

Table of Contents

State/Territory Name: MT

State Plan Amendment (SPA) MT: 21-0006

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
Center for Medicaid & CHIP Services
233 North Michigan Ave., Suite 600
Chicago, Illinois 60601



Financial Management Group

September 16, 2022

Michael Randol
Montana Medicaid and Health Services Executive Director/State Medicaid Director
Montana Department of Public Health & Human Services
Attn: Mary Eve Kulawik
P.O. Box 4210
Helena, MT 59604

RE: Montana State Plan Amendment (SPA) Transmittal Number 21-0006

Dear Director Randol:

We have reviewed the proposed Montana State Plan Amendment (SPA) to Attachment 4.19-B of your state plan, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on March 27, 2021. This plan amendment removes Medication Assisted Treatment (MAT) services from this SPA.

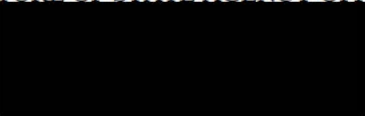

Based upon the information provided by the State, we have approved the amendment with an effective date of October 1, 2020. We are enclosing the approved CMS-179 and a copy of the new state plan pages.

If you have any additional questions or need further assistance, please contact LaJoshica (Josh) Smith via 214-767-6453 or lajoshica.smith@cms.hhs.gov.

Sincerely,



Todd McMillion
Director
Division of Reimbursement Review

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION		1. TRANSMITTAL NUMBER: 21-0006	2. STATE Montana
		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 October 1, 2020	
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 42 CFR 447.203 1902(a)(30)(A) of the Social Security Act		7. FEDERAL BUDGET IMPACT: Total FFY 21 \$0.00 FFY 22 \$0.00	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19B, Reimbursement Physicians' Services, Pages 1-2 of 2.		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 4.19B, Reimbursement Physicians' Services Pages, Pages 1-2 of 2.	
10. SUBJECT OF AMENDMENT: Effective October 1, 2020, the Physicians SPA reflects that MAT is provided under the authority of §1905(a)(29) through September 30, 2025.			
11. GOVERNOR'S REVIEW (Check One): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input 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 Mike Randol State Medicaid Director Attn: Mary Eve Kulawik PO Box 4210 Helena, MT 59604	
13. TYPED NAME: Mike Randol			
14. TITLE: State Medicaid Director			
15. DATE SUBMITTED: Original submittal 3/27/2021 Resubmittal 8/19/2022			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: 03/27/21		18. DATE APPROVED: September 16, 2022	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 10/1/20		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: Todd McMillion		22. TITLE: Director, Division of Reimbursement Review	
23. REMARKS:			

MONTANA

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.
3. 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.

MONTANA

4. 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 physicians, psychiatrists and mid-level practitioners. Any provider delivering services through a bundle will be paid the bundled rate and cannot bill separately for services included in the bundled rate. 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 for providers to bill the bundled rate. Effective for the dates of October 1, 2020 through September 30, 2025, MAT is provided under the authority of §1905(a)(29).

- a. MAT Intake. This service bundle includes the following services: a face-to-face assessment by a physician or mid-level practitioner; integrated behavioral health assessment; 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.

- B. At least two of the services included in the bundle must be provided within the service payment unit for providers to bill the bundled rate. Room and board costs are excluded from all rates. 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/>.