

## **Table of Contents**

**State/Territory Name: KS**

**State Plan Amendment (SPA) #: 19-0016**

This file contains the following documents in the order listed:

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

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
601 East 12<sup>th</sup> Street, Suite 355  
Kansas City, Missouri 64106-2898



**Medicaid & CHIP Operations Group**

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November 27, 2019

Adam Proffitt, State Medicaid Director  
Kansas Department of Health and Environment  
Division of Health Care Finance  
Landon State Office Building  
900 SW Jackson, Room 900-N  
Topeka, KS 66612-1220

Dear Mr. Proffitt:

On September 25, 2019, the Centers for Medicare & Medicaid Services (CMS) received Kansas' State Plan Amendment (SPA) transmittal #19-0016. This SPA is taking five reimbursement rates for Emergency Room Faculty claims that were blended by the State into one rate. This results in a savings due to ER Facilities not being able to "upcode". The state policy change became effective April 1, 2019.

SPA #19-0016 was approved November 26, 2019, with an effective date of August 16, 2019, as requested by the state. Enclosed is a copy of the CMS-179 summary form, as well as the approved page 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,

11/27/2019

James G. Scott, Director  
Division of Program Operations

Signed by: James G. Scott -S

Enclosure

cc:  
Christiane Swartz, Deputy Medicaid Director  
Bobbie Graff-Hendrixson  
William Stelzner  
Kim Tjelmeland

|  |   |                    |
|--|---|--------------------|
| <b>TRANSMITTAL AND NOTICE OF APPROVAL OF<br/>STATE PLAN MATERIAL<br/>FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b> | 1. TRANSMITTAL NUMBER:<br><b>KS 19-0016</b>                                   | 2. STATE<br>Kansas |
|  | 3. PROGRAM IDENTIFICATION: TITLE XIX OF THE<br>SOCIAL SECURITY ACT (MEDICAID) |                    |

|   |   |
|---|---|
| TO: REGIONAL ADMINISTRATOR<br>CENTERS FOR MEDICARE & MEDICAID SERVICES<br>DEPARTMENT OF HEALTH AND HUMAN SERVICES | 4. PROPOSED EFFECTIVE DATE<br>August 16, 2019 |
|---|---|

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<br>42 CFR §447, Subpart F | 7. FEDERAL BUDGET IMPACT *<br>a. FFY 2019 (\$2,546) <del>(Savings)</del> *<br>b. FFY 2020 (\$21,105) <del>(Savings)</del> * |
|--|---|

|  |   |
|--|---|
| 8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT<br><br>Attachment 4 19-B #1, Page 1 | 9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION<br>OR ATTACHMENT ( <i>If Applicable</i> )<br><br>Attachment 4 19-B #1, Page 1 |
|--|---|

10. SUBJECT OF AMENDMENT  
The former five reimbursement rates for Emergency Room Facility claims were blended by the State into one rate. This results in a savings due to ER Facilities not being able to "upcode." The state policy change became effective on April 1, 2019.

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

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|--|---|
| <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT         | <input checked="" type="checkbox"/> OTHER, AS SPECIFIED:<br>Adam Proffitt is the<br>Governor's Designee |
| <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED        |   |
| <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL |   |

|  |   |
|--|---|
| 12. SIGNATURE OF STATE AGENCY OFFICIAL   | 16. RETURN TO<br>Adam Proffitt, State Medicaid Director<br>KDHE, Division of Health Care Finance<br>Landon State Office Building<br>900 SW Jackson, Room 900-N<br>Topeka, KS 66612-1220 |
| 13. TYPED NAME<br>Adam Proffitt          |   |
| 14. TITLE<br>State Medicaid Director     |   |
| 15. DATE SUBMITTED<br>September 25, 2019 |   |

**FOR REGIONAL OFFICE USE ONLY**

|   |  |
|---|--|
| 17. DATE RECEIVED<br>September 25, 2019 | 18. DATE APPROVED<br>November 26, 2019 |
|---|--|

**PLAN APPROVED – ONE COPY ATTACHED**

|  |   |
|--|---|
| 19. EFFECTIVE DATE OF APPROVED MATERIAL<br>August 16, 2019 | 20. SIGNATURE OF REGIONAL OFFICIAL                    |
| 21. TYPED NAME<br>James G. Scott                           | 22. TITLE<br>Director, Division of Program Operations |

23. REMARKS

\* Pen and Ink changes per state response received 10.24.19.

# 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.

Except as otherwise noted in the plan, the 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 16, 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>.