

# **Table of Contents**

**State/Territory Name: Kansas State Plan**

**Amendment (SPA) #: 21-0018**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard, Mail Stop S2-14-26  
Baltimore, Maryland 21244-1850



**Center for Medicaid and CHIP Services**

**Disabled and Elderly Health Programs Group**

December 10, 2021

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

Dear Ms. Fertiq:

The CMS Division of Pharmacy team has reviewed Kansas's State Plan Amendment (SPA) 21-0018 received in the CMS Medicaid & CHIP Operations Group on October 13, 2021. This SPA proposes to make various revisions to the state's original Supplemental Rebate Agreement.

Based on the information provided and consistent with the regulations at 42 CFR 430.20, we are pleased to inform you that SPA 21-0018 is approved with an effective date of October 1, 2021. Our review was limited to the materials necessary to evaluate the SPA under applicable federal laws and regulations.

We are attaching a copy of the signed CMS-179 form, as well as the page approved for incorporation into Kansas's state plan. If you have any questions regarding this amendment, please contact Charlotte Amponsah at (410) 786-1092 or [charlotte.amponsah@cms.hhs.gov](mailto:charlotte.amponsah@cms.hhs.gov)

Sincerely,

 Digitally signed by John M. Coster -S  
Date: 2021.12.13 5:25:29 -05'00'

John M. Coster, Ph.D., R.Ph.  
Director  
Division of Pharmacy

cc: William Stelzner, Strategic Purchasing Program Consultant

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

1. TRANSMITTAL NUMBER:  
KS 21-0018

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  
October 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 1927 of the Act, 42 CFR §447.502 (Subpart I)

7. FEDERAL BUDGET IMPACT  
a. FFY 2022 \$ 0  
b. FFY 2023 \$ 0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  
Attachment 3.1-A #12.a., Page 5

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (*If Applicable*)  
Attachment 3.1-A #12.a., Page 5

10. SUBJECT OF AMENDMENT

The revision of the Drug Rebate Agreement document, KSSUP2021, and the addition of the Amendment 1 document, KSAMEND2021, between the state and drug manufacturers for drugs provided to the Kansas State Medicaid population.

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

SIGNATURE OF STATE AGENCY OFFICIAL

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

13. TYPED NAME  
Sarah Fertig

14. TITLE  
State Medicaid Director

15. DATE SUBMITTED  
October 13, 2021

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED

18. DATE APPROVED  
12/10/2021

**PLAN APPROVED – ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL  
10/1/2021

20. SIGNATURE OF REGIONAL OFFICIAL

21. TYPED NAME

22. TITLE

23. REMARKS

## KANSAS MEDICAID STATE PLAN

Attachment 3.1-A  
#12.a., Page 5

### Supplemental Medicaid Rebate Agreement

Based on the requirements of Section 1927 of the Act, the state has the following policies for the supplemental rebate program for Medicaid:

- a) A rebate agreement between the state and a drug manufacturer for drugs provided to the Medicaid population entitled KSSUP2021 has been authorized by CMS effective October 1, 2021.
- b) An amendment to the original rebate agreement, as provided in section a, to make revisions to the original rebate agreement, entitled KSAMEND2021, has been authorized by CMS effective October 1, 2021.
- c) Supplemental rebates received by the state in excess of those required under the national drug rebate agreement will be shared with the Federal government on the same percentage basis as applied under the national drug rebate agreement.
- d) The supplemental rebate agreement is applicable only to Medicaid recipients. This includes Medicaid recipients that are enrolled in a managed care organization (MCO).

Kansas Medicaid recognizes and assures that it will comply with the confidentiality mandate of Section 1927(b)(3)(D) of the Social Security Act.