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ATTACHMENT 4.22-C

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OMB No .:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

| State/Territor | y: West Virginia |
|-----------------|--|
| Citation | Condition or Requirement |
| 1906 of the Act | State Method on Cost Effectiveness of Employer-Based Group Health Plans |

State Medicaid Manual, Part 3, Section 3910, Medicaid Payments for Recipients Under Group Health Plans.

| TN No. 93-12 Supersedes | Approval Date | Effective Date OCT 0 1 1003 |
|----------------------------|---------------|-----------------------------|
| TN NO. NEW | | HCFA ID: 7985E |

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