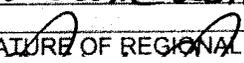


TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES		1. TRANSMITTAL NUMBER: 11-003	2. STATE: TEXAS
		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE AND MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE: January 8, 2011	
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: 42 CFR §447.204 and 42 CFR §447.321		7. FEDERAL BUDGET IMPACT: SEE ATTACHMENT a. FFY 2011 \$ 3,930,620 b. FFY 2012 \$ 5,239,227 c. FFY 2013 \$ 5,163,635	
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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): SEE ATTACHMENT TO BLOCKS 8 & 9	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: This amendment proposes to update the state plan to allow HHSC to make supplemental payments to physicians who are employed by or under contract with a physician group practice organized by, under the control of, or under contract with a non-profit, tax exempt hospital where both the hospital and the physician group practice provide medical education under contract to a state-owned medical school.			
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:	
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: March 31, 2011			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: 31 March, 2011		18. DATE APPROVED: 20 June 2011	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 8 January, 2011		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: Bill Brooks		22. TITLE: Associate Regional Administrator Division of Medicaid & Children's Health	
23. REMARKS:			

- (A) Employed by an eligible physician group practice that is state-owned or state-operated. Physicians under contract with such a physician group practice are not included in supplemental payment calculations.

Eligible state-owned or state-operated physician group practices consist of those affiliated with:

University of Texas–Southwestern
University of Texas–San Antonio
University of Texas–Tyler
University of Texas–Houston
University of Texas Medical Branch–Galveston
University of Texas–MD Anderson Cancer Center
University of North Texas
Texas Tech University–Amarillo
Texas Tech University–El Paso
Texas Tech University–Lubbock
Texas Tech University–Odessa
Texas A&M Health Science Center

- (B) Employed by a governmental hospital;
- (C) Employed by or under contract with a physician group practice organized by, under the control of, or under contract with a governmental hospital; or
- (D) Employed by or under contract with a physician group practice organized by, under the control of, or under contract with a non-profit, tax exempt hospital where both the hospital and the physician group practice provide medical education under contract to a state-owned medical school.

SUPERSEDES: TN- 10-63

STATE <u>Texas</u>	A
DATE REC'D. <u>3-31-2011</u>	
DATE APPV'D <u>6-20-2011</u>	
DATE EFF <u>1-8-2011</u>	
HCFEA 179 <u>11-03</u>	

TN 11-03 Approval Date 6-20-2011 Effective Date 1-8-2011

Supersedes TN 10-63