Kansas Administrative Regulations

Kansas Department for Children and Families

Article 5.—Provider Participation, Scope of Services, and Reimbursements for the Medicaid (Medical Assistance) Program

30-5-76. Scope of coverage and reimbursement for services for qualified medicare beneficiaries.

The scope of coverage for QMBs shall be the reimbursement of medicare premiums and coinsurance under part A and part B of medicare, for covered and noncovered medicaid/medikan services. The reimbursement rates shall be based upon the methodologies specified in this article, and the combination of medicare and medicaid payments shall not exceed payments at the current medicaid/medikan reimbursement rates. If the medicare payment exceeds the payment at the current medicaid/medikan reimbursement rate, no further payment shall be made. Reimbursement rates for services not otherwise covered by medicaid/medikan shall not exceed 80 percent of the current medicare allowable reimbursement rates or shall be determined by the secretary. This regulation shall be effective on and after January 1, 2002. (Authorized by and implementing K.S.A. 39-708c; effective July 1, 1989; amended Jan. 1, 2002.)