
Table of Contents

State/Territory Name: Montana

State Plan Amendment (SPA) #: 17-0039

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) 179
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
1961 Stout Street, Room 08-148
Denver, CO 80294



Denver Regional Operations Group

August 26, 2019

Marie Matthews, Medicaid & CHIP Director
Montana Department of Public Health & Human Services
P.O. Box 4210
Helena, MT 59604

Dear Ms. Matthews:

We have reviewed the proposed State Plan Amendment (SPA) submitted under transmittal number MT-17-0039. This amendment makes a 2.99% rate reduction to clinic services as part of the state's across-the-board rate reductions due to their 2017-2018 state budget crisis.

Please be informed that this State Plan Amendment was approved today, with an effective date of January 1, 2018. We are enclosing the summary page and the amended plan page(s).



If you have any questions regarding this SPA please contact Barbara Prehmus at (303) 844-7472.

Sincerely,



Richard C. Allen
Director, Western Regional Operations Group
Denver Regional Office
Centers for Medicaid and CHIP Services

cc: Sheila Hogan, Montana Department Director
Mary Eve Kulawik, Montana

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 17-0039	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 01/01/18	
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 42 CFR 416		7. FEDERAL BUDGET IMPACT: Ambulatory Surgical Center FFY 18 (9 months) (\$79,727) Ambulatory Surgical Center FFY 19 (12 months) (\$114,477) Ambulatory Surgical Center FFY 19 (3 months) (\$28,619) 20 Dialysis Clinic FFY 18 (9 months) (\$42,088) Dialysis Clinic FFY 19 (12 months) (\$57,984) Dialysis Clinic FFY 19 (3 months) (\$14,496) 20 ok'd by MT 8/26/19	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19B, Service 9, Clinic Services, page 1 of 1.		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 4.19B, Service 9, Clinic Services, page 1 of 1.	
10. SUBJECT OF AMENDMENT: The purpose of the proposed rule amendment is to update and set provider rates to take into consideration the funding appropriated by the 65th Montana Legislature. The 2.99% rate reduction applies to Ambulatory Surgical Centers and Dialysis Clinics. The department has determined the new proposed rates are consistent with efficiency, economy, and quality of care. These rates are sufficient to enlist enough providers so that care and services under the Montana Medicaid program are available to the extent that such care and services are available to the general population in the geographic area.			
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 Department of Public Health and Human Services Marie Matthews Attn: Mary Eve Kulawik PO Box 4210 Helena MT 59620	
13. TYPED NAME: Marie Matthews			
14. TITLE: State Medicaid Director			
15. DATE SUBMITTED: Original submittal 12/28/17 Resubmittal 8/08/19			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: December 28, 2017		18. DATE APPROVED: August 26, 2019	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: January 1, 2018		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: Richard C. Allen		22. TITLE: Director, WROG	
23. REMARKS:			

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The following are used for establishing reimbursement rates for Clinic Services:

- I. Reimbursement methodology for ambulatory surgical centers (ASC's) is based on the method of establishing ASC rates for Medicare as published quarterly by CMS. Reimbursement is set at the current Medicare rates in effect as of the date of service. Effective January 1, 2018, rates are the current Medicare rates less 2.99% and are effective for services provided on or after January 1, 2018. The fee schedule is updated effective the 1st day of the quarter based on the Medicare quarterly adjustment.
- II. 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.
- III. Reimbursement for freestanding dialysis clinics is based on the Department's fee schedule published on the agency's website at <http://medicaidprovider.mt.gov>. Unless otherwise noted in the plan, reimbursement rates are the same for both governmental and private providers. The Department's fee schedule rates reflect a 2.99% reduction and were set as of January 1, 2018, and are effective for services provided on or after January 1, 2018.