

Table of Contents

State/Territory Name: Montana

State Plan Amendment (SPA) #: MT-26-0002

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-26-12
Baltimore, Maryland 21244-1850



Managed Care Group

June 26, 2026

Rebecca de Camara
Montana Medicaid and Health Services Interim Executive Director
Montana Department of Public Health & Human Services
P.O. Box 4210
Helena, MT 59604

Re: Montana State Plan Amendment (SPA) 26-0002

Dear Director de Camara:

The Centers for Medicare & Medicaid Services (CMS) completed review of Montana's 1932(a) State Plan Amendment (SPA) Transmittal Number MT 26-0002 submitted on April 2, 2026. The purpose of this SPA is to implement Primary Care Montana, a PCCM program, under the authority of Section 1932(a) of the Social Security Act. This amendment integrates the State's existing Passport to Health, Patient-Centered Medical Home (PCMH), and Comprehensive Primary Care Plus (CPC+) programs into a single, coordinated, value-based model for primary care. Additionally, this SPA approval discontinues authority for annual performance-based incentive payments to qualifying CPC+ providers. Further, the state will continue their pharmacy and provider lock-in program pursuant to Section 1915(a)(2) of the Social Security Act.

We conducted our review of this amendment according to statutory requirements of Title XIX of the Social Security Act and implementing Federal regulations. This letter is to inform you that Montana's Medicaid SPA Transmittal Number MT 26-0002 is approved effective July 1, 2026.

CMS approval of this SPA is conditioned on the state's continued compliance with Medicaid program integrity requirements, including 42 CFR 438 and 42 CFR 455. The state must ensure that the state and its managed care programs appropriately support program integrity activities, including the prevention, detection, investigation, referral, and resolution of fraud, waste, and abuse through appropriate staffing, oversight, controls, data, analytics, reporting, audits, and other actions. The state is responsible for monitoring all aspects of the managed care program, including the performance of every managed care plan related to program integrity as required in 42 CFR 438.66(b)(9). Any material changes to managed care plans' program integrity responsibilities must be clearly effectuated through the state's managed care contracts submitted to CMS for review and approval in accordance with 42 CFR 438.3(a).

Director De Camara letter
Page 2

If you have any questions regarding this amendment, please contact Aimee Campbell-O'Connor at 617-565-1205 or via email at Aimee.Campbell-OConnor1@cms.hhs.gov.

Sincerely,



Bill Brooks
Director
Division of Managed Care Operations

cc: Carla Rime, crime2@mt.gov

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

1. TRANSMITTAL NUMBER <u>2 6</u> — <u>0 0 0 2</u>	2. STATE <u>MT</u>
3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI	

TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE <u>07/01/2026</u>
--	---

5. FEDERAL STATUTE/REGULATION CITATION <u>42 CFR 438, SSA 1932(a)</u>	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2026</u> \$ <u>2,478,042</u> b. FFY <u>2027</u> \$ <u>9,961,727</u>
--	---


7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT <u>Attachment 3.1-F, new pages 19-35</u>	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) <u>Attachment 3.1-F, pages 1-18 (TN 22-0004)</u> <u>Attachment 4.19-B, pages 1-3 (TN 22-0004), CPC+ pages</u> <u>Attachment 3.1-F, pages 1-12 (TN 18.0008)</u>
--	---

9. SUBJECT OF AMENDMENT
The purpose of this State Plan amendment is to implement Montana's new primary care case management (PCCM) program, Primary Care Montana, integrating Montana's existing Passport to Health, Patient Centered Medical Home (PCMH), and Comprehensive Primary Care Plus (CPC+) programs into a single, comprehensive value-based program.

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


OTHER, AS SPECIFIED: Single Agency Review

11. SIGNATURE OF STATE AGENCY OFFICIAL 	15. RETURN TO Montana Department of Public Health and Human Services ATTN:Carla Rime PO BOX 4210, HELENA, MT 59620
12. TYPED NAME Rebecca de Camara	
13. TITLE Medicaid and Health Services Executive Director/ State Medicaid Director	
14. DATE SUBMITTED 4/2/2026 Resubmitted 6/5/2026	

FOR CMS USE ONLY

16. DATE RECEIVED 4/2/26	17. DATE APPROVED 6/26/26
-----------------------------	------------------------------

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL 7/1/26	19. SIGNATURE 
20. TYPED NAME OF APPROVING OFFICIAL Bill Brooks	21. TITLE OF APPROVING OFFICIAL Director, Division of Managed Care Operations

22. REMARKS

INSTRUCTIONS FOR COMPLETING FORM CMS-179

Use Form CMS-179 to transmit State plan material to the Center for Medicaid & CHIP Services for approval. Submit a separate **typed** transmittal form with each plan/amendment.

Block 1 - Transmittal Number - Enter the State Plan Amendment transmittal number. Assign consecutive numbers on a **calendar year** basis with the first two digits being the two-digit year (e.g., 21-0001, 21-0002, etc.). Because states have different state fiscal years, a calendar year is required for consistency.

Block 2 - State - Enter the two-letter abbreviation code of the State/District/Territory submitting the plan material.

Block 3 - Program Identification - Enter the applicable Title of the Social Security Act (Title XIX Medicaid or Title XXI CHIP).

Block 4 - Proposed Effective Date - Enter the proposed effective date of material. The effective date of a new plan may not be earlier than the first day of the calendar quarter in which an approvable plan is submitted. With respect to expenditures for assistance under such plan, the effective date may not be earlier than the first day on which the plan is in operation on a statewide basis or earlier than the day following publication of notice of changes.

Block 5 - Federal Statute/Regulation Citation - Enter the appropriate statutory/regulatory citation.

Block 6 - Federal Budget Impact - 6(a) - IN WHOLE DOLLARS, NOT IN THOUSANDS, Enter 1st **Federal Fiscal Year** (FFY) impacted by the SPA & estimated Federal share of the cost of the SPA for 1st FFY. The first FFY should be the FFY inclusive of the earliest effective date of any amended payment language; **6 (b)** - Enter 2nd FFY impacted by the SPA & estimated Federal share of the cost for 2nd FFY. In general, the estimates should include any amount not currently approved in the state's plan for assistance.

Block 7 - Page No.(s) of Plan Section or Attachment - Enter the page number(s) of plan material amended and transmitted. If additional space is needed, use bond paper. **New pages** should be included in Block 7, but not in Block 8.

Block 8 - Page No.(s) of the Superseded Plan Section or Attachment (if Applicable) - Enter the page number(s) (including the transmittal number) that is being superseded. If additional space is needed, use bond paper. **Deleted pages** should be included in Block 8, but not in Block 7.

Block 9 - Subject of Amendment - Briefly describe plan material being transmitted.

Block 10 - Governor's Review - Check the appropriate box. See SMM section 13026 A.

Block 11 - Signature of State Agency Official - Authorized State official signs this block.

Block 12 - Typed Name - Type name of State official who signed block 11.

Block 13 - Title - Type title of State official who signed block 11.

Block 14 - Date Submitted - Enter the date that the state transmits plan material to CMCS. Unless the state officially withdraws this SPA and then resubmits it, this date should not be revised. Documentation of version revisions will be maintained in the CMCS administrative record.

Block 15 - Return To - Type the name and address of State official to whom this form should be returned.

Block 16–22 (FOR CMS USE ONLY).

Block 16 - Date Received - Enter the date plan material is received by CMCS. This is the date that the submission is received by CMCS via the subscribed submission process.

Block 17 - Date Approved - Enter the date CMCS approved the plan material.

Block 18 - Effective Date of Approved Material - Enter the date the plan material becomes effective. If more than one effective date, list each provision and its effective date in Block 22 or attach a sheet.

Block 19 - Signature of Approving Official - Approving official signs this block.

Block 20 - Typed Name of Approving Official - Type approving official's name.

Block 21 - Title of Approving Official - Type approving official's title.

Block 22 - Remarks - Use this block to reference and explain agreed to changes and strike-throughs to the original CMS-179 as submitted, a partial approval, more than one effective date, etc. If additional space is needed, use bond paper.

State: Montana

Citation	Condition or Requirement
----------	--------------------------

1932(a)(1)(A)

A. Section 1932(a)(1)(A) of the Social Security Act.

The State of Montana enrolls Medicaid beneficiaries on a mandatory basis into managed care entities (managed care organization [MCOs], primary care case managers [PCCMs], and/or PCCM entities) in the absence of section 1115 or section 1915(b) waiver authority. This authority is granted under section 1932(a)(1)(A) of the Social Security Act (the Act). Under this authority, a state can amend its Medicaid state plan to require certain categories of Medicaid beneficiaries to enroll in managed care entities without being out of compliance with provisions of section 1902 of the Act on statewideness (42 CFR 431.50), freedom of choice (42 CFR 431.51) or comparability (42 CFR 440.230).

This authority may *not* be used to mandate enrollment in Prepaid Inpatient Health Plans (PIHPs), Prepaid Ambulatory Health Plans (PAHPs), nor can it be used to mandate the enrollment of Medicaid beneficiaries described in 42 CFR 438.50(d).

Where the state’s assurance is requested in this document for compliance with a particular requirement of 42 CFR 438 et seq., the state shall place a check mark to affirm that it will be in compliance no later than the applicable compliance date. All applicable assurances should be checked, even when the compliance date is in the future. **Please see Appendix A of this document for compliance dates for various sections of 42 CFR 438.**

1932(a)(1)(B)(i)
1932(a)(1)(B)(ii)

B. Managed Care Delivery System.

42 CFR 438.2
42 CFR 438.6
42 CFR 438.50(b)(1)-(2)

The State will contract with the entity(ies) below and reimburse them as noted under each entity type.

- 1. MCO
 - a. Capitation
 - b. The state assures that all applicable requirements of 42 CFR 438.6, regarding special contract provisions related to payment, will be met.
- 2. PCCM (individual practitioners)
 - a. Case management fee
 - b. Other (please explain below)

Primary Care Montana (PCMT) is a tiered program designed to improve population health management, with providers in all tiers being reimbursed a per member per month (PMPM) care coordination fee in addition to fee-for-service reimbursement. Tiers have been designed as follows, and providers must meet participation requirements for the tier in which they are participating:

State: Montana

Citation Condition or Requirement

Tier 1: Foundational tier, focusing on strengthening preventive care, improving quality outcomes, and supporting patient-centered primary care practices. Participating providers receive a PMPM care coordination fee in exchange for meeting benchmarks and performance expectations.

Tier 2: Provides a PMPM care coordination fee to support primary care providers in helping patients transition safely back to community-based care after inpatient hospitalization. PMPM reimbursement is tied to performance in improving post-discharge outcomes and reducing avoidable readmissions (unplanned hospital readmissions occurring shortly after a patient's discharge from an initial admission).

Additional details and specific rates can be found in the PCCM contracts.

- 3. PCCM entity
 - a. Case management fee
 - b. Shared savings, incentive payments, and/or financial rewards (see 42 CFR 438.310(c)(2))
 - c. Other (please explain below)

State: Montana

Citation Condition or Requirement

If PCCM entity is selected, please indicate which of the following function(s) the entity will provide (as in 42 CFR 438.2), in addition to PCCM services:

- Provision of intensive telephonic case management
- Provision of face-to-face case management
- Operation of a nurse triage advice line
- Development of enrollee care plans.
- Execution of contracts with fee-for-service (FFS) providers in the FFS program
- Oversight responsibilities for the activities of FFS providers in the FFS program
- Provision of payments to FFS providers on behalf of the State.
- Provision of enrollee outreach and education activities.
- Operation of a customer service call center.
- Review of provider claims, utilization and/or practice patterns to conduct provider profiling and/or practice improvement.
- Implementation of quality improvement activities including administering enrollee satisfaction surveys or collecting data necessary for performance measurement of providers.
- Coordination with behavioral health systems/providers.
- Coordination with long-term services and supports systems/providers.
- Other (please describe): _____

42 CFR 438.50(b)(4)

C. Public Process.

Describe the public process including tribal consultation, if applicable, utilized for both the design of the managed care program and its initial implementation. In addition, describe what methods the state will use to ensure ongoing public involvement once the state plan managed care program has been implemented. *(Example: public meeting, advisory groups.)*

The State consulted with federally recognized tribes and Indian health programs through an in-person tribal consultation held December 10, 2025. The State also held a subsequent meeting with tribal health leaders on January 30, 2026, to provide additional program details. The State also sent tribal consultation letters mailed on February 27, 2026. During the in-person tribal consultation there was an opportunity for public comment, and the State also published an online public notice on February 27, 2026. Public notice and Tribal consultation letters invited comments and questions to be emailed or postmarked through March 29, 2026.

Additionally, the State undertook significant efforts to engage key partners in development of the program, including multiple monthly virtual meetings beginning in fall of 2024, accompanied by a key partner survey, and continuing with virtual meetings through fall of 2025, with a pause for the 2025 Montana legislative

State: Montana

Citation	Condition or Requirement
	<p><i>session. An in-person meeting to obtain provider feedback was also held in Billings, Montana on October 7, 2025. The State anticipates ongoing opportunities for feedback through future virtual and in-person key partner sessions as the program is further developed and implemented.</i></p> <p>If the program will include long term services and supports (LTSS), please indicate how the views of stakeholders have been, and will continue to be, solicited and addressed during the design, implementation, and oversight of the program, including plans for a member advisory committee (42 CFR 438.70 and 438.110)</p>
	<p>D. <u>State Assurances and Compliance with the Statute and Regulations.</u> If applicable to the state plan, place a check mark to affirm that compliance with the following statutes and regulations will be met.</p>
1932(a)(1)(A)(i)(I) 1903(m)	1. <input type="checkbox"/> The state assures that all of the applicable requirements of section 1903(m) of the Act, for MCOs and MCO contracts will be met.
42 CFR 438.50(c)(1)	
1932(a)(1)(A)(i)(I) 1905(t)	2. <input checked="" type="checkbox"/> The state assures that all the applicable requirements of section 1905(t) of the Act for PCCMs and PCCM contracts (including for PCCM entities) will be met.
42 CFR 438.50(c)(2) 1902(a)(23)(A)	
1932(a)(1)(A) 42 CFR 438.50(c)(3)	3. <input type="checkbox"/> The state assures that all the applicable requirements of section 1932 (including subpart (a)(1)(A)) of the Act, for the state's option to limit freedom of choice by requiring beneficiaries to receive their benefits through managed care entities will be met.
1932(a)(1)(A) 42 CFR 431.51 1905(a)(4)(C) 42 CFR 438.10(g)(2)(vii)	4. <input checked="" type="checkbox"/> The state assures that all the applicable requirements of 42 CFR 431.51 regarding freedom of choice for family planning services and supplies as defined in section 1905(a)(4)(C) will be met.
1932(a)(1)(A)	5. <input checked="" type="checkbox"/> The state assures that it appropriately identifies individuals in the mandatory exempt groups identified in 1932(a)(1)(A)(i).
1932(a)(1)(A) 42 CFR 438 1903(m)	6. <input checked="" type="checkbox"/> The state assures that all applicable managed care requirements of 42 CFR Part 438 for MCOs, PCCMs, and PCCM entities will be met.

State: Montana

Citation	Condition or Requirement
1932(a)(1)(A) 42 CFR 438.4 42 CFR 438.5 42 CFR 438.7 42 CFR 438.8 42 CFR 438.74 42 CFR 438.50(c)(6)	7. <input type="checkbox"/> The state assures that all applicable requirements of 42 CFR 438.4, 438.5, 438.7, 438.8, and 438.74 for payments under any risk contracts will be met.
1932(a)(1)(A) 42 CFR 447.362 42 CFR 438.50(c)(6)	8. <input type="checkbox"/> The state assures that all applicable requirements of 42 CFR 447.362 for payments under any non-risk contracts will be met.
45 CFR 75.326	9. <input checked="" type="checkbox"/> The state assures that all applicable requirements of 45 CFR 75.326 for procurement of contracts will be met.
42 CFR 438.66	10. Assurances regarding state monitoring requirements: <input type="checkbox"/> The state assures that all applicable requirements of 42 CFR 438.66(a), (b), and (c), regarding a monitoring system and using data to improve the performance of its managed care program, will be met. <input type="checkbox"/> The state assures that all applicable requirements of 42 CFR 438.66(d), regarding readiness assessment, will be met. <input type="checkbox"/> The state assures that all applicable requirements of 42 CFR 438.66(e), regarding reporting to CMS about the managed care program, will be met.
1932(a)(1)(A) 1932(a)(2)	E. <u>Populations and Geographic Area.</u> 1. Included Populations. Please check which eligibility groups are included, if they are enrolled on a Mandatory (M) or Voluntary (V) basis (as defined in 42 CFR 438.54(b)) or Excluded (E) , and the geographic scope of enrollment. Under the Geographic Area column, please indicate whether the nature of the population’s enrollment is on a statewide basis, or if on less than a statewide basis, please list the applicable counties/regions. Also, if type of enrollment varies by geographic area (for example, mandatory in some areas and voluntary in other areas), please note specifics in the Geographic Area column. Under the Notes column, please note any additional relevant details about the population or enrollment.

A. Mandatory Eligibility Groups (Eligibility Groups to which a state must provide Medicaid coverage)

1. Family/Adult

Eligibility Group	Citation (Regulation [42 CFR] or SSA)	M	V	E	Geographic Area (include specifics if M/V/E varies by area)	Notes
1. Parents and Other Caretaker Relatives	§435.110		X			
2. Pregnant Women	§435.116		X			

State: Montana

Citation Condition or Requirement

Eligibility Group	Citation (Regulation [42 CFR] or SSA)	M	V	E	Geographic Area (include specifics if M/V/E varies by area)	Notes
3. Children Under Age 19 (Inclusive of Deemed Newborns under §435.117)	§435.118		X			
4. Former Foster Care Youth (up to age 26)	§435.150		X			
5. Adult Group (Non-pregnant individuals age 19-64 not eligible for Medicare with income no more than 133% FPL)	§435.119		X			
6. Transitional Medical Assistance (Includes adults and children, if not eligible under §435.116, §435.118, or §435.119)	1902(a)(52), 1902(e)(1), 1925, and 1931(c)(2) of SSA		X			
7. Extended Medicaid Due to Spousal Support Collections	§435.115		X			

2. Aged/Blind/Disabled Individuals

Eligibility Group	Citation (Regulation [42 CFR] or SSA)	M	V	E	Geographic Area (include specifics if M/V/E varies by area)	Notes
8. Individuals Receiving SSI age 19 and over only (See E.2. below regarding age <19)	§435.120		X			
9. Aged and Disabled Individuals in 209(b) States	§435.121					N/A
10. Individuals Who Would be Eligible for SSI/SSP but for OASDI COLA Increase since April, 1977	§435.135		X			
11. Disabled Widows and Widowers Ineligible for SSI due to an increase of OASDI	§435.137		X			
12. Disabled Widows and Widowers Ineligible for SSI due to Early Receipt of Social Security	§435.138		X			
13. Working Disabled under 1619(b)	1619(b), 1902(a)(10)(A)(i) (II), and 1905(q) of SSA		X			
14. Disabled Adult Children	1634(c) of SSA		X			

B. Optional Eligibility Groups

1. Family/Adult

Eligibility Group	Citation (Regulation [42 CFR] or SSA)	M	V	E	Geographic Area (include specifics if M/V/E varies by area)	Notes
1. Optional Parents and Other Caretaker Relatives	§435.220		X			
2. Optional Targeted Low-Income Children	§435.229		X			
3. Independent Foster Care Adolescents Under Age 21	§435.226					N/A

State: Montana

Citation Condition or Requirement

Eligibility Group	Citation (Regulation [42 CFR] or SSA)	M	V	E	Geographic Area (include specifics if M/V/E varies by area)	Notes
4. Individuals Under Age 65 with Income Over 133%	§435.218					N/A
5. Optional Reasonable Classifications of Children Under Age 21	§435.222		X			
6. Individuals Electing COBRA Continuation Coverage	1902(a)(10)(F) of SSA		X			

2. Aged/Blind/Disabled Individuals

Eligibility Group	Citation (Regulation [42 CFR] or SSA)	M	V	E	Geographic Area (include specifics if M/V/E varies by area)	Notes
7. Aged, Blind or Disabled Individuals Eligible for but Not Receiving Cash	§435.210 and §435.230		X			
8. Individuals eligible for Cash except for Institutionalized Status	§435.211			X		
9. Individuals Receiving Home and Community-Based Waiver Services Under Institutional Rules	§435.217			X		
10. Optional State Supplement Recipients - 1634 and SSI Criteria States – with 1616 Agreements	§435.232		X			
11. Optional State Supplemental Recipients- 209(b) States and SSI criteria States without 1616 Agreements	§435.234					N/A
12. Institutionalized Individuals Eligible under a Special Income Level	§435.236					N/A
13. Individuals Participating in a PACE Program under Institutional Rules	1934 of the SSA					N/A
14. Individuals Receiving Hospice Care	1902(a)(10)(A)(ii) (VII) and 1905(o) of the SSA		X			
15. Poverty Level Aged or Disabled	1902(a)(10)(A)(ii) (X) and 1902(m)(1) of the SSA					N/A
16. Work Incentive Group	1902(a)(10)(A)(ii) (XIII) of the SSA		X			
17. Ticket to Work Basic Group	1902(a)(10)(A)(ii) (XV) of the SSA					N/A
18. Ticket to Work Medically Improved Group	1902(a)(10)(A)(ii) (XVI) of the SSA					N/A
19. Family Opportunity Act Children with Disabilities	1902(a)(10)(A)(ii) (XIX) of the SSA					N/A
20. Individuals Eligible for State Plan Home and Community-Based Services	§435.219					N/A

State: Montana

Citation Condition or Requirement

3. Partial Benefits

Eligibility Group	Citation (Regulation [42 CFR] or SSA)	M	V	E	Geographic Area (include specifics if M/V/E varies by area)	Notes
21. Family Planning Services	§435.214			X		
22. Individuals with Tuberculosis	§435.215					N/A
23. Individuals Needing Treatment for Breast or Cervical Cancer (under age 65)	§435.213		X			

C. Medically Needy

Eligibility Group	Citation (Regulation [42 CFR] or SSA)	M	V	E	Geographic Area (include specifics if M/V/E varies by area)	Notes
1. Medically Needy Pregnant Women	§435.301(b)(1)(i) and (iv)			X		
2. Medically Needy Children under Age 18	§435.301(b)(1)(ii)			X		
3. Medically Needy Children Age 18 through 20	§435.308			X		
4. Medically Needy Parents and Other Caretaker Relatives	§435.310					N/A
5. Medically Needy Aged	§435.320			X		
6. Medically Needy Blind	§435.322			X		
7. Medically Needy Disabled	§435.324			X		
8. Medically Needy Aged, Blind and Disabled in 209(b) States	§435.330					N/A

2. **Voluntary Only or Excluded Populations.** Under this managed care authority, some populations cannot be subject to mandatory enrollment in an MCO, PCCM, or PCCM entity (per 42 CFR 438.50(d)). Some such populations are Eligibility Groups separate from those listed above in E.1., while others (such as American Indians/Alaskan Natives) can be part of multiple Eligibility Groups identified in E.1. above.

Please indicate if any of the following populations are excluded from the program, or have only voluntary enrollment (even if they are part of an eligibility group listed above in E.1. as having mandatory enrollment):

Population	Citation (Regulation [42 CFR] or SSA)	V	E	Geographic Area	Notes
Medicare Savings Program – Qualified Medicare Beneficiaries, Qualified Disabled Working Individuals, Specified Low Income Medicare Beneficiaries, and/or Qualifying Individuals	1902(a)(10)(E), 1905(p), 1905(s) of the SSA		X		

State: Montana

Citation Condition or Requirement

Population	Citation (Regulation [42 CFR] or SSA)	V	E	Geographic Area	Notes
“Dual Eligibles” not described under Medicare Savings Program - Medicaid beneficiaries enrolled in an eligibility group other than one of the Medicare Savings Program groups who are also eligible for Medicare			X		
American Indian/Alaskan Native— Medicaid beneficiaries who are American Indians or Alaskan Natives and members of federally recognized tribes	§438.14	X			
Children Receiving SSI who are Under Age 19 - Children under 19 years of age who are eligible for SSI under title XVI	§435.120	X			
Qualified Disabled Children Under Age 19 - Certain children under 19 living at home, who are disabled and would be eligible if they were living in a medical institution.	§435.225 1902(e)(3) of the SSA				N/A
Title IV-E Children - Children receiving foster care, adoption assistance, or kinship guardianship assistance under title IV-E *	§435.145	X			
Non-Title IV-E Adoption Assistance Under Age 21*	§435.227	X			
Children with Special Health Care Needs - Receiving services through a family-centered, community-based, coordinated care system that receives grant funds under section 501(a)(1)(D) of Title V, and is defined by the State in terms of either program participation or special health care needs.		X			

* = Note – Individuals in these two Eligibility Groups who are age 19 and 20 can have mandatory enrollment in managed care, while those under age 19 cannot have mandatory enrollment. Use the Notes column to indicate if you plan to mandatorily enroll 19 and 20 year olds in these Eligibility Groups.

3. **(Optional) Other Exceptions.** The following populations (which can be part of various Eligibility Groups) can be subject to mandatory enrollment in managed care, but states may elect to make exceptions for these or other individuals. Please indicate if any of the following populations are excluded from the program, or have only voluntary enrollment (even if they are part of an eligibility group listed above in E.1. as having mandatory enrollment):

State: Montana

Citation Condition or Requirement

Population	V	E	Notes
Other Insurance --Medicaid beneficiaries who have other health insurance	X		
Reside in Nursing Facility or ICF/IID --Medicaid beneficiaries who reside in Nursing Facilities (NF) or Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID).		X	
Enrolled in Another Managed Care Program --Medicaid beneficiaries who are enrolled in another Medicaid managed care program	X		Individuals enrolled in Montana’s T-HIP program may also enroll in Teir 1 and Tier 2 of this PCCM program. The State ensures no duplication between programs. This program is focused on medical services, preventive care, and transitions of care in a primary care setting, while T-HIP has a broader focus on community resources implemented by care coordinators. T-HIP care coordinators’ focus is guiding members through understanding their healthcare options, coordination and implementation of care plans, advocating on the beneficiary’s behalf, and providing community resource information; T-HIP care coordinators do not provide medical services.
Eligibility Less Than 3 Months --Medicaid beneficiaries who would have less than three months of Medicaid eligibility remaining upon enrollment into the program		X	
Participate in HCBS Waiver --Medicaid beneficiaries who participate in a Home and Community Based Waiver (HCBS, also referred to as a 1915(c) waiver).		X	
Retroactive Eligibility --Medicaid beneficiaries for the period of retroactive eligibility.		X	
Other (Please define):			The State operates a pharmacy and provider lock-in program, known as Team Care, under State law and existing federal authority at section 1915(a)(2) of the Act and 42 CFR 431.54(e), which allows the State, for a reasonable period of time and after notice and opportunity for a hearing, to restrict certain Medicaid members with excessive, inappropriate, or fraudulent utilization to designated provider(s) and/or pharmacy(ies) while maintaining reasonable access to medically necessary services of adequate quality. Participation in Primary Care Montana is not required for Team Care; any Medicaid member meeting the State’s criteria may be subject to Team Care restrictions, which are implemented through provider enrollment, claims processing, and related administrative processes consistent with applicable notice and appeal requirements

1932(a)(4)
42 CFR 438.54

F. Enrollment Process.

Based on whether mandatory and/or voluntary enrollment are applicable to your

State: Montana

Citation Condition or Requirement

program (see E. Populations and Geographic Area and definitions in 42 CFR 438.54(b)), please complete the below:

1. For **voluntary** enrollment: (see 42 CFR 438.54(c))
 - a. Please describe how the state fulfills its obligations to provide information as specified in 42 CFR 438.10(c)(4), 42 CFR 438.10(e) and 42 CFR 438.54(c)(3).

The State will issue informational notices including all required information outlined in 42 CFR 438.10(e) upon eligibility determination or redetermination. Information outlining the program and its features will be available from the Member Help Line, informational mailings, and an online tutorial.

State with voluntary enrollment must have an enrollment choice period or passive enrollment. Please indicate which will apply to the managed care program:

b. If applicable, please check here to indicate that the state provides an **enrollment choice period**, as described in 42 CFR 438.54(c)(1)(i) and 42 CFR 438.54(c)(2)(i), during which individuals who are subject to voluntary enrollment may make an active choice to enroll in the managed care program, or will otherwise continue to receive covered services through the fee-for-service delivery system.

- i. Please indicate the length of the enrollment choice period:
45 days

All beneficiaries eligible to enroll in the program will receive information describing the program in the enrollment packet to all newly eligible beneficiaries by the enrollment broker. Included is a letter explaining to those eligible for the program that they have 45 days to select a primary care provider (PCP). If the PCP the beneficiary chooses is participating in the program, the beneficiary will be enrolled in the program. If the beneficiary's chosen PCP is not participating in the program, the beneficiary will not be enrolled.

If the beneficiary does not select a participating PCP within 45 days AND there are no claims from a Medicaid provider not participating in PCCM, the system will identify if a participating PCP is available for assignment and assign the beneficiary to the first provider available for assignment.

Assignment will be system generated using an algorithm that looks at, in the following order: previous relationship with a PCP participating in the program, claims history, family enrollment history with PCP, tribal enrollment (if tribally enrolled, the provider will be IHS within 50 miles), and, finally, random assignment based on geographic area.

State: Montana

Citation	Condition or Requirement
	<ul style="list-style-type: none"> i. Medicaid beneficiaries with mandatory enrollment in an MCO will have a choice of at least two MCOs unless the area is considered rural as defined in 42 CFR 438.52(b)(3); ii. Medicaid beneficiaries with mandatory enrollment in a primary care case management system will have a choice of at least two primary care case managers employed by or contracted with the State; iii. Medicaid beneficiaries with mandatory enrollment in a PCCM entity may be limited to a single PCCM entity and will have a choice of at least two PCCMs employed by or contracted with the PCCM entity.
42 CFR 438.52	<p>b. <input type="checkbox"/> The state plan program applies the rural exception to choice requirements of 42 CFR 438.52(a) for MCOs in accordance with 42 CFR 438.52(b). Please list the impacted rural counties:</p> <p><input checked="" type="checkbox"/> This provision is not applicable to this 1932 State Plan Amendment.</p>
42 CFR 438.56(g)	<p>c. <input checked="" type="checkbox"/> The state applies the automatic reenrollment provision in accordance with 42 CFR 438.56(g) if the recipient is disenrolled solely because he or she loses Medicaid eligibility for a period of 2 months or less.</p> <p><input type="checkbox"/> This provision is not applicable to this 1932 State Plan Amendment.</p>

State: Montana

Citation	Condition or Requirement
----------	--------------------------

42 CFR 438.71	d. <input checked="" type="checkbox"/> The state assures that all applicable requirements of 42 CFR 438.71 regarding developing and implementing a beneficiary support system that provides support to beneficiaries both prior to and after MCO, PCCM, or PCCM entity enrollment will be met.
---------------	--

1932(a)(4) 42 CFR 438.56	<p>G. <u>Disenrollment.</u></p> <p>1. The state will <input type="checkbox"/>/ will not <input checked="" type="checkbox"/> limit disenrollment for managed care.</p> <p>2. The disenrollment limitation will apply for _____(up to 12 months).</p> <p>3. <input checked="" type="checkbox"/>The state assures that beneficiary requests for disenrollment (with and without cause) will be permitted in accordance with 42 CFR 438.56.</p> <p>4. Describe the state's process for notifying the Medicaid beneficiaries of their right to disenroll without cause during the 90 days following the date of their initial enrollment into the MCO, PCCM, or PCCM entity. (<i>Examples: state generated correspondence, enrollment packets, etc.</i>)</p> <p>5. Describe any additional circumstances of “cause” for disenrollment (if any).</p>
-----------------------------	--

1932(a)(5)(c) 42 CFR 438.50 42 CFR 438.10	<p>H. <u>Information Requirements for Beneficiaries.</u></p> <p><input checked="" type="checkbox"/>The state assures that its state plan program is in compliance with 42 CFR 438.10 for information requirements specific to MCOs, PCCMs, and PCCM entity programs operated under section 1932(a)(1)(A)(i) state plan amendments.</p>
---	--

1932(a)(5)(D)(b) 1903(m) 1905(i)(3)	<p>I. <u>List all benefits for which the MCO is responsible.</u></p> <p>Complete the chart below to indicate every State Plan-Approved services that will be delivered by the MCO, and where each of those services is described in the state’s Medicaid State Plan. For “other practitioner services”, list each provider type separately. For rehabilitative services, habilitative services, EPSDT services and 1915(i), (j) and (k) services list each program separately by its own list of services. Add additional rows as necessary.</p> <p>In the first column of the chart below, enter the name of each State Plan-Approved service delivered by the MCO. In the second – fourth column of the chart, enter a State Plan citation providing the Attachment number, Page number, and Item number, respectively.</p>
---	---

State: Montana

Citation Condition or Requirement

State Plan-Approved Service Delivered by the MCO	Medicaid State Plan Citation		
	Attachment #	Page #	Item #
<i>N/A – MCOs are not responsible for any State Plan-Approved services.</i>			

- 1932(a)(5)(D)(b)(4)
42 CFR 438.228
- J. The state assures that each MCO has established an internal grievance and appeal system for enrollees.
- 1932(a)(5)(D)(b)(5)
42 CFR 438.62
42 CFR 438.68
42 CFR 438.206
42 CFR 438.207
42 CFR 438.208
- K. Services, including capacity, network adequacy, coordination, and continuity.
- The state assures that all applicable requirements of 42 CFR 438.62, regarding continued service to enrollees, will be met.
- The state assures that all applicable requirements of 42 CFR 438.68, regarding network adequacy standards, will be met.
- The state assures that all applicable requirements of 42 CFR 438.206, regarding availability of services, will be met.
- The state assures that all applicable requirements of 42 CFR 438.207, regarding assurances of adequate capacity and services, will be met.
- The state assures that all applicable requirements of 42 CFR 438.208, regarding coordination and continuity of care, will be met.
- 1932(c)(1)(A)

42 CFR 438.330
42 CFR 438.340
- L. The state assures that all applicable requirements of 42 CFR 438.330 and 438.340, regarding a quality assessment and performance improvement program and State quality strategy, will be met.
- 1932(c)(2)(A)

42 CFR 438.350
42 CFR 438.354
42 CFR 438.364
1932 (a)(1)(A)(ii)
- M. The state assures that all applicable requirements of 42 CFR 438.350, 438.354, and 438.364 regarding an annual external independent review conducted by a qualified independent entity, will be met.
- N. Selective Contracting Under a 1932 State Plan Option.

State: Montana

Citation Condition or Requirement

To respond to items #1 and #2, place a check mark. The third item requires a brief narrative.

1. The state will /will not intentionally limit the number of entities it contracts under a 1932 state plan option.
2. The state assures that if it limits the number of contracting entities, this limitation will not substantially impair beneficiary access to services.
3. Describe the criteria the state uses to limit the number of entities it contracts under a 1932 state plan option. (*Example: a limited number of providers and/or enrollees.*)
4. The selective contracting provision is not applicable to this state plan.

State: Montana

Citation Condition or Requirement

Appendix A: Compliance Dates (from Supplementary Information in 81 FR 27497, published 5/6/2016)

States must comply with all provisions in effect as of the issuance of this preprint. Additionally, the following compliance dates apply:

Compliance Dates	Sections
<p>For rating periods for Medicaid managed care contracts beginning before July 1, 2017, States will not be held out of compliance with the changes adopted in the following sections so long as they comply with the corresponding standard(s) codified in 42 CFR part 438 contained in 42 CFR parts 430 to 481, edition revised as of October 1, 2015. States must comply with these requirements no later than the rating period for Medicaid managed care contracts starting on or after July 1, 2017.</p>	<p>§§ 438.3(h), 438.3(m), 438.3(q) through (u), 438.4(b)(7), 438.4(b)(8), 438.5(b) through (f), 438.6(b)(3), 438.6(c) and (d), 438.7(b), 438.7(c)(1) and (2), 438.8, 438.9, 438.10, 438.14, 438.56(d)(2)(iv), 438.66(a) through (d), 438.70, 438.74, 438.110, 438.208, 438.210, 438.230, 438.242, 438.330, 438.332, 438.400, 438.402, 438.404, 438.406, 438.408, 438.410, 438.414, 438.416, 438.420, 438.424, 438.602(a), 438.602(c) through (h), 438.604, 438.606, 438.608(a), and 438.608(c) and (d)</p>
<p>For rating periods for Medicaid managed care contracts beginning before July 1, 2018, states will not be held out of compliance with the changes adopted in the following sections so long as they comply with the corresponding standard(s) codified in 42 CFR part 438 contained in the 42 CFR parts 430 to 481, edition revised as of October 1, 2015. States must comply with these requirements no later than the rating period for Medicaid managed care contracts starting on or after July 1, 2018.</p>	<p>§§ 438.4(b)(3), 438.4(b)(4), 438.7(c)(3), 438.62, 438.68, 438.71, 438.206, 438.207, 438.602(b), 438.608(b), and 438.818</p>
<p>States must be in compliance with the requirements at § 438.4(b)(9) no later than the rating period for Medicaid managed care contracts starting on or after July 1, 2019.</p>	<p>§ 438.4(b)(9)</p>
<p>States must be in compliance with the requirements at § 438.66(e) no later than the rating period for Medicaid managed care contracts starting on or after the date of the publication of CMS guidance.</p>	<p>§ 438.66(e)</p>
<p>States must be in compliance with § 438.334 no later than 3 years from the date of a final notice published in the Federal Register.</p>	<p>§ 438.334</p>
<p>Until July 1, 2018, states will not be held out of compliance with the changes adopted in the following sections so long as they comply with the corresponding standard(s) codified in 42</p>	<p>§§ 438.340, 438.350, 438.354, 438.356, 438.358, 438.360, 438.362, and 438.364</p>

State: Montana

Citation Condition or Requirement

Compliance Dates	Sections
CFR part 438 contained in the 42 CFR parts 430 to 481, edition revised as of October 1, 2015.	
States must begin conducting the EQR-related activity described in § 438.358(b)(1)(iv) (relating to the mandatory EQR-related activity of validation of network adequacy) no later than one year from the issuance of the associated EQR protocol.	§ 438.358(b)(1)(iv)
States may begin conducting the EQR-related activity described in § 438.358(c)(6) (relating to the optional EQR-related activity of plan rating) no earlier than the issuance of the associated EQR protocol.	§ 438.358(c)(6)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0933. The time required to complete this information collection is estimated to average 10 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850