

Table of Contents

State/Territory Name: Montana

State Plan Amendment (SPA) #: 22-0007

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid
Services 601 E. 12th St., Room 355
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

June 7, 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-22-0007. This amendment modifies the reimbursement received at an Indian Health Services or Tribal 638 provider for a Medicaid member with dual eligible benefits. The Medicare payment will be treated as third party payments and be offset against the all-inclusive Medicaid payment.

Please be informed that this State Plan Amendment was approved on June 7, 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.



James G. Scott, Director
Division of Program Operations

Enclosures

cc: Adam Meier, Department Director
Marie Matthews
Mary Eve Kulawik

**TRANSMITTAL AND NOTICE OF APPROVAL OF STATE
PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID
SERVICES**


1. TRANSMITTAL NUMBER 22- 0007	2. STATE Montana
3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <p style="text-align: right;">✓ XIX XXI</p>	
4. PROPOSED EFFECTIVE DATE 04/01/2022	
5. FEDERAL STATUTE/REGULATION CITATION 42 CFR 447 1902(a)(30)(A) of the Social Security Act 42 CFR 431.110	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY 22 \$ 314,049 6 months b. FFY 23 \$ 656,572 12 months c. FFY 24 \$ 338,135 6 months
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Supplement to Attachment 4.19B, Payment of Medicare Part A and Part B Deductible/Coinsurance Pages 1-3 of 3	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Supplement to Attachment 4.19B, Payment of Medicare Part A and Part B Deductible/Coinsurance Pages 1-3 of 3

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

9. SUBJECT OF AMENDMENT: The purpose of this State Plan Amendment is to modify the reimbursement received at an IHS/Tribal 638 provider to a Medicaid member with dual eligible benefits. The Medicare payment will be treated as third party payments and be offset against the all-inclusive Medicaid payment.

10. GOVERNOR'S REVIEW (Check One)
GOVERNOR'S OFFICE REPORTED NO COMMENT
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

X OTHER, AS SPECIFIED:
**Montana Department of Public Health and Human Services
State Medicaid Director
Attn: Mary Eve Kulawik
PO Box 4210, Helena, MT 59601**

11. SIGNATURE OF STATE AGENCY OFFICIAL


15. RETURN TO:
Montana Department of Public Health and Human Services
Marie Matthews
Attn: Mary Eve Kulawik
PO Box 4210
Helena MT 59620

12. TYPED NAME: Marie Matthews

13. TITLE: **State Medicaid Director**

14. DATE SUBMITTED: **4-4-22**


FOR CMS USE ONLY

16. DATE RECEIVED
April 4, 2022

17. DATE APPROVED
June 7, 2022

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
April 1, 2022

19. SIGNATURE OF APPROVING OFFICIAL


20. TYPED NAME OF APPROVING OFFICIAL
James G. Scott

21. TITLE OF APPROVING OFFICIAL
Director, Division of Program Operations

22. REMARKS

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State/Territory: MONTANA
METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES -
OTHER TYPES OF CARE

Payment of Medicare Part A and Part B Deductible/Coinsurance

Except for a nominal individual copayment (as specified in Attachment 4.8 of this State plan), if applicable, the Medicaid agency uses the following general method for payment:

1. Payments are limited to State plan rates and payments methodologies for the groups and payments listed below and designated with the letters "SP".

For specific Medicare services which are not otherwise covered by this State plan, the Medicaid agency uses Medicare payment rates unless a special rate or method is set out on page 3 of this attachment.

2. Payments are up to the full amount of the Medicare rate for the groups and payments listed below, and designated with the letters "MR".
3. Payments are up to the amount of a special rate, or according to a special method, described on page 3 of this attachment, for those groups and payments listed below and designated with the letters "NR".
4. Any exception to the general method used for a particular group or payment is specified on Page 3 of this attachment (see 3 above).

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: MONTANA

METHODS FOR ESTABLISHING PAYMENT RATES -
OTHER TYPES OF CARE

Payment of Medicare Part A and Part B Deductible/Coinsurance

QMBs	Part A MR Deductibles Part B SP Deductibles	MR Coinsurance SP Coinsurance
Other Medicaid Individuals	Part A MR Deductibles Part B SP Deductibles	MR Coinsurance SP Coinsurance
Dual Eligible (QMB Plus)	Part A MR Deductibles Part B SP Deductibles	MR Coinsurance SP Coinsurance

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: MONTANA

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES -
OTHER TYPES OF CARE

Payment of Medicare Part A and Part B Deductible/Coinsurance

Special Rates (NR)

- A. Mental health services subject to the Medicare psychiatric reduction are paid the lower of the Medicaid allowed amount or the Medicare allowed amount less the Medicare paid amount.
- B. Medicare payment for inpatient hospital ancillary services with Part B Medicare coverage only (no Part A) and services provided in FQHCs are treated as third party payments and are offset against the Medicaid payment. The state is reimbursing FQHC's per the Social Security Act (Section 1902(bb)) for full dual eligible members. For services received at an Indian Health Service or Tribal 638 provider to a Medicaid member with dual eligible benefits, the Medicare payment will be treated as a third party payment and be offset against the current all-inclusive Medicaid payment.
- C. Services provided in the nursing facilities and paid under Medicare Part A are paid the lower of the Medicaid allowed amount or the Medicare coinsurance amount. Nursing facility services paid under Medicare Part B are paid at full coinsurance and deductible.
- D. Services generally billed on the CMS 1450 billing form (Rural Health Clinic (RHC), Outpatient Hospital and Outpatient Critical Assess Hospital) are paid the full deductible and coinsurance for Medicare Part B services. The state is paying RHC's for full dual eligible members per the approved RHC State Plan.