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State/Territory Name: Kansas

State Plan Amendment (SPA) #: 20-0017

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services
Center for Medicaid & CHIP Services
233 North Michigan Ave., Suite 600
Chicago, Illinois 60601



Financial Management Group

November 9, 2020

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

RE: TN 20-0017

Dear Mr. Proffitt:

We have reviewed the proposed Kansas State Plan Amendment (SPA) to Attachment 4.19-B, KS-20-0017, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on August 25, 2020. This plan amendment increases certain dental fee for service rates, effective July 17, 2020.

Based upon the information provided by the State, we have approved the amendment with an effective date of July 17, 2020. We are enclosing the approved CMS-179 and a copy of the new state plan pages.

If you have any additional questions or need further assistance, please contact Blake Holt at (415) 744-3754 or blake.holt@cms.hhs.gov.

Sincerely,



Todd McMillion
Director
Division of Reimbursement Review

Enclosures

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

1. TRANSMITTAL NUMBER:
KS 20-0017

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
July 17, 2020

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
42 CFR 447 Subpart F

7. FEDERAL BUDGET IMPACT
a. FFY 2020 \$ 293.44
b. FFY 2021 \$1,063.29

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 4.19-B, #10

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

Attachment 4.19-B, #10

10. SUBJECT OF AMENDMENT

In the 2020 Kansas Legislature session, a bill was passed and signed into law that included an increase in the dental budget to the Medicaid dental reimbursement rates. This increase is for: a) certain diagnostic, preventive, resin, and extraction codes; b) certain restorative, endodontic, analgesic, and surgical removal of a tooth codes; and c) the hospital call code. [See the two attached spreadsheets.]

11. GOVERNOR'S REVIEW (*Check One*)

- GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED:
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED Sarah Fertig is the
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL Governor's Designee

12. 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
August 25, 2020

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED
8/25/2020

18. DATE APPROVED
11/9/2020

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL
7/17/2020

20. SIGNATURE OF REGIONAL OFFICIAL

21. TYPED NAME

22. TITLE

Todd McMillion

Director, Division of Reimbursement Review

23. REMARKS

9/21/20: The state provided concurrence for the following pen and ink change: Box 7--FY2020 from "293.44" to "\$236"; FY2021 from "\$1,063.29" to "855". This impact is in whole dollars.

KANSAS MEDICAID STATE PLAN

Attachment 4.19-B
#10

Dental Services **Methods and Standards for Establishing Payment Rates**

Dental services are reimbursed on the basis of reasonable fees as related to Medicaid customary charges except no fee is reimbursed in excess of a range maximum. The range of charges provides the base for computation of range maximums.

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of dental services. The agency's fee schedule rate was set as of July 17, 2020 and is effective for services provided on or after that date. The agency's established fee schedule rates are published on the agency's website at:
<https://www.kmap-state-ks.us/Provider/PRICING/RefCode.asp>

When the user is on the landing page of the above link, select the link "Download Fee Schedules." This link will take the user to a page titled "Reference Copyright Notice." Scroll to the bottom of the page and click on the word "Accept" to access the fee schedule. The next page that appears is titled "KMAP Fee Schedules."

To access a fee schedule:

- a. Select the program from the drop-down list -TXIX;
- b. Choose the type of rates – Medicaid;
- c. After choosing the rate type, the user will see a list of the current and historical versions of the corresponding schedule;
- d. Click the schedule TXIX.