FORM CMS - 179 (07-92)

	TRANSMITTAL NUMBER:	2. STATE:
TRANSMITTAL AND NOTICE OF APPROVAL OF	44.047	TEXAS
STATE PLAN MATERIAL	11-047	IEAAS
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 DEPARTMENT OF HEALTH AND HUMAN SERVICES	Santambar 1 2011	
DEPARTMENT OF HEALTH AND HUMAN SERVICES 5. TYPE OF PLAN MATERIAL (Circle One): September 1, 2011		
☐ 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 to Physician Services; 42 CFR 440.60(a); §1905(a)(6)(A) of Social a. FFY 2011 \$ (169)		(160)
Security Act, relating to Other Licensed Practitioners.		1,918)
• • •		1,968)
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERS	EDED DI ANI SECTIONI
B. FAGE NUMBER OF THE FLAN SECTION OR ATTACHMENT.	OR ATTACHMENT (If Applicable):	EDED FLAN SECTION
SEE ATTACHMENT TO BLOCKS 8 & 9	SEE ATTACHMENT TO BLOCKS 8 8	. 9
10. SUBJECT OF AMENDMENT:		
The proposed amendment updates the tuberculosis clinic fee s reimbursements paid to these providers.	hedule and implements a five percent p	ayment reduction for
reimbursements paid to these providers.		
11. GOVERNOR'S REVIEW (Check One):		
☐ GOVERNOR'S OFFICE REPORTED NO COMMENT		
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED Sent to Governor's Office this date. Comments, if any, will		
	Sent to Governor's Office this date.	Comments, it any, will
NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	be forwarded upon receipt.	Comments, it any, will
		Comments, II any, will
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