

## **Table of Contents**

### **State Plan Amendment**

#### **SPA 19-0001 Physicians\_Anesthesia Fees - Effective 01/01/2019**

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**

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January 30, 2019

**Our Reference: SPA TX 19-0001**

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

**RECEIVED**

**JAN 30 2019**

**OFFICE OF THE STATE  
MEDICAID DIRECTOR**

Dear Ms. Muth:

We have reviewed the State's proposed amendment to the Texas State Plan submitted under Transmittal Number 19-0001, dated January 7, 2019. This state plan amendment corrects the physicians' and other practitioners' state plan page by identifying the new conversion factor (CF) and removing conversion factors no longer used for anesthesia services as amended by SPA 17-0022 (effective November 1, 2017).

Based on the information submitted, we have approved the amendment for incorporation into the official Texas State Plan with an effective date change of January 1, 2019. A copy of the CMS-179 and 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](mailto:Ford.Blunt@cms.hhs.gov).

Sincerely,

A black rectangular box redacting the signature of Bill Brooks.

Bill Brooks  
Associate Regional Administrator

CC: Dana Williamson, Manager, Policy Development Support

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b> <b>FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES</b>		1. TRANSMITTAL NUMBER: <div style="text-align: center; font-weight: bold;">19-0001</div>	2. STATE: <div style="text-align: center; font-weight: bold;">TEXAS</div>
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE AND MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
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		4. PROPOSED EFFECTIVE DATE: <div style="text-align: center; font-weight: bold;">January 1, 2019</div>	
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: <div style="text-align: center; font-weight: bold;">Social Security Act §1902(a)(30); 42 CFR 447.201(b)</div>	7. FEDERAL BUDGET IMPACT: <b>SEE ATTACHMENT</b> <div style="margin-left: 40px;">           a. FFY 2019      \$0.00            b. FFY 2020      \$0.00            c. FFY 2021      \$0.00         </div>		
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: <div style="text-align: center; font-weight: bold;">SEE ATTACHMENT TO BLOCKS 8 &amp; 9</div>	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): <div style="text-align: center; font-weight: bold;">SEE ATTACHMENT TO BLOCKS 8 &amp; 9</div>		
10. SUBJECT OF AMENDMENT: <b>The proposed amendment corrects the physicians' and other practitioners' state plan page by identifying the new conversion factor (CF) and removing conversion factors no longer used for anesthesia services as amended by SPA 17-0022 (effective November 1, 2017).</b>			
11. GOVERNOR'S REVIEW (Check One): <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT  <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL         </div> <div> <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: Sent to Governor's Office this date. Comments, if any, will be forwarded upon receipt.         </div> </div>			
12. SIGNATURE OF STATE AGENCY OFFICIAL: <div style="background-color: black; width: 200px; height: 20px; margin-top: 5px;"></div>	16. RETURN TO: <b>Stephanie Muth</b> <b>State Medicaid Director</b> <b>Post Office Box 13247, MC: H-100</b> <b>Austin, Texas 78711</b>		
13. TYPED NAME: <div style="text-align: center; font-weight: bold;">Stephanie Muth</div>	16. RETURN TO: <b>Stephanie Muth</b> <b>State Medicaid Director</b> <b>Post Office Box 13247, MC: H-100</b> <b>Austin, Texas 78711</b>		
14. TITLE: <div style="text-align: center; font-weight: bold;">State Medicaid Director</div>			
15. DATE SUBMITTED: <div style="text-align: center; font-weight: bold;">January 7, 2019</div>			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED:      January 7, 2019		18. DATE APPROVED:      January 30, 2019	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: <div style="text-align: center;">January 1, 2019</div>	20. SIGNATURE OF REGIONAL OFFICIAL: <div style="background-color: black; width: 150px; height: 20px; margin-top: 5px;"></div>		
21. TYPED NAME: <div style="text-align: center;">Bill Brooks</div>	22. TITLE: <div style="text-align: center;">Associate Regional Administrator Division of Medicaid and Children's Health</div>		
23. REMARKS:			

**Attachment to Blocks 8 & 9 of CMS Form 179**

**Transmittal Number 19-0001**

**Number of the  
Plan Section or Attachment**

Attachment 4.19-B  
Page 1a.2

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

Attachment 4.19-B  
Page 1a.2 (TN 13-0039)

State: Texas  
Date Received: 01-07-19  
Date Approved: 01-30-19  
Date Effective: 01-01-19  
Transmittal Number: 19-0001

## 1. Physicians and Other Practitioners (continued)

- F. Conversion factor equal to the current Medicare conversion factor – Effective April 1, 2010, for increases to certain RBFs for services provided by physicians and other practitioners. Implemented with respect to maintaining access to care for Medicaid clients for certain necessary medical services.
- G. \$25.60 – Effective November 1, 2017, for anesthesia services to clients under age 21.
- H. \$24.32 – Effective November 1, 2017, for anesthesia services to clients 21 years of age and older.
- (d) Access-based fees (ABFs) are developed to account for deficiencies in RBFs relating to adequacy of access to health care services for Medicaid clients and are based upon: (1) historical charges; (2) current total Medicare fee (i.e., RVU times Conversion Factor) for the individual service; (3) review of Medicaid fees paid by other states; (4) survey of providers' costs to provide the individual service; (5) Medicaid fees for similar services; and/or (6) some combination or percentage thereof.
- (e) General guidelines used when updating Medicaid fees for services provided by physicians and other practitioners include, but are not limited to, the following: updating the Medicaid relative value units (RVUs) to those currently in effect for Medicare and multiplying the updated RVUs by the current Medicaid conversion factor to result in an updated resource-based fee (RBF); increasing the Medicaid conversion factor to increase RBFs for which no RVU update is required in order to increase access to services; changing an existing RBF to an access-based fee (ABF) when the RBF methodology does not provide sufficient access to care; and changing an existing ABF to a RBF as appropriate.

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TN: 19-0001 Approval Date: 01-30-19  
Supersedes TN: 13-0039 Effective Date: 01-01-19

State: Texas
Date Received: 01-07-19
Date Approved: 01-30-19
Date Effective: 01-01-19
Transmittal Number: 19-0001