

## **Table of Contents**

**State/Territory Name: Kansas**

**State Plan Amendment (SPA) #: 17-0006**

This file contains the following documents in the order listed:

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

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
601 East 12<sup>th</sup> Street, Suite 355  
Kansas City, Missouri 64106



**Division of Medicaid and Children's Health Operations**

December 20, 2017

Jon Hamdorf, Interim Medicaid Director  
Kansas Department of Health and Environment  
Division of Health Care Finance  
Landon State Office Building  
900 SW Jackson, Room 900N  
Topeka, KS 66612

Dear Mr. Hamdorf:

On September 19, 2017, the Centers for Medicare & Medicaid Services (CMS) received Kansas' State Plan Amendment (SPA) transmittal #17-0006. This SPA restores the 4% rate reductions that were implemented July 1, 2016.

SPA #17-0006 was approved December 18, 2017, with an effective date of August 18, 2017, as requested by the state. Enclosed is a copy of the CMS-179 summary form, as well as the approved pages for incorporation into the Kansas State Plan.

If you have any questions regarding this amendment, please contact Karen Hatcher or Michala Walker at (816) 426-5925.

Sincerely,

12/20/2017

Megan Buck  
Acting Associate Regional Administrator  
for Medicaid and Children's Health Operations

Sign

Enclosure

cc: Bobbie Graff – Hendrixson  
Fran Seymour - Hunter

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL  
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**1. TRANSMITTAL NUMBER:  
KS 17-0062. STATE  
Kansas3. PROGRAM IDENTIFICATION: TITLE XIX OF THE  
SOCIAL SECURITY ACT (MEDICAID)TO: REGIONAL ADMINISTRATOR  
CENTERS FOR MEDICARE & MEDICAID SERVICES  
DEPARTMENT OF HEALTH AND HUMAN SERVICES4. PROPOSED EFFECTIVE DATE  
August 18, 20175. TYPE OF PLAN MATERIAL (*Check One*)☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENTCOMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (*Separate Transmittal for each amendment*)

6. FEDERAL STATUTE/REGULATION CITATION

7. FEDERAL BUDGET IMPACT

a. FFY 2017 \$187,691

b. FFY 2018 \$2,262,353

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 4.19-B, Page 1

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  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

Attachment 4.19-B, Page 1

10. SUBJECT OF AMENDMENT

Methods and Standard for Establishing Payment Rates: Specific Services Impacted by this State Plan Amendment.

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:  
Michael Randol is the  
Governor's Designee

12. SIGNATURE OF STATE AGENCY OFFICIAL

13. TYPED NAME  
for Michael Randol14. TITLE  
Director, Division of Health Care Finance15. DATE SUBMITTED  
September 19, 2017

16. RETURN TO

Michael Randol, 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

September 19, 2017

18. DATE APPROVED

December 18, 2017

**PLAN APPROVED – ONE COPY ATTACHED**19. EFFECTIVE DATE OF APPROVED MATERIAL  
August 18, 2017

20

21. TYPED NAME

Megan Buck

22. TITLE Acting Associate Regional Administrator  
for Medicaid and Children's Health Operations

23. REMARKS

**KANSAS MEDICAID STATE PLAN**

Attachment 4.19-B

Page 1

**Methods and Standards for Establishing Payment Rates**

The 4% Medicaid reduction implemented on July 1, 2016 is restored with dates of services August 18, 2017. Established fee amounts are the same for governmental and private providers. The payment restoration is applied to the net Medicaid paid amount after reductions for Medicare, other insurance, or any other third party liability payment.

**Specific Services Impacted by this SPA:**

Outpatient Hospital Services (Attachment 4.19-B, #1, Replacement Page and Page 1a)  
 Physician's Services (Attachment 4.19-B, #5)  
 Early and Periodic Screening, Diagnosis and Treatment (EPSDT) (Attachment 4.19-B, #4b, and Page 2)  
 Outpatient Services (Attachment 4.19-B, #5, Page 1)  
 Physicians' Services Obstetrical Practioner Services (Attachment 4.19-B, #5, Page 2)  
 Physicians' Services Pediatric Practioner Services (Attachment 4.19-B, #5, Page 3)  
 Physicians' Services (Attachment 4.19-B, #5, Page 4)  
 Dental Services (Attachment 4.19-B, #10)  
 Freestanding Birth Centers (Attachment 4.19-B, #8)  
 Nurse-Midwife Services (Attachment 4.19-B, #17)  
 Optometrist's Services (Attachment 4.19-B, #6b)  
 Chiropractor's Services (Attachment 4.19-B, #6c)  
 Other Practioner's Services (Attachment 4.19-B, #6d)  
 Clinic Services (Attachment 4.19-B, #9)  
 Prosthetic Devices (Attachment 4.19-B, Page #12c.)  
 Eyeglasses (Attachment 4.19-B, Page #12d.)  
 Physical Therapy, Occupational Therapy, Speech, Hearing, and Language Disorders (Attachment 4.19-B, Page #11a, b and c)  
 Dentures (Attachment 4.19-B, #12b)  
 Rehabilitation Services (Attachment 4.19-B, #13d, Page 1)  
 Home Health Services (Attachment 4.19-B, #7)  
 Other Laboratory and X-ray Services (Attachment 4.19-B, #3)  
 Emergency Hospital Services (Attachment 4.19-B, #23e)  
 Pediatric or Family Nurse Practioners' Services (Attachment 4.19-B, #24)  
 Transportation (Attachment 4.19-B, #24.a.)  
 Targeted Case Management/MH, MR/DD, TBI, PD and FE (Attachment 4.19-B, #6.a.)  
 Inpatient Hospital Care (Attachment 4.19-A, Page 25c (1), Page 29, Page 31, Page 31a and Page 37)

In general, the following should be noted concerning the Kansas Medicaid fee schedules:

**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 established fee schedule rates are published on the agency's website at <https://www.kmap-state-ks.us>."**