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## Table of Contents

**State/Territory Name:** Utah

**State Plan Amendment (SPA) #:** UT-12-017

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  
1600 Broadway, Suite 700  
Denver, CO 80202-4967



**Region VIII**

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December 13, 2012

W. David Patton, Ph.D.  
Utah Department of Health  
288 North 1460 West  
PO Box 143102  
Salt Lake City, UT 84114

RE. Utah #12-017

Dear Dr. Patton:

We have reviewed the proposed State Plan Amendment (SPA) submitted under transmittal number (TN) 12-017. This State Plan Amendment modifies the language regarding reimbursement for eyeglass services to change the effective date of optometry rates to July 1, 2012.

Please be informed that this State Plan Amendment was approved on December 12, 2012 with an effective date of July 1, 2012. We are enclosing the CMS-179 and the amended plan page(s).

If you have any questions concerning this amendment, please contact Betty Strecker at (701) 540-4118

Sincerely,

/s/

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

CC: Michael Hales, Medicaid Director, UT  
Craig Devashrayee, UT

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL  
FOR: HEALTH CARE FINANCING ADMINISTRATION**

1. TRANSMITTAL NUMBER: 12-017-UT	2. STATE: Utah
3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
4. PROPOSED EFFECTIVE DATE July 1, 2012	

TO: REGIONAL ADMINISTRATOR  
HEALTHCARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

5. TYPE OF PLAN MATERIAL (Check One)

NEW STATE PLAN       AMENDMENT TO BE CONSIDERED AS NEW PLAN       AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR 440.120

7. FEDERAL BUDGET IMPACT

a. SFY 2013 \$0  
b. SFY 2014 \$0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Page 8 of Attachment 4.19-B

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

Page 8 of Attachment 4.19-B

10. SUBJECT OF AMENDMENT Reimbursement for Eyeglasses Services

11. 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:

12. SIGNATURE

13. TYPED NAME: W David Patton, Ph.D

14. TITLE: Executive Director, Utah Department of Health

15. DATE SUBMITTED: September 15, 2012

16. RETURN TO:

Craig Devashrayee, Manager  
Technical Writing Unit  
Utah Department of Health  
PO Box 143102  
Salt Lake City, UT 84114-3102

17. DATE RECEIVED:

9/15/12

18. DATE APPROVED:

12/12/12

19. EFFECTIVE DATE OF APPROVED MATERIAL:

7/1/12

21. TYPED NAME:

RICHARD C ALLEN

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23. REMARKS:

PLAN APPROVED - ONE COPY ATTACHED

H. EYEGASSES

The fee schedule was established from professional judgment, Medicaid historical data, and discounts from Medicare rates. Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers of eyeglasses services. The agency's rates were set in accordance with the methodology described in Section D "Physicians", and are effective for services on or after July 1, 2012.

Payments for covered eyeglass services are based on the established fee schedule unless a lower amount is billed. All rates are published on the agency's website at <http://health.utah.gov/medicaid/>

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T.N. # 12-017

Approval Date 12/12/12

Supersedes T N. # 08-001

Effective Date 7-1-12