

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services 7500  
Security Boulevard, Mail Stop: S2-25-26  
Baltimore, Maryland 21244-1850



---

**State Demonstrations Group**

AUG 07 2019

Adam Proffitt  
Medicaid Director  
Kansas Department of Health and Environment  
900 SW Jackson, Suite 900 N  
Topeka, KS 66612

Dear Mr. Proffitt:

I am writing to inform you that the Centers for Medicare & Medicaid Services (CMS) has made the technical corrections to the Special Terms and Conditions (STCs) for Kansas' section 1115(a) demonstration (11-W-00283/7) as requested by the state.

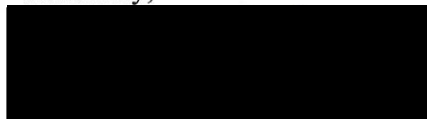
The technical correction updates the uniform percentage of eligible uncompensated costs for demonstration year seven in Attachment J to the STCs. Attachment J sets forth the uniform percentage of eligible uncompensated costs that shall be reimbursed under the Health Care Access Improvement Program Pool described in Section XI, STC 66. The approved uniform percentage of eligible uncompensated costs for demonstration year five has been incorporated into Attachment J to the STCs.

This approval does not alter any of the requirements specified in the STCs of the demonstration. A copy of updated Attachment J is enclosed.

If you have any questions, please contact your project officer, Mr. Michael Trieger. Mr. Trieger can be reached at (410) 786-0745, or by email at [Michael.Trieger1@cms.hhs.gov](mailto:Michael.Trieger1@cms.hhs.gov).

We look forward to continuing to partner with you and your staff on the KanCare section 1115 demonstration.

Sincerely,



Angela Garner  
Director  
Division of System Reform Demonstrations

Enclosure: Attachment J

cc: James Scott, Director, Regional Operations Group North  
Michala Walker, CMS Kansas State Lead

**ATTACHMENT J**  
**UC Pool Uniform Percentages**

The table below provides the uniform percentages for the UC Pool (STC 68). Should the state elect to revise the uniform percentages for DY 1 and the inpatient net patient revenue threshold, the state must submit a revised Attachment J by April 30, 2013. The state must submit a revised version of this attachment to CMS by February 28<sup>th</sup> of DY 2 through 7 for review and approval.

	DY 1	DY 2	DY 3	DY 4	DY 5	DY 6	DY 7
Uniform Percentage	18.55%	14.65%	12.67%	11.13%	10.94	12.03%	10.46%
Specialty Service Uniform Percentage	3.72%	3.72%	3.72%	3.72%	3.72%	3.72%	3.72%
Tri-Level NICU Services Uniform Percentage	10.92%	10.92%	10.92%	10.92%	10.92%	10.92%	10.92%
Tri-Specialty Uniform Percentage	11.83%	11.83%	11.83%	11.83%	11.83%	11.83%	11.83%
Tri-Specialty Inpatient Net Patient Revenue Threshold		\$300,000,000	\$300,000,000	\$300,000,000	\$300,000,000	\$300,000,000	\$300,000,000
Date revised	3/27/2013	3/31/2014	3/31/2015	5/27/2016	5/3/2017	4/30/2018	3/7/2019