

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

March 24, 2011

Our Reference: SPA TX 10-77

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 10-77, dated December 29, 2010. This state plan amendment reduces the reimbursement rates by one percent for Medicaid providers of case management services for high risk pregnant women.

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 change of February 1, 2011. A copy of the CMS-179 and the approved plan pages are enclosed with this letter.

CMS is approving this state plan amendment; however, due to concerns regarding potential problems with access to care, CMS will continue to inquire about the results of the State's planned efforts to monitor access to care to help determine whether it has been negatively affected by this rate reduction or due to the State's rate reductions. If you have any questions, please contact Cheryl Rupley at (214) 767-6278.

Sincerely,
/s/
Bill Brooks
Associate Regional Administrator

Enclosures

cc: Emily Zalkovsky, Policy Development Support



Division of Medicaid & Children's Health, Region VI

March 24, 2011

Our Reference: SPA TX 10-077

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:

This letter is being sent as a companion to our approval of Texas State Plan Amendment (SPA) 10-077 which implements a one percent reimbursement reduction for Medicaid providers of case management services for high risk pregnant women.

CMS reviewed the submitted reimbursement pages and the corresponding coverage pages for this service. In reviewing the state plan pages, CMS found a companion page issue in Supplement 1 to Attachment 3.1A, page 1 D and Supplement 1 to Attachment 3.1B, page 1D. Please revise the state plan pages to include the following information:

Supplement 1 to Attachment 3.1-A Page 1D and Supplement 1 to Attachment 3.1-B Page 1D

1. Per 42 CFR 441.18(a)(4), please add the following language regarding non-duplication of payment to both the 3.1-A and the 3.1-B pages:

Payment (42 CFR 441.18(a) (4)):

Payment for case management or targeted case management services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.

2. Per 42 CFR 441.18(a)(7), please add the following language regarding case records to both the 3.1-A and the 3.1-B pages:

Case Records (42 CFR 441.18(a) (7)):

Providers maintain case records providers to maintain case records that document for all individuals receiving case management as follows: (I) The name of the individual; (ii) The dates of the case management services; (iii) The name of the provider agency (if relevant) and the person providing the case management service; (iv) The nature, content, units of the case management services received and whether goals specified in the care plan have been achieved; (v) Whether the

individual has declined services in the care plan; (vi) The need for, and occurrences of, coordination with other case managers; (vii) A timeline for obtaining needed services, and (viii) A timeline for reevaluation of the plan.


Please respond to this letter within 90 days of its receipt to address the issues described above. Within that period, the State may submit SPAs to resolve these issues or submit a corrective action plan describing in detail how the State will resolve the issues identified above in a timely manner. Failure to respond will result in the initiation of a formal compliance process. During the 90 days, CMS will provide any required technical assistance. If you have any questions, please contact Cheryl Rupley at (214) 767-6278 or cheryl.rupley@cms.hhs.gov.

Sincerely,

/s/

Bill Brooks
Associate Regional Administrator

Cc: Emily Zalkovsky, Policy Development Support

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES		1. TRANSMITTAL NUMBER: 10-077	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: February 1, 2011	
5. TYPE OF PLAN MATERIAL (Circle One): <input type="checkbox"/> COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment) <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT			
6. FEDERAL STATUTE/REGULATION CITATION: Section 1905(a)(19) and Section 1915(g) of the Social Security Act, relating to optional targeted case management services		7. FEDERAL BUDGET IMPACT: SEE ATTACHMENT a. FFY 2011 \$(4,743) b. FFY 2012 \$(6,298) c. FFY 2013 \$(6,358)	
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 proposed amendment implements a one percent reimbursement reduction paid to Medicaid providers of case management services for high-risk pregnant women.			
11. GOVERNOR'S REVIEW (Check One): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: Sent to Governor's Office this date. Comments, if any, will be forwarded upon receipt.			
12. SIGNATURE OF STATE AGENCY OFFICIAL: 13. TYPED NAME: Billy R. Millwee 14. TITLE: State Medicaid Director 15. DATE SUBMITTED December 27, 2010		16. RETURN TO: Billy R. Millwee State Medicaid Director Post Office Box 13247 MC:H-100 Austin, Texas 78711	
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: 29 December, 2010		18. DATE APPROVED: 24 March, 2011	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 1 February, 2011		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: Bill Brooks		22. TITLE: Associate Regional Administrator Division of Medicaid & Children's Health	
23. REMARKS:			

38. Case Management for High-Risk Pregnant Women Age 21 and Older

- (a) Providers of Case Management Services for Pregnant Women age 21 and older are reimbursed the lesser of the provider's billed charges or fees determined by the Texas Health and Human Services Commission (HHSC) for three types of encounters, including comprehensive assessment visits, follow-up face-to-face visits, and follow-up telephone consultations. The fees are market based rates determined using an analysis of relevant cost or fee surveys for similar services available to HHSC.
- (b) All fee schedules are available through the agency's website as outlined on Attachment 4.19-B, Page 1.
- (c) The agency's fee schedule was revised with new fees for case management for pregnant women effective February 1, 2011, and this fee schedule was posted on the agency's website on April 8, 2011.
- (d) The reimbursement for services effective September 1, 2010 through January 31, 2011, will be equal to the reimbursement on August 31, 2010, less one percent.
- (e) The reimbursement for services effective February 1, 2011 will be equal to the reimbursement on August 31, 2010, less two percent.

SUPERSEDES: TN- 10-32

STATE <u>Texas</u>	A
DATE REC'D <u>12-29-10</u>	
DATE APPV'D <u>3-24-11</u>	
DATE EFF <u>2-1-11</u>	
HCFA 179 <u>10-77</u>	

TN 10-77

Approval Date 3-24-11

Effective Date 2-1-11

Supersedes TN 10-32