

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

FORM CMS - 179 (07-92)

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 <u>Texas</u>	A
DATE REC'D <u>3-31-11</u>	
DATE APPV'D <u>6-23-11</u>	
DATE EFF <u>3-1-11</u>	
HCFA 179 <u>11-12</u>	

TN 11-12

Approval Date 6-23-11

Effective Date 3-1-11

Supersedes TN 10-82