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

October 17, 2011

Our Reference: SPA TX 11-028

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 11-028, dated July 20, 2011. This state plan amendment implements a reimbursement reduction of five percent for family planning services.

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

CENTER FOR MEDICARE AND MEDICAID SERVICES	1. TRANSMITTAL NUMBER:	2. STATE:			
TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	11-028	TEXAS			
FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)				
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE:				
CENTERS FOR MEDICARE AND MEDICAID SERVICES	CENTERS FOR MEDICARE AND MEDICAID SERVICES				
DEPARTMENT OF HEALTH AND HUMAN SERVICES	September 1, 2011				
5. TYPE OF PLAN MATERIAL (Circle One):					
☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENT					
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMEN	NDMENT (Separate Transmittal for each a	mendment)			
6. FEDERAL STATUTE/REGULATION CITATION:	FEDERAL STATUTE/REGULATION CITATION: 7. FEDERAL BUDGET IMPACT: SEE ATTACHMENT				
Section 1905(a)(4)(C), Social Security Act; 42 C.F.R. §§ 440.40		(174,266) 3,002,369)			
and 441.20		3,125,766)			
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERS OR ATTACHMENT (If Applicable):	EDED PLAN SECTION			
OFF ATTACHMENT TO DI OCKE 9 9 0	SEE ATTACHMENT TO BLOCKS 8 &	. 9			
SEE ATTACHMENT TO BLOCKS 8 & 9 10. SUBJECT OF AMENDMENT:	OLE ATTACIMENT TO DECONO VO				
The proposed amendment implements an additional five percent payment reduction for reimbursements paid to Medicaid family planning providers and updates the Medicaid family planning fee schedule.					
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. Co	omments, if any, will be			
NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	forwarded upon receipt.				
12. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO:				
12. SIGNATORE OF STATE ASERST STATEMEN.					
	Billy R. Millwee				
	State Medicaid Director				
13. TYPETLINAME:	Post Office Box 13247; MC H-100 Austin, Texas 78711				
Billy R. Millwee	Adstin, Texas 70717				
14. TITLE:					
State Medicaid Director					
15. DATE SUBMITTED: July 20, 2011					
July 20, 2011					
FOR REGIONAL OFFICE USE ONLY					
17. DATE RECEIVED:	18. DATE APPROVED: 17 October,	2011			
20 July, 2011		ZVII			
PLAN APPROVED - OI 19. EFFECTIVE DATE OF APPROVED MATERIAL:	OF SIGNATURE OF REGIONAL DEFICE	Al ·			
19. EFFECTIVE DATE OF APPROVED MATERIAL:					
1 September, 2011					
21. TYPED NAME:	22. TITLE: Associate Regional Administrator				
Bill Brooks	Division of Medicaid &	Children's Health			
23. REMARKS:					

7. Reimbursement Methodology for Family Planning Services.

- (a) Payment for family planning services is made in accordance with the provisions contained in items 1 (Physicians and Certain Other Practitioners), 3 (Clinical Labs), 35 (Certified Family and Pediatric Nurse Practitioners), and 41 (Certified Registered Nurse Anesthetists and Advanced Nurse Practitioners) depending on the service provided and the provider type. For other agencies which are physician-directed and are approved to provide family planning services under this state plan, the upper payment limits will not be in excess of a fee schedule, as approved by the Single State Agency, for each of the professional services authorized as benefits.
- (b) All fee schedules are available through the agency's website as outlined on Attachment 4.19-B, page 1.
- (c) The reimbursement rate for services effective September 1, 2011 will be equal to the reimbursement rate on August 31, 2010, less seven percent.
- (d) The agency's fee schedule was revised with new fees for family planning providers effective September 1, 2011. The fee schedule will be posted on the agency website on September 9, 2011.

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SUPERSEDES: TN- 10-80

TN	11-28	Approval Date	Effective Date	9-1-11
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