# TEXAS HEALTH AND HUMAN SERVICES COMMISSION RATE ANALYSIS DEPARTMENT

Proposed Medicaid Payment Rates for Medicaid Biennial Calendar Fee Review for Indian Health Services

Payment rates are proposed to be effective January 1, 2015

#### SUMMARY OF PROPOSED MEDICAID PAYMENT RATES

#### Effective January 1, 2015

Included in this document is information relating to the proposed Medicaid payment rates for Medicaid Biennial Calendar Fee Review for Indian Health Services. The rates are proposed to be effective January 1, 2015.

### **Hearing**

The Health and Human Services Commission (HHSC) will conduct a public hearing to receive comments regarding the proposed Medicaid rates detailed in this document on August 13, 2015, at 1:30 p.m. in the Public Hearing Room in the Brown-Heatly Building at 4900 North Lamar Boulevard, Austin, Texas 78751, with entrance through Security at the front of the building facing Lamar Boulevard. HHSC will consider concerns expressed at the hearing prior to final rate approval. This public hearing is held in compliance with the provisions of Human Resources Code §32.0282 and the Texas Administrative Code, Title 1 (1 TAC), §355.201, which require a public hearing on proposed payment rates. Should you have any questions regarding the information in this document, please contact:

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HHSC also will broadcast the public hearing; the broadcast can be accessed at <a href="http://www.hhsc.state.tx.us/news/meetings.asp">http://www.hhsc.state.tx.us/news/meetings.asp</a>. The broadcast will be archived and can be accessed on demand at the same website.

#### **Background**

HHSC is responsible for the reimbursement determination functions for the Texas Medicaid Program. Proposed rates are calculated utilizing established methodologies that conform to the Social Security Act and related federal regulations, the federally approved Texas Medicaid State Plan, all applicable state statutes and rules, and other requirements. HHSC reviews the Medicaid reimbursement rates for all acute care services every two years. These biennial reviews result in rates that are increased, decreased, or remain the same. The reviews are conducted to ensure that rates continue to be based on established rate methodologies.

#### <u>Methodology</u>

The specific administrative rules that govern the establishment of the fees in this proposal include these rules in 1 TAC:

- §355.8085, which addresses the reimbursement methodology for physicians and other practitioners;
- §355.8441, which addresses the reimbursement methodology for Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) services (known in Texas as Texas Health Steps); and

#### **Proposed Rates**

Indian Health reimbursement rates are set annually by the Department of Human Services and were published in the Texas Register on April 7, 2015.

Proposed payment rates are listed in the attachment outlined below:

Att – Indian Health

This public rate hearing briefing packet presents proposed payment rates and is distributed at HHSC public rate hearings and posted by the proposed effective date on the HHSC website at <a href="http://www.hhsc.state.tx.us/rad/rate-packets.shtml">http://www.hhsc.state.tx.us/rad/rate-packets.shtml</a>. Proposed rates may or may not be adopted, depending on HHSC management decisions after review of public comments and additional information. Provider and public notification about adoption decisions are published on the Texas Medicaid & Healthcare Partnership (TMHP) website at <a href="http://www.tmhp.com">http://www.tmhp.com</a> in banner messages, bulletins, notices, and updates to the Texas Medicaid fee schedules. The fees schedules are available in static files or online lookup at <a href="http://public.tmhp.com/FeeSchedules">http://public.tmhp.com/FeeSchedules</a>.

## **CFR ATTACHMENT - INDIAN HEALTH SERVICES (proposed to be effective January 1, 2015)**

					CUR	RENT	PROPOSED	
						Current		Proposed
					Current	Adjusted	Proposed	Adjusted
TO	Procedure			Age	Medicaid	Medicaid	Medicaid	Medicaid
*	Code	Modifier	Long Description	Range	Fee	Fee	Fee	Fee
1	T1015		Clinic visit/encounter, all inclusive	0-999	\$342.00	\$342.00	\$350.00	\$350.00

*Туре	e of Service (TOS)
1	Medical Services