

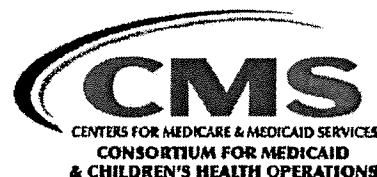
Table of Contents

State Plan Amendment (SPA) #: 17-0009

This file contains the following documents in order listed:

1. CMS Approval Letter
2. CMS Form 179
3. Superseding Page Listing (Attachment to Blocks 8 & 9 of CMS Form 179)
4. Approved SPA Page

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Dallas Regional Office
1301 Young Street, Suite 833
Dallas, Texas 75202



DIVISION OF MEDICAID & CHILDREN'S HEALTH - REGION VI

May 1, 2017

Our Reference: SPA TX 17-0009

Ms. Jamie Snyder
State Medicaid/CHIP Director
Health and Human Services Commission
Post Office Box 13247
Mail Code H100
Austin, Texas 78711

RECEIVED

MAY 01 2017

OFFICE OF THE STATE
MEDICAID DIRECTOR

Dear Ms. Snyder:

We have reviewed the State's proposed amendment to the Texas State Plan submitted under Transmittal Number 17-0009, dated March 30, 2017. This state plan amendment revises the reimbursement methodology for rural outpatient hospital radiology services.

Based on the information submitted, we have approved the amendment for incorporation into the official Texas State Plan with the effective date of February 1, 2017. A copy of the CMS-179 and the approved plan pages are enclosed with this letter.



If you have any questions please contact Ford Blunt of my staff. Mr. Blunt may be reached at (214) 767-6381 or by Email at Ford.Blunt@cms.hhs.gov.

Sincerely,



Bill Brooks
Associate Regional Administrator

Cc: Dana Williamson, Policy Development Support

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 17-0009	2. STATE: TEXAS
FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES		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: February 1, 2017	
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 §440.20/ Social Security Act §1902(a)(30)		7. FEDERAL BUDGET IMPACT: SEE ATTACHMENT a. FFY 2017 \$0 b. FFY 2018 \$0 c. FFY 2019 \$0	
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 revises the reimbursement methodology for rural outpatient hospital radiology services.			
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: Jami Snyder State Medicaid Director Post Office Box 13247, MC: H-100 Austin, Texas 78711	
13. TYPED NAME: / Jami Snyder			
14. TITLE: State Medicaid Director			
15. DATE SUBMITTED: March 30, 2017			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: March 30 2017		18. DATE APPROVED: May 1, 2017	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: February 1, 2017		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: Bill Brooks		22. TITLE: Associate Regional Commissioner Division of Medicaid and Children's Health	
23. REMARKS:			

RECEIVED

MAY 01 2017

OFFICE OF THE STATE
MEDICAID DIRECTOR

Attachment to Blocks 8 & 9 of CMS Form 179

Transmittal Number 17-0009

**Number of the
Plan Section or Attachment**

Attachment 4.19-B
Page 2a.2

**Number of the Superseded
Plan Section or Attachment**

Attachment 4.19-B
Page 2a.2 (TN 15-0026)

State: Texas
Date Received: 03-30-2017
Date Approved: 05-01-2017
Date Effective 02-01-2017
Transmittal Number: TX 17-0009

4. Outpatient Hospital Services (continued)

(c) Outpatient hospital imaging.

- (1) For all hospitals except rural hospitals, as defined in Attachment 4.19-A, page 3, of the Texas Medicaid State Plan, outpatient hospital imaging services for claims with a date of service on or after September 1, 2013, are not reimbursed under the outpatient reimbursement methodology described in subsection (b) of this section. Outpatient hospital imaging services are reimbursed according to an outpatient hospital imaging service fee schedule that is based on a percentage of the Medicare fee schedule for similar services. If a resulting fee for a service provided to any Medicaid beneficiary is greater than 125 percent of the Medicaid adult acute care fee for a similar service, the fee is reduced to 125 percent of the Medicaid adult acute care fee.
- (2) For rural hospitals, outpatient hospital imaging services for claims with a date of service on or after February 1, 2017, are reimbursed based on a percentage of the Medicare Outpatient Prospective Payment System fee schedule for similar services.

5. Hospital Ambulatory Surgical Centers (HASC) are reimbursed in accordance with Attachment 4.19-B, page 7(f), relating to the reimbursement methodology for Ambulatory Surgical Centers (ASCs).

TN: 17-0009 Approval Date: 05-01-17
Supersedes TN: 15-0026 Effective Date: 02-01-17

State: Texas
Date Received: 03-30-2017
Date Approved: 05-01-2017
Date Effective 02-01-2017
Transmittal Number: TX 17-0009