

**TEXAS HEALTH AND HUMAN SERVICES  
COMMISSION  
RATE ANALYSIS DEPARTMENT**

**Proposed Medicaid Payments for:**

**Home Health Services (Professional Services and  
Durable Medical Equipment Prosthetics, Orthotics,  
and Supplies) and  
Family Planning Providers**

**Payment reimbursements are proposed to be effective  
September 1, 2010.**

# **SUMMARY OF PROPOSED MEDICAID REIMBURSEMENTS**

**Effective September 1, 2010**

Included in this document is information relating to the proposed Medicaid reimbursement reduction for Home Health Services (Professional Services and Durable Medical Equipment Prosthetics, Orthotics, and Supplies), and Family Planning Providers. The Health and Human Services Commission (HHSC) is responsible for the reimbursement determination for the Texas Medicaid Program.

## **Hearing**

HHSC will conduct a public hearing to receive comments regarding the proposed Medicaid payments on June 29, 2010, at 10:00 a.m. – 12:00 p.m. in the Lone Star Conference Room in Building H of the Braker Center, at 11209 Metric Boulevard, Austin, TX 78758-4021, with entrance through security at the front of the building facing Metric Boulevard. This public hearing is held in compliance with the provisions of Human Resources Code §32.0282 and 1 TAC §355.105(g), 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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## **Background**

The Legislative Budget Board and the Governor's Office informed HHSC in a letter dated May 17, 2010, of their revision to the Spending Reduction Plan for the 2010-11 Biennium submitted by HHSC. The spending reduction plan was submitted in response to a letter dated January 15, 2010 from the Governor, Lieutenant Governor, and Speaker requesting a spending reduction proposal. As a result of this revision to the spending reduction plan the proposed reimbursement for all procedure codes submitted on and after September 1, 2010, will be equal to the reimbursement indicated on the agency's current fee schedule in effect at the time, less one percent.

## **Methodology**

The proposed reimbursements were determined in accordance with the reimbursement methodology rule at Title 1 of the Texas Administrative Code (1 TAC) §355.8021, Texas Medicaid Reimbursement Methodology for Home Health Services (Professional Services and Durable Medical Equipment Prosthetics, Orthotics, and Supplies), (1 TAC) §355.8441, Texas Medicaid Reimbursement Methodology for Early and Periodic Screening, Diagnosis, and Treatment DME Services, and (1 TAC) §355.8085, Texas Medicaid Reimbursement Methodology for Physicians and Certain Other Practitioners including Family Planning Providers. These rates were subsequently adjusted in accordance with 1 TAC §355.201, Establishment and Adjustment of Reimbursement Rates by the Health and Human Services Commission.