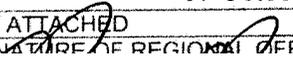


TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES	1. TRANSMITTAL NUMBER: 11-028	2. STATE: TEXAS
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE AND MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE: September 1, 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: 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 2011 \$ (174,266) b. FFY 2012 \$(3,002,369) c. FFY 2013 \$(3,125,766)	
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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): SEE ATTACHMENT TO BLOCKS 8 & 9	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: The proposed amendment implements an additional five percent payment reduction for reimbursements paid to Medicaid family planning providers and updates the Medicaid family planning fee schedule.		
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:	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: July 20, 2011		
FOR REGIONAL OFFICE USE ONLY		
17. DATE RECEIVED: 20 July, 2011	18. DATE APPROVED: 17 October, 2011	
PLAN APPROVED - ONE COPY ATTACHED		
19. EFFECTIVE DATE OF APPROVED MATERIAL: 1 September, 2011	20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: Bill Brooks	22. TITLE: Associate Regional Administrator Division 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 reimbursement rate for services effective September 1, 2011 will be equal to the reimbursement rate on August 31, 2010, less seven percent.
- (d) The agency's fee schedule was revised with new fees for family planning providers effective September 1, 2011. The fee schedule will be posted on the agency website on September 9, 2011.

SUPERSEDES: TN- 10-80

STATE <u>Texas</u>	A
DATE REC'D <u>7-20-11</u>	
DATE APP'D <u>10-17-11</u>	
DATE EFF <u>9-1-11</u>	
HCFA 179 <u>TX 11-28</u>	

TN 11-28 Approval Date _____ Effective Date 9-1-11

Supersedes TN 10-80