

## **Table of Contents**

**State/Territory Name: Kansas**

**State Plan Amendment (SPA) #: 20-0009**

This file contains the following documents in the order listed:

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

**DEPARTMENT OF HEALTH & HUMAN SERVICES**

Centers for Medicare & Medicaid Services

Center for Medicaid & CHIP Services

233 North Michigan Ave., Suite 600

Chicago, Illinois 60601



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**Financial Management Group**

June 4, 2020

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

RE: TN 20-0009

Dear Mr. Proffitt:

We have reviewed the proposed Kansas State Plan Amendment (SPA) to Attachment 4.19-B, KS-20-0009, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on May 7, 2020. This plan amendment replaces manual pricing rules with a fee schedule of reimbursement codes for Total Parental Nutrition (TPN).

Based upon the information provided by the State, we have approved the amendment with an effective date of May 1, 2020. We are enclosing the approved CMS-179 and a copy of the new state plan pages.

If you have any additional questions or need further assistance, please contact Blake Holt at (415) 744-3754 or [blake.holt@cms.hhs.gov](mailto:blake.holt@cms.hhs.gov).

Sincerely,



Todd McMillion  
Director  
Division of Reimbursement Review

Enclosures

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL  
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**1. TRANSMITTAL NUMBER:  
KS 20-00092. 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  
May 1, 20205. 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  
42 CFR §447.2017. FEDERAL BUDGET IMPACT  
a. FFY 2020 \$-304.00  
b. FFY 2021 \$-230.00

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 4.19-B #12c

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  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

Attachment 4.19-B #12c

## 10. SUBJECT OF AMENDMENT

The state will replace manual pricing rules with a fee schedule of reimbursement codes for Total Parenteral Nutrition (TPN).

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:  
Adam Proffitt is the  
Governor's Designee

12. SIGNATURE OF STATE AGENCY OFFICIAL

13. TYPED NAME  
Adam Proffitt14. TITLE  
State Medicaid Director15. DATE SUBMITTED  
May 7, 202016. 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**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED

18. DATE APPROVED  
6/4/2020**PLAN APPROVED – ONE COPY ATTACHED**19. EFFECTIVE DATE OF APPROVED MATERIAL  
5/1/2020

20. SIGNATURE OF REGIONAL OFFICIAL

21. TYPED NAME

Todd McMillion

22. TITLE

Director, Division of Reimbursement Review

23. REMARKS

## KANSAS MEDICAID STATE PLAN

Attachment 4.19B  
#12c

### Methods and Standards for Establishing Payment Rates

#### **Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS)**

(1) To satisfy the statute at 1903(i)(27) of the Social Security Act, if the item of DMEPOS is covered by Medicare, the Medicaid fee will be 65% of the Non-Rural Medicare fee schedule. State Only Funds will be used when access issues arise.

(2) For items of DMEPOS not paid at the Medicare fee, the fee will be set by the State Medicaid agency and will be determined from pricing information gathered from providers, manufacturers, surveys of the Medicaid fees for other states, survey information from national fee analyzers, or other relevant fee-related information.

(3) Manual pricing is reasonable when one procedure code covers a broad range of items with a broad range of costs, since a single fee may not be a reasonable fee for all items covered under the procedure code, resulting in access-to-care issues. Examples include 1) procedure codes with a description of “not otherwise specified,” “unclassified,” or “other miscellaneous;” and 2) procedure codes covering customized items.

(4) The Medicaid fees for oxygen equipment, oxygen, and oxygen-related supplies will be 65% of the Non-Rural Medicare fee schedule, as stated in Section (1), for the same procedure code.

(5) 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 fee schedule rate was set as of January 1, 2019 and is effective for services provided on or after that date. The agency’s established fee schedule rates are published on the agency’s website at <https://www.kmap-state ks.us/Provider/PRICING/RefCode.asp>

When the user is on the landing page of the above link, select the link Download Fee Schedules. This link will take the user to a page titled “Reference Copyright Notice.” Scroll to the bottom of the page and click on the word “Accept” to access the fee schedule. The next page that appears is titled “KMAP Fee Schedules.”

To access a fee schedule:

- a. Select the program from the drop-down list -TXIX;
- b. Choose the type of rates – Medicaid;
- c. After choosing the rate type, the user will see a list of the current and historical versions of the corresponding schedule;
- d. Click the schedule TXIX.

(6) Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers for the Total Parenteral Nutrition (TPN) solutions. The agency’s fee schedule rate was set as of May 1, 2020 and is effective for TPN solutions provided on or after that date. The agency’s established fee schedule rates are published on the agency’s website at <https://www.kmap-state-ks.us/Provider/PRICING/RefCode.asp>

## KANSAS MEDICAID STATE PLAN

Attachment 4.19B  
#12c.1

### Methods and Standards for Establishing Payment Rates

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