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State/Territory Name: Montana

State Plan Amendment (SPA) #: 18-0012

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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

August 23, 2018

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-18-0012. This amendment clarifies MT's transportation service reimbursement, and adds Transportation to MT's Introduction (or Frontice) Page for non-institutional services 4.19B reimbursement. There is no change to methodology or rates. The fee schedule effective date move to the Intro Page will be effective July 1, 2018.

Please be informed that this State Plan Amendment was approved today, 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
Associate Regional Administrator
Division for Medicaid & Children's Health Operations

cc: Sheila Hogan, Department Director
Duane Preshinger
Mary Eve Kulawik

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 18-0012	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 07/01/2018	
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), 42CFR440.170(a)	7. FEDERAL BUDGET IMPACT: a. FFY 2018: \$ 0 b. FFY 2019: \$ 0 c. FFY 2020: \$ 0 Amounts are reflected on the MT 18-0033 Reimbursement Introduction Page.		
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachments 4.19 B, Methods and Standards for Establishing Payment Rates, Service 24.a, Transportation Services, Pages 1-3 of 3	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachments 4.19 B, Methods and Standards for Establishing Payment Rates, Service 24.a, Transportation Services, Pages 1 & 2 of 2		
10. SUBJECT OF AMENDMENT: Effective July 1, 2018, 4.19B, Methods and Standards for Establishing Payment Rates, Service 24.a, Transportation Services, specifies reimbursement methodologies for transportation services in the Medicaid State Plan and includes transportation services on the Reimbursement Introduction Page TN 18-0033.			
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: 5-30-18			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: May 30, 2018	18. DATE APPROVED: August 23, 2018		
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: ARA, DMCHO		
23. REMARKS:			

MONTANA

- I. Reimbursement for Transportation Services will reimburse Medicaid providers for transportation services based on the lower of:
 - a. the provider's usual and customary charge; or
 - b. the Department's fee schedule.

- II. Reimbursement for ambulance services are comprised of a base rate for the category of service plus a separate payment for mileage and certain supplies. The Medicaid fee is determined by:
 - a. Reviewing cost information for the service (if available) or by reviewing the reimbursement of similar services 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 II. 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 resource-based relative value scale (RBRVS) provider covered services by the previous state fiscal year's total Medicaid charges for RBRVS provider-covered services.
 - c. For supplies or equipment where utilization cannot meet the methodology outlined in II. A. or b., reimbursement will be set at the same rate set in the Department's approved Methods & Standards for Establishing Payment Rates Service 7.C Durable Medical Equipment and Supplies State Plan for items billed under generic or miscellaneous codes.
 - d. Reimbursement for drugs is made according to the department's ambulance fee schedule or the provider's usual and customary charge, whichever is lower. Drugs delivered in conjunction with ambulance transportation services will be set at the same rate as physician administered drugs in the Department's approved Methods and Standards for Establishing Payment Rates, Service 12 a., Outpatient Drug Services.

MONTANA

- III. Reimbursement for Personal Transportation services are comprised of a separate payment for mileage, meals, and lodging. Reimbursement for Non-Emergency Transportation services are comprised of a base rate for the category of service plus a separate payment for mileage. The Medicaid fees are 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.
- IV. Unless otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers. The agency's rates were set as of the date on the Attachment 4.19B Introduction Page and are published at www.medicicaidprovider.mt.gov.

MONTANA

V. Supplemental Medicaid Payment to An Ambulance Provider

- a. An ambulance provider located in Montana is eligible for a supplemental Medicaid payment if:
 1. It is a city or county government entity;
 2. It enters into a written agreement with the Department of Public Health and Human Services and agrees to abide to the terms of the written agreement;
 3. The Medicare allowed amount for ambulance services per Healthcare Common Procedure Coding System (HCPCS) code is greater than the Montana Medicaid allowed amount per HCPCS code. In very limited situations where there is no Medicare fee schedule, the billed charges from the provider will be used in the computation. The ambulance provider is not allowed to bill Medicaid more than it bills private payers and other insurers.

- b. The supplemental payment is computed separately for all eligible ambulance providers and represents the difference between the Medicare allowed amount per HCPCS minus the Medicaid allowed amount per HCPCS times utilization.
 1. In very limited situations where there is no Medicare fee schedule, the billed charges from the provider will be used in the computation. The ambulance provider is not allowed to bill Medicaid more than it bills private payers and other insurers.

- c. Submitted information from eligible ambulance providers, the local Medicare fiscal intermediary and the Montana Medicaid paid claims database will be used for calculations. The Medicare allowed amount, originates from the Medicare Ambulance fee schedule for Montana's regional carrier and locality code effective the calendar year of the last date of service used in the calculation. The most recent state fiscal year with complete Medicaid paid claims data will be used for the calculations.

- d. The state will make annual lump sum supplemental payments to eligible ambulance providers. Absolutely no funds will be retained by the State or Department of Public Health and Human Services.