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State/Territory Name: Kansas

State Plan Amendment (SPA) #: 22-0002

This file contains the following documents in the order listed:

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

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services
601 E. 12th St., Room 355
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

April 14, 2022

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: Kansas State Plan Amendment (SPA) 22-0002


Dear Ms. Fertig:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 22-0002. This amendment proposes to add optometrist services to the prospective payment system (PPS) rates for Federally Qualified Health Centers (FQHC) and Rural Health Centers (RHC).

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations 42 CFR § 447 Subpart B. This letter is to inform you that Kansas Medicaid SPA 22-0002 was approved on April 14, 2022 with an effective date of January 1, 2022.

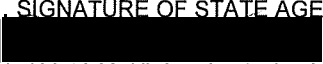

If you have any questions, please contact Michala Walker at 816-426-6503 or via email at Michala.Walker@cms.hhs.gov

Sincerely,

 Digitally signed by Ruth Hughes -S
Date: 2022.04.14 6:51:11 -05'00'

Ruth A. Hughes, Acting Director
Division of Program Operations

cc: Bobbie Graff-Hendrixson
William Stelzner

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES		1. TRANSMITTAL NUMBER -22 - 0002-	2. STATE -KS
		3. PROGRAM IDENTIFICATION: TITLE <u>XIX</u> OF THE SOCIAL SECURITY ACT	
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE January 1, 2022	
5. FEDERAL STATUTE/REGULATION CITATION 42 CFR 447 Subpart B		6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a FFY <u>2022</u> \$ <u>36,203</u> b FFY <u>2023</u> \$ <u>49,950</u>	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Att. 3.1-A #2.b. Att. 3.1-A #2.c. Att. 4.19-8 #2.b. Page 1 Att. 4.19-8 #2.c. Page 1		8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Att. 3.1-A #2.b. Att. 3.1-A #2.c. Att. 4.19-8 #2.b. Page 1 Att. 4.19-8 #2.c. Page 1	
9. SUBJECT OF AMENDMENT Add optometrist services to FQHC and RHC PPS rates.			
10. GOVERNOR'S REVIEW (Check One)			
<input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		E) OTHER, AS SPECIFIED: Sarah Fertig is the Governor's Designee	
11. SIGNATURE OF STATE AGENCY OFFICIAL 		15. 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	
12. TYPED NAME Sarah Fertig			
13. TITLE State Medicaid Director			
14. DATE SUBMITTED January 19, 2022			
FOR CMS USE ONLY			
16. DATE RECEIVED January 19, 2022		17. DATE APPROVED April 14, 2022	
PLAN APPROVED - ONE COPY ATTACHED			
18. EFFECTIVE DATE OF APPROVED MATERIAL January 1, 2022		19. SIGNATURE OF APPROVING OFFICIAL  Digitally signed by Ruth Hughes -S Date: 2022.04.14 16:51:41 -05'00'	
20. TYPED NAME OF APPROVING OFFICIAL Ruth A. Hughes		21. TITLE OF APPROVING OFFICIAL Acting Director, Division of Program Operations	
22. REMARKS			

KANSAS MEDICAID STATE PLAN

Attachment 3.1-A
#2b

3.1-A Limitation

#2b Rural Health Clinic Services

Rural Health Centers (RHC) are defined in section 1905(a)(2)(B) of the Social Security Act. RHC services include services provided by physicians, optometrists, nurse practitioners, physician assistants, nurse midwives, clinical psychologists, clinical social workers and visiting nurses and other ambulatory services included in the state plan. RHC services also include services and supplies that are furnished as incident to professional services furnished by a physician, physician assistant, nurse practitioner, or nurse midwife and, for visiting nurse care, related medical supplies other than drugs and biological. Limitations on other ambulatory services furnished in the RHC are the same limitations as defined for those services in the state plan.

KANSAS MEDICAID STATE PLAN

Attachment 3.1-A
#2.c.

Limitations of Federally Qualified Health Centers

Federally Qualified Health Centers (FQHC) are defined in section 1905(a)(2)(C) of the Social Security Act. FQHC services include services provided by physicians, optometrists, nurse practitioners, physician assistants, nurse midwives, clinical psychologists, clinical social workers and visiting nurses and other ambulatory services included in the state plan. FQHC services also include services and supplies that are furnished as incident to professional services furnished by a physician, physician assistant, nurse practitioner, or nurse midwife and, for visiting nurse care, related medical supplies other than drugs and biological. Limitations on other ambulatory services furnished in the FQHC are the same limitations as defined for those services in the state plan.

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Attachment 4.19-B
#2.b., Page 1

Methods & Standards for Establishing Payment Rates

Rural Health Clinics

Effective January 1, 2001, rural health clinics enrolled in the Kansas Medicaid Program shall be reimbursed for covered services furnished to eligible beneficiaries under a prospective payment system (PPS) in accordance with the requirements of section 702 of the Benefits Improvement and Protection Act (BIPA) of 2000. An alternative payment system that assures the amount determined under the Medicaid PPS mandated by BIPA as minimum reimbursement, will also be available to providers at their option. An RHC will be reimbursed at the greater rate between the PPS rate and the alternative methodology rate. Under both options, reimbursement for services covered by Medicare shall be made through an all-inclusive encounter rate determined by the Medicare intermediary for each qualified encounter.

When a rural health clinic furnishes “other ambulatory services”, the Kansas Medicaid Program shall reimburse the provider using the methodologies utilized in paying for same services in other settings, provided all the requirements under the state plan are met. “Other ambulatory services” are those services which do not meet the Medicare definition of rural health clinic services but are covered under the Medicaid state plan.

I. ENCOUNTER BILLING

A. Billable Visit or Encounter

A rural health clinic “visit” means a face-to-face encounter between a clinic patient and a clinic health care professional including a physician, optometrist, physician assistant (PA), advanced practice registered nurse (APRN), nurse-midwife, clinical psychologist, clinical social worker, and for Kan-Be-Healthy nursing assessments only, registered nurse. This may also include a visiting nurse provided all the conditions listed in I(D)(4) are fulfilled. Encounters with more than one certified health care professional or multiple encounters with the same health professional on the same day shall constitute a single visit.

B. More Than One Encounter on the Same Day

If the patient suffers illness or injury subsequent to the first visit on the same day, requiring additional diagnosis and treatment which are different from the first visit, the second encounter will qualify as an additional RHC visit.

Methods & Standards for Establishing Payment Rates**Federally Qualified Health Centers**

Effective January 1, 2001, federally qualified health centers enrolled in the Kansas Medicaid Program shall be reimbursed for covered services furnished to eligible beneficiaries under a prospective payment system (PPS) in accordance with the requirements of section 702 of the Benefits Improvement and Protection Act (BIPA) of 2000. An alternative payment system that assures the amount determined under the Medicaid PPS mandated by BIPA as minimum reimbursement, will also be available to providers at their option. An FQHC shall be reimbursed at the greater rate between the PPS rate and the alternative methodology rate. Under both options, reimbursement for services covered by Medicare plus dental services shall be made through an all-inclusive encounter rate determined by the agency for each qualified visit.

When a federally qualified health center furnishes “other ambulatory services” excluding dental services, the Kansas Medicaid Program shall reimburse the provider using the methodologies utilized in paying for same services in other settings, provided all requirements under the state plan are met. “Other ambulatory services” are those which do not meet the Medicare definition of federally qualified health center services but are covered under the Medicaid state plan.

I. ENCOUNTER BILLING

The federally qualified health center program under the Kansas Medicaid Program complies with scope, definitions, criteria, and basis of payment for FQHC services under Medicare set forth in 42 CFR Part 405.2411 and 405.2446 through 405.2452, and Publication 27. In addition, Medicaid covers certain preventative services.

A. Billable Visit or Encounter

A federally qualified health center “visit” means a face-to-face encounter between a center patient and a center health care professional including a physician, optometrist, physician assistant (PA), advanced practice registered nurse (APRN), nurse-midwife, dentist, dental hygienist with an “Extended Care Permit” per the Kansas Dental Practice Act, clinical psychologist, clinical social worker, and for Kan-Be-Healthy nursing assessments only, registered nurse. This may also include a visiting nurse provided all the conditions listed in I(D)(4) are fulfilled. Encounters with more than one certified health professional or multiple encounters with the same practitioner on the same day shall constitute a single visit.

B. More Than One Encounter on the Same Day

1. If the patient suffers illness or injury subsequent to the first visit on the same day, requiring additional diagnosis and treatment which are different from the first visit, the second encounter will qualify as an additional FQHC visit.
2. If the patient has a different type of visit on the same day such as a dental visit or a medical visit.