

Table of Contents

State/Territory Name: KANSAS

State Plan Amendment (SPA) #: KS-23-0019

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form
- 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 11, 2023

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

RE: KS-23-0019

Dear State Medicaid Director Fertig,

We have reviewed the proposed Kansas State Plan Amendment (SPA) to Attachment 4.19-B which was submitted to the Centers for Medicare & Medicaid Services (CMS) on June 7, 2023. The SPA increases the DMEPOS reimbursement rates to 80% of Medicare. The SPA will also add self-monitoring blood pressure (BP) devices to the DME list for pregnant women at risk for gestational hypertension, and for persons with heart failure or end-stage renal disease (ESRD).

Based upon the information provided by the State, we have approved the amendment with an effective date of July 1, 2023. 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 Ysabel Gavino at Maria.Gavino@cms.hhs.gov

Sincerely,

A solid black rectangular box redacting the signature of Todd McMillion.

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

23 — 0019

2. STATE

KS3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACTTO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

July 1, 2023

5. FEDERAL STATUTE/REGULATION CITATION

42 CFR 447

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2023 \$ 14,826b. FFY 2024 \$ 60,505

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 4.19-B #12.c., Page 1
Attachment 4.19-B #12.c., Page 28. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable)Attachment 4.19-B #12.c., Page 1
Attachment 4.19-B #12.c., Page 2

9. SUBJECT OF AMENDMENT

The annual DMEPOS reimbursement rates will be increased to 80% of Medicare. Self-monitoring blood pressure (BP) devices are added to the DME list for pregnant women at risk for gestational hypertension, and for persons with heart failure or end-stage renal disease (ERSD). (**ESRD**)

10. 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

11. SIGNATURE OF STATE AGENCY OFFICIAL

12. TYPED NAME

Sarah Fertig

13. TITLE

State Medicaid Director

14. DATE SUBMITTED

June 7, 2023

15. 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 CMS USE ONLY**

16. DATE RECEIVED

June 7, 2023

17. DATE APPROVED

July 11, 2023

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

July 1, 2023

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL

Todd McMillion

21. TITLE OF APPROVING OFFICIAL

Director, Division of Reimbursement Review

22. REMARKS

Box 9: SUBJECT OF AMENDMENT: The state authorizes a pen and ink change for the change in the acronym from ERSD to ESRD.

KANSAS MEDICAID STATE PLAN

Attachment 4.19-B
#12 c
Page 1

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 80% 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 80% of the Non-Rural Medicare fee schedule, as stated in Section (1), for the same procedure code.

(5) Effective July 1, 2023, self-monitoring blood pressure devices are added to the DMEPOS list.

(6) 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 July 1, 2023 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://portal.kmap-state-ks.us/PublicPage/ProviderPricing/Disclaimer?searchBy=ScheduleList>

(7) 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://portal.kmap-state-ks.us/PublicPage/ProviderPricing/Disclaimer?searchBy=ScheduleList>

The links in (6) and (7) 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

#12 c

Page 2

Methods and Standards for Establishing Payment Rates

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

(Reserved for Later Use)