

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES		1. TRANSMITTAL NUMBER: TX 07-037	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, 2007	
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: Title XIX, Section 1902 (a)(10)(I), Social Security Act, as amended 42USC1396d(a)(xiii)(4)(C)		7. FEDERAL BUDGET IMPACT: SEE ATTACHMENT a. FFY 2007 \$ 133,877 b. FFY 2008 \$ 1,702,921 c. FFY 2009 \$ 1,832,343	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: SEE ATTACHMENT <i>Attachments 3.1A + 3.1B Appendix 1, page 8</i>		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): SEE ATTACHMENT <i>SAME APPROVED (7/23-11)</i>	
10. SUBJECT OF AMENDMENT: The amendment eliminates the 2.5 percent payment reduction for Medicaid services for family planning services that was implemented effective September 1, 2003.			
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: Chris Traylor		Chris Traylor State Medicaid Director Post Office Box 85200 Austin, Texas 78708	
14. TITLE: State Medicaid Director			
15. DATE SUBMITTED: <i>8/30/07</i>			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: <i>30 August, 2007</i>		18. DATE APPROVED: <i>11 September, 2009</i>	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: <i>1 September, 2009</i>		20. SIGNATURE OF REGIONAL OFFICIAL:	
21. TYPED NAME: Bill Brooks		22. TITLE: <i>Associate Regional Administrator</i> <i>Div of Medicaid & Children's Health</i>	
23. REMARKS: <i>* Pen + Ink change made to add pg 8 of Appendix 1 to Attachment 3.1-B + 3.1-A per state's letter dated 8-5-2009.</i>			

**Attachment 8 & 9 to CMS Form 179
Transmittal No. 07-037, Amendment No. 796**

**Number of the
Plan Section or Attachment**

Attachment 4.19-B
Page 2f

**Number of the Superseded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

Attachment 4.19-B
Page 2f (SPA 03-019)

7. Reimbursement Methodology for Family Planning Services.

- (a) Payment for Family Planning services are 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 services effective for services on or after September 1, 2007. The fee schedule was posted on October 1, 2007.

STATE	Texas
DATE RECD	8-30-07
DATE APPRD	9-11-09
DATE EFF	9-1-07
HCTA 179	07-37

03-19

TN No. 07-37

Approval Date 9-11-09

Effective Date 9-1-07

Supersedes TN No. 03-19

4.c. Family Planning Services

- 1) The Medicaid Program includes those Family Planning Services specified by the single state agency when provided by physicians, advanced nurse practitioners, certified nurse-midwives and certain family planning clinics directed by physicians.
 - a) The benefits have been designed to cover expenses by the physician and the advanced nurse practitioners for the usual examinations and laboratory tests needed before starting patients on oral contraceptives or other methods of birth control.
 - b) The benefits also include permanent birth control by surgery, when performed within the scope of applicable laws and regulations.
 - c) One complete physical examination is allowed per client, per fiscal year, per provider.

- 2) The State assures that termination of pregnancy (i.e., abortion) is not considered a family planning service and is only covered at the federal medical assistance percentage (FMAP) rate for rape, incest and when, due to a physical condition, the life of the mother would be endangered if the pregnancy went to term.

93-11

STATE	TEXAS
DATE RECD	8-30-07
DATE APPLD	9-11-09
DATE EFF	9-1-07
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TN No. 07-37

Approval Date 9-11-09

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Supersedes TN No. 93-11

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STATE	Texas
DATE RECD	8-30-07
DATE APPEVD	4-11-09
DATE EFF	9-1-07
HQTA 179	07-37

93-11