

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES		1. TRANSMITTAL NUMBER: 11-059	2. STATE: TEXAS		
		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: October 1, 2011			
5. TYPE OF PLAN MATERIAL (Circle One): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT					
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)					
6. FEDERAL STATUTE/REGULATION CITATION: 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 Security Act, relating to Other Licensed Practitioners.		7. FEDERAL BUDGET IMPACT: SEE ATTACHMENT a. FFY 2012 \$3,499,191 b. FFY 2013 \$3,571,499 c. FFY 2014 \$3,686,479			
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: SEE ATTACHMENT TO BLOCKS 8 & 9		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): SEE ATTACHMENT TO BLOCKS 8 & 9			
10. SUBJECT OF AMENDMENT: The proposed amendment is an update to the physicians and other practitioners and tuberculosis clinic fee schedules.					
11. GOVERNOR'S REVIEW (Check One): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED Sent to Governor's Office this date. Comments, if any, will be forwarded upon receipt. <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL					
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO: Billy R. Millwee State Medicaid Director PO Box 13247 MC H-100 Austin, Texas 78711			
13. TYPED NAME: Billy R. Millwee					
14. TITLE: State Medicaid Director					
15. DATE SUBMITTED December 21, 2011					
FOR REGIONAL OFFICE USE ONLY					
17. DATE RECEIVED: 27 December, 2011		18. DATE APPROVED: 14 March 2012			
PLAN APPROVED - ONE COPY ATTACHED					
19. EFFECTIVE DATE OF APPROVED MATERIAL: 1 October, 2011		20. SIGNATURE OF REGIONAL OFFICIAL: 			
21. TYPED NAME: Bill Brooks		22. TITLE: Associate Regional Administrator Division of Medicaid & Children's Health			
23. REMARKS:					