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**Financial Management Group**

JAN 22 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) 17-0005

Dear Ms. Beane:

We have completed our review of State Plan Amendment (SPA) 17-0005. This amendment modifies the State's methods and standards for setting payment rates for inpatient hospital services. Specifically, this amendment discontinues certain special payments provided to prospective payment hospitals and to safety net 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 17-0005 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,



Kristin Fan  
Director

<p align="center"><b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b></p> <p align="center">FOR: HEALTH CARE FINANCING ADMINISTRATION</p>		1. TRANSMITTAL NUMBER: 1 7 - 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 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 24, 24a, 24b and 24c		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable). Attachment 4.19-A, pages 24, 24a, 24b and 24c	
10. SUBJECT OF AMENDMENT: Elimination of Enhanced Payment Program (Special payments to certain prospective payment system (PPS) hospitals)			
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: 22-Nov-17			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED		18. DATE APPROVED JAN 22 2018	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: OCT 01 2017		20. SIGNATURE OF REGIONAL OFFICIAL: <i>Kristen FAN</i>	
21. TYPED NAME: <i>Kristen FAN</i>		22. TITLE: <i>Director, FMC</i>	
23. REMARKS:			

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: West Virginia

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4.19 Payments for Remedial Care and Services

**Inpatient Hospital Services**

Updating of Payment for Transfer Cases: The Bureau will evaluate the need to modify the level of payment for transfer cases on an annual basis using the methodology as described in sections 11 and 12.

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TN No:	17-005	Approval Date:	<b>JAN 22 2018</b>	Effective Date:	10/01/2017
Supersedes:	16-006				

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: West Virginia

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TN No:	17-005	Approval Date:	<b>JAN 22 2018</b>	Effective Date:	10/01/2017
Supersedes:	15-008				

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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Supersedes:	15-008				

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: West Virginia

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Page 24c

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Supersedes:	15-008				