

Division of Medicaid & Children's Health, Region VI

March 14, 2011

Our Reference: SPA TX 11-08

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 11-08, dated February 17, 2011. This state plan amendment updates the fee schedule rate for physicians and other practitioners.

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

If you have any questions, please contact Cheryl Rupley at (214) 767-6278.

Sincerely,

Bill Brooks Associate Regional Administrator

Enclosures cc: Emily Zalkovsky, Policy Development Support

		FORM APPROVED OMB NO. 0938-0193		
CENTER FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER:	2. STATE:		
TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	10-076	TEXAS		
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	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):				
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AME	CONSIDERED AS NEW PLAN			
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT: S			
	551/00//			
42 CFR §440.170(a)	a. FFY 2011 b. FFY 2012	(\$561,371)		
42 CFR §431.53 Section 1905(a)(28) of the Social Security Act	c. FFY 2013	(\$780,955) (\$807,195)		
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPER			
b. PAGE NOMBER OF THE PEAK SECTION ON ATTACHMENT.	OR ATTACHMENT (If Applicable)			
SEE ATTACHMENT TO BLOCKS 8 & 9	SEE ATTACHMENT TO BLOCKS 8	& 9		
10. SUBJECT OF AMENDMENT:				
The proposed amendment implements a one percent payment	reduction for reimbursements paid to a	mbulance providers.		
11. GOVERNOR'S REVIEW (Check One):				
GOVERNOR'S OFFICE REPORTED NO COMMENT	OTHER, AS SPECIFIED:			
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED	Sent to Governor's Office this date.	Comments, if any, will be		
NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	forwarded upon receipt.			
12. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO:			
	Office D. Millions			
	Billy R. Miliwee State Medicald Director			
	Post Office Box 85200			
Billy R. Miliwee	Austin, Texas 78708			
14. TITLE:				
State Medicaid Director				
15. DATE SUBMITTED:				
December 27, 2010				
FOR REGIONAL OFFICE USE ONLY				
17. DATE RECEIVED: 28 December, 2010	18. DATE APPROVED: 11 March,	2011		
	DNE COPY ATTACHED	- VII		
19. EFFECTIVE DATE OF APPROVED MATERIAL: 1 February, 2011	20. SIGNATURE OF REGIONAR OFFIC	IAL:		
21. TYPED NAME: Bill Brooks	22. TITLE: Kssociate Regional Ad Division of Medicaid &	lministrator & Children's Health		
23. REMARKS:	<u> </u>			

State of Texas Attachment 4.19-B Page 1b

2. Ambulance Services

- (a) Ground and air ambulance services are reimbursed based on the lesser of the provider's billed charges or fees established by the Texas Health and Human Services Commission (HHSC). Fees established by HHSC are based on a review of the Medicare fee schedule and/or an analysis of other data available to HHSC such as relevant fee schedules.
- (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 providers of ambulance services effective February 1, 2011, and this fee schedule was posted on the agency's website on April 8, 2011.

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.

The reimbursement for services effective February 1, 2011 will be equal to the reimbursement on August 31, 2010, less two percent.

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STATE Texas	
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SUPERSEDES: TN- 10-31

Approval Date <u>3-11-11</u>

Effective Date 2-1-11

Supersedes TN 10-31

TN 10.76