

## **Table of Contents**

**State/Territory Name: KANSAS**

**State Plan Amendment (SPA) #: KS-23-0020**

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



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**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-23-0020

Dear State Medicaid Director Fertig,

We have reviewed the proposed Kansas State Plan Amendment (SPA) to Attachment 4.19-B #5, Obstetrical Practitioner Services, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on June 16, 2023. This plan amendment increases the global pregnancy services provider reimbursement rates.

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](mailto:maria.gavino@cms.hhs.gov)

Sincerely,



Todd McMillion  
Director  
Division of Reimbursement Review

Enclosures

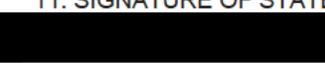
**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL  
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

|  |   |
|--|---|
| 1. TRANSMITTAL NUMBER<br><u>23</u> — <u>0020</u>   | 2. STATE<br><u>KS</u>   |
| 3. PROGRAM IDENTIFICATION: TITLE <u>XIX</u> OF THE SOCIAL SECURITY ACT   |   |
| 4. PROPOSED EFFECTIVE DATE<br><u>July 1, 2023</u>  |   |
| 5. FEDERAL STATUTE/REGULATION CITATION<br>42 CFR 447 Subpart B   | 6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)<br>a. FFY <u>2023</u> \$ <u>150</u><br>b. FFY <u>2024</u> \$ <u>605</u>                       |
| 7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT<br>Attachment 4.19-B #5, Obstetrical Practitioner Services,<br>Page 2 | 8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)<br>Attachment 4.19-B #5, Obstetrical Practitioner Services,<br>Page 2 |

TO: CENTER DIRECTOR  
CENTERS FOR MEDICAID & CHIP SERVICES  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

9. SUBJECT OF AMENDMENT  
Increase the global pregnancy services reimbursement rates to 70% of Medicare rates.

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 16, 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<br>June 16, 2023 | 17. DATE APPROVED<br>July 11, 2023 |
|------------------------------------|------------------------------------|

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL  
July 1, 2023

20. TYPED NAME OF APPROVING OFFICIAL  
Todd McMillion

22. REMARKS

19. SIGNATURE OF APPROVING OFFICIAL  


21. TITLE OF APPROVING OFFICIAL  
Director, Division of Reimbursement Review

# KANSAS MEDICAID STATE PLAN

Attachment 4.19-B  
#5, Obstetrical  
Practitioner Services  
Page 2

## Physicians' Services Methods and Standards of Established Payment Rates

### Obstetrical Practitioner Services

Obstetrical practitioners 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 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>

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.