Medicaid School Health Office
NM Health Care Authority
1 Plaza La Prensa
Post Office Box 2348
Santa Fe, NM 87507

ATTENTION: Vanessa Skrehot

RE: Medical School-Based Administrative Services claim for

Attached is the Medical School-Based Administrative Services claim prepared by:

A signed certification of a match letter is attached. Detailed documentation of claimable costs is available at this district's administrative office.

If you have any questions concerning this claim please contact:

Sincerely,

NM Health Care Authority

Quarter: _____

Medicaid Administrative Claiming (MAC) Invoice

This form serves as both the invoice and the certification of expenses of total computable and non-federal funds.

School District: _____

Address: _____

Address2: _____

City: _____

State: _____

Zip: _____

	Cost Pool 1		Cost Pool 2	
	75% FFP	50% FFP	75% FFP	50% FFP
1. Total Expenditures	$	$	$	$
2. Total Claimable Expenditures	$	$	$	$
3. Total Claimable Indirect Costs	$	$	$	$
4. Total Claimable Costs = (2+3)	$	$	$	$
5. Net Claimable (FFP x 4)	$	$	$	$
Total Net Claimable by Cost Pool	$		$	
Total Claimed			**$**	

I, as an authorized employee of the _____ , hereby certify that this LEA, REC or SFEA has expended the state share of public, non-federal funds needed to match the federal share of medical claims billed to the state Medicaid agency for School-Based Administrative Claiming services provided to eligible Medicaid students during the _____ quarter.

I also certify that this LEA's, REC's or SFEA's certified expenditures were incurred in accordance with provisions of the New Mexico Medicaid Guide for School-Based Services. These certified expenditures are separately identified and supported in our accounting system made in a calendar quarter (Ex: Jan-Mar, April-June, July-Sept, Oct-Dec).

I am authorized by _____ to submit this form and I have made a good faith effort to ensure that all the information reported is true and accurate.

Name: _____ Date: _____

Signature: _____

Title: _____