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State/Territory Name: Montana

State Plan Amendment (SPA) #: MT-14-022

This file contains the following documents in the order listed:

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

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
1600 Broadway, Suite 700
Denver, CO 80202-4967



Region VIII

December 4, 2014

Mary Dalton, Medicaid & Health Services Manager
Montana Department of Health & Human Services
1400 Broadway
PO Box 202951
Helena, MT 59620

Re: SPA MT-14-022

Dear Ms. Dalton:

We have reviewed the proposed State Plan Amendment (SPA) submitted under transmittal number MT-14-022. This SPA amends Lab and X-ray Services to increase the conversion factor by 4.5%.

Please be informed that this State Plan Amendment was approved today with an effective date of July 1, 2014. We are enclosing the summary page and the amended plan page(s).

In order to track expenditures associated with this amendment, Montana should follow the CMS-64 reporting instructions outlined in Section 2500 of the State Medicaid Manual (SMM).

For those individuals whose expenditures qualify for the newly eligible federal medical assistance percentage report on the Form CMS-64.9 VIII and those not enrolled in the new adult group, claims should be reported on the Form CMS-64.9 Base.

This amendment would affect expenditures reported on Line 11.


If you have any questions regarding this SPA please contact Cindy Smith at 303-844-7041.

Sincerely,

/s/

Richard C. Allen
Associate Regional Administrator
Division for Medicaid and Children's Health Operations

Cc: Richard Opper, Department Director
Duane Preshinger
Jo Thompson
Mary Eve Kulawik

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 14-022	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 July 1, 2014	
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: Section 1902(a)(30)(A)		7. FEDERAL BUDGET IMPACT: a. FFY 2014 \$5,432 (3 months) b. FFY 2015 \$25,097 (12 months) c. FFY 2016 \$18,823 (9 months)	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Service 3 Other Laboratory & X-Ray Services Attachment 4.19B, Page 1 of 1		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Service 3 Laboratory and X-Ray Services Attachment 4.19B, Page 1 of 1	
10. SUBJECT OF AMENDMENT: Amend Service 3 Laboratory and X-ray Services to increase the conversion factor by 4.5% and update the date of the fee schedule through the Attachment 4.19 B and the Introduction Page. Notice of Public Hearing on Proposed Amendment, MAR Notice No. 37-670 and 37-673.			
11. GOVERNOR'S REVIEW (Check One): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: SINGLE AGENCY DIRECTOR REVIEW <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 Mary E. Dalton State Medicaid Director Attn: Mary Eve Kulawik PO Box 4210 Helena, MT 59604	
13. TYPED NAME: Mary E. Dalton			
14. TITLE: State Medicaid Director			
15. DATE SUBMITTED: 6-12-14			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: 6/12/14		18. DATE APPROVED: 12/4/14	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 7/1/14		20. SIGNATURE OF REGIONAL OFFICIAL: /s/	
21. TYPED NAME: Richard C. Allen		22. TITLE: ARA, DMCHO	
23. REMARKS:			

MONTANA

I. Reimbursement for X-Ray Services shall be:

A. The lower of:

1. The provider's usual and customary charge for the service;
or
2. The fee determined using the Montana Medicaid Resource Based Relative Value Scale (RBRVS) reimbursement methodology described in Attachment 4.19B, Methods & Standards For Establishing Payment Rates for Service 5(a), Physicians' Services, for the professional component payment.

II. Reimbursement for Laboratory Services shall be:

A. The lower of:

1. The provider's usual and customary charge for the service; or
2. 60% of the Medicare fee.

III. For services not included in the RBRVS methodology, a Medicaid fee is determined by:

- A. Reviewing cost information for the service if available or by reviewing the reimbursement of similar services if cost information is not available for procedure codes that are new (less than one year in existence); have no or low utilization; or have inconsistent charges.
- B. For procedure codes that cannot be determined by the methodology in III.A., by multiplying the average charge for the service by the payment-to-charge ratio. The payment-to-charge ratio means the percent determined by dividing the previous state fiscal year's total Medicaid reimbursement for RBRVS provider covered services by the previous state fiscal year's total Medicaid charges for RBRVS provider covered services.

IV. Unless otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of laboratory and x-ray services. The agency's rates were set as of the date on the Attachment 4.19B Introduction Page and are published at www.mtmedicaid.org.