

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT**

State: West Virginia

1. The following charges are imposed on the **categorically** needy for services other than those provided under section 1905(a)(1) through (5) and (7) of the Act:

Service	Type of Charge			Amount and Basis for Determination	
	Deductible	Coinsurance	Copay		
Prescribed Drugs			X	<u>State's Payment</u> \$10.00 or less	<u>Co-Pay</u> \$ .50
				\$10.01 to \$25	\$ 1.00
				\$25.01 to \$50.00	\$ 2.00
				\$50.01 and above	\$ 3.00

TN No. 03-04  
Supersedes  
TN No. 95-21

Approval Date JUL 08 2003

Effective Date MAY 15 2003

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT**

State: West Virginia

B. The method used to collect cost sharing charges for **categorically** needy individuals:

Providers are responsible for collecting the cost sharing charges from individuals.

The agency reimburses providers the full Medicaid rate for services and collects the cost sharing charges from individuals.

C. The basis for determining whether an individual is unable to pay the charge, and the means by which such an individual is identified to providers, is described below:

No provider participating under this State Plan may deny care or services to an individual eligible for such care and services under the Plan because of such individual's inability to pay co-payment charges. This requirement does not extinguish the liability of the recipient receiving the services for payment of the co-payment charge to the provider.

Providers will, based on information available to them, make a determination of the recipient's ability to pay the co-payment. In the absence of knowledge or indications to the contrary, providers may accept the recipient's assertion that he/she is unable to pay the required co-payment.

Reimbursement to the provider will be the allowable cost minus the co-payment amount.

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TN No. 03-04  
Supersedes  
TN No. 85-5

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**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT**

State: West Virginia

- D. The procedures for implementing and enforcing the exclusions from cost sharing contained in 42 CFR 447.53(b) are described below:

Providers are informed through Medicaid Program Instructions and/or Regulations of the following co-payment exclusions:

- Prescriptions for recipients of emergency services
- Prescriptions for pregnant women
- Prescriptions for family planning services and supplies
- Prescriptions for inpatients in long term care facilities/hospitals
- Prescriptions for recipients under 18 years of age
- Prescriptions originating with the EPSDT program.

No co-payment is collected by or deducted from the reimbursement to the provider when these conditions are met.

- E. Cumulative maximums on charges:



State policy does not provide for cumulative maximums.



Cumulative maximums have been established as described below:

TN No. 03-04  
Supersedes  
TN No. 85-5

Approval Date JUL 08 2003

Effective Date MAY 15 2003

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: West Virginia

A. The following charges are imposed on the **categorically** needy for services other than those provided under section 1905(a)(1) through (5) and (7) of the Act:

Service	Type of Charge			Amount and Basis for Determination
	Deductible	Coinsurance	Copay	
<p>Non-emergency visit to hospital emergency room-hospital charge</p> <p>The co-payment is based on the average payment of \$ 97.75 for the time period state fiscal year 2003. This average rate permits WV to impose a \$3 co-payment on all visits pursuant to 42 CFR 447.54 and 55.</p>			X	<p><u>Co-Payment Amount</u></p> <p>\$ 3.00</p>

TN No. 05-02  
Supersedes  
TN No. New

Approval Date FEB 13 2006

Effective Date June 1, 2005

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT**

State: West Virginia

B. The method used to collect cost sharing charges for **categorically** needy individuals:

Providers are responsible for collecting the cost sharing charges from individuals.

The agency reimburses providers the full Medicaid rate for services and collects the cost sharing charges from individuals.

C. The basis for determining whether an individual is unable to pay the charge, and the means by which such an individual is identified to providers, is described below:

No provider participating under this State Plan may deny care or services to an individual eligible for such care and services under the Plan because of such individual's inability to pay co-payment charges. This requirement does not extinguish the liability of the recipient receiving the services for payment of the co-payment charge to the provider.

In the absence of knowledge or indications to the contrary, providers must accept the recipient's assertion that he/she is unable to pay the required co-payment.

Reimbursement to the provider will be the allowable cost minus the co-payment amount.

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TN No. 05-02  
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**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT**

State: West Virginia

- D. The procedures for implementing and enforcing the exclusions from cost sharing contained in 42 CFR 447.53(b) are described below:

Providers are informed through Medicaid Regulations of the following co-payment exclusions:

- Recipients of emergency services as defined in 42 CFR 447.53(b)(4)
- Pregnant women
- Family planning services and supplies
- Inpatients in long term care facilities/hospitals
- Recipients under 21 years of age
- Recipients who are receiving hospice care

No co-payment is collected by or deducted from the reimbursement to the provider when these conditions are met.

West Virginia Medicaid will provide notice to Medicaid recipients of the imposition of the co-payment when approved and list those classes of individuals who are excluded. West Virginia Medicaid will update the Medicaid Guide which is provided to Medicaid applicants at the county offices. West Virginia Medicaid will revise the applicable provider manuals to reflect the co-payment and those classes of individuals who are excluded from co-payments. West Virginia's MMIS system will monitor the emergency room claims for those classes of individuals who are excluded from co-payments and bypass requirements for co-payments from excluded classes. West Virginia Medicaid will utilize a list of diagnosis codes which generally indicate the presence of an emergency. Claims for a diagnosis not on this list will pend and be subject to medical review with a provider appeal process for denials.

- E. Cumulative maximums on charges:



State policy does not provide for cumulative maximums.



Cumulative maximums have been established as described below:

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