

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Wells'</i>	DATE <i>3-17-09</i>
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<b>DIRECTOR'S USE ONLY</b>		<b>ACTION REQUESTED</b>	
1. LOG NUMBER <i>100508</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>3-26-09</i>	<input type="checkbox"/> Necessary Action DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>cc: Ms. Forlyur</i> <i>Closed 3/17/09 e-mail</i> <i>response attached.</i>			

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

Elizabeth Hutto - South Carolina State Plan Sections for Kansas

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**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

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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  
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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).

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

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

OMBs:	Part A		Part B		Coinsurance
	SP	Deductibles	SP	Deductibles	
Other Medicaid Recipients	Part A	SP	Deductibles	SP	Coinsurance
Dual Eligible (QMB Plus)	Part A	SP	Deductibles	SP	Coinsurance
	Part B	SP	Deductibles	SP	Coinsurance

TN#MS-92-30 Approval Date JAN 25 1993 Effective Date OCT 01 1992  
Supersedes TN#MS-91-411

KANSAS MEDICAID STATE PLAN

Revision: HCFA-PW-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.

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

*809. 508*  
*Cleaudon 3/17/09*

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

**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.

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Huttoe@scdhs.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  
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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 Approval Date 06/28/06 Effective Date 11/01/05  
Supersedes \_\_\_\_\_ HCFA ID: 7982E  
TN No. MA 03-009

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	NR	Deductibles	NR	Coinsurance
	Part B	SP*	Deductibles	SP*	Coinsurance
	Part C	SP**	Deductibles	SP**	Coinsurance
Other Medicaid Recipients	Part A	NR	Deductibles	NR	Coinsurance
	Part B	SP*	Deductibles	SP*	Coinsurance
	Part C	SP**	Deductibles	SP**	Coinsurance
Dual Eligible (OMB Plus)	Part A	NR	Deductibles	NR	Coinsurance
	Part B	SP*	Deductibles	SP*	Coinsurance
	Part C	SP**	Deductibles	SP**	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. SC 05-012  
Supersedes TN No. MA 03-009

Approval Date 06/28/06

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

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