

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

**Proposed Medicaid Payment Rate for
Certified Respiratory Care Practitioner Services
through the Comprehensive Care Program**

**Payment rates are proposed to be effective
July 1, 2013.**

SUMMARY OF PROPOSED MEDICAID PAYMENT RATES

Effective July 1, 2013

Included in this document is information relating to the proposed Medicaid payment rates for Certified Respiratory Care Practitioner Services through the Comprehensive Care Program. The rates are proposed to be effective July 1, 2013.

Hearing

HHSC will conduct a public hearing to receive comments regarding the proposed Medicaid rates detailed in this document on May 15, 2013, at 1:30 p.m. in the Brown Heatly Public Hearing Room, at 4900 North Lamar, Austin, TX 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 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 Health and Human Services Commission (HHSC) is responsible for the reimbursement determination 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 and clinical laboratory services are reviewed annually. These biennial reviews result in rates that are increased, decreased, or remain the same. The reviews are unrelated to rate reduction imposed by the legislature, but rather 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 this rule in Title 1 of the Texas Administrative Code (1 TAC):

- §355.8085, which addresses the reimbursement methodology for physicians and other medical professionals, including medical services, surgery, assistant

- surgery, and physician-administered drugs/biologicals; and
- §355.8089, which addresses the reimbursement methodology for in-home respiratory therapy services for ventilator-dependent persons.

The reimbursement rates proposed reflect applicable reductions directed by the 2012-2013 General Appropriations Act, H.B. 1, 82nd Legislature, Regular Session. Detailed information related to specifics of the reductions can be found on the Medicaid fee schedules at <http://public.tmhpc.com/FeeSchedules/Default.aspx>.

Proposed Rates

The proposed rates are based on the following:

- Resource-based fee (RBF) methodology uses relative value units (RVUs) established by Medicare times a conversion factor. Current conversion factors include \$28.0672 for most services provided to children 20 years of age and younger and \$26.7305 for services provided to adults 21 years of age and older. Fees for services provided to children and identified as having access-to-care issues may be assigned a higher conversion factor, currently \$30.00.
- For services and items that are not covered by Medicare or for which the Medicare rate is insufficient, the current Medicaid fee for a similar service (comparable code) was used.

Proposed payment rates are listed in the attachments outlined below:

Attachment – Certified Respiratory Care Practitioner Services CCP