

## **Table of Contents**

**State/Territory Name: KS**

**State Plan Amendment (SPA) #: 0012**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
601 East 12<sup>th</sup> Street, Suite 355  
Kansas City, MO 64106



**Division of Medicaid and Children's Health Operations**

---

January 26, 2018

Jonathan Hamdorf, Interim Medicaid Director and Division Director  
Kansas Department of Health and Environment  
Division of Health Care Finance  
Landon State Office Building  
900 SW Jackson, Room 900N  
Topeka, KS 66612

Dear Mr. Hamdorf:

The Centers for Medicare & Medicaid Services (CMS), Kansas City Regional Office, has completed its review of Kansas State Plan Amendment (SPA) Transmittal Number #17-0012. This amendment, submitted December 19, 2017, corrects the State plan regarding the state's payment of Medicare Part A and B deductibles and cost-sharing on Medicare crossover claims.

Kansas SPA 17-0012 was approved on January 25, 2018, with the state's requested effective date of December 19, 2017. Enclosed is a copy of the CMS 179 form, as well as, the approved pages for incorporation into the Kansas State plan.

If you have any questions regarding this state plan amendment, please contact Barbara Cotterman, at [Barbara.Cotterman@cms.hhs.gov](mailto:Barbara.Cotterman@cms.hhs.gov) or (816) 426-5925.

Sincerely,

1/26/2018

James G. Scott  
Associate Regional Administrator  
for Medicaid and Children's Health Operations

Signed by: James G. Scott -A

Enclosures

cc:

Bobbie Graff-Hendrixson – KS KDHE  
Jason Osterhaus - KS KDHE  
Sara Rhoades – CMS

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

1. TRANSMITTAL NUMBER:  
KS 17-012

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  
12/19/17

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  
1905(p), 1902(n), 1902(a)(10), 1902(a)(30) and 1905(a) of the Act

7. FEDERAL BUDGET IMPACT  
a. FFY 2017      0  
b. FFY 2018      0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Supplement 1 to Attachment 4.19-B, Page 1  
Supplement 1 to Attachment 4.19-B, Page 2  
Supplement 1 to Attachment 4.19-B, Page 3 \*

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  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

Supplement 1 to Attachment 4.19-B, Page 1  
Supplement 1 to Attachment 4.19-B, Page 2  
Supplement 1 to Attachment 4.19-B, Page 3

10. SUBJECT OF AMENDMENT  
Medicare Cost Sharing -- technical correction

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:  
Jonathan J. Hamdorf is the  
Governor's Designee

12. SIGNATURE OF STATE AGENCY OFFICIAL

13. TYPED NAME  
Jonathan J. Hamdorf

14. TITLE  
Interim Medicaid Director, Division of Health Care Finance

15. DATE SUBMITTED  
December 19, 2017

16. RETURN TO  
Jonathan Hamdorf, Interim Medicaid and Division 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  
December 19, 2017

18. DATE APPROVED  
January 25, 2018

**PLAN APPROVED – ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL  
December 19, 2017

20. SIGNATURE OF REGIONAL OFFICIAL

21. TYPED NAME  
James G Scott

22. TITLE  
Associate Regional Administrator  
for Medicaid and Children's Health Operations

23. REMARKS

\* Pen and Ink change, per State request dated 01/09/18.

KANSAS MEDICAID STATE PLAN

Revision: HCFA-PM-91-4  
August 1991

Supplement 1 to Attachment 4.19-B  
Page 1  
OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory:       Kansas      

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES –  
OTHER TYPES OF CARE

Payment of Medicare Part A and Part B Deductible/Coinsurance

Except for a nominal recipient copayment (as specified in Attachment 4.18 of this State plan), if applicable, the Medicaid agency uses the following general method for payment:

1. Payments are limited to State plan rates and payment methodologies for the groups and payments listed below and designated with the letters "SP."

For specific Medicare services which are not otherwise covered by this State plan, the Medicaid agency uses Medicare payment rates unless a special rate or method is set out on Page 3 in item \_\_ of this attachment (See 3. Below).

2. Payments are up to the full amount of the Medicare rate for the groups and payments listed below, and designated with the letters "MR."
3. Payments are up to the amount of a special rate, or according to a special method, described on Page 3 in item \_\_ of this attachment, for those groups and payments listed below and designated with the letters "NR".
4. Any exceptions to the general methods used for a particular group or payment are specified on Page 3 in item \_\_\_\_ of this attachment (see 3. above).

**KANSAS MEDICAID STATE PLAN**

Revision: HCFA-PM-91-4 (BPD)  
August 1991

Supplement 1 to Attachment 4.19-B  
Page 2  
OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Kansas

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES –  
OTHER TYPES OF CARE

Payment of Medicare Part A and Part B Deductible/Coinsurance

---

QMBs:	Part A	<u>SP</u> Deductibles	<u>SP</u> Coinsurance
	Part B	<u>SP</u> Deductibles	<u>SP</u> Coinsurance

---

Other Medicaid Recipients	Part A	<u>SP</u> Deductibles	<u>SP</u> Coinsurance
	Part B	<u>SP</u> Deductibles	<u>SP</u> Coinsurance

---

Dual Eligible (QMB Plus)	Part A	<u>SP</u> Deductibles	<u>SP</u> Coinsurance
	Part B	<u>SP</u> Deductibles	<u>SP</u> Coinsurance

KANSAS MEDICAID STATE PLAN

Revision: HCFA-PM-91-4  
August 1991

Supplement 1 to Attachment 4.19-B  
Page 3  
OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Kansas

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES –  
OTHER TYPES OF CARE

Payment of Medicare Part A and Part B Deductible/Coinsurance

---