



Medicaid Status Report to the West Virginia Board of Education: Fiscal Year 2021

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

*Office of Federal Programs & Support
Special Education Services*



**West Virginia Board of Education
2021-2022**

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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 Fiscal Year 2020. The report contains an overview of the activities conducted to maximize funding to the state education system, highlights in Fiscal Year 2021, 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. 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.

The Families First Coronavirus Response Act of 2020 provided a temporary 6.2% FMAP increase for any quarters during the public health emergency period. During Federal Fiscal Year October 1, 2020 to September 30, 2021 the Federal Medical Assistance Percentage (FMAP) for West Virginia was 74.99% while the state's match was 25.01%. However, from October 1, 2020 through June 30, 2021, the increased FMAP rate due to the public health emergency was 81.19% (74.99%+6.2%). From October 1, 2019, to September 30, 2020, the FMAP was 74.94%, while the state's match was 25.06%. However, from January 1, 2020 through September 30, 2020, the increased FMAP rate due to the public health emergency was 81.14% (74.94%+6.2%).

For Fiscal Year 2021, the total federal portion of the fee-for-service payments received by the LEAs was \$2,200,865. In June 2021 the districts also received cost settlement payments totaling \$22,942,243 for Fiscal Year 2020. Additionally, districts received \$6,749,312 for Administrative Claiming (MAC) during Fiscal Year 2021. The total received by districts during Fiscal Year 2021 was \$31,892,420. The WVDE certified that up to \$1,221,870,804 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). For Fiscal Year 2022, regular FMAP rates range from 65.00% to 84.82%. The FMAP rate is used to reimburse states for the federal share of Medicaid expenditures.

Current rates are in effect for the 2022 Federal Fiscal Year.

Listed below are the current FMAP rates for the five states with the highest percentages and each of West Virginia’s bordering states.

Mississippi	84.82%
West Virginia	82.28%
New Mexico	81.60%
Alabama	80.66%
Kentucky	80.93%
Ohio	74.87%
Pennsylvania	66.88%
Maryland	65.00%
Virginia	65.00%

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

West Virginia	FMAP
2018	73.24%
2019	74.34%
2020	74.94%
2021	74.99%
2022	82.28%

Billing Process in West Virginia

West Virginia has fifty-seven local education agencies (LEAs) which include the fifty-five counties, West Virginia Schools for the Deaf and Blind, and the West Virginia Schools of Diversion and Transition (WVSDT). Fifty- six districts are enrolled as two separate providers, WVSDT 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 Fiscal Year 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 to obtain the services requested of the Medicaid billing specialist. Twenty-three districts are processing their billing with district staff.

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

During Fiscal Year 2021, 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 online at the following link: <http://www.dhhr.wv.gov/bms/CMS/SMP/Documents/SPAs/SPAs%202012/SWIFT-091220124038-FinalResponse-WV-SPA12-006.pdf>

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. It was revised in 2017 and 2019. The current revisions became effective August 1, 2019. The policy can be found online 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 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 2021

Fiscal Year 2021 was another challenging year as COVID-19 caused all districts to either offer in-person or a district version of e-learning. This change has impacted each district's Medicaid billing and reimbursement as the delivery of some services was greatly limited. However, WVDE and BMS continued to work together to assist all districts. BMS issued a Memo in March 2020, explaining all telehealth services listed in the BMS policy manual, and the temporary telehealth services were approved during the COVID-19 pandemic to use video conferencing or telephonic service in members' homes. This memo is still in effect, thus allowing telehealth for the delivery of Medicaid services for families or districts.

Audit services by KEPRO, a contractor with BMS, were halted during the 2020 school year but have since been restarted. A Registered Nurse employed by KEPRO has resumed the audit process in all districts. The audits are being completed off site as desk reviews and will not carry a financial penalty as planned in Fiscal Year 2020.

Medicaid Administrative Claiming (MAC)

The Medicaid Administrative Claiming (MAC) Program offers reimbursement for the costs of the administrative activities, such as outreach, that support the DHHR/BMS School-Based Health Services Program. MAC claims were processed and paid during the 2020-21 year for a total of \$2,794,531. The following charts 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 2020-21 year.

Medicaid Administrative Claiming (MAC) Payments Received During Fiscal Year 2021

Quarter	Grand Total Paid
July - September 18	\$367,613.14
October - December 18	\$865,330.04
January - March 19	\$817,623.15
April - June 19	\$1,357,795.66
July - September 19	\$388,243.49
October - December 19	\$846,333.87
January - March 20	\$867,238.90
April - June 20	\$1,239,133.88
Total	\$2,794,531.22

Medicaid Administrative Claiming (MAC) Payments Total Received During Fiscal Year 2021

DISTRICT	Grand Total Paid in FY21
Barbour	\$19,534.40
Berkeley	\$636,794.22
Boone	\$212,980.32
Braxton	\$60,687.22
Brooke	\$107,132.85
Cabell	\$323,429.35
Calhoun	\$12625.71
Clay	\$39,533.75
Doddridge	\$28,149.53
Fayette	\$127,244.92
Gilmer	\$20,300.25
Grant	\$56,112.92
Greenbrier	\$46,022.30
Hampshire	\$73,325.10
Hancock	\$103,164.18
Hardy	\$35,038.39
Harrison	\$255,641.44
Jackson	\$110,327.45
Jefferson	\$148,668.92
Kanawha	\$659,740.50
Lewis	\$40,266.41
Lincoln	\$224,784.19
Logan	\$270,407.71
Marion	\$112,684.18
Marshall	\$144,431.06
Mason	\$100,802.39
McDowell	\$36,029.33
Mercer	\$198,293.50
Mineral	\$57,535.23

DISTRICT	Grand Total Paid in FY21
Mingo	\$93,376.82
Monongalia	\$200,213.15
Monroe	\$27,386.93
Morgan	\$96,655.60
Nicholas	\$57,087.92
Ohio	\$118,429.06
Pendleton	\$40,354.82
Pleasants	\$74,737.22
Pocahontas	\$28,312.10
Preston	\$73,694.16
Putnam	\$159,523.52
Raleigh	\$187,100.06
Randolph	\$78,305.87
Ritchie	\$23,938.63
Roane	\$29,602.66
Summers	\$10,614.22
Taylor	\$48,644.99
Tucker	\$14,914.29
Tyler	\$45,684.09
Upshur	\$82,168.70
Wayne	\$282,037.51
Webster	\$22,076.07
Wetzel	\$149,937.75
Wirt	\$41,513.80
Wood	\$315,450.43
Wyoming	\$86,879.64
WVSDDB	\$98,984.45
TOTALS	\$6,749,312.12

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.

Quarterly, 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 \$28,153,761 for FISCAL YEAR 2018, \$25,624,584 for FISCAL YEAR 2019 and \$26,345,764 FISCAL YEAR 2020.

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 exceed 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.

The cost settlement for FISCAL YEAR 2021 is projected to be released in June 2022.

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%
9	July-September Federal Medical Assistance Percentage (FMAP) (#8 * 25% * 81.14%) FMAP for FISCAL YEAR 2021	\$ 64,151
10	October-June Federal Medical Assistance Percentage (FMAP) (#8 * 75% * 81.19%) FMAP for FISCAL YEAR 2021	\$ 192,573
11	Gross Cost Settlement Amount (#9 + #10)	\$ 256,724
12	Medicaid interim payments received	\$ 200,000
13	Medicaid cost settlement	\$ 56,724

Looking ahead to Fiscal Year 2022

Though the COVID-19 pandemic started in Fiscal Year 2020, all districts are continuing to feel the effects. Since many students continue to opt for virtual learning, this causes a challenge in service delivery, especially with Personal Care and Transportation services. A decrease in Medicaid reimbursement overall is expected, with a sharp decline in personal care and transportation in FY22. Personal care services must be provided through face-to-face contact which is impossible in districts where virtual learning is continuing. Also, Transportation services, taking eligible students to and from school on a service delivery day, is proving difficult with virtual learning in the continued COVID-19 pandemic.

Fee for Service Reimbursement for Services Provided During Fiscal Year 2021

DISTRICT	Direct Services	Ancillary Services	FY2021 TOTAL To Date
Barbour	\$417.23	\$0	\$417.23
Berkeley	\$22,829.33	\$107,675.48	\$130,504.81
Boone	\$735.61	\$466.00	\$1,201.61
Braxton	\$4,183.62	\$0	\$4,183.62
Brooke	\$2,466.97	\$76,482.54	\$78,949.51
Cabell	\$5,184.83	\$76,819.53	\$82,004.36
Calhoun	\$2,513.31	\$5,069.07	\$7,582.38
Clay	\$9,926.69	\$28,191.57	\$38,118.26
Doddridge	\$10,337.12	\$2,414.00	\$12,751.12
Fayette	\$9,208.84	\$1,979.70	\$11,188.54
Gilmer	\$5,342.43	\$407.12	\$5,749.55
Grant	\$4317.46	\$31,505.61	\$35,823.07
Greenbrier	\$20,880.49	\$32,805.71	\$53,686.20
Hampshire	\$3,393.22	\$288.85	\$3,682.07
Hancock	\$11,712.89	\$40,391.55	\$52,104.44
Hardy	\$23,081.28	\$4,602.01	\$27,683.29
Harrison	\$81,059.48	\$203,035.99	\$284,095.47
Jackson	\$2,953.02	\$32,543.25	\$35,496.27
Jefferson	\$20,143.87	\$11,299.74	\$31,443.61
Kanawha	\$9,337.45	\$17,970.74	\$27,308.19
Lewis	\$7,959.33	\$22,852.89	\$30,812.22
Lincoln	\$6,284.05	\$15,507.73	\$21,791.78
Logan	\$13,957.26	\$90,893.15	\$104,868.41
Marion	\$5,430.22	\$22,699.97	\$28,130.19
Marshall	\$18,858.70	\$105,246.58	\$124,105.28
Mason	\$201.50	\$19,035.25	\$19,236.75
McDowell	\$5,341.82	\$2,913.77	\$8,255.59
Mercer	\$95,555.63	\$156,823.92	\$252,379.55
Mineral	\$6,883.12	\$20,184.80	\$27,067.92

DISTRICT	Direct Services	Ancillary Services	FY2021 TOTAL To Date
Mingo	\$3,071.39	\$24,870.92	\$27,942.31
Monongalia	\$2,036.98	\$38,908.79	\$40,945.77
Monroe	\$1,137.55	\$0	\$1,137.55
Morgan	\$10,258.46	\$32,653.55	\$42,912.01
Nicholas	\$10,606.90	\$271.00	\$10,877.90
Ohio	\$16,425.61	\$77,488.32	\$93,913.93
Pendleton	\$8,745.57	\$139.69	\$8,885.26
Pleasants	\$15,094.90	\$5,980.55	\$21,075.45
Pocahontas	\$106.82	\$0	\$106.82
Preston	\$2,516.59	\$1,648.42	\$4,165.01
Putnam	\$5,691.45	\$15,435.78	\$21,127.23
Raleigh	\$34,095.57	\$55,592.67	\$89,688.24
Randolph	\$200.90	\$34.92	\$235.82
Ritchie	\$0	\$605.28	\$605.28
Roane	\$2,676.34	\$10,742.79	\$13,419.13
Summers	\$34.70	\$2,369.28	\$2,403.98
Taylor	\$763.55	\$5,175.58	\$5,939.13
Tucker	\$815.35	\$6,757.55	\$7,572.90
Tyler	\$3,057.13	\$286.83	\$3,343.96
Upshur	\$29,844.41	\$37,747.04	\$67,591.45
Wayne	\$12,320.28	\$56,879.58	\$69,199.86
Webster	\$16,025.25	\$24,511.71	\$40,536.96
Wetzel	\$710.25	\$3,595.14	\$4,305.39
Wirt	\$804.38	\$906.63	\$1,711.01
Wood	\$1,323.31	\$7,458.92	\$8,782.23
Wyoming	\$0	\$16,944.36	\$16,944.36
WVSDB	\$40,895.32	\$13,979.06	\$54,874.38
TOTALS	\$629,755.73	\$1,571,090.88	\$2,200,864.61

FY 2019 - 2021 Reimbursement Based on Dates Services were Provided

DISTRICT	FY2019 Final	FY2020 Final	FY2021 To Date
Barbour	\$0	\$294.19	\$3,702.62
Berkeley	\$180,917.55	\$372,419.42	\$127,074.45
Boone	\$0	\$2,068.25	\$6,151.78
Braxton	\$0	\$7,545.62	\$5,389.76
Brooke	\$25,683.91	\$9,512.32	\$9,512.32
Cabell	\$400,424.28	\$159,413.83	\$125,107.93
Calhoun	\$6,598.01	\$3,920.00	\$41.72
Clay	\$52,255.21	\$40,138.33	\$31,251.47
Doddridge	\$42,139.12	\$28,600.56	\$22,901.59
Fayette	\$45,527.81	\$20,166.52	\$10,176.48
Gilmer	\$18,116.61	\$11,482.25	\$4,966.81
Grant	\$99,071.64	\$79,004.78	\$47,047.61
Greenbrier	\$126,553.16	\$124,912.65	\$44,440.28
Hampshire	\$13,937.52	\$9,815.45	\$2,551.77
Hancock	\$47,186.17	\$94,593.68	\$26,667.26
Hardy	\$46,312.28	\$58,577.21	\$31,636.38
Harrison	\$316,294.02	\$420,271.87	\$201,060.47
Jackson	\$20,135.79	\$28,268.25	\$22,833.64
Jefferson	\$53,304.62	\$76,826.95	\$19,040.44
Kanawha	\$75,570.02	\$43,511.24	\$9,284.87
Lewis	\$37,620.85	\$25,768.62	\$10,189.30
Lincoln	\$66,199.17	\$143,123.64	\$44,450.50
Logan	\$17,0611.53	\$158,614.89	\$117,377.29
Marion	\$21,9987.53	\$192,551.37	\$8,460.99
Marshall	\$193,445.27	\$129,377.55	\$121,307.40
Mason	\$42,040.33	\$56,887.01	\$1,833.35
McDowell	\$4,7842.59	\$29,297.51	\$9,100.85
Mercer	\$265,140.94	\$486,608.61	\$237,066.54
Mineral	\$16,629.54	\$64,046.49	\$12,898.07

DISTRICT	FY2019 Final	FY2020 Final	FY2021 To Date
Mingo	\$29,995.12	\$33,318.51	\$33,318.51
Monongalia	\$89,505.44	\$84,640.85	\$55,040.63
Monroe	\$2,273.00	\$523.77	\$1,059.65
Morgan	\$22,928.13	\$66,034.82	\$27,747.12
Nicholas	\$14,910.24	\$15,502.72	\$13,425.90
Ohio	\$10.30	\$40,539.26	\$26,292.90
Pendleton	\$14,148.14	\$23,847.61	\$9,539.54
Pleasants	\$29,690.37	\$13,840.10	\$18,817.67
Pocahontas	\$4,995.09	\$330.27	\$0
Preston	\$11,107.00	\$11,800.67	\$3,187.39
Putnam	\$6,598.29	\$45,602.11	\$1,291.02
Raleigh	\$12,2497.88	\$130,242.54	\$85,182.54
Randolph	\$213,435.22	\$77,761.65	\$278.86
Ritchie	\$126,437.56	\$7,243.97	\$2,632.62
Roane	\$101,985.27	\$23,392.04	\$13,038.30
Summers	\$96,137.90	\$360.50	\$1,843.75
Taylor	\$245,241.19	\$33,435.04	\$1,927.91
Tucker	\$53,589.65	\$15,835.47	\$8,379.34
Tyler	\$142,012.54	\$29,491.01	\$3,678.32
Upshur	\$524,311.37	\$110,187.49	\$68,010.40
Wayne	\$673,007.37	\$25,672.24	\$30,015.76
Webster	\$12,892.37	\$31,741.73	\$33,722.27
Wetzel	\$593,224.88	\$20,460.96	\$6,787.81
Wirt	\$44,985.18	\$6,690.89	\$3,018.08
Wood	\$709,168.01	\$20,113.08	\$6,107.36
Wyoming	\$153,254.15	\$74,457.50	\$19,756.18
WVSDB	\$186,550.26	\$38,934.85	\$58,660.69
TOTALS	\$6,970,537.34	\$3,859,620.71	\$1,924,998.55

Fiscal Years 2018 - 2020 Federal Medicaid Allowable Costs by County

DISTRICT	FY2018	FY2019	FY2020
Barbour	\$49,686.00	\$101,115	\$91,540
Berkeley	\$3,407,913.00	\$2,820,076	\$2,199,513
Boone	\$580,502.00	\$515,388	\$490,579
Braxton	\$60,597.00	\$38,437	\$14,044
Brooke	\$350,958.00	\$312,600	\$330,785
Cabell	\$1,021,799.00	\$869,293	\$110,602
Calhoun	\$31,712.00	\$18,471	\$52,314
Clay	\$152,298.00	\$144,823	\$147,507
Doddridge	\$158,582.00	\$107,564	\$190,468
Fayette	\$438,903.00	\$451,110	\$509,675
Gilmer	\$105,336.00	\$94,961	\$70,327
Grant	\$114,056.00	\$184,335	\$170,828
Greenbrier	\$469,961.00	\$431,500	\$405,229
Hampshire	\$520,705.00	\$470,707	\$434,123
Hancock	\$752,292.00	\$603,967	\$638,275
Hardy	\$279,501.00	\$245,776	\$240,718
Harrison	\$1,253,950.00	\$1,308,409	\$1,359,348
Jackson	\$388,296.00	\$359,133	\$433,118
Jefferson	\$986,483.00	\$937,510	\$1,199,952
Kanawha	\$1,968,724.00	\$1,606,544	\$1,618,751
Lewis	\$290,702.00	\$252,236	\$194,476
Lincoln	\$581,854.00	\$591,479	\$591,479
Logan	\$451,309.00	\$421,191	\$416,968
Marion	\$984,753.00	\$931,705	\$770,724
Marshall	\$729,365.00	\$828,908	\$812,373
Mason	\$352,618.00	\$288,465	\$343,645
McDowell	\$242,485.00	\$170,847	\$118,614
Mercer	\$831,833.00	\$785,253	\$847,145
Mineral	\$343,239.00	\$366,499	\$254,462

DISTRICT	FY2018	FY2019	FY2020
Mingo	\$232,810.00	\$189,450	\$198,167
Monongalia	\$1,380,589.00	\$1,115,905	\$1,418,306
Monroe	\$138,474.00	\$56,707	\$53,027
Morgan	\$236,064.00	\$258,736	\$361,719
Nicholas	\$273,047.00	\$185,698	\$194,845
Ohio	\$640,283.00	\$550,182	\$536,078
Pendleton	\$199,617.00	\$185,552	\$176,195
Pleasants	\$182,801.00	\$155,852	\$141,774
Pocahontas	\$90,998.00	\$131,497	\$145,886
Preston	\$363,334.00	\$299,146	\$176,934
Putnam	\$570,424.00	\$466,747	\$549,794
Raleigh	\$949,683.00	\$945,511	\$1,137,847
Randolph	\$312,884.00	\$291,205	\$298,222
Ritchie	\$202,007.00	\$185,076	\$209,790
Roane	\$145,973.00	\$190,651	\$134,507
Summers	\$36,956.00	\$33,168	\$110,719
Taylor	\$256,033.00	\$240,605	\$227,127
Tucker	\$85,450.00	\$151,667	\$119,099
Tyler	\$198,110.00	\$182,052	\$243,703
Upshur	\$689,175.00	\$449,669	\$554,855
Wayne	\$882,934.00	\$598,315	\$856,036
Webster	\$143,511.00	\$114,675	\$183,305
Wetzel	\$806,907.00	\$745,081	\$728,213
Wirt	\$66,705.00	\$78,334	\$97,290
Wood	\$666,312.00	\$1,060,652	\$1,119,671
Wyoming	\$282,471.00	\$220,621	\$262,480
OIEP/ODTP	\$-	\$-	\$-
WVSDB	\$255,796.00	\$283,528	\$311,707
TOTALS	\$28,153,761.00	\$25,624,584	\$26,345,764

Fiscal Year 2020 Medicaid Cost Settlement Amounts

DISTRICT	Allowable Costs	Fee For Service	Cost Settlement
Barbour	\$91,540	\$711	\$90,829
Berkeley	2,199,513	\$143,210	\$2,056,303
Boone	\$490,579	\$-	\$-
Braxton	\$14,044	\$5,414	\$8,630
Brooke	\$330,785	\$13,359	\$317,426
Cabell	\$861,125	\$110,602	\$750,523
Calhoun	\$52,314	\$8,797	\$43,517
Clay	\$147,507	\$36,811	\$110,696
Doddridge	\$190,468	\$28,572	\$161,896
Fayette	\$509,675	\$19,447	\$490,228
Gilmer	\$70,327	\$10,941	\$59,386
Grant	\$170,828	\$64,938	\$105,890
Greenbrier	\$405,229	\$99,729	\$305,500
Hampshire	\$434,123	\$4,868	\$429,255
Hancock	\$63,8275	\$55,185	\$583,090
Hardy	\$240,718	\$40,049	\$200,669
Harrison	\$1,359,348	\$316,684	\$1,042,664
Jackson	\$433,118	\$36,995	\$396,123
Jefferson	\$1,199,952	\$41,213	\$1,158,739
Kanawha	\$1,618,751	29,524	\$1,589,227
Lewis	\$194,476	\$35,920	\$158,556
Lincoln	\$591,842	\$70,176	\$521,666
Logan	\$416,968	\$160,444	\$256,524
Marion	\$770,724	\$85,321	\$685,403
Marshall	\$812,373	\$129,943	\$682,430
Mason	\$343,645	\$32,673	\$310,972
McDowell	\$118,614	\$23,794	\$94,820
Mercer	\$847,145	\$340,869	\$506,276
Mineral	\$254,462	\$38,984	\$215,478

DISTRICT	Allowable Costs	Fee For Service	Cost Settlement
Mingo	\$198,167	\$32,368	\$165,799
Monongalia	\$1,418,306	\$44,370	\$1,373,936
Monroe	\$53,027	\$679	\$52,348
Morgan	\$361,719	\$44,649	\$317,070
Nicholas	\$194,845	\$17,384	\$177,461
Ohio	\$536,078	\$102,266	\$433,812
Pendleton	\$176,195	\$12,539	\$163,656
Pleasants	\$141,774	\$17,494	\$124,280
Pocahontas	\$145,886	\$437	\$145,449
Preston	\$176,934	\$6,049	\$170,885
Putnam	\$549,794	\$25,882	\$523,912
Raleigh	\$1,137,847	\$148,924	\$988,923
Randolph	\$298,222	\$64,707	\$233,515
Ritchie	\$209,790	\$2,253	\$207,537
Roane	\$134,507	\$23,839	\$110,668
Summers	\$110,719	\$1,411	\$109,308
Taylor	\$227,127	\$8,395	\$218,732
Tucker	\$119,099	\$11,500	\$107,599
Tyler	\$243,703	\$27,598	\$216,105
Upshur	\$544,855	\$106,125	\$438,730
Wayne	\$856,036	\$76,795	\$779,241
Webster	\$183,305	\$39,974	\$143,331
Wetzel	\$728,213	\$4,834	\$723,379
Wirt	\$97,290	\$7,215	90,075
Wood	\$1,119,671	\$12,105	\$1,107,566
Wyoming	\$262,480	\$47,883	\$214,597
WVSDB	\$311,707	\$40,091	\$271,616
TOTALS	\$26,345,764	\$2,912,942	\$22,942,243

Information by county and month for Fiscal Year 2020 or fee for service billing may be obtained by contacting

Kelley Johnson Marcum, Coordinator
Office of Federal Programs and Support, Special Education Services
West Virginia Department of Education
Building 6, Suite 750
1900 Kanawha Boulevard East
Charleston, WV 25305

Phone: 1-833-627-2833

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

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

Uriah Cummings
Manager of School Finance
WVDE Office of School Operations and Finance

West Virginia Department of Education
Building 6, Suite 650
1900 Kanawha Boulevard East
Charleston, WV 25305

Phone: 304-558-6300

E-mail: uriah.cummings@k12.wv.us



W. Clayton Burch
West Virginia Superintendent of Schools