

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
JFK Federal Building, Government Center
Room 2275
Boston, Massachusetts 02203



Division of Medicaid and Children's Health Operations / Boston Regional Office

May 30, 2013

John Polanowicz, Secretary
Executive Office of Health and Human Services
One Ashburton Place, Room 1109
Boston, Massachusetts 02108

Dear Mr. Polanowicz:

This letter is being sent as a companion to our approval of your State Plan Amendment (SPA) No. 13-007, approved on May 30, 2013. During our processing of SPA 13-007, we also reviewed the reimbursement methodologies for services that appear on the submitted pages and the associated coverage provisions corresponding to those same services. Based on that review, we have determined that the coverage provisions and reimbursement methodologies for dentures, prosthetic devices and eyeglasses are not consistent with Medicaid statutory and regulatory requirements described below. Additional information is required.

Reimbursement for Dentures, Prosthetic Devices and Eyeglasses (Items 12b, 12c and 12d): Section 1902(a) of the Social Security Act (the Act) requires that States have a State Plan for medical assistance that meets certain Federal requirements that set up a framework for the State program. The Act also requires that States have methods and procedures in place to assure that payments are consistent with efficiency, economy, and quality of care (§1902(a)(30)(A) of the Act). In addition, Federal regulations require that the State Plan be a comprehensive written statement containing all information necessary for CMS to determine whether the Plan can be approved as a basis for Federal financial participation in the State program (42 CFR 430.10).

The reimbursement methodologies for dentures, prosthetic devices and eyeglasses do not meet Federal Medicaid requirements because they are not comprehensive enough for CMS to make a determination whether they are consistent with the Medicaid statutory and regulatory requirements governing these services. However, we understand that these issues are currently being worked on in SPA No. 09-010(B), and so there is no further follow up required at this time.

Coverage Provisions for Dentures, Prosthetics and Eyeglasses (Items 12b, 12c and 12d): Please see both Attachment 3.1-A, page 3a2 and Attachment 3.1-B, page 3a2.

1. Item 12c – Prosthetic Devices: The State Plan says that these prosthetic and orthotic devices are reimbursable subject to the conditions specified in State regulation at 130

CMR 428.000 and 130 CMR 442.000. Please include the information found in these provider manuals directly in the State Plan pages.

2. Items 12a, 12b and 12c – Dentures, Prosthetic Devices and Eyeglasses: Please add a sentence to say that these services are provided in accordance with 42 CFR 440.120.

The State has 90 days from the date of this letter – until August 28, 2013 – to address the issues described above. Within this 90-day period, the State may submit a SPA to address these issues or may submit a corrective action plan describing in detail how the State will resolve the issues identified above in a timely manner. Failure to respond within the 90 days will result in the initiation of a formal compliance process. During the 90-day period, CMS will provide any required technical assistance to assist you in resolving these issues.

If you have any questions regarding this matter you may contact Julie McCarthy at (617) 565-1244 or by e-mail at Julie.McCarthy@cms.hhs.gov. We look forward to working with you on these issues.

Sincerely,

/s/

Richard R. McGreal
Associate Regional Administrator

cc: Julian Harris, M.D., M.B.A., M.Sc., Medicaid Director
Michael Coleman, State Plan Coordinator