

## **Table of Contents**

**State/Territory Name: Kansas**

**State Plan Amendment (SPA) #: 20-0020**

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**

January 6, 2021

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 20-0020

Dear Mr. Proffitt:

We have reviewed the proposed Kansas State Plan Amendment (SPA) to Attachment 4.19-B, KS-20-0020, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on November 17, 2020. This plan amendment updates the fee schedule to include a two-tiered reimbursement system for Emergency Room (ER) professional services.

Based upon the information provided by the State, we have approved the amendment with an effective date of January 1, 2021. 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,

[Redacted Signature]

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 20-0020

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  
January 1, 2021

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 §440.50 and §447, Subpart F

7. FEDERAL BUDGET IMPACT  
a. FFY 2020 \$ 9,975  
b. FFY 2021 \$10,225

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  
Attachment 4.19-B, #5

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (*If Applicable*)  
Attachment 4.19-B, #5

10. SUBJECT OF AMENDMENT

Effective January 1, 2021, the Emergency Room (ER) professional reimbursement rates will be changed to a two-tier reimbursement rate system.

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:  
Sarah Fertig is the  
Governor's Designee

13. SIGNATURE OF AGENCY OFFICIAL

13. TYPED NAME  
Sarah Fertig

14. TITLE  
State Medicaid Director

15. DATE SUBMITTED  
November 17, 2020

16. RETURN TO

Sarah Fertig, 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  
11/17/2020

18. DATE APPROVED  
1/6/2021

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL  
1/1/2021

20. SIGNATURE OF AGENCY OFFICIAL

21. TYPED NAME

Todd McMillion

22. TITLE

Director, Division of Reimbursement Review

23. REMARKS

01/04/21: State provides concurrence for the following pen and ink change to Box 7 to include the correct fiscal years:  
"FY21: \$9,975; FY22: \$10,225"

## KANSAS MEDICAID STATE PLAN

Attachment 4.19-B  
#5

### Methods and Standards for Establishing Payment Rates

#### #5 Physician's Services

Physician's services are reimbursed on the basis of reasonable fees as related to Medicaid customary charges, except no fee is reimbursed in excess of a range maximum. The range of charges provides the base for computation of range maximums.

Payment for physician extender services are limited to a maximum of 75% of the maximum reimbursement to the billing physician.

Reimbursement for physician-referred laboratory services performed by an independent laboratory or outpatient hospital department, shall be made directly to the independent laboratory or outpatient hospital department.

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, 2021 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.