
Table of Contents

State/Territory Name: Montana

State Plan Amendment (SPA) #: MT-14-010

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 4, 2014

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

Re: SPA MT-14-010

Dear Ms. Dalton:

We have reviewed the proposed State Plan Amendment (SPA) submitted under transmittal number MT-14-010. This SPA increases the rate for Chiropractic Services, by approximately 2%.

Please be informed that this State Plan Amendment was approved today with an effective date of July 1, 2014. We are enclosing the summary page and the amended plan page(s).

In order to track expenditures associated with this amendment, Montana should follow the CMS-64 reporting instructions outlined in Section 2500 of the State Medicaid Manual (SMM).

For those individuals whose expenditures qualify for the newly eligible federal medical assistance percentage report on the Form CMS-64.9 VIII and those not enrolled in the new adult group, claims should be reported on the Form CMS-64.9 Base.

This amendment would affect expenditures reported on Line 9A.


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: Richard Opper, Department Director
Duane Preshinger
Jo Thompson
Mary Eve Kulawik

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 14-010	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 07/01/2014	
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: N/A		7. FEDERAL BUDGET IMPACT: a. FFY 14 \$85 b. FFY 15 \$340 c. FFY 16 \$253	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19B Methods & Standards for Establishing Payment Rates for Service 6(c) Chiropractic Services, Pages 1 and 2 of 2.		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 4.19B Methods & Standards for Establishing Payment Rates for Service 6(d) Chiropractic Services, Pages 1 and 2 of 2.	
10. SUBJECT OF AMENDMENT: The purpose of this amendment is to delete the reference to "by report" in the methodology as chiropractic services do not have by report codes. The fee schedule is updated to reflect the approximate 2% rate increase.			
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: Mary Eve Kulawik PO Box 4210 Helena MT 59604	
13. TYPED NAME: Mary E. Dalton			
14. TITLE: State Medicaid Director			
15. DATE SUBMITTED: 9-16-14			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: 9/16/14		18. DATE APPROVED: 12/4/14	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 7/1/14		20. SIGNATURE OF REGIONAL OFFICIAL: /s/	
21. TYPED NAME: Richard C. Allen		22. TITLE: ARA, DMCHO	
23. REMARKS:			

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- 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). The Department will update Medicare additions, deletions, or changes to procedure codes on the first of each quarter.
 - 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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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. The agency's rates were set as of the date on the Attachment 4.19B Introduction Page and are published on the agency's website www.mtmedicaid.org. Unless otherwise noted in the plan, State developed fee schedule rates are the same for both governmental and private providers.