

## **Table of Contents**

**State/Territory Name: KS**

**State Plan Amendment (SPA) #: 19-0004**

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, Missouri 64106-2898



**Kansas City Regional Operations Group**

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May 30, 2019

Christiane Swartz  
Deputy Medicaid Director  
Kansas Department of Health and Environment  
Landon State Office Building  
900 SW Jackson, Room 900-N  
Topeka, KS 66612-1220

Dear Ms. Swartz:

On March 6, 2019, the Centers for Medicare & Medicaid Services (CMS) received Kansas' State Plan Amendment (SPA) transmittal #19-0004. This SPA is amending the Medicaid State Plan regarding Durable Medical Equipment, Prosthetics Orthotics, and Supplies (DMEPOS). This SPA sets the Medicaid fee at 65% of the Non-Rural Medicare fee schedule.

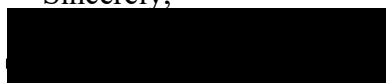
CMS reviewed the state plan for compliance with section 1902(a)(30)(A) of the Social Security Act and determined that the state's assurance that any access concerns are addressed with state-only funds, as clearly indicated in the state's responses and as clearly stated in the state plan.

SPA #19-0004 was approved May 30, 2019, with an effective date of January 1, 2019, as requested by the state. Enclosed is a copy of the CMS-179 summary form, as well as the approved pages for incorporation into the Kansas State Plan.

If you have any questions regarding this amendment, please contact Karen Hatcher or Michala Walker at (816) 426-5925.

Sincerely,

5/30/2019



James G. Scott, Director  
Division of Medicaid Field Operations - North

Signed by: James G. Scott -S

Enclosure

cc: Bobbie Graff – Hendrixson  
William Stelzner

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>	1. TRANSMITTAL NUMBER: <b>KS 19-0004</b>	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 1, 2019
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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 42 CFR §447.201	7. FEDERAL BUDGET IMPACT a. FFY 2019 (\$16,268) b. FFY 2020 \$1,915
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  Attachment 4.19B #12c	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT ( <i>If Applicable</i> )  Attachment 4.19B #12c
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10. SUBJECT OF AMENDMENT  
The Medicaid rate for Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) items covered by Medicare will be 65% of the Non-Rural Medicare Fee Schedule.

11. GOVERNOR'S REVIEW (*Check One*)

GOVERNOR'S OFFICE REPORTED NO COMMENT                       OTHER, AS SPECIFIED:  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED                      Christiane Swartz is the  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL                      Governor's Designee

12. SIGNATURE OF STATE AGENCY OFFICIAL 	16. RETURN TO Christiane Swartz, Deputy Medicaid Director KDHE, Division of Health Care Finance Landon State Office Building 900 SW Jackson, Room 900-N Topeka, KS 66612-1220
13. TYPED NAME Christiane Swartz	
14. TITLE Deputy Medicaid Director, Division of Health Care Finance	
15. DATE SUBMITTED March 6, 2019	

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED March 6, 2019	18. DATE APPROVED May 30, 2019
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**PLAN APPROVED – ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL January 1, 2019	20. SIGNATURE OF REGIONAL OFFICIAL 
21. TYPED NAME James G. Scott	22. TITLE Director Division of Medicaid Field Operations - North

23. REMARKS

## KANSAS MEDICAID STATE PLAN

Attachment 4.19B  
#12c

### Methods and Standards for Establishing Payment Rates

#### **Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS)**

(1) To satisfy the statute at 1903(i)(27) of the Social Security Act, if the item of DMEPOS is covered by Medicare, the Medicaid fee will be 65% of the Non-Rural Medicare fee schedule. State Only Funds will be used when access issues arise.

(2) For items of DMEPOS not paid at the Medicare fee, the fee will be set by the State Medicaid agency and will be determined from pricing information gathered from providers, manufacturers, surveys of the Medicaid fees for other states, survey information from national fee analyzers, or other relevant fee-related information.

(3) Manual pricing is reasonable when one procedure code covers a broad range of items with a broad range of costs, since a single fee may not be a reasonable fee for all items covered under the procedure code, resulting in access-to-care issues. Examples include 1) procedure codes with a description of “not otherwise specified,” “unclassified,” or “other miscellaneous;” and 2) procedure codes covering customized items.

(4) The Medicaid fees for oxygen equipment, oxygen, and oxygen-related supplies will be 65% of the Non-Rural Medicare fee schedule, as stated in Section (1), for the same procedure code.

(5) 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 January 1, 2019 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>.