

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES		1. TRANSMITTAL NUMBER: 10-032	2. STATE: TEXAS
		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & 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"/> COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment) <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT			
6. FEDERAL STATUTE/REGULATION CITATION: Section 1905(a)(19) and Section 1915(g) of the Social Security Act, relating to optional targeted case management services		7. FEDERAL BUDGET IMPACT: SEE ATTACHMENT a. FFY 2010 \$(619) b. FFY 2011 \$(6,607) c. FFY 2012 \$(6,499)	
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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): SEE ATTACHMENT TO BLOCKS 8 AND 9	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 updates the fee schedule for case management for high risk pregnant women and implements the one percent payment reduction for reimbursements paid to Medicaid 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 forwarded upon receipt. <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL: <i>[Signature]</i>		16. RETURN TO: Billy R. Millwee State Medicaid Director Post Office Box 13247, MC: H-100 Austin, Texas 78711	
13. TYPED NAME: Billy R. Millwee			
14. TITLE: State Medicaid Director			
15. DATE SUBMITTED June 7, 2010			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: 7 June, 2010		18. DATE APPROVED: 25 August, 2010	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 1 September, 2010		20. SIGNATURE OF REGIONAL OFFICIAL: <i>[Signature]</i>	
21. TYPED NAME: BILL BROOKS		22. TITLE: Associate Regional Administrator Div of Medicaid & Children's Health	
23. REMARKS:			

38. Case Management for Pregnant Women Age 21 and Older

- (a) Providers of Case Management Services for Pregnant Women age 21 and older are reimbursed the lesser of the provider's billed charges or fees determined by the Texas Health and Human Services Commission (HHSC) for three types of encounters, including comprehensive assessment visits, follow-up face-to-face visits, and follow-up telephone consultations. The fees are market based rates determined using an analysis of relevant cost or fee surveys for similar services available to HHSC.
- (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 case management for pregnant women effective September 1, 2010, and this fee schedule was posted on the agency's 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.

STATE	<u>Texas</u>	A
DATE REC'D	<u>6-7-10</u>	
DATE APPV'D	<u>8-25-10</u>	
DATE EFF	<u>9-1-10</u>	
HC FA 179	<u>10-32</u>	

SUPERSEDES: TN- 07-16

TN No. 10-32

Approval Date 8-25-10

Effective Date 9-1-10

Supersedes TN No. 07-16