

Table of Contents

State/Territory Name: Texas

State Plan Amendment (SPA) #: 16-0017

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved Page(s)

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

August 2, 2016

Our Reference: SPA TX 16-0017

Mr. Gary Jessee
State Medicaid/CHIP Director
Health and Human Services Commission
Post Office Box 13247
Mail Code H100
Austin, Texas 78711

Dear Mr. Jessee:

We have reviewed the State's proposed amendment to the Texas State Plan submitted under Transmittal Number 16-0017, dated June 24, 2016. This state plan amendment updates the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program physician fee schedule.

Based on the information submitted, we have approved the amendment for incorporation into the official Texas State Plan with an effective date of April 1, 2016. A copy of the CMS-179 and approved plan page are enclosed with this letter.

If you have any questions please contact Suzette Seng of my staff. Ms. Seng may be reached at (214) 767-6478 or by Email at Suzette.Seng@cms.hhs.gov.

Sincerely,

A solid black rectangular box used to redact the signature of Bill Brooks.

Bill Brooks
Associate Regional Administrator

cc: Dana Williamson, Manager, Policy Development Support

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES		1. TRANSMITTAL NUMBER: <div style="text-align: center; font-weight: bold;">16-0017</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 AND MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE: <div style="text-align: center; font-weight: bold;">April 1, 2016</div>	
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: Social Security Act § 1902(a)(30); 42 C.F.R. § 447.201(b).		7. FEDERAL BUDGET IMPACT: SEE ATTACHMENT a. FFY 2016 \$ (124,273) b. FFY 2017 \$ (255,289) c. FFY 2018 \$ (266,648)	
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 updates the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program fee schedule.			
11. GOVERNOR'S REVIEW (Check One): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: Sent to Governor's Office this date. Comments, if any, will be forwarded upon receipt. <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO: Gary Jessee State Medicaid Director Post Office Box 13247, MC: H-100 Austin, Texas 78711	
13. TYPED NAME: Gary Jessee			
14. TITLE: State Medicaid Director			
15. DATE SUBMITTED: June 24, 2016			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: June 24, 2016		18. DATE APPROVED: August 2, 2016	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: <div style="text-align: center;">April 1, 2016</div>		20. SIGNATURE OF REGIONAL OFFICIAL: for	
21. TYPED NAME: <div style="text-align: center;">Bill Brooks</div>		22. TITLE: Associate Regional Administrator Division of Medicaid and Children's Health	
23. REMARKS:			

Attachment to Blocks 8 & 9 of CMS Form 179

Transmittal Number 16-0017

**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 15-0037)

State: Texas
Date Received: June 24, 2016
Date Approved: August 02, 2016
Date Effective: April 01, 2016
Transmittal Number: 16-0017

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:

(1) 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 April 1, 2016. The fee schedule will be posted on the agency website on April 15, 2016.

TN: 16-0017 Approval Date: 08/02/16
Supersedes TN: 15-0037 Effective Date: 04/01/16

State: Texas
Date Received: June 24, 2016
Date Approved: August 02, 2016
Date Effective: April 01, 2016
Transmittal Number: 16-0017