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State/Territory Name: Texas

State Plan Amendment (SPA) #: 14-30

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

October 29, 2014

Our Reference: SPA 14-030

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 14-030, dated September 30, 2014. This state plan amendment updates the state plan provisions against reassignment of provider claims by including an exception for substitute physician arrangements.

Based on the information submitted, we have approved the amendment for incorporation into the official Texas State Plan with an effective date change of July 14, 2014. 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: Becky Brownlee, Policy Development Support

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE AND MEDICAID SERVICES

FORM APPROVED
OMB NO. 0938-0193

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

1. TRANSMITTAL NUMBER: **14-030**

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: **July 14, 2014**

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:
§1902(a)(32) of Social Security Act

7. FEDERAL BUDGET IMPACT: **SEE ATTACHMENT**
a. **FFY 2014** **$0**
b. **FFY 2015** **$0**
c. **FFY 2016** **$0**

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*: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 would update the state plan's substitute physicians arrangements to clarify that no payment under the plan for any care or service provided to an individual shall be made to anyone other than the person providing service, except in cases where a substitute physician sees a billing physician's patients for 14 continuous days or less under an informal reciprocal arrangement or for up to 90 continuous days under a formal locum tenans arrangement.

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:
Kay Ghahremani

14. TITLE:
State Medicaid Director

15. DATE SUBMITTED:
September 30, 2014

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

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 30 September, 2014

18. DATE APPROVED: 29 October, 2014

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
14 July, 2014

20. SIGNA[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 14-030

Number of the Plan Section or Attachment	**Number of the Superseded Plan Section or Attachment**
Basic State Plan Page 68	Basic State Plan Page 68 (TN 81-009)

State: Texas
Date Received: 30 September, 2014
Date Approved: 29 October, 2014
Date Effective: 14 July, 2014
Transmittal Number: TX 14-30

State Texas

Citation	4.21	Prohibition Against Reassignment of Provider Claims
42 CFR 447.10(c) AT-78-90 46 FR 42699 SSA §1902(a)(32)		Payment for Medicaid services furnished by any provider under this plan is made in accordance with the requirements of 42 CFR 447.10 and Social Security Act §1902(a)(32).

State: Texas
Date Received: 30 September, 2014
Date Approved: 29 October, 2014
Date Effective: 14 July, 2014
Transmittal Number: TX 14-30