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State/Territory Name: Texas
State Plan Amendment (SPA)#: 13-25

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Summary Form (with 179-like data)
- 3) Approved SPA Pages

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

November 19, 2013

Our Reference: SPA TX 13-025

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 13-25, dated September 12, 2013. This state plan amendment revises the existing payment methodology for Medicare Part B coinsurance and deductibles for all ambulance services to be paid up to the full Medicare allowable rate.



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, 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,

Bill Brooks
Associate Regional Administrator

cc: Becky Brownlee, Policy Development Support

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|---|--|---|-------------------------------|
| TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES | | 1. TRANSMITTAL NUMBER: 13-025 | 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, 2013 | |
| | | 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: Section 1902(n) of the SSA | | 7. FEDERAL BUDGET IMPACT: SEE ATTACHMENT a. FFY 2014 \$6,220,242 b. FFY 2015 \$6,288,496 c. FFY 2016 \$6,496,017 | |
| 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 makes an exception for all ambulance services to the current payment methodology for Medicaid payment of Medicare Part B coinsurance and deductibles such that cost-sharing for Part B ambulance services are paid up to the full Medicare rate. | | | |
| 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. TYPED NAME  Kay Ghahremani | |  State Medicaid Director Post Office Box 13247, MC: H-100 Austin, Texas 78711 | |
| 14. TITLE: State Medicaid Director | | | |
| 15. DATE SUBMITTED: September 12, 2013 | | | |
| FOR REGIONAL OFFICE USE ONLY | | | |
| 17. DATE RECEIVED: 12 September, 2013 | | 18. DATE APPROVED: 19 November, 2013 | |
| PLAN APPROVED – ONE COPY ATTACHED | | | |
| 19. EFFECTIVE DATE OF APPROVED MATERIAL: 1 September, 2013 | | 20. SIGNATURE OF REGIONAL OFFICIAL: | |
| 21. TYPED NAME: Bill Brooks | | 22. TITLE: Associate Regional Administrator Division of Medicaid & Children's Health | |
| 23. REMARKS: | | | |

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

4. 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.
5. On crossover claims from renal dialysis facility providers, the payment will be equal to the Medicare coinsurance minus five percent. For renal dialysis claims, the state will pay the Part B deductible for dual eligibles up to the annual maximum deductible amount set by Medicare each year.
6. 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
 - ambulance services, including ground and air ambulance services.

State: Texas
Date Received: 9/12/13
Date Approved 11/19/13
Date Effective: 9/1/13
Transmittal Number TX 13-25

TN: 13-25

Approval Date: 11/19/13

Effective Date: 9/1/13

Supersedes TN: 13-01