# TEXAS HEALTH AND HUMAN SERVICES COMMISSION RATE ANALYSIS DEPARTMENT

Notice of Proposed Adjustments to Fees, Rates or Charges for Medicaid Calendar Fee Review of Indian Health Services

Adjustments are proposed to be effective January 1, 2016

#### SUMMARY OF PROPOSED ADJUSTMENTS

#### To Be Effective January 1, 2016

Included in this document is information relating to the proposed adjustments to Medicaid payment rates for the Medicaid Calendar Fee Review of Indian Health Services. The rates are proposed to be effective January 1, 2016.

### <u>Hearing</u>

The Health and Human Services Commission (HHSC) will conduct a public hearing to receive comments regarding the proposed adjustments to Medicaid rates detailed in this document on November 16, 2016, 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 all concerns expressed at the hearing prior to final rate approval. This public hearing will be held in compliance with the provisions of Human Resources Code §32.0282 which requires a public hearing on proposed payment rate adjustments. Should you have any questions regarding the information in this document, please contact:

Rozsalind Brown, Rate Analysis for Acute Care Services Texas Health and Human Services Commission (512) 730-7462 FAX: (512) 730-7475 E-mail: rozsalind.brown@hhsc.state.tx.us

The hearing will be recorded and available to the public for purchase.

#### **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. These reviews result in rates that are increased, decreased, or remain the same and are conducted to ensure that rates continue to be based on established rate methodologies.

#### Methodology

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

• §355.8620, which addresses the reimbursement methodology for services provided in Indian Health Service and Tribal Facilities.

#### **Proposed Rate Adjustments**

Indian Health reimbursement rates are set annually by the Department of Health and Human Services and were published in the Federal Register on March 9, 2016 (Vol. 81, No. 46, Page 12513).

Proposed payment rates are listed in the attachment outlined below:

Att – Indian Health

#### **Written Comments**

Written comments regarding the proposed payment rate adjustments will be accepted in lieu of, or in addition to, oral testimony until 5 p.m. the day of the hearing. Written comments may be sent by U.S. mail to the Texas Health and Human Services Commission, Attention: Rate Analysis, Mail Code H-400, P.O. Box 149030, Austin, Texas 78714-9030; by fax to Rate Analysis at (512) 730-7475; or by e-mail to RADAcuteCare@hhsc.state.tx.us. In addition, written comments will be accepted by overnight mail or hand delivery to Texas Health and Human Services Commission, Attention: Rate Analysis, Mail Code H-400, Brown-Heatly Building, 4900 North Lamar, Austin, Texas 78751

Persons with disabilities who wished to attend the hearing and required auxiliary aids or services were advised to contact Rate Analysis at (512) 730-7401 at least 72 hours in advance, so appropriate arrangements could be made.

## **CFR ATTACHMENT - INDIAN HEALTH (proposed to be effective January 1, 2016)**

							CUR	RENT	OSED	Percent	
TOS*	Proce- dure Code	Mod- ifier	Long Description	Age Range	Non- Facility (N)/ Facility (F)	Provider Type (PT) /Provider Specialty (PS)	Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	Change from Current Medicaid Fee
1	T1015		Clinic visit/encounte r, all inclusive		N/F	69	\$350.00	\$350.00	\$368.00	\$368.00	5.14%

*Type of Service (TOS)						
1	Medical Services					

Provid	er Type / Provider Specialty
69	Indian Health Services