

## **Table of Contents**

**State/Territory Name: West Virginia**

**State Plan Amendment (SPA) #: 22-0020**

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  
601 E. 12th St., Room 355  
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

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July 11, 2022

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

Re: West Virginia State Plan Amendment (SPA) 22-0020

Dear Commissioner Beane:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 22-0020. This amendment proposes to update third-party liability requirements.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations. This letter is to inform you that West Virginia Medicaid SPA 22-0020 was approved on July 11, 2022, with an effective date of April 1, 2022.

If you have any questions, please contact Dan Belnap at 215-861-4273 or via email at [Dan.Belnap@cms.hhs.gov](mailto:Dan.Belnap@cms.hhs.gov).

Sincerely,

A solid black rectangular box redacting the signature of Nicole McKnight.

Nicole McKnight, Acting Director  
Division of Program Operations

cc: Sarah Young  
Fred Lewis  
Britany Mullins  
Riley Romeo

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

1. TRANSMITTAL NUMBER

2 2 — 0 0 2 0

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

April 1, 2022

5. FEDERAL STATUTE/REGULATION CITATION

Title XIX of the Social Security Act

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2022 \$ 0  
b. FFY 2023 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Page 69a  
Attachment 4.22-B page 1

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

Page 69a  
Attachment 4.22-B page 1

9. SUBJECT OF AMENDMENT

This amendment proposes to update Third Party Liability requirements as authorized under the Bipartisan Budget Act (BBA) of 2018 (Pub. L. 115- 123) and the Medicaid Services Investment and Accountability Act (MSIAA) of 2019 (Pub. L. 116-16).

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:

12. TYPED NAME  
Cynthia Beane

13. TITLE  
Commissioner, WV Bureau for Medical Services

14. DATE SUBMITTED  
06/28/2022

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

**FOR CMS USE ONLY**

16. DATE RECEIVED  
June 28, 2022

17. DATE APPROVED  
**07/11/2022**

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL  
April 1, 2022

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL  
Nicole McKnight

21. TITLE OF APPROVING OFFICIAL  
Acting Director, Division of Program Operations

22. REMARKS

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
STATE / TERRITORY: West Virginia

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Requirements for Third Party Liability  
Payment of Claims

West Virginia has established methods through which providers must screen for Third Party Liability (TPL) payments where TPL is known to exist, prior to submitting claims to Medicaid. The Third-Party Liability (TPL) Program is designed to function primarily as a cost avoidance system.

West Virginia complies with the following TPL requirements:

Social Security Act Section 1902 (a)(25)(E): Applying cost avoidance procedures to claims for prenatal services, including labor, delivery, and postpartum care services.

Social Security Act Section 1902 (a)(25)(E): Making payment without regard to potential third-party liability for pediatric preventive services, unless the state has made a determination related to cost-effectiveness and access to care that warrants cost avoidance for up to 90 days.

Social Security Act Section 1902 (a)(25)(F): Making payment for claims related to child support enforcement beneficiaries without regard to potential third-party liability, if payment has not been made by the third party within 100 days after the provider submitted a claim to the third party, except that West Virginia may make such payment within 30 days after such date if it determines doing so is cost effective and necessary to ensure access to care.

**Threshold Amounts for Purposes of Seeking Recovery from a Liable Third Party Pursuant to 42 C.F.R §433.139(f)(2).**

West Virginia will seek recovery unless the agency determines that the recovery will not be cost effective. The thresholds listed below will be used as a guideline to recover from liable third parties.

**Threshold Amounts and Timing for Purposes of Seeking Recoveries Pursuant to 42 C.F.R §433.139(f)(3).**

West Virginia will seek recovery unless the agency determines that the recovery will not be cost effective. A thresholds listed below will be used as a guideline to recover from liable third parties.

Inpatient Hospital	\$500.00
Outpatient Hospital	\$200.00
Physician	\$100.00
Dentist	\$100.00
Laboratory/Radiology	\$200.00
Pharmacy	\$ 50.00
Home Health	\$100.00
Transportation	\$100.00
Vision/Eyeglasses	\$200.00
Durable Medical Equipment and Supplies	\$200.00
Therapist	\$200.00

Revision: HCFA-PM-94-1 (MB)  
February 1994

State/Territory: West Virginia

Citation

42 CFR 433.139(b)(3)(ii)(A)

(c) Providers are required to bill liable third parties when services covered under the plan are furnished to an individual on whose behalf child support enforcement is being carried out by the State IV-D agency.

(d) ATTACHMENT 4.22- B specifies the following:

42 CFR 433.139(b)(3)(ii)(c)

(1) The method used in determining a provider's compliance with the third-party billing requirements at §433.139(b)(3)(ii)(C).

42 CFR 433.139(f)(2)

(2) The threshold amount or other guideline used in determining whether to seek recovery of reimbursement from a liable third party, or the process by which the agency determines that seeking recovery of reimbursement would not be cost effective.

42 CFR 433.139(f)(3)

(3) The dollar amount or time period the State uses to accumulate billings from a particular liable third party in making the decision to seek recovery of reimbursement.

42 CFR 447.20

(e) The Medicaid agency ensures that the provider furnishing a service for which a third party is liable follows the restrictions specified in 42 CFR 447.20.