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State/Territory Name: Montana

State Plan Amendment (SPA) #: 13-031

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) 179
- 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

May 23, 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-13-031. This amendment clarifies that clinic reimbursement is based on a published fee schedule and includes a 3.8% rate reduction that was necessary to meet UPL requirements.

Please be informed that this State Plan Amendment was approved today, with an effective date of July 1, 2013. 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,



Mary Marchioni
Acting Deputy Director

cc: Sheila Hogan, Department Director
Mary Eve Kulawik

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 13-031	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 07/01/2013	
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: 1902(a)(30)(A)		7. FEDERAL BUDGET IMPACT: a. FFY 13 \$(8,032) (3months) b. FFY 14 \$(32,289) (12months) c. FFY 15 \$(24,060) (9 months)	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Page 1 of 1 Attachment 4.19B Methods & Standards for Establishing Payment Rates Service 9 Clinic Services		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Page 1 of 1 Attachment 4.19B Methods & Standards for Establishing Payment Rates Service 9 Clinic Services	
10. SUBJECT OF AMENDMENT: The Dialysis Clinic reimbursement rate will be reduced 3.8% due to the identified Upper Payment Limit overage. The rate per 12-029 was \$262, the new rate per 13-031 is reduced to \$252 to stay under the Upper Payment Limit.			
11. GOVERNOR'S REVIEW (Check One):			
<input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <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 Marie Matthews Attn: Lee Rhodes PO Box 4210 Helena MT 59604	
13. TYPED NAME: Marie Matthews			
14. TITLE: State Medicaid Director			
15. DATE SUBMITTED: Original submittal: 6/27/2013 Revised submittal: 5-22-19			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: June 27, 2013		18. DATE APPROVED: May 23, 2019	
PLAN APPROVED -- ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: July 1, 2013		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: Mary Marchioni		22. TITLE: Acting Deputy Director, DROG	
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. 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 paid 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, 2013 and are effective for services provided on or after July 1, 2013.