

EXHIBIT C: Claim Cover Letter – Sample Format

MEDICAID SCHOOL-BASED CLAIMING

A cover letter shall accompany each claim and at a minimum will:

1. Identify the program area: “EPSDT Administrative Outreach Program” or “Annual Cost Base Reconciliation”
2. Identify the AHCCCS Agreement number: “YH21-0007”
3. Identify the time period of the claim that is submitted.
4. Identify and summarize any issues specific to the quarter or State Fiscal year for which the claim is submitted.
5. For the quarterly claim, identify and summarize all adjustments to previous Quarter claims being submitted for processing with the enclosed claim.
6. Include the following statement:

“The enclosed claim:

- a. was developed and is submitted in accordance with the CMS Medicaid School-based Administrative Claiming Guide and Agreement number YH21-0007,*
 - b. was reviewed for accuracy, and all supporting forms/schedules are correct to the best of my knowledge/belief, and the amounts are in accordance with the implementing Medicaid regulations.”*
7. The above statement must be certified with the signature of an official of the Contractor in accordance with Section 3.1 of the Financial Provisions.

Sent to:

Arizona Health Care Cost Containment System Administration
Attention: AHCCCS Contact Provided Upon Award