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State/Territory Name: Montana

State Plan Amendment (SPA) #: 21-0019

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

## **DEPARTMENT OF HEALTH & HUMAN SERVICES**

Centers for Medicare & Medicaid Services Center for Medicaid & CHIP Services 233 North Michigan Ave., Suite 600 Chicago, Illinois 60601



## **Financial Management Group**

November 1, 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 21-0019

Dear Director Matthews:

We have reviewed the proposed Montana 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 August 03, 2021. This plan amendment updates the bundled composite rate for services provided in an outpatient maintenance dialysis clinic. The Dialysis Clinic reimbursement rate will be increased by 1%.

Based upon the information provided by the State, we have approved the amendment with an effective date of July 1, 2021. 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 lajoshica.smith@cms.hhs.gov.

Sincerely,

Todd McMillion
Director
Division of Reimbursement Review

TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER: 21-0019	2. STATE Montana
STATE PLAN MATERIAL	21-0019	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 07/01/2021	
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	7. FEDERAL BUDGET IMPACT:	
42 CFR 413	Total:	
42 CFR 416	FFY2021 Federal \$6,731	
1902(a)(30)(A) of the Social Security Act	FFY2022 Federal \$26,523	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):	
Attachment 4.19B, Service 9, Clinic Services, page 1 of 1.	Attachment 4.19B, Service 9, Clinic Se	rvices, page 1of 1.
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, 2021. The Montana Legislature approved a provider rate increase; this increase is anticipated to keep outpatient maintenance dialysis clinic reimbursement below the Upper Payment Limit.  11. GOVERNOR'S REVIEW (Check One):		
GOVERNOR'S REVIEW (Check Onle).  GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		
12. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO: Montana Department of Public Health a Marie Matthews Attn: Mary Eve Kulawik	and Human Services
13. TYPED NAME: Marie Matthews	PO Box 4210 Helena MT 59620	
14. TITLE: State Medicaid Director		
15. DATE SUBMITTED: August 3, 2021		
FOR REGIONAL OFFICE USE ONLY		
17. DATE RECEIVED: 08/03/21	18. DATE APPROVED: November 1, 2021	
PLAN APPROVED – ONE COPY ATTACHED		
19. EFFECTIVE DATE OF APPROVED MATERIAL: 07/01/21	20 SIGNATURE OF REGIONAL OF	FICIAL:
21. TYPED NAME: Todd McMillion	22. TITLE: Director, Division of Rein	mbursement Review
23. REMARKS:		

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, 2021 and are effective for services provided on or after July 1, 2021.

TN: 21-0019 Approved: 11/01/2021 Effective: 07/01/21

Supersedes TN: -20-0026