



OCTOBER 2020

KMAP GENERAL BULLETIN 20145

**UPDATED - HCBS Provider Retainer Payments**

The information contained within this bulletin is specific to providers of HCBS services.

The State has approved and, in collaboration with the Managed Care Organizations (MCOs), has developed a process for Home and Community Based Services (HCBS) providers who have incurred a loss of HCBS revenue due to COVID-19, to apply and be considered for a retainer payment. The purpose of retainer payments is to retain the services and direct caregivers that were previously supporting the participants.

Retainer payments are being made available for the following services and service codes:

Waiver	Service	Service Code
IDD	Residential Supports	T2016
	Day Services	T2021
	Personal Care Services	S5125, T1019
PD Waiver	Personal Care Services	S5125
FE Waiver	Personal Care Services	S5125 and S5130
TA Waiver	Personal Care Services	T1004 and T1019
BI Waiver	Personal Care Services	S5125

HCBS providers who demonstrate a loss in total HCBS revenue between April 1, 2020 and May 31, 2020-March 1, 2020 and July 31, 2020, will be eligible to apply for a retainer payment. On July 30, 2020-September 15, 2020 the MCOs will pull HCBS paid claims data for each provider. For each, the average monthly payment to the provider for January and February 2020 will be compared to the average monthly payment for each month, March 1,2020 through July 31, 2020, between April 1, 2020 and May 31, 2020 and after equalizing both to an average 30-day month. The MCOs will submit the analysis to Kansas Department for Aging and Disability Services (KDADS) for review. Providers that show a loss in revenue for any one to three months of the time period compared will be eligible to submit an application for a retainer payment for one or more of the services listed above. A provider may be eligible for a minimum of one 30-day and maximum of three 30-day episodes for retainer payment. If a provider experiences more than three periods of revenue loss, the provider's retainer payment will be calculated using the three periods with the largest losses.

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Gainwell Technologies is the fiscal agent of KMAP.



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Providers that show a loss in revenue for at least one month of the time period compared will be eligible to receive a retainer payment for one or more of the services listed above. A provider may be eligible for a minimum of one 30-day and maximum of three 30-day episodes for retainer payment. If a provider experiences more than three periods of revenue loss, the provider's retainer payment will be calculated using the three periods with the largest losses.

**Questions about retainer payments, provider eligibility, the attestation form, and other retainer payment-related topics should be forward to the MCO.**

Providers who meet the financial qualification will be contacted by an MCO.

The MCO will give the provider a standardized application form and further instructions for completing it and including the individual participant and service information. The additional questions on the form include an attestation the provider did not provide a temporary replacement service to the participant(s), have received funding from any other sources, including but not limited to unemployment benefits and Small Business Administration loan, has retained or will re-employ its direct care workers, and has or will reopen any service that was closed.

KDADS will post a list of providers who are eligible to apply, along with the attestation form and supplemental form. Each provider that is included in the eligible list may apply using the attestation form. The deadline for the qualified providers to apply is **November 30, 2020**.

The MCOs will collect the attestation forms from providers through one designated entity. The instructions for where to submit the attestation is at the bottom of the form. The MCOs will review each attestation submitted to determine if the provider meets the qualifications for the payment. Supplemental member information may be required, as is indicated on the attestation form. If supplemental member information is sent, it will go to each MCO and to the email addresses on the supplemental form.

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The attestation includes statements indicating whether the provider provided temporary replacement service to any of the participant(s), and whether the provider has received funding from any other sources, including but not limited to unemployment benefits and/or a Small Business Administration loan. It also includes a statement indicating whether the provider has retained or will re-employ its direct care workers and has or will reopen any service that was closed. The attestation form indicates which questions will lead to a denial. If a provider provided replacement services to participants who were not using their services due to COVID-19; or if a provider received funding from other sources, the total retainer payment may be adjusted by the equivalent amount of revenue.

For providers whose applications are approved, the MCO(s) will build one authorization per participant for the retainer payment. The authorization will be for the number of units equivalent to 30 days of the service based upon the amount authorized for the participant for March 2020. Providers may bill as they would have if the service was provided using Modifier U8. The rate paid will be up to 75% of the state rate for each service on March 1, 2020.

In order to ensure the MCOs have complete and accurate claims data to determine if a provider is eligible for a retainer payment, it is critical that all claims for dates of service January 1, 2020 through July 31, 2020, be billed and fully processed and paid no later than September 15, 2020. Denied claims or claims a provider feels were underpaid by an MCO, also need to be reconsidered before that date.

It is our goal to quickly and fairly identify the providers who are eligible, provide the supports needed for completing the application, and to make the retainer payments as quickly as possible to the providers who need them. We appreciate the services you continue to offer to our members during this difficult time.

The MCOs will process the retainer payments outside of the claims system, and through a check or automatic funds transfer to the provider. The MCOs will do this through two check runs after November 13 and November 30, 2020. A majority of providers who submit their attestation forms before 4:00 p.m. on November 13, 2020, will receive their retainer payment as part of the first batch. Providers who submit their attestation form after November 13, 2020, but before the deadline shall receive payment as part of the second and last batch. The MCOs

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## **UPDATED - HCBS Provider Retainer Payments continued**

will not accept attestations that are submitted after November 30, 2020. Disbursed payments will include a member detail document indicating which members, services, and service units the retainer payments are tied to, and based upon members who were approved for but not utilizing services.

For providers whose applications are approved, the MCO(s) will build one authorization per participant for the retainer payment. The authorization will be for the number of units equivalent to 30 days of the service based upon the amount authorized for the participant for March 2020. Providers may bill as they would have if the service was provided using Modifier U8. The rate paid will be up to 75% of the state rate for each service on March 1, 2020.

In order to ensure the MCOs have complete and accurate claims data to determine if a provider is eligible for a retainer payment, it is critical that all claims for dates of service January 1, 2020 through July 31, 2020, be billed and fully processed and paid no later than September 15, 2020. Denied claims or claims a provider feels were underpaid by an MCO, also need to be reconsidered before that date.

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Retainer payments may be partially or fully adjusted or recouped if an eligible provider is overpaid or later found to have been ineligible.

For providers eligible for additional 5% CARES Act funding, new claims filed for the March through June 2020 after the data cutoff date will not receive the additional 5% increase.

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