

**KANSAS MEDICAID STATE PLAN**

Attachment 3.1-A  
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**Supplemental Medicaid Rebate Agreement**

Based on the requirements of Section 1927 of the Act, the state has the following policies for the supplemental rebate program for Medicaid:

- a) A rebate agreement between the state and a drug manufacturer for drugs provided to the Medicaid population entitled KSSUP2012 has been authorized by CMS effective January 1, 2013.
- b) Supplemental rebates received by the state in excess of those required under the national drug rebate agreement will be shared with the Federal government on the same percentage basis as applied under the national drug rebate agreement.
- c) The supplemental rebate agreement is applicable only to Medicaid recipients. This includes Medicaid recipients that are enrolled in a managed care organization (MCO).

Kansas Medicaid recognizes and assures that it will comply with the confidentiality mandate of Section 1927(b)(3)(D) of the Social Security Act.

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**Other Practitioners' Service Limitations**

1. Licensed Mental Health Practitioner:

A licensed mental health practitioner (LMHP) is an individual who is licensed in the State of Kansas to diagnose and treat mental illness or substance abuse acting within the scope of all applicable state laws and their professional license. A LMHP includes individuals licensed to practice independently and individuals licensed to practice under supervision or direction.

Supervision or direction must be provided by a person who is eligible to provide Medicaid services and who is licensed at the clinical level or is a physician.

All services have an initial authorization level of benefit. Services which exceed the limitation of the initial authorization must be approved for re-authorization prior to service delivery. Anyone providing substance abuse treatment services must be licensed under K.S.A. 65-4012, in addition to their scope of practice license.

Inpatient hospital visits are limited to those ordered by the consumer's physician. Visits to nursing facilities are noncovered. Visits to ICFs/MR are limited to testing and evaluation. All services provided while a person is a resident of an IMD are content of the institutional service and not otherwise reimbursable by Medicaid.

A unit of service is defined according to the HCPCS approved code set unless otherwise specified.

2. Advanced Registered Nurse Practitioner:

- Anesthesia services are limited to those provided by certified registered nurse anesthetists.
- Obstetrical services are limited to those provided by nurse midwives.
- An ARNP may be an eligible LMHP and can provide all services available to an LMHP that are within the ARNP's scope of practice according to the limitations specified above.
- Other services are limited to those in Attachment 3.1-A #5, Physician's Services Limitations

3. Immunization Administration by a Licensed Pharmacist

Revised Submission 11.27.12

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Prescribed Drugs  
Methods and Standards for Establishing Payment Rates

Reimbursement to pharmacy providers is based upon agency-determined allowable product cost for covered drugs plus an agency-determined dispensing fee. The dispensing fee assigned to each pharmacy provider is \$3.40 per prescription or a rate established by the agency.

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**Other Practitioner's Services**

**Methods and Standards for Establishing Payment Rates (continued)**

A vaccine administration fee of \$14.15 may be paid to pharmacy providers certified to administer vaccines. Proof of certification must be on file with Medicaid. Certified pharmacists are required to submit proof of certification required by K.S.A. 65-1626 to the Provider Enrollment department in order to be eligible for vaccine administration reimbursement.