

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: SPA #10-03	2. STATE Kansas
FOR: HEALTH CARE FINANCING ADMINISTRATION		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE January 1, 2010	
5. TYPE OF PLAN MATERIAL (Check One): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION:		7. FEDERAL BUDGET IMPACT: a. FFY 2010 \$(11,419,164) b. FFY 2011 \$ 0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-B, Page 1		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):	
10. SUBJECT OF AMENDMENT: Non-Institutional Payment Reduction			
11. GOVERNOR'S REVIEW (Check One): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED Andy Allison, PhD. is the <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL Governor's Designee			
12. SIGNATURE OF STATE AGENCY OFFICIAL: <i>Barbara E. Longner</i>		16. RETURN TO: Andy Allison, PhD. Kansas Health Policy Authority Landon State Office Building 900 SW Jackson, Room 900-N Topeka, KS 66612-1220	
13. TYPED NAME: for Andy Allison, PhD.			
14. TITLE: Executive Director of the Kansas Health Policy Authority			
15. DATE SUBMITTED: March 5, 2010			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: <i>March 5, 2010</i>		18. DATE APPROVED: <i>November 23, 2010</i>	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: <i>January 1, 2010</i>		20. SIGNATURE OF REGIONAL OFFICIAL: <i>James G. Scott</i>	
21. TYPED NAME: <i>James G. Scott</i>		22. TITLE: <i>Associate Regional Administrator for Medicaid and Children's Health Operations</i>	
23. REMARKS:			

KANSAS MEDICAID STATE PLAN

Attachment 4.19-B
Page 1

Methods and Standards for Establishing Payment Rates

For services from January 1, 2010 through June 30, 2010, the net Medicaid payment will be reduced by 10%. The payment reduction is not a reduction on the current rates, but is a reduction to the final Medicaid payment amount (net reimbursement amount). Established fee amounts are the same for governmental and private providers. The payment reduction is applied to the net Medicaid paid amount after reductions for Medicare, other insurance, or any other third party liability payment.

Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers. The fee schedules and any periodic updates are published on the KMAP website at: <https://www.kmap-state-ks.us/Provider/PRICING/RefCode.asp>

Specific Services Impacted by this SPA:

Outpatient Hospital Services (Attachment 4.19-B, #1, Replacement Page and Page 1a)
Professional Fee Reimbursed Claims (Attachment 4.19-B, #5)
Prescribed Drugs (Pharmacy) (Attachment 4.19-B, #12.a., Pages 1-2)
Rural Health Clinics-Reduction will not go below the provider's PPS amount.
(Attachment 4.19-B, #2.b., Pages 1-10)
Federally Qualified Health Centers-Reduction will not go below the provider's PPS amount.
(Attachment 4.19-B, #2.c., Pages 1-11)
Dental, Dental Group Practice (Attachment 4.19-B, #10)
CRNA, Nurse Midwife, Nurse Practitioner (Attachment 4.19-B, #17)
Podiatrist, Podiatry Group Practice (Attachment 4.19-B, #6.d.)
Clinic Services (Maternity Center and Local Health Departments) (Attachment 4.19-B, #9)
Optometrist, Optometry Group Practice (Attachment 4.19-B, #6.b.)
Optician/Ocularist (Attachment 4.19-B, Page 12.d.)
Physical Therapist (Attachment 4.19-B, Page #11a)
Home Health Agencies (Attachment 4.19-B, #7)
Medical Equipment Suppliers, Orthotics, Prosthetics (Attachment 4.19-B, #12.c.)
Independent Laboratory, Radiology, Nuclear Medicine (Attachment 4.19-B, #3)
Ambulance Transportation (Attachment 4.19-B, #24.a.)
Targeted Case Management/PD (Attachment 4.19-B, #6.a.)
Targeted Case Management/FE (Attachment 4.19-B, #6.a.)
PACE (Supplement 3 to Attachment 3.1-A, Pages 6-8)

TN # 10-03 Approval Date **NOV 23 2010** Effective Date 01/01/10 Supersedes New