

## **Table of Contents**

**State/Territory Name: WA**

**State Plan Amendment (SPA) #: 24-0027**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

**DEPARTMENT OF HEALTH & HUMAN SERVICES**

Centers for Medicare & Medicaid Services  
Center for Medicaid & CHIP Services  
230 South Dearborn  
Chicago, Illinois 60604



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**Financial Management Group**

August 14, 2024

Charissa Fotinos, Director  
Health Care Authority  
PO Box 45502  
Olympia, WA 98504-5010

RE: TN 24-0027

Dear Director Fotinos:

The Centers for Medicare & Medicaid Services (CMS) has reviewed the proposed Washington state plan amendment (SPA) to Attachment 4.19-B WA 24-0027, which was submitted to CMS on June 11, 2024. This plan updates the link to the fee schedule for eyeglasses and contacts, removes an unnecessary reference to Washington administrative code, and adds conversion factor clarification.

We reviewed your SPA submission for compliance with statutory requirements including in sections 1902(a)(2), 1902(a)(13), 1902(a)(30), and 1903 as it relates to the identification of an adequate source for the non-federal share of expenditures under the plan, as required by 1902(a)(2), of the Social Security Act and the applicable implementing Federal regulations.

Based upon the information provided by the state, we have approved the amendment with an effective date of April 15, 2024. We are enclosing the approved CMS-179 and a copy of the new state plan pages.

If you have any additional questions or need further assistance, please contact DRR analyst James Moreth at (206) 615-2043 or via email at [James.Moreth@CMS.HHS.GOV](mailto:James.Moreth@CMS.HHS.GOV).

Sincerely,

*Todd McMillion*

Todd McMillion  
Director  
Division of Reimbursement Review

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL  
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER

2 4 — 0 0 2 7

2. STATE

WA

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL

SECURITY ACT  XIX  XXI

TO: CENTER DIRECTOR  
CENTERS FOR MEDICAID & CHIP SERVICES  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

April 15, 2024

5. FEDERAL STATUTE/REGULATION CITATION

Section 1902a of the Social Security Act

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2024 \$ 0  
b. FFY 2025 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 4.19-B page 15

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable)

Attachment 4.19-B page 15 (TN# 15-0014)

9. SUBJECT OF AMENDMENT

Update Optometrists' Services Information

10. GOVERNOR'S REVIEW (Check One)

- GOVERNOR'S OFFICE REPORTED NO COMMENT  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED: EXEMPT

11. SIGNATURE OF STATE AGENCY OFFICIAL

*Charissa Fotinos MD, MSc*

12. TYPED NAME

Charissa Fotinos, MD, MSc

13. TITLE

Medicaid and Behavioral Health Medical Director

14. DATE SUBMITTED

June 11, 2024

15. RETURN TO

State Plan Coordinator  
POB 42716  
Olympia, WA 98504-2716

**FOR CMS USE ONLY**

16. DATE RECEIVED

6/11/24

17. DATE APPROVED

August 14, 2024

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL

4/15/24

19. SIGNATURE OF APPROVING OFFICIAL

*Todd McMillion*

20. TYPED NAME OF APPROVING OFFICIAL

Todd McMILLION

21. TITLE OF APPROVING OFFICIAL

Director, DRR

22. REMARKS

## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: WASHINGTON**POLICY AND METHODS USED IN ESTABLISHING PAYMENT RATES FOR EACH OF THE OTHER TYPES OF CARE OR SERVICE LISTED IN SECTION 1905 (A) OF THE ACT THAT IS INCLUDED IN THE PROGRAM UNDER THE PLAN (cont)**

## VII. Optometrists Services (Vision Care Services and Eyeglasses)

## A. Ophthalmologists, optometrists, and opticians

Ophthalmologists, optometrists, and opticians are authorized to provide vision care services within their scope of practice.

The agency pays the lesser of the usual and customary charge or a fee based on an agency fee schedule for authorized medically necessary vision care services.

The fees for the codes under Vision Care Services are established and updated using the Resource Based Relative Value Scale (RBRVS) methodology as adopted in the Medicare Fee Schedule Data Base (MFSDB). In this methodology, the agency uses CMS-established relative value units (RVUs) multiplied by the Geographic Practice Cost Indices (GPCI) and the conversion factors, both of which are specific to Washington. The agency's conversion factor is adjusted annually based on utilization and budget neutrality. Current conversion factor, service descriptions, and their effective dates are found in Supplement 3 to Attachment 4.19-B.

The Washington State Legislature may approve additional funding for rate increases for these services subject to CMS approval. These approved increases will be a percentage added to the methodology described above, or as a percentage of Medicare rates.

Except as otherwise noted in the plan, fee schedule rates are the same for both governmental and private providers of these services. See 4.19-B, I, General, #G for the agency's website where the fee schedules are published.

## B. Frames, lenses and contact lenses

Frames, lenses and contact lenses must be ordered from the agency's contractor.

The amount paid for authorized medically necessary frames, lenses and contact lenses is the agency's contracted price with the contractor.

Competitive bid: Frames, lenses, and contact lens services are based on a contract price established through competitive bidding in accordance with section 1915(a)(1)(B) of the Act and regulations at 42 CFR 431.54(d).

Reimbursement rates are based on cost plus mark-up negotiated with the contractor. The rates are included in the contract. The contract is published on the state's contracts website at <https://apps.des.wa.gov/DESContracts/Home?ContractsSummary/04013>