Table of Contents

State/Territory Name: Texas

State Plan Amendment (SPA) #: 12-35

This file contains the following documents in the order listed:

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Dallas Regional Office
1301 Young Street, Suite 833
Dallas, Texas 75202

CENTERS FOR MEDICARE & MEDICAID SERVICES
CONSORTIUM FOR MEDICAID
& CHILDREN'S HEALTH OPERATIONS

DIVISION OF MEDICAID & CHILDREN'S HEALTH - REGION VI

December 12, 2012

Our Reference: SPA TX 12-035

Ms. Kay Ghahremani
State Medicaid/CHIP Director
Health and Human Services Commission
Post Office Box 13247
Mail Code H100
Austin, Texas 78711

Dear Ms. Ghahremani:

We have reviewed the State's proposed amendment to the Texas State Plan submitted under Transmittal Number 12-035, dated September 21, 2012. This state plan amendment revises the payment for Medicare Part B services for the dual eligible population to the Medicare allowable rate for specific ambulance transports.

Based on the information submitted, we have approved the amendment for incorporation into the official Texas State Plan with an effective date change of September 1, 2012. A copy of the CMS-179 and approved plan pages are enclosed with this letter.

If you have questions, please contact Cheryl Rupley at (214) 767-6278.

Sincerely,

[redacted]

Bill Brooks
Associate Regional Administrator

cc: Emily Zalkovsky, Policy Development Support

NT OF HEALTH AND HUMAN SERVICES
:OR MEDICARE AND MEDICAID SERVICES

FORM APPROVED
OMB NO. 0938-0193

NSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES

1. TRANSMITTAL NUMBER: **12-035**
2. STATE: **TEXAS**
3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
CENTERS FOR MEDICARE AND MEDICAID SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE: **September 1, 2012**

5. TYPE OF PLAN MATERIAL *(Circle One)*:

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT *(Separate Transmittal for each amendment)*

6. FEDERAL STATUTE/REGULATION CITATION:
Section 1902(n) of the Act

7. FEDERAL BUDGET IMPACT: SEE ATTACHMENT
a. FFY **2012** **$ 165,703**
b. FFY **2013** **$2,089,121**
c. FFY **2014** **$2,169,726**

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
SEE ATTACHMENT TO BLOCKS 8 & 9

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*:
SEE ATTACHMENT TO BLOCKS 8 & 9

10. SUBJECT OF AMENDMENT:
The proposed amendment allows Texas Medicaid to pay cost sharing for emergency ambulance transports and hospital to hospital transport at the amount of the Medicare allowable rate minus the Medicare payment amount.

11. GOVERNOR'S REVIEW *(Check One)*:
☐ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL
☒ OTHER, AS SPECIFIED: Sent to Governor's Office this date. Comments, if any, will be forwarded upon receipt.

12. SIGNATURE OF STATE AGENCY OFFICIAL:
[redacted]

13. TYPED NAME:
Chris Traylor

14. TITLE:
State Medicaid Director

15. DATE SUBMITTED:
September 21, 2012

16. RETURN TO:
Chris Traylor
State Medicaid Director
Post Office Box 13247, MC: H-100
Austin, Texas 78711

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 21 September, 2012

18. DATE APPROVED: 12 December, 2012

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
1 September, 2012

20. SIGNATURE OF REGIONAL OFFICIAL:
[redacted]

21. TYPED NAME:
Bill Brooks

22. TITLE: Associate Regional Administrator
Division of Medicaid & Children's Health

23. REMARKS:

FORM CMS - 179 (07-92)

Attachment to Blocks 8 & 9 of CMS Form 179

Transmittal Number 12-035

Number of the Plan Section or Attachment	**Number of the Superseded Plan Section or Attachment**
Supplement 1 to Attachment 4.19B Page 3	Supplement 1 to Attachment 4.19-B Page 3 (12-022)

STATE Texas
DATE REC'D 9-21-12
DATE APPV'D 12-12-12
DATE EFF 9-1-12
NOFA 179 12-35
A

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State/Territory: Texas

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES
OTHER TYPES OF CARE

Payment of Medicare Part A and Part B Deductible/Coinsurance

* The payment of the Medicare Part A deductible and coinsurance for inpatient hospital services and the payment of the Medicare Part B deductible and coinsurance for outpatient and professional services are based on the following. The payment of all other Part A deductible and coinsurance is based on the Medicare rate.

1. If the Medicare payment amount equals or exceeds the Medicaid payment rate, the State is not required to pay the Medicare deductible/coinsurance on a crossover claim.

2. If the Medicare payment amount is less than the Medicaid payment rate, the State is required to pay the Medicare deductible/coinsurance on a crossover claim, but the amount of payment is limited to the lesser of the deductible/coinsurance (resulting in a combined Medicare/State payment amount equal to the Medicare payment rate) or the amount remaining after the Medicare payment amount is subtracted from the Medicaid payment rate (resulting in a combined Medicare/State payment amount equal to the Medicaid payment rate).

3. Coverage of a recipient's deductible and/or coinsurance liabilities as specified in this section satisfies the State's obligation to provide Medicaid coverage for services that would have been paid in the absence of Medicare coverage.

4 On crossover claims from renal dialysis facility providers, the payment will be equal to the Medicare deductible/coinsurance minus five percent.

5. The payment of the Medicare Part B deductible and coinsurance for the following types of crossover claims is based on the Medicare rate:
   - services provided by psychiatrists, psychologists, and licensed clinical social workers;
   - codes R0070 and R0075, related to the transport of portable x-ray equipment; and
   - services provided for emergency ambulance transports and hospital to hospital transports.

SUPERSEDES TN: 12-22