
Table of Contents

State/Territory Name: Montana

State Plan Amendment (SPA) #: MT-14-037

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

September 16, 2014

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

Re: SPA MT-14-037

Dear Ms. Dalton:

We have reviewed the proposed State Plan Amendment (SPA) submitted under transmittal number MT-14-037. This SPA updates Montana's fee schedule for Free Standing Birthing Center Services which includes an approximate rate increase of 9.7%.

Please be informed that this State Plan Amendment was approved today with an effective date of July 1, 2014. 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/

Mary Marchioni
Acting Associate Regional Administrator
Division for Medicaid and Children's Health Operations

Cc: Richard Opper, Department Director
Duane Preshinger
Jo Thompson

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 14-037	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: 42 CFR 430 42 CFR 440.60		7. FEDERAL BUDGET IMPACT: a. FFY 2014 \$384 b. FFY 2015 \$1,536 c. FFY 2016 \$1,152	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19B, Service 24(a) and 25(a) Free Standing Birthing Center Services, Page 1 of 1		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 4.19B, Service 24(a) and 25(a) Free Standing Birthing Center Services, Page 1 of 1	
10. SUBJECT OF AMENDMENT: Update fee schedule for Free Standing Birthing Center Services which includes an approximate rate increase of 9.7%.			
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 Attn: Mary Eve Kulawik PO Box 4210 Helena MT 59604	
13. TYPED NAME: Mary E. Dalton			
14. TITLE: State Medicaid Director			
15. DATE SUBMITTED: 6-27-14			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: 6/27/14		18. DATE APPROVED: 9/16/14	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 7/1/14		20. SIGNATURE OF REGIONAL OFFICIAL: /s/	
21. TYPED NAME: Mary Marchioni		22. TITLE: Acting ARA, DMCHO	
23. REMARKS:			

MONTANA

- I. Reimbursement for Free Standing Birthing Center Services shall be:
 - A. In accordance with the Outpatient Prospective Payment System (OPPS), Birthing Center Services are reimbursed on a predetermined rate-per-service basis based on the applicable CPT codes.
- II. The Department's fee schedule for Free Standing Birthing Center Services is determined:
 - A. According to a list of APC groups published annually in the Code of Federal Regulations (CFR).
 - 1. The agency's outpatient rates were set as of July 1, 2014, 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.
- III. Reimbursement for Classified Professional services shall be:
 - A. Professional services are reimbursed according to Attachment 4.19B for Service 5a Physician Services, and 6d Other Practitioner Services.

The agency's rates were set as of July 1, 2014, 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.
 - B. Birth attendant rates were set as of July 1, 2014, and are effective for services on or after that date. All eligible procedures are listed on the Physician Services fee schedule containing a maternity policy adjustor and published on the agency's website, www.mtmedicaid.org. Except as otherwise noted in the plan, state developed fee schedule rates are determined using the resource based relative value scale (RBRVS), allied service conversion factor, and are the same for both governmental and private providers.