

Three rule revisions effective July 1, 2014. They are “By Report” and the 2% Provider Rate Increase.

#### Rule Changes to Implement the 2% Provider Rate Increase (2%)

AMDD proposed amendments to **ARM 37.85.104** and **37.85.105** for the purpose of implementing the 2% provider rate increase and to reference to updating the fee schedules effective July 1, 2014. The above mentioned rules increase the Medicaid and the Mental Health Services Plan (MHSP) budget by approximately 2% for FY 2015. This is a positive impact for providers with Mental Health Centers, SDMI HCBS Waiver, Mental Health and Substance Abuse Programs, MHSP, and the 72 Hour Presumptive Crisis Stabilization Program.

#### Rule Change to Remove “By Report” Language

The Centers for Medicare and Medicaid Services (CMS) will no longer allow "by report" reimbursement methodology effective July 1, 2014. "By report" reimbursement methodology means paying a percentage of the charges listed for a service on a claim line. This rule amendment removes "by report" language in the RBRVS rule and replaces it with approvable reimbursement methodology. Addictive and Mental Disorders Division (AMDD) proposed amendment to **ARM 37.88.907**. The proposed rule is necessary for the department to administer and maintain compliance with federal funding requirements.

#### State Plan Amendments

**LCSW, LCPC and Psychologists** State Plan Amendments to remove the “By Report” language from each individual SPA

SDMI Targeted Case Management – general housekeeping.

- Corrected the Number of the SPA (19c to 19b)

- Corrected the footer on one page

- Removed the definition of SDMI and referred to the rule for definition