

Medicaid Status Report to the West Virginia Board of Education: Fiscal Year 2019

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

Office of Special Education and Student Support Division of Teaching and Learning



West Virginia Board of Education 2019-2020

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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, 2018 to June 30, 2019. The report contains an overview of the activities conducted in order to maximize funding to the state education system, highlights in FY 2019, 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 noneducational 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. Effective July 1, 2017, the statute was amended to allow school districts to cease Medicaid participation if there is not a net benefit from participation in the program. 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, 2018, to September 30, 2019, the Federal Medical Assistance Percentage (FMAP) for West Virginia was 74.34% while the state's match was 25.66%. For October 1, 2017, to September 30, 2018, the FMAP was 73.24%, while the state's match was 26.76%.

For the fiscal year July 1, 2018, to June 30, 2019, the total federal portion of the fee-for-service payments received by the LEAs was \$4,348,686 The districts also received in June 2019 cost settlement payments totaling \$23,492,058 for fiscal year 2018. Additionally, districts received \$7,290,392 for Administrative Claiming (MAC) during fiscal year 2019. The total received by districts during fiscal year 2019 was \$35,131,136. The WVDE certified that up to \$1,150,412,230 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 FY2020, regular FMAP rates range from 50.00% to 76.98%. The FMAP rate is used to reimburse states for the federal share of Medicaid expenditures.

Current rates are in effect for the 2020 federal fiscal year October 1, 2019 – September 30, 2020.

Listed below are the current FMAP rates 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	76.98%
West Virginia	74.94%
New Mexico	72.71%
Alabama	71.97%
Kentucky	71.82%
Ohio	63.02%
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
2016	71.42%
2017	71.80%
2018	73.24%
2019	74.34%
2020	74.94%

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, ODTP is no longer enrolled as a provider. One provider account includes all direct services, with the other account including ancillary services. Thirty-three districts identified a Medicaid billing specialist, who worked to identify eligible students, collect billing information and electronically submit claims for Medicaid reimbursable services. LEAs may enter into a contractual agreement with a consortium or district in regard to the services requested of the Medicaid billing specialist. Twenty-three districts are processing their billing with district staff.

DXC Technology provides a service contracted by WVDHHR and processes the received claims as paid or denied. The West Virginia Bureau for Medical Services remits all the federal Medicaid reimbursement for paid claims directly to the LEAs.

During fiscal year 2019, 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 was revised in 2017 and 2019. The current revisions became effective August 1, 2019. The policy can be found on-line at 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 2019

Multiple districts were trained and started using the DXC (formally Molina Medicaid Solutions) website for direct entry of billing claims. Districts are now able to enter claims directly into the Medicaid payment system where they can list multiple diagnosis codes, in accordance with correct coding policy. The direct data entry also eliminated several steps in the billing process and allowed for immediate feedback on billing errors. WVDE and BMS have worked together in order to complete a webinar regarding audits that will be completed by KEPRO, a contractor with BMS. A Registered Nurse employed by KEPRO has started the audit process in counties. These first audits will be hands on training and will not carry a financial penalty with any findings. True audits will begin in the calendar year of 2020.

The Time Study Implementation Guide and School Based Health Services Process Guide for Direct Services and Medicaid Administrative Claiming (MAC) was approved by the federal Centers for Medicare and Medicaid Services (CMS) during FY18. Throughout the 2018-19 year, WVDHHR and Public Consulting Group (PCG) worked to process unpaid MAC claims from prior years. Claims for ten prior quarters were processed and paid during the 2018-19 year for a total of \$7,290,391.64. The charts below show the statewide totals for each of the processed quarters and the grand total in MAC claims that each county board of education received during the 2018-19 year. It is anticipated that all remaining prior year quarters will be processed and paid during the 2019-20 year.

Medicaid Administrative Claiming (MAC) Payments Received During Fiscal Year 2019

Quarter	Grand Total Paid
July - September 2014	\$ 265,470.25
October - December 2014	\$ 606,450.08
January - March 2015	\$ 552,246.01
April - June 2015	\$ 1,245,338.50
July - September 2015	\$ 307,271.41
October - December 2015	\$ 787,726.05
January - March 2016	\$ 677,363.19
October - December 2016	\$ 772,326.85
January - March 2017	\$ 721,843.95
April - June 2017	\$ 1,354,355.35
Total	\$ 7,290,391.64

Medicaid Administrative Claiming (MAC) Payments Total Received During Fiscal Year 2019

DISTRICT	Grand Total Paid in FY19
Barbour	\$22,722.65
Berkeley	\$527,855.61
Boone	\$307,217.64
Braxton	\$84,155.45
Brooke	\$103,957.36
Cabell	\$242,051.52
Calhoun	\$13,428.17
Clay	\$42,320.75
Doddridge	\$33,036.51
Fayette	\$140,351.15
Gilmer	\$28,686.64
Grant	\$27,922.77
Greenbrier	\$73,828.15
Hampshire	\$85,343.17
Hancock	\$108,385.75
Hardy	\$4,605.19
Harrison	\$240,866.85
Jackson	\$120,363.10
Jefferson	\$219,478.88
Kanawha	\$647,016.62
Lewis	\$65,240.98
Lincoln	\$203,491.87
Logan	\$371,589.48
Marion	\$212,585.33
Marshall	\$124,316.66
Mason	\$120,605.40
McDowell	\$59,799.08
Mercer	\$222,685.76
Mineral	\$66,238.94

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DISTRICT	Grand Total Paid in FY19
Mingo	\$126,079.17
Monongalia	\$270,750.30
Monroe	\$32,865.69
Morgan	\$101,844.80
Nicholas	\$75,220.98
Ohio	\$108,661.33
Pendleton	\$50,728.10
Pleasants	\$41,358.28
Pocahontas	\$26,034.53
Preston	\$51,127.11
Putnam	\$151,585.18
Raleigh	\$218,397.58
Randolph	\$80,522.25
Ritchie	\$30,002.02
Roane	\$62,004.79
Summers	\$20,130.30
Taylor	\$41,865.95
Tucker	\$11,616.35
Tyler	\$45,091.35
Upshur	\$102,242.20
Wayne	\$319,650.34
Webster	\$18,373.90
Wetzel	\$111,977.90
Wirt	\$33,733.34
Wood	\$317,718.05
Wyoming	\$60,912.72
ODTP	\$129,294.47
WVSDB	\$110,455.23
TOTALS	\$7,290,391.64

Medicaid Eligible Children

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 \$24,433,841 for FY2015, \$23,107,196 for FY2016, \$23,375,930 for FY2017 and \$28,153,761or FY2018.

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.

Historically, the cost settlement payments have been received the following August. However, the cost settlement for FY2018 was received in June 2019 and the cost settlement for FY2019 is projected to be released in June 2020.

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 Sub-total	\$ 550,000
6	Unrestricted indirect cost rate (15%)	\$ 82,500
7	Sub-total 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	\$ 56,767
10	October-June Federal Medical Assistance Percentage (FMAP) (#8 * 75% * 73.24%) FMAP for FY2018	\$ 173,716
11	Gross Cost Settlement Amount (#9 + #10)	\$ 230,483
12	Medicaid interim payments received	\$ 200,000
13	Medicaid cost settlement	\$ 30,483

Looking ahead to Fiscal Year 2020:

Effective with services provided on or after August 1, 2019, districts will no longer submit claims through the WVEIS system. Districts have the option to submit claims directly into the DXC website which process all billing claims. This process is free to all districts. Districts were provided regional trainings on implementation of an improved billing paper format and data entry into the DXC system.

WVDHHR has contracted with KEPRO to provide on-site audits of district claims. The initial visits will be instructional and began in the fall of 2019.

Fee for Service Reimbursement for Services Provided During Fiscal Year 2019

DISTRICT	Direct Services	Ancillary Services	FY2019 TOTAL To Date
Barbour	\$522.05	\$0	\$522.05
Berkeley	\$57,818.20	\$506,338.89	\$564,157.09
Boone	\$13,600.07	\$12,124.38	\$25,724.45
Braxton	\$255.23	\$0	\$255.23
Brooke	\$23,962.99	\$15,861.16	\$39,824.15
Cabell	\$8,708.57	\$127,068.72	\$135,777.29
Calhoun	\$1,468.81	\$9,690.33	\$11,159.14
Clay	\$12,973.21	\$37,579.16	\$50,552.37
Doddridge	\$15,101.32	\$26,036.60	\$41,137.92
Fayette	\$28,028.47	\$24,056.43	\$52,084.90
Gilmer	\$5,185.25	\$13,278.13	\$18,463.38
Grant	\$31,684.31	\$94,941.34	\$126,625.65
Greenbrier	\$38,092.57	\$134,612.33	\$172,704.90
Hampshire	\$13,964.00	\$34,009.48	\$47,973.48
Hancock	\$12,861.40	\$53,605.69	\$66,467.09
Hardy	\$34,988.60	\$22,875.24	\$57,863.84
Harrison	\$71,887.74	\$296,770.98	\$368,658.72
Jackson	\$1,359.93	\$21,626.34	\$22,986.27
Jefferson	\$21,521.38	\$17,105.11	\$38,626.49
Kanawha	\$33,713.55	\$90,429.79	\$124,143.34
Lewis	\$15,553.65	\$26,699.01	\$39,252.66
Lincoln	\$5,430.99	\$87,636.44	\$93,067.43
Logan	\$33,212.91	\$211,459.59	\$244,672.50
Marion	\$10,410.43	\$201,610.54	\$212,020.97
Marshall	\$20,777.37	\$238,960.13	\$259,737.50
Mason	\$5,538.86	\$47,199.06	\$52,737.92
McDowell	\$3,882.59	\$46,414.41	\$50,297.00
Mercer	\$97,344.63	\$134,029.02	\$231,373.65
Mineral	\$9,142.33	\$31,933.90	\$41,076.23

DISTRICT	Direct Services	Ancillary Services	FY2019 TOTAL To Date
Mingo	\$16,065.10	\$29,828.44	\$45,893.54
Monongalia	\$4,013.10	\$73,988.19	\$78,001.29
Monroe	\$5,989.98	\$1,905.58	\$7,895.56
Morgan	\$8,408.35	\$12,299.65	\$20,708.00
Nicholas	\$26,108.27	\$721.16	\$26,829.43
Ohio	\$15,121.53	\$36,128.53	\$51,250.06
Pendleton	\$13,589.36	\$2,334.85	\$15,924.21
Pleasants	\$12,007.44	\$21,381.51	\$33,388.95
Pocahontas	\$0	\$9,999.79	\$9,999.79
Preston	\$4,534.29	\$3,053.67	\$7,587.96
Putnam	\$8,657.27	\$25,802.51	\$34,459.78
Raleigh	\$52,549.33	\$78,276.49	\$130,825.82
Randolph	\$25,712.98	\$61,090.53	\$86,803.51
Ritchie	\$1,022.52	\$4,180.11	\$5,202.63
Roane	\$8,915.40	\$17,940.65	\$26,856.05
Summers	\$0	\$1,668.98	\$1,668.98
Taylor	\$14,098.70	\$8,622.81	\$22,721.51
Tucker	\$2,851.17	\$4,858.74	\$7,709.91
Tyler	\$15,560.95	\$35,033.91	\$50,594.86
Upshur	\$38,965.97	\$127,669.21	\$166,635.18
Wayne	\$17,246.76	\$28,679.81	\$45,926.57
Webster	\$3,021.21	\$31,343.35	\$34,364.56
Wetzel	\$9,453.57	\$18,915.04	\$28,368.61
Wirt	\$4,306.57	\$10,395.26	\$14,701.83
Wood	\$13,226.34	\$45,844.19	\$59,070.53
Wyoming	\$5,955.79	\$43,839.97	\$49,795.76
WVSDB	\$65,397.49	\$34,029.76	\$99,427.25
TOTALS	\$1,021,770.85	\$3,333,875.89	\$4,348,686.16

FY 2017 - 2019 Reimbursement Based on Dates Services were Provided

DISTRICT	FY2017 Final	FY2018 Final	FY2019 To Date
Barbour	\$12,992.00	\$1,008.00	\$0
Berkeley	\$572,749.00	\$614,146.00	\$180,917.55
Boone	\$30,087.00	\$25,518.00	\$0
Braxton	\$1,019.00	\$255.00	\$0
Brooke	\$73,301.00	\$67,371.00	\$25,683.91
Cabell	\$148,757.00	\$203,071.00	\$400,424.28
Calhoun	\$8,849.00	\$18,270.00	\$6,598.01
Clay	\$55,106.00	\$60,548.00	\$52,255.21
Doddridge	\$37,242.00	\$46,385.00	\$42,139.12
Fayette	\$40,307.00	\$39,036.00	\$45,527.81
Gilmer	\$41,305.00	\$15,303.00	\$18,116.61
Grant	\$91,051.00	\$126,993.00	\$99,071.64
Greenbrier	\$214,490.00	\$171,655.00	\$126,553.16
Hampshire	\$42,999.00	\$50,493.00	\$13,937.52
Hancock	\$390,756.00	\$89,835.00	\$47,186.17
Hardy	\$100,612.00	\$71,405.00	\$46,312.28
Harrison	\$430,578.00	\$421,786.00	\$316,294.02
Jackson	\$15,505.00	\$17,114.00	\$20,135.79
Jefferson	\$67,989.00	\$50,737.00	\$53,304.62
Kanawha	\$251,476.00	\$194,477.00	\$75,570.02
Lewis	\$25,378.00	\$27,006.00	\$37,620.85
Lincoln	\$87,588.00	\$114,690.00	\$66,199.17
Logan	\$102,294.00	\$209,859.00	\$170,611.18
Marion	\$31,976.00	\$175,221.00	\$219,987.53
Marshall	\$228,328.00	\$258,019.00	\$193,445.27
Mason	\$17,340.00	\$35,073.00	\$42,040.33
McDowell	\$48,087.00	\$46,065.00	\$47,842.59
Mercer	\$168,649.00	\$182,184.00	\$265,140.94
Mineral	\$54,476.00	\$46,093.00	\$16,629.54

DISTRICT	FY2017 Final	FY2018 Final	FY2019 To Date
Mingo	\$72,814.00	\$44,692.00	\$29,995.12
Monongalia	\$89,085.00	\$74,942.00	\$89,505.44
Monroe	\$15,519.00	\$9,877.00	\$2,273.00
Morgan	\$69,674.00	\$34,023.00	\$22,928.13
Nicholas	\$40,200.00	\$32,441.00	\$14,910.24
Ohio	\$207,624.00	\$95,835.00	\$10.30
Pendleton	\$44,591.00	\$20,639.00	\$14,148.14
Pleasants	\$34,247.00	\$32,085.00	\$29,690.37
Pocahontas	\$28,360.00	\$19,259.00	\$4,995.09
Preston	\$1,785.00	\$7,447.00	\$11,107.00
Putnam	\$83,834.00	\$59,288.00	\$6,598.29
Raleigh	\$187,058.00	\$107,873.00	\$122,497.88
Randolph	\$89,353.00	\$98,113.00	\$213,435.22
Ritchie	\$12,500.00	\$3,603.00	\$126,437.56
Roane	\$61,157.00	\$38,699.00	\$101,985.27
Summers	\$4,422.00	\$2,762.00	\$96,137.90
Taylor	\$31,553.00	\$10,746.00	\$245,241.19
Tucker	\$6,567.00	\$11,058.00	\$53,589.65
Tyler	\$89,764.00	\$65,383.00	\$142,012.54
Upshur	\$190,169.00	\$157,627.00	\$524,311.37
Wayne	\$88,427.00	\$59,062.00	\$673,007.37
Webster	\$66,912.00	\$43,497.00	\$128,992.37
Wetzel	\$66,162.00	\$31,790.00	\$593,224.88
Wirt	\$32,779.00	\$14,417.00	\$44,985.18
Wood	\$79,884.00	\$54,368.00	\$709,168.01
Wyoming	\$41,563.00	\$56,190.00	\$153,254.15
WVSDB	\$38,127.00	\$96,370.00	\$186,550.26
TOTALS	\$5,165,411.00	\$4,661,703.00	\$6,970,537.34

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Fiscal Years 2016 - 2018 Federal Medicaid Allowable Costs by County

DISTRICT	FY2016	FY2017	FY2018
Barbour	\$147,397.00	\$44,391.00	\$49,686.00
Berkeley	\$1,861,126.00	\$2,781,160.00	\$3,407,913.00
Boone	\$645,247.00	\$610,561.00	\$580,502.00
Braxton	\$44,503.00	\$18,278.00	\$60,597.00
Brooke	\$330,925.00	\$317,498.00	\$350,958.00
Cabell	\$849,646.00	\$824,424.00	\$1,021,799.00
Calhoun	\$49,866.00	\$19,447.00	\$31,712.00
Clay	\$159,514.00	\$142,887.00	\$152,298.00
Doddridge	\$89,984.00	\$116,510.00	\$158,582.00
Fayette	\$475,384.00	\$514,821.00	\$438,903.00
Gilmer	\$74,378.00	\$88,316.00	\$105,336.00
Grant	\$162,772.00	\$190,471.00	\$114,056.00
Greenbrier	\$446,257.00	\$420,043.00	\$469,961.00
Hampshire	\$446,670.00	\$426,147.00	\$520,705.00
Hancock	\$547,856.00	\$771,404.00	\$752,292.00
Hardy	\$347,070.00	\$284,709.00	\$279,501.00
Harrison	\$887,036.00	\$973,780.00	\$1,253,950.00
Jackson	\$313,214.00	\$349,434.00	\$388,296.00
Jefferson	\$814,908.00	\$977,986.00	\$986,483.00
Kanawha	\$1,739,985.00	\$1,486,305.00	\$1,968,724.00
Lewis	\$196,717.00	\$259,599.00	\$290,702.00
Lincoln	\$446,701.00	\$429,052.00	\$581,854.00
Logan	\$330,221.00	\$348,048.00	\$451,309.00
Marion	\$620,043.00	\$565,122.00	\$984,753.00
Marshall	\$725,171.00	\$700,701.00	\$729,365.00
Mason	\$333,714.00	\$255,887.00	\$352,618.00
McDowell	\$349,835.00	\$148,227.00	\$242,485.00
Mercer	\$626,954.00	\$573,058.00	\$831,833.00
Mineral	\$212,926.00	\$210,439.00	\$343,239.00

DISTRICT	FY2016	FY2017	FY2018
Mingo	\$338,739.00	\$261,315.00	\$232,810.00
Monongalia	\$937,347.00	\$884,345.00	\$1,380,589.00
Monroe	\$59,956.00	\$72,348.00	\$138,474.00
Morgan	\$350,694.00	\$234,342.00	\$236,064.00
Nicholas	\$172,514.00	\$168,253.00	\$237,047.00
Ohio	\$511,882.00	\$566,634.00	\$640,283.00
Pendleton	\$156,131.00	\$180,089.00	\$199,617.00
Pleasants	\$145,972.00	\$185,519.00	\$182,801.00
Pocahontas	\$70,411.00	\$79,477.00	\$90,998.00
Preston	\$133,520.00	\$88,943.00	\$363,334.00
Putnam	\$429,890.00	\$533,678.00	\$570,424.00
Raleigh	\$846,843.00	\$956,954.00	\$949,683.00
Randolph	\$239,751.00	\$223,014.00	\$312,884.00
Ritchie	\$113,229.00	\$131,333.00	\$202,007.00
Roane	\$148,922.00	\$136,219.00	\$145,973.00
Summers	\$72,354.00	\$99,592.00	\$36,956.00
Taylor	\$125,848.00	\$234,027.00	\$256,033.00
Tucker	\$68,585.00	\$59,687.00	\$85,450.00
Tyler	\$197,339.00	\$186,241.00	\$198,110.00
Upshur	\$576,151.00	\$577,136.00	\$689,175.00
Wayne	\$943,517.00	\$752,415.00	\$882,934.00
Webster	\$188,286.00	\$170,877.00	\$143,511.00
Wetzel	\$521,070.00	\$632,872.00	\$806,907.00
Wirt	\$117,256.00	\$76,304.00	\$66,705.00
Wood	\$1,039,072.00	\$748,886.00	\$666,312.00
Wyoming	\$198,125.00	\$157,868.00	\$282,471.00
ODTP	\$-	\$-	\$-
WVSDB	\$127,772.00	\$128,858.00	\$255,796.00
TOTALS	\$23,107,196.00	\$23,375,930.00	\$28,153,761.00

Fiscal Year 2018 Medicaid Cost Settlement Amounts

DISTRICT	Allowable Costs	Fee For Service	Cost Settlement
Barbour	\$49,686.00	\$1,008.00	\$48,678.00
Berkeley	\$3,407,913.00	\$614,146.00	\$2,793,768.00
Boone	\$580,502.00	\$25,518.00	\$554,983.00
Braxton	\$60,597.00	\$255.00	\$60,341.00
Brooke	\$350,958.00	\$63,371.00	\$283,586.00
Cabell	\$1,021,799.00	\$203,071.00	\$818,728.00
Calhoun	\$31,712.00	\$18,270.00	\$13,442.00
Clay	\$152,298.00	\$60,548.00	\$91,750.00
Doddridge	\$158,582.00	\$46,385.00	\$112,197.00
Fayette	\$438,903.00	\$39,036.00	\$399,867.00
Gilmer	\$105,336.00	\$15,303.00	\$90,033.00
Grant	\$114,056.00	\$126,993.00	\$(12,937.00)
Greenbrier	\$469,961.00	\$171,655.00	\$298,305.00
Hampshire	\$520,705.00	\$50,493.00	\$470,212.00
Hancock	\$752,292.00	\$89,835.00	\$662,457.00
Hardy	\$279,501.00	\$71,405.00	\$208,096.00
Harrison	\$1,253,950.00	\$421,786.00	\$832,164.00
Jackson	\$388,296.00	\$17,114.00	\$371,181.00
Jefferson	\$986,483.00	\$50,737.00	\$935,746.00
Kanawha	\$1,968,724.00	\$194,477.00	\$1,774,247.00
Lewis	\$290,702.00	\$27,006.00	\$263,696.00
Lincoln	\$581,854.00	\$114,690.00	\$467,163.00
Logan	\$451,309.00	\$209,859.00	\$241,450.00
Marion	\$984,753.00	\$175,221.00	\$809,532.00
Marshall	\$729,365.00	\$258,019.00	\$471,346.00
Mason	\$352,618.00	\$35,073.00	\$317,546.00
McDowell	\$242,485.00	\$46,065.00	\$196,420.00
Mercer	\$831,833.00	\$182,184.00	\$649,649.00
Mineral	\$343,239.00	\$46,093.00	\$297,146.00

DISTRICT	Allowable Costs	Fee For Service	Cost Settlement
Mingo	\$232,810.00	\$44,692.00	\$188,118.00
Monongalia	\$1,380,589.00	\$47,942.00	\$1,305,647.00
Monroe	\$138,474.00	\$9,877.00	\$128,596.00
Morgan	\$236,064.00	\$34,023.00	\$202,040.00
Nicholas	\$237,047.00	\$34,441.00	\$204,606.00
Ohio	\$640,283.00	\$95,835.00	\$544,448.00
Pendleton	\$199,617.00	\$20,639.00	\$178,979.00
Pleasants	\$182,801.00	\$32,085.00	\$150,716.00
Pocahontas	\$90,998.00	\$19,259.00	\$71,739.00
Preston	\$363,334.00	\$7,447.00	\$355,888.00
Putnam	\$570,424.00	\$59,288.00	\$511,136.00
Raleigh	\$949,683.00	\$107,873.00	\$841,810.00
Randolph	\$312,884.00	\$98,113.00	\$214,772.00
Ritchie	\$202,007.00	\$3,603.00	\$198,404.00
Roane	\$145,973.00	\$38,699.00	\$107,274.00
Summers	\$36,956.00	\$2,762.00	\$34,194.00
Taylor	\$256,033.00	\$10,746.00	\$245,287.00
Tucker	\$85,450.00	\$11,058.00	\$74,393.00
Tyler	\$198,110.00	\$65,383.00	\$132,727.00
Upshur	\$689,175.00	\$157,627.00	\$531,548.00
Wayne	\$882,934.00	\$59,062.00	\$823,872.00
Webster	\$143,511.00	\$43,497.00	\$100,014.00
Wetzel	\$806,907.00	\$31,790.00	\$775,117.00
Wirt	\$66,705.00	\$14,417.00	\$52,288.00
Wood	\$666,312.00	\$54,368.00	\$611,944.00
Wyoming	\$282,471.00	\$56,190.00	\$226,281.00
WVSDB	\$255,796.00	\$96,370.00	\$159,425.00
TOTALS	\$28,153,761.00	\$4,661.703.00	\$23,492,058.00

12 Medicaid Eligible Children

Information by county and month for FY2019 or fee for service billing may be obtained by contacting

Kelley Johnson, Program Specialist Office of Special Education and Student Support

Division of Teaching and Learning West Virginia Department of Education Building 6, Room 248 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

West Virginia Department of Education Building 6, Room 318 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