

Table of Contents

State/Territory Name: KS

State Plan Amendment (SPA) #: 18-0007

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Summary Form (with 179-like data)

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-14-26
Baltimore, Maryland 21244-1850



Disabled & Elderly Health Programs Group

June 1, 2018

Jonathan J. Hamdorf
Director
KDHE, Division of Health Care Finance
Landon State Office Building
900 SW Jackson, Room 900-N
Topeka, KS 66612-1220

Dear Mr. Hamdorf,

We have reviewed Kansas' State Plan Amendment (SPA) 18-0007 received in the Kansas City Regional Office on May 15, 2018. This SPA proposes to remove Attachment 4.19-B, #12.a, page 2 from the state plan. This page includes language which describes reimbursement methodologies for prescribed drugs based on the estimated acquisition cost (EAC). These EAC based methodologies were superseded by methodologies based on the actual acquisition cost (AAC) with the approval of SPA 17-0004. This is a technical correction of the state plan pages.

Based on the information provided and consistent with the regulations at 42 CFR 430.20, we are pleased to inform you that Kansas' SPA 18-004 is approved with an effective date of April 13, 2018. A copy of the CMS-179 form, as revised, will be forwarded by the Kansas City Regional Office. If you have any questions regarding this amendment, please contact Emeka Egwim, PharmD, RPh at (410) 786-1092.

Sincerely,

/s/

John M. Coster, PhD, RPh
Director, Division of Pharmacy

cc: Annette Grant, Pharmacy Program Manager, Kansas Department of Health and Environment
Bobbie Graff-Hendrixson, Senior Manager, Contracts and Fiscal Agent Operations
James G. Scott, Associate Regional Administrator, CMS Kansas City Regional Office
Karen Hatcher, Health Insurance Specialist, CMS Kansas Regional Office

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

1. TRANSMITTAL NUMBER:
KS 18-007

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
April 13, 2018

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 447.518

7. FEDERAL BUDGET IMPACT
a. FFY 2018 \$0
b. FFY 2019 \$0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

~~Attachment 4.19-B #12.a., page 2~~ *

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

Attachment 4.19-B #12.a., page 2

10. SUBJECT OF AMENDMENT

Removal of page, regarding Methods and Standards for Establishing Payment Rates. This page was superseded by an approved State Plan Amendment (NADAC) in 2017. This is a technical correction.

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:
Jonathan J. Hamdorf is the
Governor's Designee

12. SIGNATURE OF STATE AGENCY OFFICIAL

13. TYPED NAME
for Jonathan J. Hamdorf

14. TITLE
Director, Division of Health Care Finance

15. DATE SUBMITTED
May 15, 2018

16. RETURN TO

Jonathan J. Hamdorf, 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
May 15, 2018

18. DATE APPROVED
June 1, 2018

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL
April 13, 2018

20. SIGNATURE OF REGIONAL OFFICIAL

21. TYPED NAME
James G. Scott

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

23. REMARKS

* Pen and Ink change per state email dated 5.29.18.