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State/Territory Name: Montana

State Plan Amendment (SPA) #: 22-0005

This file contains the following documents in the order listed:

1) Approval Letter
2) CMS 179 Form/Summary Form
3) Approved SPA Pages
June 23, 2022

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

Dear Mr. Randol:

We have completed our review of the enclosed State Plan Amendment (SPA) Transmittal Number MT-22-0005. This amendment removes coverage of the Nurse Advice Line from the state plan as the result of increased access to primary care advice through telehealth.

Please be informed that this State Plan Amendment was approved on June 23, 2022 with an effective date of April 1, 2022. Enclosed is a copy of the CMS 179 summary page and the amended plan page(s).

If you have any questions or need further assistance, please contact Barbara Prehmus at (303) 844-7472 or barbara.prehmus@cms.hhs.gov.

Sincerely,

James G. Scott, Director
Division of Program Operations

Enclosures

cc:  Adam Meier, Department Director
     Marie Matthews
     Mary Eve Kulawik
Remove the Nurse Advice Line (NAL) services from the State Plan. The update is necessary as the current NAL contractor, Envolve, is no longer offering NAL services starting April 1, 2022, and Montana has decided to remove the services due to increasingly low call volume and increasing availability of telehealth services. We are encouraging members to contact their primary care provider if they have any questions regarding their health.
The following limitations apply to preventive services:

Services considered experimental are not a benefit of the Montana Medicaid Program.

Experimental services include:

1. All procedures and items, including prescribed drugs, considered experimental by the U.S. Department of Health and Human Services or any other appropriate federal agency.

2. All procedures and items, including prescribed drugs, provided as part of a control study, approved by the Department of Health and Human Services or any other appropriate federal agency to demonstrate whether the item, prescribed drug, or procedure is safe and effective in curing/preventing, correcting or alleviating the effects of certain medical conditions.

3. All procedures and items, including prescribed drugs, which may be subject to questions but are not covered in #1 and #2 above, will be evaluated by the Department’s designated medical review organization.

Supersedes TN 09-010

Approval Date 06/23/22
Effective Date 04/01/22
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MONTANA

Reimbursement for Other Preventive Services

I. Reimbursement for Other Preventive Services shall be:
   
   a. For physicians and public health clinics, those fees provided and reimbursed for under Attachment 4.19B Methods & Standards for Establishing Payment Rates for Service 5(a) Physician Services;
   
   b. For mid-level practitioners, those fees provided and reimbursed for under Attachment 4.19B Methods & Standards for Establishing Payment Rates for Service 6 (d) Other Practitioner Services;