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State/Territory Name: Montana

State Plan Amendment (SPA) #: 19-0016

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

January 9, 2020

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-19-0016. This amendment adds a bundled payment methodology for MT's existing MAT services, which are provided as physician/mid-level services.

Please be informed that this State Plan Amendment was approved January 8, 2020, with an effective date of October 1, 2019. 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: 19-0016	2. STATE Montana
		3. PROGRAM IDENTIFICATION: Title XIX of the Social Security Act (Medicaid)	
FOR: HEALTH CARE FINANCING ADMINISTRATION			
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE 10/01/2019	
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 440.50 42 CFR 447.203 1902(a)(30)(A) of the Social Security Act		7. FEDERAL BUDGET IMPACT: Total FFY 20 (12 months) \$0.00 FFY 21 (12 months) \$0.00	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19B, Reimbursement Physicians' Services, Pages 1-2 of 2. Attachment 4.19B, Reimbursement Introduction Page, Pages 1-3 of 3.		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 4.19B, Reimbursement Physicians' Services Pages, Pages 1 of 5, 2 of 5, and 3 of 3. There are no pages 4-5 of 5. Attachment 4.19B, Reimbursement Introduction Page, Pages 1-3 of 3.	
10. SUBJECT OF AMENDMENT: Physicians' Services Attachment 4.19B is being amended to add a bundled rate for Medication Assisted Treatment, correct the page numbers to pages 1-2 of 2, and remove page 3, as the reimbursement is no longer applicable for increased primary care service payment. The Attachment 4.19B Introduction Page is being amended to add the Medication Assisted Treatment (MAT) bundled rate to the Physicians State Plan effective October 1, 2019.			
11. GOVERNOR'S REVIEW (Check One): <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 Marie Matthews State Medicaid Director Attn: Mary Eve Kulawik PO Box 4210 Helena, MT 59604	
13. TYPED NAME: Marie Matthews			
14. TITLE: State Medicaid Director			
15. DATE SUBMITTED: Original submittal 11/1/19 Resubmittal 01/07/20			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: November 1, 2019		18. DATE APPROVED: January 8, 2020	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: October 1, 2019		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: Richard C. Allen		22. TITLE: Director, WROG	
23. REMARKS:			

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- I. Reimbursement for Physician 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 Number II.
- II. The Department's fee schedule for Physician Services is determined:
 - A. In accordance with the Resource Based Relative Value Scale (RBRVS) methodology, by multiplying Medicare's Relative Value Units (RVU), or Medicare's base 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. For services not included in the RBRVS methodology, 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.

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2. For procedure codes that cannot be determined by the methodology in II. B. 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. Medication-Assisted Therapy (MAT) rates are bundled into two rates for qualified providers. These rates may be billed once per week per member by qualified providers which include physician, psychiatrists and mid-level practitioners. Any provider delivering services through a bundle will be paid the bundled rate and cannot bill separately. Any Medicaid provider delivering separate services outside of the bundle may bill for those separate services in accordance with Montana Medicaid billing procedures. The formula for setting the bundled rate was the aggregate fee of each service component within the bundled service. The state will periodically monitor the provision and economic sustainability of the service bundles. At least one of the services included in the bundle must be provided within the service payment unit in order for providers to bill the bundled rate.
 - a. MAT Intake. This service bundle includes the following services: a face to face assessment by a physician or mid-level practitioner; substance use disorder assessment; mental health assessment or screening and referral; tobacco screening; screening for alcohol misuse; presumptive drug screening; urine pregnancy test; and administration of medication.
 - b. MAT Established: This service bundle includes the following services: one visit with a physician or mid-level provider, face to face or by telemedicine, per month; member check-in, at the clinic, the member's home or via telemedicine a minimum of once a week; monthly pregnancy test for human chorionic gonadotropin (HCG); monthly presumptive drug testing and update of the individualized treatment plan (ITP) every 30 days.
- C. Unless otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of physician services. The agency's rates were set as of the date on the Attachment 4.19B Introduction Page and are published at <https://medicaidprovider.mt.gov/>.

**State Plan under Title XIX of the Social Security Act
State/Territory: Montana**

Dates for Establishing Payment Rates for the following Attachment 4.19B Services:

Effective Dates for Reimbursement Rates for Specified Services:

Reimbursement rates for the services listed on this introduction page state plan amendment are effective for services provided on or after that date with two exceptions:

- 1) Medicaid reimbursement using Medicare rates are updated and effective on the 1st of each quarter based on the Medicare quarterly adjustment.
- 2) Medicaid reimbursement using Medicare codes are updated and effective on the 1st of each quarter based on the methodology specified in the Attachment 4.19B, Methods and Standards for Establishing Payment Rates.

Payment methods for each service are defined in Attachment 4.19B, Methods and Standards for Establishing Payment Rates, as referenced. Reimbursement rates/fee schedules are published on the Department's website at <http://medicaidprovider.mt.gov>. Unless otherwise noted in the referenced state plan, reimbursement rates are the same for both governmental and private providers.

Service	Attachment	Effective Date
3 Other Laboratory & X-Ray Services	Attachment 4.19B, Page 1	July 1, 2019
5a Physicians' Services	Attachment 4.19B, Pages 1 and 2	October 1, 2019
6b Optometrists' Services	Attachment 4.19B, Pages 1 and 2	July 1, 2019
6c Chiropractic Services	Attachment 4.19B, Pages 1 and 2	July 1, 2019
6d Licensed Clinical Social Workers' Services	Attachment 4.19B, Pages 1 and 2	July 1, 2019
6d Licensed Professional Counselors' Services	Attachment 4.19B, Pages 1 and 2	July 1, 2019
6d Licensed Psychologists' Services	Attachment 4.19B, Pages 1 and 2	July 1, 2019
6d Denturist Services	Attachment 4.19B, Pages 1 and 2	July 1, 2019
6d Dental Hygienist Services	Attachment 4.19B, Pages 1 and 2	July 1, 2019

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Dates for Establishing Payment Rates for the following Attachment 4.19B Services: (Continued)

Service	Attachment	Effective Date
6e Nutritionists' Services	Attachment 4.19B, Page 1	July 1, 2019
7a and 7b Home Health Services	Attachment 4.19B, Page 1	July 1, 2019
7c Durable Medical Equipment and Supplies	Attachment 4.19B, Pages 1 and 2	July 1, 2019
7d Home Health Services	Attachment 4.19B, Page 1	July 1, 2019
8 Private Duty Nursing Services	Attachment 4.19B, Page 1	July 1, 2019
10 Dental Services	Attachment 4.19B, Pages 1 and 2	October 1, 2019
11a Physical Therapy Services	Attachment 4.19B, Pages 1 and 2	July 1, 2019
11b Occupational Therapy Services	Attachment 4.19B, Pages 1 and 2	July 1, 2019
11c Speech Therapy & Audiology Services	Attachment 4.19B, Pages 1 and 2	July 1, 2019
12b Denture Services	Attachment 4.19B, Pages 1 and 2	July 1, 2019
12c Prosthetic Devices	Attachment 4.19B, Page 1	July 1, 2019
12e Hearing Aids	Attachment 4.19B, Pages 1 and 2	July 1, 2019
19.a Targeted Case Management (TCM) Services for High Risk Pregnant Women	Attachment 4.19B, Page 1	July 1, 2019
19b Targeted Case Management Services for Adults with Severe Disabling Mental Illness (SDMI)	Attachment 4.19B, Page 1	July 1, 2019

**State Plan under Title XIX of the Social Security Act
State/Territory: Montana**

Dates for Establishing Payment Rates for the following Attachment 4.19B Services: (Continued)

Service	Attachment	Effective Date
19D Targeted Case Management Services for Youth with Serious Emotional Disturbance (SED)	Attachment 4.19B, Page 1	July 1, 2019
19.e Targeted Case Management (TCM) Services for Children with Special Health Care Needs	Attachment 4.19B, Page 1	July 1, 2019
19G Targeted Case Management Services for Substance Use Disorders – Youth	Attachment 4.19B, Page 1	July 1, 2019
19H Targeted Case Management Services for Substance Use Disorders – Adult	Attachment 4.19B, Page 1	July 1, 2019
19i Targeted Case Management Services for Youth with Serious Emotional Disturbance (SED) in an Out Of State (OOS) Psychiatric Residential Treatment Facility (PRTF)	Attachment 4.19B, Page 1	July 1, 2019
24a Transportation Services	Attachment 4.19B, Page 1	July 1, 2019
25 Personal Care Services	Attachment 4.19B, Pages 1-3	July 1, 2019
28 Free Standing Birthing Centers: Licensed Direct Entry Midwives	Attachment 4.19B, Page 1	July 1, 2019
1915K Community First Choice Services	Attachment 4.19B, Pages 1-3	July 1, 2019