



Lori A. Shibinette
Commissioner

Henry D. Lipman
Director

STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF MEDICAID SERVICES

129 PLEASANT STREET, CONCORD, NH 03301
603-271-9422 1-800-852-3345 Ext. 9422
Fax: 603-271-8431 TDD Access: 1-800-735-2964
www.dhhs.nh.gov

DATE: October 14, 2022

TO: Superintendents, Enrolled Medicaid LEA/SAU School District Providers

FROM: NH Medicaid

SUBJECT: Federally Required Annual Certification of Local Match for Medicaid Reimbursement Statement

Medicaid is a health care assistance program for the poor, elderly and disabled that is jointly funded by the State and federal government. The State share is based on its percentage of unemployed and its per capita income relative to other states. The State of New Hampshire must match each dollar the federal government pays towards Medicaid medical services rendered. Currently, this match represents fifty percent (50%) of the Medicaid program expenditures.

Federal regulations allow states to use state general funds or other non-federal governmental funding sources – such as local or county funds – to be used as “state match”. To prove that this match is being made, each SAU must document that the SAU has provided at least 50% of the cost of services reimbursed by Medicaid, as required under He-W 589.08, Medical Assistance provided by Educational Agencies. The attached form “Documentation of Expenditure of Non-Federal Funds” is to be used to comply with federal documentation requirements.

Each year, the Department of Health and Human Services (DHHS) sends this reminder notice to all participating SAUs indicating that the Match for Medicaid funds form is due. The due date this year is October 31st. The form covers local match to Medicaid funds **paid** during a specific July 1 through June 30 time period **regardless of dates of service**, that is, enter figures based on what you have actually received during this period. SAUs must enter data for each of their enrolled districts that were paid Medicaid funds. The district’s “match” payment total (far right column on the form) should always be at least equal to or greater than the Medicaid payment column (middle) since the system automatically pays 50% of the actual cost billed or 50% of the rate established by the Department whichever is less.

Questions may be addressed to NH Provider Relations: NH.Medicaid.Provider.Relations@dhhs.nh.gov. You may email your completed form to Nancy Plourde: Nancy.T.Plourde@dhhs.nh.gov, or mail to: NH Provider Relations, 129 Pleasant St., Concord NH 03301

DOCUMENTATION OF EXPENDITURE OF NON-FEDERAL FUNDS

CLAIMS PAID FROM July 1, 2021 to June 30, 2022

Medicaid is a health care assistance program for the poor, elderly and disabled that is jointly funded by the State and federal government. The State share is based on its percentage of unemployed and its per capita income relative to other states. The State of New Hampshire must match each dollar the federal government pays toward Medicaid medical services rendered. Currently, this match represents fifty percent (50%) of the Medicaid program expenditures. Federal regulations allow states to use state general funds or other non-federal governmental funding sources - such as local or county funds - as "State match". To prove that this match is being made, each SAU must document the level of local funding that is being applied to match the federal funding. This form should be used to comply with federal documentation requirements.

SAU #:

ADDRESS:

CONTACT PERSON:

TELEPHONE NUMBER:

Name of each
Enrolled
School District

School District/s
Medicaid Provider
Number

Total
Amount
Billed

**For Claims PAID from Dates July 1, 2021 through June 30, 2022
(regardless of Date of Service)**

Total Amount Reimbursed/Paid By Medicaid (i.e. Total of all Medicaid payments.)	Amount Paid from local or other <u>Non Federal</u> Funds to be counted as "match" for the Medicaid Payments.
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I hereby certify that all Medicaid funds paid to the above named districts under He-W 589.08, Medical Assistance Services Provided by Education Agencies for the period July 1, 2021 through June 30, 2022 have been supplemented with LEA/SAU and/or other non-federal funds to total 100% of the cost of services rendered and that the Medicaid reimbursement received does not exceed 50% of the total cost of the services rendered.

Superintendent's Signature:

Date:

Mail to: Jordan McCormick
Provider Relations Manager, Division of Medicaid Services
129 Pleasant Street
Concord NH 03301
Fax to: (603) 314-8101
Email to: Nancy.T.Plourde@dhhs.nh.gov

10/14/2022