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State/Territory Name: KS

State Plan Amendment (SPA) #: 19-0020

This file contains the following documents in the order listed:

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

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S3-14-28
Baltimore, Maryland 21244-1850



Financial Management Group / Division of Reimbursement Review

February 11, 2020

Adam Proffitt, State Medicaid Director
Kansas Department of Health and Environment
Landon State Office Building
900 SW Jackson, Room 900-N
Topeka, KS 66612-1220

RE: KS 19-0020

Dear Mr. Proffitt:

We have reviewed the proposed amendment to Attachment 4.19-B of your Medicaid State Plan submitted under Transmittal Number (TN) 19-0020 on December 2, 2019. This SPA increases five ambulance service codes by 20% per legislative action.

We are pleased to inform you that SPA #19-0020 was approved February 10, 2020, with an effective date of October 25, 2019, as requested by the state. Enclosed is a copy of the CMS-179 summary form, as well as the approved page for incorporation into the Kansas State Plan.

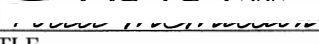
If you have any questions regarding this amendment, please contact Karen Hatcher by email at Karen.Hatcher@cms.hhs.gov or Michala Walker by email at Michala.Walker@cms.hhs.gov, and by calling (816) 426-5925.

Sincerely,

Todd McMillion
Acting Director

Enclosure

cc:
Christiane Swartz, Deputy Medicaid Director
Bobbie Graff-Hendrixson
William Stelzner
Kim Tjelmeland

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES		1. TRANSMITTAL NUMBER: <u>KS 19-0020</u>	2. STATE Kansas
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
4. PROPOSED EFFECTIVE DATE October 25, 2019		5. TYPE OF PLAN MATERIAL (Check One) <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT	
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION 42 CFR §440.170	7. FEDERAL BUDGET IMPACT a. FFY 2020 \$28,394 b. FFY 2021 \$28,644		
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 4 19-B, #24.a.	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Attachment 4 19-B, #24.a.		
10. SUBJECT OF AMENDMENT With the passage of House Substitute for Senate Bill 109, five ambulance service codes were increased by 20%. The effective date of that legislation was July 1, 2018.			
11. GOVERNOR'S REVIEW (Check One) <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
<input checked="" type="checkbox"/> OTHER, AS SPECIFIED: Adam Proffitt is the Governor's Designee			
12. SIGNATURE OF STATE AGENCY OFFICIAL 13. TYPED NAME Adam Proffitt		16. RETURN TO Adam Proffitt, State Medicaid Director KDHE, Division of Health Care Finance Landon State Office Building 900 SW Jackson, Room 900-N Topeka, KS 66612-1220	
14. TITLE State Medicaid Director			
15. DATE SUBMITTED December 2, 2019			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED December 2, 2019		18. DATE APPROVED February 10, 2020	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL October 25, 2019		20. SIGNATURE OF REGIONAL OFFICIAL 	
21. TYPED NAME Todd McMillion		22. TITLE Acting Director, Division of Reimbursement Review	
23. REMARKS			

KANSAS MEDICAID STATE PLAN

Attachment 4.19B
#24.a.

Methods and Standards for Establishing Payment Rates

Transportation

Ambulance

Ambulance transportation services are paid fee schedule rates.

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of Ambulance services. The agency's fee schedule rate was set as of October 25, 2019 and is effective for services provided on or after that date. All rates are published at <https://www.kmap-state-ks.us/Provider/Pricing/ScheduleList.asp>.