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State/Territory Name: Texas

State Plan Amendment (SPA) #: 17-0007

This file contains the following documents in the order listed:

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

May 1, 2017

Our Reference: SPA TX 17-0007

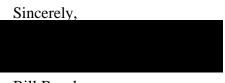
Ms. Jamie Snyder State Medicaid/CHIP Director Health and Human Services Commission Post Office Box 13247 Mail Code H100 Austin, Texas 78711

Dear Ms. Snyder:

We have reviewed the State's proposed amendment to the Texas State Plan submitted under Transmittal Number 17-0007, dated March 27, 2017. This state plan amendment updates the family planning fee schedule.

Based on the information submitted, we have approved the amendment for incorporation into the official Texas State Plan with the effective date of January 1, 2017. A copy of the CMS-179 and the approved plan pages are enclosed with this letter.

If you have any questions please contact Ford Blunt of my staff. Mr. Blunt may be reached at (214) 767-6381 or by Email at Ford.Blunt@cms.hhs.gov.



Bill Brooks Associate Regional Administrator

Cc: Dana Williamson, Policy Development Support

| DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE AND MEDICAID SERVICES | FORM APPROVED OMB NO. 0938-0193 | | | | |
|---|--|---|--|--|--|
| TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL | 1. TRANSMITTAL NUMBER: 17-0007 | 2. STATE: TEXAS | | | |
| FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES | 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: January 01, 2017 | | | | |
| 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 (S 6. FEDERAL STATUTE/REGULATION CITATION: | Separate Transmittal for each amendment) 7. FEDERAL BUDGET | | | | |
| Social Security Act §1902(a)(30); 42 CFR 447.201(b). | a. FFY 2017 \$2 b. FFY 2018 \$3 | E ATTACHMENT 293,710 395,782 402,149 | | | |
| 8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: | 9. PAGE NUMBER OF THE SUPERSE OR ATTACHMENT (If Applicable): | | | | |
| SEE ATTACHMENT TO BLOCKS 8 & 9 | SEE ATTACHMENT TO BLOCKS 8 & 9 | 9 | | | |
| 10. SUBJECT OF AMENDMENT: | | | | | |
| The proposed amendment updates the family planning fee schedule. | | | | | |
| 11. GOVERNOR'S REVIEW (Check One): | | | | | |
| GOVERNOR'S OFFICE REPORTED NO COMMENT | date. Comments, if any, will be forwarde | | | | |
| COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL | | | | | |
| 12. SIGNATURE OF STATE AGENCY OFFICIAL: | 16. RETURN TO: Jami Snyder | | | | |
| 13. TYPED NAME: Jami Snyder | State Medicaid Director Post Office Box 13247, MC: H-100 Austin, Texas 78711 | | | | |
| 14. TITLE: State Medicaid Director | | | | | |
| 15. DATE SUBMITTED: March 27, 2017 | | | | | |
| FOR REGIONAL OFFICE USE ONLY | | | | | |
| 17. DATE RECEIVED: March 27, 2017 | 18. DATE APPROVED: May 1, 2017 | | | | |
| PLAN APPROVED – ONE COPY ATTACHED 19. EFFECTIVE DATE OF APPROVED MATERIAL: | 20. SIGNATURE OF REGIONAL OFFIC | | | | |
| January 1, 2017 | 20. SIGNATURE OF REGIONAL OFFIC | AL. | | | |
| 21. TYPED NAME: Bill Brooks | 22. TITLE: Associate Regional Admin Division of Medicaid and | | | | |
| 23. REMARKS: | | | | | |
| | | | | | |

Attachment to Blocks 8 & 9 of CMS Form 179

Transmittal Number 17-0007

Number of the Plan Section or Attachment Number of the Superseded Plan Section or Attachment

Attachment 4.19-B Page 2f Attachment 4.19-B Page 2f (TN 16-0009)

> State: Texas Date Received: 03-27-2017 Date Approved: 05-01-2017 Date Effective 01-01-2017 Transmittal Number: TX 17-0007

State of Texas Attachment 4.19-B Page 2f

Transmittal Number: TX 17-0007

7. **Reimbursement Methodology for Family Planning Services.**

- Payment for Family Planning services is made in accordance with the (a) provisions contained in items 1 (Physicians and Certain Other Practitioners), 3 (Clinical Labs), 35 (Certified Family and Pediatric Nurse Practitioners), and 41 (Certified Registered Nurse Anesthetists and Advanced Nurse Practitioners) depending on the service provided and the provider type. For other agencies which are physician-directed and are approved to provide family planning services under this state plan, the upper payment limits will not be in excess of a fee schedule, as approved by the Single State Agency, for each of the professional services authorized as benefits.
- (b) All fee schedules are available through the agency's website as outlined on Attachment 4.19-B, page 1.
- The agency's fee schedule was revised with new fees for family planning (C) providers effective January 1, 2017. The fee schedule was posted on the agency website on January 15, 2017.

| | 17-0007 | 05.01 | 05_01_17 | — |
|-------------------------------|--------------------|---------------------------|----------|---------------------------|
| TN: _ | TN: Approval Date: | State: Texas | | |
| Supersedes TN: <u>16-0009</u> | Effective Date: | Date Received: 03-27-2017 | | |
| | | Date Approved: 05-01-2017 | | |
| | | | | Date Effective 01-01-2017 |