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State/Territory Name: Texas

State Plan Amendment (SPA) : 23-0039

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services
Center for Medicaid & CHIP Services
233 North Michigan Ave., Suite 600
Chicago, Illinois 60601



Financial Management Group

December 12, 2023

Director: Emily Zalkovsky
State Medicaid/CHIP Director
Health and Human Services Commission
Mail Code: H100
Post Office Box 13247
Austin, Texas 78711

RE: Texas TN 23-0039

Dear Director Emily Zalkovsky,

We have reviewed the proposed Texas State Plan Amendment (SPA) to Attachment 4.19-B, TX#23-0039, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on September 25, 2023. The purpose of the amendment is to clarify the reimbursement methodology for renal dialysis services as payable outside of the current composite rate due to new and/or expensive technology and high cost drugs.

Based upon the information provided by the State, we have approved the amendment with an effective date of July 1, 2023. We are enclosing the approved CMS-179 and a copy of the new state plan page.

If you have any additional questions or need further assistance, please contact Monica Neiman at: Monica.Neiman@cms.hhs.gov.

Sincerely,

A solid black rectangular box redacting the signature of Todd McMillion.

Todd McMillion
Director
Division of Reimbursement Review

Enclosures

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER
2 3 0 0 3 9

2. STATE
T X

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
July 1, 2023

5. FEDERAL STATUTE/REGULATION CITATION
42 CFR §440.90, 42 CFR§447.201(b)

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 2023 \$ 27,718
b. FFY 2024 \$ 99,152

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
**Attachment 4.19-B
page 38a**

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)
**Attachment 4.19-B
page 38a (TN 11-030)**

9. SUBJECT OF AMENDMENT

The purpose of the amendment is to clarify the reimbursement methodology for renal dialysis services as payable outside of the current composite rate due to new and/or expensive technology and high cost drugs.


10. GOVERNOR'S REVIEW (Check One)

GOVERNOR'S OFFICE REPORTED NO COMMENT

COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED: Sent to Governor's Office this date. Comments, if any, will be forwarded upon receipt.

11. SIGNATURE OF STATE AGENCY OFFICIAL


12. TYPED NAME
Emily Zalkovsky

13. TITLE
State Medicaid Director

14. DATE SUBMITTED
September 25, 2023

15. RETURN TO

**Emily Zalkovsky
State Medicaid Director
Post Office Box 13247, MC: H-100
Austin, Texas 78711**

FOR CMS USE ONLY

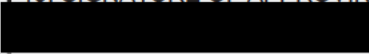
16. DATE RECEIVED
September 25, 2023

17. DATE APPROVED
December 12, 2023

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
July 1, 2023

20. TYPED NAME OF APPROVING OFFICIAL
Todd McMillion

19. SIGNATURE OF APPROVING OFFICIAL


21. TITLE OF APPROVING OFFICIAL
Director, Division of Reimbursement Review

22. REMARKS

46. Renal Dialysis Facility Services (continued)

- (6) oxygen and administration of oxygen;
 - (7) staff time used to administer blood, inject separately billable drugs, blood collection, and non-routine peritoneal items;
 - (8) suture removal and dressing changes; and
 - (9) other items and services related to dialysis treatment, as determined by HHSC.
- (d) Payment methods and amounts for certain pharmaceuticals and other items excluded from the composite rate are listed in the policy. Reference fee schedule available in Attachment 4.19-B, page 1.
- (e) The composite reimbursement rate for services effective September 1, 2011, will be equal to the reimbursement rate August 31, 2010, less seven percent.

TN: 23-0039 Approval Date: December 12, 2023

Supersedes TN: 11-030 Effective Date: 07/01/2023