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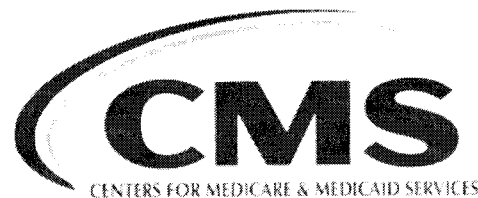
State/Territory Name: Montana

State Plan Amendment (SPA) #: MT-14-015

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

January 7, 2015

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

Re: SPA MT-14-015

Dear Ms. Dalton:

We have reviewed the proposed State Plan Amendment (SPA) submitted under transmittal number MT-14-015. This amendment proposes to set methods and standards for establishing payment/per visit rates for Indian Health Services and adding language exempting American Indian/Alaska Natives from paying a cost share/co-pay. An Outpatient Surgery rate will be set based on the average reimbursement rate paid to Ambulatory Surgery Centers in the previous year.

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).


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 Oppen, Department Director
Duane Preshinger
Jo Thompson

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 14-015	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 <i>(Check One)</i> : <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 <i>(Separate Transmittal for each amendment)</i>			
6. FEDERAL STATUTE/REGULATION CITATION: 42.CFR 431.110		7. FEDERAL BUDGET IMPACT: a. FFY 14 - \$ 16,586 b. FFY 15 - \$ 124,398 c. FFY 16 - \$ 130,000	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Service 9a, Supplement to Attachment 4.19B, pages 1 and 2 of 2		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT <i>(If Applicable)</i> : Service 9a, Supplement to Attachment 4.19B, pages 1 and 2 of 2	
10. SUBJECT OF AMENDMENT: Montana Medicaid proposes to set reimbursement based on the average reimbursement rate paid by Medicaid to Ambulatory Surgery Centers (ASC) in the previous year. This rate changes yearly as the average payment for ASC's changes. Montana Medicaid exempts American Indians/Alaska Natives (AI/AN) from cost share per CMS requirements effective 7/1/14.			
11. GOVERNOR'S REVIEW <i>(Check One)</i> : <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: Mary Eve Kulawik PO Box 4210 Helena MT 59604	
13. TYPED NAME: Mary E. Dalton		17. DATE RECEIVED: 06/30/14	
14. TITLE: State Medicaid Director		18. DATE APPROVED: 01/07/15	
15. DATE SUBMITTED: 6-30-14		FOR REGIONAL OFFICE USE ONLY	
19. EFFECTIVE DATE OF APPROVED MATERIAL: 07/01/14		20. SIGNATURE OF REGIONAL OFFICIAL: /s/	
21. TYPED NAME: Richard C. Allen		22. TITLE: ARA, DMCHO	
23. REMARKS:			

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE OF MONTANA**

Supplement to
Attachment 4.19B
Service 9a
Indian Health Services
Page 1 of 2

**METHODS AND STANDARDS FOR ESTABLISHING PAYMENT/PER VISIT RATES
INDIAN HEALTH SERVICES**

Payments to Indian health facilities that are federally recognized and either tribally-operated or operated by the Indian Health Service shall be made according to the following categories of service:

- A. Outpatient Hospital, Clinic Categories of Service – Payments to Indian health facilities under these categories of service shall be per visit/encounter and based upon the approved rates published each year in the Federal Register by the U.S. Department of Health and Human Services' Indian Health Service, under the authority of Sections 321(a) and 322(b) of the Public Health Service Act (42 U.S.C. 248 and 249(b)), Public Law 83-568 (42 U.S.C. 2001 (a)), and the Indian Health Care Improvement Act (25 U.S.C 1601 seq.). The Department shall accept submission of and make payments for multiple visit/encounter claims for different types of service provided to a client on the same date of service by the same Indian health facility only if the services provided are different or are for different diagnosis codes. Different types of service shall include but are not limited to general practitioner services, mental health services, podiatry services, optometry services, radiology services, laboratory services, durable medical equipment, pharmacy, and dental services.
- B. Outpatient surgeries will be reimbursed on a per visit basis. The rate will be calculated annually using the average Medicaid reimbursed amount in the Ambulatory Surgery Center (ASC) program. This same-day surgery or day surgery is surgery that is not typically done in a doctor's or dentist's office and does not require an overnight hospital stay.

C. Inpatient Hospital Category of Service

Payments to Indian health facilities under this category of service shall be per date of inpatient stay and based upon the approval rates published each year in the Federal Register by the U.S. Department of Health and Human Services' Indian Health Service, under the authority of Sections 321(a) and 322(b) of the Public Health Service Act (42 U.S.C. 248 and 249(b)), Public Law 83-568 (42 U.S.C. 2001(a)), and the Indian Health Care Improvement Act (25 U.S.C. 1601 et seq.). The Department shall make only one payment per date of service per client.

D. Pharmacy Services

Reimbursement for drugs shall follow the Department's methodology under Outpatient Drug Services State Plan.