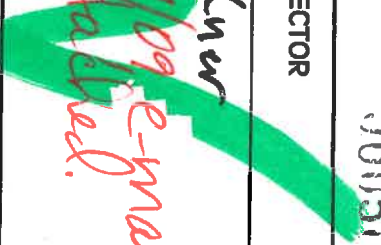


DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO	DATE
Wells	3-17-09

DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER	000508	<input type="checkbox"/> Prepare reply for the Director's signature	DATE DUE _____
2. DATE SIGNED BY DIRECTOR	<u>cc: Ms. Forlun</u> <u>Cleaved 3/17/09 e-mail</u> <u>no paper attached.</u> 	<input checked="" type="checkbox"/> Prepare reply for appropriate signature	DATE DUE <u>3-26-09</u>
		<input type="checkbox"/> FOIA	DATE DUE _____
		<input type="checkbox"/> Necessary Action	

APPROVALS (Only when prepared for director's signature)	APPROVE	* DISAPPROVE (Note reason for disapproval and return to preparer.)	COMMENT
1.			
2.			
3.			
4.			

Elizabeth Hutto - South Carolina State Plan Sections for Kansas

From: "Smith, Ron [KHPA]" <Ron.Smith@khp.ks.gov>
To: <Huttoe@SCDHHS.gov>
Date: 3/17/2009 1:59 PM
Subject: South Carolina State Plan Sections for Kansas
Attachments: Kansas Medicaid St Plan 4.19-B wSupplemental 1.pdf

I would like to obtain a copy of supplemental 1 to Attachment 4.19-B for South Carolina's State Plan and any other pages that discuss "Payment for Medicare Part A and Part B Deductible/Coinsurance" and "Methods and Standards for Establishing Payment Rates-Other Types of Care."

We are looking into updating the information in the Kansas Medicaid State Plan for these pages. Please see the attached. If you can send the pages via email, it would be great, but a fax to the number below will work fine too. Thanks, Ron

Ron Smith, Medicaid Reimbursement
Kansas Health Policy Authority
Ron.Smith@KHPA.KS.gov
785-296-4574
<http://www.khp.ks.gov/>

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RECEIVED

MAR 17 2009

Department of Health & Human Services
OFFICE OF THE DIRECTOR

KANSAS MEDICAID STATE PLAN

Revision: HCFA-PM-91-4
August 1991

(BPD)

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 1 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 "NR."
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
August 1991

(BPD)

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

TN#MS-92-30 Approval Date JAN 25 1993 Effective Date OCT 01 1992
Supersedes TN#MS-91-41

KANSAS MEDICAID STATE PLAN

Revision: HCFA-FM-91-4
August 1991

(BPD)

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

-
1. For QMB-only individuals, payments are limited to State plan rates and payment methodologies.

JAN 25 1992
TIN#MS-92-30 Approval Date JAN 25 1992 Effective Date OCT 01 1992 Supersedes TIN#MS-91-41

Elizabeth Hutto - Re: South Carolina State Plan Sections for Kansas

dog. 508
Cleared on 3/17/09

From: Elizabeth Hutto
To: Ron [KHPA] Smith
Date: 3/17/2009 3:16 PM
Subject: Re: South Carolina State Plan Sections for Kansas
CC: Jeff Saxon
Attachments: SC05-012-Supplement1toAtt4.19-B dated Revised 5-12-06.doc

Attached is Supplemental 1 to Attachment 4.19-B for South Carolina's State Plan. We are also reviewing this section to see if we need to make changes.

We have a pending SPA being reviewed nursing facilities for in Attachment 4.19-D that also regards some changes in the co-insurance for QMBs. If it is approved and you are interested in receiving it, I will be happy to send it once it has been approved.

Elizabeth F. Hutto
Finance and Administration
SC Department of Health and Human Services
PO Box 8206
Columbia, SC 29202-8206
(803) 898-2503
Fax (803) 255-8235
Huttoe@scdhhs.gov

>>> "Smith, Ron [KHPA]" <Ron.Smith@khpas.gov> 3/17/2009 1:58 PM >>>
I would like to obtain a copy of supplemental 1 to Attachment 4.19-B for South Carolina's State Plan and any other pages that discuss "Payment for Medicare Part A and Part B Deductible/Coinsurance" and "Methods and Standards for Establishing Payment Rates-Other Types of Care."

We are looking into updating the information in the Kansas Medicaid State Plan for these pages. Please see the attached. If you can send the pages via email, it would be great, but a fax to the number below will work fine too. Thanks, Ron

Ron Smith, Medicaid Reimbursement
Kansas Health Policy Authority
Ron.Smith@KHPA.KS.gov
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Revision: HCFA-PM-91-4 (BPD)
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: South Carolina

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

Payment of Medicare Part A, Part B and Part C 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 C 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 items A, C and D 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).

TN No. SC 05-012

Supersedes

TN No. MA 03-009

Approval Date 06/28/06

Effective Date 11/01/05
HCFA ID: 7982E

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: South Carolina

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

Payment of Medicare Part A, Part B and Part C Deductible/Coinsurance

OMBs:	Part A <u>NR</u>	Deductibles	<u>NR</u>	Coinsurance
	Part B <u>SP*</u>	Deductibles	<u>SP*</u>	Coinsurance
	Part C <u>SP**</u>	Deductibles	<u>SP**</u>	Coinsurance
<hr/>				
Other Medicaid Recipients	Part A <u>NR</u>	Deductibles	<u>NR</u>	Coinsurance
	Part B <u>SP*</u>	Deductibles	<u>SP*</u>	Coinsurance
	Part C <u>SP**</u>	Deductibles	<u>SP**</u>	Coinsurance
<hr/>				
Dual Eligible (OMB Plus)	Part A <u>NR</u>	Deductibles	<u>NR</u>	Coinsurance
	Part B <u>SP*</u>	Deductibles	<u>SP*</u>	Coinsurance
	Part C <u>SP**</u>	Deductibles	<u>SP**</u>	Coinsurance

* See exception to Medicare Part B coinsurance and deductible amounts for outpatient hospital services as described on Page 3, item B.

** See exception to Medicare Part C coinsurance and deductible amounts for inpatient and outpatient hospital services as described on Page 3, item C.

TN No. <u>SC 05-012</u>	Approval Date <u>06/28/06</u>	Effective Date <u>11/01/05</u>
Supersedes		
TN No. <u>MA 03-009</u>		HCFA ID: <u>7982E</u>

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: South Carolina

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

Payment of Medicare Part A, Part B and Part C Deductible/Coinsurance

A. Effective for dates of service beginning April 1, 2003, payment for Medicare Part A coinsurance and deductibles will be reimbursed as follows for inpatient hospital services:

The Medicaid payment will amount to the Medicaid claim payment less the amount paid by Medicare not to exceed the sum of the Medicare coinsurance and deductible. The Medicaid claim payment amount will be calculated in accordance with Attachment 4.19-A of the South Carolina State Plan.

B. For all other Medicare Part A covered services (other than nursing facilities), the Medicaid payment will be limited to state plan rates. Effective for dates of service beginning April 1, 2003, payment for Medicare Part B coinsurance and deductibles will be reimbursed as follows for outpatient hospital services:

The Medicaid payment will amount to the Medicaid claim payment less the amount paid by Medicare not to exceed the sum of the Medicare coinsurance and deductible.

For all other Medicare Part B covered services, the Medicaid payment will be limited to state plan rates.

C. Effective with payment dates beginning November 1, 2005, payment for Medicare Part C coinsurance and deductibles for inpatient and outpatient hospital services will be reimbursed as follows:

The Medicaid payment will amount to the Medicaid claim payment less the amount paid by Medicare not to exceed the sum of the Medicare coinsurance and deductible (and/or co-payments and deductibles).

For all other Medicare Part C covered services, the Medicaid payment will be limited to the state plan rates.

D. Payment for services not covered by the Medicaid State Plan will be paid at 75% of the Medicare rate for QMB recipients. There will be no payment for non-covered services for non QMBs.

E. See section 4.19-D of the Medicaid State Plan for the limitation on nursing home coinsurance payments.

TN No. SC 05-012

Supersedes Approval Date 06/28/06 Effective Date 11/01/05
TN No. MA 03-009 HCFA ID: 7982