EXHIBIT C: Sample Claim Cover Letter Format

YH27-0002 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: "YH27-0002"

3. Identify the time period of the claim that is submitted.

4. Identify and summarize any issues specific to the time period for which the claim is submitted.

5. For the Administrative Bi-Annual claim, identify and summarize all adjustments to previous claims submitted for processing with the enclosed claim.

6. Include the following statement:

   "The enclosed claim was 1) developed and is submitted in accordance with the CMS Medicaid School-based Administrative Claiming Guide and Agreement number YH27-0002, 2) 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 12 Financial Provision.

Sent to:

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