

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
150 S. Independence Mall West
Suite 216, The Public Ledger Building
Philadelphia, Pennsylvania 19106-3499



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

SWIFT #030320144004

September 19, 2014

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

RECEIVED
SEP 29 2014
COMMISSIONER BMS

Dear Acting Commissioner Beane:

The Centers for Medicare & Medicaid Services (CMS) would like to inform you of the approval of West Virginia's State Plan Amendment (SPA) 14-002 entitled Tobacco Cessation for Pregnant Women. The Pharmacy Team at CMS approved this SPA on September 19, 2014 and you were duly notified. This SPA provides coverage of prescription tobacco/smoking cessation covered outpatient drugs, bupropion and legend nicotine replacement therapy, and over-the-counter (OTC) tobacco/smoking cessation covered outpatient drugs for pregnant women.

The effective date of this amendment is January 1, 2014. Enclosed are the approved State Plan page and a copy of the signed Form CMS-179.

If you have any questions about this SPA, please contact Margaret Kosherzenko of my staff at 215-861-4288.

Sincerely,

A handwritten signature in black ink, appearing to read "Francis McCullough", is written over a printed name and title.

Francis McCullough
Associate Regional Administrator

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION		1. TRANSMITTAL NUMBER: 1 4 - 0 0 2	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 01/01/2014	
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: Section 4107 of the Patient Protection and Affordable Care Act, P.L. 111-148, which amended Title XIX of the Social Security Act.		7. FEDERAL BUDGET IMPACT: a. FFY 2014 \$ 120,000 b. FFY 2015 \$ 240,000	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Supplement 2 to Attachment 3.1-A and 3.1-B, Pages 3d, 11a and 12		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Supplement 2 to Attachment 3.1-A and 3.1-B, Pages 3d, 11a and 12	
10. SUBJECT OF AMENDMENT: This amendment is being submitted as verification of coverage for Tobacco Cessation for Pregnant Women as mandated in the Patient Protection and Affordable Care Act.			
11. GOVERNOR'S REVIEW (Check One): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> OTHER, AS SPECIFIED. <input checked="" 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: <i>Cynthia E. Beane</i>		16. RETURN TO: Bureau for Medical Services 350 Capitol Street Room 251 Charleston West Virginia 25301	
13. TYPED NAME: Cynthia E. Beane, MSW, LCSW			
14. TITLE: Acting Commissioner			
15. DATE SUBMITTED: 2/28/2014			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED FEBRUARY 28, 2014		18. DATE APPROVED September 19, 2014	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: JANUARY 1, 2014		20. SIGNATURE OF REGIONAL OFFICIAL: <i>Francis McCollough</i>	
21. TYPED NAME: FRANCIS McCollough		22. TITLE: Associate Regional Administrator	
23. REMARKS: Pen and ink change - Section 8 and Section 9 - Remove Pages 11a and 12. (mk)			

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: West Virginia

Supplement 2 to Attachments 3.1-A and 3.1-B

Page 3d

12. a. Prescribed Drugs

All covered outpatient drugs, whether legend or non-legend, must be prescribed by a physician, or other practitioner qualified under State law. Applicable State and Federal law governing dispensing of drugs and biological must be followed.

The prescribed use of the covered outpatient drug must be for a medically accepted indication as defined in Social Security Act §1927(k)(6).

b. Coverage of Smoking/Tobacco Cessation products

- (1) The Medicaid agency provides coverage of selected prescription tobacco/smoking cessation covered outpatient drugs, bupropion and legend nicotine replacement therapy, for all Medicaid recipients except for full benefit dual eligible beneficiaries who receive this coverage under the Medicare Prescription Drug Benefit-Part D.
- (2) The Medicaid agency provides coverage of over-the-counter (OTC) tobacco/smoking cessation covered outpatient drugs for all Medicaid recipients except for beneficiaries residing in skilled and intermediate nursing facilities.
- (3) The Medicaid agency provides coverage of prescription tobacco/smoking cessation covered outpatient drugs, bupropion and legend nicotine replacement therapy, and over-the-counter (OTC) tobacco/smoking cessation covered outpatient drugs for pregnant women as recommended in "Treating Tobacco Use and Dependence: 2008 Update: a Clinical Practice Guideline" published by the Public Health Service in May 2008 or any subsequent modification of such guideline.

TN No: 14-002 Approval Date: SEP 19 2014 Effective Date: 01/01/14
Supersedes: 12-009