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

June 23, 2011

Our Reference: SPA TX 11-12

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 11-12, dated March 31, 2011. This state plan amendment updates the fee schedule rate for physician services and certain other practitioners.

Based on the information submitted, we have approved the amendment for incorporation into the official Texas State Plan with an effective date change of March 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,

/s/

Bill Brooks Associate Regional Administrator

Enclosures

cc: Emily Zalkovsky, Policy Development Support

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER:	2. STATE:
	44.040	TEXAS
	11-012	
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE:	
CENTERS FOR MEDICARE & MEDICAID SERVICES	March 1 2011	
DEPARTMENT OF HEALTH AND HUMAN SERVICES  5. TYPE OF PLAN MATERIAL (Circle One):	March 1, 2011	
3. THE OF TEATHER (UNION ONLY).		
☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☐ AMENDMENT		
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)		
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT: SEE ATTACHMENT	
42 CFR 440.50(a); §1905(a)(5)(A) of Social Security Act, relating	a. FFY <b>2011</b> \$	(669,498)
to Physician Services; 42 CFR 440.60(a); §1905(a)(6)(A) of Social		,111,792)
Security Act, relating to Other Licensed Practitioners.	c. FFY <b>2013</b> \$(1	,198,316)
A DAGE WHITE OF THE BLAN OF THOUGH ATTACHMENT.	9. PAGE NUMBER OF THE SUPERS	EDED DI ANI SECTIONI
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	OR ATTACHMENT (If Applicable):	EDED PLAIN SECTION
SEE ATTACHMENT TO BLOCKS 8 & 9	SEE ATTACHMENT TO BLOCKS 8 & 9	
10. SUBJECT OF AMENDMENT:		
The proposed amendment is an update to the fee schedule for physicians and certain other practitioners.		
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	
NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL be forwarded upon receipt.		
12. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO:	
,	DW - D - 4411	
	Billy R. Millwee State Medicaid Director Post Office Box 13247, MC: H-100	
	Austin, Texas 78711	
14. TITLE:		
State Medicaid Director		
15. DATE SUBMITTED		
March 31, 2011		
FOR REGIONAL OF		
17. DATE RECEIVED: 31 March, 2011	18. DATE APPROVED:	하는 그 바쁜 사이를
PLAN APPROVED - ON	IE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL:	20. SIGNATURE OF REGIONAL OFFICIA	<b>U:</b>
1 March, 2011		. "
21. TYPED NAME:	22. TITLE: Associate Regional Adr	niniatrat -
Bill Brooks	Troposition Tropication	
	Division of Medicaid &	Confidence Health
23. REMARKS:		

## 1. Physicians and Certain Other Practitioners (continued)

- (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 March 1, 2011 and this fee schedule will be posted on the agency's website on April 8, 2011.
- (i) 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. For new reimbursement rates or reimbursement rates that were revised after August 31, 2010 for services effective September 1, 2010 through January 31, 2011, the reimbursement will be reduced by one percent.
- (j) The reimbursement for services effective February 1, 2011 will be equal to the reimbursement on August 31, 2010, less two percent. For new reimbursement rates or reimbursement rates revised after August 31, 2010 for services effective on or after February 1, 2011, the reimbursement will be reduced by two percent.

SUPERSEDES: TN- 10-82

STATE Texas

DATE REC'D 3-31-11

DATE APPV'D 6-23-11

DATE EFF 3-1-11

HGFA 179 11-12

Supersedes TN 10-82