

**School-Based Medicaid Program: Authorized Designee Information**

Commonwealth of Massachusetts Executive Office of Health and Human Services

[www.mass.gov/masshealth/schools](http://www.mass.gov/masshealth/schools)

This form designates personnel to have access to the School-Based Medicaid provider’s claiming, staffing, and/or student data

in the School-Based Medicaid systems indicated below. Please read full instructions on the back of this form.

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| --- | --- |
| Provider (School District) Information | |
| MassHealth Provider Name | |
| MassHealth Provider Number | NPI Number |

|  |  |
| --- | --- |
| **RMTS Manager/Coordinator:** The following personnel are responsible as of **Fiscal Year and Quarter** for RMTS Participant Information, including participants and work schedules, and change of status requests. **One designee must be with the LEA.** | |
| Name | Email |
| Title | Phone |
| Name | Email |
| Title | Phone |

|  |  |
| --- | --- |
| **Administrative Activity Claim Uploader:** Responsible as of **Fiscal Year and Quarter** for submitting the quarterly staff  salary and benefit information and other allowed expenditure data for the quarterly AAC claims. | |
| Name | Email |
| Title | Phone |

|  |  |
| --- | --- |
| **Direct Service Cost Report Preparer:** Responsible for submitting the annual Direct Medical Services Cost Report information for  the school district as of **Fiscal Year .** | |
| Name | Email |
| Title | Phone |

|  |  |
| --- | --- |
| **Medicaid Eligibility Uploader/Reviewer:** The below personnel are authorized as of **Fiscal Year and Quarter** to upload and/or review and process your school district’s student roster into the Student Medicaid Eligibility Matching System. | |
| Uploader Name:  (Also Reviewer (Y/N)) | Email |
| Title | Phone |
| Reviewer Name | Email |
| Title | Phone |
| Reviewer Name | Email |
| Title | Phone |

# Authorized district signature Date

**Printed name Title**

ADI-SBMP (09/18)

**School-Based Medicaid Program: Authorized Designee Information Form Instructions**

The purpose of this form is to identify the individuals designated by the school district to have access to view and update data for the School-Based Medicaid provider in SBMP systems as required for program participation and submission of claims. Individuals designated may be LEA employees or contracted staff, including billing agents. By authorizing these individuals, the LEA understands that the designee will be given a user ID and password to access appropriate SBMP website applications and will be able to view and alter school district data.

For the different roles indicated on the form, more than one person may be designated to have access. But when more than one individual is designated, it is the responsibility of the LEA to ensure that work is completed by the stated program deadlines and to organize and coordinate responsibilities. It is the responsibility of the LEA to keep the designee information up to date and accurate when there are staff changes. If you would like to designate more people than the form has space for, please submit an additional sheet.

# Please submit completed form to: University of Massachusetts

**Attn:** School-Based Medicaid Program **Email:** [schoolbasedclaiming@umassmed.edu](mailto:schoolbasedclaiming@umassmed.edu) **Phone:** (800) 535-6741

**Fax:** (508) 856-7643