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| TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES | 1. TRANSMITTAL NUMBER: 10-035 | 2. STATE: TEXAS |
| | 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: September 1, 2010 | |
| 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: Section 1905(a)(4)(C), Social Security Act; 42 C.F.R. §§ 440.40 and 441.20 | 7. FEDERAL BUDGET IMPACT: SEE ATTACHMENT a. FFY 2010 \$(29,044) b. FFY 2011 \$(310,277) c. FFY 2012 \$(305,213) | |
| 8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: SEE ATTACHMENT TO BLOCKS 8 AND 9 | 9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): SEE ATTACHMENT TO BLOCKS 8 AND 9 | |
| 10. SUBJECT OF AMENDMENT: The proposed amendment is an update to the family planning fee schedule and implements the one percent payment reduction for reimbursements paid to Medicaid family planning providers. | | |
| 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 <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL forwarded upon receipt. | | |
| 12. SIGNATURE OF STATE AGENCY OFFICIAL: | 16. RETURN TO: | |
| 13. TYPED NAME: Billy R. Millwee | Billy R. Millwee State Medicaid Director Post Office Box 13247, MC: H-100 Austin, Texas 78711 | |
| 14. TITLE: State Medicaid Director | | |
| 15. DATE SUBMITTED: June 4, 2010 | | |
| FOR REGIONAL OFFICE USE ONLY | | |
| 17. DATE RECEIVED: 7 June, 2010 | 18. DATE APPROVED: 26 August, 2010 | |
| PLAN APPROVED - ONE COPY ATTACHED | | |
| 19. EFFECTIVE DATE OF APPROVED MATERIAL: 1 September, 2010 | 20. SIGNATURE OF REGIONAL OFFICIAL: | |
| 21. TYPED NAME: BILL BROOKS | 22. TITLE: Associate Regional Administrator Div of Medicaid & Children's Health | |
| 23. REMARKS: | | |

7. Reimbursement Methodology for Family Planning Services

- (a) Payment for Family Planning services is made in accordance with the 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.
- (c) The agency's fee schedule was revised with new fees for family planning providers effective September 1, 2010. The fee schedule was posted on the agency website on September 3, 2010.
- (d) The reimbursement for services effective September 1, 2010, will be equal to the reimbursement on August 31, 2010, less one percent.

SUPERSEDES: TN- 09-20

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| STATE | <u>Texas</u> | A |
| DATE REC'D | <u>6-7-10</u> | |
| DATE APPV'D | <u>8-26-10</u> | |
| DATE EFF | <u>9-1-10</u> | |
| HCFA 179 | <u>10-35</u> | |

TN No. 10-35

Approval Date 8-26-10

Effective Date 9-1-10

Supersedes TN No. 09-20