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State Plan Amendment

SPA 18-0006 Family Planning Fees - Effective 01/01/2018

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
Division of Medicaid & Children's Health - Region VI

April 19, 2018

Our Reference: TX SPA 18-0006

Ms. Stephanie Muth
State Medicaid Director
Texas Health and Human Services Commission
Mail Code: H100
P.O. Box 13247
Austin, Texas 78711

Dear Ms. Muth:

We have reviewed the State’s proposed amendment to your Medicaid State Plan submitted under Transmittal Number (TN) 18-0006, dated March 27, 2018. This amendment updates the family planning services fee schedule.

Based on the information submitted, we have approved the amendment for incorporation into the official Texas state plan with an effective date of January 1, 2018, as requested. A copy of the CMS-179 form as well as the approved plan pages are included 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 e-mail at Ford.Blunt@cms.hhs.gov.

Sincerely,

Bill Brooks
Associate Regional Administrator

Cc: Dana Williamson, Manager, Policy Development Support
**TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL**

**FOR:** CENTERS FOR MEDICARE AND MEDICAID SERVICES

**TO:** REGIONAL ADMINISTRATOR
CENTERS FOR MEDICARE AND MEDICAID SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

**1. TRANSMITTAL NUMBER:** 18-0006

**2. STATE:** TEXAS

**3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)**

**4. PROPOSED EFFECTIVE DATE:** January 1, 2018

**5. TYPE OF PLAN MATERIAL (Circle One):**
- NEW STATE PLAN
- AMENDMENT TO BE CONSIDERED AS NEW PLAN
- AMENDMENT

**COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)**

**6. FEDERAL STATUTE/REGULATION CITATION:**

Social Security Act §1902(a)(30); 42 C.F.R. §447.201(b).

**7. FEDERAL BUDGET IMPACT:** SEE ATTACHMENT

<table>
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<th>FFY 2020</th>
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<tbody>
<tr>
<td>a.</td>
<td>$494,602</td>
<td>$733,223</td>
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**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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):**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 updates the family planning services fee schedule.

**11. GOVERNOR’S REVIEW (Check One):**

- GOVERNOR’S OFFICE REPORTED NO COMMENT
- COMMENTS OF GOVERNOR’S OFFICE ENCLOSED
- NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

**12. SIGNATURE OF STATE AGENCY OFFICIAL:**

[Signature]

**13. TYPED NAME:**

Stephanie Muth

**14. TITLE:**

State Medicaid Director

**15. DATE SUBMITTED:**

March 27, 2018

**16. RETURN TO:**

Stephanie Muth
State Medicaid Director
Post Office Box 13247, MC: H-100
Austin, Texas 78711

**17. DATE RECEIVED:**

March 27, 2018

**18. DATE APPROVED:**

April 19, 2018

**19. EFFECTIVE DATE OF APPROVED MATERIAL:**

January 1, 2018

**20. SIGNATURE OF REGIONAL OFFICIAL:**

[Signature]

**21. TYPED NAME:**

Bill Brooks

**22. TITLE:**

Associate Regional Administrator
Division of Medicaid and Children’s Health

**RECEIVED**

OFFICE OF THE STATE MEDICAID DIRECTOR

FORM CMS – 179 (07-92)
<table>
<thead>
<tr>
<th>Number of the Plan Section or Attachment</th>
<th>Number of the Superseded Plan Section or Attachment</th>
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<td>Attachment 4.19-B</td>
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<tr>
<td>Page 2f</td>
<td>Page 2f (TN 17-0007)</td>
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</table>
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 agency's fee schedule was revised with new fees for family planning providers effective January 1, 2018. The fee schedule was posted on the agency website on January 15, 2018.