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State/Territory Name: Montana

State Plan Amendment (SPA) #: 18-0020

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- 1) Approval Letter
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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

May 21, 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 approved the State Plan Amendment (SPA) submitted under transmittal number MT-18-0020. The amendment implements the fee schedule effective date for reimbursement to Free Standing Birthing Centers.

Please be informed that this State Plan Amendment was approved today, 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 Free Standing Birthing Center (FSBC) services is not expected to have an effect on access to care for Medicaid beneficiaries. The State indicated FSBC services are not consistently utilized in Montana and that there is good access to obstetrical care and provided evidence from analysis reflected in a revised Addendum to Montana Medicaid 2016 Access Monitoring Plan. 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.

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 Free Standing Birthing Center Services, the expenditures should be reported on Line 42 – Freestanding Birth Center.


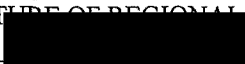
If you have any questions regarding this SPA please contact Barbara Prehmus at (303) 844-7472.

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: 18-0020	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 01/01/2018	
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: 42 CFR 440.60, 42 CFR 440.50, 42 CFR 440.165, 42 CFR 440.210, 42 CFR 440.220 1902(a)(30)(A) of the Social Security Act		7. FEDERAL BUDGET IMPACT:	
		FFY 2018 (\$551) 9 months	
		FFY 2019 (\$883) 12 months	
		FFY 2020 (\$221) 3 months	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19B, Service 24(a) and 25(a), Free Standing Birthing Center Services, Page 1 of 1		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): Attachment 4.19B, Service 24(a) and 25(a), Free Standing Birthing Center Services, Page 1 of 1	
10. SUBJECT OF AMENDMENT: The purpose of this amendment is to remove the effective date for FSBC because it follows OPH payment methodology and the language is duplicative. In addition, we are updating the fee schedule effective date for LDEMs.			
11. GOVERNOR'S REVIEW (<i>Check One</i>):			
<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 Dept of Public Health and Human Services Marie Matthews Attn: Mary Eve Kulawik PO Box 4210 Helena MT 59604	
13. TYPED NAME: Marie Matthews			
14. TITLE: State Medicaid Director			
15. DATE SUBMITTED: 3-7-18 / resubmitted 5-18-18			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: March 7, 2018		18. DATE APPROVED: May 21, 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 the facility charges of a Free Standing Birthing Center Services shall be the lower of:
 - A. The provider's usual and customary charge for the service; or
 - B. Reimbursement under the Attachment 4.19B, Methods and Standards for Establishing Payment Rates for Service 2.a, Outpatient Hospital Services.
- II. Reimbursement for Freestanding Birthing Center Services provided by:
 - A. Physicians, physician assistants and advanced practice nurses shall be the lower of:
 - i. The provider's usual and customary charge for the service; or
 - ii. Reimbursement under Attachment 4.19B, Methods and Standards for Establishing Payment Rates for Service 5a, Physician Services, and 6d, Other Practitioner Services.
 - B. Certified Nurse Midwives shall be the lower of:
 - i. The provider's usual and customary charge for the services; or
 - ii. Reimbursement under Attachment 4.19B, Methods and Standards for Establishing Payment Rates for Service 17, Nurse Midwife Services.
 - C. Licensed Direct Entry Midwives shall be the lower of:
 - i. The provider's usual and customary charge for the services; or
 - ii. Reimbursement in accordance to a state-developed fee schedule. The agency rates were set as of January 1, 2018, and are effective for services provided on or after that date. All rates are published on the agency's website, www.medicaprovider.mt.gov. Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers.