

Fiscal Year 2019, 1st Quarter Summary for Rates Effective September 1, 2018 - November 30, 2018								
	Fiscal Year 2019		Fiscal Year 2020		2019-20 General Revenue Total	Effective Date of Change	Date of Approval (LBB / GOBPP) and/or Notification	Tracking Number of Section 17 Transmittal Letter to the LBB and GOBPP
	Fee-For- Service (FFS)	Managed Care Organization (MCO)	FFS	MCO				
Health and Human Services Commission (HHSC)								
Special Review Ambulance Services (Total Procedure Codes = 38)								
State	(\$256,753)	(\$448,793)	(\$244,744)	(\$427,802)	(\$1,378,093)	9/1/2018	Quarterly Notification Only	
Federal	(\$355,731)	(\$621,802)	(\$377,539)	(\$659,923)				
This special review for ambulance services was conducted to implement a cost containment plan submitted to the Legislative Budget Board and Office of the Governor in February 2018. This special review updated reimbursement rate for 38 procedure codes.								
Special Review Dental Services (Total Procedure Codes = 339)								
State	(\$364,271)	(\$5,812,771)	(\$347,231)	(\$5,540,892)	(\$12,065,165)	9/1/2018	Quarterly Notification Only	
Federal	(\$504,697)	(\$8,053,571)	(\$535,635)	(\$8,547,315)				
This special review for dental services was conducted to implement a cost containment plan submitted to the Legislative Budget Board and Office of the Governor in February 2018. This special review updated reimbursement rates for 339 procedure codes.								
Legislative Directive - Reduce Reimbursement for Services Provided by Therapy Assistants to 70 percent of the Rate Paid to a Licensed Therapist Effective September 1, 2018								
State	(\$705,088)	(\$22,797,833)	(\$665,956)	(\$21,532,592)	(\$45,701,469)	9/1/2018	Quarterly Notification Only	
Federal	(\$976,896)	(\$31,586,310)	(\$1,027,297)	(\$33,215,925)				
The 2018-19 General Appropriations Act, Senate Bill 1, 85th Legislature, Regular Session, 2017 [Article II, HHSC, Rider 218] mandated a phase-in of a 30 percent reduction to reimbursement rates for services provided by therapy assistants. A reduction of rates paid for services delivered by therapy assistants to 85 percent of the rate paid to a licensed therapist was effective December 1, 2017, and an additional 15 percent reduction to 70 percent of the rate paid to a licensed therapist was implemented September 1, 2018.								
Medicaid Biennial Calendar Fee Review Birthing Centers (Total Procedure Codes = 2)								
State	\$0	\$0	\$0	\$0	\$0	10/1/2018	Quarterly Notification Only	
Federal	\$0	\$0	\$0	\$0				
The biennial calendar fee review includes updated reimbursement rates for Birthing Centers								
Medicaid Biennial Calendar Fee Review Nervous System Surgery (Total Procedure Codes = 1969)								
State	(\$1,741)	(\$3,689)	(\$1,813)	(\$3,840)	(\$11,083)	10/1/2018	Quarterly Notification Only	
Federal	(\$2,411)	(\$5,111)	(\$2,797)	(\$5,924)				
The biennial calendar fee review includes updated reimbursement rates for Nervous System Surgery								
Medicaid Biennial Calendar Fee Review Orthotic and Prosthetic Devices (Total Procedure Codes = 888)								
State	(\$4,161)	\$10,053	(\$4,328)	\$10,453	\$12,017	10/1/2018	Quarterly Notification Only	
Federal	(\$5,765)	\$13,929	(\$6,677)	\$16,125				
The biennial calendar fee review includes updated reimbursement rates for Orthotic and Prosthetic Devices								
Medicaid Biennial Calendar Fee Review General and Integumentary Surgery (Total Procedure Codes = 1397)								
State	(\$3,328)	\$68,943	(\$3,463)	\$71,694	\$133,846	10/1/2018	Quarterly Notification Only	
Federal	(\$4,611)	\$95,520	(\$5,343)	\$110,595				
The biennial calendar fee review includes updated reimbursement rates for General and Integumentary Surgery								

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Health and Human Services Commission (HHSC)								
Medicaid Biennial Calendar Fee Review Respiratory Therapists (Total Procedure Codes = 2)								
State	\$0	\$0	\$0	\$0	\$0	10/1/2018	Quarterly Notification Only	
Federal	\$0	\$0	\$0	\$0	\$0			
The biennial calendar fee review includes updated reimbursement rates for Respiratory Services								
Medicaid Biennial Calendar Fee Review Physician Administered Drug Oncology (Total Procedure Codes = 199)								
State	\$229,011	\$422,570	\$238,147	\$439,420	\$1,329,148	10/1/2018	Quarterly Notification Only	
Federal	\$317,295	\$585,469	\$367,363	\$677,844				
The biennial calendar fee review includes updated reimbursement rates for Physician Administered Drugs Oncology								
Medicaid Biennial Calendar Fee Review Physician Administered Drug Non-Oncology (Total Procedure Codes = 586)								
State	\$7,402	\$106,151	\$7,696	\$110,380	\$231,629	10/1/2018	Quarterly Notification Only	
Federal	\$10,256	\$147,071	\$11,873	\$170,271				
The biennial calendar fee review includes updated reimbursement rates for Physician Administered Drugs Non-Oncology								
Healthcare Common Procedure Coding System Quarterly Updates (Total Procedure Codes = 10)								
State	\$21	(\$3,768)	\$219	(\$3,663)	(\$7,191)	10/1/2018	Quarterly Notification Only & LBB Notification Letters as noted in comments	See comments
Federal	\$28	(\$5,221)	\$339	(\$5,651)				
Reimbursement rates were established for 10 procedure codes. Seven of these procedure codes were previously implemented under the interim rate process. LBB Notifications were sent for the following: C9467 Rituxan Hycela: Tracking number HHSC-2018-N-529 June 11, 2018 Q2041 Yescarta: Tracking number HHSC-2018-N-514 April 20, 2018								
Total HHSC = (Total Procedure Codes = 5,430)								
State	(\$1,098,908)	(\$28,459,137)	(\$1,021,473)	(\$26,876,842)	(\$57,456,361)			
Federal	(\$1,522,532)	(\$39,430,026)	(\$1,575,713)	(\$41,459,903)				