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**State/Territory Name: Texas** 

State Plan Amendment (SPA) #: 14-22

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Superseding Page Listing
- 4) Approved SPA Page

DEPARTMENT OF HEALTH & HUMAN SERVICES Centers for Medicare & Medicaid Services Dallas Regional Office 1301 Young Street, Suite 833 Dallas, Texas 75202



#### DIVISION OF MEDICAID & CHILDREN'S HEALTH - REGION VI

November 4, 2014

Our Reference: SPA TX 14-022

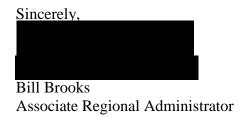
Ms. Kay Ghahremani State Medicaid/CHIP Director Health and Human Services Commission Post Office Box 13247 Mail Code H100 Austin, Texas 78711

Dear Ms. Ghahremani:

We have reviewed the State's proposed amendment to the Texas State Plan submitted under Transmittal Number 14-022, dated September 16, 2014. This state plan amendment updates the fee schedule for physicians under the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program.

Based on the information submitted, we have approved the amendment for incorporation into the official Texas State Plan with an effective date change of July 1, 2014. A copy of the CMS-179 and approved plan pages are enclosed with this letter.

If you have questions, please contact Cheryl Rupley at (214) 767-6278.



cc: Becky Brownlee, Policy Development Support

TO ANGMITTAL AND MOTIOE OF ADDDOVAL OF	1. TRANSMITTAL NUMBER:	2. STATE:	
TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	14-022	TEXAS	
FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES			
	3. PROGRAM IDENTIFICATION: TITL SECURITY ACT (MEDICAID)	E XIX OF THE SOCIAL	
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE:	4. PROPOSED EFFECTIVE DATE:	
CENTERS FOR MEDICARE AND MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	July 1, 2014		
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 AMENDMENT (Sep 6. FEDERAL STATUTE/REGULATION CITATION:		E ATTACHMENT	
42 CFR 440.40; and 441.56; §1905(r) of Social Security Act,		218.00)	
relating to Early and Periodic Screening, Diagnosis and	b. FFY 2015 \$ (900.00)		
Treatment; §1928(a) of the Social Security Act, relating to Program for Distribution of Pediatric Vaccines	c. <b>FFY 2016</b> \$ (923.00)		
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERS OR ATTACHMENT (If Applicable):	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 updates the Medicaid fee schedule for Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program physician fee schedules.			
11. GOVERNOR'S REVIEW (Check One):			
☐ GOVERNOR'S OFFICE REPORTED NO COMMENT	OTHER, AS SPECIFIED: Sent to Governor's Office this date. Comments, if any, will be forwarded upon receipt.		
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED			
NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL:	6. RETURN TO:		
	Kay Ghahremani		
	State Medicaid Director		
	Post Office Box 13247, MC: H-100 Austin, Texas 78711		
14. TITLE: State Medicaid Director	adding round for the		
15. DATE SUBMITTED:			
September 16, 2014			
FOR REGIONAL OFFICE USE ONLY			
	8. DATE APPROVED: 4 November	, 2014	
PLAN APPROVED – ONE COPY ATTACHED  19. EFFECTIVE DATE OF APPROVED MATERIAL: 2			
1 July, 2014	20. SI		
21. TYPED NAME: Bill Brooks 2	22. TITLE: Associate Regional A	Administrator	
	oivision of Medicaid & Child	ren's Health	
23. REMARKS:			

#### Attachment to Blocks 8 & 9 of CMS Form 179

### Transmittal No. 14-022

Number of the Plan Section or Attachment

Attachment 4.19-B Page 25i Number of the Superseded Plan Section or Attachment

Attachment 4.19-B Page 25i (TN 10-079)

State: Texas

Date Received: 16 September, 2014
Date Approved: 4 November, 2014

Date Effective: 1 July, 2014
Transmittal Number: 14-22

# 32. Reimbursement Methodologies for Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Services - continued

- 10) Physician services
  - a) Services reimbursable only for Medicaid-eligible clients under age 21 include:
    - Vaccines not covered by the Texas Vaccines for Children Program (TVCP) for clients under age 21 which are reimbursed as accessed-based fees in accordance with Item 1 of Attachment 4.19-B, relating to the reimbursement methodology for physicians and certain other practitioners. Payments based on a fee schedule are made for these services.
    - 2) Services delivered by school districts, in accordance with Item 32(17) of Attachment 4.19-B, relating to the reimbursement methodology for School Health and Related Services (SHARS).
  - b) All fee schedules are available through the agency's website as outlined on Attachment 4.19-B, page 1.
  - c) The agency's fee schedule was revised with new fees for EPSDT physician services effective July 1, 2014. The fee schedule was posted on the agency website on July 15, 2014.
  - d) The reimbursement for services, excluding SHARS, effective September 1, 2010, through January 31, 2011, will be equal to the reimbursement on August 31, 2010, less one percent.
  - e) The reimbursement for services, excluding SHARS, effective February 1, 2011, will be equal to the reimbursement on August 31, 2010, less two percent.

State: Texas

Date Received: 16 September, 2014
Date Approved: 4 November, 2014

Date Effective: 1 July, 2014 Transmittal Number: 14-22

Supersedes TN \_\_\_\_\_\_\_