

## **Table of Contents**

**State/Territory Name: Texas**

**State Plan Amendment (SPA) #: 13-02**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Superseding Page Listing
- 4) Approved SPA Page

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



**DIVISION OF MEDICAID & CHILDREN'S HEALTH - REGION VI**

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March 12, 2013

Our Reference: SPA TX 13-002

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 13-002, dated January 24, 2013. This state plan amendment removes outdated language to reflect that Texas is in compliance with 42 CFR 433.139 (e) to cost avoid the recovery of Long Term Institutional Care and Vendor Drug program claims.

Based on the information submitted, we have approved the amendment for incorporation into the official Texas State Plan with an effective date change of February 22, 2013. A copy of the CMS-179 and approved plan pages are enclosed with this letter.

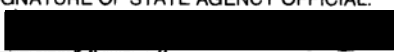

If you have questions, please contact Cheryl Rupley at (214) 767-6278.

Sincerely,

A black rectangular redaction box covering the signature of Bill Brooks.

Bill Brooks  
Associate Regional Administrator

cc: Ashley Fox, Policy Development Support

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b> <b>FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES</b>		1. TRANSMITTAL NUMBER: <b>13-002</b>	2. STATE: <b>TEXAS</b>
		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: <b>February 22, 2013</b>	
5. TYPE OF PLAN MATERIAL (Circle One): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: <b>42 CFR §433.139</b>		7. FEDERAL BUDGET IMPACT: SEE ATTACHMENT a. FFY 2013 (\$4,244,603) b. FFY 2014 (\$7,201,611) c. FFY 2015 (\$7,201,611)	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: <b>SEE ATTACHMENT TO BLOCKS 8 &amp; 9</b>		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): <b>SEE ATTACHMENT TO BLOCKS 8 &amp; 9</b>	
10. SUBJECT OF AMENDMENT: <b>The proposed amendment removes outdated language which states that the State has obtained a waiver under 433.139(e) to pay and chase the recovery of Medicaid costs in the Long Term Care Institutional Care and Vendor Drug programs. The language is obsolete because the State no longer has a pay and chase waiver.</b>			
11. GOVERNOR'S REVIEW (Check One): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: Sent to Governor's Office this date. Comments, if any, will be forwarded upon receipt. <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO: <b>Kay Ghahremani State Medicaid Director Post Office Box 13247, MC: H-100 Austin, Texas 78711</b>	
13. TYPED NAME: <b>Kay Ghahremani</b>			
14. TITLE: <b>State Medicaid Director</b>			
15. DATE SUBMITTED: <b>January 24, 2013</b>			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED: <b>24 January, 2013</b>		18. DATE APPROVED: <b>5 March, 2013</b>	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: <b>22 February, 2013</b>		20. SIGNATURE: 	
21. TYPED NAME: <b>Bill Brooks</b>		22. TITLE: <b>Associate Regional Administrator Division of Medicaid &amp; Children's Health</b>	
23. REMARKS:			

**Attachment to Blocks 8 & 9 of CMS Form 179**

**Transmittal Number 13-002**

**Number of the  
Plan Section or Attachment**

Attachment 4.22-B  
Page 2

**Number of the Superseded  
Plan Section or Attachment**

Attachment 4.22-B  
Page 2 (TN 90-022)

State: Texas  
Date Approved: 3/5/13  
Date Received: 1/24/13  
Date Effective: 2/22/13  
Transmittal Number: 13-02

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
STATE/TERRITORY: TEXAS

Requirements of Third Party Liability Payment of Claims

If no response is received by the twelfth (12<sup>th</sup>) month after the date of initial billing, the case will be closed and no further action taken.

Medicare recoupments will be pursued on a periodic basis through an automated system. Medicaid will seek reimbursement of all paid claims whenever Medicare eligibility is established retroactively, whenever buy-in delays are experienced, and whenever suspected Medicare entitlements are not resolved within one-hundred and twenty (120) days of referral to Medicare. Medicaid services not covered by Medicare are not included in this process.

In the area of personal injury liability, trauma related claims previously noted of \$100.00 or more will be researched and reviewed. Notices of subrogation will be filed with the appropriate parties.

The policy on determining whether it is cost effective to pursue a third party reimbursement in the Long Term Institutional Care and Vendor Drug programs is as follows:

- (A) A threshold amount of \$100.00 will be used in both the Long Term Institutional Care and Vendor Drug programs. The State will accumulate all claims in both programs for a period of six (6) months or \$100.00, whichever comes first.
- (B) Procedures for seeking reimbursement will be initiated within sixty (60) days after the end of the month in which the liable third party is identified or in which payment was made and the threshold amount is reached. There will be a follow up on all unresolved recovery attempts within six (6) months of the initial request. If no response is received by the twelfth (12<sup>th</sup>) month, a third request is submitted with a cover letter indicating it is the third request. Then after three (3) months with no response, the case is closed and no further action is taken on that claim.

**SUPERSEDES: TN- 90-22**

STATE	<u>Texas</u>	<b>A</b>
DATE REC'D	<u>1-24-13</u>	
DATE APPV'D	<u>3-5-13</u>	
DATE EFF	<u>2-22-13</u>	
INFA 179	<u>13-02</u>	

TN: 13-02

Approval Date: 3-5-13

Effective Date: 2-22-13

Supersedes TN: 90-22