Table of Contents

State/Territory Name: Montana

State Plan Amendment (SPA) #: 19-0004

This file contains the following documents in the order listed:

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

CENTERS FOR MEDICARE & MEDICAID SERVICES
CENTER FOR MEDICAID & CHIP SERVICES

Denver Regional Operations Group

December 13, 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-19-0004. This amendment revises the dialysis fee schedule, with a fee scheduled effective date of July 1, 2019.

Please be informed that this State Plan Amendment was approved December 12, 2019, with an effective date of July 1, 2019. 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,

[redacted]

Richard C. Allen
Director, Western Regional Operations Group
Denver Regional Office
Centers for Medicaid and CHIP Services

cc: Sheila Hogan, Montana Department Director
Mary Eve Kulawik, Montana

DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATION

FORM APPROVED
OMB NO. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL **FOR: HEALTH CARE FINANCING ADMINISTRATION**	1. TRANSMITTAL NUMBER: 19-0004	2. STATE Montana
	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 07/01/2019	

5. TYPE OF PLAN MATERIAL *(Check One)*:

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT *(Separate Transmittal for each amendment)*

6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR parts 431, 440 and 441 42 CFR 413 42 CFR 416 1902(a)(30)(A) of the Social Security Act	7. FEDERAL BUDGET IMPACT: FFY 19 – ($2,141) 3 months FFY 20 – ($8,541) 12 months FFY 21 – ($6,592) 9 months
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19B, Service 9, Clinic Services, page 1of 1.	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*: Attachment 4.19B, Service 9, Clinic Services, page 1of 1.

10. SUBJECT OF AMENDMENT:
The purpose of this State Plan Amendment is to update the bundled composite rate for services provided in an outpatient maintenance dialysis clinic effective July 1, 2019. The Dialysis Clinic reimbursement rate will be decreased from $252.00 to $250.88, which is necessary to meet Upper Payment Limit (UPL) requirements.

11. GOVERNOR'S REVIEW *(Check One)*:
☐ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL
☒ OTHER, AS SPECIFIED: Single Agency Director Review

12. SIGNATURE OF STATE AGENCY OFFICIAL: [redacted]	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: original submittal 9/23/19 Resubmittal 11/19/19	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: September 23, 2019	18. DATE APPROVED: December 12, 2019
PLAN APPROVED – ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: July 1, 2019	20. SIGNATURE OF REGIONAL OFFICIAL: [redacted]
21. TYPED NAME: Richard C. Allen	22. TITLE: Director, WROG

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. Effective July 1, 2018, rates are the current Medicare rates and are in effect for dates of services on or after July 1, 2018.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 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, 2019, and are effective for services provided on or after July 1, 2019.