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State/Territory Name: Colorado

State Plan Amendment (SPA) #: CO-17-0043

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Additional Companion Letter
- 3) CMS 179 Form
- 4) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Denver Regional Office
1961 Stout Street, Room 08-148
Denver, CO 80294



REGION VIII - DENVER

March 5, 2018

Kim Bimestefer, Executive Director
Department of Health Care Policy & Financing
303 East 17th Avenue, 7th Floor
Denver, CO 80203

RE: Colorado #17-0043

Dear Ms. Bimestefer:

We reviewed the proposed State Plan Amendment submitted under transmittal number (TN) 17-0043. This Amendment aligns the Vision Services in the State Plan with the new rule at 10 CCR 2502-10, Section 8.203, and also removes the balance billing language.

Please be informed that this State Plan Amendment was approved March 2, 2018, with an effective date of December 1, 2017. We are enclosing the CMS-179 and the amended plan page(s).

In order to track expenditures associated with this amendment, Colorado should follow the CMS-64 reporting instructions outlined in Section 2500 of the State Medicaid Manual (SMM). For those individuals whose expenditures qualify for the newly eligible federal medical assistance percentage, expenditures should be reported on the Form CMS-64.9 VIII; for those not enrolled in the new adult group, claims thereon should be reported on the Form CMS-64.9 Base.

This amendment would affect expenditures reported on Line 9A - Other Practitioners Services - Reg. Payments, or Line 33 - Prosthetic Devices, Dentures, and Eyeglasses.

For those individuals whose expenditures qualify for M-CHIP, expenditures should be reported on the Forms CMS-64.21 or CMS-64.21U.

This amendment would affect expenditures reported on Line 25 - Other Care Services

If you have any questions concerning this amendment, please contact Curtis Volesky at (303) 844-7033.

Sincerely,



Richard C. Allen
Associate Regional Administrator
Division for Medicaid & Children's Health Operations

cc: Gretchen Hammer
John Bartholomew
David DeNovellis
Russell Ziegler
Whitney McOwen

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March 5, 2018

Kim Bimestefer, Executive Director
Department of Health Care Policy & Financing
303 East 17th Avenue, 7th Floor
Denver, CO 80203

Re: CO-17-0043

Dear Ms. Bimestefer:

This letter is being sent as a companion to our approval of CO-17-0043, which amends the state plan to align vision services language in the State Plan with the new rule at 10 CCR 2505-10, Section 8.203 and to remove balance billing language located in the Attachment 3.1A section of the state plan. Our review of this amendment included a standard secondary payment review to ensure the Colorado State Plan contains a sufficient payment methodology to reimburse for all services contained on the submitted Attachment 3.1A pages in CO-17-0043. Based on this review, CMS determined that Colorado needs to address the following regarding vision services.

Through the SPA review process of CO-17-0043 and previous emails/conversations with Colorado regarding the payment methodology for optician services, eyeglasses, and contact lenses, CMS inquired with the state regarding the payment methodology for these services. In an email from state staff on February 27, 2018, the state confirmed that opticians are paid directly/separately for eyeglasses and contact lenses, but they utilize the authority in their approved state plan under the durable medical equipment (DME) benefit. As a result of that email, CMS has an additional request regarding the payment methodology for opticians for eyeglasses and contact lenses. In accordance with 1905(a)(12) of the Social Security Act and 42 Code of Federal Regulations 440.120(d), eyeglasses and contact lenses are defined as their own benefit category. Because eyeglasses and contact lenses are a standalone benefit category that does not fall under the DME benefit category, CMS requests the state to submit a new state plan page for Attachment 4.19-B, Item 12-d (eyeglasses and contact lenses), that includes a comprehensive payment methodology for reimbursing opticians for these services. Please let us know if you need any clarification regarding CMS' request.

The plan agreed upon with the state is to submit the new SPA as soon as proper Tribal consultation is completed, which is expected to be completed within the next month. This companion letter requires that new SPA to be submitted on or before May 31, 2018.



If you have any questions, please contact Curtis Volesky of my staff at either 303-844-7033 or by email at curtis.volesky@cms.hhs.gov.

Sincerely,



Richard C. Allen
Associate Regional Administrator
Division of Medicaid & Children's Health Operations

cc: David DeNovellis, HCPF
Russell Ziegler, HCPF
Whitney McOwen, HCPF

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES		1. TRANSMITTAL NUMBER: 17-0043	2. STATE: COLORADO
		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE: December 1, 2017	
5. TYPE OF PLAN MATERIAL (<i>Check One</i>): NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS A NEW PLAN X AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (<i>Separate transmittal for each amendment</i>)			
6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 440.50, 440.120		7. FEDERAL BUDGET IMPACT: a. FFY 2017-18: \$36,765 b. FFY 2018-19: \$48,902	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Supplement to Attachment 3.1-A – Limitations to Care and Services – 12.d. – Eyeglasses and Contact Lenses – Page 1 of 1 Supplement to Attachment 3.1-A – Limitations to Care and Services – 6.b. – Ophthalmologist or Optometrist Services – Page 1 of 1		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): Supplement to Attachment 3.1-A – Limitations to Care and Services – 12.d. – Eyeglasses and Contact Lenses – Page 1 of 1 (TN 10-010) Supplement to Attachment 3.1-A – Limitations to Care and Services – 6.b. – Ophthalmologist or Optometrist Services – Page 1 of 1 (TN 10-010)	
10. SUBJECT OF AMENDMENT: Align the Vision Services in the State Plan with the new rule at 10 CCR 2505-10, Section 8.203 and to remove balance billing language.			
11. GOVERNOR'S REVIEW (<i>Check One</i>): GOVERNOR'S OFFICE REPORTED NO COMMENT X OTHER, AS SPECIFIED COMMENTS OF GOVERNOR'S OFFICE ENCLOSED Governor's letter dated 15 January, 2015 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO: Colorado Department of Health Care Policy and Financing 1570 Grant Street Denver, CO 80203-1818 Attn: David DeNovellis	
13. TYPED NAME: Gretchen Hammer			
14. TITLE: Medicaid Director			
15. DATE SUBMITTED: December 14, 2017			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED December 14, 2017		18. DATE APPROVED March 2, 2018	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL December 1, 2017		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME Richard C. Allen		22. TITLE ARA, DMCHO	
23. REMARKS			

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM**

STATE OF COLORADO

Supplement to Attachment 3.1-A
Page 1 of 1

LIMITATIONS TO CARE AND SERVICES

12.d. Eyeglasses and Contact Lenses

- A. These are services for clients ages 21 and over. These services must be provided by a certified ophthalmologist, licensed optometrist, or physician who is an approved Medicaid provider:
- 1) Eyeglasses (up to two single or multi-focal clear glass or plastic lenses with one frame, without filters or coatings) following eye surgery and where medically necessary.
 - 2) Contact lenses following eye surgery and where medically necessary, if eyeglasses are not sufficient to treat the client's refractive error.
 - 3) Ocular prosthetics where medically necessary.
- B. These are the services for clients ages 20 and younger (EPSDT program). These services must be provided by a certified ophthalmologist, licensed optometrist, or physician who is an approved Medicaid provider.
- 1) Eyeglasses (up to two single or multifocal clear glass, plastic, or polycarbonate lenses with one frame) where medically necessary.
 - 2) Replacement or repair of eyeglass frames or lenses. Repairs are not to exceed the cost of replacement.
 - 3) Contact lenses where medically necessary, if eyeglasses are not sufficient to treat the client's refractive error.
 - 4) Ocular prosthetics where medically necessary.

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM**

STATE OF COLORADO

Supplement to Attachment 3.1-A

Page 1 of 1

LIMITATIONS TO CARE AND SERVICES

6.b. Ophthalmologist or Optometrist Services

- A. These are services for clients ages 21 and over. These services must be provided by a certified ophthalmologist or licensed optometrist who is an approved Medicaid provider.
- 1) One routine non-pediatric eye exam per calendar year, when medically necessary to diagnose, manage, or treat a client with signs or symptoms of injury or disease of the eye.
 - 2) Determination of the refractive state (an exam to test for visual acuity and the need for corrective lenses), only in these situations:
 - a.) As part of the diagnostic eye exam described in (1).
 - b.) After eye surgery.
- B. These are the services for clients ages 20 and younger (EPSDT program). These services must be provided by a certified ophthalmologist or licensed optometrist who is an approved Medicaid provider.
- 1) Routine vision screening and diagnostic eye exams.
 - 2) Orthoptic vision treatment services.

TN No. 17-0043
Supersedes TN No. 10-010

Approval Date March 2, 2018
Effective Date December 1, 2017