021

20. SIGNATURE OF REGIONAL OFFICIAL
Digitally signed by James G. Scott -S
Date: 2021.03.01 16:34:42 -06'00'

21. TYPED NAME
James G. Scott

22. TITLE
Director, Division of Program Operations

23. REMARKS

Revision:

State Kansas**SECTION 4 - GENERAL PROGRAM ADMINISTRATION**

<p><u>Citation</u></p> <p>Section 1902(a)(42)(B)(i) of the Social Security Act</p> <p>Section 1902(a)(42)(B)(ii)(I) of the Act</p> <p>Section 1902 (a)(42)(B)(ii)(II)(aa) of the 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>Under the state's predominately managed care delivery system, there is not sufficient fee-for-service claims volume to attract an RAC contractor. The State has mitigated the need for the RAC contractor through the following agreements and processes:</p> <ul style="list-style-type: none"> • Credit Balance Audit: Managed Care Organizations audit. • Managed Care Organizations: Special Investigation Units - managed care provider. • Gainwell Technologies Survey Utilization Review Subsystem (SURS): FFS provider reviews. • Unified Program Integrity Contractor (UPIC): FFS and managed care. • Healthcare Fraud Prevention Partnership (HFPP): Data Use Agreement and Memorandum of Understanding. <p>The State requests an exception extension for two years.</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>
--	--