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State/Territory Name: Montana

State Plan Amendment (SPA) #: 18-0052

This file contains the following documents in the order listed:

- 1) Approval Letter
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- 3) Approved SPA Pages

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



REGION VIII - DENVER

October 18, 2018

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-18-0052. This amendment restores the rate for Optometrist Services methodology to previously approved language by eliminating the percentage reduction driven by the State's 2017 budget challenges.

Please be informed that this State Plan Amendment was approved today, with an effective date of July 1, 2018. 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.


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

Sincerely,

A black rectangular box redacting the signature of Richard C. Allen.

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

cc: Sheila Hogan, Department Director
Duane Preshinger
Mary Eve Kulawik

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 18-0052	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 07/01/2018	
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: SECTION 1902(a)(30)(A) 42 CFR 440.60(a)		7. FEDERAL BUDGET IMPACT: a. FFY 2018: \$0.00 b. FFY 2019: \$0.00 c. FFY 2020: \$0.00 Amounts are reflected on the MT 18-0040 reimbursement Introduction Page HCFA-179.	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19 B Service 6b (Optometrist) Pages 1 & 2 of 2		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): Attachment 4.19 B Service 6b (Optometrist) Pages 1 & 2 of 2	
10. SUBJECT OF AMENDMENT: Optometrist methods and standards of payment rates: services paid by the MSRP method will increase to 75%.			
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 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: 9-8-18			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: September 8, 2018		18. DATE APPROVED: October 18, 2018	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: July 1, 2018		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: Richard C. Allen		22. TITLE: ARA, DMCHO	
23. REMARKS:			

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- I. Reimbursement for Optometric Services shall be:
 - A. The lower of:
 - 1. The provider's usual and customary charge for the service; or
 - 2. Reimbursement provided in accordance with the methodology described in II.
- II. The Department's fee schedule for Optometric Services is determined in the following hierarchical order: RBRVS; Medicare rate; Medicaid fee.
 - A. In accordance with the Resource Based Relative Value Scale (RBRVS) methodology, by multiplying Medicare's Relative Value Units (RVU), or Medicare's rate and time units for anesthesia services, 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 adjuster (either plus or minus) to affect the fee.
 - 1. RBRVS means the version of the Medicare resource based relative value scale contained in the Medicare Physician Fee Schedule (MPFS) 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.
 - 2. RVU means a numerical value assigned by Medicare in the RBRVS methodology to each procedure code used to bill for services provided by a health care provider. The RVU assigned to a particular code expresses the relative effort and expense expended by a provider in providing one service as compared with another service.
 - B. Medicare Rates: Optometrists will be paid at 100% of the Medicare rate for supplies and goods where the RBRVS methodology is not applicable. Medicare rates are updated effective the first day of the quarter based on the Medicare quarterly adjustment.

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- C. For services not included in the RBRVS methodology, or Medicare's rate, a Medicaid fee is determined by:
1. Reviewing cost information for the service if available or by reviewing the reimbursement of similar services if cost information is not available for procedure codes that are new (less than one year in existence); have no or low utilization; or have inconsistent charges.
 2. For procedure codes that cannot be determined by the methodology in II. C. 1., by multiplying the average charge for the service by the payment-to-charge ratio. The payment-to-charge ratio means the percent determined by dividing the previous state fiscal year's total Medicaid reimbursement for RBRVS provider covered services by the previous state fiscal year's total Medicaid charges for RBRVS provider covered services.
 3. For supplies or equipment where utilization cannot meet the methodology outlined in C.1., reimbursement will be set at 75% of the manufacturer's suggested retail price (MSRP). For items without an MSRP, the charge will be considered reasonable if the provider's acquisition charge from the manufacturer is at least 50% of the charge amount.
 4. For items that are custom fabricated at the place of service, the amount charged will be considered reasonable if it does not exceed the average charge of all Medicaid providers by more than 20%. For services where utilization cannot meet the methodology in II. C. 1., the fee shall be set at the same rate as a service similar in scope.
- III. Unless otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers. The agency's rates were set as of the date on the Attachment 4.19B Introduction Page and are published at <http://medicaidprovider.mt.gov>.