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State/Territory Name: Montana

State Plan Amendment (SPA) #: 18-0047

This file contains the following documents in the order listed:

- 1) Approval Letter
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- 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

December 13, 2019

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-18-0047. This amendment restores the 2.99% rate reduction MT previously implemented to address their 2017 state budget crisis.

Please be informed that this State Plan Amendment was approved December 12, 2019, with an effective date of July 1, 2018. We are enclosing the summary page and the amended plan page(s).

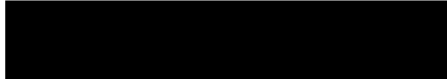

If you have any questions regarding this SPA please contact Barbara Prehmus at (303) 844-7472.

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: 18-0047	2. STATE Montana
FOR: HEALTH CARE FINANCING ADMINISTRATION		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 07/01/18	
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 parts 431, 440 and 441 42 CFR 413 42 CFR 416		7. FEDERAL BUDGET IMPACT: Ambulatory Surgical Center FFY 18 (3 month) \$46,048.00 Ambulatory Surgical Center FFY 19 (12 months) \$184,643.00 Ambulatory Surgical Center FFY 20 (9 months) \$138,482.00 Dialysis Clinic FFY 18 (3 month) \$20,320.00 Dialysis Clinic FFY 19 (12 months) \$81,477.00 Dialysis Clinic FFY 20 (9 months) \$61,108.00	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19B, Service 9, Clinic Services, page 1 of 1.		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 4.19B, Service 9, Clinic Services, page 1 of 1.	
10. SUBJECT OF AMENDMENT: Effective July 1, 2018, this amendment restores the across the board Medicaid provider rates and fee schedules that were reduced by 2.99% effective January 1, 2018, due to budget shortfalls in State Fiscal year 2018. The proposed 2.99% rate reversal is the result of two Temporary Restraining Orders (TRO) that were filed as court orders in August 2018.			
11. GOVERNOR'S REVIEW (Check One):			
<input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		<input checked="" type="checkbox"/> OTHER, AS SPECIFIED: Single Agency Director Review	
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO: Montana Department of Public Health and Human Services Marie Matthews Attn: Mary Eve Kulawik PO Box 4210 Helena MT 59620	
13. TYPED NAME: Marie Matthews			
14. TITLE: State Medicaid Director			
15. DATE SUBMITTED: original submittal 9/8/2018 Resubmittal 9/23/2019			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: September 8, 2018		18. DATE APPROVED: December 12, 2019	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: July 1, 2018		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: Richard C. Allen		22. TITLE: Director, WROG	
23. REMARKS:			

MONTANA

The following are used for establishing reimbursement rates for Clinic Services:

- I. Reimbursement methodology for ambulatory surgical centers (ASC's) is based on the method of establishing ASC rates for Medicare as published quarterly by CMS. Reimbursement is set at the current Medicare rates in effect as of the date of service. Effective July 1, 2018, rates are the current Medicare rates and are in effect for dates of services on or after July 1, 2018. The fee schedule is updated effective the 1st day of the quarter based on the Medicare quarterly adjustment.
- II. The methodologies for establishing the rates for diagnostic and evaluation services and public health services are the same as the methods used for physicians' services, psychologist' services, clinical social workers' services, physical therapy services, occupational therapy services, nurse specialist' services, speech therapy services, and audiology services.
- III. Reimbursement for freestanding dialysis clinics is based on the Department's fee schedule published on the agency's website at <http://medicaidprovider.mt.gov>. Unless otherwise noted in the plan, reimbursement rates are the same for both governmental and private providers. The Department's fee schedule rates were set as of July 1, 2018, and are effective for services provided on or after July 1, 2018.