

## **Table of Contents**

**State/Territory Name: Kansas**

**State Plan Amendment (SPA) #: 21-0005**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 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**

March 25, 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 21-0005

Dear Ms. Fertig:

We have reviewed the proposed Kansas State Plan Amendment (SPA) to Attachment 4.19-B, KS-21-0005, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on February 24, 2021. This plan amendment establishes an Alternative Payment Methodology (APM) for tribal health facilities that agree to enroll as a Tribal Federally Qualified Health Center (Tribal FQHC).

Based upon the information provided by the State, we have approved the amendment with an effective date of January 30, 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](mailto:blake.holt@cms.hhs.gov).

Sincerely,



For  
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 21-0005

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  
January 30, 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  
Section 1902(bb)(6) of the Act

7. FEDERAL BUDGET IMPACT  
a. FFY 2021 \$0  
b. FFY 2022 \$0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Att. 4.19-B, #25, Page 1

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  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

Att. 4.19-B, #25, Page 1

10. SUBJECT OF AMENDMENT

Tribal health facilities, that agree to enroll in Kansas Medicaid as a Tribal Federally Qualified Health Center (Tribal FQHC), will be paid the published all-inclusive rate by using an alternative payment methodology (APM). The perspective payment system (PPS) for each Tribal FQHC will be monitored in order to verify that the APM is greater than the PPS for each Tribal FQHC.

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 STATE AGENCY OFFICIAL

13. TYPED NAME  
Sarah Fertig

14. TITLE  
State Medicaid Director

15. DATE SUBMITTED  
February 24, 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  
February 24, 2021

18. DATE APPROVED  
2/25/21

**PLAN APPROVED – ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL  
January 30, 2021

20. SIGNATURE OF REGIONAL OFFICIAL  
[Redacted] for

21. TYPED NAME  
Todd McMillion

22. TITLE  
Director, Division of Reimbursement Review

23. REMARKS

**KANSAS MEDICAID STATE PLAN**

Attachment 4.19 B  
#25  
Page 1

REIMBURSEMENT FOR INDIAN HEALTH SERVICE  
AND TRIBAL 638 HEALTH FACILITIES  
Methods and Standards for Payment Rates

For services provided by a qualified facility operated by the Indian Health Service or tribal governments, the applicable Office of Management and Budget (OMB) rate will be paid as published and specified in the Federal Register.

For purposes of being designated as an FQHC by Medicaid, Tribal 638 or IHS health program facilities need not meet any requirement other than being operated by a Tribe or Tribal organization under P.L. 93-638.

Encounter reimbursement of IHS and Tribal 638 Facilities

Services included in the all-inclusive rate are jointly determined by CMS and IHS. Services that are billable to Kansas Medicaid would include all professional services in the State Plan.

Reimbursement is made for an individual medical, dental, and outpatient behavioral health encounter per member per day. Reimbursement for more than one outpatient visit within a 24-hour period is made when services are provided for a distinctly different diagnosis.

Alternative Payment Methodology for Tribal Facilities Recognized as FQHCs

Effective January 30, 2021, tribal facilities that enroll in Kansas Medicaid as a Tribal Federally Qualified Health Center (Tribal FQHC) will be paid using an alternative payment methodology (APM) that is the published all-inclusive rate. Tribal facilities must agree to the APM.

The agency establishes a Prospective Payment System (PPS) methodology for the Tribal FQHCs so that the agency can determine on an annual basis that the published all-inclusive rate is higher than the PPS rate. The PPS rate is established by reference to payment to one or more other clinics in the same or adjacent areas with similar caseloads. Tribal FQHCs are not required to report their costs for the purposes of establishing a PPS rate.

Reimbursement is made for an individual medical, dental, and outpatient behavioral health encounter per member per day. Reimbursement for more than one outpatient visit within a 24-hour period is made when services are provided for a distinctly different diagnosis.