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State Name: West Virginia

State Plan Amendment (SPA)#: 17-0003

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Nine (9) SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-26-12
Baltimore, Maryland 21244-1850



Financial Management Group

JAN 19 2018

Ms. Cynthia Beane, MSW, LCSW, Commissioner
Bureau for Medical Services
WV Department of Health and Human Resources
350 Capitol Street, Room 251
Charleston, WV 25301-3706

RE: State Plan Amendment (SPA) 17-0003

Dear Ms. Beane:

We have completed our review of State Plan Amendment (SPA) 17-0003. This amendment modifies the State's methods and standards for reimbursing inpatient hospital services. Specifically, this amendment discontinues a system of supplemental payments to private and non-State government owned (NSGO) public acute care hospitals.

We conducted our review of this amendment according to the statutory requirements at sections 1902(a)(3), 1902(a)(13), 1902(a)(30), 1903(a) and 1923 of the Social Security Act (the Act) and the regulations at 42 CFR 447 Subpart C. We are approving Medicaid State plan amendment 17-0003 with an effective date of October 1, 2017. We are enclosing the HCFA-179 and the amended plan pages.

If you have any questions, please call Gary Knight at (304) 347-5723.

Sincerely,

/S/

Kristin Fan
Director

<p align="center">TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</p> <p align="center">FOR: HEALTH CARE FINANCING ADMINISTRATION</p>		1. TRANSMITTAL NUMBER: 1 7 - 0 0 3	2. STATE: West Virginia
		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE October 1, 2017	
5. TYPE OF PLAN MATERIAL (Check One)			
<input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: 42 C.F.R. 438.6(c)		7. FEDERAL BUDGET IMPACT:	
		a. FFY 2018 \$ 0	
		b. 2019 \$ 0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-A, pages 24d, 24e, 24f and 24g; and Attachment 4.19-B, pages 1, 1a, b, 1c and 1d		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable). Attachment 4.19-A, pages 24d, 24e, 24f and 24g; and Attachment 4.19-B, pages 1, 1a, 1b, 1c and 1d	
10. SUBJECT OF AMENDMENT: Elimination of Upper Payment Limit Program			
11. GOVERNOR'S REVIEW (Check One):			
<input checked="" type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL: _____/S/		16. RETURN TO: Bureau for Medical Services 350 Capitol Street Room 251 Charleston West Virginia 25301	
13. TYPED NAME: Cynthia Beane			
14. TITLE: Commissioner			
15. DATE SUBMITTED: 22-Nov-17			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED		18. DATE APPROVED JAN 19 2018	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: OCT 01 2017		20. SIGNATURE OF REGIONAL OFFICIAL: _____/S/	
21. TYPED NAME: Kristin Fan		22. TITLE: Director, FACA	
23. REMARKS:			

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: West Virginia

Attachment 4.19-A
Page 24d

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TN No:	17-003	Approval Date:	JAN 19 2018	Effective Date:	10/01/2017
Supersedes:	03-02				

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: West Virginia

Attachment 4.19-A
Page 24e

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TN No:	17-003	Approval Date:	JAN 19 2018	Effective Date:	10/01/2017
Supersedes:	16-005				

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: West Virginia

Attachment 4.19-A
Page 24f

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TN No:	17-003	Approval Date:	JAN 19 2018	Effective Date:	10/01/2017
Supersedes:	16-005				

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: West Virginia

Attachment 4.19-A
Page 24g

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TN No:	17-003	Approval Date:	JAN 19 2018	Effective Date:	10/01/2017
Supersedes:	16-005				

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: West Virginia

Attachment 4.19-B
Page 1

2. a. Outpatient Hospital Services

- (1) Reimbursement is based on a fee for service and may not exceed the amount established for any qualified provider for the same service. Laboratory and x-ray services may not exceed the amount established by Medicaid for the procedures.
- (2) Other services specific to hospitals, ie., emergency room, outpatient surgery, cast room, may not exceed the established Medicare upper limits based on reasonable costs.

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TN No:	17-003	Approval Date:	JAN 19 2018	Effective Date:	10/01/2017
Supersedes:	03-02				

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: West Virginia

Attachment 4.19-B
Page 1a

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TN No:	17-003	Approval Date:	JAN 19 2018	Effective Date:	10/01/2017
Supersedes:	16-005				

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: West Virginia

Attachment 4.19-B
Page 1b

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TN No:	17-003	Approval Date:	JAN 19 2018	Effective Date:	10/01/2017
Supersedes:	16-005				

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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Attachment 4.19-B
Page 1c

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Supersedes:	16-005				

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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Attachment 4.19-B
Page 1d

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Supersedes:	16-005				