



Medicaid Status Report to the West Virginia Board of Education: Fiscal Year 2018

West Virginia Code §18-2-5b
Medicaid Eligible Children

*Office of Special Education
Division of Teaching and Learning*



**West Virginia Board of Education
2018-2019**

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Purpose

To provide an annual status report on Medicaid reimbursement to the West Virginia Board of Education.

In March, 1990, West Virginia Code §18-2-5b authorized West Virginia local education agencies to become Medicaid providers in order to participate in federal Medicaid reimbursement for billable services that are special education or related services.

Development of the program was a collaborative effort of the West Virginia Department of Education (WVDE) and the West Virginia Department of Health and Human Resources (WVDHHR).

The purpose of this report is to provide information regarding the implementation of West Virginia Code §18-2-5b Medicaid Eligible Children, for the fiscal year July 1, 2017 to June 30, 2018. The report contains an overview of the activities conducted in order to maximize funding to the state education system, highlights in FY 2018, and the total reimbursement per county.

West Virginia Code §18-2-5b Medicaid Eligible Children

(a) The state board shall become a Medicaid provider and seek out Medicaid-eligible students for the purpose of providing Medicaid and related services to students eligible under the Medicaid program and to maximize federal reimbursement for all services available under the Omnibus Budget Reconciliation Act of 1989, as it relates to Medicaid expansion and any future expansions in the Medicaid program for Medicaid and related services for which state dollars are or will be expended.

(b) The state board may delegate this provider status and subsequent reimbursement to regional education service agencies, county boards or both: Provided, That a county board is not required to seek reimbursement if it determines there is not a net benefit after consideration of costs and time involved with seeking the reimbursement for eligible services and that the billing process detracts from the educational program.

Overview

In 1975, Congress passed the Education for All Handicapped Children Act, subsequently reauthorized as the Individuals with Disabilities Education Act (IDEA), mandating the provision of special education and health related services to eligible students with disabilities. IDEA governs special educational services, parental rights, individualized education programs (IEPs), and the requirement that children be provided a free appropriate public education (FAPE).

In 1988, Congress amended Title XIX of the Social Security Act to include Section 1903(c) which prohibits the Medicaid program from denying reimbursement for services that are in a child's individualized education program (IEP) or individualized family services plan (IFSP) under IDEA. IDEA also provides that any non-educational public agency, including Medicaid, is obligated under Federal or State law to "pay for any services that are considered special education or related services." The provision is maintained in the most recent reauthorization of IDEA 2004 [612(a)(12)(A)(i)]. It emphasizes Medicaid's financial responsibility for covered services provided in the school setting for children who have an IEP or IFSP.

West Virginia Code §18-2-5b enacted on March 5, 1990, requires the county school districts to be enrolled as Medicaid group providers, to seek out Medicaid eligible students and to maximize reimbursement for all Medicaid covered services. This provider status and subsequent reimbursement is delegated to county boards of education. West Virginia bills Medicaid for students ages 3-21.

The costs of providing health care and services to individuals that meet specific eligibility criteria are shared by the state and federal governments. The respective shares or "matching rates" are calculated annually by the federal government and are based on the state's per capita income. For school-based Medicaid reimbursement, the West Virginia Department of Education (WVDE) certifies the state match using state education funds.

During the federal fiscal year of October 1, 2017, to September 30, 2018, the Federal Medical Assistance Percentage (FMAP) for West Virginia was 73.24% while the state's match was 26.76%. For October 1, 2016, to September 30, 2017, the FMAP was 71.80%, while the state's match was 28.20%.

For the fiscal year July 1, 2017, to June 30, 2018, the total federal portion of the fee-for-service payments received by the LEAs was \$5,533,162.03. The districts also received in August 2017 cost settlement payments totaling \$18,391,688.00 for fiscal year 2016. Additionally districts received \$1,102,220.00 for Administrative Claiming (MAC). The total received by districts during fiscal year 2018 was \$25,027,070.00. The WVDE certified that up to \$1,101,282,429.00 was available as the state match, and was not utilized for other federal programs.

Medicaid’s Federal Medical Assistance Percentage (FMAP):

Medicaid is jointly funded by the federal and state governments. The federal government’s share of most Medicaid expenditures is called the federal medical assistance percentage (FMAP). The remainder is referred to as the state share.

The FMAP formula is designed so that the federal government pays a larger portion of Medicaid costs in states with lower per capita incomes relative to the national average (and vice versa for states with higher per capita incomes). FMAP rates have a statutory minimum of 50% and a statutory maximum of 83%. For FY2019, regular FMAP rates range from 50.00% to 76.39%. The FMAP rate is used to reimburse states for the federal share of Medicaid expenditures.

Current rates are in effect for the 2019 federal fiscal year October 1, 2018 – September 30, 2019.

Listed below are the current FMAP rate for the five states with the highest percentages and each of West Virginia’s bordering states. Kentucky is the fifth highest in the nation and a border state.

Mississippi	76.39%
West Virginia	74.34%
New Mexico	72.26%
Alabama	71.88%
Kentucky	71.67%
Ohio	63.09%
Pennsylvania	52.25%
Maryland	50.00%
Virginia	50.00%

Five-year historic data of FMAP rates for West Virginia. These are in effect for each federal fiscal year.

West Virginia	FMAP
2015	71.35%
2016	71.42%
2017	71.80%
2018	73.24%
2019	74.34%

Billing Process in West Virginia

West Virginia has fifty-seven local education agencies (LEAs) which includes the fifty-five counties, West Virginia Schools for the Deaf and Blind and the Office of Diversion and Transition Programs (ODTP). Fifty-six districts are enrolled as two separate providers. One provider account includes all direct services, with the other account including ancillary services. The LEAs were served by eight multi-county Regional Education Service Agencies (RESAs). Each RESA, with the exception of RESA 1, identified a Medicaid billing specialist, who worked with their respective LEAs to identify eligible students, collect billing information and electronically submit claims for Medicaid reimbursable services. LEAs may enter into a contractual agreement with RESA in regard to the services requested of the Medicaid billing specialist.

Molina Medicaid Solutions, a service contracted by WVDHHR, processes the received claims as paid or denied. The West Virginia Bureau for Medical Services remits all of the federal Medicaid reimbursement for paid claims directly to the LEAs.

During fiscal year 2018, West Virginia's State Plan covered the services listed below when identified in a student's IEP and listed on the student's Medicaid Service Care Plan. The frequency and duration of each service is determined by each student's IEP.

- Direct Services:
 - » Audiological Services
 - » Occupational Therapy
 - » Physical Therapy
 - » Nursing Services
 - » Psychological Services
 - » Speech Language Pathology Services
- Ancillary Services:
 - » Targeted Case Management
 - » Personal Care Services
 - » Specialized Transportation

Resources

The State Plan Amendment (SPA) was approved on November 14, 2014, and was effective as of July 1, 2014. The School Based SPA can be found on-line at the following link.

<http://www.dhhr.wv.gov/bms/CMS/SMP/Documents/SPAs/SPAs%202012/SWIFT-091220124038-FinalResponse-WV-SPA12-006.pdf>

The West Virginia Bureau for Medical Services (BMS) within the WVDHHR created a specific policy for implementation of School-Based Health Services based on the SPA Chapter 538 of the BMS Medicaid Provider Manual. This policy became effective August 1, 2015. This policy has since been revised as of August 1, 2017. The policy can be found on-line at the following link.

<http://www.dhhr.wv.gov/bms/Pages/Chapter-538-School-Based-Health-Services.aspx>

The SPA requires the implementation of a cost settlement process that will determine the ultimate amount of Medicaid revenue that each Local Education Agency (LEA) will receive for a particular fiscal year. Previously, all Medicaid revenue had been based solely on the fee-for-service billing submitted by the LEA. Under the new methodology, the LEA submits an annual cost report which calculates the overall cost to the LEA for performing the Medicaid eligible services. The cost settlement process started with the 2015 fiscal year.

Highlights in Fiscal Year 2018

During the 2017 legislative session, West Virginia Code §18-2-5b was amended effective July 1, 2017. The change allows a district to cease submitting claims if there isn't a net benefit from Medicaid billing. Districts considering this option were asked to complete a cost analysis to determine the net benefit. If there wasn't a net benefit districts had the option to cease billing totally or for specific procedures. At least one district chose to stop billing for Targeted Case Management services.

The Time Study Implementation Guide and School Based Health Services Process Guide for Direct Services and Medicaid Administrative Claiming was approved by the federal Center for Medicaid Services (CMS). This allowed billing for Medicaid Administrative Claims (MAC) to be submitted for reimbursement. During fiscal year 2018, districts received \$1,102,220.00 for MAC claims. This was for the last quarter of the 2016 fiscal year. WVDHHR will be working on processing MAC claims for subsequent quarters up through the present over the next year.

Fiscal Year 2016 Medicaid Administrative Claiming (MAC) Payments

DISTRICT	FY 2016 for April-June Quarter	DISTRICT	FY 2016 for April-June Quarter
Barbour	\$4,056.00	Mingo	\$22,784.00
Berkeley	\$90,408.00	Monongalia	\$38,325.00
Boone	\$47,969.00	Monroe	\$5,786.00
Braxton	\$10,496.00	Morgan	\$14,617.00
Brooke	\$20,576.00	Nicholas	\$12,139.00
Cabell	\$24,674.00	Ohio	\$22,914.00
Calhoun	\$2,145.00	Pendleton	\$7,133.00
Clay	\$6,346.00	Pleasants	\$5,728.00
Doddridge	\$5,261.00	Pocahontas	\$4,026.00
Fayette	\$24,288.00	Preston	\$9,703.00
Gilmer	\$1,357.00	Putnam	\$27,268.00
Grant	\$4,977.00	Raleigh	\$37,056.00
Greenbrier	\$10,121.00	Randolph	\$12,882.00
Hampshire	\$17,042.00	Ritchie	\$4,446.00
Hancock	\$19,562.00	Roane	\$6,122.00
Hardy	\$2,723.00	Summers	\$6,910.00
Harrison	\$39,280.66	Taylor	\$6,972.00
Jackson	\$16,057.00	Tucker	\$2,333.00
Jefferson	\$36,071.00	Tyler	\$6,384.00
Kanawha	\$100,133.00	Upshur	\$14,499.00
Lewis	\$6,874.00	Wayne	\$37,192.00
Lincoln	\$21,798.00	Webster	\$3,995.00
Logan	\$52,741.00	Wetzel	\$17,867.00
Marion	\$21,092.00	Wirt	\$5,879.00
Marshall	\$21,792.00	Wood	\$53,810.00
Mason	\$20,057.00	Wyoming	\$12,387.00
McDowell	\$19,894.00	OIEP/ODTP	\$-
Mercer	\$33,559.00	WVSDDB	\$13,626.00
Mineral	\$8,091.00	TOTALS	\$1,102,220.00

District Cost Settlement

The most significant change in the SPA was the implementation of a cost settlement process that will determine the ultimate amount of Medicaid revenue that an LEA will receive for a particular fiscal year. Previously, all Medicaid revenue had been based solely on the fee-for-service billing submitted by the LEA. Under the new methodology, the LEA submits an annual cost report which calculates the overall cost to the LEA for performing the Medicaid eligible services.

On a quarterly basis, the LEAs submit a roster of staff performing Medicaid eligible services to Public Consulting Group (PCG), DHHR's contractor. The individuals listed on the rosters receive emails notifying them they have been selected for a "random moment" and must submit information regarding exactly what they were doing at that exact moment of the day. Based on the responses submitted, PCG determines what percentage of the time spent by the staff statewide is spent on Medicaid eligible services.

On the annual cost report, the LEAs report the actual cost associated with the staff reported on the quarterly rosters and the random moment allowable cost percentage is applied to those reported costs. Several other factors are considered on the cost report to determine the total allowable cost to the LEA for performing Medicaid billable services to eligible students.

This total Medicaid allowable cost is the amount the district will receive for the fiscal year. The allowable costs were \$24,433,844 for FY 15, \$23,107,196 for FY16 and \$23,375,930 for FY17. Based upon these amounts it projected that approximately \$23 million will be paid for FY18.

The total Medicaid allowable costs are compared to the amount the LEA billed through fee-for-service billing for the same dates of service. If the Medicaid allowable costs from the cost report exceeds the amounts billed through fee-for-service billing, DHHR will owe the LEA the difference. In contrast, if the amount on the cost report is less than the amounts billed through fee-for-service, the LEA will owe DHHR the difference.

Beginning with FY2016 the cost settlement payments have been received the following August. This is the earliest the cost settlement can be completed since billing is allowed up to one year after services are provided. The release of the cost settlement for FY18 is projected for August 2019.

FY17 Cost Settlement Calculation Example

1	Total Direct Service Costs of Eligible School-Based Providers	\$ 1,000,000
2	Random Moment Time Study percentage of Medicaid allowable activities	45%
3	Calculated cost of Medicaid allowable activities	\$ 450,000
4	Direct service contractor costs	\$ 100,000
5	Sub-total	\$ 550,000
6	Unrestricted indirect cost rate (15%)	\$ 82,500
7	Sub-total	\$ 632,500
8	IEP Ratio (Number of Medicaid eligible students with a direct Medicaid covered service in their IEP divided by the total number of students with a direct Medicaid covered service in their IEP)	50% \$ 316,250
9	July-September Federal Medical Assistance Percentage (FMAP) (#8 * 25% * 71.80%) FMAP for FY2018	\$ 56,466
10	October-June Federal Medical Assistance Percentage (FMAP) (#8 * 75% * 73.24%) FMAP for FY2018	\$ 170,301
11	Gross Cost Settlement Amount (#9 + #10)	\$ 226,767
12	Medicaid interim payments received	\$ 200,000
13	Medicaid cost settlement	\$ 26,767

Looking ahead to Fiscal Year 2019:

Effective June 30, 2018 the Regional Education Service Agencies (RESA) are no longer in existence. Districts were able to create Education Service Cooperatives (ESCs). There are now three ESCs functioning in West Virginia. Each has hired at least one Medicaid specialist to work with districts. Two additional districts have hired a Medicaid specialist and contract with neighboring districts to provide billing services. Currently 21 districts have opted to perform the Medicaid billing in-house moving forward.

The Eastern Panhandle Instructional Collaborative (EPIC) is piloting an electronic data entry system for rendering providers to complete Medicaid billing forms and supporting documentation for a fee to their districts. The program does not currently transfer billing data to Molina but may streamline provider data entry and storage of documentation. This allow therapists to enter billing and progress data electronically including an electronic signature. The program has the ability to generate billing forms as needed. The net result is reduced paperwork for rendering providers.

Fee for Service Reimbursement for Services Provided During Fiscal Year 2018

DISTRICT	Direct Services	Ancillary Services	FY2018 TOTAL To Date
Barbour	\$1,237.43	\$2,904.75	\$4,142.18
Berkeley	\$51,694.12	\$531,824.89	\$583,519.01
Boone	\$4,896.73	\$10,048.49	\$14,945.22
Braxton	\$1,331.80	\$11,134.51	\$12,466.31
Brooke	\$26,048.26	\$43,078.50	\$69,126.76
Cabell	\$8,148.00	\$181,588.86	\$189,736.86
Calhoun	\$2,588.79	\$10,547.59	\$13,136.38
Clay	\$18,019.49	\$39,143.81	\$57,163.30
Doddridge	\$25,323.36	\$22,859.02	\$48,182.38
Fayette	\$32,093.30	\$14,862.46	\$46,955.76
Gilmer	\$5,038.10	\$30,281.03	\$35,319.13
Grant	\$14,680.24	\$102,172.80	\$116,853.04
Greenbrier	\$27,491.76	\$164,243.62	\$191,735.38
Hampshire	\$13,520.44	\$32,074.86	\$45,595.30
Hancock	\$34,962.83	\$324,626.06	\$359,588.89
Hardy	\$45,811.21	\$40,953.23	\$86,764.44
Harrison	\$69,728.24	\$461,247.20	\$530,975.44
Jackson	\$2,097.63	\$18,246.03	\$20,343.66
Jefferson	\$38,086.17	\$44,682.59	\$82,768.76
Kanawha	\$38,396.48	\$129,160.75	\$167,557.23
Lewis	\$7,397.75	\$17,952.85	\$25,350.60
Lincoln	\$7,064.57	\$85,654.26	\$92,718.83
Logan	\$40,068.98	\$436,517.80	\$476,586.78
Marion	\$8,787.81	\$60,403.62	\$69,191.43
Marshall	\$38,940.86	\$250,935.89	\$289,876.75
Mason	\$721.63	\$22,441.73	\$23,163.36
McDowell	\$8,737.64	\$41,251.96	\$49,989.60
Mercer	\$51,220.31	\$152,872.54	\$204,092.85
Mineral	\$8,749.00	\$46,926.39	\$55,675.39

DISTRICT	Direct Services	Ancillary Services	FY2018 TOTAL To Date
Mingo	\$22,050.08	\$34,691.28	\$56,741.36
Monongalia	\$4,007.13	\$78,840.19	\$82,847.32
Monroe	\$3,403.70	\$2,925.44	\$6,329.14
Morgan	\$29,245.05	\$28,740.21	\$57,985.26
Nicholas	\$27,743.86	\$2,605.89	\$30,349.75
Ohio	\$30,736.54	\$161,426.92	\$192,163.46
Pendleton	\$20,118.51	\$12,381.50	\$32,500.01
Pleasants	\$11,490.90	\$19,828.09	\$31,318.99
Pocahontas	\$3,930.40	\$19,835.77	\$23,766.17
Preston	\$1,177.93	\$4,198.27	\$5,376.20
Putnam	\$12,263.46	\$42,142.47	\$54,405.93
Raleigh	\$40,596.69	\$73,794.42	\$114,391.11
Randolph	\$19,501.47	\$105,730.23	\$125,231.70
Ritchie	\$498.00	\$4,047.15	\$4,545.15
Roane	\$5,106.80	\$43,677.74	\$48,784.54
Summers	\$2,035.51	\$3,319.27	\$5,354.78
Taylor	\$7,130.22	\$18,367.88	\$25,498.10
Tucker	\$2,790.84	\$7,123.49	\$9,914.33
Tyler	\$23,605.47	\$52,714.63	\$76,320.10
Upshur	\$24,574.80	\$175,220.71	\$199,795.51
Wayne	\$17,026.48	\$55,353.24	\$72,379.72
Webster	\$8,920.84	\$65,425.54	\$74,346.38
Wetzel	\$17,249.01	\$38,581.13	\$55,830.14
Wirt	\$8,381.97	\$7,023.08	\$15,405.05
Wood	\$9,858.22	\$42,589.28	\$52,447.50
Wyoming	\$1,375.76	\$27,006.33	\$28,382.09
WVSDB	\$49,566.76	\$37,664.46	\$87,231.22
TOTALS	\$1,037,269.33	\$4,495,892.70	\$5,533,162.03

FY 2016 - 2018 Reimbursement for Services Provided during the Fiscal Year

DISTRICT	FY2016 Final	FY 2017 Final	FY 2018 to Date
Barbour	\$25,887.00	\$12,992.00	\$1,008.00
Berkeley	\$405,185.00	\$572,749.00	\$521,756.00
Boone	\$56,037.00	\$30,087.00	\$15,583.00
Braxton	\$607.00	\$1,019.00	\$225.00
Brooke	\$39,799.00	\$73,301.00	\$66,830.00
Cabell	\$200,130.00	\$148,757.00	\$155,116.00
Calhoun	\$11,170.00	\$8,849.00	\$18,270.00
Clay	\$110,245.00	\$55,106.00	\$58,751.00
Doddridge	\$25,138.00	\$37,242.00	\$33,295.00
Fayette	\$28,484.00	\$40,307.00	\$38,892.00
Gilmer	\$41,870.00	\$41,305.00	\$15,263.00
Grant	\$122,192.00	\$91,051.00	\$125,616.00
Greenbrier	\$292,328.00	\$214,490.00	\$170,810.00
Hampshire	\$79,550.00	\$42,999.00	\$33,345.00
Hancock	\$185,635.00	\$390,756.00	\$56,187.00
Hardy	\$69,409.00	\$100,612.00	\$65,701.00
Harrison	\$368,065.00	\$430,578.00	\$292,670.00
Jackson	\$30,369.00	\$15,505.00	\$17,100.00
Jefferson	\$73,605.00	\$67,989.00	\$48,215.00
Kanawha	\$305,016.00	\$251,476.00	\$182,999.00
Lewis	\$16,502.00	\$25,378.00	\$19,664.00
Lincoln	\$165,772.00	\$87,588.00	\$110,112.00
Logan	\$96,767.00	\$102,294.00	\$140,652.00
Marion	\$40,066.00	\$31,976.00	\$119,731.00
Marshall	\$221,078.00	\$228,328.00	\$252,895.00
Mason	\$35,588.00	\$17,340.00	\$13,074.00
McDowell	\$24,525.00	\$48,087.00	\$46,065.00
Mercer	\$122,358.00	\$168,649.00	\$181,147.00
Mineral	\$59,133.00	\$54,476.00	\$35,774.00

DISTRICT	FY2016 Final	FY 2017 Final	FY 2018 to Date
Mingo	\$70,143.00	\$72,814.00	\$28,299.00
Monongalia	\$73,799.00	\$89,085.00	\$32,893.00
Monroe	\$6,626.00	\$15,519.00	\$9,877.00
Morgan	\$52,885.00	\$69,674.00	\$28,213.00
Nicholas	\$26,560.00	\$40,200.00	\$29,382.00
Ohio	\$63,256.00	\$207,624.00	\$76,321.00
Pendleton	\$42,261.00	\$44,591.00	\$17,910.00
Pleasants	\$8,346.00	\$34,247.00	\$31,435.00
Pocahontas	\$40,451.00	\$28,360.00	\$15,870.00
Preston	\$-	\$1,785.00	\$6,010.00
Putnam	\$66,557.00	\$83,834.00	\$54,337.00
Raleigh	\$116,822.00	\$187,058.00	\$105,896.00
Randolph	\$72,258.00	\$89,353.00	\$92,001.00
Ritchie	\$16,286.00	\$12,500.00	\$3,603.00
Roane	\$41,349.00	\$61,157.00	\$38,699.00
Summers	\$18,302.00	\$4,422.00	\$1,701.00
Taylor	\$17,009.00	\$31,553.00	\$9,747.00
Tucker	\$12,048.00	\$6,567.00	\$10,887.00
Tyler	\$62,704.00	\$89,764.00	\$64,155.00
Upshur	\$175,150.00	\$190,169.00	\$129,178.00
Wayne	\$31,605.00	\$88,427.00	\$49,840.00
Webster	\$48,958.00	\$66,912.00	\$41,545.00
Wetzel	\$43,384.00	\$66,162.00	\$31,790.00
Wirt	\$17,276.00	\$32,779.00	\$13,950.00
Wood	\$152,640.00	\$79,884.00	\$54,358.00
Wyoming	\$35,169.00	\$41,563.00	\$31,412.00
WVSDB	\$17,632.00	\$38,127.00	\$86,440.00
TOTALS	\$4,581,987.00	\$5,165,411.00	\$3,932,491.00

Fiscal Years 2015 - 2017 Federal Medicaid Allowable Costs by County

DISTRICT	FY2015	FY2016	FY2017
Barbour	\$136,523.00	\$147,397.00	\$44,391.00
Berkeley	\$1,854,371.00	\$1,861,126.00	\$2,781,160.00
Boone	\$642,473.00	\$645,247.00	\$610,561.00
Braxton	\$84,165.00	\$44,503.00	\$18,278.00
Brooke	\$365,612.00	\$330,925.00	\$317,498.00
Cabell	\$1,196,512.00	\$849,646.00	\$824,424.00
Calhoun	\$32,972.00	\$49,866.00	\$19,447.00
Clay	\$183,908.00	\$159,514.00	\$142,887.00
Doddridge	\$98,951.00	\$89,984.00	\$116,510.00
Fayette	\$501,573.00	\$475,384.00	\$514,821.00
Gilmer	\$54,998.00	\$74,378.00	\$88,316.00
Grant	\$121,697.00	\$162,772.00	\$190,471.00
Greenbrier	\$391,285.00	\$446,257.00	\$420,043.00
Hampshire	\$370,021.00	\$446,670.00	\$426,147.00
Hancock	\$628,563.00	\$547,856.00	\$771,404.00
Hardy	\$299,406.00	\$347,070.00	\$284,709.00
Harrison	\$1,004,473.00	\$887,036.00	\$973,780.00
Jackson	\$328,034.00	\$313,214.00	\$349,434.00
Jefferson	\$985,930.00	\$814,908.00	\$977,986.00
Kanawha	\$1,693,284.00	\$1,739,985.00	\$1,486,305.00
Lewis	\$181,256.00	\$196,717.00	\$259,599.00
Lincoln	\$531,036.00	\$446,701.00	\$429,052.00
Logan	\$373,355.00	\$330,221.00	\$348,048.00
Marion	\$614,254.00	\$620,043.00	\$565,122.00
Marshall	\$824,229.00	\$725,171.00	\$700,701.00
Mason	\$346,308.00	\$333,714.00	\$255,887.00
McDowell	\$273,184.00	\$349,835.00	\$148,227.00
Mercer	\$589,569.00	\$626,954.00	\$573,058.00
Mineral	\$311,347.00	\$212,926.00	\$210,439.00

DISTRICT	FY2015	FY2016	FY2017
Mingo	\$301,559.00	\$338,739.00	\$261,315.00
Monongalia	\$760,045.00	\$937,347.00	\$884,345.00
Monroe	\$77,046.00	\$59,956.00	\$72,348.00
Morgan	\$317,886.00	\$350,694.00	\$234,342.00
Nicholas	\$187,000.00	\$172,514.00	\$168,253.00
Ohio	\$716,070.00	\$511,882.00	\$566,634.00
Pendleton	\$154,623.00	\$156,131.00	\$180,089.00
Pleasants	\$179,052.00	\$145,972.00	\$185,519.00
Pocahontas	\$69,367.00	\$70,411.00	\$79,477.00
Preston	\$269,284.00	\$133,520.00	\$88,943.00
Putnam	\$508,502.00	\$429,890.00	\$533,678.00
Raleigh	\$1,105,639.00	\$846,843.00	\$956,954.00
Randolph	\$253,614.00	\$239,751.00	\$223,014.00
Ritchie	\$104,668.00	\$113,229.00	\$131,333.00
Roane	\$151,522.00	\$148,922.00	\$136,219.00
Summers	\$75,139.00	\$72,354.00	\$99,592.00
Taylor	\$201,163.00	\$125,848.00	\$234,027.00
Tucker	\$63,227.00	\$68,585.00	\$59,687.00
Tyler	\$231,773.00	\$197,339.00	\$186,241.00
Upshur	\$505,378.00	\$576,151.00	\$577,136.00
Wayne	\$740,268.00	\$943,517.00	\$752,415.00
Webster	\$209,391.00	\$188,286.00	\$170,877.00
Wetzel	\$606,777.00	\$521,070.00	\$632,872.00
Wirt	\$96,162.00	\$117,256.00	\$76,304.00
Wood	\$1,066,807.00	\$1,039,072.00	\$748,886.00
Wyoming	\$322,898.00	\$198,125.00	\$157,868.00
OIEP/ODTP	\$31,786.00	\$-	\$-
WVSDB	\$107,909.00	\$127,772.00	\$128,858.00
TOTALS	\$24,433,844.00	\$23,107,196.00	\$23,375,930.00

Fiscal Year 2017 Medicaid Cost Settlement Amounts

DISTRICT	Allowable Costs	Fee For Service	Cost Settlement
Barbour	\$44,391.00	\$12,992.00	\$31,399.00
Berkeley	\$2,781,160.00	\$572,749.00	\$2,208,411.00
Boone	\$610,561.00	\$30,087.00	\$580,474.00
Braxton	\$18,278.00	\$1,019.00	\$17,260.00
Brooke	\$317,498.00	\$73,301.00	\$244,197.00
Cabell	\$824,424.00	\$148,757.00	\$675,667.00
Calhoun	\$19,447.00	\$8,849.00	\$10,598.00
Clay	\$142,887.00	\$55,106.00	\$87,781.00
Doddridge	\$116,510.00	\$37,242.00	\$79,268.00
Fayette	\$514,821.00	\$40,307.00	\$474,514.00
Gilmer	\$88,316.00	\$41,305.00	\$47,011.00
Grant	\$190,471.00	\$91,051.00	\$99,420.00
Greenbrier	\$420,043.00	\$214,490.00	\$205,553.00
Hampshire	\$426,147.00	\$42,999.00	\$383,148.00
Hancock	\$771,404.00	\$390,756.00	\$380,649.00
Hardy	\$284,709.00	\$100,612.00	\$184,097.00
Harrison	\$973,780.00	\$430,578.00	\$543,202.00
Jackson	\$349,434.00	\$15,505.00	\$333,929.00
Jefferson	\$977,986.00	\$67,989.00	\$909,998.00
Kanawha	\$1,486,305.00	\$251,476.00	\$1,234,829.00
Lewis	\$259,599.00	\$25,378.00	\$234,222.00
Lincoln	\$429,052.00	\$87,588.00	\$341,464.00
Logan	\$348,048.00	\$102,294.00	\$245,753.00
Marion	\$565,122.00	\$31,976.00	\$533,147.00
Marshall	\$700,701.00	\$228,328.00	\$472,373.00
Mason	\$255,887.00	\$17,340.00	\$238,547.00
McDowell	\$148,227.00	\$48,087.00	\$100,140.00
Mercer	\$573,058.00	\$168,649.00	\$404,409.00
Mineral	\$210,439.00	\$54,476.00	\$155,963.00

DISTRICT	Allowable Costs	Fee For Service	Cost Settlement
Mingo	\$261,315.00	\$72,814.00	\$188,501.00
Monongalia	\$884,345.00	\$89,085.00	\$795,260.00
Monroe	\$72,348.00	\$15,519.00	\$56,829.00
Morgan	\$234,342.00	\$69,674.00	\$164,668.00
Nicholas	\$168,253.00	\$40,200.00	\$128,052.00
Ohio	\$566,634.00	\$207,624.00	\$359,011.00
Pendleton	\$180,089.00	\$44,591.00	\$135,498.00
Pleasants	\$185,519.00	\$34,247.00	\$151,272.00
Pocahontas	\$79,477.00	\$28,360.00	\$51,117.00
Preston	\$88,943.00	\$1,785.00	\$87,158.00
Putnam	\$533,678.00	\$83,834.00	\$449,844.00
Raleigh	\$956,954.00	\$187,058.00	\$769,896.00
Randolph	\$223,014.00	\$89,353.00	\$133,661.00
Ritchie	\$131,333.00	\$12,500.00	\$118,833.00
Roane	\$136,219.00	\$61,157.00	\$75,062.00
Summers	\$99,592.00	\$4,422.00	\$95,170.00
Taylor	\$234,027.00	\$31,553.00	\$202,474.00
Tucker	\$59,687.00	\$6,567.00	\$53,120.00
Tyler	\$186,241.00	\$89,764.00	\$96,477.00
Upshur	\$577,136.00	\$190,169.00	\$386,968.00
Wayne	\$752,415.00	\$88,427.00	\$663,988.00
Webster	\$170,877.00	\$66,912.00	\$103,964.00
Wetzel	\$632,872.00	\$66,162.00	\$566,710.00
Wirt	\$76,304.00	\$32,779.00	\$43,525.00
Wood	\$748,886.00	\$79,884.00	\$669,002.00
Wyoming	\$157,868.00	\$41,563.00	\$116,304.00
WVSDB	\$128,858.00	\$38,127.00	\$90,732.00
TOTALS	\$23,375,930.00	\$5,165,411.00	\$18,210,519.00

Information by county and month for FY2018 or fee for service billing may be obtained by contacting

Vacancy – Program Specialist
Office of Special Education
Division of Teaching and Learning
West Virginia Department of Education
Building 6, Room 652
1900 Kanawha Boulevard East
Charleston, WV 25305

Phone: 304-558-2696

Site: <http://wvde.us/special-education/medicaid/>

Information on the Cost Settlement Process or Medicaid Administrative Claiming (MAC) may be obtain by contacting

Amy Willard, Executive Director
Office of School Finance
Division of Finance and Administration
West Virginia Department of Education
Building 6, Room 215
1900 Kanawha Boulevard East
Charleston, WV 25305

Phone: 304-558-6300

E-mail: awillard@k12.wv.us



Steven L. Paine, Ed.D.
West Virginia Superintendent of Schools