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State/Territory Name: Montana

State Plan Amendment (SPA) #: 17-0037

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DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Denver Regional Office
1961 Stout Street, Room 08-148
Denver, CO 80294



REGION VIII - DENVER

March 8, 2018

Marie Matthews, Medicaid & CHIP Director
Montana Department of Public Health & Human Services
P.O. Box 4210
Helena, MT 59604

Re: SPA MT-17-0037

Dear Ms. Matthews:

We have approved the State Plan Amendment (SPA) submitted under transmittal number MT-17-0037. The amendment implements a statewide 2.99% rate reduction for Other Laboratory & X-Ray Services, with the effective fee schedule date reflected on Montana's Attachment 4.19B Introduction Page.

Please be informed that this State Plan Amendment was approved on March 7, 2018, with an effective date of January 1, 2018. We are enclosing the summary page and the amended plan page(s).

The State assures that the change in reimbursement for Other Laboratory & X-Ray Services is not expected to have an effect on access to care for Medicaid beneficiaries. The State provided evidence from analysis reflected in a revised Addendum to Montana Medicaid 2016 Access Monitoring Plan that revealed consistent beneficiary utilization and provider enrollment for the benefit. Based on this information, CMS infers that the amendment does not affect consistency with the access to care requirements described in §1902(a)(30)(A) of the Social Security Act. While this SPA results in an overall decrease in State expenditures for Other Laboratory & X-Ray Services, it was determined to be a nominal change in overall reimbursement as described in State Medicaid Director Letter (SMDL) #17-004.

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.

For Other Laboratory & X-Ray Services, the expenditures should be reported on: Line 11 – Laboratory and Radiological Services.


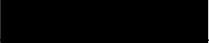
If you have any questions regarding this SPA please contact Barbara Prehmus at (303) 844-7472.

Sincerely,



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

cc: Sheila Hogan, Department Director
Mary Eve Kulawik

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 17-0037	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 01/01/18	
5. TYPE OF PLAN MATERIAL <i>(Check One)</i> : <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 <i>(Separate Transmittal for each amendment)</i>			
6. FEDERAL STATUTE/REGULATION CITATION: 1905 (a) (3) of the Social Security Act 1902(a)(30)(A) of the Social Security Act		7. FEDERAL BUDGET IMPACT: a. FFY 2018: \$ 0 b. FFY 2019: \$ 0 c. FFY 2020: \$ 0 Amounts are reflected on the MT 17-0003 Reimbursement Introduction Page.	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19B, Service 3, Methods & Standards for Establishing Payment Rates, Other Laboratory & X-ray Services, Page 1 of 1.		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT <i>(If Applicable)</i> : Attachment 4.19B, Service 3, Methods & Standards for Establishing Payment Rates, Other Laboratory & X-ray Services, Page 1 of 1.	
10. SUBJECT OF AMENDMENT: The purpose of the proposed amendment is to update and set provider rates to take into consideration the funding appropriated by the 65th Montana Legislature. The 2.99% rate reduction applies to non-hospital labs. The department has determined the new proposed rates are consistent with efficiency, economy, and quality of care. These rates are sufficient to enlist enough providers so that care and services under the Montana Medicaid program are available to the extent that such care and services are available to the general population in the geographic area.			
11. GOVERNOR'S REVIEW <i>(Check One)</i> : <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 Single Agency Director Review <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
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: 2-23-18			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: December 28, 2017		18. DATE APPROVED: March 7, 2018	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: January 1, 2018		20. SIGNATURE OF REGIONAL OFFICIAL: 	
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. 58.206% 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 <http://medicaidprovider.mt.gov>.