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State/Territory Name: Kansas

State Plan Amendment (SPA) #: 21-0009

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



Financial Management Group

July 15, 2021

Sarah Fertig, 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 21-0009

Dear Ms. Fertig:

We have reviewed the proposed Kansas State Plan Amendment (SPA) to Attachment 4.19-B, KS-21-0009, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on March 30, 2021. This plan amendment increases the rates for therapeutic phlebotomy under the Outpatient hospital and physician services benefit.

Based upon the information provided by the State, we have approved the amendment with an effective date of April 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 (303) 844-6218 or 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 21-0009

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 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 §447 Subpart B

7. FEDERAL BUDGET IMPACT
a. FFY 2021 \$ 642
b. FFY 2022 \$1,284

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 4.19-B, #1

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

Attachment 4.19-B, #1

10. SUBJECT OF AMENDMENT

Effective April 1, 2021 and thereafter, the therapeutic phlebotomy reimbursement rates will be increased to 85% of non-rural Medicare rates. These rates will change on January 1 of each following year maintaining the 85% of non-rural Medicare rates.

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

12. SIGNATURE OF AGENCY OFFICIAL

13. TYPED NAME
Sarah Fertig

14. TITLE
State Medicaid Director

15. DATE SUBMITTED
March 30, 2021

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
March 30, 2021

18. DATE APPROVED
July 15, 2021

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL
April 1, 2021

20. SIGNATURE OF AGENCY OFFICIAL

21. TYPED NAME
Todd McMillion

22. TITLE
Director, Division of Reimbursement Review

23. REMARKS

4/13/21: State provides concurrence for the following pen and ink changes: Box 7: FY 2021 from "\$642" to "Outpatient: \$1,236, Physician: \$474"; FY 2022 from "\$1,284" to "Outpatient: \$2,472, Physician: \$949."
5/25/21: State provides concurrence for the following pen and ink changes: Boxes 8 and 9: Add 4.19-B, #5.

KANSAS MEDICAID STATE PLAN

Attachment 4.19-B
#1

Outpatient Hospital Services Methods and Standards for Establishing Payment Rates

Payments to general and special hospitals for outpatient hospital services are based on the reimbursement methodologies for comparable services rendered by non-hospital providers.

Effective January 1, 2021 and thereafter, cardiac catheterization reimbursement rates are set at 80% of non-rural Medicare rates as set on January 1 of each year.

Effective April 1, 2021 and thereafter, Outpatient therapeutic phlebotomy reimbursement rates are set at 85% of non-rural Medicare rates. These rates will also change on January 1 of each year following this date as the non-rural Medicare rates change.

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 April 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.

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.

Effective April 1, 2021 and thereafter, Physician therapeutic phlebotomy reimbursement rates are set at 85% of non-rural Medicare rates. These rates will also change on January 1 of each year following this date as the non-rural Medicare rates change.

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 April 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>

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