

**School-Based Medicaid Program: School District Contact Information**

Commonwealth of Massachusetts Executive Office of Health and Human Services

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

The purpose of this form is to identify the local education agency (LEA-school district) staff to be contacted related to the administration of the School-Based Medicaid Program. Except where noted, all contacts should be LEA staff only, not contractors or billing agents. **LEAs are responsible for maintaining current contacts with the University of Massachusetts Medical School (UMMS). At least one person per contact type is required.**

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| **Provider (School District) Information** |
| MassHealth Provider Name |
| MassHealth Provider Number | NPI Number |
| Street |
| City | State | Zip Code |
| Phone | Fax |

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| **LEA Primary Point of Contact for the Medicaid program:** |
| Name | Email |
| Title | Phone |

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| **Contact for audits / PERM reviews / program compliance / records requests, etc.** |
| Name | Email |
| Title | Phone |

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| **Payment Notifications: will be included on the payment letter distribution list**(Contracted staff or billing agents may be included, but cannot be the only contact listed) |
| Job Title | Name | Email |
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| **Additional School District Contacts** |
| Job Title / Program Area | Name | Email | Phone |
| Superintendent |  |  |  |
| Business manager |  |  |  |
| Special education director |  |  |  |
| RMTS |  |  |  |
| Other finance contact |  |  |  |
| School health/nursing services contact |  |  |  |

Authorized district signature Date

Printed Name Title

Return completed forms by email to schoolbasedclaiming@umassmed.edu | For assistance please email schoolbasedclaiming@umassmed.edu or call 1 (800) 535-6741

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