
Table of Contents

State/Territory Name: Montana

State Plan Amendment (SPA) #: MT-12-029

This file contains the following documents in the order listed:

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

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
1600 Broadway, Suite 700
Denver, CO 80202-4967



Region VIII

December 21, 2012

Mary Dalton, Medicaid & Health Services Manager
Montana Department of Health & Human Services
1400 Broadway
PO Box 202951
Helena, MT 59620

Re: SPA MT-12-029

Dear Ms Dalton,

We have reviewed the proposed State Plan Amendment (SPA) submitted under transmittal number (TN) 12-029. The purpose of this SPA is to clarify ASC and ESRD Clinic Services reimbursement methodologies.

Please be informed that this State Plan Amendment is approved effective July 1, 2012. We are enclosing the CMS-179 and the amended plan page(s).

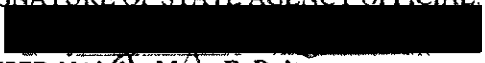
If you have any questions regarding this SPA please contact Cindy Smith at 303-844-7041.

Sincerely,

/s/

Richard C. Allen
Associate Regional Administrator
Division for Medicaid and Children's Health Operations

Cc: Anna Whiting Sorrell
Duane Preshinger
Jo Thompson

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 12-029	2. STATE Montana
		3. PROGRAM IDENTIFICATION: Title XIX of the Social Security Act (Medicaid)	
FOR: HEALTH CARE FINANCING ADMINISTRATION TO: REGIONAL ADMINISTRATOR, HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE 7/1/12	
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: 0 c. FFY 13: 0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 4.19B, Pages 1 and 2 Service 9 Clinic Services		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 4.19B, Page 1 Service 9 Clinic Services	
10. SUBJECT OF AMENDMENT 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 type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		<input checked="" type="checkbox"/> OTHER, AS SPECIFIED: Single Agency Director Review.	
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: 9/28/12			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: 9/28/12		18. DATE APPROVED: 12/21/12	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 7/1/12		OFFICIAL: 	
21. TYPED NAME: RICHARD C. ALLEN		22. TITLE: ABA, DMCHO	

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, 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. All rates including current and prior rates are published and maintained on the fee schedule on the agency website at <http://medicaidprovider.mhs.state.mt.gov/provider/fees/providerfees00.shtml>.
 - II. Reimbursement methodology for ambulatory surgical centers (ASC's) is based on the method of establishing ASC 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. Reimbursement is set at the current Medicare rates in effect as of the date of service. The fee schedule is published at www.mtmedicaid.org and is updated effective the 1st day of the quarter based on the Medicare quarterly adjustment. Details regarding the effective date and location of current fee schedules are listed in page 2 of Attached 4.19B.
 - 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.

12/21/12

- IV. Reimbursement for freestanding dialysis clinics is based on a bundled composite rate. 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 October 1, 2011 and are effective for services rendered on or after that date and are published on the fee schedule on the agency's website at www.mtmedicaid.org.

In accordance with the payment methods defined in Attachment 4.19B, the following fee schedules are effective as to the dates specified. These fee schedules are maintained on the Department website at www.mtmedicaid.org under Resources by Provider Type and are listed individually by service:

Service name	Service Number	Effective Date	Web Location
Mental Health Clinic	Service 9 Clinic	August 1, 2011	http://medicaidprovider.hhs.mt.gov/provider/pages/providerType59.shtml
Ambulatory Surgical Centers	Service 9 Clinic	August 1, 2011	http://medicaidprovider.hhs.mt.gov/provider/pages/providerType15.shtml
Freestanding Dialysis Clinics	Service 9 Clinic	October 1, 2011	www.mtmedicaid.org

TN 12-029
Supercedes New

Approved *12/21/12* Effective 7/1/12