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State/Territory Name: Kansas

State Plan Amendment (SPA) KS: 22-0003

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
Center for Medicaid & CHIP Services
233 North Michigan Ave., Suite 600
Chicago, Illinois 60601



Financial Management Group

March 22, 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: TN 22-0003

Dear Ms. Fertig:

We have reviewed the proposed Kansas State Plan Amendment (SPA) to Attachment 4.19-B, KS-22-0003, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on January 19, 2022. This plan amendment adds reimbursement rates for additional modalities of varicose vein treatments to the Kansas Medicaid State Plan.

Based upon the information provided by the State, we have approved the amendment with an effective date of January 1, 2022. We are enclosing the approved CMS-179 and a copy of the new state plan pages.

If you have any additional questions or need further assistance, please contact Robert Bromwell at (410) 786-5914 or Robert.Bromwell@cms.hhs.gov.

Sincerely,

Todd McMillion
Director
Division of Reimbursement Review

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER <u>22</u> — <u>0003</u>	2. STATE <u>KS</u>
	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>24,021</u> b FFY <u>2023</u> \$ <u>31,815</u>	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Att. 4.19-B #1 Att. 4.19-B #5 Att. 4.19-B #6.d. Att. 4.19-B #9	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Att. 4.19-B #1 Att. 4.19-B #5 Att. 4.19-B #6.d. Att. 4.19-B #9	

9. SUBJECT OF AMENDMENT
Adding reimbursement rates for additional modalities of varicose vein treatments to the Kansas Medicaid State Plan.

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	<input checked="" type="checkbox"/> OTHER, AS SPECIFIED: Sarah Fertig is the Governor's Designee
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11. SIGNATURE OF STATE AGENCY OFFICIAL <hr/> 12. TYPED NAME Sarah Fertig	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
13. TITLE State Medicaid Director	
14. DATE SUBMITTED January 19, 2022	

FOR CMS USE ONLY

16. DATE RECEIVED January 19, 2022	17. DATE APPROVED March 22, 2022
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PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL January 1, 2022	19. SIGNATURE OF APPROVING OFFICIAL
20. TYPED NAME OF APPROVING OFFICIAL Todd McMillion	21. TITLE OF APPROVING OFFICIAL Director Division of Reimbursement Review

22. REMARKS

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.

Effective January 1, 2021 and thereafter, cardiac catheterization reimbursement rates are set at 80% of non-rural Medicare rates as set on January 1 of each year.

Effective April 1, 2021 and thereafter, Outpatient therapeutic phlebotomy reimbursement rates are set at 85% of non-rural Medicare rates. These rates will also change on January 1 of each year following this date as the non-rural Medicare rates change.

Effective January 1, 2022, additional varicose vein treatment modalities reimbursement rates have been added to the plan.

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, 2022 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/Provider/PRICING/RefCode.asp>

When the user is on the landing page of the above link, select the link Download Fee Schedules. This link will take the user to a page titled "Reference Copyright Notice." Scroll to the bottom of the page and click on the word "Accept" to access the fee schedule. The next page that appears is titled "KMAP Fee Schedules."

To access a fee schedule:

- a. Select the program from the drop-down list -TXIX;
- b. Choose the type of rates – Medicaid;
- c. After choosing the rate type, the user will see a list of the current and historical versions of the corresponding schedule;
- d. Click the schedule TXIX.

KANSAS MEDICAID STATE PLAN

Attachment 4.19-B
#5

Methods and Standards for Establishing Payment Rates

#5 Physician's Services

Physician's services are reimbursed on the basis of reasonable fees as related to Medicaid customary charges, except no fee is reimbursed in excess of a range maximum. The range of charges provides the base for computation of range maximums.

Payment for physician extender services are limited to a maximum of 75% of the maximum reimbursement to the billing physician.

Reimbursement for physician-referred laboratory services performed by an independent laboratory or outpatient hospital department, shall be made directly to the independent laboratory or outpatient hospital department.

Effective April 1, 2021 and thereafter, Physician therapeutic phlebotomy reimbursement rates are set at 85% of non-rural Medicare rates. These rates will also change on January 1 of each year following this date as the non-rural Medicare rates change.

Effective January 1, 2022, additional varicose vein treatment modalities reimbursement rates have been added to the plan.

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, 2022 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/Provider/PRICING/RefCode.asp>

When the user is on the landing page of the above link, select the link Download Fee Schedules. This link will take the user to a page titled "Reference Copyright Notice." Scroll to the bottom of the page and click on the word "Accept" to access the fee schedule. The next page that appears is titled "KMAP Fee Schedules."

To access a fee schedule:

- a. Select the program from the drop-down list -TXIX;
- b. Choose the type of rates – Medicaid;
- c. After choosing the rate type, the user will see a list of the current and historical versions of the corresponding schedule;
- d. Click the schedule TXIX.

KANSAS MEDICAID STATE PLAN

Attachment 4.19-B
#6.d.

Other Practitioner's Services Methods and Standards for Establishing Payment Rates

Reimbursement for services are based upon a Medicaid fee schedule established by the State of Kansas.

Effective January 1, 2022, additional varicose vein treatment modalities reimbursement rates have been added to the plan.

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, 2022 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/Provider/PRICING/RefCode.asp>

When the user is on the landing page of the above link, select the link Download Fee Schedules. This link will take the user to a page titled "Reference Copyright Notice." Scroll to the bottom of the page and click on the word "Accept" to access the fee schedule. The next page that appears is titled "KMAP Fee Schedules."

To access a fee schedule:

- a. Select the program from the drop-down list -TXIX;
- b. Choose the type of rates – Medicaid;
- c. After choosing the rate type, the user will see a list of the current and historical versions of the corresponding schedule;
- d. Click the schedule TXIX.

KANSAS MEDICAID STATE PLAN

Attachment 4.19-B
#9

Methods and Standards for Establishing Payment Rates

Clinical Services

Day Treatment Programs

Adult day health services are reimbursed on the basis of a negotiated rate.

Ambulatory Surgical Centers

Ambulatory surgical centers are reimbursed on the basis of a rate determined by Medicaid customary charges. Payments may not exceed reasonable fees as related to customary charges, whichever is less.

Effective January 1, 2021 and thereafter, cardiac catheterization services will be reimbursed as described on Att. 4.19-B, #1.

Effective January 1, 2022, additional varicose vein treatment modalities will be reimbursed as described on Att. 4.19-B, #1.

Local Health Departments

Local health departments are reimbursed on the basis of reasonable fees as related to customary charges within range maximums.