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State/Territory Name: Kansas

State Plan Amendment (SPA) #: 20-0019

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

January 12, 2021

Sarah Fertig, 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 20-0019

Dear Ms. Fertig:

We have reviewed the proposed Kansas State Plan Amendment (SPA) to Attachment 4.19-B, KS-20-0019, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on November 17, 2020. This plan amendment updates the fee schedule to increase the reimbursement for cardiac catheterization to 80% of the annual non-rural Medicare rate, effective January 1, 2021.

Based upon the information provided by the State, we have approved the amendment with an effective date of January 1, 2021. 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 20-0019

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
January 1, 2021

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 B

7. FEDERAL BUDGET IMPACT
a. FFY 2021 \$21,213
b. FFY 2022 \$29,886

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 4.19-B, #1, and
Attachment 4.19-B, #9

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

Attachment 4.19-B, #1, and
Attachment 4.19-B, #9

10. SUBJECT OF AMENDMENT

Beginning January 1, 2021, the cardiac catheterization reimbursement rates will be increased to 80% of non-rural Medicare rates, in outpatient settings only. These rates will change every January 1st in subsequent years as non-rural Medicare rates change. Inpatient hospital costs are reimbursed based on DRGs.

11. 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:
Sarah Fertig is the
Governor's Designee

12. SIGNATURE OF STATE AGENCY OFFICIAL

13. TYPED NAME
Sarah Fertig

14. TITLE
State Medicaid Director

15. DATE SUBMITTED
November 17, 2020

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

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED
11/17/2020

18. DATE APPROVED
1/12/2021

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL
1/1/2021

20. SIGNATURE OF REGIONAL OFFICIAL

21. TYPED NAME

Todd McMillion

22. TITLE

Director, Division of Reimbursement Review

23. REMARKS

01/05/21: State provides concurrence for the following pen and ink change to Box 7: FY2021:
from "\$21,213" to "Clinic Benefit: \$5,967. Outpatient Hospital Benefit: \$15, 246";
FY2022: from "\$29,886" to "Clinic Benefit: \$8,407. Outpatient Hospital Benefit: \$21,480."

KANSAS MEDICAID STATE PLAN

Attachment 4.19-B
#1

Outpatient Hospital Services Methods and Standards for Establishing Payment Rates

Payments to general and special hospitals for outpatient hospital services are based on the reimbursement methodologies for comparable services rendered by non-hospital providers.

Effective January 1, 2021 and thereafter, cardiac catheterization reimbursement rates are set at 80% of non-rural Medicare rates as set on January 1 of each year.

Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers for the above services. The agency's fee schedule rate was set as of January 1, 2021 and is effective for services provided on or after that date with the cardiac catheterization rates updated on an annual basis as noted above and effective beginning January 1 of each year beginning January 1, 2021. 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.

KANSAS MEDICAID STATE PLAN

Attachment 4.19-B
#9

Methods and Standards for Establishing Payment Rates

Clinical Services

Day Treatment Programs

Adult day health services are reimbursed on the basis of a negotiated rate.

Ambulatory Surgical Centers

Ambulatory surgical centers are reimbursed on the basis of a rate determined by Medicaid customary charges. Payments may not exceed reasonable fees as related to customary charges, whichever is less.

Effective January 1, 2021 and thereafter, cardiac catheterization services will be reimbursed as described on Att. 4.19-B, #1.

Local Health Departments

Local health departments are reimbursed on the basis of reasonable fees as related to customary charges within range maximums.