# **Table of Contents**

# State/Territory Name: Montana

### State Plan Amendment (SPA) #: 20-0026

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



### **Financial Management Group**

September 20, 2021

Marie Matthews, State Medicaid Director Montana Department of Public Health & Human Services Attn: Mary Eve Kulawik P.O. Box 4210 Helena, MT 59604

### RE: Montana State Plan Amendment (SPA) Transmittal Number 20-0026

Dear Director Matthews:

We have reviewed the proposed Colorado State Plan Amendment (SPA) to Attachment 4.19-B of your state plan, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on September 29, 2020. This plan amendment was submitted to update the bundled composite rate for services provided in an outpatient maintenance dialysis clinic. The Dialysis Clinic reimbursement rate will be increased 1.83% per legislative appropriation.

Based upon the information provided by the State, we have approved the amendment with an effective date of July 1, 2020. We are enclosing the approved CMS-179 and a copy of the new state plan pages.

If you have any additional questions or need further assistance, please contact LaJoshica (Josh) Smith via 214-767-6453 or <u>lajoshica.smith@cms.hhs.gov</u>.

Sincerely,

Todd McMillion Director Division of Reimbursement Review

DEPARTMENT OF HEALTH AND HUMAN SERVICES IEALTH CARE FINANCING ADMINISTRATION	FORM APPROVED	
TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER:	OMB NO. 0938-0193 2. STATE
	20-0026	Montana
STATE PLAN MATERIAL	20-0020	Montana
FOR: HEALTH CARE FINANCING ADMINISTRATION	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE	
HEALTH CARE FINANCING ADMINISTRATION	07/01/2020	
DEPARTMENT OF HEALTH AND HUMAN SERVICES		
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 AMEN		amendment)
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT:	
42 CFR parts 431, 440 and 441	dispetation and the second of sectors .	
42 CFR 413	FFY 20 – \$10,940	
42 CFR 416	FFY 21 – \$42,517	
1902(a)(30)(A) of the Social Security Act		
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERS OR ATTACHMENT (If Applicable)	
Attachment 4.19.B, Service 9, Clinic Services, page 1 of 1.	Attachment 4.19B, Service 9, Clinic Se	rvices, page 1of 1.
10 CURECT OF AMENDMENT		
10. SUBJECT OF AMENDMENT:		
The purpose of this State Plan Amendment is to update the bundled com dialysis clinic effective July 1, 2020. The Dialysis Clinic reimbursement		
11. GOVERNOR'S REVIEW (Check One):		
GOVERNOR'S OFFICE REPORTED NO COMMENT	☑ OTHER, AS SPECIFIED:	
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	Single Agency Director Review	
12. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO:	King in the
	Montana Department of Public Health and Human Services	
	Marie Matthews	
	Attn: Mary Eve Kulawik	
13. TYPED NAME: Marie Matthews	PO Box 4210	
	Helena MT 59620	
14. TITLE: State Medicaid Director		
15. DATE SUBMITTED: 9-29-2-620		
FOR REGIONAL OF	FICE USE ONLY	
17. DATE RECEIVED: 09/29/2020	18. DATE APPROVED: September 20, 2021	
PLAN APPROVED – ONE	COPY ATTACHED	AND DE CONTRACTOR
19. EFFECTIVE DATE OF APPROVED MATERIAL: 07/01/2020	20 SIGNATURE OF REGIONAL OFF	FICIAL:
21. TYPED NAME: Todd McMillion	22. TITLE: Director, Division of Rei	mbursement Review
23. REMARKS:		
23. REVIERS.		

Attachment 4.19B Service 9 Clinic Services Page 1 of 1

#### 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 1<sup>st</sup> 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, 2020, and are effective for services provided on or after July 1, 2020.

Approved: 09/20/2021

Effective: 07/01/20