

BEFORE THE DEPARTMENT OF PUBLIC
HEALTH AND HUMAN SERVICES OF THE
STATE OF MONTANA

In the matter of the amendment of) NOTICE OF PUBLIC HEARING ON
ARM 37.27.902, 37.85.104,) PROPOSED AMENDMENT
37.85.105, 37.86.1006, and)
37.88.101 pertaining to Medicaid)
rates, services, and benefit changes)

TO: All Concerned Persons

1. On August 29, 2019, at 1:00 p.m., the Department of Public Health and Human Services will hold a public hearing in the auditorium of the Department of Public Health and Human Services Building, 111 North Sanders, Helena, Montana, to consider the proposed amendment of the above-stated rules.

2. The Department of Public Health and Human Services will make reasonable accommodations for persons with disabilities who wish to participate in this rulemaking process or need an alternative accessible format of this notice. If you require an accommodation, contact the Department of Public Health and Human Services no later than 5:00 p.m. on August 22, 2019, to advise us of the nature of the accommodation that you need. Please contact Gwen Knight, Department of Public Health and Human Services, Office of Legal Affairs, P.O. Box 4210, Helena, Montana, 59604-4210; telephone (406) 444-4094; fax (406) 444-9744; or e-mail dphhslegal@mt.gov.

3. The rules as proposed to be amended provide as follows, new matter underlined, deleted matter interlined:

37.27.902 SUBSTANCE USE DISORDER SERVICES: AUTHORIZATION REQUIREMENTS (1) remains the same.

(2) In addition to the requirements contained in rule, the department has developed and published the Addictive and Mental Disorders Division Medicaid Services Provider Manual for Substance Use Disorder and Adult Mental Health, dated ~~July 1, 2019~~ October 1, 2019, which it adopts and incorporates by reference. The purpose of the manual is to implement requirements for utilization management and services. A copy of the manual may be obtained from the department by a request in writing to the Department of Public Health and Human Services, Addictive and Mental Disorders Division, 100 N. Park, Ste. 300, P.O. Box 202905, Helena, MT 59620-2905 or at <http://dphhs.mt.gov/amdd.aspx>.

(3) remains the same.

AUTH: 53-6-113, 53-24-204, 53-24-208, 53-24-209, MCA

IMP: 53-6-101, 53-24-204, 53-24-208, 53-24-209, MCA

37.85.104 EFFECTIVE DATES OF PROVIDER FEE SCHEDULES FOR MONTANA NON-MEDICAID SERVICES (1) The department adopts and incorporates by reference the fee schedule for the following programs within the Addictive and Mental Disorders Division and Developmental Services Division on the dates stated:

(a) through (c) remain the same.

(d) Substance use disorder services provider reimbursement, as provided in ARM 37.27.905, is effective ~~July 1, 2019~~ October 1, 2019.

(2) remains the same.

AUTH: 53-2-201, 53-6-101, 53-6-113, MCA

IMP: 53-2-201, 53-6-101, 53-6-111, MCA

37.85.105 EFFECTIVE DATES, CONVERSION FACTORS, POLICY ADJUSTERS, AND COST-TO-CHARGE RATIOS OF MONTANA MEDICAID PROVIDER FEE SCHEDULES (1) and (2) remain the same.

(3) The department adopts and incorporates by reference, the fee schedule for the following programs within the Health Resources Division, on the date stated.

(a) The inpatient hospital services fee schedule and inpatient hospital base fee schedule rates including:

(i) the APR-DRG fee schedule for inpatient hospitals as provided in ARM 37.86.2907, effective ~~January 1, 2019~~ October 1, 2019; and

(ii) the Montana Medicaid APR-DRG relative weight values, average national length of stay (ALOS), outlier thresholds, and APR grouper version ~~35~~ 36 are contained in the APR-DRG Table of Weights and Thresholds effective ~~July 1, 2018~~ October 1, 2019. The department adopts and incorporates by reference the APR-DRG Table of Weights and Thresholds effective ~~July 1, 2018~~ October 1, 2019.

(b) and (c) remain the same.

(d) The Relative Values for Dentists, as provided in ARM 37.86.1004, reference published in 2019 resulting in a dental conversion factor of \$34.09 and fee schedule is effective ~~July 1, 2019~~ October 1, 2019.

(e) The dental services covered procedures, the Dental and Denturist Program Provider Manual, as provided in ARM 37.86.1006, is effective ~~October 1, 2018~~ October 1, 2019.

(f) through (4) remain the same.

(5) The department adopts and incorporates by reference, the fee schedule for the following programs within the Addictive and Mental Disorders Division on the date stated:

(a) The mental health center services for adults fee schedule, as provided in ARM 37.88.907, is effective ~~July 1, 2019~~ October 1, 2019.

(b) remains the same.

(c) The substance use disorder services fee schedule, as provided in ARM 37.27.905, is effective ~~July 1, 2019~~ October 1, 2019.

(6) remains the same.

AUTH: 53-2-201, 53-6-113, MCA

IMP: 53-2-201, 53-6-101, 53-6-125, 53-6-402, MCA

37.86.1006 DENTAL SERVICES, COVERED PROCEDURES (1) through (4) remain the same.

(5) Covered services for adults age 21 and over include:

(a) through (d) remain the same.

(e) porcelain fused to base metal metal crowns, and porcelain/ceramic crowns are limited to two per person per year, total. For second molars, base metal crowns only.

(6) through (17) remain the same.

(18) ~~Porcelain/ceramic crowns, noble~~ Nobel metal crowns, and bridges are not covered benefits of the Medicaid program for individuals age 21 and over.

AUTH: 53-2-201, 53-6-113, MCA

IMP: 53-6-101, 53-6-113, MCA

37.88.101 MEDICAID MENTAL HEALTH SERVICES FOR ADULTS, AUTHORIZATION REQUIREMENTS (1) remains the same.

(2) In addition to the requirements contained in rule, the department has developed and published the Addictive and Mental Disorders Division Medicaid Services Provider Manual for Substance Use Disorder and Adult Mental Health (Manual), dated ~~July 1, 2019~~ October 1, 2019, which it adopts and incorporates by reference. The purpose of the Manual is to implement requirements for utilization management and services. A copy of the Manual may be obtained from the department by a request in writing to the Department of Public Health and Human Services, Addictive and Mental Disorders Division, 100 N. Park, Ste. 300, P.O. Box 202905, Helena, MT 59620-2905 or at <http://dphhs.mt.gov/amdd.aspx>.

(3) through (5) remain the same.

AUTH: 53-2-201, 53-6-113, MCA

IMP: 53-2-201, 53-6-101, 53-6-111, 53-6-113, MCA

4. STATEMENT OF REASONABLE NECESSITY

The Department of Public Health and Human Services (department) administers the Montana Medicaid and non-Medicaid program to provide health care to Montana's qualified low income, elderly, and disabled residents. Medicaid is a public assistance program paid for with state and federal funds appropriated to pay health care providers for the covered medical services they deliver to Medicaid members.

The department proposes to change the effective date of the following fee schedules from July 1, 2019 to October 1, 2019, for the reasons explained in detail below: APR-DRG fee schedule for inpatient hospital, dental fee schedule, substance use disorder services fee schedule, and Medicaid mental health center services for adults fee schedule.

ARM 37.85.105(3)(a) - Inpatient Hospital

The department proposes to adopt a new version of the APR-DRG grouper effective October 1, 2019. Version 36 of the grouper contains changes to DRG relative weights and average length of stays. The most notable updates within Version 36 are the relative weight changes for adult DRGs and neonate DRGs. Overall the relative DRG weights for adult DRGs decreased by 12.6% and the relative weights for neonate DRGs increased by 24.4%. With adoption of Version 36 of the grouper, the department proposes to increase the adult policy adjustor to 0.95 and decrease the neonate policy adjustor to 1.2. These adjustments are necessary to offset some of the grouper changes to the relative weights for neonate and adult DRGs. In addition, the department proposes to increase the base rate for Long Term Acute Care (LTAC) hospitals to \$7,250. The increased LTAC base rate is intended to maintain access to LTAC services for Montana Medicaid members. All proposed changes for inpatient hospital reimbursement are necessary to establish reimbursement within appropriations.

ARM 37.85.105(3)(d) and (e), and 37.86.1006 – Dental Services, Covered Procedures

Providers and the Montana Dental Association have requested the department add zirconium porcelain ceramic crowns, D2740 as a covered service for adults age 21 and over. Advances in technology allow providers to mill porcelain ceramic crowns in their own facilities on the same day at relatively the same cost as porcelain fused to base metal crowns. Same day service would allow providers to eliminate additional appointments, administrative burden, and outside lab work. The current crown limits of two crowns per person per year, total, and for second molars, base metal crowns only, will continue to apply to adults. Porcelain ceramic crowns D2740, will be reimbursed at the same rate as porcelain fused to base metal crowns D2751. Therefore, a policy adjuster will be placed on the payment calculation for D2740 in accordance with ARM 37.86.1004, ensuring reimbursement will be the same rate as D2751 regardless of the member's age.

The fee schedule for dental services will be effective October 1, 2019, reflecting the addition of zirconium porcelain ceramic crowns as a covered benefit for adults age 21 and over.

In addition, the department proposes to amend the effective date of the Dental and Denturist Program Provider Manual to October 1, 2019, to reflect the addition of zirconium porcelain ceramic crowns as covered benefits for adults age 21 and over. In addition, the manual is being amended to include additional information regarding members who are Qualified Medicare Beneficiaries.

Provider Manual Update

To incorporate the addition of porcelain and ceramic crowns to the dental benefit for adults, the Dental Provider manual is proposed to be amended, effective October 1, 2019. In addition, the dental provider manual is proposed to include additional information regarding members who are Qualified Medicare Beneficiaries.

Amendments to ARM 37.86.1006 are proposed to include added language to (5)(e) stating porcelain ceramic crowns are covered benefit for adults over the age of 21. The language in (18) stating porcelain ceramic crowns are not covered benefits for adults is proposed to be removed.

The department has posted the proposed fee schedule and manual at <https://Medicaidprovider/mt.gov/proposedfs>.

ARM 37.85.104(1)(d)

The department's Addictive and Mental Disorders Division (AMDD) proposes to amend the Substance Use Disorder Non-Medicaid Provider Fee Schedule to:

(1) Add non-Medicaid Group Peer Support Services, in the section titled Individuals 0-200% FPL, as this service will be added to the block grant contracts effective October 1, 2019.

(2) Add bundled rates for Medication Assisted Treatment (MAT) services, in the section titled Individuals 139-200% FPL, due to the addition of MAT bundled rates to Montana's array of substance use disorder treatment services.

(3) Add a modified HH to Individual Peer Support, H0038, in the section titled Individuals 139-200% FPL, to enable reporting on delivery of Individual Peer Support Services to the co-occurring substance use disorder and severe disabling mental illness population.

(4) For general housekeeping purposes for consistency and clarity in the organization of the fee schedules.

ARM 37.85.105(5)(a) and (c)

The department's AMDD proposes to amend the Medicaid Mental Health Individuals 18 years of age and older fee schedule in ARM 37.85.105(5)(a) and (c) to:

(1) add a modifier HH to Individual Peer Support, H0038 to enable reporting on delivery of Individual Peer Support Services to the co-occurring substance use disorder and severe disabling mental illness population;

(2) add bundled rates for MAT services due to the addition of MAT bundled rates to Montana's array of substance use disorder treatment services; and

(3) for general housekeeping purposes for consistency and clarity in the organization of the fee schedules.

Manual Amendments

ARM 37.27.902 and 37.88.101

The department proposes to amend ARM 37.27.902 to update the date of the AMDD Medicaid Services Provider Manual for Substance Use Disorder and Adult Mental Health (Medicaid Manual) to October 1, 2019, and to amend the Medicaid Manual as follows:

(1) Add requirements to align the MAT program with federal requirements and clinical standards for the medical management of chronic substance use disorders and outline the service requirements for the bundled rates for provider types 27, 44, and 65.

(2) Remove the continued stay review criteria for Intensive Community Based Services to ensure continuity of care to this very high-needs population.

The department proposes the following amendment for general housekeeping purposes for clarity and consistency in content.

(1) Remove PA for ASAM 3.7 requirement based on 8/6/18 provider notice.

(2) In section 4, under Certified Behavioral Health Peer Support Services, Provider Requirements (2), remove "to bill Medicaid, the agency must" and replace with "Mental Health Centers must."

(3) State clearly that transportation is not a billable component of peer support services.

(4) For unbundled IOP services, add billing requirements consistent with bundled IOP services.

(5) Miscellaneous formatting changes such as: removing missing spaces, fixing periods at the end of sentences, numbering, and alignment.

The department proposes to amend the date of the Addictive and Mental Disorders Division, non-Medicaid Services Provider Manual for Substance Use Disorder (Non-Medicaid Manual) to October 1, 2019, and add MAT services for a service whose authorization process is outlined in the Medicaid Manual.

Fiscal Impact Changes

There is no anticipated fiscal impact pertaining to the amendments of the fee schedules and manuals for the Medicaid and non-Medicaid programs within AMDD related to the addition of Medication Assisted Treatment bundled services. Providers are currently billing the service components of MAT through the applicable Current Procedural Terminology (CPT) codes. The department does not expect the proposed billing changes to affect the level of MAT services Medicaid members receive.

For the remaining fee schedules, the proposed amendments are anticipated to be budget neutral.

The proposed rulemaking is estimated to affect 262,243 Medicaid members.

5. Concerned persons may submit their data, views, or arguments either orally or in writing at the hearing. Written data, views, or arguments may also be submitted to: Gwen Knight, Department of Public Health and Human Services, Office of Legal Affairs, P.O. Box 4210, Helena, Montana, 59604-4210; fax (406) 444-9744; or e-mail dphhslegal@mt.gov, and must be received no later than 5:00 p.m., September 6, 2019.

6. The Office of Legal Affairs, Department of Public Health and Human Services, has been designated to preside over and conduct this hearing.

7. The department maintains a list of interested persons who wish to receive notices of rulemaking actions proposed by this agency. Persons who wish to have their name added to the list shall make a written request that includes the name, e-mail, and mailing address of the person to receive notices and specifies for which program the person wishes to receive notices. Notices will be sent by e-mail unless a mailing preference is noted in the request. Such written request may be mailed or delivered to the contact person in 5 above or may be made by completing a request form at any rules hearing held by the department.

8. The bill sponsor contact requirements of 2-4-302, MCA, do not apply.

9. With regard to the requirements of 2-4-111, MCA, the department has determined that the amendment of the above-referenced rules will not significantly and directly impact small businesses.

10. Section 53-6-196, MCA, requires that the department, when adopting by rule proposed changes in the delivery of services funded with Medicaid monies, make a determination of whether the principal reasons and rationale for the rule can be assessed by performance-based measures and, if the requirement is applicable, the method of such measurement. The statute provides that the requirement is not applicable if the rule is for the implementation of rate increases or of federal law.

The department has determined that the proposed program changes presented in this notice are not appropriate for performance-based measurement and therefore are not subject to the performance-based measures requirement of 53-6-196, MCA.

/s/ Brenda K. Elias
Brenda K. Elias
Rule Reviewer

/s/ Sheila Hogan
Sheila Hogan, Director
Public Health and Human Services

Certified to the Secretary of State July 30, 2019.