

## **Table of Contents**

**State/Territory Name: KANSAS**

**State Plan Amendment (SPA) #: KS-24-0019**

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  
230 South Dearborn Street  
Chicago, Illinois 60604



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**Financial Management Group**

September 26, 2024

Christine Osterlund  
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: **TN 24-0019**

Dear Medicaid Director Osterlund,

The Centers for Medicare & Medicaid Services (CMS) has reviewed the proposed Kansas State Plan Amendment (SPA) to Attachment 4.19-B 24-0019, which was submitted to CMS on August 28, 2024. This plan amendment updates the Outpatient Hospital reimbursement rates.

We reviewed your SPA submission for compliance with statutory requirements including in sections 1902(a)(2), 1902(a)(13), 1902(a)(30), and 1903 as it relates to the identification of an adequate source for the non-federal share of expenditures under the plan, as required by 1902(a)(2), of the Social Security Act and the applicable implementing Federal regulations.

Based upon the information provided by the state, we have approved the amendment with an effective date of August 1, 2024. We are enclosing the approved CMS-179 and a copy of the new state plan page.

If you have any additional questions or need further assistance, please contact Ysabel Gavino via email at [maria.gavino@cms.hhs.gov](mailto:maria.gavino@cms.hhs.gov).

Sincerely,

A solid black rectangular box used to redact 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 2 4 — 0 0 1 9 2. STATE KS

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT  XIX  XXI

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

4. PROPOSED EFFECTIVE DATE  
**August 1, 2024**

5. FEDERAL STATUTE/REGULATION CITATION  
**42 CFR 447**

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)  
a. FFY 2024 \$ 98,079  
b. FFY 2025 \$ 398,107

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  
**Att. 4.19-B #1 Outpatient Hospital Services**

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)  
**Att. 4.19-B #1 Outpatient Hospital Services**

9. SUBJECT OF AMENDMENT  
**The Medicaid outpatient provider reimbursement rates will be increased.**

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:  
Christine Osterlund is the Governor's Designee

11. SIGNATURE OF STATE AGENCY OFFICIAL  
[Redacted Signature]

12. TYPED NAME  
Christine Osterlund

13. TITLE  
Medicaid Director

14. DATE SUBMITTED  
August 28, 2024

15. RETURN TO  
Christine Osterlund  
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  
August 28, 2024

17. DATE APPROVED  
September 26, 2024

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL  
August 1, 2024

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

#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.

Effective January 1, 2022, additional varicose vein treatment modalities reimbursement rates have been added to the plan.

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 August 1, 2024 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.