

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 11-004	2. STATE Montana
FOR: HEALTH CARE FINANCING ADMINISTRATION		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE 01/01/2011	
5. TYPE OF PLAN MATERIAL (Check One): <input checked="" 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: N/A		7. FEDERAL BUDGET IMPACT: a. FFY 11 (\$6,269.01) b. FFY 12 (\$7,877.48) c. FFY 13 (\$7,877.48)	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Supplement to Attachment 3.1A and 3.1B and 4.19B Methods & Standards for Establishing Payment Rates for Service 6(c)(Q.M.) Attachment 3.1-A & 3.1-B Page 3, 6(c)(Q.M.)		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): 4.19B Methods & Standards for Establishing Payment Rates for Service 6(d) Chiropractic Services. (c)(Q.M.)	
10. SUBJECT OF AMENDMENT: The purpose of this amendment is to add 3.1A and 3.1B as NEW supplements, and to document the payment methodology, the revised date the agency's rates were set and remove Qualified Medicare Beneficiaries (QMB) for services.			
11. GOVERNOR'S REVIEW (Check One): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: <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: Montana Dept of Public Health and Human Services Mary E. Dalton, State Medicaid Director Attn: Jo Thompson PO Box 4210 Helena MT 59604	
13. TYPED NAME: Mary E. Dalton			
14. TITLE: State Medicaid Director			
15. DATE SUBMITTED: 12/20/10			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: 12/20/10		18. DATE APPROVED: 3/9/11	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 1/1/11		20. SIGNATURE OF REGIONAL OFFICIAL: ARA, DNEHO	
21. TYPED NAME: Richard C. Allen			
23. REMARKS:			

State/Territory: Montana

AMOUNT, DURATION, AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

- b. Optometrists' services.
/X/ Provided: / / No limitations /X/ With limitations*
/ / Not provided.
- c. Chiropractors' services.
/X/ Provided: / / No limitations /X/ With limitations*
/ / Not provided.
- d. Other practitioners' services
/X/ Provided Identified on attached sheet with description
of limitations, if any.
/ / Not provided.
7. Home health services.
- a. Intermittent or part-time nursing services provided by a home
health agency or by a registered nurse when no home health agency
exists in the area.
Provided: / / No limitations /X/ With limitations*
- b. Home health aide services provided by a home health agency.
Provided: / / No limitations /X/ With limitations*
- c. Medical supplies, equipment, and appliances suitable for use in
the home.
Provided: / / No limitations /X/ With limitations*

*Description provided on attachment.

TN No. 11-004
Supersedes
TN No. 92-03

Approval Date
3/9/11

Effective Date 01/01/2011

HCFA ID: 7986E

MONTANA

The following limits apply to Chiropractic Services:

1. Chiropractic services for individuals under age 21 (EPSDT) are available for all medically necessary services including evaluation and management office visits, manual manipulation of the spine and x-rays to support diagnosis of subluxation of the spine.
2. Services considered experimental are not a benefit of the Montana Medicaid Program. Experimental services include:
 - a. All procedures and items, including prescribed drugs, considered experimental by the U.S. Department of Health and Human Services or any other appropriate federal agency.
 - b. All procedures and items, including prescribed drugs, provided as part of a control study, approved by the Department of Health and Human Services or any other appropriate federal agency to demonstrate whether the item, prescribed drug or procedure is safe and effective in curing/preventing, correcting or alleviating the effects of certain medical conditions.
 - c. All procedures and items, including prescribed drugs, which may be subject to question but are not covered in #1 and #2 above, will be evaluated by the Department's designated medical review organization.

State/Territory: Montana

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S) All Medically Needy

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6. Medical care and any other type of remedial care recognized under State law, furnished by licensed practitioners within the scope of their practice as defined by State law.
- a. Podiatrists' Services
/X/ Provided: / / No limitations /X/ With limitations*
- b. Optometrists' Services
/X/ Provided: / / No limitations /X/ With limitations*
- c. Chiropractors' Services
/x/ Provided: / / No limitations /x/ With limitations*
- d. Other Practitioners' Services
/X/ Provided: / / No limitations /X/ With limitations*
7. Home Health Services
- a. Intermittent or part-time nursing service provided by a home health agency or by a registered nurse when no home health agency exists in the area.
/X/ Provided: / / No limitations /X/ With limitations*
- b. Home health aide services provided by a home health agency.
/X/ Provided: / / No limitations /X/ With limitations*
- c. Medical supplies, equipment, and appliances suitable for use in the home.
/X/ Provided: / / No limitations /X/ With limitations*
- d. Physical therapy, occupational therapy, or speech pathology and audiology services provided by a home health agency or medical rehabilitation facility.
/X/ Provided: / / No limitations /X/ With limitations*

*Description provided on attachment.

TN No. 11-004
Supersedes
TN No. 87(10)06

Approval Date 3/9/11

Effective Date 01/01/11

HCPA ID: 0140P/0102A

MONTANA

The following limits apply to Chiropractic Services:

1. Chiropractic services for individuals under age 21 (EPSDT) are available for all medically necessary services including evaluation and management office visits, manual manipulation of the spine and x-rays to support diagnosis of subluxation of the spine.
2. Services considered experimental are not a benefit of the Montana Medicaid Program. Experimental services include:
 - a. All procedures and items, including prescribed drugs, considered experimental by the U.S. Department of Health and Human Services or any other appropriate federal agency.
 - b. All procedures and items, including prescribed drugs, provided as part of a control study, approved by the Department of Health and Human Services or any other appropriate federal agency to demonstrate whether the item, prescribed drug or procedure is safe and effective in curing/preventing, correcting or alleviating the effects of certain medical conditions.
 - c. All procedures and items, including prescribed drugs, which may be subject to question but are not covered in #1 and #2 above, will be evaluated by the Department's designated medical review organization.

MONTANA

- I. Reimbursement for Chiropractic Services under the EPSDT (under age 21) Program shall be the lower of:
 - A. The provider's usual and customary charge for the service;
 - B. Reimbursement provided in accordance with the methodology described in II.
- II. The Department's fee schedule for Chiropractic Services is determined:
 - A. In accordance with the Resource Base Relative Value Scale (RBRVS) methodology, by multiplying Medicare's Relative Value Units (RVU), which is numeric, by the Montana Medicaid specific conversion factor, which is a dollar amount, to equal a fee. Specific to Montana Medicaid, there is an ability to multiply the fee times a policy adviser (either plus or minus) to affect the fee.
 - B. "Resource based relative value scale (RBRVS)" means the most current version of the Medicare resource based relative value scale contained in the physicians' Medicare Physician Fee Schedule adopted by the Centers for Medicare and Medicaid Services (CMS) of the U.S. Department of Health and Human Services.
 - C. "Relative value unit (RVU)" means a numerical value assigned in the resources based relative value scale to each procedure code used to bill for services provided by a health care provider. The relative value unit assigned to a particular code expresses the relative effort and expense expended by a provider in providing one service as compared with another service.
 - D. The RVU's are adopted from the RBRVS. For the services for which the RBRVS does not specify RVU's, the department sets those RVU's as follows:

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Supersedes TN 89(10)18

MONTANA

The RVUs for a Medicaid covered service are calculated as follows:

- i. If Medicare sets RVU's, the Medicare RVU's are applicable;
 - ii. If Medicare does not set RVU's but Medicaid sets RVUs, the Medicaid RVUs are set in the following manner:
 - (A) convert the existing dollar value of a fee to an RVU value;
 - (B) evaluate the RVU of similar services and adding an RVU value; or convert the average by report dollar value of a fee to an RVU value.
 - (C) convert the average by report dollar value of a fee to an RVU value.
- E. If there is not a Medicare RVU or Medicaid history data, reimbursement will be 'by report'. 'By report' means paying a percentage of billed charges. The percentage is derived by dividing the previous state fiscal year's total Medicaid reimbursement for services included in the RBRVS by the previous state fiscal year's total Medicaid billings.
- F. The agency's rates were set as of January 1, 2011 and are effective for services on or after that date. All rates are published on the agency's website www.mtmedicaid.org. Except as otherwise noted in the plan, State developed fee schedule rates are the same for both governmental and private providers.

* A provider is a chiropractic physician licensed in the State of Montana who is individually enrolled in the Montana Medicaid program.

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3/9/11

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Supersedes TN 89(10)18