

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION		1. TRANSMITTAL NUMBER: 11-017	2. STATE Montana
		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 8/1/11	
5. TYPE OF PLAN MATERIAL (Check 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: 42 CFR Parts 431, 440, and 441, 42 CFR 413 subpart H, 42 CFR 416 Subpart E		7. FEDERAL BUDGET IMPACT: a. FFY 12: (\$ 1,351,803) c. FFY 13 (\$ 1,342,612)	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19B Service 9 Clinic Services		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 4.19B Service 9 Clinic Services	
10. SUBJECT OF AMENDMENT: For Mental Health, the amended version will change the submission and clarify the new payment rates. The amended version of the Ambulatory Surgical Center (ASC) Clinic Services section will clarify the reimbursement methodology as stated in 42 CFR Part 416. The required Medicare change does not affect reimbursement. The amended version of the End Stage Renal Disease (ESRD) Clinic Services section will clarify the reimbursement methodology as stated and required by Medicare. There is no change in the method of reimbursement.			
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 Single Agency Director Review. <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 U			
14. TITLE: State Medicaid Director			
15. DATE SUBMITTED: 6/30/11			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: 6/30/11		18. DATE APPROVED: 8/19/11	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 8/1/11		20. SIGNATURE OF REGIONAL OFFICIAL:	
21. TYPED NAME: Richard C. Allen		22. TITLE: ARA, DMCHD	

Montana

1. The following are used for establishing reimbursement rates for Clinic Services:
 - I. Reimbursement for mental health clinic services will be based on the lowest of: The providers' actual charge for the service, the Medicare amount allowed or the Department's fee schedule. Except as otherwise noted in the plan payment for these services is based on state developed fee schedule rates which are the same for both governmental and private providers. The agency rates were set as of August 1, 2011 and are effective for services rendered on or after that date. The fee schedule is subject to annual periodic adjustment. All rates including current and prior rates are published and maintained on the agency website. Specifically the fee schedule and any annual periodic adjustments to the fee schedule is published at <http://medicaidprovider.hhs.mt.gov/providerpages/providertype/60.shtml>.
 - II. Reimbursement methodology for ambulatory surgical centers (ACS's) is based on the method of establishing ACS rates for Medicare as published quarterly by CMS. Except as otherwise noted in the plan payment for these services is based on state developed fee schedule rates which are the same for both governmental and private providers. The agency rates were set as of August 1, 2011 and are effective for services rendered on or after that date. The fee schedule is subject to annual periodic adjustment. All rates including current and prior rates are published and maintained on the agency website. Specifically the fee schedule and any annual periodic adjustments to the fee schedule is published at www.mtmedicaid.org
 - III. The methodologies for establishing the rates for diagnostic and evaluation services and public health services are the same as the methods used for physicians' services, psychologist' services, clinical social workers' services, physical therapy services, occupational therapy services, nurse specialist' services, speech therapy services, and audiology services.
 - IV. Reimbursement for freestanding dialysis clinics pays the Medicare allowable amount or less for the current year. Except as otherwise noted in the plan payment for these services is based on state developed fee schedule rates which are the same for both governmental and private providers. The agency rates were set as of August 1, 2011 and are effective for services

rendered on or after that date The fee schedule is subject to annual periodic adjustment. All rates including current and prior rates are published and maintained on the agency website. Specifically the fee schedule and any annual periodic adjustments to the fee schedule is published at www.mtmedicaid.org

TN 11-017
Supercedes TN 02-001

Approved **8/19/11**

Effective 08/01/11