MONTANA ADMINISTRATIVE REGISTER

ISSUE NO. 12

The Montana Administrative Register (MAR or Register), a twice-monthly publication, has three sections. The Proposal Notice Section contains state agencies' proposed new, amended, or repealed rules; the rationale for the change; date and address of public hearing; and where written comments may be submitted. The Rule Adoption Section contains final rule notices which show any changes made since the proposal stage. All rule actions are effective the day after print publication of the adoption notice unless otherwise specified in the final notice. The Interpretation Section contains the Attorney General's opinions and state declaratory rulings. Special notices and tables are found at the end of each Register.

Inquiries regarding the rulemaking process, including material found in the Montana Administrative Register and the Administrative Rules of Montana, may be made by calling the Secretary of State's Office, Administrative Rules Services, at (406) 444-2055.

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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 37.85.105 and 37.86.1105)	PROPOSED AMENDMENT
pertaining to Montana Medicaid)	
pharmacy reimbursement)	

TO: All Concerned Persons

- 1. On July 7, 2016, at 11:00 a.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 June 29, 2016, to advise us of the nature of the accommodation that you need. Please contact Kenneth Mordan, 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:

37.85.105 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 July 1, 2015 October 1, 2016; and
- (ii) the Montana Medicaid APR-DRG relative weight values, average national length of stay (ALOS), outlier thresholds, and APR grouper version 32 33 are contained in the APR-DRG Table of Weights and Thresholds effective July 1, 2015 October 1, 2016. The department adopts and incorporates by reference the APR-DRG Table of Weights and Thresholds effective July 1, 2015 October 1, 2016.
 - (b) through (e) remain the same.
- (f) The outpatient drugs reimbursement, dispensing fees range as provided in ARM 37.86.1105(2)(3)(b) is effective July 1, 2015 July 1, 2016:

- (i) a minimum of \$2.00 and a maximum of \$4.94 for brand-name and nonpreferred generic drugs;
- (ii) a minimum of \$2.00 and a maximum of \$6.78 for preferred brand-name and generic drugs and generic drugs not identified on the preferred list.
- (i) for pharmacies with prescription volume between 0 and 39,999, the minimum is \$2.00 and the maximum is \$14.77;
- (ii) for pharmacies with prescription volume between 40,000 and 69,999, the minimum is \$2.00 and the maximum is \$11.51; or
- (iii) for pharmacies with prescription volume greater than 70,000, the minimum is \$2.00 and the maximum is \$10.51.
- (g) The outpatient drugs reimbursement, compound drug dispensing fee range as provided in ARM 37.86.1105(4)(5), will be \$12.50, \$17.50, or \$22.50 based on the level of effort required by the pharmacist, effective July 1, 2013.
- (h) The outpatient drugs reimbursement, vaccine administration fee as provided in ARM 37.86.1105(5)(6), will be \$21.32 for the first vaccine and \$13.00 for each additional administered vaccine, effective July 1, 2016.
 - (i) The out-of-state providers will be assigned a \$3.50 dispensing fee.
- (j) The outpatient drugs reimbursement, unit dose prescriptions fee as provided in ARM 37.86.1105(9)(10), will be \$0.75 per pharmacy-packaged unit dose medication, effective November 1, 2013.
 - (k) through (6) remain the same.

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

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

- <u>37.86.1105 OUTPATIENT DRUGS, REIMBURSEMENT</u> (1) and (2) remain the same.
- (3) The dispensing fee for filling prescriptions is determined for each pharmacy provider annually.
- (a) The dispensing fee is based on the pharmacy's average cost of filling prescriptions and prescription volume. The average cost of filling a prescription is based on the direct and indirect costs that can be allocated to the cost of the prescription department and that of filling a prescription, as determined from the Montana Dispensing Fee Questionnaire. The prescription volume of a provider is determined using the information provided on the annual Montana Dispensing Fee Questionnaire. A provider's failure to submit, upon request, the dispensing fee questionnaire properly completed results in the assignment of the minimum dispensing fee offered. A copy of the Montana Dispensing Fee Questionnaire is available upon request from the department.
 - (b) and (c) remain the same.
- (4) In-state pharmacy providers that are new to the Montana Medicaid program are assigned the maximum dispensing fee in (3)(b) ARM 37.85.105(3)(f)(i) until a dispensing fee questionnaire, as provided in (3), can be completed for six months of operation. At that time, a new dispensing fee is assigned which is the lower of the dispensing fee calculated in accordance with (3) for the pharmacy or the maximum allowed dispensing fee provided in (3)(b). Failure

to comply with the six months dispensing fee questionnaire requirement results in assignment of a dispensing fee of \$2.00.

(5) through (12) remain the same.

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

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

4. STATEMENT OF REASONABLE NECESSITY

The Department of Public Health and Human Services (department) is proposing amendments to ARM 37.85.105 and 37.86.1105.

Proposed changes for Pharmacy

Montana Medicaid is proposing changes to the professional dispensing fee structure. This change will shift from a professional dispensing fee that is based on drug status and will move to a structure determined by prescription volume.

Montana Medicaid will modify ARM 37.85.105 to outline the new tiered professional dispensing fee based on prescription volume. In addition, ARM 37.86.1105 will be modified to state that the prescription volume disclosed on the Montana Dispensing Fee Questionnaire is used to determine the appropriate dispensing fee for pharmacy providers.

This rule change is required to set up a professional dispensing fee structure that accounts for the varying cost to dispense seen for pharmacy providers. The yearly dispensing fee questionnaire shows a difference in the cost to dispense when store volume is taken into consideration.

Montana Medicaid utilized the dispensing fee questionnaire completed by pharmacy providers to analyze a tiered professional dispensing fee based on prescription volume. It was determined that three volume-based bands were appropriate to accommodate the prescription volumes of our Montana pharmacy providers. With the prescription volume bands established, Montana Medicaid utilized the calculated cost to dispense of the stores to determine the average cost to dispense for stores within their assigned bands.

42 CFR Part 447 Medicaid Program; Covered Outpatient Drugs; Final Rule requires Medicaid states to analyze and implement appropriate professional dispensing fees.

Proposed for Inpatient Hospitals

ARM 37.85.105 contains the references to Montana Medicaid's fee schedules, effective dates, conversation factors, provider rate percentages, and rates for services. ARM 37.85.105(1) through 37.85.105(3) are the sections that are applicable to the services provided through the Health Resources Division (HRD).

HRD will be updating the Inpatient Hospital APR-DRG fee schedule effective date and the APR grouper version effective October 1, 2016.

The following describes in detail the changes that will be made to ARM 37.85.105:

(3)(a)(i): Revise the effective date regarding the APR-DRG (inpatient hospital) fee schedule to October 1, 2016.

(3)(a)(ii): Revise the effective date regarding the APR-DRG Table of Weights and Thresholds to October 1, 2016. Update the APR-DRG grouper version from version 32 to version 33.

It is necessary for the department to provide these updates to reflect the most current information regarding the inpatient hospital fee schedule effective date and APR grouper version.

Fiscal Impact

In notices of proposed amendment MAR Notice No. 37-745 and MAR Notice No. 37-746, the department proposed changes to its method for calculating outpatient pharmacy reimbursement. Federal law requires the changes. Montana Medicaid is eliminating the estimated acquisition cost reimbursement methodology for calculating drug ingredient reimbursement. Instead, it is revising its dispensing fee structure and paying a drug ingredient reimbursement amount set as close to actual acquisition costs as possible.

In MAR Notice No. 37-745 and 37-746 (MAR 37-745 and 37-746), the department is not adopting the proposed language in MAR 37-745 regarding dispensing fees. Instead, it is proposing a three-tiered professional dispensing fee model based on prescription volume in this notice. These rule amendments are proposed to have a retroactive effective date of July 1, 2016. The administrative cost reported in MAR 37-745 and 37-746 does not change. The cost savings associated with MAR 37-746 and this notice will remain the same at \$4.3 million.

Hospital Change

The revision to the grouper version for inpatient hospitals is expected to be budget neutral.

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: Kenneth Mordan, 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., July 15, 2016.

- 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. An electronic copy of this proposal notice is available through the Secretary of State's web site at http://sos.mt.gov/ARM/Register. The Secretary of State strives to make the electronic copy of the notice conform to the official version of the notice, as printed in the Montana Administrative Register, but advises all concerned persons that in the event of a discrepancy between the official printed text of the notice and the electronic version of the notice, only the official printed text will be considered. In addition, although the Secretary of State works to keep its web site accessible at all times, concerned persons should be aware that the web site may be unavailable during some periods, due to system maintenance or technical problems.
 - 9. The bill sponsor contact requirements of 2-4-302, MCA, do not apply.
- 10. 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.
- 11. 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/ Geralyn Driscoll

Geralyn Driscoll, Attorney

Rule Reviewer

/s/ Richard H. Opper

Richard H. Opper, Director

Public Health and Human Services

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

In the matter of the amendment of)	NOTICE OF PROPOSED
ARM 37.36.604 pertaining to)	AMENDMENT
updating poverty guidelines to 2016)	
levels)	NO PUBLIC HEARING
)	CONTEMPLATED

TO: All Concerned Persons

- 1. On July 18, 2016, the Department of Public Health and Human Services proposes to amend the above-stated rule.
- 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 July 13, 2016, to advise us of the nature of the accommodation that you need. Please contact Kenneth Mordan, Department of Public Health and Human Services, Office of Legal Affairs, P.O. Box 4210, Helena MT 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:
- 37.36.604 FINANCIAL ELIGIBILITY CRITERIA (1) Individuals whose annual family income during the 12 months immediately preceding the month of application is less than 250% of the 2015 2016 poverty guidelines published by the U.S. Department of Health and Human Services (HHS) are eligible for a loan of specialized telecommunications equipment based on income. 250% of the HHS 2015 2016 annual poverty guidelines for families of various sizes are is shown in (2).
 - (2) 250% of the annual poverty guidelines is as follows:

FAMILY SIZE	250% OF ANNUAL POVERTY GUIDELINE
One	\$29,425 <u>\$29,700</u>
Two	\$39,825 <u>\$40,050</u>
Three	\$50,225 <u>\$50,400</u>
Four	\$60,625 <u>\$60,750</u>
Five	\$71,025 <u>\$71,100</u>

Six	\$81,425 <u>\$81,450</u>
Seven	\$91,825
Eight	\$102,225
Each Additional Person, Add	\$10,400 <u>\$4,160</u>

(3) There is no asset test to be eligible for a loan of specialized telecommunications equipment.

AUTH: 53-19-305, 53-19-307, MCA IMP: 53-19-305, 53-19-307, MCA

4. STATEMENT OF REASONABLE NECESSITY

The Department of Public Health and Human Services (department) is proposing an amendment to ARM 37.36.604.

The following describes the purpose and necessity of the proposed rule amendment pertaining to this rule:

ARM 37.36.604

The department is proposing to amend ARM 37.36.604. This rule sets forth the criteria that allow for the department to pay for services being made available to persons who are eligible for Montana Telecommunications Access Program services. The rule provides that the payment for services by the department may occur if the consumer's income and financial resources do not exceed maximum levels for income and resources established through the rule.

This rule amendment revises the maximum level of allowable income. Currently the rule provides that the maximum level is 250% of the 2015 United States Department of Health and Human Services poverty guidelines for households.

The rule amendment would revise this level by replacing the year 2015 guidelines with the year 2016 guidelines.

Fiscal Impact

There will be no fiscal impact due to the increase in the Federal Poverty Index Level (FPL). A minimal number of clients that are served by the Montana Telecommunications Access Program exceed the FPL. The majority are well under the FPL. An increase in the FPL would therefore not yield any additional costs to the Montana Telecommunications Access Program.

- 5. The department intends to apply these rule amendments retroactively to February 8, 2016. A retroactive application of the proposed rule amendments does not result in a negative impact to any affected party.
- 6. Concerned persons may submit their data, views, or arguments concerning the proposed action in writing to: Kenneth Mordan, Office of Legal Affairs, Department of Public Health and Human Services, P.O. Box 4210, Helena MT 59604-4210, no later than 5:00 p.m. on July 15, 2016. Comments may also be faxed to (406) 444-9744 or e-mailed to dphhslegal@mt.gov.
- 7. If persons who are directly affected by the proposed action wish to express their data, views, or arguments orally or in writing at a public hearing, they must make written request for a hearing and submit this request along with any written comments to Kenneth Mordan at the above address no later than 5:00 p.m., July 15, 2016.
- 8. If the agency receives requests for a public hearing on the proposed action from either 10% or 25, whichever is less, of the persons directly affected by the proposed action; from the appropriate administrative rule review committee of the Legislature; from a governmental subdivision or agency; or from an association having not less than 25 members who will be directly affected, a hearing will be held at a later date. Notice of the hearing will be published in the Montana Administrative Register. Ten percent of those directly affected has been determined to be 84 persons based on 840 with an open case currently being served by the program.
- 9. 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 6 above or may be made by completing a request form at any rules hearing held by the department.
- 10. An electronic copy of this proposal notice is available through the Secretary of State's web site at http://sos.mt.gov/ARM/Register. The Secretary of State strives to make the electronic copy of this notice conform to the official version of the notice, as printed in the Montana Administrative Register, but advises all concerned persons that in the event of a discrepancy between the official printed text of the notice and the electronic version of the notice, only the official printed text will be considered. In addition, although the Secretary of State works to keep its web site accessible at all times, concerned persons should be aware that the web site may be unavailable during some periods, due to system maintenance or technical problems.
 - 11. The bill sponsor contact requirements of 2-4-302, MCA, do not apply.

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

/s/ Richard H. Opper

/s/ Nicholas Domitrovich
Nicholas Domitrovich, Attorney Richard H. Opper, Director

Public Health and Human Services Rule Reviewer

BEFORE THE DEPARTMENT OF ADMINISTRATION OF THE STATE OF MONTANA

2.59 amo	e matter of the amendment of ARM .1735 pertaining to determining the unt of surety bond for a new tgage broker or mortgage lender) NC))	TICE OF AMENDMENT
	TO: All Concerned Persons		
	1. On April 22, 2016, the Departmete No. 2-59-541 pertaining to the ame of the 2016 Montana Administrative F	endme	nt of the above-stated rule at page
	2. No comments were received.		
	3. The department has amended A	ARM 2	59.1735 exactly as proposed.
Ву:	/s/ Sheila Hogan Sheila Hogan, Director Department of Administration	Ву:	/s/ Michael P. Manion Michael P. Manion, Rule Reviewer Department of Administration

BEFORE THE DEPARTMENT OF COMMERCE OF THE STATE OF MONTANA

the matter of the amendment of)	NOTICE OF AMENDMENT
ARM 8.111.602 and 8.111.603)	
pertaining to the Low Income Housing)	
Tax Credit Program)	

TO: All Concerned Persons

- 1. On May 6, 2016, the Department of Commerce published MAR Notice No. 8-111-145 pertaining to the public hearing on the proposed amendment of the above-stated rules at page 795 of the 2016 Montana Administrative Register, Issue Number 9.
 - 2. The department has amended the above-stated rules as proposed.
 - 3. No comments or testimony were received.

/s/ G. MARTIN TUTTLE
G. MARTIN TUTTLE
Rule Reviewer

/s/ DOUGLAS MITCHELL
DOUGLAS MITCHELL
Deputy Director
Department of Commerce

BEFORE THE FISH AND WILDLIFE COMMISSION OF THE STATE OF MONTANA

)	NOTICE OF AMENDMENT
)	
)	
)	
)))

TO: All Concerned Persons

- 1. On February 19, 2016, the Fish and Wildlife Commission (commission) published MAR Notice No. 12-461 pertaining to the public hearing on the proposed amendment of the above-stated rules at page 267 of the 2016 Montana Administrative Register, Issue Number 4.
- 2. The commission has amended ARM 12.11.206 and 12.11.211 as proposed.
- 3. The commission has thoroughly considered the comments and testimony received. A summary of the comments received and the department's responses are as follows:

<u>COMMENT 1</u>: A majority of the comments received were in support of the rule amendments.

<u>RESPONSE 1</u>: The commission appreciates the public participation in this rulemaking process.

<u>COMMENT 2</u>: The commission received one comment generally opposed to the administrative rules pertaining to the commercial use on the Beaverhead River and Big Hole River.

<u>RESPONSE 2</u>: The administrative rules pertaining to the commercial use on the Beaverhead River and Big Hole River went through a public scoping process prior to these amendments being proposed. Another scoping process will occur in five years and these general concerns can be presented at that time.

<u>/s/ Aimee Fausser</u> Aimee Fausser Rule Reviewer

Fish and Wildlife Commission

/s/ Dan Vermillion

Dan Vermillion

Chairman

BEFORE THE DEPARTMENT OF LABOR AND INDUSTRY OF THE STATE OF MONTANA

In the matter of the amendment of)	NOTICE OF AMENDMENT
ARM 24.29.1433, 24.29.1534, and)	
24.29.1538, related to workers')	
compensation medical service fee)	
schedules)	

TO: All Concerned Persons

- 1. On April 22, 2016, the Department of Labor and Industry (department) published MAR Notice No. 24-29-314 pertaining to the public hearing on the proposed amendment of the above-stated rules at page 641 of the 2016 Montana Administrative Register, Issue Number 8.
- 2. On May 13, 2016, at 10:00 a.m., the department held a public hearing in the Second Floor Conference Room of the Beck Building, 1805 Prospect Avenue, Helena, Montana, to consider the proposed amendment of the above-stated rules. No members of the public commented on the proposed amendments at the public hearing, but members of the public commented during the rule comment period.
- 3. The department has thoroughly considered the comments and testimony received. A summary of the comments received and the department's responses are as follows:
- <u>Comment 1:</u> A commenter noted that the professional fee schedule instruction set on page 8, pertaining to drug screens, and pages 8 and 9 of the facility fee schedule instruction set, pertaining to drug screens, were inconsistent.
- <u>Response 1:</u> The commenter is correct. The professional fee schedule instruction set has been modified to conform to the facility fee schedule instruction set. The professional fee schedule instruction set language pertaining to drug screen will now read as follows (underlining and bold to be shown in the instruction set):

"Drug screens that are presumptive (screening and confirmation, qualitative or semiquantitative) are billed using one of the three presumptive codes G0477-G0479.

- 1. G0477 Used to test any number of drug classes by any number of devices or procedures capable of being read by direct optical observation <u>only</u> (e.g. dipsticks, cups, cards, cartridges, etc. and includes sample validation when performed, per date of service.
- 2. G0478 Used to test any number of drug classes by any number of devices or procedures read by <u>instrument-assisted direct optical observation</u> (e.g. dipsticks, cups, cards, cartridges, etc.), and includes sample validation when performed, per date of service.
- 3. G0479 Used to test any number of drug classes by any number of devices or procedures by <u>instrumented chemistry analyzers</u> (e.g., immunoassay,

enzyme assay, TOF, ALDI, LDTD, DESI, DART, GHPC, GC mass spectrometry), and includes sample validation when performed, per date of service.

For drug screens that are definitive (quantitative) in nature and utilize drug identification methods able to identify individual drugs and distinguish between structural isomers (including but not limited to single or tandem GC/MS, single or tandem LC/MS (excluding immunoassay), any enzymatic method, etc.) are billed using the following tiers based on the number of drug classes tested, including metabolite(s) if performed:

- 1. G0480—1-7 drug classes
- 2. G0481 8-14 drug classes
- 3. G0482 15-21 drug classes
- 4. G0483 22 or more drug classes

At maximum, only one code from each category (presumptive and definitive) is to be utilized per date of service or patient encounter resulting in no more than 2 billing codes per bill."

<u>Comment 2:</u> A commenter noted that the professional fee schedule instruction set on page 15, pertaining to section 6 (pathology and laboratory) incorrectly referred to certain procedure codes not contained in the proposed fee schedule.

<u>Response 2:</u> The commenter is correct. The instruction set has been modified to conform to the fee schedule and reference the correct procedure codes.

<u>Comment 3:</u> A commenter identified an instance of a duplicated sentence in the facility fee schedule instruction set on page 10, pertaining to passive modalities.

<u>Response 3:</u> The commenter is correct. The instruction set has been modified to remove the duplicate sentence.

<u>Comment 4:</u> A commenter asked for clarification of the facility fee schedule instruction set, on pages 11 and 12, pertaining to inpatient (MS-DRG) reimbursements, inpatient implants, and the application of the outlier threshold.

<u>Response 4:</u> The department has modified the explanation of the treatment of requests for additional reimbursements when submitted under code MT003 to provide greater clarity.

<u>Comment 5:</u> A commenter noted that the facility fee schedule instruction set on page 13, pertaining to outpatient reimbursement incorrectly refers to certain billing codes not contained in the proposed fee schedule.

<u>Response 5:</u> The commenter is correct. The instruction set has been modified to reference the correct billing codes.

<u>Comment 6:</u> A commenter requested that certain modifier codes found in subsection (j) of the facility fee schedule explicitly stated the amount of the allowed percentage of fees, as was provided in the 2015 facility fee schedule.

Response 6: Although the applicable percentage of fees is already identified in the RV-RVS, the department will add the percentage figures to applicable modifier codes as requested.

4. The department has amended the rules exactly as proposed.

/s/ MARK CADWALLADER

<u>/s/ PAM BUCY</u>

Mark Cadwallader

Pam Bucy, Commissioner

Alternate Rule Reviewer

DEPARTMENT OF LABOR AND INDUSTRY

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

In the matter of the amendment of)	NOTICE OF AMENDMENT
ARM 37.85.104 and 37.85.105)	
pertaining to the revision of fee)	
schedules for Medicaid provider rates)	
effective July 1, 2016)	

TO: All Concerned Persons

- 1. On April 22, 2016, the Department of Public Health and Human Services published MAR Notice No. 37-745 pertaining to the public hearing on the proposed amendment of the above-stated rules at page 669 of the 2016 Montana Administrative Register, Issue Number 8. On May 6, 2016, the Department of Public Health and Human Services published an amended notice of proposed amendment at page 804 of the 2016 Montana Administrative Register, Issue Number 9.
- 2. The department has amended the following rule as proposed: ARM 37.85.104.
- 3. The department has amended the following rule as proposed, but with the following changes from the original proposal, new matter underlined, deleted matter interlined:

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

- (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) through (e) remain as proposed.
- (f) The outpatient drugs reimbursement, dispensing fees range as provided in ARM 37.86.1105(2)(b) is effective July 1, 2015:
- (i) a minimum of \$2.00 and a maximum of \$8.47 \$4.94 for brand-name and nonpreferred generic drugs;
- (ii) a minimum of \$2.00 and a maximum of \$11.62 \$6.78 for preferred brandname and generic drugs and generic drugs not identified on the preferred list.
 - (g) through (6) remain as proposed.

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

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

4. The department has thoroughly considered the comments and testimony received. A summary of the comments received and the department's responses are as follows:

ARM 37.85.105: Health Resources Division - Pharmacy Dispensing Fee Changes, Comments and Responses

<u>COMMENT #1</u>: Several commenters requested that the department implement a tiered dispensing fee based on prescription volume. They addressed concern with the proposed dispensing fee changes in ARM 37.85.105(3)(f) and requested more analysis be completed.

RESPONSE #1: The department appreciates the comments and is withdrawing the proposed dispensing fee changes. The department will propose a tiered dispensing fee based on prescription volume. This proposed rule change will be published in MAR Notice No. 37-757 and a retroactive effective date of July 1, 2016, will be proposed. The department will adjust claims to account for the increase in the professional dispensing fee.

<u>COMMENT #2</u>: The department received several comments requesting a delay in implementation of the Average Acquisition Cost (AAC) pricing methodology and proposed dispensing fees in order to work with the department to develop a different reimbursement structure.

RESPONSE #2: The department will implement the changes outlined in MAR Notice No. 37-746, the changes in drug reimbursement, but will delay the implementation of the professional dispensing fee. The department is withdrawing the proposed dispensing fee changes in this notice (see comment and response #1) and is working on developing a tiered dispensing fee based on prescription volume.

<u>COMMENT #3</u>: The department received several comments expressing concern that the proposed changes would result in a loss of jobs and services, and potentially worsen medical outcomes.

<u>RESPONSE #3</u>: The department has rescinded the proposed professional dispensing fee changes in this notice and is currently working on implementing a tiered dispensing fee based on prescription volume.

<u>COMMENT #4</u>: Several commenters mentioned that the proposed rule did not allow for the ability to reverse and rebill pharmacy claims.

RESPONSE #4: There is no change in policy on the ability to reverse and rebill a pharmacy claim. The practice of reverse and rebill will continue to be allowed. Current procedure allows the department to collect the pricing disputes from providers, research the issue, and adjust rates if appropriate. There will be times when the rate is not adjusted, but when the rate is adjusted the effective date may be retroactive. There may be instances where the new effective date is not able to be dated as far back as desired. The department will issue a Provider Notice in the near future regarding the procedures for reverse and rebill.

<u>COMMENT #5</u>: Several commenters expressed concern that pharmacy providers were the only providers receiving a reimbursement decrease. Several commenters mentioned that the cost savings associated with the decreased pharmacy reimbursement appeared to fund the rate increase for other providers.

RESPONSE #5: The 64th Montana State Legislature appropriated funds for a Medicaid rate increase for all providers. The July 1, 2016 rate increase, described in this rulemaking, incorporates the appropriated funds into rates. The AAC drug reimbursement change is required by federal law and is not related to the state rate increase. The savings to the Medicaid program from the federal change in AAC reimbursement is greater than the increase in pharmacy rates.

<u>COMMENT #6</u>: One commenter mentioned that Montana Medicaid does not have a compounding services fee, or any other additional fees, for delivery and other services.

RESPONSE #6: The pharmacy program provides a compounding-drug dispensing fee, in lieu of a professional dispensing fee in ARM 37.86.1105, with rates outlined in ARM 37.85.105(3)(g). Changes to those rates were not a part of this proposal. The department is withdrawing the proposed professional dispensing fees in this final notice. The department is working on implementing a tiered dispensing fee based on prescription volume. When calculating the average cost of dispensing, the department requests that pharmacy providers report their total prescription delivery costs. This allows delivery cost to be included in the calculation of the cost to dispense.

<u>COMMENT #7</u>: One comment was received stating agreement with the proposed drug reimbursement methodology but there were concerns with the professional dispensing fee proposed.

<u>RESPONSE #7</u>: In response to the comments received on the professional dispensing fee, the department has removed the proposed rates from the rule and is working on implementing a tiered professional dispensing fee system that is based on prescription volume.

<u>COMMENT #8</u>: The department received a comment that the reimbursement methodology does not take into account that rural pharmacies have lower purchasing rates.

<u>RESPONSE #8</u>: To establish the AAC reimbursement rates, the department is surveying a panel of ten pharmacy providers monthly. This panel will include providers from various locations, including rural, throughout the state, with varying prescription volumes. This variance will help account for providers with high purchase cost.

<u>COMMENT #9</u>: Several comments were received asking the department to reconsider the use of drug manufacturer rebates.

<u>RESPONSE #9</u>: The drug rebate program is required by state and federal law. The department will continue to utilize manufacturer's rebates to offset the overall cost of the Medicaid program.

<u>COMMENT #10</u>: One commenter asked if pharmacy providers will continue to be required to counsel members on the medications they receive.

<u>RESPONSE #10</u>: The requirement to counsel patients on medications is a requirement of the Board of Pharmacy and can be found at ARM 24.174.903. It is not part of the proposed rule amendments.

<u>COMMENT #11</u>: One comment was received stating that there is concern with assigning a pharmacy its usual and customary average dispensing fee for filling a prescription when that fee is lower than the fee determined by the yearly state survey.

RESPONSE #11: The Centers for Medicare and Medicaid Services (CMS) requires a professional dispensing fee that covers a pharmacist's professional services and the costs associated with dispensing medications to Medicaid patients. The department determined, based on specific pharmacy survey data, that if a pharmacy has a calculated cost to dispense that is less than the maximum professional dispensing fee, its calculated cost to dispense is awarded and fulfills CMS' requirement. The department will continue to collect responses to the dispensing fee survey through August 1, 2016. Pharmacy providers who have completed the survey are encouraged to review the results submitted and if necessary submit a revision. The survey is completed online and can be found at: http://dphhs.mt.gov/MontanaHealthcarePrograms/HRDSurveys/MTMedicaidDispensingFeeSurvey. Pharmacy providers who update their surveys by August 1, 2016 will have the new dispensing fee reimbursed upon implementation of the tiered dispensing fee that will be effective on July 1, 2016. Providers who submit dispensing surveys after August 1, 2016 will not be updated until July 1, 2017.

<u>COMMENT #12</u>: One commenter expressed that the requirement to submit 340B purchase price will result in a significant impact to services provided to patients of small nonprofits. The commenter emphasized that these businesses rely on the cost savings between the 340B purchase price and the revenue received from dispensing 340B products.

RESPONSE #12: The 340B Drug Pricing Program was established to provide covered entities with outpatient drugs at significantly reduced prices. This rule requires covered entities to pass this discount along to the department if they use 340B drugs for their Medicaid patients, also known as carve-in, and indicate such on the pharmacy claim. This will prevent a duplicate discount. Manufacturers are prohibited from providing a discounted 340B price and a Medicaid drug rebate for the same drug. Covered entities may choose to purchase drugs for their Medicaid patients through other mechanisms, also known as carve-out, and be reimbursed

using the standard Medicaid reimbursement methodology. Covered entities are reminded they must accurately report how they bill Medicaid drugs on the Medicaid Exclusion File, as mandated by 42 USC 256b(a)(5)(A)(i).

ARM 37.85.105: Senior and Long Term Care - Community First Choice and Personal Assistance Services Reimbursement, Comments and Responses

<u>COMMENT #1</u>: Support for the increase in provider rates was expressed by a statewide provider agency representing the agency-based and self-directed personal assistance, community first choice, and home and community based waiver service programs. The provider stated the rate increases were necessary to retain quality workers to provide home and community based services.

<u>RESPONSE #1</u>: The department appreciates the provider's support of the provider rate increases for home and community based services and commitment to providing quality workers to deliver home and community based services.

<u>COMMENT #2</u>: One provider expressed concern that the reimbursement rate of \$.33 per mile paid for transportation mileage lags behind the state's employee and federal compensation for mileage of \$.54 per mile. The commenter requested that the mileage rate be revisited.

RESPONSE #2: The rate for mileage reimbursement in the community first choice and personal assistance program equals the rate Medicaid pays for a similar category of service under Medicaid Transportation. The Medicaid Transportation rate did not increase, thus the rate for mileage in the community first choice and personal assistance program remains at \$.33. The Medicaid mileage rate is not tied to the state or federal rate of reimbursement for mileage, and as such, does not adjust when those rates adjust.

<u>COMMENT #3</u>: One provider expressed concern that the reimbursement rate for home and community based waiver services is less than the Medicaid rate for community first choice and personal assistance. The provider requested that the department align the two rates.

<u>RESPONSE #3</u>: The rate for community first choice and personal assistance services increased July 1, 2014 to account for the increased requirements for coordinated service planning and person-centered planning. These are not requirements for home and community based waiver services; thus the waiver rate did not increase accordingly.

<u>COMMENT #4</u>: Most people who are receiving assisted living services are paying for their own care but once their personal funds are depleted they must seek this service to continue to reside in the facility and many do not receive it due to limited availability. The Medicaid waiver rate is less than the rate providers can charge for private pay in assisted living facilities. A commenter stated that it is very difficult to ask someone to move because they can no longer pay to live in the facility.

RESPONSE #4: Medicaid as a state and federal program does not reimburse providers at the private pay rate, but at the Medicaid rate that has been established for the services provided. The waiver program is not an entitlement program and must be managed within the funding provided by the Montana Legislature. When the funding is committed or when no new waiver slots are added or available, individuals must wait until an opening occurs in order to access the waiver program.

<u>COMMENT #5</u>: Several commenters questioned why the Residential Habilitation – Assisted Living Facility rate does not reflect the full 2% increase approved by the legislature. The way the increase is implemented for this service reflects an effective rate increase of only 1.5%. Commenters pointed out that due to the room and board rate not keeping pace with increasing costs it becomes challenging to continue to accept Medicaid members.

RESPONSE #5: Based on the comments received the department has reevaluated the reimbursement rate calculation for the Residential Habilitation – Assisted Living Facility rate. The department will increase the Residential Habilitation – Assisted Living Facility daily rate from the proposed \$76.00 to \$76.36. This will increase the maximum total facility rate by 1.91% for State Fiscal Year (SFY) 2017. This 1.91% equates to the total funding provided by the Legislature for provider rate increases in SFY 2017 for the waiver program.

ARM 37.85.105 Children's Mental Health Bureau

<u>COMMENT #1</u>: The department discovered a typographical error in the Medicaid Youth Mental Health Services Fee Schedule in ARM 37.85.105(6)(a) for Extraordinary Need Aide Services.

<u>RESPONSE #1</u>: On page three of the fee schedule, Extraordinary Need Aide Services will be corrected to state \$3.92 per 15 minute unit rather than \$15.69 per hour unit.

Fiscal Impact

In notices of proposed amendment MAR Notice No. 37-745 and MAR Notice No. 37-746, the department proposed changes to its method for calculating outpatient pharmacy reimbursement. Federal law requires the changes. Montana Medicaid is eliminating the estimated acquisition cost reimbursement methodology for calculating drug ingredient reimbursement. Instead, it is revising its dispensing fee structure and paying a drug ingredient reimbursement amount set as close to actual acquisition costs as possible.

In response to comments received in MAR Notice No. 37-745 and MAR Notice No. 37-746, the department is not adopting the proposed language in MAR Notice No. 37-745 regarding dispensing fees. Instead, it is proposing a three-tiered professional dispensing fee model based on prescription volume in MAR Notice No.

37-757. The rule amendments in MAR Notice No. 37-757 are proposed to have a retroactive effective date of July 1, 2016. The administrative cost reported in MAR Notice No. 37-745 and MAR Notice No. 37-746 does not change. The cost savings associated with MAR Notice No. 37-746 and MAR Notice No. 37-757 will remain the same at \$4.3 million.

5. These rule amendments are effective July 1, 2016.

<u>/s/ Geralyn Driscoll</u> <u>/s/ Richard H. Opper</u>
Geralyn Driscoll, Attorney Richard H. Opper, Director

Rule Reviewer Public Health and Human Services

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

In the matter of the amendment of)	NOTICE OF AMENDMENT
ARM 37.86.105, 37.86.1101,)	
37.86.1102, 37.86.1105, and)	
37.86.1106 pertaining to changes to)	
Montana Medicaid pharmacy)	
reimbursement)	

TO: All Concerned Persons

- 1. On April 22, 2016, the Department of Public Health and Human Services published MAR Notice No. 37-746 pertaining to the public hearing on the proposed amendment of the above-stated rules at page 684 of the 2016 Montana Administrative Register, Issue Number 8.
- 2. The department has amended the following rules as proposed: ARM 37.86.105, 37.86.1102, and 37.86.1106.
- 3. The department has amended the following rules as proposed, but with the following changes from the original proposal, new matter underlined, deleted matter interlined:
- <u>37.86.1101 OUTPATIENT DRUGS, DEFINITIONS</u> (1) and (2) remain as proposed.
- (3) "Allowed ingredient cost" means the "Average Acquisition Cost (AAC)" or "submitted ingredient cost," whichever is lower. If AAC is not available, drug reimbursement is determined at the lesser of "Wholesale Acquisition Cost (WAC)," "Federal Maximum Allowable Cost (FMAC)," or the "submitted ingredient cost."
 - (4) through (6) remain as proposed.
- (7) "Federal maximum allowable cost" (FMAC) means the per unit amount the department reimburses a provider for a prescription drug included in the federal upper-limit program. FMAC is the federal upper limit the department will pay for multi-source drugs as published by the Centers for Medicare and Medicaid Services (CMS) at: https://www.medicaid.gov/medicaid-chip-program-information/by-topics/benefits/prescription-drugs/pharmacy-pricing.html.
 - (7) through (14) remain as proposed, but are renumbered (8) through (15).

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

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

<u>37.86.1105 OUTPATIENT DRUGS, REIMBURSEMENT</u> (1) remains as proposed.

- (2) The FMAC limitation will not apply in a case where a physician certifies in their own handwriting the specific brand is medically necessary for a particular member. An example of an acceptable certification is the handwritten notation "Brand Necessary" or "Brand Required." A check-off box on a form or rubber stamp is not acceptable.
 - (2) remains as proposed, but is renumbered (3).
- $\frac{(3)}{4}$ In-state pharmacy providers that are new to the Montana Medicaid program are assigned the maximum dispensing fee in $\frac{(2)(b)}{3}$ (3)(b) until a dispensing fee questionnaire, as provided in $\frac{(2)}{3}$, can be completed for six months of operation. At that time, a new dispensing fee is assigned which is the lower of the dispensing fee calculated in accordance with $\frac{(2)}{3}$ for the pharmacy or the maximum allowed dispensing fee provided in $\frac{(2)(b)}{3}$. Failure to comply with the six months dispensing fee questionnaire requirement results in assignment of a dispensing fee of \$2.00.
- (4) (5) The department reimburses pharmacies for compounding drugs only if the member's drug therapy needs cannot be met by commercially available dosage strengths, forms of the therapy, or both.
 - (a) through (d) remain as proposed.
- (e) The department reimburses pharmacies a compound-drug dispensing fee as provided in ARM 37.85.105(3) in lieu of the dispensing fee stated in (2) (3). Prior authorization is required for reimbursement above the lowest compound dispensing fee.
 - (f) through (h) remain as proposed.
- (5) (6) The department reimburses pharmacies a vaccine administration fee as provided in ARM 37.85.105(3) in lieu of the dispensing fee stated in (2) (3) for any covered vaccine as allowed by the Montana Pharmacy Practice Act, 37-7-101, MCA.
- $\frac{6}{7}$ Reimbursement for outpatient drugs provided to Medicaid persons in state institutions is as follows:
- (a) for institutions participating in the state contract for pharmacy services, the rates agreed to in that contract. Such reimbursement must not exceed, in the aggregate, reimbursement under (1); or
- (b) for institutions not participating in the state contract for pharmacy services, the actual cost of the drug and dispensing fee. Such reimbursement must not exceed, in the aggregate, reimbursement under (1).
 - (7) through (10) remain as proposed, but are renumbered (8) through (11).
- (11) (12) In accordance with the NCPDP 340B Information Exchange Reference Guide Version 1.0 (July 2011), a claim for Section 340B drugs must be identified through the use of a valid value 20 in the NCPDP Submission Clarification Code (420-DK) field. If a claim is identified as a 340B claim and the submitted ingredient cost is greater than the AAC, or the lower of WAC or FMAC, if no AAC is present, the claim will deny.

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

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

4. The department has thoroughly considered the comments and testimony received. A summary of the comments received and the department's responses are as follows:

<u>COMMENT #1</u>: Several commenters requested that the department implement a tiered dispensing fee based on prescription volume. They addressed concern with the proposed dispensing fee changes in ARM 37.85.105(3)(f) and requested more analysis be completed.

RESPONSE #1: The department appreciates the comments and is withdrawing the proposed dispensing fee changes. The department will propose a tiered dispensing fee based on prescription volume. This proposed rule change will be published in MAR Notice No. 37-757 and a retroactive effective date of July 1, 2016, will be proposed. The department will adjust claims to account for the increase in the professional dispensing fee.

<u>COMMENT #2</u>: The department received several comments requesting a delay in implementation of the Average Acquisition Cost (AAC) pricing methodology and proposed dispensing fees in order to work with the department to develop a different reimbursement structure.

RESPONSE #2: The department will implement the changes outlined in MAR Notice No. 37-746, the changes in drug reimbursement, but will delay the implementation of the professional dispensing fee. The department is withdrawing the proposed dispensing fee changes in this notice (see comment and response #1) and is working on developing a tiered dispensing fee based on prescription volume.

<u>COMMENT #3</u>: The department received several comments expressing concern that the proposed changes would result in a loss of jobs and services, and potentially worsen medical outcomes.

<u>RESPONSE #3</u>: The department has rescinded the proposed professional dispensing fee changes in this notice and is currently working on implementing a tiered dispensing fee based on prescription volume.

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RESPONSE #4: There is no change in policy on the ability to reverse and rebill a pharmacy claim. The practice of reverse and rebill will continue to be allowed. Current procedure allows the department to collect the pricing disputes from providers, research the issue, and adjust rates if appropriate. There will be times when the rate is not adjusted, but when the rate is adjusted the effective date may be retroactive. There may be instances where the new effective date is not able to be dated as far back as desired. The department will issue a Provider Notice in the near future regarding the procedures for reverse and rebill.

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RESPONSE #5: The 64th Montana State Legislature appropriated funds for a Medicaid rate increase for all providers. The July 1, 2016 rate increase, described in this rulemaking, incorporates the appropriated funds into rates. The AAC drug reimbursement change is required by federal law and is not related to the state rate increase. The savings to the Medicaid program from the federal change in AAC reimbursement is greater than the increase in pharmacy rates.

<u>COMMENT #6</u>: One commenter mentioned that Montana Medicaid does not have a compounding services fee, or any other additional fees, for delivery and other services.

RESPONSE #6: The pharmacy program provides a compounding-drug dispensing fee, in lieu of a professional dispensing fee in ARM 37.86.1105, with rates outlined in ARM 37.85.105(3)(g). Changes to those rates were not a part of this proposal. The department is withdrawing the proposed professional dispensing fees in this final notice. The department is working on implementing a tiered dispensing fee based on prescription volume. When calculating the average cost of dispensing, the department requests that pharmacy providers report their total prescription delivery costs. This allows delivery cost to be included in the calculation of the cost to dispense.

<u>COMMENT #7</u>: One comment was received stating agreement with the proposed drug reimbursement methodology but there were concerns with the professional dispensing fee proposed.

<u>RESPONSE #7</u>: In response to the comments received on the professional dispensing fee, the department has removed the proposed rates from the rule and is working on implementing a tiered professional dispensing fee system that is based on prescription volume.

<u>COMMENT #8</u>: The department received a comment that the reimbursement methodology does not take into account that rural pharmacies have lower purchasing rates.

<u>RESPONSE #8</u>: To establish the AAC reimbursement rates, the department is surveying a panel of ten pharmacy providers monthly. This panel will include providers from various locations, including rural, throughout the state, with varying prescription volumes. This variance will help account for providers with high purchase cost.

<u>COMMENT #9</u>: Several comments were received asking the department to reconsider the use of drug manufacturer rebates.

<u>RESPONSE #9</u>: The drug rebate program is required by state and federal law. The department will continue to utilize manufacturer's rebates to offset the overall cost of the Medicaid program.

<u>COMMENT #10</u>: One commenter asked if pharmacy providers will continue to be required to counsel members on the medications they receive.

<u>RESPONSE #10</u>: The requirement to counsel patients on medications is a requirement of the Board of Pharmacy and can be found at ARM 24.174.903. It is not part of the proposed rule amendments.

<u>COMMENT #11</u>: One comment was received stating that there is concern with assigning a pharmacy its usual and customary average dispensing fee for filling a prescription when that fee is lower than the fee determined by the yearly state survey.

RESPONSE #11: The Centers for Medicare and Medicaid Services (CMS) requires a professional dispensing fee that covers a pharmacist's professional services and the costs associated with dispensing medications to Medicaid patients. The department determined, based on specific pharmacy survey data, that if a pharmacy has a calculated cost to dispense that is less than the maximum professional dispensing fee, its calculated cost to dispense is awarded and fulfills CMS' requirement. The department will continue to collect responses to the dispensing fee survey through August 1, 2016. Pharmacy providers who have completed the survey are encouraged to review the results submitted and if necessary submit a revision. The survey is completed online and can be found at: http://dphhs.mt.gov/MontanaHealthcarePrograms/HRDSurveys/MTMedicaidDispensingFeeSurvey. Pharmacy providers who update their surveys by August 1, 2016 will have the new dispensing fee reimbursed upon implementation of the tiered dispensing fee that will be effective on July 1, 2016. Providers who submit dispensing surveys after August 1, 2016 will not be updated until July 1, 2017.

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RESPONSE #12: The 340B Drug Pricing Program was established to provide covered entities with outpatient drugs at significantly reduced prices. This rule requires covered entities to pass this discount along to the department if they use 340B drugs for their Medicaid patients, also known as carve-in, and indicate such on the pharmacy claim. This will prevent a duplicate discount. Manufacturers are prohibited from providing a discounted 340B price and a Medicaid drug rebate for the same drug. Covered entities may choose to purchase drugs for their Medicaid patients through other mechanisms, also known as carve-out, and be reimbursed

using the standard Medicaid reimbursement methodology. Covered entities are reminded they must accurately report how they bill Medicaid drugs on the Medicaid Exclusion File, as mandated by 42 USC 256b(a)(5)(A)(i).

Fiscal Impact

In notices of proposed amendment MAR Notice No. 37-745 and MAR Notice No. 37-746, the department proposed changes to its method for calculating outpatient pharmacy reimbursement. Federal law requires the changes. Montana Medicaid is eliminating the estimated acquisition cost reimbursement methodology for calculating drug ingredient reimbursement. Instead, it is revising its dispensing fee structure and paying a drug ingredient reimbursement amount set as close to actual acquisition costs as possible.

In response to comments received in MAR Notice No. 37-745 and MAR Notice No. 37-746, the department is not adopting the proposed language in MAR Notice No. 37-745 regarding dispensing fees. Instead, it is proposing a three-tiered professional dispensing fee model based on prescription volume in MAR Notice No. 37-757. The rule amendments in MAR Notice No. 37-757 are proposed to have a retroactive effective date of July 1, 2016. The administrative cost reported in MAR Notice No. 37-745 and MAR Notice No. 37-746 does not change. The cost savings associated with MAR Notice No. 37-746 and MAR Notice No. 37-757 will remain the same at \$4.3 million.

5. These rule amendments are effective July 1, 2016.

/s/ Geralyn Driscoll
Geralyn Driscoll, Attorney
Rule Reviewer

/s/ Richard H. Opper
Richard H. Opper, Director
Public Health and Human Services

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

In the matter of the amendment of)	NOTICE OF AMENDMENT
ARM 37.40.301, 37.40.304,)	
37.40.307, 37.40.315, 37.40.326,)	
37.40.330, 37.40.336, 37.40.345,)	
37.40.352, and 37.40.361 pertaining)	
to nursing facility reimbursement and)	
updating outdated terms)	

TO: All Concerned Persons

- 1. On April 22, 2016, the Department of Public Health and Human Services published MAR Notice No. 37-748 pertaining to the public hearing on the proposed amendment of the above-stated rules at page 697 of the 2016 Montana Administrative Register, Issue Number 8.
 - 2. The department has amended the above-stated rules as proposed.
 - 3. No comments or testimony were received.
 - 4. These rule amendments are effective July 1, 2016.

/s/ Shannon McDonald /s/ Richard H. Opper
Shannon McDonald, Attorney
Rule Reviewer Public Health and Human Services

DEFORE THE DEPARTMENT OF REVENUE OF THE STATE OF MONTANA

)	NOTICE OF AMENDMENT
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TO: All Concerned Persons

- 1. On March 4, 2016, the Department of Revenue published MAR Notice No. 42-2-950 pertaining to the public hearing on the proposed amendment of the above-stated rules at page 442 of the 2016 Montana Administrative Register, Issue Number 5. On March 18, 2016, the department published a notice of extension of comment period on the proposed amendment of the above-stated rules at page 510 of the 2016 Montana Administrative Register, Issue Number 6.
- 2. On April 5, 2016, a public hearing was held to consider the proposed amendment. No members of the public appeared for the hearing. The department subsequently received written comments from Walter Kero, Certified Public Accountant.
- 3. The department amends ARM 42.2.615, 42.2.617, 42.2.618, 42.2.619, 42.2.620, and 42.2.621 as proposed.
- 4. Based on public comments received and additional amendments provided by the Office of Dispute Resolution for consideration at the hearing, the department amends ARM 42.2.613, 42.2.614, and 42.2.616 as proposed, but with the changes from the original proposal shown below. The change to ARM 42.2.613 adds a definition for a form referenced in the rules; the changes to ARM 42.2.614 add clarity in response to a public comment; and the change to ARM 42.2.616 is grammatical.

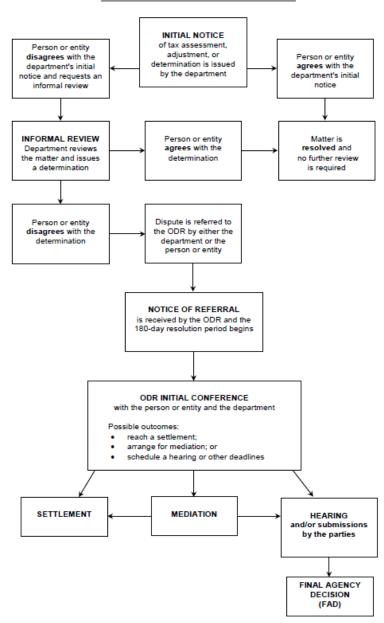
The amendments are as follows, new matter underlined, deleted matter interlined:

- <u>42.2.613 DEFINITIONS</u> The following definitions apply to rules found in this subchapter.
 - (1) through (3) remain as proposed.
- (4) "Form APLS101F" is a document titled Request for Informal Review that is available at revenue.mt.gov for use by a person or other entity to file a written objection with the Department of Revenue for issues concerning the first notice of a tax adjustment.
 - (4) through (16) remain as proposed, but are renumbered (5) through (17).

- 42.2.614 PURPOSE (1) through (3) remain as proposed.
- (4) The dispute resolution flowchart in (6) provides the <u>tax</u> dispute resolution procedure. A final agency decision must be issued within 180 days from the date the notice of referral to the ODR is received as provided for in 15-1-211, MCA, unless extended by mutual consent of the parties.
 - (5) remains as proposed.
- (6) The following flowchart shows how the <u>tax</u> dispute resolution procedure will flow from the initial notice to the final agency decision:

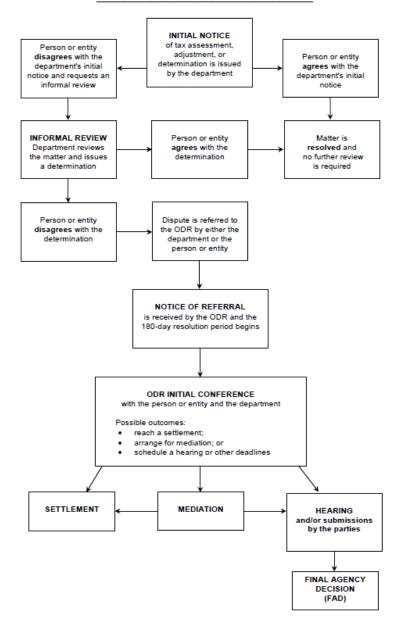
This flowchart is being stricken:

DISPUTE RESOLUTION FLOWCHART



This flowchart is being added:

TAX DISPUTE RESOLUTION FLOWCHART



42.2.616 FORMALITY OF PROCEDURES (1) The department recognizes that a wide array of parties appear appears before the department with disputes to resolve. These disputes range from large corporations employing professional tax counsel to individuals appearing on their own behalf. It is the intent of the department to accommodate all such disputes to the greatest extent possible in a manner that is deemed most appropriate for each situation.

(2) through (4) remain as proposed.

- 5. The department has thoroughly considered the comments received. A summary of the comments received and the department's responses are as follows:
- <u>COMMENT 1</u>: Walter Kero, Certified Public Accountant, asked if the final agency decision (FAD) depicted in the dispute resolution flowchart in ARM 42.2.614 is a decision by the Office of Dispute Resolution (ODR) hearing officer, or by the department.
- RESPONSE 1: The department appreciates Mr. Kero's review of the proposed rule amendments and thanks him for his comments. The final agency decision (FAD) set out in the dispute resolution flowchart in ARM 42.2.614 refers to decisions by the ODR hearing officer concerning tax matters. Final decisions by the ODR are FAD for the department in tax matters. The department has amended the language in the rule and the name of the flowchart to include a reference to "tax" for clarity.
- <u>COMMENT 2</u>: Mr. Kero asked if the ODR is semi or fully independent of the department.
- RESPONSE 2: By statute, the ODR is housed within the department. The ODR staff are employees of the department. However, as the adjudicatory body tasked with hearing and/or mediating cases between the department and external parties in an enumerated set of disputes, the ODR acts as neutral triers and finders of fact.
- The ODR hearing officers issue written final agency decisions after analyzing the facts of each dispute and then applying the pertinent law to those facts. The hearing officers do not favor the department if the findings of fact and conclusions of law support a decision adverse to the department.
- The ODR was created by the Legislature pursuant to 15-1-211, MCA, to reduce costs and risks inherent in adjudication or litigation for all parties involved in a dispute. The ODR hearing officers work diligently to provide a fair and efficient forum for the resolution of disputes.
- <u>COMMENT 3</u>: Mr. Kero asked, relative to the power of attorney form referenced in ARM 42.2.617(2), if the IRS Form 2848 will suffice.
- RESPONSE 3: Yes. In compliance with the Montana Uniform Power of Attorney Act, the department will accept a fully executed IRS Form 2848 as power of attorney.
- <u>COMMENT 4</u>: With regard to the language proposed for ARM 42.2.619(1), Mr. Kero commented that the term "compelling," as used in the second sentence, should be defined in the rule.
- RESPONSE 4: The department determined that defining the term, which was previously located in (4) and is not new to the rule, could inadvertently limit the ODR's ability to exercise its discretion to travel to a location in Montana other than

Helena to conduct a hearing if a party in a dispute presents a unique set of circumstances not previously considered in a definition.

<u>COMMENT 5</u>: With regard to ARM 42.2.621, Mr. Kero stated that if the director disagrees with a mediation, he or she can trump the mediation which creates a sham. He commented that the director can have the final say but this should be separate from the mediation.

<u>RESPONSE 5</u>: The final agency decision provided for in ARM 42.2.621 doesn't apply to mediation outcomes. ARM 42.2.621 refers only to final agency decisions issued on the merits of a case.

Mediation procedures are provided for separately in ARM 42.2.618. Mediations are considered settlement negotiations that, when successfully resolved and mutually agreed to by all parties involved in that process, are final and do not go before a hearing examiner or the director for any further decision.

/s/ Laurie Logan Laurie Logan Rule Reviewer /s/ Mike Kadas Mike Kadas Director of Revenue

NOTICE OF FUNCTION OF ADMINISTRATIVE RULE REVIEW COMMITTEE Interim Committees and the Environmental Quality Council

Administrative rule review is a function of interim committees and the Environmental Quality Council (EQC). These interim committees and the EQC have administrative rule review, program evaluation, and monitoring functions for the following executive branch agencies and the entities attached to agencies for administrative purposes.

Economic Affairs Interim Committee:

- Department of Agriculture;
- Department of Commerce;
- Department of Labor and Industry;
- Department of Livestock;
- Office of the State Auditor and Insurance Commissioner; and
- Office of Economic Development.

Education and Local Government Interim Committee:

- State Board of Education;
- Board of Public Education:
- Board of Regents of Higher Education; and
- Office of Public Instruction.

Children, Families, Health, and Human Services Interim Committee:

Department of Public Health and Human Services.

Law and Justice Interim Committee:

- Department of Corrections; and
- Department of Justice.

Energy and Telecommunications Interim Committee:

Department of Public Service Regulation.

Revenue and Transportation Interim Committee:

- Department of Revenue; and
- Department of Transportation.

State Administration and Veterans' Affairs Interim Committee:

- Department of Administration;
- Department of Military Affairs; and
- Office of the Secretary of State.

Environmental Quality Council:

- Department of Environmental Quality;
- Department of Fish, Wildlife and Parks; and
- Department of Natural Resources and Conservation.

Water Policy Interim Committee (where the primary concern is the quality or quantity of water):

- Department of Environmental Quality;
- Department of Fish, Wildlife and Parks; and
- Department of Natural Resources and Conservation.

These interim committees and the EQC have the authority to make recommendations to an agency regarding the adoption, amendment, or repeal of a rule or to request that the agency prepare a statement of the estimated economic impact of a proposal. They also may poll the members of the Legislature to determine if a proposed rule is consistent with the intent of the Legislature or, during a legislative session, introduce a bill repealing a rule, or directing an agency to adopt or amend a rule, or a Joint Resolution recommending that an agency adopt, amend, or repeal a rule.

The interim committees and the EQC welcome comments and invite members of the public to appear before them or to send written statements in order to bring to their attention any difficulties with the existing or proposed rules. The mailing address is P.O. Box 201706, Helena, MT 59620-1706.

HOW TO USE THE ADMINISTRATIVE RULES OF MONTANA AND THE MONTANA ADMINISTRATIVE REGISTER

Definitions:

Administrative Rules of Montana (ARM) is a looseleaf compilation by department of all rules of state departments and attached boards presently in effect, except rules adopted up to three months previously.

Montana Administrative Register (MAR or Register) is a soft back, bound publication, issued twice-monthly, containing notices of rules proposed by agencies, notices of rules adopted by agencies, and interpretations of statutes and rules by the Attorney General (Attorney General's Opinions) and agencies (Declaratory Rulings) issued since publication of the preceding register.

Use of the Administrative Rules of Montana (ARM):

Known Subject Consult ARM Topical Index.
 Update the rule by checking the accumulative table and the table of contents in the last Montana Administrative Register issued.

Statute

2. Go to cross reference table at end of each number and title which lists MCA section numbers and department corresponding ARM rule numbers.

ACCUMULATIVE TABLE

The Administrative Rules of Montana (ARM) is a compilation of existing permanent rules of those executive agencies that have been designated by the Montana Administrative Procedure Act for inclusion in the ARM. The ARM is updated through December 31, 2015. This table includes those rules adopted during the period January 1, 2016, through March 31, 2016, and any proposed rule action that was pending during the past 6-month period. (A notice of adoption must be published within six months of the published notice of the proposed rule.) This table does not include the contents of this issue of the Montana Administrative Register (MAR or Register).

To be current on proposed and adopted rulemaking, it is necessary to check the ARM updated through December 31, 2015, this table, and the table of contents of this issue of the Register.

This table indicates the department name, title number, rule numbers in ascending order, catchphrase or the subject matter of the rule, and the page number at which the action is published in the 2015/2016 Montana Administrative Register.

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44.10.101	and other rules - Campaign Finance Reporting, Disclosure, and Practices, p. 1138, 28, 81

BOARD AND COUNCIL APPOINTEES FROM MAY 2016

<u>Appointee</u>	Appointed by	Succeeds	Appointment/End Date
Board of Optometry (Labor and Mr. Randall Hoch Lewistown Qualifications (if required): Re	Governor	reappointed	5/23/2016 4/1/2020
Board of Pardons and Parole Ms. Patricia Edith Iron Cloud Poplar Qualifications (if required): En	Governor	Dupuis gnized Indian Tribe locate	5/1/2016 1/1/2018 ed in Montana
Montana Heritage Preservation Ms. Shera Konen Ennis Qualifications (if required): Bro	Governor	ssion (Commerce) reappointed	5/23/2016 5/1/2019
Mr. Philip Maechling Florence Qualifications (if required): Exp	Governor perience in community planning	reappointed	5/23/2016 5/1/2019
Mr. Stan Ozark Glasgow Qualifications (if required): Pul	Governor	Davis	5/23/2016 5/1/2019
Ms. Marilyn Ross Twin Bridges Qualifications (if required): Exp	Governor perience in historic preservation	Davis	5/23/2016 5/1/2019

BOARD AND COUNCIL APPOINTEES FROM MAY 2016

<u>Appointee</u> <u>Appointed by</u> <u>Succeeds</u> <u>Appointment/End Date</u>

Potato Crop Commodity Advisory Council (Agriculture)

Mr. Pat Fleming Governor reappointed 5/23/2016
Pablo 3/1/2019

Qualifications (if required): Potato producer

State Employee Charitable Giving Campaign Advisory Council (Administration)

Ms. Jessica Barnes Governor Clinch 5/23/2016 Helena 3/1/2017

Qualifications (if required): Employee representative

Board/current position holder	Appointed by	Term end
Aging Advisory Council (Public Health and Human Services) Ms. Joan Taylor, Helena Qualifications (if required): Public Representative	Governor	7/1/2016
Commissioner Marianne Roose, Eureka Qualifications (if required): Public Representative	Governor	7/1/2016
Ms. Connie Bremner, Browning Qualifications (if required): Public Representative	Governor	7/1/2016
Mr. Alex Ward, Helena Qualifications (if required): Public Representative	Governor	7/1/2016
Alternative Health Care Board (Labor and Industry) Dr. Christine White Deeble, Missoula Qualifications (if required): naturopathic physician	Governor	9/1/2016
Board of Hearing Aid Dispensers (Labor and Industry) Ms. Helen Hallenbeck, Missoula Qualifications (if required): Dispenser with National Certification and Masters	Governor	7/1/2016
Board of Medical Examiners (Labor and Industry) Dr. Dean Center, Bozeman Qualifications (if required): doctor of medicine	Governor	9/1/2016
Dr. James Feist, Bozeman Qualifications (if required): Doctor of Medicine	Governor	9/1/2016

Board/current position holder	Appointed by	Term end
Board of Nursing (Labor and Industry) Ms. Heather O'Hara (Onstad), Helena Qualifications (if required): registered nurse and an educator	Governor	7/1/2016
Ms. Tammy Talley, Missoula Qualifications (if required): licensed practical nurse	Governor	7/1/2016
Ms. Shari Brownback, Helena Qualifications (if required): Licensed Practical Nurse	Governor	7/1/2016
Board of Pharmacy (Labor and Industry) Ms. Shirley Baumgartner, Glasgow Qualifications (if required): licensed pharmacist	Governor	7/1/2016
Board of Physical Therapy Examiners (Labor and Industry) Ms. Susan Michels, Great Falls Qualifications (if required): Physical Therapist	Governor	7/1/2016
Board of Private Security Mr. Dirk Bauwens, Billings Qualifications (if required): Representing an Electronic Security Company	Governor	8/1/2016
Board of Psychologists (Labor and Industry) Dr. Marla Lemons, Butte Qualifications (if required): public health psychologist	Governor	9/1/2016

Board/current position holder	Appointed by	Term end
Board of Radiologic Technologists (Labor and Industry) Mr. Mike Nielsen, Billings Qualifications (if required): Radiology Technician and Radiology Practitioner A	Governor Assistant	7/1/2016
Board of Research and Commercialization Technology (Commerce) Mr. Leonard Smith, Billings Qualifications (if required): enrolled member of Montana Tribe	Governor	7/1/2016
Ms. Prairie Big Horn, Lolo Qualifications (if required): enrolled member of a Montana tribal government	Governor	7/1/2016
Board of Sanitarians (Labor and Industry) Mr. James Zabrocki, Miles City Qualifications (if required): Sanitarian	Governor	7/1/2016
Board of Veterans Affairs (Military Affairs) Mr. Johnathon Kenneway, Great Falls Qualifications (if required): Representative of Senator Walsh	Governor	8/1/2016
Mr. Bruce W. Knutson, Helena Qualifications (if required): Representative of Senator Jon Tester	Governor	8/1/2016
Sen. Ryan K. Zinke, Whitefish Qualifications (if required): U.S. Representative	Governor	8/1/2016
Mr. Peter Olson, Culbertson Qualifications (if required): veteran and resident of region 5	Governor	8/1/2016

Board/current position holder	Appointed by	Term end
Board of Veterans Affairs (Military Affairs) cont. Mr. Denny Lenoir, Helena Qualifications (if required): Representative of Senator Steve Daines	Governor	8/1/2016
Board of Veterinary Medicine (Labor and Industry) Dr. Kathy McGann, Missoula Qualifications (if required): veterinarian	Governor	7/31/2016
Ms. Rebecca Mattix, Bozeman Qualifications (if required): Veterinarian	Governor	7/31/2016
Burial Preservation Board (Administration) Mr. Videl Stump Sr., Box Elder Qualifications (if required): representative of the Chippewa Cree Tribe	Governor	9/1/2016
Dr. Ruthann Knudson, Great Falls Qualifications (if required): representative of the Montana archaeological asso	Governor ociation	9/1/2016
Mr. Terry Bullis, Hardin Qualifications (if required): representative of the Montana coroners' association	Governor on	9/1/2016
Councilman Richard Parenteau, Great Falls Qualifications (if required): Representative of Little Shell Band of Chippewa In	Governor idians	9/1/2016
Butte Natural Resource Damage Restoration Council (Justice) Rep. Edith McClafferty, Butte Qualifications (if required): Public Representative	Governor	7/1/2016

Board/current position holder	Appointed by	Term end
Butte Natural Resource Damage Restoration Council (Justice) c Ms. Helen O'Connor, Butte Qualifications (if required): Public Representative	cont. Governor	7/1/2016
Mr. Dave Williams, Butte Qualifications (if required): Public Representative	Governor	7/1/2016
Children's Trust Fund Board (Public Health and Human Services) Ms. Ann Gilkey, Helena Qualifications (if required): State Agency involved in education and s	Governor	7/1/2016 epresentative
Commission on Community Service (Governor) Ms. Erica McKay, Bozeman Qualifications (if required): Youth Representative	Governor	7/1/2016
Committee on Telecommunications Access Services for Person	with Disabilities (Public Healt	h and Human
Services) Mr. Ron Bibler, Great Falls Qualifications (if required): Disabilities Community (Deaf or Hard of	Governor Hearing)	7/1/2016
Ms. Linda Kirkland, Helena Qualifications (if required): Department of Administration	Governor	7/1/2016
Ms. Chris Caniglia, Helena Qualifications (if required): Business Person non-disabled	Governor	7/1/2016
Mr. Jim Marks, Helena Qualifications (if required): Department of Administration	Governor	7/1/2016

Board/current position holder	Appointed by	Term end
Committee on Telecommunications Access Services for Person with Disa	abilities (Public Health a	and Human
Services) cont. Ms. Cheryl Dickens, Bozeman Qualifications (if required): Disabilities Community (Deaf or Hard of Hearing)	Governor	7/1/2016
Community Service Commission (Labor and Industry) Mr. Adam Vauthier, Anaconda Qualifications (if required): Non-Profit Organization	Labor and Industry	7/1/2016
Mr. William Russell McElyea, Bozeman Qualifications (if required): Organized Labor	Governor	7/1/2016
Ms. Heather Margolis, Helena Qualifications (if required): National Service Program	Governor	7/1/2016
Ms. Wendy Nicolai, Helena Qualifications (if required): Agency Representative	Governor	7/1/2016
Economic Development Advisory Council (Commerce) Mr. Jim Smitham, Butte Qualifications (if required): Public Representative	Governor	7/23/2016
Mr. Paul Tuss, Havre Qualifications (if required): Public Representative	Governor	7/23/2016
Mr. Mike Henning, Fairfield Qualifications (if required): Public Representative	Governor	7/23/2016

Board/current position holder	Appointed by	Term end
Economic Development Advisory Council (Commerce) cont. Mr. Tim Warner, Helena Qualifications (if required): Public Representative	Governor	7/23/2016
Electrical Board (Labor and Industry) Ms. Dawn Achten, Billings Qualifications (if required): public representative	Governor	7/1/2016
Family Education Savings Oversight Committee (Higher Education) Ms. Laura McGee, Billings Qualifications (if required): public representative	Governor	7/1/2016
Future Fisheries Review Panel (Fish, Wildlife and Parks) Mr. Alan Johnstone, Wilsall Qualifications (if required): expertise in commercial agriculture	Governor	7/1/2016
Mr. Jim Stone, Ovando Qualifications (if required): expertise in irrigated agriculture	Governor	7/1/2016
Ms. Karin Boyd, Bozeman Qualifications (if required): Private Sector Fisheries Restoration Professional	Governor	7/1/2016
Ms. Nancy Winslow, Missoula Qualifications (if required): expertise in mining reclamation techniques	Governor	7/1/2016
Governor's Commission on Community Service (Governor) Mr. Doug Mitchell, Helena Qualifications (if required): State agency representative	Governor	7/1/2016

Board/current position holder	Appointed by	Term end
Governor's Postsecondary Scholarship Advisory Council (Governor) Ms. Connie Wittak, Flaxville Qualifications (if required): Experience in Education	Governor	7/1/2016
Interagency Coordinating Council for State Prevention Programs (Public Ms. Marilyn Zimmerman, Poplar Qualifications (if required): Experiences related to the private or nonprofit programs	Governor	7/1/2016
Ms. Diane Cashell, Bozeman Qualifications (if required): experiences related to the private or nonprofit prov	Governor vision of prevention progra	7/1/2016 ams
Interim Montana Clean Power Plan Advisory Council (Environmental Qua Mr. Thomas Schneider, Helena Qualifications (if required): General member	ılity) Governor	7/6/2016
Rep. Duane Ankney, Colstrip Qualifications (if required): State Legislature	Governor	7/6/2016
Rep. Gary Forrester, Billings Qualifications (if required): Coal-fired power plant owners and investor-owned	Governor d utilities	7/6/2016
Director David A. Galt, Helena Qualifications (if required): Electric cooperatives and large industrial electric co	Governor consumers	7/6/2016
Ms. Kathy Hadley, Deer Lodge Qualifications (if required): Hunters/anglers	Governor	7/6/2016

Board/current position holder	Appointed by	Term end
Interim Montana Clean Power Plan Advisory Council (Environmental Qua Mr. Paul Gatzemeier, Billings Qualifications (if required): General member	lity) cont. Governor	7/6/2016
Sen. Jim Keane, Butte Qualifications (if required): Hunters/anglers	Governor	7/6/2016
Rep. Krayton Kerns, Laurel Qualifications (if required): State Legislature	Governor	7/6/2016
Mr. Alan Ekblad, Great Falls Qualifications (if required): Organized labor	Governor	7/6/2016
Commissioner Kirk Bushman, Billings Qualifications (if required): Public Service Commission and Montana Consum	Governor ner Counsel	7/6/2016
Mr. Carl Borgquist, Bozeman Qualifications (if required): Renewable energy	Governor	7/6/2016
Mr. Christopher Christianes, Great Falls Qualifications (if required): General member	Governor	7/6/2016
Mr. Gordon Criswell, Hysham Qualifications (if required): Coal-fired power plant owners and investor-owned	Governor dutilities	7/6/2016
Mr. Douglas Hardy, Great Falls Qualifications (if required): Hunters/anglers	Governor	7/6/2016

Board/current position holder	Appointed by	Term end
Interim Montana Clean Power Plan Advisory Council (Environmental Qual Ms. Britt Erica Ide, Bozeman Qualifications (if required): General member	lity) cont. Governor	7/6/2016
Ms. Lorna Luebbe, Bellevue Qualifications (if required): Coal-fired power plant owners and investor-owned	Governor utilities	7/6/2016
Mr. Charles Magraw, Helena Qualifications (if required): Conservation and environment	Governor	7/6/2016
Mr. Darrin Neal Old Coyote, Crow Agency Qualifications (if required): Tribal	Governor	7/6/2016
Mr. James Phillip Orchard, Decker Qualifications (if required): Coal mining	Governor	7/6/2016
Mr. William Pascoe, Absarokee Qualifications (if required): General member	Governor	7/6/2016
Ms. Sania Ruthanne Radcliffe, Portland Qualifications (if required): Coal-fired power plant owners and investor-owned	Governor utilities	7/6/2016
Mr. Frank Diego Rivas, Helena Qualifications (if required): Energy efficiency	Governor	7/6/2016
Mr. John Roeber, Helena Qualifications (if required): Organized Labor	Governor	7/6/2016

Board/current position holder	Appointed by	Term end
Interim Montana Clean Power Plan Advisory Council (Environmental Qua Mr. Rex Mervin Rogers, Colstrip Qualifications (if required): Organized Labor	lity) cont. Governor	7/6/2016
Mr. Darrell Soyars, Spokane Qualifications (if required): Coal-fired power plant owners and investor-owned	Governor dutilities	7/6/2016
Mr. Patrick Sweeney, Billings Qualifications (if required): Conservation and environment	Governor	7/6/2016
Mr. William Wayne Thompson, Butte Qualifications (if required): Coal-fired power plant owners and investor-owned	Governor dutilities	7/6/2016
Mental Disabilities Board of Visitors (Governor's Office) Ms. Amy Tipton, Wolf Point Qualifications (if required): Experience relative to the treatment and welfare o	Governor f adults with serious menta	7/1/2016 al illnesses
Mint Committee (Agriculture) Mr. Clyde Fisher, Columbia Falls Qualifications (if required): mint grower/research council representative	Governor	7/1/2016
Mr. Kirk Passmore, Kalispell Qualifications (if required): mint grower	Governor	7/1/2016
Montana Agriculture Development Council (Agriculture) Commissioner Greg Jergeson, Chinook Qualifications (if required): representative who is or was actively engaged in a	Governor agriculture	7/1/2016

Board/current position holder		Appointed by	Term end
Montana Agriculture Development Mr. Verges Aageson, Gilford Qualifications (if required): Agricult	,	Governor	7/1/2016
Ms. Amy Kellogg, Kalispell Qualifications (if required): Agricult	ture Representative	Governor	7/1/2016
Montana Historical Society Board Secretary Bob Brown, Whitefish Qualifications (if required): public r	,	Governor	7/1/2016
Mr. Thomas Nygard, Bozeman Qualifications (if required): public r	nember	Governor	7/1/2016
Ms. Crystal Wong Shors, Helena Qualifications (if required): public r	nember	Governor	7/1/2016
Montana Wheat and Barley Common. Chris Kolstad, Ledger Qualifications (if required): From D		Governor	8/20/2016
Mr. Randy Hinebauch, Conrad Qualifications (if required): From D	istrict 2 and a Republican	Governor	8/20/2016
Noxious Weed Management Advisor. Jack Eddie, Dillon Qualifications (if required): Montant		Governor	7/1/2016

Board/current position holder	Appointed by	Term end
Noxious Weed Management Advisory Council (Agriculture) cont. Mr. Jim Olivarez, Missoula Qualifications (if required): consumer group	Governor	7/1/2016
Ms. Jennifer Anderson Vermillion, Livingston Qualifications (if required): Recreationist or Wildlife Group	Governor	7/1/2016
Mr. Dick Zoanni, Sidney Qualifications (if required): Eastern Montana Weed District Representative	Governor	7/1/2016
Petroleum Tank Release Compensation Board (Environmental Quality) Mr. Jerry M. Breen, Choteau Qualifications (if required): Representative of the Independent Petroleum Mar	Governor kets	7/1/2016
Mr. Tom Downey, Butte Qualifications (if required): Representative of the Insurance Industry	Governor	7/1/2016
Mr. Roger Noble, Kalispell Qualifications (if required): Representative of the Petroleum Services Industry	Governor	7/1/2016
Mr. Keith Schnider, Great Falls Qualifications (if required): representative of the insurance industry	Governor	7/1/2016
Public Defender Commission (Administration) Ms. Bonnie Olson, Marion Qualifications (if required): Public Representative nominated by the Speaker of	Governor of the House	7/1/2016

Board/current position holder	Appointed by	Term end
Public Defenders Commission (Administration) cont. Mr. Michael Metzger, Billings Qualifications (if required): Representative of the Petroleum Services Industry	Governor	7/1/2016
State Banking Board (Administration) Mr. Bart Langemeier, Red Lodge Qualifications (if required): National Bank Officer	Governor	7/1/2016
Ms. Amy Rapp, Great Falls Qualifications (if required): Public Representative	Governor	7/1/2016
Teachers' Retirement Board (Administration) Mr. Darrell Layman, Glendive Qualifications (if required): retired teacher	Governor	7/1/2016
Mr. Jeff Greenfield, Shepherd Qualifications (if required): teacher	Governor	7/1/2016
Mrs. Janice Muller, Hamilton Qualifications (if required): Active Teacher	Governor	7/1/2016
Tourism Advisory Council (Commerce) Ms. Rhonda Fitzgerald, Whitefish Qualifications (if required): Glacier Country Region	Governor	7/1/2016
Mr. Stan Ozark, Glasgow Qualifications (if required): Missouri River Region	Governor	7/1/2016

Board/current position holder	Appointed by	Term end
Tourism Advisory Council (Commerce) cont. Mr. Bill McGladdery, Butte Qualifications (if required): Goldwest Country Region	Governor	7/1/2016
Mr. Dan Austin, Billings Qualifications (if required): Southeast Montana Country Region	Governor	7/1/2016
Mr. Mark Anderlik, Missoula Qualifications (if required): Glacier Country Region	Governor	7/1/2016
Ms. Katie Marie Grice, Big Sky Qualifications (if required): Yellowstone Country Region Representative	Governor	7/1/2016