

## **Table of Contents**

**State/Territory Name: Kansas**

**State Plan Amendment (SPA) #: 17-0009**

This file contains the following documents in the order listed:

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



---

**Financial Management Group**

**DEC 08 2017**

Jon Hamdorf, Interim Director  
Kansas Department of Health and Environment  
Division of Health Care Finance  
Landon State Office Building  
900 SW Jackson, Room 900-N  
Topeka, KS 66612-1220

RE: Kansas State Plan Amendment TN: 17-009

Dear Mr. Hamdorf:

We have reviewed the proposed amendment to Attachment 4.19-A of your Medicaid State plan submitted under transmittal number (TN) 17-009. This amendment reverses the 4.00% rate decrease that was applied to fee-for-service inpatient hospital payment rates other than Diagnosis Related Group (DRG) outlier payment rates on July 1, 2016 for all hospitals other than critical access hospitals, hospitals located in frontier, rural and densely settled rural counties, and state-operated psychiatric hospitals.

We conducted our review of your submittal according to the statutory requirements at sections 1902(a)(2), 1902(a)(13), 1902(a)(30), 1903(a) and 1923 of the Social Security Act and the implementing Federal regulations at 42 CFR 447 Subpart C. This is to inform you that Medicaid State plan amendment 17-009 is approved effective August 18, 2017. We are enclosing the CMS-179 and the amended plan pages.

If you have any questions, please call Tim Weidler at (816) 426-6429.

Sincerely,

Kristin Fan  
Director

Enclosures

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

1. TRANSMITTAL NUMBER:  
KS 17-009

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  
August 18, 2017

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 440.10

7. FEDERAL BUDGET IMPACT

a. FFY 2017 \$39,543

b. FFY 2018 \$476,637

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 4.19-A, #1, Page 1

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  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

Attachment 4.19-A, #1, Page 1

10. SUBJECT OF AMENDMENT

Methods and Standard for Establishing Payment Rates: Inpatient Hospital.

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 Randol

14. TITLE

Director, Division of Health Care Finance

15. 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

18. DATE APPROVED

DEC 08 2017

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL

AUG 18 2017

20. SIGNATURE OF REGIONAL OFFICIAL

21. TYPED NAME

Kristin Fan

22. TITLE

Director, FMCO

23. REMARKS

## KANSAS MEDICAID STATE PLAN

Attachment 4.19-A

#1

Page 1

### Methods and Standards for Establishing Payment Rates – Inpatient Hospital Care

The 4 % Medicaid reduction implemented on July 1, 2016 is restored with dates of service August 18, 2017. The payment restoration is applied to the allowed Medicaid payment amount after reductions for Medicare, other insurance, or any other third party liability payment.

The following points pertain to section 4.19A:

- The restoration will not apply to inpatient services provided by Critical Access Hospitals, and hospitals located in frontier, rural and densely-settled rural counties and State operated psychiatric hospitals.
- Psychiatric Residential Treatment Facilities (PRTFs): The payment restoration will apply to PRTF reimbursement in a similar manner. The payment restoration is applied to the allowed Medicaid payment amount after reductions for Medicare, other insurance, or any other third party liability payment.