

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

February 17, 2011

Our Reference: SPA TX 10-063

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

Dear Mr. Millwee:

We have reviewed the State's proposed amendment to the Texas State Plan submitted under Transmittal Number 10-063, dated December 7, 2010. This state plan amendment adds Texas A & M Health Science Center to the list of approved state entities that are eligible to receive supplemental payments for physician services.

Additionally, please note that when the State submits a State Plan Amendment (SPA) that may impact Indians or Indian health providers, CMS will look for evidence of the State's Tribal consultation process for that SPA. Pursuant to the new section 1902(a) (73) of the Act added by section 5006(e) of the American Recovery and Reinvestment Act (ARRA) of 2009, the State must submit evidence to CMS regarding the solicitation of advice prior to submission of the State Plan Amendment. Such consultation must include all federally-recognized tribes, Indian Health Service and Urban Indian Organizations within the State.

Based on the information submitted, we have approved the amendment for incorporation into the official Texas State Plan with an effective date of October 2, 2010. A copy of the CMS-179 and the approved plan pages are enclosed with this letter.

If you have any questions, please contact Scott Harper at (214) 767-6564.

Sincerely,

/s/

Bill Brooks
Associate Regional Administrator

Enclosures

Cc: Emily Zalkovsky, Policy Development Support

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES		1. TRANSMITTAL NUMBER: <div style="text-align: center;">10-063</div>	2. STATE: <div style="text-align: center;">TEXAS</div>
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE AND MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
		4. PROPOSED EFFECTIVE DATE: <div style="text-align: center;">October 2, 2010</div>	
5. TYPE OF PLAN MATERIAL (Circle One): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR §447.204 and 42 CFR §447.321		7. FEDERAL BUDGET IMPACT: SEE ATTACHMENT a. FFY 2011 \$ 705,111 b. FFY 2012 \$ 642,408 c. FFY 2013 \$ 642,408	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: SEE ATTACHMENT TO BLOCKS 8 & 9		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): SEE ATTACHMENT TO BLOCKS 8 & 9	
10. SUBJECT OF AMENDMENT: The purpose of this amendment is to update the state plan to add Texas A&M Health Science Center to the list of approved state entities that are eligible to receive supplemental payments for physician services.			
11. GOVERNOR'S REVIEW (Check One): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: Sent to Governor's Office this date. Comments, if any, will be forwarded upon receipt. <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL: <div style="border: 1px solid black; height: 40px; width: 100%;"></div>		16. RETURN TO: Billy R. Millwee State Medicaid Director Post Office Box 13247, MC: H-100 Austin, Texas 78711	
13. TYPED NAME: Billy R. Millwee			
14. TITLE: State Medicaid Director			
15. DATE SUBMITTED: December 7, 2010			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: 7 December, 2010		18. DATE APPROVED: 17 February, 2011	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 2 October, 2010		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: Bill Brooks		22. TITLE: Associate Regional Administrator Division of Medicaid & Children's Health	
23. REMARKS: <div style="height: 40px;"></div>			

- (A) Employed by an eligible physician group practice that is state-owned or -operated. Physicians under contract with such a physician group practice are not included in supplemental payment calculations.

Eligible state-owned or -operated physician group practices consist of those affiliated with:

University of Texas–Southwestern
University of Texas–San Antonio
University of Texas–Tyler
University of Texas–Houston
University of Texas Medical Branch–Galveston
University of Texas–MD Anderson Cancer Center
University of North Texas
Texas Tech University–Amarillo
Texas Tech University–El Paso
Texas Tech University–Lubbock
Texas Tech University–Odessa
Texas A&M Health Science Center

- (B) Employed by a governmental hospital; or
- (C) Employed by or under contract with a physician group practice organized by, under the control of, or under contract with a governmental hospital.

SUPERSEDES: TN- 09-31

STATE <u>Texas</u>	A
DATE REC'D <u>12-7-10</u>	
DATE APPV'D <u>2-17-11</u>	
DATE EFF <u>10-2-10</u>	
HCFA 179 <u>10-63</u>	

TN 10-63 Approval Date 2-17-11 Effective Date 10-2-10

Supersedes TN 09-31