

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

**Notice of Proposed Adjustments to Fees, Rates or Charges
for the Medical Policy Review of Outpatient Mental Health
Services**

**Adjustments are proposed to be effective
July 1, 2017**

SUMMARY OF PROPOSED ADJUSTMENTS

To Be Effective July 1, 2017

Included in this document is information relating to the proposed adjustments to Medicaid payment rates for the Medical Policy Review of Outpatient Mental Health Services. The Texas Health and Human Services Commission (HHSC) intends to submit an amendment to the Texas State Plan for Medical Assistance under Title XIX of the Social Security Act to update the fee schedules to reflect these proposed adjustments. The rates are proposed to be effective July 1, 2017.

Hearing

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 May 18, 2017, 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:

Ross Keenon, Rate Analysis for Acute Care Services
Texas Health and Human Services Commission
(512) 707-6073 FAX: (512) 730-7475
E-mail: ross.keenon@hhsc.state.tx.us

HHSC will broadcast the public hearing; the broadcast can be accessed at <http://legacy-hhsc.hhsc.state.tx.us/news/webcasting.asp>. 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.

Methodology

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; and
- §355.8091, which addresses the reimbursement methodology for Licensed Professional Counselors, Licensed Master Social Worker-Advanced Clinical Practitioners, and Licensed Marriage and Family Therapists.

Proposed Rate Adjustments

A summary of the methodologies used to determine the proposed fee-for-service Medicaid rates is listed below:

- Access-based fees (ABFs) allow the state to reimburse for procedure codes not covered by Medicare or for which the Medicare fee is inadequate, or account for particularly difficult procedures, or encourage provider participation to ensure access to care.
- For services and items that are not covered by Medicare or for which the Medicare rate is insufficient, different approaches are used to develop fees based on available information. These alternate methods include, as applicable:
 - 70 percent of the current rate reimbursed for services provided by a licensed clinical psychologist.
 - 50 percent of the current rate reimbursed for services provided by a licensed clinical psychologist.

Specific proposed payment rate adjustments are listed in the attachments outlined below:

Att – Outpatient Mental Health Services

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@hsc.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.

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 <http://legacy-hhsc.hhsc.state.tx.us/rad/rate-packets.shtml>. 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 and Healthcare Partnership (TMHP) website at <http://www.tmhp.com> 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 <http://public.tmhp.com/FeeSchedules>.

ATTACHMENT - OUTPATIENT MENTAL HEALTH SERVICES (Proposed to be effective July 1, 2017)

TOS*	Procedure Code	Modifier**	Long Description	Age Range	Non-Facility (N)/ Facility (F)	CURRENT		PROPOSED		Percent Change from Current Medicaid Fee
						Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	
1	96116	U9/UC	**	0-20	F	Not A Benefit	Not A Benefit	\$47.94	\$47.94	100.00%
1	96116	U9/UC	**	21-999	F	Not A Benefit	Not A Benefit	\$45.65	\$45.65	100.00%
1	96116	U9/UC	**	0-20	NF	Not A Benefit	Not A Benefit	\$51.08	\$51.08	100.00%
1	96116	U9/UC	**	21-999	NF	Not A Benefit	Not A Benefit	\$48.65	\$48.65	100.00%
1	96116	UB	**	0-20	F	Not A Benefit	Not A Benefit	\$34.24	\$34.24	100.00%
1	96116	UB	**	21-999	F	Not A Benefit	Not A Benefit	\$32.61	\$32.61	100.00%
1	96116	UB	**	0-20	NF	Not A Benefit	Not A Benefit	\$36.49	\$36.49	100.00%
1	96116	UB	**	21-999	NF	Not A Benefit	Not A Benefit	\$34.75	\$34.75	100.00%

*Type of Service (TOS)	
1	Medical Services
Modifier	
U9	Provisionally Licensed Psychologist
UC	Licensed Psychological Associate
UB	Psychology intern or fellow

** Required Notice: The five-character code included in this notice is obtained from the Current Procedural Terminology (CPT®), copyright 2017 by the American Medical Association (AMA). CPT is developed by the AMA as a listing of descriptive terms and five character identifying codes and modifiers for reporting medical services and procedures performed by physicians. The responsibility for the content of this notice is with HHSC and no endorsement by the AMA is intended or should be implied. The AMA disclaims responsibility for any consequences or liability attributable or related to any use, nonuse or interpretation of information contained in this notice. Fee schedules, relative value units, conversion factors and/or related components are not assigned by the AMA, are not part of CPT, and the AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for data contained or not contained.