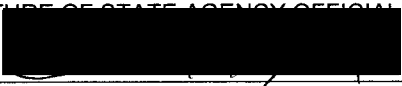
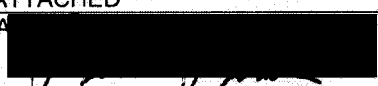


| | | | |
|---|--|---|-------------------------------|
| TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES | | 1. TRANSMITTAL NUMBER: 09-022 | 2. STATE: TEXAS |
| | | 3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID) | |
| TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES | | 4. PROPOSED EFFECTIVE DATE: July 1, 2009 | |
| | | 5. TYPE OF PLAN MATERIAL (<i>Circle One</i>): <input type="checkbox"/> COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (<i>Separate Transmittal for each amendment</i>) <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT | |
| 6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 440.50(a); §1905(a)(5)(A) of Social Security Act, relating to Physician Services | | 7. FEDERAL BUDGET IMPACT: SEE ATTACHMENT a. FFY 2009 \$ 753,949 b. FFY 2010 \$3,271,925 c. FFY 2011 \$3,035,863 | |
| 8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: SEE ATTACHMENT TO BLOCKS 8 AND 9 | | 9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): SEE ATTACHMENT TO BLOCKS 8 AND 9 | |
| 10. SUBJECT OF AMENDMENT: The proposed amendment updates the Physician's Fee Schedule. | | | |
| 11. GOVERNOR'S REVIEW (<i>Check One</i>): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED Sent to Governor's Office this date. Comments, if any, will be forwarded upon receipt. <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL | | | |
| 12. SIGNATURE OF STATE AGENCY OFFICIAL:  | | 16. RETURN TO: Chris Traylor State Medicaid Director Post Office Box 85200 Austin, Texas 78708 | |
| 13. TYPED NAME: Chris Traylor | | | |
| 14. TITLE: State Medicaid Director | | | |
| 15. DATE SUBMITTED September 25, 2009 | | | |
| FOR REGIONAL OFFICE USE ONLY | | | |
| 17. DATE RECEIVED: 25 September, 2009 | | 18. DATE APPROVED: 20 October, 2009 | |
| PLAN APPROVED – ONE COPY ATTACHED | | | |
| 19. EFFECTIVE DATE OF APPROVED MATERIAL: 1 July, 2009 | | 20. SIGNATURE:  | |
| 21. TYPED NAME: Bill Brooks | | 22. TITLE: Associate Regional Administrator Div of Medicaid & Children's Health | |
| 23. REMARKS: | | | |

- (E) \$23.220 - Effective September 1, 2007 for obstetrical anesthesia services to clients under 21 years of age. Implemented with respect to recipients under age 21 pursuant to the order of the court in *Frew v. Hawkins*, Civil Action #3:93/CV65 (Eastern District – Paris Division) on April 27, 2007 (Corrective Action Order: Adequate Supply of Healthcare Providers).
- (F) \$19.580 - Effective September 1, 2007 for obstetrical anesthesia services to clients 21 years of age and older.
- (d) Access-based fees (ABFs) are developed to account for deficiencies in RBFs relating to adequacy of access to health care services for Medicaid clients and are based upon: (1) historical charges; (2) current total Medicare fee (i.e., RVU times Conversion Factor) for the individual service; (3) review of Medicaid fees paid by other states; (4) survey of providers' costs to provide the individual service; (5) Medicaid fees for similar services; and/or (6) some combination or percentage thereof.
- (e) General guidelines used when updating Medicaid fees for services provided by physicians and certain other practitioners, include, but not limited to the following: updating the Medicaid relative value units (RVUs) to those currently in effect for Medicare and multiplying the updated RVUs by the current Medicaid conversion factor to result in an updated resource-based fee (RBF); increasing the Medicaid conversion factor to increase RBFs for which no RVU update is required in order to increase access to services; changing an existing RBF to an access-based fee (ABF) when the RBF methodology does not provide sufficient access to care; and changing an existing ABF to a RBF as appropriate.
- (f) When a procedure code is nationally discontinued, a replacement procedure code is nationally assigned for the discontinued procedure code, and Medicaid implements the replacement procedure code, a state plan amendment will not be submitted since the fee for the service has not changed.
- (g) All fee schedules are available through the agency's website, as outlined on Attachment 4.19-B, page 1.
- (h) The agency's fee schedule was revised with new fees for physicians effective July 1, 2009, and is effective for services provided on or after that date. This fee schedule was posted on the agency's website on July 10, 2009.

SUPERSEDES: TN 09-08

| | | |
|------------|-----------------|---|
| STATE | <u>Texas</u> | A |
| DATE REC'D | <u>9-25-09</u> | |
| DATE APP'D | <u>10-20-09</u> | |
| DATE EFF | <u>7-1-09</u> | |
| HCFA 179 | <u>09-22</u> | |

TN No. 09-22

Approval Date 10-20-09

Effective Date 7-1-09

Supersedes TN No. 09-08

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
1301 Young Street, Room 833
Dallas, Texas 75202



Division of Medicaid & Children's Health, Region VI

October 20, 2009

Our Reference: SPA TX 09-022

Mr. Chris Traylor
Associate Commissioner for Medicaid & CHIP
Health and Human Services Commission
Post Office Box 13247
Mail Code: H100
Austin, Texas 78711

Dear Mr. Traylor:

We have reviewed the State's proposed amendment to the Texas State Plan submitted under Transmittal Number 09-022. The purpose of this plan amendment is to update the fee schedules for physician services in the Texas Medicaid State Plan.

Based on the information submitted, we have approved the amendment for incorporation into the official Texas State Plan with an effective date change of July 1, 2009. A copy of the CMS-179 and approved plan pages are enclosed with this letter.

If you have any questions, please contact Ford J. Blunt at (214) 767-6381.

Sincerely,

A solid black rectangular box used to redact the signature of Bill Brooks.

Bill Brooks
Associate Regional Administrator

Enclosure

cc: Tamela Griffin, Policy Development Support

Marks, Marsha L. (CMS/SC)

From: Marks, Marsha L. (CMS/SC)
Sent: Tuesday, October 27, 2009 12:46 PM
To: CMS CMSO_508_SPA
Cc: 'TexasStateMedicaid_Director@hhsc.state.tx.us'; Blunt, Ford J. (CMS/SC); Prisby, Karen L. (CMS/CMCHO)
Subject: Approval Pkg for TX 90-22
Attachments: TX0922APPROVAL.doc; Final Approval Pkg (TX 09-22).pdf

See Attached.

State: Texas

Brief Description: The amendment updates the fee schedules for physician services in the state plan. The fee schedule is posted on the agency website. The payment is uniform with governmental and private providers.

Approval Date: 20 October, 2009

Effective Date: 1 July, 2009

Marsha Marks // Dept of Health & Human Services // Centers for Medicare & Medicaid Services // Dallas Regional Office // Division of Medicaid & Children's Health // Dallas Texas 75202 // 214-767-6280 // Fax 214-767-0322 // marsha.marks@cms.hhs.gov