

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 20, 2011

Our Reference: SPA TX 11-037

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 11-037, dated July 26, 2011. This state plan amendment implements a rate reduction of five percent for case management services for high risk pregnant women.

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

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES		1. TRANSMITTAL NUMBER: <div style="text-align: center; font-weight: bold;">11-037</div>	2. STATE: <div style="text-align: center; font-weight: bold;">TEXAS</div>
		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: <div style="text-align: center;">September 1, 2011</div>	
5. TYPE OF PLAN MATERIAL (Circle One): <input type="checkbox"/> COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: Section 1905(a)(19) and Section 1915(g) of the Social Security Act, relating to optional targeted case management services		7. FEDERAL BUDGET IMPACT: SEE ATTACHMENT <div style="display: flex; justify-content: space-between;"> <div>a. FFY 2011</div> <div>\$ (3,031)</div> </div> <div style="display: flex; justify-content: space-between;"> <div>b. FFY 2012</div> <div>\$(32,189)</div> </div> <div style="display: flex; justify-content: space-between;"> <div>c. FFY 2013</div> <div>\$(32,030)</div> </div>	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: <div style="text-align: center;">SEE ATTACHMENT TO BLOCKS 8 & 9</div>		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): <div style="text-align: center;">SEE ATTACHMENT TO BLOCKS 8 & 9</div>	
10. SUBJECT OF AMENDMENT: The proposed amendment implements an additional five percent reimbursement reduction paid to Medicaid providers of case management services for high risk pregnant women.			
11. GOVERNOR'S REVIEW (Check One): <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL </div> <div style="width: 45%;"> <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: Sent to Governor's Office this date. Comments, if any, will be forwarded upon receipt. </div> </div>			
12. SIGNATURE OF STATE AGENCY OFFICIAL: <div style="border-top: 1px solid black; height: 1.2em; width: 100%;"></div>		16. RETURN TO: Billy R. Millwee State Medicaid Director Post Office Box 13247, MC H-100 Austin, Texas 78711	
13. TYPED NAME: Billy R. Millwee			
14. TITLE: State Medicaid Director			
15. DATE SUBMITTED July 26, 2011			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: <div style="text-align: center;">27 July, 2011</div>		18. DATE APPROVED: <div style="text-align: center;">20 October 2011</div>	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: <div style="text-align: center;">1 September, 2011</div>		20. SIGNATURE OF REGIONAL OFFICIAL: <div style="border-top: 1px solid black; height: 1.2em; width: 100%;"></div>	
21. TYPED NAME: <div style="text-align: center;">Bill Brooks</div>		22. TITLE: Associate Regional Administrator Division of Medicaid & Children's Health	
23. REMARKS: <div style="height: 100px;"></div>			

38. Case Management for High-Risk Pregnant Women Age 21 and Older

- (a) Providers of case management services for pregnant women age 21 and older are reimbursed the lesser of the provider's billed charges or fees determined by the Texas Health and Human Services Commission (HHSC) for three types of encounters, including comprehensive assessment visits, follow-up face-to-face visits, and follow-up telephone consultations. The fees are market based rates determined using an analysis of relevant cost or fee surveys for similar services available to HHSC.
- (b) The reimbursement for services effective September 1, 2011 will be equal to the reimbursement on August 31, 2010, less seven percent.
- (c) All fee schedules are available through the agency's website as outlined on Attachment 4.19-B, Page 1.
- (d) The agency's fee schedule was revised with new fees for case management for pregnant women effective September 1, 2011 and this fee schedule was posted on the agency's website on September 9, 2011.

SUPERSEDES: TN- 10-77

STATE <u>Texas</u>	A
DATE REC'D <u>7-27-11</u>	
DATE APPV'D <u>10-20-11</u>	
DATE EFF <u>9-1-11</u>	
HCFA 179 <u>11-37</u>	

TN 11-37

Approval Date 10-20-11

Effective Date 9-1-11

Supersedes TN 10-77