

## **Table of Contents**

**State/Territory Name: KANSAS**

**State Plan Amendment (SPA) #: KS-23-0036**

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**

November 8, 2023

Christine Osterlund  
Interim Medicaid Director  
Deputy Secretary of Agency Integration and Medicaid  
KDHE, Division of Health Care Finance  
Landon State Office Building 900 SW Jackson, Room 900-N  
Topeka, KS 66612-1220

RE: KS-23-0036

Dear Interim Medicaid Director Osterlund,

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 October 3, 2023. This plan amendment updates reimbursement rates for lactation counseling services.

Based upon the information provided by the State, we have approved the amendment with an effective date of October 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 <u>23</u> — <u>0036</u>	2. STATE <u>KS</u>
3. PROGRAM IDENTIFICATION: TITLE <u>XIX</u> OF THE SOCIAL SECURITY ACT	
4. PROPOSED EFFECTIVE DATE October 1, 2023	
5. FEDERAL STATUTE/REGULATION CITATION 42 CFR 440, Benefit 42 CFR 447, Reimbursement	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2024</u> \$ <u>127</u> b. FFY <u>2025</u> \$ <u>127</u>
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 4.19-B #5, Obstetrical Practitioner Services Page 2	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Attachment 4.19-B #5, Obstetrical Practitioner Services Page 2

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

5. FEDERAL STATUTE/REGULATION CITATION  
42 CFR 440, Benefit  
42 CFR 447, Reimbursement

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  
Attachment 4.19-B #5, Obstetrical Practitioner Services Page 2

9. SUBJECT OF AMENDMENT  
The reimbursement rates for lactation counseling services will be increased.

10. GOVERNOR'S REVIEW (Check One)

<input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT	<input checked="" type="checkbox"/> OTHER, AS SPECIFIED: Christine Osterlund is the Governor's Designee
<input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED	
<input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	

11. SIGNATURE OF STATE AGENCY OFFICIAL  
[Redacted Signature]

12. TYPED NAME  
Christine Osterlund

13. TITLE Interim Medicaid Director,  
Deputy Secretary of Agency Integration and Medicaid

14. DATE SUBMITTED  
October 3, 2023

15. RETURN TO  
Christine Osterlund  
Interim Medicaid Director  
Deputy Secretary of Agency Integration and Medicaid  
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  
October 3, 2023

17. DATE APPROVED  
November 8, 2023

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL  
October 1, 2023

19. SIGNATURE OF APPROVING OFFICIAL  
[Redacted Signature]

20. TYPED NAME OF APPROVING OFFICIAL  
Todd McMillion

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

22. REMARKS

# 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 October 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.