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State/Territory Name: Kansas

State Plan Amendment (SPA) #: 24-0032

This file contains the following documents in the order listed:

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

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

December 5, 2024

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

Re: Kansas State Plan Amendment (SPA) 24-0032

Dear Christine Osterlund:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 24-0032. This amendment requests an additional 2-year renewal of exemption from the Recovery Audit Contractor (RAC) program, from January 1, 2025, to December 31, 2026.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations 42 CFR 455.516. This letter informs you that Kansas Medicaid SPA TN 24-0032 was approved on December 4, 2024, with an effective date of January 1, 2025.

Enclosed are copies of Form CMS-179 and approved SPA pages to be incorporated into the Kansas State Plan.

If you have any questions, please contact Mai Le-Yuen at (312) 353-2853 or via email at Mai.Le-Yuen@cms.hhs.gov.

Sincerely,

Ruth A. Hughes, Acting Director
Division of Program Operations

Enclosures

cc: Bobbie Graff-Hendrixson
Bill Stelzner
Melissa Hammond

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

1. TRANSMITTAL NUMBER

2 4 — 0 0 3 2

2. STATE

KS3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL
SECURITY ACT

XIX



XXI

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

January 1, 2025

5. FEDERAL STATUTE/REGULATION CITATION

42 CFR 455.516 Section 1902(a)(42)(B)(i)

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2025\$ 0b. FFY 2026\$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Section 4 Page 36b

Section 4 Page 36c

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

Section 4 Page 36b

Section 4 Page 36c

9. SUBJECT OF AMENDMENT

Requesting an additional two-year renewal, January 1, 2025, to December 31, 2026, of the exemption from the Recovery Audit
Contractor (RAC) Program in accordance with 42 CFR 455.516.

10. 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:
Christine Osterlund is the
Governor's Designee

11. SIGNATURE OF STATE AGENCY OFFICIAL

12. TYPED NAME
Christine Osterlund13. TITLE
Medicaid Director14. DATE SUBMITTED
October 28, 2024

15. RETURN TO

Christine Osterlund

Medicaid Director

Deputy Secretary of Agency Integration and Medicaid

KDHE, Division of Health Care Finance

Landon State Office Building

900 SW Jackson, Room 900-N

Topeka, KS 66612-1220

FOR CMS USE ONLY

16. DATE RECEIVED

October 28, 2024

17. DATE APPROVED

December 4, 2024

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

January 1, 2025

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL

Ruth A. Hughes

21. TITLE OF APPROVING OFFICIAL

Acting Director, Division of Program Operations

22. REMARKS

SECTION 4 - GENERAL PROGRAM ADMINISTRATION

Supersedes TN: KS 23-0001

<p>Section 1902(a)(42)(B)(ii)(II)(bb) of the Act</p> <p>Section 1902(a)(42)(B)(ii)(III) of the Act</p> <p>Section 1902(a)(42)(B)(ii)(IV)(aa) of the Act</p> <p>Section 1902(a)(42)(B)(ii)(IV)(bb) of the Act</p> <p>Section 1902(a)(42)(B)(ii)(IV)(cc) Of the Act</p>	<p>_____ The State attests that the contingency fee rate paid to the Medicaid RAC will not exceed the highest rate paid to Medicare RACs, as published in the Federal Register.</p> <p>_____ The State attests that the contingency fee rate paid to the Medicaid RAC will exceed the highest rate paid to Medicare RACs, as published in the Federal Register. The State will only submit for FFP up to the amount equivalent to that published rate.</p> <p>_____ The contingency fee rate paid to the Medicaid RAC that will exceed the highest rate paid to Medicare RACs, as published in the Federal Register. The State will submit a justification for that rate and will submit for FFP for the full amount of the contingency fee.</p> <p>_____ The following payment methodology shall be used to determine State payments to Medicaid RACs for the identification of underpayments (e.g., amount of flat fee, the percentage of the contingency fee): The RAC will receive a percentage of the underpayment that is paid to a provider.</p> <p>_____ The State has an adequate appeal process in place for entities to appeal any adverse determination made by the Medicaid RAC(s).</p> <p>_____ The State assures that the amounts expended by the State to carry out the program will be amounts expended as necessary for the proper and efficient administration of the State plan or a waiver of the plan.</p> <p>_____ The State assures that the recovered amounts will be subject to a State's quarterly expenditure estimates and funding of the State's share.</p> <p>_____ Efforts of the Medicaid RAC(s) will be coordinated with other contractors or entities performing audits of entities receiving payments under the State plan or waiver in the State, and/or State and Federal law enforcement entities and the CMS Medicaid Integrity Program.</p>
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