Table of Contents

State/Territory Name: WV

State Plan Amendment (SPA) #: 22-0004

This file contains the following documents in the order listed:

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Center for Medicaid & CHIP Services
233 North Michigan Ave., Suite 600
Chicago, Illinois 60601

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES
CENTER FOR MEDICAID & CHIP SERVICES

Financial Management Group

May 31, 2022

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

RE: TN 22-0004

Dear Ms. Beane,

We have reviewed the proposed West Virginia State Plan Amendment (SPA) to Attachment 4.19-B, WV-22-0004, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on March 4, 2022. This plan amendment is West Virginia's annual update to DMEPOS in order to align with Medicare changes.

Based upon the information provided by the State, we have approved the amendment with an effective date of January 12, 2022. 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 Lindsay Michael at 410-786-7197 or Lindsay.Michael@cms.hhs.gov.

Sincerely,

[redacted]

Todd McMillion
Director
Division of Reimbursement Review

Enclosures

FORM APPROVED
OMB No. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES

1. TRANSMITTAL NUMBER: 2 2 — 0 0 0 4

2. STATE: WV

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: 01/12/2022

5. FEDERAL STATUTE/REGULATION CITATION
Title 19 of the Social Security Act; Section 1135 of the Social Securit

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 2022 $ 517,890
b. FFY ______ $ ______

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Attachment 4.19 B page 5 and 5a

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*
Attachment 4.19 B page 5

9. SUBJECT OF AMENDMENT
Durable Medical Equipment

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:

11. SIGNATURE OF STATE AGENCY OFFICIAL
[redacted]
Digitally signed by Cynthia Beane, MSW, LCSW
DN: CN = Cynthia Beane, MSW, LCSW email = cynthia.e.beane@wv.gov C = US O = Medical Services OU = WV DHHR
Date: 2022.03.03 10:27:15 -05'00'

12. TYPED NAME
Cynthia Beane

13. TITLE
Commissioner, Bureau for Medical Services

14. DATE SUBMITTED
03/04/2022

15. RETURN TO
Bureau for Medical Services
350 Capitol Street Room 251
Charleston, West Virginia 25301

FOR CMS USE ONLY

16. DATE RECEIVED
03/04/2022

17. DATE APPROVED
May 31, 2022

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
01/12/2022

19. SIGNATURE OF APPROVING OFFICIAL
[redacted]

20. TYPED NAME OF APPROVING OFFICIAL
Todd McMillion

21. TITLE OF APPROVING OFFICIAL
Director, Division of Reimbursement Review

22. REMARKS

4.19 Payments for Medical and Remedial Care Services

usual and customary charge information supplied by the provider community which was analyzed using accepted mathematical principles to establish the mean dollar value for the service, or the provider's customary charge, whichever is less. An upper limit is established using a resource-based relative value for the procedure times a conversion factor as determined by the type of services. The conversion factors were developed using utilization and payment level data for the defined service group. Payment will be the lesser of the upper limit or the provider's customary charge for the service to the general public. The agency's fees were updated January 1, 2010 and are effective for services on or after that date.

6. d.2 Gerontological Nurse Practitioner Services
Adult Nurse Practitioner Services
Women's Health Nurse Practitioner services
Psychiatric Nurse Practitioner Services

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. The conversion factors are published annually in the "Resource Based Relative Value (RBRVS) Policy and Procedure Manual."

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. All private and governmental providers are reimbursed according to the same published fee schedule that may be accessed at: www.wvdhhr.org then medical services, then manuals.

d.3 Other Licensed Practitioners

Pharmacy reimbursement for vaccines will be based on the appropriate NDC code at the current pharmacy reimbursement rate for covered drugs and may include an administration fee. If the vaccine is free, only an administration fee will be reimbursed. Reimbursement will be through the MMIS point-of-sale system.

7. **Home Health Services**

A&B Medicaid reimbursement of Medicare certified home health services shall be based on ninety percent (90%) of the Medicare established low-utilization payment adjustment (LUPA) per visit rate by discipline or the provider's charge whichever is less. The calculated LUPA rate will include an applicable Core-Based Statistical Area (CBSA) wage index adjustment for the county in which the provider has its initially assigned physical location. If services are rendered to beneficiaries outside of the initially assigned county, payments will be limited to the provider's LUPA rates with no payment recognition for any difference between county wage indexes. The LUPA rate will be adjusted in accordance with Medicare's scheduled adjustments. LUPA per visit payment amounts are considered payment-in-full. All private and governmental providers are reimbursed according to the same published fee schedule that may be accessed at www.wvdhhr.org.org.

c. Medical Equipment

Reimbursement for medical equipment (ME), medical supplies, esthetics and prosthetics is the lesser of 80% of the Medicare fee schedule or the provider's charge to the public. Reimbursement for unlisted/unpriced codes is based on cost invoice and reimbursed per WV Medicaid's established fee schedule. The Agency's fees were updated January 1, 2010 and are effective for services on or after that date. All private and governmental providers are reimbursed according to the same published fee schedule that may be accessed at www.wvdhhr.org or the Agency's Provider Manuals.

For medical supplies provided on or after January 1, 2022 that are subject to Section 1903 (i)(27) of the Social Security Act, the Medicaid allowable shall be the lowest West Virginia Medicare Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) fee schedule amount or competitive bidding single payment amount effective as of January 1 of each year and updated on an annual basis, if available.

Medicaid will reimburse a monthly rental fee for a period not to exceed 13 months for certain medical equipment, after which ownership of the equipment is transferred to the Medicaid member.

Examples of this type of equipment include but are not limited to: Hospital beds, wheelchairs, alternating pressure pads, air-fluidized beds, continuous airway pressure (CPAP) devices, patient lifts, insulin pumps, enteral nutrition pumps, and pneumatic compressors (lymphedema pumps); etc. See Appendix 506A for DME codes and a complete list of items.