TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES		1. TRAN	SMITTAL NUMBER:	2. STATE:	
			11-029	TEXAS	
			 PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID) 		
TO: REGIONAL ADMINISTRATOR		4. PROP	4. PROPOSED EFFECTIVE DATE:		
CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		Septe	September 1, 2011		
5. TYPE OF PLAN MATERIAL (Circle One):			1		
☐ AMENDMENT TO BE CCNSIDERED AS NEW PLAN ☑ AMENDMENT					
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMEND			OMENT (Separate Transmittal for each amendment)		
6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR §§440.50(a) and 440.165; §1905(a)(5)(A) of Social			7. FEDERAL BUDGET MPACT: SEE ATTACHMENT		
Security Act, relating to physician services			FFY 2011	\$ (184)	
			FFY 2012 FFY 2013	\$(2,048) \$(2,404)	
		Ç.	FF1 2013	\$(2,101)	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:			PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):		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 five percent reduction and updates the birthing center fee schedule.					
11. GOVERNOR'S REVIEW (Check One):					
GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED			OTHER, AS SPECIFIED: Sent to Governor's Office this date. Comments, if any, will		
NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			be forwarded upon receipt.		
		16. RETURN	TO:		
		Billy R. Millwee State Medicaid Director			
			Post Office Box 13247, MC H-100		
14. TITLE:		Austin, Texa	<i>3 (81</i> 11		
State Medicaid Director					
15. DATE SUBMITTED					
July 15, 2011					
FOR REGIONAL OFFICE USE ONLY					
17. DATE RECEIVED:	The first against the second product of the second	18. DATE AP	PROVED:	and combine are manufactured and an electrical files, which is not a separate transfer and another and a separate transfer and	
	15 July, 2011 PLAN APPROVED - ON	5 // ECOPY ATT	DARAH 2012	ger and before the Market in construction of the end observed and observed advisors and advisors and additional formation and the end of the en	
19. EFFECTIVE DATE OF		20. SI	OF OF DECAME	All to a transfer to report special special services and the consequence of the services of th	
	1 September, 2011				
21. TYPED NAME:		22. TIPLE:	Associate Pagional	Administrator	
	Bill Brooks		Associate Regional Administrator Division of Medicaid & Children's Health		
23. REMARKS:			Division of Medica	ia & Cindens Health	
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