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State Name: West Virginia

State Plan Amendment (SPA) #: 18-0005

This file contains the following documents in the order listed:

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

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
801 Market Street, Suite 9400
Philadelphia, Pennsylvania 19107-3134



Region III/Division of Medicaid and Children's Health Operations
SWIFT # 121120184056

Cynthia Beane, MSW, LCSW
Commissioner
Bureau for Medical Services
350 Capitol Street, Room 251
Charleston, West Virginia 25301-3706

Dear Commissioner Beane:

The Centers for Medicare & Medicaid Services (CMS) has completed its review of West Virginia's State Plan Amendment (SPA) 18-005, Ambulance Reimbursement.

We are pleased to inform you that this SPA is approved with an effective date of January 1, 2019. Enclosed is a copy of the CMS Summary Page (CMS-179 form) and the approved State Plan page.

If you have further questions about this SPA, please contact Dan Belnap of my staff at 215-861-4273.

Sincerely,

/S/

Francis T. McCullough
Associate Regional Administrator

Enclosures

cc: Tony Atkins, Bureau for Medical Services
Ryan Sims, Bureau for Medical Services

<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 8 - 0 0 5	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 01/01/2019	
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. § 1396(a)(30)(A)		7. FEDERAL BUDGET IMPACT: a. FFY 2018 \$ 8,583,000 b. FFY 2019 \$ 17,166,000	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-B, page 14		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable). Attachment 4.19-B, page 14	
10. SUBJECT OF AMENDMENT: Ambulance reimbursement			
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/ Cynthia Beane		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: 7-Dec-18			
17. DATE RECEIVED 12/7/18			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED 12/7/18		18. DATE APPROVED 12/17/18	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: January 1, 2019		20. SIGNATURE OF REGIONAL OFFICIAL: /S/	
21. TYPED NAME: Francis T. McCullough		22. TITLE Associate Regional Administrator	
23. REMARKS:			

4.19 Payments for Medical and Remedial Care and Services

23. Pediatric or Family Nurse Practitioner Services

Payment may not exceed the amount paid to physicians for the service the provider is authorized by State Law to perform, or the provider's customary charge, whichever is less.

For services provided on and after 11.01.94, the following methodology will apply:

An upper limit is established using a resource-based relative value for the procedure times a conversion factor as determined by the type of service. The conversion factors were developed using utilization and payment level data for the defined service group. Payment will be the lessor of the upper limit or the provider's customary charge for the service to the general public.

1. a. Transportation

Payment is made for transportation and related expenses necessary for recipient access to covered medical services via common carrier or other appropriate means; cost of meals and lodging, and attendant services where medically necessary.

Reimbursement Upper Limits:

- (i) Common Carriers (bus, taxi, train or airplane) — the rates established by any applicable regulatory authority, or the provider's customary charge to the general public.
- (ii) Automobile — Reimbursement is computed at the prevailing state employee travel rate per mile.
- (iii) Ambulance — Ground transportation is 90% of the Medicare rural reimbursement rate at the time of service. Air transportation is 50% of the Medicare rural reimbursement rate at the time of service. Reimbursement is the same for both governmental and private providers. This methodology applies to all dates of service on or after January 1, 2019.
- (iv) Meals - \$5.00 per meal during travel time for patient, attendant, and transportation provider.
- (v) Lodging — At cost, as documented by receipt, at the most economical resource available as recommended by the medical facility at destination.

TN No:	18-005	Approval Date:	12/17/2018	Effective Date:	01/01/2019
Supersedes:	12-006				