



West Virginia DEPARTMENT OF
EDUCATION

Medicaid Update

Presented by Amy Willard, CPA

7/18/17

FY16 Cost Settlements – Expected Timeline

SFY16 Cost Settlement			
Task	Responsible Party	Est. Start	Est. End
1 Review Cost Settlement Summary Template	DHHR/BMS and WVDE	7/10/2017	7/19/2017
2 Review and Revise Cost Settlements and Data, if necessary	PCG	7/19/2017	7/21/2017
3 Release Settlement and CPE Forms to LEAs	PCG	7/24/2017	7/24/2017
4 Review, Sign and Submit CPE Forms to PCG	LEAs	7/24/2017	8/4/2017
5 CPE Form Submission Deadline	LEAs	8/4/2017	8/4/2017
6 Compile Submitted CPE Forms	PCG	8/7/2017	8/11/2017
7 Process Payments	DHHR/BMS	8/14/2017	8/30/2017
8 Send Notification Letters	DHHR/BMS	8/31/2017	8/31/2017

CPE Sample Form

Annual CPE Form Page 1 of 1

Certification of Public Expenditures for State of West Virginia Annual Medicaid Cost Report

LEA Name: RESA 1/Mercer County National Provider Identification (NPI)
Medicaid Provider Number:

This statement of expenditures that the undersigned certifies are allocable and allowable to the State Medicaid program under Title XIX of the Social Security Act (the Act), and in accordance with all procedures, instructions and guidance issued by the single state agency and in effect during the state fiscal year. **Complete Section II and sign and date below. The form must be submitted with your claim.**

HEREBY CERTIFY that for the reporting period: From: Jul 01, 2014 To: Jan 31, 2015

Section I:

1. Total Expenditures	\$1,926,898.07
2. Total Medicaid Expenditures	\$28,104.00
3. Medicaid Interest Payments	\$477,468.94
4. Medicaid Cost Settlement (Line 2 minus Line 3)	\$18,100.31

Section II:

LEA Financial Account Code _____
 The expenditures identified above as the match for the federal funds received from Medicaid are drawn from the following approved local account: _____
 (0)

CERTIFICATION STATEMENT BY OFFICER OF THE PROVIDER

INTENTIONAL MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED HEREIN MAY BE PUNISHABLE BY FINE AND/OR IMPRISONMENT UNDER FEDERAL AND/OR STATE LAW.

1. All expenditures presented should be allowable in accordance with federal and the State Plan agreement requirements.
2. I have examined this statement, the accompanying supported exhibits, the allocation of expenses and services, and the worksheets for the above indicated reporting period and to the best of my knowledge and belief they are true and correct statements prepared from our books and records in accordance with applicable instructions.
3. The expenditures included in this statement are based on the actual cost recorded expenditures.
4. The required amount of state and/or local funds were available and used to pay for total allowable expenditures included in this statement, and such state and/or local funds were in accordance with all applicable federal requirements for the non-federal share match of expenditures, including that the funds were not federal funds in origin, or are Federal funds authorized by Federal law to be used to match other Federal funds, and that the claimed expenditures were not used to meet matching requirements under other Federally funded programs.
5. Federal matching funds are being claimed on this report in accordance with the cost report instructions provided by the West Virginia Department of Public Welfare effective for the above indicated reporting period.
6. I am the officer authorized by the referenced government agency to submit this form and I have made a good faith effort to assure that all information reported is true and accurate.
7. I understand that this information will be used as a basis for claims for Federal funds, and possibly State funds, and that a falsification and concealment of a material fact may be prosecuted under Federal or State civil or criminal law.

Signature: _____ Title of Signer _____ Date _____
(CEO, CFO, or Superintendent)

By: Hubbard Address of Signer _____
Printed/Typed Name of Signer Street or P.O. Box, city, state, 5-digit zip

304-431-1229 Contact Phone Number Fax Number Email Address _____

https://claimingsystem.pegasus.com/wv/AnnualCPEForms?sessionId=42e7078f-936b-45bb-b919-4ffabf06... 12/20/2016

SB 231 – Medicaid Legislation

Senate Bill 231 became effective on July 1, 2017. This legislation provides flexibility to county boards of education regarding billing for Medicaid services. The legislation states the following under WVC §18-2-5b:

(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.

SB 231 – Cost Benefit Analysis

Before a county board of education makes a determination that they will discontinue Medicaid billing, a cost benefit analysis must be performed in order to ascertain that there is no net benefit to the county.

SB 231 – Cost Benefit Analysis

- While there may be some county boards that desire to stop participating in the Medicaid program altogether, based on the allowable Medicaid costs from the FY15 cost settlements, it is unlikely that a county would be able to show that there was no net cost benefit to the county as a whole. In addition, the statute requires that the billing process must “detract from the educational program,” which would be difficult to argue for certain Medicaid-eligible services.
- A more likely scenario is that county boards of education will look at specific Medicaid services which could be argued to detract from the educational program, such as Targeted Case Management and Personal Care, to see if there is a net cost benefit for those services.

SB 231 – Cost Benefit Analysis

A sample cost benefit analysis is attached to this presentation. This is a sample only – there may be specific circumstances in a particular county that were not contemplated when developing this example. Each CSBO should customize the cost benefit analysis template to include all applicable costs incurred by their county when performing the cost benefit analysis.

Cost Implementation Guide

DHHR/BMS are still working with the Centers for Medicare and Medicaid Services (CMS) for approval for the Time-Study Cost Implementation Guide. The approval is expected to be received in the near future as all major outstanding issues have been resolved.

Memorandum of Understanding (MOU)

- Under federal regulations, there must be a memorandum of understanding (MOU) in place between DHHR/BMS, WVDE and each local education agency regarding the time-study process, Medicaid Administrative Claiming (MAC), etc.
- WVDE and DHHR/BMS legal counsel have worked together to finalize the MOU language and it is now ready for signature.
- The county boards of education will be the first party to the contract to sign the document. Once signed by the county boards, WVDE will sign and then finally DHHR/BMS.

Memorandum of Understanding (MOU)

- An electronic copy of the MOU will be emailed to county boards of education by no later than Friday, July 21, 2017.
- Each county board of education will need to sign 3 copies of the document and return it to WVDE for processing so that each party can retain a fully-executed original copy.
- The signed hard copies of the document are due back to WVDE by August 5, 2017. Earlier submission is strongly encouraged.

Fingerprinting Requirement

- Chapter 538 of the Medicaid Provider Manual currently contains a fingerprinting requirement for LEA Medicaid providers, but that provision of the policy was placed on hold.
- DHHR/BMS put a revision to the policy out for public comment in the spring – the revision removed the fingerprinting requirement.
- DHHR/BMS received several public comments and have indicated that the public comments were roughly a 50/50 split in regards to being in favor of/opposed to the removal of the fingerprinting requirement.
- Based on the public comments received, DHHR has suggested an alternative to fingerprinting which WVDE felt was an acceptable compromise that didn't place an undue burden on county boards of education.

Alternative to Fingerprinting

- DHHR/BMS proposed requiring all LEAs to submit a monthly report indicating whether any Medicaid providers employed by the LEA (either billing fee-for-service or included on the RMTS rosters/annual cost report) have been arrested for any of the crimes outlined in Chapter 538.4 of the BMS Provider Manual. Even if no one has been arrested, the county must submit a notification indicating no arrests.
- DHHR is not requesting LEAs to report arrests for employees that are not Medicaid providers for the LEA.
- The monthly submission from each LEA will be sent to WVDE's Medicaid Coordinator, Terry Riley, who will send one consolidated report to DHHR/BMS from WVDE to satisfy the proposed requirement.

Alternative to Fingerprinting

- DHHR plans to put this alternative requirement into Chapter 538 and make it effective on August 1, 2017.
- Guidance will be developed by WVDE regarding the submission of the monthly report via email to the WVDE Medicaid Coordinator, Terry Riley. It will be provided in advance of the due date of the first monthly report submission.
- It is expected that the vast majority of these monthly reports will be reports indicating no arrests.

April – June 2017 Quarterly Cost Reports

- The cost report window for the April-June 2017 Quarterly Medicaid cost report opens Monday, July 17, 2017.
- The due date for the quarterly cost report will be Thursday, August 31, 2017.

MEDICAID BILLING COST BENEFIT ANALYSIS

Service Type

MEDICAID REVENUE

Medicaid Allowable Costs from Annual Cost Settlement	<input type="text"/>
July-September FMAP (#1 * 25% * 71.35%)	-
October-June FMAP (#1 * 75% * 71.42%)	-
<hr/> Total Medicaid Revenue	-

ESTIMATED COST TO BILL FOR MEDICAID SERVICES

Amount Paid to RESA for Medicaid Billing Services	<input type="text"/>
Estimated Salary Costs for County Personnel to Bill for Services	
Special Education Director	
Secretarial Support	
Service Provider	
Other	
<hr/> Total Estimated Salary Costs	-
Fringe Benefits Costs	-
Total Estimated Costs to Bill for Medicaid Services	-