



## Division of Survey and Certification, Region VI

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August 31, 2017

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

Dear Ms. Snyder:

We have reviewed your request for relief to CMS' existing regulations and requirements to provider enrollment. You indicated the need for temporary waivers to give you the needed flexibility to address the disaster caused by Hurricane Harvey. Under the section 1135 waiver authority, we are able to grant your request. The language below outlines what provisions CMS has waived:

### Texas Medicaid Provider Enrollment Disaster Relief

Texas Medicaid currently has the authority to rely upon screening that is performed by other State Medicaid Agencies (SMAs) and/or Medicare. Texas is not required to create a temporary provisional enrollment for providers who are enrolled with another SMA or Medicare.

With respect to providers not already enrolled with another SMA or Medicare, CMS will waive the following screening requirements so the state may provisionally, temporarily, enroll the provider:

1. Payment of the application fee - 42 C.F.R 455.460
2. Criminal background checks associated with FCBC- 42 C.F.R Section 455.434
3. Site visits - 42 C.F.R Section 455.432
4. In-state licensure requirements - 42 C.F.R Section 455.412

CMS is granting waiver authority to allow Texas to enroll providers who are not currently enrolled by meeting the following minimum requirements:

1. Must collect minimum data requirements in order to file claims and process, including, but not limited to NPI;
2. Must collect SSN/EIN/TIN in order to perform the following screening requirements:
  - a. OIG exclusion list
  - b. State licensure – provider must be licensed, and legally authorized, in any state to practice or deliver the services for which they intend to file claims

3. Texas may grant a provisional temporary enrollment that meets the following requirements:
  - a. Must cease approving temporary provisional enrollments no later than the date that the disaster designation is lifted
  - b. Must cease payment to providers who are temporarily enrolled within six months from the date that the disaster designation is lifted, unless a provider has submitted an application that meets all requirements for Medicaid participation and that application was subsequently reviewed and approved by Texas
  - c. Texas must allow a retroactive effective date for provisional temporary enrollments that is no earlier than August 25, 2017.

In addition, Texas may temporarily cease revalidation of providers who are located in Texas or are otherwise directly impacted by the disaster. CMS will also lift the moratoria on non-emergency ambulance suppliers to reduce potential access to care concerns that may arise. CMS will provide an effective date for this action as soon as possible.

We acknowledge the situation the State is currently experiencing, however we hope these waiver provisions will help assist you in providing the affected individuals in your State the services they need and will allow you to reimburse the providers who provided the needed care.

If you have any questions or concerns with what is outlined in this letter, please contact Bill Brooks at (214) 767-4461 or [bill.brooks@cms.hhs.gov](mailto:bill.brooks@cms.hhs.gov) and/or Gerardo Ortiz at (214)-767-6341 or [gerardo.ortiz@cms.hhs.gov](mailto:gerardo.ortiz@cms.hhs.gov).

Sincerely,