

KANSAS MEDICAID STATE PLAN

Attachment 4.19D

Part I

Subpart U

Page 1

**Methods and Standards for Establishing Payment Rates
Skilled Nursing and Intermediate Care Facility Rates
(NFs and NFs-MH)**

Quality Care Assessment Pass-Through

To compensate providers for increased expenses incurred due to the quality care assessment, a per diem pass-through will be determined and paid to each Medicaid provider. The per diem will be added to the nursing facility Medicaid per diem rate. The quality care assessment pass-through will not be subject to cost center limits or the 85% occupancy rule.

1) Qualifying Providers

All providers currently enrolled in the Medicaid program that also provided Medicaid nursing facility services during the most recent cost report period will be eligible for the quality care assessment pass-through per diem.

2) Pass-Through Calculation

The quality care assessment pass-through per diem will be determined by multiplying the quarterly quality care assessment paid by each qualifying provider by four to determine an annualized assessment expense. The annualized assessment expense will be divided by the total resident days from the calendar year cost report preceding the start of the fiscal year. For example, during fiscal year 2014 (July 1, 2013 through June 30, 2014), the resident day total from the calendar year 2012 cost report will be used to determine the per diem pass-through. For providers filing a projected cost report the projected resident day total will be used to initially calculate the pass-through per diem. The per diem pass-through will be adjusted retroactively for an historical cost report covering the projection period.